

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: **LKB ENGINEERING, PLLC**  
ADDRESS: **1 AERIAL WAY**  
CITY: **SYOSSET** STATE: **NY** ZIP: **11791**  
ATTENTION: **JOHN GERLACH**  
PHONE: **516-375-1167** FAX:

PROJECT NAME: **SYOSSET LF**  
PROJECT NO.: LOCATION:  
PROJECT MANAGER:  
e-mail: **jgerlach@LKB-ENGINEERING.COM**  
PHONE: FAX:

BILL TO: PO#:  
ADDRESS:  
CITY STATE: ZIP:  
ATTENTION: PHONE:

ANALYSIS

DATA TURNAROUND INFORMATION

DATA DELIVERABLE INFORMATION

FAX (RUSH) \_\_\_\_\_ DAYS\*  
HARDCOPY (DATA PACKAGE): \_\_\_\_\_ DAYS\*  
EDD: \_\_\_\_\_ DAYS\*

\*TO BE APPROVED BY CHEMTECH  
STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

☐ Level 1 (Results Only) ☐ Level 4 (QC + Full Raw Data)  
☐ Level 2 (Results + QC) ☐ NJ Reduced ☐ US EPA CLP  
☐ Level 3 (Results + QC) ☐ NYS ASP A ☐ NYS ASP B  
+ Raw Data) ☐ Other \_\_\_\_\_  
☐ EDD FORMAT

1 2 3 4 5 6 7 8 9

PRESERVATIVES

COMMENTS

| ALLIANCE<br>SAMPLE<br>ID | PROJECT<br>SAMPLE IDENTIFICATION | SAMPLE<br>MATRIX | SAMPLE<br>TYPE |          | SAMPLE<br>COLLECTION |              | # OF BOTTLES | PRESERVATIVES |          |          |          |           |  |  |  |  | COMMENTS<br>← Specify Preservatives<br>A-HCl D-NaOH<br>B-HNO3 E-ICE<br>C-H2SO4 F-OTHER |
|--------------------------|----------------------------------|------------------|----------------|----------|----------------------|--------------|--------------|---------------|----------|----------|----------|-----------|--|--|--|--|----------------------------------------------------------------------------------------|
|                          |                                  |                  | COMP           | GRAB     | DATE                 | TIME         |              | E             | B        | D        | A        | C         |  |  |  |  |                                                                                        |
| 1. <b>SY-6</b>           | <b>SY-6</b>                      | <b>GW</b>        |                | <b>X</b> | <b>9/23/15</b>       | <b>10:10</b> | <b>14</b>    | <b>5</b>      | <b>2</b> | <b>1</b> | <b>2</b> | <b>4</b>  |  |  |  |  |                                                                                        |
| 2. <b>SY-22</b>          | <b>SY-22</b>                     |                  |                |          |                      | <b>11:30</b> | <b>14</b>    | <b>5</b>      | <b>2</b> | <b>1</b> | <b>2</b> | <b>4</b>  |  |  |  |  |                                                                                        |
| 3. <b>SY-20</b>          | <b>SY-20</b>                     |                  |                |          |                      | <b>12:15</b> | <b>14</b>    | <b>5</b>      | <b>2</b> | <b>1</b> | <b>2</b> | <b>4</b>  |  |  |  |  |                                                                                        |
| 4. <b>SY-5</b>           | <b>SY-5</b>                      |                  |                |          |                      | <b>12:30</b> | <b>14</b>    | <b>5</b>      | <b>2</b> | <b>1</b> | <b>2</b> | <b>4</b>  |  |  |  |  |                                                                                        |
| 5. <b>SY-300</b>         | <b>SY-300</b>                    |                  |                |          |                      | <b>1:10</b>  | <b>14</b>    | <b>5</b>      | <b>2</b> | <b>1</b> | <b>2</b> | <b>4</b>  |  |  |  |  |                                                                                        |
| 6. <b>SY-3D</b>          | <b>SY-3 DAMS/MSD</b>             |                  |                |          |                      | <b>1:55</b>  | <b>42</b>    | <b>15</b>     | <b>4</b> | <b>3</b> | <b>4</b> | <b>12</b> |  |  |  |  |                                                                                        |
| 7. <b>SY-3</b>           | <b>SY-3</b>                      |                  |                |          |                      | <b>3:30</b>  | <b>14</b>    | <b>5</b>      | <b>2</b> | <b>1</b> | <b>2</b> | <b>4</b>  |  |  |  |  |                                                                                        |
| 8.                       |                                  |                  |                |          |                      |              |              |               |          |          |          |           |  |  |  |  |                                                                                        |
| 9.                       |                                  |                  |                |          |                      |              |              |               |          |          |          |           |  |  |  |  |                                                                                        |
| 10.                      |                                  |                  |                |          |                      |              |              |               |          |          |          |           |  |  |  |  |                                                                                        |

SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY

|                                                    |                              |                                                |                                                                                                                                                                           |
|----------------------------------------------------|------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RELINQUISHED BY SAMPLER:<br>1. <b>Cate Blachly</b> | DATE/TIME:<br><b>9/23/15</b> | RECEIVED BY:<br><b>[Signature]</b> <b>1345</b> | Conditions of bottles or coolers at receipt: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input type="checkbox"/> COOLER TEMP <b>3.3</b> °C |
| RELINQUISHED BY SAMPLER:<br>2.                     | DATE/TIME:                   | RECEIVED BY:<br><b>[Signature]</b>             | Comments:                                                                                                                                                                 |
| RELINQUISHED BY SAMPLER:<br>3. <b>[Signature]</b>  | DATE/TIME: <b>9-23-15</b>    | RECEIVED BY:<br>3.                             | Page <b>1</b> of <b>1</b>                                                                                                                                                 |

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete  
☐ YES ☐ NO