



SHIPPING DOCUMENTS



3310 Win Street
Cuyahoga Falls, Ohio 44223
(330) 253-8211

Analysis Request / Chain of Custody

<https://www.alliancetg.com/services/environmental>
<https://scitek.com/>

LAB
WO
NO.:

For Alliance Technical Group, LLC-Akron use only

Client Name		Project Identification		Grab Sample	Composite Sample	Matrix: S = Solid, SL = Sludge, L = Liquid, O = Oil, A = Air, NPW = Non-Potable Water, DW = Drinking Water	Preservation: 1) HNO ₃ ; 2) H ₂ SO ₄ ; 3) HCl; 4) Zinc Acetate; 5) NaOH; 6) EDA; 7) none; 8) other (specify in comments)	Number of Containers per Sample	Analytical Parameters and Methods Requested													
Client Street Address		Project Street Address							Total Cyanide For DW Only: Special Compliance or Routine (S/R)													
City	State	Zip	City																		State	Zip
Client Phone		Report To																				
Contact Person		PO #	Quote Number																			
Client Email Address		PHS ID	Facility ID																			
Sampled By (Print Name and Provide Signature)		Reporting/Accreditation Requirements:																				
Print:		Ohio VAP		Ohio EPA Pb, Cu																		
Sign:		Drinking Water Compliance		BUSTR																		
For DW only, results to be reported to state by lab? If yes, lab fee may apply: Y N		Other Compliance (List State/Program):																				
		NECAP																				
#	Sample Point ID	Sample Identification	Date Collected	Time Collected																		
		25092166-001																				
		25092166-002																				
		25092166-003																				
		25092166-004																				
		25092166-005																				
		25092166-006																				
		25092166-007																				
		25092166-008																				
		25092166-009																				
		25092166-010																				
Relinquished by:		Date	Time	Received by:		Date	Time	Notes / Comments:														
		9/30/25	1520					EQUUS EFWEDD format for all samples - dry weight to be supplied by Akron														
								Sufficient volume for analysis? YES NO Cooler? YES NO N/A														
Received at ATG-Akron by:		Date	Time	Carrier		Results due 10/3		Receipt Temperature:		Cooler Seals?	INTACT	NOT INTACT	N/A									
		10/1/25	10:25	2.1°C		RUSH Requested: Day(s) Please provide advanced notice of rush requests whenever possible.		°C		Sample Seals?	INTACT	NOT INTACT	N/A									
										Ice Present?	YES	NO	MELTED	N/A								



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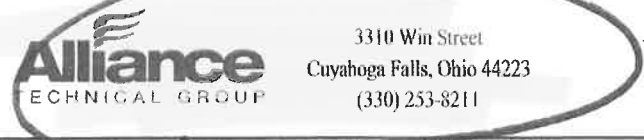
Client Name		Project Identification		Grab Sample	Composite Sample	Matrix: S = Solid, SL = Sludge, L = Liquid, O = Oil, A = Air, NPW = Non-Potable Water, DW = Drinking Water	Preservation: 1) HNO3; 2) H2SO4; 3) HCl; 4) Zinc Acetate; 5) NaOH; 6) EDA; 7) none; 8) other (specify in comments)	Number of Containers per Sample	Analytical Parameters and Methods Requested											
Client Street Address		Project Street Address							Total Cyanide									For DW Only: Special Compliance or Routine (S/R)		
City	State	Zip	City																State	Zip
Client Phone		Report To																		
Contact Person		PO #	Quote Number																	
Client Email Address		PWS ID	Facility ID																	
Sampled By (Print Name and Provide Signature)		Reporting/Accreditation Requirements:																		
Print:		Ohio VAP		Ohio EPA Pb, Cu																
Sign:		Drinking Water Compliance		BUSTR																
For DW only, results to be reported to state by lab? If yes, lab fee may apply: Y N		Other Compliance (List State Program):																		
		NECAP																		
#	Sample Point ID	Sample Identification	Date Collected	Time Collected																
		25092166-012								X										
		25092166-013								X										
		25092166-014								X										
		25092166-015								X										
		25092166-016								X										
		25092166-017								X										
		25092166-018								X										
		25092166-019								X										
		25092166-021								X										
		25092166-022								X										
Relinquished by:		Date	Time	Received by:	Date	Time	Notes / Comments:													
CF		9/30/25	1520				EQUIS EFWEDD format													
received at ATG-Akron by:		Date	Time	Carrier	RUSH Requested: 10/3 Day(s) Please provide advanced notice of rush requests whenever possible.		Sufficient volume for analysis?		YES	NO	Cooler?	YES	NO	N/A						
OR		10/1/25	10:25	2-1 st			Receipt Temperature:				Cooler Seals?	INTACT	NOT INTACT	N/A						
							Sample Seals?				INTACT	NOT INTACT	N/A							
							Ice Present?		YES	NO	MELTED	N/A								



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Client Information		Project Identification		Grab Sample	Composite Sample	Matrix: S = Solid, SL = Sludge, L = Liquid, O = Oil, A = Air, NPW = Non-Potable Water, DW = Drinking Water Preservation: 1) HNO ₃ ; 2) H ₂ SO ₄ ; 3) HCl; 4) Zinc Acetate; 5) NaOH; 6) EDA; 7) none; 8) other (specify in comments)	Number of Containers per Sample	Analytical Parameters and Methods Requested										
Client Street Address		Project Street Address						Total Cyanide										
City	State	Zip	City					State	Zip									
Client Phone		Report To																
Contact Person	PO #	Quote Number																
Client Email Address	PWS ID	Facility ID																
Jennifer Woolf		25092166																
jennifer.woolf@alliance-9.com																		
Sampled By (Print Name and Provide Signature)		Reporting/Accreditation Requirements:																
Print:		Ohio VAP																
Sign:		Drinking Water Compliance BUSTR																
For DW only, results to be reported to state by lab? If yes, lab fee may apply: Y N		Other Compliance (List State/ Program): NECLAP																
#	Sample Point ID	Sample Identification		Date Collected	Time Collected													
		25092166-023							X									
		25092166-024							X									
		25092166-025							X									
		25092166-026							X									
		25092166-027							X									
		25092166-028							X									
		25092166-031							X									
		25092166-032							X									
		25092166-035							X									
		25092166-036							X									
Relinquished by:		Date	Time	Received by:		Date	Time	Notes / Comments:										
[Signature]		9/30/25	1520					EQUIS EFWEDD format										
								Sufficient volume for analysis? YES NO Cooler? YES NO N/A										
Received at ATG-Akron by:		Date	Time	Carrier		RUSH Requested: 10/3 Day(s) Please provide advanced notice of rush requests whenever possible.		Receipt Temperature:		Cooler Seals?	INTACT	NOT INTACT	N/A					
[Signature]		10/1/25	10:25	2-1-C						Sample Seals?	INTACT	NOT INTACT	N/A					
								°C		Ice Present?	YES	NO	MELTED N/A					

Q3 259



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Client Name		Project Identification		Grab Sample	Composite Sample	Matrix: S = Solid, SL = Sludge, L = Liquid, O = Oil, A = Air, NPW = Non-Potable Water, DW = Drinking Water	Preservation: 1) HNO3; 2) H2SO4; 3) HCl; 4) Zinc Acetate; 5) NaOH; 6) EDA; 7) none; 8) other (specify in comments)	Number of Containers per Sample	Analytical Parameters and Methods Requested										
Client Street Address		Project Street Address							Total Cyanide								For DW Only: Special Compliance or Routine (S/R)		
City State Zip		City State Zip																	
Client Phone		Report To																	
Contact Person		PO #																Quote Number	
Client Email Address		PWS ID																Facility ID	
Printed By (Print Name and Provide Signature)		Reporting/Accreditation Requirements:																	
Sign:		Ohio VAP		Ohio EPA Pb, Cu															
		Drinking Water Compliance		BUSTR															
For DW only, results to be reported to state by lab? If yes, lab fee may apply: Y N		Other Compliance (List State/ Program):																	

#	Sample Point ID	Sample Identification	Date Collected	Time Collected	Grab Sample	Composite Sample	Matrix	Preservation	Number of Containers per Sample	Analytical Parameters	For DW Only: Special Compliance or Routine (S/R)
		25092166-037								X	
		25092166-039								X	
		25092166-040								X	
		25092166-041								X	
		25092166-042								X	
		25092166-043								X	
		25092166-044								X	
		25092166-045								X	
		25092166-046								X	
		25092166-047								X	

Relinquished by:	Date	Time	Received by:	Date	Time	Notes / Comments:			
	9/30/25	1520					EQUIS EFWEDD format		
Sufficient volume for analysis? YES NO Cooler? YES NO N/A									
Received at ATG-Akron by:	Date	Time	Carrier	RUSH Requested: 10/3 Day(s) Please provide advanced notice of rush requests whenever possible.		Receipt Temperature: °C	Cooler Seals? INTACT NOT INTACT N/A	Sample Seals? INTACT NOT INTACT N/A	Ice Present? YES NO MELTED N/A
	10/1/25	10:25	2.1°C						



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Client Name	Client Street Address	Project Street Address	Report To						City	State	Zip	City	State	Zip	City	State	Zip	City	State	Zip	City	State	Zip
Contact Person Jennifer Woolf	PO # 25092166	Quote Number																					
Client Email Address jennifer.woolf@allianceetg.com	PWS ID 9. com	Facility ID																					
Accepted By (Print Name and Provide Signature) [Signature]	Reporting/Accreditation Requirements: Ohio VAP Drinking Water Compliance BUSTR		Other Compliance (List State/Program): NECAP																				
For DW only, results to be reported to state by lab? If yes, lab fee may apply: Y N																							
#	Sample Point ID	Sample Identification	Date Collected	Time Collected	Grab Sample	Composite Sample	Matrix	Preservation	Number of Containers per Sample	Analytical Parameters and Methods Requested													
		25092166-049																					
		25092166-050																					
		25092166-051																					
		25092166-052																					
		25092166-053																					
		25092166-054																					
		25092166-057																					
		25092166-058																					
		25092166-059																					
		25092166-060																					
Relinquished by:		Date	Time	Received by:	Date	Time	Notes / Comments:																
[Signature]		9/30/25	1500				EQUIS EFWEDD format																
Received at ATG-Akron by:		Date	Time	Carrier	RUSH Requested: 10/3 Day(s) Please provide advanced notice of rush requests whenever possible.		Receipt Temperature: °C		Cooler Seals? INTACT NOT INTACT N/A		Sample Seals? INTACT NOT INTACT N/A		Ice Present? YES NO MELTED N/A										
[Signature]		10/1/25	10:25	2-1-C																			



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Analytical Parameters and Methods Requested

[illegible]

Laboratory Certification

Certified By	License No.
Connecticut	PH-0830
DOD ELAP (ANAB)	L2219
Maine	2024021
Maryland	296
New Hampshire	255425
New Jersey	20012
New York	11376
Pennsylvania	68-00548
Soil Permit	525-24-234-08441
Texas	TX-C25-00189
Virginia	460312