Alliance TECHNICAL GROUP

284 Sheffield Street, Mountainside, NJ 07092
(908) 789-8900 • Fax (908) 789-8922
www.chemtech.net

ALLIANCE PROJECT NO.
QUOTE NO. Q3385
COC Number 2045121

CLIENT INFORMATION

REPORT TO BE SENT TO:
COMPANY: ARDMORE INC
ADDRESS: 29 Riverside Ave Bldg 14
CITY NEWARK STATE: NJ ZIP: 07104
ATTENTION: Michael Sharphouse
PHONE: 973 481 2406 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: PUSC - MONTHLY
PROJECT NO.: LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

CLIENT BILLING INFORMATION

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

DATA TURNAROUND INFORMATION

FAX (RUSH) _____ DAYS*
HARDCOPY (DATA PACKAGE): _____ DAYS*
EDD: STANDAR DAYS*
*TO BE APPROVED BY CHEMTECH
STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

DATA DELIVERABLE INFORMATION

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

ANALYSIS

1: VOC 2: CN 3: SVOC PP BNA 4: BOD/TSS 5: METALS 6 7 8 9

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE COMP	SAMPLE TYPE GRAB	SAMPLE COLLECTION DATE	SAMPLE COLLECTION TIME	# OF BOTTLES	PRESERVATIVES 1	2	3	4	5	6	7	8	9	COMMENTS
1.	EFF WASTE WATER			X	10/17	12:00PM		X	X								
2.	EFF WASTE WATER		X		10/17	12:00PM				X	X	X					
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

← Specify Preservatives
A-HCl D-NaOH
B-HN03 E-ICE
C-H2SO4 F-OTHER

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

RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:
1. Albert Sharphouse	10/17/25 12:00	1. 1400 10-17-25
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:
2.		2.
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:
3.		3.

Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 3.9 °C
Comments: METALS LEAD ZINC

Page _____ of

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete ☐ YES ☐ NO

WHITE - ALLIANCE COPY FOR RETURN TO CLIENT YELLOW - ALLIANCE COPY PINK - SAMPLER COPY