

CLIENT INFORMATION

COMPANY: G Environmental
ADDRESS: 8 Carrigan
CITY: Succasunna STATE: NJ ZIP:
ATTENTION:
PHONE: FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: Willow
PROJECT NO.: LOCATION: NJ
PROJECT MANAGER: GL
e-mail:
PHONE: FAX:

CLIENT BILLING INFORMATION

BILL TO: G Environmental PO#:
ADDRESS: 8 Carrigan
CITY: Succasunna STATE: NJ ZIP:
ATTENTION: PHONE:

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) 5 DAY DAYS*
HARDCOPY (DATA PACKAGE): 5 DAY DAYS*
EDD: DAYS*
*TO BE APPROVED BY CHEMTECH
STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

DATA DELIVERABLE INFORMATION

☐ 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 Excel, pdf
☒ EDD FORMAT NJ DEP SRP

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	TWP 2	GW		X	10/23	10/24	2	X									
2.	TWP 3	GW		X	10/23	10/24	2	X									
3.	TWP 5	GW		X	10/23	10/24	2	X									
4.	MW 2	GW		X	10/23	10/24	2	X									
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

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

RELINQUISHED BY SAMPLER:	DATE/TIME: <u>1135</u>	RECEIVED BY: <u>[Signature]</u>	Conditions of bottles or coolers at receipt: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input type="checkbox"/> COOLER TEMP <u>3.1°C</u>
1. <u>[Signature]</u>	DATE/TIME: <u>10/22/25</u>	RECEIVED BY: <u>[Signature]</u>	Comments: <u></u>
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2.			
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3.			

Page ____ of ____

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO