

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: Atco

ADDRESS:

CITY: Fairview STATE: PA ZIP:

ATTENTION: Staci Bruce @ alliance tg.com

PHONE: FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: Staci Bruce

PROJECT NO.: AEC 2025-0013 LOCATION:

PROJECT MANAGER:

e-mail:

PHONE: FAX:

CLIENT BILLING INFORMATION

BILL TO: PO#:

ADDRESS:

CITY: STATE: ZIP:

ATTENTION: PHONE: ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) _____ DAYS*

HARDCOPY (DATA PACKAGE): _____ 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 _____

☐ EDD FORMAT

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID PROJECT SAMPLE IDENTIFICATION

SAMPLE MATRIX SAMPLE TYPE COLLECTION DATE TIME # OF BOTTLES

1 2 3 4 5 6 7 8 9

Specify Preservatives
A-HCl D-NaOH
B-HNO3 E-ICE
C-H2SO4 F-OTHER

SW-1

SV

3:00

10/18/8

1 2 3 4 5 6 7 8 9

10/18/8
COD
TSS
O & P
Total Nit.
BOD 5
Iron
Phosphorous
PH

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

RELINQUISHED BY SAMPLER:

DATE/TIME:

RECEIVED BY:

11/3/2

Conditions of bottles or coolers at receipt:

☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP _____ °C

4.1

RELINQUISHED BY SAMPLER:

DATE/TIME:

RECEIVED BY:

10/18/8

Comments:

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