



SHIPPING DOCUMENTS

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: Accuracy Stormwater

ADDRESS: 14 Fisher Lane 1

CITY White Plains STATE: NY ZIP: _____

ATTENTION: Staci.bruce@allianctg.com

PHONE: (423) 902-9441

FAX: _____

CLIENT PROJECT INFORMATION

PROJECT NAME: Accuracy Stormwater

PROJECT NO.: AEC-2025-0013 LOCATION: CSC 4153

PROJECT MANAGER: Staci Bruce

e-mail: _____

PHONE: _____

FAX: _____

CLIENT BILLING INFORMATION

BILL TO: DEDE.Golding@allianctg.com 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 _____

1	2	3	4	5	6	7	8	9
COD	DO	DO	BTEX					

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	outfall 002	SW		X	10/30/25	12:26	4	1	1	2							
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

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

RELINQUISHED BY SAMPLER: 1. <u>[Signature]</u>	DATE/TIME: <u>10/30/25 19:50</u>	RECEIVED BY: 1. <u>[Signature]</u> <u>10-31-25</u> <u>0630</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>1.6°C</u>
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY: 2.	Comments: _____
RELINQUISHED BY SAMPLER: 3.	DATE/TIME:	RECEIVED BY: 3.	Page _____ of _____ CLIENT: ☐ Hand Delivered ☐ Other _____ Shipment Complete ☐ YES ☐ NO

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

LOGIN REPORT/SAMPLE TRANSFER

Order ID : Q3510	ATGG01	Order Date : 10/31/2025 12:10:00 PM	Project Mgr :
Client Name : ATG-GREENVILLE AEC		Project Name : AEC-2025-0013- CSC 4153	Report Type : Level 1
Client Contact : Staci Bruce		Receive DateTime : 10/31/2025 6:30:00 AM	EDD Type : EXCEL NOCLEANUP
Invoice Name : ATG-GREENVILLE AEC		Purchase Order :	Hard Copy Date :
Invoice Contact : Staci Bruce			Date Signoff :

LAB ID	CLIENT ID	MATRIX	SAMPLE DATE	SAMPLE TIME	TEST	TEST GROUP	METHOD	FAX DATE	DUE DATES
Q3510-01	OUTFALL-002	Water	10/30/2025	12:26	VOC-BTEX		8260-Low		10 Bus. Days

*Stored in VOA
Ref # 04*

Relinquished By : 
Date / Time : 10-31-25 1230

Received By : 
Date / Time : 10-31-25 12:30

Storage Area : VOA Refridgerator Room