

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. COD 2. DA G 3. BTEX 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____

PRESERVATIVES

COMMENTS

ALLIANCE
SAMPLE
ID

PROJECT
SAMPLE IDENTIFICATION

SAMPLE
MATRIX

SAMPLE
TYPE

SAMPLE
COLLECTION

OF BOTTLES

DATE TIME

1 2 3 4 5 6 7 8 9

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

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. [Signature]

DATE/TIME:

10/30/25 19:50

RECEIVED BY:

1. [Signature]

10-31-25

0630

Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 1.6°C

Comments: _____

RELINQUISHED BY SAMPLER:

2.

DATE/TIME:

RECEIVED BY:

2.

RELINQUISHED BY SAMPLER:

3.

DATE/TIME:

RECEIVED BY:

3.

Page _____ of _____

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete

☐ YES ☐ NO