



SHIPPING DOCUMENTS

CLIENT INFORMATION

REPORT TO BE SENT TO:
COMPANY: **Total Quality Environmental**
ADDRESS: **116 Bay 19th Street**
CITY: **Brooklyn** STATE: **NY** ZIP: **11214**
ATTENTION: **Alex Rukarov**
PHONE: **718-873-1411** FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME:
PROJECT NO.: **255.27.01** LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

CLIENT BILLING INFORMATION

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

ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) DAYS*
HARDCOPY (DATA PACKAGE): **5 Days** 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

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	← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER	
1.	Basement, Kitchen sink, 1 st draw				11/11/25	11:52		✓										
2.	1 st fl, adult beds sink, 1 st draw				11/11/25	11:54		✓										
3.	1 st fl, drinking fountain, 1 st draw				11/11/25	11:53		✓										
4.	1 st fl, kids beds, left sink, 1 st draw				11/11/25	11:54		✓										
5.	↓ ↓ ↓ 2nd draw				11/11/25	11:55		✓										
6.	1 st fl, kids beds right, 1 st draw				11/11/25	11:57		✓										
7.	Main hall, right sink, 1 st draw				11/11/25	11:59		✓										
8.	↓ ↓ 2 nd draw				11/11/25	12:00		✓										
9.	Main hall, left sink, 1 st draw				11/11/25	12:02		✓										
10.																		

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

RELINQUISHED BY SAMPLER: 1. A. Rukarov	DATE/TIME: 11/11/25	RECEIVED BY: [Signature] 1444	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP 16.9 °C Comments: No Ice
RELINQUISHED BY SAMPLER: 2.	DATE/TIME:	RECEIVED BY:	
RELINQUISHED BY SAMPLER: 3.	DATE/TIME:	RECEIVED BY:	

Page **1** of **1** 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