

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: Dal-Tile LLC-Dickson Plant
ADDRESS: 187 Warren G. Medley Drive
CITY: Dickson STATE: TN ZIP: 37055
ATTENTION: Michel Gil
PHONE: 214-309-4003 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: Wastewater Sampling
PROJECT NO.: EHS-2025-1026 LOCATION: Dickson, TN
PROJECT MANAGER: James Eagles
e-mail: james.eagles@allianceetg.com
PHONE: 601-415-6913 FAX:

CLIENT BILLING INFORMATION

BILL TO: ATG-Baytown AEM PO#:
ADDRESS: 400 Texas 146
CITY: Baytown STATE: TX ZIP: 77520
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
1664A	1664A	1664A	1664A	1664A	1664A	1664A	1664A	1664A

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS ← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
			COMP	GRAB	DATE	TIME		C	E	E							
1.	Oil & Grease #1	WW		Y	11/11/25	1:24PM	1	X									pH: 6.84
2.	Oil & Grease #2	WW		Y	11/11/25	1:59PM	1	X									pH: 6.89
3.	Oil & Grease #3	WW		Y	11/11/25	2:01PM	1	X									pH: 6.95
4.	Monthly Cyanide	WW		X	11/11/25	1:20PM	1		X								pH: 8.86
5.	Composite #1	WW	X		11/11/25	1:36PM	1			X							pH: 8.81
6.	16 Trip Blank Composite #2	WW	Y		11/11/25	1:41PM	1			X							↓
7.	Trip Blank						1			Y							
8.																	
9.																	
10.																	

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

RELINQUISHED BY SAMPLER: 1. James Eagles	DATE/TIME: 11/11/25	RECEIVED BY: 1. [Signature]	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP	2.1 + 0.5 = 2.1
RELINQUISHED BY SAMPLER: 2. [Signature]	DATE/TIME: 11/12/25	RECEIVED BY: 2. [Signature]	Comments:	IF Com #1
RELINQUISHED BY SAMPLER: 3. [Signature]	DATE/TIME:	RECEIVED BY: 3. [Signature]	Page ____ of ____	CLIENT: ☐ Hand Delivered ☐ Other
			Shipment Complete ☐ YES ☐ NO	