

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: **Coppola Service**
ADDRESS: **355 FOWSER RD**
CITY **Millville** STATE: **NJ** ZIP: **08332**
ATTENTION: **Jordan Sepura**
PHONE: FAX:

PROJECT NAME: **DGA Compaction testing**
PROJECT NO.: LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

BILL TO: **Millville** PO#:
ADDRESS:
CITY **S. Anne** STATE: ZIP:
ATTENTION: PHONE:
ANALYSIS

DATA TURNAROUND INFORMATION

DATA DELIVERABLE INFORMATION

FAX (RUSH) DAYS*
HARDCOPY (DATA PACKAGE): DAYS*
EDD: DAYS*
*TO BE APPROVED BY CHEMTECH
STANDARD HARDCOPY TURNAROUND TIME IS 10 BUSINESS

☐ 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

Standard Practice (SUN)
Modified Practice (MUN)
1 2 3 4 5 6 7 8 9

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.	Foundation Subgrade Soil	Soil	X		11-20-25	10:23	8	X	X									
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:	DATE/TIME: 10:50	RECEIVED BY:	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☒ COOLER TEMP 3.8°C
1. L. P. [Signature]	11-20-2025	1. H. Morgan	Comments: 3.8 + 0 = 3.8°C
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2. L. P. [Signature]		2. [Signature]	
RELINQUISHED BY SAMPLER:	DATE/TIME: 1346	RECEIVED BY:	
3. L. P. [Signature]	11-20-2025	3. [Signature]	



Project Name: DeA Construction
Testing - Millville
Service Order #: _____
Work Order #: _____
Labor WBS #: _____
Facility/Site: _____
Site Address: 355 Fowser Rd
Millville, NJ 08332

Chemtech Order ID: _____
Sampler Name: Katherine Carter
Client Project Coordinator & Phone: _____

Page #: 1 of 1
Date: 11.20.2025
Arrive Time: 0950
Depart Time: 10:50 AM

Waste Stream (circle one): drum / roll-off / soil pile in-situ / linear construction / frac-tank

Sample Matrices (circle all that apply): Water ☐ Solid ☒ NAPL / Concrete / Wipe

Foundation

Collection Depths: _____

Dimensions/CY: _____

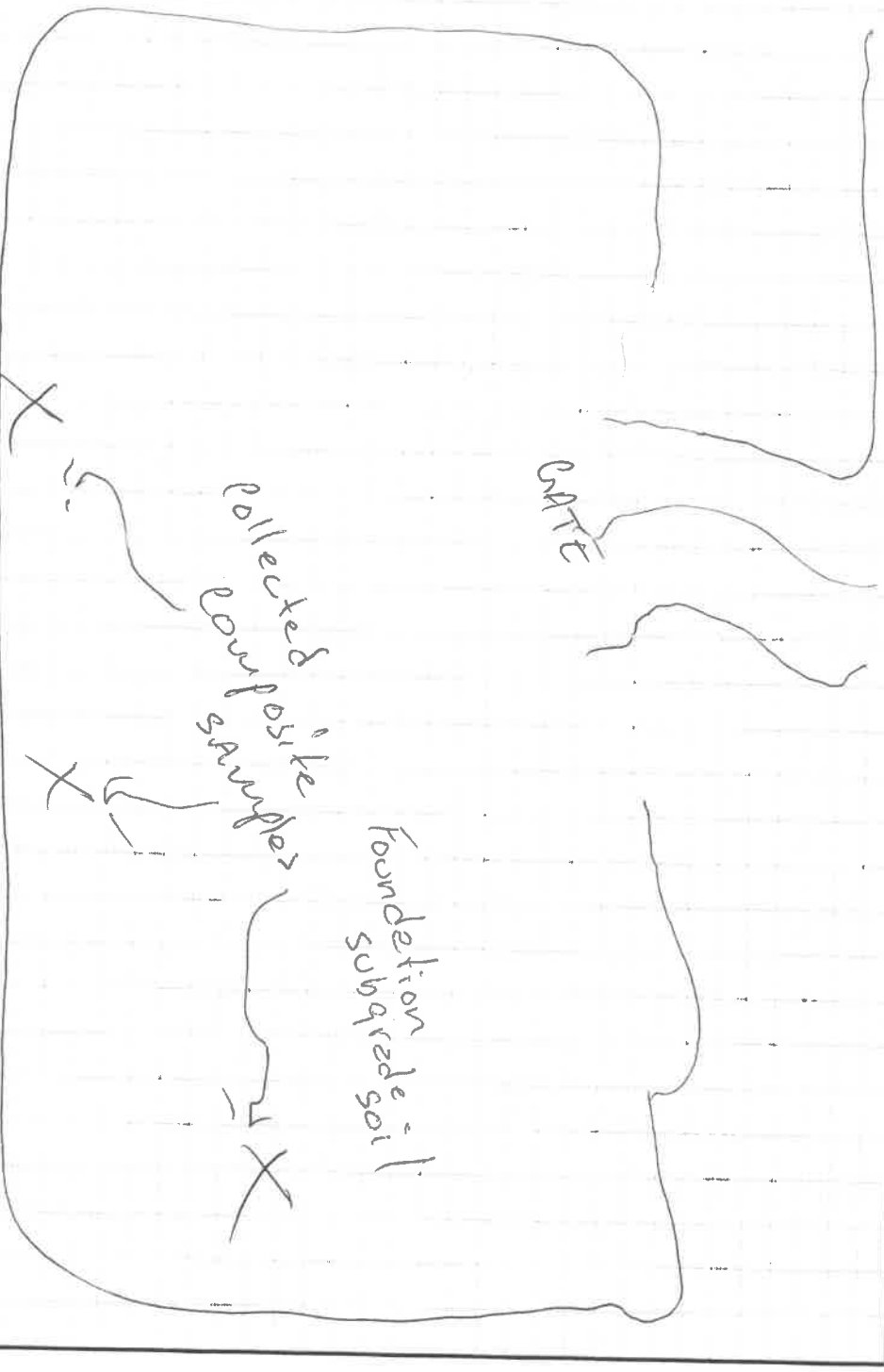
Temp (range): _____ °C PID Readings (range): _____ PPM Odor ☒ Y ☐ N Color ☒ Y ☐ N

Sample Description: Stream soil, rocks, lake water smell.

Field Observations: Sampled, Foundation Subgrade soil.

Grid/Area Composite Map:

QA Control # A3041134



Sampler Signature: [Signature] 11.20.2025

Supervisor Review/Date: _____

Client Signature: [Signature] 11/20/2025

Date/Time Arrived at Lab: _____