

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: HOLLAND MANUFACTURING Co.
ADDRESS: 15 MAIN ST.
CITY SUCCASUNNA STATE: N.J. ZIP: 07876
ATTENTION:
PHONE: FAX:

PROJECT NAME: HMC Pretreatment
PROJECT NO.: LOCATION:
PROJECT MANAGER: TODD HOLLAND
e-mail:
PHONE: FAX:

BILL TO: 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

100 155 104 TOTAL P
NH7

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS
			COMP	GRAB	DATE	TIME		E	E	C	C	C	C				
1.	Effluent	W		✓	11/20/25	1:30		✓	✓	✓	✓	✓	✓				
2.	Aeration	W		✓	11/20/25	1:30			✓								
3.	Influent	W		✓	11/20/25	1:30		✓					✓				
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: <u>1553</u>	RECEIVED BY:	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>2.9 °C</u>
1. <u>[Signature]</u>	<u>11/20/25 1:40p</u>	1. <u>[Signature]</u>	Comments: <u>Lab to Filter</u>
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2. <u>[Signature]</u>		2. <u>[Signature]</u>	
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3. <u>[Signature]</u>		3. <u>[Signature]</u>	

Page ____ of CLIENT: ☐ Hand Delivered ☐ Other Shipment Complete
☐ YES ☐ NO