

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: **Durham School Services**
ADDRESS: **446 Fairforest Way**
CITY: **Greenville** STATE: **SC** ZIP: **29607**
ATTENTION:
PHONE: FAX:

PROJECT NAME: **CSC 3090 Wheeling**
PROJECT NO.: **AEC-2050018** LOCATION: **Wheeling, IL**
PROJECT MANAGER: **Staci Bruce**
e-mail: **staci.bruce@alliance.tg.com**
PHONE: FAX:

BILL TO: **Durham School Services** PO#:
ADDRESS: **446 Fairforest Way**
CITY: **Greenville** STATE: **SC** ZIP: **29607**
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 _____

1 2 3 4 5 6 7 8 9

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										COMMENTS ← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	SW-2			✓	11/18/25	12:05pm	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:	DATE/TIME:	RECEIVED BY:	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP _____ °C
1.	11/18/25	1.	Comments: Field PH: SW-2 (8.65) S.Y
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2.	11/21/25 9:00	2.	IF Cont
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3.		3.	

Page ____ of ____

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO