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ALLIANCE PROJECT NO. Q 3727
QUOTE NO. 2046986
COC Number

CLIENT INFORMATION

REPORT TO BE SENT TO:

COMPANY: DAL-TILE
ADDRESS: 187 Warren G. Melley Drive
CITY: Dickson STATE: TN ZIP: 37055
ATTENTION: Brod Bell
PHONE: 270-933-7519 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: Annual Stormwater
PROJECT NO.: LOCATION:
PROJECT MANAGER:
e-mail:
PHONE: FAX:

CLIENT BILLING INFORMATION

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

1 2 3 4 5 6 7 8 9

PRESERVATIVES

COMMENTS

← Specify Preservatives

A-HCl D-NaOH
B-HNO3 E-ICE
C-H2SO4 F-OTHER

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	
1.	Outfall #1			X	11/21	7:30 AM	1										TSS
2.	Outfall #2			X	11/21	7:40 AM	1										
3.	Outfall #3			X	11/21	7:50 AM	1										
4.	Outfall #4			X	11/21	8:00 AM	1										
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

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

RELINQUISHED BY SAMPLER: 1. <u>[Signature]</u>	DATE/TIME: <u>11-24-2005</u> <u>07:30 AM</u>	RECEIVED BY: 1. <u>[Signature]</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>32.5</u> °C Comments: <u>206 #1</u>
RELINQUISHED BY SAMPLER: 2. <u>[Signature]</u>	DATE/TIME: <u>11/24/05</u>	RECEIVED BY: 2. <u>[Signature]</u>	
RELINQUISHED BY SAMPLER: 3. <u>[Signature]</u>	DATE/TIME:	RECEIVED BY: 3. <u>[Signature]</u>	

Page 1 of 1 CLIENT: ☐ Hand Delivered ☐ Other Shipment Complete
☐ YES ☐ NO