

CLIENT INFORMATION

COMPANY: General Electric  
ADDRESS: 8 CARRAGE  
CITY: Succasunna STATE: NJ ZIP: \_\_\_\_\_  
ATTENTION: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CLIENT PROJECT INFORMATION

PROJECT NAME: Diamond  
PROJECT NO.: \_\_\_\_\_ LOCATION: NJ  
PROJECT MANAGER: \_\_\_\_\_  
e-mail: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CLIENT BILLING INFORMATION

BILL TO: GECP INC PO#: \_\_\_\_\_  
ADDRESS: 8 CARRAGE  
CITY: Succasunna STATE: NJ ZIP: \_\_\_\_\_  
ATTENTION: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ANALYSIS

DATA TURNAROUND INFORMATION

FAX (RUSH) \_\_\_\_\_ DAYS\*  
HARDCOPY (DATA PACKAGE): Standard 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 hazmat, excel

VOC  
BUTS  
TCAP Metals  
PCB's  
PH + Isotibility  
Hexachlorine

| ALLIANCE<br>SAMPLE<br>ID | PROJECT<br>SAMPLE IDENTIFICATION | SAMPLE<br>MATRIX | SAMPLE<br>TYPE |      | SAMPLE<br>COLLECTION |      | # OF BOTTLES | PRESERVATIVES |   |   |   |   |   |   |   |   | COMMENTS                                                                   |  |
|--------------------------|----------------------------------|------------------|----------------|------|----------------------|------|--------------|---------------|---|---|---|---|---|---|---|---|----------------------------------------------------------------------------|--|
|                          |                                  |                  | COMP           | GRAB | DATE                 | TIME |              | 1             | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | ← Specify Preservatives<br>A-HCl D-NaOH<br>B-HNO3 E-ICE<br>C-H2SO4 F-OTHER |  |
| 1.                       | WC1                              | Soil             | X              |      | 11/26/25             | 1315 | 3            | X             | X | X | X | X | X | X | 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:<br>1. <u>[Signature]</u> | DATE/TIME: <u>11/26/25</u> | RECEIVED BY: <u>[Signature]</u> | Conditions of bottles or coolers at receipt: <input type="checkbox"/> COMPLIANT <input type="checkbox"/> NON COMPLIANT <input type="checkbox"/> COOLER TEMP <u>1.6°C</u>                             |
| RELINQUISHED BY SAMPLER:<br>2.                    | DATE/TIME:                 | RECEIVED BY:                    | Comments: <u>ice</u>                                                                                                                                                                                 |
| RELINQUISHED BY SAMPLER:<br>3.                    | DATE/TIME:                 | RECEIVED BY:                    | Page ____ of ____ CLIENT: <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Other <input type="checkbox"/> Shipment Complete <input type="checkbox"/> YES <input type="checkbox"/> NO |