



SHIPPING DOCUMENTS

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: HOLLAND MANUFACTURING
ADDRESS: 15 MAIN ST.
CITY: SUCKESUNNA STATE: NJ ZIP: 07876
ATTENTION: _____
PHONE: _____ FAX: _____

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

BILL TO: _____ PO#: _____
ADDRESS: _____
CITY: _____ 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 _____

1. 2. 3. 4. 5. 6. 7. 8. 9.
BOD 5 TSS OTG PO4 TOTAL P. NH4

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				← Specify Preservatives	
																	A-HCl	D-NaOH
								1	2	3	4	5	6	7	8	9	B-HNO3	E-ICE
																	C-H2SO4	F-OTHER
1.	EFFluent	W		✓	12-25	11:30	7	✓	✓	✓	✓	✓	✓					
2.	Aeration	W		✓	12-25	11:30	1		✓									
3.	Influent	W		✓	12-25	11:30	2	✓					✓					
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>12:35</u>	RECEIVED BY: <u>[Signature]</u>	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP <u>2.8°C</u>
1. <u>[Signature]</u>			Comments: <u>CAB to Filter</u> <u>If 6 min</u>
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2. <u>[Signature]</u>			
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3. <u>[Signature]</u>			

Page ____ of ____

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO

Laboratory Certification

Certified By	License No.
Connecticut	PH-0830
DOD ELAP (ANAB)	L2219
Maine	2024021
Maryland	296
New Hampshire	255425
New Jersey	20012
New York	11376
Pennsylvania	68-00548
Soil Permit	525-24-234-08441
Texas	TX-C25-00189
Virginia	460312