

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: Durham School Service
ADDRESS: 2202 S. Market St. Elizabeth
CITY: Elizabethtown STATE: PA ZIP: 02801
ATTENTION: Staci. Bruce @alliantg.com
PHONE: _____ FAX: _____

PROJECT NAME: CSC #4155 6420
PROJECT NO.: AEC-2026-0013 LOCATION: PA
PROJECT MANAGER: _____
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 _____

Oil & Grease
TSS
Total Phosphorous
Total Nitrogen

PRESERVATIVES

COMMENTS

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES										COMMENTS
			COMP	GRAB	DATE	TIME		1	2	3	4	5	6	7	8	9	
1.	SW-1	SW		X	12/2/25	4:30 PM	6	1	1	1	1						Low Volume
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: <u>12/4/25</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>34°</u> °C
1.		1.	Comments: <u>It's good!</u>
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
2.		2.	
RELINQUISHED BY SAMPLER:	DATE/TIME:	RECEIVED BY:	
3.		3.	

Page _____ of _____

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete

☐ YES ☐ NO