

CLIENT INFORMATION

CLIENT PROJECT INFORMATION

CLIENT BILLING INFORMATION

REPORT TO BE SENT TO:

COMPANY: **DAL-TILE**
ADDRESS: **107 W. 16th St. Drive**
CITY: **Durham** STATE: **NC** ZIP: **27605**
ATTENTION: **Bob Bell**
PHONE: **212-433-7519** FAX:

PROJECT NAME:
PROJECT NO.: LOCATION:
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

1	2	3	4	5	6	7	8	9
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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	← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER	
1.	30 2nd Sample			✓	11/15	3:30												
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: 1.	DATE/TIME: 12-05-2025 13:30	RECEIVED BY: 1.	Conditions of bottles or coolers at receipt: ☐ COMPLIANT ☐ NON COMPLIANT ☐ COOLER TEMP: 8.4°C
RELINQUISHED BY SAMPLER: 2.	DATE/TIME: 12/8/25 1:00	RECEIVED BY: 2.	Comments: If better 1 NO ICE
RELINQUISHED BY SAMPLER: 3.	DATE/TIME:	RECEIVED BY: 3.	Page ____ of CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete
☐ YES ☐ NO