

CLIENT INFORMATION

REPORT TO BE SENT TO:  
COMPANY: Daltie LLC  
ADDRESS: 359 Clay Rd  
CITY: Sunnyvale STATE: TX ZIP: 75182  
ATTENTION: Guy Edwards  
PHONE: 817-456-5693 FAX:

CLIENT PROJECT INFORMATION

PROJECT NAME: Semi Annual Sampling  
PROJECT NO.: 2nd half LOCATION: Sunnyvale  
PROJECT MANAGER: Michael Gil  
e-mail:  
PHONE: 469-387-8298 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

PRESERVATIVES									COMMENTS	
E	E	B							← Specify Preservatives A-HCl D-NaOH B-HNO3 E-ICE C-H2SO4 F-OTHER	
1	2	3	4	5	6	7	8	9		

ALLIANCE SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE		SAMPLE COLLECTION		# OF BOTTLES	PRESERVATIVES									COMMENTS	
			COMP	GRAB	DATE	TIME		E	E	B								
1.	Outfall 001	W		X	11/20	3:00	3	X	X	X								
2.	Outfall 002	W		X	11/20	3:00	3	X	X	X								
3.	Outfall 003	W		X	11/20	3:00	3	X	X	X								
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. <u>Guy Edwards</u>	DATE/TIME: <u>11/20 3:00pm</u>	RECEIVED BY: 1. <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>129</u> °C
RELINQUISHED BY SAMPLER: 2. <u>[Signature]</u>	DATE/TIME: <u>12/8/25 11:00</u>	RECEIVED BY: 2. <u>[Signature]</u>	Comments: _____
RELINQUISHED BY SAMPLER: 3. _____	DATE/TIME: _____	RECEIVED BY: 3. _____	Page _____ of

CLIENT: ☐ Hand Delivered ☐ Other

Shipment Complete  
☐ YES ☐ NO