

Client Information:

Company Name: _____

Address: _____

Office Phone # _____

eMail Results to the below: _____

Name(s): _____

eMail Address: _____

eMail Address: _____



PRECISION TESTING LABS

2161 Whitesville Rd.
Toms River, NJ 08755

Ofc: 732-905-5000
Fax: 732-279-4422

email: pt@ptlabs.net
web: www.ptlabs.net

Project Information:

Project Name on Results: _____

Project Address: _____

Turnaround: Standard (up to 2 weeks) _____ 24 HRS _____ 48 HRS _____
(Rushes incur additional fees.) 72 HRS _____ 4-Day _____ 5-Day _____

Company to Invoice: _____

(if different)

P.O.# _____ Page _____ of _____

Select NJ Regulatory Criteria:

EPH Guidance _____

Soil SRS Residential _____

Soil SRS Non-Residential _____

Soil Migration to GW _____

GW Quality Standards _____

SPLP Health-Based _____

SPLP Migration to GW _____

Other: _____

GW=Ground Water **WW**=Waste Water **SW**=Surface Water
DW=Drinking Water **S**=Soil **O**=Oil **L**=Liquid **SD**=Sludge
B=Blank **P**=Product or Gasoline **K**=Solid (specify): _____

Matrix Codes

PRESERVATIVE CODES: 0=ice 1=HCl 2=H₂SO₄ 3=NaOH 4=HNO₃ 5= _____

(Lab to Complete) Temperature: _____ °C

Sample ID	Collection Information		Time Sampled (Military Time)
	Sample Location or Depth (Optional)	Sample Date (MM-DD-YY)	

Sampled by (Initials)	Grab (G) or Comp (C)	Matrix CODE *	# of Containers	Container: G=Glass, E=En Core, P=Plastic

Chlorine may be in the sample.	EPH Cat. 1	PCBs	Pesticides	VO + 15 TCL	SPLP VO Extraction	BN + 15 TCL with SIM	BN + 15 TCL no SIM	PAH	Diesel-Fuel #2 Age-Date	Analysis + Interpretation	TAL Metals	TAL / TCL+30	Lab Sample #

INSTRUCTIONS: Contingent BN Naphth+2-Methylnaphth _____ Contingent SPLP 2-Methylnaphth _____ Other: _____

Standard (Results Only) _____ EDD (free download) _____

NJ Reduced _____ NJ Full _____ EDD (\$20 by email) _____

SIGN BELOW WHEN DELIVERING SAMPLES. Each time samples change possession, including courier delivery, custody must be documented.

Relinquished by:	Received by:
Print Name: _____	Print Name: _____
Signature: _____	Signature: _____
Agent of: _____	Agent of: _____
Date: / / Time: _____	Date: / / Time: _____