



A Waters Company

Stationary Source Audit Sample Quote Request

Please complete one quote form for each sampling event. Call ERA with questions: 800-372-0122.

Instructions:

1. Complete the quote form in its entirety. Save a copy for your records.
2. Send the completed quote form to ERA:
 - a) attach form to an email and send to info@eraqc.com
 - b) print a copy and fax to 303-421-0159
3. ERA will contact the regulatory agency to confirm the project details and then return your quote with project costs.

Scheduled Sampling Event

Start:

End:

Tester Project ID:

Metals Standards

	Cat. #	Product Name	EPA Method	Specify Analyte Concentrations	Concentration Range	Price*
<input type="checkbox"/>	1425	Metals on Filter Paper	29	Antimony _____ Chromium _____ Nickel _____ Arsenic _____ Cobalt _____ Selenium _____ Barium _____ Copper _____ Silver _____ Beryllium _____ Lead _____ Thallium _____ Cadmium _____ Manganese _____ Zinc _____	10-350 µg/filter	\$152*
<input type="checkbox"/>	1426	Metals in Impinger Solution	29	Antimony _____ Chromium _____ Nickel _____ Arsenic _____ Cobalt _____ Selenium _____ Barium _____ Copper _____ Silver _____ Beryllium _____ Lead _____ Thallium _____ Cadmium _____ Manganese _____ Zinc _____	0.10-30 µg/mL after dilution	\$152*
<input type="checkbox"/>	1427	Mercury on Filter Paper	29	Mercury _____	1.0-75 µg/filter	\$115*
<input type="checkbox"/>	1428	Mercury in Impinger Solution	29; 101A	Mercury _____	0.9-200 ng/mL after dilution	\$115*
<input type="checkbox"/>	1429	Lead on Filter Paper	12	Lead _____	20-350 µg/filter	\$115*
<input type="checkbox"/>	1430	Lead in Impinger Solution	12	Lead _____	0.2-120 µg/mL after dilution	\$115*

Inorganic Standards

	Cat. #	Product Name	EPA Method	Specify Analyte Concentrations	Concentration Range	Price*
<input type="checkbox"/>	1440-1	Hydrogen Halides Impinger Solution	26; 26A	Hydrogen Chloride _____ Hydrogen Fluoride _____	5.0-500 mg/L after dilution	\$145*
<input type="checkbox"/>	1441	Flouride in Impinger Solution	13A; 13B	Fluoride _____	1-50 mg/dscm after dilution	\$115*
<input type="checkbox"/>	1442	Nitrogen Oxide in Impinger Solution	7	Oxides of Nitrogen _____	100-2000 mg/dscm after dilution	\$115*
<input type="checkbox"/>	1443	Sulfur Dioxide in Impinger Solution	6; 8	Sulfur Dioxide _____	50-2000 mg/dscm after dilution	\$115*
<input type="checkbox"/>	1444	Sulfuric Acid & Sulfur Dioxide in Impinger Solution	8	Sulfuric Acid _____	5-150 mg/dscm after dilution	\$115*

*The prices listed are for stock audit samples. If state regulatory agency requires a sample with a specific concentration that is not available with a stock sample, custom pricing will apply for the sample.

Account Information

Billing

TNI Code: _____

Company Name: _____

Contact Name: _____

Phone: () - _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Shipping

Check if shipping address is same as billing

Company Name: _____

Shipping Contact Name: _____

Phone: () - _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

INTERNAL USE ONLY

Tester Acct #:



A Waters Company

Stationary Source Audit Sample Quote Request

Audit Sample Shipping

Select where the samples are to be shipped:

- Facility address listed below
- Tester billing address
- Tester shipping address

Preferred Method of Shipping

Shipping charges and a \$10 handling fee are added to each shipment. ERA will confirm shipping method to ensure delivery in time for sampling event.

- FedEx Overnight
- FedEx 2Day®
- FedEx Express Saver® (3 business days)
- Collect Acct #: _____
- Other _____

Facility/Tester Information

TNI Code: _____

Facility Name: _____

Contact Name: _____

Phone: () - _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

INTERNAL USE ONLY

Facility Acct #: _____

INTERNAL USE ONLY

Ship Date: _____

Order Taken By: _____

Date Agency Contacted: _____

Agency Contact Deadline: _____

Laboratory Information

TNI Code: _____

Laboratory Name: _____

Contact Name: _____

Phone: () - _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

INTERNAL USE ONLY

Laboratory Acct #: _____

Regulatory Agency

TNI Code: _____

Regulatory Agency: _____

Contact Name: _____

Phone: () - _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

INTERNAL USE ONLY

Agency Acct #: _____

INTERNAL USE ONLY

Qty	Cat #	QR	Description	Lot Information	-Dash #
		<input type="checkbox"/>			
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