

ATTACHMENT B

EXAMPLE FORMS

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BAFFINLAND MARY RIVER PROJECT

SAMPLE CHAIN OF CUSTODY

FROM:

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TO:

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F.A.O.

Note:

| No. | Sample I.D. | Sampling Date | Sampler | Sample Type | Sample Filtered? | No. of Bottles | Rush? | Analyses | | | | | | | | | | | | | | | | | | | |
|-----|-------------|---------------|---------|-------------|------------------|----------------|-------|-------------------|---------|---------|--------|-----|----|--------------|----------------|----------------------------|------------------|---------------|---------|---------|----------------|-----------|------------------|-----|------|--|--|
| | | | | | | | | General Chemistry | | | | | | | | | Nutrients | | | | | Bacterial | Organics | | | | |
| | | | | | | | | Metals | Arsenic | Mercury | Anions | TSS | pH | Conductivity | Total Hardness | Total Alkalinity / Acidity | BOD ₅ | Total ammonia | Nitrate | Nitrite | Orthophosphate | TOC | Faecal coliforms | TPH | BTEX | | |
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| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

BAFFINLAND MARY RIVER PROJECT

Record of Water Sample Field Parameter Measurements

| No. | Sample I.D. | Sampling Date | Sampler | Field Parameters | | | | | | Notes |
|-----|-------------|---------------|---------|------------------|------------------|-------------------|------------|-------------|---|-------|
| | | | | pH | Temperature (°C) | Conductivity (mS) | Redox (mV) | D.O. (mg/L) | | |
| | | | | | | | | mg/L | % | |
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DATE AND TIME: _____

FIELD MONITORING DATA FORM

STATION ID: _____

Environmental Department office – 519-397-9092

Site Information

Coordinates: Northing (m): _____ Easting (m): _____ Zone: _____ Datum: _____

Climate: Temp. (°C): _____ Precipitation: _____ Cloud cover (%): _____

Wind speed (kn): _____ Wind direction: _____ Wave height (m): _____

Description: _____

Field Data

Water Quality Meter: _____ Last Calibration: _____

Snow Depth (m): _____ Freeboard (m): _____ Ice Thickness (m): _____ Water Depth (m): _____

| No. | Depth (m) | Temp. (°C) | pH | | (mg/L) | DO | | SpC (µS/cm) | Cond. (µS/cm) | Sal. | TDS (g/L) |
|-----|-----------|------------|---------|------|--------|-----|------|-------------|---------------|------|-----------|
| | | | (units) | (mV) | | (%) | (ch) | | | | |
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| 30 | | | | | | | | | | | |

Samples Information

| Potable Water | Wastewater | Surface Water |
|---|--|---|
| <input type="checkbox"/> Baffinland DW Micro <input type="checkbox"/> Baffinland DW Chem <input type="checkbox"/> Baffinland DW Metals <input type="checkbox"/> Baffinland DW THMs | <input type="checkbox"/> Baffinland WW Micro <input type="checkbox"/> Baffinland WW Chem <input type="checkbox"/> Baffinland WW O&G Tot. | <input type="checkbox"/> Baffinland SW Micro <input type="checkbox"/> Baffinland SW Chem <input type="checkbox"/> Baffinland SW Metals <input type="checkbox"/> Baffinland SW BTE <input type="checkbox"/> Baffinland SW O&G Tot. |

Comments: _____

TECHNICIAN (please print): _____ SIGNOFF: _____

ACCUTEST LABORATORIES LTD.

☐ 146 Colonnade Rd., Unit 8

Ottawa, ON K2E 7Y1

Ph: (613) 727-5692 Fax: (613) 727-5222

CHAIN OF CUSTODY RECORD

☐ 608 Norris Court

Kingston, ON K7P 2R9

Ph: (613) 634-9307 Fax: (613) 634-9308

LABORATORY USE ONLY

Report #: _____

| | | |
|----------------------------------|--|---|
| Company Name: | Address: | <input type="checkbox"/> Fax Results to: _____ <input type="checkbox"/> E-mail Results to: _____ <input type="checkbox"/> Copy of Results to: _____ |
| Report Attention: | City/Prov: Postal Code: | |
| Phone: Ext: | Project # * Quotation # | |
| * Waterworks Name: | * Waterworks Number: | <i>Note that for drinking water samples, all exceedances will be reported where applicable legislation requires.</i> |

Invoice to:
(if different from above)

SAMPLE ANALYSIS REQUIRED

⇒ Indicate: F=Filtered or P=Preserved

[illegible]

Sample Type Codes for Drinking Water Systems: **RW** = Raw Water, **RWFC** = Raw Water For Consumption, **TW** = Treated Water at point of entry to distribution, **DW** = Distribution/Plumbing Water. "MOE Reportable" refers to the requirements under the SDWA for immediate reporting of results, which are indicators of adverse water quality, to the Owner/Operator, MOE, and MOH Medical Officer.

| | | | | | |
|---|------------|------------------|------------|----------|--------------------------------|
| Sampled By: | Date/Time: | Relinquished By: | Date/Time: | Comments | Cooler Temp (°C) on Receipt |
| Work Authorized By (signature): | Date/Time: | Received By Lab: | Date/Time: | | |
| <p>* Indicates a required field. If not complete, analysis will proceed only on verification of missing information. A quotation number is required, if one was provided.</p> <p>** There may surcharges applied to "Rush" service. Please check with lab prior to submission of samples for rush analysis to confirm availability and pricing.</p> | | | | | |