CADUCEON
ENVIRONMENTAL LABORATORIES
Client committed. Quality assured.

TESTING REQUIREMENTS

- ☐ O.Reg 153/04 Table ____
- ☐ O.Reg 153/09 Table ____
- ☐ Provincial Water Quality Objectives
- ☑ Sewer Use By-Law: ____
- ☐ MISA Guidelines
- ☐ ODWS (Non Regulatory)
- ☐ O.Reg 558 Leachate Analysis
- Disposal Site: ____
- ☐ Landfill Monitoring
- ☑ Other: Total Content

REPORT NUMBER (Lab Use): Sept 13-12 B12-23444

Organization:	Address and Invoicing Address (if different)
Municipality of Cape Dorset	Municipality of Cape Dorset P.O. Box 279 Cape Dorset, Nu X0A-0C0
Contact: Steve Weedmark	
Tel: 867-897-8834	
Fax: 869-897-8250	Quote No.: / Project Name:
Email: muncdmwx@capedorset.ca	P.O. No.: / Additional Info:

ANALYSES REQUESTED (Print Test in Boxes)

BOD | TSS | TCEC

TURNAROUND TIME REQUESTED

- ☑ Rush 24 Hr 100% Surcharge
- ☐ Rush 48 Hr 50 % Surcharge
- ☐ Rush 72 Hr 25% Surcharge
- ☐ 5-7 Day Standard
- ☐ Specific Date: ____

* Sample Matrix Legend: WW=Waste Water SW=Surface Water GW=Groundwater LS=Liquid Sludge SS=Solid Sludge S=Soil Sed=Sediment PC=Paint Chips F=Filter Oil = Oil

Lab No:	Sample Identification	Sample Matrix *	Date Collected (yy-mm-dd)	Time Collected	Indicate Test For Each Sample By Using A Check Mark In The Box Provided	Field pH	Field Temp.	# Bottles/ Sample	Field Filtered(Y/N)
1	Lagoon Cell #1	WW	12/9/12	8:30am	✓ ✓ ✓			1	No
2	Lagoon Cell #2	WW	12/9/12	8:40am	✓ ✓ ✓			~~0~~	No
3	Lagoon Cell #3	WW	12/9/12	8:45am	✓ ✓ ✓			2	No
4	Lagoon Cell #3 Leached	WW	12/9/12	8:50am	✓ ✓ ✓			1	Yes
5	TRAVEL BLK							7	
6	FIELD BLK							6	

Are any samples listed above intended for Human Consumption? ☐ Yes ☑ No (If yes, submit all drinking water samples on a drinking water Chain of Custody)

SAMPLE SUBMISSION INFORMATION	SHIPPING INFORMATION		REPORTING / INVOICING	SAMPLE RECEIVING INFORMATION (LABORATORY USE ONLY)
Sampled By (print): Niviaqsi Adla	Courier (Client account) ☐	Invoice for Shipping ☐	Report by Fax ☑	Received By (print): REBECCA Signature: Rm
Submitted By (print): Steve Weedmark	Courier (Caduceon account) ☐		Report by Email ☑	Date Received (yy-mm-dd): 12-09-13 Time Received: 15:00
Signature:	Drop Off ☐	# of Pieces	Invoice by Email ☐	Laboratory Prepared Bottles: ☒ Yes ☐ No
Date(yy-mm-dd): 2012/9/12 Time: 9:45am	Caduceon (Pick-up) ☑		Invoice by Mail ☐	Sample Temperature °C: 20°C Labeled by:

Laboratory Locations/Shipping Addresses

Kingston Lab - 285 Dalton Ave., Kingston, ON K7K 6Z1, Tel: (613) 544-2001 Fax: (613) 544-2770 Email: contactkingston@caduceonlabs.com
Ottawa Lab - 2378 Holly Lane, Ottawa, ON K1V 7P1, Tel: (613) 526-0123 Fax: (613) 526-1244 Email: contactottawa@caduceonlabs.com
Richmond Hill Lab - #14-110 West Beaver Creek Rd., ON L4B 1J9, Tel: (289) 475-5442 Fax: (866) 562-1963 Email: contactrichmondhill@caduceonlabs.com
Windsor Lab - #5-3201 Marentette Ave., Windsor, ON N8X 4G3, Tel: (519) 966-9541 Fax: (519) 966-9567 Email: contactwindsor@caduceonlabs.com
Moncton Lab - 150 Lutz St., Moncton, NB E1C 5E9, Tel: (506) 855-6472 Fax: (506) 855-8294 Email: contactmoncton@caduceonlabs.com

Comments: 3 PET 4R 2O+6 2m 2NP glass 2Hg 2 bact

White: Lab Copy / Yellow: Report Copy / Pink: Client Copy

G 11755