CADUCEON™
ENVIRONMENTAL LABORATORIES
Client committed. Quality assured.

TESTING REQUIREMENTS

- ☐ O.Reg 153/09 — Table ____
- ☐ Surface Soil ☐ Sub Surface Soil (O.Reg 153/09)
- ☐ Yes ☐ No Record of Site Condition (O.Reg 153/09)
- ☐ Provincial Water Quality Objectives
- ☐ Sewer Use By-Law: ____
- ☐ MISA Guidelines
- ☐ O.Reg 558 Leachate Analysis
- Disposal Site: ____
- ☐ Landfill Monitoring
- ☐ Other: ____

REPORT NUMBER (Lab Use) July 31.13 B13-19825

Indicate Laboratory Samples are submitted to: ☐ Kingston ☒ Ottawa ☐ Richmond Hill ☐ Windsor

Organization: Mun of Cape Dorset	Address and Invoicing Address (if different)	
Contact: Mike Hayward		
Tel: 867-897-8943		
Fax:	Quote No.:	Project Name:
Email: muncdmxs@capedorset.ca	P.O. No.:	Additional Info:

ANALYSES REQUESTED (Print Test In Boxes)

See Attached

Suspected Highly Contaminated

TURNAROUND SERVICE REQUESTED (see back page)

- ☐ Platinum 200% Surcharge**
- ☐ Gold 100% Surcharge
- ☐ Silver 50% Surcharge
- ☐ Bronze 25% Surcharge
- ☒ Standard 5-7 days
- ☐ Specific Date: ____

Are any samples to be submitted intended for Human Consumption under any Drinking Water Regulations? ☐ Yes ☐ No (If yes, submit all drinking water samples on a drinking water Chain of Custody)

* 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)
	Leachate	WW	2013-07-27	16:30					9+	VOC
	CAP-2									
	N 64° 13.670'									
	W 76° 34.389									
	Surface Water									

SAMPLE SUBMISSION INFORMATION

	Sampled by:	Submitted by:
Print:	Ashivak	
Sign:		
Date (yy-mm-dd) Time:	2013-07-27	2013-07-27

SHIPPING INFORMATION

- Client's Courier ☒
- Caduceon's Courier ☐
- Drop Off ☐
- Caduceon (Pick-up) ☒

Invoice ☒

# of Pieces

REPORTING / INVOICING

- Report by Fax ☒
- Report by Email ☐
- Invoice by Email ☒
- Invoice by Mail ☐

SAMPLE RECEIVING INFORMATION (LABORATORY USE ONLY)

Received By (print): Rebecca Signature:

Date Received (yy-mm-dd): 13-07-31 Time Received: 14:00

Laboratory Prepared Bottles: ☒ Yes ☐ No

Sample Temperature °C: 21°C Labeled by:

Comments: 2 1L AMBER, 1 oC, 2 PCT, 1 NP glass, 1m, 1R, 1 bact, 2 VOC

Page ____ of ____

G 35601

Laboratory Location/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) 562-1863 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

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

CofC., Sep 2012, Revision No: 15

GF-10/12

Baffin Region, Nunavut

Parameters for Leachate Samples

1. TPH (Total Petroleum Hydrocarbons)
2. PAH (Polycyclic Aromatic Hydrocarbons)
3. BTEX (Benzene, Toluene, Ethyl benzene, Xylene)
4. BOD_5
5. PH
6. Total Suspended Solids
7. Nitrate-Nitrite
8. Total Phenols
9. Total Hardness
10. Magnesium
11. Sodium
12. Total Arsenic
13. Total Copper
14. Total Iron
15. Total mercury
16. Fecal Coliforms
17. Conductivity
18. Oil and Grease
19. Ammonia Nitrogen
20. Total Alkalinity

~~2 IL AMBER~~

List of Bottles

1 - 1L Amber PP A -
2 - VOC 40 ml vials
1 - GWC -
1 - TSS -
1 - Glass N/P -
1 Metals -
1 TOC -
1 1L Amber O+G -
1 1L Amber TPH - F_2-4
1 Bacteria -

21. Calcium
22. Potassium
23. Sulphate
24. Total Cadmium
25. Total Chromium
26. Total Lead
27. Total Nickel
28. Chloride
29. Total Cobalt
30. Total Aluminum
31. Total Zinc
32. Total Manganese
33. Total Organic Carbon (TOC)
34. Total Phosphorous