

TESTING REQUIREMENTS

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

REPORT NUMBER (Lab Use)

Aug 24.16
BIL-25399

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

Organization:
Hamlet of Grise Fiord
Contact:
Marty
Tel:
867-980-9959
Fax:
Email:
gfsao@qiniq.com

Address and Invoicing Address (if different)
Hamlet of Grise Fiord
PO Box 77 NU X0X 0J0
Quote No.:
Project Name:
Landfill Leachate
P.O. No.:
Additional Info:

ANALYSES REQUESTED (Print Test in Boxes)

BETX PHC F14	PAH, O & G	pH Alkalinity Cond Hardness	Ammonia TP Total Phenols	NO2 N03 Chloride S04	TOC	Mg, As, Na, Cu, Fe, Hg, Ca, K,	Cd, Cr, Pb, Ni, Co, Al, Zn,	Mn	BOD, TSS	Fecal Coliforms	Suspected Highly Contaminated
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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	S.P.L.	Sample Matrix *	Date Collected (yy-mm-dd)	Time Collected	Indicate Test For Each Sample By Using A Check Mark In The Box Provided												Field	# Bottles/ Sample	Field Filtered (Y/N)
1	Leachate		L	Aug 11.16	10:08am	x	x	x	x	x	x	x	x	x	x	x	x			

SAMPLE SUBMISSION INFORMATION

SHIPPING INFORMATION

REPORTING / INVOICING

SAMPLE RECEIVING INFORMATION (LABORATORY USE ONLY)

Print: David	Submitted by:	Client's Courier <input checked="" type="checkbox"/>	Invoice <input type="checkbox"/>	Report by Fax <input type="checkbox"/>	Received By (print): <i>zol</i>	Signature: <i>JB</i>
Sign: <i>Aug 11/16</i>	Date (yy-mm-dd)/Time:	Caduceon's Courier <input type="checkbox"/>	# of Pieces	Report by Email <input checked="" type="checkbox"/>	Date Received (yy-mm-dd): <i>24/08/16</i>	Time Received: <i>7:20</i>
		Drop Off <input type="checkbox"/>		Invoice by Email <input checked="" type="checkbox"/>	Laboratory Prepared Bottles: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Caduceon (Pick-up) <input type="checkbox"/>		Invoice by Mail <input type="checkbox"/>	Sample Temperature °C: <i>12.5</i>	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

Comments:
*1 O&C
2-1000
2 PET
1 INIP
1 M
1 Bact
1 pH
3 VOC*