

TESTING REQUIREMENTS

REPORT NUMBER (Lab Use)

- ☐ 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:

Oct 27/16
 B16-32526

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

Organization:
 Hamlet of Pond Inlet
 Contact: Joshua Arreuk
 Gelin Saunders
 Tel:
 867-899-8934

Address and Invoicing Address (if different)
 Hamlet of Pond Inlet
 PO Box 379
 Pond Inlet, NU
 X0A 0S0

ANALYSES REQUESTED (Print Test in Boxes)

TURNAROUND SERVICE REQUESTED (see back page)

Fax: SAO@PondInlet.ca
 Email: SAO@PondInlet.ca
 HamletPond_SAO@qiniq.com

Quote No.: Beach
 Project Name: Waste Water
 Additional Info:

Ph, Alkalinity, Cond, Hardness	BOD, TOC	NO2/NO3, Cl, SO4, Amm, Phenol	O & G, TSS	Mg, Na, Cd, Cr, Co, Cu, Al, Hg, Ca	Zn, Fe, Mn, Ni, Pb, As, K	Fecal Coliform	Suspected Highly Contaminated
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- ☐ 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 pH	Field Temp.	# Bottles Sample	Field Filtered(Y/N)
1	PH		WW	2016 10 24	7 AM	x	x	x	x	x	x	x								7	
2	BOD		WW	2016 10 24	7 AM	x	x	x	x	x	x	x								7	
3	NO2		WW	2016 10 24	7 AM	x	x	x	x	x	x	x								7	
	OTG			2016 10 24	7 AM																
	MG			2016 10 24	7 AM																
	ZN			2016 10 24	7 AM																
	Fecal Coliform			2016 10 24	7 AM																

SAMPLE SUBMISSION INFORMATION

SHIPPING INFORMATION

REPORTING / INVOICING

SAMPLE RECEIVING INFORMATION (LABORATORY USE ONLY)

Print: Joshua Arreuk	Submitted by: JLR	Client's Courier ☒	Invoice ☐	Report by Fax ☐	Received By (print): JLR	Signature: JLR
Sign: Joshua Arreuk		Caduceon's Courier ☐	# of Pieces	Report by Email ☒	Date Received (yy-mm-dd): 27/10/16	Time Received: 10:40
		Drop Off ☐		Invoice by Email ☒	Laboratory Prepared Bottles: ☒ Yes ☐ No	
		Caduceon (Pick-up) ☒		Invoice by Mail ☐	Sample Temperature °C: 18.5	Labeled by: [Signature]
					Comments: 10+G 1ph 2DET 1NIP 1M 16G	

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

Page _____ of _____
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