



Sample Receipt Confirmation

Report Distribution:

Company Name: Municipality of Sanikiluaq
Contact: ANDRE LARABIE SAO
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Sanikiluaq, NU, X0A 0W0
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Report Name: STANDARD
Digital Type: --
Digital Email: --
Distribution: Hard Copy: N Email: Y Fax: N

Invoice Distribution:

Acct Name: Municipality of Sanikiluaq
Contact: ACCOUNTS PAYABLE
Address: PO Box 157,
Sanikiluaq, NU, X0A 0W0
Phone: 867-266-7900
Fax: 867-266-7924
Invoice Email: sanisao@qiniq.com
Project #: N/A
Account #: W10375

Client Information:

Job Reference #: SANIKILUAQ WWTP
Project PO #:
Legal Site Description: N/A
Quote #: Q37083

Date Sampled: 04-NOV-13
Date Received: 05-NOV-13
Sampled By: MOSES
Chain Of Custody: --

Workorder Summary:

Lab Work Order #: L1387627
Estimated completion date: 15-NOV-13
2 Samples received at ALS in WINNIPEG

Client Job #: SANIKILUAQ WWTP
Account Manager: Paul Nicolas
Estimated sample disposal date: 15-DEC-13

| Lab Sample ID | Client Sample ID | Date Sampled | Date Received | Sample Due Date | Priority Flag | Sample Type |
|---------------|---|-----------------|-----------------|-----------------|---------------|-------------|
| L1387627-1 | SANI 2 (WASTE DISPOSAL GROUND - STREAM) | 04-NOV-13 11:30 | 05-NOV-13 10:30 | 15-NOV-13 | | WATER |
| L1387627-2 | SANI 4 (LAGOON - STREAM) | 04-NOV-13 12:00 | 05-NOV-13 10:30 | 15-NOV-13 | | WATER |

Analysis Requested:

| Biochemical Oxygen Demand [BOD] | Conductivity | Fecal Coliform | Mercury Total | Total Metals by ICP-MS | Ammonia by colour | Oil and Grease, Total | Phosphorus, Total | pH | Phenol [4AAP] | Sulfate by Ion Chromatography | Total Suspended Solids | Sample Handling and Disposal Fee |
|---------------------------------|--------------|----------------|---------------|------------------------|-------------------|-----------------------|-------------------|----|---------------|-------------------------------|------------------------|----------------------------------|
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Hold Time Exceedences:

 The following samples have exceeded recommended holding times prior to sample receipt.

| Analysis Requested | Lab Sample ID | Recommended Hold Time | Date Sampled | Date Received |
|--------------------|---------------|-----------------------|--------------|---------------|
| pH | L1387627-1, 2 | 0.25 hours | 04-NOV-13 | 05-NOV-13 |



Sample Integrity Observations: No observations were identified for this work order submission.

Notice of Sub-contract Laboratory Service

Please be advised that the following tests will be subcontracted to the corresponding laboratory:

Oil and Grease, Total subcontracted to: ALS ENVIRONMENTAL - WATERLOO, ONTARIO, CANADA

Phenol (4AAP) subcontracted to: ALS ENVIRONMENTAL - WATERLOO, ONTARIO, CANADA

Please contact your Account Manager immediately should you have questions or concerns regarding this arrangement. Approval of this arrangement shall be implied unless otherwise notified by you.

ALS Group strives to deliver on-time results to our clients at all times. However, there are times when due to capacity issues or other unforeseen circumstances we are unable to meet our expected turnaround times. The information above is related to a recent workorder you have submitted to our laboratory. In the event that you have an inquiry, please refer to the Lab Work Order # when calling your Account Manager.



1387627-COFC

COC #

Page of

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| Report To | | | | | | Re | | | | | | Service Requested (Rush for routine analysis subject to availability) | | | | | | | | | | | | | | | | | | | | | | | |
| Company: Municipality of SANIKILUAQ (W10375) | | | | | | <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Other | | | | | | <input checked="" type="radio"/> Regular (Standard Turnaround Times - Business Days) | | | | | | | | | | | | | | | | | | | | | | | |
| Contact: ANDRE LARABIE SAO | | | | | | <input checked="" type="checkbox"/> PDF <input type="checkbox"/> Excel <input type="checkbox"/> Digital <input type="checkbox"/> Fax | | | | | | <input type="radio"/> Priority (2-4 Business Days) - 50% Surcharge - Contact ALS to Confirm TAT | | | | | | | | | | | | | | | | | | | | | | | |
| Address: Box 157 Sanikiluaq, NU, X0A 0W0 | | | | | | Email 1: sanisao@qiniq.com | | | | | | <input type="radio"/> Emergency (1-2 Bus. Days) - 100% Surcharge - Contact ALS to Confirm TAT | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | Email 2: sanilands@qiniq.com | | | | | | <input type="radio"/> Same Day or Weekend Emergency - Contact ALS to Confirm TAT | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: 867-266-7900 Fax: 867-266-8919 | | | | | | Email 3: broy@gov.nu.ca | | | | | | Analysis Request | | | | | | | | | | | | | | | | | | | | | | | |
| Invoice To Same as Report? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Client / Project Information | | | | | | Please indicate below Filtered, Preserved or both (F, P, F/P) | | | | | | | | | | | | | | | | | | | | | | | |
| Hardcopy of Invoice with Report? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | Job #: SANIKILUAQ WWTP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company: (W10375) | | | | | | PO / AFE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact: | | | | | | LSD: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | Quote #: Q37083 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lab Work Order # (lab use only) | | | | | | ALS Contact: | | | | | | Sampler: MOSES | | | | | | | | | | | | | | | | | | | | | | | |
| Sample # | | Sample Identification (This description will appear on the report) | | | | Date (dd-mmm-yy) | | Time (hh:mm) | | Sample Type | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Sani 2 (Waste Disposal Ground - Stream) | | | | 04-10-13 | | 11:30 AM | | SANI-2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Sani 4 (Lagoon - Stream) | | | | " " " | | 12:00 PM | | SANI-4 | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Special Instructions / Regulations with water or land use:(CCME-Freshwater Aquatic Life/BC CSR - Commercial/AB Tier 1 - Natural, etc) / Hazardous Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bottles Required - 500 ml BOD, 125 ml Sterile Bacti, 250 ml Nutrient, 1 L Amber W/M OGG, 1 L Routine, 250 ml Metals, 40 ml Mercury + HCL, 250ml Phenols , 20 L Pail w liner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Failure to complete all portions of this form may delay analysis. Please fill in this form LEGIBLY. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By the use of this form the user acknowledges and agrees with the Terms and Conditions as provided on a separate Excel tab. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Also provided on another Excel tab are the ALS location addresses, phone numbers and sample container / preservation / holding time table for common analyses. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SHIPMENT RELEASE (client use) | | | | | | SHIPMENT RECEPTION (lab use only) | | | | | | SHIPMENT VERIFICATION (lab use only) | | | | | | | | | | | | | | | | | | | | | | | |
| Released by: | | Date (dd-mmm-yy) | | Time (hh-mm) | | Received by: | | Date: | | Time: | | Temperature: | | Verified by: | | Date: | | Time: | | Observations: Yes / No ? If Yes add SIF | | | | | | | | | | | | | | | |
| | | | | | | TT | | 5/11/2013 | | 10:30AM | | 3 °C | | | | | | | | | | | | | | | | | | | | | | | |