



Sample Receipt Confirmation

Report Distribution:

Company Name: Municipality of Sanikiluaq
Contact: KENNY PEARCE
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Report Name: STANDARD

Digital Type: --

Digital Email: --

Distribution: Hard Copy: N Email: Y Fax: Y

Invoice Distribution:

Acct Name: Municipality of Sanikiluaq
Contact: ACCOUNTS PAYABLE
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Invoice Email: sanifinoff@qiniq.com
sanifinance@qiniq.com

Project #: N/A

Account #: W10375

Client Information:

Job Reference #: SANIKILUAQ WTP - DRINKING WATER

Project PO #:

Legal Site Description: N/A

Quote #: N/A

Date Sampled: 04-NOV-13

Date Received: 05-NOV-13

Sampled By:

Chain Of Custody: --

Workorder Summary:

Lab Work Order #: L1387688

Estimated completion date: 08-NOV-13

5 Samples received at ALS in WINNIPEG

Client Job #: SANIKILUAQ WTP - DRINKING WATER

Account Manager: Paul Nicolas

Estimated sample disposal date: 08-DEC-13

Lab Sample ID	Client Sample ID	Date Sampled	Date Received	Sample Due Date	Priority Flag	Sample Type
L1387688-1	HEALTH CENTRE - DENTAL RM	04-NOV-13 11:25	05-NOV-13 10:30	08-NOV-13		Water
L1387688-2	NUIYAK SCHOOL - STAFF RM	04-NOV-13 11:25	05-NOV-13 10:30	08-NOV-13		Water
L1387688-3	PATTSALIK - JANITORS RM	04-NOV-13 11:25	05-NOV-13 10:30	08-NOV-13		Water
L1387688-4	HAMLET OFFICE - MENS RM	04-NOV-13 11:25	05-NOV-13 10:30	08-NOV-13		Water
L1387688-5	HO - WATER TRUCK - HO-46	04-NOV-13 11:25	05-NOV-13 10:30	08-NOV-13		Water



**Analysis
Requested :**

Total Coliform and E.coli	Sample Handling and Disposal Fee
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HEALTH CENTRE - DENTAL RM	✓	✓
NUIYAK SCHOOL - STAFF RM	✓	✓
PATTSALIK - JANITORS RM	✓	✓
HAMLET OFFICE - MENS RM	✓	✓
HO - WATER TRUCK - HO-46	✓	✓

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

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.



L1387688-COFC

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Report To						L1387688-COFC						Service Requested (Rush for routine analysis subject to availability)									
Company: Municipality of SANIKILUAQ (W10375)						Re: []						[X] Regular (Standard Turnaround Times - Business Days)									
Contact: MOSES NOVALINGA Kenny Pearce						[X] PDF [] Excel [] Digital [X] Fax						[] Priority (2-4 Business Days) - 50% Surcharge - Contact ALS to Confirm TAT									
Address: Box 157 Sanikiluaq, NU, X0A 0W0						Email 1: sanisao@qiniq.com						[] Emergency (1-2 Bus. Days) - 100% Surcharge - Contact ALS to Confirm TAT									
Phone: 867-266-7900 Fax: 867-266-7924						Email 2: sanirec@qiniq.com						[] Same Day or Weekend Emergency - Contact ALS to Confirm TAT									
Invoice To Same as Report? [] Yes [] No						Client / Project Information						Analysis Request									
Hardcopy of Invoice with Report? [] Yes [] No						Job #: SANIKILUAQ WTP - DRINKING WATER						Please indicate below Filtered, Preserved or both (F, P, F/P)									
Company: (W10375)						PO / AFE:															
Contact:						LSD:															
Address:						Quote #:															
Phone:						ALS Contact:															
Lab Work Order # (lab use only)						Sampler:															
Sample #		Sample Identification (This description will appear on the report)				Date (dd-mmm-yy)		Time (hh:mm)		Sample Type											
		1) Health Centre				04-11-2013		11:25 AM		Dental RM											
		2) Nuiyak School				"		11:36 AM		Staff RM											
		3) Pattsalik				"		11:40 AM		Juniators RM											
		4) Hamlet office				"		11:47 AM		Mens RM											
		5) Ho - Water truck				"		11:52 AM		Ho-46											
Special Instructions / Regulations with water or land use (CCME-Freshwater Aquatic Life/BC CSR - Commercial/AB Tier 1 - Natural, etc) / Hazardous Details																					
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		1030am		7 °C									