



Sample Receipt Confirmation

Report Distribution:

Company Name: Municipality of Sanikiluag

> Contact: KENNY PEARCE Address: PO Box 157,

Sanikiluaq, NU, X0A 0W0

Phone: 867-266-7900 Fax: 867-266-7924

Email: sanilands@qiniq.com

sanisao@qiniq.com broy@gov.nu.ca

cvanlankveld1@gov.nu.ca assistantforeman@giniq.com

Report Name: STANDARD

Digital Type: Digital Email:

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

Client Information:

Job Reference #: SANIKILUAQ WTP - DRINKING WATER

Project PO #: Legal Site Description: N/A

Quote #: N/A

Workorder Summary:

Lab Work Order #: L1387688 Estimated completion date: 08-NOV-13

5 Samples received at ALS in WINNIPEG

Invoice Distribution:

Acct Name: Municipality of Sanikiluaq Contact: ACCOUNTS PAYABLE

PO Box 157, Address:

Sanikiluaq, NU, X0A 0W0

Phone: 867-266-7900

867-266-7924 Fax:

sanifinoff@qiniq.com Invoice Email:

sanifinance@qiniq.com

Project #:

Account #: W10375

Chain Of Custody:

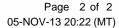
Client Job #: SANIKILUAQ WTP - DRINKING WATER Account Manager: Paul Nicolas

Date Sampled: 04-NOV-13 Date Received: 05-NOV-13

Estimated sample disposal date: 08-DEC-13

Sampled By:

Lab Sample ID	Client Sample ID	Date Sampled	Date Received	Sample Priority Due Date 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
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 coc#.

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Report To			Re	Լ1387	688-COFC	_	Serv	Service Requested (Rush for routine analysis subject to avancounty)													
Company:	: Municipality of SANIKILUAQ (W10375)				☑: 				Regular (Standard Turnaround Times - Business Days)												
Contact:	MOSES NOVALIN	OA Kenny	Peacce	✓ PDF	☑ PDF Excel Digital ☑ Fax						Priority (2-4 Business Days) - 50% Surcharge - Contact ALS to Confirm TAT										
Address:	Box 157	7		Email 1:	Email 1: sanisao@ginig.com					(1-2	Bus. D	ays) - 1	.00% 9	Surcharg	je - Conti	act ALS	to Canf	irm TA1			
	Sanikiluaq, NU, X0A 0W0			Email 2:	Email 2: sanirec@qiniq.com					Same Day or Weekend Emergency - Contact ALS to Confirm TAT											
Phone:	867-266-7900 Fax; 867-266-7924 Email 3: cvanlankveld1@gov.nu.ca									Ar	nalys	is Rec	uest								
Invoice To Same as Report ? Yes No			Client /	Client / Project Information					icate	belo	w Filte	ered,	Prese	rved or	both	(F, P,	F/P)	-			
Hardcopy of Invoice with Report? ☐ Yes ☐ №			Job#:	Job #: SANIKILUAQ WTP - DRINKING WATER								\neg		\top							
Company: (W10375)			PO / AF	PO / AFE:					Ē							1	T	İ			
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