

## **Sample Receipt Confirmation**

Page 1 of 2 21-NOV-13 20:14 (MT)

Report Distribution:

Company Name: Municipality of Sanikiluaq

Contact: MOSES NOVALINGA

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

Report Name: STANDARD

Digital Type: --

Digital Email: --

**Distribution:** Hard Copy: N Email: Y

**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: sanifinoff@qiniq.com

sanifinance@qiniq.com

Project #: N/A

Account #: W10375

Client Information:

Job Reference #: SANIKILUAQ - DRINKING WATER

Project PO #: Legal Site Description: N/A

Quote #: N/A

Date Sampled: 19-NOV-13
Date Received: 20-NOV-13
Sampled By: KENNY MOSES

Chain Of Custody: --

Workorder Summary: Client Job #: SANIKILUAQ - DRINKING WATER

Fax: N

Lab Work Order #: L1394052 Account Manager: Paul Nicolas
Estimated completion date: 04-DEC-13 Estimated sample disposal date: 03-JAN-14

2 Samples received at ALS in WINNIPEG

Note: There are sample integrity issues with your samples submitted. Please see Sample Integrity Observations below for more details.

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Lab	Client	Date	Date	Sample Priority	Sample	
Sample ID	Sample ID	Sampled	Received	Due Date Flag	Туре	
L1394052-1	RAW SEWAGE - TROUT	19-NOV-13 12:00	20-NOV-13 12:30	04-DEC-13	SANI - 3	
L1394052-2	RAW SEWAGE - DAPHNIA	19-NOV-13 12:00	20-NOV-13 12:30	04-DEC-13	SANI - 3	

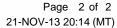
Daphnia Magna Pass/Fail	Trout Bioassay Pass/Fail	Sample Handling and Disposal Fee
	✓	✓
✓		<b>√</b>
	Daphnia Magna Pass/Fail	Caphnia Magna Pass/Fail  Trout Bioassay Pass/Fail

## **Sample Integrity Observations:**

Observation Details

CofC incomplete or unclear CLIENT DROPPED OFF 1 PAIL BUT COC MAKES NO MENTION OF TEST FROM A PAIL, PLEASE ADVISE







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.

Box 157

Hardcopy of Invoice with Report?

**原理器 Lab Work Order #**素

(lab use only) 🖫 🛶

(W10375)

867-266-7900

Same as Report ?

MOSES NOVALINGA

Sanikiluag, NU, X0A 0W0

Municipality of SANIKILUAQ (W10375)

☐ Yes

Yes

· Fax: --

Sample Identification

Fax: 867-266-7924

□ No

No

Report To

Company:

Contact:

Address:

Phone:

Invoice To

Company:

Contact: Address:

Phone:



CI L1394052-COFC						COC#	Page	c	of
Report	Servi	Service Requested (Rush for routine analysis subject to availability)							
✓ Standard Other	,	gular (Sta	andard Tu	rnarour	nd Times	s - Busines	s Days)		
PDF Excel Digital	Fax O Pri	ority (2-4	Business	Days)	50% S	urcharge -	Contact ALS t	o Confirm	TAT
Email 1: sanisao@ginig.com	O Em	O Emergency (1-2 Bus. Days) - 100% Surcharge - Contact ALS to Confirm TAT							
Email 2: sanirec@ginig.com	O Sa	Same Day or Weekend Emergency - Contact AL5 to Confirm TAT							
Email 3: cvanlankveld1@gov.nu.ca		Analysis Request							
Client / Project Information	Plea	se indi	cate be	ow F	Itered,	Preserv	ed or both	(F, P, F	7P)
Job #: SANIKILUAQ WTP - DRINKING WATER	₹							$T^{-1}$	$\Box$
PO / AFE:			Ê						$\neg \circ$
LSD:			(chem)						
	1								Jers
Quote #:	1 g		킬					.	ontain
ALS Sampler: KENNY MOSES	C-QT51-WP		SOU4W+MET-T-WP		1				ofC
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1 1 1 1	1) RAW SEWALE	19-11-13		SANI-3							
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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 RELE	ASE (client üse		TO WE'VE THE SHIP!	MENT RECEPTION	ON (lab use only	) it eat fall st	SHIPMI	ENT VERIFICAT	ION (lab use oi	够产品。
Released by:	Date (dd-mmm-yy	1	Received by:	Date:	Time:	Temperature:	Verified by:	Date:	Time:	Observations: Yes / No ?
				20000	12750	00 °C	L			If Yes add SIF

Special Instructions / Regulations with water or land use (CCME-Freshwater Aquatic Life/BC CSR - Commercial/AB Tier 1 - Natural, etc) / Hazardous Details