



# Sample Receipt Confirmation

## Report Distribution:

**Company Name:** EDI ENVIRONMENTAL DYNAMICS INC.

**Contact:** Lyndsay Doetzel  
**Address:** 2195 - 2nd Ave,  
Whitehorse, YT, Y1A 3T8

**Phone:** 867-393-4882  
**Fax:** --

**Email:** ldoetzel@edynamics.com  
emilie.hamm@gov.yk.ca  
erik.pit@gov.yk.ca

**EDD Email:** --

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

## Invoice Distribution:

**Acct Name:** EDI ENVIRONMENTAL DYNAMICS INC.

**Contact:** Accounts Payable  
**Address:** 2195 2nd Avenue,  
Whitehorse, YT, Y1A 3T8

**Phone:** 867-393-4882

**Fax:** 867-393-4883

**Invoice Email:** sjenner@edynamics.com  
ldoetzel@edynamics.com

**Project #:** N/A

**Account #:** EDI100

## Client Information:

**Job Reference #:** MOUNT NANSEN 16-Y-0089

**Project PO #:**

**Legal Site Description:** N/A

**Quote #:** Q55559

**Date Sampled:** 01-AUG-16

**Date Received:** 03-AUG-16

**Sampled By:**

**Chain Of Custody:** 1, 2, 3, 4

## Workorder Summary:

**Lab Work Order #:** L1808128

**Estimated completion date:** 16-AUG-16

**22 Samples received at ALS in VANCOUVER**

**Client Job #:** MOUNT NANSEN 16-Y-0089

**Account Manager:** Can Dang

**Estimated sample disposal date:** See Sample Disposal Information section below.

Lab Sample ID	Client Sample ID	Date Sampled	Date Received	Sample Due Date	Priority Flag	Sample Type
L1808128-1	WQ-SEEP	02-AUG-16 17:10	03-AUG-16 19:50	16-AUG-16		Water
L1808128-2	WQ-PC-U	02-AUG-16 16:00	03-AUG-16 19:50	16-AUG-16		Water
L1808128-3	TRAVEL BLANK	03-AUG-16 00:00	03-AUG-16 19:50	16-AUG-16		Water
L1808128-4	WQ-DC-B	02-AUG-16 18:25	03-AUG-16 19:50	16-AUG-16		Water
L1808128-5	WQ-TP	02-AUG-16 18:00	03-AUG-16 19:50	16-AUG-16		Water
L1808128-6	WQ-VC-DBC	02-AUG-16 11:15	03-AUG-16 19:50	16-AUG-16		Water
L1808128-7	WQ-VC-UMN-R	02-AUG-16 09:00	03-AUG-16 19:50	16-AUG-16		Water
L1808128-8	WQ-VC-UMN	02-AUG-16 08:31	03-AUG-16 19:50	16-AUG-16		Water
L1808128-9	WQ-VC-U	02-AUG-16 12:30	03-AUG-16 19:50	16-AUG-16		Water
L1808128-10	WQ-VC-R	01-AUG-16 14:45	03-AUG-16 19:50	16-AUG-16		Water
L1808128-11	WQ-DC-R	01-AUG-16 16:40	03-AUG-16 19:50	16-AUG-16		Water
L1808128-12	WQ-DC-U	01-AUG-16 18:05	03-AUG-16 19:50	16-AUG-16		Water
L1808128-13	WQ-CH-P-13-01	03-AUG-16 11:35	03-AUG-16 19:50	16-AUG-16		Water
L1808128-14	WQ-DC-D1B	03-AUG-16 10:10	03-AUG-16 19:50	16-AUG-16		Water
L1808128-15	FIELD BLANK	03-AUG-16 09:00	03-AUG-16 19:50	16-AUG-16		Water
L1808128-16	WQ-DC-DX-105-R	03-AUG-16 08:50	03-AUG-16 19:50	16-AUG-16		Water
L1808128-17	WQ-DESS-02	03-AUG-16 11:50	03-AUG-16 19:50	16-AUG-16		Water
L1808128-18	WQ-DESS-01	03-AUG-16 11:15	03-AUG-16 19:50	16-AUG-16		Water
L1808128-19	WQ-DC-DX-105	03-AUG-16 08:45	03-AUG-16 19:50	16-AUG-16		Water
L1808128-20	WQ-DC-DX	03-AUG-16 08:28	03-AUG-16 19:50	16-AUG-16		Water
L1808128-21	WQ-PC-D	03-AUG-16 12:54	03-AUG-16 19:50	16-AUG-16		Water
L1808128-22	WQ-BC	03-AUG-16 15:15	03-AUG-16 19:50	16-AUG-16		Water



**Analysis Requested :**

	Alkalinity Species by Titration	Anions by Ion Chromatography Cyanate	Thiocyanate by Colour	Total Cyanide in water by CFA	Weak Acid Diss. Cyanide in water by CFA	Conductivity [Automated]	Ion Balance Calculation	Dissolved Metals in Water + Hg [BC MDG]	Total Metals in Water + Hg [BC MDG]	Ammonia in Water by Fluorescence	pH by Meter [Automated]	TDS [Calculated]	Total Suspended Solids by Gravimetric	Sample Handling and Disposal Fee	Sample Handling and Disposal Fee
WQ-SEEP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-PC-U	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TRAVEL BLANK	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
WQ-DC-B	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-TP	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-VC-DBC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-VC-UMN-R	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-VC-UMN	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-VC-U	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-VC-R	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-DC-R	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-DC-U	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-CH-P-13-01	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-DC-D1B	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
FIELD BLANK	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-DC-DX-105-R	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-DESS-02	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-DESS-01	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-DC-DX-105	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-DC-DX	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-PC-D	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
WQ-BC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

**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 by Meter (Automated)	L1808128-10, 11, 12	0.25 hours	01-AUG-16	03-AUG-16
pH by Meter (Automated)	L1808128-1, 2, 4, 5, 6, 7, 8, 9	0.25 hours	02-AUG-16	03-AUG-16
pH by Meter (Automated)	L1808128-3, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22	0.25 hours	03-AUG-16	03-AUG-16



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

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### **Notice of Sub-contract Laboratory Service**

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

Nitrite in Water by IC (Low Level) subcontracted to: ALS ENVIRONMENTAL - WHITEHORSE, YUKON, CANADA  
Nitrate in Water by IC (Low Level) subcontracted to: ALS ENVIRONMENTAL - WHITEHORSE, YUKON, CANADA  
Sulfate in Water by IC subcontracted to: ALS ENVIRONMENTAL - WHITEHORSE, YUKON, CANADA  
Sample Handling and Disposal Fee subcontracted to: ALS ENVIRONMENTAL - WHITEHORSE, YUKON, CANADA  
Total Suspended Solids by Gravimetric subcontracted to: ALS ENVIRONMENTAL - WHITEHORSE, YUKON, CANADA  
Fluoride in Water by IC subcontracted to: ALS ENVIRONMENTAL - WHITEHORSE, YUKON, CANADA  
Cyanate subcontracted to: ALS ENVIRONMENTAL - WATERLOO, ONTARIO, CANADA  
Chloride in Water by IC subcontracted to: ALS ENVIRONMENTAL - WHITEHORSE, YUKON, 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.**

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### **Sample Disposal Information:**

Where possible, ALS will store samples for 30 days from the date a final report is issued, or 30 days from the date samples are placed on hold without analytical requests, after which samples may be discarded. Air samples collected on re-usable media are an exception, and are stored for 7 days from the date a final report is issued. Longer storage times are available upon request.

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**For information about ALS accreditations and certifications please contact your Account Manager or visit our webpage at [www.alsglobal.com](http://www.alsglobal.com) (see Canada downloads).**

**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.**

**ALS Group appreciates your business. Thank you for the opportunity to work with you.**



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Chain of Custody (COC) / Analytical Request Form

Canada Toll Free: 1 800 668 9878



L1808128-COFC

Number: 14 -

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<b>Report To</b>		<b>Report Format / Distribution</b>		<b>Select Service Level Below (Rush Turnaround Time (TAT) is not available for all tests)</b>	
Company:	ED1	Select Report Format:	<input checked="" type="checkbox"/> PDF <input checked="" type="checkbox"/> EXCEL <input type="checkbox"/> EDD (DIGITAL)	R	<input checked="" type="checkbox"/> Regular (Standard TAT if received by 3pm - business days)
Contact:	Lyndsay Doetzel	Quality Control (QC) Report with Report	<input type="checkbox"/> Yes <input type="checkbox"/> No	P	<input type="checkbox"/> Priority (2-4 bus. days if received by 3pm) 50% surcharge - contact ALS to confirm TAT
Address:	2195 - 2nd Avenue Whitehorse, YT Y1A 3T8	<input type="checkbox"/> Criteria on Report - provide details below if box checked		E	<input type="checkbox"/> Emergency (1-2 bus. days if received by 3pm) 100% surcharge - contact ALS to confirm TAT
Phone:	867-393-4882	Select Distribution:	<input checked="" type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> FAX	E2	<input type="checkbox"/> Same day or weekend emergency - contact ALS to confirm TAT and surcharge
		Email 1 or Fax:	ldoetzel@edynamics.com	Specify Date Required for E2,E or P:	
		Email 2:	Emilie.Hamm@gov.yk.ca		
		Email 3:	erik.pit@gov.yk.ca		

<b>Invoice To</b>		<b>Invoice Distribution</b>		<b>Analysis Request</b>																			
Same as Report To	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Select Invoice Distribution:	<input checked="" type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> FAX	Indicate Filtered (F), Preserved (P) or Filtered and Preserved (F/P) below																			
Copy of Invoice with Report	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Email 1 or Fax:	sjenner@edynamics.com																				
Company:	ED1	Email 2:	ldoetzel@edynamics.com																				
Contact:	S Jenner	<b>Oil and Gas Required Fields (client use)</b>																					
<b>Project Information</b>		Approver ID:	Cost Center:																				
ALS Quote #:	Q55559	GL Account:	Rolling Code:																				
Job #:	MOUNT NANSEN 16-Y-0089	Activity Code:																					
PO / AFE:		Location:																					
LSD:		ALS Contact:	Sean Slugget																				
ALS Lab Work Order # (lab use only)		Sampler:																					

ALS Sample # (lab use only)	Sample Identification and/or Coordinates (This description will appear on the report)	Date (dd-mmm-yy)	Time (hh:mm)	Sample Type	ALK-PCT-VA-EC-PCT-VA-PI-PCT-VA	ANIONS-ALL-IC-WR-TSS-MAN-WR	CA-MAD-CFA-VA-CN-T-CFA-VA	CN-CNO-WT	CN-SON-VA	NIH3-FVA	MET-T-BCMDG-VA	MET-D-BCMDG-VA	IONBALANC-VA, TDS-CALC-VA											Number of Containers
1	WG-SEEP	02-Aug-16	17:10	Water	R	R	R	R	R	R	R	R	R											9
2	WG-PC-U	02-Aug-16	16:00	Water	R	R	R	R	R	R	R	R	R											9
3	TRAVEL BLANK	-Aug-16	-	Water	R	R	R	R	R	R	R	R	R											9
4	WG-DC-B	02-Aug-16	18:25	Water	R	R	R	R	R	R	R	R	R											9
5	WG-TP	02-Aug-16	18:00	Water	R	R	R	R	R	R	R	R	R											9
6	WG-VC-DBC	02-Aug-16	11:15	Water	R	R	R	R	R	R	R	R	R											9
7	WG-VC-UMN-r	02-Aug-16	09:00	Water	R	R	R	R	R	R	R	R	R											9

<b>Drinking Water (DW) Samples<sup>1</sup> (client use)</b>		<b>Special Instructions / Specify Criteria to add on report (client Use)</b>		<b>SAMPLE CONDITION AS RECEIVED (lab use only)</b>							
Are samples taken from a Regulated DW System?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Frozen:	<input type="checkbox"/>	SIF Observations:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>				
Are samples for human drinking water use?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Ice packs:	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	Custody seal intact:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>				
				Cooling initiated:	<input checked="" type="checkbox"/>						
				INITIAL COOLER TEMPERATURES °C:		FINAL COOLER TEMPERATURES °C:					
				7.6		9.6, 7.2, 8.0, 8.6					
<b>SHIPMENT RELEASE (client use)</b>				<b>INITIAL SHIPMENT RECEPTION (lab use only)</b>				<b>FINAL SHIPMENT RECEPTION (lab use only)</b>			
Released by:	Date:	Time:	Received by:	Date:	Time:	Received by:	Date:	Time:	Received by:	Date:	Time:
			<i>Johnny Arly</i>	Aug 23-16	7:50pm						



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<b>Report To</b>	<b>Report Format / Distribution</b>	<b>Select Service Level Below (Rush Turnaround Time (TAT) is not available for all tests)</b>
Company: EDI	Select Report Format: <input checked="" type="checkbox"/> PDF <input checked="" type="checkbox"/> EXCEL <input type="checkbox"/> EDD (DIGITAL)	R <input checked="" type="checkbox"/> Regular (Standard TAT if received by 3 pm - business days)
Contact: Lyndsay Doetzel	Quality Control (QC) Report with Report <input type="checkbox"/> Yes <input type="checkbox"/> No	P <input type="checkbox"/> Priority (2-4 bus. days if received by 3pm) 50% surcharge - contact ALS to confirm TAT
Address: 2195 - 2nd Avenue Whitehorse, YT Y1A 3T8	<input type="checkbox"/> Criteria on Report - provide details below if box checked	E <input type="checkbox"/> Emergency (1-2 bus. days if received by 3pm) 100% surcharge - contact ALS to confirm TAT
Phone: 867-393-4882	Select Distribution: <input checked="" type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> FAX	E2 <input type="checkbox"/> Same day or weekend emergency - contact ALS to confirm TAT and surcharge
	Email 1 or Fax: ldoetzel@edynamics.com	Specify Date Required for E2, E or P:
	Email 2: Emille.Hamm@gov.yk.ca	
	Email 3: erik.pil@gov.yk.ca	

<b>Invoice To</b>	<b>Invoice Distribution</b>	<b>Analysis Request</b>															
Same as Report To <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Select Invoice Distribution: <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> FAX	Indicate Filtered (F), Preserved (P) or Filtered and Preserved (F/P) below															
Copy of Invoice with Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Email 1 or Fax: sjenner@edynamics.com		P	P	P	P	P	P	F/P								
Company: EDI	Email 2: ldoetzel@edynamics.com																
Contact: S Jenner																	
<b>Project Information</b>	<b>Oil and Gas Required Fields (client use)</b>																
ALS Quote #: Q55559	Approver ID:	Cost Center:															
Job #: MOUNT NANSEN 16-Y-0089	GL Account:	Routing Code:															
PO / AFE:	Activity Code:																
LSD:	Location:																

ALS Lab Work Order # (lab use only)	ALS Contact: Sean Slugger	Sampler:	Number of Containers															
ALS Sample # (lab use only):	Sample Identification and/or Coordinates (This description will appear on the report)	Date (dd-mm-yy)	Time (hh:mm)	Sample Type	AL-K-PCT-VA	ANIONS-ALL-IC-WR	CU-WAD-CFA-VA	CU-CNO-WT	CU-SCN-VA	NIH-F-VA	MET-T-SCMDG-VA	MET-D-SCMDG-VA	IONBALANC-VA	TDS-CALC-VA				
8	WG-VC-UMA	02-Aug-16	08:31	Water	R	R	R	R	R	R	R	R	R	R				9
9	WG-VC-U	02-Aug-16	12:30	Water	R	R	R	R	R	R	R	R	R	R				9
10	WG-VC-R	01-Aug-16	11:45	Water	R	R	R	R	R	R	R	R	R	R				9
11	WG-DC-R	01-Aug-16	16:40	Water	R	R	R	R	R	R	R	R	R	R				9
12	WG-DC-U	01-Aug-16	18:05	Water	R	R	R	R	R	R	R	R	R	R				9
13	WG-CH-P-13-01	03-Aug-16	11:35	Water	R	R	R	R	R	R	R	R	R	R				9
14	WG-DC-D26	03-Aug-16	10:10	Water	R	R	R	R	R	R	R	R	R	R				9

<b>Drinking Water (DW) Samples (client use)</b>	<b>Special Instructions / Specify Criteria to add on report (client Use)</b>	<b>SAMPLE CONDITION AS RECEIVED (lab use only)</b>		
Are samples taken from a Regulated DW System? <input type="checkbox"/> Yes <input type="checkbox"/> No		Frozen	<input checked="" type="checkbox"/> No	SIF Observations Yes <input type="checkbox"/> No <input type="checkbox"/>
Are samples for human drinking water use? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ice packs Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Custody seal intact Yes <input type="checkbox"/> No <input type="checkbox"/>
		Cooling Initiated: <input checked="" type="checkbox"/>		
		INITIAL COOLER TEMPERATURES °C: 9.6 76.72 80.86		
		FINAL COOLER TEMPERATURES °C: [Blank]		

<b>SHIPMENT RELEASE (client use)</b>			<b>INITIAL SHIPMENT RECEPTION (lab use only)</b>			<b>FINAL SHIPMENT RECEPTION (lab use only)</b>		
Released by:	Date:	Time:	Received by:	Date:	Time:	Received by:	Date:	Time:
			<i>[Signature]</i>	7:50pm	Nov 03/16			

REFER TO BACK PAGE FOR ALS LOCATIONS AND SAMPLING INFORMATION  
 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 specified on the back page of the white - report copy.  
 1. If any water samples are taken from a Regulated Drinking Water (DW) System, please submit using an Authorized DW COC form.



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Report To			Report Format / Distribution			Select Service Level Below (Rush Turnaround Time (TAT) is not available for all tests)									Number of Containers																																																																																																																																																																											
Company: EDI			Select Report Format: <input checked="" type="checkbox"/> PDF <input checked="" type="checkbox"/> EXCEL <input type="checkbox"/> EDD (DIGITAL)			R <input checked="" type="checkbox"/> Regular (Standard TAT if received by 3 pm - business days)																																																																																																																																																																																				
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Phone: 867-393-4882			Email 1 or Fax: ldoetzel@edynamics.com			E2 <input type="checkbox"/> Same day or weekend emergency - contact ALS to confirm TAT and surcharge																																																																																																																																																																																				
			Email 2: Emiite.Hamm@gov.yk.ca			Specify Date Required for E2,E or P:																																																																																																																																																																																				
			Email 3: erik.pit@gov.yk.ca																																																																																																																																																																																							
Invoice To Same as Report To <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Invoice Distribution			Indicate Filtered (F), Preserved (P) or Filtered and Preserved (F/P) below																																																																																																																																																																																				
Copy of Invoice with Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Select Invoice Distribution: <input checked="" type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> FAX			P P P P P P F/P																																																																																																																																																																																				
Company: EDI			Email 1 or Fax: sjenner@edynamics.com			<table border="1" style="width:100%; text-align: center; font-size: small;"> <tr><td>ALK-PCT-VA, EC-PCT-VA, PH-PCT-VA</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ANIONS-ALL-IC-WR, TSS-MAN-WR</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>CM-WAD-CFA-VA, CNT-CFA-VA</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>CM-CMO-WT</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>CM-SCAL-VA</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>FN3-F-VA</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MET-T-BCMDG-VA</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MET-D-BCMDG-VA</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>IONBALANC-VA, TDS-CALC-VA</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>									ALK-PCT-VA, EC-PCT-VA, PH-PCT-VA																			ANIONS-ALL-IC-WR, TSS-MAN-WR																			CM-WAD-CFA-VA, CNT-CFA-VA																			CM-CMO-WT																			CM-SCAL-VA																			FN3-F-VA																			MET-T-BCMDG-VA																			MET-D-BCMDG-VA																			IONBALANC-VA, TDS-CALC-VA																			
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15	Field BLANK			03 -Aug-16	09:00	Water	R	R	R	R	R	R	R	R	R	R	R	R	R	9																																																																																																																																																																						
16	WG-DC-DX+105-r			03 -Aug-16	08:50	Water	R	R	R	R	R	R	R	R	R	R	R	R	R	9																																																																																																																																																																						
17	WG-DESS-02			03 -Aug-16	11:50	Water	R	R	R	R	R	R	R	R	R	R	R	R	R	9																																																																																																																																																																						
18	WG-DESS-01			03 -Aug-16	11:15	Water	R	R	R	R	R	R	R	R	R	R	R	R	R	9																																																																																																																																																																						
19	WG-DC-DX+105			03 -Aug-16	08:45	Water	R	R	R	R	R	R	R	R	R	R	R	R	R	9																																																																																																																																																																						
20	WG-DC-DX			03 -Aug-16	08:28	Water	R	R	R	R	R	R	R	R	R	R	R	R	R	9																																																																																																																																																																						
21	WG-PC-D			03 -Aug-16	12:54	Water	R	R	R	R	R	R	R	R	R	R	R	R	R	9																																																																																																																																																																						
Drinking Water (DW) Samples <sup>1</sup> (client use)			Special Instructions / Specify Criteria to add on report (client Use)			SAMPLE CONDITION AS RECEIVED (lab use only)																																																																																																																																																																																				
Are samples taken from a Regulated DW System? <input type="checkbox"/> Yes <input type="checkbox"/> No						Frozen: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> SIF Observations Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																																																																																																																																				
Are samples for human drinking water use? <input type="checkbox"/> Yes <input type="checkbox"/> No						Ice packs: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Custody seal intact: Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																																																																																																																																				
						Cooling Initiated: <input checked="" type="checkbox"/>																																																																																																																																																																																				
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REFER TO BACK PAGE FOR ALS LOCATIONS AND SAMPLING INFORMATION. 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 specified on the back page of the white - report copy. 1. If any water samples are taken from a Regulated Drinking Water (DW) System, please submit using an Authorized DW COC form.



L1808128-COFC

OC Number: 14 -

Page 2 of 2

<b>Report To</b>	<b>Report Format / Distribution</b>	<b>Select Service Level Below (Rush Turnaround Time (TAT) is not available for all tests)</b>
Company: EDI	Select Report Format: <input checked="" type="checkbox"/> PDF <input checked="" type="checkbox"/> EXCEL <input type="checkbox"/> EDD (DIGITAL)	R <input checked="" type="checkbox"/> Regular (Standard TAT if received by 3 pm - business days)
Contact: Lyndsay Doetzel	Quality Control (QC) Report with Report <input type="checkbox"/> Yes <input type="checkbox"/> No	P <input type="checkbox"/> Priority (2-4 bus. days if received by 3pm) 50% surcharge - contact ALS to confirm TAT
Address: 2195 - 2nd Avenue Whitehorse, YT Y1A 3T8	<input type="checkbox"/> Criteria on Report - provide details below if box checked	E <input type="checkbox"/> Emergency (1-2 bus. days if received by 3pm) 100% surcharge - contact ALS to confirm TAT
Phone: 867-393-4882	Select Distribution: <input checked="" type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> FAX	E2 <input type="checkbox"/> Same day or weekend emergency - contact ALS to confirm TAT and surcharge
	Email 1 or Fax: ldoetzel@edynamics.com	Specify Date Required for E2,E or P:
	Email 2: Emilie.Hamm@gov.yk.ca	
	Email 3: erk.pit@gov.yk.ca	

<b>Invoice To</b>	<b>Invoice Distribution</b>	<b>Analysis Request</b>
Same as Report To <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Select Invoice Distribution: <input checked="" type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> FAX	Indicate Filtered (F), Preserved (P) or Filtered and Preserved (F/P) below
Copy of Invoice with Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Email 1 or Fax: sjenner@edynamics.com	
Company: EDI	Email 2: ldoetzel@edynamics.com	
Contact: S Jenner		
<b>Project Information</b>	<b>Oil and Gas Required Fields (client use)</b>	
ALS Quote #: Q55559	Approver ID:	
Job #: MOUNT NANSEN 16-Y-0089	GL Account:	
PO / AFE:	Activity Code:	
LSD:	Location:	
ALS Lab Work Order # (lab use only)	ALS Contact: Sean Skugget	Sampler:

ALS Sample # (lab use only)	Sample Identification and/or Coordinates (This description will appear on the report)	Date (dd-mmm-yy)	Time (hh:mm)	Sample Type	ALK-PCT-VA, EC-PCT-VA, PH-PCT-VA	ANIONS-ALL-IC-WR, TSS-MAN-WR	CA-WAD-CFA-VA, CN-T-CFA-VA	CA-CNO-WT	CA-SCN-VA	NI-3-F-VA	MET-T-BCMDG-VA	MET-C-BCMDG-VA	IONBALANC-VA, TDS-CALC-VA	Number of Containers
22	WA-BC	03-Aug-16	15:15	Water	R	R	R	R	R	R	R	R	R	9
		-Aug-16		Water	R	R	R	R	R	R	R	R	R	9
		-Aug-16		Water	R	R	R	R	R	R	R	R	R	9
		-Aug-16		Water	R	R	R	R	R	R	R	R	R	9
		-Aug-16		Water	R	R	R	R	R	R	R	R	R	9
		-Aug-16		Water	R	R	R	R	R	R	R	R	R	9
		-Aug-16		Water	R	R	R	R	R	R	R	R	R	9

<b>Drinking Water (DW) Samples<sup>1</sup> (client use)</b>	<b>Special Instructions / Specify Criteria to add on report (client use)</b>	<b>SAMPLE CONDITION AS RECEIVED (lab use only)</b>
Are samples taken from a Regulated DW System? <input type="checkbox"/> Yes <input type="checkbox"/> No		Frozen <input type="checkbox"/> SIF Observations Yes <input type="checkbox"/> No <input type="checkbox"/>
Are samples for human drinking water use? <input type="checkbox"/> Yes <input type="checkbox"/> No		Ice packs Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Custody seal intact Yes <input type="checkbox"/> No <input type="checkbox"/>
		Cooling initiated <input checked="" type="checkbox"/>
		INITIAL COOLER TEMPERATURES °C: 8.0 76.72 86.96
		FINAL COOLER TEMPERATURES °C:

<b>SHIPMENT RELEASE (client use)</b>			<b>INITIAL SHIPMENT RECEPTION (lab use only)</b>			<b>FINAL SHIPMENT RECEPTION (lab use only)</b>		
Released by:	Date:	Time:	Received by:	Date:	Time:	Received by:	Date:	Time:
			<i>[Signature]</i>	Aug 16	7:50pm			

REFER TO BACK PAGE FOR ALS LOCATIONS AND SAMPLING INFORMATION  
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1. If any water samples are taken from a Regulated Drinking Water (DW) System, please submit using an Authorized DW COC form.