



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

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emilie.hamm@gov.yk.ca
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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: 06-MAR-17

Date Received: 08-MAR-17

Sampled By: AM SD DS

Chain Of Custody: --

Workorder Summary:

Lab Work Order #: L1898852

Estimated completion date: 15-MAR-17

11 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
L1898852-1	WQ-VC-U	08-MAR-17 08:40	08-MAR-17 15:25	15-MAR-17		Water
L1898852-2	WQ-VC-DBC	07-MAR-17 14:50	08-MAR-17 15:25	15-MAR-17		Water
L1898852-3	WQ-VC-UMN	07-MAR-17 13:00	08-MAR-17 15:25	15-MAR-17		Water
L1898852-4	WQ-VC-R+150	08-MAR-17 14:45	08-MAR-17 15:25	15-MAR-17		Water
L1898852-5	TRAVEL BLANK	08-MAR-17 00:00	08-MAR-17 15:25	15-MAR-17		Water
L1898852-6	FIELD BLANK	08-MAR-17 10:35	08-MAR-17 15:25	15-MAR-17		Water
L1898852-7	WQ-DC-U	06-MAR-17 17:45	08-MAR-17 15:25	15-MAR-17		Water
L1898852-8	WQ-TP	06-MAR-17 19:10	08-MAR-17 15:25	15-MAR-17		Water
L1898852-9	WQ-SEEP	07-MAR-17 18:40	08-MAR-17 15:25	15-MAR-17		Water
L1898852-10	WQ-SEEP-R	07-MAR-17 18:45	08-MAR-17 15:25	15-MAR-17		Water
L1898852-11	WQ-PW	08-MAR-17 08:55	08-MAR-17 15:25	15-MAR-17		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]	Drinking Water Full Package	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
WQ-VC-U	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
WQ-VC-DBC	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
WQ-VC-UMN	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
WQ-VC-R+150	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
TRAVEL BLANK	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓
FIELD BLANK	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
WQ-DC-U	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
WQ-TP	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
WQ-SEEP	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
WQ-SEEP-R	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓
WQ-PW							✓								✓

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)	L1898852-7, 8	0.25 hours	06-MAR-17	08-MAR-17
pH by Meter (Automated)	L1898852-2, 3, 9, 10	0.25 hours	07-MAR-17	08-MAR-17
pH by Meter (Automated)	L1898852-1, 4, 5, 6, 11	0.25 hours	08-MAR-17	08-MAR-17

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:

Cyanate 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.



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.

For information about ALS accreditations and certifications please contact your Account Manager or visit our webpage at 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.


www.alsglobal.com

Report To Company: EDI Contact: Lyndsay Doetzel Address: 2195 - 2nd Avenue Whitehorse, YT Y1A 3T8 Phone: 867-393-4882		Report Format Select Report Format: <input checked="" type="checkbox"/> PDF <input checked="" type="checkbox"/> EXCEL <input type="checkbox"/> EDD (DIGITAL) Quality Control (QC) Report with Report <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Criteria on Report - provide details below if box checked Select Distribution: <input checked="" type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> FAX Email 1 or Fax: ldoetzel@edynamics.com Email 2: Emilie.Hamm@gov.yk.ca Email 3: erik.pit@gov.yk.ca		Rush Turnaround Time (TAT) is not available for all tests <input checked="" type="checkbox"/> Regular (Standard TAT if received by 3 pm - business days) <input type="checkbox"/> Priority (2-4 bus. days if received by 3pm) 50% surcharge - contact ALS to confirm TAT <input type="checkbox"/> Emergency (1-2 bus. days if received by 3pm) 100% surcharge - contact ALS to confirm TAT <input type="checkbox"/> E2 Same day or weekend emergency - contact ALS to confirm TAT and surcharge Specify Date Required for E2,E or P:																																																																																																																																																																																																																																																																																																																																																																																																							
Invoice To: Same as Report To <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Copy of Invoice with Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Company: EDI Contact: S Jenner		Invoice Distribution Select Invoice Distribution: <input checked="" type="checkbox"/> EMAIL <input type="checkbox"/> MAIL <input type="checkbox"/> FAX Email 1 or Fax: sienner@edynamics.com Email 2: ldoetzel@edynamics.com		Analysis Request Indicate Filtered (F), Preserved (P) or Filtered and Preserved (F/P) below																																																																																																																																																																																																																																																																																																																																																																																																							
Project Information ALS Quote #: Q55559 Job #: MOUNT NANSEN 16-Y-0089 PO / AFE: LSD:		Oil and Gas Required Fields (client use) Approver ID: GL Account: Activity Code: Location:		<table border="1"> <tr> <th>ALK-PCT-VA</th> <th>EC-PCT-VA</th> <th>PH-PCT-VA</th> <th>ANIONS-ALL-IC-WR</th> <th>TSS-MAN-WR</th> <th>CN-WAD-CFA-VA</th> <th>CN-T-CFA-VA</th> <th>CN-CNO-WT</th> <th>CN-SON-VA</th> <th>NIR-F-VA</th> <th>MET-T-SCMDG-VA</th> <th>MET-D-SCMDG-VA</th> <th>IONBALANC-VA</th> <th>TDS-CALC-VA</th> <th>Number of Containers</th> </tr> <tr> <td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>9</td> </tr> <tr> <td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>9</td> </tr> <tr> <td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>9</td> </tr> <tr> <td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>9</td> </tr> <tr> <td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>9</td> </tr> <tr> <td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>9</td> </tr> <tr> <td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>9</td> </tr> <tr> <td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>9</td> </tr> <tr> <td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>9</td> </tr> <tr> <td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>9</td> </tr> <tr> <td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>9</td> </tr> <tr> <td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>9</td> </tr> <tr> <td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>9</td> </tr> <tr> <td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>3</td> </tr> <tr> <td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>R</td><td>7</td> </tr> </table>												ALK-PCT-VA	EC-PCT-VA	PH-PCT-VA	ANIONS-ALL-IC-WR	TSS-MAN-WR	CN-WAD-CFA-VA	CN-T-CFA-VA	CN-CNO-WT	CN-SON-VA	NIR-F-VA	MET-T-SCMDG-VA	MET-D-SCMDG-VA	IONBALANC-VA	TDS-CALC-VA	Number of Containers	R	R	R	R	R	R	R	R	R	R	R	R	R	R	9	R	R	R	R	R	R	R	R	R	R	R	R	R	R	9	R	R	R	R	R	R	R	R	R	R	R	R	R	R	9	R	R	R	R	R	R	R	R	R	R	R	R	R	R	9	R	R	R	R	R	R	R	R	R	R	R	R	R	R	9	R	R	R	R	R	R	R	R	R	R	R	R	R	R	9	R	R	R	R	R	R	R	R	R	R	R	R	R	R	9	R	R	R	R	R	R	R	R	R	R	R	R	R	R	9	R	R	R	R	R	R	R	R	R	R	R	R	R	R	9	R	R	R	R	R	R	R	R	R	R	R	R	R	R	9	R	R	R	R	R	R	R	R	R	R	R	R	R	R	9	R	R	R	R	R	R	R	R	R	R	R	R	R	R	9	R	R	R	R	R	R	R	R	R	R	R	R	R	R	9	R	R	R	R	R	R	R	R	R	R	R	R	R	R	3	R	R	R	R	R	R	R	R	R	R	R	R	R	R	7																																																																																																																																												
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ALS Lab Work Order # (lab use only):		ALS Contact: V. 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**Short Holding Time
Rush Processing**



Chain of Custody (COC) / Analytical Request Form

Canada Toll Free: 1 800 668 9878

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L1898852-COFC

COC Number:

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Report To		Report Format / Distribution				Select Service Level Below (Rush Turnaround Time (TAT) is not available for all tests)														
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 checked="" 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	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		Email 2: Emilie.Hamm@gov.yk.ca				Specify Date Required for E2, E or P:														
Email 3: erik_pit@gov.yk.ca		Analysis Request																		
Invoice To: Same as Report To <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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	F/P								
Company:	EDI	Email 1 or Fax:	sjenner@edynamics.com																	
Contact:	S Jenner	Email 2:	ldoetzel@edynamics.com																	
Project Information		Oil and Gas Required Fields (client use)																		
ALS Quote #:	Q55559	Approver ID:			Cost Center:															
Job #:	MOUNT NANSEN 16-Y-0089	GL Account:			Routing Code:															
PO / AFE:		Activity Code:																		
LSD:		Location:																		
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7	WQ-DC-U	06-MAR-17	1745	Water	R	R	R	R	R	R	R	R	R	R	9					
8	WQ-TP	06-MAR-17	1910	Water	R	R	R	R	R	R	R	R	R	R	9					
9	WQ-SEEP	07-MAR-17	1840	Water	R	R	R	R	R	R	R	R	R	R	9					
10	WQ-SEEP-r	07-MAR-17	1845	Water	R	R	R	R	R	R	R	R	R	R	9					
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Are samples for human drinking water use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Ice packs Yes <input type="checkbox"/> No <input type="checkbox"/>					Custody seal intact Yes <input type="checkbox"/> No <input type="checkbox"/>									
						Cooling Initiated <input type="checkbox"/>					INITIAL COOLER TEMPERATURES °C									
						3-3					FINAL COOLER TEMPERATURES °C									
SHIPMENT RELEASE (client use)		INITIAL SHIPMENT RECEPTION (lab use only)				FINAL SHIPMENT RECEPTION (lab use only)														
Released by: A. MUSCHLER		Date: 08 MAR 17	Time: 15:25	Received by: VD.	Date: Mar 6/17	Time: 15:25	Received by:			Date:				Time:						

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.

NA FM 0326c v07 Fria 004 January 2014



Chain of Custody (COC) / Analytical Request Form

Canada Toll Free: 1 800 668 9878



L1898852-COFC

COC Number:

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		Email 1 or Fax: lidoetzel@edynamics.com			Specify Date Required for E2, E or P:			
		Email 2: Emilie.Hamm@gov.yk.ca			Analysis Request			
		Email 3: erik.pit@gov.yk.ca						
Invoice To Same as Report To <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Invoice Distribution			<small>Indicate Filtered (F), Preserved (P) or Filtered and Preserved (F/P) below</small>			
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			FULL-TOT-DWA-MR			
Company: EDI		Email 1 or Fax: sjenner@edynamics.com						
Contact: S Jenner		Email 2: lidoetzel@edynamics.com						
Project Information		Oil and Gas Required Fields (client use)						
ALS Quote #: Q55556		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: V. Dykshaorn	Sampler: AM SD DS					
ALS Sample # (lab use only)	Sample Identification and/or Coordinates (This description will appear on the report)		Date (dd-mmm-yy)	Time (hh:mm)				
11	WQ-PW		08-MAR-17	08 55	Water		3	
Drinking Water (DW) Samples¹ (client use)		Special Instructions / Specify Criteria to add on report (client use)						
Are samples taken from a Regulated DW System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
Are samples for human drinking water use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
SHIPMENT RELEASE (client use)								
Released by: <u>A. MISCHLER</u>		Date: <u>08 MAR 17</u>	Time: <u>15:25</u>	INITIAL SHIPMENT RECEPTION (lab use only)		SAMPLE CONDITION AS RECEIVED (lab use only)		
Received by: <u>VD.</u>		Date: <u>Mar 8/17</u>	Time: <u>15:25</u>	Received by:		Date:		
						Time:		
						Frozen <input type="checkbox"/> SIF Observations Yes <input type="checkbox"/> No <input type="checkbox"/>		
						Ice packs Yes <input 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		
						33.		

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.