

Appendix H – Chain of Custody Forms



Lakefield Research Limited
Environmental Services

Request for Laboratory Services and Chain of Custody Form

No 11806-007-01

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441

Report Results to:	Name: Barb Bowman	LRL LIMS No.:
	Company: SGS Lakefield Research Ltd	Received by (Date & Time): JB 11/05/10
	Address:	Logged in by (Date):
	City:	Lab Batch ID:
	Province, Postal Code	Project No.: 11806-007
Send Invoice to:	Telephone Number: 2148 Fax:	Plant No.:
	Name: Rob Caldwell	Quote No.:
	Company:	Purchase Order No.:
	Address:	TAT (Turnaround Time) * Some exceptions apply, please contact lab
	City:	Standard <input checked="" type="checkbox"/> RUSH <input type="checkbox"/> Specify Date: Time:
Chain of Custody	Province, Postal Code	PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS
	Telephone Number: 2043 Fax:	Sample condition upon receipt:
	Sampled by:	Temperature upon receipt: °C
	Packed and Shipped by: Date /Time:	
	Shipment Method and WB#: Date /Time:	

Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMR, CBWA).

Guideline: Regulation: initial:

SFE Analyses: Cl, F, pH, conductivity, Hg, Ag, Al, As, B, Ba, Be, Bi, Ca, Cd, Co, Cr, Cu, Fe, K, Li, Mg, Mn, Mo, Na, Ni, Pb, Sb, Se, Sn, Si, Sr, Th, Ti, Tl, U, V, Y, Zn, Zr, Ce, Er, Eu, Dy, Ga, Gd, Hf, Ho, La, Lu, Nb, Nd, Pr, Sc, Sm, Ta, Tb, Tm, Yb + Radionuclides (Ra226, Ra228, Pb210-quote T101028)

- Return all reject sample to B. Bowman
- Also return used solids from SFE extractions to B. Bowman

Analysis Requested (X) as Required (Enter an "X" in the boxes to indicate which request(s) apply to each sample)					
Whole Rock Analysis (Also Log-in ZrO2 and NbO2 to WR suite)	Modified ABA	NAG	Shake Flask Extraction - 3:1 L:S (Price, 1997)- Becquerel quote T101028	Radionuclides (Ra226, Ra228 + Pb210)- Becquerel quote T101028	
X	X	X	X	X	
X	X	X	X	X	
X	X	X	X	X	
X	X	X	X	X	
X	X	X	X	X	
X	X	X	X	X	
X	X	X	X	X	
X	X	X	X	X	
X	X	X	X	X	

	Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled
1		Master Comp 3			
2		F25 Comb Tls			
3		F28 Comb Tls			
4		F29 Comb Tls			
5		Master Conc			
6		Master Tls			
7		Avalon Head Sample 1			
8		F33 Mozley Conc Comp			

9 Need to send Becquerel 1 L from SFE for low level radionuclides so please use 500 g for extractions
10 Return all used extraction solids to B. Bowman after extractions are complete - DO NOT DISPOSE OF SOLIDS FROM EXTRACTIONS

* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabs, FILT-Filters
* Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water

Work Authorized by(Client or representative signature must accompany request):

Date: 11/05/10

2 of 2

Request for Laboratory Services and Chain of Custody Form		No 11806-007-01					
Lakefield Research Limited Environmental Services P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441							
Report Results to:	Name: Barb Bowman	LRL LIMS No.: _____					
	Company: SGS Lakefield Research Ltd	Received by (Date & Time): _____					
	Address: _____	Logged in by (Date): _____					
	City: _____	Lab Batch ID: _____					
	Province, Postal Code: _____	Project No.: 11806-007					
	Telephone Number: 2148 Fax: _____	Plant No.: _____					
Send Invoice to:	Name: Rob Caldwell	Quote No.: _____					
	Company: _____	Purchase Order No.: _____					
	Address: _____	TAT (Turnaround Time) * Some exceptions apply, please contact lab					
	City: _____	Standard <input checked="" type="checkbox"/> RUSH <input type="checkbox"/> Specify Date: _____					
	Province, Postal Code: _____	Time: _____					
	Telephone Number: 2043 Fax: _____	PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS					
Chain of Custody	Sampled by: _____	Sample condition upon receipt: _____					
	Packed and Shipped by: _____ Date /Time: _____						
	Shipment Method and WB#: _____ Date /Time: _____						
Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMER, CBWA).							
Guideline: _____ Regulation: _____ initial: _____		Temperature upon receipt: _____ °C					
SFE Analyses: Cl, F, pH, conductivity, Hg, Ag, Al, As, B, Ba, Be, Bi, Ca, Cd, Co, Cr, Cu, Fe, K, Li, Mg, Mn, Mo, Na, Ni, Pb, Sb, Se, Sn, Si, Sr, Th, Ti, Tl, U, V, Y, Zn, Zr, Ce, Er, Eu, Dy, Ga, Gd, Hf, Ho, La, Lu, Nb, Nd, Pr, Sc, Sm, Ta, Tb, Tm, Yb + Radionuclides (Ra226, Ra228, Pb210-quote T101028) - Return all reject sample to B. Bowman - Also return used solids from SFE extractions to B. Bowman							
Analysis Requested (X) as Required (Enter an "X" in the boxes to indicate which request(s) apply to each sample)							
	Whole Rock Analysis (Also Log-in ZrO2 and NbO2 to WR suite)	Modified ABA	NAG	Shake Flask Extraction - 3:1 L:S (Price, 1997)- Bequerel quote T101028	Radionuclides (Ra226, Ra228 + Pb210)- Bequerel quote T101028		
1	F33 Comb Tls						
2	Avalon Head Sample 2						
3	F36 Mozley Conc Comp						
4	F36 Comb Tls						
5	Avalon Head Sample 3						
6	F37 Mozley Conc Comp						
7	F37 Comb Tls						
8	XPS PP Comp 1 Conc						
9							
10							
* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabs, FILT-Filters * Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water							
Work Authorized by (Client or representative signature must accompany request): _____ Date: 7/5/10							



Lakefield Research Limited

Request for Laboratory Services and Chain of Custody Form

No 11806-007-02

Environmental Services

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441

Report Results to:	Name: Barb Bowman	LRL LIMS No.: <u>NOV 11346</u>	
	Company: SGS Lakefield Research Ltd	Received by (Date & Time): <u>JB 11/09/10</u>	
	Address:	Logged in by (Date):	
	City:	Lab Batch ID:	
	Province, Postal Code	Project No.: <u>11806-007</u>	
Send Invoice to:	Telephone Number: 2148 Fax:	Plant No.:	
	Name: Rob Caldwell	Quote No.:	
	Company:	Purchase Order No.:	
	Address:	TAT (Turnaround Time) * Some exceptions apply, please contact lab	
	City:	Standard <input checked="" type="checkbox"/> RUSH <input type="checkbox"/> Specify Date: Time:	
Chain of Custody	Province, Postal Code	PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS	
	Telephone Number: 2043 Fax:	Sample condition upon receipt:	
	Sampled by: _____ Date /Time: _____	Temperature upon receipt: <u>19 x 3</u>	
	Packed and Shipped by: _____ Date /Time: _____		
Shipment Method and WB#: _____			

Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMER, CBWA).

Guideline: Regulation: initial:

Total, Dissolved and Rare Earth Metals : Hg, Ag, Al, As, B, Ba, Be, Bi, Ca, Cd, Co, Cr, Cu, Fe, K, Li, Mg, Mn, Mo, Na, Ni, Pb, Sb, Se, Sn, Si, Sr, Th, Ti, Tl, U, V, Y, Zn, Zr, Ce, Er, Eu, Dy, Ga, Gd, Hf, Ho, La, Lu, Nb, Nd, Pr, Sc, Sm, Ta, Tb, Tm, Yb

Analysis Requested (X) as Required

(Enter an "X" in the boxes to indicate which request(s) apply to each sample)

	Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	pH, conductivity, acidity, alkalinity, EMF, TDS, TSS, TOC	Anions (Cl, F, NO ₂ , NO ₃ , PO ₄ , SO ₄)	Ammonia	Thiosalts	Total Metals + Hg + Total Rare Earth Metals	Dissolved Metals + Hg + Dissolved Rare Earth Metals
1		Thor Lake Water #4				X	X	X	X	X	X
2		Thor Lake Water #7				X	X	X	X	X	X
3											
4											
5											
6											
7											
8											
9											
10											

* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabs, FILT-Filters

* Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water

Work Authorized by (Client or representative signature must accompany request): [Signature] Date: NOV 9/10



Lakefield Research Limited

Request for Laboratory Services and Chain of Custody Form

No 11806-007-03

Environmental Services

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441

Report
Results
to:

Name: Barb Bowman

Company: SGS Lakefield Research Ltd

Address:

City:

Province, Postal Code:

Telephone Number: 2148

Fax:

LRL LIMS No.: 11806-007

Received by (Date & Time):

Logged in by (Date):

Lab Batch ID:

Project No.: 11806-007

Plant No.:

Quote No.:

Purchase Order No.:

TAT (Turnaround Time) * Some exceptions apply, please contact lab

Standard

☒

RUSH

☐

Specify Date:

Time:

Send
Invoice to:

Name: Rob Caldwell

Company:

Address:

City:

Province, Postal Code:

Telephone Number: 2043

Fax:

PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS

Chain of
Custody

Sampled by:

Packed and Shipped by: Date /Time:

Shipment Method and WB#: Date /Time:

Sample condition upon receipt:

Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMER, CBWA).

Guideline: Regulation: initial:

Temperature upon receipt: °C

SFE Analyses: as per LIMS11297-NOV10

SFE Radionuclides: Ra226, Ra228, Pb210,

Analysis Requested (X) as Required

(Enter an "X" in the boxes to indicate which request(s) apply to each sample)

	Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	Shake Flask Extraction - 3:1 L:S (Price, 1997)- Becquerel quote T101028						
1		XPS PP Comp 1TIs				X						
2												
3												
4												
5												
6												
7												
8												
9												
10												

* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabs, FILT-Filters

* Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water

Work Authorized by (Client or representative signature must accompany request):

Date: Nov 22/10

Part No. CofC-2 (Email/Fax Copy)



Lakefield Research Limited

Request for Laboratory Services and Chain of Custody Form

No 11806-007-04

Environmental Services

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441

Report Results to:	Name: Barb Bowman	LRL LIMS No.: <u>Nov R10</u>
	Company: SGS Lakefield Research Ltd	Received by (Date & Time):
	Address:	Logged in by (Date): <u>Nov 22</u>
	City:	Lab Batch ID:
	Province, Postal Code	Project No.: 11806-007
Send Invoice to:	Telephone Number: 2148 Fax:	Plant No.:
	Name: Rob Caldwell	Quote No.:
	Company:	Purchase Order No.:
	Address:	TAT (Turnaround Time) * Some exceptions apply, please contact lab
	City:	Standard <input checked="" type="checkbox"/> RUSH <input type="checkbox"/> Specify Date: Time:
Chain of Custody	Province, Postal Code	PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS
	Telephone Number: 2043 Fax:	Sample condition upon receipt:
	Sampled by: Packed and Shipped by: Date /Time: Shipment Method and WB#: Date /Time:	Temperature upon receipt: °C

Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMER, CBWA).

Guideline: Regulation: initial:

ICP Analyses.: Ag, Al, As, B, Ba, Be, Bi, Ca, Cd, Co, Cr, Cu, Fe, K, Li, Mg, Mn, Mo, Na, Ni, Pb, Sb, Se, Sn, Sr, Th, Ti, Tl, U, V, Y, Zn, + Hg

Analysis Requested (X) as Required

(Enter an "X" in the boxes to indicate which request(s) apply to each sample)

	Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	Whole Rock Analysis (Also Log-in ZrO2 and NbO2 to WR suite)	Modified ABA	NAG	Strong Acid Digest ICP-OES/MS Elemental Analyses	Radionuclides (Ra226, Ra228 + Pb210)- Becquerel quote T101028		
1		XPS PP Comp 1TIs				X	X	X	X	X		
2												
3												
4												
5												
6												
7												
8												

9 Need to send Becquerel 1 L from SFE for low level radionuclides so please use 500 g for extraction

10

* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabs, FILT-Filters

* Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water

Work Authorized by (Client or representative signature must accompany request):

Date: Nov 22/10



Lakefield Research Limited

Request for Laboratory Services and Chain of Custody Form

No 11806-007-05

Environmental Services

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441

Report
Results
to:

Name: Barb Bowman

Company: SGS Lakefield Research Ltd

Address:

City

Province, Postal Code

Telephone Number: 2148

Fax:

LRL LIMS No.:

Received by (Date & Time):

Logged in by (Date):

Lab Batch ID:

Project No.: 11806-007

Plant No.:

Quote No.:

Purchase Order No.:

TAT (Turnaround Time) * Some exceptions apply, please contact lab

Standard

X

RUSH

Specify Date:

Time:

Send
Invoice to:

Name: Rob Caldwell

Company:

Address:

City

Province, Postal Code

Telephone Number: 2043

Fax:

PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS

Chain of
Custody

Sampled by:

Packed and Shipped by:

Date /Time:

Shipment Method and WB#:

Date /Time:

Sample condition upon receipt:

Temperature upon receipt: °C

Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMER, CBWA).

Guideline: Regulation: initial:

Hum Cell Weekly Analyses: pH, conductivity, acidity, alkalinity, SO4 Metals Suite - Weeks 0-6, 10, 15, 20, etc.: Ag, Al, As, B, Ba, Be, Bi, Ca, Cd, Co, Cr, Cu, Fe, K, Li, Mg, Mn, Mo, Na, Ni, Pb, Sb, Se, Sn, Si, Sr, Th, Ti, Tl, U, V, Y, Zn, Zr + Hg, plus radionuclide analyses (Ra226, Ra228 and Pb210) to be completed at 5 week intervals (weeks 0, 5, 10, 15, 20, etc.). If not enough solution for Week 0 radionuclides, combine weeks 0 and 1 leachates for radionuclide analysis.

Analysis Requested (X) as Required

(Enter an "X" in the boxes to indicate which request(s) apply to each sample)

	Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	Humidity Cell-Becquerel quote T101028									
1		Master Conc				X									
2		Master Tls				X									
3		F33 Comb Tls				X									
4		F36 Comb Tls				X									
5		F37 Comb Tls				X									
6		XPS PP Comp 1 Conc				X									
7		XPS PP Comp 1Tls				X									
8															
9		Start Hum Cells as-received (do not dry) = each sample already contains 1 kg of dry weight equivalent material													
10		-send close to 1 LITRE TO BECQUEREL													

* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabs, FILT-Filters

* Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water

Work Authorized by (Client or representative signature must accompany request):

Date: Nov 22/10

1 of 2

SGS		Request for Laboratory Services and Chain of Custody Form				No 11806-007-06	
Environmental Services		Lakefield Research Limited P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441					
Report Results to:	Name: Barb Bowman				LRL LIMS No.: <u>NOV 11622</u>		
	Company: SGS Lakefield Research Ltd				Received by (Date & Time): <u>11/22/10 5:55</u>		
	Address:				Logged in by (Date): _____		
	City:				Lab Batch ID: _____		
	Province, Postal Code:				Project No.: <u>11806-007</u>		
	Telephone Number: 2148		Fax:		Plant No.: _____		
Send Invoice to:	Name: Rob Caldwell				Quote No.: _____		
	Company:				Purchase Order No.: _____		
	Address:				TAT (Turnaround Time) * Some exceptions apply, please contact lab		
	City:				Standard <input checked="" type="checkbox"/> RUSH <input type="checkbox"/> Specify Date: _____		
	Province, Postal Code:				Time: _____		
	Telephone Number: 2043		Fax:		PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS		
Chain of Custody	Sampled by: _____				Sample condition upon receipt: _____		
	Packed and Shipped by: _____		Date /Time: _____				
	Shipment Method and WB#: _____		Date /Time: _____				
Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMR, CBWA).							
Guideline: _____ Regulation: _____ initial: _____							
ICP Analyses: as per LIMS 11615-NOV10 <i>Samples submitted under LIMS 11294 through 11296-NOV10</i>					Analysis Requested (X) as Required		
					(Enter an "X" in the boxes to indicate which request(s) apply to each sample)		
	Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	Strong Acid Digest ICP-OES/MS Elemental Analyses	
1		Master Comp 3				X	
2		F25 Comb Tls				X	
3		F28 Comb Tls				X	
4		F29 Comb Tls				X	
5		Master Conc				X	
6		Master Tls				X	
7		Avalon Head Sample 1				X	
8		F33 Mozley Conc Comp				X	
9		F33 Comb Tls				X	
10		Avalon Head Sample 2				X	
* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabs, FILT-Filters * Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water							
Work Authorized by (Client or representative signature must accompany request): <i>[Signature]</i>						Date: <u>Nov 22/10</u>	

2 of 2

Request for Laboratory Services and Chain of Custody Form		No 11806-007-06										
Lakefield Research Limited Environmental Services P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441												
Report Results to:	Name: Barb Bowman	LRL LIMS No.: _____										
	Company: SGS Lakefield Research Ltd	Received by (Date & Time): _____										
	Address:	Logged in by (Date): _____										
	City	Lab Batch ID: _____										
	Province, Postal Code	Project No.: <u>11806-007</u>										
	Telephone Number: 2148 Fax: _____	Plant No.: _____										
Send Invoice to:	Name: Rob Caldwell	Quote No.: _____										
	Company:	Purchase Order No.: _____										
	Address:	TAT (Turnaround Time) * Some exceptions apply, please contact lab										
	City	Standard <input checked="" type="checkbox"/> RUSH <input type="checkbox"/> Specify Date: _____										
	Province, Postal Code	Time: _____										
	Telephone Number: 2043 Fax: _____	PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS										
Chain of Custody	Sampled by: _____	Sample condition upon receipt: _____										
	Packed and Shipped by: _____ Date /Time: _____											
	Shipment Method and WB#: _____ Date /Time: _____											
Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMR, CBWA). Guideline: _____ Regulation: _____ initial: _____												
ICP Analyses.: as per LIMS 11615-NOV10												
Analysis Requested (X) as Required (Enter an "X" in the boxes to indicate which request(s) apply to each sample)												
	Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	Strong Acid Digest ICP-OES/MS Elemental Analyses						
1		F36 Mozley Conc Comp				X						
2		F36 Comb Tls				X						
3		Avalon Head Sample 3				X						
4		F37 Mozley Conc Comp				X						
5		F37 Comb Tls				X						
6		XPS PP Comp 1 Conc				X						
7												
8												
9												
10												
* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabs, FILT-Filters * Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water												
Work Authorized by (Client or representative signature must accompany request): Date: <u>Nov 22/10</u>												

Nw/10297

SGS

Lakefield Research Limited

Request for Laboratory Services and Chain of Custody Form

No 11806-007-07

Environmental Services

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441

Report Results to:

Name: Barb Bowman

Company: SGS Lakefield Research Ltd

Address:

City

Province, Postal Code

Telephone Number: 2148 Fax:

Send Invoice to:

Name: Rob Caldwell

Company:

Address:

City

Province, Postal Code

Telephone Number: 2043 Fax:

Chain of Custody

Sampled by:

Packed and Shipped by: Date /Time:

Shipment Method and WB#: Date /Time:

LRL LIMS No.:

Received by (Date & Time): 11/24/10

Logged in by (Date):

Lab Batch ID: 20X3

Project No.: 11806-007

Plant No.:

Quote No.:

Purchase Order No.:

TAT (Turnaround Time) * Some exceptions apply, please contact lab

Standard ☒ RUSH ☐ Specify Date: Time:

PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS

Sample condition upon receipt:

Temperature upon receipt: °C

Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMER, CBWA).

Guideline: Regulation: initial:

Total, Dissolved and Rare Earth Metals : as per LIMS 11346-NOV10

Analysis Requested (X) as Required

(Enter an "X" in the boxes to indicate which request(s) apply to each sample)

	Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	pH, conductivity, acidity, alkalinity, EMF, TDS, TSS, TOC	Anions (Cl, F, NO2, NO3, PO4, SO4)	Ammonia	Thiosalts	Total Metals + Hg + Total Rare Earth Metals	Dissolved Metals + Hg + Dissolved Rare Earth Metals
1		Nov 24/10 XPS PP Comp 1TIs Decant Day 5				X	X	X	X	X	X
2											
3											
4											
5											
6											
7											
8											
9											
10											

* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabbs, FILT-Filters

* Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water

Work Authorized by(Client or representative signature must accompany request):

Date: NOV 24/10

Part No. CofC-2(Email/Fax Copy)

Dec 10/08

SGS

Lakefield Research Limited

Request for Laboratory Services and Chain of Custody Form

No 11806-007-08

Environmental Services

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441

Report Results to:	Name: Barb Bowman	LRL LIMS No.:
	Company: SGS Lakefield Research Ltd	Received by (Date & Time): <u>W 12/06/10</u>
	Address:	Logged in by (Date):
	City	Lab Batch ID:
	Province, Postal Code	Project No.: 11806-007
Send Invoice to:	Telephone Number: 2148 Fax:	Plant No.:
	Name: Rob Caldwell	Quote No.:
	Company:	Purchase Order No.:
	Address:	TAT (Turnaround Time) * Some exceptions apply, please contact lab
	City	Standard <input checked="" type="checkbox"/> RUSH <input type="checkbox"/> Specify Date: Time:
Chain of Custody	Province, Postal Code	PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS
	Telephone Number: 2043 Fax:	
	Sampled by: Packed and Shipped by: Date /Time: Shipment Method and WB#: Date /Time:	
Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMR, CBWA).		Sample condition upon receipt:
Guideline:	Regulation:	initial:
Becquerel quote T101028		Temperature upon receipt: °C

						Analysis Requested (X) as Required (Enter an "X" in the boxes to indicate which request(s) apply to each sample)						
	Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	Radionuclides (Ra226, RA228 + Pb210) - Becquerel quote T101028						
1		Thor Lake Water #4				X						
2		Thor Lake Water #7				X						
3		Nov 24/10 XPS PP Comp 1TIs Decant Day 5				X						
4												
5												
6												
7												
8												
9												
10												

SHIP ON SAME COFC WITH LIMS 11611-NOV 10

* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabs, FILT-Filters

* Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water

Work Authorized by (Client or representative signature must accompany request):

Date: DEC 6/10

Part No. CoC-2 (Email/Fax Copy)

Dec 10242



Lakefield Research Limited

Request for Laboratory Services and Chain of Custody Form

No 11806-007-09

Environmental Services

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441

Report Results to:	Name: Barb Bowman	LRL LIMS No.:
	Company: SGS Lakefield Research Ltd	Received by (Date & Time): 12/10/10
	Address:	Logged in by (Date):
	City	Lab Batch ID: 13x3
	Province, Postal Code	Project No.: 11806-007
	Telephone Number: 2148 Fax:	Plant No.:
Send Invoice to:	Name: Rob Caldwell	Quote No.:
	Company:	Purchase Order No.:
	Address:	TAT (Turnaround Time) * Some exceptions apply, please contact lab
	City	Standard <input checked="" type="checkbox"/> RUSH <input type="checkbox"/> Specify Date:
	Province, Postal Code	Time:
	Telephone Number: 2043 Fax:	PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS
Chain of Custody	Sampled by:	Sample condition upon receipt:
	Packed and Shipped by: Date /Time:	
	Shipment Method and WB#: Date /Time:	
Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMR, CBWA).		
Guideline: Regulation: initial:		Temperature upon receipt: °C

Dissolved and Rare Earth Metals : as per LIMS 11346-NOV10

Analysis Requested (X) as Required

(Enter an "X" in the boxes to indicate which request(s) apply to each sample)

Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	pH, conductivity, acidity, alkalinity, EMF, TDS, TOC	Anions (Cl, F, NO ₂ , NO ₃ , PO ₄ , SO ₄)	Ammonia	Thiosalts	Dissolved Metals + Hg + Dissolved Rare Earth Metals	pH, conductivity, acidity, alkalinity	SO ₄			
1	CH-WT1 PLS+Wash				X	X	X	X	X					
2	RAR-1 Filtrate								X	X	X			
3														
4														
5														
6														
7														
8														
9														
10														

* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabs, FILT-Filters

* Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water

Work Authorized by (Client or representative signature must accompany request):

Date: DEC10/10



Lakefield Research Limited

Request for Laboratory Services and Chain of Custody Form

No 11806-007-10

Environmental Services

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441

Report
Results
to:

Name: Barb Bowman

Company: SGS Lakefield Research Ltd

Address:

City

Province, Postal Code

Telephone Number: 2148

Fax:

LRL LIMS No.:

Received by (Date & Time):

Logged in by (Date):

Lab Batch ID:

Project No.: 11806-007

Plant No.:

Quote No.:

Purchase Order No.:

TAT (Turnaround Time) * Some exceptions apply, please contact lab

Standard ☒RUSH ☐

Specify Date:

Time:

PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS

Send
Invoice to:

Name: Rob Caldwell

Company:

Address:

City

Province, Postal Code

Telephone Number: 2043

Fax:

Chain of
Custody

Sampled by:

Packed and Shipped by:

Date /Time:

Shipment Method and WB#:

Date /Time:

Sample condition upon receipt:

Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSSO, MISA, MMR, CBWA).

Guideline: Regulation: initial:

Temperature upon receipt: °C

ICP Analyses: as per LIMS 11615-NOV10

Analysis Requested (X) as Required

(Enter an "X" in the boxes to indicate which request(s) apply to each sample)

	Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	Strong Acid Digest ICP- OES/MS Elemental Analyses	Radionuclides (Ra226, Ra228 + Pb210)- Bequerel quote T101028						
1		F28 Conc Blend				X	X						
2		F29 Conc Blend				X	X						
3		F30 Conc Blend				X	X						
4		F30 Comb Tls				X	X						
5													
6													
7													
8													
9													
10													

* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabs, FILT-Filters

* Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water

Work Authorized by (Client or representative signature must accompany request):

Date: DEC 13/10



Lakefield Research Limited
Environmental Services

Request for Laboratory Services and Chain of Custody Form

No 11806-007-11

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441

Report Results to:	Name: Barb Bowman	LRL LIMS No.:
	Company: SGS Lakefield Research Ltd	Received by (Date & Time): 12/16/10
	Address:	Logged in by (Date):
	City:	Lab Batch ID:
	Province, Postal Code	Project No.: 11806-007
Send Invoice to:	Telephone Number: 2148 Fax:	Plant No.:
	Name: Rob Caldwell	Quote No.:
	Company:	Purchase Order No.:
	Address:	TAT (Turnaround Time) * Some exceptions apply, please contact lab
	City:	Standard <input checked="" type="checkbox"/> RUSH <input type="checkbox"/> Specify Date: Time:
Chain of Custody	Province, Postal Code	PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS
	Telephone Number: 2043 Fax:	Sample condition upon receipt:
	Sampled by: B Bowman	Temperature upon receipt: °C
Packed and Shipped by: Date /Time:		
Shipment Method and WB#: Date /Time:		

Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMER, CBWA).

Guideline: Regulation: initial:

ICP Analyses.: as per LIMS 10271-DEC10

Analysis Requested (X) as Required

(Enter an "X" in the boxes to indicate which request(s) apply to each sample)

Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	Whole Rock Analysis (Also Log-in ZrO2 and NbO2 to WR suite)	Modified ABA	NAG	Strong Acid Digest ICP-OES/MS Elemental Analyses	Radionuclides (Ra226, Ra228 + Pb210)- Becquerel quote T101028		
1	XPS PP Comp 2 Tls				X	X	X	X	X		
2											
3					10329	10330	10331	10332	10333		
4											
5											
6											
7											
8											
9											
10											

* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabbs, FILT-Filters

* Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water

Work Authorized by (Client or representative signature must accompany request):  Date: DEC 16/10



Request for Laboratory Services and Chain of Custody Form

No 11806-007-12

Lakefield Research Limited
Environmental Services

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441

Report
Results
to:

Name: Barb Bowman

Company: SGS Lakefield Research Ltd

Address:

City

Province, Postal Code

Telephone Number: 2148

Fax:

LRL LIMS No.: DEC 10356-60Received by (Date & Time): 12/17/10

Logged in by (Date):

Lab Batch ID:

Project No.: 11806-007

Plant No.:

Quote No.:

Purchase Order No.:

TAT (Turnaround Time) * Some exceptions apply, please contact lab

Standard ☒RUSH ☐

Specify Date:

Time:

PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS

Sample condition upon receipt:

Temperature upon receipt: °C

Send
Invoice to:

Name: Rob Caldwell

Company:

Address:

City

Province, Postal Code

Telephone Number: 2043

Fax:

Chain of
Custody

Sampled by: B Bowman

Packed and Shipped by: Date /Time:

Shipment Method and WB#: Date /Time:

Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMER, CBWA).

Guideline: Regulation: initial:

ICP Analyses: as per LIMS 10271-DEC10

Analysis Requested (X) as Required

(Enter an "X" in the boxes to indicate which request(s) apply to each sample)

Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	Whole Rock Analysis (Also Log-in ZrO2 and NbO2 to WR suite)	Modified ABA	NAG	Strong Acid Digest ICP-OES/MS Elemental Analyses	Radionuclides (Ra226, Ra228 + Pb210)- Becquerel quote T101028		
1	XPS PP Comp 2 Head				X	X	X	X	X		
2	XPS PP Comp 3 Head				X	X	X	X	X		
3					10356	10357	10358	10359	10360		
4											
5											
6											
7											
8											
9											
10											

* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabs, FILT-Filters

* Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water

Work Authorized by (Client or representative signature must accompany request):

Date: DEC 17/10



Lakefield Research Limited
Environmental Services

Request for Laboratory Services and Chain of Custody Form

No 11806-007-13

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441

Report Results to:	Name: Barb Bowman	LRL LIMS No.: Dec 10357	
	Company: SGS Lakefield Research Ltd	Received by (Date & Time): JB 12/20/10	
	Address:	Logged in by (Date):	
	City:	Lab Batch ID:	
	Province, Postal Code	Project No.: 11806-007	
Send Invoice to:	Telephone Number: 2148	Fax:	Plant No.:
	Name: Rob Caldwell	Quote No.:	
	Company:	Purchase Order No.:	
	Address:	TAT (Turnaround Time) * Some exceptions apply, please contact lab	
	City:	Standard <input checked="" type="checkbox"/> RUSH <input type="checkbox"/> Specify Date: Time:	
Chain of Custody	Province, Postal Code	PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS	
	Telephone Number: 2043	Fax:	
	Sampled by:	Sample condition upon receipt:	
	Packed and Shipped by: Date /Time:	Temperature upon receipt: °C 15 x 3'	
Shipment Method and WB#: Date /Time:			

Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMER, CBWA).

Guideline: Regulation: initial:

Total, Dissolved and Rare Earth Metals : as per LIMS 11346-NOV10

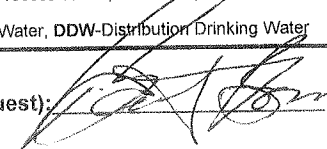
Analysis Requested (X) as Required

(Enter an "X" in the boxes to indicate which request(s) apply to each sample)

Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	pH, conductivity, acidity, alkalinity, EMF, TDS, TSS, TOC	Anions (Cl, F, NO2, NO3, PO4, SO4)	Ammonia	Thiosalts	Total Metals + Hg + Total Rare Earth Metals	Dissolved Metals + Hg + Dissolved Rare Earth Metals	Radionuclides (Ra226, RA228 + Pb210) - Becquerel quote T101028	Ra226 only
1	Dec 20/10 XPS PP Comp 2 Tls Decant Day 5				X	X	X	X	X	X	X	
2	CH-WT1 PLS+Wash										X	
3	RAR-1 Filtrate											X
4												
5												
6												
7												
8												
9												
10												

* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabbs, FILT-Filters

* Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water

Work Authorized by (Client or representative signature must accompany request):  Date: DEC 20/10



Lakefield Research Limited

Request for Laboratory Services and Chain of Custody Form

No 11806-007-13

Environmental Services

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441

Report
Results
to:

Name: Barb Bowman

Company: SGS Lakefield Research Ltd

Address:

City

Province, Postal Code

Telephone Number: 2148

Fax:

LRL LIMS No.:

Received by (Date & Time):

Logged in by (Date):

Lab Batch ID:

Project No.: 11806-007

Plant No.:

Quote No.:

Purchase Order No.:

TAT (Turnaround Time) * Some exceptions apply, please contact lab

Standard

☒

RUSH

☐

Specify Date:

Time:

Send
Invoice to:

Name: Rob Caldwell

Company:

Address:

City

Province, Postal Code

Telephone Number: 2043

Fax:

PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS

Chain of
Custody

Sampled by:

Packed and Shipped by:

Date /Time:

Shipment Method and WB#:

Date /Time:

Sample condition upon receipt:

Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMER, CBWA).

Guideline: Regulation: initial:

Temperature upon receipt: °C

SFE Analyses: as per LIMS11297-NOV10

SFE Radionuclides: Ra226, Ra228, Pb210 - LOW LEVEL -

Becquerel quote T101028

Analysis Requested (X) as Required

(Enter an "X" in the boxes to indicate which request(s) apply to each sample)

	Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	Shake Flask Extraction - 3:1 L:S (Price, 1997)- Becquerel quote T101028						
1		XPS PP Comp 2 Tls				X						
2		XPS PP Comp 2 Head				X						
3		XPS PP Comp 3 Head				X						
4												
5												
6												
7												
8												
9												
10												

* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabs, FILT-Filters

* Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water

Work Authorized by (Client or representative signature must accompany request):

Date: JAN 4/11



SGS Lakefield Research Limited
Environmental Services

Request for Laboratory Services and Chain of Custody Form

No 11806-007-14

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441

Report Results to:	Name: Barb Bowman	LRL LIMS No.: Jan 10856
	Company: SGS Lakefield Research Ltd	Received by (Date & Time): 8/04/05/11
	Address:	Logged in by (Date):
	City:	Lab Batch ID:
	Province, Postal Code	Project No.: 11806-007
	Telephone Number: 2148 Fax:	Plant No.:
Send Invoice to:	Name: Rob Caldwell	Quote No.:
	Company:	Purchase Order No.:
	Address:	TAT (Turnaround Time) * Some exceptions apply, please contact lab
	City:	Standard <input checked="" type="checkbox"/> RUSH <input type="checkbox"/> Specify Date:
	Province, Postal Code	Time:
	Telephone Number: 2043 Fax:	
Chain of Custody	Sampled by:	Sample condition upon receipt:
	Packed and Shipped by: Date /Time:	
	Shipment Method and WB#: Date /Time:	

Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMER, CBWA).

Guideline: Regulation: initial:

Temperature upon receipt: °C

Hum Cell Weekly Analyses: pH, conductivity, acidity, alkalinity, SO4 Metals Suite - Weeks 0, 5, 10, 15, 20, etc.: as per previous hum cells under this project, **plus radionuclide analyses (Ra226, Ra228 and Pb210) to be completed at 5 week intervals (weeks 0, 5, 10, 15, 20, etc.).**

Analysis Requested (X) as Required

(Enter an "X" in the boxes to indicate which request(s) apply to each sample)

	Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	Humidity Cell-Becquerel quote T101028						
1		XPS PP Comp 2 Tls				X						
2												
3												
4		This test cell to be started on JAN 19/11										
5												
6												
7												
8												
9		Start Hum Cell as-received (do not dry) = sample already contains 1 kg of dry weight equivalent material										
10												

* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swab, FILT-Filters

* Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water

Work Authorized by (Client or representative signature must accompany request):

Date: JAN 5/11



Lakefield Research Limited

Request for Laboratory Services and Chain of Custody Form

No 11806-007-15

Environmental Services

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441

Report Results to:	Name: Barb Bowman	LRL LIMS No.: <u>Jon 10262</u>
	Company: SGS Lakefield Research Ltd	Received by (Date & Time): <u>01/18/11</u> <u>SM</u>
	Address:	Logged in by (Date): _____
	City:	Lab Batch ID: _____
	Province, Postal Code	Project No.: <u>11806-007</u>
Send Invoice to:	Telephone Number: 2148	Fax: _____
	Name: Rob Caldwell	Plant No.: _____
	Company:	Quote No.: _____
	Address:	Purchase Order No.: _____
	City:	TAT (Turnaround Time) * Some exceptions apply, please contact lab
Chain of Custody	Province, Postal Code	Standard <input checked="" type="checkbox"/> RUSH <input type="checkbox"/> Specify Date: _____
	Telephone Number: 2043	Time: _____
	Fax: _____	PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS
	Sampled by: _____	Sample condition upon receipt: _____
	Packed and Shipped by: _____ Date /Time: _____	
Shipment Method and WB#: _____ Date /Time: _____		

Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMER, CBWA).

Guideline: _____ Regulation: _____ initial: _____

Temperature upon receipt: 18 °C X3

Total, Dissolved and Rare Earth Metals : as per LIMS 11346-NOV10

Analysis Requested (X) as Required

(Enter an "X" in the boxes to indicate which request(s) apply to each sample)

	Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	pH, conductivity, acidity, alkalinity, EMF, TDS, TSS, TOC	Anions (Cl, F, NO2, NO3, PO4, SO4)	Ammonia	Thiosalts	Total Metals + Hg + Total Rare Earth Metals	Dissolved Metals + Hg + Dissolved Rare Earth Metals		
1		Jan 18/11 XPS PP Comp 1TIs Decant Day 60				X	X	X	X	X	X		
2		XPS Tap Water 14-JAN-11				X	X	X	X	X	X		
3													
4													
5													
6													
7													
8													
9													
10													

* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabs, FILT-Filters

* Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water

Work Authorized by (Client or representative signature must accompany request)

Date: Jan 18/11



Lakefield Research Limited
Environmental Services

Request for Laboratory Services and Chain of Custody Form

No 11806-007-16

P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441

Report
Results
to:

Name: Barb Bowman

Company: SGS Lakefield Research Ltd

Address:

City

Province, Postal Code

Telephone Number: 2148

Fax:

LRL LIMS No.: Jan 10279

Received by (Date & Time): 01/19/11

Logged in by (Date):

Lab Batch ID:

Project No.: 11806-007

Plant No.:

Quote No.:

Purchase Order No.:

TAT (Turnaround Time) * Some exceptions apply, please contact lab

Standard

X

RUSH

Specify Date:

Time:

Send
Invoice to:

Name: Rob Caldwell

Company:

Address:

City

Province, Postal Code

Telephone Number: 2043

Fax:

Chain of
Custody

Sampled by:

Packed and Shipped by:

Date /Time:

Shipment Method and WB#:

Date /Time:

Please specify any guideline or regulation that these samples may apply (i.e. ODWS, RWQO, Reg 558, GCSO, MISA, MMER, CBWA).

Guideline: Regulation: Initial:

SFE Analyses: as per LIMS 11297-NOV10

SFE Radionuclides: Ra226, Ra228, Pb210 - LOW LEVEL

Becquerel quote T101028

PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS

Sample condition upon receipt:

Temperature upon receipt: °C

Analysis Requested (X) as Required

(Enter an "X" in the boxes to indicate which request(s) apply to each sample)

	Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	Shake Flask Extraction - 3:1 L:S (Price, 1997)- Becquerel quote T101028									
1		XPS PP Comp 2 Tls				X									
2															
3															
4															
5															
6															
7															
8															
9		Need to send Becquerel 1 L from SFE for low level radionuclides so please use 500 g for extraction													
10															

* Matrix Codes: GW-ground water, SW-surface water, RES-Residential Water, EFF-Effluent, PROC-Process Water, SOIL-Soil, SED-Sediment, SWAB-Swabs, FILT-Filters

* Regulated Water Codes: GRW-ground raw water, SRW-surface raw water, TDW-Treated Drinking Water, DDW-Distribution Drinking Water

Work Authorized by (Client or representative signature must accompany request)

Date: JAN 19/11