

NOV 10 2010

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:

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:

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:

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:	Sample condition upon receipt:
	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, MMR, CBWA).

Guideline: Regulation: initial:

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	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		SHIP ON SAME																	
7		CoFC with																	
8		LIMS 11611-NOV 10																	
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 6/10

Report Results to:	Name: Barb Bowman		LRL LIMS No.: _____	
	Company: SGS Lakefield Research Ltd		Received by (Date & Time): <u>12/10/10</u>	
	Address:		Logged in by (Date): _____	
	City		Lab Batch ID: <u>13 x 3</u>	
	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:	<b>PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS</b>	
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	

[illegible]

\* **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: 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	LRL LIMS No.:
	Company: SGS Lakefield Research Ltd	Received by (Date & Time): <i>JS 12/13/10</i>
	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:	Analysis Requested (X) as Required
	Shipment Method and WB#: Date /Time:	(Enter an "X" in the boxes to indicate which request(s) apply to each sample)

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

Guideline: Regulation: initial:

ICP Analyses.: as per LIMS 11615-NOV10

	Sample Matrix*	Sample Identifier	No. Bottles	Date Sampled	Time Sampled	Strong Acid Digest ICP-OES/MS Elemental Analyses	Radionuclides (Ra226, Ra228 + Pb210)- Becquerel 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): *[Signature]*

Date: DEC 13/10

**SGS**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:	
	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:	
Chain of Custody	Province, Postal Code	Time:	
	Telephone Number: 2043	Fax:	
	PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS		
	Sampled by: B Bowman	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

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-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 16/10

**SGS****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

<b>Report Results to:</b>	Name: Barb Bowman	LRL LIMS No.: <u>DEC 10356-60</u>
	Company: SGS Lakefield Research Ltd	Received by (Date & Time): <u>12/17/10</u>
	Address:	Logged in by (Date): _____
	City:	Lab Batch ID: _____
	Province, Postal Code	Project No.: <u>11806-007</u>
<b>Send Invoice to:</b>	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: _____
<b>Chain of Custody</b>	Province, Postal Code	Time: _____
	Telephone Number: 2043 Fax:	<b>PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS</b>
	Sampled by: <u>B Bowman</u>	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).		Temperature upon receipt: _____ °C
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

**SGS**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

<b>Report Results to:</b>	Name: Barb Bowman	LRL LIMS No.: <u>Dec 10357</u>
	Company: SGS Lakefield Research Ltd	Received by (Date & Time): <u>JB 12/20/10</u>
	Address:	Logged in by (Date):
	City:	Lab Batch ID:
	Province, Postal Code:	Project No.: <u>11806-007</u>
<b>Send Invoice to:</b>	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: _____
<b>Chain of Custody</b>	Province, Postal Code:	<b>PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS</b>
	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 <u>15 x 3</u>

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, NO <sub>2</sub> , NO <sub>3</sub> , PO <sub>4</sub> , SO <sub>4</sub> )	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): [Signature] 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	LRL LIMS No.: Jan 10837
	Company: SGS Lakefield Research Ltd	Received by (Date & Time): 01/04/10
	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, MMER, CBWA).

Guideline: Regulation: initial:

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

<b>Request for Laboratory Services and Chain of Custody Form</b> <span style="float: right;">No 11806-007-14</span>												
Environmental Services      P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441												
<b>Report Results to:</b> Name: Barb Bowman Company: SGS Lakefield Research Ltd Address: City: Province, Postal Code: Telephone Number: 2148      Fax:	LRL LIMS No.: <u>Jan 10856</u> Received by (Date & Time): Logged in by (Date): <u>8/04/05/11</u> Lab Batch ID: Project No.: <u>11806-007</u> Plant No.: Quote No.: Purchase Order No.: TAT (Turnaround Time) * Some exceptions apply, please contact lab Standard <input checked="" type="checkbox"/> RUSH <input type="checkbox"/> Specify Date: _____ Time: _____											
<b>Send Invoice to:</b> Name: Rob Caldwell Company: Address: City: Province, Postal Code: Telephone Number: 2043      Fax:	PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS Sample condition upon receipt: Temperature upon receipt: _____ °C											
<b>Chain of Custody</b> 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, MMER, CBWA). Guideline: _____ Regulation: _____ initial: _____											
<b>Hum Cell Weekly Analyses:</b> pH, conductivity, acidity, alkalinity, SO4 Metals Suite - Weeks 0, 5, 10, 15, 20, etc.: as per previous hum cells under this project, <b>plus radionuclide analyses (Ra226, Ra228 and Pb210) to be completed at 5 week intervals (weeks 0, 5, 10, 15, 20, etc.).</b>												
<b>Analysis Requested (X) as Required</b> (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: <u>JAN 5/11</u>

Lakefield Research Limited		<b>Request for Laboratory Services and Chain of Custody Form</b>				No 11806-007-15							
<b>Environmental Services</b>		P.O. Box 4300, 185 Concession St., Lakefield, ON. K0L 2H0, Phone (705) 652-2038, Fax (705) 652-6441											
<b>Report Results to:</b>	<b>Name:</b> Barb Bowman				<b>LRL LIMS No.:</b> <u>Jon 10262</u>								
	<b>Company:</b> SGS Lakefield Research Ltd				<b>Received by (Date &amp; Time):</b> <u>01/18/11</u> <u>SM</u>								
	<b>Address:</b>				<b>Logged in by (Date):</b>								
	<b>City:</b>				<b>Lab Batch ID:</b>								
	<b>Province, Postal Code:</b>				<b>Project No.:</b> <u>11806-007</u>								
<b>Telephone Number:</b> 2148 <b>Fax:</b>				<b>Plant No.:</b>									
<b>Send Invoice to:</b>	<b>Name:</b> Rob Caldwell				<b>Quote No.:</b>								
	<b>Company:</b>				<b>Purchase Order No.:</b>								
	<b>Address:</b>				<b>TAT (Turnaround Time) * Some exceptions apply, please contact lab</b>								
	<b>City:</b>				<b>Standard</b> <input checked="" type="checkbox"/> <b>RUSH</b> <input type="checkbox"/> <b>Specify Date:</b>								
	<b>Province, Postal Code:</b>				<b>Time:</b>								
<b>Telephone Number:</b> 2043 <b>Fax:</b>				<b>PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS</b>									
<b>Chain of Custody</b>	<b>Sampled by:</b>				<b>Sample condition upon receipt:</b>								
	<b>Packed and Shipped by:</b>												
	<b>Shipment Method and WB#:</b>												
Please specify any guideline or regulation that these samples may apply (i.e. ODWS, PWQO, Reg 558, GCSO, MISA, MMER, CBWA).													
<b>Guideline:</b> <u>                    </u> <b>Regulation:</b> <u>                    </u> <b>initial:</b> <u>                    </u>													
<b>Temperature upon receipt:</b> <u>18</u> °C <u>3</u>													
<b>Total, Dissolved and Rare Earth Metals : as per LIMS 11346-NOV10</b>						<b>Analysis Requested (X) as Required</b> (Enter an "X" in the boxes to indicate which request(s) apply to each sample)							
	<b>Sample Matrix*</b>	<b>Sample Identifier</b>	<b>No. Bottles</b>	<b>Date Sampled</b>	<b>Time Sampled</b>	pH, conductivity, acidity, alkalinity, EMF, TDS, TSS, TOC	Anions (Cl, F, NO <sub>2</sub> , NO <sub>3</sub> , PO <sub>4</sub> , SO <sub>4</sub> )	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: <u>Jan 18/11</u>													

**SGS**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

<b>Report Results to:</b>	Name: Barb Bowman	LRL LIMS No.: Jan 10279
	Company: SGS Lakefield Research Ltd	Received by (Date & Time): 01/19/11 SM
	Address:	Logged in by (Date):
	City:	Lab Batch ID:
	Province, Postal Code	Project No.: 11806-007
<b>Send Invoice to:</b>	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:
<b>Chain of Custody</b>	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, 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

**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

**SGS**

Lakefield Research Limited

**Request for Laboratory Services and Chain of Custody Form**No 11806-007-17

Environmental Services

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

<b>Report Results to:</b>	Name: Barb Bowman	LRL LIMS No.: <u>Jan 10289</u>
	Company: SGS Lakefield Research Ltd	Received by (Date & Time):
	Address:	Logged in by (Date): <u>01/20/11</u> <u>SM</u>
	City:	Lab Batch ID:
	Province, Postal Code	Project No.: <u>11806-007</u>
<b>Send Invoice to:</b>	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: _____
<b>Chain of Custody</b>	Province, Postal Code	<b>PLEASE CONTACT LAB PRIOR TO SUBMITTING RUSH PROJECTS</b>
	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: <u>18 °C</u> <u>23</u>

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

LOW LEVEL RADIONUCLIDES  
 QUOTE T101028  
 SEND ~~2~~ 2 L TO BECQUEREL

**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 <sub>2</sub> , NO <sub>3</sub> , PO <sub>4</sub> , SO <sub>4</sub> )	Ammonia	Thiosalts	Total Metals + Hg + Total Rare Earth Metals	Dissolved Metals + Hg + Dissolved Rare Earth Metals	Radionuclides (Ra226, RA228 + Pb210) - Becquerel quote T101028
1	Jan 18/11 XPS PP Comp 1TIs Decant Day 60										X
2	XPS Tap Water 14-JAN-11										X
3	Ortech Tap Water				X	X	X	X	X	X	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 20/11



Lakefield Research Limited

## Request for Laboratory Services and Chain of Custody Form

No 11806-007-18

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): Feb 11/11
	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: 19°C
	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, GCSSO, 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, NO <sub>2</sub> , NO <sub>3</sub> , PO <sub>4</sub> , SO <sub>4</sub> )	Ammonia	Thiosalts	Total Metals + Hg + Total Rare Earth Metals	Dissolved Metals + Hg + Dissolved Rare Earth Metals	Radionuclides (Ra226, RA228 + Pb210) - Becquerel quote T101028
1	Feb 14/11 XPS PP Comp 2 Tls Decant Day 61				X	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-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: FEB14/11

# CHAIN OF CUSTODY RECORD



AquaTox Work Order No:

Shipping Address: AquaTox Testing & Consulting Inc.  
11B Nicholas Beaver Road, RR #3  
Guelph, Ontario Canada N1H 6H9

Voice: (519) 763-4412 Fax: (519) 763-4419

P.O. Number:	Email invoice to Barb Bowman
Field Sampler Name (print):	Barb Bowman
Signature:	
Affiliation:	SGS Lakefield Research Ltd.
Sample Storage (prior to shipping):	ambient temperature in lab
Custody Relinquished by:	Barb Bowman
Date/Time Shipped:	2010-Nov 24 14:30

Client:	SGS Lakefield Research Ltd. 185 Concession Street, Box 4300 Lakefield, ON K0L 2H0
Phone:	(705) 652-2148
Fax:	(705) 652-6365
Contact:	Barb Bowman

Sample Identification					Analyses Requested								Sample Method and Volume			
Date Collected (yyyy-mm-dd)	Time Collected (e.g. 14:30, 24 hr clock)	Sample Name	AquaTox Sample Number	Temp. on arrival	Rainbow Trout Single Concentration	Rainbow Trout LC50	Daphnia magna Single Concentration	Daphnia magna LC50	Fathead Minnow Survival & Growth	Ceriodaphnia dubia Survival & Reproduction	Lemna minor Growth	Selenastrum capricornutum Growth	Microtox	Grab	Composite	# of Containers and Volume (eg. 2 x 1L, 3 x 10L, etc.)
2010-11-24	11:30	Nov 24/10 XPS PP Comp 1TIs Decant Day 5			✓			✓						✓		1x20L + 1x10L

For Lab Use Only	
Received By:	_____
Date:	_____
Time:	_____
Storage Location:	_____
Storage Temp. (°C)	_____

Please list any special requests or instructions:
EPS 1/RM/13 and 14 Methods
SGS Project Reference Number - 11806-007