

**CHAIN-OF-CUSTODY FOR NON-DRINKING WATER SAMPLES**

*Please Print*

CLIENT: Clear Lake Property Owners Association  
 ADDRESS: 103 Shaver Ave. N  
Etobicoke, ON M9B4N6  
 PHONE: (416) 239-0723  
 mail: bgisard@gmail.com

CONTACT: Brian Isard  
 RESULTS TO: Above  Other: \_\_\_\_\_  
 INVOICE TO: Above  Other: \_\_\_\_\_  
 PROGRAM NAME / NUMBER: \_\_\_\_\_

DUE DATE: Regular  (approximately 10 business days)

\*\*\* RUSH: 48 Hrs.  5 day  other   
 subject to RUSH charges, please contact laboratory

File Name: 160352  
Work-Log  
24F0702-706  
 Subcontracted: \_\_\_\_\_

ANALYSES REQUESTED

ANALYSES REQUESTED	CRITERIA (please check one)			TYPE OF SAMPLE		Sample Preserved?		Field filtered for Phosphorus
	ODWO	PWQO	SEWAGE	DECOM	Reg 558 TCLP	Yes	No	
	Surface water	water	soil	sludge	air	grab	comp	
<input checked="" type="checkbox"/> <u>1</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <u>2</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <u>3</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> <u>5</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*Handwritten notes:*  
 10.4  
 9.8  
 10.8  
 11.1  
 11.0

THIS SECTION FOR LAB USE ONLY:

RECEIVED AT LABORATORY BY: [Signature]  
 DATE & TIME: 24.06.10 16:20  
 INITIAL IF RECEIVED IN GOOD ORDER: [Signature] NUMBER OF CONTAINERS RECEIVED: 5  
 SHORTAGES: \_\_\_\_\_ Client Notified Y / N  
 COMMENTS: relinquish date/time taken from courier log. BND.

TE	SAMPLE DESCRIPTION / LOCATION	SAMPLE DATE	SAMPLE TIME	am	pm
1	Boat Ramp	24/06/10	11:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Golden Anchor Bay	24/06/10	11:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Municipal Dock	24/06/10	11:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Dekonley's Bay	24/06/10	11:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	Big Bay	24/06/10	11:00	<input checked="" type="checkbox"/>	<input type="checkbox"/>

AMPLER: (signature) [Signature]  
 AMPLER: (print) Brian Isard  
 METHOD OF SHIPMENT: Buss Courier / Mail / Air / Hand Delivery  
 Other: MNL  
 ELINQUISHED / AUTHORIZED BY INCLUDING SUBCONTRACTING: [Signature]  
 NAME (signature): [Signature]  
 NAME (print): Brian Isard  
 DATE AND TIME: 24 June 11/24 10:41 AM/PM