

APPENDIX C

FULLY EXECUTED CHAIN-OF-CUSTODY FORMS

APPENDIX C-1

PHASE IA PART 1 CHAIN-OF-CUSTODY FORMS

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708839

Date 8/20/17
 PAGE 8 OF 15
 SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-2-F01-081917	8/19/17	1424		S
F02		1426		S
F03		1427		S
F04		1429		S
F05		1431		S
F06		1433		S
F07		1435		S
F08		1437		S
F09		1438		S
F10		1441		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Matsutani
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SWOZF
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708839

Date 8/20/17
 PAGE 9 OF 15
 SR# _____

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00001</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510</u> or <u>810-588-1488</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: _____	Analysis Requested
--	--------------------

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	lead/arsenic 3050B/6010	REMARKS
<u>258-2-F10-081917-D</u>	<u>8/19/17</u>	<u>1441</u>		S	1	X	
				S	1	X	
				S	1	X	
				S	1	X	
				S	1	X	
				S	1	X	
				S	1	X	
				S	1	X	
				S	1	X	
				S	1	X	

TURNAROUND REQUIREMENTS ___ 24 hr ___ 48 hr ___ 5 day <input checked="" type="checkbox"/> Standard (10 days) ___ Provide FAX Preliminary Results Requested Report Date: _____	REPORT REQUIREMENTS I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required ___ III. Data Validation Report (includes raw data) ___ IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD	Comments/Special Instructions: Hold Remainder
--	---	---

RELINQUISHED BY: Signature: <u>Watson</u> Printed Name: <u>Watson Metzner</u> Firm: <u>Arcadis</u> Date/Time: <u>8/21/17 1300</u>	RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>SWOLF</u> Firm: <u>ALS</u> Date/Time: <u>8/22/17 0950</u>	RELINQUISHED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____	RECEIVED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____
--	--	---	---

K1708839

Date 8/20/17
 PAGE 10 OF 15
 SR#

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626 (360) 577-7222 FAX (360) 636-1068

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
258-2-G01-081917	8/19/17	1505		S	1	X					
G02		1506		S	1	X					
G03		1508		S	1	X					
G04		1510		S	1	X					
G05		1512		S	1	X					
G06		1513		S	1	X					
G07		1516		S	1	X					
G08		1517		S	1	X					
G09		1519		S	1	X					
G10		1521		S	1	X					

URNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 I.D. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metzger
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SUNDT
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



Cooler Receipt and Preservation Form

PC 16

Client Tech America Service Request K17 08839

Received: 8/22/17 Opened: 8/22/17 By: KM Unloaded: 8/22/17 By: KM

Samples were received via: USPS FedEx UPS DHL PDX Courier Hand Delivered
Samples were received in: (circle) Cooler Box Envelope Other NA
Were custody seals on coolers? NA Y N If yes, how many and where? 2 Front
If present, were custody seals intact? Y N If present, were they signed and dated? Y N

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filled
5.2	5.4	13.1	13.3	+0.2	325	NA	8745 6738	5575	
7.8	7.9	11.5	11.6	+0.1	373		8745 6738	5586	
7.3	7.6	14.1	14.4	+0.3	349		8745 6738	5564	
7.3	7.7	7.2	7.4	+0.2	370		8105 9112	1896	
9.3	9.2	14.7	14.1	-0.1	328		8745 6738	5597	

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? Y N

Were samples received in good condition (temperature, unbroken)? Indicate in the table below.
 If applicable, tissue samples were received: Frozen Partially Thawed Thawed

Were all sample labels complete (i.e. analysis, preservation, etc.)? Y N

Did all sample labels and tags agree with custody papers? Indicate major discrepancies in the table on page 2.
 Were appropriate bottles/containers and volumes received for the tests indicated? Y N

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Indicate in the table below
 Were VOA vials received without headspace? Indicate in the table below.
 Was C12/Res negative? NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:
401-2-602-081717	401-2-602-0817-D	"602-D" on Sample Jar Lid
401-1-C1-081817	401-1-C01-081817	(Dates + Times match Cool. Jar Lid) <u>C01-C01 that way.</u>

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

es, Discrepancies, & Resolutions: In all of the Coolers, there wasn't enough ice and what was there was melted.

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1705540

Date 8/20/17
 PAGE 10 OF 15
 SR# _____

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-2-G01-081917	8/19/17	1505		S
G02		1506		S
G03		1508		S
G04		1510		S
G05		1512		S
G06		1513		S
G07		1516		S
G08		1517		S
G09		1519		S
G10		1521		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99205

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metzner
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Quorf
 Firm: ACS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708840

Date 8/20/17
PAGE 11 OF 15
SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
Project Contact: Kady Young Company: Arcadis
Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
238-2-H01-089917	8/19/17	1524		S
H02		1526		S
H03		1528		S
H04		1530		S
H05		1530		S
H06		1534		S
H07		1535		S
H08		1536		S
H09		1538		S
↓ H10 ↓	↓	1540		S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metsutman
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SWOLF
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1709940

Date 8/20/17
 PAGE 12 OF 15
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 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-2-H01-081917-D8	8/19/17	1524		S
				S
				S
				S
				S
				S
				S
				S
				S
				S
				S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Netsunam
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SWOLF
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708840

Date 8/20/17
 PAGE 13 OF 15
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 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-2-I01-081917	8/19/17	1557		S
I02		1558		S
I03		1600		S
I04		1602		S
I05		1604		S
I06		1605		S
I07		1607		S
I08		1608		S
I09		1610		S
I10		1612		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

RELINQUISHED BY:
 Signature: Watson
 Printed Name: Watson Metzman
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SUNOFF
 Firm: #25
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



Cooler Receipt and Preservation Form

Client Tech America Service Request KI17 PC J Co

Received: 8/22/17 Opened: 8/22/17 By: KM Unloaded: 8/22/17 By: KM

Samples were received via? USPS Fed Ex UPS DHL PDX Courier Hand Delivered
Samples were received in: (circle) Cooler Box Envelope Other NA

Were custody seals on coolers? Y Y N N If yes, how many and where? 2 Front NA
If present, were custody seals intact? Y Y N N If present, were they signed and dated? Y Y N N

Raw cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Coorr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
5.2	5.4	13.1	13.3	10.2	325	NA	8745 6738	5575	
7.8	7.9	11.5	11.6	10.1	373		8745 6738	5586	
7.3	7.6	14.1	14.4	10.3	319		8745 6738	5564	
7.7	7.7	7.2	7.4	10.2	379		8105 9112	1896	
7.3	7.9	14.7	14.1	-0.1	328		8745 6738	5597	

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? Y Y N N

Were samples received in good condition (temperature, unbroken)? Y Y N N
If applicable, tissue samples were received: Frozen Partially Thawed Thawed

Were all sample labels complete (i.e analysis, preservation, etc.)? Y Y N N

Did all sample labels and tags agree with custody papers? Y Y N N

Were appropriate bottles/containers and volumes received for the tests indicated? Y Y N N

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Y Y N N
Were VOA vials received without headspace? Y Y N N
Was C12/Res negative? Y Y N N

Sample ID on Bottle	Sample ID on COC	Identified by:
401-2-GO2-081717	401-2-GO2-0817-0	"GO2-D" on Sample jar Lid
401-1-C1-081817	401-1-CO1-081817	(Bates + Times match COC. Way to that way.)

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

s, Discrepancies, & Resolutions: In all of the Coolers, there wasn't enough ice and what was there was melted

ALS Environmental-Kelso

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K 1708841

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Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
Project Contact: Kady Young Company: Arcadis
Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-2-I01-081917	8/19/17	1557		S
I02		1558		S
I03		1600		S
I04		1602		S
I05		1604		S
I06		1605		S
I07		1607		S
I08		1608		S
I09		1610		S
I10		1612		S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: Watson
 Printed Name: Watson Metzman
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Smoltz
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

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Date 8/20/17
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Project Contact: Kady Young Company: Arcadis
Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
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Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-2-J01-081917	8/19/17	1618		S
J02		1620		S
J03		1621		S
J04		1623		S
J05		1625		S
J06		1627		S
J07		1629		S
J08		1630		S
J09		1632		S
J10		1633		S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:
 Signature: Watson M.
 Printed Name: Watson Metsutnam
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SWOLF
 Firm: A25
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
<u>258-2-305-081917-D</u>	<u>8/19/17</u>	<u>1625</u>		S
				S
				S
				S
				S
				S
				S
				S
				S
				S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metsubnan
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SWOLF
 Firm: A25
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708841

Date _____
 PAGE 1-2 OF 10
 SR# WM 8/19/17 WM 8/19/17

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00001</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510</u> or <u>810-588-1488</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: _____					Analysis Requested													
					Number of Containers	lead/arsenic 3050B/6010												
Sample I.D.	Date	Time	LAB ID	Matrix									REMARKS					
401-2-A06-081617	8/16/17	11:03		S			1	X										
↓ A07 ↓	↓ ↓	↓ 13:03 ↓		S			1	X										
↓ A08 ↓	↓ ↓	↓ 14:00 ↓		S			1	X										
↓ A09 ↓	↓ ↓	↓ 15:04 ↓		S			1	X										
↓ A10 ↓	↓ ↓	↓ 16:08 ↓		S			1	X										
							S	1	X									
							S	1	X									
							S	1	X									
					S	1	X											
TURNAROUND REQUIREMENTS ___ 24 hr ___ 48 hr ___ 5 day <input checked="" type="checkbox"/> Standard (10 days) ___ Provide FAX Preliminary Results Requested Report Date: _____					REPORT REQUIREMENTS ___ I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required ___ III. Data Validation Report (includes raw data) ___ IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD					Comments/Special Instructions: Hold Remainder								
Invoice Information P.O. # _____ Bill to: <u>Dave Enos - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201					RELINQUISHED BY: Signature: Printed Name: <u>Watson Matsutani</u> Firm: <u>Arcadis</u> Date/Time: <u>8/21/17 1360</u>					RECEIVED BY: Signature: Printed Name: <u>SWOLF</u> Firm: <u>ALS</u> Date/Time: <u>8/22/17 0950</u>					RELINQUISHED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____		RECEIVED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____	

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

21708841

Date
 PAGE 2-4 OF 2010
 SR# won 8/19/17 won 8/19/17

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
401-2-B06-081617	08/16/17	11:12		S	1	X					
B07		13:11		S	1	X					
B08		14:03		S	1	X					
B09		15:07		S	1	X					
B10		16:12		S	1	X					
401-2-B07-081617-D		13:11		S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # _____
 Bill to: Dave Enos - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metsutnan
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SWOLF
 Firm: AZS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



Cooler Receipt and Preservation Form

PC 16

Client Teck America

Service Request KI7

Received: 8/22/17 Opened: 8/22/17 By: KM

Unloaded: 8/22/17 By: KM

Samples were received via? USPS

Fed Ex UPS

Samples were received in: (circle)

Cooler Box

DHL PDX Courier

Hand Delivered

Were custody seals on coolers?

NA Y N

If yes, how many and where? 2 Front

If present, were custody seals intact?

Y N

Raw cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
5.2	5.4	13.1	13.3	+0.2	325	NA	8745 6738	5575	
7.8	7.9	11.5	11.6	+0.1	373		8745 6738	5586	
7.3	7.6	14.1	14.4	+0.3	319		8745 6738	5564	
1.3	1.9	7.2	7.4	+0.2	379		8105 9112	1896	
	9.2	14.2	14.1	-0.1	320		8745 6738	5597	

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)?

NA Y N

Were samples received in good condition (temperature, unbroken)?

Indicate in the table below.

If applicable, tissue samples were received:

Frozen Partially Thawed Thawed

Were all sample labels complete (i.e analysis, preservation, etc.)?

NA Y N

Did all sample labels and tags agree with custody papers? Indicate major discrepancies in the table on page 2.

NA Y N

Were appropriate bottles/containers and volumes received for the tests indicated?

NA Y N

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Indicate in the table below

NA Y N

Were VOA vials received without headspace? Indicate in the table below.

NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:
401-2-602-081717	401-2-602-0817-0	"Go2-D" on Sample jar Lid
401-1-C1-081817	401-1-C01-081817	Dates + times match COC. Way off Col-coq that way.

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

s, Discrepancies, & Resolutions: In all of the Coolers, there wasn't enough ice and what was there was melted.

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708842

Date

PAGE 2-4 OF 2010
SR# 08/19/17 08/19/17

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001

Project Contact: Kady Young **Company:** Arcadis

Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
401-2-B06-081617	08/16/17	11:12		S	1	X					
B07		13:11		S	1	X					
B08		14:03		S	1	X					
B09		15:07		S	1	X					
B10		16:12		S	1	X					
401-2-B07-081617-D		13:11		S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day

Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date: _____

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

Comments/Special Instructions:

Hold Remainder

Invoice Information

P.O. # _____

Bill to: Dave Enos - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

RELINQUISHED BY:

Signature: [Signature]

Printed Name: Watson Metsutnan

Firm: Arcadis

Date/Time: 8/21/17 1300

RECEIVED BY:

Signature: [Signature]

Printed Name: SNOW

Firm: ALS

Date/Time: 8/22/17 0950

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

ALS Environmental-Kelso


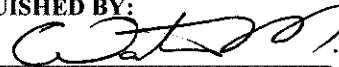
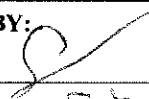
1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708842

Date

PAGE 36 OF 2010
SR# 2017 8/17/17 - 2017 8/19/17

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00001</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510 or 810-588-1488</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: _____					Analysis Requested										
					Number of Containers										
						lead/arsenic 3050B/6010									
Sample I.D.	Date	Time	LAB ID	Matrix							REMARKS				
401-2-C06-081617	08/16/17	11:15		S	1	X									
↓ C07 ↓	↓ ↓	13:15		S	1	X									
↓ C08 ↓	↓ ↓	14:06		S	1	X									
↓ C09 ↓	↓ ↓	15:11		S	1	X									
↓ C10 ↓	↓ ↓	16:17		S	1	X									
401-2-C09-081617-D	↓	15:11		S	1	X									
					S	1	X								
					S	1	X								
					S	1	X								
					S	1	X								
TURNAROUND REQUIREMENTS ___ 24 hr ___ 48 hr ___ 5 day <input checked="" type="checkbox"/> Standard (10 days) ___ Provide FAX Preliminary Results Requested Report Date: _____				REPORT REQUIREMENTS I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required III. Data Validation Report (includes raw data) IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD				Comments/Special Instructions: Hold Remainder							
Invoice Information P.O. # _____ Bill to: <u>Dave Enos - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 992															
RELINQUISHED BY: Signature:  Printed Name: <u>Watson Metsutnan</u> Firm: <u>Arcadis</u> Date/Time: <u>8/21/17 1300</u>				RECEIVED BY: Signature:  Printed Name: <u>SWOLF</u> Firm: <u>ALS</u> Date/Time: <u>8/22/17 0950</u>				RELINQUISHED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____				RECEIVED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____			

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708842

Date _____
 PAGE 48 OF 2010
 SR# WA 8/19/17 WA 8/19/17

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001

Project Contact: Kady Young Company: Arcadis

Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
401-2-D06-081617	08/16/17	11:22		S	1	X					
↓ D07 ↓	↓ ↓	13:19		S	1	X					
↓ D08 ↓	↓ ↓	14:13		S	1	X					
↓ D09 ↓	↓ ↓	15:34		S	1	X					
↓ D10 ↓	↓ ↓	16:21		S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					

TURNAROUND REQUIREMENTS

___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

 II. Report Dup., MS, MSD as required

 III. Data Validation Report (includes raw data)

 IV. CLP Deliverable Report

 V. EDD

Comments/Special Instructions:

Hold Remainder

Invoice Information

P.O. # _____
 Bill to: Dave Enos - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:

Signature: [Signature]
 Printed Name: Watson Mcbutman
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:

Signature: [Signature]
 Printed Name: [Signature]
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:

Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:

Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

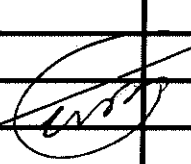


1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708842

Date

PAGE 510 OF 2010
SR# 2008/19/17 2008/19/17

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00001</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510 or 810-588-1488</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: _____					Number of Containers	Analysis Requested					
						lead/arsenic 3050B/6010					
Sample I.D.	Date	Time	LAB ID	Matrix							REMARKS
401-2-E06-081617	08/16/17	11:36		S	1	X					
↓ E07 ↓	↓ ↓	13:22		S	1	X					
↓ E08 ↓	↓ ↓	14:15		S	1	X					
↓ E09 ↓	↓ ↓	15:38		S	1	X					
↓ E10 ↓	↓ ↓	16:25		S	1	X					
					S	1	X				
					S	1	X				
					S	1	X				
					S	1	X				
					S	1	X				
TURNAROUND REQUIREMENTS				REPORT REQUIREMENTS				Comments/Special Instructions:			
<input type="checkbox"/> 24 hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 5 day <input checked="" type="checkbox"/> Standard (10 days) <input type="checkbox"/> Provide FAX Preliminary Results Requested Report Date: _____				I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required III. Data Validation Report (includes raw data) IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD				Hold Remainder			
Invoice Information											
P.O. # _____ Bill to: <u>Dave Enos - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201											
RELINQUISHED BY:				RECEIVED BY:				RELINQUISHED BY:			
Signature:  Printed Name: <u>Watson Metsutran</u> Firm: <u>Arcadis</u> Date/Time: <u>8/21/17 1300</u>				Signature:  Printed Name: <u>SWOLF</u> Firm: <u>ALS</u> Date/Time: <u>8/22/17 0950</u>				Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____			



Cooler Receipt and Preservation Form

Client Tech America Service Request KI7 PC 160

Received: 8/22/17 Opened: 8/22/17 By: KM Unloaded: 8/22/17 By: KM 08842

Samples were received via? USPS Fed Ex UPS DHL PDX Courier Hand Delivered
Samples were received in: (circle) Cooler Box Envelope Other NA

Were custody seals on coolers? NA Y N If yes, how many and where? 1 on front
If present, were custody seals intact? Y N If present, were they signed and dated? Y N

Raw other Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
5.2	5.4	13.1	13.3	10.2	325	NA	8745 0738	5575	
7.8	7.9	11.5	11.6	10.1	373		8745 0738	5586	
7.3	7.6	14.1	14.4	10.3	319		8745 0738	5564	
7.7	7.7	7.2	7.4	10.2	379		8105 9112	1896	
7.3	7.9	14.7	14.1	-0.1	328		8745 0738	5597	

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? NA Y N

Were samples received in good condition (temperature, unbroken)? Indicate in the table below. NA Y N

If applicable, tissue samples were received: Frozen Partially Thawed Thawed NA Y N

Were all sample labels complete (i.e analysis, preservation, etc.)? NA Y N

Did all sample labels and tags agree with custody papers? Indicate major discrepancies in the table on page 2. NA Y N

Were appropriate bottles/containers and volumes received for the tests indicated? NA Y N

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Indicate in the table below. NA Y N

Were VOA vials received without headspace? Indicate in the table below. NA Y N

Was C12/Res negative? NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:
401-2-G02-081717	401-2-G02-0817-D	"G02-D" on Sample jar Lid
401-1-C1-081817	401-1-C01-081817	(Dates + times match COC. Way that that Col-coq that way.)

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

s, Discrepancies, & Resolutions: In all of the Coolers, there wasn't enough ice and what was there was melted

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708849

Date PAGE 642 OF 2010
 SR# 08/19/17 08/19/17

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00001</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510 or 810-588-1488</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: _____					Analysis Requested								
					Number of Containers	lead/arsenic 3050B/6010							
Sample I.D.	Date	Time	LAB ID	Matrix									REMARKS
401 - 2 - F06 - 081617	08/16/17	11:39		S			1	X					
↓ F07 ↓	↓ ↓	13:27		S			1	X					
↓ F08 ↓	↓ ↓	14:20		S			1	X					
↓ F09 ↓	↓ ↓	15:42		S			1	X					
↓ F10 ↓	↓ ↓	16:29		S			1	X					
							S	1	X				
							S	1	X				
							S	1	X				
					S	1	X						
TURNAROUND REQUIREMENTS ___ 24 hr ___ 48 hr ___ 5 day <input checked="" type="checkbox"/> Standard (10 days) ___ Provide FAX Preliminary Results Requested Report Date: _____					REPORT REQUIREMENTS I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required ___ III. Data Validation Report (includes raw data) ___ IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD					Comments/Special Instructions: Hold Remainder			
Invoice Information P.O. # _____ Bill to: <u>Dave Enos - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208													
RELINQUISHED BY: Signature: Printed Name: <u>Watson Metsutram</u> Firm: <u>Arcadis</u> Date/Time: <u>8/21/17 1300</u>					RECEIVED BY: Signature: Printed Name: <u>Dave Enos</u> Firm: <u>Arcadis</u> Date/Time: <u>8/22/17 0950</u>					RELINQUISHED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____		RECEIVED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____	

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708843

Date

PAGE 714 OF 2010
SR# Wm 8/19/17 Wm 8/19/17

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00001</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510</u> or <u>810-588-1488</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: _____					Number of Containers	Analysis Requested					
Sample I.D.	Date	Time	LAB ID	Matrix		lead/arsenic 3050B/6010					REMARKS
401-2-606-081617	08/16/17	11:43		S	1	X					
G07		13:31		S	1	X					
G08		14:44		S	1	X					
G09		15:46		S	1	X					
G10		16:32		S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
TURNAROUND REQUIREMENTS ___ 24 hr ___ 48 hr ___ 5 day <input checked="" type="checkbox"/> Standard (10 days) ___ Provide FAX Preliminary Results Requested Report Date: _____			REPORT REQUIREMENTS I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required ___ III. Data Validation Report (includes raw data) ___ IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD			Comments/Special Instructions: Hold Remainder					
Invoice Information P.O. # _____ Bill to: <u>Dave Enos - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208											
RELINQUISHED BY: Signature: <u>[Signature]</u> Printed Name: <u>Watson Metsutnam</u> Firm: <u>Arcadis</u> Date/Time: <u>8/21/17 1200</u>			RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>SWOLF</u> Firm: <u>ALS</u> Date/Time: <u>8/22/17 0950</u>			RELINQUISHED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____			RECEIVED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____		

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708843

Date

PAGE 876 OF 2010
SR# 6/28/17/17 6/28/17/17

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00001</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510 or 810-588-1488</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: _____					Number of Containers lead/arsenic 3050B/6010	Analysis Requested																																																																					
<table border="1"> <thead> <tr> <th>Sample I.D.</th> <th>Date</th> <th>Time</th> <th>LAB ID</th> <th>Matrix</th> <th>REMARKS</th> </tr> </thead> <tbody> <tr> <td>401-2-H06-081617</td> <td>08/16/17</td> <td>11:46</td> <td></td> <td>S</td> <td></td> </tr> <tr> <td>H07</td> <td></td> <td>13:35</td> <td></td> <td>S</td> <td></td> </tr> <tr> <td>H08</td> <td></td> <td>14:49</td> <td></td> <td>S</td> <td></td> </tr> <tr> <td>H09</td> <td></td> <td>15:52</td> <td></td> <td>S</td> <td></td> </tr> <tr> <td>H10</td> <td></td> <td>16:36</td> <td></td> <td>S</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>S</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>S</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>S</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>S</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>S</td> <td></td> </tr> </tbody> </table>						Sample I.D.	Date	Time	LAB ID	Matrix	REMARKS	401-2-H06-081617	08/16/17	11:46		S		H07		13:35		S		H08		14:49		S		H09		15:52		S		H10		16:36		S						S						S						S						S						S					
Sample I.D.	Date	Time	LAB ID	Matrix	REMARKS																																																																						
401-2-H06-081617	08/16/17	11:46		S																																																																							
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TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 5 day <input checked="" type="checkbox"/> Standard (10 days) <input type="checkbox"/> Provide FAX Preliminary Results Requested Report Date: _____		REPORT REQUIREMENTS I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required III. Data Validation Report (includes raw data) IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD			Comments/Special Instructions: Hold Remainder																																																																						
Invoice Information P.O. # _____ Bill to: <u>Dave Enos - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201																																																																											
RELINQUISHED BY: Signature: <u>[Signature]</u> Printed Name: <u>Watson Metsutman</u> Firm: <u>Arcadis</u> Date/Time: <u>8/21/17 1300</u>		RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>SNOZ</u> Firm: <u>ALS</u> Date/Time: <u>8/22/17 0950</u>			RELINQUISHED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____		RECEIVED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____																																																																				

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708843

Date 9/18 OF 2010
 SR# WA 8/19/17 WA 8/19/17

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00001</u> Project Contact: <u>Kady Youog</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510 or 810-588-1488</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: _____					Analysis Requested														
					Number of Containers	lead/arsenic 3050B/6010													
Sample I.D.	Date	Time	LAB ID	Matrix															
401-2-I06-081617	08/16/17	11:52		S		1	X												
↓ I07 ↓	↓ ↓	↓ 13:40 ↓		S		1	X												
↓ I08 ↓	↓ ↓	↓ 14:55 ↓		S		1	X												
↓ I09 ↓	↓ ↓	↓ 15:55 ↓		S		1	X												
↓ I10 ↓	↓ ↓	↓ 16:39 ↓		S		1	X												
						S	1	X											
						S	1	X											
						S	1	X											
					S	1	X												
TURNAROUND REQUIREMENTS ___ 24 hr ___ 48 hr ___ 5 day <input checked="" type="checkbox"/> Standard (10 days) ___ Provide FAX Preliminary Results Requested Report Date: _____					REPORT REQUIREMENTS I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required III. Data Validation Report (includes raw data) IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD					Comments/Special Instructions: Hold Remainder									
Invoice Information P.O. # _____ Bill to: <u>Dave Enos - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201																			
RELINQUISHED BY: Signature: Printed Name: <u>Watson Metzner</u> Firm: <u>Arcadis</u> Date/Time: <u>8/21/17 1300</u>					RECEIVED BY: Signature: Printed Name: <u>R. WOLF</u> Firm: <u>ARC</u> Date/Time: <u>8/22/17 0950</u>					RELINQUISHED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____					RECEIVED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____				



Cooler Receipt and Preservation Form

Client Teck America Service Request K17 PC J. Lee
 received: 8/22/17 Opened: 8/22/17 By: KM Unloaded: 8/22/17 By: KM
08843

Samples were received via? USPS
 Samples were received in: (circle) FedEx UPS
 Were custody seals on coolers? NA Y N
 If present, were custody seals intact? Y N

DHL PDX Courier Hand Delivered
 Envelope Other NA
 If yes, how many and where? 4 Front
 If present, were they signed and dated? Y N

Raw cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
2.2	5.4	13.1	13.3	+0.2	325	NA	8745 0738	5575	
2.8	7.9	11.5	11.9	+0.1	373		8745 0738	5586	
1.3	7.9	14.1	14.4	+0.3	349		8745 0738	5564	
1.7	9.2	7.2	7.4	-0.2	379		8105 9112	1896	
1.3	9.2	14.7	14.1	-0.1	398		8745 0738	5597	

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)?
 Were samples received in good condition (temperature, unbroken)? *Indicate in the table below.*
 If applicable, tissue samples were received: Frozen Partially Thawed Thawed

Were all sample labels complete (i.e analysis, preservation, etc.)?
 Did all sample labels and tags agree with custody papers? *Indicate major discrepancies in the table on page 2.*
 Were appropriate bottles/containers and volumes received for the tests indicated?
 Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? *Indicate in the table below*
 Were VOA vials received without headspace? *Indicate in the table below.*
 Was C12/Res negative?

Sample ID on Bottle	Sample ID on COC	Identified by:
401-2-602-081717	401-2-602-0817-0	"Go2-D" on Sample jar Lid
401-1-C1-081817	401-1-C01-081817	(Dates + times match COC. not checked Col-coa that way. ")

Sample ID	Bottle Count Bottle Type	Out of Head- Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

s, Discrepancies, & Resolutions: In all of the Coolers, there wasn't enough ice and what was there was melted

ALS Environmental-Kelso

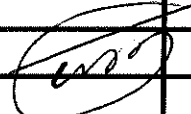
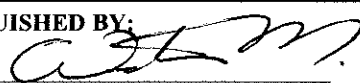

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1-708844

Date

PAGE 1020 OF 2010
SR# WPA 8/19/17 WBS 119/17

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00001</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510 or 810-588-1488</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: _____					Number of Containers	Analysis Requested					
						lead/arsenic 3050B/6010					
Sample I.D.	Date	Time	LAB ID	Matrix							REMARKS
401-2-J06-081617	08/16/17	11:56		S	1	X					
J07		13:53		S	1	X					
J08		14:59		S	1	X					
J09		16:03		S	1	X					
J10		16:42		S	1	X					
					S	1	X				
					S	1	X				
					S	1	X				
					S	1	X				
					S	1	X				
TURNAROUND REQUIREMENTS				REPORT REQUIREMENTS				Comments/Special Instructions:			
<input type="checkbox"/> 24 hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 5 day <input checked="" type="checkbox"/> Standard (10 days) <input type="checkbox"/> Provide FAX Preliminary Results Requested Report Date: _____				I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required III. Data Validation Report (includes raw data) IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD				Hold Remainder			
Invoice Information											
P.O. # _____ Bill to: <u>Dave Enos - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201											
RELINQUISHED BY:			RECEIVED BY:			RELINQUISHED BY:			RECEIVED BY:		
Signature: 			Signature: 			Signature: _____			Signature: _____		
Printed Name: <u>Watson Metsutnam</u>			Printed Name: <u>SWOLF</u>			Printed Name: _____			Printed Name: _____		
Firm: <u>Arcadis</u>			Firm: <u>ALS</u>			Firm: _____			Firm: _____		
Date/Time: <u>8/21/17 1300</u>			Date/Time: <u>8/22/17 0950</u>			Date/Time: _____			Date/Time: _____		

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708844

Date _____
 PAGE 1 OF 20
 SR# WA 8/19/17

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001

Project Contact: Kady Young **Company:** Arcadis

Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
401-2-A01-081717	08/17/17	10:51		S	1	X					
A02		10:55		S	1	X					
A03		11:01		S	1	X					
A04		11:06		S	1	X					
A05		11:09		S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day

Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date: _____

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

Comments/Special Instructions:

Hold Remainder

Invoice Information

P.O. # _____

Bill to: Dave Enos - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 9924

RELINQUISHED BY:

Signature: [Signature]

Printed Name: Watson Metsutan

Firm: Arcadis

Date/Time: 8/21/17 1300

RECEIVED BY:

Signature: [Signature]

Printed Name: SWOLF

Firm: ALS

Date/Time: 8/22/17 0950

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708844

Date _____
 PAGE 23 OF 20 / 10
 SR# WA871917 WA871911

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00001</u>					Number of Containers	Analysis Requested						
Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u>						lead/arsenic 3050B/6010						
Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510</u> or <u>810-588-1488</u>												
City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u>												
Sampler's Signature: _____												
Sample I.D.	Date	Time	LAB ID	Matrix								REMARKS
401 - 2 - B01 - 081717	08/17/17	11:16		S	1	X						
B02		11:19		S	1	X						
B03		11:24		S	1	X						
B04		11:28		S	1	X						
B05		11:34		S	1	X						
				S	1	X						
				S	1	X						
				S	1	X						
				S	1	X						
				S	1	X						

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 ___ I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # _____
 Bill to: Dave Enos - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metzman
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SWOLF
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708844

Date _____
 PAGE 35 OF 2010
 SR# WJN 8/19/17 WJN 8/19/17

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
401-2-C01-081717	08/17/17	11:45		S	1	X					
C02		11:48		S	1	X					
C03		11:52		S	1	X					
C04		11:57		S	1	X					
C05		12:00		S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 ___ I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # _____
 Bill to: Dave Enos - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metzman
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: [Signature]
 Firm: Arcadis
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



PC file

Cooler Receipt and Preservation Form

Client Teck America

Service Request K17

Received: 8/22/17 Opened: 8/22/17 By: KM

Unloaded: 8/22/17 By: KM

Samples were received via? USPS

FedEx UPS

Samples were received in: (circle)

Cooler Box

DHL Envelope

PDX Courier

Hand Delivered

Were custody seals on coolers?

Y N

Other Front

NA

If present, were custody seals intact?

Y N

Other Front

If present, were they signed and dated?

Y

Raw cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
5.2	5.4	13.1	13.3	+0.2	325	NA	8745 6738	5575	
7.8	7.9	11.5	11.6	+0.1	373		8745 6738	5586	
7.3	7.6	14.1	14.4	+0.3	310		8745 6738	5564	
7.3	7.7	7.2	7.4	+0.2	370		8105 9112	1896	
7.3	7.2	14.2	14.1	-0.1	320		8745 6738	5597	

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)?

NA Y N

Were samples received in good condition (temperature, unbroken)? *Indicate in the table below.*

Frozen Partially Thawed Thawed

If applicable, tissue samples were received: *Indicate in the table below.*

NA Y N

Did all sample labels complete (i.e analysis, preservation, etc.)?

NA Y N

Were appropriate bottles/containers and volumes received for the tests indicated?

NA Y N

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? *Indicate in the table below*

NA Y N

Were VOA vials received without headspace? *Indicate in the table below.*

NA Y N

Sample ID on Bottle

Sample ID on COC

Sample ID on Bottle	Sample ID on COC	Identified by:
401-2-602-081717	401-2-602-0817-0	"Go2-D" on Sample jar Lid
401-1-C1-081817	401-1-C01-081817	(Dates + times match COC. Way Col-cool that way.)

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

s, Discrepancies, & Resolutions: In all of the Coolers, there wasn't enough ice and what was there was melted

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708845

Date 8/20/17
 PAGE 1 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
401-1-A01-081817	8/18/17	0927		S
A02		0930		S
A03		0932		S
A04		0934		S
A05		0936		S
A06		0940		S
A07		0942		S
A08		0944		S
A09		0947		S
A10		0949		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metsutnam
 Firm: Arcadis
 Date/Time: 8/21/17 13:00

RECEIVED BY:
 Signature: [Signature]
 Printed Name: COOY GRAVES
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

KI 708845

Date 8/20/17
 PAGE 2 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
401-1-A06-081817-0	8/18/17	0940		S
				S
				S
				S
				S
				S
				S
				S
				S
				S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metzner
 Firm: Arcadis
 Date/Time: 8/21/17 13:00

RECEIVED BY:
 Signature: [Signature]
 Printed Name: CODY GRAVES
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708845

Date 8/20/17
 PAGE 3 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
401-1-301-081817	8/18/17	0953		S
B02		0955		S
B03		0957		S
B04		1000		S
B05		1002		S
B06		1004		S
B07		1008		S
B08		1010		S
B09		1012		S
B10		1015		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:
 Signature: Watson
 Printed Name: Watson Metzger
 Firm: Arcadis
 Date/Time: 8/21/17 13:00

RECEIVED BY:
 Signature: Coody
 Printed Name: COODY GRAVES
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708845

Date 8/20/17
 PAGE 4 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001

Project Contact: Kady Young Company: Arcadis

Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
401-1-C01-081817	8/18/17	1033		S	1	X					
C02		1035		S	1	X					
C03		1038		S	1	X					
C04		1040		S	1	X					
C05		1042		S	1	X					
C06		1045		S	1	X					
C07		1048		S	1	X					
C08		1051		S	1	X					
C09		1054		S	1	X					
C10		1057		S	1	X					

URNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 requested Report Date: _____

Invoice Information
 I.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

RELINQUISHED BY:
 Signature: Watson
 Printed Name: Watson Metsutnam
 Firm: Arcadis
 Date/Time: 8/21/17 13:00

RECEIVED BY:
 Signature: Cody Graves
 Printed Name: CODY GRAVES
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



6

PCJC

Cooler Receipt and Preservation Form

Client Teck America

Service Request KI7 08845

Received: 8/22/17 Opened: 8/22/17 By: KM

Unloaded: 8/22/17 By: KM

Samples were received via? USPS

FedEx UPS

Samples were received in: (circle) Cooler Box Envelope Other NA

Hand Delivered

Were custody seals on coolers? Y N

If yes, how many and where? 2 Front

If present, were custody seals intact? Y N

If present, were they signed and dated? Y

Raw cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filled
2.2	5.4	13.1	13.3	+0.2	325	NA	8745 6738	Y	NA
7.8	7.9	11.5	11.9	+0.1	373		8745 6738	Y	NA
7.3	7.9	14.1	14.4	+0.3	349		8745 6738	Y	NA
7.3	7.2	7.2	7.4	+0.2	379		8105 9112	Y	NA
7.3	9.2	14.2	14.1	-0.1	328		8745 6738	Y	NA

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? NA Y N

Were samples received in good condition (temperature, unbroken)? NA Y N

If applicable, tissue samples were received: Frozen Partially Thawed Thawed

Were all sample labels complete (i.e analysis, preservation, etc.)? NA Y N

Did all sample labels and tags agree with custody papers? NA Y N

Were appropriate bottles/containers and volumes received for the tests indicated? NA Y N

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? NA Y N

Were VOA vials received without headspace? NA Y N

Was C12/Res negative? NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:
<u>401-2-602-081717</u>	<u>401-2-602-0817-0</u>	<u>"Goa-D" on Sample jar Lid</u>
<u>401-1-C1-081817</u>	<u>401-1-C01-081817</u>	<u>(Dates + times match COC. Col-coa that way.)</u>

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

s, Discrepancies, & Resolutions: In all of the Coolers, there wasn't enough ice and what was there was melted.

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1408846

Date

PAGE 47 OF 2010
 SR# 2008719/17 2008719/17

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00001</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510 or 810-588-1488</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: _____					Analysis Requested										
					Number of Containers										
						lead/arsenic 3050B/6010									
Sample I.D.	Date	Time	LAB ID	Matrix									REMARKS		
<u>401 - 2 - D01 - 081717</u>	<u>08/17/17</u>	<u>12:04</u>		S		1	X								
<u>D02</u>		<u>12:09</u>		S		1	X								
<u>D03</u>		<u>12:12</u>		S		1	X								
<u>D04</u>		<u>12:15</u>		S		1	X								
<u>D05</u>		<u>12:18</u>		S		1	X								
				S		1	X								
				S		1	X								
TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 5 day <input checked="" type="checkbox"/> Standard (10 days) <input type="checkbox"/> Provide FAX Preliminary Results Requested Report Date: _____					REPORT REQUIREMENTS <input type="checkbox"/> I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD					Comments/Special Instructions: Hold Remainder					
Invoice Information P.O. # _____ Bill to: <u>Dave Enos - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201															
RELINQUISHED BY: Signature: <u><i>[Signature]</i></u> Printed Name: <u>Watson Metsotran</u> Firm: <u>Arcadis</u> Date/Time: <u>8/21/17 1300</u>					RECEIVED BY: Signature: <u><i>[Signature]</i></u> Printed Name: <u>SUVOZF</u> Firm: <u>ACS</u> Date/Time: <u>8/22/17 0950</u>					RELINQUISHED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____			RECEIVED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____		

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

L1708846

Date

PAGE 59 OF 2010
SR# 08/19/17 08/21/17

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
401-2-E01-081717	08/17/17	12:49		S	1	X					
E02		12:56		S	1	X					
E03		13:00		S	1	X					
E04		13:03		S	1	X					
E05		13:07		S	1	X					
401-2-E05-081717-D		13:07		S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 ___ I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # _____
 Bill to: Dave Enos - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metzman
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: JWOLF
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K-708846

Date 6/20/10
 PAGE 64 OF 20
 SR# 0081917 0081917

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001

Project Contact: Kady Young **Company:** Arcadis

Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
401-2-F01-081717	08/17/17	13:14		S	1	X					
F02		13:17		S	1	X					
F03		13:19		S	1	X					
F04		13:22		S	1	X					
F05		13:25		S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day

Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date: _____

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

Comments/Special Instructions:

Hold Remainder

Invoice Information

P.O. # _____

Bill to: Dave Enos - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:

Signature: [Signature]

Printed Name: Watson Metsutrom

Firm: Arcadis

Date/Time: 8/21/17 1300

RECEIVED BY:

Signature: [Signature]

Printed Name: SWOLF

Firm: ARS

Date/Time: 8/22/17 0950

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708846

Date

PAGE 713 OF 2010
SR# 2078/19/17 2078/19/17

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
401-2-G01-081717	08/17/17	13:33		S
G02		13:37		S
G03		13:42		S
G04		13:46		S
G05		13:49		S
401-2-G02-081717-D		13:37		S
				S
				S
				S
				S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____
Invoice Information
 P.O. # _____
 Bill to: Dave Enos - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metsutnam
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SWORK
 Firm: AZS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



PC 6

Cooler Receipt and Preservation Form

Client Teck America Service Request KI7 08846
 received: 8/22/17 Opened: 8/22/17 By: KM Unloaded: 8/22/17 By: KM

Samples were received via? USPS Fed Ex UPS
 Samples were received in: (circle) Cooler Box Envelope PDX Courier Hand Delivered
 Were custody seals on coolers? NA Y N Other NA
 If present, were custody seals intact? Y N Other NA

Raw cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
5.2	5.4	13.1	13.3	+0.2	325	NA	8745 6738	5575	
7.8	7.9	11.5	11.6	+0.1	373		8745 6738	5586	
7.3	7.6	14.1	14.4	+0.3	310		8745 6738	5564	
7.3	7.2	7.2	7.4	-0.2	370		8105 9112	1896	
	7.2	14.2	14.1	-0.1	320		8745 6738	5597	

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? Y N
 Were samples received in good condition (temperature, unbroken)? Y N
 If applicable, tissue samples were received: Frozen Partially Thawed Thawed
 Were all sample labels complete (i.e analysis, preservation, etc.)? Y N
 Did all sample labels and tags agree with custody papers? Y N
 Were appropriate bottles/containers and volumes received for the tests indicated? Y N
 Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Y N
 Were VOA vials received without headspace? Y N
 Was C12/Res negative? Y N

Sample ID on Bottle	Sample ID on COC	Identified by:
401-2-602-081717	401-2-602-0817-0	"Go2-D" on Sample jar Lid
401-1-C1-081817	401-1-C01-081817	(Dates + times match COC. They Col-coq that way.)

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

s, Discrepancies, & Resolutions: In all of the Coolers, there wasn't enough ice and what was there was melted.

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708847

Date

PAGE 713 OF 2010
SR# 2018/19/17 2018/19/17

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00001</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510 or 810-588-1488</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: _____					Analysis Requested							
					Number of Containers	lead/arsenic 3050B/6010						
Sample I.D.	Date	Time	LAB ID	Matrix								REMARKS
401-2-G01-081717	08/17/17	13:33		S	1	X						
G02		13:37		S	1	X						
G03		13:42		S	1	X						
G04		13:46		S	1	X						
G05		13:49		S	1	X						
401-2-G02-081717-D		13:37		S	1	X						
_____					S	1	X					
_____					S	1	X					
_____					S	1	X					
_____					S	1	X					
_____					S	1	X					

TURNAROUND REQUIREMENTS ___ 24 hr ___ 48 hr ___ 5 day <input checked="" type="checkbox"/> Standard (10 days) ___ Provide FAX Preliminary Results Requested Report Date: _____	REPORT REQUIREMENTS ___ I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> ___ II. Report Dup., MS, MSD as required ___ III. Data Validation Report (includes raw data) ___ IV. CLP Deliverable Report <input checked="" type="checkbox"/> ___ V. EDD	Comments/Special Instructions: Hold Remainder
--	---	---

Invoice Information P.O. # _____ Bill to: <u>Dave Enos - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99204			
---	--	--	--

RELINQUISHED BY: Signature: <u>Watson</u> Printed Name: <u>Watson Metsutnam</u> Firm: <u>Arcadis</u> Date/Time: <u>8/21/17 1300</u>	RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>MORF</u> Firm: <u>A25</u> Date/Time: <u>8/22/17 0950</u>	RELINQUISHED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____	RECEIVED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____
--	---	---	---

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708847

Date

PAGE 815 OF 2010
SR# 000819/17 000819/17

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00001</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510 or 810-588-1488</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: _____					Analysis Requested						
Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	lead/arsenic 3050B/6010					REMARKS
401-2-H01-081717	08/17/17	14:12		S	1	X					
H02		14:15		S	1	X					
H03		14:18		S	1	X					
H04		14:21		S	1	X					
H05		14:24		S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # _____
 Bill to: Dave Enos - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metsutman
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Snow
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708847

Date

PAGE 947 OF 2010
SR# 08/19/17 08/19/17

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00001</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510 or 810-588-1488</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: _____					Number of Containers	Analysis Requested					
						lead/arsenic 3050B/6010					
Sample I.D.	Date	Time	LAB ID	Matrix							REMARKS
401-2-101-081717	08/17/17	14:32		S	1	X					
I02		14:35		S	1	X					
I03		14:38		S	1	X					
I04		14:40		S	1	X					
I05		14:43		S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
TURNAROUND REQUIREMENTS ___ 24 hr ___ 48 hr ___ 5 day <input checked="" type="checkbox"/> Standard (10 days) ___ Provide FAX Preliminary Results Requested Report Date: _____			REPORT REQUIREMENTS I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required ___ III. Data Validation Report (includes raw data) ___ IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD			Comments/Special Instructions: Hold Remainder					
Invoice Information P.O. # _____ Bill to: <u>Dave Enos - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 992											
RELINQUISHED BY: Signature: <u>[Signature]</u> Printed Name: <u>Watson Metzner</u> Firm: <u>Arcadis</u> Date/Time: <u>8/21/17 1300</u>			RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>SWOLF</u> Firm: <u>ALS</u> Date/Time: <u>8/22/17 0950</u>			RELINQUISHED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____			RECEIVED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____		

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708847

Date

PAGE 1019 OF 2010
SR# WY 8/19/17 508/19/17

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	lead/arsenic 3050B/6010	Analysis Requested				REMARKS
401-2-J01-081717	08/17/17	14:52		S	1	X					
J02		14:54		S	1	X					
J03		14:56		S	1	X					
J04		14:59		S	1	X					
J05		15:02		S	1	X					
401-2-J04-081717-D		14:59		S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # _____
 Bill to: Dave Enos - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 99204

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metzger
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Suoz
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708847

Date 8/20/17
 PAGE 1 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001

Project Contact: Kady Young Company: Arcadis

Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961

Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
401-1-A01-081817	8/18/17	0927		S
A02		0930		S
A03		0932		S
A04		0934		S
A05		0936		S
A06		0940		S
A07		0942		S
A08		0944		S
A09		0947		S
A10		0949		S

URNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 I.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metsutnam
 Firm: Arcadis
 Date/Time: 8/21/17 13:00

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SWOLF
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



Cooler Receipt and Preservation Form

PC 60

Client Tech America

Service Request KI7

08847

Received: 8/22/17 Opened: 8/22/17 By: KM

Unloaded: 8/22/17 By: KM

Samples were received via? USPS

Fed Ex UPS

Samples were received in: (circle) Cooler Box Envelope DHL PDX Courier Hand Delivered

Were custody seals on coolers? NA Y N

Other NA

If present, were custody seals intact? Y N If yes, how many and where? 2 Front

If present, were they signed and dated? Y N

Raw cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
5.2	5.4	13.1	13.3	+0.2	325	NA	8745 6738	5575	
7.8	7.9	11.5	11.6	+0.1	373		8745 6738	5586	
7.3	7.6	14.1	14.4	+0.3	340		8745 6738	5564	
7.7	7.7	7.2	7.4	+0.2	379		8105 9112	1896	
7.3	9.2	14.7	14.1	-0.1	328		8745 6738	5597	

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? Y N

Were samples received in good condition (temperature, unbroken)? Indicate in the table below.

If applicable, tissue samples were received: Frozen Partially Thawed Thawed

Were all sample labels complete (i.e analysis, preservation, etc.)? Y N

Did all sample labels and tags agree with custody papers? Indicate major discrepancies in the table on page 2.

Were appropriate bottles/containers and volumes received for the tests indicated? Y N

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Indicate in the table below

Were VOA vials received without headspace? Indicate in the table below.

Was C12/Res negative? Y N

Sample ID on Bottle	Sample ID on COC	Identified by:
401-2-602-081717	401-2-602-0817-0	"602-D" on Sample jar Lid
401-1-C1-081817	401-1-C01-081817	Paks + times match COC. Way that CO-COG that way."

Sample ID	Bottle Count	Out of Temp	Head-space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

s, Discrepancies, & Resolutions: In all of the Coolers, there wasn't enough ice and what was there was melted

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

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K1708848

Date 8/20/17
 PAGE 9 OF 15
 SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
401-1-F01-08/18/17	8/18/17	1306		S
F02		1308		S
F03		1311		S
F04		1314		S
F05		1317		S
F06		1320		S
F07		1323		S
F08		1346		S
F09		1349		S
F90		1352		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 ___ I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metzger
 Firm: Arcadis
 Date/Time: 8/21/17 13:00

RECEIVED BY:
 Signature: [Signature]
 Printed Name: [Signature]
 Firm: [Signature]
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708848

Date 8/20/17
PAGE 10 OF 15
SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
Project Contact: Kady Young Company: Arcadis
Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
401-1-G01-081817	8/18/17	1409		S	1	X					
G02		1412		S	1	X					
G03		1415		S	1	X					
G04		1418		S	1	X					
G05		1422		S	1	X					
G06		1425		S	1	X					
G07		1431		S	1	X					
G08		1432		S	1	X					
G09		1437		S	1	X					
G10		1440		S	1	X					

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: Watson
 Printed Name: Watson Metsutman
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SWOLF
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

21708848

Date 8/20/17
PAGE 11 OF 15
SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested				REMARKS
						lead/arsenic 3050B/6010				
401-1-609-081817-D	8/18/17	1437		S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Matsunom
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: [Signature]
 Firm: [Signature]
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708848

Date 8/20/17
 PAGE 12 OF 15
 SR# _____

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
401-1-401-081817	8/18/17	1458		S
H02		1502		S
H03		1506		S
H04		1509		S
H05		1513		S
H06		1516		S
H07		1519		S
H08		1522		S
H09		1525		S
H10		1528		S

URNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 requested Report Date: _____

Invoice Information
 I.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metzgerman
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: [Signature]
 Firm: [Signature]
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



Cooler Receipt and Preservation Form

PC 60

Client Tech America Service Request KI7 08848
 Received: 8/22/17 Opened: 8/22/17 By: KM Unloaded: 8/22/17 By: KM

Samples were received via? USPS

Fed Ex UPS

Samples were received in: (circle) Cooler Box Envelope Other Hand Delivered

Were custody seals on coolers? NA Y N

If yes, how many and where? 2 Front

If present, were custody seals intact? Y N

Raw cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
5.2	5.4	13.1	13.3	+0.2	325	NA	8745 0738 5575	Y	NA
7.8	7.9	11.5	11.6	+0.1	373		8745 0738 5586	Y	NA
1.3	7.6	14.1	14.4	+0.3	319		8745 0738 5564	Y	NA
1.3	7.7	7.2	7.4	-0.2	379		8105 9112 1296	Y	NA
	1.9	14.2	14.1	-0.1	328		8745 0738 5597	Y	NA

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? Y N

Were samples received in good condition (temperature, unbroken)? Y N

If applicable, tissue samples were received: Frozen Partially Thawed Thawed

Were all sample labels complete (i.e analysis, preservation, etc.)? Y N

Did all sample labels and tags agree with custody papers? Y N

Were appropriate bottles/containers and volumes received for the tests indicated? Y N

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Y N

Were VOA vials received without headspace? Y N

Was C12/Res negative? Y N

Sample ID on Bottle	Sample ID on COC	Identified by:
401-2-602-081717	401-2-602-0817-0	"Go2-D" on Sample jar Lid
401-1-C1-081817	401-1-C01-081817	(Dates + times match COC. Not Col-COC that way.)

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

s, Discrepancies, & Resolutions: In all of the Coolers, there wasn't enough ice and what was there was melted.

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708849

Date 8/20/17
PAGE 4 OF 15
SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
Project Contact: Kady Young Company: Arcadis
Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
401-1-C01-081817	8/18/17	1033		S
C02		1035		S
C03		1038		S
C04		1040		S
C05		1042		S
C06		1045		S
C07		1048		S
C08		1051		S
C09		1054		S
↓ C10 ↓	↓	1057		S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: Watson
 Printed Name: Watson Metsutnam
 Firm: Arcadis
 Date/Time: 8/21/17 13:00

RECEIVED BY:
 Signature: Coody
 Printed Name: COODY GRAVES
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

KI 708849

Date 8/20/17
PAGE 5 OF 15
SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
Project Contact: Kady Young Company: Arcadis
Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
401-1-C09-081817-D	8/18/17	1054		S
				S
				S
				S
				S
				S
				S
				S
				S
				S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metzger
 Firm: Arcadis
 Date/Time: 8/21/17 13:00

RECEIVED BY:
 Signature: [Signature]
 Printed Name: CODY GRAVES
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708849

Date 8/20/17
PAGE 6 OF 15
SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
401-1-D01-081817	8/18/17	1111		S	1	X					
D02		1115		S	1	X					
D03		1117		S	1	X					
D04		1119		S	1	X					
D05		1122		S	1	X					
D06		1124		S	1	X					
D07		1127		S	1	X					
D08		1130		S	1	X					
D09		1133		S	1	X					
D10		1136		S	1	X					

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: Watson
 Printed Name: Watson Metsutan
 Firm: Arcadis
 Date/Time: 8/21/17 13:00

RECEIVED BY:
 Signature: Graves
 Printed Name: CODY GRAVES
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



Cooler Receipt and Preservation Form

PC JC

Client Teck America Service Request K1708849

Received: 8/22/17 Opened: 8/22/17 By: KM Unloaded: 8/22/17 By: KM

Samples were received via? USPS UPS Fed Ex DHL PDX Courier Hand Delivered
 Samples were received in: (circle) Cooler Box Envelope Other NA
 Were custody seals on coolers? Y N If yes, how many and where? 4 Front NA
 If present, were custody seals intact? Y N If present, were they signed and dated? Y N

Raw cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
5.2	5.4	13.1	13.3	10.2	325	NA	8745 6738	5575	
7.8	7.9	11.5	11.6	10.1	373		8745 6738	5586	
7.3	7.6	14.1	14.4	10.3	349		8745 6738	5564	
7.3	7.2	7.2	7.4	70.2	379		8105 9112	1896	
7.3	9.2	14.7	14.1	-0.1	328		8745 6738	5597	

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? NA Y N

Were samples received in good condition (temperature, unbroken)? Indicate in the table below.

If applicable, tissue samples were received: Frozen Partially Thawed Thawed

Were all sample labels complete (i.e analysis, preservation, etc.)? NA Y N

Did all sample labels and tags agree with custody papers? Indicate major discrepancies in the table on page 2.

Were appropriate bottles/containers and volumes received for the tests indicated? Y N

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Indicate in the table below

Were VOA vials received without headspace? Indicate in the table below.

Was C12/Res negative? NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:
401-2-602-081717	401-2-602-0817-0	"Go2-D" on Sample jar Lid
401-1-01-081817	401-1-C01-081817	(Paks + Times match COC. Way to that Col-ccy that way.)

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

Discrepancies, & Resolutions: In all of the Coolers, there wasn't enough ice and what was there was melted.

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1-108850

Date 8/20/17
PAGE 12 OF 15
SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
Project Contact: Kady Young Company: Arcadis
Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
401-1-H01-081817	8/18/17	1458		S
H02		1502		S
H03		1506		S
H04		1509		S
H05		1513		S
H06		1516		S
H07		1519		S
H08		1522		S
H09		1525		S
↓ H10 ↓	↓	1528		S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metzner
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: [Signature]
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708856

Date 8/20/17
 PAGE 13 OF 15
 SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
401-1-101-081817	8/18/17	1546		S
I02		1548		S
I03		1550		S
I04		1552		S
I05		1554		S
I06		1556		S
I07		1559		S
I08		1601		S
I09		1603		S
I10		1607		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: Watson
 Printed Name: Watson Metsutnam
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SWOFF
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708850

Date 8/20/17
 PAGE 14 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
<u>401-1-105-081817-D</u>	<u>8/18/17</u>	<u>1554</u>		S
				S
				S
				S
				S
				S
				S
				S
				S
				S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metzger
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Swor
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708850

Date 8/20/17
 PAGE 15 OF 15
 SR# _____

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001

Project Contact: Kady Young Company: Arcadis

Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961

Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
401-1-J01-081817	8/18/17	1629		S
J02		1632		S
J03		1635		S
J04		1638		S
J05		1641		S
J06		1643		S
J07		1646		S
J08		1649		S
J09		1651		S
J10		1654		S

URNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 I.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metzgerman
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SWOLF
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



PC 60

Cooler Receipt and Preservation Form

Client Tech America

Service Request K17

Received: 8/22/17 Opened: 8/22/17 By: KM

Unloaded: 8/22/17 By: KM

Samples were received via? USPS

Fed Ex UPS

Samples were received in: (circle)

Cooler Box

DHL PDX Courier

Envelope Other

Hand Delivered

Were custody seals on coolers?

NA Y N

If yes, how many and where? 2 Front

If present, were custody seals intact?

Y N

If present, were they signed and dated?

Y N

Raw cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
5.2	5.4	13.1	13.3	+0.2	325	NA	8745 6738 5575		
7.8	7.9	11.5	11.6	+0.1	373		8745 6738 5586		
7.3	7.6	14.1	14.4	+0.3	319		8745 6738 5564		
7.3	7.2	7.2	7.4	-0.2	376		8105 9112 1896		
7.3	7.2	14.7	14.1	-0.1	328		8745 6738 5597		

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)?

NA Y N

Were samples received in good condition (temperature, unbroken)?

NA Y N

If applicable, tissue samples were received:

NA Y N

Were all sample labels complete (i.e analysis, preservation, etc.)?

Frozen Partially Thawed Thawed

Did all sample labels and tags agree with custody papers? *Indicate major discrepancies in the table on page 2.*

NA Y N

Were appropriate bottles/containers and volumes received for the tests indicated?

NA Y N

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? *Indicate in the table below*

NA Y N

Were VOA vials received without headspace? *Indicate in the table below.*

NA Y N

Was C12/Res negative?

NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:
401-2-GO2-081717	401-2-GO2-0817-0	"GO2-D" on Sample jar Lid
401-1-C1-081817	401-1-CO1-081817	(Dates + times match COC. Not the Col-cool that way.)

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

s, Discrepancies, & Resolutions: In all of the Coolers, there wasn't enough ice and what was there was melted.

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708851

Date 8/20/17
 PAGE 7 OF 15
 SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
401 - 1 - E01 - 081817	8/18/17	1154		S	1	X					
E02		1157		S	1	X					
E03		1200		S	1	X					
E04		1203		S	1	X					
E05		1206		S	1	X					
E06		1208		S	1	X					
E07		1210		S	1	X					
E08		1213		S	1	X					
E09		1216		S	1	X					
E10		1219		S	1	X					

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metzger
 Firm: Arcadis
 Date/Time: 8/21/17 13:00

RECEIVED BY:
 Signature: [Signature]
 Printed Name: COOY GRAVES
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708551

Date 8/20/17
 PAGE 8 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
401-1-E02-081817-D	8/18/17	1157		S
				S
				S
				S
				S
				S
				S
				S
				S
				S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 ___ I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99204

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Matsutani
 Firm: Arcadis
 Date/Time: 8/21/17 13:00

RECEIVED BY:
 Signature: [Signature]
 Printed Name: COOY GARVES
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708551

Date 8/20/17
 PAGE 9 OF 15
 SR# _____

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
401-1-F01-081817	8/18/17	1306		S
F02		1308		S
F03		1311		S
F04		1314		S
F05		1317		S
F06		1320		S
F07		1323		S
F08		1346		S
F09		1349		S
F90		1352		S

URNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

Invoice Information
 I.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metsulman
 Firm: Arcadis
 Date/Time: 8/21/17 13:00

RECEIVED BY:
 Signature: [Signature]
 Printed Name: COOY GRAVES
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



6

PCJC

Cooler Receipt and Preservation Form

Client Teck America Service Request K17 08851
 received: 8/22/17 Opened: 8/22/17 By: KM Unloaded: 8/22/17 By: KM

Samples were received via? USPS FedEx UPS
 Samples were received in: (circle) Cooler Box Envelope PDX Courier Hand Delivered
 Were custody seals on coolers? NA Y N Other NA
 If present, were custody seals intact? Y Y N NA
 If yes, how many and where? 4 on front
 If present, were they signed and dated? Y N

Raw cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filled
2.2	5.4	13.1	13.3	+0.2	325	NA	8745 6738	Y	NA
7.8	7.9	14.5	14.6	+0.1	373		8745 6738	Y	NA
7.3	7.6	14.1	14.4	+0.3	349		8745 6738	Y	NA
7.3	7.2	7.2	7.4	+0.2	379		8105 9112	Y	NA
7.3	9.2	14.2	14.1	-0.1	328		8745 6738	Y	NA

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? Y N

Were samples received in good condition (temperature, unbroken)? Y N
 If applicable, tissue samples were received: Frozen Partially Thawed Thawed

Were all sample labels complete (i.e analysis, preservation, etc.)? Y N

Did all sample labels and tags agree with custody papers? Y N
 Were appropriate bottles/containers and volumes received for the tests indicated? Y N

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Y N
 Were VOA vials received without headspace? Y N
 Was C12/Res negative? Y N

Sample ID on Bottle	Sample ID on COC	Identified by:
401-2-602-081717	401-2-602-0817-0	"Goa-D" on Sample jar Lid
401-1-C1-081817	401-1-C01-081817	Pokes + times match COC. Not Col-coa that way.

Sample ID	Bottle Count	Out of Head-space	Reagent	Volume added	Reagent Lot Number	Initials	Time

s, Discrepancies, & Resolutions: In all of the Coolers, there wasn't enough ice and what was there was melted.

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708852

Date 8/20/17
 PAGE 15 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kadv Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
401-1-J01-081817	8/18/17	1629		S	1	X					
J02		1632		S	1	X					
J03		1635		S	1	X					
J04		1638		S	1	X					
J05		1641		S	1	X					
J06		1643		S	1	X					
J07		1646		S	1	X					
J08		1649		S	1	X					
J09		1651		S	1	X					
J10		1654		S	1	X					

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 ___ I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metzgerman
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SWOLF
 Firm: ALS
 Date/Time: 8/22/17 0950

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



Cooler Receipt and Preservation Form

Client Teck America PC 6

Received: 8/22/17 Opened: 8/22/17 By: KM Service Request KI7 Unloaded: 8/22/17 By: KM

Samples were received via? USPS
Samples were received in: (circle) FedEx UPS
Were custody seals on coolers? NA Y N
If present, were custody seals intact? Y N

Envelope NA DHE NA PDX NA Courier NA Hand Delivered NA
Other Front
If yes, how many and where? 2 Front
If present, were they signed and dated? Y N

Raw cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
5.2	5.4	13.1	13.3	+0.2	325	NA	8745 0738	5575	
7.8	7.9	11.5	11.6	+0.1	373		8745 0738	5586	
7.3	7.6	14.1	14.4	+0.3	310		8745 0738	5564	
7.7	7.2	7.2	7.4	-0.2	370		8105 9112	1896	
7.3	7.9	14.7	14.1	-0.1	320		8745 0738	5597	

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? Y N

Were samples received in good condition (temperature, unbroken)? Y N
If applicable, tissue samples were received: NA Y N

Were all sample labels complete (i.e analysis, preservation, etc.)? Y N
Did all sample labels and tags agree with custody papers? Y N
Were appropriate bottles/containers and volumes received for the tests indicated? Y N
Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Y N
Were VOA vials received without headspace? Y N
Was C12/Res negative? Y N

Sample ID on Bottle	Sample ID on COC	Identified by:
401-2-G02-081717	401-2-G02-0817-0	"G02-D" on Sample jar Lid
401-1-C1-081817	401-1-C01-081817	(Bates + times match COC. Way that Col-coq that way.)

Sample ID	Bottle Count	Out of Temp	Head-space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

s, Discrepancies, & Resolutions: In all of the Coolers, there wasn't enough ice and what was there was melted

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/20/17
 PAGE 1 OF 15
 SR# 4708945

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001

Project Contact: Kady Young Company: Arcadis

Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961

Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-2-A01-081917	8/19/17	1145		S
A02		1147		S
A03		1149		S
A04		1151		S
A05		1155		S
A06		1157		S
A07		1159		S
A08		1202		S
A09		1203		S
A10		1205		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 ___ I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: Watson
 Printed Name: Watson Metzger
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: StLouis
 Printed Name: STLOUIS
 Firm: ALS-KELSO
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/20/17
 PAGE 2 OF 15
 SR# K1708945

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00001</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510</u> or <u>810-588-1488</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: _____	Number of Containers	Analysis Requested				
--	----------------------	--------------------	--	--	--	--

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	lead/arsenic 3050B/6010					REMARKS
<u>258-2-B01-081917</u>	<u>8/19/17</u>	<u>1208</u>		<u>S</u>	<u>1</u>	<u>X</u>					
<u>B02</u>		<u>1210</u>		<u>S</u>	<u>1</u>	<u>X</u>					
<u>B03</u>		<u>1212</u>		<u>S</u>	<u>1</u>	<u>X</u>					
<u>B04</u>		<u>1213</u>		<u>S</u>	<u>1</u>	<u>X</u>					
<u>B05</u>		<u>1215</u>		<u>S</u>	<u>1</u>	<u>X</u>					
<u>B06</u>		<u>1217</u>		<u>S</u>	<u>1</u>	<u>X</u>					
<u>B07</u>		<u>1218</u>		<u>S</u>	<u>1</u>	<u>X</u>					
<u>B08</u>		<u>1220</u>		<u>S</u>	<u>1</u>	<u>X</u>					
<u>B09</u>		<u>1221</u>		<u>S</u>	<u>1</u>	<u>X</u>					
<u>B10</u>		<u>1223</u>		<u>S</u>	<u>1</u>	<u>X</u>					

FURNAROUND REQUIREMENTS ___ 24 hr ___ 48 hr ___ 5 day <input checked="" type="checkbox"/> Standard (10 days) ___ Provide FAX Preliminary Results Requested Report Date: _____	REPORT REQUIREMENTS I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required ___ III. Data Validation Report (includes raw data) ___ IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD	Comments/Special Instructions: Hold Remainder
Invoice Information P.O. # <u>UCR-ALS-D34-17</u> Bill to: <u>Cristy Kessel - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99204		

RELINQUISHED BY: Signature: <u>[Signature]</u> Printed Name: <u>Watson Metzner</u> Firm: <u>Arcadis</u> Date/Time: <u>8/21/17 1300</u>	RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>Sidawis</u> Firm: <u>ALS Kelso</u> Date/Time: <u>8/24/17 1030</u>	RELINQUISHED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____	RECEIVED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____
---	--	---	---



Jeff
PCCORRADO

Cooler Receipt and Preservation Form

Client TELL AMERICA

Service Request K1708845

Received: AUG. 24, 17 Opened: 8/24 By: SA Unloaded: 8/24 By: 87

- Samples were received via? Fed Ex UPS DHL PDX Courier Hand Delivered
- Samples were received in: (circle) Cooler Box Envelope Other NA
- Were custody seals on coolers? NA Y N
- If present, were custody seals intact? Y N
- If present, were they signed and dated? Y N

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
20.7	20.7	19.7	19.7	0.0	374	NA	187472109213		

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

- Were custody papers properly filled out (ink, signed, etc.)? NA Y N
- Were samples received in good condition (temperature, unbroken)? *Indicate in the table below.* NA Y N
- Were all sample labels complete (i.e. analysis, preservation, etc.)? NA Y N
- Did all sample labels and tags agree with custody papers? *Indicate major discrepancies in the table on page 2.* NA Y N
- Were appropriate bottles/containers and volumes received for the tests indicated? NA Y N
- Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? *Indicate in the table below* NA Y N
- Were VOA vials received without headspace? *Indicate in the table below.* NA Y N
- Was C12/Res negative? NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time
ALL		✓							

es, Discrepancies, & Resolutions: All samples were out of temp.

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/20/17
 PAGE 3 OF 15
 SR# 1708731

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-2-C01-081917	8/19/17	1305		S
C02		1307		S
C03		1309		S
C04		1311		S
C05		1313		S
C06		1315		S
C07		1317		S
C08		1318		S
C09		1319		S
C10		1321		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metzger
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: S DAVIS
 Firm: ALS-KELSO
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/20/17
 PAGE 4 OF 15
 SR# 1708901

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
<u>258-2-C06-081917-D</u>	<u>8/19/17</u>	<u>1315</u>		S
				S
				S
				S
				S
				S
				S
				S
				S
				S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metcalfe
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: S DAVIS
 Firm: ALS-KELSO
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/20/17
 PAGE 5 OF 15
 SR# 1708951

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258 - 2 - D01 - 021917	8/19/17	1324		S
3 D02		1326		S
4 D03		1329		S
5 D04		1330		S
6 D05		1333		S
7 D06		1337		S
8 D07		1338		S
9 D08		1340		S
10 D09		1342		S
11 D10		1345		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Watson Metcalf
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SDavis
 Firm: ALS-KELSO
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



JEFF
PCCORADO

Cooler Receipt and Preservation Form

Client TELU AMERICA

Service Request K17D9445 1708551

Received: AUG. 24.17 Opened: 8/24 By: SA Unloaded: 8/24 By: SD

Samples were received via? USPS Fed Ex UPS DHL PDX Courier Hand Delivered

Samples were received in: (circle) Cooler Box Envelope Other NA

Were custody seals on coolers? NA Y N If yes, how many and where? 1-FRONT

If present, were custody seals intact? Y N If present, were they signed and dated? Y N

Raw Cooler Temp	Connected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Coif. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filled
20.7	20.7	19.7	19.7	0.0	374	NA	787472109213		

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? Y Y Y Y Y Y Y Y Y Y

Were samples received in good condition (temperature, unbroken)? Y Y Y Y Y Y Y Y Y Y

If applicable, tissue samples were received: Y Y Y Y Y Y Y Y Y Y

Were all sample labels complete (i.e analysis, preservation, etc.)? Y Y Y Y Y Y Y Y Y Y

Did all sample labels and tags agree with custody papers? Y Y Y Y Y Y Y Y Y Y

Were appropriate bottles/containers and volumes received for the tests indicated? Y Y Y Y Y Y Y Y Y Y

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Y Y Y Y Y Y Y Y Y Y

Were VOA vials received without headspace? Y Y Y Y Y Y Y Y Y Y

Was C12/Res negative? Y Y Y Y Y Y Y Y Y Y

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count Bottle Type	Out of Temp space	Head-space Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time
<u>ALL</u>		<u>✓</u>							

Discrepancies, & Resolutions: ALL Samples were out of Temp.

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/20/17
 PAGE 5 OF 15
 SR# 1708550

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-2 D01-081917	8/19/17	1324		S
D02		1326		S
D03		1329		S
D04		1330		S
D05		1333		S
D06		1337		S
D07		1338		S
D08		1340		S
D09		1342		S
D10		1345		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: Watson
 Printed Name: Watson Metutnan
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: S Davis
 Printed Name: S Davis
 Firm: ALS-Kelso
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/20/17
 PAGE 6 OF 15
 SR# 1708567

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001

Project Contact: Kady Young Company: Arcadis

Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	lead/arsenic 3050B/6010	Analysis Requested				REMARKS
258-2-D01-081917-D	8/19/17	1324		S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day

Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date: _____

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

Comments/Special Instructions:

Hold Remainder

Invoice Information

P.O. # UCR-ALS-D34-17

Bill to: Cristy Kessel - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:

Signature: [Signature]

Printed Name: Watson Metzger

Firm: Arcadis

Date/Time: 8/21/17 1300

RECEIVED BY:

Signature: [Signature]

Printed Name: Stew

Firm: ALS-KELSO

Date/Time: 8/24/17 1030

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/20/17
 PAGE 7 OF 15
 SR# 108757

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead	arsenic	3050B	6010		
208-2-E01-081917	8/19/17	1408		S	1	X					
E02		1409		S	1	X					
E03		1411		S	1	X					
E04		1413		S	1	X					
E05		1414		S	1	X					
E06		1416		S	1	X					
E07		1417		S	1	X					
E08		1419		S	1	X					
E09		1420		S	1	X					
E10		1422		S	1	X					

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:
 Signature: Watson
 Printed Name: Watson Metsutman
 Firm: Arcadis
 Date/Time: 8/21/17 1300

RECEIVED BY:
 Signature: S Davis
 Printed Name: S Davis
 Firm: ALS-Kelso
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



Jeff
PCCoveredo

Cooler Receipt and Preservation Form

40

Client TELU AMERICANA Service Request K1708945 K1708957
Received: AUG 24 17 Opened: 8/24 By: CA Unloaded: 8/24 By: CA

Samples were received via? USPS Fed Ex UPS DHL PDX Courier Hand Delivered
Samples were received in: (circle) Cooler Box Envelope Other NA
Were custody seals on coolers? NA Y N If yes, how many and where? 1-FRONT
If present, were custody seals intact? Y N If present, were they signed and dated? Y N

Raw cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
19.7	20.7	19.7	19.7	0.0	374	<u>NA</u>	787472109213		

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? NA Y N

Were samples received in good condition (temperature, unbroken)? *Indicate in the table below.* NA Y N

If applicable, tissue samples were received: Frozen Partially Thawed Thawed

Were all sample labels complete (i.e analysis, preservation, etc.)? NA Y N

Did all sample labels and tags agree with custody papers? *Indicate major discrepancies in the table on page 2.* NA Y N

Were appropriate bottles/containers and volumes received for the tests indicated? NA Y N

Were the pH-preserved bottles (*see SMO GEN SOP*) received at the appropriate pH? *Indicate in the table below* NA Y N

Were VOA vials received without headspace? *Indicate in the table below.* NA Y N

Was C12/Res negative? NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Bottle Type	Out of Temp	Head-space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time
<u>ALL</u>			<u>✓</u>								

Discrepancies, & Resolutions: ALL samples were out of temp.

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/23/17
 PAGE 5 OF 15
 SR# 17085100

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001

Project Contact: Kady Young Company: Arcadis

Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961

Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-3-D01-082217	8/22/17	0922		S
D02		0924		S
D03		0926		S
D04		0928		S
D05		0927		S
D06		0931		S
D07		0932		S
D08		0935		S
D09		0938		S
D10		0935		S

TURNAROUND REQUIREMENTS
 24 hr _____ 48 hr _____ 5 day _____
 Standard (10 days)
 Provide FAX Preliminary Results _____
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathen
 Firm: ANA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Stawis
 Firm: ALS Kelso
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/23/17
 PAGE 6 OF 15
 SR# 17089100

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001

Project Contact: Kady Young **Company:** Arcadis

Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
<u>258-3-DO9-082217-D</u>	<u>8/22/17</u>	<u>0938</u>		S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day

Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date: _____

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

Comments/Special Instructions:

Hold Remainder

Invoice Information

P.O. # UCR-ALS-D34-17

Bill to: Cristy Kessel - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

RELINQUISHED BY:

Signature: [Signature]

Printed Name: Be Luther

Firm: ANA

Date/Time: 8/23/17 1300

RECEIVED BY:

Signature: [Signature]

Printed Name: Stewis

Firm: ALS Kelso

Date/Time: 8/24/17 1030

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/23/17
 PAGE 7 OF 15
 SR# 1708510

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001

Project Contact: Kady Young Company: Arcadis

Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
258-3-E01-082217	8/22/17	0939		S	1	X					
E02		0941		S	1	X					
E03		0943		S	1	X					
E04		0945		S	1	X					
E05		0946		S	1	X					
E06		0948		S	1	X					
E07		0950		S	1	X					
E08		0951		S	1	X					
E09		0952		S	1	X					
E10		0954		S	1	X					

URNAROUND REQUIREMENTS

24 hr 48 hr 5 day
 Standard (10 days)

Provide FAX Preliminary Results
 requested Report Date: _____

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

Comments/Special Instructions:

Hold Remainder

Invoice Information

CO. # UCR-ALS-D34-17

Billed to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:

Signature: [Signature]

Printed Name: Joe Lathan

Firm: ANA

Date/Time: 8/23/17 1500

RECEIVED BY:

Signature: [Signature]

Printed Name: ADWIS

Firm: ALS Kelso

Date/Time: 8/24/17 1030

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____



PCORDMAD

Cooler Receipt and Preservation Form

Client Tell America

Service Request K1705500

Received: Aug 24.17 Opened: 8124 By: SA Unloaded: 8124 By: 8D

- Samples were received via? USPS Fed Ex UPS DHL PDX Courier Hand Delivered
- Samples were received in: (circle) Cooler Box Envelope Other NA
- Were custody seals on coolers? NA Y N If yes, how many and where? Z-Front
- If present, were custody seals intact? Y N If present, were they signed and dated? Y N

Raw Cooler Temp	Corrected Cooler Temp	Corrected Temp Blank	Raw Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
1.1	1.1	1.4	1.4	0.0	300	NA	874567385403		

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

- Were custody papers properly filled out (ink, signed, etc.)? NA Y N
- Were samples received in good condition (temperature, unbroken)? *Indicate in the table below.* NA Y N
- Were all sample labels complete (i.e analysis, preservation, etc.)? *If applicable, tissue samples were received: Frozen Partially Thawed Thawed* NA Y N
- Did all sample labels and tags agree with custody papers? *Indicate major discrepancies in the table on page 2.* NA Y N
- Were appropriate bottles/containers and volumes received for the tests indicated? NA Y N
- Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? *Indicate in the table below* NA Y N
- Were VOA vials received without headspace? *Indicate in the table below.* NA Y N
- Was C12/Res negative? NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

es, Discrepancies, & Resolutions:

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/23/17
 PAGE 7 OF 15
 SR# 1708961

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001

Project Contact: Kady Young Company: Arcadis

Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961

Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-3-E01-082217	8/22/17	0939		S
E02		0941		S
E03		0943		S
E04		0945		S
E05		0946		S
E06		0948		S
E07		0950		S
E08		0951		S
E09		0952		S
E10		0954		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: ANA
 Date/Time: 8/23/17 1500

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Stewis
 Firm: ALS Kelso
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/23/17
 PAGE 8 OF 15
 SR# 17085601

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Analysis Requested

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
258-3-F01-082217	8/22/17	1001		S	1	X					
F02		1004		S	1	X					
F03		1006		S	1	X					
F04		1008		S	1	X					
F05		1009		S	1	X					
F06		1011		S	1	X					
F07		1013		S	1	X					
F08		1017		S	1	X					
F09		1018		S	1	X					
F10		1022		S	1	X					

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99205

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: ANA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Sixaris
 Firm: ALS-KELSO
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/23/17
 PAGE 9 OF 15
 SR# 1708561

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001

Project Contact: Kady Young **Company:** Arcadis

Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested				REMARKS
						lead/arsenic 3050B/6010				
<u>258-3-F01-082217-D</u>	<u>8/22/17</u>	<u>1001</u>		S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day

Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date: _____

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

Comments/Special Instructions:

Hold Remainder

Invoice Information

P.O. # UCR-ALS-D34-17

Bill to: Cristy Kessel - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:

Signature: [Signature]

Printed Name: Joe Lathan

Firm: ANA

Date/Time: 8/23/17 1300

RECEIVED BY:

Signature: [Signature]

Printed Name: STAVIS

Firm: ALS-KELSO

Date/Time: 8/24/17 1030

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____



PC00000000

Cooler Receipt and Preservation Form

Client TOLL ANGLON

Service Request K17069161

Received: AUG 24.17 Opened: 8124 By: SD

Unloaded: 8124 By: SD

Samples were received via? USPS

FedEx

UPS

DHL

PDX

Courier

Hand Delivered

Samples were received in: (circle) Cooler

Box

Envelope

Other

Were custody seals on coolers? NA

Y

N

If yes, how many and where? Z-FIDAT

NA

If present, were custody seals intact? Y

X

N

If present, were they signed and dated? Y

N

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp/Blank	Corrected Temp/Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
1.1	1.1	1.4	1.4	0.0	300	NA	8745207385403	NA	

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? Y NA

Y

Were samples received in good condition (temperature, unbroken)? *Indicate in the table below.*

Y

Were all sample labels complete (i.e analysis, preservation, etc.)? *Frozen Partially Thawed Thawed*

Y

Did all sample labels and tags agree with custody papers? *Indicate major discrepancies in the table on page 2.*

Y

Were appropriate bottles/containers and volumes received for the tests indicated?

Y

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? *Indicate in the table below*

Y

Were VOA vials received without headspace? *Indicate in the table below*

Y

Was C12/Res negative? Y

Y

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count Bottle Type	Out of Head- Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

Discrepancies, & Resolutions:

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/23/17
 PAGE 5 OF 15
 SR# 17085604

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
<u>258-1-D01-082117</u>	<u>8/21/17</u>	<u>1248</u>		<u>S</u>
<u>D02</u>		<u>1250</u>		<u>S</u>
<u>D03</u>		<u>1252</u>		<u>S</u>
<u>D04</u>		<u>1254</u>		<u>S</u>
<u>D05</u>		<u>1256</u>		<u>S</u>
<u>D06</u>		<u>1258</u>		<u>S</u>
<u>D07</u>		<u>1300</u>		<u>S</u>
<u>D08</u>		<u>1302</u>		<u>S</u>
<u>D09</u>		<u>1304</u>		<u>S</u>
<u>D10</u>		<u>1306</u>		<u>S</u>

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: Arcadis
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SIXWIS
 Firm: ALS KELSO
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/23/17
 PAGE 6 OF 15
 SR# 17085604

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
<u>258-1-D05-082117</u>	<u>8/21/17</u>	<u>1256</u>		S
				S
				S
				S
				S
				S
				S
				S
				S
				S
				S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: Arcadis
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SHAVIS
 Firm: ALS-KELSO
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/23/17
 PAGE 7 OF 15
 SR# 1708914

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-1-E01-082117	8/21/17			S
E02				S
E03				S
E04				S
E05				S
E06				S
E07				S
E08				S
E09				S
E10				S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: Arcadis
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SIXEIS
 Firm: ALS-KELSO
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



PCCLAWK10

Cooler Receipt and Preservation Form

Client Tell America

Service Request K17085104

Received: Aug. 24, 17 Opened: 8/24

By: SD

Unloaded: 8/24

By: SD

Samples were received via? USPS

Fed Ex

UPS

DHL

PDX

Courier

Hand Delivered

Samples were received in: (circle) Cooler

Box

Envelope

Other

NA

Were custody seals on coolers? NA

Y

N

If yes, how many and where? 2 FRONT

If present, were custody seals intact? Y

N

If present, were they signed and dated? Y

N

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
0.2	0.3	2.0	2.1	10.1	302	(NA)	21059105532	NA	NA

Packing material: Inserts Baggies Bubble Wrap Gel Packs Met Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? Y

NA

Were samples received in good condition (temperature, unbroken)? *Indicate in the table below.*

Y

N

If applicable, tissue samples were received: Frozen Partially Thawed Thawed

NA

N

Were all sample labels complete (i.e analysis, preservation, etc.)? Y

NA

N

Did all sample labels and tags agree with custody papers? *Indicate major discrepancies in the table on page 2.*

NA

N

Were appropriate bottles/containers and volumes received for the tests indicated? Y

NA

N

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? *Indicate in the table below*

NA

N

Were VOA vials received without headspace? *Indicate in the table below.*

NA

N

Was C12/Res negative? Y

NA

N

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

es, Discrepancies, & Resolutions:

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/23/17
 PAGE 8 OF 15
 SR# 1708567

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
<u>258-1-E10-082117-D</u>	<u>8/21/17</u>	<u>1359</u>		S
				S
				S
				S
				S
				S
				S
				S
				S
				S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: Joe Lathan
 Printed Name: Joe Lathan
 Firm: Arcadis
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: SDavis
 Printed Name: SDAVIS
 Firm: ALS-KELSO
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/23/17
 PAGE 7 OF 15
 SR# 1708967

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001

Project Contact: Kady Young **Company:** Arcadis

Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested				REMARKS
						lead/arsenic 3050B/6010				
258-1-E01-082117	8/21/17			S	1	X				
E02				S	1	X				
E03				S	1	X				
E04				S	1	X				
E05				S	1	X				
E06				S	1	X				
E07				S	1	X				
E08				S	1	X				
E09				S	1	X				
E10				S	1	X				

URNAROUND REQUIREMENTS

24 hr 48 hr 5 day

Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date: _____

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

Comments/Special Instructions:

Hold Remainder

Invoice Information

CO. # UCR-ALS-D34-17

Bill to: Cristy Kessel - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:

Signature: [Signature]

Printed Name: Joe Lathan

Firm: Arcadis

Date/Time: 8/23/17 1300

RECEIVED BY:

Signature: [Signature]

Printed Name: SIXEAS

Firm: ALS-KELSO

Date/Time: 8/24/17 1030

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/23/17
 PAGE 9 OF 15
 SR# 17085167

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001

Project Contact: Kady Young **Company:** Arcadis

Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead	arsenic	3050B	6010		
258-1-F01-082117	8/21/17	1340		S	1	X					
F02		1324		S	1	X					
F03		1326		S	1	X					
F04		1328		S	1	X					
F05		1330		S	1	X					
F06		1406		S	1	X					
F07		1409		S	1	X					
F08		1411		S	1	X					
F09		1412		S	1	X					
F10		1413		S	1	X					

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day

Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date: _____

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

Comments/Special Instructions:

Hold Remainder

Invoice Information

P.O. # UCR-ALS-D34-17

Bill to: Cristy Kessel - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:

Signature: [Signature]

Printed Name: Joe Lathan

Firm: Arcadis

Date/Time: 8/23/17 1300

RECEIVED BY:

Signature: [Signature]

Printed Name: Stewis

Firm: ALS-Kelso

Date/Time: 8/24/17 1030

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____



PCCLANNED

Cooler Receipt and Preservation Form

Client Tell America

Service Request K1708567

Received: Aug. 24, 17 Opened: 8:24 By: SD Unloaded: 8:24 By: SD

Samples were received via? USPS Fed Ex UPS DHL PDX Courier Hand Delivered

Samples were received in: (circle) Cooler Box Envelope Other NA

Were custody seals on coolers? NA Y N If yes, how many and where? 2 FRONT

If present, were custody seals intact? Y N If present, were they signed and dated? Y N

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
0.2	0.3	2.0	2.1	10.1	302	(NA)	210591105532		

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? NA Y N

Were samples received in good condition (temperature, unbroken)? *Indicate in the table below.* NA Y N

Were all sample labels complete (i.e analysis, preservation, etc.)? *Indicate in the table below.* NA Y N

Did all sample labels and tags agree with custody papers? *Indicate major discrepancies in the table on page 2.* NA Y N

Were appropriate bottles/containers and volumes received for the tests indicated? NA Y N

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? *Indicate in the table below* NA Y N

Were VOA vials received without headspace? *Indicate in the table below.* NA Y N

Was C12/Res negative? NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

Discrepancies, & Resolutions:

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/23/17
 PAGE 1 OF 15
 SR# 1708571

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001

Project Contact: Kady Young **Company:** Arcadis

Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested				REMARKS
						lead/arsenic 3050B/6010				
441-1-A01-082217	8/22/17	1515		S	1	X				
A02		1518		S	1	X				
A03		1520		S	1	X				
A04		1523		S	1	X				
A05		1526		S	1	X				
A06		1529		S	1	X				
A07		1532		S	1	X				
A08		1537		S	1	X				
A09		1541		S	1	X				
A10		1543		S	1	X				

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day

Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date: _____

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

Comments/Special Instructions:

Hold Remainder

Invoice Information

P.O. # UCR-ALS-D34-17

Bill to: Cristy Kessel - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:

Signature: [Signature]

Printed Name: Joe Lathan

Firm: ANA

Date/Time: 8/23/17 1700

RECEIVED BY:

Signature: [Signature]

Printed Name: SPAWLS

Firm: ALS-KELSO

Date/Time: 8/24/17 1030

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/23/17
 PAGE 2 OF 15
 SR# 170897

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
441-1-A08-082217-D	8/22/17	1537		S
				S
				S
				S
				S
				S
				S
				S
				S
				S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

IV. CLP Deliverable Report
 V. EDD

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joel Luther
 Firm: ANA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SDCWIS
 Firm: ALS-KELSO
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/23/17
 PAGE 3 OF 15
 SR# 170871

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
441-1-801-082217	8/22/17	1546		S	1	X					
B02		1548		S	1	X					
B03		1551		S	1	X					
B04		1553		S	1	X					
B05		1556		S	1	X					
B06		1558		S	1	X					
B07		1600		S	1	X					
B08		1602		S	1	X					
B09		1604		S	1	X					
B10		1606		S	1	X					

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: ANA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: STEWIS
 Firm: ALS-KELSO
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



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PC00000010

Cooler Receipt and Preservation Form

Client Tell America Service Request K17085171
 Received: Aug 24.17 Opened: 8/24 By: SA Unloaded: 8/24 By: SD

- Samples were received via? USPS Fed Ex UPS DHL PDX Courier Hand Delivered
- Samples were received in: (circle) Cooler Box Envelope Other NA
- Were custody seals on coolers? NA Y N
- If present, were custody seals intact? NA Y N
- If present, were they signed and dated? Y N

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
0.5	0.7	1.0	1.8	0.2	298	NA	801591105332		

Packing material: Inserts Baggies Bubble Wrap Gel Packs Dry Ice Sleeves

- Were custody papers properly filled out (ink, signed, etc.)? NA Y N
- Were samples received in good condition (temperature, unbroken)? Indicate in the table below. NA Y N
- If applicable, tissue samples were received: Frozen Partially Thawed Thawed NA Y N
- Were all sample labels complete (i.e analysis, preservation, etc.)? NA Y N
- Did all sample labels and tags agree with custody papers? Indicate major discrepancies in the table on page 2. NA Y N
- Were appropriate bottles/containers and volumes received for the tests indicated? NA Y N
- Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Indicate in the table below NA Y N
- Were VOA vials received without headspace? Indicate in the table below. NA Y N
- Was C12/Res negative? NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

es, Discrepancies, & Resolutions:

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K17089773

Date 8/23/17
PAGE 1 OF 15
SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
Project Contact: Kady Young Company: Arcadis
Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-3-A01-082117	8/21/17	1658		S
A02		1701		S
A03		1703		S
A04		1705		S
A05		1706		S
A06		1708		S
A07		1710		S
A08		1712		S
A09		1714		S
A10		1715		S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: ANA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Les Kennedy
 Firm: ALS
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708973

Date 8/23/17
PAGE 2 OF 15
SR#

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00001</u>					Number of Containers	Analysis Requested									
Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u>						lead/arsenic 3050B/6010									
Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510 or 810-588-1488</u>															
City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u>															
Sampler's Signature: _____															
Sample I.D.	Date	Time	LAB ID	Matrix							REMARKS				
258-3-B01-082117	8/21/17	1720		S	1	X									
B02		1721		S	1	X									
B03		1723		S	1	X									
B04		1724		S	1	X									
B05		1726		S	1	X									
B06		1727		S	1	X									
B07		1728		S	1	X									
B08		1730		S	1	X									
B09		1731		S	1	X									
B10		1733		S	1	X									
TURNAROUND REQUIREMENTS ___ 24 hr ___ 48 hr ___ 5 day <input checked="" type="checkbox"/> Standard (10 days) ___ Provide FAX Preliminary Results Requested Report Date: _____				REPORT REQUIREMENTS I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required ___ III. Data Validation Report (includes raw data) ___ IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD				Comments/Special Instructions: Hold Remainder							
Invoice Information P.O. # <u>UCR-ALS-D34-17</u> Bill to: <u>Cristy Kessel - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208				RELINQUISHED BY: Signature: <u>[Signature]</u> Printed Name: <u>Joe Lathan</u> Firm: <u>ANA</u> Date/Time: <u>8/23/17 1300</u>				RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>Les Kennedy</u> Firm: <u>ALS</u> Date/Time: <u>8/24/17 1020</u>				RELINQUISHED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____			
RECEIVED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____				RECEIVED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____											



PC J.6

Cooler Receipt and Preservation Form

Client Arcadis/Teet Service Request K17 08993
Received: 8/24/17 Opened: 8/24/17 By: ML Unloaded: 8/24/17 By: ML

- 1. Samples were received via? **USPS** Fed Ex **UPS** Hand Delivered
 - 2. Samples were received in: (circle) Cooler **Box** **Envelope** **Other** NA
 - 3. Were custody seals on coolers? NA **Y** **N** If yes, how many and where? 1 front
- If present, were custody seals intact? Y **N** If present, were they signed and dated? Y **N**

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
-0.3	-0.2	0.5	0.7	360	NA	8105 9110 5532		
-0.1	0.0	3.1	3.2	373		8745 6738 5531		

4. Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves
- 5. Were custody papers properly filled out (ink, signed, etc.)? NA **Y** **N**
 - 6. Were samples received in good condition (temperature, unbroken)? Indicate in the table below. NA **Y** **N**
 - 7. Were all sample labels complete (i.e analysis, preservation, etc.)? Indicate in the table below. NA **Y** **N**
 - 8. Did all sample labels and tags agree with custody papers? Indicate major discrepancies in the table on page 2. NA **Y** **N**
 - 9. Were appropriate bottles/containers and volumes received for the tests indicated? Indicate in the table below. NA **Y** **N**
 - 10. Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Indicate in the table below. NA **Y** **N**
 - 11. Were VOA vials received without headspace? Indicate in the table below. NA **Y** **N**
 - 12. Was C12/Res negative? Indicate in the table below. NA **Y** **N**

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Out of Temp	Head-space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

Notes, Discrepancies, & Resolutions:

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1-108974

Date 8/23/17
 PAGE 10 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
258-3-G01	8/22/17	1022	-082217	S	1	X					
G02		1024		S	1	X					
G03		1027		S	1	X					
G04		1029		S	1	X					
G05		1031		S	1	X					
G06		1033		S	1	X					
G07		1035		S	1	X					
G08		1036		S	1	X					
G09		1039		S	1	X					
G10		1041		S	1	X					

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: ANA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Les Kennedy
 Firm: ALS
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708974

Date 8/23/17
 PAGE 11 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
258-3-H01-082217	8/22/17	1044		S	1	X					
H02		1047		S	1	X					
H03		1049		S	1	X					
H04		1051		S	1	X					
H05		1052		S	1	X					
H06		1054		S	1	X					
H07		1056		S	1	X					
H08		1058		S	1	X					
H09		1100		S	1	X					
H10		1101		S	1	X					

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99204

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: ANA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Les Kennedy
 Firm: ALS
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



Cooler Receipt and Preservation Form

Client Arcadis/Teet

PC 860

Received: 8/24/17 Opened: 8/24/17 By: UM Service Request K17 Unloaded: 8/24/17 By: UM

- 1. Samples were received via? USPS Fed Ex UPS DHL PDX Courier Hand Delivered
- 2. Samples were received in: (circle) Cooler Box Envelope Other NA
- 3. Were custody seals on coolers? NA Y N NA

If present, were custody seals intact? Y N
 If present, were they signed and dated? Y N

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filled
-0.3	-0.2	0.5	0.7	+0.2	360	NA	8105 9110 5532		
-0.1	0.0	2.1	2.2	+0.1	373		8745 6738 5531		

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

- Were custody papers properly filled out (ink, signed, etc.)? NA Y N
- Were samples received in good condition (temperature, unbroken)? Indicate in the table below. NA Y N
- If applicable, tissue samples were received: Frozen Partially Thawed Thawed NA Y N
- Were all sample labels complete (i.e analysis, preservation, etc.)? NA Y N
- Did all sample labels and tags agree with custody papers? Indicate major discrepancies in the table on page 2. NA Y N
- Were appropriate bottles/containers and volumes received for the tests indicated? NA Y N
- Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Indicate in the table below NA Y N
- Were VOA vials received without headspace? Indicate in the table below. NA Y N
- Was C12/Res negative? NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Bottle Type	Out of Temp	Head-space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

Notes, Discrepancies, & Resolutions:

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708945

Date 8/23/17
 PAGE 13 OF 15
 SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-3-I01-082217	8/22/17	1120		S
I02		1122		S
I03		1124		S
I04		1126		S
I05		1128		S
I06		1129		S
I07		1131		S
I08		1133		S
I09		1135		S
I10		1137		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Latham
 Firm: ANA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Les Kennedy
 Firm: ALS
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

X1708976

Date 8/23/17
 PAGE 14 OF 15
 SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-3-101-082217	8/22/17	1141		S
302		1144		S
303		1146		S
304		1149		S
305		1150		S
306		1153		S
307		1156		S
308		1158		S
309		1200		S
310		1202		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: ANA
 Date/Time: 8/23/17 1706

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Les Kennedy
 Firm: ALS
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



Cooler Receipt and Preservation Form

PC 10

Client Arcadis/Teek

Service Request K17

Received: 8/24/17 Opened: 8/24/17 By: UA Unloaded: 8/24/17 By: UA

- 1. Samples were received via? USPS Fed Ex UPS DHL PDX Courier Hand Delivered
- 2. Samples were received in: (circle) Cooler Box Envelope Other NA
- 3. Were custody seals on coolers? Y N

If present, were custody seals intact? Y N

If yes, how many and where? 1 front

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filled
-0.3	-0.2	0.5	0.7	+0.2	360	NA	8105 9110 5532	NA	
-0.1	0.0	2.1	2.2	+0.1	373		8745 6738 5531		

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

- Were custody papers properly filled out (ink, signed, etc.)? NA Y N
- Were samples received in good condition (temperature, unbroken)? NA Y N
- If applicable, tissue samples were received: Frozen Partially Thawed Thawed
- Were all sample labels complete (i.e analysis, preservation, etc.)? NA Y N
- Did all sample labels and tags agree with custody papers? NA Y N
- Were appropriate bottles/containers and volumes received for the tests indicated? NA Y N
- Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? NA Y N
- Were VOA vials received without headspace? NA Y N
- Was C12/Res negative? NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Bottle Type	Out of Head-space	Temp	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

Yes, Discrepancies, & Resolutions:

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708970

Date 8/23/17
PAGE 4 OF 15
SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-3-C01-082217	8/22/17	0856		S
C02		0858		S
C03		0900		S
C04		0901		S
C05		0903		S
C06		0906		S
C07		0908		S
C08		0910		S
C09		0912		S
C10		0913		S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: ANA
 Date/Time: 8/23/17

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Les Kennedy
 Firm: ALS
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708976

Date 8/23/17
 PAGE 3 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001

Project Contact: Kady Young Company: Areadis

Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	lead/arsenic 3050B/6010	Analysis Requested				REMARKS	
<u>258-3-B10-082117-D</u>	<u>8/21/17</u>	<u>1733</u>		<u>S</u>	<u>1</u>	<u>X</u>						
				<u>S</u>	<u>1</u>	<u>X</u>						
				<u>S</u>	<u>1</u>	<u>X</u>						
				<u>S</u>	<u>1</u>	<u>X</u>						
				<u>S</u>	<u>1</u>	<u>X</u>						
				<u>S</u>	<u>1</u>	<u>X</u>						
				<u>S</u>	<u>1</u>	<u>X</u>						
				<u>S</u>	<u>1</u>	<u>X</u>						
				<u>S</u>	<u>1</u>	<u>X</u>						
				<u>S</u>	<u>1</u>	<u>X</u>						

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day

Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date: _____

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

Comments/Special Instructions:

Hold Remainder

Invoice Information

P.O. # UCR-ALS-D34-17

Bill to: Cristy Kessel - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:

Signature: [Signature]

Printed Name: Joe Latta

Firm: AAA

Date/Time: 8/23/17 1300

RECEIVED BY:

Signature: [Signature]

Printed Name: Les Kennedy

Firm: ALS

Date/Time: 8/24/17 1020

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708976

Date 8/23/17
 PAGE 12 OF 15
 SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001

Project Contact: Kady Young **Company:** Arcadis

Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
258-3-H07-082217-D	8/22/17	1056		S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day

Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date: _____

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

Comments/Special Instructions:

Hold Remainder

Invoice Information

P.O. # UCR-ALS-D34-17

Bill to: Cristy Kessel - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 99204

RELINQUISHED BY:

Signature: [Signature]

Printed Name: Joe Lathan

Firm: ANA

Date/Time: 8/23/17 1300

RECEIVED BY:

Signature: [Signature]

Printed Name: Les Kennedy

Firm: ALS

Date/Time: 8/24/17 1020

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708976

Date 8/23/17
PAGE 15 OF 15
SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-3-304-082217-0	8/22/17	1149		S
				S
				S
				S
				S
				S
				S
				S
				S
				S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: AVA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Les Kennedy
 Firm: ACS
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



Cooler Receipt and Preservation Form

PC 60

Client Arcadis/Teek

Service Request K17

Received: 8/24/17 Opened: 8/24/17 By: ML Unloaded: 8/24/17 By: ML

- 1. Samples were received via? USPS Fed Ex UPS DHL PDX Courier Hand Delivered
- 2. Samples were received in: (circle) Cooler Box Envelope Other
- 3. Were custody seals on coolers? NA Y N Y N NA

If present, were custody seals intact? Y N If present, were they signed and dated? Y N

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
-0.3	-0.2	0.5	0.7	+0.2	360	NA	8105 9110 5532		
-0.1	0.0	3.1	2.2	+0.1	373		8745 6738 5531		

- Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves
- Were custody papers properly filled out (ink, signed, etc.)? NA Y N
- Were samples received in good condition (temperature, unbroken)? NA Y N
- If applicable, tissue samples were received: Frozen Partially Thawed Thawed
- Were all sample labels complete (i.e analysis, preservation, etc.)? NA Y N
- Did all sample labels and tags agree with custody papers? NA Y N
- Were appropriate bottles/containers and volumes received for the tests indicated? NA Y N
- Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? NA Y N
- Were VOA vials received without headspace? NA Y N
- Was C12/Res negative? NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

Notes, Discrepancies, & Resolutions:

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708977

Date 8/23/17
 PAGE 1 OF 15
 SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-1-A01-082117	8/21/17	1120		S
A02		1122		S
A03		1124		S
A04		1126		S
A05		1127		S
A06		1128		S
A07		1129		S
A08		1131		S
A09		1133		S
A10		1135		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: Arcadis
 Date/Time: 8/23/17 13:00

RECEIVED BY:
 Signature: [Signature]
 Printed Name: BRICKMAN
 Firm: ALS
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708977

Date 8/23/17
 PAGE 2 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-1-B01-082117	8/21/17	1140		S
B02		1143		S
B03		1145		S
B04		1146		S
B05		1148		S
B06		1151		S
B07		1153		S
B08		1156		S
B09		1158		S
B10		1200		S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: Arcadis
 Date/Time: 8/23/17 13:00

RECEIVED BY:
 Signature: [Signature]
 Printed Name: BRICMAN
 Firm: ALV
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



46

Cooler Receipt and Preservation Form

PC 160Client ArcadisReceived: 8124117 Opened: 8124117 By: BR Service Request K17 Unloaded: 8124117 By: BR

Samples were received via? USPS Fed Ex UPS DHL PDX Courier Hand Delivered

Samples were received in: (circle) Cooler Box Envelope Other

Were custody seals on coolers? NA Y N

If present, were custody seals intact? Y N

If yes, how many and where? 2 front NA

If present, were they signed and dated? Y N

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filled
2.4	2.4	2.1	2.1	0.0	381	NA	874567385510		
0.1	0.1	4.1	4.1	0.0	323		874567385494		
0.4	-0.5	1.1	1.0	-0.1	371		874567385509		

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? Y N

Were samples received in good condition (temperature, unbroken)? Y N

If applicable, tissue samples were received: Frozen Partially Thawed Thawed

Were all sample labels complete (i.e analysis, preservation, etc.)? Y N

Did all sample labels and tags agree with custody papers? Y N

Were appropriate bottles/containers and volumes received for the tests indicated? Y N

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Y N

Were VOA vials received without headspace? Y N

Was C12/Res negative? Y N

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

Discrepancies, & Resolutions:

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708929

Date 8/23/17
 PAGE 10 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
44 -1-G01-082217	8/22/17	1800		S	1	X					
G02		1802		S	1	X					
G03		1804		S	1	X					
G04		1807		S	1	X					
G05		1810		S	1	X					
G06		1811		S	1	X					
G07		1813		S	1	X					
G08		1815		S	1	X					
G09		1818		S	1	X					
G10		1819		S	1	X					

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Jon Latham
 Firm: ANA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: BRUCKMAN
 Firm: ALS
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708979

Date 8/23/17
PAGE 11 OF 15
SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
441-1-H01-082217	8/22/17	1829		S
H02		1831		S
H03		1832		S
H04		1834		S
H05		1836		S
H06		1837		S
H07		1838		S
H08		1839		S
H09		1840		S
H10		1840		S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: ANA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: BRICKMAN
 Firm: ALS
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



Cooler Receipt and Preservation Form

PC Jo

Client Arcadis

received: 8124117 Opened: 8124117 By: BR Service Request K17 Unloaded: 8124117 By: BR

Samples were received via? USPS Fed Ex UPS
Samples were received in: (circle) Cooler Box Envelope Other
Were custody seals on coolers? NA N N NA Hand Delivered

If present, were custody seals intact? Y N
If yes, how many and where? 2 front NA

Raw Cooler Temp	Connected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Coor. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
2.4	2.4	2.1	2.1	0.0	381	NA	874567385510		
0.1	0.1	4.1	4.1	0.0	323		874567385497		
0.4	-0.5	1.1	1.0	-0.1	371		874567385509		

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? Y

Were samples received in good condition (temperature, unbroken)? Y

Were all sample labels complete (i.e analysis, preservation, etc.)? Y

Did all sample labels and tags agree with custody papers? Y

Were appropriate bottles/containers and volumes received for the tests indicated? Y

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Y

Were VOA vials received without headspace? Y

Was C12/Res negative? Y

Indicate in the table below:
Frozen Partially Thawed Thawed
Indicate major discrepancies in the table on page 2.
Indicate in the table below

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Bottle Type	Out of Head-space	Temp Broke	pH	Reagent	Volume added	Reagent Lot Number	Initiails	Time

Discrepancies, & Resolutions:

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708980

Date 8/23/17
 PAGE 12 OF 15
 SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001

Project Contact: Kady Young **Company:** Arcadis

Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	lead/arsenic 3050B/6010	Analysis Requested				REMARKS	
441-1-I01-082217	8/22/17	1843		S	1	X						
I02		1845		S	1	X						
I03		1846		S	1	X						
I04		1847		S	1	X						
I05		1847		S	1	X						
I06		1848		S	1	X						
I07		1850		S	1	X						
I08		1853		S	1	X						
I09		1855		S	1	X						
I10		1856		S	1	X						

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day

Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date: _____

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

Comments/Special Instructions:

Hold Remainder

Invoice Information

P.O. # UCR-ALS-D34-17

Bill to: Cristy Kessel - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:

Signature: [Signature]

Printed Name: Joe Lathan

Firm: ANA

Date/Time: 8/23/17 1300

RECEIVED BY:

Signature: [Signature]

Printed Name: BRICKMAN

Firm: ALS

Date/Time: 8/24/17 1020

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____



Cooler Receipt and Preservation Form

Client Arcadis

Received: 8124117 Opened: 8124117 By: BR

Service Request K17

Unloaded: 8124117 By: BR

Samples were received via? USPS

Fed Ex UPS

DHL PDX Courier Hand Delivered

Samples were received in: (circle) Cooler Box

Envelope Other

Were custody seals on coolers? NA Y N

If present, were custody seals intact? Y N

If yes, how many and where? 2 front

If present, were they signed and dated? Y N

Row	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filled
2.4	2.4	2.1	2.1	381	NA	874567385510	NA	NA
0.1	0.1	4.1	4.1	323		874567385497		
0.4	-0.5	1.1	1.0	371		874567385509		

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? Y N

Were samples received in good condition (temperature, unbroken)? Y N

If applicable, tissue samples were received: Frozen Partially Thawed Thawed

Were all sample labels complete (i.e analysis, preservation, etc.)? Y N

Did all sample labels and tags agree with custody papers? Y N

Were appropriate bottles/containers and volumes received for the tests indicated? Y N

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Y N

Were VOA vials received without headspace? Y N

Was C12/Res negative? Y N

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Bottle Type	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

Discrepancies, & Resolutions:

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708980

Date 8/23/17
 PAGE 14 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
441-1-301-082217	8/22/17	1859		S
J02		1900		S
J03		1900		S
J04		1903		S
J05		1904		S
J06		1905		S
J07		1906		S
J08		1907		S
J09		1908		S
J10		1910		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joc Lathan
 Firm: ANA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: B. Bruceman
 Firm: ALV
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K170981

Date 8/23/17
PAGE 10 OF 15
SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
Project Contact: Kady Young Company: Arcadis
Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-1 - G01 - 082117	8/21/17	1503		S
G02		1505		S
G03		1506		S
G04		1508		S
G05		1510		S
G06		1512		S
G07		1514		S
G08		1516		S
G09		1518		S
G10		1520		S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99204

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Latham
 Firm: Arcadis
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: B. Rivera
 Firm: ALS
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708981

Date 8/23/17
 PAGE 11 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001

Project Contact: Kady Young Company: Arcadis

Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961

Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-1-H01-082117	8/21/17	1529		S
H02		1531		S
H03		1533		S
H04		1535		S
H05		1536		S
H06		1538		S
H07		1540		S
H08		1542		S
H09		1544		S
H10		1546		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: Arcadis
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: BRICKMAN
 Firm: ALS
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



Cooler Receipt and Preservation Form

Client Arcadis

PC 16

Received: 8124117 Opened: 8124117 By: BR Service Request K17 08981 Unloaded: 8124117 By: BR

Samples were received via? USPS

Samples were received in: (circle) Cooler

Were custody seals on coolers? NA

If present, were custody seals intact? Y

Fed Ex UPS

Cooler Box

NA Y N

Y N

DHL PDX Courier Hand Delivered

Envelope Other

If yes, how many and where? NA

If present, were they signed and dated? Y

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
2.4	2.4	2.1	2.1	381	NA	874567385510		
0.1	0.1	4.1	4.1	323		874567385497		
0.4	-0.5	1.1	1.0	371		874567385509		

Packing material: Inserts Baggies Bubble Wrap Get Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? Y

Were samples received in good condition (temperature, unbroken)? Y

If applicable, tissue samples were received: Frozen Partially Thawed Thawed

Were all sample labels complete (i.e analysis, preservation, etc.)? Y

Did all sample labels and tags agree with custody papers? Y

Were appropriate bottles/containers and volumes received for the tests indicated? Y

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Y

Were VOA vials received without headspace? NA

Was C12/Res negative? Y

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Out of Head-space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

Discrepancies, & Resolutions:

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/23/17
 PAGE 3 OF 15
 SR# 17085987

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
441-1-801	8/22/17	1546		S
B02		1548		S
B03		1551		S
B04		1553		S
B05		1556		S
B06		1558		S
B07		1600		S
B08		1602		S
B09		1604		S
B10		1606		S

URNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 I.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: ANA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Stew's
 Firm: ALS-Kelso
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 8/23/17
 PAGE 4 OF 15
 SR# 1708582

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
441-1-C01-082217	8/22/17	1627		S
C02		1628		S
C03		1629		S
C04		1632		S
C05		1633		S
C06		1634		S
C07		1636		S
C08		1639		S
C09		1640		S
C10		1642		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathin
 Firm: ANA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SDCWIS
 Firm: ALS/Kelso
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



Cooler Receipt and Preservation Form

PC Colorado

Client Tell America

Received: Aug 24.17 Opened: 8/24 By: SD Service Request K1708982

Unloaded: 8/24 By: SD

Samples were received via? USPS Fed Ex UPS DHL PDX Courier Hand Delivered

Samples were received in: (circle) Cooler Box Envelope Other NA

Were custody seals on coolers? NA N N

If present, were custody seals intact? N N

If yes, how many and where? 2 Front

If present, were they signed and dated? N

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
0.5	0.7	1.0	1.8	0.2	298	NA	801591165332		

Packing material: Inserts Baggies Rubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? NA N

Were samples received in good condition (temperature, unbroken)? NA N

If applicable, tissue samples were received: Frozen Partially Thawed Thawed

Were all sample labels complete (i.e analysis, preservation, etc.)? NA N

Did all sample labels and tags agree with custody papers? NA N

Were appropriate bottles/containers and volumes received for the tests indicated? NA N

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? NA N

Were VOA vials received without headspace? NA N

Sample ID on Bottle

Sample ID on COC

Identified by:

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

Discrepancies, & Resolutions:

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708983

Date 8/23/17
 PAGE 12 OF 15
 SR# _____

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-1-I01-082117	8/21/17	1604		S
I02		1605		S
I03		1607		S
I04		1609		S
I05		1610		S
I06		1612		S
I07		1614		S
I08		1616		S
I09		1618		S
I10		1620		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: Arcadis
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Briceman
 Firm: ALS
 Date/Time: 8/23/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708985

Date 8/23/17
 PAGE 14 OF 15
 SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-1-J01-082117	8/21/17	1627		S
J02		1629		S
J03		1631		S
J04		1633		S
J05		1634		S
J06		1636		S
J07		1638		S
J08		1640		S
J09		1642		S
J10		1644		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: Arcadis
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: BRICKMAN
 Firm: ALS
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



Cooler Receipt and Preservation Form

Client Arcadis PC 16

Service Request K17

Received: 8124117 Opened: 8124117 By: BR Unloaded: 8124117 By: BR

Samples were received via? USPS Fed Ex UPS
Samples were received in: (circle) Cooler Box Envelope Other
Were custody seals on coolers? NA Y N
If present, were custody seals intact? Y N

If yes, how many and where? 2 front

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Thermometer ID	Cooler/COG ID	Tracking Number	NA	Filled
2.4	2.4	2.1	2.1	381	NA	874567385510	Y	NA
0.1	0.1	4.1	4.1	323		874567385494	Y	
0.4	-0.5	1.1	1.0	371		874567385509	Y	

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? Y

Were samples received in good condition (temperature, unbroken)? Y
If applicable, tissue samples were received: Frozen Partially Thawed Thawed

Were all sample labels complete (i.e analysis, preservation, etc.)? Y
Did all sample labels and tags agree with custody papers? Y
Were appropriate bottles/containers and volumes received for the tests indicated? Y
Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Y
Were VOA vials received without headspace? Y
Was C12/Res negative? Y

Sample ID on Bottle	Sample ID on COG	Identified by:

Sample ID	Bottle Count	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

Discrepancies, & Resolutions:

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1-00984

Date 8/23/17
 PAGE 3 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-1-C01-082117	8/21/17	1227		S
C02		1230		S
C03		1232		S
C04		1234		S
C05		1236		S
C06		1238		S
C07		1239		S
C08		1241		S
C09		1243		S
↓ C10 ↓	↓	1244		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: Arcadis
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: BRICKMAN
 Firm: ALS
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708984

Date 8/23/17
 PAGE 4 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-1-CO2-082117-D	8/21/17	1230		S
				S
				S
				S
				S
				S
				S
				S
				S
				S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: Arcadis
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: B. Wickman
 Firm: ALS
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708984

Date 8/23/17
 PAGE 15 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested				REMARKS
						lead/arsenic 3050B/6010				
258-1-101-082117	8/21/17	1627		S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: _____
 Printed Name: Jac Luth
 Firm: Arcadis
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: _____
 Printed Name: B. Bruckman
 Firm: ALS
 Date/Time: 8/24/17 1020

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708984

Date 8/23/17
PAGE 15 OF 15
SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001

Project Contact: Kady Young **Company:** Arcadis

Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
258-1-101-082117-D	8/21/17	1627		S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day

Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date: _____

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

Comments/Special Instructions:

Hold Remainder

Invoice Information

P.O. # UCR-ALS-D34-17

Bill to: Cristy Kessel - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:

Signature: _____

Printed Name: Jac Luth

Firm: Arcadis

Date/Time: 8/23/17 1300

RECEIVED BY:

Signature: _____

Printed Name: B. Beckman

Firm: ALS

Date/Time: 8/24/17 1020

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708984

Date 8/23/17
PAGE 13 OF 15
SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-1-107-082117	8/21/17	1614		S
				S
				S
				S
				S
				S
				S
				S
				S
				S
				S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: Arcadis
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: B. PICKMAN
 Firm: BLV
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708984

Date 8/23/17
PAGE 13 OF 15
SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
258-1-107-082117-D	8/21/17	1614		S
				S
				S
				S
				S
				S
				S
				S
				S
				S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: Arcadis
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: B. RICKMAN
 Firm: BLV
 Date/Time: 8/24/17 1030

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708984

Date 8/23/17
 PAGE 13 OF 15
 SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001

Project Contact: Kady Young **Company:** Arcadis

Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested				REMARKS
						lead/arsenic 3050B/6010				
441-1-104-08227-D	8/22/17	1847		S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				
				S	1	X				

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day

Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date: _____

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

Comments/Special Instructions:

Hold Remainder

Invoice Information

P.O. # UCR-ALS-D34-17

Bill to: Cristy Kessel - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:

Signature: [Signature]

Printed Name: Joe Lather

Firm: ANA

Date/Time: 8/23/17 1200

RECEIVED BY:

Signature: [Signature]

Printed Name: BRUCEMAN

Firm: ALS

Date/Time: 8/24/17 1020

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1708984

Date 8/23/17
 PAGE 15 OF 15
 SR#

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001

Project Contact: Kady Young **Company:** Arcadis

Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488

City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961

Sampler's Signature: _____

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS
						lead/arsenic 3050B/6010					
441-1-307-082217-D	8/22/17	1906		S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					
				S	1	X					

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day

Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date: _____

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

Comments/Special Instructions:

Hold Remainder

Invoice Information

P.O. # UCR-ALS-D34-17

Bill to: Cristy Kessel - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:

Signature: _____

Printed Name: Joe Lathin

Firm: ANA

Date/Time: 8/23/17 1300

RECEIVED BY:

Signature: _____

Printed Name: BRICKMAN

Firm: ALS

Date/Time: 8/24/17 1020

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____



Cooler Receipt and Preservation Form

PC 16

Client Arcadis Service Request K17 08984
Received: 8/24/17 Opened: 8/24/17 By: BR Unloaded: 8/24/17 By: BR

Samples were received via? USPS Fed Ex UPS DHL PDX Courier Hand Delivered
Samples were received in: (circle) Cooler Box Envelope Other
Were custody seals on coolers? NA Y N If yes, how many and where? 2 front NA
If present, were custody seals intact? Y N If present, were they signed and dated? Y N

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filled
2.4	2.4	2.1	2.1	0.0	381	NA	874567385510		
0.1	0.1	4.1	4.1	0.0	323		874567385194		
-0.4	-0.5	1.1	1.0	-0.1	371		874567385509		

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Steeves

Were samples received in good condition (temperature, unbroken)? Indicate in the table below.
Were all sample labels complete (i.e analysis, preservation, etc.)? Frozen Partially Thawed Thawed
Did all sample labels and tags agree with custody papers? Indicate major discrepancies in the table on page 2.
Were appropriate bottles/containers and volumes received for the tests indicated?
Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Indicate in the table below
Were VOA vials received without headspace? Indicate in the table below.
Was C12/Res negative?

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Out of Temp	Head-space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

s, Discrepancies, & Resolutions:

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1709014

Date 8/23/17
 PAGE 5 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
441-1-D01-082217	8/22/17	1645		S
D02		1646		S
D03		1649		S
D04		1650		S
D05		1652		S
D06		1654		S
D07		1656		S
D08		1659		S
D09		1700		S
D10		1701		S

TURNAROUND REQUIREMENTS
 _____ 24 hr _____ 48 hr _____ 5 day
 Standard (10 days)
 _____ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 _____ I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 _____ III. Data Validation Report (includes raw data)
 _____ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Latha
 Firm: ANA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Stewie
 Firm: ALS Kelso
 Date/Time: 8/25/17 0920

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

X1709014

Date 8/23/17
PAGE 7 OF 15
SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
Project Contact: Kady Young Company: Arcadis
Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
441-1-E01-082217	8/22/17	1705		S
E02		1706		S
E03		1708		S
E04		1710		S
E05		1712		S
E06		1714		S
E07		1721		S
E08		1718		S
E09		1723		S
E10		1726		S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: ANA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SIDAVIS
 Firm: ALS-KELSO
 Date/Time: 8/25/17 0920

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



Cooler Receipt and Preservation Form

PC 168

Client Truck American

Service Request K17

Received: Aug 25, 17 Opened: 8:25 By: SD

Unloaded: 8:25 By: SD

Samples were received via? USPS Fed Ex UPS DHL PDX Courier Hand Delivered

Samples were received in: (circle) Cooler Box Envelope Other NA

Were custody seals on coolers? NA Y N If yes, how many and where? 2 - FRONT

If present, were custody seals intact? Y N If present, were they signed and dated? Y N

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
4.7	4.7	3.6	3.0	2.0	374	NA	81561305512	NA	NA

Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves

Were custody papers properly filled out (ink, signed, etc.)? NA Y N

Were samples received in good condition (temperature, unbroken)? NA Y N

If applicable, tissue samples were received: Frozen Partially Thawed Thawed

Were all sample labels complete (i.e analysis, preservation, etc.)? NA Y N

Did all sample labels and tags agree with custody papers? NA Y N

Indicate major discrepancies in the table on page 2.

Were appropriate bottles/containers and volumes received for the tests indicated? NA Y N

Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? NA Y N

Indicate in the table below

Were VOA vials received without headspace? NA Y N

Indicate in the table below.

Was C12/Res negative? NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Out of Head-space	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

Discrepancies, & Resolutions:

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

KITTOCOIS

Date 8/23/17
 PAGE 8 OF 15
 SR# _____

Project Name: Teck American - UCR SATES **Project Number:** B0095010.0005.00001
Project Contact: Kady Young **Company:** Arcadis
Company/Address: 189 North Cedar Street **Phone:** 307-203-3510 or 810-588-1488
City, State, Zip: Buffalo, WY 82834 **FAX:** 307-684-5961
Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	Lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
441-1-F01-082217	8/22/17	1731		S
F02		1733		S
F03		1735		S
F04		1737		S
F05		1739		S
F06		1742		S
F07		1744		S
F08		1746		S
F09		1748		S
F10		1750		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: AVA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SIDWIS
 Firm: ALS-Kelso
 Date/Time: 8/25/17 0920

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

41709015

Date 8/23/17
 PAGE 9 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
441-1-F06-082217-D	8/22/17	1742		S
				S
				S
				S
				S
				S
				S
				S
				S
				S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Lathan
 Firm: AVA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: SIDWIS
 Firm: ALS KELSO
 Date/Time: 8/25/17 0920

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1709015

Date 8/23/17
 PAGE 6 OF 15
 SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00001
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 810-588-1488
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: _____

Number of Containers	Analysis Requested					REMARKS
	lead/arsenic 3050B/6010					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					
1	X					

Sample I.D.	Date	Time	LAB ID	Matrix
441-1-D10-082217-D	8/22/17	1701		S
				S
				S
				S
				S
				S
				S
				S
				S
				S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 ___ I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Jac Lathan
 Firm: ANA
 Date/Time: 8/23/17 1300

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Stewis
 Firm: ALS-Kelso
 Date/Time: 8/25/17 0920

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____



Cooler Receipt and Preservation Form

Client Track America PC 66

Received: AUG 25 11 Opened: 8:25 By: SD Service Request K17 Unloaded: 8:25 By: SD

Samples were received via? USPS (Fed Ex) UPS DHL PDX Courier Hand Delivered
Samples were received in: (circle) Cooler Box Envelope Other
Were custody seals on coolers? NA (X) N N
If present, were custody seals intact? (Y) N
If yes, how many and where? 2 - Front
If present, were they signed and dated? (Y) N

Raw cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Coit. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
4.7	4.7	3.6	3.0	2.0	374	(NA)	815101305521	NA	NA

Packing material: Inserts Baggies Bubble Wrap Gel Packs (Wet Ice) Dry Ice Sleeves
Were custody papers properly filled out (ink, signed, etc.)? (Y) N

Were samples received in good condition (temperature, unbroken)? (Y) N
If applicable, tissue samples were received: Frozen Partially Thawed Thawed
Were all sample labels complete (i.e analysis, preservation, etc.)? (Y) N
Did all sample labels and tags agree with custody papers? (Y) N
Were appropriate bottles/containers and volumes received for the tests indicated? (Y) N
Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? (Y) N
Were VOA vials received without headspace? (NA) (Y) N
Was C12/Res negative? (NA) (Y) N

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Bottle Type	Out of Head-Temp space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

Discrepancies, & Resolutions:

APPENDIX C-2

PHASE IA PART 2 CHAIN-OF-CUSTODY FORMS

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1712145

Date _____
 PAGE 1 OF 2
 SR# _____

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00002</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510</u> or <u>307-949-0330</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: <u>[Signature]</u>					Analysis Requested						
	Number of Containers	NRML QMP L18735 Athena	QEMSCAN® Process	USEPA 6010	ASTM D2216	ASTM D 7263	ASTM D2434				
Sample I.D.	Date	Time	LAB ID	Matrix				REMARKS			
D-258-3A-100717-12-24	10/7/17	1017	1	S	1						
D-258-3B-100717-12-24	10/7/17	1040	2	S	1						
D-258-3C-100717-12-24	10/7/17	0955	3	S	1						
D-258-3D-100717-12-30	10/7/17	0930	4	S	1						
D-401-1A-100417-12-24	10/4/17	1235	5	S	1						
D-401-1B-100417-12-30	10/4/17	1324	6	S	1						
D-401-1C-100417-12-24	10/4/17	1040	7	S	1						
D-401-1D-100417-12-30	10/4/17	1430	8	S	1						
D-401-2A-100517-12-30	10/5/17	1030	9	S	1						
D-401-2B-100517-12-24	10/5/17	1127	10	S	1						
TURNAROUND REQUIREMENTS _____ 24 hr _____ 48 hr _____ 5 day <input checked="" type="checkbox"/> Standard (10 days) _____ Provide FAX Preliminary Results Requested Report Date: _____			REPORT REQUIREMENTS I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required III. Data Validation Report (includes raw data) IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD			Comments/Special Instructions: Hold Remainder Samples collected for future analysis					
Invoice Information P.O. # <u>UCR-ALS-D34-17</u> Bill to: <u>Cristy Kessel - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 992											
RELINQUISHED BY: Signature: <u>[Signature]</u> Printed Name: <u>Ryan W Brauch</u> Firm: <u>Arcadis</u> Date/Time: <u>10-11-17 1000</u>			RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>Krish Marjion</u> Firm: <u>ALS</u> Date/Time: <u>10/12/17 0930</u>			RELINQUISHED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____			RECEIVED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____		

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1712145

Date _____
 PAGE 2 OF 2
 SR# _____

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00002</u>					Analysis Requested							
Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u>					Number of Containers	NRML QMP L18735 Athena	QEMSCAN® Process	USEPA 6010	ASTM D2216	ASTM D 7263	ASTM D2434	REMARKS
Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510 or 307-949-0330</u>												
City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u>												
Sampler's Signature: <u>[Signature]</u>												
Sample I.D.	Date	Time	LAB ID	Matrix								
D-401-2C-100517-12-30	10/5/17	1230	11	S	1							
D-401-2C-100517-12-30	10/5/17	1325	12	S	1							
D-441-1A-100617-12-24	10/6/17	1030	13	S	1							
D-441-1B-100617-12-30	10/6/17	1256	14	S	1							
D-441-1C-100617-12-24	10/6/17	1125	15	S	1							
D-441-1D-100617-12-28	10/6/17	1335	16	S	1							
IC-401-1A-101017	10/10/17	1058		S	2						Composite prior to analysis	
IC-401-1B-101017	10/10/17	1155		S	2						Composite prior to analysis	
				S								
				S								
TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 5 day <input checked="" type="checkbox"/> Standard (10 days) <input type="checkbox"/> Provide FAX Preliminary Results Requested Report Date: _____				REPORT REQUIREMENTS I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required III. Data Validation Report (includes raw data) IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD				Comments/Special Instructions: Hold Remainder <u>Minor samples collected for future analysis</u>				
Invoice Information P.O. # <u>UCR-ALS-D34-17</u> Bill to: <u>Cristy Kessel - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 992				RELINQUISHED BY: Signature: <u>[Signature]</u> Printed Name: <u>Ryan W Brauchle</u> Firm: <u>Arcadis</u> Date/Time: <u>10-11-17 1000</u>				RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>[Signature]</u> Firm: <u>ALS</u> Date/Time: <u>10/12/17 0930</u>				
RELINQUISHED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____				RECEIVED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____								



Cooler Receipt and Preservation Form

PC MA

Client Track

Received: 10/12/17 Opened: 10/12/17 Service Request K17 12145
By: for Unloaded: 10/12/17 By: for

- 1. Samples were received via: USPS Fed Ex UPS DHL PDX Courier Hand Delivered
- 2. Samples were received in: (circle) Cooler Box Envelope Other
- 3. Were custody seals on coolers? NA Y N N NA

If present, were custody seals intact? Y N
If yes, how many and where? NA
If present, were they signed and dated? Y N

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Coor. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
0.3	0.0	6.1		8	386	NA	7880 4531 3012		
				-0.1	382		7880 4531 2998		

- 4. Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves lg. Plastic Bags
- 5. Were custody papers properly filled out (ink, signed, etc.)? NA Y N
- 6. Were samples received in good condition (temperature, unbroken)? NA Y N
If applicable, tissue samples were received: Frozen Partially Thawed Thawed
- 7. Were all sample labels complete (i.e analysis, preservation, etc.)? NA Y N
- 8. Did all sample labels and tags agree with custody papers? NA Y N
- 9. Were appropriate bottles/containers and volumes received for the tests indicated? NA Y N
- 10. Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? NA Y N
- 11. Were VOA vials received without headspace? NA Y N
- 12. Was C12/Res negative? NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Out of Temp	Head-space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

Notes, Discrepancies, & Resolutions:

ALS Environmental-Kelso
1317 South 13th, Kelso, WA 98626

OSU

(360) 577-7222 FAX (360) 636-1068

Date 10/05/17
PAGE 1 OF 1
SR#

Project Name: **Teck American - UCR SATES** Project Number: **B0095010.0005.00002**
Project Contact: **Kady Young** Company: **Arcadis**
Company/Address: **189 North Cedar Street** Phone: **307-203-3510** or **307-949-0330**
City, State, Zip: **Buffalo, WY 82834** FAX: **307-684-5961**
Sampler's Signature: *Ryan W Brauchle*

Number of Containers	Analysis Requested						REMARKS
	NRMRL QMP L18735 Athena	QEMSCAN® Process	USEPA 6010	ASTM D2216	ASTM D 7263	ASTM D2434	
				X			
				X			
				X			
				X			
				X			
				X			
				X			

Sample I.D.	Date	Time	LAB ID	Matrix
D-401-1C-100417-0-6	10/04/17	0940		S
D-401-1A-100417-0-6	10/04/17	1120		S
D-401-1B-100417-0-6	10/04/17	1300		S
D-401-1D-100417-0-6	10/04/17	1400		S
D-401-2A-100517-0-6	10/05/17	1009		S
D-401-2B-100517-0-6	10/05/17	1105		S
D-401-2C-100517-0-6	10/05/17	1215		S
D-401-2D-100517-0-6	10/05/17	1300		S
				S
				S

TURNAROUND REQUIREMENTS
 24 hr _____ 48 hr _____ 5 day _____
 Standard (10 days)
 Provide FAX Preliminary Results _____
 Requested Report Date: _____

Invoice Information
 P.O. # **UCR-ALS-D34-17**
 Bill to: **Cristy Kessel - Teck American**
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

RELINQUISHED BY:
 Signature: *Ryan W Brauchle*
 Printed Name: **Ryan W Brauchle**
 Firm: **Arcadis**
 Date/Time: **10-06-17 1000**

RECEIVED BY:
 Signature: *Shane Whitacre*
 Printed Name: **Shane Whitacre**
 Firm: **OSU**
 Date/Time: **10-13-17 1300**

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

OSU

~~Teck American - UCR SATES~~
~~501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201~~

Date _____
 PAGE 1 OF 1
 SR# _____

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00002
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 307-949-0330
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: [Signature]

Number of Containers	Analysis Requested						REMARKS
	NRMRL QMP L18735 Athena	QEMSCAN® Process	USEPA 6010	ASTM D2216	ASTM D 7263	ASTM D2434	
				X			
				X			Sample Time - 1147
				X			
				X			
				X			
				X			
				X			Sample Time: 0915

Sample I.D.	Date	Time	LAB ID	Matrix
D-441-1A-100617-0-6	10/6/17	0955		S
D-441-1B-100617-0-6	10/6/17	1147		S
D-441-1C-100617-0-6	10/6/17	1105		S
D-441-1D-100617-0-6	10/6/17	1315		S
D-258-3A-100717-0-6	10/7/17	1005		S
D-258-3B-100717-0-6	10/7/17	1028		S
D-258-3C-100717-0-6	10/7/17	0942		S
D-258-3D-100717-0-6	10/7/17	0915		S
				S
				S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Joe Latham
 Firm: 10-9-17
 Date/Time: 10-9-17 / 1320

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Shane Whitacre
 Firm: OSU
 Date/Time: 10-13-17 13:00

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00002</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510 or 307-949-0330</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: <u>[Signature]</u>					Analysis Requested										
					Number of Containers	NRML QMP L18735 Athena	QEMSCAN® Process	USEPA 6010	ASTM D2216	ASTM D 7263	ASTM D2434	REMARKS			
Sample I.D.	Date	Time	LAB ID	Matrix											
D-401-1B-100317-03	10/03	1200		S	3	X						Hold for analysis			
D-401-2C-100317-03	10/03	1152		S	2	X									
D-258-9C-100317-03	10/03	1400		S	3	X									
D-441-1B-100317-03	10/03	1530		S	2	X						↓			
				S											
				S											
				S											
				S											
				S											
TURNAROUND REQUIREMENTS ___ 24 hr ___ 48 hr ___ 5 day <input checked="" type="checkbox"/> Standard (10 days) ___ Provide FAX Preliminary Results Requested Report Date: _____					REPORT REQUIREMENTS I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required III. Data Validation Report (includes raw data) IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD					Comments/Special Instructions: Hold Remainder <u>Hold for analysis</u>					
Invoice Information P.O. # <u>UCR-ALS-D34-17</u> Bill to: <u>Cristv Kessel - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 992															
RELINQUISHED BY: Signature: <u>[Signature]</u> Printed Name: <u>Ryan W Brauchle</u> Firm: <u>Arcadis</u> Date/Time: <u>10-04-17 1300</u>					RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>Rebecca Andresen</u> Firm: <u>Arcadis</u> Date/Time: <u>10/04/17 1300</u>					RELINQUISHED BY: Signature: <u>[Signature]</u> Printed Name: <u>Max Eligs</u> Firm: <u>Arcadis</u> Date/Time: <u>10/05/17 1200</u>			RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>H. HORSCH</u> Firm: <u>HAZEN AT HHL</u> Date/Time: <u>10/06/17 11:00</u>		

12-01-17:
proceed with analysis of bulk sample D-401-1B-100317-0-03 without HLS; continue to hold remaining 3 samples. Cmk

HWA

~~137 800 235 026~~ ~~(360) 636 1068~~

Date _____
 PAGE 1 OF 5
 SR# _____

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00002
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 307-949-0330
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: Ryan W Bouchek

Number of Containers	Analysis Requested						REMARKS
	NRMRL QMP L18735 Athena	QEMSCAN® Process	USEPA 6010	ASTM D2216	ASTM D 7263	ASTM D2434	
					X		
						X	
					X		
					X		
						X	
					X		
						X	
					X		
					X		

Sample I.D.	Date	Time	LAB ID	Matrix
D-401-1A-100417-0-3	10/4/17	1100		S
D-401-1A-100417-0-6	10/4/17	1130		S
D-401-1A-100417-6-9	10/4/17	1135		S
D-401-1B-100417-0-3	10/4/17	1251		S
D-401-1B-100417-0-6	10/4/17	1310		S
D-401-1B-100417-6-9	10/4/17	1315		S
D-401-1C-100417-0-3	10/4/17	0950		S
D-401-1C-100417-0-6	10/4/17	1010		S
D-401-1C-100417-6-9	10/4/17	1000		S
D-401-1D-100417-0-3	10/4/17	1356		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder
 7 3
 total: 32 16

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

RELINQUISHED BY:
 Signature: Ryan W Bouchek
 Printed Name: Ryan W Bouchek
 Firm: Arcadis
 Date/Time: 10-18-17/1600

RECEIVED BY:
 Signature: Stephen Wright
 Printed Name: Stephen Wright
 Firm: HWA
 Date/Time: 10/18/17 1620

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

HWA

~~Al S. Davis, Christal Kessel~~

~~501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201 (509) 325-7222 FAX (509) 325-1868~~

Date _____
PAGE 2 OF 5
SR# _____

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00002
Project Contact: Kady Young Company: Arcadis
Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 307-949-0330
City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
Sampler's Signature: *Ryan W Branch*

Number of Containers	Analysis Requested						REMARKS
	NRMRL QMP L18735 Athena	QEMSCAN® Process	USEPA 6010	ASTM D2216	ASTM D 7263	ASTM D2434	
1						X	
1					X		
1					X		
1						X	
1					X		
1					X		
1						X	
1					X		
1					X		
1						X	

Sample I.D.	Date	Time	LAB ID	Matrix
D-401-1D-100417-0-6	10/4/17	1404		S
D-401-1D-100417-6-9	10/4/17	1416		S
D-401-2A-100517-0-3	10/5/17	0940		S
D-401-2A-100517-0-6	10/5/17	0950		S
D-401-2A-100517-6-9	10/5/17	1017		S
D-401-2B-100517-0-3	10/5/17	1050		S
D-401-2B-100517-0-6	10/5/17	1100		S
D-401-2B-100517-6-9	10/5/17	1115		S
D-401-2C-100517-0-3	10/5/17	1155		S
D-401-2C-100517-0-6	10/5/17	1205		S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
Requested Report Date: _____

REPORT REQUIREMENTS
I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions: 6 4
Hold Remainder

Invoice Information
P.O. # UCR-ALS-D34-17
Bill to: Cristy Kessel - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
Signature: *Ryan W Branch*
Printed Name: Ryan W Branch
Firm: Arcadis
Date/Time: 10-18-2017 / 1600

RECEIVED BY:
Signature: *Steph*
Printed Name: Stephen Wright
Firm: HWA
Date/Time: 10/18/17 / 16:00

RELINQUISHED BY:
Signature: _____
Printed Name: _____
Firm: _____
Date/Time: _____

RECEIVED BY:
Signature: _____
Printed Name: _____
Firm: _____
Date/Time: _____

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00002</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510</u> or <u>307-949-0330</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: <u>[Signature]</u>					Analysis Requested														
					Number of Containers	NRMRL QMP L18735 Athena	QEMSCAN® Process	USEPA 6010	ASTM D2216	ASTM D 7263	ASTM D2434	REMARKS							
Sample I.D.	Date	Time	LAB ID	Matrix															
D-401-2C-100517-6-9	10/5/17	1225		S									(X		
D-401-2D-100517-0-3	10/5/17	1240		S													X		
D-401-2D-100517-0-6	10/5/17	1300		S														X	
D-401-2D-100517-6-9	10/5/17	1310		S													X		
D-441-1A-100617-0-3	10/6/17	0930		S													X		
D-441-1A-100617-0-6	10/6/17	1005		S														X	
D-441-1A-100617-6-9	10/6/17	1020		S													X		
D-441-1B-100617-0-3	10/6/17	1142		S													X		
D-441-1B-100617-0-6	10/6/17	1155		S						X									
D-441-1B-100617-6-9	10/6/17	1208		S					X										
TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 5 day <input checked="" type="checkbox"/> Standard (10 days) <input type="checkbox"/> Provide FAX Preliminary Results Requested Report Date: _____					REPORT REQUIREMENTS I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required III. Data Validation Report (includes raw data) <input checked="" type="checkbox"/> IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD					Comments/Special Instructions: Hold Remainder 7 3									
Invoice Information P.O. # <u>UCR-ALS-D34-17</u> Bill to: <u>Cristy Kessel - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 992																			
RELINQUISHED BY: Signature: <u>[Signature]</u> Printed Name: <u>Ryan W Beaverc</u> Firm: <u>Arcadis</u> Date/Time: <u>10-18-2017/1600</u>					RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>Stephen Wright</u> Firm: <u>HWA</u> Date/Time: <u>10/18/17 16:00</u>					RELINQUISHED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____			RECEIVED BY: Signature: _____ Printed Name: _____ Firm: _____ Date/Time: _____						

HWA

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00002
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 307-949-0330
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: [Signature]

Number of Containers	Analysis Requested						REMARKS
	NRMRL QMP L18735 Athena	QEMSCAN® Process	USEPA 6010	ASTM D2216	ASTM D 7263	ASTM D2434	
					X		
						X	
					X		
					X		
						X	
					X		
						X	
					X		
					X		

Sample I.D.	Date	Time	LAB ID	Matrix
D-441-1C-100617-0-3	10/6/17	1057		S
D-441-1C-100617-0-6	10/6/17	1112		S
D-441-1C-100617-6-9	10/6/17	1117		S
D-441-1D-100617-0-3	10/6/17	1307		S
D-441-1D-100617-0-6	10/6/17	1318		S
D-441-1D-100617-6-9	10/6/17	1323		S
D-258-3A-100717-0-3	10/7/17	1000		S
D-258-3A-100717-0-6	10/7/17	1011		S
D-258-3A-100717-6-9	10/7/17	1015		S
D-258-3B-100717-0-3	10/7/17	1020		S

TURNAROUND REQUIREMENTS
 24 hr _____ 48 hr _____ 5 day _____
 Standard (10 days)
 Provide FAX Preliminary Results _____
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions: _____
 Hold Remainder _____

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Ryan W Brauchk
 Firm: Arcadis
 Date/Time: 10-18-17 / 1600

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Stephen Wright
 Firm: HWA
 Date/Time: 10/18/17 16:00

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

HWA

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00002
 Project Contact: Kady Young Company: Arcadis
 Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 307-949-0330
 City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
 Sampler's Signature: Ryan W Brauchla

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested						REMARKS
						NRMRL QMP L18735 Athena	QEMSCAN® Process	USEPA 6010	ASTM D2216	ASTM D 7263	ASTM D2434	
D-258-3B-100717-0-6	10/7/17	1033		S	5						X	
D-258-3B-100717-6-9	10/7/17	1036		S	1				X			
D-258-3C-100717-0-3	10/7/17	0937		S	1				X			
D-258-3C-100717-0-6	10/7/17	0946		S	1						X	
D-258-3C-100717-6-9	10/7/17	0952		S	1				X			
D-258-3D-100717-0-3	10/7/17	0905		S	1				X			
D-258-3D-100717-0-6	10/7/17	0949		S	1						X	Sample Time: 0920
D-258-3D-100717-6-9	10/7/17	0925		S	1				X			Sample Time: 0925
				S								
				S								

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 ___ III. Data Validation Report (includes raw data)
 ___ IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions: 5 3
 Hold Remainder

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

RELINQUISHED BY:
 Signature: Ryan W Brauchla
 Printed Name: Ryan W Brauchla
 Firm: Arcadis
 Date/Time: 10-18-17 / 1600

RECEIVED BY:
 Signature: Steph Wright
 Printed Name: Steph Wright
 Firm: HWA
 Date/Time: 10/18/17 16:00

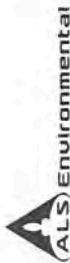
RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

CHAIN OF CUSTODY/DRINKING WATER

SR#: K1710343

PAGE 1 OF 1 COC#



1317 South 13th Ave. • Kelso, WA 98626 • (360) 577-7222 • (800) 695-7222 • FAX (360) 636-1068

Shaded Fields - Information required for all public systems submitting reports for compliance. State of Origin

SYSTEM NAME	TYPE OF SYSTEM <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	GROUP	DATE COLLECTED	TIME COLLECTED	SPECIFIC LOCATION SAMPLE TAKEN	ADDITIONAL INFORMATION
D-401-13- 100317-03	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	GROUP A <input type="checkbox"/> B <input type="checkbox"/> OTHER	10/3/17	1200	SOIL	Can Amy 4/20/2017
D-401-26- 100317-03	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	GROUP A <input type="checkbox"/> B <input type="checkbox"/> OTHER	10/3/17	182	SOIL	
D-252-30- 100317-03	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	GROUP A <input type="checkbox"/> B <input type="checkbox"/> OTHER	10/3/17	1400	SOIL	
D-441-18- 100317-03	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE	GROUP A <input type="checkbox"/> B <input type="checkbox"/> OTHER	10/3/17	1050	SOIL	

Reporting Requirements When Results are ready please: <input type="checkbox"/> Call <input type="checkbox"/> Mail <input type="checkbox"/>	INVOICE INFORMATION P.O. # _____ Bill To: _____	RECEIVED BY: Signature: <u>Walsley</u> Date/Time: <u>10/19/17</u> Printed Name: _____ Firm: _____
Report to: <u>TECK</u>	Copy of Report to: _____ _____ _____	RECEIVED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____
Phone: _____	Phone: _____	RECEIVED BY: Signature: _____ Date/Time: _____ Printed Name: _____ Firm: _____

Circle which metals are to be analyzed:

Total Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg
 Dissolved Metals: Al As Sb Ba Be B Ca Cd Co Cr Cu Fe Pb Mg Mn Mo Ni K Ag Na Se Sr Ti Sn V Zn Hg

SPECIAL INSTRUCTIONS/COMMENTS:
 *For composited or blended samples, list all sources in "additional information" section
 * S - Single source, B - Blended source, C - Composite, D - Distribution

FLUORIDE FIELD RESULT: _____

OSU
 ALS Environmental Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

Date 10-13-17
 PAGE 1 OF 10
 SR#

Project Name: **Teck American - UCR SATES** Project Number: **B0095010.0005.00002**
 Project Contact: **Kady Young** Company: **Arcadis**
 Company/Address: **189 North Cedar Street** Phone: **307-203-3510** or **307-949-0330**
 City, State, Zip: **Buffalo, WY 82834** FAX: **307-684-5961**
 Sampler's Signature: Ryan W Brauchle

Number of Containers	Analysis Requested						REMARKS
	NRMRL OMP L18735 Athena	QEMSCAN® Process	USEPA 6010 *	ASTM D2216	ASTM D 7263	ASTM D2434	
1			X				
1			X				
1			X				
1			X				
1			X				
1			X				
1			X				
1			X				
1			X				
1			X				
1			X				

TURNAROUND REQUIREMENTS
 24 hr ___ 48 hr ___ 5 day ___
 Standard (10 days)
 Provide FAX Preliminary Results ___
 Requested Report Date: ___

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder
 * Analyze for TAL - Total Metals

Invoice Information
 P.O. # **UCR-ALS-D34-17**
 Bill to: **Cristy Kessel - Teck American**
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

RELINQUISHED BY:
 Signature: Ryan W Brauchle
 Printed Name: Ryan W Brauchle
 Firm: Arcadis
 Date/Time: 10-16-17 1100

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Shane Whitacre
 Firm: OSU
 Date/Time: 10/17/17 12:00

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental Kelso

1514 South Main, Kelso, WA 98626

(360) 684-5961 FAX: (360) 684-1008

Date 10-13-17
PAGE 2 OF 10
SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00002

Project Contact: Kady Young Company: Arcadis

Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 307-949-0330

City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961

Sampler's Signature: Ryan W Brauchla

Number of Containers	Analysis Requested						REMARKS
	NRMRL QMP L18735 Athena	QEMSCAN® Process	USEPA 6010 ^F	ASTM D2216	ASTM D 7263	ASTM D2434	

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	NRMRL QMP L18735 Athena	QEMSCAN® Process	USEPA 6010 ^F	ASTM D2216	ASTM D 7263	ASTM D2434	REMARKS
D-258-3B-101317-8-10	10-13-17	1324		S	1			X				
D-258-3B-101317-10-12	10-13-17	1325		S	1			X				
D-258-3B-101317-0-2	10-13-17	1313		S	1			X				
D-258-3C-101317-2-4	10-13-17	1314		S	1			X				
D-258-3C-101317-2-4-D	10-13-17	1314		S	1			X				
D-258-3C-101317-4-6	10-13-17	1316		S	1			X				
D-258-3C-101317-6-8	10-13-17	1317		S	1			X				
D-258-3C-101317-8-10	10-13-17	1318		S	1			X				
D-258-3C-101317-10-12	10-13-17	1319		S	1			X				
D-258-3D-101317-0-2	10-13-17	1328		S	1			X				

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day

Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date: _____

Invoice Information

P.O. # UCR-ALS-D34-17

Bill to: Cristy Kessel - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

Comments/Special Instructions:

Hold Remainder

RELINQUISHED BY:

Signature: Ryan W Brauchla

Printed Name: Ryan W Brauchla

Firm: Arcadis

Date/Time: 10-16-17 1100

RECEIVED BY:

Signature: SNARE

Printed Name: SNARE

Firm: OSU

Date/Time: 10/17/17 12:00

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

~~ALS Environmental Kessel~~ OSU

1317 South Lincoln, Kelso, WA 98626

(360) 597-7272 FAX (360) 836-1068

Date 10-13-17
PAGE 3 OF 10
SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00002

Project Contact: Kady Young Company: Arcadis

Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 307-949-0330

City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961

Sampler's Signature: Ryan W Bruch

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested						REMARKS
						NRMRL QMP L18735 Athena	QEMSCAN® Process	USEPA 6010*	ASTM D2216	ASTM D 7263	ASTM D2434	
D-258-3D-101317-2-4	10-13-17	1329		S	1			X				
D-258-3D-101317-4-6	10-13-17	1330		S	1			X				
D-258-3D-101317-6-8	10-13-17	1331		S	1			X				
D-258-3D-101317-8-10	10-13-17	1332		S	1			X				
D-258-3D-101317-10-12	10-13-17	1333		S	1			X				
D-401-1A-101317-0-2	10-13-17	1040		S	1			X				
D-401-1A-101317-2-4	10-13-17	1041		S	1			X				
D-401-1A-101317-4-6	10-13-17	1042		S	1			X				
D-401-1A-101317-6-8	10-13-17	1043		S	1			X				
D-401-1A-101317-8-10	10-13-17	1044		S	1			X				

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
Requested Report Date: _____

Invoice Information

P.O. # UCR-ALS-D34-17
Bill to: Cristy Kessel - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:

Hold Remainder

RELINQUISHED BY:

Signature: Ryan W Bruch
Printed Name: Ryan W Bruch
Firm: Arcadis
Date/Time: 10-16-17 1100

RECEIVED BY:

Signature: Shane Whitacre
Printed Name: Shane Whitacre
Firm: OSU
Date/Time: 10/17/17 17:00

RELINQUISHED BY:

Signature: _____
Printed Name: _____
Firm: _____
Date/Time: _____

RECEIVED BY:

Signature: _____
Printed Name: _____
Firm: _____
Date/Time: _____

Project Name: **Teck American - UCR SATES** Project Number: **B0095010.0005.00002**
 Project Contact: **Kady Young** Company: **Arcadis**
 Company/Address: **189 North Cedar Street** Phone: **307-203-3510** or **307-949-0330**
 City, State, Zip: **Buffalo, WY 82834** FAX: **307-684-5961**
 Sampler's Signature: *Ryan W. Brauchle*

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested						REMARKS
						NRMRL QMP L18735 Athena	QEMSCAN® Process	USEPA 6010*	ASTM D2216	ASTM D 7263	ASTM D2434	
D-401-1A-101317-10-12	10-13-17	1045		S	1			X				
D-401-1B-101317-0-2	10-13-17	1051		S	1			X				
D-401-1B-101317-2-4	10-13-17	1052		S	1			X				
D-401-1B-101317-2-4-D	10-13-17	1052		S	1			X				
D-401-1B-101317-4-6	10-13-17	1053		S	1			X				
D-401-1B-101317-6-8	10-13-17	1054		S	1			X				
D-401-1B-101317-8-10	10-13-17	1055		S	1			X				
D-401-1B-101317-10-12	10-13-17	1056		S	1			X				
D-401-1C-101317-0-2	10-13-17	1059		S	1			X				
D-401-1C-101317-2-4	10-13-17	1100		S	1			X				

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

Invoice Information
 P.O. # **UCR-ALS-D34-17**
 Bill to: **Cristy Kessel - Teck American**
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

RELINQUISHED BY:
 Signature: *Ryan W. Brauchle*
 Printed Name: **Ryan W Brauchle**
 Firm: **Arcadis**
 Date/Time: **10-16-2017 1100**

RECEIVED BY:
 Signature: *Shane Whitacre*
 Printed Name: **Shane Whitacre**
 Firm: **OSU**
 Date/Time: **10/17/17 12:00**

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

OSU

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00002

Project Contact: Kady Young Company: Arcadis

Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 307-949-0330

City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961

Sampler's Signature: Ryan W Braubk

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS	
						NRMRL QMP L18735 Athena	QEMSCAN® Process	USEPA 6010*	ASTM D2216	ASTM D 7263		ASTM D2434
D-401-1C-101317-4-6	10-12-17	1101		S	1			X				
D-401-1C-101317-6-8	10-12-17	1102		S	1			X				
D-401-1C-101317-8-10	10-13-17	1103		S	1			X				
D-401-1C-101317-10-12	10-13-17	1104		S	1			X				
D-401-1D-101317-0-2	10-13-17	1116		S	1			X				
D-401-1D-101317-2-4	10-13-17	1117		S	1			X				
D-401-1D-101317-4-6	10-13-17	1118		S	1			X				
D-401-1D-101317-6-8	10-13-17	1119		S	1			X				
D-401-1D-101317-8-10	10-13-17	1120		S	1			X				
D-401-1D-101317-10-12	10-13-17	1121		S	1			X				

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

RELINQUISHED BY:
 Signature: Ryan W Braubk
 Printed Name: Ryan W Braubk
 Firm: Arcadis
 Date/Time: 10-16-17 1100

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Quane Whitcase
 Firm: OSU
 Date/Time: 10/17/17 12:00

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

~~ALS Environmental Kessel~~
1317 South Cedar Street, WA 98026

OSU

(360) 577-7222 FAX (360) 656-1068

Date 10-13-17
PAGE 6 OF 10
SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00002

Project Contact: Kady Young Company: Arcadis

Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 307-949-0330

City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961

Sampler's Signature: Ryan W Branch

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested						REMARKS
						NRMRL QMP L18735 Athena	QEMSCAN® Process	USEPA 6010*	ASTM D2216	ASTM D 7263	ASTM D2434	
D-401-2A-101317-0-2	10-13-17	1020		S	1			X				
D-401-2A-101317-2-4	10-13-17	1621		S	1			X				
D-401-2A-101317-4-6	10-13-17	1022		S	1			X				
D-401-2A-101317-6-8	10-13-17	1023		S	1			X				
D-401-2A-101317-8-10	10-13-17	1024		S	1			X				
D-401-2A-101317-10-12	10-13-17	1025		S	1			X				
D-401-2B-101317-0-2	10-13-17	1011		S	1			X				
D-401-2B-101317-2-4	10-13-17	1012		S	1			X				
D-401-2B-101317-4-6	10-13-17	1013		S	1			X				
D-401-2B-101317-6-8	10-13-17	1014		S	1			X				

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
Requested Report Date: _____

Invoice Information

P.O. # UCR-ALS-D34-17
Bill to: Cristy Kessel - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:

Hold Remainder

RELINQUISHED BY:

Signature: Ryan W Branch
Printed Name: Ryan W Branch
Firm: Arcadis
Date/Time: 10-16-17 1100

RECEIVED BY:

Signature: [Signature]
Printed Name: Shane Whitacre
Firm: OSU
Date/Time: 10/17/17

RELINQUISHED BY:

Signature: _____
Printed Name: _____
Firm: _____
Date/Time: _____

RECEIVED BY:

Signature: _____
Printed Name: _____
Firm: _____
Date/Time: _____

Project Name: **Teck American - UCR SATES** Project Number: **B0095010.0005.00002**
 Project Contact: **Kady Young** Company: **Arcadis**
 Company/Address: **189 North Cedar Street** Phone: **307-203-3510** or **307-949-0330**
 City, State, Zip: **Buffalo, WY 82834** FAX: **307-684-5961**
 Sampler's Signature: *Ryan W Brauchle*

Number of Containers	Analysis Requested						REMARKS
	NRMRL QMP L18735 Athena	QEMSCAN® Process	USEPA 6010*	ASTM D2216	ASTM D 7263	ASTM D2434	
1			X				
1			X				
1			X				
1			X				
1			X				
1			X				
1			X				
1			X				
1			X				
1			X				
1			X				

Sample I.D.	Date	Time	LAB ID	Matrix
D-401-2B-101317-8-10	10-13-17	1015		S
D-401-2B-101317-10-12	10-13-17	1016		S
D-401-2C-101317-0-2	10-13-17	1028		S
D-401-2C-101317-2-4	10-13-17	1029		S
D-401-2C-101317-2-4-D	10-13-17	1034 1021		S
D-401-2C-101317-4-6	10-13-17	1030		S
D-401-2C-101317-6-8	10-13-17	1031		S
D-401-2C-101317-8-10	10-13-17	1032		S
D-401-2C-101317-10-12	10-13-17	1033		S
D-401-2D-101317-0-2	10-13-17	1005		S

TURNAROUND REQUIREMENTS
 ___ 24 hr ___ 48 hr ___ 5 day
 Standard (10 days)
 ___ Provide FAX Preliminary Results
 Requested Report Date: _____

Invoice Information
 P.O. # **UCR-ALS-D34-17**
 Bill to: **Cristy Kessel - Teck American**
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

RELINQUISHED BY:
 Signature: *Ryan W Brauchle*
 Printed Name: **Ryan W Brauchle**
 Firm: **Arcadis**
 Date/Time: **10-16-2017 1100**

RECEIVED BY:
 Signature: *Shane Whitacre*
 Printed Name: **Shane Whitacre**
 Firm: **OSU**
 Date/Time: **10/17/17 17:00**

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental Kelso
1317 South 14th, Kelso, WA 98626

OSU

(360) 575-7222 FAX (360) 686-1068

Date 10-13-17
PAGE 8 OF 10
SR#

Project Name: **Teck American - UCR SATES** Project Number: **B0095010.0005.00002**
Project Contact: **Kady Young** Company: **Arcadis**
Company/Address: **189 North Cedar Street** Phone: **307-203-3510** or **307-949-0330**
City, State, Zip: **Buffalo, WY 82834** FAX: **307-684-5961**
Sampler's Signature: *[Signature]*

Number of Containers	Analysis Requested						REMARKS
	NRMRL QMP L18735 Athena	QEMSCAN® Process	USEPA 6010*	ASTM D2216	ASTM D 7263	ASTM D2434	
			X				
			X				
			X				
			X				
			X				
			X				
			X				
			X				
			X				
			X				

Sample I.D.	Date	Time	LAB ID	Matrix
D-401-2D-101317-2-4	10-13-17	1006		S
D-401-2D-101317-4-6	10-13-17	1007		S
D-401-2D-101317-6-8	10-13-17	1008		S
D-401-2D-101317-8-10	10-13-17	1009		S
D-401-2D-101317-10-12	10-13-17	1010		S
D-441-1A-101317-0-2	10-13-17	1458		S
D-441-1A-101317-2-4	10-13-17	1459		S
D-441-1A-101317-4-6	10-13-17	1500		S
D-441-1A-101317-6-8	10-13-17	1501		S
D-441-1A-101317-8-10	10-13-17	1502		S

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____
Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
 501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder

RELINQUISHED BY:
 Signature: *[Signature]*
 Printed Name: Ryan W Brauchle
 Firm: Arcadis
 Date/Time: 10-16-17 1100

RECEIVED BY:
 Signature: *[Signature]*
 Printed Name: Ghane Wimbac
 Firm: OSU
 Date/Time: 10/17/17 17:00

RELINQUISHED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

RECEIVED BY:
 Signature: _____
 Printed Name: _____
 Firm: _____
 Date/Time: _____

ALS Environmental Kessel

1517 South 17th, Spokane, WA 99626

OSU

(360) 524-2922 FAX (509) 636-1068

Date 10-13-17

PAGE 9 OF 10

SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00002

Project Contact: Kady Young Company: Arcadis

Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 307-949-0330

City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961

Sampler's Signature: Ryan W. Bracht

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested					REMARKS	
						NRMRL QMP L18735 Athena	QEMSCAN® Process	USEPA 6010*	ASTM D2216	ASTM D 7263		ASTM D2434
D-441-1A-101317-1012	10-13-17	1503		S	(X				
D-441-1B-101317-0-2	10-13-17	1441		S				X				
D-441-1B-101317-2-4	10-13-17	1442		S				X				
D-441-1B-101317-2-4-D	10-13-17	1443		S				X				
D-441-1B-101317-4-6	10-13-17	1444		S				X				
D-441-1B-101317-6-8	10-13-17	1445		S				X				
D-441-1B-101317-8-10	10-13-17	1446		S				X				
D-441-1B-101317-10-12	10-13-17	1447		S				X				
D-441-1B-101317-0-2	10-13-17	1435		S				X				
D-441-1C-101317-2-4	10-13-17	1436		S				X				

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day

X Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date:

Invoice Information

P.O. # UCR-ALS-D34-17

Bill to: Cristy Kessel - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

X V. EDD

Comments/Special Instructions:

Hold Remainder

RELINQUISHED BY:

Signature: Ryan W. Bracht

Printed Name: Ryan W. Bracht

Firm: Arcadis

Date/Time: 10-16-17 1100

RECEIVED BY:

Signature: [Signature]

Printed Name: Graeme Whitford

Firm: OSU

Date/Time: 10/17/17 12:00

RELINQUISHED BY:

Signature:

Printed Name:

Firm:

Date/Time:

RECEIVED BY:

Signature:

Printed Name:

Firm:

Date/Time:

ALS Environmental Kessel

1317 South Fish Kessel, WA 99026

OSU

(360) 577-7222 FAX (360) 636-1068

Date 10-13-17

PAGE 10 OF 10

SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00002

Project Contact: Kady Young Company: Arcadis

Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 307-949-0330

City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961

Sampler's Signature: Ryan Bonville

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested						REMARKS
						NRMRL QMP L18735 Athena	QEMSCAN® Process	USEPA 6010*	ASTM D2216	ASTM D 7263	ASTM D2434	
D-441-1C-101317-4-6	10-13-17	1437		S	1			X				
D-441-1C-101317-6-8	10-13-17	1438		S	1			X				
D-441-1C-101317-8-10	10-13-17	1439		S	1			X				
D-441-1C-101317-10-12	10-13-17	1440		S	1			X				
D-441-1D-101317-0-2	10-13-17	1450		S	1			X				
D-441-1D-101317-2-4	10-13-17	1451		S	1			X				
D-441-1D-101317-4-6	10-13-17	1452		S	1			X				
D-441-1D-101317-6-8	10-13-17	1453		S	1			X				
D-441-1D-101317-8-10	10-13-17	1454		S	1			X				
D-441-1D-101317-10-12	10-13-17	1455		S	1			X				

TURNAROUND REQUIREMENTS

24 hr 48 hr 5 day

X Standard (10 days)

Provide FAX Preliminary Results

Requested Report Date: _____

Invoice Information

P.O. # UCR-ALS-D34-17

Bill to: Cristy Kessel - Teck American

501 N Riverpoint Blvd, Suite 300 Spokane, WA 992

REPORT REQUIREMENTS

I. Routine Report: Results, Method Blank, Surrogate, as required

II. Report Dup., MS, MSD as required

X III. Data Validation Report (includes raw data)

IV. CLP Deliverable Report

V. EDD

X

Comments/Special Instructions:

Hold Remainder

RELINQUISHED BY:

Signature: Ryan Bonville

Printed Name: Ryan Bonville

Firm: Arcadis

Date/Time: 10-16-17 1100

RECEIVED BY:

Signature: Shane Whitlock

Printed Name: Shane Whitlock

Firm: OSU

Date/Time: 10/17/17 07:00

RELINQUISHED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

RECEIVED BY:

Signature: _____

Printed Name: _____

Firm: _____

Date/Time: _____

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

(360) 577-7222 FAX (360) 636-1068

K1711288

Date 10-10-17
PAGE 1 OF 1
SR#

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00002</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510</u> or <u>307-949-0330</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: <u>Ryan W Bravichla</u>					Analysis Requested											
Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	USEPA 6010/USEPA 6010B	SM 2510B	USEPA 300.0	SM 4500-S2D	Bremner and Mulvaney 1982, Nelson and Sommers 1982	USEPA 9060A	ASTM D422	NRMRL QMP L18735 Athena	Duplicate Analytical List	Triplicate Analytical List	REMARKS
IC-401-1A-101017	10-10-17	1058	1	S	2	X	X	X	X	X	X	X	X			Sample weight = 10.457g
IC-401-1B-101017	10-10-17	1155	2	S	2	X	X	X	X	X	X	X	X			Sample weight = 13.511g
				S												
				S												COMPOSITE
				S												SAMPLE CONTAINERS
				S												PRIOR TO ANALYSIS
				S												
				S												
				S												
TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 5 day <input checked="" type="checkbox"/> Standard (10 days) <input type="checkbox"/> Provide FAX Preliminary Results Requested Report Date: _____			REPORT REQUIREMENTS <input type="checkbox"/> I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD			Comments/Special Instructions: Hold Remainder Duplicate Analysis List - Mehlich III Extractable Lead and Phosphorous (USEPA 6010), Electrical Conductivity (SM 2510B), Chloride/Sulfate (USEPA 300. Sulfide (SM 4500-S2D), Total Carbon and Nitrogen (Gremner and Mulvaney/Nelson and Sommers), Total Organic Carbon (USEPA 9060A) Triplicate Analysis List - Total TAL Metals/SPLP TAL Metals (USEPA 6010), Bioaccessible Arsenic and Lead at pH 1.5 and pH 2.5 (USEPA 6010B)										
Invoice Information P.O. # <u>UCR-ALS-D34-17</u> Bill to: <u>Cristy Kessel - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99208			RELINQUISHED BY: Signature: <u>Ryan W Bravichla</u> Printed Name: <u>Ryan W Bravichla</u> Firm: <u>Arcadis</u> Date/Time: <u>10-11-17 1000</u>			RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>K Wolkow</u> Firm: <u>ALS</u> Date/Time: <u>10/12/17 0930</u>			RELINQUISHED BY: Signature: <u>[Signature]</u> Printed Name: <u>Paul F</u> Firm: <u>A2S</u> Date/Time: <u>11/8/17 1100</u>			RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>Kirk Schreckel</u> Firm: <u>USEPA</u> Date/Time: <u>11/9/17 10 AM</u>				

K1711288

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00002</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510</u> or <u>307-949-0330</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: <u>Ryan W. Brauch</u>					Analysis Requested												
Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	USEPA 6010/USEPA 6010B	SM 2510B	USEPA 300.0	SM 4500-52D	Bremner and Mulvaney 1982, Nelson and Sommers 1982	USEPA 9060A	ASTM D422	NRMRL QMP L18735 Athena	Duplicate Analytical List	Triplicate Analytical List	REMARKS	
IC-401-1C-101117	10-11-17	1023	3	S	2	X	X	X	X	X	X	X	X			Sample weight: 11,403g	
IC-401-1C-101117-D	10-11-17	1235	4	S	2									X		Sample weight: 12,555g	
IC-401-1D-101117	10-11-17	1400	5	S	1	X	X	X	X	X	X	X	X			Sample weight: 5,453g	
IC-401-2B-101117	10-11-17	1538	6	S	1	X	X	X	X	X	X	X	X			Sample weight: 7,637g	
				S													
				S												Composite 2 bucket	
				S												samples at the	
				S												lab, prior to any	
				S												analysis	
TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 5 day <input checked="" type="checkbox"/> Standard (10 days) <input type="checkbox"/> Provide FAX Preliminary Results Requested Report Date: _____				REPORT REQUIREMENTS <input type="checkbox"/> I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD				Comments/Special Instructions: Hold Remainder Duplicate Analysis List - Mehlich III Extractable Lead and Phosphorous (USEPA 6010), Electrical Conductivity (SM 2510B), Chloride/Sulfate (USEPA 300.0 Sulfide (SM 4500-52D), Total Carbon and Nitrogen (Gremner and Mulvaney/Nelson and Sommers), Total Organic Carbon (USEPA 9060A) Triplicate Analysis List - Total TAL Metals/SPLP TAL Metals (USEPA 6010), Bioaccessible Arsenic and Lead at pH 1.5 and pH 2.5 (USEPA 6010B)									
INVOICE INFORMATION P.O. # <u>UCR-ALS-D34-17</u> Bill to: <u>Cristy Kessel - Teck American</u> <u>501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201</u>																	
RELINQUISHED BY: Signature: <u>Ryan W Brauch</u> Printed Name: <u>Ryan W Brauch</u> Firm: <u>Arcadis</u> Date/Time: <u>10-12-17 1100</u>				RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>Kristy Kessel</u> Firm: <u>ALS</u> Date/Time: <u>10/13/17 0930</u>				RELINQUISHED BY: Signature: <u>[Signature]</u> Printed Name: <u>[Name]</u> Firm: <u>ALS</u> Date/Time: <u>11/8/17 1100</u>				RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>Kirk Schaeckel</u> Firm: <u>USEPA</u> Date/Time: <u>11/9/17 1000</u>					

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

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K1711288

Date 10-12-2017
 PAGE 1 OF 1
 SR#

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00002</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510</u> or <u>307-949-0330</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: <u>[Signature]</u>					Analysis Requested											REMARKS										
					Number of Containers	USEPA 6010/USEPA 6010B	SM 2510B	USEPA 300.0	SM 4500-52D	Bremner and Mulvaney 1982, Nelson and Sommers 1982	USEPA 9060A	ASTM D422	NRMRL QMP L18735 Athena	Duplicate Analytical List	Triplicate Analytical List											
Sample I.D.	Date	Time	LAB ID	Matrix																						
IC1-401-2A-101217	10-12-17	0920	7	S	1	X	X	X	X	X	X	X	X		Sample weight: 6,900g											
IC2-401-2A-101217	10-12-17	1015	8	S	1									X	Sample weight: 6,870g											
IC3-401-2A-101217	10-12-17	1055	9	S	1									X	Sample weight: 7,213g											
IC-401-2C-101217	10-12-17	1250	10	S	1	X	X	X	X	X	X	X	X		Sample weight: 7,683g											
IC-401-2D-101217	10-12-17	1400	11	S	1	X	X	X	X	X	X	X	X		Sample weight: 7,205g											
				S																						
				S											Composite samples											
				S											prior to analysis											
				S																						
TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 5 day <input checked="" type="checkbox"/> Standard (10 days) <input type="checkbox"/> Provide FAX Preliminary Results Requested Report Date: _____					REPORT REQUIREMENTS I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD					Comments/Special Instructions: Hold Remainder Duplicate Analysis List - Mehlich III Extractable Lead and Phosphorous (USEPA 6010), Electrical Conductivity (SM 2510B), Chloride/Sulfate (USEPA 300.0 Sulfide (SM 4500-52D), Total Carbon and Nitrogen (Gremner and Mulvaney/Nelson and Sommers), Total Organic Carbon (USEPA 9060A) Triplicate Analysis List - Total TAL Metals/SPLP TAL Metals (USEPA 6010), Bioaccessible Arsenic and Lead at pH 1.5 and pH 2.5 (USEPA 6010B)																
INVOICE INFORMATION P.O. # <u>UCR-ALS-D34-17</u> Bill to: <u>Cristy Kessel - Teck American</u> <u>501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201</u>					RELINQUISHED BY: Signature: <u>[Signature]</u> Printed Name: <u>Ryan Bruehle</u> Firm: <u>Arcadis</u> Date/Time: <u>10-13-2017 1000</u>					RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>Rochelle Benz</u> Firm: <u>ACS-Kelso, WA</u> Date/Time: <u>10/14/17 10:50am</u>					RELINQUISHED BY: Signature: <u>[Signature]</u> Printed Name: <u>RUF</u> Firm: <u>ALS</u> Date/Time: <u>11/8/17 1100</u>						RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>Kirk Schackel</u> Firm: <u>USEPA</u> Date/Time: <u>11/9/17 1000</u>					

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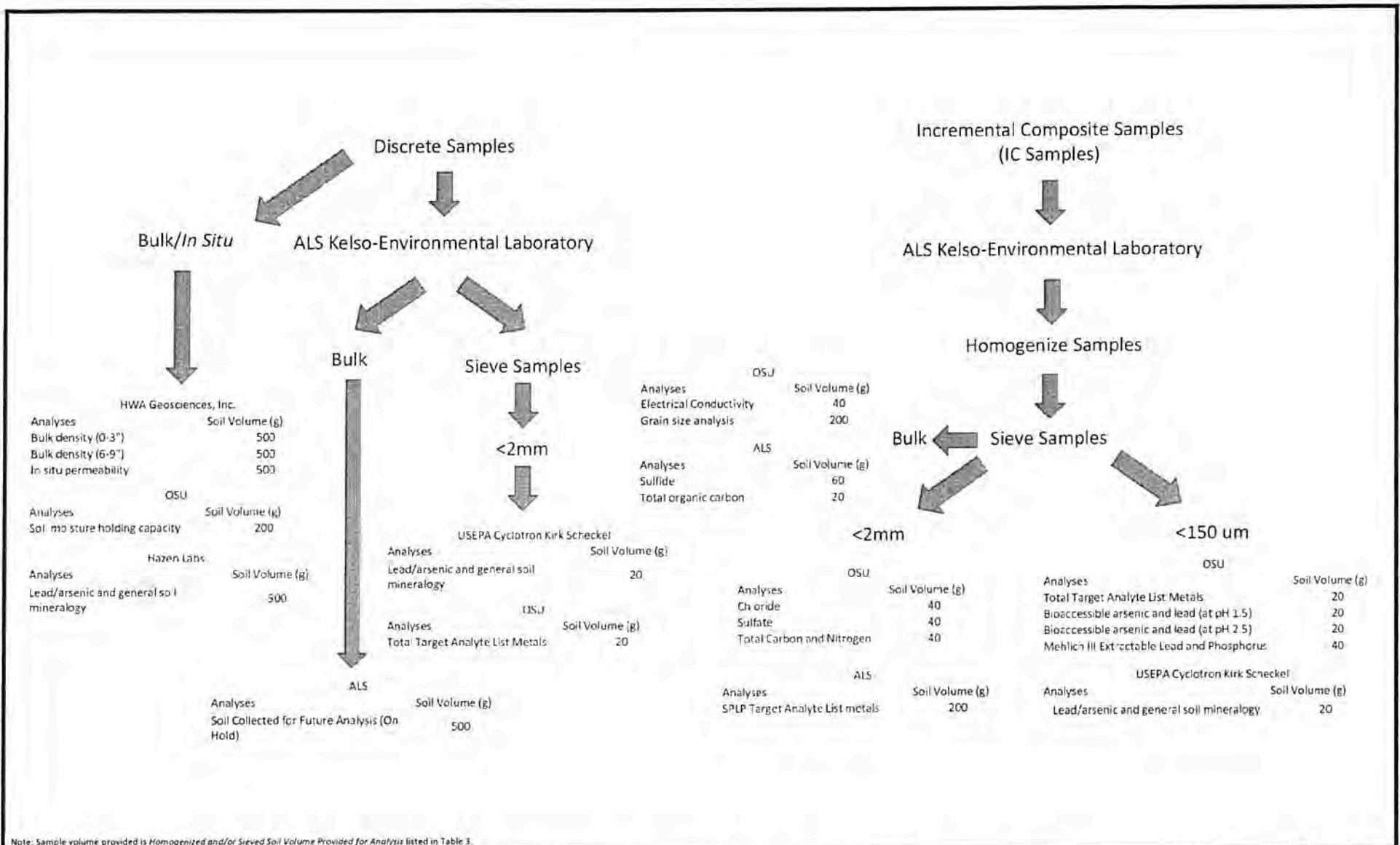
(360) 577-7222 FAX (360) 636-1068

K1711288

Date 10-17-17
PAGE 1 OF 1
SR#

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00002</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510</u> or <u>307-949-0330</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: <u>Ryan W Brauchle</u>						Analysis Requested											REMARKS		
						Number of Containers	USEPA 6010/USEPA 6010B	SM 2510B	USEPA 300.0	SM 4500-S2D	Brenner and Mulvaney 1982, Nelson and Sommers 1982	USEPA 9060A	ASTM D422	NRMRL QMP L18735 Athena	Duplicate Analytical List	Triplicate Analytical List			
Sample I.D.	Date	Time	LAB ID	Matrix															
IC-258-3A-101717	10-17-17	0840	12	S	1	X	X	X	X	X	X	X			Sample weight: 9,577g				
IC-258-3B-101717	10-17-17	0915	13	S	1	X	X	X	X	X	X	X			Sample weight: 8,284g				
IC-258-3C-101717	10-17-17	0950	14	S	1	X	X	X	X	X	X	X			Sample weight: 5,463g				
IC-258-3D-101717	10-17-17	1020	15	S	1	X	X	X	X	X	X	X			Sample weight: 7,074g				
IC-441-1A-101617	10-16-17	0915	16	S	1	X	X	X	X	X	X	X			Sample weight: 7,130g				
IC-441-1B-101617	10-16-17	1015	17	S	1	X	X	X	X	X	X	X			Sample weight: 7,531g				
IC-441-1C-101617	10-16-17	1125	18	S	1	X	X	X	X	X	X	X			Sample weight: 5,110g				
IC-441-1D-101617	10-16-17	1250	19	S	1	X	X	X	X	X	X	X			Sample weight: 5,773g				
				S															
				S															
TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 5 day <input checked="" type="checkbox"/> Standard (10 days) <input type="checkbox"/> Provide FAX Preliminary Results Requested Report Date: _____				REPORT REQUIREMENTS <input type="checkbox"/> I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD				Comments/Special Instructions: Hold Remainder Duplicate Analysis List - Mehlich III Extractable Lead and Phosphorous (USEPA 6010), Electrical Conductivity (SM 2510B), Chloride/Sulfate (USEPA 300.0 Sulfide (SM 4500-S2D), Total Carbon and Nitrogen (Grenner and Mulvaney/Nelson and Sommers), Total Organic Carbon (USEPA 9060A) Triplicate Analysis List - Total TAL Metals/SPLP TAL Metals (USEPA 6010), Bioaccessible Arsenic and Lead at pH 1.5 and pH 2.5 (USEPA 6010B)											
Invoice Information P.O. # <u>UCR-ALS-D34-17</u> Bill to: <u>Cristy Kessel - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201				RELINQUISHED BY: Signature: <u>Ryan W Brauchle</u> Printed Name: <u>Ryan W Brauchle</u> Firm: <u>Arcadis</u> Date/Time: <u>10-17-2017/1600</u>				RECEIVED BY: Signature: <u>K MORIKON</u> Printed Name: <u>K MORIKON</u> Firm: <u>ALS</u> Date/Time: <u>10/18/17 0940</u>				RELINQUISHED BY: Signature: <u>[Signature]</u> Printed Name: <u>JWOLF</u> Firm: <u>ALS</u> Date/Time: <u>11/8/17 1100</u>				RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>Kristy Kessel</u> Firm: <u>USEPA</u> Date/Time: <u>11/17/17 1000</u>			

GH1E5 9/18/17 F:\GRAVEL\30-23907E < SOIL SAMPLE HANDLING FLOW CHART >



Note: Sample volume provided is Homogenized and/or Sieved Soil Volume Provided for Analysis listed in Table 3.

ALS Environmental-Kelso

1317 South 13th, Kelso, WA 98626

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K171288

Date 10-10-17
PAGE 1 OF 1
SR#

Project Name: <u>Teck American - UCR SATES</u> Project Number: <u>B0095010.0005.00002</u> Project Contact: <u>Kady Young</u> Company: <u>Arcadis</u> Company/Address: <u>189 North Cedar Street</u> Phone: <u>307-203-3510</u> or <u>307-949-0330</u> City, State, Zip: <u>Buffalo, WY 82834</u> FAX: <u>307-684-5961</u> Sampler's Signature: <u>[Signature]</u>					Analysis Requested USEPA 6010/USEPA 6010B SM 2510B USEPA 300.0 SM 4500-S2D Bremner and Mulvaney 1982, Nelson and Sommers 1982 USEPA 9060A ASTM D422 NRMRL QMP L18735 Athena Duplicate Analytical List Triplicate Analytical List														
Sample I.D.	Date	Time	LAB ID	Matrix	USEPA 6010/USEPA 6010B	SM 2510B	USEPA 300.0	SM 4500-S2D	Bremner and Mulvaney 1982, Nelson and Sommers 1982	USEPA 9060A	ASTM D422	NRMRL QMP L18735 Athena	Duplicate Analytical List	Triplicate Analytical List	REMARKS				
IC-401-1A-101017	10-10-17	1058	1	S	X	X	X	X	X	X	X	X			Sample weight = 10.457g				
IC-401-1B-101017	10-10-17	1155	2	S	X	X	X	X	X	X	X	X			Sample weight = 13.511g				
				S															
				S											COMPOSITE				
				S											SAMPLE CONTAINERS				
				S											PRIOR TO ANALYSIS				
				S															
				S															
				S															
TURNAROUND REQUIREMENTS <input type="checkbox"/> 24 hr <input type="checkbox"/> 48 hr <input type="checkbox"/> 5 day <input checked="" type="checkbox"/> Standard (10 days) <input type="checkbox"/> Provide FAX Preliminary Results Requested Report Date: _____					REPORT REQUIREMENTS <input type="checkbox"/> I. Routine Report: Results, Method Blank, Surrogate, as required <input checked="" type="checkbox"/> II. Report Dup., MS, MSD as required <input type="checkbox"/> III. Data Validation Report (includes raw data) <input type="checkbox"/> IV. CLP Deliverable Report <input checked="" type="checkbox"/> V. EDD					Comments/Special Instructions: Hold Remainder Duplicate Analysis List - Mehlich III Extractable Lead and Phosphorous (USEPA 6010), Electrical Conductivity (SM 2510B), Chloride/Sulfate (USEPA 300.0 Sulfide (SM 4500-S2D), Total Carbon and Nitrogen (Gremner and Mulvaney/Nelson and Sommers), Total Organic Carbon (USEPA 9060A) Triplicate Analysis List - Total TAL Metals/SPLP TAL Metals (USEPA 6010), Bioaccessible Arsenic and Lead at pH 1.5 and pH 2.5 (USEPA 6010B)									
Invoice Information P.O. # <u>UCR-ALS-D34-17</u> Bill to: <u>Cristy Kessel - Teck American</u> 501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201					RELINQUISHED BY: Signature: <u>[Signature]</u> Printed Name: <u>Ryan W Brauchla</u> Firm: <u>Arcadis</u> Date/Time: <u>10-11-17 1000</u>					RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>KIM KROW</u> Firm: <u>ALS</u> Date/Time: <u>10/12/17 0930</u>					RECEIVED BY: Signature: <u>[Signature]</u> Printed Name: <u>Shane W. Kessel</u> Firm: <u>GSU</u> Date/Time: <u>11-9-17 11:00</u>				

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1317 South 13th, Kelso, WA 98626

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K1711288

Date 10-11-17
PAGE 1 OF 1
SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00002
Project Contact: Kadv Young Company: Arcadis
Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 307-949-0330
City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
Sampler's Signature: Ryan W Bravchla

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analytes Requested										REMARKS	
						USEPA 6010/USEPA 6010B	SM 2510B	USEPA 300.0	SM 4500-S2D	Bremner and Mulvaney 1982, Nelson and Sommers 1982	USEPA 9060A	ASTM D422	NRNRL QMP L18735 Athena	Duplicate Analytical List	Triplicate Analytical List		
IC-401-1C-101117	10-11-17	1023	3	S	2	X	X	X	X	X	X	X	X				
IC-401-1C-101117-D	10-11-17	1235	4	S	2	X	X	X	X	X	X	X	X				Sample weight: 11,403g
IC-401-1D-101117	10-11-17	1400	5	S	1	X	X	X	X	X	X	X	X				Sample weight: 12,555g
IC-401-2B-101117	10-11-17	1538	6	S	1	X	X	X	X	X	X	X	X				Sample weight: 5,453g
				S													Sample weight: 7,637g
				S													
				S													Composite 2 bucket
				S													samples at the
				S													lab, prior to any
				S													analysis

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder
 Duplicate Analysis List - Mehlich III Extractable Lead and Phosphorous (USEPA 6010), Electrical Conductivity (SM 2510B), Chloride/Sulfate (USEPA 300.0 Sulfide (SM 4500-S2D), Total Carbon and Nitrogen (Gremner and Mulvaney/Nelson and Sommers), Total Organic Carbon (USEPA 9060A)
 Triplicate Analysis List - Total TAL Metals/SPLP TAL Metals (USEPA 6010), Bioaccessible Arsenic and Lead at pH 1.5 and pH 2.5 (USEPA 6010B)

RELINQUISHED BY:
 Signature: Ryan W Bravchla
 Printed Name: Ryan W Bravchla
 Firm: Arcadis
 Date/Time: 10-12-17 1100

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Kristi Harker
 Firm: ALS
 Date/Time: 10/13/17 0930

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Sworf
 Firm: ALS
 Date/Time: 11-9-17 1100

RECEIVED BY:
 Signature: [Signature]
 Printed Name: OS Shane Whitmore
 Firm: OSU
 Date/Time: 11-9-17 1100

ALS Environmental-Kelso

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K1711288

Date 10-12-2017
PAGE 1 OF 1
SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00002
Project Contact: Kady Young Company: Arcadis
Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 307-949-0330
City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
Sampler's Signature: [Signature]

Sample I.D.	Date	Time	LAB ID	Matrix	Analysis Requested										REMARKS
					USEPA 6010/USEPA 6010B	SM 2510B	USEPA 300.0	SM 4500-S2D	Bremner and Mulvaney 1982, Nelson and Sommers 1982	USEPA 9060A	ASTM D422	NRMRL QMP L18735 Athens	Duplicate Analytical List	Triplicate Analytical List	
IC1-401-2A-101217	10-12-17	0920	7	S	X	X	X	X	X	X	X	X			Sample weight: 6,900g
IC2-401-2A-101217	10-12-17	1015	8	S	X	X	X	X	X	X	X	X		X	Sample weight: 6,870g
IC3-401-2A-101217	10-12-17	1055	9	S	X	X	X	X	X	X	X	X		X	Sample weight: 7,213g
IC-401-2C-101217	10-12-17	1250	10	S	X	X	X	X	X	X	X	X			Sample weight: 7,683g
IC-401-2D-101217	10-12-17	1400	11	S	X	X	X	X	X	X	X	X			Sample weight: 7,205g
				S											
				S											Composite samples prior to analysis
				S											
				S											
				S											

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____
Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
 IV. CLP Deliverable Report
 V. EDD

Comments/Special Instructions:
 Hold Remainder
 Duplicate Analysis List - Methyl III Extractable Lead and Phosphorous (USEPA 6010), Electrical Conductivity (SM 2510B), Chloride/Sulfate (USEPA 300.0 Sulfide (SM 4500-S2D), Total Carbon and Nitrogen (Gremer and Mulvaney/Nelson and Sommers), Total Organic Carbon (USEPA 9060A)
 Triplicate Analysis List - Total TAL Metals/SPL TAL Metals (USEPA 6010), Bioaccessible Arsenic and Lead at pH 1.5 and pH 2.5 (USEPA 6010B)

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: Ryan Brauchle
 Firm: Arcadis
 Date/Time: 10-13-2017 1000

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Rockelle Bendz
 Firm: ACS-Kelso, WA
 Date/Time: 10/14/17 10:50am

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: [Signature]
 Firm: ALS
 Date/Time: 11/9/17 1100

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Shane Whitaker
 Firm: 096
 Date/Time: 11-9-17 11:00

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Date 10-17-17
PAGE 1 OF 1
SR#

Project Name: Teck American - UCR SATES Project Number: B0095010.0005.00002
Project Contact: Kady Young Company: Arcadis
Company/Address: 189 North Cedar Street Phone: 307-203-3510 or 307-949-0330
City, State, Zip: Buffalo, WY 82834 FAX: 307-684-5961
Sampler's Signature: Ryan W Brachle

Sample I.D.	Date	Time	LAB ID	Matrix	Number of Containers	Analysis Requested										REMARKS
						USEPA 6010/USEPA 6010B	SM 2510B	USEPA 300.0	SM 4500-S2D	Brenner and Mulvaney 1982, Nelson and Sommers 1982	USEPA 9060A	ASTM D422	NRMRL QMP L18735 Athena	Duplicate Analytical List	Triplicate Analytical List	
✓ IC-258-3A-101717	10-17-17	0840	12	S	1	X	X	X	X	X	X	X	X			Sample weight: 9.577g
✓ IC-258-3B-101717	10-17-17	0915	13	S	1	X	X	X	X	X	X	X	X			Sample weight: 8.264g
✓ IC-258-3C-101717	10-17-17	0950	14	S	1	X	X	X	X	X	X	X	X			Sample weight: 5.463g
✓ IC-258-3D-101717	10-17-17	1020	15	S	1	X	X	X	X	X	X	X	X			Sample weight: 7.074g
✓ IC-441-1A-101617	10-16-17	0915	16	S	1	X	X	X	X	X	X	X	X			Sample weight: 7.130g
✓ IC-441-1B-101617	10-16-17	1015	17	S	1	X	X	X	X	X	X	X	X			Sample weight: 7.531g
✓ IC-441-1C-101617	10-16-17	1125	18	S	1	X	X	X	X	X	X	X	X			Sample weight: 5.110g
✓ IC-441-1D-101617	10-16-17	1250	19	S	1	X	X	X	X	X	X	X	X			Sample weight: 5.773g
				S												
				S												

TURNAROUND REQUIREMENTS
 24 hr 48 hr 5 day
 Standard (10 days)
 Provide FAX Preliminary Results
 Requested Report Date: _____

REPORT REQUIREMENTS
 I. Routine Report: Results, Method Blank, Surrogate, as required
 II. Report Dup., MS, MSD as required
 III. Data Validation Report (includes raw data)
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Comments/Special Instructions:
 Hold Remainder
 Duplicate Analysis List - Mehlich III Extractable Lead and Phosphorous (USEPA 6010), Electrical Conductivity (SM 2510B), Chloride/Sulfate (USEPA 300.0 Sulfide (SM 4500-S2D), Total Carbon and Nitrogen (Gremner and Mulvaney/Nelson and Sommers), Total Organic Carbon (USEPA 9060A)
 Triplicate Analysis List - Total TAL Metals/SPLP TAL Metals (USEPA 6010), Bioaccessible Arsenic and Lead at pH 1.5 and pH 2.5 (USEPA 6010B)

Invoice Information
 P.O. # UCR-ALS-D34-17
 Bill to: Cristy Kessel - Teck American
501 N Riverpoint Blvd, Suite 300 Spokane, WA 99201

RELINQUISHED BY:
 Signature: Ryan W Brachle
 Printed Name: Ryan W Brachle
 Firm: Arcadis
 Date/Time: 10-17-2017/1600

RECEIVED BY:
 Signature: J MORRISON
 Printed Name: J MORRISON
 Firm: ALS
 Date/Time: 10/18/17 0940

RELINQUISHED BY:
 Signature: [Signature]
 Printed Name: SWOLF
 Firm: ALS
 Date/Time: 11/8/17 1100

RECEIVED BY:
 Signature: [Signature]
 Printed Name: Chane Whitace
 Firm: OSU
 Date/Time: 11-9-17 11:00