

SWO Sampling COC: SW-NWRP, SWA-001 and Outfall 001A 06.18.2025

1 message

Chris Prosper <chris.prosper@linkan.com>

Wec

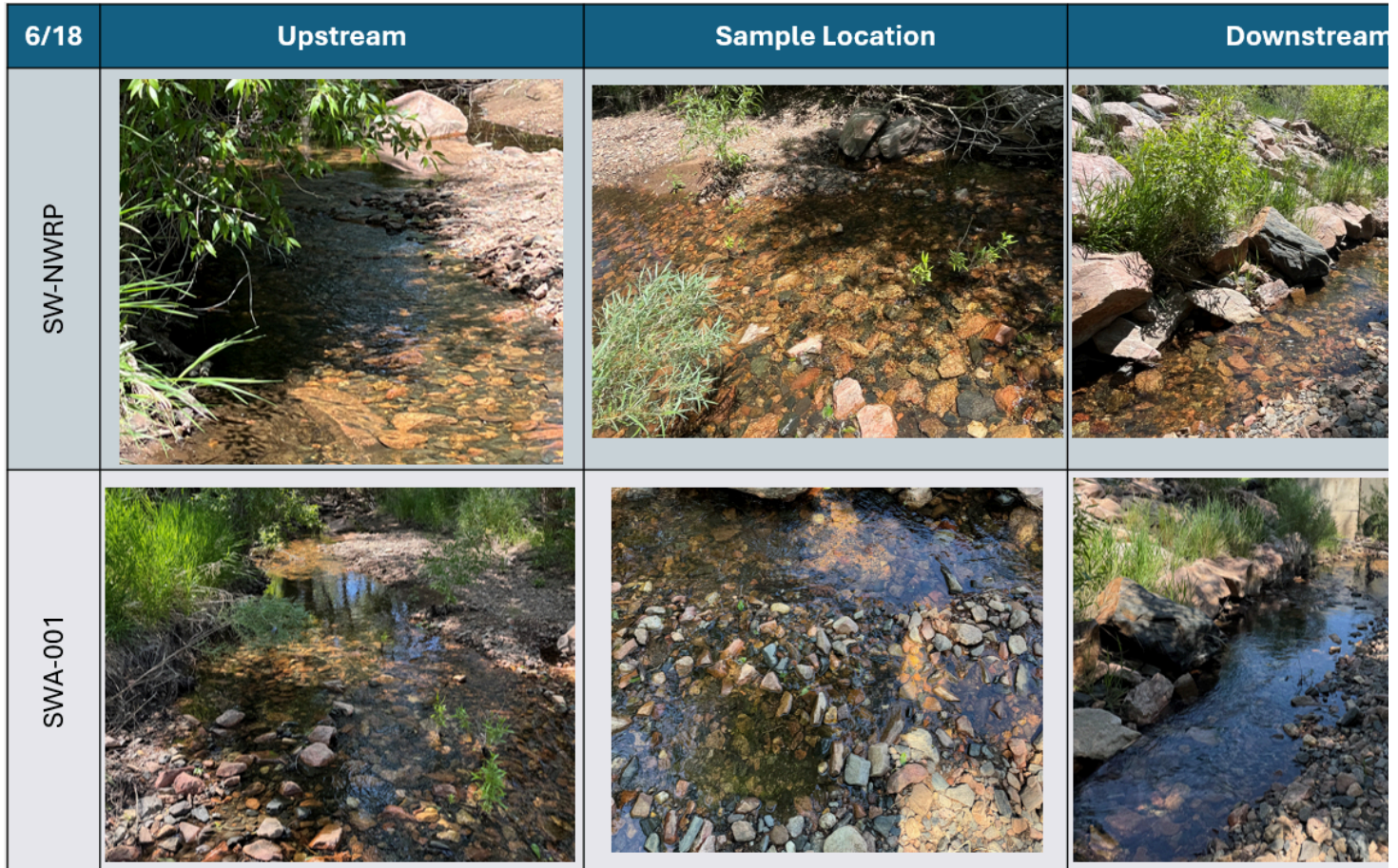
To: Peter Hays - DNR <peter.hays@state.co.us>, Adam Billin <Adam.Billin@linkan.com>

Cc: Brandy Wadford <brandy.wadford@linkan.com>, Alex Schwiebert <alex.schwiebert@linkan.com>, Jared Buck <jared.buck@linkan.com>, Quinn Westmoreland <quinn.westmoreland@linkan.com>, "pdelaney@blackfoxmining.com" <pdelaney@blackfoxmining.com>, Bryant Acevedo <bryant.acevedo@linkan.com>

Hello All,

Attached are the COCs from today's sampling of SW-NWRP and SWA-001. We did TSS and COD Sampling of outfall 001A.

Here are some pictures from the sampling:



The water samples had the following characteristics (measured in stream):

| | | |
|----------------------|------------------------------|-----------------------------|
| Sample Location | SWA-001 | SW-NWRP |
| Temperature (°C) | 15.2 | 13.4 |
| pH (s.u.) | 7.62 | 7.4 |
| Conductivity (uS/cm) | 462.2 | 453.7 |
| ORP (mV) | 63.4 | 46.1 |
| Dissolved O2 (mg/L) | 7.4 | 7.84 |
| Flowrate | 1.2 ft/s at 0.44 ft depth | 1.8 ft/s at 0.5 ft depth |

The flowrate measurements were taken at the center of the stream.

Please let me know if you have any questions.

Thanks,

Chris Prosper

Engineer



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Cell: 719-247-0564

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[Golden, Colorado 80401](#)

An Employee-Owned Company

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2 attachments

ChainOfCustody Outfall 001A Weekly 06.18.25.pdf
3303K

ChainOfCustody SWA-001A and SW-NWRP 06.18.25.pdf
4970K



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Report Information (if different than Account Information)

Quarterly Sampling - Table 2B

| | |
|--|--|
| Company/Name | Linkan |
| Contact | Alex Schwiebert |
| Phone | 775-397-6779 |
| Mailing Address | 2720 Ruby Vista Dr |
| City, State, Zip | Elko, NV 89801 |
| Email | see comments |
| Receive Report | <input type="checkbox"/> Hard Copy <input checked="" type="checkbox"/> Email |
| Special Report/Formats: | |
| <input type="checkbox"/> LEVEL IV <input type="checkbox"/> NELAC <input checked="" type="checkbox"/> EDD/EDT (contact laboratory) <input type="checkbox"/> Other _____ | |

Please email Report and EDD results to:
 chris.prosper@linkan.com
 adam.billin@linkan.com
 alex.schwiebert@linkan.com
 peter.hays@state.co.us

Matrix Codes

A - Air
W - Water
S - Soils/
Solids
V - Vegetation
B - Bioassay
O - Oil
DW - Drinking
Water

Analysis Requested[illegible]

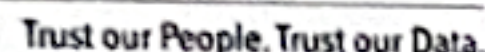
All turnaround times are standard unless marked as RUSH.

Energy Laboratories
MUST be contacted prior to
RUSH sample submittal for
charges and scheduling –
See Instructions Page

ELI is REQUIRED to provide preservative traceability. If the preservatives supplied with the bottle order were **NOT** used, please attach your preservative information with this COC.

| | | | | | | | | | |
|--|---|-----------------------------------|---------------------------------|--------------------------------|-------------------|---------------|------------------|------------------------------|----------------------------------|
| Custody Record MUST be signed | Relinquished by (print) <i>B. J. F. Acosta</i> | Date/Time <i>6/18/25/18:00</i> | Signature <i>[Signature]</i> | Received by (print) | Date/Time | Signature | | | |
| | Relinquished by (print) | Date/Time | Signature | Received by Laboratory (print) | Date/Time | Signature | | | |
| LABORATORY USE ONLY | | | | | | | | | |
| Shipped By | Cooler ID(s) | Custody Seals Y N C B | Intact Y N | Receipt Temp °C | Temp Blank Y N | On Ice Y N | CC Cash Check | Payment Type Amount \$ | Receipt Number (cash/check only) |

In certain circumstances, samples submitted to Energy Laboratories, Inc. may be subcontracted to other certified laboratories in order to complete the analysis requested. This serves as notice of this possibility. All subcontracted data will be clearly notated on your analytical report.



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Report Information *(if different than Account Information)*

Comments

| | |
|--|--|
| Report Information (if different than Account Information) | |
| Company/Name | Linkan |
| Contact | Alex Schwiebert |
| Phone | 775-397-6779 |
| Mailing Address | 2720 Ruby Vista Dr |
| City, State, Zip | Elko, NV 89801 |
| Email | see comments |
| Receive Report | <input type="checkbox"/> Hard Copy <input checked="" type="checkbox"/> Email |
| Special Report/Formats: | |
| <input type="checkbox"/> LEVEL IV <input type="checkbox"/> NELAC <input checked="" type="checkbox"/> EDD/EDT (contact laboratory) <input type="checkbox"/> Other _____ | |

Quarterly Sampling - Table 2B

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chris.prosper@linkan.com
adam.billin@linkan.com
alex.schwiebert@linkan.com
peter.hays@state.co.us

Project Information

| | |
|--|--|
| Project Name, PWSID, Permit, etc. Schwartzwalder Mine | |
| Sampler Name <i>Bryant Acevedo</i> | Sampler Phone <i>720-238-0169</i> |
| Sample Origin State Colorado | EPA/State Compliance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| URANIUM MINING CLIENTS MUST indicate sample type <input type="checkbox"/> Unprocessed Ore <input type="checkbox"/> Processed Ore (Ground or Refined) **CALL BEFORE SENDING <input type="checkbox"/> 11(e)2 Byproduct Material (Can ONLY be Submitted to ELI Casper Location) | |

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Solids
- V - Vegetation
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Analysis Requested[illegible]

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[illegible]

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| | | | | | | |
|--|-------------------------|-------------------|--------------------|--------------------------------|-----------|-----------|
| Custody Record MUST be signed | Relinquished by (print) | Date/Time | Signature | Received by (print) | Date/Time | Signature |
| | <i>Bryant Acosta</i> | <i>6/25/15:00</i> | <i>[Signature]</i> | | | |
| | Relinquished by (print) | Date/Time | Signature | Received by Laboratory (print) | Date/Time | Signature |
| | | | | | | |
| LABORATORY USE ONLY | | | | | | |

| | | | | | | | | | | | |
|------------|--------------|--------------------------|---------------|--------------------|-------------------|---------------|----|----------------------------------|--------------|----------------------------------|--|
| be signed | | LABORATORY USE ONLY | | | | | | | | | |
| Shipped By | Cooler ID(s) | Custody Seals Y N C B | Intact Y N | Receipt Temp °C | Temp Blank Y N | On Ice Y N | CC | Payment Type Cash Check _____ | Amount \$ | Receipt Number (cash/check only) | |

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