



Trust our People. Trust our Data.

Chain of Custody & Analytical Request Record

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Account Information (Billing Information)

Company/Name Linkan		
Contact Chris Prosper		
Phone 775-777-8003		
Mailing Address 2720 Ruby Vista Dr		
City, State, Zip Elko, NV 89801		
Email AP@linkan.com		
Receive Invoice <input type="checkbox"/> Hard Copy <input checked="" type="checkbox"/> Email	Receive Report <input type="checkbox"/> Hard Copy <input checked="" type="checkbox"/> Email	
Purchase Order 25-0152	Quote H17287	Bottle Order 195243

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	

Comments

Outfall 001A - Weekly Sample

Please email Report and EDD results to:
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 Bryant Accardo	Sampler Phone 7/238/6169
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)	

Matrix Codes

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

Analysis Requested

Sample Identification (Name, Location, Interval, etc.)	Collection		Number of Containers	Matrix (See Codes Above)	Analysis Requested										See Attached	RUSH TAT	ELI LAB ID Laboratory Use Only
	Date	Time			Total Suspended Solids	Chemical Oxygen Demand											
1 Outfall 001A	8-29	1245	1	W	X										•		
2 Outfall 001A	9-2	1345	1	W	X										•		
3 Outfall 001A	9-3	1400	2	W	X	X									•		
4																	
5																	
6																	
7																	
8																	
9																	

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) Bryant Accardo	Date/Time 9-3/1530	Signature [Signature]	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
				Payment Type CC Cash Check	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.