

CLIENT: Cootamundra Shire Council
CONTACT: Greg Ewings
ADDRESS: PO Box 420
 Cootamundra
 NSW 2590

TELEPHONE: _____
E-mail: _____

SAMPLE IDENTIFICATION	NATURE OF SAMPLE	DATE SAMPLED	TIME SAMPLED	CONTAINER TYPE	NUMBER OF CONTAINERS
Tip Dam 1 Surface (EPA Pt1)	Sedimentation Pond	27.10.21	7:05am	Plastic/glass	* 4
Tip Dam 2 Surface (EPA Pt4)	SS1	27.10.21	7:15am	Plastic/glass	* 4
Tip Dam 3 Surface (EPA Pt5)	SS2	27.10.21	7:25am	Plastic/glass	* 4
Tip Dam 4 Surface (Pending)		27.10.21	7:35am	Plastic/glass	* 4
Tip Bore 2 (EPA Pt 2)	Bore 1	Dry		Plastic	1 x 1L
Tip Bore 3 (EPA Pt 3)	Bore 2	Dry		Plastic	1 x 1L

ANALYTES REQUIRED Complete Back required

Alkalinity	Ammonia as N	Calcium, Iron, Magnesium	Manganese, Potassium, Sodium	Chloride, Fluoride, Nitrate, Sulphate	Electrical Conductivity	PH	Total Suspended Solids	Chlorinated Volatile Compounds	Total Organic Carbon	Total Phenolics	PAH (benzopyrene)	Benzene (BTEX)	TPH	Cyanide
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Sampling Frequency: Tip Dam Surface 1 & 4 - Quarterly. Tip Dam Surface 2 & 3 - Six Monthly. Tip Bore 2 & 3 - Quarterly
 * Bottles required for Tip Surface Water: 1 x 1L plastic and 1 x 500ml amber glass and 2 x 40 vials.

RELINQUISHED BY:	NAME: GREG FINNANEK	SIGNATURE: <i>[Signature]</i>	ORGANISATION: COOTAMUNDRA COUNCIL REGIONAL COUNCIL	DATE: 27.10.21	TIME: 7:40am
Mode of Transport:	TNT				
RECEIVED BY:	M. GLAZIER	<i>[Signature]</i>	EM	28.10.21	9:00

1407-0045
 210-0094