


1907-08445
2204-005

CLIENT:		Cootamundra Shire Council				ANALYSES REQUIRED														
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	13/4/22	7:00 am	Plastic/glass	*4	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tip Dam 2 Surface (EPA Pt4)	SSI	13/4/22	7:19	Plastic/glass	*4	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tip Dam 3 Surface (EPA Pt5)	SSI	13/4/22	7:15	Plastic/glass	*4	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tip Dam 4 Surface (Pending)		13/4/27	7:01	Plastic/glass	*4	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tip Bore 2 (EPA Pt 2)	Bore 1			Plastic	1 x 1L	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tip Bore 3 (EPA Pt 3)	Bore 2			Plastic	1 x 1 L	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.																				

REINFORCED BY:	NAME:	SIGNATURE:	ORGANISATION:	DATE:	TIME:
MODE OF TRANSPOIT:	Geoff Finvuar		Cootamundra Local Area Council		
RECEIVED BY:	TNT				