Mohave ENVIRONMENTAL LABORATORY

2580 Landon Dr., Suites A & B
Bullhead City, AZ 86429.
tel (928)754-8101
fax (928)754-8103

200 N. 2nd St. Ste.B
Holbrook, AZ 86025
tel (928)524-4635
fax (928)524-4635

toll free 888-777-4635

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Lab ID _____
Report Due Date _____
Page _____ of _____

Client: First Mesa Consolidated Villages / IWID# 3A00106	Phone: (928) 737-2670	Collector's Name: Alfonso Sakiya Jr.
Address: P.O. Box 260	Fax: (928) 737-2347	Project Name: Rural Water Arsenic
City, State & Zip: Polacca Arizona 86042	P.O. Number	Requested Turnaround Date: A.S.A.P.

Sample Type Codes

DW=Drinking Water, SD=Solids
WW=Wastewater, SO=Soil
SW=Surface Water, HW=Hazardous Waste
MW=Monitoring Well, Other:_____
C=COMPOSITE, G=GRAB

SAMPLE ID/LOCATION	DATE	TIME	NO. CONTAINERS	COMPOSITE / GRAB (C/G)	SAMPLE TYPE	Unpreserved	$Na_2S_2O_3$ (Thiosulfate)	NaOH	HNO_3	H_2SO_4	HCl		Arsenic
RPOU-West Well	3/22/16	09:47AM	1	P	G								X

Instructions/Comments/Permit Numbers:
Request test results on or by March 28th, 2016

SAMPLE RECEIPT	SAMPLE RELIQUISHED BY (SIGN AND PRINT)	SAMPLES RECEIVED BY (SIGN AND PRINT)	DATE/TIME
Temperature 2 °C	/ Alfonso Sakiya Jr.	/	3/22/16
Custody Seals Intact? Y N None	/	/	
Number of Containers:	/	/	

Mohave Environmental Lab's Standard Terms and Conditions apply unless written agreements specify otherwise. Payment terms are net 30 OAC.
To the maximum extent permitted by law, the Client agrees to limit the liability of Mohave Environmental Lab for the Client's damages to the total compensation received, unless other agreements are made in writing. This limitation shall apply regardless of the cause of action or legal theory pled or asserted.

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Client: Fort Mojave Indian Tribe
Address: PO Box 210
City, State & Zip: Parker Arizona 85402
Phone: (928) 727-2600
Fax: (928) 727-2247
P.O. Number
Collector's Name: Alonzo Shum
Project Name: OU02 - East Wide Area
Requested Turnaround Date: 2 Day

Sample Type Codes
DW=Drinking Water, SD=Solids
WW=Wastewater, SO=Soil
SW=Surface Water, HW=Hazardous Waste
MW=Monitoring Well, Other: ___
C=COMPOSITE, G=GRAB

SAMPLE ID/LOCATION	DATE	TIME	NO. CONTAINERS	COMPOSITE / GRAB (C/G)	SAMPLE TYPE	Unpreserved	$Na_2S_2O_3$ (Thiosulfate)	NaOH	HNO_3	H_2SO_4	HCl		Inorganic
OU02-East Wide	3/22/16	1400	1		G								X

Instructions/Comments/Permit Numbers:
Request test results on or by March 29th, 2016

SAMPLE RECEIPT	SAMPLE RELIQUISHED BY (SIGN AND PRINT)	SAMPLES RECEIVED BY (SIGN AND PRINT)	DATE/TIME
Temperature 5 °C	[signature] / Alonzo Shum Jr.	[signature] / Scott Baker	3/22/16 1705
Custody Seals Intact? Y N None	/	/	
Number of Containers: 1	/	/	

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