

POLLEN

ENVIRONMENTAL, LLC

3039 Davis Road Fairbanks, AK 99709 | 907.479.8368 | www.pollenenv.com

CHAIN OF CUSTODY/WORKORDER FORM

COC #: DEC Chena River

CLIENT INFORMATION		Contact Person: Jeff Fisher		Requested Analysis		Page 1 of 1																																	
Name: Alaska DEC		Billing Address: 610 University Ave		Perservative Added		Requested TAT:																																	
City, State, Zip: Fairbanks, Ak 99709		WWTP APDES #: N/A		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																		<input type="checkbox"/> Normal Turnaround <input type="checkbox"/> RUSH by: DATE: _____	
Phone: (907) 451-2347		PWS ID #: N/A		Number of Containers		Fecal		E. Coli																															
Fax:		Send Results to ADEC: <input type="checkbox"/> Yes <input type="checkbox"/> No				Purchase Order/Charge Code:																																	
Email: jeff.fisher@alaska.gov		Project Name: Chena River Monitoring																																					
Sampled By: JEFF FISHER																																							
Sample Identification	Sample Date	Sample Time	Matrix	Lab ID#	Sub Lab ID#				Sample Comments																														
Chena River Site 1	5-15-24	9:45am	Water	REF 94805		2	X	X																															
Chena River Site 2	5-15-24	10:30 AM	WATER	REF 94806		2	X	X																															
Chena River Site & Dup	5-15-24	10:45 AM	WATER	REF 94807		2	X	X																															
Chena River Site 3	5-15-24	10:55 AM	WATER	REF 94808		2	X	X																															
Special Instructions/QC Requirements & Comments:						Sample Temperatures																																	
						Pollen Env Temperature on arrival: 5.8 °C																																	
						Sub Lab Temperature on arrival: _____ °C																																	
Relinquished by: <i>[Signature]</i>	Company: DEC	Date & Time: 5/15/24 @ 11:28 AM	Received by: <i>[Signature]</i>	Company: <i>[Signature]</i>	Date & Time: 5/15/24 @ 11:34																																		
Relinquished by:	Company:	Date & Time:	Received by:	Company:	Date & Time:																																		
Relinquished by:	Company:	Date & Time:	Received by:	Company:	Date & Time:																																		

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CERTIFICATE OF ANALYSIS

Alaska Department of Environmental Conservation

Attn: Jeff Fisher

610 University Aveune

Fairbanks, AK 99709

Phone: (907) 451-2347

E-mail: jeff.fisher@alaska.gov

Report Date: 5/21/2024

Receipt Date: 5/15/2024

Sample Date: 5/15/2024

Sample Time: 9:45 AM

Sampled By: JF

Project / Location: **Chena River Monitoring**

Client Sample ID: **Chena River Site 1**

Pollen Env. Lab ID: **PEF94805**

COC #: **DEC Chena River**

Sample Matrix: **Water**

Definitions:

MRL = Method Reporting Limit

MPN = Most Probable Number

mg/L = milligrams per Liter

M = Matrix Interference

E = Estimated Result

Comments: Comments: Fecal run started 5/15/2024 at 3:10 PM.

Comments: Comments: E. coli run started 5/15/2024 at 3:10 PM.

Parameter	Analysis Method	Result	Units	MRL	Analyst	Analysis Date	Notes
Fecal Coliform	Colilert-18	<MRL	MPN/100mL	1.0	JKI	5/15/2024	
E. coli	SM9223B-QT	<MRL	MPN/100mL	1.0	JKI	5/15/2024	



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Report Date: 5/21/2024

Receipt Date: 5/15/2024

Sample Date: 5/15/2024

Sample Time: 10:30 AM

Sampled By: JF

Project / Location: **Chena River Monitoring**

Client Sample ID: **Chena River Site 2**

Pollen Env. Lab ID: **PEF94806**

COC #: **DEC Chena River**

Sample Matrix: **Water**

Definitions:

MRL = Method Reporting Limit

MPN = Most Probable Number

mg/L = milligrams per Liter

M = Matrix Interference

E = Estimated Result

Comments: Comments: Fecal run started 5/15/2024 at 3:10 PM.

Comments: Comments: E. coli run started 5/15/2024 at 3:10 PM.

Parameter	Analysis Method	Result	Units	MRL	Analyst	Analysis Date	Notes
Fecal Coliform	Colilert-18	<MRL	MPN/100mL	1.0	JKI	5/15/2024	
E. coli	SM9223B-QT	1.0	MPN/100mL	1.0	JKI	5/15/2024	



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Report Date: 5/21/2024

Receipt Date: 5/15/2024

Sample Date: 5/15/2024

Sample Time: 9:45 AM

Sampled By: JF

Project / Location: **Chena River Monitoring**

Client Sample ID: **Chena River Site 1 Dup.**

Pollen Env. Lab ID: **PEF94807**

COC #: **DEC Chena River**

Sample Matrix: **Water**

Definitions:

MRL = Method Reporting Limit

MPN = Most Probable Number

mg/L = milligrams per Liter

M = Matrix Interference

E = Estimated Result

Comments: Comments: Fecal run started 5/15/2024 at 3:10 PM.

Comments: Comments: E. coli run started 5/15/2024 at 3:10 PM.

Parameter	Analysis Method	Result	Units	MRL	Analyst	Analysis Date	Notes
Fecal Coliform	Colilert-18	1.0	MPN/100mL	1.0	JKI	5/15/2024	
E. coli	SM9223B-QT	1.0	MPN/100mL	1.0	JKI	5/15/2024	



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Phone: (907) 451-2347

E-mail: jeff.fisher@alaska.gov

Report Date: 5/21/2024

Receipt Date: 5/15/2024

Sample Date: 5/15/2024

Sample Time: 10:55 AM

Sampled By: JF

Project / Location: **Chena River Monitoring**

Client Sample ID: **Chena River Site 3**

Pollen Env. Lab ID: **PEF94808**

COC #: **DEC Chena River**

Sample Matrix: **Water**

Definitions:

MRL = Method Reporting Limit

MPN = Most Probable Number

mg/L = milligrams per Liter

M = Matrix Interference

E = Estimated Result

Comments: Comments: Fecal run started 5/15/2024 at 3:10 PM.

Comments: Comments: E. coli run started 5/15/2024 at 3:10 PM.

Parameter	Analysis Method	Result	Units	MRL	Analyst	Analysis Date	Notes
Fecal Coliform	Colilert-18	1.0	MPN/100mL	1.0	JKI	5/15/2024	
E. coli	SM9223B-QT	3.1	MPN/100mL	1.0	JKI	5/15/2024	



Jerry Pollen

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SAMPLE RECEIPT CHECKLIST

Date & Time Received 5-15-24 @ 11:34 Initials CJS/ADP

Laboratory Identification PEF94805 - 94808

- | N/A | YES | NO | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Custody Seals intact? (N/A if hand delivered) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Chain of Custody (COC) present and properly filled out? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Samples received in hold-time? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Proper container and preservatives used? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Bottles received intact and properly labeled? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Do sample labels match the COC? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Sufficient volume of sample for all analysis? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Temperature Blank received in cooler? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Did samples arrive in container with ice/ice packs? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If samples are above 6 Degrees Celsius, were samples taken within two hours of delivery to lab? If so, mark ITTC (Insufficient Time To Cool) on COC form. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are air bubbles present in VOA vials? |

Notes: _____

*Temperature upon receipt at the laboratory 5.8°C

- internal sample kit thermometer infra-red thermometer