

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		Purchase Order/Charge Code:		Perservative Added								Requested TAT: <input type="checkbox"/> Normal Turnaround <input type="checkbox"/> RUSH by: DATE: _____
Billing Address: 610 University Ave				E. Coli SM9223B-QT								
City, State, Zip: Fairbanks, Ak 99709				Fecal Coliform SM9222D								
Phone: (907) 451-2347				Number of Containers								
Fax:				2								
Email: jeff.fisher@alaska.gov				2								
Project Name: Chena River Monitoring				2								
Sampled By: Jeff Fisher		2										
WWTP APDES #: N/A										Sample Comments		
PWS ID #: N/A												
Send Results to ADEC: <input type="checkbox"/> Yes <input type="checkbox"/> No												
Sample Identification		Sample Date		Sample Time		Matrix		Lab ID#			Sub Lab ID#	
Chena River Site 1		7/25/24		1:45pm		WATER		PEF 97269			2	
Chena River Site 2		7/25/24		2:20pm		WATER		PEF 97270		2		
Chena River Site 3		7/25/24		2:45pm		WATER		PEF 97271		2		
Chena River Site 3 Duplicate		7/25/24		2:45pm		WATER		PEF 97272		2		
Special Instructions/QC Requirements & Comments:										Sample Temperatures		
										Pollen Env Temperature on arrival: 4.4 °C		
										Sub Lab Temperature on arrival: _____ °C		
Relinquished by: <i>JM</i>		Company: DEC		Date & Time: 7/25/24 @ 15:25		Received by: <i>Cecy Schneider</i>		Company: <i>Pollen Env</i>		Date & Time: 7/25/24 @ 15:25		
Relinquished by:		Company:		Date & Time:		Received by:		Company:		Date & Time:		
Relinquished by:		Company:		Date & Time:		Received by:		Company:		Date & Time:		

Accuracy, Precision, and Professional Service

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CERTIFICATE OF ANALYSIS

Alaska Department of Environmental Conservation

Attn: Jeff Fisher

610 University Avenue

Fairbanks, AK 99709

Phone: (907) 451-2347

E-mail: jeff.fisher@alaska.gov

Report Date: 7/26/2024

Receipt Date: 7/25/2024

Sample Date: 7/25/2024

Sample Time: 1:45 PM

Sampled By: JF

Project / Location: **Chena River Monitoring**

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

Pollen Env. Lab ID: **PEF97269**

COC #: **DEC Chena River**

Sample Matrix: **Water**

Definitions:

MRL = Method Reporting Limit

MPN = Most Probable Number

CFU = Colony Forming Unit

mg/L = milligrams per Liter

M = Matrix Interference

E = Estimated Result

Comments: Fecal run started 7/25/2024 at 4:45 PM.

Comments: E. coli run started 7/25/2024 at 3:50 PM.

Parameter	Analysis Method	Result	Units	MRL	Analyst	Analysis Date	Notes
Fecal Coliform	SM9222D	20.0	CFU/100mL	1.0	JKI	7/25/2024	
E. coli	SM9223B-QT	20.1	MPN/100mL	1.0	JKI	7/25/2024	



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Report Date: 7/26/2024
 Receipt Date: 7/25/2024
 Sample Date: 7/25/2024
 Sample Time: 2:20 PM
 Sampled By: JF

Project / Location: **Chena River Monitoring**
 Client Sample ID: **Chena River Site 2**
 Pollen Env. Lab ID: **PEF97270**
 COC #: **DEC Chena River**
 Sample Matrix: **Water**

Definitions:
 MRL = Method Reporting Limit
 MPN = Most Probable Number
 CFU = Colony Forming Unit
 mg/L = milligrams per Liter
 M = Matrix Interference
 E = Estimated Result

Comments: Fecal run started 7/25/2024 at 4:45 PM.
Comments: E. coli run started 7/25/2024 at 3:50 PM.

Parameter	Analysis Method	Result	Units	MRL	Analyst	Analysis Date	Notes
Fecal Coliform	SM9222D	16.0	CFU/100mL	1.0	JKI	7/25/2024	
E. coli	SM9223B-QT	27.5	MPN/100mL	1.0	JKI	7/25/2024	



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Report Date: 7/26/2024

Receipt Date: 7/25/2024

Sample Date: 7/25/2024

Sample Time: 2:45 PM

Sampled By: JF

Project / Location: **Chena River Monitoring**

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

Pollen Env. Lab ID: **PEF97271**

COC #: **DEC Chena River**

Sample Matrix: **Water**

Definitions:

MRL = Method Reporting Limit

MPN = Most Probable Number

CFU = Colony Forming Unit

mg/L = milligrams per Liter

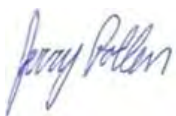
M = Matrix Interference

E = Estimated Result

Comments: Fecal run started 7/25/2024 at 4:45 PM.

Comments: E. coli run started 7/25/2024 at 3:50 PM.

Parameter	Analysis Method	Result	Units	MRL	Analyst	Analysis Date	Notes
Fecal Coliform	SM9222D	12.0	CFU/100mL	1.0	JKI	7/25/2024	
E. coli	SM9223B-QT	25.0	MPN/100mL	1.0	JKI	7/25/2024	



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E-mail: jeff.fisher@alaska.gov

Report Date: 7/26/2024

Receipt Date: 7/25/2024

Sample Date: 7/25/2024

Sample Time: 2:45 PM

Sampled By: JF

Project / Location: **Chena River Monitoring**
Client Sample ID: **Chena River Site 3 Duplicate**
Pollen Env. Lab ID: **PEF97272**
COC #: **DEC Chena River**
Sample Matrix: **Water**

Definitions:

MRL = Method Reporting Limit

MPN = Most Probable Number

CFU = Colony Forming Unit

mg/L = milligrams per Liter

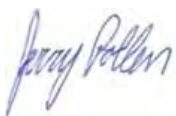
M = Matrix Interference

E = Estimated Result

Comments: Fecal run started 7/25/2024 at 4:45 PM.

Comments: E. coli run started 7/25/2024 at 3:50 PM.

Parameter	Analysis Method	Result	Units	MRL	Analyst	Analysis Date	Notes
Fecal Coliform	SM9222D	13.0	CFU/100mL	1.0	JKI	7/25/2024	
E. coli	SM9223B-QT	20.1	MPN/100mL	1.0	JKI	7/25/2024	



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SAMPLE RECEIPT CHECKLIST

Date & Time Received 7/22/24 @ 15:25 Initials CJV

Laboratory Identification PEF 97269 - 97272

- | 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 checked="" 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 4.4 °C

- internal sample kit thermometer infra-red thermometer