

# COMPLETE PFAS SAMPLING RESULTS

Contaminant of Concern (ng/L)	ADEC Action Levels	Public Water System Source by Community														
		Ambler		Buckland	Deering	Kiana		Kivalina	Kobuk	Kotzebue		Noatak		Noorvik	Selawik	Shungnak
		2002 Well	1982 Well	Buckland River	Inmachuk River	Upper Well	Lower Well	Wulik River	Main Well	Devils Lake	Vortac Lake	Well # 5	Well # 6	Kobuk River	Selawik River	Kobuk River
PFOA	Combination of the analytes should not exceed 70 ng/L	0.31	0.36	ND	ND	ND	ND	ND	0.32	ND	ND	ND	ND	0.23	0.41	ND
PFOS		ND	ND	ND	ND	ND	ND	ND	0.29	ND	ND	ND	ND	ND	0.43	ND
PFHpA	No Action Levels	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
PFNA		ND	ND	ND	0.21	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
PFHxS		0.34	0.39	ND	ND	ND	ND	ND	ND	5.43	ND	ND	ND	ND	ND	ND
PFBS		0.27	0.28	ND	0.38	ND	ND	ND	ND	ND	3.82	ND	ND	ND	ND	ND

 Detectable Concentration

## ND = Not Detected

Results are “Not Detected” when the concentration is lower than the Detection Limit.

## Measurement Equivalents

1 ng/L = 1 ppt

One nanogram per liter equals one part per trillion

## Contaminants Name and Acronym

Perfluorooctanoic Acid (PFOA)

Perfluorooctane Sulfonate (PFOS)

Perfluoroheptanoic Acid (PFHpA)

Perfluorononanoic Acid (PFNA)

Perfluorohexane Sulfonate (PFHxS)

Perfluorobutane Sulfonate (PFBS)

Presented are the complete PFAS sampling results from each public water system source in the Northwest Arctic Borough (2019). The Department of Environmental Conservation (ADEC) recommends drinking water samples check for 6 different PFAS contaminants. On the left are all six of the PFAS contaminant acronyms that were analyzed. The second table column shows the ADEC Action Levels which mirror the EPA Health Advisory Limit of 70 ng/L for the sum of PFOA and PFOS concentrations (PFOA and PFOS results are outlined red in the table). 11 communities were investigated and 15 different water sources were sampled.

**According to ADEC’s current health guidelines, all public water system sources in the Northwest Arctic Borough have safe PFAS levels.**

Generic  
Maniilaq Association

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**Work Order:** 1195954  
City of Kivalina  
**Client:** Maniilaq Association  
**Report Date:** October 15, 2019

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Enclosed are the analytical results associated with the above work order. The results apply to the samples as received. All results are intended to be used in their entirety and SGS is not responsible for use of less than the complete report. If you have any questions regarding this report, or if we can be of any other assistance, please contact your SGS Project Manager at 907-562-2343. This document is issued by the Company under its General Conditions of Service accessible at <<http://www.sgs.com/en/Terms-and-Conditions.aspx>>. Attention is drawn to the limitation of liability, indemnification and jurisdiction issues defined therein. Any holder of this document is advised that information contained hereon reflects the Company's findings at the time of its intervention only and within the limits of Client's instructions, if any. The Company's sole responsibility is to its Client and this document does not exonerate parties to a transaction from exercising all their rights and obligations under the transaction documents. Any unauthorized alteration, forgery or falsification of the content or appearance of this document is unlawful and offenders may be prosecuted to the fullest extent of the law.

SGS maintains a formal Quality Assurance/Quality Control (QA/QC) program. A copy of our Quality Assurance Plan (QAP), which outlines this program, is available at your request. The laboratory certification numbers are AK00971 (DW Chemistry & Microbiology) & 17-021 (CS) for ADEC and 2944.01 for DOD ELAP/ISO 17025 (RCRA methods: 1020B, 1311, 3010A, 3050B, 3520C, 3550C, 5030B, 5035A, 6020A, 7470A, 7471B, 8015C, 8021B, 8082A, 8260C, 8270D, 8270D-SIM, 9040C, 9045D, 9056A, 9060A, AK101 and AK102/103). SGS is only certified for the analytes listed on our Drinking Water Certification, and only those analytes will be reported to the State of Alaska for compliance. Except as specifically noted, all statements and data in this report are in conformance to the provisions set forth by the SGS QAP and, when applicable, other regulatory authorities.

The following descriptors or qualifiers may be found in your report:

*	The analyte has exceeded allowable regulatory or control limits.
!	Surrogate out of control limits.
B	Indicates the analyte is found in a blank associated with the sample.
CCV/CVA/CVB	Continuing Calibration Verification
CCCV/CVC/CVCA/CVCB	Closing Continuing Calibration Verification
CL	Control Limit
DF	Analytical Dilution Factor
DL	Detection Limit (i.e., maximum method detection limit)
E	The analyte result is above the calibrated range.
GT	Greater Than
ICV	Initial Calibration Verification
J	The quantitation is an estimation.
LCS(D)	Laboratory Control Spike (Duplicate)
LLQC/LLIQC	Low Level Quantitation Check
LOD	Limit of Detection (i.e., 1/2 of the LOQ)
LOQ	Limit of Quantitation (i.e., reporting or practical quantitation limit)
LT	Less Than
MB	Method Blank
MS(D)	Matrix Spike (Duplicate)
ND	Indicates the analyte is not detected.
RPD	Relative Percent Difference
U	Indicates the analyte was analyzed for but not detected.

Note: Sample summaries which include a result for "Total Solids" have already been adjusted for moisture content.  
All DRO/RRO analyses are integrated per SOP.



**SGS North America Inc.**  
**CHAIN OF CUSTODY RECORD**

**1195954**




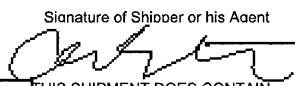
www.us.sqs.com

Instructions: Sections 1 - 5 must be filled out. Omissions may delay the onset of analysis.				Preservative	
Section 3		Section 4			
Section 1		Section 2			
<b>CLIENT:</b> Manillaq Associates <b>CONTACT:</b> Charlotte Sheridan <b>PROJECT NAME:</b> City of Kivalina <b>REPORTS TO:</b> Speterson@zendary.com <b>INVOICE TO:</b> Charlotte.Sheridan@manillaq.com <b>PHONE #:</b> 907-442-7783		<b>PROJECT/PERMIT #:</b> <b>E-MAIL:</b> <b>Profile #:</b> <b>QUOTE #:</b> <b>P.O. #:</b>			
RESERVED for lab use	SAMPLE IDENTIFICATION	DATE mm/dd/yy	TIME HH:MM	MATRIX CODE	ANALYSIS*
(IAB) Raw water tap before filters				DW	Comp
					Grab
					MI (Multi-Incremental)
<b>Relinquished By: (1)</b> Joe Swan <b>Relinquished By: (2)</b> Charlotte Sheridan <b>Relinquished By: (3)</b> <b>Relinquished By: (4)</b>		<b>Received By:</b> Charlotte Sheridan <b>Received By:</b> <b>Received By:</b> <b>Received For Laboratory By:</b>			
<b>Temp Blank °C:</b> 2.6 D57 <b>Chain of Custody Seal: (Circle)</b> INTACT <b>Delivery Method: Hand Delivery</b>		<b>Temp Blank °C:</b> 2.6 D57 <b>Chain of Custody Seal: (Circle)</b> INTACT <b>Delivery Method: Hand Delivery</b>			

<http://www.sgs.com/terms-and-conditions>

027 OTZ 2979 5813

027-2979 5813

Shipper's Name and Address <b>Maniilaq Health Center Ph</b> 436 and 5th Ted Stevens Way Kotzebue, AK 99752 USA Tel: 907-442-7182		Shipper's Account Number <b>27442486488</b> Customer's ID Number <b>45260</b>		Not Negotiable <b>Air Waybill</b> Issued By <b>Alaska.</b> <b>AIR CARGO</b> P.O. BOX 68900 SEATTLE, WA 98168 800-225-2752 ALASKACARGO.COM	
Consignee's Name and Address <b>SGS CT and ENVIRONM</b> 200 W Potter Drive Anchorage, AK 99518 USA Tel: 907-562-2343		Consignee's Account Number <b>27400215947</b>		Also notify <b>1195954</b> 	
Issuing Carrier's Agent and City		Accounting Information <b>Maniilaq Health Center Pharmacy</b> 436 and 5th Ted Stevens Way Kotzebue, AK 99752 USA 45260		Tel.	
Agent's IATA Code		Account No.		GoldStreak	
Airport of Departure (Addr. of First Carrier) and Requested Routing <b>Kotzebue</b>					
To By First Carrier <b>ANC Alaska Airlines</b>		To / By	To / By	Currency <b>USD PZ</b>	WT/VAL <b>X</b>
Airport of Destination <b>Anchorage</b>		Flight/Date <b>AS 153/03</b>	Flight/Date	Declared Value For Carriage <b>NVD</b>	Declared Value For Customs <b>NCV</b>
Handling Information		Amount of Insurance <b>XXX</b>		SCI	
No of Pieces	Gross Weight	kg lb	Commodity Item No.	Chargeable Weight	Rate / Charge
1	7.0	1		7.0	
Total			AS AGREED		
Nature and Quantity of Goods (Incl. Dimensions or Volume)			WATER SAMPLE		
Dims: 11 x 9 x 8 x 1			GSX		
1	7.0				AS AGREED
Prepaid		Weight Charge		Other Charges	
AS AGREED				XBC 10.00	
Valuation Charge					
Tax					
Total Other Charges Due Agent					
Total Other Charges Due Carrier					
Total Prepaid		Total Collect			
AS AGREED					
Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations. I consent to the inspection of this cargo.					
For: Maniilaq Health Center Pharmacy					
Signature of Shipper or his Agent					
					
THIS SHIPMENT DOES NOT CONTAIN DANGEROUS GOODS					
THIS SHIPMENT DOES CONTAIN DANGEROUS GOODS					
03 Oct 2019 16:30 Kotzebue Alaska Airlines					
Executed On (Date) at (Place) Signature of Issuing Carrier or its Agent					
027-2979 5813					

**Alert Expeditors Inc.**

**#397962**

Citywide Delivery • 440-3351  
8421 Flamingo Drive • Anchorage, Alaska 99502

Date

From

To

Collect ☐

Prepay ☐

Account ☐

Advance Charges ☐

Job #

PO#

**1195954**



Shipped Signature

Total Charge

Received By:



SGS North America Inc.  
CHAIN OF CUSTODY RECORD

1195954



WWW.US.SGS.COM

Profile: 364493 NSW DH 19

CLIENT: Manillaq Association		CONTACT: Charlotte Sheridan		PHONE #: 907-442-7783	
PROJECT NAME: City of Kivalina		PROJECT/ PWSID/ PERMIT#:		PRESERVATIVE	
REPORTS TO: spkerson@zendatronics.com		E-MAIL:		Analysis*	
INVOICE TO: Charlotte Sheridan Manillaq Association		Profile #:		NOTE: *The following analyses require specific method and/or compound list: BTEX, Metals, PFAS	
Manillaq Association		QUOTE #:		REMARKS/LOC ID	
P.O. #:		DATE mm/dd/yy		TIME HH:MM	
RESERVED for lab use		SAMPLE IDENTIFICATION		MATRIX CODE	
1		Raw water tap before filters		DW	
2		Grab		EPA 537 - PFAS	
3					
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Section 1		Section 2		Section 3		Section 4		Section 5	
Relinquished By: (1)		Relinquished By: (2)		Relinquished By: (3)		Relinquished By: (4)		Relinquished By: (5)	
Joe Swan		Charlotte Sheridan		Charlotte Sheridan		Charlotte Sheridan		Charlotte Sheridan	
10-2-19 3:00 PM		10-2-19 3:05 PM		10-2-19 3:05 PM		10-2-19 3:05 PM		10-2-19 3:05 PM	
Received By:		Received By:		Received By:		Received By:		Received By:	
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Section 6		Section 7		Section 8		Section 9		Section 10	
Relinquished By: (6)		Relinquished By: (7)		Relinquished By: (8)		Relinquished By: (9)		Relinquished By: (10)	
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Section 11		Section 12		Section 13		Section 14		Section 15	
Relinquished By: (11)		Relinquished By: (12)		Relinquished By: (13)		Relinquished By: (14)		Relinquished By: (15)	
Joe Swan		Charlotte Sheridan		Charlotte Sheridan		Charlotte Sheridan		Charlotte Sheridan	
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Section 16		Section 17		Section 18		Section 19		Section 20	
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Section 21		Section 22		Section 23		Section 24		Section 25	
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Section 26		Section 27		Section 28		Section 29		Section 30	
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Section 31		Section 32		Section 33		Section 34		Section 35	
Relinquished By: (31)		Relinquished By: (32)		Relinquished By: (33)		Relinquished By: (34)		Relinquished By: (35)	
Joe Swan		Charlotte Sheridan		Charlotte Sheridan		Charlotte Sheridan		Charlotte Sheridan	
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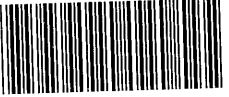
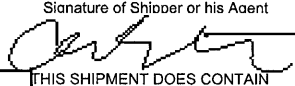
Section 36		Section 37		Section 38		Section 39		Section 40	
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Joe Swan		Charlotte Sheridan		Charlotte Sheridan		Charlotte Sheridan		Charlotte Sheridan	
10-2-19 3:00 PM		10-2-19 3:05 PM		10-2-19 3:05 PM		10-2-19 3:05 PM		10-2-19 3:05 PM	
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Section 41		Section 42		Section 43		Section 44		Section 45	
Relinquished By: (41)		Relinquished By: (42)		Relinquished By: (43)		Relinquished By: (44)		Relinquished By: (45)	
Joe Swan		Charlotte Sheridan		Charlotte Sheridan		Charlotte Sheridan		Charlotte Sheridan	
10-2-19 3:00 PM		10-2-19 3:05 PM		10-2-19 3:05 PM		10-2-19 3:05 PM		10-2-19 3:05 PM	
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Section 46		Section 47		Section 48		Section 49		Section 50	
Relinquished By: (46)		Relinquished By: (47)		Relinquished By: (48)		Relinquished By: (49)		Relinquished By: (50)	
Joe Swan		Charlotte Sheridan		Charlotte Sheridan		Charlotte Sheridan		Charlotte Sheridan	
10-2-19 3:00 PM		10-2-19 3:05 PM		10-2-19 3:05 PM		10-2-19 3:05 PM		10-2-19 3:05 PM	
Received By:		Received By:		Received By:		Received By:		Received By:	
Date		Date		Date		Date		Date	
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027 OTZ 2979 5813

027-2979 5813

Shipper's Name and Address <b>Maniilaq Health Center Ph 436 and 5th Ted Stevens Way Kotzebue, AK 99752 USA</b>  Tel: 907-442-7182		Shipper's Account Number <b>27442486488</b>  Customer's ID Number <b>45260</b>		Not Negotiable <b>Air Waybill</b> Issued By  <b>Alaska.</b> <b>AIR CARGO</b>  P.O. BOX 68900 SEATTLE, WA 98168 800-225-2752 ALASKACARGO.COM	
Consignee's Name and Address <b>SGS CT and ENVIRONM 200 W Potter Drive Anchorage, AK 99518 USA</b>  Tel: 907-562-2343		Consignee's Account Number <b>27400215947</b>		Also notify <b>1195954</b> 	
Issuing Carrier's Agent and City		Accounting Information <b>Maniilaq Health Center Pharmacy 436 and 5th Ted Stevens Way Kotzebue, AK 99752 USA</b>  45260			
Agent's IATA Code		Account No.			
Airport of Departure (Addr. of First Carrier) and Requested Routing <b>Kotzebue</b>		GoldStreak			
To By First Carrier <b>ANC Alaska Airlines</b>		To / By	To / By	Currency <b>USD PZ</b>	WT/VAL <b>X</b>
Airport of Destination <b>Anchorage</b>		Flight/Date <b>AS 153/03</b>		Declared Value For Carriage <b>NVD</b>	Declared Value For Customs <b>NCV</b>
Handling Information		Amount of Insurance <b>XXX</b>		SCI	
No of Pieces	Gross Weight	kg	lb	Commodity Item No.	Chargeable Weight
1	7.0	1			7.0
Total		Rate / Charge		Nature and Quantity of Goods (Incl. Dimensions or Volume)	
AS AGREED				WATER SAMPLE	
AS AGREED				Dims: 11 x 9 x 8 x 1	
AS AGREED				GSX	
AS AGREED				Volume: 0.458	
Prepaid		Weight Charge		Collect	
AS AGREED				XBC 10.00	
Valuation Charge					
Tax					
Total Other Charges Due Agent				Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations. I consent to the inspection of this cargo.	
Total Other Charges Due Carrier				For: Maniilaq Health Center Pharmacy	
				Signature of Shipper or his Agent	
					
Total Prepaid		Total Collect		THIS SHIPMENT DOES NOT CONTAIN DANGEROUS GOODS	
AS AGREED				THIS SHIPMENT DOES CONTAIN DANGEROUS GOODS	
				03 Oct 2019 16:30 Kotzebue Alaska Airlines	
				Executed On (Date) at (Place) Signature of Issuing Carrier or its Agent	
				027-2979 5813	

**Alert Expeditors Inc.**

**#397962**

Citywide Delivery • 440-3351  
8421 Flamingo Drive • Anchorage, Alaska 99502

Date

From

To

Collect ☐

Prepay ☐

Account ☐

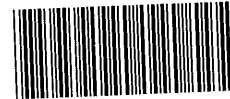
Advance Charges ☐

Job #

PO#

Samples

**1195954**



Shipped Signature

Received By:

Total Charge





## e-Sample Receipt Form

SGS Workorder #:

1195954



1 1 9 5 9 5 4

Review Criteria		Condition (Yes, No, N/A)	Exceptions Noted below	
<b>Chain of Custody / Temperature Requirements</b>			N/A	Exemption permitted if sampler hand carries/delivers.
Were Custody Seals intact? Note # & location	Yes	2S		
COC accompanied samples?	Yes			
DOD: Were samples received in COC corresponding coolers?	N/A			
N/A **Exemption permitted if chilled & collected <8 hours ago, or for samples where chilling is not required				
Temperature blank compliant* (i.e., 0-6 °C after CF)?	Yes	Cooler ID: 1	@ 2.6 °C	Therm. ID: D57
If samples received without a temperature blank, the "cooler temperature" will be documented instead & "COOLER TEMP" will be noted to the right. "ambient" or "chilled" will be noted if neither is available.		Cooler ID:	@	°C Therm. ID:
		Cooler ID:	@	°C Therm. ID:
		Cooler ID:	@	°C Therm. ID:
		Cooler ID:	@	°C Therm. ID:
*If >6°C, were samples collected <8 hours ago?		N/A		
If <0°C, were sample containers ice free?		N/A		
Note: Identify containers received at non-compliant temperature . Use form FS-0029 if more space is needed.				
<b>Holding Time / Documentation / Sample Condition Requirements</b>		Note: Refer to form F-083 "Sample Guide" for specific holding times.		
Were samples received within holding time?	Yes			
Do samples match COC** (i.e., sample IDs, dates/times collected)?	No	No collection date/time on COC. Proceeding with sample labels.		
**Note: If times differ <1hr, record details & login per COC. ***Note: If sample information on containers differs from COC, SGS will default to COC information				
Were analytical requests clear? (i.e., method is specified for analyses with multiple option for analysis (Ex: BTEX, Metals))	Yes			
Were proper containers (type/mass/volume/preservative***) used?		Yes	N/A	***Exemption permitted for metals (e.g., 200.8/6020A).
<b>Volatile / LL-Hg Requirements</b>				
Were Trip Blanks (i.e., VOAs, LL-Hg) in cooler with samples?	N/A			
Were all water VOA vials free of headspace (i.e., bubbles ≤ 6mm)?	N/A			
Were all soil VOAs field extracted with MeOH+BFB?	N/A			
Note to Client: Any "No", answer above indicates non-compliance with standard procedures and may impact data quality.				
Additional notes (if applicable):				

## Sample Containers and Preservatives

<u>Container Id</u>	<u>Preservative</u>	<u>Container Condition</u>	<u>Container Id</u>	<u>Preservative</u>	<u>Container Condition</u>
1195954001-A	Trizma	OK			
1195954001-B	Trizma	OK			

### Container Condition Glossary

Containers for bacteriological, low level mercury and VOA vials are not opened prior to analysis and will be assigned condition code OK unless evidence indicates than an inappropriate container was submitted.

OK - The container was received at an acceptable pH for the analysis requested.

BU - The container was received with headspace greater than 6mm.

DM - The container was received damaged.

FR - The container was received frozen and not usable for Bacteria or BOD analyses.

IC - The container provided for microbiology analysis was not a laboratory-supplied, pre-sterilized container and therefore was not suitable for analysis.

NC- The container provided was not preserved or was under-preserved. The method does not allow for additional preservative added after collection.

PA - The container was received outside of the acceptable pH for the analysis requested. Preservative was added upon receipt and the container is now at the correct pH. See the Sample Receipt Form for details on the amount and lot # of the preservative added.

PH - The container was received outside of the acceptable pH for the analysis requested. Preservative was added upon receipt, but was insufficient to bring the container to the correct pH for the analysis requested. See the Sample Receipt Form for details on the amount and lot # of the preservative added.

QN - Insufficient sample quantity provided.

The results set forth herein are provided by SGS North America Inc.

*e-Hardcopy 2.0*  
*Automated Report*

## Technical Report for

**SGS North America, Inc**

**1195954**

**SGS Job Number: FA68833**

**Sampling Date: 10/02/19**

### Report to:

SGS North America, Inc  
200 W Potter Dr  
Anchorage, AK 99518  
julie.shumway@sgs.com

**ATTN: Julie Shumway**

**Total number of pages in report: 9**



Test results contained within this data package meet the requirements of the National Environmental Laboratory Accreditation Program and/or state specific certification programs as applicable.

A handwritten signature in black ink, appearing to read "Caitlin Brice".

**Caitlin Brice, M.S.**  
**General Manager**

**Client Service contact: Andrea Colby 407-425-6700**

Certifications: FL(E83510), LA(03051), KS(E-10327), IL(200063), NC(573), NJ(FL002), NY(12022), SC(96038001)  
DoD ELAP(ANAB L2229), AZ(AZ0806), CA(2937), TX(T104704404), PA(68-03573), VA(460177),  
AK, AR, IA, KY, MA, MS, ND, NH, NV, OK, OR, UT, WA, WV

This report shall not be reproduced, except in its entirety, without the written approval of SGS.

Test results relate only to samples analyzed.

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Section 4: Misc. Forms .....

4.1: Chain of Custody .....

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Sample Summary

SGS North America, Inc  
1195954

Job No: FA68833

Sample Number	Collected Date	Time By	Received	Matrix Code	Type	Client Sample ID
---------------	----------------	---------	----------	-------------	------	------------------

This report contains results reported as ND = Not detected. The following applies:  
Organics ND = Not detected above the RL

FA68833-1	10/02/19	15:00	10/09/19	DW	Drinking Water	RAW WATER TAP BEFORE FILTERS
-----------	----------	-------	----------	----	----------------	------------------------------

Summary of Hits

Job Number: FA68833  
Account: SGS North America, Inc  
Project: 1195954  
Collected: 10/02/19

Lab Sample ID	Client Sample ID	Result/ Qual	RL	MDL	Units	Method
---------------	------------------	-----------------	----	-----	-------	--------

FA68833-1      RAW WATER TAP BEFORE FILTERS

No hits reported in this sample.

## Sample Results

## Report of Analysis

## Report of Analysis

<b>Client Sample ID:</b>	RAW WATER TAP BEFORE FILTERS			<b>Date Sampled:</b>	10/02/19
<b>Lab Sample ID:</b>	FA68833-1			<b>Date Received:</b>	10/09/19
<b>Matrix:</b>	DW - Drinking Water			<b>Percent Solids:</b>	n/a
<b>Method:</b>	EPA 537.1 REV 1.0 EPA 537				
<b>Project:</b>	1195954				

	File ID	DF	Analyzed	By	Prep Date	Prep Batch	Analytical Batch
Run #1	Q64684.D	1	10/14/19 14:17	NG	10/11/19 09:30	OP77235	SQ1458
Run #2							

	Initial Volume	Final Volume
Run #1	250 ml	1.0 ml
Run #2		

## Perfluorinated Carboxylic Acids and Sulfonates

CAS No.	Compound	Result	MCL	RL	Units	Q
---------	----------	--------	-----	----	-------	---

## PERFLUOROALKYLCARBOXYLIC ACIDS

375-85-9	Perfluoroheptanoic acid	ND		0.0040	ug/l	
335-67-1	Perfluorooctanoic acid	ND		0.0040	ug/l	
375-95-1	Perfluorononanoic acid	ND		0.0040	ug/l	

## PERFLUOROALKYLSULFONATES

375-73-5	Perfluorobutanesulfonic acid	ND		0.0040	ug/l	
355-46-4	Perfluorohexanesulfonic acid	ND		0.0040	ug/l	
1763-23-1	Perfluorooctanesulfonic acid	ND		0.0040	ug/l	

CAS No.	Surrogate Recoveries	Run# 1	Run# 2	Limits
	13C2-PFHxA	81%		70-130%
	13C2-PFDA	89%		70-130%

ND = Not detected

MCL = Maximum Contamination Level (40 CFR 141)

E = Indicates value exceeds calibration range

J = Indicates an estimated value

B = Indicates analyte found in associated method blank

N = Indicates presumptive evidence of a compound



## Misc. Forms

### Custody Documents and Other Forms

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Includes the following where applicable:

- Chain of Custody

SGS North America Inc.  
CHAIN OF CUSTODY RECORD

1195954

Locations Nationwide  
Alaska Florida  
New Jersey Colorado  
Texas North Carolina  
Virginia Louisiana  
[www.us.sgs.com](http://www.us.sgs.com)

FA68833

CLIENT: SGS North America Inc. - Alaska Division				SGS Reference: <b>SGS NC</b>				Page 1 of 1					
CONTACT: Julie Shumway PHONE NO: (907) 562-2343				Additional Comments: All soils report out in dry weight unless									
PROJECT NAME: 1195954		PWSID#: NPDL#:		# C O N T A I N E R S  Preservative Used: Tissue TYPE C = COMP G = GRAB M = Multi Incremental Soils EPA 537 PFOA PFOS									
REPORTS TO: Julie Shumway		E-MAIL: Julie.Shumway@sgs.com Env.Alaska.RefLabTeam@sgs.com											
INVOICE TO: SGS - Alaska		QUOTE #: P.O. #: 1195954											
RESERVED for lab use	SAMPLE IDENTIFICATION	DATE mm/dd/yy	TIME HHMM		MATRIX/ MATRIX CODE								
	Raw water tap before filters	10/02/2019	15:00:00	DW 2 GRA X									
Relinquished By: (1)		Date	Time	Received By:	DOD Project? NO		Data Deliverable Requirements:						
<i>Julie Shumway</i>		10/8/19	1011	UPS	Report to DL (J Flags)? NO		Level 1						
Relinquished By: (2)		Date	Time	Received By:	Cooler ID:								
UPS		10/9/19	9:50	Tenita Mabe	Requested Turnaround Time and/or Special Instructions: Please report PFOS, PFOA, PFNA, PFHxS, PFHpA, and PFBS.								
Relinquished By: (3)		Date	Time	Received By:	Temp Blank °C:				Chain of Custody Seal: (Circle)				
Relinquished By: (4)		Date	Time	Received For Laboratory By:	or Ambient [ ]				INTACT BROKEN ABSENT				

[ X 200 W. Potter Drive Anchorage, AK 99518 Tel: (907) 562-2343 Fax: (907) 561-5301  
[ 5500 Business Drive Wilmington, NC 28405 Tel: (910) 350-1903 Fax: (910) 350-1557

[http://www.sgs.com/terms\\_and\\_conditions.htm](http://www.sgs.com/terms_and_conditions.htm)

F088\_COC\_REF\_LAB\_20190411

FA68833: Chain of Custody  
Page 1 of 2

## SGS Sample Receipt Summary

Job Number: FA68833

Client: SGS NORTH AMERICA INC.

Project: 1195954

Date / Time Received: 10/9/2019 9:00:00 AM

Delivery Method: FED EX

Airbill #s:

Therm ID: IR 1;

Therm CF: 1;

# of Coolers: 1

Cooler Temps (Raw Measured) °C: Cooler 1: (1.3);

Cooler Temps (Corrected) °C: Cooler 1: (2.3);

### Cooler Information

Y or N

- |                             |                                     |                          |
|-----------------------------|-------------------------------------|--------------------------|
| 1. Custody Seals Present    | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Custody Seals Intact     | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Temp criteria achieved   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Cooler temp verification | <u>IR Gun</u>                       |                          |
| 5. Cooler media             | <u>Ice (Bag)</u>                    |                          |

### Trip Blank Information

Y or N N/A

- |                                |                          |                                     |                          |
|--------------------------------|--------------------------|-------------------------------------|--------------------------|
| 1. Trip Blank present / cooler | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Trip Blank listed on COC    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

W or S N/A

- |                        |                          |                          |                                     |
|------------------------|--------------------------|--------------------------|-------------------------------------|
| 3. Type Of TB Received | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
|------------------------|--------------------------|--------------------------|-------------------------------------|

### Sample Information

Y or N N/A

- |   |                                     |                                     |                                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|
| 1. Sample labels present on bottles                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |
| 2. Samples preserved properly                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |
| 3. Sufficient volume/containers recvd for analysis: | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |
| 4. Condition of sample                              | <u>Intact</u>                       |                                     |                                     |
| 5. Sample recvd within HT                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |
| 6. Dates/Times/IDs on COC match Sample Label        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |                                     |
| 7. VOCs have headspace                              | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8. Bottles received for unspecified tests           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                     |
| 9. Compositing instructions clear                   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 10. Voa Soil Kits/Jars received past 48hrs?         | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 11. % Solids Jar received?                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12. Residual Chlorine Present?                      | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

### Misc. Information

Number of Encores: 25-Gram \_\_\_\_\_ 5-Gram \_\_\_\_\_

Number of 5035 Field Kits: \_\_\_\_\_

Number of Lab Filtered Metals: \_\_\_\_\_

Test Strip Lot #: pH 0-3 \_\_\_\_\_ 230315 \_\_\_\_\_

pH 10-12 \_\_\_\_\_ 219813A \_\_\_\_\_

Other: (Specify) \_\_\_\_\_

Residual Chlorine Test Strip Lot #: \_\_\_\_\_

Comments

SM001  
Rev. Date 05/24/17

Technician: TRINITYM

Date: 10/9/2019 9:00:00 AM

Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

FA68833: Chain of Custody

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