

COC #: , DEC Chena River

CLIENT INFORMATION				Contact Person: Jeff Fisher				Requested Analysis										Page 1 of 1																																											
Name: Alaska DEC				<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Number of Containers</div> <table border="1" style="border-collapse: collapse; text-align: center;"> <tr><td colspan="10">Perservative Added</td></tr> <tr> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">E. Coli SM9223B-QT</td> <td rowspan="4" style="writing-mode: vertical-rl; transform: rotate(180deg);">Fecal Coliform SM9222D</td> <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> </div>				Perservative Added										E. Coli SM9223B-QT	Fecal Coliform SM9222D																																	Requested TAT:									
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E. Coli SM9223B-QT	Fecal Coliform SM9222D																																																												
Billing Address: 610 University Ave				WWTP APDES #: N/A				<input type="checkbox"/> Normal Turnaround <input type="checkbox"/> RUSH by: DATE: _____																																																					
City, State, Zip: Fairbanks, Ak 99709				PWS ID #: N/A																																																									
Phone: (907) 451-2347				Send Results to ADEC:																																																									
Fax:				<input type="checkbox"/> Yes <input type="checkbox"/> No																																																									
Email: jeff.fisher@alaska.gov				Purchase Order/Charge Code:																																																									
Project Name: Chena River Monitoring																																																													
Sampled By: LP, JF																																																													
Sample Identification	Sample Date	Sample Time	Matrix	Lab ID#	Sub Lab ID#												Sample Comments																																												
Chena River Site 1	5/28/25	9:31	W	PEF105517		2	X	X																																																					
Chena River Site 2	5/28/25	10:05	W	PEF105518		2	X	X																																																					
Chena River Site 2 Duplicate	5/28/25	10:05	W	PEF105519		2	X	X																																																					
Chena River Site 3	5/28/25	10:25	W	PEF105520		2	X	X																																																					
Special Instructions/QC Requirements & Comments:														Sample Temperatures Pollen Env Temperature on arrival: <u>1.3</u> °C Sub Lab Temperature on arrival: _____ °C																																															
Relinquished by:		Company: DEC		Date & Time: 5/28/25 @ 10:52A		Received by:		Company: Pollen Env.		Date & Time: 5/28/25 @ 1058																																																			
Relinquished by:		Company:		Date & Time:		Received by:		Company:		Date & Time:																																																			
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POLLEN

ENVIRONMENTAL, LLC

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

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: 6/5/2025

Receipt Date: 5/28/2025

Sample Date: 5/28/2025

Sample Time: 9:31 AM

Sampled By: JF, LP

Project / Location: **Chena River Monitoring**

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

Pollen Env. Lab ID: **PEF105517**

COC #: **DEC Chena River**

Sample Matrix: **Water**

Definitions:

MRL = Method Reporting Limit

MPN = Most Probable Number

CFU = Colony Forming Unit

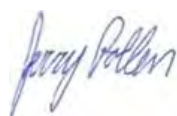
mg/L = milligrams per Liter

M = Matrix Interference

E = Estimated Result

Comments: Fecal run started 5/28/25 at 2:00 PM.
E. coli run started 5/28/2025 at 12:40 PM.

Parameter	Analysis Method	Result	Units	MRL	Analyst	Analysis Date	Notes
Fecal Coliform	SM9222D	30.0	CFU/100mL	1.0	JKI	5/28/2025	
E. coli	SM9223B-QT	11.0	MPN/100mL	1.0	JKI	5/28/2025	



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Report Date: 6/5/2025

Receipt Date: 5/28/2025

Sample Date: 5/28/2025

Sample Time: 10:05 AM

Sampled By: JF, LP

Project / Location: **Chena River Monitoring**Client Sample ID: **Chena River Site 2**Pollen Env. Lab ID: **PEF105518**COC #: **DEC Chena River**Sample Matrix: **Water****Definitions:**

MRL = Method Reporting Limit

MPN = Most Probable Number

CFU = Colony Forming Unit

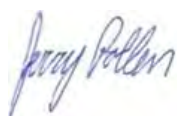
mg/L = milligrams per Liter

M = Matrix Interference

E = Estimated Result

Comments: Fecal run started 5/28/25 at 2:00 PM.
E. coli run started 5/28/2025 at 12:40 PM.

Parameter	Analysis Method	Result	Units	MRL	Analyst	Analysis Date	Notes
Fecal Coliform	SM9222D	20.0	CFU/100mL	1.0	JKI	5/28/2025	
E. coli	SM9223B-QT	10.0	MPN/100mL	1.0	JKI	5/28/2025	

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Phone: (907) 451-2347

E-mail: jeff.fisher@alaska.gov

Report Date: 6/5/2025

Receipt Date: 5/28/2025

Sample Date: 5/28/2025

Sample Time: 10:05 AM

Sampled By: JF, LP

Project / Location: **Chena River Monitoring**
Client Sample ID: **Chena River Site 2 Duplicate**
Pollen Env. Lab ID: **PEF105519**
COC #: **DEC Chena River**
Sample Matrix: **Water**

Definitions:

MRL = Method Reporting Limit

MPN = Most Probable Number

CFU = Colony Forming Unit

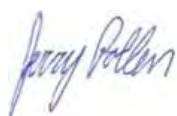
mg/L = milligrams per Liter

M = Matrix Interference

E = Estimated Result

Comments: Fecal run started 5/28/25 at 2:00 PM.
E. coli run started 5/28/2025 at 12:40 PM.

Parameter	Analysis Method	Result	Units	MRL	Analyst	Analysis Date	Notes
Fecal Coliform	SM9222D	20.0	CFU/100mL	1.0	JKI	5/28/2025	
E. coli	SM9223B-QT	8.0	MPN/100mL	1.0	JKI	5/28/2025	

**Jerry Pollen****Pollen Environmental, LLC**

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E-mail: jeff.fisher@alaska.gov

Report Date: 6/5/2025

Receipt Date: 5/28/2025

Sample Date: 5/28/2025

Sample Time: 10:25 AM

Sampled By: JF, LP

Project / Location: **Chena River Monitoring**

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

Pollen Env. Lab ID: **PEF105520**

COC #: **DEC Chena River**

Sample Matrix: **Water**

Definitions:

MRL = Method Reporting Limit

MPN = Most Probable Number

CFU = Colony Forming Unit

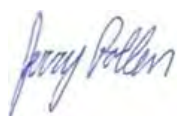
mg/L = milligrams per Liter

M = Matrix Interference

E = Estimated Result

Comments: Fecal run started 5/28/25 at 2:00 PM.
E. coli run started 5/28/2025 at 12:40 PM.

Parameter	Analysis Method	Result	Units	MRL	Analyst	Analysis Date	Notes
Fecal Coliform	SM9222D	20.0	CFU/100mL	1.0	JKI	5/28/2025	
E. coli	SM9223B-QT	5.0	MPN/100mL	1.0	JKI	5/28/2025	



Jerry Pollen

Pollen Environmental, LLC

SAMPLE RECEIPT CHECKLIST

Date & Time Received 5/28/25 @ 1058 Initials AMC

Laboratory Identification PEF105517 - 105520

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 larger than 1/4" present in VOA vials? |

Notes: _____

*Temperature upon receipt at the laboratory 1.3 °C

☐ internal sample kit thermometer ☒ infra-red thermometer