

Laboratory Report of Analysis

To: Kodiak Area Native Association
3449 Rezanof Drive East
Kodiak, AK 99615

Report Number: **1242739**

Client Project: **Kodiak Island BEACH Monitoring**

Dear Andie Wall,

Enclosed are the results of the analytical services performed under the referenced project for the received samples and associated QC as applicable. The samples are certified to meet the requirements of the National Environmental Laboratory Accreditation Conference Standards. Copies of this report and supporting data will be retained in our files for a period of ten years in the event they are required for future reference. All results are intended to be used in their entirety and SGS is not responsible for use of less than the complete report. Any samples submitted to our laboratory will be retained for a maximum of fourteen (14) days from the date of this report unless other archiving requirements were included in the quote.

If there are any questions about the report or services performed during this project, please call Curtis at (907) 562-2343. We will be happy to answer any questions or concerns which you may have.

Thank you for using SGS North America Inc. for your analytical services. We look forward to working with you again on any additional analytical needs.

Sincerely,
SGS North America Inc.

Curtis Whisman
Project Manager
curtis.whisman@sgs.com

Date

Case Narrative

SGS Client: **Kodiak Area Native Association**
SGS Project: **1242739**
Project Name/Site: **Kodiak Island BEACH Monitoring**
Project Contact: **Andie Wall**

Refer to sample receipt form for information on sample condition.

Lighthouse Beach (1242739005) PS

9222D - Fecal coliform sample analyzed past hold due per client due to insufficient time.
ENTEROLERT-Enterolert Enterococci -sample analyzed past hold due per client due to insufficient time.

*QC comments may be associated with the field samples found in this report. When applicable, comments will be applied to associated field samples.

Print Date: 06/13/2024 2:18:06PM

Laboratory Qualifiers

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. 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 context 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/ISO17025 (RCRA methods: 1020B, 1311, 3010A, 3050B, 3520C, 3550C, 5030B, 5035A, 6020B, 7470A, 7471B, 8015C, 8021B, 8082A, 8260D, 8270E, 8270E-SIM, 9040C, 9045D, 9056A, 9060A, AK101 and AK102/103). SGS is only certified for the analytes listed on our Drinking Water Certification (DW methods: 200.8, 2130B, 2320B, 2510B, 300.0, 4500-CN-C,E, 4500-H-B, 4500-NO3-F, 4500-P-E and 524.2) 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
IB	Instrument Blank
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., 3/4 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
TNTC	Too Numerous To Count
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.

Sample Summary

<u>Client Sample ID</u>	<u>Lab Sample ID</u>	<u>Collected</u>	<u>Received</u>	<u>Matrix</u>
Mission Beach	1242739001	06/11/2024	06/11/2024	Water (Surface, Eff., Ground)
Buskin Beach	1242739002	06/11/2024	06/11/2024	Water (Surface, Eff., Ground)
Frye Point	1242739003	06/11/2024	06/11/2024	Water (Surface, Eff., Ground)
Frye Point - Dup	1242739004	06/11/2024	06/11/2024	Water (Surface, Eff., Ground)
Lighthouse Beach	1242739005	06/11/2024	06/11/2024	Water (Surface, Eff., Ground)

<u>Method</u>	<u>Method Description</u>
SM21 9222D	Fecal Coliform (MF)
ENTEROLERT	Total Enterococci

Print Date: 06/13/2024 2:18:11PM

Detectable Results Summary

Client Sample ID: **Mission Beach**

Lab Sample ID: 1242739001

Microbiology Laboratory

<u>Parameter</u>	<u>Result</u>	<u>Units</u>
Fecal Coliform	2.0	col/100mL

Client Sample ID: **Buskin Beach**

Lab Sample ID: 1242739002

Microbiology Laboratory

<u>Parameter</u>	<u>Result</u>	<u>Units</u>
Fecal Coliform	12	col/100mL

Client Sample ID: **Frye Point**

Lab Sample ID: 1242739003

Microbiology Laboratory

<u>Parameter</u>	<u>Result</u>	<u>Units</u>
Fecal Coliform	6.0	col/100mL

Client Sample ID: **Frye Point - Dup**

Lab Sample ID: 1242739004

Microbiology Laboratory

<u>Parameter</u>	<u>Result</u>	<u>Units</u>
Fecal Coliform	10	col/100mL

Client Sample ID: **Lighthouse Beach**

Lab Sample ID: 1242739005

Microbiology Laboratory

<u>Parameter</u>	<u>Result</u>	<u>Units</u>
Enterococci	10.0	MPN/100mL
Fecal Coliform	2.0	col/100mL

Results of Mission Beach

Client Sample ID: **Mission Beach**
 Client Project ID: **Kodiak Island BEACH Monitoring**
 Lab Sample ID: 1242739001
 Lab Project ID: 1242739

Collection Date: 06/11/24 10:45
 Received Date: 06/11/24 17:50
 Matrix: Water (Surface, Eff., Ground)
 Solids (%):
 Location:

Results by Microbiology Laboratory

Parameter	Result	Qual	LOQ/CL	DL	LOD	Units	DF	Allowable Limits	Date Analyzed
Enterococci	10.0	U	10.0	10.0	7.50	MPN/100m	10		06/11/24 18:02

Batch Information

Analytical Batch: BTF21007
 Analytical Method: ENTEROLERT
 Analyst: HGS
 Analytical Date/Time: 06/11/24 18:02
 Container ID: 1242739001-B

Parameter	Result	Qual	LOQ/CL	DL	LOD	Units	DF	Allowable Limits	Date Analyzed
Fecal Coliform	2.0		1.00	1.00	0.750	col/100mL	1		06/11/24 18:05

Batch Information

Analytical Batch: BTF21004
 Analytical Method: SM21 9222D
 Analyst: M.A
 Analytical Date/Time: 06/11/24 18:05
 Container ID: 1242739001-A

Results of Buskin Beach

Client Sample ID: **Buskin Beach**
 Client Project ID: **Kodiak Island BEACH Monitoring**
 Lab Sample ID: 1242739002
 Lab Project ID: 1242739

Collection Date: 06/11/24 12:15
 Received Date: 06/11/24 17:50
 Matrix: Water (Surface, Eff., Ground)
 Solids (%):
 Location:

Results by Microbiology Laboratory

Parameter	Result	Qual	LOQ/CL	DL	LOD	Units	DF	Allowable Limits	Date Analyzed
Enterococci	10.0	U	10.0	10.0	7.50	MPN/100m	10		06/11/24 18:02

Batch Information

Analytical Batch: BTF21007
 Analytical Method: ENTEROLERT
 Analyst: HGS
 Analytical Date/Time: 06/11/24 18:02
 Container ID: 1242739002-B

Parameter	Result	Qual	LOQ/CL	DL	LOD	Units	DF	Allowable Limits	Date Analyzed
Fecal Coliform	12		1.00	1.00	0.750	col/100mL	1		06/11/24 18:05

Batch Information

Analytical Batch: BTF21004
 Analytical Method: SM21 9222D
 Analyst: M.A
 Analytical Date/Time: 06/11/24 18:05
 Container ID: 1242739002-A

Results of Frye Point

Client Sample ID: **Frye Point**
 Client Project ID: **Kodiak Island BEACH Monitoring**
 Lab Sample ID: 1242739003
 Lab Project ID: 1242739

Collection Date: 06/11/24 11:35
 Received Date: 06/11/24 17:50
 Matrix: Water (Surface, Eff., Ground)
 Solids (%):
 Location:

Results by Microbiology Laboratory

<u>Parameter</u>	<u>Result</u>	<u>Qual</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>	<u>DF</u>	<u>Allowable Limits</u>	<u>Date Analyzed</u>
Enterococci	10.0	U	10.0	10.0	7.50	MPN/100m	10		06/11/24 18:02

Batch Information

Analytical Batch: BTF21007
 Analytical Method: ENTEROLERT
 Analyst: HGS
 Analytical Date/Time: 06/11/24 18:02
 Container ID: 1242739003-B

<u>Parameter</u>	<u>Result</u>	<u>Qual</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>	<u>DF</u>	<u>Allowable Limits</u>	<u>Date Analyzed</u>
Fecal Coliform	6.0		1.00	1.00	0.750	col/100mL	1		06/11/24 18:05

Batch Information

Analytical Batch: BTF21004
 Analytical Method: SM21 9222D
 Analyst: M.A
 Analytical Date/Time: 06/11/24 18:05
 Container ID: 1242739003-A

Results of Frye Point - Dup

Client Sample ID: **Frye Point - Dup**
 Client Project ID: **Kodiak Island BEACH Monitoring**
 Lab Sample ID: 1242739004
 Lab Project ID: 1242739

Collection Date: 06/11/24 11:35
 Received Date: 06/11/24 17:50
 Matrix: Water (Surface, Eff., Ground)
 Solids (%):
 Location:

Results by Microbiology Laboratory

<u>Parameter</u>	<u>Result</u>	<u>Qual</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>	<u>DF</u>	<u>Allowable Limits</u>	<u>Date Analyzed</u>
Enterococci	10.0	U	10.0	10.0	7.50	MPN/100m	10		06/11/24 18:02

Batch Information

Analytical Batch: BTF21007
 Analytical Method: ENTEROLERT
 Analyst: HGS
 Analytical Date/Time: 06/11/24 18:02
 Container ID: 1242739004-B

<u>Parameter</u>	<u>Result</u>	<u>Qual</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>	<u>DF</u>	<u>Allowable Limits</u>	<u>Date Analyzed</u>
Fecal Coliform	10		1.00	1.00	0.750	col/100mL	1		06/11/24 18:05

Batch Information

Analytical Batch: BTF21004
 Analytical Method: SM21 9222D
 Analyst: M.A
 Analytical Date/Time: 06/11/24 18:05
 Container ID: 1242739004-A

Results of Lighthouse Beach

Client Sample ID: **Lighthouse Beach**
 Client Project ID: **Kodiak Island BEACH Monitoring**
 Lab Sample ID: 1242739005
 Lab Project ID: 1242739

Collection Date: 06/11/24 10:01
 Received Date: 06/11/24 17:50
 Matrix: Water (Surface, Eff., Ground)
 Solids (%):
 Location:

Results by Microbiology Laboratory

<u>Parameter</u>	<u>Result</u>	<u>Qual</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>	<u>DF</u>	<u>Allowable Limits</u>	<u>Date Analyzed</u>
Enterococci	10.0		10.0	10.0	7.50	MPN/100m	10		06/11/24 18:02

Batch Information

Analytical Batch: BTF21007
 Analytical Method: ENTEROLERT
 Analyst: HGS
 Analytical Date/Time: 06/11/24 18:02
 Container ID: 1242739005-B

<u>Parameter</u>	<u>Result</u>	<u>Qual</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>	<u>DF</u>	<u>Allowable Limits</u>	<u>Date Analyzed</u>
Fecal Coliform	2.0		1.00	1.00	0.750	col/100mL	1		06/11/24 18:05

Batch Information

Analytical Batch: BTF21004
 Analytical Method: SM21 9222D
 Analyst: M.A
 Analytical Date/Time: 06/11/24 18:05
 Container ID: 1242739005-A

Method Blank

Blank ID: MB for HBN 1891440 [BTF/21004]
Blank Lab ID: 1767414

Matrix: Water (Surface, Eff., Ground)

QC for Samples:
1242739001, 1242739002, 1242739003, 1242739004, 1242739005

Results by SM21 9222D

<u>Parameter</u>	<u>Results</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>
Fecal Coliform	1.00U	1.00	1.00	1.00	col/100mL

Batch Information

Analytical Batch: BTF21004
Analytical Method: SM21 9222D
Instrument:
Analyst: M.A
Analytical Date/Time: 6/11/2024 5:30:00PM

Print Date: 06/13/2024 2:18:17PM

Method Blank

Blank ID: MB for HBN 1891440 [BTF/21004]

Matrix: Water (Surface, Eff., Ground)

Blank Lab ID: 1767554

QC for Samples:

1242739001, 1242739002, 1242739003, 1242739004, 1242739005

Results by SM21 9222D

<u>Parameter</u>	<u>Results</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>
Fecal Coliform	1.00U	1.00	1.00	1.00	col/100mL

Batch Information

Analytical Batch: BTF21004

Analytical Method: SM21 9222D

Instrument:

Analyst: M.A

Analytical Date/Time: 6/11/2024 6:05:00PM

Print Date: 06/13/2024 2:18:17PM

Method Blank

Blank ID: MB for HBN 1891485 [BTF/21007]

Blank Lab ID: 1767555

QC for Samples:

1242739001, 1242739002, 1242739003, 1242739004, 1242739005

Matrix: Water (Surface, Eff., Ground)

Results by ENTEROLERT

<u>Parameter</u>	<u>Results</u>	<u>LOQ/CL</u>	<u>DL</u>	<u>LOD</u>	<u>Units</u>
Enterococci	1.00U	1.00	1.00	1.00	MPN/100m

Batch Information

Analytical Batch: BTF21007

Analytical Method: ENTEROLERT

Instrument:

Analyst: M.A

Analytical Date/Time: 6/11/2024 5:31:00PM

Print Date: 06/13/2024 2:18:22PM



SGS North America Inc. CHAIN OF CUSTODY RECORD

1242739



Profile #: 39776 Int.: GW

Section 1		CLIENT: Kodiak Area Native Association		Instructions: Sections 1 - 5 must be filled out. Omissions may delay the onset of analysis.				Page 1 of 2			
CONTACT: Andie Wall		PHONE #: 907-654-1443		Section 3		Preservative					
PROJECT NAME: Kodiak Island BEACH Monitoring		Project/Permit Number:		C O N T A I N E R S	Analysis*				NOTE: *The following analyses require specific method and/or compound list: BTEX, Metals, PFAS		
REPORTS TO: Andie Wall, Gretchen Augat, and Kasey Jo Wright		E-MAIL: andie.wall@kodiakhealthcare.org gretchen.augat@alaska.gov kaseyjo.wright@kodiakhealthcare.org			None						
INVOICE TO: Andie Wall		QUOTE #:			None						
		P.O. #:			None						
Section 2		RESERVED for lab use		SAMPLE IDENTIFICATION		DATE mm/dd/yy	TIME HH:MM	MATRIX/MATRIX CODE	REMARKS/LOC ID		
		1AB MISSION BEACH		06/11/24	10:45 AM	W	2	GRAB	X	X	
		2AB BUSKIN BEACH		06/11/24	12:15 PM	W	2	GRAB	X	X	
		3AB FRYE POINT		06/11/24	11:35 AM	W	2	GRAB	X	X	
		4AB FRYE POINT - DUP		06/11/24	11:35 AM	W	2	GRAB	X	X	
Comments:											
Section 4		DOD Project? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Turnaround Time Requested		SGS Sample Receipt (Lab Use Only)					
Data Deliverables Requested		Standard		Delivery Method: <input checked="" type="checkbox"/> Client <input checked="" type="checkbox"/> Commercial		Chain of Custody Seal Condition:					
DataView Level 4		SEDD EQUIS Other: _____		Rush <input checked="" type="checkbox"/>		Did each cooler have a corresponding COC? Yes No		INTACT <input checked="" type="checkbox"/> BROKEN <input type="checkbox"/> ABSENT <input type="checkbox"/>			
		Requested Rush Report Date: _____				COC Seal Location(s): 15					
Section 5		RELINQUISHED BY:		DATE:	TIME:	RECEIVED BY:		Cooler ID	Temperature (°C)	Therm. ID	
		Kasey Jo Wright		6-11-24	12:45 PM	[Signature]		1.	5.9	D25	
								2.			
								3.			
				6/11/24	17:50	[Signature]		Note: If temp. is outside 0-6° and samples were not taken <8 hours ago OR are waste samples, Client or PM should initial here or attach an email change order to proceed with analysis. If ice is present, note on form F102B.			
								Initials: _____			
Laboratory Use Only						http://www.sgs.com/terms-and-conditions					



SGS North America Inc.
CHAIN OF CUSTODY RECORD

SGS North America Inc.
200 West Potter Drive
Anchorage, AK 99518
engage.sgs.com
www.us.sgs.com

Profile #: _____ Int.: _____

CLIENT: Kodiak Area Native Association					Instructions: Sections 1 - 5 must be filled out. Omissions may delay the onset of analysis.					Page 2 of 2			
CONTACT: Andie Wall			PHONE #: 907-654-1443		Section 3		Preservative						
PROJECT NAME: Kodiak Island BEACH Monitoring					Project/Permit Number:		<div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">CONTAINERS</div> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">None</p> <p style="text-align: center;">None</p> <p style="text-align: center;">None</p> </div> </div>						
REPORTS TO: Andie Wall, Gretchen Augat, and Kasey Jo Wright					NPDL Number(DOD):								
E-MAIL: andie.wall@kodiakhealthcare.org gretchen.augat@alaska.gov kaseyjo.wright@kodiakhealthcare.org					Sample Type								
INVOICE TO: Andie Wall					QUOTE #: _____ P.O. #: _____							Analysis*	
RESERVED for lab use		SAMPLE IDENTIFICATION		DATE mm/dd/yy	TIME HH:MM	MATRIX/MATRIX CODE	#	Sample Type	Comp	Grab	MI	NOTE: *The following analyses require specific method and/or compound list: BTEX, Metals, PFAS	
SAB		LIGHTHOUSE BEACH		6-11-24	10:01AM	W	2	GRAB	X	X		REMARKS/LOC ID	
Comments:													
DOD Project? YES NO			Turnaround Time Requested			SGS Sample Receipt (Lab Use Only)							
Data Deliverables Requested			Standard			Delivery Method: Client Commercial			Chain of Custody Seal Condition:				
DataView SEDD EQUIS			Rush			Did each cooler have a corresponding COC? Yes No			INTACT BROKEN ABSENT				
Level 4 ERPIMS Other: _____			Requested Rush Report Date: _____						COC Seal Location(s): 1F				
RELINQUISHED BY:		DATE:	TIME:	RECEIVED BY:		Cooler ID	Temperature (°C)	Therm. ID	If more than three coolers are received, or for documentation of non-compliant coolers, use form FS-0029.				
<i>Kasey Jo Wright</i>		6-11-24	10:30	<i>Kasey Jo Wright</i>		1.	5.9	023					
<i>Kasey Jo Wright</i>		6-11-24	12:45pm	<i>Kasey Jo Wright</i>		2.							
						3.							
		6/11/24	1755	<i>Cohen</i>		Note: If temp. is outside 0-6° and samples were not taken <8 hours ago OR are waste samples, Client or PM should initial here or attach an email change order to proceed with analysis. If ice is present, note on form F102B.			Initials: _____				
Laboratory Use Only						http://www.sgs.com/terms-and-conditions							



1242739



SAMPLE RECEIPT FORM

Project Manager Completion				
Was all necessary information recorded on the COC upon receipt? (temperature, COC seals, etc.?)	<input checked="" type="radio"/> Yes	No	N/A	
Was temperature between 0-6° C?	<input checked="" type="radio"/> Yes	No	N/A	If "No", are the samples either exempt* or sampled <8 hours prior to receipt?
Were all analyses received within holding time*?	<input checked="" type="radio"/> Yes	No	N/A	
Was a method specified for each analysis, where applicable? If no, please note correct methods.	<input checked="" type="radio"/> Yes	No	N/A	
Are compound lists specified, where applicable? For project specific or special compound lists please note correct analysis code.	Yes	No	<input checked="" type="radio"/> N/A	
If rush was requested by the client, was the requested TAT approved?	Yes	No	<input checked="" type="radio"/> N/A	If "NO", what is the approved TAT?
If SEDD Deliverables are required, were Location ID's and an NPD L Number provided?	Yes	No	<input checked="" type="radio"/> N/A	If "NO", contact client for information.
Sample Login Completion				
Do ID's on sample containers match COC?	<input checked="" type="radio"/> Yes	No	N/A	
If provided on containers, do dates/times collected match COC?	Yes	No	<input checked="" type="radio"/> N/A	Note: If times differ <1 hr., record details below and login per COC.
Were all sample containers received in good condition?	<input checked="" type="radio"/> Yes	No	N/A	
Were proper containers (type/mass/volume/preservative) received for all samples? *See form F-083 "Sample Guide"	<input checked="" type="radio"/> Yes	No	N/A	Note: If 200.8/6020 Total Metals are received unpreserved, preserve and note HNO3 lot here: If 200.8/6020 Dissolved Metals are received unpreserved, log in for LABFILTER and do not preserve. For all non-metals methods, inform Project Manager.
Were Trip Blanks (VOC, GRO, Low-Level Hg, etc.) received with samples, where applicable*?	Yes	No	<input checked="" type="radio"/> N/A	
Were all VOA vials free of headspace >6mm?	Yes	No	<input checked="" type="radio"/> N/A	
Were all soil VOA samples received field extracted with Methanol?	Yes	No	<input checked="" type="radio"/> N/A	
Did all soil VOA samples have an accompanying unpreserved container for % solids?	Yes	No	<input checked="" type="radio"/> N/A	
If special handling is required, were containers labelled appropriately? e.g. MI/ISM, foreign soils, lab filter, Ref Lab, limited volume	Yes	No	<input checked="" type="radio"/> N/A	
For Rush/Short Holding time, was the lab notified?	<input checked="" type="radio"/> Yes	No	N/A	
For any question answered "NO", was the Project Manager notified?	Yes	No	<input checked="" type="radio"/> N/A	PM Initials:
Was Peer Review of sample numbering/labelling completed?	Yes	No	<input checked="" type="radio"/> N/A	Reviewer Initials:
Additional Notes/Clarification where Applicable, including resolution of "No" answers when a change order is not attached:				



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>
1242739001-A	Na2S2O3 for Chlorine Redu	OK			
1242739001-B	Na2S2O3 for Chlorine Redu	OK			
1242739002-A	Na2S2O3 for Chlorine Redu	OK			
1242739002-B	Na2S2O3 for Chlorine Redu	OK			
1242739003-A	Na2S2O3 for Chlorine Redu	OK			
1242739003-B	Na2S2O3 for Chlorine Redu	OK			
1242739004-A	Na2S2O3 for Chlorine Redu	OK			
1242739004-B	Na2S2O3 for Chlorine Redu	OK			
1242739005-A	Na2S2O3 for Chlorine Redu	OK			
1242739005-B	Na2S2O3 for Chlorine Redu	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.