



ANALYTICAL REPORT

Alaska State Environmental Health Laboratory
5251 Dr. Martin Luther King Jr. Avenue
Anchorage, AK 99507
www.dec.alaska.gov/eh/lab

Work Order Number: 2405062
Project Name: Eagle River

For:

AKDEC Division of Water
555 Cordova Street
Anchorage, AK 99501-2617

Attn: Ashley Oleksiak

A handwritten signature in black ink, appearing to read "Danika Buzby-Rynders".

Danika Buzby-Rynders
Program Coordinator 2
danika.buzby-rynders@alaska.gov

Report Date: 05/28/2024



The results in this report apply to the samples analyzed in accordance with the sample submission form. This analytical report must be reproduced in its entirety. This report has been electronically signed and authorized by the signatory.

Sample Summary

Client: AKDEC Division of Water
Project: Eagle River

Work Order: 2405062
Report Date: 05/28/2024 10:46

Lab Sample ID	Client Sample ID	Cooler	Temp C	Collected	Received
2405062-01	ER-NF	Default Cooler	2.9	5/16/24 10:00 am	5/16/24 1:37 pm
2405062-02	ER-NF-DUP	Default Cooler	2.9	5/16/24 10:00 am	5/16/24 1:37 pm
2405062-03	ER-SF	Default Cooler	2.9	5/16/24 10:45 am	5/16/24 1:37 pm
2405062-04	ER-GB	Default Cooler	2.9	5/16/24 12:05 pm	5/16/24 1:37 pm
2405062-05	ER-VFW	Default Cooler	2.9	5/16/24 12:40 pm	5/16/24 1:37 pm

Methods


All samples were analyzed and conform with the following methods unless otherwise specified in the Case Narrative:

SM 9222 D
SM 9223 B

Case Narrative

Notes and Definitions

Alaska State Environmental Health Laboratory



Danika Buzby-Rynders, Program Coordinator 2

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Analytical Data


Client: AKDEC Division of Water
Project: Eagle River

Work Order: 2405062
Report Date: 05/28/24 10:46

Client Sample ID: ER-NF
Lab Sample ID: 2405062-01
Sampled By: Ashley Oleksiak

Analyte	Result	Reporting Limit	Detection Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
E. coli	<1	1		MPN/100m L	1	B24E089	16-May-24	17-May-24	SM 9223 B	
Fecal Coliforms	ND	1.0	1.0	CFU/100 mL	"	B24E088	16-May-24	17-May-24	SM 9222 D	

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Analytical Data

Client: AKDEC Division of Water
Project: Eagle River

Work Order: 2405062
Report Date: 05/28/24 10:46

Client Sample ID: ER-NF-DUP
Lab Sample ID: 2405062-02
Sampled By: Ashley Oleksiak

Analyte	Result	Reporting Limit	Detection Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
E. coli	<1	1		MPN/100m L	1	B24E089	16-May-24	17-May-24	SM 9223 B	
Fecal Coliforms	ND	1.0	1.0	CFU/100 mL	"	B24E088	16-May-24	17-May-24	SM 9222 D	

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Analytical Data


Client: AKDEC Division of Water
Project: Eagle River

Work Order: 2405062
Report Date: 05/28/24 10:46

Client Sample ID: ER-SF
Lab Sample ID: 2405062-03
Sampled By: Ashley Oleksiak

Analyte	Result	Reporting Limit	Detection Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
E. coli	1	1		MPN/100m L	1	B24E089	16-May-24	17-May-24	SM 9223 B	
Fecal Coliforms	1.0	1.0	1.0	CFU/100 mL	"	B24E088	16-May-24	17-May-24	SM 9222 D	

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Analytical Data

Client: AKDEC Division of Water
Project: Eagle River

Work Order: 2405062
Report Date: 05/28/24 10:46

Client Sample ID: ER-GB
Lab Sample ID: 2405062-04
Sampled By: Ashley Oleksiak

Analyte	Result	Reporting Limit	Detection Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
E. coli	17.5	1		MPN/100m L	1	B24E089	16-May-24	17-May-24	SM 9223 B	
Fecal Coliforms	5.0	1.0	1.0	CFU/100 mL	"	B24E088	16-May-24	17-May-24	SM 9222 D	

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Analytical Data

Client: AKDEC Division of Water
Project: Eagle River

Work Order: 2405062
Report Date: 05/28/24 10:46

Client Sample ID: ER-VFW
Lab Sample ID: 2405062-05
Sampled By: Ashley Oleksiak

Analyte	Result	Reporting Limit	Detection Limit	Units	Dilution	Batch	Prepared	Analyzed	Method	Notes
E. coli	1	1		MPN/100m L	1	B24E089	16-May-24	17-May-24	SM 9223 B	
Fecal Coliforms	1.0	1.0	1.0	CFU/100 mL	"	B24E088	16-May-24	17-May-24	SM 9222 D	

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Danika Buzby-Rynders, Program Coordinator 2

State of Alaska
 Environmental Health Laboratory
 5251 Dr. MLK Jr. Avenue
 Anchorage, AK 99507
 (907) 375-8200

ATTN: Patryce

ETA: 1:45 PM

1 of 1

Thank you! 😊

Submission Form & Chain of Custody Record



Environmental Health Laboratory

Client Contact		Project Manager: Ashley Oleksiak		Site Contact:		Date: 5/14/24		COC No: 2405062	
ADEC		Tel/Fax: 907-376-1865		Lab Contact: Patryce McKinney		Carrier:		Comments:	
Division of Water		Analysis Turnaround Time		Fresh Water Samples		Coliform MPN - E. coli (SM9223B) Fecal Coliforms (mFC) (SM9222D)			
Ashley Oleksiak		Standard: 10 Work Days (W)							
1700 E. Bogard Rd, Bldg B, Ste 103									
Wasilla, AK 99650									
Project Name: Eagle River									
Project Number: WQ RSA FY24									
Sample Identification	Sample Date	Sample Time	Sample Type	Matrix	# of Cont.	Coliform MPN - E. coli (SM9223B)	Fecal Coliforms (mFC) (SM9222D)		EHL Sample # (EHL use only)
ER - NF	5/14/24	10:00 AM	G	W	2	1	1		-01
ER - NF - DUP					2	1	1		-02
ER - SF		10:45 AM			2	1	1		-03
ER - GB		12:05 PM			2	1	1		-04
ER - VFW		12:40 PM			2	1	1		-05
Trip Blank									
Preservation Used: 1= Ice, 2= HCl; 3= H2SO4; 4=HNO3; 5=NaOH; 6= Other					Sample Disposal (A fee may be assessed if samples are retained longer than 1 month)				
<input checked="" type="checkbox"/> Non-Hazard <input type="checkbox"/> Flammable <input type="checkbox"/> Skin Irritant <input type="checkbox"/> Poison B <input type="checkbox"/> Unknown					<input type="checkbox"/> Return To Client <input checked="" type="checkbox"/> Disposal By Lab (45 days) <input type="checkbox"/> Archive For _____ Months				
Special Instructions/QC Requirements & Comments:									
Relinquished by:	Company:	Date/Time:	Received by:	Company:	Date/Time:				
<i>Mgdj</i>	ADEC	5/16/24, 1:37 PM	<i>Patryce</i>						
Relinquished by:	Company:	Date/Time:	Received by:	Company:	Date/Time:				
Relinquished by:	Company:	Date/Time:	Received by:	Company:	Date/Time:				
			<i>Patryce</i>	AKDEC EHL	5/16/24 @ 1:37				

G:\EHL\Lab\Customer Service\Division of Water\FY25 Eagle River\DOW Eagle River COC.xlsx



ADEC EHL Sample Receipt Checklist

(form SC-11, rev 01/11/2024)
Environmental Health Laboratory
5251 Dr. MLK Jr. Ave., Anchorage, AK 99507
(907) 375-8200



WO #: 24050762
Client: AK DEC DOW

of Samples: 5
Sample Matrix: Water

COC Seals:

- On Shipping Container Intact? Y/N
- On Sample Packaging Intact? Y/N
- None

Received via:

- USPS
- UPS
- FedEx

- Delivered by Client/Client Courier
- Courier - Shipper: _____
- Other _____

Shipment Tracking # _____

Sample Temperature @ Receipt: 2.9 °C

Thermometer ID (circle one): A19E080, calibration due 12/29/2024
Other: _____

Shipping Container Type:

- Box
- Cooler
- Envelope
- Hand Carry
- Styro-Box
- Other _____

Sample Packaging Type:

- Plastic/Ziploc Bag
- Plastic/Glass Vial/Jar
- Whirl Pak Bag
- Vacuum Packaging
- Commercial Packaging
- Blood Tubes
- Other IDEXX

Refrigerant:

- Dry Ice
- Gel/Ice Pack
- Water Ice
- Other _____
- None
- Notes: _____

Sample(s) and Sample Containers:

Intact?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>	Properly Preserved?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
Correct Type?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>	Meets Temp Requirements?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>
IDs/Times/Dates Match Form?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>	Adequate Amount for Tests?	Y	<input checked="" type="checkbox"/>	N	<input type="checkbox"/>

Sample Submission Form:

Sample Submission Form Complete? Y N
Client Contacted Regarding Incomplete Data? N Y Provide details below in "Comments" section.

Comments: _____

