

Laboratory Report of Analysis

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

Report Number: **1242878**

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: **1242878**  
Project Name/Site: **Kodiak Island BEACH Monitoring**  
Project Contact: **Andie Wall**

Refer to sample receipt form for information on sample condition.

**Mission Beach (1242878001) PS**

ENTEROLERT-Enterolert Enterococci-Sample was analyzed at a dilution (10X) due to saltwater matrix.

**Buskin Beach (1242878002) PS**

ENTEROLERT-Enterolert Enterococci-Sample was analyzed at a dilution (10X) due to saltwater matrix.

**Frye Point (1242878003) PS**

ENTEROLERT-Enterolert Enterococci-Sample was analyzed at a dilution (10X) due to saltwater matrix.

\*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: 06/19/2024 10:17:34AM

### 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) (Provisionally Certified as of 06/13/2024 for TTHMs 524.2) & 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	1242878001	06/17/2024	06/17/2024	Water (Surface, Eff., Ground)
Buskin Beach	1242878002	06/17/2024	06/17/2024	Water (Surface, Eff., Ground)
Frye Point	1242878003	06/17/2024	06/17/2024	Water (Surface, Eff., Ground)

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

Print Date: 06/19/2024 10:17:38AM

**Detectable Results Summary**

Client Sample ID: **Mission Beach**

Lab Sample ID: 1242878001

**Microbiology Laboratory**

Parameter

Fecal Coliform

Result

13

Units

col/100mL

## Results of Mission Beach

Client Sample ID: **Mission Beach**  
 Client Project ID: **Kodiak Island BEACH Monitoring**  
 Lab Sample ID: 1242878001  
 Lab Project ID: 1242878

Collection Date: 06/17/24 11:17  
 Received Date: 06/17/24 17:40  
 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		06/17/24 18:11

## Batch Information

Analytical Batch: BTF21017  
 Analytical Method: ENTEROLERT  
 Analyst: M.A  
 Analytical Date/Time: 06/17/24 18:11  
 Container ID: 1242878001-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	13		1.00	1.00	0.750	col/100mL	1		06/17/24 17:58

## Batch Information

Analytical Batch: BTF21016  
 Analytical Method: SM21 9222D  
 Analyst: M.A  
 Analytical Date/Time: 06/17/24 17:58  
 Container ID: 1242878001-A

### Results of Buskin Beach

Client Sample ID: **Buskin Beach**  
 Client Project ID: **Kodiak Island BEACH Monitoring**  
 Lab Sample ID: 1242878002  
 Lab Project ID: 1242878

Collection Date: 06/17/24 12:15  
 Received Date: 06/17/24 17:40  
 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		06/17/24 18:11

### Batch Information

Analytical Batch: BTF21017  
 Analytical Method: ENTEROLERT  
 Analyst: M.A  
 Analytical Date/Time: 06/17/24 18:11  
 Container ID: 1242878002-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	1.00	U	1.00	1.00	0.750	col/100mL	1		06/17/24 17:58

### Batch Information

Analytical Batch: BTF21016  
 Analytical Method: SM21 9222D  
 Analyst: M.A  
 Analytical Date/Time: 06/17/24 17:58  
 Container ID: 1242878002-A

### Results of Frye Point

Client Sample ID: **Frye Point**  
 Client Project ID: **Kodiak Island BEACH Monitoring**  
 Lab Sample ID: 1242878003  
 Lab Project ID: 1242878

Collection Date: 06/17/24 12:40  
 Received Date: 06/17/24 17:40  
 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		06/17/24 18:11

### Batch Information

Analytical Batch: BTF21017  
 Analytical Method: ENTEROLERT  
 Analyst: M.A  
 Analytical Date/Time: 06/17/24 18:11  
 Container ID: 1242878003-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	1.00	U	1.00	1.00	0.750	col/100mL	1		06/17/24 17:58

### Batch Information

Analytical Batch: BTF21016  
 Analytical Method: SM21 9222D  
 Analyst: M.A  
 Analytical Date/Time: 06/17/24 17:58  
 Container ID: 1242878003-A



### Method Blank

Blank ID: MB for HBN 1892772 [BTF/21016]  
Blank Lab ID: 1768621

Matrix: Water (Surface, Eff., Ground)

QC for Samples:  
1242878001, 1242878002, 1242878003

### 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: BTF21016  
Analytical Method: SM21 9222D  
Instrument:  
Analyst: M.A  
Analytical Date/Time: 6/17/2024 5:58:00PM

Print Date: 06/19/2024 10:17:44AM

### Method Blank

Blank ID: MB for HBN 1892783 [BTF/21017]

Blank Lab ID: 1768566

QC for Samples:

1242878001, 1242878002, 1242878003

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: BTF21017

Analytical Method: ENTEROLERT

Instrument:

Analyst: HGS

Analytical Date/Time: 6/17/2024 4:02:00PM

Print Date: 06/19/2024 10:17:50AM



SGS North America Inc. CHAIN OF CUSTODY RECORD

1242878

SGS 200 W Anchorage Alaska engac www.us.sgs.com



397766

Profile #: 397766 Int: CJW

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 Na2SO4 Na2SO4 None						
REPORTS TO: Andie Wall, Gretchen Augat, and Kasey Jo Wright					NPDL Number(DOD):								
INVOICE TO: Andie Wall					E-MAIL: andie.wall@kodiakhealthcare.org, gretchen.augat@alaska.gov, kaseyjo.wright@kodiakhealthcare.org								
					QUOTE #: P.O. #:								
RESERVED for lab use	SAMPLE IDENTIFICATION		DATE mm/dd/yy	TIME HH:MM	MATRIX/MATRIX CODE	#	Sample Type	Analysis*				NOTE: *The following analyses require specific method and/or compound list: BTEX, Metals, PFAS	
							Grab	MI	Fecal Coliform	Enteroc			REMARKS/LOC ID
1AB	MISSION BEACH		06/17/24	11:17	W	2	GRAB	X	X				
2AB	BUSKIN BEACH		06/17/24	12:15	W	2	GRAB	X	X				
3AB	FRYE POINT		06/17/24	12:40	W	2	GRAB	X	X				
Comments:													
DOD Project? YES <u>NO</u>			Turnaround Time Requested			SGS Sample Receipt (Lab Use Only)							
Data Deliverables Requested			Standard <u>Rush</u>			Delivery Method: <u>Client</u> Commercial <u>Alt</u>		Chain of Custody Seal Condition: <u>INTACT</u> BROKEN ABSENT					
DataView Level 4 SEDD EQUIS ERPIMS Other: _____			Requested Rush Report Date: _____			Did each cooler have a corresponding COC? <u>Yes</u> No		COC Seal Location(s): <u>1F</u>					
RELINQUISHED BY: <u>Sophie A. Wall</u>			DATE: <u>06/17/24</u>	TIME: <u>13:00</u>	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.			
							1. <u>1</u>	<u>8.7</u>	<u>D21</u>				
							2.						
							3.						
Laboratory Use Only						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: _____	
						http://www.sgs.com/terms-and-conditions							



1242878




### 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	<input type="radio"/> No	<input type="radio"/> N/A	
Was temperature between 0-6° C?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> N/A	If "No", are the samples either exempt* or sampled <8 hours prior to receipt? <i>&lt; 8 hrs</i>
Were all analyses received within holding time*?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	
Was a method specified for each analysis, where applicable? If no, please note correct methods.	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	
Are compound lists specified, where applicable? For project specific or special compound lists please note correct analysis code.	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	
If rush was requested by the client, was the requested TAT approved?	<input type="radio"/> Yes	<input type="radio"/> 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 NPDL Number provided?	<input type="radio"/> Yes	<input type="radio"/> 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	<input type="radio"/> No	<input type="radio"/> N/A	
If provided on containers, do dates/times collected match COC?	<input type="radio"/> Yes	<input type="radio"/> 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	<input type="radio"/> No	<input type="radio"/> N/A	
Were proper containers (type/mass/volume/preservative) received for all samples? <i>*See form F-083 "Sample Guide"</i>	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> 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*?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	
Were all VOA vials free of headspace >6mm?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	
Were all soil VOA samples received field extracted with Methanol?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	
Did all soil VOA samples have an accompanying unpreserved container for % solids?	<input type="radio"/> Yes	<input type="radio"/> 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	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	
For Rush/Short Holding time, was the lab notified?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	
For any question answered "NO", was the Project Manager notified?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	PM Initials:
Was Peer Review of sample numbering/labelling completed?	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A	Reviewer Initials:
<b>Additional Notes/Clarification where Applicable, including resolution of "No" answers when a change order is not attached:</b>				

027 ADQ 70707582

027-70707582

Shipper's Name and Address KODIAK AREA NATIVE ASSOCIATION 3449 REZANOF DRIVE KODIAK AK US 99615 9074869800		Shipper's Account Number		Not negotiable <b>Air Waybill</b> Issued by <b>ALASKA AIRLINES</b> ***			
Consignee's Name and Address SGS NORTH AMERICA 200 W POTTER DRIVE ANCHORAGE AK US 99518 9075622343		Consignee's Account Number		Copies 1,2 and 3 of this Air Waybill are originals and have the same validity			
Issuing Carrier's Agent Name and City KODIAK AREA NATIVE ASSOCIATION KODIAK		Accounting Information		<b>1242878</b> 			
Agents IATA Code 99999999		Account No. 27441003995					
Airport of Departure (Addr. of First Carrier) and Requested Routing KODIAK - KODIAK AIRPORT			Reference Number		Optional Shipping informati		
To ANC	By First Carrier AS	Routing and Destination	to	by	to		
Airport of Destination ANCHORAGE - TED S		Requested Flight/Date AS 0088/17-Jun		Currency USD	Declared Value for Carriage NVD		
				Amount of Insurance XXX	Declared Value for Customs NCV		
Handling Information					SCI		
No. of Pieces RCP	Gross Weight	K lb	Rate Class	Chargeable Weight	Rate / Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
1	7.00	L	M	8.00	57.00	57.00	WATER SAMPLES DIMS(CMT)33.02x25.4x27.94/1
1	7.00					57.00	
Prepaid		Weight Charge		Collect		Other Charges	
57.00						XBC12.5PP	
Valuation Charge							
Tax							
4.34							
Total other Charges Due Age							
Total other Charges Due Carrier							
12.50							
Total Prepaid		Total Collect					
73.84							
Currency Conversion Rates		cc charges in Dest. Currency		17-JUN-2024 01:08		ADQ 1084847	
				Executed on (Date)		at (Place) Signature of Issuing Carrier or its Agent	
For Carrier Use only at Destination		Charges at Destination		Total Collect Charges			

027-70707582



## 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>
1242878001-A	Na2S2O3 for Chlorine Redu	OK			
1242878001-B	Na2S2O3 for Chlorine Redu	OK			
1242878002-A	Na2S2O3 for Chlorine Redu	OK			
1242878002-B	Na2S2O3 for Chlorine Redu	OK			
1242878003-A	Na2S2O3 for Chlorine Redu	OK			
1242878003-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.