

POLLEN

ENVIRONMENTAL, LLC

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

CHAIN OF CUSTODY/WORKORDER FORM

COC #: DEC Chena River

CLIENT INFORMATION						Requested Analysis										Page 1 of 1			
Name: Alaska DEC						Perservative Added										Requested TAT:			
Billing Address: 610 University Ave																<input type="checkbox"/> Normal Turnaround			
City, State, Zip: Fairbanks, Ak 99709																<input type="checkbox"/> RUSH by:			
Phone: (907) 451-2347																DATE: _____			
Fax:																			
Email: jeff.fisher@alaska.gov																			
Project Name: Chena River Monitoring																			
Sampled By: <i>Jeff Fisher</i>																			
Contact Person: Jeff Fisher																			
WWTP APDES #: N/A																			
PWS ID #: N/A																			
Send Results to ADEC:																			
<input type="checkbox"/> Yes <input type="checkbox"/> No																			
Purchase Order/Charge Code:																			
Sample Identification	Sample Date	Sample Time	Matrix	Lab ID#	Sub Lab ID#	Number of Containers	E. Coli SM9223B-QT	Fecal Coliform SM9222D										Sample Comments	
Chena River Site 1	8/5/24	1:15PM	WAW	PEF97512			2	X	X										
Chena River Site 1 <i>(duplicate)</i>	8/5/24	1:15pm	WAW	PEF97513			2	X	X										
Chena River Site 2	8/5/24	1:55pm	WAW	PEF97514			2	X	X										
Chena River Site 3	8/5/24	2:20pm	WAW	PEF97515			2	X	X										
Special Instructions/QC Requirements & Comments:															Sample Temperatures				
															Pollen Env Temperature on arrival: <i>2.3</i> °C				
															Sub Lab Temperature on arrival: _____ °C				
Relinquished by: <i>Jeff Fisher</i>			Company: <i>DEC</i>			Date & Time: <i>8/5/24 @ 2:54pm</i>			Received by: <i>Cody Schroder</i>			Company: <i>Pollen Env</i>			Date & Time: <i>8/5/2024 @ 1502</i>				
Relinquished by:			Company:			Date & Time:			Received by:			Company:			Date & Time:				
Relinquished by:			Company:			Date & Time:			Received by:			Company:			Date & Time:				

Accuracy, Precision, and Professional Service

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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: 8/8/2024

Receipt Date: 8/5/2024

Sample Date: 8/5/2024

Sample Time: 1:15 PM

Sampled By: JF

Project / Location: **Chena River Monitoring**

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

Pollen Env. Lab ID: **PEF97512**

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 8/5/2024 at 5:00 PM.

Comments: E. coli run started 8/5/2024 at 4:45 PM.

Parameter	Analysis Method	Result	Units	MRL	Analyst	Analysis Date	Notes
Fecal Coliform	SM9222D	96.0	CFU/100mL	1.0	JKI/JEP	8/5/2024	E
E. coli	SM9223B-QT	185	MPN/100mL	1.0	JKI	8/5/2024	

Sample Notes: Fecal Coliform result is estimated since more than 60 colonies appeared on the plate.



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Report Date: 8/8/2024
 Receipt Date: 8/5/2024
 Sample Date: 8/5/2024
 Sample Time: 1:15 PM
 Sampled By: JF

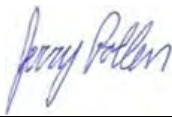
Project / Location: **Chena River Monitoring**
 Client Sample ID: **Chena River Site 1 Duplicate**
 Pollen Env. Lab ID: **PEF97513**
 COC #: **DEC Chena River**
 Sample Matrix: **Water**

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 8/5/2024 at 5:00 PM.
Comments: E. coli run started 8/5/2024 at 4:45 PM.

Parameter	Analysis Method	Result	Units	MRL	Analyst	Analysis Date	Notes
Fecal Coliform	SM9222D	90.0	CFU/100mL	1.0	JKI/JEP	8/5/2024	E
E. coli	SM9223B-QT	172.3	MPN/100mL	1.0	JKI	8/5/2024	

Sample Notes: Fecal Coliform result is estimated since more than 60 colonies appeared on the plate.



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Report Date: 8/8/2024

Receipt Date: 8/5/2024

Sample Date: 8/5/2024

Sample Time: 1:55 PM

Sampled By: JF

Project / Location: **Chena River Monitoring**

Client Sample ID: **Chena River Site 2**

Pollen Env. Lab ID: **PEF97514**

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 8/5/2024 at 5:00 PM.

Comments: E. coli run started 8/5/2024 at 4:45 PM.

Parameter	Analysis Method	Result	Units	MRL	Analyst	Analysis Date	Notes
Fecal Coliform	SM9222D	45.0	CFU/100mL	1.0	JKI/JEP	8/5/2024	
E. coli	SM9223B-QT	95.9	MPN/100mL	1.0	JKI	8/5/2024	



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E-mail: jeff.fisher@alaska.gov

Report Date: 8/8/2024

Receipt Date: 8/5/2024

Sample Date: 8/5/2024

Sample Time: 2:20 PM

Sampled By: JF

Project / Location: **Chena River Monitoring**

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

Pollen Env. Lab ID: **PEF97515**

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 8/5/2024 at 5:00 PM.

Comments: E. coli run started 8/5/2024 at 4:45 PM.

Parameter	Analysis Method	Result	Units	MRL	Analyst	Analysis Date	Notes
Fecal Coliform	SM9222D	46.0	CFU/100mL	1.0	JKI/JEP	8/5/2024	
E. coli	SM9223B-QT	131.4	MPN/100mL	1.0	JKI	8/5/2024	



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SAMPLE RECEIPT CHECKLIST

Date & Time Received 8/15/24 @ 1502 Initials CP

Laboratory Identification FEF 97512-97515

- | 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 present in VOA vials? |

Notes: _____

*Temperature upon receipt at the laboratory 2.3 °C

- internal sample kit thermometer infra-red thermometer