



Laboratory Report of Analysis

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

Report Number: **1243561**

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

Print Date: 07/15/2024 4:06:44PM

SGS North America Inc. | 200 West Potter Drive, Anchorage, AK 99518
t 907.562.2343 f 907.561.5301 www.us.sgs.com

Member of SGS Group

Case Narrative

SGS Client: **Kodiak Area Native Association**
SGS Project: **1243561**
Project Name/Site: **Kodiak Island BEACH Monitoring**
Project Contact: **Andie Wall**

Refer to sample receipt form for information on sample condition.

Mission Beach (1243561001) PS

ENTEROLERT-Enterolert Enterococci-Sample was analyzed at a dilution (10X) due to saltwater matrix.
ENTEROLERT-Enterolert Enterococci-sample received and analyzed past hold time. ADEC allows 8 hours from the time of collection to analysis.
9222D - Fecal coliform sample received and analyzed past hold time. ADEC allows 8 hours from the time of collection to analysis.

Buskin Beach (1243561002) PS

9222D - Fecal coliform sample received and analyzed past hold time. ADEC allows 8 hours from the time of collection to analysis.
ENTEROLERT-Enterolert Enterococci-sample received and analyzed past hold time. ADEC allows 8 hours from the time of collection to analysis.
ENTEROLERT-Enterolert Enterococci-Sample was analyzed at a dilution (10X) due to saltwater matrix.

Frye Point (1243561003) PS

9222D - Fecal coliform sample received and analyzed past hold time. ADEC allows 8 hours from the time of collection to analysis.
ENTEROLERT-Enterolert Enterococci-Sample was analyzed at a dilution (10X) due to saltwater matrix.
ENTEROLERT-Enterolert Enterococci-sample received and analyzed past hold time. ADEC allows 8 hours from the time of collection to analysis.

Frye Point - DUP (1243561004) PS

ENTEROLERT-Enterolert Enterococci-sample received and analyzed past hold time. ADEC allows 8 hours from the time of collection to analysis.
ENTEROLERT-Enterolert Enterococci-Sample was analyzed at a dilution (10X) due to saltwater matrix.
9222D - Fecal coliform sample received and analyzed past hold time. ADEC allows 8 hours from the time of collection to analysis.

Lighthouse Beach (1243561005) PS

ENTEROLERT-Enterolert Enterococci-Sample was analyzed at a dilution (10X) due to saltwater matrix.
9222D - Fecal coliform sample received and analyzed past hold time. ADEC allows 8 hours from the time of collection to analysis.
ENTEROLERT-Enterolert Enterococci-sample received and analyzed past hold time. ADEC allows 8 hours from the time of collection to analysis.

Lighthouse Beach - DUP (1243561006) PS

ENTEROLERT-Enterolert Enterococci-sample received and analyzed past hold time. ADEC allows 8 hours from the time of collection to analysis.
ENTEROLERT-Enterolert Enterococci-Sample was analyzed at a dilution (10X) due to saltwater matrix.
9222D - Fecal coliform sample received and analyzed past hold time. ADEC allows 8 hours from the time of collection to analysis.

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

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	1243561001	07/11/2024	07/12/2024	Water (Surface, Eff., Ground)
Buskin Beach	1243561002	07/11/2024	07/12/2024	Water (Surface, Eff., Ground)
Frye Point	1243561003	07/11/2024	07/12/2024	Water (Surface, Eff., Ground)
Frye Point - DUP	1243561004	07/11/2024	07/12/2024	Water (Surface, Eff., Ground)
Lighthouse Beach	1243561005	07/11/2024	07/12/2024	Water (Surface, Eff., Ground)
Lighthouse Beach - DUP	1243561006	07/11/2024	07/12/2024	Water (Surface, Eff., Ground)

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

Print Date: 07/15/2024 4:06:52PM

Detectable Results Summary

Client Sample ID: **Mission Beach**

Lab Sample ID: 1243561001

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: 1243561002

Microbiology Laboratory

<u>Parameter</u>	<u>Result</u>	<u>Units</u>
Enterococci	20.0	MPN/100mL
Fecal Coliform	36	col/100mL

Client Sample ID: **Frye Point**

Lab Sample ID: 1243561003

Microbiology Laboratory

<u>Parameter</u>	<u>Result</u>	<u>Units</u>
Fecal Coliform	1.0	col/100mL

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

Lab Sample ID: 1243561004

Microbiology Laboratory

<u>Parameter</u>	<u>Result</u>	<u>Units</u>
Fecal Coliform	1.0	col/100mL

Client Sample ID: **Lighthouse Beach**

Lab Sample ID: 1243561005

Microbiology Laboratory

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

Client Sample ID: **Lighthouse Beach - DUP**

Lab Sample ID: 1243561006

Microbiology Laboratory

<u>Parameter</u>	<u>Result</u>	<u>Units</u>
Fecal Coliform	1.0	col/100mL

Results of Mission Beach

Client Sample ID: **Mission Beach**
 Client Project ID: **Kodiak Island BEACH Monitoring**
 Lab Sample ID: 1243561001
 Lab Project ID: 1243561

Collection Date: 07/11/24 10:05
 Received Date: 07/12/24 08:50
 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		07/12/24 15:28

Batch Information

Analytical Batch: BTF21080
 Analytical Method: ENTEROLERT
 Analyst: M.A
 Analytical Date/Time: 07/12/24 15:28
 Container ID: 1243561001-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		07/12/24 17:37

Batch Information

Analytical Batch: BTF21081
 Analytical Method: SM21 9222D
 Analyst: M.A
 Analytical Date/Time: 07/12/24 17:37
 Container ID: 1243561001-A



Results of Buskin Beach

Client Sample ID: **Buskin Beach**
 Client Project ID: **Kodiak Island BEACH Monitoring**
 Lab Sample ID: 1243561002
 Lab Project ID: 1243561

Collection Date: 07/11/24 10:45
 Received Date: 07/12/24 08:50
 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	20.0		10.0	10.0	7.50	MPN/100m	10		07/12/24 15:28

Batch Information

Analytical Batch: BTF21080
 Analytical Method: ENTEROLERT
 Analyst: M.A
 Analytical Date/Time: 07/12/24 15:28
 Container ID: 1243561002-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	36		1.00	1.00	0.750	col/100mL	1		07/12/24 17:37

Batch Information

Analytical Batch: BTF21081
 Analytical Method: SM21 9222D
 Analyst: M.A
 Analytical Date/Time: 07/12/24 17:37
 Container ID: 1243561002-A

Results of Frye Point

Client Sample ID: **Frye Point**
 Client Project ID: **Kodiak Island BEACH Monitoring**
 Lab Sample ID: 1243561003
 Lab Project ID: 1243561

Collection Date: 07/11/24 11:21
 Received Date: 07/12/24 08:50
 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		07/12/24 15:28

Batch Information

Analytical Batch: BTF21080
 Analytical Method: ENTEROLERT
 Analyst: M.A
 Analytical Date/Time: 07/12/24 15:28
 Container ID: 1243561003-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	1.0		1.00	1.00	0.750	col/100mL	1		07/12/24 17:37

Batch Information

Analytical Batch: BTF21081
 Analytical Method: SM21 9222D
 Analyst: M.A
 Analytical Date/Time: 07/12/24 17:37
 Container ID: 1243561003-A

Results of Frye Point - DUP

Client Sample ID: **Frye Point - DUP**
 Client Project ID: **Kodiak Island BEACH Monitoring**
 Lab Sample ID: 1243561004
 Lab Project ID: 1243561

Collection Date: 07/11/24 11:21
 Received Date: 07/12/24 08:50
 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		07/12/24 15:28

Batch Information

Analytical Batch: BTF21080
 Analytical Method: ENTEROLERT
 Analyst: M.A
 Analytical Date/Time: 07/12/24 15:28
 Container ID: 1243561004-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	1.0		1.00	1.00	0.750	col/100mL	1		07/12/24 17:37

Batch Information

Analytical Batch: BTF21081
 Analytical Method: SM21 9222D
 Analyst: M.A
 Analytical Date/Time: 07/12/24 17:37
 Container ID: 1243561004-A

Results of Lighthouse Beach

Client Sample ID: **Lighthouse Beach**
 Client Project ID: **Kodiak Island BEACH Monitoring**
 Lab Sample ID: 1243561005
 Lab Project ID: 1243561

Collection Date: 07/11/24 12:20
 Received Date: 07/12/24 08:50
 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		07/12/24 15:28

Batch Information

Analytical Batch: BTF21080
 Analytical Method: ENTEROLERT
 Analyst: M.A
 Analytical Date/Time: 07/12/24 15:28
 Container ID: 1243561005-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		07/12/24 17:37

Batch Information

Analytical Batch: BTF21081
 Analytical Method: SM21 9222D
 Analyst: M.A
 Analytical Date/Time: 07/12/24 17:37
 Container ID: 1243561005-A

Results of Lighthouse Beach - DUP

Client Sample ID: **Lighthouse Beach - DUP**
 Client Project ID: **Kodiak Island BEACH Monitoring**
 Lab Sample ID: 1243561006
 Lab Project ID: 1243561

Collection Date: 07/11/24 12:20
 Received Date: 07/12/24 08:50
 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		07/12/24 15:28

Batch Information

Analytical Batch: BTF21080
 Analytical Method: ENTEROLERT
 Analyst: M.A
 Analytical Date/Time: 07/12/24 15:28
 Container ID: 1243561006-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	1.0		1.00	1.00	0.750	col/100mL	1		07/12/24 17:37

Batch Information

Analytical Batch: BTF21081
 Analytical Method: SM21 9222D
 Analyst: M.A
 Analytical Date/Time: 07/12/24 17:37
 Container ID: 1243561006-A



Method Blank

Blank ID: MB for HBN 1894746 [BTF/21080]

Matrix: Water (Surface, Eff., Ground)

Blank Lab ID: 1773788

QC for Samples:

1243561001, 1243561002, 1243561003, 1243561004, 1243561005, 1243561006

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: BTF21080

Analytical Method: ENTEROLERT

Instrument:

Analyst: M.A

Analytical Date/Time: 7/12/2024 3:28:00PM

Print Date: 07/15/2024 4:06:59PM



Method Blank

Blank ID: MB for HBN 1894747 [BTF/21081]

Matrix: Water (Surface, Eff., Ground)

Blank Lab ID: 1773790

QC for Samples:

1243561001, 1243561002, 1243561003, 1243561004, 1243561005, 1243561006

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: BTF21081

Analytical Method: SM21 9222D

Instrument:

Analyst: M.A

Analytical Date/Time: 7/12/2024 5:37:00PM

Print Date: 07/15/2024 4:07:06PM

Whisman, Curtis (Anchorage)

From: Augat, Gretchen M (DEC) <Gretchen.augat@alaska.gov>
Sent: Friday, July 12, 2024 9:44 AM
To: Whisman, Curtis (Anchorage); Kasey Jo Wright; Inovejas, Mary E (DEC)
Subject: Re: [EXTERNAL] Incoming Water Samples!

*** WARNING: this message is from an EXTERNAL SENDER. Please be cautious, particularly with links and attachments.

1243561

Yes, please run them.



Get [Outlook for iOS](#)

From: Whisman, Curtis (Anchorage) <curtis.whisman@sgs.com>
Sent: Friday, July 12, 2024 9:26:02 AM
To: Kasey Jo Wright <KaseyJo.Wright@kodiakhealthcare.org>; Augat, Gretchen M (DEC) <Gretchen.augat@alaska.gov>; Inovejas, Mary E (DEC) <mary.inovejas@alaska.gov>
Subject: RE: [EXTERNAL] Incoming Water Samples!

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Morning,

I apologize, but I was out yesterday and I was unable to forward this notice to set up the pickup for these samples. We have received these samples this morning and they are now out of hold time. Would you still like us to proceed with the analysis?

Let me know if you have any questions.

Curtis Whisman
Industries & Environment
Project Manager
SGS North America Inc.

Phone: (907) 562-2343

From: Kasey Jo Wright <KaseyJo.Wright@kodiakhealthcare.org>
Sent: Thursday, July 11, 2024 1:26 PM
To: Augat, Gretchen M (DEC) <Gretchen.augat@alaska.gov>; Inovejas, Mary E (DEC) <mary.inovejas@alaska.gov>; Whisman, Curtis (Anchorage) <curtis.whisman@sgs.com>
Subject: [EXTERNAL] Incoming Water Samples!

*** WARNING: this message is from an EXTERNAL SENDER. Please be cautious, particularly with links and attachments.

Good afternoon everyone!

Today is our last full sampling (all sites) for this season, and I'm proud to say that my team members worked some magic and got the Old Harbor sample collected and shipped just in time!

Four water samples will be making their way to SGS very soon!

The samples from the Kodiak Road System adhere to the original schedule for this last sampling day (duplicates at Frye Point), but OLH is also sending their duplicates that were originally scheduled for June 18th.

The Air bill number is 027 ADQ 70707814

Have a wonderful day!

Kasey Jo Wright

Environmental Technician | (she/they)

(907) 486-9879 | KaseyJo.Wright@kodiakhealthcare.org

Kodiak Area Native Association

3449 Rezanof Drive East | Kodiak, Alaska 99615



1243561



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SGS North America Inc.
CHAIN OF CUSTODY RECORD

1243561

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Profile #: 397766 Int: CLW

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:		<table border="1"> <tr> <td>#</td> <td></td> <td></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> <td></td> <td></td> <td></td> </tr> </table>					#																																																											
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REPORTS TO: Andie Wall, Gretchen Augat, and Kasey Jo Wright					NPDL Number(DOD):		<table border="1"> <tr> <td>Sample Type</td> <td colspan="10">Analysis*</td> </tr> <tr> <td>Comp</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Grab</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>MI</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>					Sample Type	Analysis*										Comp												Grab												MI																								
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E-MAIL: andie.wall@kodiakhealthcare.org, gretchen.augat@alaska.gov, kaseyjo.wright@kodiakhealthcare.org					P.O. #:		<p>NOTE: *The following analyses require specific method and/or compound list: BTEX, Metals, PFAS</p>																																																																
INVOICE TO: Andie Wall					QUOTE #:																																																																		
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DOD Project? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				Turnaround Time Requested				SGS Sample Receipt (Lab Use Only)																																																															
Data Deliverables Requested				Standard <input type="checkbox"/> Rush <input checked="" type="checkbox"/>				Delivery Method: Client <input type="checkbox"/> Commercial <input checked="" type="checkbox"/>		Chain of Custody Seal Condition: INTACT <input checked="" type="checkbox"/> BROKEN <input type="checkbox"/> ABSENT <input type="checkbox"/>																																																													
DataView Level 4 SEDD ERPIMS EQUIS Other: _____				Requested Rush Report Date: _____				Did each cooler have a corresponding COC? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		COC Seal Location(s): _____																																																													
RELINQUISHED BY:		DATE:	TIME:	RECEIVED BY:		Cooler ID	Temperature (°C)	Therm. ID	<p>If more than three coolers are received, or for documentation of non-compliant coolers, use form FS-0029.</p>																																																														
<i>[Signature]</i>		7/11/24	13:12	<i>[Signature]</i>		1.	33	DS8																																																															
						2.																																																																	
						3.			<p>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.</p>																																																														
		7/12/24	0650	<i>[Signature]</i>								Initials: _____																																																											
Laboratory Use Only						http://www.sgs.com/terms-and-conditions																																																																	

1243561



SGS North America Inc.
CHAIN OF CUSTODY RECORD

SGS
2001
Anchorage,
Alaska
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

Section 1

CONTACT: Andie Wall PHONE #: 907-654-1443

PROJECT NAME: Kodiak Island BEACH Monitoring Project/Permit Number: _____

REPORTS TO: Andie Wall, Gretchen Augat, and Kasey Jo Wright E-MAIL: andie.wall@kodiakhealthcare.org, gretchen.augat@alaska.gov, kaseyjo.wright@kodiakhealthcare.org

INVOICE TO: Andie Wall QUOTE #: _____ P.O. #: _____

Section 3

Preservative

CONCENTRATIONS

Sample Type	Analysis*	NOTE: *The following analyses require specific method and/or compound list: BTEX, Metals, PFAS										
Comp												REMARKS/LOC ID
Grab												
MI												

Facial Coliform SM 9222 D Enteric ASTM D6503

Section 2

RESERVED for lab use	SAMPLE IDENTIFICATION	DATE mm/dd/yy	TIME HH:MM	MATRIX/MATRIX CODE	#	Type	Grab	MI	Analysis*	Analysis*	Analysis*	Analysis*	Analysis*	Analysis*	Analysis*	Analysis*	Analysis*	Analysis*	
JAB	LIGHTHOUSE BEACH	7/11/24	12:20	W	2	GRAB	X	X											
GAB	LIGHTHOUSE BEACH - DUP	7/11/24	12:20	W	2	GRAB	X	X											

Comments:

Section 4

DOD Project? YES NO

Data Deliverables Requested: DataView Level 4, SEDD, ERPIMS, EQUIS, Other: _____

Turnaround Time Requested: Standard, Rush, Requested Rush Report Date: _____

SGS Sample Receipt (Lab Use Only)

Delivery Method: Client Commercial

Chain of Custody Seal Condition: INTACT (checked), BROKEN, ABSENT

Did each cooler have a corresponding COC? Yes No

COC Seal Location(s): _____

Section 5

RELINQUISHED BY:	DATE:	TIME:	RECEIVED BY:	Cooler ID	Temperature (°C)	Therm. ID
<i>[Signature]</i>	7/11/24	12:30 PM	<i>[Signature]</i>	1.	23	058
<i>[Signature]</i>	7/11/24	13:12	<i>[Signature]</i>	2.		
				3.		

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.

Intials: _____



1243561



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*?	Yes	<input checked="" type="radio"/> 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 NPDL 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?	<input checked="" type="radio"/> Yes	No	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?	<input checked="" type="radio"/> Yes	No	N/A	Reviewer Initials: MA
Additional Notes/Clarification where Applicable, including resolution of "No" answers when a change order is not attached:				

027 ADQ 70707814

Cooler

1243561



Shipper's Name and Address KODIAK AREA NATIVE ASSOCIATION 3449 REZANOF DRIVE KODIAK AK US 99615 9074869800		Shipper's Account Number		Not negotiable Air Waybill Issued by ALASKA AIRLINES ***	
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			
Agents IATA Code 9999999		Account No. 27441003995			
Airport of Departure (Addr. of First Carrier) and Requested Routing KODIAK - KODIAK AIRPORT			Reference Number		Optional Shipping Information
To ANC	By First Carrier AS	Routing and Destination	to	by	to
Airport of Destination ANCHORAGE - TED S		Requested Flight/Date AS 0088/11-Jul		Currency USD	Declared Value for Carriage NVD
				Amount of Insurance XXX	Declared Value for Customs NCV
INSURANCE - If carrier offers insurance and such insurance is requested in accordance with conditions on reverse hereof indicate amount to be insured in figures in box marked "Amount o					

Handling Information		SCI
----------------------	--	-----

No. of Pieces RCP	Gross Weight	K lb	Rate Class Commodity Item No.	Chargeable Weight	Rate Charge	Total	Nature and Quantity of Goods (incl. Dimensions or Volume)
1	10.00	L	M	10.00	57.00	57.00	NONSCR GENERAL WATER SAMPLE DIMS(INH)13.0x10.0x11.0/1
1	10.00					57.00	

Prepaid	Weight Charge	Collect	Other Charges
57.00			XBC12.5PP
Valuation Charge			
Tax			
4.34			
Total other Charges Due Age			Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations.
Total other Charges Due Carrier			
12.50			
Total Prepaid			Signature of Shipper or his Agent
73.84			
Total Collect			

Currency Conversion Rates	cc charges in Dest. Currency	11-JUL-2024 01:19	ADQ	1083126
For Carrier Use only at Destination		Executed on (Date)	at (Place)	Signature of Issuing Carrier or its Agent
Charges at Destination		Total Collect Charges		027-70707814

Alert Expeditors Inc.

#433696

Citywide Delivery • 440-3351
8421 Flamingo Drive • Anchorage, Alaska 99502

Date 7-12-24
From Kodiak Area Native Assoc.

To 565 Labs Ave

Collect Prepay Advance Charges

Job # AD2 PO# AS 7070-7814

Samples



Shipped Signature [Signature]

Received By: [Signature] Total Charge



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>
1243561001-A	Na2S2O3 for Chlorine Redu	OK			
1243561001-B	Na2S2O3 for Chlorine Redu	OK			
1243561002-A	Na2S2O3 for Chlorine Redu	OK			
1243561002-B	Na2S2O3 for Chlorine Redu	OK			
1243561003-A	Na2S2O3 for Chlorine Redu	OK			
1243561003-B	Na2S2O3 for Chlorine Redu	OK			
1243561004-A	Na2S2O3 for Chlorine Redu	OK			
1243561004-B	Na2S2O3 for Chlorine Redu	OK			
1243561005-A	Na2S2O3 for Chlorine Redu	OK			
1243561005-B	Na2S2O3 for Chlorine Redu	OK			
1243561006-A	Na2S2O3 for Chlorine Redu	OK			
1243561006-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.