

Alaska Laboratory AK01000

Client City of Saint Paul Water System

Contact Monty Baker

Project Name 2025 RAP City of Saint Paul

AWL # AWL-25-00665

PWS # AK2260286

Please direct any questions regarding the final report to your Project Manager Alex@AKWaterLabs.com or Amanda@AKWaterLabs.com, or call.

The results presented in this report meet the requirement of the laboratory's certifications and internal QC processes. Any exceptions will be noted in the case narratives attached. Subcontract data will be entered into AWL final reports. Full subcontract reports are available upon request.

The attached should contain analytical results for the analyses submitted on the client chain of custody. The information includes no opinions of the analysts or labs, data is represented after meeting certified testing requirements, and quality control measures.

Reproduction of the report requires the written approval of the laboratory.

AWL Laboratory Management _____ Date

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Client Project Name	2025 RAP City of Saint Paul	AWL #	AWL-25-00665
Receipt Date and Time	03/12/2025 11:53	Due Date	03/19/2025
Cooler Temperature (C)	Ambient	Sampler Initials	MB
Sample receipt comments	Sample received by BFM on 03/12/2025 at ambient temperature by courier (RAVN 808-814-1535).		
Log In	VJG 03/12/2025	DQO	CMN 03/12/2025

Samples Received

Sample Location	AWL ID	Collection Date/Time	Analysis Date/Time	Analysis	Notes
Public Works	AWL-25-00665-001	03/11/2025 09:01	03/12/25 12:48	SM9223B PA	AWL00775

Analytical Methods

Analyte	Analytical Method	Comments
Total Coliform, E. Coli	SM9223B Total Coliform PA	

Certification: Alaska Drinking Water
 CMDP Job ID: 786897

Comments:

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Definitions:

DUP: Sample Duplicate
LCS/LCSD: Laboratory Control Sample/Laboratory Control Sample Duplicate
MRL: Method Reporting Limit
MB: Method Blank
MCL: Maximum Contaminant Limit
MDL: Method Detection Limit
MS/MSD: Matrix Spike/Matrix Spike Duplicate
N/A: Not Applicable
TNTC: Cell count is Too Numerous To Count
<MDL: Result recovery is below the laboratory detectable limit, listed as the MDL.

Data Qualifiers:

B: The result of both the method blank and the target sample were recovered above the MDL.
D: Sample was diluted prior to analysis.
J: The reported result was recovered below the MRL (Method Reporting Limit), but above the MDL (Method Detection Limit), and should be considered an estimate.
U: Result was recovered below the MDL, MRL, LOD, and LOQ.
*: The LCS/LCSD or DUP was recovered outside method specified control limits.
H: Sample was received or analyzed outside of method specified holding time.
E: Sample recovery is equal to or exceeded the MCL.
Q: One or more Quality Control criteria was recovered outside of control limits.

General Comments:

1.0) Basis: "As Received" = Analyzed as received from client. "Dry" = dried prior to being analyzed. "Dry Weight Corrected" = analyzed as received, result corrected for percent moisture.

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Analytical Results

Client City of Saint Paul Water System Project 2025 RAP City of Saint Paul
Contact Monty Baker PWS # AK2260286
Project 2025 RAP City of Saint Paul

Sample Location:	Public Works		SPID:	SPDS001TCR	Collection Date/Time:	03/11/2025 09:01			
			FCID:	DS001					
AWL ID/ Fraction:	AWL-25-00665-001		Matrix:	DW Free Cl 0.08	Batch ID:	031225-01-PA18			
Analyte	Result	Units	MDL	MCL	Flags	DF	Method	Date/Time	Anaylst Initials
Total Coliform	Absent	Presence/Absence	1	1		1	Colilert-18 PA	03/12/25 12:48	BFM/SMK
E. Coli	Absent	Presence/Absence	1	1		1	Colilert-18 PA	03/12/25 12:48	BFM/SMK
Comments:									

Custody form MUST be signed
Please provide as much information as possible

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907-373-

6130

AWL-25- 00665

Client/Company Name & Address: City of Saint Paul Water Plant PO Box 901 Saint Paul Island, AK 99660			PWS ID: AK2260286 Project Name/ID: 2025 RAP City of Saint Paul		AWL Staff Quote Number 1682 Account #: 1682 Invoice Contract Name & Address & Phone: *PLEASE FILL IN THE SHADED AREAS		Check Credit		
<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Expedited (prior authorization required) *Specify Requested Due Date if not standard		Requested Date for Results: Routine		PO/Contract No.:		Requested Analysis/Method		Facility ID SPDS001TCR State Pt. Sampling ID DS001 Trigger/Repeat Special 775	
Contact Person: Monty Baker Phone No: 907-600-4358 Fax No: E-mail: mpbaker@stpaulak.com		Results to STATE: Yes No Specify if REPEAT sample		No. of Containers Matrix (DW, WW, SO) Time Sampled Date Sampled		Preservative Lo# Preservative Lo# Preservative Lo# Preservative Lo# Preservative Lo#		State Pt. Sampling ID Facility ID Trigger/Repeat	
Special Instructions/Requirements: March, Sept		Requested Date for Results:		PA SM923B Coliform CI Residual X Lo# HW005V		PO/Contract No.:		Requested Analysis/Method	
*Sampling location and types are highlighted in yellow. Kit Preparation/Shipping Charge:		Client Sample Identification (Name, Designation, Location, etc.) Public Works		No. of Containers Matrix (DW, WW, SO) Time Sampled Date Sampled		Preservative Lo# Preservative Lo# Preservative Lo# Preservative Lo#		State Pt. Sampling ID Facility ID Trigger/Repeat	
Relinquished by: Monty Baker Date: 03/11/25 Time: 09:01		Received by: <i>BFW</i> Date: 3/14/25 Time: 11:53		Relinquished by:		Section To Be Completed by AWL:		Broken Absent	
Relinquished by:		Received by:		Date:		Custody Seal (circle): Intact Broken		Thermo ID Recv Notes:	
Relinquished by:		Received by:		Date:		Temperature on arrival: Amb °C TB Cooler Frozen Wet Ice		Delivery Method (Circle) Courier USPS/Mail Hand	
Relinquished by:		Received by:		Date:		Name of Sampler: (printed) Monty Baker		Delivery Method (Circle) Courier USPS/Mail Hand	