

Alaska Laboratory AK01000

Client City of Saint Paul Water System

Contact Monty Baker

Project Name 2024 RAP City of Saint Paul

AWL # AWL-24-03270

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

Alaska Laboratory #AK01000

Client Project Name	2024 RAP City of Saint Paul	AWL #	AWL-24-03270
Receipt Date and Time	11/20/2024 12:44	Due Date	11/26/2024 15:00
Cooler Temperature (C)	Ambient	Sampler Initials	MB
Sample receipt comments	Sample received 11/20/24 by NKM at ambient temp via courier.		
Log In	AKS 11/21/2024	DQO	BFM 11/21/2024

Samples Received

Sample Location	AWL ID	Collection Date/Time	Analysis Date/Time	Analysis	Notes
City Hall	AWL-24-03270-001	11/19/2024 13:50	11/20/24 14:24	SM9223B PA	AWL00452

Analytical Methods

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

Certification: Alaska Drinking Water
 CMDP Job ID: 749954

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 2024 RAP City of Saint Paul
 Contact Monty Baker PWS # AK2260286
 Project 2024 RAP City of Saint Paul

Sample Location: City Hall SPID: SPDS001TCR Collection Date/Time: 11/19/2024 13:50
 FCID: DS001
 AWL ID/ Fraction: AWL-24-03270-001 Matrix: DW Free Cl Batch ID: 112024-01-PA18

Analyte	Result	Units	MDL	MCL	Flags	DF	Method	Date/Time	Anaylst Initials
Total Coliform	Absent	Presence/Absence	1	1		1	Colilert-18 PA	11/20/24 14:24	BFM
E. Coli	Absent	Presence/Absence	1	1		1	Colilert-18 PA	11/20/24 14:24	BFM

Comments:

AWL Chain of Custody

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



281
la,
373-

AWL-24- 03270

Client/Company Name & Address: City of Saint Paul Water Plant PO Box 901 Saint Paul Island, AK 99660		PWS ID: AK2260286	Project Name/ID: 2024 RAP City of Saint Paul		Quote Number: 1331	AWL Staff AWL #
Contact Person: Monty Becker		x Standard Expedited (prior authorization required)		*PLEASE FILL IN THE SHADED AREAS		
Phone No: 907 546 4119		*Specify Requested Due Date if not standard		Account #: Check Credit		
Fax No:		Requested Date for Results:		Invoice Contact Name & Address & Phone:		
E-mail: mpbecker@cityofstpaulek.com		Results to STATE: Yes No		PO/Contract No.:		
Special Instructions/Requirements:		Specify if REPEAT sample		Requested Analysis/Method		
*Sampling location and types are highlighted in yellow.						
Kit Preparation/Shipping Charge:						
Client Sample Identification (Name, Designation, Location, etc.)						
1	City Hall	Date Sampled: 11/19/24	Time Sampled: 1:50 PM	Matrix (DW, WW, SO): DW	No. of Containers: 1	CI Residual: X
2						
3						
4						
5						
6						
7						
8						
9						
#						
Section To Be Completed by AWL						
Relinquished by: Monty Becker	Date: 11/19/24	Time: 1:50 PM	Received by: NK M	Date: 11/20/2024	Time: 12:44	Custody Seal (circle): Kit
Relinquished by:	Date:	Time:	Received by:	Date:	Time:	Temperature on arrival: amb °C
Relinquished by:	Date:	Time:	Received by:	Date:	Time:	Temp: ice TB: Cooler Frozen: Wet
Name of Sampler: (printed) Monty Becker			Delivery Method (Circle) Carrier		USPS/Mail Hand	

RAN