

**Alaska Laboratory AK01000**

**Client** City of Saint Paul Water System

**Contact** Adrian Dirks

**Project Name** 2024 RAP City of Saint Paul

**AWL #** AWL-24-02968

**PWS #** AK2260286

Please direct any questions regarding the final report to your Project Manager [Alex@AKWaterLabs.com](mailto:Alex@AKWaterLabs.com) or [Amanda@AKWaterLabs.com](mailto: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.

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AWL Laboratory Management

Date

**Alaska Laboratory #AK01000**

Client Project Name	2024 RAP City of Saint Paul	AWL #	AWL-24-02968
Receipt Date and Time	10/16/2024 12:10	Due Date	10/22/2024 16:00
Cooler Temperature (C)	4.3	Sampler Initials	MB
Sample receipt comments	Sample received by CMN on 10/16/2024 at 4.3 C RT1 on frozen ice by courier (RAVN 808-813-8804 (1) shared with 24-02966).		
Log In	VJG 10/16/2024	DQO	BFM 10/16/2024

**Samples Received**

Sample Location	AWL ID	Collection Date/Time	Analysis Date/Time	Analysis	Notes
Health Center	AWL-24-02968-001	10/15/2024 13:30	10/16/24 12:41	SM9223B PA	AWL00557

**Analytical Methods**

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

Certification: Alaska Drinking Water  
 CMDP Job ID: 721200

Comments: Missing COC information gathered from shared COC in cooler CMN 10/16/24

**Alaska Laboratory #AK01000**

**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.

**Alaska Laboratory #AK01000**

**Analytical Results**

Client City of Saint Paul Water System Project 2024 RAP City of Saint Paul  
Contact Adrian Dirks PWS # AK2260286  
Project 2024 RAP City of Saint Paul

Sample Location: Health Center SPID: SPDS001TCR Collection Date/Time: 10/15/2024 13:30  
FCID: DS001  
AWL ID/ Fraction: AWL-24-02968-001 Matrix: DW Free Cl 0.02 Batch ID: 101624-01-PA18

Analyte	Result	Units	MDL	MCL	Flags	DF	Method	Date/Time	Anaylst Initials
Total Coliform	Absent	Presence/Absence	1	1		1	Colilert-18 PA	10/16/24 12:41	BFM
E. Coli	Absent	Presence/Absence	1	1		1	Colilert-18 PA	10/16/24 12:41	BFM

Comments:



AWL-24-02968



AWL Chain of Custody

Custody form MUST be signed

Please provide as much information as possible

Client/Company Name & Address: <b>City of Saint Paul</b> Water Plant PO Box 901 Saint Paul Island, AK 99660		PWS ID: <b>AK2260286</b> Project Name/ID: <b>2024 RAP City of Saint Paul</b>		Quote Number: <b>1331</b> Account #: _____ Invoice Contact Name & Address & Phone: _____ Check Credit		AWL Staff	
Contact Person: <b>Monty Baker</b> Phone No: <b>C. 907-600-4358</b> Fax No: _____ E-mail: <b>mpbaker@stpauliak.com</b>		Requested Date for Results: _____ Results to STATE: Yes No Routine		PO/Contract No.: _____ Requested Analysis/Method		State Pr. Sampling ID: <b>DS001</b> Facility ID: <b>SPDS001TCR</b> Trigger/Repeat: <b>557</b>	
Special Instructions/Requirements: <b>October 2024</b>		Specify if REPEAT sample		Preservative Lot# _____ Preservative Lot# _____ Preservative Lot# _____ Preservative Lot# _____ Preservative Lot# _____		Section-To Be Completed by AWL	
*Sample at same site monthly; Sampling location and types are highlighted in yellow. Kit Preparation/Shipping Charge: _____		No. of Containers (DW, WW, SO)		Matrix		Date Time	
Client Sample Identification (Name, Designation, Location, etc.) <b>Health Center</b>		Date Sampled: <b>10/15/24</b> Time Sampled: <b>1:30 PM</b>		Date: <b>10/16/2024</b> Time: <b>12:10</b>		Custody Seal (circle): <b>Intact</b> Temperature on arrival: <b>4.3</b> °C	
Relinquished by: <b>Monty Baker</b> Date: <b>10/15/24</b> Time: <b>1:50 PM</b>		Received by: <b>CMN</b> Date: <b>10/16/2024</b> Time: <b>12:10</b>		Broken Absent		Thermo ID: <b>RT1</b> Recv Notes: _____	
Relinquished by: _____ Date: _____ Time: _____		Received by: _____ Date: _____ Time: _____		Temp: <b>TB</b> Cooler: _____ Ice: <b>Frozen</b> Wet: _____		Delivery Method (Circle): <b>Hand</b> USPS/Mail: _____ Courier: <b>LAWA 208-813-8204</b>	
Name of Sampler: (printed) <b>Monty Baker</b>		Date: _____ Time: _____		Date: _____ Time: _____		Delivery Method (Circle): <b>Hand</b> USPS/Mail: _____ Courier: <b>LAWA 208-813-8204</b>	

Shared w/ (2966) page 2 of 2