

Analysis Request Form

Name of Sampler: ELIZABETH CRICKSON

Phone No: (213) 576-6761

Sampler employed by: ODW

R.W.Q.C. Board No: 4 7 8
QUALITY CONTROL BOARD
 LOS ANGELES REGION

Sample source: Santa Clara River

Date collected: 5/4/99 Analysis Task No. _____

Sample Type: Drinking Water : Ground water Surface water
 Waste water : Chlorinated Yes No
 Solid sample : Soil Sludge Sediment
 Other _____

Use your own bottle ID number for each bottle.

For Lab Use Log Number	Bottle ID No.	Sampling Point	Time Collected	Type of Analysis Required (Be specific)
905 3690	LAKH	Santa Clara River @ Lang Station	11:00 am	Nitrate TOTAL NITROGEN
905 3691	FSZ	Santa Clara River @ Fire Station 2	10:30 am	"
905 3692	SCB	Santa Clara River @ Bouquet	10:00 am	"
905 3693	W99	Santa Clara River @ W99	9:30 am	"
905 3694	PAC	Piru @ Center Or.	9:00 am	"

Warning or special instruction on samples:

Seals: <input type="checkbox"/> Intact <input type="checkbox"/> None <input checked="" type="checkbox"/> Broken	Date	Time
Samples relinquished by <u>[Signature]</u>	5/4/99	1:45 pm
Samples relinquished by _____		
Received for Lab by <u>C. Fernando</u>	5/4/99	1:45 PM

(For Lab use only) Total cost for laboratory analyses:

\$650

Stat. of California - Department of Health Services
 Division of Drinking Water & Environmental Management
 Sanitation & Radiation Laboratory - South
 Analytical Report

DATE REPORTED: 8/17/99

DATE RECEIVED: 5/4/99

SAMPLER: Elizabeth Erickson

Lab ID. Number	CONSTITUENT	EPA METHOD	STORET CODE	UNITS	ANALYSIS RESULTS	REPORTING LIMIT
905-3690	Ammonia-Nitrogen (NH3-N)	350.2	610	mg/L	0.4	0.05
	Nitrate-Nitrogen (NO3-N)	353.2		mg/L	<R.L.	0.2
	Nitrite-Nitrogen (NO2-N)	353.2		mg/L	<R.L.	0.03
	Organic-Nitrogen	351.3		mg/L	0.2	0.05
905-3691	Ammonia-Nitrogen (NH3-N)	350.2	610	mg/L	<R.L.	0.05
	Nitrate-Nitrogen (NO3-N)	353.2		mg/L	<R.L.	0.2
	Nitrite-Nitrogen (NO2-N)	353.2		mg/L	<R.L.	0.03
	Organic-Nitrogen	351.3		mg/L	0.1	0.05
905-3692	Ammonia-Nitrogen (NH3-N)	350.2	610	mg/L	6.7	0.05
	Nitrate-Nitrogen (NO3-N)	353.2		mg/L	3.5	0.2
	Nitrite-Nitrogen (NO2-N)	353.2		mg/L	0.2	0.03
	Organic-Nitrogen	351.3		mg/L	5.4	0.05
905-3693	Ammonia-Nitrogen (NH3-N)	350.2	610	mg/L	<R.L.	0.05
	Nitrate-Nitrogen (NO3-N)	353.2		mg/L	3.2	0.2
	Nitrite-Nitrogen (NO2-N)	353.2		mg/L	0.05	0.03
	Organic-Nitrogen	351.3		mg/L	0.2	0.05
905-3694	Ammonia-Nitrogen (NH3-N)	350.2	610	mg/L	0.3	0.05
	Nitrate-Nitrogen (NO3-N)	353.2		mg/L	<R.L.	0.2
	Nitrite-Nitrogen (NO2-N)	353.2		mg/L	<R.L.	0.03
	Organic-Nitrogen	351.3		mg/L	0.5	0.05

N.D. = None detected.

mg/L = Milligram/Litre (ppm)

mg/Kg = Milligram/Kilogram (ppm)

<R.L. = <Reporting Limit

mcg/L = Microgram/Litre (ppb)

mcg/Kg = Microgram/Kilogram (ppb)

tribe Before Calibration

E. Ericson 4/28/99
①

~~Temp~~ ① Consistency test on temp - repeat of same water sample

Temp. 20.4

20.5

20.4

② Saturated NaCl solution aerated 10 bulb blaws

run 1 Temp 18.3
predicted DO 7
reading DO .5
COND 61.3
Turb 64
pH 4.9

run 3 Temp 17.8
reading DO .6
COND 61.5
Turb 70
pH 5.1

run 2 Temp 17.9
predicted DO 7
reading DO .5
COND 61.4
Turb 58
pH 5.0

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(c) Distilled water aerated 10 bulbs & blaws.

run 1 Temp 19.6
predicted DO 8.8
reading DO .2
COND .3
Turb 8
pH 7.0

run 3 Temp 19.8
predicted DO 8.8
reading DO .2
COND .8
Turb 9
pH 7.1

run 2 Temp 19.6
predicted DO 8.8
reading DO .4
COND .4
Turb 6
pH 6.5

Calibration

- (D) Calibrate Turb to 0 in Distilled water using on-machine dial
- (E) Calibrate pH in distilled water to 7.0 using on-machine dial
- (F) Calibrate DO in distilled water to 9 using on-machine dial.
Attempt Fails = Need to replace DO sensor

Test Calibration

4/28/99
③

Ⓐ Distilled water aerated 10 bulb blaws.

run 1 Temp 19.6
DO - N.A.
COND - .8
Turb - 0
pH - 6.7

run 2 Temp. 19.6
DU - N.A.
COND - .5
Turb - 0
pH - 7.1

run 3 Temp 19.7
DO - N.A.
COND - .7
Turb - 1
pH - 6.5

~~Calibration~~

~~Calibration~~

Ⓑ Buffered pH solution at 10

run 1 Temp - 20.8 Turb = ~~1~~ 1
pH - pH = 8.0
COND - 5.1

4/28/9
(4)

Re Calibrate

- (A) in pH solution of 10
- (B) in pH solution of 4
- (C) in pH solution of 7

Test Calibration

(A) in Distilled water aerated 10 bubbles

run 1

Temp 19.4
DO .1
COND .1
TURB 1
pH ~~7.2~~ 7.2

run 2 Temp 19.5
DO 1.0
COND .1
TURB 1
pH 7.0

(B) in pH solution of 7

run 1

Temp 20.0
COND 6.5
TURB 6

pH 5.8

4/28/99
(5)

run 2

Temp	20.8
COND	6.8
Turb	44
pH	5.6

(C) pH solution at 4

run 1

Temp	20.8
COND	2.9
Turb	9
pH	3.2

run 2

Temp	20.6
COND	2.7
Turb	9
pH	3.0

(D) pH solution at 10

run 1

Temp	20.8
COND	4.9
Turb	1
pH	8.1

Ke Calibrate

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6

(A) in pH solution of 7

Test Calibrate

(A) in Distilled water

Temp 19.8

CAND 2

Time 15

pH 7.9

(B) in pH 10

pH measured 8.9

(C) in pH 4

pH measured 4.3

Analysis Request Form

Name of Sampler: Elizabeth Erickson

Phone No:
(213) 576 6683
() _____

Sampler employed by: ODW
R.W.Q.C. Board No: 4 7 8

Sample source: Santa Clara River

Date collected: 5/3/99 Analysis Task No. _____

Sample Type: Drinking Water : Ground water Surface water
 Waste water : Chlorinated Yes No
 Solid sample : Soil Sludge Sediment
 Other _____

Use your own bottle ID number for each bottle.

For Lab Use Log Number	Bottle ID No.	Sampling Point	Time Collected	Type of Analysis Required (Be specific)
905 3673	SC Fillmore A 599	Fillmore Astrotel	12:30	total nitrogen
905 3674	SC Bluecut 599	SC Bluecut	1:30	total nitrogen
905 3675	SC Fillmore A	SC Fillmore Astrotel	12:30	chloride
905 3676	SC Bluecut 599	SC Bluecut	1:30	General Minerals

Warning or special instruction on samples:

Seals: Intact None Broken

Date

Time

Samples relinquished by: [Signature] 5/3/99 3:25

Samples relinquished by: _____

Received for Lab by: C. P. [Signature] 5/3/99 3:25

(For Lab use only) Total cost for laboratory analyses: \$ 570

Analysis Request Form

Name of Sampler: Elizabeth Erickson

Phone No:
(213) 576 6683
() _____

Sampler employed by: ODW
R.W.Q.C. Board No: 4 7 8

Sample source: SC river

Date collected: ~~5/2/99~~ 5/3/99 Analysis Task No. _____

Sample Type: Drinking Water : Ground water Surface water
 Waste water : Chlorinated Yes No
 Solid sample : Soil Sludge Sediment
 Other _____

Use your own bottle ID number for each bottle.

For Lab Use Log Number	Bottle ID No.	Sampling Point	Time Collected	Type of Analysis Required (Be specific)
705 3651	SC-101	Santa Clara @ 101	10:00 AM	Total Nitrogen
705 3652	SCF	Santa Clara @ Freeman	9:30 AM	" "
705 3653	SCSP	Santa Clara @ Santa Paula	9:00 AM	" "
705 3654	SCS	Santa Clara @ Sespe	8:30 AM	" "

Warning or special instruction on samples:

Seals: <input type="checkbox"/> Intact <input type="checkbox"/> None <input type="checkbox"/> Broken	Date	Time
Samples relinquished by <u>[Signature]</u>	5/3/99	1:10
Samples relinquished by _____		
Received for Lab by <u>C. Peraldo \$520</u>	5/3/99	1:40

Analysis Request Form

Name of Sampler: Elizabeth Erickson
 Sampler employed by: ODW
 R.W.Q.C. Board No: 4 7 8

Phone No:
(213) 576 6683
 () _____

Sample source: SC river

Date collected: 5/4³/99 Analysis Task No. _____

- Sample Type: Drinking Water : Ground water Surface water
 Waste water : Chlorinated Yes No
 Solid sample : Soil Sludge Sediment
 Other _____

Use your own bottle ID number for each bottle.

For Lab Use Log Number	Bottle ID No.	Sampling Point	Time Collected	Type of Analysis Required (Be specific)
705 3660	SCE	Santa Clara @ Estuary	11:00 AM	Chloride
705 3661	SCS	Santa Clara @ Sespe	8:30 AM	"
705 3662	SCSP	Santa Clara @ Santa Paula	9:00 AM	"
705 3663	SC-F	Santa Clara @ Freeman	9:30 AM	"

Warning or special instruction on samples:

Seals: <input type="checkbox"/> Intact <input type="checkbox"/> None <input type="checkbox"/> Broken	Date	Time
Samples relinquished by <u>[Signature]</u>	5/3/99	1:05
Samples relinquished by <u>[Signature]</u>		
Received for Lab by <u>C. Pennardi</u>	5/3/99	1:05

Division of Drinking Water and Environmental Management—SRL (South)

Analysis Request Form

Name of Sampler: Elizabeth Erickson

Phone No:
(213) 576 6683
 () _____

Sampler employed by: ODW
 R.W.Q.C. Board No: 4 7 8

Sample source: SC river

Date collected: 5/3/99
~~5/11/99~~ Analysis Task No. _____

Sample Type: Drinking Water : Ground water Surface water
 Waste water : Chlorinated Yes No
 Solid sample : Soil Sludge Sediment
 Other _____

Use your own bottle ID number for each bottle.

For Lab Use Log Number	Bottle ID No.	Sampling Point	Time Collected	Type of Analysis Required (Be specific)
905 3655	10052	Santa Clara @ 101	10:00 AM	Total Coliform and Fecal Coliform
905 3656	10034	Santa Clara @ Scspe	8:30 AM	"
905 3657	10001	Santa Clara @ Santa Paula	9:00 AM	"
905 3658	10018	Santa Clara @ Estuary	11:00 AM	"
905 3659	10015	Santa Clara @ Freeman	9:30 AM	"

Warning or special instruction on samples:

Seals: <input type="checkbox"/> Intact <input type="checkbox"/> None <input type="checkbox"/> Broken	Date	Time
Samples relinquished by <u>[Signature]</u>	5/3/99	1:05
Samples relinquished by		
Received for Lab by <u>C. Pomeroy</u>	5/3/99	1:05

State of California - Department of Health Services
 Division of Drinking Water & Environmental Management
 Sanitation & Radiation Laboratory - South
 Analytical Report

DATE REPORTED: 5/10/99

DATE RECEIVED: 5/3/99

SAMPLER: Elizabeth Erickson

Lab ID. Number	CONSTITUENT	EPA METHOD	STORET CODE	UNITS	ANALYSIS RESULTS	REPORTING LIMIT
905-3655	Total Coliform	MPN		/100 ml	170	
	Fecal Coliform	MPN		/100 ml	70	
905-3656	Total Coliform	MPN		/100 ml	230	
	Fecal Coliform	MPN		/100 ml	20	
905-3657	Total Coliform	MPN		/100 ml	40	
	Fecal Coliform	MPN		/100 ml	<20	
905-3658	Total Coliform	MPN		/100 ml	1300	
	Fecal Coliform	MPN		/100 ml	300	
905-3659	Total Coliform	MPN		/100 ml	800	
	Fecal Coliform	MPN		/100 ml	40	

N.D. = None detected.

mg/L = Milligram/Litre (ppm)

mg/Kg = Milligram/Kilogram (ppm)

<R.L. = <Reporting Limit

mcg/L = Microgram/Litre (ppb)

mcg/Kg = Microgram/Kilogram (ppb)