

UTAH STATE DEPARTMENT OF HEALTH
DIVISION OF LABORATORY SERVICES
Environmental Chemistry Analysis Report

DIV. OF OIL, GAS & MINING

JUN 09 2014

RECEIVED

DEPT OF NATURAL RESOURCES - OGM
STEVE CHRISTENSEN
1594 W NORTH TEMPLE - STE 1210
SALT LAKE CITY UT 84114-1210

801-538-5350

Lab Number: 201402062 Sample Type: 04 Cost Code: 901B
Description: OUTFALL 002
Collector: AD

Site ID:	Source No: 00	Organic Review:
Sample Date: 05/28/2014	Time: 13:25	Inorganic Review: 06/03/2014
		Radiochemistry Review:
		Microbiology Review:

TEST RESULTS:

Sulfate	148.0 mg/l	T-Iron	0.326 mg/l
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QUALIFYING COMMENTS (*) on test results: NO COMMENTS

Trace levels up to 0.2 ppb metals may be present in bottles

END OF REPORT



Unified State Laboratories: Public Health

Bureau of Chemical and Environmental Services

4431 S 2700 W Taylorsville, UT 84119-8600

801 965 2400 Fax 801 969 3238

http://health.utah.gov/lab/chemistry

CHAIN OF CUSTODY

- Hand Delivered
- Shipped Samples
- Cooler Returned

System/Agency Name: Division of Oil, Gas & Mining		System/Agency Number: WT177		Cost/Project Code: 901B		
REPORTING/CONTACT						
Address: Steve Christensen		Special Code:		BILLING (list if different)		
City, State, Zip:		Address:				
Phone: 801-538-5350		City, State, Zip:				
Fax:		Phone:				
Email:		Fax:				
Submitted By: Amanda Daniels						
COLLECTION POINT DESCRIPTION	Collector Initials	Collection Date (mm/dd/yy)	Collection Time (24 hr)	COMMENTS	REQUESTED TESTS	Received Date and Time:
Outfall 002	AD	05/29/14	13:25	Tex 1 Rea 1	Total Iron SO ₄	4.5 4.9
Pre-Treat 002	AD	05/29/14	13:28	Rea 1 Tex 1		5.1 NA

Sample Receipt Conditions

Yes	No
<input checked="" type="checkbox"/> Documentation complete	<input type="checkbox"/>
<input checked="" type="checkbox"/> Proper containers and in-date	<input type="checkbox"/>
<input checked="" type="checkbox"/> Containers intact	<input type="checkbox"/>
<input checked="" type="checkbox"/> Within holding time	<input type="checkbox"/>
<input checked="" type="checkbox"/> Coolant	<input type="checkbox"/>
<input checked="" type="checkbox"/> Temperature within-range	<input type="checkbox"/>
<input checked="" type="checkbox"/> Acceptable pH	<input type="checkbox"/>
<input checked="" type="checkbox"/> Custody Seals Intact	<input type="checkbox"/>
	N/A

TAB NUMBER

201402062
05/29/2014 13:44:

201402063
05/29/2014 13:44:

Dispatched By:	Date and Time:	Courier Company Name:	Invoice/Airbill #:
Relinquished By:	Date and Time:	Received by:	Date and Time:
Relinquished to USL:PH by: Amanda Daniels	Date and Time: 5/29/14 13:45	Receiver: USL:PH by: [Signature]	Date and Time: 5-29-14 13:45

no seals present at time of receipt