

BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Bench No. \_\_\_\_\_

GENERAL INFORMATION: Facility Name Kuhlman Electric Co NPDES Permit No. \_\_\_\_\_  
County Code Copiah Date Requested 8-23-00  
Discharge No. \_\_\_\_\_  
Sample Point Identification DP 453-0.5  
Requested By Gretchen Zmitrovich Data To Gretchen Zmitrovich  
Type of Sample: Grab ( ) Composite (Flow ) (Time ) Other ( ) \_\_\_\_\_

FILE COPY

II. SAMPLE IDENTIFICATION:  
Environment Condition \_\_\_\_\_ Collected By T. Fitzpatrick  
Where Taken \_\_\_\_\_

	Type	Parameters	Preservative	Date	Time
1.	<u>SOI</u>	<u>PCB</u>	<u>None</u>	<u>8-23-00</u>	<u>10:06</u>
2.					
3.					
4.					
5.					

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )			
D.O.	(000300)	( )			
Temperature	(000010)	( )			
Residual Chlorine	(050060)	( )			
Flow	(074060)	( )			

IV. TRANSPORTATION OF SAMPLE: Bus ( ) RO Vehicle ( ) Other ( )  
V. LABORATORY: Received By Megan McCord Date 8-23-00 Time 1025  
Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l		*
COD	(000340)	( )	mg/l		
TOC	(000680)	( )	mg/l		
Suspended Solids	(099000)	( )	mg/l		
TKN	(000625)	( )	mg/l		
Ammonia-N	(000610)	( )	mg/l		
Fecal Coliform(1)	(074055)	( )	colonies/100 ml		*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml		*
Total Phosphorus	(000665)	( )	mg/l		
Oil and Grease(1)	(000550)	( )	mg/l		
Oil and Grease(2)	(000550)	( )	mg/l		
Chlorides	(099016)	( )	mg/l		
Phenol	(032730)	( )	mg/l		
Total Chromium	(001034)	( )	mg/l		
Hex. Chromium	(001032)	( )	mg/l		
Zinc	(001092)	( )	mg/l		
Copper	(001042)	( )	mg/l		
Lead	(017501)	( )	mg/l		
Cyanide	(000722)	( )	mg/l		
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			

Remarks \_\_\_\_\_

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

Lab Bench No.: 6021  
Cost Code: 3858

**I. GENERAL INFORMATION:**

Facility Name: Kuhlman Electric Corp.  
County Code: Copiah  
Discharge No:  
Sample Point Identification: DP 453-0.5  
Requested By: Gretchen Zmitrovich  
Type of Sample: Grab

NPDES Permit No.:  
Date Requested: 8-23-00

Data To: Gretchen Zmitrovich  
Composite: Flow: Time: Other:

**II. SAMPLE IDENTIFICATION:**

Environment Condition:  
Where Taken:

Collected By: T. Fitzpatrick

	Type	Parameters	Preservative	Date	Time
1.	Soil	PCB	None	8-22-00	1006
2.					
3.					
4.					
5.					
6.					

**III. FIELD:**

Analysis	Computer Req Code	Results	Analyst	Date
PH	000400			
D.O.	000300			
Temperature	000010			
Residual Chlorine	050060			
Flow	074060			

**IV. TRANSPORTATION OF SAMPLE:**

Bus: RO Vehicle: Other:

**V. LABORATORY:**

Received by: M. McCardle  
Recorded by: T. Sawyer

Date: 8-23-00 Time: 1025  
Date Sent to State Office: 9-21-00

**VI. Remarks:**

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCB's in Soil/Fish

Sample Name: 6021  
Misc Info: Kuhlman Electric Corp. DP453-0.5  
Date Acquired: 09-05-00  
Operator: DS

Name	Amount	MQL
Arochlor 1016	Not Detected	36.0
Arochlor 1221	Not Detected	67.0
Arochlor 1232	Not Detected	34.0
Arochlor 1242	Not Detected	34.0
Arochlor 1248	Not Detected	34.0
Arochlor 1254	Not Detected	67.0
Arochlor 1260	138 ppb	67.0

Surrogates	% Recovery	Limits
TCMX	93	(38-134)
DCB	94	(31-132)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Bench No. \_\_\_\_\_

I. GENERAL INFORMATION: Facility Name Kuhlman Electric Corp.  
County Code 09101 NPDES Permit No. \_\_\_\_\_  
Discharge No. \_\_\_\_\_ Date Requested 8-23-00  
Sample Point Identification DP456-0.5  
Requested By Oresten Timitovich Data To Graham Timitovich  
Type of Sample: Grab ( ) Composite (Flow ) (Time ) Other ( )

FILE COPY

II. SAMPLE IDENTIFICATION: Environment Condition \_\_\_\_\_ Collected By T. Fitzpatrick  
Where Taken \_\_\_\_\_

Type	Parameters	Preservative	Date	Time
1. <u>Soil</u>	<u>PCB</u>	<u>None</u>	<u>8-23-00</u>	<u>1200</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

IV. TRANSPORTATION OF SAMPLE: Bus ( ) RO Vehicle ( ) Other ( )

V. LABORATORY: Received By Megan McCordle Date 8-23-00 Time 1225  
Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l	_____	*
COD <sub>5</sub>	(000340)	( )	mg/l	_____	_____
TOC	(000680)	( )	mg/l	_____	_____
Suspended Solids	(099000)	( )	mg/l	_____	_____
TKN	(000625)	( )	mg/l	_____	_____
Ammonia-N	(000610)	( )	mg/l	_____	_____
Fecal Coliform(1)	(074055)	( )	colonies/100 ml	_____	*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml	_____	*
Total Phosphorus	(000665)	( )	mg/l	_____	_____
Oil and Grease(1)	(000550)	( )	mg/l	_____	_____
Oil and Grease(2)	(000550)	( )	mg/l	_____	_____
Chlorides	(099016)	( )	mg/l	_____	_____
Phenol	(032730)	( )	mg/l	_____	_____
Total Chromium	(001034)	( )	mg/l	_____	_____
Hex. Chromium	(001032)	( )	mg/l	_____	_____
Zinc	(001092)	( )	mg/l	_____	_____
Copper	(001042)	( )	mg/l	_____	_____
Lead	(017501)	( )	mg/l	_____	_____
Cyanide	(000722)	( )	mg/l	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____

Remarks \_\_\_\_\_

\*Date of Test Initiation  
#1058

call me @ 961-5240 w/results  
6022

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

Lab Bench No.: 6022  
Cost Code: 3858

**I. GENERAL INFORMATION:**

Facility Name: Kuhlman Electric Corp.  
County Code: Copiah  
Discharge No:  
Sample Point Identification: DP 456-0.5  
Requested By: Gretchen Zmitrovich  
Type of Sample: Grab: Composite: Flow: Time: Other:

NPDES Permit No.:  
Date Requested: 8-23-00

Data To: Gretchen Zmitrovich

**II. SAMPLE IDENTIFICATION:**

Environment Condition:  
Where Taken:

Collected By: T. Fitzpatrick

	Type	Parameters	Preservative	Date	Time
1.	Soil	PCB	None	8-22-00	1200
2.					
3.					
4.					
5.					
6.					

**III. FIELD:**

Analysis	Computer Req Code	Results	Analyst	Date
PH	000400			
D.O.	000300			
Temperature	000010			
Residual Chlorine	050060			
Flow	074060			

**IV. TRANSPORTATION OF SAMPLE:**

Bus: RO Vehicle: Other:

**V. LABORATORY:**

Received by: M. McCardle  
Recorded by: T. Sawyer

Date: 8-23-00 Time: 1025  
Date Sent to State Office: 9-21-00

**VI. Remarks:**

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCB's in Soil/Fish

Sample Name: 6023  
Misc Info: Kuhlman Electric Corp. DP462-0.5  
Date Acquired: 09-05-00  
Operator: DS

Name	Amount	ML
Arochlor 1016	Not Detected	36.0
Arochlor 1221	Not Detected	67.0
Arochlor 1232	Not Detected	34.0
Arochlor 1242	Not Detected	34.0
Arochlor 1248	Not Detected	34.0
Arochlor 1254	Not Detected	67.0
Arochlor 1260	75 ppb	67.0

Surrogates	% Recovery	Limits
TCMX	93	(38-134)
DCB	95	(31-132)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



MISSISSIPPI DEPARTMENT  
OF ENVIRONMENTAL QUALITY

# CHAIN OF CUSTODY RECORD

POLLUTION CONTROL  
LABORATORY  
121 Fairmont Plaza  
Pearl, Mississippi 38208

# FILE COPY

6021-6023

PROJECT NAME		LOCATION		SAMPLE TYPES		SAMPLERS (SIGN)		DATA TO:		SHIPPED TO:			
Kuhlman Electric Corp.		Crystal Springs		1. SURFACE WATER 2. GROUND WATER 3. POTABLE WATER 4. WASTEWATER 5. LEACHATE 6. SOIL/SUBSTRATE 7. SLUDGE 8. WASTE 9. AIR 10. FISH 11. OTHER		A. Tim Fitzpatrick B. C. D.		CIRCLE/ADJ parameter desired List COD/TOC/NUTRIENTS BOD/SOLIDS METALS (Total) (TCLP) EXT. DRUGS/PECS (TCLP) PESTICIDES/PCBs/PAHs/PCBs/PCDDs/PCDFs CYANIDE FCAL COLIFORM Oil & Grease/TPH Phenolics PCBs - tested		CALL ME @ 961-5240 w/ res & lts Gretchen Zmitrovich		LAB USE ONLY	
SITE NO.	SAMPLE TYPE	DATE	TIME	LAB	USE	ONLY	TOTAL CONTAINERS	REMARKS	DATE/TIME	RECEIVED BY:			
DP4530.5	6	8-22	1200				1						
DP4500.5	6	8-22	1200				1						
DP4620.5	6	8-23	1600				1						
RELINQUISHED BY: <u>Tim Fitzpatrick</u> DATE/TIME: <u>08/23/00</u> RECEIVED BY: <u>Alanna McCarrick</u> DATE/TIME: <u>08/23/00</u>													
RELINQUISHED BY: <u>Alanna McCarrick</u> DATE/TIME: <u>08/23/00</u> RECEIVED BY: <u>Alanna McCarrick</u> DATE/TIME: <u>08/23/00</u>													

NOTICE: Must use a separate form for each ice chest.

DISINTEGRATION: White and Yellow copies accompany sample shipment to lab. Yellow copy retained by lab. White copy is retained to sampler. Pink copy retained by samples.



MISSISSIPPI DEPARTMENT  
OF ENVIRONMENTAL QUALITY

# CHAIN OF CUSTODY RECORD

POLLUTION CONTROL  
LABORATORY  
121 Fairmont Plaza  
Pearl, Mississippi 39268

PROJECT NAME

*Kehlma Electric Corp.*

SHIPPED TO:

*Call me @ 601-524-4150*

*Call me @ 601-524-4150*

LOCATION

*Crested Springs*

SAMPLERS (SIGN)

*Tina Fitzpatrick*

DATA TO:

*Grethelene Z. M. Trivick*

- SAMPLE TYPES
- 1. SURFACE WATER
  - 2. GROUND WATER
  - 3. POTABLE WATER
  - 4. WASTEWATER
  - 5. LEACHATE
  - 6. SEWAGE TREATMENT
  - 7. SLUDGE
  - 8. WASTE
  - 9. AIR
  - 10. FISH
  - 11. OTHER

SITE NO.	SAMPLE TYPE	DATE	TIME	COMP	LAB
<i>19452056</i>	<i>PS-300</i>	<i>10/22/00</i>	<i>12:00</i>		
<i>19452056</i>	<i>PS-300</i>	<i>10/22/00</i>	<i>12:00</i>		
<i>19452056</i>	<i>PS-300</i>	<i>10/22/00</i>	<i>12:00</i>		

STATION LOCATION/DESCRIPTION

- TOTAL CONTAINERS
- CIRCLE/DOD  
parameter desired. List no. of containers submitted.
- COD, TOC, NUTRIENTS
  - BOD, SOLIDS
  - METALS (Total) (COLP)
  - EXT. ORG. PESTICIDES (COLP)
  - PESTICIDES, AROMATICS, HALOCARBONS
  - CYANIDE
  - FECAL COLIFORM
  - OIL & GREASE/TPH
  - PHENOLS
  - PC BS - total

REMARKS

LAB USE ONLY

RELINQUISHED BY:	DATE/TIME:	RECEIVED BY:	DATE/TIME:	RELINQUISHED BY:	DATE/TIME:	RECEIVED BY:	DATE/TIME:
<i>(Signature)</i>	<i>10/22/00</i>	<i>(Signature)</i>	<i>10/22/00</i>	<i>(Signature)</i>	<i>10/22/00</i>	<i>(Signature)</i>	<i>10/22/00</i>
<i>(Signature)</i>	<i>10/22/00</i>	<i>(Signature)</i>	<i>10/22/00</i>	<i>(Signature)</i>	<i>10/22/00</i>	<i>(Signature)</i>	<i>10/22/00</i>
<i>(Signature)</i>	<i>10/22/00</i>	<i>(Signature)</i>	<i>10/22/00</i>	<i>(Signature)</i>	<i>10/22/00</i>	<i>(Signature)</i>	<i>10/22/00</i>

NOTICE: Must use a separate form for each ice chest.



**BUREAU OF POLLUTION CONTROL**  
**SAMPLE REQUEST FORM**

Lab Bench No. \_\_\_\_\_

**I. GENERAL INFORMATION:** Facility Name Kuhlman Electric Corp.  
 County Code Capitol NPDES Permit No. \_\_\_\_\_  
 Discharge No. \_\_\_\_\_ Date Requested 8-23-00  
 Sample Point Identification DP 453-0.5  
 Requested By Gutchen, T. Mitrovich Data To Gutchen, T. Mitrovich  
 Type of Sample: Grab ( ) Composite (Flow ) (Time ) Other ( ) \_\_\_\_\_

**II. SAMPLE IDENTIFICATION:** Environment Condition \_\_\_\_\_ Collected By T. Mitrovich  
 Where Taken \_\_\_\_\_

	Type	Parameters	Preservative	Date	Time
1.	<u>grab</u>	<u>PCB</u>	<u>None</u>	<u>8-23-00</u>	<u>10:46</u>
2.					
3.					
4.					
5.					

**III. FIELD:**

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

**IV. TRANSPORTATION OF SAMPLE:** Bus ( ) RO Vehicle ( ) Other ( ) \_\_\_\_\_

**V. LABORATORY:** Received By Megan McCauley Date 8-23-00 Time 10:25  
 Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l		*
COD <sub>5</sub>	(000340)	( )	mg/l		
TOC	(000680)	( )	mg/l		
Suspended Solids	(099000)	( )	mg/l		
TKN	(000625)	( )	mg/l		
Ammonia-N	(000610)	( )	mg/l		
Fecal Coliform(1)	(074055)	( )	colonies/100 ml		*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml		*
Total Phosphorus	(000665)	( )	mg/l		
Oil and Grease(1)	(000550)	( )	mg/l		
Oil and Grease(2)	(000550)	( )	mg/l		
Chlorides	(099016)	( )	mg/l		
Phenol	(032730)	( )	mg/l		
Total Chromium	(001034)	( )	mg/l		
Hex. Chromium	(001032)	( )	mg/l		
Zinc	(001092)	( )	mg/l		
Copper	(001042)	( )	mg/l		
Lead	(017501)	( )	mg/l		
Cyanide	(000722)	( )	mg/l		
		( )			
		( )			
		( )			
		( )			
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		( )			
		( )			
		( )			
Remarks	_____				

\*Date of Test Initiation # 1850 EW ME @ 767 5240 w/ results 6021

BUREAU OF POLLUTION CONTROL  
**SAMPLE REQUEST FORM**

Lab Bench No. \_\_\_\_\_

I. GENERAL INFORMATION: Facility Name Kuhlman Electric Corp.  
 County Code 17000 NPDES Permit No. \_\_\_\_\_  
 Discharge No. \_\_\_\_\_ Date Requested 8-23-00  
 Sample Point Identification DP436 A/S  
 Requested By Christopher Trivittovich Data To Christopher Trivittovich  
 Type of Sample: Grab ( ) Composite (Flow ) (Time ) Other ( ) \_\_\_\_\_

II. SAMPLE IDENTIFICATION: Environment Condition \_\_\_\_\_ Collected By T. Fitzpatrick  
 Where Taken \_\_\_\_\_

Type	Parameters	Preservative	Date	Time
1. <u>W</u>	<u>PCB</u>	<u>None</u>	<u>8-23-00</u>	<u>1000</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

IV. TRANSPORTATION OF SAMPLE: Bus ( ) RO Vehicle ( ) Other ( )  
 V. LABORATORY: Received By Alvin H. Sandoz Date 9-23-00 Time 1025  
 Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	_____ mg/l	_____	*
COD <sub>5</sub>	(000340)	( )	_____ mg/l	_____	_____
TOC	(000680)	( )	_____ mg/l	_____	_____
Suspended Solids	(099000)	( )	_____ mg/l	_____	_____
TKN	(000625)	( )	_____ mg/l	_____	_____
Ammonia-N	(000610)	( )	_____ mg/l	_____	_____
Fecal Coliform(1)	(074055)	( )	_____ colonies/100 ml	_____	*
Fecal Coliform(2)	(074055)	( )	_____ colonies/100 ml	_____	*
Total Phosphorus	(000665)	( )	_____ mg/l	_____	_____
Oil and Grease(1)	(000550)	( )	_____ mg/l	_____	_____
Oil and Grease(2)	(000550)	( )	_____ mg/l	_____	_____
Chlorides	(099016)	( )	_____ mg/l	_____	_____
Phenol	(032730)	( )	_____ mg/l	_____	_____
Total Chromium	(001034)	( )	_____ mg/l	_____	_____
Hex. Chromium	(001032)	( )	_____ mg/l	_____	_____
Zinc	(001092)	( )	_____ mg/l	_____	_____
Copper	(001042)	( )	_____ mg/l	_____	_____
Lead	(017501)	( )	_____ mg/l	_____	_____
Cyanide	(000722)	( )	_____ mg/l	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____

Remarks \_\_\_\_\_

\*Date of Test Initiation 8-23-00  
Call me @ 461-5240 w/results 6022

BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Bench No. \_\_\_\_\_

I. GENERAL INFORMATION: Facility Name Kohlman Electric Corp  
County Code 1001 NPDES Permit No. \_\_\_\_\_  
Discharge No. \_\_\_\_\_ Date Requested 8-13-00  
Sample Point Identification Dr 462-0.5  
Requested By John J. L. Smith Data To Station 41111111  
Type of Sample: Grab () Composite (Flow) () (Time) () Other ()

II. SAMPLE IDENTIFICATION:  
Environment Condition \_\_\_\_\_ Collected By J. Litpatrick  
Where Taken \_\_\_\_\_

Type	Parameters	Preservative	Date	Time
1.	<u>P/B</u>	<u>None</u>	<u>8-13-00</u>	<u>1600</u>
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( <input type="checkbox"/> )	_____	_____	_____
D.O.	(000300)	( <input type="checkbox"/> )	_____	_____	_____
Temperature	(000010)	( <input type="checkbox"/> )	_____	_____	_____
Residual Chlorine	(050060)	( <input type="checkbox"/> )	_____	_____	_____
Flow	(074060)	( <input type="checkbox"/> )	_____	_____	_____

IV. TRANSPORTATION OF SAMPLE: Bus () RD Vehicle () Other ()  
V. LABORATORY: Received By Heather McGee Date 8-13-00 Time 1025  
Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( <input type="checkbox"/> )	mg/l	_____	*
COD <sub>5</sub>	(000340)	( <input type="checkbox"/> )	mg/l	_____	_____
TOC	(000680)	( <input type="checkbox"/> )	mg/l	_____	_____
Suspended Solids	(099000)	( <input type="checkbox"/> )	mg/l	_____	_____
TKN	(000625)	( <input type="checkbox"/> )	mg/l	_____	_____
Ammonia-N	(000610)	( <input type="checkbox"/> )	mg/l	_____	_____
Fecal Coliform(1)	(074055)	( <input type="checkbox"/> )	colonies/100 ml	_____	*
Fecal Coliform(2)	(074055)	( <input type="checkbox"/> )	colonies/100 ml	_____	*
Total Phosphorus	(000665)	( <input type="checkbox"/> )	mg/l	_____	_____
Oil and Grease(1)	(000550)	( <input type="checkbox"/> )	mg/l	_____	_____
Oil and Grease(2)	(000550)	( <input type="checkbox"/> )	mg/l	_____	_____
Chlorides	(099016)	( <input type="checkbox"/> )	mg/l	_____	_____
Phenol	(032730)	( <input type="checkbox"/> )	mg/l	_____	_____
Total Chromium	(001034)	( <input type="checkbox"/> )	mg/l	_____	_____
Hex. Chromium	(001032)	( <input type="checkbox"/> )	mg/l	_____	_____
Zinc	(001092)	( <input type="checkbox"/> )	mg/l	_____	_____
Copper	(001042)	( <input type="checkbox"/> )	mg/l	_____	_____
Lead	(017501)	( <input type="checkbox"/> )	mg/l	_____	_____
Cyanide	(000722)	( <input type="checkbox"/> )	mg/l	_____	_____
_____	( )	( <input type="checkbox"/> )	_____	_____	_____
_____	( )	( <input type="checkbox"/> )	_____	_____	_____
_____	( )	( <input type="checkbox"/> )	_____	_____	_____
_____	( )	( <input type="checkbox"/> )	_____	_____	_____
_____	( )	( <input type="checkbox"/> )	_____	_____	_____
_____	( )	( <input type="checkbox"/> )	_____	_____	_____
_____	( )	( <input type="checkbox"/> )	_____	_____	_____
_____	( )	( <input type="checkbox"/> )	_____	_____	_____
_____	( )	( <input type="checkbox"/> )	_____	_____	_____
_____	( )	( <input type="checkbox"/> )	_____	_____	_____
_____	( )	( <input type="checkbox"/> )	_____	_____	_____
Remarks	_____	_____	_____	_____	_____

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCB's in Soil/Fish

Sample Name: 6022  
Misc Info: Kuhlman Electric Corp. DP456-0.5  
Date Acquired: 09-05-00  
Operator: DS

Name	Amount	MQL
Arochlor 1016	Not Detected	36.0
Arochlor 1221	Not Detected	670
Arochlor 1232	Not Detected	34.0
Arochlor 1242	Not Detected	34.0
Arochlor 1248	Not Detected	34.0
Arochlor 1254	Not Detected	67.0
Arochlor 1260	Not Detected	67.0

Surrogates	% Recovery	Limits
TCMX	89	(38-134)
DCB	91	(31-132)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

**Lab Bench No.:** 6023  
**Cost Code:** 3858

**I. GENERAL INFORMATION:**

**Facility Name:** Kuhlman Electric Corp.  
**County Code:** Copiah  
**Discharge No:**  
**Sample Point Identification:** DP 462-0.5  
**Requested By:** Gretchen Zmitrovich  
**Type of Sample:** Grab: Composite: Flow: Time: Other:

**NPDES Permit No.:**  
**Date Requested:** 8-23-00  
**Data To:** Gretchen Zmitrovich

**II. SAMPLE IDENTIFICATION:**

**Environment Condition:**  
**Where Taken:**

**Collected By:** T. Fitzpatrick

	Type	Parameters	Preservative	Date	Time
1.	Soil	PCB	None	8-22-00	1600
2.					
3.					
4.					
5.					
6.					

**III. FIELD:**

Analysis	Computer Req Code	Results	Analyst	Date
PH	000400			
D.O.	000300			
Temperature	000010			
Residual Chlorine	050060			
Flow	074060			

**IV. TRANSPORTATION OF SAMPLE:**

**Bus:** **RO Vehicle:** **Other:**

**V. LABORATORY:**

**Received by:** M. McCardle  
**Recorded by:** T. Sawyer

**Date:** 8-23-00 **Time:** 1025  
**Date Sent to State Office:** 9-21-00

**VI. Remarks:**

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCB's in Soil/Fish

Sample Name: 6023  
Misc Info: Kuhlman Electric Corp. DP462-0.5  
Date Acquired: 09-05-00  
Operator: DS

Name	Amount	ML
Arochlor 1016	Not Detected	36.0
Arochlor 1221	Not Detected	67.0
Arochlor 1232	Not Detected	34.0
Arochlor 1242	Not Detected	34.0
Arochlor 1248	Not Detected	34.0
Arochlor 1254	Not Detected	67.0
Arochlor 1260	75 ppb	67.0

Surrogates	% Recovery	Limits
TCMX	93	(38-134)
DCB	95	(31-132)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

**FILE COPY**

Lab Bench No.: 6023  
Cost Code: 3858

**I. GENERAL INFORMATION:**

Facility Name: Kuhlman Electric Corp.  
County Code: Copiah  
Discharge No:  
Sample Point Identification: DP 462-0.5  
Requested By: Gretchen Zmitrovich  
Type of Sample: Grab: Composite: Flow: Time: Other:

NPDES Permit No.:  
Date Requested: 8-23-00  
Data To: Gretchen Zmitrovich

**II. SAMPLE IDENTIFICATION:**

Environment Condition:  
Where Taken:

Collected By: T. Fitzpatrick

	Type	Parameters	Preservative	Date	Time
1.	Soil	PCB	None	8-22-00	1600
2.					
3.					
4.					
5.					
6.					

**III. FIELD:**

Analysis	Computer Req Code	Results	Analyst	Date
PH	000400			
D.O.	000300			
Temperature	000010			
Residual Chlorine	050060			
Flow	074060			

**IV. TRANSPORTATION OF SAMPLE:**

Bus: RO Vehicle: Other:

**V. LABORATORY:**

Received by: M. McCardle  
Recorded by: T. Sawyer

Date: 8-23-00 Time: 1025  
Date Sent to State Office: 9-21-00

**VI. Remarks:**



Lake Chautauqua At Crystal Springs.00.

09/27/00

OPC #	Species	#	Min	Max	Avg	Aspartic	Aspartic	Aspartic	Aspartic	Aspartic	Aspartic	Aspartic	Aspartic	Aspartic	Aspartic	Aspartic	Aspartic	Aspartic		
			(µg/gm)	(µg/gm)	(µg/gm)	(1061ppm)	(1221ppm)	(1381ppm)	(1541ppm)	(1701ppm)	(1861ppm)	(2021ppm)	(2181ppm)	(2341ppm)	(2501ppm)	(2661ppm)	(2821ppm)	(2981ppm)	(3141ppm)	
SF00009	Bluegill	5	153	186	165	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	0.149	
SF00010	Largemouth Bass	3	1396	1528	1450	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	0.262
SF00011	Largemouth Bass	3	1011	1309	1118	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	0.420
SF00012	Largemouth Bass	3	198	226	214	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
SF00013	Largemouth Bass	1	1783	1783	1783	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
SF00014	Largemouth Bass	2	1133	1373	1253	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	0.072
SF00015	Largemouth Bass	3	504	716	620	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	0.074
SF00016	Largemouth Bass	2	348	371	360	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
SF00017	Largemouth Bass	5	218	267	247	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	0.069

Chautauqua

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCBs in Soil/Fish

Sample Name 5413  
Misc Info SF00013 Lake Chautauqua @ Crystal Springs  
Date Acquired 06/23/00  
Operator DS

Name	Amount (ppb)	MQL
Arochlor 1016	Not Detected	34.0
Arochlor 1221	Not Detected	670
Arochlor 1232	Not Detected	34.0
Arochlor 1242	Not Detected	34.0
Arochlor 1248	Not Detected	34.0
Arochlor 1254	Not Detected	67.0
Arochlor 1260	* Trace (64.0 ppb)	67.0

Surrogates	% Recovery	Limits
TCMX	64	(38-134)
DCB	67	(31-132)

Comments: \* Below MQL

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCBs in Soil/Fish

Sample Name 5414  
Misc Info SF00014 Lake Chautauqua @ Crystal Springs  
Date Acquired 06/23/00  
Operator DS

Name	Amount (ppb)	ML
Arochlor 1016	Not Detected	34.0
Arochlor 1221	Not Detected	67.0
Arochlor 1232	Not Detected	34.0
Arochlor 1242	Not Detected	34.0
Arochlor 1248	Not Detected	34.0
Arochlor 1254	Not Detected	67.0
Arochlor 1260	72.0 ppb	67.0

Surrogates	% Recovery	Limits
TCMX	79	(38-134)
DCB	83	(31-132)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCBs in Soil/Fish

Sample Name 5415  
Misc Info SF00015 Lake Chautauqua @ Crystal Springs  
Date Acquired 06/23/00  
Operator DS

Name	Amount (ppb)	MLQ
Arochlor 1016	Not Detected	34.0
Arochlor 1221	Not Detected	67.0
Arochlor 1232	Not Detected	34.0
Arochlor 1242	Not Detected	34.0
Arochlor 1248	Not Detected	34.0
Arochlor 1254	Not Detected	67.0
Arochlor 1260	73.6 ppb	67.0

Surrogates	% Recovery	Limits
TCMX	54	(38-134)
DCB	58	(31-132)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCBs in Soil/Fish

Sample Name 5416  
Misc Info SF00016 Lake Chautauqua @ Crystal Springs  
Date Acquired 06/23/00  
Operator DS

Name	Amount (ppb)	MLQ
Arochlor 1016	Not Detected	34.0
Arochlor 1221	Not Detected	67.0
Arochlor 1232	Not Detected	34.0
Arochlor 1242	Not Detected	34.0
Arochlor 1248	Not Detected	34.0
Arochlor 1254	Not Detected	67.0
Arochlor 1260	* Trace (40.0 ppb)	67.0

Surrogates	% Recovery	Limits
TCMX	72	(38-134)
DCB	76	(31-132)

Comments: \* Below MQL

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCBs in Soil/Fish

Sample Name 5417  
Misc Info SF00017 Lake Chautauqua @ Crystal Springs  
Date Acquired 06/23/00  
Operator DS

Name	Amount (ppb)	MQL
Arochlor 1016	Not Detected	34.0
Arochlor 1221	Not Detected	670
Arochlor 1232	Not Detected	34.0
Arochlor 1242	Not Detected	34.0
Arochlor 1248	Not Detected	34.0
Arochlor 1254	Not Detected	67.0
Arochlor 1260	69.0 ppb	67.0

Surrogates	% Recovery	Limits
TCMX	50	(38-134)
DCB	55	(31-132)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCBs in Soil/Fish

Sample Name 5318  
Misc Info SF00012 Chautauqua Lake @ Crystal Springs  
Date Acquired 06/12/00  
Operator DS

Name	Amount (ppb)	ML
Arochlor 1016	Not Detected	34.0
Arochlor 1221	Not Detected	67.0
Arochlor 1232	Not Detected	34.0
Arochlor 1242	Not Detected	34.0
Arochlor 1248	Not Detected	34.0
Arochlor 1254	Not Detected	67.0
Arochlor 1260	Not Detected	67.0

Surrogates	% Recovery	Limits
TCMX	65	(38-134)
DCB	67	(31-132)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCBs in Soil/Fish

*Bluegill  
sample  
A/B*

Sample Name 5315  
Misc Info SF00009 Chautauqua Lake @ Crystal Springs  
Date Acquired 06/12/00  
Operator DS

Name	Amount (ppb)	ML
Arochlor 1016	Not Detected	34.0
Arochlor 1221	Not Detected	670
Arochlor 1232	Not Detected	34.0
Arochlor 1242	Not Detected	34.0
Arochlor 1248	Not Detected	34.0
Arochlor 1254	Not Detected	67.0
Arochlor 1260	149 ppb	134

*☆*

Surrogates	% Recovery	Limits
TCMX	59	(38-134)
DCB	57	(31-132)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Mississippi Department of Environmental Quality  
 Office of Pollution Control Laboratory  
 1542 Old Whitfield Road  
 Pearl, MS 39208

PCBs in Soil/Fish

Sample Name 5316  
 Misc Info SF00010 Chautauqua Lake @ Crystal Springs  
 Date Acquired 06/12/00  
 Operator DS

*1a  
 Demouth  
 bass*

Name	Amount (ppb)	MLQ
Arochlor 1016	Not Detected	34.0
Arochlor 1221	Not Detected	67.0
Arochlor 1232	Not Detected	34.0
Arochlor 1242	Not Detected	34.0
Arochlor 1248	Not Detected	34.0
Arochlor 1254	Not Detected	67.0
Arochlor 1260	262 ppb <i>AK</i>	134

Surrogates	% Recovery	Limits
TCMX	78	(38-134)
DCB	78	(31-132)

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCBs in Soil/Fish

Sample Name 5317  
Misc Info SF00011 Chautauqua Lake @ Crystal Springs  
Date Acquired 06/12/00  
Operator DS

*largemouth  
bass*

Name	Amount (ppb)	ML
Arochlor 1016	Not Detected	34.0
Arochlor 1221	Not Detected	67.0
Arochlor 1232	Not Detected	34.0
Arochlor 1242	Not Detected	34.0
Arochlor 1248	Not Detected	34.0
Arochlor 1254	Not Detected	67.0
Arochlor 1260	420 ppb <i>☆</i>	335

Surrogates	% Recovery	Limits
TCMX	68	(38-134)
DCB	81	(31-132)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

Lab Bench No. \_\_\_\_\_

**I. GENERAL INFORMATION:** Facility Name CRYSTAL SPRINGS / KUHLMAN  
 County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
 Discharge No. \_\_\_\_\_ Date Requested 6/9/00  
 Sample Point Identification POOL SIDE NE (POOL WIPE # 1)  
 Requested By S. CRELLIN Date To T. RUSSELL  
 Type of Sample: Grab (✓) Composite (Flow ) (Time ) Other ( )

**II. SAMPLE IDENTIFICATION:** Environment Condition \_\_\_\_\_ Collected By S. CRELLIN  
 Where Taken LRE ST. POOL, N END E SIDE FREGBOARD 12 IN<sup>2</sup>

Type	Parameters	Preservative	Date	Time
1. <u>WIPE</u>	<u>DCB</u>	<u>ICE CH<sub>3</sub>OH</u>	<u>6/9/00</u>	<u>10:30</u>
2.				
3.				
4.				
5.				

**III. FIELD:**

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )			
D.O.	(000300)	( )			
Temperature	(000010)	( )			
Residual Chlorine	(050060)	( )			
Flow	(074060)	( )			

**IV. TRANSPORTATION OF SAMPLE:** Bus (✓) RO Vehicle ( ) Other ( )  
**V. LABORATORY:** Received By [Signature] Date 6/10/00 Time 1306  
 Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l		*
COD <sub>5</sub>	(000340)	( )	mg/l		
TOC	(000680)	( )	mg/l		
Suspended Solids	(099000)	( )	mg/l		
TKN	(000625)	( )	mg/l		
Ammonia-N	(000610)	( )	mg/l		
Fecal Coliform(1)	(074055)	( )	colonies/100 ml		*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml		*
Total Phosphorus	(000665)	( )	mg/l		
Oil and Grease(1)	(000550)	( )	mg/l		
Oil and Grease(2)	(000550)	( )	mg/l		
Chlorides	(099016)	( )	mg/l		
Phenol	(032730)	( )	mg/l		
Total Chromium	(001034)	( )	mg/l		
Hex. Chromium	(001032)	( )	mg/l		
Zinc	(001092)	( )	mg/l		
Copper	(001042)	( )	mg/l		
Lead	(017501)	( )	mg/l		
Cyanide	(000722)	( )	mg/l		
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____

Remarks \_\_\_\_\_

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

Lab Bench No.: 5331  
Cost Code: 3858

**I. GENERAL INFORMATION:**

Facility Name: Crystal Springs/Kuhlman  
County Code:  
Discharge No:  
Sample Point Identification: Pool side NE (Pool wipe #1)  
Requested By: J. Crellin  
Type of Sample: Grab: (X) Composite: Flow: Time:

NPDES Permit No.:  
Date Requested: 6-9-00  
Data To: T. Russell  
Other:

**II. SAMPLE IDENTIFICATION:**

Environment Condition:  
Where Taken: Lee St. pool N end E side freeboard 12 in<sup>2</sup>

Collected By: J. Crellin

	Type	Parameters	Preservative	Date	Time
1.	Wipe	PCB	Ice CH <sub>3</sub> OH	6-9-00	1030
2.					
3.					
4.					
5.					
6.					

**III. FIELD:**

Analysis	Computer Req Code	Results	Analyst	Date
PH	000400			
D.O.	000300			
Temperature	000010			
Residual Chlorine	050060			
Flow	074060			

**IV. TRANSPORTATION OF SAMPLE:**

Bus: RO Vehicle: Other:

**V. LABORATORY:**

Received by: Otis Clark  
Recorded by: T. Sawyer

Date: 6-9-00 Time: 1306  
Date Sent to State Office: 8-21-00

**VI. Remarks:**

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCB's

Sample Name: 5331  
Misc Info: City of Crystal Springs (Wipe # 1)  
Date Acquired: 06/13/00  
Operator: DS

Name	Amount (ppb)	ML
Arochlor 1016	Not Detected	17
Arochlor 1221	Not Detected	335
Arochlor 1232	Not Detected	17
Arochlor 1242	Not Detected	17
Arochlor 1248	Not Detected	17
Arochlor 1254	Not Detected	34
Arochlor 1260	Not Detected	34

Surrogates	% Recovery	Limits
TCMX	50	(56-125)
DCB	67	(20-127)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Bench No. \_\_\_\_\_

I. GENERAL INFORMATION: Facility Name CRYSTAL SPRINGS  
County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
Discharge No. \_\_\_\_\_ Date Requested 6/9/00  
Sample Point Identification POOL SIDE SE (POOL WIPE #2)  
Requested By T. CRELLIN Data To T. ROSSALL  
Type of Sample: Grab () Composite (Flow ) (Time ) Other ( )

II. SAMPLE IDENTIFICATION:  
Environment Condition \_\_\_\_\_ Collected By T. CRELLIN  
Where Taken LEE ST. POOL & END E SIDE FREEBOARD 12 IN<sup>2</sup>

Type	Parameters	Preservative	Date	Time
1. <u>WIPE</u>	<u>PCB</u>	<u>ICE CH<sub>2</sub>O<sub>4</sub></u>	<u>6/9/00</u>	<u>1030</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

IV. TRANSPORTATION OF SAMPLE: Bus () BO Vehicle ( ) Other ( )  
V. LABORATORY: Received By T. Crellin Date 6/9/00 Time 1206

Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l	_____	*
COD <sub>5</sub>	(000340)	( )	mg/l	_____	_____
TOC	(000680)	( )	mg/l	_____	_____
Suspended Solids	(099000)	( )	mg/l	_____	_____
TKN	(000625)	( )	mg/l	_____	_____
Ammonia-N	(000610)	( )	mg/l	_____	_____
Fecal Coliform(1)	(074055)	( )	colonies/100 ml	_____	*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml	_____	*
Total Phosphorus	(000665)	( )	mg/l	_____	_____
Oil and Grease(1)	(000550)	( )	mg/l	_____	_____
Oil and Grease(2)	(000550)	( )	mg/l	_____	_____
Chlorides	(099016)	( )	mg/l	_____	_____
Phenol	(032730)	( )	mg/l	_____	_____
Total Chromium	(001034)	( )	mg/l	_____	_____
Hex. Chromium	(001032)	( )	mg/l	_____	_____
Zinc	(001092)	( )	mg/l	_____	_____
Copper	(001042)	( )	mg/l	_____	_____
Lead	(017501)	( )	mg/l	_____	_____
Cyanide	(000722)	( )	mg/l	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____

Remarks \_\_\_\_\_

\*Date of Test Initiation 1858

5330

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

Lab Bench No.: 5330  
Cost Code: 3858

**I. GENERAL INFORMATION:**

Facility Name: Crystal Springs  
County Code:  
Discharge No:  
Sample Point Identification: Pool side SE (Pool wipe #2)  
Requested By: J. Crellin  
Type of Sample: Grab: (X) Composite: Flow: Time:

NPDES Permit No.:  
Date Requested: 6-9-00  
Data To: T. Russell  
Other:

**II. SAMPLE IDENTIFICATION:**

Environment Condition: Collected By: J. Crellin  
Where Taken: Lee St. pool S end E side freeboard 12 in<sup>2</sup>

	Type	Parameters	Preservative	Date	Time
1.	Wipe	PCB	Ice CH <sub>3</sub> OH	6-9-00	1030
2.					
3.					
4.					
5.					
6.					

**III. FIELD:**

Analysis Computer Req Results Analyst Date  
Code

PH	000400			
D.O.	000300			
Temperature	000010			
Residual Chlorine	050060			
Flow	074060			

**IV. TRANSPORTATION OF SAMPLE:**

Bus: RO Vehicle: Other:

**V. LABORATORY:**

Received by: Otis Clark Date: 6-9-00 Time: 1306  
Recorded by: T. Sawyer Date Sent to State Office: 8-21-00

**VI. Remarks:**

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCB's

Sample Name: 5330  
Misc Info: City of Crystal Springs (Wipe # 2)  
Date Acquired: 06/13/00  
Operator: DS

Name	Amount (ppb)	ML
Arochlor 1016	Not Detected	17
Arochlor 1221	Not Detected	335
Arochlor 1232	Not Detected	17
Arochlor 1242	Not Detected	17
Arochlor 1248	Not Detected	17
Arochlor 1254	Not Detected	34
Arochlor 1260	Not Detected	34

Surrogates	% Recovery	Limits
TCMX	44	(56-125)
DCB	50	(20-127)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Bench No. \_\_\_\_\_

I. GENERAL INFORMATION: Facility Name CRYSTAL SPRINGS / KUHLMAN  
County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
Discharge No. \_\_\_\_\_ Date Requested 6/9/00  
Sample Point Identification POOL SIDE SW (POOL WIDE # 3)  
Requested By S. CRELLIN Date To T. ROUSELL  
Type of Sample: Grab () Composite (Flow ) (Time ) Other ( )

II. SAMPLE IDENTIFICATION:  
Environment Condition \_\_\_\_\_ Collected By S. CRELLIN  
Where Taken LEE ST. POOL S END W SIDE FREEBOARD 12 W<sup>2</sup>

Type	Parameters	Preservative	Date	Time
1. <u>WIDE</u>	<u>PCB</u>	<u>ICE CH<sub>3</sub>OH</u>	<u>6/9/00</u>	<u>1030</u>
2.				
3.				
4.				
5.				

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )			
D.O.	(000300)	( )			
Temperature	(000010)	( )			
Residual Chlorine	(050060)	( )			
Flow	(074060)	( )			

IV. TRANSPORTATION OF SAMPLE:  By \_\_\_\_\_ Vehicle ( ) Other ( )  
 V. LABORATORY: Received By Oh Chad Date 6/09/00 Time 1306  
 Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l		*
COD <sub>5</sub>	(000340)	( )	mg/l		
TOC	(000680)	( )	mg/l		
Suspended Solids	(099000)	( )	mg/l		
TKN	(000625)	( )	mg/l		
Ammonia-N	(000610)	( )	mg/l		
Fecal Coliform(1)	(074055)	( )	colonies/100 ml		*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml		*
Total Phosphorus	(000665)	( )	mg/l		
Oil and Grease(1)	(000550)	( )	mg/l		
Oil and Grease(2)	(000550)	( )	mg/l		
Chlorides	(099016)	( )	mg/l		
Phenol	(032730)	( )	mg/l		
Total Chromium	(001034)	( )	mg/l		
Hex. Chromium	(001032)	( )	mg/l		
Zinc	(001092)	( )	mg/l		
Copper	(001042)	( )	mg/l		
Lead	(017501)	( )	mg/l		
Cyanide	(000722)	( )	mg/l		
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
Remarks					

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

Lab Bench No.: 5329  
Cost Code: 3858

**I. GENERAL INFORMATION:**

Facility Name: Crystal Springs/Kuhlman  
County Code:  
Discharge No:  
Sample Point Identification: Pool side SW (Pool wipe #3)  
Requested By: J. Crellin  
Type of Sample: Grab: (X) Composite: Flow: Time:

NPDES Permit No.:  
Date Requested: 6-9-00  
Data To: T. Russell  
Other:

**II. SAMPLE IDENTIFICATION:**

Environment Condition:  
Where Taken: Lee St. pool S end of W side freeboard 12 in<sup>2</sup>

Collected By: J. Crellin

	Type	Parameters	Preservative	Date	Time
1.	Wipe	PCB	Ice CH <sub>3</sub> OH	6-9-00	1030
2.					
3.					
4.					
5.					
6.					

**III. FIELD:**

Analysis	Computer Req Code	Results	Analyst	Date
PH	000400			
D.O.	000300			
Temperature	000010			
Residual Chlorine	050060			
Flow	074060			

**IV. TRANSPORTATION OF SAMPLE:**

Bus: RO Vehicle: Other:

**V. LABORATORY:**

Received by: Otis Clark Date: 6-9-00 Time: 1306  
Recorded by: T. Sawyer Date Sent to State Office: 8-21-00

**VI. Remarks:**

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCB's

Sample Name: 5329  
Misc Info: City of Crystal Springs (Wipe # 3)  
Date Acquired: 06/13/00  
Operator: DS

Name	Amount (ppb)	ML
Arochlor 1016	Not Detected	17
Arochlor 1221	Not Detected	335
Arochlor 1232	Not Detected	17
Arochlor 1242	Not Detected	17
Arochlor 1248	Not Detected	17
Arochlor 1254	Not Detected	34
Arochlor 1260	Not Detected	34

Surrogates	% Recovery	Limits
TCMX	41	(56-125)
DCB	59	(20-127)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Bench No. \_\_\_\_\_

I. GENERAL INFORMATION: Facility Name CRYSTAL SPRINGS / KUHLMAN  
 County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
 Discharge No. \_\_\_\_\_ Date Requested \_\_\_\_\_  
 Sample Point Identification POOL SIDE W (POOL WIDE #4) FIELD BLANK  
 Requested By J. CRELLIN Date To T. RUSSELL  
 Type of Sample: Crab (✓) Composite (Flow ) (Time ) Other ( ) \_\_\_\_\_

II. SAMPLE IDENTIFICATION:  
 Environment Condition \_\_\_\_\_ Collected By J. CRELLIN  
 Where Taken LEE ST. POOL W SIDE, NO ACTUAL SAMPLE, CH<sub>2</sub>OH ONLY

Type	Parameters	Preservative	Date	Time
1. <u>WIDE</u>	<u>PCR</u>	<u>ICE CH<sub>2</sub>OH</u>	<u>6/9/00</u>	<u>1030</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

IV. TRANSPORTATION OF SAMPLE: By RO Vehicle ( ) Other ( ) \_\_\_\_\_  
 V. LABORATORY: Received By *J. Crellin* Date 6/09/00 Time 1306  
 Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l	_____	*
COD <sub>5</sub>	(000340)	( )	mg/l	_____	_____
TOC	(000680)	( )	mg/l	_____	_____
Suspended Solids	(099000)	( )	mg/l	_____	_____
TKN	(000625)	( )	mg/l	_____	_____
Ammonia-N	(000610)	( )	mg/l	_____	_____
Fecal Coliform(1)	(074055)	( )	colonies/100 ml	_____	*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml	_____	*
Total Phosphorus	(000665)	( )	ug/l	_____	_____
Oil and Grease(1)	(000550)	( )	mg/l	_____	_____
Oil and Grease(2)	(000550)	( )	ug/l	_____	_____
Chlorides	(099016)	( )	mg/l	_____	_____
Phenol	(032730)	( )	mg/l	_____	_____
Total Chromium	(001034)	( )	mg/l	_____	_____
Hex. Chromium	(001032)	( )	mg/l	_____	_____
Zinc	(001092)	( )	mg/l	_____	_____
Copper	(001042)	( )	mg/l	_____	_____
Lead	(017501)	( )	mg/l	_____	_____
Cyanide	(000722)	( )	mg/l	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____

Remarks \_\_\_\_\_

\*Date of Test Initiation 1858

5328

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

**Lab Bench No.: 5328  
Cost Code: 3858**

**I. GENERAL INFORMATION:**

**Facility Name:** Crystal Springs/Kuhlman  
**County Code:**  
**Discharge No:**  
**Sample Point Identification:** Pool side W (Pool wipe #4) Field blank  
**Requested By:** J. Crellin  
**Type of Sample:** Grab: (X) Composite: Flow: Time: Other:  
**NPDES Permit No.:**  
**Date Requested:** 6-9-00  
**Data To:** T. Russell

**II. SAMPLE IDENTIFICATION:**

**Environment Condition:**  
**Where Taken:** Lee St. pool W side, No actual sample, CH<sub>3</sub> OH only  
**Collected By:** J. Crellin

	Type	Parameters	Preservative	Date	Time
1.	Wipe	PCB	Ice CH <sub>3</sub> OH	6-9-00	1030
2.					
3.					
4.					
5.					
6.					

**III. FIELD:**

Analysis	Computer Req Code	Results	Analyst	Date
PH	000400			
D.O.	000300			
Temperature	000010			
Residual Chlorine	050060			
Flow	074060			

**IV. TRANSPORTATION OF SAMPLE:**

**Bus:** **RO Vehicle:** **Other:**

**V. LABORATORY:**

**Received by:** Otis Clark **Date:** 6-9-00 **Time:** 1306  
**Recorded by:** T. Sawyer **Date Sent to State Office:** 8-21-00

**VI. Remarks:**

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCB's

Sample Name: 5328  
Misc Info: City of Crystal Springs (Wipe # 4)  
Date Acquired: 06/13/00  
Operator: DS

Name	Amount (ppb)	ML
Arochlor 1016	Not Detected	17
Arochlor 1221	Not Detected	335
Arochlor 1232	Not Detected	17
Arochlor 1242	Not Detected	17
Arochlor 1248	Not Detected	17
Arochlor 1254	Not Detected	34
Arochlor 1260	Not Detected	34

Surrogates	% Recovery	Limits
TCMX	40	(56-125)
DCB	43	(20-127)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Bench No. \_\_\_\_\_

I. GENERAL INFORMATION: Facility Name CRYSTAL SPRINGS / KUHLMAN  
County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
Discharge No. \_\_\_\_\_ Date Requested 6/9/00  
Sample Point Identification POOL SIDE NW (POOL WIDE #5)  
Requested By S. CRELLIN Data To T. RUSSELL  
Type of Sample: Grab (✓) Composite (Flow ) (Time ) Other ( )

II. SAMPLE IDENTIFICATION:  
Environment Condition \_\_\_\_\_ Collected By S. CRELLIN  
Where Taken LEE ST. POOL N END OF W SIDE FREEBOARD 12 IN<sup>1</sup>

Type	Parameters	Preservative	Date	Time
1. <u>WIDE</u>	<u>PCB</u>	<u>ICE CH<sub>2</sub>OH</u>	<u>6/9/00</u>	<u>1030</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

IV. TRANSPORTATION OF SAMPLE: Bus ( ) RP Vehicle ( ) Other ( )  
V. LABORATORY: Received By Clay Date 6/09/00 Time 1306  
Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l	_____	*
COD <sub>5</sub>	(000340)	( )	mg/l	_____	_____
TOC	(000680)	( )	mg/l	_____	_____
Suspended Solids	(099000)	( )	mg/l	_____	_____
TKN	(000625)	( )	mg/l	_____	_____
Ammonia-N	(000610)	( )	mg/l	_____	_____
Fecal Coliform(1)	(074055)	( )	colonies/100 ml	_____	*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml	_____	*
Total Phosphorus	(000665)	( )	mg/l	_____	_____
Oil and Grease(1)	(000550)	( )	mg/l	_____	_____
Oil and Grease(2)	(000550)	( )	mg/l	_____	_____
Chlorides	(099016)	( )	mg/l	_____	_____
Phenol	(032730)	( )	mg/l	_____	_____
Total Chromium	(001034)	( )	mg/l	_____	_____
Hex. Chromium	(001032)	( )	mg/l	_____	_____
Zinc	(001092)	( )	mg/l	_____	_____
Copper	(001042)	( )	mg/l	_____	_____
Lead	(017501)	( )	mg/l	_____	_____
Cyanide	(000722)	( )	mg/l	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____

Remarks \_\_\_\_\_

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

Lab Bench No.: 5327  
Cost Code: 3858

**I. GENERAL INFORMATION:**

Facility Name: Crystal Springs/Kuhlman  
County Code:  
Discharge No:  
Sample Point Identification: Pool side NW (Pool wipe #5)  
Requested By: J. Crellin  
Type of Sample: Grab: (X) Composite: Flow: Time:

NPDES Permit No.:  
Date Requested: 6-9-00  
Data To: T. Russell  
Other:

**II. SAMPLE IDENTIFICATION:**

Environment Condition:  
Where Taken: Lee St. pool N end of W side freeboard 12 in<sup>2</sup>

Collected By: J. Crellin

	Type	Parameters	Preservative		Date	Time
1.	Wipe	PCB	Ice	CH <sub>3</sub> OH	6-9-00	1030
2.						
3.						
4.						
5.						
6.						

**III. FIELD:**

Analysis	Computer Req Code	Results	Analyst	Date
PH	000400			
D.O.	000300			
Temperature	000010			
Residual Chlorine	050060			
Flow	074060			

**IV. TRANSPORTATION OF SAMPLE:**

Bus: RO Vehicle: Other:

**V. LABORATORY:**

Received by: Otis Clark  
Recorded by: T. Sawyer

Date: 6-9-00 Time: 1306  
Date Sent to State Office: 8-21-00

**VI. Remarks:**



Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCB's

Sample Name: 5327  
Misc Info: City of Crystal Springs (Wipe # 5)  
Date Acquired: 06/13/00  
Operator: DS

Name	Amount (ppb)	ML
Arochlor 1016	Not Detected	17
Arochlor 1221	Not Detected	335
Arochlor 1232	Not Detected	17
Arochlor 1242	Not Detected	17
Arochlor 1248	Not Detected	17
Arochlor 1254	Not Detected	34
Arochlor 1260	Not Detected	34

Surrogates	% Recovery	Limits
TCMX	47	(56-125)
DCB	50	(20-127)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

0290005

BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Bench No.

**FILE COPY**

I. GENERAL INFORMATION: Facility Name CRYSTAL SPRINGS / KUHLMAN  
County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
Discharge No. \_\_\_\_\_ Date Requested 6/9/00  
Sample Point Identification POOL SOIL #1  
Requested By J. CRELLIN Data To T. RUSSELL  
Type of Sample: Grab (  ) Composite (Flow ) (Time ) Other ( )

II. SAMPLE IDENTIFICATION:  
Environment Condition \_\_\_\_\_ Collected By J. CRELLIN  
Where Taken LEE ST. POOL SURFICIAL SOIL 10 FT. S, 2 FT. E NE POOL ENTRANCE GATE  
Type Parameters Preservative Date Time  
1. SOIL PCB ICE 6/9/00 1058  
2. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
3. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
4. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
5. \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

III. FIELD:  
Analysis Computer Code Request Results Analyst Date  
pH (000400) ( ) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
D.O. (000300) ( ) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Temperature (000010) ( ) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Residual Chlorine (050060) ( ) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Flow (074060) ( ) \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

IV. TRANSPORTATION OF SAMPLE:  By  By Vehicle ( ) Other (  )  
V. LABORATORY: Received By OK Date 6/09/00 Time 1306  
Recorded By Clat Date Sent to State/Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l		*
COD <sub>5</sub>	(000340)	( )	mg/l		
TOC	(000680)	( )	mg/l		
Suspended Solids	(099000)	( )	mg/l		
TKN	(000625)	( )	mg/l		
Ammonia-N	(000610)	( )	mg/l		
Fecal Coliform(1)	(074055)	( )	colonies/100 ml		*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml		*
Total Phosphorus	(000665)	( )	mg/l		
Oil and Grease(1)	(000550)	( )	mg/l		
Oil and Grease(2)	(000550)	( )	mg/l		
Chlorides	(099016)	( )	mg/l		
Phenol	(032730)	( )	mg/l		
Total Chromium	(001034)	( )	mg/l		
Hex. Chromium	(001032)	( )	mg/l		
Zinc	(001092)	( )	mg/l		
Copper	(001042)	( )	mg/l		
Lead	(017501)	( )	mg/l		
Cyanide	(000722)	( )	mg/l		
_____	( )	( )	_____		
_____	( )	( )	_____		
_____	( )	( )	_____		
_____	( )	( )	_____		
_____	( )	( )	_____		
_____	( )	( )	_____		
_____	( )	( )	_____		
_____	( )	( )	_____		
_____	( )	( )	_____		
_____	( )	( )	_____		
_____	( )	( )	_____		
_____	( )	( )	_____		
_____	( )	( )	_____		
_____	( )	( )	_____		
_____	( )	( )	_____		
_____	( )	( )	_____		
_____	( )	( )	_____		

Remarks \_\_\_\_\_

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

Lab Bench No.: 5326  
Cost Code: 3858

**I. GENERAL INFORMATION:**

Facility Name: Crystal Springs/Kuhlman  
County Code:  
Discharge No:  
Sample Point Identification: Pool soil #1  
Requested By: J. Crellin  
Type of Sample: Grab: (X) Composite: Flow: Time:

NPDES Permit No.:  
Date Requested: 6-9-00  
Data To: T. Russell  
Other:

**II. SAMPLE IDENTIFICATION:**

Environment Condition: Collected By: J. Crellin  
Where Taken: Lee St. Pool surficial soil 10 ft. 5, 2 ft. e NE pool entrance gate

	Type	Parameters	Preservative	Date	Time
1.	Liter (2)	PCB	Ice	6-9-00	1050
2.					
3.					
4.					
5.					
6.					

**III. FIELD:**

Analysis Computer Req Results Analyst Date  
Code

PH	000400			
D.O.	000300			
Temperature	000010			
Residual Chlorine	050060			
Flow	074060			

**IV. TRANSPORTATION OF SAMPLE:**

Bus: RO Vehicle: Other:

**V. LABORATORY:**

Received by: Otis Clark  
Recorded by: T. Sawyer

Date: 6-9-00 Time: 1306  
Date Sent to State Office: 7-27-00

**VI. Remarks:**

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCBs in Soil/Fish

Sample Name 5326  
Misc Info Crystal Springs Pool Soil #1  
Date Acquired 06/14/00  
Operator DS

Name	Amount (ppb)	ML
Arochlor 1016	Not Detected	34.0
Arochlor 1221	Not Detected	67.0
Arochlor 1232	Not Detected	34.0
Arochlor 1242	Not Detected	34.0
Arochlor 1248	Not Detected	34.0
Arochlor 1254	Not Detected	67.0
Arochlor 1260	Not Detected	67.0

Surrogates	% Recovery	Limits
TCMX	93	(38-134)
DCB	109	(31-132)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Permit No. FILE COPY

**FILE COPY**

I. GENERAL INFORMATION: Facility Name CRYSTAL SPRINGS / KUHLMAN  
 County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
 Discharge No. \_\_\_\_\_ Date Requested 6/9/00  
 Sample Point Identification POOL FILTER  
 Requested By S. CRELLIN Data To T. RUSSELL  
 Type of Sample: Grab () Composite (Flow ) (Time ) Other ( ) \_\_\_\_\_

II. SAMPLE IDENTIFICATION:  
 Environment Condition LEE ST. POOL SAND FILTER DRAIN VALVE Collected By S. CRELLIN  
 Where Taken \_\_\_\_\_

	Type	Parameters	Preservative	Date	Time
1.	LITER (2)	PCR	ICE	6/9/00	1100
2.					
3.					
4.					
5.					

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

IV. TRANSPORTATION OF SAMPLE: By ( ) By Vehicle ( ) Other ( ) \_\_\_\_\_  
 V. LABORATORY: Received By [Signature] Date 6/09/00 Time 1306  
 Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l	_____	*
COD <sub>5</sub>	(000340)	( )	mg/l	_____	_____
TOC	(000680)	( )	mg/l	_____	_____
Suspended Solids	(099000)	( )	mg/l	_____	_____
TKN	(000625)	( )	mg/l	_____	_____
Ammonia-N	(000610)	( )	mg/l	_____	_____
Fecal Coliform(1)	(074055)	( )	colonies/100 ml	_____	*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml	_____	*
Total Phosphorus	(000665)	( )	mg/l	_____	_____
Oil and Grease(1)	(000550)	( )	mg/l	_____	_____
Oil and Grease(2)	(000550)	( )	mg/l	_____	_____
Chlorides	(099016)	( )	mg/l	_____	_____
Phenol	(032730)	( )	mg/l	_____	_____
Total Chromium	(001034)	( )	mg/l	_____	_____
Hex. Chromium	(001032)	( )	mg/l	_____	_____
Zinc	(001092)	( )	mg/l	_____	_____
Copper	(001042)	( )	mg/l	_____	_____
Lead	(017501)	( )	mg/l	_____	_____
Cyanide	(000722)	( )	mg/l	_____	_____
		( )		_____	
		( )		_____	
		( )		_____	
		( )		_____	
		( )		_____	
		( )		_____	
		( )		_____	
		( )		_____	
		( )		_____	
		( )		_____	
		( )		_____	
		( )		_____	
		( )		_____	
		( )		_____	
		( )		_____	

Remarks \_\_\_\_\_

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

Lab Bench No.: 5332  
Cost Code: 3856

**I. GENERAL INFORMATION:**

Facility Name: Crystal Springs/Kuhlman  
County Code:  
Discharge No:  
Sample Point Identification: Pool Filter  
Requested By: J. Crellin  
Type of Sample: Grab: (X) Composite: Flow: Time:

NPDES Permit No.:  
Date Requested: 6-9-00  
Data To: T. Russell  
Other:

**II. SAMPLE IDENTIFICATION:**

Environment Condition:  
Where Taken: Lee St. Pool - sand filter drain valve

Collected By: J. Crellin

	Type	Parameters	Preservative	Date	Time
1.	Liter (2)	PCB	Ice	6-9-00	1100
2.					
3.					
4.					
5.					
6.					

**III. FIELD:**

Analysis	Computer Req Code	Results	Analyst	Date
----------	-------------------	---------	---------	------

PH	000400			
D.O.	000300			
Temperature	000010			
Residual Chlorine	050060			
Flow	074060			

**IV. TRANSPORTATION OF SAMPLE:**

Bus: RO Vehicle: Other:

**V. LABORATORY:**

Received by: Otis Clark  
Recorded by: T. Sawyer

Date: 6-9-00  
Date Sent to State Office: 7-27-00

**VI. Remarks:**

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCB's in Water

Sample Name: 5332  
Misc Info: City of Crystal Springs (Drain Valve)  
Date Acquired: 06/13/00  
Operator: DS

Name	Amount (ppb)	ML
Arochlor 1016	Not Detected	0.05
Arochlor 1221	Not Detected	1.0
Arochlor 1232	Not Detected	0.05
Arochlor 1242	Not Detected	0.05
Arochlor 1248	Not Detected	0.05
Arochlor 1254	Not Detected	0.1
Arochlor 1260	Not Detected	0.1

Surrogates	% Recovery	Limits
TCMX	56	(56-125)
DCB	62	(20-127)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



MISSISSIPPI DEPARTMENT  
OF ENVIRONMENTAL QUALITY

# CHAIN OF CUSTODY RECORD

OFFICE OF  
POLLUTION CONTROL  
P. O. Box 10285  
Jackson, Mississippi 39208-0285

PROJECT LEADER  
T. RUSSELL

PROJECT NAME/LOCATION  
CRYSTAL SPRINGS / KUHLMAN

- SAMPLE TYPES
- 1 SURFACE WATER
  - 2 GROUND WATER
  - 3 POTABLE WATER
  - 4 WASTEWATER
  - 5 LEACHATE
  - 6 SOIL/SEDIMENT
  - 7 SLUDGE
  - 8 WASTE
  - 9 AIR
  - 10 FISH
  - 11 OTHER

SAMPLER  
S. CRELLIN

DATA TO: T. RUSSELL

CIRCLE/ADD parameters desired. List no. of containers submitted

ANALYSIS

VOA	PCB	METALS	CYANIDE	PCB
Semi	Total	16 org	org	org

TAG NO./REMARKS

Custody Seals Intact at Lab  
Seals Not Intact Upon Receipt by Lab

LAB USE ONLY

STATION NO.	DATE	TIME	COMP LAB	STATION LOCATION/DESCRIPTION	TOTAL CONTAINERS	ANALYSIS	TAG NO./REMARKS
POOL W/BE #1	6/4/00	1030	✓	NE POOL SIDE	1	X	S326
POOL W/BE #2	6/4/00	1030	✓	SE POOL SIDE	1	X	S327
POOL W/BE #3	6/4/00	1030	✓	SW POOL SIDE	1	X	S328
POOL W/BE #4	6/4/00	1030	✓	W POOL SIDE	1	X	S329
POOL W/BE #5	6/4/00	1030	✓	NW POOL SIDE	1	X	S330
POOL #1	6/4/00	1050	✓	NE POOL GATE	1	X	S331
POOL FILTER #1	6/4/00	1100	✓	POOL SAND FILTER DRAIN VALVE	1	X	S332
POOL FILTER #2	6/4/00	1100	✓	" " "	1	X	S332

RELINQUISHED BY:  
(PRINT) S. CRELLIN

DATE/TIME  
6/4/00

RECEIVED BY:  
(SIGN) *OTIS Clark*

RELINQUISHED BY:  
(PRINT)

DATE/TIME

RECEIVED BY:  
(SIGN)

RELINQUISHED BY:  
(SIGN) *S. Crellin*

DATE/TIME  
6/4/00

RECEIVED BY:  
(SIGN) *OTIS Clark*

RELINQUISHED BY:  
(PRINT)

DATE/TIME

RECEIVED BY:  
(SIGN)

DISTRIBUTION: White and Yellow copies accordingly, sample adjacent to laboratory; Yellow copy retained by laboratory  
White copy is returned to sampler; Pink copy retained by sampler.

#5326-5332





MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

# CHAIN OF CUSTODY RECORD

OFFICE OF POLLUTION CONTROL  
P. O. Box 18285  
Jackson, Mississippi 39289-0285

MSPD 203

PROJECT LEADER  
T. ROSSZELL

REMARKS

PROJECT NAME/LOCATION  
BY STATE

SAMPLE TYPES

- 1. SURFACE WATER
- 2. SOIL SEDIMENT
- 3. GROUND WATER
- 4. WASTE
- 5. POTABLE WATER
- 6. AIR
- 7. WASTEWATER
- 8. LEACHATE
- 9. FISH
- 10. FISH
- 11. OTHER

SAMPLER

W. K. KELVIN

DATA TO: ROSSZELL

ANALYSIS

STATION NO.	SAMPLE TYPE	DATE	TIME	COMP	STATION LOCATION/DESCRIPTION
5326		10/1	10:00		SE SIDE
5327		10/1	10:05		SE SIDE
5328		10/1	10:10		SE SIDE
5329		10/1	10:15		SE SIDE
5330		10/1	10:20		SE SIDE
5331		10/1	10:25		SE SIDE
5332		10/1	10:30		SE SIDE

TOTAL CONTAINERS	CIRCLED/D	PARAMETERS	DESIG	LAB NO. OF	CONTAINERS	SUBMITTED	ANALYSIS	TAG NO./REMARKS
1								5326
1								5327
1								5328
1								5329
1								5330
1								5331
1								5332

Custody Seals Intact at Lab  
Seals Not Intact Upon Receipt by Lab  
LAB USE ONLY

RELINQUISHED BY: [Signature] DATE/TIME: [Blank] RECEIVED BY: [Signature] DATE/TIME: [Blank]

RELINQUISHED BY: [Signature] DATE/TIME: [Blank] RECEIVED BY: [Signature] DATE/TIME: [Blank]

#5326-5332



**BUREAU OF POLLUTION CONTROL**  
**SAMPLE REQUEST FORM**

Lab Bench No. \_\_\_\_\_  
**FILE COPY**

**I. GENERAL INFORMATION:** Facility Name \_\_\_\_\_  
County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
Discharge No. \_\_\_\_\_ Date Requested 6/1/88  
Sample Point Identification BRIDGE ST  
Requested By \_\_\_\_\_ Date To 1/22/88  
Type of Sample: Grab (✓) Composite (Flow ) (Time ) Other ( ) \_\_\_\_\_

**II. SAMPLE IDENTIFICATION:**  
Environment Condition \_\_\_\_\_ Collected By \_\_\_\_\_  
Where Taken \_\_\_\_\_

Type	Parameters	Preservative	Date	Time
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

**III. FIELD:**

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

**IV. TRANSPORTATION OF SAMPLE:** Bus ( ) RO-Vehicle ( ) Other ( )  
**V. LABORATORY:** Received By Sh Date 6/02/88 Time 1306  
Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l	_____	*
COD <sub>5</sub>	(000340)	( )	mg/l	_____	_____
TOC	(000680)	( )	mg/l	_____	_____
Suspended Solids	(099000)	( )	mg/l	_____	_____
TKN	(000625)	( )	mg/l	_____	_____
Ammonia-N	(000610)	( )	mg/l	_____	_____
Fecal Coliform(1)	(074055)	( )	colonies/100 ml	_____	*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml	_____	*
Total Phosphorus	(000665)	( )	mg/l	_____	_____
Oil and Grease(1)	(000550)	( )	mg/l	_____	_____
Oil and Grease(2)	(000550)	( )	mg/l	_____	_____
Chlorides	(099016)	( )	mg/l	_____	_____
Phenol	(032730)	( )	mg/l	_____	_____
Total Chromium	(001034)	( )	mg/l	_____	_____
Hex. Chromium	(001032)	( )	mg/l	_____	_____
Zinc	(001092)	( )	mg/l	_____	_____
Copper	(001042)	( )	mg/l	_____	_____
Lead	(017501)	( )	mg/l	_____	_____
Cyanide	(000722)	( )	mg/l	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
Remarks	_____				

BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Bench No. \_\_\_\_\_

FILE COPY

I. GENERAL INFORMATION: Facility Name CDOTA SERVICE / ...  
County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
Discharge No. \_\_\_\_\_ Date Requested 6/17/00  
Sample Point Identification ... (Pollution #) \_\_\_\_\_  
Requested By ... Data To ...  
Type of Sample: Grab (✓) Composite (Flow) (Time) Other ( ) \_\_\_\_\_

II. SAMPLE IDENTIFICATION: Environment Condition \_\_\_\_\_ Collected By ...  
Where Taken ...

Type	Parameters	Preservative	Date	Time
1. <u>WASTE</u>	<u>...</u>	<u>...</u>	<u>6/17/00</u>	<u>11:00</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

IV. TRANSPORTATION OF SAMPLE: Bus Vehicle ( ) Other ( ) \_\_\_\_\_  
V. LABORATORY: Received By ... Date 06/09/00 Time 1306  
Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l	_____	*
COD <sub>5</sub>	(000340)	( )	mg/l	_____	_____
TOC	(000680)	( )	mg/l	_____	_____
Suspended Solids	(099000)	( )	mg/l	_____	_____
TKN	(000625)	( )	mg/l	_____	_____
Ammonia-N	(000610)	( )	mg/l	_____	_____
Fecal Coliform(1)	(074055)	( )	colonies/100 ml	_____	*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml	_____	*
Total Phosphorus	(000665)	( )	mg/l	_____	_____
Oil and Grease(1)	(000550)	( )	mg/l	_____	_____
Oil and Grease(2)	(000550)	( )	mg/l	_____	_____
Chlorides	(099016)	( )	mg/l	_____	_____
Phenol	(032730)	( )	mg/l	_____	_____
Total Chromium	(001034)	( )	mg/l	_____	_____
Hex. Chromium	(001032)	( )	mg/l	_____	_____
Zinc	(001092)	( )	mg/l	_____	_____
Copper	(001042)	( )	mg/l	_____	_____
Lead	(017501)	( )	mg/l	_____	_____
Cyanide	(000722)	( )	mg/l	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____

Remarks \_\_\_\_\_

\*Date of Test Initiation 7/25/00

5329



BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Bench No. \_\_\_\_\_

FILE COPY

I. GENERAL INFORMATION: Facility Name \_\_\_\_\_  
County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
Discharge No. \_\_\_\_\_ Date Requested 6/17/00  
Sample Point Identification \_\_\_\_\_  
Requested By \_\_\_\_\_ Date To 7/10/00  
Type of Sample: Grab (✓) Composite (Flow ) (Time ) Other ( )

II. SAMPLE IDENTIFICATION:  
Environment Condition \_\_\_\_\_ Collected By \_\_\_\_\_  
Where Taken \_\_\_\_\_

Type	Parameters	Preservative	Date	Time
1.				
2.				
3.				
4.				
5.				

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )			
D.O.	(000300)	( )			
Temperature	(000010)	( )			
Residual Chlorine	(050060)	( )			
Flow	(074060)	( )			

IV. TRANSPORTATION OF SAMPLE: Bus ( ) RO Vehicle ( ) Other ( )  
V. LABORATORY: Received By \_\_\_\_\_ Date 6/10/00 Time 1206  
Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l		*
COD <sub>5</sub>	(000340)	( )	mg/l		
TOC	(000680)	( )	mg/l		
Suspended Solids	(099000)	( )	mg/l		
TKN	(000625)	( )	mg/l		
Ammonia-N	(000610)	( )	mg/l		
Fecal Coliform(1)	(074055)	( )	colonies/100 ml		*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml		*
Total Phosphorus	(000665)	( )	mg/l		
Oil and Grease(1)	(000550)	( )	mg/l		
Oil and Grease(2)	(000550)	( )	mg/l		
Chlorides	(099016)	( )	mg/l		
Phenol	(032730)	( )	mg/l		
Total Chromium	(001034)	( )	mg/l		
Hex. Chromium	(001032)	( )	mg/l		
Zinc	(001092)	( )	mg/l		
Copper	(001042)	( )	mg/l		
Lead	(017501)	( )	mg/l		
Cyanide	(000722)	( )	mg/l		
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			

Remarks \_\_\_\_\_

\*Date of Test Initiation 6/15/00

5317

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

Lab Bench No. \_\_\_\_\_

**FILE COPY**

I. GENERAL INFORMATION: Facility Name S. P. BARRON / RIVERVIEW  
 County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
 Discharge No. \_\_\_\_\_ Date Requested 6/15/00  
 Sample Point Identification 500-1-1  
 Requested By \_\_\_\_\_ Data To \_\_\_\_\_  
 Type of Sample: Grab () Composite (Flow) \_\_\_\_\_ (Time) \_\_\_\_\_ Other ( ) \_\_\_\_\_

II. SAMPLE IDENTIFICATION:  
 Environment Condition \_\_\_\_\_ Collected By J. J. BARRON  
 Where Taken \_\_\_\_\_

Type	Parameters	Preservative	Date	Time
1.		<u>ICE</u>	<u>6/15/00</u>	<u>1030</u>
2.				
3.				
4.				
5.				

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )			
D.O.	(000300)	( )			
Temperature	(000010)	( )			
Residual Chlorine	(050060)	( )			
Flow	(074060)	( )			

IV. TRANSPORTATION OF SAMPLE: Bus () BO Vehicle ( ) Other ( )  
 V. LABORATORY: Received By C. P. Barron Date 6/17/00 Time 1306  
 Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l		*
COD <sub>5</sub>	(000340)	( )	mg/l		
TOC	(000680)	( )	mg/l		
Suspended Solids	(099000)	( )	mg/l		
TKN	(000625)	( )	mg/l		
Ammonia-N	(000610)	( )	mg/l		
Fecal Coliform(1)	(074055)	( )	colonies/100 ml		*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml		*
Total Phosphorus	(000665)	( )	mg/l		
Oil and Grease(1)	(000550)	( )	mg/l		
Oil and Grease(2)	(000550)	( )	mg/l		
Chlorides	(099016)	( )	mg/l		
Phenol	(032730)	( )	mg/l		
Total Chromium	(001034)	( )	mg/l		
Hex. Chromium	(001032)	( )	mg/l		
Zinc	(001092)	( )	mg/l		
Copper	(001042)	( )	mg/l		
Lead	(017501)	( )	mg/l		
Cyanide	(000722)	( )	mg/l		
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			

Remarks \_\_\_\_\_

\*Date of Test Initiation \_\_\_\_\_ 5326

BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Bench No. \_\_\_\_\_

**FILE COPY**

I. GENERAL INFORMATION: Facility Name CUNIFF'S SPICES / CANTON MA  
 County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
 Discharge No. \_\_\_\_\_ Date Requested 6/9/00  
 Sample Point Identification POOL FILTER  
 Requested By S. GILLIN Data To T. RUSSELL  
 Type of Sample: Grab (✓) Composite (Flow ) (Time ) Other ( )

II. SAMPLE IDENTIFICATION:

Environment Condition SEE ST. POOL SAND FILTER DRAIN VALVE Collected By S. GILLIN  
 Where Taken \_\_\_\_\_

Type	Parameters	Preservative	Date	Time
1. <u>POOL (2)</u>	<u>200</u>	<u>ICE</u>	<u>6/9/00</u>	<u>1100</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

IV. TRANSPORTATION OF SAMPLE: By ( ) By Vehicle ( ) Other ( )  
 V. LABORATORY: Received By O. Clark Date 6/09/00 Time 1306  
 Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	_____ mg/l	_____	*
COD <sub>5</sub>	(000340)	( )	_____ mg/l	_____	_____
TOC	(000680)	( )	_____ mg/l	_____	_____
Suspended Solids	(099000)	( )	_____ mg/l	_____	_____
TKN	(000625)	( )	_____ mg/l	_____	_____
Ammonia-N	(000610)	( )	_____ mg/l	_____	_____
Fecal Coliform(1)	(074055)	( )	_____ colonies/100 ml	_____	*
Fecal Coliform(2)	(074055)	( )	_____ colonies/100 ml	_____	*
Total Phosphorus	(000665)	( )	_____ mg/l	_____	_____
Oil and Grease(1)	(000550)	( )	_____ mg/l	_____	_____
Oil and Grease(2)	(000550)	( )	_____ mg/l	_____	_____
Chlorides	(099016)	( )	_____ mg/l	_____	_____
Phenol	(032730)	( )	_____ mg/l	_____	_____
Total Chromium	(001034)	( )	_____ mg/l	_____	_____
Hex. Chromium	(001032)	( )	_____ mg/l	_____	_____
Zinc	(001092)	( )	_____ mg/l	_____	_____
Copper	(001042)	( )	_____ mg/l	_____	_____
Lead	(017501)	( )	_____ mg/l	_____	_____
Cyanide	(000722)	( )	_____ mg/l	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____

Remarks \_\_\_\_\_

\*Date of Test Initiation \_\_\_\_\_

5332



BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Bench No.

LILL GURY

I. GENERAL INFORMATION: Facility Name CRYSTAL SPRINGS / KUHLMAN  
County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
Discharge No. \_\_\_\_\_ Date Requested 6/7/00  
Sample Point Identification POOL WELL  
Requested By S. GRELLIN Data To T. RUSSELL  
Type of Sample: Grab (✓) Composite (Flow ) (Time ) Other ( )

II. SAMPLE IDENTIFICATION:  
Environment Condition \_\_\_\_\_ Collected By S. GRELLIN  
Where Taken LEE ST. POOL WELL EFFLUENT PIPE

	Type	Parameters	Preservative	Date	Time
1.	<u>LITER (2)</u>	<u>PCB</u>	<u>ICE</u>	<u>6/7/00</u>	<u>HEB 1200</u>
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

IV. TRANSPORTATION OF SAMPLE: Bus ( ) RO Vehicle ( ) Other ( )  
V. LABORATORY: Received By Ruthy Farris Date 6-7-00 Time 1300  
Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	_____ mg/l	_____	*
COD <sub>5</sub>	(000340)	( )	_____ mg/l	_____	_____
TOC	(000680)	( )	_____ mg/l	_____	_____
Suspended Solids	(099000)	( )	_____ mg/l	_____	_____
TKN	(000625)	( )	_____ mg/l	_____	_____
Ammonia-N	(000610)	( )	_____ mg/l	_____	_____
Fecal Coliform(1)	(074055)	( )	_____ colonies/100 ml	_____	*
Fecal Coliform(2)	(074055)	( )	_____ colonies/100 ml	_____	*
Total Phosphorus	(000665)	( )	_____ mg/l	_____	_____
Oil and Grease(1)	(000550)	( )	_____ mg/l	_____	_____
Oil and Grease(2)	(000550)	( )	_____ mg/l	_____	_____
Chlorides	(099016)	( )	_____ mg/l	_____	_____
Phenol	(032730)	( )	_____ mg/l	_____	_____
Total Chromium	(001034)	( )	_____ mg/l	_____	_____
Hex. Chromium	(001032)	( )	_____ mg/l	_____	_____
Zinc	(001092)	( )	_____ mg/l	_____	_____
Copper	(001042)	( )	_____ mg/l	_____	_____
Lead	(017501)	( )	_____ mg/l	_____	_____
Cyanide	(000722)	( )	_____ mg/l	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____

Remarks \_\_\_\_\_

\*Date of Test Initiation 1808

5291

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

Lab Bench No.: 5291  
Cost Code: 3858

**I. GENERAL INFORMATION:**

Facility Name: Crystal Springs/Kuhlman  
County Code:  
Discharge No:  
Sample Point Identification: Pool Well  
Requested By: J. Crellin  
Type of Sample: Grab: (X) Composite: Flow: Time:

NPDES Permit No.:  
Date Requested: 6-7-00  
Data To: T. Russell  
Other:

**II. SAMPLE IDENTIFICATION:**

Environment Condition:  
Where Taken: Lee St. Pool well effluent pipe

Collected By: J. Crellin

	Type	Parameters	Preservative	Date	Time
1.	Liter (2)	PCB	Ice	6-7-00	1200
2.					
3.					
4.					
5.					
6.					

**III. FIELD:**

Analysis	Computer Req Code	Results	Analyst	Date
PH	000400			
D.O.	000300			
Temperature	000010			
Residual Chlorine	050060			
Flow	074060			

**IV. TRANSPORTATION OF SAMPLE:**

Bus: RO Vehicle: Other:

**V. LABORATORY:**

Received by: Kathy Farris Date: 6-7-00 Time: 1300  
Recorded by: T. Sawyer Date Sent to State Office: 7-27-00

**VI. Remarks:**

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCB's in Water

Sample Name: 5291  
Misc Info: City of Crystal Springs (Pool Well)  
Date Acquired: 06/08/00  
Operator: DS

Name	Amount (ppb)	ML
Arochlor 1016	Not Detected	0.05
Arochlor 1221	Not Detected	1.0
Arochlor 1232	Not Detected	0.05
Arochlor 1242	Not Detected	0.05
Arochlor 1248	Not Detected	0.05
Arochlor 1254	Not Detected	0.1
Arochlor 1260	Not Detected	0.1

Surrogates	% Recovery	Limits
TCMX	101	(56-125)
DCB	92	(20-127)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BUREAU OF POLLUTION CONTROL  
 SAMPLE REQUEST FORM

Lab Book No.

**FILE COPY**

**I. GENERAL INFORMATION:** Facility Name CRYSTAL SPRINGS / KUHMAN  
 County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
 Discharge No. \_\_\_\_\_ Date Requested 6/7/00  
 Sample Point Identification POOL WATER  
 Requested By S. CRELLIN Data To T. RUSSELL  
 Type of Sample: Grab  Composite (Flow ) \_\_\_\_\_ (Time ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

**II. SAMPLE IDENTIFICATION:**  
 Environment Condition \_\_\_\_\_ Collected By S. CRELLIN  
 Where Taken LEE ST. POOL WATER

	Type	Parameters	Preservative	Date	Time
1.	<u>LITER (2)</u>	<u>PCB</u>	<u>ICE</u>	<u>6/7/00</u>	<u>1150</u>
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

**III. FIELD:**

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

**IV. TRANSPORTATION OF SAMPLE:** Bus  RO Vehicle ( ) Other ( )  
**V. LABORATORY:** Received By Kathy Farris Date 6-7-00 Time 1300  
 Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	_____ mg/l	_____	*
COD <sub>5</sub>	(000340)	( )	_____ mg/l	_____	_____
TOC	(000680)	( )	_____ mg/l	_____	_____
Suspended Solids	(099000)	( )	_____ mg/l	_____	_____
TKN	(000625)	( )	_____ mg/l	_____	_____
Ammonia-N	(000610)	( )	_____ mg/l	_____	_____
Fecal Coliform(1)	(074055)	( )	_____ colonies/100 ml	_____	*
Fecal Coliform(2)	(074055)	( )	_____ colonies/100 ml	_____	*
Total Phosphorus	(000665)	( )	_____ mg/l	_____	_____
Oil and Grease(1)	(000550)	( )	_____ mg/l	_____	_____
Oil and Grease(2)	(000550)	( )	_____ mg/l	_____	_____
Chlorides	(099016)	( )	_____ mg/l	_____	_____
Phenol	(032730)	( )	_____ mg/l	_____	_____
Total Chromium	(001034)	( )	_____ mg/l	_____	_____
Hex. Chromium	(001032)	( )	_____ mg/l	_____	_____
Zinc	(001092)	( )	_____ mg/l	_____	_____
Copper	(001042)	( )	_____ mg/l	_____	_____
Lead	(017501)	( )	_____ mg/l	_____	_____
Cyanide	(000722)	( )	_____ mg/l	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____

Remarks \_\_\_\_\_

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

Lab Bench No.: 5292  
Cost Code: 3858

**I. GENERAL INFORMATION:**

Facility Name: Crystal Springs/Kuhlman  
County Code:  
Discharge No:  
Sample Point Identification: Pool water  
Requested By: J. Crellin  
Type of Sample: Grab: (X) Composite: Flow: Time:

NPDES Permit No.:  
Date Requested: 6-7-00  
Data To: T. Russell  
Other:

**II. SAMPLE IDENTIFICATION:**

Environment Condition:  
Where Taken: Lee St. Pool water

Collected By: J. Crellin

	Type	Parameters	Preservative	Date	Time
1.	Liter (2)	PCB	Ice	6-7-00	1150
2.					
3.					
4.					
5.					
6.					

**III. FIELD:**

Analysis	Computer Req Code	Results	Analyst	Date
PH	000400			
D.O.	000300			
Temperature	000010			
Residual Chlorine	050060			
Flow	074060			

**IV. TRANSPORTATION OF SAMPLE:**

Bus: RO Vehicle: Other:

**V. LABORATORY:**

Received by: Kathy Farris  
Recorded by: T. Sawyer

Date: 6-7-00 Time: 1300  
Date Sent to State Office: 7-27-00

**VI. Remarks:**

Mississippi Department of Environmental Quality  
Office of Pollution Control Laboratory  
1542 Old Whitfield Road  
Pearl, MS 39208

PCB's in Water

Sample Name: 5292  
Misc Info: City of Crystal Springs (Pool Water)  
Date Acquired: 06/08/00  
Operator: DS

Name	Amount (ppb)	ML
Arochlor 1016	Not Detected	0.05
Arochlor 1221	Not Detected	1.0
Arochlor 1232	Not Detected	0.05
Arochlor 1242	Not Detected	0.05
Arochlor 1248	Not Detected	0.05
Arochlor 1254	Not Detected	0.1
Arochlor 1260	Not Detected	0.1

Surrogates	% Recovery	Limits
TCMX	95	(56-125)
DCB	103	(20-127)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



MISSISSIPPI DEPARTMENT  
OF ENVIRONMENTAL QUALITY

# CHAIN OF CUSTODY RECORD

OFFICE OF  
POLLUTION CONTROL  
P. O. Box 10385  
Jackson, Mississippi 39289-0385

MSD  
32

PROJECT LEADER  
**T. ROUSSEL**

REMARKS

PROJECT NAME/LOCATION  
**CRYSTAL SPRINGS / ROHRMAN**

SAMPLER

- SAMPLE TYPES**
- 1. SURFACE WATER
  - 2. GROUND WATER
  - 3. POTABLE WATER
  - 4. WASTEWATER
  - 5. LEACHATE
  - 6. SOLIDIFICATION
  - 7. SLUDGE
  - 8. WASTE
  - 9. AIR
  - 10. PSM
  - 11. OTHER

STATION NO. <small>(POOL, WELL, PG, N7, POND, WATER)</small>	SAMPLE TYPE	DATE	TIME	COMP LAB	STATION LOCATION/DESCRIPTION	TOTAL CONTAINERS		ANALYSIS		TAG NO./REMARKS	LAB USE ONLY		
						CIRCLED/ADD parameters desired. List no. of containers submitted.	VOA San I vol II or org specs	PCBs	METALS			CYANIDE	PCB
67		6/7/00	1200	✓	WEST POOL WELL EFFLUENT PIPE						5291		
1		6/7/00	1150	✓	WEST POOL WATER						5292		
RELINQUISHED BY: <b>STANLEY CRELLIN</b> <small>(SIGN) (PRINT)</small>		DATE/TIME <b>6-7-00 1300</b> <small>(SIGN) (PRINT)</small>	RECEIVED BY: <b>Katlynn Evans</b> <small>(SIGN) (PRINT)</small>		DATE/TIME <b>1300</b> <small>(SIGN) (PRINT)</small>	RELINQUISHED BY:	RECEIVED BY:	DATE/TIME	RELINQUISHED BY:	RECEIVED BY:	DATE/TIME	RELINQUISHED BY:	RECEIVED BY:
RELINQUISHED BY: <b>S. Crellin</b> <small>(SIGN) (PRINT)</small>		DATE/TIME <b>1300</b> <small>(SIGN) (PRINT)</small>	RECEIVED BY: <b>Kathy Evans</b> <small>(SIGN) (PRINT)</small>		DATE/TIME <b>1300</b> <small>(SIGN) (PRINT)</small>	RELINQUISHED BY:	RECEIVED BY:	DATE/TIME	RELINQUISHED BY:	RECEIVED BY:	DATE/TIME	RELINQUISHED BY:	RECEIVED BY:

DISTRIBUTION: White and Yellow copies accompany sample shipment to laboratory; Yellow copy retained by laboratory. White copy is returned to sampler. Pink copy retained by sampler.



# CHAIN OF CUSTODY RECORD

MSP# **17**

PROJECT LEADER: *[Signature]*

REMARKS:

PROJECT NAME/LOCATION  
*[Blank]*

TEST/SAMPLE TYPES

- 1. SURFACED WATER
- 2. GROUND WATER
- 3. POTABLE WATER
- 4. WASTEWATER
- 5. LEACHATE
- 11. OTHER

SAMPLER

DATE TO:

CIRCLE/ADD parameters desired. List no. of containers submitted.

ANALYSIS

- VOLATILES
- NOXIDES
- AMMONIA
- CYANIDE

TAG NO./REMARKS

Custody Seals Intact at Lab  
Seals Not Intact Upon Receipt by Lab

LAB USE ONLY

STATION NO.	SAMPLE TYPE	DATE	TIME	LAB USE ONLY	STATION LOCATION/DESCRIPTION	DATE/TIME	RECEIVED BY:	DATE/TIME	RECEIVED BY:	DATE/TIME	RECEIVED BY:
1		10/10/02			1010	10/10/02	(SIGN) (PRINT)	10/10/02	(SIGN) (PRINT)	10/10/02	(SIGN) (PRINT)

INSTRUCTIONS: Write your name in the SIGN column. Write the date and time in the DATE/TIME column. Write the station number and location in the STATION LOCATION/DESCRIPTION column. Write the date and time when the sample was received in the DATE/TIME column. Write the name of the person who received the sample in the RECEIVED BY column. Write the date and time when the sample was received in the DATE/TIME column. Write the name of the person who received the sample in the RECEIVED BY column. Write the date and time when the sample was received in the DATE/TIME column. Write the name of the person who received the sample in the RECEIVED BY column.



**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

Lab Bench No. \_\_\_\_\_

**FILE COPY**

**I. GENERAL INFORMATION:** Facility Name \_\_\_\_\_  
 County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
 Discharge No. \_\_\_\_\_ Date Requested \_\_\_\_\_  
 Sample Point Identification \_\_\_\_\_  
 Requested By \_\_\_\_\_ Data To \_\_\_\_\_  
 Type of Sample: Grab (✓) Composite (Flow ) (Time ) Other ( ) \_\_\_\_\_

**II. SAMPLE IDENTIFICATION:**  
 Environment Condition \_\_\_\_\_ Collected By \_\_\_\_\_  
 Where Taken \_\_\_\_\_

Type	Parameters	Preservative	Date	Time
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

**III. FIELD:**

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

**IV. TRANSPORTATION OF SAMPLE:** Bus ( ) RO Vehicle ( ) Other ( ) \_\_\_\_\_

**V. LABORATORY:** Received By Ruby Date 7-7-66 Time 1:30  
 Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	_____ mg/l	_____	*
COD <sub>5</sub>	(000340)	( )	_____ mg/l	_____	_____
TOC	(000680)	( )	_____ mg/l	_____	_____
Suspended Solids	(099000)	( )	_____ mg/l	_____	_____
TKN	(000625)	( )	_____ mg/l	_____	_____
Ammonia-N	(000610)	( )	_____ mg/l	_____	_____
Fecal Coliform(1)	(074055)	( )	_____ colonies/100 ml	_____	*
Fecal Coliform(2)	(074055)	( )	_____ colonies/100 ml	_____	*
Total Phosphorus	(000665)	( )	_____ mg/l	_____	_____
Oil and Grease(1)	(000550)	( )	_____ mg/l	_____	_____
Oil and Grease(2)	(000550)	( )	_____ mg/l	_____	_____
Chlorides	(099016)	( )	_____ mg/l	_____	_____
Phenol	(032730)	( )	_____ mg/l	_____	_____
Total Chromium	(001034)	( )	_____ mg/l	_____	_____
Hex. Chromium	(001032)	( )	_____ mg/l	_____	_____
Zinc	(001092)	( )	_____ mg/l	_____	_____
Copper	(001042)	( )	_____ mg/l	_____	_____
Lead	(017501)	( )	_____ mg/l	_____	_____
Cyanide	(000722)	( )	_____ mg/l	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____

Remarks \_\_\_\_\_

BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Bench No. \_\_\_\_\_

FILE COPY

I. GENERAL INFORMATION: Facility Name \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
 County Code \_\_\_\_\_ Date Requested 6/7/85  
 Discharge No. \_\_\_\_\_  
 Sample Point Identification \_\_\_\_\_ Data To \_\_\_\_\_  
 Requested By \_\_\_\_\_  
 Type of Sample: Grab () Composite (Flow) (Time) Other ()

II. SAMPLE IDENTIFICATION: Environment Condition \_\_\_\_\_ Collected By \_\_\_\_\_  
 Where Taken \_\_\_\_\_

Type	Parameters	Preservative	Date	Time
1.		SEE	6/11/85	11:50
2.				
3.				
4.				
5.				

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

IV. TRANSPORTATION OF SAMPLE: Bus ( ) RO Vehicle ( ) Other ( )

V. LABORATORY: Received By \_\_\_\_\_ Date 6/7/85 Time 1:30  
 Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l	_____	*
COD <sub>5</sub>	(000340)	( )	mg/l	_____	_____
TOC	(000680)	( )	mg/l	_____	_____
Suspended Solids	(099000)	( )	mg/l	_____	_____
TKN	(000625)	( )	mg/l	_____	_____
Ammonia-N	(000610)	( )	mg/l	_____	_____
Fecal Coliform(1)	(074055)	( )	colonies/100 ml	_____	*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml	_____	*
Total Phosphorus	(000665)	( )	mg/l	_____	_____
Oil and Grease(1)	(000550)	( )	mg/l	_____	_____
Oil and Grease(2)	(000550)	( )	mg/l	_____	_____
Chlorides	(099016)	( )	mg/l	_____	_____
Phenol	(032730)	( )	mg/l	_____	_____
Total Chromium	(001034)	( )	mg/l	_____	_____
Hex. Chromium	(001032)	( )	mg/l	_____	_____
Zinc	(001092)	( )	mg/l	_____	_____
Copper	(001042)	( )	mg/l	_____	_____
Lead	(017501)	( )	mg/l	_____	_____
Cyanide	(000722)	( )	mg/l	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____

Remarks \_\_\_\_\_



MISSISSIPPI  
STATE CHEMICAL LABORATORY

FILE COPY  
DR. LARRY G. LANE  
State Chemist

BOX CR — MISSISSIPPI STATE, MISSISSIPPI 39762

DR. LARRY G. LANE  
Director, IAS Division

TELEPHONE: (601) 325-8599 FAX (601) 325-7807

June 8, 2000

Analysis No. 18,043

Analysis of Ground Water

Received on 6-5-00

Address P.O. Box 10385 Jackson, MS 39289

*Kuhlman Electric*  
Marked: Lee Street Pool Supply Well-  
Crystal Springs  
from MS Office of Pollution Control  
ATTN: Tony Russell

RESULTS:

Results from our analysis of a ground water sample (Lee Street Pool Supply Well) for PCBs (as Aroclors) by capillary column/electron capture gas chromatography are presented in the attached report.

ANALYSIS COST

1 sample for PCBs by ec/gc @ \$125 = \$125

*Carl H. Alley*

State Chemist

PLEASE GIVE NUMBER WHEN REFERRING TO THIS ANALYSIS

**PESTICIDE RESIDUE REPORT**

MSCL No.	18,043
Sample ID	Lee Street Pool Supply Well
Sample Type	Water
<b>RESIDUES</b>	<b>PARTS PER BILLION</b>
Ar 1016	ND*
Ar 1221	ND
Ar 1232	ND
Ar 1242	ND
Ar 1248	ND
Ar 1254	ND
Ar 1260	ND

\*ND = None Detected @ a lower level of detection of 0.2 parts per billion

**QUALITY CONTROL:**

Compound	Ar 1254
Substrate Blank	Water
Spiking Level, ppb	1.9
Level Found, ppb	2.1
Recovery, %	111

cc: Henry Folmar  
DEQ-OPC Lab



MISSISSIPPI DEPARTMENT  
OF ENVIRONMENTAL QUALITY

# CHAIN OF CUSTODY RECORD

OFFICE OF  
POLLUTION CONTROL  
P. O. Box 10365  
Jackson, Mississippi 39289-0365

MSD		PROJECT LEADER T. RUSSELL		REMARKS RE SAMPLE		LAB USE ONLY	
PROJECT NAME/LOCATION CRYSTAL SPRINGS / POOL WELL				TOTAL CONTAINERS 12			
ESD SAMPLE TYPES				DATA TO:			
1. SURFACE WATER	6. SOIL/SEDIMENT	STATION LOCATION/DESCRIPTION LEE ST POOL CURRY WELL		ANALYSIS METALS P.C.B. GRADES			
2. GROUND WATER	7. SLUDGE						
3. POTABLE WATER	8. WASTE	DATE	TIME	CIRCLED/ADD parameters desired. List no. of containers submitted.			
4. WASTEWATER	9. AIR	5/30	1120	5239			
5. LEACHATE	10. FISH						
11. OTHER							
RELINQUISHED BY: (PRINT) T. RUSSELL	DATE/TIME 5/30/00	RECEIVED BY: (PRINT) KATHY FARRIS	DATE/TIME 5/30/00	RELINQUISHED BY: (SIGN) Kathy Farris	DATE/TIME 5/30/00	RECEIVED BY: (PRINT) O. S. Clark	DATE/TIME 5/30/00
RELINQUISHED BY: (SIGN) T. Russell	DATE/TIME 5-30-00	RECEIVED BY: (SIGN) Kathy Farris	DATE/TIME 1400	RELINQUISHED BY: (SIGN) Kathy Farris	DATE/TIME 6-3-00	RECEIVED BY: (SIGN) Kathy Farris	DATE/TIME 6-3-00
RELINQUISHED BY: (SIGN) O. S. Clark	DATE/TIME 1300	RECEIVED BY: (SIGN) Val Moore	DATE/TIME 1300	RELINQUISHED BY: (SIGN) Val Moore	DATE/TIME 1615	RECEIVED BY: (SIGN) Kathy Farris	DATE/TIME 1615

DISTRIBUTION: White and Yellow copies accompany sample shipment to laboratory. Yellow copy retained by laboratory. White copy is returned to sampler. Pink copy retained by sampler.

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

**FILE COPY**

Lab Bench No.: 529  
Cost Code: 3858

**I. GENERAL INFORMATION:**

Facility Name: Crystal Springs  
County Code: 029  
Discharge No:  
Sample Point Identification: Pool well  
Requested By: J. Crellin  
Type of Sample: Grab: (X) Composite: Flow: Time: Other:  
NPDES Permit No.:  
Date Requested: 5-30-00  
Data To: T. Russell

**II. SAMPLE IDENTIFICATION:**

Environment Condition:  
Where Taken:  
Collected By: J. Crellin

	Type	Parameters	Preservative	Date	Time
1.	Liter/GW	PCB	Ice	5-30-00	1120
2.	Liter/GW	PCB	Ice	5-30-00	1120
3.	Liter/GW	PCB	Ice	5-30-00	1120
4.	Liter/GW	PCB	Ice	5-30-00	1120
5.					
6.					

**III. FIELD:**

Analysis	Computer Req Code	Results	Analyst	Date
PH	000400			
D.O.	000300			
Temperature	000010			
Residual Chlorine	050060			
Flow	074060			

**IV. TRANSPORTATION OF SAMPLE:**

Bus: RO Vehicle: Other:

**V. LABORATORY:**

Received by: Kathy Farris  
Recorded by: Dot Lewis  
Date: 5-30-00  
Date Sent to State Office: 6-12-00  
Time: 1400

**VI. Remarks: PCB's done by MS State Chem Lab. SEE ATTACHED SHEET**

FILE COPY

PESTICIDE RESIDUE REPORT

MSCL No.	18,043
Sample ID	Lee Street Pool Supply Well
Sample Type	Water
<b>RESIDUES</b>	<b>PARTS PER BILLION</b>
Ar 1016	ND*
Ar 1221	ND
Ar 1232	ND
Ar 1242	ND
Ar 1248	ND
Ar 1254	ND
Ar 1260	ND

\*ND = None Detected @ a lower level of detection of 0.2 parts per billion

QUALITY CONTROL:

Compound	Ar 1254
Substrate Blank	Water
Spiking Level, ppb	1.9
Level Found, ppb	2.1
Recovery, %	111

cc: Henry Folmar  
DEQ-OPC Lab

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

Lab Bench No. \_\_\_\_\_

**FILE COPY**

I. GENERAL INFORMATION: Facility Name CRYSTAL SPRINGS  
 County Code 029 NPDES Permit No. \_\_\_\_\_  
 Discharge No. \_\_\_\_\_ Date Requested 5/20/00  
 Sample Point Identification POBA WELL  
 Requested By S. CRELLIN Date To T. RUSSELL  
 Type of Sample: Grab  Composite (Flow ) (Time ) Other ( ) \_\_\_\_\_

II. SAMPLE IDENTIFICATION: Environment Condition \_\_\_\_\_ Collected By S. CRELLIN  
 Where Taken \_\_\_\_\_

Type	Parameters	Preservative	Date	Time
1. <u>LITER/LW</u>	<u>PC3</u>	<u>ICE</u>	<u>5/20/00</u>	<u>1126</u>
2. <u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
3. <u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
4. <u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
5. _____	_____	_____	_____	_____

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

IV. TRANSPORTATION OF SAMPLE: Bus  RO Vehicle ( ) Other ( )  
 V. LABORATORY: Received By Kathy Farris Date 5-30-00 Time 1400  
 Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	_____ mg/l	_____	_____ *
COD <sub>5</sub>	(000340)	( )	_____ mg/l	_____	_____
TOC	(000680)	( )	_____ mg/l	_____	_____
Suspended Solids	(099000)	( )	_____ mg/l	_____	_____
TKN	(000625)	( )	_____ mg/l	_____	_____
Ammonia-N	(000610)	( )	_____ mg/l	_____	_____
Fecal Coliform(1)	(074055)	( )	_____ colonies/100 ml	_____	_____ *
Fecal Coliform(2)	(074055)	( )	_____ colonies/100 ml	_____	_____ *
Total Phosphorus	(000665)	( )	_____ mg/l	_____	_____
Oil and Grease(1)	(000550)	( )	_____ mg/l	_____	_____
Oil and Grease(2)	(000550)	( )	_____ mg/l	_____	_____
Chlorides	(099016)	( )	_____ mg/l	_____	_____
Phenol	(032730)	( )	_____ mg/l	_____	_____
Total Chromium	(001034)	( )	_____ mg/l	_____	_____
Hex. Chromium	(001032)	( )	_____ mg/l	_____	_____
Zinc	(001092)	( )	_____ mg/l	_____	_____
Copper	(001042)	( )	_____ mg/l	_____	_____
Lead	(017501)	( )	_____ mg/l	_____	_____
Cyanide	(000722)	( )	_____ mg/l	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
Remarks	_____	_____	_____	_____	_____

\*Date of Test Initiation 1858 1858 5239





MISSISSIPPI DEPARTMENT  
OF ENVIRONMENTAL QUALITY

# CHAIN OF CUSTODY RECORD

OFFICE OF  
POLLUTION CONTROL  
P. O. Box 10385  
Jackson, Mississippi 39289-0385

MSD		PROJECT LEADER <i>T. RUSSELL</i>		REMARKS <i>RE-SAMPLE</i>			
PROJECT NAME/LOCATION <i>CRYSTAL SPRINGS / POOL WELL</i>				PROJECT LEADER <i>T. RUSSELL</i>			
ESD SAMPLE TYPES				SAMPLER			
1. SURFACE WATER 2. GROUND WATER 3. POTABLE WATER 4. WASTEWATER 5. LEACHATE 11. OTHER				6. SOIL/SEDIMENT 7. SLUDGE 8. WASTE 9. AIR 10. PPM			
STATION NO.	SAMPLE TYPE	DATE	TIME	LAB USE ONLY	TOTAL CONTAINERS		
<i>POOL WEL 2</i>	<i>5/30</i>	<i>5/30</i>	<i>1120</i>		CIRCLE/ADD parameters desired. List no. of containers submitted	ANALYSIS	
					<i>VOA</i>	METALS	
					<i>PERL/PCBs</i>	CYANIDE	
					<i>PCB</i>	TAG NO./REMARKS	
						<i>6239</i>	
						Custody Seal Intact at Lab	
						Seal Not Intact Upon Receipt by Lab	
RELINQUISHED BY: <i>J. C. CASHIN</i>				DATE/TIME <i>5/30/08</i>	RECEIVED BY: <i>KATHY FARNIS</i>		
RELINQUISHED BY: <i>Sam C. Collin</i>				DATE/TIME <i>1/20</i>	RECEIVED BY: <i>KATHY FARNIS</i>		
RELINQUISHED BY:				DATE/TIME	RECEIVED BY:		
RELINQUISHED BY:				DATE/TIME	RECEIVED BY:		

DISTRIBUTION: White and Yellow copies accompany sample shipment to laboratory. Yellow copy retained by laboratory. White copy is returned to sampler. Pink copy retained by sampler.



**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

Lab Bench No. \_\_\_\_\_

I. **GENERAL INFORMATION:** Facility Name CHRYSLER FINANCIAL (KONLMAN)  
 County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
 Discharge No. \_\_\_\_\_ Date Requested 5/20/80  
 Sample Point Identification 104 WELL  
 Requested By \_\_\_\_\_ Date To 7 11 1980  
 Type of Sample: Grab () Composite (Flow) (Time) Other ( )

II. **SAMPLE IDENTIFICATION:**  
 Environment Condition \_\_\_\_\_ Collected By \_\_\_\_\_  
 Where Taken \_\_\_\_\_

Type	Parameters	Preservative	Date	Time
1.				
2.				
3.				
4.				
5.				

III. **FIELD:**

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )			
D.O.	(000300)	( )			
Temperature	(000010)	( )			
Residual Chlorine	(050060)	( )			
Flow	(074060)	( )			

IV. **TRANSPORTATION OF SAMPLE:** Bus ( ) RO Vehicle ( ) Other ( )  
 V. **LABORATORY:** Received By \_\_\_\_\_ Date 5-21-80 Time 10:10  
 Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l		*
COD	(000340)	( )	mg/l		
TOC	(000680)	( )	mg/l		
Suspended Solids	(099000)	( )	mg/l		
TKN	(000625)	( )	mg/l		
Ammonia-N	(000510)	( )	mg/l		
Fecal Coliform(1)	(074055)	( )	colonies/100 ml		*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml		*
Total Phosphorus	(000665)	( )	mg/l		
Oil and Grease(1)	(000550)	( )	mg/l		
Oil and Grease(2)	(000550)	( )	mg/l		
Chlorides	(099016)	( )	mg/l		
Phenol	(032730)	( )	mg/l		
Total Chromium	(001034)	( )	mg/l		
Hex. Chromium	(001032)	( )	mg/l		
Zinc	(001092)	( )	mg/l		
Copper	(001042)	( )	mg/l		
Lead	(017501)	( )	mg/l		
Cyanide	(000722)	( )	mg/l		
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
Remarks					

\*Date of Test Initiation 12-80 5239

BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

FILE COPY

Lab Bench No.: 5192  
Cost Code: 3858

I. GENERAL INFORMATION:

Facility Name: City of Crystal Springs  
County Code:  
Discharge No:  
Sample Point Identification: Pool well  
Requested By: T. Russell  
Type of Sample: Grab: (X)      Composite:      Flow:      Time:      Other:

NPDES Permit No.:  
Date Requested: 5-22-00

Data To: T. Russell

II. SAMPLE IDENTIFICATION:

Environment Condition:  
Where Taken: Effluent pipe @ wellhead

Collected By: T. Russell

	Type	Parameters	Preservative	Date	Time
1.	Groundwater	VOA	HCl/Ice	5-22-00	1429
2.	Groundwater	PCB	None	5-22-00	1429
3.					
4.					
5.					
6.					

III. FIELD:

Analysis	Computer Req Code	Results	Analyst	Date
----------	-------------------	---------	---------	------

PH	000400			
D.O.	000300			
Temperature	000010			
Residual Chlorine	050060			
Flow	074060			

IV. TRANSPORTATION OF SAMPLE:

Bus:      RO Vehicle:      Other:

V. LABORATORY:

Received by: V. Stamps  
Recorded by: Dot Lewis

Date: 5-22-00      Time: 1600  
Date Sent to State Office: 6-12-00

VI. Remarks: Volatiles done by MS State Chem Lab. SEE ATTACHED SHEET

FILE COPY

PESTICIDE RESIDUE REPORT

MSCL No.	17,722	17,723	17,724	-----
Sample ID	North Gem Plant - 5190	W. Railroad Ave. - 5191	Pool Well - 5192	Blank
Sample Type	Water	Water	Water	Water
<b>RESIDUES</b>	<b>PARTS PER BILLION</b>			
Aroclor 1016	ND*	ND	ND	ND
Aroclor 1221	ND	ND	ND	ND
Aroclor 1232	ND	ND	ND	ND
Aroclor 1242	ND	ND	ND	ND
Aroclor 1248	ND	ND	ND	ND
Aroclor 1254	ND	ND	0.38	ND
Aroclor 1260	ND	ND	ND	ND

\*ND = None Detected @ a Lower Level of Detection of 0.20 ppb

QUALITY CONTROL:

Compound	Aroclor 1254
Substrate Blank	Water
Spiking Level, ppb	1.9
Level Found, ppb	1.9
Recovery, %	100

**VOLATILE ANALYSIS OF WATER BY METHOD 8260**

*FILE COPY*

MSCL #: 17724

Date Collected: 05-22-00

Date Analyzed: 05-23-00

Marked: City of Crystal Springs (Pool Well)

Sample Type: Groundwater

Compounds	Conc.	MQL	Compounds	Conc.	MQL
	ug/L	ug/L		ug/L	ug/L
dichlorofluoromethane	ND	1.0	tetrachloroethene	ND	1.0
chloromethane	ND	1.0	dibromochloromethane	ND	1.0
vinyl chloride	ND	1.0	1,2-dibromoethane	ND	1.0
bromomethane	ND	1.0	chlorobenzene	ND	1.0
chloroethane	ND	1.0	1,1,1,2-tetrachloroethane	ND	1.0
trichlorofluoromethane	ND	1.0	ethyl benzene	ND	1.0
acetone	ND	1.0	m,p-xylenes	ND	1.0
1,1-dichloroethene	ND	1.0	o-xylene	ND	1.0
methylene chloride	ND	1.0	styrene	ND	1.0
trans-dichloroethene	ND	1.0	bromoform	ND	1.0
1,1-dichloroethane	ND	1.0	isopropyl benzene	ND	1.0
2-butanone (MEK)	ND	1.0	1,1,2,2-tetrachloroethane	ND	1.0
cis-dichloroethene	ND	1.0	1,2,3-trichloropropane	ND	1.0
2,2-dichloropropane	ND	1.0	n-propyl benzene	ND	1.0
chloroform	ND	1.0	bromobenzene	ND	1.0
bromochloromethane	ND	1.0	1,3,5-trimethylbenzene	ND	1.0
1,1,1-trichloroethane	ND	1.0	2-chlorotoluene	ND	1.0
1,1-dichloropropene	ND	1.0	4-chlorotoluene	ND	1.0
carbon tetrachloride	ND	1.0	tert-butylbenzene	ND	1.0
1,2-dichloroethane	ND	1.0	1,2,4-trimethylbenzene	ND	1.0
benzene	ND	1.0	sec-butylbenzene	ND	1.0
trichloroethene	ND	1.0	4-isopropyltoluene	ND	1.0
1,2-dichloropropane	ND	1.0	1,3-dichlorobenzene	ND	1.0
bromodichloromethane	ND	1.0	1,4-dichlorobenzene	ND	1.0
dibromomethane	ND	1.0	n-butylbenzene	ND	1.0
methyl isobutyl ketone (MIBK)	ND	1.0	1,2-dichlorobenzene	ND	1.0
trans-1,3-dichloropropene	ND	1.0	1,2-dibromo-3-chloropropane	ND	1.0
toluene	ND	1.0	1,2,4-trichlorobenzene	ND	1.0
cis-1,3-dichloropropene	ND	1.0	hexachlorobutadiene	ND	1.0
1,1,2-trichloroethane	ND	1.0	naphthalene	ND	1.0
2-hexanone	ND	1.0	1,2,3-trichlorobenzene	ND	1.0
1,3-dichloropropane	ND	1.0	MTBE	ND	1.0

ND = None Detected

MQL = Minimum Quantifiable Level

Surrogates	Recovery, %
dibromofluoromethane	102
toluene-d8	101
bromofluorobenzene	101

BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Bench No. \_\_\_\_\_

I. GENERAL INFORMATION: Facility Name CITY OF CRYSTAL SPRINGS  
 County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
 Discharge No. \_\_\_\_\_ Date Requested \_\_\_\_\_  
 Sample Point Identification POOL WELL  
 Requested By T. RUSSELL Date To T. RUSSELL  
 Type of Sample: Grab (✓) Composite (Flow ) (Time ) Other ( ) \_\_\_\_\_

II. SAMPLE IDENTIFICATION:  
 Environment Condition \_\_\_\_\_ Collected By \_\_\_\_\_  
 Where Taken EFFLUENT PIPE @ WELLHEAD

Type	Parameters	Preservative	Date	Time
1. <u>GROUNDWATER</u>	<u>VBA</u>	<u>HCL/ICE</u>	<u>5/22/00</u>	<u>1429</u>
2. "	<u>PCB</u>	<u>NONE</u>	<u>"</u>	<u>"</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

IV. TRANSPORTATION OF SAMPLE: By Bus RO Vehicle ( ) Other ( )  
 V. LABORATORY: Received By \_\_\_\_\_ Date 5-22-00 Time 1600  
 Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	_____ mg/l	_____	_____ *
COD <sub>5</sub>	(000340)	( )	_____ mg/l	_____	_____
TOC	(000680)	( )	_____ mg/l	_____	_____
Suspended Solids	(099000)	( )	_____ mg/l	_____	_____
TKN	(000625)	( )	_____ mg/l	_____	_____
Ammonia-N	(000610)	( )	_____ mg/l	_____	_____
Fecal Coliform(1)	(074055)	( )	_____ colonies/100 ml	_____	_____ *
Fecal Coliform(2)	(074055)	( )	_____ colonies/100 ml	_____	_____ *
Total Phosphorus	(000665)	( )	_____ mg/l	_____	_____
Oil and Grease(1)	(000550)	( )	_____ mg/l	_____	_____
Oil and Grease(2)	(000550)	( )	_____ mg/l	_____	_____
Chlorides	(099016)	( )	_____ mg/l	_____	_____
Phenol	(032730)	( )	_____ mg/l	_____	_____
Total Chromium	(001034)	( )	_____ mg/l	_____	_____
Hex. Chromium	(001032)	( )	_____ mg/l	_____	_____
Zinc	(001092)	( )	_____ mg/l	_____	_____
Copper	(001042)	( )	_____ mg/l	_____	_____
Lead	(017501)	( )	_____ mg/l	_____	_____
Cyanide	(000722)	( )	_____ mg/l	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
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_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____
_____	( )	( )	_____	_____	_____

Remarks \_\_\_\_\_

\*Date of Test Initiation 1 8 5 8

5792

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

**FILE COPY**

Lab Bench No.: 5191  
Cost Code: 3858

**I. GENERAL INFORMATION:**

Facility Name: City of Crystal Springs  
County Code:  
Discharge No:  
Sample Point Identification: W. Railroad Ave. Well  
Requested By: T. Russell  
Type of Sample: Grab: (X)      Composite:      Flow:

NPDES Permit No.:  
Date Requested: 5-22-00

Data To: T. Russell  
Time: Other:

**II. SAMPLE IDENTIFICATION:**

Environment Condition:  
Where Taken: Faucet @ wellhead

Collected By: T. Russell

	Type	Parameters	Preservative	Date	Time
1.	Groundwater	VOA	HCl	5-22-00	1400
2.	Groundwater	PCB	None	5-22-00	1400
3.					
4.					
5.					
6.					

**III. FIELD:**

Analysis      Computer Req      Results      Analyst      Date  
Code

PH	000400			
D.O.	000300			
Temperature	000010			
Residual Chlorine	050060			
Flow	074060			

**IV. TRANSPORTATION OF SAMPLE:**

Bus:      RO Vehicle:      Other:

**V. LABORATORY:**

Received by: V. Stamps  
Recorded by: Dot Lewis

Date: 5-22-00

Time: 1600

Date Sent to State Office: 6-12-00

**VI. Remarks: Volatiles done by MS State Chem Lab. SEE ATTACHED SHEET**



VOLATILE ANALYSIS OF WATER BY METHOD 8260

MSCL #: 17723

Date Collected: 05-22-00

Date Analyzed: 05-23-00

Marked: City of Crystal Springs (W. Railroad Ave.)  
 Sample Type: Groundwater

*FILE COPY*

Compounds	Conc.	MQL	Compounds	Conc.	MQL
	ug/L	ug/L		ug/L	ug/L
dichlorofluoromethane	ND	1.0	tetrachloroethene	ND	1.0
chloromethane	ND	1.0	dibromochloromethane	ND	1.0
vinyl chloride	ND	1.0	1,2-dibromoethane	ND	1.0
bromomethane	ND	1.0	chlorobenzene	ND	1.0
chloroethane	ND	1.0	1,1,1,2-tetrachloroethane	ND	1.0
trichlorofluoromethane	ND	1.0	ethyl benzene	ND	1.0
acetone	ND	20	m,p-xylenes	ND	1.0
1,1-dichloroethene	ND	5.0	o-xylene	ND	1.0
methylene chloride	ND	1.0	styrene	ND	1.0
trans-dichloroethene	ND	1.0	bromoform	ND	1.0
1,1-dichloroethane	ND	1.0	isopropyl benzene	ND	1.0
2-butanone (MEK)	ND	1.0	1,1,2,2-tetrachloroethane	ND	1.0
cis-dichloroethene	ND	1.0	1,2,3-trichloropropane	ND	1.0
2,2-dichloropropane	ND	1.0	n-propyl benzene	ND	1.0
chloroform	ND	1.0	bromobenzene	ND	1.0
bromochloromethane	ND	1.0	1,3,5-trimethylbenzene	ND	1.0
1,1,1-trichloroethane	ND	1.0	2-chlorotoluene	ND	1.0
1,1-dichloropropene	ND	1.0	4-chlorotoluene	ND	1.0
carbon tetrachloride	ND	1.0	tert-butylbenzene	ND	1.0
1,2-dichloroethane	ND	1.0	1,2,4-trimethylbenzene	ND	1.0
benzene	ND	1.0	sec-butylbenzene	ND	1.0
trichloroethene	ND	1.0	4-isopropyltoluene	ND	1.0
1,2-dichloropropane	ND	1.0	1,3-dichlorobenzene	ND	1.0
bromodichloromethane	ND	1.0	1,4-dichlorobenzene	ND	1.0
dibromomethane	ND	1.0	n-butylbenzene	ND	1.0
methyl isobutyl ketone (MIBK)	ND	1.0	1,2-dichlorobenzene	ND	1.0
trans-1,3-dichloropropene	ND	1.0	1,2-dibromo-3-chloropropane	ND	1.0
toluene	ND	1.0	1,2,4-trichlorobenzene	ND	1.0
cis-1,3-dichloropropene	ND	1.0	hexachlorobutadiene	ND	1.0
1,1,2-trichloroethane	ND	1.0	naphthalene	ND	1.0
2-hexanone	ND	1.0	1,2,3-trichlorobenzene	ND	1.0
1,3-dichloropropane	ND	1.0	MTBE	ND	1.0

ND = None Detected

MQL = Minimum Quantifiable Level

Surrogates	Recovery, %
dibromofluoromethane	101
toluene-d8	99
bromofluorobenzene	99



FILE COPY

PESTICIDE RESIDUE REPORT

MSCL No.	17,722	17,723	17,724	-----
Sample ID	North Gem Plant - 5190	W. Railroad Ave. - 5191	Pool Well - 5192	Blank
Sample Type	Water	Water	Water	Water
RESIDUES	PARTS PER BILLION			
Aroclor 1016	ND*	ND	ND	ND
Aroclor 1221	ND	ND	ND	ND
Aroclor 1232	ND	ND	ND	ND
Aroclor 1242	ND	ND	ND	ND
Aroclor 1248	ND	ND	ND	ND
Aroclor 1254	ND	ND	0.38	ND
Aroclor 1260	ND	ND	ND	ND

\*ND = None Detected @ a Lower Level of Detection of 0.20 ppb

QUALITY CONTROL:

Compound	Aroclor 1254
Substrate Blank	Water
Spiking Level, ppb	1.9
Level Found, ppb	1.9
Recovery, %	100

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

**FILE COPY**

Lab Bench No.: 5190  
Cost Code: 3858

**I. GENERAL INFORMATION:**

Facility Name: City of Crystal Springs  
County Code: Copiah  
Discharge No:  
Sample Point Identification: North Gem Plant  
Requested By: T. Russell  
Type of Sample: Grab: (X)      Composite:      Flow:      Time:      Other:

NPDES Permit No.:  
Date Requested: 5-22-00

Data To: T. Russell

**II. SAMPLE IDENTIFICATION:**

Environment Condition:  
Where Taken: Faucet on city well

Collected By: T. Russell

	Type	Parameters	Preservative	Date	Time
1.	GW	VOA	HCl	5-22-00	1345
2.		PCB	None	5-22-00	1345
3.					
4.					
5.					
6.					

**III. FIELD:**

Analysis      Computer Req      Results      Analyst      Date  
Code

PH	000400			
D.O.	000300			
Temperature	000010			
Residual Chlorine	050060			
Flow	074060			

**IV. TRANSPORTATION OF SAMPLE:**

Bus:      RO Vehicle:      Other:

**V. LABORATORY:**

Received by: V. Stamps  
Recorded by: Dot Lewis

Date: 5-22-00

Time: 1600

Date Sent to State Office: 6-12-00

**VI. Remarks: Volatiles done by MS State Chem Lab. SEE ATTACHED SHEET**

VOLATILE ANALYSIS OF WATER BY METHOD 8260

FILE COPY

MSCL #: 17722

Date Collected: 05-22-00

Date Analyzed: 05-23-00

Marked: City of Crystal Springs (N. Gem Plant)

Sample Type: Groundwater

Compounds	Conc.	MQL	Compounds	Conc.	MQL
	ug/L	ug/L		ug/L	ug/L
dichlorofluoromethane	ND	1.0	tetrachloroethene	ND	1.0
chloromethane	ND	1.0	dibromochloromethane	ND	1.0
vinyl chloride	ND	1.0	1,2-dibromoethane	ND	1.0
bromomethane	ND	1.0	chlorobenzene	ND	1.0
chloroethane	ND	1.0	1,1,1,2-tetrachloroethane	ND	1.0
trichlorofluoromethane	ND	1.0	ethyl benzene	ND	1.0
acetone	ND	20	m,p-xylenes	ND	1.0
1,1-dichloroethene	ND	1.0	o-xylene	ND	1.0
methylene chloride	ND	1.0	styrene	ND	1.0
trans-dichloroethene	ND	1.0	bromoform	ND	1.0
1,1-dichloroethane	ND	1.0	isopropyl benzene	ND	1.0
2-butanone (MEK)	ND	1.0	1,1,2,2-tetrachloroethane	ND	1.0
cis-dichloroethene	ND	1.0	1,2,3-trichloropropane	ND	1.0
2,2-dichloropropane	ND	1.0	n-propyl benzene	ND	1.0
chloroform	ND	1.0	bromobenzene	ND	1.0
bromochloromethane	ND	1.0	1,3,5-trimethylbenzene	ND	1.0
1,1,1-trichloroethane	ND	1.0	2-chlorotoluene	ND	1.0
1,1-dichloropropene	ND	1.0	4-chlorotoluene	ND	1.0
carbon tetrachloride	ND	1.0	tert-butylbenzene	ND	1.0
1,2-dichloroethane	ND	1.0	1,2,4-trimethylbenzene	ND	1.0
benzene	ND	1.0	sec-butylbenzene	ND	1.0
trichloroethene	ND	1.0	4-isopropyltoluene	ND	1.0
1,2-dichloropropane	ND	1.0	1,3-dichlorobenzene	ND	1.0
bromedichloromethane	ND	1.0	1,4-dichlorobenzene	ND	1.0
dibromomethane	ND	1.0	n-butylbenzene	ND	1.0
methyl isobutyl ketone (MIBK)	ND	5.0	1,2-dichlorobenzene	ND	1.0
trans-1,3-dichloropropene	ND	1.0	1,2-dibromo-3-chloropropane	ND	1.0
toluene	ND	1.0	1,2,4-trichlorobenzene	ND	1.0
cis-1,3-dichloropropene	ND	1.0	hexachlorobutadiene	ND	1.0
1,1,2-trichloroethane	ND	1.0	naphthalene	ND	1.0
2-hexanone	ND	1.0	1,2,3-trichlorobenzene	ND	1.0
1,3-dichloropropane	ND	1.0	MTBE	ND	1.0

ND = None Detected

MQL = Minimum Quantifiable Level

Surrogates	Recovery, %
dibromofluoromethane	103
toluene-d8	102
bromofluorobenzene	100

FILE COPY

PESTICIDE RESIDUE REPORT

MSCL No.	17,722	17,723	17,724	-----
Sample ID	North Gem Plant - 5190	W. Railroad Ave. - 5191	Pool Well - 5192	Blank
Sample Type	Water	Water	Water	Water
RESIDUES	PARTS PER BILLION			
Aroclor 1016	ND*	ND	ND	ND
Aroclor 1221	ND	ND	ND	ND
Aroclor 1232	ND	ND	ND	ND
Aroclor 1242	ND	ND	ND	ND
Aroclor 1248	ND	ND	ND	ND
Aroclor 1254	ND	ND	0.38	ND
Aroclor 1260	ND	ND	ND	ND

\*ND = None Detected @ a Lower Level of Detection of 0.20 ppb

QUALITY CONTROL:

Compound	Aroclor 1254
Substrate Blank	Water
Spiking Level, ppb	1.9
Level Found, ppb	1.9
Recovery, %	100

BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Bench No. \_\_\_\_\_

**EX. COPY**

**I. GENERAL INFORMATION:** Facility Name CITY OF CRYSTAL SPRINGS  
County Code COPIAH NPDES Permit No. \_\_\_\_\_  
Discharge No. \_\_\_\_\_ Date Requested 5/24/2000  
Sample Point Identification North Gem Plant  
Requested By T. Russell Data To T. Russell  
Type of Sample: Grab (X) Composite (Flow ) (Time ) Other ( )

**II. SAMPLE IDENTIFICATION:**  
Environment Condition \_\_\_\_\_ Collected By T. Russell  
Where Taken Fountain on city well

Type	Parameters	Preservative	Date	Time
1. <u>Groundwater</u>	<u>VOC</u>	<u>HCL</u>	<u>5/24/2000</u>	<u>1345</u>
2. _____	<u>PCB</u>	<u>none</u>	<u>"</u>	<u>"</u>
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

**III. FIELD:**

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

**IV. TRANSPORTATION OF SAMPLE:** Bus (X) RO Vehicle ( ) Other ( )

**V. LABORATORY:** Received By [Signature] Date 5-25-00 Time 1400  
Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	_____ mg/l	_____	*
COD <sub>5</sub>	(000340)	( )	_____ mg/l	_____	
TOC	(000680)	( )	_____ mg/l	_____	
Suspended Solids	(099000)	( )	_____ mg/l	_____	
TKN	(000625)	( )	_____ mg/l	_____	
Ammonia-N	(000610)	( )	_____ mg/l	_____	
Fecal Coliform(1)	(074055)	( )	_____ colonies/100 ml	_____	*
Fecal Coliform(2)	(074055)	( )	_____ colonies/100 ml	_____	*
Total Phosphorus	(000665)	( )	_____ mg/l	_____	
Oil and Grease(1)	(000550)	( )	_____ mg/l	_____	
Oil and Grease(2)	(000550)	( )	_____ mg/l	_____	
Chlorides	(099016)	( )	_____ mg/l	_____	
Phenol	(032730)	( )	_____ mg/l	_____	
Total Chromium	(001034)	( )	_____ mg/l	_____	
Hex. Chromium	(001032)	( )	_____ mg/l	_____	
Zinc	(001092)	( )	_____ mg/l	_____	
Copper	(001042)	( )	_____ mg/l	_____	
Lead	(017501)	( )	_____ mg/l	_____	
Cyanide	(000722)	( )	_____ mg/l	_____	
_____	( )	( )	_____	_____	
_____	( )	( )	_____	_____	
_____	( )	( )	_____	_____	
_____	( )	( )	_____	_____	
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_____	( )	( )	_____	_____	
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_____	( )	( )	_____	_____	
_____	( )	( )	_____	_____	

Remarks \_\_\_\_\_  
\*Date of Test Initiation 5/18/00 5790



MISSISSIPPI  
STATE CHEMICAL LABORATORY

BOX CR — MISSISSIPPI STATE, MISSISSIPPI 39762

TELEPHONE: (601) 325-8599 FAX (601) 325-7807

DR. EARL G. ALLEY  
State Chemist

DR. LARRY G. LANE  
Director, IAS Division

May 26, 2000

Analysis No. 17,722-724

Analysis of Ground Water

Marked: City of Crystal Springs

Received on 5-23-00

from MS Office of Poll. Control

ATTN: Tony Russell

Address P.O. Box 10385 Jackson, MS 39289

RESULTS:

<u>MSCL No.</u>	<u>DEQ-OPC Sample ID</u>
17,722	North Gem Plant
17,723	W. Railroad Ave.
17,724	Pool Well

Results from our gas chromatography/mass spectrometry (gc/ms) analyses of the above ground water samples for volatile organic compounds (VOCs) taken from EPA's Target Compound List are presented in the attached reports.

Results from analyses for PCBs by electron capture/gas chromatography are presented in the Pesticide Residue Report.

**ANALYTICAL COSTS**

3 samples for VOCs by gc/ms @ \$225 = \$ 675  
3 samples for PCBs by ec/gc @ \$100 = \$ 300  
\$ 975

Rapid Turn-Around (x 1.5) \$1,462

cc: Henry Folmar

*Earl G. Alley*  
State Chemist

PLEASE GIVE NUMBER WHEN REFERRING TO THIS ANALYSIS

035818/1-99



**PESTICIDE RESIDUE REPORT**

MSCL No.	17,722	17,723	17,724	-----
Sample ID	North Gem Plant - 5190	W. Railroad Ave. - 5191	Pool Well - 5192	Blank
Sample Type	Water	Water	Water	Water
<b>RESIDUES</b>	<b>PARTS PER BILLION</b>			
Aroclor 1016	ND*	ND	ND	ND
Aroclor 1221	ND	ND	ND	ND
Aroclor 1232	ND	ND	ND	ND
Aroclor 1242	ND	ND	ND	ND
Aroclor 1248	ND	ND	ND	ND
Aroclor 1254	ND	ND	0.38	ND
Aroclor 1260	ND	ND	ND	ND

\*ND = None Detected @ a Lower Level of Detection of 0.20 ppb

**QUALITY CONTROL:**

Compound	Aroclor 1254
Substrate Blank	Water
Spiking Level, ppb	1.9
Level Found, ppb	1.9
Recovery, %	100

**VOLATILE ANALYSIS OF WATER BY METHOD 8260**

MSCL #: 17722

Marked: City of Crystal Springs (N. Gem Plant)

Date Collected: 05-22-00

Sample Type: Groundwater

Date Analyzed: 05-23-00

Compounds	Conc.	MQL	Compounds	Conc.	MQL
	ug/L	ug/L		ug/L	ug/L
dichlorofluoromethane	ND	1.0	tetrachloroethene	ND	1.0
chloromethane	ND	1.0	dibromochloromethane	ND	1.0
vinyl chloride	ND	1.0	1,2-dibromoethane	ND	1.0
bromomethane	ND	1.0	chlorobenzene	ND	1.0
chloroethane	ND	1.0	1,1,1,2-tetrachloroethane	ND	1.0
trichlorofluoromethane	ND	1.0	ethyl benzene	ND	1.0
acetone	ND	20	m,p-xylenes	ND	1.0
1,1-dichloroethene	ND	1.0	o-xylene	ND	1.0
methylene chloride	ND	1.0	styrene	ND	1.0
trans-dichloroethene	ND	1.0	bromoform	ND	1.0
1,1-dichloroethane	ND	1.0	isopropyl benzene	ND	1.0
2-butanone (MEK)	ND	1.0	1,1,2,2-tetrachloroethane	ND	1.0
cis-dichloroethene	ND	1.0	1,2,3-trichloropropane	ND	1.0
2,2-dichloropropane	ND	1.0	n-propyl benzene	ND	1.0
chloroform	ND	1.0	bromobenzene	ND	1.0
bromochloromethane	ND	1.0	1,3,5-trimethylbenzene	ND	1.0
1,1,1-trichloroethane	ND	1.0	2-chlorotoluene	ND	1.0
1,1-dichloropropene	ND	1.0	4-chlorotoluene	ND	1.0
carbon tetrachloride	ND	1.0	tert-butylbenzene	ND	1.0
1,2-dichloroethane	ND	1.0	1,2,4-trimethylbenzene	ND	1.0
benzene	ND	1.0	sec-butylbenzene	ND	1.0
trichloroethene	ND	1.0	4-isopropyltoluene	ND	1.0
1,2-dichloropropane	ND	1.0	1,3-dichlorobenzene	ND	1.0
bromodichloromethane	ND	1.0	1,4-dichlorobenzene	ND	1.0
dibromomethane	ND	1.0	n-butylbenzene	ND	1.0
methyl isobutyl ketone (MIBK)	ND	5.0	1,2-dichlorobenzene	ND	1.0
trans-1,3-dichloropropene	ND	1.0	1,2-dibromo-3-chloropropane	ND	1.0
toluene	ND	1.0	1,2,4-trichlorobenzene	ND	1.0
cis-1,3-dichloropropene	ND	1.0	hexachlorobutadiene	ND	1.0
1,1,2-trichloroethane	ND	1.0	naphthalene	ND	1.0
2-hexanone	ND	1.0	1,2,3-trichlorobenzene	ND	1.0
1,3-dichloropropane	ND	1.0	MTBE	ND	1.0

ND = None Detected

MQL = Minimum Quantifiable Level

Surrogates	Recovery, %
dibromofluoromethane	103
toluene-d8	102
bromofluorobenzene	100

**VOLATILE ANALYSIS OF WATER BY METHOD 8260**

MSCL #: 17723

Marked: City of Crystal Springs (W. Railroad Ave.)

Date Collected: 05-22-00

Sample Type: Groundwater

Date Analyzed: 05-23-00

Compounds	Conc.	MQL	Compounds	Conc.	MQL
	ug/L	ug/L		ug/L	ug/L
dichlorofluoromethane	ND	1.0	tetrachloroethene	ND	1.0
chloromethane	ND	1.0	dibromochloromethane	ND	1.0
vinyl chloride	ND	1.0	1,2-dibromoethane	ND	1.0
bromomethane	ND	1.0	chlorobenzene	ND	1.0
chloroethane	ND	1.0	1,1,1,2-tetrachloroethane	ND	1.0
trichlorofluoromethane	ND	1.0	ethyl benzene	ND	1.0
acetone	ND	20	m,p-xylenes	ND	1.0
1,1-dichloroethene	ND	5.0	o-xylene	ND	1.0
methylene chloride	ND	1.0	styrene	ND	1.0
trans-dichloroethene	ND	1.0	bromoform	ND	1.0
1,1-dichloroethane	ND	1.0	isopropyl benzene	ND	1.0
2-butanone (MEK)	ND	1.0	1,1,2,2-tetrachloroethane	ND	1.0
cis-dichloroethene	ND	1.0	1,2,3-trichloropropane	ND	1.0
2,2-dichloropropane	ND	1.0	n-propyl benzene	ND	1.0
chloroform	ND	1.0	bromobenzene	ND	1.0
bromochloromethane	ND	1.0	1,3,5-trimethylbenzene	ND	1.0
1,1,1-trichloroethane	ND	1.0	2-chlorotoluene	ND	1.0
1,1-dichloropropene	ND	1.0	4-chlorotoluene	ND	1.0
carbon tetrachloride	ND	1.0	tert-butylbenzene	ND	1.0
1,2-dichloroethane	ND	1.0	1,2,4-trimethylbenzene	ND	1.0
benzene	ND	1.0	sec-butylbenzene	ND	1.0
trichloroethene	ND	1.0	4-isopropyltoluene	ND	1.0
1,2-dichloropropane	ND	1.0	1,3-dichlorobenzene	ND	1.0
bromodichloromethane	ND	1.0	1,4-dichlorobenzene	ND	1.0
dibromomethane	ND	1.0	n-butylbenzene	ND	1.0
methyl isobutyl ketone (MIBK)	ND	1.0	1,2-dichlorobenzene	ND	1.0
trans-1,3-dichloropropene	ND	1.0	1,2-dibromo-3-chloropropane	ND	1.0
toluene	ND	1.0	1,2,4-trichlorobenzene	ND	1.0
cis-1,3-dichloropropene	ND	1.0	hexachlorobutadiene	ND	1.0
1,1,2-trichloroethane	ND	1.0	naphthalene	ND	1.0
2-hexanone	ND	1.0	1,2,3-trichlorobenzene	ND	1.0
1,3-dichloropropane	ND	1.0	MTBE	ND	1.0

ND = None Detected

MQL = Minimum Quantifiable Level

Surrogates	Recovery, %
dibromofluoromethane	101
toluene-d8	99
bromofluorobenzene	99

**VOLATILE ANALYSIS OF WATER BY METHOD 8260**

MSCL #: 17724

Marked: City of Crystal Springs (Pool Well)

Date Collected: 05-22-00

Sample Type: Groundwater

Date Analyzed: 05-23-00

Compounds	Conc.	MQL	Compounds	Conc.	MQL
	ug/L	ug/L		ug/L	ug/L
dichlorofluoromethane	ND	1.0	tetrachloroethene	ND	1.0
chloromethane	ND	1.0	dibromochloromethane	ND	1.0
vinyl chloride	ND	1.0	1,2-dibromoethane	ND	1.0
bromomethane	ND	1.0	chlorobenzene	ND	1.0
chloroethane	ND	1.0	1,1,1,2-tetrachloroethane	ND	1.0
trichlorofluoromethane	ND	1.0	ethyl benzene	ND	1.0
acetone	ND	10	m,p-xylenes	ND	1.0
1,1-dichloroethene	ND	1.0	o-xylene	ND	1.0
methylene chloride	ND	1.0	styrene	ND	1.0
trans-dichloroethene	ND	1.0	bromoform	ND	1.0
1,1-dichloroethane	ND	1.0	isopropyl benzene	ND	1.0
2-butanone (MEK)	ND	1.0	1,1,2,2-tetrachloroethane	ND	1.0
cis-dichloroethene	ND	1.0	1,2,3-trichloropropane	ND	1.0
2,2-dichloropropane	ND	1.0	n-propyl benzene	ND	1.0
chloroform	ND	1.0	bromobenzene	ND	1.0
bromochloromethane	ND	1.0	1,3,5-trimethylbenzene	ND	1.0
1,1,1-trichloroethane	ND	1.0	2-chlorotoluene	ND	1.0
1,1-dichloropropene	ND	1.0	4-chlorotoluene	ND	1.0
carbon tetrachloride	ND	1.0	tert-butylbenzene	ND	1.0
1,2-dichloroethane	ND	1.0	1,2,4-trimethylbenzene	ND	1.0
benzene	ND	1.0	sec-butylbenzene	ND	1.0
trichloroethene	ND	1.0	4-isopropyltoluene	ND	1.0
1,2-dichloropropane	ND	1.0	1,3-dichlorobenzene	ND	1.0
bromodichloromethane	ND	1.0	1,4-dichlorobenzene	ND	1.0
dibromomethane	ND	1.0	n-butylbenzene	ND	1.0
methyl isobutyl ketone (MIBK)	ND	1.0	1,2-dichlorobenzene	ND	1.0
trans-1,3-dichloropropene	ND	1.0	1,2-dibromo-3-chloropropane	ND	1.0
toluene	ND	1.0	1,2,4-trichlorobenzene	ND	1.0
cis-1,3-dichloropropene	ND	1.0	hexachlorobutadiene	ND	1.0
1,1,2-trichloroethane	ND	1.0	naphthalene	ND	1.0
2-hexanone	ND	1.0	1,2,3-trichlorobenzene	ND	1.0
1,3-dichloropropane	ND	1.0	MTBE	ND	1.0

ND = None Detected

MQL = Minimum Quantifiable Level

Surrogates	Recovery, %
dibromofluoromethane	102
toluene-d8	101
bromofluorobenzene	101





# CHAIN OF CUSTODY RECORD

MSD \_\_\_\_\_

PROJECT LEADER  
**T. ROUSELL**

REMARKS

PROJECT NAME/LOCATION  
**CITY OF CRYSTAL SPRINGS**

SAMPLER  
**Kelly Jones Elbertson**

DATA TO:  
**T. ROUSELL**

ESD SAMPLE TYPES

1. SURFACE WATER
2. GROUND WATER
3. POTABLE WATER
4. WASTEWATER
5. LEACHATE
6. SOLID/SEDIMENT
7. SLUDGE
8. WASTE
9. AIR
10. FISH
11. OTHER

STATION NO.	DATE	TIME	COMP	STATION LOCATION/DESCRIPTION
2	5/12	1345	X	W. MAIN ROAD
2	5/12	1430	X	APPROX. WELL

TOTAL CONTAINERS	ANALYSIS				TAG NO./REMARKS
	CIR/CLE/ADD parameters desired. List no. of containers submitted	VOC	Semi-Volatiles	Metals	
4	X	X	X	X	5790
4	X	X	X	X	5791
4	X	X	X	X	5792

Custody Seals Intact at Lab  
Seals Not Intact Upon Receipt by Lab

LAB USE ONLY

RELINQUISHED BY: <b>M. J. ...</b> (PRINT)	DATE/TIME: <b>5-22-02</b> (PRINT)	RECEIVED BY: <b>V. ...</b> (PRINT)	DATE/TIME: _____	RECEIVED BY: _____ (PRINT)
RELINQUISHED BY: _____ (PRINT)	DATE/TIME: _____	RECEIVED BY: _____ (PRINT)	DATE/TIME: _____	RECEIVED BY: _____ (PRINT)

BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Bench No. \_\_\_\_\_

I. GENERAL INFORMATION: Facility Name CITY OF WASHINGTON  
County Code 20114 NPDES Permit No. \_\_\_\_\_  
Discharge No. \_\_\_\_\_ Date Requested 5/26/2000  
Sample Point Identification North Gun Plant  
Requested By J. Russell Data To J. Russell  
Type of Sample: Grab () Composite (Flow ) (Time ) Other ( )

II. SAMPLE IDENTIFICATION:  
Environment Condition \_\_\_\_\_ Collected By J. Russell  
Where Taken North Gun Plant

Type	Parameters	Preservative	Date	Time
1. <u>Grab</u>	<u>Pb</u>	<u>HCL</u>	<u>5/26/2000</u>	<u>1345</u>
2.	<u>PCB</u>	<u>none</u>	<u>"</u>	<u>"</u>
3.				
4.				
5.				

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )			
D.O.	(000300)	( )			
Temperature	(000010)	( )			
Residual Chlorine	(050060)	( )			
Flow	(074060)	( )			

IV. TRANSPORTATION OF SAMPLE: Bus () RO Vehicle ( ) Other ( )  
V. LABORATORY: Received By J. Russell Date 5-22-00 Time 1600

Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l		*
COD	(000340)	( )	mg/l		
TOC	(000680)	( )	mg/l		
Suspended Solids	(099000)	( )	mg/l		
TKN	(000625)	( )	mg/l		
Ammonia-N	(000610)	( )	mg/l		
Fecal Coliform(1)	(074055)	( )	colonies/100 ml		*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml		*
Total Phosphorus	(000665)	( )	mg/l		
Oil and Grease(1)	(000550)	( )	mg/l		
Oil and Grease(2)	(000550)	( )	mg/l		
Chlorides	(099016)	( )	mg/l		
Phenol	(032730)	( )	mg/l		
Total Chromium	(001034)	( )	mg/l		
Hex. Chromium	(001032)	( )	mg/l		
Zinc	(001092)	( )	mg/l		
Copper	(001042)	( )	mg/l		
Lead	(017501)	( )	mg/l		
Cyanide	(000722)	( )	mg/l		
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			

Remarks \_\_\_\_\_

\*Date of Test Initiation 5/26/00 5990

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

Lab Bench No. \_\_\_\_\_

**I. GENERAL INFORMATION:** Facility Name CITY OF COLUMBIA SPRINGS  
 County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
 Discharge No. \_\_\_\_\_ Date Requested \_\_\_\_\_  
 Sample Point Identification W. HAYWOODS AVE WELL  
 Requested By T. H. HARRIS Data To 7. NOV 24  
 Type of Sample: Grab (✓) Composite (Flow ) (Time ) Other ( )

**II. SAMPLE IDENTIFICATION:**  
 Environment Condition \_\_\_\_\_ Collected By \_\_\_\_\_  
 Where Taken W. HAYWOODS AVE

Type	Parameters	Preservative	Date	Time
1.	VOL	FINE TILL	5/22/00	1400
2.	PH	FORM E		"
3.				
4.				
5.				

**III. FIELD:**

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )			
D.O.	(000300)	( )			
Temperature	(000010)	( )			
Residual Chlorine	(050060)	( )			
Flow	(074060)	( )			

**IV. TRANSPORTATION OF SAMPLE:** Bus ( ) RO Vehicle ( ) Other ( )

**V. LABORATORY:** Received By T. H. HARRIS Date 5-22-00 Time 1600

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l		*
COD <sub>5</sub>	(000340)	( )	mg/l		
TOC	(000680)	( )	mg/l		
Suspended Solids	(099000)	( )	mg/l		
TKN	(000625)	( )	mg/l		
Ammonia-N	(000610)	( )	mg/l		
Fecal Coliform(1)	(074055)	( )	colonies/100 ml		*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml		*
Total Phosphorus	(000665)	( )	mg/l		
Oil and Grease(1)	(000550)	( )	mg/l		
Oil and Grease(2)	(000550)	( )	mg/l		
Chlorides	(099016)	( )	mg/l		
Phenol	(032730)	( )	mg/l		
Total Chromium	(001034)	( )	mg/l		
Hex. Chromium	(001032)	( )	mg/l		
Zinc	(001092)	( )	mg/l		
Copper	(001042)	( )	mg/l		
Lead	(017501)	( )	mg/l		
Cyanide	(000722)	( )	mg/l		
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
		( )			
Remarks					

5791



BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM

Lab Bench No. \_\_\_\_\_

I. GENERAL INFORMATION: Facility Name CITY OF CHRYSLER CORP  
County Code \_\_\_\_\_ NPDES Permit No. \_\_\_\_\_  
Discharge No. \_\_\_\_\_ Date Requested \_\_\_\_\_  
Sample Point Identification DEEP WELL  
Requested By \_\_\_\_\_ Date To 7/21/81  
Type of Sample: Grab () Composite (Flow) (Time) Other ( )

II. SAMPLE IDENTIFICATION:  
Environment Condition \_\_\_\_\_ Collected By \_\_\_\_\_  
Where Taken DEEP WELL # 20

Type	Parameters	Preservative	Date	Time
1. <u>WATER</u>	<u>VGA</u>	<u>NO PRES</u>	<u>7-21-81</u>	<u>11:39</u>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____

III. FIELD:

Analysis	Computer Code	Request	Results	Analyst	Date
pH	(000400)	( )	_____	_____	_____
D.O.	(000300)	( )	_____	_____	_____
Temperature	(000010)	( )	_____	_____	_____
Residual Chlorine	(050060)	( )	_____	_____	_____
Flow	(074060)	( )	_____	_____	_____

IV. TRANSPORTATION OF SAMPLE: By ( ) RG Vehicle ( ) Other ( )  
V. LABORATORY: Received By [Signature] Date 6-22-80 Time 1600  
Recorded By \_\_\_\_\_ Date Sent to State Office \_\_\_\_\_

Analysis	Computer Code	Request	Result	Analyst	Date Measured
BOD <sub>5</sub>	(000310)	( )	mg/l	_____	*
COD <sub>5</sub>	(000340)	( )	mg/l	_____	_____
TOC	(000680)	( )	mg/l	_____	_____
Suspended Solids	(099000)	( )	mg/l	_____	_____
TKN	(000625)	( )	mg/l	_____	_____
Ammonia-N	(000610)	( )	mg/l	_____	_____
Fecal Coliform(1)	(074055)	( )	colonies/100 ml	_____	*
Fecal Coliform(2)	(074055)	( )	colonies/100 ml	_____	*
Total Phosphorus	(000665)	( )	mg/l	_____	_____
Oil and Grease(1)	(000550)	( )	mg/l	_____	_____
Oil and Grease(2)	(000550)	( )	mg/l	_____	_____
Chlorides	(099016)	( )	mg/l	_____	_____
Phenol	(032730)	( )	mg/l	_____	_____
Total Chromium	(001034)	( )	mg/l	_____	_____
Hex. Chromium	(001032)	( )	mg/l	_____	_____
Zinc	(001092)	( )	mg/l	_____	_____
Copper	(001042)	( )	mg/l	_____	_____
Lead	(017501)	( )	mg/l	_____	_____
Cyanide	(000722)	( )	mg/l	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____
_____	_____	( )	_____	_____	_____

Remarks \_\_\_\_\_