

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY**

Office of Pollution Control Laboratory  
 1542 Old Whitfield Road  
 Pearl, MS 39208  
 601-664-3900

**FILE COPY**

**MONITORING REPORT**

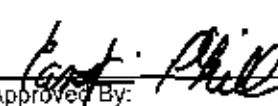
To: GRETCHEN ZITROVICH			Date Collected: 4/16/01
			Time collected: 2:17:00 PM
			Sample Collector: CHUCK PEEL
Sample ID: AA08103			To Lab: SV
Facility Name: KUHLMAN ELECTRIC CORP.			Sample Type: SOIL
Site ID: G0290007			Received By: TAMMY SAWYER
Location ID:			Date Received: 04-19-01
Sampling Loc: PKP EFS-022			Time Received: 1120
Discharge No.			Project: 3858
Lat:	Long:	County: 029	Reporting Date: 5/29/01

ANALYTE	EPA METHOD	RESULT	UNIT	MDL	ANALYST	ANALYSIS DATE
Arochlor 1016	EPA8082	Not detected	ug/kg	36	DS	5/4/01
Arochlor 1221	EPA8082	Not detected	ug/kg	670	DS	5/4/01
Arochlor 1232	EPA8082	Not detected	ug/kg	34	DS	5/4/01
Arochlor 1242	EPA8082	Not detected	ug/kg	34	DS	5/4/01
Arochlor 1248	EPA8082	Not detected	ug/kg	34	DS	5/4/01
Arochlor 1254	EPA8082	Not detected	ug/kg	67	DS	5/4/01
Arochlor 1260	EPA8082	Not detected	ug/kg	67	DS	5/4/01

ug/L: micrograms/Liter  
 mg/L: milligrams/Liter  
 mg/kg: milligrams/kilogram  
 ug/kg: micrograms/kilogram  
 ug/g: micrograms/gram  
 ppm: parts per million  
 ppb: parts per billion

<: less than  
 MCL: Maximum Contaminant Level  
 MDL: Method Detection Limit  
 LSPC: result less than lower specification  
 USPC: result greater than upper specification  
 TIE: Tentatively Identified or Estimated  
 >: greater than

**SAMPLE COMMENTS:**

  
 Approved By: \_\_\_\_\_

**BUREAU OF POLLUTION CONTROL  
SAMPLE REQUEST FORM**

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

I. **GENERAL INFORMATION:** Facility Name Kuhlman Electric Corp.  
 County Code 029 NPDES Permit No. \_\_\_\_\_  
 Discharge No. \_\_\_\_\_ Date Requested 4-19-01  
 Sample Point Identification PKP-RFS-022  
 Requested By Gretchen SMITROVICH Data To Gretchen SMITROVICH  
 Type of Sample:  Grab  Composite (Flow) (Time) Other ( )

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

	Type	Parameters	Preservative	Date	Time
1.	<u>Soil</u>	<u>PCBs</u>		<u>4-18-01</u>	<u>1415</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 Samy Saizer Date 4-19-01 Time 1120  
 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 8103



MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

# CHAIN OF CUSTODY RECORD

OFFICE OF POLLUTION CONTROL P. O. Box 10385 Jackson, Mississippi 39288-0385

MSD	PROJECT LEADER <i>Grethchen Zmitrovich</i>	STATION LOCATION/DESCRIPTION <i>Paul Tellum excavation floor</i>		LAB USE ONLY
	PROJECT NAME/LOCATION <i>Kuhlmich Electric Crystal Springs</i>	SAMPLER <i>Chuck Peel</i>	STATION NO. / DATE / TIME <i>PP-4502 6/4-18 1417</i>	
<p>ESD SAMPLE TYPES</p> <ul style="list-style-type: none"> <li>1. SURFACE WATER</li> <li>2. GROUND WATER</li> <li>3. POTABLE WATER</li> <li>4. WASTEWATER</li> <li>5. LEACHATE</li> <li>11. OTHER</li> </ul>				
REMARKS			<p>DATA TO: <i>Grethchen Zmitrovich</i></p> <p>CIRCLE/ADD parameters desired. List no. of containers submitted.</p> <p>ANALYSIS</p> <p>VOLATILE METALS (PP) CYANIDE</p> <p>TAG NO./REMARKS</p> <p style="text-align: right;"><i>8103</i></p>	
<p>Scale Not Infract Upon Receipt By Lab      Custody Seals Infract at Lab</p>				
<p>RELINQUISHED BY: <i>Grethchen Zmitrovich</i>      DATE/TIME: <i>4-17-01</i>      RECEIVED BY: <i>Jerry Stangor</i></p> <p>RELINQUISHED BY: <i>Grethchen Zmitrovich</i>      DATE/TIME: <i>11:20</i>      RECEIVED BY: <i>Jerry Stangor</i></p>				

## FILE COPY

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 Kuhlman Electric Corp.  
 County Code 029 NPDES Permit No. \_\_\_\_\_  
 Discharge No. \_\_\_\_\_ Date Requested 4-19-01  
 Sample Point Identification PKP-SES-022  
 Requested By Vickie Mitrovich Data To Vickie Mitrovich  
 Type of Sample: Grab  Composite (Flow ) (Time ) Other ( ) \_\_\_\_\_

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

	Type	Parameters	Preservative	Date	Time
1.	<u>WT</u>	<u>PCH</u>	<u>---</u>	<u>4-18-01</u>	<u>1417</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 Sandy Sawyer Date 4-19-01 Time 1120  
 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 8103