



EBERLINE
SERVICES

EBERLINE ANALYTICAL CORPORATION
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INDOOR & RADIOLOGICAL
HEALTH BRANCH

2011 OCT 31 A 9:17

October 26, 2011

Mr. Adam Teekell
State of Hawaii – Department of Health
591 Ala Moana Blvd.
Honolulu, HI 96813

Ref: Water Sampling
Eberline Analytical S110083-8296

Dear Mr. Teekell:

Enclosed are results from the analyses of four water samples received at Eberline Analytical on October 18, 2011. The samples were analyzed for gamma emitting radionuclides. A "U" in the results column indicates that the nuclide was not detected greater than the indicated minimum detectable activity (MDA). No problems were encountered during the processing of the samples.

Regards,

Joseph Verville
Client Services Manager

NJV/mw
Enclosure: Report



RICHMOND, CA LABORATORY
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8296

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CLIENT State of Hawaii - Dept of Health
ADDRESS 591 Ala Moana Blvd.
Honolulu, HI 96813

PROJECT Water Sampling

SAMPLERS SIGNATURE: [Signature]

SAMPLE NO. 2 DATE 10/12 TIME 0945 LOCATION Makanaoa, HI

Purchase Order No. Credit card
PARAMETERS

Gamma Spec

SAMPLE TYPE OR MATRIX
Drinking water

CONTAINERS 1

TAT (in days) 1

OBSERVATIONS, COMMENTS, VOLUMES, SPECIAL OR ADDITIONAL TEST

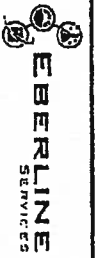
1) RELINQUISHED BY / DATE:	2) RECEIVED BY / DATE:	3) RELINQUISHED BY / DATE:	4) RECEIVED BY / DATE:	5) RELINQUISHED BY / DATE:	6) RECEIVED BY / DATE:	7) RELINQUISHED BY / DATE:	8) RECEIVED BY / DATE:
<u>[Signature]</u> 10/18/11	<u>[Signature]</u> 10/18/11						
COMPANY: <u>Hawaiian - DOH</u>	COMPANY: <u>EBERLINE</u>	COMPANY:	COMPANY:	COMPANY:	COMPANY:	COMPANY:	COMPANY:

Total No. of Containers:

Method of Shipment:

SPECIAL SHIPMENT, HANDLING, STORAGE REQUIREMENTS, OR POSSIBLE HAZARDS

Eberline Services, Inc. - Richmond, CA Laboratory 2030 Wright Avenue P. O. Box 4040 Richmond, CA 94804-0040 Tel (510) 235-2633 Fax (510) 235-0438



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CLIENT <u>State of Hawaii - Dept. of Health</u>		ADDRESS <u>591 Ala Moana Blvd.</u>		ADDRESS <u>Honolulu, HI 96813</u>		PROJECT <u>Water Sampling</u>		PURCHASE ORDER NO. <u>Credit Card</u>		PARAMETERS		# CONTAINERS		TAT (in days) <u>21</u>	
SAMPLERS SIGNATURE: <u>Sharon McLaughlin</u>		DATE: <u>10/31/11</u>		TIME: <u>1030am</u>		LOCATION: <u>Hawaii Volcanoes National Park Restroom</u>		SAMPLE TYPE OR MATRIX: <u>Game Spec</u>		OBSERVATIONS, COMMENTS, VOLUMES, SPECIAL OR ADDITIONAL TEST		1			
1) RELINQUISHED BY / DATE: <u>Sharon McLaughlin 10/31/11</u>		2) RECEIVED BY / DATE: <u>Wey 10/18/11</u>		3) RELINQUISHED BY / DATE:		4) RECEIVED BY / DATE:		5) RELINQUISHED BY / DATE:		6) RECEIVED BY / DATE:		7) RELINQUISHED BY / DATE:		8) RECEIVED BY / DATE:	
COMPANY: <u>DDH - Safe Drinking Water Board</u>		COMPANY: <u>EMERLUDE</u>		COMPANY:		COMPANY:		COMPANY:		COMPANY:		COMPANY:		COMPANY:	
Total No. of Containers: <u>1</u>		Method of Shipment: <u>FedEx</u>		SPECIAL SHIPMENT, HANDLING, STORAGE REQUIREMENTS, OR POSSIBLE HAZARDS											

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RICHMOND, CA LABORATORY

SAMPLE RECEIPT CHECKLIST

Client: STATE OF HAWAII/DOH City HONOLULU State HI

Date/Time received 10/18/11 0930 CoC No. WATER SAMPLING

Container I.D. No. PROXES Requested TAT (Days) 12 P.O. Received Yes [] No []

INSPECTION

1. Custody seals on shipping container intact? Yes [] No [] N/A [x]
2. Custody seals on shipping container dated & signed? Yes [] No [] N/A [x]
3. Custody seals on sample containers intact? Yes [] No [] N/A [x]
4. Custody seals on sample containers dated & signed? Yes [] No [] N/A [x]
5. Packing material is: Wet [] Dry [x]
6. Number of samples in shipping container: 4 Sample Matrix W
7. Number of containers per sample: 1 (Or see CoC _____)
8. Samples are in correct container Yes [x] No []
9. Paperwork agrees with samples? Yes [x] No []
10. Samples have: Tape [] Hazard labels [] Rad labels [] Appropriate sample labels [x]
11. Samples are: In good condition [x] Leaking [] Broken Container [] Missing []
12. Samples are: Preserved [] Not preserved [x] pH 6-7 Preservative _____
13. Describe any anomalies:

14. Was P.M. notified of any anomalies? Yes [] No [] Date _____

15. Inspected by [Signature] Date: 10/18/11 Time: 1030

Customer Sample No.	Beta/Gamma com	Ion Chamber mR/hr	Wide	Customer Sample No.	Beta/Gamma com	Ion Chamber mR/hr	Wide
<u>See Skerples</u>	<u>LSO</u>						

Ion Chamber Ser. No. _____
Alpha Meter Ser. No. _____
Beta/Gamma Meter Ser. No. 99574

Calibration date _____
Calibration date _____
Calibration date 15 JUL 11