



Neilson Research Corporation
245 S Grape St
Medford, OR 97501
TEL: (541) 770-5678 FAX: (541) 770-2901
Website: www.nrclabs.com

December 01, 2023

Steven Haney
City of Sweet Home
1400 24th Ave
Sweet Home, OR 97386
TEL: (541) 730-1845
FAX

RE: 1 Mercury-New

Order No.: 23111031

Dear Steven Haney:

Neilson Research Corporation received 1 sample(s) on 11/29/2023 for the analyses presented in the following report.

The results relate only to the parameters tested or to the sample as received by the laboratory. This report shall not be reproduced except in full, without the written approval of Neilson Research Corporation. If you have any questions regarding these test results, please feel free to call.

Sincerely,
Neilson Research Corporation

Tamra Schmedemann
Senior Project Manager
245 S Grape St
Medford, OR 97501



Original



**NEILSON
RESEARCH
CORPORATION**

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Case Narrative

WO#: 23111031
Date: 12/1/2023

CLIENT: City of Sweet Home

Project: 1 Mercury-New

The analyses were performed according to the guidelines in the Neilson Research Corporation Quality Assurance Program. This report contains analytical results for the sample(s) as received by the laboratory.

Neilson Research Corporation certifies that this report is in compliance with the requirements of NELAP. No unusual difficulties were experienced during analysis of this batch except as noted below or qualified with data flags on the reports.

Original



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Analytical Report

WO#: 23111031
 Date Reported: 12/1/2023

CLIENT: City of Sweet Home	Collection Date: 11/28/2023 4:00:00 PM
Lab ID: 23111031-01	Received Date: 11/29/2023 9:23:00 AM
Client Sample ID: WTP_Mercury	Matrix: DRINKING WATER
Project: 1 Mercury-New	PWS #: 41-00851
Sample Location: Grab	Source ID:
Sample Address:	Sample Collector: STEVEN HANEY
	Residual Chlorine:

Analyses	Method	NELAP Status	Result Qual	DF	RL Units	EPA Date Limit Analyzed	Analyst
Mercury	E245.1	A	ND	1	0.000200 mg/L	0.00200 11/30/23 14:53	CBB

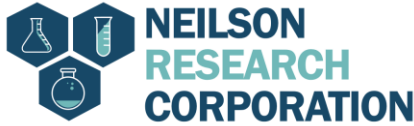
QUALIFIERS

CI	Sample container temperature is out of limit as specified at testcode	H	Holding times for preparation or analysis exceeded
MI	Recovery outside control limits due to Matrix Interference	ND	Not Detected at the Reporting Limit
PL	Permit Limit		

Original

NELAP


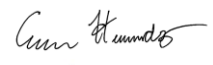

NELAP A Accredited in accordance with NELAP ORELAP 100016, OR-028



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Sample Log-In Check List

Client Name: **SWEETHOME,CITY** Work Order Number: **23111031** RcptNo: **1**

Logged by:	Dorie Evans	11/29/2023 9:23:00 AM	
Completed By:	Erin Hernandez	11/30/2023 8:54:00 AM	
Reviewed By:	Tamra Schmedemann	12/1/2023 2:57:11 PM	

Chain of Custody

1. Is Chain of Custody complete? Yes No Not Present
 2. How was the sample delivered? Client

Log In

3. Coolers are present? Yes No NA
 4. Shipping container/cooler in good condition? Yes No
 Custody seals intact on shipping container/cooler? Yes No Not Present
 No. Seal Date: Signed By:
 5. Was an attempt made to cool the samples? Yes No NA
 6. Were all samples received at a temperature of >0° C to 6.0°C Yes No NA
 7. Sample(s) in proper container(s)? Yes No
 8. Sufficient sample volume for indicated test(s)? Yes No
 9. Are samples (except VOA and ONG) properly preserved? Yes No
 10. Was preservative added to bottles? Yes No NA
 11. Is the headspace in the VOA vials less than 1/4 inch or 6 mm? Yes No No VOA Vials
 12. Were any sample containers received broken? Yes No
 13. Does paperwork match bottle labels? Yes No
 (Note discrepancies on chain of custody)
 14. Are matrices correctly identified on Chain of Custody? Yes No
 15. Is it clear what analyses were requested? Yes No
 16. Were all holding times able to be met? Yes No
 (If no, notify customer for authorization.)

Special Handling (if applicable)

17. Was client notified of all discrepancies with this order? Yes No NA

Person Notified:	<input type="text"/>	Date	<input type="text"/>
By Whom:	<input type="text"/>	Via:	<input type="checkbox"/> eMail <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> In Person
Regarding:	<input type="text"/>		
Client Instructions:	<input type="text"/>		

18. Additional remarks:

Cooler Information

Cooler No	Temp °C	Condition	Seal Intact	Seal No	Seal Date	Signed By
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Chain of Custody Record

This Chain of Custody is a LEGAL DOCUMENT and must be filled out accurately.

RUSH

Section A Required Client Information		Section B Required Project Information		Section C Invoice Information		Section D Rush Status (Subject to Scheduling)	
Company: <u>City of Sweet Home</u>		Project Name: <u>Mercury - New</u>		Attention: <u>Steven L Honey</u>		Standard: 10 Business Days	
Address: <u>1400 24th Ave</u> <u>Sweet Home Or 97386</u>		Project Number: <u>1</u>		Company Name: <u>City of Sweet Home</u>		Priority: 5 Business Days (List x 1.50)	
Email: <u>shaney@sweethomeor.gov</u>		Report To: <u>shaney@sweethomeor.gov</u>		Address: <u>Same</u>		<input checked="" type="checkbox"/> Express: 3 Business Days (List x 1.75) ERROR	
Phone: <u>541 730 1845</u> Fax: <u>N/A</u>		Copy To: <u>gspringman@sweethomeor.gov</u>		P.O. #		<input checked="" type="checkbox"/> Rush: 2 Business Days (List x 2.00) DE 11/29/23	
Collected By (Print): <u>Steven L Honey</u>						Rush: 1 Business Day (List x 2.50)	
Collected By (Sign): <u>[Signature]</u>						<input checked="" type="checkbox"/> Rush: Same Day (List x 3.00) CLIENT ERROR	
Email Report <input checked="" type="checkbox"/> Mail Report ___ Fax Report ___						Authorized ___ Yes ___ No	

Section E Sample Information					Analysis Requested										NRC Workorder # (Lab Use Only)					
Sample ID	Comp/Grab	Matrix*	Date Collected	Time Collected	No. of Containers													Remarks / Field Data	NRC Sample # (Lab Use Only)	(Lab)
<u>WTP_MERCURY</u>	<u>Grab</u>	<u>DW</u>	<u>11/28/23</u>	<u>1600</u>	<u>1</u>	<u>X</u>													<u>01</u>	

*Matrix: DW - Drinking Water WW - Wastewater W - Water S - Soil/Solid SL - Sludge O - Oil WP - Wipe OT - Other

Section F Relinquish/Receive		Sign	Print	Date	Time
Relinquished By:	<u>[Signature]</u>		<u>Steven Honey</u>	<u>11/29/23</u>	<u>09:23</u>
Received By:					
Relinquished By:					
Received By:					
Relinquished By:	<u>[Signature]</u>		<u>Dorie Evans</u>	<u>11/29/23</u>	<u>9:23</u>
Received By Laboratory:	<u>[Signature]</u>				

Section G Lab Use Only	
Temp: <u>AMB</u>	IR Therm ID:
≤6°C: ___ Yes ___ No <u>N/A</u>	
Received on Ice: ___ Yes ___ No <u>N/A</u>	
Number of Bottles Received: <u>7</u>	
pH Checked: <u>-</u>	
COC Seals Intact: ___ Yes ___ No <u>(NA)</u>	
Field Blank Included: ___ Yes ___ No <u>(No)</u>	

Received Via ___ UPS ___ FedEx ___ Other Hand

Payment: Invoice ___ Cash ___ VISA, M/C ___ Check # ___ Amount 6800

ERROR
DE 11/29/23

PAID