



November 28, 2012

Mr. Brian Salem
NMED Hazardous Waste Bureau
5500 San Antonio Drive NE
Albuquerque, NM. 87109

Re: ALS Workorder: 12-11-190
Project Name: KAFB – BFF 4Q12
Project Number: None Submitted

Dear Mr. Salem:

Two water samples were received from NMED Hazardous Waste Bureau on November 14, 2012. The samples were scheduled for the following analysis:

GC/MS Volatiles pages 1-20

Analysis subcontracted to ALS Environmental in Houston, TX:
Dibromoethane

The results for this analysis are contained in the enclosed reports.

Thank you for your confidence in ALS Environmental. Should you have any questions, please call.

Sincerely,

ALS Environmental
Lance Steere
Senior Project Manager

LRS/erl
Enclosure (s): Report

ADDRESS 225 Commerce Drive, Fort Collins, Colorado, USA 80524 | PHONE +1 970 490 1511 | FAX +1 970 490 1522

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Environmental

www.alsglobal.com

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ALS is accredited by the following accreditation bodies for various testing scopes in accordance with requirements of each accreditation body. All testing is performed under the laboratory management system, which is maintained to meet these requirement and regulations. Please contact the laboratory or accreditation body for the current scope testing parameters.

Accreditation Body	License or Certification Number
Washington	C1280
Utah	CO00078
Arizona	AZ0742
Alaska	UST-086
Alaska	CO00078
Florida	E87914
Missouri	175
North Dakota	R-057
New Jersey	CO003
Nevada	CO000782008A
California	06251CA
Kansas	E-10381
Maryland	285
Pennsylvania	68-03116
Texas	T104704241-09-1
Colorado	CO00078
Connecticut	PH-0232
Idaho	CO00078
Tennessee	2976
Kentucky	90137
L-A-B (DoD ELAP/ISO 17025)	L2257

ALS Environmental -- FC

Sample Number(s) Cross-Reference Table

OrderNum: 1211190

Client Name: NMED Hazardous Waste Bureau

Client Project Name: KAFB - BFF 4Q12

Client Project Number:

Client PO Number: 20-667-00-16004

Client Sample Number	Lab Sample Number	COC Number	Matrix	Date Collected	Time Collected
106203A	1211190-1		WATER	13-Nov-12	12:23
106204A	1211190-2		WATER	13-Nov-12	15:04



ALS Laboratory Group

225 Commerce Drive, Fort Collins, Colorado 80524
TF: (800) 448-1511 PH: (970) 490-1511 FX: (970) 490-1522

Chain-of-Custody

Form 2026

WORKORDER: 1211190
PAGE: 1 of 1

PROJECT NAME: KATB BFF Q4
PROJECT NO.:
COMPANY NAME: NMEB / HWB
SEND REPORT TO: Brian Salen
ADDRESS: 5500 San Antonio NF
CITY/STATE/ZIP: Alb, NM 87109
PHONE: 505-222-9576
FAX:
E-MAIL:

SAMPLER: Solen
SITE ID: KAFB-BFF
EDD/FORMAT:
PURCHASE ORDER:
BILL TO COMPANY: NMEB / HWB
INVOICE/ATTN TO: Dave Coburn
ADDRESS: 2905 Bodeo Park Dr
CITY/STATE/ZIP: Santa Fe, NM 87505
PHONE: 505-476-6055
FAX:
E-MAIL:

DATE: 11-13-12
TURNAROUND: 48 Hours
DISPOSAL: By Lab for
Return to Client:

Lab ID	Field ID	Matrix	Sample Date	Sample Time	# Bottles	Pres.	QC
①	106 203 A	W	11/13/12	12:23	3	1	X
②	106 203 B	W	11/13/12	12:23	3	1	X
	106 204 A	W	11/13/12	15:04	3	1	X

*Time Zone (Circle): EST CST MST PST Matrix: O = oil S = soil NS = non-soil solid L = liquid E = extract F = filter
For metals or anions, please detail analytes below.

Comments:

RELINQUISHED BY: [Signature]
RECEIVED BY: S. Branswick
RELINQUISHED BY: [Signature]
RECEIVED BY: Lauren Schmitz
RELINQUISHED BY:
RECEIVED BY:
RELINQUISHED BY:
RECEIVED BY:

PRINTED NAME: S. Branswick
DATE: 11/13/12
DATE: 11/14/12
TIME: 16:00
TIME: 0945

OC PACKAGE (check below)
LEVEL II (Standard OC)
LEVEL III (Std OC + forms)
LEVEL IV (Std OC + forms + raw data)

Preservative Key: 1-HCl 2-HNO3 3-H2SO4 4-NaOH 5-NaHSO4 7-Other 8-4 degrees C 9-5035



ALS Environmental - Fort Collins
CONDITION OF SAMPLE UPON RECEIPT FORM

Client: NMED
Project Manager: LRS

Workorder No: 121190
Initials: LAS Date: 11/14/12

1. Does this project require any special handling in addition to standard ALS procedures?		YES	<input checked="" type="radio"/> NO
2. Are custody seals on shipping containers intact?	NONE	<input checked="" type="radio"/> YES	NO
3. Are Custody seals on sample containers intact?	<input checked="" type="radio"/> NONE	YES	NO
4. Is there a COC (Chain-of-Custody) present or other representative documents?		<input checked="" type="radio"/> YES	NO
5. Are the COC and bottle labels complete and legible?		<input checked="" type="radio"/> YES	NO
6. Is the COC in agreement with samples received? (IDs, dates, times, no. of samples, no. of containers, matrix, requested analyses, etc.)		<input checked="" type="radio"/> YES	NO
7. Were airbills / shipping documents present and/or removable?	DROP OFF	<input checked="" type="radio"/> YES	NO
8. Are all aqueous samples requiring preservation preserved correctly? (excluding volatiles)	<input checked="" type="radio"/> N/A	YES	NO
9. Are all aqueous non-preserved samples pH 4-9?	<input checked="" type="radio"/> N/A	YES	NO
10. Is there sufficient sample for the requested analyses?		<input checked="" type="radio"/> YES	NO
11. Were all samples placed in the proper containers for the requested analyses?		<input checked="" type="radio"/> YES	NO
12. Are all samples within holding times for the requested analyses?		<input checked="" type="radio"/> YES	NO
13. Were all sample containers received intact? (not broken or leaking, etc.)		<input checked="" type="radio"/> YES	NO
14. Are all samples requiring no headspace (VOC, GRO, RSK/MEE, Rx CN/S, radon) headspace free? Size of bubble: ___ < green pea ___ > green pea	N/A	YES	<input checked="" type="radio"/> NO *
15. Do any water samples contain sediment? Amount of sediment: ___ dusting ___ moderate ___ heavy	Amount N/A	YES	<input checked="" type="radio"/> NO
16. Were the samples shipped on ice?		<input checked="" type="radio"/> YES	NO
17. Were cooler temperatures measured at 0.1-6.0°C? IR gun used*: <input checked="" type="radio"/> #2 #4	RAD ONLY	<input checked="" type="radio"/> YES	NO
Cooler #: <u>1</u>			
Temperature (°C): <u>1.4</u>			
No. of custody seals on cooler: <u>2</u>			
External µR/hr reading: <u>11</u>			
Background µR/hr reading: <u>11</u>			
Were external µR/hr readings ≤ two times background and within DOT acceptance criteria? <input checked="" type="radio"/> YES / NO / NA (If no, see Form 008.)			

Additional Information: PROVIDE DETAILS BELOW FOR A NO RESPONSE TO ANY QUESTION ABOVE, EXCEPT #1 AND #16.

*14 (211190-1-1 (106203A) } all arrived with headspace
 ↓ 1-2 ↓ } ≤ pea-size
 ↓ 1-3 ↓ }

If applicable, was the client contacted? YES / NO / NA Contact: _____ Date/Time: _____

Project Manager Signature / Date: [Signature] 11/14/12

