



RON CHAPMAN, MD, MPH
Director

State of California - Health and Human Services Agency
California Department of Public Health

Drinking Water and Radiation Laboratory Branch

850 Marina Bay Parkway, Richmond, CA 94804
Phone: (510) 620-2911 Fax: (510) 620-2940



EDMUND G. BROWN JR.
Governor

FINAL Analysis Results Report for Task ID. N11-0952

Analyst: Angela Tan

Analysis Approved By: Shiyamalie Ruberu

Analysis Approval Date: 11/16/2011

Requestor

Name: Steve Hsu

Organization: Radiologic Health Branch

Address: MS 7610, 1500 Capitol Avenue

City: Sacramento

State: CA

Zip Code: 95814-5006 Phone: 916-440-7940

Site and Sample Information

Collector's Name: Robert Moore

Date/Time Collected: 10/11/2011 11:50 Date/Time Received: 10/13/2011 09:30

Site Name: San Onofre NPP

Source Name: Biota / 4th Qtr 2011

R Number: R 92516

Sample Type: Fish/Shellfish

<u>Sample ID</u>	<u>Sampling Point</u>	<u>Method</u>	<u>Parameter</u>	<u>Result ± CE</u>	<u>MDA₉₅</u>	<u>Units</u>
N11-0952-001	Blacksmith	HASL Ga-01-R	Dry Wt./Wet Wt.	0.102 ±		
N11-0952-001	Blacksmith	HASL Ga-01-R	K-40	15.7 ± 0.401	0.564	pCi/g dry wt

1. Precision criteria for these methods were determined to be acceptable.
 2. CE is the counting error at the 95% confidence level as defined in Prescribed Procedures for Measurement of Radioactivity in Drinking Water, EPA-600/4-80-032, August 1980
 3. MDA₉₅ is the sample specific minimum detectable activity at the 95% confidence level, which is the LLD₉₅ divided by 2.22, the efficiency and the yield, and may include factors for abundance, decay and ingrowth, depending on the particular radionuclide. LLD₉₅ is defined in section 7020C, Standard Methods for the Examination of Water and Wastewater, American Water Works Association, 21st Ed., 2005, where Sb is the square root of the instrument background count rate.

REQUEST FOR SAMPLE ANALYSIS (Radiochemical)

Sanitation and Radiation Laboratories Branch 850 Marina Bay Parkway, G164 Richmond, CA 94804 510-620-2911	Date Received <u>10/13/11</u>	Lab No. (Leave Blank) <u>N11-0952</u>
	Date & Time Sampled <u>10/11/11 11:50</u>	Serial Number <u>R 92516</u>
Collector Information Name: Dept./Branch: Address: Telephone No.:	Reporting Information Name: Dept./Branch: Address: Telephone No.:	
Sample Information System Name / Facility: Sampling Point (s): System No.:	Billing Agency <input type="checkbox"/> DWFOB () <input type="checkbox"/> RHB <input type="checkbox"/> RWQCB () <input type="checkbox"/> DTSC <input type="checkbox"/> DWTPB <input type="checkbox"/> FDB <input type="checkbox"/> DWR <input type="checkbox"/> CDFG <input type="checkbox"/> EMB <input type="checkbox"/> Other (Specify) _____	

TYPE OF SAMPLE (Check all applicable boxes)

Drinking Water Groundwater Surface Water Wastewater
 Raw Water Treatment Plant (WTP) Distribution System Point of Use (POU)

Treated (circle one): Chlorinated / Chloraminated / Chlorine Dioxide / Ozonated / Peroxzone / Fluoridated / Coagulated / pH Adjusted

Air Filters Date/Time _____ Seawater Sludge (Semi-solid Samples)
 Finishing: _____ Milk Soil/Sediment
 Starting: _____ Wipes Biota (Type): Chromites
 Net (M³) _____ Radon Canister Other: point of use (blacksmith)

Air Charcoal Cartridge

COMMENTS: (Cautions, etc.): _____

Field Treatment: Preservatives added: _____ Iced/Frozen: _____ Other: _____
 Field Measurement: _____ mR/hr Radionuclide(s), if known: _____
 Rush/Priority (should be prearranged and have supervisory approval)

ANALYSIS REQUESTED (For questions, please call 510-620-2911)

Gross Alpha Gross Beta Gamma Scan
 Total Uranium Total Beta (LSC) NORM (Gamma)
 Total Radium Tritium (³H) Isotopic Americium / Curium
 Radium-226 Carbon-14 Isotopic Plutonium
 Radium-228 Iodine-131 Isotopic Thorium
 Radon-222 Strontium-89, 90 Isotopic Uranium
 Other (Specify); _____ Nickel-63 Iron-55

CHAIN OF CUSTODY

1.	Date _____	Name (Print) _____	Date _____	
	Time Custody Received _____	Organization _____	Signature _____	Time Custody Released _____
2.	Date _____	Name (Print) _____	Date _____	
	Time Custody Received _____	Organization _____	Signature _____	Time Custody Released _____
3.	Date <u>10/13/11</u>	Name (Print) <u>VA</u>	Date _____	
	Time Custody Received <u>9:30</u>	Organization <u>DWRLB</u>	Signature <u>Victoria M. Al...</u>	Time Custody Released _____

LABORATORY REMARKS (Leave Blank)

A. Condition at Time of Receipt:

Acceptable Broken Container Leaked in Transit Improper Container
 Holding Time Exceeded Sample Not Cooled Insufficient Sample

B. Preservatives/Carriers:

Added While Sampling Added in Laboratory Not Added Not Applicable



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EDMUND G. BROWN JR.
Governor

FINAL Analysis Results Report for Task ID. N11-0951

Analyst: Angela Tan

Analysis Approved By: Shiyamalie Ruberu

Analysis Approval Date: 11/16/2011

Requestor

Name: Steve Hsu

Organization: Radiologic Health Branch

Address: MS 7610, 1500 Capitol Avenue

City: Sacramento

State: CA

Zip Code: 95814-5006 Phone: 916-440-7940

Site and Sample Information

Collector's Name: Robert Moore

Date/Time Collected: 10/11/2011 09:15 Date/Time Received: 10/13/2011 09:30

Site Name: San Onofre NPP

Source Name: Biota / 4th Qtr 2011

R Number: R 92515

Sample Type: Fish/Shellfish

<u>Sample ID</u>	<u>Sampling Point</u>	<u>Method</u>	<u>Parameter</u>	<u>Result ± CE</u>	<u>MDA₉₅</u>	<u>Units</u>
N11-0951-001	Sheephead	HASL Ga-01-R	Dry Wt./Wet Wt.	0.229 ±		
N11-0951-001	Sheephead	HASL Ga-01-R	K-40	17.8 ± 0.419	0.451	pCi/g dry wt

1. Precision criteria for these methods were determined to be acceptable.
 2. CE is the counting error at the 95% confidence level as defined in Prescribed Procedures for Measurement of Radioactivity in Drinking Water, EPA-600/4-80-032, August 1980
 3. MDA₉₅ is the sample specific minimum detectable activity at the 95% confidence level, which is the LLD₉₅ divided by 2.22, the efficiency and the yield, and may include factors for abundance, decay and ingrowth, depending on the particular radionuclide. LLD₉₅ is defined in section 7020C, Standard Methods for the Examination of Water and Wastewater, American Water Works Association, 21st Ed., 2005, where Sb is the square root of the instrument background count rate.

REQUEST FOR SAMPLE ANALYSIS (Radiochemical)

Sanitation and Radiation Laboratories Branch 850 Marina Bay Parkway, G164 Richmond, CA 94804 510-620-2911	Date Received 10/3/11	Lab No. (Leave Blank) N11-0951
	Date & Time Sampled 10/11/11 9:15	Serial Number R 92515
Collector Information Name: Dept./Branch: Robert Moore Address: Telephone No.:	Reporting Information Name: Dept./Branch: Address: Telephone No.:	
Sample Information System Name / Facility: Souags Sampling Point (s): Unit 2/3 Outfall System No.:	Billing Agency <input type="checkbox"/> DWFOB () <input type="checkbox"/> RHB <input type="checkbox"/> RWQCB () <input type="checkbox"/> DTSC <input type="checkbox"/> DWTPB <input type="checkbox"/> FDB <input type="checkbox"/> DWR <input type="checkbox"/> CDFG <input type="checkbox"/> EMB <input type="checkbox"/> Other (Specify) _____	

TYPE OF SAMPLE (Check all applicable boxes)

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Drinking Water | <input type="checkbox"/> Groundwater | <input type="checkbox"/> Surface Water | <input type="checkbox"/> Wastewater |
| <input type="checkbox"/> Raw | <input type="checkbox"/> Water Treatment Plant (WTP) | <input type="checkbox"/> Distribution System | <input type="checkbox"/> Point of Use (POU) |
| <input type="checkbox"/> Treated (circle one): Chlorinated / Chloraminated / Chlorine Dioxide / Ozonated / Peroxzone / Fluoridated / Coagulated / pH Adjusted | | | |
| <input type="checkbox"/> Air Filters | Date/Time _____ | <input type="checkbox"/> Seawater | <input type="checkbox"/> Sludge (Semi-solid Samples) |
| Finishing: _____ | _____ | <input type="checkbox"/> Milk | <input type="checkbox"/> Soil/Sediment |
| Starting: _____ | _____ | <input type="checkbox"/> Wipes | <input checked="" type="checkbox"/> Biota (Type): Semiossophus |
| Net (M ³) _____ | _____ | <input type="checkbox"/> Radon Canister | <input type="checkbox"/> Other: pulcher (sheephead) |
| <input type="checkbox"/> Air Charcoal Cartridge | | | col mussel |

COMMENTS: (Cautions, etc.): _____

- Field Treatment: Preservatives added: _____ Iced/Frozen: _____ Other: _____
- Field Measurement: _____ mR/hr Radionuclide(s), if known: _____
- Rush/Priority (should be prearranged and have supervisory approval)

ANALYSIS REQUESTED (For questions, please call 510-620-2911)

- | | | |
|-------------------------------------------------|----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Gross Alpha | <input type="checkbox"/> Gross Beta | <input type="checkbox"/> Gamma Scan |
| <input type="checkbox"/> Total Uranium | <input type="checkbox"/> Total Beta (LSC) | <input type="checkbox"/> NORM (Gamma) |
| <input type="checkbox"/> Total Radium | <input type="checkbox"/> Tritium (³ H) | <input type="checkbox"/> Isotopic Americium / Curium |
| <input type="checkbox"/> Radium-226 | <input type="checkbox"/> Carbon-14 | <input type="checkbox"/> Isotopic Plutonium |
| <input type="checkbox"/> Radium-228 | <input type="checkbox"/> Iodine-131 | <input type="checkbox"/> Isotopic Thorium |
| <input type="checkbox"/> Radon-222 | <input type="checkbox"/> Strontium-89, 90 | <input type="checkbox"/> Isotopic Uranium |
| <input type="checkbox"/> Other (Specify): _____ | <input type="checkbox"/> Nickel-63 | <input type="checkbox"/> Iron-55 |

CHAIN OF CUSTODY

1.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____		Time Custody Released _____
2.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____		Time Custody Released _____
3.	Date 10/13/11	Name (Print) UA	Signature _____	Date _____
	Time Custody Received 9:30	Organization DWR/B	Signature [Signature]	Time Custody Released _____

LABORATORY REMARKS (Leave Blank)

- A. Condition at Time of Receipt:**
- | | | | |
|------------------------------------------------|--------------------------------------------|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Acceptable | <input type="checkbox"/> Broken Container | <input type="checkbox"/> Leaked in Transit | <input type="checkbox"/> Improper Container |
| <input type="checkbox"/> Holding Time Exceeded | <input type="checkbox"/> Sample Not Cooled | <input type="checkbox"/> Insufficient Sample | |
- B. Preservatives/Carriers:**
- | | | | |
|-----------------------------------------------|----------------------------------------------|------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Added While Sampling | <input type="checkbox"/> Added in Laboratory | <input type="checkbox"/> Not Added | <input type="checkbox"/> Not Applicable |
|-----------------------------------------------|----------------------------------------------|------------------------------------|-----------------------------------------|



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EDMUND G. BROWN JR.
Governor

FINAL Analysis Results Report for Task ID. N11-0950

Analyst: Angela Tan

Analysis Approved By: Shiyamalie Ruberu

Analysis Approval Date: 11/16/2011

Requestor

Name: Steve Hsu

Organization: Radiologic Health Branch

Address: MS 7610, 1500 Capitol Avenue

City: Sacramento

State: CA

Zip Code: 95814-5006 Phone: 916-440-7940

Site and Sample Information

Collector's Name: Robert Moore

Date/Time Collected: 10/11/2011 13:50 Date/Time Received: 10/13/2011 09:30

Site Name: San Onofre NPP

Source Name: Biota / 4th Qtr 2011

R Number: R 92514

Sample Type: Fish/Shellfish

<u>Sample ID</u>	<u>Sampling Point</u>	<u>Method</u>	<u>Parameter</u>	<u>Result ± CE</u>	<u>MDA95</u>	<u>Units</u>
N11-0950-001	Cal Mussel	HASL Ga-01-R	Dry Wt./Wet Wt.	0.244 ±		
N11-0950-001	Cal Mussel	HASL Ga-01-R	K-40	16.5 ± 0.415	0.556	pCi/g dry wt

1. Precision criteria for these methods were determined to be acceptable.
2. CE is the counting error at the 95% confidence level as defined in Prescribed Procedures for Measurement of Radioactivity in Drinking Water, EPA-600/4-80-032, August 1980
3. MDA95 is the sample specific minimum detectable activity at the 95% confidence level, which is the LLD95 divided by 2.22, the efficiency and the yield, and may include factors for abundance, decay and ingrowth, depending on the particular radionuclide. LLD95 is defined in section 7020C, Standard Methods for the Examination of Water and Wastewater, American Water Works Association, 21st Ed., 2005, where Sb is the square root of the instrument background count rate.

REQUEST FOR SAMPLE ANALYSIS (Radiochemical)

Sanitation and Radiation Laboratories Branch 850 Marina Bay Parkway, G164 Richmond, CA 94804 510-620-2911	Date Received 10/13/11	Lab No. (Leave Blank) N11-0950
	Date & Time Sampled 10/11/11 13:50	Serial Number R 92514
Collector Information Name: Dept./Branch: Address: Telephone No.:	Reporting Information Name: Dept./Branch: Address: Telephone No.:	
Sample Information System Name / Facility: Sampling Point (s): System No.:	Billing Agency <input type="checkbox"/> DWFOB () <input type="checkbox"/> RHB <input type="checkbox"/> RWQCB () <input type="checkbox"/> DTSC <input type="checkbox"/> DWTPB <input type="checkbox"/> FDB <input type="checkbox"/> DWR <input type="checkbox"/> CDFG <input type="checkbox"/> EMB <input type="checkbox"/> Other (Specify) _____	

TYPE OF SAMPLE (Check all applicable boxes)

- Drinking Water Groundwater Surface Water Wastewater
- Raw Water Treatment Plant (WTP) Distribution System Point of Use (POU)
- Treated (circle one): Chlorinated / Chloraminated / Chlorine Dioxide / Ozonated / Peroxzone / Fluoridated / Coagulated / pH Adjusted
- Air Filters Date/Time Seawater Sludge (Semi-solid Samples)
- Finishing: _____ _____ Milk Soil/Sediment
- Starting: _____ _____ Wipes Biota (Type): Mytilus
- Net (M³) _____ _____ Radon Canister Other: californianus
- Air Charcoal Cartridge _____ _____ cal. mytilus

COMMENTS: (Cautions, etc.):

- Field Treatment: Preservatives added: _____ Iced/Frozen: _____ Other: _____
- Field Measurement: _____ mR/hr Radionuclide(s), if known: _____
- Rush/Priority (should be prearranged and have supervisory approval)

ANALYSIS REQUESTED (For questions, please call 510-620-2911)

- Gross Alpha Gross Beta Gamma Scan
- Total Uranium Total Beta (LSC) NORM (Gamma)
- Total Radium Tritium (³H) Isotopic Americium / Curium
- Radium-226 Carbon-14 Isotopic Plutonium
- Radium-228 Iodine-131 Isotopic Thorium
- Radon-222 Strontium-89, 90 Isotopic Uranium
- Other (Specify): _____ Nickel-63 Iron-55

CHAIN OF CUSTODY

1.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____	Time Custody Released _____
2.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____	Time Custody Released _____
3.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____	Time Custody Released _____

LABORATORY REMARKS (Leave Blank)

- A. Condition at Time of Receipt:
- Acceptable Broken Container Leaked in Transit Improper Container
 - Holding Time Exceeded Sample Not Cooled Insufficient Sample
- B. Preservatives/Carriers:
- Added While Sampling Added in Laboratory Not Added Not Applicable



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California Department of Public Health

Drinking Water and Radiation Laboratory Branch

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EDMUND G. BROWN JR.
Governor

FINAL Analysis Results Report for Task ID. N11-0949

Analyst: Angela Tan

Analysis Approved By: Shiyamalie Ruberu

Analysis Approval Date: 11/16/2011

Requestor

Name: Steve Hsu

Organization: Radiologic Health Branch

Address: MS 7610, 1500 Capitol Avenue

City: Sacramento

State: CA

Zip Code: 95814-5006 Phone: 916-440-7940

Site and Sample Information

Collector's Name: Robert Moore

Date/Time Collected: 10/11/2011 14:20 Date/Time Received: 10/13/2011 09:30

Site Name: San Onofre NPP

Source Name: Biota / 4th Qtr 2011

R Number: R 92513

Sample Type: Fish/Shellfish

<u>Sample ID</u>	<u>Sampling Point</u>	<u>Method</u>	<u>Parameter</u>	<u>Result ± CE</u>	<u>MDA₉₅</u>	<u>Units</u>
N11-0949-001	Cal Spiny Lobster	HASL Ga-01-R	Dry Wt./Wet Wt.	0.264 ±		
N11-0949-001	Cal Spiny Lobster	HASL Ga-01-R	K-40	12.8 ± 0.312	0.387	pCi/g dry wt

1. Precision criteria for these methods were determined to be acceptable.
 2. CE is the counting error at the 95% confidence level as defined in Prescribed Procedures for Measurement of Radioactivity in Drinking Water, EPA-600/4-80-032, August 1980
 3. MDA₉₅ is the sample specific minimum detectable activity at the 95% confidence level, which is the LLD₉₅ divided by 2.22, the efficiency and the yield, and may include factors for abundance, decay and ingrowth, depending on the particular radionuclide. LLD₉₅ is defined in section 7020C, Standard Methods for the Examination of Water and Wastewater, American Water Works Association, 21st Ed., 2005, where Sb is the square root of the instrument background count rate.

REQUEST FOR SAMPLE ANALYSIS (Radiochemical)

Sanitation and Radiation Laboratories Branch 850 Marina Bay Parkway, G164 Richmond, CA 94804 510-620-2911	Date Received <u>10/13/11</u>	Lab No. (Leave Blank) <u>N11-0949</u>
	Date & Time Sampled <u>10/11/11 14:20</u>	Serial Number <u>R 92513</u>
Collector Information Name: Dept./Branch: <u>Robert Moore</u> Address: Telephone No.:	Reporting Information Name: Dept./Branch: Address: Telephone No.:	
Sample Information System Name / Facility: <u>San Onofre,</u> Sampling Point (s): <u>unit 3 outfall</u> System No.:	Billing Agency <input type="checkbox"/> DWFOB () <input type="checkbox"/> RHB <input type="checkbox"/> RWQCB () <input type="checkbox"/> DTSC <input type="checkbox"/> DWTPB <input type="checkbox"/> FDB <input type="checkbox"/> DWR <input type="checkbox"/> CDFG <input type="checkbox"/> EMB <input type="checkbox"/> Other (Specify) _____	

TYPE OF SAMPLE (Check all applicable boxes)

- Drinking Water Groundwater Surface Water Wastewater
- Raw Water Treatment Plant (WTP) Distribution System Point of Use (POU)
- Treated (circle one): Chlorinated / Chloraminated / Chlorine Dioxide / Ozonated / Peroxzone / Fluoridated / Coagulated / pH Adjusted
- Air Filters Date/Time Seawater Sludge (Semi-solid Samples)
- Finishing: _____ Milk Soil/Sediment
- Starting: _____ Wipes Biota (Type): Panulirus
- Net (M³) _____ Radon Canister Other: interruptus
- Air Charcoal Cartridge

Cal spiny lobster

COMMENTS: (Cautions, etc.): _____

- Field Treatment: Preservatives added: _____ Iced/Frozen: _____ Other: _____
- Field Measurement: _____ mR/hr Radionuclide(s), if known: _____
- Rush/Priority (should be prearranged and have supervisory approval)

ANALYSIS REQUESTED (For questions, please call 510-620-2911)

- Gross Alpha Gross Beta Gamma Scan
- Total Uranium Total Beta (LSC) NORM (Gamma)
- Total Radium Tritium (³H) Isotopic Americium / Curium
- Radium-226 Carbon-14 Isotopic Plutonium
- Radium-228 Iodine-131 Isotopic Thorium
- Radon-222 Strontium-89, 90 Isotopic Uranium
- Other (Specify): _____ Nickel-63 Iron-55

CHAIN OF CUSTODY

1.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____		Time Custody Released _____
2.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____		Time Custody Released _____
3.	Date <u>10/13/11</u>	Name (Print) <u>UA</u>	Signature <u>[Signature]</u>	Date _____
	Time Custody Received <u>9:30</u>	Organization <u>DWRI</u>		Time Custody Released _____

LABORATORY REMARKS (Leave Blank)

- A. Condition at Time of Receipt:**
- Acceptable Broken Container Leaked in Transit Improper Container
 - Holding Time Exceeded Sample Not Cooled Insufficient Sample
- B. Preservatives/Carriers:**
- Added White Sampling Added in Laboratory Not Added Not Applicable



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Director

State of California - Health and Human Services Agency
California Department of Public Health

Drinking Water and Radiation Laboratory Branch

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EDMUND G. BROWN JR.
Governor

FINAL Analysis Results Report for Task ID. N11-0948

Analyst: Angela Tan

Analysis Approved By: Shiyamalie Ruberu

Analysis Approval Date: 11/16/2011

Requestor

Name: Steve Hsu

Organization: Radiologic Health Branch

Address: MS 7610, 1500 Capitol Avenue

City: Sacramento

State: CA

Zip Code: 95814-5006 Phone: 916-440-7940

Site and Sample Information

Collector's Name: Robert Moore

Date/Time Collected: 10/10/2011 11:25 Date/Time Received: 10/13/2011 09:30

Site Name: San Onofre NPP

Source Name: Biota

R Number: R 92512

Sample Type: Fish/Shellfish

<u>Sample ID</u>	<u>Sampling Point</u>	<u>Method</u>	<u>Parameter</u>	<u>Result ± CE</u>	<u>MDA₉₅</u>	<u>Units</u>
N11-0948-001	Calif Spiny Lobster	HASL Ga-01-R	Dry Wt./Wet Wt.	0.267 ±		
N11-0948-001	Calif Spiny Lobster	HASL Ga-01-R	K-40	17.5 ± 0.405	0.445	pCi/g dry wt

- Precision criteria for these methods were determined to be acceptable.
- CE is the counting error at the 95% confidence level as defined in Prescribed Procedures for Measurement of Radioactivity in Drinking Water, EPA-600/4-80-032, August 1980
- MDA₉₅ is the sample specific minimum detectable activity at the 95% confidence level, which is the LLD₉₅ divided by 2.22, the efficiency and the yield, and may include factors for abundance, decay and ingrowth, depending on the particular radionuclide. LLD₉₅ is defined in section 7020C, Standard Methods for the Examination of Water and Wastewater, American Water Works Association, 21st Ed., 2005, where Sb is the square root of the instrument background count rate.

REQUEST FOR SAMPLE ANALYSIS (Radiochemical)

Sanitation and Radiation Laboratories Branch 850 Marina Bay Parkway, G164 Richmond, CA 94804 510-620-2911	Date Received 10/13/11	Lab No. (Leave Blank) N11-0948
	Date & Time Sampled 10/10/11 11:25	Serial Number R 92512
Collector Information Name: Dept./Branch: Robert Moore Address: Telephone No.:	Reporting Information Name: Dept./Branch: Address: Telephone No.:	
Sample Information System Name / Facility: Songs / Sampling Point (s): Laguna Beach System No.:	Billing Agency <input type="checkbox"/> DWFOB () <input type="checkbox"/> RHB <input type="checkbox"/> RWQCB () <input type="checkbox"/> DTSC <input type="checkbox"/> DWTPB <input type="checkbox"/> FDB <input type="checkbox"/> DWR <input type="checkbox"/> CDFG <input type="checkbox"/> EMB <input type="checkbox"/> Other (Specify) _____	

TYPE OF SAMPLE (Check all applicable boxes)

<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Surface Water	<input type="checkbox"/> Wastewater
<input type="checkbox"/> Raw	<input type="checkbox"/> Water Treatment Plant (WTP)	<input type="checkbox"/> Distribution System	<input type="checkbox"/> Point of Use (POU)
<input type="checkbox"/> Treated (circle one): Chlorinated / Chloraminated / Chlorine Dioxide / Ozonated / Peroxzone / Fluoridated / Coagulated / pH Adjusted			
<input type="checkbox"/> Air Filters	Date/Time	<input type="checkbox"/> Seawater	<input type="checkbox"/> Sludge (Semi-solid Samples)
Finishing: _____	_____	<input type="checkbox"/> Milk	<input type="checkbox"/> Soil/Sediment
Starting: _____	_____	<input type="checkbox"/> Wipes	<input checked="" type="checkbox"/> Biota (Type): <u>Panulirus</u>
Net (M ³) _____		<input type="checkbox"/> Radon Canister	<input type="checkbox"/> Other: <u>interruptus</u>
<input type="checkbox"/> Air Charcoal Cartridge			<u>Cal. spiny lobster</u>

COMMENTS: (Cautions, etc.): _____

Field Treatment: Preservatives added: _____ Iced/Frozen: _____ Other: _____
 Field Measurement: _____ mR/hr Radionuclide(s), if known: _____
 Rush/Priority (should be prearranged and have supervisory approval)

ANALYSIS REQUESTED (For questions, please call 510-620-2911)

<input type="checkbox"/> Gross Alpha	<input type="checkbox"/> Gross Beta	<input type="checkbox"/> Gamma Scan
<input type="checkbox"/> Total Uranium	<input type="checkbox"/> Total Beta (LSC)	<input type="checkbox"/> NORM (Gamma)
<input type="checkbox"/> Total Radium	<input type="checkbox"/> Tritium (³ H)	<input type="checkbox"/> Isotopic Americium / Curium
<input type="checkbox"/> Radium-226	<input type="checkbox"/> Carbon-14	<input type="checkbox"/> Isotopic Plutonium
<input type="checkbox"/> Radium-228	<input type="checkbox"/> Iodine-131	<input type="checkbox"/> Isotopic Thorium
<input type="checkbox"/> Radon-222	<input type="checkbox"/> Strontium-89, 90	<input type="checkbox"/> Isotopic Uranium
<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Nickel-63	<input type="checkbox"/> Iron-55

CHAIN OF CUSTODY

1.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____	Time Custody Released _____
2.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____	Time Custody Released _____
3.	Date <u>10/13/11</u>	Name (Print) <u>Wt</u>	Signature <u>Victor M. Ale</u>	Date _____
	Time Custody Received <u>9:30</u>	Organization <u>DWRLB</u>	Signature _____	Time Custody Released _____

LABORATORY REMARKS (Leave Blank)

A. Condition at Time of Receipt:

<input type="checkbox"/> Acceptable	<input type="checkbox"/> Broken Container	<input type="checkbox"/> Leaked in Transit	<input type="checkbox"/> Improper Container
<input type="checkbox"/> Holding Time Exceeded	<input type="checkbox"/> Sample Not Cooled	<input type="checkbox"/> Insufficient Sample	

B. Preservatives/Carriers:

<input type="checkbox"/> Added While Sampling	<input type="checkbox"/> Added in Laboratory	<input type="checkbox"/> Not Added	<input type="checkbox"/> Not Applicable
-----------------------------------------------	----------------------------------------------	------------------------------------	-----------------------------------------



State of California - Health and Human Services Agency
 California Department of Public Health



EDMUND G. BROWN JR.
 Governor

Drinking Water and Radiation Laboratory Branch

850 Marina Bay Parkway, Richmond, CA 94804
 Phone: (510) 620-2911 Fax: (510) 620-2940

FINAL Analysis Results Report for Task ID. N11-0947

Analyst: Angela Tan

Analysis Approved By: Shiyamalie Ruberu

Analysis Approval Date: 11/16/2011

Requestor

Name: Steve Hsu

Organization: Radiologic Health Branch

Address: MS 7610, 1500 Capitol Avenue

City: Sacramento

State: CA

Zip Code: 95814-5006 Phone: 916-440-7940

Site and Sample Information

Collector's Name: Robert Moore

Date/Time Collected: 10/10/2011 09:30 Date/Time Received: 10/13/2011 09:30

Site Name: San Onofre NPP

Source Name: Biota / 4th Qtr 2011

R Number: R 92511

Sample Type: Fish/Shellfish

<u>Sample ID</u>	<u>Sampling Point</u>	<u>Method</u>	<u>Parameter</u>	<u>Result ± CE</u>	<u>MDA95</u>	<u>Units</u>
N11-0947-001	California Mussels	HASL Ga-01-R	Dry Wt./Wet Wt.	0.193 ±		
N11-0947-001	California Mussels	HASL Ga-01-R	K-40	10.7 ± 0.286	0.528	pCi/g dry wt

1. Precision criteria for these methods were determined to be acceptable.
 2. CE is the counting error at the 95% confidence level as defined in Prescribed Procedures for Measurement of Radioactivity in Drinking Water, EPA-600/4-80-032, August 1980
 3. MDA95 is the sample specific minimum detectable activity at the 95% confidence level, which is the LLD95 divided by 2.22, the efficiency and the yield, and may include factors for abundance, decay and ingrowth, depending on the particular radionuclide. LLD95 is defined in section 7020C, Standard Methods for the Examination of Water and Wastewater, American Water Works Association, 21st Ed., 2005, where Sb is the square root of the instrument background count rate.

REQUEST FOR SAMPLE ANALYSIS (Radiochemical)

Sanitation and Radiation Laboratories Branch 850 Marina Bay Parkway, G164 Richmond, CA 94804 510-620-2911	Date Received 10/13/11	Lab No. (Leave Blank) 111-0947
	Date & Time Sampled 10/10/11 9:30	Serial Number R 92511
Collector Information Name: Dept./Branch: Robert Moore Address: Telephone No.:	Reporting Information Name: Dept./Branch: Address: Telephone No.:	
Sample Information System Name / Facility: Laguna Beach / Sampling Point (s): songs System No.:	Billing Agency <input type="checkbox"/> DWFOB () <input type="checkbox"/> RHB <input type="checkbox"/> RWQCB () <input type="checkbox"/> DTSC <input type="checkbox"/> DWTPB <input type="checkbox"/> FDB <input type="checkbox"/> DWR <input type="checkbox"/> CDFG <input type="checkbox"/> EMB <input type="checkbox"/> Other (Specify) _____	

TYPE OF SAMPLE (Check all applicable boxes)

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Drinking Water | <input type="checkbox"/> Groundwater | <input type="checkbox"/> Surface Water | <input type="checkbox"/> Wastewater |
| <input type="checkbox"/> Raw | <input type="checkbox"/> Water Treatment Plant (WTP) | <input type="checkbox"/> Distribution System | <input type="checkbox"/> Point of Use (POU) |
| <input type="checkbox"/> Treated (circle one): Chlorinated / Chloraminated / Chlorine Dioxide / Ozonated / Peroxzone / Fluoridated / Coagulated / pH Adjusted | | | |
| <input type="checkbox"/> Air Filters | Date/Time | <input type="checkbox"/> Seawater | <input type="checkbox"/> Sludge (Semi-solid Samples) |
| Finishing: _____ | _____ | <input type="checkbox"/> Milk | <input type="checkbox"/> Soil/Sediment |
| Starting: _____ | _____ | <input type="checkbox"/> Wipes | <input checked="" type="checkbox"/> Biota (Type): Mytilus |
| Net (M ³) _____ | _____ | <input type="checkbox"/> Radon Canister | <input type="checkbox"/> Other: californianus
californusels |
| <input type="checkbox"/> Air Charcoal Cartridge | | | |

COMMENTS: (Cautions, etc.): _____

- Field Treatment: Preservatives added: _____ Iced/Frozen: _____ Other: _____
 Field Measurement: _____ mR/hr Radionuclide(s), if known: _____
 Rush/Priority (should be prearranged and have supervisory approval)

ANALYSIS REQUESTED (For questions, please call 510-620-2911)

- | | | |
|------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Gross Alpha | <input type="checkbox"/> Gross Beta | <input type="checkbox"/> Gamma Scan |
| <input type="checkbox"/> Total Uranium | <input type="checkbox"/> Total Beta (LSC) | <input type="checkbox"/> NORM (Gamma) |
| <input type="checkbox"/> Total Radium | <input type="checkbox"/> Tritium (³ H) | <input type="checkbox"/> Isotopic Americium / Curium |
| <input type="checkbox"/> Radium-226 | <input type="checkbox"/> Carbon-14 | <input type="checkbox"/> Isotopic Plutonium |
| <input type="checkbox"/> Radium-228 | <input type="checkbox"/> Iodine-131 | <input type="checkbox"/> Isotopic Thorium |
| <input type="checkbox"/> Radon-222 | <input type="checkbox"/> Strontium-89, 90 | <input type="checkbox"/> Isotopic Uranium |
| <input checked="" type="checkbox"/> Other (Specify): _____ | <input type="checkbox"/> Nickel-63 | <input type="checkbox"/> Iron-55 |

CHAIN OF CUSTODY

1.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____	Time Custody Released _____
2.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____	Time Custody Released _____
3.	Date 10/13/11	Name (Print) VA	Signature [Signature]	Date _____
	Time Custody Received 9:30	Organization DWRLB	Signature [Signature]	Time Custody Released _____

LABORATORY REMARKS (Leave Blank)

- A. Condition at Time of Receipt:**
- | | | | |
|------------------------------------------------|--------------------------------------------|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Acceptable | <input type="checkbox"/> Broken Container | <input type="checkbox"/> Leaked in Transit | <input type="checkbox"/> Improper Container |
| <input type="checkbox"/> Holding Time Exceeded | <input type="checkbox"/> Sample Not Cooled | <input type="checkbox"/> Insufficient Sample | |
- B. Preservatives/Carriers:**
- | | | | |
|-----------------------------------------------|----------------------------------------------|------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Added While Sampling | <input type="checkbox"/> Added in Laboratory | <input type="checkbox"/> Not Added | <input type="checkbox"/> Not Applicable |
|-----------------------------------------------|----------------------------------------------|------------------------------------|-----------------------------------------|



RON CHAPMAN, MD, MPH
Director

State of California - Health and Human Services Agency
California Department of Public Health

Drinking Water and Radiation Laboratory Branch

850 Marina Bay Parkway, Richmond, CA 94804
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EDMUND G. BROWN JR.
Governor

FINAL Analysis Results Report for Task ID. N11-0946

Analyst: Angela Tan

Analysis Approved By: Shiyamalie Ruberu

Analysis Approval Date: 11/16/2011

Requestor

Name: Steve Hsu

Organization: Radiologic Health Branch

Address: MS 7610, 1500 Capitol Avenue

City: Sacramento

State: CA

Zip Code: 95814-5006 Phone: 916-440-7940

Site and Sample Information

Collector's Name: Robert Moore

Date/Time Collected: 10/10/2011 10:40 Date/Time Received: 10/13/2011 09:30

Site Name: San Onofre NPP

Source Name: Biota / 4th Qtr 2011

R Number: R 92510

Sample Type: Fish/Shellfish

<u>Sample ID</u>	<u>Sampling Point</u>	<u>Method</u>	<u>Parameter</u>	<u>Result ± CE</u>	<u>MDA₉₅</u>	<u>Units</u>
N11-0946-001	Cal Sheephead	HASL Ga-01-R	Dry Wt./Wet Wt.	0.233 ±		
N11-0946-001	Cal Sheephead	HASL Ga-01-R	K-40	17.0 ± 0.402	0.447	pCi/g dry wt

1. Precision criteria for these methods were determined to be acceptable.
 2. CE is the counting error at the 95% confidence level as defined in Prescribed Procedures for Measurement of Radioactivity in Drinking Water, EPA-600/4-80-032, August 1980
 3. MDA₉₅ is the sample specific minimum detectable activity at the 95% confidence level, which is the LLD₉₅ divided by 2.22, the efficiency and the yield, and may include factors for abundance, decay and ingrowth, depending on the particular radionuclide. LLD₉₅ is defined in section 7020C, Standard Methods for the Examination of Water and Wastewater, American Water Works Association, 21st Ed., 2005, where Sb is the square root of the instrument background count rate.

REQUEST FOR SAMPLE ANALYSIS (Radiochemical)

Sanitation and Radiation Laboratories Branch 850 Marina Bay Parkway, G164 Richmond, CA 94804 510-620-2911	Date Received 10/13/11	Lab No. (Leave Blank) NI-0946
	Date & Time Sampled 10/10/11 10:40	Serial Number R 92510
Collector Information Name: Dept./Branch: Robert Moore Address: Telephone No.:	Reporting Information Name: Dept./Branch: Address: Telephone No.:	
Sample Information System Name / Facility: Songs Laguna Beach Sampling Point (s): System No.:	Billing Agency <input type="checkbox"/> DWFOB () <input type="checkbox"/> RHB <input type="checkbox"/> RWQCB () <input type="checkbox"/> DTSC <input type="checkbox"/> DWTPB <input type="checkbox"/> FDB <input type="checkbox"/> DWR <input type="checkbox"/> CDFG <input type="checkbox"/> EMB <input type="checkbox"/> Other (Specify) _____	

TYPE OF SAMPLE (Check all applicable boxes)

- Drinking Water Groundwater Surface Water Wastewater
 - Raw Water Treatment Plant (WTP) Distribution System Point of Use (POU)
 - Treated (circle one): Chlorinated / Chloraminated / Chlorine Dioxide / Ozonated / Peroxzone / Fluoridated / Coagulated / pH Adjusted
-
- Air Filters Date/Time Seawater Sludge (Semi-solid Samples)
 - Finishing: _____ _____ Milk Soil/Sediment
 - Starting: 1 _____ _____ Wipes Biota (Type): *Semiossyphus*
 - Net (M³) _____ _____ Radon Canister Other: *cal sheephead*
 - Air Charcoal Cartridge

COMMENTS: (Cautions, etc.): _____

- Field Treatment: Preservatives added: _____ Iced/Frozen: _____ Other: _____
- Field Measurement: _____ mR/hr Radionuclide(s), if known: _____
- Rush/Priority (should be prearranged and have supervisory approval)

ANALYSIS REQUESTED (For questions, please call 510-620-2911)

- Gross Alpha Gross Beta Gamma Scan
- Total Uranium Total Beta (LSC) NORM (Gamma)
- Total Radium Tritium (³H) Isotopic Americium / Curium
- Radium-226 Carbon-14 Isotopic Plutonium
- Radium-228 Iodine-131 Isotopic Thorium
- Radon-222 Strontium-89, 90 Isotopic Uranium
- Other (Specify): _____ Nickel-63 Iron-55

CHAIN OF CUSTODY

1.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____	Time Custody Released _____
2.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____	Time Custody Released _____
3.	Date <u>10/13/11</u>	Name (Print) <u>VIA</u>	Signature <u>[Signature]</u>	Date _____
	Time Custody Received <u>9:30</u>	Organization <u>DWRLB</u>	Signature _____	Time Custody Released _____

LABORATORY REMARKS (Leave Blank)

- A. Condition at Time of Receipt:**
- Acceptable Broken Container Leaked in Transit Improper Container
 - Holding Time Exceeded Sample Not Cooled Insufficient Sample
- B. Preservatives/Carriers:**
- Added While Sampling Added in Laboratory Not Added Not Applicable



RON CHAPMAN, MD, MPH
Director

State of California - Health and Human Services Agency
California Department of Public Health

Drinking Water and Radiation Laboratory Branch

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EDMUND G. BROWN JR.
Governor

FINAL Analysis Results Report for Task ID. N11-0945

Analyst: Angela Tan

Analysis Approved By: Shiyamalie Ruberu

Analysis Approval Date: 11/16/2011

Requestor

Name: Steve Hsu

Organization: Radiologic Health Branch

Address: MS 7610, 1500 Capitol Avenue

City: Sacramento

State: CA

Zip Code: 95814-5006 Phone: 916-440-7940

Site and Sample Information

Collector's Name: Robert Moore

Date/Time Collected: 10/10/2011 11:30 Date/Time Received: 10/13/2011 09:30

Site Name: San Onofre NPP

Source Name: Biota / 4th Qtr 2011

R Number: R 92509

Sample Type: Fish/Shellfish

<u>Sample ID</u>	<u>Sampling Point</u>	<u>Method</u>	<u>Parameter</u>	<u>Result ± CE</u>	<u>MDA₉₅</u>	<u>Units</u>
N11-0945-001	Black Perch	HASL Ga-01-R	Dry Wt./Wet Wt.	0.251 ±		
N11-0945-001	Black Perch	HASL Ga-01-R	K-40	12.8 ± 0.322	0.457	pCi/g dry wt

1. Precision criteria for these methods were determined to be acceptable.
2. CE is the counting error at the 95% confidence level as defined in Prescribed Procedures for Measurement of Radioactivity in Drinking Water, EPA-600/4-80-032, August 1980
3. MDA₉₅ is the sample specific minimum detectable activity at the 95% confidence level, which is the LLD₉₅ divided by 2.22, the efficiency and the yield, and may include factors for abundance, decay and ingrowth, depending on the particular radionuclide. LLD₉₅ is defined in section 7020C, Standard Methods for the Examination of Water and Wastewater, American Water Works Association, 21st Ed., 2005, where Sb is the square root of the instrument background count rate.

REQUEST FOR SAMPLE ANALYSIS (Radiochemical)

Sanitation and Radiation Laboratories Branch 850 Marina Bay Parkway, G164 Richmond, CA 94804 510-620-2911	Date Received 10/13/11	Lab No. (Leave Blank) N11-0945
	Date & Time Sampled 10/10/11 11:30	Serial Number R 92509
Collector Information Name: Dept./Branch: Robert Moore Address: Telephone No.:	Reporting Information Name: Dept./Branch: Address: Telephone No.:	
Sample Information System Name / Facility: Songs Laguna Beach Sampling Point (s): System No.:	Billing Agency <input type="checkbox"/> DWFOB () <input type="checkbox"/> RHB <input type="checkbox"/> RWQCB () <input type="checkbox"/> DTSC <input type="checkbox"/> DWTPB <input type="checkbox"/> FDB <input type="checkbox"/> DWR <input type="checkbox"/> CDFG <input type="checkbox"/> EMB <input type="checkbox"/> Other (Specify) _____	

TYPE OF SAMPLE (Check all applicable boxes)

- Drinking Water Groundwater Surface Water Wastewater
 - Raw Water Treatment Plant (WTP) Distribution System Point of Use (POU)
 - Treated (circle one): Chlorinated / Chloraminated / Chlorine Dioxide / Ozonated / Peroxzone / Fluoridated / Coagulated / pH Adjusted
-
- Air Filters Date/Time Seawater Sludge (Semi-solid Samples)
 - Finishing: _____ _____ Milk Soil/Sediment
 - Starting: _____ _____ Wipes Biota (Type): *Embriotora Jackson*
 - Net (M³) _____ _____ Radon Canister Other: *black perch*
 - Air Charcoal Cartridge

COMMENTS: (Cautions, etc.): _____

- Field Treatment: Preservatives added: _____ Iced/Frozen: _____ Other: _____
- Field Measurement: _____ mR/hr Radionuclide(s), if known: _____
- Rush/Priority (should be prearranged and have supervisory approval)

ANALYSIS REQUESTED (For questions, please call 510-620-2911)

- Gross Alpha Gross Beta Gamma Scan
- Total Uranium Total Beta (LSC) NORM (Gamma)
- Total Radium Tritium (³H) Isotopic Americium / Curium
- Radium-226 Carbon-14 Isotopic Plutonium
- Radium-228 Iodine-131 Isotopic Thorium
- Radon-222 Strontium-89, 90 Isotopic Uranium
- Other (Specify): _____ Nickel-63 Iron-55

CHAIN OF CUSTODY

1.	Date _____	Name (Print) _____	_____	Date _____
	Time Custody Received _____	Organization _____	Signature _____	Time Custody Released _____
2.	Date _____	Name (Print) _____	_____	Date _____
	Time Custody Received _____	Organization _____	Signature _____	Time Custody Released _____
3.	Date 10/13/11	Name (Print) VA	_____	Date _____
	Time Custody Received 9:30	Organization DWRLB	Signature <i>Victoria H. [unclear]</i>	Time Custody Released _____

LABORATORY REMARKS (Leave Blank)

- A. Condition at Time of Receipt:**
- Acceptable Broken Container Leaked in Transit Improper Container
 - Holding Time Exceeded Sample Not Cooled Insufficient Sample
- B. Preservatives/Carriers:**
- Added While Sampling Added in Laboratory Not Added Not Applicable



RON CHAPMAN, MD, MPH
Director

State of California - Health and Human Services Agency
California Department of Public Health

Drinking Water and Radiation Laboratory Branch

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EDMUND G. BROWN JR.
Governor

FINAL Analysis Results Report for Task ID. N11-0418

Analyst: Angela Tan

Analysis Approved By: Shiyamalie Ruberu

Analysis Approval Date: 08/18/2011

Requestor

Name: Steve Hsu

Organization: Radiologic Health Branch

Address: MS 7610, 1500 Capitol Avenue

City: Sacramento

State: CA

Zip Code: 95814-5006 Phone: 916-440-7940

Site and Sample Information

Collector's Name: RHM

Date/Time Collected: 04/11/2011 10:35 Date/Time Received: 04/13/2011 10:30

Site Name: SONGS C / Laguna Beach

Source Name: Biota / 2nd Qtr 2011

R Number: R91086

Sample Type: Fish/Shellfish

<u>Sample ID</u>	<u>Sampling Point</u>	<u>Method</u>	<u>Parameter</u>	<u>Result ± CE</u>	<u>MDA₉₅</u>	<u>Units</u>
N11-0418-001	Calif Spiny Lobster	HASL Ga-01-R	Dry Wt./Wet Wt.	0.257 ±		
N11-0418-001	Calif Spiny Lobster	HASL Ga-01-R	K-40	18.6 ± 0.436	0.521	pCi/g dry wt

1. Precision criteria for these methods were determined to be acceptable.
2. CE is the counting error at the 95% confidence level as defined in Prescribed Procedures for Measurement of Radioactivity in Drinking Water, EPA-600/4-80-032, August 1980
3. MDA₉₅ is the sample specific minimum detectable activity at the 95% confidence level, which is the LLD₉₅ divided by 2.22, the efficiency and the yield, and may include factors for abundance, decay and ingrowth, depending on the particular radionuclide. LLD₉₅ is defined in section 7020C, Standard Methods for the Examination of Water and Wastewater, American Water Works Association, 21st Ed., 2005, where Sb is the square root of the instrument background count rate.

REQUEST FOR SAMPLE ANALYSIS (Radiochemical)

Sanitation and Radiation Laboratories Branch 850 Marina Bay Parkway, G164 Richmond, CA 94804 510-620-2911	Date Received <i>4/11/11</i>	Lab No. (Leave Blank) <i>N11-0418</i>
	Date & Time Sampled <i>4/11/11 10:35</i>	Serial Number R 91086
Collector Information Name: Dept./Branch: <i>RHM</i> Address: Telephone No.:	Reporting Information Name: Dept./Branch: Address: Telephone No.:	
Sample Information System Name / Facility: <i>SONGS C</i> Sampling Point (s): <i>Laguna Beach</i> System No.:	Billing Agency <input type="checkbox"/> DWFOB () <input checked="" type="checkbox"/> RHB <input type="checkbox"/> RWQCB () <input type="checkbox"/> DTSC <input type="checkbox"/> DWTPB <input checked="" type="checkbox"/> FDB <input type="checkbox"/> DWR <input type="checkbox"/> CDFG <input type="checkbox"/> EMB <input type="checkbox"/> Other (Specify) _____	

TYPE OF SAMPLE (Check all applicable boxes)

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Drinking Water | <input type="checkbox"/> Groundwater | <input type="checkbox"/> Surface Water | <input type="checkbox"/> Wastewater |
| <input type="checkbox"/> Raw | <input type="checkbox"/> Water Treatment Plant (WTP) | <input type="checkbox"/> Distribution System | <input type="checkbox"/> Point of Use (POU) |
| <input type="checkbox"/> Treated (circle one): Chlorinated / Chloraminated / Chlorine Dioxide / Ozonated / Peroxzone / Fluoridated / Coagulated / pH Adjusted | | | |
| <input type="checkbox"/> Air Filters | Date/Time _____ | <input type="checkbox"/> Seawater | <input type="checkbox"/> Sludge (Semi-solid Samples) |
| Finishing: _____ | _____ | <input type="checkbox"/> Milk | <input type="checkbox"/> Soil/Sediment |
| Starting: _____ | _____ | <input type="checkbox"/> Wipes | <input checked="" type="checkbox"/> Biota (Type): <i>Calif Spiny Lobster</i> |
| Net (M ³) _____ | _____ | <input type="checkbox"/> Radon Canister | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Air Charcoal Cartridge | | | |

COMMENTS: (Cautions, etc.): _____

- Field Treatment: Preservatives added: _____ Iced/Frozen: _____ Other: _____
- Field Measurement: _____ mR/hr Radionuclide(s), if known: _____
- Rush/Priority (should be prearranged and have supervisory approval)

ANALYSIS REQUESTED (For questions, please call 510-620-2911)

- | | | |
|-------------------------------------------------|----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Gross Alpha | <input type="checkbox"/> Gross Beta | <input checked="" type="checkbox"/> Gamma Scan |
| <input type="checkbox"/> Total Uranium | <input type="checkbox"/> Total Beta (LSC) | <input type="checkbox"/> NORM (Gamma) |
| <input type="checkbox"/> Total Radium | <input type="checkbox"/> Tritium (³ H) | <input type="checkbox"/> Isotopic Americium / Curium |
| <input type="checkbox"/> Radium-226 | <input type="checkbox"/> Carbon-14 | <input type="checkbox"/> Isotopic Plutonium |
| <input type="checkbox"/> Radium-228 | <input type="checkbox"/> Iodine-131 | <input type="checkbox"/> Isotopic Thorium |
| <input type="checkbox"/> Radon-222 | <input type="checkbox"/> Strontium-89, 90 | <input type="checkbox"/> Isotopic Uranium |
| <input type="checkbox"/> Other (Specify): _____ | <input type="checkbox"/> Nickel-63 | <input type="checkbox"/> Iron-55 |

CHAIN OF CUSTODY

1.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____		Time Custody Released _____
2.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____		Time Custody Released _____
3.	Date <i>4/13/11</i>	Name (Print) <i>S. Diabrown</i>	Signature <i>S. Diabrown</i>	Date _____
	Time Custody Received <i>10:30</i>	Organization <i>DWR/LRB</i>		Time Custody Released _____

LABORATORY REMARKS (Leave Blank)

- A. Condition at Time of Receipt:**
- | | | | |
|------------------------------------------------|--------------------------------------------|----------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> Acceptable | <input type="checkbox"/> Broken Container | <input type="checkbox"/> Leaked in Transit | <input type="checkbox"/> Improper Container |
| <input type="checkbox"/> Holding Time Exceeded | <input type="checkbox"/> Sample Not Cooled | <input type="checkbox"/> Insufficient Sample | |
- B. Preservatives/Carriers:**
- | | | | |
|-----------------------------------------------|----------------------------------------------|------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Added While Sampling | <input type="checkbox"/> Added in Laboratory | <input type="checkbox"/> Not Added | <input checked="" type="checkbox"/> Not Applicable |
|-----------------------------------------------|----------------------------------------------|------------------------------------|----------------------------------------------------|



RON CHAPMAN, MD, MPH
Director

State of California - Health and Human Services Agency
California Department of Public Health

Drinking Water and Radiation Laboratory Branch

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EDMUND G. BROWN JR.
Governor

FINAL Analysis Results Report for Task ID. N11-0417

Analyst: Angela Tan

Analysis Approved By: Shiyamalie Ruberu

Analysis Approval Date: 08/18/2011

Requestor

Name: Steve Hsu

Organization: Radiologic Health Branch

Address: MS 7610, 1500 Capitol Avenue

City: Sacramento

State: CA

Zip Code: 95814-5006 Phone: 916-440-7940

Site and Sample Information

Collector's Name: RHM

Date/Time Collected: 04/11/2011 10:00 Date/Time Received: 04/13/2011 10:30

Site Name: SONGS C / Laguan Beach

Source Name: Biota / 2nd Qtr 2011

R Number: R91085

Sample Type: Fish/Shellfish

<u>Sample ID</u>	<u>Sampling Point</u>	<u>Method</u>	<u>Parameter</u>	<u>Result ± CE</u>	<u>MDA₉₅</u>	<u>Units</u>
N11-0417-001	Calif Messel	HASL Ga-01-R	Dry Wt./Wet Wt.	0.182 ±		
N11-0417-001	Calif Messel	HASL Ga-01-R	K-40	13.8 ± 0.381	0.530	pCi/g dry wt

1. Precision criteria for these methods were determined to be acceptable.
2. CE is the counting error at the 95% confidence level as defined in Prescribed Procedures for Measurement of Radioactivity in Drinking Water, EPA-600/4-80-032, August 1980
3. MDA₉₅ is the sample specific minimum detectable activity at the 95% confidence level, which is the LLD₉₅ divided by 2.22, the efficiency and the yield, and may include factors for abundance, decay and ingrowth, depending on the particular radionuclide. LLD₉₅ is defined in section 7020C, Standard Methods for the Examination of Water and Wastewater, American Water Works Association, 21st Ed., 2005, where Sb is the square root of the instrument background count rate.

REQUEST FOR SAMPLE ANALYSIS (Radiochemical)

Sanitation and Radiation Laboratories Branch 850 Marina Bay Parkway, G164 Richmond, CA 94804 510-620-2911	Date Received 4/13/11	Lab No. (Leave Blank) N11-0417
	Date & Time Sampled 4/11/11 10:00	Serial Number R 91085
Collector Information Name: RHM Dept./Branch: Address: Telephone No.:	Reporting Information Name: Dept./Branch: Address: Telephone No.:	
Sample Information System Name / Facility: Sampling Point (s): SONGS e Laguna Beach System No.:	Billing Agency <input type="checkbox"/> DWFOB () <input checked="" type="checkbox"/> RHB <input type="checkbox"/> RWQCB () <input type="checkbox"/> DTSC <input type="checkbox"/> DWTPB <input type="checkbox"/> FDB <input type="checkbox"/> DWR <input type="checkbox"/> CDFG <input type="checkbox"/> EMB <input type="checkbox"/> Other (Specify) _____	

TYPE OF SAMPLE (Check all applicable boxes)

<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Surface Water	<input checked="" type="checkbox"/> Wastewater
<input type="checkbox"/> Raw	<input type="checkbox"/> Water Treatment Plant (WTP)	<input type="checkbox"/> Distribution System	<input checked="" type="checkbox"/> Point of Use (POU)
<input type="checkbox"/> Treated (circle one): Chlorinated / Chloraminated / Chlorine Dioxide / Ozonated / Peroxzone / Fluoridated / Coagulated / pH Adjusted			
<input type="checkbox"/> Air Filters	Date/Time	<input type="checkbox"/> Seawater	<input checked="" type="checkbox"/> Sludge (Semi-solid Samples)
Finishing: _____	_____	<input type="checkbox"/> Milk	<input type="checkbox"/> Soil/Sediment
Starting: _____	_____	<input type="checkbox"/> Wipes	<input checked="" type="checkbox"/> Biota (Type): Calif Mussel
Net (M ³) _____		<input type="checkbox"/> Radon Canister	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Air Charcoal Cartridge			

COMMENTS: (Cautions, etc.): _____

Field Treatment: Preservatives added: _____ Iced/Frozen: _____ Other: _____
 Field Measurement: _____ mR/hr Radionuclide(s), if known: _____
 Rush/Priority (should be prearranged and have supervisory approval)

ANALYSIS REQUESTED (For questions, please call 510-620-2911)

<input type="checkbox"/> Gross Alpha	<input type="checkbox"/> Gross Beta	<input checked="" type="checkbox"/> Gamma Scan
<input type="checkbox"/> Total Uranium	<input type="checkbox"/> Total Beta (LSC)	<input type="checkbox"/> NORM (Gamma)
<input type="checkbox"/> Total Radium	<input type="checkbox"/> Tritium (³ H)	<input type="checkbox"/> Isotopic Americium / Curium
<input type="checkbox"/> Radium-226	<input type="checkbox"/> Carbon-14	<input checked="" type="checkbox"/> Isotopic Plutonium
<input type="checkbox"/> Radium-228	<input type="checkbox"/> Iodine-131	<input type="checkbox"/> Isotopic Thorium
<input type="checkbox"/> Radon-222	<input type="checkbox"/> Strontium-89, 90	<input type="checkbox"/> Isotopic Uranium
<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Nickel-63	<input type="checkbox"/> Iron-55

CHAIN OF CUSTODY

1.	Date _____	Name (Print) _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____
2.	Date _____	Name (Print) _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____
3.	Date 4/13/11	Name (Print) S. Ruben	Date _____
	Time Custody Received 110390	Organization DWR/DB	Signature S. Ruben
			Time Custody Released _____

LABORATORY REMARKS (Leave Blank)

A. Condition at Time of Receipt:

<input checked="" type="checkbox"/> Acceptable	<input type="checkbox"/> Broken Container	<input type="checkbox"/> Leaked in Transit	<input type="checkbox"/> Improper Container
<input type="checkbox"/> Holding Time Exceeded	<input type="checkbox"/> Sample Not Cooled	<input type="checkbox"/> Insufficient Sample	

B. Preservatives/Carriers:

<input type="checkbox"/> Added While Sampling	<input type="checkbox"/> Added in Laboratory	<input type="checkbox"/> Not Added	<input checked="" type="checkbox"/> Not Applicable
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RON CHAPMAN, MD, MPH
Director

State of California - Health and Human Services Agency
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EDMUND G. BROWN JR.
Governor

FINAL Analysis Results Report for Task ID. N11-0416

Analyst: Angela Tan

Analysis Approved By: Shiyamalie Ruberu

Analysis Approval Date: 08/18/2011

Requestor

Name: Steve Hsu

Organization: Radiologic Health Branch

Address: MS 7610, 1500 Capitol Avenue

City: Sacramento

State: CA

Zip Code: 95814-5006 Phone: 916-440-7940

Site and Sample Information

Collector's Name: RHM

Date/Time Collected: 04/11/2011 13:00 Date/Time Received: 04/13/2011 10:30

Site Name: SONGS / Laguna Beach

Source Name: Biota / 2nd Qtr 2011

R Number: R 91084

Sample Type: Fish/Shellfish

<u>Sample ID</u>	<u>Sampling Point</u>	<u>Method</u>	<u>Parameter</u>	<u>Result ± CE</u>	<u>MDA95</u>	<u>Units</u>
N11-0416-001	Black Perch	HASL Ga-01-R	Dry Wt./Wet Wt.	0.247 ±		
N11-0416-001	Black Perch	HASL Ga-01-R	K-40	16.2 ± 0.423	0.710	pCi/g dry wt

1. Precision criteria for these methods were determined to be acceptable.
2. CE is the counting error at the 95% confidence level as defined in Prescribed Procedures for Measurement of Radioactivity in Drinking Water, EPA-600/4-80-032, August 1980
3. MDA95 is the sample specific minimum detectable activity at the 95% confidence level, which is the LLD95 divided by 2.22, the efficiency and the yield, and may include factors for abundance, decay and ingrowth, depending on the particular radionuclide. LLD95 is defined in section 7020C, Standard Methods for the Examination of Water and Wastewater, American Water Works Association, 21st Ed., 2005, where Sb is the square root of the instrument background count rate.

REQUEST FOR SAMPLE ANALYSIS (Radiochemical)

Sanitation and Radiation Laboratories Branch 850 Marina Bay Parkway, G164 Richmond, CA 94804 510-620-2911	Date Received 4/13/11	Lab No. (Leave Blank) N11-0416
	Date & Time Sampled 4/11/11 13:00	Serial Number R 91084
Collector Information Name: Dept./Branch: RHM Address: Telephone No.:	Reporting Information Name: Dept./Branch: Address: Telephone No.:	
Sample Information System Name / Facility: Sampling Point (s): SONGS C Laguna Beach System No.:	Billing Agency <input type="checkbox"/> DWFOB () <input checked="" type="checkbox"/> RHB <input type="checkbox"/> RWQCB () <input type="checkbox"/> DTSC <input type="checkbox"/> DWTPB <input type="checkbox"/> FDB <input type="checkbox"/> DWR <input type="checkbox"/> CDFG <input type="checkbox"/> EMB <input type="checkbox"/> Other (Specify) _____	

TYPE OF SAMPLE (Check all applicable boxes)

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Drinking Water | <input type="checkbox"/> Groundwater | <input type="checkbox"/> Surface Water | <input type="checkbox"/> Wastewater |
| <input type="checkbox"/> Raw | <input type="checkbox"/> Water Treatment Plant (WTP) | <input type="checkbox"/> Distribution System | <input type="checkbox"/> Point of Use (POU) |
| <input type="checkbox"/> Treated (circle one): Chlorinated / Chloraminated / Chlorine Dioxide / Ozonated / Peroxzone / Fluoridated / Coagulated / pH Adjusted | | | |
| <input type="checkbox"/> Air Filters | Date/Time | <input type="checkbox"/> Seawater | <input type="checkbox"/> Sludge (Semi-solid Samples) |
| Finishing: _____ | _____ | <input type="checkbox"/> Milk | <input type="checkbox"/> Soil/Sediment |
| Starting: _____ | _____ | <input type="checkbox"/> Wipes | <input checked="" type="checkbox"/> Biota (Type): Black Perch |
| Net (M ³) _____ | _____ | <input type="checkbox"/> Radon Canister | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Air Charcoal Cartridge | | | |

COMMENTS: (Cautions, etc.): _____

- Field Treatment: Preservatives added: _____ Iced/Frozen: _____ Other: _____
- Field Measurement: _____ mR/hr Radionuclide(s), if known: _____
- Rush/Priority (should be prearranged and have supervisory approval)

ANALYSIS REQUESTED (For questions, please call 510-620-2911)

- | | | |
|-------------------------------------------------|----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Gross Alpha | <input type="checkbox"/> Gross Beta | <input checked="" type="checkbox"/> Gamma Scan |
| <input type="checkbox"/> Total Uranium | <input type="checkbox"/> Total Beta (LSC) | <input type="checkbox"/> NORM (Gamma) |
| <input type="checkbox"/> Total Radium | <input type="checkbox"/> Tritium (³ H) | <input type="checkbox"/> Isotopic Americium / Curium |
| <input type="checkbox"/> Radium-226 | <input type="checkbox"/> Carbon-14 | <input type="checkbox"/> Isotopic Plutonium |
| <input type="checkbox"/> Radium-228 | <input type="checkbox"/> Iodine-131 | <input type="checkbox"/> Isotopic Thorium |
| <input type="checkbox"/> Radon-222 | <input type="checkbox"/> Strontium-89, 90 | <input type="checkbox"/> Isotopic Uranium |
| <input type="checkbox"/> Other (Specify): _____ | <input type="checkbox"/> Nickel-63 | |

SONGS IRG-55 Laguna Beach

CHAIN OF CUSTODY

1.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____		Time Custody Released _____
2.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____		Time Custody Released _____
3.	Date 4/13/11	Name (Print) S. Ruben	Signature S. Ruben	Date _____
	Time Custody Received 10:30	Organization DWR-ELB		Time Custody Released _____

LABORATORY REMARKS (Leave Blank)

- A. Condition at Time of Receipt:**
- | | | | |
|------------------------------------------------|--------------------------------------------|----------------------------------------------|---------------------------------------------|
| <input checked="" type="checkbox"/> Acceptable | <input type="checkbox"/> Broken Container | <input type="checkbox"/> Leaked in Transit | <input type="checkbox"/> Improper Container |
| <input type="checkbox"/> Holding Time Exceeded | <input type="checkbox"/> Sample Not Cooled | <input type="checkbox"/> Insufficient Sample | |
- B. Preservatives/Carriers:**
- | | | | |
|-----------------------------------------------|----------------------------------------------|------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Added While Sampling | <input type="checkbox"/> Added in Laboratory | <input type="checkbox"/> Not Added | <input checked="" type="checkbox"/> Not Applicable |
|-----------------------------------------------|----------------------------------------------|------------------------------------|----------------------------------------------------|



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EDMUND G. BROWN JR.
Governor

FINAL Analysis Results Report for Task ID. N11-0415

Analyst: Angela Tan

Analysis Approved By: Shiyamalie Ruberu

Analysis Approval Date: 08/18/2011

Requestor

Name: Steve Hsu

Organization: Radiologic Health Branch

Address: MS 7610, 1500 Capitol Avenue

City: Sacramento

State: CA

Zip Code: 95814-5006 Phone: 916-440-7940

Site and Sample Information

Collector's Name: RHM

Date/Time Collected: 04/11/2011 10:30 Date/Time Received: 04/13/2011 10:30

Site Name: Biota / 2nd Qtr 2011

Source Name: Biota / 2nd Qtr 2011

R Number: R91083

Sample Type: Fish/Shellfish

<u>Sample ID</u>	<u>Sampling Point</u>	<u>Method</u>	<u>Parameter</u>	<u>Result ± CE</u>	<u>MDA₉₅</u>	<u>Units</u>
N11-0415-001	Sheephead	HASL Ga-01-R	Dry Wt./Wet Wt.	0.242 ±		
N11-0415-001	Sheephead	HASL Ga-01-R	K-40	17.1 ± 0.407	0.535	pCi/g dry wt

1. Precision criteria for these methods were determined to be acceptable.
 2. CE is the counting error at the 95% confidence level as defined in Prescribed Procedures for Measurement of Radioactivity in Drinking Water, EPA-600/4-80-032, August 1980
 3. MDA₉₅ is the sample specific minimum detectable activity at the 95% confidence level, which is the LLD₉₅ divided by 2.22, the efficiency and the yield, and may include factors for abundance, decay and ingrowth, depending on the particular radionuclide. LLD₉₅ is defined in section 7020C, Standard Methods for the Examination of Water and Wastewater, American Water Works Association, 21st Ed., 2005, where Sb is the square root of the instrument background count rate.

REQUEST FOR SAMPLE ANALYSIS (Radiochemical)

Sanitation and Radiation Laboratories Branch 850 Marina Bay Parkway, G164 Richmond, CA 94804 510-620-2911	Date Received 4/13/11	Lab No. (Leave Blank) R11-0415
	Date & Time Sampled 4/11/11 10:30	Serial Number R 91083
Collector Information Name: RHM Dept./Branch: Address: Telephone No.:	Reporting Information Name: Dept./Branch: Address: Telephone No.:	
Sample Information System Name / Facility: SONGS C Sampling Point (s): Laguna Beach System No.:	Billing Agency <input type="checkbox"/> DWFOB () <input checked="" type="checkbox"/> RHB <input type="checkbox"/> RWQCB () <input type="checkbox"/> DTSC <input type="checkbox"/> DWTPB <input type="checkbox"/> FDB <input type="checkbox"/> DWR <input type="checkbox"/> CDFG <input type="checkbox"/> EMB <input type="checkbox"/> Other (Specify) _____	

TYPE OF SAMPLE (Check all applicable boxes)

- Drinking Water Groundwater Surface Water Wastewater
 - Raw Water Treatment Plant (WTP) Distribution System Point of Use (POU)
 - Treated (circle one): Chlorinated / Chloraminated / Chlorine Dioxide / Ozonated / Peroxzone / Fluoridated / Coagulated / pH Adjusted
-
- Air Filters Date/Time Seawater Sludge (Semi-solid Samples)
 - Finishing: _____ _____ Milk Soil/Sediment
 - Starting: _____ _____ Wipes Biota (Type): Sheephead
 - Net (M³): _____ _____ Radon Canister Other: _____
 - Air Charcoal Cartridge

COMMENTS: (Cautions, etc.): _____

- Field Treatment: Preservatives added: _____ Iced/Frozen: _____ Other: _____
- Field Measurement: _____ mR/hr Radionuclide(s), if known: _____
- Rush/Priority (should be prearranged and have supervisory approval)

ANALYSIS REQUESTED (For questions, please call 510-620-2911)

- Gross Alpha Gross Beta Gamma Scan
- Total Uranium Total Beta (LSC) NORM (Gamma)
- Total Radium Tritium (³H) Isotopic Americium / Curium
- Radium-226 Carbon-14 Isotopic Plutonium
- Radium-228 Iodine-131 Isotopic Thorium
- Radon-222 Strontium-89, 90 Isotopic Uranium
- Other (Specify): _____ Nickel-63 Iron-55

CHAIN OF CUSTODY

1.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____		Time Custody Released _____
2.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____		Time Custody Released _____
3.	Date <u>4/13/11</u>	Name (Print) <u>S. Ruben</u>	Signature <u>S. Ruben</u>	Date _____
	Time Custody Received <u>10:30</u>	Organization <u>DWELB</u>		Time Custody Released _____

LABORATORY REMARKS (Leave Blank)

- A. Condition at Time of Receipt:**
- Acceptable Broken Container Leaked in Transit Improper Container
 - Holding Time Exceeded Sample Not Cooled Insufficient Sample
- B. Preservatives/Carriers:**
- Added While Sampling Added in Laboratory Not Added Not Applicable



RON CHAPMAN, MD, MPH
Director

State of California - Health and Human Services Agency
California Department of Public Health

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EDMUND G. BROWN JR.
Governor

FINAL Analysis Results Report for Task ID. N11-0390

Analyst: Angela Tan

Analysis Approved By: Shiyamalie Ruberu

Analysis Approval Date: 07/22/2011

Requestor

Name: Steve Hsu

Organization: Radiologic Health Branch

Address: MS 7610, 1500 Capitol Avenue

City: Sacramento

State: CA

Zip Code: 95814-5006 Phone: 916-440-7940

Site and Sample Information

Collector's Name: RHM

Date/Time Collected: 04/05/2011 12:00 Date/Time Received: 04/07/2011 09:50

Site Name: San Onofre NPP

Source Name: SONGS B / Unit 2/3 Outfall

R Number: R91080

Sample Type: Fish/Shellfish

<u>Sample ID</u>	<u>Sampling Point</u>	<u>Method</u>	<u>Parameter</u>	<u>Result ± CE</u>	<u>MDA₉₅</u>	<u>Units</u>
N11-0390-001	Black Perch	HASL Ga-01-R	Dry Wt./Wet Wt.	0.252 ±		
N11-0390-001	Black Perch	HASL Ga-01-R	K-40	15.0 ± 0.375	0.592	pCi/g dry wt

1. Precision criteria for these methods were determined to be acceptable.
 2. CE is the counting error at the 95% confidence level as defined in Prescribed Procedures for Measurement of Radioactivity in Drinking Water, EPA-600/4-80-032, August 1980
 3. MDA₉₅ is the sample specific minimum detectable activity at the 95% confidence level, which is the LLD₉₅ divided by 2.22, the efficiency and the yield, and may include factors for abundance, decay and ingrowth, depending on the particular radionuclide. LLD₉₅ is defined in section 7020C, Standard Methods for the Examination of Water and Wastewater, American Water Works Association, 21st Ed., 2005, where Sb is the square root of the instrument background count rate.

REQUEST FOR SAMPLE ANALYSIS (Radiochemical)

Sanitation and Radiation Laboratories Branch 850 Marina Bay Parkway, G164 Richmond, CA 94804 510-620-2911	Date Received: 4/7/11	Lab No. (Leave Blank) 4100 W11-0390
	Date & Time Sampled 4/5/11 12:00	Serial Number R 91080
Collector Information Name: Dept./Branch: Address: PHM Telephone No.:	Reporting Information Name: Dept./Branch: Address: Telephone No.:	
Sample Information System Name / Facility: SONGS B Sampling Point (s): Unit 213 outfall System No.:	Billing Agency <input type="checkbox"/> DWFOB () <input checked="" type="checkbox"/> RHB <input type="checkbox"/> RWQCB () <input type="checkbox"/> DTSC <input type="checkbox"/> DWTPB <input type="checkbox"/> FDB <input type="checkbox"/> DWR <input type="checkbox"/> CDFG <input type="checkbox"/> EMB <input type="checkbox"/> Other (Specify) _____	

TYPE OF SAMPLE (Check all applicable boxes)

- Drinking Water Groundwater Surface Water Wastewater
 - Raw Water Treatment Plant (WTP) Distribution System Point of Use (POU)
 - Treated (circle one): Chlorinated / Chloraminated / Chlorine Dioxide / Ozonated / Peroxzone / Fluoridated / Coagulated / pH Adjusted
-
- Air Filters Date/Time _____ Seawater Sludge (Semi-solid Samples)
 - Finishing: _____ Milk Soil/Sediment
 - Starting: _____ Wipes Biota (Type): Black Porch
 - Net (M³) _____ Radon Canister Other: _____
 - Air Charcoal Cartridge

COMMENTS: (Cautions, etc.): _____

- Field Treatment: Preservatives added: _____ Iced/Frozen: _____ Other: _____
- Field Measurement: _____ mR/hr Radionuclide(s), if known: _____
- Rush/Priority (should be prearranged and have supervisory approval)

ANALYSIS REQUESTED (For questions, please call 510-620-2911)

- Gross Alpha Gross Beta Gamma Scan
- Total Uranium Total Beta (LSC) NORM (Gamma)
- Total Radium Tritium (³H) Isotopic Americium / Curium
- Radium-226 Carbon-14 Isotopic Plutonium
- Radium-228 Iodine-131 Isotopic Thorium
- Radon-222 Strontium-89, 90 Isotopic Uranium
- Other (Specify): _____ Nickel-63 Iron-55

CHAIN OF CUSTODY

1.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____	Time Custody Released _____
2.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____	Time Custody Released _____
3.	Date <u>4/7/11</u>	Name (Print) <u>S. Ruben</u>	Signature <u>S. Ruben</u>	Date _____
	Date <u>9:50</u>	Name (Print) <u>DWRLB</u>	Signature _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____	Time Custody Released _____

LABORATORY REMARKS (Leave Blank)

- A. Condition at Time of Receipt:**
- Acceptable Broken Container Leaked in Transit Improper Container
 - Holding Time Exceeded Sample Not Cooled Insufficient Sample
- B. Preservatives/Carriers:**
- Added While Sampling Added in Laboratory Not Added Not Applicable



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Director

State of California - Health and Human Services Agency
California Department of Public Health

Drinking Water and Radiation Laboratory Branch

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EDMUND G. BROWN JR.
Governor

FINAL Analysis Results Report for Task ID. N11-0389

Analyst: Angela Tan

Analysis Approved By: Shiyamalie Ruberu

Analysis Approval Date: 07/22/2011

Requestor

Name: Steve Hsu

Organization: Radiologic Health Branch

Address: MS 7610, 1500 Capitol Avenue

City: Sacramento

State: CA

Zip Code: 95814-5006 Phone: 916-440-7940

Site and Sample Information

Collector's Name: RHM

Date/Time Collected: 04/05/2011 09:20 Date/Time Received: 04/07/2011 09:50

Site Name: San Onofre NPP

Source Name: SONGS B / Units 2/3 Outfall

R Number: R91079

Sample Type: Fish/Shellfish

<u>Sample ID</u>	<u>Sampling Point</u>	<u>Method</u>	<u>Parameter</u>	<u>Result ± CE</u>	<u>MDA₉₅</u>	<u>Units</u>
N11-0389-001	Sheephead	HASL Ga-01-R	Dry Wt./Wet Wt.	0.238 ±		
N11-0389-001	Sheephead	HASL Ga-01-R	K-40	18.2 ± 0.429	0.476	pCi/g dry wt

1. Precision criteria for these methods were determined to be acceptable.
2. CE is the counting error at the 95% confidence level as defined in Prescribed Procedures for Measurement of Radioactivity in Drinking Water, EPA-600/4-80-032, August 1980
3. MDA₉₅ is the sample specific minimum detectable activity at the 95% confidence level, which is the LLD₉₅ divided by 2.22, the efficiency and the yield, and may include factors for abundance, decay and ingrowth, depending on the particular radionuclide. LLD₉₅ is defined in section 7020C, Standard Methods for the Examination of Water and Wastewater, American Water Works Association, 21st Ed., 2005, where Sb is the square root of the instrument background count rate.

REQUEST FOR SAMPLE ANALYSIS (Radiochemical)

Sanitation and Radiation Laboratories Branch 850 Marina Bay Parkway, G164 Richmond, CA 94804 510-620-2911	Date Received 4/7/11	Lab No. (Leave Blank) R11-0389
	Date & Time Sampled 4/5/11 9:30	Serial Number R 91079
Collector Information Name: RHM Dept./Branch: Address: Telephone No.:	Reporting Information Name: Dept./Branch: Address: Telephone No.:	
Sample Information System Name / Facility: SONGS Sampling Point (s): Units 2/3 Outfall System No.:	Billing Agency <input type="checkbox"/> DWFOB () <input checked="" type="checkbox"/> RHB <input type="checkbox"/> RWQCB () <input type="checkbox"/> DTSC <input type="checkbox"/> DWTPB <input type="checkbox"/> FDB <input type="checkbox"/> DWR <input type="checkbox"/> CDFG <input type="checkbox"/> EMB <input type="checkbox"/> Other (Specify) _____	

TYPE OF SAMPLE (Check all applicable boxes)

<input type="checkbox"/> Drinking Water	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Surface Water	<input type="checkbox"/> Wastewater
<input type="checkbox"/> Raw	<input type="checkbox"/> Water Treatment Plant (WTP)	<input type="checkbox"/> Distribution System	<input type="checkbox"/> Point of Use (POU)
<input type="checkbox"/> Treated (circle one): Chlorinated / Chloraminated / Chlorine Dioxide / Ozonated / Peroxozone / Fluoridated / Coagulated / pH Adjusted			

<input type="checkbox"/> Air Filters	Date/Time	<input type="checkbox"/> Seawater	<input type="checkbox"/> Sludge (Semi-solid Samples)
Finishing: _____	_____	<input type="checkbox"/> Milk	<input type="checkbox"/> Soil/Sediment
Starting: _____	_____	<input type="checkbox"/> Wipes	<input checked="" type="checkbox"/> Biota (Type): Sheephead
Net (M ³): _____		<input type="checkbox"/> Radon Canister	<input type="checkbox"/> Other: _____

Air Charcoal Cartridge

COMMENTS: (Cautions, etc.): _____

Field Treatment: Preservatives added: _____ Iced/Frozen: _____ Other: _____

Field Measurement: _____ mR/hr Radionuclide(s), if known: _____

Rush/Priority (should be prearranged and have supervisory approval)

ANALYSIS REQUESTED (For questions, please call 510-620-2911)

<input type="checkbox"/> Gross Alpha	<input type="checkbox"/> Gross Beta	<input checked="" type="checkbox"/> Gamma Scan
<input type="checkbox"/> Total Uranium	<input type="checkbox"/> Total Beta (LSC)	<input type="checkbox"/> NORM (Gamma)
<input type="checkbox"/> Total Radium	<input type="checkbox"/> Tritium (³ H)	<input type="checkbox"/> Isotopic Americium / Curium
<input type="checkbox"/> Radium-226	<input type="checkbox"/> Carbon-14	<input type="checkbox"/> Isotopic Plutonium
<input type="checkbox"/> Radium-228	<input type="checkbox"/> Iodine-131	<input type="checkbox"/> Isotopic Thorium
<input type="checkbox"/> Radon-222	<input type="checkbox"/> Strontium-89, 90	<input type="checkbox"/> Isotopic Uranium
<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Nickel-63	<input type="checkbox"/> Iron-55

CHAIN OF CUSTODY

1.	Date _____	Name (Print) _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____
2.	Date _____	Name (Print) _____	Date _____
	Time Custody Received _____	Organization _____	Signature _____
3.	Date 4/7/11	Name (Print) S. Ruben	Date _____
	Time Custody Received 9:50	Organization DWR/LB	Signature S. Ruben
			Time Custody Released _____

LABORATORY REMARKS (Leave Blank)

A. Condition at Time of Receipt:

<input type="checkbox"/> Acceptable	<input type="checkbox"/> Broken Container	<input type="checkbox"/> Leaked in Transit	<input type="checkbox"/> Improper Container
<input type="checkbox"/> Holding Time Exceeded	<input type="checkbox"/> Sample Not Cooled	<input type="checkbox"/> Insufficient Sample	

B. Preservatives/Carriers:

<input type="checkbox"/> Added While Sampling	<input type="checkbox"/> Added in Laboratory	<input type="checkbox"/> Not Added	<input type="checkbox"/> Not Applicable
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RON CHAPMAN, MD, MPH
Director

State of California - Health and Human Services Agency
California Department of Public Health

Drinking Water and Radiation Laboratory Branch

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EDMUND G. BROWN JR.
Governor

FINAL Analysis Results Report for Task ID. N11-0388

Analyst: Angela Tan

Analysis Approved By: Shiyamalie Ruberu

Analysis Approval Date: 07/22/2011

Requestor

Name: Steve Hsu

Organization: Radiologic Health Branch

Address: MS 7610, 1500 Capitol Avenue

City: Sacramento

State: CA

Zip Code: 95814-5006 Phone: 916-440-7940

Site and Sample Information

Collector's Name: RHM

Date/Time Collected: 04/05/2011 13:45 Date/Time Received: 04/07/2011 09:50

Site Name: San Onofre NPP

Source Name: SONGS A / Unit 1 Ourfall

R Number: R 91078

Sample Type: Fish/Shellfish

<u>Sample ID</u>	<u>Sampling Point</u>	<u>Method</u>	<u>Parameter</u>	<u>Result ± CE</u>	<u>MDA₉₅</u>	<u>Units</u>
N11-0388-001	Calif Mussel	HASL Ga-01-R	Dry Wt./Wet Wt.	0.240 ±		
N11-0388-001	Calif Mussel	HASL Ga-01-R	K-40	11.4 ± 0.311	0.434	pCi/g dry wt

1. Precision criteria for these methods were determined to be acceptable.
 2. CE is the counting error at the 95% confidence level as defined in Prescribed Procedures for Measurement of Radioactivity in Drinking Water, EPA-600/4-80-032, August 1980
 3. MDA₉₅ is the sample specific minimum detectable activity at the 95% confidence level, which is the LLD₉₅ divided by 2.22, the efficiency and the yield, and may include factors for abundance, decay and ingrowth, depending on the particular radionuclide. LLD₉₅ is defined in section 7020C, Standard Methods for the Examination of Water and Wastewater, American Water Works Association, 21st Ed., 2005, where Sb is the square root of the instrument background count rate.

REQUEST FOR SAMPLE ANALYSIS (Radiochemical)

Sanitation and Radiation Laboratories Branch 850 Marina Bay Parkway, G164 Richmond, CA 94804 510-620-2911	Date Received 4/7/11	Lab No. (Leave Blank) M11-0388
	Date & Time Sampled 4/5/11 13:45	Serial Number R 91078
Collector Information Name: Dept./Branch: RAM Address: Telephone No.:	Reporting Information Name: Dept./Branch: Address: Telephone No.:	
Sample Information System Name / Facility: SONNETS A Sampling Point (s): Unit 1 Outfall System No.:	Billing Agency <input type="checkbox"/> DWFOB () <input checked="" type="checkbox"/> RHB <input type="checkbox"/> RWQCB () <input type="checkbox"/> DTSC <input type="checkbox"/> DWTPB <input type="checkbox"/> FDB <input type="checkbox"/> DWR <input type="checkbox"/> CDFG <input type="checkbox"/> EMB <input type="checkbox"/> Other (Specify) _____	

TYPE OF SAMPLE (Check all applicable boxes)

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Drinking Water | <input type="checkbox"/> Groundwater | <input type="checkbox"/> Surface Water | <input type="checkbox"/> Wastewater |
| <input type="checkbox"/> Raw | <input type="checkbox"/> Water Treatment Plant (WTP) | <input type="checkbox"/> Distribution System | <input type="checkbox"/> Point of Use (POU) |
| <input type="checkbox"/> Treated (circle one): Chlorinated / Chloraminated / Chlorine Dioxide / Ozonated / Peroxzone / Fluoridated / Coagulated / pH Adjusted | | | |
| <input type="checkbox"/> Air Filters | Date/Time | <input type="checkbox"/> Seawater | <input type="checkbox"/> Sludge (Semi-solid Samples) |
| Finishing: _____ | _____ | <input type="checkbox"/> Milk | <input type="checkbox"/> Soil/Sediment |
| Starting: _____ | _____ | <input type="checkbox"/> Wipes | <input checked="" type="checkbox"/> Biota (Type): Calif. Mussel |
| Net (M ³) _____ | _____ | <input type="checkbox"/> Radon Canister | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Air Charcoal Cartridge | | | |

COMMENTS: (Cautions, etc.): _____

- Field Treatment: Preservatives added: _____ Iced/Frozen: _____ Other: _____
- Field Measurement: _____ mR/hr Radionuclide(s), if known: _____
- Rush/Priority (should be prearranged and have supervisory approval)

ANALYSIS REQUESTED (For questions, please call 510-620-2911)

- | | | |
|-------------------------------------------------|----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Gross Alpha | <input type="checkbox"/> Gross Beta | <input checked="" type="checkbox"/> Gamma Scan |
| <input type="checkbox"/> Total Uranium | <input type="checkbox"/> Total Beta (LSC) | <input type="checkbox"/> NORM (Gamma) |
| <input type="checkbox"/> Total Radium | <input type="checkbox"/> Tritium (³ H) | <input type="checkbox"/> Isotopic Americium / Curium |
| <input type="checkbox"/> Radium-226 | <input type="checkbox"/> Carbon-14 | <input type="checkbox"/> Isotopic Plutonium |
| <input type="checkbox"/> Radium-228 | <input type="checkbox"/> Iodine-131 | <input type="checkbox"/> Isotopic Thorium |
| <input type="checkbox"/> Radon-222 | <input type="checkbox"/> Strontium-89, 90 | <input type="checkbox"/> Isotopic Uranium |
| <input type="checkbox"/> Other (Specify): _____ | <input type="checkbox"/> Nickel-63 | <input type="checkbox"/> Iron-55 |

CHAIN OF CUSTODY

1.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____		Time Custody Released _____
2.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____		Time Custody Released _____
3.	Date 4/7/11	Name (Print) S. Eubank	Signature [Signature]	Date _____
	Time Custody Received 9:50	Organization DWRLB		Time Custody Released _____

LABORATORY REMARKS (Leave Blank)

- A. Condition at Time of Receipt:**
- | | | | |
|------------------------------------------------|--------------------------------------------|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Acceptable | <input type="checkbox"/> Broken Container | <input type="checkbox"/> Leaked in Transit | <input type="checkbox"/> Improper Container |
| <input type="checkbox"/> Holding Time Exceeded | <input type="checkbox"/> Sample Not Cooled | <input type="checkbox"/> Insufficient Sample | |
- B. Preservatives/Carriers:**
- | | | | |
|-----------------------------------------------|----------------------------------------------|------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Added While Sampling | <input type="checkbox"/> Added in Laboratory | <input type="checkbox"/> Not Added | <input type="checkbox"/> Not Applicable |
|-----------------------------------------------|----------------------------------------------|------------------------------------|-----------------------------------------|



RON CHAPMAN, MD, MPH
Director

State of California - Health and Human Services Agency
California Department of Public Health

Drinking Water and Radiation Laboratory Branch

850 Marina Bay Parkway, Richmond, CA 94804
Phone: (510) 620-2911 Fax: (510) 620-2940



EDMUND G. BROWN JR.
Governor

FINAL Analysis Results Report for Task ID. N11-0387

Analyst: Angela Tan

Analysis Approved By: Shiyamalie Ruberu

Analysis Approval Date: 07/22/2011

Requestor

Name: Steve Hsu

Organization: Radiologic Health Branch

Address: MS 7610, 1500 Capitol Avenue

City: Sacramento

State: CA

Zip Code: 95814-5006 Phone: 916-440-7940

Site and Sample Information

Collector's Name: RHM

Date/Time Collected: 04/05/2011 14:00 Date/Time Received: 04/07/2011 09:50

Site Name: San Onofre NPP

Source Name: SONGS A / Unit 1 Outfall

R Number: R91077

Sample Type: Fish/Shellfish

<u>Sample ID</u>	<u>Sampling Point</u>	<u>Method</u>	<u>Parameter</u>	<u>Result ± CE</u>	<u>MDA₉₅</u>	<u>Units</u>
N11-0387-001	Spiny Lobster	HASL Ga-01-R	Dry Wt./Wet Wt.	0.248 ±		
N11-0387-001	Spiny Lobster	HASL Ga-01-R	K-40	17.8 ± 0.462	0.798	pCi/g dry wt

1. Precision criteria for these methods were determined to be acceptable.
 2. CE is the counting error at the 95% confidence level as defined in Prescribed Procedures for Measurement of Radioactivity in Drinking Water, EPA-600/4-80-032, August 1980
 3. MDA₉₅ is the sample specific minimum detectable activity at the 95% confidence level, which is the LLD₉₅ divided by 2.22, the efficiency and the yield, and may include factors for abundance, decay and ingrowth, depending on the particular radionuclide. LLD₉₅ is defined in section 7020C, Standard Methods for the Examination of Water and Wastewater, American Water Works Association, 21st Ed., 2005, where Sb is the square root of the instrument background count rate.

REQUEST FOR SAMPLE ANALYSIS (Radiochemical)

Sanitation and Radiation Laboratories Branch 850 Marina Bay Parkway, G164 Richmond, CA 94804 510-620-2911	Date Received	Lab No. (Leave Blank) N11-0387
	Date & Time Sampled 4/15/11 14:00	Serial Number R 91077
Collector Information Name: RHM Dept./Branch: Address: Telephone No.:	Reporting Information Name: Dept./Branch: Address: Telephone No.:	
Sample Information System Name / Facility: SONGTS A Sampling Point (s): Unit 1 Outfall System No.:	Billing Agency <input type="checkbox"/> DWFOB () <input checked="" type="checkbox"/> RHB <input type="checkbox"/> RWQCB () <input type="checkbox"/> DTSC <input type="checkbox"/> DWTPB <input type="checkbox"/> FDB <input type="checkbox"/> DWR <input type="checkbox"/> CDFG <input type="checkbox"/> EMB <input type="checkbox"/> Other (Specify) _____	

TYPE OF SAMPLE (Check all applicable boxes)

- | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Drinking Water | <input type="checkbox"/> Groundwater | <input type="checkbox"/> Surface Water | <input type="checkbox"/> Wastewater |
| <input type="checkbox"/> Raw | <input type="checkbox"/> Water Treatment Plant (WTP) | <input type="checkbox"/> Distribution System | <input type="checkbox"/> Point of Use (POU) |
| <input type="checkbox"/> Treated (circle one): Chlorinated / Chloraminated / Chlorine Dioxide / Ozonated / Peroxzone / Fluoridated / Coagulated / pH Adjusted | | | |
| <input type="checkbox"/> Air Filters | Date/Time | <input type="checkbox"/> Seawater | <input type="checkbox"/> Sludge (Semi-solid Samples) |
| Finishing: _____ | _____ | <input type="checkbox"/> Milk | <input type="checkbox"/> Soil/Sediment |
| Starting: _____ | _____ | <input type="checkbox"/> Wipes | <input checked="" type="checkbox"/> Biota (Type): Spiny lobster |
| Net (M ³) _____ | _____ | <input type="checkbox"/> Radon Canister | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Air Charcoal Cartridge | | | |

COMMENTS: (Cautions, etc.): _____

- Field Treatment: Preservatives added: _____ Iced/Frozen: _____ Other: _____
- Field Measurement: _____ mR/hr Radionuclide(s), if known: _____
- Rush/Priority (should be prearranged and have supervisory approval)

ANALYSIS REQUESTED (For questions, please call 510-620-2911)

- | | | |
|-------------------------------------------------|----------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Gross Alpha | <input type="checkbox"/> Gross Beta | <input checked="" type="checkbox"/> Gamma Scan |
| <input type="checkbox"/> Total Uranium | <input type="checkbox"/> Total Beta (LSC) | <input type="checkbox"/> NORM (Gamma) |
| <input type="checkbox"/> Total Radium | <input type="checkbox"/> Tritium (³ H) | <input type="checkbox"/> Isotopic Americium / Curium |
| <input type="checkbox"/> Radium-226 | <input type="checkbox"/> Carbon-14 | <input type="checkbox"/> Isotopic Plutonium |
| <input type="checkbox"/> Radium-228 | <input type="checkbox"/> Iodine-131 | <input type="checkbox"/> Isotopic Thorium |
| <input type="checkbox"/> Radon-222 | <input type="checkbox"/> Strontium-89, 90 | <input type="checkbox"/> Isotopic Uranium |
| <input type="checkbox"/> Other (Specify): _____ | <input type="checkbox"/> Nickel-63 | <input type="checkbox"/> Iron-55 |

CHAIN OF CUSTODY

1.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____		Time Custody Released _____
2.	Date _____	Name (Print) _____	Signature _____	Date _____
	Time Custody Received _____	Organization _____		Time Custody Released _____
3.	Date 4/17/11	Name (Print) S. Ruben	Signature S. Ruben	Date _____
	Time Custody Received 9:50	Organization DWR/LB		Time Custody Released _____

LABORATORY REMARKS (Leave Blank)

- A. Condition at Time of Receipt:**
- | | | | |
|------------------------------------------------|--------------------------------------------|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Acceptable | <input type="checkbox"/> Broken Container | <input type="checkbox"/> Leaked in Transit | <input type="checkbox"/> Improper Container |
| <input type="checkbox"/> Holding Time Exceeded | <input type="checkbox"/> Sample Not Cooled | <input type="checkbox"/> Insufficient Sample | |
- B. Preservatives/Carriers:**
- | | | | |
|-----------------------------------------------|----------------------------------------------|------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Added While Sampling | <input type="checkbox"/> Added in Laboratory | <input type="checkbox"/> Not Added | <input type="checkbox"/> Not Applicable |
|-----------------------------------------------|----------------------------------------------|------------------------------------|-----------------------------------------|