

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
Division of Environment  
Bureau of Waste Management

MEMORANDUM

**TO:** Koch Nitrogen Company, LLC Facility File.  
**FROM:** Everett Spellman *ES*  
**DATE:** June 16, 2009  
**RE:** O&M Inspection Report

On July 14-16, 2008, I visited the Koch Nitrogen Company, LLC (KNC) facility to conduct an Operations and Maintenance (O&M) Inspection. During the inspection, KDHE collected groundwater samples from monitoring wells TW-20, and TW-80. The analytical results for these samples are attached to this memo. Also attached is the completed inspection checklist.

RCRA



531857



KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

BUREAU OF WASTE MANAGEMENT  
HAZARDOUS WASTE PERMIT SECTION



OPERATION AND MAINTENANCE CHECKLIST  
HAZARDOUS WASTE COVER PAGE

General  Routine  Follow-up

EPA ID/Permit No. KSD044625010 Date(s) July 14-16, 2008  
Facility Name Koch Nitrogen Company, LLC KDHE District SW  
Street 11559 US Highway 50 City Dodge City KS ZIP 67801-1337  
Mailing Address (if different than above) \_\_\_\_\_  
Facility Contact Ms Annie-Laurie Burke Phone 620-227-8631, Ext 350  
Fax \_\_\_\_\_ e-mail \_\_\_\_\_  
Inspector(s) Everett Spellman  
Sampling Crew Cory Zellers, Joe Corbin

Facility Information:

Regulatory Status of T/S/D Facility:  Loss of Interim Status  Order  
 Approved Post-Closure Plan  Other \_\_\_\_\_  
 Post-Closure Permit

Sampling and Analysis Plan: Date of Plan Approval July 9, 2001

Groundwater Monitoring System:  Dedicated System  Non-dedicated System  
Number of Monitoring Wells more than 100 at facility  
Approximate Depth to Groundwater 80-120 feet

Type of Equipment Use: Water Level Indicator  Oil/Water Interface Probe \_\_\_\_\_  
Well Evacuation Device \_\_\_\_\_ Type of Tubing \_\_\_\_\_  
pH meter  Turbidity meter \_\_\_\_\_  
Conductivity Meter  Flow-through-cell   
Other pH/conductivity/Temp/DO

Decontamination Procedures: Wash:  nonphosphate detergent  other \_\_\_\_\_  
Rinse:  Tap water  Organic-free reagent water  
 Hexane  Methanol  Acetone  
 hydrochloric acid  nitric acid  other

Laboratory Analytical Parameters:  VOC  SVOC  1,4 Dioxane  
 Metals  Pesticides/Herbicides  Radiation  
 PCB  Other NO3

Name of Laboratory Continental Analytical Services KDHE Certified Lab?  Yes  No  
Inc.

**OPERATION AND MAINTENANCE CHECKLIST  
HAZARDOUS WASTE COVER PAGE**

**Inspection Goals and Tasks**

The goal of an Operation and Maintenance Inspection (O&M) is to ensure the facility is properly operating and maintaining the groundwater monitoring system installed at the facility. This evaluation requires an examination of sampling procedures including preparations, equipment calibration, static water level and total well depth measurements, well purging and sampling methods and techniques, equipment decontamination, quality assurance and quality control procedures, and well conditions. This checklist is intended to assist in the evaluation of these details.

Goals of the Inspection To observe sampling procedures and note any  
violations or deficiencies with respect to the KDE approved  
Sampling & Analysis Plan (SAP).

Date(s) of Inspection July 14-16, 2008

Arrival Time(s) 12:30 pm on July 14, 7:30 Am on July 15 and 7:30 am  
on July 16, 2008

Departure Time 6:30 pm on July 14, 6:30 pm on July 15, and  
approx. 2:30 pm on July 16, 2008.

Wells to Split TW-28 & TW-80

Wells to photograph Various

## RCRA OPERATION AND MAINTENANCE INSPECTION CHECKLIST

<b>A.</b>	<b>SAMPLING EVENT PREPARATION [40 CFR 264.97 (e), 40 CFR 265.92 (a)]</b>
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- |  | YES                                 | NO                                  | NA                       |
|--|-------------------------------------|-------------------------------------|--------------------------|
| A.1. Did the sampling crew adequately prepare and check all equipment prior to mobilization? _____<br>_____  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| A.2. Were field instruments properly calibrated and calibrations recorded in a field logbook? _____<br>_____ | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| A.3. Did the Sampling Crew have a copy of the SAP and QAPP in the Field? _____                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Notes: Sampling personnel later produced a copy of the SAP document.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

See Section I for additional information.

<b>B.</b>	<b>WELL INTEGRITY [40 CFR 264.97 (c), 40 CFR 265.91 (c)]</b>
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- |  | YES                                 | NO                       | NA                                  |
|--|-------------------------------------|--------------------------|-------------------------------------|
| B.1. Are the following elements of the well properly maintained? (See attached Monitoring Well Integrity Worksheet.) |                                     |                          |                                     |
| a. Protective outer casing and lock <u>Some wells do not have protective casings</u>                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| b. Concrete pad / surface seal <u>Some wells could use additional bentonite</u>                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| c. Gas vent and weep hole _____  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| d. Survey elevation mark clearly visible _____   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| e. Primary casing <u>Some wells have holes in side of casing</u>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| f. Cap for primary casing _____  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| g. Well identification markers _____   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| h. Flush mount vault seal (water in vault?) _____  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Notes: Need to check for water in the well vault of new flush-mount wells (i.e. ST-2206)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

See Section I for additional information.

**C. STATIC WATER-LEVEL (SWL) AND TOTAL WELL DEPTH (TWD) MEASUREMENTS**  
 [40 CFR 264.97 (f), 40 CFR 265.92 (e)]

- |  | YES                                 | NO                       | NA                                  |
|--|-------------------------------------|--------------------------|-------------------------------------|
| C.1. Were static water level and total well depths measured from the well survey mark? _____   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| C.2. Were static water level and total well depths measured in accordance with the Sampling and Analysis Plan? If not, describe any variances. <u>Did not observe total well depth meas.</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| C.3. Did the sampling crew obtain organic vapor reading at the wellhead prior to SWL or TWD measurements? _____  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C.4. Did the sampling crew measure SWLs in the wells and total well depths prior to the collection of samples? _____   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| C.5. Did the sampling crew record measurements to 0.01 feet? <u>w/ Tape</u>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| C.6. Were all SWL measurements taken within a 24-hour period? _____  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| C.7. Was the water level probe decontaminated in accordance with the SAP? _____  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| C.8. Were TWD measurements compared with "as built" well depths? <u>Data not provided</u>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C.9. Was percent occlusion determined based on TWD measurements versus "as built" well depths? _____   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            |

Notes: KNC uses a sonic meter to measure SWL in wells with operating pumps.

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See Section I for additional information.

**D. DETECTION / SAMPLING OF IMMISCIBLE LAYERS [40 CFR 264.97 (f), 40 CFR 265.92 (a)]**

- |   | YES                      | NO                       | NA                                  |
|---|--------------------------|--------------------------|-------------------------------------|
| D.1. Are procedures used which would detect light or dense phase immiscible layers? _____           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D.2. Are any detected immiscible layers measured or sampled separately prior to well purging? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D.3. Do the sampling procedures minimize mixing with the aqueous phase? _____                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Notes: \_\_\_\_\_

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See Section I for additional information.

**E. WELL PURGING AND SAMPLING PROCEDURES [40 CFR 264.97 (d), 40 CFR 265.92 (a)]**

- |  | YES                                 | NO                       | NA                                  |
|--|-------------------------------------|--------------------------|-------------------------------------|
| E.1. Were clean disposable <input type="checkbox"/> latex, <input checked="" type="checkbox"/> nitrile, or <input type="checkbox"/> vinyl gloves worn during sampling? _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| E.2. Were gloves changed before each sample or as needed? _____  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| E.3. Were the wells sampled in the sequence outlined by the approved Sampling and Analysis Plan? (List the sampling sequence.) _____<br>_____                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| E.4. Did the sampling crew sample background wells before sampling downgradient wells? _____   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| E.5. Did the sampling crew avoid placing clean sampling equipment, hoses, and lines on the ground or other contaminated surfaces prior to insertion in the well? _____       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

**Purge Procedures**

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| E.6. Were the wells purged in accordance with the approved Sampling and Analysis Plan? _____<br><input type="checkbox"/> No-purge method <input checked="" type="checkbox"/> Low-Flow method <input type="checkbox"/> Borehole volumes  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.7. Were the wells purged using <input checked="" type="checkbox"/> Dedicated or <input type="checkbox"/> Non-dedicated equipment?   |                                     |                          |                          |
| E.8. What equipment was used to purge the wells?<br><input checked="" type="checkbox"/> Bladder pump <input type="checkbox"/> Inertia pump <input type="checkbox"/> Suction pump<br><input checked="" type="checkbox"/> Submersible pump <input type="checkbox"/> Bailer <input type="checkbox"/> Other _____   |                                     |                          |                          |
| E.9. Did the sampling crew measure purge parameters in the field?<br>Frequency of measurements _____ <input checked="" type="checkbox"/> pH _____<br><input checked="" type="checkbox"/> Temperature _____ <input checked="" type="checkbox"/> Specific Conductance _____<br><input checked="" type="checkbox"/> Dissolved Oxygen _____ <input type="checkbox"/> Oxidation Reduction _____<br><input type="checkbox"/> Turbidity _____ <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.10. Did the sampling crew collect the purge water for <input type="checkbox"/> storage and analysis, <input checked="" type="checkbox"/> on-site disposal, or for <input type="checkbox"/> shipment off-site to a RCRA treatment facility? _____  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.11. Did the sampling crew use the proper field method to calculate the volume of water to purge? _____  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.12. Did the sampling crew use the proper field method to measure the volume of water to purge? _____  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E.13. Was a sufficient volume of water purged prior to sampling? _____  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Bailers**

- |  |                          |                          |                                     |
|--|--------------------------|--------------------------|-------------------------------------|
| E.14. Did the sampling crew lower and raise the bailer slowly to minimize disturbance and turbidity in the water column? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| E.15. Did the sampling crew prevent the rope attached to the bailer from touching the ground? _____                            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| E.16. Were the bailer contents transferred to the sample container using techniques to minimize                                |                          |                          |                                     |

- agitation and aeration? \_\_\_\_\_
- E.17. Were bailers bottom valve bailers? \_\_\_\_\_

**Pumps**

- E.18. Was the bladder pump discharge adjusted to a flow of 100 ml/min or less while collecting VOC samples? \_\_\_\_\_
- E.19. Were the samples collected from the pump discharge tube (not from any purge device discharge tube)? \_\_\_\_\_
- E.20. Was the pump discharge flow free of gas bubbles before each sample collection, (as a test for bladder integrity)? \_\_\_\_\_
- E.21. Was bladder pump flow performance monitored regularly for drop-off in flow rate and discharge volume per cycle? \_\_\_\_\_
- E.22. Were operating procedures established and followed to prevent the entry of drive gas into the sample flow or the bladder pump? \_\_\_\_\_

**Sampling Procedures**

- E.23. Were the wells sampled within a 24-hour period after purging? \_\_\_\_\_
- E.24. Were the proper sample containers and preservation methods used for each parameter or group of parameters to be analyzed? \_\_\_\_\_
- E.25. List parameter, container type and volume, and preservation methods for each sample.

Parameter/Group	Sample Container	Preservation
VOCs	40 ml	HCl
SVOCs	—	—
Pesticides/Herbicides	—	—
Metals	250 ml Plastic Bottle	HNO <sub>3</sub>
PCBs	—	—
Other - NO <sub>3</sub>	250 ml Plastic Bottle	H <sub>2</sub> SO <sub>4</sub>

- E.26. Were samples preserved in accordance with the approved Sampling and Analysis Plan? \_\_\_\_\_
- E.27. Were sample containers  Pre-preserved or  Preserved in the field?
- E.28. Did the sampling crew filter samples during sampling? \_\_\_\_\_
- E.29. Did the sampling crew collect and containerize samples in the order of the volatilization sensitivity of the parameters in accordance with the Sampling and Analysis Plan? \_\_\_\_\_
- E.30. Did a laboratory supply the sample containers? If not, describe the method used to clean the sample containers. \_\_\_\_\_
- E.31. Were the sample containers labeled? \_\_\_\_\_

E.32. Did the labels provide the following information?

Facility / Site Name _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sample identification number _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well number _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of collector _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date and time of collection _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parameter analyses requested _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E.33. Do the sample labels remain legible when wet? \_\_\_\_\_

E.34. Were split samples collected for/by the regulatory agency? If yes, which wells were sampled? TW-80 & TW-28

Notes: Samples were collected from residential wells  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See Section I for additional information.

**F. EQUIPMENT DECONTAMINATION [40 CFR 264.97 (d), 40 CFR 265.92 (a)]**

	YES	NO	NA
F.1. Were decontamination procedures completed in accordance with the approved Sampling and Analysis Plan? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F.2. Was non-dedicated sampling equipment disposed in accordance with the Sampling and Analysis Plan? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

See Section I for additional information.

**G. QUALITY ASSURANCE AND QUALITY CONTROL [40 CFR 264.97 (d) and (e), 40 CFR 265.92 (a)]**

	YES	NO	NA
G.1. Did the sampling crew calibrate the field equipment in accordance with the approved Sampling and Analysis Plan? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.2. Did the sampling crew follow proper maintenance procedures for the field equipment? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G.3. Did the sampling crew prevent contamination of sampling equipment (i.e. tubing, probes, bottles)? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G.4. Were the samples handled properly prior to analyses (immediately placed on ice after collection, refrigerated, and secured)? \_\_\_\_\_

G.5. Does the Sampling and Analysis Plan require the following QA/QC samples? \_\_\_\_\_

Trip Blanks - Was one trip blank prepared for each transport cooler containing VOC samples? How many trip blanks were collected? \_\_\_\_\_  
 \_\_\_\_\_ VOC only \_\_\_\_\_

Duplicate Samples - From which wells were duplicate samples collected? \_\_\_\_\_  
 \_\_\_\_\_

Field Blanks - How frequently were field blanks collected? \_\_\_\_\_  
 \_\_\_\_\_

Equipment Blanks - How frequently were equipment blanks collected? \_\_\_\_\_  
 \_\_\_\_\_

G.6. Did the sampling crew maintain a field logbook and/or individual well sampling sheets? \_\_\_\_\_

G.7. Was the following information documented?  
 a. Date and time of sampling \_\_\_\_\_     
 b. Weather conditions \_\_\_\_\_     
 c. Field sampling participants \_\_\_\_\_     
 d. Observations and physical well integrity \_\_\_\_\_     
 e. Field equipment descriptions \_\_\_\_\_     
 f. Field analysis results \_\_\_\_\_     
 g. Field equipment and calibration/maintenance information \_\_\_\_\_     
 h. Any other pertinent field observations or unusual conditions Notes \_\_\_\_\_

G.8. Who maintains the field logbook and/or individual well sampling sheets? Sampling crew

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

See Section I for additional information.

**H. CHAIN-OF-CUSTODY [40 CFR 264.97 (d), 40 CFR 265.92 (a)]**

	YES	NO	NA
H.1. Was a chain-of-custody record included with each sample? _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H.2. Were the following chain-of-custody items documented?			
a. Sample identification number _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Well number _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Signature of collector _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Date and time of collection _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sample container and preservative type _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Number of containers _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Parameter analyses requested _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Signature of all persons involved in the chain-of-possession _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>









# KANSAS HEALTH AND ENVIRONMENTAL LABORATORIES

Kansas Department of Health and Environment  
Forbes Field, Bldg. 740, Topeka, Kansas 66620-0001



## REPORT OF ANALYSIS

### INORGANIC CHEMISTRY

Report To: BUREAU OF WASTE MANAGEMENT  
ATTN EVERETT SPELLMAN  
CURTIS SOB, SUITE 320  
TOPEKA KS 66612

Analysis Code: PT Lab Number: 512674

4EM73

Site ID:  
Account Code: HD

Collection Location: KOCH NITROGEN COMPANY TW-28

Collector: EVERETT SPELLMAN BWM

Matrix: Water

Collect Depth:

Date/Time Collected: 07/15/08 12:30

Date/Time Received: 07/17/08 08:11

Sample Comments:

Parameter	Analytical Result	Units	Analysis Date	Analytical Method
Ammonia (N)	0.23	mg/L	07/22/08	EPA 350.1
Nitrate-Nitrite (N)	50	mg/L	07/29/08	SM 4500-NO3

Reporting Analyst: JAB  
Date Reported: 08/01/08  
Copies To: File

< - Not Detected at Indicated Level  
\* - Holding Time Exceeded

RECEIVED

AUG 04 2008

BUREAU OF WASTE MANAGEMENT



**KANSAS HEALTH AND ENVIRONMENTAL LABORATORIES**  
**Kansas Department of Health and Environment**  
**Forbes Field, Bldg. 740, Topeka, Kansas 66620-0001**



**REPORT OF ANALYSIS**

**INORGANIC CHEMISTRY**

Report To: BUREAU OF WASTE MANAGEMENT  
 ATTN EVERETT SPELLMAN  
 CURTIS SOB, SUITE 320  
 TOPEKA KS 66612

Analysis Code: PT Lab Number: 512675

4EM73

Site ID:  
 Account Code: HD

Collection Location: KOCH NITROGEN COMPANY TW-80

Collector: EVERETT SPELLMAN BWM

Matrix: Water

Collect Depth:

Date/Time Collected: 07/15/08 08:25

Date/Time Received: 07/17/08 08:12

Sample Comments:

Parameter	Analytical Result	Units	Analysis Date	Analytical Method
Ammonia (N)	0.52	mg/L	07/22/08	EPA 350.1
Nitrate-Nitrite (N)	180	mg/L	07/29/08	SM 4500-NO3

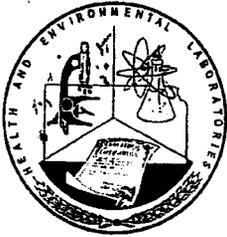
Reporting Analyst: JAB  
 Date Reported: 08/01/08  
 Copies To: File

< - Not Detected at Indicated Level  
 \* - Holding Time Exceeded

RECEIVED

AUG 04 2008

BUREAU OF WASTE MANAGEMENT



**Kansas Department of Health and Environment  
Division of Health and Environmental Laboratories  
Forbes Field, Building 740  
Topeka, Kansas 66620-0001**

Lab Number: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Analysis Code: \_\_\_\_\_

**Sample Submission Form**

Report To: Everett Spellman Address: BWM, 6508, Ste 320

Collection Site: Koch Nitrogen Company TW-28 PWS Acct. No. \_\_\_\_\_  
Legal Project Code Name

Site ID Number:         Collection Depth: \_\_\_\_\_ Feet

Sample Type:  Water  Soil  Sediment  Sludge  Air  Oil  Solid  Liquid  Wipe Priority: Regular Moderate Urgent

Sample Collector: Everett Spellman BWM Date: 07-15-08 Time: 1230  
Name Agency (Abbr) Mo Day Yr 24 Hour

Program Code:	EA	EB	EC	ED	EE	EF	EG	EH	EK	EL	EM	EN	EP	ET	EW	EX	EZ
	ES	FK	LM	SC	SE	SG	SN	SP	SW	PC	PD	PE	PG	PI	PL	PP	PT
	PU	PV	WE	WI	<u>HD</u>	HF	HL	HS	RP	AR	GS	KC	US	AQ	RT	WC	

**Organic Chemistry Laboratory**

Check Desired Analysis:  Other \_\_\_\_\_ VOC Sample Acidified:

Volatiles Method:  624  8260  524.2  Pesticides Method:  608  8080  507/8

Acids Method:  625  8270  Base/Neutrals Method:  625  8270  525.2

PCB's Method:  608  8080  Oil  Herbicides Method:  615  8150  515.1

**Inorganic Chemistry Laboratory**

Bottle Nos.: Chem \_\_\_\_\_ DO \_\_\_\_\_ NUT X HM X CN \_\_\_\_\_ O&G \_\_\_\_\_ Phenol \_\_\_\_\_

Check Desired Analysis:  Other NO<sub>3</sub>, NH<sub>3</sub>

Metals  Mercury  Mineral  TCLP

**Radiation Chemistry Laboratory**

Check Desired Analysis:  Other \_\_\_\_\_

Gross Alpha  Gross Uranium  Ra-226  Ra-228

Sample Comments: \_\_\_\_\_

Chain of Custody:

Date 7/17/08 Relinquished By Everett Spellman Received By RW

Date \_\_\_\_\_ Relinquished By \_\_\_\_\_ Received By \_\_\_\_\_

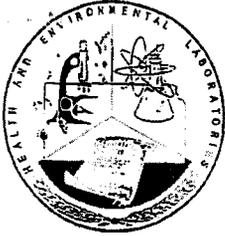
Date \_\_\_\_\_ Relinquished By DIV OF H&E LABORATORIES Received By \_\_\_\_\_

Additional Reports Routed To:

Name \_\_\_\_\_ Address 2008 JUL 17 AM 8:04

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_



Kansas Department of Health and Environment  
 Division of Health and Environmental Laboratories  
 Forbes Field, Building 740  
 Topeka, Kansas 66620-0001

Lab Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

Analysis Code: \_\_\_\_\_

Sample Submission Form

Report To: Everett Spallman Address: Bloom, LeOR, etc. 220

Collection Site: Kan. Air Quality Campaign TLW-90 PWS Acct. No. \_\_\_\_\_  
Legal Project Code Name

Site ID Number:         Collection Depth: \_\_\_\_\_ Feet

Sample Type:  Water  Soil  Sediment  Sludge  Air  Oil  Solid  Liquid  Wipe Priority: Regular Moderate Urgent

Sample Collector: Everett Spallman Bloom Date: 07-15-08 Time: 0825  
Name Agency (Abbr) Mo Day Yr 24 Hour

Program Code:	EA	EB	EC	ED	EE	EF	EG	EH	EK	EL	EM	EN	EP	ET	EW	EX	EZ
	ES	FK	LM	SC	SE	SG	SN	SP	SW	PC	PD	PE	PG	PI	PL	PP	PT
	PU	PV	WE	WI	HD	HF	HL	HS	RP	AR	GS	KC	US	AQ	RT	WC	

**Organic Chemistry Laboratory**

Check Desired Analysis:  Other \_\_\_\_\_ VOC Sample Acidified:

Volatiles Method:  624  8260  524.2  Pesticides Method:  608  8080  507/8

Acids Method:  625  8270  Base/Neutrals Method:  625  8270  525.2

PCB's Method:  608  8080  Oil  Herbicides Method:  615  8150  515.1

**Inorganic Chemistry Laboratory**

Bottle Nos.: Chem \_\_\_\_\_ DO \_\_\_\_\_ NUT  HM  CN \_\_\_\_\_ O&G \_\_\_\_\_ Phenol \_\_\_\_\_

Check Desired Analysis:  Other NO<sub>3</sub>, NH<sub>3</sub>

Metals  Mercury  Mineral  TCLP

**Radiation Chemistry Laboratory**

Check Desired Analysis:  Other \_\_\_\_\_

Gross Alpha  Gross Uranium  Ra-226  Ra-228

Sample Comments: \_\_\_\_\_

Chain of Custody:

Date 7/17/08 Relinquished By Everett Spallman Received By Ra

Date \_\_\_\_\_ Relinquished By \_\_\_\_\_ Received By \_\_\_\_\_

Date \_\_\_\_\_ Relinquished By SA Received By \_\_\_\_\_

Additional Reports Routed To: DIV. OF H&E LABORATORIES

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

2008 JUL 17 AM 8:04