

NAVAL UNDERSEA WARFARE CENTER, DIVISION KEYPORT
610 Dowell Street, Keyport, WA 98345
CODE 1023 CHEMISTRY TEST REPORT

Lab Number
C-215-24

Customer's Name Dale Hunt	Code 1023	Phone 6-2320	Date Submitted 8-13-24	Analyst(s) JH/EK		
NWA Number 400000018072/0010	Weapon/Program Hazardous Waste		Sampling Method Grab			
Sample Name Hot Tub Water	Date Sampled 8-13-24		Sample ID Number 1023-4226-01			
Location Bldg. 1044	Drum/Tank Number N/A		Lab Notebook Number 17C-89.48			
Background and Description of Service(s) Requested pH Total Cyanide (test at the discharge level) Total Permitted Discharge Metals						
Physical Characteristics: ¹ pH at 25 °C = 8.2						
Test Results ² Total Cyanide, mg/L: <0.2 ³ Total Metals, mg/L:						
Analyte	Result	Unit	PQL	MDL	Qualifier	Dilution
silver	<0.10	mg/L	0.011	0.0036		1
cadmium	<0.10	mg/L	0.006	0.0019		1
chromium	<0.10	mg/L	0.011	0.0036		1
copper	0.10	mg/L	0.020	0.0068		1
nickel	<0.10	mg/L	0.019	0.0062		1
lead	<0.10	mg/L	0.044	0.0145		1
zinc	<0.10	mg/L	0.016	0.0053		1
Aluminum	<0.10	mg/L	N/A	N/A	I	1
Data Qualifiers: I - Information only. 1 Per EPA SW-846, Method 9040C. 2 Per Standard Methods, Method 4500CN ⁻ D. 3 Per Standard Methods, 23rd Edition, Method 3120B, 2011						
Results apply to the sample(s) as received.						
Unused Sample Returned ___ Yes <input checked="" type="checkbox"/> No ___ N/A						
KUSCHE.BRIAN.REY NOLD.1370216440			Digitally signed by KUSCHE.BRIAN.REYNOLD.137021 6440 Date: 2024.08.16 13:57:46 -07'00'			
Reviewed By Date:			KNIGHT.EVA.W S.1527683471 Analyst Phone: (360) 315-3173			
			Digitally signed by KNIGHT.EVA.W S.1527683471 Date: 2024.08.16 13:01:49 -07'00' Date			

**TREATMENT, STORAGE AND DISPOSAL FACILITIES (TSDF)
ENVIRONMENTAL WASTE SAMPLE
ANALYSIS REQUEST**

SAMPLE NUMBER: 1023-4226-01 SAMPLE NO.: 1 OF 1 SAMPLE(S) TAKEN

Program: Hazardous Waste Job Order No. _____

REQUESTOR:

Name: Dale Hunt Code: 1023 Bldg. 1051 Phone: 6-2320

SAMPLE INFORMATION:

Sample Name: Hot tub water Date Sampled: 8/13/2024

Source Location: BLDG 1044 Source ID#: _____

Sample Method: Grab

Sample Quantity: 950x3 Container Type: _____

Sample Preservation Description: N/A

SAMPLED BY:

Name: (Print) Dail Hixon Code: 1023 Phone: 5-8460

Name: (Signature)  Date: 8/13/2024 Time: 0730

TRANSPORTED BY:

Name: (Print) Dail Hixon Code: 1023 Phone: 5-8460

Name: (Signature)  Date: 8/13/2024 Time: 0943

LABORATORY:

Name of Laboratory: NUWC Code: 1023 Phone: 5-3123

Sample Received By: Justin Howard Date: 8/13/24 Time: 0953

Name: (Signature)  Lab Number: C-215-24

PLEASE RETURN SIGNED ORIGINAL WITH ANALYSIS RESULTS

**TREATMENT, STORAGE AND DISPOSAL FACILITIES (TSDF)
ENVIRONMENTAL WASTE SAMPLE
ANALYSIS REQUEST**

ANALYSIS REQUESTED

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Flash Point | <input type="checkbox"/> Water | <input type="checkbox"/> Total Mercury | <input type="checkbox"/> PCB's |
| <input checked="" type="checkbox"/> pH | <input type="checkbox"/> TCLP Metals | <input type="checkbox"/> Otto Fuel | <input type="checkbox"/> Semi-Volatile Organics |
| <input type="checkbox"/> Specific Gravity | <input type="checkbox"/> TCLP Volatile Organics | <input type="checkbox"/> Oil & Grease | <input type="checkbox"/> BTU |
| <input type="checkbox"/> Physical State | <input type="checkbox"/> TCLP Semi-Volatile Organics | <input type="checkbox"/> VOC Screen | <input type="checkbox"/> Total Sulfur |
| <input type="checkbox"/> Layers | <input type="checkbox"/> TCLP Pesticides | <input type="checkbox"/> HOC Screen | <input checked="" type="checkbox"/> Total Cyanides |
| <input type="checkbox"/> Color | <input type="checkbox"/> TCLP Mercury | <input type="checkbox"/> TTO | <input type="checkbox"/> Detergent |
| <input type="checkbox"/> Total Solids | <input type="checkbox"/> Total Permitted Discharge Metals | <input type="checkbox"/> TPH | |
| <input type="checkbox"/> TSS | <input type="checkbox"/> Priority Pollutant Metals | <input type="checkbox"/> PAH's | |

COMMENTS:

Total Metals ~One bottle preserved w/ Nitric Acid
One bottle preserved w/ NaOH

FOR HAZARDOUS WASTE ANALYSIS

ANALYSIS REQUESTED BY:

Name: (Print) _____ (Signature) _____ Date: _____

ANALYSIS RECEIVED BY:

Name: (Print) _____ (Signature) _____ Date: _____

SAMPLE DISPOSITION:

Name: _____ Date: _____

Disposal Method: _____

Disposal Location: _____

PLEASE RETURN SIGNED ORIGINAL WITH ANALYSIS RESULTS