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Copy Email: Lab Report Fax No:

Lab Report Contact 1: (816) 977-5652

Lab Report Contact 2:

Customer ID No: 9400

Customer PO No:

Collected By: Client Invoice No: 65588

Report of Analysis

Laboratory Report ID No:

21161

Koehn Building Solutions 8137 S.E. County Rd 105

Rich Hill, MO 64779

Project Name: Airport LS

Item	Cat NO	ANALYSIS	COLLECTED	ANALYZED	REPORTI	NG LIMIT	
No.	Line NO	SAMPLE TYPE	SAMPLE SITE NOTES		TEST METHOD		RESULTS
1	6191	Bacteria, P/A E. coli	10/23/25	10/24/25	1	CFU/100mL	Negative
	143022	Grab	Sample 1		SM9223 B		CFU/100mL
2	6190	Bacteria, P/A Total coliform	10/23/25	10/24/25	1	CFU/100mL	Negative
	143021	Grab	Sample 1		SM9223 B		CFU/100mL

Comments, if present, co	oncern this Lab	Work Order:
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