

814 East 16th Street Kansas City, MO 64108 Phone (816) 471-4719 Fax (816) 471-0268 www.BlueVallevLabs.com

Report Email: landon@koehbuildings.com

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: 65600

**Report of Analysis** 

Laboratory Report ID No:

21169

Koehn Building Solutions 8137 S.E. County Rd 105

Rich Hill, MO 64779

**Project Name:** LS Airport

Item No.	Cat NO	ANALYSIS	COLLECTED	ANALYZED	REPORTIN	G LIMIT	DECLUITO
	Line NO	SAMPLE TYPE	SAMPLE	SITE NOTES	TEST METHOD		RESULTS
1	6191	Bacteria, P/A E. coli	10/27/25	10/28/25	1 (	CFU/100mL	Negative
	143068	Grab	Sample 1		SM9223 B		CFU/100mL
2	6190	Bacteria, P/A Total coliform	10/27/25	10/28/25	1 (	CFU/100mL	Negative
	143067	Grab	Sample 1		SM9223 B		CFU/100mL

Comments,	if present,	concern t	his La	b Wor	k Order:
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