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Report Email: mikeraysik01@gmail.com

Copy Email: Lab Report Fax No:

Lab Report Contact 1: (816) 309-9049

Lab Report Contact 2:

Customer ID No: 8669

Customer PO No:

Collected By: Client Invoice No: 36724

Report of Analysis

Laboratory Report ID No:

16332

Mike's Site Work PO Box 223

Lone Jack , MO 64070

Project Name:

Item No.	Cat NO	ANALYSIS	COLLECTED	ANALYZED	REPORTING LIMIT	RESULTS
	Line NO	SAMPLE TYPE	SAMPLE SITE NOTES		TEST METHOD	RESULIS
1	6191	Bacteria, P/A E. Coli	1/19/17	1/19/17	1	ABSENT
	93522		BACKFLOW PREV #	£1 DAY 1	SM9223 B	
2	6191	Bacteria, P/A E. Coli	1/20/17	1/20/17	1	ABSENT
	93523		BACKFLOW PREV #	£1 DAY 2	SM9223 B	
3	6190	Bacteria, P/A T. Coliform	1/19/17	1/19/17	1	ABSENT
	93521		BACKFLOW PREV #	£1 DAY 1	SM9223 B	
4	6190	Bacteria, P/A T. Coliform	1/20/17	1/20/17	1	ABSENT
	93524		BACKFLOW PREV #	£1 DAY 2	SM9223 B	
5	6420	Weekend Testing (Sat)			0	FEE
	93525					

Comments, if present, concern this Lab Work Orde	r:
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