

She Digs It

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Lab Report Contact 1: (816) 809-2638

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Customer ID No: 8672

Customer PO No:

Collected By: Client Invoice No: 36750

3424 W. Duncan Rd. **Report of Analysis**

Laboratory Report ID No:

16351

Blue Springs, MO 64015

Project Name: WATER UTIL FACILITY (8TH & MAIN)

Item No.	Cat NO	ANALYSIS	COLLECTED	ANALYZED	REPORTING LIM	IT RESULTS
	Line NO	SAMPLE TYPE	SAMPLE SITE NOTES		TEST METHOD	RESULIS
1	6191	Bacteria, P/A E. Coli	2/1/17	2/1/17	1	ABSENT
	93665		#1 (A+6" GATE VALVE) D1		SM9223 B	
2	6191	Bacteria, P/A E. Coli	2/2/17	2/2/17	1	ABSENT
	93666		#1 (A+6" GATE VA	LVE) D2	SM9223 B	
3	6190	Bacteria, P/A T. Coliform	2/1/17	2/1/17	1	ABSENT
	93664		#1 (A+6" GATE VA	LVE) D1	SM9223 B	
4	6190	Bacteria, P/A T. Coliform	2/2/17	2/2/17	1	ABSENT
	93667		#1 (A+6" GATE VA	LVE) D2	SM9223 B	

Comments, if present, concern this Lab Work Order:							