

Ryan Weers

Report Email: [jeremy.young@cityofls.net](mailto:jeremy.young@cityofls.net)

Copy Email: [ryan@ronweers.com](mailto:ryan@ronweers.com)

Main Number

Lab Report Fax No:

Lab Report Contact 1:

Lab Report Contact 2:

Customer ID No: 8799

Customer PO No:

Collected By: Client

Invoice No: 40573

Ron Weers Construction  
 2076 5 Foske Ct.

Bucyrs, KS

## Report of Analysis

Laboratory Report ID No:

**17032**

**Project Name:** Coleman Equipment

Item No.	Cat NO	ANALYSIS	COLLECTED	ANALYZED	REPORTING LIMIT	RESULTS
	Line NO	SAMPLE TYPE	SAMPLE SITE NOTES		TEST METHOD	
1	6191	Bacteria, P/A E. Coli	5/22/18	5/22/18	1	ABSENT
	102706		MAIN LINE 1 COLEMAN		SM9223 B	
2	6191	Bacteria, P/A E. Coli	5/23/18	5/23/18	1	ABSENT
	102788		MAIN LINE 2 COLEMAN		SM9223 B	
3	6190	Bacteria, P/A T. Coliform	5/22/18	5/22/18	1	ABSENT
	102705		MAIN LINE 1 COLEMAN		SM9223 B	
4	6190	Bacteria, P/A T. Coliform	5/23/18	5/23/18	1	ABSENT
	102787		MAIN LINE 2 COLEMAN		SM9223 B	

**Comments, if present, concern this Lab Work Order:**

The reported analytical results relate only to the sample submitted.

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