

Report Email:  
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 Customer ID No: 6657  
 Customer PO No:  
 Collected By: Client  
 Invoice No: 40830

Accounts Payable  
 City of Lee's Summit  
 Water Utilities Department  
 P.O. Box 1600  
 Lees Summit, MO 64063

**Report of Analysis**  
 Laboratory Report ID No:

**17079**

**Project Name:** CREEKSIDE AT RAINTREE

Item No.	Cat NO	ANALYSIS	COLLECTED	ANALYZED	REPORTING LIMIT	RESULTS
	Line NO	SAMPLE TYPE	SAMPLE SITE NOTES		TEST METHOD	
1	6191	<b>Bacteria, P/A E. Coli</b>	6/18/18	6/18/18	1	<b>ABSENT</b>
	103116		TOP OF HILL- 1B		SM9223 B	
2	6191	<b>Bacteria, P/A E. Coli</b>	6/18/18	6/18/18	1	<b>ABSENT</b>
	103117		MIDDLE OF LINE- 2B		SM9223 B	
3	6191	<b>Bacteria, P/A E. Coli</b>	6/18/18	6/18/18	1	<b>ABSENT</b>
	103121		CUL-DE-SAC-3B		SM9223 B	
4	6190	<b>Bacteria, P/A T. Coliform</b>	6/18/18	6/18/18	1	<b>ABSENT</b>
	103115		TOP OF HILL- 1B		SM9223 B	
5	6190	<b>Bacteria, P/A T. Coliform</b>	6/18/18	6/18/18	1	<b>ABSENT</b>
	103118		MIDDLE OF LINE- 2B		SM9223 B	
6	6190	<b>Bacteria, P/A T. Coliform</b>	6/18/18	6/18/18	1	<b>ABSENT</b>
	103120		CUL-DE-SAC-3B		SM9223 B	

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

The reported analytical results relate only to the sample submitted.