

ANALYTICAL REPORT

April 26, 2019

Work Order: 1D92199

Page 1 of 3

Report To
Joe Starlin City of Lee's Summit - Public Works Dept. 220 SE Green Street Lees Summit, MO 64063

Work Order Information
Date Received: 04/25/2019 11:15AM Collector: Client Phone: (816) 969-7428 PO Number: Routine Analysis

Project : Beemer Construction

Project Number: Oak View

Analyte	Result	MRL	Batch	Method	Analyst	Analyzed	Qualifier
1D92199-01 A				Matrix:Drink Wtr		Collected: 04/25/19 10:11	
Total Coliforms	<1.0 MPN/100ml	1.0	1CD1283	9223B-QT	CLJ	04/25/19 16:15	
E. Coli	<1.0 MPN/100ml	1.0	1CD1283	9223B-QT	CLJ	04/25/19 16:15	
1D92199-02 B				Matrix:Drink Wtr		Collected: 04/25/19 10:15	
Total Coliforms	<1.0 MPN/100ml	1.0	1CD1283	9223B-QT	CLJ	04/25/19 16:15	
E. Coli	<1.0 MPN/100ml	1.0	1CD1283	9223B-QT	CLJ	04/25/19 16:15	
1D92199-03 C				Matrix:Drink Wtr		Collected: 04/25/19 10:17	
Total Coliforms	<1.0 MPN/100ml	1.0	1CD1283	9223B-QT	CLJ	04/25/19 16:15	
E. Coli	<1.0 MPN/100ml	1.0	1CD1283	9223B-QT	CLJ	04/25/19 16:15	
1D92199-04 D				Matrix:Drink Wtr		Collected: 04/25/19 10:21	
Total Coliforms	<1.0 MPN/100ml	1.0	1CD1283	9223B-QT	CLJ	04/25/19 16:15	
E. Coli	<1.0 MPN/100ml	1.0	1CD1283	9223B-QT	CLJ	04/25/19 16:15	

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety. Samples were preserved in accordance with 40 CFR for pH adjustment unless otherwise noted. MRL= Method Reporting Limit.

City of Lee's Summit - Public Works Dept.
220 SE Green Street
Lees Summit, MO 64063

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Page 2 of 3

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Certified Analyses included in this Report

Method/Matrix	Analyte	Certifications
9223B-QT in Drink Wtr		
	Total Coliforms	KS-KC,MO-KC
	E. Coli	KS-KC,MO-KC

Code	Description	Number	Expires
KS-KC	Kansas Department of Health and Environment-KC	E-10110	04/30/2019
KS-NT	Kansas Department of Health and Environment (NELAP)	E-10287	10/31/2019
MO-KC	Missouri Department of Natural Resources	140	04/30/2019
SIA1X	Iowa Department of Natural Resources	95	02/01/2019

End of Report



Keystone Laboratories, Inc.

Carolyn Jackson
Project Manager

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BILL TO:

CO. NAME:

ADDRESS:

CITY/ST/ZIP:

PHONE:

LAB USE ONLY

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Sample 1

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