

ANALYTICAL REPORT

May 02, 2019

Work Order: 1E90004

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: 05/01/2019 9:03AM Collector: Client Phone: (816) 969-7428 PO Number: Routine Analysis

Project : Routine Analysis

Project Number: Arcade Alley

Analyte		Result	MRL	Batch	Method	Analyst	Analyzed	Qualifier
1E90004-01	A				Matrix:Drink Wtr		Collected: 05/01/19 08:22	
Total Coliforms		<1.0 MPN/100ml	1.0	1CE0018	9223B-QT	CLJ	05/01/19 16:30	
E. Coli		<1.0 MPN/100ml	1.0	1CE0018	9223B-QT	CLJ	05/01/19 16:30	

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

May 02, 2019
Page 2 of 3

Work Order: 1E90004

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

Keystone

LABORATORIES, INC.

600 E. 17th St. S
Newton, IA. 50208
Phone: 641-792-8451
Fax: 641-792-7989

3012 Ansbrough Ave
Waterloo, IA. 50701
Phone:319-235-4440
Fax:319-235-2480

835 South St Paul Street
Kansas City, KS. 66105
Phone: 913-321-7856
Fax: 913-831-6778

PAGE: 1 of 1

PRINT OR TYPE INFO BELOW:

SAMPLER:

SITE NAME:

ADDRESS:

CITY/ST/ZIP:

PHONE:

NAME: _____

CO. NAME:

ADDRESS:

CITY/ST/ZIP:

PHONE:**FAX:**

BILL TO:

NAME:

CO. NAME:

ADDRESS:

CITY/ST/ZIP:

PHONE:

NAME: Scott Kisco

NAME: _____

DRESS: Soft size Dangles

/ST/ZIP: Lee's Summit, Mo

PHONE: 816-877-3949

[illegible]

Relinquished by: (Signature)

Date: _____

Received by: (Signature)

Date:

Remarks:

Relinquished by: (Signature)

Date: _____

Received for Lab by: (Signature)

Date:

1

Time:

Time: