



## ANALYTICAL REPORT

April 30, 2019

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Work	Order:	1D92468

Work Order Information

Joe Starlin

**Report To** 

City of Lee's Summit - Public Works Dept.

220 SE Green Street

Lees Summit, MO 64063

Project : Routine Analysis

Project Number: Arcade Alley

Date Received: 04/29/2019 3:30PM Collector: Client Phone: (816) 969-7428 PO Number: Routine Analysis

Analyte	Result	MRL	Batch	Method	Analyst	Analyzed	Qualifier
1 <b>D92468-01</b> A				Matrix:Drink Wtr	Col	lected: 04/29/	/19 08:20
Total Coliforms	<1.0 MPN/100ml	1.0	1CD1432	9223B-QT	CLJ	04/29/19 16:30	
E. Coli	<1.0 MPN/100ml	1.0	1CD1432	9223B-QT	CLJ	04/29/19 16:30	





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

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## Certified Analyses included in this Report

Method/Matrix	c Analyte	Analyte		
9223B-QT in Dr	ink 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

Jehson Canal

Keystone Laboratories, Inc.

Carolyn Jackson Project Manager

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.

	1 or Shareli Time: 0	Ature) Date:	Time:	Relinquished by: (Signature) Date:		02:8 4-62-4 1	CLIENT SAMPLE # DATE TIME	LABORATORIES, INC. PRINT OR TYPE INFOBELOW: SAMPLER: Scott Briscos SITE NAME: Aucada Alles ADDRESS: 316 SE togalys CITVISTIZIP: LESS Scinic HWB
	9:34 Comra	4-29-19 Received for La	KON.	Received by: (Signature)		A	SAMPLE LOCATION	600 E. 17th S Phone:641-792 Fax: 641-792 REPORT TC NAME: CO. NAME: ADDRESS: CITY/ST/ZIP: PHONE: FAX:
0	Churn	Received for Lab by: (Signature)	P P			1 pm G	# OF CONTAINERS MATRIX GRAB/COMPOSITE Total Col. form	L.S. 3012 Ansborough Ave 0208 Waterloo, IA. 50701 12-8451 Phone: 319-235-4440 13989 Fax: 319-235-2480 1300 SE Criven St. 2200 SE Criven St.
	Time: 15:30	Pate: /ra	Time	Pate: Remarks:			SES REQUIRED	835 South St Paul Street Kansas City, KS. 66105 Phone:913-321-7856 Fax:913-831-6778 BILL TO: NAME: S. C. H. R. CO. NAME: S. C. H. R. C. NAME: S. S. C. H. R. C. NAME: S.
				arks:		 1092468-01	LAB USE ONLY   Wk Order #: / DA 2465   Short Hold: /   Rush: /   Temp. oc   Du/uu   Sample Condition Sample #	reet PAGE: 1 of 1 05 Braiscos Develues ummit TM6 64063