





ANALYTICAL REPORT

September 09, 2019

Page 1 of 3

Work Order Information

Date Received: 09/05/2019 2:25PM

Collector:

Phone: (816) 969-7428

PO Number:

Work Order:	11902
Report To	

Joe Starlin

City of Lee's Summit - Public Works Dept.

1190290

220 SE Green Str

Lees Summit, MO 64063

Project : Emery Sapp & Sons

Project Number: Summit Square II

Analyte		Result	MRL	Batch	Method	Analyst	Analyzed	Qualifier
1190290-01	1-E				Matrix:Drink Wtr	Col	lected: 09/05	/19 01:43
Total Coliforms		2400 MPN/100ml	1.0	1CI0175	9223B-QT	JHE	09/05/19 15:00	
E. Coli		<1.0 MPN/100ml	1.0	1CI0175	9223B-QT	JHE	09/05/19 15:00	





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

Work Order: 1I90290

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Certified Analyses included in this Report

Method/Matrix	ethod/Matrix Analyte		Certifications	
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	04/30/2020	
KS-NT	Kansas Department of Health and Environment (NELAP)	E-10287	10/31/2019	
MO-KC	Missouri Department of Natural Resources	140	04/30/2020	
SIA1X	Iowa Department of Natural Resources		02/01/2021	

End of Report

Jun H 4 ggm

Keystone Laboratories, Inc.

Jim Eggers For 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.

PAGE: 1 of 1	0 + Sons Inc. St 64166 5414	LAB USE ONLY + / Z 70270 - oc On 702 ndition Sample # Ol	
835 South St Paul Street Kansas City, KS. 66105 Phone:913-321-7856 Fax:913-831-6778	BILL TO: NAME: CO. NAME: EMERY Sup ADDRESS: 140 10 MUK CITYISTIZIP: K. C. MU. PHONE: 816 204	ANALYSES REQUIRED ANALYSES REQUIRED Wk Order #: Rush: Rush: Rush: Condition Conditi	Date: 9/5/19 Remarks: Time: 1:4 5 Date: 1:4 5 Time: 1:
3012 Ansborough Ave Waterloo, IA. 50701 Phone:319-235-4440 Fax:319-235-2480	Stachina Stanni K of lee's Sommit Sommit M. 64063 SUS- 8125	ANALYSIA CONTRINERS	Received by: (Signature) Da Received for Lab by: (Signature) Da Received for Lab by: (Signature) Da
600 E. 17th St. S Newton, IA. 50208 Phone:641-792-8451 Fax: 641-792-7989	REPORT TO: NAME: dee co. NAME: dee address: 220 S2 Address: 220 S2 Address: 220 S2 Address: 220 S2 FAX: FAX:	SAMPLE LOCATION	Date: $q/s/1d$ Received Time: $1:432m$ Received Date: $q/s/1cq$ Received
LABORATORIES, INC.	PRINT OR TYPE INFO BELOW: SAMPLER: LOUN MAMIFEZ SITE NAME: SWAMEL SULARE ADDRESS: JON NON THING CITYISTIZIP: LEE'S SOM MILL MU CITYISTIZIP: LEE'S SOM MILL MU	CLIENT SAMPLE # CLIENT SAMPLE # DATE	Relinquished by: (Signature) Relinquished by: (Signature) Man M (Signature) Bage 3 of 3