





ANALYTICAL REPORT

April 22, 2020

Work Order: Page 1 of 3 1D01534

Report To

Steve Robbins

City of Lee's Summit - Public Works Dept.

220 SE Green Str

Lees Summit, MO 64063

Project: Holthouse Construction

Project Number: Chapel Ridge Business Park

Work (<mark>Order I</mark> 1	nformation
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Date Received: 04/21/2020 11:15AM

Collector: Robbins, Steve

Phone: (816) 969-1200

PO Number: Routine Analysis

Analyte		Result	MRL	Batch	Method	Analyst	Analyzed	Qualifier
1D01534-01	Cornesie/Vanderbilt				Matrix:Drink Wtr	Coll	lected: 04/2	1/20 08:35
Total Coliforms		<1.0 MPN/100ml	1.0	1DD0860	9223B-QT	CLJ	04/21/20 16:0	0
E. Coli		<1.0 MPN/100ml	1.0	1DD0860	9223B-QT	CLJ	04/21/20 16:0	0

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 Str Lees Summit, MO 64063

Work Order: 1D01534 April 22, 2020 Page 2 of 3

Certified Analyses included in this Report

Method/Matrix Analyte		Certifications	
223B-QT in Dr	rink 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	04/30/2021
KS-NT	Kansas Department of Health and Environment (NELAP)	E-10287	10/31/2020
MO-KC	Missouri Department of Natural Resources	140	04/30/2020
SIA1X	lowa Department of Natural Resources	95	02/01/2021

End of Report

Keystone Laboratories, Inc.

Carolyn Jackson Project Manager



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

3012 Ansborough 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

Relinquished by: (Signature) Relinquished by: (Signature) Time:	Date:	CLIENT SAMPLE # DA THE SAMPLE I	PRINT OR TYPE INFO BELOW: SAMPLER: SHOW REPORT TO: SITE NAME: ADDRESS: CITY/ST/ZIP: PHONE: \$16 717 0572 PHONE: FAX:
gnature)	by (Signature)	SAMPLE LOCATION # OF CONTAINERS MATRIX GRAB/COMPOSITE OW G GRAB/COMPOSITE	Steve Robbins City of Loss Sommit
	ale:	YSES REQUIRED WK Order #: //0 01534 Short Hold: Rush: Temp. oc //// /// /// /// /// /// /// /// ///	NAME: Charle Con Hude co. name: Ghelt thouse Con Hude address: city/stizip: phone: 816-797-5011