



## ANALYTICAL REPORT

April 21, 2020

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## Work Order Information

Date Received: 04/20/2020 10:35AM Collector: Robbins, Steve Phone: (816) 969-1200 PO Number: Routine Analysis

Report To

Steve Robbins

Work Order:

City of Lee's Summit - Public Works Dept.

1D01453

220 SE Green Str

Lees Summit, MO 64063

Project : Holthouse Construction

Project Number: Chapel Ridge Business Park

Analyte		Result	MRL	Batch	Method	Analyst	Analyzed	Qualifier
1D01453-01	Cornesie/Vanderbilt				Matrix:Drink Wtr	Col	lected: 04/20/	/20 07:45
Total Coliforms		<1.0 MPN/100ml	1.0	1DD0794	9223B-QT	CLJ	04/20/20 16:00	
E. Coli		<1.0 MPN/100ml	1.0	1DD0794	9223B-QT	CLJ	04/20/20 16:00	

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: 1D01453

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## Certified Analyses included in this Report

Method/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	04/30/2021
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

Jochson Canal

Keystone Laboratories, Inc.

Carolyn Jackson Project Manager

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Relinquished by: (Signature)	CLIENT SAMPLE # DATE	LABORATORIES, INC. PRINT OR TYPE INFO BELOW: SAMPLER: SHOVE RODA SITE NAME: CARLE RODA ADDRESS: 3130 N.E. CARLE CITVISTIZIP: LAS SAM	
Time: 7 A w At Stand	HISAMPLE LOCATION	Phone:641-792-8451 Fax: 641-792-7989 REPORT TO: NAME: CO. NAME: ADDRESS: CITY/ST/ZIP: PHONE: FAX:	600 E. 17th St. S Newton, IA. 50208
gnature)	# OF CONTAINERS	2	3012 Ansborough Ave Waterloo, IA. 50701
Date: 4-20-20 Time: 9 A.M. Date: 9 A.M. Date: 20-20 Time: 10:30/10 Time: 10:30/10	LYSES REQUIRED	Phone:913-321-7856 Fax:913-831-6778 NAME: co. name: ADDRESS: CITV/ST/ZIP: PHONE:	835 South St Paul Street Kansas City, KS. 66105
Remarks:	LAB USE ONLY   Wk Order #: 1001453   Short Hold: 1001453   Rush: 0C   Temp. oC   Sample Condition Sample #   1001453 - 01	- 797-5011	PAGE: 1 of 1