





ANALYTICAL REPORT

March 24, 2021

Work Order: 1EC1927 Page 1 of 3

Report To

Joe Starlin

City of Lee's Summit - Public Works Dept.

220 SE Green Str

Lees Summit, MO 64063

Project: Pro Design Contractors

Project Number: LS School

Date Received: 03/23/2021 11:30AM

Collector: Client

Phone: (816) 969-7428 PO Number: Routine Analysis

Analyte		Result	MRL	Batch	Method	Analyst	Analyzed	Qualifier
1EC1927-01	A				Matrix:Drink Wtr	Collec	eted: 03/23	3/21 09:37
Total Coliforms		<1.0 MPN/100ml	1.0	1EC1123	9223B-QT	CLJ 03	3/23/21 15:30)
E. Coli		<1.0 MPN/100ml	1.0	1EC1123	9223B-QT	CLJ 03	3/23/21 15:30)

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.







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

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Certified Analyses included in this Report

Method/Matrix	Analyte	Analyte	
9223B-QT in Dri	nk 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	04/30/2022
KS-NT	Kansas Department of Health and Environment (NELAP)	E-10287	10/31/2021
MO-KC	Missouri Department of Natural Resources	140	04/30/2021
SIA1X	Iowa Department of Natural Resources	95	02/01/2021
	·		

End of Report

Keystone Laboratories, Inc.

Carolyn Jackson Project Manager

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

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

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

PAGE: 1 of 1

PRINT OR TYPE INFO BELOW:	REPORT TO:		BILL TO:
SAMPLER: (USSC))	NAME:	Soc Start v	NAME: 100 les au ontracters
SITE NAME: LS School	CO. NAME:		CO. NAME:
ADDRESS: 400SE RIVE PLUM	ADDRESS:	2205E G = ECW St	ADDRESS: 4/8 E Wassen ST
CITYISTIZIP: Lee's Summent two CITYISTIZIP: Lee's Summent	CITY/ST/ZIP:	ces Sommit	CITYISTIZIP: Gardner 155 66030
PHONE:	PHONE:	PHONE: 816 -822-8175	PHONE: 9/3-308-6400
ř	FAX:		
			ANALYSES DESCRIBED

Relinquished by: (Signature) Relinquished by: (Signature)				CLIENT SAMPLE #
ature)			3-13-11	DATE
Date:			9:3742	TIME
Received by: (Signature) 7: 38 Aw Received for Lab by: (Signature)			A	SAMPLE LOCATION
f by: (Signatu			-	# OF CONTAINERS
(Sign		H	X	MATRIX GRAB/COMPOSITE
ature)			×	Total Colifora
				ANAL
Date: 373-7 Date: 9:38 Date: 9:38 Date: 333/31				LYSES REQUIRED
Remarks:				Wk Order #: Short Hold: Rush: Temp. oC Sample Condition
			1EC1921-0)	LAB USE ONLY #: /£C/921 d: /£C/921 o. oc