





ANALYTICAL REPORT

March 25, 2021

Work Order: 1EC2026 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

Work (<mark>Order I</mark>	<mark>Informatio</mark>	n
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Date Received: 03/24/2021 10:14AM

Collector: Client

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

Analyte		Result	MRL	Batch	Method	Analyst	Analyzed	Qualifier
1EC2026-01	A				Matrix:Drink Wtr	Coll	lected: 03/24	/21 09:22
Total Coliforms		<1.0 MPN/100ml	1.0	1EC1198	9223B-QT	CLJ	03/24/21 16:30	
E. Coli		<1.0 MPN/100ml	1.0	1EC1198	9223B-QT	CLJ	03/24/21 16:30	

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.







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

9223B-QT in Drink Wtr Total Coliforms KS-KC,N E. Coli KS-KC,N Code Description Number	
E. Coli KS-KC,N	
	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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_ 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

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Relinquished by: (Signature) Relinquished by: (Signature)	7.27.61	CLIENT SAMPLE # DATE	SAMPLER: CS School ADDRESS: 400 Sc TSL CITY/ST/ZIP: LCS School PHONE:
Date: Time: Date: 3	2	TIME	it mo
14.27 12-27 12-72-		SAMPLE LOCATION	REPORT TO: NAME: CO. NAME: ADDRESS: ZZO SE (CITY/ST/ZIP: Lec's Strain FAX:
Received by: (Signature) Received for Lab by: (Signature) Received for Lab by: (Signature)		# OF CONTAINERS MATRIX GRAB/COMPOSITE Collifor III	Start:
Date: 3-24-21 Time: 4:774 Date: 3-24-21 Time: 14		ANALYSES REQUIRED	
Remarks:	Decourse of	Ou Mu Sample #	Pro Design Contractors 118 E Warren St. Granding KS 66030 918-303-6900