

ANALYTICAL REPORT

December 23, 2020

Work Order: 1L01900

Page 1 of 3

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

Work Order Information
Date Received: 12/22/2020 10:45AM Collector: Howerton, Justin Phone: (816) 969-7428 PO Number: Routine Analysis

Project : Howerton Plumbing LLC

Project Number: Sequoia

Analyte	Result	MRL	Batch	Method	Analyst	Analyzed	Qualifier
1L01900-01	A			Matrix:Drink Wtr		Collected: 12/22/20 09:41	
Total Coliforms	<1.0 MPN/100ml	1.0	1DL1011	9223B-QT	CLJ	12/22/20 16:00	
E. Coli	<1.0 MPN/100ml	1.0	1DL1011	9223B-QT	CLJ	12/22/20 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

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Certified Analyses included in this Report

Method/Matrix	Analyte	Certifications
9223B-QT in Drink 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	10/31/2021
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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Keystone

LABORATORIES, INC.

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 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

PRINT OR TYPE INFO BELOW:

SAMPLER: Justin Howerton
 SITE NAME: Sequoia
 ADDRESS: 1120 Olive St
 CITY/ST/ZIP: Lee's Summit MO
 PHONE: 816-694-0303

REPORT TO: NAME: Joe Starlin
 CO. NAME: City of Lee's Summit
 ADDRESS: 220 SE Green St.
 CITY/ST/ZIP: Lee's Summit MO 64063
 PHONE: 816-805-8175
 FAX:

BILL TO: NAME: Howerton Plumbing
 CO. NAME:
 ADDRESS: 195 NW Arkway
 CITY/ST/ZIP: Kingsville MO 64061
 PHONE: 816-694-0303

CLIENT SAMPLE #	DATE	TIME	SAMPLE LOCATION	# OF CONTAINERS	MATRIX	GRAB/COMPOSITE	ANALYSES REQUIRED				LAB USE ONLY										
							1	2	3	4	Wk Order #:	Short Hold:	Rush:	Temp.:	Sample Condition	Sample #					
1	12-22-20	9:41 AM	A	1	DW B	X															

Relinquished by: (Signature) [Signature] Date: 12-22-20 Time: 9:41 AM

Received by: (Signature) [Signature] Date: 12-22-20 Time: 10:45 AM

Relinquished by: (Signature) [Signature] Date: 12-22-20 Time: 10:45 AM

Received for Lab by: (Signature) [Signature] Date: 12/22/20 Time: 10:45

Remarks: