





ANALYTICAL REPORT

May 28, 2021

Work Order: 1EE2560 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: Breit Construction LLC

Project Number: Down Town Apartments

Work Order	Information
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Date Received: 05/27/2021 11:42AM

Collector: Client

Phone: (816) 969-7428

PO Number: Routine Analysis

Analyte	Result	MRL	Batch	Method	Analyst	Analyzed Qualifier
1EE2560-01 A				Matrix:Drink Wtr	Col	lected: 05/27/21 10:53
Total Coliforms	<1.0 MPN/100ml	1.0	1EE1330	9223B-QT	CLJ	05/27/21 13:45
E. Coli	<1.0 MPN/100ml	1.0	1EE1330	9223B-QT	CLJ	05/27/21 13:45

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

lethod/Matrix	x Analyte	Analyte	
223B-QT in Dr	rink Wtr		
	Total Coliforms	Total Coliforms	
	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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SAMPLER: PRINT OR TYPE INFORMATION BELOW SITE NAME: PHONE: CITY/ST/ZIP: ADDRESS: LABORATORIES, INC. 49 cm 600 E. 17th St. S. Phone: 641-792-8451 Newton, IA 50208 FAX: PHONE: COMPANY NAME: CITY/ST/ZIP: Lees ADDRESS: 220 REPORT TO: 641-792-7989 200 3012 Ansborough Ave. Phone: 319-235-4440 Fax: 319-235-2480 Waterloo, IA 50701 www.keystonelabs.com EC 1155 Adams, Suite 120 Kansas City, KS 66103 Phone: 913-321-7856 Fax: 913-321-7937 Keystone Quote No. CITY/ST/ZIP: NAME: COMPANY NAME: PHONE: ADDRESS: BILL TO: PAGE S

Joe Starline	Relinquished by: (Signature)	SAMPLE NUMBER DATE	
Time 42	Date 5-27-21 Time 10:55	DATE TIME	
Received for Lab by: (Signature) Linch Lab by: (Signature)		SAMPLE LOCATION	
		NO. OF CONTAINERS	
Time // 42	Date 5	MATRIX P GRAB/COMPOSITE	
the set	20	+ Total Coliforn	
_	7-Jun	ANALYSES	
Remarks:	Turn-Around: Standard		
	dard	REQUIRED	Total Control of the last
	-		THE RESIDENCE OF THE PERSON
	RushContact Lab Prior to Submission	LAB USE ONLY LABORATORY WORK ORDER NO. JEF 256 U SAMPLE TEMPERATURE UPON RECEIPT: CABC S. SAMPLE CONDITION/COMMENTS LABC S. LABC S.	
-	o Submission	LABORATORY SAMPLE NUMBER	

Original - Return with Report

Yellow - Lab Copy

Pink - Sampler Copy

FORM: CCR 7-97