





## ANALYTICAL REPORT

August 19, 2021

Work Order: 1EH1712 Page 1 of 3

**Report To** 

John Jackson

City of Lee's Summit - Public Works Dept.

220 SE Green Str

Lees Summit, MO 64063

Project: Clarkson Construction

Project Number: Paragon Star River Road

Date Received: 08/18/2021 9:48AM

Collector: Surprise, Jeremy

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

Analyte	Result	MRL	Batch	Method	Analyst Analyzed Qualifier
1EH1712-01	River Rd A - Sta. 7+00			Matrix:Drink Wtr	Collected: 08/18/21 09:03
Total Coliforms	<1.0 MPN/100ml	1.0	1EH0891	9223B-QT	CLJ 08/18/21 16:30
E. Coli	<1.0 MPN/100ml	1.0	1EH0891	9223B-QT	CLJ 08/18/21 16:30
1EH1712-02	River Rd B - Blow Off			Matrix:Drink Wtr	Collected: 08/18/21 09:10
Total Coliforms	<1.0 MPN/100ml	1.0	1EH0891	9223B-QT	CLJ 08/18/21 16:30
E. Coli	<1.0 MPN/100ml	1.0	1EH0891	9223B-QT	CLJ 08/18/21 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

Work Order: 1EH1712

August 19, 2021 Page 2 of 3

## Certified Analyses included in this Report

lethod/Matrix	x Analyte		Certifications	
223B-QT in Dr	rink Wtr			
	Total Coliforms		KS-KC,MO-KC KS-KC,MO-KC	
	E. Coli			
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	04/30/2022	
SIA1X	Iowa Department of Natural Resources	95	02/01/2021	

End of Report

Keystone Laboratories, Inc.

Carolyn Jackson Project Manager

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.

ř			
ß,			
			ľ
	-		٠
ы	-	-	
35		ч	
	•	4	ī
		•	۰
	•	Sec.	1
8	à	ď	
i,	ì	d	
į	ì	d	
	ì	d	
4		d	
100		d	
A 100 1			
A 100 1	(		
A 100 1 1	(		
THE PERSON NAMED IN			
THE PERSON NAMED IN	(		
THE RESERVE AND	(		
日本 日本 一年 日			
THE REAL PROPERTY.			
THE RESERVE AND ADDRESS OF			
THE PERSON NAMED IN			
THE PERSON NAMED IN COLUMN 25 IN			
THE PARTY AND VALUE OF THE PARTY AND PERSONS ASSESSMENT OF THE PARTY AND PARTY.			
THE RESIDENCE AND PARTY OF THE			
THE PERSON NAMED IN COLUMN 2 I			
THE RESIDENCE AND PROPERTY OF			
京の をおける 大田 日本			
THE REAL PROPERTY AND PERSONS NAMED IN			
医我的 國際 人名英格兰 医多种			
· 日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日			
日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日			
中心 日本日本 日本日本 日本日本 日本日本 日本日本			
不可以以 一种人物的 医二种 人名英格兰人			
中心 医神经性 医性性性性 医皮肤 计一种计算法			
THE REAL PROPERTY AND PERSONS ASSESSED.			
大学 の 日本			
大学 はない とうない ないない あいない とのない というない			
中國國際 的现在分词 医原性性 人名英格兰人姓氏			
中國國際部門 通信的政府 医皮肤 计一直的 人名英格兰			
では、日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日			
大学 (100mm) 1 100mm (100mm)			
大学 (100mm) 1 (			
大学の大学 とはなかないないというないというないと			
大学 はない かけいかん かんない とうないかいけんだい 人名の			
大学 一大学 一大学 大学 大学 大学 一大学 一大学 一大学 一大学 一大学			
大学 はない とうない ないない こうかい かいかいかい とうないかい			
大学 (1995年 ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
の の できません			

LABORATORIES, INC.

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

PAGE: 1 of 1

Relinquished by: (Signature) Relinquished by: (Signature)					CLIENT SAMPLE #				PHONE:	CITY/STIZIP: LPO'S	ADDRESS: C. VIV	SITE NAME: Paragon	SAMPLER:	PRINT OR TYPE INFO BELOW:
ature) Date: ature) Date: Time:			8/18/2) 9110 AM	8/18/21 9/81/8	DATE TIME					Summit	Road	She River Roma	SURPLISE	BELOW:
8/18/2/ Received by: 9:10 AM Received for 9:13/2/ Received for			River Rd B Blowoff	Circled JA Star 7+00	SAMPLE LOCATION			FAX:	PHONE:	CITY/ST/ZIP: / @ o 'S	ADDRESS: 220	CO. NAME: C. Fu	NAME:	REPORT TO:
Received by: (Signature)  Received for Lab by: (Signature)  Curalnell Julius			1 DM X	1 001 ×	# OF CC MATRIX GRAB/C		OSITE			Sommet, MO 6406	F Green St	of lee's Symme	Jackson	
Date: 8/18/2/ Time: 9: 48.441 Date: 1: 48.441 Date: 1: 48.481							ANALYSES REQUIRED		PHONE:	S CITY/ST/ZIP:	ADDRESS: 4	~	NAME:	BILL TO:
Remarks:	;				Temp. oC Sample Condition	Short Hold:	VVK Order#: /EH	7	616) 483-8800	200	133 Gardner	The Clarken	larkson Cons	
			- 02	14-211113	En he Sample #		EUNIHE			64120-4315	Ave.		struction	