





ANALYTICAL REPORT

September 14, 2021

Work Order: 1EI1165 Page 1 of 3

Report To

Diana Johnson

City of Lee's Summit - Public Works Dept.

220 SE Green Str

Lees Summit, MO 64063

Project: Redford Construction

Project Number: Summit View

V	Vork	Orde	r Infor	mation
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Date Received: 09/13/2021 9:54AM

Collector: Salinas, Daniel

Phone: (816) 969-7428

PO Number: Routine Analysis

Analyte		Result	MRL	Batch	Method	Analyst Analyzed Qualifier		
1EI1165-01	East Blow-Off				Matrix:Drink Wtr	Collected: 09/13/21 08:24		
Total Coliforms		<1.0 MPN/100ml	1.0	1EI0544	9223B-QT	CLJ 09/13/21 16:25		
E. Coli		<1.0 MPN/100ml	1.0	1EI0544	9223B-QT	CLJ 09/13/21 16:25		
1EI1165-02	East Hydrant (top)				Matrix:Drink Wtr	Collected: 09/13/21 08:32		
Total Coliforms		<1.0 MPN/100ml	1.0	1EI0544	9223B-QT	CLJ 09/13/21 16:25		
E. Coli		<1.0 MPN/100ml	1.0	1EI0544	9223B-QT	CLJ 09/13/21 16:25		
1EI1165-03	West Hydrant (top)				Matrix:Drink Wtr	Collected: 09/13/21 08:43		
Total Coliforms		<1.0 MPN/100ml	1.0	1EI0544	9223B-QT	CLJ 09/13/21 16:25		
E. Coli		<1.0 MPN/100ml	1.0	1EI0544	9223B-QT	CLJ 09/13/21 16:25		
1EI1165-04	6in Line				Matrix:Drink Wtr	Collected: 09/13/21 08:53		
Total Coliforms		<1.0 MPN/100ml	1.0	1EI0544	9223B-QT	CLJ 09/13/21 16:25		
E. Coli		<1.0 MPN/100ml	1.0	1EI0544	9223B-QT	CLJ 09/13/21 16:25		







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	ink 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	04/30/2022	
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.

CHAIN OF CUSTODY RECORD

LABORATORIES, INC.

l 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

-4440 Phone: -2480 Fax:

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

> 205 E VanBuren St Centerville, IA 52544 Phone: 641-437-7023

641-437-7040

ANALYSES REQUIRED LAB USE ONLY		SAMPLER: Daniel Sallinas Red Summit , NAME: Red fond	ION BELOW NAME: LOSSUMMIT NAME: NAME:
		MATION BELOW REPORT TO: NAME: Leds Summt NAME: Dong Johnson COMPANY NAME: Dong Johnson COMPANY NAME: Dong Johnson COMPANY NAME: ADDRESS: 2005E (3 voe) ADDRESS: CITY/ST/ZIP: Loos Summity MO640 CITY/ST/ZIP: Loos Summity MO640 PHONE: 8/69/12/19 PHONE:	MATION BELOW ALL SOLLINGS COMPANY NAME: Drang Johnson COMPANY NAME: Drang Johnson COMPANY NAME: Drang Johnson COMPANY NAME: COMPANY NAME: ADDRESS: COMPANY NAME: CITY/ST/ZIP: Loos Summity MO640 CITY/ST/ZIP: Loos Summity MO640 CITY/ST/ZIP: CITY/ST/ZIP: PHONE:
PHONE: 8/69/9/201 "PHONE: FAX: 8/69/9/201 "Keystone Quote No:		MATION BELOW REPORT TO: NAME: LESS SUMMIT NAME: NAME: DUNG JOHNSON COMPANY NAME: ADDRESS: 22056 CYCOLD ADDRESS:	MATION BELOW MATION BELOW MANUEL COMPANY NAME: Drang Johnson COMPANY NAME: Red fond COMPANY NAME: Drang Johnson COMPANY NAME: ADDRESS: 22056 CYCLED ADDRESS: 22056 CYCLED ADDRESS:
22 SUPWALE PHONE: 8/6 969 1219 PHONE: FAX: 8/6 969 1219 Keystone Quote No:	CITY/ST/ZIP: Lacs Summit MO640	Papiel Sallinas REPORT TO: NAME: LESSUMMIT NAME: DIAM JOHNSON COMPANY NAME: COMPANY NAME: DIAM JOHNSON COMPANY NAME:	PAGE INFORMATION BELOW PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE COMPANY NAME: COMPANY
ADDRESS: 2205E CAROLINA ADDRESS: CITY/ST/ZIP: LOGS SUMMI + MOOTO CITY/ST/ZIP: PHONE: 8/69/01/219 FAX: 8/6 969 13-01 Keystone Quote No:	SWHOOK & FYET RELIMINA ADDRESS: 2205E CIVEEN MO640	Sallinas NAME: Leas Summit NAME:	ION BELOW REPORT TO: SALLING NAME: Leds Summit NAME: Red Ford
COMPANY NAME: DUNC TO MY NAME: COMPANY NAME: ADDRESS: 2205E CTYCLED ADDRESS: CITY/ST/ZIP: LOOS SUMMIT MOOTO CITY/ST/ZIP: CITY/ST/ZIP: PHONE: 8/69/01219 FAX: 816 969 1219 Keystone Quote No:	HOOK & FYEN EN PARTY ADDRESS: 12056 (JVOED) HOOK & FYEN EN PARTY CITY/ST/ZIP: LOOS SUMMIN MOG40		PAGE

		Contact Lab Prior to Submission	2 *					64	03	62	1EI1165-01	ON/COMMENTS	NUMBER		1871165
		200	Buch									SAMPLE CONDITION/COMMENTS	lune	SAMPLE TEMPERATURE UPON RECEIPT:	
	Remarks:	Clandard	Turn-Around:												
Time 09:54		Time 366	2						X	*	×	GF	RABIC	OMP Oli-	osn For
-1									J	(L.S)	-		OF TRIX	CON	TAIN
54 Carend June	Received for Lab by: (Signature)	Sa Mana Johns	3-21 Received by: (Signature)				,	6-IN Cho	wast the ment (tap)	East Horivantite)	East Blaw-off	SAMPLE LOCATION			
Timed 5	Date Ja-	Times . 55a	Date - 13-21					21953	Ch3 11	28.4	21824	TIM	ИE		
love }	Relinquished by: (Signature)	S S	Relinquished by: (Signature)					44 9/3	3 9/3	2/19	1 9/13	SAMPLE NUMBER	CLIENT		
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Original - Lab Copy • Yellow - Sampler Copy

FORM: CCR 7-97