

ANALYTICAL REPORT

March 16, 2022

Work Order: 1FC1441

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

Work Order Information
Date Received: 03/15/2022 1:00PM Collector: Nacke, Adam Phone: (816) 969-7428 PO Number: Routine Analysis

Project : R2 Plumbing

Project Number: Lot 10 I-470 Biz/Tech Center

Analyte		Result	MRL	Batch	Method	Analyst	Analyzed	Qualifier
1FC1441-01	Fire Line				Matrix:Drink Wtr		Collected: 03/15/22 12:00	
Total Coliforms		<1.0 MPN/100ml	1.0	1FC0786	9223B-QT	CLJ	03/15/22 16:00	
E. Coli		<1.0 MPN/100ml	1.0	1FC0786	9223B-QT	CLJ	03/15/22 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	04/30/2022
KS-NT	Kansas Department of Health and Environment (NELAP)	E-10287	10/31/2022
MO-KC	Missouri Department of Natural Resources	140	04/30/2022
SIA1X	Iowa Dept. of Natural Resources (updated certificate pending)	95	02/01/2024

End of Report



Keystone Laboratories, Inc.

Carolyn Jackson
Project Manager

Keystone

205 E Van Buren St
Centerville, IA. 52544
Phone: 641-437-7023

BILL TO:

NAME: _____

CO. NAME:

ADDRESS:

CITY/ST/ZIP:

PHONE:

Email:

P-2 Transing

1705 SE County Rd A
Blue Springs MO
816 215 8098

Wk Order #:

Short Hold:

Rush:

Temp.

Sample Condition

Sample # IF11441-01

CLIENT SAMPLE # _____ DATE _____ TIME _____

1	3-15-22 12:00
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Fire Line

1

MC

ANALYSES REQUIRED

Sample Condition

Sample # IF11441-01

Relinquished by: (Signature)

Date: 3-15-22

Received by: (Signature)

Date: _____

Remarks:

Relinquished by: (Signature)

Date: _____

Received for Lab by: (Signature)

Date: 03/15/22

Concord, Mass.