





ANALYTICAL REPORT

April 15, 2022

Work Order: 1FD1534 Page 1 of 3

Report To

Ron Paynter

port To

City of Lee's Summit - Public Works Dept.

220 SE Green Str

Lees Summit, MO 64063

Project: Emery Sapp & Sons

Project Number: SOWP Lot 9

Work	Order [Informa	tion
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Date Received: 04/14/2022 1:25PM

Collector: Paynter, Ron

Phone: (816) 969-7428

PO Number: Routine Analysis

Analyte		Result	MRL	Batch	Method	Analyst	Analyzed	Qualifier
1FD1534-01	Line A				Matrix:Drink Wtr	Coll	lected: 04/14/	22 12:50
Total Coliforms		<1.0 MPN/100ml	1.0	1FD0749	9223B-QT	CLJ	04/14/22 16:30	
E. Coli		<1.0 MPN/100ml	1.0	1FD0749	9223B-QT	CLJ	04/14/22 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: 1FD1534

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Certified Analyses included in this Report

lethod/Matrix	c Analyte		Certifications
223B-QT in Dr	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	10/31/2022
MO-KC	Missouri Department of Natural Resources	140	04/30/2022
SIA1X	lowa Dept. of Natural Resources (updated certificate pendi	in _. 95	02/01/2024

End of Report

Keystone Laboratories, Inc.

Carolyn Jackson Project Manager

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ABORATORIES, INC.

3012 Ansborough Ave. Waterloo, IA 50701 Phone: 319-235-4440

CHAIN OF

CUSTODY RECORD

600 E. 17th St. S. Newton, IA 50208 Phone: 641-792-8451 641-792-7989

Fax: 319-235-2480

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

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

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Fax:

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PRINT OR TYPE INFORMATION BEDOW FAX: PHONE: CITY/ST/ZIP: ADDRESS: COMPANY NAME: NAME: REPORT TO: Keystone Quote No: PHONE: CITY/ST/ZIP: ADDRESS: NAME: BILL TO: COMPANY NAME: (If Applicable)

CITY/ST/ZIP:

ADDRESS:

PHONE:

SITE NAME; 300

SAMPLER:

500

Contact sh Prior to Submission	Standard	Time		Time	
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12-4551041		10006	isne A	05:21/41	4 / H
SAMPLE CONDITION/COMMENTS		MA	SAMPLE LOCATION	TIM	/BER
On her °C SAMPLE NUMBER		TRIX			CLIENT
		CONT			
1461534					
LABORATORY WORK ORDER NO.					
I AB USE ONLY	ANALYSES REQUIRED	A			

Relinquished by: (Signature)

Date,

Received for Lab by: (Signature)

Date/

22

Remarks:

Contact Lab Prior to Submission

Time

ans

Original - Lab Copy

Yellow - Sampler Copy

FORM: CCR 7-97