





## ANALYTICAL REPORT

August 04, 2022

Work Order: 1FH0311 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 Farms

Work (	Order 1	Inform	ation
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Date Received: 08/03/2022 11:51AM

Collector: Client

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

Analyte		Result	MRL	Batch	Method	Analyst	Analyzed	Qualifier
1FH0311-01	Summit View Farms				Matrix:Drink Wtr	Coll	lected: 08/03/	22 10:24
Total Coliforms		1.0 MPN/100ml	1.0	1FH0159	9223B-QT	CLJ	08/03/22 16:10	
E. Coli		<1.0 MPN/100ml	1.0	1FH0159	9223B-QT	CLJ	08/03/22 16:10	

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

1FH0311

August 04, 2022 Page 2 of 3

Certified Analyses included in this Report

Work Order:

lethod/Matri	c Analyte		Certifications
223B-QT in Di	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	04/30/2023
KS-NT	Kansas Department of Health and Environment (NELAP)	E-10287	10/31/2022
MO-KC	Missouri Department of Natural Resources	140	04/30/2023
SIA1X	lowa Dept. of Natural Resources (updated certificate pend	in@5	02/01/2024

End of Report

Keystone Laboratories, Inc.

Carolyn Jackson Project Manager

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CHAIN OF CUSTODY RECORD

205 E VanBuren St

of 3

Relinquished by: (Signature)  Complete Sulves  Relinquished by: (Signature)  Allower Johnson	CLIENT SAMPLE NUMBER	PRINT OR TYPE INFORMATION BELOW SAMPLER: HE CLEVEL SITE NAME; DLUMMIT Y L ADDRESS: CITY/ST/ZIP: Lees Sum PHONE:	LABORATORIES, INC.
Date Time	O DATE	tero tero	ONC.
Received by: (Signature)  Received for Lab by: (Signature)  Received for Lab by: (Signature)	SAMPLE LOCATION  SAMPLE LOCATION	HEPORT TO: NAME: DI AMAJON COMPANY NAME: CITY O ADDRESS: 2005 SWY CITY/ST/ZIP: Le 25 SWY PHONE: 8/6 9/6 9/3/9 FAX: DIAMO, JOHNS	□ 600 E. 17th St. S.  □ 3 Newton, IA 50208 Phone: 641-792-8451 Fax: 641-792-7989 F
Date § 3 Turn-Around:  Time 10 3/33 Remarks:  Time 11 51	NO. OF CONTAINERS  MATRIX  GRAB/COMPOSITE  Total Coliform  ANALYSES REQUIRED	nson flees summet Mo væn straet mit, Mob4063	3012 Ansborough Ave. 835 S St Paul Waterloo, IA 50701 Kansas City, KS 6610 Phone: 319-235-4440 Phone: 913-321-7856 Fax: 319-235-2480 Fax: 913-831-6778
RushContact Lab Prior to Submission	LAB USE ONLY  LABORATORY WORK ORDER NO.  IFHO311  SAMPLE TEMPERATURE UPON RECEIPT:  PU/LLLO'C  SAMPLE SAMPLE SAMPLE NUMBER  IFH 0 3(1-0)	BILL TO:  NAME:  COMPANY NAME:  ADDRESS:  CITY/ST/ZIP:  PHONE:  Keystone Quote No:  (If Applicable)	835 S St Paul 205 E VanBuren St Kansas City, KS 66105 Centerville, IA 52544 e Phone: 913-321-7856 Pax: 913-831-6778 Fax: 913-831-6778 PAGE OF
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Original - Lab Copy • Yellow - Sampler Copy

FORM: CCR 7-97