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Report Email:	dustin.agcopra@cityofls.net				
Copy Email:					
Lab Report Fax No:					
Lab Report Contact 1:	(816) 719-0718				
Lab Report Contact 2:					
Customer ID No:	9368				
Customer PO No:	Capitol Builders/ Flex				
Collected By:	Client				
Invoice No:	64207				
Depart of Analysis					

Lees Summit, MO 64082

## **Report of Analysis**

Laboratory Report ID No:

20850

Project Name: Lee Summit Flex Space

Dustin Agcopra Capitol Builders

60 SE Thompson Dr

Item	Cat NO	ANALYSIS	COLLECTED	ANALYZED	REPORTI	NG LIMIT	
No.	Line NO	SAMPLE TYPE	SAMPLE SIT	TEST METHOD		RESULTS	
1	6191	Bacteria, P/A E. Coli	6/10/25	6/11/25	1	CFU/100mL	Negative
1	140544	Grab	Spot 1 Sample 2		SM9223 B		CFU/100mL
2	6190	Bacteria, P/A T. Coliform	6/10/25	6/11/25	1	CFU/100mL	Negative
2	140543	Grab	Spot 1 Sample 2		SM9223 B		CFU/100mL

Comments, if present, concern this Lab Work Order: