



Sample Receipt Form

Date Received: 12/2/20 Time Received: 14:15 Initials: DS

Client Name: Kellys Pump Project Name:

Temperature of cooler upon receipt: 8 °C Thermometer ID: OR2

Custody seals: Intact Broken (None) N/A

Chain of Custody Completed:

Client name, address, and phone number; Date and time of sampling; Test requests clear; Completed in ink; Signed by client;

All samples received: (Yes) No

All samples intact: (Yes) No

Sample ID's match COC form: (Yes) No

Appropriate containers used: (Yes) No

Sufficient amount of sample for analysis: (Yes) No

Correct preservative verified: N/A (Yes) No

Air bubbles in VOC, TTHM, or HAA5 samples: (N/A) Yes No

Sample(s) exceed hold time: Yes (No)

Type of coolant: Ice Blue Ice (None) Other Comment:

Shipping Method: FedEx UPS USPS Brett & Sons (Hand Delivered) CAI Sampled

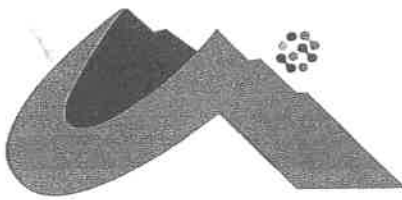
Shipping Container: E-CA Cooler E-CA Cooler Box Client's Cooler (None) Other

Samples accepted for analysis: (Yes) No

Reason for Rejection:

Name of Person Contacted: Date Contacted:

Comments:



(509) 662-1888
 Fax: (509) 662-8183
 3019 G. S. Center Road
 Wenatchee, WA 98801

(509) 452-7707
 Fax: (509) 452-7773
 1008 W. Ahtanum Rd.
 Union Gap, WA 98903

Batch: 016869
 Client: Kelly's Pump Sales
 Account: 15804
 Sampler: MS

CASCADE ANALYTICAL #1052508
 A EUROFINS COMPANY
 1-800-545-4206

--- Drinking Water Analytical Report ---

Report Date: 12/ 3/20

Kelly's Pump Sales
 4121 Fairview Rd
 Ellensburg, WA 98926

Date Received: 12/ 2/20
 Date Sampled: 12/ 2/20

Lab Number	Sample Id	Test Requested	Results
20-M025563	2781 Stevens Rd	Total Coliform Colilert	Negative

Approved By Name: Denise Schmidt
 QC Assistant/Yakima

Signature:

Function:

Eurofins-Cascade Analytical uses procedures established by EPA, AOC, APHA, ASTM, and ANMA. Eurofins-Cascade Analytical makes no warranty of any kind. The client assumes all risk and liability from the use of these results. Results relate only to the items tested and the sample(s) as received by the laboratory. Eurofins-Cascade Analytical liability to the client as a result of use of the test results shall be limited to a sum equal to the fees paid by the client to Eurofins-Cascade Analytical for analysis. PLEASE REVIEW YOUR DATA IN A TIMELY MANNER. DATA GAPS OR ERRORS AFTER ONE MONTH WILL NOT BE OUR RESPONSIBILITY. THOUGH WE DO KEEP ALL ANALYTICAL DATA FOR SEVERAL YEARS, SAMPLES ARE DISPOSED OF AFTER SIX WEEKS.



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COLIFORM BACTERIA ANALYSIS

DATE COLLECTED MONTH DAY YEAR 12 / 2 / 20			TIME COLLECTED 1 : 35 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	COUNTY NAME KITITIAS					
TYPE OF SYSTEM (check only one box) <input type="checkbox"/> GROUP A PUBLIC <input type="checkbox"/> GROUP B PUBLIC <input checked="" type="checkbox"/> PRIVATE WELL			IF PUBLIC SYSTEM, COMPLETE: I.D. No. <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
NAME OF SYSTEM									

SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ADDRESS OR FAUCET TYPE) 2781 STEVENS RD	TELEPHONE NO. DAY 509 607 3549 EVENING ()
COLLECTED BY: (Name) MS	SYSTEM OWNER/MGR: (Name)
SEND REPORT TO: kellyspumps@live.com	BILL TO:

Type of Sample (select only one type of sample from types 1 through 5 below)

1. <input type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___	2. <input type="checkbox"/> Repeat Sample (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes ___ No ___ Chlorine Residual Total ___ Free ___
3. Ground Water Rule Source Sample S <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	
4. Surface or GW Raw Source Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal	S

5. Sample Collected for Information Only

(LAB USE ONLY) DRINKING WATER RESULTS

UNSATISFACTORY, Total Coliforms present
 E. Coli present E. Coli absent SATISFACTORY

FECAL COLIFORM _____ CFU / 100 ml 9222D
 E. COLI _____ MPN / 100 ml 9223B
 HPC _____ MPN / ml Simplate

REPLACEMENT SAMPLE REQUIRED
 Sample too old (30 hours) TNTC

Receipt Temp C°: _____

DATE RECEIVED 12 / 2 / 20	TIME RECEIVED 14:15	DATE ANALYZED 12 / 2 / 20
LAB NO.	BATCH # 16869	DATE REPORTED 12 / 3 / 20

DOH # 15125563 METHOD 9 2 2 3 B