Analytical Laboratories, Inc.

1804 N. 33rd Street
Boise, Idaho 83703
Phone (208) 342-5515

RECEIVED 12-26-18

Date Report Printed: 12/20/2018 8:59:06 AM
http://www.analyticallaboratories.com
These test results relate only to the items tested.

Laboratory Analysis Report

Sample Number: 1860701

Attn: DOUG BUYS
CITY OF NEW MEADOWS
401 VIRGINIA
P O BOX 324
NEW MEADOWS, ID 83654

Collected By: DRB
Submitted By: ACTION

Source of Sample:
WASTE WATER INFLOW GRAB

Time of Collection: 9:50
Date of Collection: 12/11/2018
Date Received: 12/12/2018
Report Date: 12/20/2018

Field pH:
Field Temp:
Lab pH:
Temp Rcvd in Lab: 8.8 °C

PWS#:
PWS Name: CITY OF NEW MEADOWS

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Ammonia Direct (as N)		66.3	mg/L	0.04	EPA 350.1	12/17/2018	SMC
Nitrate (as N)		<0.2	mg/L	0.2	EPA 300.0	12/12/2018	NC
Nitrogen, Total Kjeldahl (TKN)		80.3	mg/L	0.10	EPA 351.2	12/19/2018	DS
Total Phosphate (as P)		9.25	mg/L	0.05	EPA 365.4	12/19/2018	DS
Biochemical Oxygen		200	mg/L	3	SM 5210 B	12/17/2018	EH

Michael A. Moore 12/20/2018

Thank you for choosing Analytical Laboratories for your testing needs.

If you have any questions about this report, or any future analytical needs, please contact your client manager:

Michael Moore

MCL = Maximum Contamination Level
MDL = Method/Minimum Detection Limit
UR = Unregulated

CLIENT CODE= NEWMNW

CHAIN OF CUSTODY RECORD

ANALYTICAL LABS, INC.
1804 N. 33rd Street • Boise, ID 83703
(208) 342-5515 • Fax: (208) 342-5591 • 1-800-574-5773
Website: www.analyticallaboratories.com
E-mail: ali@analyticallaboratories.com

CLIENT INFORMATION:

Project Manager: Doug Buys
Company: City of New Meadows
Address: 401 Virginia St
New Meadows, Id 83654
Phone: 347-2171 Fax: 397-2384
Sampled by: (Please print) DMB
Transported by: (Please print) Jgl

PROJECT INFORMATION:

Project Name:
PWS Number:
Purchase Order Number:
Required Due Date:
E-mail Address:

TESTS REQUESTED

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	BOD	TKN	Ammonia	Nitrate ND	Total phosphorus					Remarks:
60701 <	12-11	9:50	wastewater Inflow	grab	X	X	X							
	12-11	9:50	wastewater Inflow	grab				X	X					

Invoice to: *(If different than above address)*

Special Instructions:

ALLOCATIONS OF RISK: Analytical Laboratories, Inc. will perform preparation and testing services, obtain findings and prepare reports in accordance with Good Laboratory Practices (GLP). If, for any reason, Analytical Laboratories, Inc. errors in the conduct of a test or procedure, their liability shall be limited to the cost of the test or procedure completed in error. Under no circumstances will Analytical Laboratories, Inc. be liable for any other cost associated with obtaining a sample or use of data.

Note: Samples are discarded 21 days after results are reported. Hazardous samples will be returned to client or disposed of at client expense.

	Print Name:	Company:	Date:	Time:
Relinquished By: (Signature)	Doug Buys	City of New Meadows	12-11-18	10:10
Received By: (Signature)				
Relinquished By: (Signature)				
Received By: (Signature)	Lindsay C Altorfer	ALI	12/12/18	07:30

SAMPLE RECEIPT Total # of Containers: Chains of Custody Seals Y / N / NA Intact: Y / N / NA Temperature Received: 8.8 Condition:

REV 2/19/12 WHITE: STAYS WITH SAMPLE (S) YELLOW: LAB PINK: SAMPLER

CLIENT CODE=

CHAIN OF CUSTODY RECORD

CLIENT INFORMATION:	PROJECT INFORMATION:
Project Manager: Doug Buys	Project Name:
Company: City of New Meadows	PWS Number:
Address: 401 Virginia St. New Meadows, Id 83654	Purchase Order Number:
	Required Due Date:
Phone: 347 2171 Fax: 347-2389	E-mail Address:
Sampled by: *(Please print)* DMB	Transported by: *(Please print)* zgl

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TESTS REQUESTED

Lab ID	Date Sampled	Time Sampled	Sample Description (Source)	Sample Matrix	BOD	TKN	Ammonia	Nitrate/Nitrite	Total phosphorus					Remarks:
	12-11	9:50	wastewater InSlow	grab	X	X	X							
	12-11	9:50	wastewater InSlow	grab				X	X					

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Received By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Relinquished By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
Received By: *(Signature)*	**Print Name:**	**Company:**	**Date:**	**Time:**
SAMPLE RECEIPT **Total # of Containers:**	**Chains of Custody Seals** Y / N / NA	**Intact:** Y / N / NA **Temperature Received:**	**Condition:**	

REV. 2/19/12 WHITE: STAYS WITH SAMPLE (S) YELLOW: LAB PINK: SAMPLER