



CERTIFICATE OF ANALYSIS

7020454

Dry Ridge, City of
Jamey Rhoton
P.O. Box 145
Dry Ridge, KY 41035

Date Reported 02/08/2017
Date Due 02/16/2017
Date Received 02/07/2017
Customer # E6072

WTP - Total Coliforms

Table with columns: Analysis, OOC, Qualifier, Result Units, Min, Max, Method, Rpt Limit, Analysis Date, Tech. Includes sample details for 31 Broadway and analysis results for Chlorine, Free Residual and Coliform, Total.

Qualifier Definitions

The following analyses were not run at the main Louisville lab within the Microbac Kentucky Division, but at a satellite location.

Table with columns: Laboratory, Analysis, Method. Lists Microbac Laboratories, Lexington Site, Coliforms and E. Coli - DW, and SM9223B (Colilert-18).

THIS REPORT HAS BEEN REVIEWED AND APPROVED FOR RELEASE:

Handwritten signature of Lisa Martin

Lisa Martin A.M.

Handwritten signature of David Lester

David Lester, Managing Director

As regulatory limits change frequently, Microbac advises the recipient of this report to confirm such limits with the appropriate Federal, state, or local authorities before acting in reliance on the regulatory limits provided.

For any feedback concerning our services, please contact David Lester, Managing Director at 502.962.6400 or Rob Crookston, President at president@microbac.com.

The data and other information contained on this, and other accompanying documents, represents only the sample (s) analyzed and is rendered upon the condition that it is not to be reproduced wholly or in part for advertising or other purposes without written approval from the laboratory.

Microbac Laboratories, Inc.

3323 Gilmore Industrial Blvd. Louisville, KY 40213 502.962.6400 Fax: 502.962.6411
Evansville 812.464.9000 | Lexington 859.276.3506 | Paducah 270.898.3637 | Hazard 606.487.0511



TOTAL COLIFORM CHAIN OF CUSTODY

Microbac Laboratories, Inc. - Kentucky Testing Laboratory Division - www.microbac.com
Louisville 502-962-6400 - Lexington 859-276-3506 - Paducah 270-898-3637 - Hazard 606-487-0511 - Evansville, IN 812-464-9000

Invoice #: KY 0410107 P.O.# _____
Client: CITY OF DRY RIDGE Payment \$ _____
P.O. Box 145 Cash _____
Dry Ridge, KY 41035 Check # _____

Phone No.: 859-924-3335

Fax No.: 859-924-3599

Special Instructions: _____

Shipped to Lab Via (if applicable): _____ UPS _____ Fed Ex _____ Other _____

Condition of Sample(s) Upon Receipt: Acceptable _____ Not Acceptable _____

samples relinquished: 1 Date: 2/7/17 Time: 1130

samples received: 1 Date: 2/7/17 Time: 1130

samples relinquished: _____ Date: _____ Time: _____

samples received: _____ Date: _____ Time: _____

Rec. on Ice (YN): YES
Sample Volume: 100 mLs

Infrared Therm. ID: 2596
Sample Type: 120 mL plastic with Sodium Trisulfate

Relinquished by (Signature): [Signature]
Received by (Signature): [Signature]
Relinquished by (Signature): [Signature]
Received by (Signature): _____

No.	Location Code *	Location	Replacement (Y or N)	Collection		Special Sample Reason	Disinfectant Residual		Analysis	
				Date	Time		Type	Total		Free
001	001	31 BROADWAY	N	02/07/2017	0910	RT	1	.86	.68	TC
002										
003										
004										
005										
006										
007										
008										
009										
010										

Reason for Sample Rejection: _____

* OR - Original
DN - Down
UP - Upstream
RT - Routine
SP - Special
RP - Repeat
Special Sample Reason: A - Suspected contamination
B - New plant modification; Line ext.
C - Treatment modification
Disinfectant Type: 1 - Chlorine
2 - Chloramines
3 - Chlorine Dioxide
4 - Ozone
D - Study/Investigation
E - Line Break
Analysis: TC - Total Coliform

