



CERTIFICATE OF ANALYSIS

L9E1357

Dry Ridge, City of
Robbie Bosse
31 Broadway
Dry Ridge, KY 41035

Date Reported 05/28/2019
Date Due 06/03/2019
Date Received 05/22/2019
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 70 Broadway and analysis results for Chlorine, Free Available and Coliforms and E. Coli - DW.

Qualifier Definitions

The following analyses were subcontracted to a qualified laboratory:

Table with columns: Laboratory, Analysis, Method. Shows subcontracted analysis for Lexington, Coliforms and E. Coli - DW, using method SM9223B (Colilert-18).

Project Requested Certification(s):

Table with columns: Certificate ID, Agency. Shows Certificate ID 00040 and Agency Kentucky Drinking Water Accreditation.

Handwritten signature of David Richardson

THIS REPORT HAS BEEN REVIEWED AND APPROVED FOR RELEASE: David Richardson A.M.

Samples were received in proper condition and the reported results conform to applicable accreditation standard unless otherwise noted.

The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included.

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.



**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

L9E1357 David Richardson

Client: KY 0410107  
 City of Wey Ridge  
 P.O. Box 145  
Wey Ridge, KY 41035

Payment \$ \_\_\_\_\_  
 Cash \_\_\_\_\_  
 Check # \_\_\_\_\_  
 P.O.# \_\_\_\_\_

Phone No.: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_  
 Rec. on Ice (Y/N): Y  
 Shipped to Lab Via (if applicable): UPS  Acceptable  Not Acceptable  
 Fed Ex  Other

Bottle Type: 120 mL plastic with Sodium Thiosulfate Sample Volume: 100 mLs  
 Relinquished by (Signature): [Signature] Date: 05-22-19 Time: 12:10  
 Received by (Signature): [Signature] Date: 5/22/19 Time: 12:10  
 Relinquished by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

No.	Location Code	Location	Replacement (Y or N)	Collection		Sample Type	Special Sample Reason	Disinfectant Residual		Analysis
				Date	Time			Type	Total	
001	137	70 Broadway	N	05-22-2019	10:15	DT		3	1.06	.95 TC
002										
003										
004										
005										
006										
007										
008										
009										
010										

Reason for Sample Rejection: \_\_\_\_\_

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