



CERTIFICATE OF ANALYSIS

L9F1206

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

Date Reported 06/28/2019
Date Due 06/28/2019
Date Received 06/19/2019
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 Meeks Road 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.

THIS REPORT HAS BEEN REVIEWED AND APPROVED FOR RELEASE:

Handwritten signature of Al Moore

Al Moore For 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.

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

L9F1206 David Richardson

NS #: KY 0410107
 Client: CITY OF DEY RIDGE
P.O. BOX 145
DEY RIDGE, KY 41035
 Samples Collected by (Signature): [Signature]

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

Phone No.: _____
 Fax No.: _____

Special Instructions: _____

mp. Upon Receipt in Lab (°C): 6.6 Infrared Therm. ID: K10 Rec. on Ice (Y/N): Y

Bottle Type: 120 ml. plastic with Sodium Thiosulfate Sample Volume: 100 mL

Shipped to Lab Via (if applicable): UPS Acceptable Fed Ex Other Not Acceptable

Relinquished by (Signature): [Signature] Date: 6-19-11 Time: 14:21

Received by (Signature): [Signature] Date: 6/19/11 Time: 14:21

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		Free
001	<u>132</u>	<u>Mucks Pond</u>	<u>N</u>	<u>6-19-11</u>	<u>12:15</u>	<u>RT</u>		<u>3</u>	<u>78</u>	<u>59</u>	<u>TC</u>
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
- Analysis: TC - Total Coliform