



CERTIFICATE OF ANALYSIS

L9F1154

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

Date Reported 06/24/2019
Date Due 06/27/2019
Date Received 06/18/2019
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 256 School 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 SM9223B (Colilert-18) method.

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.



L9F1154 David Richardson

# KY 0410107  
 City DEY RIDGE  
 P.O. Box 145  
DEY RIDGE, KY 4035  
 P.O.# \_\_\_\_\_  
 Payment \$ \_\_\_\_\_  
 Cash \_\_\_\_\_  
 Check # \_\_\_\_\_

Phone No.: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

Upon Receipt in Lab (°C): 8.4 Infrared Therm. ID: L-10 Rec. on Ice (Y/N): Y  
 Type: 120 mL plastic with Sodium Thiosulfate Sample Volume: 100 mLs

Shipped to Lab Via (if applicable):  UPS  Fed Ex  Other  
 Condition of Sample(s) Upon Receipt:  Acceptable  Not Acceptable

Relinquished by (Signature): \_\_\_\_\_  
 Received by (Signature): [Signature]  
 Relinquished by (Signature): \_\_\_\_\_  
 Received by (Signature): \_\_\_\_\_

# samples relinquished: 1 Date: 6-18-19 Time: 14:30  
 # samples received: 1 Date: 6-18-19 Time: 14:30  
 # samples relinquished: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 # samples received: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

No.	Location Code	* Location	Replacement (Y or N)	Collection		Sample Type	Special Sample Reason	Disinfectant Residual		Analysis
				Date	Time			Type	Total	
001	<u>1361</u>	<u>256 School Road</u>	<u>N</u>	<u>06-18-19</u>	<u>1:00</u>	<u>RT</u>	<u>3</u>	<u>1.58</u>	<u>1.34</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