



CERTIFICATE OF ANALYSIS

L9D1426

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

Date Reported 04/25/2019
Date Due 05/03/2019
Date Received 04/24/2019
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 17 South Main St and test 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.

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

L9D1426 David Richardson

IS #: KY 0410107
 sent 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: _____

Imp. Upon Receipt in Lab (°C): 5.8 Infrared Therm. ID: 124 Rec. on Ice (Y/N): Y
 Bottle Type: 120 mL plastic with Sodium Thiosulfate Sample Volume: 100 mL
 Relinquished by (Signature): [Signature] Date: 4-24-19 10:00
 Received by (Signature): [Signature] Date: 4-24-19 13:15
 Relinquished by (Signature): [Signature] Date: 4-24-19 13:15
 Received by (Signature): [Signature] Date: 4-24-19 13:15

Shipped to Lab Via (if applicable): _____ UPS _____ Fed Ex _____ Other _____
 Condition of Sample(s) Upon Receipt: _____ Acceptable _____ Not Acceptable _____
 # samples relinquished: 1 Date: 4-24-19 Time: _____
 # samples received: 1 Date: 4-24-19 Time: _____
 # samples relinquished: _____ Date: _____ Time: _____
 # samples received: 1 Date: 4-24-19 Time: 1315

No.	Location Code	Location	Replacement (Y or N)	Collection		Sample Type	Special Sample Reason	Disinfectant Residual		Analysis
				Date	Time			Type	Total	
001	136	17 South Main Street	N	4-24-19	9:00	RT		3	82.69	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
 Analysis: TC - Total Coliform