



CERTIFICATE OF ANALYSIS

L9E0730

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

Date Reported 05/15/2019
Date Due 05/22/2019
Date Received 05/13/2019
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 26 Ruthman Drive 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.



**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

L9E0730 David Richardson

VS #: KY 0410107  
 Client: CITY OF DEY RIDGE  
P.O. BOX 145  
DEY RIDGE, KY 41035

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

Phone No.: \_\_\_\_\_  
 Fax No.: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Temp. Upon Receipt in Lab (°C): 5.2 Infrared Therm. ID: L13 Rec. on Ice (Y/N): Yes  
 Bottle Type: 120 mL plastic with Sodium Thiosulfate Sample Volume: 100 mL  
 Relinquished by (Signature): [Signature] Date: 5-13-19 Time: 11:00  
 Received by (Signature): [Signature] Date: 5-13-19 Time: 11:00  
 Relinquished by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Received by (Signature): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Shipped to Lab Via (if applicable): \_\_\_\_\_ UPS \_\_\_\_\_ Fed Ex \_\_\_\_\_ Other \_\_\_\_\_  
 Condition of Sample(s) Upon Receipt: \_\_\_\_\_ Acceptable \_\_\_\_\_ Not Acceptable \_\_\_\_\_  
 # samples relinquished: 1 Date: 5-13-19 Time: 11:00  
 # samples received: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 # 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		Free
001	<u>012</u>		<u>210 Ruthman Drive</u>	<u>N</u>	<u>05-13-19</u>	<u>9:30</u>	<u>DT</u>		<u>3</u>	<u>104</u>	<u>51</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