



CERTIFICATE OF ANALYSIS

L9B1479

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

Date Reported 02/27/2019
Date Due 03/07/2019
Date Received 02/26/2019
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 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.



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

L9B1479 David Richardson

VS #: KY 0410107
 City of Wey Ridge
 P.O. Box 145
Wey Ridge, Ky 41035
 Samples Collected by (Signature): Colin Boon

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

Phone No.: _____
 Fax No.: _____

Upon Receipt in Lab (°C): 7.5 Infrared Therm. ID: 124
 Bottle Type: 120 mL plastic with Sodium Thiosulfate Sample Volume: 100 mL
 Rec. on Ice (Y/N): Y

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

Relinquished by (Signature): Colin Boon Date: 2-26-19 Time: 1035
 Received by (Signature): Don Martin Date: 2-26-19 Time: 1030
 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	137	70 Broadway	N	2-26-19	8:55	RT		3	1.21	1.12	TC
002											
003											
004											
005											
006											
007											
008											
009											
010											

Reason for Sample Rejection: _____

* OR - Original Sample Type: RT - Routine Special Sample Reason: A - Suspected contamination D - Study/Investigation Disinfectant Type: 1 - Chlorine Analysis: TC - Total Coliform
 DN - Down SP - Special B - New plant modification; Line ext. E - Line Break 2 - Chloramines
 UP - Upstream FP - Repeat C - Treatment modification