



CERTIFICATE OF ANALYSIS

7030139

Dry Ridge, City of
Jamey Rhoton
P.O. Box 145
Dry Ridge, KY 41035

Date Reported 03/03/2017
Date Due 03/13/2017
Date Received 03/02/2017
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 analysis results for Chlorine, Free Residual and Coliform, Total.

Qualifier Definitions

The following analyses were not run at the main Louisville lab within the Microbac Kentucky Division, but at a satellite location.

Table with columns: Laboratory, Analysis, Method. Lists Microbac Laboratories, Kentucky Testing Laboratory, Lexington Site for Coliforms and E. Coli - DW using method SM9223B (Colilert-18).

THIS REPORT HAS BEEN REVIEWED AND APPROVED FOR RELEASE:

Handwritten signature of Lisa Martin

Lisa Martin A.M.

Handwritten signature of David Lester

David Lester, Managing Director

As regulatory limits change frequently, Microbac advises the recipient of this report to confirm such limits with the appropriate Federal, state, or local authorities before acting in reliance on the regulatory limits provided.

For any feedback concerning our services, please contact David Lester, Managing Director at 502.962.6400 or Rob Crookston, President at president@microbac.com.

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 270-998-3637 - Hazard 606-487-0511 - Evansville, IN 812-464-9000

Client: Ky 0410107 P.O.# _____ Phone No.: _____
CITY OF RY RIDGE Payment \$ _____
P.O. BOX 145 Cash _____ Fax No.: _____
RY RIDGE, KY 41035 Check # _____
 Samples Collected by (Signature): [Signature] Special Instructions: _____
 Temp. Upon Receipt in Lab (°C): 31.0 Rec. on Ice (Y/N): YES Shipped to Lab Via (if applicable): _____ UPS _____ Fed Ex _____ Other _____
 Bottle Type: 120 mL plastic with Sodium Thiosulfate Sample Volume: 100 mLs Condition of Sample(s) Upon Receipt: _____ Acceptable _____ Not Acceptable _____
 Relinquished by (Signature): [Signature] # samples relinquished: 1 Date: 3/2/17 Time: 1:40
 Received by (Signature): [Signature] # samples received: 1 Date: 3/2/17 Time: 13:40
 Relinquished by (Signature): _____ # samples relinquished: _____ Date: _____ Time: _____
 Received by (Signature): _____ # samples received: _____ Date: _____ Time: _____

No.	Location Code	*	Location	Replacement (Y or N)	Collection		Sample Type	Special Sample Reason	Disinfectant Residual			
					Date	Time			Type	Total	Free	Analysis
001	137		70 BROADWAY	N	03-02-2017	1155	RT		1	1.18	.99	TC
002												
003												
004												
005												
006												
007												
008												
009												
010												

Reason for Sample Rejection: _____

- * OR - Original Sample Type: RT - Routine Disinfectant Type: 1 - Chlorine
- DN - Down SP - Special 2 - Chloramines
- UP - Upstream RP - Repeat 3 - Chlorine Dioxide
- Special Sample Reason: A - Suspected contamination 4 - Ozone
- B - New plant modification; Line ext.
- C - Treatment modification
- D - Study/Investigation E - Line Break

