

## **ANALYTICAL REPORT**

## **Montana Environmental Laboratory LLC**

1170 N. Meridian Rd., P.O. Box 8900, Kalispell, MT 59904-1900 Phone: 406-755-2131 Fax: 406-257-5359 www.melab.us

Marc Liechti APEC - Meadow Lake Water 75 Somers Rd. Somers, MT 59932

PWS ID: 00914

Project:

Client Sample ID: - X2

**Lab ID**: 2403269-01

Matrix: DRINKING WATER

**Collected:** 04/11/2024 10:15 **Received:** 04/11/2024 11:55

Result Units RLMCL Method Prepared **Coliform** Analyzed **Analyst** SM9223B 04/11/2024 14:20 04/12/2024 8:40 BSB Coliform Bacteria **Absent** P/A SM9223B 04/11/2024 14:20 04/12/2024 8:40 BSB Coliform, Escherichia - P/A P/A **Absent** 

MCL = Maximum Contaminant Limit RL = Reporting Limit

ND = Not Detected

MEL REVIEW:

Page 1 of 2



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PWS ID: 00914

Project:

PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY PUBLIC WATER SUPPLY

Montana Environmental Laboratory LLC

1170 N. Meridian Rd., P.O. Box 8900, Ka Phone: 406-755-2131 Fax: 406-257-5359 Kalispell, MT 59904 3269

Chain of Custody for Public Water Supply Total Coliform Bacteria Samples

Samples must arrive at the lab within 18 hours of collection. Keep sample cool, not frozen. Follow correct sampling procedures.

One copy of the report is included in the price of the test. How would you like to receive this report?  ☐ Mail to: ☐ Email to:	Sample Type (RT, RP, RW)	Sample Location	Cl <sub>2</sub> ppm			Lab # Lab Use Only
□ Mail to: □ Email to: □ Fax to: I hereby acknowledge that this sample was collected at the above locations, date and times. (Please Print) Collected by: G -C - AllEA  Total coliform bacteria and E. coli test: \$30 each: Extra copies of report, faxes, emails (\$1 each): Add \$11 if you are using a postage prepaid mailer tube:  Total enclosed: \$  LAB USE ONLY  Received by lab date/time:  w cooler cooler returned M C DB UPS Courier Shipping charge:\$	RT	X2	-	4-11-24	10:15	3269
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EPA/DEQ notified

Amount: \$

CC CASH CHK#

Email inv