



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

Chad Wambach
Meadow Lake Water & Sewer
394 1st Ave. WN
Kalispell, MT 59901

PWS ID:
Project: Hardness

Client Sample ID: Pumphouse 1 (South) **Lab ID:** 2004386-01
Matrix: DRINKING WATER **Collected:** 05/05/2020 15:15 **Received:** 05/07/2020 12:05

<u>Analyzes</u>	<u>Result</u>	<u>Units</u>	<u>MDL</u>	<u>MCL</u>	<u>Method</u>	<u>Prepared</u>	<u>Analyzed</u>	<u>Analyst</u>
Hardness	244	mg/L	1		SM2340C		05/13/2020 15:33	BLW

Client Sample ID: Pumphouse 2 (North) **Lab ID:** 2004386-02
Matrix: DRINKING WATER **Collected:** 05/05/2020 15:30 **Received:** 05/07/2020 12:05

<u>Analyzes</u>	<u>Result</u>	<u>Units</u>	<u>MDL</u>	<u>MCL</u>	<u>Method</u>	<u>Prepared</u>	<u>Analyzed</u>	<u>Analyst</u>
Hardness	244	mg/L	1		SM2340C		05/13/2020 15:33	BLW



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

Chad Wambach
Meadow Lake Water & Sewer
394 1st Ave. WN
Kalispell, MT 59901

PWS ID:
Project: Hardness



MONTANA ENVIRONMENTAL LABORATORY, LLC. 1170 N. Meridian Rd
P.O. Box 8900
Kalispell, MT 59904
Phone: (406) 755-2131
Fax: (406) 257-5359
Certified by the EPA
and the Montana Department of Health
According to Federal Drinking Water Standards

4396-1

CUSTOMER MAILING ADDRESS:

Name: Meadow Lake W+S
Address: _____
City: _____ State: _____ Zip: _____

One copy of the analytical report will be mailed, emailed or faxed.
There is an additional charge of \$1.00 for each extra copy mailed
or faxed. How would you like to receive your results?

Email / Fax my results to:
lorri@drinkingsystemservices
+mlws@
Mail my results to: The above address
 The address below:

SAMPLE INFORMATION:

Address and specific location where sample was collected,
i.e.: kitchen sink, west yard hydrant, EP502, etc.

Address: _____
Location: Pumphouse 1 (South)
Date / Time collected: 5-5-20 15:15
Who collected the sample: Lorri Passwater
Phone #: 260-8827

Public Water Supply Name: _____

PWSID#: _____

LAB USE ONLY:
Lab #: 4396-1
Date / Time Received: 5-7-20 12:05 MS
Payment Received: Mail + email Inv.

REQUESTED ANALYSIS

- Alkalinity \$25
- Chloride \$22
- Chlorine \$20
- Fluoride \$22
- Hardness, Total \$22
- Iron Bacteria \$50
- Microscopic Analysis \$50
- Nitrate \$23
- Nitrite \$23
- Nitrate + Nitrite, Total \$23
- Organic Carbon, Total (TOC) \$50
- pH \$12
- Specific Conductance \$12
- Sulfate \$22
- Total Dissolved Solids (TDS) \$20
- Total Suspended Solids (TSS) \$15
- Turbidity \$20

Metals:

- Aluminum \$15
- Arsenic \$15
- Barium \$15
- Cadmium \$15
- Calcium \$15
- Chromium \$15
- Copper \$15
- Iron \$15
- Lead (*Special sample instructions on back of form) \$15
- Magnesium \$15
- Manganese \$15
- Mercury \$15
- Potassium \$15
- Selenium \$15
- Silver \$15
- Sodium \$15
- Zinc \$15

If samples are mailed back to the lab using
our postage paid mailer tubes then add
\$8.00 postage and handling per tube.
Payment must accompany sample.

Total price of tests: _____
Return postage: \$8.00
Additional copies or faxes: _____
TOTAL ENCLOSED: _____



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

Chad Wambach
Meadow Lake Water & Sewer
394 1st Ave. WN
Kalispell, MT 59901

PWS ID:
Project: Hardness



MONTANA ENVIRONMENTAL LABORATORY, LLC. 1170 N. Meridian Rd
P.O. Box 8900
Kalispell, MT 59904
Certified by the EPA 4396-2
and the Montana Department of Health
Phone: (406) 755-2131
According to Federal Drinking Water Standards Fax: (406) 257-5359

CUSTOMER MAILING ADDRESS:

Name: Meadow Lake WWS
Address: _____
City: _____ State: _____ Zip: _____

One copy of the analytical report will be mailed, emailed or faxed.
There is an additional charge of \$1.00 for each extra copy mailed
or faxed. How would you like to receive your results?

Email / Fax my results to:
lorr: @drinking water system. service

Mail my results to: The above address
 The address below:

SAMPLE INFORMATION:

Address and specific location where sample was collected,
i.e.: kitchen sink, west yard hydrant, EP502, etc.

Address: _____
Location: Pumphouse 2 (North)
Date / Time collected: 5-5-20 15:30
Who collected the sample: Lorri Passwater
Phone #: 260-8227

Public Water Supply Name: _____

PWSID#: _____

LAB USE ONLY:

Lab #: 4396-2
Date / Time Received: 5-7-20 12:05 NR
Payment Received: INV.

REQUESTED ANALYSIS

- Alkalinity \$25
- Chloride \$22
- Chlorine \$20
- Fluoride \$22
- Hardness, Total \$22
- Iron Bacteria \$50
- Microscopic Analysis \$50
- Nitrate \$23
- Nitrite \$23
- Nitrate + Nitrite, Total \$23
- Organic Carbon, Total (TOC) \$50
- pH \$12
- Specific Conductance \$12
- Sulfate \$22
- Total Dissolved Solids (TDS) \$20
- Total Suspended Solids (TSS) \$15
- Turbidity \$20

Metals:

- Aluminum \$15
- Arsenic \$15
- Barium \$15
- Cadmium \$15
- Calcium \$15
- Chromium \$15
- Copper \$15
- Iron \$15
- Lead (*Special sample instructions on back of form) \$15
- Magnesium \$15
- Manganese \$15
- Mercury \$15
- Potassium \$15
- Selenium \$15
- Silver \$15
- Sodium \$15
- Zinc \$15

If samples are mailed back to the lab using
our postage paid mailer tubes then add
\$8.00 postage and handling per tube.
Payment must accompany sample.

Total price of tests: _____
Return postage: \$8.00
Additional copies or faxes: _____
TOTAL ENCLOSED: _____