



(509) 662-1888
Fax: (509) 662-8183
3019 G. S. Center Road
Wenatchee, WA 98801

(509) 452-7707
Fax: (509) 452-7773
1008 W. Ahtanum Rd.
Union Gap, WA 98903

Batch: 413297
Client: Lake Chelan Reclamation

Account: 01034
Sampler: Jim

PO Number:

- HACCP/Food Safety Analytical Report -

Report Date: 9/17/14

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H023999
Sample Identification: LC-3-8

Date Received: 9/16/14
Date Sampled: 9/16/14

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | 3.10 | MPN/100mL | | SM 9223B | 9/16/14 |

Approved By Name: *Laura M. Parker* Signature: *Laura M. Parker*
Function: *PLS*

Cascade Analytical uses procedures established by EPA, AOAC, APHA, ASTM, and FDA/BAM. Cascade Analytical makes no warranty of any kind the client assumes all risk and liability from the use of these results. Cascade Analytical, Inc.'s liability to the client as a result of use of Cascade's test results shall be limited to a sum equal to the fees paid by the client to Cascade Analytical, Inc. for analysis. PLEASE REVIEW YOUR DATA IN A TIMELY MANNER. DATA GAPS OR ERRORS AFTER THREE MONTHS WILL NOT BE OUR RESPONSIBILITY. THOUGH WE DO KEEP ALL ANALYTICAL DATA FOR SEVERAL YEARS, SAMPLES ARE DISPOSED OF AFTER SIX WEEKS.

Dist
CASCADE ANALYTICAL, INC.
1-800-545-4206

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Batch: 413297
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PO Number:

- HACCP/Food Safety Analytical Report -

Report Date: 9/17/14

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H024000

Date Received: 9/16/14

Sample Identification: A-8-2

Date Sampled: 9/16/14

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | < 1 | MPN/100mL | | SM 9223B | 9/16/14 |

Approved By Name: *LAUREN MROCHEK*

Signature: *[Signature]*

Function: *PRRS*

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Batch: 413297

Client: Lake Chelan Reclamation

Account: 01034

Sampler: Jim

PO Number:

HACCP/Food Safety Analytical Report

Report Date: 9/17/14

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H024001

Date Received: 9/16/14

Sample Identification: A-3-17

Date Sampled: 9/16/14

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | < 1 | MPN/100mL | | SM 9223B | 9/16/14 |

Approved By Name: *Lauren Meade*

Signature: *[Signature]*

Function: *PRC*

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Batch: 413297
Client: Lake Chelan Reclamation

Account: 01034
Sampler: Jim

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CASCADe ANALYTICAL, INC.
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- HACCP/Food Safety Analytical Report -

Report Date: 9/17/14

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H024002
Sample Identification: B-4-12

Date Received: 9/16/14
Date Sampled: 9/16/14

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | 4.20 | MPN/100mL | | SM 9223B | 9/16/14 |

Approved By Name:

Laura M. [Signature]

Signature:

[Signature]

Function:

Pres-

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Batch: 413297
Client: Lake Chelan Reclamation

Account: 01034

Sampler: Jim

PO Number:

- HACCP/Food Safety Analytical Report -

Report Date: 9/17/14

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H024003

Date Received: 9/16/14

Sample Identification: C-2-8

Date Sampled: 9/16/14

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | 4.20 | MPN/100mL | | SM 9223B | 9/16/14 |

Approved By Name: *Laura M. Parker*Signature: *Laura M. Parker*Function: *PTS*

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Batch: 413297

Client: Lake Chelan Reclamation

Account: 01034

Sampler: Jim

PO Number:

- HACCP/Food Safety Analytical Report -

Report Date: 9/17/14

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H024004

Date Received: 9/16/14

Sample Identification: D-3-6

Date Sampled: 9/16/14

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | < 1 | MPN/100mL | | SM 9223B | 9/16/14 |

Approved By Name: *Laura M. Mader* Signature: *[Signature]*

Function: *PRES*

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Batch: 413297
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Account: 01034

Sampler: Jim

PO Number:

- HACCP/Food Safety Analytical Report -

Report Date: 9/17/14

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H024005

Date Received: 9/16/14

Sample Identification: E-2-3

Date Sampled: 9/16/14

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | 1.00 | MPN/100mL | | SM 9223B | 9/16/14 |

Approved By Name: *Laura Mrochek*

Signature: *Laura Mrochek*

Function: *PRTS*

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Account: 01034

Sampler: Jim

PO Number:

- HACCP/Food Safety Analytical Report -

Report Date: 9/17/14

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H024006

Date Received: 9/16/14

Sample Identification: F-4

Date Sampled: 9/16/14

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | 5.30 | MPN/100mL | | SM 9223B | 9/16/14 |

Approved By Name: *Laura Meacher*Signature: *Laura Meacher*Function: *PRCS*

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Account: 01034

Sampler: Jim

PO Number:

HACCP/Food Safety Analytical Report

Report Date: 9/17/14

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H024007

Date Received: 9/16/14

Sample Identification: G-1-1

Date Sampled: 9/16/14

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | 2.00 | MPN/100mL | | SM 9223B | 9/16/14 |

Approved By Name: *Laura M. Rader*Signature: *[Signature]*Function: *PR*

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Account: 01034

Sampler: Jim

PO Number:

- HACCP/Food Safety Analytical Report -

Report Date: 9/17/14

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H024008

Date Received: 9/16/14

Sample Identification: H-3

Date Sampled: 9/16/14

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | < 1 | MPN/100mL | | SM 9223B | 9/16/14 |

Approved By Name: *Laura on 8/26/14*Signature: *Laura on 8/26/14*Function: *PRCS*

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