



(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. Archer* Signature: *Laura M. Archer*
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.



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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-H024000
Sample Identification: A-8-2

Date Received: 9/16/14
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: *[Handwritten Signature]*
Function: *PRRS*

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

HACCP/Food Safety Analytical Report

Report Date: 9/17/14

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H024001
Sample Identification: A-3-17

Date Received: 9/16/14
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 Moadak* Signature: *[Handwritten Signature]*
Function: *PRC*

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.



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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: *Lauren M...* Signature: *[Handwritten Signature]*
Function: *PREP*

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PO Box J
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Laboratory Number: 14-H024003
Sample Identification: C-2-8

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

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

Approved By Name: *Laura M. Rader*
Function: *PTS*

Signature: *Laura M. Rader*

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PO Box J
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Laboratory Number: 14-H024004
Sample Identification: D-3-6

Date Received: 9/16/14
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. ...* Signature: *[Handwritten Signature]*
Function: *PRES*

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Laboratory Number: 14-H024005
Sample Identification: E-2-3

Date Received: 9/16/14
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: *Lauren Mrochek* Signature: *Lauren Mrochek*
Function: *PREP*

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Report Date: 9/17/14

Lake Chelan Reclamation Dist
PO Box J
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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: *PREP*

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Lake Chelan Reclamation Dist
PO Box J
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Laboratory Number: 14-H024007
Sample Identification: G-1-1

Date Received: 9/16/14
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 Mrazek*

Signature: *Laura Mrazek*

Function: *PREP*

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Report Date: 9/17/14

Lake Chelan Reclamation Dist
PO Box J
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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 M. [Signature]*
Function: *PRCS*

Signature: *[Signature]*

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