

(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: 496766
Client: Lake Chelan Reclamation

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

Account: 01034
Sampler: Jim

PO Number:

- HACCP/Food Safety Analytical Report -



Report Date: 6/24/14

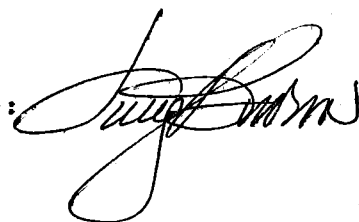
Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H014342
Sample Identification: LC-3-8

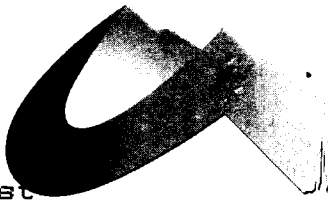
Date Received: 6/23/14
Date Sampled: 6/23/14

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	2.00	MPN/100mL		SM 9223B	6/23/14

Approved By Name: 
Function: LAB SUPERVISOR 

Signature: 

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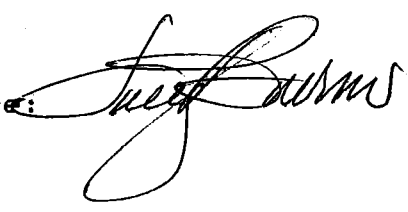
Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H014343
Sample Identification: A-8-2

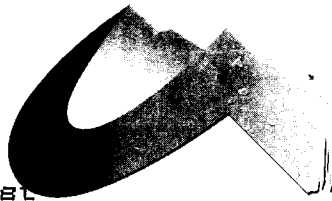
Date Received: 6/23/14
Date Sampled: 6/23/14

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	< 1	MPN/100mL		SM 9223B	6/23/14

Approved By Name: 
Function: LAB SUPERVISOR 

Signature: 

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- HACCP/Food Safety Analytical Report -

Report Date: 6/24/14

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H014344
Sample Identification: A-3-17

Date Received: 6/23/14
Date Sampled: 6/23/14

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	< 1	MPN/100mL		SM 9223B	6/23/14

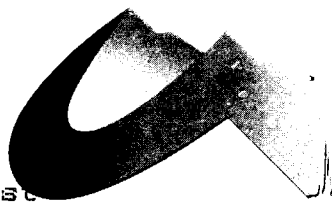
Approved By Name:

Signature:

Function:

LAB Supervisor

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Report Date: 6/24/14

Lake Chelan Reclamation Dist
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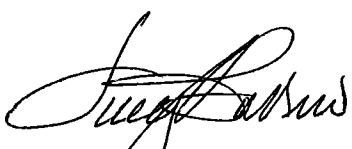

Laboratory Number: 14-H014345

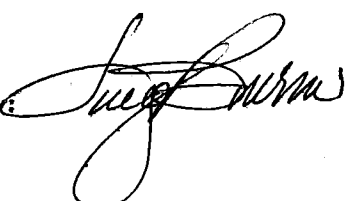
Date Received: 6/23/14

Sample Identification: B-4-14

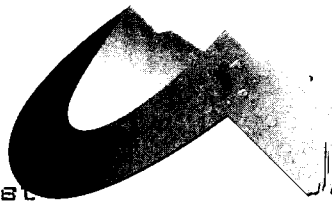
Date Sampled: 6/23/14

Test Requested	Results	Units	RL	Method	Date Analyzed
E. Coli MPN Quanti-Tray NP	1.00	MPN/100mL		SM 9223B	6/23/14

Approved By Name: 
Function: LAB SUPERVISOR 

Signature: 

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~~HACCP/Food Safety Analytical Report~~

Report Date: 6/24/14

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H014346
Sample Identification: L-2-8

Date Received: 6/23/14
Date Sampled: 6/23/14

Test Requested	Results	Units	RL	Method	Date Analyzed
E. Coli MPN Quanti-Tray NP	5.30	MPN/100mL		SM 9223B	6/23/14

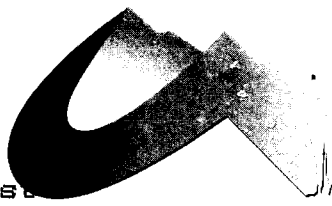
Approved By Name:

Signature:

Function:

LAB Sampler

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Account: 01034
Sampler: Jim

PO Number:

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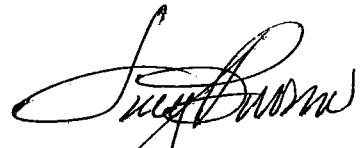
Report Date: 6/24/14

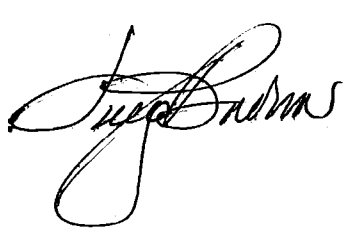
Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H014347
Sample Identification: D-3-6

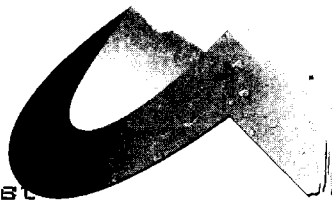
Date Received: 6/23/14
Date Sampled: 6/23/14

Test Requested	Results	Units	RL	Method	Date Analyzed
E. Coli MPN Quanti-Tray NP	1.00	MPN/100mL		SM 9223B	6/23/14

Approved By Name: 
Function: *LAB Supervisor*

Signature: 

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~~HACCP/Food Safety Analytical Report~~


Report Date: 6/24/14

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H014348
Sample Identification: E-2-3

Date Received: 6/23/14
Date Sampled: 6/23/14

Test Requested	Results	Units	RL	Method	Date Analyzed
E. Coli MPN Quanti-Tray NP	4.20	MPN/100mL		SM 9223B	6/23/14

Approved By Name: 
Function: LAB SUPERVISOR

Signature: 

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Account: 01034
Sampler: Jim

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PU Number:

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Report Date: 6/24/14

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H014349

Date Received: 6/23/14

Sample Identification: F-1-1

Date Sampled: 6/23/14

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	< 1	MPN/100mL		SM 9223B	6/23/14

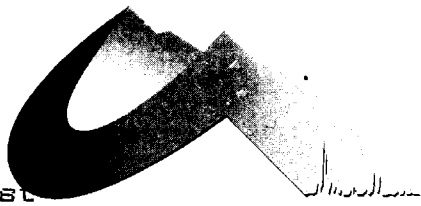
Approved By Name:

Signature:

Function:

LAB SUPERVISOR

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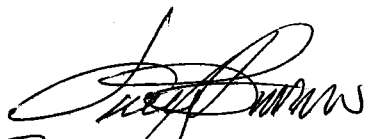
Report Date: 6/24/14

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H014350
Sample Identification: G-1-4

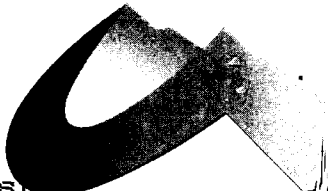
Date Received: 6/23/14
Date Sampled: 6/23/14

Test Requested	Results	Units	RL	Method	Date Analyzed
E. Coli MPN Quanti-Tray NP	4.20	MPN/100mL		SM 9223B	6/23/14

Approved By Name: 
Function: *CAB Supervisor*

Signature: 

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Report Date: 6/24/14

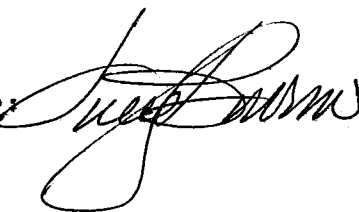
Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 14-H014351
Sample Identification: H-3

Date Received: 6/23/14
Date Sampled: 6/23/14

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	1.00	MPN/100mL		SM 9223B	6/23/14

Approved By Name: 
Function: LAB SUPERVISOR 

Signature: 

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