



(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: 496767  
Client: Lake Chelan Reclamation

Account: 01034  
Sampler: Jim

PO Number:

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

**- HACCP/Food Safety Analytical Report -**

Report Date: 6/27/14

Lake Chelan Reclamation Dist  
PO Box J  
Manson, WA 98831

Laboratory Number: 14-H014352  
Sample Identification: LC-3-8

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

Test Requested	Results	Units	RL	Method	Date Analyzed
Fecal Coliform	0.0	CFU/100mL		SM 9222-D	6/23/14

Approved By Name:

Signature:

Function:

LAB SUPERVISOR

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: 6/27/14

Lake Chelan Reclamation Dist  
PO Box J  
Manson, WA 98831

Laboratory Number: 14-H014353

Date Received: 6/23/14

Sample Identification: A-8-2

Date Sampled: 6/23/14

Test Requested	Results	Units	RL	Method	Date Analyzed
Fecal Coliform	2.0	CFU/100mL		SM 9222-D	6/23/14

Approved By Name:

*Judy Burns*  
LAB Supervisor

Signature:

*Judy Burns*

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- HACCP/Food Safety Analytical Report -

Report Date: 6/27/14

Lake Chelan Reclamation Dist  
PO Box J  
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Laboratory Number: 14-H014354  
Sample Identification: A-3-17

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

Test Requested	Results	Units	RL	Method	Date Analyzed
Fecal Coliform	5.0	CFU/100mL		SM 9222-D	6/23/14

Approved By Name: *[Signature]*  
Function: LAB SUPERVISOR

Signature *[Signature]*

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Account: 01034  
Sampler: Jim

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- HACCP/Food Safety Analytical Report -

Report Date: 6/27/14

Lake Chelan Reclamation Dist  
PO Box J  
Manson, WA 98831

Laboratory Number: 14-H014355  
Sample Identification: B-4-14

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

Test Requested	Results	Units	RL	Method	Date Analyzed
Fecal Coliform	5.0	CFU/100mL		SM 9222-D	6/23/14

Approved By Name: *Justin Barnes*  
Function: *LAB Supervisor*

Signature: *Justin Barnes*

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Report Date: 6/27/14

Lake Chelan Reclamation Dist  
PO Box J  
Manson, WA 98831

Laboratory Number: 14-H014356

Date Received: 6/23/14

Sample Identification: C-2-8

Date Sampled: 6/23/14

Test Requested	Results	Units	RL	Method	Date Analyzed
Fecal Coliform	4.0	CFU/100mL		SM 9222-D	6/23/14

Approved By Name:

Signature:

Function:

LAB SUPERVISOR

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Batch: 497274  
Client: Lake Chelan Reclamation

Account: 01034  
Sampler: Jim

PO Number:

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

**- HACCP/Food Safety Analytical Report -**

Report Date: 7/ 7/14

Lake Chelan Reclamation Dist  
PO Box J  
Manson, WA 98831

Laboratory Number: 14-H015422  
Sample Identification: D-3-6

Date Received: 7/ 1/14  
Date Sampled: 7/ 1/14

Test Requested	Results	Units	RL	Method	Date Analyzed
Fecal Coliform	1.0	CFU/100mL		SM 9222-D	7/ 1/14

Approved By Name: *Laura Meacher*  
Function: *Pres.*

Signature: *Laura Meacher*

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Client: Lake Chelan Reclamation

Account: 01034  
Sampler: Jim

PO Number:

**HACCP/Food Safety Analytical Report**

Report Date: 7/ 7/14

Lake Chelan Reclamation Dist  
PO Box J  
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Laboratory Number: 14-H015423  
Sample Identification: E-2-3

Date Received: 7/ 1/14  
Date Sampled: 7/ 1/14

Test Requested	Results	Units	RL	Method	Date Analyzed
Fecal Coliform	0.0	CFU/100mL		SM 9222-D	7/ 1/14

Approved By Name: *Laura Meachek*  
Function: *PRES*

Signature: *Laura Meachek*

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- HACCP / Food Safety Analytical Report -

Report Date: 7/ 7/14

Lake Chelan Reclamation Dist  
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Laboratory Number: 14-H015419  
Sample Identification: H-3

Date Received: 7/ 1/14  
Date Sampled: 7/ 1/14

Test Requested	Results	Units	RL	Method	Date Analyzed
Fecal Coliform	3.0	CFU/100mL		SM 9222-D	7/ 1/14

Approved By Name: *Laura Mrochek*  
Function: *Pres.*

Signature: *Laura Mrochek*

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Report Date: 7/ 7/14

Lake Chelan Reclamation Dist  
PO Box J  
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Laboratory Number: 14-H015420

Date Received: 7/ 1/14

Sample Identification: F-1-1

Date Sampled: 7/ 1/14

Test Requested	Results	Units	RL	Method	Date Analyzed
Fecal Coliform	0.0	CFU/100mL		SM 9222-D	7/ 1/14

Approved By Name: *Laura M. Brachek*

Signature: *Laura M. Brachek*

Function: *PREP*

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**- HACCP/Food Safety Analytical Report -**

Report Date: 7/ 7/14

Lake Chelan Reclamation Dist  
PO Box J  
Manson, WA 98831

Laboratory Number: 14-H015421  
Sample Identification: G-1-1

Date Received: 7/ 1/14  
Date Sampled: 7/ 1/14

Test Requested	Results	Units	RL	Method	Date Analyzed
Fecal Coliform	2.0	CFU/100mL		SM 9222-D	7/ 1/14

Approved By Name: *Laura Mrazek*  
Function: *PRE*

Signature: *[Handwritten Signature]*

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