



(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: 524162  
Client: Lake Chelan Reclamation

Account: 01034  
Sampler: Jim

PO Number:

~~HACCP / Food Safety Analytical Report~~

Report Date: 6/10/15

Lake Chelan Reclamation Dist  
PO Box J  
Manson, WA 98831

Laboratory Number: 15-H015801  
Sample Identification: LC-3-8

Date Received: 6/ 9/15  
Date Sampled: 6/ 9/15

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	13.70	MPN/100mL		SM 9223B	6/ 9/15

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

Signature: *Laura Meachek*

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: 6/10/15

Lake Chelan Reclamation Dist  
PO Box J  
Manson, WA 98831

Laboratory Number: 15-H015802  
Sample Identification: A-8-2

Date Received: 6/9/15  
Date Sampled: 6/9/15

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	7.50	MPN/100mL		SM 9223B	6/9/15

Approved By Name: *Laura Necker* Signature: *Laura Necker*  
Function: *Pres*

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Report Date: 6/10/15

Lake Chelan Reclamation Dist  
PO Box J  
Manson, WA 98831

Laboratory Number: 15-H015803  
Sample Identification: A-3-17

Date Received: 6/ 9/15  
Date Sampled: 6/ 9/15

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	3.10	MPN/100mL		SM 9223B	6/ 9/15

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

Signature: *[Signature]*

Function: *PRS*

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Account: 01034  
Sampler: Jim  
PG Number:

~~HACCP / Food Safety Analytical Report~~

Report Date: 6/10/15

Lake Chelan Reclamation Dist  
PO Box J  
Manson, WA 98831

Laboratory Number: 15-H015804  
Sample Identification: B 4 12

Date Received: 6/ 9/15  
Date Sampled: 6/ 9/15

Test Requested	Results	Units	RL	Method	Date Analyzed
E. Coli MPN Quanti-Tray NP	13.70	MPN/100mL		SM 9223B	6/ 9/15

Approved By Name: *Laura McAdams*  
Function: *Pres*

Signature: *[Handwritten Signature]*

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Dist

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

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Batch: 524162  
Client: Lake Chelan Reclamation

Account: 01034  
Sampler: Jim

PO Number:

~~HACCP/Food Safety Analytical Report~~

Report Date: 6/10/15

Lake Chelan Reclamation Dist  
PO Box J  
Manson, WA 98831

Laboratory Number: 15-H015805  
Sample Identification: C-2-8

Date Received: 6/9/15  
Date Sampled: 6/9/15

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	15.00	MPN/100mL		SM 9223B	6/9/15

Approved By Name: *Lauren Newell* Signature: *[Signature]*  
Function: *PEB*

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PO Number:

- HACCP / Food Safety Analytical Report -

Report Date: 6/10/15

Lake Chelan Reclamation Dist  
PO Box J  
Manson, WA 98831

Laboratory Number: 15-H015806  
Sample Identification: D 3 6

Date Received: 6/ 9/15  
Date Sampled: 6/ 9/15

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	17.80	MPN/100mL		SM 9223B	6/ 9/15

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

Signature: *[Signature]*

Function: *PKG*

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Account: 01034  
Sampler: Jim  
PO Number:

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Report Date: 6/10/15

Lake Chelan Reclamation Dist  
PO Box J  
Manson, WA 98831

Laboratory Number: 15-H015807  
Sample Identification: E-2-3

Date Received: 6/ 9/15  
Date Sampled: 6/ 9/15

Test Requested	Results	Units	RL	Method	Date Analyzed
E. Coli MPN Quanti-Tray NP	7.50	MPN/100mL		SM 9223B	6/ 9/15

Approved By Name: *Laura Mander* Signature: *Laura Mander*

Function: *Pres*

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Report Date: 6/10/15

Lake Chelan Reclamation Dist  
PO Box J  
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Laboratory Number: 15-H015808  
Sample Identification: F 4

Date Received: 6/ 9/15  
Date Sampled: 6/ 9/15

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	12.40	MPN/100mL		SM 9223B	6/ 9/15

Approved By Name:

Signature:

Function: *PLS*

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Report Date: 6/10/15

Lake Chelan Reclamation Dist  
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Laboratory Number: 15-H015809  
Sample Identification: 8-1-1

Date Received: 6/ 9/15  
Date Sampled: 6/ 9/15

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	5.30	MPN/100mL		SM 9223B	6/ 9/15

Approved By Name: *Laura Mackey* Signature: *[Signature]*  
Function: *Pres*

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District

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Report Date: 6/10/15

Lake Chelan Reclamation Dist  
PO Box J  
Manson, WA 98831

Laboratory Number: 15-H015810

Date Received: 6/ 9/15

Sample Identification: H 3

Date Sampled: 6/ 9/15

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	5.30	MPN/100mL		SM 9223B	6/ 9/15

Approved By Name: *Laura M...*

Signature: *Laura M...*

Function: *Pres*

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