



(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: 645840
Client: Lake Chelan Reclamation

Account: 01034
Sampler: Jim Wisdom

PO Number:

~~HACCP/Food Safety Analytical Report~~

Report Date: 9/ 7/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 16-H026522
Sample Identification: LC-3-8

Date Received: 9/ 6/16
Date Sampled: 9/ 6/16

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | 4.10 | MPN/100mL | | SM 9223B | 9/ 6/16 |

Approved By Name: *Laura N. [Signature]* Signature: *[Signature]*
Function: *PRES*

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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Batch: 645840
Client: Lake Chelan Reclamation
Account: 01034
Sampler: Jim Wisdom
PU Number:

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

~~HACCP / Food Safety Analytical Report~~

Report Date: 9/ 7/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 16-H026523
Sample Identification: A-8-2

Date Received: 9/ 6/16
Date Sampled: 9/ 6/16

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | 2.00 | MPN/100mL | | SM 9223B | 9/ 6/16 |

Approved By Name: *Laura Neach*

Signature: *[Handwritten Signature]*

Function: *[Handwritten Signature]*

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Batch: 645840
Client: Lake Chelan Reclamation

Account: 01034
Sampler: Jim Wisdom

1-800-545-4206

PU Number:

~~HACCP / Food Safety Analytical Report~~

Report Date: 9/ 7/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 16-H026524
Sample Identification: A-3-17

Date Received: 9/ 6/16
Date Sampled: 9/ 6/16

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|----------------------------|---------|-----------|----|----------|---------------|
| E. Coli MPN Quanti-Tray NP | 4.10 | MPN/100mL | | SM 9223B | 9/ 6/16 |

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

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Batch: 645840
Client: Lake Chelan Reclamation

Account: 01034
Sampler: Jim Wisdom

PU Number:

~~HACCP / Food Safety Analytical Report~~

Report Date: 9/ 7/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 16-H026525
Sample Identification: B-4-12

Date Received: 9/ 6/16
Date Sampled: 9/ 6/16

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | 6.30 | MPN/100mL | | SM 9223B | 9/ 6/16 |

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

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Account: 01034
Sampler: Jim Wisdom

PU Number:

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Report Date: 9/ 7/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

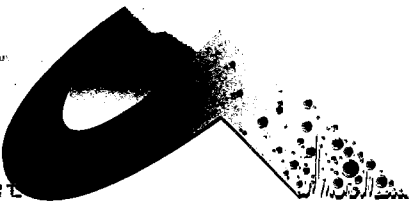
Laboratory Number: 16-H026526
Sample Identification: C-2-8

Date Received: 9/ 6/16
Date Sampled: 9/ 6/16

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | 2.00 | MPN/100mL | | SM 9223B | 9/ 6/16 |

Approved By Name: *Laura Arachet* Signature: *Laura Arachet*
Function: *RA*

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Batch: 645840
Client: Lake Chelan Reclamation

Account: 01034
Sampler: Jim Wisdom

PO Number:

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

~~HACCP/Food Safety Analytical Report~~

Report Date: 9/ 7/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 16-H026527
Sample Identification: D-3-6

Date Received: 9/ 6/16
Date Sampled: 9/ 6/16

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | 4.10 | MPN/100mL | | SM 9223B | 9/ 6/16 |

Approved By Name:

Signature:

Function:

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Union Gap, WA 98903

Batch: 645840
Client: Lake Chelan Reclamation

Account: 01034
Sampler: Jim Wisdom

PO Number:

~~HACCP/Food Safety Analytical Report~~

Report Date: 9/ 7/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

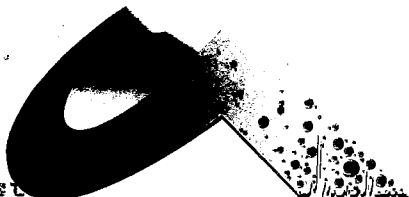
Laboratory Number: 16-H026528
Sample Identification: E-2-3

Date Received: 9/ 6/16
Date Sampled: 9/ 6/16

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|----------------------------|---------|-----------|----|----------|---------------|
| E. Coli MPN Quanti-Tray NP | 2.00 | MPN/100mL | | SM 9223B | 9/ 6/16 |

Approved By Name: *Laura Marks* Signature: *Laura Marks*
Function: *PKS*

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Batch: 645840
Client: Lake Chelan Reclamation

Account: 01034
Sampler: Jim Wisdom

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

PO Number:

~~HACCP/Food Safety Analytical Report~~

Report Date: 9/ 7/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 16-H026529
Sample Identification: F-4

Date Received: 9/ 6/16
Date Sampled: 9/ 6/16

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | 5.20 | MPN/100mL | | SM 9223B | 9/ 6/16 |

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

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Union Gap, WA 98903

Batch: 645840
Client: Lake Chelan Reclamation

Account: 01034
Sampler: Jim Wisdom

PU Number:

~~HACCP/Food Safety Analytical Report~~

Report Date: 9/ 7/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 16-H026530
Sample Identification: G-1-1
Sample Comment:

Date Received: 9/ 6/16
Date Sampled: 9/ 6/16

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | 2.00 | MPN/100mL | | SM 9223B | 9/ 6/16 |

Approved By Name: *Laura Mader* Signature: *Laura Mader*
Function: *PM*

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Batch: 645840
Client: Lake Chelan Reclamation

Account: 01034
Sampler: Jim Wisdom

PO Number:

~~HACCP/Food Safety Analytical Report~~

Report Date: 9/ 7/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 16-H026531

Date Received: 9/ 6/16

Sample Identification: H-3

Date Sampled: 9/ 6/16

Sample Comment:

| Test Requested | Results | Units | RL | Method | Date Analyzed |
|---------------------------|---------|-----------|----|----------|---------------|
| E.Coli MPN Quanti-Tray NP | 1.00 | MPN/100mL | | SM 9223B | 9/ 6/16 |

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

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Wenatchee, WA 98801
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1-800-545-4206

FOOD SAFETY ORDER FORM

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

Batch # 645840
Acct #
P.O. #

CASCADE ANALYTICAL, INC.

COMPANY NAME LAKE CHELAN Reclamation District
ADDRESS P.O. Box J MANSON STATE WASH. ZIP 98831
PHONE 509-687-3548
SAMPLE NAME Jim Wisdom
EMAIL
Comment:

FORM MUST BE COMPLETED BEFORE ANALYSIS WILL BE PERFORMED.

RELINQUISHED BY: (Signature) [Signature] DATE 9/6/16
(Printed) TIME 1:30

| Sample ID | Code 1 | Code 2 | Code 3 | Sample Date | Sample Time |
|------------------------------|------------|--------|--------|---------------|--------------|
| <u>26527</u> 1 <u>LC-3-8</u> | <u>038</u> | | | <u>9-6-16</u> | <u>0:930</u> |
| <u>26527</u> 2 <u>A-8-2</u> | | | | <u>"</u> | <u>09:45</u> |
| <u>26527</u> 3 <u>A-3-17</u> | | | | <u>"</u> | <u>10:40</u> |
| <u>26527</u> 4 <u>B-4-12</u> | | | | <u>"</u> | <u>10:46</u> |
| <u>26527</u> 5 <u>C-2-8</u> | | | | <u>"</u> | <u>10:56</u> |
| <u>26527</u> 6 <u>D-3-6</u> | | | | <u>"</u> | <u>11:09</u> |
| <u>26527</u> 7 <u>E-2-3</u> | | | | <u>"</u> | <u>11:25</u> |
| <u>26527</u> 8 <u>F-4</u> | | | | <u>"</u> | <u>10:12</u> |
| <u>26527</u> 9 <u>G-1-1</u> | | | | <u>"</u> | <u>10:20</u> |
| <u>26527</u> 10 <u>H-3</u> | | | | <u>"</u> | <u>09:55</u> |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |

| | |
|------|--------------------------------------|
| Code | Matrix Test |
| | Water Matrix |
| 043 | Coliform |
| 040 | Total Coliform MF (NP) |
| 045 | Total Coliform MF (DW) |
| 039 | Total Coliform MPN Quanti-Tray® (NP) |
| 029 | Total Coliform MPN Quanti-Tray® (DW) |
| 010 | Fecal Coliform MF (NP) |
| 005 | Fecal Coliform MF (DW) |
| 011 | Fecal Coliform MPN |
| 038 | E.coli MPN Quanti-Tray® (NP) |
| 028 | E.coli MPN Quanti-Tray® (DW) |
| 031 | Heterotrophic Plate Count (NP) |
| 080 | Heterotrophic Plate Count (DW) |
| | Food Matrix (Presence/Absence) |
| 221 | Listeria genus |
| 222 | Listeria monocytogenes |
| 198 | Salmonella |
| 160 | E.coli O157:H7 |
| | Food Matrix (Counts) |
| 230 | Aerobic Plate Count (Liquid) |
| 231 | Aerobic Plate Count (Solid) |
| 021 | Total Coliform MPN (Liquid) |
| 046 | Total Coliform MPN (Solid) |
| 240 | Total Coliform Plate Count (Liquid) |
| 241 | Total Coliform Plate Count (Solid) |
| 022 | Fecal Coliform MPN (Liquid) |
| 016 | Fecal Coliform MPN (Solid) |
| 100 | E.coli MPN (Liquid) |
| 018 | E.coli MPN (Solid) |
| 250 | E.coli Plate Count (Liquid) |
| 251 | E.coli Plate Count (Solid) |
| 191 | Yeast and Mold (Liquid) |
| 192 | Yeast and Mold (Solid) |
| | Swab (Presence/Absence) |
| 242 | Total Coliform |
| 013 | Fecal Coliform |
| 131 | E.coli |
| 226 | Listeria genus |
| 228 | Listeria monocytogenes |
| 197 | Salmonella |
| | Swab (Counts) |
| 232 | Aerobic Plate Count |
| 048 | Total Coliform Plate Count |
| 049 | E.coli Plate Count |
| 257 | Enterobacteriaceae Plate Count |
| 193 | Yeast and Mold Plate Count |
| | Sponge (Presence/Absence) |
| 243 | Total Coliform |
| 132 | E.coli |
| 227 | Listeria genus |
| 229 | Listeria monocytogenes |
| 196 | Salmonella |
| | Sponge (Counts) |
| 233 | Aerobic Plate Count |
| 051 | Total Coliform Plate Count |
| 052 | E.coli Plate Count |
| 258 | Enterobacteriaceae Plate Count |
| 195 | Yeast and Mold Plate Count |
| | Air Sampling |
| 255 | Total Count Plate 1 |
| 256 | Total Count Plate 2 |
| | Miscellaneous |
| 170 | Sterility |
| 224 | GAP Metals |

Sample container received by client was sealed Yes No

Disclaimers:
Cascade Analytical, Inc., makes no warranty of any kind, expressed or implied, and customer assumes all risk and liability from the use of Cascade's test results. Cascade neither assumes nor authorizes any person to assume for Cascade any other liability in connection with the testing done by Cascade Analytical, Inc., and there are no other oral agreements of warranties collateral to or affecting this agreement. Cascade Analytical Inc.'s liability to customer as a result of a customer's use of Cascade's test results shall be limited to a sum equal to the fees paid by customer to Cascade analytical, Inc. for the testing work.
Customer Signature [Signature] Date 9/6/16

This form also serves as "Chain of Custody."