

Dist

CASCADE ANALYTICAL, INC.

1-800-545-4206

(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: 640398
Client: Lake Chelan Reclamation

Account: 01034

Sampler: Jim

PO Number:

- HACCP/Food Safety Analytical Report -

Report Date: 6/ 1/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 16-H013914

Date Received: 5/31/16

Sample Identification: **LC-3-8**

Date Sampled: 5/31/16

Test Requested	Results	Units	RL	Method	Date Analyzed
E. Coli MPN Quanti-Tray NP	7.50	MPN/100mL		SM 9223B	5/31/16

Approved By Name: *Laura M. Parker*Signature: *Laura M. Parker*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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Report Date: 6/ 1/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 16-H013915
Sample Identification: A-8-2

Date Received: 5/31/16
Date Sampled: 5/31/16

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	3.10	MPN/100mL		SM 9223B	5/31/16

Approved By Name: *Laura M. Smith* Signature: *Laura M. Smith*

Function: *PRCS*

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- HACCP/Food Safety Analytical Report -

Report Date: 6/ 1/16

Lake Chelan Reclamation Dist
PO Box J
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Laboratory Number: 16-H013916

Date Received: 5/31/16


Sample Identification: A-3-17

Date Sampled: 5/31/16

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	12.00	MPN/100mL		SM 9223B	5/31/16

Approved By Name: 

Signature: 

Function: 

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Account: 01034
Sampler: Jim

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HACCP/Food Safety Analytical Report

Report Date: 6/ 1/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 16-H013917

Date Received: 5/31/16

Sample Identification: B-4-12

Date Sampled: 5/31/16

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	8.50	MPN/100mL		SM 9223B	5/31/16

Approved By Name:

Signature:

Function:

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- HACCP Food Safety Analytical Report -

Report Date: 6/ 1/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 16-H013918

Date Received: 5/31/16

Sample Identification: C-2-8

Date Sampled: 5/31/16

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	23.30	MPN/100mL		SM 9223B	5/31/16

Approved By Name: *Laura Mackey*

Signature: *Laura Mackey*

Function: *ABB*

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Account: 01034

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PO Number:

- HACCP/Food Safety Analytical Report -

Report Date: 6/ 1/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 16-H013919

Date Received: 5/31/16

Sample Identification: D-3-6

Date Sampled: 5/31/16

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	20.10	MPN/100mL		SM 9223B	5/31/16

Approved By Name: *Laura M. M. M.*

Signature: *[Signature]*

Function: *[Signature]*

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Account: 01034

Sampler: Jim

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- HACCP/Food Safety Analytical Report -

Report Date: 6/ 1/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 16-H013920

Date Received: 5/31/16

Sample Identification: E-2-3

Date Sampled: 5/31/16

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	5.20	MPN/100mL		SM 9223B	5/31/16

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

Signature: *[Signature]*

Function: *[Signature]*

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HACCP/Food Safety Analytical Report

Report Date: 6/ 1/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 16-H013921

Date Received: 5/31/16

Sample Identification: F-4

Date Sampled: 5/31/16

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	7.30	MPN/100mL		SM 9223B	5/31/16

Approved By Name:

Signature:

Function:

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Sampler: Jim

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- HACCP/Food Safety Analytical Report -

Report Date: 6/ 1/16

Lake Chelan Reclamation Dist
PO Box J
Manson, WA 98831

Laboratory Number: 16-H013922

Date Received: 5/31/16

Sample Identification: **G-1-1**

Date Sampled: 5/31/16

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	9.80	MPN/100mL		SM 9223B	5/31/16

Approved By Name: *Laura M. Raker*

Signature: *[Signature]*

Function: *RES.*

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Report Date: 6/ 1/16

Lake Chelan Reclamation Dist
PO Box J
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Laboratory Number: 16-H013923

Date Received: 5/31/16

Sample Identification: H-3

Date Sampled: 5/31/16

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	4.10	MPN/100mL		SM 9223B	5/31/16

Approved By Name: *Laura Meacham* Signature: *Laura Meacham*

Function:

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FOOD SAFETY ORDER FORM

Batch #	640398
Acct #	
P.O. #	

COMPANY NAME	LAKE CHELAN RECLAMATION DISTRICT		
ADDRESS	P.O. BOX J MANSON	STATE	WA.
PHONE	509-687-3548		
SAMPLER NAME	Jim Wisdom		
EMAIL:			
Comment:			

FORM MUST BE COMPLETED BEFORE ANALYSIS WILL BE PERFORMED.

RELINQUISHED BY: (Signature)	DATE	RECEIVED BY: (Signature)	DATE
(Printed)	TIME	(Printed)	TIME

Sample ID	Code 1	Code 2	Code 3	Sample Date	Sample Time
13914	1	LC-3-8		5-31-14	9:40
13915	2	A-8-2			9:57
13916	3	A-3-17			11:05
13917	4	B-4-12			10:59
13918	5	C-2-8			10:45
13919		D-3-6			11:22
13920		E-2-3			11:40
13921		F-4			10:22
13922		G-1-1			10:32
13923		H-3			10:05
	12				
	13				
	14				
	15				

Sample container received by client was sealed Yes ☒ No ☐

Disclaimer:

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 Jim Wisdom Date 5/31/14

This form also serves as "Chain of Custody."

CAICOF - 10

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)
061	Heterotrophic Plate Count (NP)
060	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 Rate 1
256	Total Count Rate 2
	Miscellaneous
170	Sterility
224	GAP Metals