



(509) 662-1888
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3019 G. S. Center Road
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(509) 452-7707
Fax: (509) 452-7773
1008 W. Ahtanum Rd.
Union Gap, WA 98903

Batch: 992114
Client: Lake Chelan Reclamation

Account: 01034
Sampler: Jim Wisdom
PO Number:

- HACCP/Food Safety Analytical Report -

Report Date: 6/ 5/19

Lake Chelan Reclamation Dist
Dave Walters
PO Box J
Manson, WA 98831

Laboratory Number: 19-H014440
Sample Identification: LC-3-8

Date Received: 6/ 4/19
Date Sampled: 6/ 4/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	40.40	MPN/100mL		SM 9223B	6/ 4/19

Approved By Name: Laura Mrachek

Signature:

Function:

President

Eurofins-Cascade Analytical uses procedures established by EPA, AOAC, APHA, ASTM, and AWWA. Eurofins-Cascade Analytical makes no warranty of any kind. The client assumes all risk and liability from the use of these results. Results relate only to the items tested and the sample(s) as received by the laboratory. Eurofins-Cascade Analytical liability to the client as a result of use of the test results shall be limited to a sum equal to the fees paid by the client to Eurofins-Cascade Analytical for analysis. PLEASE REVIEW YOUR DATA IN A TIMELY MANNER. DATA GAPS OR ERRORS AFTER ONE MONTH 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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Account: 01034
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- HACCP/Food Safety Analytical Report -

Report Date: 6/ 5/19

Lake Chelan Reclamation Dist
Dave Walters
PO Box J
Manson, WA 98831

Laboratory Number: 19-H014441
Sample Identification: A-8-2

Date Received: 6/ 4/19
Date Sampled: 6/ 4/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	7.50	MPN/100mL		SM 9223B	6/ 4/19

Approved By Name:

Signature:

Laura Mrachek

Function:

President

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Account: 01034
Sampler: Jim Wisdom

PO Number:

- HACCP/Food Safety Analytical Report -

Report Date: 6/ 5/19

Lake Chelan Reclamation Dist
Dave Walters
PO Box J
Manson, WA 98831

Laboratory Number: 19-H014442
Sample Identification: A-3-17

Date Received: 6/ 4/19
Date Sampled: 6/ 4/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	32.70	MPN/100mL		SM 9223B	6/ 4/19

Laura Mrachek

Approved By ~~President~~

Signature:

Function:

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Account: 01034
Sampler: Jim Wisdom
PO Number:

- HACCP/Food Safety Analytical Report -

Report Date: 6/ 5/19

Lake Chelan Reclamation Dist
Dave Walters
PO Box J
Manson, WA 98831

Laboratory Number: 19-H014443
Sample Identification: B-4-12

Date Received: 6/ 4/19
Date Sampled: 6/ 4/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	44.80	MPN/100mL		SM 9223B	6/ 4/19

Approved By Name:

Signature:

Function:

Laura Mrachek

President

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Report Date: 6/ 5/19

Lake Chelan Reclamation Dist
Dave Walters
PO Box J
Manson, WA 98831

Laboratory Number: 19-H014444
Sample Identification: C-2-8

Date Received: 6/ 4/19
Date Sampled: 6/ 4/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	41.70	MPN/100mL		SM 9223B	6/ 4/19

Approved By Name: *Laura Mrachek*
President

Signature:

Function:

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Account: 01034
Sampler: Jim Wisdom

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Report Date: 6/ 5/19

Lake Chelan Reclamation Dist
Dave Walters
PO Box J
Manson, WA 98831

Laboratory Number: 19-H014445
Sample Identification: D-3-6

Date Received: 6/ 4/19
Date Sampled: 6/ 4/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	< 1	MPN/100mL		SM 9223B	6/ 4/19

Laura Mrachek

Approved By Name: President

Signature:

Function:

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Batch: 992114
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Account: 01034
Sampler: Jim Wisdom
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- HACCP/Food Safety Analytical Report -

Report Date: 6/ 5/19

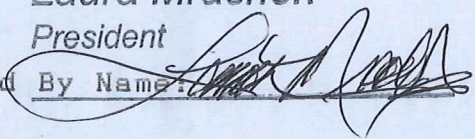
Lake Chelan Reclamation Dist
Dave Walters
PO Box J
Manson, WA 98831

Laboratory Number: 19-H014446
Sample Identification: E-2-3

Date Received: 6/ 4/19
Date Sampled: 6/ 4/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	7.50	MPN/100mL		SM 9223B	6/ 4/19

Laura Mrachek
President

Approved By Name: 

Signature:

Function:

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Report Date: 6/ 5/19

Lake Chelan Reclamation Dist
Dave Walters
PO Box J
Manson, WA 98831

Laboratory Number: 19-H014447
Sample Identification: F-4

Date Received: 6/ 4/19
Date Sampled: 6/ 4/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	43.90	MPN/100mL		SM 9223B	6/ 4/19

Laura Mrachek

Approved By ~~President~~

Signature:

Function:

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Sampler: Jim Wisdom

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- HACCP/Food Safety Analytical Report -

Report Date: 6/ 5/19

Lake Chelan Reclamation Dist
Dave Walters
PO Box J
Manson, WA 98831

Laboratory Number: 19-H014448
Sample Identification: G-1-1

Date Received: 6/ 4/19
Date Sampled: 6/ 4/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	1.00	MPN/100mL		SM 9223B	6/ 4/19

Laura Mrachek

Approved By ~~President~~

Signature:

Function:

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Report Date: 6/ 5/19

Lake Chelan Reclamation Dist
Dave Walters
PO Box J
Manson, WA 98831

Laboratory Number: 19-H014449
Sample Identification: H-3

Date Received: 6/ 4/19
Date Sampled: 6/ 4/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	19.90	MPN/100mL		SM 9223B	6/ 4/19

Approved By Name: Laura Mrachek
Function: President

Signature:

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