



Dist

**CASCADE ANALYTICAL**

A EUROFINS COMPANY

**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: 998521  
Client: Lake Chelan Reclamation

Account: 01034  
Sampler: Jim Wisdom

PO Number:

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

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Report Date: 9/13/19

Lake Chelan Reclamation Dist  
Jim Wisdom  
PO Box J  
Manson, WA 98831

Laboratory Number: 19-H030638  
Sample Identification: LC-2-8

Date Received: 9/11/19  
Date Sampled: 9/11/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	2.00	MPN/100mL		SM 9223B	9/11/19

Approved By Name:

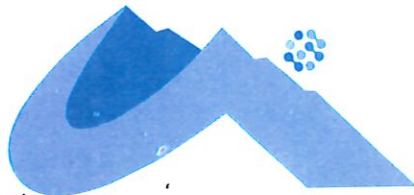
**Laura Mrachek**

President

Function:

Signature:

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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Union Gap, WA 98903

Batch: 998521  
Client: Lake Chelan Reclamation

Account: 01034  
Sampler: Jim Wisdom  
PO Number:

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## - HACCP/Food Safety Analytical Report -

---

Report Date: 9/13/19

Lake Chelan Reclamation Dist  
Jim Wisdom  
PO Box J  
Manson, WA 98831

Laboratory Number: 19-H030639  
Sample Identification: A-B-2

Date Received: 9/11/19  
Date Sampled: 9/11/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	1.00	MPN/100mL		SM 9223B	9/11/19

Approved By Name:

**Laura Mrachek**

President

Signature:

Function:

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Batch: 998521  
Client: Lake Chelan Reclamation

Account: 01034  
Sampler: Jim Wisdom  
PO Number:

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- HACCP/Food Safety Analytical Report -

---

Report Date: 9/13/19

Lake Chelan Reclamation Dist  
Jim Wisdom  
PO Box J  
Manson, WA 98831

Laboratory Number: 19-H030640  
Sample Identification: A-3-17

Date Received: 9/11/19  
Date Sampled: 9/11/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	6.30	MPN/100mL		SM 9223B	9/11/19

Approved By **Laura Mrachek**

Signature:

Function:

President

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Union Gap, WA 98903

Batch: 998521  
Client: Lake Chelan Reclamation

Account: 01034  
Sampler: Jim Wisdom  
PO Number:

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## HACCP/Food Safety Analytical Report

---

Report Date: 9/13/19

Lake Chelan Reclamation Dist  
Jim Wisdom  
PO Box J  
Manson, WA 98831

Laboratory Number: 19-H030641  
Sample Identification: P-4-12

Date Received: 9/11/19  
Date Sampled: 9/11/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	5.20	MPN/100mL		SM 9223B	9/11/19

Approved By Name:

**Laura Mrachek**

President

Signature:

Function:

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Union Gap, WA 98903

Batch: 998521  
Client: Lake Chelan Reclamation

Account: 01034  
Sampler: Jim Wisdom  
PO Number:

## - HACCP/Food Safety Analytical Report -

Report Date: 9/13/19

Lake Chelan Reclamation Dist  
Jim Wisdom  
PO Box J  
Manson, WA 98831

Laboratory Number: 19-H030642  
Sample Identification: C-2-A

Date Received: 9/11/19  
Date Sampled: 9/11/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	5.20	MPN/100mL		SM 9223B	9/11/19

Approved By Name:

Laura Mrachek

Function:

President

Signature:

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Batch: 998521  
Client: Lake Chelan Reclamation

Account: 01034  
Sampler: Jim Wisdom  
PO Number:

## HACCP/Food Safety Analytical Report

Report Date: 9/13/19

Lake Chelan Reclamation Dist  
Jim Wisdom  
PO Box J  
Manzon, WA 98831

Laboratory Number: 19-H030643  
Sample Identification: D-3-6

Date Received: 9/11/19  
Date Sampled: 9/11/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	2.00	MPN/100mL		SM 9223B	9/11/19

Approved By Name: Laura Mrachek

Function:

President

Signature:

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Union Gap, WA 98903

Batch: 998521  
Client: Lake Chelan Reclamation

Account: 01034  
Sampler: Jim Wisdom  
PO Number:

- HACCP/Food Safety Analytical Report -

Report Date: 9/13/19

Lake Chelan Reclamation Dist  
Jim Wisdom  
PO Box J  
Manson, WA 98831

Laboratory Number: 19-H030644  
Sample Identification: E-2-3

Date Received: 9/11/19  
Date Sampled: 9/11/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	4.10	MPN/100mL		SM 9223B	9/11/19

Approved By Name: **Laura Mrachek**

Signature:

Function:

President

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Batch: 998521  
Client: Lake Chelan Reclamation

Account: 01034  
Sampler: Jim Wisdom

PO Number:

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A EUROFINS COMPANY  
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## HACCP/Food Safety Analytical Report

Report Date: 9/13/19

Lake Chelan Reclamation Dist  
Jim Wisdom  
PO Box J  
Manson, WA 98831

Laboratory Number: 19-H030645  
Sample Identification: F-4

Date Received: 9/11/19  
Date Sampled: 9/11/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	5.20	MPN/100mL		SM 9223B	9/11/19

**Laura Mrachek**

Approved By Name: resident

Signature:

Function:

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

Batch: 998521  
Client: Lake Chelan Reclamation

Account: 01034  
Sampler: Jim Wisdom

PO Number:

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

Report Date: 9/13/19

Lake Chelan Reclamation Dist  
Jim Wisdom  
PO Box J  
Manson, WA 98831

Laboratory Number: 19-H030646  
Sample Identification: G-1-1

Date Received: 9/11/19  
Date Sampled: 9/11/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	< 1	MPN/100mL		SM 9223B	9/11/19

Approved By Name **Laura Mrachek**  
President  
Function:

Signature:

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Batch: 998521  
Client: Lake Chelan Reclamation

Account: 01034  
Sampler: Jim Wisdom  
PO Number:

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

Report Date: 9/13/19

Lake Chelan Reclamation Dist  
Jim Wisdom  
PO Box J  
Manson, WA 98831

Laboratory Number: 19-H030647  
Sample Identification: H-3

Date Received: 9/11/19  
Date Sampled: 9/11/19

Test Requested	Results	Units	RL	Method	Date Analyzed
E.Coli MPN Quanti-Tray NP	1.00	MPN/100mL		SM 9223B	9/11/19

**Laura Mrachek**

Approved By Name **President**

Signature:

Function:

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