



(509) 662-1888
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 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:

Dist
CASCADE ANALYTICAL
 A EUROFINS COMPANY
 1-800-545-4206

- 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-H030638
 Sample Identification: LC-2-8

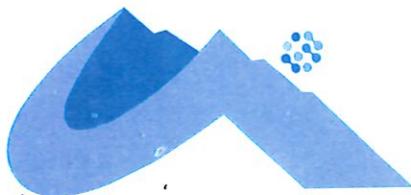
Date Received: 9/11/19
 Date Sampled: 9/11/19

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**
 Function: **President**


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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- 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-8-2

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

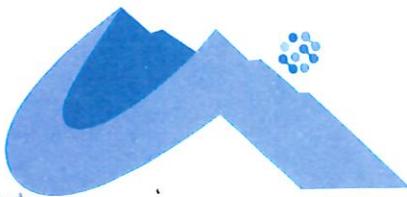
Test Requested	Results	Units	RL	Method	Date Analyzed
E. Coli MPN Quanti-Tray NP	1.00	MPN/100mL		SM 9223B	9/11/19

Approved By Name: **Laura Mrachek**
President

Signature:

Function:

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- 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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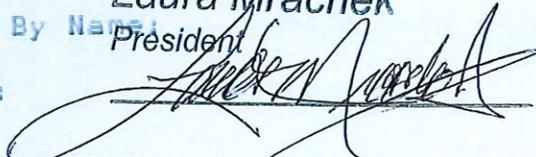
Report Date: 9/13/19

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
 Function: 

Signature:

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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

Signature:

Function:

President

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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

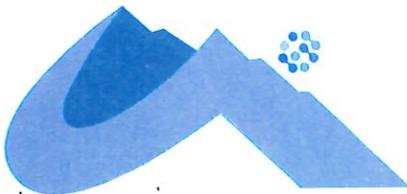
Approved By Name **Laura Mrachek**

President

Signature:

Function:

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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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- 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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- HACCP/Food Safety Analytical Report -

Report Date: 9/13/19

Lake Chelan Reclamation Dist
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Laboratory Number: 19-H030646
Sample Identification: G-1-1

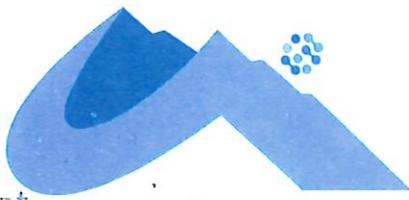
Date Received: 9/11/19
Date Sampled: 9/11/19

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
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Signature:

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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:

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