



## ANALYTICAL SUMMARY REPORT

May 23, 2025

Fort Smith Water and Sewer Dist

PO Box 7596

Fort Smith, MT 59035-7596

Work Order: B25051800

Project Name: MT0004765

Energy Laboratories Inc Billings MT received the following 1 sample for Fort Smith Water and Sewer Dist on 5/22/2025 for analysis.

Lab ID	Client Sample ID	Collect Date	Receive Date	Matrix	Test
B25051800-001	S6	05/22/25 8:05	05/22/25	Drinking Water	Bacteria, Public Water Supply

The analyses presented in this report were performed by Energy Laboratories, Inc., 1120 So. 27th Street, Billings, MT 59101, unless otherwise noted. Any exceptions or problems with the analyses are noted in the report package. Any issues encountered during sample receipt are documented in the Work Order Receipt Checklist.

The results as reported relate only to the item(s) submitted for testing. This report shall be used or copied only in its entirety. Energy Laboratories, Inc. is not responsible for the consequences arising from the use of a partial report.

Energy Laboratories, Inc. verifies the reported results for the analysis has been technically reviewed and approved for release.

If you have any questions regarding these test results, please contact your Project Manager.



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## LABORATORY ANALYTICAL REPORT

Prepared by Billings, MT Branch

**Client:** Fort Smith Water and Sewer Dist

**Project:** MT0004765

**Client Sample ID:** S6

**PWS ID:** MT0004765 **Facility ID:** DS001 **Sample Point ID:** SP001

**Facility Name:** FORT SMITH WATER AND SEWER DISTRICT

**Lab ID:** B25051800-001A

**Report Date:** 05/23/25

**Collection Date:** 05/22/25 08:05

**Received Date:** 05/22/25 10:26

**Matrix:** Drinking Water

**Sampled By:** Josh McCraw

**Compliance Sample:** YES

**Sample Type:** RT

**Residual Chlorine (Field):** 0.60

**Res Cl Type:** Unspecified

Analyses	Result	Units	Safe/Unsafe	Qualifier	Method	Analysis Date / By
<b>MICROBIOLOGICAL</b>						
3100 Coliform, Total	Absent	per 100ml	SAFE		A9223 B	05/22/25 13:08 / spb
3014 Coliform, E-Coli	Absent	per 100ml			A9223 B	05/22/25 13:08 / spb

**Comments:** The notation "SAFE" indicates that the water was bacteriologically SAFE when sampled.

The notation "UNSAFE" indicates that the water was bacteriologically UNSAFE when sampled.

**Qualifiers:**



# Work Order Receipt Checklist

Fort Smith Water and Sewer Dist

B25051800

Login completed by: Caitlin R. Pease

Date Received: 5/22/2025

Reviewed by: shelms

Received by: LMB

Reviewed Date: 5/23/2025

Carrier name: Hand Deliver

Shipping container/cooler in good condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Present <input checked="" type="checkbox"/>
Custody seals intact on all shipping container(s)/cooler(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Present <input checked="" type="checkbox"/>
Custody seals intact on all sample bottles?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Present <input checked="" type="checkbox"/>
Chain of custody present?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Chain of custody signed when relinquished and received?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Chain of custody agrees with sample labels?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Samples in proper container/bottle?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Sample containers intact?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Sufficient sample volume for indicated test?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
All samples received within holding time? (Exclude analyses that are considered field parameters such as pH, DO, Res Cl, Sulfite, Ferrous Iron, etc.)	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
Temp Blank received in all shipping container(s)/cooler(s)?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
Container/Temp Blank temperature:	19°C No Ice		
Containers requiring zero headspace have no headspace or bubble that is <6mm (1/4").	Yes <input type="checkbox"/>	No <input type="checkbox"/>	No VOA vials submitted <input checked="" type="checkbox"/>
Water - pH acceptable upon receipt?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

## Standard Reporting Procedures:

Lab measurement of analytes considered field parameters that require analysis within 15 minutes of sampling such as pH, Dissolved Oxygen and Residual Chlorine, are qualified as being analyzed outside of recommended holding time.

Solid/soil samples are reported on a wet weight basis (as received) unless specifically indicated. If moisture corrected, data units are typically noted as –dry. For agricultural and mining soil parameters/characteristics, all samples are dried and ground prior to sample analysis.

The reference date for Radon analysis is the sample collection date. The reference date for all other Radiochemical analyses is the analysis date. Radiochemical precision results represent a 2-sigma Total Measurement Uncertainty.

For methods that require zero headspace or require preservation check at the time of analysis due to potential interference, the pH is verified at analysis. Nonconforming sample pH is documented as part of the analysis and included in the sample analysis comments.

Trip Blanks and/or Blind Duplicate samples are assigned the earliest collection time for the associated requested analysis in order to evaluate the holding time unless specifically indicated.

## Contact and Corrective Action Comments:

None



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# Chain of Custody (COC) & Analytical Request Record

Lab Workorder #: 625051800

## Project Information

**Client:** Fort Smith Water and Sewer Dist  
**Project:** MT0004765  
**Purchase Order:**  
**Contact/Phone:** Josh McCraw (662) 419-7200

**Comments:** Monthly PWS Bacteria

## Laboratory Use

**Quote:** N/A  
**BO#:** 191173-S  
**EE#:** 65599  
**Turn-Around Time:** Standard



## Analysis Requested

**Hold Time (Days)** 1.25

**Residual Chlorine (circle one)**

**Total / Free (ppm)** 60

**# of Containers** 1

**Matrix** DW

**EPA/State Compliance** X

**Bacteria, Public Water Supply (A9223 B)** X

**PWS System ID** MT0004765

**PWS Facility ID** DS001

**PWS Sample Pt ID** SP001

**Public Water Supply (PWS) Required System Information**

**Custody Record MUST be signed**

**Lab provided preservatives were used** ☐ Yes ☐ No

**Relinquished by (print)** Josh McCraw

**Relinquished by (print)** Josh McCraw

**Date/Time** 5-22-25 10:20

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**Sampler Name (if different than Relinquished by):**

**Sampler Phone:**

**Received by (print)** Linda Barlage

**Date/Time** 05-22-25 10:20

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