



LABORATORY ANALYTICAL REPORT

Prepared by Billings, MT Branch

Client: Fort Smith Water and Sewer Dist
Project: MT0004765
Client Sample ID: Office
PWS ID: MT0004765 **Facility ID:** DS001 **Sample Point ID:** SP001
Facility Name: FORT SMITH WATER AND SEWER DISTRICT
Lab ID: B23061717-001A

Report Date: 06/21/23
Collection Date: 06/20/23 12:00
Received Date: 06/20/23 16:53
Matrix: Drinking Water
Sampled By: Sandy Kust

Compliance Sample: YES **Sample Type:** RT **Residual Chlorine (Field):** 0.62 **Res Cl Type:** Unspecified

Analyses	Result	Units	Safe/Unsafe	Qualifier	Method	Analysis Date / By
MICROBIOLOGICAL						
3100 Coliform, Total	Absent	per 100ml	SAFE		A9223 B	06/20/23 17:05 / spb
3014 Coliform, E-Coli	Absent	per 100ml			A9223 B	06/20/23 17:05 / 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

B23061717

Login completed by: Yvonna E. Smith

Date Received: 6/20/2023

Reviewed by: cindy

Received by: lel

Reviewed Date: 6/21/2023

Carrier name: Hand Deliver

Shipping container/cooler in good condition?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Not Present <input 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 checked="" type="checkbox"/>	No <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Container/Temp Blank temperature:	3.9°C On 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.

Contact and Corrective Action Comments:

None

Bacteriological Examination of Public Water Supplies

Montana

PWSID: MT0004765
(List only one PWSID per form)
Collected By: Sandra Kust

System Name: Fort Smith Water + Sewer District
Contact Phone (Required): 406-670-4550

Routine Sampling: Distribution System Samples						
This section is for all routine monthly or quarterly samples as required by permit						
State Required IDs		Sample Type	Sample Location	Sample Date	Sample Time	Residual Chlorine (ppm)
Fac ID (DS001)	Sample Point ID (SP001)	Routine (RT)				
<u>DS001</u>	<u>SP001</u>	<u>RT</u>	1. <u>office</u>	<u>6-20-23</u>	<u>1200</u>	<u>1.62</u>
			2.			
			3.			
			4.			
			5.			

Special Sampling: Repeats, Source or Well Samples						
This section is for all samples that are NOT routine distribution system samples						
State Required IDs		Sample Type	Sample Location	Sample Date	Sample Time	Residual Chlorine (ppm)
Fac ID (WL002)	Sample Point ID (RW002)	RP - Repeat SP - Special TG - Source/Raw				
			1.			
			2.			
			3.			
			4.			
			5.			

Account Information
Company/Name: <u>Fort Smith WSD</u>
Contact: <u>Sandra Kust</u>
Mailing Address: <u>PO Box 7596</u>
City, State, Zip: <u>Fort Smith MT 59035</u>
Phone: <u>406-670-4550</u>
Email: <u>brojmeera@fortsmithwsd.com</u>
How would you like to receive the report: <input type="checkbox"/> Hard Copy <input checked="" type="checkbox"/> Email

Report Address
<i>(leave blank if same as Account Information)</i>
Company/Name:
Contact:
Mailing Address:
City, State, Zip:
Phone:
Email: <u>fortsmithwsd@hotmail.com</u>
How would you like to receive the report: <input type="checkbox"/> Hard Copy <input checked="" type="checkbox"/> Email

Custody Record MUST be Signed	Relinquished by Signature: <u>[Signature]</u> Date/Time: <u>6-20-23</u>	Received by Signature: _____ Date/Time: _____
	Relinquished by Signature: <u>[Signature]</u> Date/Time: <u>6-20-23</u>	Received by Laboratory Signature: <u>[Signature]</u> Date/Time: <u>6/20/23 14:53</u>

LABORATORY USE ONLY			
Shipped by: _____	Custody Seals: <u>Y</u> <u>N</u> <u>C</u> <u>B</u>	Receipt Temp: <u>3.9</u> °C	Temp Blank: <u>N</u> On Ice: <u>N</u>
Payment Type (circle one) <u>CC</u> CASH CHK _____		Amount: \$ _____	Receipt Number: _____ <i>(Applicable to Cash & Check Payments)</i>
ELI Laboratory ID: <u>BC306717</u>			