Billings, MT 406.252.6325 • Casper, WY 307.235.0515 Gillette, WY 307.686.7175 • Helena, MT 406.442.0711

**Report Date: 11/15/23** 

Collection Date: 11/14/23 10:40

Received Date: 11/14/23 12:30

Sampled By: Josh McCraw

Matrix: Drinking Water

## 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:** B23111034-001A

Compliance Sample: YES Sample Type: RT Residual Chlorine (Field): 0.21 Res Cl Type: Unspecified

Analyses	Result	Units	Safe/Unsafe	Qualifier	Method	Analysis Date / By
MICROBIOLOGICAL						
3100 Coliform, Total	Absent	per 100ml	SAFE		A9223 B	11/14/23 13:31 / spb
3014 Coliform, E-Coli	Absent	per 100ml			A9223 B	11/14/23 13:31 / 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 B23111034

Login completed by:	Danielle N. Harris		Date I	Received: 11/14/2023
Reviewed by:	llinn		Red	ceived by: dnh
Reviewed Date:	11/14/2023		Carr	rier name: Hand Deliver
Shipping container/cooler in	good condition?	Yes	No 🗌	Not Present ✓
Custody seals intact on all sh	nipping container(s)/cooler(s)?	Yes	No 🗌	Not Present ✓
Custody seals intact on all sa	ample bottles?	Yes	No 🗌	Not Present ✓
Chain of custody present?		Yes √	No 🗌	
Chain of custody signed whe	n relinquished and received?	Yes 🗹	No 🗌	
Chain of custody agrees with	sample labels?	Yes 🗹	No 🗌	
Samples in proper container/	bottle?	Yes 🗹	No 🗌	
Sample containers intact?		Yes 🗹	No 🗌	
Sufficient sample volume for	indicated test?	Yes 🗹	No 🗌	
All samples received within h (Exclude analyses that are co such as pH, DO, Res Cl, Su	onsidered field parameters	Yes ✓	No 🗌	
Temp Blank received in all sh	nipping container(s)/cooler(s)?	Yes	No 🔽	Not Applicable
Container/Temp Blank tempe	erature:	13.2°C No Ice		
Containers requiring zero heabubble that is <6mm (1/4").	adspace have no headspace or	Yes	No 🗌	No VOA vials submitted
Water - pH acceptable upon	receipt? 	Yes	No 🗌	Not Applicable 🗹

# **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.

### **Contact and Corrective Action Comments:**

None



# Chain of Custody (COC) & Analytical Request Record

Lab Workorder #: 825111034

•	WWW.Circis	W.chicigyiao.com											,	)	
Project	Project Information	ation									Labor	Laboratory Use			
Client:		Fort Smith Water		and Sewer Dist		Quote: N/A	4				Critica	Critical Hold Time:	Time: 30 Hours	ILS	
Project:		MT0004765				BO#: 17	175596-S	m			# of S	# of Samples:	-		
Purchase Order:	e Order:					EE#: 51	51987				Matrix:		Drinkir	<b>Drinking Water</b>	
Contact/Phone:	Phone:	Josh McCraw	99)	(662) 419-7200		Turn-Around Time:	mi_ pu	.: œ	Standard	lard					
Comments:		Monthly PWS Bacteria	eria			F 50	Ana	lysis	<b>Analysis Requested</b>	sted					
						Hold Time (Days)	e (Days)		1.25				Public Water Supply (PWS) Required System Information	upply (PWS) m Informatio	Required
							_					_			
5.00						Residual			Vater (						
*Please fill I Bacteria Sau	in the Samp	*Please fill in the Sample Type below using one of the acceptable sample types for Public Water Bacteria Samples	he acceptable	sample types f	or Public Water	Chlorine	ners		SS3 B						
R=Routine	RP=Repeat	peat S=Special GWF	GWR=Groundwater Rule	ter Rule		(circle one)	ilistri		19 ,s (A9)	0					
	Sample	Sample Identification	Samp Type*	Collecti	Collection Date/Time	Total / Free (ppm)	# of Co Matrix	EPA/St	Bacteri Supply				PWS System ID	PWS Facility ID	PWS Sample Pt ID
1 86	•		V	11/11/33	04.01	(3)	1 D	DW X	×				MT0004765	DS001	SP001
2															
က															
4															
2															
9										_					
7															
8															
o															
10										-					
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Custody	tody	Lab provided preservatives were used □Yes □No	ervatives □No	were used	Sampler Name (if different than Relinquished by):	if different th	ian Re	linquis	iq pəys	<i>ر</i> ):	Sampl	Sampler Phone:	19,7200	0	
Record MUST be	ord T be	Refinalished by (print)	Dat	Date/Time / 16	18:30 Signature	in My	Rece	Received by (print)	int)		Ď	Date/Time	Signature	ure	
sigi	signed	Relinquished by (print)	Dat		Signature	7	Rece	elved by La	by Laboratory (print)	#Harris		Date/Tilme	14/73 12:30 Stemp	m	4
	3					1	ĺ.	-		-				100	Dage 1 of 1

COC: Page 1 of 1