



ANALYTICAL SUMMARY REPORT

July 17, 2024

Fort Smith Water and Sewer Dist
PO Box 7596
Fort Smith, MT 59035-7596

Work Order: B24071237

Project Name: MT0004765

Energy Laboratories Inc Billings MT received the following 1 sample for Fort Smith Water and Sewer Dist on 7/16/2024 for analysis.

Lab ID	Client Sample ID	Collect Date	Receive Date	Matrix	Test
B24071237-001	S6	07/16/24 13:00	07/16/24	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: B24071237-001A

Report Date: 07/17/24

Collection Date: 07/16/24 13:00

Received Date: 07/16/24 14:38

Matrix: Drinking Water

Sampled By: Josh McCraw

Compliance Sample: YES

Sample Type: RT

Residual Chlorine (Field): 0.54

Res Cl Type: Unspecified

Analyses	Result	Units	Safe/Unsafe	Qualifier	Method	Analysis Date / By
MICROBIOLOGICAL						
3100 Coliform, Total	Absent	per 100ml	SAFE		A9223 B	07/16/24 15:50 / spb
3014 Coliform, E-Coli	Absent	per 100ml			A9223 B	07/16/24 15:50 / 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

B24071237

Login completed by: Kyelie L. Pflock

Date Received: 7/16/2024

Reviewed by: Ilinn

Received by: LEL

Reviewed Date: 7/16/2024

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 type="checkbox"/>	No <input checked="" type="checkbox"/>	Not Applicable <input type="checkbox"/>
Container/Temp Blank temperature:	7.9°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.

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 #: B24071237

Project Information

Client: Fort Smith Water and Sewer Dist

Project: MT0004765

Purchase Order:

Contact/Phone: Josh McCraw

(662) 419-7200

Comments: Monthly PWS Bacteria

Quote: N/A

BO#: 182994-S

EE#: 58672

Turn-Around Time: Standard

Laboratory Use

Critical Hold Time: 30 Hours

of Samples: 1

Matrix: Drinking Water



Analysis Requested

Hold Time (Days) 1.25

Residual Chlorine (circle one)

Total / Free (ppm)

0.54

of Containers

1

Matrix

DW

EPA/State Compliance

X

Bacteria, Public Water Supply (A9223 B)

X

Public Water Supply (PWS) Required System Information

*Please fill in the Sample Type below using one of the acceptable sample types for Public Water Bacteria Samples

R=Routine RP=Repeat S=Special GWR=Groundwater Rule

Sample Identification

Samp Type* R

Collection Date/Time 7/16/24 13:00

1 S6

2

3

4

5

6

7

8

9

10

11

PWS System ID MT0004765

PWS Facility ID DS001

PWS Sample Pt ID SP001

Custody Record MUST be signed

Lab provided preservatives were used ☐ Yes ☐ No

Sampler Name (if different than Relinquished by):

Sampler Phone:

Relinquished by (print)

Relinquished by (print)

Date/Time

Date/Time

Signature

Signature

Received by (print)

Received by Laboratory (print)

Date/Time

Signature

Date Printed: 04/10/2024

EE: BL - 58672

COC: Page 1 of 1