

3100 Coliform, Total

3014 Coliform, E-Coli

Absent

Absent

per 100ml

per 100ml

12/04/23 10:53 / caa

12/04/23 10:53 / caa

A9223 B

A9223 B

LABORATORY ANALYTICAL REPORT

Prepared by Billings, MT Branch

Analyses MICROBIOLOGIC		Result	Units	Safe/Unsafe	Qualifier	Method	Analysis Date / By
Analyzan		Decult	Unito	Sefe/Uncofe	Qualifier	Method	Apolycic Dato / Py
Compliance Sam	ole: YES	Sample Type: F	RT	Residual Chlorine	Field): 0.05	5	Res Cl Type: Unspecified
Lab ID:	B2312004	8-001A					
Facility Name:	FORT SM	ITH WATER AND	SEWER	RDISTRICT		Sa	ampled By: Josh McCraw
PWS ID:	MT000476	5 Facility ID:	DS001	Sample Point ID:	SP001		Matrix: Drinking Water
Client Sample ID:	S6					Rece	eived Date: 12/04/23 09:15
Project:	MT000476	5				Colle	ction Date: 12/04/23 06:00
Client:	Fort Smith	Water and Sewer	r Dist			R	eport Date: 12/05/23

SAFE

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.



B23120048

Work Order Receipt Checklist

Fort Smith Water and Sewer Dist

Login completed by:	Levi R. Sharbono		Date F	Received: 12/4/2023
Reviewed by:	Ibarlage		Rec	eived by: Irs
Reviewed Date:	12/4/2023		Carr	ier 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	en relinquished and received?	Yes 🖌	No 🗌	
Chain of custody agrees with	n 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 consuch as pH, DO, Res CI, Su	onsidered field parameters	Yes 🗹	No 🗌	
Temp Blank received in all sl	hipping container(s)/cooler(s)?	Yes	No 🗹	Not Applicable
Container/Temp Blank tempe	erature:	9.4°C No Ice		
Containers requiring zero hea bubble 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

- 1	ENERGY			Chain of Custody (COC) & Analytical Request Record	y (coc) &	Anal	ytica	I Re	dues	it Rec	ord				
1	www.ener	www.energylab.com										Γ¢	tb Workordei	Lab Workorder #: B75 2,0048	840
a.	Project Information	lation									Lab	orator	Laboratory Use		
Ö	Client:	Fort Smith Water	and	Sewer Dist	Quote: N/A	N/A					Crit	cal Hc	Critical Hold Time: 30	30 Hours	
P	Project:	MT0004765			BO#:	1755	175596-S				# of	# of Samples:			
PL	Purchase Order:				EE#:	51986	9				Matrix:	rix:		Drinking Water	
ŭ	Contact/Phone:	Josh McCraw	(66	(662)419-7200	Turn-Around Time:	round	Time		Standard	lard					
ů	Comments:	Monthly PWS Bacteria	ria	>			Analy	sis F	Analysis Requested	sted					
					Нон	Hold Time (Days)	Days)	-	1.25				Public Wa	Public Water Supply (PWS) Required System Information	S) Required ion
_							-					an gall and a		-	
*pi	ease fill in the Sam teria Samples	ple Type below using one of th	e acceptable	*Please fill in the Sample Type below using one of the acceptable sample types for Public Water Bacteria Samples	Chlorine				53 B)	_					
B=	R=Routine RP=Repeat	epeat S=Special GWR	GWR=Groundwater Rule	ler Rule	(circle one)				26A)						
	Samp	Sample Identification	Samp Type*	Collection Date/Time	Total / Free (ppm)	8 00 to #	xintsM	ite/Aq3	supply sacteria				PWS System ID	PWS Facility ID	PWS Samp Pt ID
<u> </u>	S6	ġ.	2	12-4-25 6:00 AM	4M .05	1	-	×	×		2	i.	- MT0004765	-	SP001
2															
3															
4															
5															
9															
7									-						
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6												-			
10															
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	Custody	Lab provided preservatives were used	rvatives v		Sampler Name (if different than Relinquished by):	it than	Relin	quish	ed by		Sam	Sampler Phone:	ione:		-
	MUST be	Relinguished by (print)	Date	Date/Tyne 23 4:15 Signature	M		Received	Received by (print)				Date/Time		Signature	
	signed	Relinquished by (print)	Date	Date/Time Signature			Received by	I by Labo	Received by Laboratory (print)	ory (print)		Date/Time 12/4/23	3 09:15	signature	

PWS Sample Pt ID SP001

Date Printed: 08/01/2023

EE: BL - 51986

COC: Page 1 of 1