

3100 Coliform, Total

3014 Coliform, E-Coli

Absent

Absent

per 100ml

per 100ml

02/06/24 16:21 / spb

02/06/24 16:21 / spb

A9223 B

A9223 B

LABORATORY ANALYTICAL REPORT

Prepared by Billings, MT Branch

Analyses		Result	Units	Safe/Unsafe	Qualifier	Method	Analysis Date / By
Compliance Sam	ole: YES	Sample Type: F	RT	Residual Chlorine (Field): 0.14	ŀ	Res Cl Type: Unspecified
Lab ID:	B24020322	2-001A					
Facility Name:	FORT SMI	TH WATER AND	SEWEF	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: 02/06/24 12:40
Project:	MT000476	5				Colle	ction Date: 02/06/24 07:30
Client:	Fort Smith	Water and Sewe	r Dist			R	eport Date: 02/07/24

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.



B24020322

Work Order Receipt Checklist

Fort Smith Water and Sewer Dist

Login completed by:	Lyndsi E. LeProwse		Date	Received: 2/6/2024
Reviewed by:	Ibarlage		Re	ceived by: AAG
Reviewed Date:	2/6/2024		Car	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	en relinquished and received?	Yes 🗹	No 🗌	
Chain of custody agrees with	a 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:	4.7°C On 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

ENERGY (3)

Chain of Custody (COC) & Analytical Request Record

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In the second se	www.energylab.com									Lab Workorder #: 824020332	ar #: 8240	esore	5
Project Information	nation				¥. ~				Labora	Laboratory Use			
Client:	Fort Smith Water and Sewer Dist	er and Se	ewer Dist		Quote: N/A	A/			Critica	Critical Hold Time: 3	30 Hours		
Project:	MT0004765				BO#: 1(165102-S	(0		# of Si	# of Samples: 1			
Purchase Order:	Ŀ				EE#: 42	42878			Matrix:		Drinking Water	ter	的规范
Contact/Phone:	Josh McCraw	(66	(662)419-7200		Turn-Around Time:	nd Tim	e:	Standard					
Comments: Mo	Comments: Monthly PWS Bacteria					Ane	lysis	Analysis Requested					
					Hold Time (Days)	ne (Days		1.25		Public W	Public Water Supply (PWS) Required System Information	(PWS) F	lequired
								2	-		-		
					Residual		Concernance of the	IAIBA					
*Please fill in the Sam Bacteria Samples	*Please fill in the Sample Type below using one of the acceptable sample types for Public Water Bacteria Samples	the acceptable	e sample types fo	r Public Water	Chlorine	IGLS		53 B)					
R=Routine RP=R	RP=Repeat S=Special GW	GWR=Groundwater Rule	ter Rule		(circle one)	ntair	-	26A)					
Samp	Sample Identification	Samp Type*		Collection Date/Time	Total / Free (ppm)	# of Col Matrix	HS\A93	Sacteris Bacteris		PWS System ID	PWS Facility ID		PWS Sample Pt ID
1 S6	0	ď	2/6/24	02.Li	H.	1 DW	×	×		MT0004765	65 DS001	01	SP001
2													
3													
4													
5													
9													
7													
8													
5												_	
10													
11					2000								
Custody	Lab provided preservatives were used	ervatives v □No		Sampler Name (if different than Relinquished by):	(if different t	han Re	linqui	hed by):	Sample	Sampler Phone:	×		2
MUST be	Relinquished by (print)	Date	Date/Time 2/6/34	Signeture	V	Recei	Received by (print)	t)	Date	Date/Time	Signature		
signed	Relinquished by (print)	Date	Date/Time	Signature		<u>a</u> []	del Vi bay	Received by Laboratory (pript	eved	1293-11-19-01	Signature	, M	X
	A					10				1211			