



6500 Sunplex Drive  
Ocean Springs, MS 39564  
228.875.6420 Phone  
228.875.6423 Fax

February 23, 2010

Tom Painter

**Work Order # :** 1002310

Coast Chlorinator & Pump  
PO Box 6336  
North Biloxi, MS 39540-6336  
*RE: Knowles Construction*

**Purchase Order #**

Enclosed are the results of analyses for samples received by the laboratory on 02/22/10 11:00. If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Harry P. Howell

President

**DISCLAIMER**

*The results only relate to the items or the sample and/or samples received by the laboratory. This report shall not be reproduced except in full, without the approval of the laboratory.*



## Coliform Report

6500 Sunplex Drive  
 Ocean Springs, MS 39564  
 228-875-6420 Phone  
 228-875-6423 Fax  
 Page 2 of 4

<b>Coast Chlorinator &amp; Pump</b>  PO Box 6336  North Biloxi MS, 39540-6336  <b>SAMPLED:</b> 02/22/10 <b>RECEIVED:</b> 02/22/10	Project: Knowles Construction  Project Number: [none]  Project Manager: Tom Painter  <b>REPORTED:</b> 02/23/10 11:56
--	--

<b>LAB #</b>	1002310-01	-	-	-	-	-
<b>MATRIX</b>	Water	-	-	-	-	-
<b>SAMPLE ID</b>	Rainine (Stennis)	-	-	-	-	-
<b>Sample Date</b>	02/22/2010 07:40	-	-	-	-	-
<b>Collected by:</b>	Tom Painter	-	-	-	-	-

### Classical Chemistry Parameters (Water)

Coliform, total	Absent	-	-	-	-	-
E. Coli	Absent	-	-	-	-	-

## Case Narrative

### SAMPLE RECEIVING

Samples received in good condition.

Samples received at 13.3 °C. Recommended range is 2-6° C.

Received on blue ice.

Chain of Custody and container labels agree.  
 Container labels complete.

Chain of Custody complete.

## Notes and Definitions

- \_A Absent
- DET Analyte DETECTED
- ND Analyte NOT DETECTED at or above the reporting limit
- NR Not Reported
- RPD Relative Percent Difference

Absent results in coliform/E.coli meets MS. State Health Lab specifications for coliform.  
 Present results in coliform/E.coli do not meet MS. State Health Lab specifications for coliform.



## Coliform Report

6500 Sunplex Drive  
Ocean Springs, MS 39564  
228-875-6420 Phone  
228-875-6423 Fax  
Page 3 of 4

### Coast Chlorinator & Pump

PO Box 6336

North Biloxi MS, 39540-6336

**SAMPLED:** 02/22/10

**RECEIVED:** 02/22/10

Project: Knowles Construction

Project Number: [none]

Project Manager: Tom Painter

**REPORTED:** 02/23/10 11:56

### Certified Analyses included in this Report

Analyte	Certifications
<i>SM 9223 B in Water</i>	
Coliform, total	MSHD
E. Coli	MSHD

  

Code	Description	Number	Expires
MSHD	MSHD (Coliform)	MS00007	11/25/2010



# Coliform Report

6500 Sunplex Drive  
 Ocean Springs, MS 39564  
 228-875-6420 Phone  
 228-875-6423 Fax  
 Page 4 of 4

## Coast Chlorinator & Pump

PO Box 6336  
 North Biloxi MS, 39540-6336

**SAMPLED:** 02/22/10  
**RECEIVED:** 02/22/10

Project: Knowles Construction

Project Number: [none]

Project Manager: Tom Painter

**REPORTED:** 02/23/10 11:56

<b>Micro-Methods Lab, Inc.</b> 6500 Sunplex Drive, Ocean Springs, MS 39564 Ph: 228-875-6420 • Fax: 228-875-6423		<b>Chain of Custody / Analysis Request Form</b> Print ALL Information. Put N/A in blanks not applicable		Tech: <u>DBD</u> Time: <u>11:56</u> Field Temperature: <u>73°C</u> Sample Receipt Temperature: <u>73°C</u> Tech: <u>DBD</u> Time: <u>11:56</u>	
<b>REPORT RESULTS TO:</b> Company: Coast Chlorinator & Pump Company Name: Tom Painter		<b>SEND INVOICE TO:</b> Company: Coast Chlorinator & Pump Company Name: Tom Painter		<b>TURNAROUND TIME</b> Date Results needed by:	
Address: PO Box 6336 City: North Biloxi State: MS ZIP: 38532		Address: PO Box 6336 City: North Biloxi State: MS ZIP: 38532		The following turnaround times require lab approval: <input type="checkbox"/> 7-10 days <input type="checkbox"/> 7-12 hrs <input type="checkbox"/> 7-48 hrs <input type="checkbox"/> 7-24 hrs <input type="checkbox"/> Approved by:	
TEL: 228-875-6420 FAX: 228-875-6423 Sampled by: (Signature) <u>Tom Painter</u> (Print) <u>Tom Painter</u>		Project Name: <u>Knowles Coast</u>		Date of Sample Shipment:	
Failure to complete shaded areas will hinder processing of samples.					
For Lab Use Only			Sampling		
Sample Number	Solution Location / Sample ID	DATE TIME	C	S	
			D	R	
			M	A	
			F	R	
Total Coliform					
1.	1002310	02-22-10 7:30	✓	✓	1
2.	Reservoir (Reserve) (Stearns) (Stearns)				
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Received By: <u>DBD</u> Signature:		Date & Time Received: <u>02-22-10</u>		Final lab report requirements: <input type="checkbox"/> 1.1 Beach Only (EPA/Lead II) <input type="checkbox"/> 1.1 Beach & OC (EPA/Lead III) <input type="checkbox"/> 1.1 Beach, OC and Raw Data (EPA/Lead III)	
Released By: <u>Tom Painter</u> Signature:		Date & Time Released: <u>02-22-10</u>			
Printed Name:		Printed Name:			