



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

February 24, 2010

Tom Painter

Work Order # : 1002331

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 02/23/10 11:29. 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
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Coast Chlorinator & Pump PO Box 6336 North Biloxi MS, 39540-6336 SAMPLED: 02/23/10 RECEIVED: 02/23/10	Project: Knowles Construction Project Number: [none] Project Manager: Tom Painter REPORTED: 02/24/10 13:26
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LAB #	1002331-01	-	-	-	-	-
MATRIX	Water	-	-	-	-	-
SAMPLE ID	Rainine (Stennis)	-	-	-	-	-
Sample Date	02/23/2010 08:50	-	-	-	-	-
Collected by:	Tom Painter	-	-	-	-	-

Classical Chemistry Parameters (Water)

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

Case Narrative

SAMPLE RECEIVING

Samples received in good condition.

Samples received at 7.7 °C. Recommended range is 2-6° C.

Received on blue ice.

Chain of Custody and container labels agree.

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.



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Coast Chlorinator & Pump	Project: Knowles Construction
PO Box 6336	Project Number: [none]
North Biloxi MS, 39540-6336	Project Manager: Tom Painter
SAMPLED: 02/23/10	REPORTED: 02/24/10 13:26
RECEIVED: 02/23/10	

Certified Analyses included in this Report

Analyte	Certifications
SM 9223 B in Water	
Coliform, total	MSHD
E. Coli	MSHD

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



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Micro-Methods Lab, Inc. 6500 Sunplex Drive, Ocean Springs, MS 39564 Ph: 228-875-6420 • Fax: 228-875-6423		Chain of Custody / Analysis Request Form Print ALL information. Per NIA standards not applicable	
REPORT RESULTS TO: Company: Coast Chlorinator & Pump Company Name: Tom Painter Address: PO Box 6336 City: North Biloxi State: MS ZIP: 39562		SEND INVOICE TO: Company: Coast Chlorinator & Pump Company Name: Tom Painter Address: PO Box 6336 City: North Biloxi State: MS ZIP: 39562	
Sampled by: <i>Tom Painter</i> (Please Print Name)		Project Name: <i>Knowles Construction</i>	
City: North Biloxi State: MS ZIP: 39562 TEL: 228-875-6423 FAX: 228-875-6423		Date of Sample Signature: _____ (Lab Test Method)	
Patient to complete shaded areas with proper processing of samples.			
Air Lab Use Only	Station Location Sample ID <i>1002331</i>	DATE TIME <i>2/23/10</i>	C O O T F M M I Total Coliform 1
1.	<i>Knowles</i>	<i>2/23/10</i>	<i>1</i>
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Released By: <i>Tom Painter</i> Signature	Date & Time Released: <i>2/23/10</i>	Received By: _____ Signature	Date & Time Received: <i>2-23-10</i>
Released By: _____ Signature	Date & Time Released:	Received By: _____ Signature	Date & Time Received:
Method: <i>MPN</i> Dilution: _____ Inoculation: _____ Incubation: _____ Reading: _____		Method: _____ Dilution: _____ Inoculation: _____ Incubation: _____ Reading: _____	
Method: _____ Dilution: _____ Inoculation: _____ Incubation: _____ Reading: _____		Method: _____ Dilution: _____ Inoculation: _____ Incubation: _____ Reading: _____	

Tom Painter 2/23/10

Field #1: *087* Date: *2/23/10*
 Field #2: *087* Date: *2/23/10*
 Field #3: *087* Date: *2/23/10*
 Field #4: *087* Date: *2/23/10*
 Field #5: *087* Date: *2/23/10*
 Field #6: *087* Date: *2/23/10*
 Field #7: *087* Date: *2/23/10*
 Field #8: *087* Date: *2/23/10*
 Field #9: *087* Date: *2/23/10*
 Field #10: *087* Date: *2/23/10*