



*GTS Lab  
1915 N. Shiloh Dr.  
Fayetteville, AR 72704  
TEL: (479) 521-1256 FAX: (479) 521-6232  
Website: www.gtsconsulting.net*

September 27, 2019

Rick Sayre  
City of Bethel Heights  
530 Sunrise Dr.  
Bethel Heights, AR 72764  
TEL: (479) 601-5932  
FAX:

RE: Drip Field samples

Order No.: 1909082

Dear Rick Sayre:

GTS Lab received 5 sample(s) on 9/25/2019 for the analyses presented in the following report.

There were no problems with the analytical events associated with this report unless noted in the Case Narrative. Analytical results designated with a "\*" or "X" qualifier exceed permit limits provided to the lab for the indicated analytes.

Quality control data is within laboratory defined or method specified acceptance limits except if noted.

If you have any questions regarding these tests results, please feel free to call.

Sincerely,

A handwritten signature in black ink that reads "Richard Brown". The signature is written in a cursive, flowing style.

Richard Brown  
Analytical Laboratory Director  
1915 N. Shiloh Dr.  
Fayetteville, AR 72704



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# Analytical Report

(Continuous)

WO#: **1909082**

Date Reported: **9/27/2019**

**CLIENT:** City of Bethel Heights **Collection Date:** 9/25/2019 12:08:00 PM  
**Project:** Drip Field samples  
**Lab ID:** 1909082-001 **Matrix:** AQUEOUS  
**Client Sample ID** Phase 1

| Analyses       | Result | RL  | Qual | Units     | DF  | Prep Date      | Analysis Date  | Method      |
|----------------|--------|-----|------|-----------|-----|----------------|----------------|-------------|
| E. coli        | < 100  | 100 |      | MPN/100mL | 100 | 09/25/19 13:50 | 09/26/19 10:33 | Colilert-18 |
| Fecal Coliform | 1,340  | 100 |      | MPN/100mL | 100 | 09/25/19 13:50 | 09/26/19 10:33 | Colilert-18 |

**CLIENT:** City of Bethel Heights **Collection Date:** 9/25/2019 12:11:00 PM  
**Project:** Drip Field samples  
**Lab ID:** 1909082-002 **Matrix:** AQUEOUS  
**Client Sample ID** Phase 2

| Analyses       | Result | RL  | Qual | Units     | DF  | Prep Date      | Analysis Date  | Method      |
|----------------|--------|-----|------|-----------|-----|----------------|----------------|-------------|
| E. coli        | 8,820  | 100 |      | MPN/100mL | 100 | 09/25/19 13:50 | 09/26/19 10:33 | Colilert-18 |
| Fecal Coliform | 5,290  | 100 |      | MPN/100mL | 100 | 09/25/19 13:50 | 09/26/19 10:33 | Colilert-18 |

**Qualifiers:**

|  |  |
|--|--|
| * Value exceeds Permit Level for analyte     | B Analyte detected in the associated Method Blank    |
| DF Dilution Factor                           | H Holding times for preparation or analysis exceeded |
| J Analyte detected below quantitation limits | ND Not Detected at the Reporting Limit               |
| RL Reporting Detection Limit                 | S Spike Recovery outside accepted recovery limits    |

Original



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# Analytical Report

(Continuous)

WO#: **1909082**

Date Reported: **9/27/2019**

**CLIENT:** City of Bethel Heights **Collection Date:** 9/25/2019 12:17:00 PM  
**Project:** Drip Field samples  
**Lab ID:** 1909082-003 **Matrix:** AQUEOUS  
**Client Sample ID** Phase 3

| Analyses       | Result | RL  | Qual | Units     | DF  | Prep Date      | Analysis Date  | Method      |
|----------------|--------|-----|------|-----------|-----|----------------|----------------|-------------|
| E. coli        | 200    | 100 |      | MPN/100mL | 100 | 09/25/19 13:50 | 09/26/19 10:33 | Colilert-18 |
| Fecal Coliform | 520    | 100 |      | MPN/100mL | 100 | 09/25/19 13:50 | 09/26/19 10:33 | Colilert-18 |

**CLIENT:** City of Bethel Heights **Collection Date:** 9/25/2019 11:58:00 AM  
**Project:** Drip Field samples  
**Lab ID:** 1909082-004 **Matrix:** AQUEOUS  
**Client Sample ID** Phase 4A

| Analyses       | Result | RL  | Qual | Units     | DF  | Prep Date      | Analysis Date  | Method      |
|----------------|--------|-----|------|-----------|-----|----------------|----------------|-------------|
| E. coli        | 100    | 100 |      | MPN/100mL | 100 | 09/25/19 13:50 | 09/26/19 10:33 | Colilert-18 |
| Fecal Coliform | 3,270  | 100 |      | MPN/100mL | 100 | 09/25/19 13:50 | 09/26/19 10:33 | Colilert-18 |

**Qualifiers:**

|    |  |    |  |
|----|--|----|--|
| *  | Value exceeds Permit Level for analyte     | B  | Analyte detected in the associated Method Blank    |
| DF | Dilution Factor                            | H  | Holding times for preparation or analysis exceeded |
| J  | Analyte detected below quantitation limits | ND | Not Detected at the Reporting Limit                |
| RL | Reporting Detection Limit                  | S  | Spike Recovery outside accepted recovery limits    |

Original



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# Analytical Report

(Continuous)

WO#: **1909082**

Date Reported: **9/27/2019**

**CLIENT:** City of Bethel Heights

**Collection Date:** 9/25/2019 11:47:00 AM

**Project:** Drip Field samples

**Lab ID:** 1909082-005

**Matrix:** AQUEOUS

**Client Sample ID** Phase 4B

| Analyses       | Result | RL  | Qual | Units     | DF  | Prep Date      | Analysis Date  | Method      |
|----------------|--------|-----|------|-----------|-----|----------------|----------------|-------------|
| E. coli        | < 100  | 100 |      | MPN/100mL | 100 | 09/25/19 13:50 | 09/26/19 10:33 | Colilert-18 |
| Fecal Coliform | < 100  | 100 |      | MPN/100mL | 100 | 09/25/19 13:50 | 09/26/19 10:33 | Colilert-18 |

|                    |  |  |
|--------------------|--|--|
| <b>Qualifiers:</b> | * Value exceeds Permit Level for analyte     | B Analyte detected in the associated Method Blank    |
|                    | DF Dilution Factor                           | H Holding times for preparation or analysis exceeded |
|                    | J Analyte detected below quantitation limits | ND Not Detected at the Reporting Limit               |
|                    | RL Reporting Detection Limit                 | S Spike Recovery outside accepted recovery limits    |

Original

# CHAIN OF CUSTODY

|   |            |               |           |  |    |   |   |  |  |                    |  |  |  |  |  |   |  |         |  |      |  |  |  |
|---|------------|---------------|-----------|--|----|---|---|--|--|--------------------|--|--|--|--|--|---|--|---------|--|------|--|--|--|
| Client Name/Address   |            |               |           | Project Description  |    |   |   | Billing Information  |  |                    |  | Field Test Information   |  |  |  |   |  |         |  |      |  |  |  |
| City of Bethel Heights<br>901 S. Lincoln St.<br>Bethel Heights, AR 72764  |            |               |           | <b>Drip Irrigation System</b>  |    |   |   | City of Bethel Heights<br>530 Sunrise Dr.<br>Bethel Heights, AR 72764                                    |  |                    |  | Test   |  | 1st Result                               |  | 2nd Result  |  | Analyst |  | Time |  |  |  |
|   |            |               |           |  |    |   |   |  |  |                    |  | pH:  |  |  |  |   |  |         |  |      |  |  |  |
|   |            |               |           |  |    |   |   |  |  |                    |  | Temp:  |  |  |  |   |  |         |  |      |  |  |  |
|   |            |               |           |  |    |   |   |  |  |                    |  | DO:  |  |  |  |   |  |         |  |      |  |  |  |
| Client Project Manager/Contact  |            |               |           | Project/Site Location (City/State)   |    |   |   | RUSH-Additional Charges Apply  |  |                    |  | Method of Shipment   |  |  |  |   |  |         |  |      |  |  |  |
| <b>Rick Sayre</b>   |            |               |           |  |    |   |   | Special Detection Limit(s)<br>Date Results Needed  |  |                    |  | <input type="checkbox"/> Fed Ex  |  | <input type="checkbox"/> UPS             |  | <b>Matrix Key</b><br>WW - Wastewater GW - Groundwater<br>DW - Drinking Water S - Soil/Solid O - Oil<br>P - Product M - Misc |  |         |  |      |  |  |  |
|   |            |               |           |  |    |   |   |  |  |                    |  | <input type="checkbox"/> Courier   |  | <input type="checkbox"/> Client Drop Off |  |   |  |         |  |      |  |  |  |
| Project Manager Phone #   |            |               |           | Project Manager Email  |    |   |   | Site/Facility ID#  |  |                    |  | Purchase Order Number  |  |  |  |   |  |         |  |      |  |  |  |
| (479)601-5932   |            |               |           | rsayer@bethelheightsark.org  |    |   |   | Permit 4725-WR-5   |  |                    |  |  |  |  |  |   |  |         |  |      |  |  |  |
| <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b style="font-size: 1.5em;">GTS, Inc.</b><br/>                     Geotechnical &amp; Testing Services<br/> <br/> <a href="http://www.gtsconsulting.net">www.gtsconsulting.net</a> </div> |            |               |           | 1915 N. Shiloh Drive<br>Fayetteville, AR 72704<br>Phone (479) 521-7645<br>Fax (479) 521-6232 |    |   |   | Matrix (Refer to Key)<br>Preservative (Refer to Key)<br>(G)rab or (C)omposite<br>fecal coliform, E. coli |  |                    |  | <b>Preservative Key</b><br>A Cool < 10C Na2S2O3 (Micro Only)<br>B Cool <=6C<br>C H2SO4 Ph<2<br>D None Required<br>E NaOH pH>10<br>F HNO3 pH<2<br>G HCL pH<2<br>H H3PO4 pH<2<br>I Cool <=6C Na2S2O3 |  |  |  |   |  |         |  |      |  |  |  |
|   |            |               |           |  |    |   |   |  |  |                    |  |  |  |  |  | Unless noted, all containers per<br>Table II of 40 CFR Part 136.  |  |         |  |      |  |  |  |
| START DATE  | START TIME | STOP DATE     | STOP TIME | Sample Identification  |    |   |   | Required Analysis  |  |                    |  | Laboratory Sample Number   |  |  |  |   |  |         |  |      |  |  |  |
|   |            | 9-25-19       | 12:08     | Phase 1  | GW | A | G | X  |  |                    |  |  |  |  |  | 1909082-001A  |  |         |  |      |  |  |  |
|   |            | 9-25-19       | 12:11     | Phase 2  | GW | A | G | X  |  |                    |  |  |  |  |  | 1909082-002A  |  |         |  |      |  |  |  |
|   |            | 9-25-19       | 12:17     | Phase 3  | GW | A | G | X  |  |                    |  |  |  |  |  | 1909082-003A  |  |         |  |      |  |  |  |
|   |            | 9-25-19       | 11:58     | Phase 4A   | GW | A | G | X  |  |                    |  |  |  |  |  | 1909082-004A  |  |         |  |      |  |  |  |
|   |            | 9-25-19       | 11:47     | Phase 4B   | GW | A | G | X  |  |                    |  |  |  |  |  | 1909082-005A  |  |         |  |      |  |  |  |
| For Laboratory Use Only   |            |               |           | Sampled by (Name - Print)  |    |   |   | Start Flow Reading   |  | Final Flow Reading |  | Units  |  | Instantaneous or Total Flow Reading      |  |   |  |         |  |      |  |  |  |
| Ice   |            | Custody Seals |           | Lab Comments<br>RICHARD BROWN<br>Relinquished by: (SIGNATURE) TO LAB<br>Richard Brown        |    |   |   |  |  |                    |  |  |  |  |  |   |  |         |  |      |  |  |  |
| (Y) N   |            | Y/N           |           |  |    |   |   | Date Time  |  | 9/25/19 12:43      |  | Received by: (SIGNATURE)   |  |  |  | Date Time   |  |         |  |      |  |  |  |
| Blank / Cooler Temp   |            |               |           |  |    |   |   | Date Time  |  |                    |  | Received by: (SIGNATURE)   |  |  |  | Date Time   |  |         |  |      |  |  |  |
| 3.2°C   |            |               |           |  |    |   |   | Date Time  |  |                    |  | Received by: (SIGNATURE)   |  |  |  | Date Time   |  |         |  |      |  |  |  |