



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

August 19, 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.: 1908059

Dear Rick Sayre:

GTS Lab received 3 sample(s) on 8/16/2019 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#: **1908059**

Date Reported: **8/19/2019**

CLIENT: City of Bethel Heights **Collection Date:** 8/16/2019 10:00:00 AM
Project: Drip Field samples
Lab ID: 1908059-001 **Matrix:** AQUEOUS
Client Sample ID Phase 1

Analyses	Result	RL	Qual	Units	DF	Prep Date	Analysis Date	Method
E. coli	310	1		MPN/100mL	1	08/16/19 13:10	08/17/19 7:57	Colilert-18
Fecal Coliform	1,100	1		MPN/100mL	1	08/16/19 13:10	08/17/19 7:57	Colilert-18

CLIENT: City of Bethel Heights **Collection Date:** 8/16/2019 9:49:00 AM
Project: Drip Field samples
Lab ID: 1908059-002 **Matrix:** AQUEOUS
Client Sample ID Phase 2

Analyses	Result	RL	Qual	Units	DF	Prep Date	Analysis Date	Method
E. coli	30,760	1		MPN/100mL	1	08/16/19 13:10	08/17/19 7:57	Colilert-18
Fecal Coliform	28,510	1		MPN/100mL	1	08/16/19 13:10	08/17/19 7:57	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#: **1908059**

Date Reported: **8/19/2019**

CLIENT: City of Bethel Heights **Collection Date:** 8/16/2019 9:53:00 AM
Project: Drip Field samples
Lab ID: 1908059-003 **Matrix:** AQUEOUS
Client Sample ID Phase 3


Analyses	Result	RL	Qual	Units	DF	Prep Date	Analysis Date	Method
E. coli	1,560	1		MPN/100mL	1	08/16/19 13:10	08/17/19 7:57	Colilert-18
Fecal Coliform	4,170	1		MPN/100mL	1	08/16/19 13:10	08/17/19 7:57	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

CHAIN OF CUSTODY

Client Name/Address City of Bethel Heights 901 S. Lincoln St. Bethel Heights, AR 72764		Project Description Drip Irrigation System			Billing Information City of Bethel Heights 530 Sunrise Dr. Bethel Heights, AR 72764				Field Test Information								
									Test	1st Result	2nd Result	Analyst	Time				
									pH:								
									Temp:								
									DO:								
									Res.Cl:								
Client Project Manager/Contact Rick Sayre		Project/Site Location (City/State)			RUSH-Additional Charges Apply <input type="checkbox"/> Special Detection Limit(s) Date Results Needed				Method of Shipment <input type="checkbox"/> Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> Courier <input type="checkbox"/> Client Drop Off Other			Matrix Key WW - Wastewater GW - Groundwater DW - Drinking Water S - Soil/Solid O - Oil P - Product M - Misc					
Project Manager Phone # (479)601-5932		Project Manager Email rsayer@bethelheightsark.org			Site/Facility ID# Permit 4725-WR-5				Purchase Order Number			Project Number					
 www.gtsconsulting.net		1915 N. Shiloh Drive Fayetteville, AR 72704 Phone (479) 521-7645 Fax (479) 521-6232			Matrix (Refer to Key) Preservative (Refer to Key) (G)rab or (C)omposite fecal coliform, E. coli				Preservative Key A Cool < 10C Na2S2O3 (Micro Only) B Cool <=6C C H2SO4 Ph<2 D None Required E NaOH pH>10 F HNO3 pH<2 G HCL pH<2 H H3PO4 pH<2 I Cool <=6C Na2S2O3								
														Unless noted, all containers per Table II of 40 CFR Part 136.			
START DATE	START TIME	STOP DATE	STOP TIME	Sample Identification		Required Analysis								Laboratory Sample Number			
		8/16/19	10:00	Phase 1	GW	A	G	X								1908059-001A	
		8/16/19	9:49	Phase 2	GW	A	G	X								1908059-002A	
		8/16/19	9:53	Phase 3	GW	A	G	X								1908059-003A	
			DRY	Phase 4A	GW	A	G	X									
			DRY	Phase 4B	GW	A	G	X									
For Laboratory Use Only				Sampled by (Name - Print) <i>Andrew Stephens</i>				Start Flow Reading		Final Flow Reading		Units		Instantaneous or Total Flow Reading			
Ice <input checked="" type="checkbox"/> Y / <input type="checkbox"/> N		Custody Seals <input type="checkbox"/> Y / <input checked="" type="checkbox"/> N						Relinquished by: (SIGNATURE) <i>Andrew Stephens</i>				Date Time 8/16/19 10:45		Received by: (SIGNATURE) <i>Richard Brown</i>		Date Time 8/16/19 10:45	
Blank / Cooler Temp 4.4°C				Relinquished by: (SIGNATURE)								Date Time		Received by: (SIGNATURE)		Date Time	
Blank / Cooler Temp 4.4°C												Relinquished by: (SIGNATURE)				Date Time	