



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

September 23, 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.: 1909069

Dear Rick Sayre:

GTS Lab received 2 sample(s) on 9/19/2019 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#: **1909069**

Date Reported: **9/23/2019**

CLIENT: City of Bethel Heights **Collection Date:** 9/19/2019 3:00:00 PM
Project: Drip Field samples
Lab ID: 1909069-001 **Matrix:** AQUEOUS
Client Sample ID Phase 2

Analyses	Result	RL	Qual	Units	DF	Prep Date	Analysis Date	Method
E. coli	1,100	100		MPN/100mL	100	09/19/19 16:02	09/20/19 10:01	Colilert-18
Fecal Coliform	1,750	100		MPN/100mL	100	09/19/19 16:02	09/20/19 10:01	Colilert-18

CLIENT: City of Bethel Heights **Collection Date:** 9/19/2019 3:10:00 PM
Project: Drip Field samples
Lab ID: 1909069-002 **Matrix:** AQUEOUS
Client Sample ID Phase 3



Analyses	Result	RL	Qual	Units	DF	Prep Date	Analysis Date	Method
E. coli	410	100		MPN/100mL	100	09/19/19 16:02	09/20/19 10:01	Colilert-18
Fecal Coliform	520	100		MPN/100mL	100	09/19/19 16:02	09/20/19 10:01	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																												
								<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Test</th> <th>1st Result</th> <th>2nd Result</th> <th>Analyst</th> <th>Time</th> </tr> <tr> <td>pH:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Temp:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DO:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Res.Cl:</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				Test	1st Result	2nd Result	Analyst	Time	pH:					Temp:					DO:					Res.Cl:								
Test	1st Result	2nd Result	Analyst	Time																																				
pH:																																								
Temp:																																								
DO:																																								
Res.Cl:																																								
Client Project Manager/Contact Rick Sayre				Project/Site Location (City/State)				<input type="checkbox"/> 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																												
Project Manager Phone # (479)601-5932				Project Manager Email rsayer@bethelheightsark.org				Site/Facility ID# Permit 4725-WR-5				Purchase Order 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				Matrix Key WW - Wastewater GW - Groundwater DW - Drinking Water S - Soil/Solid O - Oil P - Product M - Misc																												
																Unless noted, all containers per Table II of 40 CFR Part 136.				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																				
START DATE	START TIME	STOP DATE	STOP TIME	Sample Identification				Required Analysis				Laboratory Sample Number																												
		No Sample		Phase 1	GW	A	G	X																																
		9/19/19	15:00	Phase 2	GW	A	G	X							1909069-001A																									
		9/19/19	15:10	Phase 3	GW	A	G	X							1909069-002A																									
		No Sample		Phase 4A	GW	A	G	X																																
		No Sample		Phase 4B	GW	A	G	X																																
For Laboratory Use Only				Lab Comments				Sampled by (Name - Print) Andrew Stephens				Start Flow Reading Final Flow Reading Units Instantaneous or Total Flow Reading																												
Ice Y / N		Custody Seals Y / N						Relinquished by: (SIGNATURE) 				Date Time 9/19/19 16:00		Received by: (SIGNATURE) Richard Brown		Date Time 9/19/19 16:00																								
Blank / Cooler Temp								Relinquished by: (SIGNATURE)				Date Time		Received by: (SIGNATURE)		Date Time																								
								Relinquished by: (SIGNATURE)				Date Time		Received by: (SIGNATURE)		Date Time																								