



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

July 31, 2019

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

RE: Drip Field Sampling

Order No.: 1907073

Dear Rick Sayre:

GTS Lab received 4 sample(s) on 7/30/2019 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#: **1907073**

Date Reported: **7/31/2019**

CLIENT: City of Bethel Heights **Collection Date:** 7/30/2019 9:24:00 AM
Project: Drip Field Sampling
Lab ID: 1907073-001 **Matrix:** AQUEOUS
Client Sample ID Phase1

Analyses	Result	RL	Qual	Units	DF	Prep Date	Analysis Date	Method
E. coli	6,050	1		MPN/100mL	1	07/30/19 13:15	07/31/19 8:38	Colilert-18
Fecal Coliform	13,140	1		MPN/100mL	1	07/30/19 13:15	07/31/19 8:38	Colilert-18

CLIENT: City of Bethel Heights **Collection Date:** 7/30/2019 9:27:00 AM
Project: Drip Field Sampling
Lab ID: 1907073-002 **Matrix:** AQUEOUS
Client Sample ID Phase2

Analyses	Result	RL	Qual	Units	DF	Prep Date	Analysis Date	Method
E. coli	17,230	1		MPN/100mL	1	07/30/19 13:15	07/31/19 8:38	Colilert-18
Fecal Coliform	37,060	1		MPN/100mL	1	07/30/19 13:15	07/31/19 8:38	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#: **1907073**

Date Reported: **7/31/2019**

CLIENT: City of Bethel Heights **Collection Date:** 7/30/2019 9:32:00 AM
Project: Drip Field Sampling
Lab ID: 1907073-003 **Matrix:** AQUEOUS
Client Sample ID Phase3

Analyses	Result	RL	Qual	Units	DF	Prep Date	Analysis Date	Method
E. coli	72,700	1		MPN/100mL	1	07/30/19 13:15	07/31/19 8:38	Colilert-18
Fecal Coliform	98,040	1		MPN/100mL	1	07/30/19 13:15	07/31/19 8:38	Colilert-18

CLIENT: City of Bethel Heights **Collection Date:** 7/30/2019 9:48:00 AM
Project: Drip Field Sampling
Lab ID: 1907073-004 **Matrix:** AQUEOUS
Client Sample ID Phase4B


Analyses	Result	RL	Qual	Units	DF	Prep Date	Analysis Date	Method
E. coli	850	1		MPN/100mL	1	07/30/19 13:15	07/31/19 8:38	Colilert-18
Fecal Coliform	7,830	1		MPN/100mL	1	07/30/19 13:15	07/31/19 8:38	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 Special Detection Limit(s) Date Results Needed				Method of Shipment Fed Ex <input type="checkbox"/> UPS <input type="checkbox"/> Courier <input type="checkbox"/> Client Drop Off <input type="checkbox"/> Other <input type="checkbox"/>			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			
		7/30/19	09:24	Phase 1	GW	A	G	X					1907073-001A	
		7/30/19	09:27	Phase 2	GW	A	G	X					1907073-002A	
		7/30/19	09:32	Phase 3	GW	A	G	X					1907073-003A	
				Phase 4A	GW	A	G	X						
		7/30/19	09:48	Phase 4B	GW	A	G	X					1907073-004A	
For Laboratory Use Only				Sampled by (Name - Print)				Start Flow Reading	Final Flow Reading	Units	Instantaneous or Total Flow Reading			
Ice <input checked="" type="checkbox"/> N	Custody Seals <input checked="" type="checkbox"/> N		Lab Comments		Richard Brown									
Blank / Cooler Temp 2.6°C					Relinquished by: (SIGNATURE) TO LAB Richard Brown				Date Time 7/30/19 10:20	Received by: (SIGNATURE)		Date Time		
					Relinquished by: (SIGNATURE)				Date Time	Received by: (SIGNATURE)		Date Time		
					Relinquished by: (SIGNATURE)				Date Time	Received by: (SIGNATURE)		Date Time		