ANALYTICAL REPORT

WHITE WATER ASSOCIATES, INC.
429 River Lane • PO Box 27 Amasa, MI 49903 • Ph (906) 822-7889 • Fax -7977

Client:	Ottawa Sportsmen's Club	**WWA Job #:**	59423
Project:	Drinking Water	**Sample Matrix:**	Drinking water
Date/Time Received:	9/12/2015	**Date Reported:**	9/14/2015

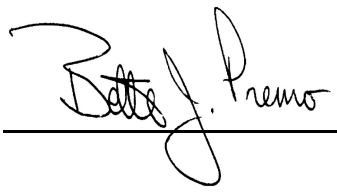
Sample Number | ID | Description | Date/Time Sampled

59423-001 | 11075 M-38 | Kitchen | 9/11/2015 12:15:00 PM

Test	Result	Flags	Units	Date/Time	Method	MDL	MQL	Analyst
Coliforms (dw)	Negative		per 100mL	9/12/2015 10:30	Modified Colitag	1	1	
E. coli	Negative		per 100mL	9/12/2015 10:30	Modified Colitag	1	1	

CERTIFICATION
I certify that the data contained in this Final Report has been generated and reviewed in accordance with approved methods and White Water Associates Standard Operating Procedures. Exceptions, if any, are discussed in the accompanying sample narrative. Release of this Final Report is authorized by White Water Associates management, as is verified by the following signature.

Approved By: Electronically signed by Bette J. Premo



NOTES
ND = not detected, MDL = method detection limit, MQL = method quantitation limit
ppm = mg/L (liquid) or mg/kg (solid), ppb = ug/L (liquid) or ug/kg (solid)
Negative = No coliform bacteria detected, Positive = Coliform bacteria detected
B The analyte was found in the associated blank as well as in the sample.
J The quantitation is an estimated value because the result is less than the sample quantitation limit but greater than the detection limit.
H Indicates analytical holding time exceedance.

MI DEQ Certification Number: 9306

Job # (WWA office use): 59423

CHAIN-OF-CUSTODY RECORD

WHITE WATER ASSOCIATES, INC.

429 River Lane, P.O. Box 27
Amasa, Michigan 49903
Phone: (906) 822-7889, Fax -7977
Web: white-water-associates.com

CLIENT NAME / BILL TO	Ottawa Sportsmen's Club
EMAIL ADDRESS	ottawa_sportsmens_club@yahoo.com
ADDRESS	PO Box 475
TELEPHONE	(906) 201-2451
CITY / STATE / ZIP	Baraga / MI / 49908
CONTRACT / PO / PROJECT NAME / WSSN#	Drinking water
SAMPLER NAME (print first/last name)	Robert Abo
COUNTY OF LOCATION	Baraga
PAGE	1 OF 1 (Indicate if more than one page of COC records used)
SAMPLER'S SIGNATURE	Robert W. Abo, President

Check off preservatives for each bottle and indicate total number of bottles. WWA database contains bottle preservation details.

SAMPLE ID AND LOCATION (Containers for each sample may be combined on one line.)	DATE	TIME	SAMPLE MATRIX: Drinking water	Aqueous	Sed.	Soil	Other:	CONTAINERS / PRESERVATIVES: None	H2SO4	HNO3	HCl	NaOH	ZnAc/NaOH	Na Thio	Total Number of Containers	Total cols/form → +/-
001 Kitchen	9/11/15	12:15												X	1	
11075 M38																
Baraga MI 49908																

ANALYSIS TYPE REQUESTED (Attach list if needed)

Instructions to White Water
Send my report by:
X email
____ mail

Unless otherwise noted, drinking water report copies are sent to MDEQ and Health Dept.

REMARKS (Note any special instructions provided by client or conditions of receipt noted by WWA lab staff. Also note any residual chlorine.)

Pd # 6118

Relinquished by:	Date:	Time:	Received by:	Date:	Time:
Robert W. Abo	9/11/15	2:45			
Relinquished by:	Date:	Time:	Received by:	Date:	Time:
			Nicole A. Kunak	9/12/15	09:14

Comments / Sample temperature on receipt:

T = 16.8°C

WHITE - RETURN W/ REPORT CANARY - W/ SAMPLES PINK - CUSTOMER