



CERTIFICATE OF ANALYSIS

8010300

Louisville Jeff. Co. Metro Gov
Mark Zoeller.
1487 Frankfort Ave
Louisville, KY 40206

Date Reported 01/31/2018
Date Due 01/31/2018
Date Received 01/22/2018
Customer # EC057

Impound Lot Semi-Annual SW

Table with columns: Analysis, OOC, Qualifier, Result Units, Min, Max, Method, Rpt Limit, Analysis Date, Tech. Includes rows for Sample: 01, Flow by Calculation, pH - Field, Temperature at pH - Field, Oil and Grease, Total, and Solids, Total Suspended.

OOC: THIS PARAMETER HAS EXCEEDED A REGULATORY OR CLIENT COMPLIANCE LIMIT. PLEASE CONTACT THE LABORATORY AT 502.962.6400 IF ADDITIONAL SAMPLING OR ANALYSIS IS REQUIRED.

Qualifier Definitions

THIS REPORT HAS BEEN REVIEWED AND APPROVED FOR RELEASE:

Joan Heinsohn A.M.

David Lester, Managing Director

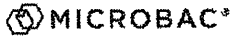
As regulatory limits change frequently, Microbac advises the recipient of this report to confirm such limits with the appropriate Federal, state, or local authorities before acting in reliance on the regulatory limits provided.

For any feedback concerning our services, please contact David Lester, Managing Director at 502.962.6400 or Rob Crookston, President at president@microbac.com.

The data and other information contained on this, and other accompanying documents, represents only the sample (s) analyzed and is rendered upon the condition that it is not to be reproduced wholly or in part for advertising or other purposes without written approval from the laboratory.

Microbac Laboratories, Inc.

3323 Gilmore Industrial Blvd. Louisville, KY 40213 502.962.6400 Fax: 502.962.6411
Evansville 812.464.9000 | Lexington 859.276.3506 | Paducah 270.898.3637 | Hazard 606.487.0511



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CHAIN OF CUSTODY FOR WORK ORDER

8010300



LOUISVILLE JEFF. CO. METRO GOV - C057 Mark Zoeller 444 South 5th Street, Suite 500 Louisville KY, 40202 Impound Lot Semi-Annual SW	Route _____ Freq. _____ Cust. # EC057 Phone (502) 773-3211 Fax (000) 000-0000 Email mark.zoeller@louisvilleky.gov Acct. Mgr. JOAN HEINSOHN	Project Impound Lot Cust. P.O. 9226 Annual SW Permit # _____ Permit Expires: _____
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Analysis	Method	Container/Preservative	Suppressed on COA	# Bottles	Units	Min	Max
Instructions	Site Contact Allen Ryan 502-574-7078 Physical Address 1487 Frankfort Ave Louisville KY HOURS OF OPERATION Monday-Friday 8:00 a.m. - 9:00 p.m. Saturday 8:00 a.m. - 5:00 p.m. Sunday 8:00 a.m. - 4:00 p.m.						

Sample: 01 Outfall 001 Impound Lot 1487 Frankfort Ave Sample Date/Time/Field Results/Units/ID
 1/22/18 1200

DMR FORM PREPARATION FEE	---	---	---
ENVIRONMENTAL FEE	---	---	---
FLOW BY MEASUREMENT & CALC. - MGD	EPA 600	0.00144	MGD
PH, FIELD	SM 4500 H+ B	8.35	SU 6 9 p-102
SAMPLING LABOR - FLAT RATE	---	---	Event p-102
TEMPERATURE AT PH READING, ° C - FIELD	SM 2550B	17.1°C	deg C
SOLIDS, TOTAL SUSPENDED	USGS 1-3765-85	A-1 LITER PLASTIC - GEN CHEM-4°C	mg/L
OIL AND GREASE, TOTAL	EPA 1664B	C-1 LITER O&G-H2SO4	mg/L

Collection Equip. Used: Grab Cup / ISCO Date of Last Rainfall: 1/22/18 Sample Appearance: Gray / Turbid / Precipitate

SETUP: 1/19 Deg C Sunny/Cloudy/Ptly Cloudy/Rain REC: 12 Deg C Sunny/Cloudy/Ptly Cloudy/Rain Rain During Event: YES / NO

NOTES:

Sampled By: [Signature]

Relinq. Date/Time/Sign: [Signature] 1/22/18 1350 Rec'd Date/Time/Sign: [Signature] 1/22/18

Relinq. Date/Time/Sign: _____ Rec'd Date/Time/Sign: _____ 1350

Relinq. Date/Time/Sign: _____ Rec'd Date/Time/Sign: _____

Relinq. Date/Time/Sign: _____ Rec'd by Lab Date/Time/Sign: _____

SAMPLE RECEIPT DOCUMENTATION Cooler/Sample Temp (Deg C): LEX _____ EVV _____ PAD _____ LOU 2 HAZ _____

COC & proper paperwork provided & complete / COC, samples, & bottles are in agreement: YES / NO
 Appropriate bottles provided intact with sufficient volume / Samples are within hold time / Samples properly preserved: YES / NO
 Chain of Custody seal intact? Y Samples on Ice? Y Number of bottles 2 ? Thermometer ID L20

Notes, Correspondence, Subcontracting, & Non-Conformance Documentation (All Non-Conformances must be documented & client notified):