



ANALYTICAL REPORT

Montana Environmental Laboratory LLC

1170 N. Meridian Rd., P.O. Box 8900, Kalispell, MT 59904-1900

Phone: 406-755-2131 Fax: 406-257-5359 www.melab.us

Alvin Yellow Owl
Babb School LIS
4063 US Hwy 89 N.
Babb, MT 59411

PWS ID: MTOPI0537
Project: Lead in Schools

Client Sample ID: FX007 **Lab ID:** 2203715-01
Matrix: DRINKING WATER **Collected:** 04/14/2022 13:45 **Received:** 04/19/2022 11:15

<u>Analyzes</u>	<u>Result</u>	<u>Units</u>	<u>MDL</u>	<u>MCL</u>	<u>Method</u>	<u>Prepared</u>	<u>Analyzed</u>	<u>Analyst</u>
Lead in schools	ND	mg/L	0.001		E200.8		05/06/2022 9:25	BLW

Client Sample ID: FX012 **Lab ID:** 2203715-02
Matrix: DRINKING WATER **Collected:** 04/14/2022 13:45 **Received:** 04/19/2022 11:15

<u>Analyzes</u>	<u>Result</u>	<u>Units</u>	<u>MDL</u>	<u>MCL</u>	<u>Method</u>	<u>Prepared</u>	<u>Analyzed</u>	<u>Analyst</u>
Lead in schools	ND	mg/L	0.001		E200.8		05/06/2022 9:25	BLW



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 4063 US Hwy 89 N.
 Babb, MT 59411

PWS ID: MTOPI0537
 Project: Lead in Schools

3715



MONTANA ENVIRONMENTAL LAB, LLC
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Chain Of Custody and Analytical Request Record

Please Print. Provide as much information as possible

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Company Name: <u>BPS Dist #9</u> <u>Babb School</u> <u>MT OPI-0537</u> Report Address: <u>4063 US Hwy-89 N</u> <u>Babb MT 59411</u> Invoice Address: _____ Purchase Order # _____ ALVIN YELLOW OWL III <i>Alvin Yellow Owl III</i> SAMPLER PRINTED NAME AND SIGNATURE:	Project Name, PWSID #, Permit #, Etc. <u>Lead in Schools</u> Contact Name, Phone, Fax: <u>Reid Reagan (406) 732-5539</u> Invoice Contact & Phone #: <u>FAX 338-6216</u> TURN AROUND TIME REQUIRED <input type="checkbox"/> STANDARD 10 WORKING DAYS <input type="checkbox"/> 5 WORKING DAYS (50% SURCHARGE) <input type="checkbox"/> 1-2 WORKING DAYS (100% SURCHARGE) <input type="checkbox"/> OTHER _____
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F#	Lab#	SITE NAME or LOCATION	Results	SAMPLE DATE	SAMPLE TIME	MATRIX	# Bottles	Lead in Schools	Analysis Requested	COMMENTS
										INV REQ
Babb School	FX007	3715-1		4-14-22	1:45pm			X		Times Later BPS-Babb School
Babb School	FX012	-2		4-14-22	1:56pm			X		on Spring Break TESTS ARE First Flows of the Day.

Custody Record MUST be Signed	Relinquished by: <i>Alvin Yellow Owl III</i>	Date/Time: <u>4/19/22 11:15 AM</u>	Shipped by: _____	Received by: <u>JH 4-19-22</u>	Date/Time: <u>11:15</u>
	Relinquished by: _____	Date/Time: _____	Shipped by: _____	Received by: _____	Date/Time: _____
	Relinquished by: _____	Date/Time: _____	Shipped by: _____	Received by: _____	Date/Time: _____

NET 30 DAYS: 1.5% PER MONTH INTEREST CHARGE (18% A.P.R.) CUSTOMER AGREES TO PAY COLLECTION COSTS AND ATTORNEY'S FEES.

- INSTRUCTIONS**
1. Use ONE LINE PER SAMPLE.
 2. BE SPECIFIC IN TEST REQUESTS
 3. CHECK OFF TESTS TO BE PERFORMED FOR EACH SAMPLE

LAB USE ONLY:

LOGIN COMMENTS: _____ _____ _____	SAMPLES CHECKED/LOGGED IN BY: _____ SAMPLE TEMP, RECEIPT AT LAB: _____ (Compliance: 4 +/- 2°C) SAMPLES RECEIVED DAY OF COLLECTION? <input type="checkbox"/> (check for yes) BLUE ICE: FROZEN _____ PARTIALLY FROZEN _____ THAWED _____
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