August 29, 2011

RECEIVED

Executive Director
Kentucky Public Service Commission
211 Sower Boulevard
Post Office Box 615
Frankfort, KY 40602

AUG 3 1 2011

PUBLIC SERVICE

COMMISSION

Re: Center Ridge Water District Case No. 2010-00397 - Rehearing Request

Dear Sirs:

Center Ridge has received the Commission's Final Order dated August 11, 2011 approving a new water rate of \$22.29, and hereby respectfully requests a rehearing in this case. By law, upon rehearing a party may offer additional evidence that could not with reasonable diligence have been offered in the original case process. Center Ridge is requesting a rehearing for the Commission to consider additional evidence in three respects, and believes this additional evidence could not reasonably have been provided in the original case for reasons as noted below. These three issues are as follows:

Recent costs mandated by the Kentucky Division of Water ("DOW") – Center Ridge recently received a report from the DOW requiring it to install certain chlorinating equipment in its system. Center Ridge is being required to install this equipment without delay, and this requirement and these costs were unknown throughout most of the rate case process. Therefore, Center Ridge respectfully requests that the Commission grant rehearing to immediately include these added costs in rates, especially since Center Ridge lacks the cash flow to absorb these costs. Each chlorinator costs \$450.50, and 6 are needed, resulting in a materials cost of \$2,703. The installation labor would be \$150 for each of the 6 chlorinators, or \$900, for a total cost of \$3,603. This cost is expected to be incurred annually because the chlorinators have only a 12-month warranty and tend to fail shortly after the warranty expires.

<u>Transportation Expense Errors</u> – Center Ridge is intimately familiar with the local roads traveled to service its four water systems on a daily basis. In establishing transportation expense at \$12,965, the Commission included only a daily mileage of 64 miles based on Appendix B of its Order. Appendix B appears to have been based upon an incorrect Internet driving distance calculation. Specifically, at least one of the roads included in this calculation – Hillcrest Lane - does not even exist, and other roads are dirt-lane and not easily traveled by normal vehicles.

In addition, the Commission did not allow mileage for the travel associated with dropping off water samples from each of the four systems to McCoy and McCoy

Lab facilities at either Hardin or Paducah, and these trips occur at least twice monthly. To prove these trips, Center Ridge has included herein copies of "Chain of Custody" documents. Moreover, the Commission allowed no mileage for the considerable travel associated with finding water leaks when they occur, picking up supplies, and other utility-related travel.

To correct these errors, Center Ridge respectfully requests that the Commission allow transportation expense of \$5,368 based upon additional yearly mileage of 9,760 miles times 55 cents per mile, as follows:

| Category | Miles per trip | Trips per year | Totals |
|---|----------------------|----------------|-------------|
| Daily Visits – PSC allowance of 64 miles is | 0.4 miles round-trip | 365 | 146 miles |
| off by 0.4 miles per day due to Internet | | | |
| errors. | | | |
| Daily visits – 1 mile per day per system – | 4 miles each day | 365 | 1,460 miles |
| chlorine checks required by DOW out in the | | | |
| field in each distribution system. | | | |
| Laboratory Visits – required sampling is | 130 miles round-trip | 24 | 3,120 miles |
| done twice a month at each system, and | | | |
| samples are then taken to an outside lab. | | | |
| Other – Conservative estimate | | | |
| -Leak repairs (53 leaks in 2009) | 30 miles | 53 | 1,590 miles |
| -PSC and DOW Inspections | | | |
| Other – trips to Murray once a week for | 36 miles | 52 | 1,872 |
| bank visits. | | | |
| | | | |
| 24 trips to Murray Supply and | 36 miles | 24 | 864 |
| Lowes for plumbing supplies | | | |
| O take to New Or and HO Deat Office | 0 11 | 40 | 00 |
| 8 trips to New Concord US Post Office | 8 miles | 12 | 96 |
| E tripo to Murroy Walmort for printer ink | 36 miles | 5 | 180 |
| 5 trips to Murray Walmart for printer ink. | 30 miles | 5 | 100 |
| 12 trips to pay multiple electric bills | 36 miles | 12 | <u>432</u> |
| 12 tripo to pay multiple electric billo | oo miles | 12 | 702 |
| Subtotal | | | 3,444 miles |
| | | 2009 Total | 9,760 miles |

Retainer Arrangement – Recent issues with the PSC, including not only this rate case but also a failed PSC Staff rate case assistance process, have made it painfully clear to Center Ridge that it lacks the staff resources, time, and expertise to successfully document and justify its considerable expenses to the PSC. Because adequate revenues and rates are critical to Center Ridge's survival, it wishes to enter into a retainer arrangement costing \$250 per month (or \$3,000 per year) with Kentucky Small Utility Consulting to provide ongoing financial, regulatory and strategic advice and assistance. This contract cost is minimal compared to the expense of having in-house expertise, and the Commission has recently approved a similar arrangement for ratemaking purposes for Ridgelea Investments, Inc. This cost was not foreseen only a few

months ago, prior to the issuance of a PSC Staff Report recommending a rate reduction instead of a rate increase. It was only through extraordinary and unusual steps taken by the Commission and certain PSC Staff – and Center Ridge appreciates the additional effort expended in this regard - that this highly unfavorable recommendation was avoided at the eleventh hour, and Center Ridge wishes to avoid this type of process and potential result in the future. Center Ridge therefore respectfully requests that the Commission include this cost in rates at this time.

Sincerely, tilliam Duncan

William Duncan, President

Center Ridge Water District, Inc.

Proposed
Retainer
for
Consulting

RECEIVED

AUG 3 1 2011

PUBLIC SERVICE

COMMISSION

Jack Kaninberg

Kentucky Small Utility Consulting, LLC 13005 Middletown Industrial Blvd., Suite J Louisville, KY 40243 Business Phone (502) 671-0214 Cell Phone (502) 554-7541

August 22, 2011

Mr. William Duncan, President Center Ridge Water District 69 Marguerite Blvd. New Concord, KY 42036

Dear Bill:

As you know, the recent rate case process has proven to be extraordinarily difficult for Center Ridge Water District. In addition to requesting PSC Staff rate case assistance a few years ago and then receiving a delayed and unsatisfactory result, Center Ridge also experienced the real threat of a rate reduction in Case No. 2010-00397, before the PSC ultimately approved a monthly water rate of \$22.29. In both processes, the Commission questioned the documentation available to support operating expenses. To better address these issues, and given Center Ridge's critical need for adequate revenues to provide safe and reliable water service, I am hereby proposing a retainer arrangement priced at \$250 per month to provide ongoing assistance to Center Ridge Water District. The Commission has approved a similar retainer arrangement for ratemaking purposes for Ridgelea Investments sewer system in Case No. 2009-00500, and your situation is very similar to Ridgelea's, especially because both utilities lack the staff resources to address ongoing regulatory issues.

In general terms, my assistance would include strategic, financial, and regulatory planning and assistance to help ensure that Center Ridge has the financial resources it needs. This would include, but is not limited to, the following:

- -Improved recordkeeping, increased documentation and justification of expenses.
- -Regulatory assistance on a frequent basis with the PSC (and maybe DOW).
- -Annual and Gross Revenue Reports to the PSC due annually by March 31.
- -Financial Analysis and Financial Planning related to rate increases.
- -Strategic planning related to Center Ridge and each of its four systems.
- -Bookkeeping assistance in accordance with PSC regulatory requirements.
- -Computerized preparation of a general ledger based upon Center Ridge's checkbook.
- -Assistance in filing a rehearing request in PSC Case 2010-00397.
- -A monthly meeting, if desired, in the Center Ridge area to discuss financial and other issues of importance with the utility.

-Other duties as mutually agreed to in writing between us.

I hope this proposal is suitable to you, but if you have any questions or concerns, please don't hesitate to contact me at (502) 671-0214 to discuss it.

Sincerely,

Jack Kaninberg

2011 division of water Survey Report RECEIVED AUG 3 1 2011 PUBLIC SERVICE COMMISSION



STEVEN L. BESHEAR GOVERNOR LEONARD K. PETERS SECRETARY

ENERGY AND ENVIRONMENT CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER
200 FAIR OAKS LANE, 4TH FLOOR
FRANKFORT KENTUCKY 40601
www.kentucky.gov

August 4, 2011

William M Duncan Center Ridge Water System 69 Marguerite Blvd New Concord, KY 42076

RE: AI: 33828
PWSID: KY0180549
Drinking Water Sanitary Survey

Dear Mr. Duncan:

The Division of Water conducted a Drinking Water Sanitary Survey (attached) of Center Ridge Water System on July 14 and 21, 2011. A Capacity Development assessment was done as part of the survey.

Significant Deficiencies (written response within 30 days must address deficiencies as resolved or provide a corrective action plan; September 3, 2011)

• Well is not properly sealed. Proper seal needs to be installed.

Non Significant (written response within 90 days must address deficiencies as resolved or provide a corrective action plan; November 2, 2011)

- System is missing the following records: BacT 2006 and 2007, Chlorine 2001 and 2002, Nitrate 2002, SEC 2002, Secondary 2002
- System shall compile existing data and records into an Operation & Maintenance manual.
- Wellhead Protection Plan needs to be updated..
- Groundwater Protection Plan needs to be developed.
- A screened vent that points downward needs to be installed at or above the top of the casing of the well.
- Raw water tap needs to be installed.

The Division Recommends:

- Contracting or hiring more certified operators in case of emergencies, sick days, or vacations.
- Developing a strategic plan with a mission statement, goals and objectives.
- Reviewing its insurance coverage for liability, property, etc.
- Compiling existing records into an asset management program.
- Documenting their existing verbal preventive maintenance plan and capital improvement plan.
- Notifying customers prior to performing scheduled maintenance.
- Evaluating both their rates and how they charge their customers to better reflect the cost of producing water. The system should install new meters to better track water usage.
- Acquiring new generators so each plant has access to a back-up generator in case of power loss.
- Obtaining proper chlorine containers, these were not available for inspection at the time of the sanitary survey.
 Chlorine must be NSF or United Laboratories certified. Verify NSF certification at http://www.nsf.org/Certified/PwsChemicals/.



- Implementing redundancyfor the chlorine lines and cooling the facility. There is a history of air locks in the chlorine feed line at the Center Ridge facilities. When liquid chlorine heats up it gases off and can cause an air lock in the line. The feeder is checked everyday, but if an air lock occurs it is possible for many hours to pass with no chlorine being fed to the system before being detected. At this time it is recommended that reducdancy be installed and consider cooling the facility.
- Using the 50-24-25 method for sterilizing new mains/main breaks.

All deficiency responses should be sent to the attention of Noah Taylor, Compliance and Technical Assistance Branch, Division of Water, 200 Fair Oaks Lane, 4th Floor, Frankfort, KY 40601 (phone 502/564-8158, extension 4978).

Assistance with the "Managerial and Financial Assessment" section of the sanitary survey for Center Ridge Water System can be obtained by contacting Jennifer Spradlin in the Water Infrastructure Branch at 502/564-3410 extension 4030

If you have any questions regarding the "Technical Inspection" portion, contact Jackie Logsdon in the Madisonville Regional Office at 270/824-7529.

Sincerely.

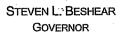
Noah Taylor

Sanitary Survey Coordinator

Division of Water

C: Morehead Regional Office







ENERGY AND ENVIRONMENT CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

Division of Water
200 Fair Oaks Lane, 4th Floor
Frankfort Kentucky 40601
www.kentucky.gov

August 4, 2011

William M Duncan Center Ridge Water System 69 Marguerite Blvd New Concord, KY 42076

> RE: AI: 33828 PWSID: KY0180549 Drinking Water Sanitary Survey

Dear Mr. Duncan:

The Division of Water conducted a Drinking Water Sanitary Survey (attached) of Center Ridge Water District #2 on July 14 and 21, 2011. A Capacity Development assessment was done as part of the survey.

Non Significant (written response within 90 days must address deficiencies as resolved or provide a corrective action plan; November 2, 2011)

- System is missing the following records: BacT 2006 and 2007, Chlorine 2001 and 2002, Nitrate 2002, Secondary 2002
- System shall compile existing data and records into an Operation & Maintenance manual.
- Wellhead Protection Plan needs to be updated.
- Groundwater Protection Plan needs to be developed.
- A screened vent that points downward needs to be installed at or above the top of the casing of the well.
- Raw water tap needs to be installed.

The Division Recommends:

- Contracting or hiring more certified operators in case of emergencies, sick days, or vacations.
- Developing a strategic plan with a mission statement, goals and objectives.
- Reviewing its insurance coverage for liability, property, etc.
- Compiling existing records into an asset management program.
- Documenting their existing verbal preventive maintenance plan and capital improvement plan.
- Notifying customers prior to performing scheduled maintenance.
- Evaluating both their rates and how they charge their customers to better reflect the cost of producing water. The system should install new meters to better track water usage.
- Acquiring new generators so each plant has access to a back-up generator in case of power loss.
- Obtaining proper chlorine containers, these were not available for inspection at the time of the sanitary survey.
 Chlorine must be NSF or United Laboratories certified. Verify NSF certification at http://www.nsf.org/Certified/PwsChemicals/.
- Implementing redundancyfor the chlorine lines and cooling the facility. There is a history of air locks in the chlorine feed line at the Center Ridge facilities. When liquid chlorine heats up it gases off and can cause an air lock in the line. The feeder is checked everyday, but if an air lock occurs it is possible for many hours to pass with no chlorine being fed to the system before being detected. At this time it is recommended that reducdancy be installed and consider cooling the facility.



Using the 50-24-25 method for sterilizing new mains/main breaks.

All deficiency responses should be sent to the attention of Noah Taylor, Compliance and Technical Assistance Branch, Division of Water, 200 Fair Oaks Lane, 4th Floor, Frankfort, KY 40601 (phone 502/564-8158, extension 4978).

Assistance with the "Managerial and Financial Assessment" section of the sanitary survey for Center Ridge Water System #2 can be obtained by contacting Jennifer Spradlin in the Water Infrastructure Branch at 502/564-3410 extension 4030

If you have any questions regarding the "Technical Inspection" portion, contact Jackie Logsdon in the Madisonville Regional Office at 270/824-7529.

Sincerely,

Noah Taylor

Sanitary Survey Coordinator

Division of Water

C: Paducah Regional Office



STEVEN L. BESHEAR GOVERNOR LEONARD K. PETERS SECRETARY

ENERGY AND ENVIRONMENT CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER
200 FAIR OAKS LANE, 4TH FLOOR
FRANKFORT KENTUCKY 40601
www.kentucky.gov

August 4, 2011

William M Duncan Center Ridge Water System 69 Marguerite Blvd New Concord, KY 42076

> RE: AI: 33828 PWSID: KY0180549 Drinking Water Sanitary Survey

Dear Mr. Duncan:

The Division of Water conducted a Drinking Water Sanitary Survey (attached) of Center Ridge Water District #3 on July 14 and 21, 2011. A Capacity Development assessment was done as part of the survey.

Significant Deficiencies (written response within 30 days must address deficiencies as resolved or provide a corrective action plan; September 3, 2011)

• Well is not properly sealed. Proper seal needs to be installed.

Non Significant (written response within 90 days must address deficiencies as resolved or provide a corrective action plan; November 2, 2011)

- System is missing the following records: BacT 2006 and 2007, Chlorine 2001 and 2002, Nitrate 2002, Secondary 2002
- System shall compile existing data and records into an Operation & Maintenance manual.
- Wellhead Protection Plan needs to be updated...
- Groundwater Protection Plan needs to be developed.
- A screened vent that points downward needs to be installed at or above the top of the casing of the well.
- Raw water tap needs to be installed.

The Division Recommends:

- Contracting or hiring more certified operators in case of emergencies, sick days, or vactions.
- Developing a strategic plan with a mission statement, goals and objectives.
- Reviewing its insurance coverage for liability, property, etc.
- Compiling existing records into an asset management program.
- Documenting their existing verbal preventive maintenance plan and capital improvement plan.
- Notifying customers prior to performing scheduled maintenance.
- Evaluating both their rates and how they charge their customers to better reflect the cost of producing water. The system should install new meters to better track water usage.
- Acquiring new generators so each plant has access to a back-up generator in case of power loss.
- Obtaining proper chlorine containers, these were not available for inspection at the time of the sanitary survey. Chlorine must be NSF or United Laboratories certified. Verify NSF certification at http://www.nsf.org/Certified/PwsChemicals/.



- Implementing redundancy for the chlorine lines and cooling the facility. There is a history of air locks in the chlorine feed line at the Center Ridge facilities. When liquid chlorine heats up it gases off and can cause an air lock in the line. The feeder is checked everyday, but if an air lock occurs it is possible for many hours to pass with no chlorine being fed to the system before being detected. At this time it is recommended that reducdancy be installed and consider cooling the facility.
- Using the 50-24-25 method for sterilizing new mains/main breaks.

All deficiency responses should be sent to the attention of Noah Taylor, Compliance and Technical Assistance Branch, Division of Water, 200 Fair Oaks Lane, 4th Floor, Frankfort, KY 40601 (phone 502/564-8158, extension 4978).

Assistance with the "Managerial and Financial Assessment" section of the sanitary survey for Center Ridge Water System #3 can be obtained by contacting Jennifer Spradlin in the Water Infrastructure Branch at 502/564-3410 extension 4030

If you have any questions regarding the "Technical Inspection" portion, contact Jackie Logsdon in the Madisonville Regional Office at 270/824-7529.

Sincerely,

E-Signed by Noah Taylor (?) ERIFY/authenticity with Approveit

Noah Taylor Sanitary Survey Coordinator Division of Water

C: Paducah Regional Office



STEVEN L. BESHEAR GOVERNOR LEONARD K. PETERS
SECRETARY

ENERGY AND ENVIRONMENT CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
200 FAIR OAKS LANE, 4TH FLOOR
FRANKFORT KENTUCKY 40601
www.kentucky.gov

August 4, 2011

William M Duncan Center Ridge Water System 69 Marguerite Blvd New Concord, KY 42076

> RE: AI: 33828 PWSID: KY0180549 Drinking Water Sanitary Survey

Dear Mr. Duncan:

The Division of Water conducted a Drinking Water Sanitary Survey (attached) of Center Ridge Water District #4 on July 14 and 21, 2011. A Capacity Development assessment was done as part of the survey.

Significant Deficiencies (written response within 30 days must address deficiencies as resolved or provide a corrective action plan; September 3, 2011)

• Well is not properly sealed. Proper seal needs to be installed.

Non Significant (written response within 90 days must address deficiencies as resolved or provide a corrective action plan; November 2, 2011)

- System is missing the following records: BacT 2006, Chlorine 2001 and 2002.
- System shall compile existing data and records into an Operation & Maintenance manual.
- Wellhead Protection Plan needs to be updated.
- Groundwater Protection Plan needs to be developed.
- A screened vent that points downward needs to be installed at or above the top of the casing of the well.
- Raw water tap needs to be installed.

The Division Recommends:

- Contracting or hiring more certified operators in case of emergencies, sick days, or vacations.
- Developing a strategic plan with a mission statement, goals and objectives.
- Reviewing its insurance coverage for liability, property, etc.
- Compiling existing records into an asset management program.
- Documenting their existing verbal preventive maintenance plan and capital improvement plan.
- Notifying customers prior to performing scheduled maintenance.
- Evaluating both their rates and how they charge their customers to better reflect the cost of producing water. The system should install new meters to better track water usage.
- Acquiring new generators so each plant has access to a back-up generator in case of power loss.
- Obtaining proper chlorine containers, these were not available for inspection at the time of the sanitary survey.
 Chlorine must be NSF or United Laboratories certified. Verify NSF certification at http://www.nsf.org/Certified/PwsChemicals/.
- Implementing redundancy for the chlorine lines and cooling the facility. There is a history of air locks in the



chlorine feed line at the Center Ridge facilities. When liquid chlorine heats up it gases off and can cause an air lock in the line. The feeder is checked everyday, but if an air lock occurs it is possible for many hours to pass with no chlorine being fed to the system before being detected. At this time it is recommended that reducdancy be installed and consider cooling the facility.

Using the 50-24-25 method for sterilizing new mains/main breaks.

All deficiency responses should be sent to the attention of Noah Taylor, Compliance and Technical Assistance Branch, Division of Water, 200 Fair Oaks Lane, 4th Floor, Frankfort, KY 40601 (phone 502/564-8158, extension 4978).

Assistance with the "Managerial and Financial Assessment" section of the sanitary survey for Center Ridge Water System #4 can be obtained by contacting Jennifer Spradlin in the Water Infrastructure Branch at 502/564-3410 extension 4030

If you have any questions regarding the "Technical Inspection" portion, contact Jackie Logsdon in the Madisonville Regional Office at 270/824-7529.

Sincerely,

Noah Taylor

Sanitary Survey Coordinator

Division of Water

C: Paducah Regional Office

RECEIVED MformHion PUBLIC SERVICE COMMISSION Chlorine Chemical pump

AUG 3 1 2011

MUSPAN SUPPLY CO. AND ESSUE FIRST CO.

200-205 E. NAIN STREET NUMBRAY, KY 92071-2184 PHINE: (270) 753-3351

DETURNS NUST BE TO THE WORLD FOR STREET AND THE PERSONAL CHARGE WITH TH

CENTER RIDGE WATER DISTRICT

CASH ACCOUNT

57 MARGAERITE BLVD
NEW CONCURD KY 42075

CHET # 10042

TERVIES: NET 10111-

INV 8 B42007

DATE : 7/18/11 CLERK: RYAN

TERM & A

ME DAIE: -8/10/11

TIHL # 7:19

"是在我的是不是是的是是在是我是

* INVOICE *

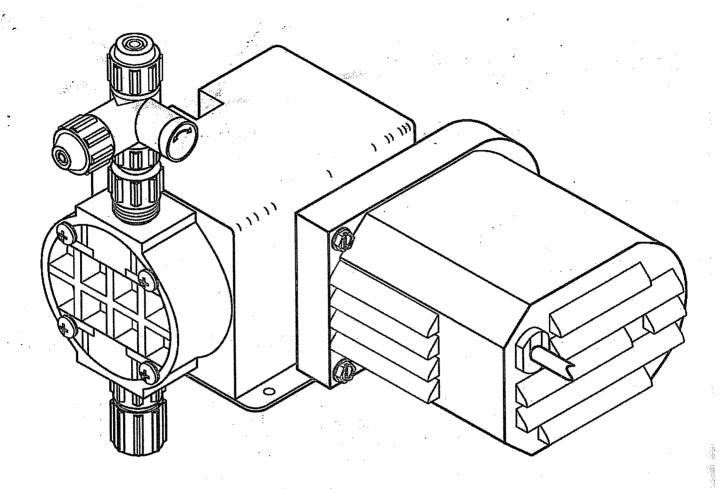
经过品价的证券的证券的证券

| | | | e a s | | | | | | a lineares | ************************************** | | | 200000000 | | Nazaren e | (CONTRACTOR | ang nata | The second control of | er e | | 4.7 | 2445 | | | i Advi | | ૂ ં ાં |
|----|-------|----------------------|---------|----|-----|-------------|-------|-----|-------------|--|------|---------------|-----------|------------|-----------|-------------|----------|-----------------------|--|------|----------|-------------|-------------|------|-----------|-------------|----------|
| | | | 1 | | | Park States | EM | | | .) <i>;</i> | | DES | CRIE |) IIO | V | | | 7. | !G., F. | Pile | | 11 41 14 14 | E/PE | 7.77 | | EXTENS | ION |
| | 1 | | To digw | 1 | | | فاندا | | 4 | - 11 | 3-34 | | | | | | Williams | WHI. | | | 建 | 125. | 00 <i>i</i> | EA | 300 | 125.0 | 0 |
| | 1 | | | 1 | | | | | ' | | | | | | | | | | · | | | | | | | - | 1 |
| 3 | | | *. | | | - | 5.4 | | | | | | | | | | | | | | | | | | | | . ! |
| | | • •: | | 1 | 1 | | | - | | | | | | | | | | ٠. | | | | | • | | | | |
| 7 | | • | • | 1. | | ٠ | | | | | | | | | | ;). | | | | | | | | | • | | . 1 |
| | | | | | | | | | | | | | | | | | | | | | | • | • • | | | 44 | i |
| | | | | | | | • | | | ٠ | | | | | | 4- | | • | | | | | | | | | |
| | ٠. | | ٠. | | | | | | 7 | • | | | | • | | | | | | | | | | | · | | 2 |
| | | | • | | | | | | | | | | | | | ٠ | | | | , | | | • | | | | |
| | ľ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | • | | | | | | | • | | | • | : |
| | | | | | | | | | | | - | • | | : | | | | | | | | • . | | | | | . : |
| | | | | ŀ | | | | | | • | | | | | | | | , | | | | | | | | • | : |
| | | - | | | | | | | | Tyr- | ١. | | | | | | | | | | | | | | | | |
| | | | | | | | | | 347 | | | | | | | 1. | | | • | | | | | | | وأد سريسر | |
| | | Čar. | | | | | | | • | | | | • | • | | | | | ٠ | | | | | | ٠ | | |
| | | ay : | | | # | 3 | 4 | re/ | / | | | • . | | | | | . | | | | | | | | | • . | ¥* |
| | | _ | : | | | | | | | | | | | | | | | ٠. | | | | | | | | | • |
| | | | | : | | | | | | | | NECE | |) #¥ | | | | 2 | 450. | | | BLE | · | | | 425.00 | 7 |
| | | | | | • • | | | | 88 F | MITA | 112 | FULL | 新装 | | • | | | | • | | | TAX | | 4 | | 0.09 |) B: |
| | | | | - | | | | 1.5 | | | • | prof. Herbert | ry pt | 71 12 hors | · 61*** | | | | | | | TOTA | | 3 | | 425.00 | |
| | S. 67 | | | | | | | • | | | | CHEC Cick | | | | · | • | | 150. | | | ANCA | | | | 25.5 | |
| į. | X | ः. <u>.</u> सर्वे | • | | | | | | | | | wish | . LUI | 95 H | यसम् | | : | | • | . : | шЕ | L II | WOIC | E | | 450.50 | |
| | | <u> 6.</u> | · . | | R | ECE | VED | BY | | | | | | | | | • | | | | | | | | | 177. 177 | 18-2-2-4 |

(Chemical Feed pump)

READ ALL CAUTIONS CAREFULLY BEFORE INSTALLING PUMP

SEE PAGE (4)



SERIES 100/150

INSTRUCTION MANUAL

MANUFACTURER'S PRODUCT WARRANTY

The manufacturer warrants its equipment of its manufacture to be free of defects in material or workmanship. Liability under this policy extends for twenty-four (24) months from the date of purchase or one (1) year from date of installation or whichever comes first. The manufacturer's liability is limited to repair or replacement of any device or part which is returned, prepaid, to the factory and which is proven defective upon examination. This warranty does not include installation or repair cost and in no event shall the manufacturer's liability exceed its selling price of such part.

The manufacturer disclaims all liability for damage to its products through improper installation, maintenance, use or attempts to operate such products beyond their functional capacity, intentionally or otherwise, or any unauthorized repair. Replaceable elastomeric parts are expendable and are not covered by any warranty either expressed or implied. The manufacturer is not responsible for consequential or other damages, injuries or expense incurred through use of its products.

The above warranty is in lieu of any other warranty, either expressed or implied. The manufacturer makes no warranty of fitness or merchantability. No agent of ours is authorized to make any warranty other than the above.

For warranty and service matters within the European Union, contact the seller first or:

Pulsafeeder, Inc. Europe Units 12 and 13, Edison Road Highfield Industrial Estates Eastbourne, East Sussex BN23 6PT

PRECAUTIONS FOR OPERATION

Each Series 100/150 chemical feeder has been tested to meet prescribed specifications and certain safety standards. However, a few precautionary notes should be adhered to at all times. THOROUGHLY READ ALL CAUTIONS PRIOR TO INSTALLING METERING PUMP.



- 1. Protective fitting caps must be removed prior to installing tubing onto fitting assemblies.
- 2. Chemicals used may be dangerous and should be used carefully and according to warnings on the label. Follow the directions given with each type of chemical. Do not assume chemicals are the same because they look alike. Always store chemicals in a safe location away from children and others. We cannot be responsible for the misuse of chemicals being fed by the pump.
- 3. Always wear protective clothing (protective gloves and safety glasses) when working on or near chemical metering pumps.
- 4. Tampering with electrical devices can be potentially hazardous. Always place chemicals and feeder installation well out of the reach of children and others.
- 5. Be careful to check that the voltage of the installation matches the voltage indicated on the specification label. Each pump is equipped with a three prong plug. Whether plugging into a receptacle or wiring into a system, always be sure the feeder is grounded. If receptacle is utilized, to disconnect, do not pull wire but grip the plug with fingers and pull out.
- 6. Never repair or move the metering pump while operating. Always disconnect electrical current. Before handling the pump always allow sufficient time for the motor housing to cool off. Handling the pump too soon after shutdown may cause hand burns. For safety use protective gloves.
- 7. All pumps are pretested with water before shipment. Remove head and dry thoroughly if you are pumping a material that will react with water, (i.e. sulfuric acid). Valve seats, ball checks, gaskets, and diaphragm should also be dried. Before placing feeder into service, extreme care should be taken to follow this procedure.
- 8. Arrows on the pump head and injection fitting indicate chemical flow. When properly installed, these arrows should be pointing upward.
- When metering hazardous material DO NOT use plastic tubing. Strictly use proper rigid pipe. Consult supplier for special adaptors.

2009

RECEIVED

AUG 3 1 2011

PUBLIC SERVICE
COMMISSION

Water Repairs

| <u>~</u> | | | | | | |
|------------|--|------------------|-----------------|----------|--------------|-------------------|
| STAT | EM | ENT Feb 1-28 | 2009 | TERN | 1S | |
| TO CPM | Tor | Ridge water dis | 4 | | | · |
| ADDRESS | 100 | 9 marquerite b | Ind | - | | |
| | | Vewconcord, by 4 | 2076 | | | |
| IN ACCOUNT | WITH | B.D TRUCKING & | + EXC | , , , | | |
| | | J | d | | | |
| | ······································ | | | | | |
| date | | Feb-Repairs | dist | | Amt | |
| | | | | | | |
| wed | L | Ann MHVIE | <u>3</u> 1 | 1/5 | | 20 |
| 5017 | 15 | Illinios Ave | <u>-1:</u> Z | XZ. | | 00 |
| Fri | 20 | | <u> </u> | | 400 | <u>වර</u> නව |
| sat | 28 | South creek | | | 100 | |
| | | | | | | |
| | | | | | | |
| | | | | | | <u> </u> |
| | | | | | | <u> </u> |
| | | | <u>.</u> | | | |
|). (%) | - | | | | · | |
| | | | | | | |
| | | | | 1 | | |
| | | | | | Z1000 | |
| | | | | 1 745-40 | THE KOP SHIP | 115 C . 1 1 1 1 1 |

and selection and a selection

| STAT | FN | IFNT | DATE | , | | | TERM | /IS | |
|--|--|--|-------------|-----------|---|--------|----------|-------|------------|
| Name of the last o | | | Ja | $n \perp$ | -3/ | 7009 | 4 | 1 | |
| TO C | on- | er Ri | dap | W | Her | dist | | | |
| 1 | 29 | $ M$ α | والمركب الم | NOM | 40 | DIVA | | | · · |
| ٠. | Ma | WCC | 0000 | rd | Ky | 12074 | 7 | | |
| IN ACCOUNT | WITH | 13 7 | —— C | اراب | $oldsymbol{eta}_{i}^{*} oldsymbol{I}_{i}^{*}$ | ما ت | ۵. | · N | j. Mari |
| | | ()(U | 110 | <u> </u> | 100 | \$ Exc | <u>.</u> | | |
| | | | | | | | <u></u> | | |
| | | | | | | | | | |
| date | | Jan | -, , | epo | irs | dist | | Amt | 1 |
| a constant | | | | | | | | | _ |
| Tue | 4 | LAN | dmai | KC | RI | 4 | | 400 | 0 |
| | 1/. | Sto | VGV | 455 | , | 4 | χZ | 400 | |
| Thur | ZZ. | | | e | | 1 | | 400 | 1 |
| Fri | 30 | MI | 4-160 | oro. | | 76 | | 400 | 0 |
| : | | | | | : | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| / | 7 | | | | | | | | |
| | | | ٠ | | | * . ' | | | 1.2747 |
| • | | | | | • . | | Jan 184 | | |
| | | | | | | | | | |
| 19/ | | | | | | | | | |
| , , , , , , , , , , , , , , , , , , , | | | | | | | | | 1 |
| | | | | | | | | | 1 |
| | | | | <u> </u> | | | 1 | 2,000 | bo |
| | | | 1 1 | | 7 | | In | | T. |

Anadams DC5812

| | • | | . 9 | ه در پ | | |
|---------------|----------|------------------|-----------|--------------|--|----------|
| STATE! | MENT | DATE | 1 00 | TER | VIS | |
| | | April- | 1-30 ZOC | 9 | | |
| 70 | anter 1 | Ridge WA | Lea dist | | | |
| ADDRESS | 271101 1 | ricige Wh | 11:1 | , | | |
| | 69 1111 | Arquer, te | e blud | | | |
| • | Houx | oncord, K | 4 42076 | o | | |
| N ACCOUNT WIT | HRD | TOURKIN | - 4 5 4/4 | - | | |
| | NIUI | TRUCKIN | g a z x C | | | |
| | | | | | | |
| | | | | | | , |
| date | April | 1-Repair | s dist | | Ant | |
| | | | | | | |
| tri 3 | Co | zydr | | | 400 | 00 |
| SUN S | - Agi | nos blud | 3 | XZ | 400 | 00 |
| thur 1 | Hol | ly Hock | 4 | T | 400 | ı |
| TUE ZS | | | 2 | | 400 | |
| | a Kin | rose iglet dr | 4 | | 400 | 1 |
| Thur 30 | 7 1111 | 19121 31 | | | | |
| | | | | | | |
| | | | | † | | |
| | | | | 1 | | |
| | | | | + | | |
| | | | | | | |
| | | | | - | | |
| | | | | - | | <u> </u> |
| | | | | | | |
| | | | | - | | ļ |
| | | | | 1 | | |
| | Train 1 | A in I NO | od I | 1 \$ | ZHOD | クシ |

@sedams DC5812

| STATE | MENT DATE MArch 1-31 | 2009 | TERM | S: |
|-----------------|--|----------|------|----------|
| то Се | nter Ridge water d | ist | | |
| ADDRESS (a | nter Ridge water d 9 marguerite b | Ivd | | |
| · (C | Lewcomord, Ky | 420 | 76 | |
| IN ACCOUNT WITH | B.D TRUCKING | A EXC | | |
| | | | | |
| | | | | |
| date | MArch-repairs | dist | | Amt |
| | | | | 1/0 > |
| MON Z | Clayshire | <u>Z</u> | | 400 |
| wed 11 | | 4 | | 400 |
| Fri 70 | Deercrest Ridge rd | 3 | | 400 |
| 1000 | | | | |
| | | | | |
| | | | | <u> </u> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Total Amt owed | | \$ | 1,600 |
| | the state of the s | | | |

20 adams DC5812

| STATEMENT DATE MAY 1-31 2009 TERMS | |
|-------------------------------------|--|
| TO Center Ridge water dist | |
| Log Marguerite blvd | |
| newconcord, Ky 42076 | |
| IN ACCOUNT WITH B.D TRUCKING & EXE. | |
| DID TROUTING | |

| | | _ | | | |
|--------|---------------------|------|---------------------------------------|-------|----|
| date | May - repairs | dist | , , , , , , , , , , , , , , , , , , , | Ant | |
| | | | | | |
| 50n 3 | Ridgerd | 3 | XZ | 400 | 00 |
| Fri 15 | Ridgerd Dixie dr | 1 | | 400 | 00 |
| Tue 10 | · - | 2 | | 400 | 00 |
| Sun Ze | | 1. | XZ | 400 | 00 |
| 5at 30 | | 4 | | 400 | 00 |
| | | , | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | * | | | |
| | | | | | |
| | | | | | |
| 5 | | | | . : | |
| | | | | | |
| | | | | | |
| | Total Amt owed | | 4 | 2/200 | 00 |

Badams DC5812

864786

| _ | | | <i></i> | 9 14 4 | Service Control |
|------------|----------|-----------------|---------|----------|-----------------|
| STAT | EM | ENT June 1-30 | 700C | TERM | AS . |
| | | - JUNE 1-30 | 2009 | | |
| · · | en | ter Ridge Water | dist | | |
| ADDRESS | 69 | marquer te bl | vd | , | |
| | ı/\ | ewenneord, Ky | 42076 | , | |
| IN ACCOUNT | WITH | | | | |
| | | B. D. Trucking | 7.50 13 | <u> </u> | |
| | | | | | |
| | | | | | |
| date | | June - Repairs | dist | Û. | Amt |
| | | | | | je. |
| Wed | 3 | Marlboro Ln | 7 | | 4/00 |
| Fri | 12 | cozydr | + | | 400 |
| Mon | 22 | clear View | 4 | | 400 |
| thur | 25 | Blue pine. | Z. | | 400 |
| Tue | 30 | Graywolf | 1-1 | | 400 |
| | | | | | |
| · | | | | | |
| | | | | | <u> </u> |
| | | | | <u> </u> | |
| | | | | <u> </u> | <u> </u> |
| | | | ļ | _ | |
| | | | - | | nyi . |
| · | | | ļ | | |
| | | | | | |
| | <u> </u> | | | 114 | |
| | | Total Amt owed | | th | Z.000 |

@adams DC5812

| STATEMENT DATE JULY 1-3 2009 TERMS | |
|-------------------------------------|----------|
| Center Ridge water dist | |
| Center Ridge Water dist | |
| newconcord, Ky 42016 | |
| IN ACCOUNT WITH B. D Trucking & EXC | |
| Di Di Mocking a | |
| | |
| | |
| date July-repairs don't Amt | |
| | |
| Set 4 Anne Marie 3 400 | 1. |
| SUN 12 MUSSEL Ln 2 XZ 700 | |
| Fri 17 DaybreAK 1 400 | |
| The 21 Deer Crest 9 900 | 20 |
| thur 30 waterway TRI 3 400 | 66 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | ļ |
| | 1 |
| Total Amt Owed \$ 2,600 | <u> </u> |

@ndema DC5812

| TATE | EM | ENT Aug 1-30 | 2009 | | | |
|------------|----------|---------------------------------------|----------|----------|------|---|
| то | 7 | anter Bidge WAS | or di | 13+ | | - |
| ADDRESS | (| 69 marcherite | blvd | | | - |
| | | 169 marquerite Newconcord, Ky | 420 | 16 | | |
| IN ACCOUNT | WITH | B.D Trucking | त हि | XC | | _ |
| | | |) | | | _ |
| | | | | | | - |
| date | | Aug - repairs | dist | | Amt | - |
| | · | | L/ | \/Z | 400 | - |
| SUN | 2 | wood lawn | 2 | <u> </u> | 400 | - |
| Fri | 14 | Lake point Ln | | XΖ | 400 | |
| | 14 | plaza dr | 3 | <u> </u> | 400 | |
| Thur | 20 | Kenjana dr | 2 | | 4000 | |
| WOW | 31 | Par Kview. | | | 700 | _ |
| | | | | | | - |
| | | | | | | |
| | ļ | | <u>'</u> | | | _ |
| | <u> </u> | | | | | - |
| | <u> </u> | · · · · · · · · · · · · · · · · · · · | <u> </u> | | | |
| | | | | | | _ |
| | | | | | | _ |
| · | | | | | | _ |
| | 1 . | | Į. | 1 | | r |

Amt

ower

andems DC5812

| ages . | | (| 3647 | 89 | |
|---|--------------------------|-----------------|------------|--|----|
| <u>STATEM</u> | ENT Sent 1 | -30 <i>20</i> 0 |)9 TERI | MS | |
| то | enter Ridge 1 | water c | dist | | |
| ADDRESS | 9 Margueri | te 61. | v A | | |
| Y | Louisoncord, | Ky 4 | 2014 | 2 | |
| IN ACCOUNT WITH | BiD. True | King | <u>8</u> E | XC. | |
| , | | 0 | | | |
| | | | , , , | · · · · · · · · · · · · · · · · · · · | |
| date | Sept-repair | s dis | + - | Amt | |
| | | | | 400 | 00 |
| Fri 4 wed 9 | Parkside whisper dr | WI | | 400 | 00 |
| 7hur 17 | Whisper dr | E 1 | | 1 | 00 |
| 5UN 20 | Creek View | . 1 . 1 | SX | | 00 |
| Fri ZS | Kinglet dr | | | 400 | 00 |
| MON Z8 | LAKE Shore LAKE point | | | | 00 |
| 1 | LHRU DUILL | <i>FT</i> 1 | | ' | - |

| | | | | | 1 |
|----|--------------------------------|--|--|--|--|
| | | | | | · |
| u/ | Parkside | | | 400 | 00. |
| 9 | | 1 | | 400 | 00 |
| | | 1 | | 400 | 00 |
| | • | 4 | XΖ | 4/00 | 00 |
| | | 4 | | 400 | 00 |
| | LAKO Shore dr | Z | | 400 | |
| | | Z | | 400 | 00 |
| | INKO Shore | Z | | | 00 |
| 1 | | | | | |
| | | * | | 4. | |
| | | | | | |
| | | | | | |
| 3 | | | | | |
| | | · | | | |
| | | | | | |
| - | Total Amt owed | | X | 3/00 | OD |
| | 4 9 17 28 28 29 | 9 whisper dr & 17 whisper dr & 20 Creek View 25 Kinglet dr 28 LAKE Shore dr 28 LAKE Shore dr 29 LAKE Shore | 9 whisper dr & 1 17 whisper dr & 1 20 Creek View 25 Kinglet dr ' 4 28 Lake Shore dr Z 28 Lake point in Z 29 Lake Shore Z | 9 whisper dr & 1 17 whisper dr & 1 20 Creek View 4 XZ ZS Kinglet dr ' 4 Z8 LAKE Shore dr Z Z8 LAKE Shore Z Z9 LAKE Shore Z | 9 whisper dr & 1 400 17 whisper dr & 1 400 20 Creek View 4 XZ 4/00 25 Kinglet dr 4 400 28 LAKE Shore dr Z 4/00 29 LAKE Shore Z 4/00 29 LAKE Shore Z 4/00 |

| STATE | ME | DATE OCT 1-31 | 200 | 9 | TERMS | | |
|--------------|----------|---------------------------|----------|-----------|-------|------|-------------|
| | | Her Ridge WA | | | | | |
| | (e9 | i marquerite l | bluc | | | | |
| | 1 | lewconcord, K | 46 | 120 | 274 | , | |
| IN ACCOUNT W | ЛΙΉ | B.D TRUCKing | <i>'</i> | j. | N 1 . | | |
| | | , 18 m | | | | | |
| | | | | | | | г— |
| date | | ort - Repairs | die | <u>s+</u> | | Ant | |
| r | | 104 0 | | | J. | 4/00 | 01 |
| | 2 7 | LAKe Shore Kinglet | <u> </u> | | ব | 400 | Ι. |
| Thur 1 | | Lakepoint | Z | | 龙 | 400 | ١. |
| 1 1 | 8 | Gulview | | | XZ. | 800 | 00 |
| | | | | | | : | |
| | | | | | | | |
| , | \dashv | | | | | | |
| | | | | , | | | |
| | 4 | Total Amt wed | | | | | _ |
| | | | | | | | |
| CURRENT | | OVER 30 DAYS OVER 60 DAYS | T | OTAL A | MOUNT | | |

adams DC5812

| O | 0 | = NOV 1-30 Z | • | ist | · | |
|----------|--------|----------------|---------|--------------|-----------|-----------|
| | 1 | og marquerite | blud | । । | | |
| | | nowconcord, | Ky 4. | Z/07. | <u></u> | |
| N ACCOUN | r WITH | B.D TRUCKING | ्र त | | | |
| | | 1310 / 1000000 | • | | | |
| - - | | | | | | |
| املما | | NOV- repairs | dist | | Amt | |
| سالا الا | | WOW TOPONS | | | 7.5.5.4.4 | · |
| Thur | 121 | Lidakeshored | 7 | 旅 | 400 | 20 20 |
| werl. | Anny | Kinglet | 4 | * | 400 | 00 |
| hor | 15 | Laka point | 2 | -11 | 400 | <u>00</u> |
| žoya. | 15 | Gulvini | 1 | X2 | 800 | 00 |
| | | | | | i | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | Totate Amt own | | | | <u> </u> |
| | | | | | à . | |
| | | | | | | |

| STATEM | ENT Dec 1-31 | 7009 | TERMS | | |
|-----------------|--------------------------------|----------------|-----------|-----------------|-----------|
| ro Cen | ter Ridge Water | dist | | | |
| 100 | 9 Marquerite b | ited | | | |
| | Mentioned Kill | 47076 | 2. | | |
| IN ACCOUNT WITH | Newcondord, Ky BiD Trucking | d SX | +- | | |
| | Day Inventor | 1 aca | | | |
| | | | | | |
| doto | Dec-repairs | dist | | AMT | |
| | | | | | |
| | Limber Shown de | energy Euro | #\$ ## | 4700 | <u>OL</u> |
| wed 7 | NO Repairs | 6 i | 1 | 400 | <u> (</u> |
| Thur is | Laka Hand | 2 | if. | 400 | |
| Man 15 | Calman | 1 | A Maria | 8CC | |
| | | | : | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Total Amt own | | | | |
| | 10761 11111 0000 | | | .: | |
| | | | | | |
| CURRENT: | OVER 30 DAYS OVER 60 DAYS | TOTAL | AMOUNT | e generalism of | |
| | | | | <u> </u> | |

2009

Trips
To
Murray
For
Supplys

RECEIVE SERVICE COMMISSION

TOUR RANY SUPPLY COMPANY

753-3361 204-206 East Main Murray, Kentucky 42071



| • | · . | | | | | |
|---------------------------------------|--|---|-----------|----------|-------|-----|
| | | T * | | | | |
| 24 2600) | TELEPHONE NO. SOLD BY CASH CHARGE MOSE | TERMS: Accounts due 10th of month following date of purchase. | JOB | | | |
| ORDERED SHIPPED | DESCRIPTION | U | NIT PRICE | DISCOUNT | AMOUN | NT |
| 1 | 44677NOZ9 3HP Prup | ė. | .4 | | | · · |
| | L20944H-03+ | 43B1030A2-C | | | | M |
| | | | / A | | | · · |
| | HOR AND OF DEA | atre. | | | | |
| | | | | | | |
| | | | · | | | |
| · · · · · · · · · · · · · · · · · · · | - Orlene Elm | re. | | | | |
| | Center Risks | G . | | | | |
| | | | | • | · | , |
| | | | | | | |
| | | - X. | | | , | |
| | 8 | | | | | |
| | | e no testa _{ntes} | | • | | |
| AF. | | | • | • | | |

2% PER MONTH SERVICE CHARGE ON ACCOUNTS PAST DUE. THIS IS AN ANNUAL RATE OF 24%.

THANK YOU FOR THIS ORDER. WE LOOK FORWARD TO SERVING YOU AGAIN

MURKAY SUPPLY CO, WHOLESALE ELEC CO. MURINAY RENTAL AND SALES CENTER 200-206 E. MAIN STREET

MURRAY, KY 42071-2184 PHENE: (270) 753-2361

RETURNS NUST BE ACCOMPANIED BY RECEIPT 2% ADDITIONAL CHARGE ON PAST DUE ACCOUNT

CENTER RIDGE WATER DISTRICT CASH ACCOUNT 281 MORRIS RD.

DEXTER

KY 42038

CUST # 10042 TERMS: NET LOTH

DUE DATE: 2/10/09

INV # X00268 DATE : 1/02/09

CLERK: KAY TERM # 4

TIME #12:00 在各类是是是各种的

* INVOICE & eggerehenesere.

| | QUANTITY | UM | ІТЕМ | | DESCRIPT | IION | | | |
|-----|----------|-----|-------------|--------------------------|---|---------------|-------|--------------------------|-----------------|
| | \$2 | | 43121 | 2" MA SCH | | 436-020 05011 | 2.69 | PRICE/PER 2:42 /EA | EXTENSION 29.04 |
| | | | | | | | -102 | day to Addie of the Co. | A PANEL |
| | | | | | | | | | |
| | ٠. | | | | | | | | |
| | | | | | | | | | , a |
| 1 | | | · | | | | | | |
| 1 | | | | | | | | | |
| | | | ÷ | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 1 | | | | ٠ | | · | | | |
| | | | | | | | | | |
| | | | | • | | | | | • . |
| | | | | | | | | | |
| 8 | | | | | | ٠. | | | 4 |
| ĮL. | | | | Die Printellereite | . Very green dear part out at language print. | | | | |
| No. | | • • | | SE PAYMENT SE PAID IN | | 1 2 2 1 | 30,78 | TAXABLE | 29.04 |
| | | | | : 1197 716 | i Wale Wil | | | NON-TAXABLE SUB-TOTAL | 0.00 |
| | | | | - | CHECK PA | | 30.78 | TAX, AMOUNT | |
| 3 | { | | | | CK# 74 | 9 ABAN | | TOTAL INVOICE | 1.74 30.78 |
| | | | RECEIVED BY | | | | | ·. · 1 | |

MURRAY SUPPLY CO, WHOLESALE ELEC CO. MURRAY REMTAL AND BALES CENTER 200-206 E. MAIN STREET MURRAY, XY 42071-2184

· Plane: (270) 753-3361

RETURNS MUST BE ACCOMPANIED BY RECEIPT 2% ADDITIONAL CHARGE ON PAST DUE ACCOUNT

COVIER RIDGE WATER DISTRICT

CASH ACCOUNT 281 MORRIS NO.

DEXTER

KY 42035 -

CUST # 10042

TERMS: HET 10TH

INV # A00259 DATE : 1/02/09

PARE 凯

CTELKS KAX

TERM # 3

DUE DATE: 2/10/09

TIME \$11.436

a. HMOTEE

BERERHERMANNER

| ow | 3 3 3 | EA | 43141 43109 | | | | SCH | | VC | 10N 401-02 425-02 | | 5 | 10.11% 4.21 2.41 | | ALC: NO. OF THE PARTY OF | RICE 3,8 2,2 | 6 /E | Ą. | | | isioi .58 .72 | WASHINGTON OF STREET |
|---|-------------|----|----------------|------|-------|--|-----|--------------|----|-------------------------|---------|---|------------------------|-----|--------------------------|-----------------------|------|----|---|-----|---------------------|----------------------|
| | | | • | | • | | | | • | | | | | | Sec. | • | | | | | | SATES |
| | | | , | | • | | : | | • | | • • | | | | | | | | | | | 1 |
| 10 1 20 1 20 1 20 1 20 1 20 1 20 1 20 1 | | | | | | | | | | | ٠. | | | | | .* | | | | | | ر ا میران در ا |
| | | | | | | | | | | | . • | | . 8 June | - | - <u>.</u> | | | | - | * | | |
| | | | | | - | | | REDI FILL | | <u>o</u> 34 | | | 19. | ٠. | | TAX | | | | . (| 5.30 0.90 | |
| X | | | , DE | CENV | ED BY | | | CHE | | ayhent 140 ab | . 196 | | 17. | 1/3 | TriX. | TOTA AMÓU L. IN | M | ī | | 1 | 9.30 10 40 | |

MURRAY SUPPLY CO, NACLESALE SLEC CO.

MURBAY REMTAL AND SALES CENTER 200-206 E. MAIN STREET MURRAY, KY 42071-2184 PHONE: (270) 758-3361

RETURNS NUST BE ACCOMPANIED BY RECEIPT 2% ADDITIONAL CHARGE ON PAST DUE ACCOUNT

CENTER RIDGE WATER DISTRICT

CASH ACCOUNT 281 MORRIS RD.

BEXTER KY 42036.

CUST # 10042

TERMS: WET LOTH

DE DATE: 4/10/09

INV # AIS166

PAGE NO

DATE : 3/04/09 CLERK: PHIL

TERM # 4

TIME : 2:47

* INVOICE *

| | | ATOMETERS. | la constante de la constante d | an spane | In the Commission of the Commi | | | | <u></u> | rsidzendrámok hitaria. |
|------|------|------------|--|----------|--|-------------------|---------|----------|---------------|------------------------|
| OUA | Numy | | The state of the s | | | DESCRIPTION | and and | 210,1810 | PRIOE/PER | EXTENSION |
| | \$ | | 40553NO01 | | et alemen | | | 12.99 | 11.69_/EA | 12.62 |
| | i | EA | 40553 | | PVC CHT CLI | | | 15.99 | 14.39 /EA | 14.37 |
| 1 | 8 | | 43108 | | 1 ' ' | EC 40 PVC \$29015 | 65209 | 99 | .89 /EA | 5.34 |
| 1 | 2 | | 42112 | • | 3/4" REPAIR | | | | 4.19 /EA | 8.38 |
| 1 | 2 | | 42114 | | 1" REPAIR | | | | 4.89 /EA | 9.78 |
| | 10 | | 41147 | | | 2 3/4" 36 HDSE C | | | 2,19 /EA | 21.90 |
| | | | 41146 | | 1 ' | s, el elest oth | | , | 1.79 /EA | 17.90 |
| | 10 | EA | 43912 | , | HÜRE CTAMA | 3/4" TO 1 3/4" | 20 | • | 1.79 /EA | 17.90 |
| | | | | | | | ſ | | | 5 |
| | ^ | | | | | | | , | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1 | | | | | | | : | | | |
| - | Ť | | | · | | | ; | | _ | |
| | | | | | | | | ·. · | | |
| | | | | | | | | | : . | |
| .] | , | | • | | | | | | | |
| 1 | | | | | | | ٠. | | | , and the second |
| | | | | | | | ٠ | | | |
| | ··· | | | | ** PAYHENT | NECEIVED ## | | 113.72 | TAXABLE | 107.28 |
| | | | • | • | er PAID IN | | | | NON-TAXABLE | 0,00 |
| | • | | | | | | | | SUB-TOTAL. | 107.28 |
| | | | | | | CHECK PRYMENT | | 113.72 | TAX AHOUNT | 0.44 |
| M | | | | ŧ. | | CKN 797 ABAB | | | TOTAL INVOICE | 113.72 |
| ## _ | | | RECEIVE | D BY | | • | | • | ٠ | |

MURRAY SUPPLY CO. WHOLESALE ELEC CO.
HURRAY RENTAL AND SALES CENTER
200-206 E. HAIN STREET
MURRAY, KY 42071-2184
PHONE: (270) 753-3361

PAGE NO

1

RETURNS MUST BE ACCOMPANIED BY RECEIPT 2% ADDITIONAL CHARGE ON PAST DUE ACCOUNT

CENTER RIDGE MATER DISTRICT CASH ACCOUNT 281 MERRIS RD. CUST & 10042 YERMS: HET 10TH INV # 064772 BATE : 4/27/09 CLENC: KEITM TERN # 3

DUE DATE: 6/10/09

TIME : 2:52 expectables of a r INVOICE s cressores recor

| QUANTITY UM ITEM - 1 EA 346771029 | DESCRIPTION 3 HF 19 ST 230V PUMP L20P4HJ04 EXCHANGE FOR DEFECTIVE | EUG, FRICE | PRICE/PER 1297.00 /EA | EXTENSION |
|-----------------------------------|---|------------|------------------------------------|----------------------|
| | JARRANTY EXPIRES 6/19/09 | | | |
| | | | | |
| | 4 | | | |
| | | | | |
| | | | TAXABLE NON-TAXABLE | 0.00 3 |
| x (neme | 3 lmore | | SUB-TOTAL TAX ANOUNT TOTAL INVOICE | 0.00 0.00 0.00 |

HIRRAY SUPPLY ON, WHOLESALE ELECTOD.
HISBORY RESUTAL AND SALED CENTER 200-200 E. HAIN SHEET MURRAY, KT 42071-2184 PIGHE: (270) 753-3361

PARE III

RETURNS RUST REACCORPANTED BY RELEIPT TA AUDITIONAL CHARGE ON PAST THE ACCOUNT

CENTER RIDGE WHER DISTRICT CASH ACCURATE 281 MIMIE SIL

SEXTER KT 42006

DEST # 10042 · VANSE IET 101H

100 b 44,835 -DATE + 6/22/09 THEOR LYMBLE FERRI # +

me mie:

THE FAMO 1884146214452513 · * favorite / *

基础的基础设施的基础设施有值

| | 1 | ind. | Segreta | 上作 | 131/1 | | i. Sasasan madal | \$1,575P | THEOR. | CIRCIE | T BYE | HER | | | | - | 100 | Æ6 | 1 | 10 507 | : : |
|----|--------------|------|---------|----------------|-----------|---------|---------------------|-----------|----------|---------------------|-----------|---------------|--------|--------------------------|---------------|---------|----------|-------------------------------------|--|--|-----------|
| 1. | | | | | | | | | | | factoria. | Model to | Maryan | a sanaga | Bergingerban | PRANCES | trainve | ८ सन्तर्भ । १९५० / ते ४ स्टब्स्ट | A STATE OF THE STA | A No 4 A A A A A A A A A A A A A A A A A A | Σ . Δ. |
| | | | | | | | | | 100 | | | | . 111. | | | | | | | | |
| | ĺ | | | | | | 1 | | | | | | | 1 1 1 | ٠. | | | | | | 7 |
| | | | | | | | | | | • | | 1 | | | | ľ | | | | | |
| 1 | | | | | | | • | Trans- | | 1.14 | * | | 74 | ty. | | | | 5. | | | |
| | · | | ź | V _a | 1 | | | | | anders Alterenty | | • | | | | | | 1 | l | | ÷. |
| | | | | | | | | 18 1.194 | | | | | | | | | | | | | |
| ¥ | | • | | 11 1 | | 14.9.23 | r Againe | | | | | | | | | | 11 | | | | |
| | | | | | | | | | | | 4 | | | | | | | | | | |
| 1: | | | | | | | | 1.200 | Sept 1 | | | | . | • | | | : | | | | İ |
| | | | | | ` ' | | | | 1777 | | į, | | | | | | | 1 | | | |
| | | | a. | 1 | | | | 1,5 | | | * | | | | . | | | | | | |
| | | | | | | | The William | | | i lang | | | | | | | | | ľ | • | |
| | 54, 3 | 1.41 | | 7 9 | wire in | | | Works Day | | | 4.0 | <u>.</u> Pigh | Live | d _{i M} agagian | awai ta | | | , hair in it | | | 4.5-1 |
| | | | | | | | | - | | | | | | | l | | | | | | |
| | | | | | | | | | | | 11 | | | | . 1 | | | | | | - 1 |
| | | | - | 1 | | | | | | | | | | | | | | • | - | * | |
| | | | | | | | | | | | | | - 1 | ٠.٠ | | | | | | | . [|
| | • | : | | | er delige | | sa. T | | , | | | | | | | | | | | | |
| - | | | | | | | | | <u> </u> | | • ; | | 1 | | | t jage | · · · | | | | |
| | | | | | | | | es Pati | | CEIVED | . 经条 | - | | () | LIT | AMBLE | | | 1 | 0.58 | 2 |
| | | • | | ·. , | et et | | | 23 LRTI | J 111 11 | 11 5 | | | ~ | _ | ĥ | DA-TAXA | TA.E | | | 0.26 | - 53 |
| | | | | | | | | | | | - 17. P | • | ") | | 63 | UE-TOIT | 3 16. | | | 0.59 | : : |
| | \ <i>1</i> 7 | | | | | | 1 1 | | | EUR PA | | | | j; | .ZI W | at and | | 1 | | 0.83 | |
| Å | 八. | | | - 1 | · · · · | | | or made N | | (H . 88) | 7 ABA | | | | 11 | ITAL IN | | | | 1.21 | |
| | | | | | RE | CEIVE | D BY | | | | | | | . 1 | , ay wateriah | | | Ī | 1. | e 2 4.3 | • |
| | | | | | | | | | | | | | | | | | | | | | |

MURRAY SUPPLY CO, NHOLESALE ELEC CO. MURRAY RENTAL AND SALES CENTER 200-206 E. MAIN STREET MURRAY, KY 42071-2184 PHONE: (270) 753-3361

PAGE NO

RETURNS MUST BE ACCOMPANIED BY RECEIPT 2% ADDITIONAL CHARGE ON PAST DUE ACCOUNT

CENTER RIDGE WATER DISTRICT CASH ACCOUNT

281 MORRIS RD. DEXTER

KY 42036

CUST # 10042

TERMS: NET 10TH

INV # A48898 DATE : 6/30/09 CLERK: JAMIE TERM # 4

DUE DATE: 0/10/09

TIME :11:12

INVOICE &

DRXEREARCERSURY

| QUANTITY UM ITEM | DESCRIPTION | i din tem | PRICE/PER | EXTENSION |
|--|---|------------------|----------------------------------|--------------------------|
| 20 Ef 41146 5 Ef 41147 20 Ef 43912 | 1-1/16 TO 2" ST STEEL CLAMP 1 13/16", 2 3/4" 36 HÖSE CLAMP HOSE CLAMP 3/4" TO 1 3/4" 20 | | 1.79 /EA 2.19 /EA 1.79 /EA | 35.80 10.95 35.80 |
| | | | | |
| | | | | 1.7 |
| | | | | |
| | | | | |
| | ** PAYNENT RECEIVED ** ** PAID IN FULL ** CHECK PAYMENT | SUB | -taxable -total | 82,55 , 0,00 82,55 |
| RECEIVED | . CICH 904 ABAH ; | SUB 87.50 TAX | -TOTAL | |



MURRAY SUPPLY CO. NUMESALE ELEC CO. MURRAY RENTAL AND SALES CENTER 200-206 E. MAIN STREET MURRAY KY 42071-2184 PHONE: (270) 753-3361

RETURNS MUST BE ACCOMPANIED BY RECEIPT 2% ADDITIONAL CHARGE ON PAST DUE ACCOUNT

CENTER RIDGE WATER DISTRICT CASH ACCOUNT 261 MORRIS RO. DEXTER KY 42036

CUST # 10042 TERMS: NET 10TH

INV # A49261 DATE: 7/01/09 CLERK: VICTOR TERM # 3

DUE DATE: 6/10/09

TIME :11:20 *********** * INVOICE *

PAGE NO

| Š | QUANTITY UM | E CONTRACTOR | DESCRIPTION | e e e een | PRICE/PER | EVTENDION |
|--|-------------|---|--|---------------------------|---|---|
| position is a first the second of the second | | 5294178 17071 42112 45839 4064309 43145 43105 43129 43123 | 8X10 UTIL SHELE BRACKET-WHITE RUST-STOP SPY SATIN WHT 3/4" REPAIR COUPLING 3/4" SLYNT PVC BALL VLVE PBVC12 DP NEL AIR CUNTRL 148540 1X3/4 BUSH SLIP 437-131 85743 3/4 CPL SCH40 PVC 429007 85203 3/4 45 SCH 40 PVC 417-007 85223 3/4" 90 SC 40 PVC 406-007 85233 | .79 .39 1.19 .45 | 1.39 /EA- 4.99 /EA 4.19 /EA 5.19 /EA 20.99 /EA .711/EA .351/EA 1.071/EA .405/EA | EXTENSION |
| | • | RECEIVED BY | ## PAYMENT RECEIVED ## *# PAID IN FULL ** CHECK PAYMENT CK# 905 ABA# | 84.03 | TAXABLE NON-TAXABLE SUB-TOTAL TAX AMOUNT TOTAL INVOICE | 79.27 0.00 79.27 4.75 84.03 |

MURRAY SUPPLY CO, WHOLESALE ELEC CO. HURRAY RENTAL AND SALES CENTER 200-206 E. MAIN STREET HURRAY, KY 42071-2184 PHONE: (270) 753-3351

RETURNS MUST BE ACCOMPANIED BY RECEIPT 2% ADDITIONAL CHARGE ON PAST DUE ACCOUNT

CENTER RIDGE WATER DISTRICT CASH ACCOUNT

281 MORRIS RD.

DEXTER: KY 42036

CUST # 10042

TERMS: NET 10TH

DUE DATE: 8/10/09 :

INV # A52999 DATE: 7/14/09

CLERKS KAY TERM # 3

TIME :12:49

*#**** * INVOICE #

| | QUANTITY | UM | ITEM | | DESCRIPTION | | PRICE PER | EXTENSION |
|-------|--------------------------------|----|----------------------|--------------------------|-------------------------------|------|-------------------------------------|------------------------|
| A THE | Condensation of the section of | EΑ | 10089N007 3266624 | SESS PLUNG PLUG FUSES | | 1.69 | 8.99 /EA 1.44 /EA | 35.96 23.04 |
| | | | | | | | | g |
| | | | | | | | | i. |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | 8 |
| | | | | ** PAYMENT ** PAID IN | | | TAXABLE NON-TAXABLE BUB-TOTAL | 59.00 0.00 59.00 |
| | X | | RECEIVED BY | i i | CHECK PAYMENT CK# 915 ABAH | | TAX ANOUNT TOTAL INVOICE | 3,54 82,54 |

MURRAY SUPPLY CO, WHOLESALE ELEC CO. MURRAY RENTAL AND BALES CENTER

> 200-204 E. MAIN STREET PURRAY, KY 42071-2184 FHONE: (270) 753-3361

RETURNS MUST BE ACCOMPANIED BY RECEIPT 2% ADDITIONAL CHARGE ON PAST DUE ACCOUNT

CENTER RIDGE WATER DISTRICT CASH ACCOUNT

281 MORRIS RD.

DEXTER KY 42035

CUST # 10042

TERMS: NET 10TH

INV # A63461 DATE : 8/21/09

PAGE NO

CLERIC KAY

TERM # 3

DUE DATE: 9/10/09

TIME :11:56

| DUANTITY 2 | UM EA 17 | ITEM 155 | DESC | RIPTION SPRAY PAINT | a sucuring | PRICE/PER. 5.12 /EA | extensio |
|---------------|-------------------------|-------------|--------------------------------|------------------------|------------|-------------------------------------|----------------------|
| ∑ 3 20 | EA 17 IA KE EA 43 | 458 IY | SPRAY MARKING | | | 6.99 /EA 1.89 /EA 1.79 /EA | 13.9 5.0 25.8(|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | ** PAYMENT RI *6 PAID IN FI | | 57.00 | TAXABLE NON-TAXABLE SUB-TOTAL | 65. 0. 65. |

PAGE NO

HURRAY SUPPLY CO, WHOLESALE ELEC CO. MURRAY RENTAL AND SALES CENTER 200-206 E. MAIN STREET NURRAY, KY 42071-2184 PHONE: (270) 753-3361

RETURNS MUST BE ACCOMPANIED BY RECEIPT 2% ADDITIONAL CHARGE ON PAST DUE ACCOUNT

CENTER RIDGE WATER DISTRICT CASH ACCOUNT 281 MORRIS RD.

DEXTER KY 42034

CUST # 10042

TERRIS: NET 10TH

DUE DATE: 10/10/09

INV # A66206

DATE: 9/02/09 CLERKS FHIL. TERH # 4

TINE :10:06 **중국당중립중단한중앙로운당성**

> # INVOICE # ***********

| OUANTITY I | UM ITEM | DESCRIPTION | sie mit | PRICE/PER | EXTENSION |
|--------------|--|--|--|---|--|
| 1 H 2 C C 22 | EA 41412 — EA 40553N001 EA 40553 EA 42125 EA 43127 EA 43103 EA 45839 | GALV BUSHING 1X3/A IN BT CLEANER 30805 PVC CMT CLR BT 31020 2" REPAIR COUPLING 2" 90 GCH 40 PVC 406-020 85291 2" CPL SCH 40 PVC 429-020 85211 3/4" BLVNT PVC BALL VLVE PBVC12 CREDIT RETURN | - 4:49 12:49 13:99 2:39 1:49 | 1.04 /EA 11.24 /EA 14.39 /EA 13.99 /EA 2.151/EA 1.341/EA 5.19 /EA | 12.12 11.24 14.39 27.98 12.21 16.09 -15.57 R |
| X | . RECEIVED I | ** PAYMENT RECEIVED ** ** PAID IN FULL ** CHECK PAYMENT CKN 955 ABAN | | TAXABLE MON-TAXABLE SUB-TOTAL TAX AMOUNT TOTAL INVOICE | 79.16 () 0.00 79.16 4.75 83.91 |

MURRAY SUPPLY CO, WHOLESALE ELEC CO. NURRAY RENTAL AND SALES CENTER 200-206 E. MAIN STREET MURRAY, NY 42071-2184 PHONE: (270) 753-3361

METURNS MUST BE ACCOMPANIED BY RECEIPT 2% ADDITIONAL CHARGE ON PAST DUE ACCOUNT

CENTER RIDGE NATER DISTRICT CASH ACCOUNT 281 MORRIS RD.

DEXTER KY 42036

CUST # 10042 TERNS: NET 10TH Page # 273-6228

REF. N PO N 293-6228 SPON293-6 DUE DATE: 10/10/09

INV # A68850 DATE : 9/11/09 CLERKI PHIL

PAGE NO

TERM # 4

TIME : 1:46 6436343343<u>8</u>644

> * IMVOICE * Chesassessass

DESCRIPTION PRICE/PER EXTENSION EA SPECIAL SPP40115 STRATHER ASSY. 50.43 /EA 100.864 EA FRT FRE IGHT 9.03 /EA 9,03% ** FATMENT RECEIVED ** 116.48 TAXABLE 107.39 RE POID IN FULL ER NON-TAXABLE 0.00 SUB-TOTAL 107.89 CHECK PAYMENT 116.48 TAX ANDUNT 6.59 CKII 962 ABAU TOTAL INVOICE 115.48 RECEIVED BY

MURRAY SUPPLY CO, WHOLESALE ELEC CO. MURRAY RENTAL AND SALES CENTER 200-206 E. MAIN STREET MURRAY, KY 42071-2184 PHONE: (270) 753-3351

PAGE NO

RETURNS HUST BE ACCOMPANIED BY RECEIPT 2% ADDITIONAL CHARGE ON FAST DUE ACCOUNT

CENTER RIDGE WATER DISTRICT CASH ACCOUNT

281 MORRIS RD. DEXTER

KY 42036

CUST # 10042

TERMS: NET 10TH

INV # A91678 DATE : 12/08/09 CLERK: PHIL TERM 9 4

DLE DATE: 1/10/10

TIME :11:41 ¥ INVOICE ¥ BREXXXERERRESESE

QUANTITY DESCRIPTION SUO.PRICE PRICE/PER EXTENSION EA 44677N029 3 HP 19 ST 230V PUMP L-20P4HJ04 -1320.00 /EA EA 2007755 1,320.00 4-IN-1 SCRENDRIVER 4.99 /EA 4.99 EA 43258 2" BRAS CHCK VL ND 6300 69.99 /EA EA 13336 69.99 ELMERS WOOD GLUE 40Z 2.79 /EA 2.79 EA 4047429 TEFLON COMPOUNDS PLOTTY 802. 8.99 /EA EA |45840 8.99 I" SLYNT PYC BALL VALVE PBYC16 2" FA SCH 40 PVC 435-020 85115 6.79 /EA 6 EA 43115 13.58 1.69 1.521/EA EA 43121 2" MA SCH 40 PVC 436-020 85011 9.13 1.59 1.431/EA 2.86 ## PAYMENT RECEIVED ## 1518.27 TAXABLE 1432.33 ** PAID IN FULL && NON-TAXABLE 0.00 SUB-TOTAL 1432.33 CHECK PAYMENT 1518.27 TAX AMOUNT 85.94 X CKB 1021 ABAR TOTAL INVOICE 1518.27 RECEIVED BY

PAGE NO

MURRAY SUPPLY CO, WHOLESALE ELEC CO. MURRAY RENTAL AND SALES CENTER

RETURNS MUST BE ACCOMPANIED BY RECEIPT 2% ADDITIONAL CHARDE ON PAST DUE ACCOUNT

CENTER RIDGE WATER DISTRICT CASH ACCOUNT

281 MORRIȘ RD.

DEXTER

KY 42036

CUST # 10042

TERNS: NET 10TH

INV # A02579 DATE 1 12/14/09 CLERK: JAMIE

TERM #

DUE DATE: 1/10/10

TIHE 112123

- 254826426555555

s invoice s

\$112241024242446

| OUANTITY UM ITEM 1 EA 42681 1 EA 32662 3 EA 42665 | DESCRIPTION 3" SAN TEE PVC 4811 82646 3" 45 DEG EL PVC 4808 82476 3" SODEG ELBON PVC 4807 82261 | SUBJERICE PRICE/PER 4.414 3.09 /EA 2.725 1.908/EA 3.659 2.561/EA | EXTENSION 3.07 1.91 7.48 |
|--|--|--|--|
| | | | 1 |
| | | | |
| RECEIVED BY | ** PAYMENT RECEIVED ** ** PAID IN FULL ** CHECK PAYMENT CK\$ 1030 ABA# | 13.44 TAXABLE AUN-TAXABLE SUB-TOTAL 13.44 TAX ANOUNT TOTAL INVOICE | 12.68 (1 0.00 12.68 0.76 13.44 |

PAGE NO

MURRAY SUPPLY CO, WHOLESALE ELEC CO. Hursay Rental and Sales Center 200-204 E. MAIN STREET NURRAY, KY 42071-2184 PHDME: (270) 753-3361

RETURNS MUST BE ACCOMPANIED BY RECEIPT 2% ADDITIONAL CHARGE ON PAST DUE ACCOUNT

CENTER RIDGE WATER DISTRICT CASH ACCOUNT 281 MORRIS RD.

KY 42036 DEXTER

CUST # 10042

TEMS: HET 10TH

DUE DATE: 1/10/10

DATE : 12/21/09 CLEUK: AICIOU TERM # 4

TIME : 9:44 * INVOICE *

| NTITY UM | DESCRIPTION -40D FLOUR TUBE 227199 08/30 | 1.89 1.89 14.99 .92 .79 1.19 .49 .59 .79 2.19 1.19 .49 | PRICE/PER 1.95 /EA 3.99 /EA 1.00 /EA 6.99 /EA 11.99 /PK .74 /EA .71 /EA 1.07 /EA 1.97 /EA 1.97 /EA 1.97 /EA 1.97 /EA 2.99 /EA | 11.70 3.99 1.003 6.79 11.99 2.96 2.34 2.14 2.65 2.66 1.42 1.97 2.14 3.53 5.98 |
|----------|--|---|--|---|
| X | 8# FATHENT RECEIVED ** ## PAID IN FULL ** CHECK PAYMENT CK# 1034 ABA# | | TAXABLE NON-TAXABLE SUB-TOTAL TAX ANGINT TOTAL INVOICE | 63.96 0.00 63.96 3.96 67.98 |

PAGE NO ...1

200-206 E. MAIN STREET MURRAY, KY-42071-2184 PHONE: (270) 753-3361

RETURNS MUST BE ACCOMPANIED BY RECEIPT 2% ADDITIONAL CHARGE ON PAST DUE ACCOUNT

CENTER RIDGE WATER DISTRICT CASH ACCOUNT

281 MORRIS RD.

DEXTER KY 42035

CUST # 10042

TERMS: NET 10TH

INV # A04559 DATE : 12/22/09 CLERK: JAME

TERH # 10

DUE DATE: 1/10/10

TIME :11:03

\$453855888111842

INVOICE

| C | Jantiit 1 | 100 PERSON | 72462 | DESCRIPTION PRASS QUICK CONNECT | | SUO.PRIC | | EXTENSION |
|---|--------------|-------------------|---------------------------|--|----|----------|--|------------------------------|
| | 1 1 1 | EA EA | 70538 71941 6750550 | ACE 3/4X1/2 NPT BR FTG ACE 1/2NPX93/4NH 2 1/2 HOOKS & EYES | į. | | 8.29 /EA 3.49 /EA 4.29 /EA 1.69 /EA | 9.29 3.49 4.29 1.69 |
| | | | | | | | | |
| | | | * | | | | | |
| | | | | | | | | |
| 7 | | | | %# PAYMENT RECEIVED %# %# PAID IN FULL %% | | | TAXABLE NON-TAXABLE SUB-TOTAL | 17.75 0.00 |
| K | | | RECEIVED I | CHECK PAYMENT CKII 1038 ABAN BY | | | TAX AMOUNT TOTAL INVOICE | 17.76 1.07 18.83 |

NURRAY SUPPLY CO, WHOLESALE ELEC CO. MURRAY RENTAL AND SALES CENTER 200-204 E. MAIN STREET

200-206 E. MAIN STREET NURRAY, KY 42071-2184 PHONE: (270) 753-3361

RETURNS MUST BE ACCOMPANIED BY RECEIPT 2% ADDITIONAL CHARGE ON PAST OUE ACCOUNT

HARCACHEAN

CUST A 25 TERMS: NET 101H INV # A05847 DATE # 12/27/09

CLERKI JAMIE

TERM # 3

THE : 9:24

75757546464646464

INVOICE

| 88 PAYMENT RECEIVED 88 88 CHANGE GIVEN 88 | | | 4,49 0,60 |
|--|------------------------|--|--|
| Cash Paynent | | | 4,49 0.27 |
| | | TOTAL INVOICE | 4.76 |
| | ** PATMENT RECEIVED ** | ** PATMENT RECEIVED ** 20.00 ** CHANGE GIVEN ** 15.24 | ** PATMENT RECEIVED ** 20.00 TAXABLE ** CHANGE GIVEN 9* 15.24 HDN-TAXABLE SUB-TOTAL CASH PAYMENT 20.00 TAX AMOUNT |

MURRAY SUPPLY CO, WHOLESALE ELEC CO. MURRAY RENTAL AND SALES CENTER 200-205 E. MAIN STREET

MURRAY, KY 42071-2164

PHONE: (270) 753-J361

RETURNS MUST BE ACCOMPANIED BY PECEIPT 2% ADDITIONAL CHARGE ON PAST THE ACCOUNT

CENTER RIDGE WATER DISTRICT CASH ACCUUMT 281 MORRIS RD.

DEXTER KY 42036

CUSTAN 10042 HIOL THERMAIL

DUE DATE: 2/10/10

TNV # A05740 DATE 1 12/20/09 CLERK: DAVID TERM 5 (

TIME 1 2136 ***********

≅ INVOICE € PHARAPPERSONAL PROPERTY.

QUANTITY UM ITEM DESCRIPTION PRICE/PER FT 44133 3/4 PVC PIPE 90H 40 0B 10/20/500 .20 /FT 20.00 EA 72462 BANZE BRICK COWECL 8.29 /EA 8.29 ACE:3/44/LIBX3/44PB(F) 4469 /EA EA 5801710 3 1/A" DIEST LATCHES 2.79 /EA EA 44142 LUGS & BOLTS 4.00 /EA AN PAYDENT RECEIVED 48 42.24 TAXABLE as paid in full as HON-TOXABLE 0.00 SUD-TUTAL 39.85 CHECK PAYMENT 42,24 TEX MUNIT 2.39 CK# 1041 ASAH TOTAL INVOICE 42.24 RECEIVED BY

LOWE'S

LONE'S HOME CENTERS, INC. 1400 LONE'S DRIVE HURRAY, KY 42071 (270)753-9099

-SALE-

SALES #: S0722LL1 73934 01-13-09

57.04 13590 R19 FACED118.03SQ' 6X23 B 8.43 99930 JH 25'X 1" POWERLOCK TAPE 91431 1/2" T50 STAPLE 1250CT 2.97 180289 SS 16D CTD SINKER NAIL 30 35.89 19.92 13617 120Z FOAM GAPS AND CRACK 4 @ 21489 2" PVC BALL VALVE SOCKET 23.94 2 @ 11.97 47385 10 OZ SILICONE I WAD WHIT 12.84 4.28

> SUBTOTAL: 162.03 TAX; 9.72 INVOICE 06297 TOTAL: 171.75

> > BALANCE DUE: 171.75

CHECK: 171.75

0722 TERMINAL: 06 01/13/09 10:37:12

OF ITEMS PURCHASED: 13
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S RECEIPT REQUIRED FOR CASH REFUND. CHECK PURCHASE REFUNDS REQUIRE 15 DAY WAIT PERIOD FOR CASH BACK. STORE MGR: JON HEATH

Lowes

LOWE'S HOHE CENTERS, INC. 1400 LOWE'S DRIVE MURRAY, KY 42071 (270)753-9099

-SALE-

10-12 #: S07226W1 1419525 12-27-09

11.88 18191 12'ROYELLE ROCKHILL MULTI 3 2 3.96 7.54 6630% OF \$235 VINYL SHEET ADHES 25532 T/4" SCH40 COUPLING 42900 2.16 26055 3/4" SCH40 ELBON 405007 1 2.61 25523 1/2" SCH40 COUPLING 42900 1.71 3.87 260576 3/4" SCH40 ADAPTER 435007 6.77 25014 1-1/2 CENTER OUTLET WASTE 3,42 246677 1/16"X1/16"X3/32" U NOTCH 2.97 260569 3/4" SCH40 ADAPTER 435007 2.22 23923 3/4" X 1/2" SCH40 BUSHING 6 3 0.37

> SUBTOTAL: 45.15 TAX: 2.71 INVOICE 14632 TOTAL: 47.86

BALANCE DUE: 47.86

CHECK: 47.86

15

0722 TERMINAL: 14 12/27/09 18:01:52

OF ITEMS PURCHASED:

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS

LOWE'S HOME CENTERS, INC. 1400 LOWE'S DRIVE MURRAY, KY 42071 (270)753-9099

-SALE-

SALES #: S0722LL1 73934

01-19-09

12957 19/32"4X8 8" OC T1-11 RS 155.28 6 Q 25.88

SUBTOTAL: 155.28 TAX: 9.32 INVOICE 06914 TOTAL: 164.60

BALANCE DUE: 164.60

CHECK: 16

164.60

0722 TERHINAL: 06 01/19/09 15:41:25

OF ITEMS PURCHASED: 6
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S
RECEIPT REQUIRED FOR CASH REFUND.
CHECK PURCHASE REFUNDS REQUIRE
15 DAY WAIT PERIOD FOR CASH BACK.
STORE MGR: JON HEATH

HE HAVE THE LOWEST PRICES. GUARANTEED!

YULFIND A LOWER PRICE, WE WILL

Y 10%. SEE STORE FOR DETAILS

Cratt 903

MURRAY POST OFFICE Murray, Kentucky 420719998 2047860071 -0097

06/30/2009

(800) 275-8777

10:55:30 AM

| sances in an experience of the commence of | Calaa D | accipt | Single-Schole (FERMER) (ISSE) |
|---|------------------------|-----------|-------------------------------|
| Product Description | Sales R Sale Qty | | Final Price |
| FRANKFORT KY 40 Zone-3 First-Cl Large Env 2.20 oz. | 0601 ass | | \$1.22 |
| Issue PVI: | | | \$1.22 |
| FRANKFORT KY 40 Zone-3 First-Cl Large Env 4.40 oz. | 0602 lass | | \$1.56 |
| Issue PVI: | | | \$1.56 |
| Total: | | | \$2.78 |
| Paid by: Personal Check | | | \$2.78 |
| Order stamps a | t USPS.co | om/shop o | r call |

Order stamps at USPS.com/shop or call 1-800-Stamp24. Go to USPS.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

Bill#: 1000304572570

Clerk: 14

All sales final on stamps and postage Refunds for guaranteed services only Thank you for your business

Go to: http://gx.gallup.com/pos

TELL US ABOUT YOUR RECENT POSTAL EXPERIENCE

Customer Copy

| COPYPLUS CK# 907 MURRAY KY (270) 753-7117 |
|---|
| 06/30/2009 10:33AM 01 000000#2975 CLERK01 |
| 9 @ \$0.11 DEPT. 01 |
| DEPT. 01 |
| ITEMS 800 CHARGE \$12.95 |

MURRAY NEWSPAPERS, INC. MURRAY LEDGER & TIMES P.O. BOX 1040

MURRAY

KY 42071-1040

ADVERTISING INVOICE

3 STATEMENT 1 4 O6/30/09 5 JUNE

BILLED ACCOUNT

CENTER RIDGE WATER DIST 1 281 MORRIS RD DEXTER, KY 42036 7 BILLED ACCOUNT NO. 8 ADVERTISER/CLIENT NO. 258818-07 8 258818-07

NAME OF ADVERTISER/CLIENT

CENTER RIDGE WATER DIST 1

FOR INVOICE INFORMATION CALL ▶270)753-1916

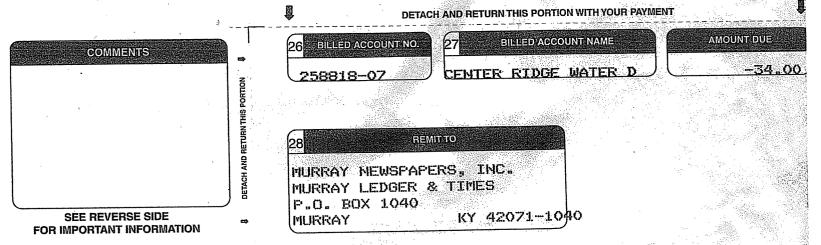
| | | | | | The state of the s | RANGE SALES CONTROL OF THE PARTY OF THE PART | |
|--------|-------|--|----------|-----------------------|--|--|------------------|
| O DATE | | 12 CHARGE OR CREDITS 13 DESCRIPTION/PRODUCT CODE | | 4.99 _{53.} . | 17 BILLED UNITS | 18 RATE | 20 NET AMOUNT |
| 06/30 | | PREVIOUS BALANCE PAY'T THANK YOU | 33000 10 | | | | .00 34.00- |
| 707 GV | | | | | | | |
| • | . 4 4 | | | | | | |
| | | | | ٠. | - | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 1 | | | | | | | |
| | | | | 55 | | | |

| | AGING | | | 25 | IOTAL AMOUNT |
|------------|---------|----------------------------|-------|-----|--------------|
| 24 30 DAYS | 60 DAYS | 90 DA\ | /S | | |
| | | | 16.60 | | |
| .00 | .00 | geode ^{re} s as a | .00 | 459 | -34.00 |

22 CURRENT NET AMOUNT.

-34.00

TERMS: 1.5% INTEREST CHARGED ON BALANCE UNPAID FOR 30 DAYS
18% ANNUAL INTEREST. MINIMUM FINANCE CHARGE IS \$.50



2009

RECEIVED

AUG 3 1 2011

PUBLIC SERVICE

COMMINSTON

LAboratoria

Bact's

Special

Special

Sampling





McCoy & McCoy Laboratories, Inc. P. O. Box 907 Madisonville, KY 42431 www.mccoylabs.com Lexington KY 859-299-7775 Madisonville KY 270-821-7375 Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water Dist #2 Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 01/22/09 Client: CE648504 Batch No: 08121454

Sample ID: AG40691

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

CORRECTED COPY

Report corrected for analysis date of "Iron". Previous report indicated incorrect date of 01062008. Date has been corrected to indicate 01062009.

Mark Detnom

SAMPLE CATEGORY = CH DISTRIBUTION SAMPLING

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH SECONDARY CONTAMINANT ANALYSIS REPORT FORM

| PWS ID: KY018 | 0509 Plant ID | A or Dist | Plant Name or Location Name CENTER I | RIDGE WTP #2 | | Location Code | TPA |
|--------------------------|---------------|----------------|---|--------------|--------------------|----------------|-----|
| PWS Name | | GE WATER DIST | | PWS Contact | WILLIAM M DUNCAN | | |
| PWS Address | 281 WORKIS | RD, DEXTER, KY | 1 42036 | PWS Phone | 270-474-8267 | | |
| Sample Date 1 (MMDDYYYY) | 2152008 | Time 1046 | Sample Type RT RT = Routine (For Compliance) | | e Derek Leatherman | | |
| | | | SP = Special (Not for Compliance) | | | Signature/Date | |

| Lab ID: Lab Analy | | | 0691 | | men 1/22/09 | | | |
|-------------------------------|------------------------------|-------------------------|------|---|--------------------------|--|--|--|
| Signature/Date Signature/Date | | | | | | | | |
| Analyte Code | Analyte Name | Analysis Method Code | < | Result (mg/L) -or- Lab Minimum Reporting Limit (mg/L) | Analysis Date (MMDDYYYY) | | | |
| 1002 | Aluminum | 797 | < | 0.01 | 01082009 | | | |
| 1017 | Chloride . | 720 | | 4.36 | 12162008 | | | |
| 1022 | Copper | 799 | | 0.007 | 01082009 | | | |
| 1025 | Fluoride | 720 | | 0.2 | 12162008 | | | |
| 1028 | Iron | 799 | < | 0.02 | 01062009 | | | |
| 1032 | Manganese | 799 | < | 0.002 | 01082009 | | | |
| 1050 | Silver | 799 | < | 0.002 | 01082009 | | | |
| 1055 | Sulfate | 720 | < | 1.0 | 12162008 | | | |
| 1095 | Zinc | 799 | | 0.004 | 01082009 | | | |
| 1905 | Color (cu) | 957 | < | 1.0 | 12162008 | | | |
| 1910 | Corrosivity (LANG) | 838 | - | 2.34 | 01092009 | | | |
| 1920 | Odor (TON) | 833 | < | 1.0 | 12162008 | | | |
| 1925 | рН | 734 | | 6.82 | 12152008 | | | |
| 1930 | Total Dissolved Solids (TDS) | 806 | | 44.0 | 12172008 | | | |
| 2905 | Foaming Agents/Surfactants | 755 | < | 0.1 | 12162008 | | | |

CORRECTED COPY





McCoy & McCoy Laboratories, Inc.
P. O. Box 907
Madisonville, KY 42431
www.mccoylabs.com

Lexington KY 859-299-7775 Madisonville KY 270-821-7375 Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water System Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 01/22/09 Client: CE648403 Batch No: 08121449

Sample ID: AG40675

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

CORRECTED COPY

Report corrected for analysis date of "Iron". Previous report indicated incorrect date of 01062008. Date has been corrected to indicate 01062009.

Mark Dernom

SAMPLE CA "EGORY = CH I":STRIBUTION SAMPLING

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH SECONDARY CONTAMINANT ANALYSIS REPORT FORM

| PWS ID , KY018 | 0549 Plant | ID A or Dist | Plant Name or Location Name CENTER I | RIDGE WTP | Location Code | TPA |
|-------------------------|------------|------------------|---|---|----------------|-----|
| PWS Name PWS Address | | RIDGE WATER SYS | | PWS Contact WILLIAM M DUNCAN | | |
| Sample Date 1 | 12152008 | Time <u>0944</u> | Sample Type RT RT = Routine (For Compliance) SP = Special (Not for Compliance) | PWS Phone 270-474-8267 Collector Name Derek Leatherman | Signature/Date | |

| Lab Analy | rst Matt Taylor 01/22/2009 Signalure/Date | | | | ハ <i>が</i> 1/32/89 gnature/Date |
|--------------|---|-------------------------|---|---|------------------------------------|
| Analyte Code | Analyte Name | Analysis Method Code | < | Result (mg/L) -or- Lab Minimum Reporting Limit (mg/L) | Analysis Date (MMDDYYYY) |
| 1002 | Aluminum | 797 | < | 0.01 | 01082009 |
| 1017 | Chloride | 720 | | 3.77 | 12162008 |
| 1022 | Copper | 799 | | 0.003 | 01082009 |
| 1025 | Fluoride | 720 | | 0.2 | 12162008 |
| 1028 | Iron | 799 | < | 0.02 | 01062009 |
| 1032 | Manganese | 799 | < | 0.002 | 01082009 |
| 1050 | Silver | 799 | < | 0.002 | 01082009 |
| 1055 | Sulfate | 720 | | 7.91 | 12162008 |
| 1095 | Zinc | 799 | | 0.005 | 01082009 |
| 1905 | Color (cu) | 957 | < | 1.0 | 12162008 |
| 1910 | Corrosivity (LANG) | 838 | - | 1.83 | 01092009 |
| 1920 | Odor (TON) | 833 | < | 1.0 | 12162008 |
| 1925 | pH | 734 | | 7.09 | 12152008 |
| 1930 | Total Dissolved Solids (TDS) | 806 | | 76.0 | 12172008 |
| 2905 | Foaming Agents/Surfactants | 755 | < | 0.1 | 12162008 |

CORRECTED COPY





McCoy & McCoy Laboratories, Inc. P. O. Box 907 Madisonville, KY 42431 www.mccoylabs.com Lexington KY 859-299-7775 Madisonville KY 270-821-7375 Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water Dist #2 Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 01/08/09 Client: CE648512 Batch No: 08121456

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

SAMPLE CÂTEGORY = CH ENTRY POINT SAMPLING

SODIUM ANALYSIS REPORT FORM

This Section To Be Completed By Collector

| PWS ID KY0 | 180509 P | lant ID A | Plant Na | me CEN | TER RIDGE V | VTP #2 | | Location Code | TPA |
|-------------|----------|-------------|-------------|----------|--------------------------------|----------------|------------------|---------------|-----|
| PWS Name | CENTER I | RIDGE WAT | ER DISTRI | CT #2 | | PWS Contact | WILLIAM M DUNCAN | | |
| PWS Address | 281 MORF | RIS RD, DEX | KTER, KY 42 | 2036 | | PWS Phone | 270-474-8267 | | |
| Sample Date | 12152008 | Time | 1046 Sam | ple Type | RT | Collector Name | Derek Leatherman | | |
| (MMDDYYYY) | - | • | | | Compliance) for Compliance) | | Signa | ature/Dale | |

This Section To Be Completed By Lab

| Lab ID Lab Analy | 00030 est Jared Daugherty | Lab Sample Nur 01/08/2009 Signature/Date | mber <u>AG</u> 4 | 0699 | Lab Phone Lab Supervisor | | ature/Date |
|---------------------|------------------------------|--|-------------------------|------|-----------------------------|---|--------------------------|
| Analyte Code | Analyte f | Name | Analysis Melhod Code | < | | olt (mg/L) -or- eporting Limit (mg/L) | Analysis Date (MMDDYYYY) |
| 1052 | Sodium | | 799 | | 3. | 12 | 01062008 |

McCoy & McCoy Laboratories, inc. P. O. Box 907 Madisonville, KY 42431

Chain of Custody

Lexington KY 859-299-7775 Madisonville KY Paducah KY 270-444-8547 Pikeville KY Louisville KY 502-961-0001

| www.mccoylabs.com | | | | | 27 | 0-821-737 | 5 606-432 | 2-3104 | |
|---|---|--|-------------------------------|--|--------|---|--|---|--|
| Route: 54 Project | t SDWA | | Collected by: | Hon, | c7/00 | Ĺ. | Collection D | Date: 11 | 15 00 |
| Center Ridge Wate Attn: William Dunc 69 Marguerite Blvd | an | | P. O. No: | The second secon | | entregge Strates and makes to these and pulses. | Collection T | | -6304 |
| Newconcord KY 42 CE648512 Center | Tydd finith werth Plin opigen stategow towyng compostings at years based, angegyprose, | Sodium | 0180509 TPA | - | | 301 11 | 81 01 19 5 21 | 018998 | 09 is 506 |
| Logbatch Sample Nos | CS 1211 | 156 | | Composite | Sample | Start D | E. R. S. | Time | = Principal Affrica and quality and property and the state of the stat |
| Field Data By: | en juris den gang dan generalah ing dan 1986 dan perumbanan perumban dan berangsan dan perumban dan perumban d La gang dan | The transfer on an extension of the transfer o | Date | Time | | | Fecal Date | PORTO DA | Time |
| pH Meter#: | pH: | , | DO Meter# | ÷; | D | O: | | T year the guarde of contract of the desire | derrings Minapple Ser |
| Temp: | CI: | 7 | Flow | v: | | Units: | | Matri | x: <u>Liqui</u> c |
| Collection Method | Test DW_METPU_1 | Drinking | is Requested Water Metals Pic | ck Up from Lo |) | | Proservative | : | |
| CG/C" | DW_NAICPAES | _1 Sodium | by ICP/AES | | 250 m | I Mastic N | tric Acid 4 c | | |

| Relinquished by: | Donald Holand | Date/Time: | elistight nucle |
|------------------|------------------|------------|--|
| Received by | TULLARENT PILLAR | Date/Time: | 12/15/65/1330 |
| Relinquished by: | | Date/Time: | |
| Received by: | | Date/Time: | makes allowed the second of the second pole from any second to the second of the secon |
| Relinquished by: | | Date/Time: | um area mateil folkoli fil fil de la part a phase area produce at motor form the management |
| Descripted her | | Data/Time | |



McCoy & McCoy Laboratories, Inc.

P.O. Box 907 Madisonville, KY 42431 270-821-7375

| SAMPLE | ACCEPTANCE | CONDITION | I CHECKLIST |
|--------|-------------------|-----------|-------------|
| | | | |

| SAMPLE ACCEPTANCE/CONDITION CHECKLIST |
|---|
| lient: Centure dage #2 Logbatch No. 08/21456 Lab No.: AS40699 |
| ample Delivery Type (circle): US Postal UPS FedEx MMLD Client |
| ample Receipt Checklist: YES NO |
| a. Were custody seals used on outer package, and/or sample containers? |
| b. Were sample containers received damaged? |
| c. Cooler Temp. 70 (circle) Acceptable Unacceptable |
| d. Were the samples accompanied with a Chain-of-Custody or other transferable document? |
| e. Was all information recorded to defend the sample transfer & submittal? |
| f. Is each sample and container uniquely identified on the COC? |
| g. Were all samples in appropriate containers? |
| h. Did all samples have appropriate volumes? |
| i. Were all samples submitted within sample holding times? |
| j. Were "Collection Methods" recorded? |
| k. Were "Flow Units" recorded? |
| Logged In By: 1205 08 |
| Exceptions: |
| |
| Action Required: |
| Client Informed on// Client Rep:By:By: |
| No Action Required |
| Reviewed By: BKH Project Manager Date: 12, 22,03 |
| Q:\MADISONVILLE\ADMIN\Forms & Labels\Sample Checklist.doc |





McCoy & McCoy Laboratories, Inc. P. O. Box 907 Madisonville, KY 42431 www.mccoylabs.com Lexington KY 859-299-7775 Madisonville KY 270-821-7375

Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water Dist #3 Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 01/22/09 Client: CE648603 Batch No: 08121458

Sample ID: AG40701

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

CORRECTED COPY

Report corrected for analysis date of "Iron". Previous report indicated incorrect date of 01062008. Date has been corrected to indicate 01062009.

Mak Ditnon

SAMPLE CATEGORY = CH DISTRIBUT IN SAMPLING

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH SECONDARY CONTAMINANT ANALYSIS REPORT FORM

| PWS ID KY0180 | 0502 | Plant ID A | or Dist | Plant Name or Location Name CENT | ER RIDGE WTP #3 | | Location Code | TPA |
|-----------------------------|--------|-----------------------------|---------|---|-----------------|------------------------------------|----------------|-----|
| PWS Name PWS Address | | ER RIDGE W. IORRIS RD, D | | | | WILLIAM M DUNCAN | | |
| Sample Date 1 (MMDDYYYY) | 215200 | 08 Time | 1055 | Sample Type RT RT = Routine (For Compliance SP = Special (Not for Complian | Collector Nam | 270-474-8267 e Derek Leatherman | Signature/Date | |

| Lab ID: | 00030 Lab Sample N vst Matt Taylor 01/22/2009 | umber AG4 | 0701 | Lab Phone 270.821.7375 | mon 1/22/09 |
|--------------|---|-------------------------|------|---|--------------------------|
| Lab Analy | st Matt Taylor 01/22/2009 Signature/Date | • | | | gnature/Date |
| Analyte Code | Analyte Name | Analysis Method Code | < | Result (mg/L) -or- Lab Minimum Reporting Limit (mg/L) | Analysis Date (MMDDYYYY) |
| 1002 | Aluminum | 797 | < | 0.01 | 01082009 |
| 1017 | Chloride | 720 | | 2.89 | 12162008 |
| 1022 | Copper | 799 | | 0.014 | 01082009 |
| 1025 | Fluoride | 720 | | 0.2 | 12162008 |
| 1028 | fron | 799 | < | 0.02 | 01062009 |
| 1032 | Manganese | 799 | < | 0.002 | 01082009 |
| 1050 | Silver | 799 | < | 0.002 | 01082009 |
| 1055 | Sulfate | 720 | < | 1.0 | 12162008 |
| 1095 | Zinc | 799 | | 0.012 | 01082009 |
| 1905 | Color (cu) | 957 | < | 1.0 | 12162008 |
| 1910 | Corrosivity (LANG) | 838 | - | 3.14 | 01092009 |
| 1920 | Odor (TON) | 833 | < | 1.0 | 12162008 |
| 1925 | рН | 734 | | 6.51 | 12152008 |
| 1930 | Total Dissolved Solids (TDS) | 806 | | 38.0 | 12172008 |
| 2905 | Foaming Agents/Surfactants | 755 | < | 0.1 | 12162008 |

CORRECTED COPY





McCoy & McCoy Laboratories, Inc. P. O. Box 907 Madisonville, KY 42431 www.mccoylabs.com Lexington KY 859-299-7775 Madisonville KY 270-821-7375

Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water District #4 Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 01/22/09 Client: CE648302

Batch No: 08121463 Sample ID: AG40709

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

CORRECTED COPY

Report corrected for analysis date of "Iron". Previous report indicated incorrect date of 01062008. Date has been corrected to indicate 01062009.

Mark Dim

SAMPLE CATEGORY = CH DISTRIBUTION SAMPLING

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH SECONDARY CONTAMINANT ANALYSIS REPORT FORM

| PWS ID KY018 | 3106 Plant ID A | or Dist | Plant Name or Location Name LH&MV | VTP | | Location Code | TPA |
|-------------------------|-------------------------------|---------|---|-----|------------------------------------|----------------|-----|
| PWS Name PWS Address | L H & M WATER 66 EDWARDS L | | | | MITCH PACE | , | |
| | 2152008 Tin | | Sample Type RT RT = Routine (For Compliance) SP = Special (Not for Compliance) | | 270-527-9785 e Derek Leatherman | Signature/Date | |

| Lab Analy | rst Matt Taylor 01/22/2009 Signature/Date | | | | men 1/22/09 gnature/Date |
|--------------|---|-------------------------|---|---|--------------------------|
| Analyte Code | Analyte Name | Analysis Method Code | < | Result (mg/L) -or- Lab Minimum Reporting Limit (mg/L) | Analysis Date (MMDDYYYY) |
| 1002 | Aluminum | 797 | < | 0.01 | 01082009 |
| 1017 | Chloride | 720 | | 2.63 | 12162008 |
| 1022 | Copper | 799 | | 0.003 | 01082009 |
| 1025 | Fluoride | 720 | | 0.2 | 12162008 |
| 1028 | Iron | 799 | < | 0.02 | 01062009 |
| 1032 | Manganese | 799 | < | 0.002 | 01082009 |
| 1050 | Silver | 799 | < | 0.002 | 01082009 |
| 1055 | Sulfate | 720 | | 1.21 | 12162008 |
| 1095 | Zinc | 799 | | 0.006 | 01082009 |
| 1905 | Color (cu) | 957 | < | 1.0 | 12162008 |
| 1910 | Corrosivity (LANG) | 838 | - | 2.56 | 01092009 |
| 1920 | Odor (TON) | 833 | < | 1.0 | 12162008 |
| 1925 | pH | 734 | | 6.58 | 12152008 |
| 1930 | Total Dissolved Solids (TDS) | 806 | | 50.0 | 12172008 |
| 2905 | Foaming Agents/Surfactants | 755 | < | 0.1 | 12162008 |

CORRECTED COPY





McCoy & McCoy Laboratories, Inc.

². O. Box 907

Vladisonville, KY 42431

www.mccoylabs.com

Lexington KY 859-299-7775 Madisonville KY 270-821-7375

Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water Dist #2 Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 01/09/09 Client: CE648504 Batch No: 08121454 Sample ID: AG40691

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

SAMPLE CATEGORY = CH DISTRIBUTION SAMPLING

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH SECONDARY CONTAMINANT ANALYSIS REPORT FORM

| PWS ID KY0180 | 0509 Plant ID A | or Dist | Plant Name or Location Name CENTER I | RIDGE WTP #2 | | Location Code | TPA |
|----------------|-----------------|----------------|---|--------------|--------------------|----------------|---------------------------------------|
| 1 | CENTER RIDGE | | | PWS Contact | WILLIAM M DUNCAN | | |
| PWS Address | 281 MORRIS RE | D, DEXTER, K | (Y 42036 | PWS Phone | 270-474-8267 | | |
| Sample Date 1. | 2152008 Ti | me <u>1046</u> | Sample Type RT RT = Routine (For Compliance) | | e Derek Leatherman | | · · · · · · · · · · · · · · · · · · · |
| , | | | SP = Special (Not for Compliance) | | | Signature/Date | |

| Lab ID: 00030 Lab Sample Number AG40691 Lab Analyst Matt Taylor 01/09/2009 Signature/Date | | | | Lab Supervisor Mark DeMos 01/09/09 Signature/Date | | |
|---|------------------------------|-------------------------|---|---|--------------------------|--|
| Analyte Code | Analyle Name | Analysis Method Code | < | Result (mg/L) -or- Lab Minimum Reporting Limit (mg/L) | Analysis Date (MMDDYYYY) | |
| 1002 | Aluminum | 797 | < | 0.01 | 01082009 | |
| 1017 | Chloride | 720 | | 4.36 | 12162008 | |
| 1022 | Copper | 799 | | 0.007 | 01082009 | |
| 1025 | Fluoride | 720 | | 0.2 | 12162008 | |
| 1028 | Iron | 799 | < | 0.02 | 01062008 | |
| 1032 | Manganese | 799 | < | 0.002 | 01082009 | |
| 1050 | Silver | 799 | < | 0.002 | 01082009 | |
| 1055 | Sulfate | 720 | < | 1.0 | 12162008 | |
| 1095 | Zinc | 799 | | 0.004 | 01082009 | |
| 1905 | Color (cu) | 957 | < | 1.0 | 12162008 | |
| 1910 | Corrosivity (LANG) | 838 | | . 2.34 | 01092009 | |
| 1920 | Odor (TON) | 833 | < | 1.0 | 12162008 | |
| 1925 | pH | 734 | | 6.82 | 12152008 | |
| 1930 | Total Dissolved Solids (TDS) | 806 | | 44.0 | 12172008 | |
| 2905 | Foaming Agents/Surfactants | 755 | < | 0.1 | 12162008 | |

McCoy & McCoy Laboratories, Inc. P. O. Box 207

G/C

Lexington KY

Paducah KY 270-444-6547 Louisville KY

Chain of Custody 859-299-7775 502-961-0001 Madisonville KY Pilceville KY Madisonville, KY 42431 606-432-3104 270-821-7375 www.mccoylabs.com 12.15.13 Collection Date: Francis 1 ML Collected by: Route: 54 Project SDWA Center Ridge Water Dist #2 Collection Time: 1646 Attn: William Duncan P. O. No: PhoneFax: 270-436-6304 69 Marguerite Blvd Newconcord KY 42076 Plant Tap 0180509 CE648504 Center Ridge WD #2 Start Date Time Composite Sample Loobatch Time Stop Date Sample Nos 1046 118462100L Date / 9 /5 Time Fecal Date Field Data By: DH: 6,82 DO Meter#: DO: pH Meter#: Units: Temp: CI: Flow: Matrix: Liquid Bottle Type and Preservative Analysis Requested Collection Method 250 ml Plastic Nitric Acid 4 c DW ZNICPMS_1 Zinc by ICP/MS GIC 250 ml Plastic 4 c GIC Sulfate by IC Mdv DW_SO4IC_1 250 ml Plastic Nitric Acid 4 c GIC DW ALICPMS 1 Aluminum by ICP/MS Calcium by ICP/AES 250 ml Plastic Nitric Acid 4 c GIC DW_CAICPAES_1 250 ml Plastic Nitric Add 4 c GIC DW_CUICPMS_1 Copper by ICP/MS 2oz Wide Mouth Glass 4 c GIC DW_ODOR_1 Odor Mdv 250 ml Plastic Nitric Acid 4 c GIC DW_MNICPMS_1 Manganese by ICP/MS DW_TURBIDITY_ 1 Liter Plastic 4 c GIC Turbidity Mdv 1 Liter Plastic 4 c GIC Alkalinity, Pheno Mdv DW_ALKPHENO_ 250 ml Plastic Nitric Acid 4 c DW AGICPMS 1 Silver by ICP/MS GIC 250 ml Plastic Nitric Acid 4 c DW HARDNESS Hardness as CaCO3 Mdv G/C 1 Liter Plastic 4 c G/C Total Dissolved Solids Mdv DW_TDS_1 i Liter Plastic 4 c DW_ALKTOT_1 Total Alkalinity by Titrimetry Mdv G/C PCU Color Mdv 1 Liter Plastic 4 c G/C " DW_COLORPCU_ 1 Liter Plastic 4 c Chloride by IC Mdv G/C DW_CL_1 1 Liter Plastic 4 c Alkalinity, Carbonate (CO3) Mdv DW_ALKCAR_1 GIC 1 Liter Plastic 4 c Alkalinity, Bicarbonate (HCO3) Mdv GIC DW_ALKBICAR_1 1 Liter Amber Wide Mouth Glass 4 c DW_MBAS_1 MBAS as LAS Mdv G/C Temperature, C (Field) TEMPFLD3 GIC G/C PH FLD3 pH (Field) Multi Matrix IC Pick Up from Login GIC MM_ICPU_1 G/C DW_HARDCA_1 Hardness, Calcium Drinking Water Metals Pick Up from Lo G/C DW_METPU_1 Fluoride by IC Mdv 1 Liter Plastic 4 c G/C DW_FIC_1 250 ml Plastic Nitric Acid 4 c

| 5 | | \sim \sim \sim \sim |
|------------------|----------------------|-----------------------------|
| Relinquished by: | Jeight Harts | Date/Time! 2/15/08/1046 c |
| Received by: | Thinks of the mature | Date/Time: 13/5/6 133 C |
| Relinquished by: | 6 | Date/Time: |
| Received by: | | Date/Time: |
| Relinquished by: | | Date/Time: |
| Received by: | | Date/Time: |

Iron by ICP/AES

DW_FEICPAES_1



McCoy & McCoy Laboratories, Inc.

P.O. Box 907 Madisonville, KY 42431

270-821-7375

| • | |
|---|----------|
| SAMPLE ACCEPTANCE/CONDITION CHECKLIST | |
| Center Ridopt 2 Logbatch No. DS121454 Lab No.: A640691 | |
| le Delivery Type (circle): US Postal UPS FedEx MML) Client | |
| le Receipt Checklist: | |
| a. Were custody seals used on outer package, and/or sample containers? | YES NO |
| b. Were sample containers received damaged? | |
| c. Cooler Temp. (circle) Acceptable Unacceptable | |
| d. Were the samples accompanied with a Chain-of-Custody or other transferable document? | |
| e. Was all information recorded to defend the sample transfer & submittal? | <u></u> |
| f. Is each sample and container uniquely identified on the COC? | <u> </u> |
| g. Were all samples in appropriate containers? | |
| h. Did all samples have appropriate volumes? | |
| i. Were all samples submitted within sample holding times? | 2 |
| j. Were "Collection Methods" recorded? | |
| k. Were "Flow Units" recorded? | 1, 7, 5 |
| Logged In By: Date! | 115/00 |
| | |
| Action Required: Client Informed on// Client Rep:By:By:By: | _ |
| Reviewed By: BKH Project Manager Date: 12 / 22 / 06 | |

Q:\MADISONVILLE\ADMIN\Forms & Labels\Sample Checklist.doc



www.mccoylabs.com



McCoy & McCoy Laboratories, Inc. P. O. Box 907 Madisonville, KY 42431 Lexington KY 859-299-7775 Madisonville KY 270-821-7375 Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water System Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 01/09/09 Client: CE648403 Batch No: 08121449 Sample ID: AG40675

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

SAMPLE CATEGORY = CH DISTRIBUTION SAMPLING: 1

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH SECONDARY CONTAMINANT ANALYSIS REPORT FORM

| PWS ID KY01 | 80549 Plan | t ID A or Dist | Plant Name or Location Name CENTER I | RIDGE WTP | Location Code | TPA |
|---------------------------|------------|--------------------------------------|---|---|----------------|-----|
| PWS Name PWS Address | | RIDGE WATER SYS RIS RD, DEXTER, K | | PWS Contact WILLIAM M DUNCAN | | |
| Sample Date (MMDDYYYY) | 12152008 | Time 0944 | Sample Type RT RT = Routine (For Compliance) SP = Special (Not for Compliance) | PWS Phone 270-474-8267 Collector Name Derek Leatherman | Signature/Date | |

| Lab ID: Lab Analy | o0030 Lab Sample Nurst Matt Taylor 01/09/2009 Signature/Date | Miliber AG4 | 10675 | | Mor 01/09/09 |
|----------------------|--|-------------------------|-------|---|--------------------------|
| | Signature/Date | T | | 51 | gnature/Date |
| Analyte Code | Analyte Name | Analysis Method Code | < | Result (mg/L) -or- Lab Minimum Reporting Limit (mg/L) | Analysis Date (MMDDYYYY) |
| 1002 | Aluminum | 797 | < | 0.01 | 01082009 |
| 1017 | Chloride | 720 | | 3.77 | 12162008 |
| 1022 | Copper | 799 | | 0.003 | 01082009 |
| 1025 | Fluoride | 720 | | . 0.2 | 12162008 |
| 1028 | Iron | 799 | < | 0.02 | 01062008 |
| 1032 | Manganese | 799 | < | 0.002 | 01082009 |
| 1050 | Silver | 799 | < | 0.002 | 01082009 |
| 1055 | Sulfate | 720 | | 7.91 | 12162008 |
| 1095 | Zinc | 799 | | 0.005 | 01082009 |
| 1905 | Color (cu) | 957 | < | 1.0 | 12162008 |
| 1910 | Corrosivity (LANG) | 838 | - | 1.83 | 01092009 |
| 1920 | Odor (TON) | 833 | < | 1.0 | 12162008 |
| 1925 | pH | 734 | | 7.09 | 12152008 |
| 1930 | Total Dissolved Solids (TDS) | 806 | | 76.0 | 12172008 |
| 2905 | Foaming Agents/Surfactants | 755 | < | 0.1 | 12162008 |

| P. C. Box 987 Medicanville, EY 42431 www.mccoylebs.com | and the second s | Chair of Ci | are countly | 859-289-777 Madisonville K 270-821-737 | Y Pikeville KY | , |
|---|--|---|--|--|---|---------|
| Route: 54 Applect S | ÉXMA | Collected by: | MINIT | / Are | Collection Ds | te: // |
| Center Ridge Water Sy | | · · · | 1/1/1/11 | 4 194 | Collection Tir | ne: 📆 |
| Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076 | 5 | P. O. No: | pat P aditi tadiliti ing balansaharini baribad Najarini A | Nagara, ang | PhoneFax: | 270-436 |
| CE648403 Center Rid | ر و بالمراجع المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة والمراجعة و | COND 0180548(] | PA | | e si some c | 1591116 |
| Logbetch OS | 3/21449 | (| Composite S | | Angus and the constitution of the second of | Time |
| Sample Nos | 1640(075 | | and the second s | Stop D | Efe | Time |
| / Field Data By: | mace I / Ape | Date 20 ./T | Time Ø | izeter | Fecal Date | |
| PH Meterit: | pH: 7.0 | Q DO Meter#: | | DO: | | |
| Temp: 777 | Öl: | Flow: | | Units: | | Matr |
| G/C G/C G/C | DW_TURBIDITY_ DW_ALKPHENO_ DW_ALKCAR_1 / DW_ALKBICAR_1 / DW_MBAS_1 TEMPFLD3 PH_FLD3 PH_FLD3 MM_ICPU_1 / DW_HARDCA_1 / DW_METPU_1 / DW_COLORPCU_ / DW_CL_1 / DW_TDS_1 / DW_SO4IC_1 / DW_ALICPMS_1 / DW_CAICPAES_1 / DW_CICPMS_1 / DW_FICPAES_1 / DW_FICPAES_1 / DW_AGICPMS_1 / DW_ODOR_1 / DW_ODOR_1 / | Analysis Resulted Turbidity Mdv Alkalinity, Pheno Mdv Alkalinity, Pheno Mdv Alkalinity, Bloarbonate (CO3 Alkalinity, Bloarbonate (HC MBAS as LAS Mdv Temperature, C (Field) pH (Field) Multi Matrix IC Pick Up fro Hardness, Calcium Drinking Water Metals Pic Fluoride by IC Mdv PCU Color Mdv Chloride by IC Mdv Total Dissolved Solids Md Sulfate by IC Mdv Aluminum by ICP/MS Calcium by ICP/MS Calcium by ICP/MS Hardness as CaCO3 Mdv Iron by ICP/MS Manganese by ICP/MS Silver by ICP/MS Zinc by ICP/MS Zinc by ICP/MS Odor Mdv Total Alkalinity by Titrimet | Midv m Login k Up from Lo | A Liter Plastic 4 1 Liter Plastic 4 250 ml Plastic 250 ml | c c c c c vide Mouth Glass c c c c c c c c c c c c c c c c c c | s 4 c |

| Balling links of the Day He Fold And I The | Date/Time: 12/15/68 / 01945 |
|--|-----------------------------|
| Relinquished by: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Date/Time: 515651330 |
| 1211S/Relinquished by: | Date/Time: Date/Time: |
| Relinquished by: | Date/Time: |
| Received by: | Date/Time: |



McCoy & McCoy Laboratories, Inc.

P.O. Box 907 Madisonville, KY 42431

270-821-7375

| SAMPLE ACCEPTANCE/CONDITION CHECKLIST |
|---|
| Client enter Ridal Logbatch No.58(21449 Lab NotAG40675 |
| Sample Delivery Type (circle): US Postal UPS FedEx MMLD Client |
| Sample Receipt Checklist: |
| a. Were custody seals used on outer package, and/or sample containers? |
| b. Were sample containers received damaged? |
| c. Cooler Temp. (circle) Acceptable Unacceptable |
| d. Were the samples accompanied with a Chain-of-Custody or other transferable document? |
| e. Was all information recorded to defend the sample transfer & submittal? |
| f. Is each sample and container uniquely identified on the COC? |
| g. Were all samples in appropriate containers? |
| h. Did all samples have appropriate volumes? |
| i. Were all samples submitted within sample holding times? |
| j. Were_"Collection Methods" recorded? |
| k. Were "Flow Units" recorded? |
| Logged In By: MAN Date: 1015(65 |
| Exceptions: |
| |
| Action Required:Client Informed on/ Client Rep:By:No Action Required, see notesNo Action Required |
| Reviewed By: BKH Project Manager Date: 12,02,08 |
| Q:\MADISONVILLE\ADMIN\Forms & Labels\Sample Checklist.doc |





McCoy & McCoy Laboratories, Inc. P. O. Box 907 Madisonville, KY 42431 www.mccoylabs.com Lexington KY 859-299-7775 Madisonville KY 270-821-7375 Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water Dist #3 Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 01/09/09 Client: CE648603 Batch No: 08121458 Sample ID: AG40701

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

SAMPLE CATEGORY = CH DISTRIBUTION SAMPLING

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH SECONDARY CONTAMINANT ANALYSIS REPORT FORM

| PWS ID KY0180 | 0502 Plant ID | A or Dist | Plant Name or Location Name CENTER f | RIDGE WTP #3 | | Location Code | TPA |
|-------------------------------|---------------|-------------------------------|---|--------------|------------------------------------|----------------|-----|
| PWS Name PWS Address | | GE WATER DIS RD, DEXTER, K | | | WILLIAM M DUNCAN | | |
| Sample Date 1 (MMDDYYYY) — | 2152008 | Time 1055 | Sample Type RT RT = Routine (For Compliance) SP = Special (Not for Compliance) | | 270-474-8267 e Derek Leatherman | Signature/Date | |

| Lab ID: 00030 Lab Sample Number AG40701 Lab Phone 270.821.7375 Lab Analyst Matt Taylor 01/09/2009 Lab Supervisor Matt Taylor 01/09/29 Signature/Date Signature/Date | | | | | |
|---|------------------------------|-------------------------|---|---|--------------------------|
| Analyte Code | Analyte Name | Analysis Method Code | < | Result (mg/L) -or- Lab Minimum Reporting Limit (mg/L) | Analysis Date (MMDDYYYY) |
| 1002 | Aluminum | 797 | < | 0.01 | 01082009 |
| 1017 | Chloride | 720 | | 2.89 | 12162008 |
| 1022 | Copper | 799 | | 0.014 | 01082009 |
| 1025 | Fluoride | 720 | | 0.2 | 12162008 |
| 1028 | fron | 799 | < | 0.02 | 01062008 |
| 1032 | Manganese | 799 | < | 0.002 | 01082009 |
| 1050 | Silver | 799 | < | 0.002 | 01082009 |
| 1055 | Sulfate | 720 | < | 1.0 | 12162008 |
| 1095 | Zinc | 799 | | 0.012 | 01082009 |
| 1905 | Color (cu) | 957 | < | 1.0 | 12162008 |
| 1910 | Corrosivity (LANG) | 838 | - | 3.14 | 01092009 |
| 1920 | Odor (TON) | 833 | < | 1.0 | 12162008 |
| 1925 | рН . | 734 | | 6:51 | 12152008 |
| 1930 | Total Dissolved Solids (TDS) | 806 | | 38.0 | 12172008 |
| 2905 | Foaming Agents/Surfactants | 755 | < | 0.1 | 12162008 |

McCoy & McCoy Laboratories, Inc. F. O. Box 907 Madisonville, KY 42431

Chain of Custody

Lexington KY 859-299-7775 Madisonville KY 270-821-7375

Paducah KY 270-444-6547 Pikeville KY

Louisville KY 502-961-0001

606-432-3104 www.mocoylabs.com MMUD Collected by: Route: 54 Project SDWA Collection Date: Center Ridge Water Dist #3 Collection Time: Attn: William Duncan P. O. No: PhoneFax: 270-436-6304 69 Marguerite Blvd Newconcord KY 42076 CE648603 Center Ridge WD #3 SECOND 0180502 Logbetch Composite Sample Start Date Time Sample Nos Stop Date Time Date 12/15 1055 Fecal Date Field Data By: Time 6.5 pH Meter#: DO Meter#: DO: Temp: Flow: Units: Matrix: Liquid Collection Method Test Analysis Requested Bottle Type and Preservative GAC TEMPFLD3 Temperature, C (Field) G/C MBAS as LAS Mdv 1 Liter Amber Wide Mouth Glass 4 c DW_MBAS_1 GIC DW_ALKBICAR_1 Alkalinity, Bicarbonate (HCO3) Mdv 1 Liter Plastic 4 c GAC DW ALKCAR 1 Alkalinity, Carbonate (CO3) Mdv 1 Liter Plastic 4 c GIC DW_ALKPHENO_ Alkalinity, Pheno Mdv 1 Liter Plastic 4 c GIC DW CL 1 Chloride by IC Mdv 1 Liter Plastic 4 c GIC DW_FIC_1 Fluoride by IC Mdv 1 Liter Plastic 4 c GFC DW COLORPCU PCU Color Mdv 1 Liter Plastic 4 c GFC DW_ALKTOT_1 Total Alkalinity by Titrimetry Mdv 1 Liter Plastic 4 c Gic PH FLD3 pH (Field) GIC 1 Liter Plastic 4 c DW TURBIDITY Turbidity Mdv GIC DW SO4IC 1 Sulfate by IC Mdv 250 ml Plastic 4 o GIC DW_ALICPMS_1 Aluminum by ICP/MS 250 ml Plastic Nitric Acid 4 c GFC DW_CAICPAES_1 Calcium by ICP/AES 250 ml Plastic Nitric Acid 4 c GIC DW_CUICPMS_1 Copper by ICP/MS 250 ml Plastic Nitric Acid 4 c GIC DW HARDNESS Hardness as CaCO3 Mdv 250 ml Plastic Nitric Acid 4 c GIC DW_FEICPAES_1 Iron by ICP/AES 250 ml Plastic Nitric Acid 4 c GIC DW_MNICPMS_1 Manganese by ICP/MS 250 ml Plastic Nitric Acid 4 c GIC DW_AGICPMS_1 Silver by ICP/MS 250 ml Plastic Nario Acid 4 c GIC " DW_ZNICPMS_1 Zinc by ICP/MS 250 ml Plastic Nitric Acid 4 c GFC DW_TDS_1 Total Dissolved Solids Mdv 1 Liter Plastic 4 c GIC DW_HARDCA_1. Hardness, Calclum GIC DW_METPU_1 Drinking Water Metals Pick Up from Lo G#O DW_ODOR_1 Odor Mdv 2oz Wide Mouth Glass 4 c GIO MM_ICPU_t

| Relinquished by: | Truck of Argent Same | Date/Time: | 12/15/48/1/555 |
|------------------|----------------------|------------|---|
| Received by: | Musey Martin | Date/Time: | 12/15/08/1930 |
| Relinquished by: | · · | Date/Time: | , garde the |
| Received by: | | Date/Time: | ALL AND |
| Relinquished by: | | Date/Time: | |
| Received by: | | Date/Time: | • • |

Multi Matrix IC Pick Up from Login



McCoy & McCoy Laboratories, Inc.

P.O. Box 907 Madisonville, KY 42431

| | 270-821-7 |
|--|--|
| SAMPLE ACCEPTANCE/CONDITION CHECKLIST | |
| Center Ridal+ Bogbatch No. 08121458 Lab No. AS 40701 | CONTROL CONTROL OF THE STATE OF |
| ole Delivery Type (circle): US Postal UPS FedEx MMLI Client | |
| ole Receipt Checklist: | |
| a. Were custody seals used on outer package, and/or sample containers? | YES NO |
| b. Were sample containers received damaged? | |
| c. Cooler Temp(circle) Acceptable Unacceptable | |
| d. Were the samples accompanied with a Chain-of-Custody or other transferable document? | <i>>></i> - |
| e. Was all information recorded to defend the sample transfer & submittal? | |
| f. Is each sample and container uniquely identified on the COC? | <u> </u> |
| g. Were all samples in appropriate containers? | <u></u> |
| h. Did all samples have appropriate volumes? | 1 |
| i. Were all samples submitted within sample holding times? | |
| j. Were "Collection Methods" recorded? | 7 |
| k. Were "Flow Units" recorded? | , |
| Logged In By: Date: Date: | 15/08 |
| exceptions. | |
| | |
| Action Required: Client Informed on/ Client Rep:By:No Action Required No Action Required | |
| Reviewed By: BKH Project Manager Date: 12,22,08 | |

Q:\MADISONVILLE\ADMIN\Forms & Labels\Sample Checklist.doc





McCoy & McCoy Laboratories, Inc.
P. O. Box 907
Madisonville, KY 42431
www.mccoylabs.com

Lexington KY 859-299-7775 Madisonville KY 270-821-7375 Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water Dist #3 Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 01/08/09 Client: CE648610 Batch No: 08121459

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

SAMPLE CATEGORY = CH ENTRY POIN' SAMPLING SODIUM ANALYSIS REPORT FORM

This Section To Be Completed By Collector

| PWS ID F | Y0180502 | Plant ID | A I | Plant Name | Center Ridge #3 WTP | | | Location Code | TPA |
|------------|----------|----------|---------|-------------|--|----------------|------------------|---------------|-----|
| PWS Name | CENTE | R RIDGE | WATER | DISTRICT# | 3 | PWS Contact | WILLIAM M DUNCAN | | |
| PWS Addre | 281 MC | RRIS RD, | DEXTE | R, KY 42036 | | PWS Phone | 270-474-8267 | | |
| Sample Dat | 12152008 | Tir | ne 1055 | Sample | Type RT | Collector Name | Derek Leatherman | | |
| (MMÓDYYYY) | | • | | | ne (For Compliance) al (Not for Compliance) | | Signa | iture/Date | |

This Section To Be Completed By Lab

| Lab ID Lab Analy | ooo30 st Jared Daugherty | Lab Sample Nun 01/08/2009 Signature/Date | nber <u>AG4</u> | 10702 | Lab Phone Lab Supervisor | 270.821.7375 Mark De Ma Sign | or 108/09 |
|---------------------|-----------------------------|--|-------------------------|-------|-----------------------------|---|--------------------------|
| Analyte Code | Analyte N | | Analysis Melhod Code | < | | ult (mg/L) -or- eporling Limit (mg/L) | Analysis Date (MMDDYYYY) |
| 1052 | Sodium | | 799 | | 3. | 0.8 | 01062008 |

McCoy & McCoy Laboratories, Inc. Lexington KY Paducah RY Louisville KY Chain of Gustody 859-299-7775 270-444-6547 502-964-0001 P. O. Box 907 Madisonville KY Pikeville KY Madisonville, KY 42431 270-921-7376 608-432-3104 www.mccoylabs.com Collection Date: 12/15/6% Collected by: MMIT Route: 54 Project SDWA Center Ridge Water Dist #3 Collection Time: Attn: William Duncan P. O. No: PhoneFax: 270-436-6304 69 Marguerite Blvd Newconcord KY 42076 0180502 TPA CE648610 Center Ridge WD #3 Sodium Composite Sample Start Date Logbatch Sample Nos Stop Date Field Data 13y: Date Time Fecal Date Time DO Meter#: DO: pH Meter#: CI: Flow: Units: Temp: Matrix: Liquid Bottle Type and Preservative Collection Method Test Analysis Requested Drinking Water Metals Pick Up from Lo DW_METPU_1 DW_NAICPAES_1 Sodium by ICP/AES 250 ml Plastic Nitric Acid 4 c whet alline 1670 4

| | I delle fin the transmitted the second | Date/Time: 1999/1999 | |
|------------------|--|-------------------------|--|
| Received by: | numile, Inalter | Date/Time: 13/15/68/330 | |
| Relinquished by: | () | Date/Time: | |
| ., Received by: | 5. | Date/Time: | |
| Relinquished by: | | Date/Time: | |
| Received by: | | Date/Time: | |



Reviewed By: DK

Q:\MADISONVILLE\ADMIN\Forms & Labels\Sample Checklist.doc

McCoy & McCoy Laboratories, Inc.

P.O. Box 907 Madisonville, KY 42431

770 871 777

270-821-7375 SAMPLE ACCEPTANCE/CONDITION CHECKLIST Client: Center Ridge#3 Logbatch No. 08121459 Lab No.: AG40702 Sample Delivery Type (circle): US Postal UPS FedEx Client Sample Receipt Checklist: a. Were custody seals used on outer package, and/or sample containers? b. Were sample containers received damaged? Acceptable Unacceptable d. Were the samples accompanied with a Chain-of-Custody or other transferable document? e. Was all information recorded to defend the sample transfer & submittal? f. Is each sample and container uniquely identified on the COC? q. Were all samples in appropriate containers? h. Did all samples have appropriate volumes? i. Were all samples submitted within sample holding times? j. Were "Collection Methods" recorded? k. Were "Flow Units", recorded? Logged In By:_ Exceptions: Action Required: Client Rep:_____ ____Client Informed on ____/___ ____No Action Required, see notes ____No Action Required

_____Project Manager Date:





VicCoy & McCoy Laboratories, Inc.
2. O. Box 907
Viadisonville, KY 42431
www.mccoylabs.com

Lexington KY 859-299-7775 Madisonville KY 270-821-7375 Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water District #4 Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 01/08/09 Client: CE648309 Batch No: 08121465

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

SAMPLE CATEGORY = C. ENTRY POINT SAMPLING

SODIUM ANALYSIS REPORT FORM

This Section To Be Completed By Collector

| PWSID KY0 | 183106 F | Plant ID A Pla | nt Name LH&MWT | Р | | Location Code | TPA |
|-------------|----------|--|---|----------------|------------------|----------------|-----|
| PWS Name | LH&MV | VATER ASSOCIAT | ION | PWS Contact | MITCH PACE | | |
| PWS Address | 66 EDWA | RDS LANE, BENTO | ON, KY 42025 | PWS Phone | 270-527-9785 | _ | |
| Sample Date | 12152008 | Time 1005 | Sample Type RT | Collector Name | Derek Leatherman | | |
| (MMDDYYYY) | | ************************************** | RT = Routine (For Complian SP = Special (Not for Compl | | | Signature/Date | |

This Section To Be Completed By Lab

| Lab ID Lab Analy | 00030_ estJared Daugherty | Lab Sample Nur 01/08/2009 Signature/Date | nber <u>AG4</u> | 0712 | Lab Phone Lab Supervisor | 270.821.7375 Mark DIMorn Signa | ✓ 01 1 8 109 ature/Date |
|---------------------|------------------------------|--|-------------------------|------|-----------------------------|---|----------------------------|
| Analyte Code | Analyte N | Name | Analysis Melhod Code | ٧ | | ult (mg/L) -or- eporting Limit (mg/L) | Analysis Date (MMDDYYYY) |
| 1052 | Sodium | | 799 | | 3. | . 92 | 01062008 |

Leidngton KY Paducah KY Louisville KY - McCoy & McCoy Laboratories, Inc. Chain of Custody 859-299-7775 270-444-8547 502-961-0001 P. O. Box 907 Pikeville KY Madisonville ICY Madisonville, KV 42491 270-821-7375 606-432-3104 www.mccoylabs.com Collection Date: Collected by: MMCT Project SDWA Route: 54 Center Ridge Water District #4 Collection Time: Attn: William Duncan P. O. No: PhoneFax: 270-436-6304 69 Marguerite Blvd Newconcord KY 42076 0183106 7 916 1 1 16 61 12201 9 120 16 11 20 20 16 1 16 CE648309 Center Ridge WD #4 Sodium Logbatch Composite Sample Start Date Stop Date Time Sample Nos Time Fecal Date Time Field Data By: Date pH: DO Meter#: DO: pH Meter#: CI: Flow: Units: Temp: Matrix: Liquid Bottle Type and Preservative Collection Method Analysio Requested "ast 250 ml Plastic Nitric Acid 4 c GIC DW NAICPAES 1 Sodium by ICP/AES .d/c DW METPU 1 Drinking Water Metals Pick Up from Lo

Owledget

Hillipping.

| Relinquished by: | Quel Hent | Date/Time: | 13/19/04/21045 | <u>(</u>) |
|------------------|----------------|-------------|--|------------|
| Received by: | VICONALI MAECT | Date/Time: | 18(13)0019 | |
| Relinquished by: | | Date/l'ime: | | |
| Received by: | | Date/Time: | A Toronto's to have appeared purply as manufacture. Marke dating passes for borroomic formits but his file require 2014. | |
| Relinquished by: | | Date/Time: | | |
| Received by: | <u> </u> | Date/Time: | 1,4 | • |
| | | | | |



McCoy & McCoy Laboratories, Inc.

P.O. Box 907 Madisonville, KY 42431

270-821-7375

| SAMPLE ACCEPTANCE/CONDITION CHECKLIST |
|--|
| ient: Cerrita Ridos Logbatch NOS121465 Lab No.: AG 40712 |
| ample Delivery Type (circle): US Postal UPS FedEx MMLI Client |
| imple Receipt Checklist: |
| a. Were custody seals used on outer package, and/or sample containers? |
| b. Were sample containers received damaged? |
| c. Cooler Temp(circle) Acceptable Unacceptable |
| d. Were the samples accompanied with a Chain-of-Custody or other transferable document? |
| e. Was all information recorded to defend the sample transfer & submittal? |
| f. Is each sample and container uniquely identified on the COC? |
| g. Were all samples in appropriate containers? |
| h. Did all samples have appropriate volumes? |
| i. Were all samples submitted within sample holding times? |
| j. Were "Collection Methods" recorded? |
| k. Were "Flow Units" recorded? |
| Logged In By: Date: Date |
| |
| Action Required:Client Informed on// Client Rep:By:No Action Required, see notesNo Action Required |
| Reviewed By: BKH Project Manager Date: 12, 22,08 |
| O:\MADISONVILLE\ADMIN\Forms & Labels\Sample Checklist doc |





McCoy & McCoy Laboratories, Inc.
P. O. Box 907
Madisonville, KY 42431
www.mccoylabs.com

Lexington KY 859-299-7775 Madisonville KY 270-821-7375

Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water System Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 01/08/09 Client: CE648413 Batch No: 08121451

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

SAMPLE CATEGORY = CH ENTRY POINT SAMPLING

SODIUM ANALYSIS REPORT FORM

This Section To Be Completed By Collector

| PWS ID KYO | 180549 | Plant ID A | Plant Nan | e Cen | ter Ridge WTP #1 | | | Location Code | TPA |
|-------------|----------|-------------|--------------|---------|--------------------------------|----------------|------------------|---------------|-----|
| PWS Name | CENTER | RIDGE WA | TER SYSTEM | | | PWS Contact | WILLIAM M DUNCAN | | |
| PWS Address | 281 MOF | RRIS RD, DE | XTER, KY 420 | 36 | | PWS Phone | 270-474-8267 | | |
| Sample Date | 12152008 | Time | 0944 Samp | le Type | RT | Collector Name | Derek Leatherman | | |
| (MMDDYYYY) | | | | | Compliance) for Compliance) | | Signa | iture/Date | |

This Section To Be Completed By Lab

| Lab ID Lab Analy | 00030 est Jared Daugherty | Lab Sample Nur 01/08/2009 Signature/Date | mber <u>AG</u> 4 | 10676 | Lab Phone _. Lab Supervisor | 270.821.7375 Mack Alma Signal | デー 01/08/09 ure/Date |
|---------------------|------------------------------|--|-------------------------|-------|--|---|--------------------------|
| Analyte Code | Analyte N | lame | Analysis Method Code | ٧ | | ult (mg/L) -or- eporting Limit (mg/L) | Analysis Date (MMDDYYYY) |
| 1052 | Sodium | | 799 | | 3. | 94 | 01062008 |

McCoy & McCoy Laboratories, Inc.

Project SDWA

Chain of Custody

Lexington KY 859-299-7775 Madisonville KY 270-821-7375

Paducah KY 270-444-6547 Pikeville KY 606-432-3104 Louisville KY 502-961-0001

P. O. Box 907 Medisonville, KY 42431 www.mccoylabs.com

Collected by:

Collection Date:

Collection Time:

Time

Matrix: Liquid

Center Ridge Water System Attn: William Duncan

P. O. No:

PhoneFax: 270-436-6304

Time Time

69 Marguerite Blvd Newconcord KY 42076

Route: 54

CE648413

Center Ridge WD #1 Sodium 0180549 TP

| Logbatch | 08(2145/ | (| Composite (| Sample Star | t Date | |
|------------------|-----------------------------|--|---|--------------|---------------------|------|
| Sample Nos | 76 4 Cle 16 | | | Sto | p Date | cate |
| Field Data By: | | Date | Time | | Fecal Date | |
| pH Meter#: | pH: | DO Meter#: | | bo: _ | | |
| Temp: | CI: | Flow: | Harris Marie Control of the Control | Units | • | |
| Sollection Metho | <u>d Test</u> DW_METPU_1 | <u>Analysis Requested</u> Drinking Water Metals Piol | c Up from Lo | Bottle Type | and Preservative | |
| (a/c | DW_NAICPAES_1 | Sodium by ICP/AES | | 250 ml Plast | tic Nitric Acid 4 c | |

Relinquished by: Date/Time: Date/Time: Received by: Relinquished by: Date/Time: Date/Time: Received by: Relinquished by: Date/Time: Date/Time: Received by:

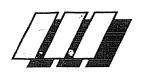


McCoy & McCoy Laboratories, Inc.

P.O. Box 907 Madisonville, KY 42431

270-821-7375

| SAMPLE ACCEPTANCE/CONDITION CHECKLIST |
|---|
| Center Ridgett/ Logbatch No 08/2145/ Lab No. AG402676 |
| ole Delivery Type (circle): US Postal UPS FedEx MMLI Client |
| ole Receipt Checklist: |
| a. Were custody seals used on outer package, and/or sample containers? |
| b. Were sample containers received damaged? |
| c. Cooler Temp. (circle) (Acceptable Unacceptable |
| d. Were the samples accompanied with a Chain-of-Custody or other transferable document? |
| e. Was all information recorded to defend the sample transfer & submittal? |
| f. Is each sample and container uniquely identified on the COC? |
| g. Were all samples in appropriate containers? |
| h. Did all samples have appropriate volumes? |
| i. Were all samples submitted within sample holding times? |
| j. Were "Collection Methods" recorded? |
| k. Were "Flow Units" recorded? |
| Logged In By: Date: 12(18/08) Exceptions: |
| |
| |
| Action Required: Client Informed on// Client Rep:By: No Action Required, see notes No Action Required |
| Reviewed By: BKH Project Manager Date: 12/22 |
| Q:\MADISONVILLE\ADMIN\Forms & Labels\Sample Checklist.doc |



ā



McCoy & McCoy Laboratories, Inc.
P. O. Box 907
Madisonville, KY 42431
www.mccoylabs.com

Lexington KY 859-299-7775 Madisonville KY 270-821-7375 Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water District #4 Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 01/21/09 Client: CE648309 Batch No: 08121465

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

SAMPLE CATEGORY = CH ETRY POINT SAMPLING

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH SODIUM ANALYSIS REPORT FORM

This Section To Be Completed By Collector

| | PWS ID KY0183106 Plant ID A | Plant Name LH & M WTP | | | Location Code | TPA |
|---|-----------------------------|--|----------------|------------------|------------------|-----|
| | PWS Name LH&M WATER ASS | SOCIATION | PWS Contact | MITCH PACE | | |
| | PWS Address 66 EDWARDS LANE | , BENTON, KY 42025 | PWS Phone | 270-527-9785 | | |
| | Sample Date 12152008 Time | 1005 Sample Type RT | Collector Name | Derek Leatherman | - | |
| | (MMDDYYYY) | RT = Routine (For Compliance) SP = Special (Not for Compliance) | | | Signature/Date . | |
| į | | or - opecial (Not for Compliance) | | | | |

This Section To Be Completed By Lab

| Lab ID <u>00030</u> Lab Analyst <u>Jared Daugherty</u> | | Lab Sample Number 01/21/2009 Signature/Date | AG4071 | 2 Lab Phone Lab Supervisor | 270.821.7375 Mark Det Sign | Nam 01/21/09 ature/Date | |
|---|-----------|---|----------|-------------------------------|---|----------------------------|--|
| Analyte Code | Analyte f | | alysis < | | ult (mg/L) -or- eporting Limit (mg/L) | Analysis Date (MMDDYYYY) | |
| 1052 | Sodium | 7 | 99 | 3. | 92 | 01062009 | |





McCoy & McCoy Laboratories, Inc. P. O. Box 907 Madisonville, KY 42431 www.mccoylabs.com Lexington KY 859-299-7775 Madisonville KY 270-821-7375 Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water District #4 Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 01/09/09 Client: CE648302 Batch No: 08121463 Sample ID: AG40709

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

SAMPLE CATEGORY = CH DISTRIBUTION SAMPLING

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

SECONDARY CONTAMINANT ANALYSIS REPORT FORM

| PWS ID KY01 | 83106 F | Plant ID A | or Dist | Plant Name or Location Name | LH&MV | /TP | | Location Code | TPA |
|-------------|----------|------------|-----------|-------------------------------------|-------|-------------|--------------------|---------------|-----|
| PWS Name | | M WATER AS | | | | PWS Contact | MITCH PACE | | |
| PWS Address | 66 ED\ | NARDS LANE | E, BENTON | 1, KY 42025 | | PWS Phone | 270-527-9785 | | |
| Sample Date | 12152008 | 3 Time | 1005 | Sample Type RT = Routine (For Co | | | e Derek Leatherman | | |
| , | | | | SP = Special (Not for Compliance) | | | Signature/Date | | |

| Lab ID: Lab Analy | o0030 Lab Sample Nurst Matt Taylor 01/09/2009 Signature/Date | | · | | nom 01/09/09 |
|----------------------|--|-------------------------|---|---|--------------------------|
| Analyte Code | Analyte Name | Analysis Method Code | < | Result (mg/L) -or- Lab Minimum Reporting Limit (mg/L) | Analysis Date (MMDDYYYY) |
| 1002 | Aluminum | 797 | < | 0.01 | 01082009 |
| 1017 | · Chloride | 720 | | 2.63 | 12162008 |
| 1022 | Copper | 799 | | 0.003 | 01082009 |
| 1025 | Fluoride | 720 | | 0.2 | 12162008 |
| 1028 | Iron | 799 | < | 0.02 | 01062008 |
| 1032 | Manganese | 799 | < | 0.002 | 01082009 |
| 1050 | Silver | 799 | < | 0.002 | 01082009 |
| 1055 | Sulfate | 720 | | 1.21 | 12162008 |
| 1095 | Zinc | 799 | | 0.006 | 01082009 |
| 1905 | Color (cu) | 957 | < | 1.0 | 12162008 |
| 1910 | Corrosivity (LANG) | 838 | - | 2.56 | 01092009 |
| 1920 | Odor (TON) | 833 | < | 1 0 | 12162008 |
| 1925 | рН | 734 | | 6.58 | 12152008 |
| 1930 | Total Dissolved Solids (TDS) | 806 | , | 50.0 | 12172008 |
| 2905 | Foaming Agents/Surfactants | 755 | < | 0.1 | 12162008 |

McCoy & McCoy Laboratories, Iric. P. C. Box 907

G/IC

DW CUICPMS 1

Chain of Custody

Lexington KY 859-299-7775 Madisonville KY 270-821-7375

250 ml Plastic Nitric Acid 4 c

Paduczh KY 270-444-6547 Pikeville KY Louisville ICY 502-961-0001

Pikeville KY Madisonville, KY 42431 608-432-3104 270-821-7375 www.mccoylabs.com 周观别 Collection Date: Route: 54 Project SDWA Collected by: Center Ridge Water District #4 Collection Time: Attn: William Duncan P. O. No: PhoneFax: 270-436-6304 69 Marguerite Blvd Newconcord KY 42076 019 Maissellate Habit 16 is 18 18 18 Secondary 0183106 Center Ridge WD #4 Composite Sample Start Date Time Stop Date Time Sample Nos Date 12/07/06 Time 1005 Fecal Date Field Data By: pH: DO Meter#: DO: pH Meter#: CI: Flow: Units: Temp: Matrix: Liquid Bottle Type and Preservative Analysis Requested Collection Wathod Test 1 Liter Amber Wide Mouth Glass 4 c DW_MBAS_1 MBAS as LAS McV G//C Hardness, Calcium GIC DW_HARDCA_1 GIC DW_COLORPOU_ PCU Color Mdv 1 Liter Plastic 4 c MM_ICPU_1 Multi Matrix IC Pick Up from Login GIC DVV_TDS_1 1 Liter Plastic 4 c G Total Dissolved Solids Mdv C 1 Liter Plastic 4 c Alkalinity, Pheno Mdv G C DW_ALKPHENO_ GLC TEMPFLD3 Temperature, C (Field) 1 Liter Plastic 4 c GIC DW_CL_1 Chloride by IC Mdv Alkalinity, Bicarbonate (HCO3) Mdv 1 Liter Plastic 4 c GIC DW ALKBICAR 1 1 Liter Plastic 4 c Alkalinity, Carbonate (CO3) Mdv G C DW_ALKCAR_1 1 Liter Plastic 4 c GIC DW FIC 1 Fluoride by IC Mdv i Liter Plastic 4 c GAC DW_ALKTOT_1 Total Alkalinity by Titrimetry Mdv GIC DW_METPU_1 Drinking Water Metals Pick Up from Lo pH (Field) G/ PH_FLD3 250 ml Plastic Nitric Acid 4 c G //C DW_ALICPMS_1 Aluminum by ICP/MS Calcium by ICP/AES 250 ml Plastic Nitric Acid 4 c G lo DW CAICPAES 1 1 Liter Plastic 4 c G C DW_TURBIDITY_ Turbidity Mdv 250 ml Plastic Nitric Acid 4 c G) C DW_FEICPAES_1 Iron by ICP/AES 260 ml Plastic 4 c GAC "DW_SO4IC_1 Sulfate by IC Mdv 250 ml Plastic Nitric Acid 4 c GLC DW HARDNESS Hardness as CaCO3 Mdv 2oz Wide Mouth Glass 4 c Gic DW ODOR 1 Odor Mdv 250 ml Plastic Nitric Acid 4 c GIC Zinc by ICP/MS DW ZNICPMS 1 250 ml Plastic Nitric Acid 4 c DVV_AGICPMS_1 Silver by ICP/MS Glo 250 mi Plastic Nitric Acid 4 c G/C DW MNICPMS 1 Manganese by ICP/MS

| Relinquished by: | Dull Alth | Date/Time: | 12/15/08/1005 |
|------------------|---------------|------------|---------------|
| Received by: | Minder Martin | Date/Time: | Taligo 8 1330 |
| Relinquished by: | <u> </u> | Date/Time: | |
| Received by: | <u>jak</u> | Date/Time: | |
| Relinquished by: | | Date/Time: | |
| Received by: | | Date/Time: | |

Copper by ICP/MS



McCoy & McCoy Laboratories, Inc.

P.O. Box 907 Madisonville, KY 42431

270-821-7375

| SAMPLE ACCEPTANCE/CONDITION CHECKLIST |
|--|
| ent. Center Ridox Logbatch No. D8121463 Lab No. A6, 40709 |
| mple Delivery Type (circle): US Postal UPS FedEx MMLI) Client |
| mple Receipt Checklist: |
| a. Were custody seals used on outer package, and/or sample containers? |
| b. Were sample containers received damaged? |
| c. Cooler Temp. 760 (circle) Acceptable Unacceptable |
| d. Were the samples accompanied with a Chain-of-Custody or other transferable document? |
| e. Was all information recorded to defend the sample transfer & submittal? |
| f. Is each sample and container uniquely identified on the COC? |
| g. Were all samples in appropriate containers? |
| h. Did all samples have appropriate volumes? |
| i. Were all samples submitted within sample holding times? |
| j. Were "Collection Methods" recorded? |
| k. Were "Flow Units" recorded? |
| Logged In By: Date: 12/15/68 Exceptions: |
| |
| Action Required:Client Informed on// Client Rep:By:No Action Required, see notesNo Action Required |
| Reviewed By: BKH Project Manager Date: 12 / 22 / 25 |

Q:\MADISONVILLE\ADMIN\Forms & Labels\Sample Checklist.doc

SAMPLE CATEGORY = TC

stations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS

4.99-010, up to \$25,000 fine per day per violation and in some cases a violation

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Information - This Section To Be Com | pleted By Collector | ALANALI DID INLI ON | I I OIGH | | |
|---|--|---|---|--|--|
| PWS ID K Y 0 1 8 0 5 0 2 | | 0.140 | Compliance Period (MMYYYY) | 0112029 | |
| PWS Name CRWDH3 | PWS Contact | KW | Collection Date (MMDDYYYY) (All Samples Reporter | 0 1 0 7 1 C 0 7 ad on this Form were Collected on this Date.) | |
| pws Address 69 Mb-querite Me- (mood K | | 0-436-6364 | Collector Name | wom www. | |
| General Information - This Section To Be Com | pleted By Lab | | | | |
| Lab ID 0 0 0 3 1 | Lab Receipt Date (MMDDYYYY) | 01071009 | Total Coliform Analysis Method | Code 322 | |
| | Analysis Date (MMDDYYYY) | 21071009 | E Coli Analysis Method Code | | |
| Lab Analyst Martun | <u> 118</u> 03 | | Lab Supervisor | Signature Date | |
| Sample Information - This Section To Be Comp | pleted By Collector | Analysis Information - Thi | s Section To Be Completed | By Lab | |
| Sample Time | Free Chlorine Required for all infectants except Chloramine) Total Chlorine (Required when disinfectant is Chloramine) | Lab Sample Number | Result (Total Coliform Count Analysis Time - or - (24 hr) TNTC - or - CNFG) (See Key) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) | |
| I O D I O D I A P | 1 5 1 . 9 1 | ASHIHAGI Daulhot | NGOS III | | |
| 5 P E 005 07361 | 1.11811.26 | ACUUUOD | TUGS | | |
| | | | | | |
| | | | | | |
| | | | | | |
| ie signatories of this form certify by their signatures that collection and analysis of | <u> </u> | | RP = Repeat (For Compliance) | CD - Created Wester Complete | |
| e water sample analyzed and the resulting data hereby submitted, were mpleted in accordance with the provisions of 401 KAR Chapter 8, specifically jluding but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that a data submitted on this form is a true and accurate report of the results of llection and analysis performed pursuant to the above-referenced regulations. | Sample Type: Special Sample Reason: (Only if Sample Type = SP) | RT = Routine (For Compliance) A = Suspected Contamination B = New Plant, Modification, or Line Extension | SP = Special (<u>Not</u> for Compliance) E = Line Break, Emergency Repair | | |

or Line Extension



McCoy & McCoy Laboratories, Inc. www.mccoylabs.com PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave Paducah, KY 42003 270.444.6547 270.444.6572 fax 5510 Fern Valley Rd. Suite 104 Promenade Pavilion Louisville, KY 40228 502:961:0001

| | aniv CHAIN OF | CUSTODY and ANALYTICAL | | lease i | orint: le | glibly. |
|--|--|---|---|----------------------------|--|--|
| SHADED AREA FOR LAB USE(| Bill To: | Send Results to: | Compliance Monitoring (check of Yes ☐ No ☐ | ne)?ધ P | O# | |
| Client: | | | Samples Chlorinated (check of Yes ☐ No ☐ | ne)? | : | |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# STA | re (| OF CONTAINERS MATRIX CODE (See Lower Left) | E CODE |
| :Batch# | Project Name | Collected by (Signature): | MMLI Quote # (if applicable |) | ONTA TRIX C | PRESERVATIVE CODE (See Lowert Left) |
| Sample ID# COLLECTION DATE TIM | E Composite samples indicate begin to | SAMPLE ANALYSIS REQUESTED Method ID if known | | Temp | #OFC MA (See | PRES (Se |
| (24) | | s.i. E | | | | |
| | · · · · · · · · · · · · · · · · · · · | 7 5 1 7 | | | | |
| | 120 00 3 730 00 5 | S.P. E | | | | |
| | The state of the s | | | | | <u> </u> |
| | | | | + + | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | than 48 hours holding time remaining may be subject to addi | tional surcharges. 3. Lab reserves the right to ret | ırn unused por | tions of samp | les to client. |
| 1. Expedited services not available for all services | | | | npment (check FedEx 🗵 : | one): MMEI 🔲 | S Postal 🔲 Clent 🖽 |
| Relinquished by: (Signature) | Received By: (Signature) | (24 hr) | C Temp UNA SibateShippe | | Location | |
| Relinquished by: (Signature) | Received by: (Signature) | (24 hr) Gustody seals present/inta | LABINOTES | | | |
| | | COC agree with sample Lai DATE TIME Contect containers for testi Alexandria Headspace issues acceptai | oelsir. ngr (15 | tion required: | YE | so noc |
| Relinquished by: (Signature) | Received for MMLI-by: | Holdingstime(s), acceptable Perservative pH stacceptable Wise nHI eH unadjusted(2) | | reción (<u>)</u> | | |
| MATRIX: CODES: DW Drinking Water | HA - Hydrochloric Acid (HCI) SH - Södium Hydroxide (NaOH) A | S: All samples listed on QOC Samples properly preserve Ginant's sample document GOC been ratinguished? Arsitests ilsted for each sa A - Ascorbic Acid GOC been ratinguished? Arsitests ilsted for each sa | d? By ;feceived? By By ;reviewed! | | | |

SAMPLE CATEGORY = TC

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM General Information — This Section To Be Completed By Collector

| PWS D | K Y 0 1 | 8 0 | 5.4-9 | | | _ | | Complia | nce Period (MMYYY) | n | | 0 0 8 1 1 | ĝ, |
|---|---|--|-------------------------|---|--|--|--------------------------------|--------------------------|---|----------------------|------------------------|---|-----------------------------|
| PWS Name | CRW | D # | 1 | PV | /S Contact | B | ill | Collection | n Date (MMDDYYYY (All Samples Report | | hie East | 012118 | 0 0 9 |
| PVVS Address | | | | rd Ky 42076pm | **** | 70 | 1-436-6304 | Collecto | • • • | | ο. | uncan - | 21-69 |
| General Info | | | | ompleted By L | ab · | | | | | | | | |
| _{Lвы ID} | | | | Lab Receipt D | Date (MMDDYYYY) | | 01414309 | Total Co | iform Analysis Metho | od Cod | le | 328 | |
| | $\sim 100^{\circ}$ 1.00 | | | | (WWDOJJJJJ) | | 0101000 | E Coli A | nalysis Method Code | pro 2 march | | , III | <i>3</i> / |
| Lab Analysi | MAD | 4 | Vauto | MYDE | 2109 | | | · Lab Sup | ervisor | | | Separation | 22/03 |
| Sample Info | ormation – T | nis Sect | ion To Be Co | nipleted By C | ollector | - | Analysis Information - Thi | s Section To | Be Complete | і Ву | Lab | | |
| Sample Type (RT, RP, or 8P) (See Key) Special Sample Reseon (A, B, C, D, or E) (See Key) Reblacement Sample? | (Y or Blank) Location Code (See Instructions) | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time (24 ft/) | Free Chilorine (Required for all distributions except Chiloramine) | Total Chlorine (Required when disinfectant is Chloramine) | | Lab Sample Number | Analysis Time (24 hr) | Result (Total Colliform Count - or - TNTC - or - CNFG) (See Key) | Total Coliform (P/A) | E Coll (P/A) | Lab Sample Numbe Sample (Required for Rep Replacement S (See Instruct | e santand/or samples) |
| RTI | 005 | | 0 7 7 0 | 11.37 | 71.12.8 | 1 | 1247068 | 1490 | | A | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | 1 | | | | , , , | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | dama analika kan dhada ar | | | | | | BACTERIOLOGICAL A | ANALYSIS REPOR | T FROM KEY | | | | |
| The signatories of this the water sample analy | yzed and the resulting | data hereby: | submitted, were | Sample Type: | | | RT = Routine (For Compliance) | RP = Repeat | For Compliance) | | | Special (Not for Compli | |
| completed in accordant including But not limite the data submitted on collection and analysis Violations of 401 KAR I | ed to 401 KAR 8:200, 5 Bis form is a true and performed pursuant t Chapter 8 are subject | 601 KAR 8:040; and the oft of the results of detenced regulations. alties prescribed in KRS | (Only if Sample | | | A = Suspected Contamination B = New Plant, Modification, or Line Extension | C = Treatment D = Study/Inv | | | E=Li | ine Break, Emergency I | Repair | |
| 224.89-010, up to \$25, | 000 fine per day per vi | loistion and in | some cases a violation | Repeat Location | n Code: | DN = Downstream | UP = Upstream | n | | OR = | Original Site | | |

Make & Cample Time - SM



McCoy & McCoy Laboratories, Inc. www.mccoylabs.com PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax 5510 Fern Valley Rd. Suite 104 Promenade Pavilion Louisville, KY 40228 502.961.0001

| HADED AREA | FOR LABUSE ONL | A GENAND OF A | CUSTODY and ANALYTICAL | Compliance Monitoring | (check one)? | PO# | e e | • |
|--|---|--|--|--|--|---------------------|---------------------------------|----------------|
| 6-11-11-11-11-11-11-11-11-11-11-11-11-11 | M. S. M. S. | Bill To: | Send Results to: | Compliance Monitoring Yes \(\square\) | | | | |
| Client: The phone/Email: Batch# | | | | Samples Chlorinated (Yes ☐ No | (check one)? o □ | | | |
| | | Phone/Email: | Phone/Email: | PWS ID# | | | ODE Left) | 3000 |
| | | Project Name | Collected by (Signature): | MMLI Quote # (if a | | CONTAINERS | MATRIX CODE (See Lower Left) | na contraction |
| Sample ID# | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin til end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF (| MA (See | |
| | 1-:1-09 073 | | RT | | | 1 | | \dagger |
| | | | | | | | | 1 |
| | | | | | | 1 | | |
| | | | | | | | | |
| | \$373 \$4 | | | | | | | \perp |
| | | | | | | | | _ |
| | | | | | | | | 4 |
| | | | | | | | | |
| | | oursed with lass | than 48 hours holding time remaining may be subject to ad | ditional surcharges. 3. Lab reserves the | right to return unuse | d portions | of samples | to o |
| 1. Expedited services | s not available for all services, ple | ase call. 2. Samples: received unannounced | | RECEIPT (CHECK ONE) | Method of Shipment (UPS [3] * FedEx [2] | check one]/ MML | | OSU |
| Relinquished by: (Sig | gnature) | Received By: (Signature) | (24hr) Sized wet/Blue; | | Date Shipped: | | | |
| Mi William | Aprilan II | Received by: (Signature) | DATE TIME Custody seals present/int | YES NO NA GRANT TO THE REPORT TO THE THE REPORT TO THE THE REPORT TO THE | Lagged in by: | | | |
| Relinquished by: (Sig | gnature) | | Broken containers (# COC agree with sample L | nbels? D D D | LABINOTIES E | | yes I | |
| Relinquished by: (Si | ignature) | Received for MMLI by: | Headspace issues acceptable Headspace issues acceptable Reservative pals acceptable Was palletted Was palletted State and the American Reservative in the Reservative pals acceptable was palletted and the Reservative in the Reservative pals acceptable was palletted and the Reservative pals acceptable was palsetted and the Reservative palsetted a | e? ble? | Follow uplaction (EU) Client informed on a Client Repr | | | |
| MAT DW - Drinking Water SW - Solid Waste SO - Soli/Solid SL - Sludge | GVV - Citotila Trais | NI – Nitric acid (FINOs): HA – Hydrochloric Acid (HCI): SH – Sodium Hydroxide (NaOH) | S: SA — Sulfuric Acid (H ₄ SO ₄) 4C — 4°C AA — Ascorbic Acid NO — No preservative SS — Sodium sulfite A A colium sulfite A colium sulfite A colium sulfite | /ed: de received? © | Reviewed by Date | | | |





McCoy & McCoy Laboratories, Inc.
P. O. Box 907
Madisonville, KY 42431

P. O. Box 907

Madisonville, KY 42431

www.mccoylabs.com

Lexington KY 859-299-7775 Madisonville KY 270-821-7375

Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water System Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 01/21/09 Client: CE648413 Batch No: 08121451

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

SAMPLE CATEGORY = CH ENTRY POINT SAMPLING

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

SODIUM ANALYSIS REPORT FORM

This Section To Be Completed By Collector

| | PWS ID KY | 180549 | Plant ID A | 4 PI | lant Name | Center Ridge WTP #1 | , | | Location Code | TPA |
|---|---|----------|---|--------|-----------|---------------------|----------------|------------------|---------------|---|
| Ì | PWS Name | CENTE | R RIDGE W | ATER S | YSTEM | | PWS Contact | WILLIAM M DUNCAN | | *************************************** |
| | PWS Address 281 MORRIS RD, DEXTER, KY 42036 | | | | | | PWS Phone | 270-474-8267 | | |
| | Sample Date | 12152008 | Time | 0944 | Sample 1 | Type RT | Collector Name | Derek Leatherman | | |
| | (MMDDYYYY) | | RT = Routine (For Compliance) SP = Special (Not for Compliance) | | | | Signature/Date | | | |

This Section To Be Completed By Lab

| Lab ID Lab Analy | ooo30 est Jared Daugherty | Lab Sample Number AG40676 01/21/2009 Signature/Date | | | Lab Phone Lab Supervisor | Detron 01/21/09 Signature/Date | |
|---------------------|------------------------------|---|-------------------------|---|---|-----------------------------------|--------------------------|
| Analyte Code | Analyte f | | Analysis Method Code | < | Result (mg/L) -or- Lab Minimum Reporting Limit (mg/L) | | Analysis Date (MMDDYYYY) |
| 1052 | Sodium | | 799 | | 3. | 94 | 01062009 |

SAMPLE CATEGORY = TC

224,99-010, up to \$25,000 fine per day per violation and in some cases a violation

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

General Information — This Section To Be Completed By Collector Compliance Period (MMYYYY) PWS ID CRWD# Collection Date (MMDDYYYY) PWS Name PWS Contact (All Samples Reported on this Fo William Duncan 270-436-6304 6 9 Margherthe New Concord Ky 43076pws Prone Collector Name PWS Address General Information - This Section To Be Completed By Lab 000007 Total Coliform Analysis Method Code Lab Receipt Date (MMDDYYYY) _ab ID E Coli Analysis Method Code Analysis Date (MMDDYYYY) Lab Supervisor ab Analvsi Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector it Location Code or OR) (See Key) Result (P/A) Location Code (See Instructions) (Total Coliform Lab Sample Number of Original Sample Type (RT, RP, or SP) (See Key) Coll (P/A) Count Free Chlorine Total Chlorine Semple Total Coliform Analysis Time (Required for Repeat and/or Sample Time (Required for all (Required when Lab Sample Number TMC (24 hr) Replacement Samples) (24 hr) disinfectants except disinfectant is - 08 -Repeat 1 (DN, UP, o Chloramine) Chioramine) ш (See Instructions) CNFG) (See Key) BACTERIOLOGICAL ANALYSIS REPORT FROM KEY The signaturies of this form centify by their signatures that collection and analysis of SP = Special (Not for Compliance) RP = Repeat (For Compliance) Sample Type: RT = Routine (For Compliance) the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 6, specifically E = Line Break, Emergency Repair C = Treatment Modification Special Sample Reason: A = Suspected Contamination including that not smited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of (Only If Sample Type = SP) B = New Plant, Modification, D = Study/Investigation collection and analysis performed pursuant to the above-referenced regulations. or Line Edension Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS

DN = Downstream

Repeat Location Code:

Muks W Gamala Tuna = DM

OR = Original Site

UP = Upstream



McCoy & McCoy Laboratories, Inc. www.mccoylabs.com

PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

VM 24 35 5

5510 Fern Valley Rd. Suite 104 Promenade Pavilion Louisville, KY 40228 502.961.0001

| | | CHAIN OE | CUSTO | DY and ANALYTICAL RI | EQUEST | | Please | prit | it legi | bly. | |
|---|---------------------------------|---|--|--|--|------------------------------------|---------------------------------|-----------------|---------------------------------|--|--|
| SHADED AREA Client: | EOR L'AB USE ONL | Bill To: | | id Results to: | Compliance Monitorin | ig (chec Vo □ | k one)? | PO# | | | |
| CRWV | H Q | | | | Samples Chlorinated (check one)? Yes ☐ No ☐ | | | | | | |
| Phone/Email: | | Phone/Email | Pho | one/Email: | PWS ID# | | TATE | INERS | ODE Left) | cope Left) | |
| Batch# | | Project Name | | llected by (Signature): | MMLI Quote # (if applicable) | | | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) | |
| Sample ID# COLLECTION DATE TIME (24 hr) | | SAMPLE DESCRIPTION Composite samples indicate begin ti end time and temp (°C) at end time | me, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | | Field Data oH Temp .U. °C | # OF C | S) | PRES (S) | |
| | 1-21-15 0630 | 905 | | KT | | | | | | | |
| | 223 | | | | | | | | | | |
| | | | | | | | | | | - | |
| | | | | | | | | | | - | |
| | | | | | | | | | | | |
| | | | | | | | | | ;. | | |
| | | e call. 2. Samples received unannounced with less | Al - 40 hours | solding time remaining may be subject to addition | al surcharges. 3sLab reserves th | ne right to i | return unused | portions | of samples t | to client. | |
| 1. Expedited services I | 71 P. | e call. 2. Samples received unannounced with less ceived By: (Signature) | DATE | (24 hr) a liced wet/Blue | Temp = 1, 4, 1 = 4 | UPS 🖽 | FedEX | eck one) MML | US Po □ 3 C | ostal 🗉 Client 🗵 | |
| la A | -con |) me h (1-1/1 set) | -:\f? -: | TIME | | Date Ship Airbill## Loggedii | | | ocation: | | |
| Relinquished by: (Sigr | nature) Re | celved by: (Signature) | DATE | (24 hr) Custody seals present intact? Broken-containers? | | LAB/NOT | | | | | |
| Relinquished by: (Signature) Rec | | ceived for MMLI by: DATE | | TIME (24hr) Headspace (35ues acceptable); Holding time(s) acceptable?; Preservative.pH's acceptable? Was aH left unadjusted? | | | ormed on a | | VISID | I No E | |
| MATR DW - Drinking Water SW - Solid Waste SO - Soli/Solid SL - Sludge | WW – Waste Water Hy OL – Oil SI | – Ninte acid (m. 1945) A. – Hydrochloric Acid (HCI) H. – Sodjum Hydroxide (NaOH) | S: SA — Sulfuric Acid 4C — 4°C AA — Ascorbic Aci NO— No preserva SS — Sodium sulf | All samples listed on COC rect r (H ₂ SO ₄): r Samples properly preserved? Glient's sample documents re- id GOC been relinquished? | Gelved? El | By: Reviewer Date: | alby: | | | | |





McCoy & McCoy Laboratories, Inc. P. O. Box 907

Madisonville, KY 42431 www.mccoylabs.com

Lexington KY 859-299-7775 Madisonville KY 270-821-7375 Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water Dist #2 Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 01/21/09 Client: CE648512 Batch No: 08121456

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

SAMPLE CATEGORY = CH ENTRY POINT SAMPLING

SODIUM ANALYSIS REPORT FORM

This Section To Be Completed By Collector

| PWS ID KY | 180509 | Plant ID A | Plant Name | CENTER RIDGE #2 V | NTP | | Location Code | TPA |
|-------------|----------|--|--------------|--|------------------|------------------|---------------|-----|
| PWS Name | CENTER | R RIDGE WATER | R DISTRICT# | PWS Contact | WILLIAM M DUNCAN | | | |
| PWS Address | 281 MOI | RRIS RD, DEXT | ER, KY 42036 | | PWS Phone | 270-474-8267 | | |
| Sample Date | 12152008 | Time 104 | 16 Sample | Type RT | Collector Name | Derek Leatherman | | |
| (MMDDYYYY) | | ************************************** | | ne (For Compliance) al (Not for Compliance) | | Signa | ature/Date | |

This Section To Be Completed By Lab

| Lab ID Lab Analy | 00030_ rstJared Daugherty | Lab Sample Nur 01/21/2009 Signature/Date | mber AG4 | 10699 | Lab Phone Lab Supervisor | 270.821.7375 *Mork DeMi | ידי 11 21 0 ס ature/Date |
|---------------------|------------------------------|--|-------------------------|-------|-----------------------------|---|------------------------------|
| Analyte Code | Analyte N | Name | Analysis Method Code | ٧ | | ult (mg/L) -or- eporting Limit (mg/L) | Analysis Date (MMDDYYYY) |
| 1052 | Sodium | | 799 | | 3. | 12 | 01062009 |

SAMPLE CATEGORY = TC

many subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

General Information – This Section To Be Completed By Collector K Y 0 1 8 0 5 0 1 Compliance Period (MMYYYY) PWS ID CRWD# 3 Collection Date (MMDDYYYY) PWS Contact PWS Name (All Samples Reported on this 270-436-6304 6 9 Margherthe New Concord Ky 430 Hows Prone PWS Address General Information - This Section To Be Completed By Lab Total Coliform Analysis Method Code Lab Receipt Date (MMDDYYYY) Lab IO 01919388 Analysis Date (MMDDYYYY) E Coli Analysis Method Code Lab Supervisor Lab Analysi Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector Repeal Location Code (DN, UP, or OR) (See Key) Result Total Coliform (P/A) Jo or E) (See K cement Sample? Location Code (See Instructions) (Total Coliform Lab Sample Number of Original Coll (P/A) Free Chlorine Count Total Chlorine Sample Sample Time (Required for all (Required when Analysis Time - Of -(Required for Repeat and/or Lab Sample Number disinfectant is (24 hr) TMC isinfectants excep (24 hr) Rentagement Samples) - or -Chloramine) Chloramine) ш (See Instructions) O CNFG) (See Key) BACTERIOLOGICAL ANALYSIS REPORT FROM KEY The signatories of this form centify by their signatures that collection and analysis of SP = Special (Not for Compliance) Sample Type: RP = Repeat (For Compliance) RT = Routine (For Comptance) the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 6, specifically E = Line Break, Emergency Repair A = Suspected Contamination C = Treatment Modification Special Sample Reason: including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that D = Study/Investigation the data submitted on this form is a true and accurate report of the results of (Only If Sample Type = SP) B = New Plant, Modification, collection and analysis performed pursuant to the above-referenced regulations. or Line Extension Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224,99-010, up to \$25,000 fine per day per violation and in some cases a violation UP = Upstream OR = Original Site Repeat Location Code: DN = Downstream

Make M Cample Time w BC



McCoy & McCoy Laboratories; Inc. www.mccoylabs.com

PO Box 907 * 825 Industrial Rd. Madisonville; KY 42431 270 821 7375 270 825 9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah; KY 42003 270.444:6547 270.444.6572 fax

5510 Fern Valley Rd. Suite 104 Promenade Pavilion Louisville, KY 40228 502.961.0001

Line of Part

| SHADED AREA! | FOR LAB USE ONLY | CHAIN OF CL | ISTODY and ANALYTICAL R | | Please | | | |
|---------------------------|------------------------------|--|--|--|---|---------------|---------------------------------|--|
| Client: | | Bill To: | Send-Results to: | Compliance Monitoring (c Yes ☐ No [| check one)? | PO# | _ | _ |
| < k 00 0 | # 3 | | | Samples Chlorinated (cl Yes ☐ No | neck one)? | · Lugar | | |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | | DE Left) | cobe eft) |
| Batch# | | Project Name | Collected by (Signature): | MMLI Quote # (if app | licable) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples/indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA: | PRES! |
| | 1-11-69 9660 | 005 | | | | 70.00 | | |
| | | | | | | | | |
| | | | | | | | 2 | 14.7 |
| | | | | · | | - | | 19 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | Berlin and State State Control of the Control of th | | | | |
| | | A STATE OF THE PROPERTY OF THE | | · · · · · · · · · · · · · · · · · · · | | 1 | 46,7 | |
| | | in a straight in appropriate distribution of the less than 4 | 8 hours holding time remaining may be subject to addition | al surcharges: 371-ab, reserves the righ | nt to return unused | portions c | f samples to | client. |
| Relinquished by: (Signatu | ure) Recei | ved By: (Signature) DATE Wediby: (Signature) PRESERVATIVE: CODES: Wirnelacid: (HNO ₃) Hydrochloric: Acid (HCI) Sodium Hydroxide: (NaOH): AA – As NO–NE | TIME (24 hr) Conditions URON RECE Ced wer/Blue Conditions Cond | IFIN (CHECK ONE) Temp Temp Temp Temp Temp Temp Temp Temp | od/of/Shipment(ch in FeoFx□ Shipped shipped sed in by: NOTES Whip action require the control of the characteristic of the ch | MME | LUS POS | |





McCoy & McCoy Laboratories, Inc.
P. O. Box 907
Madisonville, KY 42431
www.mccoylabs.com

Lexington KY 859-299-7775 Madisonville KY 270-821-7375

Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water Dist #3 Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 01/21/09 Client: CE648610 Batch No: 08121459

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

S'AMPLE CATEGORY = CH ENTRY POINT SAMPLING

SODIUM ANALYSIS REPORT FORM

This Section To Be Completed By Collector

| | PWS ID KYO | 180502 | Plant ID .A | Plant Name | e Center Ridge #3 V | WTP | | Location Code | TPA |
|---|-------------|----------|-------------|--------------|--|----------------|------------------|---------------|-----|
| | PWS Name | CENTER | RIDGE WA | TER DISTRICT | #3 | PWS Contact | WILLIAM M DUNCAN | | |
| PWS Address 281 MORRIS RD, DEXTER, KY 42036 | | | | | | PWS Phone | 270-474-8267 | | |
| | Sample Date | 12152008 | Time | 1055 Sample | Type RT | Collector Name | Derek Leatherman | | |
| | (MMDDYYYY) | | | | tine (For Compliance) cial (Not for Compliance) | • | Signa | ature/Date | |

This Section To Be Completed By Lab

| Lab ID <u>00030</u> Lab Analyst <u>Jared Daugherty</u> | | Lab Sample Nun 01/21/2009 Signature/Date | nber <u>AG4</u> | 10702 | Lab Phone Lab Supervisor | 270.821.7375 Mark Dimer 01/21/09 Signature/Date | | | |
|--|-----------|--|-------------------------|-------|-----------------------------|---|--------------------------|--|--|
| Analyte Code | Analyte I | Name | Analysis Method Code | ٧ | | ult (mg/L) -or- eporting Limit (mg/L) | Analysis Date (MMDDYYYY) | | |
| 1052 | Sodium | | 799 | | 3. | 08 | 01062009 | | |

X

SAMPLE CATEGORY = TC

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General In | formation - TI | | | mpleted By C | ollector | | | | | CHROOP |
|--|--|---|--|-------------------------------------|--------------------------------|-------------------------------|--------------------------|---|--------------|--|
| PWS ID | K Y 0 | 8 3 | 1:06 | | ^ | | Complian | os Period (MMYYYY) | ! | |
| PWS Name | CRWI |) # | 4 | PW | S Contact | ill | Collection | Date (MMDOYYYY) (Atl Samples Reported to | n this Form | 0 1 9 1 2 0 0 9: |
| LAA2 IASKING | | | | | 0.2 | 1121 120U | | 9. 171 | | luncan 1-21-09 |
| PWS Address | 69 marque | wite | New-Concorred 1 | <u>Ky 43076</u> pw: | S Phone | 1 - 434-6304 | Collector (| dame Would | 71. 00 | Elgasters/Dote |
| General In | formation – Ti | | | | ab | | | | | 1006 |
| Ol dau | 000 | ****** | | | liste (MMDDYYYY) | 019110039 | Total Coli | form Analysis Method (| code | 308 |
| Carono | i * | · Section . | | | | 01010000 | E Coli An | alysis Method Code | | |
| | \mathcal{A}_{1} | A \cup | Mach | Analysis Date | 2//6 | CONTRACTOR | | | 110 | 1/20/08 |
| Lab Analysi | <u>u vun</u> | <u>urz</u> | the Will | MIL | 201 | | Lab Supe | | | E-probate/Date |
| Sample In | formation - Th | is Sec | ion To Be Con | npleted By C | ollector | Analysis Information – Th | is Section To I | Be Completed I | y Lab | |
| - 1 | | مر) | | | | | | Result | 2 | |
| Sample Type (PRT, RP, or 8P) (See Key) Special Sample Reason A B C O or ET (See Key) | The state of the s | Repest Location Code [DM, UP, or OR] (See Key) | | er Outstan | Total Chiorine | | | (Total Coliform Count | E Coll (P/A) | Leb Sample Number of Original Sample |
| 7 2 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | Saffor OR) (8 | Sample Time | Free Chlorine (Required for all | (Required when | Lab Sample Number | Analysis Time (24 hr) | -or- TNTC | Coll (P/A) | (Required for Repeat and/or Replacement Semples) |
| See See | C or Etentol (Y or Etentol Location Code (See Instructions) | at Lo | (24 hr) | disinfectants except Chionamine) | disinfectant is Chioramine) | | 4 | -or- CNFG) | OTBI C | (See Instructions) |
| N F 20 | | &5 & z | ٠. | | | · | | (Söe Key) | | |
| | 7 | Ę. | | | | | | | A: | |
| RIT | 020 | | 0800 | 1.08 | | ESH1012 | 17490 | | 7 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | BACTERIOLOGICAL | AMALYSIS DEPO | T ERGM KIEY | <u></u> | d Kamadana Amada Kamadana Amada Amad |
| The elements of | this form centify by their | signatures C | rat collection and enalys | a of | | RT = Routine (For Compliance) | | (For Compliance) | SP | = Special (Not for Compliance) |
| the water sumple | ensigned and the resulting | ng data harw na na 401 KAI | by submitted, were R Chapter 6, epecifically | Sample 1/P | | A = Suspected Contamination | C = Treatmen | | E= | - Line Breek, Emergency Repair |
| including but not | Broked to 401 KAR \$:200, | Section 1 @ d securitie 6 | nd attraction control of apport of the results of | (Only If Samp | | B = New Plant, Modification, | D = Study/Im | estigation | | |
| collection and an | <u>alysis performed pursusal</u> XLO Common Blace authioc | t to savent if | ol is bedroem mattered to be bedroem | 3 | | or Line Extension | UP = Upstres | វា | OR | R = Original Site |
| 224.69-C10, up to | \$25,000 fine per day per | violation and | s in nome cases a viciatio | n Repeat Locati | on Code: | ON = Downstreem | Option | | | |



McCoy & McCoy Laboratories, Inc. www.mccoylabs.com PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825 9200 fax

2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax

1 1 1 A

1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

Suite 104 Promenade Pavilion Louisville, KY 40228 502.961.0001

| | FOR LABIUSE ON | V CHAIN OF C | USTODY and ANALYTICAL F | REQUEST | Pleas | e prii | nt leg | ibly. |
|---|--|--|--|--|----------------------------------|---------------------------------|--|--------------|
| Client: | FUNTAP JOE WA | Bill To: | Send Results to: | Compliance Monitoring Yes ☐ No | (check one)? | PO# | | |
| CRW | D # 4 | | | Samples Chlorinated (Yes ☐ No | check one)? □ | | | |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | NERS | DE .eft) | SODE Sft) |
| Batch# | | Project Name | Collected by (Signature): | MMLI Quote # (if ap | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) | |
| Sample ID# | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA (See | PRES (S |
| | 1-2/ PECO | | RT. | | | | | |
| | | | | | : | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | : |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | · | | | |
| | available for all services, plea | se call. 2. Samples received unannounced with less than | 48 hours holding time remaining may be subject to additio | nal surcharges. 3. Lab reserves the r | ight to return unused | portions o | of samples t | o client. |
| Relinquished by: (Signatu Relinquished by: (Signatu Relinquished by: (Signatu | ure) R ure) R | eceived By: (Signature) DAT DAT DAT DAT DAT DAT DAT DA | E TIME (24 hr) CONDITIONS UPON RECUES ICED WEY Blue. E TIME (24 hr) Custody, seals; present/intacta Broken; containers. Recues Cog agree with sample; Label Conrect containers. For itesting Headspace issues acceptable Holding time(s) acceptable. Preservative pHIs acceptable. Preservative pHIs acceptable. Was in the first managing ted? Recues Recues acceptable. Reservative pHIs acceptable. R | JULEMP JULE AND | thad of Shipment (ci Si | MMEI | cation: | ilien ⊠ir |
| MATRIX DW – Drinking Water SW – Solid Waste SO – Soil/Solid SL – Sludge | GW – Ground Water MW – Waste Water HOL – Oil SU – Surface Water SU – S | I – Nitric acid (HNO ₃) SA – S A – Hydrochloric Acid (HCI) AC – 4 H – Sodium Hydroxide (NaOH) AA – A T – Sodium Thiosulfate NO– N | ulfuric Acid (H ₂ SO ₄) C C C C C C C C C C C C C C C C C C C | ceived?回 □ | sviewed byc | | | |

SAMPLE CATEGORY = TC

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General In | ıform | ation - Ti | nis Sect | ion To Be Cor | npleted By Co | ellector EKIULUGIC | AL ANALYSIS REPOR | | | | | 098009 |
|---|--|-------------------------------------|---|---|---|--------------------------------|------------------------------------|-----------------------|--|----------------------|------------|--|
| PVVSD | Κ | Y 0 1 | 8 0 | SILATI | | | A . | Compliano | e Period (MMYYYY) |) | | |
| PWS Name | | CRWI | | 1 | FWS | s Contact | !! | Collection | Date (MMDDYYYY) (All Samples Reporte | d on th | ılıs Fort | CR 19 2005 |
| I TYS NATH | - | | | Cr c | liv do su | 97/ | - 436-6304 | Collector | 9.:00 | | | uncan 2-12-09 |
| PVVS Address | | | V | to New Concor | | | 10-000 | | | | | Separatellate |
| General Ir | | | | ion To Be Cor | | | 02129009 | Total Coli | orm Analysis Method | i Code | | 328 |
| Lab ID | | 000 | 01 | | Lab Receipt D | Keosity pare (wwwpp.1.1.1) | | | | | | |
| | | | , ~ | 1 | Analysis Date | | 04/49009 | E Coli Ani | alysis Method Code | . // | | 9.13.09 |
| Lab Aralyst | | Mrs | DA | Y law | MABI | 09 | | Lab Supe | $-\mathcal{L}$ | // | | Signature/Date |
| Sample In | form | ation - Th | is Sect | ion To Be Con | npleted By Co | ollector | Analysis Information – Thi | s Section To | Be Completed | Ву | Lab | |
| c i | 0.7 | | le (ey) | | | | | | Result (Total Coliform | (A) | | Lab Sample Number of Original |
| SP) | ample X | ode Nons) | on Coc (See h | | Free Chlorine | Total Chiorine | | Analysis Time | Count - or - | Total Coliform (P/A) | Coll (P/A) | Sample Sample (Required for Repeat and/or |
| 7P, or 3e Key | or E) nent S r Blan | Location Code (See Instructions) | Location or OR) | Sample Time (24 hr) | (Required for all disinfectants except | (Required when disinfectant is | Lab Sample Number | (24 hr) | TNTC - or - | S Colff | 8 | Replacement Samples) (See Instructions) |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Resson | | Loce (See ! | Repest Location Code (DN, UP, or OR) (See Key) | | Chloramine) | Chioramine) | · | | CNFG) (See Key) | ğ | | |
| Š. | S S | | 4 Q | | | | | willian should suffer | in the formal factor of tree of | c re | , | |
| SPIC | | T S D | | 0 7 3 6 | | 11.135 | AGBULD!/L | 1412 | | | | |
| SPD | | 001 | | 017156 | 1.31 | 11.32 | ASPISS I | 1412 | | | | |
| SPD | | 0 013 | | 01750 | 11.117 | 1.134 | 165/15B | 1412 | | | | |
| | | | | | | | | | | | ***** | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | Anna dia manda and a sanda | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | BACTERIOLOGICAL | ANALYSIS REPOR | T FROM KEY | | | |
| he signatories o | of this for | m certify by their | signatures ti | at collection and analysi | Sample Type | • | RT = Routine (For Compliance) | | (For Compliance) | | | Special (Not for Compliance) |
| ne wester seample | e wester scample analyzed and the resulting data nereby summared, were | | | | | | A = Suspected Contamination | C = Treatmen | | | E = | Line Break, Emergency Repair |
| iclusting beat not | t imited t | o 401 KAR 8:200. | , Section 1 & ed securation | nd 407 floar 8,040; and u eport of the results of | (Only If Samp | sle Type = SP) | B = New Plant, Modification, | D = Study/Inv | estigation | | | |
| Maction and an | miyets po | riomed pursuall | t to the abov I moved of it | s-referenced regulations. crusities prescribed in Ki I in some cases a violatio | w | ion Code: | or Line Extension DN = Downstream | UP = Upstrea | m | | OR | = Original Site |
| stables the | Appropries | o prison. | - manager will | | Mejest cour | | | | | | | |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821:7375 270.825.9200 fax. 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| | FOR LAB USE ONLY | CHAIN OF CU | JSTODY and ANALYTICAL R | EQUEST | Please | e prii | it legi | bly. |
|--|--|--|---|---|----------------------------------|------------|---------------------------------------|---------------------------------------|
| Client: | - Forse Adroges on En | Bill To: | Send Results to: | Compliance Monitoring (| check one)? | PO# | | |
| CRU | NOAL | | | Samples Chlorinated (c Yes ☐ No | heck one)? | | | |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | IERS | DE eft) | ope tt) |
| ¿Batch# | | Project Name | Collected by (Signature): | MMLI Quote # (if app | olicable) | CONTAINERS | MATRIX CODE (See Lower Left) | RESERVATIVE CODE (See Lowerr Left) |
| Sample ID# | COLLECTION TIME DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # 0F C | MA (See | PRES (S |
| | F17-02 U230 | 001 | St | | | | | |
| | 1-12-69 0 140 | 202 | | | | | | - |
| | 2-12-59 0 50 | 003 | - Production of the second of | | - | - | | _ |
| | | | | | | + | | |
| | | | | | | | | |
| | | | | · | | | | |
| | | | | | | | | |
| | | | | | | | | <u> </u> |
| | Associable for all services. Diease | call. 2. Samples received unannounced with less than | 48 hours holding time remaining may be subject to addition | nal surcharges. 3. Lab reserves the rig | ht to return unused | portions | of samples to | o client. |
| Relinquished by: (Signat | ture) Rece | ived By: (Signature) DATE DATE DATE DATE DATE DATE | TIME CONDITIONS URON REC (24 hr) Cledwet/Blue CO Ambient CO TIME (24 hr) Clustody seals present/intact? Broken containers? GOC agree with sample Labels of Correct containers for testing | Temp Di N/A Date Temp Di N/A Date Airil YES VO N/A DI | Feder Shipped: | AMME! | C C C C C C C C C C C C C C C C C C C | ijent 🖾 |
| Relinquished by: (Signa MATRIX DW - Drinking Water SW - Solid Waste | CODES: GW - Ground Water NI - | PRESERVATIVE CODES: SA - S Hydrochloric Acid (HCI) AC - 4 | Holding time(s) acceptable (Preservative pH s acceptable of Was pH left unadjusted? All samples disted on COC rec Ulfuric Acid (H ₂ SO ₄) Samples properly preserved? Client's sample documents re | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ntimformed on | | | |
| SW - Solid Waste SO - Soil/Solid SL - Sludge | OL – Oil SH – SH – Surface Water ST – | Sodium Hydroxide (NaOH) Sodium Thiosulfate NO-N | scorbic Acid o preservative odium sulfile COC been relinquished? Are tests listed for each samp | le? B P D Date | | | | |

14.99-010, up to \$25,000 fine per day per violation and in some cases a violation

By Stablect the violator to prison.

Repeat Location Code:

Make M Gamela Time w DOS

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH **BACTERIOLOGICAL ANALYSIS REPORT FORM**

| General In | | | | tion To Be Co | mpleted By C | ollector | | | | (BOOB PD) |
|--|----------------------------------|--------------------------------------|---|--|---|--|--|--|----------------------|--|
| PWSD | Κ | Y 0 [| 3 0 | 5,07 | | ^ | 00 | Compliance Period (MMYY) | γ) | |
| PVVS liame | | RWO | | 2 | PW | S Contact | lill | Collection Date (MMDDYYY (All Samples Rep | ated on t | <u> </u> |
| PVVS Address | 6 | 9 Mari | thrug | to New Conco | zd Ky 43076pw | S Phone 97 | 0-436-6304 | Collector Name | lian | nduncan 1-12-07 |
| General Ir | nform | ation — Th | is Sec | tion To Be Co | mpleted By L | ab | *************************************** | | | ia a a |
| Lab ID | | 000 | D | | Lab Receipt D | este (MMDDYYYY) | 02119009 | Total Coliform Analysis Met | nod Cod | · 070 |
| l | , | Sa Sa | | Ο - | Analysis Dale | (MMDDYYYYY) | 02112039 | E Coli Analysis Method Coo | <u> </u> | |
| Lab Arelyst | 1 | Nm | d. | Mai | Anali | 1367 | | Lab Supervisor | <u>/</u> | Separation 9/13/04 |
| , | | | Sign | tion To Be Co | unlated By C | ollector | Analysis Information – This | Section To Be Complete | d By | Lab |
| | T | ation — in | | IOII TO BE CO | ipieted by O | | | - | | |
| 8.0 | Replacement Sample? (Y or Blank) | Location Code (See Instructions) | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time (24 hr) | Free Chlorine (Required for all disinfectants except Chloramine) | Total Chlorine (Required when disinfectant is Chforamine) | Lab Sample Number | Result (Total Coliform Count Analysis Time (24 hr) TNTC - or - CNFG) (See Key) | Total Coliform (P/A) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) U (See Instructions) |
| - 1 | | ונומוה | | M TEN | | TI NG | ASENTEGI | 7479 | In | |
| 2 6 0 | | 71717 | | | | 7 7 6 | AFINER | 7475 | A | |
| | | 41210 | | | 7 | | hed to | 7078 | N | |
| 2 P C | | 0.712 | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | Towns one was a | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | ANALYSIS REPORT FROM KEY | | |
| e stoute | d ship form | contify by thek | donatures th | at collection and analys | is of [| | | RP = Repeat (For Compliance) | | SP = Special (Not for Compliance) |
| e water sample | analyzed | and the resulting | g data hereb s of 401 KAR | oy submitted, were ? Chapter 8, specifically | Caralal Cara | | RT = Routine (For Compliance) A = Suspected Contamination | C = Treatment Modification | | E = Line Break, Emergency Repair |
| dudêng best not. n data sum-we | of ballers | 401 KAR 8:200, form in a true 80: | Section 1 and discourate to | nd 401 KAR 8:040; and t eport of the results of | (Only it Samp | | B = New Plant, Modification, | D = Study/Investigation | | |
| to thats suffernited on this form is a true and accurate report of the results of Hection are all analysis performed pursuant to the above-referenced regulations. Olations over 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS | | | | -letatenced regulations | | | or Line Extension | | | |

DN = Downstream

UP = Upstream



PO Box 907 * 825 Industrial Rd. Madisonville, KY: 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LABIUSE ONLY | Bill To: | STODY and ANALYTICAL R Send Results to: | Compliance Monitorin | g (check one)? No □ | PO# | | | |
|---|--|---|--|--|---------------------------------|--|-------------------|--|
| Client: | | | Samples Chlorinated Yes ☐ | I (check one)? No □ | | | | |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | NERS | ODE Left) | cope eft) | |
| Batch#: | Project Name | Collected by (Signature): | MMLI Quote # (if | OF CONTAINERS | MATRIX CODE (See Lower Leff) | PRESERVATIVE CODE (See Lowert Left) | | |
| Sample ID# COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fie readings, corrosive) | grab, field pH Temp | | | | |
| 1-18-09 0630 | 002 | TO SP | | | | | 1 | |
| 240, 0640 | (10) | 5 P | | | | | | |
| 4-209 GESO | 903 | | | | - | | + | |
| | | | | | | | +- | |
| | | | | | | | | |
| | | | | | - | | - | |
| | | Live time remaining may be subject to addition | nal surcharges. 3. Lab reserves th | ne right to return unused | i portions | of samples t | o client. | |
| Expedited services not available for all services, please | P DATE | TIME: GONDITIONS UPON REC | EIRT (CHECK ONE) | Method of Shipment(S UPS IF SHEEDER | heck one) | US PO | ishi 🗆 ilent 🗆 | |
| Relinquished by: (Signature) | peived By: (Signature) | (24 hr) Sicological School (24 hr) Ambient | Temp. Z DINIA | Date Shipped | | | | |
| 36A-7111 | DATE | (24 hr) Gustody seals present/intact | | LABINOTES | | | | |
| Relinquished by: (Signature) | ceived for MMLI by: DATE | TIME (24 hr) Headspace issues acceptable Holding time (s) acceptable? | 7 | Followup action required in the control of the cont | | ryEs⊕ | | |
| DW - Drinking Water SW - Solid Waster HA | - Nitric acid (1903) 4C - 4° - Hydrochloric Acid (HCI) 4A - As I - Sodium Hydroxide (NaOH) NO - No | Allsamples-listedson GOC refusamples listedson GOC refusamples properly preserved Corbic Acid GOC been refinguished? Are reststlisted for each sample under the corbic acid GOC been refinguished? | 0 0 0 0 0 ceived? 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | By I The Reviewed By I The Rev | | | | |

14.992-010, up to \$25,000 fine per day per violation and in some cases a violation

ly stablect the violator to prison.

Repeat Location Code:

Attached to Samuela Trans at DD

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

General Information — This Section To Be Completed By Collector K Y 0 1 8 0 5 0 2 Compliance Period (MMYYYY) PWSn Bill CRWD#3 Collection Date (MMDDYYYYY) **PWS Contact** PWS Name (All Samples Reported on this William duncan 2-12-09 270-436-6304 6 9 Margherette New Concord Ky 430 Hows Prone Collector Name PWS Address General Information - This Section To Be Completed By Lab 00122000 00031 Total Colform Analysis Method Code Lab Receipt Date (MMDDYYYY) Lab ID 00172004 Analysis Date (MMDDYYYY) E Coli Analysis Method Code Lab Supervisor Sample Information - This Section To Be Completed By Collector Analysis Information - This Section To Be Compléted By Lab Repeat Location Code (DN, UP, or OR) (See Key) Resutt Total Coliform (P/A) (See Key)
colal Sample Resear
C. D. or EJ (See P
placement Sample (Total Coliform Sample Type (RT, RP, or SP) Lab Sample Number of Original E Coll (P/A) Free Chlorine Count **Total Chlorine** Sample Analysis Time - or -Sample Time (Required for all (Required when (Required for Repeat and/or Lab Sample Number TNTC disinfectant is (24 hr) (24 hr) isinfectants except Replacement Samples) - or -Chioramine) Chloramine) (See Instructions) CNFG) (See Key) BACTERIOLOGICAL ANALYSIS REPORT FROM KEY he saignate-vies of this form centify by their signatures that collection and analysis of SP = Special (Not for Compliance) RP = Repeat (For Compliance) Sample Type: RT = Routine (For Compliance) ic wasters ample analyzed and the resulting data hereby submitted, were implicated itin accordance with the provisions of 401 KAR Chapter 8, specifically E = Line Break, Emergency Repair A = Suspected Contamination C = Treatment Modification Special Sample Reason: clusting beat not sinked to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that D = Study/Investigation e tile to sufficient on this form is a true and accurate report of the results of (Only If Sample Type = SP) B = New Plant, Modification, election are at analysis performed pursuant to the above-referenced regulations. or Line Extension plations or 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS

DN = Downstream

UP = Upstream

OR = Original Site



PO Box 907 * 825 Industrial Rd Madisonville, KY 42431 270:821,7375 270:825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Rd. Pikeville, KY 41501 606.432.3104 606.432.3717 fax 1800 Kentucky Ave Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA | FOR LABIUSE | ONLY CHAIN C | F CUS | TODYen | G ANALYTICAL RE | OUEST : | | | Plea | se pr | int leg | jibly. |
|--|--------------------------|--|--|-------------------|--|---|---|----------|----------|---------------|---------------------------------|--|
| Client: | | Bill To: | | Send Resu | ilts to: | Compliance Monitor | ing (che No □ | eck on | e)? | PO# | | |
| CRWI |)#3 | | | | | Samples Chlorinat Yes □ | ed (ched No □ | ck one | :)? | | | |
| Phone/Email: | | Phone/Email | - v - v - v | Phone/Em | ail: | PWS ID# | s | STATE | | NERS | DE .eft) | CODE (ft) |
| Batch# | | Project Name / | Project Name | | | MMLI Quote # (| if applic | able) | | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample:ID# | COLLECTION DATE TIM (24) | Bio, composite samples in | PROJECT/SITE NAME Bio. composite samples indicate begin time, end time and temp (°C) at end time | | | SAMPLE REMARK (i.e. composite, grab, f readings, corrosive. | ab, field pH Temp | | | # 0F C | MAT (See | PRESE (Se |
| | 2-13-00 96 | co cot | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 59 | | | | | | | | |
| | 12 m-13 01 | VIO 00 X | | 2 h | | | | | | | | |
| | 5,727 6 | (50 op 3 | | 51 | | | | | | | | |
| | | | | | | | <u> </u> | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | <u> </u> | | | | | | | | | |
| | | please call. 2.Samples received unannounced with | less than 48 i | ours holding time | remaining may be subject to addition | al surcharges. 3. Lab reserves t | ne right to | return u | inused p | ortions of | samples to | client. |
| | | Received By: (Signature) | DATE | TIME | CONDITIONS UPON RECE | IPT/GHECK ONE) | Methodio | f Shipm | enti(che | ckjone): | AUSIP6s | tal 🖂 🔻 |
| Relinquished by: (Signati | بار هفاه انتخاب | -Miskens | 3-13-1 | (24 hr) | De loed wet/Blue Constitution of Constitution Constitutio | Temp Temp's | Date Ship | | | | | |
| Relinquished by: (Signate | ure) | Received by: (Signature) | DATE | TIME | | YES NO | Airbil# Loggedii | n by: | | Loi | ation: | |
| Telinquisies ay, (e.g., | | | | (24 hr) | Custody seals present intact? Broken Containers? Coctagree with sample Labels | | LAB/NO | ES | | | | |
| Relinquished by: (Signature) Receiv | | Received for MMLI by: | DATE | TIME (24hr) | Correct containers for testing/ Headspace issues acceptable? Holding time (s) acceptable? Presentative pH's acceptable? Washn Heft unadjusted? | | 100000000000000000000000000000000000000 | action | required | | YESE | |
| SW – Surface Water WW – Waste Water HA – Hy SO – Soli/Solid OL – Oll SH – Sol SI – Sludge SW – Solid Waste ST – So | | PRESERVATIVE CODES NI – Nitric acid (HNO ₃) HA – Hydrochloric Acid (HCI) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate ZN – Zinc acetate | | servative | All samples listed on COC lease Samples properly preserved? Glent's sample documents rec COC been relinquested? Are tests listed for each sample | 回。同 eived7 回。2回 20 2回 | By Reviewed Date: | liby a | | | | |

X

SAMPLE CATEGORY = TC

24.550000, to to \$25,000 fine per day per violation and in some cases a violation

EY STANSFORMENT ONE WOODstar by person.

Repeat Location Code:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

General Information — This Section To Be Completed By Collector Compliance Period (MMYYYY) PWID Collection Date (MMDDYYYY) PWs Name PWS Contact 270-436-6304 DUS ADDRESS 69 Marquerite New Concord Ky 49076 PWS Phone General Information - This Section To Be Completed By Lab 00031 Total Coliform Analysis Method Code Lab Receipt Date (MMDDYYYY) abb 02-1012318 E Coli Analysis Method Code Analysis Olite (MMDDYYYY) Lab Supervisor Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector Repeat Location Code (DN, UP, or OR) (See Key) Result Colform (P/A) (Total Colforn Lab Sample Number of Original Coll (P/A) Count Free Chlorine Total Chlorine Analysis Time - or -(Regulated when (Required for all (Required for Repost and/cr Sample Time Lab Sample Number TNTC (24 hr) Replacement Samples) isinfectants except disinfectant is (24 hr) - or -Chioramine) Chioramine) (See Instructions) CNFG) (See Key) BACTERIOLOGICAL ANALYSIS REPORT FROM KEY The subpassionies of this form centry by their signatures that collection and analysis of RP = Repest (For Comptiance) SP = Special (Not for Compliance) RT = Routine (For Compliance) Sample Type: he water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 6, specifically E = Line Break, Emergency Repair C = Treatment Modification A = Suspected Contamination Special Sample Reason: iclusting Sul not limbed to 401 KAR 8:200, Section 1 and 401 KAR 8:040, and that D = Study/Investigation B = New Plant Modification, (Only if Sample Type = SP) to estuare with to propose estatements from ourse as is smol side as become at a fact. Set offerction and analysis performed pursuant to the above-selectioned regulations. or Line Extension laterations and 401 KAR Chapter 8 are subject to powere penalties prescribed in KRS

DN - Downstream

OR - Original Site

UP = Upstream



PO Box 907 * 825 Industrial Rd Madisonville, KY 42431 270.821.7375 270.825.9200 fax

2456 Fortune Dr., Suite 160 173 Island Rd. Lexington, KY 40509 Pikeville KY 4 859.299.7775 859.299.7785 fax

Pikeville, KY 41501 606.432.3104 606.432.3717 fax

1800 Kentucky Ave Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LAB USE ON | LY CHAIN OF GUS | STODY and ANALYTICAL REC | QUEST . | Plea | ise pri | ntlec | jibly. | |
|--|--|--|--|---|----------------------|---------------------------------|--|--|
| Client: | Bill To: | Send Results to: | Samples Chlorinated | Vo □ | PO# | | | |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | IERS | oeft) | ode t) | |
| - Batch# | Project Name | Collected by (Signature): | MMLI Quote # (if a | applicable) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) | |
| Sample ID# COLLECTION DATE TIME (24 hr) | PROJECT/SITE NAME Bio. composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data d pH Temp S.U. °C | # OF C(| MAT (See I | PRESE (See | |
| 7-17-47 0810 | 001 | SP | | | | | | |
| 2-12-09 OS30 | 3 603 | 34 | | | - | | | |
| 7-12-57 0-63-0 | σ 0 3 | SP | | | | | | |
| | | | • | | | | | |
| | | | | | | | | |
| | | | | | <u> </u> | | | |
| | | | | | <u> </u> | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1. Expedited services not available for all services; please | se call. 2.Samples received unannounced with less than 48 | The state of the s | The second secon | COLD GOLDS OF CHARLES OF THE PARTY CAN AND PARTY. | THE REPORT OF STREET | enter the training of the | Margarett in a property | |
| E Man Duncani II | DATE Cecived By! (Signature) DATE Control of the | TIME (24 hr). Scusiody seals present/intact? | IPT (CHECK ONE) Temp Tiemp VEST NO | ethod of Shipment (ethers in Aradex | CK One) MML(L) | US Post | | |
| | | Broken containers/ COC agree (with sample Labels/) TIME = Comes containers (or testing). | | ABINOTES | | | | |
| Relinquished by: (Signature) Re | eceived for MMLI by: DATE | (24hr) Headspace sees acceptable? Holding time(s), acceptable? Rreservative pH/s acceptable? Was pH/ert unadjusted? | | ollow.up/action/equired lient intormedion: | | YES OF | NO □ | |
| SW - Surface Water WW - Waste Water H/ | PRESERVATIVE CODES: — Nitric acids(HNO3) SA – Sulfur A'—Hydrochloric Acid (HCI) 4C – 4°C H – Sodium Hydroxide (NaOH) AA – Ascor F – Sodium Thiosulfate NO – No pr SS – Sodium Section (No – No pr SS – Sodium Section (No – No pr | eservative continue as a servative | Dived? Diversity of the second | y eviewed by | | | | |

ney subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| | | | tion To Be Co | mpleted By C | ollector | | | | | 3 8 3 5 6 8 |
|--|------------------------|---|----------------------------|---|----------------------------------|--|--------------------------|--|--------------|--|
| PWS ID K | Y 0 1 | 8 0 | SHA | | o | · inn | Complian | ce Period (MMYYYY) | _ | 0 2 8 0 0 5 |
| PVVS Name | CRWI | # (| 1 | PAV | S Contact | ill | Collection | Date (MMDDYYYY) (All Samples Reported of | n this Form | C S 1 8 2 0 0 5 |
| PVVS Address | 69 man | trug | to New Conco | w Ky 48076pw | S Phone 27 | 0-436-6304 | Collector I | vame <u>Willia</u> | m d) | uncan 3=18-07 Sporter Date |
| General Infor | mation – T | his Sect | tion To Be Co | mpleted By L | ab | | | | | name print spirit |
| Lab ID | ರ ೮ ರ | | • | | ate (MMDDYYYY) | 001110009 | Total Cold | iorm Analysis Method C | lode | ONB |
| į | ~ | 1 / | 20.0 | Analysis Date | (MMDDXXXX) | 04109009 | E Coli Ani | alysis Method Code | | |
| Lab Analysi | Min | dis | Mart | malp | 109 | | Lab Supe | | W | 1/19/29 Separations |
| Sample Infor | mation - Th | nis Sect | tion To Be Cor | npleted By C | ollector | Analysis Information – Thi | s Section To E | Be Completed E | ly Lab | · . |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Resson (A, B, C, D, or E) (See Key) Replacement Sample? | 1 | Repest Location Code (DN, UP, or OR) (See Key) | Sample Time | Free Chlorine (Required for all disinfectants except Chloramine) | Total Chlorine (Required when | Lab Sample Number | Analysis Time (24 hr) | Result (Total Coliform Count - or - TNTC - or - CNFG) (See Kery) | E Coll (P/A) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| RATIO | 7100 | | 0715 | 11.35 | 11.411 | AG 525391 | 7375 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | ANALYSIS REPORT | FERON KEY | | |
| The elements described at this | orm certify by their s | sionatures th | at collection and analysi | s of | | BACTERIOLOGICAL | | For Compliance) | SP≂ | Special (Not for Compliance) |
| the water sample analy completed in accordance | attition and than bee | o data hereb | w submitted, were | Carrie 17FC | | RT = Routine (For Compliance) A = Suspected Contamination | C = Treatment | | | ine Break, Emergency Repair |
| including but not smag | 1 to 401 KAR 6:200, | Section 1 an | KO 4UTI KARK BUWAU, MIND D | Special Samp (Only if Samp | | B = New Plant, Modification, | D = Study/Inve | | | |
| the data submitted on the collection and analysis | nerromed pursuant | to the above | -referenced regulations. | | | or Line Extension | | | | |
| Violations of 401 KAR C | hapter 8 are subject | t to severe pr | enalties prescribed in Ki | 5 5 | àn Cada: | DN x Downstream | UP = Uostrean | 1 | OR ≈ | Original Site |

Make H Camala Time - DO



PO Box 907 * 825 Industrial Rd. Madisonville; KY 42431 270:821:7375 270:825:9200 fax: 2456 Fortune Dr.; Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785.fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| aded area for lab use | | | TODY and ANALYTICAL | Compliance Monitor Yes | ing (check one)? | PO# | | |
|--|---|-------------------------------------|--|--|---|-------------------------|---------------------------------|-------------------|
| ent: | BilliTo: | | Send Results to: | | | | | |
| | | | 왕 (1년) 2명 (1일 2일 | Samples Chlorinate Yes □ | ed (check one)? No 🗆 | | | |
| CKMDHT | | | | | | | 1 | т— |
| one/Email: | Phone/Email | | Phone/Email: | PWS ID# | STATE | NERS | ODE Left) | CODE |
| tch# | Project Name | | Collected by (Signature): | MMLI Quote # (| if applicable) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE |
| CONTRACTOR STATE OF THE STATE O | N SAMPLE DESCR ME Composite samples indice hr) end time and temp (°C) | ate begin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 82608; 6010B/7470A) | SAMPLE REMARK (i.e. composite, grab, f readings, corrosive | ield ph lemp | # OF C | | PRES |
| | 715 904 | | The same of the sa | | | - | | + |
| | | | 1966 1976 1978 | | | - | | + |
| | | | | | | 1 | | \dagger |
| | | | | | | _ | | \top |
| | | | | | | 1 | | T |
| | | | | | | | | |
| | | | | | | | | _ |
| | | | 77 | | | | | |
| U.b.l. See all conditi | se please call. 2. Samples received unannound | ced with less than 48 | hours holding time remaining may be subject to a | dditional surcharges. 3. Lab reserves | the right to return unuse | d portions | of samples t | to clie |
| Expedited services not available for an advise | Received By: (Signature) | DATE | | C Temp | Method of Shipment (C UPS) E Fedex E | hecklone) MML | | asient Sient |
| inquisned by (organization) | 1 Minder House | 12-13-0 | 9 9700 EAmbient | | Date Shipped: Airbill#i/ | | | |
| elinquished by: (Signature) | Received by: (Signature) | DATE | TIME (24 hr) Custody seals present in | TYES NO TWA | Loggediniay | | | |
| | | | Broken containers? COO agree with sample I TIME Corrects containers for te | sting? De | Followup action requ | | A Prysili | |
| elinquished by: (Signature) | Received for MMLI by: | DATE | TIME Headspace issues acceptable (24hr) Holding time(s) acceptable Preservative pHIs accept | | Eallowupaction (equ | THE STATE OF THE PARTY. | | |
| | ppcettl). | ATIVE CODES: | WasinHieffunadjusted | Greceived? 回译表图》 图 S | Glient(Rep.) | | | |
| MATRIX CODES: W - Drinking Water GW - Ground Water SW - Solid Weste WW - Waste Water SO - Soli/Solid OL - Oil | PRESERVA NI – Nitric acid (HNO ₃) HA – Hydrochloric Acid (HCI) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate | SA – Sulti 4C – 4°C AA – Asco | ric Acid (H ₂ SO ₄) Samples property prese | rvedi?: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | Reviewed by: | | | |

| McCoy & McCoy Labo P. O. Box 997 Madisonville, KY 42431 www.mccoylabs.com | ratories, inc. | Chain of Cus | tody | Lexington KY Paducah 859-298-7775 270-444 Madisonville KY Pilceville K 270-821-7375 806-432 | -6547 502-961-000! CY |
|--|---|--|-----------|--|--------------------------|
| Route: 54 Project | SDWA | Collected by: | RISS. | Collection D |)ete: <u>1-19-09</u> |
| Center Ridge Water : | | | v V.C. | Collection T | Ime: 0730 |
| Attn: William Dunca 69 Marguerite Blvd Newconcord KY 420 | | P. O. Mo: | | PhoneFax | : 270-436-6304 |
| | idge WD#1 RA | D 0180549 | | | |
| Logbalch | | Co | nposite (| Sample Start Date | Time |
| Sample Nos | | | | Stop Date | Time |
| Field Data By, | | Date | Time | Fecal Date | Time |
| pH Meter#: | pH: | DO Meter#: | | DO: | |
| Temp: | CI: | Flow: | | Units: | Matrix: <u>Liqu</u> |
| Collection Method G/C G/C G/C G/C G/C G/C | Test RAD228_1 ALPHA_1 SHIP13_1 RAD228_SHIP_1 ALPHA_SHIP_1 | Analysis Requested Radium 228 Gross Alpha - SDWA UPS Shipping Charge Radium 228 Date sent to sub Gross Alpha - SDWA Date s | | Bottle Type and Preservative 1 Liter Plastic Nitric Acid 4 c 1 Liter Plastic Nitric Acid 4 c | |
| | | | | | |
| | | | | | |

| Relinquished by: Waltern Luncon | Date/Time: 219-09 1900 |
|---------------------------------|------------------------|
| Received by: () I D | Date/Time: |
| Relinquished by: | Date/Time: |
| Received by: | Date/Time: |
| Relinquished by: | Date/Time: |
| Received by: | Date/Time: |

ney subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General li | nform | ation - Th | is Secti | ion To Be Cor | npleted By Co | ollector | | | 5 - 4 1141 100000 | | C 2 8 0 0 9 |
|---|---------------------------|---|---|--|-------------------------------------|----------------|---|----------------------------|---------------------------------------|----------------------|---|
| PWS ID | К | Y 0 [| 8 0 | 5 ; c] | | n | ٠n | | ze Period (MMYYYY) | | 02122009 |
| PWS Name | 1 | CRWD | # | 2 | PWS | Contact | <u>U</u> | Collection | Date (MMDDYYYY) (All Samples Reported | d on t | his Form were Collected on this Date.) |
| PVVSIValle | _ | | | Ga .c | 1 iz. 116 .52 | 971 | - 436-6304 | Collector (| same Willi | arr | nduncan 2-18-03 |
| PWS Address | | | | | LA Ky 42076000 | | | | | | Signature/Date |
| General I | | | | ion To Be Co | mpleted By La | | 04187009 | Total Colif | iorm Analysis Method | Cod | · OAX |
| Lab ID | | 000 |) I | | Lab Receipt D | ate (MMDDYYYY) | *************************************** | | | | |
| | | | | | Analysis Date | (MMDDYYYY) | 9 6 6 6 1 KM | E Coli An | allysis Method Code | | 20/20/20 |
| | ~ | Nusi | dijl | Marter | <u>nal</u> ialo | 57 | • | Lab Supe | | 4 | Sparter Sec |
| Lab Analyst | - | | VCI-mark | dure/Date | mpleted By Co | | Analysis Information – Thi | s Section To | Be Completed | Ву | Lab |
| | | | i | | | | | | Result | 2 | |
| neson | PBP? | ຄ (ຄັ | S e e | | | Total Chiorina | | | (Total Coliform Count | Total Coliform (P/A) | Lab Sample Number of Original Sample |
| or Sp (ey) | | n Cod rection | ation R) (S | Sample Time | Free Chlorine (Required for all | (Required when | Lab Sample Number | . Analysis Time (24 hr) | - or - TNTC | Solffe | Cab Sample Number of Original Sample Sample Required for Repeat and/or Replacement Samples) |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Reason | A Select | Location Code (See instructions) | Repeat Location Code (DN, UP, or OR) (See Key) | (24 fu) | disinfectants except Chloramine) | Chioramine) | | | - or - CNFG) | Total | ய (See Instructions) |
| Special Special | Class C | J 8 | 8 N | | | | | | (Séé Key) | | |
| | 4 | | ~~~~ | and the second second second | inimitand intestions | | NENCIANT | TR75 | | A | |
| RIT | | 004 | | 0 6 9 0 | 1.311 | 11:318 | 0000000 | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | Ϋ́ | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | , | | | | | | | *** | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | BACTERIOLOGICAL | ANALYSIS REPOR | T FROM KEY | 1 | 31 |
| The Bionstorie | of this to | rm certify by their | signatures ti | nat collection and analy | sts of Sample Type | e: | RT = Routine (For Compliance) | RP = Repeat | (For Compliance) | | SP = Special (Not for Compliance) |
| the water same | sie analyz | ed and the teaming | | R Chapter & specifical | Special Sam | ple Reason: | A = Suspected Contamination | C = Treatmen D = Study/Inv | | | E = Line Break, Emergency Repair |
| including but it the data subm | belimii to: Itad on ii | to 401 ICAR 6:200, its form is a true ar | d accurate t | report of the results of | (Only If Sam | ple Type = SP) | B = New Plant, Modification, or Line Extension | U - SIDOY/IIA | | | |
| | | | | penalties prescribed in i d in some cases a viola | | tion Code: | DN = Downstream | UP = Upstream | m | | OR ≈ Original Site |
| 724,89-010, ut | , was,w a violator | to prison. | | | Makeream | ala Toma = BM | | | | | |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| CHARER AREA | FOR LAB USE ONL | Y CHAIN OF CU | JSTODY and ANALYTICAL R | EQUESIF | P | lease |) DIT | nt leg | LOIVE |
|---|--------------------------------------|--|--|---|--|---------------------|---------------------------------|--|---|
| Client: | | Bill To: | Send Results to: | Compliance Monitorin Yes D N | g (check o lo □ | ne)? | PO# | | |
| CRWI |) # j | | | Samples Chlorinated Yes ☐ N | (check on lo □ | e)? | - | | |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STAT | E | NERS | ODE Left) | CODE eft) |
| Batch# | | Project Name | Collected by (Signature): | MMLI Quote # (if a | | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) | |
| Sample/ID# | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fiel readings, corrosive) | 1 11 | Data Temp °C | # OF C | MAT (See | PRES! |
| | 01,10 10-11-1 | | A Transport | | | | | | |
| | | | | | | <u> </u> | | | <u> </u> |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | ý | | | | | | <u> </u> |
| | | | | | | ļ | | | |
| | | | : | | | | | | |
| | | | | | | - | | | 1 |
| | 5 | | | | | <u> </u> | | <u></u> | <u>ا</u> ــــــــــــــــــــــــــــــــــــ |
| 1 Expedited services no | it available for all services, pleas | | | nal surcharges. 3. Lab reserves the | right to retur | n unused | portions | or samples to | o ciient. |
| Relinquished by: (Signat | ture) Re | DATE DATE DATE Like | CONDITIONS UPON REC | Temp BANA | Method of Shil UPS (Bi) — F Date Shipped Airbii#! | ment (ch nEXIII) | eckone) MMLI | C C | llen 🗓 . |
| Relinquished by: (Signat | ture) Re | ceived by: (Signature) DATE | (24'hr) Custody seals;present/intact/ Broken.containers/ coc.agree.withsample.Label | | Logged in by | | ALC: NO PERSON NAMED IN | CHARLES TO STATE OF THE STATE O | THE PARTY PARTY |
| Relinquished by: (Signature) Recei | | celved for MMLI by: DATI | (24 hr) Headspace issues acceptable Holding time(s) acceptable? Fresery at typic stacceptable? Was millert unadjusted? | | Eollowupach Clientiniorme Glientiker | | | MESILL V | NO LL |
| MATRIX DW - Drinking Water SW - Solld Waste SO - Soll/Solld SL - Sludge | WW - Waste Water H/ | = Nitic acio(mos); L Hydrochloric Acid (HCI): Sodium Hydroxide (NaOH): Sodium Thiosulfate NO-Ne | Malisamples listed on COCarec Samples property preserved? | ceiveoly | By Reviewed by | | | | |

Paducah KY Louisvilli Lexington KY McCoy & McCoy Laboratories, Inc. Chain of Custody 502-961 859-299-7775 270-444-6547 P. O. Box 907 Pikeville KY Madisonville KY Madisonville, KY 42431 270-821-7375 606-432-3164 www.mccoylabs.com Collection Date: Collected by: Project SDWA Route: 54 Collection Time: Center Ridge Water Dist #2 Attn: William Duncan P. O. No; PhoneFax: 270-436-630 69 Marguerite Blvd Newconcord KY 42076 Center Ridge WD #2 RAD Start Date Composite Sample Logbatch Time Stop Date: Sample Nos **Fecal Date** Time Date. Field Data By DO: DO Meter#: pH Meter#: Flow. Units: CI: Temp: Bottle Type and Preservative **Analysis Requested** Collection Method Test 1 Liter Plastic Nitric Acid 4 c Radium 228 G/C. RAD228_1 1 Liter Plastic Nitrio Acid 4 c ALPHA_1 Gross Alpha - SDWA GIC **UPS Shipping Charge** G/C SHIP13 1 Radium 228 Date sent to sub RAD228_SHIP_1 GIC Gross Alpha - SDWA Date shipped to ALPHA_SHIP_1 G/C

HIM

Relinquished by:

Received by:

Relinquished by:

Received by:

Received by:

Date/Time:

SAMPLE CATEGORY = TC KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Ir | form | ation - Ti | is Sect | ion To Be Co | mpleted By Co | ollector | | | | | 022009 |
|---|---------------------------|---|--|--|-------------------------------------|----------------------------------|---|--------------------------|---------------------------------------|----------------------|--|
| PWS ID | | Y 0 [| | | | n | •100 | Compliana | ze Period'(MMYYYY) | | |
| PWS Name | (| CRWI |) 北 | 3 | PWS | Contact | <u>ill</u> | Collection | Date (MMDDYYYY) (All Samples Reported | d on t | (1 2 / 7 2 0 0 7 |
| | _ | | | | Liz. He av | 971 | - 436-6304 | Collector | ume Willi | i Qur | a duncan 2-18-09 |
| PWS Address | | | | | ud Ky 42076Aws | | | | | | Spaner Pak |
| General li | | | | ion To Be Co | mpleted By La | ab | A A LA A A | | | | 027 |
| Lab ID | | Q 0 a | 01 | | Lab Receipt D | ate (MMDDYYYY) | 04/39334 | | form Analysis Method | | |
| | , | | . س | ١٨ ٠ | Analysis Date | _ | 0 4/ b 9 0 d 9 | E Coli An | alysis Method Code | | 200000000000000000000000000000000000000 |
| l at Amaker | | Mira | dest | Martin | 0 | 59 | | Lab Supe | rvisor | 1 | Signatura Oute |
| Lab Analysi | - | otion Th | je Soct | ion To Be Cot | npleted By Co | ollector | Analysis Information - Th | is Section To l | Be Completed | Ву | Lab |
| | | ation - 11 | 1 1 | ion to be de- | | | | | Result | | |
| Seson | rple? | න <u>දි</u> | S S S S S S S S S S S S S S S S S S S | | | 7.1.0 | | · | (Total Coliform Count | Total Colfform (P/A) | Lab Sample Number of Original Sample |
| Type or Sp ple Re | al San | Zetlo Zetlo | ation PR) (S | Sample Time | Free Chlorine (Required for all | Total Chlorine (Required when | Lab Sample Number | Analysis Time (24 hr) | TINTC | Solffor | Sample Sample (Required for Repeat and/or Replacement Samples) |
| See I Sem | Y er e | Location Code (See Instructions) | at Loc 7, or C | (24 hr) | disinfectants except Chloramine) | disinfectant is Chloramine) | | | - or - CNFG) | rotal (| Ш (See Instructions) |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Reason | | 3 eg | Repeat Location Code (DN, UP, or OR) (See Key) | | | | · | | (Séé Key) | - | |
| | | | 9 | | أستنب فيمنية أيشيم أيتيسة | | ANTONIA | 72175 | | <i>Ι</i> Δ; | |
| RIT | | 0014 | | 0600 | 11.44 | | HODADAUL | 7312 | | ¥ | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | BACTERIOLOGICAL | ANALYSIS REPOR | T FROM KEY | <u> </u> | C C C C C C |
| The signatories | of this for | m certify by their | signatures th | at collection and analys | st of Sample Type | | RT = Routine (For Compliance) | | (For Compliance) | | SP = Special (Not for Compliance) |
| the water sample | analyze | d and the resulting | ng cass neres | oy such sides, were Chapter 6, specifically | | | A = Suspected Contamination | C = Treatmen | | | E = Line Break, Emergency Repair |
| including but no the data submitt | t Similted t ed on the | o 401 KAR 8:200, I form is a true ar | , Section 1 42 nd accurate to 1 to the above | eport of the results of e-referenced regulation: | (Only if Samp | ile Type = SP) | B = New Plant, Modification, or Line Extension | D = Study/inv | confere (| | |
| | | | | enalties prescribed in h I in some cases a violat | | ion Code: | DN × Downstream | UP = Upstrea | m | | OR = Original Site |
| ney subject the | violator b | prison. | | | former by deares | de Time a DIS | | | | | |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299,7775 859.299,7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| IADED AREA FOR | LAB UDE UNE | | | STODY and ANALYTICAL I | Compliance Monitorin | a (check one)? | PO# | | |
|----------------------------------|---------------------------------------|--|------------------------------------|---|---|----------------------------|-----------------------|--|--------------------|
| lient: | | Bill To: | | Send Results to: | Compliance Monitorin Yes | io 🗆 | | | |
| | | | | | Samples Chlorinated | (check one)? | | | |
| CKWD# | | | | | Yes 🗆 N | lo 🗆 | | | |
| | | | | | PWS ID# | STATE | S | | |
| hone/Email: | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Phone/Email | | Phone/Email: | | | RER | NER DE Left) | CODE |
| atch#: | | Project Name | | Collected by (Signature): | MMLI Quote # (if a | | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE |
| | | SAMPLE DESCRIP | TION | SAMPLE ANALYSIS REQUESTED | SAMPLE REMARKS (i.e. composite, grab, fiel | Field Data pH Temp | OF C | MA (See | PRES |
| Sample:ID# DAT | COLLECTION: E TIME (24 hr) | Composite samples indicate end time and temp (°C) at | e begin time, | Method ID if known (i.e. 8260B, 6010B/7470A) | readings, corrosive) | s.u. °c | # | | - |
| | -e 7 - 91.0¢ | 4.00 | | 1 1 1 | | | | | + |
| | | | | | | | | | + |
| | 4: 10 mil 2: 1914 2: 11 | | | | · | | - | | + |
| | | | | | | | | | \bot |
| | | | | | | | | | _ |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | \perp |
| | | | | | | | | | $oldsymbol{\perp}$ |
| | | | Just loss than 45 | I hours holding time remaining may be subject to addit | ional surcharges. 3. Lab reserves the | right to return unused | i portions | of samples t | o clier |
| i, Expedited services not availa | | | DATE | | | MethodioPShipment(C UPS | heck one) MML | US Po I=□ C | istii [iient] |
| Relinquished by: (Signature) | Re | eceived By: (Signature) | | (24 hr) I liced wet/Blue | C Temp □ N/A | Date Shipped: | | | |
| er expose 1 hours | ~ k.>-x |) with I fear | 13-18- | TIME | VES NO NA | Airbil# Loggedimby | , | ocation | |
| Relinquished by: (Signature) | R | eceived by: (Signature) | DATE | (24 hr) Custody seals present intac | els7 | LABINOTES | THE STATE OF STATE OF | CONTRACTOR OF THE PARTY OF THE | C. Carrier S. |
| | | | | CoC agree with sample Lab | els7 | Follow up action regul | 10.25 Here Sales 1997 | A PART COM | ŇC |
| Relinquished by: (Signature) | R | eceived for MML1 by: | DATE | TIME (24hr) Headspace (ssues acceptable Holding time(s)) acceptable? Preservative phi sacceptable | | Client informed on: | | | |
| | | | | Was pH left unadjusted? Was pH left unadjusted? All/samples (listed/on/COC) | □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | Client/Rep: a | | | |
| MATRIX CODES | | PRESERVAT I – Nitric acid (HNO₃) A – Hydrochloric Acid (HCI) | IVE CODES: SA - Sul 4C - 4°C | furic Acid (H ₂ SO ₄) Samples properly preserved | | By Reviewed by: | | | |







McCoy & McCoy Laboratories, Inc. P. O. Box 907

Madisonville, KY 42431

Lexington KY 859-299-7775 Madisonville KY 270-821-7375

Paducah KY 270-444-6547 Pikeville KY 606-432-3104

www.mccoylabs.com

Center Ridge Water Dist #3 Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

M.DeMoss@mccoylabs.com

Batch #: 09021905 Received: 02/18/2009 Reported: 03/12/2009 Client: CE6486

Page: 1 of 1

Analysis Report

| AG52186 TPA Plant Tap Collected | : 2/18/2009 | 그림에 그림을 되게 될다. 그리는 그림을 되게 되었다. | | |
|---------------------------------|----------------|-----------------------------------|---------------|------------------|
| | | | | Report |
| Test Description | Analyzed By | Method | Result l | Units Limit Note |
| Gross Alpha - SDWA | 03/02/2009 KNL | EPA 900.0** | 0.0 = 0 | pCi/l |
| Radium 228 | 03/07/2009 KNL | EPA 903.0** | 0.3 ± 0.7 | pCi/l |
| | | | | |

Submitted By: Mark Artmon

Mark DeMoss, SDW Coordinator

The analyses reported above have been determined by protocols that meet or exceed the requirements of NELAC.

Methods listed with an "*" are not part of this accreditation. Call Mark DeMoss at 270-821-7375 for any questions concerning this analysis report.

LARDRATORY SERVICES

FL DOH Certification #E84025 Kentucky Lab ID #90033

Report Date: March 9, 2009

2742 N. Florida Ave. P.O. Box 1833 Tampa, Florida 33601 (813) 229-2879 Fax (813) 229-0002

| McCoy & McCoy Laboratories, Inc. P.O. Box 907 | Field Custody: Client/Field ID: | Client AG52186 |
|--|--|--------------------------|
| Madisonville, KY 42431 | Sample Collection: | 2-18-09 |
| Attn: Doug Wolfe | Lab ID No: Lab Custody Date: Sample description: | 09.1528 2-23-09 DW |

CERTIFICATE OF ANALYSIS

| Parameter | Units | Res | sult | S | Analysis Date | Method | Detection Limit |
|-------------|-------|-----|----------|-----|------------------|-----------|--------------------|
| Gross Alpha | pCi/l | 0.5 | <u>+</u> | 0.7 | 03-02-09/0800 | EPA 900.0 | 1.2 |
| Radium-228 | pCi/l | 0.3 | ± | 0.7 | 03-07-09/1230 | EPA Ra-05 | 1.0 |

Alpha Standard: Th-230

James W. Hayes Laboratory Manager

James W. Hages

Test results meet all requirements of the NELAC and EPA drinking water standard operating and analytical method procedures. Contact person: Jim Hayes (813) 229-2879

SAMPLE CATEGORY = RA ENTRY POINT SAMPLING

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH RADIONUCLIDES ANALYSIS REPORT FORM

| This Section To Be Completed By Collector Rev. 01/15/2006 | | | | | | | | | | | |
|--|-------------------------|-----------------|--|-------|--------------------------|-------------------------|--|--|--|--|--|
| PWSID KY 01180502 Plant ID A Plant Name CENTER RIDGE #3 WTP Location Code TPA | | | | | | | | | | | |
| PWS Name CENTER RIDGE WATER DISTRICT #3 PWS Contact WILLIAM M, DUNCAN | | | | | | | | | | | |
| PWS Address 281 MORRIS RD, DEXTER, KY 42036 PWS Phone 270-474-8267 | | | | | | | | | | | |
| Sample Date O 2 1 8 2 0 0 9 Time O 6 1 0 Sample Type RT Collector Name WILLIAM DENCAN RT = Routine (For Compliance) SP = Special (Not for Compliance) | | | | | | | | | | | |
| This Section To Be Completed By Lab | | or - special (C | ot to complance) | | | | | | | | |
| Lab ID 9 0033 Lab Sample Number 09115 28 Lab Phone 813) 229 - 2879 Lab Analyst SignstureDate 37-09 Lab Supervisor SignstureDate SignstureDate SignstureDate | | | | | | | | | | | |
| Analyte Code Analyte Name | Analysis Method Code | < | V Result (pCi/L) −or- Lab Minimum Reporting Limit (| рСіЛ) | Analysis Date (MMDDYYYY) | Counting Error (+f-) | | | | | |
| 4 0 0 0 GROSS ALPHA | 756 | | | | 03622009 | 0.7 | | | | | |
| 4 0 0 6 URANIUM | | | | | | | | | | | |
| 4 0 1 0 COMBINED RADIUM | | | | | | | | | | | |
| 4 0 2 0 RADIUM-226 | | | | | | | | | | | |
| 4 0 3 0 RADIUM-228 | 942 | | | | 13072009 | | | | | | |
| 4 0 4 4 POTASSIUM-40, TOTAL | | | | | | | | | | | |
| 4 1 0 0 GROSS BETA | | | | | | | | | | | |
| 4 1 0 1 MAN-MADE BETA PARTICLE AND PHOTON EMITTERS | | | | | | | | | | | |
| 4 1 0 2 TRITIUM | | 레닉님 | | | | | | | | | |
| 4 1 7 4 STRONTIUM-90 | | 러님님 | | | | | | | | | |
| Linning framing present present | | | | | | | | | | | |
| 4 2 6 4 IODINE-131 | | | <u> </u> | | | U U 11.11 (1 A | | | | | |

The signstories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax

ZN - Zinc acetate

2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax

1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270,444,6572 fax

| SHADED AREA FOR LAB USE ON | EV CHAIN OF C | USTOBY and ANALYTICAL RI | QUEST | Please | e prii | ıt legi | Ыу. |
|--|---|--|--|---|-------------------|---------------------------------|--|
| Client: | Bill To: | Send Results to: | Compliance Monitoring | (check one)? ⊃ □ | PO# | | |
| | | SydTate | Samples Chlorinated (Yes ☐ No | (check one)? | Loc | 0966 | 03 |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | NERS | DE .eft) | CODE eff) |
| Batch# | Project Name | Collected by (Signature): | MMLI Quote # (if a | pplicable) | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA. (See | PRESI (Se |
| 2/14/61 0/01/ | A | RAD 228, Gross Alpha | Grab | | 2 | | |
| Silder | 199-1528 | | | | | | |
| | A | t ONKY State FOR | 00 | | | | |
| | *Please (Par | CONCI STALL TO | 1 4 | | | | |
| | | | | | | | |
| | | | | | | | |
| 1 Expedited services not available for all services, ple | ase call. 2. Samples received unannounced with less than | 48 hours holding time remaining may be subject to additiona | Il surcharges. 3. Lab reserves the r | right to return unused | portions o | of samples to | client. |
| | Received By: (Signature) | TIME (24 hr) (24 hr) (24 hr) (24 hr) (25 hr) (25 hr) (25 hr) (25 hr) (26 hr) (| PT (CAECK: ONE) Temp Temp Linva A | ethod of Shipment (st ps: [] : PedEx [] åte Shipped (roll#] | ieck one) MMEI | US Po ☐ G | 20.00 |
| Relinquished by: (Signature) | Received by: (Signature) Received by: (Signature) Received by: (Signature) | TIME (24 hr) Gustody seals present intact? 3-09 / 1310 Gustody seals present intact? Broken containers coordinates coordinates coordinates coordinates for testing? | YES NO NA O O O O O O O | oggedin by: AB NOTES | | ocation: | |
| Relinquished by: (Signature) | Received for MMLI by: // DAT | Headspace issues acceptable?/ (24hr) Headspace issues acceptable?/ Holding time(s) acceptable?/ Preservative pH s acceptable? Was pH left unadjusted? | | ollow uplaction requirellent informed on: | | | |
| SW – Solid Waste WW – Waste Water | N - Hind Bull (HCl) | All samples listed on COC rece ulturic Acid (H ₂ SO ₄) Samples properly preserved? | | Reviewed by: | 7 | | |

Lexington KY Paducah KY Louisville KY McCoy & McCoy Laboratories, Inc. Chain of Custody 859-299-7775 270-444-6547 502-961-0001 P. O. Box 907 Madisonville KY Pikeville KY Madisonville, KY 42431 270-821-7375 606-432-3104 www.mccovlabs.com 1-18-09 Collected by: Collection Date: Project SDWA Route: 54 Center Ridge Water Dist #3 Collection Time: Attn: William Duncan P. O. No: PhoneFax: 270-436-6304 69 Marguerite Blvd Newconcord KY 42076 0180502 CE648613 Center Ridge WD #3 RAD Logbatch Composite Sample Start Date Time Time Stop Date Sample Nos Date Time Fecal Date Field Data By: DO Meter#: DO: pH: pH Meter#:

Matrix: Liquid

| Temp: | CI: | Flow: | Units: |
|-------------------|---------------|------------------------------------|---------------------------------|
| Collection Method | <u>Test</u> | Analysis Requested | Bottle Type and Preservative |
| G/C | RAD228_1 | Radium 228 | 1 Liter Plastic Nitric Acid 4 c |
| G/C | ALPHA_1 | Gross Alpha - SDWA | 1 Liter Plastic Nitric Acid 4 c |
| G/C | SHIP13_1 | UPS Shipping Charge | |
| G/C | RAD228_SHIP_1 | Radium 228 Date sent to sub | |
| G/C | ALPHA SHIP 1 | Gross Alpha - SDMA Date shipped to | |

| Relinquished by: | William Duncen | Date/Time: 1-18-09 0900 |
|------------------|----------------|-------------------------|
| Received by: | Ouch (1) Look | Date/Time: 2/18/01/1005 |
| Relinquished by: | Deret Plan | Date/Time: 2/18/01/1250 |
| Received by: | MindisMartin | Date/Time: 2/18/09/250 |
| Relinquished by: | <i>J</i> * | Date/Time: |
| Received by: | | Date/Time: |

G 100 1



McCoy & McCoy Laboratories, Inc.

P.O. Box 907

Madisonville, KY 42431

270-821-7375

| SAMPLE ACCEPTANCE/CONDITION CHECKLIST |
|---|
| Client: Conta Ridge #3 Logbatch No. 09021905ab No. AGS2186 |
| Sample Delivery Type (circle): US Postal UPS FedEx MMLI Client |
| Sample Receipt Checklist: |
| a. Were custody seals used on outer package, and/or sample containers? |
| b. Were sample containers received damaged? |
| c. Cooler Temp. (circle) Acceptable Unacceptable |
| d. Were the samples accompanied with a Chain-of-Custody or other transferable document? |
| e. Was all information recorded to defend the sample transfer & submittal? |
| f. Is each sample and container uniquely identified on the COC? |
| g. Were all samples in appropriate containers? |
| h. Did all samples have appropriate volumes? |
| i. Were all samples submitted within sample holding times? |
| j. Were "Collection Methods" recorded? |
| k. Were "Flow Units" recorded? |
| Logged In By: Date: 21803 Exceptions: |
| |
| Action Required:Client Informed on// Client Rep:By:By: |
| Reviewed By: BKH Project Manager Date: 220/09 |

Q:\MADISONVILLE\ADMIN\Forms & Labels\Sample Checklist.doc

Date/Time:

Date/Time:

Date/Time:

Date/Time:

Date/Time:

4

Received by: (), (b)

Relinquished by:

Relinquished by:

Received by:

Received by:

HAN

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General In | form | ation - T | his Sec | tion To Be Com | pleted By Co | ollector | | | | | 08800B |
|---------------------------------------|--------------|--|---|---|------------------------------------|-----------------------------------|--|---------------|--|---------------|--|
| PWS ID | Κ | Y 0 | 8 3 | 100 | | D | (I) | | e Period (MMYYYY) | | 02182009 |
| PWS Name | (| CRWi | <u>#_</u> | <u> </u> | PWS | Contad | CA CA | Collection | Diste (MMDDYYYY) (All Samples Reporter | | this Form wave Collected on this Date.) |
| | 1.9 | m - D | 4 | Mest Concerd Ku | 49076 pus | Phone 97 | 1 - 436-6304 | Collector F | same Jirilli | (LW | n Duncan 2-18-09 |
| | | | | New Concord Ky | | | | | | | |
| General Ir | | ztion — I | | tion To Be Com | | ate (MMDOYYYY) | 02130008 | Total Cold | onn Analysis Method | l Cod | · 970 |
| Lab ID | | Oolo | : V :[/ | | | | 04131005 | . E Coli Ana | alysis Method Code | _ | |
| ^ | 1 | ١, . | 1 | Martin | Analysis Date | (MMDDTTTT) | | Lab Supe | (| | 106601180 |
| Lab Analyst | U_ | | 4 | mature/Date | | | Analysis Information – Thi | | | Z Bv | Lab |
| Sample In | iform | ation - T | his Sec | tion To Be Com | pleted By Co | ollector | Analysis Mormation – The | s section to | | | |
| C 2 | 200 | _ | Xey) | | | | | | Result (Total Coliform | (P/A) | Lab Sample Number of Original |
| T BP) | S S T | Code | fon C | Sample Time | Free Chiorine (Required for all | Total Chlorine (Regulated when | Lab Sample Number | Analysis Time | Count - or - TINTC | Cofform (P/A) | Lab Sample Number of Original Sample Sample (Required for Repeat and/or Replacement Samples) |
| Sample Type (RT, RP, or 8P) (See Ker) | E E | Location Code (See Instructions) | Repeat Location Code [DN, UP, or OR) (See Key) | | isinfectants except Chloramine) | disinfectant is Chioramine) | Carl Sangar House | (24 hr) | - or - CNFG) | Total Q | □ (See instructions) |
| SS (RT. | 3100 | 3 8 | 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | | | | | (See Key) | 1 | |
| | | | l 6 | | | | | | | Δ | |
| RII | | е П4 | | 0866 | | 11.126 | Repasur | | | <i>t</i> :: | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | \$= | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | i | |
| [][| 1 | <u></u> | <u> </u> | .:[| | | BACTERIOLOGICAL | | | | SP = Special (Not for Compliance) |
| | | d and the mark | no rata her | that collection and analysis ply submitted, were AR Chapter 8, specifically | | | RT = Routine (For Compliance) A = Suspected Contamination | RP = Repest | (For Compliance) Modification | | E = Une Bresk, Emergency Repair |
| including but no | bedied | o 401 KAR 8:200 • form by a first # |), Section 1 : and accurate | end all look about and as report of the results of | Special Samp (Only if Samp | | B = New Plant, Modification, | D = Study/Inv | estigation | | |
| collection and & | ratycla po | riformed pursual | et to the 600 et to the 600 | ove-referenced regulations, pensities prescribed in KR nd in some cases a violation | S Report Locat | ion Code: | or Line Extension DN = Downstream | UP = Upstress | នា | | OR = Original Site |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270:821.7375 270:825:9200 fax.

2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax

1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| aded area for labilise o | Bill To: | CUSTODY and ANALYTICAL Send Results to: | Yes No | | PO# | | |
|---|--|--|--|-------------------------------------|-------------------|---------------------------------|-------------------|
| ent: | | | Samples Chlorinated (Yes ☐ No | check one); | | | |
| CRWDAI | | Phone/Email: | PWS ID# | STATE | NERS | DDE Left) | CODE Left) |
| none/Email: | Phone/Email Project Name | Collected by (Signature): | MMLI Quote # (if a | | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE |
| Sample/ID# COLLECTION | SAMPLE DESCRIPTION | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF (| W (Se | PRE |
| DATE HMC (24 h | r) end time and temp (°C) at end time | ne (i.e. dzobej s | | | - | | + |
| 7-16-03 4% | 014 | 13 | | | + | + | |
| | | | | | | | <u></u> |
| | | | | | | | + |
| | | | | | _ | | + |
| 30.34.25 Cohe deservit Cosa | | | | | _ | + | |
| | | | | | | | |
| | | Luting time remaining may be subject to ad | Iditional surcharges. 3. Lab reserves th | ne right to return unu | sed portion | is of samples | s to clie |
| 1. Expedited services not available for all service | s, please call 2. Samples received unannounced with le | SS than 48 hours holding time remaining may be subject to accomplished to the complished to accomplished to ac | RECEIPT/(CHECK ONE) | MetrodioriShipmen Desilly fiedex | (check on MN | | Client |
| Relinquished by: (Signature) | Received By: (Signature) | (24 hr) Selficed Wedpites | Colemp Land | pate Shipped (Airbill#) | | Locations | |
| Property Densey | Received by: (Signature) | DATE TIME Custody/seals/present/in | YES NO N/A tact? | LOGGED INDY | | | |
| Relinquished by: (Signature) | | (24 hr) Custory State Green Containers CoCragree with sample Correct containers for te | | Follow up action is | | 四、红色、红色 | |
| Relinquished by: (Signature) | Received for MMLI by: | DATE TIME (GOTTES COMMON COMMO | iler (abler 19 19 19 19 | Gjjentantormedon | TO THE RESERVE OF | | |
| | PRESERVATIVE CO | | C received? II | By: | | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Information - This Section To Be Co | mpleted By Collector | | | |
|--|---|--|--|---|
| PWSID K Y 0 1 8 0 5 45 | .0 | | Compliance Period (MMYYYY) | 028009 |
| PWS Name CRWD#1 | PWS Contact B | ill | Collection Date (MMDUYYYY) (All Samples Reported | |
| PWS Address 6 9 Mangherthe New Conces | WKy 49076pws Prione 27 | 0-436-6304 | Collector Name | um Duncan 2-25-09 |
| General Information - This Section To Be Co | mpleted By Lab | | | |
| Lab ID QQQ Q, | Lab Receipt Date (MMDDYYYY) | 201751006 | Total Coliform Analysis Method | code ODU |
| 100 | , Artalysis Date (MMDDYYYY) | 0415 10009 | E Coli Analysis Method Code | |
| Lab Analysi 1 Modul 1 au | trustactor | | Lab Supervisor | September |
| Sample Information - This Section To Be Co | mpleted By Collector | Analysis Information – Thi | s Section To Be Completed | By Lab |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Reason (A, B, C, D, or E) (See Key) Replacement Sample? (Y or Blank) Location Code (See Instructions) Repeat Location Code (See Instructions) | Free Chilorine Required for all disinfectants except Chiloramine) Free Chiloramine Frotal Chiloramine Frotal Chiloramine | Lab Sample Number | Result (Total Coliform Count Analysis Time | Lab Sample Number of Original Sample Sample (Required Repeat and/or Replacement Samples) (See Instructions) |
| RTICEES LIGITISM | 11.23 11.25 | ACEHIBOI | | |
| liidaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| The signatories of this form certify by their signatures that collection and analys | s of | | ANALYSIS REPORT FROM KEY RP = Repeat (For Compliance) | SP = Special (Not for Compliance) |
| the water sample analyzed and the resulting data hereby submitted, were | Cumpic sypes | RT = Routine (For Compliance) A = Suspected Contamination | C = Treatment Modification | E = Line Break, Emergency Repair |
| including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and the data submitted on this form is a true and accurate report of the results of | (Only if Sample Type = Sr) | B = New Plant, Modification, | D = Study/investigation | - |
| collection and analysis performed pursuant to the above-referenced regulations of Ans KAR Chapter 8 are subject to severe penalties prescribed in K | (S | or Line Extension | 10-11-1 | OR = Original Site |
| 224.99-010, up to \$25,000 fine per day per violation and in some cases a violati may subject the violator to prison. | Repeat Location Code: | DN = Downstream | UP = Upstream | Or - Other on |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859,299,7775 859,299,7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| HADED AREA FOR LAB USE ONLY Client: CKW NH 1 Phone/Email: | | BUSE ONLY CHAIN OF CUSTODY and ANALYTICAL Bill To: Send Results to: | | | Compliance Monitoring (check one)? Yes \(\subseteq \text{No } \subseteq \) | | | |
|--|---------------------------|--|--|--|---|-----------------|---------------------------------|-------------------|
| | | | | Samples Chlorinated (check on Yes ☐ No ☐ | | | | 1 |
| | | Phone/Email | Phone/Email: | PWS ID# | STATE | # OF CONTAINERS | MATRIX CODE (See Lower Left) | /E CODE |
| | | Project Name | Collected by (Signature): | MMLI Quote # (if applicable) | | | TRIX (| PRESERVATIVE CODE |
| 3atch# sh:SampleilD# | COLLECTION DATE TIME | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA (Sec | PRE |
| | (24 hr) | end time and temp (C) at end time | RT | | | | | + |
| | 125-01 0145 | | | | | | | |
| | | | | | | | | _ |
| THE CONTRACTOR OF THE CONTRACT | | | | | | | | _ |
| | | | | | | | | \dashv |
| | | | | | | | | |
| | | | | | | | | |
| | | se call. 2. Samples received unannounced with less than a | 48 hours holding time remaining may be subject to additi | onal surcharges. 3. Lab reserves the | right to return unu | sed portion | s of samples | s to clie |
| Relinquished by: (Sign | nature) R | Dulla The Day | (24 hr) Sefediwer/Blue Sefective (24 hr) (3 hours) | CTemp INA | Date Stripped: Arbil#! Loggedin by | | Location | |
| Relinquished by: (Sig | nature) | teceived by: (Signature) | (24 hr) Custody, seals pusser with the Broken containers? COC agree with sample Laber Containers for testing | | CAB NOTES | | | |
| Relinquished by: (Sig | gnature) | Received for MMLI by: | Headspace issues due the finding time(s) acceptable. Preservative phi's acceptable was philett unadiusted? Alltsamples listedron COC'n | | Client informed on Client Rep. | | | |
| MAT DW - Drinking Water SW - Solid Waste SO - Solil/Solid | WW - Waste Water OL - Oil | NI – Nitric acid (HNO3): 4C – 4 HA – Hydrochloric Acid (HCI): AA – A SH – Sodium Hydroxide (NaOH): NO– N | Sulfuric Acid (H2SO4) Samples properly preserved | jecelyed? □ □ □ □ ↓ | By Reviewed by 2010 | | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| | | | | mpleted By Co | DIRECTOR | | | | | 022009 |
|---|--|--|---|---|--|-------------------------------|--------------------------|---|-----------|--|
| PWS ID | к ү 0 | 180 | 5,019 | | _ | . * * | Compliand | e Period (MMYYYY) | | |
| PWS Name | CRI | | G d | PWS | i Contact B | <u> </u> | Collection | Date (MMDDYYYY) (All Samples Reporte | d on this | Form were Collected on this Date. |
| PWS Address | 69 m | trulgral | to New Concor | ud Ky 420760ws | Phone 97 | -436-6304 | Collector f | vame Willi | am | Duncan 2-25-03 |
| ſ | | | | mpleted By La | | | | | | |
| General IIII | | | | | | 01151009 | Total Colif | iorm Analysis Method | Code | 300 |
| Lab ID | $\mathcal{O}_{\mathcal{O}}$ | J 21 | | | ste (MMDOYYYY) | 04959079 | E Coli Ani | alysis Method Code | | |
| | -AN 1 | ند ۱ | 200 1 | Analysis Date (| MWDDXXXX | | | | | 2000 0/00/00 |
| Lab Analysi | 100 | <u>wdy</u> | 1 att | malac | 107 | | Lab Supe | | في محلم | Sigmore/Date |
| Sample Inf | ormation · | - This Sec | ion To Be Cor | npleted By Co | lector | Analysis Information – Thi | s Section To | Be Completed | ByL | ao |
| (As) | scement Sample? (Y or Blank) Location Code | (e _y) | Sample Time (24 hr) | Free Chlorine (Required for all disimfectants except Chloramine) | Total Chlorine (Required when disinfectant is Chioramine) | Lab Sample Number | Analysis Time (24 hr) | Result (Total Collform Count - or - TNTC - or - CNFG) (See Key) | | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| | | | 01126 | ा । २१९ | 111.1416 | REHIPOL | 12BP | | 4 | |
| KU | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 100 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | <u>L.ALA</u> | | | BACTERIOLOGICA | ANALYSIS REPOR | T FROM KEY | | |
| The signatories of t | his form certify by | their signatures ti | at collection and enalysi | s of Sample Type: | | RT = Routine (For Compliance) | | (For Compliance) | | SP = Special (Not for Compliance) |
| the water sample at | nelyzed and the f | esulting data here: without of 401 KAI | y submated, were ? Chapter 8, specifically | | | A = Suspected Contamination | C = Treatmen | | E | E = Line Break, Emergency Repair |
| including but not in | nated to 401 KAR | 8:200, Section 1 & The and accurate f | nd 401 four 8,040; 200 0 eport of the results of | (Only If Sampl | | B = New Plant, Modification, | D = Study/Inv | estigation | | |
| coffection and analy | rsis performed pu | raused to the above subject to severe t | e-references regulatoris. Lenalites prescribed in IG | G - | | or Une Extension | UP = Upstrea | | | OR = Original Site |
| 224,99-010, up to \$ may subject the vio | 25,000 fine per d | ry per violation and | i in some cases a violatio | Repeat Location | | DN = Downsteam | OP = Opsiloa | 41 | • | |
| 224.99-010, up to \$ | 25,000 fine per di | ey per violation and | I IN SOME CASES A MORNO | Repent Location | | DIA = DOMESTICAL | • | | | |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825;9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| CHARED AREA | FOR LAB USE ONLY | CHAIN ÓF (| eus | TODY and ANALYTICAL R | EOUEST | | Pl | ease | prii | nt leg | lbly: |
|--|---|--|---|--|---|---|---------------------|--------------------|---|---------------------------------|--|
| SHADED AREA | | Bill To: | | Send Results to: | Compliance Monitori | ng (che No □ | eck on | e)? | PO# | | |
| CKMD#J | | | | | Samples Chlorinated (check one)? Yes □ No □ | | | | | | |
| Phone/Email: Batch# | | Phone/Email | | Phone/Email: | PWS ID# STATE MMLI Quote # (if applicable) | | | Ξ | NERS | DE -eft) | CODE eft) |
| | | Project Name | | Collected by (Signature): | | | | | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample/ID# | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin tim end time and temp (°C) at end time | ne, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARK (i.e. composite, grab, fi readings, corrosive | eld | Field pH S.U. | | # OF C | MA (See | PRES (S) |
| | 12507 8620 | 005 | | RT | | | | | | · | |
| | | | | | | | | | | , | |
| | | | | | | | | | | | |
| | | | | | | | | | | | + |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | - | 1 | | | | | | | |
| | | | , par esti | | | | | | | | |
| | | u 2. Samples received unannounced with less ti | han 48 l | nours holding time remaining may be subject to addition | al surcharges. 3. Lab reserves t | he right to | o return | unused | portions o | of samples t | o client. |
| 1. Expedited services not Relinguished by: (Signate | | ived By: (Signature) | DATE 入りつ | TIME CONDITIONS UPON RELEI (24 hr) [Conditions upon Relei Conditions upon Relei Conditio | Temp | Method UPS III Date Sh Airbil# | Fe Fe | ment (che dEx 🔲 | eckone): MMEI | US Po | |
| Relinquished by: (Signat | ure) Rece | lived by: (Signature) | DATE | TIME (24 hr): Gustody seals present/intact? Broken containers? GOC agree with sample babels | YES , NO N/A | KINDLE STREET | 四四 基本企 | | 2000年1 | canon | 6.000年17年元帝 |
| Relinquished by: (Signat | ture) Rece | sived:for:MMLI by: | DATE | TIME (24 in) Headspace issues acceptable? Holding time(s) acceptable? Preservative pH's acceptable? Was pH! left unadjusted? | | 100 | | | de la | | XOD A |
| DW - Drinking Water SW - Solid Waster SO - Soil/Solid SL - Sludge | GW - Ground Water - NI - WW - Waste Water - HA - OL - Oll - SH- SL - Surface Water - ST- | Nilinizacid (INCI) 4C - Hydrochloric Acid (INCI) AA - Sodium Hydroxide (NaOH) NC | . – Sulfu . – 4°C . – Asco) – No pi | All samples listed on ICOC rect samples properly preserved? Olients sample documents rec coccuments rect reservative In sulfite | eivedRe B B | By Review | 6diby | | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

General Information — This Section To Be Completed By Collector Compliance Period (MNIYYYY) PWS ID # QWAJ Collection Date (MMDDYYYY) PWS Contact PWS Name (All Samples Reported on this Fo 270-436-6304 o 9 Marghurtte New Concord Ky 430 Hows Prone Collector Name PWS Address General Information - This Section To Be Completed By Lab 0215008 Total Colform Analysis Method Code Lab Receipt Date (MMDDYYYY) Lab ID 02059009 E Coli Analysis Method Code Analysis Date (MMDDYYYY) Lab Supervisor Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector Repeat Location Code ON, UP, or OR) (See Key) Result Collform (P/A) (Total Coliform Lab Sample Number of Original Sample Type
(RT, RP, or SP)
(See Key)
Isla Sample Rea
C, D, or E) (See (P/A) Count Free Chlorine **Total Chlorine** Sample Analysis Time - Of -Sample Time (Required for all (Required when (Required for Repeat and/or Lab Sample Number 8 TNTC (24 hr) disinfectant is (24 hr) fisinfectants except Replacement Samples) Chloramine) -00-Chloramine) Potal (See Instructions) CNFG) (See Key) BACTERIOLOGICAL ANALYSIS REPORT FROM KEY The signatories of this form certify by their signatures that collection and analysis of SP = Special (Not for Compliance) RP = Repeat (For Compliance) Sample Type: RT = Routine (For Compliance) the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically E = Line Break, Emergency Repair C = Treatment Modification Special Sample Reason: A = Suspected Contamination including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that D = Study/Investigation the data submitted on this form is a true and accurate report of the results of (Only if Sample Type = SP) B = New Plant, Modification, collection and analysis performed pursuant to the above-referenced regulations. or Line Extension Violations of 401 KAR Chapter 8 are subject to sovere penalties prescribed in KRS OR = Original Site 224,89-010, up to \$25,000 line per day per violation and in some cases a violation Repeat Location Code: UP = Unstream DN = Downstream



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200.fax

2456 Fortune Dr., Suite 160
Lexington, KY 40509
859.299.7775
859.299.7785 fax
173 Island Creek Rd.
Pikeville, KY 41501
606.432.3104
606.432.3171 fax

1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LAB USE | ONLY CHAIN | OF CUSTODY and ANALYTICA | L REQUEST | Please | e pri | nt leg | ibly. |
|---|--|--|---|--|-------------------|---------------------------------|---------------------------------------|
| Client: | Bill To: | Send Results to: | Compliance Monitoring Yes □ No | j (check one)? o □ | PO# | | |
| C RW 0 # 3 | | | | Samples Chlorinated (check one)? Yes ☐ No ☐ | | | |
| Phone/Email: | Phone/Email | Phone/Email: | PWS:ID# | STATE | | DE .eft) | SODE sit) |
| Batch# | Project Name | Collected by (Signature): | MMLI Quote # (if a | pplicable) | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE COC (See Lowerr Left) |
| Sample ID# COLLECTION DATE TIN | | egin time, Method ID-II Known | ED SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA (See | PRES (S |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 600 005 | RT | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | · | |
| | | | | · . | + | | |
| | | | | | | | |
| | | | | | | | - |
| | | | | | | | |
| 1. Expedited services not available for all services | s, please call. 2. Samples received unannounced w | ith less than 48 hours holding time remaining may be subject to | additional surcharges. 3. Lab reserves the s | right to return unused | portions | of samples to | o client. |
| Relinquished by: (Signature) | Received By: (Signature) | DATE TIME CONDITIONS UPOF | N/RECEIPT (CHECK:ONE) | ethod of Shipment (ch PS,区《多 FedEx 团 | eck one): MMLI | US PO | stal □ lient □ |
| The White Dinear | A who Hest | 1-12-09 0900 Ambient | G Temps LLIN A D | ate Shipped irbill# 4 5 5 5 | | | |
| Relinquished by: (Signature) | Received by: (Signature) | DATE TIME (24 hr) Gustody'seals' presently Broken containers? | ntact // U SAU BUST | oggediniby,2 | | | |
| Relinquished by: (Signature) | Received for MMLI by: | DATE TIME Correct containers for the place of the place o | estino? | ollow up action requificient informed on: | A DOMESTIC BOOK | THE REAL PROPERTY OF THE | NOE |
| MATRIX CODES: DW - Drinking Water GW - Ground Water SW - Solid Waste WW - Waste Water SO - Soli/Solid OL - Oil SL - Sludge SU - Surface Water | PRESERVATIVE NI Nitric acid (HNO ₃). HA Hydrochloric Acid (HCI) SH Sodium Hydroxide (NaOH). ST Sodium Thiosulfate ZN Zinc acetate. | | rved? nus received? | eviewed by Table 1 | | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General la | formation - T | | | mpleted By C | ollector | | | | | C9300P |
|--|--|---|--|--|---------------------------------|---|-------------------------------|---|--|---|
| PWS ID | K Y 0 1 | 8 3 | 1:06 | | | ,4.0 | Compliant | period (MMYYYY) | | interestable total transfer and the second |
| PWS Name | CRWi | | 4 | PW | s Contact | (II) | Collection | Date (MMDDYYYY) (All Samples Reports | d on th | 0 1 3 5 2 0 0 13 |
| P442 Marie | | | | | 42/ | 1121 1314 | | 9. 11: | | Duncand-25-69 |
| PWS Address | 69 margu | erite | Their Concord | <u>ky 43076</u> pw: | SPhone <u>d/(</u> | 1 - 436-6304 | Collector | Name | | Squatters/Date |
| General Ir | nformation — T | | | | ab | 1100 1 2010 1 10 10 10 10 10 10 10 10 10 10 10 1 | | | | . 320 |
| Lab IO | ٥٥٥ |) D (| | Lab Receipt D | tate (MMDDYYYY) | 02252009 | Total Coli | form Analysis Method | Cod | 6 '370 |
| | 7,5 4,7 6 986 | | | Analysis Date | (MMDDYYYY) | 0215 9009 | E Coli An | alysis Method Code | Marie Ma | 7 |
| | Men | 105 | Most | waloudo | | V manufe majorita | Lab Supe | ervisor | | and Il though |
| Lab Analyst | | Ey | natura/Date | | | Analysis Information - Thi | · · · · · · · · · | | Bv | Lab |
| Sample In | formation - Ti | nis Sect | tion To Be Cor | npleted By Co | ollector | Analysis Information – Int | s Section 10 | De oomplee | | |
| L CO | | \$ \$ \$ | | | | | | Result (Total Colforn | 1/A) | Lab Sample Number of Original |
| 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | ode (suga | ပို့ နွ | | Free Chlorine | Total Chiorine | | e and ale Tone | Count - or - | Colform (P/A) | Lab Sample Number of Original Sample (Required for Repost and/or Replacement Samples) |
| 4 0 0 E | Tage of the contact o | S S | Sample Time (24 hr) | (Required for all desinfectants execut | (Required when distributions is | Lab Sample Number | Analysis Time (24 hr) | אורכ מי- | 8 | Reptacement Samples) |
| Semple Type (RT, RP, or 8P) (See Key) pecial Sample Reas | Replacement Semple? (Y or Blank) Locatton Code (See Instructions) | Repest Location Code (DN, UP, or OR) (See Key) | | Chloramine) | Chioramine) | · | | CNFG) (See Key) | Total | (See instructions) |
| 1 8 8 8 | | & S. | | | | · | | (300 (40)) | | |
| 7773657 | | 1 | | | mma | ADEDIZAT | Marso | | Δ | |
| RII_ | | | DEXIDED | 71-70 | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | 7.5 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | 300 | | | | | | | | |
| | | | | | | | | | <u> </u> | |
| <u></u> |][/] | | * | | | BACTERIOLOGICAL | | | | on a lately for Completely |
| the weter semole | this form centify by their a analyzed and the resultin | g data harret | by submitted, were | Sample Type: | | RT = Routine (For Compliance) | | (For Compliance) | | SP « Special (Not for Compliance) E « Line Break, Emergency Repair |
| completed in eco | ordanos with the provision Emiled to 401 KAR 8:200, | s of 401 KAF Section 1 ac | R Chapter 6, specifically nd 401 KAR 6:040; and t | Special Samp | | A = Suspected Contamination B = New Plant, Modification, | C = Treatmen D = Studyfire | | | C - rest Ciden! First Rowl . July |
| collection and an | d en Shin form in a true an stydd performed pursuant | to the above | a-referenced regulations | (Only if Samp | e (ype=5r) | or Line Extension | | | | |
| Violations of 401 i 224.89-010, up to easy subject the v | KAR Chapter 8 are subject \$25,000 fine per day per felator to prison. | Apprehiend but | i in some cases a Voisili I in some cases a Voisili | Repeat Locati | on Code: | DN = Downstream | UP = Upstree | en . | | OR = Original Site |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270:444.6547 270:444.6572 fax

| Haded area for Lab USE on | Bill To: | JSTODY and ANALYTICAL F | Compliance Monitoring (c Yes 🗀 No L | heck one) r | PO# | | |
|---------------------------------|---|--|--|--|-------------|---------------------------------|-------------------|
| ient: CKUID#4 | | | Samples Chlorinated (ch Yes ☐ No [| neck one)? | | | |
| hone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | CONTAINERS | ODE r Left) | E CODE |
| | Project Name | Collected by (Signature): | MMLI Quote # (if app | licable) | ONTA | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE |
| Sample:ID# COLLECTION DATE TIME | SAMPLE DESCRIPTION Composite samples indicate begin time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA (Sec | PRE |
| (24 hr) | C. S. Ch. | KT | | | - | - | + |
| 7-72-11 0.80 | A Color | | | | | | + |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | 1 |
| | | | | | | | _ |
| | | | | | | | + |
| | | | | | od portions | of samples | to clie |
| with final condess. | please call. 2. Samples received unannounced with less th | n 48 hours holding time remaining may be subject to addit | ional surcharges. 3. Lab reserves the ric | inodorishipmenti Solombada | check one | , AUSIP | oscale |
| Relinquished by: (Signature) | Received By: (Signature) | (24 hr) 国 (ced wet/Blue) 日 Ambient | C Temp | Fedex E Shipped: Sill# | | | |
| Relinquished by: (Signature) | Received by: (Signature) | TIME (24 hr) Custody seals present/intal Broken(containers? COC agree with sample leat | | BNOTES | | | |
| Relinquished by: (Signature) | Received for MMLI by: | ATE TIME (Correct containers under the description of the containers) under the containers un | | llow/uplactionired antiinformed ont entiRep! | ilredi | | |
| MATRIX CODES: | NI - Nitric acid (HNO ₃) | All samples: listed on 000. Samples: listed on 000. Samples: properly: preserve Glient's sample documents COC been ralinguished?? Are tests listed for each sa | receivedn 🕒 : 😃 : R | viewedity! | | | |

14.953-010, usep to \$25,000 fine per day per violation and in some cases a violation

by Starbject Elling violator to prison.

Repeat Location Code:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

General Information — This Section To Be Completed By Collector K Y 0 1 8 0 5 4 9 Compliance Period (MMYYYY) PWSD CRWD# Collection Date (MMDDYYYY) PWS Contact PWS Name (All Samples Reported on this 270-436-6304 6 9 Mangherette New Concord Ky 430 Hows Prone PWS Address General Information - This Section To Be Completed By Lab 001199009 00031 Total Coliform Analysis Method Code Lab Receipt Date (MMDDYYYY) Lab ID 03184009 E Coli Analysis Method Code Analysis Date (MMDDYYYY) Lab Supervisor Lab Arelyst Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector Repeat Location Code DN, UP, or OR) (See Key) Result Total Coliform (P/A) (Total Colform Sample Type (RT, RP, or SP) (See Ker) colel Sample Reaso C, D, or E) (See K Location Code (See Instructions) Lab Sample Number of Original E Coll (P/A) Count Total Chlorine Free Chlorine Samole Analysis Time - or -(Required for Repeat and/or (Required for all (Required when Sample Time Lab Sample Number (24 hr) TNTC Replacement Samples) disinfectant is (24 hr) disinfectants excep - or -(See Instructions) Chloramine) Chloramine) CNFG) (See Ke/) BACTERIOLOGICAL ANALYSIS REPORT FROM KEY the salignator-less of this form certify by their signatures that collection and analysis of SP = Special (Not for Compliance) RP = Repeat (For Compliance) RT = Routine (For Compliance) Sample Type: he wanter sample analyzed and the resulting data hereby submitted, were amplicated in accordance with the provisions of 401 KAR Chapter 6, specifically E = Line Break, Emergency Repair C = Treatment Modification A = Suspected Contamination Special Sample Reason: iclisting but not smiled to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that D = Study/Investigation B = New Plant, Modification, (Only if Sample Type = SP) to dearth substrated on this form is a true and accurate report of the results of discribion and analysis performed pursuant to the above-referenced regulations. or Line Extension idiations of 4001 KAR Chapter 8 are subject to severe pensities prescribed in KRS

DN = Downstream

OR = Original Site

UP = Upstream



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270:821.7375 270:825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| ADED AREA FOR LAB USE ONLY | CHAIN OF CUS | STODY and ANALYTICAL R | | back one)? | PO# | | |
|--|--|---|---|--------------------------------------|---|----------------|-------------------|
| 23) quantitati | Bill To: | Send Results to: | Compliance Monitoring (C Yes \(\text{No } \) | | 10" | | |
| ent: | | | Samples Chlorinated (cl | neck one)? | | | |
| CRWD#4 | | | Yes No | | | | |
| | | Phone/Email: | PWS ID# | STATE | RS | ₽ | H |
| one/Email: | Phone/Email | | war alleable) | | AINE | CODE er Lef | PRESERVATIVE CODE |
| | Project Name | Collected by (Signature): | MMLI Quote # (if app | OF CONTAINERS | MATRIX CODE (See Lower Left) | SERVAT | |
| atch# | | SAMPLE ANALYSIS REQUESTED | SAMPLE REMARKS (i.e. composite, grab, field | Field Data pH Temp | | MA (Sec | PRE |
| Sample ID# COLLECTION DATE TIME | SAMPLE DESCRIPTION Composite samples indicate begin time, | Method ID if known (i.e. 8260B, 6010B/7470A) | readings, corrosive) | s.u. °C | # | | + |
| (24 hr) | end time and temp (°C) at end time | RT | | | | | + |
| 3-18-02 0730 | 001 | | | | - | | + |
| | | | | | | | 十 |
| | | | | | _ | | 十 |
| | | | | | | + | + |
| 61.01 (19.00 (19 | | | | | | | + |
| | | | | | | + | 十 |
| | | | | | - | + | 十 |
| | | | - Alexander | abt to return unuse | d portions | of samples | to cl |
| n L. Saratt contices: pleasi | e call. 2, Samples received unannounced with less than 4 | 8 hours holding time remaining may be subject to addition | onal surcharges. 3. Lab reserves the fi | thodrorshipment ((S. 3) Seedex L | checkone | US P | osta |
| | DATE | | | SII) - FedEX E le Shipped |] MML | | Clien |
| Relinquished by: (Signature) | | (24 hr) Salicedwet/Blue (7 0900 PAmbients) | Air | Gill#) ggedlinby | | Location. | |
| william alleran L | ceived by: (Signature) DATE | (24 hr) less retorivaseals presentation | | ggediniby B NOTES | 450000000000000000000000000000000000000 | | 11:05:02 |
| Relinquished by: (Signature) | | Brokencontainersin GOC agree with sample Labe (Correct containers for itestin | | ollow uplaction requ | | | |
| Relinquished by: (Signature) | ceived for MMLI by: | Headspace issues acceptable (24 hr) | | ient informedionis | | | |
| Kelludnisuen på: / Difiliare A | | Preservative pHistacceptable | | lient Rep: | | | |
| MATRIX CODES: | PRESERVATIVE CODES: SA – St - Nitric acid (HNO ₃) 4C – 4 | rAll/samples listed on GPC 16 ulfuric Acid (H₂SO₄) Samples properly preserved | | y: <u> </u> | | | |
| DW - Drinking Water GW - Ground Water N DW - Solid Waste W - Waste Water H. | | C Glient's sample documents scorbic Acid GOC been relinquished? | | BVIEWEULDY | A. WEST | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

BACTERIOLOGICAL ANALYSIS REPORT FORM
General Information — This Section To Be Completed By Collector Compliance Period (MMYYYY) K V 0 1 8 0 5 0 5 PWSn CRWD#3 Collection Date (MMDDYYYY) PWS Contact PWS lame (All Samples Reported on this William Duncan 270-436-6304 6 9 Marghertte New Concord Ky 43076pws Prone Collector Name PWS laddress General Information - This Section To Be Completed By Lab 03132008 Total Coliform Analysis Method Code 00001 Lab Receipt Date (MMDDYYYY) Lab ID 00179005 E Coli Analysis Method Code Analysis Date (MMDDYYYY) Lab Supervisor ab Analyst Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector Repeat Location Code (DN, UP, or OR) (See Key) Result Total Coliform (P/A) (Total Coliform Lab Sample Number of Original Coll (P/A) Count Sample Total Chlorine Free Chloring Analysis Time - or -(Required for Repeat and/or (Required when (Required for all Sample Time Lab Sample Number TMTC (24 hr) Replacement Samples) isniecianis except distinfectant is (24 lu) - or -(See Instructions) ш Chloramine) Chioramine) CNFG) (See Key) BACTERIOLOGICAL ANALYSIS REPORT FROM KEY SP = Special (Not for Compliance) The signator-ses of this form centify by their signatures that collection and analysis of RP = Repeat (For Compliance) RT = Routine (For Compliance) Sample Type: the waster saw uple analyzed and the resulting data hereby submitted, were E = Line Break, Emergency Repair C = Treatment Modification completed in accordance with the provisions of 401 KAR Chapter 6, specifically A = Suspected Contamination Special Sample Reason: nctuding but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that D = Study/Investigation B = New Plant, Modification, (Only if Sample Type = SP) he data subermitted on this form is a true and accurate report of the results of oliection are: analysis performed pursuant to the above-referenced regulations. or Line Extension Relations of ##801 KAR Chapter 8 are subject to severe penalties prescribed in KRS OR = Original Site UP = Upstream DN = Downstream 24.59-010, usep to \$25,000 fine per day per violation and in some cases a violation Repeat Location Code:



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821 7375 270.825 9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785-fax

173 Island Creek Rd. Rikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA | FOR LAB USE ONL | Y CHAIN O | F CUS | TODY and ANALYTICAL IS | | | MC MC MANN | | | | |
|--|--|---|--------------------------------------|--|--|---------------------------------------|------------------------|---------------------------------|--|--------------|--------------|
| Client: | | Bill To: | | Send Results to: | Compliance Monitorin Yes 🗆 | ng (check one)? No □ | PO# | | | | |
| CRWOAL | | | | | Samples Chlorinated Yes □ | | | | | | |
| Phone/Email: | | Phone/Email: | | Phone/Email: | PWS ID# | STATE | | PWS ID# STATE | | IDE Jeft) | code eft) |
| Batch# | | Project Name | | Gollected by (Signature): | MMLI Quote # (if | applicable) | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowert Left) | | |
| Sample ID# COLLECTION DATE TIME (24\hr) | | TIME Composite samples indicate begin time, | | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fie readings, corrosive) | ld pH remp | # OF C | MAT (See | PRESE (Se | | |
| | | | - | 2.7 | | | | | | | |
| | 3-18-02 OF 31 | | | | | | | | | | |
| | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | | |
| 1 | | | | | | | | | | | |
| | | | | | | | | | | | |
| | 8 | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | 9-356 | | | | | | |
| | " the all confees pleas | e call 2 Samples received unannounced with | ess than 48 l | nours holding time remaining may be subject to addition | nal surcharges. 3. Lab reserves th | e right to return unuse | d portions | of samples to | o client. | | |
| | | celved By: (Signature) | DATE" | TIME CONDITIONS UPON REC (24-hr) Great wet/Blue | CHEMICALE SALES AND ASSESSMENT | Method of Shipment UPS ID Eedex II | heck(one) ILL MML | SUSPO | istal 🔲 Ilent 🔲 | | |
| Relinquished by: (Signa | ture) | \ , , , , , , , , , | 3-15-4 | 2) 6900 E Ambient | Tiemp U □ N/A | Date Shipped: | | | | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | jurcan L | celved by: (Signature) | DATE | TIME | YES INO INVA | Lagged in by | 1,000 | ocation: | | | |
| Relinquished by: (Signature) Rece | | Cavea by (Oldinary) | | (24 hr) Gustody seals present/intact Broken containers (COC agree with sample labe | | LAB NOTES | | | | | |
| | | | DATE | TIME Washingsresses acceptable | | Followupiactionirequ | ired (*) | r, yes 🖸 | No □ | | |
| Relinquished by: (Signa | iture) Ri | scelved for MMLI; by: | | Holding time(s) acceptable (de Preservative phis acceptable (de Pr | | Client informed on: | | | in the second | | |
| DW - Drinking Water SW - Solid Waste SO - Soli/Solid SL - Sludge | WW - Waste Water H OL - Oil S SU-Surface Water S | PRESERVATIVE CO - Nitric acid (HNO ₃) A'- Hydrochloric Acid (HCI) H- Sodium Hydroxide (NaOH) T- Sodium Thiosulfate N - Zinc acetate | SA – Sultu 4C – 4°C. AA – Asco | reservative | © © □ · □ · ceived? □ · □ · □ · □ · □ · □ · □ · □ · □ · □ | Reviewed by L Date | | | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| O Circiai III | | | don to be com | | | | | | | (3 3 0 0 5 |
|--|--|---|---|---|--|--|--------------------------|--|----------------|---|
| PWSD | | | SICIL | • | a | ·00 | Complian | ce Period (MMYYYY) | | |
| PVVS Name | CRWI | <u> </u> | 3 | PWS | Contact | <u>wy</u> | Collection | Date (MMDDYYYY) (All Samples Reported | | s Form were Collected on this Date.) |
| PVVS Address | | · · | to New Concord | | | 1-436-6304 | Collector | Name Willia | um | duncan 3-13-33 |
| General In | | | tion To Be Com | pleted By La | <u>b</u> | tom the ministrantism of the first of the fi | | | | 027 |
| Lab IO | 000 | 91 | | Lab Receipt Da | te (MMDDYYYY) | 00189009 | | form Analysis Method | Code | O(1.0) |
| | Λ. | i-~ | · | Analysis Date (I | мисохілл) | 07/8008 | E Coli An | alysis Method Code | | |
| Lab Analysi | Murc | Ly! | 1 Janta | 31910 | 59 | : | · Lab Supe | / | | Signatura (S/G) |
| Samule In | formation Ti | nis Sect | ion To Be Comp | eleted By Co | llector | Analysis Information – Thi | is Section To | Be Completed | ByL | ab |
| Sample Type Tr. RP, or SP) (See Key) al Sample Reason 2, D, or El (See Key) | | Repest Location Code (DN, UP, or OR) (See Key) | Sample Time (((24 hr) dis | Free Chlorine Required for all infectants except Chloramine) | Total Chlorine (Required when disinfectant is Chloramine) | Lab Sample Number | Analysis Time (24 hr) | Pont of | Coliform (P/A) | Lab Sample Number of Original Sample Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| the signatures of the water simple a suppleted in accountuiting but not in | this iom certify by their instyled and the resulting dance with the provision mitted to 401 KAR 8:200, | g data herev s of 401 KAR Section 1 an d accuming to | d 401 KAR 8:040; and that next of the results of | sample Type: Special Sample (Only if Sample | | BACTERIOLOGICAL RT = Routine (For Compliance) A = Suspected Contamination B = New Plant, Modification, or Line Edension | | For Compliance) Modification | | SP = Special (Not for Compliance) E = Line Break, Emergency Repair |
| restingue of antitre les | yels performed pursuant AR Chapter 8 are subject 25 000 fine per day per | i to servent di | enalties prescribed in KRS in some cases a violation | Repeat Location | n Code: | UP = Upstream OR = Original Ste | | | | |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606,432,3104 606,432,3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED-AREA | | | Bill To: | | Send Results to: | Compliance Monitori Yes □ | ng (cl No [| heck on | ie)? | PO# | | |
|---------------------------------------|--|-------------------------|---|--|---|---|-----------------------|-----------------------------------|----------|---------------|---------------------------------|--|
| CRW' | 0 # 3 | | | | | Samples Chlorinate Yes □ | d (ch No 🏻 | eck one | ∍)? | | | |
| Phone/Email: | | | Phone/Email | | Phone/Email: | PWS ID# | | STATI | = | NERS | DE Left) | cope eft) |
| Batch# | | | Project Name | | Collected by (Signature): | MMLI Quote # (if | fappl | licable) | | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample:ID# | COLLEC | TION TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fir readings, corrosive | eld | Field Data pH Temp s.U. °C | | # OF C | MA (Sec | PRES (Se |
| | 3-18-05 06 | | 001 | | RT | | | | | <u> </u> | | |
| | 3-11-01 | ANNA | | | | | | | | ļ | | - |
| | | | | | | | | | | | | <u> </u> |
| | | | | | | | | | | | | - |
| | | | | | | | | | | | | + |
| | | | | | | | | <u> </u> | | + | | - |
| | | | | | | | | | | +- | + | - |
| | | | | | | | | | | - | | + |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | b subject to additi | onal surcharges. 3. Lab reserves ti | he righ | t to return | unused | portions | of samples t | o client. |
| 1. Expedited services | not available for all se | rvices, please | call. 2: Samples received unannounced with lo | | hours holding time remaining may be subject to additi | CEIPTE/CHECK/ONE) | Metho | od of Ship | ment (ch | eck one): | USIP C | stal 🛄 |
| Relinquished by: (Sign | A | Rece | ived By: (Signature) | 3-18- | TIME CONDITIONS UPON RE (24 hr) Sided werblue. | THE RESIDENCE OF THE PROPERTY OF THE PARTY OF | Mark Son | □ Fe Shipped: #5 | iex U | MME | | ijeni 🗀 |
| Relinquished by: (Sig | DWv.Cov | Rece | ived by: (Signature) | DATE | TIME (24 hr) Custody seals present/intact | YES NO NA 7 0 0 0 | Logg | ediniby | | | cation | |
| | Relinquisned by: (Signature) | | | | Broken containers? COC agree with sample Labe Correct containers for testin TIME (24hr) Headspace issues acceptable | |) Trails | CLASSING COS | | | 020-2-120 | No E |
| Relinquished by: (Sig | inature) | Rece | sived for MMLLEby: | DATE | Holding time(s)/acceptable/ Preservative pH s acceptable www.nHileffyunadiusted/ | | Clien | w up actio t into me (ERep. | ion: | 201 | | |
| | RIX CODES: GW – Ground Wate WW – Waste Wate OL – Oil SU – Surface Wate | r HA- SH- ST- | PRESERVATIVE CO Nitric acid (HNO ₃) - Hydrochloric Acid (HCI) - Sodium Hydroxide (NaOH) - Sodium Thiosulfate - Zinc acetate | SA – Sulfi 4C – 4°C AA – Asco NO – No F | uric Acid (H ₂ SO ₄) Samples properly preserved | eceived? 🖸 🔟 🔟 | By: Revie Date: | ewed by | | | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| | <u> </u> | 11011 | C 10 | [[]] | | | CAL ANALYSIS REPOR | Correlien | ice Period (IIII/YYY | n | | 0 3 8 0 0 0 |
|---|-----------------------------------|---|--|---|---|--|---|---------------------------------|---|----------------------|--------------|--|
| S ID | ******* | | | 1106 | | ር | Lill | | | | | 03788009 |
| /S Name | ا . | CRWI |) #_ | 4 | PWS | 5 Contact | KAY | Collection | | ted on t | _ | ms were Collected on this Date.) |
| % Address | 69 | Marqu | erite" | New-Concord ! | (<u>y 4307</u> 6 pws | S Phone 27 | 0 - 434-6304 | Collector | Name Will | lan | n d | Juncan 3-18-09 |
| | | | | tion To Be Cor | | ab | | | | | | 2021551 |
| ID O | | Q 0 D | 01 | : | Lab Receipt D | ele (MMDOYYYY) | 03130009 | Total Coli | form Analysis Wetho | od Cod | le | 008 |
| | 1 | | | | Analysis Date | (MMDDYYYY) | 02122009 | E Coli An | alysis Method Code | | | 7 |
| L | 1 | Minr | 11 | Ma it | 2/19/ | 20 | Sandanie Stanisanie in Commercial | Lab Supe | ervisor (| | | hered 0 |
| Analyst | <u>v</u> _ | | | eure/Date | VEC 11 | <u> </u> | A: | | | d Rv | Lab | Speakers/Dels |
| mple in | form | ation - Th | is Sect | ion To Be Con | npleted By Co | ollector | Analysis Information – Thi | S Section 10 t | Je Oosininens | T | M | |
| (KT, RP, or 8P) (See Key) 8padal Bample Resson V, B, C, D, or E) (See Key) | Replacement Semple? . (Yor Blank) | Location Code (See instructions) | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time (24 hr) | Free Chlorine (Required for all ficinsectants except Chloramine) | Total Chlorine (Required when distribution is Chloramine) | Lab Sample Number | Analysis Time (24 hr) | Result (Total Colform Court - or - TINTC - or - CNFG) (See Key) | Total Colfform (P/A) | E Coff (P/A) | Lab Sample Number of Original Sample (Required for Repeat and/or Reptacement Samples) (See Instructions) |
| | | | | | | | PARAUTA | 7405 | | 7 | | |
| | | | | | | | | | | | | |
| 44 | | | | | | | | | | | | |
| 34 | | | | | | | | | | | | |
| | | | | | | | | | | Time to | 1 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | ii | | |
| :- <u>= </u> | ·/ | | | | | | BACTERIOLOGICAL | | | | | · · · · · · · · · · · · · · · · · · · |
| Micancia a | ashcred | and the sesuffin | g data hereb | st collection and analysis y submitted, were | Sample Type: | | RT = Routine (For Compliance) | RP = Repeat (| | | | Special (Not for Compliance) Line Break, Emergency Repair |
| i din eccon beat not fr Unistantificat | danca v cil belia skil na | ith the provision 401 KAR 8:200, form is a true and | e of 401 KAR Section 1 an 1 accurate 19 | Chapter 6, apecifically d 401 KAR 8:040; and 8 port of the results of | (Only if Sumpi | | A = Sospected Contamination B = New Plant, Medification, | C = Treatment D = Study/Invo | | | C = f | THE DIGGS! CHAIR ROOM LANDON |
| Daniel same | · rube com | formed purpuset | to the above | enismenced regulations. multies prescribed in ICF | _ 1 | * | or Line Extension | | | | | |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LAB USE ONLY | | GEAIN OF CO | ISTODY and ANALY HEAL IN | | | | | |
|---|---------------------------------------|---|---|--|--|---------------|---------------------------------|--|
| Client: | | Bill To: | Send Results to: | Compliance Monitoring (Yes ☐ No | check one)? □ | PO# | | |
| C KM D#T | | | | Samples Chlorinated (c Yes ☐ No | heck∶one)? □ | | | |
| | | | | | | | Γ | т |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | VERS | DE .eft) | SODE aft) |
| Balch# | | Project Name | Collected by (Signature): | MMLI Quote # (if app | olicable) | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# CO | DLLECTION TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MAT (See | PRESE (See |
| 3-12-4 | | 100 | RT | | | | | |
| | / v&vo | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | - | | |
| | | | | Allegan Control | | - | | |
| | | A Laurence | | | hade voture unused | nortions | of samples to | o client. |
| Expedited services not available for | or all services, please o | call. 2. Samples received unannounced with less than 4 | 18 hours holding time remaining may be subject to addition | nal surcharges. 3. Lab reserves the rig | nt to return unused | eckone | SUSIPO | aa D |
| Relinquished by: (Signature) | Recei | ved By: (Signature) DATE | (24 hr) I liced wet/Blue | FIRMS BINNAS ONE | jöd of Shipment (ch ☐ FedEx ☐ Shipped: | MML | 回。c | lient 🗆 |
| William Duncon | n 1), | 11/11 11/16 3-18 | | AITO NO NIA | # | | | |
| Relinquished by: (Signature) | Recel | ived by: (Signature) DATE | TIME (24 hr) © Custody seals present/intact/ Broken containers? | | ged intby | | ocation | |
| | | | COG agree with sample Labels | | ow/up action/requir | | | No.□ |
| Relinquished by: (Signature) | Rece | ived for MMLI bys. DATE | Headspacelissues acceptable. (24hr) Holding time(s)/acceptable. Preservative:pH skacceptable. Was rikleft indulisted. | | ntinformed on | 知证是 有的 | | |
| MATRIX CODES: DW - Drinking Water GW - Grour SW - Solid Waste WW - Wast SO - Soli/Solid OL - Oil SL - Sludge SU - Surface | e Water HA – SH – se Water ST – | Hydrochloric Acid (HCI) 4C + 4° Sodium Hydroxide (NaOH) AA - As Sodium Thiosulfate NO- No | All samples listed on COC recipions Acid (H ₂ SO ₄) C Samples properly preserved? C Corbic Acid COC been relinquished? Ale tests listed for each sample documents religions and the color of the color | D D D D Selved (C) D D D D D D D D D D D D D D D D D D D | iewedjby E | | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General | Inform | nation - T | his Sec | tion To Be Con | npleted By Co | ollector | | | | | CALLET COLOR STATE |
|---|---|---|---|---|---|--------------------------------|--|--|---------------------------|--------------------------------------|------------------------------------|
| PWSD | Κ | Y 0 1 | 80 | 9,49 | | | 00 | Comptian | ce Period (MMYYYY) |) | 033005 |
| PWSkame | | CRWI |) 壮 | 4 | PWS | Contact | | Collection | Date (MMDDYYYY) | | C37258004 |
| PVVSHarike | - | | | | | ۸۵ | 4 KD/-1 2011 | | (All Samples Reporte | | Duncan 3-25-07 |
| PWS Addre | ss (| o 9 Mar | ghun | to New Concor | Ky 420/6pms | Phone 27 | 0-436-6304 | Collector | Name Uruuk | am v | Signature/Debt |
| General | Inform | nation - TI | his Sec | tion To Be Com | npleted By La | ab | | | | | PD094770 |
| Lab (D | | 000 | | | | ate (MMDDYYYY) | 03252009 | Total Coli | form Analysis Method | d Code | 528 |
| | | Access former former | (**** | _ | Analysis Date/ | MMDDYYYY | 08252009 | E Coli An | alysis Method Code | | |
| | \mathcal{A} | $\Delta \Delta $ | 1. | Mart | | 26/09 | Constitution and in Street, and in S | ' Lab Supe | ervisor | | 3/10/69 |
| Lab Analysi | <u> </u> | run | | Stire/Date | - 1- | (| Analysis Information – Th | | | Ryla | Separations b |
| Sample | Inform | ation – Th | is Sect | ion To Be Com | pleted By Co | ollector | Analysis imormation – th | s section to | Ge Oompicae | 7 | |
| ģ | Key) | | de Key) | | | | | | Result (Total Coliform | (A) | Lab Sample Number of Original |
| 8 S. C. | C. D. or E) (See Key) splacement Sample? (Y or Blank) | Location Code (See Instructions) | Repest Location Code [DN, UP, or OR] (See Key) | | Free Chlorine | Total Chiorine | | Analysis Time | Count - or - | Total Coliform (PIA) E Coli (PIA) | Sample (Required for Repeat and/or |
| Pole J | or Els | ifion C natruc | Locat r OR) | Sample Time (24 hr) d | (Required for all lisinfectants except | (Required when disinfectant is | Lab Sample Number | (24 hr) | TNTC -or- | 8 8 | Replacement Samples) |
| Sample Type (RT, RP, or SP) (Sec Key) | Saco | Loos (See I | Pest UP. | | Chloramine) | Chloramine) | | | CNFG) (See Key) | Tote | (See Instructions) |
| 908 | (A B C | _ | & <u>5</u> | | | | | | (,, | | |
| is IT | | | | | TITIE | 7117417 | AG00144 | TRH5 | | Δ | |
| | | | | | | | | | | | |
| | 4 | | | | | | | | | | |
| | | | | | | | | | | 2 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| d | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | <u></u> | |
| | | n cartily by thak | signatures th | at collection and analysis | ۵ <u></u> | | BACTERIOLOGICAL | | | SP | = Special (Not for Compliance) |
| e wastersamp | olo analyze | and the resulting | g data neret s of 401 KAR | Chapter 6, specifically | 0 - 1-10 | | RT = Routine (For Compliance) A = Suspected Contamination | RP = Repest (For Compliance) C = Treatment Modification | | | Line Break, Emergency Repair |
| cluding but n a data arbani | in accordance with the provisions of 401 KAR Chapter 8, specifically that not smited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and observated on this form is a true and accurate report of the results of lines analysis performed pursuant to the above-referenced regulations. | | | | (Only if Sample Type = SP) B = New Plant, Modification, D | | | D = Study/Investigation | | | |
| section and a Ok. In encitain | ensiyələ po 11 KAR Cha | formed pursuant oter 8 are subject | to the above I so severe P | s-referenced regulations. ensities prescribed in KRI | 5 | | or Line Edension | 1 ID = 1 In-line | • | ^P | - Adalasi Cita |
| 4.29-010 am | to \$75,000 | fine per day per ' | violation and | in some cases a violation | Danest I nesti | on Cons | 1 Mil 2 1 Page | | | | |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LAB US | EONLY | CHAIN OF CL | ISTODY and ANALYTICAL R | EQUEST | Fie | ase pi | Juraiea | |
|---|------------------------|---|--|--|---|------------------------|---------------------------------|--------------------------------------|
| Client: | 2012 | Bill To: | Send Results to: | Compliance Monitorin | ng (check one) No □ | ? PO# | • | |
| CRWDHI | | [1] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4 | | Samples Chlorinated Yes ☐ | d (check one)? No 🏻 | | | |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | VERS | DE .eft) | ODE |
| Batch# | | Project Name | Collected by (Signature): | MMLI Quote # (if | applicable) | ਚੌ ਛੇ OF CONTAINERS | MATRIX CODE (See Lower Left) | ESERVATIVE CODE (See Lowerr Left) |
| Sample ID# COLLECT | ION TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fie readings, corrosive) | ld pH Ter | ta D 40 # | MAT (See | PRESE (Se |
| 3-15-09 | 0730 | 200 | KT | | | | | |
| | 0,134 | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| 1. Expedited services not available for all serv | rices, please c | I all. 2. Samples received unannounced with less than 4 | 8 hours holding time remaining may be subject to addition | al surcharges. 3. Lab reserves the | right to return un | used portions | of samples to | o client. |
| Relinquished by: (Signature) | | ved By: (Signature) DATE | TIME GONDITIONS UPON RECE | EIPTE(CHECK/ONE). Temp: | Method of Shipmei UPS 2 - FedEx | it (check one | US Po | stall 🗓 lient 🖸 |
| William Burcan | $ n \rangle$ | 60 Decel 195 | | Temp | Date Shipped Airbil# | | | |
| Relinquished by: (Signature) | Recei | ved by: (Signature) DATE | (24 hr) Gustody seals present/intact/2 | YES NO NA N DE | Loggediniby | 100.00 | ocation = | |
| | | | Brokenscontainers? GOC agree with sample Labels | 7 0 0 0 | LAB NOTES | | | |
| Relinquished by: (Signature) Receiv | | ved for MMLI by: DATE | TIME Correct containers for testing? (24hr) Headspace issues acceptable? Holding time(s) acceptable? Preservative pH s acceptable? Was pH lett unadjusted? | | Follow up action re Client informed on Client Rep | guired | YES (II) | NO.E |
| MATRIX CODES: DW Drinking Water GW Ground Water SW Solid Waste WW Waste Water SO Soll/Solid OL Oll SL Sludge SU Surface Water | HA-I SH- ST-S | illitic acti (illitic) 4C – 4°C Hydrochloric Acid (HCI) 4C – 4°C Sodium Hydroxide (NaOH) AA – As Sodium Thiosulfate NO– No | All samples listed on COC rece furic Acid (H₂SO₄), Samples properly preserved? | ived? S D D B D D eved? S D D I D B M | By: | | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| Gentral | Inform | nation - Ti | his Sec | tion To Be Com | pleted By Co | ollector | | | | CONTRACTOR |
|--|---------------|---|------------------------------|---|------------------------------------|--|-------------------------------|----------------------------|-------------------------|--|
| PWSD | κ | Y 0 1 | 8 0 | 5 0 7 | | | 4AA | Compliance Period (MI | vrrry) | (5 3 0 0 9 , |
| PWS lame | | CRWI | # (| 2 | PWS | Contact | ill | Collection Date (MMDE | OYYYY) Reported on 1 | AJUSAOOM. |
| 1 | - | | | Δ. | 1 : | 901 | - 436-6304 | | | n Duncan 3-25-07 |
| PWS lide | ss (| o 4 Mar | tirulg | to New Concord | Ky 43076pws | Phone of 1 | - 120 0201 | Collector Name | www. | Spanner/Deer |
| General | Inform | nation — TI | his Sect | tion To Be Com | pleted By La | ıb | | | | :25TB:T2 |
| Lab ID | | 000 | 3/ | | Lab Receipt Da | sie (MMDDYYYY) | 03252007 | Total Coliform Analysis | Method Coo | • <i>34</i> 8 |
| | | Λ | | | Analysis Date (| MMDDYYYY) | 03252009 | E Coli Analysis Method | Code | — III — — — — — — — — — — — — — — — — — |
| | _/ / | Mian | 11 | Martin | 13/2/1 | / ₂₈ | , | Lab Supervisor | يسين | 160 -3/0c/07 |
| Lab Analyst | | VINVE | | phroposis | <u> </u> | <u>0 </u> | Analysis Information – Thi | s Section To Be Comp | leted By | Square Cate / Lab |
| | | | nis Sect | ion To Be Com | pleted By Co | ellector | Analysis information – m | S DECITOR TO DE GOMP | | |
| Sample Type (RT, RP, or SP) (See Kry/ Special Sample Reseon | Key) | _ | ode Key) | | | | | Result (Total Coli | om (| Lab Sample Number of Original |
| 8 (3 %) | Samp Samp | Code | ion C (See | | Free Chlorine (Required for all | Total Chlorine (Required when | | Count Analysis Time - or - | Total Collform (P/A) | Lab Sample Number of Original Sample Sample (Required for Repeat and/or Replacement Samples) |
| RP Sample | ar Br | Location Code (See Instructions) Repeat Location Code (DN, UP, or OR) (See Key) | | | isinfectants except Chloramine) | disinfectant is Chloramine) | Lab Sample Number | (24 hr) TMTC - or - | 2 | Replacement Samples) (See Instructions) |
| Sa (FT, Sa | | Loc (3ee | epeat Cp. | | Choramire) | Citodilline | | CNFG; (Sée Ke | , 1 to 1 | - (See Haddward) |
| ြိ | (S) | | æ <u>S</u> | | | | | | | |
| RITI | | ואומו | | 0 6 3 0 | 1.511 | 71.58 | AGG OCHO | | UA | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| <u></u> | | | <u></u> | <u></u> | | | BACTERIOLOGICAL | ANALYSIS REPORT FROM KEY | | |
| he signatories | cof this form | n certify by their s | dgnatures the | at collection and analysis o y submitted, were | Sample Type: | | RT = Routine (For Compliance) | RP = Repeat (For Compliand | æ) | SP = Special (Not for Compliance) |
| official and in the | construct t | with the provision: | s of 401 KAR | Chapter 8, specifically d 401 KAR 5:040; and tha | Special Samp | le Reason: | A = Suspected Contamination | C = Treatment Modification | | E = Line Break, Emergency Repair |
| e data submi | tted on this | form is a true and | d accurate N to the above | port of the results of preferenced regulations. | s. (Only it Sample Type = Sr) | | | D = Study/Investigation | | |
| のしょうじゅっかっと イル | N KAR Cha | nter A see Kubicci | t to severe of | enalties prescribed in KRS in some cases a violation | Danasi I annil | in Cada | PAI - P | 4 # Au | | |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821 7375 270.825 9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LABIUSE ONL | Y CHAIN OF CU | : Plea | se pri | nt leg | ibly. | | |
|--|--|---|---|---|--------------|---------------------------------|--|
| Client: | Bill To: | Send Results to: | Compliance Monitoring | g (check one)? lo □ | PO# | | |
| CKMD#2 | | | Samples Chlorinated Yes ☐ N | (check one)? lo □ | | | |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | NERS | DE Left) | CODE eft) |
| Batch# | Project Name | Collected by (Signature): | MMLI Quote # (if applicable) | | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID#: COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fiel readings, corrosive) | Field Data d pH Tem S.U. °C | , B | MA (See | PRES (S |
| 3-15-09 0630 | | RT | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | 7 | O. L. b. company that | right to return unu | sed portions | of samples t | to client. |
| Expedited services not available for all services, pleas | e call. 2. Samples received unannounced with less than 48 | hours holding time remaining may be subject to addition | nal surcharges. 3. Lab reserves the | MethodioliShipmen JPS:12 FedEx | (check one) | US Po | istal 🔟 🔭 |
| Relinquished by: (Signature) Re | DATE | (24 hr) | Temp DNA | Date(Shipped: Airbil# | | C C | ilient∐: |
| Relinquished by: (Signature) | ceived by: (Signature) DATE | TIME (24 hr) Custody seals present/intact? Brokenscontainers (COC agree with sample Labels | | Logged in by, LAB NOTES | 1000 | 2012 | |
| Relinquished by: (Signature) | eceived for MMLI by: DATE | TIME (24 hr) Headspace (35 sues acceptable Holding time(s), acceptable? Preservative pH's acceptable was pH left unadjusted? | | Follow up action re Client informed on Client Rep | | | 20 D |
| DW - Drinking Water SW - Solid Waste W - Waste Water SO - Soil/Solid OL - Oil SI Surface Water S | = Nillic acid, inv3/ A = Hydrochloric Acid (HCI) | All samples listed on COC recurric Acid (H₂SO₄) Lisamples properly preserved? | ceived? 🔟 : 13 : 13 : 13 : 13 : 13 : 13 : 13 : 1 | By K 7. | | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| | | | mpleted By Collector | | | grandom grandom (Carlo Carlo) |
|--|--|--|---|---|---|---|
| PWS D | K Y 0 1 | 80508 | , | 2 ·00 | Compliance Period (MMYYYY | |
| PWS lame | CRWI |) 井 3 | PWS Contact | sill | Collection Date (MMDDYYYY) (All Samples Report | |
| PWS kidness | 69 Mar | guente him Conco | rd Ky 48076pws Phone 27 | 0-436-6304 | Collector Name Will | ian duncan 3-25-57 |
| General Inf | ormation - T | his Section To Be Co | mpleted By Lab | | <u> </u> | |
| Lab ID | 000 | IS/ | Lab Receipt Date (MMDDYYYY) | 03252009 | Total Colform Analysis Metho | d Code 52 8 |
| | | 40.0 | Analysis Date (MMDDYYYY) | 03252689 | E Coli Analysis Method Code | |
| Lab Analysi | Min | differente | In326/09 | | Lab Supervisor | Septembries 3 Malors |
| Sample Info | ormation - Th | is Section To Be Co | mpleted By Collector | Analysis Information - Th | is Section To Be Completed | l By Lab |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Resson (A B C D or E) (See Key) | | Repeat Location Code (DN, UP, or OR) (See Key) (M4 P2) aunt and | Free Chlorine (Required for all disinfectants except Chloramine) Total Chlorine (Required when disinfectant is Chloramine) | Lab Sample Number | Result (Total Coliform Count - or - TNTC - or - CNEG) (See Key) | Lab Sample Number of Original Sample Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| (RITIA) | ang | | 7.11611.23 | AGUUNTU | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | In the same parables that the late | ignatures that collection and analy | s of T | | ANALYSIS REPORT FROM KEY | SP = Special (Not for Compliance) |
| watersomple an implicated by accord ducting bust not lim t classa submitted o focation ared analysis | alyzed and the resulting lance with the provision: lited to 401 KAR 8:200, on this form is a true and sis performed pursuant | g data hereby submitted, were s of 401 KAR Chapter 8, specifically Section 1 and 401 KAR 8:040; and d securate report of the results of to the above-referenced regulation | Special Sample Reason: (Only if Sample Type = SP) | RT = Routine (For Compliance) A = Suspected Contamination B = New Plant, Modification, or Line Eldension | RP = Repeat (For Compliance) C = Treatment Modification D = Study/Investigation | E = Line Break, Emergency Repair |
| fationsof 401 KAI | R Chapter 8 are subject | t to severe penalties prescribed in it violation and in some cases a violat | R5 | Phil or Phenometers on | 3 2 to 2 to | AB 41. 184 |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821,7375 270.825,9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA F | OR LAB USE ONLY | CHAIN OF CU | STODY and ANALYTICAL R | | Pleas | PO# | | |
|---------------------------|---|---|--|--|--|---------------|---------------------------------|--|
| Client: | | Bill To: | Send Results to: | Compliance Monitoring Yes \(\square\) No | (check one) | PU# | | |
| CRWB | # 3 | | | Samples Chlorinated (Yes ☐ No | check one)? □ | | | _ |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | OF CONTAINERS | ODE Left) | CODE Left) |
| Batch# | | Project Name | Collected by (Signature): | MMLI Quote # (if ap | oplicable) | ONTA | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample/ID#. | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA1 (See | PRESI (Se |
| | 3-25-07 1600 | 200 | KI | | | | | |
| | | | . d= | | | | | + |
| | | | | | | 1 | | 1 |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | - |
| | | | | | | | | +- |
| | | | | anal curcharges 3. Lab reserves the r | ight to return unused | i portions | of samples t | to client. |
| 1. Expedited services not | | | 8 hours holding time remaining may be subject to additio | SEIPTE(CHECKSONE) | ethodiof(Shipment)(c 2S 🔲 - FedEx 🖾 | heck one) | USIP | istal 🗉 |
| Relinquished by: (Signatu | re) Rece | DATE S (Signature) S (S) | (24 hr) 回 icediwet/Blue | C ∏emp □ N/A □ D | ate Shipped irbili#: | | | |
| Relinquished by: (Signatu | ure) Rece | oived by: (Signature) | (24 hr) @ustody seals present/intact Broken containers? Contagree with sample Labe | | AB'NOTES: | | | |
| Relinquished by: (Signatu | ure) Reco | pived for MMLI by: | TIME Correcticontainers for testing Headspace issues acceptable Holding time(s) acceptable? Preservativesphis acceptable Was nittleft unadjusted? | 7 II | ollow up action requi | 100 | | 25.70 |
| SW - Solid Waste | GW – Ground Water NI– WW – Waste Water HA- OL – Oil SH- | Nitric acid (1NC3) - Hydrochloric Acid (HCI) - Sodium Hydroxide (NaOH) Sodium Thiosulfate NO—No | All samples listed on COC re- lfuric Acid (H₂SO₄) samples properly preserved: | 2 D D D D B eceived/ID: D D D R D D D D R | y eviewed by: | | | |

X

SAMPLE CATEGORY = TC

224.93.000, up to \$25,000 fine per day per violation and in some cases a violation | Remark Location Code:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General In | | | | mpleted By C | ollector | | | | | | |
|--|---|---|---|--|----------------|--------------------------------------|-------------------------------|--|---|--|--------------------------------|
| PM to | K Y 0, [| 8/8 | 106 | | | ~ " | Λ Λ | Complian | nce Period (MMYYYY) |) | C13 9 0 0 51 |
| PVVI Name | CRW. | D # | 4 | PW: | S Contact | Bi | W | Coffection | n Date (MMDDYYYY) (All Samples Reports | d on this Fo | OF LS LOOP |
| PVVI Address | 69 marqui | uniti | Their Concord | <u>Ky 43076 </u> | S Phone | 70- | - 434-4304 | Collector | 9. 17: | | Juncan 3-25-09 |
| General In | normation — T | his Sec | tion To Be Co | mpleted By L | ab | | | | | | |
| (dad) | 000 | 3/ | | Lab Receipt D | ate (MMDOYYYY) | | 03252007 |) Total Coi | Borm Analysis Method | l Code | 348 |
| | | | 100 | Analysis Date | (мироүүүү) | | 03252099 | E Coli An | allysis Method Code | | >000 / |
| Lab knalyst | Min | dia | Marti | M3/26 | 09 | | | Lab Supe | ervisor | - | 10/06/s |
| Sample In | formation - TI | his Sect | tion To Be Co | npleted By Co | ollector | | Analysis Information – Thi | s Section To | Be Completed | By Lal | b |
| Sample Type (RT, RP, or 8p) (See Kry) Special Sample Reseon (M, B, C, p, or E) (See Kry) | Replacement Sample? (Y or Blank) Location Code (See Instructions) | Rapest Location Code (DM, UP, or OR) (See Key) | Free Chlorine (Required for all disinfectants except Chloramine) | Total Chlorine (Required when distributional is Chloramine) | | Leb Sample Number 3(240) AG(00148) | Analysis Time (24 hr) | Result (Total Cosiform Count - or - TNTC - or - CNFG) (See Key) | Total Coliform (P/A) E Coff (P/A) | Lab Sample Number of Original Sample (Required for Report and/or Reptacement Samples) (See Instructions) | |
| RITI | TE 6 3 | | 0300 | 7 . 3 1 | 71.137 | | <i>1</i> 3680 | I399 | | 4 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | T. | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 | 141101 21107111111/ | | | | | تا ر | BACTERIOLOGICAL / | ANALYSIS REPORT | FROM KEY | | |
| e edgementes of t | his form certify by their a nailyzed end the seautiling | desta hereb desta hereb | at collection and analysis y submitted, were | Sample Type: | | | RT = Routine (For Compliance) | RP = Repeat (F | or Compliance) | SP • | = Special (Not for Compliance) |
| rupsebd in eccer | scourdance with the provisions of 401 KAR Chapter 8, specifically set Smiled to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that Special Sample Reason: | | | | | | A = Suspected Contamination | C = Treatment | | E=1 | Line Break, Emargency Repair |
| charts stubershed | pa this form is a true and sis performed pursuant | d accumuta m | port of the restricts of | (Only If Sampl | e Type = SP) | | | | | | |
| | and beautiful betterming | ~ 210 00000 | | 1 | | | or Line Extension | | | | |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825 9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859 299 7775 859 299 7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LAB USE ON | ly Chain of Cu | ISTODY and ANALYTICAL R | EQUEST | Pleasi | e pri | nt leg | ibly. |
|--|--|--|---|---|---------------|---------------------------------|---|
| Client: | Bill To: | Send Results to: | Compliance Monitoring (Yes \(\subseteq \text{No} \) | check one)? | PO# | | |
| CKMD#A | | | Samples Chlorinated (c Yes □ No | heck one)? □ | | | |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | IERS | off.) | ODE (1) |
| Batch# | Project Name | Collected by (Signature): | MMLI Quote # (if app | olicable) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODI (See Lowerr Left) |
| Sample ID# COLLECTION: DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # 0F C | MAT (See | PRESE (Ser |
| 3-25-09 080 | , 003 | RT | | | | | |
| | | P | | | | å | |
| | | | | | | <u> </u> | |
| | | | | | ļ | | |
| | | | | | | | - |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PROPERTY OF THE STATE OF THE ST | | | | | <u> </u> | | <u> </u> |
| Expedited services not available for all services, please. | se call. 2. Samples received unannounced with less than 4 | 8 hours holding time remaining may be subject to addition | al surcharges. 3. Lab reserves the righ | nt to return unused | portions o | of samples to | o client. |
| Relinquished by: (Signature) | aceived By: (Signature) DATE | (24 hr) | Temps UPS | od of Shipment (ch | | | stal 🗀 🥳 lient 🗖 |
| Circle nollies | Just Man 3-20 | 5-07 0700 EtAmbient | LATE OF THE PARTY | | | | |
| Relinquished by: (Signature) | eceived by: (Signature) DATE | (24 hr) Custody seals present/intact? | YES NO NA LOGO | jed in by | in the second | cation. | |
| | | Broken containers? COC agree with sample Labels | | NOTES AND | | | |
| Relinquished by: (Signature) | eceived for MMLI by: DATE | (24 hr) Holding time(s) acceptable? | | w.up.action.require | dii | YES 🖸 | NO□ |
| | | Preservative pH s acceptable? Was pH latt unadjusted? All samples listed on COC rece | | iCRept | | | |
| SW - Solid-Waste WW - Waste Water F SO - Soil/Solid OL - Oil S SI - Studge SI - Surface Water SI | H – Sodium Hjodroklete A – Hydrochloric Acid (HCl) H – Sodium Hydroxide (NaOH) A – Asc NO – No | func Acid (H₂SO₄) Samples properly preserved? | eived? | ewediby. | | | 799 200 200 200 200 200 200 200 200 200 2 |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

BACTERIOLOGICAL ANALYSIS REPORT FORM
General Information — This Section To Be Completed By Collector Compliance Period (MMYYYY) PWS ID Bill Collection Date (MMDDYYYY) PWS Contact (All Samples Reported on this PWS Name 270-436-6304 6 9 Margherthe New Concord Ky 43076 pros prone Collector Name PANS Address General Information - This Section To Be Completed By Lab Total Colform Analysis Method Code Lab Receipl Date (MMDDYYYY) Lab ID E Coli Analysis Method Code Analysis Date (MMDDYYYY) Lab Supervisor Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector Result Repeat Location Code (DN, UP, or OR) (See Key) Total Collform (P/A) (Total Coliform Lab Sample Number of Original (P/A) Sample Type (RT, RP, or SP) (See Key) solal Sample Reser C, O, or E) (See F placement Sample Count Sample **Total Chlorine** Free Chlorine Analysis Time - 01 -(Required for Repeat and/or (Required when (Required for all Sample Time Lab Sample Number TNTC (24 hr) Replacement Samples) disinfectant is isinfectants except (24 fa) - or -(See instructions) Chloramine) Chloramine) CNFG) (See Ken) BACTERIOLOGICAL ANALYSIS REPORT FROM KEY SP = Special (Not for Compliance) The signaturies of this form centry by their signatures that collection and analysis of RP = Repeat (For Compliance) RT = Routine (For Compliance) Sample Type: the water sample analyzed and the resulting data hereby submitted, were E = Line Break, Emergency Repair C = Treatment Modification completed in accondance with the provisions of 401 KAR Chapter 8, specifically A = Suspected Contamination Special Sample Reason: including but not similed to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that D = Study/Investigation B = New Plant, Modification, (Only If Sample Type = SP) the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. or Line Extension Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS OR = Original Site UP = Upstream DN = Downstream 224,99-010, up to \$25,000 fine per day per violation and in some cases a violation Repeat Location Code:

Make M Camala Toma w BIN



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| | FOR LAB USE O | NEV CHAIN | OF OUS | STODY and ANALYTICAL R | EQUEST | P | lease | prii | ni: legi | lolly. |
|---|---|---|-------------------------------------|---|------------------------------------|--|---------------------|----------------|------------------|-------------------------|
| Client: | FUN EAB COL O | Bill To: | | Send Results to: | Compliance Monitorin | ng (check o No 🏻 | ne)? | PO# | | |
| CRW. | 0 # 1 | | | | Samples Chlorinated Yes ☐ I | d (check on No 🗆 | e)? | | | |
| Phone/Email: | Samples Chlorinated (check one)? Yes No Phone/Email: Phone/Email: Project Name Project Name Collected by (Signature): MMLI Quote # (if applicable) SAMPLE REMARKS SAMPLE REMARKS SAMPLE REMARKS SAMPLE REMARKS Gi.e. composite, grab, field pair readings, corrosive) Field Data pH Temp S.J. **C 9 9730 OG 3 The control of the sent time and tump for at end time (i.e. 8280B, 6010B/7470A) SAMPLE REMARKS Gi.e. composite, grab, field philatery (i.e. 8280B, 6010B/7470A) Field Data pH Temp S.J. **C 9 The control of the sent time and tump for at end time (i.e. 8280B, 6010B/7470A) SAMPLE REMARKS Gi.e. composite, grab, field philatery (i.e. 8280B, 6010B/7470A) Field Data pH Temp S.J. **C 9 The control of the sent time and tump for at end time (i.e. 8280B, 6010B/7470A) Field Data pH Temp S.J. **C 9 The control of the sent time and tump for at end time (i.e. 8280B, 6010B/7470A) Field Data pH Temp S.J. **C 9 The control of the sent time and tump for at end time (i.e. 8280B, 6010B/7470A) Field Data pH Temp S.J. **C 9 The control of the sent time and tump for at end time (i.e. 8280B, 6010B/7470A) Field Data pH Temp S.J. **C 9 The control of the sent time and tump for at end time (i.e. 8280B, 6010B/7470A) Field Data pH Temp S.J. **C 9 The control of the sent time and tump for at end time (i.e. 8280B, 6010B/7470A) Field Data pH Temp S.J. **C 9 The control of the sent time and tump for at end time (i.e. 8280B, 6010B/7470A) Field Data pH Temp S.J. **C 9 The control of the sent time and tump for at end time (i.e. 8280B, 6010B/7470A) Field Data pH Temp S.J. **C 9 The control of the sent time for at end time for at end time (i.e. 8280B, 6010B/7470A) Field Data pH Temp S.J. **C 9 The control of the sent time for at end time for at end time (i.e. 8280B, 6010B/7470A) Field Data pH Temp S.J. **C 9 The control of the sent time for at end time for at end time (i.e. 8280B, 6010B/7470A) Field Data pH Temp S.J. **C 9 The control of the sent time for at end | CODE .eft) | | | | | | | | |
| Batch# | | Project Name | | Collected by (Signature): | MMLI Quote # (if | applicable |) | ONTAI | TRIX CC Lower | ERVATIVE ee Lowerr L |
| Sample(ID#) | DATE TIME | Composite samples indicate | begin time, | SAMPLE ANALYSIS REQUESTED Method ID if known | (i.e. composite, grab, fie | ld pH | Temp | PO | MA (See | PRES |
| | | | | A T | | | | | | |
| | 4-77.01 013 | 0 " " " " | | | | | | ļ | | 4 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | · | | | | | |
| | 2 | | | | | | | | | |
| | 4 | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | ل | | <u></u> | |
| 4 Expedited continue no | ot available for all services, p | lease call. 2. Samples received unannounced | with less than 48 | hours holding time remaining may be subject to addition | nal surcharges, 3. Lab reserves th | e right to retur | n unused | portions (| of samples to | o client. |
| Relinquished by: (Signa | ture) | Received By: (Signature) | 4-11-0 | TIME CONDITIONS UPON REC (24 hr) Iced wet/Blue 7 1900 Ambient TIME (24 hr) Cristody seals present/intact/ | Temp □ N/A yes No N/A | Method of Shi UPS [2] - F Date Shipped Airbil#": -Logged In DV | oment (ch edex 国 | eckone) MMU | US Po | stall [1] |
| Reindnisuea py. (orgina | | | | Broken containers? (COC agree with sample Label) (Correct containers for testing | | LAB NOTES | | | yes 🖸 | NO 🗆 |
| Relinquished by: (Signa | iture) | | | (24hr) Headspacenssues acceptable? Holding time(s) acceptable? Preservative pH s acceptable? WasspH left unadjusted? | | Clientinform | 20 约 约里尔拉文 | | | |
| MATRIX DW - Drinking Water SW - Solid Waste SO - Soli/Solid SL - Sludge | CODES: GW – Ground Water WW – Waste Water OL – Oil SU – Surface Water | | SA – Sulfu 4C – 4°C AA – Asco | ric Acid (H ₂ SO ₄) Samples properly preserved? Clients sample documents re coc been relinquished? | ceived? 🛛 📙 🗒 | By Reviewed by Date: | | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

General Information - This Section To Be Completed By Collector Compliance Period (MMYYYY) PWS ID CRWD#3 Collection Date (MMDDYYYY) PWS Contact PWS Name (All Samples Reported on this Fo William Duncan 270-436-6304 6 9 Marghurthe New Concord Ky 43076pms prone Collector Name PVVS Address General Information - This Section To Be Completed By Lab Total Colform Analysis Method Code Lab Receipt Date (MMDDYYYY) Lab ID E Coli Analysis Method Code Analysis Date (MMDDYYYY) Lab Supervisor Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector Sample Type (RT, RP. or SP) (See Key) ectal Sample Reason 1, C, D, or E) (See Key) Repeat Location Code (DN, UP, or OR) (See Key) Result Total Coliform (P/A) (Total Coliform Lab Sample Number of Original Location Code (See instructions) Coll (P/A) Count Sample Free Chlorine **Total Chlorine** - 00 -Analysis Time (Required for Repeat and/or Required when (Required for all Sample Time Lab Sample Number TNTC (24 hr) Replacement Samples) disinfectant is fisinfectants except (24 hr) - 00 -(See Instructions) Chloramine) Chloramine) CNFG) (See Key) BACTERIOLOGICAL ANALYSIS REPORT FROM KEY SP = Special (Not for Compliance) The signaturies of this form centify by their signatures that collection and analysis of RP = Repeat (For Compliance) RT = Routine (For Compliance) Sample Type: the water sample analyzed and the resulting data hereby submitted, were E = Line Break, Emergency Repair C = Treatment Modification completed in accordance with the provisions of 401 KAR Chapter 6, specifically A = Suspected Contamination Special Sample Reason: including but not imited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that D = Study/Investigation B = New Plant, Modification, (Only if Sample Type = SP) the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. or Line Extension Violations of 401 KAR Chapter 5 are subject to sovere pensities prescribed in KRS OR = Original Site UP = Upstream 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation DN = Downstream Repeat Location Code:



PO Box 907 * 825 Industrial Rd. Madisonville; KY 42431 270.821.7375 270.825,9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LAB USE ONLY | CHAIN OF CU | STODY and ANALYTICAL R | EQUEST | Pleas | e prii | nt legi | bly. |
|--|--|---|--|--|------------|--------------|---------------|
| Client: | Bill To: | Send Results to: | Compliance Monitoring | (check one)? o □ | PO# | | |
| CRWD#1 | BILTO: Send Results to: Complained Monitoring (check one)? Yes No Samples Chlorinated (check one)? Yes No Phone(Email: Phone(Email: Phone(Email: PVS ID# STATE Project Name Collector by (Signature): MILLI Quote # (if applicable) SAMPLE DESCRIPTION Complained and state of the sample in control catalogists by (Signature): Milli Quote # (if applicable) No No No No SAMPLE DESCRIPTION Sample RNALYSIS REQUESTED Method to # known (law composite, gard, fined pill Temp in the pill Temp in th | | | | | | |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | NERS | DDE Left) | CODE .eft) |
| Batch## | Project Name | | | | ONTAI | TRIX CC | SERVATIVE |
| DATE TIME | Composite samples indicate begin time, | Method ID if known | (i.e. composite, grab, field | pH Temp | | MM (See | PRE! |
| H-JJ-09 @630 | | RT | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | 2.1 sh vecopies the | right to return unuse | d portions | of samples t | to client. |
| Expedited services not available for all services, please | | hours holding time remaining may be subject to addition | FIDT/OHECKONELS | lethed of Shipment (c | neck one) | - EUS Po | osta 🖸 |
| Relinquished by: (Signature) Relinquished by: (Signature) Relinquished by: (Signature) Relinquished by: (Signature) | DATE Silved By: (Signature) DATE Silved for MMLI by: DATE | TIME (24 hr) GONDILIONS DEDUCTED | Temp JEINA JAMES J | ins Fedex and Shipped and Shi | MWL L | ocation. | |
| DW - Drinking Water GW - Ground Water NI - | Nitric acid (HIVO3) - Hydrochloric Acid (HCI) - Sodium Hydroxide (NaOH) - Sodium Hydroxide (NaOH) - Sodium Thinsulfate - NO- No | orbic Acid Client's sample documents re | ceived?□ . □ . □ . □ . □ | Reviewediby. | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

BACTERIOLOGICAL ANALYSIS REPORT FORM
General Information — This Section To Be Completed By Collector K Y 0 1 8 0 5 0 2 Compliance Period (MMYYYY) PWS ID Bill CRWD#3 Collection Date (MMDDYYYY) PWS Contact PWS Name (All Samples Reported on this William Duncan 4 270-436-6304 6 9 Margherite New Concord Ky 430 76 pws Phone PWS Address General Information - This Section To Be Completed By Lab Total Coliform Analysis Method Code Lab Receipt Date (MMDDYYYY) Lab ID E Coli Analysis Method Code Analysis Date (MMDDYYYY) Lab Supervisor Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector it Location Code , or OR) (See Key) Result (P/A) (Total Coliform Lab Sample Number of Original Coll (P/A) Sample Type (RT, RP, or SP) Count **Total Chlorine** Total Caliform Sample Free Chlorine Analysis Time - Of -(Required when (Required for Repeat and/or Sample Time (Required for all Lab Sample Number (24 hr) TNTC Replacement Samples) disinfectant is isinfectants except (24 hr) - Of -(See Instructions) Chloramine) Repeat (DN, UP, o Chloramine) CNFG! (See Key) BACTERIOLOGICAL ANALYSIS REPORT FROM KEY The signatories of this form certify by their signatures that collection and analysis of SP = Special (Not for Compliance) RP = Repeat (For Compliance) RT = Routine (For Comptiance) Sample Type: the water sample analyzed and the resulting data hereby submitted, were E = Line Break, Emergency Repair completed in accordance with the provisions of 401 KAR Chapter 8, specifically C = Treatment Modification A = Suspected Contamination Special Sample Reason: including but not anded to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that B = New Plant, Modification, D = Study/Investigation the data submitted on this form is a true and accurate report of the results of (Only if Sample Type = SP) collection and analysis performed pursuant to the above-referenced regulations. or Line Extension Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS UP = Upstream OR = Original Site 224.89-010, up to \$25,000 fine per day per violation and in some cases a violation Repeat Location Code: DN = Downstream

Make Meanale Time - DO



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| Sample IDF DATE TIME (24 hr) Composite samples indicate begin time; and time and temp (°C) at end time (Le. 8260B, 6010B/7470A) L-12-09 0600 903 | | | | | | | | |
|--|--|---|--|-------------------------------------|------------------------|--------------------|--------------|----------------------|
| | | | Management of the Management Succession Control Control | Compliance Monitoring | g (check one)? o □ | PO# | | |
| CRW? | Phone/Email: Phone/Email Phone/Email: Phone | | | | | | | |
| Phone/Email: Ph | CODE -eft) | | | | | | | |
| Batch# | | Project Name | Collected by (Signature): | MMLI Quote # (if a | | CONTAI | TRIX CO | SERVATIVE |
| - Sample ID# | DATE TIME | Composite samples indicate begin time, | Method ID if known | (i.e. composite, grab, field | pH Temp | # OF C | MA Sec | PRES (S |
| | | | RT | | | | | |
| | Send Resists to: Compliance Monitoring (Check one)? Post No | | | | | | | |
| | Bill To: Send Results to: Compliance Monitoring (chock one)? Yes No Samples Chlorinated (check one)? Yes STATE Supplementation of the complementation of the compl | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | that upprouped with less than 4 | 8 hours holding time remaining may be subject to addition | nal surcharges. 3. Lab reserves the | right to return unused | portions | of samples t | to client. |
| 1. Expedited services no | | DATE | TIME GONDINIONS UPON REC | EIPT (CHECK ONE) | Nethod of Shipment (c | neck one): MMLI | US Po | stali 🔲 . ilent 🗓 |
| Phone/Email: Ph | | | | | | | | |
| | Phone/Email: Ph | | | | | | | |
| Relinquished by: (Signa | | 454.65 | | | | | | |
| DW - Drinking Water SW - Solid Waste | GW – Ground Water NI WW – Waste Water HA OL – Oil SI SU – Surface Water S | - Nitric acid (HNO ₃) A - Hydrochloric Acid (HCI) A - Sodium Hydroxide (NaOH) C Sodium Hydroxide (NaOH) C Sodium Thiosulfale NO-No | WaspHijett unadjusted! All samples listed on GOC rec Samples properly preserved? Corbic Acid GOC been refinguished? preservative GOC been refinguished? | Ceived7.5 | ay <u> </u> | | | |

X

SAMPLE CATEGORY = TC

collection and analysis porformed pursuant to the above-estatement regulations.

Victorions of 401 KAR Chapter & ure subject to severe persittes prescribed in KRS

234.99-010, up to \$25,000 fine per day per violation and in some cases a violation

uncy subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

General Information — This Section To Be Completed By Collector Compliance Period (MMYYYY) PWS ID Bill Collection Date (MMDDYYYY) PWS Contact PWS Name (All Samples Reported on this William Duncan 4 270-434-4304 69 Marquerite New-Concord Ky 45076 Collector Name General Information - This Section To Be Completed By Lab Total Collorn Analysis Method Code Lab Receipt Date (MMDDYYYY) 10 طعيا E Coli Analysis Method Code Analysis Date (MMDDYYYY) Lab Supervisor ah Aralysi Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector Repeat Location Code (DN, UP, or OR) (See Key) Result Cofform (P/A) (Total Colform Location Code (See Instructions) Lab Sample Number of Original Coll (P/A) Count Free Chloring Total Chlorine Sample - 00 -Analysis Time (Required for all (Required when (Required for Repeat and/or Sample Time Lab Sample Number TNTC (24 hr) disinfectant is Replacement Samples) (24 hr)disinfectants except - 00 -(See Instructions) Chioramine): Chioramine) Total CNFG) (See Key) BACTERIOLOGICAL ANALYSIS REPORT FROM KEY The signatories of this form centify by their signatures that collection and analysis of SP = Special (Not for Compliance) RP = Repest (For Compliance) RT = Routine (For Compliance) Sample Type: the water sample analyzed and the resulting data hereby submitted, were and in economismos with the provisions of 401 KAR Chapter 6, specifically C = Treatment Modification E = Line Break, Emergency Repair A = Suspected Contemination Special Sample Reason: including but not limbed to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that D = Study/Investigation B = New Plant Modification, the data submitted on this form is a true and accurate report of the results of (Only if Sample Type = SP)

or Line Extension

DN = Downstream

Repeat Location Code:

UP = Upstream

OR - Original Size



PO Box 907 * 825 Industrial Rd. Madisonville; KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| HADED AREA | | | Bill To: | | Send Results to: | Compliance Monitoring Yes N | g (che lo □ | eck one |)? | PO# | | |
|---|--|--------------------------|---|---|---|---|-------------------|--|------------------|--------------------|---------------------------------|-------------------|
| | P# G | | | | | Samples Chlorinated Yes ☐ N | l (che vo □ | ck one) | ? | | | T |
| hone/Email: | | | Phone/Email | : | Phone/Email: | PWS ID# | , | STATE | | NERS | ode Left) | CODE |
| atch# | | | Project Name | | Collected by (Signature): | MMLI Quote # (if a | applic | cable) | | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE |
| Sample ID# | COLLEC | CTION TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate be end time and temp (°C) at er | egin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fiel readings, corrosive) | ld | Field D pH Te S.U. | ata emp °C | # OF C | MA (See | PRES |
| | 14-5E-09 | \$ 700 | 613 | | RT | | | | _ | | | + |
| | | | | | | | | | | | | I |
| | | | | <u> </u> | | | | | | | | + |
| | | | | | | | | | | | | \dagger |
| | | | | <u> </u> | | | | | | | | _ |
| | | | | | | | | | | | | + |
| | | | | | B hours holding time remaining may be subject to additi | onal surcharges. 3. Lab reserves the | e right | to return t | inused p | ortions | of samples t | o cli |
| . Expedited services r | not available for all | | | ith less than 41 | TIME CONDITIONS UPON RE | CEIPT (CHECK ONE) | Method UPS D | d of Shipm | ent (che Ex 🖸 | ckione): - MMLI | US PC | istal illen |
| telinguished by: (Sign | | Rec | elved By: (Signature) | 427- | TIME | VES NO N/A | Date/S Airbill | ************************************** | | | ocation: | |
| Relinquished by: (Sign | nature) | Rec | elved by: (Signature) | DATE | (24 hr) Custody Seals present intact Broken containers? COG agree with sample Lab Gorrect containers for testin | | | Manager 1 | | Vi Vi | 7250 | |
| Relinquished by: (Sigr | nature) | Rec | selved for MML! by: | DATE | Headspace issues acceptable (24hr) Hojdingitime(s) Acceptable? Preservative pH issues ceptable | | Client | vuplactio sinformed tRep: | | | | |
| MATR DW – Drinking Water SW – Solid Waste SO – Soli/Solid SL – Sludge | RIX CODES: GW — Ground Wa WW — Waste Wa OL — Oil SU — Surface Wa | ter HA SH iter ST | PRESERVATIVE - Nitric acid (HNO ₃) - Hydrochloric Acid (HCI) - Sodium Hydroxide (NaOH) - Sodium Thiosulfate - Zinc acetate | SA - SU 4C - 4°C AA - Aso NO- No | All samples listed on COCIFE Muric Acid (H₂SO₄) Samples properly preserved | aceived? O D D | By | wed By | | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General | Imom | nauon – II | us Sec | don to be cor | ithreten by c | Ollectol | <u></u> | | | | Accessificated Section Section 11 12 |
|---|--|---|--|---|-----------------|------------|---|----------------------|---------------------------------------|-------------|--------------------------------------|
| PWSID | Sharper C.R.W.D. \$\frac{1}{2} \leftar{1}{2} | | | | | | | | | | |
| PWSNme | | CRWI | <u>井(</u> | 1 | PW: | S Contact | sily | Collection Da | de (MMDDYYYY) All Samples Reported | l on this F | |
| PVVS Addre | True Completed By Lab Lab Receptor Date (MILCONTY) Analysis Information — This Section To Be Completed By Collector Analysis Information — This Section To Be Completed By Collector Analysis Information — This Section To Be Completed By Collector Analysis Information — This Section To Be Completed By Collector Analysis Information — This Section To Be Completed By Collector Analysis Information — This Section To Be Completed By Collector Analysis Information — This Section To Be Completed By Collector Analysis Information — This Section To Be Completed By Collector Analysis Information — This Section To Be Completed By Collector Analysis Information — This Section To Be Completed By Lab Complete By Lab Analysis Information — This Section To Be Completed By Lab Complete By Lab Analysis Information — This Section To Be Completed By Lab Analysis Information — This Section To Be Completed By Lab Complete By Lab Analysis Information — This Section To Be Completed By Lab Complete By Lab Analysis Information — This Section To Be Completed By Lab Complete By Lab Conference Benefit (MILCONTY) Analysis Information — This Section To Be Completed By Lab Conference By Lab Conference By Lab Conference Benefit (MILCONTY) Analysis Information — This Section To Be Completed By Lab Conference By Lab Conference Benefit (MILCONTY) Analysis Information — This Section To Be Completed By Lab Conference By La | | | | | | | | | | |
| General | Shape C R W D # 4 PMS Carted BW C R W D # 4 | | | | | | | | | | |
| Lab ID | Service CRWD # 1 PNS Context BULL Complement Period (MHYYY) Calculation Date (MLDCOYYYY) Calculation Date (MLDCOYYYY) Calculation Date (MLDCOYYYY) Calculation Date (MLDCOYYYY) Calculation Table Context on that Team view Calculation on the Team view View Calculation on the Team view View Calculation on the Team view Calculation on the Team view View Calculation View Calculation View Calculation View Calculation View Calculatio | | | | | | | | | | |
| | CRWD #1 1 PWS Curbed BUU COMPRIANCE From CRWD #1 1 PWS Curbed BUU Collection To Be Completed By Lab Lab Receipt Date (MMDDYYYY) Analysis Information — This Section To Be Completed By Lab Lab Receipt Date (MMDDYYYY) Analysis Information — This Section To Be Completed By Collector Free Chiefer From Collector Free Chiefer Free Chiefer From Collector Free Chiefer Free Chiefer From Collector Free Chiefer | | | | | | | | | | |
| Lab Analyst | Trad Collection To Be Completed By Lab Lab Receipt Date (MILCONTY) Applied Date (MILCONTY) Ap | | | | | | | | | | |
| Sample | Inform | nation - Th | is Sect | ion To Be Con | pleted By Co | ollector | Analysis Information – TI | is Section To Be | Completed | By L | ab |
| Sample Type (RT, RP, or SP) (30e Key) | Silver CRWD # 1 PNS Contact Silver CRWD # 1 Contact Information - This Section To Be Contification Silver Contact Analysis Information - This Section To Be Contification Silver Contact Silver CRWD # 1 Silver CRWD | | | | | | | | | | |
| RTT | So Name CRWD # 1 PAYS Context So Name Context | | | | | | | | | | |
| | Silvers CRWD \$1.0 Silvers Person Contents BW Confection To Ber Completed By Lab 10 DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| THE COLUMN | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | i!\\! | ii | | | | BACTERIOLOGICA | L ANALYSIS REPORT FI | ROM KOEY | | |
| The signatoxic | Silvane CRWD # 1 PNS Curried BW Cardiotine Date (MIDOTYM) Cardioti | | | | | | | | | | |
| a reii befailiquec n sest grifoubn terdina etete ac | coordance of firmited to | with the provision: o 401 KAR 8:200, o form is a true Eff | s of 401 KAR Section 1 65 discoussite re | t Chapter 8, specifically ad 401 KAR 8:040; and the about of the results of | Special Samp | le Reason: | A = Suspected Contamination B = New Plant, Modification, | | | ε: | = Line Break, Emergency Repair |
| Finistiana at 10 | H MAD Chi | unter it men subilitii | Q prevoe of 1 | engines prescribed in rur | S Repeat Locati | on Code: | | UP = Upstream | | OF | R = Original Site |

Make H Commite Time or DIN



PO Box 907 * 825 Industrial Rd. Madisonville, KY: 42431 270.821.7375 270.825.9200 fax.

2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432,3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA | FOR LABUSE | ONEY | CHAIN OF | eus | TODY and ANALYTICAL R | EQUEST | | Fleas | e pri | ntelegi | |
|-------------------------------------|---|----------------------|--|---|--|--|------------------|------------------------------|---------------|---------------------------------|--|
| Client: | W. S. | | Bill To: | | Send Results to: | Compliance Monitori Yes □ | ng (chec No □ | k one)? | PO# | | - |
| CRW D | # 1 | | | | | Samples Chlorinate Yes □ | d (check No 🗆 | one)? | | | |
| Phone/Email: | | | Phone/Email | 5 1 | Phone/Email: | PWS ID# | ST | ATE | VERS | DE eft) | CODE (t) |
| Batch# | | | Project Name | | Collected by (Signature): ∤ }}((| MMLI Quote # (if | applical | ole) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| ≇ Sample ID# | COLLECTION DATE TIME | | SAMPLE DESCRIPTION Composite samples indicate begin ti end time and temp (°C) at end time | 1.0 | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fie readings, corrosive) | ld P | ield Data H Temp U. °C | # OF C | MAT (See | PRESE (See |
| | 445.09 07: | ? ^ | 400 | | RT | | | | | | |
| | | • ~ - | | e e | | | | | | | |
| | | | | | | | | | | | |
| | | inder , | | | | | | | | | |
| | | | | | <u> </u> | | | | | | 7 |
| | | All I | | | | * | | - auto- | | | |
| | | | | | | | | | | | |
| | | | | | | | .* | | | | |
| | | | | , | | | | | | | |
| 1 Expedited services not | available for all services. | please ca | all. 2. Samples received unannounced with less t | than 48 ho | ours holding time remaining may be subject to additional | surcharges. 3. Lab reserves th | e right to re | turn unused | portions o | f samples to | client. |
| Relinquished by: (Signatu | | | | DATE | TIME CONDITIONS:UPON:RECEI | PT (CHECK ONE) | Method of | hipment (c) | eckone). | US Pos | |
| | ire) | | | 35x9 | (24 hr) ☐ (ced.wet/Blue Control of Control | | Date/Shippi | d S | | | |
| J. Dian Th | |) / (| WWW TITHIN - | DATE | TIME | YES NO NA | Airbill# | | 1.0 | cation | |
| Relinquished by: (Signatu | ire) | Receiv | | 41. | (24 hr) Custody seals present/intact?; Broken containers? | | LAB NOTE: | | | | |
| 45.00 C 14.00 m | | | | 29/()9 | COC agree with sample Labels? Correct containers for testing? | | Followina | ctionirequin | | YES [I] | No⊡s |
| Relinquished by, (Signatu | ire) | Receiv | ed for MMLI by: | | (24hr) afteaspace issues acceptable? Holdingtime(3) acceptable? Pleservative.pH stacceptable? WashHatt unadjusted? | | 经产品的 | ned on: <u>***</u> | | | |
| SW - Solid Waste SO - Soil/Solid | CODES: GW - Ground Water WW - Waste Water OL - Oil SU - Surface Water | HA-F SH-S ST-S | ydrochloric Acid (HCI). 4C odium Hydroxide (NaOH) AA odium Thiosulfate NC | - Sulfuric - 4°C - Ascorbi - No pres - Sodium | Acid (H ₂ SO ₄) Samples listed on COC received (Acid (H ₂ SO ₄)) Samples properly preserved (Acid (G)) (G) (G) (G) (G) (G) (G) (G) (G) (G | red? 🖂 🕳 🖂 🖂 🖂 | By Reviewed b | V. (1.1) | | | |

may surblect: the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| Genera | I Inform | nation - T | his Sec | tion To Be Co | npleted By C | ollector | | | | | CONTROL OF STREET OF STREET |
|-------------|---|--|---|--|-------------------------------------|--|--|----------------|--|--------------|--|
| PWS D | κ | Y 0 | 80 | 509 | | | | Complian | nce Period (MMYYYY) | | 049003 |
| PWS Nam | e | CRWI | # (| 2 | PW | S Contact | ill | Collection | n Date (MMDDYYYY) (All Samples Reported | on this Fo | TO O S P C C V D |
| | | am P. | an in H | to New Concor | A Ku 4907/200 | S. Phone 97 | 436-6304 | Collector | 9. 100. | | Juncan 4-25-09 |
| PWS Addi | | | V | | | | | | | | SoutherDate |
| | I Inform | nation — II | | tion To Be Cor | | | 04282009 | Total Col | iform Analysis Method (| Code | 218 |
| Lab ID | | $\mathcal{O}\mathcal{O}\mathcal{O}$ | (91.6) | | | bate (MMDDYYYY) | 04737005 | | nalysis Method Code | | |
| • | 1 | M: I | 1 | No + | Analysis Date | (WWDDXXXX) | <u> </u> | | | | 10 V/27 |
| ab Analys | . // _ | 1 Und | 11/1 | Sture Date | 713010 | <u> </u> | | , Fup 2nb | | 912 | Signature Time |
| Sample | Inform | ation - Th | is Sect | ion To Be Con | npleted By C | ollector | Analysis Information – Th | is Section To | Be Completed I | By Lat | |
| | A. B. C. D. or E) (See Ker) Replacement Sample? (Y. or Blank) | · (6 | Repest Location Code (DN, UP, or OR) (See Key) | | | | | | Result (Total Coliform | W L | Lab Sample Number of Original |
| or 89 | E) (Se range) | Cade | R) (Se | Sample Time | Free Chlorine (Required for all | Total Chlorine (Required when | Lab Sample Number | Analysis Time | Count - or - | Coll (P/A) | Sample (Required for Repeat and/or |
| R. RP. | O or t | Location Code (See Instructions) | at Loca , or Ol | | fisinlectants except Chloramine) | disinfectant is Chloramine) | Lab sample Noniber | (24 hr) | TNTC - or - | E Coll (P/A) | Replacement Samples) (See Instructions) |
| 30 | | Lc (Se | 8 % 9 % | | | | | | CNFG) (See Key) | 2 | |
| | ".§ | | 2 | and the state of t | | The state of the s | المسارية مساوك كالماسان وساوك الماسان وساوك الماسان وساوك الماسان والماسان والماسان والماسان والماسان والماسان | TENER IN | | 7:: | |
| | | 0 0 4 | | 0 C V 10 | | 11.118 | HGCe CEDDLE | 1250 | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | 4 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| ₫# | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | BACTERIOLOGICAL | ANALYSIS REPOR | T FROM KEY | <u>ļi</u> | |
| ignate de | s of this form | n certify by their s | ignatures the | at collection and analysis | Sample Type | | RT = Routine (For Compliance) | | For Compliance) | SP | : Special (Not for Compliance) |
| Nonced line | secondance v | i and the resulting with the provisions | s of 401 KAR | y submitted, were Chapter 8, specifically d 401 KAR 8:040; and th | Canalai Sama | | A = Suspected Contamination | C= Treatment | | E=1 | Line Break, Emergency Repair |
| بطيع عاما | national en State | form is a true and formed pursuant | a stempes to to the above | port of the results of -referenced regulations. | (Only it Samp | le Type = SP) | B = New Plant, Modification, or Line Extension | D = Study/Inve | stigation | | |
| CORES DET 4 | os KAR Cha | oter 8 are subject | t to severe po | enalties prescribed in KR In some cases a violation | S Repeat Locati | on Code: | DN = Downstream | UP = Upstream | 1 | OR: | Original Site |

Muste M Committe Trans - DDM



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270:821,7375 270:825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299:7775 859:299:7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax 5510 Fern Valley Rd. Suite 104 Promenade Pavilion Louisville, KY 40228 502.961.0001

| Client: | â. | Bill To: | Send Results to: | Compliance Monitoring (c | | PO# | | |
|--|--|--|--|--|----------------------------------|----------------------|---------------------------------|--------------|
| `_ EAW_ | DHJ | | | Samples Chlorinated (cl Yes ☐ No | heck one)? □ | | | |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | NERS | ODE Left) | |
| Batch# | | Project Name | Collected by (Signature): | MMLI Quote # (if app | olicable) | CONTAINERS | MATRIX CODE (See Lower Left) | |
| Sample ID#2 | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA (See | |
| | | GC 4 | RT | | | · . | | \downarrow |
| | 1-25-67 - 25-52-6 | | | : | | | | + |
| | | | | · | | _ | | + |
| | | | | | | | | + |
| | | | | | | | | + |
| | | Y The second sec | | | | | | 1 |
| | | م المواديد المراديد ا | | | | | | |
| | | | | | | | <u> </u> | |
| | LT. C. We critices plage | call 2. Samples received unannounced with less than 48 | hours holding time remaining may be subject to addition | nal surcharges. 3. Lab reserves the rig | ht to return unused | d portions | of samples t | to o |
| 1. Expedited services r | STATE OF THE STATE | oived By: (Signature) | TIME CONDITIONS OF DIVERSOR (24 hr) Conditions Of Conditi | Temp | 回题 EdEXU | neckone) MML | | |
| Relinduished by (Olgo | | 1. 10 Alast 45/10 | | Temp NAT Foate | Shipped: | | | |
| Relinquished by: (Sign | nature) Rece | DATE | TIME (24 hr) = Custody seals present/intact? | YES NO NA LOS | gedin by 3 NOTES | | | |
| Dun h 9 | Hat5 | 1/29/ | Gorrect Containers for testing | | owupaction requi | NAME OF THE PARTY OF | YES 🖸 | 570 |
| Relinquished by: (Sigr | nature) Reco | eived for MMLI by: | (24 hr) Headspace issues acceptable | | intinformed on y | 225 | | |
| | | | Preservativenillsvaccentabler Was pH lett unadjusted? All samples listed on COC rec | | ont Rep. (| | | |
| DW - Drinking Water | GAA Cipping Argio. | Hudrochloric Acid (HCI): 4C – 4°C | uric Acid (H ₂ SO ₄) Samples properly preserved? | | riewed by : | | | |
| SW - Solid Waste SO - Soil/Solid SL - Sludge | OL – Oil SH- SH - Surface Water ST- | Sodium Hydroxide (NaOH) NO-No. | orbic Acid region orbit and region of the following preservative region of the following sufficient of the following sufficient or the following sufficient or the following sufficient or the following sufficient orbits and the following sufficient orbits are sufficient or the following sufficient orbits and the following sufficient orbits are sufficient orbits and the sufficient orbits are sufficient orbits are sufficient orbits are sufficient orbits and the sufficient orbits are | ie? 品品品品。 | e: 19 | | | |

1

may stubject; the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM General Information — This Section To Be Completed By Collector

| PWS ID | K | | | 5,02 | : | r | •••• | Complia | nce Period (MMYYY | 7 | 0 4 8 0 0 | |
|--|--|--|--|--|---|--|--|------------------------------|---|----------------------|--|--|
| PWS Name | 2 | CRW | <u>D 非</u> | 3 | PW | S Contact | ill | Collectio | n Date (MMDDYYYY (All Samples Report | | | 00 |
| PVVS Addre | ess (| og Man | guvi | to New Concor | 4 Ky 4207600 | S Phone 97 | 0-436-6304 | Collector | Name Will | lar | n Duncan 4-2 | 4-09 |
| General | l Infor | | | tion To Be Con | npleted By L | ab | tomore the months to the second to the secon | : | ···· | | ECMMENTS. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Lab ID | | 000 | 01 | | Lab Receipt D | ate (MMDOYYYY) | 04181996 | | ilorm Analysis Metho | d Code | | |
| | | ١٨ | 1 1 | \sim , | Analysis Date | (NWDDXXXX) | 04191009 | E Coli Ar | natysis Method Code | | 7 | , |
| Lab Analysi | J. | llund | 13 | Martin | N. 4120 | 109 | | Lab Sup | | 60 | In le 4/50) | 19 |
| Sample | Inform | nation - Ti | nis Sect | tion To Be Con | npleted By Co | ollector | Analysis Information – Th | is Section To | Be Completed | I By | Lab | |
| Sample Type (RT, RP, or SP) (See Key) | (A. B. C. D. or E) (See Key) Replacement Sample? (Y or Blank) | Location Code (See Instructions) | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time (24 fu) d | Free Chlorine (Required for all fisinfectants except Chloramine) | Total Chlorine (Required when disinfectant is Chloramine) | Lab Sample Number | Analysis Time (24 hr) | Result (Total Coliform Count - or - TNTC - or - CNFG) (See Key) | Total Colliorm (P/A) | Lab Sample Number Sample Sample (Required for Reper Replacement Sar (See Instruction | at end/or mples) |
| Rh | | 9 9 4 | | 0 6 0 6 | V . V3 | | AGU 4827 1 | 79B5 | | A | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| he signatories | e of this form | n certify by their s | ignatures the | at collection and analysis | of Sample Type: | | BACTERIOLOGICAL RT = Rouline (For Compliance) | RP = Repeat (F | · | | SP = Special (Not for Complian | nce) |
| ompleted än so cluding bes n e data sutomi daction ared s | onstruction of the construction of the construction of the constructions of the construction of the construction of the constructions of the construction of | with the provisions 401 KAR 8:200, form is a true and formed pursuant | of 401 KAR Section 1 and I accurate re to the above | y submitted, were Chapter 6, specifically d 401 KAR 8:040; and tha port of the results of -referenced regulations. malities prescribed in KRS | Special Sampl (Only if Sampl | le Reason: | A = Suspected Contamination B = New Plant, Modification, or Une Extension | C = Treatment D = Study/Inve | Modification | | E = Line Break, Emergency Re | |
| 24.29-010, up | to \$25,000 | tine per day per 1 | Adiation and | in some cases a violation | Repeat Localid | on Code: | DN = Downstream | UP = Upstream | | c | OR = Original Site | |

Water of Gamerica Terms or DES



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd.
Pikeville, KY 41501
606.432.3104
606.432.3171 fax

1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax. Suite 104 Promenade Pavilion Louisville, KY 40228 502.961.0001

| | | CHAIN OF CU | STODY and ANALYTICAL R | eouest . | Please | prir | if legi | bly. |
|--|--|--|--|---|------------------------|------------|------------------------|--------------|
| | FOR LAB USE ONLY | | Send Results to: | Compliance Monitoring Yes D | g (check one)? o □ | PO# | | |
| Client: | 0 # 3 | | | Samples Chlorinated Yes □ N | (check one)? o □ | | | - |
| Phone/Email: | Samples Chicrinated (check one)? Yes Phone/Email: Phon | Cope | | | | | | |
| Batch# | | Project Name | Collected by (Signature): | MMLI Quote # (if a | ONTA | TRIX C | ERVATIVE e Lowerr l | |
| _Sample ID# | DATE TIME | SAMPLE DESCRIPTION Composite samples indicate begin time, | SAMPLE ANALYSIS REQUESTED Method ID if known | (i.e. composite, grab, fiel | d pH Temp | PP | MA7 (See | PRESE (Se |
| | | | I. RI | · | | | | |
| | | | | | | + | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | A Company | | | | | |
| | Direction of the second of the | | | | | | | |
| | | | | | | | | |
| | | d with been those of | hours holding time remaining may be subject to addition | nal surcharges. 3. Lab reserves the | right to return unused | l portions | of samples t | to client. |
| 1. Expedited services not | | | TIME CONDITIONS UPON REC | EIPT (CHECK ONE) | Method of Shipment (cl | ieck(one) | USIPo | stal 🔲 |
| | horie/Email: Phone/Email Phon | | | | | | | |
| | | elved by: (Signature) DATE | (24 hr) Custody seals present/intact? | YES NO N/A | ogged in by | Ĺ | ocation: | |
| Duck 12 | Phone/Email: hone/Email: Phone/Email: | No El | | | | | | |
| Relinquished by: (Signatu | ure) Rec | even to mare by. | (24hr) Headspace sues acceptable (24hr) (24h | | | | | |
| DW - Drinking Water SW - Solid Waste SO - Soil/Solid | GW - Ground Water NI - WW - Waste Water HA OL - Oil SH SI - Surface Water ST | PRESERVATIVE CODES: Nitric acid.(HNO ₃) - Hydrochloric Acid (HCl) - Sodium.Hydroxide (NaOH) - Sodium.Thiosulfate. NO:- No i | Was pH left unadjusted? All samples (Isred on COC rect samples properly preserved? Clients sample documents rec GOC been relinguished? | POC received? Some Some Some Some Some Some Some Some | | | | |

X

SAMPLE CATEGORY = TC

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General in | | | | | npleted By Co | ollector | | | | | 0 4 8 0 0 P |
|--|--------------------|---|---|--|--|---|---|--------------------------|---|--------------|--|
| PVSD | Κ | Y 0 [| 8 3 | 1:06 | | n | <i>'</i> 00 | Complian | os Period (MMYYYY) | • | inger Carrier variations and an arrange and arrange and arrange arrang |
| PVVS Name | (| CRWI |)#_ | <u> </u> | PWS | Contact | (H) | Collection | Date (MMDDYYYY) (All Samples Reported o | on this For | CHIP PLO OF |
| PVVS Address | | 4.7 | | New Concord P | | | - 434-6304 | Collector | Name Willia | .m d) | uncan 4-29-09 Spectrology |
| General In | nform | ation TI | nis Sect | ion To Be Cor | npleted By La | ıb | tones transfer and transfer and transfer and transfer and | | | | 00. V |
| Labili | | ರಾಲ | 31 | | Lab Receipt De | ste (MMDDYYYY) | 04399009 | Total Coli | form Analysis Method (| Code | 92 8 |
| | | | ' 10 | | Analysis Date (| MMDDYYYY) | 04 97 900 9 | E Coli An | alysis Method Code |) | |
| Lab Analysi | 1 | lund | ist! | lartw | 1.4/50/06 | 7 | | Lab Supe | | | Fried 4/37-39 SquareDate |
| Sample kr | nform | ation - Th | is Sect | ion To Be Con | npleted By Co | llector | Analysis Information – Thi | s Section 101 | se Completed E | sy Lab | |
| Sample Type (RT, RP, or SP) (See Kery) Special Sample Reason | 7 | Location Code (See Instructions) | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time (24 hr) | Free Chlorine (Required for mit distinfectants except Chloramine) | Total Chlorine (Required when distributed is Chloramine) | Lab Sample Number | Analysis Time (24 hr) | Result (Total Coliform Count - or - TNTC - or - CNFG) (See Key) | E Coll (P/A) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| RIT | | 8 MH | | 0800 | 71.1411 | 11.49 | ASIGUSDISI | [] 3 3 [3 | | 2 | |
| | i | | | | | | | | | | |
| | 뒴 | | | | | | | | | | |
| | | | | | | | | | | _ | |
| | 11 | | | | | | | | | _][| |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | 1= | | | | | | | | | | |
| | | | | | | 1. | | | | | |
| | | | | | | | | | | | |
| <u> </u> | <u> </u> | <u></u> | ii | إنــــــــــــــــــــــــــــــــــــ | | | BACTERIOLOGICAL | ANALYSIS REPOR | T FROM KVEY | | |
| yes effuestories o | of this for | n certify by their | eignatures th | at collection and analys | Sample Type: | | RT = Routine (For Compliance) | | For Compliance) | | Special (Not for Compliance) |
| Ostrockidoure in mon | - | with the orbition | se of 401 KAF | oy submitted, were I Chapter 6, specifically ad 401 KAR 8:040; and t | 5 | | A = Suspected Contamination | C = Trestment | | E=(| Line Break, Emergency Repair |
| Na registra marketina por | ad en he | i form la matrio un | ಗ ಕಡಿಸುವಾಗಿ ಸ | sport of the results of eport of the results of | (Outh a smuth | le Type = SP) | B = New Pizzi, Modification, or Line Edension | D = Study/Inve | enGarco | | |
| COLECTIONS AND ADDRESS OF | KAR Ch \$23,000 |) live bet gak bet idet g eve anplo: | d parameter of the | ensities prescribed in IO I in some cases a violation | 3 | on Code: | DN = Downstream | UP = Upstree | n . | CR = | · Original Site |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax.

| | A FORILAB USE ONLY | Bill To: | STODY and ANALYTICAL R Send Results to: | Compliance Monitoring (Compliance Monitoring | heck one)? | PO# | | |
|---|---|---|--|---|----------------------------------|------------------|---------------------------------|-------------------|
| ient: CKW | N to U | | | Samples Chlorinated (c Yes ☐ No | neck one)? | | | |
| none/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | INERS | ODE Left) | r cobe |
| | | Project Name | Collected by (Signature): | MMLI Quote # (if app | olicable) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE |
| Sample ID# | COLLECTION DATE TIME | SAMPLE DESCRIPTION Composite samples indicate begin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF G | MA (See | PRE |
| | (24 hr) | end time and temp (°C) at end time | R.T. | | | + / | | + |
| | N-W Co Oyco | | | | | | | + |
| | | | | | | 1 | | + |
| | *** | | | | | | | |
| | | | | - 15,916 - 15,177 | | | | \bot |
| | 30 P.A | | | | | | | + |
| | | | | | - | | | + |
| | | | Light to additi | onal surcharges, 3. Lab reserves the ri | ght to return unus | ed portions | of samples | to clie |
| Expedited service | s not available for all services, pleas | e call. 2.: Samples received unannounced with less than 4 | R hours holding time remaining may be subject to distribute the subjec | CEIRTE (CHECK ONE) | thod of Shipment S E FedEx L | checkione MMI | ju jusir Ir 🖂 s | ostall Client |
| elinquished by: (Si | Dir Lan | ceived By: (Signature) | (24 hr) street/Blue | C Temps 4 1 N/A 5 Da | te Shipped bili#: | | Location | |
| elinquished by: (S | Mr.55 | celved by: (Signature) | (24 hr) Custody, seals present the Broken containers if Cocagres with samplest above the Cocagres of Cocagres for testing | | B/NOTES | aired! | yesŒ |] N |
| Relinquished by: (S | ignature) R | eceived for MMLI by | (24 nr) Rolling time (s) acceptable (Rosenvative pH) s acceptable (Was pH) lett (madus ted); Aus. amila listed on 000 r | | ientiinformedion: ient Rep | | | |
| MA DW – Drinking Water SW – Solid Waster SO – Soil/Solid | WW - Waste Water H | A – Hydrochloric Acid (HCI) A – Hydrochloric Acid (HCI) A – A | ulfuric Acid (H ₂ SO ₄) Samples properly preserved | received? | ovjewediby/ | | | |

224,99-010, up to \$25,000 fine per day per violation and in some cases a violation

may subject the violator to preon.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

BACTERIOLOGICAL ANALYSIS REPORT FORM
General Information — This Section To Be Completed By Collector Compliance Period (MMYYYY) PWS 10 Bill CRWD# 1 Collection Date (MMDDYYYY) PWS Contact PWS Name (All Samples Reported on this 270-436-6304 6 9 Margher to New Concord Ky 490 Hows Prone Collector Name PWS Address General Information - This Section To Be Completed By Lab 05000009 Total Coliform Analysis Method Code 0000 Lab Receipt Date (MMDDYYYY) Lab ID 34000008 E Coli Analysis Method Code Analysis Date (MMDDYYYY) Lab Supervisor Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector Result Repeat Location Code DN, UP, or OR) (See Key) Total Collform (PIA) (Total Coliform Lab Sample Number of Original Location Code (See Instructions) (See Key)
sciel Sample Reasc
C. D. or S. (See K
placement Sample
(Y or Blank) Coll (P/A) Count Sample Type (RT, RP, or SP) Samole Free Chlorine Total Chlorine Analysis Time - 01 rRequired for Repeat and/or (Required for all (Required when Sample Time Lab Sample Number TNTC (24 hr)Replacement Samples) disinfectant is disinfectants excep (24 hr) - or -(See Instructions) Chloramine) Chioramine) CNFG) (See Key) BACTERIOLOGICAL ANALYSIS REPORT FROM KEY SP = Special (Not for Compliance) The signatories of this form centify by their signatures that collection and analysis of RP = Repeat (For Compliance) RT = Routine (For Compliance) Sample Type: the water sample analyzed and the resulting data hereby submitted, were E = Line Break, Emergency Repair completed in accordance with the previsions of 401 KAR Chapter 6, specifically C = Treatment Modification A = Suspected Contamination Special Sample Reason: including that not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that D = Study/Investigation B = New Plant, Modification, (Onty if Sample Type = SP) the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. or Line Extension Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS OR = Original Site

DN = Downstream

Repeat Location Code:

UP = Upstream



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| | עווא | CHAIN OF | CUS | STODY and ANALYTICAL | LREQUEST | F | lease | prii | it legi | bly. | |
|--|-------------------|--|--|--|---|--|-----------|---------------|---------------------------------|--|--|
| SHADED AREA FOR LAB USE | OINL | Bill To: | | Send Results to: | Compliance Monitoring Yes 🔲 No | (check c | ne)? | PO# | | | |
| Phone/Email: Batch# Sample:ID# COLLECTION DATE TIME (24 hr) | | Phone/Email | | | Samples Chlorinated (Yes ☐ No | Samples Chlorinated (check one)? Yes □ No □ | | | | | |
| | | | | Phone/Email: | PWS ID# | PWS ID# STATE | | OF CONTAINERS | obe Left) | : CODE Left) | |
| | | Project Name: | | Collected by (Signature): | MMLI Quote # (if a | MMLI Quote # (if applicable) | | CONTA | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowarr Left) | |
| | | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | | SAMPLE ANALYSIS REQUESTE Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Fiel pH S.U. | | | MA (See | PRES (S. | |
| | 730 | 005 | | RT | | | | | | | |
| | | | | | | - | | | <u> </u> | | |
| | | | | | | | | | | | |
| | * | | 1 | | | | | | | - | |
| | | | | | | | | | | - | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4. Fundited conject not available for all service | ces, please o | call.2. Samples received unannounced with le | ess than 48 | hours holding time remaining may be subject to | additional surcharges. 3, Lab reserves the | ight to retu | rn unused | portions | of samples t | o client. | |
| Relinquished by: (Signature) Relinquished by: (Signature) | Recei | ived By: (Signature) | DATE DATE | TIME (24 hr) Gustody seals present/ Broken containers/ Congagree with sample | Collemp. Collemp. Collemp. VES. HVC N/A Tract? College Sign Sign Sign Sign Sign Sign Sign Sign | amod of Single Shroper in the Shrope | FedEx | MMU | ocation: | illent 🗔 | |
| Relinquished by: (Signature) | Rece | ived for MMLI [†] by: | DATE | TIME (24 hr) Headspace (issues accellable) Holding time(s), accepta Rreservative pH s accepta Was pH left unadjusted All samples listed on G | esting? | | ied on: | | | | |
| MATRIX CODES: DW - Drinking Water GW - Ground Water SW - Solid Waste WW - Waste Water SO - Soli/Solid OL - Oil SL - Sludge SU - Surface Water | HA- SH- ST- | PRESERVATIVE CO Nitric acid:(HNO ₃) - Hydrochloric Acid:(HCl) - Sodium:Hydroxida (NaOH) - Sodium:Thiosulfale - Zinc;acelale | SA – Sull 4C – 4°C AA – Asc NO–No | furic Acid (H2SO4) Samples properly prese | nts received? 🕒 😅 🗆 🖰 🕮 | viewedib ate | | | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

BACTERIOLOGICAL ANALYSIS REPORT FORM General Information – This Section To Be Completed By Collector KYOI 80505 Compliance Period (MMYYYY) PWS ID Bill CRWD# & Collection Date (MMDDYYYY) PWS Contact PWS Name (All Samples Reported on this William Duncan 270-436-6304 o 9 Margherette New Concord Ky 430 Hows Prone Collector Name PWS Address General Information - This Section To Be Completed By Lab 02 X 05202000 000 n Total Colforn Analysis Method Code Lab Receipt Date (MMDDYYYY) abID 27107009 E Coli Analysis Method Code Analysis Date (MMDDYYYY) Lab Supervisor Lab Analysi Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector Repeat Location Code N, UP, or OR) (See Key) Result (P/A) (Total Coliform Location Code (See Instructions) Lab Sample Number of Original Coll (P/A) Count Colform Free Chlorine Total Chlorine Samole Analysis Time - or -(Required for all (Required when (Required for Repeat and/or Sample Time Lab Sample Number TNTC (24 hr) disinfectant is Replacement Samples) fisinfectants except (24 hr) - or -Total (411 (See Instructions) Chicramine) Chloramine) CNFG) (See Key) BACTERIOLOGICAL ANALYSIS REPORT FROM KEY The signatories of this form certify by their signatures that collection and analysis of SP = Special (Not for Compliance) RP = Repeat (For Compliance) Sample Type: RT = Routine (For Compliance) the water sample analyzed and the resulting data hereby submitted, were E = Line Break, Emergency Repair completed in accordance with the provisions of 401 KAR Chapter 8, specifically C = Treatment Modification A = Suspected Contamination Special Sample Reason: including but not imited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that D = Study/Investigation (Only If Sample Type = SP) B = New Plant Modification, the data submitted on this form is a true and accurate report of the results of collection and enalysis performed pursuant to the above-referenced regulations. or Line Extension Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS OR = Original Site 224.95-019, up to \$25,000 fins per day per violation and in some cases a violation DN = Downstream UP = Upstream Repeat Location Code:

Market M. Camaria Trans as City



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA | FOR LAB USE ONL | Y CHAIN O | OF CUS | STODY and ANALYTICAL | REQUEST | J. J. B | rieasi | e IDIII | nu leel | IIOIY |
|---|--|--|-------------------------------------|--|---|---|---------------------|-------------------|---------------------------------|--|
| Client: | | Bill To: | | Send Results to: | Compliance Monitorin Yes 🔲 I | Compliance Monitoring (check one)? Yes □ No □ | | | | |
| , CKM | D II I | | | | | Samples Chlorinated (check one)? Yes □ No □ | | | | |
| Phone/Email: | | Phone/Email | | Phone/Email: | PWS ID# | STATE | | NERS | DE .eft) | ODE ft) |
| Batch# | | Project Name | | Collected by (Signature): | MMLI Quote # (if applicable) | | | OF CONTAINERS | MÁTRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# S COLLECTION DATE TIME (24-hr) | | SAMPLE DESCRIPTIO Composite samples indicate be end time and temp (°C) at end | gin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field ph Temp s.u. °C | | # OF C | MÁ: | PRES! | |
| | 576-5 0630 | 905 | | RT | | | | ļ | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | <u> </u> |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | , , | | | 1 | | |
| | | | | | | | | | | |
| | | | | 14 | | | | | | |
| 1 Expedited services no | ot available for all services, pleas | e call. 2. Samples received unannounced with | less than 48 | hours holding time remaining may be subject to addit | onal surcharges. 3. Lab reserves the | e right to retur | n unused | portions o | of samples to | o client. |
| Relinquished by: (Signa | the state of the s | ceived By: (Signature) | DATE S.JG-C | TIME CONDITIONS UPON RE (24 hr) Siced wet/Blue | CEIPT (CHECK:ONE) C Temp C Temp U N/A | Method of Sh UPS : F Date Shipped Airbil#1 | pment (ch edEx □ | eck one); MMLL | -US Po I⊡. Ci | stal Eliza lient Eliza |
| Relinquished by: (Signa | ture) Re | ceived by: (Signature) | DATE | TIME (24 hr) Custody, seals, present/intac Broken, containets (2) COC, agree with samples Labo | YES NO MA | HOLE STORE STATE STATE STATE | | SPETERS TO WELL | cation | |
| Relinquished by: (Signature) | | ceived for MMLI by: | DATE | TIME (24 hr) Headspace issues acceptable Holding time(s) acceptable? Preservative pH's acceptable? Was pH left unadjusted? | | Follow uplact Client informe Client Repa | | | ANA STITUTE STATES | NO 🗆 |
| MATRI) DW - Drinking Water SW - Solid Waste SO - Soli/Solid SL - Sludge | WW – Waste Water H/ OL – Oil Si SU – Surface Water S | PRESERVATIVE C - Nitric acid (HNO:) - Hydrochloric Acid (HCI) - Sodium Hydroxide (NaOH) - Sodium Thiosulfate - Zinc acetata | SA – Sulfu 4C – 4°C AA – Asco | reservative transfer and transf | eceivedn 🗊 📋 🗓 | By Reviewed/by | | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

General Information — This Section To Be Completed By Collector K Y 0 1 8 0 5 0 9 PWS ID Compliance Period (MMYYYY) Bill CRWD# PWS Name PWS Contact Collection Date (MMDDYYYY) (All Samples Recorded on this 270-436-6304 6 9 Margherthe New Concord Ky 43076pws prone PWS Address Collector Name General Information - This Section To Be Completed By Lab 05202005 Total Coliform Analysis Method Code ab ID Lab Receipt Date (MMDOYYYY) 05002008 E Coli Analysis Method Cod Analysis Date (MMDDYYYY) Lab Supervisor Sample Information - This Section To Be Completed Ely Collector Analysis Information - This Section To Be Completed By Lab Repeat Location Code (DN, UP, or OR) (See Key) Result Location Code (See Instructions) Total Colfform (P/A) Sample Type
(RT, RP, or SP)
(See Key)
aclel Sample Ress
(C, D, or E) (See I (Total Coliform Lab Sample Number of Original Coll (P/A) Free Chlorine Total Chlorine Count Samole Sample Time (Required for all Analysis Time (Required when - or -(Required for Repeat and/or Lab Sample Number TNTC (24 hr) disinfectants excent disinfectant is (24 hr) Replacement Samples) Chioramine) Chioramine) - Of ш (See Instructions) CNFG) e de (Sec Key) BACTERIOLOGICAL ANALYSIS REPORT FROM KEY The signatories of this form centify by their signatures that collection and analysis of SP = Special (Not for Compliance) Sample Type: RP = Repeat (For Compliance) RT = Routine (For Compliance) the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically Special Sample Reason: A = Suspected Contamination C = Treatment Modification E = Line Break, Emergency Repair including but not Smited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of (Only If Sample Type = SP) 8 = New Plant, Modification, D = Study/Investigation collection and analysis performed pursuant to the above-referenced regulations. or Line Extension Violations of 401 KAR Chapter 6 are subject to severe penalties prescribed in KRS 224,99-010, up to \$25,000 line per day per Violation and in some cases a violation DN = Downstream UP = Upstream OR = Original Site Repeat Location Code:



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270:821.7375 270:825 9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| HADED ABEA | FOR LAR LISE ONLY | CHAIN OF CU | ISTODY and ANALYTICAL R | | | | | |
|---|--|---|--|---|--|---------------|---------------------------------|-------------------|
| SHADED: AREA FOR LAB USE ONLY Client: | | Bill To: | Send Results to: | Compliance Monitorin Yes D | PO# | | | |
| | | | | Samples Chlorinated (check one)? | | | | |
| CKM | D#3 | | | Yes 🗆 N | | | | |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | OF CONTAINERS | ODE Left) | CODE |
| atch# | Project Name | | Collected by (Signature): | MMLI Quote # (if applicable) | | | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE |
| Sample ID# | COLLECTION DATE TIME (24 tir) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fiel readings, corrosive) | id PH Ien | # OF (| M M Se | PRE |
| | | 305 | RT | | | | | + |
| | 2 70-03 BPCO | | | | | | | + |
| | | | 9.1 1.2 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 1.3 | | | | | + |
| | | | | | | _ | + | + |
| | | | | | | | | + |
| | | | | | | | | + |
| | | | | | electric control of the control of t | | | \dagger |
| | | | | | | | _ | + |
| | | | p. History | anal surcharges. 3. Lab reserves th | e right to return un | used portions | of samples | to cli |
| . Expedited services no | 國 ot available for all services, please | call. 2. Samples received unannounced with less than | 48 hours holding time remaining may be subject to addition | CEIPT (GHEGKIONE) | Method of Shipme UPS [2] FedE | it (check one |) US P | ostal |
| telinquished by: (Signat | | eived By: (Signature) | (24 hr) Eliced wet/Blue | C Temp | UPS E Shipped: | LL MIN | | |
| Windley ! | 1 min | multiple 5-21 |)-c1 9750 = 1 | YES NO NA | Airbill# Loggediniby | | Location | |
| Relinquished by: (Signa | iture) Rec | peived by: (Signature) | (24 hr) Clistody seals present mac | | LABINOTES | | | |
| | | | GOC agree with sample Labe | | Followupaction | | | Juli |
| Relinquished by: (Signa | ature) Red | DAT | (24hr) Heauspaceasas Holding time(s) acceptable? | | Cliamsinformed or Client Rep | | | |
| MATRIX DW - Drinking Water SW - Solid Waste SO - Soli/Solid SL - Sludge | WW – Waste Water HA OL – Oil SH | - Nitric acid (HNO3) 4C - 4 - Hydrochloric Acid (HCl) AA - A I - Sodium Hydroxide (NaOH) NO-1 | All Samples listed on COC re Sulfunc Acid (H₂SO₄) Samples properly preserved | ? □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | By Reviewed/by | | | |

every exhibite the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Information — This Section To Be Comple | eted By Collector | AL MINELOIS | | |
|--|---|--|--|--|
| WSD KY0[[83]]0[| | _ | Compliance Period (MMYYYY) | |
| CRND # # | PWS Contact | <u> </u> | Collection Date (MMDDYYYY) (All Sumples Reported or | n this Form were Collected on this Date.) |
| WS Name | 970 | - 436-6304 | Collector Name Willice | m Duncan 5-20-02 |
| ws address 69 Marquerite New Concord Ky His | | | | Squater/Date |
| Seneral Information — This Section To Be Comple | eted By Lab | 052010008 | Total Coliform Analysis Method Co | ode 328 |
| | Lab Receipt Date (MMDDYYYY) | 35201008 | E Coli Analysis Method Code | |
| h - 1 100 - 1 | Analysis Date (MMDDYYYY) | G J'YO Y O'Y | | 16/10/2/01/2 |
| ab Anaysi Wall & Colombia | 4211(Q) | | Lab Supervisor | Specier Day |
| Sample Information - This Section To Be Comple | eted By Collector | Analysis Information - This | Section To Be Completed B | |
| | | | Result (Total Coliform | Lab Sample Number of Original |
| Reserved (See of (See | ee Chlorine Total Chlorine | | Analysis Time -07 | Lab Sample Number of Original Sample Sample (Required for Repeat and/or Replacement Samples) |
| = ~ X E 등 등 때 등 등 등 (24 hr) (desirté | equired for all (Required when extents except disinfectant is thousanine) Chiosamine) | Lab Sample Number | Analysis Time - or - TIME - or - CNFG) | Replacement Sampless) (See Instructions) |
| (RT. F. (Str.) (| , | | (See Key) | |
| 6 5 | | | | |
| I GEROLLING | | HG 11259-1 | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | ANALYSIS REPORT FROM KEY RP = Repeat (For Compliance) | SP = Special (Not for Compliance) |
| The signatories of this form certify by their signatures that collection and analysis of the water sample embrad and the resurting data hereby submitted, were completed in eccontains with the provisions of 401 KAR Chapter 8, specifically and that a substantial state 81000 and that | Sample Type: Special Sample Reason: | RT = Routine (Fer Compliance) A = Saspected Contamination | C = Treatment Modification | E = Line Bresk, Emergency Repair |
| including but not bread to 401 KAR \$220, Section 1 among of the costato of | (Only if Sample Type = SP) | B = New Plant, Modification, or Line Edension | O = Study/Investigation | |
| the data submitted on this form is a true and of the above-submenced regulations. collection and enalysis performed pursuant to the above-submenced regulations. Volations of 401 KAR Chepter 8 are subject to severe possibles prescribed in KRS Volations of 401 KAR Chepter 8 are subject to severe possibles prescribed in KRS 224.90-070, up to \$25,000 fine per day per violation and in some cases a violation | Repart Location Code: | D8 = Downstreen | UP • Updresm | CR = Original Site |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General | Inform | nation — T | nis Sect | tion To Be Cor | npleted By Co | ollector | | | | | 5 3 0 0 3 | |
|--|--|---------------------------------------|---|--|--|--------------------------------|--|--------------------------|--|---|---|--|
| PVVSD | κ | Y 0 [| 8 0 | 5,45 | | , | • / // | Complian | ce Period (MMYYYY) | :.\ :: | | |
| PWSName | Skame CRWD#1 | | | | PWS | PWS Contact Bill | | | Date (MMDDYYYY) (All Samples Reported of | n this Form were Collected on this Date.) | | |
| | | | | | | | | | | m du | man 5-27-09 | |
| 1 | General Information — This Section To Be Completed By Lab | | | | | | | | | | | |
| General | | | | tion To Be Cor | | | 05272009 | 7.4.1.0-10 | form Analysis Method C | inde | 019 | |
| Lab IO | | U 0 0 | 3ा | | Lab Receipt D | ate (MMDDYYYY) | | • | • | ···· | | |
| | Arreflysis Date (MMDDYYY) 2527 2 0 8 E Coli Analysis Method Code | | | | | | | | (le ~ ho do | | | |
| Lab Analysi | | Und | est | Vantu | N 213 | 409 | • | Lab Supe | | | Separations | |
| Sample | Inform | ation - Tf | iis Sect | ion To Be Con | npleted By Co | ollector | Analysis Information – This | s Section To I | Be Completed E | By Lab | | |
| | | | | | | | | | Result | 2 | | |
| 8 6 | See K | ons) | n Cod Sea K | | Free Chlorine | Total Chlorine | | | (Total Collorm Count - or - TNTC - or - CNFG) | (A) | Lab Sample Number of Original Sample | |
| P, or y | or E) (| ion Co athreli | ocatio OR) (| Sample Time (24 hr) | (Required for all disinfectants except | (Required when disinfectant is | Lab Sample Number | Analysis Time (24 hr) | -or- | Coll (P/A) | (Required for Repeat and/or Replacement Samples) | |
| Sample Type (RT, RP, or SP) (See Key) | C D C | Location Code (See Instructions) | Repeat Location Code (DN, UP, or OR) (Sea Key) | | Chioramine) | Chloramine) | | | CNFG) (See Key) | 10tg | (See Instructions) | |
| | Repl | J | 8 70 R | | | | | | (occ ray) | | | |
| R 171 | | (2) | | 0 5 7 7 6 | | 11.95 | ACTAHAI | 1430 | | | | |
| | | | | | | | | | | | | |
| | -4-1 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| <u></u> | 4s <u></u> 1 | | | | ot . | | BACTERIOLOGICAL | | | SP±S | pecial (Not for Compliance) | |
| the water coun | ole analyze | d and the resultin | g data hereb | at collection and analysisy submitted, were I Chapter 8, specifically | | | RT = Routine (For Compliance) A = Suspected Contamination | RP = Repest (| For Compliance) Modification | | ne Break, Emergency Repair | |
| including bear | not imited is | 401 KAR 8:200, | Section 1 sth d accurate N | id 401 KAR 8:040; and 0 sport of the results of | Special Samp (Only If Sampl | | B = New Plant, Modification, | D = Study/inve | | | | |
| collection ared: Notations of 4 | ensiyes po or KAR Chi | rionned pursuant wier 8 sae subjec | to the above t to sevent p | enalties prescribed in KF | 15 | -u Cadat | or Line Extension DN = Downstream | UP = Upstream | 1 | OR = 0 | original Site | |
| 4.99-010, up to \$25,000 fine per day per violation and in some cases a violation ay subject: the violator to prison. | | | | I EL PRUPE CRISES SI ARCEDO | Repeat Locati | | Tud - Commission | | | | ' | |



PO Box 907 * 825 Industrial Rd. Madisonville: KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299,7775 859.299,7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA | FOR LAB USE C | NLY CHAIN | OF CUS | TODY and ANALYTICAL | REQUEST | Plea | se pr | nt leg | IDIY |
|---|---|--|--|---|--|---|--------------------|---------------------------------|--|
| Client: | | Bill To: | | Send Results to: | Compliance Monitoring | (check one)? | PO# | | |
| < RW | v # 1 | | | | Samples Chlorinated (Yes ☐ No | check one)? | | | |
| Phone/Email: | | Phone/Email | in the state of th | Phone/Email: | PWS ID# | STATE | NERS | DE Left) | CODE eft) |
| Batch#. | | Project Name | | Collected by (Signature): ସ | MMLI Quote # (if ap | plicable) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| *Sample:ID# | COLLECTION DATE TIME (24 hr | DE : 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | egin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA (See | PRES (Si |
| | S-37-(S, 1073 | | <u></u> | RT | | | | | |
| | | | | | | | | | |
| | | | | | | | _ | , | 1 |
| | | | | | | | | A | |
| | | | | | | | | | |
| | | | | | | | | | -, |
| | | 1 () '설팅성'(, 스토트스 -) 명하는 환경하다 회사를 보고 하는 - | | | | | | | |
| | | | | | | | | | |
| 1 Expedited services no | t available for all services, i | please call. 2. Samples received unannounced wit | th less than 48 ho | ours holding time remaining may be subject to addit | onal surcharges. 3. Lab reserves the r | ght to return unus | ed portions | of samples t | to client. |
| Relinquished by: (Signatu | | Received By: (Signature) | DATE 5.377 | TIME GONDINIONS UPON RE (24 hr) Signed we/Blue | CEIPT/(CHECK ONE) ME CCTempa SolviAS Ba | thod of Shipment SEL FedEx te Shipped: | (check one) MML | USR FO | ostal U Client (I) |
| | IN COUR | Received by: (Signature) | DATE | TIME (24 hr) * Custody seals present/intac | YES NO NIA 17. III III III III III III III III III I | ggediniby: | <u> </u> | ocation; | |
| Relinquished by: (Signat | mie) | | | Broken containers? GOC agree with sample Eab | YES NO NA 11/2 (7) | CONCRETE CONCRETE DESCRIPTION | | | |
| Relinquished by: (Signat | ture) | Received for MMLI-by: | DATE | TIME (24 hr) Headspace issues acceptable Holding time(s)/acceptable Preservative pH's acceptable Was ich lieft unad justed? | | llowupaction.reg encinformed.on. ent.Rep. | ulred | YES [] | NO.□ |
| MATRIX DW - Drinking Water - SW - Solid Waste SO - Soli/Solid SL - Sludge | CODES: GW — Ground Water WW — Waste Water OL — Oil SU — Surface Water | PRESERVATIVE (NINitric acid (HNOs) HA - Hydrochloric Acid (HCI) SH - Sodium Hydroxide (NaOH) ST - Sodium Thiosulfate ZN ZNo zestate | CODES: SA — Súlfurio 4C — 4°C AA — Ascorb NO—No pre SS — Sodiun | cAcid (H ₂ SO ₄) Samples properly preserve Scilent's ample documents Scilent's sample documents Scool been relinquished; | eceived (2) B B B B B B B B B B B B B B B B B B B | viewed/by | | | |

may subject the volutor to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| Genera | il Inform | ation - TI | nis Sect | ion To Be Com | pleted By Co | ollector | | | | | 05 3 0 0 5 |
|----------------|---|------------|---------------------------------------|---|---------------------------------------|----------------------------------|---|---|-------------------------------|--|---|
| PVVSD | Κ | Y 0 1 | 8 0 | 5,07 | | 20 | ιΔΛ | Compliance Period | (WWYYYY) | | |
| PWSterr | (| CRWI | # (| 2 | PWS | Contact | ill | Collection Date (M | MDDYYYY) mples Reported on | this Form | (1) 2) 200 3 |
| 1 110.0. | _ | | | (h | is 116 m. | 97 | 1-436-6304 | Collector Name | _ | 8. | uncan 5-27-03 |
| PWSAId | ness (| o 4 Mar | divid | to Meir Concord | Ky 42076pws | Phone DL / 1 | 9-10-0301 | Colecto wate | | | SpeciaryDate |
| Genera | | | | tion To Be Com | pleted By La | ab | | _ | | | 328 |
| Lab 10 | | 000 | 9 1 | | Lab Receipt Da | ale (MMDOYYYY) | 0597 8009 | Total Coliform Ana | allysis Method Co | de | |
| | .0 | | 4 ^ ^ | | Analysis Date | (MMDDYYYY) | 25272209 | E Coli Analysis Me | ethod Code | 7 | |
| Lab Analy | _// \\\ | undi | 1 Y VL | artin 8 | 3/28/09 | 7 | | £ab Supervisor | <u> </u> | John Contraction of the Contract | Jeg Voyas |
| 1 | | etion Th | ic Sect | ion To Be Com | oleted By Co | _/ ollector | Analysis Information – Thi | s Section To Be Co | mpleted B | y Lab | |
| | | | | IOI TO DE COIN | | | | | lane de | 1 1 | |
| | e Key | <u>`@</u> | Sode Ke | | | | | (Тота | Collions Count Collion (A/P) | 8 | Lab Sample Number of Original Sample |
| Type or SP | Se Re Same | Code | atlon (R) (Se | Sample Time | Free Chlorine (Required for all | Total Chlorine (Required when | Lab Sample Number | Analysis Time | NTC | Coll (P/A) | (Required for Repeat and/or |
| RP, | Special Sample Resean (A. B. C. D. of E) (See Kery) (Y. of Blank) Location Code (See Instructions) Repeat Location Code (DN, UP, or OR) (See Kery) (A. B. C. OR) (B. C. OR) | | | nfectants except disinfectant is Chloramine) Chloramine) | | | (2.1.1.) | NFG) | EC | Replacement Samples) (See Instructions) | |
| (R. 5) | B Colai | Lo (Se | 8 5 5 5 7 7 7 | | | | | | se Key) | | •• • |
| | ° 4 | | <u>o</u> | | | | | | TA | | |
| RIT | | OCI | | 0 6 3 0 | . 39 | 11.45 | H572410 | 7420 | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| :\$ | النسة إلىسة | | · · · · · · · · · · · · · · · · · · · | *************************************** | | | | ANALYSIS REPORT FROM | | ÇD- | Special (Net for Compliance) |
| The letter one | greate-ries of this form certify by their signatures that collection and analysis after sample analyzed and the resulting data hereby submitted, were | | | | | | RT = Routine (For Compliance) | RP = Repeat (For Com | | | ine Break, Emergency Repair |
| including he . | ated ion accordance with the provisions of 401 KAR Chapter 6, specialisty | | | AG 400 KNAK STAM, SUG DAY | Special Samp (Only if Samp | | A = Suspected Contamination B = New Plant, Modification, | C = Treatment Modification D = Study/Investigation | | | |
| collection are | a submitted on this form is a true and accusts report of the results of | | | | | | or Line Extension | | | | Chiefael Cito |
| 224.99-010, | Ted analysis performed pursuant to the according prescribed in KR 401 KAR Chapter 8 are subject to severe penalties prescribed in KR 4up to \$25,000 fine per day per violation and in some cases a violation | | | Repeat Locati | Repeat Location Code: DN = Downstream | | | UP = Upstream OR = Original Site | | | |

Coule of Campile Time or DES



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax 5510 Fem Valley Rd. Suite 104 Promenade Pavilion Louisville, KY 40228 502.961.0001

 $\mathcal{P}_{Q_{j^{k}_{j^{k}}}}^{n}$

| SHADED AREA FOR LAB USE O | _{nley} GHAIN OF CU | STODY and ANALYTICAL R | EQUEOL | Pleas | | ir ieg | |
|---|--|--|--|----------------------------------|------------|---------------------------------|--|
| Client: | Bill To: | Send Results to: | Compliance Monitoring (c Yes ☐ No [| heck one)? | PO# | | |
| CRWY # 2 | | | Samples Chlorinated (ch Yes ☐ No [| neck one)? | | | |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | NERS | . (ju | SODE aft) |
| ≡ Batch# | Project Name | Collected by (Signature): | MMLI Quote # (if app | licable) | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA' | PRESI (Se |
| 527-09-00 | 100 601 | KT | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | : | | - | | 1 |
| | Marie Company | The state of the s | l sureborges 2 Lab reserves the righ | t to return unused | portions o | samples to | o client. |
| 1. Expedited services not available for all services, pl | ease call. 2. Samples received unannounced with less than 40 | I hours holding time remaining may be subject to addition | ar surcharges. 3. Lab reserves the right | | | e dise | |
| Relinquished by: (Signature) | Received By: (Signature) DATE | TIME CONDITIONS UPON RECE | IPTG(CHECK(ONE)) UPS | od of Shipment (ch | MMLI | □ ci | lient 🗆 |
| Grillian Duran | Dank Dret 527. | Garage Ambient C | The state of the s | Shipped: # 1917 79 | | | |
| Relinquished by: (Signature) | Received by: (Signature) DATE | TIME (24 hr) Custody seals present/intact? | YES NO NA LLOGG | ed in by | E or at a | ation: | |
| | | #Broken;containers/ #COC;agreeswithssample;Labels | | NOTES S | | · 伊尔克· 阿克 | 国政队的政治 |
| Relinquished by: (Signature) | Received for MMLI by: DATE | TIME Correct/containers/for testing/ Headspace issues acceptable? | G C Gien | w up action require | 17.6 | | No⊡ |
| | 이 존뜻은 사람이 되었다. 중 | Holdingtime(s) acceptable? Preservative pH/sacceptable? | Clien | tinformed on . | | | |
| MATRIX CODES: DW – Drinking Water GW – Ground Water SW – Solid Waste WW – Waste Water SO – Soli/Solid OL – Oil SL – Sludge SU – Surface Water | HA – Hydrochloric Acid (HCI) 4C – 4*C SH – Sodium Hydroxide (NaOH) AA – Asc ST – Sodium Thiosulfate NO– No | waspHleft unadjusted? All samples listed on GOC isce samples properly preserved? Clients sample documents rec coc been relinguished? Are tests listed for each sample | Ved7 | Wedloy: | | | |

CE4186

SAMPLE CATEGORY = TC

224.99-010, up to \$25,000 fine per day per violation and in some cases a violation

may subject; the violator to prison.

Repeat Location Code:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General II | | | | | mpleted By C | ollector | | | | | nsaoos. | | |
|--|--|---------------------------------------|---------------|--|---------------|-------------------|--|----------------|--|--------------------------------------|---|--|--|
| PWSD | κ | Y 0 1 | 8 0 | S & L | | , | 00 | Complian | nce Period (MMYYYY) |) | Latings, and and the second second | | |
| PWSlame | | CRWI | | | PW | S Contact | ill | Collection | n Date (MM/DDYYYY) (All Samples Reporte | d on this Fi | CSZ72003 | | |
| I VVCIMINE | - | | | | 1: | 9.0 | 0-436-6304 | | 9. 00. | | Duncan 5-27-69 | | |
| PWS Address | (| o 9 Mar | guint | to New Concd | zdky 42076pw | S Phone GL / | 0-120 0201 | Collector | Name | 2271 | Speakere/Detri | | |
| General I | nform | nation — T | his Sec | tion To Be Co | mpleted By L | ab | | : | | | | | |
| Lab ID | | 909 | 3/ | | Lab Receipt D | tate (MMDDYYYY) | 05272009 | Total Col | ilorm Analysis Method | Code | G2 8 | | |
| | _ | 4 | λ Λ Λ | ٠ | Analysis Date | (WWDDXXXX) | 25272029 | E Coli Ar | E Coli Analysis Method Code | | | | |
| | M | 1000 | 711 | nida 3 | 5/22/6 | g | Continue and the contin | Lab Sup | envisor (| . /4 | 100/5/00009 | | |
| Lab Analysi | ₩ V <u>`</u> | 007 CC | 7 5 | approximate | 9000 | 1 | Analysis Information – Th | | | i By Lab | | | |
| | | | 1 | tion To Be Co | mpleted By C | ollector | Analysis information – 11 | S Section 10 | De Compigate | 7 | | | |
| Sample Type (RT, RP, or SP) (See Kery) Special Sample Reseon | 7 e 7 | _ | Key 3 | | | | | | Result (Total Coliform | ₹. | t at Committee of Original | | |
| SP (SP) | Cor Blank Cot Bl | | | | Free Chlorine | Total Chlorine | | Analysis Time | Count - or - | Total Coliform (P/A) E Coli (P/A) | Lab Sample Number of Original Sample | | |
| RP, o | (Y or Bland) (See Instructions) (See Instructions) (See Instructions) (See Instructions) (See Instructions) (See Instructions) | | | (Required for all disinfectants except | | Lab Sample Number | (24 hr) | TNTC • or • | 8 8 | | | | |
| San (RT, (RT, (S) (S) (S) (S) | 2 2 2 | Loca (See 1 | Feed. | | Chloramine) | Chloramine) | <i>.</i> | | CNFG) (See Key) | 5 E | (See Instructions) | | |
| S S | A | | , S | | | | | | (500 100) | l | · | | |
| RIT | | C C C C C C C C C C C C C C C C C C C | | | n sig | 11.30 | 06704711 | THRE | | A | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | * *** | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | BACTERIOLOGICAL | ANALYSIS DEPAR | T EROM KEY | | | | |
| e signatories d | this for | n centify by their | signatures th | at collection and analys | Sample Type | | RT = Routine (For Comptance) | | For Compliance) | SP | = Special (Not for Compliance) | | |
| mpleted in seco | endance i | with the provision: | s of 401 KAR | y submitted, were t Chapter 6, specifically of any MASS 8:0407 and t | 0 | | A = Suspected Contamination | C = Treatment | | E= | Line Break, Emergency Repair | | |
| data sutemator | d on this | form is a true an | n etenusse b | d 401 KAR 8:040; and to eport of the results of a-referenced regulations | (Only if Samp | le Type = SP) | B = New Plant, Modification, | D = Study/inve | stigation | | | | |
| iations of 401 i | CAR Chia | pter 8 are subjec | t to severe p | ensities prescribed in K in some cases a violation | RS - | on Code: | or Line Extension ON = Downstream OR = Original Site | | | | = Original Site | | |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270,444,6547 270,444,6572 fax

| SHADED AREA | FOR LAB L | SE ONLY | CHAIN C | OF CUS | STODY and A | nalytical R | EQUESI | | | Ease | A KILL | it iteg | |
|---|--|--------------------------|--|---|--|--|--|--|------------------------|-----------------------------|------------------------|---------------------------------|--|
| Client: | | | Bill To: | | Send Results to: | | Compliance Monito Yes ☐ | oring (c No [| heck on | e)? | PO# | *.: | - |
| CRWD | H 3 | | | | | | Samples Chlorina Yes □ | ited (ch No [| eck one |)? | | | |
| Phone/Email: | · · · · · · · · · · · · · · · · · · · | | Phone/Email | | Phone/Email: | | PWS ID# | | STATI | - | NERS | DE -eft) | CODE eft) |
| Batch## | | | Project Name | | Collected by (Sign | nature): | MMLI Quote # | (if appl | icable) | | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# | COLLEC DATE | CTION TIME (24 hr) | SAMPLE DESCRIPTIO Composite samples indicate bed end time and temp (°C) at end | gin time, | SAMPLE ANAL Method | YSIS REQUESTED ID if known 6010B/7470A) | SAMPLE REMAR (i.e. composite, grab readings, corrosive | field | Field pH S.U. | | # OF C | MA (See | PRES (S) |
| | 5-37-07 | 06CO | 001 | | 27 | | · | • | | | | | : |
| | 2 7 3 4 - 1 4 | 10000 | AAT | | | - | | | | | | · | |
| | | | | | - | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | · | | | | | | | : | | | |
| | | | | | | | | | | . Y. | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | · · | | 7 . | | Tarihi da sa | | | | | |
| | | #ig. | call. 2. Samples received unannounced with | less than 48 | | ng may be subject to additiona | il surcharges. 3. Lab reserve | s the right | to return | unused p | ortions o | f samples to | o client. |
| 1. Expedited services not | available for all se | | | DATE | TIME Z | ONDITIONS UPON RECE | IPT (CHECK ONE) | Metho | d'of Shipi | nent (che | ck one): | US Po | stal 🔲 |
| Relinquished by: (Signatu | ıre) | Recei | ived By: (Signature) | 537 | (24 hr) [2] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2 | d wet/BluersC iblent | Temp Temp :: EiN/A | Date! | hipped | | | | |
| A market | 12,000 | | m M I The sales | DATE | TIME TIME | | YES NO NA | Airbill | | | | cation: | |
| Relinquished by: (Signatu | ure) | Recei | ived by: (Signature) | DATE | (24 hr) Custo | dy seals present/intact? in:containers? | | | d Iniby: | 100 | | | |
| | | | | | Gorre | in containers? agree with sample Labels? ct-containers for testing? | | ALLES CHARLES | AND SECULIAR PROPERTY. | 14 - 14 - 14 - 15 - 15 A TO | Control of the Control | YES 🖸 | Control of the Contro |
| Relinquished by: (Signate | ure) | Rece | ived for MMLI by: | DATE | (24 hr) Head | space (ssuestacceptable? ng:time(s) acceptable? nvative pH/slacceptable? | | 10 10 TO MAN (125) | 250 301 2506 251 | STATE OF STATE OF | 沙口 电通过控制 数 | | (1) 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| DW - Drinking Water SW - Solid Waste SO - Soil/Solid SL - Sludge | CODES: GW – Ground Wate WW – Waste Wate OL – Oil SU – Surface Wate | r | PRESERVATIVE C Nitric acid (HNO ₃) Hydrochloric Acid (HCI) Sodium Hydroxide (NaOH) Sodium Thiosulfate Zinc acetate | ODES: SA – Sulfu 4C – 4°C AA – Ascol NO– No pr SS – Sodi | ric Acid (H ₂ SO ₄) All s Sami rbic Acid Glien reservative GOC | pHiett unadjusted? imples listed on COC rece lies properly preserved? t sksample documents rec peen rellinguisted? ststlisted to reach sample | eived? (II) | Clien By Revie Date | Rep | | | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| | | | | mpleted By C | ollector | | | | | 65800P |
|--|---|---|--|--|--------------------------------|--|-----------------------------------|--|----------------------|---|
| PWSID | (Y) | 8 3 | 1:06 | | | | Compliano | ze Period (MMYYY) |) | Language Service Service Services -1. |
| P-VSName | CRWi | | 4 | Pws | Contact | ill | Collection | Date (MMDDYYYY) (At Samples Reports | d on th | CGSA72009 |
| | ~ C- | . 1 6 | A & [] | u lieso/ | 97/ | 1 - 436-4304 | Collector N | me girili | j Levo | Duncan 5-57-69 |
| L | | | New-Concord | | | 7 104 4-1 | | | | Squatera/Date |
| General Info | | | ion To Be Co | mpleted By La | ab | 2 = 00 0 1 1 19 | | | | . 029 |
| Lab() | 000 | Ol | | Lab Receipt D | ate (MMDDYYYY) | 05272009 | | orm Analysis Method | 2 (2008 | |
| 1 | . ^ 4 | 100 | , , , , | Analysis Date | (MMDDYYYY) | 28,27,2009 | E Coli Ana | tysis Method Code | | 7 10 61 |
| Lab Analyst | Ulind | in V | lartin | BCE, | .09 | • | Lab Super | visor | / | |
| Sample Info | mation – Tf | ıis Secti | ion To Be Cor | npleted By Co | ollector | Analysis Information - Th | is Section To E | se Completed | Ву | Lab |
| | | | | | | | | Result | | |
| See No. | de 9 | Se K | | Free Chlorine | Total Chlorine | | | (Total Coliform Count | Total Coliform (P/A) | Lab Sample Number of Original Sample |
| A X OF E | 8 6 E | OR) (FO | Sample Time (24 hr) | (Required for all disinfectants except | (Required when disinfectant is | Lab Sample Number | Analysis Time (24 hr) | TMIC | offor | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) |
| Same RAT. R. Sal Sa Sal Sa Sal Sa | (Y or Blank) Location Code (See Instructions) | Repeat Location Code (DN, UP, or OR) (See Key) | (24.11) | Chloramine) | Chioramine) | | | - or - CNFG) | fotal (| (See Instructions) |
| Sample Type (RT, RP, or 8P) (See Key) Special Sample Reason (A. B. C. D. or El (See Key) Replacement Sample? | | Q & 3. | | | | | | (See Key) | | |
| RHT | | | הוסות ה | | | ACHOUTON | ПИЗО | | 7 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | · [] | ······································ | | | | BACTERIOLOGICAL | ANALYSIS REPORT | FROM KEY | | · · · · · · · · · · · · · · · · · · · |
| water sample sont | zed and the resultin | g data herebj | st coffection and analysis y submitted, ware | Sample Type: | | RT = Routine (For Compliance) | RP = Repeat (F | | | SP = Special (Not for Compliance) |
| ووسو يغما يامي وأمريهم | 1 6 401 KAR 8:200, | Section 1 and | Chapter 5, specifically 1401 KAR 8:040, and 9 | Special Samp | | A = Suspected Contamination B = New Plant, Modification, | C = Treatment D = Studyfires | | | E = Line Break, Emergency Repair |
| | parlomond pursuant | to the above- | essenaced regulations | | e (ype=5P) | or Line Extension | u – uunjamu | | | |
| | 00 fine per day per | | maktes prescribed in 19 in gome cases a violati | | on Code: | CN = Dovenstruct | UP = Upstrazm | ı | | CR = Original Site |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299.7775 859:299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LAB USE | only - Ghain U | JE GUSTOUM AMONAMAEMIUAE K | EUUEOI | Fleas | | פיווייי | |
|--|--|---|--|----------------------------------|-------------------|--|--|
| Client: | Bill To: | Send Results to: | Compliance Monitoring (o Yes □ No [| theck one)? | PO# | | |
| C K W D # 4 | | | Samples Chlorinated (ch Yes ☐ No I | neck one)? | | | |
| | · | | | <u> </u> | | | T |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | VERS | eft) | ODE ft) |
| Batch# | Project Name | Collected by (Signature): | MMLI Quote # (if app | licable) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# COLLECTION DATE TIME (24 F | Composite campine manerican | in time, Method ID if known | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # 0F C | MAT (See | PRESE (See |
| 5-27-01 08 | 00 001 | RT | | | | | |
| | | | | | | | |
| | | | | | | | |
| | • | | | | | - | |
| | | | | | | | |
| | | | | | | | 1 |
| | | | | | | | + |
| | | | | | | | |
| | | | | | | | - |
| | * | | | | - | | <u> </u> |
| 1. Expedited services not available for all services, | please call. 2. Samples received unannounced with le | ess than 48 hours holding time remaining may be subject to additiona | and the state of t | | | Leading to the last of the las | Number of the organization |
| Relinquished by: (Signature) | Received By: (Signature) | DATE TIME CONDITIONS UPON RECEI (24 hr) 回 (ced wet/Blue Ch | PT (CHECK ONE) Metho | d of Shipment (che Legen (che | ck one); MMLIs | US Pos | 加回。 |
| 1 - Draw Alexan | Dady Florida | Stree 0900 Examplent | iempes ENA DateS Airbin | | | | |
| Relinquished by: (Signature) | Received by: (Signature) | DATE TIME (24 hr) Custody/seals/present/intact? | YES NO NA LLogge | dimby | i oloc | ation as | |
| | | Broken containers? COC agree with sample Labels? DATE TIME Correct containers to resting? | I I D DABN | OTES LA LL | | | |
| Relinquished by: (Signature) | Received for MMLI by: | (24 hr) Headspace issues acceptable (4) Holding (time(s) acceptable? | | Auplaction required | | eso. | 本的新加州 |
| | | Preservative pH sacceptable? Was pH left unadjusted? | D D Client D D Glient Vedry D D D | Rep. 1 | | 42.25 F 10 10 10 11 11 11 11 11 11 11 11 11 11 | |
| MATRIX CODES: DW – Drinking Water SW – Solid Waste SO – Soil/Solid SL – Sludge MATRIX CODES: GW – Ground Water WW – Waste Water SU – Oil SU – Surface Water | PRESERVATIVE COD NI – Nitric acid (HNO ₃) HA – Hydrochloric Acid (HCI) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate ZN – Zinc acetate | | verif (0) | vectory: | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| | | | on To Be Con | ubleted By C | ollector | | | | | | | |
|--|--|---|--|---|---|--|----------------------------------|--|-----------------------------------|--|--|--|
| PWS ID | K Y 0 [| ***** * ******* *** | | | , | • • • • • • • • • • • • • • • • • • • | Complian | ce Period (MMYYYY) | | | | |
| PWS Name | CRWI |) 井1 | | PW: | S Contact | ill | Collection | Date (MMDDYYYY) (Ali Samples Reported | on this Fo | O () 7 & 0 0 7 | | |
| PVVS Address | 69 Mar | gunte | New Concor | 1 Ky 42076pws | S Phone 97 | 0-436-6304 | Collector | Name Willi | um d | Ouncon 6-17-69 Spenny Colo | | |
| General Info | ormation - Ti | his Section | on To Be Con | npleted By L | ab | | | | | :-^\max | | |
| Lab ID | 000 | 8 | | | ate (MMDDYYYY) | 06172007 | Total Coli | form Analysis Method | Code | 298 | | |
| _ | . 1 | | ^^ | | (MMDDXXXX) | 06172009 | E Coli An | alysis Method Code | | | | |
| Lab Analyst | Mir | dy | & Vlaur | bortel | 18/09 | | Lab Supe | - Andrew Andrew | | 10 C/803 | | |
| Sample Info | rmation - Th | is Section | n To Be Com | pleted By Co | ollector | Analysis Information - Th | is Section To | Be Completed | ed By Lab | | | |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Reason (A, B, C, D, or E) (See Key) Reallocment Sample? | | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time | Free Chlorine (Required for all issinfectants except Chloramine) | Total Chlorine (Required when distrilectant is Chloramine) | Lab Sample Number | Analysis Time (24 hr) | Result (Total Coliform Count - or - TINTC - or - CNFG) (See Key) | Total Collform (P/A) E Coll (P/A) | Lab Sample Number of Original Sample (Required for Repeat and/or Reptacement Samples) (See Instructions) | | |
| RPATE | 7010151 | | 7 30 | 11.58 | [1.34 | AGIITA9HI | | | 4 | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| \$ | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | EDOM KEY | | | | |
| The singstories of this | s form certify by their s | ignatures that o | collection and analysis | d | | BACTERIOLOGICAL RT = Routine (For Compliance) | | For Compliance) | SP | = Special (Not for Compliance) | | |
| the water sample and completed in accorda- including but not limit the data submitted on collection and annium | igzed and the resulting ince with the provisions led to 401 KAR 8:200, in this form is a true and the performed pursuant | g data hereby s s of 401 KAR Cl Section 1 and 4 d accurate repo to the above-re | ubmitted, were hapter 8, specifically 801 KAR 8:040; and that at of the results of demanced regulations. | Special Samp (Only if Sampl | le Reason; | A = Suspected Contamination B = New Plant, Modification, or Line Extension | C = Treatment D = Study/Inve | Modification | | Line Breek, Emergency Repair | | |
| MAN PURPOSE OF ADS MAR | Chapter 8 are subject 5,000 fine per day per \ | i to severe pens | unes prescribed in fura | Repeat Location | on Code: | DN = Downstream | UP = Upstream OR = Original Site | | | | | |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LAB-USE | ONLY | CHAIN OF | E CUS | STODY and ANALYTICAL RU | | | Pleas | e pri | nt leg | ibly. |
|--|----------------------|---|---|--|--|--|-------------------------------|-------------------|---------------------------------|--|
| Client: | | BiliTo: | | Send Results to: | Compliance Monitori Yes □ | ng (checl No □ | one)? | PO# | | |
| CRWDH 1 | | | | | Samples Chlorinate Yes □ | d (check No 🗆 | one)? | | | |
| Phone/Email: | | Phone/Email | | Phone/Email: | PWS ID# | ST | ATE | VERS | DE .eft) | CODE |
| Batch# | | Project Name | | Collected by (Signature): | MMLI Quote # (if | applicab | le) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID#U COLLECTION DATE TIN (24 | ЙE | SAMPLE DESCRIPTION Composite samples indicate begin end time and temp (°C) at end tir | | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fie readings, corrosive) | ld pi | eld Data I Temp J. °C | # OF C | MA ⁻ (See | PRESI (Se |
| (-1)-09 07 | 130 | 002 | | RT | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | the state of the s | | | | | | |
| 100 Pt 10 | | | | | | | | | | |
| | | | | | | | | | | <u> </u> |
| | | | | | | | | | | |
| | 945 | | | | | | | | | |
| Expedited services not available for all services | s, please ca | II. 2. Samples received unannounced with les | s than 48 h | ours holding time remaining may be subject to additional | surcharges. 3. Lab reserves the | e right to ret | urn unused | portions o | f samples to | client. |
| Relinquished by: (Signature) | Receiv | ed By: (Signature) | DATE 3-17-09 | TIME CONDITIONS UPON RECEIP (24 hr) Siced wei/Blue CT | 31 (CHECK ONE) emp emp 및 및 N/A | Method of S UPS D Date Shippe | nipment (ch ifedEx U d: | ick one): MMLI | US Pos | tal □ ont □ |
| Relinquished by: (Signature) | Receiv | ed by: (Signature) | DATE | TIME. (24 hr) Custody seals present/intact? | YES NO NA | Logged in b | | Lo | cation: | |
| , companies by (organical) | | | | (24 hr) Custody seals present/intact? Broken/containers? COC/agree with sample Labels? | | LAB NOTES | | | | |
| Relinquished by: (Signature) | Receiv | ed for MMLI by: | DATE | TIME Correct/containers for testing? | | FEVE TO THE PARTY | tion require | 的學術的情報 | 中的位置的 | |
| vemidaisien når foldumera | | | | Holding time(s) acceptable? Preservative pH stacceptable? | | | red on; | | | |
| MATRIX CODES: DW – Drinking Water GW – Ground Water SW – Solid Waste WW. – Waste Water SO – Soil/Solid OL – Oil SL – Sludge SU – Surface Water | HA-H SH-S ST-S | ydrochloric Acid (HCI) odium Hydroxide (NaOH) odium Thiosulfate | SS: SA – Sulfurion 4C – 4°C AA – Ascorb NO– No pre SS – Sodiun | Was ph left unadjusted: All samples listed on €OC recels Add (H₂SO₄) Samples properly preserved? Client's sample documents recels GOC Been inclinationed? | | Client Rep., By: Reviewed/b Date: | | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

BACTERIOLOGICAL ANALYSIS REPORT FORM
General Information – This Section To Be Completed By Collector KY0180509 Compliance Period (MMYYYY) PWS ID CRWD#2 Collection Date (MMDDYYYY) PWS Contact PWS Name (All Samples Reported on this Fo William Duncan 270-436-6304 69 Marghertte New Concord Ky 43076pws prone Collector Name PWS Address General Information - This Section To Be Completed By Lab Total Coliform Analysis Method Code Lab Receipt Date (MMDDYYYY) Lab ID E Coli Analysis Method Code Analysis Date (MMDDYYYY) Lab Supervisor Lab Analysi Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector Repeat Location Code (DN, UP, or OR) (See Key) al Sample Reason D. or EJ (See Key) Icement Sample? Result Total Colfform (P/A) (Total Coliform Lab Sample Number of Original Coll (P/A) Count **Total Chlorine** Free Chlorine Samole Analysis Time - or -Sample Time (Required for all (Required when (Required for Repeat and/or Lab Sample Number TNTC (24 hr) Replacement Samples) (24 hr) isinfectants except disinfectant is Chloramine) Chloramine) ш (See Instructions) CNFG) (See Kev) Ť BACTERIOLOGICAL ANALYSIS REPORT FROM KEY The signatories of this form certify by their signatures that collection and analysis of SP = Special (Not for Compliance) RP = Repeat (For Compliance) RT = Routine (For Compliance) Sample Type: the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 6, specifically E = Line Break, Emergency Repair A = Suspected Contamination C = Treatment Modification Special Sample Reason: including but not smited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that B = New Plant, Modification, D = Study/Investigation (Only if Sample Type = SP) the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. or Line Extension Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224,69-010, up to \$25,000 fine per day per violation and in some cases a violation OR = Original Site UP = Upstream DN = Downstream Repeat Location Code:

Markett Samuela Turca et DOS



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| | IICE ANII V | CHAIN | OF CUS | STODY and ANALYTICAL | REQUEST | | Pleas | e pri | nt legi | ыу. |
|------------------------------|---------------------------|--|---|---|--|---|-----------------------------|---------------|---------------------------------|--|
| SHADED AREA FOR LAB | U.SE UNEN | Bill To: | | Send Results to: | Compliance Monitorin | g (check lo □ | one)? | PO# | | |
| C RWN # 2 | | No. of the state o | | | Samples Chlorinated Yes ☐ | i (check d No 🗆 | one)? | | | |
| Phone/Email: | | Phone/Email | | Phone/Email: | PWS ID# | STA | ATE | NERS | DDE Left) | CODE -eft) |
| Batch# | | Project Name | | Collected by (Signature): | MMLI Quote # (if | | | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# COLLE | ECTION TIME (24 hr) | SAMPLE DESCRIPT Composite samples indicate end time and temp (°C) at | begin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fie readings, corrosive) | ld pF | eld Data I Temp I. °C | # 0F (| MA (See | PRES (S |
| 1-17-09 | 0615 | cc 3 | | RT | | | | | | |
| \(\frac{1}{2}\) | <u> </u> | | | | | | _ | - | | |
| | | | | | | | | | | |
| | | | | | | | | + | | |
| | | | | | | | | | | |
| | | | <u> </u> | | | | | | | |
| | | | | | | | | | | |
| | | | | | · | | | | | <u> </u> |
| allable for all | services please | call. 2. Samples received unannounced | with less than 48 | hours holding time remaining may be subject to ad | ditional surcharges. 3. Lab reserves th | e right to re | turn unused | l portions | of samples t | to client. |
| Relinquished by: (Signature) | | eived By: (Signature) | DATE | 9 990 Pambient | ECTemp | Method of UPS 27 Date Shipp Airbill# | FedEX | MML | US Pro | Silent D |
| Relinquished by: (Signature) | Rec | elved by: (Signature) | DATE | TIME (24 hr) Custody seals present int Broken containers? (COC agree with sample Le | | COMPLETE STATE | TO THE PERSON | | YES 🗓 | 0.00 |
| Relinquished by: (Signature) | | eived for MMLI by: | DATE | TIME Conrect containers for tes Headspace issues accept s Holding time(s) accept abl Preservative pH; accept Was pHiert unadjusted? | able: 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Follow up Glientinfol Client Rep | ictionirequi med oni | | YES | THE |
| MATRIX CODES: | later HA SH ST | PRESERVATIV - Nitric acid. (HNO ₃) - Hydrochloric Acid (HCI) - Sodium Hydroxide (NaOH) - Sodium Thiosulfate - Zinc acetate | SA – Sulf 4C – 4°C AA – Asc NO– No j | All samples listed on COC uric Acid (H ₂ SO ₄) Samples properly presen | Freceived? [] L [| By. Reviewed Date; | y s | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General I | nform | nation - T | his Sect | ion To Be Co | mpleted By C | ollector | | | • | | ((3 0 0 5) | |
|---|-----------------|---|---|---|-------------------------------------|----------------|---|--------------------------|--|--------------------------------------|--|--|
| PWS ID | | Y 0 [| | | | n | •00 | Complian | ce Period (MMYYYY) | | | |
| PWS Name | _ | CRWI | # (| 3 | PW | S Contact | <u>w</u> | Collection | Date (MMDDYYYY) (Atl Samples Reported | on this For | O () 7 & 0 0 5 | |
| | i | a m | | h. 90 | 1 k. 49,57 | 971 | 1-436-6304 | Collector | Name quilli | am d | buncan 6-17-09 | |
| PWS Address | | | • | | 24 Ky 420760w | | | | | | Signature/Date | |
| General I | nforn | | | tion To Be Co | mpleted By L | | 0111773609 | T C. II | f ft-in Hothard | Code | 208 | |
| Lab ID | | 000 | ZU | Λ Λ | Lab Receipt D | ate (MMDDYYYY) | 06172009 | | form Analysis Method | | | |
| ا ح | 1 | | <u>n</u> _ | 1M_ | Analysis Cate | (MWDDJJJJJ) | 06172009 | E Coli An | alysis Method Code | F.F. Comments | 7/1/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/0/ | |
| Lab Analysi | 1 | Mng | de | 1/1 Qu | tmo | (1865) | | Lab Supe | Lab Supervisor Separate Date | | | |
| 1 | nform | ation – Th | nis Sect | | mpleted By C | ollector | Analysis Information – Th | is Section To | Be Completed | By Lab | | |
| | | | | | | | | | ;. Result | 2 | | |
| (c loses | nple? | te na) | Repeat Location Code (DN, UP, or OR) (See Key) | | P Oblades | Total Chlorine | | | (Total Colform Count | Total Coliform (P/A) E Coli (P/A) | Lab Sample Number of Original Sample | |
| or Si Key) | nt Sar Blank | on Cor tructio | catton OR) (S | Sample Time | Free Chlorine (Required for all | (Required when | Lab Sample Number | Analysis Time (24 hr) | -or - | Coliform (F Coli (P/A) | (Required for Repeat and/or Replacement Samples) | |
| Sample TT, RP (See | Seme Semo | Location Code (See Instructions) | eat Lo | (24 fm) | disinfectants except Chloramine) | Chloramine) | | | -or - CNFG) | Total C | (See Instructions) | |
| Sample Type (RT, RP, or SP) (See Key) Special Semple Resson | Repli | - (S) | Rep D. C | , | | | · | | (See Key) | ` | | |
| | | غسمة فسسك عظمية | | | | | APTO PIAT | 700 | | | | |
| RITI | | 0017 | | 0100 | 11.335 | | | 1200 | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | BACTERIOLOGICAL | ANALYSIS REPOR | T FROM KEY | | Vanilian Annua Spring Vanilian | |
| The signatories | of this for | m certify by their s | signatures the | at collection and analys | s of Sample Type | : | RT = Routine (For Compliance) | | For Compliance) | | Special (Not for Compliance) | |
| | | d and the resultin with the provision | 5 AZ 401 KAK | Chapter 6, specifically d 401 KAR 8:040; and | Special Samp | ole Reason: | A = Suspected Contamination | C = Treatment | | €=1 | Line Break, Emergency Repair | |
| the data submitt | ad on this | form is a true an | d accurate re in the above | -seferanced regulation: | r (Othy ii Saint | ie Type = SP) | 8 = New Piznt, Modification, or Line Extension | D = Study/Inve | andare. | | | |
| Violations of 401 | KAR Chi | reis performed pursuant to the above-referenced regulations. IR Chapter 8 are subject to severe penaltics prescribed in IC Chapter 8 are subject to severe penaltics prescribed in IC | | | 765 | ion Codo: | DN = Downstream | UP = Upstrear | n | OR= | Original Site | |

Water of Gamela Time of Diff.



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA | FOR LAB USE | only Chain C | F CUSTODY and ANALYTIC | DAL REQUEST | Please | e pri | nt leg | jibly. |
|---|-------------------------------|--|---|--|----------------------------------|---|---------------------------------|---------------------------------------|
| Client: | | Bill To: | Send Results to: | Compliance Monitoring (Yes ☐ No | check one)? | PO# | | |
| CRWD | # 3 | | | Samples Chlorinated (c Yes ☐ No | | Territories (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) (1974) | | |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | VERS | DE eff) | ODE ft) |
| Batch# | | Project Name | Collected by (Signature): ந் பூர | MMLI Quote # (if app | olicable) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE COD (See Lowerr Left) |
| Sample ID# | COLLECTION DATE TIM (24 | IE Composite samples indicate begi | | (i.e. composite, grab, field | Field Data pH Temp S.U. °C | # OF C | MAT (See | PRESE! |
| | 8-17-09 06 | 60 002 | Q T | | | | | |
| | | | | | | | | |
| | | | | | | ļ | | |
| | | | | · | | | | |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | * | | | | |
| | | | | | | | | |
| | | January 2 Complete regular imaging an auread with le | ss than 48 hours holding time remaining may be subject. | to additional surcharges. 3. Lab reserves the righ | it to return unused p | ortions of | samples to | client. |
| | | Received By: (Signature) | DATE TIME GONDITIONS UP | ON RECEIPT (CHECK ONE) | od of Shipment (che | District Contracts | CAN IS CHIEF PERMIT | THE TOTAL PROPERTY. |
| Relinquished by: (Signatu | ire) | Received by Congression of the C | (24 hr) Iced wet/Blue | C Temp? | Shipped: | MMLI | LL CI | entU |
| Relinquished by: (Signatu | ure) | Received by: (Signature) | DATE TIME | YES NO N/A | # edin by | Lõi | ation: | |
| | | | (24 hr): Custody.seals presen 3Broken containers? COG agree with samp | ntintact? | NOTES E | | | |
| Relinquished by: (Signatu | ire) | Received for MMLI by: | DATE TIME Confects containers for the Confects containers | ritesting? | w up action required | | | |
| SW – Solid Waste WW – Waste Water HA – Hy SO – Soli/Solid OL – Oil SH – Solid SL – Sludge SU – Surface Water ST – Solid | | PRESERVATIVE CODI NI – Nitric acid (HNOs) HA – Hydrochloric Acid (HCl) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate ZN – Zinciacefate | Was pHileft unadjuste SA – Sulfuric Acid (H ₂ SO ₄). AC – 4°C AA – Ascorbic Acid NO–No preservative SS – Sodium sulfite Was pHileft unadjuste Samples listed on: Samples properly, pre Glient's sample docur COG been relinquiste Arestests listed forear | GOC received? S | Rep. | | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH DACTEDIOLOGICAL ANALYCIC DEDORT EODM

| General Ir | non | nation ∸ T | his Sec | tion To Be Co | mpleted By C | ollector | AL ANAL 1313 REPUR | | | A STATE OF THE STA |
|--|---|-------------------------------------|---|----------------------------|-------------------------------------|--|--|--|------------------------------|--|
| PWS ID | κ | Y 0 1 | 8 3 | 1:06 | , | | | Compliance Period (M | Jarryy) | |
| PWS Name | | CRWj | | 4 | PW | S Contact | III | Collection Date (MMD) | | 06172009 |
| | • | | | | | 0.2 | a vai radi | • | Reported on this Form | uncan 6-17-09 |
| PWS Address | 60 | Margu | write | The Concord | Ky 43076 PW | S Phone | 0 - 434-4304 | Collector Name | water w | Spectro/Oric |
| General Ir | nom | nation — T | his Sec | tion To Be Co | mpleted By L | ab | and the second s | | | יאנאיירעיין אינאיירעיין |
| Lab IO | | 000 | 3/ | | Lab Receipt D | Date (MMDDYYYY) | Ole 17200° | Total Coliform Analysis | Method Code | 25/8 |
| | 1 | , | ال ۱ | ١٨ . | Analysis Date | (MMDDYYYY) | 06172009 | E Coli Analysis Method | içoo e | ا د ر دراد |
| Lab Analyst | Winder Vary 10/18/09 Lab Supervisor Lab Supervisor | | | | | | | | | |
| | Sample Information - This Section To Be Completed By Collector Analysis Information - This Section To Be Completed By Lab | | | | | | | | | |
| Sample in | Otti | Iation - II | | don to be con | inpieæd by o | J. Comments | | | | |
| C as | Celo | . ê | Code Key | | | | | Result (Total Coli | torm & | Lab Sample Number of Original |
| 17 P 8 P 8 P 8 P 8 P 8 P 8 P 8 P 8 P 8 P | ant Sample Blank) | 20 Cdfo | atton RR) (Si | Sample Time | Free Chloring (Required for all | Total Chlorine (Required when | Lab Sample Number | Count Analysis Time - or - (24 hr) TINTO | Colform (P | Sample (Required for Reposit and/or |
| | | Location Code (See Instructions) | et to | (24 lv) | disinfectants except Chioramine) | disinfectant is Chloramine) | | (24 hr) TNTC - or - CNFG | | Replacement Samples) (See Instructions) |
| 2 E 20 E | Replacen (Yo | , r (36 | Repeat Location Code (DN, UP, or OR) (See Key) | | | | • | (See Ke | n l ^e | : |
| | | | F7 | | | استاد استراست المساوات | | | | |
| RILL | | 003 | | 0 2 0 2 | | | HBL 10718 | | | |
| | 닠 | | | | | | | | | |
| | | | | | | | | | | |
| | _ | | | | | الإسلانا | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | (| | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | <u>,</u> | | | | | | PACTERNIAGEA | AHALYSIS REPORT FROM KEY | <u>::</u> | |
| The signstories of | ends form | centry by their is | dgratures the | at collection and enalysis | Sample Type: | | RT = Routine (For Compliance) | RP = Repeat (For Complian | ne) SP = 5 | ipecial (Not for Compliance) |
| ecce nj betelgraco | CARLON SERVICIOS MINISTRAL MAIN MAIN MAINTAIN DE CARLON | | | Canadal Caran | | A = Suspected Contemination | C = Trestment Modification | | ne Brasik, Ernargency Repair | |
| the data submised collection and and | debt submitted on this form is a true and accusto report of the results of discrimination and analysis performed pursuant to the above-missenced regulations. | | | (Only If Sampl | ie Type = SP) | B = New Plant, Modification, or Line Edension | O = Study/Investigation | | | |
| Viciations of 401 K 224.99-010, up to 1 | ations of 401 KAR Chapter & are subject to severe parallise prescribed in KRS | | | Report Location | on Code: | DN = Downstreem | UP = Upstream | OR = C | Original Site | |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA Client: | FOR LAB USE | | Bill To: | | Send Results to: | Compliance Monitoring Yes No | | 1 | PO# | | |
|---|--|-------------------|--|---|---|--|---|---------------------|-----------------|---|--|
| (RWD) | # 4 | | | | | Samples Chlorinated Yes ☐ No | (check one) | · | | | τ |
| Phone/Email: | | | Phone/Email | | Phone/Email: | PWS ID# | STATE | | # OF CONTAINERS | CODE r Left) | /E CODE |
| Batch# | | | Project Name | | Collected by (Signature): | MMLI Quote # (if a | MMLI Quote # (if applicable) | | ZONT/ | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# | COLLECTION DATE TIN | I ME hr) | SAMPLE DESCRIP Composite samples indicate end time and temp (°C) at | begin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field D pH Te S.U. | ata emp °C | # OF (| MA (Sec | PRES |
| | | ,° 0 | 093 | - G e | RT | | | | | | + |
| | | | | | | | | | | | |
| | | | | | | | | | | | + |
| | | | | | | | | | | | +- |
| | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | | | | | | - |
| | | | | | Li- +to add | itional surcharges, 3. Lab reserves the | right to return | unused po | ortions (| of samples | to clien |
| 1. Expedited services n | not available for all service | | | d with less than 4 | S hours holding time remaining may be subject to add | ECEIPT (CHECK ONE) | Aethod of Shipn IPS □ Fed | nent (chec IEx 🗐 | k one). MMLI | us P | ostal E Client E |
| Relinquished by: (Signa | | Rece | e In A A A A A A A A A A A A A A A A A A | DATE | (24 hr) iced wet/Blue | C Temp N/A | Date/Shipped Airbil# Loggediniby | | | | |
| Relinquished by: (Signa | ature) | Rece | oived by: (Signature) | DATE | TIME (24 hr) Custody seals present inte (Broken containers? (COC agree with sample La | ct? | LABINOTES | | | 105 0 0 0 1 0 0 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | |
| Relinquished by: (Sign | nature) | Rece | eived for MMLI by: | DATE | (24 hr) Holding time(s) acceptable | | Follow/uplaction Glientinformed Glient Repo | nregalred on | | ESIL | 2 |
| MATRI DW – Drinking Water SW – Solid Waster SO – Soli/Solid SL – Sludge | IX CODES: GW - Ground Water WW - Waste Water OL - Oil SU - Surface Water | HA- SH- ST- | PRESERVAT Nitric acid (HNOs) Hydrochloric Acid (HCl) Sodium Hydroxide (NaOH) Sodium Thiosulfate Zinc acetate | SA – SU 4C – 4°C AA – As NO – No | Was pH-lettunadjusted? All samples (listed on/COC Samples properly presery Corbic Acid (H ₂ SO ₄) Corbic Acid (COC been relinguisted? Are reservative dium sulfite | received? edf received? edf received? received? edf received? edf received? edf received? edf edf edf edf edf edf edf ed | BV: Reviewediby: Date | | | | |

| McCoy & McCoy Labor F. D. Box 997 Madisonville, KY 42431 vww.mccoylabe.com | afories, Inc. | Chain of Cu | TECH DE | Lexington KY 859-299-7775 Madisonville KY 270-821-7375 | Paducah KY 270-444-654 Pikeville KY 606-432-310 | |
|--|--|--|--|--|--|--|
| Roule: 54 Project 8 | REDVA A | Collected by: | BIK | | Collection Date: | 6-17-09 |
| Center Ridge Water D | | | and his more than the second | | Collection Time: | 0630 |
| Attn: William Duncan | | P. O. No: | | | PhoneFax: 2 | 70-436-6304 |
| 69 Marguerite Blvd Newconcord KY 42070 | 3 | • | | * ** *** | | |
| CE648514 Center Ric | lge WD #2 RAD | 0 0180509 | • | | 1 11 16 16 16 16 16 1 | 111 2011 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| The form had been seen to be a second of the | and a second to percentage y uniques receives y contract to meet born born. | and the second section of the second section of the second | ··· | | | |
| Logbatch | | Ç | omposite S | | | Time |
| Sample Nos | r, or the second statement and a second statement of the second statement of t | | | Stop Dal | E SAME OF STREET STREET | Time |
| Field Data By: | and the state of t | Date | Time | | ecal Date | Time |
| pH Mater#: | pH: | DO Meler#: | | DO: | | |
| Temp: | | Flow: | | Units: | a. No appear for the series for the first all the constraint appearance for | Matrix Liquid |
| Collection Method | Test | Analysis Requested | | Sottle Type and I | | |
| G/C | RAD228_1 | Radium 228 | | 1 Liter Plastic Nitr 1 Liter Plastic Nitr | e de la companya de | |
| G/C G/C | ALPHA_1 SHIP13_1 | Gross Alpha - SDWA UPS Shipping Charge | | I That Ligate Mitt | IC ACILLA C | |
| G/.C | RAD228_SHIP_1 | Radium 228 Date sent to sul | | | | |
| G/C | ALPHA_SHIP_1 | Gross Alpha - SDWA Date s | hipped to | | | |
| | | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | | | | |
| | | | | | | |
| A Parlicular | | | | | | |
| and the second s | | | | | | |
| | | | A Samuel | | | |
| | | | | | | |
| | X2 | | | | | |
| | and the second | | | | Jung. | |
| | Application of the Control of the Co | | 7. | | <u> 1</u> | |
| | | \2, | | | v. 4/7 () | |
| • | in marinina marini marinina | | | | | |
| | * - | | | | | |
| : | | | | | | |
| | | | | | | |
| | | | | \$ 12° | | |
| | 1 | | | | | 경기 전문을 되었다. 1907년 - 1918년 |
|) | | | 1 14 | in the second se | | |
| | AND ME | R I V | TW. | | | |
| Relinquished b | [marlier | June 3 | Dan | e/Time: テ/o/// | ज्यु ०० | Programme Commence (Commence Commence C |
| d Received Received b | | | | e/Time: つりざげ | 07 70 XJ | |
| Relinquished b | | THE THE | the second | e/Time: | - | The second of th |
| Received b | The same of the sa | | | e/Time:: | | |
| Relinquished by | Alexander and a second and a second | | The same of the sa | э/Time: | . 13 | |
| Received b | | To construct the second | | e/Time: | The state of the s | |
| | The second section of the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the section of the second section of the se | 200 pp 200000 190000 190000 190000 190000 190000 190000 190000 190000 190000 190000 190000 190000 190000 19000 | 4. 4. | gent and which have a specimental to a print | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| Seneral li | nomi | ation — Th | s Secti | on To Be Comp | leted By Co | llector_ | | | | | | | 0009 |
|---------------------------------------|--|--|---|---------------------------|------------------------------------|--|--------------|----------------------------|--------------------------|---------------------------------------|------------------------------|-------------|---|
| WS ID | Κ | | 8 0 | 5149 | | | il | a | | B Period (MALYYYY) | | i. | 01.544005 |
| ows Name | (| RWD | #_ | 4 | PWS | Contact | | | Collection ! | Date (MMDDYYYY) (All Samples Reported | on th | b Form ≀ | were Collected on this Delc.) |
| ows Address | _ , | 9 Mars | thrush | o New Concord | Ky 42076pws | Phone 27 | 0 - | 436-6304 | Collector N | iame Tirille | ar . | , d) | uncan 6-24-13 SpennerDate |
| | | | | ion To Be Comp | | | | | | | | | 07E |
| | 1 | 000 | Di | | Lab Receipt De | de (MMDDYYYY) | į | OCU O D 25 } | | orm Analysis Method | C00 | | |
| _ab ID | , | New Instruction of | ۰۰۰۰ | . ^ . | Analysis Date (| MHODILLL | | 766616020 | E Coli Ana | lysis Method Code | | 7 | = 12 photo |
| 101 indial Vanta 1025/09 | | | | | | | | | | | | | |
| ab Analyst | <u>v</u> | <u> </u> | | ture/Detr | leted By Co | ollector | | Analysis Information – Thi | s Section To I | Be Completed | Ву | Lab | |
| | | | | ion To Be Comp | nead by | | | | | Result | | | |
| 108 | Key Sec | 6 | Sode 18 Key | | | | | | | (Total Coliform Count | Total Collform (P/A) | P/A) | Lab Sample Number of Original Sample |
| Type or SP) | and Sam | Code | ation (Se | Sample Time (| Free Chlorine Required for till | Total Chlorine (Required when dishfectant is | | Lab Sample Number | Analysis Time (24 hr) | - or - TNTC | Sillo S | Coll (P/A) | (Required for Repeat and/or Replacement Samples) |
| Sample Type (RT, RP, or SP) (See Key) | Zemen Y or B | Location Code (See Instructions) | Repeat Location Code (DN, UP, or OR) (See Key) | (24 fz) dis | infectants except Chloramine) | Chioramine) | ļ | ÷ | | - or - CNFG) (Sée Kiry) | Total | ш | (See Instructions) |
| Sg (RT) | | es) | Rapa Sp. C. | | | | | • | | (See (day) | | | · · · · · · · · · · · · · · · · · · · |
| 0 | 3 | | ~~~ | want market from an | ~~ <u>;</u> | | | AC1797/7/ | 7200 | | H | | |
| RIT | | 003 | | 61/13(6) | | | · | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | ļ | | |
| | | | | | | | | | | | # 22 | | |
| | . 4 | | | | | | | | | | | - | |
| | -1 | | | | | | | | | | - | - | |
| | | | | | | | | | | | <u> </u> | <u>. </u> | |
| | | <u> </u> | i | | 6,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | BACTERIOLOGICA | | (For Compliance) | | SP | = Special (Not for Compliance) |
| the water san | the signatories of this form certify by their signatures that collection and analysis of Sample Type: to water sample analyzed and the resulting data hereby submitted, were sample analyzed and the resulting data hereby submitted, were sample analyzed and the provisions of 401 KAR Chapter 8, specifically specifically sample Reasons. | | | | | RT = Routine (For Compliance) A = Suspected Contamination | C = Treatmen | nt Modification | | €: | Line Break, Emergency Repair | | |
| ni bataiqmoo and gribulani | inglisted in accordance with the providers of Section 1 and 401 KAR 8:040; and that didding but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that | | Special Sam (Only If Sam | ple Type = SP) | | B = New Plant, Modification, or Line Extension | D = Study/In | vestigation | | | | | |
| collection and | q anny yes f | SOUCHIES horson | | namettes procesibed in KR | S Repeat Loca | Han Cade | | ON = Downstream | UP = Upstro | sm | | OF | R = Original Site |
| 224,29-010, 0 | section and analysis performed pursuant to the according prescribed in Kris- visitions of 401 KAR Chapter 6 are subject to severe penalties prescribed in Kris- visitions of 401 KAR Chapter 6 are subject to severe penalties prescribed in Kris- 4,29-010, up to \$25,600 fine per day per violation and in some cases a violation | | | Repeat Loca | mon cood. | | | | | | | | |

Make II Cample Time or DM



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270:825 9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785.fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA | FOR LAB USE ON | Y CHAIN OF | eustody and analytik | CALREQUEST | Please | y prir | it legi | DIY. |
|---|---|--|---|--|---|---------------|---------------------------------|--|
| Client: | | Bill To: | Send Results to:- | Compliance Monitoring (Yes □ No | check one)? | PO# | | |
| CKMD | # 1 | | | Samples Chlorinated (c Yes ☐ No | heck one)? □ > | | | |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | OF CONTAINERS | ODE Left) | E CODE Left) |
| Batch# | | Project Name | Collected by (Signature): | MMLI Quote # (if ap | olicable) | ONTA | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample:ID# | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time end time and temp (°C) at end time | SAMPLE ANALYSIS REQUE Method ID if known | (i.e. composite, grab, field | Field Data pH Temp S.U. °C | # OF C | MA (See | PRES (S. |
| | 1-7409 1730 | 003 | RT | | | | | |
| | | | | A Company of the Comp | | | | |
| | | | | | | | | |
| | | | | | | | | - |
| | | | | | | | | |
| | | | | | | | | - |
| | | | | | | | | 1 |
| | | | E Constant | | | | | - |
| | | | | | | nedions o | f camples to | o client. |
| 1, Expedited services no | t available for all services, plea | se call. 2. Samples received unannounced with less the | nan 48 hours holding time remaining may be subje | ct to additional surcharges. 3. Lab reserves the rig | nt to return unused | portions o | Mispo | ets Blue |
| Relinquished by: (Signat | ure) Re | Outhands (| (24 hr) 回Sced wet/Blue 別4・0 9 のの 回Ambient | UPON:RECEIPT (CHECK ONE) C Temp C Temp Date YES NO N/A | nod of Shipment (ch in Fedex in Shipped: ill#; 2 | MMEL | □ | lient⊡ |
| Relinquished by: (Signat | urė) R | ceived by: (signame) | ATE TIME (24 hr) Custody seals pres Broken containers? COC agree with sac | ent/intact? | ged in by: | | onioni | No.⊑ |
| Relinquished by: (Signat | ture) R | scelved for with Livy. | Headspace issues: (24 irr) Holding time(s); acc Preservative piles: Washir Ferrunadiu | sted? | ow up action require intermedion: | | | |
| MATRIX DW - Drinking Water SW - Solid Waste SO - Soil/Solid SL - Sludge | GW – Ground Water N WW – Waste Water H OL – Oil S SU – Surface Water S | A – Hydrochloric Acid:(HCI): 4C H – Sodium Hydroxide (NaOH): AA T – Sodium Thiosulfate: NO | - Sulfuric Acid (H ₂ SO ₄) - Asorbic Acid No preservative - Sodium sulfite All samples listed to Sample sproperly p Glient is sample doc GOC been le linguis Are tests listed for | in COGreceived in the top of the served? In the served in | ilewod by: | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General in | formation - Ti | is Section | n To Be Compl | eted By Co | illector | AL PARTE 1010 MET 0111 | | - Dedad (MIRWW | | 062005 |
|---|--|--|---|---|--|---|-----------------------------|--|----------------------|--|
| PWS ID | K Y O | 8 0 5 | | | | H | | Re Period (MMYYYY) | | 04342009 |
| PWS Name | CRWI | (作) | Ż. | PWS | Conted | | Collection | Date (MMDDYYYY) (All Samples Reporter | d can th | his Form were Collected on this Date.) |
| PWS Address | 69 Mar | stirule | New Concord ! | Ky 4åvillows | 970 | - 436-6304 | Collector | tame Wille | ar | n duncan 6-24-07 |
| 8 | nformation — T | | | | | | | | | (A) (A) (A) |
| | 600 | 7 | | | ate (MMDDYYYY) | 00147029 | Total Coli | orm Analysis Method | Code | e <u>V</u> |
| Lab ID | 1 | .A A | | Analysis Date (| (MMDDYYYY) | 06949009 | E Coli And | alysis Method Code | in Laws age of The | 2 1 2 0/06/ |
| | Mind of Marine a September 1 Lab Supervisor Lab Supervisor Supervi | | | | | | | | | |
| | nformation - Ti | Section | n To Be Comp | leted By Co | oilector | Analysis Information – Thi | s Section To | Be Completed | Ву | Lab T |
| Sample Type 41, RP, or SP) (See Key) Lei Sample Resson | | Repeat Lacetton Code (DN, UP, or OR) (See Key) | Sample Time (R (24 hr) disir | Free Chloring Required for all relectants except Chloramine) | Total Chlorine (Required when disinfectant is Chloramine) | Lab Sample Number | Aralysis Time (24 kr) | Result (Total Coliform Count - or - TINTC - or - CNFG) (See Key) | Total Coliform (P/A) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) U (See Instructions) |
| The signatories the water samp | of this form certify by their | ny chia heleny | Chapter 8, specifically | | | BACTERIOLOGICAL RT = Routine (For Compliance) A = Suspected Contamination | RP = Repeat C = Treatmen | (For Compliance) of Modification | | SP = Special (Not for Compliance) E = Line Break, Emergency Repair |
| ಜನೆ ಅರಕ್ಕು ಕ್ರಿಸ್ ಸ್ಟ್ರಿಸ್ಟ್ ಕ್ರಿಸ್ಟ್ ಕ್ರಿಸ್ಟ್ ಬೀಕ್ಷ್ಮ್ ರತಿಕ್ಕು ಕ್ರಾಟ್ಟ್ ಕ್ರಿಸ್ಟ್ ಪ್ರಾಟ್ಟ್ ಕ್ರಿಸ್ಟ್ ಕ್ಟ್ಟ್ ಕ್ಟ್ಟ್ ಕ್ಟ್ಟ್ ಕ್ಟ್ಟ್ ಕ್ಟ್ಟ್ ಕ್ಟ್ಟ್ ಕ್ಟ್ಟ್ ಕ್ಟ್ಟ್ ಕ್ಟ್ಟ್ಟ್ ಕ್ಟ್ಟ್ಟ್ ಕ್ಟ್ಟ್ಟ್ ಕ್ಟ್ಟ್ಟ್ ಕ್ಟ್ಟ್ಟ್ಟ | of Smited to 401 KAR 8:200 tied on this form is a true a analysis performed pursua | nd accurate report at to the above- | port of the results of referenced regulations. | (Only if Sam | ple Type = SP) | B = New Plant, Modification, or Line Extension | D = Study/im | | - | OR ≈ Original Site |
| 224.99-010, UD | \$25,000 live bet qay be | r violation and | in some cases a violation | Repeat Loca | tion Code: | DN = Downstream | er - efetter | | | . - |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax

2456 Fortune Dr., Suite 160 Lexington, KY 40509 859,299,7775 859,299,7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA | FOR LAB (| ISE ONLY | CHAINS C | OF CUR | STEODY STATES AN ALEXALICALLY | EQUEST | Pl | ease | prii | nt leg | ibly. |
|-------------------------------------|--|--------------------------|--|----------------|---|--|--------------------------------------|-----------|------------------|---------------------------------|--|
| Client: | | | Вішто: | | Send Results to: | Compliance Monitorion | ng (check on No 🏻 | e)? | PO# | | |
| C, R.W | 5#0. | | | | | Samples Chlorinated (check one)? Yes ☐ No ☐ | | | | | |
| Phone/Email: | | | Phone/Email | | Phone/Email: | PWS ID# | STATE | : | IERS | я (£ | 30E |
| Batch# | | | Project Name | | Collected by (Signature): | MMLI Quote # (if | applicable) | | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# | COLLEC DATE | CTION TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate beg end time and temp (°C) at end | in time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fie readings, corrosive) | Field C pH T S.U. | | # OF C | MAT (See | PRESE! |
| | 4-24-09 | 06:30 | <i>0</i> 63 | | * RT | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | ė. | | | | | | |
| 1. Expedited services not | available for all ser | vices, please cal | II. 2. Samples received unannounced with le | ess than 48 ho | ours holding time remaining may be subject to additiona | I surcharges. 3. Lab reserves the | right to return ur | nused por | rtions of | samples to | client. |
| Relinquished by: (Signatu | re) | Receive | ed By: (Signature) | DATE | TIME CONDITIONS/UPON/RECEI | | ethod of Shipme PS []] Feds | nt/check | (one). MMLI [| USIPost | |
| William St. | the Proceedings | 1) | WILL THEE | 6-24-01 | 07:00 Ell Ambient | iemps DNA C | ate Shipped: | | | | |
| Relinquished by: (Signatu | re) | Receive | d by: (Signature) | DATE | TIME (24 hr) Custody/seals-present/intact? | YES NO . N/A | ogged in by | | Loc | ation | |
| | | | | | Brokenscontainers/ COC agree with sample Labels/ | | AB NOTES | | | | |
| Relinquished by: (Signatu | re) | Receive | ed for MMLI by: | DATE | TIME (24 in) Correct containers for testing?; HeadSpace issues acceptable? Holding time(s) acceptable? Preservative ph's acceptable? Was philettiun adjusted? | | ollowupactioniri lientinformed on | | | VESTOLE 1 | |
| SW - Solid Waste SO - Soil/Solid | ODES: GW Ground Water WW Waste Water DL Oil GU Surface Water | HA-Hy SH-So ST-So | PRESERVATIVE COD ic acid (HNO ₃) prochiloric Acid (HCI) dium Hydroxide (NaOH) dium Thiosulfate ic acetate | | Acid (H ₂ SC ₄): Samples properly preserved? CAcid CAcid COC been reliniquished? | redr 🖂 🔠 🖫 🖫 | lient Repri | | | | |



McCoy & McCoy Laboratories, Inc. P.O. Box 907 Madisonville, KY 42431 (270) 821-7375

www.mccoylabs.com





Paducah, KY (270) 444-6547 Lexington, KY (859) 299-7775

(502) 961-0001 Pikeville, KY (606) 432-3104

Louisville, KY

m.demoss@mccoylabs.com

Center Ridge Water Dist #2 Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Batch # 09062362 06/24/2009 Received Reported 07/24/2009 Client CE6485 Page 1 of 1

ANALYSIS REPORT

AG78785 TPA Plant Tap Collected: 06/17/2009 06:30

REPORT LIMIT NOTE RESULT UNITS ANALYZED BY METHOD TEST DESCRIPTION 1.2 ± 0.6 pCi/l 07/09/2009 KNL EPA 900.0* Gross Alpha - SDWA 0.6 ± 0.7 pCi/l 07/14/2009 KNL EPA 903.0** Radium 228

Submitted By: Mark DeMoss, SDW Coordinator

The analyses reported above have been determined by protocols that meet or exceed the requirements of NELAC Methods listed with an '* are not part of this accreditation. Call Mark DeMoss at 270-821-7375 for any questions concerning this analysis report.

SAMPLE CATEGORY = RA ENTRY POINT SAMPLING

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH RADIONUCLIDES ANALYSIS REPORT FORM

Rev. 01/15/2006

| This Section | This Section To Be Completed By Collector Rev. 01/15/2006 | | | | | | | | | |
|---------------------------------------|--|-------------------------|-------|--|---|--------------------------|-------------------------|--|--|--|
| PWS ID KY | 0130509 Plant ID | A Plan | nt Ne | me CENTER RIDEE 1 | | | TPA | | | |
| PWS Name | CENTER RIDGE WATER DI | | | | | M DUNCAN | | | | |
| PWS Address | ASI MORRIS RD. DEXTE | 3, KY 4 | 30 | PWS Phone | 270- 47 | 4 - 8267 | | | | |
| Sample Date | 6 1 72 0 0 9 Time 0 | 30 | Sar | mple Type RT Collector Name | BILL DUN | Can | | | | |
| (MMDDYYYY) | 17 Tensor to 3 Interests 6 3 contests of September 2 S | month from the second | | Routine (For Compliance) Special (Not for Compliance) | | Signature/Date | | | | |
| This Section To Be Completed By Lab | | | | | | | | | | |
| Lab ID C | | | | | | | | | | |
| Lab Analyst | | | | | | | | | | |
| | I | Ι | 1 | Result (pCi/L) | | Date | | | | |
| Analyte Code | Analyte Name | Analysis Method Code | < | -or- | | Analysis Date (MMDDYYYY) | Counting Error (+/-) | | | |
| | | | | Lab Minimum Reporting Limit | (pCi/L) | | | | | |
| 4 0 0 0 | GROSS ALPHA | 756 | | | | 07092009 | 0.6 | | | |
| 4 0 0 6 | URANIUM | | | | | | | | | |
| 4 0 1 0 | COMBINED RADIUM | |] | | | | | | | |
| 4 0 2 0 | RADIUM-226 | | | Annual Control of Cont | | | | | | |
| 4 0 3 0 | RADIUM-228 | 947 | | | | 17142009 | N.77 | | | |
| 4 0 4 4 | POTASSIUM-40, TOTAL | | | | | | | | | |
| 4 1 0 0 | GROSS BETA | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | MAN-MADE BETA PARTICLE AND PHOTON EMITTERS | | | | | | | | | |
| 4 1 0 2 | | | | | | | | | | |
| | STRONTIUM-90 | | Ħ | | | | | | | |
| 4 2 6 4 | | | | | | | | | | |
| | | | = | | | | | | | |
| 4 2 7 0 | CESIUM-134 | | | _الــالــالــالــالــالــالـــ | ا_الــالــالــالــالــالــالـــالـــالـ | <u> </u> | | | | |

The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8; and that the data submitted on this form is a true and accurate report of the results of collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation may subject the violator to prison.

FL DOH Certification #E84025 Kentucky Lab ID #90033



2742 N. Florida Ave. P.O. Box 1833 Tampa, Florida 33601 (813) 229-2879 Fax (813) 229-0002 Report Date: July 16, 2009

McCoy & McCoy Laboratories, Inc.

P.O. Box 907

Madisonville, KY 42431

Attn: Doug Wolfe

Field Custody:

Client AG78785

Client/Field ID:

•

Sample Collection:

6-17-09/0630

Lab ID No:

09.5405

Lab Custody Date:

7-06-09/1130

Sample description:

DW

CERTIFICATE OF ANALYSIS

| Parameter · | Units | Res | sult | S | Analysis Date | Method | Detection Limit |
|-------------|-------|-----|------|-----|------------------|-----------|--------------------|
| Gross Alpha | pCi/l | 1.2 | ± | 0.6 | 07-09-09/0800 | EPA 900.0 | 0.8 |
| Radium-228 | pCi/l | 0.6 | ± | 0.7 | 07-14-09/1020 | EPA Ra-05 | 1.0 |

Alpha Standard: Th-230

James W. Hayes Laboratory Manager

James W. Hages

Test results meet all requirements of the NELAC and EPA drinking water standard operating and analytical method procedures. Test results refer only to sample(s) listed. Contact person:

Jim Hayes (813) 229-2879



PO Box 907 * 825 Industrial-Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax

2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax

1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

5510 Fern Valley Rd. Suite 104 Promenade Pavilion Louisville, KY 40228 502.961.0001

| SHADED AREA FOR LAB USE | ONLY CHAIN OF | F CUSTODY and ANALYTICAL RI | EQUEST | Pleas | e prir | nt leg | ibly. |
|---|--|---|--|---|-------------------|---------------------------------|--|
| Client: | Bill To: | Send Results to: | Compliance Monitoring (| (check one)? | PO# | | |
| | | Syd Tate | Samples Chlorinated (c Yes ☐ No | | Lot | <u>(067</u> 0 | 0 <u>3</u> |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | 1 | | |
| Batch# | Project Name | Collected by (Signature): | MMLI Quote # (if app | plicable) | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# COLLECTION DATE TIM (24 I | ME Composite samples indicate begin to | | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # 0F C | MAT (See | PRESE (See |
| 6/17/09 Clo | 30 AG78785 | RADZZS, GOSS ALA | la Grab | | 2 | / | |
| | | | | | | | |
| | - (uD) | | | | | | |
| | 1/19-5 | | | | | | |
| | | | | | | | |
| | Aplease Kep | ont on State toky | 44 | | | | |
| | | | <u>. l</u> | | | | |
| Expedited services not available for all services, | , please call. 2. Samples received unannounced with less | s than 48 hours holding time remaining may be subject to additional s | surcharges. 3. Lab reserves the righ | ht to return unused p | ortions of s | samples to | client. |
| Relinquished by: (Signatura) | Received By: (Signature) | DATE TIME CONDITIONS UPON RECEIP [24 hr] Diced wet/Blue % to te | | od of Shipment (chec Fadex [] / v Shipped | sk one) (MMELE | US Posti Clie | ial 🔲 ent 🖸 🗸 |
| Relinquished by: (Signature) | | DATE TIME (24 hr) Custody-seals/present/Intact? 7-6-09 1130 Broken containers? COC agree with sample Labels? | YES NO NA LOGGE | gediniby | | | |
| Relinquished by: (Signature) | Received for MMLI by: | DATE TIME (24 hr) Headspace issues/acceptable? Holding time(s) acceptable? Preservative pH's acceptable? | Company of the compan | with action required: trinformed on | | YES 🛚 | |
| MATRIX CODES: DW - Drinking Water GW - Ground Water SW - Solid Waste WW - Waste Water SO - Soil/Solid OL - Oil SL - Sludge SU - Surface Water | HA - Hydrochloric Acid (HCI) | Was pH. left unadjusted? A – Sulfuric Acid (H₂SO₄) C – 4°C A – Ascorbic Acid O – No preservative S – Sodium sulfite Was pH. left unadjusted? All: samples listed on COC receive Samples properly preserved? Client: ssample documents receive COC been realinguished? Are tests listed for each sample? | ed | thRep. | | | |

| MicCey & MicCey Labr P. J. Box 997 Madiscryllis, KY (42431 Www.moccylabs.com | matomes, inc. | Chain of C | istoty e Ma | ingcon K.Y F Robert F Robert F 270-444- disonville KY Piksville K 0-821-7375 606-432- | 9547 502-961-0001 Y |
|---|----------------|---------------------------|---|---|------------------------|
| Route: 54 Project | SDWA | Collected by: | BUL | Collection D | ate: 6.17-07 |
| Center Ridge Water | | | | Collection Ti | me: 0630 |
| Atin: William Dunca 69 Marguerite Blvd Newconcord KY 420 | | P. O. No. | | PhoneFax: | 270-436-6304 |
| CE648514 Center F | Ridge WD #2 RA | D 0180509 (TPA |) | | 112 112211221 |
| Logbalch | 09062 | 362 C | Composite Sample | Start Date | Time |
| Sample Nos | AG787 | 85 | | Stop Date | Time |
| Field Data By: | | Date | Time | Fecal Date | Time |
| pH Meter#: | рН: | DO Wister#: | Ü. |)C: | |
| Temp. | Öl: | [-10%] | Wilder - 1885 - T. Charles Miller - 1885 - 1885 - 1885 - 1885 | Unite | Matrix Liquid |
| <u>Collection Wethod</u> | Test | Analveis Requested | <u>Bottle</u> | Type and Preservative | |
| ⊘ / c | RAD228_1 | Radium 328 | i Lite | r Plastic Nikric Acid 4 c | |
| b / c | ALPHA_1 | Gross Alpha - SDWA | i Lite | r Plastic Nitric Acid 4 c | |
| 9/C | SHIP13_1 | UPS Shipping Charge | | | |
| G/C | RAD228_SHIF_1 | Radium 228 Date sent to s | ub | | |
| G/C | ALPHA_SHIP_1 | Gross Alpha - SDWA Date | shipped to | • | |

| Relinquished by 93 | Millery Danien | Date/Time. | 6-17-09 0900 |
|--------------------|----------------|-----------------|--------------|
| Received by: () | ente / Hat | Date/Tima: | 6/24/09/1030 |
| Relinquished by: 0 | wh Dat | Date/Time: | William St. |
| Received by: 1 | Mindy Marti | Value Date/Time | (d24/09 1200 |
| Relinquished by: | | Date/Time: | |
| Received by: | | Date/Time: | |



McCoy & McCoy Laboratories, Inc.

P.O. Box 907 "

Madisonville, KY 42431

270-821-7375

| SAMPLE ACCEPTANCE/CONDITION CHECKLIST |
|--|
| Client: Center Ridge Logbatch No.: D906236DLab No.: AG 78785 |
| Sample Delivery Type (circle): US Postal UPS FedEx MMLI Client |
| Sample Receipt Checklist: |
| a. Were custody seals used on outer package, and/or sample containers? |
| b. Were sample containers received damaged? |
| c. Cooler Temp. L. C(circle) Acceptable Unacceptable |
| d. Were the samples accompanied with a Chain-of-Custody or other transferable document? |
| e. Was all information recorded to defend the sample transfer & submittal? |
| f. Is each sample and container uniquely identified on the COC? |
| g. Were all samples in appropriate containers? |
| h. Did all samples have appropriate volumes? |
| i. Were all samples submitted within sample holding times? |
| j. Were "Collection Methods" recorded? |
| k. Were "Flow Units" recorded? |
| Logged In By: Date: 6/24/09 |
| Exceptions: |
| |
| Action Required: Client Informed on/ Client Rep:By:No Action Required, see notesNo Action Required |
| Reviewed By: BKH Project Manager Date: 6 2609 |
| Q:\MADISONVILLE\ADMIN\Forms & Labels\Sample Checklist.doc |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Info | rmation - Th | is Secti | on To Be Compl | eted By Co | ilector | TE PHUTE TO TO | | | | G [C 8 O O 9] |
|---|---|---|---|---|---|------------------------------------|--------------------------|--|----------------------|--|
| PWS ID | k Y 0,1 | 80 | 5;0 K | | | ·U | | e Period (MMYYYY) | | 012842009 |
| PWS Name | CRWD | 11- | 3 | | Contact | | Collection | Date (MMDDYYYY) (All Samples Reports | | |
| PWS Address | | | ie New Concord K | | 110.0 | - 436-6304 | Collector (| tame Uruli | am | Signature/Date |
| General Info | rmation - Ti | nis Sect | ion To Be Compl | | | 06947508 | Talal Calif | orm Analysis Methox | Code | 298 |
| Lab ID | 000 | D / | | Lab Receipt Da | de (MMDDYYYY) | \$ T | | | je lietn | |
| 1 | Mind | 1 | Partin | Anathsis Date (| | 5103513013 | E Coli Ani | alysis Method Code | | GOY 6 |
| Lab Analysi | VOVV | Som | district the same of the same | | | Analysis Information – Thi | s Section To l | Be Completed | By L | ab |
| | | nis Sécti | ion To Be Compl | etea By Co | nector | | | Result | | |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Reson | (operations) Location Code (See Instructions) | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time (R (24 hr) disir | ree Chlorine equired for all dectants except Chloramine) | Total Chlorine (Required when disinfectent is Chloramine) | Lab Sample Number | Analysis Time (24 hr) | (Total Coliform Count - or - TNTC - or - CNFG) (See Key) | Total Coliform (PIA) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| | | | | 1716 | 11.1411 | ASTALRY | 1220 | | A | |
| RII | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | L 1 | | | | | | 77. | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | BACTERIOLOGICAL | L ANALYSIS REPO | T FROM KLEY | | |
| The signatories of | this form certify by the | r signatures t | hat collection and analysis of | Sample Type | : | RT = Routine (For Compliance) | | (For Compliance) | | SP = Special (Not for Compliance) E = Line Break, Emergency Repair |
| the water sample a completed in accou including but not a | malyzed and the result dance with the provision miled to 401 KAR 8:20 | ons of 401 KA O, Section 1 a | R Chapter 8, specifically and 801 KAR 8:040; and that record of the results of | Special Sam | Special Sample Reason: A = Suspecied Contamination (Only if Sample Type = SP) B = New Plant, Modification, | | | C = Treatment Modification E = Line Break, Emergency D = Study/Investigation | | |
| coRection and enti | lysis performed pursua | ent to the area | va-referenced regulations. penalties prescribed in KRS ad in some cases a violation | Repeat Loca | tion Code: | or Line Extension DN = Downstream | UP = Upstree | m | C | OR = Original Site |

Number of Camerica Transactions



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859,299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270 444 6547 270 444 6572 fax

| SHADED AREA FOR LAB USE O | NIV CHAIN OF CU | STODY and ANALYTICAL R | E0.UE81 | Please | prii | ir led | IDIY. |
|--|--|--|--|----------------------------------|-------------------|---------------------------------|--|
| Client: | Bill To: | Send Results to: | Compliance Monitoring (c Yes ☐ No [| heck one)? | PO# | | |
| C. L. W.D 443 | | ge* | Samples Chlorinated (ch Yes ☐ No [| eck one)? | | . : | |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | VERS | H (F) | code fft) |
| Batch# | Project Name | Collected by (Signature): | MMLI Quote # (if app | icable) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (Sea Lowerr Left) |
| Sample ID# COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.ecomposite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # 0F C | MA (See | PRES (S |
| | | RT | | | | | |
| 1-21-09 OL | 00 003 | | | | | | |
| | | The state of the s | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | 1 |
| | | | | | | 1 | |
| | | | | | 1 | | - |
| 5 (2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 | | | | | | | |
| | | | | | 1 | <u> </u> | |
| 4 Finality of services pot available for all services. D | ease call. 2. Samples received unannounced with less than 4 | 8 hours holding time remaining may be subject to addition | al surcharges. 3. Lab reserves the righ | t to return unused | portions | f samples t | to client. |
| | Received By: (Signature) DATE | TIME CONDITIONS UPON RECE | IPT (CHECK ONE) | on of Sulpment (ch | ecklone); MMLI | USPo □ c | seal 🖸 lient 🖸 |
| Relinquished by: (Signature) | The state of the s | (24 hr) Incedswet/Blue C | | Shipped 4 | | | |
| Wellen Dune | 1) 11 15 ED 4-24 | 67 09:01 | YES NO NA | adin'iby. | | cation . | |
| Relinquished by: (Signature) | Received by: (Signature) | (24 hr) Custody seals present/intact?/ | | NOTES 1833 | ation of | | |
| | | GOC agree with sample Labels Correct containers to receive | | wupacton requir | | | No fil |
| Relinquished by: (Signature) | Received for MMLI by: | (24 hr) Headspace issues acceptable/ | | wilpacton reduit | | | |
| | Market Control | Preservative pHIstacceptable of washington adjusted? | | fRep 18 | 0.00 | | |
| MATRIX CODES: DW – Drinking Water GW – Ground Water SW – Solid Waste WW – Waste Water SO – Soil/Solid OL – Oil SL – Sludge SU – Surface Water | HA – Hydrochloric Acid (HCI) SH – Sodium Hydroxide (NaOH) ST – Sodium Thjosulfate NO– No | Allisamples listed on COC regularic Acid (H ₂ SO ₄) Samples properly preserved? | eivedi/IS P E Ravi | wediby. | | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Information | .` Thic Secti | ion To Be Com | oleted By Col | lector | IL AIME 1010 | | | | Ţ, | (19 0 0 P |
|--|--|---|-------------------|---------------------------------|--|-----------------|--|----------------|--------------|---|
| General Imonitation | [8 3 | 1 0 1 | | | | Compliano | 2 Period (MMYYYY) | | i. r | 0615141200H |
| | | LittM.m.bi ii | | Bi | ·W | Collection I | Date (MMDDYYYY) (All Samples Reported | d on thi | s Ferns | CEN 2 4 A U U U |
| PWS Name | WD# | + | PWS (| Jones | | | 9. 11. | , | 1). | uncan 6-24.09 |
| 1000 | .1 % | 1. <u>-</u> C | 49076 pusi | 270 | - 434-6304 | Collector N | tame Www. | (CW) | | Signatura/Dake |
| PWS Address 6 7 11/45 | ransor 1 | hur Concord Ky | TOO TO | | | | | | | Section of Addition |
| General Information | - This Sect | ion To Be Com | pleted By Lai |) | GGUUUUJA | Total Collin | om Analysis Liethod | i Code | : | (1) P |
| Lab 10 0 C | 02 | | Lab Receipt Det | e (MNDDYYYY) | The same and the s | | alysis Method Code | *********** | ******* | |
| | Λ | ١,٨ | Analysis Date (| AMDDYYYY) | 0639333 | E Coli Arti | akes money char | | 1 | 1167 (MV) |
| M_{λ} | 1 | Vhalan | 11/2 | 09 | • | Lab Supe | | SERVE P | 7 | Septembra/Dale |
| Lab Analyst | MANA | activa Contra | | - | Analysis Information - Thi | s Section To E | Be Completed | Ву | Lab | |
| Sample Information | - This Sect | ion To Be Com | pleted By Co | llector | Patialy 313 will 51 | | | | | |
| | 4 | | | | | | Resulti (Total Coliform | (P/A) | | Lab Sample Number of Original |
| TOTO SE | (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | | Free Chlorine | Total Chlorine | | Analysis Time | Count - or - | Coliform (P/A) | Coll (P/A) | Sample (Required for Repeat and/or |
| Semple Type (RT, RP, or SP) (See Ker) (See Ker) (AD, Dor Responded Semple Responded Semple Responded Semple Code (Y or Brank) | Set of Se | 1 | (Required for all | (Required when distributions is | Lab Sample Number | (24 lw) | JULC. | 8 | ·δ | Reptacement Samples) (See Instructions) |
| See 7. Se | at Loc | (24 hr) d | chloremine) | Chioramine) | | | CNFG) (Sää Käy) | Total | | |
| Semple Type (RT, RP, or 8P) (See Key) Special Bample Reson Special Bample Reseon (A. B. C. D. or El (See Key) Replacement Sample? (Y or Brank) | (3ee instructions) Repest Location Code [DN, UP, or OR) (3ee Key) | | | | | | (See seek) | 1 | | |
| # 4 T | Į-ē | 1 | | | | 7775 | | P | | |
| | | No ce | 11.95 | j.31 | HOLDICAL | | | | | |
| | | | | | | | | # | - | |
| | | | | | | | | 1 | | |
| | | | | | | | | | | |
| | | | | | | | | | <u> </u> | |
| | | | | | | | | | JL | |
| | | | | | | | | | | |
| | | | | | | | | 7 | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | <u>4}</u> | <u>.:: }</u> | i Carlina Sani Candina Anna Anna Anna Anna Anna Anna Anna A |
| | <u></u> | .]\ | | [] | | L ANALYSIS REPO | t (For Compliance) | | SF | = Special (Not for Compliance) |
| The algorithms of this form certific | y by their signstures | that collection and analys | Sample Type | | RT = Routine (For Complence) | | at Modification | | | - Line Break, Emergency Repair |
| Completed in accordance with the | e provisions of 401 M | AR Chapter & specifically and 401 KAR \$240, and | | • | A = Suspected Contamination B = New Plant, Modification, | D = Study/li | | | | E CONTRACTOR DE |
| free data autoritied on Substitute in the form | s a true and accurat | a report of the results of | (Only If Sam | pie Type = SP) | or Line Extension | | | | | R = Original São |
| collection and analysis parlames Visiations of 401 KAR Chapter 8 224,69-010, up to \$25,600 Res p | G brandener en eur en | - committee representation in K | ion Report Local | tion Code: | DN = Downstream | CP = Upske | an | | C. | / Al Plates con 2 |
| 257 48-040° at p 252 1000 Mas to 257 48-040° at p 252 1000 Mas to | r fr | | | ı | | | | | | |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270:821,7375 270:825.9200 fax

2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785-fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax

1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| CHADED ADEA | FOR LAB USE ON | ily CHAIN O | F CUST | FODY and ANALYTICAL R | EQUEST | | Please | Pipril | nt legi | DIY |
|---|---|--|---|---|--|---|----------------------------------|------------|---------------------------------|--|
| SIFADEDIANEA: | | Bill To: | | Send Results to: | Compliance Monitorin | g (check lo □ | one)? | PO# | | |
| CRWD | # 4 | | | | Samples Chlorinated Yes □ I | l (check o No 🗆 | ne)? | | | |
| Phone/Email: | | Phone/Email | | Phone/Email: | PWS ID# | STA | TE | NERS | DE Left) | CODE .eft) |
| Batch# | | Project Name | | Collected by (Signature): | MMLI Quote # (if applicable) | | e) | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate beging and temp (°C) at end time and temp (°C) at end time. | in time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fie readings, corrosive) | ld pH | Field Data pH Temp S.U. °C | | MA (See | PRESI (Se |
| | | | | RT | | | | | | |
| | 2-2003 08.00 | | | | | | | | | |
| | | | | | | | | | | 1 |
| | | | | | | ľ | | | | + |
| | | | | | | | | | | |
| | | | | | | 1 | | | | |
| | 1 | | | | | | | | | |
| | | | | | i, | | | | | |
| 1 Expedited services no | at available for all services, pl | lease call.2. Samples received unannounced with I | less than 48 ho | urs holding time remaining may be subject to addition | al surcharges. 3. Lab reserves th | e right to ret | ırn unused | portions | of samples t | o client. |
| Relinquished by: (Signates) | ture) | Received By: (Signature) | S-30-05 | TIME CONDITIONS UPON RECE (24 hr) [] (ced)wet/Blue C Ambient C (700) | Temp Temp | Methodiof(S UPS EL Date Shippe Airbil# | Ilement (CI FedEX (II) | MMLI | | lient 🗇 |
| Relinquished by: (Signa | ture) | Received by: (Signature) | DATE | TIME (24 hr) Custody-seals-present/intact? Broken containers? COC agree with sample Labels | | | | | | |
| Relinquished by: (Signa | ture) | Received for MML1 by: | DATE | TIME (24 hr) Headspace issues acceptable? Holding time(s) acceptable? Preservative pH/s acceptable? Was pH lett:unadjusted? | | Follow.up.a Clientinfon Client.Rep | ied on: <u>#</u> | | YES II | SONO EL |
| MATRIX DW - Drinking Water SW - Solid Waste SO - Soli/Solid | (CODES: GW – Ground Water WW – Waste Water OL – Oil SU – Surface Water | PRESERVATIVE CO NI – Nitric acid (HNO ₃) HA – Hydrochloric Acid (HCI) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate | DDES: SA - Sulfuric 4C - 4°C AA - Ascorbi NO- No pres | All samples listed on COC rect Samples properly preserved? Client's sample documents re cocioen relinquished? Acceptable reach sample | eived? III III III III III III III III III I | Reviewed b | | | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| | 1_£_ ~~~ | tion Th | ie Sect | ion To Be Con | nnleted By Co | EKIOLOGIC | AL ANALYSIS REPOR | | | | Annual property and the second |
|---|---|---|--|---|---|----------------|--|-----------------------------|--|----------------------|--|
| | K | 7011 | 8 0 | 549 | | | | Complian | ce Period (MMYYYY) | | 008009 |
| PWS ID | ******* | RWC | | | PWS | Contact B | ill | Collection | Date (MMDDYYYY) (All Samples Reporte | d on th | 073332003 |
| PWS Name | | | | | | | 1-436-6304 | . | 9.:00 | | duncan 7-23-09 |
| PWS Address | | | · | ig New Concor | | | 1- 130 630 | Collector | Name | | Equature Date |
| General | Informa | tion — Ti | is Sect | ion To Be Con | | | 6700000 | Total Coli | form Analysis Method | Code | 228 |
| Lab ID | C | 200 | 5/ | | | ste (MMDDYYYY) | 01202001 | | | | |
| | Λl | \ 1 | 4 | Mant | Analysis Date | MMDDYYYY) | 01222007 | | alysis Method Code | Ai | 15 7-23-09 |
| Lab Analysi | 1 | llm | <u>uy</u> | dure/Date | nilest | | | Lab Supe | | \ | Senature/Date |
| Sample | Informa | tion - Th | is Secti | ion To Be Con | pleted By Co | diector | Analysis Information – Thi | s Section 10 | se Compieted | - by | Lab |
| Sample Type Tt, RP, or SP) (See Key) iel Sample Reason | | Location Code (See Instructions) | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time | Free Chlorine (Required for all fisimlectants except Chloramine) | | | | Result (Total Coliform Count - or - TINTC - or - CNFG) (See Key) | Total Colfform (P/A) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) U (See Instructions) |
| | | | | 0.713.0 | | | AGSA 83.) | | T FROM KEY | | |
| The signatories | s of this form | certify by their s | ignatures the | at collection and snalysh | Sample Type: | | RT = Routine (For Compliance) | RP = Repeat | For Compliance) | | SP = Special (Not for Compliance) |
| completed in the including but no the data submit | coordance will not limited to 4 litted on this fo | in the provision 101 KAR 8:200, om is a true an | s of 401 RAN Section 1 and discounts M to the shows | d 401 KAR 8,040; and the results of | (Only it Outline | | A = Suspected Contamination B = New Plant, Modification, or Line Extension | C = Treatment D = Study/Inv | estigation | | E = Line Break, Emergency Repair |
| | 01 KAR Chapi 0 to \$25,000 ft | ve bet gak bet. Et 9 vte enploc | | enalties prescribed in KR I in some cases a violation | | | DN = Downstream | UP = Upstress | m | | OR = Original Site |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270:821.7375 270:825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299.7775 859;299.7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA | FOR LAB USE O | DNEY CHAI | NEOF GUS | stioidh ang annalyanicalear | EUUEƏI | Fleas | | iit ieg | IUIY: |
|--|---|---|---|---|---|--|-----------------|---------------------------------|--|
| Client: | | Bill To: | | Send Results to: | Compliance Monitoring (o | heck one)? | PO# | | |
| CiRi | U,D #1 | | | The state of the s | Samples Chlorinated (cl | neck one)? | | | |
| Phone/Email: | | Phone/Email | | Phone/Email: | PWS ID# | STATE | VERS | DE eft) | ODE (t) |
| Batch# | | Project Name | | Collected by (Signature): | MMLI Quote # (if app | licable) | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# | COLLECTION DATE TIME (24 h | | ite begin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MAT (See | PRESE (Ser |
| | ro Posso | 30 004 | | RT | | | | | |
| | | | | (A) | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | <u> </u> | | | 440 | | | | | |
| | | [일] (14 (12) (2) (2) (1 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2 | | | | | | | |
| | | | * | 15. Control of the co | | | | | |
| | | | | | | | | | |
| | Ž | | | | | | | | 1 |
| | | | | ours holding time remaining may be subject to addition | al surcharges 3.1 ab reserves the righ | t to return unused | portions o | f samples to | client. |
| -1. Expedited services no | ot available for all services, I | please call. 2. Samples received unannounce | T . | The state of the s | CONTRACTOR OF THE PROPERTY OF | of Shinmentich | ckone): | US Por | star 🖸 🧸 |
| Relinquished by: (Signat | ture) | Received By: (Signature) | 7-92-0 | TIME CONDITIONS UPON: RECE (24 hr) Glicedwet/Blued Conditions (24 hr) Glicedwet/Blued Conditions (24 hr) Glicedwet/Blued Conditions (25 hr) Glicedwet/Blued Conditions (24 hr) Glicedwet/Blued Conditions (25 hr) Glicedwet/Bluedwet/B | | od of Shipment (che Bis) Fedex Bis Shippedia: | MMU | □ di | |
| Relinquished by: (Signal | | Received by: (Signature) | DATE | TIME (24 hr) Gustogy-seals present/intact? | YES NO NA CLOGG | d in by | es Sau Loi | cation: | |
| | | | | Brokenscontainers? COC.agreeswith.sample/Labels | | VOTES | | | |
| Relinquished by: (Signat | ture) | Received for MMLI by: | DATE | TIME— (24hr) Headspace issues acceptable?/ Holding time(s) acceptable?/ Preservative.pH/s/acceptable? | D D D Clien | wupactionreguled | 23 - 1-52 Mar V | YES⊡ Fi | |
| DW - Drinking Water SW - Solid Waste SO - Soli/Solid St - Studge | CODES: GW Ground Water WW Waste Water OL Oil SU Surface Water | PRESERVAT NI – Nitric acid (HNOs) HA – Hydrochloric Acid (HCl) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate | IVE CODES: SA – Sulfuri 4C – 4°C AA – Ascort NO – No pre SS – Sodiur | servative COCIDE I I I I I I I I I I I I I I I I I I | vedc | Rept | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Info | ieneral Information – This Section To Be Completed By Collector | | | | | | | | | | | | |
|---|---|--|--|---|--|--|----------------------------------|---------------------------------------|---|--|--|--|--|
| PWS ID | K Y 0 1 | | | | • | างได้ | Complian | ice Period (MMYYYY) | | | | | |
| PVVS Name | CRWI | D 井2 | 2 | PW | S Contact | 314 | Collection | Date (MMDDYYYY) (All Samples Reported | C 7 3 9 & 0 0 3 | | | | |
| PWS Address | 69 man | giurb | to New Conco | zd Ky 420760w | s Phone 97 | 0-436-6304 | Collector | Name Quillio | m duncan 7-22-09 | | | | |
| General Info | rmation - T | his Sec | tion To Be Co | mpleted By L | ab | | | | | | | | |
| Lab ID | 000 | | | | ate (MMDDYYYY) | 07222009 | Total Coli | form Analysis Method (| ··· 338 | | | | |
| | | ~ √ √ | | Analysis Date | (WWDDYYYY) | 07222005 | 7 E Coli An | E Coli Analysis Method Code | | | | | |
| Lab Analysi | Mund | W | Martin | 11/22/0 | 9 | | Lab Supe | ervisor | \$5 7-23-09 | | | | |
| Sample Info | rmation - Ti | nis Sect | tion To Be Cor | mpleted By Co | ollector | Analysis Information – Th | is Section To l | Be Completed I | | | | | |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Reason (A, B, C, D, or E) (See Key) Reblacement Sample? | | Repest Location Code (DN, UP, or OR) (See Key) | Sample Time | Free Chlorine (Required for all disinfectants except Chloramine) | Total Chlorine (Required when disinfectant is Chloramine) | Lab Sample Number | Analysis Time (24 hr) | Pocuit | Lab Sample Number of Original Sample Sample (Required for Repeat and/or Replacement Samples) (See Instructions) | | | | |
| RETURN | 0014 | | 08116 | | | AG8H8 3() | 7600 | | A | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | 771 | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| <u> </u> | BACTERIOLOGICAL ANALYSIS REPORT FROM KEY | | | | | | | | | | | | |
| the water sample analy | gred and the resulting | g data hereb | at collection and analysis y submitted, were | Sample Type: | | RT = Routine (For Compliance) | RP = Repeat (F | or Compliance) | SP = Special (Not for Compliance) | | | | |
| completed in accordant including but not limite the data submitted on collection and analysis Violations of 401 KAR 6 | on with the provisions of to 401 KAR 6:200, if this form is a true and performed pursuant Chapter 8 are subject | of 401 KAR Section 1 and accurate re- to the above- to severe pe | Chapter 8, specifically d 401 KAR 8:040; and the port of the results of referenced regulations. malties prescribed in KR | (Only it Sampl | | A = Suspected Contamination B = New Plant, Modification, or Line Extension | | | | | | | |
| 224,99-010, up to \$25,0 | 000 fine per day per v | fotation and | In some cases a violation | Repeat Locatio | on Code: | DN = Downstream | UP = Upstream OR = Original Site | | | | | | |

Kinks & Cample Time - DE



PO Box 907 * 825 Industrial Rd. Madisonville; KY 42431 270.821:7375 270.825:9200 fax. 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA | FOR LAB USE ON | ily Chain O | | STODY FIGURANIALYTHOPALER | EQUESI | | aleas. | 3 | in ilea | L Y |
|---------------------------|---|--|--|--|--|---|-----------------------|---------------|---------------------------------|--|
| Client: | | Bill:To: | | Send Results to: | Compliance Monitorii Yes □ | ng (check No □ | one)? | PO# | | |
| CIRIL | 1,D #Z | | | | Samples Chlorinated Yes ⊡ | d (check c No □ | ne)? | | | |
| Phone/Email: | | Phone/Email | | Phone/Email: | PWS ID# | STA | TE | VERS | DE eff) | ope r) |
| Batch# | | Project Name | | Collected by (Signature): | MMLI Quote # (if | applicabl | e) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate beging the conditions and temp (°C) at end to the conditions and temp (°C). | n time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fle readings, corrosive) | ld pH | Id Data Temp °C | #OFC | MAT (See | PRESE (Se |
| | 7-22-07 863 | 004 | | RT | | | | | | |
| | | | • | | | | | | | |
| | | | | | | | | | | |
| | | | | | \.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\. | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1 Expedited services not | available for all services, ple | ase call. 2. Samples received unannounced with le | ess than 48 h | I ours holding time remaining may be subject to additiona | al surcharges. 3. Lab reserves the | right to retu | rn unused | portions o | f samples to | client. |
| Relinquished by: (Signatu | | Received By: (Signature) | DATE | | | Method of Sh UPS 🔲 | ipment (chi | ckrone): | US Pos | |
| a.M. | | 0 1/2/-2 | 7-23-9 | TIME CONDITIONS UPON RECE (24 hr) Gloed we visite Conditions UPON RECE (24 hr) Gloed we visite Conditions UPON RECE (24 hr) Gloed we visit Conditions UPON RECE (25 hr) Gloed we visit Conditions UPON RECE (25 hr) Gloed we visit Conditions UPON RECE (26 hr) Gloed we visit Conditions UPON RECE (27 hr) Gloed we visit Conditions UPON RECE (27 hr) Gloed we visit Conditions UPON RECE (28 hr) Gloed we visit Conditions UPON RECE (27 hr) Gloed We visit Conditions UPON | Temp 🔲 N/A), | Date Shipped | | | | |
| William No | ven 1 | Received by: (Signature) | DATE | TIME | | Airbil# .oaaed in by | | Salva Lo | cation; | |
| Relinquished by: (Signatu | ire) | eceved by toights of | | (24 hr) Gustody seals present intactic Broken containers 7: | | AB NOTES | | | | |
| | | | DATE | GOC-agree with sample Labelsi TIME Comect containers for testing? | | Follow up act | 经产品的 | | | No 🖽 |
| Relinquished by: (Signatu | ıre) | Received for MMLL by: | | TIME (24 hr) Headspace issues acceptable? Holding time(s) acceptable? Preservative pH space epitable? WasipH left unadjusted? | | Clienginform | | | | |
| | GW - Ground Water WW - Waste Water OL - Oil SU - Surface Water | PRESERVATIVE COL NI – Nitric acid (HNO ₃) IA – Hydrochloric Acid (HCl) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate ZN – Zinc acetate | I SA – Sulfuri 4C – 4°C AA – Ascort NO – No pre SS – Södlur | All samples listed on COC receing All samples properly preserved? ic Acid (H ₂ SQ ₄) ic Acid (GoC been relinquished? iservative | | Client Repy By Leading Reviewed by Date: | | | | |

224.99-010, up to \$25,000 fine per day per violation and in some cases a violation

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

BACTERIOLOGICAL ANALYSIS REPORT FORM General Information — This Section To Be Completed By Collector

| PWSID | к | Y 0 1 | 8 0 | 50Z | | | | Complian | ce Period (MM/YYYY) |) | 73009 |
|---|--|--------------------------------------|---|--|---|--------------------------------|---|--------------------------|--------------------------|-------------------------------------|--------------------------------------|
| PWS Name | | CRWI | | | ' . PW | S Contact | Lill . | Collection | Date (MMDDYYYY) | | 07888005 |
| PVVSIVaire | - | | | | | | 0-436-6304 | | (All Samples Reporte | i | n 09 an |
| PWS Addre | | | 3 | Ag New Conco | | | 0-130 8307 | Collector | Name Wilk | am | Spanner Date |
| General | Inform | nation — T | his Sec | tion To Be Co | npleted By L | ab | | 5 | | | 2116 |
| Lab ID | ξ | DBC | 3/ | | Lab Receipt D | Date (MMDDYYYY) | 07222007 | Total Coli | form Analysis Method | d Code | 200 |
| | 100 | . | | \ [| Analysis Date | (MMDDYYYY) | 0/222007 | E Coli An | allysis Method Code | \mathcal{M} | |
| Lab Analysi | ∄ | rwgr | <u> </u> | butw | 1/03/09 | | | Lab Supe | rvisor | 7)/ | Specime Date |
| Sample | Inform | ation - Ti | nis Sect | tion To Be Cor | npleted By C | ollector | Analysis Information – Th | is Section To I | Be Completed | ByLa | b |
| 5 | Kery) | | (e _y) | | | | | | Result | 2 | |
| SP) | Sample Sample | Location Code (See Instructions) | See I | | Free Chlorine | Total Chiorine | | | (Total Coliform Count | Total Colform (P/A) E Coll (P/A) | Lab Sample Number of Original Sample |
| RP, or | or Blan | ation C Instruc | Locati or OR) | Sample Time (24 hr) | (Required for all disinfectants except | (Required when disinfectant is | Lab Sample Number | Analysis Time (24 hr) | -or- | Coliform (F | |
| Sample Type (RT, RP, or SP) (See Key) | R.C. D. or E) (See Replacement Sampli (Y or Blank) | Loca See | Repeat Location Code (DN, UP, or OR) (See Key) | | Chloramine) | Chioramine) | | | CNFG) (See Key) | Total | (See Instructions) |
| S S | ₹8 | | æ é | | | | | | | | |
| RITI | | 004 | | 0600 | 11.194 | | HERHEHILL | <i>160a</i> | | A | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | 44 | | | | | | | | | | |
| | | | | | | | | | | | |
| | BACTERIOLOGICAL ANALYSIS REPORT FROM KEY | | | | | | | | | | |
| The signatories | of this form | certify by their s | ignatures the | at collection and analysis y submitted, were | of Sample Type: | | RT = Routine (For Compliance) | RP = Repeat (F | | SP | = Special (Not for Compliance) |
| completed in so | condance w t limited to | ith the provision: 401 KAR 8:200, | of 401 KAR Section 1 and | Chapter 8, specifically d 401 KAR 8;040; and th port of the results of | Special Sampl (Only If Sampl | | A = Suspected Contamination B = New Plant, Modification, | | | | Line Break, Emergency Repair |
| collection and a | nalvels pari | travenue bermo | to the above | referenced regulations. mattes prescribed in KR | | | or Line Edension | | | | |

UP = Upstream

DN = Downstream

Repeat Location Code:

OR = Original Site



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax 5510 Fern Valley Rd. Suite 104 Promenade Pavilion Louisville, KY 40228 502.961.0001

| SHADED AREA | FOR LABUSE | only CHAIN | A OF CUS | STODY and ANALYTICAL I | NEONESIL: | Pleas | e pri | nt/lec | Jiply |
|---|--|---|---|--|--|--|-------------------|---------------------------------|--------------------|
| Client: | | ВјјГо: | | Send Results to: | Compliance Monitoring Yes □ No | (check one)? | PO# | | |
| CiRiu | UND #3 | | | | Samples Chlorinated (o Yes ☐ No | check one)? | | | |
| Phone/Email: | | Phone/Email | 14. | Phone/Email: | PWS ID# | STATE | ERS | ∄ (£ | DE |
| Batch# | | Project Name | | Collected by (Signature): | MMLI Quote # (if ap | plicable) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE |
| Sample/ID# | COLLECTION DATE TIM (24 I | SAMPLE DESCRIP E Composite samples indicate | e begin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF CC | MATI (See I | PRESEF |
| | o pack | 00 004 | | RT | | | | | |
| | | | | | | | ļ | | |
| | | | | | | | | | |
| | | | | | ·. | | | | |
| | | | | | | | ļ | | _ |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | _ |
| | | | | | | | | | |
| 1. Expedited services not a | vailable for all services, | please call. 2. Samples received unannounced | with less than 48 ho | urs holding time remaining may be subject to addition | | The second control of the second second | m-magnetic secret | POLICE STANDARDS | PERIOD STEER CHAST |
| Relinquished by: (Signature | a) ^-co | Received By: (Signature) | > 7-22-0° | TIME CONDITIONS UPON REC (24 hr) | EIRT (CHECK ONE) Metricing UPS Temp SELIVIA PS Date Airpi | od of Shipment (chi FedEx Shipped | eckone) MMLI | US Po | |
| Relinquished by: (Signature |) | Received by: (Signature) | DATE | TIME (24 hr) Custody seals present/intact? Broken containers? IGOG/agree with sample Labels Correct containers for testing | YES NO NA LOSS III III III III III III III III III | ediniby Notes | Lo | cation: | |
| Relinquished by: (Signature | a) | Received for MMLI by: | DATE | (24 hr) Headspace issues acceptable? | | wiup action require | | | |
| SW - Solid Waste W SO - Soil/Solid O | DDES: W Ground Water W Waste Water L Oil U Surface Water | PRESERVATIV NI – Nitric acid (HNO ₃) HA – Hydrochloric Acid (HCI) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate ZN – Zinc acetate | E CODES: SA — Sulfurlo: 4C — 4°C: AA — Ascorbic NO— No presi | : Acid Client's sample documents rec ervative COC been relinquished? | | (PRepression of the Property o | | | |

may subject the visitor to potent.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General In | | | tion To Be Con | upleted By Co | ollector | | | | | <u>:</u> : |
|--|--|---|------------------------------|--|--|--|--------------------------|--|--|-----------------|
| PWS ID | K Y 0 | 8 3 | 1:06 | | ^ | · // / / / / / / / / / / / / / / / / / | Complian | nos Period (MISYYYY) | | |
| PVVS Name | CRW. | D # | 4 | PWS | Contact | LII | Collection | n Date (MMDDYYYY) (All Samples Reported o | 00000 9 200 000 000000000 000 0000000000 | 095 |
| PVVS Address | عرف عام | | New-Concord K | | | 1 - 434-4304 | Collector | Name Willia | m Duncan 7-23 | <u>4.07</u> |
| General Ir | mormation - T | his Sec | tion To Be Con | npleted By L | ab | | | | | |
| Cab ID | CCD | 3/ | | Lab Receipt D | ale (MMDDYYYY) | 07222009 | Total Col | Borm Analysis Method (| · 328 | |
| | 100. | M | 1-1- | Analysis Date | (MMDDYYYY) | 07222009 | E Coli An | natysis Method Code | | |
| Lab Analysi | 1 Ulina | WI | artin | 7/23/09 | | | Lab Supe | ervisor | 7.23-09 Squareffet | |
| Sample In | formation - T | his Sect | tion To Be Com | pleted By Co | ollector | Analysis Information - Th | is Section To | Be Completed E | By Lab | |
| Sample Type (RT, RP, or SP) (See Ker) Special Sample Reason (A. B. C. D. or Er (See Ker) | 7 7 | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time | Free Chloring (Required for all isinfectants except Chloramine) | Total Chlorine (Required when distrisctant is Chloramine) | Lab Sample Number | Analysis Time (24 hr) | Decut | Lab Sample Number of Sample (Required for Repeat of Replacement Sample (See Instructions | end/or oles) |
| RIT | OILY | | 0 2 0 0 |]]]]] | | HEBUSUBLI | 700e | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | BACTERIOLOGICAL | ANALYSIS REPORT | T FROM KIEY | | |
| | sis form certify by their s resigned and the secuting | | it collection and analysis o | Sample Type: | | RT = Routine (For Compliance) | RP = Repeat (f | For Complianor:) | SP = Special (Not for Compliance | e) |
| completed in accer | rdense with the provisions | of 401 KAR | Chapter & specifically | Sandal Samul | s Reason; | A = Suspected Contemination | C = Treatment | | E = Line Break, Emergency Repa | 蛤 |
| the data submitted | en this form is a true and | i accumba rej | | (Only If Sample | | B = New Plant, Modification, | D = Study/inve | stigation | | |
| | lysis performed pursuant AR Chapter & are subject | | | | | or Line Extension | | | | |
| | 25,000 fine per day per v | | | Repeat Locatio | n Code: | DN = Downstreem | UP = Upstresm | 1 | OR - Original Site | |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821;7375 270.825;9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA | FOR LAB USI | ONLY | CHAIN | OF CU | STODY and ANALYTICAL I | REQUIENT | - Pleas | e pri | nt leg | Jibly. |
|--|---|----------------------|--|---|--|---|----------------------------|--------------|---------------------------------|--|
| Client | | | Bill To: | | Send Results to: | Compliance Monitoring (| check one)? | РО# | | |
| CIRW | ND#4 | | | · | | Samples Chlorinated (c Yes □ No | | un se | | |
| Phone/Email: | | | Phone/Email | <u>.</u> | Phone/Email: | PWS ID# | STATE | ERS | eff.) | ope t) |
| Batch# | | | Project Name | | Collected by (Signature): | MMLI Quote # (if app | olicable) | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# | [6] | IN IME 4 hr) | SAMPLE DESCRIPT Composite samples indicate of end time and temp (°C) at e | begin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field ph Temp readings, corrosive) S.U. °C | | | MAT (See I | PRESE! |
| | 7-92-09 0 | 800 | 014 | | RT | | | | | |
| | | | | | | | | | <u></u> | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | *- | | | | | | |
| | | | | | | | | | | |
| F00-25 2000-2014-20 | | 3 | | | | | | | | |
| | | | all 2 Samples reserved unapprounced w | ith less than 48 h | nours holding time remaining may be subject to addition | al surcharges, 3, Lab reserves the righ | t to return unused | portions o | f samples to | o client. |
| | | AND VICE | | DATE | | | ad of Shipment /che | ck one) s | IIS Pos | |
| Relinquished by: (Signat | ture) | Receiv | ved By: (Signature) | 5 7-22-0 | (24 hr) Gliced wet/Blue | Temp UPS | □ SFédEx □ S Shipped' # | MMLI | | ient □ |
| h dlan | Division | | and the | | | Airbil | # | | | |
| Relinquished by: (Signal | ture) | Receiv | ved by: (Signature) | DATE | TIME (24 hr) Gustody seals present/intact? | MES NO NIA LOGGIO | ed in by | <u>la</u> Lo | ation | |
| | | | | | Broken containers? GOC agree with sample Labels | | NOTES: | | | |
| Relinquished by: (Signa | ture) | Receiv | ved for MMLI by: | DATE | TIME (24 hr) Feadspace issues acceptable? Holding time(s) acceptable? | 7 | wuplaction.required | | YES□ | |
| | | | en de la companya de La companya de la co | | Preservative pH's acceptable? | Clien Clien | t informed on: | | | |
| MATRIX DW - Drinking Water SW - Solid Waste SO - Soli/Solid SL - Sludge | CODES: GW - Ground Water WW - Waste Water OL - Oil SU - Surface Water | HA-H SH-S ST-S | PRESERVATIVE itric acid. (HNO ₃) lydrochloric Acid. (HCI) Sodium Hydroxide. (NaOH) Sodium Thiosulfate. Inc acelate | SA – Sulfuri 4C – 4°C AA – Ascort NO – No pre SS – Sodiur | servative | Client Ved? | Wedity | Jack St | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Info | rmation - T | his Sect | tion To Be Co | mpleted By C | ollector | | | | | | | |
|---|---|---|--|--|--|-----|---|--------------------------|--|----------------------|--------------|--|
| PWSID | K Y 0 [| 8 0 | 9:45 | | | _ | .00 | Complia | nce Period (MMYYY | Y) | | 0 2 8 0 0 9 |
| PVVS Name | CRWI | # (| 1 | PW | 'S Contact | | ill | Collectio | n Date (MMDDYYY) (All Samples Repor | | this For | [(17) Q S Q O O S C C C C C C C C C |
| PWS Address | 69 Man | thrulg | to New Concd | zd Ky 420760w | S Phone | 70 | - 436-6304 | Collector | Name Will | lar | n d | Juncan 7-59-69 |
| General Info | rmation - T | his Sect | ion To Be Co | mpleted By L | ab | | | | | | | |
| Lab ID | ඊරට් | 97 | | Lab Receipt D | zate (MMDDYYYY) | | 02191009 | Total Col | liform Analysis Meth | od Coo | de | |
| | a 1 | .ΔΔ | | Analysis Date | (WWDDYYYY) | | 279992009 | E Coli A | nalysis Method Code | | _ | |
| Lab Analyst | llind | 4111 | atter | 13du9 | | | | ' Lab Sup | ervisor | 14 | M | 7/900 |
| Sample Info | rmation - Th | | | mpleted By C | ollector | _ | Analysis Information – Th | is Section To | Be Complete | d Ву | Lab |) |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Reseon (A. B. C. Or E) (See Key) Replacement Sample? | | Repest Location Code (DN, UP, or OR) (See Key) | Sample Time (24 hr) | Free Chlorine (Required for all distinfactants except Chloramine) | Total Chlorine (Required when disinfectant is Chloramine) | | Lab Sample Number | Analysis Time (24 hr) | Result (Total Coliform Count - or - TNTC - or - CNFG) (Sée Key) | Total Colliorm (P/A) | E Coll (P/A) | Leb Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| | ठिठिड | | 0 7 3 6 | 11.413 | 11.49 | | AG865911 | 1500 | | 7 | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | |) () | |
| | | | | | | | | |) iii | | | |
| | | | | | | | | | | | | |
| | ا (د۱۱۱۱۱۱. | | | | <u>(\)</u> | J [| BACTERIOLOGICAL | ANALYSIS REPOR | FROM KEY | | | |
| The signatories of this the water sample analy | zed and the resulting | data hereby: | submitted, were | Sample Type: | | | RT = Routine (For Compliance) | RP = Repeat (| For Compliance) | | SP= | Special (Not for Compliance) |
| completed in accordant | os with the provisions d to 401 KAR 8:200, 5 | of 401 KAR C Section 1 and | Chapter 8, specifically 401 KAR 8:040; and th | Special Sampl | | | A = Suspected Contamination | C = Treatment | | | E≖U | ine Break, Emergency Repair |
| the data submitted on the | this form is a true and performed pursuant 1 | qor etenucos n-evoda erit o | ont of the results of eferenced regulations. | (Only if Sampl | e Type = SP) | | B = New Plant, Modification, or Line Extension | D = Study/Inve | enBariou | | | |
| Violations of 401 KAR (224.99-010, up to \$25, may subject the violato | 100 fine per day per v | so sovere pen lotation and in | some cases a violation | Repeat Location | | | DN = Downstream | UP = Upstream | 1 | | OR= | Original Site |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299.7775 859:299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| TO STATE OF THE PARTY OF THE PA | V FOR LAB U | | Bill To: | CUSTODY and ANALYTICA Send Results to: | Compliance Monitorin | ig (check one)? No □ | PO# | , | |
|--|--|-------------------------|--|--|--|---|---------------|---------------------------------|-------------------|
| lient: | HO N. | | | | Samples Chlorinated Yes ☐ | d (check one)? No □ | | | |
| hone/Email: | | | Phone/Email | Phone/Email: | PWS ID# | STATE | OF CONTAINERS | ODE Left) | ECODE |
| atch#2 | | | Project Name | Collected by (Signature): | MMLI Quote # (if | | CONTA | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE |
| Sample ID# | COLLEC DATE | TION TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin t end time and temp (°C) at end time | SAMPLE ANALYSIS REQUEST | (i.e. composito, g) | eld pri remi | # OF (| MA (Sec | PRE |
| | 1975-05 1975-05 | 9330 | 005 | RT | | | | | \perp |
| | | | | | | | | | |
| | | | | | | | | | + |
| | | | | | | | | | - |
| | | | | | | | | | |
| | | | | | | | | | + |
| | | | | | to additional surcharges. 3. Lab reserves t | he right to return unu | sed portion | s of samples | to clie |
| Expedited services | 新 s not available for all | | | s than 48 hours holding time remaining may be subject DATE TIME CONDITIONS. UP | ON RECEIPT (CHECKIONE) | Methodiof Shipmen | t (check one | a): (Kusi ILI 🗖 🗀 | ostal Client |
| Relinquished by: (Sig | gnature) | Rec | eived By: (Signature) | 7-1)(9 09c0 国 Ambient | G Temp □ N/A | Date Shipped: Airbill#: | | Location: | |
| Relinquished by: (Sig | | Rec | ceived by: (Signature) | (24 hr) Custody seals preser Broken containers? | | LAB/NOTES | | | |
| Relinquished by: (Si | ignature) | Ret | ceived for MMLI by: | DATE TIME (24 hr) Headspace (ssues ac Holding time(s) accer | otable? Septable? Georgia Grant Gr | Followup action of Glient informed on Client Rep. | E 12 NOT | | |
| MAT DW – Drinking Water SW – Soild Waste SO – Soil/Solid | TRIX CODES: GW - Ground Way WW - Waste Way OL - Oil SU - Surface Way | ter HA | – Nitric acid (HNO3) (– Hydrochloric Acid (HCI) | The state of the s | eserved? | By Reviewed by Date: | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

BACTERIOLOGICAL ANALYSIS REPORT FORM

| General I | mom | nauon – I | nis Sec | tion to be co | impieted by c | Ollector | | | | | | | | | |
|---------------------|---|-------------------------------------|---|--|--|----------------------------------|----|-------------------------------|----------|--------------------------|--|----------------------|-----------------|--|--|
| PWS ID | | | | [2](0](9] | | | | ιΩΩ | | Complian | nce Period (MMYYY) | n | | 078009 | |
| PVVS Name | _ | CRW | D井 | <u> S</u> | PW | S Contact | Bi | Щ | | Collectio | n Date (MMDDYYYY (All Samples Report | | this Fo | 10 7 9 9 4 0 0 📆 | |
| PWS Address | , (| og mas | ghiri | As New Conco | w Ky 42076pw | S Phone <u>27</u> | 70 | - 436-6304 | | Collector | Name <u>Will</u> | kar | n d | Duncan EgeneralDate | |
| General I | nform | nation - T | his Sec | tion To Be Co | mpleted By L | ab | | | | | | | | | |
| Lab ID | | QD 2 | | | | Date (MMDDYYYY) | | 07181009 | , T | Total Col | ilorm Analysis Metho | d Co | cose <i>028</i> | | |
| | | | | | Analysis Date | (мморуууу) | | 07252005 | | E Coii Ar | natysis Method Code | | | | |
| Lab Analyst | <u></u> | Munc | You | Jarthal | 130g | | | | | Lab Sup | ervisor | J. | | Square Square | |
| Sample h | nform | ation - Ti | his Sec | tion To Be Co | mpleted By C | ollector | | Analysis Information - Th | his | Section To | Be Completed | 1 Ву | Lat | b | |
| , 100 | (A. B. C. D. of E.) (See Key) Replacement Sample? (Y. or Blank) | Location Code (See instructions) | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time (24 ft/) | Free Chlorine (Required for all distinfectants except Chloramine) | Total Chlorine (Required when | | Lab Sample Number | | Analysis Time (24 hr) | Result (Total Coliform Count - or - TINTC - or - CNFG) (See Key) | Total Coliform (P/A) | E Coll (P/A) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) | |
| RT | | n o s | | 0636 | 11.311 | 11.37 | | AG843941 | Ī | 1200 | | 1 | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | 1 | | 3 | | | | | | |
| | | | | | | | | | 7 | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | *** | | | | | | |
| | | | | | | | | | Ŧ | | | | | | |
| | | | | | | | | | | | | 3 3 | | | |
| | | | | | | | | | 3 | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | <u></u> | | Ŀ | | <u> </u> | | <u> </u> | `i | <u></u> | | |
| | | | | | [| | | BACTERIOLOGICAL | LA | | | | | | |
| ne water sample | analyzed | and the resulting | g data hereb | at collection and analysi y submitted, were | Sample Type: | | | RT = Routine (For Compliance) | | RP = Repeat (| or Compliance) | | SP= | Special (Not for Compliance) | |
| netuding but not | imited to | 401 KAR 5:200, | Section 1 and | Chapter 8, specifically d 401 KAR 8:040; and the | Special Samp | | | A = Suspected Contamination | | C = Treatment | | | E=L | ine Break, Emergency Repair | |
| he data submitte | d on this ! | om is a true and | accurate re | port of the results of referenced regulations. | (Only If Sampl | e Type = SP) | | B = New Plant, Modification, | | D = Study/Inve | sugation | | | | |
| /lotations of 401 h | Chap | der B we subject | to severe pe | malties prescribed in KR in some cases a violatio | S Beneat I conti | on Code: | | or Line Extension | | UP = Linstream | ······································ | | OR= | Oriolnal Sita | |



PO Box 907 * 825 Industrial Rd. Madisonville; KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LAB USE ONL | y Chain of Gu | STODY and ANALYTICAL R | EQUEST | Please | pri) | nt legi | IDIY. |
|---|--|--|--|--|------------------|--|---|
| Client: | Bill To: | Send Results to: | Compliance Monitoring | (check one)? | PO# | | |
| CKMD # J | | | Samples Chlorinated Yes ☐ No | (check one)? o □ | | | |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | OF CONTAINERS | DE .eft) | CODE |
| Batcn# | Project Name | Collected by (Signature): | MMLI Quote # (if applicable) | | | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample D# COLLECTION DATE TIME (24.hr) | SAMPLE DESCRIPTION Composite samples indicate begin time; end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MAT (See | PRESE (See |
| 72947 0630 | 60 S | RT | | | | | |
| 1.71-1.72.70 | | | | | | | |
| | | | | | | | |
| | | | | | ļ | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | <u> </u> | | |
| | | | | | | | ļ |
| | | | · | | <u></u> | | <u> </u> |
| Expedited services not available for all services, please | call. 2. Samples received unannounced with less than 48 | hours holding time remaining may be subject to additiona | il surcharges. 3. Lab reserves the r | ight to return unused | portions o | f samples to | client. |
| | eived By: (Signature) DATE | TIME GONDITIONS UPON RECE (24 hr) God wet/Blue CV | IPT (CHECK ONE). M Temp UF | ethod of Shipment (che Sill to Fedex [] | ck one): MMLI | US POI | stal 🔲 lent 🗍 |
| a, W' | Paul Plast 1719 | Ambient Acceptable Conformation | Temp. LL N/A | te Shipped: rbill# | | | |
| Relinquished by: (Signature) Rec | eived by: (Signature) DATE | TIME (24 hr) Custody seals present/intact? | YES NO NA | gged in by | Lo | cation: | T TO |
| | | Broken containers? | | BNOTES | | eskie state Postepsiese Soupe planes | 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |
| Relinquished by: (Signature) Rec | elved for MMEI by: DATE | TIME (Correct containers for testing?) Pleadspace issues acceptable? Holding time(s) acceptable? Preservative phi scacceptable. | | llowup action require ient informed on; | | YES [] | No.□ |
| SW - Solid Waste WW - Waste Water HA | Hydrochloric Acid (HCI) 4C – 4 ^a C Sodium Hydroyde (NaOH) AA – Asco | eservative | □ □ □ 8 sived?(□ □ □ R | viewed by | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General | | | | Completed by | -Oilecroi | | | | grandinary grand granding of the f |
|--|--|---|--|--|----------------------------------|--|---------------------------------|---|--|
| PWS ID | KY | 0 1 8 | 0 5 6 B | · | , | · +00 | Complian | nce Period (MMYYYY) | C73009 |
| PWS Name | <u>2</u> | RWD | <u># 3</u> | PV | rs Contact | Lill | Collectio | n Date (MMDDYYYY) (All Samples Reported | on this Form were Collected on this Date.) |
| PWS Address | 69 | Margh | write New Cor | cord Ky 43076on | rs Phone 97 | 0-436-6304 | Collector | Name Willio | in Duncan 7-29-09 Boundary |
| General I | nformati | on — This | Section To Be | Completed By I | ab | | | | |
| Lab ID | | වව ර | | | Date (MMDOYYYY) | 0>18 1009 | Total Col | liform Analysis Method (| code 02 9 |
| | Λ, | . — | $\Lambda\Lambda$ | / Analysis Date | (MMDDYYYY) | 07999009 | E Coli Ar | nalysis Method Code | |
| Lab Analysi | 7 Uu | rdy | Martin | ग्रीमीन | · | | Lab Sup | ervisor | Signatura VOV09 |
| Sample Ir | nformati | on - This | Section To Be | Completed By C | ollector | Analysis Information – Th | is Section To | Be Completed I | 3y Lab |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Reason | | | Sample Time (24 hr) | Free Chlorine | Total Chlorine (Required when | Lab Sample Number | Analysis Time (24 hr) | Result (Total Coliform Count - or - TNTC - or - CNFG) (See Key) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| 37 | 1 7 | 0 5 | 0 70 | | 11.11 | A680407 | 1200 | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | <u></u> | | | | BACTERIOLOGICAL | ANALYSIS REPOR | T FROM KEY | and Sandian Association Association Control |
| The signatories of | f this form certi | fy by their signs | tures that collection and ar | Sample Type | · | RT = Routine (For Compliance) | | For Compliance) | SP = Special (Not for Compliance) |
| completed in accordance including but not in the data submitted collecting and aux | ordance with the imited to 401 is d on this form is sively performe | e provisions of 4 CAR 8:200, Section a true and acc d pursuant to the | a hereby submitted, were 101 KAR Chapter 8, specific ion 1 and 401 KAR 8:040; a unate report of the results e above-referenced regular evere parallies prescribed | Special Samp of Conty If Samp tions. | le Rezson: | A = Suspected Contamination B = New Plant, Modification, or Line Extension | C = Treatment D = Study/Inve | Modification | E = Line Break, Emergency Repair |
| 224,99-010, up to | 125,000 fine p | er day per violat | ion and in some cases a vi | olation Repent Locat | on Code: | DN = Downstream | UP = Upstrean | n | OR = Original Site |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299:7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA | FOR LAB USE 0 | NLY CHAIN | | STEOLDY SING FANIALBY HOYALES | EQUEST = | Pleas | e pri | nt leg | iDIY. |
|-------------------------------------|--|---|---|---|--|--|---------------|---------------------------------|--|
| Client: | ALCO LACTOCICA CONTRACTOR TO STATE OF THE ST | Bill To: | | Send Results to: | Compliance Monitorin Yes 🗆 | ng (check one)? No □ | РО# | | |
| C K (M) N | # 3 | | | | Samples Chlorinated Yes ☐ | d (check one)? No □ | | | |
| Phone/Email: | | Phone/Email | | Phone/Email: | PWS ID# | STATE | VERS | DE eft) | ODE |
| Batch# | | Project Name | | Collected by (Signature): | MMLI Quote # (if | applicable) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| :Sample?ID# | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTIO Composite samples indicate be end time and temp (°C) at end | egin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fle readings, corrosive) | ld pH Temp | # OF C | MAT (See | PRESE (Set |
| | 775.09 060 | .0 005 | | KT | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | - | | |
| | | | | | Laurehausen 2 Lab recopyes the | right to return unused | I portions o | f samples to | client. |
| 1. Expedited services not | avallable for all services, pl | ease call. 2. Samples received unannounced with | | ours holding time remaining may be subject to additionations TIME CONDITIONS UPON RECE | | | | | |
| Relinquished by: (Signatu | ıre) | Received By: (Signature) | DATE | (24 hr) Ced.wet/Blue C | IPI GHECK ONE Temp Temp :: □N/A | Method of Shipment (cl IPS ☑ Fedex: ☑ | MMLI | □ ci | ient 🗖 . |
| and it | mayor 1 | holdes- | | | | Date Shipped: | | | |
| Relinquished by: (Signatu | ıre) | Received by: (Signature) | DATE | TIME (24 hr) Custody seals present/intact? Broken containers? | YES NO NA L | ogged in by a second | Lo Lo | cation; | |
| | | | | COC agree with sample Labels | | AB NOTES | | 建设是2008年 | |
| Relinquished by: (Signatu | ıre) | Received for MMLI by: | DATE | (24'hr) Headspace issues acceptable? | | cillow up action requir | 14 | | NO LU |
| | | | | Preservative pH/s acceptable? | | lient Rep | Richard Sept | | |
| SW - Solid Waste SO - Soil/Solid | GW – Ground Water WW – Waste Water OL – Oil SU – Surface Water | PRESERVATIVE CO NI – Nitric acid (HNO ₃) HA – Hydrochloric Acid (HCI) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate ZN – Zinc acetate | ODES: SA – Sulfurio 4C – 4°C AA – Ascorbi NO– No pres SS – Sodium | servative (COC Deen relinquished.) | ved 7 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c | Sy Reviewed by Date: | | | |

X

SAMPLE CATEGORY = TC

may subject the visitor to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General in | rformation 1 | This Sec | tion To Be Co | empleted By C | ollector | | | | | | | | | |
|---|--|---|---|--|----------------------------------|----|--|----------|-------------------------|--|---------------------|-----------|------------------------------|-------------|
| PWS ID | k Y 0 (| 8/3 | 1306 | | | ۸. | 44 | | Complia | nos Pusiod (Mi | arrry) | | 073005 | |
| PWS Name | CRW. | D # | 4 | PW | 'S Contact | Bi | W | | Collectio | n Date (MMDC) (All Samples | | n this Fi | C737120 | 09 |
| PWS Address | 69 Margu | wite | New-Concord | <u>Ky 43076</u> pw | S Phone | 70 | - 434-4304 | | Collecto | | | | Duncan 7-29 - Spectrostor | <u>-09</u> |
| General In | nformation T | This Sec | tion To Be Co | empleted By L | ab | | | | | | | | | |
| Lab IO | ೧ ೭೦ | ? ? | | Lab Receipt C | Sale (MMDDYYYY) | | 07797029 | , | Total Co | Morm Analysis | Method C | ode | 008 | |
| | 1 A 1 | <u> </u> | Λ. | Analysis Date | (MMDDYYYY) | • | 07191008 | | E Coli A | nalysis Method | Code | | | |
| Lab Analyst | llind | y | lartin | NUSdo | 9 | | | · | Lado Sup | ervisor | | 11 | Speciary Date | 30/9 |
| Sample In | formation - T | his Sec | tion To Be Co | mpleted By C | ollector | | Analysis Information – Th | is Sec | ion To | Be Compl | eted B | y La | ь | |
| Semple Type (RT, RP, or 8P) (See Ker) Breckel Bemple Reason (A, B. C. Or El (See Ker) | en Sample? r Blankl fon Code ethoctions) | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time (24 hr) | Free Chiorine (Required for all districtants except Chioramine) | Tatal Chlorine (Required when | | Lab Sample Number | Analy | sis Tane 4 hr) | Result (Total Coffi Count - or - TNTC - or - CNFG) (See Key | Potel Cofform (P/A) | | | d/or |
| RITT | च र ९ ० | | O R C G | 71.37 | II TOB | | ARROHU91 | 7 3 | اة إن | | 7 | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | ليلينيا | | | <u> </u> | | الـــالــــا | | - | | |
| | | | | | | | | | | | | ļ | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | <u> </u> | | | | | | |
| | | | | | | | | | | | | | | |
| | |) | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | BACTERIOLOGICAL | ANALYS | s repor | T FROM KEY | | | | |
| va water sampla si | his form centry by their a naiyzed end the resulting | g data hereb | y submitted, wore | Sample Type: | | | RT = Routine (For Comptionce) | RP | = Repeat (| For Compliance | e) | SP | Special (Not for Compliance) | |
| completed in accer actuality but not list as data automitted | sence with the provisions also to 401 ICAR 8:200, on this form is a true and als performed pursuant | s of 401 KAR Section 1 and discounts #4 | Chapter 6, specifically 1 401 KAR 8:040; and the port of the results of | Special Sample (Only if Sample | | | A = Suspecied Contamination B = New Plant, Modification, | | Treatment Study/Inve | Modification estigation | | E۰ | Line Bresk, Emergency Repair | |
| foistions of 401 KA | R Chapter 8 are subject | t to severe pa | | | | | or Une Eidension | | - 1 1 | | | ~~ | - Orlinai Sia | — |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270:821,7375 270:825 9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FO | DRILAB USE ONL | Y CHAIN OF | CUSTODY and ANALYTICAL | REQUEST | Pleasi | e pri | nt legi | DIY |
|--|---|--|---|--|---|------------|---------------------------------|--|
| Client: | | Bill To: | Send Results to: | Compliance Monitoring Yes □ No | (check one)? | PO# | | |
| (RW) |) # 4 | | | Samples Chlorinated (Yes ☐ No | check one)? | | • | |
| Phone/Email: | | Rhone/Email | Phone/Email: | PWS ID# | STATE | NERS | OE .eft) | CODE eft) |
| Batch# | | Project Name | Collected by (Signature): | MMLI Quote # (if ap | pplicable) | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin tir end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # 0F (| MA (See | PRES (S |
| | 2709 0000 | 010 | RT | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | <u> </u> |
| | | | | | | | | |
| 1. Expedited services not av | allable for all services, pleas | call. 2. Samples received unannounced with less t | han 48 hours holding time remaining may be subject to ad | litional surcharges. 3. Lab reserves the ri | ght to return unused | portions o | of samples to | al 🗆 |
| Relinquished by: (Signature | ear 1 | erived By: (Signature) | (24-hr) Elect Vet Blue J O O O Electron TIME (24-hr) Custody seals present lift Broken containers | CTemp EN/A Da | thod of Shipment (ch s: | | | |
| Relinquished by: (Signature |) Re | seived for MMLI by:. | COC agree with sample He Correct containers for tes (24hr) Headspace issues accepte Holding time(s) acceptable Preservative pH is accepta Was pH left unadjusted? | 6167 | illowupaction require ent informed on: ent Rep: | | YES □ | No⊡ |
| SW - Solid Waste W SO - Soil/Solid OI | N – Ground Water NI W – Waste Water HA – Oil SF | - Nitic add (1903) - Hydrochloric Acid (HCI) - Sodium Hydroxide (NaOH) - Sodium Thjosulfate NC | All samples listed on COC Samples properly preserv - 4°C Client's sample document COC been refinduished S Sodium sulfite Are-tests listed for each s | sreceived? □ = □ = □ = R | viewed by: | | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH PACTERIOLOGICAL ANALYSIS REPORT FORM

| General Information - This Section To Be Comp | leted By Collector | | | CZ STA COA |
|--|--|---|--|---|
| PWSD K Y 0 1 8 0 5 4 7 | | ιΛΛ | Compliance Period (MMYYYY) | 088009 |
| PWSHame CRWD#1 | PWS Contact | <u> </u> | Collection Date (MMDDYYYY) (All Samples Reported of | on this Form were Collected on this Date.) |
| 19 m with a Condi | K. 49.7/ 27.1 | - 436-6304 | | m duncan 8-19-03 |
| prosess 69 Marghenthe New Concord | | | | Spaterofisk |
| General Information — This Section To Be Comp | | (18192009 | Total Coliform Analysis Method C | ode 098 |
| | Lab Receipt Date (MMDDYYYY) | | | |
| Mi d. M. Land | Analysis Date (MMDDYYYY) | 四月1910019 | E Coli Analysis Method Code | There of Juliag |
| Lab Arelyst VMOUL BUTTON | <u> </u> | • | Lab Supervisor | Segratura/Date |
| Sample Information - This Section To Be Compl | leted By Collector | Analysis Information - This | Section To Be Completed B | ly Lab |
| de Keyl | . Administration of the second | | Result (Total Coliform | |
| Sample Type (RT, RP, or SP) (Saee Key) (Saee Key) (Saee Key) (C. D. or E) (See Key) (Y or Ellant) (Y or Ellant) (R or Ellant) (See Instructions) (| ree Chlorine Total Chlorine | | Analysis Time (24 hr) TNTC - or - CNFG) | Leb Sample Number of Original Sample (Required for Repeat and/or Reptacement Samples) |
| Sample Typors, ocation Cocee Instruction P. or CR) (% A species of the control of the control ocation Cocee Instruction | equired for all (Required when fectants except disinfectant is Chioramine) | Lab Sample Number | (24 hr) TNTC 5 | Reptacement Samples) (See Instructions) |
| Sample Type (RT, RP, or SP) (Sae Key) Spacial Sample Reason (A, B, C, D, or E) (See Key) (Y or Blank) (Y or Blank) (See Instructions) Repeat Location Code (DN, UP, or OR) (See Key) | Chiloramine) Chiloramine) | A Contraction | CNFG) (See Key) | 600 |
| 8 A D P C D | | | | med i ment tron retorno planor d'immedianne trompiane d'immedianne trompia |
| RTICEON DO 1381 | .03 W.09 | H9710371 | 1940 1 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | BACTERIOLOGICAL | NALYSIS REPORT FROM KEY | |
| the signaturates of this form centify by their signatures that collection and analysis of we wraters—ample analyzed and the resulting data hereby submitted, were | Sample Type: | RT = Roudine (For Compliance) | RP = Repeat (For Compliance) | SP = Special (Not for Compliance) |
| ompleted ain accordance with the provisions of 401 KAR Chapter 8, specially actualing her or the special to 401 KAR 5:200. Section 1 and 401 KAR 5:040; and that | Special Sample Reason: | A = Suspected Contamination | C = Treatment Modification D = Study/Investigation | E = Line Break, Emergency Repair |
| to data sustantied on this form in a true and accurate reporter the resum of discritions and posturie performed pursuant to the above-referenced regulations. | (Only if Sample Type = SP) | B = New Plant, Modification, or Line Extension | C - Cludymore | |
| colations or 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 24.958-010, up to \$25,000 fina per day per violation and in some cases a violation | Repest Location Code: | DN = Downstream | UP = L'ostream | OR = Original Site |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| HADED AREA FOR LAB U | SE ONLY | CHAIN OF CU | STODY and ANALYTICAL R | EQUEST | Pleaso | | ir ieg | וטוי |
|--|---------------------------|---|--|--|----------------------------------|------------|---------------------------------|-----------------|
| Client: | | Bill To: | Send Results to: | Compliance Monitoring (| check one)? □ | PO# | | |
| CKMD#1 | | | | Samples Chlorinated (c Yes ☐ No | heck one)? | | | |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | INERS | ODE Left) | COUPE |
| atch# | | Project Name | Collected by (Signature): | MMLI Quote # (if app | olicable) | CONTAINERS | MATRIX CODE (See Lower Left) | EDOC ENTRY CODE |
| Sample ID#. COLLEGE DATE | CTION TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # 0F C | MA (See | |
| 8-19-09 | 0730 | 001 | RT | | | | | + |
| | | | | · | | | <u> </u> | + |
| | | | | | | - | | \dagger |
| | | | | | | | | \dagger |
| | | | | | | | | 1 |
| | | | | | 1 | | | 7 |
| | | | | | | | | |
| | | | | | + | | | |
| | | | and the second s | nal surcharges. 3. Lab reserves the rig | jht to return unusec | i portions | of samples | to c |
| Relinquished by: (Signature) Relinquished by: (Signature) Relinquished by: (Signature) | Recei | ived By: (Signature) DATE V - I S- Ived by: (Signature) DATE DATE | TIME (24 hr) Custody-seals:present/intact? Broken containers. GOC agree with sample Label Correct containers for testing Headspace issues acceptable; Holding time(s) acceptable; Preservative pH's acceptable; WasrpHieft unadjusted; All samples listed on GOC rec | Temb. Temp. emp. Temp. | hod of Shipment (c) | eMML | ocation (a) | JIE |
| MATRIX CODES: DW-Drinking Water SW-Solid Waste SO-Soil/Solid SL-Sludge MATRIX CODES: GW - Ground Wa SW - Waste Wat OL - Oil SU - Surface Wat | ter HA- SH- ter ST- | Nitric acid (HNOs) SA – Sul Hydrochloric Acid (HCl) 4C – 4°C Sodium Hydroxide (NaOH) AA – Asc AC – AC – NoO-No | furic Acid (H2SO4) Samples properly preserved | | iewedipy: | | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Int | formation - | This Sec | tion To Be Co | mpleted By C | ollector | | | | | | | |
|--|--|--|--|---|--|----|--|------------------------------|---|----------------------|--------------|--|
| PWSD | K Y 0 | 8 0 | SET | • | . • | | .0.0 | Complia | nce Period (MMYYY) | า | | 032009 |
| PWS Name | CRW | D# | <u>J</u> | PW: | S Contact | Bi | <u>H</u> | Collection | n Dale (MMDDYYYY (All Samples Report | | this For | 12 2 1 2 2 0 0 3 |
| PVVS Address | 69 mc | nglieri | A New Conci | zd Ky 420 How | S Phone 97 | 0 | - 436-6304 | Collecto | 9. 00 | | | Juncan 8-19-119 |
| General Inf | ormation — | This Sec | tion To Be Co | mpleted By L | ab | | | | | | | |
| Lab ID | Ø0 c | 97 | | Lab Receipt D | ate (MMDDYYYY) | | 0319005 | Total Co | liform Analysis Melho | d Coo | de | 598 |
| ^ | N- L | 100 | انما | Analysis Date | (MWDDJJJJJ) | | 09199009 | E Coli A | nalysis Method Code | | > | |
| Lab Aralysi | Mund | -\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | Why | -81501 | 09 | | | · Lab Sup | ervisor | | | The DAGS |
| Sample Inf | ormation - | | tion To Be Co | npleted By C | ollector | | Analysis Information – Th | is Section To | Be Completed | Ву | Lab | 1 |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Reason (A, B, C, D, or E) (See Key) | Replacement Sample 7 (Y or Blank) Location Code (See Instructions) | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time (24 hr) | Free Chlorine (Required for all distributants except Chloremine) | Total Chlorine (Required when disinfectant is Chioramine) | | Lab Sample Number | Analysis Time (24 hr) | Result (Total Coliform Count - or - TNTC - or - CNFG) (See Key) | Total Coliform (P/A) | E Coil (P/A) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| RTT | 7 0 4 | | 0 6 3 0 | | 11.115 | | AGRIBS911 | 1040 | | 4 | | |
| | | | | | | j | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | D) | | | | | | |
| | | | | | | | | | | | ļ | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | ĺ | | | | <u>_</u> _j | | |
| | | | | | | | | ANALYSIS DEDOG | TERON KEY | 1 | <u></u> | |
| e signatories of th | is form certify by the | signatures th | at collection and analysi | Sample Type: | | | BACTERIOLOGICAL RT = Routine (For Compliance) | | For Compliance) | | SP= | Special (Not for Compliance) |
| wieted im second uding best not im data sulbmitted o setton serad analys | sied to 401 KAR 5:200 in this form is a true a dispenformed pursua | ns of 401 KAR), Section 1 an nd accurate M at to the above | Chapter 8, specifically ad 401 KAR 8:040; and the eport of the results of a-referenced regulations. | Special Sampl (Only if Sampl | 1 | | A = Suspected Contamination B = New Piznt, Modification, or Line Extension | C = Treatment D = Study/Inve | Modification | | | ine Break, Emergency Repair |
| ations our 401 Kal | R Chapter & are subje 5,000 line per day po | ct to severe p | enaities prescribed in KF I in some cases a violatio | Repeat Location | on Code: | | DN = Downstream | UP = Upstrear | n | | OR= | Original Site |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785.fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LAB US | E ONLY | CHAIN (| OF CUS | STODY and ANALYTICAL R | EOUESI | F leas | | il leg | |
|--|--------------------------------|--|---|--|--|----------------------------------|------------------|---------------------------------|--|
| Client: | | Bill To: | | Send Results to: | Compliance Monitoring (c | heck one)? | PO# | | |
| ckmb# 3 | | | | | Samples Chlorinated (cl Yes ☐ No [| neck one)? | | | |
| Phone/Email: | | Phone/Email | | Phone/Email: | PWS ID# | STATE | NERS | DE .eft) | CODE eft) |
| Batch# | | Project Name | | Collected by (Signature): | MMLI Quote # (if app | licable) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| | ION TIME (24 hr) | SAMPLE DESCRIPTIO Composite samples indicate be end time and temp (°C) at end | gin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF G | MA. | PRES! |
| 7-19-09 | 0630 | 001 | | RT | | | | | |
| | 707 V | | | | | | | | |
| | | | | | | | | | |
| THE STATE OF THE S | | | | | | | | | |
| | | | | | 2 | | | | |
| | | | <u> </u> | | 734 | | | | |
| | yeller series geller series | | | | | | | | - |
| | | | | | | | | | + |
| | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | | | | | |
| Expedited services not available for all services. | ices, please o | all.2. Samples received unannounced with | less than 48 l | ours holding time remaining may be subject to addition | al surcharges. 3. Lab reserves the righ | t to return unused | portions o | f samples to | o client. |
| Relinquished by: (Signature) | | ved By: (Signature) | DATE | TIME CONDITIONS UPON RECE | IPT (CHECK ONE) Meth | od of Shipment (ch □ FedEx □ | eck one) MMLI | US Po | stal 🔲 llent 🗓 |
| 1 . 1 . 2 | 10 | 100/1 | 8-19-0 | | | Shipped: h | | | |
| William Duncan | <u> </u> | Marin Comment | DATE | TIME | YES NO N/A | edin by | i Lo | cation: | |
| Relinquished by: (Signature) | Recei | ved by: (Signature) | | (24 hr) Custody/seals/present/infact? | □ □ □ LAB | NOTIES | The Control of | ar addition of the | |
| | | The second secon | | COC agree with sample Labels Correct containers for testing? | | w.up.action.require | | vee El | NO ETIC |
| Relinquished by: (Signature) | Rece | ved for MMLI by: | DATE | TIME Headspace issues acceptable? (24 hr) Headspace issues acceptable? Holding time(s) acceptable? | Folio Grand | w up action require | | | |
| | | | | , PreservativeapHis acceptable? Was pH left unadjusted? | □ □ □ □ Clien | i Rep: 35.55 | | | |
| MATRIX CODES: | HA – SH – ST – | PRESERVATIVE C Ittric acid (HNO ₃) Hydrochloric Acid (HCI) Sodium Hydroxide (NaOH) Sodium Thiosulfate Zinc acetale | ODES: SA – Sulfur 4C – 4°C AA – Ascor NO – No pre SS – Sodiu | All samples listed on COC rece samples properly preserved?. Client s sample documents rec bic Acid eservative COC been relinguished? | ived? II II II By Bived? II II III II Revie | wedby: | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

General Information — This Section To Be Completed By Collector 8008 Compliance Period (MMYYYY) PWSn Collection Date (MMDDYYYY) PWS Contact PVVS Name (All Samples Reported on this 270-436-6304 6 9 Mangher We Prem Concord Ky 430 760WS Prone PWS Address General Information - This Section To Be Completed By Lab 08190005 00001 Total Colform Analysis Method Code Lab Receipt Date (MMDDYYYY) Lab (D 00191009 E Coli Analysis Method Code Analysis Date (MMDDYYYY) Lab Supervisor Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector Repeal Location Code (DN, UP, or OR) (See Key) Result Total Coliform (P/A) (Total Coliform Lab Sample Number of Original Sample Type (RT, RP, or SP) (See Kery) solat Sample Reser Q, D, or E) (See H E Coll (P/A) Count Total Chiorine Free Chlorine Sample - or -Analysis Time (Required when (Required for Repeat and/or (Required for all Sample Time Lab Sample Number TNTC (24 hr) Replacement Samples) disinfectant is isinfectants excen (24 tm) - Of -(See Instructions) Chicramine) Chloremine) CNFG) (See Key) A B C BACTERIOLOGICAL ANALYSIS REPORT FROM KEY The signatures of this form centry by their signatures that collection and analysis of SP = Special (Not for Compliance) RP = Repeat (For Compliance) RT = Routine (For Compliance) Sample Type: the water sample analyzed and the resulting data hereby submitted, were E = Line Break, Emergency Repair completed im accordance with the provisions of 401 KAR Chapter 8, specifically A = Suspected Contamination C = Treatment Modification Special Sample Reason: including bour not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that D = Study/Investigation B = New Plant, Modification, (Only if Sample Type = SP) the date suffermitted on this form is a true and accurate report of the results of collection arms analysis performed pursuant to the above-referenced regulations. or Line Extension Relations of 401 KAR Chapter & are subject to severe paralles prescribed in KRS OR = Original Site UP = Upstream 224.99-016, up to \$25,000 line per day per violation and in some cases a violation DN = Downstream Repeat Location Code:



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270:821.7375 270:825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299.7775 859:299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA | FOR LABRIE | ONLY CHAI | N OF CUS | STODY and ANALYTICAL I | REQUEST | | Pleas | e pril | it legi | bly. |
|---|--|---|-----------------------|---|---|---|-------------------------|------------|---------------------------------|--|
| Client: | I ON EAD OUT | Bill To: | | Send Results to: | Compliance Monitorin | g (check o 🏻 | one)? | PO# | | |
| chm p | #3 | | | | Samples Chlorinated Yes ☐ N | (check c | ne)? | | | |
| Phone/Email: | | Phone/Email | | Phone/Email: | PWS ID# | STA | TE | NERS | DDE Left) | CODE .eft) |
| Batch# | | Project Name | | Collected by (Signature): | MMLI Quote # (if a | 1 | | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowert Left) |
| Sample:ID# | COLLECTION DATE TIM (24) | E Composite samples indica | ate begin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fiel readings, corrosive) | | Id Data Temp . °C | # OF (| MA (Sec | PRES (S |
| | | 00 001 | | RT | | _ | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | - |
| | | | | | | | | 1 | | + |
| | | | | | | | | - | - | |
| | | | | | | | | | | |
| | | | | | | | | | | - |
| | | | | | | _ | | | - | + |
| | | | | | | right to rat | urn unused | portions | of samples to | o client. |
| 1. Expedited services no | t available for all services | please call. 2. Samples received unannounce | ed with less than 48 | hours holding time remaining; may be subject to addition | onal surcharges. 3. Lab reserves the | right to rec | in diased | eck one) | US Po | stal 🗆 🟃 |
| Relinquished by: (Signat | ture) | Received By: (Signature) | DATE P-17- | TIME CONDITIONS UPON RE(24 hr) Cadwet/Blue Ambient Ambient TAmbient | SEIRT (CHECK ONE) CTEMP CTEMP INA | PS 🔲 ateiShippe iirbill# | FedEX □ | MME | US Po | lient □ |
| Relinquished by: (Signa | ture) | Received by: (Signature) | DATE | TIME (24 hr) Gustody seals present/intact Broken containers? GOC agree with sample Labo | | ogged in b ABINOTES | | | Callon | no □ |
| Relinquished by: (Signa | ture) | Received for MMLI by: | DATE | (24hr) Headspace issues acceptable Holding time(s) acceptable Preservative pH; sacceptable Was bH; left unadjusted n. | | ollow up a lient inform lient Rep | | SERVICE TO | | NO [] |
| DW - Drinking Water: SW - Solid Waste SO - Soil/Solid SL - Sludge | GODES: GW – Ground Water: WW – Waste Water OL – Oil SU – Surface Water | PRESERVA NI – Nitric acid (HNO ₃) HA – Hydrochloric Acid (HCI) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate | 4C – 4°C AA – Asco | All samples listed on COC re samples properly preserved chic Acid CGC been relinquished? | 2 | Reviewed b | | | | |

X

SAMPLE CATEGORY = TC

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

| General I | Infon | nation - T | his Sec | tion To Be Co | mpleted By C | ollector | | | | | , | |
|--|----------------|--|---|---|-------------------------------------|--|------------------------------------|----------------------|----------------------|---|--|----------------|
| PWID | ĸ | Y 0 | 8 3 | 1016 | | | | Complie | nce Period (MU/YYY) | | 033000 | Ü |
| PW/Nome | ••••• | CRW, | D # | ĬĻ. | En AP | S Contact | Lill | Collectio | n Date (UMDDYYYY) | | 031720 | 0 मः |
| LA A MEUSE | • | <u>~ </u> | <u> </u> | | | | | | (All Samples Reporte | | ms were Collected on this Date.) | . / /. |
| PWS Address | . 6c | Mercy | unite | This Concord | Ky 49076 pw | S Phone 27 | 1-434-4304 | Collector | Name Willi | cum d | Juncan 3-17 | 4 1 |
| General I | | | | tion To Be Co | | ab | | | | | \$1 marks of Lane | - |
| Lato ID | | 090 | | | | ate (MMDDYYYY) | 03190005 | Total Col | form Analysis Method | Code | DOK | |
| المطال | ۸, | -0 | | Λ. | | , | 29 7 9 00 9 9 | | • | | | |
| | 1 | | < ,// Y | | Analysis Date | (MMDDYYYY) | | E Coii Ar | nelysis Method Code | | | 41 |
| Lesb Analyst | | 1 may | 1 | Carm | <u> 2</u> 2010 | 5) | | Lab Supa | ervisor | | Especiations | BOG |
| Sample & | nform | ation - Ti | nis Sect | ion To Be Cor | npleted By Co | ollector | Analysis Information - Thi | is Section To | Be Completed | By Lat |) | |
| - 1 | S. | | 3. | | | | | | Result | | | |
| 4 G | mple K | ne) | S S S S S S S S S S S S S S S S S S S | | | | | | (Total Colform | (PIA) | Lab Sample Number of C | Driginal |
| The state of the s | Elank Brank | S 25 | Attor PR) (8 | Sample Time | Free Chlorine (Required for all | Total Chlorine (Required when | Lab Sample Number | Analysis Time | Count - or - | Coliform (P Coli (P/A) | Semple (Required for Repost so | nd/or |
| Santyle Type (RT. PP. or 8P) (See Key) Special Barryle Resson | | Location Code (See Instructions) | Repast Location Code (DM, UP, or OR) (Sea Key) | (24 tx) | disinfectants except Chloramine) | disinfectant is Chioramine) | | (24 hr) | TMTC | Total Collform (P/A) E Coll (P/A) | Reptacement Sample (See instructions) | |
| S E SO | | 7 g | 855 285 | | | | | | CNFG) (São Key) | Ţ | i. | |
| 3 . | | | 6 | | | | | | | | | - |
| RIT | | 0 6 7 | | 0808 | | 11.1914 | 179912411 | 7770 | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | 1=1 | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | 4 | | |
| | | | | | | | BACTERIOLOGICAL | AMALYCIC BEROOT | | | | <u> </u> |
| | | | | t collection and analysis | of Sample Type: | ······································ | RT = Routine (For Compliance) | | For Compliance) | SP= | Special (Not for Compliance) | |
| pricincal in accoun | w econotors | | of 401 KAR | , submitted, ware Chapter 8, specifically I 401 KAR 8:040; and th | Sandal Sand | e Reason: | A = Suspected Contamination | C = Transferent | | *************************************** | ine Break, Emergency Repair | |
| rints constantion | d on this | ome la a truo sec | i nacumate rep | i dun kvar etvau, ismi et sost el tim résults of refessioned regulations. | (Only if Sample | | B = New Plant, Modification, | D = Study/inve | etigation . | | | |
| महिलाद ब्याज ४०१ हर | CAR CITED | er & are subject | to powere per | nuities prescribed in KRC n some cases a violation | | · · · · · · · · · · · · · · · · · · · | or Line Extension DA = Downstresm | UP = Upstream | | OR = | Ortestal São | |
| and and the spirit | alater to | ingen. | | | Suprem Lecture | ********* | FW 2 FWASI ISO GOTT) | en :- entremperation | • | | Ψ | 2 |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821,7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| HADED AREA | FOR LAB USE | ONE | Bill To: | STODY and ANALYTICAL R | Compliance Monitoring | (check on | ie)? | PO# | | |
|--|---|------------------|---|--|--|--|---------------------|-----------------|---------------------------------|--|
| CRWD 1 | 4 4 | | | | Samples Chlorinated | | | | | T |
| | | | Phone/Email | Phone/Email: | PWS ID# | STAT | E | NERS | DE Left) | CODE .eft) |
| Phone/Email: Batch# | | | Project Name | Collected by (Signature): | MMLI Quote # (if a | pplicable) | | # OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowert Left) |
| Sample ID# | | N ME 1 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | | Data Temp °C | # OF (| W (Se | PRE |
| | 8-19-09 0 | 800 | 001 | RT | | | | | | |
| | | | | | | | | | | - |
| | | | | | 1 | _ | | - | | + |
| | | | | | - | | | | | |
| | | | | | | | | - | | |
| | | | | | | | - | - | | + |
| | | | | sining may be subject to addit | onal surcharges. 3. Lab reserves the | right to retur | n unused | l portions | of samples | to clier |
| 1. Expedited services Relinquished by: (Sig | | Rec | eived By: (Signature) | (24 hr) Exced we very size of the control of the co | C Temp DNA | Method of Shi Ups () + E Date Shipped Airbil#, + 2 Logged in by | | | | |
| Relinquished by: (Sig | gnature) | Rec | eived by: (Signature) | E TIME (24 hr) Custody seals present/intac Broken containers (COC agree with samples Lab Gorrect containers for testir | | LAB NOTES | | | | |
| Relinquished by: (Si | gnature) | Rec | ceived for MMLI by: DAT | E (14hr) Headspacesissues:acceptable? Holding:time(s):acceptable? Preservative:pH:s/acceptable? Was:pH:ieftsunadjusted? | e? | Follow up act | ed _i on: | | | |
| MAT DW Drinking Water SW Soild Waste SO Soil/Solid SL Studge | RIX CODES: GW - Ground Water WW - Waste Water OL - Oll SU - Surface Water | HA SH ST | - Nitne acid (HNO3) 4C - - Hydrochloric Acid (HCI) AA - - Sodium Hydroxida (NaOH) NO- | Sulfuric Acid (H ₂ SO ₄) Samples properly preserved | | By: Reviewed by Date: | T | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Infor | mation - T | his Sec | tion To Be Co | mpleted By C | ollector | | | | | TYNTETTEN SE I |
|---|--|---|---|---|--|--|-----------------------------|--|--------------------|---|
| pwsio K | Y 0 1 | / | SUS | | a | ill | Complian | nce Period (MMYYYY) | [C][8 | 000 |
| PWS Name | CRWI | <u>非(</u> | <u> 1</u> | PW: | S Contact | W | Collection Collection | n Date (MMDDYYYY) (All Samples Reported o | n this Form were C | S & & O O T |
| PWS Address | 6 9 Mar | trulp | to New Conco | zd Ky 43076pw | S Phone 97 | 1-436-6304 | Collector | Name Willia | n dunc | mm ?-2[-0] |
| General Infor | mation — T | his Sect | tion To Be Co | mpleted By L | ab | | | | | \v\\:\:\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |
| LabiD | 200 | D_{Ω} | | Lab Receipt D | tate (MMDOYYYY) | 07769008 | Total Coli | form Analysis Method C | ode \i_ |) 0 0 |
| 10000 | | .0.0 | | Analysis Cate | (MMDDYYYY) | 709/10009 | E Coli An | allysis Method Code | | |
| Lab Analysi | Murdi | 7/1 | attin | शिक्ती | | | Lab Supe | ervisor <u>S</u> | Square | (C) 49)/05 |
| Sample Inform | mation - Tf | 7.7 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | npleted By Co | oilector | Analysis Information – Thi | s Section To | Be Completed B | y Lab | |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Reason (A. B. C. D. or E) (See Key) Replacement | | Repeal Location Code (DN, UP, or OR) (See Key) | Sample Time (24 hr) | Free Chlorine (Required for all disanfectants except Chloramine) | Total Chlorine (Required when disinfectant is Chloramine) | Lab Sample Number | Analysis Time (24 hr) | Result (Total Coiform Count - or - INTC - or - CNFG) (See Key) | E Coll (P/A) | Sample Number of Original Sample Required for Repeat and/or Replacement Samples) (See Instructions) |
| | 8 व इ | | OCTO | VI. N.Z | 11.313 | AGRASIA | 1300 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | Source States of the States | | | |
| | | | | | | | | | | |
| | | | | | | | | | <u> </u> | |
| | | | | | | | | | | |
| The signatories of this to | on cedify by their s | denatures the | rt collection and analysi | s of [| | BACTERIOLOGICAL | | For Compliance) | SP = Special | (Not for Compliance) |
| the signatones or the autice water sample analyzemple | ed and the resulting | ricta hereby | y submitted, were | | | RT = Routine (For Compliance) | C = Treatment | | | ak, Emergency Repair |
| including but not imited the data submitted on the | to 401 KAR 5:200, is form is a true and adomnot pussuant | Section 1 and 3 accurate re- to the above- | d 401 KAR 12:040; and t port of the results of -referenced regulations. | (Only it Sample | | A = Suspeded Contamination B = New Plant, Modification, or Line Edension | D = Study/Inve | | | |
| Violations of 401 KAR CI | uspter 8 are subject | to severe pe | maities prescribed in Ki | @ | i- Cada | DN = Drumstraam | UP = Upstream | 1 | OR = Origina | al Site |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| | | CHAIN DE C | USTODY and ANALYTICAL | REQUEST | Pleas | e prii | nt legi | IDIV |
|--|---|---|--|--|--|---------------|---------------------------------|--|
| SHADED AREA Client: | FOR LAB USE ONLY | Bill To: | Send Results to: | Compliance Monitorin | g (check one)? lo □ | PO# | | |
| < R ₩ D | #4 | | | Samples Chlorinated Yes ☐ | I (check one)? No □ | | | |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | INERS | ode Left) | CODE .eft) |
| Batch# | | Project Name | Collected by (Signature): | MMLI Quote # (if | | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowert Left) |
| Sample ID# | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fie readings, corrosive) | Id by remb | # 0F | as) | PRE |
| | 8-26-63 0730 | 200 | RT | | | | | |
| | 4246 | | | | | - | | |
| | | | | · | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Company of the Compan | | | | | | | | _ |
| | | | | | a right to roturn unuse | d portions | of samples | to client. |
| 1. Expedited services n | ot available for all services, please | call. 2. Samples received unannounced with less th | an 48 hours holding time remaining may be subject to ad | ditional surcharges. 3. Lab reserves to | Method of Shipment (Cups 2) FedEx | hack(one) | us P | ostal 🔲 |
| Relinquished by: (Signa | | eived By: (Signature) | ATE TIME CONDITIONS UPON [24 hr] [5] (ced wet/Blue) | C Temp C Temp ∴ MA | Date Shipped: *Airbill# | | _ | |
| Relinquished by: (Sign | Pas | elved by: (Signature) D. | ATE TIME (24 hr) Custody-seals-present/int Broken-containers// COC.agree.with.sample.L | | Logged in by | | | |
| Relinquished by: (Sign | ature) Rec | eived for MMEL by: D | ATE TIME (24 hr) (Correct containers forstes Headspace issues accept Holding time (s), acceptable Preservative pH saccept Was pH left unadjusted? | able? | Follow up action required to the control of the con | ired: | | |
| MATR DW - Drinking Water SW - Soild Waste SO - Soil/Solid SL - Sludge | WW – Waste Water HA OL – Oil SH OL – Surface Water ST | - Hydrochloric Acid (HCI) AA - Sodium Hydrochlot (NaOH) NO | - Sulfuric Acid (H ₂ SO ₄) - Sulfuric Acid (H ₂ SO ₄) - 4°C - Ascorbic Acid - No preservative - Sodium sulfite All samples listed on COC Samples in operly present Glient is sample documen GOC been refinguished? Are tests listed for leach | /ed// II I | By: Reviewed by: Date: | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

General Information — This Section To Be Completed By Collector K Y 0 1 8 0 5 0 9 Compliance Period (MMYYYY) PWS ID Bill CRWD# Collection Date (MMDDYYYY) PWS Contact PWS Name (All Samples Reported on this Fo 270-436-6304 William duncan 8-26-09 69 Margherthe New Concord Ky 4307/pws Prone Collector Name PWS Address General Information - This Section To Be Completed By Lab Total Colform Analysis Method Code Lab Receipt Date (MMDOYYYY) Lab ID PGGANAG E Coli Analysis Method Code Analysis Date (MMDDYYYY) Lab Supervisor Lab Analysi Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector Repeat Location Code DN, UP, or OR) (See Key) Result Coliform (P/A) Location Code (See instructions) (Total Coliform Lab Sample Number of Original Coll (P/A) Count Free Chlorine **Total Chlorine** Samole Analysis Time (Required for Repeat and/or Sample Time (Required for all (Required when Lab Sample Number TMC (24 hr) Replacement Samples) (24 hr) disinfectants except disinfectant is - 00 -Chloramine) Chłoramine) Total ш (See Instructions) CNFG) (See Key) DACTERIOLOGICAL ANALYSIS REPORT FROM KEY The signatories of this form certify by their signatures that collection and analysis of SP = Special (Not for Compliance) RP = Repeat (For Compliance) RT = Routine (For Compliance) Sample Type: the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically E = Line Break, Emergency Repair C = Treatment Modification Special Sample Reason: A = Suspected Contamination including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that D = Study/Investigation B = New Plant Modification, the data submitted on this form is a true and accurate report of the results of (Only if Sample Type = SP) collection and analysis performed pursuant to the above-referenced regulations. or Line Extension Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS OR = Original Site 224.89-010, up to \$25,000 fine por day per violation and in some cases a violation UP = Upstream DN = Downstream Repeat Location Code:

fault of Campile Trans or DOI



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| | | CHAIN OF CUS | TODY and ANALYTICAL R | EQUEST | Please | e prii | it legi | bly. |
|--|--|--|--|--|---|-------------------|---------------------------------|--|
| SHADED AREA: Client: | FOR LAB USE ONLY | Bill To: | Send Results to: | Compliance Monitoring (| check one)? | PO# | | |
| CKWD: | # 9 | | | Samples Chlorinated (c Yes ☐ No | heck one)? | | | |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | OF CONTAINERS | obe Left) | : code Left) |
| Batch# | | Project Name | Collected by (Signature): | MMLI Quote # (if ap | olicable) | ONTA | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID#. | COLLECTION TIME DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | #0FC | MA. | PRES (Sic |
| | 8-77-02 0 130 | | RT. | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | - |
| | | | | | | | | |
| | | | | | | | | |
| | | call: 2. Samples received unannounced with less than 48 | to addition the remaining may be subject to addition | nal surcharges. 3. Lab reserves the rig | ght to return unusec | l portions | of samples t | to client. |
| 1. Expedited services no | ot available for all services, please | call. 2. Samples received unannounced with less than 48 | | | thod of Shipment (cl SIDE) FedEx (SI | neckione): MML | US PC | ostal 🔲 Slient 🖸 |
| Relinquished by: (Signa | iture) Rec | Pick Address 8-26 | (24 hr) El (ced wet/Blue con or of oo | Clemp. EN/A Dai | e-Shipped bill# | | ocation: | |
| Relinquished by: (Signa | ature) Rec | eived by: (Signature) DATE" | TIME (24 hr) Gustody seale present/intact/ Broken containers GOC agree with sample: Label | | BINOTES MARKET | | | Satisfación Satisfación |
| Relinquished by: (Signa | ature) Rec | peived for MMLI by: DATE | TIME (24 hr) - Headspace issues acceptable Holding time(s) acceptable Preservative pH's acceptable Was pH left unadjusted? | | llow.up action.requir ent informed on series ent Rep. » | ed s | YES III | 200 |
| MATRI DW - Drinking Water SW - Solid Waste SO - Soil/Solid SL - Studge | W - Waste Water HA OL - Oil SH SU - Surface Water ST | - Hydrochloric Acid (HCI) 4C – 4°C - Hydrochloric Acid (HCI) AA – Asco - Sodium Hydroxide (NaOH) NO – No i | All samples listed on GOC/recuric Acid (H₂SO₄) Samples properly preserved: Glient stample documents re | eceived? 🗵 😕 🗒 🙃 | viewed by: | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

| General l | nfor | nation — 1 | his Sec | tion To Be Co | ompleted By C | TERIOLOGI Collector | | AL ANALYSIS REPOR | IFUR | TIAI | | | | eksynytysisyytysystysisyytytytysystytytys, kahittiisistella on tyrainyssystytytystysty |
|--|----------------------------------|---|---|---|-------------------------------------|----------------------------------|-----|--|-------------|-----------------------------|---------------------------|----------------------|------------|--|
| PWS ID | K | Y 0 | 8 0 | SOS | | , | | | | Complian | ce Feriod (MMYYY) | n | | 0 2 3 0 0 9 |
| PWS Name | | CRW | # Q | 3 | PV | /S Contact | Bi | 'U | | Collection | Date (MMDOYYYY |) | | 02262005 |
| | | | | | 1 : | 0.6 | · · | 167/- 1 to ali | | | (All Samples Report | | _ | Duncan 8-26-07 |
| PWS Address | . (| o <u>y Mar</u> | write | to New Conco | rdky 430%en | rs Phone | 10 | - 436-6304 | | Collector | Name Will | lar | <u>n q</u> | Signaturalizate |
| General li | nfom | | | tion To Be Co | mpleted By L | ab | | | | | | | | - Agget 1577an Fanns |
| Lab ID | | 000 | 91 | | Lab Receipt I | Date (MMDDYYYY) | | 0196900 | | Total Coli | form Analysis Metho | d Coo | de | |
| | _ | | . 10 | Λ | Analysis Date | (MMDDYYYY) | | 099609 | | E Coli An | alysis Method Code | | | > [][]] |
| Lab Analysi | -1 | Nino | lul | arth | \sim stant | 59 | | | | Lab Supe | rvisor | | | 101 905/09 |
| | MOHT. | ation - Ti | Sign | ion To Re Co | mpleted By C | | | Analysis Information – Th | is Section | on To | Be Completed | l By | Lab | Separatura/Date / |
| | 1 | iacion - 11 | | 1011 10 00 00 | inpicacu by o | l |] | The state of the s | | | | Γ | | |
| (c) | mple? | ag (Su | Code ee Ke | | | | | | | | Result (Total Coliform | (P/A) | - | Lab Sample Number of Original |
| S Typ | Blank | in Co | catton OR) (8 | Sample Time | Free Chlorine (Required for all | Total Chlorine (Required when | | Lab Sample Number | Analysis | | - or - | Hom | Coll (P/A) | Sample (Required for Repeat and/or |
| Sample Type (RT, RP, or SP) (See Key) | placement Sample (Y or Blank) | Location Code (See Instructions) | Repeat Location Code (DM, UP, or OR) (See Key) | (24 hr) | disinfectants except Chloramine) | disinfectant is Chloramine) | | · · | (24 | nt) | TNTC - or - CNFG) | Total Collform (P/A) | ъ Ш | Reptacement Samples) (See Instructions) |
| Speci | 100 | - <u>@</u> | P. NO. | | | | | | | | (Séé Key) | ۴ | | |
| | | tornot tornol torno | Access to come | | المناسية المناقية | i nicelian di cindimit | | | ((1) 27) | | | 7 | | |
| 87 | | 0,012 | | | | | | HGMODAL | 70 | $\mathcal{Q}_{\mathcal{Q}}$ | | A | | |
| | | | | | | | | | | | | ķ! | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | Ŀ | BACTERIOLOGICAL | ANALYSIS | REPORT | FROM KEY | ìi | i | |
| The signatories of the water sample a | | | | collection and analysis | Sample Type: | | | RT = Routine (For Compliance) | | | or (Compliance) | | SP= | Special (Not for Compliance) |
| completed in accor is ten tud galluding | ndance w mited to | ith the provisions 401 KAR 8:200, 3 | of 401 KAR C Section 1 and | chapter 8, specifically 401 KAR 8:040; and th | Special Sampl | | | A = Suspected Contamination | | | Modification | | E=1 | Line Break, Emergency Repair |
| collection and enal | yets part | ormed pursuant | n-evods entlood | ort of the results of eferenced regulations. | (Only if Sampl | e Type=SP) | | B = New Plant, Modification, or Line Extension | D≖S | itudy/inve | sigation | | | |
| /101200018 0f 401 10 124.99-010, up to \$ | AK C7146 125,000 (| jua bet gaå bet _A vet a sus anology | e severe pen Iolation and in | alties prescribed in KR some cases a violation | Repeat Location | on Code: | | DN = Downstream | U P≃ | Upstream | i | | OR = | Criginal Site |

Walte Wilmooks Time as Diff.



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821,7375 270.825.9200 fax. 2456 Fortune Dr.; Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LAB USE | ONLY | CHAIN OF | eus | TODY and ANALYTICAL R | EQUEST | | Pleas | e pri | nt legi | DIY. |
|--|----------------------|---|---|---|--|-----------------------|--|------------|---------------------------------|--|
| Client: | | Bill To: | | Send Results to: | Compliance Monitoria | ng (che No 🗆 | eck one)? | PO# | | |
| CRMD #3 | | (현롱 (14.10년) 1일 후 1일 (14.11년) 1일 후 1일 (14.11년) | | | Samples Chlorinate Yes ☐ | d (ched No 🗌 | ck one)? | | | |
| Phone/Email: | | Phone/Email | | Phone/Email: | PWS ID# | S | STATE | INERS | ODE Left) | CODE |
| (Batcin# | | Project Name | - | Collected by (Signature): | MMLI Quote # (if | | | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowert Left) |
| | V VE .hr) | SAMPLE DESCRIPTION Composite samples indicate begin | n time, me | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fie readings, corrosive) | ld | Field Data pH Temp S.U. °C | # OF C | MA (See | PRES (S |
| | (00) | 002 | | RT | | | | | | |
| | u - 7 | | | | | | | | - | |
| | | | | | | _ | | | | |
| | | | | | | | | | | - |
| | | | | | | | | | | |
| | | | | | | _ | | | - | |
| | | | | | | | | | | + |
| | | | | | | | | - | | |
| | | | | | ol curebarges 3 Lab recentes th | e right to | return unuse | d portions | of samples to | o client. |
| Expedited services not available for all service | s, please c | all. 2. Samples received unannounced with le | ess than 48 l | nours holding time remaining may be subject to addition | ai surcharges. 3. Lab reserves tr | Method | of Shipment (FedEx (| heckrone). | LEUS Po | staj 🔘 |
| Relinquished by: (Signature) | Recei | ved By: (Signature) | DATE 8-26-8 | | Temp EIN/A | Date Shi Airbilli | ipped: | | | |
| Relinquished by: (Signature) | Recei | ved by: (Signature) | DATE | TIME (24 hr) Custody seals present intact? Broken containers? COC agree with sample Labels Correct containers for testing | YES NO SA | LAB NO | imby.es | | ocation: | |
| Relinquished by: (Signature) | Recei | ved for MMLI by: | DATE | (24hr) Headspace issues acceptable? Holding time(s) acceptable. Preservative pHis acceptable? Was in History adjusted? | 7 | Client in | op action required on services (Sep. 2 | | | 7 |
| MATRIX CODES: DW - Drinking Water GW - Ground Water SW - Solid Waste WW - Waste Water SO - Soil/Solid OL - Oil SL - Sludge SU - Surface Water | HA - SH - ST - | PRESERVATIVE COD Iltric acid (HNO ₃) Hydrochloric Acid (HCI) Sodium Hydroxide (NaOH) Sodium Thiosulfate Zinc acetate | SA – Sulfur 4C – 4°C AA – Ascor NO – No pr SS – Sodiu | All samples listed on COC rect Samples properly preserved? Client's sample documents rec eservative COC been relinquished? | ived? 4 0 11 9 0 0 0 ewed? 12 0 0 67 0 0 0 0 | By Review Date: | ed by: | | | |

K

SAMPLE CATEGORY = TC

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| Central | | ins sec | ction to Be Co | mpieced by c | Ollector | | | | | |
|---|--|---|---|--|---------------------------------|---|------------------------------|--|---------------|---|
| PWS ID | K Y 0 [| 18/3 | 11:0[[| | | | Complian | os Pedad (MMYYY) |) | VIS BOODE |
| PWS Name | CRW. | D # | 4 | PW | rs Contact | Lill | Collection | Date (MMDDYYYY) (Ali Samples Reports | al on this | O 2 S L L O O D |
| L | , 69 Margu | | | · · · · · · · · · · · · · · · · · · · | | 0 - 434-4304 | Collector | 9. 17. | | Duncan 8-26-09 |
| General I | nformation — T | his Sec | tion To Be Co | mpleted By L | ab | | | | | Ø4×Au/wa |
| Lab ID | 000 | 07 | | Lab Receipt C | Zeste (MMDDYYYY) | 02267009 | Total Cos | form Analysis Method | d Code | 7.00 |
| 1 (| <i>1</i> \(\) \(\) \(\) \(\) | . 111 | ., 1 | Ahalysis Date | (MMDDYYYY) | 0900000 | E Coë An | elysis Method Code | | |
| Lab Analyst | Minde | 1/16 | artu Sl | 27/09 | | | Lab Supe | ervisor | | September 9/00/05 |
| Sample & | nformation - Ti | his Sect | tion To Be Cor | noleted By C | ollector | Analysis Information - Thi | is Section To | Be Completed | By | |
| Sample Type (RT, RP, or 8P) (See Key) Special Bample Reason. | 7-7 | Repest Location Code (DN, UP, or CR) (See Key) | Sample Time | Free Chlorina (Required for all distribution except Chloramine) | Total Chlorine (Regulad when | Lab Semple Number | Analysis Time (24 hr) | Result (Total Coliform Count - or - TINTC - or - CNFG) (See Key) | Cofform (P/A) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| | | | | | | ASPOSAR I | | T FROM KEY | 4 | |
| The signatories of | I this form certify by their s | ignztures tha | rt collection and analysis | of | | | | For Compliance) | | SP « Special (Not for Compliance) |
| Eve water sample | ensiyose and the mouther unclaiving set tilly consign |) data hereby | y submitted, were | Sample Type: | | RT = Routine (For Compliance) | | | | E = Line Break, Emergency Repair |
| including but not i | Britished to 401 KAR 8:200, | Section 1 end | d 401 KAR 8:040, and the | Special Sampl | | A = Suspected Contamination | C = Treatment D = Studyfirm | | • | c - crist expiter cristificated society |
| collection and and | d en this form is a true was stysis performed pursuant | to the above- | referenced regulations. | (Only if Sample | e Type = SP) | 8 = New Plant, Modification, or Line Extension | o – audyani | | | |
| Violations of 401 M 224.86-010, up to every assistant line up | CAR Chapter 8 eso subject \$25,000 fine per day per v bilater to prison. | to severe pa folation and i | mailles prescribed in ICR: In some cases a violation | Repent Location | on Code: | ON = Downstream | CP = Upstress | n | (| OR = Original Site |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| | | SE Olic | TODY and ANALYTICAL R | EQUEST | | Plea | se pri | nt leg | bly. |
|--|---|---|--|---|---|-----------------------------|-------------------|---------------------------------|--|
| SHADED AREA FOR LAB USE OF Client: | Bill To: |) | Send Results to: | Compliance Monito Yes Samples Chlorina Yes | ים. אי ted (chec | | PO# | | |
| Phone/Email: | Phone/Email | | Phone/Email: | PWS ID# | S | STATE | INERS | ODE Left) | CODE Left) |
| Batch# | Project Name | | Collected by (Signature): | MMLI Quote# | (if applic | able) | T E OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# COLLECTION DATE TIME | | gin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMAR (i.e. composite, grab, readings, corrosive | field | Field Dat pH Tem S.U. | | MA (See | PRES (S |
| (24 h | end time and temp (5) at one | | RT | | | | | | - |
| 8-21-92 08 | 00 000 | | | | | | | | + |
| | | | 1 An | | | | _ | - | + |
| | | | | | | | _ | | + |
| | | | | | | | | | |
| | | : : | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | + |
| | | | | | | | d nortion | e of samples | to client. |
| 4 Synodited services not available for all services | , please call. 2. Samples received unannounced with | h less than 48 l | nours holding time remaining may be subject to addition | onal surcharges. 3. Lab reserve | s the right t | o return um | iseu portion | TO SUSTE | saio : |
| Relinquished by: (Signature) Relinquished by: (Signature) | Received By: (Signature) Received by: (Signature) | DATE SALE | TIME (24 hr) Custodyseals present/intect (24 hr) Custodyseals present/intect (24 hr) Custodyseals present/intect (25 procedure with sample Habe | CTemp CTemp :: INVA: VES INO NIA 7 IN I | Date SI Airbilli Logged LAB No | FedEX | | Location: | |
| Relinquished by: (Signature) | Received for MMLI by: | DATE | (24hr) Heauspace Issues acceptable? Holding time(s) acceptable? Preservative pH is acceptable was acceptable madii sted? | 9 | CONTRACTOR OF THE PARTY | | | | |
| MATRIX CODES: DW – Drinking Water GW – Ground Water SW – Solid Waste WW – Waste Water SO – Soil/Solid OL – Oil SL – Sludge SU – Surface Water | PRESERVATIVE C NI – Nitric acid (HNO ₃) HA – Hydrochloric Acid (HCl) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate ZN – Zinc acetate | SA – Sulfu 4C – 4°C AA – Asco NO– No p | All:samples listed on COC re ric Acid (H ₂ SO ₄) rbic Acid reservative um sulfite All:samples listed on COC re Samples properly/preserved Clientis ample documents/ GOC been relinquished? Are (ests) [isted for each sam | éceiyedi2 🗵 🗡 🖽 | Review Date | ved by: | | | |

224.08-010, up to \$25,500 fine per day per violation and in some cases a violation

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH **BACTERIOLOGICAL ANALYSIS REPORT FORM**

| General In | form: | ation — Ti | is Sect | ion To Be Cor | npleted By C | ollector | | | · | | 6 9 3 O O A | | | |
|--|--|-------------------------------------|---|--|-------------------------------------|----------------------------------|---|---------------------------------|--|--------------------------------------|--|--|--|--|
| PWS ID | K | Y 0 1 | 80 | 5,411 | | , | a 40a | Compliano | e Period (MMYYYY) | | | | | |
| PWS Name | (| RWC | # (| 1 | PWS | Contact | Bill | Collection | Collection Date (MMDDYYYY) (All Samples Reported on this Form were Collected on this Date.) | | | | | |
| | , | CT 000 | 1.1 | Go - | Lie us no | 97 | 0-436-6304 | 0.00-15 | 9. Mi - duncan 9-14-59 | | | | | |
| PWS Address | Ø | 9 Mar | thruly | is Their Loncor | d Ky 42076ows | Phone St. | 6-12-6301 | Collector N | came | | SiponarulDate | | | |
| General li | nform | ation — Ti | nis Sect | ion To Be Cor | npleted By L | ab | | | | | 828 | | | |
| Leb ID | Ű | COO | BU | | Lab Receipt D | ate (MMDDYYYY) | 09/62009 | Total Colife | orm Anatysis Method | Code | 925 | | | |
| | ^ | h + 1 | .^/ | 1 | Analysis Date | (MMDDYYYY) | 0916209 | E Coli Ana | ilysis Method Code | | | | | |
| | 4 | ind | 7/11 | attin | 9/17/09 | | | Lab Super | rvisor | JAN /P | Separation Space | | | |
| Lab Analyst | | The The | 500 | ion To Re Cot | npleted By Co | ollector | Analysis Information – Th | is Section To E | Be Completed | By Lal | | | | |
| T | T | 361011 - 11 | | ion to be con | itpicace by C | | | | 1 | | | | | |
| noge | C, D, of E) (See Key) placement Sample? (Y or Blank) | a (g) | Sode Key | | | | | | Result (Total Coliform | Total Coliform (P/A) E Coll (P/A) | Lab Sample Number of Original | | | |
| or Specification of the specif | | uction . | atlon (R) | Sample Time | Free Chlorine (Required for all | Total Chiorina (Required when | Lab Sample Number | Analysis Time | Count -or- | Coliform (F | Sample (Required for Repeat and/or | | | |
| Sample Type (RT, RP, or SP) (See Key) edial Sample Rese | or B | Location Cade (See Instructions) | 150 0 to | (24 hr) | disinfectants except Chloramine) | disinfectant is Chloramine) | Lab bumple (40 ms.) | (24 hr) | TNTC | 8 8 | Replacement Samples) (See Instructions) | | | |
| (Tall Signature) | | C) Ser | Repeat Location Code [DN, UP, or OR] (See Key) | | • | | | | CNFG) (Séé Kéy) | ot . | | | | |
| 8 | 4 | | ₽. | | | | | | i-minanthani isa di | _ | | | | |
| RITE | | ्रानाडा | | NNOC | | 11.117 | 1 AGR 7074 | THOO | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | , m | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | 17 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | i | i | | | BACTERIOLOGICA | ANALYSIS REPOR | Y FROM KEY | | , | | | |
| the water comple | e analyzed | and the requitir | ng data hetel | eat collection and analysis by submitted, were | serries and a Abec | : | RT = Routine (For Compliance) | | For Compliance) | | = Special (Not for Compliance) | | | |
| completed in acc | w sonstance of boding 1 | Ath the provision 401 KAR 8:200, | ns of 401 KAF , Section 1 an | R Chapter 8, specifically and 401 KAR 8:040; and | that I are a second | ple Reason: ole Type = SP) | A = Suspected Contamination B = New Plant, Modification. | C = Treatment D = Study/Invi | | €: | E = Line Break, Emergency Repair | | | |
| collection and ar | usivala con | correct pursuan | veds with at 3 | opert of the results of a-referenced regulations sensities prescribed in N | 2. | we the -ot! | or Line Extension | | | | | | | |
| Violations of 401 | AND COM | tion needed early | whiteless are | is in some cases a violat | ion Demost I now | ion Code | DM = Downstream | UP = Upstream | m | OF | R = Original Site | | | |

DN = Downstream

Repeat Location Code:



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| | NIV CHAIN OF | CUSTODY and ANALYTICAL | REQUEST | | | | | ir legi | U IY |
|--|--|--|--|---------------------|-----------------------|----------------------|-------------------|---------------------------------|--|
| SHADED AREA FOR LAB USE O | Bill To: | Send Results to: | Compliance Monito Yes □ | ring (cl No □ | neck on] | e)? | PO# | | |
| CKW0 A I | | | Samples Chlorina Yes □ | ted (che No □ | eck one] |)? | | | |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | | STATE | | NERS | DE Left) | CODE eft) |
| ≓Batch# | Project Name | Collected by (Signature): | MMLI Quote # | (if appl | icable) | | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowert Left) |
| Sample ID# COLLECTION DATE TIME | SAMPLE DESCRIPTION Composite samples indicate begin | SAMPLE ANALYSIS REQUESTED time, Method ID if known | SAMPLE REMARI (i.e. composite, grab, readings, corrosive | field | Field pH 7 S.U. | | # OF (| MA (Se | PRE: |
| (24 hr | | ne (IIII) | | | | | | | |
| 3-16-01 080 | 0 003 | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | · | | | | | <u> </u> | <u></u> | | <u></u> |
| The black of the confidence of | lease call, 2. Samples received unannounced with les | ss than 48 hours holding time remaining may be subject to add | itional surcharges. 3. Lab reserves | s the righ | t to return | unused p | portions (| of samples t | o client. |
| | Received By: (Signature) | | | Metho Jups I | d of Ship | ment (che dEx 🔲 : | eck one). MMLI | US Po □ | ostal (U. Jient () |
| Relinquished by: (Signature) | | S-16-09 0900 | °C Temp □:N/A | Date Airbil | Shipped: #; | | | | |
| Michigan Margon | Received by: (Signature) | DATE TIME (24 hr) Scustody-seals present/inta | YES NO N/A | Logg | ed iniby: | | | cation: | <u> </u> |
| Relinquished by: (Signature) | , , | Broken containers? | bels? | | NOTES | 是是非洲 | 40.00 | | |
| Relinquished by: (Signature) | Received for MMLI by: | DATE TIME Headspace issues accepta (24 hr) Holding time(s) acceptable | ingr | | w up actio | | | | NO □ |
| | | Rieservative pH/s acceptal Was pH-left unadjusted? Es: Alisamples ilsted on COC | ole/ received/2.0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Clien | tRep: | | | Ann | |
| MATRIX CODES: DW – Drinking Water GW – Ground Water SW – Solid Waste WW – Waste Water SO – Soil/Solid OL – Oil SL – Sludge SU – Surface Water | HA – Hydrochloric Acid (HCI) | ES: SA — Sulfuric Acid (H ₂ SO ₄) AC — 4°C AA — Ascorbic Acid NO— No preservative SS — Sodium sulfite Alisamples disteration course. Colorine signification course. Colorine signification course. Colorine signification course. Alisamples disteration course. Alisamples disteration course. Colorine signification course. Alisamples disteration course. Colorine signification course. Alisamples disteration course. Alisamples disteration course. Colorine signification course. Alisamples disteration course. Colorine signification course. Alisamples disteration course. Alisamples disteration course. Colorine signification course. Alisamples disteration course. Alisamples dister | received?(III) III III | By Revii Date | ewed by | | | | |

| McCoy & McCoy Laborat P. O. Box 907 Madisonville, KY 42431 www.mccoylabs.com | tories, Inc. | Chain of Cu | stody | Lexington KY Paducah 659-299-7775 270-44 Madisonville KY Pikeville 270-821-7375 606-43 | 4-6547 502-961-0001 KY |
|--|--|---|------------|--|-----------------------------------|
| Route: 54 Project SI | DWA | Collected by: | B/94 | Collection | Date: 기니니~이 9 |
| Center Ridge Water Sy Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076 | stem | P. O. No. | | Collection PhoneFa | Time: () § G k: 270-436-6304 |
| CE648410 Center Ridg | ge WD#1 F | IAA/THM 0180549 | | 2011191919631 | |
| Logbaich | | C | omposite S | | ∏ime |
| Sample Nos | | | | Stop Date | Time |
| Field Data By: | | Date Date | Time | Fecal Date | Time |
| pH Meter#: | pH: Ci: | DO Meter#: Flow: | | Units: | Matrix: Liqu |
| <u>Collection Method</u> G/C G/C G/C | Test \$DW_501_1 \$DW_552_1 DW_EX552_1 | Analysis Requested Trinalomethanes (THM) EPA 552 Haloacetic Acids Extraction SDWA HAA | | <u>Rottle Type and Preservativ</u> 40 ml Clear Vial NA2S2O3 4 1 Liter Amber Glass NH4CL 1 Liter Amber Glass NH4CL | c lc/Ext Freezer |
| | Man | Ditat | | | |
| | | T 6 / 124 1/13 | | | |
| | | | | | [기업 (대) 전기 (대) (대) |
| | | | | | (|
| | A Section 1997 | | | | |
| | | | | | |
| | | | | | |
| | | | | ٧ | |
| | | | | | |
| | | | | , | · 🔍 |
| $\varphi \in \mathcal{M}_{\mathcal{F}}}}}}}}}}$ | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| Relinquished by: | william Duncan | Date/Time: | 9-16-09 0900 | |
|------------------|----------------|------------|--|--|
| Received by: | Neutr HK wx | Date/Time: | 9/14/09/1130 | |
| Relinquished by | | Date/Time: | A section with the section of the se | SERVICES |
| Received by: | | Date/Time: | and the state of t | |
| Relinquished by: | | Date/Time: | harpen is the last in a principle rate operated in the following for the Control of the Annual Control of the C | AND DESCRIPTION OF THE PROPERTY OF THE PROPERT |
| Received by: | | Date/Time: | | |

ency subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Info | rmation - T | | tion To Be Co | mpleted By C | ollector | | | | | | · · | | CESTS CISS A |
|---|--|---|---|---|--|----------------------------------|--|--|---|---------------------------------|------------|--|---|
| PWSID | K Y 0 / | 8 0 | 5,03 | | | / | A A | | Compliant | ce Period (MMY | YYY) | | 073009 |
| PWS Name | CRWI | <u># 0</u> | <u>J</u> | PW: | S Contact | 30 | Ц | | Collection | Date (MMDDY) (All Samples Re | eported or | | z. B |
| PWS Address | 6 9 Man | truste | to New Conco | rd Ky 420760w | s Phone 97 | 0 - | - 436-6304 | | Collector i | varne <u>w</u> | Mia | m d | Duncon 9-16-09 |
| General Info | rmation - T | his Sec | tion To Be Co | mpleted By L | ab | | | .5 | | | | | تنصرا بعطرة كميكة |
| Lab ID | 000 | 31 | | Lab Receipt D | ate (MMDDYYYY) | (| 09162007 | 1 | Total Colif | ionn Analysis M | ethod Co | ode | 298 |
| | | | <i>‡</i> | i Anatysis Date | (MME/DYYYY) | į | 09/62009 | | E Coli Ana | alysis Method C | ode | | |
| | Mind | -VV | artma | 7/17/09 | (| • | the transfer of the transfer o | | Lab Supe | | | <u> </u> | AN STA |
| Lab Analyst V | | | ature/Cate | 100 | - lit | | Analysis Information – Thi | ic 4 | Section To 8 | de Complé | ted 8 | v Lal | Signature Cato |
| | | nis-Seci | tion To Be Co | mpieted By C | Ollector | ŕ | Analysis indiffication - in | T | Jection to | 3C 001,910 | | 1 | |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Reason (A. B.C. Or or El (See Key) Reblacement Sample? | (Y or Blank) Lousiton Code (See Instructions) | Repeat Location Code [DN, UP, or OR) (See Key) | Sample Time (24 hr) | Free Chlorine (Required for all disinfectants except Chloramine) | Total Chlorine (Required when distributant is Chloramine) | usired when Lab Sample Number An | | Result (Total Collion Count Analysis Time (24 hr) TNTC - or - CN(-G) | | E (Required for l | | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) | |
| Speci (A B C | - S) | Rep (DN, U | | | | | | | (Sée Kirjí) | | | | |
| khi T | 0 0 3 | | | | II.IIS | | AGTTOID | | 400 | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | **** | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | ن <u>ـــائـــائـــالـــ</u> | <u> </u> | | | | Ŀ | PACTERIOLOGICAL | L AN | ALYSIS REPOR | T FROM KEY | | | [Kanadina-Sarad Kanadina-Saradina-Sarad |
| The signatories of the | is form certify by their plyzed and the resulti | ti zenutangia kwali eka two | nat collection and analys by submitted, were | Sample Type | : | | RT = Routine (For Compliance) | | | For Compliance | 2) | SP | = Special (Not for Compliance) |
| completed in records including but not first | ence with the provision ted to 401 KAR 6:200 | ns of 401 KAI , Section 1 s | R Chapter 6, specifically nd 401 KAR 8:040; and | Special Sam | ple Reason: | | A = Suspected Contamination | | C = Treatment Modification E = Line Break, Emergency Repair | | | Line Break, Emergency Repair | |
| the data submitted or collection and ensitys | 15 ouri s si mot ස්ති n nsverog bemoirog ස් | nd eccurate r t to the abov | eport of the results of o-referenced regulations | (Only If Sam; i. | ole Type=SP) | | B = New Plant, Modification, or Line Extension | | D = Study/Ima | ≅sugation | | | |
| Violations of 401 KAR 224.99-010, up to \$2 | ? Chapter 8 are subje 5,000 fine per day per | ct to severe p r violation end | enalites prescribed in K i in some cases a violati | on Repeat Local | tion Code: | | DN = Downstream | | UP = Upstrezi | n | | OR | = Original Site |

i Make of Describe Trans a Dir.



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LAB USE ONL | Y GIANN O. 50 | STODY and ANALYTICAL R Send Results to: | Compliance Monitoring (c Yes ☐ No ☐ | neck one)? | PO# | | |
|---|---|--|--|--|---------------------------------|--|-------------------------|
| Client: CKWD # 12 | BIII 10. | | Samples Chlorinated (ch Yes ☐ No ☐ | eck one)?] | | | |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | INERS | ODE Left) | CODE Left) |
| Batch# | Project Name | Collected by (Signature): | MMLI Quote # (if app | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) | |
| Sample:ID# COLLECTION DATE TIME | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA (See | PRES |
| (24 hr) | | KT | | | | | +- |
| 9-16-09 0620 | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | _ |
| | | | | | | | - |
| | | | | | | | |
| 7 (19 (19 (19 (19 (19 (19 (19 (19 (19 (19 | se call. 2. Samples received unannounced with less than 4 | Is hours holding time remaining may be subject to addition | nal surcharges. 3, Lab reserves the rigi | nt to return unuse | d portions | of samples | to client |
| | DATE | | The state of the s | od of Shipment (c | heck one): MML | SUS P | ostal [3] Client [3] |
| Relinquished by: (Signature) | eccived By: (Signature) OATE Control C) 0900 Sambient | C Temp □ N/A Date | Snipped: "" e si lifi jed:inlby: | | | |
| Deel Hast | 7/16 ₂ | Broken containers? COC agree with sample table Contect containers for results TIME Usaga and savies acceptable | | NOTES | red: | yes 🛭 |] No.I |
| Relinquished by: (Signature) | eceived for MMLI by: | Holding time(s), acceptable? Holding time(s), acceptable? Preservative pH/s acceptable Was pH left unadjusted? All samples listed on COC re | 7. □ □ □ □ clie | ntinformed/on ntRepia | Control of the second | 2000 | |
| DW - Drinking Water SW - Solid Waste | Nitric acia (HNO3) | ulfuric Acid (H ₂ SO ₄) Samples properly preserved | eceived? 🗉 🔟 🗎 Rev | ewedby 2006 | | | |

| McCoy & McCoy I P. O. Box 887 Madiscrulle, KY 424 www.mccoylabs.com | Laboratories | , Inc. | Chain of C | ustody | Lexington KY 659-289-7775 Madisonville KY 270-821-7375 | Paducah KY 270-444-6547 Pikeville KY 808-432-3104 | Louisylle KY 502-961-0001 |
|--|-------------------|--------------------------------|---|--------------|---|--|------------------------------|
| Route: 54 Pro | ject SDWA | | Collected by: | RiW | C | lection Date: | 9-16-09 |
| Center Ridge W Attn: William Di 69 Marguerite B Newconcord KY | uncan Ivd | | P. Ö. Nö: | | | ollection Time: honeFax: 27 | 0-436-6304 |
| CE648509 Cen | ter Ridge W | D#2 Le | ad/Copper 0180509 | _ | 250 (8 0) | 11-1231 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| Logbatch | | | | Composite Si | ample Start Date | 31 | me |
| Sample Nos | 7.0 | | | | Stop Date | Ti | me |
| Field Data By: | | | Date | Time | Fed | al Date | Time |
| pH Mater#: | | pH: | DO Meter#: | | DOI | | |
| Temp: | | CI: | Flow; | | Units; | | vlatrix: Liquid |
| Collection Meth G/C G/C G/C | DW_M DW_C | ETPU_1 UICPMS_1 BICPMS_1 | Analysis Requested Drinking Water Metals Piel Copper by ICP/MS Lead by ICP/MS | 5 A | Bottle Type and Pro 250 ml Plastic Nitric 250 ml Plastic Nitric | Acid 4 c | |
| | 001 003 005 | 064 | | | | | |
| 0 | .13 | 079. | | | | | |

| Relinquished by: | William Luncan | Date/Time: | 9-16-07 0900 | |
|------------------|----------------|------------|--------------|---|
| Received by: | Duch Office | Date/Time: | 9/16/09/1130 | etti v e rete 2 |
| Relinquished by: | | Date/Time: | , | fuel Services |
| Received by: | | Date/Time: | | and the state of the state of |
| Relinquished by: | | Date/Time: | | *************************************** |
| Received by: | | Date/Time: | | |

| McCoy & McCoy Labo P. O. Box 907 Madisonville, KY 42431 www.mccoylabs.com | oratories, Inc. | Chain of Cus | IOUY 85 Mac | ngton KY Paducah F 3-299-7775 270-444- ijsonville KY Pikeville K 5-821-7375 606-432- | 6547 502-961-0001 |
|--|-----------------|---------------------------|----------------|---|--|
| Route: 54 Project | SDWA | Collected by: | RÚ | Collection D | ate: 9-16-09 |
| Center Ridge Water Attn: William Dunca 69 Marguerite Bivd Newconcord KY 420 | | P. O. No: | | Collection Ti | |
| CE648511 Center F | Ridge WD #2 H | AA/THM 0180509 | | | |
| OLONO II OOMOII | HADO TO ME IT | | | THE R. P. R. P. LEWIS CO. P. LEWIS CO. P. | of the state of th |
| Logoatch | | | mposite Sample | Start Date | Time |
| | | | nposite Sample | | |
| Logbatch | | | nposite Sample | Start Date | Time |
| Logbatch Sample Nos | pH: | Cer | Time | Start Date Stop Date | Time Time |
| Logbatch Sample Nos Field Data By: | | Cer Datë | Time D | Start Date Stop Date Fecal Date | Time Time |
| Logbatch Sample Nos Field Data By: pH Mater#: | pH: | Cor Date DO Meter#: | Time D | Start Date Stop Date Fecal Date O: | Time Time Time Matrix: Liquid |

| kelindnizued by: | William Duran | Date/Time: 9 -16-09 | 0900 | |
|------------------|---------------|---------------------|---|-------------------------------------|
| Received by: | | Date/Time: 9/16/09/ | / <u>3</u>) | end about |
| Relinquished by: | | Date/Time: | | fuel Services |
| Received by: | | Date/Time: | The second as all arches from the second architecture and the | gan pina to A. A. 3 John first des. |
| Relinquished by: | | Date/Time: | | entirent hannanannannen entrente |
| Received by: | | Date/Time: | ****** | |

224.99-010, up to \$25,000 line per day per violation and in some cases a violation

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH **BACTERIOLOGICAL ANALYSIS REPORT FORM**

| | eneral Information — This Section To Be Completed By Collector | | | | | | | | | | | | |
|--|--|---|--|--|--------------------------------|-------------------|--|---------|---------------------------|--|--|------------|---|
| PWS ID K | (Y0) | 8 0 | SICISI | | ก | / | ñn | | Complian | ce Period (MMYYYY) |) | | 07762003 |
| PWS Name | CRWI |) 北 | 3 | PWS | Contact | W | <u> Ч</u> | | Collection | (All Samples Reported on this Form were Collected on this Date.) | | | |
| P-VV3 rearie | | | Δ | 1 : | ۵ ۸ | A | - 436-6304 | | | 9.:00 | i n m | J | Juncan 7-16-07 |
| PVVS Address | 69 Man | trulg | is then Conca | ud Ky 42076pws | S Phone of 1 | 0 | - 126 0201 | | Collector | Name Woo | MAS. | | Speakers/Dale |
| General Info | rmation - TI | nis Sect | ion To Be Co | mpleted By L | ab . | | A. A. | 4 | | | | | rDiniff. |
| Lab ID | 000 | | | | ate (MMDOYYYY) | | 09162009 | ; | Total Coli | form Analysis Metho | d Cod | j e | (C) (X) (X) |
| Cab is | Total Control Control | | ± | ,Analysis Date | (MMDDYYYY) | | 09162007 | | E Coli An | ziysis Method Code | | _ | |
| | 100°d | -M | nulan | 0/17/20 | (minus i) | | Charlings of the anger maries comment are referre | | Lab Sup | enisor (| 4/de | | AND 9/12/0 |
| Lab Analyst | MILLY | V .] [| SUPER TOTAL | afri (0) | | | | | | | | . 1 0 | Simonotone |
| Sample Info | rmation - Ti | ris Sect | ion To Be Co | mpleted By Co | ollector | ı | Analysis Information — Th | us T | Section 10 | Be Complete | <u> </u> | T | |
| 6 9 5° | | Key Key | | | · | | | | | Result (Total Collform | ₹ | | |
| SP) | ode Ions) | 8 8 8 | | Free Chlorine | Total Chlorine | | | | 4 b la Timo | Count - or - | Total Coliform (P/A) | ₹ € | Lab Sample Number of Original Sample |
| B Ye or ye or more | (Y or Blank) ocation Codes Instruction | OR) | Sample Time (24 hr) | (Required for all disinfectants except | (Required when disinfectant is | Lab Sample Number | | | Analysis Time (24 hr) | TNTC | 8 | Coll (P/A) | (Required for Repeat and/or Replacement Samples) |
| Semy RAT, R Sell Se C C D | (Y or Blank) Location Code (See Instructions) | Repest Location Code (DN, UP, or OR) (See Key) | , | Chloramine) | Chioramine) | | · · | | | CNFG) | Total | ш | (See Instructions) |
| Semple Type (RT, RP, or 8P) (See Key) Special Semple Resean (A B, C, or E) (See Key) Replacement Sample? | | 0 R | | | | | , | | | (Sée Key) | | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | 5\$1 | | | | | AZBRATA | 1 | TUNO | | A | | |
| BHIL | | | 0161010 | | | | | 4 | 1 - 11 - 1 | | | | |
| | | | | | | | | .4 | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | the second secon | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | 1- | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | <u> </u> | | |
| | | | | | | | | | | | <u> </u> | 1 | |
| | | | | | | | | 3 | | | | | |
| I4 | | J5 | hanne different de hannos i incorred | James Comprehension | 1 | | BACTERIOLOGICA | AL A | ANALYSIS REPO | RT FROM KEY | | | |
| ma water comets and | wand and the result | na data here | hat collection and analy by submitted, were | Carridan 13b | : | | RT = Routine (For Compliance) | | | (For Compliance) | | | = Special (Net for Compliance) |
| completed in accorda | ince with the provision bad to 401 KAR 5:200 | ns of 401 KA . Section 1 s | R Chapter 8, specifical) nd 401 KAR 8:040; and | that } | • | | A = Suspected Contamination B = New Plant, Modification, | | C = Treatmen D = Study/in | nt Modification vestigation | | E= | Line Break, Emergency Repair |
| the data submitted or | a this form is a true or All the morrows in the second | nd accurate i It to the abov | report of the results of re-referenced regulation | i. (Only it Same | ple Type = SP) | | or Line Extension | | D Gardlur | | | | |
| Violations of 401 KAR | Chapter 8 are subje | ct to severe ! | penzitica prescribed in i d in some cases a viola | CRS | tion Code: | | DAL at Downstream | | UP = Upstrei | ज्या इसा | | OF | ? = Original Site |

DN = Downstream

Repeat Location Code:

Make M Camala Time - DDI



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LAB US | SE ONLY | CHAIN C | OF CUS | TODY an | d ANALYTICAL F | REQUEST | | | SP (SA) | are succes | (Decolerate) | it iegi | |
|--|--|--|--|--|---|-----------------------------|---|---|---------------------|---------------|-------------------|--|--|
| SPASSES SECTION AND ADMINISTRATION AND ADMINISTRATI | | Bill To: | | Send Result | s to: | Complianc Y | e Monitorir es 🗆 🗆 | ng (ch No □ | eck on | e)? | PO# | | |
| Client: (RWD#3 ※ | . , . ** | | | e S | | Samples | Chlorinate | *** | ck one | 1 | | | |
| Phone/Email: | To the second se | Phone/Email | | Phone/Emai | l: | PWS | ID# | | STATE | | CONTAINERS | ODE Left) | CODE Left) |
| Batch# | | Project Name | 2 | 11 38 | ı (Signature): | MMLI | Quote # (if | appli | icable) | | ONTA | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# COLLECT | TIME | SAMPLE DESCRIPTIC Composite samples indicate be end time and temp (°C) at en | egin time, | SAMPLE | ANALYSIS REQUESTED ethod ID if known 160B, 6010B/7470A) | (i.e. compo | REMARKS site, grab, fie corrosive | eld | Field pH S.U. | | # OF C | MA. | PRES (St |
| | (24 hr) | 0 0 3 | | RT | | | | | | | | | |
| 9-16-09 | 0600 | N N D Steel | | | | : | | | | | | | - |
| | | | - | | | | | | | | | / | - |
| | • | | | | | | | il ever | | | | | |
| | | | | | | | | | | | | - | |
| | | | - \ | | | | | | | | | | |
| | | | | | | | | 1 1/2/12 of 1 1/2 of | | | | <u> </u> | |
| | | | <u> </u> | | | | | elekti. | | | | ļ | |
| | 1 | | | | | | | | | | | <u> </u> | |
| Expedited services not available for all se | *,0 | in a discontinuous discontinuo | th less than 48 | hours holding time | remaining may be subject to addit | ional surcharges. 3. | Lab reserves ti | ne righ! | t to return | unused | portions, | of samples t | to client. |
| Expedited services not available for all se | | | DATE | | | | NE) | Metho | idiofiShlp T | ment (ch | eck one). MMLI | US Po | ostal □. Client □ |
| Relinquished by: (Signature) | Rece | eived By: (Signature) | 7-16- | (24 hr) () | ii ilced wet/Blue: | C Temp C Temp | ⊡•n/a = | Date | Shipped: | | | | |
| Andrian Muncay | | ull man | | TIME | | YES IN | io: N/A | Airbill | | | | ocation: | |
| Relinquished by: (Signature) | Rec | eived by: (Signature) | DATE | (24 hr) | Custody seals present/intac Broken containers? | | | LAB | NOTIES | | | | |
| · | | | DATE | TIME | COC agree with sample Lab Correct containers for testing | 8)5/ 1972 | | SMEY SESSI | wup actio | Marie Control | 200 100 100 | A STATE OF THE STA | No 🗆 |
| Relinquished by: (Signature) | Rec | eived for MMLI by: | DATE | (24 hr) | Headspace issues acceptable? Holding time(s) acceptable? Preservative pH s acceptable | | | Clien | t informe | lon: | | | <u>- 11 - 1</u> |
| MATRIX CODES: DW – Drinking Water GW – Ground Wate SW – Solid Waste WW – Waste Wate SO – Soil/Solid OL – Oil SL – Studge SU – Surface Wate | HA SH ST | PRESERVATIVE - Nitric acid (HNO ₃) - Hydrochloric Acid (HCI) - Sodium Hydroxide (NaOH) - Sodium Thiosulfate - Zinc acetate | SA – Sult 4C – 4ºC AA – Asco NO– No p | uric Acid (H₂SO₄) orbic Acid oreservative ium sulfite | Was pH left unadjusted? All samples listed on COC/re Samples properly preserve Client's sample documents COC been relinquished? Are/tests listed for each san | eceived? If received? III | | By Revi | t(Rep.) | | | | |

| McCoy & McCoy Laboratories, Inc. P. O. Box 807 Madisonville, KY 42431 www.mccoylabs.com | Chain of Cu | Madison | 9-7775 270-444-6 | 3547 502-961-0001 (|
|---|--|--------------------------|---|---|
| Route: 54 Project SDWA | Collected by: | 比火 | Collection Da | ite: 9-16-03 |
| Center Ridge Water Dist #3 | | | Collection Tir | me: 0610 |
| Attn: William Duncan 69 Marguerite Blvd | P. O. No: | : | PhoneFax: | 270-436-6304 |
| Newconcord KY 42076 | n de la companya da br>La companya da la co | | | |
| CE648609 Center Ridge WD #3 H | HAA/THM 0180502 | | | |
| | | | | |
| Logbatch | C | omposite Sample St | 1 138 30 1 1 1 1 1 1 1 | Time |
| Sample Nos | | Si | op Date | Time |
| Field Data By: | Date | Time | Fecal Date | Time |
| pH Meter#:pH: | DO Meter#: | pø: | | 발로 발표한 경기를 받는 것이다. 일이 되면 함께 되는 것이 되었다. |
| Temp: CI: | Flow: | Uni | ts: | Matrix: Liquid |
| Collection Method Test G / C \$DW_501_1 G / C DW_EX552_1 G / C \$DW_552_1 | Analysis Requested Trihalomethanes (THM) Extraction SDWA HAA EPA 552 Haloacetic Acids | 40 ml Cles 1 Liter Am | e and Preservative ir Vial NA2S2O3 4 c ber Glass NH4CL 4c/I ber Glass NH4CL 4c/I | 4 (2) (3) (4) MA (4) |
| | ing the second s | | 45. | |
| | MAR | | | |
| | | (11.00c Or | | |
| | | , | | |
| | | er de especiale | | |
| | | | | |
| | | | | |
| | 1 | | | |
| Relinquished by: | Duricon | Date/Time: | -16-07 090 | 0, |
| Received by: Duck | Heck | Date/Time: | 1/4/09/130 |) |
| Relinquished by: | | Date/Time: | 7 1 1 | |
| Received by: | | Date/Time: | | - SERVICES |
| Relinguished by: | M IP Med To be properlikely to think to handle by anything beam findy of a pulpage lating on despired. You be of assess sections, secretary | Date/Time: | | ner nt |

Date/Time:

Received by:

SAMPLE CATEGORY = TC

X

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM Be Completed By Collector

| SAMPLE CATEGORY = 1C | BACTERIOLOGICAL | ANALYSIS REPORT | Q1 C11 | G G I G I G I G I G I G I G I G I G I G |
|--|--|--|--|--|
| General Information - This Section To Be Comple | ted By Collector | | Compliance Period (MMYYYY) | CAT EMPOREMENT |
| PWSD IN THE PROPERTY OF THE PR | PWS Contad Bill | | | GPIGAOO9 |
| PUS Name CRWD## | | 4.21 1.304 | Collector Name Turliam | Duncan 7-16-09 |
| | 9076 PWS Phone 210- | 436-6304 | | |
| pros address 69 Marquerite New Concord Ky 4. | lated Buil ab | | and started Cod | . 328 |
| This Section To Be Compa | eled by the suppression (| 59/16/2009 | Total Collisions Analysis Method Cod | |
| Leb 10 OCOS | G Rock | 09162009 | E Coli Analysis Method Code | 0/20 |
| 100 1 | Analysis Date (MMDD7777) | Control of the second of the s | Lab Supervisor | Spinor Care |
| 1 Mindellaria | <u> 29117109 _</u> | | Section To Be Completed B | Lab |
| Lab Areayst Apparation To Ro Comp. | leted By Collector | Analysis Information - Inis | | |
| Sample Information - This Section To Be Comp | | | Result (Total Coliforn E | Lab Sample Number of Original |
| Sample Type (See Key) (See Key) (See Key) (See Key) (A or Bland (Cor Bland (See Instructions) (See Instructions) (See Instructions) (See Instructions) (See Instructions) | | | Analysis Time (24 br) Cours Cours Fint Cours C | Sample Sample Required for Repeat and/or Replacement Samples) |
| Sample Type (RT, RP, or 8P) (See Ker) Special Bemple Reson (Repeatment Sample) (Y or Bland) Location Code (See Instructions) Repeat Location Code (See Instructions) Repeat Location Code (See Ker) Repeat Location Code (See Ker) Repeat Location Code (See Ker) | Free Chlorine Total Chlorine Required for all (Required when | Lab Sample Number | (24 M) THIC | Replacement Samples) W (See Instructions) |
| Sample Time (Capta) Con (C4 m) | infectants except disinfectant is Chloramine) Chloramine) | | CNFG) (See Key) | |
| Sample (See M. Cor Benty Cor | Character | ٠ | (300 (34)) | |
| 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 | | | | |
| | | HERIOTIA | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | Jana Sambana Sami and and | | Manual are of Anna Property and Anna Same |
| | | | Land Maria | M. V. CALLES AND THE WARMEN THAN WHITE THE STATE OF THE S |
| | a di and in selin adjunction disease. | a with the first to the first of the first of the | MA VALLE TO A THE STREET WAS A STREET OF THE STREET | |
| | | | | |
| | | | | |
| | | | | |
| The algumentum of this form certify by their algumentures that collection and analysis of | | BACTERIOLOGICAL A | NALYSIS REPORT FROM KIEY | |
| the water sample ambited and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, appointedly | / A// /PPe: | RT = Routine (For Compliance) | RP = Repeat (For Compliance) | SP = Special (Not for Compliance) |
| Including but not limited to 401 KAR 8.200, Section 1 and 401 KAR 8.040; and 40 KAR 6.040; and 40 KAR | Ay if Sample Type = SP) | A = Suspected Contemination B = New Plant, Modification, or Line Extension | C = Treatment Modification D = Study/Investigation | E = Une Basek, Emergency Repek |
| 224.69-010, up to 525,000 fees por day per violation and in some case. (Rights) the violation to prison. | Repeat Location Code: | CM = Downstream | UP = Upstrazn | OR = Original Size |



McCoy & McCoy Laboratories, Inc. www.mccoylabs.com PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859,299,7775 859,299,7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax 5510 Fern Valley Rd. Suite 104 Promenade Pavilion Louisville, KY 40228 502:961.0001

| SHADED AREA FOR LAB USE (| ONLY CHAIN O | F CUSTODY and ANALYTICA | (L'REQUEST | Please | 7 | il led | D LY |
|--|--|---|---|--|---------------|---------------------------------|--|
| Client: | Bill To: | Send Results to: | Compliance Monitorin Yes ☐ N | g (check one)? lo 🛘 | PO# | | |
| CKWD#4 | | | Samples Chlorinated Yes ☐ N | l (check one)? No 🗓 | | | |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | INERS | ODE Left) | CODE Left) |
| Batch# | Project Name | Collected by (Signature): | MMLI Quote # (if | applicable) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# COLLECTION DATE TIM | E Composite samples indicate beg | SAMPLE ANALYSIS REQUEST in time, Method ID if known | (i.e. composite, grad, i.e. | ld ph temp | # OF G | MA. (See | PRES (St |
| (24) | | RT | | | | ļ | |
| 9-16-09 08 | 39 013 | | | | | | |
| | | | | | 1 | | |
| | | | | | +- | | |
| | | | | | | | + |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | - Joseph 2 Samples received unannounced with | less than 48 hours holding time remaining may be subject to | o additional surcharges. 3. Lab reserves th | e right to return unused | 1 portions | of samples | to client. |
| 1. Expedited services not available for all services Relinquished by: (Signature) | Received By: (Signature) | TIME PROPERTY OF THE PROPERTY | SC Temp. St N/A | UPS U Fedex = Date Shipped : Airbill# | MML | | Jient L |
| Relinquished by: (Signature) | Received by: (Signature) | DATE TIME (24 hr) Gustody, seals spresent (Broken containers? COC agree with sample | e Labels? | Lab Notes | | | 45.00 |
| Relinquished by: (Signature) | Received for MMLI by: | DATE TIME (24 hr) Headspace issues acc Holding time(s) accep Preservative pH's acc Was pH left unadjuste | table? | Followitip action reguli Client informed ion: | | | |
| MATRIX CODES: DW – Drinking Water GW – Ground Water SW – Solid Waste WW – Waste Water SO – Soil/Solid OL – Oil SL – Sludge SU – Surface Water | PRESERVATIVE CO NI – Nitric acid (HNO ₃) HA – Hydrochloric Acid (HCI) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate ZN – Zinc acetate | | COCkrecelyed? | By Reviewed by | | | |

SAMPLE CATEGORY = TC

224.69-010, up to \$25,000 (line per day per violation and in some cases a violation

may subject the violator to prison.

Repeat Location Code:

Make H amount Town ...

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Inf | formation — T | his Sec | tion To Be Co | empleted By C | collector | | | | | | | | |
|---|---|---|---------------------------|-------------------------------------|----------------------------------|-----------|---|-----------------------|------------|--|----------------------|------------|--|
| PWS ID | K Y 0 [| 8 0 | 549 | | | ~ . | Λο | Cos | npsan | nce Period (MMYYY) | n | | 0000 |
| PWS Name | CRW | D# | 4 | PW | 'S Contact | <u>Bi</u> | Щ | Col | lertior | n Date (MMDDYYYY) (All Samples Report | | his For | 09932009 |
| | (9 mas | اميياه | Aa nu Coace | rd Ky 420760w | 97 | Λ. | 436-6304 | Col | larder | | | 6 | Juncan 9-23-09 |
| PVVS Address | | A | | | | Ľ | | | 10,001 | Traile | | | Specture/Cute |
| General Inf | | | tion To Be Co | mpleted By L | <u>ab</u> | | TALADADA TALA | | | | | | CHATEN'S |
| Lab ID | 900 | S. | Α. | Lab Receipt D | Date (MMDDYYYY) | | 03930005 | | al Cofi | iform Analysis Metho | d Cod | le | <u>U9 0:</u> |
| 1 . 1 | NA I | | 1) , . | Analysis Date | (WWDDYYYY) | | 99339008 | EC | ali An | alysis Method Code | | | > <u> </u> |
| Lab Supervisor Lab Supervisor | | | | | | | | | | | | | |
| Sample Info | ormation – T | his Sect | tion To Be Co | mpleted By C | ollector | | Analysis Information – Th | is Section | To | Be Completed | i By | Lat | Sagnascore/Date |
| [E | | - F | | | | | | | | | | | |
| Sample Type (RT, RP, or SP) (See Key) Pecial Sample Resson B. G. D. or El (See Key) | ane) | Code See Ke | | | | | | | | Result (Total Coliform | (P/A) | ~ | Lab Sample Number of Original |
| Type Type S C S C S C S C S C S C S C S C S C S | Blank Blank on Cod struction | catton OR) (S | Sample Time | Free Chlorine (Required for all | Total Chlorine (Required when | | Lab Sample Number | Analysis Tir | ne | Count - or - | Eg | Coll (P/A) | Sample (Required for Repeat and/or |
| Sampl TT, RP (See | (Y or Blank) Location Code (See Instructions) | at Lo | (24 hr) | disinfectants except Chloramine) | disinfectant is Chloramine) | | | (24 hr) | | TNTC -or- | Total Coliform (P/A) | S U | Reptacement Samples) (See Instructions) |
| Special (A. B. O. | Keplik (3. L | Repeat Location Code (DN, UP, or OR) (See Key) | | | | | • | | | CNFG) (See Key) | 15 | | |
| | | | | | | | | and the second second | A Distance | See tong promong processor (from the | · As | | |
| RIJ | CCY | | 0 730 | 11.114 | 11.1817 | | HGH81H7 | 150 | \supset | | H | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | ***** | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| BACTERIOLOGICAL ANALYSIS REPORT FROM KEY | | | | | | | | | | | | | |
| the water sample are | is form certify by their a slyzed and the resultin | g data hereb | y submitted, were | Sample Type: | | | RT = Routine (For Compliance) | RP = Re | peet (| For Compliance) | | SPE | Special (Not for Compliance) |
| including but not im | ance with the provision Red to 401 KAR 8:200, | Section 1 an | d 401 KAR 8:040; and t | that Special Samp | | | A = Suspected Contamination | | | Modification | | E=1 | Line Break, Emergency Repair |
| collection and analys | in this form is a true an its performed pursuant | to the above | encilatunges becamerature | | ie Type = SP) | | 8 = New Plant, Modification, or Line Extension | D = Stud | улпче | sogation | | | |
| Jaletions of 401 MAI | 2 Chambre 8 per cubics | I to common ou | Di ni hadiczena e-mina | RE A | | | | | | | | | |

DN ≈ Downstream

UP = Upstream

OR = Original Site



McCoy & McCoy Laboratories, Inc. www.mccoylabs.com PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859,299.7775 859,299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax 5510 Fern Valley Rd. Suite 104 Promenade Pavilion Louisville, KY 40228 502.961.0001

| | | STODY and ANALYTICAL R | QUEST | | Please | e pri | nt leg | ibly. |
|--|--|--|---|--------------------------------|------------------------------|--|---------------------------------|--|
| SHADED AREA FOR LAB USE ONL | Bill To: | Send Results to: | Compliance Monitori | ng (check No 🏻 | (one)? | PO# | | معارجوا ما معمارة المام |
| CRWD#4 | | | Samples Chlorinate Yes ☐ | d (check No 🗆 | one)? | : | | , Adam of the state of the stat |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | <u> </u> | ATE | CONTAINERS | ODE Left) | E CODE Left) |
| ≅Batch#.∜ | Project Name | Collected by (Signature): | MMLI Quote # (i | f applicat | ole) | ONTA | MATRIX CODE (See Lower Leff) | PRESERVATIVE CODE (See Lowert Left) |
| Sample ID#. COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARK (i.e. composite, grab, fi readings, corrosive | eld P | ield Data H Temp U. °C | # OF G | MA (See | PRES (S |
| 7-13-07 073 | 7 - 31 | RT | | | | | | |
| 1-77-01 413 | | | | | | 1 | | |
| | | | | | | + | | |
| | | | | | | | | |
| | | | | | | 1 | | |
| | | | 1 | | | | | |
| | | | | | | | | |
| | | Shirt on | | | | | A | |
| | se call. 2. Samples received unannounced with less than 4 | hours holding time remaining may be subject to addition | al surcharges. 3. Lab reserves | the right to r | eturn unused | d portions | of samples | to client. |
| Relinquished by: (Signature) | DATE DATE DATE DATE DATE | TIME (24 hr) C Conditions previated (24 hr) C Conditions previated (24 hr) C C C C C C C C C C C C C C C C C C C | Temp IDIN/A. YES NO WAS | UPS □ Date Shipi Airbil# | FedEXIII | MML | LΠ | Cileit ⊡ |
| Relinquished by: (Signature) | | (24 hr) Gustody/seals present/intact? Brokencontainers? COC, agree with sample Labels Correct containers for testing | | LABINOTII | iby <u> </u> | red | yes L |] No 🗆 |
| Relinquished by: (Signature) | eceived for MMLI by: DATE | TIME (24 hr): Headspace issues acceptable; Holding dime(s) acceptable; Preservative phis acceptable; Was phileft unadjusted; All samples listed on COC rec | | Clientiinfo | ormedion: <u>-</u> | i i | | |
| SW – Soil/Solid SU – Village Water SO – Soil/Solid OL – Oil SU – Surface Water | A - Hydrochloric Acid (HCI) | Ifuric Acid (H2SO4) Samples properly preserved? | Ceived? (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | By Reviewer Date | liby: | | | |

SAMPLE CATEGORY = TC

may subject the violator to orison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

General Information — This Section To Be Completed By Collector 80507 PWS ID Compliance Period (MMYYYY) RWD# PWS Name PWS Contact Collection Date (MMDDYYYY) (All Samples Reported on this 270-436-6304 6 9 Marghertte New Concord Ky 430 Hows Prone PWS Address Collector Name General Information - This Section To Be Completed By Lab Lab ID Lab Receipt Date (MMDDYYYY) Total Coliform Analysis Method Code Analysis Date (MMDDYYYY) E Coli Analysis Method Code _ab Analyst Lab Supervisor Sample Information - This Section To Be Completed By Collector Analysis Information - This Section To Be Compléted By Lab Repeat Location Code (DN, UP, or OR) (See Key) Result Sample Type (RT, RP, or SP) (See Key) edel Sample Reset C, C, or E) (See F spleoment Sample Location Code (See Instructions) Total Coliform (P/A) (Total Coliform Lab Sample Number of Original Coll (P/A) Free Chlonne Total Chiorine Count Sample Sample Time (Required for all (Required when Analysis Time - Of -(Required for Repeat and/or Lab Sample Number (24 hr) disinfectants except disinfectant is TNTC (24 hr) Replacement Samples) Chloramine) Chloramine) - Of -(See Instructions) CNFG) (See Key) KIT BACTERIOLOGICAL ANALYSIS REPORT FROM KEY The signatories of this form certify by their signatures that collection and analysis of Sample Type: the water sample analyzed and the resulting data hereby submitted were RT = Routine (For Compliance) RP = Repeat (For Compliance) SP = Special (Not for Compliance) completed in accordance with the provisions of 401 KAR Chapter 8, specifically Special Sample Reason: A = Suspected Contamination including but not arrated to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that C = Treatment Modification E = Line Break, Emergency Repair the data submitted on this form is a true and accurate report of the results of (Only if Sample Type = SP) B = New Plant, Modification, D = Study/Investigation collection and analysis performed pursuant to the above-referenced requisitions. or Line Extension Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation

DN = Downstream

UP = Upstream

OR = Original Site

Repeat Location Code:

Muhr & Camala Tima a DES



McCoy & McCoy Laboratories, Inc. www.mccoylabs.com PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785.fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY .42003 270.444.6547 270.444.6572 fax 5510 Fern Valley Rd. Suite 104 Promenade Pavilion Louisville, KY 40228 502.961.0001

| SHADED AREA FOR LAB USE G | ONLY CHAIN | OF CUS | STODY and ANALYTICAL R | EQUEST | Pleas | 1 | nt leg | ibly. |
|---------------------------------------|---|--|---|--|----------------------------------|-------------------|---------------------------------|--|
| Client: | Bill To: | ANCEST CONTROL OF THE | Send Results to: | Compliance Monitoring (Yes D No | check one)? | PO# | | |
| CKND#2 | | | | Samples Chlorinated (c Yes ☐ No | heck one)? | | | |
| Phone/Email: | Phone/Email | ÷ | Phone/Email: | PWS ID# | STATE | CONTAINERS | ODE Left) | cobe |
| Batch#: | Project Name | | Collected by (Signature): | MMLI Quote # (if ap | plicable) | ONTA | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# COLLECTION DATE TIME (24 h | | begin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA. | PRES! |
| | 030 00 H | | RT | | | | · | |
| 1-71-01 61 | 030 001 | | | | | | | |
| | | | | | | | | - |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | · . | | | | | | |
| | A Complex received unannounced v | with less than 48 | hours holding time remaining may be subject to addition | l nal surcharges. 3. Lab reserves the ri | iht to return unused | portions | of samples t | o client. |
| | Received By: (Signature) | DATE | TIME CONDITIONS UPON REC | EIPT (CHECK ONE) | hod of Shipment (c | ieck one) MMLI | # US Po | istal 🖸 ilient 🗵 |
| Relinquished by: (Signature) | Drub Vihat | 9-23. | (24 hr) 国 iced wei Blue, <u>中部</u> のりのの III. Ambient | Temp. N/A Da | e Shipped sill# | | | |
| Relinquished by: (Signature) | Received by: (Signature) | DATE | TIME (24 hr) Custody seals present/intact/ Broken containers/ | YES NO N/A LO | igediin by | | | |
| | | | COC agree with sample Label | | B(NOTES) | | | |
| Relinquished by: (Signature) | Received for MMLI by: | DATE | TIME (24hr) Headspace issues acceptable Holding time(s) acceptable? Preservative pH syacceptable Was pH left unadjusted? | | low.up.action.requi | | | |
| MATRIX CODES: | PRESERVATIVI NI – Nitric acid (HNO ₃) HA – Hydrochloric Acid (HCI) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate ZN – Zinc acetate | SA – Sulfu 4C – 4°C AA – Asco NO– No p | Allssamples listed on COC recurring Acid (H ₂ SO ₄) Samples properly preserved? Client's sample documents to | | viewed by | | | |

SAMPLE CATEGORY = TC

224.99-010, up to \$25,000 fine per day per violation and in some cases a violation

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

General Information – This Section To Be Completed By Collector Compliance Period (MMYYYY) PWS ID Collection Date (MMDDYYYY) PWS Name PWS Contact (All Samples Reported on this William Duncan 9- & 270-436-6304 6 9 Margherite New Concord Ky 430 Hows Prone Collector Name PWS Address General Information — This Section To Be Completed By Lab 039009 Lab Receipt Date (MMDDYYYY) Total Coliform Analysis Method Code Lab ID 09 202029 Analysis Date (MMDDYYYY) E Coli Analysis Method Code Lab Analysi Lab Supervisor Sample Information - This Section To Be Completed By Collector Analysis Information - This Section To Be Completed By Lab Repeat Location Code (DN, UP, or OR) (See Key) Result Sample Type (RT, RP, or SP) (See Key) Special Sample Reser A B, C, or E) (See K Replacement Sample (Y or Blank) Total Coliform (P/A) Location Code (See Instructions) (Total Coliform Lab Sample Number of Original Coll (P/A) Free Chlorine **Total Chlorine** Count Samole (Required for all Sample Time (Required when Analysis Time (Required for Repeat and/or Lab Sample Number (24 hr)disinlectants except disinfectant is (24 hr) TNTC Replacement Samples) Chloramine) Chioramine) - Of -(See Instructions) CNFG) (See Key) BACTERIOLOGICAL ANALYSIS REPORT FROM KEY The signatories of this form certify by their signatures that collection and analysis of Sample Type: the water sample analyzed and the resulting data hereby submitted, were RT = Routine (For Compliance) RP = Repeat (For Compliance) SP = Special (Not for Compliance) completed in accordance with the provisions of 401 KAR Chapter 6, specifically Special Sample Reason: A = Suspected Contamination C = Treatment Modification E = Line Break Emergency Repair including but not limited to 401 KAR 8:200, Section 1 and 601 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of (Only if Sample Type = SP) B = New Plant, Modification, D = Study/Investigation collection and analysis performed pursuant to the above-referenced regulations. or Line Extension Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS

DN = Downstream

UP = Upstream

OR = Original Site

Repeat Location Code:

Vender of comments them a some



McCoy & McCoy Laboratories, Inc. www.mccoylabs.com PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax 5510 Fern Valley Rd. Suite 104 Promenade Pavilion Louisville, KY 40228 502.961.0001

| | AL MAINE | OE CIUS | STODY and ANALYTICAL F | REQUEST | Pleas | e prii | nt leg | ibly. |
|--|---|--|---|--|---|---------------|---------------------------------|--|
| HADED AREA FOR LAB-USE O | NEY GEAIN. | | Send Results to: | Compliance Monitoring (c | heck one)?] | PO# | | |
| Client: | Вш то. | | | Samples Chlorinated (ch Yes ☐ No [| eck one)? | | | |
| Phone/Email: | Phone/Email | | Phone/Email: | PWS ID# | STATE | OF CONTAINERS | ODE Left) | E CODE |
| Batch# | Project Name | | Collected by (Signature): | | | ONTA | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# COLLECTION DATE TIME | SAMPLE DESCRIPTION Composite samples indicate b | egin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | #OFC | MA (See | PRES |
| (24 hr) | 00 11 | na mile | RT | | | | | + |
| 1-5300 00 | 06 | · · · · · · · · · · · · · · · · · · · | | | | | | + |
| | | | | | | | | + |
| | | | | | | | | + |
| | | | | | | | | 1. |
| | | <u> </u> | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Jacob Call 2 Samples received unannounced w | vith less than 48 | 3 hours holding time remaining may be subject to addition | onal surcharges. 3. Lab reserves the rig | ht to return unuse | d portions | of samples | to client. |
| 1. Expedited services not available for all services. Relinquished by: (Signature) | Received By: (Signature) | 9-33 | (24 hr) | C Temp C Temp C Temp A Date Airb | Shipped: | | | |
| Relinquished by: (Signature) | Received by: (Signature) | DATE | (24 hr) Cüstody/seals-present/intact Broken/containers 2 GOC agree with sample Labe Correct containers for destin | | NOTES 2 | | | |
| Relinquished by: (Signature) | Received for MMLI by: | DATE | Headspace assues acceptable Holding time(s) acceptable? | | ow/up/action/requ ntinformed on: a nt/Replace | | | |
| MATRIX CODES: DW – Drinking Water GW – Ground Water SW – Solid Waste WW – Waste Water SO – Soil/Solid OL – Oil SL – Sludge SU – Surface Water | PRESERVATIVE NI – Nitric acid (HNO ₃) HA – Hydrochloric Acid (HCt) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate ZN – Zinc acetate | SA - Sul 4C - 4°C AA - Asc NO- No | Milesamplessistedion COCite Allesamples properly preserved | cceived? By Received? Rec | /lewedby: | | | |

X

SAMPLE CATEGORY = TC

224.69-070, up to \$23,000 fine per day per violation and in some cases a violation easy cubicat time violation to potent.

Repeat Location Code:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

| General Ir | nformation —] | This Se | ction To Be Co | BAC Empleted By C | FERIOLOGI collector | CAL ANALYSIS REPOR | T FORM | | |
|--|--|---|--|---|--|---|---|--------------------------------|--|
| PWS ID | K Y 0 [| 8/3 | 1:06 | | | | Compliance Period | (MMAXXXX) | 019/81010P |
| PVVS Name | CRW. | D # | <u> </u> | PW | S Contact | Bill | Collection Date (MM | IDDYYYY) oles Reported on t | |
| PWS Address | | | New Concord | | | 10 - 434-6304 | Collector Name | - | n Duncan 7-23-07 |
| | General Information — This Section To Be Completed By Lab ab ID 000 07 Lab Receipt Date (MMDD77777) COMPANDED C | | | | | | | | |
| Lab ID | | 9/ | ! | Lab Receipt D | tale (MMDDYYYY) | 09939009 | | sis Method Cod | |
| Lab Analyst | Nu | di | Mar | Analysis Date | (MMDDYTYY) | 2303005 | E Coli Analysis Meti | rod Code | 2/04/ BentanDel |
| Sample In | formation - T | his Sec | tion To Be Co | mpleted By Co | ollector | Analysis Information – Th | is Section To Be Con | pleted By | |
| Sample Type (RT, RP, or BP) (See Kery) Special Bample Reson (14, B, C, D, or E) (See Kery) | Replacement Sample? (Y or Blank) Location Code (See Instructions) | Repeat Location Code (DM, UP, or OR) (See Key) | Sample Time (24 hr) | Free Chlorine (Required for all disinfectaris except Chloramine) | Total Chlorine (Required when distrisctant is Chloramine) | Lab Sample Number | Res (Total C Con Analysis Time - o (24 hr) Th - o CNf (Seë | otal Conflorm (P/A) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| RII | HIG | | % १०० | 1.13 | WE.T | AGP875DI | /sas | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | <u></u> | <u>aaa</u>] | | | RACTERIOLOGICAL | ANALYSIS REPORT FROM K | | |
| he weller semple a | vis form comply by their a velyted and the resulting | g data hereb | y submitted, were | Sample Type: | | RT = Rouline (For Compliance) | RP = Repeat (For Complia | | SP = Special (Not for Compliance) |
| completed in accerd ncluding but not be ncluding but not be the data autombted | tunes with the provision; what to 401 KAR 8:200, on this form is a true and the performed pursuant | s of 401 KAR Section 1 and decreases | Chapter 6, specifically id 401 KAR 8:040; and the room of the results of | Special Sarepi (Only if Sampi | | A = Suspected Contamination B = New Plant, Modification, or Line Evidension | C = Treatment Modification D = Study/Investigation | | E = Line Breek, Emergency Repair |

ON - Downstreem

UP = Upstreen

OR - Original Site



McCoy & McCoy Laboratories, Inc. www.mccoylabs.com PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax 5510 Fern Valley Rd. Suite 104 Promenade Pavilion Louisville, KY 40228 502.961.0001

| | NIV CHAIN O | F CUS | TODY and ANALYTICAL R | EQUEST | Pleas | e pri | nt legi | ibly. |
|--|--|---|--|---|--------------------------------------|-------------------------------|---------------------------------|--|
| SHADED AREA FOR LAB USE C | Bill To: | | Send Results to: | Compliance Monitoring (c Yes ☐ No [| heck one)? 그 | PO# | | |
| CRWD# 4 | | | | Samples Chlorinated (ch Yes ☐ No [| neck one)? | | | |
| Phone/Email: | Phone/Email | | Phone/Email: | PWS ID# | STATE | NERS | DDE Left) | CODE eff) |
| Batch# | atch#: Project Name | | Collected by (Signature): | MMLI Quote # (if applicable) | | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample:ID# COLLECTION DATE TIME (24 h | | in time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | #0F0 | MA (Sec | PRR (S) |
| | (H) (A) | | A.T. | | | | | - |
| 1-23 67 08 | 017 | | | | | | | 1 |
| | · | | | | | | | |
| | | | | | | | | |
| | | | | | | | | - |
| | | | | 14.1 | | | <u> </u> | |
| | | | | | | | | |
| | | | | | | | <u> </u> | |
| | | | | | | | | |
| III ble fee all continue | please call 2. Samples received unannounced with | less than 48 h | nours holding time remaining may be subject to addition | nal surcharges. 3. Lab reserves the rig | ht to return unus | ed portions | of samples t | o client. |
| Relinquished by: (Signature) | Received By: (Signature) | DATE | TIME CONDITIONS UPONIREC (24 hr) Sided wet/Bibe 2000 | EIPT (CHECK ONE) | ☑ _ FedEx L Shipped: | check(one)] MML | US Po | ista U Jient O |
| tudicon Wherean | VIWA PA | DATE | TIME | YES NO NA | gediniby: | | ocation; 55 | |
| Relinquished by: (Signature) | Received by: (Signatúre) | | (24 hr) Gustody-seals-present/intact/ Broken containers? COC agree with sample Habels Correct containers for testing | | NOTES | THE STATE OF THE PARTY OF THE | | |
| Relinquished by: (Signature) | Received for MMLI by: | DATE | (24 hr) Headspace issues acceptable Holding time(s) acceptable; Preservative pH is acceptable; was nH in timed justed? | | ow.up.action/requ nt informed on: | | | |
| MATRIX CODES: DW – Drinking Water GW – Ground Water SW – Solid Waste WW – Waste Water SO – Soil/Solid OL – Oil SL – Sludge SU – Surface Water | PRESERVATIVE CO NI – Nitric acid (HNO ₃) HA – Hydrochloric Acid (HCI) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate ZN – Zinc acetate | ODES: SA – Sulfui 4C – 4°C AA – Ascor NO– No pr SS – Sodiu | All samples listed on COC rec ric Acid (H ₂ SO ₄) Samples properly preserved? bic Acid Client's sample documents re eservative GOC been relinquisited? | oived? □ □ □ □ By □ □ □ □ By coived? □ □ □ Rev □ □ □ □ □ Rev | iewertby: | | | |







McCoy & McCoy Laboratories, Inc. P. O. Box 907

Madisonville, KY 42431 www.mccoylabs.com

Lexington KY 859-299-7775 Madisonville KY 270-821-7375 Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water Dist #2 Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 09/24/09 Client: CE648509 Batch No: 09091509

These analytical results have not been submitted to the Kentucky Division of Water. The reports require signature/date from a representative of the PWS. Therefore these results have been submitted directly to the PWS for signature and subsequent submittal to the Kentucky Division of Water.

| Result | detected | MCL | Result Units |
|--------|----------|-------|--------------|
| 1022 | Copper | 1.3 | 0.003 mg/l |
| 1030 | Lead | 0.015 | 0.003 mg/l |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

LEAD AND COPPER ANALYSIS REPORT FORM

This Section To Be Completed By Collector

| PWS ID KY01 | 80509 Location Code | 001 Loc | ation Name | 81 LAKESHORE DR | |
|---------------|---------------------|---|------------|-------------------|------------------------------------|
| PWS Name | CENTER RIDGE WATE | R DISTRICT #2 | | | 1 = Trained Homeowner |
| PWS Address | 69 MARGUERITE BLVD | , NEW CONCORD, KY 42076 | | Sample Taken By 1 | 2 = Trained Utility Representative |
| PWS Contact | WILLIAM M DUNCAN | | | | 3 = Other |
| PWS Phone | 270-436-6304 | Sample Type RT | PWS Repr | esentative | |
| Sample Date (| 09162009 Time 0640 | RT = Routine (For Compliance) SP = Special (Not for Compliance) | · | | Signature/Date |

| Lab ID: Lab Analy | vst Matt Taylor 09/24/2009 Signature/Date | ımber AG9 | 06692 | Lab Phone Lab Supervisor | 270.821.7375 Mark Dimor | v 09/34/09 |
|----------------------|---|-------------------------|-------|-----------------------------|---|--------------------------|
| Analyte Code | Analyte Name | Analysis Method Code | < | | sult (mg/L) -or- Reporting Limit (mg/L) | Analysis Date (MMDDYYYY) |
| 1022 | Copper | 797 | | | 0.003 | 09222009 |
| 1030 | Lead | 797 | | | 0.003 | 09222009 |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

LEAD AND COPPER ANALYSIS REPORT FORM

This Section To Be Completed By Collector

| PWS ID KY01 | 80509 Location Code | 003 Loc | ation Name | 216 LAKEPOINT LN | • |
|------------------------|---------------------|---|------------|------------------|-----------------------|
| PWS Name | CENTER RIDGE WATE | R DISTRICT #2 | | | 1 = Trained Homeowner |
| PWS Address | 69 MARGUERITE BLVD | , NEW CONCORD, KY 42076 | | Sample Taken By | |
| PWS Contact | WILLIAM M DUNCAN | | | _ | 3 = Other |
| PWS Phone | 270-436-6304 | Sample Type RT | PWS Repre | esentative | |
| Sample Date (MMDDYYYY) | 09162009 Time 0700 | RT = Routine (For Compliance) SP = Special (Not for Compliance) | • | | Signature/Date |

| Lab ID: | 00030 Lab Sar | mple Number _A | \G96693 | Lab Phone | 270.821.7375 | |
|--------------|---------------|-----------------------|---------|---|--------------|--------------------------|
| Lab Analy | | | | Lab Supervisor | maye Deman | |
| | Signature/Dat | e | | | Signal | ure/Date |
| Analyte Code | Analyte Name | Analysis Method Co | | Result (mg/L) -or- Lab Minimum Reporting Limit (mg/L) | | Analysis Date (MMDDYYYY) |
| 1022 | Copper | 797 | | | 0.003 | 09222009 |
| 1030 | Lead | 797 | | | 0.003 | 09222009 |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

LEAD AND COPPER ANALYSIS REPORT FORM

This Section To Be Completed By Collector

| PWS ID KY01 | 80509 Location Code | 005 Loca | ation Name | 283 LAKEPOINT LN. | |
|---------------|---------------------|---|------------|---|------------------------------------|
| PWS Name | CENTER RIDGE WATER | R DISTRICT #2 | | | 1 = Trained Homeowner |
| PWS Address | 69 MARGUERITE BLVD, | NEW CONCORD, KY 42076 | | Sample Taken By 1 | 2 = Trained Utility Representative |
| PWS Contact | WILLIAM M DUNCAN | | | - | 3 = Other |
| PWS Phone | 270-436-6304 | Sample Type RT | PWS Repre | esentative | |
| Sample Date (| 09162009 Time 0710 | RT = Routine (For Compliance) SP = Special (Not for Compliance) | • | 4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | Signature/Date |

| Lab ID: | 00030 Lab Sample Nu | mber AG9 | 96694 | Lab Phone | 270.821.7375 | |
|---|---------------------|-------------------------|-------|---|--------------------|--------------------------|
| Lab Analyst Matt Taylor 09/24/2009 Signature/Date | | | | Lab Supervisor | Mark De Man Signat | U9 134 109 ure/Date |
| Analyte Code | Analyte Name | Analysis Method Code | < | Result (mg/L) -or- Lab Minimum Reporting Limit (mg/L) | | Analysis Date (MMDDYYYY) |
| 1022 | Copper | 797 | | | 0.003 | 09222009 |
| 1030 | Lead | 797 | | | 0.003 | 09222009 |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

LEAD AND COPPER ANALYSIS REPORT FORM

This Section To Be Completed By Collector

| | PWS ID KY0 | 180509 Location Code | 009 Loc | ation Name | 15 TEAROSE | | |
|---|------------------------|----------------------|---|------------|-----------------|---|------------------------------------|
| | PWS Name | CENTER RIDGE WATER | R DISTRICT #2 | | | | 1 = Trained Homeowner |
| ļ | PWS Address | 69 MARGUERITE BLVD | , NEW CONCORD, KY 42076 | | Sample Taken By | 1 | 2 = Trained Utility Representative |
| | PWS Contact | WILLIAM M DUNCAN | | | | | 3 = Other |
| | PWS Phone | 270-436-6304 | Sample Type RT | PWS Repre | esentative | | |
| | Sample Date (MMDDYYYY) | 09162009 Time 0720 | RT = Routine (For Compliance) SP = Special (Not for Compliance) | | | | Signature/Date |

| Lab ID: | 00030 Lab Sample Nu | mber AG9 | 6695 | Lab Phone | 270.821.7375 | |
|---|---------------------|-------------------------|------|---|------------------------|--|
| Lab Analyst Matt Taylor 09/24/2009 Signature/Date | | | | Lab Supervisor | Mark De Mens Signat | <i>J. 04 1</i> 34 <i> 09</i> ure/Date |
| Analyte Code | Analyte Name | Analysis Method Code | ٧ | Result (mg/L) -or- Lab Minimum Reporting Limit (mg/L) | | Analysis Date (MMDDYYYY) |
| 1022 | Copper | 797 | | | 0.003 | 09222009 |
| 1030 | Lead | 797 | | | 0.003 | 09222009 |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

LEAD AND COPPER ANALYSIS REPORT FORM

This Section To Be Completed By Collector

| PWS ID KY01 | 80509 Location Code | 013 Loc | ation Name | 237 LAKESHORE DR. | |
|---------------|---------------------|--|-------------|-------------------|------------------------------------|
| PWS Name | CENTER RIDGE WATER | R DISTRICT #2 | | | 1 = Trained Homeowner |
| PWS Address | 69 MARGUERITE BLVD | , NEW CONCORD, KY 42076 | | Sample Taken By 1 | 2 = Trained Utility Representative |
| PWS Contact | WILLIAM M DUNCAN | | | | 3 = Other |
| PWS Phone | 270-436-6304 | Sample Time DT | PWS Repre | esentative | |
| Sample Date (| 09162009 Time 0650 | Sample Type RT RT = Routine (For Compilance) SP = Special (Not for Compliance) | | | Signature/Date |

| Lab ID: | 00030 Lab Sample No | umber AG9 | 6696 | Lab Phone | 270.821.7375 | |
|--------------|--|-------------------------|------|---|--------------|--------------------------|
| Lab Analy | st Matt Taylor 09/24/2009 Signature/Date | | | Lab Supervisor | mark Demen | v 09/34/07 ure/Date |
| Analyte Code | Analyte Name | Analysis Method Code | ٧ | Result (mg/L) -or- Lab Minimum Reporting Limit (mg/L) | | Analysis Date (MMDDYYYY) |
| 1022 | Copper | 797 | | | 0.003 | 09222009 |
| 1030 | Lead | 797 | | | 0.003 | 09222009 |



McCoy & McCoy Laboratories, Inc.

P.O. Box 907 Madisonville, KY 42431 270-821-7375

| SAMPLE ACCEPTANCE/CONDITION CHECKLIST |
|--|
| ient: Center Rides, Logbatch No 9091509 Lab No.: A696692-694 |
| ample Delivery Type (circle): US Postal UPS FedEx MMLI Client |
| ample Receipt Checklist: |
| a. Were custody seals used on outer package, and/or sample containers? |
| b. Were sample containers received damayed? c. Cooler Temp. (circle) Acceptable Unacceptable |
| d. Were the samples accompanied with a Chain-of-Custody or other transferable document? |
| e: Was all information recorded to defend the sample transfer & submittal? |
| f. Is each sample and container uniquely identified on the COC? |
| g. Were all samples in appropriate containers? |
| h. Did all samples have appropriate volumes? |
| i. Were all samples submitted within sample holding times? |
| j. Were "Collection Methods" recorded? |
| k. Were "Flow Units" recorded? |
| Logged In By: Date: QUECO |
| |
| Action Required: Client Informed on/ Client Rep:By:No Action Required, see notesNo Action Required |
| Reviewed By: BKH Project Manager Date: 9,18,09 |
| Q:\MADISONVILLE\ADMIN\Forms & Labels\Sample Checklist.doc |







McCoy & McCoy Laboratories, Inc. P. O. Box 907 Madisonville, KY 42431 www.mccoylabs.com Lexington KY 859-299-7775 Madisonville KY 270-821-7375 Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water System Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 09/25/09 Client: CE648410 Batch No: 09091512

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

HALOACETIC ACIDS FIVE (HAA5) AND TOTAL TRIHALOMETHANE (TTHM)
ANALYSIS REPORT FORM

This Section To Be Completed By Collector

| PWS ID KY0 | 180549 | | |
|-------------|---|----------------|------------------|
| PWS Name | CENTER RIDGE WATER SYSTEM | PWS Contact | WILLIAM M DUNCAN |
| PWS Address | 69 MARGUERITE BLVD, NEW CONCORD, KY 42076 | PWS Phone | 270-436-6304 |
| | | Collector Name | BILL DUNCAN |
| | | | Signature/Date |
| Lab ID | 00030 | Lab Phone | 270.821.7375 |

Lab Supervisor

mark Dimon 09/25/09

Signalure/Date

This Section To Be Completed By Lab

Tawanna Duncan 09/25/2009

Signature/Date

Lab Analyst

| PWS ID KY Sample Date | 70180549 Location Code 09162009 Time 0810 | 006 Sai | Locat | ion Name RT 6 BOX 262A /pe RT RT=Routine Lab San SP=Special | nple Number AG96699 |
|--------------------------|---|-------------------------|-------|---|--------------------------|
| Analyte Code | Analyte Name | Analysis Method Code | < | Result (mg/L) -or- Lab Minimum Reporting Limit (mg/L) | Analysis Date (MMDDYYYY) |
| 2456 | HALOACETIC ACIDES FIVE (HAA5) | 737 | < | . 0.001 | 09252009 |
| 2950 | TOTAL TRIHALOMETHANE (TTHM) | 721 | < | 0.001 | 09222009 |

Louisville KY

| McCoy & McCoy Labo P. O. Sox 807 Madisonville, KY 42434 www.mccoylabs.com | pratories, inc. | Chain of Cu | istocly | 659-299-7775 Madisonville KY 270-821-7375 | 270-444-6547 Pikeville KY 606-432-3104 | 502-90 | 51-0001 |
|--|--|--|---|---|--|----------|---|
| Route: 54 Project | SDWA | Collected by: | RISI | C | Collection Date: | 7-16. | -09 |
| Center Ridge Water | | . • | maken constituted to see to see the sector of the | (| collection Time: | 190 | G |
| 69 Marguerite Blvd | Attn: William Duncan | | PhoneFax: | | | 0-436-63 | 304 |
| CE648410 Center F | Ridge WD #1 F | IAA/THM 0180549 | rpedr miles | 816 1181 | er inmai e i | | ic re |
| Logbetch | 096915 | .12 0 | omposite S | emple Stert Dat | in the second se | ime | r ju ud y tur Saltanu, tu acy nymu karism |
| Sample Nos | nc. | 7101097 | | Stop Date | Encourant desperant | lme | annin samus is samend sundes in an |
| Field Data By: | f: | Date | Time | | cal Date | Ti | me |
| pH Meter#: | pH: | DO Meter#: | | DO: | , consistence delicas, nor 10 for quarte | | |
| Temp: | (;l: | Flow: | and an income some experiency start to track of a manager | Units: | | Matrix: | Liquid |
| Collection Method G/C G/C | Test \$DW_501_1 \$DW_552_1 DW_EX652_1 | Analysis Requested Trinslomethanes (THM) EPA 552 Haloacetic Acids Extraction SDIVA HAA | | <u>Sottle Type and F</u> 40 ml Clear Vial IV 1 Liter Amber Glad 1 Liter Amber Glad | N28203 4 c us NH4CL 4c/Ext F | | |
| XX6- Max Re | Max | Detat Stephens | BOY | (265 | | | |
| 4 | and the second of the second o | | | 6 · · · · · · · · · · · · · · · · · · · | | • | |

Date/Time: Relinquished by: Date/Time: Received by: FUEL Relinquished by: Received by: Date/Time: Date/Time: Relinquished by: Date/Time: Received by:

McCoy & McCoy Laboratories, Inc.

P.O. Box 907 Madisonville, KY 42431 270-821-7375

| SAMPLE ACCEPTANCE/CONDITION CHECKLIST | |
|--|--|
| Client enter Ridog: Logbatch No.: 09091512 Lab No.: AG9 6699 | Marinton mornal de la companya de la |
| Sample Delivery Type (circle): US Postal UPS FedEx MMU Client | |
| Sample Receipt Checklist: | |
| a. Were custody seals used on outer package, and/or sample containers? | YES NO |
| b. Were sample containers received damaged? | |

Unacceptable

| d. | Were the samples accompanied with a Chain-of-Custody or other |
|----|---|
| | transferable document? |

- e. Was all information recorded to defend the sample transfer & submittal?
- f. Is each sample and container uniquely identified on the COC?
- g. Were all samples in appropriate containers?
- h. Did all samples have appropriate volumes?
- i. Were all samples submitted within sample holding times?
- j. Were "Collection Methods" recorded?

| l/ | Were | "Flow | Units" | recorded? |
|----|------|-------|--------|-----------|
| κ. | were | FIUW | Ullita | recorded: |

| Logged In By: | 111011 | Date: |
|---------------|--------|-------|
| Exceptions: | | · |
| | | |

| Action Required: | |
|---|-------------------------------------|
| Client Informed on/ | Client Rep:By: |
| No Action Required, see notes | |
| No Action Required | |
| 2/11 | Project Manager Date: $\frac{Q}{L}$ |
| Reviewed By: BKH | Project Manager Date: 1/10/ |
| | · |
| O. MADICONIVILLE ADMINI Forms & Labels \ Sa | ample Checklist doc |







McCoy & McCoy Laboratories, Inc. P. O. Box 907 Madisonville, KY 42431 www.mccoylabs.com Lexington KY 859-299-7775 Madisonville KY 270-821-7375 Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water Dist #2 Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 09/25/09 Client: CE648511 Batch No: 09091506

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

HALOACETIC ACIDS FIVE (HAA5) AND TOTAL TRIHALOMETHANE (TTHM)
ANALYSIS REPORT FORM

This Section To Be Completed By Collector

| PWS Name | CENTER RIDGE WATER DISTRICT #2 | PWS Contact PWS Phone | WILLIAM M DUNCAN 270-436-6304 | |
|-------------|---|-----------------------|----------------------------------|--|
| PWS Address | 69 MARGUERITE BLVD, NEW CONCORD, KY 42076 | | | |
| | | Collector Name | BILL DUNCAN | |
| | | | Signature/Date | |
| Lab ID | 00030 | Lab Phone | 270.821.7375 | |
| Lab Analyst | Tawanna Duncan 09/25/2009 | Lab Supervisor | mark Withow 09/35/09 | |
| | Signature/Date | | Signature/Date | |

| PWS ID KY Sample Date | 70180509 Location C 09162009 Time 063 | | | Locat ople Ty | ion Name 216 LAKEPOINT LN. pe RT RT=Routine Lab Sam SP=Special | ple Number AG96689 |
|--------------------------|--|------------|-------------------------|------------------|--|--------------------------|
| Analyte Code | Analyte Name | | Analysis Method Code | ٧ | Result (mg/L) -or- Lab Minimum Reporting Limit (mg/L) | Analysis Date (MMDDYYYY) |
| 2456 | HALOACETIC ACIDES FIVE (HAA | 5) | 737 | < | 0.001 | 09252009 |
| 2950 | TOTAL TRIHALOMETHANE (TTH | 1) | 721 | < | 0.001 | 09222009 |

McCoy & McCoy Laboratories, Inc. Lexington KY Paduoah KY Louisville KY Chair of Custally 270-444-6547 659-299-7775 502-961-0001 P. O. Box 907 Pikeville KY Madisomille KY Madisonville, KY 42431 270-821-7375 806-432-3104 www.mcccylabs.com Wil 9-16-09 Collected by: Collection Date: Project SDWA Route: 54 Center Ridge Water Dist #2 Attn: William Duncan P. O. No: 69 Marguerite Blvd PhoneFax: 270-436-6304 Newconcord KY 42076 CE648511 Center Ridge WD #2 **MATTAM** ult 11 gl gl fikæk bim te 11 de 12 gif Logbatch Composite Sample Start Date Time AG9668 Sample Nos Stop Date Field Data By: Fecal Date Date pH: DO Meter#: DO: pH Meter#: Units: Temp: Flow: Matrix: Liquid Collection Method Analysis Requested lest Sottle Type and Preservative **G/C** DW (EX552 1 Extraction SDVVA HAA 1 Liter Amber Glass NH4CL 4c/Ext Freezer G/C \$DW_501_1 Tribatomethanes (THM) 40 ml Clear Vial NA2S2O3 4 c G/C \$DW_652_1 EPA 552 Haloacetic Acids 1 Liter Amber Glass NH4CL 4c/Ext Freezer 000 Ma Loke Point Liv 003-214 Lake Poin

Relinquished by:

Received by:

Received by:

Received by:

Relinquished by:

Received by:

Received by:

Received by:

Date/Time:



McCoy & McCoy Laboratories, Inc.

P.O. Box 907 Madisonville, KY 42431 270-821-7375

| SAMPLE ACCEPTANCE/CONDITION CHECKLIST |
|---|
| ent: Onter Ridge Logbatch No.: 0909 1501, Lab No.: A69lele 89 |
| nple Delivery Type (circle): US Postal UPS FedE MMLI Client |
| nple Receipt Checklist: |
| a. Were custody seals used on outer package, and/or sample containers? |
| b. Were sample containers received damaged? |
| c. Cooler Temp. (circle) Acceptable Unacceptable |
| d. Were the samples accompanied with a Chain-of-Custody or other transferable document? |
| e. Was all information recorded to defend the sample transfer & submittal? |
| f. Is each sample and container uniquely identified on the COC? |
| g. Were all samples in appropriate containers? |
| h. Did all samples have appropriate volumes? |
| i. Were all samples submitted within sample holding times? |
| j. Were "Collection Methods" recorded? |
| k. Were "Flow Units" recorded? |
| Logged In By: Date: MULO9 |
| Exceptions: / |
| |
| Action Required:Client Informed on/ Client Rep: |
| No Action Required, see notes |
| No Action Required |
| Reviewed By: BKH Project Manager Date: 1, 19, 09 |
| Q:\MADISONVILLE\ADMIN\Forms & Labels\Sample Checklist.doc |







McCoy & McCoy Laboratories, Inc. P. O. Box 907 Madisonville, KY 42431 www.mccoylabs.com Lexington KY 859-299-7775 Madisonville KY 270-821-7375 Paducah KY 270-444-6547 Pikeville KY 606-432-3104

M.DeMoss@mccoylabs.com

Center Ridge Water Dist #3 Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076

Reported: 09/25/09 Client: CE648609 Batch No: 09091504

This analytical report has been sent via express courier to the Kentucky Division of Water. We recommend that you contact the DOW to ensure delivery of your data.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

HALOACETIC ACIDS FIVE (HAA5) AND TOTAL TRIHALOMETHANE (TTHM)
ANALYSIS REPORT FORM

This Section To Be Completed By Collector

| PWS Name | CENTER RIDGE WATER DISTRICT #3 | PWS Contact PWS Phone | WILLIAM M DUNCAN 270-436-6304 | |
|-----------------------|---|-----------------------------|------------------------------------|--|
| PWS Address | 69 MARGUERITE BLVD, NEW CONCORD, KY 42076 | | | |
| | | Collector Name | BILL DUNCAN | |
| | | | Signature/Date | |
| | | | | |
| Lab ID | 00030 | Lab Phone | 270.821.7375 | |
| Lab ID Lab Analyst | 00030 Tawanna Duncan 09/25/2009 | Lab Phone Lab Supervisor | 270.821.7375 May Deman 09/35/09 | |

| PWS ID KY Sample Date | 70180502 Location Code 09162009 Time 0610 | 003 | Sam | Locati ple Ty | ion Name 13 KENIANA DR pe RT RT=Routine Lab Sam SP=Special | ple Number AG96686 |
|--------------------------|---|-----|------------------------|------------------|---|--------------------------|
| Analyte Code | Analyte Name | | Analysis ethod Code | ٧ | Result (mg/L) -or- Lab Minimum Reporting Limit (mg/L) | Analysis Date (MMDDYYYY) |
| 2456 | HALOACETIC ACIDES FIVE (HAA5) | İ | 737 | < | 0.001 | 09242009 |
| 2950 | TOTAL TRIHALOMETHANE (TTHM) | | 721 | < | 0.001 | 09222009 |

| | McCoy & McCoy Laboratories, inc. F. O. Box 907 Madisonville, KY 42431 www.mccoylabs.com | Chain of Gustody | 850-299-7775 27 Madisonville KY Pik | tucati KY Louisville KY 50-444-6547 502-961-0001 eville KY 96-432-3104 |
|--------|---|--|--|--|
| | Route: 54 Project SDWA | Collected by: | Collec | tion Date: |
| | Center Ridge Water Dist #3 | Visual P place of a mode to consider on the | Collec | tion Time: 0618 |
| | Attn: William Duncan 69 Marguerite Blvd Newconcord KY 42076 | P. O. No: | | eFex: 270-436-6304 |
| | CE648609 Center Ridge WD #3 | HAA/THM 0180502 | | 26H 161161161 H6 |
| | Logbatch 0969 (| / COV | and a Charact Charles | |
| | | | nple Start Date Stop Date | Time |
| | Sample Nos AG9101 | التجامية المدادة والمراجعة المدادة ومحاوات المدادة ومعاوات المدادة ومعاوات المدادة ومعاوات المدادة والمدادة وال | الله والموادلة
المساولة المادر المادر المادر المادرة معهد المادرة المادرة المادرة المادرة المادرة المادرة المادرة المادرة الم | ه من موسود وموسودات برده فعلم بولای است. که در این برده به در این برده برده و در در در در در در در در در در در
در در
| ٠. | Field Data By: | Date Time | Fecal C DO: | Date Time |
| | pH Meter#: pH: | DO Meter#: Flow: | Units: | Minheire Limited |
| | Temp: Cit | PiOW. | Cints. | Matrix: Liquid |
| | Callection Method Test G / C \$DW_501_1 G / C DW_EX552_1 G / C \$DW_552_1 | Trihalomethanes (THM) 4 Extraction SCWA HAA 1 | ottle Type and Freser 0 ml Clear Vial NA2S20 Liter Amber Glass NH Liter Amber Glass NH | 03 4 e 4CL 4c/Ext Freezer |
| 7 2 | 3-13 Keniana Do | Max Perit Retention Sit | He | |
| | | 000 13 Kenians | L) | |
| | | | | |
| | | | | |
| | Relinquished by: Received by: Relinquished by: Received by: Relinquished by: | Date/ | Time: 9/14/09/ Time: 9/14/09/ Time: 9/11/09/ | 7/30 FUEL SERVICES |

Received by:

Date/Time:



McCoy & McCoy Laboratories, Inc.

P.O. Box 907 Madisonville, KY 42431 270-821-7375

| SAMPLE ACCEPTANCE/CONDITION CHECKLIST |
|--|
| lienter Ridox Logbatch No. 9091504 Lab No. AG96686 |
| ample Delivery Type (circle): US Postal UPS FedEx MMD Client |
| ample Receipt Checklist: |
| a. Were custody seals used on outer package, and/or sample containers? |
| b. Were sample containers received damaged? |
| c. Cooler Temp. (circle) Acceptable Unacceptable |
| d. Were the samples accompanied with a Chain-of-Custody or other transferable document? |
| e. Was all information recorded to defend the sample transfer & submittal? |
| f. Is each sample and container uniquely identified on the COC? |
| g. Were all samples in appropriate containers? |
| h. Did all samples have appropriate volumes? |
| i. Were all samples submitted within sample holding times? |
| j. Were "Collection Methods" recorded? |
| k. Were "Flow Units" recorded? |
| Logged In By: Date: MICe O9 |
| Exceptions: |
| |
| Action Required: Client Informed on/ Client Rep:By:No Action Required, see notesNo Action Required |
| Reviewed By: BKH Project Manager Date: 9, 18, 09 |
| O:\MADISONVII I F\ADMIN\Forms & Labels\Sample Checklist.doc |

SAMPLE CATEGORY = TC

224.99-010, up to \$25,000 fine per day per violation and in some cases a violation

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

BACTERIOLOGICAL ANALYSIS REPORT FORM
General Information — This Section To Be Completed By Collector 000601 Compliance Period (MMYYYY) PWS ID Bill Collection Date (MMDDYYYY) PWS Contact PWS Name (All Samples Reported on this villian duncan 270-436-6304 6 9 Margherthe New Concord Ky 43476pws Prone PWS Address مويرافرن و سس مدد General Information - This Section To Be Completed By Lab Total Colform Analysis Method Code Lab Receipt Date (MMDDYYYY) _ab ID E Coli Analysis Method Code Analysis Date (MMDDYYYY) Lab Supervisor Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector Repeat Location Code DN, UP, or OR) (See Key) Result Total Collform (P/A) (Total Coliform Sample Type (RT, RP, or SP) (See Key) ectal Sample Resect C, C, O, or E) (See K Location Code (See Instructions) Lab Sample Number of Original Coll (P/A) Count Free Chlorine Total Chlorine Sample Analysis Time - 01 -Sample Time (Required for all Required when (Required for Receat and/or Lab Sample Number TNTC (24 hr) (24 hr) disimfectants except disinfectant is Reolacement Samples) - or -Chloramine) (See instructions) Chloramine) CNFG) (See Key) BACTERIOLOGICAL ANALYSIS REPORT FROM KEY The signatories of this form centify by their signatures that collection and analysis of SP = Special (Not for Compliance) RP = Repeat (For Compliance) RT = Routine (For Compliance) Sample Type: the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically E = Line Break, Emergency Repair C = Treatment Modification A = Suspected Contamination Special Sample Reason: including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that D = Study/Investigation B = New Plant, Modification, the data submitted on this form is a true and accurate report of the results of (Only if Sample Type = SP) collection and analysis performed pursuant to the above-referenced regulations. or Line Extension Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS OR = Original Site

DN = Doverstream

Repeat Location Code:

Make M Gamala Time - De

UP = Upstream



McCoy & McCoy Laboratories, Inc. www.mccoylabs.com PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859,299,7775 859,299,7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax 5510 Fern Valley Rd. Suite 104 Promenade Pavilion Louisville, KY 40228 502.961.0001

| ADED AREA | FOR LAB USE ONL | Bill To: | | STODY and ANALYTICAL Send Results to: | Compliance Monitoring (C |)? P | PO# | | | |
|--|---|---|--------------------------|---|--|--|----------------------|----------------|---------------------------------|--|
| Client: CRUDHI Phone/Email: | | | | | Samples Chlorinated (c Yes ☐ No | Samples Chlorinated (check one)? Yes □ No □ | | | | |
| | | Phone/Email | | Phone/Email: | PWS ID# | PWS ID# STATE | | | | E CODE |
| | | Project Name | | Collected by (Signature): | | MMLI Quote # (if applicable) | | | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| atch# Sample:ID# | COLLECTION DATE TIME | SAMPLE DESCRIPTIO Composite samples indicate be end time and temp (°C) at end | gin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | pH T | emp °C | # OF | | 1 |
| | (24 hr) | do t | | | | | | | | |
| | | 3 | | | · | | | | | + |
| | | | | | | | | <u>.</u> | | + |
| | | | | | | | | | | 1 |
| | | | | | 4 | | | | | + |
| | | | | | | _ | | | | 1 |
| | | | | Ling may be subject to a | dditional surcharges, 3. Lab reserves the r | ight to return | n unused p | ortions | of samples | to clie |
| | | ease call. 2. Samples received unannounced w | DATE | 48 hours holding time remaining may be subject to a TIME CONDITIONS UPON (24 hr) Code wet/Blue | D LANASSE D | ate Shipped: | oment (che edex 🔲 | ck one) MML | r⊟ usr | ostali Client |
| telinquished by: (Sig | gnature) | Deub/PLast | DATE | | YES NO WA | ogged in by | | | ocation; | |
| Relinquished by: (Sig | gnature) | Received by: (Signature) | | Broken-containers/ COC agree with sample | esting? D D D | AB NOTES | ion require | d: | YES | ı N |
| Relinquished by: (Signature) | | Received for MMLI by: | | E (24hr) Headspace issuesiacus Holding time(s) accepte Preservative pH is accep | ble? | lientinform | ed on | | | |
| DW – Drinking Water SW – Solid Waste SO – Soil/Solid | TRIX CODES: GW - Ground Water WW - Waste Water OL - Oil SU - Surface _t Water | PRESERVATIVI NI – Nitric acid (HNO ₃) HA – Hydrochloric Acid (HCI) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate | 4C - 4 AA - A NO-1 | Sulfuric Acid (H ₂ SO ₄) Samples properly press | nts received? | Reviewed by Date: 3 5 | | | | |

SAMPLE CATEGORY = TC

Violations of 401 KAR Chapter 6 are subject to severe penalties prescribed in KRS

224,89-010, up to \$25,000 fine per day per violation and in some cases a violation

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information — This Section To Be Completed By Collector 008009 Compliance Period (MMYYYY) K Y 0 1 8 0 5 0 9 DWS ID CRWD#9 Collection Date (MMDDYYYY) PAVS Contact (All Samples Reported on this Fo PWS Name 270-436-6304 6 9 Margher He Concord Ky 430 Hows Prons Collector Name PWS Address General Information - This Section To Be Completed By Lab Total Colform Analysis Method Code Lab Receipt Date (MMDDYYYY) abID E Coli Analysis Method Code Analysis Pate (MMDDYYYY) Lab Supervisor Lab Analysi Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector Result Repeat Location Code (DN, UP, or OR) (See Key) Total Coliform (P/A) (Total Collform Lab Sample Number of Original Sample Type
(RT, RP, or SF)
(See Key)
eclal Sample Rese
(C, Q, or E) (See P) Coll (P/A) Count Sample **Total Chlorine** Free Chlorine Analysis Time - Of -(Required for Repeat and/or Recuired when Sample Time Regulated for all Lab Sample Number TNTC (24 hr) Replacement Samples) disinfectant is disinfectants except (24 hr) - Of ŭ (See Instructions) Chicramine) Chloramine) CNFG) (See Key) 105 BACTERIOLOGICAL ANALYSIS REPORT FROM KEY SP = Special (Not for Compliance) The signatories of this form certify by their signatures that collection and analysis of RP = Repeat (For Compliance) RT = Routine (For Compliance) Sample Type: the water cample analyzed and the resulting data hereby submitted, were E = Line Break, Emergency Repair completed in accordance with the provisions of 401 KAR Chapter 8, specifically C = Treatment Modification A = Suspected Contamination Special Sample Reason: including but not limited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that D = Study/Investigation B = New Plant, Modification. the data submitted on this form is a true and accurate report of the results of (Only if Sample Type = SP) explication and analysis performed pursuant to the above-referenced regulations.

or Line Extension

DN = Downstream

Repeat Location Code:

UP = Upstream

OR = Original Site



McCoy & McCoy Laboratories, Inc. www.mccoylabs.com

PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299,7775 859.299,7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax 5510 Fern Valley Rd. Suite 104 Promenade Pavilion Louisville, KY 40228 502.961.0001

| SHADED AREA FOR LAB | ÚSE ONLY | CHAIN (| OF GUS | STODY and ANALYTICAL I | REQUEST | Ple | ase p | int lec | jibly. |
|--|--|--|---|--|--|--|------------------------|---------------------------------|--|
| Client: | ************************************** | Bill To: | . 52 2. 2 | Send Results to: | Compliance Monitori Yes 🗀 | ng (check one) No □ | ? PO | # | |
| CRU0#3 | | | | Samples Chlorinate Yes □ | | | | | |
| Phone/Email: | Phone/Email | | Phone/Email: | PWS ID# | VERS | DE .eft) | :ODE | | |
| Batch#2 | | Project Name | | Collected by (Signature): | MMLI Quote # (if | applicable) | ਰ ਥਾਂ OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample/ID# : COLL | ECTION TIME (24 hr) | SAMPLE DESCRIPTIO Composite samples indicate be end time and temp (°C) at end | gin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fie readings, corrosive) | eld pH Ter | ta p C # | MAT (See | PRESE (Sec |
| 164109 | N. Go. | de 20 | | (A) | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | 1 | |
| | | | <u> </u> | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | a ellent |
| 1. Expedited services not available for all | services, please c | all. 2. Samples received unannounced with | | ours holding time remaining may be subject to addition | THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. | e right to return uni Method of Shipmen | | | |
| Relinquished by: (Signature) | | ved By: (Signature) | DATE | TIME CONDITIONS UPON REC (24 hr) | Temp: II N/A | Method of Shipmen UPS | MMI | i □L - c | lient 🗍 |
| Relinquished by: (Signature) | Receiv | ved by: (Signature) | DATE | TIME (24 hr) Custody/seals/present/intact? Broken/containers/ | YES NO N/A | Loggediniby, | | | |
| | | | DATE | COC agree with sample Label | | Follow,uplaction re | | Vec III | |
| Relinquished by: (Signature) Received | | ed for MMLI by: | DATE | (24hr) Headspace issues acceptable | | Follow up action: red Glient informed on: | | | |
| | | | DDE: | Preservative pH/s acceptable; Was pHileft unadjusted? | 9 5 9 9 5 9 9 6 9 7 9 7 9 7 9 7 9 7 9 9 9 9 9 9 9 9 | GlientiRep: 🚾 🕹 | | | |
| SW - Solid Waste WW - Waste Water HA - H | | PRESERVATIVE CO itric acid (HNO ₃) iydrochloric Acid (HCI) Sodium Hydroxide (NaOH) odium Thiosulfate (Inc acetate | SA - Sulfurion SA - Sulfurion 4C - 4°C AA - Ascorb NO- No pre | servative | | By: Service Se | | | |

SAMPLE CATEGORY = TC

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Information – This Section To Be Completed By Collector Completed By Collector Completed (MMYYYY) 10 8 0 0 9 | | | | | | | | | | | | | | | | | |
|---|--|-----------------------------------|-------------------------------------|---|------------------------------------|------------------------------------|---|--|--|--------------------------------------|-----------------------------------|--|--|--|--|--|--|
| PWS ID | Κ | Y 0 [| 80 | 5 0 g | | v | Compliance Period (MMYYYY) | | | | | | | | | | |
| PWS Name | (| CRWI | # C | 3 | PWS | Contact | 31 | Collection Date (MMDDYY (All Samples Rep | | | d on thi | on this Form were Collected on this Date.) | | | | | |
| | - | C) Page | | On r | Liv. 116 . n. | Ku 4907/2005 Brons 270 - 436-6304 | | | | Collector Name William duncan 10-14. | | | | | | | |
| PVVS Address | | | V | ig New Conci | | 31 (Wife | U | 100 030 1 | Collection | valle <u>0.00</u> | | | SectoreOate | | | | |
| General in | | | | ion To Be Co | npleted By L | <u>ab</u> | | 70749008 | | | | | MAS | | | | |
| Lab ID | | 000 | 97 | | Lab Receipt D | ate (MMDDYYYY) | Total Coliform Analysis Method Code () () | | | | | | | | | | |
| | in n | ٨ | \mathcal{N} | Λ | Analysis Date | Analysis Date (MMDDYYYY) / コノルルンとう | | | | E Coli Analysis Method Code | | | | | | | |
| Lab Analysi | | und | WI | lavtu | N WIS | Lab Supervisor | | | | | | | Symmetrical Confession of Conf | | | | |
| 1 | V V- | otion - Ti | hic Sport | ion To Be Cor | moleted By Co | ollector | | Analysis Information – Thi | is Section To | Be Completed | Ву | Lab | | | | | |
| | J | ation - i | | 0 10 100 00 | | | | | | Result | | | | | | | |
| leson | rpe? | a ê | Code | | | | | | | (Total Coliform Count | (P/A) | A | Lab Sample Number of Original | | | | |
| Key) | and San | Zedo Zedo | ration PR) (S) | Sample Time | Free Chlorine (Required for all | Total Chlorine (Required when | | Leb Sample Number | Anaiysis Time (24 hr) | -or- TNTC | ofform | Coll (P/A) | Sample (Required for Repeat and/or Replacement Samples) | | | | |
| See See | Location Code (See Instructions) Location Code (See Instructions) Location Code (See Instructions) Location Code (See Instructions) Location Code (See Instructions) Location Code (See Instructions) Location Code (See Instructions) Location Code (See Instructions) Location Code (See Instructions) Location Code (See Instructions) Location Code (See Instructions) | | disinfectants except Chloramine) | | | | (27.0) | -ar- CNFG) | Total Coliform (P/A) E Coli (P/A) | | (See Instructions) | | | | | | |
| Sample Type (RT, RP, or SP) (See Key) Spacial Sample Resson | (Kr., Rr., of Sty) (Special Sample Reson Special Sample Reson Replacement Sample? (Y of Blank) Location Code (See Instructions) Repeat Location Code (DN, UP, or OR) (See Key) Repeat Location Code (A or OR) (See Key) Repeat Location Code (A or OR) (See Key) | | | | | | | | (See Key) | 1 | | | | | | | |
| | | | | Acres to march on the colony | اجمعاه فسعاءة المعمل أمريواها | | | AHASCAL | | | | | | | | | |
| BIL | | 005 | | 0600 | 11.018 | 1.16 | | HHUOODI | $\mu \cup \cup \cup$ | | V::U | | | | | | |
| | | (| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | 7.7 | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | <u> </u> | | | | | |
| | | | clonatures th | at collection and analys | * d | | | BACTERIOLOGICAL | | | SP = Special (Not for Compliance) | | | | | | |
| the water sample | ansiyze: | dend the results | ng data heret ns of 401 KAF | ly submitted, were I Chapter 8, specifically | | | | RT = Routine (For Compliance) A = Suspected Contamination | RP = Repeat (For Compliance) C = Treatment Modification | | | | Line Break, Emergency Repair | | | | |
| including but not | Smitod to | 401 KAR 8:200 |), Section 1 at not accusate to | nd 401 KAR 8;040; and tempt of | (Only If Samp | | | B = New Plant, Modification, | D = Study/Im | | | | | | | | |
| collection and an | elysis po | navaruq bornoh oldus ene a ete | st to the above est to sewere O | e-referenced regulations lensities prescribed in K | no , | | | or Line Extension DN = Downstream | UP = Upstrea | | | OR | = Original Site | | | | |
| Violations is 401 for the S25,000 fine per day per violation and in some cases a violation | | | | | m Repeat Local | ion Code: | | DIA = DOMISHEMII | o. opene | | | | - v | | | | |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606,432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax 5510 Fern Valley Rd. Suite 104 Promenade Pavilion Louisville, KY 40228 502.961.0001

| SHADED AREA E | OR LAB USE ONL | Y CHAIN ÓE Ó | DUSTODY and ANALYTICAL | REQUEST | Please | e prii | nt legi | bly. | |
|--|------------------------------|---|--|--|--|-------------------------------|---------------------------------|--|--|
| Client: | | Bill To: | Send Results to: | Compliance Monitoring | (check one)? □ | PO# | | | |
| CRWD # 7 | | | | Samples Chlorinated (Yes ☐ No | Samples Chlorinated (check one)? Yes □ No □ | | | | |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | D# STATE | | | PRESERVATIVE CODE (See Lowerr Left) | |
| ·Batch# | | Project Name | Collected by (Signature): | MMLI Quote # (if a | MMLI Quote # (if applicable) | | | | |
| Sample ID# | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time end time and temp (°C) at end time | e, SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF CONTAINERS | MATRIX CODE (See Lower Left) | PRES (S | |
| | la-14-ch alou | | KT | | | | | | |
| | | | | | | - | | | |
| | | | | | | - | | | |
| | | | | | | - | | - | |
| | | | | | | | | i. | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | nan 48 hours holding time remaining may be subject to ad | Iditional surcharges. 3. Lab reserves the r | ight to return unused | portions o | of samples to | o client. | |
| 1. Expedited services not | | | TIME PROPERTY OF THE PARTY OF T | DECEIPT (CHECK ONE) | ethod of/Shipment (ch es:回《集FedEX》 | eck one). | SA US Po | stal 🔲 | |
| Relinquished by: (Signatu | re) Rec | eived By: (Signature) | ATE (24 hr) Scottwert Blue 2 Ambient | C Temp UNA D | PS 비교 FedEx 비 ate Shipped rbil# | WINIC | | | |
| Villian Juncan () | | Bulk the To | ATE TIME | YES NO NA | ogged in by | Li | ocation: | | |
| Relinquished by: (Signatu | ire) Rei | seived by: (Signature) | (24 hr) 2. Gustody seals present/in Broken containers? COC agree with sample L | (ES NO N/A | AB NOTES = | | | | |
| Relinquished by: (Signature) Recei | | seived for MMLI/by: D | ATE TIME (24 hr) Headspace issues accept Holding time (s) acceptable (was philes) acceptable (was phil | sting? sting? able? | silow/uplaction/require | Control of the Control of the | Transfer than his artest to | No⊡ | |
| DW - Drinking water SW - Orloth Water SW - Solid Waste WW - Waste Water SO - Soil/Solid OL - Oil SH - ST - S | | - Hydrochloric Acid (HCI) 4C - Sodium Hydroxide (NaOH) AA - Sodium Thioxulfate NO | - Sulfuric Acid (H ₂ SO ₄) - Sumples properly presented on COC - Samples properly presented on COC - Ascorbic Acid - Ascorbic Acid - No preservative - Sodium sulfite - Sodium sulfite - Sodium sulfite | received? | eviewed by: | | | | |

X

SAMPLE CATEGORY = TC

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Information — This Section To Be Completed By Collector | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|---|--|--|--|----------------------------|--|---|---|---|---|------------|--------------|-------------|--|--|--|
| PWS IO | KY | 011 | 8 3 | 106 | | | a . | ΛΛ | Compliance Period (MMYYYY) | | | | | | | | | | | |
| PVVS Name | <u>C 1</u> | R W I |)#_ | 4 | PW: | 5 Contact | 30 | W | | Collection | Date (MMDDYYYY) (All Samples Reports | ್ ಜರೆ ಆಗಾ 1 | 10142007 | | | | | | | |
| pus address 69 Marguarite New Concord Ky 45076 pus prone 270-436-6304 collector Name William Duncan 10-14-69 | | | | | | | | | | | | A STREET PARTY OF THE PARTY OF | | | | | | | | |
| General Information - This Section To Be Completed By Lab | | | | | | | | | | | | | | | | | | | | |
| Leib ID Lab Receipt Date (MMDDYYY) 1019 Total Cofform Analysis Method Code | | | | | | | | | | | | | | | | | | | | |
| Analysis Date (MMDDYYYY) / D / U 2009 E Coll Analysis Method Code | | | | | | | | | | | | | | | | | | | | |
| Leib Arealyst Mundey Varturo 15 (9) Leib Supervisor Sepenaro Orde Leib Supervisor | | | | | | | | | | | | | | | | | | | | |
| Sample in | normatic | n – Th | is Sect | ion To Be Con | npleted By Co | ollector | | Analysis Information - Thi | is S | ection To E | Be Completed | Ву | Lat | | | | - -y | | | |
| Sample Type (RT, RP, or SP) (See Key) Special Bample Reson 'A. B. C. D. Er Stee | 1 | (Bea Instructions) | Repeat Location Code (DM, UP, or OR) (See Kery) | Sample Time | Free Chlorine (Required for all distributions except Chlorambre) | Total Chlorine (Required when distribution is Chioramine) | A STATE OF THE PROPERTY OF THE | Liab Sample Number | | Result (Total Coliform Count Analysis Time - 0r - (24 hr) TMTC - 0r - CNFG) (See Key) | | Total Coliform (P/A) | E COII (P/A) | Lab Sample Number of Origi Semple (Required for Repeat entito Replacement Semples) (See Instructions) | | nd/or ss) | | | | |
| RIT | 0 | ह्य व | | 0800 | 7 . 2 . 7 | 11.311 | - Section 1 | AHC 2825 | \Box | 500 | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Ţ | | | | | | | | |
| | | | | | | | | | | | | | | | | | Ä | | | |
| | | | | | | | | | | | | | | | | | 1 | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | 1 | | | | | | Ľ | BACTERIOLOGICAL | . ANA | LYSIS REPORT | FROM NEY | | | | | | 7 | | | |
| The signstories of the water semple s | | | | d collection and enalysis y submitted, were | Sample Type: | | | RT = Routine (For Compliance) | | RP = Repeat (| For Compliance) | | SP | Special (Not for | Compliance | <u> </u> | 1 | | | |
| completed in ecosion of the confession of the co | referice with the Britised to 401 f d on this form I dynta performs | a provisions CAR 6:200, 1 s a true and d pursuant i | of 401 ICAR Section 1 and accusation of the above | Chapter & specifically d 401 KAR 8:040; and the part of the results of resistanced regulations. malike prescribed in KR | Special Samp (Only if Sampl | le Reason: | | A = Suspected Contamination B = New Plant, Modification, or Line Extension | | C = Treatment D = Study/Invi: | | | SP = Special (Not for Compliance) E = Line Break, Emergency Repeir | | | | | | | |
| | | | | ju soura cesse a Apipija Managa buracismo ei Ku | | on Code: | | OH = Downstream | | (P = Upstran | 1 | | OR - Original Size | | | | | | | |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270 821,7375 270 825 9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LAB USE | ONLY CHAIN C | F CUSTODY and ANALYTICAL | REQUEST | Please | 2 6 6 | ilitale Gi | Diy. |
|--|--|--|--|----------------------------------|--------------|---------------------------------|--|
| Client: | Bill To: | Send Results to: | Compliance Monitoring Yes \(\square\) | i (check one)? o □ | PO# | | |
| (ROUN #4 | | | Samples Chlorinated Yes ☐ No | (check one)? | | | |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | NERS | ODE Left) | CODE .eft) |
| Batch# | Project Name | Collected by (Signature): | MMLI Quote # (if a | pplicable) | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample:ID# COLLECTION DATE TIME (24 | IE Composite samples indicate beg | gin time, Method ID IT Known | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA (See | PRES (S) |
| 16-14-15 (S | (00 020 | A.T. | | | | | |
| | | | | | | | |
| | | | · | | - | | - |
| | | | | | | | |
| | | | | | - | | - |
| | | | | | - | | |
| | | | | | - | | |
| | | | | | - | | - |
| | | | | | nortions o | of samples to | client. |
| Expedited services not available for all services | s, please call. 2. Samples received unannounced with | less than 48 hours holding time remaining may be subject to addit | onal surcharges. 3. Lab reserves the | right to return unused | portions | u samples to | |
| Relinquished by: (Signature) | Received By: (Signature) | DATE TIME CONDITIONS UPON RE (24 hr) [| CEIPTHCHECK ONE BEST COME | PS⊡ 45 RedEx⊡. | MMEI | □ ci | lent 🗓 |
| Simon Democracy | Dull HATE | lath = \$ Caca Deambient | | ate Shipped: irbill# | | | |
| Relinquished by: (Signature) | Received by: (Signature) | DATE TIME (24 hr) Custody seals present/intac | YES NO! N/A | ogged in by | italia (Li | cation: | |
| | | (Broken containers?) GOC agree with sample Lab Correct containers for testin | | AB NOTES | | | |
| Relinquished by: (Signature) | Received for MMLI by: | DATE (24 hr)/ Headspace issues acceptable Holding time(s) acceptable? Preservative pH is acceptable | | ollow up action requir | | Shirt . | |
| MATRIX CODES: DW – Drinking Water GW – Ground Water SW – Solid Waste WW – Waste Water SO – Soli/Solid OL – Oil SL – Sludge SU – Surface Water | PRESERVATIVE C NI – Nitric acid (HNO ₃) HA – Hydrochloric Acid (HCI) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate ZN – Zinc acetate | ODES: SA – Sulfuric Acid (H ₂ SO ₄) 4C – 4°C AA – Ascorbic Acid NO – No preservative SS – Sodium sulfite Was phaleft unadjusted? All samples properly preserved Client's sample documents C OC been relinquished? SAre tests listed for each san | ? | lient Rep. | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

General Information — This Section To Be Completed By Collector KY01180549 102009 PWS ID Compliance Period (MMYYYY) Bill CRWD# PWS Name PWS Contact Collection Date (MMDDYYYY) (All Samples Reported on this William Duncan 10-28-07 6 9 Marghertte New Concord Ky 430 Hows Prone 270-436-6304 PWS Address General Information - This Section To Be Completed By Lab Lab ID Lab Receipt Date (MMDDYYYY) Total Coliform Analysis Method Code Analysis Date (MMDDYYYY) E Coli Anniysis Method Code Lab Supervisor Sample Information - This Section To Be Completed By Collector Analysis Information – This Section To Be Completed By Lab Sample Type
(RT, RP, or SP)
(See Key)
Special Sample Reason
, B. C. D. or Ej (3ee Key)
Replacement Sample?
(Y or Ejenk) Repeat Location Code (DN, UP, or OR) (See Key) Result Location Code (See instructions) Total Colfform (P/A) (Total Coliform Lab Sample Number of Original Free Chlorine Total Chlorine Coll (P/A) Count Sample Sample Time (Required for all (Required when Analysis Time - 10 -Lab Sample Number (Required for Repeat and/or (24 hr) disinfectants except disinfectant is TNTC (24 hr) Replacement Samples) Chloramine) Chloramine) - or -(See Instructions) CNFG) (See Key) RT 0 0 1 BACTERIOLOGICAL ANALYSIS REPORT FROM KEY The signatories of this form certify by their signatures that collection and analysis of Sample Type: the water sample analyzed and the resulting data hereby submitted, were RT = Routine (For Compliance) RP = Repeat (For Compliance) SP = Special (Not for Compliance) completed in accordance with the provisions of 401 KAR Chapter 8, specifically Special Sample Reason: A = Suspected Contamination C = Treatment Modification E = Line Break, Emergency Repair including but not imped to 401 KAR 8:200. Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of (Only if Sample Type = SP) B = New Plant, Modification. D = Study/Investigation collection and analysis performed pursuant to the above-referenced regulations. or Line Eldension Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation Repeat Location Code: DN = Downstreem UP = Upstream OR = Original Site

Make of Cample Time a DO



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270:821.7375 270:825:9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave.
Paducah, KY 42003
270.444.6547
270.444.6572 fax

| | OBLAR USE AND | CHAIN OF C | USTODY and ANALYTICAL R | EQUEST | Pl | ease | prin | it legi | DIY. |
|----------------------------|------------------------------------|---|--|--|---|------------|------------|---------------------------------|--|
| SHADED AREA F | OR LAB USE ONLY | Bill To: | Send Results to: | Compliance Monitoria | ng (check on No 🏻 | e)? | PO# | 4 | |
| (ROND F | | | | Samples Chlorinate Yes □ | d (check one No □ |)? | | | |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | | CONTAINERS | ODE Left) | CODE Left) |
| Batch# | | Project Name | Collected by (Signature): | MMLI Quote # (if | | | SONTA | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fie readings, corrosive) | eld PH 1 | | # OF (| MA (See | PRE: |
| | 05.00 6030 | 001 | 7 | | | | | | |
| | | | | | | - | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Section 1 | | | | | | | | | |
| | | | | | | | | | |
| 4 F. wilted copiese not 3 | ovailable for all services, please | call. 2. Samples received unannounced with less than | 48 hours holding time remaining may be subject to additio | nal surcharges. 3. Lab reserves th | ne right to return | unused po | ortions o | f samples to | o client. |
| Relinquished by: (Signatur | | ived By: (Signature) DAT | | Temp □ N/A | UPS 2 ** Fed Date Shipped Airbil# 2 ** T* | iex 🗆 . | IMMLI | | llent ⊡ |
| Relinquished by: (Signatur | | ived by: (Signature) DAT | (24 hr) Custody seals presentintact | YES NO NA | Logged in by | | Lo | cation: | |
| | | ived for MMLI by: DA | COC/agree(with sample Labe) Gorrect containers for testing Headspace issues acceptable | | Eollowunactio | n required | | YES 🔲. | ≟NO 🔲 |
| Relinquished by: (Signatur | re) Rece | ived for wiviLi by: | Holding time(s) acceptable/ Preservative pH stacceptable Was nH left (madjusted? | | Client informed Client Rep | on: | | | |
| SW - Solid Waste | SW - Ground Water | Hydrochloric Acid (HCI) Sodium Hydroxide (NaOH) AA -/ NO- | All samples listed on COC rec Sulfuric Acid (H ₂ SO ₄) CC Samples properly preserved? Client's sample documents re GOC been relinquished? Are tests listed for each sample | .ceived?(□ | By III Reviewed/by. | | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

| General Info | ormation - | This Sec | tion To Be Co | mpleted By C | ollector | | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | -12112 | of the co | | |
|--|--|---|---|-------------------------------------|-----------------------------------|-----|--|----------|---------------|--------------|----------------|----------------------|------------|--|-------------|----------------------|-------------|----------|
| PWS ID | K Y 0 1 | 8 0 | 509 | | _ | | Λ. | | Complian | nce Period (| MMYYYY | n | | 10 | 30 | 0 (| 닭. | |
| PWS Name | CRW | 井口 | Ä | PWS | S Contact | W | W. | | Collection | n Date (MM | | | | 10 | 3 8 | ક્ષ | 0 0 | 4 |
| PAA2 Marile | | | <u> </u> | | | | is No. | | | (Ali Samp | iles Raport | | | | cted on | this Date | ν ~ c ?} | , |
| PWS Address | 69 mas | truler | to New Conco | zd Ky 42076pws | S Phone 27 | 0 - | - 436-6304 | | Collector | Name | llerit | ian | <u>م ﴿</u> | Junca Secretaria | | 0-8 | 8-4 | 1 |
| General Info | | <u> </u> | tion To Be Co | · | | | | | | | | | | | | | | |
| | ے ہا ہ | | | | ate (MMDDYYYY) | | 10282009 | ş | Total Col | iform Analys | sis Metho | nd Coc | de . | 3 | 2 8 | ,3 | | |
| Lab ID | | ~ ! !\fi.!! | | - | | | 12772009 | | | | | | | | | - | | |
| | ΛΛ - | 1 1 | M. L | Analysis Date | • • | | | : | E Coll Ar | wysis Meth | 1003 C000e | | | | | 27 |) | h. J |
| Lab Analyst | TUIM | OUSL | Many | <u>/////29</u> (0 | 39 | | | • | Lab Sup | ervisor | \Rightarrow | | | Signature/Ox | | | <u> </u> | HP |
| Sample Info | ormation - 1 | This Seci | tion To Be Co | npleted By Co | ollector | | Analysis Information – Thi | is | Section To | Ве Сол | pletec | і Ву | Lal | <u>b</u> | | | | |
| - R | Result S | | | | | | | | | | | | | | | | | |
| 8 × 5 | Te le | Code Se K | | | | l | | | | (Total C | oliform | Total Coliform (P/A) | 1 | Lab Si | | | of Origina | ral la |
| A S (Var S) | Pank Pank Pank Pank Pank Pank Pank Pank | ation R) (S | Sample Time: | Free Chlorine (Required for all | Total Chilorine (Required when | | Lab Sample Number | | Analysis Time | -0 TN | r- | Morm | Coll (P/A) | (Rec | | ample or Repea | at:end/or | . |
| Sample Type (RT, RP, or SP) (See Key) clai Sample Reas | (Y or Blank) Location Code (See Instructions) | at Loc | (24 hr) | disinfectants except Chloramine) | disinfectant is Chloramine) | | | | (24 hr) | -0 | r- | 8 | l m | | • | nent Sa nstructio | | |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Rea 5 Bools Or or E) (See | (Se | Repeat Location Code IDN, UP, or OR} (See Key) | | | | | | | | CNF (See | • | P | | | · | | | |
| ું કો | | f f | | | | | | L | | | values trially | | <u></u> | e day agtapatita | | | | |
| RTI | 100 | | 0630 | | 11.17 | | AHOBS 517 | | 1700 | | L., | 1 | | | <u>.][</u> | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | ١ | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| | | | | | | ١ | | 1: | | | | | | | | Y | | |
| | | | | | | | | | | | | | 1 | | | | | |
| | | | | | | 1 | | | | | | | | | | | | |
| | | | | | | ١ | | # | | | | | | | | | | |
| | | | | | | 1 | | . | | | | | <u> </u> | | <u>IL.</u> | _!!! | !. | |
| The signatories of the | is form certify by the | ir signatures th | at collection and enalys | 50 | | | BACTERIOLOGICAL | LA | NALYSIS REPOR | | | | SP. | = Special (N | lot for (| Comple | nce) | |
| the water sample and completed in accordi | alyzed and the result ance with the provisi | ting data heret ons of 401 KAF | sy submitted, were ? Chapter 8, specifically | Sample Type | | | RT = Routine (For Compliance) A = Suspected Contamination | | C = Treatmen | | | | | Line Break, | | | | |
| including but not limited in | itted to 401 KAR 8:20 | 10, Section 1 at and accurate h | nd 401 KAR 8:040; and I eport of the results of: | (Only if Samp | | | B = New Plant, Modification, | | D = Study/Inv | | | | | • | J | • | | |
| collection and energy Violations of 401 KAI | sis performed pursus R Chapter 5 are subj | int to the abovi oct to severe p | s-referenced regulations renaities prescribed in K | RS | | | or Line Extension | | | | | | ~ | = Original S | | | | \dashv |
| 224.99-010, up to \$2 | 5,000 fine per day po | er violation and | i in some cases a violati | Repeat Locat | ion Code: | | DN = Downstream | | UP = Upstream | m | | | UK | ~ വദിച്ചു | 110 | | | i |

Make W Camala Time = DIS



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| | | CHAIN OF C | JSTODY and ANALYTICAL R | EQUEST | Pleas | e prir | nt legi | ріу. |
|------------------------------|---|--|---|--|------------------------------------|---------------|---------------------------------|---------------------|
| HADED AREA FC | R:LAB USE ONLY | Bill To: | Send Results to: | Compliance Monitoring Yes No | (check one)? | PO# | • | |
| CRWD | # 9 | en 14 maarde – 1 1 maarde – 15 maarde – 15 maarde – 15 maarde – 15 maarde – 15 maarde – 15 maarde – 15 maarde – 15 maarde – 15 1 maarde – 15 maarde – 15 maarde – 15 maarde – 15 maarde – 15 maarde – 15 maarde – 15 maarde – 15 maarde – 15 m | | Samples Chlorinated (o Yes ☐ No | check one)? | | | , |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | OF CONTAINERS | ODE . Left) | E CODE |
| Safch# | | Project Name | Collected by (Signature): | MMLI Quote # (if ap | oplicable) | ONTA | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE |
| Sample ID# | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA (Sec | PRES |
| | 1-72-C4 0 (3-a) | 201 | XT | | | | | 1 |
| | | | | | | | | |
| | | | | | | | | - |
| | | | | | | - | | - |
| | | | | | | | | |
| | | | | · | | | | + |
| | | | things at tractal | onal surcharges. 3. Lab reserves the r | right to return unuse | d portions | of samples | to clier |
| 1. Expedited services not av | vailable for all services, please | call. 2. Samples received unannounced with less tha | n 48 hours holding time remaining may be subject to addition | SEIPT (CHECK ONE) | ethod/of/Shipment(PS/II) FedEx | heck one) | US P | ostal L Client I |
| Relinquished by: (Signature | | 1821A(11/11/11/11/2) | (24 hr) 国际dwet/Blue 国 Ambient | C Temp / III S N/A DA | ate Shippeds irbliff ogged(in)by | | ocation: = | |
| Relinquished by: (Signature | | eived by: (Signature) | (24 hr) Custody seals present/intact Broken/containers (4) COC agree-with sample Labe | | AB NOTES | | YES C | NO |
| Relinquished by: (Signature | e) Rec | ceived for MMLI by: | TIME (24 hr) Headspace issues acceptable Holding time(s), acceptable? Preservative pH/s acceptable Was pH left unadjusted? | | ollowupacion | | | |
| SW - Solid Waste V | W - Ground Water W - Waste Water HA DL - Oil SH | - Nitric acid (HICL) 4C Hydrochloir Acid (HCl) AA Sodium Hydroxide (NaOH) NO- | Sulfuric Acid (H ₂ SO ₄) Allsamples listed on COC re Samples properly preserved Clients sample documents GOC been fellinguished? Are tests listed for each sample. | ceived/ | Geviewed by: | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| Genera | I Inform | nation - T | his Sec | tion To Be Cor | npleted By C | ollector | | | | | Annulum Angel Annulum 12 11 65 1 | | |
|--|--|--|--|---|-------------------------------|----------------|---|--|---------------------------------------|-------------|--|--|--|
| PWS ID | к | Y 0 [| 8 0 | 208 | | • | 1100 | Complian | ce Period (MMYYYY) | | 108009 | | |
| PWS Nam | æ . | CRWI | 井口 | 3 | PWS | 6 Contact | ill | Collection | Date (MMDDYYYY) (All Samples Reported | on this For | 1028200 | | |
| PVVS Addi | ress (| ram Po | guvi | to New Conco | AKy 42076pws | S Phone 27 | 0-436-6304 | Collector | Name Willia | m d | Juncan 16-28-09 SpectoralDate | | |
| Genera | l Inform | nation - T | his Sec | tion To Be Cor | npleted By L | ab | | | | | (ii), 111111, 2211111 | | |
| Lab ID | | 000 | 31 | | Lab Receipt D | ate (MMDDYYYY) | 12787008 | Total Cofi | form Analysis Method (| Code | 388 | | |
| | | | | | Analysis Qate | (MMDDYYYY) | 10902009 | E Coli An | alysis Method Code | | | | |
| Lab Analy | st | Mund | lizy | <u>lattin</u> | <u> 101</u> 29/0 | 7 | | Lab Supe | | 4 | Square Naza | | |
| Sample | e Inform | nation - Ti | his Sec | tion To Be Con | npleted By Co | ollector | Analysis Information - Th | is Section To | Be Completed I | By Lat | | | |
| Sample Type (RT, RP, or SP) (See Key) | | | | | | | | | | | | | |
| RT | | 001 | | 0600 | 11.317 | 11.45 | AHOBSHA | Tand | | 7] | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | alemet | ant noticetion and posteri | | | | ANALYSIS REPOR | | | De del di Maria Carrella di | | |
| the water sa- completed in including bu- the data sub- collection so | mple analyze accordance tinot fimited emitted on thi of analysis b | ed and the resulting with the provision to 401 KAR 8:200, is form is a true an enformed pursuant | ng data here na of 401 KAI , Section 1 a nd accurate i t to the abov | nat collection and analysi by submitted, were R Chapter 8, specifically nd 401 KAR 8;040; and to sport of the results of e-referenced regulations. | Special Samp (Only if Samp | le Reason: | RT = Routine (For Compliance) A = Suspected Contamination B = New Plant, Modification, or Line Extension | RP = Repeat (C = Treatment D = Study/Inve | | | = Special (Not for Compliance) Line Break, Emergency Repair | | |
| Violations of | 401 KAR Ch | acter 8 are subjec | the severe of | enalites prescribed in Ki d in some cases a violatio | 75 | ion Code: | DN = Downstream | UP = Upstream | n | OR | Criginal Site | | |

Make W Cample Time - BE



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299:7775 859:299:7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| | OR LAB USE ONLY | CHAIN OF CU | STODY and ANALYTICAL R | EQUEST: | Please | e prii | nt legi | bly. |
|----------------------------|---|---|--|--|--|---------------|---------------------------------|--|
| Client: | ONEAD OSE OU | Bill To: | Send Results to: | Compliance Monitoring | g (check one)? o □ | PO# | | |
| ERMDH | :3 A∯ 1 | | | Samples Chlorinated Yes ☐ N | (check one)? o □ | | | |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | NERS | OE .eft) | CODE eft) |
| Batch# | | Project Name | Collected by (Signature): | MMLI Quote # (if a | pplicable) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA. | PRESI (Se |
| | 16 T. C9 9600 | 001 | S KT | | | | | |
| | | | A Comment of the Comm | | | | | + |
| | | | | | | | | |
| | | TO VIV | a-a | | | | | |
| | | (1) | | | | | | |
| | Aur. | | | | | - | | |
| | | | | | | | | |
| 1. Expedited services not | available for all services, please | call. 2. Samples received unannounced with less than 4 | 8 hours holding time remaining may be subject to addition | al surcharges. 3. Lab reserves the | right to return unused | portions | of samples to | o client. |
| Relinquished by: (Signatur | re) Rece | oved By: (Signature) DATE | TIME CONDITIONS UPON RESERVE (24 hr) Ambient | Temp | /lethod of Shipment (b) PS [2] FedEx [3] Date Shipped Airbill# Cogged in by | - MMLI | (□, c | llent □ - |
| Relinquished by: (Signatu | | ived by: (Signature) DATE | TIME (24 hr) Custody seals present/intact? Broken containers? COC agree with sample Labels | | ABINOTES 1 | | | 100 |
| Relinquished by: (Signatu | ure) Rece | DATE | (24 hr) Holdingtime(s)/acceptable/ Preservative pH/sracceptable/ | | collowup action required to the collowup action required to th | | | |
| SW - Solid Waste | GW - Ground Water NI - WW - Waste Water HA - OL - Oil SH - SIL Surface Water ST - | Hydrochloric Acid (HCI) Sodium Hydroxide (NaOH) AA -As NO-No | All samples listed on COC rect furic Acid (H ₂ SO ₄) Samples properly: preserved? Client's sample documents rec GOC been relinquished? Are lests listed for each sample dium sulfile. | eived? 🔲 🔠 🗒 | By Reviewedby | | | |

X

SAMPLE CATEGORY = TC

224.99-010, up to \$25,000 fine per day per violation and in some cases a violation

Many Subject the violator to prison.

Repeat Location Code:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

General Information — This Section To Be Completed By Collector PWS ID Compliance Period (MMYYYY) PWS Name PWS Contact Coffection Date (MMDDYYYY) (All Samples Reported on the William Duncan 10-28-09 pus address 69 Marquerite New Concord Ky 45076 270-434-4304 General Information - This Section To Be Completed By Lab 10929028 Lab Receipt Date (MMDDYYYY) Total Coliform Analysis Method Code Ol da 1078 9009 Analysis Date (MMDDYYYY) E Coli Analysis Method Code 10/9 /89 ab Analyst Lab Supervisor Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector Repeat Location Code [DN, UP, or OR] (See Key) Result Colform (P/A) (Total Coliform Lab Sample Number of Original Coll (P/A) Count Free Chlorine Total Chiorine Semole Analysis Time Sample Time (Required for all (Required when - or -Lab Sample Number (Required for Repeat and/or (24 hr). disinfectants excep distributions is (24 hr) TNTC Replacement Semples) Chioramine) Chioramine) - Cf w Total (See Instructions) CNFG) (See Key) BACTERIOLOGICAL ANALYSIS REPORT FROM KIEY The signatories of this form certify by their signatures that collection and analysis of SP = Special (Not for Compliance) the water sample analyzed and the resulting data hereby submitted, were Sample Type: RT = Routine (For Compliance) RP = Repeat (For Compliance) completed in accordance with the provisions of 401 KAR Chapter 6, specifically C = Treatment Modification E = Une Breek, Emergency Repair Special Saraple Reason: A = Suspected Contamination including but not ambed to 401 KAR 6:200, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of (Only if Sample Type = SP) B = New Plant Modification, D = Study/Investigation collection and analysis performed pursuant to the above-released requisitors. or Line Eidension Violations of 401 KAR Chapter & are subject to severe parallies prescribed in KRS

ON = Downstream

UP = Upstream

OR = Original Site



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| EN FORM WRITEFONIS | , CHAIN O | F CUS | STODY and ANALYTI | CAL RI | | | | 5124141M2861M | nt leg | |
|--|---|---------------------------------|---|--|---|-----------------------|----------------------------------|---------------|---------------------------------|-------------------|
| HADED AREA FOR LAB USE ONLY lient: | Bill To: | | Send Results to: | | Compliance Monitorin Yes 🔲 N | g (cheo | ck one)? | PO# | | |
| (KO 11 # 4 | | | | | Samples Chlorinated Yes ☐ N | (chec lo 🗆 | k one)? | | | |
| hone/Email: | Phone/Email | | Phone/Email: | | PWS ID# | | TATE | OF CONTAINERS | ODE Left) | E CODE |
| atch# | Project Name | | Collected by (Signature): | | MMLI Quote # (if | applica | able) | ONTA | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE |
| Sample ID# COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate beg end time and temp (°C) at end | in time, | SAMPLE ANALYSIS REQU Method ID if known (i.e. 8260B, 6010B/7470 | | SAMPLE REMARKS (i.e. composite, grab, fiel readings, corrosive) | d | Field Data pH Temp S.U. °C | # OF C | MA (See | PRES |
| | or i | | | | | _ | | | | \dagger |
| | | | | | | | | | | 1 |
| | | | 2 | | | | | | | _ |
| | | | | | | -+ | | | | + |
| | | | | | | | | | | 1 |
| | | | | | | | | | | + |
| I. Expedited services not available for all services, please | | | ining may be sub | iect to addition | nal surcharges. 3. Lab reserves th | e right to | o return unus | ed portions | of samples | to cli |
| Expedited services not available for all services, please | e call. 2. Samples received unannounced with | less than 48 | hours holding time remaining may be out | , IDON DEC | EIPT (CHECK ONE) | Method | of Shipment | (check one |) USIP | ostal |
| | ceived By: (Signature) | DATE | (24 hr) 河面引ced-wet/Blue | i C | Temp II N/A | Date Sh Airbil# | ipped: | 2.4 | | |
| Relinquished by: (Signature) | ceived by: (Signature) | DATE | TIME (24 hr) Gustody Seals pre Broken/container | STATE OF STATE | | Logged | lin(by) | | Location: | |
| | | DATE | COC-agree with a | ample Labels s for testing | | Follow | up action rec | uired; | yes [| |
| Relinquished by: (Signature) | ceived for MMLI by: | | (24hr). HeadSpace(Issue Holding;time(s))al Preservative;pHs WasipHs[effund All(samples;listed | cceptable? -acceptable: | | Client | informed on: Rep | | | |
| DW - Drinking Water SW - Solid Waste WW - Waste Water SO - Soil/Solid OL - Oil SSI - Soil-Solid SSI - Soil-Solid | PRESERVATIVE C - Nitric acid (HNO ₃) A - Hydrochloric Acid (HCI), H - Sodium Hydroxide (NaOH) T - Sodium Thiosulfate N - Zinc acetate | 4C – 4°C AA – Asc NO – No | furic Acid (H2SO4) Samplesi properly | / preserved / ocuments re ushed? | ceived (19 19 19 19 19 19 19 19 19 19 19 19 19 1 | By Review Date: | ved by | | | |

224.99-010, up to \$25,000 fine per day per violation and in some cases a violation

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH **BACTERIOLOGICAL ANALYSIS REPORT FORM**

| General Infor | mation - T | his Sec | tion To Be Co | mpleted By Co | ollector | | | | | |
|--|--|--|---|---|--|--|--------------------------------|---|--------------|--|
| PWSID K | Y 0 | 80 | 5,49 | | , | 110 | Compliance | Period (MMYYYY) | | 113009 |
| PWS Name | CRWI | TH C | 1 | PWS | S Contact | sill | Collection C | Date (MMDDYYYY) (All Samples Reported o | n this For | The world Collections on this Date. |
| PWS Address | 69 man | trule | to New Concr | zd Ky 45076pws | S Phone 27 | 0-436-6304 | Collector Na | 9. '00. | | Juncan 11-11-09 Signatura 10ste |
| General Infor | | v | | mpleted By L | | | | | | |
| Lab ID | ر) نا د | | | | ate (MMDDYYYY) | 16179409 | Total Colifor | rm Analysis Method C | ode | 020 |
| Cabib | | نناند : دامر | ΛΛ | ^ Analysis Date | | 77779008 | E Coli Anal | lysis Method Code | | |
| \ \ \ | $M \sim 10^{-1}$ | 4 | Vlast | ` | 1.8 | Chairmath and Chairman and Maria | ' Lab Super | (| . 4 | 100 11h |
| Lab Analysi | VUV | LU] | nature/Date | W 1/1: | 2(03) | | • | | | Signature/Date |
| Sample Infor | mation - T | his Sect | tion To Be Co | mpleted By Co | ollector ' | Analysis Information – Th | is Section 10 B | e Completed E | y Lat | , |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Reason A, B, C, D, or E) (See Key) Replacement Sample? | (Y or Blank) Location Code (See Instructions) | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time (24 hr) | Fine Chlorine (Required for all disinfectants except Chloramine) | Total Chlorine (Required when disinfectant is Chloræmine) | Lab Sample Number | Analysis Time (24 hr) | Result (Total Coliform Count - or - TNTC - or - CNFG) (See Key) | E Coll (P/A) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| RTI | 600 | | 0 7 3 0 |) .) S | 11.21 | AHO87164 | 1630 | | 3 | |
| 127.17.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | !\!\ | išti | i | | [h(\$ | BACTERIOLOGICAL | L ANALYSIS REPORT | FROM KEY | | |
| the unforcemain and | vzed and the resulti | ng data herei | hat collection and analy: by submitted, were | Campie 13pc | : | RT = Routine (For Compliance) | RP = Repeat (F | or Compliance) | | = Special (Not for Compliance) |
| completed in accordant including but not fimile the data submitted on an including and application and applications. | nos with the provision and to 401 KAR 8:200 this form is a true as a performed pursuall | ns of 401 KA , Section 1 & nd accurate t at to the abov | R Chapter 8, specifically and 401 KAR 8:040; and report of the results of re-referenced regulation | (Only If Samp | ple Reason: ple Type = 5P) | A = Suspected Contamination B = New Plant, Modification, or Line Extension | C = Treatment D = Study/Inves | | E= | Line Break, Emergency Repair |
| Violations of 401 KAR | Chapter 8 are subje | ct to severe (| penzities prescribed in i d in some cases a violat | uks | Hon Code: | ON = Downstream | UP = Upstream | 1 | OR | = Original Site |

DN = Downstream

Repeat Location Code:

Make M Camala Time - DM



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax

1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LAB USE (| ONLY CHAIN O | F CUSTODY and ANALYTICAL | REQUEST | Pleas | e prin | t leg | ibly. |
|--|---|--|--|---|---------------|---------------------------------|--|
| Client: | Bill To: | Send Results to: | Compliance Monitoring (Yes ☐ No | check one)? | PO# | | |
| CKND#1 | | the state of the s | Samples Chlorinated (c Yes ☐ No | | | | |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | VERS | DE eft) | ODE ft) |
| i Batch#£ | Project Name | Collected by (Signature): | MMLI Quote # (if app | olicable) | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# COLLECTION DATE TIME (24 h | E Composite samples indicate begin | | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # 0F C | MAT (See | PRESE (Sec |
| 11-11-17 | 30 802 | RT Des | | | | | <u> </u> |
| | | | | | <u> </u> | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | \vdash | | - |
| | | | and curcharges 3 Lab reserves the righ | t to return unused i | portions of s | samples to | client. |
| Expedited services not available for all services, | please call. 2. Samples received unannounced with les | ss than 48 hours holding time remaining may be subject to addition | onal surcharges. 3. Lab reserves the right | dio6Shinment che | ckone) | US Pos | a e |
| Relinquished by: (Signature) | Received By: (Signature) | DATE TIME CONDITIONS UPON REC [24 hr) [3] Cediwet Blue [4] Ambient | CTemp UPSI | od of Shipment (che Fedexis) Shipped: | MMLT. | I Cli | ent □ |
| Relinquished by: (Signature) | Received by: (Signature) | DATE TIME (24 hr) Custody seals present/intact Broken containers? | E E U LABI | ed in by | | | |
| Relinquished by: (Signature) | Received for MMLI by: | DATE TIME (24 hr) Headspace issues acceptable Holding time(s) acceptable? Preservative pH's acceptable Was pH/left unadjusted? | | wup action require | | | 10.00 |
| MATRIX CODES: DW - Drinking Water GW - Ground Water SW - Solid Waste WW - Waste Water SO - Soli/Solid OL - Oil SL - Studge SU - Surface Water | HA – Hydrochloric Acid (HCI) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate | \$2000000000000000000000000000000000000 | ceived? ☑ Revie | Rep : Wedlby | | | |

224,99-010, up to \$25,000 fine per day per violation and in some cases a violation

may subject the violator to prison.

Repeat Location Code:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

| General li | nform | nation - T | his Sec | tion To Be Con | pleted By C | ollector | AL ANALI SIS REPOR | I I OINM | | | | | | |
|---|--|--------------------------------------|---|--|---|----------------------------------|--|--|--------------------------------------|--|--|--|--|--|
| PWS ID | | | | 902 | | | | Compliance Period (MMYYY | Υ) | 113009 | | | | |
| PWS Name | | CRWI | # Q | J | PW | S Contact | ill | Collection Date (MMDDYYY | | 11112009 | | | | |
| | , | | | | 1 | 0.0 | L WY- Chali | (All Samples Repo | | 8 | | | | |
| PWS Address | , (| o 4 Man | trulgi | to New Concor | <u>4 Ky 4</u> 3076pw | S Phone | 0-436-6304 | Collector Name Wul | liam 1 | Quincan 11-11-09 | | | | |
| General li | nform | | | tion To Be Con | pleted By L | ab | | | | | | | | |
| Lab ID | | 000 | Q_{7} | | Lab Receipt D | ate (MMDDYYYY) | 11114009 | Total Coliform Analysis Meth | od Code | Q9 Y | | | | |
| | _1 | ۸/م | | $I \cap I$ | Analysis Date | (#MDDYYYY) | 11119009 | E Coli Analysis Method Cod | e | | | | | |
| Lab Analysi | -// | llma | | llaxi | Nulia | 109 | | Lab Supervisor | 1.6 | 1. On 1/10 | | | | |
| | · · | ation - T | his Sort | ion To Be Con | | | Analysis Information – Thi | s Section To Be Complete | d By La | SignatureOtte | | | | |
| | | | | | | | | | | | | | | |
| C Geson | nple? | # <u>\$</u> | Code se Ke | | | | | (Total Coliform | (A) | Lab Sample Number of Original | | | | |
| Key (Reg () | ment San | r Cod | atton R) (Si | Sample Time | Free Chlorine (Required for all | Total Chlorine (Required when | Lab Sample Number | Analysis Time - or - | Collform (F | Sample (Required for Repeat and/or | | | | |
| Sample Type (RT, RP, or SP) (See Key) ecial Sample Ress | Sement of the first Location Code (See Instructions) | at Loc , or C | (24 hr) d | isinfectants except Chloramine) | disinfectant is Chioramine) | Lab Sample Number | (24 hr) TNTC - or - | Total Coliform (P/A) E Coll (P/A) | Replacement Samples) (See Instructions) | | | | |
| Species S | Repla | as) | Repeat Location Code (DN, UP, or OR) (See Ke | | | | | CNFG) (See Key) | 1 4 | | | | | |
| | 5 | | 2 | and the transcriptions are all the | *************************************** | | Dyranan house many married at 1 | | J. 704 | and here reference becomes become become becomes | | | | |
| BIL | | 002 | | 0 6 30 | 1.31 | 1.39 | HHOXIGO | 163C | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | Printing analysis of the printing of the print | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| The signatories of | f this form | n certify by their s | signatures tha | at collection and analysis | a | | | ANALYSIS REPORT FROM KEY | | 2- Caralal States Completed | | | | |
| the water sample completed in seco | analyzeo ordanos v | and the resulting with the provision | g data hereb s of 401 KAR | y submitted, were Chapter 8, specifically | Sample Type: | | RT = Routine (For Compliance) A = Suspected Contamination | RP = Repeat (For Compliance) C = Treatment Modification | | = Special (Not for Compliance) = Line Break, Emergency Repair | | | | |
| including but not the data submitte | a betimis d on this | 401 KAR 8:200, form to a true #0 | Section 1 and discourate re | d 401 KAR 8:040; and the port of the results of | (Only If Samp | | 8 = New Plant, Modification, | D = Study/Investigation | Ę. | - und death musikers tohan | | | | |
| coffection and and | elysis po | | to the above | -referenced regulations. | | | or Line Extension | | | | | | | |

DN = Downstream

UP = Upstream

OR = Original Site



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859:299.7775 859:299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA FOR LAB USE ON | LY CHAIN OF CL | ISTODY and ANALYTICAL | Compliance Monitoring (| Please | PO# | STATE CONTRACTOR | CHA ST. MARIA |
|--|--|--|--|--|-------------------|---------------------------------|--|
| Client: | Bill Fo: | Send Results to: | Yes No | · 🗖 | | | |
| C K w D # Z | | And the second s | Samples Chlorinated (0 Yes ☐ No | heck one)? | | | |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | CONTAINERS | ODE Left) | CODE Left) |
| Batch# | Project Name | Collected by (Signature): | MMLI Quote # (if ap | plicable) | ONTA | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowert Left) |
| Sample ID# COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time, end time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MAT (See | PRESE (Se |
| | | RT was | | | | | |
| 1-11-05 5065 | | | | | | | |
| | ** | - CSF | | | + | | |
| | | • | | | | | + |
| | | | | | 1 | | - |
| | | | | | _ | | + |
| | | | | | | | |
| | | | | | | | |
| | sase call. 2. Samples received unannounced with less than | 48 hours holding time remaining may be subject to addit | ional surcharges. 3. Lab reserves the ri | ght to return unused | i portions | of samples t | o client. |
| 14.48.7 |) DAT | | | thod of Shipment (c SIU + FedEx E | heck(one). MMI | i us po | istal 🖸 Ilent 🗖 |
| Relinquished by: (Signature) | Received By: (Signature) | (24 hr) 回 Gad wet/Blue s) で9CG 国 Ambient | G Temp III N/A Da | te(Shipped f | | | |
| Relinquished by: (Signature) | Received by: (Signature) | TIME (24 hr) Gustody seals present/intag Broken containers? COC agree with sample Bab Correct containers for testi | | (BINOTIES) | | | 200 |
| Relinquished by: (Signature) | Received for MMLI by: DAT | E TIME Headspace issues acceptable (24hr) Headspace issues acceptable Holding time(s) acceptable? Preservative phis acceptable Was phile tunadjusted? | | ollow up action requirement of the control of the c | | | NO E |
| MATRIX CODES: DW - Drinking Water GW - Ground Water SW - Solid Waste WW - Waste Water SO - Soil/Solid OL - Oil SL - Sludge SU - Surface Water | PRESERVATIVE CODES: NI – Niific ăcid (HNO ₃) HA – Hydrochloric Acid (HCl) SH – Sodium Hydroxide (NaOH) T – Sodium Hydroxide (NaOH) NO – N | All samples listed on COGs ulfuric Acid (H₂SO₄) Samples properly preserve | | Svigwadiby | | | |

224.99-010, up to \$25,000 fine per day per violation and in some cases a violation

may subject the violator to prison.

Repeat Location Code:

Make H Cample Time or DD

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Into | ormation – i | nis Sec | tion to Be Co | mpleted By C | ollector | | | · | | ····· | | | | |
|--|--|--------------|--|-------------------|----------------|------------|--|----------------------|--------|----------------------------|---------------|----------|--------------------------------|--------------|
| PWS ID | K Y 0 / | 8 0 | 5,02 | | · | o 1 | ٨٥ | Com | ιρlian | ice Period (MMYYY) | 0 | | 1 1 2 0 0 9 | |
| PVVS Name | CRW | # Q | 3 | PW: | S Contact | <u> 3i</u> | <u> Щ</u> | Colle | ection | Date (MMDDYYYY |) ed on f | his Fo | 1111120 | 0 📆 |
| PWS Address | 69 mar | gliert | to New Conco | zd Ky 42076pw: | S Phone 97 | 0 | - 436-6304 | Colle | ector | • | | | Juncan 11-11-0 | 9 |
| General Info | ormation - T | his Sec | tion To Be Co | mpleted By L | ab | | | | | | | | | |
| Lab ID | 000 | 0 7 | | Lab Receipt D | ale (MMDDYYYY) | | 7////////// | Total | i Coli | form Analysis Metho | d Cod | le | 078 | |
| | Ω a | ٠. | \ <u>\</u> | Analysis Date | (MMDDYYYY) | | (11/9009 | E Co | oli An | alysis Method Code | | | - III | |
| Lab Analysi | 1 Mino | lite | Ylanto | <u>inulia</u> | 109 | | \$\$ | · Lab | Supe | ervisor | | <u>A</u> | Separatore 11 | <u> 1</u> 21 |
| Sample Info | rmation - T | his Sect | tion To Be Cor | npleted By Co | ollector | | Analysis Information – Th | is Section | Tol | Be Completed | Ву | Lat | | |
| Sample Information - This Section To Be Completed By Collector Analysis Information - This Section To Be Completed By Lab Analysis Information - This Section To Be Completed By Lab Analysis Information - This Section To Be Completed By Lab Analysis Information - This Section To Be Completed By Lab Analysis Information - This Section To Be Completed By Lab Lab Sample Number Count (Total Coliform Count (Total C | | | | | | | | | | | | | | |
| RT | 003 | | 0 000 | 1.08 | (. (S | I | AHOS7751 | 168 | | | \mathcal{I} | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | in the second second | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | |] | | | | | |
| | | | at collection and analysis | s of Sample Type: | | | BACTERIOLOGICAL RT = Routine (For Compliance) | | | r FROM KEY For Compliance) | | SP: | = Special (Not for Compliance) | |
| completed in accorda | liyzed and the resulting most with the provision | s of 401 KAR | Chapter 8, specifically | Sandal Sama | | | A = Suspected Contamination | | | Modification | | | Line Break, Emergency Repair | $\neg \neg$ |
| the data submitted or | ne surt a ti moi shit r | d accurate N | d 401 KAR 8:040; and the sport of the results of referenced regulations. | (Only if Sampl | | | B = New Plant, Modification, | D = Study | /Inve | stigation | | | | |
| CORRECTION AND BRIDGE | o paroninos parestant | . w use 200M | erationese regulators. | s | | | or Line Extension | | | | | | | |

DN = Downstream

UP = Upstream

OR = Original Site



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299:7775 859.299:7785 fax

173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA | FÖR LAB USE | ONLY | CHAIN O | F CUS | STODY and ANALYTICA | AL REQUEST | | Ple | ase p | int leg | ibly. |
|-------------------------------------|--|-----------------------------|---|--|---|--|-------------------|----------------------------|---------------|---------------------------------|---------------------------------------|
| Client: | OMOS INTERNATIONAL PROPERTY OF THE PROPERTY OF | | Bill To: | | Send Results to: | Compliance Monitor Yes | ring (che No □ | eck one) |)? PO | # | |
| CKW | 0#3 | | | | | Samples Chlorinat Yes □ | ed (che No 🗀 | | ? | | |
| Phone/Email: | | | Phone/Email | | Phone/Email: | PWS ID# | | STATE | VERS | DE eft) | ODE |
| Batch# | | | Project Name | | Collected by (Signature): | MMLI Quote#(| if applic | cable) | d pi | MATRIX CODE (See Lower Left) | PRESERVATIVE COD (See Lowerr Left) |
| Sample/ID# | 3 | N ME I hr) | SAMPLE DESCRIPTION Composite samples indicate beging end time and temp (°C) at end ti | | SAMPLE ANALYSIS REQUEST Method ID if known (i.e. 8260B, 6010B/7470A) | ED SAMPLE REMARK (i.e. composite, grab, f readings, corrosive. | ield | Field Da pH Ter S.U. | ita np OHO# | MAT (See | PRESE (Sec |
| | 11-11-5 9 0 | (00) | 202 | | RT | | | | | | |
| | | | | | | | | | | | |
| | | | | ্ ্ কর্মজ্ঞ | | | | | | | |
| | | | | • | | | | - | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | 3 M | | 7.11 | ho sight to | roturn unu | used portions | of samples to | client. |
| 1. Expedited services not | t available for all service | s, please c | all. 2. Samples received unannounced with le | | ours holding time remaining may be subject to | The state of the s | me ngiit to | eshinman | t/check-one | S VIS Po | SELIED ST |
| Relinquished by: (Signatu | ure) | Receiv | ved By: (Signature) | DATE | (24 hr) Iced wet/Blue | NRECEIPT (CHECKTONE) "C Temp "C Temp | UPS 🖸 | | □ ммі | US-Po II 🔲 — CI | lent□ |
| Marketon Di | Dr. Page 5 Pet | | allythan | 11 11 12 12 | 11 (1) | | Airbil# | | | | |
| Relinquished by: (Signate | ure) | Receiv | ved by: (Signature) | DATE | TIME (24-hr) Custody seals present/il (Broken containers) (COC agree with sample) | ntact? | | in by: | | ocation: | |
| Relinquished by: (Signate | ure) | Receiv | ved for MMLI by: | DATE | TIME Correct containers for it (24 hr) Headspace issues accer Holding time(s) acceptal Preservative pHIs accep | ntact? | Clientini | formed on: | | | No:□ |
| SW – Solid Waste SO – Soil/Solid | CODES: GW – Ground Water WW – Waste Water OL – Oil SU – Surface Water | NI – NI HA – F SH – S | Hydrochloric Acid (HCI) Sodium Hydroxide (NaOH) Sodium Thiosulfate | ES: SA – Sulfurio 4C – 4°C AA – Ascorb NO – No pres SS – Sodium | servative servative | C received? P 1 B B rved? P B B nts received? B B B 2 B B | By: | | | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Ir | rformation - T | his Sec | ction To Be Co | mpleted By C | collector | | | | | |
|---|---|--|---|---|--|--|--|--|--------------------------------------|--|
| PWS ID | | | 11016 | | | a 100 | Compti | ence Period (MMYYYY |) | TO BOOR |
| PWS Name | CRW. | D # | 4 | PW | 'S Contact | Bill | Collecti | on Date (MMDDYYYY) (All Samples Reports | | |
| PWS Address | | | | | ······ | 70 - 434-4304 | Collects | | | Juncan 11-11-08 |
| General In | formation - T | his Sec | tion To Be Co | mpleted By L | ab | | | | | |
| Lab ID | 000 | 137 | | Lab Receipt C | Date (MMDDYYYY) | 1111100 | ? то ш с | oklom Analysis Method | d Code | 098 |
| | ~ 0 | - | \ | Analysis Dete | (MMDDYYYY) | 1111900 | 9 E Coli # | Inalysis Method Code | | |
| Leb Analyst | 1 IUma | 41/1 <u>.</u> | Varin | <u>vullal</u> | 09 | | Lab Su | pervisor | | Signal 2-7/17/0 |
| Sample In | formation – Ti | nis Sect | tion To Be Co | mpleted By C | ollector | Analysis Information - | This Section To | Be Completed | By Lal | 3 |
| Sample Type (RT, RP, or 8P) (See Key) Spodal Sample Reson (A. B. C. D. or El (See Key) | Replacement Sample? (Y or Blank) Location Code (See Instructions) | Repeat Location Code (DM, UP, or OR) (See Ker) | Sample Time (24 hr) | Free Chlorina (Required for all disinfectants except Chloramine) | Total Chlorine (Regulard when disinfectant is Chloramine) | Lab Sample Number | Analysis Time (24 hr) | Result (Total Coliform Count - or - TNTC - or - CNFG) (See Key) | Total Collform (P/A) E Coll (P/A) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| | | | | | | | | | | |
| The alignatories of t | his form centify by their s | ignatures the | st collection and analysis | s of | | | CAL ANALYSIS REPOR | | | |
| he water sample a completed in scoon ncluding but not is he data submitted collection and analy | nelyzed and the resulting dance with the provisions whed to 401 KAR 8:200, on this form is a true uno pule performed pursuant VR Chapter 8 are subject | odata hereby of 401 KAR Section 1 and securate re to the above | y submitted, were Chapter B, apecifically d 401 KAR 8:040; and the aport of the results of resistanced segulations. | Sample Type: Special Samp (Only if Sampl | le Resson: | RT = Routine (For Compliano A = Suspected Contamination B = New Pisrit, Modification, or Line Extension |) RP = Repeat C ≃ Treatmer D ≃ Study/Inv | | | Special (Not for Compliance) Line Break, Emergency Repair |
| \$ 00 pp. (10 pp. \$ | 25,000 fine per day per v later to paleon. | foletion and | in some cases a violatio | Repeat Location | on Code: | DN = Downstreem | UP = Upstres | m | OR - | Original Site |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270,821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| SHADED AREA | FOR LAB USE ONLY | CHAIN OF C | USTODY and ANALYTICAL | | Pleaso | PO# | in in a | Biy |
|--|---|--|--|--|---|---------------|---------------------------------|--|
| Client: | | Bill To: | Send Results to: | Compliance Monitoring Yes D | o \square | PO# | | |
| CRU | かり井上 | | | Samples Chlorinated Yes □ N | (check one)? o □ | | | |
| Phone/Email: | | Phone/Email | Phone/Email: | PWS ID# | STATE | OF CONTAINERS | ODE Left) | CODE Left) |
| Batch# | | Project Name | Collected by (Signature): | MMLI Quote # (if a | pplicable) | ONTA | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample ID# | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate begin time and temp (°C) at end time | SAMPLE ANALYSIS REQUESTED | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA. (See | PRESI (Se |
| | h-11-c i 6800 | 003 | A T & | | | | | |
| | | | The state of the s | | | | | 1 |
| | | | 3 | | | | | |
| | | | 3 | | | | | |
| | | | 200 | ·. | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 1: Evnedited services III | ot available for all services, please | call. 2. Samples received unannounced with less th | an 48 hours holding time remaining may be subject to addi | tional surcharges. 3. Lab reserves the | right to return unused | l portions | of samples t | o client. |
| Relinquished by: (Signa | 08 | eived By: (Signature) | ATE TIME CONDITIONS UPON N (24 hr) Siced wet/Blue Ambient | C Temp | Aethod of Shipment (s IPS □ 2) * 4 FedEX □ Date Shipped (s) - 2 Airbill# | MML | | lient 🖸 |
| Relinquished by: (Signa | - Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | eived by: (Signature) | ATE TIME (24 hr) Custody seals present/intage (35 hr) Custody seals present/intage (36 hr) Custody (36 hr) Cus | 617 | ogged in by AB NOTES | | | |
| Relinquished by: (Signa | ature) Rec | eived for MMLI by: | ATE TIME (24 hr) Headspace Issues acceptable (14 hr) (15 hr) (16 hr) (17 hr) (| | rollowupaction requir | ed. | YES 🖸 | No.E |
| MATRI DW – Drinking Water SW – Solid Waste SO – Soli/Solid SL – Sludge | WW – Waste Water HA OL – Oil SH SU – Surface Water ST | - Sodium Hydroxide (NaOH) AA NO | All/samples listed on SQC-1 Samples properly, preserve Samples properly, preserve Client's sample documents CoCibeen felinguished/ Are/tests/listed-for each sa | received 2 🗓 . 🖫 . 🗒 | Reviewediby Date: | | | |

224.99-010, up to \$25,000 fine per day per violation and in some cases a violation

many guidact the violator to orfore

. . .

F.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

General Information — This Section To Be Completed By Collector PWS ID Compliance Period (MMYYYY) Bill Collection Date (MMDDYYYY) PWS Name PWS Contact (All Samples Reported on this William Duncan 270-436-6304 Margherthe New Concord Ky 420 Hows Prone PWS Address Collector Name General Information -- This Section To Be Completed By Lab Lab Receipt Date (MMDDYYYY) Total Colform Analysis Method Code Lab ID halysis Date (MMDDYYYY) E Coli Analysis Method Code Lab Supervisor Sample Information - This Section To Be Completed By Collector Analysis Information - This Section To Be Completed By Lab Repeat Location Code (DN, UP, or OR) (See Key) Result Location Code (See Instructions) Coliform (P/A) (Total Coliform Sample Type (RT, RP, or SP) (See Key) Lab Sample Number of Original Coll (P/A) Free Chlorine **Total Chlorine** Count Sample Sample Time (Required for all (Required when Analysis Time - Of -(Required for Repeat and/or Lab Sample Number TNTC (24 hr)disinfectants except disinfectant is (24 hr) Replacement Samples) Chloramine) Chloramine) - OX ũ Total (See Instructions) CNFG) (See Key) 0 BACTERIOLOGICAL ANALYSIS REPORT FROM KEY The signatories of this form certify by their signatures that collection and analysis of Sample Type: SP = Special (Not for Compliance) RT = Routine (For Compliance) RP = Repeat (For Compliance) the water sample analyzed and the resulting data hereby submitted, were completed in accordance with the provisions of 401 KAR Chapter 8, specifically Special Sample Reason: A = Suspected Contamination C = Treatment Modification E = Line Break, Emergency Repair including but not limited to 401 KAR 5:200, Section 1 and 401 KAR 6:040; and that the data submitted on this form is a true and accurate report of the results of (Only if Sample Type = SP) B = New Plant, Modification, D = Study/Investigation collection and analysis performed pursuant to the above-referenced regulations. or Line Extension Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS

DN = Downstream

Repeat Location Code:

OR = Original Site

UP = Upstream



PO Box 907 * 825 Industrial Rd. Madisonville; KY 42431 270.821.7375 270.825.9200 fax. 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299:7775 859.299:7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

e Tin

| SHADED AREA FOR LAB USE | ONLY CHAIN O | F.GUSTODY | and ANALYTICAL RI | EQUEST | Pleas | e prir | nt leg | ibly. |
|--|---|--|--|---|---|---|---------------------------------|--------------------------------------|
| Client: | Bill To: | Send Re | sults to: | Compliance Monitori Yes □ | ng (check one)? No □ | PO# | | |
| CRWD # 1 | | | | Samples Chlorinate Yes □ | d (check one)? No □ | | | |
| Phone/Email: | Phone/Email | Phone/E | mail: | PWS ID# | STATE | NERS | DE .eft) | SODE aft) |
| Batch# | Project Name | Collected | d by (Signature): | MMLI Quote # (if | applicable) | CONTAINERS | MATRIX CODE (See Lower Leff) | ESERVATIVE CODI (See Lowerr Left) |
| Sample ID# COLLECTION DATE TIM (24 I | | n time, | LE ANALYSIS REQUESTED Method ID if known . 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, fie readings, corrosive) | eld pH Temp | # 0F C | MAT (See | PRESE (Sec |
| The House An | 39 003 | R | | | | | | |
| | | | | | | | | |
| | | | | | | | | - |
| | | | | | | | | |
| | | | | | | | | - |
| | | | | | | | | - |
| | | | | | | | | |
| | | | | | | | | |
| | | | | 2 Lab recomposition | right to return unused r | ortions of | samples to | |
| 1. Expedited services not available for all services, | please call. 2. Samples received unannounced with le | 200000 10 200000 | | | | | | |
| Relinquished by: (Signature) | Received By: (Signature) | DATE TIME (24 hr) | □ Iced wet/Blue CT | emp N/A | Methodrof(Shipment)(che Ups: State Fedex D: Date Shipped: | mmli [| ing cii | 前回 |
| Relinquished by: (Signature) | Received by: (Signature) | DATE TIME (24 hr) | | AND THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, THE STREET, | Logged in by | TOWNS TO STATE OF THE STATE OF | ation: | |
| | | | COC agree with sample Labels? | | LABINOTES: | | | |
| Relinquished by: (Signature) | Received for MMLI by: | DATE TIME (24 hr | Headspace issuesacceptable? Holding:time(s) acceptable? Preservative pH/s acceptable? | | | 323012 9 338 | 第12 | |
| MATRIX CODES: DW - Drinking Water GW - Ground Water SW - Solid Waste W - Waste Water SO - Soil/Solid OL - Oil SL - Sludge SU - Surface Water | HA – Hydrochloric Acid (HCI) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate | ES: SA – Sulfuric Acid (H₂SO₄) 4C – 4°C AA – Ascorbic Acid NO– No preservative SS – Sodium sulfite | Was pH left unadjusted? All samples listed on GOC receiv Samples properly preserved? Client sample documents received? COC been relinquished? Aretests listed for each sample? | | Client Rep: | | | |

J - 6 3

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General | Intom | nation - II | nis Seci | tou to be co | mpiered by C | niecoi | | | | | 213 | anakarang pagang panong pag- |
|--|---|---|--|---|---|--|--|---------------------------------|---|----------------------|--------------|--|
| PWS ID | κ | Y 0 1 | 8 0 | 509 | | • | .00 | Complian | ce Period (MMYYYY) |) | [] | (BOOB) |
| PWS Name | | CRWI | # (| 2 | PWS | Contact <u>K</u> | 14 | Collection | Date (MMDDYYYY) (All Samples Reports | d on th | nis Form v | 1 1 2 4 2 0 0 5. |
| PVVS Addres | | | V | | zd Ky 42076pws | | 1-436-6304 | Collector I | Name Willi | ar | | mcan 11-24-09 |
| General | Inform | nation - T | his Sect | ion To Be Co | mpleted By Li | ab | | | | | | |
| Lab ID | | 000 | 31 | | Lab Receipt D | ate (MMDDYYYY) | 11242009 | Total Coli | form Analysis Method | d Code | 8 | 32 8 |
| | Λ | Λ | 14 | 11 | Analysis Date | (ммоойлл) | 11242099 | E Coli Ana | alysis Method Code | | 7 | |
| Lab Analysi | 1 | Lunc | ty/ | Plant | Nulas | (G) | | ' Lab Supe | rvisor | 1 | 5 | 1/05/25 |
| Comple | Inform | ation - Th | nis Sart | ion To Be Cor | npleted By Co | ollector | Analysis Information – Thi | is Section To I | Be Completed | Ву | Lab | |
| | 28 | Location Code (See Instructions) | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time (24 hr) | Free Chlorine (Required for all disinfectants except Chloramine) | Total Chlorine (Required when disinfectant is Chloramine) | Lab Sample Number NUM 1125/09 AH11274 | Analysis Time (24 hr) | Result (Total Coliform Count - or - TNTC - or - CNFG) (See Key) | Total Coliform (P/A) | E Coll (P/A) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| RT | | 003 | | 0 6 3 0 |] .] 3 | 11.211 | MOHILI | ZZQQ | | / { | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | 3.5 | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | <u> </u> | ìi | <u> </u> | |
| <u> </u> | | | | | | | BACTERIOLOGICAL | | | | | |
| the water same | de analyzo | d and the resultin | g data hereb | at collection and analysis y submitted, were | Sample Type: | | RT = Routine (For Compliance) | RP = Repeat (| For Compliance) | | | pecial (Not for Compliance) |
| completed in the including but in the data submit collection and a | ccordance ot imited t ited on this snaivels oc | with the provision o 401 KAR 8:200, o form is a true an oformed purauant | s of 401 KAR Section 1 and discounsts to to the above | Chapter 6, specifically d 401 KAR 8:040; and to port of the results of -referenced regulations emaities prescribed in K | (Only it Samp | | A = Suspected Contamination B = New Plant, Modification, or Line Extension | C = Treatment D = Study/Inve | | | E=Lin | e Break, Emergency Repair |
| 224.99-010, up | to \$25,000 |) <u>live bet qs</u> A bet. rhvet o me anoloc | violation and | in some cases a violation | Repeat Locati | on Code: | DN = Downstream | UP = Upstream | n | | OR=C | Original Site |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY. 40509 859:299:7775 859:299:7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| ALADED AREA | FOR LAB USE | ONLY CHAIN | OF CUS | STODY and ANALYTICAL | REQUEST | Pleas | e prii | nt legi | bly. |
|---|---|--|-------------------------------------|--|--|---|------------|--|--|
| SHADED AREA Client: | | Bill To: | | Send Results to: | Compliance Monitoring | (check one)? □ | PO# | | |
| CKWI | HJ | | | | Samples Chlorinated Yes □ No | (check one)? □ | | | |
| Phone/Email: | | Phone/Email | | Phone/Email: | PWS ID# | STATE | NERS | ODE Left) | CODE .eft) |
| Batch# | | Project Name | | Collected by (Signature): | MMLI Quote # (if a | | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowert Left) |
| Sample ID#: | COLLECTION DATE TIME (24 h | E Composite samples indicate b | oegin time, | SAMPLE ANALYSIS REQUESTED Method ID if known (i.e. 8260B, 6010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF (| MA (Sec | PRES |
| | 10 20 20 10 | 30 20 3 | | | | | | | |
| | | | | | | | | | - |
| | | | | | | | | | |
| | | | - | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | the contract of the contract o | ight to return unused | portions | of samples to | o client. |
| 1. Expedited services n | ot available for all services, | please call. 2. Samples received unannounced ν | vith less than 48 l | hours holding time remaining may be subject to ad | ditional surcharges. 3. Lab reserves the | ethod of Shipment (C | ieck one). | US Po | stal 🗉 |
| Relinquished by: (Signa | ature) | Received By: (Signature) | DATE | (24 hr) Sized wet/Blue | C Temp EN/A | ate Shipped: | | | |
| Relinquished by: (Signa | | Received by: (Signature) | DATE | TIME (24-hr) Custody seals present/lint BioKen containers/L COG agree with sample L | YES NO N/A L act? □ □ □ □ □ L abels? □ □ □ □ □ | oggedin by: | | | |
| Relinquished by: (Signa | ature) | Received for MMLI by: | DATE | TIME (24 hr) Headspace is sues accept Holding time(s) acceptable Preservative pH is acceptable Was pH left unadjusted? | ting: II II II II II II II II II II II II II | ollowup actionirequii lientiinformedioni lientiRepi | | | 2 2 1 A |
| MATRI: DW - Drinking Water SW - Solid Waste SO - Soll/Solid SL - Sludge | X CODES: GW – Ground Water WW – Waste Water OL – Oil SU – Surface Water | NI.— Nitric acid (HNO ₃) HA.—Hydrochloric Acid (HCI) SH.— Sodium Hydroxide (NaOH) ST.— Sodium Thiosulfate ZN.—Zinc acetate | SA – Sulfu 4C – 4°C AA – Asco | All: samples listed on GOG samples property present client seample document rbic Acid reservative | edî 🗓 🗓 🗒 🗒 s receivedî? 🖭 🗒 🗒 | y: aviewedby: in E | | | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH .. BACTERIOLOGICAL ANALYSIS REPORT FORM

| Generali | | | | | impleted By C | ollector | | | | | | | | |
|--|--|---|---|--|---|--|----|--|-------|-----------------------------|---|----------------------|--------------|--|
| PWS ID | | | | 293 | | | 17 | •0a | | Complia | nce Period (MMYYY) | ŋ | | [] [2] 0 [9] |
| PVVS Name | 7 | RWI | 1 1 | 3 | PW | S Contact | Bu | ill | | Collection | n Date (MMDDYYYY (All Samples Report | | this Fo | 11242009 |
| PVVS Address | | | | | zd Ky 420760w | | 70 | - 436-6304 | | Collecto | | | 5 | Juncan 11-24-09 |
| General I | nformat | ion — T | his Sec | tion To Be Co | mpleted By L | ab | | | | | | | | |
| Lab ID | C | 00 | 3 [| | Lab Receipt D | ete (MMDDYYYY) | | 11242009 | | Total Co | liform Analysis Metho | d Co | de | 328 |
| | $\mathcal{A} \mathcal{A}$ |) ^ | 1 ~ | Ma | Analysis Date | (ммротт | | 11242009 | | E Coli A | nalysis Method Code | | 7 | |
| Lab Analysi | | un | 24 | dure/Date | willo | 5/09 | | | • | Lab Sup | ervisor | | 1 | Superinose |
| Sample Ir | nformati | on - Th | is Sect | ion To Be Cor | npleted By C | ollector | | Analysis Information – Th | is Se | ction To | Be Completed | Ву | Lab |) |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Reason (A B C D or El race Key) | Replacement Sample? (Y or Blank) | Looation Code (See Instructions) | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time (24 hr) | Free Chlorine (Required for all disinfectants except Chloramine) | Total Chlorine (Required when disinfectant is Chloramine) | | Lab Sample Number | | alysis Time (24 hr) | Result (Total Coliform Count - or - TNTC - or - CNFG) (See Key) | Total Coliform (P/A) | E Coff (P/A) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| RT | 9 | 03 | | 0600 | 1.22 | 11.29 | | AHUAISI | | 490 | | A | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | -4-4 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | collection and analysis | « [| | | BACTERIOLOGICAL | ANALY | SIS REPORT | FROM KEY | | | |
| the water sample a | inalyzed end t | he resulting | data hereby: | | Sample Type: | | | RT = Routine (For Compliance) | R | P = Repeat (F | or Compliance) | | SP= | Special (Not for Compliance) |
| including but not is the data submitted collection and analy | mited to 401 k on this form i yels performed | CAR 8:200, S s a true and : d pursuant to | ection 1 and accurate report the above-n | 401 KAR 8:040; and the ort of the results of the results of therenced regulations. | (Only if Sample | | | A = Suspected Contamination B = New Plant, Modification, or Line Extension | | × Treatment = Study/inve | | | E = Li | ne Break, Emergency Repair |
| 24.99-010, up to \$ | 25,000 fins pe | x day per vic | osevere pen dation and in | aities prescribed in KRS I some cases a violation | Rapeat Locatio | n Code: | | DN = Downstream | U | = Upstream | | | OR = (| Orininal Sita |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270,444,6547 270,444,6572 fax

| | raej ve jisea | NLV GHAIN | OF CUSTODY and AN | NALYTICAL RE | EQUEST | Pleas | : Pull | ir iegi | LU IY |
|--|---|---|---|---|--|-----------------------------------|--|--|---|
| SHADED AREA | FOR LAB USE O | Bill To: | Send Results to: | | Compliance Monitoring (c Yes ☐ No [| heck one)?] | PO# | | |
| C KW D ¥ | £ 3 | | | | Samples Chlorinated (ch Yes □ No □ | eck one)? | | | |
| Phone/Email: | | Phone/Email | Phone/Email: | | PWS ID# | STATE | INERS | ODE Left) | CODE Left) |
| Batch# | | Project Name | Collected by (Signa | ature): | MMLI Quote # (if appl | licable) | CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE (See Lowerr Left) |
| Sample:ID# | COLLECTION DATE TIME (24 hr) | SAMPLE DESCRIPTION Composite samples indicate be end time and temp (°C) at each | ON SAMPLE ANALY egin time, Method II | SIS REQUESTED D if known 010B/7470A) | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA (See | PRES |
| | | | T X | | | | | | |
| | 157-02 060 | 10 917 | | | | | | | |
| | | | | | | | - | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | <i>§</i> | | | |
| | | | | | | | | | 1 |
| | | | | | | | | | |
| | | | | | | | | | |
| COLUMN TO THE PARTY OF THE PART | | | | | | | nortions o | f camples to | o client. |
| 1. Expedited services no | t available for all services, p | lease call. 2. Samples received unannounced w | th less than 48 hours holding time remaining | g may be subject to additional | I surcharges. 3. Lab reserves the righ | t to return unuseu | portions o | i Sample | |
| Relinquished by: (Signat | | Received By: (Signature) | DATE TIME (24 hr) Section (24 | ONDITIONS UPON RECEI Ewet/Blue Calling gient Calling Calling | P.T. (CHECK ONE) Temp Temp Temp Temp Temp Temp Temp Temp | □ FedEX □ Shipped: | MMEI | (a) | llent⊡. |
| Relinquished by: (Signat | ture) | Received by: (Signature) | (24 hr) Gustoo | ly seals present/intact? | | | | | Control of |
| | | | Gorrec | containers? gree with sample Labels? t containers for testing? | | VOIJES | | | 100 |
| Relinquished by: (Signat | ture) | Received for MMLI by: | DATE Headsi (24 hr) | oace issues/acceptable? oxime(svacceptable? | | wupaction requir Linformedion: | A THE STATE OF THE | 10.5 TO 10.5 T | SAME PROPERTY OF THE PROPERTY |
| | | | Preser Wasipi | vative pH/s acceptable? Hieff unadjusted? nples listed on COC recei | Glien Glien Glien Glien Wed?: as Glien | | | | |
| MATRIX DW - Drinking Water SW - Solid Waste SO - Soil/Solid SL - Sludge | CODES: GW – Ground Water WW – Waste Water OL – Oil SU – Surface Water | PRESERVATIVE NI – Nitric acid (HNO ₃) HA – Hydrochloric Acid (HCl) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate ZN – Zinc acetate | SA – Sulfuric Acid (H ₂ SO ₄) Sample 4C – 4°C Glient AA – Ascorbic Acid GOC b | nples listed on COC recel esproperly preserved? s sample documents rece een relinguished? sts listed forceach, sample | □ □ □ □ BV Sived?□ □ □ □ □ FRevio | wediby. | | | |

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General fr | nformation — 7 | his Sec | tion To Be Co | npleted By C | ollector | | | |
|--------------------|---|---|---------------------------|---|----------------------------------|---|---|---|
| PWS ID | K Y 0 | | 1:06 | | _ | \ | Compliance Period (MMYYY) | |
| PWS Name | CRW | D # | 4 | PW: | 5 Contact | Lill | Collection Date (MMDDYYYY (All Samples Report | n 119442005 |
| PWS Address | 69 Marge | write | New-Concord | (<u>y 4207</u> 6 pws | 5 Phone 27 | 0 - 436-6304 | Collector Name Will | lian Duncan 11-24-09 |
| General la | riormation — 1 | This Sec | tion To Be Co | npleted By L | ab | | | |
| Lab ID | 000 | 31 | _ | Lab Receipt D | late (MMDDYYYY) | 11242007 | Total Coliform Analysis Metho | ∞c∞ <u>DD</u> ∑ |
| | MA | | 1/(1) | Analysis Date | (MMDDYYYY) | 11242069 | E Coli Analysis Method Code | |
| Lab Analyst | Thur | Hy | 1 art | 1441126 | 107 | | Lab Supervisor | Separation 105 |
| Sample In | formation - T | his Sec | tion To Be Cor | npleted By Co | ollector | Analysis Information – Th | is Section To Be Complete | d By Lab |
| | C or Blankl (Y or Blankl Location Code (See Instructions) | Repest Location Code (DN, UP, or OR) (See Key) | Sample Time | Free Chlorine (Required for all disinfectants except Chloramine) | Total Chlorine (Required when | Lab Sample Number | Result (Total Coliform Count Analysis Time - or - (24 hr) TNTC - or - | Lab Sample Number of Original Sample Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| R) Boads | ades | (3 P. 2) | | | | | CNFG) (Söë Këy) | 4 |
| RIT | | | 0800 | | 11.118 | AHMTQ760 | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | <u> </u> | | | | |
| | | | | | | | | |
| | | | | | | | | |
| The signstones of | this form certify by their | algnatures th | at coffection and analysi | r of [| | | ANALYSIS REPORT FROM KEY | SD - Secolal Blat for Complement |
| the water sample | anelyzed and the resulti ordence with the provisio | ng data heret | y submitted, were | Sample Type: | | RT = Routine (For Compliance) | RP = Repeat (For Compliance) | SP = Special (Not for Compliance) |
| Including but not | invited to 401 KAR 8:200 d on this form is a true a | , Section 1 er | ed 401 KAR 8:040; and ti | Special Samp (Only if Samp | | A = Suspected Contemination B = New Plant, Modification, | C = Tresiment Modification O = Study/Investigation | E = Une Break, Emergency Repair |
| collection and ens | siysis performed pursuas KAR Chapter 8 are subje | at to the above | -referenced regulations. | | | or Line Extension | | |
| | \$25,000 fine per day per | | | | on Code: | DN = Downstreen | UP = Uodreen | OR = Original Site |



PO Box 907 * 825 Industrial Rd. Madisonville, KY 42431 270.821.7375 270.825.9200 fax 2456 Fortune Dr., Suite 160 Lexington, KY 40509 859.299.7775 859.299.7785 fax 173 Island Creek Rd. Pikeville, KY 41501 606.432.3104 606.432.3171 fax 1800 Kentucky Ave. Paducah, KY 42003 270.444.6547 270.444.6572 fax

| HADED AREA FOR LAB USE | Bill To: | CUSTODY and ANALYTICAL Send Results to: | Compliance Monitoring (c Yes ☐ No L | heck one)?] | PO# | | |
|---|---|--|--|-------------------------------------|---------------|---------------------------------|-------------------|
| CKUが単生 | | | Samples Chlorinated (ch Yes □ No [| eck one)? | | Г | 1 |
| Phone/Email: | Phone/Email | Phone/Email: | PWS ID# | STATE | INERS | ODE Left) | CODE |
| | Project Name | Collected by (Signature): | MMLI Quote # (if app | licable) | OF CONTAINERS | MATRIX CODE (See Lower Left) | PRESERVATIVE CODE |
| Sample ID# COLLECTION DATE TH | ME Composite samples mulcate begin | time, SAMPLE ANALYSIS REQUESTE | SAMPLE REMARKS (i.e. composite, grab, field readings, corrosive) | Field Data pH Temp S.U. °C | # OF C | MA (Sec | PRES |
| (A) (A) (A) (A) (A) (A) (A) (A) (A) (A) | thr) end time and temp (°C) at end til | me (i.e. ozosz) | | | : | | |
| D COPEN | 750 913 | - KT | | | | | 1 |
| 33 mps 20 | | | | | | | 1 |
| | | | | | | | |
| | | | | - | | | |
| | | | | | | | |
| | | | | | | | |
| S. Contarious | | | | | | | |
| | | | | | | | |
| | | to a many be subject to | additional surcharges. 3. Lab reserves the rig | ht to return unuse | d portions | of samples | to clie |
| 1. Expedited services not available for all services | es, please call. 2. Samples received unannounced with le | ess than 48 hours holding time remaining may be subject to | NEDECERT/CHECKONE) Mel | nod of Shipment (| heck one) | ÜS:P | ostal. |
| Relinquished by: (Signature) | Received.By-(Signature) | DATE (24-hr) Dicediwet/Blue | C Temp UN/A Date | Shipped :: | | | |
| Mary horse | Received by: (Signature) | DATE TIME | YES NO NA Log Intact? Intact. gediniby | | Location: | |
| Relinquished by: (Signature) | | Broken containers? | intactid III III III III III III III III III I | NOTES | Grand I | | |
| Relinquished by: (Signature) | Received for MMLI by: | DATE TIME Gorrect containers for Headspace issues acceptable Headspace issues acceptable for the following time (s) acceptable for the following t | oble? U U U Cili ptable? U U U | lowupaction-requ entinformed on: | | | |
| MATRIX CODES: DW – Drinking Water SW – Solid Waste SO – Soil/Solid SL – Sludge MATRIX CODES: WW – Ground Water WW – Waste Water SU – Oil SU – Surface Water | PRESERVATIVE CO NI – Nitric acid (HNO ₃) HA – Hydrochloric Acid (HCl) SH – Sodium Hydroxide (NaOH) ST – Sodium Thiosulfate ZN – Zinc acetate | DES: SA - Sulfuric Acid (H ₂ SO ₄) 4C - 4°C AA - Ascorbic Acid NO - No preservative SS - Sodium sulfite Was pH; left unadjusted All(samples) isted on 0. Samples properly pres Cijents sample docum COC been relinquisher Arc tests slisted for eac | OCifecelvedi D. D. D. By ervedi D. D. D. By entstrecelvedi D. D. Re di | viewedby: | | | |

way subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

| SAIVIF | - tion T | hic Soci | ion To Be Cor | BACT | ERIOLOGIC | CAL ANALYSIS REPORT | FORM | | | |
|--|---|---|--|--|--|--|--|---|--------------|--|
| Pws ID | K Y 0 1 | 8 0 | 5 4 9 | | | • | Compliance Period | (MMYYYY) | | BOOB R |
| PWS Name | CRWI | | 1 | PWS | Contact | sill | Collection Date (MM | DDYYYY) oles Reported on | this For | THE WEITE Collected on this Date.) |
| PWS Address | | | to New Concor | Ц Ky 42076pws | Phone 27 | 0-436-6304 | Collector Name | | | Juncan 12-16-09 |
| | ormation Ti | V | | | | | | | | angular proper protects |
| Lab ID | ر ی ی | | | | ete (MMDDYYYY) | 12162009 | Total Coliform Analy | sis Method Co | ode | UP 5 |
| | in 1 | Δ . | $\cap \cap$ | Analysis Date | (ΜΜΟΦΥΎΥΥ) | 14167499 | E Coli Analysis Met | hod Code | | 7 |
| Lab Analysi | 1 Nun | din | Mari | mizi | 17/09 | | Lab Supervisor | $\overline{}$ | 4 | Signatura/Date |
| Ì | ormation – Ti | nis Sect | ion To Be Cor | npleted By Co | ollector | Analysis Information – Thi | s Section To Be Con | npleted B | y Lat | 3 |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Reason (A, B, C, D, or E) (See Key) | Rement Sample? (Y or Blank) Location Code iee Instructions) | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time | Free Chlorine (Required for all distintectants except Chloramine) | Total Chlorine (Required when distribution is Chloramine) | Lab Sample Number | (Total C Co Analysis Time - C (24 hr) Th - C CN | suft Coliform unt sr - (VA) Hollion FG) FG) | E Coll (P/A) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| RTT | 0004 | | 6730 | 11.511 | 11.119 | AHISIGBL | 7554 | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| <u> </u> | <u>ئىسىنا ئىسىنا</u> | <u> </u> | · | | 1 | BACTERIOLOGICAL | ANALYSIS REPORT FROM | ŒY | | |
| the water sample a | his form certify by their : natyzed and the resultin | ng data heret | y submitted, were | Sample Type | | RT = Routine (For Compliance) | RP = Repeat (For Comp | fiance) | SP | = Special (Not for Compliance) |
| including but not is the data submitted collection and anal | dance with the provision nited to 401 KAR 5:200, on this form is a true an yels performed pursuant | Section 1 st nd accurate n t to the above | nd 401 KAR 8:040; and 1 eport of the results of s-referenced regulations | (Only If Samp | | A = Suspected Contamination B = New Plant, Modification, or Line Extension | C = Treatment Modificat D = Study/Investigation | ion | E= | Line Break, Emergency Repair |
| Violations of 401 IC 224.29-010, up to \$ | AR Chapter 8 are subject 25,000 fine per day per | z so severe p violation and | emilies prescribed in it I in some cases a violati | Repeat Locat | on Code: | DN = Downstream | UP = Upstream | | OR | = Original Site |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| | | | | | npleted By Co | ollector | | | | - · · · · · · · · · · · · · · · · · · · | | | 122009 |
|--|-----------------|-------------------------------|---|---|--|--------------------------------|-----|---|--------------------------|---|----------------------|------------|---|
| PWS ID | KY | 0 1 | 9 0 | 5,09 | | ¥ | 7 4 | 00 | Complian | ce Period (MMYYYY) | | : | |
| PWS Name | CR | WD | # | 3 | PWS | Contact | Si | Щ | Collection | Date (MMDDYYYY) (All Samples Reporte | d on th | ls For | 12112005 |
| F443 143112 | | | - | ۸ | li. us . | 9.0 | A | - 436-6304 | 0.11 | 9. 111. | ا حمرہ | , g) | luncan 12-16-09 |
| PWS Address | 69 | Morg | turis | g New Concor | AKy 42076pws | Phone 14.1 | U | - 128 8301 | Collector | Name | | | Specture/Date |
| General Inf | iormatio | n — Thi | s Secti | on To Be Cor | npleted By La | ab | | | | | | | กายจ |
| Lab ID | | ا ن د | | | | ate (MMDDYYYY) | | 727470009 | Total Col | form Analysis Method | 1 Code | e | O.Z. |
| | | | | 400 | Analysis Date | (MWDDYYYY) | | 12160009 | E Coli Ar | alysis Method Code | | | , |
| _ | -1 | 100 | A | 111000 | tun 12 | 116/09 | | | ' Lab Sup | ervisor | / | | 1600 19/12/E |
| Lab Analyst | <u>V V</u> | CO | | Are/Date | , we were | | | Analysis Information – Thi | | | By | Lab | Signature/Dalif |
| Sample Inf | ormatio | n - Thi | s Secti | on To Be Cor | npleted By Co | ollector | | Analysis Information - In | s section to | De Compiexed | | | |
| (6) | 2 | 1 | (ey) | | | | | | | Result (Total Coliform | (A) | | a a la timber of Original |
| Sample Type (RT, RP, or SP) (See Key) Speciel Sample Resson, B, C, D, or E) (See Key) | ample 4 | (See Instructions) | See 1 | | Free Chlorine | Total Chlorine | | | Acadesia Timo | Count | Total Coliform (P/A) | Coll (P/A) | Lab Sample Number of Original Sample |
| Key Mple | or Blank) | at a state of | OR) | Sample Time (24 hr) | (Required for all disinfectants except | (Required when disinfectant is | | Lab Sample Number | Analysis Time (24 hr) | TNTC | 8 | 8 | (Required for Repeat and/or Replacement Samples) |
| Samp Str, Ri (Set (Set | E SCEIN | ee T | P. or | (2.41.2) | Chloramine) | Chioramine) | | · | | CNFG) | Total | В | (See Instructions) |
| Special Specia | Ze D | (A) | Repeat Location Code (DN, UP, or OR) (See Key) | | | | | | | (See Key) | | | |
| | 200000 | were provided a | A | and the second second | terministration frames | | | A THE THE THE | TEET | | Δ | | |
| Rh | 0 | 9 바. | | 0630 | | 11. J.S | | DHIDIA | | | | | |
| | | | | | | | | | | | £ | | |
| | | | | | | | | | | | ļ | H | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| [| | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | |] | BACTERIOLOGICA | L ANALYSIS REPO | RT FROM KEY | 1 | <u> </u> | Samilian Com. Samilian Com. |
| The signatories of | this form certi | fy by their s | ignatures th | at collection and analys | ss of Sample Type | : | | RT = Routine (For Compliance) | | (For Compliance) | | SP | = Special (Not for Compliance) |
| the water sample: | analyzed and | the resulting on onvisions | data heret of 401 KAF | ly submitted, were Chapter 6, specifically | 0 10100 | | | A = Suspected Contamination | _ | nt Modification | | E | Line Break, Emergency Repair |
| including but not | Emiliari to 401 | KAR 6:200. In a true san | Section 1 &r 1 accurate n | nd 401 KAR 8:040; and aport of the results of | (Only if Sam | ple Type = SP) | | B = New Plant, Modification, or Line Extension | D = Study/In | vestigation | | • | |
| t POL to person of 404 t | FAD Charter P | no subject | t to servere D | e-referenced regulation enaities prescribed in i i in some cases a violat | uto — | Hàn Cada: | | ON = Downstream | UP = Upstre | sm | | OR | = Original Site |

Muhi M Camala Time - DE

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Information - This Section To Be Comple | eted By Collector | | Compliance Period (MMYYYY) | 188009 |
|--|---|--|---|--|
| PWSID K Y 0 1 8 0 5 0 2 | Bill | | Collection Date (MMDDYYYY) | 12/62007 |
| PWS Name CRWD # 3 | PWS Contact | | (All Samples Reported on the | absolution 12-16-09 |
| pus address 69 Margherth New Concord K | <u></u> | 436-6304 | Collector Name Wallkourr | Signature/Date |
| General Information — This Section To Be Comple | eted By Lab | TAT ALABA AA | Total Coliform Analysis Method Cod | . JUNY |
| Lab ID BOOD | Lab Receipt Date (MMDDYYYY) | 2/60000 | | |
| 1 1 | Analysis Date (MMDDYYYY) | 4/4/300 | E Coli Analysis Method Code | |
| Lab Analysi - 1 Mendy Cartin | <u>U</u> 217109 | | Lab Supervisor | Signature/Date |
| Sample Information - This Section To Be Comple | eted By Collector At | nalysis Information – This | s Section To Be Completed By | Lab |
| No Type P, or SP) P, or SP | ree Chlorine equired for all (Required when distributions assets Chloramine) Total Chlorine (Required when distributions Chloramine) | Lab Sample Number | Result (Total Coliform Count Count - or - TNTC - or - CNFG) (See Key) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) U (See Instructions) |
| 0777004706001 | 1.0811.116 F | WHEBILDSO | | |
| RT 004 000 L | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | ANALYSIS REPORT FROM KEY RP = Repeat (For Compliance) | SP = Special (Not for Compliance) |
| The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were | | RT = Routine (For Compliance) A = Suspected Contamination | C = Treatment Modification | E = Line Break, Emergency Repair |
| the water sample analyses and the provisions of 401 KAR Chapter 8, specifically completed in accordance with the provisions of 401 KAR Chapter 8, specifically including but not smited to 401 KAR 8:200, Section 1 and 401 KAR 8:040; and that the data submitted on this form is a true and accurate report of the results of the data submitted on this form is a true and accurate report of the results of | Special Sample Reason: (Only if Sample Type = SP) | B = New Plant, Modification, | D = Study/Investigation | |
| collection and analysis performed pursuant to the above-referenced regulations. Violations of 401 KAR Chapter 8 are subject to severe penalties prescribed in KRS 224.99-010, up to \$25,000 fine per day per violation and in some cases a violation | Repeat Location Code: | or Line Extension DN = Downstream | UP = Upstream | OR = Original Site |

X

SAMPLE CATEGORY = TC

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General (| mom | ation - Th | is Secti | ion To Be Com | pleted By Co | lector | | . | e Period (MMYYYY) | | ſ | 122000 |
|---------------------------------------|---|-------------------------------------|---|--|------------------------------------|----------------------------------|---|-----------------------------|---------------------------------------|----------------------|-----------------|---|
| PWS ID | κ | Y 0 ! [| 8 3 | 1:06 | | D | J) | | | | : [| 12762009 |
| PWS Name | (| CRWD | #_ | 4 | PWS | Contad | CAV | | Date (MMDDYYYY) (All Samples Reported | | | wave Collected on this Date.) |
| | 19 | m | /L 4 | New Comercial Ki | 49076 pws | Phone 27 | 1-434-4304 | Collector N | tame Willi | (LW) | , dJx | mean 12-16-09 |
| PWS Addres | is 0 1 | ma igus | JAK! | hur Concord Ky | ploted By I a | | | | | | | :2920:333 |
| General | | dol | | ion To Be Com | Lab Receipt De | | 14161335 | Total Cold | orm Analysis Method | i Code | • | 5/20 |
| Lab ID | | | : ایجب؛ ر | ъЛ. | Analysis Date)(I | | 12109002 | E Coli Ant | tysis Method Code | | 7 | |
| | 1 | 11.000 | 1 al | Monta | Wizhi | 01 | | Lab Supe | nvisor | 4 | | 1.2/17/20 Spensor/Dat |
| Lab Analysi | <u></u> | VOUV | | eturo/Dute | | llegter | Analysis Information – Thi | s Section To E | Be Completed | Ву | Lab | |
| | | | _ | ion To Be Com | ipleted By Co | меско | | | Result | | | |
| CO | Se Xey | , e | Code te Kery | | - | | | | (Total Coliform Count | †otal Colfform (P/A) | ₹ | Lab Sample Number of Original Sample |
| Type or 8P) (ey) | 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S | o Code | atton (R) (Se | Sample Time | Free Chlorine (Required for #5 | Total Chlorine (Required when | Lab Sample Number | Analysis Time (24 hr) | TINTC | Cofffon | Coff (P/A) | (Required for Repeat and/or Replacement Samples) |
| Sample Type (RT, RP, or 8P) (See Ker) | 0 8 D | Location Code (See Instructions) | Repeat Location Code [DN, UP, or OR] (See Key) | (24 tv) (| isiréoctants except Chioramine) | distrificatent is Chioremine) | | | CNFG) | †otal (| ш | (See Instructions) |
| S F | | J.Ö. | Rep DN, C | | | | • |) | (Sốc Kay) | | | |
| | | | i | NE NO | TIPE | | DAMETICA | | | n | | |
| RЩ | | 314 | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | #= | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | 1 | |
| | | | | | | | BACTERIOLOGICA | L ANALYSIS REPO | RT FROM KIEY | | ·· [·· · · · · | |
| The signator | toe of this f | onn cently by thek | signatures i | that coffection and analys aby submitted, were | sts of Sample Type | | RT = Routine (For Compliance) | RP = Repeat | (For Compliance) | | | Special (Not for Compliance) |
| completed in | nebraces e | on with the provision | ns of 401 K/ Section 1 I | AR Chapter 8, specifically and 401 KAR 8:040; and | W110. 1 | • | A = Sospected Contamination B = New Plant, Modification, | C ≈ Treatme D = Study/In | nt Modification vastigation | | E* | Line Break, Emergency Repair |
| the data sub | endited on t | his form is a true w | nd accurate at to the abo | report of the results of re-esterenced regulations penalties prescribed in K | e (Othy it Cally | ple Type = SP) | or Line Eidension | | | | ~ | e Original Sile |
| 224.89-010, | 401 KAR C up to \$25,6 ma white | 100 Live bet quit be | r violation ar | nd in some cases a violat | on Repeat Loca | tion Code: | DN = Downstreem | UP = Upstre | BUI. | | Or. | |

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Inf | | | | on To Be Con | npleted By C | ollector | | | | | CENTRAL STATE |
|-----------------------|-----------|-------------------------------------|--|--|---|----------------------------------|---|-----------------------------|---|----------------------|--|
| PWS ID | κ | Y 0 1 | 8 0 | 5,49 | | | *NA | Complian | ce Period (MMYYYY) |) | [|
| PVVS Name | (| RWI | # (| <u> </u> | PW: | S Contact | ill | Collection | Date (MMDDYYYY) (All Samples Reporte | | his Form were Collected on this Date.) |
| PWS Address | (| 9 Mar | thrung | g New Concor | d Ky Havilow | S Phone 27 | 1-436-6304 | Collector | Name <u>Will</u> | i Qu | Duncan 12-28-09 Spectro Date |
| General Inf | form | ation - T | nis Sect | ion To Be Cor | npleted By L | ab | | | | | annet promy sarrely |
| Lab ID | | 0 00 | 2 | | Lab Receipt D | ate (MMDOYYYY) | 12292009 | Total Coli | form Analysis Method | Cod | 32 (|
| | • | | | \wedge | Anatysis Date | (MMDDYYYY) | 12) 40008 | E Coli An | alysis Method Code | | |
| Lab Analysi | 1 | lund | wx (| Vart | N/2/2 | 7/09 | Conditional miles and to meeting the electrical | . Fab¦Sube | ervisor | | 12 /0 V D |
| İ | form | ation Th | nis Secti | on To Be Con | noleted By C | ollector | Analysis Information – Thi | s Section To | Be Completed | Ву | |
| (As) | ГТ | Location Code (See Instructions) | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time | Free Chlorine (Required for all distributants except Chloramine) | Total Chlorine (Required when | Lab Sample Number | Analysis Time (24 hr) | Result (Total Coliform Count - or - TNTC - or - CNFG) (See Key) | Total Coliform (P/A) | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| RM | | 200 | | 0 7 3 0 | 80.1 | 11.16 | AHITHIG | 07110 | | 1 | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| The cleartoder of t | this form | cedify by thek | densitures tha | t collection and analysis | s of [| | BACTERIOLOGICAL | | | | |
| the water sample a | nalyzed | and the resultin | g data hereby | submitted, were Chapter 8, specifically | Sample Type | | RT = Routine (For Compliance) | | For Compliance) | | SP = Special (Not for Compliance) |
| including but not fit | at betim | 401 KAR 8:200, | Section 1 and | 401 KAR 8:040; and the | Special Samp (Only if Samp | ple Reason: ple Type = SP) | A = Suspected Contamination B = New Plant, Modification, | C = Treatment D = Study/Inw | | | E = Line Break, Emergency Repair |
| collection and anal | lysis pon | ormed pursuant | to the above- | referenced regulations. | . (' | | or Line Extension | | | | |
| | | | | n some cases a violatio | | ion Code: | DN = Downstream | UP = Upstream | n | | OR = Original Site |

Make of Samuela Time - DOS

McCoy & McCoy Laboratories, Inc. P. O. Box 907 Madisonville, KY 42431

www.mccoylabs.com

Chain of Custody

Lexington KY 859-299-7775 Madisonville KY 270-821-7375

250 ml Plastic Nitric Acid 4 c

Paducah KY 270-444-6547 Pikeville KY 606-432-3104 Louisville KY 502-961-0001

Collected by: MM/T Collection Date: Route: 54 Project SDWA Center Ridge Water System Collection Time: Attn: William Duncan P. O. No: PhoneFax: 270-436-6304 69 Marguerite Blvd Newconcord KY 42078 CE648413 Center Ridge WD #1 Sodium 0180549 TP/ Logbatch Composite Sample Start Date Stop Date Time Sample Nos Date Time Fecal Date Field Data By: DO Meter#: DO: pH Meter#: Flow: Units: Temp: Matrix: Liquid **Bottle Type and Preservative** Collection Method Analysis Requested DW METPU 1 Drinking Water Metals Pick Up from Lo

DW_NAICPAES_1 Sodium by ICP/AES

| | 1000 | |) | |
|----------------------|--|-------------------|-----------------|--------------------------|
| Relinquished by: Dec | UN (D) | Date/Time: 12/88/ | 07/1523 | |
| Received by: | 2 2 | Date/Time: | | Tan 4 |
| Relinquished by: | | Date/Time: | FUI | el Rvices |
| Received by: | W V N, N, NOT-LE MINE WAR A TO REPORT A SIGN CONTROL OF THE PARTY AND A SIGN CONTROL OF THE PA | Date/Time: | No. of the last | AN INDE |
| Relinquished by: | | Date/Time: | excens. | latenter bottom och tyte |
| Danning her | | DataTima | | |

| (-# - · · ·) | ment e _e n baj keet to the terminal to be the term | Servana ne s. ne | अन्य प्रकार ने के के किया है। | | سية ويو ويو | |
|---|--|--|--|--|---|---|
| The second second second second second second second second second second second second second second second se | menegheren Menegheren | and the state of t | | <u> </u> | 113 F 1936 (006 193 | |
| | monoylabs.com | | | 270 | -821-7376 606-431 | УЗТИ |
| Rout | s: 54 Project | SDWA | Collected by: M | METTOPL | Collection D | Date: 12/28/09 |
| Ce | nter Ridge Water S | Sysiem | | 711 LIN - | Collection 1 | ima |
| | n: William Duncar | | P. O. No: | | | |
| ଟି ଚ | Marguerite Bivu | | | | PhoneFax | 270-436-6304 |
| Ne | ewconcord KY 4207 | 76 | | | | |
| CE (| 348403 Center R | idge WD #1 SE | ECOND 0180549 | | | |
| | | | | | REAL R. D. RID. BLE RESERVAG | # # # # # # # # # # # # # # # # # # # |
| | Logbatch | | Com | posite Sample | Start Date | Time |
| | Sample Nos | | | | Stop Date | Time |
| | Field Data By: // | INCI LOPL | Date 12/28/09 | Time | Fecal Date | Time |
| | pH Mater#: | pH: | 7. / \ \ DO Meter#: | DC | | |
| | Cl :dwa. | C CI | Flow: | | Jnits: | Matrix: Liquid |
| માં આવે. કાર્મિસ્ટિસિસ્ટિસિસ્ટિસિસિસિસિસિસિસિસિસિસિસિસ | Collegial Sales | | , | | | |
| | Collection Method (G))C | Test DW_ALKTOT_1 | Analysis Requested Total Alkalinity by Titrimetry Md | | <u>Γγρε and Preservative</u> Plastic 4 σ | |
| | G/C | TEMPFLO3 | Temperature, C (Field) | | | |
| | @/ C | DW_MBAS_1 | MBAS as LAS Mdv | The same of the sa | Amber Wide Mouth Gla | |
| | (G)√C /G)√C | DW_ODOR_1 DW_ALKBICAR_1 | Odor Mdv Alkalinity, Bicarbonate (HCO3) | 5 (4) | Amber Wide Mouth Gla Plastic 4 c | ss 4 c |
| | (G/C | DW_ALKCAR_1 | Alkalinity, Carbonate (CO3) Md | the state of the s | Plastic 4 c | |
| | (g) c | DW_ALKPHENO_ | Alkalinity, Pheno Mdv | | Plastic 4.e | |
| | © .c | DW_CL_1 | Chloride by IC Mdv | | Plastic 4 c | |
| | GC G/C | DW_FIC_1 PH_FLD3 | Fluoride by IC Mdv pH (Field) | 1 Liter | Plastic 4 c | |
| | (a)c | DW_SO4IC_1 | Sulfate by IC Mdv | 1 Liter | Plastic 4 c | |
| | (a)/c | DW_MNICPMS_1 | Manganese by ICP/MS | 11111 | Plastic Nitric Acid 4 c | * |
| | @/c | DW_TDS_1 | Total Dissolved Solids Mdv | 1.1.1.1 5 10 July 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Plastic 4 c | |
| The same of | (<u>@</u>) c | DW_TURBIDITY_ | Turbidity Mdv | | Plastic 4 c | |
| | ©10 (₹)10 | DW_ALICPMS_1 DW_CAICPAES_1 | Aluminum by ICP/MS Calcium by ICP/AES | and the second s | Plastic Nitric Acid 4 c Plastic Nitric Acid 4 c | |
| , | Gc | DW_CUICPMS_1 | Copper by ICP/MS | | Plastic Nitric Acid 4 c | |
| | (a) c | DW_HARDNESS_ | The Property of the Control of the C | and the second s | Plastic Nitric Acid 4 c | |
| | @1 c | DW_FEICPAES_1 | | 250 ml | Plastic Nitric Acid 4 c | 19 (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) (19) |
| | (G) C | DW_AGICPMS_1 | Silver by ICP/MS | | Plastic Nitric Acld 4 c | |
| | | DW_COLORPCU_ DW_ZNICPMS_1 | Zino by ICP/MS | 1, 1 | Plastic 4 c Plastic Nitric Acid 4 c | |
| | (G) C (G) C | DW_HARDCA_1 | Hardness, Calcium | 250 118 | Liapus Muit World & C | |
| • | G/C | DW_METPU_1 | Orinking Water Metals Pick Up | from Lo | | |
| | G/C | MM_ICPU_1 | Multi Matrix IC Pick Up from Lo | Charles and the control of the contr | 그렇게 말고통지 않아 해보는 역기 그 것이 하는 사람들이 하는 역기 | |
| | | • | | | | |
| | | | | | | |
| 1 | | | | | | |
| | | | | | en an en en en en en en en en en en en en en | n diagram Panganan dia kanggaran |
| | | | | | | |
| | Relinquished b | سارمكوم مرفق مرماعة مالنك مالوي يهامت | 4.54 | Date/Time: | 12/28/09/150 | 5 |
| | Received b | ру: | | Date/Time: | | Gran 3 1 Mari 2 |
| | Relinquished ! | ру: | | Date/Time: | | tuel - Services |
| | Received t | ру: | | Date/Time: | | THE SPACE IS NOT BY THE STATE |
| | Relinguished b | 2A. | prompt of the second se | Date/Time: | | |

Date/Time: _

Received by:

McCoy & McCoy Laboratories, Inc. P. O. Box 907 Medisonville, KY 42431

Chain of Custody

Lexington KY 859-299-7775 Madisonville KY

Paducah KY 270-444-6547 Pikeville KY Louisville KY 502-961-0001

| www.mccoylabs.com | | 270-821-7375 608-432-3104 | | | | | | |
|------------------------------------|--|----------------------------|-------------------|-------------------------|--------------|---------------------|--|--|
| Route: 54 Pro | oject SDWA | Collected by: | MMII/OPL | Collection De | to: 12/28 | 109 | | |
| Center Ridge W | | | | Collection Time: / </td | | | | |
| Attn: William D 69 Marguerite B | of the later of the control of the c | P. O. No: | | PhoneFax: | 270-436-6304 | | | |
| Newconcord KY 42076 | | | | | | | | |
| CE648415 Cer | nter Ridge WD #1 RAI | 0180549 | | | | | | |
| | | | | | | | | |
| Logbatch | | <u> </u> | omposite Sample S | fart Date | Time | | | |
| Sample Nos | | | | itop Date | _ Time | | | |
| Field Data By | | Date | Time | Fecal Date | T | me | | |
| pH Meter#: | pH: | DO Meter#: | DO: | | | | | |
| Temp: | Cl. | Flow: | Un | its: | Matrix: | Liquid | | |
| Collection Meth | nad Test | Analysis Requested | Bottle Ty | ne and Preservative | | | | |
| ⊚ /c | RAD228_1 | Radium 228 | 1 Liter Ph | istic Nitric Acid 4 c | | . • | | |
| (a) (c) | ALPHA_1 | Gross Alpha - SDWA | 1 Liter Pla | astic Nitric Acid 4 c | | 4 | | |
| G/C | SHIP13_1 | UPS Shipping Charge | | | | | | |
| G/C | RAD228_SHIP_1 | Radium 228 Date sent to se | цЬ | | | | | |
| G/C | ALPHA_SHIP_1 | Gross Alpha - SDWA Date | shipped to | | | inger of the second | | |

| Relinquished by: | Double Frank | Date/Time: | 12/28/09/1505 | |
|------------------|--------------|------------|--|---|
| Received by: | | Date/Time: | | gowe w Eog il |
| Relinquished by: | | Date/Time: | 51 - C-10 - 10 - 10 - 10 - 10 - 10 - 10 - | fuel Services |
| Received by: | | Date/Time: | Ster, appropriated put respectively man one first if receipts the confidence design was consistent and particular. | See 1988 & J. St. V. See, Name , Apr. |
| Relinquished by: | | Date/Time: | | والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة |
| Received by: | | Date/Time: | | |

Received by:

BUSH

DARE.

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| | | | ion To Be Cor | npleted By Co | ollector | | | | | 133009 |
|--|---|---|--|---|----------------------------------|---|------------------------------|--|--|--|
| PWS ID | K Y 0 [| 8 0 | 509 | | n | -ΛΛ | Compliance | Period (MMYYYY) | | |
| PWS Name | CRWI | # (| of a | PWS | S Contact | ill | Collection D | ate (MMDDYYYY) (All Samples Reporte | d on this | Form were Collected on this Date. |
| PVVS Address | 69 man | trug | to New Conco | ud Ky 49076pws | S Phone 976 | 1-436-6304 | Collection No. | me <u>willi</u> | am | Duncan 12-28-09 Spentre Date |
| General Info | ormation - Ti | nis Sect | tion To Be Co | npleted By La | ab | | | | | 500 G |
| Lab ID | 000 | 7 | | Lab Receipt D | ate (MMDDYYYY) | 12287008 | Total Colifor | m Analysis Method | Code | NICE |
| | | | 4 ^ ^ | Analysis Date | (ММБЙХХХХ) | 7 2 2 8 9 9 9 9 9 | E Coli Anal | ysis Method Code | | |
| Lab Analysi Mundley Varton 12/30/09 Lab Supervisor Lab Supervisor | | | | | | | | | | |
| Sample Info | ormation Th | nis Sect | ion To Be Cor | npleted By Co | ollector | Analysis Information – Th | is Section To B | e Completed | By L | ab |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Reason (A, B, C, Or E) (See Key) | | Repeat Location Code (DN, UP, or OR) (See Key) | Sample Time (24 hr) | Free Chlorine (Required for all disinfectants except Chloramine) | Total Chlorine (Required when | Lab Sample Number | Analysis Time (24 hr) | Result (Total Coliform Count - or - TINTC - or - CNFG) (See Key) | | Lab Sample Number of Original Sample (Required for Repeat and/or Replacement Samples) (See Instructions) |
| 877 | 0 0 5 | | 0 6 3 0 | 1.28 | 1.34 | AHTUHUU | 0740 | | Λ | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | <u> </u> | |
| The signatories of the | nts form certify by their | signatures ti | at collection and analys | nts of | | | L ANALYSIS REPORT | | | SP = Special (Not for Compliance) |
| the water sample as completed in according but not in the data submitted collection and analy | naiyzed and the resulting tance with the provision need to 401 KAR 8:200 on this form is a true as the performed pursuant | ng data here ns of 401 KA , Section 1 a nd accurate of t to the above | by submitted, were R Chapter 8, specifically nd 401 KAR 8:040; and report of the results of referenced regulations | Special Sam (Only if Sam) | | RT = Routine (For Compliance) A = Suspected Contamination B = New Plant, Modification, or Line Extension | C = Treatment D = Study/inve | Modification | | E = Line Break, Emergency Repair |
| Violations of 401 K/ 224,89-010, up to \$ | v: unapter a are subject 25,000 fine per day per | niolation au | penalties prescribed in H d in some cases a violat | ion Repeat Local | tion Code: | DN = Downstream | UP = Upstream | | 1 | OR ≈ Original Site |

| <i>McCoy & McCoy Labo</i> P. O. Box 907 Madisonville, KY 42431 www.mccoylabs.com | ratories, Inc. | Chain of Cu | stody | 859-299-7775 270-4 Madisonville ICY Pikevill | in KY Louisville I 44-6547 502-961-0 e KY 32-3104 | |
|---|------------------|---|--|---|---|------|
| Route: 54 Project | SDWA | Collected by: / | UMII/00 | ∠ Collection | Date: 12/28/05 | 7 |
| Center Ridge Water I Attn: William Duncai 69 Marguerite Blvd Newconcord KY 420 | n P | P. O. No: | | Collection PhoneFa | n Time: 76年() ax: 270-436-6304 | |
| CE048512 Center R | ldge WD #2 Sodii | um 0180509 TPA | | 911 1 81 91 1939 | 11 8110 1110 1118 1 | 319 |
| Logbatch | | Ċ(| imposite Sam | ple Start Date | Time | |
| Sample:Nos | | | | Stop Date | Time | |
| Field Data By: | | Date | Time | Fecal Date | Time | |
| pH Meter#: | pH: | DO Meter#: | | DO: | | |
| Temp: | d. | Flow | | Units: | Matrix: <u>L</u> | quic |
| Collection Method | | Anzivels Requested | the second state of the second state of | ttle Type and Preservation | <u> 48</u> | |
| eyc eyc | | Orinking Water Metals Pick L Sodium by ICP/AES | and the second s | 0 ml Plastic Nitric Acid 4 c | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | on a supplier of the second production of the | |
| | | | | 성하다. 1985년 - 1985년 | | |
| | | | | | | |
| | | | | | | |
| | | | | en en en en en en en en en en en en en e | | |
| | | 1 | | | | |
| Relinquished | ma Dank (2) | heat | | 12/28/19/16 | 35 | |
| pensiupiniezi bouloand | | 1 | Date/Ti | | <u>م</u> ــــــــــــــــــــــــــــــــــــ | |
| 1/0001400 | 1.112 | | Later 11 | | | |

Relinquished by:

Received by:

Received by:

Relinquished by:

Date/Time:

Date/Time:

Date/Time:

Date/Time:

PUBL

SERVICES

McCoy & McCoy Laboratories, Inc. P. O. Sox 987 Madisonville, KY 42431 www.mccoylabs.com

Chain of Custody

Lexington ICY 859-299-7775 Madisonville ICY 270-821-7375 Paducah KY 270-444-6547 Pikeville KY 606-432-3104 Louisville KY 502-961-0001

Route: 54 Project SDWA
Center Ridge Water Dist #2
Attn: William Duncan
69 Marguerite Blvd
Newconcord KY 42076

Collected by: MMLT/DPL

Collection Date:

12/48/09 1620

P.O.No:

Collection Time:

PhoneFax: 270-436-6304

CE648502 Center Ridge WD #2 Nitrate 0180509 TPA

| Logbatch | | Con | nposite Sample Star | t Date | Time | |
|----------------|-----|------------|---------------------|------------|-------------|------|
| Sample Nos | | | Stop | p Date | Time | |
| Field Data By: | | Date | Time | Fecal Date | Time | |
| pH Meter#: | pHr | DO Meter#: | DO: | | | |
| Temp: | Cl. | Flow | Units | | Matrix: Lic | juld |

<u>Collection Method</u>
67 C

G/C

Test DW_NO3_I MM_ICPU_I Analysis Requested Nitrate as N by IC Mdv

Multi Matrix IC Pick Up from Login

Bottle Type and Preservative

1 Liter Plastic 4 c

Pd # 1100.00 Check # 1042

| Relinquished by: | Deur Of at | Date/Time: 12/28/09/ | 63d |
|------------------|------------|----------------------|--|
| Received by: | Ε | Date/Time: | FUEL. |
| Relinquished by: | Γ | Date/Time: | Services |
| Received by: | | Date/Time: | AND ENGINEER REPORTS OF THE PARTY OF THE PAR |
| Relinquished by: | | Date/Time: | ADDAM DANDADADASAN AND SANCE. |
| Received by: | Γ | Date/Time: | |

McCoy & McCoy Laboratories, Inc. P. O. Box 907 Madisonville, KY 42431

Chain of Custody

Lexington KY 859-299-7775 Madisonville KY 270-821-7376 Paducah KY 270-444-6547 Pikeville KY 606-432-3104 Louisville KY 502-951-0001

www.mccoylabs.com Collection Date: 12/28/09 MMLT Collected by: Project SDWA Route: 54 Collection Time: 16020 Center Ridge Water Dist #2 Attn: William Duncan PhoneFax: 270-436-6304 P. O. No: 69 Marguerite Blvd Newconcord KY 42076 SECOND 0180509 Center Ridge WD #2 CE648504 Start Date Composite Sample Loobatch Stop Date Time Sample Nos Date 12/28/09 Time Fecal Date Time Field Data By DO: DO Meter#: pH: Wistell Ha Units: Matrix: Liquid Flow: CI: Temp Bottle Type and Preservative Analysis Requested Collection Method 250 mi Plastic Nitric Acid 4 c DW_MNICPMS_1 Manganese by ICP/MS GY C 250 ml Plastic Nitric Acid 4 c Silver by ICP/MS DW AGICPMS_1 SY C 250 ml Plastic Nitric Acid 4 c Iron by ICPIAES DW_FEICPAES_1 250 mi Plastic Nitric Acid 4 c Hardness as CaCO3 Mdv DW HARDNESS_ 250 m! Plastic Nitric Acid 4 c Copper by ICP/MS DW_CUICPMS_1 250 ml Plastic Nitric Acid 4 c DW_CAICPAES_1 Calcium by ICP/AES 250 ml Plastic Nitric Acid 4 c Aluminum by ICP/MS DW ALICPMS_1 1 Liter Plastic 4 c DW_TURBIDITY_ Turbidity Mdv 1 Liter Plastic 4 c Total Dissolved Solids Mdv DVV_TDS_1 Total Alkalinity by Titrimetry Mdv 1 Liter Plastic 4 c DW_ALKTOT_1 1 Liter Plastic 4 c Sulfate by IC Mdv DW SO4IC_1 1 Liter Plastic 4 c DW_COLORPCU_ PCU Color Mdv Multi Matrix IC Pick Up from Login MM ICPU 1 250 ml Plastic Nitric Acid 4 c Zinc by ICP/MS DW ZNICPMS_1 1 Liter Plastic 4 c Fluoride by IC Mdv DW_FIC_1 Hardness, Calcium DW_HARDCA_1 G/C pH (Field) PH_FLD3 G/C Temperature, C (Field) TEMPFLD3 1 Liter Amber Wide Mouth Glass 4 c MBAS as LAS Mov DW_MBAS_1 1 Liter Plastic 4 c Alkalinity, Bicarbonate (HCO3) Mdv DW ALKBICAR_1 1 Liter Plastic 4 c Alkalinity, Carbonate (CO3) Mdv DW_ALKCAR_1 1 Liter Plastic 4 c Chloride by IC Mdv DW CL 1 1 Liter Plastic 4 c Alkalinity, Pheno Mdv DW_ALKPHENO_ Drinking Water Metals Pick Up from Lo DW_METPU_1 1 Liter Amber Wide Mouth Glass 4 c Odor Mdv DW_ODOR_1

| Relinquished by: |) ach (Plat | Date/Time: | 12/28/09/100 | |
|------------------|-------------|------------|--|--|
| Received by: | | Date/Time: | Annount Assembli (Ministra, 2015) protip Statis Asperlage (Alba a, Amplion & orginization) — replication (Amplion Statis and Amplion Statis and Am | FUEL |
| Relinquished by: | | Date/Time: | | SERVICES |
| Received by: | | Date/Time: | | |
| Relinquished by: | | Date/Time: | who challed the following was made another the second to challed a just made for the second field to the second | \$2453050000000000000000000000000000000000 |
| Received by: | | Date/Time: | Specific Specification (Associated Specification and Specification (Associated Specification (As | |

224.89-010, up to \$25,000 fine per day per violation and in some cases a violation

may subject the violator to prison.

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH BACTERIOLOGICAL ANALYSIS REPORT FORM

| General Inf | eneral Information – This Section To Be Completed By Collector Compliance Period (MMYYYY) | | | | | | | | 198009 | | | | | |
|---|---|---|---|--|-------------------------------------|----------------------------------|-------------------------------|--|--------|---|---------------------------------------|----------------------|--|---|
| PWS ID | | Y 0 [| | | | D | ül |)a | | | | | : | 12212009 |
| PWS Name | (| TRWD | # 3 | | PWS | Contact | w | 4 | | Collection | Date (MMDDYYYY) (All Samples Reported | | | were Collected on this Date.) |
| | , | G -m | . LL | en com | LV. Harry | 971 | ۸ - | 436-6304 | | Collector N | ame Willi | بهجن | <u>, d)</u> | uncan 12-28-33 |
| PWS Address | | | | | LAKy 42076pws | | | | | ······· | | | | Signature/Osts |
| General In | General Information – This Section To Be Completed By Lab 777 970 5 Total Coliform Analysis Method Code | | | | | | | | | | | | | |
| Lab ID | | $Q \circ v$ | 9/ | | Lab Receipt Da | ate (MMDDYYYY) | | 712 9 9 9 9 9 9 9 | | | | - | ~ | |
| | Λ A | , , | 10/ |) ' | Anatysis Date | (WWDDXXXX) | į | 12299003 | : | E Coli Ani | alysis Method Code | | | |
| | $\mathbb{N} \setminus \mathbb{N}$ | I and. | en 1 | aith | 1 1213d | ୀ | | | | Lab Supe | rvisor | | | 19/000 p |
| Lab Analysi | 1 A | ation - Th | ic Secti | on To Be Cor | mpleted By Co | ollector | | Analysis Information – Thi | is | Section To I | Be Completed | Ву | Lab | |
| | T | | - 1 | On to be do. | | | Γ | | | | Result | | | |
| a Key | 島 | 41 <u>65</u> | Sode Se Ke | | | | | | | | (Total Coliform Count | n (P/A | 3 | Lab Sample Number of Original Sample |
| Type or SP ie Re | ang sam | Code | atton (R) (Se | Sample Time | Free Chlorine (Required for all | Total Chlorine (Required when | | Lab Sample Number | | Analysis Time (24 hr) | - or - TNTC | oliforr | Coll (P/A) | (Required for Repeat and/or Reptacement Samples) |
| See K | o B | Location Code (See Instructions) | or O | (24 hr) | disinfectants except Chloramine) | disinfectant is Chioramine) | 1 | | 1 | (24 14) | - or - CNFG) | Total Coliform (P/A) | ы | (See Instructions) |
| Sample Type (RT, RP, or SP) (See Key) Special Sample Reason | | Lo (Set | Repeat Location Code (DN, UP, or OR) (See Key) | | | | | | | | (See Key) | F | | |
| (s) \$ | 4 | | a) | | | | - | and the second s | 3 | | in miles in a | 7 | | |
| RT | | 000 | | 0600 | 7 . 18 | 1.18 | | AHIMUDI | | 0740 | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | 1 | | | | | į | | |
| | | | | | | | ١ | | 2 | | | | | |
| | | | | | | | ı | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | 50 | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | 3 | | | Ĺ | | |
| | | | | | | | | | 7 | | | <u> </u> | <u> </u> | |
| | å 3 <i>å</i> | <u> !\\</u> | ii | i | (, (, | | | BACTERIOLOGICA | AL A | | | | | |
| m | The signatories of this form certify by their signatures that collection and analysis of the water sample analyzed and the resulting data hereby submitted, were Sample Type: | | | | : | | RT = Routine (For Compliance) | | | RP = Repeat (For Compliance) SP = Special (Not for Complian | | | ≈ Special (Not for Compliance) Line Break, Emergency Repair | |
| completed in acc | condance t smiteri | with the provision to 401 KAR 8:200. | us of 401 KAF . Section 1 ar | t Chapter 8, specifically ad 401 KAR 8:040; and | in marrie | ple Reason: ple Type = SP) | | | | | P - Fast Month muse Second section. | | | |
| the data submitte | ed on the | is form is a true #/ adornad pursuan | nd accurate in t to the above | e-teletended tegujation | na. | he the - att | | or Line Extension | | | | | | |
| Violations of 401 | KAR Ch | upter 8 are subjec | at to severe p | enaties prescribed in I | NAS - | tion Code: | | DN = Downstream | | UP = Upstrea | em . | | OR | t = Original Site |

DN = Downstream

Repeat Location Code:

Muha M Barrata Waran - Non

Paducah KY Louisville KY McCoy & McCoy Laboratories, Inc. Lexington KY Chain of Custody 659-299-7775 270-444-6547 502-961-0001 P. O. Box 907 Madisonville, KY 42431 Madisonville KY Pikeville KY 606-432-3104 270-821-7375 www.mccoylaba.com MMLI Collection Date: Collected by: Route: 54 Project SDWA Center Ridge Water Dist#3 Collection Time: Attn: William Duncan P. O. No: PhoneFax: 270-436-6304 69 Marguerite Blvd Newconcord KY 42076 CE648610 Center Ridge WD #3 Sodium 0180502 TPA Composite Sample Start Date Logbatch Time Sample Nos Stop Date Time Fecal Date Field Data By: Date Time DO Meter#: DO: pH Meter#:

Temp: CI; Flow: Units:

Collection Method Test Analysis Requested Bottle Type and Preservative
GTC DW_NAICPAES_1 Sodium by ICP/AES 250 ml Plastic Mitric Acid 4 c.
GTC DW_METPU_1 Drinking Water Metals Pick Up from Lo

Relinquished by:

Received by:

Relinquished by:

Received by:

Received by:

Date/Time:

Date/Time:

Date/Time:

Date/Time:

Date/Time:

SERVICES

Relinquished by:

Received by:

Date/Time:

Date/Time:

Date/Time:

Matrix:

Liquid

McCoy & McCoy Laboratories, Inc. P. C. Box 807 Medisonville, KY 42431

Relinquished by:

Received by:

Received by:

Relinquished by:

Chain of Custody

Lexington KY. 859-209-7775 Madisonville KY 270-921-7375 Paducah KY 270-444-6547 Pikeville KY 806-432-3104 Louisville KY 502-961-0001

FUEL

www.mccovlabs.com Collection Date: Collected by: Route: 54 Project SDWA Center Ridge Water Dist #3 Collection Time Attn: William Duncan P. O. No: PhoneFax: 270-436-6304 69 Marguerite Blvd Newconcord KY 42076 CE648603 Center Ridge WD #3 SECOND 0180502 Composite Sample Start Date Loabatch Time Stop Date Sample Nos MMLIJOPL Date 12/28/09 Time Fecal Date Field Data By: 7.70 DO: pH Meter#: Temp: Liquid Matrix: Bottle Type and Preservative **Collection Method** Analysis Requested 1 Liter Plastic 4 c DW COLORPOU PCU Color Mdv 1 Liter Plastic 4 c DW ALKBICAR 1 Alkalinity, Bicarbonate (HCO3) Mdv 1 Liter Amber Wilde Mouth Glass 4 c DW MBAS 1 MBAS as LAS Mdv 1 Liter Plastic 4 c DW_ALKCAR_1 Alkalinity, Carbonate (CO3) Mdv 1 Liter Plastic 4 c DW_ALKPHENO_ Alkalinity, Pheno Mdv 1 Liter Plastic 4 c DW_CL_1 Chloride by IC Mdv 1 Liter Plastic 4 c DW_FIC_1 Fluoride by IC Mdv Odor Mdv 1 Liter Amber Wide Mouth Glass 4 c DW_ODOR_1 DW SO4IC 1 1 Liter Plastic 4 c Sulfate by IC Mdv 1 Liter Plastic 4 c DW ALKTOT 1 Total Alkalinity by Titrimetry Mdv Total Dissolved Solids Mdv 1 Liter Plastic 4 c DW_TDS_1 1 Liter Plastic 4 c DW_TURBIDITY_ **Turbidity May** DW_ALICPMS_1 Aluminum by ICP/MS 250 ml Plastic Nitric Acid 4 c Calcium by ICP/AES 250 mi Plastic Nitric Acid 4 c DW_CAICPAES_1 250 ml Plastic Nitric Acid 4 c DW_HARDNESS_ Hardness as CaCO3 Mdv 260 mi Plastic Nitric Acid 4 c DW_FEICPAES_1 Iron by ICPIAES DW_MNICPMS_1 Manganese by ICP/MS 250 ml Plastic Nitrio Acid 4 c 250 ml Plaetic Nitrio Acid 4 c Silver by ICP/MS DW AGICPMS 1 MM ICPU 1 Multi Matrix IC Pick Up from Login 250 ml Plastic Nitric Acid 4 c **DW ZNICPMS 1** Zine by ICP/MS 250 ml Plastic Nitric Acid 4 c DW_CUICPMS_1 Copper by ICP/MS G/C DW HARDCA 1 Hardness, Calcium DW METPU 1 Orinking Water Metals Pick Up from Lo G/C G/C TEMPFLD3 Temperature, C (Field) PH_FLD3 pH (Field) Relinquished by: Deuh 7. Date/Time: Received by:

Date/Time: Date/Time:

Date/Time:

Date/Time:

Lexington KY 859-299-7775 Paducah KY Louisville KY McCoy & McCoy Laboratories, Inc. Chain of Custody 270-444-6547 502-961-0001 P. O. Box 907 Madisonville KY Pikeville KY Madisonville, KY 42431 270-821-7375 606-432-3104 www.mccoylabs.com R

| oute: 54 Project | SDWA | Collected by: | MALI | lope colle | ction Date: | 12/28/ | 09 |
|--|---|--|-------------|--|---------------------------|----------------------------|--------|
| Center Ridge Water Attn: William Dunca 69 Marguerite Blvd Newconcord KY 420 | n | P. O. No: | | | ction Time: neFax: 270 | <u>//5/5</u> 0-436-6304 | |
| DE648602 Center F | tidge WD #3 | Nitrate 0180502 | | | ineni jeri | | o ein |
| Logbatch | | | Composite 8 | | | me | |
| Sample Nos | | | | Stop Date | III | me | |
| Field Data By: | 하시아 보다 이 글로 함. 1917 - 1917 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 - 1918 | Date | Time | Fecal | Date | Tin | 1e |
| pH Meter#: pH: | | DO Meter# | | DO: | | | |
| Temp; | CI: | Flow | • | Units: | | Matrix: | Liquid |
| Callection Method | Test DW_NO3_1 | <u>Analysis Requested</u> Nitrate as N by IC Mdv Multi Matrix IC Pick Up fro | ara Legin | Bottle Type and Press 1 Liter Plastic 4 c | rvative | | |
| G/C | MM_ICPU_1 | mum mania io Pica op de | att rollin | | | i e e | |
| | | | | | Nysky Atta | | |
| | | | | | | W | |

| Relinquished by: | Deuh Pot | Date/Time: 12/28/09/ 1525 | |
|------------------|--|---------------------------|--------------------------|
| Received by: | 그 이 그는 그는 그를 가는 사람이 되었는데 그렇게 되었다. 그는 그는 그는 그를 보고 있다. | Date/Time: | |
| Relinquished by: | | Date/Time: | Fuel Services |
| Received by: | | Date/Time: | |
| Relinquished by: | | Date/Time: | ennannanennannannannanna |
| Received by: | | Date/Time: | |

X

SAMPLE CATEGORY = TC

224,99-010, up to \$25,000 fine per day per violation and in some cases a violation

every subject the violator to prison.

Repeat Location Code:

KENTUCKY DIVISION OF WATER / DRINKING WATER BRANCH

BACTERIOLOGICAL ANALYSIS REPORT FORM

General Information — This Section To Be Completed By Collector Compliance Period (MMYYYY) PWS ID Bill Collection Date (MMDDYYYY) **PWS Contact** PWS Name (All Samples Reported on the ous address 69 Marquerite New Concord Ky 45076 270-434-4304 Collector Name General Information - This Section To Be Completed By Lab Total Coliform Analysis Method Code Lab Receipt Date (MMDDYYYY) ab IO E Coli Analysis Method Code Analysis Date (MMDDYYYX) Lab Supervisor Analysis Information - This Section To Be Completed By Lab Sample Information - This Section To Be Completed By Collector Repeat Location Code (DN, UP, or OR) (See Key) Result rotal Cofform (P/A) (Total Coliform Location Code (See Instructions) Lab Sample Number of Original Coll (P/A) Count Free Chlorine Total Chiorine Sample Analysis Time - Of -(Required for all (Required when (Required for Repost and/or Sample Time Lab Sample Number TNTC (24 hr) Sisinfectants except disinfectant is Replacement Samples) (24 lm) - or -(See Instructions) Chloramine) Chioramine) CNFG) (See Key) BACTERIOLOGICAL ANALYSIS REPORT FROM KEY The signatories of this form centry by their signatures that collection and analysis of SP = Special (Not for Compliance) RP = Repeat (For Compliance) RT = Routine (For Compliance) Sample Type: tive water sample analyzed and the resulting data hereby submitted, were E = Line Break, Emargency Repair cognoteted in accordance with the provisions of 401 KAR Chapter 8, specifically C = Treatment Modification Special Sample Reason: A = Suspecied Contamination including but not imited to 401 KAR \$200, Section 1 and 401 KAR \$:040, and that D = Study/Investigation B = New Plant, Modification, the data automitted on this form is a true and accurate report of the results of (Only if Sample Type = SP) collection and ensiyes performed pursuant to the above-submenced regulations. or Line Extension Violations of 401 KAR Chapter 8 are subject to severe parallies prescribed in KRS

DN = Downstreem

OR = Original Site

UP = Upstream

Pikeville KY Madisonville K.T Madisonville, KY 42431 270-821-7375 606-432-3104 www.mccoylabs.com 12/28/09 MMLI OPL Collection Date: Collected by: Project SDWA Route: 54 Collection Time: Center Ridge Water District #4 Attn: William Duncan PhoneFax: 270-436-6304 P.O. No: 69 Marguerite Blvd Newconcord KY 42076 0183106 Center Ridge WD #4 **Nitrate** CE648301 Composite Sample Start Date Time Logbatch Stop Date Time Sample Nos Fecal Date Time Date Time Field Data By: DO: DO Meter#: pH: pH Meter#: Matrix: Liquid Flow: Units: CI: Temp: Bottle Type and Preservative **Collection Method** Test Multi Matrix IC Pick Up from Login MM ICPU 1 1 Liter Plastic 4 c I_EON_WG Nirate as N by IC Mdv

| Relinquished by: | Devletter | Date/Time: | 12/28/09/15/ | 0 |
|------------------|-----------|------------|--------------|--|
| Received by: | | Date/Time: | | - Scott d'Ecc d |
| Relinquished by: | | Date/Time: | | fuel Services |
| Received by: | | Date/Time: | | West than X to M H, they than NO. |
| Relinquished by: | | Date/Time: | | - CONTRACTOR CONTRACTO |
| Received by: | | Date/Time: | | |

P. O. Box 907 Madisonville, KY 42431

VINDERS IN BREEZE

859-299-7775 Madisonville KY

270-444-6547 Pikeville KY 608-432-3104

502-981-0001

www.mccoylabs.com

Route: 54

270-821-7375

Composite Sample Start Date

Collection Date:

12/2/07

Center Ridge Water District #4 Attn: William Duncan 69 Marguerite Blvd

Newconcord KY 42076

Logbatch

Project SDWA

P. O. No:

Collected by:

PhoneFax: 270-436-6304

Collection Time:

CE648302 Center Ridge WD #4 0183106

| Fleid Data By: 🥂 | MUTION | Date 1217 되巧 Time | 1545 | Fecal Date | Ti | me |
|-------------------|---------------|---------------------------------------|-------------------|---|----------------------------------|--|
| pH Meten∜: | pH: | DO Meter#: | DO: | | Wyn Arres | ing in the state of the state o |
| Temp: 75.0 | CI: | Flow: | Units: | | Matrix: | Liqui |
| Sollection Method | <u>Test</u> | Analysis Requested | Bottle Type and | l Preservativa | | |
| s ∕c | DW_FIC_1 | Fluoride by IC Mdv | 1 Liter Plastic 4 | C | | |
| sy c | DW_ODOR_1 | Odor Mdv | 1 Liter Amber W | ide Mouth Glass 4 | C | |
| B√ C | DW_ALKPHENO_ | Allcalinity, Pheno Mdv | 1 Liter Plastic 4 | C | | |
| s/c 3)c | DW_ALKCAR_1 | Allcalinity, Carbonate (CO3) Mdv | 1 Liter Plastic 4 | C " | in the second | · (|
| ŝ))c | DW_ALKBICAR_1 | Alkalinity, Bicarbonate (HCO3) Mdv | 1 Liter Plastic 4 | Č. | | , girli i sa |
| av c | DW_CL_1 | Chloride by IC Mdv | 1 Liter Plastic 4 | C | | |
| 3/C | DW_MBAS_1 | MBAS as LAS Mov | 1 Liter Amber W | ilde Mouth Glass 4 | c | |
| 3/C | TEMPFLD3 | Temperature, C (Field) | | e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la co | | |
| 3/C | PH_FLD3 | pH (Field) | | 기가는 건강하다. | | |
| 9 (c | MM_ICPU_1 | Multi Matrix IC Pick Up from Login | | নুক্ত হোৱা সমূহত হৈ তিনা হৈ প্ৰতিষ্ঠিত। এই বাংলা কৰিব কৰিব কৰিব | | |
| s/c | DW_COLORPCU_ | PCU Color Mdv | 1 Liter Plastic 4 | c . | | di salij |
| 9/C | DW_METPU_1 | Drinking Water Metals Pick Up from Lo | | | | |
| e/c | DW_HARDCA_1 | Hardness, Calcium | | | · 特殊。 | |
| s√ c | DW_SO4IC_1 | Sulfate by IC Mdv | 1 Liter Plastic 4 | C | | · 6 |
| e/c | DW ALKTOT 1 | Total Alkalinity by Titrimetry Mdv | 1 Liter Plastic 4 | C | 188800 LL 204 | |
| } /c | DW_TDS_I | Total Discolved Solids Mdv | 1 Liter Plastic 4 | C | | |
| g/c | DW_TURBIDITY_ | Turbidity Mdv | 1 Liter Plastic 4 | . C | | para el Para de la com |
| el/c | DW ALICPMS T | Aluminum by ICP/MS | 250 ml Plastic N | itric Acid 4 c | | |
| G40 | DW CAICPAES 1 | Calcium by ICP/AES | 250 ml Plastic N | 我们的自然是有的的。 | ** | |
| ζ/c | DW_CUICPMS_17 | Copper by ICP/MS | 250 ml Plastic N | ltric Acid 4 c | | |
| 6)/c | DW_HARDNESS | Hardness as CaCO3 Mdv | 250 ml Plastic N | itric Acid 4 c | | |
| G/0 | DW FEICPAES 1 | Iron by ICP/AES | 250 ml Plastic N | litric Acld 4 c | कार्यक स्थितिक वर्षा है। जन्म | |
| g/c | DW MNICPMS 1 | Manganese by ICP/MS | 250 ml Plastic N | | | Secret 4 |
| 2 /0 | DW ZNICPMS 1 | Zinc by ICP/MS | 250 ml Plastic N | 医酚磺胺酚基基甲磺胺甲基酚胺 化二十二二二二 | | |
| (a) c | DW_AGICPMS_1 | Sliver by ICP/MS | 250 ml Plastic N | The floor production of the last and the last and | | a distribution of the contract |

| Relinquished by: Down Hit | Date/Time: 12/28/09/1570 |
|---------------------------|--------------------------|
| Received by: | Date/Time: |
| Relinquished by: | Date/Time: FUEL SERVIC |
| Received by: | Date/Time: |
| Relinquished by: | Date/Time: |
| Received by: | Date/Time: |