

CC: ENG
BPD

9/27/11

CITY OF AUBURN WATER DEPARTMENT
REQUIREMENTS FOR ACTIVATION OF NEW MAINS & SERVICES

The following requirements must be met prior to the activation of all new mains and services:

PROJECT NAME: COUNTY COMMUNICATION CENTER
CONTRACTOR: KNOTT EXCAVATING

- | | | | | | |
|----|-----------------------------------------------------------------------------------|------------|----------------|-------------|------------------------------|
| 1. | PRESSURE TEST
120# for 2 hrs. | Witness | DATE | INT | P/F |
| | | | <u>8-30-11</u> | <u>R.H.</u> | <u>PASS</u> |
| 2. | BACTERIOLOGICAL (MPN) SAMPLE | | | | |
| | 1st sample | Witness | <u>K.R.</u> | _____ | _____ |
| | | Contractor | <u>RK</u> | _____ | _____ |
| | 2nd sample | Witness | <u>GF</u> | _____ | _____ |
| | | Contractor | <u>RK</u> | _____ | _____ |
| | 3rd sample | Witness | _____ | _____ | _____ |
| | | Contractor | _____ | _____ | _____ |
| 3. | BACTERIOLOGICAL (MPN) SAMPLE REPORTS
2 consecutive satisfactory samples | | | | |
| | | | | | <u>9/26/11</u>
date rec'd |
| 4. | AS-BUILTS AND TAP LOCATIONS | | | | _____
date rec'd |



Sherry Laboratories - Fort Wayne
2121 E. Washington Blvd.
Fort Wayne, IN 46803
TEL: 260-424-1622 FAX: 260-424-9124
Website: www.Sherrylabs.com

September 22, 2011

Rob Knott
Knott Drainage & Excavating
6422 SR 205
LaOtto, Indiana 46763
TEL: (260) 357-5424
FAX:

RE: New Line: 3934 CR 34

Order No.: 11092656

Dear Rob Knott:

Sherry Laboratories Indiana, LLC received 1 sample(s) on 9/19/2011 for the analyses presented in the following report.

In accordance with your instructions, Sherry Laboratories conducted the analysis shown on the following pages on samples submitted by your company. The results relate only to the items tested. Unless otherwise noted, all analysis was conducted using approved methodologies from EPA, SM, or other client-specified methods. All relevant sampling information is on the attached chain-of-custody form. The initials SUB as the analyst designate any testing sub-contracted by Sherry Laboratories.

Certifications/Accreditation: IN# C-02-03 IN# M-02-05. A scope of Certified/Accredited parameters is available upon request.

This report shall not be reproduced except in full, without the written approval of the laboratory.

If you have any questions regarding these test results, please feel free to call.

Sincerely,

Cindi Fuhrman
Environmental-Fort Wayne Lab Director
2121 E. Washington Blvd.
Fort Wayne, IN 46803

Original

RECEIVED

SEP 26 2011

WATER DEPT.

RECEIVED

SEP 26 2011



WATER DEPT
Sherry Laboratories - Fort Wayne
2121 E. Washington Blvd.
Fort Wayne, IN 46803
TEL: 260-424-1622 FAX: 260-424-9124
Website: www.Sherrylabs.com

Analytical Report

(base report)

WO#: **11092656**

Date Reported: **9/22/2011**

CLIENT: Knott Drainage & Excavating **Tag Number:**
Matrix: DRINKING WATER **Collection Date:** 9/19/2011 1:30:00 PM
Lab ID: 11092656-001A
Project: New Line: 3934 CR 34
Client Sample ID: N.W. Corner of Bldg.

Analyses	Result	RL	Qual	Units	DF	Date Analyzed
TOTAL COLIFORM BY P/A				M9223B		Analyst: VJP
Total Coliform Bacteria	ABSENT	1.0	P/A		1	9/19/2011 2:31:00 PM

Qualifiers:

- *X Value exceeds Maximum Contaminant Level
- E Value above quantitation range
- J Analyte detected below quantitation limits
- ND Not Detected at the Reporting Limit
- RL Reporting Detection Limit

- B Analyte detected in the associated Method Blank
- H Holding times for preparation or analysis exceeded
- M Manual Integration used to determine area response
- PL Permit Limit
- S Spike Recovery outside accepted recovery limits

Original



Testing Today - Protecting Tomorrow

11092656

Private Water Supply Coliform Bacteria Report Form

See collection directions on the back of this sheet.

ISDH Certified Lab ID # M-02-05

The information in the double lined box must be completed or the sample will not be analyzed. Use blue or black pen or pencil.

Send Report To Knott Excavating
 Address 6422-SR-205
 City LAOTTO
 State IN zip 46763
 Phone Number (260) 357-5424
 Date of Sample Collection 9-19-11
 Time of Sample Collection 1:30 P.M.
 Collected By Rob Knott
 Address of Well 3934 CR 34
 Sampling Location N.W. CORNER of bldg.
 Reason for Examination New Line

Would you like your report emailed?
 _____ @ _____

Method of Payment
 Cash Credit Card* Money Order Check

Relinquished By [Signature]
 Received By [Signature]
 Date Rec'd 9.19.11 Time Rec'd 1430

ANALYSIS DATA

Date/Time Started 09/19/11 1430
 Date/Time Completed 09/20/11 1745

TEST: TOTAL COLIFORM
 METHOD:
 MMO-MUG (SM 9223)
 RESULT:
 PRESENT ABSENT
 ANALYST VJP

TEST: FECAL COLIFORM E. COLI*
 METHOD:
 MMO-MUG (SM 9223)
 RESULT:
 PRESENT ABSENT
 ANALYST _____

*If no total coliforms are present, no E. coli is present and there will be no E. coli result marked.

REPORT OF SAMPLES

SATISFACTORY At the time of examination, this water was bacteriologically safe based on USEPA standards.
 UNSATISFACTORY At the time of examination, this water was bacteriologically unsafe.
 PLEASE SUBMIT ANOTHER SAMPLE - TEST NOT VALID BECAUSE:

- Sample too long in transit.
- Invalid/No collection date.
- Sample leaked in transit/Not enough sample.
- Chlorine present in sample.
- Other _____

HOLDING TIME EXCEEDED- The 30 hour EPA holding time was exceeded. Results may be questionable.

Laboratory Representative: [Signature]

18.660



Sherry Laboratories - Fort Wayne
2121 E. Washington Blvd.
Fort Wayne, IN 46803
TEL: 260-424-1622 FAX: 260-424-9124
Website: www.Sherrylabs.com

September 22, 2011

RECEIVED

SEP 26 2011

WATER DEPT.

Rob Knott
Knott Drainage & Excavating
6422 SR 205
LaOtto, Indiana 46763
TEL: (260) 357-5424
FAX:

RE: New Line: 3399 CR 34

Order No.: 11092963

Dear Rob Knott:

Sherry Laboratories Indiana, LLC received 1 sample(s) on 9/20/2011 for the analyses presented in the following report.

In accordance with your instructions, Sherry Laboratories conducted the analysis shown on the following pages on samples submitted by your company. The results relate only to the items tested. Unless otherwise noted, all analysis was conducted using approved methodologies from EPA, SM, or other client-specified methods. All relevant sampling information is on the attached chain-of-custody form. The initials SUB as the analyst designate any testing sub-contracted by Sherry Laboratories.

Certifications/Accreditation: IN# C-02-03 IN# M-02-05. A scope of Certified/Accredited parameters is available upon request.

This report shall not be reproduced except in full, without the written approval of the laboratory.

If you have any questions regarding these test results, please feel free to call.

Sincerely,

Cindi Fuhrman
Environmental-Fort Wayne Lab Director
2121 E. Washington Blvd.
Fort Wayne, IN 46803

Original

RECEIVED

SEP 26 2011



WATER DEPT Sherry Laboratories - Fort Wayne
2121 E. Washington Blvd.
Fort Wayne, IN 46803
TEL: 260-424-1622 FAX: 260-424-9124
Website: www.Sherrylabs.com

Analytical Report

(base report)

WO#: 11092963

Date Reported: 9/22/2011

CLIENT: Knott Drainage & Excavating Tag Number:
Matrix: DRINKING WATER Collection Date: 9/20/2011 1:15:00 PM
Lab ID: 11092963-001A
Project: New Line: 3399 CR 34
Client Sample ID N.W. Corner of Bldg.

Analyses	Result	RL	Qual	Units	DF	Date Analyzed
TOTAL COLIFORM BY P/A				M9223B		Analyst: VJP
Total Coliform Bacteria	ABSENT	1.0	P/A		1	9/20/2011 5:30:00 PM

Qualifiers:	*X	Value exceeds Maximum Contaminant Level	B	Analyte detected in the associated Method Blank
	E	Value above quantitation range	H	Holding times for preparation or analysis exceeded
	J	Analyte detected below quantitation limits	M	Manual Integration used to determine area response
	ND	Not Detected at the Reporting Limit	PL	Permit Limit
	RL	Reporting Detection Limit	S	Spike Recovery outside accepted recovery limits

Original



11092963

Testing Today - Protecting Tomorrow

Private Water Supply Coliform Bacteria Report Form

See collection directions on the back of this sheet.

ISDH Certified Lab ID # M-02-05

The information in the double lined box must be completed or the sample will not be analyzed. Use blue or black pen or pencil.

Relinquished BY [Signature]
Received BY [Signature]
Date Rec'd 9-20-11 Time Rec'd 1638

Send Report To Knott Excavating
 Address 6422-SP-205
 City LAAITO
 State IA Zip 46763
 Phone Number (260) 357-5424
 Date of Sample Collection 9-20-11
 Time of Sample Collection 1:15 P.M.
 Collected By Rob Knott
 Address of Well ~~3399~~ 3399 CR 34
 Sampling Location N.W. corner of building
 Reason for Examination New Line

Would you like your report emailed?
 _____@_____

Method of Payment
 Cash Credit Card* Money Order Check

ANALYSIS DATA

Date/Time Started 9-20-11 1730
Date/Time Completed 9-21-11 1745

TEST: TOTAL COLIFORM
 METHOD:
 MMO-MUG (SM 9223)
 RESULT:
 PRESENT ABSENT
 ANALYST [Signature]

TEST: FECAL COLIFORM E. COLI*
 METHOD:
 MMO-MUG (SM 9223)
 RESULT:
 PRESENT ABSENT
 ANALYST _____

*If no total coliforms are present, no E. coli is present and there will be no E. coli result marked.

REPORT OF SAMPLES

SATISFACTORY At the time of examination, this water was bacteriologically safe based on USEPA standards.
 UNSATISFACTORY At the time of examination, this water was bacteriologically unsafe.
 PLEASE SUBMIT ANOTHER SAMPLE - TEST NOT VALID BECAUSE:
 Sample too long in transit.
 Invalid/No collection date.
 Sample leaked in transit/Not enough sample.
 Chlorine present in sample.
 Other _____
 HOLDING TIME EXCEEDED- The 30 hour EPA holding time was exceeded. Results may be questionable.

Laboratory Representative: [Signature]

Sherry Laboratories
2121 E. Washington Blvd.
Ft. Wayne IN 46803
260-471-7000
Samples accepted Monday-Friday

21.4c