

MAGIC VALLEY LABS

210 Addison Ave / PO Box 1867

Twin Falls ID 83303-1867

Phone: (208) 733-4250

Fax: (208) 734-2539

**PRIVATE
MALHEUR ESD
363 A ST W
VALE, OR 97918**

Collection Date	1/31/2017	Received Date	2/2/2017	Location
Collection Time	10:00 AM	Received Time	8:00 AM	2325 OAK ST BAKER CITY OR 97814

Sample #	Test / Method Code	Results in mg/L	Date Analyzed	Analyst
1661621	LEAD EPA200.8	0.0204	2/7/2017	ATL



Signature

Report Date: Friday, February 10, 2017



MAGIC VALLEY LABS, Inc.

210 Addison Ave, PO BOX 1867, Twin Falls ID 83301
 (208) 733-4250 FAX (208) 734-2539

CHAIN OF CUSTODY

Name: *Malheur ESD* PWS #: _____
 Address: *363 A. St. W* Project Manager: _____
 City: *Vale* State: *OR* Zip: *97918* Project Name: _____
 Phone: *541-473-4834* Collector: _____
 Fax: _____ Purchase Order #: _____

Turn Around Time & Reporting
 Normal _____ Phone _____
 24 hour* _____ Mail _____
 48 hour* _____ Fax _____
 Other _____ Email _____
 Results Needed By: *1/17*
 *All rush order requests must be approved

ANALYSIS REQUESTED

Sample Type:	Compliance:	<input checked="" type="checkbox"/> Routine <input type="checkbox"/> Duplicate <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Confirmation <input type="checkbox"/> Special <input type="checkbox"/> .No	COLLECTION		# of containers	Comments
				DATE	TIME		
LAB USE ONLY SAMPLE ID No. <i>11601621</i>							
				<i>3325 OAK St.</i>	<i>1/31/17</i>	<i>per Malheur ESD</i>	
				<i>BAKER CITY OR 97804</i>	<i>1/31/17</i>	<i>per Malheur ESD</i>	

Lab Use Only
 Received Intact: YES NO
 Label & COC Agree: YES NO
 Container Sealed: YES NO
 Receipt Temp: *5.9*
 Receipt pH: _____

Relinquished by: _____ Date: *02/02/17* Time: *0800*
 Received by: _____ Date: _____ Time: _____
 Relinquished by: *Shule* Date: _____ Time: _____
 Received by: *ML* Date: _____ Time: _____