

**INDEPENDENT TESTING LAB**

830 ROBINWOOD COURT, TRAVERSE CITY, MI 49686

PH: 231-929-0905

FAX: 231-929-0894

www.gtanalytical.com

Company: VILLAGE OF KALKASKA
Name:
ClientProj: WEEKLY/MONTHLY
GTA ProjNo: 040925-4

Site Addr: 1005 ISLAND LAKE RD
KALKASKA
Sampled By: BRENDON WOLF/IAI
Date Rec: 4/9/2025
Time Rec: 11:26 AM

Sample No.	Sample ID	Date Sampled	Time Sampled	Sample Matrix
1	EFFLUENT WEEK 1	4/2/2025	9:43 AM	WATER
2	EFFLUENT WEEK 2	4/7/2025	9:57 AM	WATER

ELECTRONIC SIGNATURE REPORT. This is a final report for the following pages of data for the samples specified above. All analysis was performed by the methods stated and all quality control measures required were completed. All quality control information is available upon request.

Kirk Chase

Kirk L. Chase/Chemist
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COMPANY:	VILLAGE OF KALKASKA	GTA PROJECT NO:	040925-4
PROJECT NO:	WEEKLY/MONTHLY	GTA SAMPLE NO:	1
LOCATION:	1005 ISLAND LAKE RD	DATE RECEIVED:	4/9/2025
	KALKASKA	TIME RECEIVED:	11:26 AM
	MI	DATE SAMPLED:	4/2/2025
		TIME SAMPLED:	9:43 AM
SAMPLED BY:	BRENDON WOLF/IAI	SAMPLE MATRIX:	WATER
SAMPLE ID:	EFFLUENT WEEK 1		

SAMPLE ANALYSIS

<u>Analysis</u>	<u>Concentration</u>	<u>LOD</u>	<u>Units</u>	<u>Analyst</u>	<u>Date Completed</u>
CHLORIDE EPA 300.0	320	10	mg/L (PPM)	KC/TR	4/15/2025
SODIUM EPA 200.8	110	12	mg/L (PPM)	MR	4/18/2025

ND = NOT DETECTED, RESULT < LOD

LOD = LIMIT OF DETECTION

s.u. = STANDARD pH UNITS REPORTED AT 25 C

DISS = DISSOLVED



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COMPANY:	VILLAGE OF KALKASKA	GTA PROJECT NO:	040925-4
PROJECT NO:	WEEKLY/MONTHLY	GTA SAMPLE NO:	2
LOCATION:	1005 ISLAND LAKE RD	DATE RECEIVED:	4/9/2025
	KALKASKA	TIME RECEIVED:	11:26 AM
	MI	DATE SAMPLED:	4/7/2025
SAMPLED BY:	BRENDON WOLF/IAI	TIME SAMPLED:	9:57 AM
SAMPLE ID:	EFFLUENT WEEK 2	SAMPLE MATRIX:	WATER

SAMPLE ANALYSIS

<u>Analysis</u>	<u>Concentration</u>	<u>LOD</u>	<u>Units</u>	<u>Analyst</u>	<u>Date Completed</u>
CHLORIDE EPA 300.0	290	10	mg/L (PPM)	KC/TR	4/15/2025
SODIUM EPA 200.8	100	12	mg/L (PPM)	MR	4/18/2025

ND = NOT DETECTED, RESULT < LOD

LOD = LIMIT OF DETECTION

s.u. = STANDARD pH UNITS REPORTED AT 25 C

DISS = DISSOLVED

Grand Traverse Analytical

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Traverse City, MI 49686

Phone (231) 929-0905 Fax (231) 929-0894

Chain of Custody Record

Client Information Client Contact: Brendon Wolf		Sampler: <i>Brendon Wolf</i> 231-258-4772		Lab PM: Chase, Kirk L. E-Mail: kirk@gtanalytical.com		Carrier Tracking No(s): 		COC No: <i>040925-4</i> Page: Page 1 of 1					
Company: Infrastructure Alternatives, Inc.				Analysis Requested						Job #: 			
Address: 1005 Island Lake Road		Due Date Requested:		Field Filtered Sample (Yes or No) Perform MS/MSD (Yes or No) Nitrate Nitrite Ammonia-Nitrogen Total Phosphorus Chloride Sodium Calcium						Preservation Codes: A - HCL M - Hexane B - NaOH N - None C - Zn Acetate O - AsNaO2 D - Nitric Acid P - Na2O4S E - NaHSO4 Q - Na2SO3 F - MeOH R - Na2S2SO3 G - Amchlor S - H2SO4 H - Ascorbic Acid T - TSP Dodecahydrate I - Ice U - Acetone J - DI Water V - MCAA K - EDTA W - ph 4-5 L - EDA Z - other (specify)		Other:	
City: Kalkaska		TAT Requested (days):											
State, Zip: MI, 49646		PO #: PO Not Required											
Phone: 906-286-3021		WO #: 											
Email: bwolf@iaiwater.com		Project #: 											
Project Name: Weekly/Monthly		SSOW#:		Total Number of containers						Special Instructions/Note:			
Site: KVVWTP		Sample Date Sample Time Sample Type (C=comp, G=grab) Matrix (W=water, S=solid, O=waste/oil, BT=Tissue, A=Air)											
Sample Identification		Preservation Code:		Nitrate Nitrite Ammonia-Nitrogen Total Phosphorus Chloride Sodium Calcium						Total Number of containers		Special Instructions/Note:	
Effluent Week 1		4.2.25 9:43 G W		X X X									
Effluent Week 2		4.7.25 9:57 G W		X X									
Effluent Week 3		G W		X X									
Possible Hazard Identification ☒ Non-Hazard ☐ Flammable ☐ Skin Irritant ☐ Poison B ☐ Unknown ☐ Radiological		Sample Disposal (A fee may be assessed if samples are retained longer than 1 month) ☐ Return To Client ☐ Disposal By Lab ☐ Archive For _____ Months											
Deliverable Requested: I, II, III, IV, Other (specify)				Special Instructions/QC Requirements:									
Empty Kit Relinquished by:		Date:		Time:		Method of Shipment:							
Relinquished by: <i>Brendon Wolf</i>		Date/Time: <i>4.9.25 10:04</i>		Company: <i>IAI</i>		Received by: <i>Devon Lang</i>		Date/Time: <i>4-9-25 10:04am</i>		Company: <i>IAI</i>			
Relinquished by: <i>Devon Lang</i>		Date/Time: <i>4-9-25 11:26</i>		Company: <i>IAI</i>		Received by: <i>[Signature]</i>		Date/Time: <i>4/10/26 11:26</i>		Company:			
Relinquished by:		Date/Time:		Company:		Received by:		Date/Time:		Company:			
Custody Seals Intact: ☒ Yes ☐ No		Custody Seal No.:		Cooler Temperature(s) °C and Other Remarks:									