



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: MONTHLY
GTA ProjNo: 100824-10

Site Addr: 1005 ISLAND LAKE RD
KALKASKA
Sampled By: BRENDON WOLF/IAI
Date Rec: 10/8/2024
Time Rec: 2:06 PM

Sample No.	Sample ID	Date Sampled	Time Sampled	Sample Matrix
1	EFFLUENT	10/8/2024	8:00 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
Grand Traverse Analytical
830 Robinwood Court
Traverse City, MI 49686
Ph: 231-929-0905
Fx: 231-929-0894
SP: 231-590-0291
kirk@gtanalytical.com

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COMPANY: VILLAGE OF KALKASKA

PROJECT NO: MONTHLY

LOCATION: 1005 ISLAND LAKE RD
KALKASKA
MI

SAMPLED BY: BRENDON WOLF/IAI

SAMPLE ID: EFFLUENT

GTA PROJECT NO: 100824-10

GTA SAMPLE NO: 1

DATE RECEIVED: 10/8/2024

TIME RECEIVED: 2:06 PM

DATE SAMPLED: 10/8/2024

TIME SAMPLED: 8:00 AM

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	170	10	mg/L (PPM)	TR	10/9/2024
SODIUM DISS EPA 200.8	74	5.0	mg/L (PPM)	MR	10/11/2024

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		Sampler: <u>Brendon Wolf</u>		Lab PM: Chase, Kirk L.		Carrier Tracking No(s):		COC No: <u>100824-10</u>	
Client Contact: Brendon Wolf		231-258-4772		E-Mail: kirk@gtanalytical.com				Page: Page 1 of 1	
Company: Infrastructure Alternatives, Inc.				Analysis Requested					
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		Total Number of containers	
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#:						Preservation Codes:	
Site: KWWTP								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:									
Sample Identification		Sample Date		Sample Time		Sample Type (C=comp, G=grab)		Matrix (W=water, S=solid, O=waste/oil, BT=Tissue, A=Air)	
Effluent		10/8/2024		8:00		G		W	
Preservation Code:									
Special Instructions/Note:									
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: <u>[Signature]</u>				Date/Time: <u>10/8/2024 11:00</u>		Company: <u>IAI</u>		Received by: <u>[Signature]</u>	
Relinquished by: <u>[Signature]</u>				Date/Time: <u>10/8/24 2:06pm</u>		Company:		Date/Time: <u>10-8-24 11:00am</u>	
Relinquished by:				Date/Time:		Company:		Received by: <u>[Signature]</u>	
Custody Seals Intact: ☒ Yes ☐ No				Custody Seal No.:		Cooler Temperature(s) °C and Other Remarks:		Date/Time: <u>10/8/24 2:06p</u>	