



INDEPENDENT TESTING LAB

830 ROBINWOOD COURT, TRAVERSE CITY, MI 49686

PH: 231-929-0905

FAX: 231-929-0894

www.gtanalytical.com

Company: WOLVERINE POWER
Name: TRAINING CENTER
ClientProj:

Site Addr: 4800 S MOREY ROAD
LAKE CITY MI

GTA ProjNo: 061019-1

Sampled By: JIM ROSSI/COMPLIANCE
Date Rec: 6/10/2019
Time Rec: 9:12 AM
Date Reported: 6/11/2019

Sample No.	Sample ID	Date Sampled	Time Sampled	Sample Matrix
1	DRINKING WATER	6/10/2019	8:05 AM	DRINKING 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 L Chase

Kirk L. Chase/Chemist
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COMPANY: WOLVERINE POWER

NAME: TRAINING CENTER

PROJECT NO:

WSSN: 2002657

WELL PERMIT:

TAX ID:

LOCATION: 4800 S MOREY ROAD

LAKE CITY

MI

ZIP:

TWP:

GTA PROJECT NO: 061019-1

SAMPLED BY: JIM ROSSI/COMPLIANCE

DATE SAMPLED: 6/10/2019

TIME SAMPLED: 8:05 AM

SAMPLE MATRIX: DRINKING WATER

DATE RECEIVED: 6/10/2019

TIME RECEIVED: 9:12 AM

MODIFIED COLITAG TEST METHOD (ATP D05-0035) - PRESENCE/ABSENCE

<u>No:</u>	<u>SAMPLE RESULT</u>	<u>Drinking Water Reg Limit(MCL)</u>	<u>ANALYST</u>	<u>Date Started</u>	<u>Time Started</u>	<u>Date Completed</u>
SAMPLE ID: DRINKING WATER			KC	6/10/2019	9:29 AM	6/11/2019
TOTAL COLIFORM BACTERIA	ABSENT	ABSENT				
E. coli BACTERIA	ABSENT	ABSENT				

MCL = MAXIMUM CONTAMINANT LEVEL

GRAND TRAVERSE ANALYTICAL IS CERTIFIED BY MDEQ FOR COMPLIANCE MONITORING UNDER THE SAFE DRINKING ACT, 1976 PA 399,AS AMENDED.

**CHAIN OF CUSTODY
DRINKING WATER**

Company Name: Wolverine Power GTA Project #: 061019-1
 Customer Name: Training Center
 Address: 4800 S. Money Road
 City: Lake City State: MI Zip: _____
 E-mail (1): rossi@complianceinc.com E-mail (2): jmbanszewski@ttch.com
 Phone #: 231-922-7400 Fax #: _____

Sample I.D.	Date Sampled	Time Sampled	Number of Containers	Analysis Required
(1) <u>Drinking Water</u>	<u>6-10-19</u>	<u>8:05</u>	<u>1</u>	<u>Bacter</u>
(2)				
(3)				
(4)				
(5)				

Name of Sampler: Jim Rossi
 WSSN #: 2002657
 Tax ID #: _____
 Well Permit #: _____
 Sample Site: Wolverine Training Center
 Sample(s) Chlorinated: Yes _____ No X
 Samples Acceptable: Yes X No _____ (If NO, please explain in comments)

Comments: REC
1.7'

Relinquished by: Jim Rossi Received by: _____
 Date 6-10-19 Time 9:12 Date _____ Time _____
 Relinquished by: _____ Received GTA by: [Signature]
 Date _____ Time _____ Date 6-10-19 Time 9:10A