

LABORATORY REPORT

DATE:

September 8, 2010

REPORT NUMBER: 10-3401

CLIENT:

Veolia Water NA

PO Box 90578

Henderson, NV 89009-0578

PAGE: 1 of 1

CLIENT PROJECT:

Sampled By: M. Brown Date Sampled: 09/08/10

Time Sampled: 0600

CLIENT PO#:

Submitted by: M. Brown Date Received: 09/08/10 Time Received: 0930

Report Attention: W. Prescott

Sample ID	Parameter	Result	Unit	Reporting Limit	Method	Analyst	
Effluent	Dissolved Oxygen	6.52	mg/L	0.10	EPA360.1	09/08/10	NH

ND: non-detect EPA Flags: none

REVIEWED BY:

John Sloan

Laboratory Director

10	– age
30	ODCO

CHAIN-OF-CUSTODY RECORD



3638 E. Sunset Road, Suite 100, Las Vegas, Nevada 89120 Phone: (702) 873-4478 Fax: (702) 873-7967 www.ssalabs.com

nbou completion of analysis.	,,	os oso unopse	rod pomoop	salome2 be	s ste teood	insa affer result			918	r legal services	If collections o	Date: ign to services rendered. I inon to service fees.	ligates your organization for fee pertainin s responsible for all fees and cost in addi	ed to process samples. This ob id fees, your organization will be	Authorized by: Authorization is required to recover sa
								structions	Special It						
Time/Date:		:/	Laboratory	Receiving			2001 1/5	Signature f Delivery:	Method o						
						,		Received			Time/Date				Relinquished by Signature/Print:
97-8-P 08:30	West Sweet			by the state of th		Received by Signature/Pr		01.8.9 Set p		Tampening with sample name, date, time, and location may constitute traud Retimestration Signature fright M. And S.					
			2				ļ.,								
*Metals:							X		450	DH	5	1-10hE	- Tuent	H 3 00%	018-6
NOTE: Surcharges apply to Level III and IV reports							5				2010				
AL III II I							Ò		Preservative	*xinteM	\qmo2 ds12	Silver State Ol daJ	Sample Location/ Sample ID	Fime ballpled	Date
Report Level:							Number/Type of Containers**				NOTE: A surcharge is applied for rush samples				
אר שמר אסר										d for rush samples	MOTE. A surchame is applied for rush sami		qmeT\Hq eti2-nO		
Reporting requirements:							ers**				Other	Day 2 Day 3 Day	1/00	145722079. (1)	
SDWA CWA RCRA Other								of 1							Report Attention:
Circle Applicable Program:	ANALYSES REQUESTED									sys Dandard 10 Business Days					
									inent Info:	Other Pen			nd Time (Specify Below with an X	Тиглагоиг	Sampled By:
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Chy, State, Zip: Henderson, NV 89009 Phone: 5(6-600) Fax: 5(6-9630								2 vii)	PT R	Mailing Address:					
87209 D.D. O. Searbb RnillieM								gnilisM	REPORT RESULTS					Company:	SEND INVOICE TO
	COMPANY: VEOLIA WATER NA								TS TO.					увте:	10:
								Name					Payment Method/PO #:		Project/Job #: