

LABORATORY REPORT

DATE: September 1, 2010

REPORT NUMBER: 10-3311

CLIENT: Veolia Water NA
PO Box 90578
Henderson, NV 89009-0578

PAGE: 1 of 1

CLIENT PROJECT:

CLIENT PO #:

Sampled By: M. Brown
Date Sampled: 09/01/10
Time Sampled: 0600


Submitted by: M. Brown
Date Received: 09/01/10
Time Received: 0925

Report Attention: W. Prescott

<u>Sample ID</u>	<u>Parameter</u>	<u>Result</u>	<u>Unit</u>	<u>Reporting Limit</u>	<u>Method</u>	<u>Date Analyzed</u>	<u>Analyst</u>
Effluent	Dissolved Oxygen	6.44	mg/L	0.10	EPA360.1	09/01/10	NH

ND: non-detect
EPA Flags: none

REVIEWED BY:



John Sloan
Laboratory Director



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

CHAIN-OF-CUSTODY RECORD

Page _____ of _____

Project/Job #: _____

SEND INVOICE TO:

Name: _____

Company: _____

Mailing Address: _____

City, State, Zip: _____

Payment Method/PO #: _____

REPORT RESULTS TO:

Name: Neolia Water NA

Company: Neolia Water NA

Mailing Address: PO Box 90578

City, State, Zip: Henderson, NV 89009

Phone: 566-6001 Fax: 566-9030

Sampled By: M. Brown Report Attention: W. Prescott On-Site pH/Temperature: _____

Turnaround Time (Specify Below with an X):

<input checked="" type="checkbox"/> Standard 10 Business Days	<input type="checkbox"/> 1 Day	<input type="checkbox"/> 2 Day	<input type="checkbox"/> 3 Day	<input type="checkbox"/> Other
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NOTE: A surcharge is applied for rush samples

Date	Sampled Time	Sample Location/ Sample ID	Silver State Lab ID	Comp/ Grab	Matrix*	Preservative	Other Pertinent Info:
9-1-10	0600	Effluent	33117	G	AD	0001	

Number/Type of Containers: 20

ANALYSES REQUESTED

Circle Applicable Program: SDWA CWA RCRA Other

Reporting requirements: RL MDL POL

Report Level: I II III IV

NOTE: Surcharges apply to Level III and IV reports

Tampering with sample name, date, time, and location may constitute fraud	Relinquished by Signature/Print:	Time/Date:	Relinquished by Signature/Print:	Time/Date:	Method of Delivery:	Receiving Laboratory:	Time/Date:
	<u>Michelle Brown</u>	<u>9-1-10</u>	<u>Michelle Brown</u>	<u>9-1-10</u>			

Authorized by: _____ Date: _____

Required to recover said fees, your organization will be responsible for all fees and cost in addition to service fees. If collections or legal services are required to process samples. This obligates your organization for fee pertaining to services rendered.

Special Instructions: _____

Note: Samples are discarded 30 days after results are reported. Samples deemed hazardous are returned to the client upon completion of analysis.

* Key: Aq - Aqueous S - Soil W - Waste OT - Other

** Key: P - Plastic G - Glass V - VOA Vial OT - Other