



429 River Lane • PO Box 27 Amasa, MI 49903 • (906) 822-7889

**Client:** Republic Township  
**Project:** 5660  
**Date Received:** 5/3/2023

**WWA Job #:** 104878  
**Sample Matrix:** Drinking water  
**Date Reported:** 5/4/2023

**Sample Number | ID | Description | Date/Time Sampled**

**104878-001 | 9485 Willow Dr. | Plant Tap | TP001 | 5/3/2023 8:25:00 AM**

Test	Result	Flags	Units	Date/Time	Method	MDL	ML	Analyst
Coliforms (dw)	Negative		per 100mL	5/3/2023 11:13	9223B	1	1	NS
E. coli	Negative		per 100mL	5/3/2023 11:13	9223B	1	1	NS

**104878-002 | 9485 Willow Dr. | Well 3A | TP001 | 5/3/2023 8:22:00 AM**

Test	Result	Flags	Units	Date/Time	Method	MDL	ML	Analyst
Coliforms (dw)	Negative		per 100mL	5/3/2023 11:13	9223B	1	1	NS
E. coli	Negative		per 100mL	5/3/2023 11:13	9223B	1	1	NS

**104878-003 | 9485 Willow Dr. | Well 4 | TP001 | 5/3/2023 8:22:00 AM**

Test	Result	Flags	Units	Date/Time	Method	MDL	ML	Analyst
Coliforms (dw)	Negative		per 100mL	5/3/2023 11:13	9223B	1	1	NS
E. coli	Negative		per 100mL	5/3/2023 11:13	9223B	1	1	NS

**104878-004 | 9485 Willow Dr. | Well 1 | TP001 | 5/3/2023 8:22:00 AM**

Test	Result	Flags	Units	Date/Time	Method	MDL	ML	Analyst
Coliforms (dw)	Negative		per 100mL	5/3/2023 11:13	9223B	1	1	NS
E. coli	Negative		per 100mL	5/3/2023 11:13	9223B	1	1	NS

**104878-005 | 279 Kloman Ave. | North Hall | DBP1 | 5/3/2023 9:00:00 AM**

Test	Result	Flags	Units	Date/Time	Method	MDL	ML	Analyst
Coliforms (dw)	Negative		per 100mL	5/3/2023 11:13	9223B	1	1	NS
E. coli	Negative		per 100mL	5/3/2023 11:13	9223B	1	1	NS



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**Sample Matrix:** Drinking water  
**Date Reported:** 5/4/2023

**CERTIFICATION**

I certify that the data contained in this Final Report has been generated and reviewed in accordance with approved methods and White Water Associates Standard Operating Procedures. Exceptions, if any, are discussed in the accompanying sample narrative. Release of this Final Report is authorized by White Water Associates management, as is verified by the following signature.

**Approved By:** Electronically signed by Bette Premo

Lab Director

**NOTES**

- ND = not detected, MDL = method detection limit, MQL = method quantitation limit
- ppm = mg/L (liquid) or mg/kg (solid), ppb = ug/L (liquid) or ug/kg (solid)
- Negative or Absent = No coliform bacteria detected
- Positive or Present = Coliform bacteria detected
- B The analyte was found in the associated blank as well as in the sample.
- H Indicates analytical holding time exceedance.
- J The quantitation is an estimated value because the result is less than the sample quantitation limit but greater than the detection limit.
- M A matrix effect was present.
- V Insufficient sample volume received (100 ml is required by MI EGLE).
- \* RPD/RSD exceeds limits.
- # Indicates reading exceeds US EPA Maximum Contaminant Level for Arsenic (10 ug/L).
- † Indicates reading exceeds US EPA Action Level for Copper (1300 ug/L).
- ‡ Indicates reading exceeds US EPA Action Level for Lead (15 ug/L).
- ¶ Indicates reading exceeds US EPA Maximum Contaminant Level for Nitrate (10 mg/L).
- § Indicates reading exceeds US EPA Maximum Contaminant Level for Nitrite (1.0 mg/L).

MI EGLE Certification Number: 9306  
WI DATCP 516252



# WHITE WATER ASSOCIATES, INC.

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**Client:** Republic Township  
**Project:** 5660  
**Date Received:** 5/3/2023

**WWA Job #:** 104878  
**Date Reported:** 5/4/2023

**Date logged in.:** 5/3/2023      **Number of coolers:** 0  
**Login person's initials:** JT      **Courier/shipper:** Client

## Login Checklist

- 01) The COC is signed. (either Sampler or Relinquished by)
- 02) Custody seals/original packing tape were intact (if applicable).
- 03) Samples are in good condition, i.e. not broken or leaking.
- 04) Samples matched the Chain of Custody (COC).
- 05) Samples were received within holding times.
- 06) Samples were received on ice (in direct contact with the samples).      **Comments:**
- 07) Temperature of the samples was between 0-6°C.      **08) Temp.:**    
Observed      Corrected
- 09) Proper containers were used.
- 10) Samples were collected in White Water lab containers.
- 11) There is adequate sample volume for requested analyses and QC.
- 12) Samples are preserved to the proper pH. Sample bottles and preservation are noted in LIMS Sample Container Section.
- 13) Sub-sampling (SS) is required. Bottles created are noted in sample containers section of log-in form.
- 14) For Dissolved Analysis (when applicable), samples were filtered in the lab.
- 15) For water VOC samples, headspace is less than the size of a pea.
- 16) For soil VOCs, methanol preserved samples were received.
- 17) For Soil VOCs, samples were preserved with methanol in the lab.
- 18) Client contact is necessary. Provide documentation below.

### COMMENTS/CORRECTIVE ACTION

### CLIENT RESPONSE

**Note:** Samples not between 0-6°C that are received at the laboratory on the day of sample collections do not require client notification.

**Note:** If hold time, volume, and received on ice or temperature criteria are not met when required by the method, results may not be able to be used for regulatory purposes. Check with your reporting agency for more information.

Job # (WWA office use): **104878** CHAIN-OF-CUSTODY RECORD



429 River Lane, P.O. Box 27  
Amasa, Michigan 49903

Phone: (906) 822-7889, Fax -7977  
Web: white-water-associates.com

CLIENT NAME / BILL TO <b>Republic Township</b>		EMAIL ADDRESS <b>DPW@northpines.net</b>	
ADDRESS <b>279 Kloman Ave / PO Box 338</b>		TELEPHONE <b>906-376-2303</b>	

CITY <b>Republic</b>	STATE <b>mi</b>	ZIP <b>49879</b>	CONTRACT / PO / PROJECT NAME / WSSN# <b>5660</b>
SAMPLER NAME (print first/last name) <b>Diane Tapio</b>		COUNTY OF LOCATION <b>Marquette</b>	PAGE <b>1</b> OF <b>1</b>
SAMPLER'S SIGNATURE <b>Diane Tapio</b>		Check off preservatives for each bottle upon arrival and indicate total number of bottles. WWA database contains bottle preservation details.	

ANALYSIS TYPE REQUESTED (Attach list if needed)

Instructions to White Water  
Send my report by:  
 email  
 mail

Unless otherwise noted, drinking water report copies are sent to MDEQ and Health Dept.

REMARKS (Note any special instructions provided by client or conditions of receipt noted by WWA lab staff. Also note any residual chlorine.)

SAMPLE ID AND LOCATION Containers for each sample may be combined on one line.	DATE	TIME	SAMPLE MATRIX					CONTAINERS / PRESERVATIVES							Total Number of Containers			
			Drinking water	Aqueous	Sed.	Soil	Other.	None	H2SO4	HNO3	HCl	NaOH	ZnAc/NaOH	Na Thio				
<b>9485 Willow Dr</b>	<b>5-3-23</b>		<input checked="" type="checkbox"/>												<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Total Coliform Drinking Water</b>
<b>Site Code TP001</b>																		
<b>1 Plant Tap</b>	<b>8:25</b>	<b>8:25</b>																
<b>2 Well 3A</b>	<b>8:22</b>	<b>8:22</b>																
<b>3 Well 4</b>	<b>8:22</b>	<b>8:22</b>																
<b>4 Well 1</b>	<b>8:22</b>	<b>8:22</b>																
<b>5 279 Kloman Ave</b>	<b>5-3-23</b>														<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Site Code DBP1</b>																		
<b>North Hall</b>		<b>9:00</b>																

Relinquished by: <i>[Signature]</i>	Date: <b>5-3-23</b>	Time: <b>5:00</b>	Received by: <i>[Signature]</i>	Date: <b>5-3-23</b>	Time: <b>9:05</b>
Relinquished by:	Date:	Time:	Received by:	Date:	Time:

Comments/Sample temp. on receipt:  
**15.9/16**

Packing: Ice Cooler **NO**