

March 04, 2021

Trace Analytical Laboratories, Inc.
2241 Black Creek Road
Muskegon, MI 49444-2673

RE: 21B0652 - Gull Lake C.S. E.L.C.

Order No.: 2102890

Dear Mr. Jon Mink:

Prein&Newhof Laboratory received 2 sample(s) on 2/24/2021 for the analyses presented in the following report.

All of the regulated parameters have been analyzed using EPA approved methods.

We are certified by the State of Michigan for drinking water analysis for: Coliform Bacteria, Metals, Cyanide, Minerals, Anions, Volatile Organics, THM's, Haloacetic Acids, and PFAS.
Michigan Lab ID#: 0020
EPA Lab #: MI000014

Quality control data is within laboratory defined or method specified acceptance limits except as noted in the case narrative.

The sample results associated with the attached report meet the safe drinking water criteria for the analytes reported unless indicated by a "*" in the Qual field.

The results for PFHxS, PFOA, PFOS, MeFOSAA, and EtFOSAA includes both branched and linear isotopes.

A method blank was extracted and analyzed with the preparation batch. No analytes were detected in the Method Blank above the reporting Limit

Thank you for your business.
Sincerely,



Steve Bylsma
Laboratory Manager

CC:
Mr. Tim Brewer
Ms. Gina Roe

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231-773-5998 Phone
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Drinking Water Analytical Request

Important Information - PLEASE READ

- Samples must be received on ice and within 30 hours of collection.
- Coliform samples are not accepted on Friday after noon without prior approval.*
- Payment is due upon delivery of the samples to the laboratory.
- Turnaround time (TAT) is 5 business days after the day the sample is received by the laboratory.
- Results may be expedited for an additional charge and must be approved in advance by the laboratory.

TRACE ID: 21B0652

SECTION 1: CLIENT TO COMPLETE

▶ Please print the following information clearly:

Sample Location:		Submitting Information (if different from the property owner):	
REQUIRED INFORMATION*		Contact Name (if different):	
System/Owner/Company Name: <u>Gull Lake C.S. E.L.C.</u>		<u>Heidi Bryant</u>	
Address of Sample Location: <u>9500 N. 40th St.</u>		Company Name (if different): <u>BEST Labs</u>	
City/State/Zip: <u>Hickory Corners MI 49060</u>		Company Address (if different): <u>8760 Gull Rd</u>	
Email Address: <u>heidi@bestwellseptic.com</u>		City/State/Zip (if different): <u>Richland, MI 49083</u>	
Phone Number: <u>269-629-0168</u>		Email Address: <u>info@bestwellseptic.com</u>	
Reason for Sampling: <u>Routine</u>		Phone Number: <u>269-629-0168</u>	
		If no email address (Circle): Pickup or Mail Report	
For Public Water Supplies:			
WSSN Number (if Applicable): <u>2017839</u>		Well Permit Number (if Applicable):	
Email results to Public Health Muskegon County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other (email address):			
If this information is not specified, the report will <u>NOT</u> be sent to PHMC.			

NOTE: If any of the required information is not provided, the data may be rejected by your regulating body. Trace is not liable for rejected reports due to insufficient information.

▶ **Sampling Information**

Sampled By (Printed Name): Heidi Bryant Sampled By (Signature): [Signature]

Sample Point Description (Kitchen, Bath, etc.)*	Site Code / Pool ID (if applicable)	Date Sampled	Time Sampled	Was aerator removed?	Was faucet sterilized?	Was water flushed for 10 minutes?
<u>Sample tap</u>	<u>002</u>	<u>2/23/21</u>	<u>8:06</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments:

▶ Please place an X in the appropriate box below to indicate the analytical tests you need. If multiple samples are submitted, please indicate which analyses are needed for each sample.

<input type="checkbox"/> Total Coliform / E. Coli	<input type="checkbox"/> Volatile Organic Compounds
<input type="checkbox"/> Nitrate / Nitrite	<input checked="" type="checkbox"/> Other: <u>PEAS</u>
<input type="checkbox"/> Partial Chemistry (NO ₂ , NO ₃ , Cl, SO ₄ , F, Fe, Na, Hardness)	<input type="checkbox"/> Field Collection by Trace Personnel
<input type="checkbox"/> Total Lead	Amount Due: _____

SECTION 2: TRACE TO COMPLETE

Sample Receipt

Received on ice: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date Received: <u>2/23/21</u>	Payment:
Proper containers: <input type="checkbox"/> Yes <input type="checkbox"/> No	Time Received: <u>10:18</u>	<input type="checkbox"/> Cash
Proper chemical preservatives: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Received By: <u>[Signature]</u>	<input type="checkbox"/> Credit Card
Received within hold time: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Checked By: <u>[Signature]</u>	<input type="checkbox"/> Check Number: _____
Receipt Temperature (°C): <u>21</u>		Amount Paid \$: _____

Form 70-B.12
Effective 4/1/20

CERTIFICATE OF ANALYSIS

This report shall not be reproduced, except in full, without the written consent of Trace Analytical Laboratories, Inc.