

210 ADDISON AVE, PO BOX 1867
TWIN FALLS, ID 83301
208-733-4250
Laboratory Supervisor: Brooke Crawford

PWS #: 5550221
LAKE AG
65 S 200 W
BURLEY, ID 83318

LAB ID # ID00911

COLIFORM BACTERIA ANALYSIS REPORT

Date Collected 6/2/2026
Time Collected 2:35:00 PM

Date Received 6/3/2026
Time Received 9:33:00 AM

Sample # 3012446041

Type S - ROUTINE SAMPLE

Location BLACK MESA SHOP

Collector CAMERON WAITE

Chlorine Residual: ppm

Date of Original Positive:

Copy:

Test Performed	Method	Result
Total Coliform	SM9223BCT	PRESENT
Escherichia Coli	SM9223BCT	ABSENT

Completed Date: 6/4/2026

Analyzed: Date 6/3/2026
Time 10:00:00 AM

Analyst BC

Reviewed by: CB

SM9223B CT Standard Method 9223B Colilert Reagent
SM9223B CT18 Standard Method 9223B Colilert-18 Reagent
SM9223B CS Standard Method 9223B Colisure Reagent
SM9222BWMF Standard Method 9222 M-Endo

MAGIC VALLEY LABS

210 Addison Ave / PO Box 1867

Twin Falls ID 83303-1867

Phone: (208) 733-4250

Fax: (208) 734-2539

LAKE AG

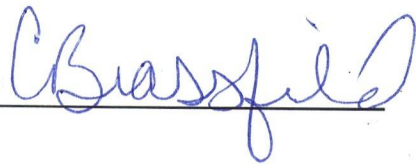
65 S 200 W

BURLEY, ID 83318

Collection Date	6/2/2026	Received Date	6/3/2026	Location	
Collection Time	2:29 PM	Received Time	9:33 AM	BLACK MESA FIELDS	

Sample #	Test / Method Code	Results	Units	Date Analyzed	Analyst
712068561	TOTAL COLIFORM SM9223BQT	1	MPN/100ML	6/3/2026	BC
712068562	E-COLI SM9223BQT	<1	MPN/100ML	6/3/2026	BC

Reviewed By:



Report Date: Thursday, June 4, 2026



210 Addison Ave, PO BOX 1867, Twin Falls ID 83301
 (208) 733-4250 FAX (208) 734-2539
 www.magicvalleylabs.com

CHAIN OF CUSTODY

Name: <u>Lake Ag</u>	PWS #:	Turn Around Time & Reporting <input type="checkbox"/> Normal <input type="checkbox"/> Phone <input type="checkbox"/> 24 hour* <input type="checkbox"/> Mail <input type="checkbox"/> 48 hour* <input type="checkbox"/> Fax <input type="checkbox"/> Other <input type="checkbox"/> Email Results Needed By: <u>1/1</u> *All rush order requests must be approved
Address: <u>65 South 200 West</u>	Project Manager:	
City: <u>Burley</u> State: <u>ID</u> Zip: <u>83318</u>	Project Name:	
Phone: <u>208 260 2258</u>	Collector: <u>Cameron Waite</u>	
Fax:	Purchase Order #:	

Sample Type:		Compliance:		ANALYSIS REQUESTED												Comments			
<input type="checkbox"/> Routine <input type="checkbox"/> Confirmation <input type="checkbox"/> Repeat <input type="checkbox"/> Duplicate <input type="checkbox"/> Special		<input type="checkbox"/> Yes <input type="checkbox"/> No																	
LAB USE ONLY SAMPLE ID No.	SAMPLE LOCATION / CLIENT SAMPLE ID	DATE	TIME	# of containers															
<u>112048501</u>	<u>Black Mesa Fields</u>	<u>6-2-16</u>	<u>2:29 PM</u>		<u>TC</u>	<u>EC</u>													

Relinquished by: <u>Cameron Waite</u>	Company:	Date:	Time:	Lab Use Only Received Intact: YES NO Label & COC Agree: YES NO Container Sealed: YES NO Receipt Temp: <u>21.4</u> INFRARED ID: <u>5</u>
Received by: <u>[Signature]</u>	Company: <u>fnv</u>	Date: <u>6/3/20</u>	Time: <u>933</u>	
Relinquished by:	Company:	Date:	Time:	
Received by:	Company:	Date:	Time:	