

ANALYTICAL REPORT

Montana Environmental Laboratory LLC

1170 N. Meridian Rd., P.O. Box 8900, Kalispell, MT 59904-1900 Phone: 406-755-2131 Fax: 406-257-5359 www.melab.us

Peter Borgesen USFS Flathead NF 650 Wolfpack Way Kalispell, MT 59901

PWS ID:

Project: HLWTP

Client Sample ID: HLWTP Cell 1 Lab ID: 2311039-01

Matrix: WASTE WATER Collected: 10/19/2023 10:45 Received: 10/19/2023 14:30

Result Units RLMCL Method Prepared **Analyses** Analyzed **Analyst** E353.2 10/20/2023 11:00 NB Nitrate + Nitrite, Total 0.15 mg/L 0.01 Calculation 10/24/2023 9:20 NB Nitrogen, Total mg/L 0.20 47.4 E351.2 10/23/2023 14:57 Total Kjeldahl Nitrogen (TKN) 0.20 NB 47.3 mg/L

Client Sample ID: HLWTP Cell 2 Lab ID: 2311039-02

Matrix: WASTE WATER Collected: 10/19/2023 10:48 Received: 10/19/2023 14:30

<u>Analyses</u>	Result	<u>Units</u>	<u>RL</u>	MCL Method	Prepared	Analyzed	<u>Analyst</u>
Nitrate + Nitrite, Total	3.89	mg/L	0.01	E353.2		10/20/2023 11:00	NB
Nitrogen, Total	31.5	mg/L	0.20	Calculation		10/24/2023 9:20	NB
Total Kjeldahl Nitrogen (TKN)	27.6	mg/L	0.20	E351.2		10/23/2023 14:57	NB

MCL = Maximum Contaminant Limit RL = Reporting Limit

ND = Not Detected

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M.E.	MONTANA ENVIRONMENTAL L P.O. BOX 8900, KALISPELL, MT VOICE: (406) 755-2131 • FAX: (4 www.melab.us • info@melab.us	59904 06) 257-53		Cha	ain (Of Pl	Cus ease F	stody Print. Pr	and	d Ana	alı h ii	110	039	∋ C0	Page / of /
Company Name: USES FLATHAD NE					Project Name, PWSID #, Permit #, Etc.										
Report Address:					Contact Name, Phone, Fax:									Contradebusines 20 mi	
650 0 Invoice Address	wdfPack way Ka	Hisphil	Purchase	57 <i>£</i> Order #	01	Invoice Pt	E Contac	3096 et & Phone 2 . BO	SAN/	, 406 ESEI	75%- N(2	5321 USD	A.60	STANDARD STANDARD 5 WORKING 1-2 WORKING OTHER	
Defer Bobgesen SAMPLER PRINTED NAME AND SIGNATURE:					1						sted		SPOK	COMMENTS FE WITH FR-WILL	
		SAMPLE	SAMPLE TIME	MATRIX*	# Bottles	-	25								TKN+TNO)
S	ITE NAME or LOCATION	S a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MA	#±									- NI	TROGEN
HWT	P CELL I	10/19	10:45	in	+		4								
HLWT	P CELL Z	10/19	10:48,	Am			1								
				H	+	+			\vdash	+	+	+	+		
Custody	Relinquished by:	Date/Tin	ne:	+	Shipped	d by:				1 1	Rec	ejyed by:			Date/Time:
Record MUST be						ped by:					Received by: CS M.30 Date/Time: U - (9 - 7 3) Received by: Date/Time:				
Signed	Relinquished by: Date/Time; Shipp					ped by:				Received by: Date/Time:				Date/Time:	
NET 30 DAYS	S: 1.5% PER MONTH INTEREST CHARGE		CUSTO		GREES	от а	PAY CO	LLECTIO	N COST	S AND A	TTORNE	Y'S FEES.			
INSTRUCTIONS 1. Use one like per sample. 2. Be specific in test requests 3. Check off tests to be performed for each sample			SAMPLES RECEIVED DAY OF COLLECTION? (check for yes)												

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INVOICE

P.O. Box 8900 Kalispell, MT 59904 www.melab.us

Invoice Date: 10/24/2023 Invoice #: 2311039

Order#: M2311039

PO #:

Project: HLWTP

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Service	Procedure Description	QTY	Price	Invoice Amount
Laboratory	Nitrate + Nitrite, Total 5-Day Rush	2	\$39.00	\$78.00
	Nitrogen, Total 5-Day Rush	2	\$0.00	\$0.00
	Total Kjeldahl Nitrogen (TKN) 5-Day Rush	2	\$60.00	\$120.00
		Balance	Due:	\$198.00