

GUARDIAN SYSTEMS, INC.

1108 Ashville Road
P.O. Box 190
Leeds, Alabama 35094

Telephone (205) 699-6647
Toll Free (866) 729-7211
Fax (205) 699-3882

Page 1 of 1

City of Leeds
1040 Park Drive
Leeds, AL 35094

Report Date: 06/04/2020
Receive Date: 05/28/2020
Receive Time: 10:08

Attention: Mr. Brad Watson

Control No : 2005-00456 Sample # 001
Sampler : DL
Sample ID: Construction Site Stormwater #001

Sample Date: 05/28/2020
Sample Time: 9:15

Laboratory Certificate

PARAMETER	RESULTS	UNITS	ANALYST	DATE	TIME	METHOD	REF
pH	8.20	SU	DL	05/28/2020	9:15	150.1	(1)
Turbidity, Nephelometric	749	NTU	DL	05/28/2020	9:15	180.1	
Solids, Total Suspended	1,850.	mg/L	MJN	06/02/2020	12:00	SM-2540D	(2)

Approved By: *Quinn Hays Miller*

METHOD REFERENCES

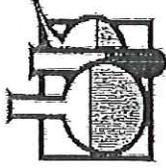
1. Methods for Chemical Analysis of Water and Wastes. EPA-600/4-79-20, revised March 1983, August 1993 May 1994
2. Standard Methods for the Examination of Water and Waste Water, 18th, 19th, 20th, and 22nd Edition, 2012
3. Test Methods for Evaluating Solid Wastes Physical Chemical Method SW-846, 3rd Edition, Updated IV December 1996
4. 1987 ASTM Annual Standards
5. Code of Federal Regulations, Title 40, Part 136, Appendix A, Revised July 1995
6. Methods for the Determination of Organic Compounds in Drinking Water, EPA-600/4-88/039, Revised July 1991, August 1995
7. NIOSH Manual of Analytical Methods, 4th Edition, May 1996

Guardian Systems, Inc.

1108 Ashville Road, P.O. Box 190
 Leeds, Alabama 35094
 (205) 699-6647
 email: lbrymer@gsilab.com

Chain of Custody Record/ Analysis Report

(205) 699-3882 Fax
 www.gsilab.com



Client: Brad Watson Phone: _____
 Company: City of Leeds Fax: _____
 Address: _____ P.O.#: _____
 Email Address: _____
 Project: Construction Site Runoff

Sample ID	Sample Description	Sample Date	Sample Time	Sample			Sample Preservative				Analysis Requested						
				Comp.*	Grab	Bottle	HCl	HNO ₃	H ₂ SO ₄	NaOH	Cool 4°C	Other**	TSS	pH	Turb.		
	<u>Stagnant Water</u>	<u>5/28</u>	<u>0515</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>											
	<u>Residence beside Church of Christ</u>																
	<u>33.554944</u>																
	<u>-85.531821</u>																

Sampled by: Penny Lyons Relinquished by: Danville Date: 28 May 20 Time: 0933
 Received by: _____ Relinquished by: _____ Date: _____ Time: _____
 Received by: _____ Relinquished by: _____ Date: _____ Time: _____

Received for Laboratory by: Shea Poole Date: 5/28/20 Time: 10:08
 Was Shipped Container intact when received? Yes No Seals intact? Yes No
 Were all samples properly preserved? Yes No Initials SP Sample temp. 5 °C

Comments: _____
 Time On Site - _____
 Time Off Site - _____

Put an "X" in the appropriate column for sample type and sample preservative. Write in analysis requested.
 * For composite samples include start and stop date and time in comments section **Write in preservative used in comments