

Report of Analysis

Name: Sample Date: Receipt Date: Report Date: Sample Site:	Greenwich Public Schools - Cordes George 290 Greenwich Ave Greenwich, CT 06830-6521 Sample Date: 7/9/2019 11:25 AM Receipt Date: 7/9/2019 4:00 PM Report Date: 7/10/2019				, U	Drinking Water TL - Teachers Lounge PT	
Parameter		Sample Result	Units	Method	Minimum Detection Level	Analysis Date	
Biological Coliform Bacte	ria	absent	none	SM9223B-22	0	7/9/2019	

Parameter	Sample Result	Units	Method	Minimum Detection Level	Analysis Date	Analyst
Biological Coliform Bacteria e Coli Bacteria	absent absent	none none	SM9223B-22 SM9223B-22	0 0	7/9/2019 7/9/2019	TJB TJB
Inorganic Compounds Chlorine, residual	ND	mg/L	M4500CLG-22	0.05	7/9/2019	TJB

ND = Not Detected * = Above Specified Limit

Report Approved by:

Lab Director

CT Lic PH-0787 NY Lic 11706

Analytical results relate to the samples as received at the laboratory. Report shall not be reproduced except in its entirety without written approval from the laboratory.

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