



# AECOS, Inc.

45-939 Kamehameha Hwy., Room 104 • Kaneohe, HI 96744

Telephone: (808) 234-7770 • Fax: (808) 234-7775

**CLIENT:** Cardno TEC  
1003 Bishop Street, Suite 1550  
Honolulu HI 96813  
**ATTENTION:** Ben Berridge 619-997-6704

FILE No.:	1393
REPORT DATE	02/04/15
PAGE:	1 of 1

## AECOS REPORT OF MICROBIOLOGICAL RESULTS

**SAMPLE TYPE:** drinking water      **AECOS LOG No.:** 30710  
**DATE SAMPLED:** 02/03/15      **METHOD** Idexx  
ASTMD6503-99  
**DATE/TIME RECEIVED:** 02/03/15 @1201      **SAMPLER:** B. Berridge  
**TEMPERATURE CONTROL:** 18.4 °C      **MATRIX:** Stormwater  
**CHLORINE RESIDUAL:** ---

**Analysis Date** 02/03/15 @1241      **Analyst:** R. Knapstein

ANALYTE (UNITS)		Enterococcus (MPN/100ml)		
SAMPLE ID ↓	TIME SAMPLED ↓			
Akipola	1024	7300		
Keolu	1038	14,000		
Kaopa	1055	14,000		
Hamakua	1115	12,000		
Hele	1103	>24,000		

J. Mello, Laboratory Director



# AECOS, Inc.

45-939 Kamehameha Highway Suite 104  
Kaneohe, Oahu, HI 96744  
Tel: (808) 234-7770 Fax: 234-7775

## CHAIN OF CUSTODY FORM

PROJECT FILE No.	
LOG NUMBER	30710 0307201

CLIENT: *Cardno*  
 ADDRESS: *737 Bishop St.*  
*Suite 3050 Honolulu, HI 96813*

CONTACT: *Ben Berridge*  
 PHONE No.: *619-997-6704*  
 Purchase Order No.: \_\_\_\_\_

RUSH  
 SEE REVERSE

SPECIAL INSTRUCTIONS

<input checked="" type="checkbox"/>	SAMPLE ID	DATE	TIME	SAMPLE TYPE	CONTAINER(S)	REQUESTED ANALYSES	PRESERVATION
1	<i>Akipola</i>	<i>2/3/15</i>	<i>10:24</i>	<i>ethers W</i>	<i>1</i>	<i>ethers</i>	
2	<i>Keolu</i>	<i>2/3/15</i>	<i>10:30</i>	<i>W</i>	<i>1</i>		
3	<i>Kaopa</i>	<i>2/3/15</i>	<i>10:55</i>	<i>W</i>	<i>1</i>		
4	<i>Hele</i>	<i>2/3/15</i>	<i>11:03</i>	<i>W</i>	<i>1</i>		
5	<i>Hamakua</i>	<i>2/3/15</i>	<i>11:15</i>	<i>W</i>	<i>1</i>		
6							
7							
8							
9							
10							

CLIENTS PROVIDING SAMPLES TO THE LABORATORY SHOULD COMPLETE AS MUCH OF THE ABOVE FORM AS POSSIBLE. NOTE: NAME AND DATED SIGNATURE OF PERSON COLLECTING THE SAMPLE MUST BE ENTERED BELOW. INFORMATION REQUESTED IN SHADED BOXES ABOVE TO BE FILLED IN BY THE LABORATORY.

SAMPLED BY: *Ben Berridge* DATE *2/3* 20*15*  
 PRINT NAME DATE TIME  
 RELINQUISHED: *B-B* DATE *2/3* 20*15*  
 SIGNATURE DATE TIME

RECEIVED BY: \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE TIME  
 RELINQUISHED: \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE OR INITIALS TIME

RECEIVED FOR LABORATORY: DATE *2-3-15*  
 SIGNATURE TIME *20*  
 RELINQUISHED: DATE \_\_\_\_\_  
 SIGNATURE OR INITIALS TIME \_\_\_\_\_

PRECAUTIONS:

DISPOSAL:

COMMENTS: *18.4' c*

USE (BLACK) INK

RETURN SAMPLE TO CLIENT