



# 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

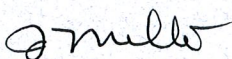
**FILE No.:** 1393  
**REPORT DATE** 07/22/14  
**PAGE:** 1 of 1

## AECOS REPORT OF MICROBIOLOGICAL RESULTS

**SAMPLE TYPE:** drinking water      **AECOS LOG No.:** 30184  
**DATE SAMPLED:** 07/20/14      **METHOD** Idexx  
ASTMD6503-99  
**DATE/TIME RECEIVED:** 07/21/14 @0840      **SAMPLER:** B. Berridge  
**TEMPERATURE CONTROL:** 13.0 °C      **MATRIX:** Stormwater  
**CHLORINE RESIDUAL:** ---

**Analysis Date** 07/21/14 @0855      **Analyst:** R. Knapstein

ANALYTE (UNITS)		Enterococcus (MPN/100ml)		
SAMPLE ID ↓	TIME SAMPLED ↓			
Keolu	0010	>2400		
Akipola	0025	>2400		
Hele	0040	>2400		
Hamakua	0055	>2400		
Kaopa	0005	>2400		
Aleka	0217	>2400		

  
\_\_\_\_\_  
J. Mello, Laboratory Director



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Kaneohe, Oahu, HI 96744  
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## CHAIN OF CUSTODY FORM

PROJECT FILE No.	
LOG NUMBER	[ 030104 ]

CLIENT: *Wanda Cardoso DEC* CONTACT: *Ben Berridge*

ADDRESS: *1003 Bishop St. Suite 1550* PHONE No.: *619-997-6704*

*Honolulu, HI 96813* Purchase Order No.: \_\_\_\_\_

RUSH

SEE REVERSE

SPECIAL INSTRUCTIONS

SAMPLE ID	DATE	TIME	SAMPLE TYPE	CONTAINER(S)	REQUESTED ANALYSES	PRESERVATION
1	7/20/14	00:10	W	1 idex	entero	
2	7/20/14	00:25				
3	7/20/14	00:40				
4	7/20/14	00:55				
5	7/20/14	00:05				
6	7/20/14	02:17				
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: *7/21/14*

PRINT NAME: \_\_\_\_\_ DATE: *20/14*

RELINQUISHED: *[Signature]* DATE: *20/14*

SIGNATURE: \_\_\_\_\_ TIME: *08:40*

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TIME: *20*

RELINQUISHED: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OR INITIALS: \_\_\_\_\_ TIME: *20*

RECEIVED FOR LABORATORY: *[Signature]* DATE: *7/21*

SIGNATURE: \_\_\_\_\_ TIME: *20*

RELINQUISHED: \_\_\_\_\_ DATE: *8:40*

SIGNATURE OR INITIALS: \_\_\_\_\_ TIME: *20*

COMMENTS: *Temp = 13.0°C*

PRECAUTIONS:

USE (BLACK) INK

RETURN SAMPLE TO CLIENT