Laucks Since 1908
Testing Laboratories, Inc.
940 South Harney St., Seattle, WA 98108 (206) 767-5060 FAX (206) 767-5063
Chemistry, Microbiology, and Technical Services

Certificate of Analysis

Work Order# : 04-07-223
DATE RECEIVED : 07/17/04
DATE OF REPORT: 08/02/04

CLIENT: Holland America Line, Inc
Environmental Compliance Prog
300 Elliott Avenue West
Seattle, WA 98119
ATTN : Dan Grabb

Work ID : Monthly
Taken By : Raul
Transported by: Raul
Type : Water

SAMPLE IDENTIFICATION:

	Sample Description	Collection Date		Sample Description	Collection Date
01	Gray Water	07/17/04 12:10	02	Black Water	07/17/04 12:20

KEY:

< indicates "less than"

FLAGGING:

The flag "U" indicates the analyte of interest was not detected, to the limit of detection indicated.

This report is submitted for the exclusive use of the person, partnership, or corporation to whom it is addressed. Subsequent use of the name of this company or any member of its staff in connection with the advertising or sale of any product or process will be granted only on contract. This company accepts no responsibility except for the due performance of inspection and/or analysis in good faith and according to the rules of the trade and of science.

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Unless otherwise instructed all samples will be discarded on 09/30/04 with the exception of samples which are consumed during the analysis, such as microbiological samples.

Respectfully submitted,
Laucks Testing Laboratories, Inc.

J. M. Owens

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TESTS PERFORMED AND RESULTS:

Analyte	Units	01	02
Biochemical Oxygen Demand	mg/L	25.	17.
Chlorine, Total Residual	mg/L	0.1 U	0.1 U
Coliforms, fecal	MPN/100 ml	< 2	< 2
Total Suspended Solids	mg/L	2. U	2. U
pH	gl elec @25C	6.2	7.2

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THIS INFORMATION WILL BE USED FOR REPORTING/BILLING* (SEE BELOW)

COMPANY: Holland America
ADDRESS: 300 Elliott Ave. W
Seattle, WA 98119
ATTENTION: Dan Grabb
PROJECT NAME: monthly analysis
PROJECT CONTACT: Dan Grabb
TELEPHONE: 206-301-5316 FAX:
JOB/P.O. NO.:

CHAIN OF CUSTODY RECORD SDG #

38262

PAGE ___ OF ___

WORK ORDER ID# 04-07-223

SUBMITTED AT:

Laucks Testing Laboratories, Inc.

☐ 940 South Harney St., Seattle, WA 98108 (206) 767-5060 FAX 767-5063
☐ 1106 Ledwich Ave., Yakima, WA 98902 (509) 248-4695 FAX 452-1265

TESTS TO PERFORM

LAB SA#	SAMPLE ID / LOCATION	DATE	TIME	MATRIX: WATER, SOIL OR SPECIFY	NO. OF CONTAINERS	PH	BOD	TSS	R. Chlorine field	Fecal Coliform										OBSERVATIONS, COMMENTS, SPECIAL INSTRUCTIONS
1	Gray Water	7/17/04	1210	W	3	x	x	x	x	x			R Cl = 0.0							
2	Black Water	7/17/04	1220	W	3	x	x	x	x	x			R Cl = 0.0							

1 3

A. A standard turnaround time is assumed unless otherwise marked.

B. The laboratory may not be responsible for missed holding time for samples received with less than 50% of the analytical hold time remaining. Please contact the laboratory for further information.

INSTRUCTIONS
1. USE ONE LINE PER SAMPLE.
2. BE SPECIFIC IN TEST REQUESTS.
3. CHECK OFF TESTS TO BE PERFORMED FOR EACH SAMPLE.

* BILLING INFORMATION, IF DIFFERENT THAN ABOVE
NAME ADDRESS
ATTN: CITY, STATE, ZIP

* RUSH TURNAROUND IS SUBJECT TO PRIOR LABORATORY APPROVAL

TOTAL NO. OF CONTAINERS

TURNAROUND REQUEST
☒ STD. 10-14 WORKING DAYS
* ☐ 24-48 HRS. (100% SUR)
* ☐ 72 HRS. (75% SUR)
* ☐ 5 DAYS (50% SUR)
☐ OTHER:
☐ TEMP:
CUSTODY SEAL: ☐ Y ☐ N ☐ N/A

RELINQUISHED BY (SIGN AND PRINT)	DATE / TIME	RECEIVED BY (SIGN AND PRINT)	DATE / TIME
[signature] Ram J Nwo	7/17/04 ~~1230~~ 1300		

Finance Charges and/or Collection Fees may be applied to delinquent accounts.

FINAL REPORT COPY