2018
BEACH MONITORING
PROGRAM
VAN BUREN COUNTY MICHIGAN

George Friday, Sanitarian II
Corinne Freehling, Sanitarian
Van Buren/Cass County  Public Health Department
September 25, 2018
The following is a summary of the Beach Monitoring Program conducted by the Van Buren/Cass District Health Department during the 2018 calendar year. Monitoring started on May 22, 2018 and concluded August 30, 2018.

During the monitoring period no advisories or closures were issued. Enclosed are the details and monitoring results of the program for the 2018 season. In an effort to educate the public this document will be provided on our web site. Individual surveys for each monitoring period are available on the Beachguard website.

1. Monitored beach details
   a. Covert Township Park Beach
      1. Details
      2. Monitoring points
      3. Results
   b. Van Buren State Park Beach
      1. Details
      2. Monitoring points
      3. Results
   c. South Haven South Beach
      1. Details
      2. Monitoring points
      3. Results
   d. South Haven North Beach
      1. Details
      2. Monitoring points
      3. Results

2. Owner education
   a. Notification letter
   b. Chains of Custody samples

3. Public Notification
   a. Park and public advisory
   b. Advisory lifted

4. Sanitary survey sample
# Lake Michigan-Covert Township Park

## Beach Details

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beach ID</td>
<td>1146</td>
</tr>
<tr>
<td>EPA STORET Number</td>
<td>800517</td>
</tr>
<tr>
<td>Beach Name*</td>
<td>Covert Township Park Beach</td>
</tr>
<tr>
<td>Beach Description</td>
<td>29th ave west of Blue star high</td>
</tr>
<tr>
<td>Waterbody Name*</td>
<td>Lake Michigan</td>
</tr>
<tr>
<td>Waterbody Type*</td>
<td>Great Lake</td>
</tr>
<tr>
<td>Zip Code</td>
<td>49043</td>
</tr>
<tr>
<td>Accessibility*</td>
<td>Public Owned, Public Access</td>
</tr>
<tr>
<td>Ownership Type*</td>
<td>Local</td>
</tr>
<tr>
<td>Great Lake</td>
<td>Michigan</td>
</tr>
<tr>
<td>Is Great Lake Connected?</td>
<td>Yes</td>
</tr>
<tr>
<td>Park Name</td>
<td>Covert Township Park Beach</td>
</tr>
<tr>
<td>Park URL</td>
<td>&lt;no data&gt;</td>
</tr>
<tr>
<td>Tier Rank</td>
<td>3</td>
</tr>
<tr>
<td>Latitude (Endpoint 1)</td>
<td>42.30058</td>
</tr>
<tr>
<td>Longitude (Endpoint 1)</td>
<td>-86.32767</td>
</tr>
<tr>
<td>Central Latitude</td>
<td>42.29891</td>
</tr>
<tr>
<td>Central Longitude</td>
<td>-86.32883</td>
</tr>
<tr>
<td>Latitude (Endpoint 2)</td>
<td>42.3</td>
</tr>
<tr>
<td>Longitude (Endpoint 2)</td>
<td>-86.32986</td>
</tr>
<tr>
<td>Hydrological Unit Code (HUC)</td>
<td>&lt;no data&gt;</td>
</tr>
<tr>
<td>Reach Length (meters)</td>
<td>460</td>
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<tr>
<td>County*</td>
<td>Van Buren</td>
</tr>
<tr>
<td>Township</td>
<td>Covert twp</td>
</tr>
<tr>
<td>Facilities (beaches only)</td>
<td>&lt;no data&gt;</td>
</tr>
<tr>
<td>Other Comments</td>
<td>&lt;no data&gt;</td>
</tr>
<tr>
<td>Private Comments</td>
<td>&lt;no data&gt;</td>
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</table>
### Lake Michigan-Covert Township Park

#### Monitoring Points

<table>
<thead>
<tr>
<th>Point ID</th>
<th>Description</th>
<th>Latitude</th>
<th>Horizontal Coll Method</th>
<th>Status</th>
<th>Longitude</th>
<th>Horizontal Datum</th>
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</thead>
<tbody>
<tr>
<td>2</td>
<td>middle of beach</td>
<td>42.29891</td>
<td>Unknown</td>
<td>Active</td>
<td>-86.32883</td>
<td>Unknown</td>
</tr>
<tr>
<td>3</td>
<td>north end of beach</td>
<td>42.29891</td>
<td>Unknown</td>
<td>Active</td>
<td>-86.32883</td>
<td>Unknown</td>
</tr>
<tr>
<td>1</td>
<td>south end of beach</td>
<td>42.29891</td>
<td>Unknown</td>
<td>Active</td>
<td>-86.32883</td>
<td>Unknown</td>
</tr>
</tbody>
</table>
Lake Michigan-Covert Township Park

Results

<table>
<thead>
<tr>
<th>Sampling Date</th>
<th>Monitoring Point</th>
<th>Sample Type</th>
<th>Result (cfu/100ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/30/2018 7:15 AM</td>
<td>north end of beach</td>
<td>Individual Sample</td>
<td>58.1</td>
</tr>
<tr>
<td>08/30/2018 7:10 AM</td>
<td>middle of beach</td>
<td>Individual Sample</td>
<td>88.4</td>
</tr>
<tr>
<td>08/30/2018 7:05 AM</td>
<td>south end of beach</td>
<td>Individual Sample</td>
<td>44.8</td>
</tr>
<tr>
<td>08/01/2018 7:50 AM</td>
<td>north end of beach</td>
<td>Individual Sample</td>
<td>33.6</td>
</tr>
<tr>
<td>08/01/2018 7:45 AM</td>
<td>middle of beach</td>
<td>Individual Sample</td>
<td>49.6</td>
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<tr>
<td>08/01/2018 7:40 AM</td>
<td>south end of beach</td>
<td>Individual Sample</td>
<td>95.9</td>
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<tr>
<td>07/18/2018 7:15 AM</td>
<td>north end of beach</td>
<td>Individual Sample</td>
<td>9.6</td>
</tr>
<tr>
<td>07/18/2018 7:10 AM</td>
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<td>Individual Sample</td>
<td>14.4</td>
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<td>06/26/2018 7:50 AM</td>
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<tr>
<td>06/26/2018 7:45 AM</td>
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<td>06/19/2018 8:30 AM</td>
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<td>90</td>
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<td>Individual Sample</td>
<td>173</td>
</tr>
<tr>
<td>06/19/2018 8:30 AM</td>
<td>north end of beach</td>
<td>Individual Sample</td>
<td>29</td>
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<td>05/22/2018 9:15 AM</td>
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<td>Individual Sample</td>
<td>18</td>
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<td>05/22/2018 9:10 AM</td>
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<td>22</td>
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<tr>
<td>05/22/2018 9:00 AM</td>
<td>north end of beach</td>
<td>Individual Sample</td>
<td>1</td>
</tr>
</tbody>
</table>
# LABORATORY ANALYTICAL REPORT

**Sample Submitted By:**
MICK MCGUIRE
VAN BUREN/CASS DHD
57418 C.R. 681
HARTFORD MI 49057

**Data Reported For:**
VAN BUREN/CASS DHD
Sample Location:
COVERT TOWNSHIP PARK

**Sample Name:**
MIDDLE VB1-B

**Date/Time Sampled:**
5/22/2018 9:10

**NAL Sample ID #:**
0522181257FL-002

**Date/Time Received:**
5/22/2018 12:57

**Matrix:**
BEACH WATER

**NAL ACCT ID:**
NAL17-087

**Collected By:**
MICK MCGUIRE

**NAL SDG ID:**
0522181257FL

<table>
<thead>
<tr>
<th>TEST PERFORMED</th>
<th>RESULT</th>
<th>UNITS</th>
<th>LOQ</th>
<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli*</td>
<td>22</td>
<td>cfu/100mL</td>
<td>1</td>
<td>5/22/2018 16:29</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
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<td>120</td>
<td>cfu/100mL</td>
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<td>5/22/2018 16:29</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

The results reported apply solely to the sample analyzed. This report may not be reproduced except in full without written permission of NEW AGE Laboratories.

Comments:
The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:

- E. coli/Coliform: Absent or <1 cfu/100mL

ND - Not Detected
- * NAL (Lab99977) is certified by the MDEQ for this parameter.

Scott D. Well
President/Technical Manager
LABORATORY ANALYTICAL REPORT

Sample Submitted By:  
MICK MCGUIRE  
VAN BUREN/CASS DHD  
57418 C.R. 681  
HARTFORD MI 49057

Data Reported For:  
VAN BUREN/CASS DHD  
Sample Location:  
COVERT TOWNSHIP PARK

NAL ACCT ID:  
NAL17-087

Collected By:  
MICK MCGUIRE

NAL Sample ID #:  
0522181257FL-001  
Date/Time Received:  
5/22/2018 12:57

Sample Name:  
NORTH VB1-C  
Date/Time Sampled:  
5/22/2018 9:00

Matrix:  
BEACH WATER

<table>
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<th>TEST PERFORMED</th>
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<th>LOQ</th>
<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli*</td>
<td>1</td>
<td>cfu/100ml</td>
<td>1</td>
<td>5/22/2018 16:29</td>
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<td>SM9223B</td>
</tr>
<tr>
<td>Coliform*</td>
<td>56</td>
<td>cfu/100ml</td>
<td>1</td>
<td>5/22/2018 16:29</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

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Comments:

The U.S. EPA has set the following maximum contaminant level (MCL) for safe drinking water:

E. coli/Coliform Absent or <1 cfu/100mL

ND - Not Detected

- NAL holds certification under NELAC 2009, ISO 17025:2005, and meets the AOAC International Guidelines for Laboratories Performing Microbiological and Chemical Analyses of Food Standards.
- * NAL (Lab#9977) is certified by the MDEQ for this parameter.

Scott D. Wall  
President/Technical Manager

Confidential  
Page 2 of 5
# LABORATORY ANALYTICAL REPORT

**Sample Submitted By:**
MICK MCGUIRE
VAN BUREN/CASS DHD
57418 C.R. 681
HARTFORD  MI  49057

**Data Reported For:**
VAN BUREN/CASS DHD

**Sample Name:**
SOUTH VB1-A

**Sample Location:**
COVERT TOWNSHIP PARK

**NAL Sample ID #:**
0522181257FL-003

**Collectors By:**
MICK MCGUIRE

**NAL SDG ID:**
0522181257FL

**Date/Time Sampled:**
5/22/2018 9:15

**Date/Time Received:**
5/22/2018 12:57

**Matrix:**
BEACH WATER

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<table>
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<tr>
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<th>LOQ</th>
<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
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</thead>
<tbody>
<tr>
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<td>18</td>
<td>cfu/100ml</td>
<td>1</td>
<td>5/22/2018 10:29</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
<tr>
<td>Coliform&lt;sup&gt;+&lt;/sup&gt;</td>
<td>44</td>
<td>cfu/100ml</td>
<td>1</td>
<td>5/22/2018 16:29</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

---

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---

Comments:
The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:

E. coli/Coliform  Absent or <1 cfu/100mL

ND - Not Detected

- NAL holds certification under NELAC 2009, ISO 17025:2005, and meets the AOAC International Guidelines for Laboratories Performing Microbiological and Chemical Analyses of Food Standards.
- * NAL (Lab#0977) is certified by the MDDEQ for this parameter.

---

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Page 4 of 5
LABORATORY ANALYTICAL REPORT

Sample Submitted By: MICK MCGUIRE
VAN BUREN/CASS DHD
57418 C.R. 681
HARTFORD MI 49057

Data Reported For: VAN BUREN/CASS DHD
Sample Location: COVERT TOWNSHIP PARK

Sample Name: NORTH VB-1 C
Date/Time Sampled: 6/19/2018 8:30

NAL Sample ID #: 0619181112FL-001
Date/Time Received: 6/19/2018 11:12

Matrix: BEACH WATER

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<th>LOQ</th>
<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli*</td>
<td>29</td>
<td>cfu/100mL</td>
<td>1</td>
<td>6/19/2018 16:10</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
<tr>
<td>Coliform*</td>
<td>2420</td>
<td>cfu/100mL</td>
<td>1</td>
<td>6/19/2018 16:10</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

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Comments:
The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:

E. coli/Coliform Absent or <1 cfu/100mL

ND - Not Detected

- *NAL (Lab#9977) is certified by the MDEQ for this parameter.

Scott D. Wall
President/Technical Manager
# LABORATORY ANALYTICAL REPORT

**Sample Submitted By:**
MICK MCGUIRE
VAN BUREN/CASS DHD
57418 C.R. 681
HARTFORD MI 49057

**Data Reported For:**
VAN BUREN/CASS DHD
Sample Location:
COVERT TOWNSHIP PARK

**NAL ACCT ID:**
NAL17-087

**Sample Name:**
MIDDLE VB1-B

**Collected By:**
MICK MCGUIRE

**Date/Time Sampled:**
6/19/2018 8:40

**NAL SDG ID:**
0619181112FL-002

**Date/Time Received:**
6/19/2018 11:12

**Matrix:**
BEACH WATER

## TEST PERFORMED

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<th>LOQ</th>
<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
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</thead>
<tbody>
<tr>
<td>E. coli*</td>
<td>173</td>
<td>cfu/100mL</td>
<td>1</td>
<td>6/19/2018 16:10</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
<tr>
<td>Coliform*</td>
<td>2420</td>
<td>cfu/100mL</td>
<td>1</td>
<td>6/19/2018 16:10</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

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## Comments:

The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:

- E. coli/Coliform: Absent or <1 cfu/100mL

ND - Not Detected

- * NAL (Lab#9977) is certified by the MDEQ for this parameter.

---

Scott D. Wall
President/Technical Manager
LABORATORY ANALYTICAL REPORT

Sample Submitted By:  
MICK MCGUIRE  
VAN BUREN/CASS DHD  
57418 C.R. 681  
HARTFORD  
MI  
49057  

Data Reported For:  
VAN BUREN/CASS DHD  
Sample Location:  
COVERT TOWNSHIP PARK  

NAL ACCT ID:  
NAL17-087  

Collected By:  
MICK MCGUIRE  
NAL SDG ID:  
0619181112FL  

Sample Name:  
SOUTH VB1-A  
Date/Time Sampled:  
6/19/2018 8:50  

Date/Time Received:  
6/19/2018 11:12  
Matrix:  
BEACH WATER  

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<th>UNITS</th>
<th>LOQ</th>
<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli*</td>
<td>90</td>
<td>cfu/100mL</td>
<td>1</td>
<td>6/19/2018 16:10</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
<tr>
<td>Coliform*</td>
<td>1986</td>
<td>cfu/100mL</td>
<td>1</td>
<td>6/19/2018 16:10</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

The results reported apply solely to the sample analyzed.  
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Comments:  
The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:  
E. coli/Coliform: Absent or <1 cfu/100mL  

ND - Not Detected  
- * NAL (Lab#9977) is certified by the MDEQ for this parameter.
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesi@aol.com

Sample Report Date Issued: 6/27/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
57418 CR-681 Hartford, MI 49057
Collection Site Address: Covert Township Park Beach
Sample Relinquished By/time: Corrine Freehling @ 10:44 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 7:40 A.M.
Sample Collection Date: 6/26/2018
Chlorine Residual (as provided by the sampler): N/A mg/l
Sample ID: Covert Twp Park #1
Lab Sample Id: 18-177-2
Date Reported: 6/27/2018
Received By: Sue Founesi
Date Received: 6/26/2018
Time Received: 10:44 A.M.
Sample Point: Surface Water
Sample Purpose: Beach Monitoring
Sample Source Point: Lake Michigan

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>&lt;1</td>
<td>MPN/100 ml</td>
<td>SM92238 Colliert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to 2420</td>
<td>in 6/26/18</td>
<td>out 6/27/18</td>
<td>12:00 P.M.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments:

Unless otherwise stated under the comments, all tests were performed within the maximum allowable holding times, have met or exceeded QC requirements and the result represents the sample as it was received. Please do not hesitate to call if you have any questions concerning the sample results listed above or if we can provide you with additional assistance. Thank you for allowing us the opportunity to assist you with your project.

Respectfully submitted,

[Signature]
Sue Founesi
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

<table>
<thead>
<tr>
<th>Individual Notified</th>
<th>Notified By: Date/Time</th>
<th>Phone/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Agency Notified</td>
<td>Date/Time</td>
<td>Phone/Email</td>
</tr>
</tbody>
</table>

Form created 5/4/18 @ revised 5/10/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesi@aol.com

Sample Report Date Issued: 6/27/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
57418 CR-681 Hartford, MI 49057
Collection Site Address: Covert Township Park Beach
Sample Relinquished By/time: Corrine Freehling @ 10:44 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 7:45 A.M.
Sample Collection Date: 6/26/2018
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>1 MPN/100 ml</td>
<td>SM92238 Colliert 24 Hr/Quantit-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 6/26/18 out 6/27/18</td>
<td>in 12:00 P.M.</td>
<td>out 12:00 P.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments:

Unless otherwise stated under the comments, all tests were performed within the maximum allowable holding times, have met or exceeded QC requirements and the result represents the sample as it was received. Please do not hesitate to call if you have any questions concerning the sample results listed above or if we can provide you with additional assistance. Thank you for allowing us the opportunity to assist you with your project.

Respectfully submitted,

[Signature]
Sue Founesi
FWD&E Vice-President

Form created 5/4/18 of revised 5/10/18
# FOUNE WELL DRILLING & ENVIRONMENTAL
## LABORATORY ANALYTICAL REPORT

![EWI Logo](image)

State Certification #: 9010  
Phone: 269-870-0689  
Fax: 269-628-4849  
Email: Founesi@aol.com

<table>
<thead>
<tr>
<th>Sample Report Date Issued:</th>
<th>6/27/2018</th>
<th>Email: <a href="mailto:EH@VBCASSDHD.ORG">EH@VBCASSDHD.ORG</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Report Remitted to:</td>
<td>Van Buren Cass District Health Dept.</td>
<td></td>
</tr>
<tr>
<td>Collection Site Address:</td>
<td>Covert Township Park Beach</td>
<td></td>
</tr>
<tr>
<td>Sample Relinquished By/time:</td>
<td>Corrine Freehling @ 10:44 A.M.</td>
<td></td>
</tr>
<tr>
<td>Sample Collected By:</td>
<td>Corrine Freehling</td>
<td></td>
</tr>
<tr>
<td>Sample Collection Time:</td>
<td>7:50 A.M.</td>
<td></td>
</tr>
<tr>
<td>Sample Collection Date:</td>
<td>6/26/2018</td>
<td></td>
</tr>
<tr>
<td>Chlorine Residual (as provided by the sampler):</td>
<td>NA mg/l</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>2 MPN/100 ml</td>
<td>SM9223B Collert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 6/26/18 out 6/27/18</td>
<td>in 12:00 P.M. out 12:00 P.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

Unless otherwise stated under the comments, all tests were performed within the maximum allowable holding times, have met or exceeded QC requirements and the result represents the sample as it was received. Please do not hesitate to call if you have any questions concerning the sample results listed above or if we can provide you with additional assistance. Thank you for allowing us the opportunity to assist you with your project.

Respectfully submitted,

Sue Foune  
FWD&E Vice-President

---

**Notification of Positive Total Coliform/E.coli results (where applicable)**

<table>
<thead>
<tr>
<th>Individual Notified</th>
<th>Date/Time</th>
<th>Notified By:</th>
<th>Phone/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Agency Notified</td>
<td>Date/Time</td>
<td>Phone/Email</td>
<td></td>
</tr>
</tbody>
</table>

*form created 5/4/18 of revised 5/10/18*
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-625-4849
Email: Founesl@aol.com

Sample Report Date Issued: 7/19/2018
Email: EJ@VBCASSHD.ORG
Sample Report Remitted to: Van Buren Cass District Health Dept.
57418 CR-681 Hartford, MI 49057
Sample ID: Covert Twp Park -South
Lab Sample Id: 18-199-4
Date Reported: 7/19/2018
Received By: Sue Founes
Date Received: 7/18/2018
Time Received: 10:15 A.M.
Sample Point: Surface Water
Sample Collection Date: 7/18/2018
Sample Purpose: Beach Monitoring
Sample Source Point: Lake Michigan
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>14.4</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 7/18/18 out 7/19/18</td>
<td>in 11:05 A.M. out 11:15 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

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Notification of Positive Total Coliform/E.coli results (where applicable)

<table>
<thead>
<tr>
<th>Individual Notified</th>
<th>Date/Time</th>
<th>Phone/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Friday</td>
<td>7/19/18; 12:11 P.M.</td>
<td>Phone/Email</td>
</tr>
</tbody>
</table>

Form created 5/4/18 of revised 5/10/18
**FOUNO WELL DRILLING & ENVIRONMENTAL**  
LABORATORY ANALYTICAL REPORT  

**Sample Report Date Issued:** 7/19/2018  
**Sample Report Remitted to:** Van Buren Cass District Health Dept.  
57418 CR-681 Hartford, MI 49057  
**Collection Site Address:** Covert Township Park Beach  
**Sample Relinquished By/time:** Corrine Freehling @ 10:15 A.M.  
**Sample Collected By:** Corrine Freehling  
**Sample Collection Time:** 7:10 A.M.  
**Sample Collection Date:** 7/18/2018  
**Chlorine Residual (as provided by the sampler):** N/A mg/l  
**Sample ID:** Covert Twp Park - Middle  
**Lab Sample Id:** 18-199-5  
**Date Reported:** 7/19/2018  
**Received By:** Sue Foune  
**Date Received:** 7/18/2018  
**Time Received:** 10:15 A.M.  
**Sample Point:** Surface Water  
**Sample Purpose:** Beach Monitoring  
**Sample Source Point:** Lake Michigan

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>6.3</td>
<td>MPN/100 ml</td>
<td>SM92238 Colillert 24</td>
<td>&lt;1 to</td>
<td>&gt;2420</td>
<td>In 11:05 A.M.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments:  
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Respectfully submitted,

Sue Foune  
FWD&E Vice-President

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**Notification of Positive Total Coliform/E.coli results (where applicable)**

<table>
<thead>
<tr>
<th>Individual Notified</th>
<th>Notified By: S.F</th>
<th>Date/Time</th>
<th>Phone/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Friday</td>
<td>7/19/18; 12:11 P.M.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

State Agency Notified

Date/Time

Phone/Email

form created 5/4/18 sf revised 5/20/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesl@aol.com

Sample Report Date Issued: 7/19/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
Collection Site Address: Covert Township Park Beach
Sample ID: Covert Twp Park - North
Lab Sample Id: 18-199-6
Date Reported: 7/19/2018
Received By: Sue Founes
Date Received: 7/18/2018
Time Received: 10:15 A.M.
Sample Point: Surface Water
Sample Purpose: Beach Monitoring
Sample Source Point: Lake Michigan

Chlorine Residual (as provided by the sampler): NA mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>9.6</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>In 7/18/18</td>
<td>out 7/19/18</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

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Respectfully submitted,

Sue Founes
FWD&E Vice-President

Notified By: S.F
Individual Notified: George Friday
Date/Time: 7/19/18; 12:11 P.M.
Phone/Email

State Agency Notified
Date/Time
Phone/Email

Form created 5/4/18 of revised 5/10/18
State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesi@aol.com

Sample Report Date issued: 8/2/2018
Email: FH@VBCASSDHD.ORG

Sample Report Remitted to: Van Buren Cass District Health Dept.
57418 CR-681 Hartford, MI 49057
Sample ID: Covert Twp Park -South
Collection Site Address: Covert Township Park Beach
Lab Sample Id: 18-213-1
Sample Relinquished By/time: Corrine Freehling @ 10:54 A.M.
Date Reported: 8/2/2018
Sample Collected By: Corrine Freehling
Received By: Sue Founesi
Sample Collection Time: 7:40 A.M.
Date Received: 8/1/2018
Sample Collection Date: 8/1/2018
Time Received: 10:54 A.M.
Sample Point: Surface Water
Sample Purpose: Beach Monitoring
Sample Source Point: Lake Michigan

Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyte</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>95.9</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 8/1/18 out 8/2/18</td>
<td>in 11:20 A.M. out 11:20 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments:

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Respectfully submitted,

Sue Founesi
FWD&E Vice President

Notification of Positive Total Coliform/E.coli results (where applicable)

Individual Notified George Friday
Notified By: S.F
Date/Time 8/2/18; 11:52 A.M.
Phone/Email

State Agency Notified
Date/Time
Phone/Email

form created 5/4/18 sf revised 5/10/18
Sample Report Date Issued: 8/2/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
57418 CR-681 Hartford, MI 49057
Collection Site Address: Covert Township Park Beach
Sample Relinquished By/time: Corrine Freehling @ 10:54 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 7:45 A.M.
Sample Collection Date: 8/1/2018
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>49.6</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 8/1/18 out 8/2/18</td>
<td>in 11:20 A.M. out 11:20 A.M.</td>
</tr>
</tbody>
</table>

Comments:

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Sue Founes
FWD\&E Vice President

Notification of Positive Total Coliform/E.coli results (where applicable)

Notified By: S.F
Individual Notified George Friday
Date/Time 8/2/18; 11:52 A.M.
Phone/Email

State Agency Notified
Date/Time
Phone/Email

Form created 5/4/18 of revised 5/10/18
# FOUNE WELL DRILLING & ENVIRONMENTAL
# LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesl@aol.com

Sample Report Date Issued: 8/2/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
57418 CR-681 Hartford, MI 49057
Collection Site Address: Covert Township Park Beach

Sample Relinquished By/time: Corrine Freehling @ 10:54 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 7:50 A.M.
Sample Collection Date: 8/1/2018
Chlorine Residual (as provided by the sampler): NA mg/l

## Test Results Summary

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>33.6</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 8/1/18 out 8/2/18</td>
<td>in 11:20 A.M. out 11:20 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

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Respectfully submitted,

[Signature]
FWD&E Vice President

---

**Notification of Positive Total Coliform/E.coli results (where applicable)**

- **Notified By**: S.F
- **Date/Time**: 8/2/18; 11:52 A.M.
- **Phone/Email**: 

**Individual Notified**: George Friday

**State Agency Notified**: 

Date/Time

Phone/Email

form created 5/4/18 sf revised 5/10/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founes1@aol.com

Sample Report Date issued: 8/31/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
57418 CR-681 Hartford, MI 49057
Collection Site Address: Covert Township Park Beach
Sample ID: Covert Twp Park -South
Lab Sample Id: 18-242-1
Date Reported: 8/31/2018
Received By: Sue Founes
Date Received: 8/30/2018
Time Received: 9:47 A.M.
Sample Point: Surface Water
Sample Purpose: Beach Monitoring
Sample Relinquished By/time: Corrine Freehling @ 9:47 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 7:05 A.M.
Sample Collection Date: 8/30/2018
Sample Source Point: Lake Michigan
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
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<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>44.8</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>In 8/30/18 out 8/31/18</td>
<td>In 10:12 A.M. out 10:12 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

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FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

Notified By: S.F
Individual Notified George Friday
Date/Time 8/31/18; 10:38 A.M.
Phone/Email

State Agency Notified VBCASSDHD
Date/Time
Phone/Email

form created 5/4/18 if revised 5/10/18
FOUNE WELL DRILLING & ENVIRONMENTAL LABORATORY ANALYTICAL REPORT

State Certification #: 9010
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Fax: 269-628-4849
Email: Founesl@aol.com

Sample Report Date Issued: 8/31/2018
Email: EH@VBCASSDHD.ORG

Sample Report Remitted to: Van Buren Cass District Health Dept.
57418 CR-681 Hartford, MI 49057

Collection Site Address: Covert Township Park Beach

Sample ID: Covert Twp Park - Middle
Lab Sample Id: 18-242-2
Date Reported: 8/31/2018
Received By: Sue Founes
Date Received: 8/30/2018

Sample Relinquished By/time: Corrine Freehling @ 9:47 A.M.
Sample Collected By: Corrine Freehling

Sample Collection Time: 7:10 A.M.
Sample Collection Date: 8/30/2018
Sample Point: Surface Water
Sample Purpose: Beach Monitoring
Sample Source Point: Lake Michigan

Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
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<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>88.4</td>
<td>MPN/100 ml</td>
<td>SM92238 Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 8/30/18</td>
<td>in 10:12 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
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Notified By: S.F
Individual Notified: George Friday
Date/Time: 8/31/18; 10:38 A.M.
State Agency Notified: VBCASSDHD
Date/Time: 
Phone/Email: 

form created 5/4/18 of revised 5/20/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesi@aol.com

Sample Report Date issued: 8/31/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
57418 CR-681 Hartford, MI 49057
Collection Site Address: Covert Township Park Beach
Sample ID: Covert Twp Park - North
Lab Sample Id: 18-242-3
Date Reported: 8/31/2018
Received By: Sue Founesi
Date Received: 8/30/2018
Time Received: 9:47 A.M.
Sample Point: Surface Water
Sample Purpose: Beach Monitoring
Sample Source Point: Lake Michigan

Chlorine Residual (as provided by the sampler): NA mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
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<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>58.1</td>
<td>MPN/100 ml</td>
<td>SM9223B Colliert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 8/30/18</td>
<td>out 8/31/18</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

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Sue Founesi
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

Individual Notified: George Friday
Date/Time: 8/31/18; 10:38 A.M.

State Agency Notified: VBCASSDHD

Form created 5/4/18 of revised 5/10/18
## Lake Michigan-Van Buren State Park
### Monitoring Points

<table>
<thead>
<tr>
<th>Point ID</th>
<th>Description</th>
<th>Status</th>
<th>Latitude</th>
<th>Longitude</th>
<th>Horizontal Datum</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>#4</td>
<td>InActive</td>
<td>42.333332</td>
<td>-86.31</td>
<td>Unknown</td>
</tr>
<tr>
<td>2</td>
<td>middle of beach</td>
<td>Active</td>
<td>42.333332</td>
<td>-86.31</td>
<td>Unknown</td>
</tr>
<tr>
<td>3</td>
<td>north end of beach</td>
<td>Active</td>
<td>42.333332</td>
<td>-86.31</td>
<td>Unknown</td>
</tr>
<tr>
<td>1</td>
<td>south end of beach</td>
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<tr>
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<td>Waterbody Type*</td>
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<td>Latitude (Endpoint 2)</td>
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<tr>
<td>Township</td>
<td>Covert</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Facilities (beaches only)</td>
<td>Handicap restrooms and changing rooms</td>
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<td></td>
</tr>
<tr>
<td>Other Comments</td>
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Lake Michigan-Van Buren State Park

Results

<table>
<thead>
<tr>
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<th>Monitoring Point</th>
<th>Sample Type</th>
<th>Result (cfu/100ml)</th>
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<td>08/30/2018 8:05 AM</td>
<td>middle of beach</td>
<td>Individual Sample</td>
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<td>08/30/2018 7:55 AM</td>
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<td>08/30/2018 7:50 AM</td>
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<td>08/01/2018 8:25 AM</td>
<td>north end of beach</td>
<td>Individual Sample</td>
<td>63.1</td>
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<td>08/01/2018 8:20 AM</td>
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<td>Individual Sample</td>
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<td>06/19/2018 9:15 AM</td>
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</tr>
<tr>
<td>05/22/2018 9:30 AM</td>
<td>north end of beach</td>
<td>Individual Sample</td>
<td>388</td>
</tr>
</tbody>
</table>
LABORATORY ANALYTICAL REPORT

Sample Submitted By: MICK MCGUIRE
VAN BUREN/CASS DHD
57418 C.R. 681
HARTFORD MI 49057

Data Reported For: VAN BUREN/CASS DHD
Sample Location: VAN BUREN STATE PARK

Sample Name: MIDDLE VB2-B
Date/Time Sampled: 5/22/2018 9:30

NAL Sample ID #: 0522181300FL-001
Date/Time Received: 5/22/2018 13:00

Matrix: BEACH WATER

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<th>RESULT</th>
<th>UNITS</th>
<th>LOQ</th>
<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli*</td>
<td>110</td>
<td>cfu/100ml</td>
<td>1</td>
<td>5/22/2018 16:29</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
<tr>
<td>Coliform*</td>
<td>1986</td>
<td>cfu/100ml</td>
<td>1</td>
<td>5/22/2018 16:29</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

The results reported apply solely to the sample analyzed.

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Comments:

The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:
- E. coli/Coliform: Absent or <1 cfu/100ml.

ND = Not Detected

- NAL holds certification under NELAC 2009, ISO 17025:2005, and meets the AOAC International Guidelines for Laboratories Performing Microbiological and Chemical Analyses of Food Standards.
- * NAL (Lab#9977) is certified by the MDEQ for this parameter.

Scott D. Wall
President/Technical Manager
# LABORATORY ANALYTICAL REPORT

Sample Submitted By:  
MICK MCGUIRE  
VAN BUREN/CASS DHD  
57418 C.R. 681  
HARTFORD  
MI 49057

Data Reported For:  
VAN BUREN/CASS DHD  
Sample Location:  
VAN BUREN STATE PARK

Sample Name:  
SOUTH VB2-A  
Date/Time Sampled:  
5/22/2018 9:35

NAL Sample ID #:  
0522181300FL-002  
Date/Time Received:  
5/22/2018 13:00

NAL ACCT ID:  
NAL17-087

Collected By:  
MICK MCGUIRE

NAL SDG ID:  
0522181300FL  
Matrix:  
BEACH WATER

## TEST PERFORMED  RESULT  UNITS  LOQ  DATE/TIME IN  ANALYST  METHOD

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</thead>
<tbody>
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<td>E. coli*</td>
<td>388</td>
<td>cfu/100mL</td>
<td>1</td>
<td>5/22/2018 16:29</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
<tr>
<td>Coliform*</td>
<td>2420</td>
<td>cfu/100mL</td>
<td>1</td>
<td>5/22/2018 16:29</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

The results reported apply solely to the sample analyzed.  
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Comments:  

The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:  

- E. coli/Coliform  
Absent or <1 cfu/100mL

ND - Not Detected

- NAL holds certification under NELAC 2009, ISO 17025:2005, and meets the AOAC International Guidelines for Laboratories Performing Microbiological and Chemical Analyses of Food Standards.  
- * NAL (Lab9977) is certified by the MDDEQ for this parameter.

Scott D. Wall  
President/Technical Manager

Confidential  
Page 3 of 5  
Page 2 of 3  
0522181300FL-002
## LABORATORY ANALYTICAL REPORT

**Sample Submitted By:**
MICK MCGUIRE  
VAN BUREN/CASS DHD  
57418 C.R. 681  
HARTFORD MI 49057

**Data Reported For:**
VAN BUREN/CASS DHD  
Sample Location:
VAN BUREN STATE PARK  

**Sample Name:**
NORTH VB2-C  
**Date/Time Sampled:**
5/22/2018 9:40

**NAL ACCT ID:**
NAL17-087

**Collected By:**
MICK MCGUIRE

**NAL SDG ID:**
0522181300FL

**Matrix:**
BEACH WATER

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<th>LOQ</th>
<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
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<td>cfu/100ml</td>
<td>1</td>
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</tr>
<tr>
<td>Coliform*</td>
<td>&gt;2420</td>
<td>cfu/100ml</td>
<td>1</td>
<td>5/22/2018 16:29</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

The results reported apply solely to the sample analyzed.  
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Comments:

The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:

- E. coli/Coliform: Absent or <1 cfu/100ml.

ND - Not Detected

- NAL holds certification under NELAC 2009, ISO 17025 2005, and meets the AOAC International Guidelines for Laboratories Performing Microbiological and Chemical Analyses of Food Standards.
- *NAL (Lab#9977) is certified by the MDFO for this parameter.

Scott D. Wall  
President/Technical Manager

Confidential  
Page 4 of 5
LABORATORY ANALYTICAL REPORT

Sample Submitted By:  MICK McGUIRE
VAN BUREN/CASS DHD
57418 C.R. 381
HARTFORD  MI  49057

Data Reported For:  VAN BUREN/CASS DHD
Sample Location:  VAN BUREN STATE PARK

Sample Name:  MIDDLE VB2-B
Date/Time Sampled:  6/19/2018 9:15

NAL Sample ID #:  0619181110FL-001
Date/Time Received:  6/19/2018 11:10

NAL ACCT ID:  NAL17-087
Collected By:  MICK McGUIRE
NAL SDG ID:  0619181110FL
Matrix:  BEACH WATER

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</thead>
<tbody>
<tr>
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<td>cfu/100mL</td>
<td>1</td>
<td>6/19/2018 16:10</td>
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<td>SM9223B</td>
</tr>
<tr>
<td>Coliform*</td>
<td>1986</td>
<td>cfu/100mL</td>
<td>1</td>
<td>6/19/2018 16:10</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

The results reported apply solely to the sample analyzed.
This report may not be reproduced except in full without written permission of NEW AGE Laboratories.

Comments:

The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:
E. coli/Coliform  Absent or <1 cfu/100mL

ND - Not Detected
- * NAL (Lab#9977) is certified by the MDEQ for this parameter.

Scott D. Wall
President/Technical Manager

Confidential
2 of 5
LABORATORY ANALYTICAL REPORT

Sample Submitted By: MICK MCGUIRE
VAN BUREN/CASS DHD
57418 C.R. 381
HARTFORD MI 49057

Data Reported For: VAN BUREN/CASS DHD
Sample Location: VAN BUREN STATE PARK

NAL Sample ID #: 0619181110FL-002
Date/Time Received: 6/19/2018 11:10

NAL ACCT ID: NAL17-087
Collected By: MICK MCGUIRE
NAL SDG ID: 0619181110FL
Matrix: BEACH WATER

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<th>RESULT</th>
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<th>METHOD</th>
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</thead>
<tbody>
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<td>1</td>
<td>6/19/2018 16:10</td>
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<tr>
<td>Coliform*</td>
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<td>MEL</td>
<td>SM9223B</td>
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</tbody>
</table>

The results reported apply solely to the sample analyzed.
This report may not be reproduced except in full without written permission of NEW AGE Laboratories.

Comments:
The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:
- E. coli/Coliform: Absent or <1 cfu/100mL

ND - Not Detected
- * NAL (Lab#9977) is certified by the MDEQ for this parameter.

Scott D. Wall
President/Technical Manager

Confidential
3 of 5
LABORATORY ANALYTICAL REPORT

Sample Submitted By: MICK MCGUIRE
VAN BUREN/CASS DHD
57418 C.R. 381
HARTFORD MI 49057

Data Reported For: VAN BUREN/CASS DHD
Sample Location: VAN BUREN STATE PARK

Sample Name: NORTH VB2-C
Date/Time Sampled: 6/19/2018 9:30

NAL ACCT ID: NAL17-087
Collected By: MICK MCGUIRE
NAL SDG ID: 0619181110FL-003
Matrix: BEACH WATER
Date/Time Received: 6/19/2018 11:10

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<th>LOQ</th>
<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
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</thead>
<tbody>
<tr>
<td>E. coli*</td>
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<td>1</td>
<td>6/19/2018 16:10</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

The results reported apply solely to the sample analyzed.
This report may not be reproduced except in full without written permission of NEW AGE Laboratories.

Comments:
The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:
E. coli/Coliform Absent or <1 cfu/100mL

ND - Not Detected

- * NAL (Lab#9977) is certified by the MDEQ for this parameter.

Scott D. Wall
President/Technical Manager

0619181110FL-003
**FOUNE WELL DRILLING & ENVIRONMENTAL**  
**LABORATORY ANALYTICAL REPORT**

State Certification #: 9010  
Phone: 269-870-0689  
Fax: 269-628-4849  
Email: Founesl@aol.com

Sample Report Date Issued: 6/27/2018  
Email: EH@VBCASSDHD.ORG

Sample Report Remitted to: Van Buren Cass District Health Dept.  
Lab Sample Id: Van Buren State Park #1

Collection Site Address: Van Buren State Park Beach  
Date Reported: 6/27/2018

Sample Relinquished By/time: Corrine Freehling @ 10:44 A.M.  
Received By: Sue Founes

Sample Collected By: Corrine Freehling  
Date Received: 6/26/2018

Sample Collection Time: 8:20 A.M.  
Time Received: 10:44 A.M.

Sample Collection Date: 6/26/2018  
Sample Point: Surface Water

Chlorine Residual (as provided by the sampler): N/A mg/l  
Sample Purpose: Beach Monitoring

Sample Source Point: Lake Michigan

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>14.4</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 6/26/18 out 6/27/18</td>
<td>out 12:00 P.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments:

Unless otherwise stated under the comments, all tests were performed within the maximum allowable holding times, have met or exceeded QC requirements and the result represents the sample as it was received. Please do not hesitate to call if you have any questions concerning the sample results listed above or if we can provide you with additional assistance. Thank you for allowing us the opportunity to assist you with your project.

Respectfully submitted,

Sue Founes  
FWD&E Vice-President

**Notification of Positive Total Coliform/E.coli results (where applicable)**

<table>
<thead>
<tr>
<th>Individual Notified</th>
<th>Date/Time</th>
<th>Phone/Email</th>
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</table>

<table>
<thead>
<tr>
<th>State Agency Notified</th>
<th>Date/Time</th>
<th>Phone/Email</th>
</tr>
</thead>
</table>

Form created 5/4/18 & revised 5/10/18
FOUNTE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

33215 M-43-P.O. Box 146 Paw Paw Mi. 49079

Sample Report Date Issued: 6/27/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
Collection Site Address: Van Buren State Park Beach
Sample Relinquished By/time: Corrine Freehling @ 10:44 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 8:25 A.M.
Sample Collection Date: 6/26/2018
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
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</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>5.2</td>
<td>MPN/100 ml</td>
<td>SM9223B Colliert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 6/26/18</td>
<td>in 12:00 P.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments:

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Respectfully submitted,

Sue Founet
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

<table>
<thead>
<tr>
<th>Individual Notified</th>
<th>Date/Time</th>
<th>Phone/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Agency Notified</td>
<td>Date/Time</td>
<td>Phone/Email</td>
</tr>
</tbody>
</table>

form created 5/4/18 if revised 3/10/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

33213 M-43-P.O. Box 146 Paw Paw MI. 49079

Sample Report Date Issued: 6/27/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
57418 CR-681 Hartford, MI 49057
Collection Site Address: Van Buren State Park Beach
Sample Relinquished By/time: Corrine Freehling @ 10:44 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 8:30 A.M.
Sample Collection Date: 6/26/2018
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
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<tbody>
<tr>
<td>E. coli</td>
<td>5.2</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 6/26/18</td>
<td>out 6/27/18</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

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Respectfully submitted,

Sue Founes
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

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<th>Date/Time</th>
<th>Phone/Email</th>
</tr>
</thead>
</table>
# FOUNE WELL DRILLING & ENVIRONMENTAL
# LABORATORY ANALYTICAL REPORT

State Certification #: 9010  
Phone: 269-870-0689  
Fax: 269-628-4849  
Email: Founesl@aol.com

33215 M-43-P.O. Box 146  Paw Paw MI. 49079

## Sample Report Date Issued: 7/19/2018

## Collection Site Address: Van Buren State Park Beach

## Sample ID: Van Buren State Park-South

## Van Buren Cass District Health Dept.  
57418 CR-681 Hartford, MI 49057

## Sample Relinquished By/time: Corrine Freehling @ 10:15 A.M.

## Sample Collected By: Corrine Freehling

## Sample Collection Time: 7:40 A.M.

## Sample Collection Date: 7/18/2018

## Chlorine Residual (as provided by the sampler): N/A mg/l

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<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>8.5</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 7/18/18</td>
<td>in 11:05 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments: 

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Sue Founesl
FWD&E Vice-President

---

Notification of Positive Total Coliform/E.coli results (where applicable)

<table>
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<tbody>
<tr>
<td>George Friday</td>
<td>7/19/18; 12:11 P.M.</td>
</tr>
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State Agency Notified

<table>
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<th>Phone/Email</th>
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</table>
FOUNA WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010 Phone: 269-870-0689
Fax: 269-628-4849 Email: Founesl@aol.com

Sample Report Date issued: 7/19/2018 Email: FH@VBCASSHD.ORG
Sample Report Remitted to: Van Buren Cass District Health Dept.
57418 CR-681 Hartford, MI 49057
Collection Site Address: Van Buren State Park Beach
Sample ID: Van Buren State Park - Middle
Lab Sample Id: 18-199-8
Date Reported: 7/19/2018
Received By: Sue Founes
Date Received: 7/18/2018
Time Received: 10:15 A.M.
Sample Point: Surface Water
Sample Purpose: Beach Monitoring
Sample Source Point: Lake Michigan

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>5.1 MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>In 7/18/18 out 7/19/18</td>
<td>In 11:05 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
<td></td>
</tr>
</tbody>
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Comments:

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FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

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</tbody>
</table>
## FOUEN WELL DRILLING & ENVIRONMENTAL
### LABORATORY ANALYTICAL REPORT

**State Certification #:** 9010  
**Phone:** 269-870-0689  
**Fax:** 269-628-4849  
**Email:** Founesi@aol.com

<table>
<thead>
<tr>
<th>Sample Report Date Issued:</th>
<th>7/19/2018</th>
<th>Email:</th>
<th><a href="mailto:Founesi@vbcasshd.org">Founesi@vbcasshd.org</a></th>
</tr>
</thead>
</table>
| Sample Report Remitted to: | Van Buren Cass District Health Dept.  
57418 CR-681 Hartfort, MI 49057 | Sample ID: | Van Buren State Park- North |
| Collection Site Address: | Van Buren State Park Beach | Lab Sample Id: | 18-199-9 |
| Sample Relinquished By/time: | Corrine Freehling @ 10:15 A.M. | Date Reported: | 7/19/2018 |
| Sample Collected By: | Corrine Freehling | Received By: | Sue Founesi |
| Sample Collection Time: | 7:50 A.M. | Date Received: | 7/18/2018 |
| Sample Collection Date: | 7/18/2018 | Time Received: | 10:15 A.M. |
| Chlorine Residual (as provided by the sampler): | N/A mg/l | Sample Point: | Surface Water |
| Sample Purpose: | Beach Monitoring | Sample Source Point: | Lake Michigan |

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
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</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>6.2</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 7/18/18 out 7/19/18</td>
<td>in 11:05 A.M. out 11:15 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

**Comments:**

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Respectfully submitted,

[Signature]

Sue Founesi  
FWD&E Vice-President

---

**Notification of Positive Total Coliform/E.coli results (where applicable)**

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<tr>
<th>Individual Notified</th>
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State Agency Notified

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*form created 5/4/18 if revised 5/10/18*
FOUNES WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesi@aol.com

Sample Report Date Issued: 8/2/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
Collection Site Address: Van Buren State Park Beach
Sample Relinquished By/time: Corrine Freehling @ 10:54 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 8:15 A.M.
Sample Collection Date: 8/1/2018
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>44.1</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 8/1/18 out 8/2/18</td>
<td>in 11:20 A.M. out 11:20 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
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Respectfully submitted,

Sue Founesi
FWD&E Vice-President

Notified of Positive Total Coliform/E.coli results (where applicable)

Notified By: S.F
Individual Notified George Friday Date/Time 8/2/18; 11:52 A.M. Phone/Email

State Agency Notified Date/Time Phone/Email

form created 5/4/18 of revised 5/10/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesi@aol.com
33215 M-43-P.O. Box 146 Paw Paw MI. 49079

Sample Report Date Issued: 8/2/2018
Email: EH@VBCASSDHD.ORG
Sample Report Remitted to: Van Buren Cass District Health Dept.
57418 CR-681 Hartford, MI 49057
Collection Site Address: Van Buren State Park Beach
Sample ID: Van Buren State Park - Middle
Lab Sample Id: 18-213-5
Date Reported: 8/2/2018
Received By: Sue Founesi
Date Received: 8/1/2018
Time Received: 10:54 A.M.
Sample Point: Surface Water
Sample Collection Date: 8/1/2018
Sample Purpose: Beach Monitoring
Sample Relinquished By/time: Corrine Freehling @ 10:54 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 8:20 A.M.
Sample Source Point: Lake Michigan
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
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</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>66.3</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 8/1/18 out 8/2/18</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
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FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

Notified By: S.F
Individual Notified George Friday
Date/Time 8/2/18; 11:52 A.M.
Phone/Email

State Agency Notified
Date/Time
Phone/Email

Form created 5/4/18 of revised 5/10/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesl@aol.com

33215 M-43-P.O. Box 146 Paw Paw Mi. 49079

Sample Report Date issued: 8/2/2018
Email: EH@VBCASSDH.ORG

Sample Report Remitted to: Van Buren Cass District Health Dept.
Lab Sample Id: Van Buren State Park- North
57418 CR-681 Hartford, MI 49057
Date Reported: 8/2/2018
Received By: Sue Founes

Collection Site Address: Van Buren State Park Beach
Date Received: 8/1/2018

Sample Relinquished By/time: Corrine Freehling @ 10:54 A.M.
Time Received: 10:54 A.M.

Sample Collected By: Corrine Freehling
Sample Point: Surface Water

Sample Collection Time: 8:25 A.M.
Sample Purpose: Beach Monitoring

Sample Collection Date: 8/1/2018
Sample Source Point: Lake Michigan

Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
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<tr>
<th>Test</th>
<th>Sample Result</th>
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<th>Method Reporting Limit</th>
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<th>Time Analyzed</th>
<th>Analyst</th>
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<tr>
<td>E. coli</td>
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<td>MPN/100 ml</td>
<td>SM9223B Colliert 24</td>
<td>&lt;1 to &gt;2420</td>
<td>in 8/1/18 out 8/2/18</td>
<td>S.F.</td>
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State Agency Notified

Date/Time
Phone/Email
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesi@aol.com

33215 M-43-P.O. Box 146 Paw Paw MI. 49079

<table>
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<tr>
<th>Sample Report Date Issued:</th>
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<tr>
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<td>57418 CR-681 Hartford, MI 49057</td>
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<tr>
<td>Collection Site Address:</td>
<td>Van Buren State Park Beach</td>
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<tr>
<td>Sample Relinquished By/time:</td>
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<td>Sample Collected By:</td>
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<td>Sample Collection Time:</td>
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<td>Sample Collection Date:</td>
<td>8/30/2018</td>
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<td>Chlorine Residual (as provided by the sampler):</td>
<td>N/A mg/l</td>
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<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
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<th>Method Reporting Limit</th>
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<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
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<tbody>
<tr>
<td>E. coli</td>
<td>53.7</td>
<td>MPN/100 ml</td>
<td>SM9223B Colliert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 8/30/18 out 8/31/18 in 10:12 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
<td></td>
</tr>
</tbody>
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Notification of Positive Total Coliform/E.coli results (where applicable)

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<td>VBCASSDHD</td>
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Form created 5/4/18 of revised 5/10/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
33215 M-43 P.O. Box 146 Paw Paw MI 49079
Fax: 269-628-4849
Email: Founesl@aol.com

Sample Report Date Issued: 8/31/2018
Email: EH@VBCASSDHD.ORG
Sample ID: Van Buren State Park - Middle
Lab Sample Id: 18-242-5
Date Reported: 8/31/2018
Received By: Sue Founes
Date Received: 8/30/2018

Collection Site Address: Van Buren State Park Beach
Sample Collection By: Corrine Freehling
Date: 8/30/2018
Sample Purpose: Beach Monitoring
Sample Source Point: Lake Michigan
Time Received: 9:47 A.M.
Sample Point: Surface Water

Sample Relinquished By/time: Corrine Freehling @ 9:47 A.M.
Sample Collection Time: 8:05 A.M.

Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>EPA Maximum Contaminant Level</th>
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<tbody>
<tr>
<td>E. coli</td>
<td>90.8</td>
<td>MPN/100 ml</td>
<td>SM9223B Colillert 24, Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>In 8/30/18; out 8/31/18;</td>
<td>S.F. &lt;300 colony forming unit/MPN per 100ml</td>
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Respectfully submitted,

Sue Founes
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

Notified By: S.F
Individual Notified George Friday
Date/Time 8/31/18; 10:38 A.M.
Phone/Email

State Agency Notified VBCASSDHD
Date/Time
Phone/Email

form created 5/4/18 if revised 5/10/18
FOUNIE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesi@aol.com

Sample Report Date Issued: 8/31/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
Sample ID: Van Buren State Park- North
Collection Site Address: Van Buren State Park Beach
Lab Sample Id: 18-242-6
Date Reported: 8/31/2018
Received By: Sue Founie
Date Received: 8/30/2018
Sample Relinquished By/time: Corrine Freehling @ 9:47 A.M.
Time Received: 9:47 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 7:55 A.M.
Sample Point: Surface Water
Sample Collection Date: 8/30/2018
Sample Purpose: Beach Monitoring
Sample Source Point: Lake Michigan
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>113</td>
<td>MPN/100 ml</td>
<td>SM92238 Colilert 24 Hr/Quantit-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 8/30/18; out 8/31/18</td>
<td>in 10:12 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments:

Unless otherwise stated under the comments, all tests were performed within the maximum allowable holding times, have met or exceeded QC requirements and the result represents the sample as it was received. Please do not hesitate to call if you have any questions concerning the sample results listed above or if we can provide you with additional assistance. Thank you for allowing us the opportunity to assist you with your project.

Respectfully submitted,

Sue Founie
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

<table>
<thead>
<tr>
<th>Individual Notified</th>
<th>Date/Time</th>
<th>Phone/Email</th>
</tr>
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<tbody>
<tr>
<td>George Friday</td>
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State Agency Notified: VBCASSDHD

Form created 5/4/18 of revised 5/10/18
Lake Michigan-South Haven South Beach

Beach Details

<table>
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<tr>
<th>Attribute</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Beach ID</td>
<td>1145</td>
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<tr>
<td>EPA STORET Number</td>
<td>800516</td>
</tr>
<tr>
<td>Beach Name*</td>
<td>South Haven South Beach</td>
</tr>
<tr>
<td>Beach Description</td>
<td>City of South Haven</td>
</tr>
<tr>
<td>Waterbody Name*</td>
<td>Lake Michigan</td>
</tr>
<tr>
<td>Waterbody Type*</td>
<td>Great Lake</td>
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<tr>
<td>Zip Code</td>
<td>49090</td>
</tr>
<tr>
<td>Accessibility*</td>
<td>Public Owned, Public Access</td>
</tr>
<tr>
<td>Ownership Type*</td>
<td>Local</td>
</tr>
<tr>
<td>Great Lake</td>
<td>Michigan</td>
</tr>
<tr>
<td>Is Great Lake Connected?</td>
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</tr>
<tr>
<td>Park Name</td>
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</tr>
<tr>
<td>Park URL</td>
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<td>Tier Rank</td>
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<tr>
<td>Latitude (Endpoint 1)</td>
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</tr>
<tr>
<td>Longitude (Endpoint 1)</td>
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</tr>
<tr>
<td>Central Latitude</td>
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</tr>
<tr>
<td>Central Longitude</td>
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</tr>
<tr>
<td>Latitude (Endpoint 2)</td>
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<td>Longitude (Endpoint 2)</td>
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<td>Hydrological Unit Code (HUC)</td>
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<tr>
<td>Reach Length (meters)</td>
<td>200</td>
</tr>
<tr>
<td>County*</td>
<td>Van Buren</td>
</tr>
<tr>
<td>Township</td>
<td>South Haven</td>
</tr>
<tr>
<td>Facilities (beaches only)</td>
<td>Rest rooms</td>
</tr>
<tr>
<td>Other Comments</td>
<td>&lt;no data&gt;</td>
</tr>
<tr>
<td>Private Comments</td>
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## Lake Michigan-South Haven South Beach

### Monitoring Points

<table>
<thead>
<tr>
<th>Point ID:</th>
<th>2</th>
<th>Status:</th>
<th>Active</th>
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<tbody>
<tr>
<td>Description:</td>
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<td>Longitude:</td>
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</tr>
<tr>
<td>Latitude:</td>
<td>42.39696</td>
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<td>Unknown</td>
</tr>
<tr>
<td>Horizontal Coll Method:</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Point ID:</th>
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<th>Status:</th>
<th>Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description:</td>
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<td>Longitude:</td>
<td>-86.28387</td>
</tr>
<tr>
<td>Latitude:</td>
<td>42.39696</td>
<td>Horizontal Datum:</td>
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</tr>
<tr>
<td>Horizontal Coll Method:</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Point ID:</th>
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<th>Status:</th>
<th>Active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description:</td>
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<td>Longitude:</td>
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</tr>
<tr>
<td>Latitude:</td>
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</tr>
<tr>
<td>Horizontal Coll Method:</td>
<td>Unknown</td>
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</table>
## Lake Michigan-South Haven South Beach

### Results

<table>
<thead>
<tr>
<th>Sampling Date</th>
<th>Monitoring Point</th>
<th>Sample Type</th>
<th>Result (cfu/100ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/30/2018 8:25 AM</td>
<td>north end of beach</td>
<td>Individual Sample</td>
<td>68.3</td>
</tr>
<tr>
<td>08/30/2018 8:20 AM</td>
<td>middle of beach</td>
<td>Individual Sample</td>
<td>53.8</td>
</tr>
<tr>
<td>08/30/2018 8:15 AM</td>
<td>south end of beach</td>
<td>Individual Sample</td>
<td>44.3</td>
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<tr>
<td>08/01/2018 9:25 AM</td>
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<td>Individual Sample</td>
<td>31.5</td>
</tr>
<tr>
<td>08/01/2018 9:20 AM</td>
<td>middle of beach</td>
<td>Individual Sample</td>
<td>18.7</td>
</tr>
<tr>
<td>08/01/2018 9:15 AM</td>
<td>south end of beach</td>
<td>Individual Sample</td>
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<tr>
<td>07/18/2018 8:45 AM</td>
<td>north end of beach</td>
<td>Individual Sample</td>
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<td>07/18/2018 8:40 AM</td>
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<td>07/18/2018 8:35 AM</td>
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<td>Individual Sample</td>
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<tr>
<td>06/26/2018 9:10 AM</td>
<td>north end of beach</td>
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<td>06/19/2018 9:45 AM</td>
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</tr>
<tr>
<td>06/19/2018 9:45 AM</td>
<td>middle of beach</td>
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<tr>
<td>06/19/2018 9:45 AM</td>
<td>north end of beach</td>
<td>Individual Sample</td>
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<tr>
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<tr>
<td>05/22/2018 10:00 AM</td>
<td>south end of beach</td>
<td>Individual Sample</td>
<td>8</td>
</tr>
</tbody>
</table>
LABORATORY ANALYTICAL REPORT

Sample Submitted By: MICK MCGUIRE
VAN BUREN/CASS DHD
57418 C.R. 681
HARTFORD MI 49057

Data Reported For: VAN BUREN/CASS DHD
Sample Location: SOUTH HAVEN SOUTH BEACH

NAL ACCT ID: NAL17-087

Collected By: MICK MCGUIRE

NAL SDG ID: 0522181305FL
Matrix: BEACH WATER

Date/Time Sampled: 5/22/2018 10:00
Date/Time Received: 5/22/2018 13:05

<table>
<thead>
<tr>
<th>TEST PERFORMED</th>
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<th>LOQ</th>
<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli*</td>
<td>548</td>
<td>cfu/100mL</td>
<td>1</td>
<td>5/22/2018 10:29</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
<tr>
<td>Coliform*</td>
<td>649</td>
<td>cfu/100mL</td>
<td>1</td>
<td>5/22/2018 10:29</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

The results reported apply solely to the sample analyzed.
This report may not be reproduced except in full without written permission of NEW AGE Laboratories.

Comments:
The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:
- E. coli/Coliform: Absent or <1 cfu/100mL

ND - Not Detected
- *NAL (Lab#9977) is certified by the MDEQ for this parameter.

Scott D. Wall
President/Technical Manager

Confidential
Page 2 of 5
LABORATORY ANALYTICAL REPORT

Sample Submitted By: MICK MCGUIRE
VAN BUREN/CASS DHD
57418 C.R. 681
HARTFORD MI 49057

Data Reported For:
VAN BUREN/CASS DHD
Sample Location:
SOUTH HAVEN SOUTH BEACH

Sample Name:
MIDDLE VB3-B
Date/Time Sampled:
5/22/2018 10:10

NAL Sample ID #:
0522181305FL-002
Date/Time Received:
5/22/2018 13:05

NAL ACCT ID:
NAL17-087

Collected By:
MICK MCGUIRE

NAL SDG ID:
0522181305FL

Matrix:
BEACH WATER

<table>
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<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli*</td>
<td>517</td>
<td>cfu/100mL</td>
<td>1</td>
<td>5/22/2018 16:29</td>
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<td>SM9223B</td>
</tr>
<tr>
<td>Coliform*</td>
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<td>cfu/100mL</td>
<td>1</td>
<td>5/22/2018 16:29</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

The results reported apply solely to the sample analyzed.
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Comments:
The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:
E. coli/Coliform Absent or <1 cfu/100mL.

ND - Not Detected
- NAL holds certification under NELAC 2009, ISO 17025-2005, and meets the AOAC International Guidelines for Laboratories Performing Microbiological and Chemical Analyses of Food Standards.
- * NAL (Lab#99977) is certified by the MDEQ for this parameter.

Scott D. Wall
President/Technical Manager
# LABORATORY ANALYTICAL REPORT

**Sample Submitted By:**
MICK MCGUIRE
VAN BUREN/CASS DHD
57418 C.R. 681
HARTFORD  MI  49057

**Data Reported For:**
VAN BUREN/CASS DHD
Sample Location:
SOUTH HAVEN SOUTH BEACH

**Sample Name:**
SOUTH VB3-A

**Date/Time Sampled:**
5/22/2018 10:15

**NAL Sample ID #:**
0522181305FL-003

**Date/Time Received:**
5/22/2018 13:05

**Method:**
SM9223B

## TEST PERFORMED

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<th>LOQ</th>
<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
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<tbody>
<tr>
<td>E. coli*</td>
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<td>1</td>
<td>5/22/2018 16:29</td>
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<td>SM9223B</td>
</tr>
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<td>Coliform*</td>
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<td>cfu/100ml</td>
<td>1</td>
<td>5/22/2018 16:29</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

The results reported apply solely to the sample analyzed.
This report may not be reproduced except in full without written permission of NEW AGE Laboratories.

**Comments:**

The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:

- E. coli/Coliform: Absent or <1 cfu/100ml

**ND - Not Detected**

- NAL holds certification under NELAC 2009, ISO 17025:2005, and meets the AOAC International Guidelines for Laboratories Performing Microbiological and Chemical Analyses of Food Standards.
- * NAL (Lab#9977) is certified by the MDQF for this parameter.

Scott D Wall
President/Technical Manager
LABORATORY ANALYTICAL REPORT

Sample Submitted By:  
MICK MCGUIRE  
VAN BUREN/CASS DHD  
57418 C.R. 381  
HARTFORD  
MI  49057  

Data Reported For:  
VAN BUREN/CASS DHD  
Sample Location:  
SOUTH HAVEN SOUTH BEACH  

NAL ACCT ID:  
NAL17-087  

Collected By:  
MICK MCGUIRE  

NAL Sample ID #:  
0619181108FL-003  
Date/Time Received:  
6/19/2018 11:08  

NAL SDG ID:  
0619181108FL  
Matrix:  
BEACH WATER  

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<th>LOQ</th>
<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
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<td>cfu/100mL</td>
<td>1</td>
<td>6/19/2018 16:10</td>
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<td>SM9223B</td>
</tr>
<tr>
<td>Coliform*</td>
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<td>cfu/100mL</td>
<td>1</td>
<td>6/19/2018 16:10</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

The results reported apply solely to the sample analyzed.  
This report may not be reproduced except in full without written permission of NEW AGE Laboratories.

Comments:

The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:

E. coli/Coliform  
Absent or <1 cfu/100mL

ND - Not Detected


- NAL (Lab#9977) is certified by the MDEQ for this parameter.

Scott D. Wall  
President/Technical Manager

Confidential
4 of 5
Page 3 of 3

0619181108FL-003
LABORATORY ANALYTICAL REPORT

Sample Submitted By: MICK MCGUIRE
VAN BUREN/CASS DHD
57418 C.R. 381
HARTFORD MI 49057

Sample Name: MIDDLE VB3-B
Date/Time Sampled: 6/19/2018 9:50

Data Reported For: VAN BUREN/CASS DHD
Sample Location: SOUTH HAVEN SOUTH BEACH

NAL Sample ID #: 0619181108FL-002
Date/Time Received: 6/19/2018 11:08

NAL ACCT ID: NAL17-087
Collected By: MICK MCGUIRE
NAL SDG ID: 0619181108FL
Matrix: BEACH WATER

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<th>LOQ</th>
<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
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<td>SM9223B</td>
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<tr>
<td>Coliform*</td>
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<td>CFU/100mL</td>
<td>1</td>
<td>6/19/2018 16:10</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

The results reported apply solely to the sample analyzed.
This report may not be reproduced except in full without written permission of NEW AGE Laboratories.

Comments:
The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:
E. coli/Coliform Absent or <1 CFU/100mL

ND - Not Detected
* NAL (Lab#9977) is certified by the MDEQ for this parameter.

Scott D. Wall
President/Technical Manager
0619181108FL-002
# LABORATORY ANALYTICAL REPORT

**Sample Submitted By:**
MICK MCGUIRE  
VAN BUREN/CASS DHD  
57418 C.R. 381  
HARTFORD  
MI  
49057  

**Data Reported For:**
VAN BUREN/CASS DHD  
**Sample Location:**  
SOUTH HAVEN SOUTH BEACH  

**Sample Name:**  
NORTH VB3-C  
**Date/Time Sampled:**  
6/19/2018 9:45

**NAL ACCT ID:**  
NAL17-087  
**Collected By:**  
MICK MCGUIRE  

**NAL Sample ID #:**  
0619181108FL-001  
**Date/Time Received:**  
6/19/2018 11:08  
**Matrix:**  
BEACH WATER

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<th>LOQ</th>
<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
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</thead>
<tbody>
<tr>
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<td>MEL</td>
<td>SM9223B</td>
</tr>
<tr>
<td>Coliform*</td>
<td>649</td>
<td>cfu/100mL</td>
<td>1</td>
<td>6/19/2018 16:10</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

The results reported apply solely to the sample analyzed.  
This report may not be reproduced except in full without written permission of NEW AGE Laboratories.

**Comments:**  
The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:  
E. coli/Coliform  
Absent or <1 cfu/100mL

ND - Not Detected

- * NAL (Lab9977) is certified by the MDLQ for this parameter.

Scott D. Wall  
President/Technical Manager

0619181108FL-001
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: FounesI@aol.com

33215 M-43-P.O. Box 146  Paw Paw Mi. 49079

Sample Report Date issued: 6/27/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
Collection Site Address: South Haven-South Beach
Sample Relinquished By/time: Corrine Freehling @ 10:44 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 9:00 A.M.
Sample Collection Date: 6/26/2018
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>&lt;1</td>
<td>MPN/100 ml</td>
<td>SM9223B Colillert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 6/26/18 out 6/27/18</td>
<td>out 12:00 P.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments:

Unless otherwise stated under the comments, all tests were performed within the maximum allowable holding times, have met or exceeded QC requirements and the result represents the sample as it was received. Please do not hesitate to call if you have any questions concerning the sample results listed above or if we can provide you with additional assistance. Thank you for allowing us the opportunity to assist you with your project.

Respectfully submitted,

Sue Founes
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

Notified By:

<table>
<thead>
<tr>
<th>Individual Notified</th>
<th>Date/Time</th>
<th>Phone/Email</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State Agency Notified</th>
<th>Date/Time</th>
<th>Phone/Email</th>
</tr>
</thead>
</table>

Form created 5/4/18 of revised 5/10/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesl@aol.com
33215 M-43-P.O. Box 146 Paw Paw Mi. 49079

Sample Report Date Issued: 6/27/2018
Email: FH@VBCCASSDHD.ORG

Sample Report Remitted to: Van Buren Cass District Health Dept.
Sample ID: South Haven-South Beach #2
57418 CR-681 Hartford, MI 49057
Lab Sample Id: 18-177-9
Date Reported: 6/27/2018
Received By: Sue Foune
Date Received: 6/26/2018
Time Received: 10:44 A.M.

Collection Site Address: South Haven-South Beach
Sample Point: Surface Water

Sample Relinquished By/time: Corrine Freehling @ 10:44 A.M.
Sample Purpose: Beach Monitoring
Sample Collected By: Corrine Freehling
Sample Source Point: Lake Michigan
Sample Collection Date: 6/26/2018

Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>8.5</td>
<td>MPN/100 ml</td>
<td>SM9223B Colliert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 6/26/18</td>
<td>out 6/27/18</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments:

Unless otherwise stated under the comments, all tests were performed within the maximum allowable holding times, have met or exceeded QC requirements and the result represents the sample as it was received. Please do not hesitate to call if you have any questions concerning the sample results listed above or if we can provide you with additional assistance. Thank you for allowing us the opportunity to assist you with your project.

Respectfully submitted,

Sue Foune
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable) Notified By:
Individual Notified: Date/Time Phone/Email
State Agency Notified: Date/Time Phone/Email

Form created 5/4/18, revised 5/10/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesi@aol.com

Sample Report Date issued: 6/27/2018
Email: EH@VBCASSDHD.ORG
Sample Report Remitted to: Van Buren Cass District Health Dept.
57418 CR-681 Hartford, MI 49057
Sample ID: South Haven-South Beach #3
Collection Site Address: South Haven-South Beach
Date Reported: 6/27/2018
Received By: Sue Founesi
Date Received: 6/26/2018
Time Received: 10:44 A.M.
Sample Relinquished By/time: Corrine Freehling @ 10:44 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 9:10 A.M.
Sample Collection Date: 6/26/2018
Sample Point: Surface Water
Sample Purpose: Beach Monitoring
Sample Source Point: Lake Michigan
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>7.4 MPN/100 ml</td>
<td>SM9223B ColiNet 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 6/26/18 out 6/27/18</td>
<td>in 12:00 P.M. out 12:00 P.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

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Respectfully submitted,

Sue Founesi
FWD&G. Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

Individual Notified
Date/Time
Phone/Email

State Agency Notified
Date/Time
Phone/Email
# FOUne Well Drilling & Environmental Laboratory Analytical Report

**State Certification #:** 9010  
**Phone:** 269-870-0689  
**Fax:** 269-628-4849  
**Email:** Founesi@aol.com

**Sample Report Date Issued:** 7/19/2018  
**Sample Report Remitted to:** Van Buren Cass District Health Dept.  
57418 CR-681 Hartfort, MI 49057  
**Collection Site Address:** South Haven-South Beach  
**Sample ID:** South Haven-South Beach-North  
**Lab Sample Id:** 18-199-12  
**Date Reported:** 7/19/2018  
**Received By:** Sue Founesi  
**Date Received:** 7/18/2018  
**Sample Collected By:** Corrine Freehling  
**Time Received:** 10:15 A.M.  
**Sample Collection Time:** 8:45 A.M.  
**Sample Purpose:** Beach Monitoring  
**Sample Source Point:** Lake Michigan  
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coll</td>
<td>4.1</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>In 7/18/18 out 7/19/18</td>
<td>In 11:05 A.M. out 11:15 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming units/MPN per 100ml</td>
</tr>
</tbody>
</table>

## Comments:

Unless otherwise stated under the comments, all tests were performed within the maximum allowable holding times, have met or exceeded QC requirements and the result represents the sample as it was received. Please do not hesitate to call if you have any questions concerning the sample results listed above or if we can provide you with additional assistance. Thank you for allowing us the opportunity to assist you with your project.

Respectfully submitted,

Sue Founesi  
FWD&E Vice-President

---

**Notification of Positive Total Coliform/E.coli results (where applicable)**

- **Individual Notified:** George Friday  
- **Date/Time:** 7/19/18; 12:11 P.M.  
- **Phone/Email:**

**State Agency Notified**

- **Date/Time:**
- **Phone/Email:**

*Form created 5/4/18, revised 5/10/18*
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesi@aol.com

Sample Report Date Issued: 7/19/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
Collection Site Address: South Haven-South Beach
Sample Relinquished By/time: Corrine Freehling @ 10:15 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 8:40 A.M.
Sample Collection Date: 7/18/2018
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>2</td>
<td>MPN/100 ml</td>
<td>SM92238 ColiArt 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to 2420</td>
<td>7/18/18 out 7/19/18</td>
<td>11:05 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments:

Unless otherwise stated under the comments, all tests were performed within the maximum allowable holding times, have met or exceeded QC requirements and the result represents the sample as it was received. Please do not hesitate to call if you have any questions concerning the sample results listed above or if we can provide you with additional assistance. Thank you for allowing us the opportunity to assist you with your project.

Respectfully submitted,

Sue Foune
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

Notified By: S.F
Individual Notified George Friday
Date/Time 7/19/18; 12:11 P.M.
Phone/Email

State Agency Notified
Date/Time
Phone/Email

form created 5/4/18 of revised 5/19/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Fu@VBCASSDHD.ORG

33215 M-43-P.O. Box 146 Paw Paw MI. 49079

Sample Report Date Issued: 7/19/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
Collection Site Address: South Haven-South Beach

Sample ID: South Haven-South Beach-South
Lab Sample Id: 18-199-10
Date Reported: 7/19/2018
Received By: Sue Fuone
Date Received: 7/18/2018
Time Received: 10:15 A.M.
Sample Point: Surface Water
Sample Purpose: Beach Monitoring
Sample Source Point: Lake Michigan

Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
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<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>EPA Maximum Contaminant Level</th>
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</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>3.1</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 7/18/18</td>
<td>out 7/19/18</td>
<td>S.F. &lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments:

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Respectfully submitted,

Sue Founes
FWD&E Vice-President

Notification of Positive Total Coliform / E. coli results (where applicable)
Notified By: S.F
Individual Notified: George Friday
Date/Time: 7/19/18; 12:11 P.M.
Phone/Email

State Agency Notified
Date/Time
Phone/Email

Form created 5/4/18 of revised 5/10/18
FOUNES WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

Sample Report Date Issued: 8/2/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
Collection Site Address: South Haven-South Beach
Sample Relinquished By/time: Corrine Freehling @ 10:54 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 9:25 A.M.
Sample Collection Date: 8/1/2018
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
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<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
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</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>31.5</td>
<td>MPN/100 mi</td>
<td>SM9223B Colliert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 8/1/18 out 8/2/18</td>
<td>in 11:20 A.M. out 11:20 A.M.</td>
<td>S.F. &lt;300 colony forming unit/MPN per 100ml</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Unless otherwise stated under the comments, all tests were performed within the maximum allowable holding times, have met or exceeded QC requirements and the result represents the sample as it was received. Please do not hesitate to call if you have any questions concerning the sample results listed above or if we can provide you with additional assistance. Thank you for allowing us the opportunity to assist you with your project.

Respectfully submitted,

Sue Foune
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

<table>
<thead>
<tr>
<th>Individual Notified</th>
<th>George Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date/Time</td>
<td>8/2/18; 11:52 A.M.</td>
</tr>
<tr>
<td>Phone/Email</td>
<td>S.F</td>
</tr>
</tbody>
</table>

State Agency Notified

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Phone/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FOUNDE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesi@aol.com

Sample Report Date Issued: 8/2/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
Collection Site Address: South Haven-South Beach
Sample Relinquished By/time: Corrine Freehling @ 10:54 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 9:20 A.M.
Sample Collection Date: 8/1/2018
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>18.7</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 8/1/18 out 8/2/18</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100 ml</td>
</tr>
</tbody>
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Respectfully submitted,

Sue Fouene
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)
Individual Notified: George Friday
Notified By: S.F
Date/Time: 8/2/18; 11:52 A.M.
Phone/Email

State Agency Notified
Date/Time
Phone/Email

Form created 5/4/18, revised 5/10/18
# FOUNCE WELL DRILLING & ENVIRONMENTAL
## LABORATORY ANALYTICAL REPORT

State Certification #: 9010  
Phone: 269-870-0689  
Fax: 269-628-4849  
Email: Founesl@aol.com

**Sample Report Date Issued:** 8/2/2018  
**Sample ID:** South Haven - South Beach - South  
**Lab Sample Id:** 18-213-7  
**Date Reported:** 8/2/2018  
**Received By:** Sue Founes  
**Date Received:** 8/1/2018  
**Time Received:** 10:54 A.M.  
**Sample Point:** Surface Water  
**Sample Purpose:** Beach Monitoring  
**Sample Source Point:** Lake Michigan

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>288</td>
<td>MPN/100 ml</td>
<td>SM92238 Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 8/1/18 out 8/2/18</td>
<td>in 11:20 A.M. out 11:20 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

**Comments:**

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Respectfully submitted,

Sue Founes  
FWD&E Vice-President

---

**Notification of Positive Total Coliform/E.coli results (where applicable)**  
**Notified By:** S.F  
**Individual Notified:** George Friday  
**Date/Time:** 8/2/18; 11:52 A.M.  
**State Agency Notified**  
**Date/Time**  
**Phone/Email**

*form created 5/4/18 of revised 5/10/18*
# FOUNE WELL DRILLING & ENVIRONMENTAL
## LABORATORY ANALYTICAL REPORT

**State Certification #:** 9010
**Phone:** 269-870-0689
**Fax:** 269-638-4849
**Email:** Founesl@aol.com

| Sample Report Date issued: | 8/31/2018 | Email: FH@VBCASSDHD.ORG |
| Sample Report Remitted to: | Van Buren Cass District Health Dept. 57418 CR-681 Hartfort, MI 49057 |
| Collection Site Address: | South Haven-South Beach |
| Sample ID: | South Haven-South Beach- North |
| Lab Sample Id: | 18-242-9 |
| Date Reported: | 8/31/2018 |
| Received By: | Sue Founes |
| Date Received: | 8/30/2018 |
| Time Received: | 9:47 A.M. |
| Sample Point: | Surface Water |
| Sample Purpose: | Beach Monitoring |
| Sample Source Point: | Lake Michigan |
| Sample Relinquished By/time: | Corrine Freehling @ 9:47 A.M. |
| Sample Collected By: | Corrine Freehling |
| Sample Collection Time: | 8:25 A.M. |
| Sample Collection Date: | 8/30/2018 |
| Chlorine Residual (as provided by the sampler): | N/A mg/l |

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>68.3</td>
<td>MPN/100 ml</td>
<td>SM92238 Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 8/30/18 out 8/31/18</td>
<td>in 10:12 A.M. out 10:12 A.M.</td>
<td>S.F.</td>
</tr>
</tbody>
</table>

**Comments:**

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Respectfully submitted,

Sue Founes
FWD&E Vice-President

---

**Notification of Positive Total Coliform/E.coli results (where applicable)**

- **Individual Notified:** George Friday
- **Date/Time:** 8/31/18; 10:38 A.M.

- **State Agency Notified:** VBCASSDHD
- **Date/Time:**

*Form created 5/4/18 if revised 5/10/18*
# FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

<table>
<thead>
<tr>
<th>State Certification #:</th>
<th>9010</th>
<th>Phone: 269-870-0689</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax: 269-628-4849</td>
<td>Email:</td>
<td><a href="mailto:EH@VBCASSDHD.ORG">EH@VBCASSDHD.ORG</a></td>
</tr>
<tr>
<td>33215 M-43-P.O. Box 146 Paw Paw MI. 49079</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sample Report Date issued:</th>
<th>8/31/2018</th>
<th>Email:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample ID:</td>
<td>South Haven-South Beach- Middle</td>
<td></td>
</tr>
<tr>
<td>Lab Sample Id:</td>
<td>18-242-8</td>
<td></td>
</tr>
<tr>
<td>Collection Site Address:</td>
<td>South Haven-South Beach</td>
<td></td>
</tr>
<tr>
<td>Sample Relinquished By/time:</td>
<td>Corrine Freehling @ 9:47 A.M.</td>
<td></td>
</tr>
<tr>
<td>Sample Collect:</td>
<td>Corrine Freehling</td>
<td></td>
</tr>
<tr>
<td>Sample Collection Date:</td>
<td>8/30/2018</td>
<td></td>
</tr>
<tr>
<td>Chlorine Residual (as provided by the sampler):</td>
<td>N/A</td>
<td>mg/l</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>53.8</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 8/30/18 out 8/31/18</td>
<td>in 10:12 A.M. out 10:12 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments:

Unless otherwise stated under the comments, all tests were performed within the maximum allowable holding times, have met or exceeded QC requirements and the result represents the sample as it was received. Please do not hesitate to call if you have any questions concerning the sample results listed above or if we can provide you with additional assistance. Thank you for allowing us the opportunity to assist you with your project.

Respectfully submitted,

[Signature]
FWD&E Vice President

Notification of Positive Total Coliform/E.coli results (where applicable) Notified By: S.F
Individual Notified George Friday Date/Time 8/31/18; 10:38 A.M.
State Agency Notified VBCASSDHD Date/Time Phone/Email
Phone/Email

form created 5/4/18 of revised 5/10/18
# FOUNE WELL DRILLING & ENVIRONMENTAL

**LABORATORY ANALYTICAL REPORT**

---

**State Certification #:** 9010  
**Phone:** 269-870-0689  
**Fax:** 269-628-4849  
**Email:** Founesl@aol.com

**Sample Report Date Issued:** 8/31/2018

**Sample Report Remitted to:** Van Buren Cass District Health Dept.  
**57418 CR-681 Hartford, MI 49057**

**Collection Site Address:** South Haven-South Beach

**Sample ID:** South Haven- South Beach- South  
**Lab Sample Id:** 18-242-7

**Date Reported:** 8/31/2018

**Received By:** Sue Founes  
**Date Received:** 8/30/2018

**Time Received:** 9:47 A.M.

**Sample Point:** Surface Water  
**Sample Purpose:** Beach Monitoring

**Sample Relinquished By/time:** Corrine Freehling @ 9:47 A.M.

**Sample Collected By:** Corrine Freehling  
**Sample Collection Time:** 8:15 A.M.

**Sample Collection Date:** 8/30/2018

**Chlorine Residual (as provided by the sampler):** N/A mg/l

**Sample Source Point:** Lake Michigan

---

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
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</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>44.3</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 8/30/18</td>
<td>out 8/31/18</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

---

**Comments:**

Unless otherwise stated under the comments, all tests were performed within the maximum allowable holding times, have met or exceeded QC requirements and the result represents the sample as it was received. Please do not hesitate to call if you have any questions concerning the sample results listed above or if we can provide you with additional assistance. Thank you for allowing us the opportunity to assist you with your project.

Respectfully submitted,

Sue Founes  
FWD&E Vice-President

---

**Notification of Positive Total Coliform/E.coli results (where applicable)**

**Notified By:** S.F  
**Date/Time:** 8/31/18; 10:38 A.M.  
**Phone/Email:**

**Individual Notified:** George Friday

**State Agency Notified:** VBCASSDHD

---

*form created 5/4/18 of revised 5/10/18*
<table>
<thead>
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<tbody>
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</tr>
<tr>
<td>EPA STORET Number</td>
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</tr>
<tr>
<td>Beach Name*</td>
<td>South Haven North Beach</td>
</tr>
<tr>
<td>Beach Description</td>
<td>City of South Haven</td>
</tr>
<tr>
<td>Waterbody Name*</td>
<td>Lake Michigan</td>
</tr>
<tr>
<td>Waterbody Type*</td>
<td>Great Lake</td>
</tr>
<tr>
<td>Zip Code</td>
<td>49090</td>
</tr>
<tr>
<td>Accessibility*</td>
<td>Public Owned, Public Access</td>
</tr>
<tr>
<td>Ownership Type*</td>
<td>Local</td>
</tr>
<tr>
<td>Great Lake</td>
<td>Michigan</td>
</tr>
<tr>
<td>Is Great Lake Connected?</td>
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</tr>
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<tr>
<td>Longitude (Endpoint 1)</td>
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<tr>
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<td>Central Longitude</td>
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<td>Latitude (Endpoint 2)</td>
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<td>Reach Length (meters)</td>
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<tr>
<td>County*</td>
<td>Van Buren</td>
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<tr>
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<td>South Haven</td>
</tr>
<tr>
<td>Facilities (beaches only)</td>
<td>Restrooms</td>
</tr>
<tr>
<td>Other Comments</td>
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<td>Description</td>
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<tr>
<td>---------</td>
<td>------------------------</td>
</tr>
<tr>
<td>2</td>
<td>middle of beach</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>north end of beach</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>south end of beach</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Lake Michigan-South Haven North Beach

### Results

<table>
<thead>
<tr>
<th></th>
<th>Sampling Date</th>
<th>Monitoring Point</th>
<th>Sample Type</th>
<th>Result (cfu/100ml)</th>
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<tbody>
<tr>
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<td>north end of beach</td>
<td>Individual Sample</td>
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<td>south end of beach</td>
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<td>166</td>
</tr>
</tbody>
</table>
The results reported apply solely to the sample analyzed. This report may not be reproduced except in full without written permission of NEW AGE Laboratories.

<table>
<thead>
<tr>
<th>TEST PERFORMED</th>
<th>RESULT</th>
<th>UNITS</th>
<th>LOQ</th>
<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
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</thead>
<tbody>
<tr>
<td>E. coli*</td>
<td>461</td>
<td>cfu/100mL</td>
<td>1</td>
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</tr>
<tr>
<td>Coliform*</td>
<td>1203</td>
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<td>1</td>
<td>5/22/2018 16:29</td>
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<td>SM9223B</td>
</tr>
</tbody>
</table>

The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:
E. coli/Coliform: Absent or <1 cfu/100mL.

ND - Not Detected

- NAL holds certification under NELAC 2009, ISO 17025:2005, and meets the AOAC International Guidelines for Laboratories Performing Microbiological and Chemical Analyses of Food Standards.
- * NAL (Lab#9977) is certified by the MDEQ for this parameter.

Scott D. Wall
President/Technical Manager
# LABORATORY ANALYTICAL REPORT

**Sample Submitted By:**
MICK MCGUIRE  
VAN BUREN/CASS DIHD  
57418 C.R. 681  
HARTFORD MI 49057

**Data Reported For:**
VAN BUREN/CASS DIHD  
Sample Location:  
SOUTH HAVEN NORTH BEACH

**Sample Name:**
NORTH VB4-C  
Date/Time Sampled:
5/22/2018 10:30

**NAL Sample ID #:**
0522181306FL-001  
Date/Time Received:
5/22/2018 13:06  
Matrix:
BEACH WATER

## TEST PERFORMED

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<th>ANALYST</th>
<th>METHOD</th>
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<tbody>
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<td>SM9223H</td>
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</tbody>
</table>

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---

**Comments:**

The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:  
E. coli/Coliform: Absent or <1 cfu/100mL

ND - Not Detected

- NAL holds certification under NEILAC 2009, ISO 17025:2005, and meets the AOAC International Guidelines for Laboratories Performing Microbiological and Chemical Analyses of Food Standards.  
- * NAL (Lab#9977) is certified by the MDEQ for this parameter.

Scott D. Wall  
President/Technical Manager

Confidential  
Page 2 of 5
LABORATORY ANALYTICAL REPORT

Sample Submitted By: MICK MCGUIRE
VAN BUREN/CASS DHD
57418 C.R. 681
HARTFORD MI 49057

Data Reported For: VAN BUREN/CASS DHD
Sample Location: SOUTH HAVEN NORTH BEACH

Sample Name: SOUTH VB3-A
Date/Time Sampled: 5/22/2018 10:50

NAL ACCT ID: NAL17-087
Collected By: MICK MCGUIRE

NAL Sample ID #: 0522181306FL-003
Date/Time Received: 5/22/2018 13:06
Matrix: BEACH WATER

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<th>ANALYST</th>
<th>METHOD</th>
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</table>

The results reported apply solely to the sample analyzed.
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Comments:
The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:
E. coli/Coliform Absent or <1 cfu/100mL.

ND - Not Detected
- NAL holds certification under NELAC 2009, ISO 17025:2005, and meets the AOAC International Guidelines for Laboratories Performing Microbiological and Chemical Analyses of Food Standards.
- NAL (Lab#9977) is certified by the MDEQ for this parameter

Scott D. Wall
President/Technical Manager

Confidential
Page 4 of 5
# LABORATORY ANALYTICAL REPORT

**Sample Submitted By:**
MICK MCGUIRE  
VAN BUREN/CASS DHD  
57418 C.R. 381  
HARTFORD  
MI  49057

**Sample Name:**
MIDDLE VB4-B

**Date/Time Sampled:**
6/19/2018 10:25

**Data Reported For:**
VAN BUREN/CASS DHD  
SOUTH HAVEN NORTH BEACH

**NAL Sample ID #:**
0619181106FL-002

**Date/Time Received:**
6/19/2018 11:06

**NAL ACCT ID:**
NAL17-087

**Collected By:**
MICK MCGUIRE

**NAL SDG ID:**
0619181106FL

**Matrix:**
BEACH WATER

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<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli*</td>
<td>93</td>
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<td>6/19/2018 16:10</td>
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<td>SM9223B</td>
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</tbody>
</table>

The results reported apply solely to the sample analyzed.  
This report may not be reproduced except in full without written permission of NEW AGE Laboratories.

**Comments:**

The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:  
E. coli/Coliform Absent or <1 cfu/100mL

ND - Not Detected

- *NAL (Lab#0977) is certified by the MDIEQ for this parameter.

Scott D. Wiel  
President/Technical Manager
LABORATORY ANALYTICAL REPORT

Sample Submitted By:
MICK MCGUIRE
VAN BUREN/CASS DHD
57418 C.R. 381
HARTFORD MI 49057

Data Reported For:
VAN BUREN/CASS DHD

Sample Location:
SOUTH HAVEN NORTH BEACH

NAL ACCT ID:
NAL17-087

Sample Name:
SOUTH VB4-A

Collector By:
MICK MCGUIRE

Date/Time Sampled:
6/19/2018 10:30

NAL Sample ID #:
0619181106FL-003

Date/Time Received:
6/19/2018 11:06

Matrix:
BEACH WATER

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<th>METHOD</th>
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</thead>
<tbody>
<tr>
<td>E. coli*</td>
<td>96</td>
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<td>1</td>
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<td>MEL</td>
<td>SM9223B</td>
</tr>
<tr>
<td>Coliform*</td>
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<td>1</td>
<td>6/19/2018 16:10</td>
<td>MEL</td>
<td>SM9223B</td>
</tr>
</tbody>
</table>

The results reported apply solely to the sample analyzed.
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Comments:
The U.S. EPA has set the following maximum contaminant level (MCL) for safe drinking water:
E. coli/Coliform Absent or <1 cfu/100mL

ND - Not Detected

- * NAL (Lab9977) is certified by the MDEQ for this parameter.

Scott D. Wall
President/Technical Manager

Confidential
Page 3 of 3
4 of 5
LABORATORY ANALYTICAL REPORT

Sample Submitted By: MICK MCGUIRE
VAN BUREN/CASS DHD
57418 C.R. 381
HARTFORD MI 49057

Data Reported For: VAN BUREN/CASS DHD
Sample Location: SOUTH HAVEN NORTH BEACH

Sample Name: NORTH VB4-C
Date/Time Sampled: 6/19/2018 10:15

NAL ACCT ID: NAL17-087
Collected By: MICK MCGUIRE
NAL SDG ID: 0619181106FL-001
Matrix: BEACH WATER
Date/Time Received: 6/19/2018 11:06

<table>
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<th>RESULT</th>
<th>UNITS</th>
<th>LOQ</th>
<th>DATE/TIME IN</th>
<th>ANALYST</th>
<th>METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli*</td>
<td>37</td>
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<td>6/19/2018 16:10</td>
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<td>SM9223B</td>
</tr>
<tr>
<td>Coliform*</td>
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<td>1</td>
<td>6/19/2018 16:10</td>
<td>MEL</td>
<td>SM9223B</td>
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</tbody>
</table>

The results reported apply solely to the sample analyzed.
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Comments:
The U.S. EPA has set the following Maximum Contaminant Level (MCL) for safe drinking water:
E. coli/Coliform Absent or <1 cfu/100mL.

ND - Not Detected
- * NAL (Lab#9977) is certified by the MDEQ for this parameter.

Scott D. Wall
President/Technical Manager
FOUNEN WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

33215 M-43-P.O. Box 146 Paw Paw Mi. 49079

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founel@aol.com

Sample Report Date Issued: 6/27/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
57418 CR-681 Hartford, MI 49057
Collection Site Address: South Haven-North Beach
Sample Relinquished By/time: Corrine Freehling @ 10:44 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 9:35 A.M.
Sample Collection Date: 6/26/2018
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>5.2</td>
<td>MPN/100 ml</td>
<td>SM9225B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>In 6/26/18 out 6/27/18</td>
<td>In 12:00 P.M. out 12:00 P.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments:

Unless otherwise stated under the comments, all tests were performed within the maximum allowable holding times, have met or exceeded QC requirements and the result represents the sample as it was received. Please do not hesitate to call if you have any questions concerning the sample results listed above or if we can provide you with additional assistance. Thank you for allowing us the opportunity to assist you with your project.

Respectfully submitted,

Sue Founel
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

<table>
<thead>
<tr>
<th>Individual Notified</th>
<th>Date/Time</th>
<th>Phone/Email</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>State Agency Notified</th>
<th>Date/Time</th>
<th>Phone/Email</th>
</tr>
</thead>
</table>

form created 5/4/18 of revised 5/10/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesi@aol.com

33215 M-43-P.O. Box 146 Paw Paw MI. 49079

Sample Report Date issued: 6/27/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
57418 CR-681 Hartford, MI 49057
Collection Site Address: South Haven-North Beach
Sample ID: South Haven-North Beach #2
Sample ID: 18-177-12
Lab Sample Id:
Date Reported: 6/27/2018
Received By: Sue Founesi
Date Received: 6/26/2018
Sample ID: Sue Founesi
Time Received: 10:44 A.M.
Sample Collected By: Corrine Freehling
Sample Point: Surface Water
Sample Collection Time: 9:40 A.M.
Sample Purpose: Beach Monitoring
Sample Collection Date: 6/26/2018
Sample Source Point: Lake Michigan
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
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</thead>
<tbody>
<tr>
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<td>MPN/100 ml</td>
<td>SM92238 Colliert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 6/26/18 out 6/27/18</td>
<td>in 12:00 P.M. out 12:00 P.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments:

Unless otherwise stated under the comments, all tests were performed within the maximum allowable holding times, have met or exceeded QC requirements and the result represents the sample as it was received. Please do not hesitate to call if you have any questions concerning the sample results listed above or if we can provide you with additional assistance. Thank you for allowing us the opportunity to assist you with your project.

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Sue Founesi
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

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<thead>
<tr>
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<th>Phone/Email</th>
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<tr>
<td>Notified By:</td>
<td></td>
<td></td>
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</tbody>
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Form created 5/4/18 if revised 5/10/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

33215 M-43-P.O. Box 146 Paw Paw Mi. 49079

State Certification #: 9010  Phone: 269-870-0689
Fax: 269-628-4849  Email: Founesl@aol.com

Sample Report Date Issued: 6/27/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
Collection Site Address: South Haven-North Beach

Sample ID: South Haven-North Beach #3
Lab Sample Id: 18-177-13
Date Reported: 6/27/2018
Received By: Sue Founes

Date Received: 6/26/2018
Time Received: 10:44 A.M.

Sample Collected By: Corrine Freehling

Sample Collection Time: 9:45 A.M.
Sample Point: Surface Water

Sample Collection Date: 6/26/2018
Sample Purpose: Beach Monitoring
Sample Source Point: Lake Michigan

Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
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<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
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<tbody>
<tr>
<td>E. coli</td>
<td>1</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 6/26/18</td>
<td>out 6/27/18</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments:

Unless otherwise stated under the comments, all tests were performed within the maximum allowable holding times, have met or exceeded QC requirements and the result represents the sample as it was received. Please do not hesitate to call if you have any questions concerning the sample results listed above or if we can provide you with additional assistance. Thank you for allowing us the opportunity to assist you with your project.

Respectfully submitted,

Sue Founes
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

Individual Notified

Notified By: Date/Time Phone/Email

State Agency Notified

Date/Time Phone/Email

form created 5/4/18 if revised 5/10/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesi@aol.com

33215 M-43 P.O. Box 146 Paw Paw MI. 49079

Sample Report Date issued: 7/19/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
Collection Site Address: South Haven-North Beach
Sample Relinquished By/time: Corrine Freehling @ 10:15 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 9:05 A.M.
Sample Collection Date: 7/18/2018
Chlorine Residual (as provided by the sampler): N/A mg/l

Sample ID: South Haven-North Beach - South
Lab Sample Id: 18-199-13
Date Reported: 7/19/2018
Received By: Sue Foune
Date Received: 7/18/2018
Time Received: 10:15 A.M.
Sample Point: Surface Water
Sample Purpose: Beach Monitoring
Sample Source Point: Lake Michigan

<table>
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<th>Method Reporting Limit</th>
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<tbody>
<tr>
<td>E. coli</td>
<td>13.4</td>
<td>MPN/100 ml</td>
<td>SM92238 Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 7/18/18 out 7/19/18</td>
<td>in 11:05 A.M. out 11:15 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments:

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Respectfully submitted,

Sue Foune
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

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<th>Individual Notified</th>
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<tbody>
<tr>
<td>George Friday</td>
<td>7/19/18; 12:11 P.M.</td>
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</table>

State Agency Notified

Date/Time
Phone/Email

Form created 5/4/18 of revised 5/10/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesl@aol.com

Sample Report Date issued: 7/19/2018
Sample ID: South Haven-North Beach-Middle
Sample Relinquished By/time: Corrine Freehling @ 10:15 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 9:10 A.M.
Sample Collection Date: 7/18/2018
Chlorine Residual (as provided by the sampler): N/A mg/l

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<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
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<th>Date Analyzed</th>
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<tr>
<td>E. coli</td>
<td>18.5</td>
<td>MPN/100 ml</td>
<td>SM92238 ColiNet 24 Hr/Quanti-Tray 2000</td>
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<td>in 11:05 A.M. out 11:15 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

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Respectfully submitted,
[Signature]
Sue Founesl
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)
Individual Notified: George Friday

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Form created 5/4/18 or revised 5/10/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

33215 M-43-P.O. Box 146 Paw Paw Mi. 49079

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesi@aol.com

Sample Report Date Issued: 7/19/2018
Email: FH@VBCASSDHD.ORG
Sample Report Remitted to: Van Buren Cass District Health Dept.
57418 CR-581 Hartford, MI 49057
Sample ID: South Haven-North Beach -North
Collection Site Address: South Haven-North Beach
Date Reported: 7/19/2018
Received By: Sue Founesi
Sample Relinquished By/time: Corrine Freehling @ 10:15 A.M.
Date Received: 7/18/2018
Sample Collected By: Corrine Freehling
Time Received: 10:15 A.M.
Sample Collection Time: 9:15 A.M.
Sample Point: Surface Water
Sample Collection Date: 7/18/2018
Sample Purpose: Beach Monitoring
Sample Source Point: Lake Michigan
Chlorine Residual (as provided by the sampler): N/A mg/I

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
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<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
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<tr>
<td>E. coli</td>
<td>30.7</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 7/18/18</td>
<td>11:05 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

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Sue Founesi
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

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<td>7/19/18; 12:11 P.M.</td>
<td>Phone/Email</td>
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Form created 5/4/18 if revised 5/10/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

Sample Report Date Issued: 8/2/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
Collection Site Address: South Haven-North Beach
Sample Relinquished By/time: Corrine Freehling @ 10:54 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Time: 9:45 A.M.
Sample Collection Date: 8/1/2018
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
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<tr>
<th>Test</th>
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<th>Date Analyzed</th>
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</thead>
<tbody>
<tr>
<td>E. coli</td>
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<td>MPN/100 ml</td>
<td>SM9223B Colilert 24</td>
<td>&lt;1 to 2420</td>
<td>in 8/1/18</td>
<td>in 11:20 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

Comments:

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Respectfully submitted,

Sue Foune
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

Individual Notified: George Friday
Date/Time: 8/2/18; 11:52 A.M.
Phone/Email: S.F

State Agency Notified
Date/Time
Phone/Email

Form created 5/4/18; revised 5/10/18
FOUNOE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

33215 M-43-P.O. Box 146 Paw Paw MI. 49079
State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesi@aol.com

Sample Report Date issued: 8/2/2018
Sample ID: South Haven-North Beach- Middle
Sample Report Remitted to: Van Buren Cass District Health Dept.
Lab Sample Id: 18-213-11
Collection Site Address: South Haven-North Beach
Date Reported: 8/2/2018
Received By: Sue Founesi
Sample Relinquished By/time: Corrine Freehling @ 10:54 A.M.
Date Received: 8/1/2018
Sample Collected By: Corrine Freehling
Time Received: 10:54 A.M.
Sample Collection Time: 9:50 A.M.
Sample Point: Surface Water
Sample Collection Date: 8/1/2018
Sample Purpose: Beach Monitoring
Sample Source Point: Lake Michigan
Chlorine Residual (as provided by the sampler): N/A mg/l

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<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
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<th>Method (EPA Approved)</th>
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<tr>
<td>E. coli</td>
<td>12</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>In 8/1/18</td>
<td>Out 8/2/18</td>
<td>S.F</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
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Respectfully submitted,

Sue Founesi
FWD&E Vice-President

Notified By: S.F
Individual Notified: George Friday
Date/Time: 8/2/18; 11:52 A.M.
Phone/Email

State Agency Notified
Date/Time
Phone/Email

Form created 3/4/18 of revised 5/10/18
FOUNE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesl@aol.com

Sample Report Date Issued: 8/2/2018
Email: EH@VBCASSDHD.ORG

Sample Report Remitted to: Van Buren Cass District Health Dept.
57418 CR-681 Hartford, MI 49057
Sample ID: South Haven-North Beach -North
Collection Site Address: South Haven-North Beach
Date Reported: 8/2/2018
Received By: Sue Founes
Date Received: 8/1/2018
Time Received: 10:54 A.M.
Sample Point: Surface Water
Sample Collection Date: 8/1/2018
Sample Purpose: Beach Monitoring
Sample Collection Time: 9:55 A.M.
Sample Source Point: Lake Michigan
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
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<th>Test</th>
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<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
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</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>39.3</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quantiti-Tray 2000</td>
<td>&lt;1 to &gt;4200</td>
<td>in 8/1/18</td>
<td>out 8/2/18</td>
<td>out 11:20 A.M.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

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Respectfully submitted,

Sue Founes
FWD&E Vice-President

<table>
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<tr>
<th>Notification of Positive Total Coliform/E.coli results (where applicable)</th>
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State Agency Notified

Date/Time

Phone/Email

form created 5/4/18 if revised 5/10/18
FOUN GE WELL DRILLING & ENVIRONMENTAL
LABORATORY ANALYTICAL REPORT

State Certification #: 9010
Phone: 269-870-0689
Fax: 269-628-4849
Email: Founesl@aol.com

Sample Report Date Issued: 8/31/2018
Sample Report Remitted to: Van Buren Cass District Health Dept.
Collection Site Address: South Haven-North Beach
Sample Relinquished By/time: Corrine Freehling @ 9:47 A.M.
Sample Collected By: Corrine Freehling
Sample Collection Date: 8/30/2018
Sample Collection Time: 8:35 A.M.
Chlorine Residual (as provided by the sampler): N/A mg/l

<table>
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<tr>
<th>Test</th>
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<th>Method (EPA Approved)</th>
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<tr>
<td>E. coli</td>
<td>31.7</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>In 8/30/18 out 8/31/18</td>
<td>In 10:12 A.M. out 10:12 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
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Comments:

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Sue Founes
FWD&E Vice-President

Notification of Positive Total Coliform/E.coli results (where applicable)

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State Agency Notified

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Form created 5/4/18 if revised 5/10/18
# FOUNE WELL DRILLING & ENVIRONMENTAL LABORATORY ANALYTICAL REPORT

**State Certification #:** 9010  
**Phone:** 269-870-0689  
**Fax:** 269-628-4849  
**Email:** Founesl@aol.com

<table>
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<tr>
<th>Sample Report Date Issued:</th>
<th>8/31/2018</th>
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<th>FOUNE WELL DRILLING &amp; ENVIRONMENTAL</th>
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<tbody>
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<td>Sample Report Remitted to:</td>
<td>Van Buren Cass District Health Dept. 57418 CR-681 Hartford, MI 49057</td>
<td>Sample ID:</td>
<td>South Haven-North Beach- Middle</td>
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<tr>
<td>Collection Site Address:</td>
<td>South Haven-North Beach</td>
<td>Lab Sample Id:</td>
<td>18-242-11</td>
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<tr>
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<td>Corrine Freehling @ 10:54 A.M.</td>
<td>Date Reported:</td>
<td>8/31/2018</td>
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<tr>
<td>Sample Collected By:</td>
<td>Corrine Freehling</td>
<td>Received By:</td>
<td>Sue Founesl</td>
</tr>
<tr>
<td>Sample Collection Date:</td>
<td>8/30/2018</td>
<td>Date Received:</td>
<td>8/30/2018</td>
</tr>
<tr>
<td>Sample Source Point:</td>
<td>Surface Water</td>
<td>Time Received:</td>
<td>9:47 A.M.</td>
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<tr>
<td>Sample Purpose:</td>
<td>Beach Monitoring</td>
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</tr>
<tr>
<td>Chlorine Residual (as provided by the sampler):</td>
<td>N/A mg/l</td>
<td></td>
<td></td>
</tr>
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<table>
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<tr>
<th>Test</th>
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<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
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<tbody>
<tr>
<td>E. coli</td>
<td>137.4</td>
<td>MPN/100 ml</td>
<td>SM9223B Colilert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>In 8/30/18 out 8/31/18</td>
<td>In 10:12 A.M.</td>
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<td>S.F.</td>
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Respectfully submitted,

Sue Founesl  
FWD&E Vice-President

---

**Notification of Positive Total Coliform/E.coli results (where applicable)**

**Individual Notified:** George Friday  
**Date/Time:** 8/31/18; 10:38 A.M.  
**Phone/Email:**

**State Agency Notified:** VBCASSDHD  
**Date/Time:**

*form created 5/4/18 of revised 5/10/18*
# FOUNE WELL DRILLING & ENVIRONMENTAL
## LABORATORY ANALYTICAL REPORT

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<td>9010</td>
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</tr>
<tr>
<td></td>
<td>Email: <a href="mailto:Founesl@aol.com">Founesl@aol.com</a></td>
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33215 M-43-P.O. Box 146 Paw Paw Mi. 49079

<table>
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<tr>
<th>Sample Report Date issued:</th>
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<tr>
<td>Collection Site Address:</td>
<td>South Haven-North Beach</td>
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</tr>
<tr>
<td>Sample Relinquished By/time:</td>
<td>Corrine Freehling @ 9:47 A.M.</td>
<td></td>
</tr>
<tr>
<td>Sample Collected By:</td>
<td>Corrine Freehling</td>
<td></td>
</tr>
<tr>
<td>Sample Collection Time:</td>
<td>8:45 A.M.</td>
<td></td>
</tr>
<tr>
<td>Sample Collection Date:</td>
<td>8/30/2018</td>
<td></td>
</tr>
<tr>
<td>Chlorine Residual (as provided by the sampler):</td>
<td>N/A mg/l</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Test</th>
<th>Sample Result</th>
<th>Units of Measure</th>
<th>Method (EPA Approved)</th>
<th>Method Reporting Limit</th>
<th>Date Analyzed</th>
<th>Time Analyzed</th>
<th>Analyst</th>
<th>EPA Maximum Contaminant Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>E. coli</td>
<td>13.4</td>
<td>MPN/100 ml</td>
<td>SM9223B Colliert 24 Hr/Quanti-Tray 2000</td>
<td>&lt;1 to &gt;2420</td>
<td>in 8/30/18 out 8/31/18</td>
<td>in 10:12 A.M.</td>
<td>S.F.</td>
<td>&lt;300 colony forming unit/MPN per 100ml</td>
</tr>
</tbody>
</table>

**Comments:**

Unless otherwise stated under the comments, all tests were performed within the maximum allowable holding times, have met or exceeded QC requirements and the result represents the sample as it was received. Please do not hesitate to call if you have any questions concerning the sample results listed above or if we can provide you with additional assistance. Thank you for allowing us the opportunity to assist you with your project.

Respectfully submitted,

Sue Founes
FWD&E Vice-President

---

**Notification of Positive Total Coliform/E.coli results (where applicable)**

<table>
<thead>
<tr>
<th>Individual Notified</th>
<th>Date/Time</th>
<th>Phone/Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>George Friday</td>
<td>8/31/18; 10:38 A.M.</td>
<td>Phone/Email</td>
</tr>
</tbody>
</table>

State Agency Notified

VBCASSDHD

Date/Time

Phone/Email
Re: Beach Monitoring/Surface Water Quality

Dear Beach Operator:

This letter shall explain the procedures you will need to follow to set up and review your weekly water test results. Beach monitoring/surface water quality sampling will typically be completed on Tuesday mornings. In the case of inclement weather, sampling will be conducted on the next suitable day.

Beach monitoring will be performed throughout the summer swimming season (generally Memorial Day weekend to Labor Day Weekend). Due to limited funding, weekly sampling all season long will not be completed; sampling will be focused on holidays and festival weekends during the peak swimming times of the summer. Laboratory analysis will be performed by Foune Well Drilling & Environmental Laboratory. Results of the surface water quality will be emailed to our department the day after sample collections and will be posted to the DEQ Beach Monitoring web site as soon as possible.

In the event of an advisory or closure recommendation based on sample analysis results, I will contact you directly and email results to you. The following steps will navigate you through the web-site to get to the beach monitoring results:

Go to:  http://www.deq.state.mi.us/BEACH/Default.aspx
Select Van Buren County
Select Van Buren County Public Beaches 4

If you have any questions concerning this correspondence, please contact me at the Van Buren Cass District Health Department; 269-621-3143 at extension 1313.

Thank you for your cooperation.

Sincerely,

George D. Friday
Public Health Sanitarian II

GDF/mac
<table>
<thead>
<tr>
<th>Item No.</th>
<th>Sample ID</th>
<th>Date</th>
<th>Time</th>
<th>Specimen Type</th>
<th>Result of Exam</th>
<th>Comment/Results</th>
<th>Sample Description</th>
<th>Lab ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transfer Number</th>
<th>Item Numbers</th>
<th>Transfer Replaced By</th>
<th>Transfer Accepted By</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2</td>
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<tr>
<td>4</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
# Chain-of-Custody

<table>
<thead>
<tr>
<th>Lab Id:</th>
<th>YR-JULIAN DATE-MM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone:</td>
<td>(269)-870-0689</td>
</tr>
<tr>
<td>Fax:</td>
<td>(269)-628-4849</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:founegl@aol.com">founegl@aol.com</a></td>
</tr>
<tr>
<td>Hours:</td>
<td>9 am - 5 pm Monday-Friday</td>
</tr>
<tr>
<td>Weekends by appointment</td>
<td></td>
</tr>
</tbody>
</table>

| Name: | Van Buren/Cass District Health Dept |
| Address: | 57418 CR 687 Hartford MI 49057 |
| Email: | eh@vbcassdhd.org |
| Phone: | 269-621-3143 |
| Fax: | |

| Sample ID: | |
| Sampled By: | |
| Sample Time Collected: | |
| Sample Date Collected: | |

<table>
<thead>
<tr>
<th>Sample Source Point:</th>
<th>Sample Purpose:</th>
<th>Sample Point:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Tap</td>
<td>Routine Testing</td>
<td>Untreated Private Well; Permit#: _________</td>
</tr>
<tr>
<td>Kitchen Sink</td>
<td>Repeat Sample</td>
<td>Treated Softened Private Well</td>
</tr>
<tr>
<td>Bathroom Sink</td>
<td>Construction or New Well</td>
<td>Public System Well WSSN#: _________</td>
</tr>
<tr>
<td>Outside Tap</td>
<td>Water Quality Problem</td>
<td>Untreated Public System Distribution Point</td>
</tr>
<tr>
<td>Well Head</td>
<td>Other:</td>
<td>Treated Public System Distribution Point</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Swimmers in pool @ time of sample collection</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type of Analysis:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Drinking Water Bacteria (Total Coliform &amp; E. Coli)- 100 MLS REQUIRED</td>
<td></td>
</tr>
<tr>
<td>Partial Chemistry (Nitrate)- 120 MLS REQUIRED</td>
<td></td>
</tr>
</tbody>
</table>

| Sample Location Site Analysis: | Chlorine Residual _______ mg/l |

| Laboratory Use Only | |

<table>
<thead>
<tr>
<th>Nitrate Sample Temperature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition of Sample(s):</td>
</tr>
<tr>
<td>On-Ice:</td>
</tr>
</tbody>
</table>

| Comments: | Lab id: |

## NOTIFICATION OF POSITIVE TOTAL COLIFORM/E. COLI RESULTS: EMAIL: PHONE: DATE/TIME: |

| INDIVIDUAL NOTIFIED: |

| AGENCY NOTIFIED: |
| Notified by: | form revised 5/10/18 |

---

Hartford 57418 CR 681 Hartford, MI 49057 | Dowagiac 302 S. Front St. Dowagiac, MI 49047
FOR IMMEDIATE RELEASE

Hartford, Michigan... Van Buren County Public Health Department issues Public Health Advisory for the bathing beaches on Lake Michigan.

As a result of the bathing beach water quality sampling program done through the Van Buren County Environmental Health Division, bathing beaches are monitored weekly for levels of bacteria. Results of samples taken on (day & date) from the bathing beach area at (park) located at (address) revealed the surface water quality at the beach area failed to meet Michigan's Water Quality Standards for total and/or partial body contact6 for recreational purposes. The specific violation(s) is/are checked below:

1. The geometric mean of the samples collected during the above mentioned sampling event is ( ) E. coli per 100 ml, which exceeds the partial body contact standard of 1,000 E. coli per 100 ml.
2. The geometric mean of the samples collected during the above mentioned sampling even is ( ) E. coli per 100 ml, which exceeds the total body contact standard of 300 E. coli per 100 ml.
3. The geometric mean of all samples collected over the last 30 day period is ( ) E. coli per 100 ml which exceeds the total body contact standard of 130 E. coli per 100 ml.

Based upon these sample results, the Van Buren County Environmental Health Division is advising the public to avoid body contact with the surface water at the bathing beach area on Lake Michigan at (park). This includes such activities as wading and swimming. In addition, signs have been posted at the site to inform the public to avoid contact with the surface water at this location. The Van Buren County Environmental Health Division will collect samples on (date) and results will be made available by 10 a.m. pm (date). When the water meets Michigan's Water Quality Standards the public health advisory will be lifted and the signs removed.

If you have any questions concerning this correspondence please contact me at the Hartford office; phone 269-621-3143, at extension 1313.

Thank you for your cooperation.

Sincerely,

George D. Friday
Public Health Sanitarian II

GDF/mac
Hartford, Michigan... Van Buren County Public Health Department issued Public Health Advisory for the bathing beach on Lake Michigan at (park), which was issued on (date).

As a result of the bathing beach water quality sampling program done this year through the Van Buren County Environmental Health Division, public bathing beaches are monitored for levels of bacteria. Results of samples taken on (day & date) from the bathing beach area at (park) located at (address) revealed a significant improvement in surface water quality. Water quality at this location is now in compliance with Michigan’s Water Quality Standards for total and partial body contact for recreational purposes.

Additional samples were collected on (date) and bacteriological results indicate the following:

1. The geometric mean of the samples collected during the above mentioned sampling event is ( ) E. coli per 100 ml, which is in compliance with Michigan’s Water Quality Standards for total body contact for recreational purposes of 300 E. coli per 100 ml.

2. The geometric mean of all samples collected over the last 30 day period is ( ) E. coli per 100 ml, which is in compliance with Michigan’s Water Quality Standards for total body contact for recreational purposes of 300 E. coli per 100 ml.

Based upon these sample results, this department is lifting the public health advisory at the bathing beach area on Lake Michigan at (park name). The beach operator will be notified to resume normal operations and the “no swimming” signs will be removed. The Van Buren County Environmental Health Division will continue to monitor this location to verify compliance with the Michigan’s Water Quality Standards.

If you have any questions concerning this matter, please feel free to contact me at the Hartford office; 269-621-3143 at extension 1313.

Thank you for your cooperation.

Sincerely,

George D. Friday
Public Health Sanitarian II

GDF/mac
Beach ok for swimming
GREAT LAKES BEACHES ROUTINE ON-SITE SANITARY SURVEY

Name of Beach: ___________________________ Date and Time of Sample Collection and Survey: ___________________________

Sampling Station(s)/ID: ___________________________ Surveyor Name(s): ___________________________

PART I - GENERAL BEACH CONDITIONS
Air Temperature: _____ °C or °F Wind Speed and Direction (e.g., E or 90° at 15 mph): ___________________________
Rainfall: □ <24 hours □ <48 hours □ <72 hours since last rain event and _____ inches or _____ cm rainfall measured
Weather Conditions: □ Sunny □ Mostly Sunny □ Partly Cloudy □ Mostly Cloudy □ Overcast □ Rainy
Longshore current speed and direction (cm/sec, S or 180°): ___________________________ Wave Height: _____ ft □ Estimated or □ Actual
Comments/Observations

PART II - WATER QUALITY
Bacteria Sample Results

<table>
<thead>
<tr>
<th>Type</th>
<th>E. coli</th>
<th>Enterococcus</th>
<th>Other (specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentration (CFU/100 mL)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Water Temperature: _____ °C Change in Color? □ yes □ no If yes, describe: ___________________________
Odor: □ None □ Septic □ Algae □ Sulfur □ Other: ___________________________
Turbidity: □ Clear □ Slightly Turbid □ Turbid □ Opaque or NTU: ___________________________
Comments/Observations

PART III - BATHER LOAD
Total number of people at the beach: ___________ Total number of people in the water: ___________
Number of People Non-bathing/Non-swimming

<table>
<thead>
<tr>
<th>Type</th>
<th>Boating</th>
<th>Fishing</th>
<th>Surfing</th>
<th>Windsurfing</th>
<th>Diving</th>
<th>Clamming</th>
<th>Other (specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Comments/Observations

PART IV - POTENTIAL POLLUTION SOURCES
Sources of Discharge:

<table>
<thead>
<tr>
<th>Type</th>
<th>River(s)</th>
<th>Pond(s)</th>
<th>Wetland(s)</th>
<th>Outfall(s)</th>
<th>Other (specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name(s) of Source(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flow Rate (M/sec)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Volume</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Characteristics</td>
<td></td>
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</tr>
</tbody>
</table>

Floatables present: □ yes □ no Describe type and amount: ___________________________
Amount of Beach Debris/Litter on Beach: □ None □ Low (1-20%) □ Moderate (21-50%) □ High (>50%)
Type of Debris/Litter Found: □ Tar □ Oil/Grease □ Trash □ Plastic □ Medical Waste □ Other (describe)
Amount of Algae in Nearest Shore Water: □ None □ Low (1-20%) □ Moderate (21-50%) □ High (>50%)
Amount of Algae on Beach: □ None □ Low (1-20%) □ Moderate (21-50%) □ High (>50%)
Presence of Wildlife and Domestic Animals

<table>
<thead>
<tr>
<th>Type</th>
<th>Geese</th>
<th>Gulls</th>
<th>Dogs</th>
<th>Other (specify):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments/Observations (continue on back if necessary):