
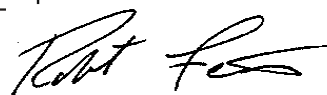




13611 B Street • Omaha, Nebraska 68144-3693 • (402) 334-7770 • FAX (402) 334-9121 • www.midwestlabs.com

Lab #	8713179	Report of Analysis		Report Number: 20-024-4004																																																																																																																																																	
Account: 27791	DOUG BULLOCK CITY OF RICHLAND PO BOX 190 RICHLAND WA 99352			 Robert Ferris Account Manager 402-829-9871																																																																																																																																																	
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Lab #	8713179	Biological & Physical Properties			Report Number: 20-024-4004						
Account: 27791		DOUG BULLOCK CITY OF RICHLAND PO BOX 190 RICHLAND WA 99352			 Robert Ferris Client Service Representative 402-829-9871						
Date Sampled: Date Received: Sample ID:		2020-01-09 2020-01-10 FC RAW ASP 8									
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	Analysis (as rec'd)	Analysis (dry weight)	Units	Detection Limit	Method						
Biological Properties											
Germination		100	%	1	TMECC 05.05A						
Germination Vigor		100	%	1	TMECC 05.05A						
CO ₂ OM Evolution		0.52	mgCO ₂ -C/gOM/day	0.01	TMECC 05.08B						
CO ₂ Solids Evolution		0.74	mgCO ₂ -C/gTS/day	0.01	TMECC 05.08B						
Fecal Coliform		1221	mpn/g	0.2	EPA 1681						
Stability Rating		Stable	N/A	N/A	TMECC 05.08B						
Physical Properties											
Bulk Density (Loose)		792	lbs/cu yard	1	WT/VOL						
Bulk Density (Packed)		1011	lbs/cu yard	1	WT/VOL						
Film Plastics		n.d.	%	0.25	Microscopic						
Glass Fragments		n.d.	%	0.25	Microscopic						
Hard Plastics		n.d.	%	0.25	Microscopic						
Metal Fragment		n.d.	%	0.25	Microscopic						
Sharps		Absent	---	---	Microscopic						
Max. Particle Length		1.5	inches	N/A	TMECC Sieve						
Sieve % Passing 3"		100	%	0.01	TMECC Sieve						
Sieve % Passing 2"		100	%	0.01	TMECC Sieve						
Sieve % Passing 1.5"		100	%	0.01	TMECC Sieve						
Sieve % Passing 1"		100	%	0.01	TMECC Sieve						
Sieve % Passing 3/4"		100	%	0.01	TMECC Sieve						
Sieve % Passing 5/8"		100	%	0.01	TMECC Sieve						
Sieve % Passing 3/8"		99	%	0.01	TMECC Sieve						
Sieve % Passing 1/4"		97	%	0.01	TMECC Sieve						

Compost Results Interpretations

Page 1

Report #:

20-024-4004

DATE RECEIVED:

2020-01-10

Organic Matter %

33.00

As Received

50.86

Dry Weight

Greater than 20% indicates a desirable range for compost on a dry weight basis.

Compost is a significant source of Organic Matter, which is an important supplier of carbon. Organic Matter improves soil and plant efficiency by improving soil physical properties, providing a source of energy to beneficial organisms, and enhancing the reservoir of soil nutrients.

C/N Ratio

9.1:1

20-30 indicates an ideal range for the initial compost process.

10-20 indicates an ideal range for a finished compost.

All organic matter is made up of substantial amounts of carbon with lesser amounts of nitrogen. The balance of these two elements is called the Carbon/Nitrogen Ratio. For the best performance, the compost pile requires the correct proportion of carbon for energy and nitrogen for protein production. If the C:N ratio is too high (excess carbon) decomposition slows down. If the C:N ratio is too low (excess Nitrogen) the compost pile could be difficult to manage.

Moisture %

35.11

<35% = Indicates overly dry compost

>55% = Indicates overly wet compost

Moisture Percent is the measure of water present in the compost and expressed as a percentage of total weight. Moisture present affects handling and transport. Overly dry will be light and dusty while overly wet will be heavy and clumpy. A desirable moisture content of finished compost will range between 40 to 50%.

Compost Results Interpretations

Page 2

Report #:

20-024-4004

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2020-01-10

Conductivity or Soluble Salts measures the conductance of electrical current in a liquid compost slurry. Excessive soluble salt content in a compost can prevent or delay seed germination and proper root growth. Conductivity analysis is done on a 1:5 basis.

Conductivity 1:5
5.7

Conductivity Level	Interpretation
Greater than 10	Very High nutrient content. Use for Ag Applications
5 - 10	High nutrient content. Use for Ag Applications
3 - 5	Higher than desirable for salt sensitive plants, some loss of vigor
0.6 - 3	Desirable range for most plants
0.3 - 0.6	Ideal range for greenhouse growth media
0.0 - 0.3	Very Low: Indicates very low nutrient status: plants may show deficiencies.

Compost Results Interpretations

Page 3

Report #:

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pH Value

5.7

0 to 14 scale with 6 to 8 as normal pH levels for compost

A pH in the 6 to 8 pH range indicates a more mature compost

pH measures the acidity or alkalinity of the compost, and is a measurement of the hydrogen ion activity of a soil or compost on a logarithmic scale. The pH scale ranges from 0 to 14 and 7 indicates a neutral pH. Growing media with a higher pH or pH greater than 7 can benefit from a compost that has a more acidic pH or pH below 7. This type of application will possibly lower the soil pH making the soil more conducive to plants that thrive in a more acidic soil condition.

Nutrient Index (Ag Index)

>10

The Nutrient Index normally runs between 1 and 10.

The Nutrient Index is obtained by dividing the total nutrients (N,P,K) by the amount of salt (Sodium and Chloride). The higher the Nutrient Index the less chance of having a toxic buildup of Sodium (salt) in the soil.

AG INDEX CHART										
<i>salt injury possible</i>	<i>use on soils with excellent drainage characteristics, good water quality and low salts</i>				<i>you may use on soils with poor drainage, poor water quality, or high salts</i>				<i>for all soils</i>	
1	2	3	4	5	6	7	8	9	10	> 10

Nutrients (N+P205+K20)

5.93

Average Nutrient Content Dry Weight

<2 = Low, >5 = High

2-1-1

Rating As Received

The most commonly used compost data is the amount of Nitrogen, Phosphate, and Potash (abbreviated as N,P,K) present and the information is similar to that found in common fertilizers. If a compost result has the rating 1-2-2 it means that the compost has 1% Nitrogen, 2% Phosphate and 2% Potash. Most compost tests will have a average nutrient level (N+P+K) of < 5%.

20-024-4004

REPORT DATE
Jan 24, 2020
RECEIVED DATE
Jan 10, 2020

SEND TO
27791



13611 B Street • Omaha, Nebraska 68144-3693 • (402) 334-7770
www.midwestlabs.com

CITY OF RICHLAND
DOUG BULLOCK
PO BOX 190
RICHLAND WA 99352

REPORT OF ANALYSIS
For: (27791) CITY OF RICHLAND
COMPOST

Analysis	Level Found		Reporting			Analyst- Date	Verified- Date
	As Received	Dry Weight	Units	Limit	Method		

Sample ID: FC RAW ASP 8		Lab Number: 8713179		Date Sampled: 2020-01-09			
Cadmium (total)	n.d.	n.d.	mg/kg	0.50	EPA 6010	ery3-2020/01/13	th1-2020/01/16
Chromium (total)	11.9	18.4	mg/kg	1.00	EPA 6010	ery3-2020/01/13	th1-2020/01/16
Mercury (total)	0.08	0.13	mg/kg	0.05	EPA 7471	pld8-2020/01/14	th1-2020/01/16
Lead (total)	10.0	15.4	mg/kg	5.0	EPA 6010	ery3-2020/01/13	th1-2020/01/16
Molybdenum (total)	5.3	8.2	mg/kg	1.0	EPA 6010	ery3-2020/01/13	th1-2020/01/16
Nickel (total)	22.6	34.8	mg/kg	1.0	EPA 6010	ery3-2020/01/13	th1-2020/01/16
Selenium (total)	n.d.	n.d.	mg/kg	10.0	EPA 6010	ery3-2020/01/14	th1-2020/01/16
Zinc (total)	171.1	263.7	mg/kg	2.0	EPA 6010	ery3-2020/01/13	th1-2020/01/16
Copper (total)	96.0	148	mg/kg	1	EPA 6010	ery3-2020/01/13	th1-2020/01/16
Arsenic (total)	3.42	5.27	mg/kg	0.5	EPA 6020	ras7-2020/01/15	th1-2020/01/16

EPA 1681 holding time of < 24 hours from sampling to laboratory set up of samples for biosolids and compost has been exceeded. Individual states enforce different holding times for compost or biosolids so please contact the regulatory body in your state for their requirements.
n.d. = not detected , ppm = parts per million, ppm = mg/kg

For questions please contact:

Rob Ferris
Account Manager
rferris@midwestlabs.com (402)829-9871

The result(s) issued on this report only reflect the analysis of the sample(s) submitted.
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**US COMPOSTING
COUNCIL**

OFFICIAL Seal of Testing Assurance Compost Sample Chain of Custody Form

STA Laboratory: <u>Midwest Laboratories</u> Tel: <u>(402) 334-7770</u> Address: <u>13611 B St.</u> FAX: <u>(402) 334-9121</u> City, State Zip code: <u>OMAHA, Nebraska 68144-3693</u>				LABORATORY USE ONLY Storage Locations Freezer _____ Cold Room _____ Storage Shelf _____ Sample Condition: _____ Temperature: _____ Malodor: _____ Moisture: _____ Sample Type: <input type="radio"/> POINT <input type="radio"/> COMPOSITE <input type="radio"/> STRATIFIED <input type="radio"/> INTERVAL P.O. Number: _____ USCC Member: <input type="radio"/> YES <input type="radio"/> NO			
Client/Reporting Company: <u>City of Richland</u> Tel: <u>(509) 942-7481</u> Contact Name: <u>Steve Brewer</u> FAX: <u>(509) 942-7346</u> Billing Address: <u>P.O. Box 190</u> Email: <u>SBREWER@CI.Richland</u> <u>MS # 27</u> <u>Wa. US</u> City, State Zip code: <u>Richland, Wa 99352</u>				SELECTION OF ANALYSIS. Refer to http://www.tnec.org/cap/methods.html for details. STA Suite, State DOT Tests (indicate State); A, B, C -- Specify other tests in fields A through C, (e.g., tests required for regulated samples, etc.). NOTE! STA analytical results via the STA Compost Technical Data Sheet and this Chain of Custody form are submitted to STA program management.			
Send Results to: <u>Steve Brewer</u> <u>P.O. Box 190 MS # 27</u> City, State Zip code: <u>Richland, Wa 99352</u>							
Name or Source of Sample(s): <u>City of Richland Compost Facility</u> Name of Person(s), Sample Collector(s): _____							
Client Sample ID and Special Instructions	1. List Feedstocks 2. Check all that apply 3. List % by volume. (Optional)	Collection Date/Time	Sample Matrix	Composting Operation Type	Shipping Temperature	Indicate Compost Analysis Requirements (*identify state)	
FC Row ASP 8	<input checked="" type="checkbox"/> Green waste <input type="checkbox"/> Carcass <input type="checkbox"/> Manure <input type="checkbox"/> Fish Waste <input type="checkbox"/> Food <input type="checkbox"/> Grease, Fats <input checked="" type="checkbox"/> Biosolids <input type="checkbox"/> MSW <input type="checkbox"/> Wood	Date: <u>1-9-2020</u> Time: <u>Grab</u> Initials: <u>KB</u>	Compost <input checked="" type="checkbox"/> Feedstock <input type="checkbox"/> Mulch <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/>	Windrow <input checked="" type="checkbox"/> Static pile <input type="checkbox"/> In-Vessel <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/>	Ambient <input type="checkbox"/> Wet Ice <input type="checkbox"/> Dry Ice <input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> STA Suite State DOT Identify State </div> <div style="display: inline-block; font-size: 2em; margin-left: 10px;"> A B C </div>	
INFORM THE STA LABORATORY AND SPECIFY THE REQUIRED LABORATORY TESTS WHEN SUBMITTING REGULATED COMPOST SAMPLES (please use spaces A, B and C)							
PLEASE PROVIDE SPECIFIC FEEDSTOCK AND OPERATIONAL DETAIL IN THE SPACE PROVIDED. YOUR VOLUNTEERED INFORMATION PROVIDES USCC STANDARDS AND PRACTICES COMMITTEE WITH CRUTIAL DATA NEEDED TO BETTER UNDERSTAND THE COMPOSTING PROCESS AND COMPOST END USES.							
<u>NO SALMONELLA PLEASE</u>							
<div style="text-align: right;"> <div style="display: inline-block; vertical-align: middle;"> 8713179-179 Samples: Page 1 1/3 Calvin J Sterkel, Columbia 2020 01 10 13:00 </div> </div>							
Releasing Signature 1	<u>[Signature]</u>	Date <u>1-9-2020</u>	Time <u>1400</u>	Receiving Signature 1	<u>[Signature]</u>	Date <u>1/16/20</u>	
Releasing Signature 2	_____	Date _____	Time _____	Receiving Signature 2	_____	Date _____	
Releasing Signature 3	_____	Date _____	Time _____	Receiving Signature 3	_____	Date _____	
Releasing Signature 4	_____	Date _____	Time _____	Receiving Signature 4	_____	Date _____	

B. G. Antik 13

Regulatory



This sheet **MUST** be filled out before samples can be processed. To ensure that holding times are met, it is your responsibility that a completed form comes attached to the Chain of Custody. Samples must be received on ice.

Is this sample for regulatory/permit reporting?

☒ Yes ☐ No

What city/state was your sample collected in?

Richland Wa.

What agency/state are you reporting?

U. S. Compost Council

What type of sample? (Circle One)

Drinking Water

For human consumption,
30 hr hold time.

Ground Water

Wastewater

Compost

Soild Waste

Hazardous Waste

UST

Storm Water

Process Water

Livestock

SEE REVERSE SIDE FOR SAMPLING INSTRUCTIONS



RC FORM 14-3 Effective 01.30.19

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Sample Acceptance Checklist

Document Number: RC CHKLIST 001

Revision No.: 4

Effective Date: 1/31/2019

Page 1 of 1

Lab Number:



8713179-179

Samples: Page:

1 3/3

Calvin J. Stenkel, CQI
2020 01 10 13:00

Thermometer Used: ☐ Therm Fisher IR 13

Cooler Intact: ☒ Yes ☐ No

Received on Ice: ☒ Yes ☐ No

Hand Delivered: ☐ Yes ☒ No

Sample Temperature (°C): 8.6°C

Date & Initials of person accepting samples:

AW 1/10/20

Comments

Chain of Custody present?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	
Sample ID(s):	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	
Sample Location(s):	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	
Client contact:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	
Analysis Requested:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	
Date & Time of collection:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	
Sampler name on COC?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	
Chain of custody relinquished with signature?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	
Chain of custody complete?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	
Sample labels match COC?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	
Written in indelible ink?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	
Labels indicate proper preservation?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	
Samples arrived within hold time?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	
Samples arrived within correct temperature?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	
Sufficient volume?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	
Appropriate containers used?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	
Filtered volume received for dissolved tests?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	
Headspace in VOA vials?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	
Trip Blank present?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	

Client Notification/Resolution:

Date/Time Contacted: _____

Person Contacted: _____ Contacted By: _____

Comments/Resolution: _____

