





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

Lab #	8846793	Report of Analysis		Report Number: 21-012-4020	
Account: 27791	DOUG BULLOCK CITY OF RICHLAND PO BOX 190 RICHLAND WA 99352		 Robert Ferris Account Manager 402-829-9871		
Date Sampled: Date Received: Sample ID:	2020-12-29 2020-12-30 FINISHED COMPOST SCREENED				
			COMPOST ANALYSIS		
			Analysis (as rec'd)	Analysis (dry weight)	Total content, lbs per ton (as rec'd)
NUTRIENTS					
Nitrogen					
Total Nitrogen	%	1.84	2.50	36.8	
Organic Nitrogen	%	1.62	2.20	32.3	
Ammonium Nitrogen	%	0.205	0.279	4.1	
Nitrate Nitrogen	%	0.02	0.03	0.4	
Major and Secondary Nutrients					
Phosphorus	%	0.46	0.63	9.2	
Phosphorus as P2O5	%	1.05	1.43	21.0	
Potassium	%	0.82	1.12	16.4	
Potassium as K2O	%	0.99	1.35	19.8	
Sulfur	%	0.24	0.33	4.8	
Calcium	%	1.98	2.69	39.6	
Magnesium	%	0.43	0.59	8.6	
Sodium	%	0.090	0.122	1.8	
Micronutrients					
Iron	ppm	11100	15106	22.2	
Manganese	ppm	227	309	0.5	
Boron	ppm	< 100	---	---	
OTHER PROPERTIES					
Moisture	%	26.52			
Total Solids	%	73.48	1469.6		
Organic Matter	%	36.70	49.95	734.0	
Ash	%	36.20	49.27	724.0	
Total Carbon	%	20.02	27.25		
Chloride	%	0.15	0.20		
pH		7.2			
Conductivity 1:5 (Soluble Salts)	mS/cm	4.77			

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Lab #	8846793	Biological & Physical Properties	Report Number: 21-012-4020																																																																																																																																																								
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Compost Results Interpretations

Page 1

Report #: 21-012-4020
 DATE RECEIVED: 2020-12-30

Organic Matter %		Greater than 20% indicates a desirable range for compost on a dry weight basis.
36.70	As Received	
49.95	Dry Weight	

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		20-30 indicates an ideal range for the initial compost process. 10-20 indicates an ideal range for a finished compost.
10.9:1		

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% = Indicates overly dry compost >55% = Indicates overly wet compost
26.52		

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 #:

21-012-4020

DATE RECEIVED:

2020-12-30

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
4.8

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 #: 21-012-4020
DATE RECEIVED: 2020-12-30

pH Value
7.2

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)
5.28 Average Nutrient Content Dry Weight
2-1-1 Rating As Received

<2 = Low, >5 = High

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 an average nutrient level (N+P+K) of < 5%.

21-012-4020

REPORT DATE
 Jan 12, 2021
 RECEIVED DATE
 Dec 30, 2020

SEND TO
 27791



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

ISSUE DATE
 Jan 12, 2021

CITY OF RICHLAND
 DOUG BULLOCK
 PO BOX 190
 RICHLAND WA 99352

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

Analysis **Level Found** **As Received** **Dry Weight** **Units** **Reporting Limit** **Method** **Sample ID: FINISHED COMPOST SCREENED** **Lab Number: 8846793** **Date Sampled: 2020-12-29** **Analyst- Date** **Verified- Date**

Cadmium (total)	n.d.	n.d.	mg/kg	0.50	EPA 6010	ras7-2021/01/04	th1-2021/01/06
Chromium (total)	13.4	18.3	mg/kg	1.00	EPA 6010	ras7-2021/01/04	th1-2021/01/06
Mercury (total)	0.08	0.11	mg/kg	0.05	EPA 7471	pld8-2021/01/06	th1-2021/01/06
Lead (total)	13.0	17.7	mg/kg	5.0	EPA 6010	ras7-2021/01/04	th1-2021/01/06
Molybdenum (total)	3.0	4.1	mg/kg	1.0	EPA 6010	ras7-2021/01/04	th1-2021/01/06
Nickel (total)	12.6	17.1	mg/kg	1.0	EPA 6010	ras7-2021/01/04	th1-2021/01/06
Selenium (total)	n.d.	n.d.	mg/kg	10.0	EPA 6010	ras7-2021/01/05	th1-2021/01/06
Zinc (total)	189.3	257.6	mg/kg	2.0	EPA 6010	ras7-2021/01/04	th1-2021/01/06
Copper (total)	91.1	124	mg/kg	1	EPA 6010	ras7-2021/01/04	th1-2021/01/06
Arsenic (total)	4.04	5.50	mg/kg	0.5	EPA 6020	ras7-2021/01/05	th1-2021/01/06

EPA 1682 holding time of < 6 hours from sampling to laboratory set up of samples for biosolids and compost has been exceeded. If a level of Salmonella was reported, the value would be considered an estimate. 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
 ferris@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



8846793-793
Samples: Page:
1 1/3
Anilysa Hinnon
2020 12 30 16:35

OFFICIAL Seal of Testing Assurance
Compost Sample Chain of Custody Form

STA Laboratory: Midwest Laboratories Tel: (402) 334-7770
Address: 13611 B St. FAX: (402) 334-9121
Email: _____
City, State Zip code: Omaha, Nebraska 68144-3693

Client/Reporting Company: City of Richland Tel: (509) 942-7481
Contact Name: Steve Brewer FAX: (509) 942-7346
Billing Address: 625 Swift Blvd. Email: SBREWER@CI.Richland.
MS# 27 Wa. U.S.
City, State Zip code: Richland, Wa 99352

Send Results to: Steve Brewer 625 Swift Blvd. MS# 27
City, State Zip code: Richland Wa 99352

Name or Source of Sample(s): City of Richland Compost Facility
Name of Person(s), Sample Collector(s): Donna BULLOCK

LABORATORY USE ONLY Storage Locations
Freezer _____ Cold Room _____ Storage Shelf _____

Sample Condition: _____
Temperature: _____ Malodor: _____ Moisture: _____

Sample Type: POINT COMPOSITE STRATIFIED INTERVAL
P.O. Number: _____

USCC Member: YES NO

SELECTION OF ANALYSIS. Refer to <http://www.tmecc.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 1** STA analytical results via the STA Compost Technical Data Sheet and this Chain of Custody form are submitted to STA program management.

A B C

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)	LAB USE ONLY Job Number & Sample Status
FINISHED COMPOST SCREENED	<input type="checkbox"/> Manure	Fish Waste _____ <td>Feedstock <input type="checkbox"/></td> <td>Static pile <input checked="" type="checkbox"/></td> <td>Ambient <input type="checkbox"/></td> <td rowspan="4"></td> <td rowspan="4"></td>	Feedstock <input type="checkbox"/>	Static pile <input checked="" type="checkbox"/>	Ambient <input type="checkbox"/>		
	<input type="checkbox"/> Food	Grease, Fats _____ <td>Mulch <input type="checkbox"/></td> <td>In-Vessel <input type="checkbox"/></td> <td>Wet Ice <input checked="" type="checkbox"/></td>	Mulch <input type="checkbox"/>	In-Vessel <input type="checkbox"/>	Wet Ice <input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/> Biosolids	_____	_____	_____	Dry Ice <input type="checkbox"/>		
	<input type="checkbox"/> MSW	_____	_____	_____	_____		
	<input type="checkbox"/> Wood	_____	_____	_____	_____		

INFORM THE STA LABORATORY AND SPECIFY THE REQUIRED LABORATORY TESTS WHEN SUBMITTING REGULATED COMPOST SAMPLES (please use spaces A, B and C provided above).

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.

PLEASE SALMONELLA ONLY (NO FECAL COLIFORM) THANK YOU

WASH & DRE

Releasing Signature 1	<u>Donna Bullock</u>	Date	<u>12-29-20</u>	Time	<u>1300</u>	Receiving Signature 1	<u>DVH</u>	Time	<u>7.6</u>	Date	<u>12/30</u>	Time	<u>1000</u>
Releasing Signature 2		Date		Time		Receiving Signature 2		Time		Date		Time	
Releasing Signature 3		Date		Time		Receiving Signature 3		Time		Date		Time	
Releasing Signature 4		Date		Time		Receiving Signature 4		Time		Date		Time	

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, WASH.

What agency/state are you reporting? US COMPOSTING COUNCIL

What type of sample? (Circle One)

- | | | |
|--|------------------------|-------------------|
| Drinking Water
<small>For human consumption,
30 hr hold time</small> | Ground Water | Wastewater |
| Soilid Waste | Hazardous Waste | UST |
| Storm Water | Process Water | Livestock |

COMPOST

SEE REVERSE SIDE FOR SAMPLING INSTRUCTIONS

RC FORM 14-3 Effective 01-30-19

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8846793-793
 Samples: 1 Page: 3/3
 Ashlyn Heman
 2020 12 30 10:35

Sample Acceptance Checklist

Document Number: RC CHKLIST 001

Revision No.: 4

Effective Date: 1/31/2019

Page 1 of 1

Lab Number: _____

Thermometer Used: Therm Fisher IR 1

Cooler Intact: Yes No
 Received on Ice: Yes No
 Hand Delivered: Yes No

Sample Temperature (°C): 7.6

Date & Initials of person accepting samples: _____

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: _____

