



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

Lab #	2768236	Report of Analysis		Report Number: 18-036-4049																																																																																																																																							
Account: 27791	DOUG BULLOCK CITY OF RICHLAND PO BOX 190 RICHLAND WA 99352		 Robert Ferris Account Manager 402-829-9871																																																																																																																																								
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Compost Results Interpretations

Page 1

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Organic Matter %		Greater than 20% indicates a desirable range for compost on a dry weight basis.
33.50	As Received	
51.00	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.
9.1:1		

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
34.32		

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

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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
5.3

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

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pH Value
6.1

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)
6.27 Average Nutrient Content Dry Weight <2 = Low, >5 = High
2-1.5-1 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%.

18-036-4049

REPORT DATE
Feb 05, 2018
 RECEIVED DATE
Jan 23, 2018

SEND TO
27791



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 Laboratories**[®]

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ISSUE DATE
Feb 05, 2018

**CITY OF RICHLAND
 DOUG BULLOCK
 PO BOX 190
 RICHLAND WA 99352**

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

Sample ID: **FC ROW 0720-17** Lab Number: **2768236** Date Sampled: **2018-01-22 1400**

Analysis	Level Found		Reporting		Method	Analyst- Date	Verified- Date
	As Received	Dry Weight	Units	Limit			
Cadmium (total)	n.d.	n.d.	mg/kg	0.50	EPA 6010	ras7-2018/01/25	kkh9-2018/01/29
Chromium (total)	11.0	16.7	mg/kg	1.00	EPA 6010	ras7-2018/01/25	kkh9-2018/01/29
Mercury (total)	0.12	0.18	mg/kg	0.05	EPA 7471	ccm2-2018/01/25	kkh9-2018/01/29
Lead (total)	9.8	14.9	mg/kg	5.0	EPA 6010	ras7-2018/01/25	kkh9-2018/01/29
Molybdenum (total)	2.9	4.4	mg/kg	1.0	EPA 6010	ras7-2018/01/25	kkh9-2018/01/29
Nickel (total)	10.7	16.3	mg/kg	1.0	EPA 6010	ras7-2018/01/25	kkh9-2018/01/29
Selenium (total)	n.d.	n.d.	mg/kg	10.0	EPA 6010	ras7-2018/01/25	kkh9-2018/01/29
Zinc (total)	267.5	407.3	mg/kg	2.0	EPA 6010	ras7-2018/01/25	kkh9-2018/01/29
Copper (total)	130	198	mg/kg	1	EPA 6010	ras7-2018/01/25	kkh9-2018/01/29
Arsenic (total)	3.36	5.12	mg/kg	0.5	EPA 6020	ras7-2018/01/25	kkh9-2018/01/29

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



2768236-236
 Samples: 1 Page: 1/3
 Ashlyn Himen
 2018 01 23 10:10

**OFFICIAL Seal of Testing Assurance
 Compost Sample Chain of Custody Form**

STA Laboratory: Midwest Laboratories Tel: (402) 334-1770
 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: P.O. Box 190 Email: SBRUEWER@CI
MS # 27 Richland, WA, US
 City, State Zip code: Richland, Wa 99352

Send Results to: Steve Brewer
 City, State Zip code: P.O. Box 190 MS#27 Richland, WA 99352

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

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.imecc.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.

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
	A	B					C			
FC Row 0720-17	<input checked="" type="checkbox"/> Green waste	<input type="checkbox"/> Carcass	Date: <u>1-23-18</u>	Compost <input checked="" type="checkbox"/>	Windrow <input checked="" type="checkbox"/>	Ambient <input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px;">STA Suite</div> State DOT Identify State A B C			
	<input type="checkbox"/> Manure	<input type="checkbox"/> Fish Waste	Time: <u>Grab</u>	Feedstock <input type="checkbox"/>	Static pile <input type="checkbox"/>	Wet Ice <input checked="" type="checkbox"/>				
	<input checked="" type="checkbox"/> Biosolids	<input type="checkbox"/> Grease, Fats	Initials: <u>KB</u>	Mulch <input type="checkbox"/>	In-Vessel <input type="checkbox"/>	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.

STA w/o Salmonella (Want Fecal coliform Test Performed) Wash & Ore.
2768236

Releasing Signature 1 <u>Ky B</u>	Date <u>1-23-18</u> Time <u>1700</u>	Receiving Signature 1 <u>JA</u>	Date <u>1/23/18</u> Time <u>10:05</u>
Releasing Signature 2	Date _____ Time _____	Receiving Signature 2	Date _____ Time _____
Releasing Signature 3	Date _____ Time _____	Receiving Signature 3	Date _____ Time _____
Releasing Signature 4	Date _____ Time _____	Receiving Signature 4	Date _____ Time _____

7-20



13611 B Street, Omaha, Nebraska 68144 (402) 334-7799 FAX (402) 334-9121 www.midwestlabs.com

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 to? US Compost Council

What type of sample? (Circle One) Drinking Water Ground Water Wastewater

Solid waste Hazardous Waste UST

Storm Water Process Water Compost

SEE REVERSE SIDE FOR SAMPLING INSTRUCTIONS

RC FORM 14-2 Effective 07/01/16

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2768236-236

Samples: 1 Page: 3/3

 Ashlyn Himm
2018 01 23 10:10

Lab Number: _____

 Thermometer Used: Therm Fisher IR 12

 Cooler Intact: Yes No

 Received on Ice: Yes No

 Sample Temperature (°C): 7.2°

 Hand Delivered: Yes No

 Date & Initials of person accepting samples: CH 1/23/18

Comments:

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

Client Notification/Resolution: _____ Date/Time Contacted: _____

Person Contacted: _____ Contacted By: _____

Comments/Resolution: _____
