

Box R Water Analysis Laboratory LLC**Sample RESULTS:** Page 1 of 1567 NW 2nd St.

Report Date: December 20, 2013

Prineville Oregon 97754

X Identification number: X014092b

Phone: 541 447-4911

Client ID number#: X014092b

System Identification

Source of Water: DW

PWID #: 41- 00042

Name: City of Antelope

Sampled by: SKM

Address: PO Box 105

City state, Zip code: Antelope, OR 97001

Sample time: 1200

Sample Identification:

Sample location: ODOT / frostfree

Sample date: 12-18-13

Laboratory Information

Date Received in Lab: 12-18-013

Date Analyzed: 12-18-13

Time received in Lab: 1330

Time analyzed: 1400

Sample Identification #: X014092b

Composite Sample: No

Location Analysis Took Place: Box R Laboratory

ORELAP #: 100054

Results Sent to State: Yes

Analytical Results

<u>Contaminant</u>	<u>Max Contaminant Limit</u>	<u>Your analysis- Results</u>	<u>Units</u>	<u>Lab Reporting Limit</u>	<u>Method</u>	<u>Notes</u>
Total Coliform	Absent/Present	Absent	n/a	Absent/Present	SM9223B Colilert 18	Pass
E. coli	Absent/Present	Absent	n/a	Absent/Present	SM9223B Colilert 18	Pass

Recommended holding time was in the range for the test method used per The Box R Water Analysis Laboratory LLC. , Quality Assurance Plan, and in accordance with the National Environmental Laboratory Accreditation Conference, (NELAC). This is documented in the sample results section above in this report. All results are valid for the sample submitted only, and all results are for the client listed above and on the Chain of Custody form. Samples will be held for a maximum of 10 days from the report date unless prior arrangements have been set up. Thank-you for choosing the Box R Water Analysis Laboratory LLC., If you need further explanation or if you have any other questions in regards to the testing of your water, please do not hesitate to call us at 541 447-4911. This report can not be reproduced except in full without the written permission from Box R Water Analysis Laboratory LLC.

DATA QUALIFIERS AND DEFINITIONS

MDL = Minimum Detection Limit

MCL = Minimum Contaminant Level

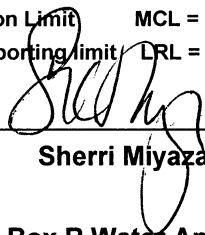
MRL = Minimum Reporting Limit

ND = Not Detected at reporting limit

LRL = Laboratory Reporting Limit

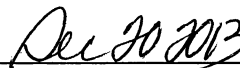
n/a = Not Applicable GW=Ground Water

Laboratory Director _____



Sherri Miyazaki

Date: _____





State of Oregon - Drinking Water Program
Microbiological Analysis (Coliform) Reporting Form for Public Water Supplies (v3.2)

PWS# 41 00042
PWS Name: CITY OF ANTELOPE
City, County: ANTELOPE WACCO
Phone: _____ Fax: _____

ORELAP#: 100054
Lab Name: Box R Water Analysis Laboratory LL
Address: 567 NW 2nd St., Prineville, OR 97754
Phone/Fax: 541-447-4911 / 541-447-4917

Return address for report:
Name: CITY OF ANTELOPE
Address: PO BOX 105
City, State, Zip: ANTELOPE, OR 97001

Bottle#: 12631B
 Results do not meet NELAC Standards-See page 2
Lab Sample ID#: X014092B

Sample Collected Date/Time: 12/18/2013 12:00 AM Chlorinated: No Yes
Collected By: SKM PM Free Chlorine: .30 mg/L

DISTRIBUTION Sample Type: Routine *Repeat Temporary Routine Special

*Date of Initial Positive: MM / DD / YYYY *Original Positive ID#: _____

Address: DDOT Sampled at (ex. "SINK"): FROSTFREE

SOURCE Sample Type: *Triggered *Confirmation Assessment Special

*Date of Initial Positive: MM / DD / YYYY *Original Positive ID#: _____

Source ID: SRC- Source name (ex. "WELL #1"): _____

LAB USE ONLY

Sample Received Date/Time: 12/18/2013 13:30 AM Initials: SKM Temp: 4 °C
 PM Evidence of cooling? Yes No

Analysis Start Date/Time: 12/18/2013 14:00 AM Initials: SKM
 PM

ORELAP Method(s): Collert® Collert-18® Collsure® Chromocult® Collscan® Readycult®
Check all that apply. SM 9221 B (MTF) + E or F SM 19th Ed. SM 20th Ed. SM 21st Ed.
 SM 9221 D (P-A M) + E or F
 SM 9222 B (MF) + 9221E or 9221F or 9222G
 SM 9223 CollTag® Mi agar m-ColiBlue® Other: _____

Test Results: Analysis Complete Date/Time: 12/19/2013 08:00 AM
Total Coliforms: Present Absent Analyst: SKMiyazaki Hour: Min PM
E. Coll: Present Absent Review by: SKM 12/19/2013
MM / DD / YYYY

Reported By: [Signature] Report Date 12/19/2013
MM / DD / YYYY

Sample Invalidation:
 Over 30 hours
 Leak
 Heavy non-colliform growth
 Other _____

Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of NELAC unless otherwise noted. This report shall not be reproduced except in full, without written consent of this laboratory. Send results to DHS-DWP P.O. Box 14350, Portland, OR 97293-0350