

Box R Water Analysis Laboratory LLC567 NW 2nd St.

Prineville Oregon 97754

Phone: 541 447-4911

System Identification

PWID #: 41- 00042

Name: City of Antelope

Address: PO Box 105

City state, Zip code: Antelope, OR 97001

Sample Identification:

Sample location: ODOT Station / frostfree

Sample date: 02-10-14

Laboratory Information

Date Received in Lab: 02-10-14

Time received in Lab: 1700

Sample Identification #: X014411b

Location Analysis Took Place: Box R Laboratory

Results Sent to State: Yes

Sample RESULTS: Page 1 of 1

Report Date: February 11, 2014

X Identification number: X014411b

Client ID number#: X014411b

Source of Water: DW

Sampled by: SKM

Sample time: 1530

Date Analyzed: 02-10-14

Time analyzed: 1800

Composite Sample: No

ORELAP #: 100054

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:

Feb 11 2014

Box R Water Analysis Laboratory LLC*R075 07/15/07 SKM

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

41 - 60042

NS Name: City of Antelope

City, County: Antelope Wasco

Phone: _____ **Fax:** _____

Return address for report:

Name: City of Antelope c/o Mr. Dan Fisher

Address: PO Box 105

City, State, Zip: Antelope OR 97001

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

Bottle#: 12250B

Results do not meet NELAC Standards-See page 2

Lab Sample ID#: XO1411B

Sample Collected Date/Time: 02/10/2014 15:30 AM PM **Chlorinated:** No Yes

Collected By: SKM **Free Chlorine:** 15 mg/L

DISTRIBUTION Sample Type: Routine *Repeat Temporary Routine Special

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

Address: DOT Station **Sampled at (ex. "SINK"):** Frost Free

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: 02/10/2014 17:00 AM PM **Initials:** SKM **Temp:** 6 °C

Evidence of cooling? Yes No

Analysis Start Date/Time: 02/10/2014 8:00 AM PM **Initials:** SKM

ORELAP Method(s): Collert® Collert-18® Collsure® Chromocult® Collscan® Readycult®

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:

Total Coliforms: Present Absent

E. Coll: Present Absent

Analysis Complete Date/Time: 02/11/2014 12:00 AM PM

Analyst: SK Miyazaki

Review by: SKM 02/11/2014

Reported By: [Signature] **Report Date:** 02/11/2014

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