

Box R Water Analysis Laboratory LLC

567 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: Church, mens restroom sink
Sample date: 05/04/2014

Laboratory Information

Date Received in Lab: 05/04/2014
Time received in Lab: 2210
Sample Identification #: X015031b
Location Analysis Took Place: Box R Laboratory
Results Sent to State: Yes

Sample RESULTS: Page 1 of 1

Report Date: May 6, 2014
X Identification number: X015031b
Client ID number#: X015031b
Source of Water: DW

Sampled by: SKM

Sample time: 2001

Date Analyzed: 05/04/2014
Time Analyzed: 2230
Composite Sample: No
ORELAP #: 100054

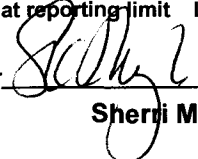
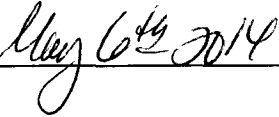
Analytical Results

<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  Date: 
Sherji Miyazaki



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

PWS# 410004Z
PWS Name: CITY OF ANTELOPE
City, County: ANTELOPE, WASCO
Phone: _____ Fax: _____

ORELAP#: 100054
Lab Name: Box R Water Analysis Laboratory LLC
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: P.O. Box 105
City, State, Zip: ANTELOPE, OR 97001

Bottle#: 13144b
 Results do not meet NELAC Standards-See page 2
Lab Sample ID#: X015031b

Sample Collected Date/Time: 05/04/2014 20:40 AM Chlorinated: No Yes
MM DD YYYY Hour: Min PM Free Chlorine: _____ mg/L
Collected By: SKM

DISTRIBUTION Sample Type: Routine *Repeat Temporary Routine Special
*Date of Initial Positive: ____/____/____ *Original Positive ID#: _____
MM DD YYYY

Address: CHURCH Sampled at (ex. "SINK"): MENS RESTROOM SINK

SOURCE Sample Type: *Triggered *Confirmation Assessment Special
*Date of Initial Positive: ____/____/____ *Original Positive ID#: _____
MM DD YYYY
Source ID: SRC- _____ Source name (ex. "WELL #1"): _____

LAB USE ONLY

Sample Received Date/Time: 05/04/2014 22:10 AM Initials: SKM Temp: 4 °C
MM DD YYYY Hour: Min PM Evidence of cooling? Yes No

Analysis Start Date/Time: 05/04/2014 22:30 AM Initials: SKM
MM DD YYYY Hour: Min PM

ORELAP Method(s):
 Colliert® Colliert-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 CoilTag® MI agar m-ColiBlue® Other: _____

Test Results: Total Coliforms: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent E. Coll: <input type="checkbox"/> Present <input checked="" type="checkbox"/> Absent	Analysis Complete Date/Time: <u>05/05/2014 16:30</u> <input type="checkbox"/> AM MM DD YYYY Hour: Min <input checked="" type="checkbox"/> PM
	Analyst: <u>SKM Miyazaki</u> Review by: <u>SKM</u> <u>05/05/2014</u> MM DD YYYY

Reported By: [Signature] Report Date: 05/05/2014
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