

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: P O Box 105
 City state, Zip code: Antelope OR 97001

Sample Identification:

Sample location: Church women's restroom
 Sample date: 1/4/2014

Laboratory Information

Date Received in Lab: 1/4/2014
 Time received in Lab: 2000
 Sample Identification #: X014149ab
 Location Analysis Took Place: Box R Laboratory
 Results Sent to State: Yes

Sample RESULTS: Page 1 of 1

Report Date: January 6, 2014
 X Identification number: X014149ab
 Client ID number#: X014149ab
 Source of Water: DW

Sampled by: CGM

Sample time: 1830

Date Analyzed: 1/4/2014
 Time analyzed: 2030
 Composite Sample: No
 ORELAP #: 100054

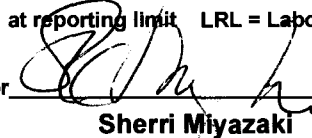
Analytical Results

<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
<u>Nitrate</u>	<u>10.</u>	<u>ND</u>	<u>Mg/L</u>	<u>1.0</u>	<u>SM4500-NO3-D</u>	<u>Pass</u>

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: JAN 6, 2014
 Sherri Miyazaki

Box R Water Analysis Laboratory LLC
 567 NW 2nd St. Prineville, OR 97754
 Phone: (541)447-4911 Fax: (541)447-4917
 ORELAP # 100054

To be filled in by Person Submitting Sample:	
Public Water System <input checked="" type="checkbox"/>	Realty Transaction <input type="checkbox"/> N/A
PWS ID #: 41 00042	Source ID: EP-A Source Name: Well # 1
Public Water System or Property Owner: City of Antelope	
Address: P O Box 105	
City, State, Zip: Antelope OR 97001	
Sampled at: Church Womens RR.	Sampled By: CLM
Date Collected: 01-04-14	Time Collected: 1830
Sample Composition: Raw or Treated Water From Source or Distribution Single or Combined Sample	

To be completed by Laboratory:						
Date Received in Lab: 01-04-14			Date Analyzed: 01-05-14			
Lab Sample ID: X014149A			Sample Compositied in Lab: Y (N)			
Contaminant	Code	MCL mg/L	Analysis mg/L	LRL	Method	Analyst
Nitrate	1040	10.	ND	1.0mg/L	SM4500-NO ₃ -D	SLM
Nitrate-Nitrite	1038	10.				
Nitrite	1041	10.				

Box R Water Analysis Laboratory reserves the right to reject any sample that does not meet proper sampling procedures, or does not have a completed chain of custody form.

H:\home\mclmeyer\reports\results.no3 rev 8/25/95

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, Wasco
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#: 12122B
 Results do not meet NELAC Standards-See page 2
Lab Sample ID#: X014149B

Sample Collected Date/Time: 01, 04, 2014 18:30
MM DD YYYY Hour: Min
Collected By: CEM
 AM Chlorinated: No Yes
 PM Free Chlorine: .20 mg/L

DISTRIBUTION Sample Type: Routine *Repeat Temporary Routine Special
*Date of Initial Positive: ____/____/____ MM/DD/YYYY *Original Positive ID#: _____
Address: Church Sampled at (ex. "SINK"): Women's Restroom Faucet

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: 01, 04, 2014 20:00
MM DD YYYY Hour: Min
Initials: SKM Temp: 6 °C
 AM PM Evidence of cooling? Yes No

Analysis Start Date/Time: 01, 04, 2014 20:30
MM DD YYYY Hour: Min
Initials: SKM
 AM PM

ORELAP Method(s):
 Collert® Collert-18® Collsure® Chromocult® Collscan® Readyult®
 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: 01, 05, 2014 20:30
MM DD YYYY Hour: Min
Analyst: SK MIYAZAKI
Review by: SKM
01, 05, 2014
MM DD YYYY

Reported By: SKM Report Date: 01, 05, 2014
MM DD YYYY

Sample Invalidation:
 Over 30 hours
 Leak
 Heavy non-coliform 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 14360, Portland, OR 97293-0360