

Box R Water Analysis Laboratory LLC

567 NW 2nd Street
 Prineville OR 97754
 Phone: 541 447-4911
 Fax: 541 447-4917

System Identification

PWID #: 41- 93728
 Name: Powell Butte Community Charter School
 Address: 797 NE First
 City State, Zip Code: Prineville, OR 97754

Sample Identification:

Sample Location: Powell Butte Community Charter School / staff restroom sink / ROUTINE
 Sample Date: 01-07-2020

Laboratory Information

Date Received in Lab: 01-07-2020
 Time Received in Lab: 1000
 Sample Identification #: X039914ab
 Location Analysis Took Place: Box R Laboratory
 Results Sent to State: Yes

Sample RESULTS: Page 1 of 1
 Report Date: January 28, 2020
 X Identification Number: X039914ab
 Client ID number#: X039914ab

Source of Water: DW

Sampled by: SKM

Sample Time: 0941

Date Analyzed: 01-07-2020
 Time Analyzed: 1300
 Composite Sample: No
 ORELAP #: 100054

Analytical Results

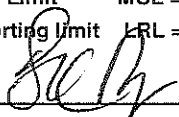
<u>Contaminant</u>	<u>Max Contaminant Limit</u>	<u>Your analysis-Results</u>	<u>Units</u>	<u>Lab Reporting Limit</u>	<u>Method</u>	<u>Notes</u>
<u>Total Coliform</u>	<u>Absent/Present</u>	<u>Absent</u>	<u>n/a</u>	<u>Absent/Present</u>	<u>SM9223B-Colilert 18</u>	
<u>Ecoli</u>	<u>Absent/Present</u>	<u>Absent</u>	<u>n/a</u>	<u>Absent/Present</u>	<u>SM9223B-Colilert 18</u>	
<u>Nitrate</u>	<u>10.0</u>	<u>2.81</u>	<u>Mg/L</u>	<u>1.0</u>	<u>SM4500-NO3-D</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


 Sherri Miyazaki

Date:

JAN 28, 2020

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 Realty Transaction N/A

PWS ID #: 41 9372B Source ID: GP-A Source Name: Well

Public Water System or Property Owner: Powell Butte School

Address: 797 NE FIRST

City, State, Zip: PRINEVILLE, OR 97754

Sampled at: Staff Restroom Sink Sampled By: SKM

Date Collected: 01072020 Time Collected: 0941

Sample Composition: Raw or Treated Water | From Source or Distribution | Single or Combined Sample

To be completed by Laboratory:

Date Received in Lab: 01-07-2020 Date Analyzed: 01-07-2020/2010pm

Lab Sample ID: X039914A Sample Compositied in Lab: Y N

Contaminant	Code	MCL mg/L	Analysis mg/L	LRL	Method	Analyst
Nitrate	1040	10.	2.81 mg/L	1.0 mg/L	SM4500-NO ₃ -D	SKM
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.
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State of Oregon - Drinking Water Services
Microbiological Analysis (Coliform) Reporting Form for Public Water Supplies (v3.4)

PWS# **41** 9372B
 PWS Name: POWELL BUTTE SCHOOL
 City, County: POWELL BUTTE CROOK
 Phone: 541 447 4419 Fax: _____
 Return address for report:
 Name: POWELL BUTTE SCHOOL
 Address: 797 NE FIRST
 City, State, Zip: PRINEVILLE, OR 97754

ORELAP#: **1000054**
 Lab Name: **Box R Water Analysis Laboratory, LLC**
 Address: **567 NW 2nd St., Prineville, OR 97754**
 Phone/Fax: **541-447-4911 / 541-447-4917**
 Bottle#: 33921 B
 Results do not meet NELAP Standards-See page 2
 Lab Sample ID#: X039914B

Sample Collected Date/Time: 01/07/2020 09:41
 Collected By: SKM
 AM Chlorinated: No Yes
 PM Free Chlorine: _____ mg/L

DISTRIBUTION Sample Type: Routine *Repeat Temporary Routine Special
 *Date of Initial Positive: _____ *Original Positive ID#: _____
 Address: POWELL BUTTE COMM SCHOOL Sampled at (ex. "SINK"): STAFF RESTROOM SINK

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

LAB USE ONLY
 Sample Received Date/Time: 01/07/2020 10:00
 Initials: SKM Temp: 4 °C
 AM PM Evidence of cooling? Yes No
 Analysis Start Date/Time: 01/07/2020 13:00
 AM PM Initials: SKM

ORELAP Method(s):
 Colilert® Colilert-18® Colisure® Chromocult® Coliscan® ReadiCult®
 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 ColiTag® MI agar m-ColiBlue® Other: _____

Test Results:
 Total Coliforms: Present Absent
 E. Coli: Present Absent
 Analysis Complete Date/Time: 01/08/2020 07:00
 Analyst: SK Miyazaki
 Review by: SKM 01/08/2020

Reported By: [Signature] Report Date: 01/08/2020

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

OHA USE ONLY

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