



December 18, 2019

Client: Perkins PWA

PO Box 9

Perkins, OK 74059

Requested By: Steven Pitzl



National
Environmental
Laboratory
Accreditation
Program
Kansas CERT # E-10219

Sample Project Name: Wastewater

Date Samples Received: December 16, 2019 Time: 9:38 sample temp upon arrival at lab = 5°C - On Ice

Matrix: Waste Water

Lab Log Numbers: **BL16011-01**

Work Order: BL16011

Report # BL16011-1218190922

EPA Lab ID#'s: **Stillwater OK00092 Tulsa OK00983 OKC OK00129 ICR OK 001**

Oklahoma Certification: Stillwater WasteWater, DEQ 8316/ Drinking Water, DEQ D9602
Tulsa WasteWater, DEQ 9905 / Drinking Water, DEQ D9901
Oklahoma City WasteWater DEQ 7202 / Drinking Water, DEQ D9937

Kansas Certification: Stillwater NELAP CERT # E-10219
Oklahoma City NELAP CERT # E-10414

New Hampshire Cert.: Oklahoma City Drinking Water NH ELAP Lab ID # 2072

Texas Certification: Stillwater Drinking Water NELAP CERT # T105704533-14-1

Method Reference: 40 CFR 136, 141, and 261 Methods for Chemical Analysis of Water and Wastes EPA-600/4-79-020, March 1983. Test Methods for Evaluating Solid Wastes, SW-846, Final Update III. Standard Methods 1998 (20th Edition), Standard Methods 2005 (21st Edition) and Standard Methods 2011 (22nd Edition) for the Examination of Water and Wastewater.

Analysis Reference: If qualifiers present in "Prep Info" or "Analysis Info", then analysis performed as follows: @= Tulsa Lab and * = OKC Lab. If no qualifiers present, then analysis performed at Stillwater Lab.

Accurate Environmental Laboratories certify that the test results performed at the Stillwater lab meet all requirements of NELAP. Any exceptions to this can be found in the report footer or Quality Control Section of the report.

This report is to only be replicated in its entirety.

Accurate Environmental sampling protocol was followed for any sampling performed by Accurate Field Services.

Sample: WWTP Effluent

Location Code:

PWSID#:

Collection Type: Grab

Sample Time: 12/16/19 8:30

Lab Log# BL16011-01

Method/Parameter	Test	Result	Notes	PQL#	Prep Info	Analysis Info
Ecoli. m-ColiBlue24 MF, Hach 10029	Escherichia Coliform	220 CFU/100ml	###	1.00	12/16/19 11:51 KRH	12/17/19 11:15 KRH

Notes and Definitions

MCL Analyte concentration may exceed Maximum Contaminant Limit (MCL) for EPA Primary or Secondary Drinking Water Regulations.

Analyte concentration may exceed regulatory limit.

PQL Practical Quantitation Limit - the method reporting limit (MRL) adjusted for any dilutions or other changes made to the sample to deal with interferences/matrix effects

BPQL Below Practical Quantitation Limit (if applicable).

The "Prep Date" of the QC analysis coincides with the characters of the appropriate QC Lab ID. (Example: 19 A 02 15 - BLK = 2019, Jan 2, Batch #15 - Blank)

Lab Manager



Quality Control Data

Blank Data

QC Lab #	Test Group	Test	Result	PQL	Flags
19L1625-BLK1	Ecoli. m-ColiBlue24 MF, Hach 10029	Escherichia Coliform	BPQL CFU/100 ml	1.00	



Chain of Custody

Due Date: _____

Client Name- **Perkins PWA**
 Project Name- **Wastewater**

Sample Preserv. & Container →	ICI								
	125 mL Na ₂ S ₂ O ₅								
Analysis Requested →	E-Coli MF								
		# of Container ↓							
		1	1						

Accurate Work Order #	Date Sample Taken	Time Sample Taken	Matrix or Source (Refer below)	Grab (G) or Comp (C)	Client I.D. / Sample Location or DEQ / EPA Location Code	Field Results (pH, Temp, Chlorine, ...) (note analysis & units)		# of Container ↓	E-Coli MF						
B110011 -01	12/16/19	08:30	WW	G	WWTP Effluent			1	1						

On-Site Info Raw Alkalinity (TOC Raw)= _____ mg/L. Turbidity (E.Coli)= _____ ntu.

Matrix Codes DW = Drinking Water WW = Wastewater SL = Sludge O = Other _____

E.Coli Source GWUDI-FS = Groundwater under direct influence of Flowing Stream GWUDI-RL = Groundwater under direct influence of Reservoir/Lake

Field Instrument Calibration -

Meter Type	Standards	Final Read.	Date, Time	Initials
HACH	4-7-10	7.10	12/16/19 07:30	SP

Comments

-- All samples are scheduled to be disposed of in 4 weeks of receipt at Accurate.--

Certification by Company Official: I hereby certify that the above sampling occurred during a period such that the sample(s) is/are representative of a typical operating day discharge for the above facility. **Signature:** _____ **Date/Time** 12/16/19 0830

Sampled By: Matt Larson *Matt Larson* **Company:** City of Perkins **Sample Method:** Grab

Relinquished By:	Date/Time	Received By:	Date/Time
<input type="checkbox"/> Relinquished to Lab By:	Date/Time 12/16/19	Received at Lab By:	Date/Time 12/16/19
<input type="checkbox"/> Relq'd to Log-In Fridge By: Steven Pitzl	938	<i>Saulor Bowden</i>	12-16-19 938

Reporting Requirements (standard 10-15 working days) **Compliance Reporting?** Yes or No (DMR, PWS,) **Oklahoma PWS ID #** **OK2006012** **RUSH Request** (if available) _____ (Working Days)

Mail Report To: Janet Noe – MLARSON@cityofperkins.net Steven Pitzl – SPITZL@cityofperkins.net City Manager – CITYMANAGER@cityofperkins.net Address: City of Perkins PO Box 9 Perkins, OK 74059 Phone #: 405-547-2445 Fax #: 405-547-5440 Email: jnoe@cityofperkins.net	Mail Invoice: Accounts Payable City of Perkins Bid # - _____ Address: Po Box 9 Perkins, OK 74059 PO # - _____ Phone #: 405-547-2445 Fax #: 405-547-5440
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