



December 28, 2021

Client: Perkins PWA

PO Box 9

Perkins, OK 74059

Requested By: Chad Beitz



National Environmental Laboratory Accreditation Program  
ODEQ TNI Certified

**Sample Project Name:** Drinking Water Coliform Analysis

**Date Samples Received:** December 20, 2021      Time: 14:00      sample temp upon arrival at lab = 11.60°C - On Ice

**Matrix:** Drinking Water

**Lab Log Numbers:**      **DL20050-01**      **DL20050-02**      **DL20050-03**

**Work Order:** DL20050

**Report #** DL20050-1228210923

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

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

**Kansas Certification:** Stillwater NELAP CERT # E-10219

**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:** 125 Cimarron (WWTP)

**Location Code:** TC002

**PWSID#:** OK2006012

**Collection Type:** Grab

**Sample Time:** 12/20/21 9:45

**Lab Log#** DL20050-01

Method/Parameter	Test	Result	Notes	PQL#	Prep Info	Analysis Info
IDEXX Colilert P/A SM9223B	Total Coliform	Absent P/A			12/20/21 14:45 EKM	12/21/21 15:00 EKM
IDEXX Colilert P/A SM9223B	E. Coli	Absent P/A			12/20/21 14:45 EKM	12/21/21 15:00 EKM

**Sample:** Perkins City Hall

**Location Code:** TC004

**PWSID#:** OK2006012

**Collection Type:** Grab

**Sample Time:** 12/20/21 10:25

**Lab Log#** DL20050-02

Method/Parameter	Test	Result	Notes	PQL#	Prep Info	Analysis Info
IDEXX Colilert P/A SM9223B	Total Coliform	Absent P/A			12/20/21 14:45 EKM	12/21/21 15:00 EKM
IDEXX Colilert P/A SM9223B	E. Coli	Absent P/A			12/20/21 14:45 EKM	12/21/21 15:00 EKM

**Sample:** 319 E Industrial (Shop)

**Location Code:** TC010

**PWSID#:** OK2006012

**Collection Type:** Grab

**Sample Time:** 12/20/21 10:40

**Lab Log#** DL20050-03

Method/Parameter	Test	Result	Notes	PQL#	Prep Info	Analysis Info
IDEXX Colilert P/A SM9223B	Total Coliform	Absent P/A			12/20/21 14:45 EKM	12/21/21 15:00 EKM
IDEXX Colilert P/A SM9223B	E. Coli	Absent P/A			12/20/21 14:45 EKM	12/21/21 15:00 EKM

### Notes and Definitions

\_A Absent

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
21L2034-BLK1	IDEXX Colilert P/A SM9223B	Total Coliform	Absent P/A		
21L2034-BLK1	IDEXX Colilert P/A SM9223B	E. Coli	Absent P/A		



# Chain of Custody

Client Name - City of Perkins

Project Name - Drinking Water Coliform Analysis

Accurate Use Only	Date Sample Taken	Time Sample Taken	Onsite Total Chlorine (mg/L)	Client I.D. Sample Location	Location Code	Sample Preserv. & Container →	Analysis Requested →	No. of Container ↓	Total Coliform					Sampler's Initials
DL20050														
-01	12/20/21	0945	.17	125 Cimarron (WWTP)	TC002	125ml Sterile Plastic Na <sub>2</sub> S <sub>2</sub> O <sub>3</sub>		1	X					
-02	12/20/21	1025	.17	Perkins City Hall	TC004			1	X					
-03	12/20/21	1040	.19	319 E Industrial (Shop)	TC010			1	X					

**Comments** PWS- ID # : 2006012 *(needed for Compliance Reporting)*

**Sample Type**     - Routine Sample     - Repeat Sample     - Other     - Special     - Trigger Source

Samples delivered on ice

-- All glass containers provided by Accurate Labs are pre-cleaned per EPA protocol and have Teflon lined lids --

<b>Certification by Company Official:</b> 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.		<b>Signature :</b> <i>[Signature]</i>		<b>Date/Time</b> 12/20/21	
<b>Relinquished By:</b> Zachery Isca <i>[Signature]</i>	<b>Date/Time</b> 12/20/21	<b>Received By:</b> Zachery Isca <i>[Signature]</i>	<b>Date/Time</b> 12/20/21	<b>Received By:</b> Zachery Isca <i>[Signature]</i>	<b>Date/Time</b> 12/20/21
<b>Relinquished By:</b> Zachery Isca <i>[Signature]</i>	<b>Date/Time</b> 12/20/21	<b>Received By:</b> Zachery Isca <i>[Signature]</i>	<b>Date/Time</b> 12/20/21	<b>Received By:</b> Zachery Isca <i>[Signature]</i>	<b>Date/Time</b> 12/20/21
<b>Relinquished to Lab By:</b> Zachery Isca <i>[Signature]</i>	<b>Date/Time</b> 12/20/21	<b>Received at Lab By:</b> <i>[Signature]</i>	<b>Date/Time</b> 12/20/21	<b>Received at Lab By:</b> <i>[Signature]</i>	<b>Date/Time</b> 12/20/21

<b>Mail Report:</b> Chad Beitz City of Perkins <b>Address:</b> PO Box 9 Perkins, OK 74059 <b>Phone #:</b> 405-547-2445 <b>Fax #:</b> 405-547-5440 <b>Email:</b> cbeitz@cityofperkins.net    zisca@cityofperkins.net  citymanager@cityofperkins.net    cityclerk@cityofperkins.net	<b>Mail Invoice:</b> Accounts Payable City of Perkins    Bid # - _____ <b>Address:</b> Po Box 9    PO # - _____ Perkins, OK 74059  <b>Phone #:</b> 405-547-2445 <b>Fax #:</b> 405-547-5440
--	---