



August 01, 2022

Client: Perkins PWA

PO Box 9

Perkins, OK 74059

Requested By: Chad Beitz



National
Environmental
Laboratory
Accreditation
Program
ODEQ TNI Certified

Sample Project Name: Wastewater

Date Samples Received: July 28, 2022 Time: 13:37 sample temp upon arrival at lab = 7.40°C - On Ice

Matrix: Waste Water

Lab Log Numbers: **EG28058-01**

Work Order: EG28058

Report # EG28058-0801220953

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: *WWTP Effluent*

Location Code:

PWSID#:

Collection Type: Grab

Sample Time: 7/28/22 11:00

Lab Log# EG28058-01

| Method/Parameter | Test | Result | Notes | PQL# | Prep Info | Analysis Info |
|------------------------------------|----------------------|----------------|-------|------|--------------------|--------------------|
| Ecoli. m-ColiBlue24 MF, Hach 10029 | Escherichia Coliform | 17.6 CFU/100ml | | 1.00 | 07/28/22 15:01 STO | 07/29/22 15:32 STO |

Notes and Definitions

A-09 The ending QC Blank check had bacteria growth. This bacteria was not the target organisms for this analysis method.

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 |
|--------------|------------------------------------|----------------------|-----------------|------|-------|
| 22G2849-BLK1 | Ecoli. m-ColiBlue24 MF, Hach 10029 | Escherichia Coliform | BPQL CFU/100 ml | 1.00 | |
| 22G2849-BLK2 | Ecoli. m-ColiBlue24 MF, Hach 10029 | Escherichia Coliform | BPQL CFU/100 ml | 1.00 | |
| 22G2849-BLK3 | Ecoli. m-ColiBlue24 MF, Hach 10029 | Escherichia Coliform | BPQL CFU/100 ml | 1.00 | |
| 22G2849-BLK4 | Ecoli. m-ColiBlue24 MF, Hach 10029 | Escherichia Coliform | 2.00 CFU/100 ml | 1.00 | A-09 |

* Complete Entire COC to be in Compliance*

RUSH Due Date _____



Chain of Custody

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

| | | | | | | | | | |
|----------------------------------|--|---------------------|---|--|--|--|--|--|--|
| Sample Preserv. & Container → | ICE | | | | | | | | |
| | 125 mL Na ₂ S ₂ O ₈ | | | | | | | | |
| Analysis Requested → | E-Coli MF | | | | | | | | |
| | | # of Container ↓ | 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 | | | | | |
|-----------------------|-------------------|-------------------|-----------------------------------|----------------------|--|---|--|---------------------|-----------|--|--|--|--|--|
| | | | | | | | | | | | | | | |
| EG28058 -01 | 7/28/22 | 1100 | WW | G | WWTP Effluent | | | 1 | 1 | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| | | | | | | | |
|--|--|-------------------------------|--------------------------------|------------|-----------|-------------|-------------|
| On-Site Info | Raw Alkalinity (TOC Raw)= _____ mg/L | Turbidity (E.Coli)= _____ ntu | Field Instrument Calibration - | | | | |
| | Matrix Codes DW = Drinking Water WW = Wastewater SL = Sludge O = Other _____ | | | Meter Type | Standards | Final Read. | Date , Time |
| E.Coli Source- GWUDI-FS= Groundwater under direct influence of Flowing Stream GWUDI-RL= Groundwater under direct influence of Reservoir/Lake | | | HACH | 4-7-10 | 7.05 | 7/28/22 | ZI |

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: *[Signature]* Date/Time: 7/28/22

Sampled By: Zachery Isca *[Signature]* Company: City of Perkins Sample Method: Grab

| | | | |
|--|-------------------------|--|--|
| Relinquished By: Zachery Isca <i>[Signature]</i> | Date/Time: 7/28/22 | Received By: Zachery Isca <i>[Signature]</i> | Date/Time: 7/28/22 |
| <input type="checkbox"/> Relinquished to Lab By: Zachery Isca <i>[Signature]</i> | Date/Time: 7/28/22 1337 | Received at Lab By: <i>[Signature]</i> | Rec'd °C: 7.4 <i>[Signature]</i> Date/Time: 7/28/22 1337 |

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: Chad Beitz City of Perkins Address: PO Box 9 Perkins, OK 74059 Phone #: 405-547-2445 Fax #: 405-547-5440 Email: cbeitz@cityofperkins.net zisca@cityofperkins.net citymanager@cityofperkins.net cityclerk@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 |
|---|---|