



July 27, 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 21, 2022 Time: 13:31 sample temp upon arrival at lab = 13.50°C - On Ice

Matrix: Waste Water

Lab Log Numbers: **EG21074-01**

Work Order: EG21074

Report # EG21074-0727220836

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: 7/21/22 11:00

Lab Log# EG21074-01

Method/Parameter	Test	Result	Notes	PQL#	Prep Info	Analysis Info
Ecoli. m-ColiBlue24 MF, Hach 10029	Escherichia Coliform	2500 CFU/100ml	CONF ###	1.00	07/21/22 18:29 STO	07/22/22 17:45 RND

Notes and Definitions

CONF The sample showed Confluent bacteria growth.

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
22G2195-BLK1	Ecoli. m-ColiBlue24 MF, Hach 10029	Escherichia Coliform	BPQL CFU/100 ml	1.00	
22G2195-BLK2	Ecoli. m-ColiBlue24 MF, Hach 10029	Escherichia Coliform	BPQL CFU/100 ml	1.00	

* Complete Entire COC to be in Compliance*



Chain of Custody

RUSH Due Date _____

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

Sample Preserv. & Container →	ICE								
	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)		
EG 21074 -01	7/21/22	1100	WW	G	WWTP Effluent			

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		
E.Coli Source	GWUDI-FS= Groundwater under direct influence of Flowing Stream					GWUDI-RI= Groundwater under direct influence of Reservoir/Lake
			Meter Type	Standards	Final Read.	Date , Time
			HACH	4-7-10	7.05	7/21/22
						Initials
						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:** 7/21/22

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

Relinquished By: Zachery Isca **Date/Time:** 7/21/22 **Received By:** Zachery Isca **Date/Time:** 7/21/22

Relinquished to Lab By: Zachery Isca **Date/Time:** 7/21/22 **Received at Lab By:** *[Signature]* **Rec'd °C:** 13.5 **Date/Time:** 7/21/22 13:31

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
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