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## INORGANIC COMPOUNDS (IOC) REPORT

Client Name: McMullen Water Systems  
P.O. Box 1471  
St. Helens, OR 97051

System Name:  
System ID Number:  
Source Number:  
Multiple Sources:  
Sample Type:  
Sample Purpose: Investigative or Other  
Sample Location: 80393 Kallunki Road  
County:

Reference Number: 15-24818  
Project: 80393 Kallunki Road

Sample Number: 80393  
Lab Number: 15\_55173  
Collect Date: 11/17/15 12:00  
Date Received: 11/16/15  
Report Date: 11/20/15  
Sampled By: Shawn  
Sampler Phone:  
Approved by: bj, tbp  
Authorized by:

Thanh B Phan  
Lab Manager, Portland

| EPA# | ANALYTES                   | RESULTS | UNITS | LRL   | MCL   | Analyst | Lab Code*  | METHOD       | Analyzed | COMMENT |
|------|----------------------------|---------|-------|-------|-------|---------|------------|--------------|----------|---------|
| 1040 | EPA Regulated<br>NITRATE-N | 0.59    | mg/L  | 0.005 | 10    | cpo     | OR100063 c | SM4500-NO3 F | 11/17/15 |         |
|      | EPA Regulated<br>ARSENIC   | ND      | mg/L  | 0.001 | 0.010 | mvp     | WA200008 a | 200.8        | 11/19/15 |         |

### NOTES:

ND (Not Detected): indicates that the parameter was not detected above the Lower Reporting limit (LRL).

MCL (Maximum Contaminant Level) maximum permissible level of a contaminant in water established by EPA; Federal Action Levels are 0.015 mg/L for Lead and 1.3 mg/L for Copper. Sodium has a recommended limit of 20 mg/L. A blank MCL value indicates a level is not currently established.

\* Lab Code - lists the laboratory accreditation code plus a letter at the far right to indicate the Edge Analytical lab facility where the analyses was performed.

An \* in front of the parameter name indicates it is not NELAP accredited but it is accredited through WSDOH or USEPA Region 10.

These test results meet all the requirements of NELAP, unless otherwise stated in writing, and relate only to these samples. Estimates of uncertainty are not included in this report. If this information is required please contact us at the phone number listed in the report header.

If you have any questions concerning this report contact us at the above phone number.

FORM: cioc OR.rpt



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Reference Number: **15-24818**

System ID Number:

System Name:

Sampler Phone:

FAX/Email: **mcmullenracing@msn.com**

Authorized by:

Thanh B Phan  
Lab Manager, Portland

Client Name: **McMullen Water Systems**  
**P.O. Box 1471**  
**St. Helens, OR 97051**

ORLAP #: **OR100063**

Lab Sample #: **15\_55173**

Project: **80393 Kallunki Road**

Date Collected: **11/17/15 12:00**

Sampled By: **Shawn**

Sample Location: **80393 Kallunki Road**

Sampler Phone Number:

Field ID: **80393**

Sample Type:

Sample Purpose: **Investigative or Other**

Free Chlorine:

Treatment:

Original Sample Date:

Repeat Sample Number:

Date Received: **11/16/15 9:55**

Analysis Start: **11/17/15 17:30**

Prep Analyst: **AJS**

Method: **SM9223 B / Colilert-18**

Date Analyzed: **11/18/15 13:50**

Analyst: **cpo**

Peer Review:

## Test Results

| PARAMETER             | RESULT                                |
|-----------------------|---------------------------------------|
| <b>TOTAL COLIFORM</b> | <b>Satisfactory, Coliforms Absent</b> |
| <b>E. Coli</b>        | <b>Absent</b>                         |

Sample Invalidation:

☐ Other: \_\_\_\_\_

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, and with written consent of this laboratory.

If the sample is unsatisfactory you can get information at the health department website.

### NOTES:

If the result is Unsatisfactory a repeat sample is required for Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.  
If E. Coli or Fecal Coliform are present in sample do not drink the water until it is properly treated.