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Bend, OR Microbiology (e)
20332 Empire Blvd Ste 4 - Bend, OR 97701 - 541.639.8425



Reference Number: **22-07796**

System ID Number: 4193714
System Name: KINGS VALLEY CHARTER SCHOOL
Sampler Phone:
FAX/Email: mhazelton@kvschool.org;dbarnhart@kvschool.org

Authorized by: *Sarah P Miller*

Sarah P Miller
Lab Manager, Corvallis

Client Name: Kings Valley Charter School 38840 Kings Valley Hwy Philomath, OR 97370
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ORELAP #: **OR100009**

Lab Sample #: **22_14962**

Project: **Coliform**

Date Collected: 3/7/22 14:05	Sampler Phone Number:
Sampled By: RAP	Field ID: DIST-A
Sample Location: Grade 1/2	

Sample Type: Routine	Sample Purpose: Compliance
Free Chlorine:	Treatment:
Original Sample Date:	Repeat Sample Number:

Date Received: 3/7/22 14:05	Prep Analyst: RRV
Analysis Start: 3/7/22 16:44	
Method: SM9223 B / Colilert-18	
Date Analyzed: 3/ 8/22 12:26	
Analyst: rvv	
Approved By: cjs	

Test Results

PARAMETER	RESULT
TOTAL COLIFORM	Satisfactory, Coliforms Absent
E. Coli	Absent

Sample Invalidation:
<input type="checkbox"/> 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.



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**OREGON DRINKING WATER
SAMPLE INFORMATION**

22-07796
14962

Report To: <i>Kings Valley Charter School</i>	Bill To: <input type="checkbox"/> Same As Report To
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone: Fax:	Phone:
Email:	P. O. #
Contact:	
Project Name: <i>Coliform</i>	CLIENT #

SAMPLING INFORMATION REQUIRED

Investigative **Compliance** - is for State regulations for Public Water Systems. (Results will be sent to you and the State.)

Date Collected: *3-7-02* Time Collected: *1405* AM PM Collected By: *WOM*

Sample address: *Grade*

Source: well, city water, spring, stream, other) Specific Location: (Outside faucet, kitchen faucet, bath faucet, other) *1/2*

PUBLIC WATER SYSTEM (ONLY)

System ID Number: *41-93714* County: *Benton*

System Name:

Sample Taken : At source (SRC-____) At Entry Point (EP-____) In Distribution (DIST- *A*)

Treatment Type: None Chlorination Other

Residual Chlorine: _____ mg/L

Sample type: routine, special, assessment, other: Initial Positive ID#: Date of Initial Positive:

ANALYSIS TO PERFORM FREQUENTLY REQUESTED TESTS. FOR OTHERS, PLEASE LIST UNDER OTHER ANALYSIS.

Bacteriology	Public Water Systems	Other Analysis:
<input checked="" type="checkbox"/> Total Coliform & E. coli - Presence/Absence	<input type="checkbox"/> SOC OR panel	<input type="checkbox"/> Peace of Mind, no herbicides
<input type="checkbox"/> _____	<input type="checkbox"/> VOC OR panel	<input type="checkbox"/> Peace of Mind, herbicide option A
Inorganic Compounds	<input type="checkbox"/> IOC OR panel	<input type="checkbox"/> Peace of Mind, herbicide option B
<input type="checkbox"/> Nitrate	<input type="checkbox"/> 552.3 Haloacetic Acids (HAA5)	<input type="checkbox"/> Nuisance Package
<input type="checkbox"/> Arsenic	<input type="checkbox"/> 524.2 Trihalomethanes (TTHM)	<input type="checkbox"/> Water Treatment Package
<input type="checkbox"/> Metals (List or circle each metal Individually)*	<input type="checkbox"/> Lead and Copper Rule (Special Sampling)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

*METALS: Al, Sb, As, Ba, Be, B, Cd, Ca, Cr, Co, Cu, Fe, Pb, Mg, Mn, Hg, Mo, Ni, K, Se, Si, Ag, Na, Sr, Ti, Sn, Tl, U, V, Zn

Turnaround Time Requested (Inorganic Compounds Only)

STANDARD - 10 BUSINESS DAYS HALFTIME - 5 BUSINESS DAYS (SURCHARGE APPLIES) QUICKEST - 3 BUSINESS DAYS (SURCHARGE APPLIES)

Remarks or Special Instructions:

RELINQUISHED BY	DATE	TIME	RECEIVED BY	DATE	TIME
X <i>KVES</i>			X <i>WOM</i>	<i>3-7-02</i>	<i>1405</i>

EVIDENCE OF COOLING YES NO N/A

SAMPLE TEMP *16.0* °C SATISFACTORY YES NO N/A

SAMPLES RECEIVED INTACT / IN HOLD TIMES YES NO N/A

APPROPRIATE CONTAINERS YES NO N/A

BOTTLES ORIGINATED FROM EDGE YES NO N/A

PAYMENT: CREDIT CARD CASH CHECK # _____

INVOICE AMOUNT \$ _____

IF NO, SOURCE: _____

GENERAL INSTRUCTIONS ARE ON THE BACK

RSK