

05/25/2010 11:22 5414845995

ANALYTICAL LAB

PAGE 01/01

Analytical Laboratory & Consultants, Inc.

361 West Fifth Avenue • Eugene, OR 97401

541-485-8404 • 1-800-262-5973

Fax: 541-484-5995

Oregon ORELAP Accredited

Laboratory ID# OR100012

Accredited in accordance with NELAC

Accredited analytes marked "M"

ANALYSIS REPORT

WATER QUALITY INDICATOR TESTS

Name	Gayl Troyer	Lab Report No.	63784
Company	McCowan Medical Laboratory	Date Received	5/21/10 1010
Mailing Address	178 W. Commercial Street Coos Bay, OR 97420	Collection Date/Time	5/19/10 1400
Phone/Fax	541-267-7853 / 541-267-4025	Collected by	James Crook
Property Address or Client ID	23154 Hwy. 101 Crook Ranch	Company	
		Sample Point	Wellhead #2
		Water Source	Well Untreated
		Delivered By	UPS

	Analyte	Method	MCL	Results	Units	Analysis Date/Analyst
X	Arsenic ^M	SM 3113 B	0.01 ¹	< 0.0040	mg/L	5/23/10 JE
	Hardness (as CaCO ₃) ^M	SM 2340 C	250 ²		mg/L	
	Iron ^M	SM 3111 B	0.3 ²		mg/L	
	pH ^M	EPA 150.1	6.5-8.5 ²		pH unit	
	Conductivity ^M	SM 2510 B			umho/cm	
	Total Dissolved Solids estimated from Conductivity		500 ²		mg/L	
X	Nitrate-N ^M	SM 4500-NO ₃ D	10 ¹	< 1.0	mg/L	5/21/10 1125 SN
	Lead ^M	SM 3113 B	0.015 ³		mg/L	
	Sodium ^M	SM 3111 B	20 ¹		mg/L	

"<" Means Less Than the Reporting Limit. Not Detected at or above the Reporting Limit.

¹ Public Water System Maximum Contaminant Level.

² Public Water System Secondary Maximum Contaminant Level.

³ Public Water System Action Level.

⁴ Advisory Only (EPA).

⁵ According to the Oregon DHS "Fact Sheet" on "Coliform Bacteria", "The presence of coliform bacteria in a water supply shows possible pollution that may contain disease causing organisms." "Therefore, safe water contains no total coliform bacteria."

Test results relate only to the parameters tested and to the samples as received by the laboratory.

All analyses were performed according to the Analytical Laboratory & Consultants, Inc. Quality Assurance Program. All QA/QC requirements were met except as noted. For ORELAP accredited analytes (identified by "M"), test results meet all requirements of NELAC except as noted.

No anomalies associated with the analysis of these sample(s) were observed.

Note for pH by EPA 150.1: pH should be analyzed immediately following sample collection. If pH analysis was requested, the sample was analyzed on receipt in the laboratory.

Approved Sandra Rodman Laboratory Supervisor Date 5/24/10



State of Oregon - Drinking Water Program
Microbiological Analysis (Coliform) Reporting Form for Public Water Supplies (v3.2)

PWS# 4 1

PWS Name: CROOK

City, County: BROOKINGS CURRY

Phone: 541 425 1300 Fax: 541 247 9865

Return address for report:
 Name: Crook Ranch
 Address: 94727 S. Bank Right Rain Rd
 City, State, Zip: Brookings, OR 97415

ORELAP#: OR100026

Lab Name: DH McCOWAN MEDICAL LABORATORY

Address: 178 W COMMERCIAL
COOS BAY, OR 97420

Phone/Fax: 541-267-7853 / 541-267-4025

Bottle#: 2 HEAD

Results do not meet NELAC Standards-See page 2

Lab Sample ID#: 20100776

Sample Collected Date/Time: 5 / 19 / 2010 2:00 AM PM Chlorinated: No Yes

Collected By: JAMES CROOK Free Chlorine: _____ mg/L

DISTRIBUTION Sample Type: Routine *Repeat Temporary Routine Special

*Date of Initial Positive: ___/___/___ *Original Positive ID#: _____

Address: 23154 Hwy 101 Sampled at (ex. "SINK"): well head

SOURCE Sample Type: *Triggered *Confirmation Assessment Special

*Date of Initial Positive: ___/___/___ *Original Positive ID#: _____

Source ID: SRC- Not Assigned Source name (ex. "WELL #1"): Well # 2 WELL HEAD

SAMPLE NOTES

Bottle * 2 well * 2

LAB USE ONLY

Sample Received Date/Time: 05 / 20 / 2010 08:00 AM PM Initials: WD Temp: 5 °C

VIA COURIER Evidence of cooling? Yes No

Analysis Start Date/Time: 05 / 20 / 2010 16:34 AM PM Initials: WD

ORELAP Method(s): Colilert® Colilert-18® SM 9223 SM 20th Ed.

Test Results:

Total Coliforms: Present Absent

E. Coll: Present Absent

Analysis Complete Date/Time: 05 / 21 / 2010 16:40 AM PM

Analyst: [Signature]

Review by: [Signature] 05 / 24 / 2010

Reported By: [Signature] Report Date 05 / 24 / 2010

Sample Invalidation:

Over 30 hours

Leak

Heavy non-coliform growth

Other _____

DHS USE ONLY

Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of NELAC unless otherwise noted. This report shall not be reproduced except in full, without written consent of this laboratory. Send results to DHS-DWP P.O. Box 14350, Portland, OR 97293-0350

Analytical Laboratory & Consultants, Inc.

361 West Fifth Avenue • Eugene, OR 97401

541-485-8404 • 1-800-262-5973

Fax: 541-484-5995

Oregon ORELAP Accredited

Laboratory ID# OR100012

Accredited in accordance with NELAC

Accredited analytes marked "X"

ANALYSIS REPORT

WATER QUALITY INDICATOR TESTS

Name	Gayl Troyer	Lab Report No.	63783
Company	McCowan Medical Laboratory	Date Received	5/21/10 1010
Mailing Address	178 W. Commercial Street Coos Bay, OR 97420	Collection Date/Time	5/19/10 1400
Phone/Fax	541-267-7853 / 541-267-4025	Collected by	James Crook
Property Address or Client ID	23154 Hwy. 101 Crook Ranch	Company	
		Sample Point	Wellhead #1
		Water Source	Well Untreated
		Delivered By	UPS

	Analyte	Method	MCL	Results	Units	Analysis Date/Analyst
X	Arsenic [¶]	SM 3113 B	0.01 ¹	< 0.0040	mg/L	5/23/10 JE
	Hardness (as CaCO ₃) [¶]	SM 2340 C	250 ²		mg/L	
	Iron [¶]	SM 3111 B	0.3 ²		mg/L	
	pH [¶]	EPA 150.1	6.5-8.5 ²		pH unit	
	Conductivity [¶]	SM 2810 B			umho/cm	
	Total Dissolved Solids estimated from Conductivity		500 ²		mg/L	
X	Nitrate-N [¶]	SM 4600-NO ₃ D	10 ¹	< 1.0	mg/L	5/21/10 1124 SN
	Lead [¶]	SM 3113 B	0.015 ³		mg/L	
	Sodium [¶]	SM 3111 B	20 ⁴		mg/L	

*< Means Less Than the Reporting Limit. Not Detected at or above the Reporting Limit.

¹ Public Water System Maximum Contaminant Level.

² Public Water System Secondary Maximum Contaminant Level.

³ Public Water System Action Level.

⁴ Advisory Only (EPA).

⁵ According to the Oregon DHS "Fact Sheet" on "Coliform Bacteria", "The presence of coliform bacteria in a water supply shows possible pollution that may contain disease causing organisms." "Therefore, safe water contains no total coliform bacteria."

Test results relate only to the parameters tested and to the samples as received by the laboratory.

All analyses were performed according to the Analytical Laboratory & Consultants, Inc. Quality Assurance Program. All QA/QC requirements were met except as noted. For ORELAP accredited analytes (identified by "¶"), test results meet all requirements of NELAC except as noted.

No anomalies associated with the analysis of these sample(s) were observed.

Note for pH by EPA 150.1: pH should be analyzed immediately following sample collection. If pH analysis was requested, the sample was analyzed on receipt in the laboratory.

Approved

Dandra Nordman

Laboratory Supervisor Date 5/24/10



State of Oregon - Drinking Water Program
Microbiological Analysis (Coliform) Reporting Form for Public Water Supplies (v3.2)

PWS# 4 1

PWS Name: CROOK

City, County: BROOKINGS Curry

Phone: 541 425 1300 Fax: 541 247 9865

Return address for report:

Name: Crook Ranch

Address: 94727 S. Bank Pkwy Rm 101

City, State, Zip: Brookings, OR 97415

ORELAP#: OR100026

Lab Name: DH McCOWAN MEDICAL LABORATORY

Address: 178 W COMMERCIAL
COOS BAY, OR 97420

Phone/Fax: 541-267-7853 / 541-267-4025

Bottle#: up # HE011

Results do not meet NELAC Standards-See page 2

Lab Sample ID#: 20100777

Sample Collected Date/Time: 5 / 19 / 2010 2 : 00 AM PM Chlorinated: No Yes

Collected By: JAMES CROOK Free Chlorine: _____ mg/L

DISTRIBUTION Sample Type: Routine *Repeat Temporary Routine Special

*Date of Initial Positive: ____ / ____ / ____ *Original Positive ID#: _____

Address: 23154 Hwy 101 Sampled at (ex. "SINK"): up well head

SOURCE Sample Type: *Triggered *Confirmation Assessment Special

*Date of Initial Positive: ____ / ____ / ____ *Original Positive ID#: _____

Source ID: SRC- NOT ASSIGNED Source name (ex. "WELL #1"): well # 1 WELL HEAD

SAMPLE NOTES

Bottle # 1 well # 1

LAB USE ONLY

Sample Received Date/Time: 05 / 20 / 2010 08 : 00 AM PM Initials: [Signature] Temp: 5 °C

via CARRIER Evidence of cooling? Yes No

Analysis Start Date/Time: 05 / 20 / 2010 16 : 34 AM PM Initials: [Signature]

ORELAP Method(s): Colilert® Colilert-18® SM 9223 SM 20th Ed.

Test Results:

Total Coliforms: Present Absent

E. Coll: Present Absent

Analysis Complete Date/Time: 05 / 21 / 2010 16 : 40 AM PM

Analyst: [Signature]

Review by: [Signature] 05 / 24 / 2010

Reported By: [Signature] Report Date 05 / 24 / 2010

Sample Invalidation:

Over 30 hours

Leak

Heavy non-coliform growth

Other _____

DHS USE ONLY

Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of NELAC unless otherwise noted. This report shall not be reproduced except in full, without written consent of this laboratory. Send results to DHS-DWP P.O. Box 14350, Portland, OR 97283-0350



State of Oregon - Drinking Water Program
Microbiological Analysis (Coliform) Reporting Form for Public Water Supplies (v3.2)

PWS# 4 1

PWS Name: CROOK

City, County: BROOKINGS CURRY

Phone: 541 425 1300 Fax: 541 247 9865

Return address for report:

Name: Crook Ranch

Address: 94727 S. Bent Road Rm 201

City, State, Zip: Brookings, OR 97415

ORELAP#: OR100026

Lab Name: DH McCOWAN MEDICAL LABORATORY

Address: 178 W COMMERCIAL
COOS BAY, OR 97420

Phone/Fax: 541-267-7853 / 541-267-4025

Bottle#: 3 HE011

Results do not meet NELAC Standards-See page 2

Lab Sample ID#: 20100278

Sample Collected Date/Time: 5/19/2010 14:00 AM PM Chlorinated: No Yes

Collected By: JAMES CROOK Free Chlorine: _____ mg/L

DISTRIBUTION Sample Type: Routine *Repeat Temporary Routine Special

*Date of Initial Positive: 5/19/2010 *Original Positive ID#: _____

Address: 23154 Hwy 101 Sampled at (ex. "SINK"): wall head

SOURCE Sample Type: *Triggered *Confirmation Assessment Special

*Date of Initial Positive: _____ *Original Positive ID#: _____

Source ID: SRC- NOT ASSIGNED Source name (ex. "WELL #1"): well # 3 WELL HEAD

SAMPLE NOTES

Bottle # 3 well # 3

LAB USE ONLY

Sample Received Date/Time: 05/20/2010 08:00 AM PM Initials: WJ Temp: 5 °C

VIA COURIER Evidence of cooling? Yes No

Analysis Start Date/Time: 05/20/2010 16:34 AM PM Initials: WJ

ORELAP Method(s): Colilert® Colilert-18® SM 9223 SM 20th Ed.

Test Results:

Total Coliforms: Present Absent

E. Coli: Present Absent

Analysis Complete Date/Time: 05/21/2010 16:40 AM PM

Analyst: [Signature]

Review by: [Signature] 05/24/2010

Reported By: [Signature] Report Date 05/24/2010

Sample Invalidation:

Over 30 hours

Leak

Heavy non-coliform growth

Other _____

DHS USE ONLY

Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of NELAC unless otherwise noted. This report shall not be reproduced except in full, without written consent of this laboratory. Send results to DHS-DWP P.O. Box 14360, Portland, OR 97293-0350

Analytical Laboratory & Consultants, Inc.

361 West Fifth Avenue • Eugene, OR 97401

541-485-8404 • 1-800-262-5973

Fax: 541-484-5995

Oregon ORELAP Accredited

Laboratory ID# OR100012

Accredited in accordance with NELAC

Accredited analytes marked "¶"

**ANALYSIS REPORT
WATER QUALITY INDICATOR TESTS**

Name	Gayl Troyer	Lab Report No.	63785
Company	McCowan Medical Laboratory	Date Received	5/21/10 1010
Mailing Address	178 W. Commercial Street Coos Bay, OR 97420	Collection Date/Time	5/19/10 1400
Phone/Fax	541-267-7853 / 541-267-4025	Collected by	James Crook
Property Address or Client ID	23154 Highway 101 Crook Ranch	Company	
		Sample Point	Wellhead #3
		Water Source	Well Untreated
		Delivered By	UPS

	Analyte	Method	MCL	Results	Units	Analysis Date/Analyst
X	Arsenic ¶	SM 3113 B	0.01 ¹	0.0167*	mg/L	5/23/10 JE
	Hardness (as CaCO ₃) ¶	SM 2340 C	250 ²		mg/L	
	Iron ¶	SM 3111 B	0.3 ²		mg/L	
	pH ¶	EPA 150.1	6.5-8.5 ²		pH unit	
	Conductivity ¶	SM 2510 B			umho/cm	
	Total Dissolved Solids estimated from Conductivity		500 ²		mg/L	
X	Nitrate-N ¶	SM 4500-NO ₃ D	10 ¹	< 1.0	mg/L	5/21/10 1126 SN
	Lead ¶	SM 3113 B	0.015 ³		mg/L	
	Sodium ¶	SM 3111 B	20 ⁴		mg/L	

"<" Means Less Than the Reporting Limit. Not Detected at or above the Reporting Limit.

¹ Public Water System Maximum Contaminant Level.

² Public Water System Secondary Maximum Contaminant Level.

³ Public Water System Action Level.

⁴ Advisory Only (EPA).

⁵ According to the Oregon DHS "Fact Sheet" on "Coliform Bacteria", "The presence of coliform bacteria in a water supply shows possible pollution that may contain disease causing organisms." "Therefore, safe water contains no total coliform bacteria."

Test results relate only to the parameters tested and to the samples as received by the laboratory.

All analyses were performed according to the Analytical Laboratory & Consultants, Inc. Quality Assurance Program. All QA/QC requirements were met except as noted. For ORELAP accredited analytes (identified by "¶"), test results meet all requirements of NELAC except as noted.

* Arsenic by SM 3113 B: Duplicate RPD was 24.9% outside the 20% control limit, due to interference by sample solids.

Note for pH by EPA 150.1: pH should be analyzed immediately following sample collection. If pH analysis was requested, the sample was analyzed on receipt in the laboratory.

Approved

Rory White

Laboratory Director

Date 5/24/2010