

ANALYTICAL REPORT

PREPARED FOR

Attn: Shiloh Water
Shiloh Water Systems, Inc.
190 West Church St
Mt. Angel, Oregon 97362

Generated 1/8/2026 12:05:31 AM

JOB DESCRIPTION

4001 S Elliott Prairie

JOB NUMBER

170-2845-1

Eurofins Wilsonville
9725 SW Commerce Circle
A2
Wilsonville OR 97070

See page two for job notes and contact information.

Job Notes

This report may not be reproduced except in full, and with written approval from the laboratory. The results relate only to the samples tested. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

The test results in this report relate only to the samples as received by the laboratory and will meet all requirements of the methodology, with any exceptions noted. This report shall not be reproduced except in full, without the express written approval of the laboratory. All questions should be directed to the Eurofins Drinking Water and Wastewater West, LLC Project Manager.

Authorization



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(503)682-7802

Client Sample Results

Client: Shiloh Water Systems, Inc.
Project/Site: 4001 S Elliott Prairie

Job ID: 170-2845-1

Client Sample ID: Outside faucet - 4001 S Elliott Prairie

Lab Sample ID: 170-2845-1

Woodburn

Date Collected: 12/30/25 10:00

Matrix: Drinking Water

Date Received: 12/31/25 08:55

Method: 200.8 - Metals (ICP/MS)

Analyte	Result	Qualifier	RL	Unit	D	Analyzed	Dil Fac	Analyst
Arsenic	0.0013		0.0010	mg/L	D	01/05/26 14:51	1	T8BB

General Chemistry

Analyte	Result	Qualifier	RL	Unit	D	Analyzed	Dil Fac	Analyst
Nitrate as N (Nitrate by calc)	1.5		0.0050	mg/L	D	01/02/26 11:25	1	PDK

Method: SM 9223B - Coliforms, Total, and E.Coli (Colilert - Presence/Absence)

Analyte	Result	Qualifier	RL	Unit	D	Analyzed	Dil Fac	Analyst
E. Coli	ABSENT			/100mL	D	12/31/25 15:50	1	EJB
Coliform, Total	ABSENT			/100mL		12/31/25 15:50	1	EJB

Eurofins Wilsonville

Action Limit Summary

Client: Shiloh Water Systems, Inc.
Project/Site: 4001 S Elliott Prairie

Job ID: 170-2845-1

**Client Sample ID: Outside faucet - 4001 S Elliott Prairie
Woodburn**

Lab Sample ID: 170-2845-1

Compliance Check

The results obtained from the analytical testing of this data set were checked against compliance limits received from the client. Any results at or above the compliance limits have been highlighted for your convenience.

Analyte	Result	Qualifier	Unit	OR DW		EPAMCL		RL	Method	Prep Type
				Limit	Limit	Limit	Method			
Arsenic	0.0013		mg/L	0.01	0.01	0.01		0.0010	200.8	Total/NA
Nitrate as N	1.5		mg/L	10	10	10		0.0050	Nitrate by calc	Total/NA
E. Coli	ABSENT		/100mL	Present	Present	Present			SM 9223B	Total/NA
Coliform, Total	ABSENT		/100mL	Present	Present	Present			SM 9223B	Total/NA



Burlington WA 1620 S Walnut St. Burlington, 98233
 Corporate Lab 800.755.9295 • 360.757.1400 • 360.757.1400
 Wilsonville OR 9725 SW Commerce Cir A-2, Wilsonville 97070
 Corvallis OR 503.682.7802
 Bend Lab 1100 NE Circle Blvd, Corvallis, 97330 541-753-4946
 20332 Empire Ave. Suite F4. Bend, 97703 541-639-8425

OREGON DRINKING WATER SAMPLE INFORMATION

For Lab Use Only

JCN

Report To: Shiloh Water Systems	Bill To: Shiloh Water Systems	<input type="checkbox"/> Same As Report To
Address: 190 W Church St	Address: 190 W Church St	
City: Mt Angel	State: OR	Zip: 97362
Phone: 503-845-5225	Fax:	Phone: 503-845-5225
Email: shilohwater@shilohwater.com		EMAIL: shilohwater@shilohwater.com
Contact: Misti Shaver		<input type="checkbox"/> VISA <input type="checkbox"/> INVOICE
Project Name:		CLIENT ID: SHI02

SAMPLING INFORMATION REQUIRED

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

Date Collected: 12-30-25 Time Collected: 1000 AM PM Collected By: Mike

Sample address: 4001 S Elliott Prairie Woodburn.

Source: well city water, spring, stream, other)

Specific Location: Outside faucet kitchen faucet, bath faucet, other)

PUBLIC WATER SYSTEM (ONLY)

System ID Number:	County:
System Name:	
Sample Taken: <input type="checkbox"/> At source	<input type="checkbox"/> At Entry Point (EP-____) <input type="checkbox"/> In Distribution (DIST-____)
Treatment Type: <input type="checkbox"/> None	Chlorination <input type="checkbox"/> Other
Residual Chlorine: mg/L	
Sample type: routine, special, assay	Initial Positive ID#:
	Date of Initial Positive:



170-2845 COC

ANALYSIS TO PERFORM

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

Bacteriology

Total Coliform & E. coli - Presence/Absence
 Total Coliform & E. coli - Count (MPN)

Inorganic Compounds

Nitrate
 Arsenic
 Metals (List or circle each metal individually)*

Public Water Systems

SOC OR panel
 VOC OR (524.0R)
 IOC OR panel
 552.3 Haloacetic Acids (HAA5)
 524.2 Trihalomethanes (TTHM)
 Lead and Copper Rule (Special Sampling)

Other Analysis:

Nuisance Package
 Treatment Package
 Peace of Mind
 Peace of Mind, with Option(s)
 Option A Option B

*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, Tl, Sn, Ti, U, V, Zn

Turnaround Time Requested (Inorganic Compounds Only)

STANDARD – 10-15 WORKS DAYS HALFTIME – 5-7 WORKS DAYS (SURCHARGE APPLIES) QUICKEST – 3-4 WORKS DAYS (SURCHARGE APPLIES)

Remarks or Special Instructions:

RELINQUISHED BY (Please Print)	DATE	TIME	RECEIVED BY	DATE	TIME
X Mike Lowrie	12-30	10 am	X	12-31-28	0855

EVIDENCE OF COOLING SAMPLE TEMP 4.3/4.6°C SATISFACTORY
 SAMPLES RECEIVED INTACT

YES NO N/A

INVOICE CASH CREDIT CARD
 CHECK # _____ AMOUNT \$ _____

