



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

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



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Wilsonville OR 9725 SW Commerce Cir A-2, Wilsonville 97070
503.682.7802
Corvallis OR 1100 NE Circle Blvd, Corvallis, 97330 541-753-4946
Bend Lab 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	City: Mt Angel State: OR Zip: 97362
Phone: 503-845-5225 Fax:	Phone: 503-845-5225 ATT:
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 Elkhart Prairie Woodburn.**

Source: ☒ 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: ☐ At source ☐ At Entry Point (EP-_____) ☐ In Distribution (DIST-_____) 

Treatment Type: ☐ None ☐ Chlorination ☐ Other

Residual Chlorine: _____ mg/L

Sample type: routine, special, asse. **170-2845 COC** Initial Positive ID#: _____ Date of Initial Positive: _____

ANALYSIS TO PERFORM

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

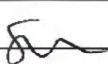
Bacteriology	Public Water Systems	Other Analysis:
<input checked="" type="checkbox"/> Total Coliform & E. coli - Presence/Absence	<input type="checkbox"/> SOC OR panel	<input type="checkbox"/> Nuisance Package
<input type="checkbox"/> Total Coliform & E. coli – Count (MPN)	<input type="checkbox"/> VOC OR (524.0R)	<input type="checkbox"/> Treatment Package
Inorganic Compounds	<input type="checkbox"/> IOC OR panel	<input type="checkbox"/> Peace of Mind
<input checked="" type="checkbox"/> Nitrate	<input type="checkbox"/> 552.3 Haloacetic Acids (HAA5)	<input type="checkbox"/> Peace of Mind, with Option(s)
<input checked="" type="checkbox"/> Arsenic	<input type="checkbox"/> 524.2 Trihalomethanes (TTHM)	<input type="checkbox"/> Option A <input type="checkbox"/> Option B
<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"/> _____

*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	1000	X 	12-31-25	0855

PAYMENT:

EVIDENCE OF COOLING ☒ **4.3/4.3** (12/30)
SAMPLE TEMP **4.3/4.3** °C SATISFACTORY
SAMPLES RECEIVED INTACT

YES NO N/A
☒ ☐ ☐
☒ ☐ ☐
☒ ☐ ☐

☐ INVOICE ☐ CASH ☐ CREDIT CARD
☐ CHECK # _____ AMOUNT \$ _____

