

PWS# **4 1** _____
PWS Name: _____
City, County: _____
Phone: _____ Fax: _____

EPA ID# OR00023
Oregon State Public Health Laboratory
3150 NW 229th Avenue, Suite 100
Hillsboro, Oregon 97124
Phone/FAX: 503-693-4100/503-693-5604

Return address for report:
Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ FAX: _____

Bottle#: _____

Lab Sample ID#: _____

Sample Collected Date/Time: ____/____/____ : ____ AM PM Chlorinated: No Yes
MM / DD / YYYY Hour: Min
Collected By: _____ Free Chlorine: _____ mg/L

DISTRIBUTION Sample Type: Routine *Repeat Temporary Routine Special
*Date of Initial Positive: ____/____/____ *Original Positive ID#: _____
MM / DD / YYYY
Address: _____ Sampled at (ex. "SINK"): _____

SOURCE Sample Type: *Triggered *Confirmation Assessment Special
*Date of Initial Positive: ____/____/____ *Original Positive ID#: _____
MM / DD / YYYY
Source ID: SRC- _____ Source name (ex. "WELL #1"): _____

LAB USE ONLY

Sample Received Date/Time: ____/____/____ : ____ AM PM Initials: _____ Temp: _____ °C
MM / DD / YYYY Hour: Min
Evidence of cooling? Yes No

Analysis Start Date/Time: ____/____/____ : ____ AM PM Initials: _____
MM / DD / YYYY Hour: Min

Method(s): Colilert[®] Colilert-18[®] SM 19th Ed. SM 20th Ed. SM 21st Ed.
 SM 9222 B (MF) + 9221E or 9221F or 9222G
Check all that apply. SM 9223 Other: _____

Test Results: Total Coliforms: <input type="checkbox"/> Present <input type="checkbox"/> Absent <i>E. coli</i> : <input type="checkbox"/> Present <input type="checkbox"/> Absent	Analysis Complete Date/Time: ____/____/____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM MM / DD / YYYY Hour: Min
	Analyst: _____
	Review by: _____ MM / DD / YYYY

Reported By: _____ Report Date ____/____/____
MM / DD / YYYY

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 EPA 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

Microbiological Analysis (Coliform) Reporting Guide

- The water system is responsible for filling out the water system and sample site information. The laboratory is responsible for filling out the result information.
- Entering sample site information: Sample identification, and source name information can be found in a water system survey, or DHS-Drinking Water Program Data Online at: <http://170.104.63.9/>

- **Distribution Samples:**

- Use “Distribution” box.

- **Source:**

- Use “Source” box.
 - Enter source identification# and source name.
 - See example (right):

ID	Facility Name	Well Logs
EP-A	EP for WELL #1	
SRC-AA	WELL #1	
EP-B	EP for WELL #2	
SRC-BA	WELL #2	

SOURCE	Sample Type: <input type="checkbox"/> *Triggerred <input type="checkbox"/> *Confirmation <input type="checkbox"/> Assessment <input type="checkbox"/> Special
*Date of Initial Positive: _____	*Original Positive ID#: _____
Source ID: SRC- <u>AA</u>	Source name (i.e. "WELL #1") <u>WELL #1</u>

- **Sample Types**

- **Distribution:**

- Routine: Regularly scheduled Distribution samples.
 - Repeat: Distribution samples required after a total coliform or *E. coli* positive result from a routine sample.
 - Temporary Routines: Distribution samples required the month following an original total coliform or *E. coli* positive result from a routine sample.

- **Source:**

- Triggered: Source water sample required following a total coliform positive routine result.
 - Confirmation: Source water samples required following an initial *E. Coli* positive source water sample result.
 - Assessment: Regularly scheduled source water sample (typical schedules are either once monthly or once annually).

- **Special:**

- Any other non-compliance sample, typically not reported to the DHS-Drinking Water Program.