



State of Oregon - Drinking Water Services  
Microbiological Analysis (Coliform) Reporting Form for Public Water Supplies (v3.4)

PWS# **41** 00474  
 PWS Name: Lawrence Subdivision Wtr Assn  
 City, County: Lebanon, Linn  
 Phone: 541-451-4633 Fax: \_\_\_\_\_  
 Return address for report:  
 Name: C/O Koopman Consulting - James Lee  
 Address: 1055 W Airway Road, Suite C102  
 City, State, Zip: Lebanon, OR 97355

ORELAP Lab ID **OR100012**  
 Analytical Laboratory Group, Inc 361 West Fifth Avenue  
 Eugene, Oregon 97401  
 1-800-262-5973 • 541-485-8404 Fax: 541-484-5995  
 Email: alglabs@alglabsinc.com  
 LIMS # PE Work Order# 2010467-101  
 Bottle#: 10220  
 Results do not meet NELAP Standards-See page 2

Sample Collected Date/Time: 10/12/2020 12:47  AM Chlorinated: No  Yes  
 MM / DD / YYYY Hour: Min  PM  
 Collected By: BR Hill per SOP 6141 Free Chlorine: 0.92 mg/L

DISTRIBUTION Sample Type:  Routine  \*Repeat  Temporary Routine  Special  
 \*Date of Initial Positive: \_\_\_/\_\_\_/\_\_\_ \*Original Positive ID#: \_\_\_\_\_  
 MM / DD / YYYY  
 Address: 31754 LAWRENCE ST Sampled at (ex. "SINK"): HOSE BIBB

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: 10/12/2020 14:34  AM Initials: JL Temp: 12 °C  
 MM / DD / YYYY Hour: Min  PM Evidence of cooling?  Yes  No  
 Analysis Start Date/Time: 10/12/20 17:07  AM Initials: JP  
 MM / DD / YYYY Hour: Min  PM  
 ORELAP Method(s):  Colilert® SM 9223B 2004  
 Colilert 18®  
 Shipped Via: ALG

Test Results: Analysis Complete Date/Time: 10/13/20 14:55  AM  
 Total Coliforms:  Present  Absent Analyst: [Signature] Hour: Min  PM  
 E. Coli:  Present  Absent Review by: Kimberly J Reem Morgan 10/14/2020  
 MM / DD / YYYY

Reported By: Kimberly J Reem Morgan Report Date 10/14/2020  
 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 NELAP unless otherwise noted. This report shall not be reproduced except in full, without written consent of this laboratory. Send results to OHA-DWS P.O. Box 14350, Portland, OR 97293-0350