



**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:** _____

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

Return address for report:
Name: C/O Koopman Consulting - James Lee
Address: 1055 W Airway Road, Suite C102
City, State, Zip: Lebanon, OR 97355

LIMS MTB Work Order# 2104483-001
Bottle#: illegible
 Results do not meet NELAP Standards-See page 2

Sample Collected Date/Time: 04/12/2021 11:25
 MM / DD / YYYY Hour: Min AM PM **Chlorinated:** No Yes
Collected By: BR HV PER SEP 6141 **Free Chlorine:** 0.66 mg/L

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

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

LAB USE ONLY
Sample Received Date/Time: 04/12/2021 13:55 AM PM **Initials:** Ac **Temp:** 10.5 °C
 MM / DD / YYYY Hour: Min **Evidence of cooling?** Yes No
Analysis Start Date/Time: 04/12/2021 15:34 AM PM **Initials:** _____
 MM / DD / YYYY Hour: Min
ORELAP Method(s): Colilert® SM 9223B 2004 Colilert 18®
Shipped Via: ALG

Test Results: **Analysis Complete Date/Time:** 04/13/2021 16:42 AM PM
 MM / DD / YYYY Hour: Min
Total Coliforms: Present Absent **Analyst:** Jordan DeBlanc
E. Coli: Present Absent **Review by:** Kimberly J Reem Morgan 4/14/2021
 MM / DD / YYYY

Reported By: Kimberly J Reem Morgan **Report Date:** 4/14/2021
 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