



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](mailto: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/MTA* Work Order# 2108076-001  
**Bottle#:** 082621  
 Results do not meet NELAP Standards-See page 2

**Sample Collected Date/Time:** 08 / 30 / 2021 10 : 56  AM  PM **Chlorinated**  No  Yes  
**Collected By:** Josh Fair per sop #G141 **Free Chlorine:** \_\_\_\_\_ mg/L

**DISTRIBUTION** Sample Type:  Routine  \*Repeat  Temporary Routine  Special  
 \*Date of Initial Positive: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \*Original Positive ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Sampled at (ex. "SINK"): \_\_\_\_\_

**SOURCE** Sample Type:  \*Triggered  \*Confirmation  Assessment  Special  
 \*Date of Initial Positive: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \*Original Positive ID#: \_\_\_\_\_  
**Source ID:** SRC- AA **Source name (ex. "WELL #1"):** Well #1 - Linn14703

**LAB USE ONLY**  
**Sample Received Date/Time:** 08 / 30 / 2021 13 : 38  AM  PM **Initials:** AE **Temp:** 11.7 °C  
**Evidence of cooling?**  Yes  No  
**Analysis Start Date/Time:** 08 / 30 / 2021 16 : 48  AM  PM **Initials:** \_\_\_\_\_  
**ORELAP Method(s):**  Colilert® SM 9223B 2004  
 Colilert 18® ALG  
**Shipped Via:** ALG

**Test Results:**  
**Total Coliforms:**  Present  Absent  
**E. Coli:**  Present  Absent  
**Analysis Complete Date/Time:** 08 / 31 / 2021 11 : 00  AM  PM  
**Analyst:** Jordan SoBlanc  
**Review by:** Kimberly J Reem Morgan 8 / 31 / 2021  
 MM / DD / YYYY

**Reported By:** Kimberly J Reem Morgan **Report Date:** 8 / 31 / 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



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

*LIMS* MIT/465 **Work Order#** 2108076-002  
**Bottle#:** 082621  
 **Results do not meet NELAP Standards-See page 2**

**Sample Collected Date/Time:** 08 / 30 / 2021 11 : 10  **AM**  **PM** **Chlorinated**  **No**  **Yes**  
**Collected By:** Josh Fair per sop #G141 **Free Chlorine:** \_\_\_\_\_ **mg/L**

**DISTRIBUTION** Sample Type:  **Routine**  **\*Repeat**  **Temporary Routine**  **Special**  
**\*Date of Initial Positive:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **\*Original Positive ID#:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Sampled at (ex. "SINK"):** \_\_\_\_\_

**SOURCE** Sample Type:  **\*Triggered**  **\*Confirmation**  **Assessment**  **Special**  
**\*Date of Initial Positive:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **\*Original Positive ID#:** \_\_\_\_\_  
**Source ID: SRC-** AB **Source name (ex. "WELL #1"):** Well #2 - Linn7927

**LAB USE ONLY**  
**Sample Received Date/Time:** 08 / 30 / 2021 13 : 38  **AM**  **PM** **Initials:** AE **Temp:** 12.1 °C  
**Evidence of cooling?**  **Yes**  **No**  
**Analysis Start Date/Time:** 08 / 30 / 2021 16 : 48  **AM**  **PM** **Initials:** \_\_\_\_\_  
**ORELAP Method(s):**  **Colilert® SM 9223B** 2004  
 **Colilert 18® ALG**  
**Shipped Via:** ALG

**Test Results:** **Analysis Complete Date/Time:** 08 / 31 / 2021 11 : 00  **AM**  **PM**  
**Total Coliforms:**  **Present**  **Absent** **Analyst:** Jordan SeBlanc  
**E. Coli:**  **Present**  **Absent** **Review by:** Kimberly J Rees Morgan 8 / 31 / 2021  
 MM / DD / YYYY

**Reported By:** Kimberly J Rees Morgan **Report Date** 8 / 31 / 2021  
 MM / DD / YYYY

**Sample Invalidation:**  
 **Over 30 hours**  
 **Leak**  
 **Heavy non-coliform growth**  
**Other** \_\_\_\_\_

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