



**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 AE/MT* **Work Order#** 2201315-001  
**Bottle#:** 122721  
 **Results do not meet NELAP Standards-See page 2**

**Sample Collected Date/Time:** 01 / 10 / 2022 11 : 03  
 MM / DD / YYYY Hour : Min  **AM**  **PM** **Chlorinated:** No  **Yes**  
**Collected By:** Josh Fair per sop #G141 **Free Chlorine:** 0.65 mg/L

**DISTRIBUTION** **Sample Type:**  **Routine**  **\*Repeat**  **Temporary Routine**  **Special**  
**\*Date of Initial Positive:** MM / DD / YYYY **\*Original Positive ID#:** \_\_\_\_\_  
**Address:** 31870 Lawrence St **Sampled at (ex. "SINK"):** Hose Bibb

**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:** 01 / 10 / 2022 13 : 45  
 MM / DD / YYYY Hour : Min  **AM**  **PM** **Initials:** *ADB* **Temp:** 8.4 °C  
**Evidence of cooling?**  **Yes**  **No**

**Analysis Start Date/Time:** 01 / 10 / 2022 15 : 14  
 MM / DD / YYYY Hour : Min  **AM**  **PM** **Initials:** *[Signature]*

**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:** 01 / 11 / 2022 09 : 48  
 MM / DD / YYYY Hour : Min  **AM**  **PM**  
**Analyst:** *Jordan S. Blane*  
**Review by:** *Kimberly J. Keen Morgan* 01 / 11 / 2022  
 MM / DD / YYYY

**Reported By:** *Kimberly J. Keen Morgan* **Report Date** 01 / 11 / 2022  
 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