



**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 FM **Work Order#** 2207368-001
Bottle#: 062422
 Results do not meet NELAP Standards-See page 2

Sample Collected Date/Time: 07/11/2022 12:32 AM PM **Chlorinated:** No Yes
Collected By: BR Hill p9250P 6141 **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: 07/11/2022 15:15 AM PM **Initials:** FM **Temp:** 10.1 °C
Analysis Start Date/Time: 07/11/2022 16:51 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: 07/12/2022 13:19 AM PM
Analyst: Jordan S Blanc
Review by: Kimberly J Reen Morgan **MM/DD/YYYY:** 07/12/2022

Reported By: Kimberly J Reen Morgan **Report Date:** 07/12/2022
 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



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City, State, Zip: Lebanon, OR 97355

LIMS Work Order# 2207368-002
Bottle#: 062422
 Results do not meet NELAP Standards-See page 2

Sample Collected Date/Time: 07/11/2022 12:38 AM PM **Chlorinated** No Yes
Collected By: Br Hill PWSOPG141 **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: 07/11/2022 15:15 AM PM **Initials:** FM **Temp:** 9.6 °C
Analysis Start Date/Time: 07/11/2022 16:51 AM PM **Initials:** _____
ORELAP Method(s): Colilert® SM 9223B 2004 Colilert 18® ALG
Evidence of cooling? Yes No
Shipped Via: ALG
 *Per SDWS. FM 7/11/22
 **Per Jason Luman. FM 7/11/22

Test Results:
Total Coliforms: Present Absent
E. Coli: Present Absent
Analysis Complete Date/Time: 07/12/2022 13:19 AM PM
Analyst: Jason Luman
Review by: Kimberly J Kern Thayer 07/12/2022
 MM / DD / YYYY

Reported By: Kimberly J Kern Thayer **Report Date** 07/12/2022
 MM / DD / YYYY

Sample Invalidation:
 Over 30 hours
 Leak
 Heavy non-coliform growth
 Other _____

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Address: 1055 W Airway Road, Suite C102
City, State, Zip: Lebanon, OR 97355

LIMS EM/S **Work Order#** 2207368-003
Bottle#: 062422
 Results do not meet NELAP Standards-See page 2

Sample Collected Date/Time: 07/11/2022 11:58 **AM** **PM** **Chlorinated:** **No** **Yes**
Collected By: BR Hill per Sep 6/11 **Free Chlorine:** 0.83 mg/L

DISTRIBUTION **Sample Type:** **Routine** ***Repeat** **Temporary Routine** **Special**
***Date of Initial Positive:** MM/DD/YYYY ***Original Positive ID#:** _____
Address: 31870 LAWRENCE **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: 07/11/2022 15:15 **AM** **PM** **Initials:** EM **Temp:** 8.8 °C
Evidence of cooling? **Yes** **No**
Analysis Start Date/Time: 07/11/2022 16:51 **AM** **PM** **Initials:** [Signature]
ORELAP Method(s): **Colilert® SM 9223B** 2004
 Colilert 18® ALG
Shipped Via: ALG

Test Results: **Analysis Complete Date/Time:** 07/12/2022 13:19 **AM** **PM**
Total Coliforms: **Present** **Absent** **Analyst:** Jordan SeBlane
E. Coli: **Present** **Absent** **Review by:** Kimberly J. Keen Morgan 07/12/2022
 MM / DD / YYYY

Reported By: Kimberly J. Keen Morgan **Report Date:** 07/12/2022
 MM / DD / YYYY

Sample Invalidation:
 Over 30 hours
 Leak
 Heavy non-coliform growth
Other _____

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