



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](mailto:alglabs@alglabsinc.com)

*LIMS#* 111022 *Work Order#* 2211528-001  
**Bottle#:** 111022  
 **Results do not meet NELAP Standards-See page 2**

**Sample Collected Date/Time:** 11 / 14 / 2022 11 : 24  AM Chlorinated: No  Yes  
 MM DD YYYY Hour: Min  PM  
**Collected By:** Adam Jones, ref: SOP # G-141 **Free Chlorine:** 1.00 mg/L

**DISTRIBUTION** Sample Type:  Routine  \*Repeat  Temporary Routine  Special  
 \*Date of Initial Positive: \_\_\_ / \_\_\_ / \_\_\_ \*Original Positive ID#: \_\_\_\_\_  
 MM / DD / YYYY  
**Address:** 31814 LAWRENCE **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:** 11 / 14 / 2022 13 : 45  AM Initials: EM Temp: 6.4 °C  
 MM / DD / YYYY Hour: Min  PM Evidence of cooling?  Yes  No  
**Analysis Start Date/Time:** 11 / 14 / 2022 14 : 56  AM Initials: [Signature]  
 MM / DD / YYYY Hour: Min  PM  
**ORELAP Method(s):**  Colilert® SM 9223B 2004  
 Colilert 18®  
**Shipped Via:** ALG

**Test Results:** **Analysis Complete Date/Time:** 11 / 15 / 2022 17 : 09  AM  
 MM / DD / YYYY Hour: Min  PM  
**Total Coliforms:**  Present  Absent **Analyst:** Jordan Soblanc  
**E. Coli:**  Present  Absent **Review by:** Kimberly J Keen Moughan 11 / 16 / 2022  
 MM / DD / YYYY

**Reported By:** Kimberly J Keen Moughan **Report Date** 11 / 16 / 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