



**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

*LIMS CB/ML* Work Order# 2401249-001  
**Bottle#:** 120823  
 Results do not meet NELAP Standards-See page 2

**Sample Collected Date/Time:** 01/08/2024 12:22  AM Chlorinated: No  Yes  
 MM DD YYYY Hour: Min  
 PM  
**Collected By:** BR Hill per SOP 6/4/1 Free Chlorine: 0.50 mg/L

**DISTRIBUTION** Sample Type:  Routine  \*Repeat  Temporary Routine  Special  
 \*Date of Initial Positive:    /   /    \*Original Positive ID#: \_\_\_\_\_  
 MM / DD / YYYY  
**Address:** 31870 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:** 01/08/2024 14:40  AM Initials: CB Temp: 5.9 °C  
 MM / DD / YYYY Hour: Min  PM Evidence of cooling?  Yes  No  
54 8-18183  
**Analysis Start Date/Time:** 01/08/2024 16:37  AM Initials: \_\_\_\_\_  
 MM / DD / YYYY Hour: Min  PM  
**ORELAP Method(s):**  Colilert® SM 9223B 2004  
 Colilert 18® ALG  
**Shipped Via:** ALG

**Test Results:** **Analysis Complete Date/Time:** 01/09/2024 11:02  AM  
 MM / DD / YYYY Hour: Min  PM  
**Total Coliforms:**  Present  Absent **Analyst:** Jordan Seblanc  
**E. Coli:**  Present  Absent **Review by:** Kimberly J Ken Mougha 01/09/2024  
 MM / DD / YYYY

**Reported By:** Kimberly J Ken Mougha **Report Date** 01/09/2024  
 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