



**State of Oregon - Drinking Water Services
Microbiological Analysis (Coliform) Reporting Form for Public Water Supplies (v3.4)**

The results do not meet NELAP Standards because (check all that apply):

- Not received in lab-supplied bottle
- Not incubated at proper temperature
- Other reason: _____

Microbiological Analysis (Coliform) Reporting Guide

- The water system is responsible for filling out the water system and sample site information. The laboratory is responsible for filling out the result information.
- Entering sample site information: Sample identification, and source name information can be found in a water system survey, or OHA-Drinking Water Services Data Online at: <https://yourwater.oregon.gov/>

○ **Distribution Samples:**

- Use “Distribution” box.

○ **Source:**

- Use “Source” box.
- Enter source identification# and source name.
- See example (right):

ID	Facility Name	Well Logs
EP-A	EP for WELL #1	
SRC-AA	WELL #1	
EP-B	EP for WELL #2	
SRC-BA	WELL #2	

SOURCE	Sample Type: <input type="checkbox"/> Triggered <input type="checkbox"/> Confirmation <input type="checkbox"/> Assessment <input type="checkbox"/> Special
Date of Initial Positive: <input type="text"/> / <input type="text"/> / <input type="text"/>	*Original Positive ID#: <input type="text"/>
Source ID: SRC- <input type="text"/>	Source name (i.e. "WELL #1") <input type="text"/>

• **Sample Types**

○ **Distribution:**

- Routine: Regularly scheduled Distribution samples.
- Repeat: Distribution samples required after a total coliform or *E. coli* positive result from a routine sample.
- Temporary Routines: Distribution samples required the month following an original total coliform or *E. coli* positive result from a routine sample.

○ **Source:**

- Triggered: Source water sample required following a total coliform positive routine result.
- Confirmation: Source water samples required following an initial *E.Coli* positive source water sample result.
- Assessment: Regularly scheduled source water sample (typical schedules are either once monthly or once annually).

○ **Special:**

- Any other non-compliance sample, typically not reported to the OHA-Drinking Water Services.