Health

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

	• `		· · · · · · · · · · · · · · · · · · ·
PWS# 4 1			DRELAP # 7101
PWS Name:			Analytical Laboratories, Inc. 804 N 33rd St
City, County:			Boise, ID 83703
Phone: Fax:			Phone: 208-342-5515 / Fax: 208-342-5591 mail: micro@analyticallaboratories.com
Return address for report:			
Name:			ottle#:
Address:			Results do not meet NELAP Standards-See page 2
			ab Sample ID#:
Sample Collected Date/Time: / / / : □ AM Chlorinated: □No □Yes			
MM DD YYYY Hour : Min DP PM Free Chlorine: mg/L			
MM DD YYYY Hour : Min DM PM Free Chlorine:mg/L Collected By:			
*Date of Initial Positive:// / *Original Positive ID#:			
Address: Sampled at (ex. "SINK"):			
SOURCE Sample Type: Triggered SCONFIRMATION Assessment Special			
*Date of Initial Positive: ////////////////////////////////////			
Source ID: SRC Source name (ex. "WELL #1"):			
LAB USE ONLY			
Sample Received Date/Time:/// : AM Initials: Temp:°C			
MM / DD / YYYY Hour: Min □ PM Evidence of cooling? □ Yes □ No			
Analysis Start Date/Time: / / / : BAM Initials: MM / DD / YYYY Hour: Min DP PM			
ORELAP □ Colilert [®] □ Colilert-18 [®] □ Colisure [®] □ Chromocult [®] □ Coliscan [®] □ Readycult [®]			
Method(s): \Box SM 9221 B (MTF) + \Box E or \Box F \Box SM 19 th Ed. \Box SM 20 th Ed. \Box SM 21 st Ed.			
□ SM 9221 D (P-A M) + □ E or □ F			
□ SM 9222 B (MF) + □ 9221E or □ 9221F or □ 9222G			
□ SM 9223 □ ColiTag [®] □ MI agar □ m-ColiBlue [®] □ Other: <u>Colilert-18®</u>			
Analysis Complete Date/Time: / / · · · · · · · · · · · · · · · · ·			
Test Results:	'		$\frac{1}{MM} / \frac{1}{DD} / \frac{1}{YYYY} + \frac{1}{Min} = \frac{1}{Min}$
Total Coliforms:	Absent A	Analyst:	
<i>E. Coli</i> : 🗆 Present 🗆	Absent F	Review by:	/////// _
Reported By: / // MM / DD / YYYY			
Sample Invalidation:	OHA l	JSE ONLY	Test results relate only to the parameters tested and to the samples
□ Over 30 hours			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
□ Heavy non-coliform growth			to OHA-DWS P.O. Box 14350, Portland, OR 97293-0350
□ Other			

email: <u>dwp.dmce@state.or.us</u>

For technical support and information, please call Data Management Coordinator (ph. 971-673-0405, M-F, 8am-5pm PT) or visit http://public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Pages/labs.aspx

Health **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/

ID

EP-A

EP-B

SRC-AA

SRC-BA

- Morth / -

Triggered

Dav AA

Facility Name

EP for WELL #1

EP for WELL #2

[□]*Confirmation

WELL #1

WELL #2

Vear

Well Logs

Assessment

*Original Positive ID#:

Source name (i.e. "WELL #1")

□ Special

WELL #1

• Distribution Samples:

Use "Distribution" box.

• Source:

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

• Sample Types

o Distribution:

- Routine: Regularly scheduled Distribution samples.
- Repeat: Distribution samples required after a total coliform or *E. coli* positive result from a routine sample.

Source ID: SRC

• Temporary Routines: Distribution samples required the month following an original total coliform or *E. coli* positive result from a routine sample.

SOURCE Sample Type:

*Date of Initial Positive:

• 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.