

PWS#: 4 1

PWS Name: _____

Address: _____

City, County: _____

Phone: _____ Fax: _____

Return address for report:

Name : _____

Address : _____

City, State, Zip : _____



Environmental Testing Laboratory
245 S. Grape Street, Medford, OR 97501
(541) 770-5678 fax (541) 770-2901
ORELAP 100016 EPA OR00028

Bottle#: _____

Lab Sample ID#: _____

Sample Collection Date/Time: _____ / _____ / _____ : _____ : _____
Month Day Year Hour Min AM PM

Collected By: _____

Sample Point: _____

Address: _____

Chlorinated?: No Yes

Free Chlorine: _____

DISTRIBUTION: Sample Type: Routine *Repeat Temporary Routine Special

*If Repeat, Date of Initial Positive: _____ / _____ / _____ *Original Positive ID#: _____
Month Day Year

SOURCE: Sample Type: Triggered *Confirmation Assessment Special

Date of Initial Positive: _____ / _____ / _____ *Original Positive ID#: _____
Month Day Year

Source ID: SRC-_____ Source Name: (ie "well #1") _____

LAB USE ONLY

Sample Received: _____ / _____ / _____ : _____ : _____ Initials: _____ Temp _____ °C On Ice? Yes No
Month Day Year Hour Min AM PM

Payment Method: Cash Visa/MC Check # _____ Amount _____ Invoice

Analysis Start Date/Time: _____ / _____ / _____ : _____ : _____ Initials: _____
Month Day Year Hour Min AM PM

ORELAP

Method(s):

Check all that apply. SM 9222 B (MF) 9221F SM 9223 Colilert® Colilert-18® Other: _____

Results do not meet NELAC Standards because:

Not received in lab-supplied bottle Not incubated at proper temperature

over 30 hours leak heavy non-coliform growth other: _____

Test Results:

Total Coliforms: Present Absent

E. coli: Present Absent

Analysis Complete Date/Time: _____ / _____ / _____ : _____ : _____ AM PM
Month Day Year Hour Min

Analyst: _____

Review by: _____ / _____ / _____
Month Day Year

Reported By: _____

Report Date: _____ / _____ / _____
Month Day Year

Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of NELAC unless otherwise noted. This report shall not be reproduced, except in full, without written consent of this laboratory.

How to fill out this form

1. **Public water system number (PWS#)** – enter the ID number for the system being sampled
2. **PWS Name** – enter the full name of the system being sampled
3. **City, County** – enter city and county where system is located
4. **Phone** – enter the phone number that the lab should call if they have questions about the sample or to report results.
5. **Return Address** – enter address the test results should be mail to.
6. **Sample Collection Date/Time** – enter date and time the sample was collected, check AM or PM
7. **Collected By** – enter the name of the person collecting the sample
8. **Sample Point** – enter a description of the sample location such as “123 Main St. Hose bib” or “well #2, sample tap”
9. **Sample Type** – check only one of the following:
 - **Routine** – check this box if this sample is part of a public water system’s regular routine schedule
 - ***Repeat** – check this box if the sample was collected due to a positive routine sample result
 - **Special** – check this box if the sample is not representative of water people are drinking or is not from a PWS. Results do not need to be sent to the Drinking Water Program (DWP). *This could be used for samples collected after disinfecting a new line, or prior to reopening a seasonal facility.*
 - **Temporary Routine** – check this box if the sample is part of an increased sampling schedule following a positive sample. *See below for further information.*
10. **Chlorinated?** – check “yes” if system is chlorinated, “no” if it is not
11. **Free Chlorine** – if the system is chlorinated, use a DPD test kit to measure the free chlorine residual at a sample site in the distribution system and enter the result. If the sample is being collected at a point before chlorination (e.g. source or raw water), leave this space blank.
12. ***Date of Initial Positive** -- if the sample was collected as a repeat, enter the date the original positive routine sample was collected, otherwise leave blank.
13. ***Original Positive ID#** – enter the sample number of the initial positive routine sample.

If coliforms are present in a sample you must:

1. Take immediate action to locate and correct the problem.
2. Laboratories are to fax results to the DWP within 24 hours at: 971-673-0458
3. Systems can also contact DWP (Portland: 971-673-0416, Pendleton 541-966-0899, Medford 551-776-6229 ex.284, Springfield 541-726-2587) and their county Environmental Health Department.
4. Collect repeat samples within 24 hours of being notified.

Number of repeat samples: Systems that normally collect one routine sample per month or quarter must collect a set of 4 repeat samples. Systems that normally collect two or more routine samples per month or quarter must collect a set of 3 repeat samples for each total coliform-positive sample found.

Number of Temporary Routine samples: Systems that collect 4 or fewer routine samples per month must increase to 5 temporary routine samples for the **month following a positive result**. Systems that collect 5 or more routine samples per month should maintain their regular routine sampling schedule.

Location of repeat samples: One from the same location as the original positive sample; at least one within 5 service connections upstream from the original location; at least one within 5 service connections downstream from the original sample site.

Interpretation of microbiological test results

The microbiological analysis performed on a water sample is an examination for the presence of coliform bacteria. The presence of coliform bacteria may indicate that disease-causing organisms are present in the water, causing it to be unsafe to drink.

If coliforms are present in the sample, the lab must further analyze it to determine the presence of fecal coliforms or *E. coli*. Compliance with Oregon Drinking Water Quality Standards is determined by the results of individual samples and by all routine and repeat samples collected during a compliance period.

If the laboratory reports that the sample was too old, leaked in transit, or resulted in heavy non-coliform growth, this means that a valid analysis could not be performed. You must collect another sample and send it to the laboratory to replace the invalid sample within 24 hours or the next business day.