PWS#: 4 1 | | | | | | |

PWS Name: _____

Address: _____

City, County: _____

Phone: _____

Return address for report:

Name : _____

Address : _____

City, State, Zip : _____

DHS oregon department of human services — MICROBIOLOGICAL ANALYSIS
Public Water Supplies
Drinking Water Program

NEILSON RESEARCH CORPORATION

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: _____

Email: (All reports will be emailed)

_____

Chlorinated?: No Yes

Free Chlorine:

DISTRIBUTION: Sample Type: ☐ Routine ☐ *Repeat ☐ Temporary Routine ☐ Special

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

SOURCE: Sample Type: ☐ Triggered ☐ *Confirmation ☐ Assessment ☐ Special

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

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

LAB USE ONLY

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

IR Therm ID#_____

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

Analysis Start Date/Time: ___/___/___ (Month/Day/Year) ___:___ (Hour/Min) ☐ AM ☐ PM Initials: _____

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

☐ Results do not meet NELAP 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: ___/___/___ (Month/Day/Year) ___:___ (Hour/Min) ☐ AM ☐ PM

Analyst: _____

Review by: _____ ___/___/___ (Month/Day/Year)

Reported By: _____ Report Date: ___/___/___ (Month/Day/Year)

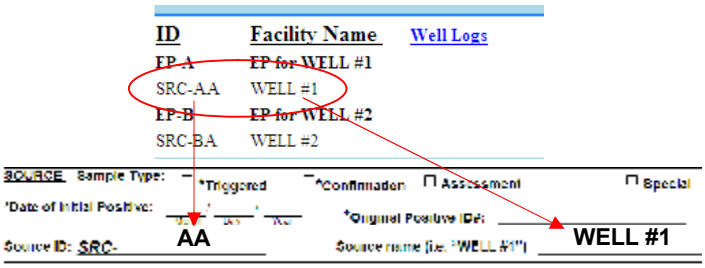
Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of NELAP unless otherwise noted. This report shall not be reproduced, except in full, without written consent of this laboratory.

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 DHS-Drinking Water Program Data Online at: **http://170.104.63.9/**

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



- **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 DHS-Drinking Water Program.

Sampling Instructions

- Sample must be received within 24 hours after sample is taken. All samples must be kept cold and brought to the laboratory in a cooler and on ice. Samples that are too warm or frozen
- may be refused. Analysis time is 24 hours, and the results will be mailed directly to the address noted in the lower portion of the report form.
- Rush analysis (18 hours) is available at an additional charge.

If coliforms are present in a sample

- Repeat samples must be collected within 24 hours of being notified.
- If you do not know the amount of repeat samples to collect please call Neilson Research Corporation at (541) 770-5678 or the DHS-Drinking Water Program at (971) 673-0405

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.