

PWS#:

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**NRC
LABS**
Neilson Research Corporation

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

PWS Name: _____

Address: _____

City, County: _____

Phone: _____

Return address for report:

Name: _____

Address: _____

City, State, Zip: _____

Bottle#: _____

Lab Sample ID#: _____

Sample Collection Date/Time: ____ / ____ / ____ : ____ ☐ 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: ____ / ____ / ____ *Original Positive ID#: _____

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

Date of Initial Positive: ____ / ____ / ____ *Original Positive ID#: _____

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

LAB USE ONLY

 Sample Received: ____ / ____ / ____ : ____ Initials: _____ Temp ____ °C On Ice? ☐ Yes ☐ No
 IR Therm ID# _____

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

Analysis Start Date/Time: ____ / ____ / ____ : ____ 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: ____ / ____ / ____ : ____

Analyst: _____

Review by: _____ / ____ / ____

Reported By: _____ Report Date: ____ / ____ / ____

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: DHS-DWP P.O. Box 14350, Portland OR 97293-0350 Phone (971) 673-0416

Revision 4. Effective 09/24/2026

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:

name.

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: ☐ *Triggered ☐ *Confirmation ☐ Assessment ☐ Special
*Date of Initial Positive:	Mon / Day / Year
*Original Positive ID#:	
Source ID: SRC-AA	Source name (i.e. "WELL #1") WELL #1

- **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

- Samples must be received by the laboratory within 24 hours of collection. Keep samples cold and transport them to the laboratory in a cooler on ice. Samples that are too warm or frozen may be refused. Analysis time is approximately 24 hours, and results will be sent to the email address provided on the form.
- Rush analysis (18 hours) is available for an additional charge.

If Coliforms Are Present in a Sample

- Repeat samples must be collected within 24 hours of being notified.
- If you are unsure how many repeat samples are required, please contact NRC Labs at (541) 770-5678 or the DHS-Drinking Water Program at (971) 673-0405

Interpretation of microbiological test results

- Microbiological analysis of a water sample examines the sample for the presence of coliform bacteria. The presence of coliform bacteria may indicate potential contamination of the water supply.
- If coliform bacteria are present, the laboratory will perform additional analysis to determine the presence of *E. coli*.
- Compliance with Oregon Drinking Water Quality Standards is determined based on the results of individual samples, along with applicable routine and repeat samples collected during the compliance period.