



**State of Oregon - Drinking Water Program
Microbiological Analysis (Coliform) Reporting Form for Public Water Supplies (v3.2)**



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ID 100001

PWS# 41
PWS Name: _____
City, County: _____
Phone: _____ **Fax:** _____

Return address for report:

Name: _____
Address: _____
City, State, Zip: _____

Bottle#: _____

Results do not meet NELAC Standards-See page 2

Lab Sample ID#: _____

Sample Collected Date/Time: ____ / ____ / ____ : ____
MM DD YYYY Hour: Min

AM

Chlorinated: No Yes

Collected By: _____

PM

Free Chlorine: _____ mg/L

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

***Date of Initial Positive:** ____ / ____ / ____
MM DD YYYY

***Original Positive ID#:** _____

Address: _____

Sampled at (ex. "SINK"): _____

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

***Date of Initial Positive:** ____ / ____ / ____
MM DD YYYY

***Original Positive ID#:** _____

Source ID: SRC- _____

Source name (ex. "WELL #1"): _____

LAB USE ONLY

Sample Received Date/Time: ____ / ____ / ____ : ____
MM DD YYYY Hour: Min

AM

Initials: _____ **Temp:** _____ °C

PM

Evidence of cooling? Yes No

Analysis Start Date/Time: ____ / ____ / ____ : ____
MM DD YYYY Hour: Min

AM

Initials: _____

PM

ORELAP Method(s):
Check all that apply.

SM 9223

Colilert®

Colilert-18®

Colisure®

Other: _____

Test Results:

Analysis Complete Date/Time: ____ / ____ / ____ : ____
MM DD YYYY Hour: Min **AM**
 PM

Total Coliforms: **Present** **Absent**

Analyst: _____

E. Coli: **Present** **Absent**

Review by: _____
MM / DD / YYYY

Reported By: _____

Report Date ____ / ____ / ____
MM / DD / YYYY

Sample Invalidation:

Over 30 hours

Leak

Heavy non-coliform growth

Other _____

DHS USE ONLY

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. Send results to **DHS-DWP P.O. Box 14350, Portland, OR 97293-0350**

The results do not meet NELAC 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 DHS-Drinking Water Program Data Online at: <http://170.104.63.9/>

○ **Distribution Samples:**

- Use “Distribution” box.
- No change to process of entering sample information.

○ **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"/> *Triggerred <input type="checkbox"/> *Confirmation <input type="checkbox"/> Assessment <input type="checkbox"/> Special
*Date of Initial Positive: _____	*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:**

- Triggerred: 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.