

PWS#:

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PWS Name: _____

Address: _____

City, County: _____

Phone: _____



Oregon State Public Health Laboratory
3150 NW 229th Avenue Suite 100
Hillsboro, Oregon 97124
EPA ID #OR00023

Return address for report:

Name : _____

Address : _____

City, State, Zip : _____

Phone : _____ **FAX:** _____

Bottle#: _____

Lab Sample ID#: _____

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

Collected By: _____

Sample Point: _____

Sample Type: Routine *Repeat Special Chlorinated?: No Yes **Free Chlorine:** _____ mg/L
 Temporary Routine Source Water

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

LAB USE ONLY

Sample Received Date/Time: _____ / _____ / _____ _____ AM PM **Initials:** _____ **Temp:** _____ °C
Month Day Year Time Source water only

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

Method(s): SM 20th Ed.

Check all that apply. SM 9222 B (MF) + 9221E or 9221F or 9222G 9222B, 5.f.2
 SM 9223 Colilert® Colilert-18® Other: _____

<p>Test Results:</p> <p>Total Coliforms: <input type="checkbox"/> Present <input type="checkbox"/> Absent</p> <p>E. coli: <input type="checkbox"/> Present <input type="checkbox"/> Absent</p>	<p>Analysis Complete Date/Time: _____ / _____ / _____ _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <small>Month Day Year Time</small></p> <p>Analyst: _____</p> <p>Review by: _____ / _____ / _____ <small>Month Day Year</small></p>
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Reported By: _____ **Report Date:** _____ / _____ / _____
Month Day Year

Sample Invalidation:

over 30 hours

leak

heavy non-coliform growth

other _____

Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of EPA 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