## State of Oregon - Drinking Water Services Microbiological Analysis (Coliform) Reporting Form for Public Water Supplies (v3.4)

| PWS# 41 92040  PWS Name: Eddyville Charter School  City, County: Eddyville, Lincoln  Phone: 541-875-2942 Fax:  Return address for report:  Name: Eddyville Charter School - Dawna McLain  Address: PO Box 68  City, State, Zip: Eddyville, OR 97343  Sample Collected Date/Time: MMM DD YYYY Hour: Mi | ORELAP Lab ID OR100012 Analytical Laboratory Group, Inc 361 West Fifth Avenue Eugene, Oregon 97401 1-800-262-5973 • 541-485-8404 Fax: 541-484-5995 Email:alglabs@alglabsinc.com  LIMS Work Order# 90653 90 |
|---|--|
| Collected By: Dawna MsLain  | n □ PM Free Chlorine:, 4 mg/L  |
| DISTRIBUTION Sample Type: ՃRoutine □ *Repeat □ Temporary Routine □ Special  |  |
| *Date of Initial Positive:// *Original Positive ID#:  |  |
| Address:   Eddyville School Rd.   Sampled at (ex. "SINK"): Distribution - Staff room  |  |
| SOURCE Sample Type: - *Triggered - *Confirmation - Assessment - Special   |  |
|   |  |
| PER DAWNA MM / DD / YYYY  |  |
| Source ID: SRC- BA &6/12/19 The Source name (ex. "WELL #1"): Well Line1012  |  |
| LAB USE ONLY  |  |
| Sample Received Date/Time: U 12 1249 I :U3 AM Initials: The Temp: 3.6°C Hour: Min XPM Evidence of cooling? X Yes DNo  |  |
| Analysis Start Date/Time: 06. / 12 / 19   5:39   AM   Initials: DP   YYYY Hour: Min   YPM   |  |
| ORELAP Method(s): Colilert® SM 9223B 2004   |  |
| ☐ Colilert 18®  |  |
|   |  |
| Λi »  |  |
| Shipped Via:  |  |
| Test Results: Analysis Comp   | olete Date/Time: O6 1 3 1 19 16: 15 DAM  MM DD YYYYY Hour: Min PM  |
| Total Coliforms:   Present Absent Analyst:  | the title 111 19   |
| E. Coli:   Present Absent Review by:  | Timberly & Reen Neorgha 6 191 TYYY   |
| Reported By: Kimbaly & Rear Morghan Report Date 6 1 14 19 mm 1 DD 1 YYYY  |  |
| Sample Invalidation: DHS USE ONLY   | Test results relate only to the parameters tested and to the samples   |
| □ Over 30 hours   | as received by the laboratory. Test results meet all requirements of NELAP unless otherwise noted. This report shall not be reproduced   |
| □ Leak □ Heavy non-coliform growth  | except in full, without written consent of this laboratory. Send results   |
| Other   | to OHA-DWS P.O. Box 14350, Portland, OR 97293-0350   |