

**How to fill out a lab slip (sample and water system information entered by water system)**

1. Enter public water system number, public water system name, address and county where sample was collected and telephone number of water system.
  2. Chlorinated – check yes or no, depending on whether or not the sample is chlorinated, use an approved test kit to measure the free chlorine residual at a sample site in the distribution system and enter the result. If the sample is being collected before chlorination (source water sample), leave blank and check no.
  3. Sample Type boxes – use either the distribution box or the source box, depending on where sample was taken and the compliance intent of the sample (Total Coliform Rule or Ground Water Rule?)
- **Sample Types**
    - o **Distribution:**
      - Routine: Regularly scheduled Distribution samples.
      - Repeat: Distribution samples required after a total coliform or *E. coli* positive result from a routine sample.
        - o Include ID # & Date of original positive result.
        - o 3 required
        - o Location: 1 from the same location as original positive, at least 1 within 5 service connections upstream of sample, and at least 1 within 5 service connections downstream from original.
      - Temporary Routines: Distribution samples required the month following an original total coliform or *E. coli* positive result from a routine sample.
        - o Systems taking quarterly coliform samples need to collect 3 temporary routine samples for the month following a positive result.

**Example:**

|                                                                                                                                                                                           |                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>DISTRIBUTION</b> Sample Type: <input type="checkbox"/> Routine <input checked="" type="checkbox"/> *Repeat <input type="checkbox"/> Temporary Routine <input type="checkbox"/> Special |                                   |
| *Date of Initial Positive: 03/01/2010<br>MM/DD/YYYY                                                                                                                                       | *Original Positive ID#: 20090301  |
| Address: 123 Main St.                                                                                                                                                                     | Sampled at (ex. "SINK"): Hose Bib |

- o **Source (Groundwater systems only):**
  - Assessment: Regularly scheduled source water sample (typical schedules are either once monthly or once annually).
  - Triggered: Source water sample required following a total coliform positive routine result.
    - o Include original positive ID & Date.
  - Confirmation: Source water samples required following an *E. coli* positive source water sample result.
    - o Include original *E. coli* positive ID & Date.

**Example:**

| ID            | Facility Name  | Well Logs |
|---------------|----------------|-----------|
| EP-A          | EP for WELL #1 |           |
| SRC-AA        | WELL #1        |           |
| EP-B          | EP for WELL #2 |           |
| <b>SRC-BA</b> | <b>WELL #2</b> |           |

  

|                                                                                                                                                                                     |                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>SOURCE</b> Sample Type: <input type="checkbox"/> Triggered <input type="checkbox"/> Confirmation <input checked="" type="checkbox"/> Assessment <input type="checkbox"/> Special |                                            |
| *Date of Initial Positive: MM/DD/YYYY                                                                                                                                               | *Original Positive ID#:                    |
| Source ID: <b>SRC-BA</b>                                                                                                                                                            | Source name (ex. "WELL #1") <b>Well #2</b> |

- o **Special:**
  - Any other non-compliance sample, typically not reported to the OHA-Drinking Water Services.

**Interpretation of microbiological results**

- If the laboratory reports that the sample was too cold, leaked in transit, or resulted in heavy non-coliform growth, a valid analysis cannot be performed and you must collect another sample and send it to the laboratory within 24 hours or the next business day. If the results do not meet NELAP standards complete page 2 on the back of the microbiological analysis form.
- If coliforms are present in the sample the lab must further analyze to determine the presence or absence of *E. coli*.
- Compliance with the Oregon Drinking Water Quality Standards is determined by the result of individual samples and by all routine and repeat samples collected during a compliance period.
- The presence of coliform bacteria may indicate that disease-causing organisms are present in the water, causing it to be unsafe to drink.

For technical support and information, please call Drinking Water Services  
(ph. 971-673-0405, M-F, 8am-5pm PT) or visit <http://www.healthoregon.org/dwp>.