

Analytical Laboratory Group, Inc.
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PWS CLIENT INFORMATION & DHS COLIFORM REPORTING

PWS Number	
PWS Name	
Attention Name	
Mailing Address	
Phone No. / Email Address	
Attention Name	
Billing Address	
Phone / Email Address	
Attention Name	
Physical Address	
Sample Collector / Contact #1 (If ALG collects, please list person to call if there is a problem)	
Name	
Phone Number	
Fax Number / Email Address	
Contact #2 (Please include a second contact in case we can't reach the first)	
Name	
Phone Number	
Fax Number / Email Address	
<p>Do you want the laboratory to report Coliform Bacteria testing results (Routine & Repeats) directly to the Oregon Department of Human Services for you? You will still receive your copy of the report. (For chemical testing please indicate on the COC form if ALC should send a copy of the report to DHS.) There is no charge for this service.</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
<p>Please fill out above information and sign and date below. Mail to the address above. For contact information or reporting status changes, please fill out a new form. Reporting status changes will be effective upon receipt of your signed request.</p>	
Signed	Date
Print Name	
Title	