



State of Oregon – Drinking Water Services

Field Reporting Form (check one):

- Microscopic Particulate Analysis (MPA) for Groundwater Under the Direct Influence of Surface Water (GWUDI) Determination
- Demonstration of Performance Study (for Bank Filtration credit)

Sample Point Information (See p. 2 for instructions)

- | | |
|---|---|
| 1. System name: _____ | 12. Date and time started: _____ |
| 2. Public Water System #: 41 _____ | 13. Date and time completed: _____ |
| 3. County: _____ | 14. Water type (check one): _____ |
| 4. Street address or lat/long: _____ | <input type="checkbox"/> Raw surface water <input type="checkbox"/> Raw groundwater |
| 5. City, state, zip: _____ | 15. Source ID: _____ |
| 6. Contact person: _____ | 16. Source name: _____ |
| 7. Phone: _____ | 17. Gallons filtered: _____ |
| 8. Sample collected by: _____ | 18. Flow meter start: _____ |
| 9. Color of filter: _____ | 19. Flow meter stop: _____ |
| 10. River stage and/or discharge (check here <input type="checkbox"/> if N/A): _____ | |
| 11. Precipitation dates and amounts (check here <input type="checkbox"/> if N/A): _____ | |
| _____ | |

Below This Line—For Laboratory Use Only

- | | |
|----------------------|-------------------------|
| Lab Sample #: _____ | Sample Method: _____ |
| Lab Name: _____ | Lab Phone Number: _____ |
| Date Received: _____ | Date Analyzed: _____ |
| Filter Temp: _____ | Phone: _____ |

Results from frozen filters are invalid.

Analysis Information (for demonstration of performance studies only)		
MICROGANISMS	Raw Surface Water (numbers per 100L)	Raw Groundwater (numbers per 100L)
Algae (green, blue-green)		
Diatoms		
Insects/larvae		
Plant Debris		
Rotifers		
Giardia		
Coccidia		
Aerobic Spores		
E. Coli		
Other (e.g., phages)		
Other (e.g., phages)		

Reviewed & Approved by _____ Title _____ Date _____

NOTE TO LAB PERSONNEL: Attach copies of the laboratory chain of custody, analysis notes, QA/QC reports, and sample results to this form. **MAIL ALL DOCUMENTS TO:** OHA-DWS, Attn: GWUDI, 2080 Laura Street, Springfield, OR 97477

Field Reporting Form Instructions

1. System name: E.g., Metropolis Public Utility System or Riverdale Water District. The system name is in the subject line of the MPA Sampling Requirement letter.
2. Public Water System #: A 7-digit number that begins with 41. The number is in the subject line of the MPA Sampling Requirement letter.
3. County: County the water system is in.
4. Street address or lat/long: Physical address (or lat/long if a street address is not available) for the water system facility.
5. City, state, zip: City, state, and zip code for the water system facility.
6. Contact person: Main contact person for the water system.
7. Phone: Telephone number for the main contact person.
8. Sample collected by: Person who set up and collected the filter.
9. Color of filter: The color of the filter when removed from the source—e.g., white, green, brown, black, or some other color or combination of colors.
10. River stage and/or discharge: If a gaging station name and location were provided in the MPA Sampling Requirement letter, note the stage and/or flow of river at the time of sample collection. If no gaging station information was provided in the letter, check N/A (not applicable).
11. Precipitation dates and amounts:

For wet weather sampling: List date(s) of precipitation event(s) (i.e., rainfall and/or snowmelt) and approximate amount of precipitation (i.e., inches of rain, feet of snow that was melting, etc.) that triggered the MPA sampling event. Collect MPA samples *only* when at least one precipitation event *has* occurred during the 14 days prior to the sampling event. Otherwise, the results from the wet weather MPA sample may be invalidated.

For dry weather sampling: Check N/A (not applicable). Collect MPA samples *only* when *no* precipitation events have occurred during the 14 days prior to the sampling event. Otherwise, the results from the dry weather MPA sample may be invalidated.
12. Date and time started: Date and time of day when water began to flow through the filter.
13. Date and time completed: Date and time of day when filtering ended.
14. Water type:
 - Raw surface water: If the MPA sample is being collected as part of a demonstration-of-performance study for bank filtration log-removal credit and the sample is being collected from a surface water source (i.e., river, lake, reservoir, pond, canal, etc.), check *raw surface water*.
 - Raw groundwater: If the sample is being collected from a groundwater source (i.e., well, spring, infiltration gallery, Ranney Collector, etc.) prior to any treatment (e.g., chlorination, UV, corrosion control, etc.), check *raw groundwater*.
15. Source ID: Water source ID (e.g., SRC-AA) identified in the MPA Sampling Requirement letter.
16. Source name: Water source name (e.g., well #1, spring #2, infiltration gallery #1, Ranney Collector #1, etc.) identified in the MPA Sampling Requirement letter.
17. Gallons filtered: The minimum filter sample volume is 500 gallons. We recommend sampling 1,000 gallons over an 8- to 24-hour period. Enter the actual number of gallons that ran through the filter.
18. Flow meter start: The meter reading when filtering began.
19. Flow meter stop: The meter reading when filtering ended.

About frozen filters: When packing MPA samples for shipping, do not place blue ice in direct contact with the filters because this can cause filters to freeze. Frozen filters from the filters cannot be analyzed for MPA. MPA samples that have been frozen will be invalidated and the water system will be required to collect new samples for analysis.