

City of The Dalles Water Quality Lab  
Microbiology Report

PWS# 41  
 PWS Name: \_\_\_\_\_  
 City, County: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax/Email \_\_\_\_\_

ORELAP#: OR100002/WAG1023/WAD0H235  
 Lab Name: City of The Dalles Water Quality Lab  
 Address: 6780 Reservoir Road The Dalles  
 Phone/Fax: 541-298-2248/541-298-2129

Return address for report:  
 Name: Middle Fork Irrigation Dist.  
 Address: P.O. Box 291  
 City, State, Zip: Parkdale, OR 97041

Bottle#: C 87 Report to DHS? YES  NO   
 Results do not meet NELAC Standards-See page 2  
 Lab Sample ID#: 198716

Sample Collected Date/Time: 09/11/2017 09:15  AM  PM Chlorinated:  No  Yes  
 Collected By: Cross DeLeon Free Chlorine: \_\_\_\_\_ mg/L

DISTRIBUTION Sample Type:  Routine  \*Repeat  Temporary Routine  Special  
 \*Date of Initial Positive:   /  /   \*Original Positive ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Sampled at (ex. "SINK"): \_\_\_\_\_

SOURCE Sample Type:  \*Triggered  \*Confirmation  Assessment  Special  
 \*Date of Initial Positive:   /  /   \*Original Positive ID#: \_\_\_\_\_  
 Source ID: SRC- \_\_\_\_\_ Source name (ex. "WELL #1"): Tail Race Unit 1

Delivered By: C. Moore Date: 10-11-17

LAB USE ONLY  
 Sample Received Date/Time: 10/11/17 1:23  AM  PM Initials: DCR Temp: 20 °C  
 Evidence of cooling?  Yes  No

Analysis Start Date/Time: 10/11/17 2:00  AM  PM Initials: DCR

ORELAP Method(s):  Colilert®  SM Online Ed  SM 9223  Quantity Tray 2K  Other: \_\_\_\_\_  
 Tests results sent:  Mail  Fax  Email  Call

Test Results: Total Coliforms: NA E. Coli: 2.0 MPN/100mls  
 Analysis Complete Date/Time: 10/12/17 2:10  AM  PM  
 Analyst: Ramos Review by: J. Min 10/13/17  
 MM / DD / YYYY MM / DD / YYYY

Reported By: J. Min Report Date: 10/13/17  
 MM / DD / YYYY

Sample Invalidation:  
 Over 30 hours  
 Leak  
 Heavy non-coliform growth  
 Other \_\_\_\_\_

DHS USE ONLY

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