



State of Oregon - Drinking Water Program
Microbiological Analysis (Coliform) Reporting Form for Public Water Supplies (v3.2)

COPY

PWS# **41**
 PWS Name: Middlefork Irrigation DIST.
 City, County: Parkdale Hood River
 Phone: 541 352 6468 Fax/Email 541 352 7794
 Return address for report:
 Name: Middle Fork Irrigation DIST.
 Address: P.O. Box 291
 City, State, Zip: Parkdale OR 97041

ORELAP#: OR100002
 Lab Name: City of The Dalles Water Quality Lab
 Address: 6780 Reservoir Road The Dalles
 Phone/Fax: 541-298-2248/541-298-2129
 Bottle#: B 22 Report to DHS? YES NO
 Results do not meet NELAC Standards-See page 2
 Lab Sample ID#: 190887

Sample Collected Date/Time: 5/20/2014 8:15
 MM DD YYYY Hour: Min AM PM Chlorinated: No Yes
 Collected By: Cory DeHart Free Chlorine: _____ mg/L

DISTRIBUTION Sample Type: Routine *Repeat Temporary Routine Special
 *Date of Initial Positive: 1/1 *Original Positive ID#: _____
 MM DD YYYY

Address: _____ Sampled at (ex. "SINK"): Irrigation System

SOURCE Sample Type: *Triggered *Confirmation Assessment Special
 *Date of Initial Positive: 1/1 *Original Positive ID#: _____
 MM DD YYYY

Source ID: SRC- _____ Source name (ex. "WELL #1"): Tailrace Unit 1 Pond

Delivered By: Cory DeHart Date: May 20 2014

LAB USE ONLY

Sample Received Date/Time: 5/20/14 10:15 AM PM Initials: om Temp: 11 °C
 MM DD YYYY Hour: Min Evidence of cooling? Yes No

Analysis Start Date/Time: 5/20/14 1:58 AM PM Initials: om
 MM DD YYYY Hour: Min

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

Test Results: E. coli: <1 mfu per 100 mL Analysis Complete Date/Time: 5/21/14 1:58 AM PM
 MM DD YYYY Hour: Min
 Total Coliforms: Present Absent Analyst: J. Miller
 E. Coli: Present Absent Review by: J. Miller 5/21/14
 MM DD YYYY

Reported By: J. Miller Report Date: 5/21/14
 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