

City of The Dalles Water Quality Lab
Microbiology Report

PWS# 41
 PWS Name: _____
 City, County: _____
 Phone: _____ Fax/Email: _____
 Return address for report:
 Name: Middle Park 122 DE
 Address: Trail Box 27 291
 City, State, Zip: Packdale OR 97041

ORELAP#: OR10002/WAG1023/WADOH235
 Lab Name: City of The Dalles Water Quality Lab
 Address: 6780 Reservoir Road The Dalles
 Phone/Fax: 541-298-2248/541-298-2129
 Bottle#: 34 Report to DHS? YES NO
 Results do not meet NELAC Standards-See page 2
 Lab Sample ID#: 198398

Sample Collected Date/Time: 8/28/17 09:22 AM PM Chlorinated: No Yes
 Collected By: [Signature] 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#: [Signature]
 Source ID: SRC- _____ Source name (ex. "WELL #1"): UNT 1 Trail Pass

Delivered By: C. Moore Date: 8/28/17

LAB USE ONLY
 Sample Received Date/Time: 8/28/17 9:38 AM PM Initials: DCR Temp: 21 °C
 Evidence of cooling? Yes No
 Analysis Start Date/Time: 8/28/17 10:49 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: Analysis Complete Date/Time: 8/29/17 11:18 AM PM
 Total Coliforms: NA Analyst: [Signature]
 E. Coli: 1.0 mpn/100 ml Review by: DCR 8/29/17
 MM / DD / YYYY

Reported By: Ramos Report Date: 8/29/17
 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

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The results do not meet NELAC Standards because (check all that apply):

- Not received in lab-supplied bottle
- Not incubated at proper temperature
- Other reason: _____

Microbiological Analysis (Coliform) Reporting Guide

- The water system is responsible for filling out the water system and sample site information. The laboratory is responsible for filling out the result information.
- Entering sample site information. Sample identification, and source name information can be found in a water system survey, or DHS-Drinking Water Program Data Online at: <http://170.104.63.9/>

○ Distribution Samples:

- Use "Distribution" box.

○ Source:

- Use "Source" box.
- Enter source identification# and source name.
- See example (right):

ID	Facility Name	Well Log#
FP-A	FP for WELL #1	
SRC-AA	WELL #1	
FP-B	FP for WELL #2	
SRC-BA	WELL #2	

SOURCE	Sample Type: <input type="checkbox"/> Triggered <input type="checkbox"/> Confirmation <input type="checkbox"/> Assessment <input type="checkbox"/> Special		
Date of Initial Positive:		*Original Positive ID#:	
Source ID, SRC:	AA	Source name (e.g. "WELL #1"):	WELL #1

• Sample Types

○ Distribution:

- Routine: Regularly scheduled Distribution samples.
- Repeat: Distribution samples required after a total coliform or *E. coli* positive result from a routine sample.
- Temporary Routines: Distribut on samples required the month following an original total coliform or *E. coli* positive result from a routine sample.

○ Source:

- Triggered: Source water sample required following a total coliform positive routine result.
- Confirmation: Source water samples required following an initial *E. Coli* positive source water sample result.
- Assessment: Regularly scheduled source water sample (typical schedules are either once monthly or once annually).

○ Special:

- Any other non-compliance sample, typically not reported to the DHS-Drinking Water Program.

Sampling Instructions.

1. Form must include system ID #, system name, address, phone, collection date and time, type of sample, collected by, sample point and chlorination information, if this information is not included sample will not be accepted.
2. This bottle has been sterilized—handle with the greatest care to avoid contamination. Do not set down the bottle cap while sampling. Do not touch the inside of the cap or bottle.
3. Do not rinse this bottle. Dry, white deposits which may be noticed on the inside of the bottle are traces of chemicals which have been added to help stabilize the bacterial population in your sample.
4. Tap samples. Remove screens, aerators or any other devices and allow water to run several minutes before taking sample. Flow should not be so hard as to splash while filling the bottle. If flow is adjusted before sampling it should run an additional 2 to 3 minutes before filling the bottle. Do not wash faucet before sampling. Do not sample hot water.
5. Fill bottle with sample between the lines. Be careful in filling, overfilled bottles will not be accepted.
6. Sample must reach the lab for analysis within 30 hours of collection. Maintain at 1-6 °C and transport in a sealed bag or cooler. Blue ice is better than "water" ice for transport and chilling samples. If water ice is used it should be double bagged to contain any ice melt and so the sample bottle is not in contact with any melted ice water in the cooler.

Samples will not be accepted if not adhered to the above.