

City of The Dalles Water Quality Lab
Microbiology Report

COPY

PWS# **41**

PWS Name: Middle Fork Irrigation District
 City, County: Parkdale, Hood River County
 Phone: 541-352-6468 Email mfid@mfidp.com

Return address for report:
 Name: Middle Fork Irrigation District
 Address: 8235 Clear Creek Rd
 City, State, Zip: Parkdale, OR 97041

ORELAP#: OR10002
 Lab Name: City of The Dalles Water Quality Lab
 Address: 6780 Reservoir Road The Dalles
 Phone/Fax: 541-298-2248 x5009/541-298-2129

Bottle#: F28 Report to OHA? YES NO
 Lab Sample ID# 211137

Sample Collected Date/Time: 11 / 2 / 2022 09:58 A
MM DD YYYY 24 Hour Chlorinated: No Yes Code 0999

Collected By: Maribeth Chambers Free Chlorine: _____ mg/L

DISTRIBUTION Sample Type: Routine Special

*Repeat Original site *Repeat Downstream *Repeat Upstream

*Date of Initial Positive: _____ / _____ / _____ *Original Positive ID#: _____
MM / DD / YYYY

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

SOURCE Sample Type: *Triggered *Confirmation Assessment Special

*Date of Initial Positive: _____ / _____ / _____ *Original Positive ID#: _____
MM / DD / YYYY

Source ID: SRC-Powerhouse / Tail Water Source name (ex. "WELL #1"): _____

Delivered By: Maribeth Chambers Date: 11/2/2022

LAB USE ONLY

Sample Received Date/Time: 11 / 2 / 2022 10:59
MM / DD / YYYY 24 hour Initials: DCR Temp: 12 °C
 Evidence of cooling? Yes No

Analysis Start Date/Time: 11 / 2 / 2022 11:36
MM / DD / YYYY 24 hour Initials: DCR

ORELAP Method(s): Colilert® SM Online Ed/SM 9223B Quantity Tray 2K SM9223B QT Other: _____

Sample Results do not meet NELAC Standards because (check all that apply):
 Not received in lab-supplied bottle Not received at proper temperature (below 10°C) Over 30 hours Leak
 Not incubated at proper temperature Other Reason Heavy non-coliform growth

Test Results:

Total Coliforms: Present Absent
 E. Coli: Present Absent

Total Coliforms: 365.4 MPN/100mls
 E. Coli: 1.0 MPN/100mls

Analysis Complete Date/Time: 11 / 3 / 2022 11:42
MM / DD / YYYY 24 hour

Analyst: [Signature]
 Review by: DCR 11 / 4 / 2022
MM / DD / YYYY

Reported By: Ramos Report Date 11 / 4 / 2022
MM / DD / YYYY

Tests results sent:
 Email Mail Fax OHA Fax Call

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.

DHS USE ONLY

REPORTED