

City of The Dalles Water Quality Lab
Microbiology Report

COPY

PWS# 41
 PWS Name: _____
 City, County: _____
 Phone: _____ Email: _____
 Return address for report:
 Name: Middle Fork Irrigation District
 Address: P.O. Box 291
 City, State, Zip: Prineville OR 97041

ORELAP#: OR100002
 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#: E39 Report to DHS? YES NO
 Lab Sample ID# 2097312
OK

Sample Collected Date/Time: 05/03/2022 8:00 AM PM
 Chlorinated: No Yes
 Collected By: Chambers Free Chlorine: _____ mg/L

DISTRIBUTION Sample Type: Routine *Repeat Temporary Routine Special
 *Date of Initial Positive: 1/1/ *Original Positive ID#: _____
 Address: _____ Sampled at (ex. "SINK"): _____

SOURCE Sample Type: *Triggered *Confirmation Assessment Special
 *Date of Initial Positive: 1/1/ *Original Positive ID#: _____
 Source ID: SRC- Middlefork Irrigation Source name (ex. "WELL #1"): U-1 Tail Race Pond

Delivered By: Maribeth Chambers Date: May 3 2022

LAB USE ONLY
 Sample Received Date/Time: 5/3/2022 1:11 AM PM Initials: DK Temp: 21 °C
 Evidence of cooling? Yes No

Analysis Start Date/Time: 5/3/2022 1:47 AM PM Initials: DKR
 ORELAP Method(s): Colilert® Quantity Tray 2K Other: _____
SM Online Ed/SM 9223B

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

Test Results:
 Total Coliforms: Present Absent
 E. Coli: Present Absent
 Total Coliforms: NA MPN/100mls
 E. Coli: <1 MPN/100mls

Analysis Complete Date/Time: 5/4/2022 1:54 AM PM
 Analyst: Roumo
 Review by: J. Mel 5/4/2022
 MM / DD / YYYY

Reported By: J. Mel Report Date: 5/4/2022
 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

COPY

Handwritten notes in the top-left quadrant, including a date and several lines of text.

Handwritten notes in the top-middle quadrant, appearing as a list or series of entries.

Handwritten notes in the top-right quadrant, including a date and several lines of text.

Handwritten notes in the middle-left quadrant, continuing the list or series of entries.

Handwritten notes in the middle-middle quadrant, appearing as a list or series of entries.

Handwritten notes in the middle-right quadrant, including a date and several lines of text.

Handwritten notes in the bottom-left quadrant, including a date and several lines of text.

Handwritten notes in the bottom-middle quadrant, appearing as a list or series of entries.

Handwritten notes in the bottom-right quadrant, including a date and several lines of text.