

City of The Dalles Water Quality Lab
Microbiology Report

COPY

PWS# 41
 PWS Name: _____
 City, County: Head River / Hood River
 Phone: 541-354-1185 Email: john@fd@hoodriverelectric.net
 Return address for report:
 Name: East Fork Irrigation District
 Address: P.O. Box 162
 City, State, Zip: Odell, Oregon 97044

ORELAP#: OR100002/WAG1023/WAD0H235
 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#: 024 Report to DHS? YES NO
 Lab Sample ID# 202475

Sample Collected Date/Time: 05 / 01 / 2019 12 : 15
 MM DD YYYY Hour : Min

Chlorinated: No Yes
 Free Chlorine: _____ mg/L

Collected By: John Buckley

DISTRIBUTION Sample Type: Routine *Repeat Temporary Routine Special

*Date of Initial Positive: _____ / _____ / _____
 MM / DD / YYYY

*Original Positive ID#: _____

Address: Toll Bridge

Sampled at (ex. "SINK"): Headworks

SOURCE Sample Type: *Triggered *Confirmation Assessment Special

*Date of Initial Positive: _____ / _____ / _____
 MM / DD / YYYY

*Original Positive ID#: _____

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

Delivered By: John R. Burkholder Date: 05-01-2019

LAB USE ONLY

Sample Received Date/Time: 5 / 1 / 2019
 MM / DD / YYYY

Hour: 1 : 49
 Min

Initials: JB Temp: 25 °C

Analysis Start Date/Time: 5 / 1 / 2019
 MM / DD / YYYY

Hour: 3 : 00
 Min

Evidence of cooling? Yes No

ORELAP Method(s): Colilert®

SM Online Ed/SM 9223B

Quantity Tray 2K Other: _____

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: NT MPN/100mls

E. Coli: 51 MPN/100mls

Analysis Complete Date/Time: 5 / 2 / 19 3 : 30 AM
 MM / DD / YYYY Hour: Min AM PM

Analyst: A. Miller

Review by: DCR 5 / 3 / 19
 MM / DD / YYYY

Reported By: Ramos Report Date 5 / 3 / 19
 MM / DD / YYYY

Tests results sent:

Email Mail Fax OHA Fax Call

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.