



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

East Fork/Hood River

COPY

PWS# 41
 PWS Name: East Fork Irrigation District
 City, County: Hood River, Hood River
 Phone: 541-354-1185 Fax: 541-354-5833

Return address for report:
 Name: East Fork Irrigation District
 Address: P.O. Box 162
 City, State, Zip: Odell, OR. 97044

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#: NA Report to DHS? YES NO
 Results do not meet NELAC Standards-See page 2
 Lab Sample ID#: 188938

Sample Collected Date/Time: 05/29/2013 11:15 AM Chlorinated: No Yes
 Collected By: John Buckley PM 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#: _____
 Source ID: SRC- _____ Source name (ex. "WELL #1"): Irrigation

LAB USE ONLY
 Sample Received Date/Time: 5/29/13 3:20 AM Initials: DCR Temp: 24 °C
 PM Evidence of cooling? Yes No

Analysis Start Date/Time: 5/30/13 7:45 AM Initials: DCR
 PM

ORELAP Method(s): Colilert® Colilert-18® Colisure® Chromocult® Coliscan® Readycult®
 Check all that apply. SM 9221 B (MTF) + E or F SM 19th Ed. SM 20th Ed. SM 21st Ed.
 SM 9221 D (P-A M) + E or F
 SM 9222 B (MF) + 9221E or 9221F or 9222G
 SM 9223 ColiTag® MI agar m-ColiBlue® Other: Q2AK SM Online

Test Results: E. coli = 18.1 mpn/100mls Analysis Complete Date/Time: 5/31/13 11:00 AM
 PM
 Total Coliforms: Present Absent Analyst: Raimes
 E. Coli: Present Absent Review by: DCR 5/31/13
 MM / DD / YYYY

Reported By: Raimes Report Date 5/31/13
 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