

City of The Dalles Water Quality Lab **COPY**
Microbiology Report

QT

PWS# 41
 PWS Name: _____
 City, County: _____
 Phone: _____ Email: _____
 Return address for report:
 Name: The Dalles Irrigation District
 Address: 3503 Olney Rd
 City, State, Zip: The Dalles, OR 97058

ORELAP#: OR100002
 Lab Name: City of The Dalles Water Quality Lab
 Address: 6780 Reservoir Road The Dalles
 Phone: 541-298-2248 x5009
 Bottle#: H17 Report to OHA? YES NO
 Lab Sample ID# 219243

Sample Collected Date/Time: 05/01/2026 10:00
MM DD YYYY 24 Hour
 Chlorinated: No Yes
 Collected By: Christian Angelo 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- Columbia River Source name (ex. "WELL #1"): PPA

Delivered By: Christian Angelo Date: 5/1/26

LAB USE ONLY
 Sample Received Date/Time: 05/01/2026 11:04
MM DD YYYY 24 hour
 Initials: JAS Temp: 18 °C
 Evidence of cooling? Yes No

Analysis Start Date/Time: 05/01/2026 11:08 Initials: JAS
MM DD YYYY 24 hour

ORELAP Method(s): Collert® Quantity Tray 2K Tecta EC/TC Collert - 18 Other:
Check all that apply. SM Online Ed/SM 9223B SM9223B QT Ed 2.0 2017 SM 9223 B
 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) Leak
 Not incubated at proper temperature Other Reason Heavy non-coliform growth

<p>Test Results: Total Coliforms: <input type="checkbox"/> Present <input type="checkbox"/> Absent E. Coll: <input type="checkbox"/> Present <input type="checkbox"/> Absent Total Coliforms: <u>579.4</u> MPN/100mls E. Coll: <u>3.1</u> MPN/100mls</p>	<p>Analysis Complete Date/Time: <u>05/02/2026</u> <u>11:24</u> <small>MM DD YYYY 24 hour</small> Analyst: <u>Schuber</u> Review by: <u>Schuber</u> <u>05/05/2026</u> <small>MM DD YYYY</small></p>
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Reported By: _____ Report Date: ____/____/____
MM DD YYYY

Tests results sent:
 Email Mail Email OHA 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