

SPECTRA Laboratories – Kitsap

26276 Twelve Trees Lane, Suite C, Poulsbo, WA 98370
(360) 779-5141

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 1 / 26 / 18 Month Day Year	Time Sample Collected 9:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Clallam
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Type of Water System (check only one box)
 Group A Group B Other _____

Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):

ID# 04693W

System Name: Horizon Hills

Contact Person: Heather

Day Phone: (360) 683-6328 Cell Phone: ()

Eve. Phone: Fax: ()

Email Address: integritypumps@outlook.com

Send results and invoices to: (Print full name, address and zip code)

Integrity Pumps
PO Box 1214
Carlsborg, WA 98324

SAMPLE INFORMATION

Sample collected by (name): Tyler

Specific location where sample collected: Sample tap	Special instructions or comments: Email Results
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Type of Sample (must check only one box of #1 through #5 listed below)

1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes ___ No <input checked="" type="checkbox"/> Chlorine Residual: Total ___ Free ___	2. Repeat Sample (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: _____
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3. Ground Water Rule Source Sample <table border="1"><tr><td>s</td><td></td><td></td></tr></table> <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	s			Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___
s				

4. <input type="checkbox"/> Surface or GWI Raw Source Water Sample (Enumeration) <input type="checkbox"/> E.coli <input type="checkbox"/> Fecal Filtered Yes ___ No ___	<table border="1"><tr><td>s</td><td></td><td></td></tr></table>	s		
s				

5. Sample Collected for Information Only
Investigative ___ Construction / Repairs ___ Private Residence ___ Other ___

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY	
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> Satisfactory

Replacement Sample Requested/Flagged:
 Sample too old (>30 hours) TNTC _____

Bacterial Density Results: Total Coliform ___ /100ml. E.coli ___ /100ml.
Fecal Coliform ___ /100ml. HPC ___ /1 ml. ___ / ___

Date/Time Received 1/26/18 145	Lab Reference Number 124779-01
Date/Time In Incubator 1/26/18 1650	Method Code 9223B
Date/Time Out Incubator 1/27/18 1430	Receipt Temp C° (Raw Water)
DOH Lab-Sample# 010-77901	Remarks:

SPECTRA Laboratories - Kitsap LLC

26276 Twelve Trees Lane, Suite C Poulsbo, WA 98370 Telephone (360) 779-5141 FAX (360) 779-5150

IOC - NIT

IOC - NIT by Various EPA Approved Methods

Source / Point of Entry - Report of Analysis

<p>Date Collected: 1/26/2018</p> <p>System ID No: 04693W</p> <p>Lab - Sample #: 01077902</p> <p>Sample Location: Sample Tap</p> <p>Sample Purpose: RC</p> <p>Sample Composition: S</p> <p>Send Report To: Integrity Pump & Filtration P.O. Box 1214 Carlsborg, WA 98324</p>	<p>Group: B</p> <p>System Name: Horizon Hills</p> <p>County: Clallam</p> <p>DOH Source No:</p> <p>Date Received: 1/26/2018</p> <p>Date Reported: 1/30/2018</p> <p>Sample Type: Pre-treatment/Raw</p> <p>Collected By: Tyler</p> <p>Phone Number: 360-683-6328</p> <p>Bill To: Integrity Pump & Filtration P.O. Box 1214 Carlsborg, WA 98324</p>
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DOH#	Analyte	Results	Flag	Units	SRL	Trigger	MCL	MCL Exceeded	Method (Analyst Init.)	Date Analyzed
20	Nitrate-N	<0.1		mg/L	0.5	5	10		EPA 300.0 (EC)	01/26/18

- *Confirmation:** Include the original lab number, sample number, and collection date of the original sample in the special instruction section.
- SRL (State Reporting Level):** The minimum reporting level required by the Washington State Department of Health (DOH).
- Trigger Level:** DOH drinking water response level. Regulated systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact your DOH drinking water regional office for further information.
- MCL (Maximum Contaminant Level):** If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions if you are a regulated system. Secondary MCL limits are established for aesthetic purposes and are not health based. Secondary parameters are iron, manganese, silver, chloride, sulfate, zinc, conductivity, color and TDS.
- NA (Not Analyzed):** In the results column, indicates this compound was not included in the current analysis.
- ND (Not Detected):** In the results column, indicates this compound was analyzed and not detected at a level greater than or equal to the SRL.
- < (0.00x):** The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).
- mg/L:** milligrams per liter or parts per million
- NTU:** nephelometric turbidity units (a measure of water clarity).
- umhos/cm:** Micro ohms per centimeter (a measure of the ability of the water to conduct electricity). One micro ohm per centimeter is equivalent to one micro siemen per centimeter (uS/cm).
- :** No existing trigger or MCL value.