

SPECTRA Laboratories - Kitsap

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 11/24/20 Month Day Year	Time Sample Collected 9:00 AM AM PM	County Clallam
---	---	-------------------

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# : 0 4 6 9 3 W

System Name: Horizon Hills H2O

Contact Person: Jeff James

Day Phone: (360) 693-6388 Cell Phone: ()

Ext. Phone: Fax: ()

Email Address: integrity.pumps@outlook.com

Send results and invoices to / Print label to, address and zip code:

P.O. Box 1214
Carlsborg, WA
98324

SAMPLE INFORMATION

Sample collected by (name): JOR

Specific location where sample collected: nose bib	Special instructions or comments: email results
---	--

Type of Sample (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: _____
--	---

3. Ground Water Rule Source Sample Unsatisfactory routine collect date: _____ Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___ <input type="checkbox"/> Triparted (A/P) <input type="checkbox"/> Assessment (A/P)	4. <input type="checkbox"/> Surface or GWL Raw Source Water Sample (Enumeration) s _____ <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Filtered: Yes ___ No ___
---	--

5. <input type="checkbox"/> Sample Collected for Information Only Investigate ___ 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 Rec'd Requested 11/24/20 200	Lab Reference Number 194264-01
---	-----------------------------------

Time to Lab 1-24-20	Method Code 9223B
------------------------	----------------------

Date Rec'd in Lab 1-25-20	Receipt Temp C° (Raw Water)
------------------------------	-----------------------------

CDM File Number 078-22584210	Remarks
---------------------------------	---------