

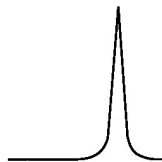
Spectra Labs - Kitsap, LLC (Poulsbo) received samples from Integrity Pump & Filtration on Friday, January 29, 2021 at 1:40 pm. Unless otherwise noted, all samples were received in good condition and were tested in accordance with the laboratory's quality control procedures. A summary of the samples received are outlined below.

Sample No.	Description	Location	Sampled
205577-01	Horizon Hills	Hose Bib	01/29/2021 8:20
205577-02	Horizon Hills	Hose Bib	01/29/2021 8:20

This report package contains laboratory sample results and any attachments listed below. If you have any questions please call (360) 779-5141 or email us at www.spectra-lab.com.

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These results relate only to the items tested and the sample(s) as received by the laboratory. This report shall not be reproduced except in full, without prior express written approval by Spectra Laboratories.



SPECTRA Laboratories - Kitsap

...Where experience matters

26276 Twelve Trees Ln NW Ste. C
Poulsbo, WA 98370
(360) 779-5141

Drinking Water

System ID No:	04693W	System Group Type:	B
Sample Number:	010-57702	System Name:	Horizon Hills
Sample Location:	Hose Bib	County:	Clallam
		Sampler:	Jake
Source Number(s):		Sampler Phone No:	
Sample Purpose:	Routine Compliance	Date Collected:	1/29/2021
Sample Composition:	Single Source	Date Received:	1/29/2021
Sample Type:	Untreated: DW	Date Reported:	2/2/2021
Send Report to: Integrity Pump & Filtration P.O. Box 1214 Carlsborg, WA 98324		Bill to: Integrity Pump & Filtration P.O. Box 1214 Carlsborg, WA 98324	


DOH #	Analyte	Results	Qual.	Units	SDRL	PQL	Trigger	MCL	Exceeds MCL	Method	Analyst	Analysis Date
0020	Nitrate-N	ND	---	mg/L	0.5	0.10	5	10		EPA 300.0	SZ	1/30/2021

NOTES:

Sample Number: 205577-02

- *Confirmation** Include the original lab number, sample number, and collection date of original sample in either lab or sampler comments section.
- SDRL:** (State Detection Reporting Limit) The minimum reportable detection of an analyte as established by the department.
- Trigger Level:** DOH drinking water response level. 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.
- 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 SDRL.
- < (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).
- µmhos/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.
- 1:** Secondary MCL (Established for aesthetic purposes, not health based).

Lab Qualifiers Comments:


Approved By _____
 Angela Kaelin
 Lab Supervisor/ QA Manager

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected: 1/29/21
Time Sample Collected: 8:20 AM
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# 04693W
System Name: Horizon Hills

Contact Person: Heather

Day Phone: 360-683-6378 Cell Phone: ()

Eve. Phone: Fax: ()

Email Address: integritypumps@outlook.com

Send results and invoices to: (Print full name, address and zip code)
PO Box 1214
Carlsborg, WA 98324

SAMPLE INFORMATION

Sample collected by (name): Julie

Specific location where sample collected: Hose bib
Special instructions or comments: Email Results

Type of Sample (must check only one box of #1 through #5 listed below)

1. Routine Distribution Sample
Chlorinated: Yes ___ No
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
[s] [] [] []
 Triggered (A/P)
 Assessment (A/P)

Unsatisfactory routine collect date: _____/_____/_____
Chlorinated: Yes ___ No ___
Chlorine Residual: Total ___ Free ___

4. Surface or GW! Raw Source Water Sample (Enumeration) [s] [] []
 E.coli Fecal Filtered Yes ___ No ___

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

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

Unsatisfactory Total Coliform Present and
 E. coli present E. coli absent 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: 1/29/21 1340 Lab Reference Number: 205577-01

Date/Time In Incubator: 1/29/21 Method Code: 9223B

Date/Time Out Incubator: 1/30/21 Receipt Temp C° (Raw Water): _____

Deliver Sample# 010-82620 Remarks:

SPECTRA Laboratories – Kitsap, LLC
DRINKING WATER SAMPLE INFORMATION (WSI) FOR
INORGANIC CHEMICAL ANALYSIS
 See Sampling Instructions on back of page

1. System ID No: 04693W		2. System Name: Horizon Hills		3. Group (circle) A B Private	
4. Sample Location: Hose bib		5. Date/Time Collected: 11/29/21 8:20 AM/PM		Lab Number: <i>Lab use only</i> 205577-02	
6. Sample Collected By: Jake		7. Sampler Phone Number: 360-683-6328		8. Sample Type: (Circle one) Untreated (raw) Treated Unknown	
9. County: (circle one) Clallam Mason Pierce Jefferson Island King Thurston Other: Grays Harbor		10. Sample Purpose: <input checked="" type="checkbox"/> Routine Compliance <input type="checkbox"/> Confirmation <input type="checkbox"/> Investigative <input type="checkbox"/> Other		11. Sample Composition <input checked="" type="checkbox"/> Single Source <input type="checkbox"/> Blended <input type="checkbox"/> Composite <input type="checkbox"/> Distribution	
13. Send Report To: (Print Name, Address, Zip Code) Integrity Pumps & Filtration PO BOX 1214 Carlsborg, WA 98324		14. Phone No.: 360-683-6328		15. Fax No.: 360-681-0583	
				16. Email: INTEGRITYPUMPS@OUTLOOK.COM	

17. Special Instructions: **EMAIL RESULTS PLEASE**

Analysis Requested Check a group or circle individual tests below	<input type="checkbox"/> Group A IOC (complete) <small>(Sb, As, Ba, Be, Cd, Cr, CN, F, Hg, Ni, Se, Ti, NO₃-N, NO₂-N, Cl, Fe, Mn, Ag, SO₄, Zn, Na, hard, cond, turb, color, Pb, Cu)</small> <input type="checkbox"/> Group B IOC (complete) <small>(same as Group A minus Pb, Cu)</small> <input checked="" type="checkbox"/> Nitrate only	<input type="checkbox"/> Kitsap 5 (NO ₃ -N, Fe, Mn, Cl, Cond) <input type="checkbox"/> Pierce County IOC <small>(Sb, As, Ba, Be, Cd, Cr, CN, F, Hg, Ni, Se, Ti, NO₃-N, NO₂-N, Fe, Mn, Na, turb, Pb, Cu)</small> <input type="checkbox"/> Jefferson County (NO ₃ -N, Cl)	<input type="checkbox"/> Primary IOC <small>(Sb, As, Ba, Be, Cd, Cr, CN, F, Hg, Ni, Se, Ti, NO₃-N, NO₂-N, Na, Turb, Pb, Cu)</small> <input type="checkbox"/> Other (circle individual test or write in new test below)
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EPA REGULATED	EPA REGULATED	EPA REGULATED (Secondary)	STATE REGULATED	UNREGULATED
Antimony (Sb)	Nitrate-N (NO ₃ -N)	Chloride (Cl)	Sodium (Na)	Alkalinity
Arsenic (As)	Nitrite-N (NO ₂ -N)	Iron (Fe)	Hardness	Calcium (Ca)
Barium (Ba)	Total Nitrate/Nitrite	Manganese (Mn)	Conductivity	Magnesium (Mg)
Beryllium (Be)	Nickel (Ni)	Silver (Ag)	Turbidity	Potassium (K)
Cadmium (Cd)	Selenium (Se)	Sulfate (SO ₄ ⁻²)	Color	pH
Chromium (Cr)	Thallium (Tl)	Zinc (Zn)	Other: (list)	Chlorine Residual (circle) Free and/or Total
Cyanide (CN ⁻)	STATE UNREGULATED	Total Organic Carbon (TOC)		Orthophosphate-P (PO ₄ -P)
Fluoride (F)	Lead (Pb)	Total Dissolved Solids		Sulfide (H ₂ S)
Mercury (Hg)	Copper (Cu)	Bromate (BrO ₃ ⁻)		Tannin

Sample Relinquished By:		Date/Time:		Condition on Receipt:	
Sample Received By:	AB	Date/Time:	11/29/21 1340	Temperature On Receipt:	