

Spectra Labs - Kitsap, LLC (Poulsbo) received samples for Integrity Pump & Filtration on Wednesday, April 19, 2023 at 3:30 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.

<b>Sample No.</b>	<b>Description</b>	<b>Location</b>	<b>Sampled</b>
226122-01	Hosizon Hills	Hosebib	04/19/2023 10:50

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](http://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.

26276 Twelve  
Trees Ln NW  
Ste. C  
Poulsbo, WA  
98370

SPECTRA Laboratories - Kitsap

...Where experience matters

**COLIFORM BACTERIA ANALYSIS FORM**

Date Sample Collected 4/19/23 Month Day Year	Time Sample Collected 10:50 AM AM PM	County Clallam
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Type of Water System (check only one box)  
 Group A  Group B  Other Private

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:

Email: integritypumps@outlook.com

Send results to: (Print full name, address and zip code or email above for electronic copy of results)  
Integrity Pumps & Filtration  
PO Box 1214  
Carlsborg, WA 98324

**SAMPLE INFORMATION**

Sample collected by (name): Jeff

Specific location where sample collected: Hose bib	Special instructions or comments: Email Results
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Type of Sample (check only one box)

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

4. Surface or GWI Raw Source Water Sample (Enumeration)  
 E. coli  Fecal Filtered Yes \_\_\_ No \_\_\_ S

5.  Sample Collected for Information Only:

**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
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Bacterial Density Results: Total Coliform \_\_\_ mpn/100ml. E. coli \_\_\_ mpn/100ml.  
Fecal Coliform \_\_\_ cfu/100ml.

Replacement Sample Required:  TNTC  Sample too old  
 Sample Volume  Damaged Container

Date/Time Received: 4/19/23 1530 Lab Reference Number: 226123-07

Receipt Temp C°: Method Code: SM9223B / QT-COUNT / SM9222D

Date In: 4/19/23 Date Out: 4/26/23  
DOH Lab - Sample #

010: 12201

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