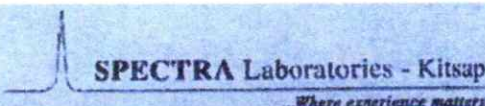


26276 Twelve
Trees Ln NW
Ste C
Poulsbo, WA
98370



COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 1 26 24 Month Day Year	Time Sample Collected 10:00 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): Dalton

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

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 ___
3. Ground Water Rule Source Sample S <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> 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

Unsatisfactory Total Coliform Present and
 E. coli present E. coli absent Satisfactory

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: 1-26-24 1330	Lab Reference Number: 236276-02
Receipt Temp. C°: 8.4	Method Code: SM9223B / QT-COUNT / SM9222D

Date In: 1/26/24 Date Out: 1/27/24	This report is issued solely for the use of the person or company to whom it is addressed. Any use, copying or disclosure other than by the intended recipient is unauthorized. If you have received this report in error, please notify the sender immediately at 360-443-7045 and destroy this report promptly. These results relate only to the items listed 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.
DOH Lab - Sample #: 010-27602	