

AVOCET

ENVIRONMENTAL TESTING

1500 NORTH STATE STREET BELLINGHAM, WA 98225 (360) 734-9033

Date Sample Collected 3 / 11 / 14 <small>Month Day Year</small>	Time Sample Collected 4 : 45 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Island
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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# **3 9 8 8 0 R**

System Name:
HONEYMOON BAY HEIGHTS

Contact Person: **Bob Duffy**

Day Phone: (360) **331-6311** Cell Phone: (360) **929-3027**

Eve. Phone: (360) **331-6311** FAX: (360) **331-6299**

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

Bob Duffy
P.O. Box 223
FREELAND, WA 98249

SAMPLE INFORMATION

Sample collected by (name): **George BUCKLER**

Specific location where sample collected: Laundry Room	Special instructions or comments:
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Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes _____ No X</p> <p>Chlorine Residual: Total _____ Free _____</p> <p>3. Raw Water Source Sample</p> <p><input type="checkbox"/> E. coli - GWR source sample</p> <p><input type="checkbox"/> Fecal - Surface, GWI, some springs</p> <p><input type="checkbox"/> Other</p> <p style="text-align: center;">S </p> <p><small>Public systems must provide source number from WFI</small></p>	<p>2. Repeat Sample (after unsat. routine)</p> <p><input type="checkbox"/> Distribution System</p> <p><input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number: _____</p> <p>Unsatisfactory routine collect date: _____/_____/_____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
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4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ 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 type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input checked="" type="checkbox"/> Satisfactory
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Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper container Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR- 2 7 2 0	Date and Time Received: 3/12/14 1630
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Date Analyzed: 3/12 1715	Date Reported: 3/13/14
Sample Number (DOH number plus five digits) 0 5 7 - 35513	Lab Use Only: DB