

CLIENT INFORMATION	
Mail Report To: HBH POA PO BOX 223 FRELAND WA 98249	
Project: HBHPOA	
Phone: 360-331-6311	Fax:
Report Email: rlduffy@gmail.com	
Billing Email: rlduffy@gmail.com	
Bill To:	<input checked="" type="checkbox"/> Same as Report

SAMPLE INFORMATION		
Date Collected: 3/20/18	Time Collected: 08:50	Bottle Number: HBHPOA
Collected By: R L DUFFY		
Specific Location: GUEST BATH		
<input checked="" type="checkbox"/> Untreated	Chlorine Residual:	<input type="checkbox"/> Total
<input type="checkbox"/> Treated		<input type="checkbox"/> Free

DRINKING WATER (DEFAULT METHOD: PRESENCE / ABSENCE)	
<input checked="" type="checkbox"/> Compliance:	State Regulations for Public Water Systems Results will be sent to you and the State.
<input type="checkbox"/> Investigative:	Building Permit, Repairs, Personal
<input type="checkbox"/> Request Special Method:	

RAW WATER (DEFAULT METHOD: MPN FECAL COLIFORM)	
<input type="checkbox"/> Compliance:	Raw Source Number: S _ _ _
<input type="checkbox"/> Investigative	<input type="checkbox"/> Surface Water
<input type="checkbox"/> Request Special Method:	
<input type="checkbox"/> Triggered	<input type="checkbox"/> Assessment

PUBLIC WATER SYSTEM ONLY (FILL OUT COMPLETELY)		
System ID #: 39880	County: ISLAND	Group: A <input type="checkbox"/> B <input checked="" type="checkbox"/>
System Name: HONEY MOON BAY HEIGHTS		
Repeat Sample:	Original Lab #:	Original Date:
Remarks:		

Microbiology Lab 805 W. Orchard Dr Suite 4 Bellingham WA 98225 www.EdgeAnalytical.com	Corporate Lab 1620 S Walnut St Burlington WA 98233 800-755-9295
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For Laboratory Use Only		
Batch ID	Reference#	Lab#