



Washington State Department of Health  
**WATER BACTERIOLOGICAL ANALYSIS**

**CLIENT INFORMATION**

Mail Report To:  
 HBH POA  
 PO BOX 223  
 FREELAND WA 98249

Project: HBHPOA

Phone: 360-929-3027 Fax:

Report Email: rlduffy@gmail.com

Billing Email: rlduffy@gmail.com

Bill To:  Same as Report

**SAMPLE INFORMATION**

Date Collected: 9/13/2019	Time Collected: 09:30	Bottle Number: HBHPOA
Collected By: R L DUFFY		
Specific Location: GUEST BATH		
<input checked="" type="checkbox"/> Untreated <input type="checkbox"/> Treated	Chlorine Residual:	<input type="checkbox"/> Total <input type="checkbox"/> Free

**DRINKING WATER (DEFAULT METHOD: PRESENCE / ABSENCE)**

Compliance: State Regulations for Public Water Systems  
 Results will be sent to you and the State.

Investigative: Building Permit, Repairs, Personal

Request Special Method:

**RAW WATER (DEFAULT METHOD: MPN FECAL COLIFORM)**

Compliance: Raw Source Number: S \_\_\_

Investigative  Surface Water

Request Special Method:

Triggered  Assessment

**PUBLIC WATER SYSTEM ONLY (FILL OUT COMPLETELY)**

System ID #: 39880 County: ISLAND Group: A   
 B

System Name: HONEYMOON HAY HEIGHTS POA

Repeat Sample: Original Lab #: Original Date:

Remarks:

Microbiology Lab 805 W. Orchard Dr Suite 4 Bellingham WA 98225	Corporate Lab 1620 S Walnut St Burlington WA 98233
www.EdgeAnalytical.com   800-755-9295	

For Laboratory Use Only

Batch ID	Reference#	Lab#
----------	------------	------