



CLIENT INFORMATION	
Mail Report To: HBHPOA PO BOX 223 FROELAND WA 98249	
Project: HBHPOA	
Phone: 360-929-3027	Fax:
Report Email: rlduffy@gmail.com	
Billing Email: rlduffy@gmail.com	
Bill To:	<input checked="" type="checkbox"/> Same as Report

SAMPLE INFORMATION		
Date Collected: 2/25/20	Time Collected: 09:45	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 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: HONEYMOON BAY 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#