

CLIENT INFORMATION	
Send Report To: HBH POA PO BOX 223 FRELAND WA 98249	
PROJECT NAME: (Additional information) HBH POA	
Phone: 360.929.3027	Fax:
REPORT EMAIL: (Write Clearly) rlduffy@gmail.com	
BILLING EMAIL: (Write Clearly) rlduffy@gmail.com	
Bill To:	<input checked="" type="checkbox"/> Same as Report

SAMPLE INFORMATION		
Date Collected: (mm/dd/yy) 3/19/26	Time Collected: (24.00) 10:00 AM	Bottle Number:
Collected By: BOB DUFFY		
Specific Location: (kitchen faucet, pumphouse...) LAUNDRY		
<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 R	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:		

For Laboratory Use Only		
Batch ID	Reference#	Lab#

Relinquished By	Date	Time
X		
X		