

# AVOCET

ENVIRONMENTAL TESTING

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

|   |   |                         |
|---|---|-------------------------|
| Date Sample Collected<br><b>3/7/17</b><br><small>Month Day Year</small> | Time Sample Collected<br><b>9:00</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | County<br><b>ISLAND</b> |
|---|---|-------------------------|

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# **39880R**

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 Buehler**

|  |                                   |
|--|-----------------------------------|
| Specific location where sample collected:<br><b>LAUNDRY ROOM</b><br><b>4262 SHAW RD.</b> | Special instructions or comments: |
|--|-----------------------------------|

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 <b>X</b></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;">  <b>S</b>        </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)<br/>(Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number:<br/>_____</p> <p>Unsatisfactory routine collect date:<br/>____/____/____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p> |
|--|---|

4.  Sample Collected for Information Only

Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

|  |  |
|--|--|
| LAB USE ONLY <b>DRINKING WATER RESULTS</b>   | LAB USE ONLY                                     |
| <input type="checkbox"/> Unsatisfactory Total Coliform Present and<br><input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent<br><input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent | <input checked="" type="checkbox"/> Satisfactory |

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:<br>MICR- <b>2 7 2 0</b>                                  | Date and Time Received: <b>3/7/17 1600</b> |
| Date Analyzed: <b>3-7-17 1625H</b>                                    | Date Reported: <b>3-8-17H</b>              |
| Sample Number (DOH number plus five digits)<br><b>0 5 7 7 1 4 5 6</b> | Lab Use Only:                              |

DOH Form #331-319 (revised 11/10)

## B 12764

**COLIFORM BACTERIA ANALYSIS**  
**WATER SUPPLIER COPY**