



Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

CLIENT INFORMATION

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

PROJECT NAME:
(Additional information) **HBH POA**

Phone: **360-929-3027** Fax:

REPORT EMAIL:
(Write Clearly) **rduffly@gmail.com**

BILLING EMAIL:
(Write Clearly) **rduffly@gmail.com**

Bill To: Same as Report

SAMPLE INFORMATION

Date Collected: <small>(mm/dd/yy)</small> 3/1/22	Time Collected: <small>(24:00)</small> 09:35	Bottle Number: HBH POA
Collected By: R L DUFFY		
Specific Location: <small>(Kitchen faucet, pumphouse...)</small> 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)

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: **HONEYWOOD 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#
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