



Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

CLIENT INFORMATION

Send Report To:
BH POA
PO BOX 223
FREETLAND WA 98249

PROJECT NAME:
(Additional information) # BH POA

Phone: 360-929-3027 Fax:

REPORT EMAIL:
(Write Clearly) rlduffy@gmail.com

BILLING EMAIL:
(Write Clearly) rlduffy@gmail.com

Bill To: Same as Report

SAMPLE INFORMATION

Date Collected: (mm/dd/yy) 3/7/23 Time Collected: (24:00) 6:40 AM Bottle Number: # BH POA

Collected By: R L DUFFY

Specific Location:
(kitchen faucet, pumphouse...) GUEST BATH

Untreated Chlorine Residual: Total
 Treated 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 #: 37880 County: ISLAND Group: A B

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#