



CLALLAM COUNTY WATER LAB
 Site: 223 E. 4th St. Rm 130 Mail: 111 E. 3rd
 Port Angeles, WA 98362 (360)417-2334

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 3 / 1 / 2022 Month Day Year	Time Sample Collected 9:30 AM AM PM	County Clallam
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Type of Water System (check only one box)
 Group A Group B Private Well/Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
 ID# I H O 1 4 1
 System Name: Lower Elwha Valley
 Contact Person: Karl Majerle
 Day Phone: (360) 912 4379 Cell Phone: ()
 Email: Karl.Majerle@elwha.org
 Send results to: (Print full name, address and zip code or e-mail)
231 Stratton Rd 98363

SAMPLE INFORMATION

Sample collected by (name): K. Majerle

Specific location where sample collected: <u>LEV03</u> <u>242 Sampson</u>	Special instructions or comments:
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Type of Sample (check only one box)

1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: Yes <input checked="" type="checkbox"/> No _____ Cl. Residual: Total _____ Free <u>20</u>	2. Repeat Sample (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Cl. Residual: Total _____ Free _____
3. Ground Water Rule Source Sample (A/P) Temp _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	

4. Surface or GWI Raw Source Water Sample (Enumeration) S

E. coli Fecal Temp _____ Filtered Yes _____ No _____

5. Sample Collected for Information Only: _____

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

Replacement Sample Required:
 Sample too old (>30 hours) TNTC _____

Bacterial Density Results: Total Coliform _____ /100ml. E.coli _____ /100ml.
 Fecal Coliform _____ /100ml. Enterococci _____ /100 ml.

Method Code: Total Coliform/E. coli: SM9223B Fecal Coliform: SM 9222D
 Enterococci: Enterolert Quanti-tray

Date/Time Received <u>3/1/22</u> <u>1040</u> <u>AM</u>	Date/Time In Incubator <u>3/1</u> <u>1415</u> <u>AM</u>	Date Out <u>3/2</u> <u>AM</u>
DOH Lab-Sample# <u>092</u> <u>08876</u>	Receipt #	



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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 3 1 2022 Month Day Year	Time Sample Collected 10:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Clallam
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Type of Water System (check only one box)
 Group A Group B Private Well/Other _____

Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):

ID# I H I 8 0 W
 System Name: Elwha Heights
 Contact Person: Karl Majerle
 Day Phone: (360) 912-4379 Cell Phone: ()
 Email: Karl.Majerle@elwha.org
 Send results to: (Print full name, address and zip code or e-mail)

231 Stratton Rd 98363

SAMPLE INFORMATION

Sample collected by (name): K. Majerle

Specific location where sample collected: EH-03 764 Ranger Rd. Special instructions or comments:

Type of Sample (check only one box)

1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: Yes <input checked="" type="checkbox"/> No _____ Cl. Residual: Total _____ Free <u>20</u>	2. Repeat Sample (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Cl. Residual: Total _____ Free _____
3. Ground Water Rule Source Sample (A/P) Temp _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	

4. Surface or GWI Raw Source Water Sample (Enumeration) S | | |
 E. coli Fecal Temp _____ Filtered Yes _____ No _____

5. Sample Collected for Information Only: _____

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

Unsatisfactory Total Coliform Present and
 E. coli present E. coli absent Satisfactory

Replacement Sample Required:
 Sample too old (>30 hours) TNTC _____

Bacterial Density Results: Total Coliform _____ /100ml. E. coli _____ /100ml.
 Fecal Coliform _____ /100ml. Enterococci _____ /100 ml.

Method Code: Total Coliform/E. coli: SM9223B Fecal Coliform: SM 9222D
 Enterococci: Enterolert Quanti-tray

Date/Time Received 3/1/22 1040 OFF

Date/Time In Incubator 3/1 1415 blm Date Out 3/1 blm

DOH Lab-Sample# 092-08877 Receipt #