Form 1

Thurston County Environmental Health
2000 Lakeridge Dr. SW ● Olympia, WA 98502
360 867-2631

THURSTON COUNTY WASHINGTON Since 1852

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7 / 10 / 2018	09:20 ☒AM ☐PM	Thurston
Month Day Year		

Type of Water System (check only one box) ☐ Private Household
☒ Group A   ☐ Group B   ☐ Other_____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# 7 6 5 3 0 1
System Name: Scenic Shores Water Co.
Contact Person: Phil Gothro
Day Phone: (360) 878-0375   Cell Phone: same
Scramember@comcast.net   Eve.Phone: same

Send results to: (Print full name, address and zip code or email address)
Phil Gothro
P.O. Box 260
Rainier, WA 98576

SAMPLE INFORMATION

Sample collected by (name): Bob Zimmerman

Specific location or address where sample collected:
17625 155th Ave SE
Yelm, WA 98576 Hose Bibb

Special instructions or comments:
Please call w/ results

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☐ Routine Distribution Sample
   Chlorinated: Yes____ No____
   Chlorine Residual: Total____ Free____

3. Raw Water Source Sample
   ☐ E. coli – GWR (A/P)
   ☐ Fecal – Surface, GWI, springs (numeration)
      Filtered: Yes____ No____
   ☐ Assessment Monitoring (A/P)
   ☐ Other

2. Repeat Sample (after unsat. routine)
   ☐ Distribution System
   Chlorinated: Yes____ No____
   Chlorine Residual: Total____ Free____
   Unsatisfactory routine lab number:
   ___ ___ ___ - ___ ___ ___ ___ ___
   Unsatisfactory routine collect date:
   ___/___/___

S

4. ☒ Sample Collected for Information Only
   Investigative ____ Construction / Repairs X Other ____

DRINKING WATER RESULTS
LAB USE ONLY   LAB USE ONLY

☐ Unsatisfactory Total Coliform Present and
   ☐ E.coli present   ☐ E.coli absent
☒ Satisfactory No Coliform detected

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: ☒ SM 9223B ☐ SM 9222D ☐ SM 9215B ☐ Enterolert®
Date and Time Received: 1500 JUL 10 2018 EI
Date and Time Analyzed: 7-10-18   Date Reported: 7-11-18
Sample Number (DOH number plus five digits): 0 8 0 003511
Lab Use Only: EI

DOH Form #331-319 (revised 01/16)

Form 2

Thurston County Environmental Health
2000 Lakeridge Dr. SW ● Olympia, WA 98502
360 867-2631

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7 / 10 / 2018	09:33 ☐AM ☐PM	Thurston
Month Day Year		

Type of Water System (check only one box) ☐ Private Household
☒ Group A   ☐ Group B   ☐ Other_____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# 7 6 5 3 0 1
System Name: Scenic Shores Water Co.
Contact Person: Phil Gothro
Day Phone: 360-878-0375   Cell Phone: same
Scramember@comcast.net   Eve.Phone: same

Send results to: (Print full name, address and zip code or email address)
Phil Gothro
P.O. Box 260
Rainier, WA 98576

SAMPLE INFORMATION

Sample collected by (name): Bob Zimmerman

Specific location or address where sample collected:
X-1
Firestation

Special instructions or comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample
   Chlorinated: Yes____ No X
   Chlorine Residual: Total____ Free____

3. Raw Water Source Sample
   ☐ E. coli – GWR (A/P)
   ☐ Fecal – Surface, GWI, springs (numeration)
      Filtered: Yes____ No____
   ☐ Assessment Monitoring (A/P)
   ☐ Other

2. Repeat Sample (after unsat. routine)
   ☐ Distribution System
   Chlorinated: Yes____ No____
   Chlorine Residual: Total____ Free____
   Unsatisfactory routine lab number:
   ___ ___ ___ - ___ ___ ___ ___ ___
   Unsatisfactory routine collect date:
   ___/___/___

S

4. ☐ Sample Collected for Information Only
   Investigative ____ Construction / Repairs ____ Other ____

DRINKING WATER RESULTS
LAB USE ONLY   LAB USE ONLY

☐ Unsatisfactory Total Coliform Present and
   ☐ E.coli present   ☐ E.coli absent
☒ Satisfactory No Coliform detected

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: ☒ SM 9223B ☐ SM 9222D ☐ SM 9215B ☐ Enterolert®
Date and Time Received: 1500 JUL 10 2018 EI
Date and Time Analyzed: 7-10-18   Date Reported: 7-11-18
Sample Number (DOH number plus five digits): 0 8 0 003512
Lab Use Only: EI

DOH Form #331-319 (revised 01/16)

Form 3

Thurston County Environmental Health
2000 Lakeridge Dr. SW ● Olympia, WA 98502
360 867-2631

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7 / 10 / 2018	09:45 ☒AM ☐PM	Thurston
Month Day Year		

Type of Water System (check only one box) ☐ Private Household
☒ Group A   ☐ Group B   ☐ Other_____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# 7 6 5 3 0 1
System Name: Scenic Shores Water Co.
Contact Person: Phil Gothro
Day Phone: 360 878-0375   Cell Phone: same
Scramember@comcast.net   Eve.Phone: same

Send results to: (Print full name, address and zip code or email address)
Phil Gothro
P.O. Box 260
Rainier, WA 98576

SAMPLE INFORMATION

Sample collected by (name): Bob Zimmerman

Specific location or address where sample collected:
X-3
14722 Lindsay Loop SE

Special instructions or comments:
Please call w/ results

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☐ Routine Distribution Sample
   Chlorinated: Yes____ No____
   Chlorine Residual: Total____ Free____

3. Raw Water Source Sample
   ☐ E. coli – GWR (A/P)
   ☐ Fecal – Surface, GWI, springs (numeration)
      Filtered: Yes____ No____
   ☐ Assessment Monitoring (A/P)
   ☐ Other

2. Repeat Sample (after unsat. routine)
   ☐ Distribution System
   Chlorinated: Yes____ No____
   Chlorine Residual: Total____ Free____
   Unsatisfactory routine lab number:
   ___ ___ ___ - ___ ___ ___ ___ ___
   Unsatisfactory routine collect date:
   ___/___/___

S

4. ☒ Sample Collected for Information Only
   Investigative ____ Construction / Repairs X Other ____

DRINKING WATER RESULTS
LAB USE ONLY   LAB USE ONLY

☐ Unsatisfactory Total Coliform Present and
   ☐ E.coli present   ☐ E.coli absent
☒ Satisfactory No Coliform detected

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: ☒ SM 9223B ☐ SM 9222D ☐ SM 9215B ☐ Enterolert®
Date and Time Received: 1500 JUL 10 2018 EI
Date and Time Analyzed: 7-10-18   Date Reported: 7-11-18
Sample Number (DOH number plus five digits): 0 8 0 003513
Lab Use Only: EI

DOH Form #331-319 (revised 01/16)