

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

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

HURSTON COUNTY	COLIFORM BACTERIA ANALYSIS						
Sonce 1992	COLI	FORM BAC	TERIA A	NALYSIS			
Date Sample Collec	ted	Time Sample Collected		County			
7/10/2	218	9:20	TAM TO .	inch			
Month Day Y	'ear		IPM VIV	WOLG	<b>n</b>		
Type of Water System			Private Hou	sehold			
<b></b> ,	☐ Gro	,	Other	OMED.			
Group A and Group B	3ystems – Provi	de from Water F	acilities invento	ry (VVFI):			
ID#	<u> </u>	_ <i>Z</i>	71				
System Name: \( \)	Sho	res V	Vote	v Co			
Contact Person:	Phil	Gath	wo				
Day Phone: 360)	878-6	375	Cell Phone	same	-		
sscamen	Noer (c	Concas	Eve.Phone	ana			
Send results to: (Print full	name address an	fzio code or email	address)	The state of the s	W/WYF07000000		
180	R	NX S	260	_			
ba.	inier	INA	98	576			
		LE INFORM	ATION				
Sample collected by (r	$\sim$	7					
	130		erman				
Specific location or ad	dress where say	npla collected	Special ins	tructions or com	ments:		
11000		Hose	4 60	Sa. It			
Type of Sample (mus	48576	e box of #1 throu	J	low)			
1. Routine Distrik				er unsat. routin	ie)		
Chlorinated: Yes			stribution Syste				
Chlorine Residual: Total Free Chlorinated: Yes No							
3. Raw Water Source	Sample	Chlori	ne Residual: To	otal Free_	\		
☐ E. coli – GWR (	(A/P)						
Fecal - Surface, G	3WI, springs (numera	tion) Unsal	isfactory routin	e lab number:	- Land		
	esNo			-			
Assessment Monitoring (A/P) Unsatisfactory routine collect date:							
Other							
S							
	ted for Informa	•	<i>,</i>				
Investigative	Construc		Other_				
LAB USE ONLY		NG WATER I	RESULIS	LAB USE C			
☐ Unsatisfactory 1 ☐ E.coli prese		esent <b>and</b> <i>E.coli</i> absent		No Coliform o			
Replacement Samp	le Required:						
☐ Sample too old	(>30 hours)	☐ TNTC					
Bacterial Density Re	sults: Total Colif	orm	/100ml. <i>E</i> .c	coli	_/100ml.		
Fecal Coliform		00ml	Enterococci		′100 ml.		
Method Code: SI		SM 9222D	Date	and Time Receive	d: 1500		
	M 9215B	Enterolert®	101	LIUZU	10-12		
Date and Time Analyze Sample Number (DOH num		00511		Reported: 7 -  Jse Only:	11-10		
0 8 0	Û	03511	F	d i			
1			3-	1			



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	360 867-2631					
IRSTON COUNTY	COLIFOR	M BACTE	RIA ANALYSIS			
		Sample	County			
1 1/0 1/20	Colle	ected AM	Durston			
e of Water System (o	<u> </u>		rivate Household			
Group A	Group B					
	ystems – Provide from	n Water Facilitì	es Inventory (WFI):			
76	531	<u> </u>				
tom Name:	Stowe	olita	to Co			
tact Person:	1000 G	Hurz				
Phone (A) +	278-037		ell Phone MUR			
el montrer	( Comeas	The same	ve.Phonogram			
results to: (Print full n	amel address and zio co	de o email addr	ess)			
Un.	BAX	. 26	0.00			
1.2	hiner !	WA	98576			
and the second of the second and the	SAMPLE IN	IFORMATIO	DN			
mple collected by (na	<del></del>					
	1000 6	mul	Special instructions or comments:			
cific location or add	Iress where sample co	ollected:	special instructions of confinence.			
Libely	tion					
pe of Sample (must	check only one box o	of #1 through #	4 listed below)			
Routine Distrib	ution Sample		ample (after unsat. routine)			
Chlorinated: Yes	•	☐ Distribution System				
Chlorine Residual: T		Chlorinated: YesNo Chlorine Residual: Total Free				
Raw Water Source		Chlorine R	esiqual. TotalTree			
☐ E. coli – GWR (A	,	Unsatisfac	story routine lab number:			
	No		-			
Assessment Mo	nitoring (A/P)	Unsatisfac	ctory routine collect date:			
Other						
S	***					
Sample Collect	ed for Information O	nly				
Investigative	Construction / F					
LAB USE ONLY	DRINKING W					
	otal Coliform Present		Satisfactory No Coliform detected			
☐ E.coli preser		oli absent				
	e keguireg:		П			
•		TC				
Sample too old	(>30 hours) TN					
Sample too old	(>30 hours) TN		00ml. <i>E.coli</i>			
Sample too old	(>30 hours) TN		erococci/100 ml.			
acterial Density Res Fecal Coliform lethod Code: XSM	(>30 hours)	/10 Ento 22D	erococci/100 ml.  Date and Time Received: 1500			
Sample too old  acterial Density Res  Fecal Coliform ethod Code: SM	(>30 hours)	/10 Ento 22D	Date and Time Received: 150			
Sample too old  acterial Density Res Fecal Coliformethod Code: SM	(>30 hours)	/10 Ente 22D olert®	erococci/100 ml.  Date and Time Received: 1500			



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HURSTON COUNTY				/CIC
Sieve 1852	COLIFORI	M BACTERI	A ANAL	7515
Date Sample Collecte	<b>u</b>	Sample	Cou	nt <b>ý</b>
7/10/201		ected AM	Thurs	ton
Month Day Yea	ı		te Household	
ype of Water System (c	neck only one box)  Group B	☐ Othe		
Group A  Group A and Group B Sy				):
D# 7	53	18		
System Name:	0	TA	$ \bigcirc$	
Lenic	3 Deore	3 Wal	er Co	•
Contact Person:	hil Go	Juro Call	Dhon (1 A)	v 0
Day Phone (1) 18	78-0375	d to d Fine	Phone:	12 - 12
Send results to: (Print July)	O Compa	de or email address)	-	
Send results to (Printipully)	WI GOVI	WO		and the second s
1.0	Box	260	· ·	
Do	unier, u	JA 9!	3576	
	SAMPLE IN	FORMATION		
Sample collected by (na	PC 7	innera	av	
Specific location or add				s or comments:
X-3		- C- N	ease	Gell
147221	indsay to	w Skyo	/ lesu	<u>U5</u>
Type of Sample (must				
1. Routine Distribu	1	2. Repeat Samp		t. routine)
Chlorinated: Yes		Distribution	•	
Chlorine Residual: To		Chlorinated: Y		
3. Raw Water Source	-	Chlorine Resid	Judi. 10ldi	1100
☐ E. coli – GWR (A	,	Unsatisfactory	routine lah ni	ımber:
Fecal — Surface, GV	VI, springs (numeration)	UnsansiaciUl)	- TOGUTO IGD III	
Assessment Mor			routine collect	t date:
Other		Unsatisfactory	routine collect	i ualt.
S				
	d for Information O			
	Construction / R	3 /	Other	
LAB USE ONLY		ATER RESUL		USE ONLY
Unsatisfactory To			'দ্ৰ্ম	atisfactory
☐ E.coli presen		oli absent		oliform detected
Replacement Sample		**		
Sample too old (		тс Е	]	
		/100m	al Ecoli	/100ml
Bacterial Density Resu	ults: Total Coliform	/100ff		/100 ml.
				Received: 150
Method Code: SM	9223B			2018 E
Date and Time Analyzed:	- 6 6		Date Reporte	
Sample Number (DOH number	<u> </u>	13	Lab Use Only	
0 8 0	UUJJ	7. ~	E(	

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