

Sound Microbiology Laboratory

8463 NE Koura Road

Bainbridge Island, WA 98110

Phone: (206) 842-2143 www.soundml.com

COLIFORM BACTERIA ANALYSIS REPORT

System Information

Type of Water System:	Group A and Group B System Name:	System ID#:	County:	Other Description:
Group A	Test System	12345A	Kitsap	

Contact Information

Contact Person:	Test Name				
Primary Phone:	111-111-1111	Mobile Phone:		Fax:	111-111-1112

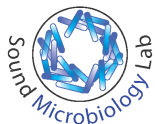
Methods

Washington State ODW (Analyte Group Code-Test Panel Code-Analyte Number): Micro-Coli_Num-0001
Washington State DOE Method ID: 20204006

Sample Information

Sample Date:	Sample Time:	Results:	Specific location where sample collected:	Sample Collected By:	Sample type:	Analysis Date:	Report Date:	Sample ID #:
1/14/2013	12:14 PM	Satisfactory	Outside faucet	John Doe	Routine Distribution Sample	1/14/2013	1/15/2013	221 - 11340
1/14/2013	12:56 PM	Satisfactory	Inside Kitchen	John Doe	Routine Distribution Sample	1/14/2013	1/15/2013	221 - 11341
1/14/2013	1:05 PM	Satisfactory	Well head	John Doe	Routine Distribution Sample	1/14/2013	1/15/2013	221 - 11342
2/20/2013	3:56 PM	Satisfactory	Bathroom sink	John Doe	Routine Distribution Sample	2/20/2013	2/21/2013	221 - 11343
2/20/2013	4:15 PM	Satisfactory	Outside faucet	John Doe	Routine Distribution Sample	2/20/2013	2/21/2013	221 - 11344
2/20/2013	4:39 PM	Satisfactory	Well	John Doe	Routine Distribution Sample	2/20/2013	2/21/2013	221 - 11345
3/18/2013	9:18 AM	Satisfactory	Outside faucet	John Doe	Routine Distribution Sample	3/18/2013	3/19/2013	221 - 11346
3/18/2013	9:28 AM	Satisfactory	Laundry Room	John Doe	Routine Distribution Sample	3/18/2013	3/19/2013	221 - 11347

The information provided in this report applies only to the samples submitted and is relevant only for the date, time and exact location of sampling. Sound Microbiology Laboratory, LLC (SML) assumes no responsibility for the method of sample procurement. Interpretation of data are limited to the persons and/or company performing the field work. Sound Microbiology Laboratory, LLC disclaims any liability for damages arising from interpretation of the data contained within this report.



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Methods

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Washington State DOE Method ID: 20204006

Sample Information

Sample Date:	Sample Time:	Results:	Specific location where sample collected:	Sample Collected By:	Sample type:	Analysis Date:	Report Date:	Sample ID #:
3/18/2013	9:45 AM	Unsatisfactory-Total Coliform Present and E. coli Absent	New well	John Doe	Sample Collected for Information Only	3/18/2013	3/19/2013	221 - 11348
3/18/2013	10:11 AM	Satisfactory	Old well	John Doe	Routine Distribution Sample	3/18/2013	3/22/2013	221 - 11349

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