## STATE OF WASHINGTON **DEPARTMENT OF HEALTH** WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY

If instructions are not followed, sample will be rejected.						
DATE COLLECTED TIME COLLECTED COUNTY NAME						
MONTH YEAR YEAR YEAR						
11 / 28 / 98 AM PM						
TYPE OF SYSTEM   IF PUBLIC SYSTEM, COMPLETE:  ✓ PUBLIC   CIRCLE GROUP						
INDIVIDUAL (Serves only 1 residence)   I.D. No.   4 0 9 5 0 K   CIRCLE GROUP						
NAME OF SYSTEM  KCWD 83						
SPECIFIC LOCATION WHERE SAMPLE COLLECTED   TELEPHONE NO.   DAY (206) 365-32//						
EVENING ( )						
SAMPLE COLLECTED BY: (Name) SYSTEM OWNER/MGR.: (Name)						
ALEX MUCK P.Lay						
SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE SURFACE WELL OF SPRING PURCHASED OF COMBINATION						
WELL FIELD INTERTIE Or OTHER						
SEND REPORT TO: (Print Full Name, Address and Zip Code)  King County Water District # 83						
4029 NE 178th St.						
Lake Forest Park. WA 0199155						
TYPE OF SAMPLE (check only one in this column)						
ROUTINE Chlorinated (Residual:TotalFree)  DRINKING WATER Fiftered						
check treatment Untreated or Other						
REPEAT SAMPLE Previous coliform presence Lab #  Date Collected / /						
RAW SOURCE WATER Source # S Total Coliform  NEW CONSTRUCTION or REPAIRS  OTHER (Specify)  NOTHER (Specify)  TOTAL Coliform  Fecal Coliform						
REMARKS: D/A						
(LAB USE ONLY) DRINKING WATER RESULTS						
UNSATISFACTORY, Coliforms present  REPEAT SAMPLES  E. Coli present  E. Coli absent						
REQUIRED Fecal present Fecal absent						
OTHER LABORATORY RESULTS						
TOTAL COLIFORM/100ml						
FECAL COLIFORM / 100ml PLATE COUNT / ml  ANOTHER SAMPLE REQUIRED						
SAMPLE NOT TESTED BECAUSE: TEST UNSUITABLE BECAUSE:						
Sample too old Confluent growth						
☐ Wrong container ☐ TNTC						
☐ Incomplete form ☐ Turbid culture						
Excess debris						
SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS						
LAB NO. (7 DIGITS)  DATE, TIME RECEIVED  RECEIVED BY						
6608399 11/25/18 10:55 TV						
AM TEST INC.  14603 NE 87th Street						
DOH 308-502 (REV 7/92 <b>6 6 0 8 3 9 9</b> Redmond, WA 98052						
DP CENTER COPY						

## STATE OF WASHINGTON **DEPARTMENT OF HEALTH** WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: If instruction	READ INSTRU Ons are not fol						
DATE COLLECTED	TIME COLL	ECTED	COUN	TY NAMI	E		
MONTH YEAR 98	<b>X</b> AM :	PM	K	IN	9		
TYPE OF SYSTEM IF PU	BLIC SYSTEM, CO	MPLETE:					
PUBLIC I.D.	No. III	a	-	/)	14	CIRCLE GROUP	
(Serves only 1 residence)	9 0	7	12			B (B)	
NAME OF SYSTEM							
KCWD &	<i>33</i>						
SPECIFIC LOCATION WHERE SA			PHONE N	10.			
3945 NO 1865T			DAY (206) 365-3211				
		EVEN	IING (	)	50	me	
SAMPLE COLLECTED BY: (Name	) .		EM OWN	ER/MGR			
Alex MUC	.lc	P,	La	· /			
SOURCE TYPE GROUN	ID WATER UNDER	R SURFACE	INFLUE	VCE			
SURFACE WELL	or SP FIELD	RING [	PUF	RCHASEI ERTIE	D or	OMBINATION or OTHER	
SEND REPORT TO: (FX) FY DA	Address and Z	p Code)	<u> </u>				
	4029 NI	<i>Paler  </i>	<del>Uistr</del>	ict #	83		
Lake	Forest F	= 1/81	h St.				
			VA	1815	5		
TYPE OF SAMPLE (check only	one in this column	1)					
ROUTINE		Chlorinated (	Residual:		Tota	al Free)	
DRINKING WATER check treatment		Filtered Untreated or	Other				
CHECK REAUTION	<b>)</b>	Jilliealed Of	Other				
REPEAT SAMPLE							
Previous coliform present Date	ce Lab # e Collected			1			
	_				_	1	
RAW SOURCE WATER Source # S							
OTHER (Specify) Chainer in A							
REMARKS: P/A			<u> </u>				
- P/P							
(LAB (	JSE ONLY) DF	INKING V	NATER	RESU	LTS		
UNSATISFACTOR	, Coliforms pre	esent		2	~1	TISFACTORY	
REPEAT □ E. C	oli present	E. Col	li absen	t	CC	oliforms absent	
DEG!!!DED	al present	Fecal	absent				
	OTHER LABO	RATORY	RESU	LTS			
TOTAL COLIFORM	/ 100ml		E. COLI_			/ 100ml	
FECAL COLIFORM	/ 100ml						
	ANOTHER	SAMPLE RE	QUIRED				
SAMPLE NOT TESTED BECAU		TES	T UNSUI				
Sample too o					ent gro	wth	
Wrong contai				TNTC	culture		
					s debris		
OFF DEVEDOS OUD		2007 50	D EVDI				
SEE REVERSE SID					ON OF		
LAB NO. (7 DIGITS)		TE, JIME R	,			RECEIVED BY	
(a (a a 8/1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	15/	⋪⋎	h	ليري	< 1	

LAB NO. (7 DIGITS)	DATE, TIME RECEIVED	RECEIVED BY
6608400	11/25/18 10:55	Se
TATE PEPOBASO LABOR	AM TEST INC 14603 NE 87th Stree	
DP CENTER COP4	Redmond, WA 9805	

## STATE OF WASHINGTON **DEPARTMENT OF HEALTH** WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY If instructions are not followed, sample will be rejected.

	wed, sample will be rejected.
DATE COLLECTED TIME COLLECTED YEAR AM E	COUNTY NAME  KING  PM  KING
TYPE OF SYSTEM IF PUBLIC SYSTEM, COM	PLETE:
PUBLIC	CIRCLE GROUP
(Serves only 1 residence) I.D. No.	1950KA
KCWD 83	
SPECIFIC LOCATION WHERE SAMPLE COLLECTED	TELEBRIONE NO
4029 NI 1785T	TELEPHONE NO. DAY (2%) 365-3211
	EVENING ( )
SAMPLE COLLECTED BY: (Name)	SYSTEM OWNER/MGR.: (Name)
ALEX MOCK	P.Lay
SOURCE TYPE GROUND WATER UNDER S WELL or SPRIN WELL FIELD SPRIN	
SEND REPORT TO: (KING COUNTY)	iter District # 83
4029 NE	178th St.
Lake Forest Pa	•
TYPE OF SAMPLE (check only one in this column)	WASHINGTON
ROUTINE Chic	prinated (Residual: Total Free)
DRINKING WATER Filte	· · · · · · · · · · · · · · · · · · ·
check treatment Untr	eated or Other
REPEAT SAMPLE	
Previous coliform presence Lab #	
Date Collected	
RAW SOURCE WATER Source # NEW CONSTRUCTION or REPAIRS OTHER (Specify)	S Total Coliform Fecal Coliform
REMARKS: O/A	
7/7	
(LAB USE ONLY) DRINI	KING WATER RESULTS
UNSATISFACTORY, Coliforms preser	1/3
REPEAT E. Coli present	E. Coli absent
REQUIRED  Fecal present	Fecal absent
OTHER LABORA	TORY RESULTS
TOTAL COLIFORM/ 100ml	E. COLI/100ml
FECAL COLIFORM / 100ml	PLATE COUNT/ ml
ANOTHER SAM	PLE REQUIRED
SAMPLE NOT TESTED BECAUSE:	TEST UNSUITABLE BECAUSE:
Sample too old Wrong container	☐ Confluent growth ☐ TNTC
Incomplete form	Turbid culture
	Excess debris
SEE REVERSE SIDE OF GREEN COF	PY FOR EXPLANATION OF RESULTS
LAB NO. (7 DIGITS) DATE,	TIME RECEIVED BY
10000	day, -
4698401 111	25/1/8 10:55 1/8
DATE REPORTED LABORATORY!	AM TEST INC.
11/24 P/A   10 / 1 *	4603 NE 87th Street

DP CENTER COP 4 0 1

Redmond, WA 98052