



WATER MANAGEMENT LABORATORIES INC.

1515 80th St E, Tacoma, WA 98404

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected

9 / 3 / 26

Month Day Year

Time Sample
Collected

4:51

☐ AM
☐ PM

County

Mason

Type of Water System (check only one box)

☐ Group A

☐ Group B

☐ Other

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

ID# 034500

System Name:

Ayock Beach Improvement

Contact Person: Kevin Odegard

Day Phone: (360) 876-0958

Cell Phone: ()

Email:

Eve. Phone: ()

Send results to: (Print full name, address and zip code)

Northwest Water Systems

PO Box 126

Port Orchard, WA

98366

SAMPLE INFORMATION

Sample collected by (name):

Andrew G

Specific location where sample collected:

260 Ayock SS

Special instructions or comments:

Type of Sample (select only one type of sample from types 1 through 5 below)

1. ☐ Routine Distribution Sample (A/P)

Chlorinated: Yes _____ No _____

Chlorine Residual: Total _____ Free _____

2. ☐ Repeat Sample (A/P)

(from distribution system after unsat. routine)

Unsatisfactory routine lab number: _____

3. Ground Water Rule Source Sample

S

Unsatisfactory routine collect date: _____/_____/_____

Chlorinated: Yes _____ No _____

Chlorine Residual: Total _____ Free _____

☐ Triggered (A/P)

☐ Assessment (A/P)

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

☐ E. coli ☐ Fecal

Filtered Yes _____ No _____

S

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

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

Fecal Coliform _____/100ml. HPC _____/1 ml.

Replacement Sample Required:

☐ TNTC

☐ Sample too old

☐ Sample Volume

☐ Damaged Container

☐ _____

Date/Time Received:

9-4-26 12:20pm

Lab Reference Number

SM 9223B

Receipt Temp C°:

Method Code: CERG

Mm018

Date Reported to DOH

9-5-26

Lab Use Only: AN3639R

DOH Lab-Sample#

67036

089