ALS | +1 360 577 7222
1317 S. 13th Avenue, Kelso, WA 98626
SR # W260383 82-001

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected	Time Sample Collected	County
4/16/26 (Month / Day / Year)	12:35 ☐ AM ☒ PM	Cowlitz

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

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# BQ5141

System Name: JCP, LLC, Next to 18351 Lewis River Rd Ariel, WA 98603 Lot #3

Contact Person:

Day Phone: ( )	Cell Phone: ( )
Email:	Eve. Phone: ( )

Send results to: (Print full name, address and zip code or e-mail)
Dale McGhee & Sons Well Drilling, Inc.
4407 Pleasant Hill Road
Kelso, WA 98626
360-423-8493
[illegible]194

SAMPLE INFORMATION

Sample collected by (name): Justin Beck

Specific location where sample collected:	Special instructions or comments:
Well head	

Type of Sample (check only one box)

1. ☐ Routine Distribution Sample
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____ Free____

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

3. Source Ground Water Rule Sample
S
☐ Triggered
☐ Assessment

4. Enumeration Source Water Sample
S
☐ *E. coli* ☐ Fecal- Surface, GWI, Springs: Filtered Yes____ No____

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

Replacement Sample Required:
☐ Sample too old (>30 hours) ☐ TNTC ☐ _____

Bacterial Density Results: Total Coliform_____/100ml. *E.coli*_____/100ml.
Fecal Coliform_____/100ml. HPC_____/1 ml.

Lab ID Number	Date and Time Received: 4/17/26 0850
Method Code: ☒ SM 9223 B ☐ SM 9222 D ☐ Other_____	Date and Time Incubated: 4.17.26 1753
Date Analyzed: 4.17.26	Date Reported:
DOH Lab-Sample# 0 1 7 3 8 3 2 1	Lab Use Only: 4.20.26 JA

DOH Form #331-319 (effective 04/16) - If you need this publication in an alternative format, call 800.525.0127 (TDD/TTY call 711).
This and other publications are available at www.doh.wa.gov/drinkingwater.

AINTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease-causing organisms.

REPORTING OF RESULTS:
Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246- 290-480.

SATISFACTORY RESULTS:
The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to ensure the safety of the water supply.

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.
The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample the IMMEDIATE ACTION REQUIRED by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local heath department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480.
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE:
Resample Immediately. **"Confluent Growth"** means bacteria have grown into a continuous mass which makes counting impossible. **"TNTC"** means bacteria are too numerous to count. **"Excess Debris"** means that particulates in the water interfere with the interpretation of test results. **"Turbid Culture"** means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined, and a new sample must be obtained for testing.

RESAMPLE:
Sample is too old: Sample to be tested must be received within 30 hours. Not in proper container: bottle to be used for testing must be purchased from a certified lab within 6 months. Insufficient volume: Sample must be at least 100 ml. If not tested: a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION
Contact your local health department OR the laboratory where this sample was tested OR the Department of Health, Drinking Water Program Regional Office.