



ALS | +1 360 577 7222
 1317 S. 13th Avenue, Kelso, WA 98626
 SR # K2509796-001

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected <u>10/2/25</u> Month Day Year	Time Sample Collected <u>11:30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Cowlitz</u>
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Other <u>Private Well</u>		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# <u>BQS699</u> System Name: <u>Chilton Inc. Beebe Rd Lot 2</u> Contact Person: <u>WE 2907004</u>		
Day Phone: ()	Cell Phone: <u>Castle Rock</u>	
Email:	Eve. Phone: ()	
Send results to: (Print full name, address and zip code of e-mail) <u>Date McGee Drilling, Inc.</u> <u>4409 Pleasant Hill Road</u> <u>Kelso, WA 98626</u> <u>360-423-8493</u> <u>Fax 360-423-9194</u>		

SAMPLE INFORMATION

Sample collected by (name): <u>Aaron Bortone</u>	Specific location where sample collected: <u>Well head</u>	Special instructions or comments:			
Type of Sample (check only one box)					
1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
3. Source Ground Water Rule Sample <table border="1"> <tr> <td>S</td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> Triggered <input type="checkbox"/> Assessment	S				
S					
4. Enumeration Source Water Sample <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal- Surface, GWI, Springs: Filtered Yes _____ No _____		S			
5. <input checked="" type="checkbox"/> Sample Collected for Information Only:					

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> Satisfactory
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/>	
Bacterial Density Results: Total Coliform _____ /100ml. E. coli _____ /100ml. Fecal Coliform _____ /100ml. HPC _____ /100ml.	
Lab ID Number	Date and Time Received: <u>0865 10-3-25</u>
Method Code: <input checked="" type="checkbox"/> SM 9223 B <input type="checkbox"/> SM 9222 D <input type="checkbox"/> Other _____	Date and Time Incubated: <u>10-3-25 11:33</u>
Date Analyzed: <u>10-3-25</u>	Date Reported: <u>10-6-25</u>
DOH Lab-Sample# <u>017 97961</u>	Lab Use Only: <u>10/16/25 100</u>

INTERPRETATION 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 health 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.