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 Bend, OR *Microbiology (e)*
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Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: **Burton Water Company / Evan Simmons**
 PO Box 1938
 Vashon, WA 98070

Reference Number: 22-00222
 Project: Bacteria

System Name: BURTON WATER CO
 System ID Number: 09800L
 DOH Source Number: 00 - Distribution Sample (Bacteria)
 Sample Type: D - Drinking Water
 Sample Purpose: C - Compliance
 Sample Location: Station A
 County: King
 Sampled By: Evan Simmons
 Sampler Phone:

Repeat Sample Number:
 Lab Number: 164-00434
 Field ID:
 Date Collected: 1/3/22 15:45
 Date Received: 1/4/22
 Date Set: 1/4/22 12:19
 Date Analyzed: 1/5/22 10:08
 Report Date: 1/5/22
 Comment:
 Approved By: ckk,rml

Authorized by:

Ceann K Knox
 Lab Manager, Bellingham

DOH#	PARAMETER	RESULT	Qualifier	UNITS	Analyst	METHOD	Batch	COMMENT
1	TOTAL COLIFORM	Satisfactory, Coliforms Absent		per 100mL	jln	SM9223 B	m_220104a	
3	E. COLI	Absent		per 100mL		SM9223 B	m_220104a	

If the sample is unsatisfactory you can get information at the following health department websites or phone numbers:

- Island Co: <http://www.islandcounty.net/health/Envh/DrinkingWater/index.htm>
- San Juan Co: <http://www.sanjuanco.com/health/ehswater.aspx>
- Skagit Co: http://www.skagitcounty.net/drinkingwater_ or 360-336-9380
- Snohomish Co: 425-339-5250
- Whatcom Co: http://www.co.whatcom.wa.us/health/environmental/drinking_water/index.jsp
- WSDOH: <http://www.doh.wa.gov/ehp/dw/Programs/coliform.htm>

NOTES:

If the result is Unsatisfactory, three (3) repeat samples and groundwater source samples are required for Group A Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.
 If E. Coli or Fecal Coliform are present in sample do not drink the water until it is properly treated.

*If data qualifiers are present, see accompanying Qualifier Definition report.



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Client Name: **Burton Water Company / Evan Simmons**
 PO Box 1938
 Vashon, WA 98070

Reference Number: **22-00222**
 Project: **Bacteria**

System Name: **BURTON WATER CO**
 System ID Number: **09800L**
 DOH Source Number: **00 - Distribution Sample (Bacteria)**
 Sample Type: **D - Drinking Water**
 Sample Purpose: **C - Compliance**
 Sample Location: **Old School**
 County: **King**
 Sampled By: **Evan Simmons**
 Sampler Phone:

Repeat Sample Number:
 Lab Number: **164-00435**
 Field ID:
 Date Collected: **1/3/22 16:05**
 Date Received: **1/4/22**
 Date Set: **1/4/22 12:19**
 Date Analyzed: **1/5/22 10:08**
 Report Date: **1/5/22**
 Comment: **Cl2: 0.40**
 Approved By: **ckk,rml**

Authorized by:

Ceann K Knox
 Lab Manager, Bellingham

DOH#	PARAMETER	RESULT	Qualifier	UNITS	Analyst	METHOD	Batch	COMMENT
1	TOTAL COLIFORM	Satisfactory, Coliforms Absent		per 100mL	jln	SM9223 B	m_220104a	
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- Skagit Co: http://www.skagitcounty.net/drinkingwater_ or 360-336-9380
- Snohomish Co: [425-339-5250](http://www.snohomishcountywa.gov/ehp/dw/Programs/coliform.htm)
- Whatcom Co: http://www.co.whatcom.wa.us/health/environmental/drinking_water/index.jsp
- WSDOH: <http://www.doh.wa.gov/ehp/dw/Programs/coliform.htm>

NOTES:

If the result is Unsatisfactory, three (3) repeat samples and groundwater source samples are required for Group A Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.
 If E. Coli or Fecal Coliform are present in sample do not drink the water until it is properly treated.

*If data qualifiers are present, see accompanying Qualifier Definition report.