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|---|--|--------------------------|
| Date Sample Collected 01/24/2019 Month Day Year | Time Sample Collected 8:00 AM PM | County: KING |
| Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Group B Public <input type="checkbox"/> Private Household <input type="checkbox"/> Other: _____ | | |
| Group A and Group B Systems Provide from Water Facilities Inventory (WFI): ID# 47660W | | |
| System Name: LOCLOMAN SUBDIVISION | | |
| Contact Person: | | |
| Day Phone: | Cell Phone: 206 369 3173 | |
| Eve. Phone: | FAX: | |
| Send results to: (Print full name, address and zip code) RON ZIESING 28641 SE 225TH ST MAPLE VALLEY, WA, 98038 | | |
| Data Delivery: <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL: | | |
| SAMPLE INFORMATION | | |
| Sample collected by (name): RZ | | |
| Specific location where sample collected: NEW WELL TAP | | |
| Project Name or Comments: TEMP = 12C | | |
| Type of Sample (must check only one box of #1 through #4 listed below) | | |
| 1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: <input type="checkbox"/> Yes <input type="checkbox"/> No Chlorine Residual: Total _____ Free _____ | 2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Resid: Total _____ Free _____ | |
| 3. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other S Public Systems must provide Source Number from (WFI) | | |
| 4. <input checked="" type="checkbox"/> Sample Collected for Information Only <input type="checkbox"/> Construction <input type="checkbox"/> Repairs <input type="checkbox"/> Private Residence <input checked="" type="checkbox"/> Other | | |
| 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 type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent | <input checked="" type="checkbox"/> Satisfactory | |
| <input type="checkbox"/> Replacement Sample Required Sample not tested because <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> Improper Container _____ | | |
| Test unsuitable because: <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid Culture _____ | | |
| Bacterial Density Results: Plate Count / ml. E.coli /100 ml. Total Coliform < 1 /100 ml. Fecal Coliform /100 ml. | | |
| Method Code: SM 9222B | | Date Received: 1/24/2019 |
| Date Analyzed: 1/24/2019, 16:00 | | Date Reported: 1/25/19 |
| 066530 Sample Number (DOH number plus five digits) | | Lab Use Only: |