



BSK Associates Vancouver  
 2517 E. Evergreen Blvd.  
 Vancouver, WA 98661  
 360-750-0055 (Main)

**VHA0437**  
 1/29/2024

DB

COLIFORM BACTERIA ANALYSIS FORM		
Date Sample Collected <b>01/23/24</b>	Time Sample Collected <b>3:00 pm</b>	County: <b>Cowlitz</b>
Type of Water System: <input type="checkbox"/> Group A <input checked="" type="checkbox"/> Group B <input type="checkbox"/> Other:		
Group A and Group B Systems - Provide Water Facilities Inventory (WFI): ID# : <b>AB059E</b> System Name: <b>The View Phase I</b>		
Contact Person: <b>Jesse Smith</b>		
Day Phone: <b>(360) 414-5599 ext:6442</b>	Cell:	
Email: <b>SmithJ@co.cowlitz.wa.us</b>	Eve. Phone:	
Send results to: Cowlitz County Health Department Jesse Smith 207 4th Ave. North, Kelso, WA 98626		
Sample Information		
Sample collected by: <b>Robert Tershel</b>		
Sample location where sample was collected: <b>Pump House</b>	Special instructions or comments:	
Type of Sample (must check only one box of #1 through #5 listed below)		
<input checked="" type="checkbox"/> <b>1. Routine Distribution Sample(A/P)</b> Chlorinated: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Chlorine Residual: _____ Free: _____	<input type="checkbox"/> <b>2. Repeat Sample (A/P)</b> <small>(from distribution system after unsat. routine)</small> Unsatisfactory routine lab number: _____ Unsatisfactory routine Collect Date: _____ Chlorinated: <input type="checkbox"/> Yes <input type="checkbox"/> No Chlorine Residual: _____ Free: _____	
<input type="checkbox"/> <b>3. Ground Water Rule Source Sample</b> _____ <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		
<input type="checkbox"/> <b>4. Surface or GWI Raw Source Water Sample (Enumeration)</b> <input type="checkbox"/> <i>E. Coli</i> <input type="checkbox"/> Fecal    Filtered: Yes _____ No _____		
<input type="checkbox"/> <b>5. Sample Collected for information only</b> PT/F - Post-Treatment/Finished		
DRINKING WATER RESULTS		
<input type="checkbox"/> <b>Unsatisfactory Total Coliform Present and</b> <input type="checkbox"/> <i>E. Coli - Present</i> <input type="checkbox"/> <i>E. Coli - Absent</i>		<input checked="" type="checkbox"/> <b>Satisfactory</b>
<b>Bacterial Density Results:</b>	Total Coliform _____ /100ml.	E. coli _____ /100ml.
Fecal Coliform _____ /100ml.	HPC _____ /1 ml.	
Replacement Sample Required: <input type="checkbox"/> TNTC <input type="checkbox"/> Sample too old <input type="checkbox"/> Sample Volume <input type="checkbox"/> Damaged container <input type="checkbox"/>		
Date/Time Received: <b>01/24/2024 11:40</b>	Lab Reference Number: <b>VHA0437-01</b>	
Received By: <b>Araceli Farias Pulido</b>	Method Code: <b>SM 9223B</b>	
Receipt Temp C °: <b>3.4</b>	Lab Use Only: <b>Reviewed</b>	
Date Reported to DOH: <b>01/29/24</b>	Lab Use Only: <b>1/26/2024 2:15:44PM EMB</b>	
DOH Lab-Sample# <b>144-43701</b>		

JS emitted Bob

The results in this report apply to the samples analyzed in accordance with the chain of custody document. This analytical report must be reproduced in its entirety.