

 **ANALYTICAL REPORT****PREPARED FOR**

Attn: Water Report
NW Natural Water Services, LLC
107 S Main St
Coupeville, Washington 98239

Generated 2/26/2026 11:30:35 AM

JOB DESCRIPTION

Driftwood Heights 19948X

JOB NUMBER

150-7072-1

Eurofins Bellingham

Job Notes

This report may not be reproduced except in full, and with written approval from the laboratory. The results relate only to the samples tested. For questions please contact the Project Manager at the e-mail address or telephone number listed on this page.

The test results in this report relate only to the samples as received by the laboratory and will meet all requirements of the methodology, with any exceptions noted. This report shall not be reproduced except in full, without the express written approval of the laboratory. All questions should be directed to the Eurofins Drinking Water and Wastewater West, LLC Project Manager.

Authorization



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Authorized for release by
Crystal Deighton, Admin Asst. I
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(360)757-1400

Client Sample Results

Client: NW Natural Water Services, LLC
Project/Site: Driftwood Heights 19948X

Job ID: 150-7072-1

Client Sample ID: 848 Marguie Ann Dr

Lab Sample ID: 150-7072-1

Date Collected: 02/11/26 13:30

Matrix: Drinking Water

Date Received: 02/11/26 16:52

PWSID Number: 19948X

Method: SM 9223B - Coliforms, Total, and E.Coli (Colilert - Presence/Absence)

Analyte	Result	Qualifier	RL	Unit	D	Analyzed	Dil Fac	Analyst
Escherichia coli	ABSENT			/100mL		02/11/26 17:27	1	MH
Coliform, Total	ABSENT			/100mL		02/11/26 17:27	1	MH



Washington State Department of Health WATER B



ALYSIS

CLIENT INFORMATION

Send Report To:
NW Natural Water Services 150-7072 COC

PROJECT NAME: **Driftwood Heights - Coliform**
(Additional information)

Phone: 360-226-5007/360-226-4745 Fax:

REPORT EMAIL: **wa.testing@nwnaturalwaterservices.com**
(Write Clearly)

BILLING EMAIL: **accountspayable@nwnaturalwaterservices.com**
(Write Clearly)

Bill To: Same as Report
NW Natural Water Services

SAMPLE INFORMATION

Date Collected: **2/11/26** Time Collected: **1:30pm** Bottle Number:

Collected By: **Javier**

Specific Location: **848 Margie Blvd**
(Kitchen faucet, pumphouse...)

Untreated Chlorine Residual: **0.44** Total
 Treated Free

DRINKING WATER (DEFAULT METHOD: PRESENCE / ABSENCE)

Compliance: State Regulations for Public Water Systems
Results will be sent to you and the State.
 Investigative: Building Permit, Repairs, Personal
 Request Special Method:

RAW WATER (DEFAULT METHOD: MPN FECAL COLIFORM)

Compliance: Raw Source Number: S ____
 Investigative Surface Water
 Request Special Method:
 Triggered Assessment

PUBLIC WATER SYSTEM ONLY (FILL OUT COMPLETELY)

System ID #: **19948X** County: **ISLAND** Group: A B

System Name: **DRIFTWOOD HEIGHTS ASSOCIATION**

Repeat Sample: Original Lab #: Original Date:

Remarks: **7.2 / 7.0 RecB 2/11/26**
16:52

800-755-9295
www.EdgeAnalytical.com

For Laboratory Use Only

Batch ID Reference# Lab#

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