

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

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

Generated 3/27/2026 3:59:40 PM

JOB DESCRIPTION

Driftwood Heights - Compliance Testing

JOB NUMBER

110-7703-1

Eurofins Washington

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



Generated
3/27/2026 3:59:40 PM

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

Client Sample Results

Client: NW Natural Water Services, LLC
Project/Site: Driftwood Heights - Compliance Testing

Job ID: 110-7703-1

Client Sample ID: 891 Margie Ann Dr

Lab Sample ID: 110-7703-1

Date Collected: 03/19/26 09:30

Matrix: Drinking Water

Date Received: 03/19/26 15:08

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			NONE		03/19/26 17:56	1	W
Coliform, Total	ABSENT			NONE		03/19/26 17:56	1	W

Action Limit Summary

Client: NW Natural Water Services, LLC
Project/Site: Driftwood Heights - Compliance Testing

Job ID: 110-7703-1

Client Sample ID: 891 Margie Ann Dr

Lab Sample ID: 110-7703-1

PWSID Number: 19948X

Compliance Check

The results obtained from the analytical testing of this data set were checked against compliance limits received from the client. Any results at or above the compliance limits have been highlighted for your convenience.

Analyte	Result	Qualifier	Unit	EPAMCL	RL	Method	Prep Type
				Limit			
Escherichia coli	ABSENT		NONE	Present		SM 9223B	Total/NA
Coliform, Total	ABSENT		NONE	Present		SM 9223B	Total/NA



Washington State Department of Health WATER BACTERIOLOGY ANALYSIS



ANALYSIS

CLIENT INFORMATION	
Send Report To: NW Natural Water Services 110-7703 COC	
PROJECT NAME: Driftwood Heights - Coliform <small>(Additional information)</small>	
Phone: 360-226-5007/360-226-4745	Fax:
REPORT EMAIL: <small>(Write Clearly)</small> wa.testing@nwnaturalwaterservices.com	
BILLING EMAIL: <small>(Write Clearly)</small> accountspayable@nwnaturalwaterservices.com	
Bill To: NW Natural Water Services	<input type="checkbox"/> Same as Report

SAMPLE INFORMATION		
Date Collected: <small>(mm/dd/yy)</small> 3-19-26	Time Collected: <small>(24:00)</small> 9:30 AM	Bottle Number:
Collected By: Javier Lopez		
Specific Location: <small>(kitchen faucet, pumphouse...)</small> 891 Margie Ann Dr		
<input type="checkbox"/> Untreated	Chlorine Residual: 0.48	<input type="checkbox"/> Total
<input checked="" type="checkbox"/> Treated		<input checked="" type="checkbox"/> Free

DRINKING WATER (DEFAULT METHOD: PRESENCE / ABSENCE)	
<input checked="" type="checkbox"/> Compliance:	State Regulations for Public Water Systems Results will be sent to you and the State.
<input type="checkbox"/> Investigative:	Building Permit, Repairs, Personal
<input type="checkbox"/> Request Special Method:	

RAW WATER (DEFAULT METHOD: MPN FECAL COLIFORM)	
<input type="checkbox"/> Compliance:	Raw Source Number: S ___
<input type="checkbox"/> Investigative	<input type="checkbox"/> Surface Water
<input type="checkbox"/> Request Special Method:	
<input type="checkbox"/> Triggered	<input type="checkbox"/> Assessment

PUBLIC WATER SYSTEM ONLY (FILL OUT COMPLETELY)		
System ID #: 19948X	County: ISLAND	Group: <input checked="" type="checkbox"/> A <input type="checkbox"/> B
System Name: DRIFTWOOD HEIGHTS ASSOCIATION		
Repeat Sample:	Original Lab #:	Original Date:
Remarks:		

800-755-9295
www.EdgeAnalytical.com

For Laboratory Use Only		
Batch ID	Reference#	Lab#

Handwritten: HST/Mel/jaw 3/19/26 1505 5.9
20

1
2
3
4