

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

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

Generated 5/21/2026 6:40:44 PM

**JOB DESCRIPTION**

Driftwood Heights - Coliform

**JOB NUMBER**

110-10879-1

# 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



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Authorized for release by  
Crystal Deighton, Project Manager  
[Crystal.Deighton@et.eurofinsus.com](mailto:Crystal.Deighton@et.eurofinsus.com)  
(360)757-1400

# Client Sample Results

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

Job ID: 110-10879-1

**Client Sample ID: 891 Marqie Ann**

**Lab Sample ID: 110-10879-1**

Date Collected: 05/14/26 12:30

Matrix: Drinking Water

Date Received: 05/14/26 15:18

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		05/14/26 17:41	1	MH
Coliform, Total	ABSENT			NONE		05/14/26 17:41	1	MH

# Action Limit Summary

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

Job ID: 110-10879-1

**Client Sample ID: 891 Marqie Ann**

**Lab Sample ID: 110-10879-1**

**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



110-10879 COC

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

SAMPLE INFORMATION		
Date Collected: <small>(mm/dd/yyyy)</small>	Time Collected: <small>(24:00)</small>	Bottle Number:
5/14/20	12:30 PM	
Collected By: <i>Jarvis</i>		
Specific Location: <small>(Kitchen faucet, pumphouse...)</small>		
891 Margie Ann		
<input type="checkbox"/> Untreated	Chlorine Residual:	<input type="checkbox"/> Total
<input checked="" type="checkbox"/> Treated	0.58	<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 #:	County:	Group: <input checked="" type="checkbox"/> A <input type="checkbox"/> B
19948X	ISLAND	
System Name: <b>DRIFTWOOD HEIGHTS ASSOCIATION</b>		
Repeat Sample:	Original Lab #:	Original Date:
Remarks:		

<b>800-755-9295</b>		
<b>www.EdgeAnalytical.com</b>		
For Laboratory Use Only		
Batch ID	Reference#	Lab#

## SAMPLING INSTRUCTIONS

Visit our website [www.EdgeAnalytical.com](http://www.EdgeAnalytical.com) or follow the QR code to view an instructional video on taking your bacteria sample. Or call us at 800-755-9295.



### SAMPLING BOTTLE:

The bottle you will need for sampling is a 125mL bottle. This bottle is sterile! Avoid opening it until needed. Handle with the greatest of care to avoid contaminating your sample. The bottle contains a white pellet or fine powder; this is normal and is a chemical used to neutralize excess chlorine in the sample.

Hold cap in hand while filling. Do not touch the inside of the cap or bottle.

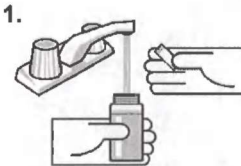
Sample Must be at 100ml or slightly above.

Air space is essential. Pour out excess before replacing cap.

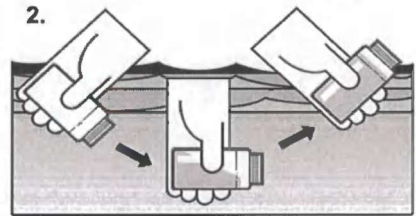


### COLLECTING PROCEDURE:

- 1) Collect sample from a non swivel household faucet in regular use. Avoid outside faucets to minimize environmental contamination.
- 2) See figure 1 below for tap or spigot samples.
- 3) See figure 2 below for Pond / Reservoirs / Swimming Pool, or River.
- 4) Do not sample hot water
- 5) Avoid sampling through hoses.
- 6) Remove any screens, filters or aerator devices from your faucet and allow the water to run for several minutes.
- 7) Direct well samples: Pump out 5 to 25 pails before taking sample.



**Figure 1 - From Tap:** Hold cap in one hand while filling the sample bottle with the other.



**Figure 2 - From Pond/Reservoir/Swimming Pool or River.** Hold cap in free hand while filling. Move bottle with a continuous forward sweeping motion. Avoid large debris if possible.

### Please Read Carefully to Avoid Unsuitable Samples:

- For drinking water bring your samples in within **24 hours** of sampling.
- For surface water bring your samples in within **8 hours** of sampling.
- If sampling after chlorine disinfection, make sure the system has been thoroughly flushed and water does not smell of chlorine.
- Sample bottles will often have plastic or paper seals on the cap; carefully remove this seal without touching the insides of the container.

### Find a drop off location near you.

Visit our website at [www.EdgeAnalytical.com](http://www.EdgeAnalytical.com) or use the QR codes below to go directly to the page you need. Or call us at: 800-755-9295

WA Drop Off Locations



**Corporate Lab:**  
1620 S. Walnut St.  
Burlington, WA 98233

OR Drop Off Locations



**Microbiology Lab:**  
805 W. Orchard Dr., Suite 4  
Bellingham, WA 98225

**Portland Lab:**  
9725 SW Commerce Circle,  
Suite A2  
Wilsonville, OR 97070

**Corvallis Lab:**  
1100 NE Circle Blvd.  
Suite 130  
Corvallis, OR 97330

**Bend Lab:**  
20332 Empire Ave.  
Suite F4  
Bend, OR 97703

*Handwritten note:* 18/10/20 pool 5/14 1518 12-2