

ANALYTICAL REPORT

Client: Pineloch Sun Beach Club
Address: PO Box 157
 Ronald, WA 98940
Attn: Pineloch Sun Beach Club

Work Order: YDH0883
Project: Y_DW-Colilert Compliance
Reported: 9/1/2023 08:43

System ID# 67640E	System Group Type: A	System Name: Pineloch Sun Beach Club
DOH Source #	County: Kittitas	Sample Name: STA 2
Composition: D00 - Coliform	Type: Post-treatment (Finished)	Purpose: RC - Routine/Compliance Sample
Date Received: 08/30/23 14:30	Collection Date: 08/30/23 12:30	Collected by: Orndoff 509.304.4492
Reference Number: YDH0883-01		
Utility's Name for Source:		
Source Type: Purchased or Intertie		
Treatment Type: Chlorination		

Reference #	Sample Location	Analyte	Result	Sampled	Analyzed	Analyst	Method	Note
YDH0883-01	STA 2	Total Coliform	Absent	08/30/23 12:30	08/30/23 17:11	VQ4J	SM 9223 B	
		E. coli	Absent	08/30/23 12:30	08/30/23 17:11	VQ4J	SM 9223 B	

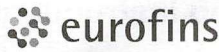
Authorized Signature,



Kyle Johnson For Denise Schmidt, Office Manager

NOTES:

Results shown in this report relate solely to the item submitted for analysis. Any opinions/interpretations expressed on this report are given independent of the laboratory's scope of accreditation. All results are reported on an "As Received" basis unless otherwise stated. Reports shall not be reproduced except in full without written permission from Eurofins Scientific, Inc. All work done in accordance with Eurofins General Terms and Conditions of Sale: www.eurofinsus.com/terms_and_conditions.pdf.



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1-800-545

YDH0883

.1888
 .8183
 Road
 98801

COLIFORM BACTERIA ANALYSIS

DATE COLLECTED MONTH DAY YEAR 8/30/23		TIME COLLECTED 12:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	COUNTY NAME KITITAS
TYPE OF SYSTEM (check only one box) <input checked="" type="checkbox"/> GROUP A PUBLIC <input type="checkbox"/> GROUP B PUBLIC <input type="checkbox"/> PRIVATE WELL		IF PUBLIC SYSTEM, COMPLETE: I.D. No. 67640E	
NAME OF SYSTEM/OWNER PineLoch Sun Beach Club			
SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ADDRESS OR FAUCET TYPE) STA. 2		TELEPHONE NO. 509-304-4492	
COLLECTED BY: (Name) ORNDORFF		EMAIL: ORNDORFF	
SEND REPORT TO: PINELOCHSUN@OUTLOOK.COM		BILL TO:	

Type of Sample (select only one type of sample from types 1 through 5 below)	
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total _____ Free 39	2. <input type="checkbox"/> Repeat Sample (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual Total _____ Free _____
3. Ground Water Rule Source Sample S <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)	
4. Surface or GWI Raw Source Water Sample (Enumeration) <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal S	
5. <input type="checkbox"/> Sample Collected for Information Only	

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY, Total Coliforms present <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent	<input type="checkbox"/> SATISFACTORY
FECAL COLIFORM _____ CFU / 100 ml	9222D
E. COLI _____ MPN / 100 ml	9223B
HPC _____ MPN / ml	Simplate
REPLACEMENT SAMPLE REQUIRED <input type="checkbox"/> Sample too old (30 hours) <input type="checkbox"/> TNTC	Receipt Temp C°: 12

DATE/TIME RECEIVED 8/30/23 14:30	RECEIVED BY DJS	DATE ANALYZED
LAB NO. YDH0883	BATCH #	DATE REPORTED

DOH # 15188301	METHOD 9 2 2 3 B
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