| Water System Name: Bitterroot Water Company | | | PWS ID No.: 1280260 RE | COLIFORM BACTERIA ANALYSIS REPORT | | | | Laboratory Name: Accurate Testing Labs, LLC | | | |
|--|--|------------------------------|-----------------------------------|---|--------------------|--------------------------|-----------------------------------|---|---------|--|--|
| Collector: Zayne | | Date Collecter 02/05/2024 | ^{d:} County: Kootenai | CONTAMINANT ID# 3100 | | | Phone | 7950 Meadowlark Way Coeur d'Alene, ID 83815 Phone (208) 762 8378 Fax (208) 762 9082 | | | |
| Report Results to: | | | Type of System: | Public | | W | Web site: www.accuratetesting.com | | | | |
| Bitterroot Water Company Cole Rayner P.O. BOX 2306 | | | | Type of Sample: Compliance Sample | | | E-mail: info@accuratetesting.com | | | | |
| | | | | Lab Order No.: 2024020045 | | | | Lab EPA ID No: ID00912 | | | |
| Hayden, ID 83 | 835 | | | Water system info mus | st be fully filled | out or samples will | not | | | | |
| Phone: (208) 651-7769 Fax: | | | | be run. Private samples do not need PWS# or Chlorine residual. Your sample will be analyzed for TOTAL | | | For PWS | For PWS only, if this is a repeat sample, mark the date of the ORIGINAL POSITIVE | | | |
| | gemstate- sreports@deq.ic @gemstate-wa | | gemstate- | COLIFORMS unless y | | | | | | | |
| Sample | Sample Type | 5 | Sample Location | | Time | Chlorine Residual pom | Original Semple Date | Total Coliform | E. Coli | | |

| Sample Number | Sample Type | Sample Location | - | Sample Date | Method: 9223B-PA | E. COII Method: 9223B-PA |
|------------------|-------------------|-----------------|-------|-----------------|---------------------|--------------------------------|
| 264532 | RS-Routine Sample | Spigot | 15:20 | | Absent | Absent |

| Sample Transportation by (Name): | Zayne | Date/Time: | 02/06/2024 08:15 | Analyst: RH | Date Analyzed: 02/07/2024 |
|----------------------------------|-------|-------------------------------------|------------------|----------------------|---------------------------|
| Sample Received by (Name): | JM | Date/Time: | 02/06/2024 08:15 | Supervisor: Rhena Co | oper |
| Remarks: | | Date Reviewed and Printed: 02/07/24 | | | |