

|                                                                                                   |                               |                           |
|---------------------------------------------------------------------------------------------------|-------------------------------|---------------------------|
| Water System Name:<br>Hoffman Water                                                               |                               | PWS ID No.:<br>1280096 RE |
| Collector:<br>GC                                                                                  | Date Collected:<br>08/07/2025 | County:<br>Kootenai       |
| Report Results to:<br>Hoffman Water<br>Garrett Correll<br>P.O. Box 665<br>Coeur d'Alene, ID 83816 |                               |                           |
| Phone: (877) 755-9287                                                                             | Fax:                          |                           |
| E-Mail: pwsreports@deq.idaho.gov,info@gemstate-water.com                                          |                               |                           |

# COLIFORM BACTERIA

## ANALYSIS REPORT

CONTAMINANT ID# 3100

|                 |                   |
|-----------------|-------------------|
| Type of System: | Public            |
| Type of Sample: | Compliance Sample |
| Lab Order No.:  | 2025080203        |

Water system info must be fully filled out or samples will not be run. Private samples do not need PWS# or Chlorine residual. Your sample will be analyzed for TOTAL COLIFORMS unless you specify analysis under Remarks.

|                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Laboratory Name:<br><b>Accurate Testing Labs, LLC</b><br>7950 Meadowlark Way<br>Coeur d'Alene, ID 83815<br>Phone (208) 762 8378 Fax (208) 762 9082<br>Web site: www.accuratetesting.com<br>E-mail: info@accuratetesting.com<br><br><b>Lab EPA ID No: ID00912</b> |
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**For PWS only, if this is a repeat sample, mark the date of the ORIGINAL POSITIVE SAMPLE.**

| Sample Number | Sample Type       | Sample Location     | Time Collected | Chlorine Residual ppm | Original Sample Date | Total Coliform Method: 9223B-PA | E. Coli Method: 9223B-PA |
|---------------|-------------------|---------------------|----------------|-----------------------|----------------------|---------------------------------|--------------------------|
| 285495        | RS-Routine Sample | 1020 E Margaret Ave | 08:51          |                       |                      | Absent                          | Absent                   |

|                                  |    |            |                  |                                     |                           |
|----------------------------------|----|------------|------------------|-------------------------------------|---------------------------|
| Sample Transportation by (Name): | GC | Date/Time: | 08/07/2025 09:06 | Analyst: LN                         | Date Analyzed: 08/08/2025 |
| Sample Received by (Name):       | JM | Date/Time: | 08/07/2025 09:06 | Supervisor: Rhena Cooper            |                           |
| Remarks:                         |    |            |                  | Date Reviewed and Printed: 08/08/25 |                           |