



ANALYTICAL REPORT

PREPARED FOR

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

Generated 3/26/2026 8:56:35 AM

JOB DESCRIPTION

Saratoga - Coliform

JOB NUMBER

110-7552-1

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
3/26/2026 8:56:35 AM

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: Saratoga - Coliform

Job ID: 110-7552-1

Client Sample ID: 3904 Sanna Wind

Lab Sample ID: 110-7552-1

Date Collected: 03/16/26 13:00

Matrix: Drinking Water

Date Received: 03/17/26 16:18

PWSID Number: 763000

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		03/17/26 18:42	1	MH
Coliform, Total	ABSENT			NONE		03/17/26 18:42	1	MH

Action Limit Summary

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

Job ID: 110-7552-1

Client Sample ID: 3904 Sanna Wind

Lab Sample ID: 110-7552-1

PWSID Number: 763000

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

ANALYTICAL

EDGE

137

7552

Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

CLIENT INFORMATION

Send Report To:

NW Natural Water Services



110-7552 COC

PROJECT NAME: Saratoga - Coliform

(Additional information)

Phone: 360-226-5007/360-226-4745 Fax:

REPORT EMAIL: wa.testing@nwnaturalwaterservices.com (Write Clearly)

BILLING EMAIL: accounts payable@nwnaturalwaterservices.com (Write Clearly)

BILL TO:

☐ Same as Report

NW Natural Water Services

SAMPLE INFORMATION

Date Collected: 3-16 (m/d/y)

Time Collected: 1300 (24:00)

Bottle Number:

Collected By: J. D. [unclear]

Specific Location: 3904 Sammamish (Kitchen faucet, pump house...)

☐ Untreated ☒ Treated

Chlorine Residual: 1.14

☐ Total ☐ Free

☒ Compliance: State Regulations for Public Water Systems Results will be sent to you and the State.

☐ Investigative: Building Permit, Repairs, Personal

☐ Request Special Method:

DRINKING WATER (DEFAULT METHOD: PRESENCE / ABSENCE)

☒ Compliance: State Regulations for Public Water Systems Results will be sent to you and the State.

☐ Investigative: Building Permit, Repairs, Personal

☐ Request Special Method:

RAW WATER (DEFAULT METHOD: MPN FECAL COLIFORM)

☐ Compliance: Raw Source Number: S

☐ Investigative

☐ Request Special Method:

PUBLIC WATER SYSTEM ONLY (FILL OUT COMPLETELY)

System ID #: 763000

County: ISLAND

Group: A B

System Name: SARATOGA WATER DISTRICT

Repeat Sample: Original Lab #: Original Date:

Remarks:

800-755-9295

WWW.EDGE

EDGE PUOI 3/17/26 1618

For Laboratory Use

Batch ID

Reference#

Lab#

5.8

137



137 7552

Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

CLIENT INFORMATION

Send Report To:

NW Natural Water Services



110-7552 COC

PROJECT NAME: Saratoga - Coliform

Additional information)

Phone: 360-226-5007/360-226-4745 Fax:

REPORT EMAIL: wa.testing@nwnaturalwaterservices.com

Write Clearly)

BILLING EMAIL: accountspayable@nwnaturalwaterservices.com

Write Clearly)

Bill To: ☐ Same as Report

NW Natural Water Services

SAMPLE INFORMATION

Date Collected:
mm/dd/yy)

3-16

Time Collected:
(24:00)

1300

Bottle Number:

Collected By:

J. D. Danks

Specific Location:

Kitchen faucet, pump/house...)

3904 Samma Wino

☐ Untreated

Chlorine Residual:

☐ Total☒ Treated

.14

☐ Free

DRINKING WATER (DEFAULT METHOD: PRESENCE / ABSENCE)

☒ Compliance: State Regulations for Public Water Systems
Results will be sent to you and the State.☐ Investigative: Building Permit, Repairs, Personal☐ Request Special Method:

RAW WATER (DEFAULT METHOD: MPN FECAL COLIFORM)

☐ Compliance: Raw Source Number: S _ _ _☐ Investigative ☐ Surface Water☐ Request Special Method:☐ Triggered☐ Assessment

PUBLIC WATER SYSTEM ONLY (FILL OUT COMPLETELY)

System ID #:

763000

County:

ISLAND

Group: A ☒B ☐

System Name: SARATOGA WATER DISTRICT

Repeat Sample: Original Lab #:

Original Date:

Remarks:

800-755-9295

WWW.EDGEANALYTICAL.COM

EDGE PU01 3/17/26 1618

For Laboratory Use Only

Batch ID

Reference#

Lab#

137

gla

5.8