

ANALYTICAL REPORT

PREPARED FOR

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

Generated 7/17/2026 5:34:16 PM

JOB DESCRIPTION

Saratoga - Coliform

JOB NUMBER

110-13836-1

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
7/17/2026 5:34:16 PM

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

Client Sample Results

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

Job ID: 110-13836-1

Client Sample ID: 3755 Saratoga Rd

Lab Sample ID: 110-13836-1

Date Collected: 07/14/26 00:00

Matrix: Drinking Water

Date Received: 07/15/26 10:40

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		07/15/26 12:36	1	MH
Coliform, Total	ABSENT			NONE		07/15/26 12:36	1	MH

Action Limit Summary

Client: NW Natural Water Services, LLC

Project/Site: Saratoga - Coliform

Job ID: 110-13836-1

Client Sample ID: 3755 Saratoga Rd

Lab Sample ID: 110-13836-1

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 Limit	RL	Method	Prep Type
Escherichia coli	ABSENT		NONE	Present		SM 9223B	Total/NA
Coliform, Total	ABSENT		NONE	Present		SM 9223B	Total/NA



Washington State Department of Health WATER BA



LYSIS

CLIENT INFORMATION

Send Report To:

110-13836 COC

NW Natural Water Services

PROJECT NAME:

(Additional information)

Saratoga - Coliform

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

Fax:

REPORT EMAIL:

(Write Clearly)

wa.testing@nwnaturalwaterservices.com

BILLING EMAIL:

(Write Clearly)

accountspayable@nwnaturalwaterservices.com

Bill To:

☐ Same as Report**NW Natural Water Services****SAMPLE INFORMATION**

Date Collected:

(mm/dd/yy)

7-14-26

Time Collected:

(24:00)

4:13pm

Bottle Number:

1

Collected By:

Jesus A Garcia

Specific Location:

(Kitchen faucet, pumphouse...)

3755 Saratoga Rd☐ UntreatedChlorine Residual: **1.19**☐ Total☒ Treated☒ 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 #:

County:

Group: A ☒**763000****ISLAND**B ☐System Name: **SARATOGA WATER DISTRICT**

Repeat Sample: Original Lab #:

Original Date:

Remarks:

800-755-9295**www.EdgeAnalytical.com**

For Laboratory Use Only

Batch ID

Reference#

Lab#

g/m (wi) Rec 10 7-15-26
1040
5.82