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## Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: **Hat Island Community**  
3616 Colby Ave - Box 335  
Everett, WA 98201

Reference Number: 18-06306  
Project: SHD-WWW - Hat Island  
Community Water

System Name: HAT ISLAND COMMUNITY INC  
System ID Number: 31593N  
DOH Source Number: 00 - Distribution Sample (Bacteria)  
Sample Type: D - Drinking Water  
Sample Purpose: C - Compliance  
Sample Location: HI Office  
County: Snohomish  
Sampled By: Chris Inman  
Sampler Phone:

Repeat Sample Number:  
Lab Number: 164-13155  
Field ID: 1040167173  
Date Collected: 2/22/18 09:00  
Date Received: 2/23/18  
Date Set: 2/23/18 11:53  
Date Analyzed: 2/24/18 15:29  
Report Date: 2/26/18  
Comment:  
Approved By: ckk,jln

Authorized by:   
Ceann K Knox  
Lab Manager, Bellingham

DOH#	PARAMETER	RESULT	Qualifier	UNITS	Analyst	METHOD	Batch	COMMENT
1	TOTAL COLIFORM	<b>Satisfactory, Coliforms Absent</b>		per 100mL	jfh	SM9223 B	m_180223s	
3	E. COLI	<b>Absent</b>		per 100mL		SM9223 B	m_180223s	

If the sample is unsatisfactory you can get information at the following health department websites or phone numbers:

- Island Co: <http://www.islandcounty.net/health/Envh/DrinkingWater/index.htm>
- San Juan Co: <http://www.sanjuanco.com/health/ehswater.aspx>
- Skagit Co: [http://www.skagitcounty.net/drinkingwater\\_](http://www.skagitcounty.net/drinkingwater_) or 360-336-9380
- Snohomish Co: 425-339-5250
- Whatcom Co: [http://www.co.whatcom.wa.us/health/environmental/drinking\\_water/index.jsp](http://www.co.whatcom.wa.us/health/environmental/drinking_water/index.jsp)
- WSDOH: <http://www.doh.wa.gov/ehp/dw/Programs/coliform.htm>

**NOTES:**  
If the result is Unsatisfactory a repeat sample is required for Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.  
If E. Coli or Fecal Coliform are present in sample do not drink the water until it is properly treated.  
\*If data qualifiers are present, see accompanying Qualifier Definition report.