| Water System Name:<br>Three Mile Water Distr.   |                     | PWS ID No.:<br>1110028 RE |  |
|---|---------------------|---------------------------|--|
| Collector: Date Collected: 12/14/2017   |                     | County:<br>Boundary       |  |
| Report Results to:<br>Three Mile Water Distr.<br>Bryon Regehr<br>3635 Moonshadow<br>Bonners Ferry, ID 83805 |                     |                           |  |
| Phone: (208) 304-5627   | Fax: (208) 267-3351 |                           |  |
| E-Mail: marlaina@ydacpa.cortmwdbryon@gmail.com  | m, pwsreports@d     | eq.idaho.gov,             |  |

## **COLIFORM BACTERIA**

## ANALYSIS REPORT

CONTAMINANT ID# 3100

| Lab Order No.:  | 2017120253        |
|-----------------|-------------------|
| Type of Sample: | Compliance Sample |
| Type of System: | Public            |

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:

## **Accurate Testing Labs, LLC**

7950 Meadowlark Way
Coeur d'Alene, ID 83815
Phone (208) 762 8378 Fax (208) 762 9082
Web site: www.accuratetesting.com
E-mail: info@accuratetesting.com

Lab EPA ID No: ID00912

For PWS only, if this is a repeat sample, mark the date of the ORIGINAL POSITIVE SAMPLE.

| Sample<br>Number | Sample Type          | Sample Location |       | Original<br>Sample Date | Total Coliform<br>Method:<br>9223B-PA | E. Coli<br>Method:<br>9223B-PA |
|------------------|----------------------|-----------------|-------|-------------------------|---------------------------------------|--------------------------------|
| 189362           | W-Untreated (source) | Source          | 13:00 |                         | Absent                                | Absent                         |

| Sample Transportation by (Name): | Bryon | Date/Time: | 12/15/2017 11:20                    | Analyst: WM           | Date Analyzed: 12/16/2017 |
|----------------------------------|-------|------------|-------------------------------------|-----------------------|---------------------------|
| Sample Received by (Name):       | JM    | Date/Time: | 12/15/2017 11:20                    | Supervisor: Rhena Coo | per                       |
| Remarks:                         |       |            | Date Reviewed and Printed: 12/18/17 |                       |                           |