| Water System Name: Three Mile Water Distr. | | PWS ID No.: 1110028 RE | | |
|---|----------------------------|---------------------------|--|--|
| Collector: Dustin Ridgley | Date Collected: 11/06/2019 | County: Boundary | | |
| Report Results to: Three Mile Water Distr. Bryon Regehr 3635 Moonshadow Bonners Ferry, ID 83805 | | | | |
| Phone: (208) 304-5627 | Fax: (208) 267-3351 | | | |
| E-Mail: marlaina@ydacpa.com, pwsreports@deq.idaho.gov, tmwdbryon@gmail.com, mwoodward6@frontier.com | | | | |

COLIFORM BACTERIA

ANALYSIS REPORT

CONTAMINANT ID# 3100

| Type of System: | Public |
|-----------------|-------------------|
| Type of Sample: | Compliance Sample |
| Lab Order No.: | 2019110131 |

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 Number | Sample Type | Sample Location | Time Collected | Chlorine Residual ppm | Original Sample Date | Total Coliform Method: 9223B-PA | E. Coli Method: 9223B-PA |
|------------------|-------------------|----------------------|-------------------|--------------------------|-------------------------|---------------------------------------|--------------------------------|
| 210767 | RS-Routine Sample | 3635 Moonshadow | 12:30 | 0 | | Absent | Absent |
| 210768 | RS-Routine Sample | 266 W. Mountain View | 13:15 | 0 | | Absent | Absent |

| Sample Transportation by (Name): | Dustin Ridgley | Date/Time: | 11/06/2019 15:15 | Analyst: GM | Date Analyzed: 11/07/2019 |
|----------------------------------|----------------|------------|-------------------------------------|-----------------------|---------------------------|
| Sample Received by (Name): | JM | Date/Time: | 11/06/2019 15:15 | Supervisor: Rhena Cod | pper |
| Remarks: | | | Date Reviewed and Printed: 11/07/19 | | |