eurofins | Environment Testing

ANALYTICAL REPORT

PREPARED FOR

Attn: Jeff Jones
Johns Islanders
PO Box 4423
Roche Harbor, Washington 98250

Generated 3/19/2026 8:32:09 AM

JOB DESCRIPTION

Routine Compliance

JOB NUMBER

110-7152-1

Eurofins Washington
1620 S Walnut Street
Burlington WA 98233

See page two for job notes and contact information.

Eurofins Washington

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

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Authorized for release by
Crystal Deighton, Admin Asst. I
Crystal.Deighton@et.eurofinsus.com
(360)757-1400

Client Sample Results

Client: Johns Islanders
Project/Site: Routine Compliance

Job ID: 110-7152-1

Client Sample ID: Johns #1
Date Collected: 03/03/26 16:00
Date Received: 03/03/26 10:51

Lab Sample ID: 110-7152-1
Matrix: Drinking Water

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		03/03/26 13:16	1	SM
Coliform, Total	ABSENT				NONE		03/03/26 13:16	1	SM

CASCADE ANALYTICAL, INC.
(509) 452-7707
Fax: (509) 452-7773
1008 W. Ahtanum Rd.
Union Gap, WA 98903
1-800-545-4206

COLIFORM BACTERIA AN

110-7152 COC

DATE COLLECTED (MONTH / DAY / YEAR)	TIME COLLECTED	COUNTY N.
3 / 3 / 26	4:00 ☐AM ☒PM	SAN JUAN

TYPE OF SYSTEM (check only one box)
- ☐ GROUP A PUBLIC
- ☐ GROUP B PUBLIC
- ☒ PRIVATE WELL

I.D. No. [ ]

IF PUBLIC SYSTEM, COMPLETE:

NAME OF SYSTEM: JOHNS #1

SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ADDRESS OR FAUCET TYPE): JOHNS ISLAND

TELEPHONE NO. DAY (360) 472-2340 EVENING ( )

COLLECTED BY: (Name): JONES

SYSTEM OWNER/MGR: (Name): JOHNS HOA

SOURCE TYPE ☐ SURFACE ☒ WELL or WELL FIELD ☐ SPRING

SEND REPORT TO:
P O BOX 4423
ROCHE HARBOR
WA 98257

BILL TO: SAME

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample
   Chlorinated: Yes ____ No X
   Chlorine Residual Free: ____
2. Repeat Sample (after unsat. routine)
   ☐ Distribution System
   Chlorinated: Yes ____ No ____
   Chlorine Residual Free: ____
   ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
   S [ ][ ]
   Unsatisfactory routine lab number: ____ - ____
   Unsatisfactory routine collect date: ____/____/____
3. Raw Water Source Sample
   ☐ *E. coli* – GWR
   ☐ Fecal – Surface, GWI, springs
   ☐ Assessment Monitoring
   ☐ Other
   S [ ][ ]
4. ☐ Sample Collected for Information Only
   Construction ____ Repairs ____ Survey ____ Other ____

(LAB USE ONLY) DRINKING WATER RESULTS

☐ UNSATISFACTORY, Total Coliforms present ☐ E. Coli present ☐ E. Coli absent ☐ SATISFACTORY

FECAL COLIFORM	CFU / 100 ml	9222D
E. COLI	MPN / 100 ml	9223B
HPC	MPN / ml	Simplate

REPLACEMENT SAMPLE REQUIRED
☐ Sample too old (30 hours) ☐ TNTC

DATE RECEIVED	TIME RECEIVED	DATE ANALYZED
MSM(W1)PM01	3.3.26 1051	7.00C
LAB NO.	BATCH #	DATE REPORTED

DOH # ____ METHOD 9223B

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