FILE COPY

COLILERT SAMPLE SHEET
BRISTOL BAY AREA HEALTH CORPORATION

SAMPLE # 25-491 *

Chignik Bay Health Clinic
P.O. Box 90 Chignik Bay, Alaska 99564
(907) 749-2282 Fax (907) 749-2411
☐

Department of Environmental Health
P.O. Box 130 Dillingham, Alaska 99576
(907) 842-3396 Fax (907) 842-3406
☒ If Yes, type:

Newhalen Health Clinic
P.O. Box 227 Newhalen, Alaska 99606
(907) 571-1231 Fax (907) 571-1551
☐

(Lab please check one)

BACTERIOLOGICAL ANALYSIS OF WATER (Colilert® SM9223-PA)

SAMPLE SOURCE *

Location/Residence: Middle Ramp

City/Village: Dillingham

Collected By: Sterling Bailey Phone # 417-533-8026

Date: 8-6-25 Time: 2:05 AM / (PM)

PWSID # 260197 *

PURPOSE OF ANALYSIS *

☒ Routine Sample ☐ Raw Water Sample
☐ Repeat Sample ☒ Special Purpose 8/7/25 WS Testing harbor boat fill hose

SAMPLE COLLECTED FROM

☐ Bathroom Tap ☐ Kitchen Tap
☒ Hose Bibb garden hose ☐ Other _____

Location of Water Supply Dillingham water tower

TYPE OF WATER SUPPLY

X Drilled Well Depth in ft._____
___ Driven Well Depth in ft._____
___ Dug Well Depth in ft._____
___ Spring
___ Surface Distance in feet from septic system/sewer lines_____

CONSTRUCTED OF

___ Wood
X Steel
___ Concrete

Is the water chlorinated? X Yes ___ No If so, residual reading .0 mg/L *

Is the water fluoridated? ___ Yes X No

Is any type of water filtration method used: ___ Yes X No

LABORATORY INFORMATION

Transported By: Sterling Bailey

Date Received: 8/6/25 Time Received: 14:29 AM / (PM) Initials: DL

Date of Analysis: 8/6/25 Time of Analysis: 14:35 AM / (PM) Initials: DL

Date of Result: 8/7/25 Time Result Read: 15:15 AM / PM Initials: MJ

TEST RESULTS

☐ Negative — No coliform bactena detected. The sampled water supply is considered bactenologically safe.

☑ Positive — Coliform bactena detected.

+ Total Coliform (yellow hue ≥ comparator, no UV fluorescence)

— E. coli (yellow hue ≥ comparator, UV fluorescence)

Who Contacted: _____ Date: _____

If positive for Total Coliform or E. coli the sampled water supply is considered potentially unsafe for human consumption.

☐ Coliform tests are questionable. Resample as soon as possible.

☐ Analysis not performed. Reason: _____

RETURN/BILLING ADDRESS

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Private Sample Testing Fee $50.00

*

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(Lab please check one)

If Yes, type:

BACTERIOLOGICAL ANALYSIS OF WATER (Colilert® SM9223-PA)

SAMPLE SOURCE *

Location/Residence: Harbor Bulkhead hydrant

City/Village: Dillingham

Collected By: Sterling Bailey Phone # 417 533-8026

Date 8-6-25 Time: 1 : 55 AM / (PM)

PWSID # 260197 *

PURPOSE OF ANALYSIS *

☒ Routine Sample ☐ Raw Water Sample

☐ Repeat Sample ☒ Special Purpose 8/7/25 MS testing boat fill point

SAMPLE COLLECTED FROM

☐ Bathroom Tap ☐ Kitchen Tap

☒ Hose Bibb ☐ Other _____

Location of Water Supply Dillingham water tower

TYPE OF WATER SUPPLY

X Drilled Well Depth in ft._____

___ Driven Well Depth in ft._____

___ Dug Well Depth in ft._____

___ Spring

___ Surface Distance in feet from septic system/sewer lines_____

CONSTRUCTED OF

___ Wood

X Steel

___ Concrete

Is the water chlorinated? X Yes ___ No If so, residual reading 0 mg/L *

Is the water fluoridated? ___ Yes X No

Is any type of water filtration method used: ___ Yes ___ No

LABORATORY INFORMATION

Transported By: Sterling Bailey

Date Received: 8/6/25 Time Received: 14:29 AM / (PM) Initials: DL

Date of Analysis: 8/6/25 Time of Analysis: 14:35 AM / (PM) Initials: DL

Date of Result: 8/7/25 Time Result Read: 15:15 AM / PM Initials: MS

TEST RESULTS

☒ Negative — No coliform bactena detected. The sampled water supply is considered bactenologically safe.

☐ Positive — Coliform bactena detected.

___ Total Coliform (yellow hue ≥ comparator, no UV fluorescence)

___ E. coli (yellow hue ≥ comparator, UV fluorescence)

Who Contacted: _____ Date: _____

If positive for Total Coliform or E. coli the sampled water supply is considered potentially unsafe for human consumption.

☐ Coliform tests are questionable. Resample as soon as possible.

☐ Analysis not performed. Reason: _____

RETURN/BILLING ADDRESS

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Private Sample Testing Fee $50.00

*

FILE COPY

COLILERT SAMPLE SHEET
BRISTOL BAY AREA HEALTH CORPORATION

SAMPLE # 25-492 *

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(907) 571-1231 Fax (907) 571-1551
☐

(Lab please check one)

If Yes, type:

BACTERIOLOGICAL ANALYSIS OF WATER (Colilert® SM9223-PA)

SAMPLE SOURCE *

Location/Residence: South Ramp

City/Village: Dillingham

Collected By: Sterling Bailey Phone # 417-533-8024

Date: 8-6-25 Time: 2 : 15 AM / (PM)

PWSID # 260147 *

PURPOSE OF ANALYSIS *

☒ Routine Sample ☐ Raw Water Sample

☐ Repeat Sample ☒ Special Purpose 8/7/25 MB testing harbor boat fill hose

SAMPLE COLLECTED FROM

☐ Bathroom Tap ☐ Kitchen Tap

☒ Hose Bibb garden hose ☐ Other _____

Location of Water Supply Dillingham water tower

TYPE OF WATER SUPPLY

☒ Drilled Well Depth in ft._____

☐ Driven Well Depth in ft._____

☐ Dug Well Depth in ft._____

☐ Spring

☐ Surface Distance in feet from septic system/sewer lines_____

CONSTRUCTED OF

☐ Wood

☒ Steel

☐ Concrete

Is the water chlorinated? ☒ Yes ☐ No If so, residual reading .0 mg/L *

Is the water fluoridated? ☐ Yes ☒ No

Is any type of water filtration method used: ☐ Yes ☒ No

LABORATORY INFORMATION

Transported By: Sterling Bailey

Date Received: 8/6/25 Time Received: 14 29 AM / (PM) Initials: DL

Date of Analysis: 8/6/25 Time of Analysis: 14 35 AM / (PM) Initials: DL

Date of Result: 8/7/25 Time Result Read: 15 15 AM / PM Initials: MB

TEST RESULTS

☑ Negative — No coliform bactena detected. The sampled water supply is considered bactenologically safe.

☐ Positive — Coliform bactena detected.

___Total Coliform (yellow hue ≥ comparator, no UV fluorescence)

___E. coli (yellow hue ≥ comparator, UV fluorescence)

Who Contacted: _____ Date: _____

If positive for Total Coliform or E. coli the sampled water supply is considered potentially unsafe for human consumption.

☐ Coliform tests are questionable. Resample as soon as possible.

☐ Analysis not performed. Reason: _____

RETURN/BILLING ADDRESS

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Private Sample Testing Fee $50.00

*