General Manager's Report

Report on Water System Operations for the Month of: February, 2014

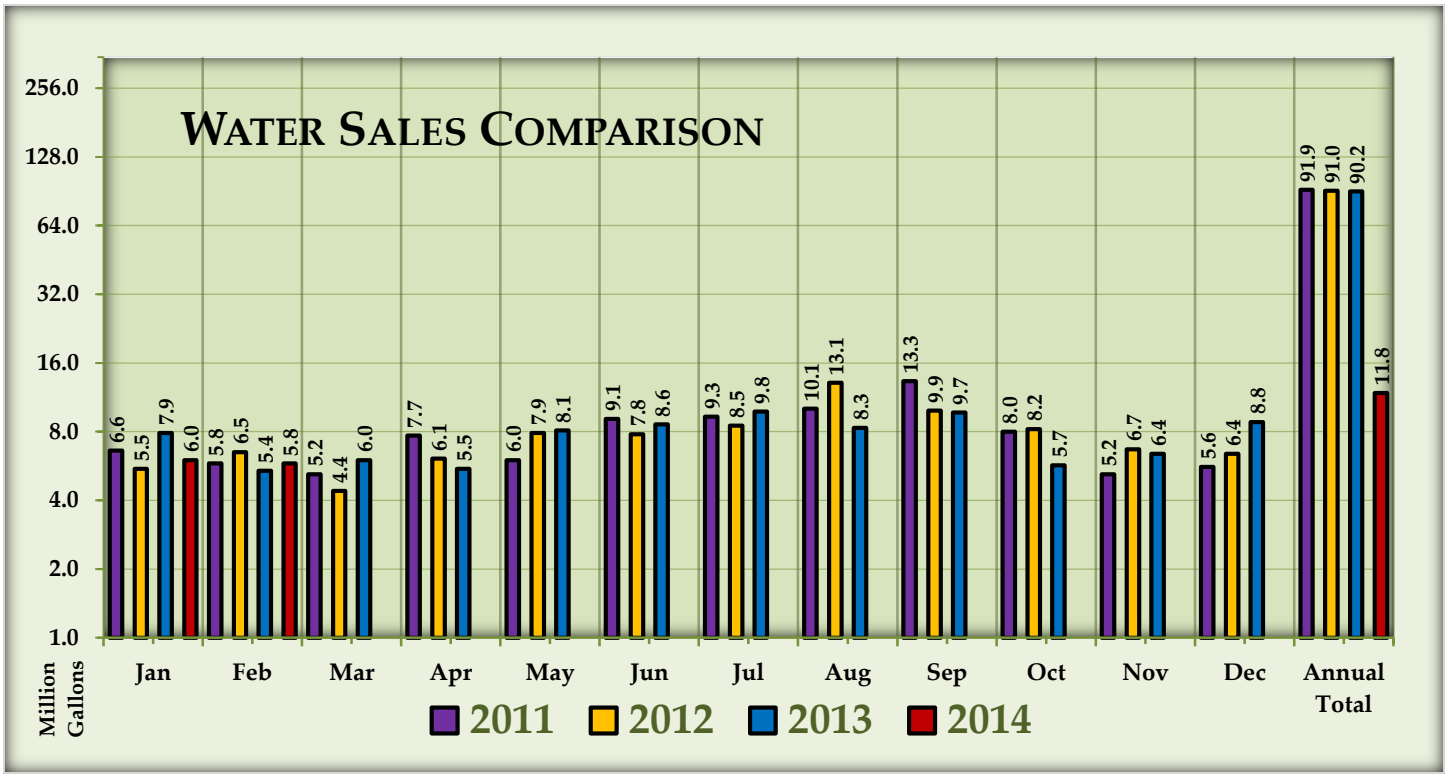
The metering period for this report begins on:
January 08, 2014 through February 8, 2014.

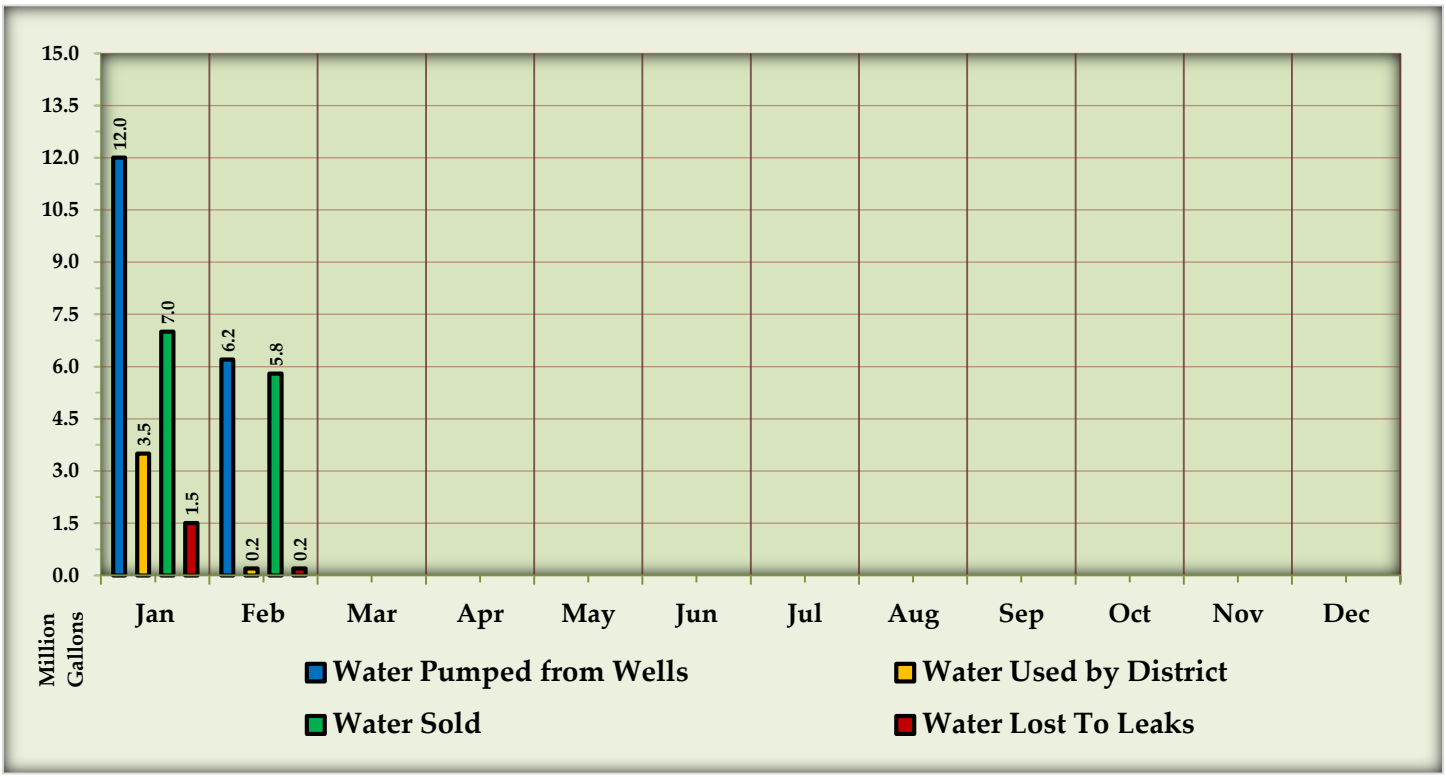
The billing period for this report is for the:
January 15, 2014 through February 15, 2014.

The activity period for this report is for the:
February 1, 2014 through February 27, 2014.

Water pumped from all wells in February	6.2 mg[1]
Water used by District in February	0.2 mg
Water sold in February	5.8 mg
Water lost to leaks in February	0.1 mg
Percent of water lost in February	3.2%
Water pumped from all wells in 2014 to date	18.2 mg
Water used by the District in 2014 to date	3.7 mg
Water sold in 2014 to date	12.8 mg
Water lost to leaks in 2014 to date	1.7 mg
Percent of water lost in 2014 to date	9.3%
Accounts billed for water in February ($130,374)	2,681
Accounts billed a late fee in February ($2,608)	287
Accounts 60 days past due ($4,233.95)	67
Accounts secured with a lien ($31,172.25)	32
Accounts locked off for nonpayment in February ($350)	07
Water quality complaints responded to in February	10
Locates requests in February	30
Number of customer valves installed in February	01

[1] Million Gallons


WATER SALES COMPARISON
256.0
128.0
64.0
32.0
16.0
8.0
4.0
2.0
1.0
Million Gallons
Jan 6.6 5.5 7.9
Feb 6.0 5.8 6.5
Mar 5.4 5.8 5.2
Apr 4.4 6.0 7.7
May 6.1 5.5 6.0
Jun 7.9 8.1 9.1
Jul 7.8 8.6 9.3
Aug 8.5 9.8 10.1
Sep 13.1 8.3 13.3
Oct 9.9 9.7 8.0
Nov 8.2 5.7 5.2
Dec 6.7 6.4 5.6
Annual Total 6.4 8.8 91.9 91.0 90.2 11.8
2011
2012
2013
2014


15.0
13.5
12.0
10.5
9.0
7.5
6.0
4.5
3.0
1.5
0.0
Million Gallons
Jan 12.0 3.5 7.0 1.5
Feb 6.2 0.2 5.8 0.2
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Water Pumped from Wells
Water Used by District
Water Sold
Water Lost To Leaks

Water Quality Report:

NBWD does not use continuous disinfection on its water supply. Historically the water systems has been very successful at maintaining high quality bacteria free water supply. NBWD did have a "Out of Compliance" "Coliform Bacteria" event in 2012 but the source of the contamination was quickly discovered and remedied.

NBWD tests for coliform bacteria five times a month.

Five coliform bacteria samples were collected from the distribution system submitted to a certified laboratory in February, 2014.

Five of the Samples tested satisfactory.

The Environmental Protection Agency (EPA) regulates disinfection byproducts in drinking water. NBWD tests for bromate (BrO^-_3) every month. The treatment plant uses ozone (O_3) as on oxidant to remove iron. manganese, and color. One of NBWD's raw water benign constituents is bromide (br^-). If the dose of ozone is too high then the extra ozone not used to oxidize iron, manganese, and color will convert bromide to bromate ($Br^- + O_3 \rightarrow BrO^-_3$). According to the EPA, some people who drink water containing bromate in excess of the maximum contaminant level (MCL) of 0.010 mg/l have and increased risk of getting cancer.

NBWD tests for bromate once a month.

Test one result <0.005 mg/L (satisfactory)

In addition to federal and state mandated water quality tests The Treatment Plant Operator (TPO) monitors the water quality at the treatment plant and in the distribution system. The reasons of the extra water quality monitoring is to monitor the quality of the our source water, verify the treatment plant is operating at peak efficiency, and maintain the highest quality water possible is being delivered to our ratepayers. The water quality monitoring is part of the operation and maintenance plan.

In the treatment plant the raw water (well water) quality is tested regularly to monitor seasonal, inter-annual, and historical fluctuations. The TPO monitors eight constituents of the raw water. They are iron (Fe), manganese(Mn), color (Clr), pH, temperature(F°), tannic acid (Ta), silica (SiO_2), ammonia (NH_3). The treatment plant is designed to remove iron, manganese, and color. The TPO monitors iron, manganese, and color to establish a baseline for removal efficiency of the treatment plant and to record raw water historical quality fluctuations. The TPO test for pH, temperature, tannic acid, silica, and ammonia because fluctuations in

these constituents require adjustments to the operation protocols in the treatment plant and affect the quality of the finished water.

The TPO tests the finished water (post treatment) before it goes to storage for the same constitutes at the raw water. All of this data is recorded every day. The general manager reviews the data regularly with the TPO to discuss trends and review operation protocols.

In the distribution system the TPO regularly tests for five drinking water constituents but may test for others based on conditions. The TPO regularly tests for color , temperature , pH, taste, and odor,. The TPO bases his need for reactionary water main flushing on the results of these tests.

If the color is between 15hu and 30hu the water main will be scheduled for a flush within the next week. If the color is above 30hu it will be scheduled for a flush within the next 24 hours.

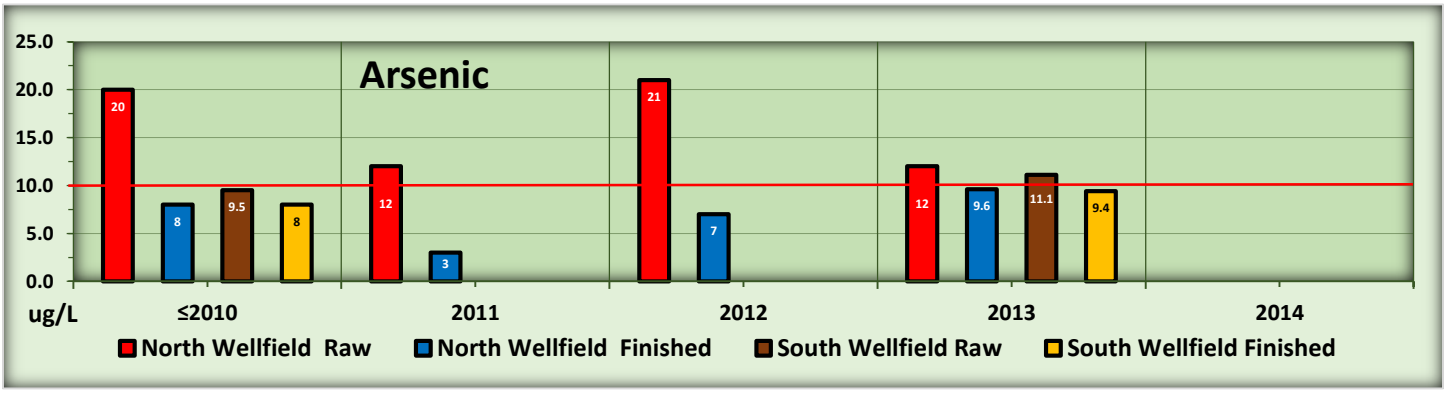
If the temperature is above 60˚F the water main will be scheduled for a flush within the next week. If the water temperature is above 65˚F it will be scheduled for a flush within the next 24 hours.

If the pH is below 6.8 or above 8.5 the water main will be scheduled for a flush within the next 24 hours.

If the TPO detects a taste or odor condition the water main will be scheduled for a flush within the next 24 hours.

NBWD is scheduled to test for the following contaminates during 2014:

Arsenic: Raw Water arsenic levels are slightly above the MCL (10 ug/L[2]). The Treatment Plant reduces the residuals to below the MCL as the chart below indicates:

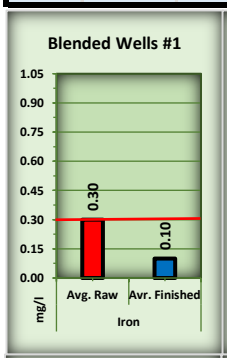


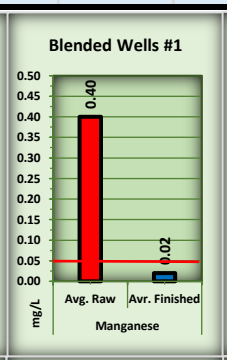
[2] Ug/L is microgram per liter or part per billion. There are 100,000 drops of water in a gallon. One drop of Arsenic in 1,000 gallons would be approximately 10 ug/L.

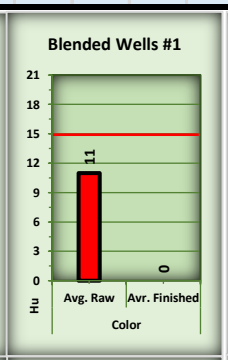
Treatment Plant Water Quality Report

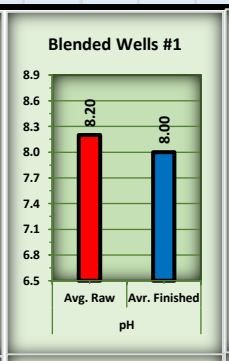
February, 2014

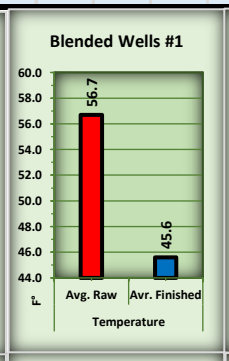
	Well Source	Status	Gallons Pumped	Iron		Manganese		Color		pH		Temperature		Tannic Acid		Silica		Ammonia	
				Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished
Blended #1 (Wells 1,4,5,7)	S03	Back up	-	0.30	0.10	0.40	0.02	11	0	8.20	8.00	56.7	45.6	0.10	0.01	34.6	34.2	0.04	0.02
	S04	Active	1,846,000																
	S05	Active	186,000																
	S08	Back up	-																
Blended #2 (Wells 6, 8)	S07	Active	2,188,300	0.70	0.04	0.20	0.03	6	2	7.90	7.80	56.6	57.3	0.25	0.02	35.2	35.6	0.05	0.03
	S09	Active	1,886,600																
Blended #3 (Wells 1,2)	S01	Back up	-																
	S02	Back up	-																
Blended #4 (Wells 1,2 SWF)	S10	Off line	-																
	S11	Off line	-																
	S12	Off line	-																

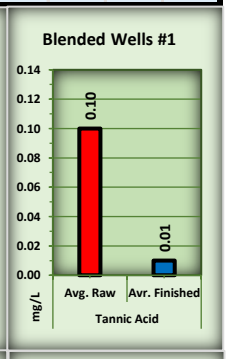


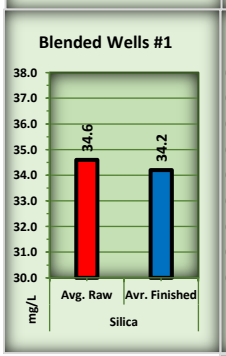


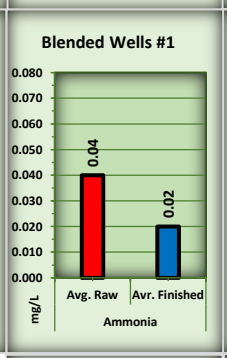


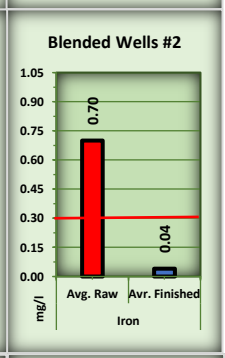


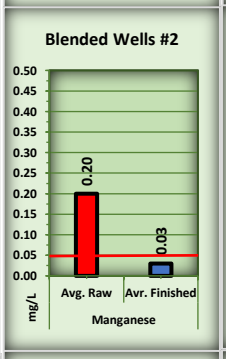


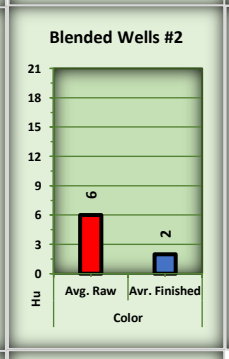


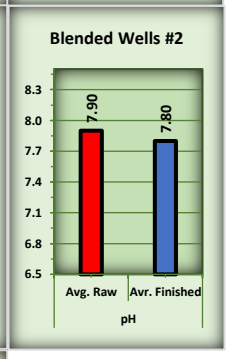


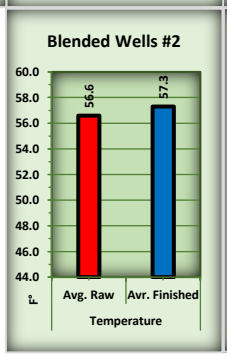


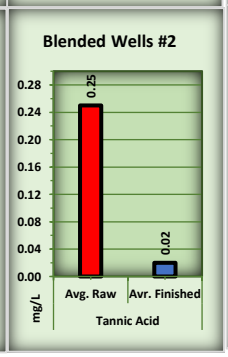


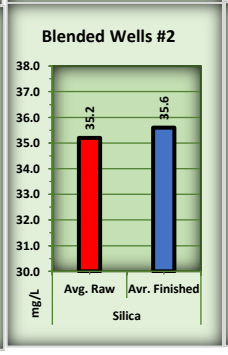


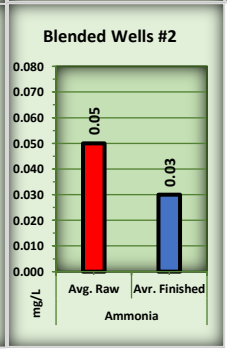












DWSRF Projects:

Project 129 – Supply and Treatment Project. Bison Drilling has completed the well drilling and testing of all three wells. The water samples for well #3 have been delivered to the laboratory for analysis. Mike Piechowski, Robinson Noble has all of the data from the well # 3 pump test and are preparing the final report. Mike Johnson and Russ Porter, Gray and Osborne are working on a pilot test protocol for the treatment of the arsenic and hydrogen sulfide gas treatment for the new wells. The next phase will be design of the improvements at the South and North Well Fields.

Fund Beginning Balance	Funds Expended 11/1/13	Fund Balance	30% Forgiveness-to-Date Earned
$2,190,631	$265,035.56	$1,925,596	$79,510.67

Project 121 – Water Main Project.

Birch Street is 95% complete. The water main is 100% complete and water is flowing through the main. Road restoration, bollards, and valve markers are all that is left to complete are complete with the exception of hydro seed and final punch list items.

Z Street is 95% complete. The water main is 100% complete and water is flowing through the main. Right-of Way restoration, customer property restoration, and valve markers along with the Bay Avenue crossing Change Order need to be completed complete with the exception of hydro seed, some of the customer property restoration, and final punch list items.

U Street is 95% complete. The water main is 100% complete and water is flowing through the main. Right-of Way restoration, customer property restoration, and valve markers along with the Bay Avenue crossing Change Order need to be completed complete with the exception of hydro seed, some of the customer property restoration, and final punch list items.

I will be conducting a walk through with Tom Grandt, Pacific County Public Works on Monday March 17, 2014 to determine if there are any County Right-of-Way issues that Big River will need to address before they are complete. Gray and Osborne will issue a final punch list on Tuesday March 18, 2014. I project final meeting will be held on Thursday March 20, 2014.

Fund Beginning Balance	Loan Fee	Funds Expended 11/1/13	Fund Balance
$891,123	$8,823	$490,045.52	$392,254

Water Revenue Bond Project Fund:

The water revenue bond project fund was created to fund three separate expenses. The first was to purchase the Wiegardt property to locate the new well field. The second was to build an equipment building to house the District's vehicles and equipment. The third is to purchase or build a business office for the District. The district also paid the cost of issuance of the Bonds from the bond fund.

Description of Cost	Funds Expended	Fund Balance
		$1,162,392.64
Cost of Issuance	$25,775.00	$1,136,617.64
Wiegardt Property Purchase	$121,874.39	$1,014,742.75
Driftmier Architects	$6,417.47	$1,008,325.78

227th Lane Customer Generated Infrastructure:

The 227th Lane water main is 99% complete. Due to weather and equipment issues Nacelle Rock has not completed the patch on the asphalt at the intersection of 227th Lane and Hwy. 103. When that is complete I will prepare a final report and resolution for the Board to accept the project and customers can connect to the water system. Our customers are getting anxious to connect to the water system. I may request the Board consider the Resolution to accept the final project and set the Local Facility Charge at a special meeting in early April, 2014.

245th Street Water Main Loop Project:

Gray and Osborne prepared a new design for the crossing at 245th Street and Hwy. 103 utilizing an open cut about fifteen feet to the north of the original site. Gray and Osborne based the change on an investigation of Washington State Department of Transportation records of previous work completed in the immediate vicinity of the crossing. The general manager has applied for a permit with the Washington State Department of Transpiration for the work. When the permit has been issued the general manager will seek qualified contractors from the small works rooster to complete the 245th Street water main loop project. I anticipate WSDOT will issue the Permit sometime in April, 2014.

Safety Meeting Minutes:

North Beach Water District staff meet for their monthly Safety meeting on the first Monday of the December.

Attachments:

- Water Sample Results
  - Coliform Bacteria Sample Results
  - Bromate
- DOC Vender Distribution Form for 01-03-2014 thru 02-03-2014 DM12-952-129 (Supply and Treatment Project)
- DOC Vender Distribution Form for 01-03-2014 thru 02-03-2014 DM12-952-121 (Water Main Project)
- Surfside November/December Report

End of Report

SR# K1401594-001

ALS Environmental
1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 18 / 2014 (Month / Day / Year)	12.05 ☐ AM ☒ PM	Pacific

Type of Water System (check only one box) ☐ Private Household
☒ Group A ☐ Group B ☐ Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# 6 3 0 0 0 C

System Name: North Beach Water

Contact Person: Bill Neal

Day Phone: (360)-665-4144	Cell Phone: (360)-244-0068
Eve. Phone: (360)-244-0068	FAX: (360)-665-4641

Send results to: (Print full name, address and zip code)

PO Box 618 Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected:	Special instructions or comments:
26200 Sandridge Rd NSS# 7	

Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

#1. ☒ **Routine Distribution Sample**
Chlorinated: Yes_____ No X
Chlorine Residual: Total____ Free____

#2. Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number:
0 1 7 - _ _ _ _ _
Unsatisfactory routine collect date:
_____/_____/_____
Chlorinated: Yes _____ No _____
Chlorine Residual: Total_____ Free_____

#3. Raw Water Source Sample
☐ *E.coli* – GWR source sample
☐ Fecal –Surface, GWI, some springs
☐ Other
S
Public systems must provide source number from WFI

#4. ☐ **Sample Collected for Information Only**
Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory** Total Coliform Present **and** ☒ **Satisfactory**
☐ *E.coli* present ☐ *E.coli* absent

Replacement Sample Required:
☐ Sample too old (>30 hours) ☐ TNTC ☐ _____
☐ Improper Container ☐ Turbid culture

Bacterial Density Results: Plate Count_____/ml. *E.coli*_____/100ml.
Total Coliform_____/100ml. Fecal Coliform_____/100ml.

Method Code: MICR- SM9223B	Date,Time and Temp Received: 2/19/14 0910 0.4°C
Date Analyzed 02/19/14	Date Reported: 02/22/14
Sample Number (DOH number plus five digits): 0 1 7 - 15941	Lab Use Only: ik 2/24/14

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:
Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480

SATISFACTORY RESULTS:
The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480.
3. Publicly notify the users of public water systems as specified in WAC 246-290-480.
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample immediately
"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible. **"TNC"** means bacteria are too numerous to count. **"Excess Debris"** means that particulates in the water interfere with the interpretation of test results. **"Turbid Culture"** means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:
Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)
Insufficient volume. (Sample must be at least 100 ml)
If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:
Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

Regional DOH - (360) 236-3030
Cowlitz County - (360) 414-5599
Lewis County - (800) 562-6130
Pacific County - (360) 875-9356

SR# K1401594-002

ALS Environmental
1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 18 / 2014 (Month / Day / Year)	11 : 50 ☒ AM ☐ PM	Pacific

Type of Water System (check only one box) ☐ Private Household
☒ Group A ☐ Group B ☐ Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# 6 3 0 0 0 C

System Name: North Beach Water

Contact Person: Bill Neal

Day Phone: (360)-665-4144 Cell Phone: (360)-244-0065
Eve. Phone: (360)-244-0068 FAX: (360)-665-4641

Send results to: (Print full name, address and zip code)
PO Box 618, Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected: 3314 281st St NSS #6

Special instructions or comments:

Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

#1. ☒ **Routine Distribution Sample**
Chlorinated: Yes_____ No X
Chlorine Residual: Total____ Free____

#2. Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number:
0 1 7 - _ _ _ _ _ _
Unsatisfactory routine collect date:
____/____/____
Chlorinated: Yes _____ No _____
Chlorine Residual: Total_____ Free_____

#3. Raw Water Source Sample
☐ *E.coli* – GWR source sample
☐ Fecal –Surface, GWI, some springs
☐ Other
S
Public systems must provide source number from WFI

#4. ☐ **Sample Collected for Information Only**
Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory** Total Coliform Present **and**
☐ *E.coli* present ☐ *E.coli* absent

☒ **Satisfactory**

Replacement Sample Required:
☐ Sample too old (>30 hours) ☐ TNTC ☐ _____
☐ Improper Container ☐ Turbid culture

Bacterial Density Results: Plate Count_____/ml. *E.coli*_____/100ml.
Total Coliform_____/100ml. Fecal Coliform_____/100ml.

Method Code: MICR- SM9223B	Date, Time and Temp Received: 2/19/14 0910 0.4°C
Date Analyzed 02/19/14	Date Reported: 02/22/14
Sample Number (DOH number plus five digits): 0 1 7 - 15942	Lab Use Only: 2/24/14

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:
Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480

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The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480.
3. Publicly notify the users of public water systems as specified in WAC 246-290-480.
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample immediately
"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible. **"TNC"** means bacteria are too numerous to count. **"Excess Debris"** means that particulates in the water interfere with the interpretation of test results. **"Turbid Culture"** means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:
Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)
insufficient volume. (Sample must be at least 100 ml)
If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:
Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

Regional DOH - (360) 236-3030
Cowlitz County - (360) 414-5599
Lewis County - (800) 562-6130
Pacific County - (360) 875-9356

SR# K1401594-003

ALS Environmental
1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 18 / 2014 (Month / Day / Year)	12:30 ☐ AM ☒ PM	Pacific

Type of Water System (check only one box) ☐ Private Household
☒ Group A ☐ Group B ☐ Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# 6 3 0 0 0 C

System Name: North Beach Water

Contact Person: Bill Neal

Day Phone: (360) 665-4144	Cell Phone: (360) 244-0065
Eve. Phone: (360) 244-0065	FAX: (360) 665-4641

Send results to: (Print full name, address and zip code)

PO Box 68 Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected: 27900 O st Ocean Park NBS #9

Special instructions or comments:

Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

#1. ☒ **Routine Distribution Sample**
Chlorinated: Yes_____ No X
Chlorine Residual: Total____ Free____

#2. **Repeat Sample (after unsat. routine)**
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number:
0 1 7 - ____ ____ ____ ____ ____
Unsatisfactory routine collect date:
____/____/____
Chlorinated: Yes _____ No _____
Chlorine Residual: Total_____ Free_____

#3. **Raw Water Source Sample**
☐ *E.coli* – GWR source sample
☐ Fecal –Surface, GWI, some springs
☐ Other
S | | |
Public systems must provide source number from WFI

#4. ☐ **Sample Collected for Information Only**
Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory** Total Coliform Present **and**
☐ *E.coli* present ☐ *E.coli* absent

☒ **Satisfactory**

Replacement Sample Required:
☐ Sample too old (>30 hours) ☐ TNTC ☐ _____
☐ Improper Container ☐ Turbid culture

Bacterial Density Results: Plate Count_____/ml. *E.coli*_____/100ml.
Total Coliform_____/100ml. Fecal Coliform_____/100ml.

Method Code: MICR- 9221B	Date,Time and Temp Received: 2/19/14 0910 0.4°c
Date Analyzed 02/19/14	Date Reported: 02/20/14
Sample Number (DOH number plus five digits): 0 1 7 - 14943	Lab Use Only: 2/24/14

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:
Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480

SATISFACTORY RESULTS:
The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480.
3. Publicly notify the users of public water systems as specified in WAC 246-290-480.
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample immediately
"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible. **"TNC"** means bacteria are too numerous to count. **"Excess Debris"** means that particulates in the water interfere with the interpretation of test results. **"Turbid Culture"** means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:
Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)
insufficient volume. (Sample must be at least 100 ml)
If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:
Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

Regional DOH - (360) 236-3030
Cowlitz County - (360) 414-5599
Lewis County - (800) 562-6130
Pacific County - (360) 875-9356

SR# K1401594-004

ALS Environmental
1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 18 / 2014 (Month / Day / Year)	12 : 15 ☐ AM ☒ PM	Pacific

Type of Water System (check only one box): ☒ Group A ☐ Group B ☐ Private Household ☐ Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# 6 3 0 0 0 C

System Name: North Beach Water

Contact Person: Bill Neal

Day Phone: (360) 665-4141	Cell Phone: (360) 244-0065
Eve. Phone: (360) - 244 - 0065	FAX: (360) - 665-4641

Send results to: (Print full name, address and zip code)
PO Box 618, Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected: 1719 264th PL Ocean Park NSST 8

Special instructions or comments:

Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

#1. ☒ **Routine Distribution Sample**
Chlorinated: Yes_____ No ☒
Chlorine Residual: Total____ Free____

#2. Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number:
0 1 7 - ____ ____ ____ ____ ____
Unsatisfactory routine collect date:
____/____/____
Chlorinated: Yes _____ No _____
Chlorine Residual: Total_____ Free_____

#3. Raw Water Source Sample
☐ *E.coli* – GWR source sample
☐ Fecal –Surface, GWI, some springs
☐ Other
S | | |
Public systems must provide source number from WFI

#4. ☐ **Sample Collected for Information Only**
Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory** Total Coliform Present **and**
☐ *E.coli* present ☐ *E.coli* absent

☒ **Satisfactory**

Replacement Sample Required:
☐ Sample too old (>30 hours) ☐ TNTC ☐ _____
☐ Improper Container ☐ Turbid culture

Bacterial Density Results: Plate Count_____/ml. *E.coli*_____/100ml.
Total Coliform_____/100ml. Fecal Coliform_____/100ml.

Method Code: MICR- SM9223B	Date,Time and Temp Received: 2/19/14 0910 0.4°C
Date Analyzed 02/19/14	Date Reported: 02/20/14
Sample Number (DOH number plus five digits) 0 1 7 - 15944	Lab Use Only: W 2/20/14

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:
Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:
The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480.
3. Publicly notify the users of public water systems as specified in WAC 246-290-480.
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample immediately
"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible. **"TNC"** means bacteria are too numerous to count. **"Excess Debris"** means that particulates in the water interfere with the interpretation of test results. **"Turbid Culture"** means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:
Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)
insufficient volume. (Sample must be at least 100 ml)
If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:
Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

Regional DOH - (360) 236-3030
Cowlitz County - (360) 414-5599
Lewis County - (800) 562-6130
Pacific County - (360) 875-9356

SR# h1401594-0015

ALS Environmental
1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 18 / 2014 (Month / Day / Year)	12 : 50 ☐ AM ☒ PM	Pacific

Type of Water System (check only one box): ☒ Group A ☐ Group B ☐ Private Household ☐ Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# 6 3 0 0 0 C

System Name: North Beach Water

Contact Person: Bill Neal

Day Phone: (360)-665-4144	Cell Phone: (360)-244-0068
Eve. Phone: (360)-244-0068	FAX: (360)-665-4641

Send results to: (Print full name, address and zip code)
PO Box 618 Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected: 12122 47th PL Ocean Park NSS # 10

Special instructions or comments:

Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

#1. ☒ **Routine Distribution Sample**
Chlorinated: Yes_____ No X
Chlorine Residual: Total____ Free____

#2. Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number: 0 1 7 - _ _ _ _ _
Unsatisfactory routine collect date: ____/____/____
Chlorinated: Yes _____ No _____
Chlorine Residual: Total_____Free_____

#3. Raw Water Source Sample
☐ *E.coli* – GWR source sample
☐ Fecal –Surface, GWI, some springs
☐ Other
S
Public systems must provide source number from WFI

#4. ☐ **Sample Collected for Information Only**
Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory** Total Coliform Present **and**
☐ *E.coli* present ☐ *E.coli* absent

☒ **Satisfactory**

Replacement Sample Required:
☐ Sample too old (>30 hours) ☐ TNTC ☐ _____
☐ Improper Container ☐ Turbid culture

Bacterial Density Results: Plate Count_____/ml. *E.coli*_____/100ml.
Total Coliform_____/100ml. Fecal Coliform_____/100ml.

Method Code: MICR-_____ SM9223B	Date,Time and Temp Received: 2/19/14 0910 0.4°C
Date Analyzed 02/19/14	Date Reported: 02/22/14
Sample Number (DOH number plus five digits) 0 1 7 - _ _ 15945	Lab Use Only: MT 2/24/14

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:
Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:
The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

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2. Submit repeat samples as specified in WAC 246-290-480.
3. Publicly notify the users of public water systems as specified in WAC 246-290-480.
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample immediately
"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible. **"TNC"** means bacteria are too numerous to count. **"Excess Debris"** means that particulates in the water interfere with the interpretation of test results. **"Turbid Culture"** means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:
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insufficient volume. (Sample must be at least 100 ml)
If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:
Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

Regional DOH - (360) 236-3030
Cowlitz County - (360) 414-5599
Lewis County - (800) 562-6130
Pacific County - (360) 875-9356

ALS Environmental
1317 South 13th Avenue
Kelso, WA 98626

BROMATE TEST PANEL
(Bromate by EPA Methods 300.1)
for the State of Washington
REPORT OF ANALYSIS

Date Collected: (MM/DD/YY)	**02/18/14**	System Group Type: (A,B,Other):	**A**
Water System ID Number:	**63000C**	System Name:	**North Beach Water**
Lab Sample Number:	**01716291**	County:	**Pacific**
Sample Location:	**North Well Field 2212 272nd St**	Source Number(s):	**S06**
Sample Purpose:		Date Received:	**02/19/14**
Select One		Date Analyzed:	**02/20/14**
X RC- Routine/Compliance		Date Reported:	**02/25/14**
C- Confirmation		Comments:	**K1401629-001**
Investigative			
Other(specify)			
Sample Composition:		**Sample Type: (Select One)**	
Select One		Pre-Treatment/Raw	
X S- Single Source		**X** Post-Treatment/Finished	
B- Blended (List multiple source numbers)		Unknown	
C- Composite		Sample Collected by:	**Nick Morrison**
D- Distribution sample		Phone Number:	**360-660-4144**
Send Report to:	**North Beach Water District**	**Bill to:**	**Same**

DOH #	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL		Method	Analyst
0419	BROMATE	**<0.05**	mg/L	0.005	0.005	0.010		**300.1**	**NB**

NOTES:

SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH).
Trigger Level: DOH Drinking Water Response Level. Systems with compounds detected at concentrations in excess of this level are required to take additional samples. Contact your regional DOH office for further information.
MCL (Maximum Contaminant Level): If the contaminant amount exceeds the MCL, immediately contact your regional DOH office.
NA (Not Analyzed): in the results column indicates this compound was not included in the current analysis.
ND (Not Detected): in the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SRL.
<(0.00X): indicates the compound was not detected in the sample at or above the concentration indicated.
(lab mdl) lower than the SRL.

Comments: _____

WASHINGTON STATE
DEPARTMENT OF COMMERCE

Form A19-1A

VOUCHER DISTRIBUTION
DEPARTMENT OF COMMERCE
PO BOX 42525
OLYMPIA, WA 98504-2525

AGENCY NUMBER	Short Code	Commerce Contract Number
1030		DM12-952-129

VENDOR OR CLAIMANT (Warrant is to be payable to:)

North Beach Water District
PO Box 618
Ocean Park WA, 98640

INSTRUCTIONS TO VENDOR OR CLAIMANT:

Submit this form to claim payment for materials, merchandise, or services.
Show complete detail for each item.

Vendor's Certificate: The individual signing this voucher below warrants they have the authority to do so as authorized and on the behalf of the entity identified in the Vendor/Client section. The individual signing below certifies under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.

Contact Person:	Jack McCarty
Phone:	(360) 665-4144
Contract Period	11/29/2012 - 11/29/2036
Report Period	2/4/14 - 3/5/14

By: _____ (SIGN IN BLUE INK)

General Manager (TITLE) 3/5/2014 (DATE)

	Original Contract Amount	$2,190,631
	Loan Fee (if any)	$0

Date	DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract Amount	$2,190,631	$242,126.95		$1,948,504
	Request #10				
2/5/2014	Invoice #14-115 / Robinson Noble / Well Drilling			$1,690.50	
2/4/2014	Invoice #13224.01-11 / Gray & Osborne / Drilling & Testing			$575.58	
3/5/2014	Progress Estimate #6 / Bison Well Drilling & Septic / New Well Drilling			$20,642.57	
	Totals			$22,908.65	$1,925,595

Match: Year / Dollars / Coding

PROGRAM APPROVAL (the individual signing this voucher warrants they have the authority to sign this voucher)

DATE

DOC DATE

CURRENT DOC. NO.

REFERENCE DOC NO.

VENDOR NUMBER and SUFFIX SWV0110176 00

ACCOUNT NO.

ASD NUMBER 27010

VENDOR MESSAGE

TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL ACCT	SUBSID	AMOUNT	INVOICE
								DM12-952-129

SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT

DATE

WARRANT TOTAL

ACCOUNTING APPROVAL FOR PAYMENT

DATE

Prepared on 3/5/2014

WASHINGTON STATE
DEPARTMENT OF COMMERCE

Form A19-1A

VOUCHER DISTRIBUTION
DEPARTMENT OF COMMERCE
PO BOX 42525
OLYMPIA, WA 98504-2525

AGENCY NUMBER	Short Code	Commerce Contract Number
1030		DM12-952-121

VENDOR OR CLAIMANT (Warrant is to be payable to:)

North Beach Water District
PO Box 618
Ocean Park WA, 98640

INSTRUCTIONS TO VENDOR OR CLAIMANT:

Submit this form to claim payment for materials, merchandise, or services.
Show complete detail for each item.

Vendor's Certificate: The individual signing this voucher below warrants they have the authority to do so as authorized and on the behalf of the entity identified in the Vendor/Client section. The individual signing below certifies under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.

Contact Person:	Jack McCarty
Phone:	(360) 665-4144
Contract Period	11-29-2012 thru 11-29-2036
REPORT PERIOD	2/4/2014 - 3/6/2014

By: _____ (SIGN IN BLUE INK)

General Manager (TITLE) 3/6/2014 (DATE)

	Original Contract Amount	$891,123
	Loan Fee (if any)	$8,823

Date	DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract Amount	$882,300	$348,499.52		$533,800
	Request #8				
2/4/2014	Invoice #13223.01-3 / Gray & Osborne / Water Main Project Management			$27,712.88	
3/6/2014	Progress Estimate #3 / Big River Excavating / Water Main Intallation			$113,833.51	
	Totals			$141,546.39	$392,254

Match: Year / Dollars / Coding

PROGRAM APPROVAL (the individual signing this voucher warrants they have the authority to sign this voucher)

DATE

DOC DATE

CURRENT DOC. NO.

REFERENCE DOC NO.

VENDOR NUMBER and SUFFIX SWV0110176 00

ACCOUNT NO.

ASD NUMBER

VENDOR MESSAGE

TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL ACCT	SUBSID	AMOUNT	INVOICE
								DM12-952-121

SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT — DATE

ACCOUNTING APPROVAL FOR PAYMENT — DATE

WARRANT TOTAL

Surfside Water Department
Water System Manager's Report

Report on water system operations for the month of February, 2014

Water production and use report:

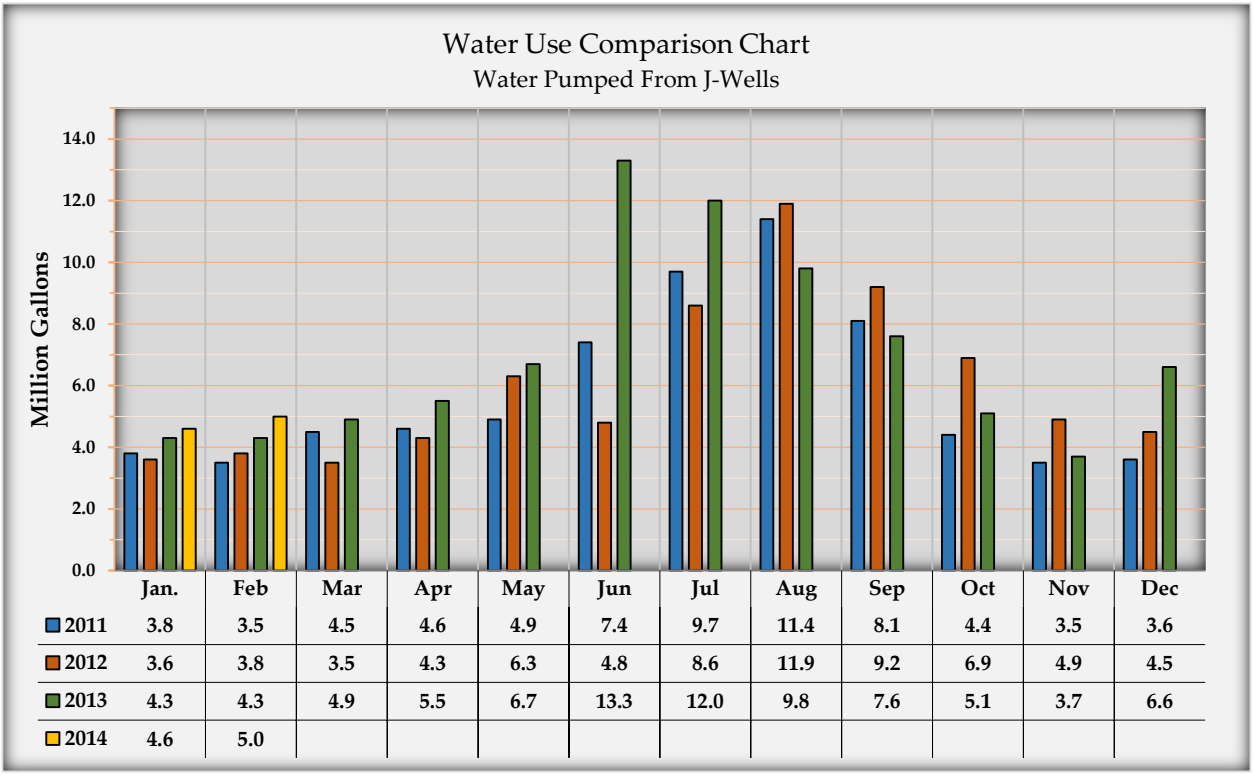
The metering period for February, 2014 is from **January 31, 2014 to February 28, 2014.**

The water department pumped **5.0** million gallons from the J-Well field in the February metering period.

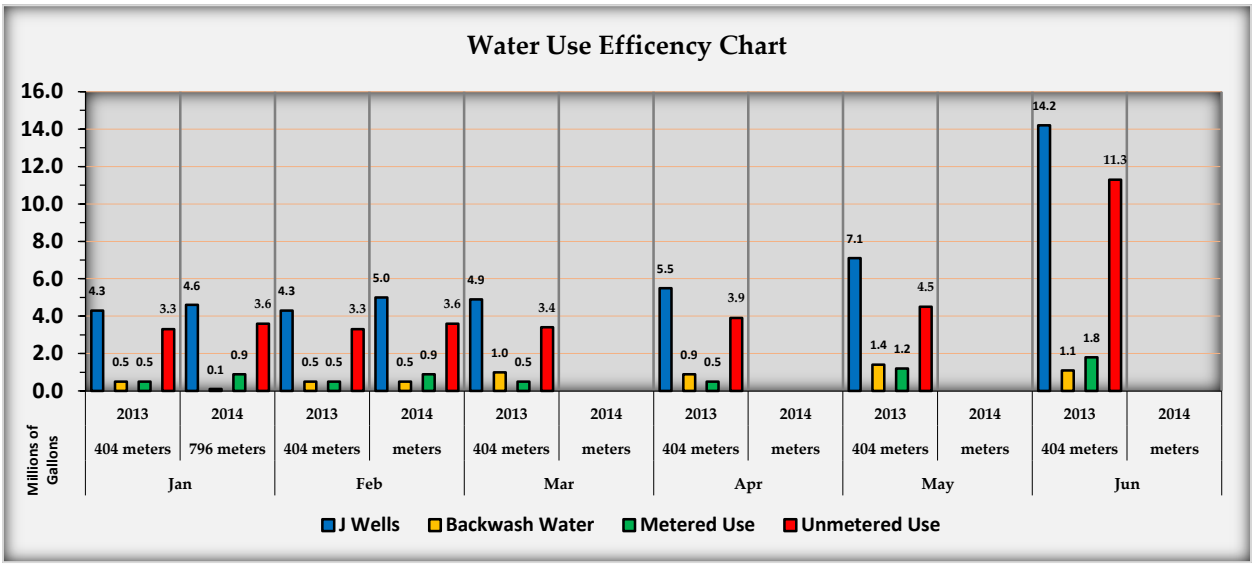
The water department used **0.5** million gallons of water backwashing the filter and flushing water mains in the February metering period.

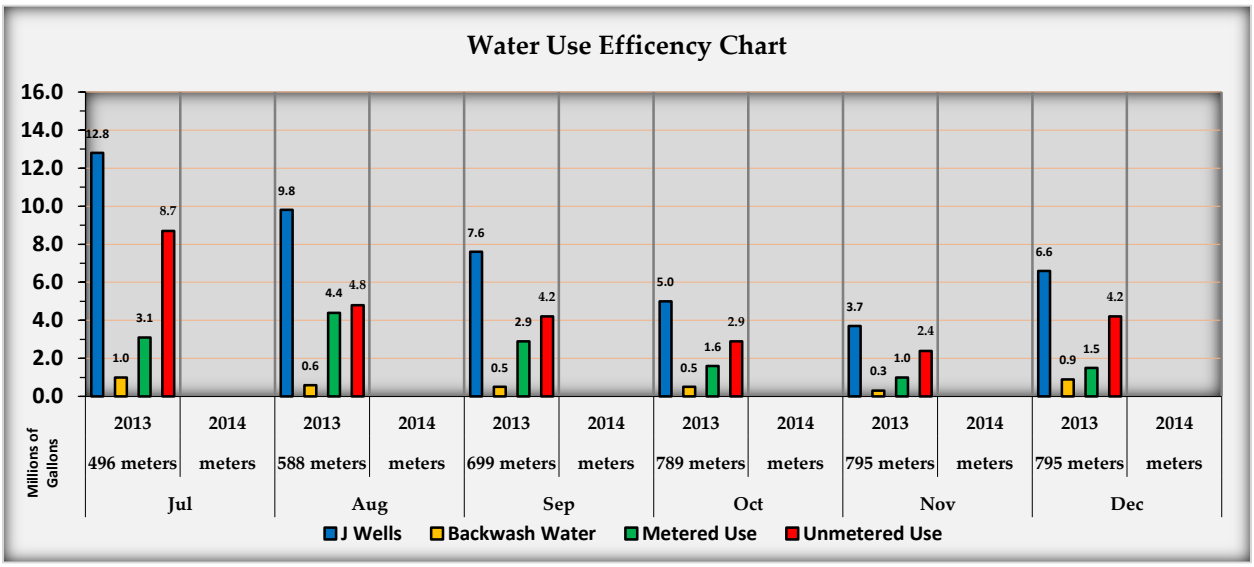
The water department read **796** service meters on February 28, 2014. Those service meters recorded **0.9** million gallons of water use in the February metering period.

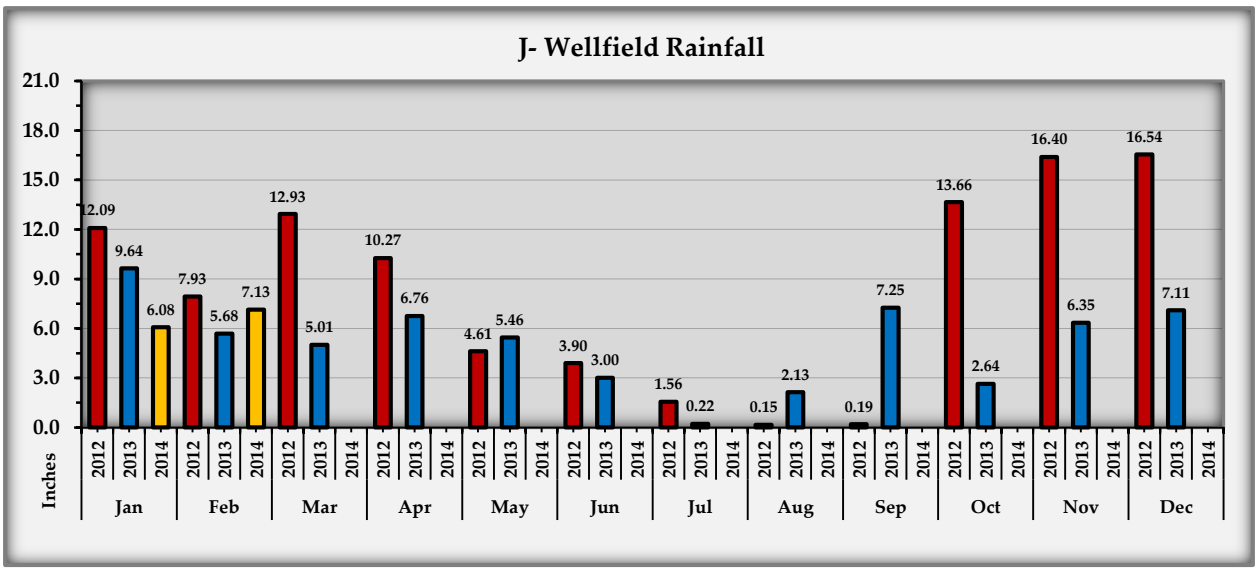
The water department recorded **3.6** million gallons of water as unmetered water use in the February metering period.



	Jan.	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2011	3.8	3.5	4.5	4.6	4.9	7.4	9.7	11.4	8.1	4.4	3.5	3.6
2012	3.6	3.8	3.5	4.3	6.3	4.8	8.6	11.9	9.2	6.9	4.9	4.5
2013	4.3	4.3	4.9	5.5	6.7	13.3	12.0	9.8	7.6	5.1	3.7	6.6
2014	4.6	5.0										


Water Use Efficency Chart
Millions of Gallons
J Wells
Backwash Water
Metered Use
Unmetered Use
Jan
Feb
Mar
Apr
May
Jun
404 meters
796 meters
meters


Water Use Efficency Chart
Millions of Gallons
J Wells
Backwash Water
Metered Use
Unmetered Use
Jul
Aug
Sep
Oct
Nov
Dec
496 meters
588 meters
699 meters
789 meters
795 meters
meters

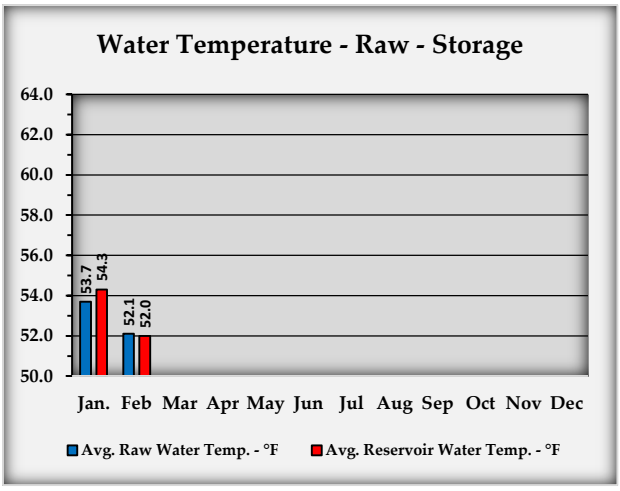

J- Wellfield Rainfall
Inches
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec

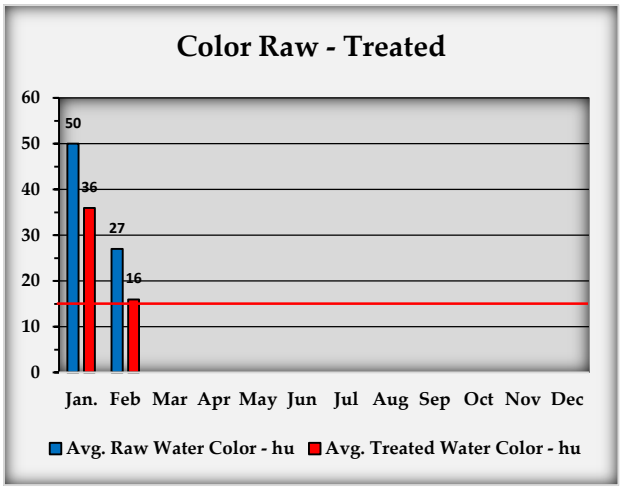
Raw and finished water quality report:

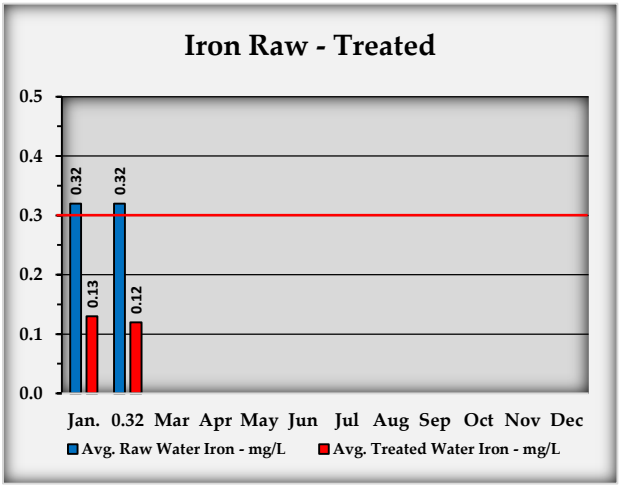
The Surfside water department operates a water treatment plant that is designed to reduce the iron and manganese levels in the raw water (well water). The Environmental Protection Agencies (EPA) has set Secondary Maximum Contaminant Levels (SMCL) for iron (Fe) at .3 mg/L and manganese (Mn) at .05 mg/L. The J-Wells water exceed the EPA SMCL for both iron and manganese.

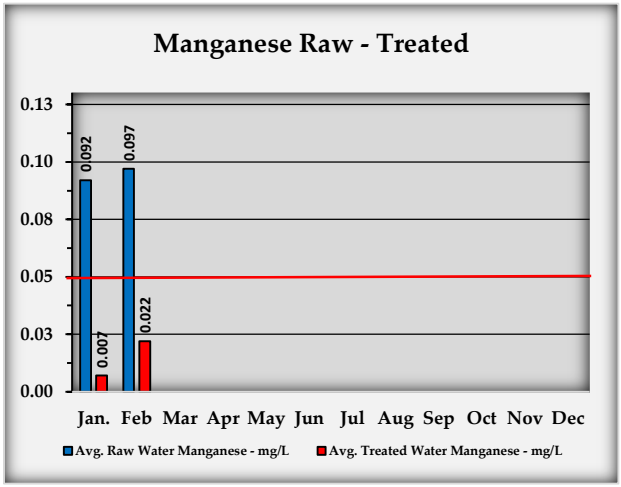
The EPA has set an SMCL for color at 15 HU. The J-Wells water exceed the EPA SMCL for color. The treatment plant was not designed to reduce color in the raw water. The water department is able to reduce the color by a respectable percentage with the current treatment plant but the equipment will not reduce the color to below the SMCL.

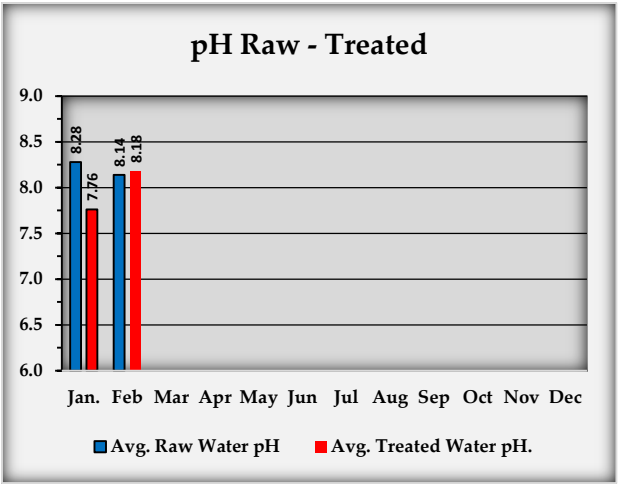
Factors such as pH and water temperature affect the operation of the treatment plant. The water department closely monitors all of these water quality constituents and makes adjustments to the chemical and treatment plant operation as water quality changes happen throughout the year.

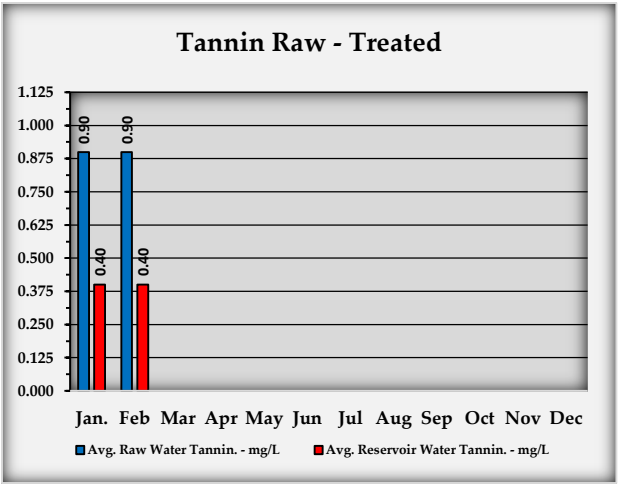




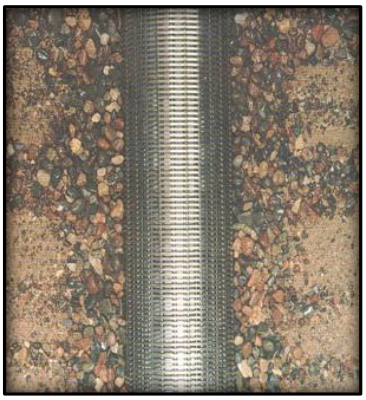








J-Wellfield Report:



Well Screen & Sand Pack Cross Section Image

The J-Wellfield is located at 33104 J Place. The J-Wellfield, treatment plant, storage reservoirs, and booster station are all located together on five contiguous parcels of land that total 20.12 acres. There are seven wells in the J-Wellfield. They are designated as J-1, J-2A, J-3, J-4, J-5, J-6, and J-7.

J-1 was drilled in 1977. The well is constructed with 8" diameter casing to a depth of 223'. The well is screened from 193' to 223' with a 10 slot screen. Due to very poor water quality and the availability of wells J-6 and J-7 the water department designated J-1 as an emergency only well in 2000. J-1 was taken off line in 2009 and is no longer identified as a water source in Surfside's water facilities inventory. The water department uses J-1 as an observation well.

J-2A was drilling in 1991. The well is constructed with 8" diameter casing to a depth of 225'. The well is screened from 192' to 223' with a 9 and 8 slot screen. J-2A replaces J-2 which was drilled in 1983. J-2 was drilled to a depth of 360' before the casing broke. That well was decommissioned and a second attempt was made. The second J-2 was drilled to 346'. For reasons not preserved in the record the well was not accepted. The well was decommissioned in 1991 just before the construction of J-2A. J-2A produces 175 GPM.

J-3 was drilling in 1991. The well is constructed with 8" diameter casing to a depth of 223'. The well is screened from 192' to 222' with a 9 and 8 slot screen. J-3 produces 175 GPM.

J-4 was drilling in 1994. The well is constructed with 8" diameter casing to a depth of 220'. The well is screened from 182' to 203' with an 8 slot screen. J-4 produces 175 GPM.

J-5 was drilling in 1994. The well is constructed with 8" diameter casing to a depth of 208'. The well is screened from 182' to 203' with an 8 slot screen. J-5 produces 175 GPM.

J-6 was drilling in 1996. The well is constructed with 8" diameter casing to a depth of 204'. The well is screened from 180' to 200' with an 8 slot screen. J-6 produces 175 GPM.

J-7 was drilling in 1996. The well is constructed with 8" diameter casing to a depth of 200'. The well is screened from 180' to 200' with an 8 slot screen. J-7 produces 175 GPM.

Water Rights:

On August 16, 1999 the Department of Ecology issued Surfside Homeowners Association an Amended Groundwater Permit No. G2-24260. The permit has a priority date of August 9, 1976. The priority date is used to set the seniority of your Water Right compared to other Water Rights in the same basin. Groundwater Permit No. G2-24260 authorizes Surfside to construct up to ten (10) active water wells[1] within the boundaries of the 20 acres J-Wellfield site. The permit authorizes Surfside to pump a Maximum Instantaneous Flow Rate (Q_i) of 1900 gallons per minute (gpm) and a Maximum Annual Volume (Q_a) of 1,143 acre feet[2].

Surfside Homeowners Association has conveyed 40 gpm (Q_i) and 30 Acre feet a year (Q_a) of Groundwater Permit No. G2-24260 to Oysterville Water Company.

Groundwater Permit No. G2-24260 permit has conditions that Surfside must meet. When Surfside reaches build out the Permit must perfected[3] the Amended Groundwater Permit No. G2-24260. At that time the Department of Ecology will issue Surfside a Groundwater Certificate. Surfside will relinquish its earlier water rights associated with the three shallow Wellfields and establish a final Maximum Instantaneous Flow Rate (Q_i) and Maximum Annual Volume (Q_a).

Surfside has the authority to construct up to three additional production water wells at the J-Wellfield if needed and increase production by approximately 800 gpm under Groundwater Permit No. G2-24260. That is

[1] Observation, test, and monitoring wells are not considered water wells.

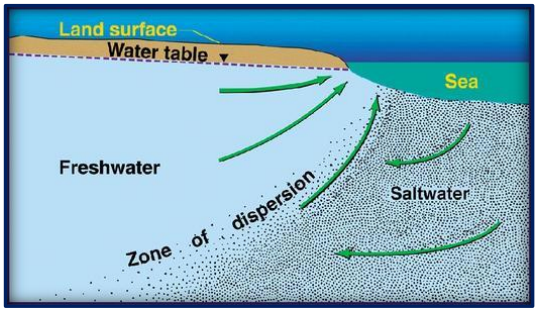
[2] One acre feet of water equals 325,851 gallons of water. (2 acre feet fill 1 Olympic Size Swimming Pool)

[3] A Water Right Permit is considered perfected when it is put to full beneficial use. When the permit is perfected the DOE will issue a Water Right Certificate for the Q_i and Q_a that the owner can prove he has put to full beneficial use not to exceed the amount stated on the Water Right Permit. The final Q_i and Q_a can be less than the amount identified on the Water Right Permit.

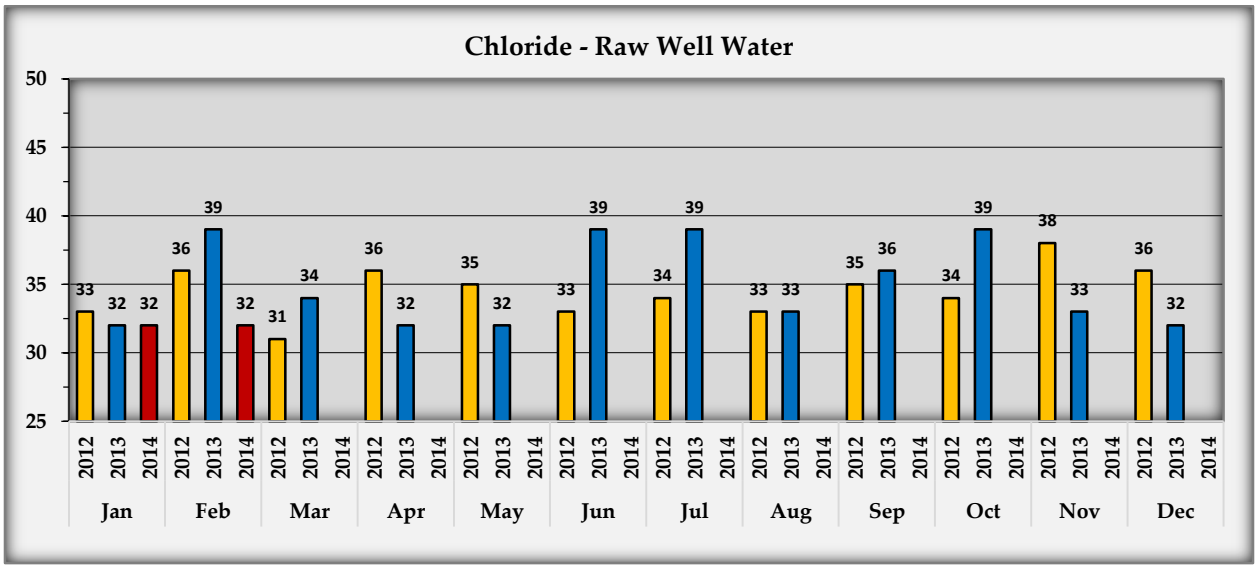
more water than is currently projected to meet Surfside's needs for build out.

The J-Wellfield geology is coastal marine sand aquifers. The Pacific Ocean is to the west of the J-Wellfield and Willapa Bay is to the east. The aquifer Surfside relies on for its water is hydraulically connected to these saltwater bodies. Although the Peninsula is blessed with nearly 6.5 feet of rain a year it is important to monitor our wells for any indication of saltwater intrusion. The water department monitors with wells two ways.

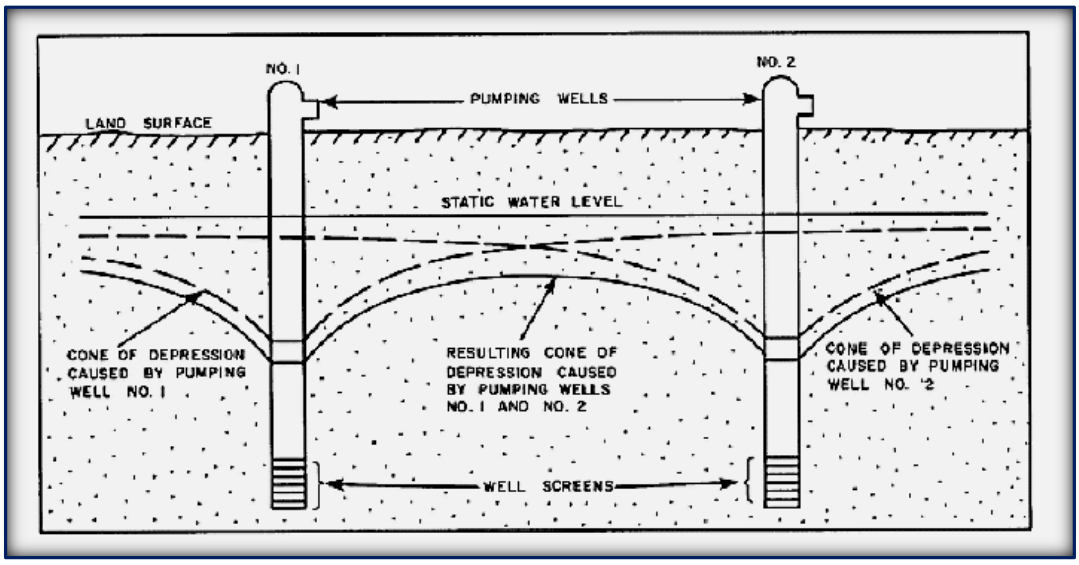
The first way is mechanically. We take water level readings of the well depths while the wells are pumping and at rest. We record those readings and compare them with previous reading. We watch for trends that would indicate seasonal year over year drop in water levels.



The second way is chemically. We test the raw well water each month for chloride (Cl^-). Chloride is a simple inexpensive test that is one of the best indicators of increased landward movement of the "zone of dispersion". Most hydrogeologist agree that a chloride residual of 100 mg/L is an indicator that action is needed. Most people will notice a salty taste in the drinking water when the chloride residual exceeds 250 mg/L. The EPA has set a SMCL[4] for chloride at 250 mg/L.

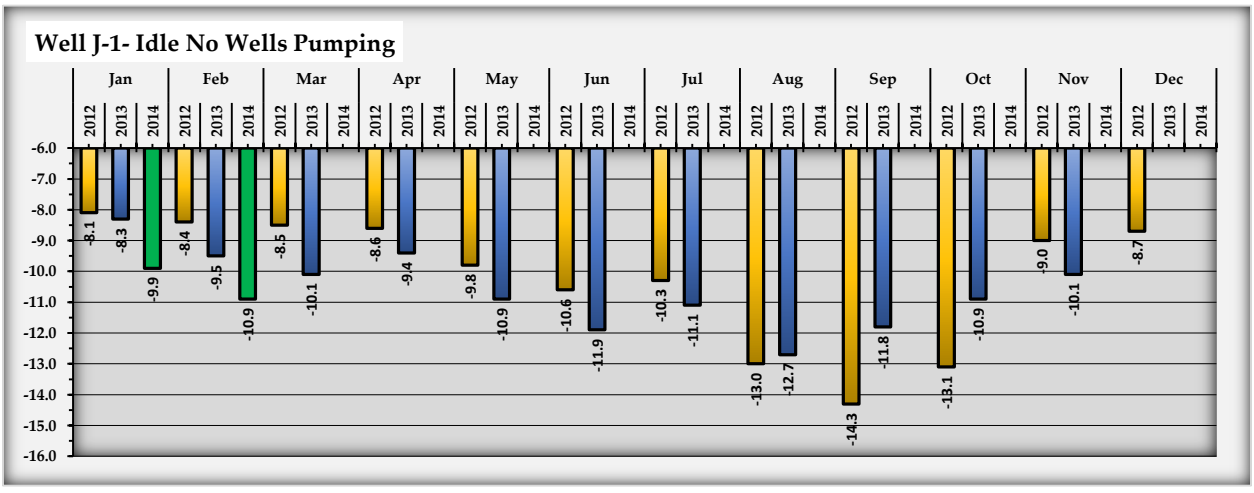


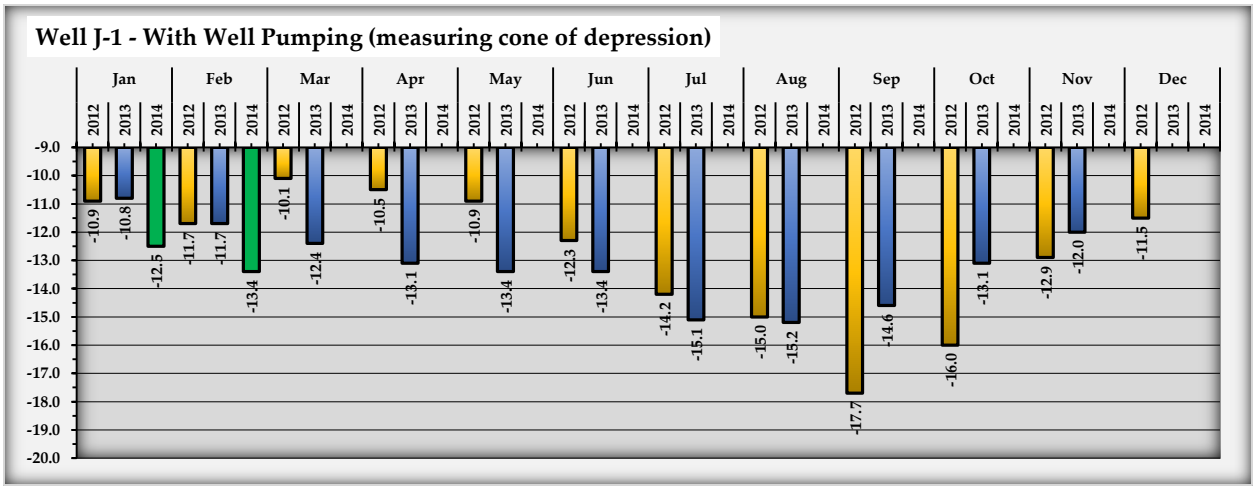
[4] Secondary maximum contaminant (SMCL) were established only as guidelines to assist public water systems in managing their drinking water for aesthetic considerations, such as taste, color and odor. These contaminants are not considered to present a risk to human health at the SMCL.

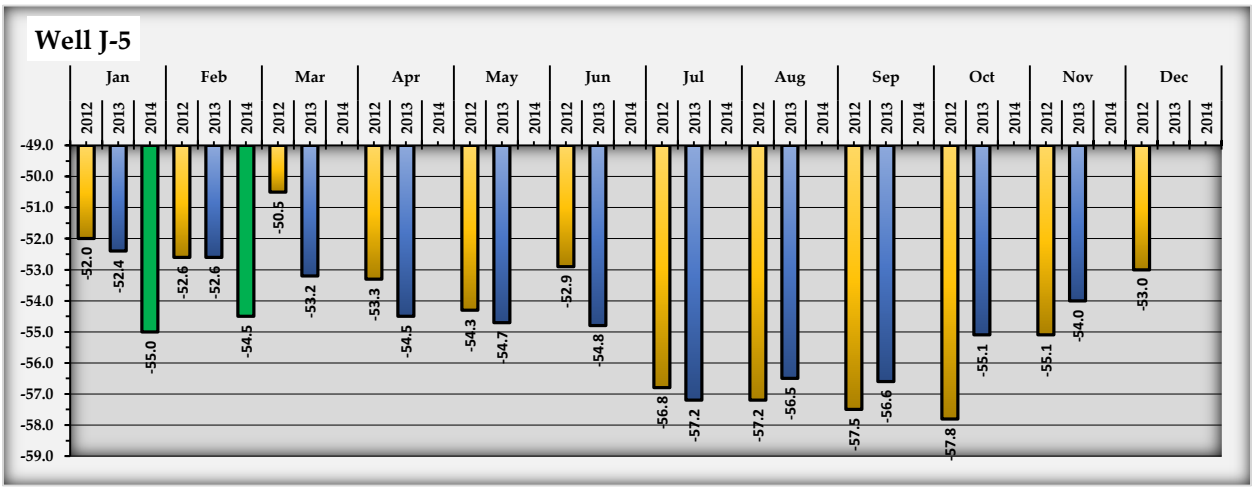


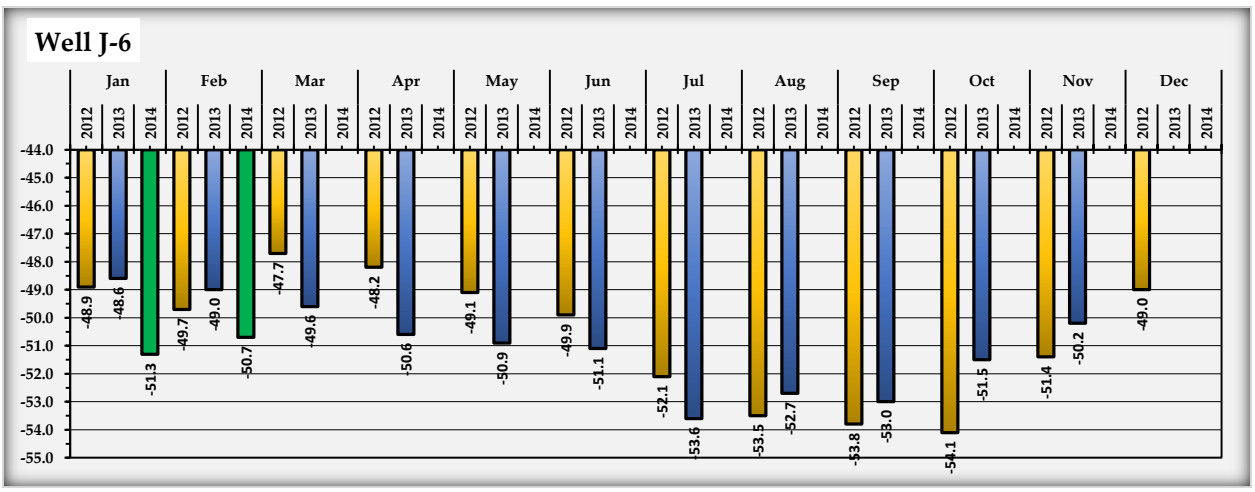
During the pumping cycles of the wells in the J-Wellfield the water in the aquifer draws down in a cone around each of the wells. These cones will overlap each other during the pumping cycles. During rest the cones of depression will reverse or recover to the static level. The above illustration is a bit misleading. The pumping level most wells is generally lower than the cone of depression unless the well have been pumping form more than 24 hours. The difference in the pumping level and the lower edge of the cone of depression has to do with the efficiency of the well design and development. A 100% efficient well is impossible to construct. Most engineers and hydrogeologist consider 70% to 80% efficient well a success.

The water department measures and records the water levels of all of the wells including well J-1 during the pumping and resting cycles. These readings reveal the condition of the well, loss of efficiency, and the aquifer, loss of capacity or head. In the three years I have been taking regular measurements the wells and aquifer have shown no signs of decline.









Wells J-5 and J-6 are two of the production wells. When the wells are not pumping the static water level in all of the wells is the same as J-1 at idle. During the pumping cycle the production wells will drawdown[5] to different levels. The different drawdown levels have more to do with

[5] Drawdown is the drop in the level of water in a well when water is being pumped either from that well or nearby wells.

individual well efficiency rates than aquifer characteristics. During the pumping cycle we are able to measure the edge of the cone of depression at the J-1 observation well. J-1 is approximately 350' from the center of the J-Wellfield. There is consistently 2 to 3 feet of drawdown on J-1 during the pumping cycle. The static water level has a very predictable lowing during the dry summer season and raising in the wetter fall and winter season.

"All water is off on a journey unless it's in the sea, and it's homesick, and bound to make its way home someday"

Although the J-Wellfield has not been tested by hydrogeologist to quantify the aquifers storage properties and transmissivity[6] the data collected by the water department does document that the aquifer has consistent seasonal water table fluctuations and stable drawdown rates during pumping cycles throughout the year indicating the amount of water Surfside pumps from the aquifer each year is less than the annual recharge.

Distribution Water Quality Report:

The water in the distribution system is tested more frequently than the raw, treated and finished water at the treatment plant. The water department has over twenty miles of water main to manage and keeping the water in the distribution system of the highest possible quality is our highest priority.

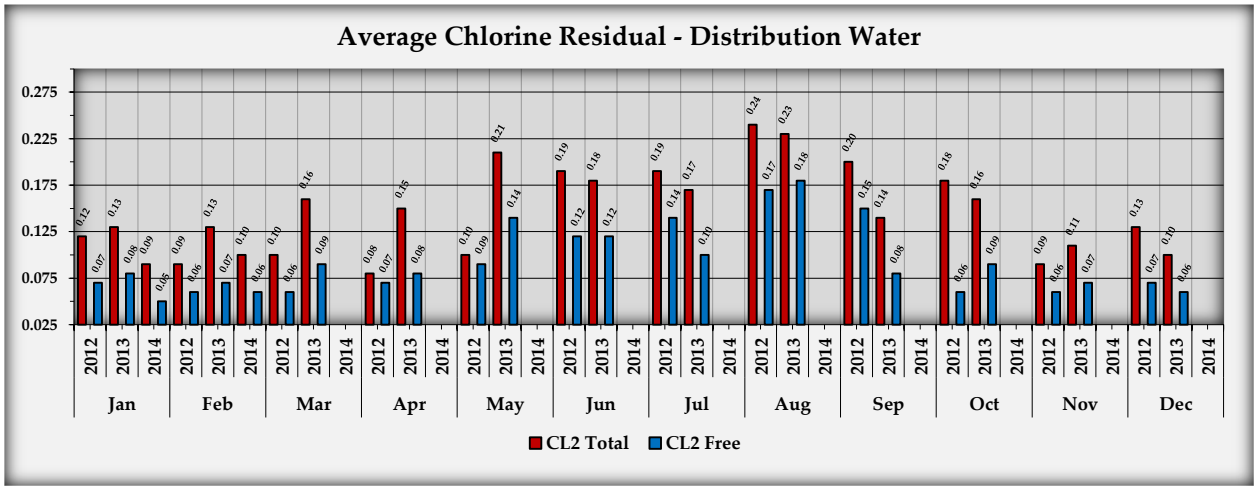
Maintaining chlorine residuals that will effectively disinfect the water and yet keep a balance where the smell and taste of chlorine at low levels requires constant vigilance. The water department also tests for other water constituents.

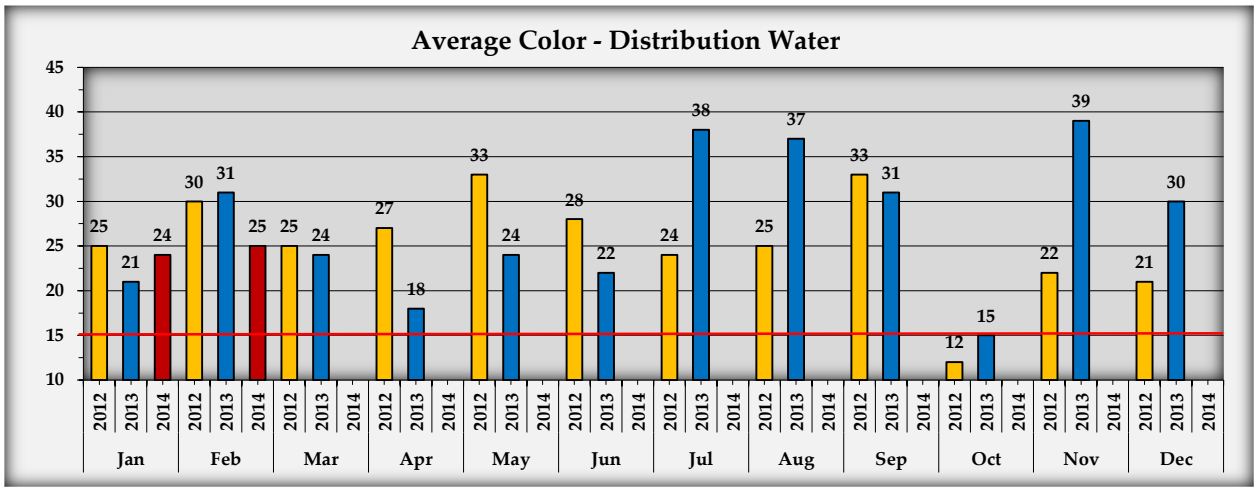
The water department tests the water for pH[7] and temperature regularly in the distribution system. Fluctuations in pH and temperature can have a significant effect on the effectivity of chlorine as a disinfectant.

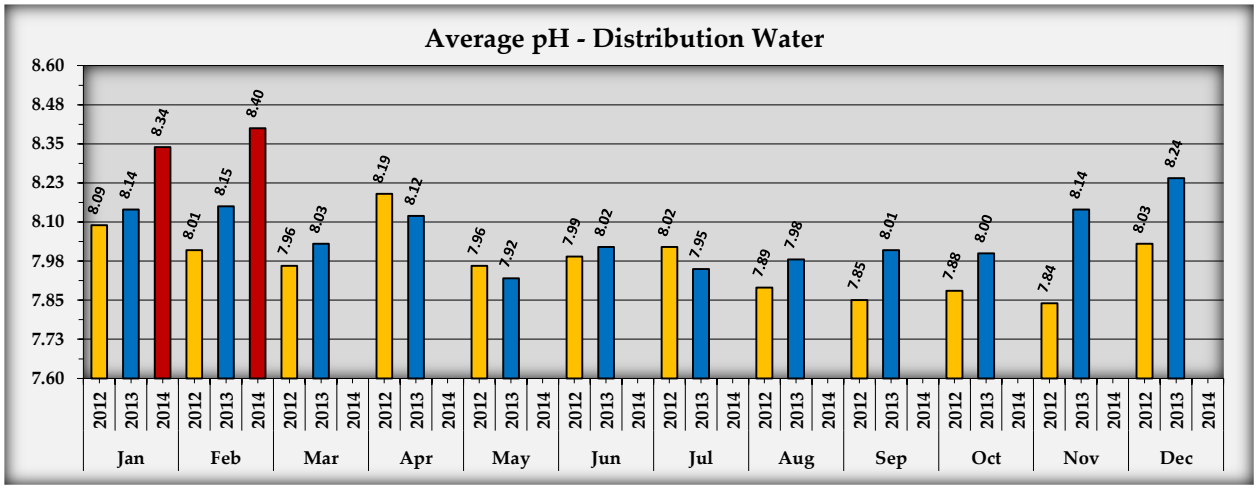
The water department test the water for color regularly in the distribution system. Color in the water is the most common member compliant received by the water department. The water department will perform a reactive flush water mains for members when the color gets above 50 HU

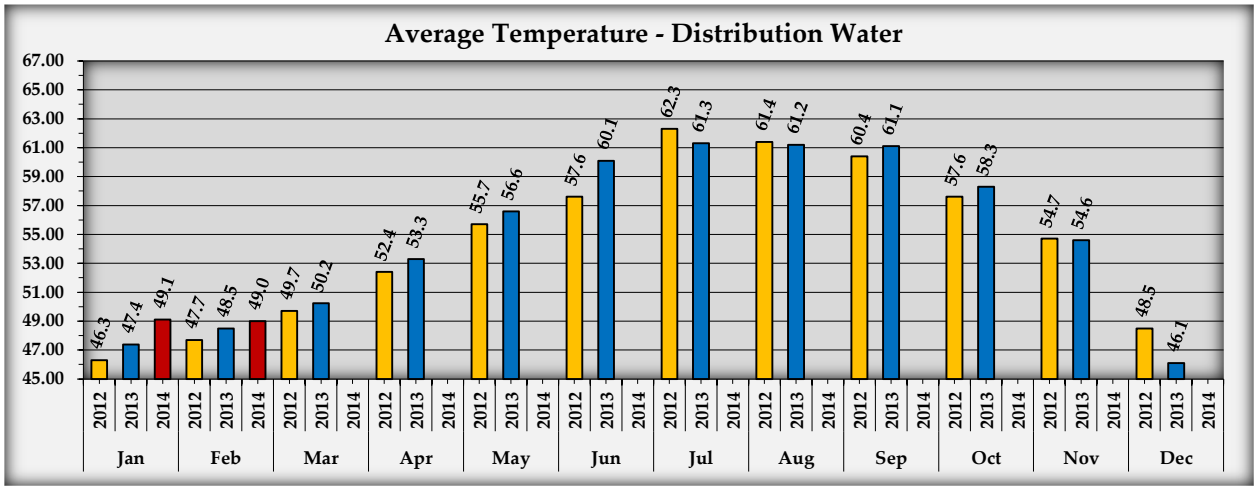
[6] Transmissivity is the measurement of water flowing through an aquifer. All groundwater is moving toward a surface water body. Transmissivity is the rate or speed that the water moves through the aquifer on that journey.

[7] The pH value is the indicator for acidity, alkalinity, or basic condition of a substance. A pH value of 7 means a substance is neutral (basic). A pH value higher than 7 indicates alkalinity and a pH value lower than 7 indicates acidity.


Average Chlorine Residual - Distribution Water
0.275
0.225
0.175
0.125
0.075
0.025
2012 2013 2014
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
CL2 Total
CL2 Free


Average Color - Distribution Water
45
40
35
30
25
20
15
10
2012 2013 2014
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec


Average pH - Distribution Water
8.60
8.48
8.35
8.23
8.10
7.98
7.85
7.73
7.60
2012 2013 2014
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec



February Project Reports:

WMR:

The water department crew has been concentrating on the WMR project in February. The work has been on 206th between J place and O Place. The work along 306th have been slow due to the many crossing that require valve clusters, fire hydrants and extra restoration. There has been excessive tree and brush removal from the county right-of-way required along 306th also. The right-of-way has fiber optic cable, PUD power lines, CenturyTel telephone and cable and Pacific County storm drain infrastructure existing. All of these factors make for slow going. All in all though the work has been progressing well:

MIP:

The Board of Trustees awarded the MIP materials bid to HD Fowler in January 2014 and the Board will be considering Resolution 2014-03-01 to purchase meters for the 2014 meter installation project. The meters installation will begin in June, 2014.

Chloroform Reduction Pilot Test:

The pilot test has begun. The equipment was installed February 26th. We are testing activated carbon from two different manufactures. One is from Calgon and one is from Siemens. The test has just started but we have already gotten data that is very helpful. The carbon does an excellent job removing the total organic carbons (precursors to the disinfection byproducts) according to the UV-254 test. The carbon also does an excellent job removing color. We expected the iron and manganese to pass right through the carbon but the carbon also removes all of the iron and about one third of the manganese. There are a couple of reasons why this could be happing. We will be doing more testing to determine what is happing in the near future. When we determine why the iron and manganese are being removed by the carbon we may need to modify the pilot test protocols to account for the unexpected reaction. The good news is we are on our way to finding answers. Gil will have water samples for the Board to observe at the meeting.

Monthly Water System Data Compilation

Month/Year	Metering Period[1]
February 2014 -Corrected 3-5-14	1/31/14-2/28/14

Data	Target	Int[2].	Amt.	UM[3]	Date[4]
Total Water Pumped from J- Wells for Metering Period	N/A	HU	5	Mg[5]	3/4
Total Backwash and Authorized Use Water for Metering Period	N/A	HU	.5	Mg	3/4
Total Metered Water for Metering Period	N/A	HU	.9	Mg	3/4
Total Unmetered Water for Metering Period	N/A	HU	3.6	Mg	3/4
Total Number of Service Meters Read in the Metering Period	N/A	HU	796	Ea	3/4
Average Raw Water Iron for Month	< .5 mg/L	HU	.32	mg/L	3/4
Average Finished Water Iron for Month (reservoir)	< .1 mg/L	HU	.12	mg/L	3/4
Average Raw Water Manganese for Month	< .15 mg/L	HU	.097	mg/L	3/4
Average Finished Water Manganese for Month (reservoir)	< .01 mg/L	HU	.022	mg/L	3/4
Average Raw Water pH for Month	7.5-8.5	HU	8.14	pH	3/4
Average Finished Water pH for the Month (reservoir)	7.2-7.8	HU	8.18	pH	3/4
Average Raw Water Color for the Month	<50 HU	HU	27	HU	3/4
Average Finished Water Color for the Month (reservoir)	< 15 HU	HU	16	HU	3/4
Average Raw Water Temperature - Fahrenheit	N/A	HU	52.1	°F	3/4
Average Finished Water Temperature - Fahrenheit (reservoir)	N/A	HU	52	°F	3/4
J-1 Idle Depth to Water (no well pumping for a minimum of 30 minutes)[6]	N/A	HU	-10.9	Ft.	2/3
J-1 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	HU	-13.4	Ft.	2/3
J-2 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	HU	-16.2	Ft.	2/3
J-3 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	HU	-19	Ft.	2/3
J-4 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	HU	-54.9	Ft.	2/3

[1] Metering period is the days between meter readings. Example: Meters are read on 11/29/13. The meter readings total is 10. The meters are next read on 12/31/13. The meter readings total is 20. The metering period is 11/29/13 to 12/31/13 and the use is 10 (20-10=10). The meters are next read on 1/31/14. The readings total is 35. The next metering period is 12/31/13 to 1/31/14 and the use for that metering period is 15 (35-20=15). **All meter readings in this report need to be from the same metering period.**

[2] Provide the initials of the person recording the data.

[3] Unit of measurement.

[4] Provide the date the data was recorded. Record the day and month only.

[5] Million Gallons. All metered water for this report will be converted to "millions of gallons".

[6] Well water depth readings will be taken in the first week of each month. Readings will be measured from the water level to the top of casing (TOC).

Continued on Back of Page

Data	Target	Int.	Amt.	UM	Date
J-5 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A		-54.5	Ft.	2/3
J-6 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A		-50.7	Ft.	2/3
J-7 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A		-50	Ft.	2/3
Average Distribution Water Color for the Month	< 15 HU		25	HU	3/4
Average Distribution Water Temperature for the Month - Fahrenheit	N/A		49	°F	3/4
Average Distribution Water Total CL2 for the Month	> .8 mg/L < .2 mg/L		.10	mg/L	3/4
Average Distribution Water Free CL2 for the Month	> .4 mg/L < .05 mg/L		.06	mg/L	3/4
Average Distribution Water pH for the Month	7.2-7.8		8.4	pH	3/4
Total Rainfall at J-Wellfield for the Month	N/A		7.13	In.	3/4
Average Raw Water Conductivity for the Month	< 800 µhos/cm		216	µhos/cm	3/4
Average Raw Water TDS for the Month	< 400 mg/L		154	mg/L	3/4
Average Raw Water Salt for the Month	< 500 mg/L		100	mg/L	3/4
Average Raw Water Ammonia (NH3) for the Month	< 30 mg/L		0	mg/L	3/4
Average Raw Water Silica(SiO2) for the Month	< 70 mg/L		6.8	mg/L	3/4
Average Raw Water Tannin for the Month	< 1 mg/L		0.9	mg/L	3/4
Average Raw Water Chloride (Cl^-) for the Month	< 250 mg/L		32	mg/L	3/4
Average Treated Water Total CL2 for the Month (green pipe)	> 2.5 mg/L < 1.7 mg/L		2.26	mg/L	3/4
Average Treated Water Free CL2 for the Month (green pipe)	> 1.5 mg/L < .5 mg/L		1.20	mg/L	3/4
Average Treated Water Manganese for Month (green pipe)	< .2 mg/L		.175	mg/L	3/4
Average Finished Water Total CL2 for the Month (blue pipe)	> 1.2 mg/L < .5 mg/L		.98	mg/L	3/4
Average Finished Water Free CL2 for the Month (blue pipe)	> .75 mg/L < 20 mg/L		.54	mg/L	3/4
Average Finished Water Total CL2 for the Month (reservoir)	> .8 mg/L < .3 mg/L		.22	mg/L	3/4
Average Finished Water Free CL2 for the Month (reservoir)	> .20 mg/L < .05 mg/L		.04	mg/L	3/4
Average Finished Water Ammonia (NH3) for the Month (reservoir)	< 15 mg/L		.03	mg/L	3/4
Average Finished Water Silica(SiO2) for the Month (reservoir)	< 70 mg/L		8	mg/L	3/4
Average Finished Water Tannin for the Month (reservoir)	< .5 mg/L		0.4	mg/L	3/4
Average Post CL2 Total (just outside booster)	> 1 mg/L		.72	mg/L	3/4
Average Post CL2 Free (just outside booster)	>.5 mg/L		.49	mg/L	3/4
Jar Test	> 1.2 mg/L < 1.8 mg/L		1.4	mg/L	3/4

Water System Manager

3/5/14
Date

Date	Employee	M&O	WMR	MIP	L&B	CMP	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Address of Locate, Service Call, New Service, or Main Break	Main Break Time		
														Start	End	Total
Mon	Gil		8.0				8.0	WMR - 306 & L PL								
3-Feb	Aaron		8.0				8.0									
	Larry		8.0				8.0									
	Chris		8.0				8.0									
	April	8.0					8.0									
	John						0.0									
	Dan	5.0					5.0									
Tue	Gil	2.0	6.0				8.0	WMR-306 & L PL, LOCATES	6							
4-Feb	Aaron		8.0				8.0									
	Larry		8.0				8.0									
	Chris		8.0				8.0									
	April	8.0					8.0									
	John						0.0									
	Dan	5.0					5.0									
Wed	Gil	8.0					8.0	RESTORATION, CLEAN UP, ASPHALT, SERVICE HOOK-UP, SEASIDE FOR CUTTER,								
5-Feb	Aaron	8.0					8.0									
	Larry	8.0					8.0									
	Chris	8.0					8.0									
	April	8.0					8.0									
	John						0.0									
	Dan	5.0					5.0									
Thu	Gil	8.0					8.0	CUT ACROSS M PL, BLOW OFF HOOK UP, CHECK COUNTY DRAINS, CUTTER TO SEASIDE,		1			29918 M PL (BA-03-24)			
6-Feb	Aaron	8.0					8.0									
	Larry	8.0					8.0									
	Chris	8.0					8.0									
	April	8.0					8.0	6 YEAR PLAN DATA								
	John						0.0									
	Dan	3.0					3.0									
Fri	Gil	8.0					8.0	COMPACTOR, WATER CALL OUTS - FREEZE, UPGRADED SERVICE		1			2200 304TH (16-06-04)			
7-Feb	Aaron	8.0					8.0									
	Larry	8.0					8.0									
	Chris	8.0					8.0									
	April	8.0					8.0	6 YEAR PLAN DATA								
	John						0.0									
	Dan						0.0									
	AH SC	4.5					4.5	AARON - WEEKEND & SERVICE CALL		1			810 OYSTERVILLE RD(OC-00-33)			
	Total	160.5	62.0	0.0	0.0	0.0	222.5		6	3	0	0				
AH SC = After Hours/Service Calls		M&O	WMR	MIP	L&B	CMP	Total									

Date	Employee	M&O	WMR	MIP	L&B	CMP	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Address of Locate, Service Call, New Service, or Main Break	Main Break Time		
														Start	End	Total
Mon	Gil	1.0	7.0				8.0	WMR @ 306, FLUSHING		1			1913 323 (15-05-11)			
10-Feb	Aaron	1.0	7.0				8.0									
	Larry	1.0	7.0				8.0									
	Chris	1.0	7.0				8.0									
	April	8.0					8.0	6 YEAR PLAN DATA								
	John						0.0									
	Dan	5.0					5.0									
Tue	Gil	1.0	7.0				8.0	WMR @ 306, RESTORATION, CLEAN UP, FLUSHING								
11-Feb	Aaron	1.0	7.0				8.0									
	Larry	1.0	7.0				8.0									
	Chris	1.0	7.0				8.0									
	April	8.0					8.0	2 BACTI, 6 YEAR PLAN DATA								
	John						0.0									
	Dan	5.0					5.0									
Wed	Gil		8.0				8.0	WMR @ 306, RESTORATION, CLEAN UP								
12-Feb	Aaron		8.0				8.0									
	Larry		8.0				8.0									
	Chris		8.0				8.0									
	April	8.0					8.0	6 YEAR PLAN DATA								
	John						0.0									
	Dan	5.0					5.0									
Thu	Gil		8.0				8.0	WMR @ 306, RESTORATION, CLEAN UP								
13-Feb	Aaron		8.0				8.0									
	Larry		8.0				8.0									
	Chris		8.0				8.0									
	April	8.0					8.0	6 YEAR PLAN DATA								
	John		8.0				8.0	FLAGGING								
	Dan	2.0					2.0									
Fri	Gil		8.0				8.0	WMR @306, RESTORATION, CLEAN UP								
14-Feb	Aaron		8.0				8.0									
	Larry		8.0				8.0									
	Chris		8.0				8.0									
	April	8.0					8.0	PILOT TEST PREP, 6 YEAR PLAN DATA								
	John		8.0				8.0	FLAGGING								
	Dan						0.0									
	AH SC	3.0					3.0	LARRY - WEEKEND								
	Total	68.0	168.0	0.0	0.0	0.0	236.0		0	1	0	0				
AH SC = After Hours/Service Calls		M&O	WMR	MIP	L&B	CMP	Total									

Date	Employee	M&O	WMR	MIP	L&B	CMP	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Address of Locate, Service Call, New Service, or Main Break	Main Break Time		
														Start	End	Total
Mon	Gil	2.0	6.0				8.0	WMR, HYDRANT, GRAVEL, RESTORATION								
17-Feb	Aaron		8.0				8.0									
	Larry		8.0				8.0									
	Chris		8.0				8.0									
	April	8.0					8.0	PILOT TEST PREP, 6 YEAR PLAN DATA								
	John		4.5				4.5	FLAGGING								
	Dan	5.0					5.0									
Tue	Gil	8.0					8.0									
18-Feb	Aaron	8.0					8.0									
	Larry	8.0					8.0									
	Chris	8.0					8.0									
	April						0.0									
	John						0.0									
	Dan	5.0					5.0									
Wed	Gil	5.0	3.0				8.0	WMR, WMR TREES, RESTORATION, CLEAN UP 350TH TRAIL								
19-Feb	Aaron	5.0	3.0				8.0									
	Larry	5.0	3.0				8.0									
	Chris	5.0	3.0				8.0									
	April	8.0					8.0	6 YEAR PLAN DATA, PILOT TEST PREP								
	John						0.0									
	Dan	5.0					5.0									
Thu	Gil	4.0				4.0	8.0	350TH PATH - SIGNS & NET, PLUMB MANIFOLD ROOM FOR PILOT TEST	4							
20-Feb	Aaron	6.0			2.0		8.0									
	Larry	6.0			2.0		8.0									
	Chris	8.0					8.0									
	April	8.0					8.0	PILOT TEST PREP, 6 YEAR PLAN DATA								
	John						0.0									
	Dan	5.0					5.0									
Fri	Gil	8.0					8.0	EMPTIED & CLEANED PRE FILTER CL2 RESERVOIR, REPAIRED PLUMBING LEAKS AT PRE FILTER CL2 RESERVOIR, WRAPPED A/C, CLEAN UP @ 306, SET BOX @ 356 CONDOS	1							
21-Feb	Aaron	8.0					8.0									
	Larry	8.0					8.0									
	Chris	8.0					8.0									
	April	8.0					8.0	PILOT TEST PREP, ROCK RE-BID								
	John						0.0									
	Dan						0.0									
	AH SC	10.5					10.5	GIL - PRE FILTER CL2 PUMP FAIL, CHRIS - WEEKEND & PUMP FAILURE								
	Total	172.5	46.5	0.0	4.0	4.0	227.0		5	0	0	0				
AH SC = After Hours/Service Calls		M&O	WMR	MIP	L&B	CMP	Total									

Date	Employee	M&O	WMR	MIP	L&B	CMP	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Address of Locate, Service Call, New Service, or Main Break	Main Break Time		
														Start	End	Total
Mon	Gil	8.0					8.0	SET UP FOR PILOT TEST - MANIFOLD ROOM,								
24-Feb	Aaron	8.0					8.0									
	Larry	8.0					8.0									
	Chris	8.0					8.0									
	April	8.0					8.0									
	John						0.0									
	Dan	5.0					5.0									
Tue	Gil		8.0				8.0	WMR		1			32606 G ST (10-03-08)			
25-Feb	Aaron		8.0				8.0									
	Larry		8.0				8.0									
	Chris		8.0				8.0									
	April	8.0					8.0	SERVICE CALL								
	John						0.0									
	Dan	5.0					5.0									
Wed	Gil	8.0					8.0	CONST BACTI, INVENTORY TOOLS, FLUSHING, PILOT TEST SET UP								
26-Feb	Aaron	8.0					8.0									
	Larry	8.0					8.0									
	Chris	8.0					8.0									
	April	8.0					8.0	PILOT TEST SET UP W/ RUSS PORTER								
	John						0.0									
	Dan	5.0					5.0									
Thu	Gil	8.0					8.0	PILOT TEST, LOCATES	2							
27-Feb	Aaron	8.0					8.0									
	Larry	8.0					8.0									
	Chris	8.0					8.0									
	April	8.0					8.0	PILOT TEST W/ RUSS PORTER								
	John						0.0									
	Dan	5.0					5.0									
Fri	Gil	8.0					8.0	SERVICE CALL, PILOT TESTING, WRAPPED A/C PIPE, SEEDED 306TH	1				30910 O PL (13-05-17)			
28-Feb	Aaron	8.0					8.0									
	Larry	8.0					8.0									
	Chris	8.0					8.0									
	April	8.0					8.0	MEET W/ GRAY & OSBORNE ENGINEERS & BILL NEAL								
	John						0.0									
	Dan						0.0									
	AH SC	7.5					7.5	GIL - PILOT TEST W/ RUSS, WEEKEND								
	Total	195.5	32.0	0.0	0.0	0.0	227.5		3	1	0	0				
AH SC = After Hours/Service Calls		M&O	WMR	MIP	L&B	CMP	Total									

Homeowners Association

Water Department Weekly Materials Report

James Flood – Co Trustee & David Olson – Co Trustee

Description	Unit	3-Feb Mon.	4-Feb Tue	5-Feb Wed	6-Feb Thu	7-Feb Fri	8-Feb Sat	9-Feb Sun	Total	Comments
6" C-900 PVC	FT	20							20	MONDAY - WMR
4" C-900 PVC	FT	20							20	
8" C-900 PVC	FT	15	70						85	TUESDAY- WMR AND RESTORATION
TRACER WIRE	FT	55	70						125	
8" MJ CPLG	EA	1							1	
8X8X6X6 MJ X FLG	EA	1							1	
6X4 FLG RED	EA	1							1	
8" MJ X FLG VALVE	EA	1							1	
6" MJ X FLG VALVE	EA	1							1	
4" MJ X FLG VALVE	EA	1							1	
8" FLG X PE SPOOL	EA	1							1	
6" HYMAX	EA	1							1	
4" HYMAX	EA	1							1	
8" MEGA LUG DI	EA	1							1	
8" MEGA LUG PVC	EA	3	1						4	
6" MEGA LUG PVC	EA	1							1	
4" MEGA LUG PVC	EA	1							1	
8" RR GASKET	EA	1							1	
6" RR GASKET	EA	2							2	
4" RR GASKET	EA	1							1	
8" BOLT UP KITS	EA	1							1	
6" BOLT UP KITS	EA	2							2	
4" BOLT UP KITS	EA	1							1	
GRAVEL	YD		5						5	

Homeowners Association

Water Department Weekly Materials Report

James Flood – Co Trustee & David Olson – Co Trustee

Description	Unit	10-Feb Mon.	11-Feb Tue	12-Feb Wed	13-Feb Thu	14-Feb Fri	15-Feb Sat	16-Feb Sun	Total	Comments
8" C900 PVC	FT	160			10	100			270	MONDAY - WMR
TRACER WIRE	FT	160			50				210	TUESDAY - WMR RESTORATION
8" 45 ELBOW	EA	2							2	WEDNESDAY - WMR RESTORATION
8" MEGA LUG SET	EA	4			4	2			10	THURSDAY - WMR
GRAVEL	YD		13	12					25	FRIDAY - WMR
6" C900 PVC	EA				40				40	
8" FLG CROSS	EA				1				1	
8 X 6 FLG TEE	EA				1				1	
8" MJ X FLG VALVE	EA				3				3	
6" MJ X FLG VALVE	EA				2				2	
8" FLG X SPOOL 18" LONG	EA				1				1	
8" FLG X MJ ADPT	EA				1				1	
8 X 6 FLG RED	EA				10				10	
8" MYMAX	EA				1				1	
6" MYMAX	EA				1				1	
8" RR W/ BOLTS & NUTS	EA				5				5	
6" RR W/ BOLTS & NUTS	EA				2				2	
8" DI MEGA LUG SET	EA				1				1	
6" MEGA LUG SET	EA				2				2	
VALVE BOX & LID	EA				4				4	
GREEN SEWER PIPE	FT				4				4	
8" MJ X MJ LONG SLEEVE						1			1	

Homeowners Association

Water Department Weekly Materials Report

James Flood – Co Trustee & David Olson – Co Trustee

Description	Unit	17-Feb Mon.	18-Feb Tue	19-Feb Wed	20-Feb Thu	21-Feb Fri	22-Feb Sat	23-Feb Sun	Total	Comments
HYDRANT	EA	1							1	MONDAY - WMR, HYDRANT, CLEAN UP, RESTORATION
GRADELOCK	EA	1							1	
16 X 16 X 4 BLOCK	EA	4							4	
CONCRETE	BAG	2							2	
GRAVEL	YD	10							10	
METER BOX & LID	EA					1			1	FRIDAY - METER BOX @ 356 CONDOS

Homeowners Association

Water Department Weekly Materials Report

James Flood – Co Trustee & David Olson – Co Trustee

Description	Unit	24-Feb Mon.	25-Feb Tue	26-Feb Wed	27-Feb Thu	28-Feb Fri	1-Mar Sat	2-Mar Sun	Total	Comments
8" C900	FT		160							TUESDAY - WMR
8" BELL RESTRAINT	EA		1							
3/4 CORP STOP	EA		1							
8 X 3/4 SADDLE W/ STRAPS	EA		1							
TRACER WIRE	FT		160							
3/4 POLY PIPE	FT		10							
3/4 STIFFENER	EA		1							

Pacific County
Department of Community Development
PO Box 68, South Bend, WA 98586

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 4 / 2014 (Month / Day / Year)	1:47 ☒ AM ☐ PM	Pacific

Type of Water System (check only one box)
☒ Group A ☐ Group B ☐ Other_____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# 6 9 4 7 D 4

System Name:

Contact Person:

Day Phone: ( ) 665-4171 | Cell Phone: ( )

Eve. Phone: ( ) | FAX: ( ) 665-5464

Send results to: (Print full name, address and zip code)

SAMPLE INFORMATION

Sample collected by (name):

Specific location where sample collected:

Special instructions or comments:

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

1. ☒ Routine Distribution Sample
Chlorinated: Yes X No_____
Chlorine Residual: Total____ Free____

2. Repeat Sample (after unsatisfactory routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number:
___ ___ ___ - ___ ___ ___ ___ ___
Unsatisfactory routine collect date:
____/____/____
Chlorinated: Yes_____ No_____
Chlorine Residual: Total_____ Free_____

3. Raw Water Source Sample
☐ *E. coli* – GWR source sample
☐ Fecal –Surface, GWI, some springs
☐ Other
S
Public systems must provide source number from WFI

4. ☐ Sample Collected for Information Only
Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory** Total Coliform Present **and**
☐ *E.coli* present ☐ *E.coli* absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**

Replacement Sample Required:
☐ Sample too old (>30 hours) ☐ TNTC ☐ _____
☐ Improper Container ☐ Turbid culture

Bacterial Density Results: Plate Count_____/ml. *E.coli*_____/100ml.
Total Coliform_____/100ml. Fecal Coliform_____/100ml.

Method Code: MICR- 2	Date and Time Received:
Date Analyzed:	Date Reported
Sample Number (DOH number plus five digits) 13212	Lab Use Only:

DOH Form #331-319 (revised 11/10)

Pacific County
Department of Community Development
PO Box 68, South Bend, WA 98586

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 11 / 2014 (Month Day Year)	9 : 34 ☒ AM ☐ PM	Pacific

Type of Water System (check only one box)

☒ Group A ☐ Group B ☐ Other______

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# 8 _ 4 7 0 Y

System Name: ...side Homeowners Assoc

Contact Person:

Day Phone: (360) 665 4171 | Cell Phone: (360)832 2393

Eve. Phone: (360) 783-2393 | FAX: (360) 665-5469

Send results to: (Print full name, address and zip code)

...side Homeowners Assoc
1402 ... St
Ocean Park , WA 98640

SAMPLE INFORMATION

Sample collected by (name):

Specific location where sample collected: #1407 314th ... faucet in SW corner of lot

Special instructions or comments: ... at ... 306 ... Pl.

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

1. ☒ **Routine Distribution Sample**

Chlorinated: Yes X No_____

Chlorine Residual: Total .16 Free .07

3. Raw Water Source Sample

☐ *E. coli* – GWR source sample

☐ Fecal –Surface, GWI, some springs

☐ Other

S			

Public systems must provide source number from WFI

2. Repeat Sample (after unsatisfactory routine)

☐ Distribution System

☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)

Unsatisfactory routine lab number:

___ ___ ___ - ___ ___ ___ ___ ___

Unsatisfactory routine collect date:

______/______/______

Chlorinated: Yes_____ No_____

Chlorine Residual: Total_____ Free_____

4. ☐ **Sample Collected for Information Only**

Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory** Total Coliform Present and

☐ *E.coli* present ☐ *E.coli* absent

☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Satisfactory**

Replacement Sample Required:

☐ Sample too old (>30 hours) ☐ TNTC ☐ ______

☐ Improper Container ☐ Turbid culture

Bacterial Density Results: Plate Count__________/ml. *E.coli*__________/100ml.

Total Coliform__________/100ml. Fecal Coliform__________/100ml.

Method Code: MICR- 2 7 2 0	Date and Time Received: 2/11 10:15
Date Analyzed:	Date Reported:
Sample Number (DOH number plus five digits) 1 3 5 - 1 2 ...	Lab Use Only: W140188SL

Pacific County
Department of Community Development
PO Box 68, South Bend, WA 98586

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / [illegible] / 2014 (Month / Day / Year)	9 : 49 ☒ AM ☐ PM	Pacific

Type of Water System (check only one box)

☒ Group A ☐ Group B ☐ Other__________

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# 6 6 4 7 0 4

System Name: [illegible] Homeowners Assoc.

Contact Person: [illegible]

Day Phone: (360) 783-2393	Cell Phone: (360) 783 2393
Eve. Phone: (360) 783-2393	FAX: (360) 665 5469

Send results to: (Print full name, address and zip code)

[illegible] Homeowners Assoc.
31402 H St
Ocean Park WA 98640

SAMPLE INFORMATION

Sample collected by (name): [illegible] Reynolds

Specific location where sample collected: #1306 306 - faucet

Special instructions or comments: Rainy - Construction

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

1. ☐ **Routine Distribution Sample**
   Chlorinated: Yes X No____
   Chlorine Residual: Total .22 Free .14

2. **Repeat Sample** (after unsatisfactory routine)
   ☐ Distribution System
   ☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
   Unsatisfactory routine lab number: __ __ __ - __ __ __ __ __
   Unsatisfactory routine collect date: ____/____/____
   Chlorinated: Yes____ No____
   Chlorine Residual: Total____ Free____

3. **Raw Water Source Sample**
   ☐ *E. coli* – GWR source sample
   ☐ Fecal –Surface, GWI, some springs
   ☐ Other
   S __ __ __
   Public systems must provide source number from WFI

4. ☒ **Sample Collected for Information Only**
   Investigative ____ Construction / Repairs X Other ____

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory** Total Coliform Present and
☐ *E.coli* present ☐ *E.coli* absent
☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Satisfactory**

Replacement Sample Required:

☐ Sample too old (>30 hours) ☐ TNTC ☐ ________
☐ Improper Container ☐ Turbid culture

Bacterial Density Results: Plate Count______/ml. *E.coli*______/100ml.

Total Coliform______/100ml. Fecal Coliform______/100ml.

Method Code: MICR- 2 2 2 0	Date and Time Received: 2/4 10:15a
Date Analyzed:	Date Reported: [illegible]
Sample Number (DOH number plus five digits) 1 3 7 - 1 2 [illegible]	Lab Use Only: [illegible]