



# GENERAL MANAGER'S REPORT

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

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The Metering Period for this report begins on:

May 4, 2014 and ends on July 4, 2014.

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The Billing Period for this report is for the:

July 17, 2014 through July 17, 2014.

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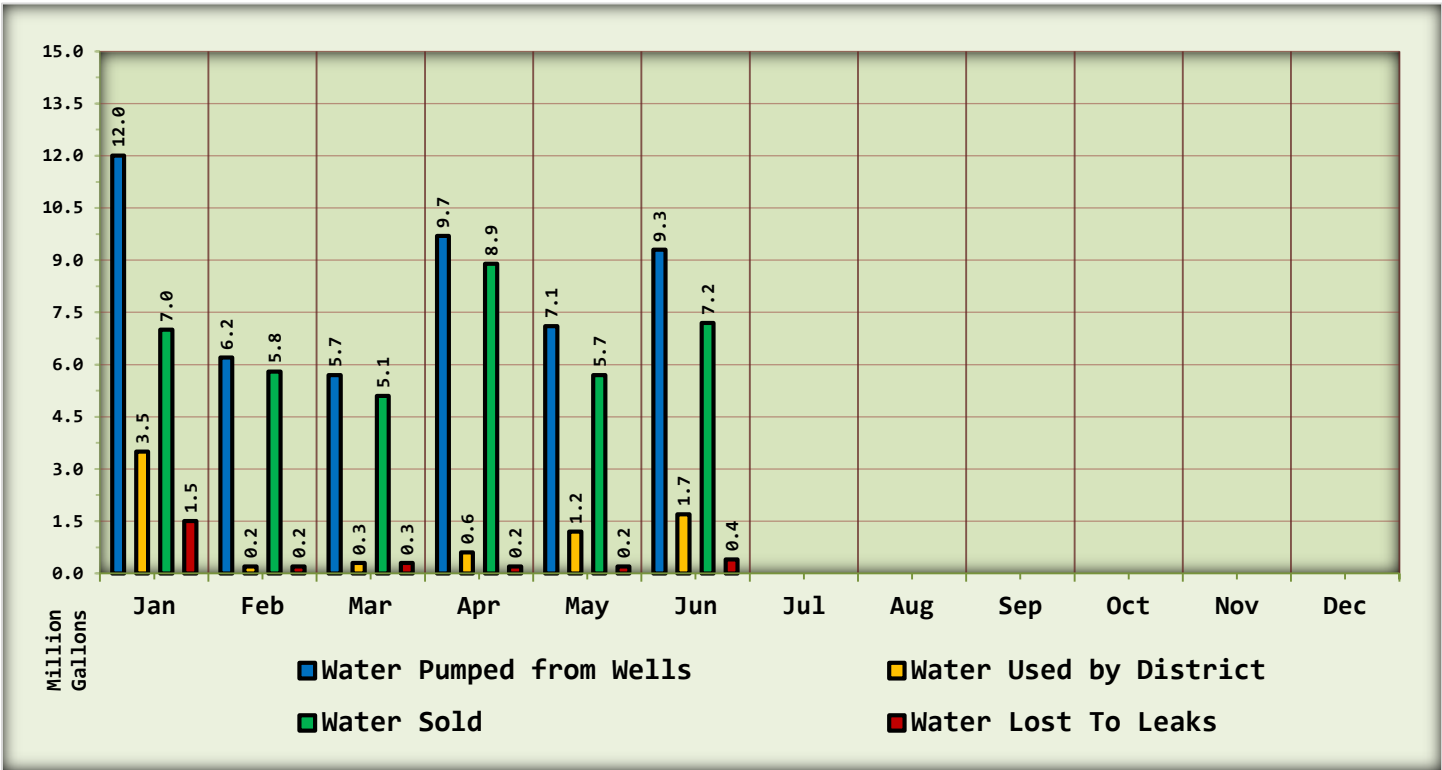
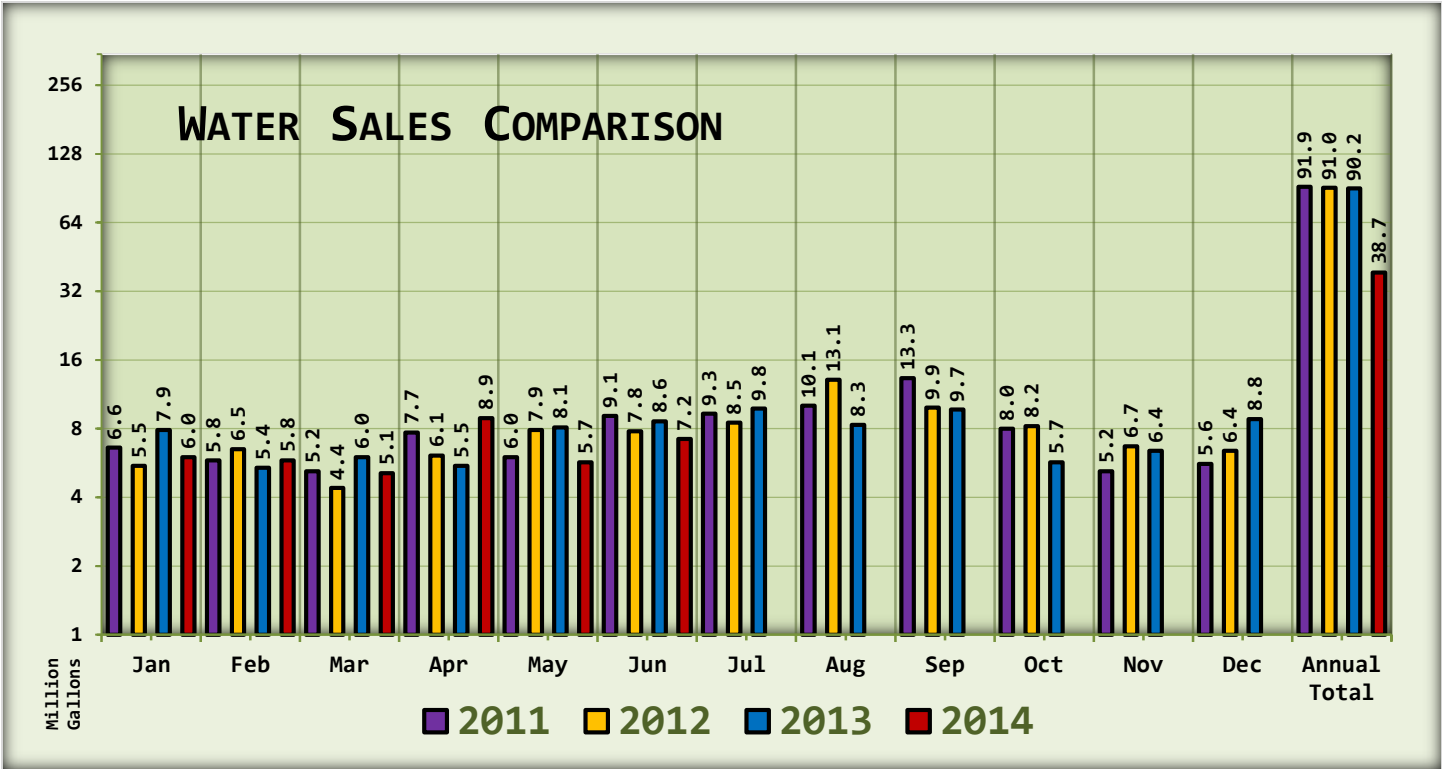
The Activity Period for this report is for the:

July 1, 2014 through July 31, 2014.

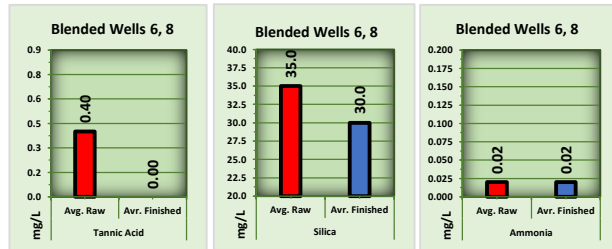
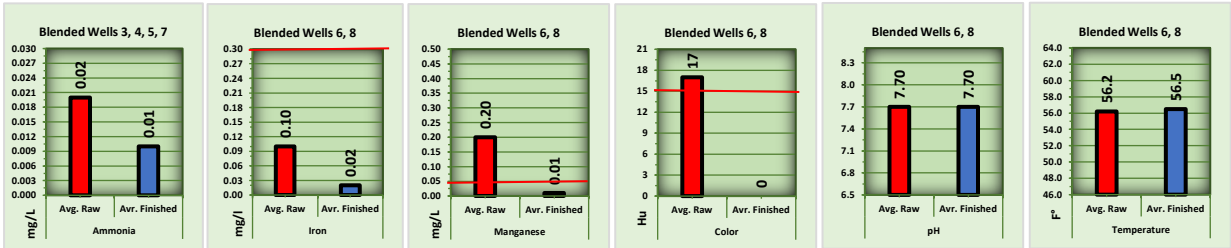
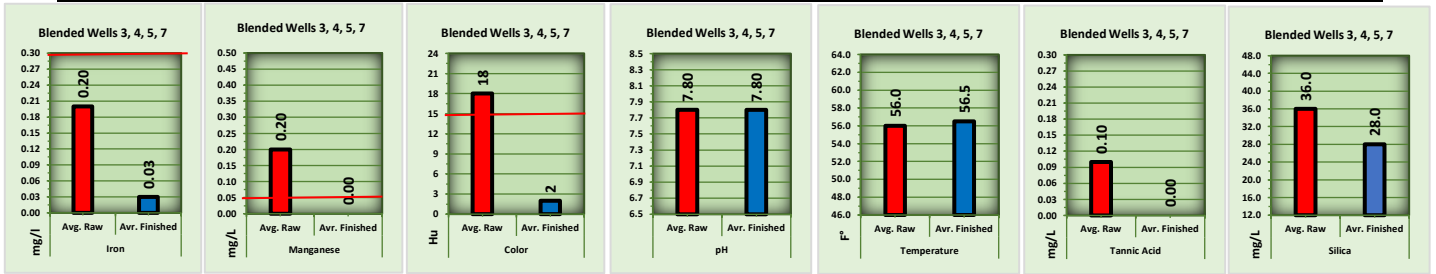
Water pumped from all wells in Metering Period	9.3 mg <sup>1</sup>
Water used by District in Metering Period	1.4 mg
Water sold in Metering Period	7.2 mg
Water lost to leaks in Metering Period	0.7 mg
Percent of water lost in Metering Period	4.3%
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Water pumped from all wells in 2014 to date	50.0 mg
Water used by the District in 2014 to date	7.5 mg
Water sold in 2014 to date	39.7 mg
Water lost to leaks in 2014 to date	2.8 mg
Percent of water lost in 2014 to date	5.6%
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Accounts billed for water in billing period (\$133,793)	2,677
Accounts billed a late fee in billing period (\$2,110)	210
Accounts 60 days past due in billing period	54
Accounts secured with a lien	30
Accounts locked off for nonpayment in billing period (\$250)	05
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Water quality complaints responded to in Activity Period:	
Water Quality	00
Customer Service	00
Other	00
Locates requests in Activity Period	27
Number of customer valves installed in Activity Period	07

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<sup>1</sup> Million Gallons



Treatment Plant Water Quality Report				Iron		Manganese		Color		pH		Temperature		Tannic Acid		Silica		Ammonia	
June, 2014																			
Well Source	Status	Gals. Prod. June 1 through June 30, 2014		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	S03	Back up	0	0.20	0.03	0.20	0.00	18	2	7.80	7.80	56.0	56.5	0.10	0.00	36.0	28.0	0.02	0.01
	S04	Active	5.1mg																
	S05	Active	1.8mg																
	S08	Back up	0																
Blended #2	S07	Active	1.2mg	0.10	0.02	0.20	0.01	17	0	7.70	7.70	56.2	56.5	0.40	0.00	35.0	30.0	0.02	0.02
	S09	Active	1.2mg																
Blended #3	S01	Back up	0																
	S02	Back up	0																
Blended #4	S10	Off line	0																
	S11	Off line	0																
	S12	Off line	0																



## Water Quality Report:

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

**Nine Samples tested negative for coliform bacteria.**

NBWD tests for bromate once a month.

**The bromate sample tested below the MCL for July, 2014 (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<sub>2</sub>), ammonia (NH<sub>3</sub>). 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.

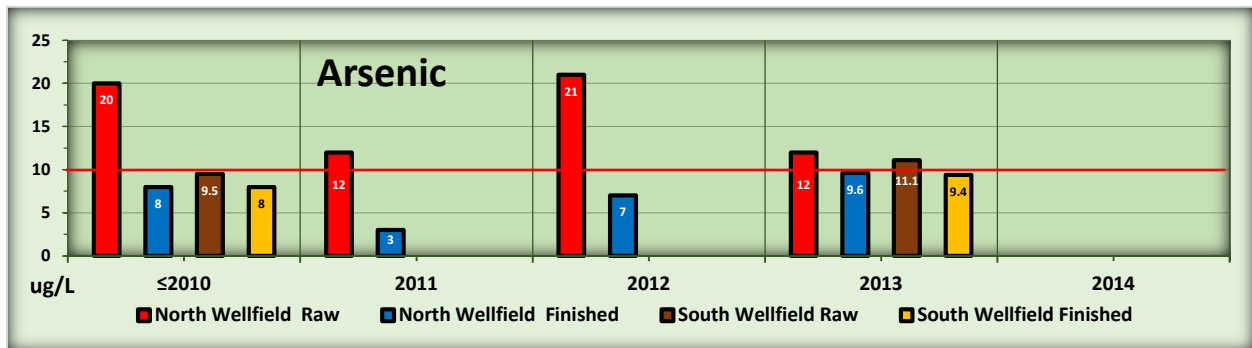
If the temperature is above 60°F the water main will be scheduled for a flush within the next week. If the water temperature is above 65°F it will be scheduled for a flush within the next 24 hours.

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.

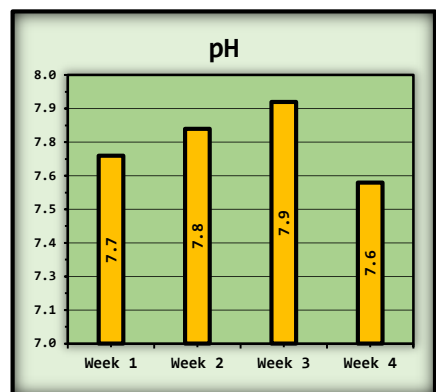
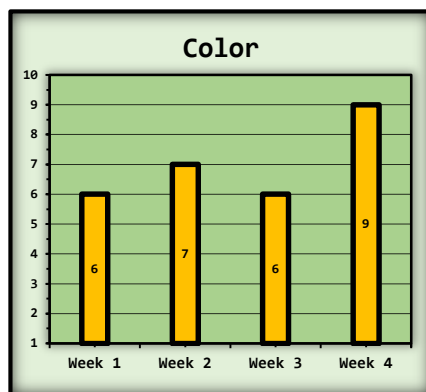
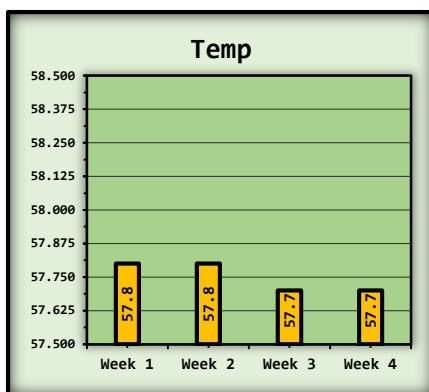
If the TPO detects a taste or odor condition the water main will be scheduled for a flush within the next 24 hours.

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

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



Distribution Water Quality:



<sup>2</sup> Ug/L means: micrograms 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.

**DWSRF Projects:**

**Project 129 - Supply and Treatment Project.** In July the work completed on the Supply and Treatment Project included Engineering on the Wiegardt Well Field Treatment of pilot study and the Aquifer Evaluation Report from Robinson Noble.

DM-952-129 DWSRF		Award Budget	\$ 2,190,631	
Date	Request #	Amount of Request	Remaining Award Balance	Earned Forgiveness
7/12/2013	1	\$ 20,236	\$ 2,170,395	\$ 6,071
7/31/2013	2	\$ 22,808	\$ 2,147,587	\$ 6,842
8/6/2013	3	\$ 2,553	\$ 2,145,034	\$ 766
8/30/2013	4	\$ 38,679	\$ 2,106,356	\$ 11,604
9/30/2013	5	\$ 46,751	\$ 2,059,605	\$ 14,025
11/4/2013	6	\$ 9,134	\$ 2,050,471	\$ 2,740
12/2/2013	7	\$ 4,053	\$ 2,046,418	\$ 1,216
1/7/2014	8	\$ 59,356	\$ 1,987,062	\$ 17,807
2/3/2014	9	\$ 38,558	\$ 1,948,504	\$ 11,567
3/5/2014	10	\$ 22,909	\$ 1,925,595	\$ 6,873
4/7/2014	11	\$ 39,451	\$ 1,886,145	\$ 11,835
5/6/2014	12	\$ 13,061	\$ 1,873,083	\$ 3,918
6/2/2014	13	\$ 9,437	\$ 1,863,647	\$ 2,831
7/8/2014	14	\$ 41,487	\$ 1,822,160	\$ 12,446
7/22/2014	15	\$ 9,146	\$ 1,813,014	\$ 2,744
		\$ 377,617	\$ 1,813,014	\$ 113,205

**Project 121 - Water Main Project.**

There was no action on the Water Main Project in July, 2014. WSDOT issued a tree mitigation email (see attached) and Pacific County Public Works has approved the restoration of the Right-of-ways by Big River Construction. I have not made contact with the property owners on U Street and Bay Avenue yet. I hope to talk to them before the July 21, 2014 regular meeting.

DM-952-121 DWSRF		Award Budget	\$	<b>891,123</b>
		Loan Fee	\$	<b>8,823</b>
Date	Request #	Amount of Request	Remaining Award Balance	
7/12/2013	1	\$ 34,387	\$	847,913
8/6/2013	2	\$ 12,999	\$	834,915
9/30/2013	3	\$ 19,506	\$	815,408
11/4/2013	4	\$ 9,126	\$	806,282
12/2/2013	5	\$ 8,347	\$	797,935
1/3/2014	6	\$ 86,632	\$	711,303
2/3/2014	7	\$ 177,502	\$	533,800
3/6/2014	8	\$ 141,546	\$	392,254
4/7/2014	9	\$ 130,589	\$	261,665
5/6/2014	10	\$ 12,605	\$	249,060
6/2/2014	11	\$ 4,069	\$	244,991
7/8/2014	12	\$ 7,091	\$	237,900
7/22/2014	13	\$ 2,006	\$	235,894
		<b>\$ 646,406</b>	<b>\$</b>	<b>235,894</b>

**Water Revenue Bond Project Fund:**

No funds were expended for the Water Revenue Bond Project Fund in April.

Bond Project Fund - Opened July 18, 2013		\$ 1,162,393	Balance
Date	Description		
1-Sep-14	Reimbursement for bond issuance expense	(\$25,775.00)	\$ 1,136,617.64
1-Dec-14	Reimbursement for Wiegardt Property Purchase	(\$116,874.39)	\$ 1,019,743.25
1-Dec-14	Reimbursement for Driftmier Architects, P.S.	(\$1,606.56)	\$ 1,018,136.69
1-Jan-14	Reimbursement for Driftmier Architects, P.S.	(\$4,775.45)	\$ 1,013,361.24
1-Feb-14	Reimbursement for Driftmier Architects, P.S.	(\$535.46)	\$ 1,012,825.78

**245<sup>th</sup> Street Water Main Loop Project:**

The project will be sent to bidders on the District's small works roster. You will find a copy of the small works roster attached to this report. After reviewing the small works roster with Mike Johnson I have chosen the following bidders from the list:

1. .Advanced Boring Specialists, Inc. - Vancouver, WA.
2. Big River Construction - Astoria, OR.
3. Downing Diversified, LLC Directional Drilling - Kalama, WA
4. DPR Builders & Developers, Inc. - Ocean Park, WA
5. Hill & Son Excavating, Inc. - Ocean Park, WA
6. Professional Underground Services, Inc. - Eugene, OR
7. Rognlins, Inc. Aberdeen, WA
8. Taft Plumbing & Septic, Inc. Ocean Park, WA
9. Wirkkala Contracting, Inc. - Long Beach, WA

The bid opening will be September 15 at 1:00 pm at the District office. All bids will be delivered sealed addressed to Jack McCarty. Jack will keep all bids in the District safe until the day and time of the bid opening. The bids will not be unsealed, or opened until they are to be read publicly.

**Water System Plan:**

There is nothing new to report on the WSP for August.

**Rate Study:**

There is nothing new to report on the Rate Study for August.

**WSDOT Permit for Tree Removal at U Street and Bay Avenue:**

I am waiting for a response from the property owner regarding placement of the replacement trees. WSDOT would like me to determine if the property



owner wants the replacement trees located on their property before they designate a location for the replacement trees in the WSDOT Right-Of-Way. When the location of the replacement trees is established and G&O has a bid package prepared I will solicit bids from the small works roster.

### **Sanitary Survey:**

The Department of Health has North Beach Water District on a three year schedule for Sanitary Surveys. Teresa Walker performed the Sanitary Survey on July 24, 2014. Teresa did one thing that the District will need to address. The Over flow drains on the reservoirs need to have better protection from contamination. I recommended Duckbill check valves and Teresa agreed that would work nicely. I have included a specification for the Duckbill Check valve with this report. The cost will be about \$1,000.00 for all four reservoirs.

### **Safety Meeting Minutes:**

North Beach Water District staff did not meet for their monthly Safety meeting on the first Monday of the Month.

### **Attachments:**

- Water Sample Results
  - Coliform Bacteria Sample Results
  - Bromate Sample Results
- DOC Vender Distribution Form for DM12-952-129 (Supply and Treatment Project)
- DOC Vender Distribution Form for DM12-952-121 (Water Main Project)
- WSDOT Tree Mitigation e-mail
- Duckbill Check Valve Specification
- Z Street Project Time Work Sheet

**End of Report**

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SR# K1407506-001



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 7/22/14 Month Day Year	Time Sample Collected 11:45 AM AM PM	County Pacific
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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# 63000C

System Name: North Beach Water

Contact Person: Bill Neal

Day Phone: 360-665-4144    Cell Phone: 360-244-0068

Eve. Phone: ( )    FAX: ( )

Email:

Send results to: (Print full name, address and zip code)  
North Beach Water  
P.O. Box 618 Ocean Park, WA  
98640

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

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

Special instructions or comments:

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

<p><b>#1</b> <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes _____ No <input checked="" type="checkbox"/></p> <p>Chlorine Residual: Total _____ Free _____</p>	<p><b>#2</b> Repeat Sample (after unsat. routine)</p> <p><input type="checkbox"/> Distribution System</p> <p><input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number: 0 1 7 - _____</p> <p>Unsatisfactory routine collect date: _____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p><b>#3</b> Raw Water Source Sample</p> <p><input type="checkbox"/> E. coli - GWR source sample</p> <p><input type="checkbox"/> Fecal - Surface, GWI, some springs</p> <p><input type="checkbox"/> Other</p> <p>S</p> <p>Public systems must provide source number from WFI</p>	

**#4**  Sample Collected for Information Only

Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> E. coli present <input type="checkbox"/> 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- 2019223B	Date, Time and Temp Received: 7/23/14 0130 M
Date Analyzed: 07/23/14	Date Reported: 07/24/14
Sample Number (DOH number plus five digits): 0 1 7 - 750101	Lab Use Only: 2725/14

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) 256-3030  
Cowlitz County - (360) 414-5599  
Lewis County - (800) 562-8130  
Pacific County - (360) 875-9358



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**COLIFORM BACTERIA ANALYSIS**

**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.

Date Sample Collected 7/22/14 Month Day Year	Time Sample Collected 11:55 AM AM PM	County Pacific
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**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

Type of Water System (check only one box)  
 Group A     Group B     Private Household     Other \_\_\_\_\_

**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

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

ID# 63000C

System Name: North Beach Water

Contact Person: Bill Neal

Day Phone: 360 665-4144    Cell Phone: 360 244-0068

Eve. Phone: ( )    FAX: ( )

Email:

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

North Beach Water  
P.O. Box 618 Ocean Park, WA  
98640

**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.

**SAMPLE INFORMATION**

Sample collected by (name): Robert Hunt

Specific location where sample collected: USS #7

Special instructions or comments: 20200 Suedridge Rd

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

<p><b>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</b></p> <p>Chlorinated: Yes _____ No <input checked="" type="checkbox"/></p> <p>Chlorine Residual: Total _____ Free _____</p>	<p><b>#2. Repeat Sample (after unsat. routine)</b></p> <p><input type="checkbox"/> Distribution System</p> <p><input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number: 0 1 7 - _____</p> <p>Unsatisfactory routine collect date: _____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p><b>#3. Raw Water Source Sample</b></p> <p><input type="checkbox"/> E. coli – GWR source sample</p> <p><input type="checkbox"/> Fecal – Surface, GWI, some springs</p> <p><input type="checkbox"/> Other</p> <p>S _____</p> <p>Public systems must provide source number from WFI</p>	

**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)

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

Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

**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.

LAB USE ONLY	<b>DRINKING WATER RESULTS</b>	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		

Regional DOH - (360) 236-3030  
Cowlitz County - (360) 414-6599  
Lewis County - (800) 562-6130  
Pacific County - (360) 875-9358

**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- 8M 9223 B	Date, Time and Temp Received: 7/23/14 12:0130
Date Analyzed: 07/23/14	Date Reported: 07/24/14
Sample Number (DOH number plus five digits): 0 1 7 - 75062	Lab Use Only: ✓ 7/23/14

SR# K1407506-003



ALS Environmental  
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COLIFORM BACTERIA ANALYSIS

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.

Date Sample Collected: 7/22/14  
Time Sample Collected: 12:10 PM  
County: 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# 63000C

System Name: North Beach Water

Contact Person: Bill Neat

Day Phone: 360-665-4144 Cell Phone: 360-244-0068

Eve. Phone: ( ) FAX: ( )

Email:

Send results to: (Print full name, address and zip code)  
North Beach Water  
P.O. Box 618 Ocean Park, WA  
98640

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected: 1719 264th Pl  
NSS #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)

#3. Raw Water Source Sample  
 E. coli - GWR source sample  
 Fecal - Surface, GWI, some springs  
 Other

Public systems must provide source number from WFI  
S

Unsatisfactory routine lab number: 017  
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  
 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: SM9223B  
MICR-  
Date Analyzed: 07/23/14  
Sample Number (DOH number plus five digits): 017-750603  
Date, Time and Temp Received: 7/23/14 A 0930  
Date Reported: 07/24/14  
Lab Use Only: R 7/25/14

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) 256-3030  
Cowlitz County - (360) 414-5599  
Lewis County - (800) 562-6130  
Pacific County - (360) 875-9356

SR# K1407506-004



**ALS Environmental**

1317 S. 13th Avenue • Kelso, WA 98626

**COLIFORM BACTERIA ANALYSIS**

**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.

Date Sample Collected <u>7/22/14</u> Month Day Year	Time Sample Collected <u>12:25</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <u>Pacific</u>
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**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

Type of Water System (check only one box)

Group A     Group B     Private Household     Other \_\_\_\_\_

**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

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

ID# 630006

System Name: North Beach Water

Contact Person: Bill Neal

Day Phone: 360 665-4144    Cell Phone: 360 244-0068

Eve. Phone: ( )    FAX: ( )

Email: \_\_\_\_\_

**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.

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

North Beach Water  
P.O. Box 618 Ocean Park, WA  
98640

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.

**SAMPLE INFORMATION**

Sample collected by (name): Robert Hunt

Specific location where sample collected: 27900 'O' St.    Special instructions or comments: \_\_\_\_\_  
N55 # 9

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

<b>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: Yes _____ No <u>X</u> Chlorine Residual: Total _____ Free _____	<b>#2. Repeat Sample (after unsat. routine)</b> <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
<b>#3. Raw Water Source Sample</b> <input type="checkbox"/> E. coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other <u>S</u> _____ <small>Public systems must provide source number from WFI</small>	

**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.

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

Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

**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) 256-3030  
 Cowlitz County - (360) 414-5599  
 Lewis County - (800) 562-6130  
 Pacific County - (360) 875-9358

<b>LAB USE ONLY</b>	<b>DRINKING WATER RESULTS</b>	<b>LAB USE ONLY</b>
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> 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: <u>SM9223B</u>	Date, Time and Temp Received: <u>7/23/14 @ 0930</u>
Date Analyzed: <u>07/23/14</u>	Date Reported: <u>07/24/14</u>
Sample Number (DOH number plus five digits): <u>0 1 7 - 75064</u>	Lab Use Only: <u>W 7/25/14</u>



**ALS Environmental**

1317 S. 13th Avenue • Kelso, WA 98626

**COLIFORM BACTERIA ANALYSIS**

**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.

Date Sample Collected <b>7/22/14</b> Month Day Year		Time Sample Collected <b>12:40</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <b>Pacific</b>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other _____			
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <b>63000C</b>			
System Name: <b>North Beach Water</b>			
Contact Person: <b>Bill Neal</b>			
Day Phone: <b>(360) 665-4144</b>		Cell Phone: <b>360 244-0068</b>	
Eve. Phone: ( )		FAX: ( )	
Email:			
Send results to: (Print full name, address and zip code) <b>North Beach Water P.O. Box 618 Ocean Park, WA 98640</b>			

**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.

**SAMPLE INFORMATION**

Sample collected by (name): <b>Robert Hunt</b>	Special instructions or comments:
Specific location where sample collected: <b>1206 24th PL. WSS #10</b>	

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

<b>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	<b>#2. Repeat Sample (after unsat. routine)</b> <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <b>0 1 7 -</b> Unsatisfactory routine collect date: _____ / _____ / _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
<b>#3. Raw Water Source Sample</b> <input type="checkbox"/> E. coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;">S</div> <small>Public systems must provide source number from WFI</small>	

**#4.  Sample Collected for Information Only**  
 Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

LAB USE ONLY	<b>DRINKING WATER RESULTS</b>	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> 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: <b>Sm9223B</b>	Date, Time and Temp Received: <b>7/23/14 12:40</b>
MICR- <b>07/23/14</b>	Date Reported: <b>07/24/14</b>
Date Analyzed <b>07/23/14</b>	Lab Use Only: <b>W 7/25/14</b>
Sample Number (DOH number plus five digits) <b>0 1 7 - 75065</b>	

**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# K1407506-006



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

**COLIFORM BACTERIA ANALYSIS**

**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.

Date Sample Collected <u>7/22/14</u> Month Day Year	Time Sample Collected <u>12:50</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <u>Pacific</u>
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**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

Type of Water System (check only one box)  Private Household

Group A  Group B  Other \_\_\_\_\_

**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

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

ID# 63000C

System Name: North Beach Water

Contact Person: Bill Weath

Day Phone: 360865-4144 Cell Phone: 3602440068

Eve. Phone: ( ) FAX: ( )

Email:

Send results to: (Print full name, address and zip code)  
North Beach Water  
P.O. Box 618 Ocean Park, WA  
98640

**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.

**SAMPLE INFORMATION**

Sample collected by (name): Robert Hunt

Specific location where sample collected: 24010 Birch Pl.  
USS # 11

Special instructions or comments:

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

<p><b>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</b></p> <p>Chlorinated: Yes _____ No <input checked="" type="checkbox"/></p> <p>Chlorine Residual: Total _____ Free _____</p>	<p><b>#2. Repeat Sample (after unsat. routine)</b></p> <p><input type="checkbox"/> Distribution System</p> <p><input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number: <u>017</u></p> <p>Unsatisfactory routine collect date: _____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
	<p><b>#3. Raw Water Source Sample</b></p> <p><input type="checkbox"/> E. coli – GWR source sample</p> <p><input type="checkbox"/> Fecal –Surface, GWI, some springs</p> <p><input type="checkbox"/> Other</p> <p><u>S</u> _____</p> <p>Public systems must provide source number from WFI</p>

**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

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

Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

**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.

LAB USE ONLY	<b>DRINKING WATER RESULTS</b>	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		

**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.

**Replacement Sample Required:**

Sample too old (>30 hours)  TNTC  \_\_\_\_\_

Improper Container  Turbid culture

Regional DOH - (360) 256-3030  
Cowlitz County - (360) 414-5599  
Lewis County - (800) 562-6130  
Pacific County - (360) 875-9358

Bacterial Density Results: Plate Count \_\_\_\_\_ /ml. E. coli \_\_\_\_\_ /100ml.  
Total Coliform \_\_\_\_\_ /100ml. Fecal Coliform \_\_\_\_\_ /100ml.

Method Code: <u>949223B</u>	Date, Time and Temp Received: <u>7/23/14 14C 0920</u>
MICR- _____	Date Reported: <u>07/24/14</u>
Date Analyzed: <u>07/23/14</u>	Lab Use Only: <u>472511</u>
Sample Number (DOH number plus five digits): <u>017-75066</u>	



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

**COLIFORM BACTERIA ANALYSIS**

**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.

Date Sample Collected 7/22/14 Month Day Year	Time Sample Collected 1:00 PM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Pacific
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**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

Type of Water System (check only one box)  
 Group A     Group B     Other \_\_\_\_\_  
 Private Household

**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

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

ID# 630005

System Name: North Beach Water

Contact Person: B:11 Neal

Day Phone: 360665-9144 Cell Phone: 360 244-0068

Eve. Phone: ( ) FAX: ( )

Email:

Send results to: (Print full name, address and zip code)  
North Beach Water  
P.O. Box 618 Ocean Park, WA  
98640

**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.

**SAMPLE INFORMATION**

Sample collected by (name): Robert Hunt

Specific location where sample collected: 23200 Birch Pl  
USS # 12

Special instructions or comments:

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

<p><b>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</b></p> <p>Chlorinated: Yes ___ No <input checked="" type="checkbox"/></p> <p>Chlorine Residual: Total ___ Free ___</p>	<p><b>#2. Repeat Sample (after unsat. routine)</b></p> <p><input type="checkbox"/> Distribution System</p> <p><input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number: <u>0 1 7 -</u></p> <p>Unsatisfactory routine collect date: ___/___/___</p> <p>Chlorinated: Yes ___ No ___</p> <p>Chlorine Residual: Total ___ Free ___</p>
<p><b>#3. Raw Water Source Sample</b></p> <p><input type="checkbox"/> E. coli – GWR source sample</p> <p><input type="checkbox"/> Fecal – Surface, GWI, some springs</p> <p><input type="checkbox"/> Other</p> <p><u>S</u>    <u> </u>    <u> </u>    <u> </u></p> <p><small>Public systems must provide source number from WFI</small></p>	

**#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: Sm9223B Date, Time and Temp Received: 7/23/14 @ 0930

MICR: \_\_\_\_\_ Date Analyzed: 07/23/14 Date Reported: 07/24/14

Sample Number (DOH number plus five digits): 0 1 7 - 75067 Lab Use Only: W-7/25/14

**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) 256-3030  
 Clallam County - (360) 414-5599  
 Lewis County - (800) 562-6130  
 Pacific County - (360) 875-9358





**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) <b>07/22/14</b>		System Group Type: (A,B,Other): <b>A</b>	
Water System ID Number: <b>63000C</b>		System Name: <b>North Beach Water</b>	
Lab Sample Number: <b>01775111</b>		County: <b>Pacific</b>	
Sample Location: <b>2212 272nd St</b>		Source Number(s): <b>S06</b>	
Sample Purpose:		Date Received: <b>07/23/14</b>	
<b>Select One</b>		Date Analyzed: <b>07/25/14</b>	
<input checked="" type="checkbox"/>	RC- Routine/Compliance	Date Reported: <b>08/06/14</b>	
<input type="checkbox"/>	C- Confirmation	Comments:	
<input type="checkbox"/>	Investigative		
<input type="checkbox"/>	Other(specify)		
<b>Sample Composition:</b>		<b>Sample Type: (Select One)</b>	
<b>Select One</b>		<input type="checkbox"/>	Pre-Treatment/Raw
<input checked="" type="checkbox"/>	S- Single Source	<input checked="" type="checkbox"/>	Post-Treatment/Finished
<input type="checkbox"/>	B- Blended (List multiple source numbers)	<input type="checkbox"/>	Unknown
<input type="checkbox"/>	C- Composite	Sample Collected by: <b>Robert Hunt</b>	
<input type="checkbox"/>	D- Distribution sample	Phone Number: <b>360-244-0068</b>	
Send Report to: <b>North Beach Water</b>		Bill to: <b>Same</b>	

DOH #	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL		Method	Analyst
0419	BROMATE	<0.005	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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>WASHINGTON STATE</b> DEPARTMENT OF COMMERCE			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"><small>AGENCY NUMBER</small></td> <td style="width:33%;"><small>Short Code</small></td> <td style="width:33%;"><small>Commerce Contract Number</small></td> </tr> <tr> <td style="text-align: center; font-size: 1.2em;"><b>1030</b></td> <td></td> <td style="text-align: center; font-size: 1.5em;"><b>DM12-952-129</b></td> </tr> </table>			<small>AGENCY NUMBER</small>	<small>Short Code</small>	<small>Commerce Contract Number</small>	<b>1030</b>		<b>DM12-952-129</b>		
<small>AGENCY NUMBER</small>	<small>Short Code</small>	<small>Commerce Contract Number</small>											
<b>1030</b>		<b>DM12-952-129</b>											
<b>Form A19-1A</b>  <b>VOUCHER DISTRIBUTION</b> DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 98504-2525			<b>VENDOR OR CLAIMANT (Warrant is to be payable to:)</b>  North Beach Water District PO Box 618 Ocean Park WA, 98640										
<b>INSTRUCTIONS TO VENDOR OR CLAIMANT:</b> 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.			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>By:</b> </td> <td style="width:50%;"><small>(SIGN IN BLUE INK)</small></td> </tr> <tr> <td style="text-align: center;"><b>General Manager</b></td> <td style="text-align: right;"><b>8/4/2014</b></td> </tr> <tr> <td style="text-align: center;"><small>(TITLE)</small></td> <td style="text-align: right;"><small>(DATE)</small></td> </tr> </table>			<b>By:</b>	<small>(SIGN IN BLUE INK)</small>	<b>General Manager</b>	<b>8/4/2014</b>	<small>(TITLE)</small>	<small>(DATE)</small>		
<b>By:</b>	<small>(SIGN IN BLUE INK)</small>												
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<small>Loan Fee (if any)</small>	<b>\$0</b>												
<small>Date</small>	<small>DESCRIPTION</small>	<small>Budget</small>	<small>Previously Requested</small>	<small>Amount of This Invoice</small>	<small>Award Remaining Balance</small>								
	<b>Net Contract Amount</b>	<b>\$2,190,631</b>	<b>\$368,471.12</b>		<b>\$1,822,160</b>								
	<b>Request #15</b>												
7/22/2014	Invoice #13224.02-17 / Gray & Osborne / Supply & Treatment Project			<b>\$9,146.19</b>									
<b>Totals</b>				<b>\$9,146.19</b>	<b>\$1,813,014</b>								

<small>Match: Year / Dollars / Coding</small>				<small>PROGRAM APPROVAL (the individual signing this voucher warrants they have the authority to sign this voucher)</small>				<small>DATE</small>	
<small>DOC DATE</small>		<small>CURRENT DOC. NO.</small>		<small>REFERENCE DOC NO.</small>		<small>VENDOR NUMBER and SUFFIX</small> <b>SWV0110176 00</b>			
<small>ACCOUNT NO.</small>				<small>ASD NUMBER</small>		<small>VENDOR MESSAGE</small>			
				27010					
<small>TRANS CODE</small>	<small>MASTER</small>	<small>INDEX</small>	<small>SUB OBJ</small>	<small>SUB SUB OBJ</small>	<small>GL</small>	<small>ACCT</small>	<small>SUBSID</small>	<small>AMOUNT</small>	<small>INVOICE</small>
									<b>DM12-952-129</b>
<small>SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT</small>						<small>DATE</small>		<small>WARRANT TOTAL</small>	
<small>ACCOUNTING APPROVAL FOR PAYMENT</small>						<small>DATE</small>			

Prepared on 8/4/2014



**From:** [Austin Kelley](#)  
**To:** "Bill Neal"  
**Subject:** Water Main Mitigation Plan  
**Date:** Tuesday, July 08, 2014 3:03:08 PM

---

Bill,

Please see the correspondence below from Dennis Noyes at WSDOT in regards to the required mitigation plan for the tree removal at the intersection of Bay Avenue & U Street.

Please let me know if you have questions or need additional information.

Thanks,

**Austin Kelley, E.I.T.** | 360.292.7481 ext. 1509 | 360.292.7517 (f)

[akelley@g-o.com](mailto:akelley@g-o.com) | [www.g-o.com](http://www.g-o.com)

**Gray & Osborne, Inc** | 2102 Carriage Drive SW, Building I, Olympia, WA 98502

Electronic File Transfer-

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---

**From:** Noyes, Dennis [mailto:NoyesD@wsdot.wa.gov]  
**Sent:** Thursday, July 03, 2014 8:19 AM  
**To:** Austin Kelley  
**Cc:** Henderson, Rick  
**Subject:** RE: Email Issues

Austin

Please have someone from North Beach Water communicate with the property owner as to the reason for the removal of the tree and at that time please request from the owner a location that they might want to place the trees that are to be planted. If the property owner does not wish to have the new trees on his/her property then we will come out and stake the location for you.

Here is the information regarding the tree planting:

The removal of the large Sitka Spruce tree along SR-103 due to impacts sustained by utility construction should be mitigated by installing three 6-foot container or B&B Sitka Spruce Trees, consistent with WSDOT Roadside Policy. The trees should be planted this fall to avoid watering. Location can be determined in the field to maximize screening of adjacent properties while maintaining highway safety. The three trees should be staked (minimum one stake on the windward side and secured with commercial tree-tie material following industry standards) to avoid tipping during winter and to allow root development.

Please let me know what the property owner would like to do and we can go from there.

Thank you

*Dennis Noyes*



WSDOT  
Utilities Project Delivery Engineer  
Southwest Region Utilities Office  
Phone: 360-905-2298  
Cell: 360-904-3210  
11018 NE 51<sup>st</sup> Cir.  
Vancouver WA 98682-6686

---

**From:** Austin Kelley [<mailto:akelley@g-o.com>]  
**Sent:** Wednesday, July 02, 2014 7:56 AM  
**To:** Noyes, Dennis  
**Subject:** RE: Email Issues

Dennis,

Have you had an opportunity to discuss the tree mitigation requirements with Dan Corlett by chance? And what is the status of the North Beach 245<sup>th</sup> Street request?

Please let me know if you have questions or need additional information.

Thanks,

**Austin Kelley, E.I.T.** | 360.292.7481 ext. 1509 | 360.292.7517 (f)  
[akelley@g-o.com](mailto:akelley@g-o.com) | [www.g-o.com](http://www.g-o.com)  
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---

**From:** Noyes, Dennis [<mailto:NoyesD@wsdot.wa.gov>]  
**Sent:** Tuesday, June 10, 2014 3:12 PM  
**To:** Austin Kelley  
**Subject:** RE: Email Issues

Austin

I found out that Dan Corlett is out of the office for last week and this week but I did find out that the planting of trees for mitigation of the tree to be removed is suggested to be done in the fall as it will require no watering plan at that time.

I will send you information when I see Dan next week.

Dennis Noyes

---

**From:** Austin Kelley [<mailto:akelley@g-o.com>]  
**Sent:** Thursday, June 05, 2014 4:14 PM  
**To:** Noyes, Dennis  
**Subject:** Email Issues

Dennis,

Our email service crashed Tuesday morning and was just recently restored. Any emails sent/received during that time have been lost and will not reach their final destination. If you have sent any emails to me since Tuesday morning, then would you mind resending them? My apologies for any inconvenience it has brought to you.

Has a decision been made as to the mitigation plan of the North Beach Water District tree removal within State right of way?

Thanks,

**Austin Kelley, E.I.T.** | 360.292.7481 ext. 1509 | 360.292.7517 (f)

[akelley@g-o.com](mailto:akelley@g-o.com) | [www.g-o.com](http://www.g-o.com)

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The Expansion Joint and Check Valve People

# Proco Style 730



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APPLICATIONS

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DOWNLOAD THE BROCHURE

The PROCO Series 700 “ProFlex™” Rubber Check Valve is a cost effective way to control back pressures from sewage treatment plants, outfalls and tidal operations. They are a fully passive flow device requiring neither maintenance nor any outside sources of power or manual assistance to operate.

The PROCO Series 700 “ProFlex™” Check valves are offered as direct replacements for ineffective and maintenance ridden flap type check valves, commonly known to seize, rust and bind in unwanted positions. Unlike flap type valves, the “ProFlex™” rubber check valve will handle large obstructions without jamming or having swing gates binding open. Specify the PROCO Series 700 “ProFlex™” rubber check valves to provide backflow protection from (1) Sewage slurries, (2) Outfalls to ocean fronts from heavy rainfall activity, (3) Prevention from land erosion due to back flow conditions, (4) Protection from saltwater to fresh water ponds and catch basins and numerous other water based applications. Our history in the manufacture of rubber piping products dates back to 1930. When an engineered solution is needed to solve a piping or backflow problem, call PROCO.

The PROCO Series 700 “ProFlex™” Rubber Check Valve are available in a Flanged (Style 710 or 720), Sleeved (Style 730 or 740), or Jacketed (Style 750). Inline orifice (style 770/780)

**Style 730: Sleeve Type:**

Designed to easily slip over an existing pipe, is affixed to a pipe with heavy-duty Stainless Steel clamps. Can be installed in either vertical or horizontal application.

**ELASTOMERS:**

All of the PROCO Series 700 “ProFlex™” Rubber Check Valves are available in a various selection of elastomers including NSF/ANSI 61 certified material and back pressure capabilities to suit most applications.

The PROCO Series 700 “ProFlex™” Rubber Check Valves will not freeze or deform and functions solely on the inlet and back pressure which will be present in each application.

Each valve is carefully constructed using the finest of engineered materials and some of the most experienced rubber technicians in the industry. All check valves are engineered in precise detail to ensure proper operation and will provide years of unhindered operation and trouble free service.

Benefits of the PROCO Series 700 “ProFlex™” Rubber Check Valves:

- All rubber construction resists abrasive slurries
- NSF61 is standard construction
- Very quiet operation with no water hammer
- Its unique design prevents backflow
- Negligible maintenance and energy costs
- Will not warp or freeze
- Quick interchange with any flap type check valve
- Available in sizes 1” – 96”
- Available with special I.D to suit concrete pipe.



**Table 1: Available Materials • Temperatures**

For Specific Elastomer Recommendations, See: **PROCO™ “Chemical To Elastomer Guide”**

PROCO Material Codes	Cover 1, 2 Elastomer	Tube Elastomer	Maximum Operating Temp. °F (°C)	Branding Label Color	F.S.A. Material Class
BB	Chlorobutyl	Chlorobutyl	250° (121°)	Black	STD. III
EE	EPDM	EPDM	250° (121°)	Red	STD. III
NH	Neoprene	CSM	212° (100°)	Green	STD. II
NN	Neoprene	Neoprene	225° (107°)	Blue	STD. II
PP	Nitrile	Nitrile <sup>3</sup>	225° (107°)	Yellow	STD. II
NR	Neoprene	Natural Rubber	180° (82°)	White	STD. I

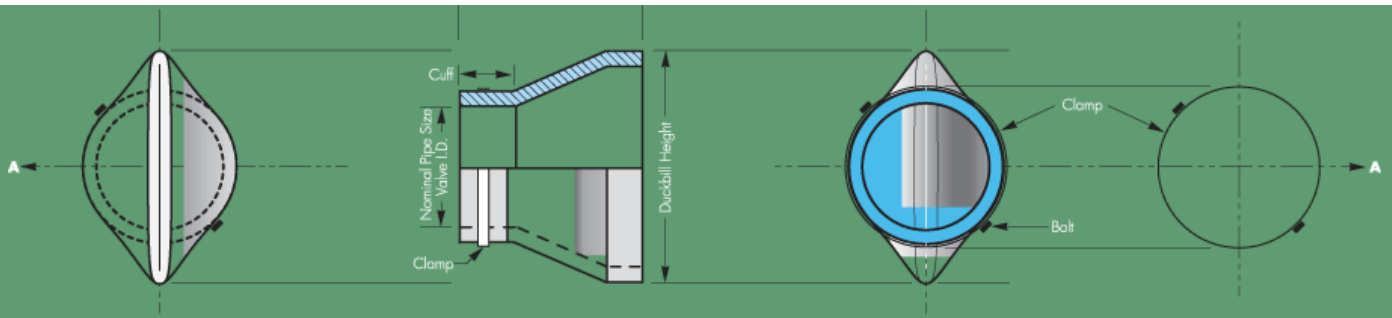
**NOTES:**

- ProFlex™ is a trademark of PROCO Products, Inc.
- All products are reinforced with polyester tire cord.
- 1. Check Valve “cover” can be coated with Hypalon® on special order.
- 2. Styles with Neoprene covers meet all requirements of U.S.C.G.
- 3. NSF/ANSI Standard 61 certified materials available upon request.

**Style 730: Sizes • Drilling • Weights**

Detail of Proflex™ Sleeved Rubber Check Valve; Style 730





**Table 3: Sizes • Weights**

NOMINAL <sup>1</sup> PIPE SIZE Inch / (mm)	Standard Dimensions for PROCO Style 730			WEIGHT <sup>2</sup> lbs / (kgs)
	Length Inch / (mm)	Collar Width Inch / (mm)	Duckbill Height Inch / (mm)	
<b>1</b> (25)	<b>4</b> (102)	<b>1.000</b> (25)	<b>2.125</b> (54)	<b>0.5</b> (0.23)
<b>1.5</b> (40)	<b>5</b> (127)	<b>1.000</b> (25)	<b>2.625</b> (67)	<b>0.75</b> (0.34)
<b>2</b> (50)	<b>8</b> (203)	<b>1.500</b> (38)	<b>3.875</b> (98)	<b>1.5</b> (0.68)
<b>2.5</b> (65)	<b>7.5</b> (191)	<b>2.000</b> (51)	<b>4.625</b> (117)	<b>1.75</b> (0.79)
<b>3</b> (80)	<b>8.5</b> (216)	<b>3.000</b> (76)	<b>5.500</b> (140)	<b>4</b> (1.81)
<b>4</b> (100)	<b>12.5</b> (318)	<b>3.000</b> (76)	<b>7.250</b> (184)	<b>5</b> (2.27)
<b>5</b> (125)	<b>14</b> (356)	<b>3.000</b> (76)	<b>8.750</b> (222)	<b>7</b> (3.18)
<b>6</b> (150)	<b>18</b> (457)	<b>4.000</b> (102)	<b>10.500</b> (267)	<b>12</b> (5.44)
<b>8</b> (200)	<b>20</b> (508)	<b>4.000</b> (102)	<b>13.750</b> (349)	<b>18</b> (8.16)
<b>10</b> (250)	<b>19</b> (483)	<b>4.000</b> (102)	<b>17.000</b> (432)	<b>20</b> (9.07)
<b>12</b> (300)	<b>28</b> (711)	<b>6.000</b> (152)	<b>19.625</b> (498)	<b>48</b> (21.77)
<b>14</b> (350)	<b>30</b> (762)	<b>6.000</b> (152)	<b>23.000</b> (584)	<b>60</b> (27.22)
<b>16</b> (400)	<b>32</b> (813)	<b>6.000</b> (152)	<b>26.000</b> (660)	<b>75</b> (34.02)
<b>18</b> (450)	<b>33</b> (838)	<b>6.000</b> (152)	<b>29.600</b> (752)	<b>115</b> (52.16)
<b>20</b> (500)	<b>36</b> (914)	<b>8.000</b> (203)	<b>32.250</b> (819)	<b>139</b> (63.05)
<b>24</b> (600)	<b>47</b> (1194)	<b>8.000</b> (203)	<b>39.000</b> (991)	<b>192</b> (87.09)
<b>28</b> (700)	<b>44</b> (1118)	<b>8.000</b> (203)	<b>46.000</b> (1168)	<b>181</b> (82.10)
<b>30</b> (750)	<b>46</b> (1168)	<b>10.000</b> (254)	<b>49.000</b> (1245)	<b>267</b> (121.11)
<b>32</b> (800)	<b>53</b> (1346)	<b>10.000</b> (254)	<b>51.000</b> (1295)	<b>329</b> (149.23)





<b>36</b>	(900)	<b>00</b> (1524)	<b>10.000</b> (254)	<b>38.000</b> (1473)	<b>439</b> (199.13)
<b>42</b>	(1050)	<b>61</b> (1549)	<b>12.000</b> (305)	<b>66.250</b> (1683)	<b>743</b> (337.02)
<b>48</b>	(1200)	<b>72</b> (1829)	<b>12.000</b> (305)	<b>74.500</b> (1892)	<b>952</b> (431.83)
<b>54</b>	(1350)	<b>74</b> (1880)	<b>12.000</b> (305)	<b>78.250</b> (1988)	<b>1212</b> (549.76)
<b>60</b>	(1500)	<b>81</b> (2057)	<b>12.000</b> (305)	<b>85.000</b> (2159)	<b>1315</b> (596.48)
<b>72</b>	(1800)	<b>98</b> (2489)	<b>14.000</b> (358)	<b>105.000</b> (2667)	<b>1522</b> (690.38)

## NOTES:

1. Larger sizes available upon request.
2. Weights are approximate, based on service conditions.

## Frequently Asked Questions

### ProFlex™ Rubber Check Valve

1. Does the ProFlex™ rubber check valve have to be installed in a certain position?

Yes; it should be installed in a vertical position with the bill being the vertical. In zero clearance situations the valve can be rotated up to 30 Deg to gain bottom clearance if required..

2. In which degree can the ProFlex™ rubber check valve be installed?

Because the valve is not reliant on any hinges, gates, or weights the ProFlex™ rubber check valve can be installed in any angle from vertical to horizontal.

3. What is "Back Pressure"?

When the ProFlex™ rubber check valve is submerged in a liquid it is subjected to external pressure. It is critical that the maximum depth that the valve will be submerged is specified as this will be considered the maximum back pressure that the valve will be subjected to.

4. What is the cracking pressure to allow the valve to open?  
1"to 2" of water column over back pressure will normally drain a pipe.

5. What back pressures can the ProFlex™ rubber check valve withstand?

Back pressures are in direct relation to the size of the valve, on the smaller diameters it is acceptable to specify up to 200 psi of back pressure and on larger diameters a back pressure limitation would be approximately 12 psi. Each ProFlex™ rubber check valve is manufactured to the exact line pressure, back pressure and flow rates which we require from you for manufacture. Proco can even supply valves up to 650 psig utilizing internal back pressure supports.

6. What are the most common installations?

The ProFlex™ 710 flanged rubber check valve is bolted directly to a head wall replacing an existing flap gate, the ProFlex™ 730 sleeved type rubber check valves are clamped directly to a fabricated flanged nipple or clamped directly to an existing pipe.

7. Can I use the ProFlex™ rubber check valve on potable water applications?

The ProFlex™ rubber check valves are available with an ANSI/NSF-61 certified elastomer. Due to the large demand for

13. What types of materials are available for the backing rings and banding clamps?

ProFlex™ rubber check valves are supplied with 316 stainless steel backing rings and 304 stainless steel clamps as a standard. Other materials are available upon request.

14. Can the ProFlex™ 710 be supplied with special flanges or drilling?

Yes, the standard drilling pattern is ANSI 125/150# drilling, other drilling standards such as: ANSI 250/300#, BS-10, DIN NP-10 and DIN NP-16, JIS-5k and JIS-10K are available upon special request.

15. Can I install a ProFlex™ rubber check valve near a residential area?

Yes, one of the unique features of the ProFlex™ rubber check valve is the design of the bill section. While the bill will open and allow passage of fluid when head pressure is present, the bill will close and not allow children or animals to crawl inside when there is no head pressure.

Since the ProFlex™ rubber check valve is manufactured entirely of rubber compounds there is no chance of loud banging which is commonly heard from flap type valves.

16. Can I use a ProFlex™ rubber check valve in winter conditions?

Yes, as in any installation the ProFlex™ rubber check valve will not be hindered by winter or sub-zero installations. If the valve is installed in a running water application the valve will continue to operate satisfactorily, due to the elastomers unique chemical makeup. If unusual circumstances occur the ProFlex™ rubber check valve will freeze without any damage and will return to operation upon thaw.

17. Will the ProFlex™ rubber check valve operate if buried in sand or sediment?

In normal conditions the discharge flow will create a small flow pattern which will then be followed by the flow velocity of the media. This velocity will flush the rest of the sediment away from the valve opening. This has been found to be unique only to the straight bill design as supplied by Proco.

18. What is the maximum temperature that the ProFlex™ rubber check valve can handle?

Temperature can range from – 65 Deg to +400 Deg depending on the specified elastomer.

19. Is the ProFlex™ rubber check valve suitable for direct sunlight

clean water and potable applications, this will eliminate the concerns commonly affiliated with contaminants or leaching of elastomers in potable water systems.

8. Can the ProFlex™ rubber check valve be installed on an "out of round" pipe?  
Yes, please have the approximate dimensions from 4 different angles to provide proper sizing.

9. Can river currents and ocean waves damage the valves?  
In most cases river currents and ocean waves will not damage the ProFlex™ rubber check valves, but if currents or waves in question are of an abnormal nature, it is suggested that side walls or rock pilings are utilized.

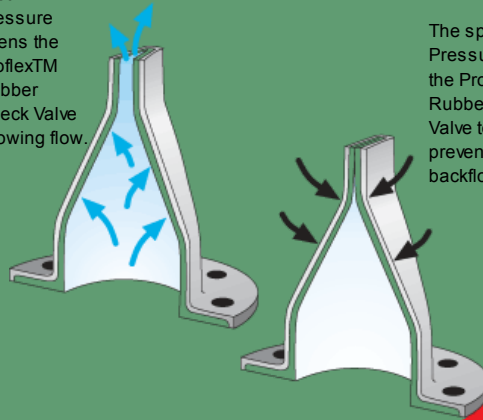
10. Can the ProFlex™ rubber check valve be used as a pressure relief valve?  
No, the ProFlex™ rubber check valves have been designed to offer superior service as a back flow preventer and should not be considered for a pressure relief valve.

11. Can PROCO make a special design to suit my requirements?  
In most instances the ProFlex™ rubber check valve can be fabricated to suit different applications. Contact PROCO for your requirements.

12. What types of elastomer is available?  
The ProFlex™ rubber check valve can be manufactured and supplied to withstand almost any type of media. Most commonly supplied are Nitrile (nsf/ansi Standard 61 certified), Neoprene, Gum Rubber, Chlorobutyl and EPDM.

and UV areas?  
Yes, all ProFlex™ rubber check valves are manufactured with a highly resistant Nitrile external cover. In some applications the ProFlex™ rubber check valve may be subjected to oil sludge's which make Nitrile the perfect choice for protection.

The specifies Inlet Pressure opens the Proflex™ Rubber Check Valve allowing flow.



The specifies Back Pressure forces the Proflex™ Rubber Check Valve to close preventing backflow.



2431 North Wigwam Drive  
Stockton, CA 95205  
P.O. Box 590, Stockton  
CA 95201-0590  
Toll-Free (US & Canada):  
800-344-3246  
Phone: 209-943-6088  
Fax: 209-943-0242

Email: sales@procoproducts.com

Follow Us at



## JOB TRACKING WORKSHEET

Job Name:	2014 Z Street Water Main Extension/Intertie
Contractor:	DPR Builders & Developers, Inc.
Job Start Date:	Monday, August 04, 2014
Job End Date:	Monday, August 18, 2014

**Total Hours: 82:30**

Day	Date	Start	Stop	Hours	Start	Stop	Hours	T Hours
1	8/4/2014	7:00 AM	11:00 AM	4:00	11:00 AM	5:30 PM	6:30	10:30
2	8/5/2014	8:00 AM	5:00 PM	9:00				9:00
3	8/6/2014	8:00 AM	11:30 AM	3:30	12:00 PM	17:30	5:30	9:00
4	8/7/2014	8:00 AM	11:00 AM	3:00	11:30 AM	5:00 PM	5:30	8:30
5	8/8/2014	8:00 AM	11:00 AM	3:00	11:30 AM	5:00 PM	5:30	8:30
6	8/9/2014	10:00 AM	1:00 PM	3:00				3:00
7	8/11/2014	7:30 AM	11:00 AM	3:30	11:30 AM	5:00 PM	5:30	9:00
8	8/12/2014	8:00 AM	5:00 PM	9:00				9:00
9	8/13/2014	8:00 AM	11:00 AM	3:00	11:30 AM	5:00 PM	5:30	8:30
10	8/14/2014	8:00 AM	3:30 PM	7:30				7:30
11								
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Day	Description
1	Mobilize equipment & tools. Pipe was movlized prior to start of work. Exposed existing pipe and installed 160' of 8" water main.
2	Installed 240' of 8" water main.
3	Installed 200' of 8" water main and two elbows to cross to the east of the existing water main. Water main will be installed in the west edge of Right-of-Way to end of road.
4	Installed 100' of 8" water main & two 8" gate Valves & 1 8" Tee & 1 6" gate valve & thrust blocks.
5	Installed 100' of 8" water main found large stump & broke water main. Discovered three more larger stumps.
6	Cut Asphalt and prepare for stump removal on Monday.
7	Remove three large stumps in Right-of-Way and install 100' of 8" water main.
8	Inastall 220' of 8" water main & 2 - 8" gate valve and 1- 8" tee and thrust block.
9	Install 100' of 8" water main & a blow off & a thrust block.
10	Restoration of Driveways, 259th Lane and replace signs and mailboxes.
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