



Surfside Water Department Water System Manager's Report

Report on water system operations for the month of June 2014

Water production and use report:

The Metering Period:

May 30, 2014 through June 30, 2014.

Water Produced in Metering Period: _____ 9.8^{mg}

Water Used by Water Department in Metering Period: _____ 1.2^{mg}

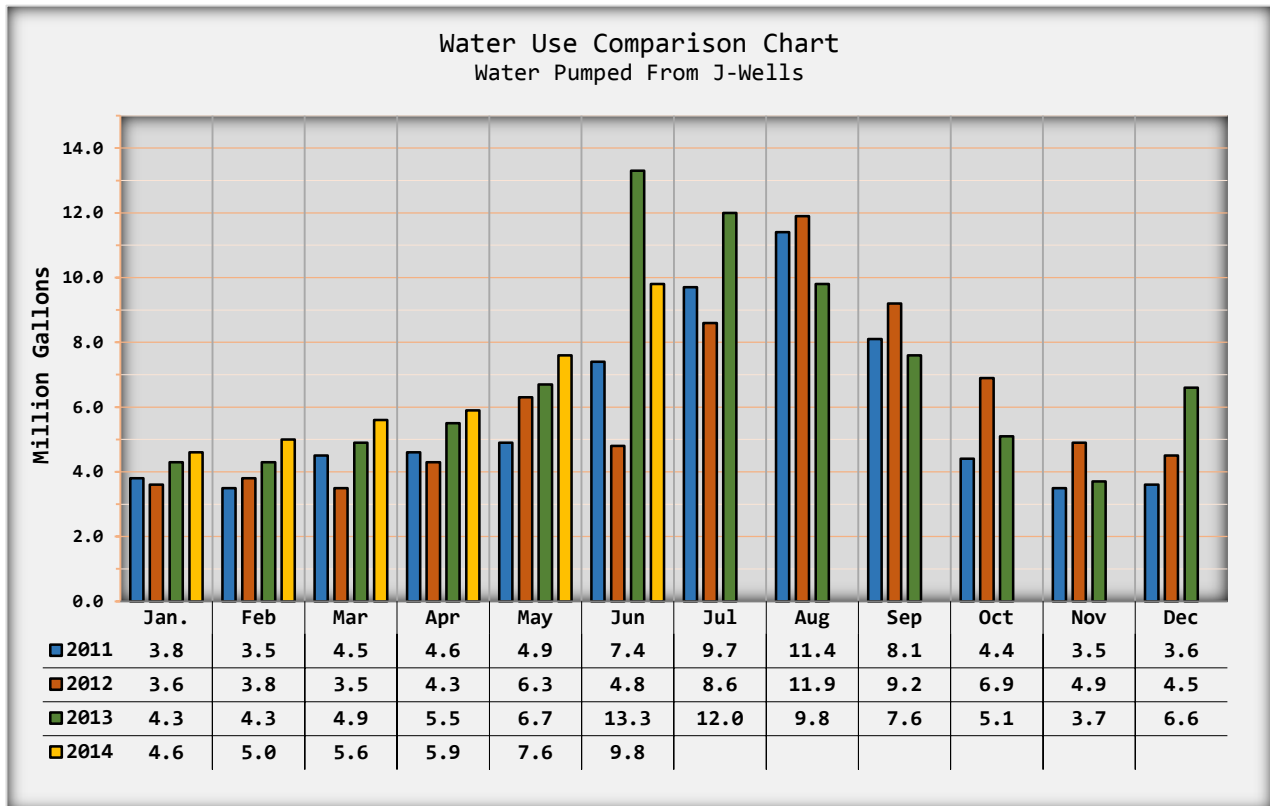
Service Meters Read in Metering Period: _____ 890

Metered Water Use in Metering Period: _____ 3.8^{mg}

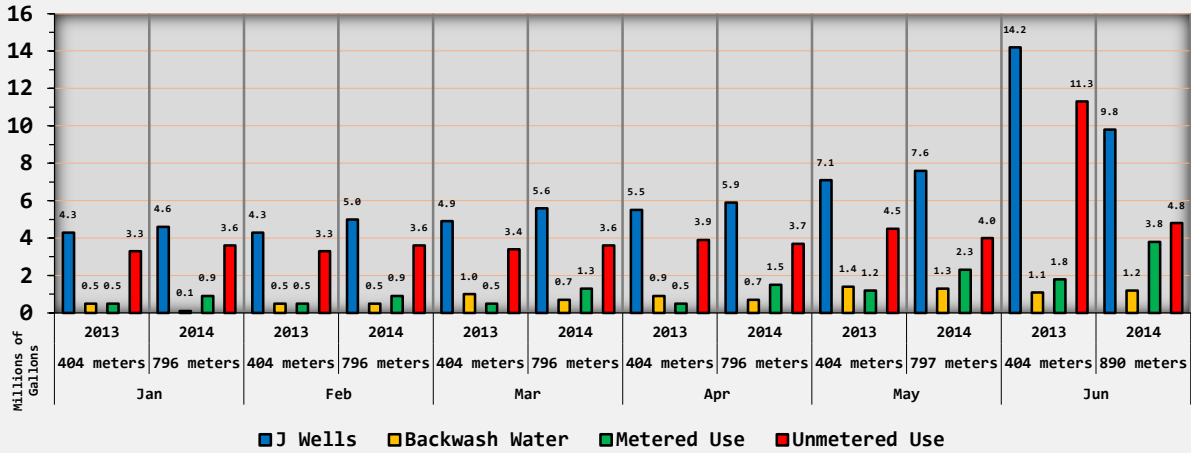
Estimated Unmetered Services in Metering Period: _____ 1030

Unmetered Water Use in Metering Period: _____ 4.8^{mg}

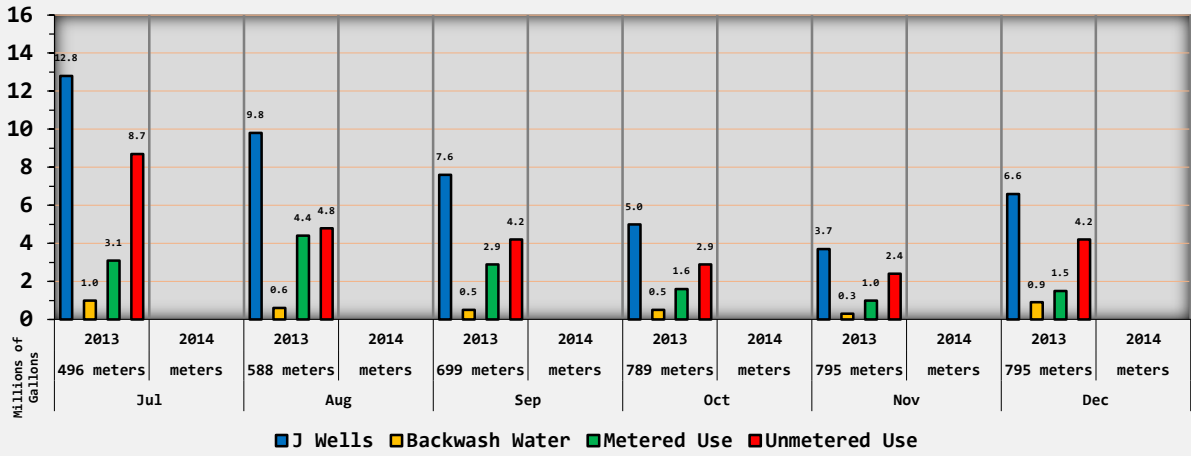
Estimated Ratio of Water Use Unmetered to Metered members: _____ 1.1^{gal} to 1 gal



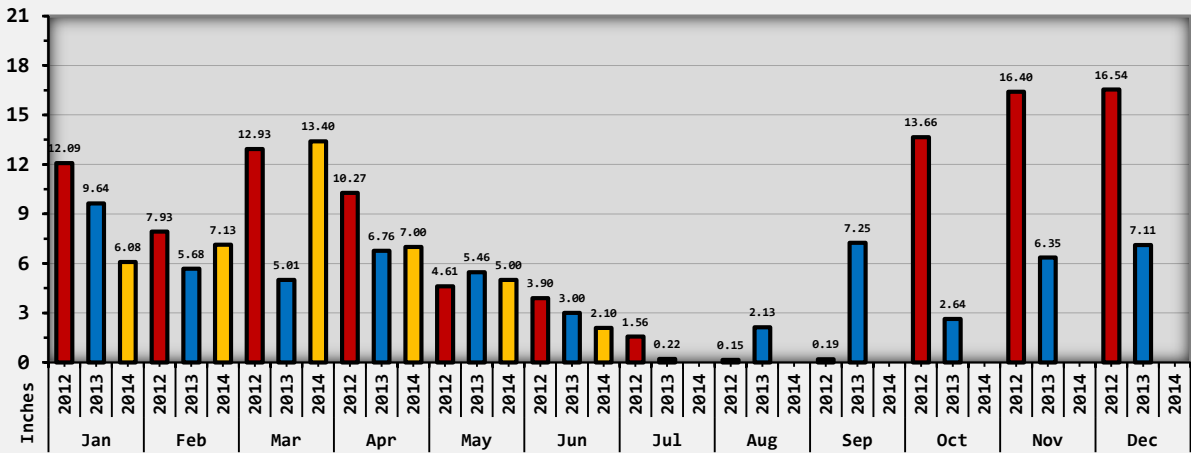
Water Use Efficiency Chart



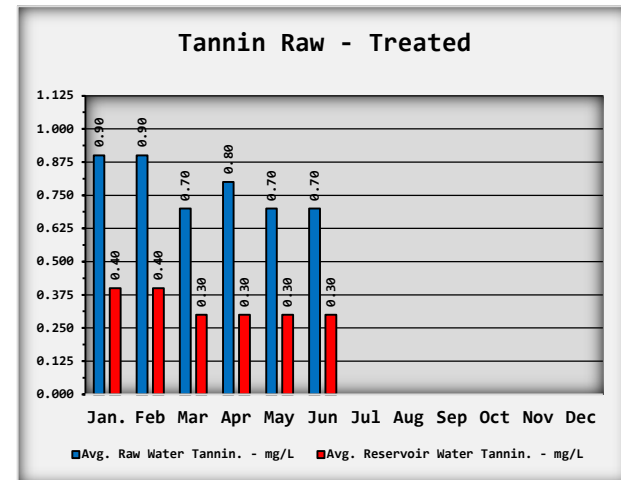
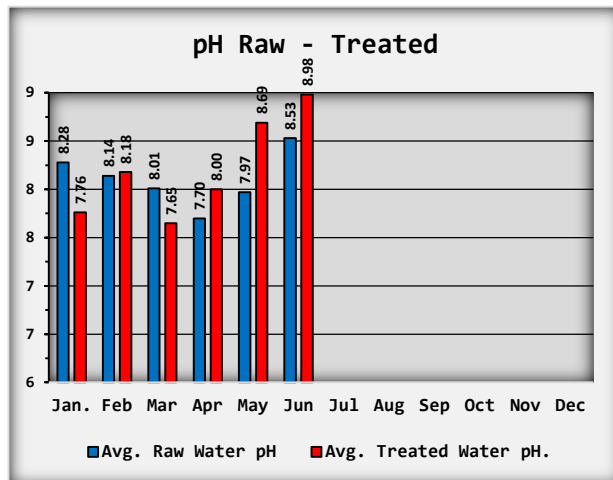
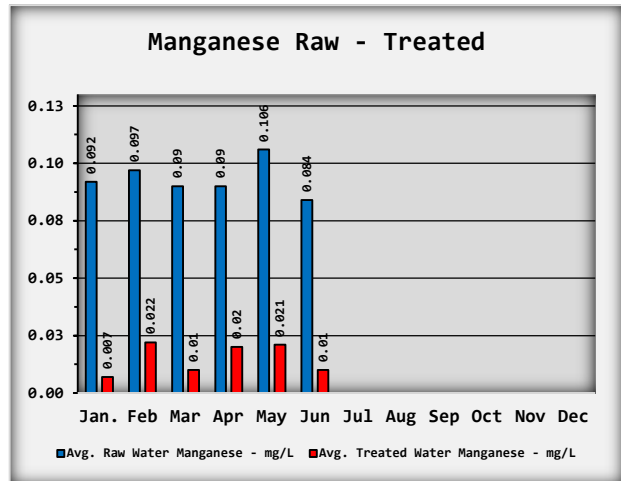
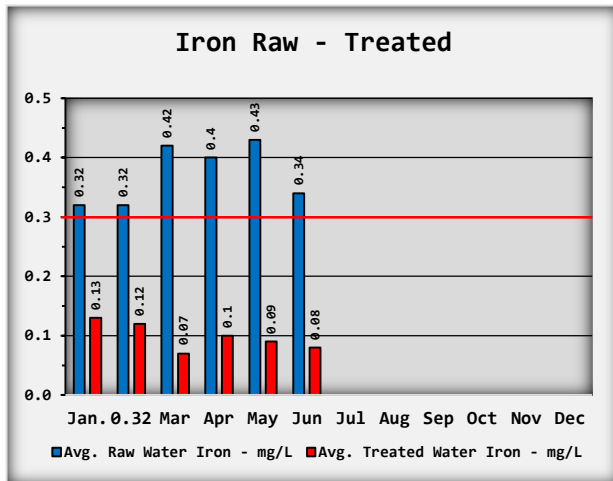
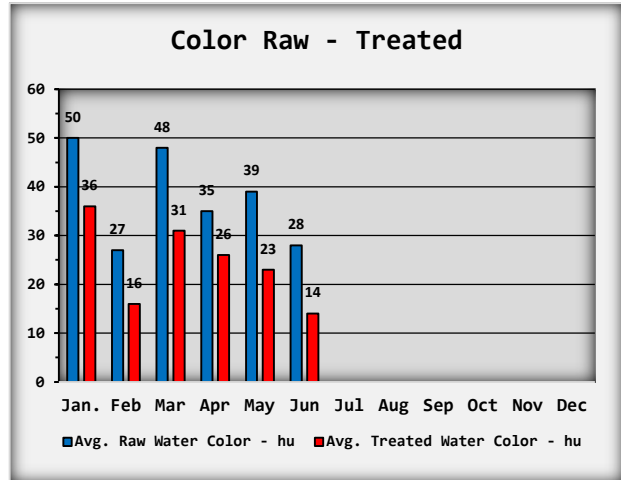
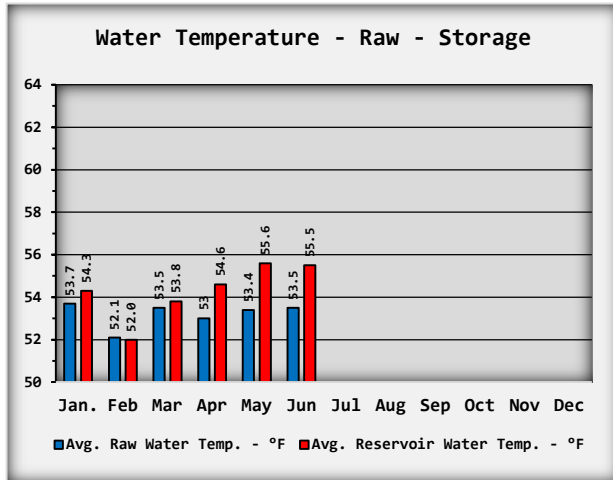
Water Use Efficiency Chart



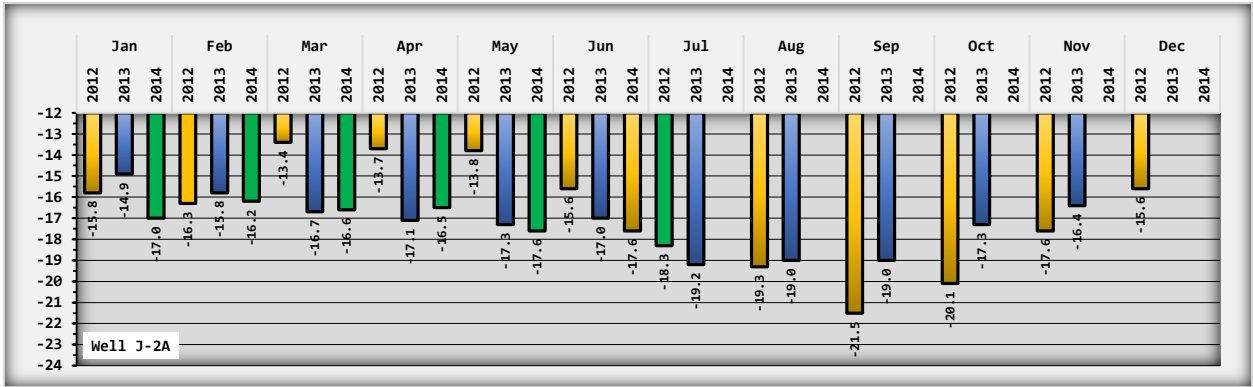
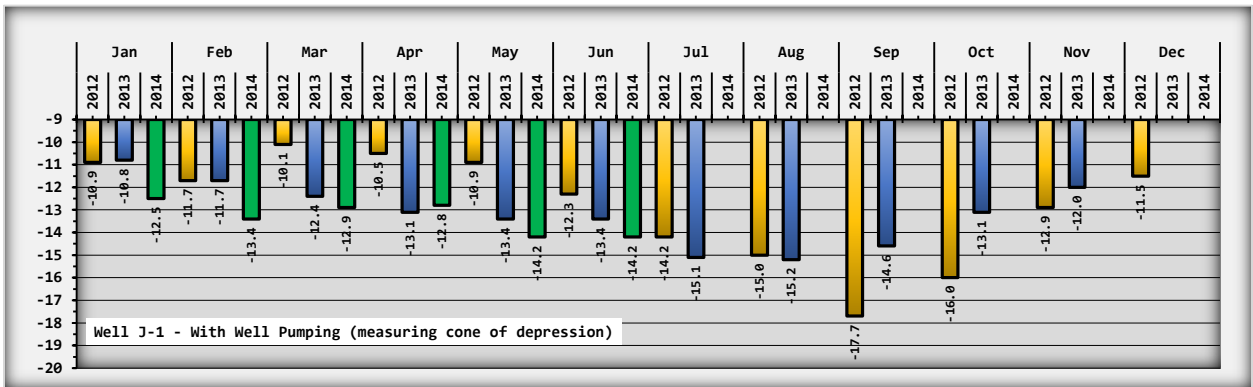
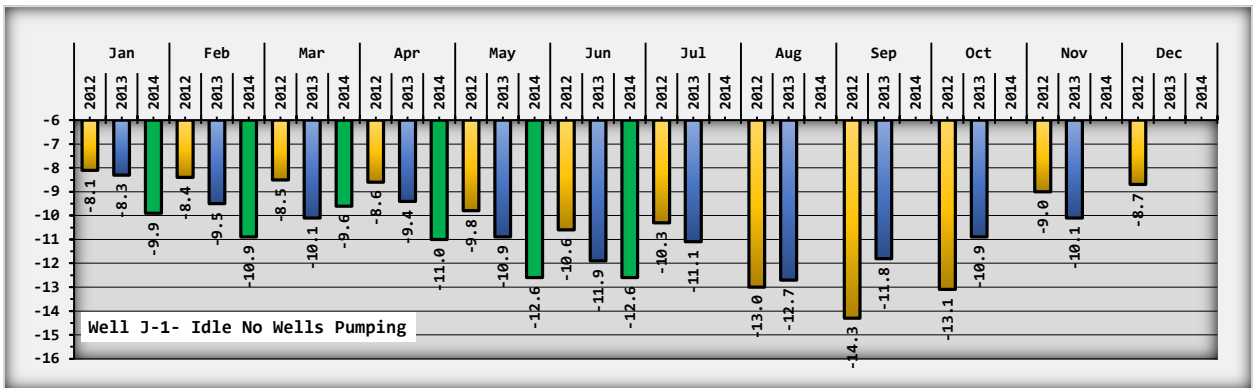
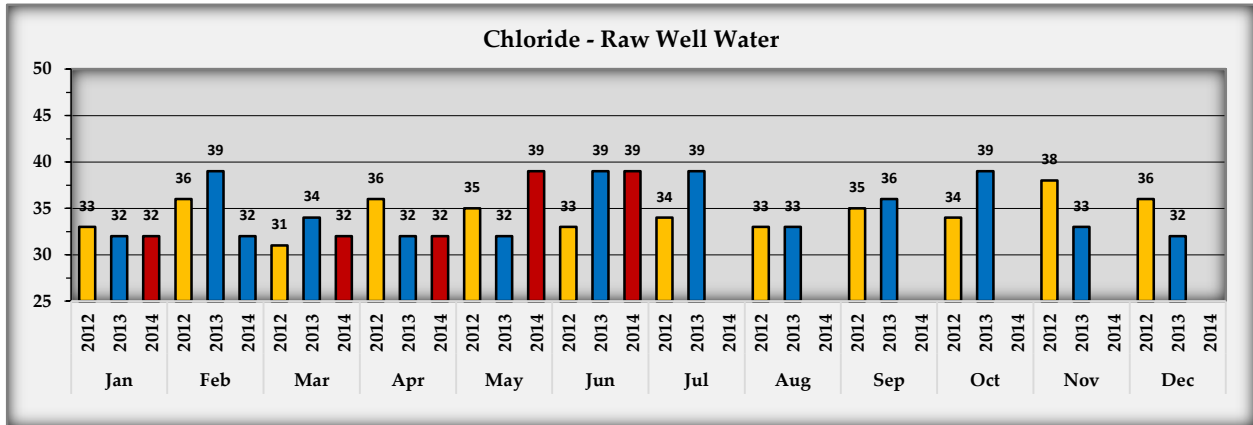
J- Wellfield Rainfall

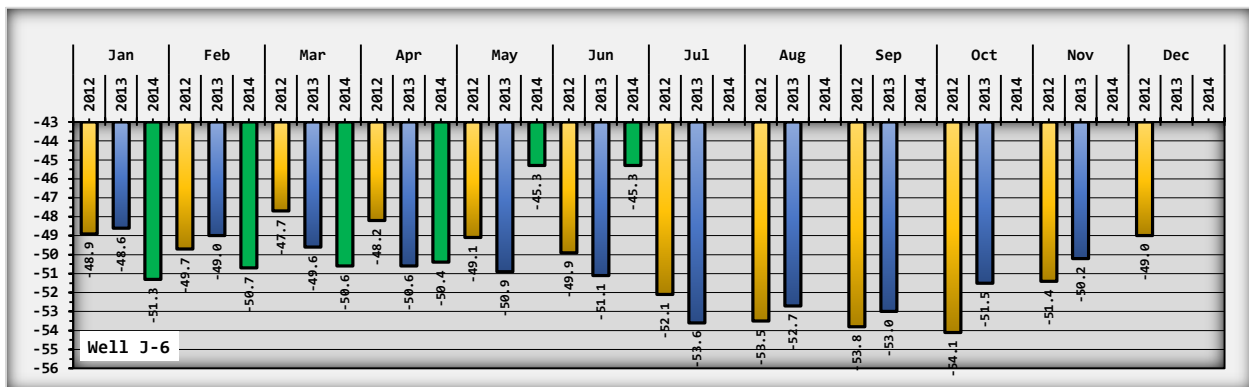
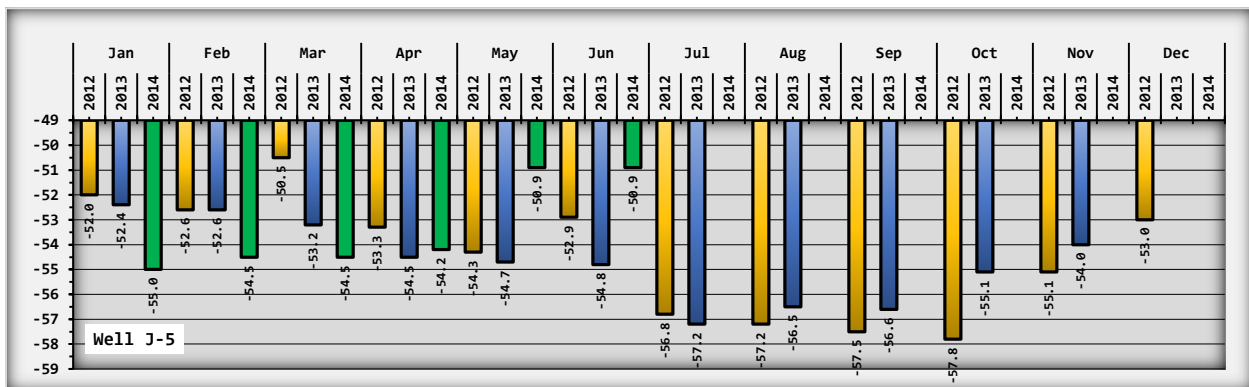
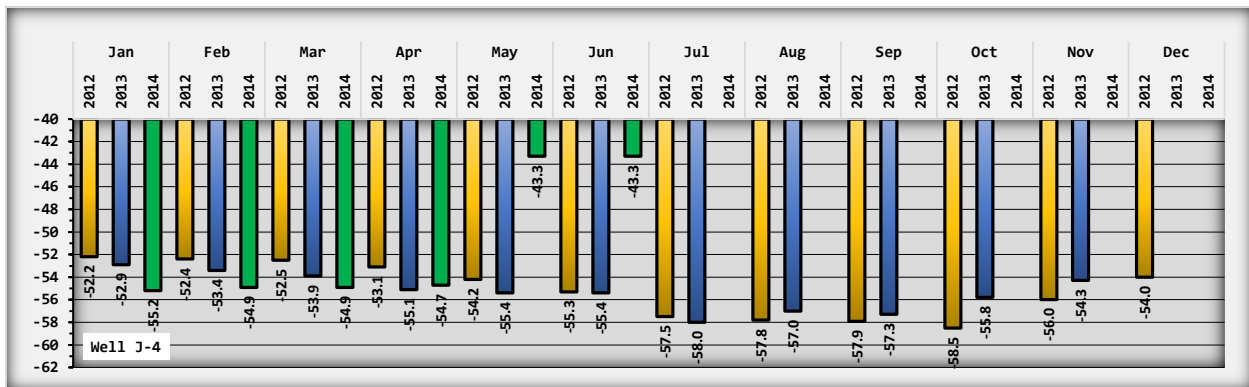
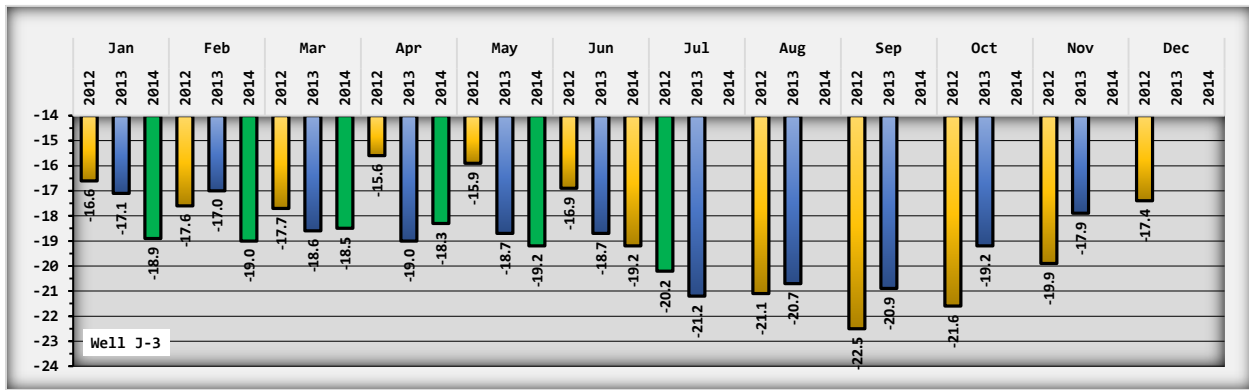


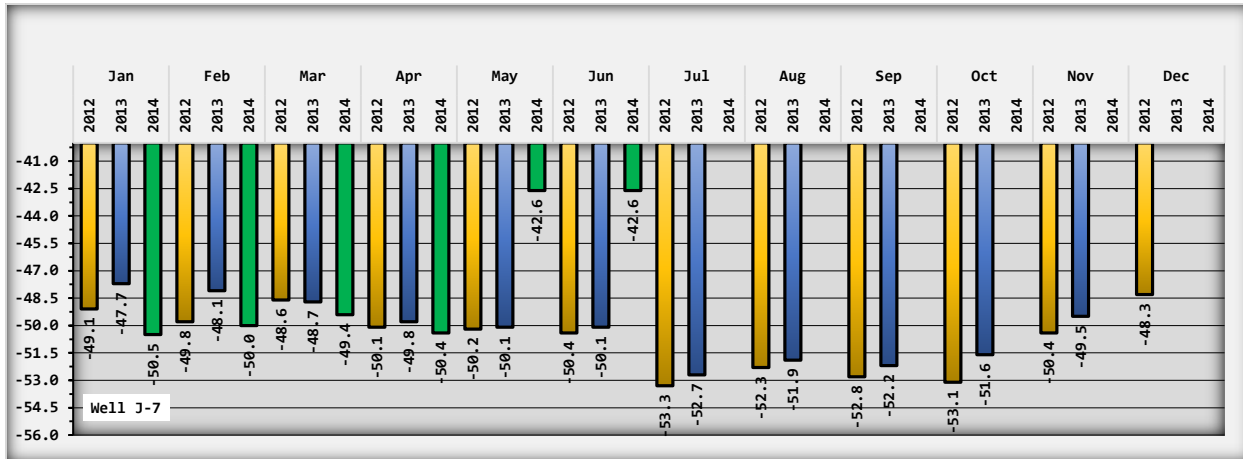
Raw and finished water quality report:



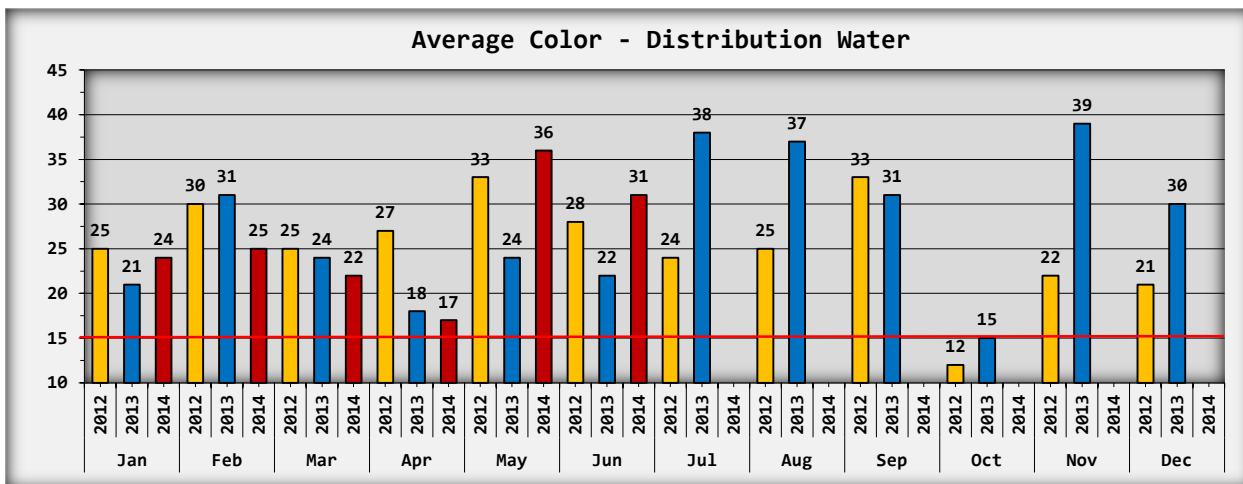
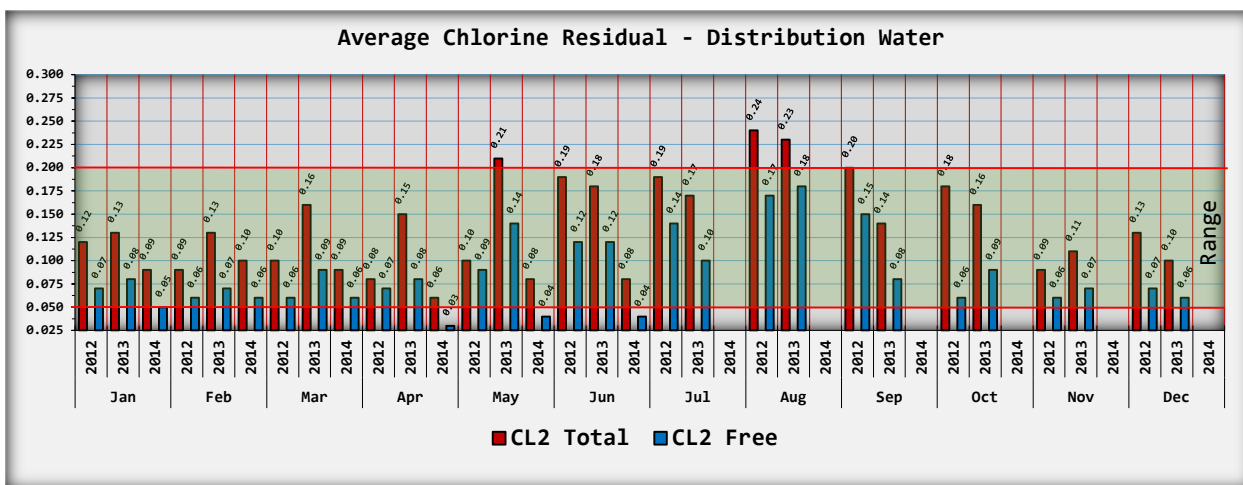
J-Wellfield Report:

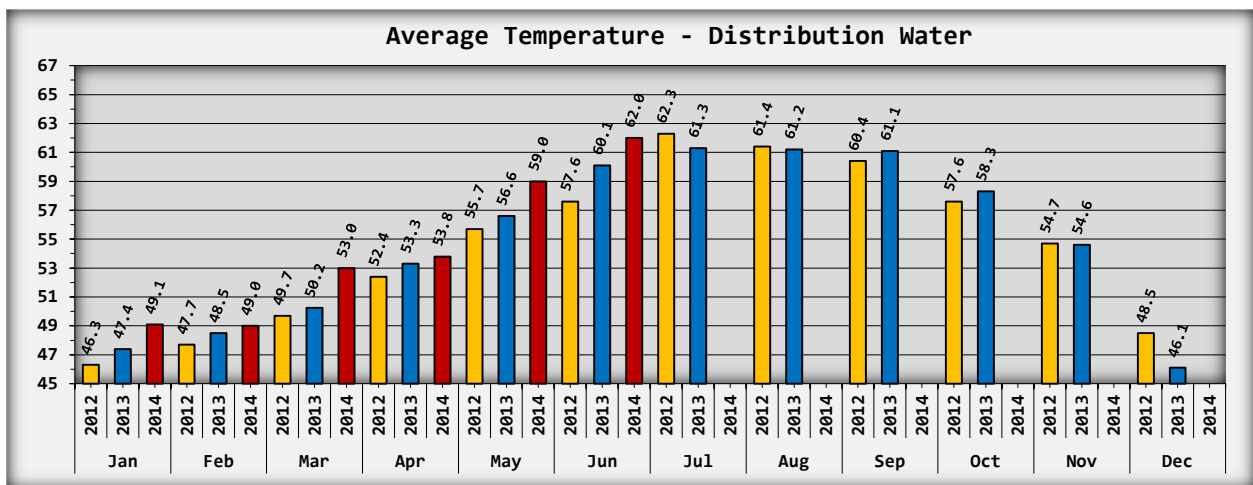
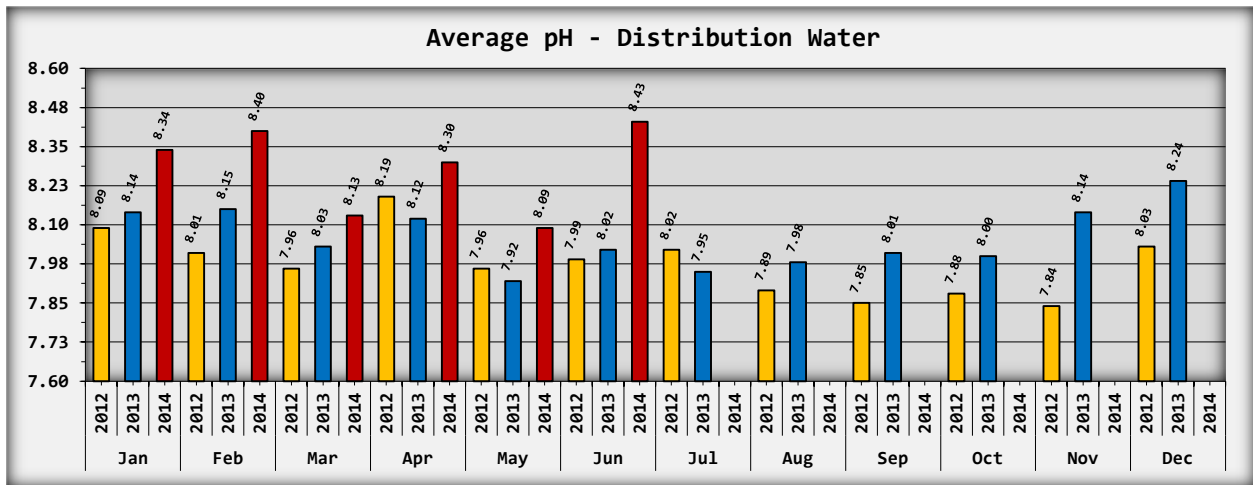






Distribution Water Quality Report:





New Services: No new services in June.

Locates: The crew did eight locates in June.

Service Calls: The crew responded to six service calls in June. All service calls were resolved to the member's satisfaction.

June Project Reports:

WMR:

No WMR work in June.

MIP:

The Crew installed 98 meters in June. The meters installed were on the east and west side of Oysterville Road and the east and west side of I Street

beginning at Oysterville Road and proceeding south. The side streets are being metered along the way also.

Chloroform Reduction Pilot Test:

The Chloroform Reduction Pilot test is on track. There were no updates to report in June

Water System Plan:

There are no updates to the water system plan to report in June.

Water Quality Tests:

The water department submitted five water samples to the state approved water testing laboratory for coliform bacteria testing in June. All five samples tested negative for bacteria.

--END OF REPORT --



Monthly Water System Data Compilation

Month/Year

Metering Period¹

JUNE 2014

MAY 30TH - JUNE 30TH 2014

Data	Target	Int ² .	Amt.	UM ³	Date ⁴
Total Water Pumped from J- Wells for Metering Period	N/A	(JK)	9.8	Mg ⁵	7/3
Total Backwash and Authorized Use Water for Metering Period	N/A	(JK)	1.2	Mg	7/3
Total Metered Water for Metering Period	N/A	(JK)	3.8	Mg	7/3
Total Unmetered Water for Metering Period	N/A	(JK)	4.8	Mg	7/3
Total Number of Service Meters Read in the Metering Period	N/A	(JK)	890	Ea	7/3
Average Raw Water Iron for Month	< .5 mg/L	(JK)	.34	mg/L	7/3
Average Finished Water Iron for Month (reservoir)	< .1 mg/L	(JK)	.08	mg/L	7/3
Average Raw Water Manganese for Month	< .15 mg/L	(JK)	.084	mg/L	7/3
Average Finished Water Manganese for Month (reservoir)	< .01 mg/L	(JK)	.01	mg/L	7/3
Average Raw Water pH for Month	7.5-8.5	(JK)	8.53	pH	7/3
Average Finished Water pH for the Month (reservoir)	7.2-7.8	(JK)	8.98	pH	7/3
Average Raw Water Color for the Month	<60 HU	(JK)	28	HU	7/3
Average Finished Water Color for the Month (reservoir)	< 15 HU	(JK)	14	HU	7/3
Average Raw Water Temperature - Fahrenheit	N/A	(JK)	53.5	°F	7/3
Average Finished Water Temperature - Fahrenheit (reservoir)	N/A	(JK)	55.5	°F	7/3
J-1 Idle Depth to Water (no well pumping for a minimum of 30 minutes) ⁶	N/A	(JK)	-12.6	Ft.	7/3
J-1 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	(JK)	-14.2	Ft.	7/3
J-2 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	(JK)	-17.6	Ft.	7/3
J-3 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	(JK)	-19.2	Ft.	7/3
J-4 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	(JK)	-43.3	Ft.	7/3

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).

Data	Target	Int.	Amt.	UM	Date
J-5 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AK	-50.9	Ft.	7/3
J-6 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AK	-45.3	Ft.	7/3
J-7 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AK	-42.6	Ft.	7/3
Average Distribution Water Color for the Month	< 15 HU	AK	31	HU	7/3
Average Distribution Water Temperature for the Month - Fahrenheit	N/A	AK	62	°F	7/3
Average Distribution Water Total CL2 for the Month	> .8 mg/L < .2 mg/L	AK	.08	mg/L	7/3
Average Distribution Water Free CL2 for the Month	> .4 mg/L < .05 mg/L	AK	.04	mg/L	7/3
Average Distribution Water pH for the Month	7.2-7.8	AK	8.43	pH	7/3
Total Rainfall at J-Wellfield for the Month	N/A	AK	2.1	In.	7/3
Average Raw Water Conductivity for the Month	< 800 µhos/cm	AK	392	µhos/cm	7/3
Average Raw Water TDS for the Month	< 400 mg/L	AK	279	mg/L	7/3
Average Raw Water Salt for the Month	< 500 mg/L	AK	205	mg/L	7/3
Average Raw Water Ammonia (NH3) for the Month	< 30 mg/L	AK	.25	mg/L	7/3
Average Raw Water Silica(SiO2) for the Month	< 70 mg/L	AK	31.6	mg/L	7/3
Average Raw Water Tannin for the Month	< 1 mg/L	AK	.7	mg/L	7/3
Average Raw Water Chloride (Cl ⁻) for the Month	< 250 mg/L	AK	39	mg/L	7/3
Average Treated Water Total CL2 for the Month (green pipe)	> 2.5 mg/L < 1.7 mg/L	AK	2.1	mg/L	7/3
Average Treated Water Free CL2 for the Month (green pipe)	> 1.5 mg/L < .5 mg/L	AK	1.1	mg/L	7/3
Average Treated Water Manganese for Month (green pipe)	< .2 mg/L	AK	.191	mg/L	7/3
Average Finished Water Total CL2 for the Month (blue pipe)	> 1.2 mg/L < .5 mg/L	AK	.87	mg/L	7/3
Average Finished Water Free CL2 for the Month (blue pipe)	> .75 mg/L < 20 mg/L	AK	.41	mg/L	7/3
Average Finished Water Total CL2 for the Month (reservoir)	> .8 mg/L < .3 mg/L	AK	.37	mg/L	7/3
Average Finished Water Free CL2 for the Month (reservoir)	> .20 mg/L < .05 mg/L	AK	.05	mg/L	7/3
Average Finished Water Ammonia (NH3) for the Month (reservoir)	< 15 mg/L	AK	0	mg/L	7/3
Average Finished Water Silica(SiO2) for the Month (reservoir)	< 70 mg/L	AK	27.2	mg/L	7/3
Average Finished Water Tannin for the Month (reservoir)	< .5 mg/L	AK	.3	mg/L	7/3
Average Post CL2 Total (just outside booster)	> 1 mg/L	AK	.85	mg/L	7/3
Average Post CL2 Free (just outside booster)	> .5 mg/L	AK	.41	mg/L	7/3
Jar Test	> 1.2 mg/L < 1.8 mg/L	AK	1.8	mg/L	7/3

Water System Manager

Date

Date	Employee	M&O	WMR	MIP	common prop.	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	Start	Total
Mon	Gil	8.00						MIP - 8 METERS, 3 SERVICES, LOCATES, GATED DOWN WELL VALVES, MEET W/ RUSS FOR PILOT TEST	3					2 LOCATES FROM LAST WEEK		
2-Jun	Aaron	1.00		7.00												
	Lawrence	4.00		4.00												
	Chris	1.00		7.00												
	April	8.00						MEET W/ RUSS - PILOT TEST, CENTURYLINK, GATE DOWN WELLS								
	John				8.00											
	Dan	1.50														
Tue	Gil	3.00		5.00				MIP - 10 METERS, 6 SERVICES, REPAIR LEAK, CONSTRUCTION FLUSHING, BACTI TO COUNTY,		1				X PL & 300 - LEAK		
3-Jun	Aaron	1.00		7.00												
	Lawrence	8.00														
	Chris	1.00		7.00												
	April	8.00						2 BACTI, GATE DOWN WELLS								
	John				8.00											
	Dan	3.00														
Wed	Gil	2.00		4.00	2.00			MIP, 4 SERVICES W/ METERS, COMMON PROPERTY MEETING								
4-Jun	Aaron	1.00		7.00												
	Lawrence	8.00														
	Chris	1.00		7.00												
	April	8.00						FIRST AID CLASS								
	John				8.00											
	Dan	1.50														
Thu	Gil	4.50	2.00	1.50				WMR - LOADING DUMP TRUCK, MIP - 1 SERVICE W/ METER		1				30806 O PL - RELOCATE BOX		
5-Jun	Aaron	4.50	2.00	1.50												
	Lawrence	8.00														
	Chris	4.50	2.00	1.50												
	April	8.00														
	John		1.00		7.00											
	Dan	1.00														
Fri	Gil	8.00						STAFF MEETING, MIP - 1 SERVICE W/ METER & CLEAN UP, CLEAN UP 306TH PARK								
6-Jun	Aaron	3.00		4.00	1.00											
	Lawrence	8.00														
	Chris	3.00		4.00	1.00											
	April	8.00						BAT TEST, GATE DOWN WELLS		1				30610 M PL - BAT TEST		
	John		4.00													
	Dan															
6/7-6/8	AH SC	3.00						LARRY - WEEKEND								
	Total	132.50	11.00	67.50	35.00	0.00	0.00		3	3	0	0	0	0	0	0

AH SC = After Hours/Service Calls

1 HOUR OF OVERTIME IS EQUAL TO 1.5 HOURS OF REGULAR TIME - OVERTIME WHICH HAS BEEN CONVERTED INTO REGULAR TIME WILL BE IN BOLD RED

Date	Employee	M&O	WMR	MIP	common prop.	CMP	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Main Break Time	
													Start	End
Mon	Gil	8.00						CONSTRUCTION FLUSHING, MIP - 4 SERVICES						
9-Jun	Aaron	1.50		6.50										
	Lawrence	1.50		6.50										
	Chris	1.50		6.50										
	April	8.00												
	John				8.00									
	Dan	1.50												
Tue	Gil	6.50				1.50		MIP - 6 SERVICES, CONSTRUCTION FLUSHING, 2 BACTI, 2 COMPLIANCE						
10-Jun	Aaron			8.00										
	Lawrence			8.00										
	Chris			8.00										
	April	8.00						2 BACTI, REPAIR CL2 LEAK AT FILTER ROOM						
	John				8.00									
	Dan	3.50												
Wed	Gil	4.50		3.50				MIP - 8 SERVICES, WATER PLANNING MEETING	1					
11-Jun	Aaron	4.00		4.00										
	Lawrence			8.00										
	Chris			8.00										
	April	8.00												
	John				8.00									
	Dan	1.00												
Thu	Gil	8.00						MIP - 7 SERVICES, WATERED 306TH & SEABREEZE CABANA,						
12-Jun	Aaron			8.00										
	Lawrence			8.00										
	Chris			8.00										
	April	8.00												
	John				8.00			FLAGGING						
	Dan	13.75						CLASS						
Fri	Gil	4.00		4.00				TESTING, REPAIR LST BRAKES, MIP RESTORATION & CLEAN UP						
13-Jun	Aaron	4.00		4.00										
	Lawrence	4.00		4.00										
	Chris	8.00												
	April	8.00												
	John													
	Dan	0.00												
6/14-6/15	AH SC	4.50						CHRIS - WEEKEND, 1 CALL OUT		1				
	Total	119.75	0.00	111.00	24.00	1.50	0.00		1	1	0	0	0	0

AH SC = After Hours/Service Calls M&O WMR MIP L&B CMP Total

1 HOUR OF OVERTIME IS EQUAL TO 1.5 HOURS OF REGULAR TIME - OVERTIME WHICH HAS BEEN CONVERTED INTO REGULAR TIME WILL BE IN BOLD RED

Date	Employee	M&O	WMR	MIP	common prop.	CMP	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Main Break Time		
													Start	End	Total
Mon	Gil	6.50		1.50			8.00	MIP - 6 SERVICES, FLUSHING, BACTI SAMPLES							
16-Jun	Aaron	1.00		7.00			8.00								
	Lawrence	4.50		3.50			8.00								
	Chris	1.00		7.00			8.00								
	April	8.00					8.00	2 BACTI, NB INVOICING							
	John			7.00			7.00	FLAGGING							
	Dan	5.00					5.00								
Tue	Gil	8.00					8.00	MIP - 8 SERVICES							
17-Jun	Aaron			8.00			8.00								
	Lawrence			8.00			8.00								
	Chris			8.00			8.00								
	April	8.00					8.00								
	John			1.50	6.00		7.50	FLAGGING, MOWING							
	Dan	5.00					5.00								
Wed	Gil	7.00			1.00		8.00	MIP - 5 SERVICES, BOOSTER PUMP REPAIR/MAINTENANCE							
18-Jun	Aaron	2.50		5.50			8.00								
	Lawrence	2.50		5.50			8.00								
	Chris	2.50		5.50			8.00								
	April	8.00					8.00	JURY DUTY, ROUNDS							
	John				8.00		8.00	MOWING							
	Dan	5.00					5.00								
Thu	Gil	15.25			1.00		16.25	MIP - 7 SERVICES, CABANAS & 306TH PARK, RV LOT & TRAILS, MAIN BREAK				1	6PM	1130PM	5.5
19-Jun	Aaron	7.00		7.00			14.00		1						
	Lawrence	7.00		7.00			14.00		1						
	Chris	7.00		7.00			14.00								
	April	8.00					8.00								
	John				8.00		8.00	MOWING							
	Dan	5.00					5.00								
Fri	Gil	8.00					8.00	CLEAN UP MAIN BREAK, MIP RESTORATION							
20-Jun	Aaron	8.00					8.00								
	Lawrence	4.00		4.00			8.00								
	Chris	4.00		4.00			8.00								
	April	8.00					8.00	FLUSHING, PILOT TEST PROJECTION GRAPHS, CLOSE 2 RESERVOIRS							
	John						0.00								
	Dan						0.00								
6/21-6/22	AH SC	3.00					3.00	WEEKEND							
	Total	158.75	0.00	97.00	24.00	0.00	279.75		2	0	0	1	0	0	5.50

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Date	Employee	M&O	WMR	MIP	common prop.	CMP	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Main Break Time			
													Start	End	Total	
Mon	Gil	8.00					8.00	KMNO4 LEAK REPAIR, TTHM/HAA5 SAMPLING, MIP RESTORATION	1							
23-Jun	Aaron	6.00		2.00			8.00									
	Lawrence	6.00		2.00			8.00									
	Chris	8.00					8.00									
	April	8.00					8.00									
	John				8.00		8.00									
	Dan	5.00					5.00									
Tue	Gil	8.00					8.00		MIP - 8 SERVICES, LOCATES FOR MIP, BACTI	1						
24-Jun	Aaron			8.00			8.00									
	Lawrence			8.00			8.00									
	Chris			8.00			8.00									
	April	8.00					8.00									
	John				8.00		8.00									
	Dan	5.00					5.00									
Wed	Gil	6.00			2.00		8.00	EVALUATIONS, MIP - 3 SERVICES, LOCATES								
25-Jun	Aaron	3.00		5.00			8.00									
	Lawrence	3.00		5.00			8.00									
	Chris	3.00		5.00			8.00									
	April	8.00					8.00									
	John				8.00		8.00									
	Dan	5.00					5.00									
Thu	Gil	2.00		6.00			8.00		MIP - 8 SERVICES, TTHM/HAA5, BACTI	1						
26-Jun	Aaron	4.00		4.00			8.00									
	Lawrence	8.00					8.00									
	Chris	1.00		7.00			8.00									
	April	8.00					8.00									
	John				8.00		8.00									
	Dan	5.00					5.00									
Fri	Gil	4.00		4.00			8.00	MIP - RESTORATION		1						
27-Jun	Aaron	8.00					8.00									
	Lawrence	8.00					8.00									
	Chris	4.00		4.00			8.00									
	April	8.00					8.00									
	John						0.00									
	Dan						0.00									
6/28-6/29	AH SC	3.00					3.00		WEEKEND - AARON							
	Total	153.00	0.00	68.00	34.00	0.00	255.00			2	2	0	0			0.00

AH SC = After Hours/Service Calls

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JUNE 2014 METER LEAK REPORT

Reader Id	Reader Seq	ID Cap	Reading	Address	Leak Status	Days of Leak	Date/ Time
CONTINUOUS LEAKS							
1	AR	100111	1834819354	47483	32707 G STREET	Continuous Leak	35 Days 6/30/2014 15:19
2	AR	100323	1834810223	132651	32908 G PLACE	Continuous Leak	35 Days 6/30/2014 15:19
3	AR	10116	1834810002	10140	30309 G STREET	Continuous Leak	35 Days 6/30/2014 15:22
4	AR	10119	1834804164	307440	30403 G STREET	Continuous Leak	35 Days 6/30/2014 15:22
5	AR	10212	1834822949	10164	30711 G STREET	Continuous Leak	35 Days 6/30/2014 15:22
6	AR	110306	1834812864	75374	33100 G PLACE	Continuous Leak	35 Days 6/30/2014 15:19
7	AR	110310	1834810740	356185	33112 G PLACE	Continuous Leak	35 Days 6/30/2014 15:19
8	AR	110323	1834816344	159620	33406 G STREET	Continuous Leak	35 Days 6/30/2014 15:18
9	AR	160908	1834081788	73550	2207 300TH PLACE	Continuous Leak	35 Days 6/30/2014 15:35
10	AR	170125	1834081957	1425216	34411 G STREET	Continuous Leak	35 Days 6/30/2014 15:07
11	AR	170532	1834080575	174319	801 341ST PLACE	Continuous Leak	35 Days 6/30/2014 15:06
12	AR	170727	1834081217	21844	34501 J PLACE	Continuous Leak	35 Days 6/30/2014 15:07
13	AR	170804	1834081209	178947	34518 J PLACE	Continuous Leak	35 Days 6/30/2014 15:07
14	AR	180120	1834079092	768920	34907 G STREET	Continuous Leak	35 Days 6/30/2014 15:09
15	AR	190227	1834080950	153321	35108 H PLACE	Continuous Leak	35 Days 6/30/2014 15:13
16	AR	190354	1834075613	121290	812 347TH PLACE	Continuous Leak	35 Days 6/30/2014 15:07
17	AR	190411	1834081230	309114	35313 I PLACE	Continuous Leak	35 Days 6/30/2014 15:08
18	AR	200147	1834075424	42682	34709 J PLACE	Continuous Leak	35 Days 6/30/2014 15:07
19	AR	200218	1834075856	156791	35109 J PLACE	Continuous Leak	35 Days 6/30/2014 15:08
20	AR	200235	1834081921	356842	35404 I PLACE	Continuous Leak	35 Days 6/30/2014 15:09
21	AR	240312	1834075441	126189	30211 M PLACE	Continuous Leak	35 Days 6/30/2014 15:32
22	AR	40120	1834821434	34342	31407 G STREET	Continuous Leak	35 Days 6/30/2014 15:21
23	AR	40224	1834819346	140586	31006 G STREET	Continuous Leak	35 Days 6/30/2014 15:21
24	AR	60117	1834806719	195145	31911 G STREET	Continuous Leak	35 Days 6/30/2014 15:20
25	AR	90109	1834824603	96806	32201 G STREET	Continuous Leak	35 Days 6/30/2014 15:20
26	AR	90319	1834806122	83335	32404 G STREET	Continuous Leak	35 Days 6/30/2014 15:20
27	AR	120312	1834826063	84504	800 338TH PLACE	Continuous Leak	22-34 Days 6/30/2014 15:06
28	AR	170608	1834081233	121242	802 346TH PLACE	Continuous Leak	22-34 Days 6/30/2014 15:08
29	AR	170820	1834079006	39242	34206 J PLACE	Continuous Leak	22-34 Days 6/30/2014 15:06
30	AR	200224	1834071835	249024	35208 I PLACE	Continuous Leak	22-34 Days 6/30/2014 15:08
31	AR	260207	1834822858	34924	29514 G STREET	Continuous Leak	22-34 Days 6/30/2014 15:23
32	AR	90203	1834802655	35345	32008 G STREET	Continuous Leak	22-34 Days 6/30/2014 15:20
33	AR	100213	1834812863	86287	32901 G PLACE	Continuous Leak	15-21 Days 6/30/2014 15:19
34	AR	110514	1852205488	14159	33415 I STREET	Continuous Leak	15-21 Days 6/30/2014 15:05
35	AR	40203	1834820796	2572	31015 H STREET	Continuous Leak	15-21 Days 6/30/2014 15:22
36	AR	50111	1834803751	46502	31704 G STREET	Continuous Leak	15-21 Days 6/30/2014 15:20
37	AR	100104	1834817641	13782	32511 G STREET	Continuous Leak	8-14 Days 6/30/2014 15:19
38	AR	100119	1834801113	159136	32903 G STREET	Continuous Leak	8-14 Days 6/30/2014 15:19
39	AR	200237	1834081786	304228	35408 I PLACE	Continuous Leak	8-14 Days 6/30/2014 15:08
40	AR	90310	1834824575	72123	32202 G PLACE	Continuous Leak	8-14 Days 6/30/2014 15:20
41	AR	170511	1834079012	285991	34323 I STREET	Continuous Leak	3-7 Days 6/30/2014 15:07
42	AR	190404	1834081114	29598	35511 I PLACE	Continuous Leak	3-7 Days 6/30/2014 15:09
43	AR	20208	1834820556	53763	30511 H STREET	Continuous Leak	3-7 Days 6/30/2014 15:22
44	AR	90202	1834821060	11566	32004 G STREET	Continuous Leak	3-7 Days 6/30/2014 15:20

JUNE 2014 METER LEAK REPORT

INTERMITTENT LEAKS

1	AR	10103	1834824090	7055	30007 G STREET	Intermittent Leak	35 Days	6/30/2014 15:23
2	AR	120105	1834079239	37860	33513 G STREET	Intermittent Leak	35 Days	6/30/2014 15:18
3	AR	170133	1834075612	228960	34303 G STREET	Intermittent Leak	35 Days	6/30/2014 15:07
4	AR	170304	1834078835	37832	34600 F PLACE	Intermittent Leak	35 Days	6/30/2014 15:15
5	AR	180113	1850533906	29875	35205 F PLACE	Intermittent Leak	35 Days	6/30/2014 15:13
6	AR	180314	1834075644	227872	35410 G STREET	Intermittent Leak	35 Days	6/30/2014 15:09
7	AR	200236	1834820540	20463	35405 J PLACE	Intermittent Leak	35 Days	6/30/2014 15:09
8	AR	50002	1834033991	291107	(North Side of 315th	Intermittent Leak	35 Days	6/30/2014 15:21
9	AR	100116	1834807028	90691	32807 G STREET	Intermittent Leak	22-34 Days	6/30/2014 15:19
10	AR	10121	1834821410	173323	30411 G STREET	Intermittent Leak	22-34 Days	6/30/2014 15:22
11	AR	120214	1834075605	194033	809 338TH PLACE	Intermittent Leak	22-34 Days	6/30/2014 15:05
12	AR	120418	1834824599	112999	701 336TH PLACE	Intermittent Leak	22-34 Days	6/30/2014 15:05
13	AR	190351	1834081842	844618	(809 347 Pl, NE corn	Intermittent Leak	22-34 Days	6/30/2014 15:07
14	AR	200238	1834079091	285241	35409 J PLACE	Intermittent Leak	22-34 Days	6/30/2014 15:09
15	AR	20403	1834804152	39386	30506 H STREET	Intermittent Leak	22-34 Days	6/30/2014 15:25
16	AR	20410	1834820848	143233	30706 H STREET	Intermittent Leak	22-34 Days	6/30/2014 15:22
17	AR	30212	1834810645	65985	30801 I STREET	Intermittent Leak	22-34 Days	6/30/2014 15:22
18	AR	40215	1834806791	56596	31206 G STREET	Intermittent Leak	22-34 Days	6/30/2014 15:22
19	AR	220012	1852207825	6585	803 OYSTERVILLE RD	Intermittent Leak	15-21 Days	6/30/2014 15:06
20	AR	100117	1834827804	89648	32811 G STREET	Intermittent Leak	8-14 Days	6/30/2014 15:19
21	AR	110613	1852207285	6420	33210 I STREET	Intermittent Leak	8-14 Days	6/30/2014 15:05
22	AR	180201	1834075533	186701	516 354TH PLACE	Intermittent Leak	8-14 Days	6/30/2014 15:09
23	AR	180311	1834071873	198435	35506 G STREET	Intermittent Leak	8-14 Days	6/30/2014 15:13
24	AR	90116	1834812732	62415	32311 G STREET	Intermittent Leak	8-14 Days	6/30/2014 15:20
25	AR	10117	1834806083	22815	30311 G STREET	Intermittent Leak	3-7 Days	6/30/2014 15:22
26	AR	10202	1834806107	25797	30505 G STREET	Intermittent Leak	3-7 Days	6/30/2014 15:22
27	AR	190323	1834071750	152116	810 353RD PLACE	Intermittent Leak	3-7 Days	6/30/2014 15:08
28	AR	40119	1834823478	37644	31405 G STREET	Intermittent Leak	3-7 Days	6/30/2014 15:21
29	AR	100120	1834809962	39984	32907 G STREET	Intermittent Leak	1-2 Days	6/30/2014 15:19
30	AR	10210	1834809942	75201	30705 G STREET	Intermittent Leak	1-2 Days	6/30/2014 15:22
31	AR	110403	1852211308	2240	33007 I STREET	Intermittent Leak	1-2 Days	6/30/2014 15:04
32	AR	170131	1834081848	11771	34309 G STREET	Intermittent Leak	1-2 Days	6/30/2014 15:12
33	AR	190304	1834080886	36764	800 357TH STREET	Intermittent Leak	1-2 Days	6/30/2014 15:09
34	AR	270117	1834815999	51152	29959 G STREET	Intermittent Leak	1-2 Days	6/30/2014 15:23
35	AR	90105	1834820811	82416	32101 G STREET	Intermittent Leak	1-2 Days	6/30/2014 15:20
36	AR	110503	1852210382	2197	33205 I STREET	Intermittent Leak	0 Days	6/30/2014 15:04
37	AR	110522	1852202578	11241	33306 H PLACE	Intermittent Leak	0 Days	6/30/2014 15:05
38	AR	110523	1852209271	4115	33302 H PLACE	Intermittent Leak	0 Days	6/30/2014 15:04
39	AR	190327	1834081062	21916	35208 I STREET	Intermittent Leak	0 Days	6/30/2014 15:09

**June 2014 Water Usage Report
Highest Median**

Address	Cubic Feet	Gallons	Gallons Per Day
35115 H PLACE	178	1,331	44.4
32801 G STREET	178	1,331	44.4
29500 H ST	180	1,346	44.9
32914 G STREET	180	1,346	44.9
710 336TH PLACE	180	1,346	44.9
33513 G STREET	180	1,346	44.9
30500 H STREET	180	1,346	44.9
34807 I PLACE	180	1,346	44.9
35510 J PLACE	181	1,354	45.1
31718 G STREET	182	1,361	45.4
35207 F PLACE	184	1,376	45.9
808 353RD PLACE	186	1,391	46.4
32703 G STREET	186	1,391	46.4
30211 G STREET	188	1,406	46.9
600 357TH STREET	189	1,414	47.1
34608 F PLACE	190	1,421	47.4
707 336TH PLACE	191	1,429	47.6
34015 G STREET	195	1,459	48.6
33313 G STREET	195	1,459	48.6
35610 J PLACE	197	1,474	49.1
35508 G STREET	197	1,474	49.1
30400 G STREET	199	1,489	49.6
712 318TH PLACE	201	1,503	50.1
702 348TH PLACE	202	1,511	50.4
30901 H STREET	207	1,548	51.6
30801 I STREET	3,611	27,010	900.3
706 343RD PLACE	4,069	30,436	1,014.5
35313 I PLACE	4,151	31,049	1,035.0
35302 G STREET	4,344	32,493	1,083.1
30701 G STREET	4,453	33,308	1,110.3
31305 H STREET	4,535	33,922	1,130.7
30707 G STREET	4,623	34,580	1,152.7
33105 G STREET	4,715	35,268	1,175.6
31007 G STREET	4,834	36,158	1,205.3
30211 M PLACE	4,862	36,368	1,212.3
35210 G STREET	4,892	36,592	1,219.7
33200 G STREET	4,991	37,333	1,244.4
35212 G STREET	5,181	38,754	1,291.8
33112 G PLACE	5,323	39,816	1,327.2
34907 G STREET	5,678	42,471	1,415.7
30411 G STREET	5,855	43,795	1,459.8
30706 H STREET	6,243	46,698	1,556.6
30403 G STREET	7,560	56,549	1,885.0
810 355TH PLACE	7,673	57,394	1,913.1
30200 H STREET	8,840	66,123	2,204.1
34212 G STREET	9,842	73,618	2,453.9
30409 H STREET	10,000	74,800	2,493.3
35503 J PLACE	10,311	77,126	2,570.9
30715 G STREET	11,572	86,559	2,885.3
890 347th Place	11,973	89,558	2,985.3

Please Note: Not All Members Are Currently Being Metered

MIP 2012 - 2014 Budget To Actual Report - As of May 31, 2014												
	Budget	Actual	% of Budget	Budget	Actual	% of Budget	Budget	Actual	% of Budget	Budget	Actual	% of Budget
Revenue	2012	2012	2012	2013	2013	2013	2014	2014	2014	2015	2015	2016
MIP Assessment	737,500	609,041	83%	71,500	130,598	183%	71,500	91,778	128%	71,500	71,500	71,500
Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
Total Revenue	737,500	609,041	83%	71,500	130,598	183%	71,500	91,778	128%	71,500	71,500	71,500
Expenses												
Labor	29,529	37,923	128%	30,562	33,206	94%	31,632	0	0%	32,740	0	33,886
Wages	19,500	25,030	128%	20,183	22,705	112%	20,889	-	0%	21,620	-	22,377
Payroll Taxes	4,846	8,431	174%	5,015	7,151	143%	5,191	-	0%	5,373	-	5,561
Benefits	4,520	3,940	87%	4,678	2,841	61%	4,842	-	0%	5,012	-	5,187
Pension	663	522	79%	686	509	74%	710	-	0%	735	-	761
Materials	157,657	184,637	117%	163,175	151,426	107%	168,886	176,849	105%	174,797	0	180,915
Meters (HD Supply)	72,046	89,905	125%	74,568	75,486	107%	77,177	76,841	100%	79,879	-	82,674
Appurtenances (By Bid Each Year)	85,611	94,732	111%	88,607	75,940	-	91,709	22,581	25%	94,918	-	98,241
Other Expenses	0	0	0%	0	0	0%	77,427	-	0%	-	-	-
Total Expenses	187,186	222,560	80%	193,737	184,632	102%	200,518	176,849	88%	207,537	0	214,801
Summary												
Total Revenue	737,500	609,041	83%	71,500	130,598	183%	71,500	91,778	128%	71,500	-	71,500
Total Expenses	187,186	222,560	119%	193,737	184,632	95%	200,518	176,849	88%	200,518	-	200,518
Cash Increase/Decrease	550,314	386,481	70%	(122,237)	(54,034)	44%	(129,018)	(85,071)	66%	(129,018)	-	(129,018)
Cash at Beginning of Year	-	-	-	386,481	386,481	100%	332,447	332,447	100%	247,376	247,376	247,376
Cash at End of Year	550,314	386,481	70%	264,244	332,447	126%	203,429	247,376	122%	118,358	247,376	118,358

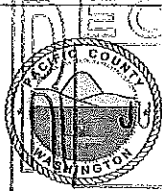
Accumulated Summary	5-Year Budget	2012 Actual	% of Budget	2012-2013 Actual	% of Budget	2012-2014 Actual	% of Budget	2012-2015 Actual	% of Budget	2012-2016 Actual	% of Budget
Total Revenue	1,023,500	609,041	60%	739,639	72%	831,417	81%	-	-	-	-
Total Expense	1,003,779	222,560	22%	407,192	41%	584,041	58%	-	-	-	-
Total Meters	1,850	390	21%	796	43%	796	43%	-	-	-	-

Note: The above report was prepared by the Water System Manager using data supplied by the Surfside Business Office. This report has not been audited

WMR 2012 - 2014 Budget To Actual Report - As of May 31, 2014

	Budget	Actual	2012	2012	% of Budget	Budget	2013	2013	% of Budget	Budget	2014	2014	% of Budget
Revenue	2012	2012	2012	2012	2012	2013	2013	2013	2013	2014	2014	2014	2014
WMR Assessment	142,650	142,032	142,032	148,356	100%	143,139	143,139	96%	148,356	148,356	125,047	84%	
Other Revenue	0	0	0	0	0	0	0	0	0	0	0	0	
Total Revenue	142,650	142,032	142,032	148,356	100%	143,139	143,139	89%	148,356	148,356	125,047	84%	
Expenses													
Labor	51,486	44,053	44,053	54,061	61%	50,946	50,946	94%	57,720	57,720	34,499	60%	
Wages	34,000	29,290	29,290	35,700	62%				41,500	41,500	23,588	57%	
Payroll Taxes	8,449	9,326	9,326	8,871	78%				8,720	8,720	5,572	64%	
Benefits	7,881	4,772	4,772	8,275	44%				6,250	6,250	4,772	76%	
Pension	1,156	628	628	1,214	39%				1,250	1,250	567	45%	
Materials	89,501	85,620	85,620	92,634	91%	98,658	98,658	107%	94,500	94,500	89,102	94%	
Pipe, Hydrants, & Fittings	89,501	85,620	85,620	92,634	91%	98,658	98,658	107%	56,300	56,300	51,067	91%	
Other Expenses	0	0	0	0	0	0	0	0	38,200	38,200	38,035	100%	
Total Expenses	140,987	129,673	129,673	146,694	80%	149,604	149,604	102%	152,220	152,220	123,601	81%	
Summary													
Budget	2012	Actual	2012	Budget	2012	Actual	2013	% of Budget	Budget	2013	Actual	2014	% of Budget
Total Revenue	142,650	142,032	142,032	148,356	100%	143,139	143,139	96%	148,356	148,356	125,047	84%	
Total Expenses	140,987	129,673	129,673	146,694	92%	149,604	149,604	102%	152,220	152,220	123,601	81%	
Cash Increase/Decrease	1,663	12,360	12,360	1,662	743%	-6,465	-6,465	-389%	(3,864)	(3,864)	1,446	-37%	
Cash at Beginning of Year	3,769	3,769	3,769	16,129	100%	16,129	16,129	100%	9,664	9,664	9,664	100%	
Cash at End of Year	5,432	16,129	16,129	17,791	297%	9,664	9,664	54%	5,800	5,800	11,110	192%	

Note: The above report was prepared by the Water System Manager using data supplied by the Surfside Business Office. This report has not been audited



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 3/12/14 Month Day Year	Time Sample Collected 9:29 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Pacific
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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 0 4 7 0 4
 System Name: Waste Treatment Assoc.

Contact Person: [Name]
 Day Phone: (509) 783-4171 Cell Phone: (509) 883-2393
 Eve. Phone: () 783-2393 FAX: (509) 115-6469

Send results to: (Print full name, address and zip code)
 Waste Treatment Assoc
 3110 4 Ave
 South Bend WA 98586

SAMPLE INFORMATION

Sample collected by (name): [Name]

Specific location where sample collected: 3110 4 Ave
 Special instructions or comments: outside faucet

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

<p>1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___</p>	<p>2. Repeat Sample (after unsatisfactory routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> 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 ___</p>
<p>3. Raw Water Source Sample <input type="checkbox"/> E. coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other S <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
<input checked="" type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input 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: MICR- 2720	Date and Time Received: 3/12/14
Date Analyzed: 3/11/14	Date Reported: 11/4/14
Sample Number (OOH number plus five digits) 137-12844	Lab Use Only: W140210

CONSTRUCTION RESULTS ARE INVESTIGATIVE ONLY AND ARE NOT REPORTED TO THE STATE. THIS SAMPLE WAS TAKEN ON THE 3RD, 10TH & 16TH AND CAME BACK SATISFACTORY ON THE 16TH.



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 6/10/14 Month Day Year	Time Sample Collected 9:52 AM AM PM	County Pacific
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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# 804704
 System Name: Seaside Homeowners Assoc.

Contact Person: [Name]
 Day Phone: () [Area] [Number]
 Eve. Phone: () [Area] [Number]
 Cell Phone: () [Area] [Number]
 FAX: () [Area] [Number]

Send results to: (Print full name, address and zip code)
 [Name]
 [Address]
 [City, State, Zip]

SAMPLE INFORMATION

Sample collected by (name): April Reynolds

Specific location where sample collected: 1407 314th + located in center of lot
 Special instructions or comments:

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

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <u>27</u> Free <u>02</u></p>	<p>2. Repeat Sample (after unsatisfactory routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total ____ Free ____</p>
<p>3. Raw Water Source Sample <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></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 type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform 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: MICR- [Code]	Date and Time Received: [Date/Time]
Date Analyzed: [Date]	Date Reported: [Date]
Sample Number (DOH number plus five digits): 137-12889	Lab Use Only: [Initials]



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

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 6/10/14 Month Day Year	Time Sample Collected 10:18 <input type="checkbox"/> AM <input type="checkbox"/> PM	County Pacific
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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# 864704

System Name: Seaside Homeowners Assoc.

Contact Person: Hal Hennings

Day Phone: (360) 665-4170 Cell Phone: (360) 832-3399

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

Send results to: (Print full name, address and zip code)
 Seaside Homeowners Assoc.
 31402 H St.
 Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): April Reynolds

Specific location where sample collected: 31124 St. N Pl.
 Special instructions or comments:

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

<p>1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____</p>	<p>2. Repeat Sample (after unsatisfactory routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> 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 _____</p>
<p>3. Raw Water Source Sample <input type="checkbox"/> E. coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other S _____</p>	

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

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input checked="" type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input checked="" type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input type="checkbox"/> Satisfactory
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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- 27210	Date and Time Received: 6/10/14
Date Analyzed: 6/10/14	Date Reported: 11/11/14
Sample Number (DOH number plus five digits): 137-12802	Lab Use Only: V412 31

CONSTRUCTION RESULTS ARE INVESTIGATIVE ONLY AND ARE NOT REPORTED TO THE STATE. THIS SAMPLE WAS TAKEN ON THE 3RD, 10TH & 16TH AND CAME BACK SATISFACTORY ON THE 16TH.



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 6 / 16 / 14 Month Day Year	Time Sample Collected 12:42 PM	County Pacific
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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 6 4 7 0 X**
 System Name: **Seaside Homeowners Assoc.**

Contact Person: **Arl Gunnalery**
 Day Phone: **(360) 783-2393** Cell Phone: **(360) 783-2393**
 Eve. Phone: **(360) 783-2393** FAX: **000 665-5469**

Send results to: (Print full name, address and zip code)
Seaside Homeowners Assoc.
31402 H St.
Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): **April Reynolds**
 Specific location where sample collected: **30714 N PL. - faucet in E. Center of lot**
 Special instructions or comments:

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

1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No _____ Chlorine Residual: Total 04 Free 03	2. Repeat Sample (after unsatisfactory routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> 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 <input type="checkbox"/> E. coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other _____ 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
<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		
<input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform 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: SM9223B MICR: _____	Date and Time Received: 6/17/14 0900
Date Analyzed: 06/17/14	Date Reported: 06/18/14
Sample Number (DOH number plus five digits): 017 60581	Lab Use Only: K 6/19/14

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



Pacific County *Back-Construction*
 Department of Community Development
 PO Box 68, South Bend, WA 98586

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 6 / 16 / 14 Month Day Year		Time Sample Collected 12:53 AM PM	County Pacific
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Other _____			
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# 8 6 4 7 0 Y System Name: Surfside Homeowners Assoc.			
Contact Person: <i>Jim Hunsley</i>			
Day Phone: (360) 665-4171		Cell Phone: 360 783 2393	
Eve. Phone: (360) 783-2393		FAX: 360 665-5469	
Send results to: (Print full name, address and zip code) Surfside Homeowners Assoc. 31402 H St. Ocean Park, WA 98640			
SAMPLE INFORMATION			
Sample collected by (name): <i>April Reynolds Gil Gonzalez</i>			
Specific location where sample collected: 31011 Opl. - Faucet in box at N. center of lot.		Special instructions or comments:	
Type of Sample (must check only one box of #1 through #4 listed below)			
1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____		2. Repeat Sample (after unsatisfactory routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> 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 <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. <input checked="" type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs <input checked="" type="checkbox"/> Other _____			
LAB USE ONLY		DRINKING WATER RESULTS	
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory	
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____ <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture			
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.			
Method Code: MICR- <i>SM9223B</i>		Date and Time Received: <i>6/17/14 0900</i>	
Date Analyzed: <i>06/17/14</i>		Date Reported: <i>06/18/14</i>	
Sample Number (DOH number plus five digits): <i>017 60582</i>		Lab Use Only: <i>4/6/14/14</i>	

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:

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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

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RESAMPLE:

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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

CONSTRUCTION RESULTS ARE INVESTIGATIVE ONLY AND ARE NOT REPORTED TO THE STATE. THIS SAMPLE WAS TAKEN ON THE 3RD, 10TH & 16TH AND CAME BACK SATISFACTORY ON THE 16TH.