



Surfside Water Department Water System Manager's Report

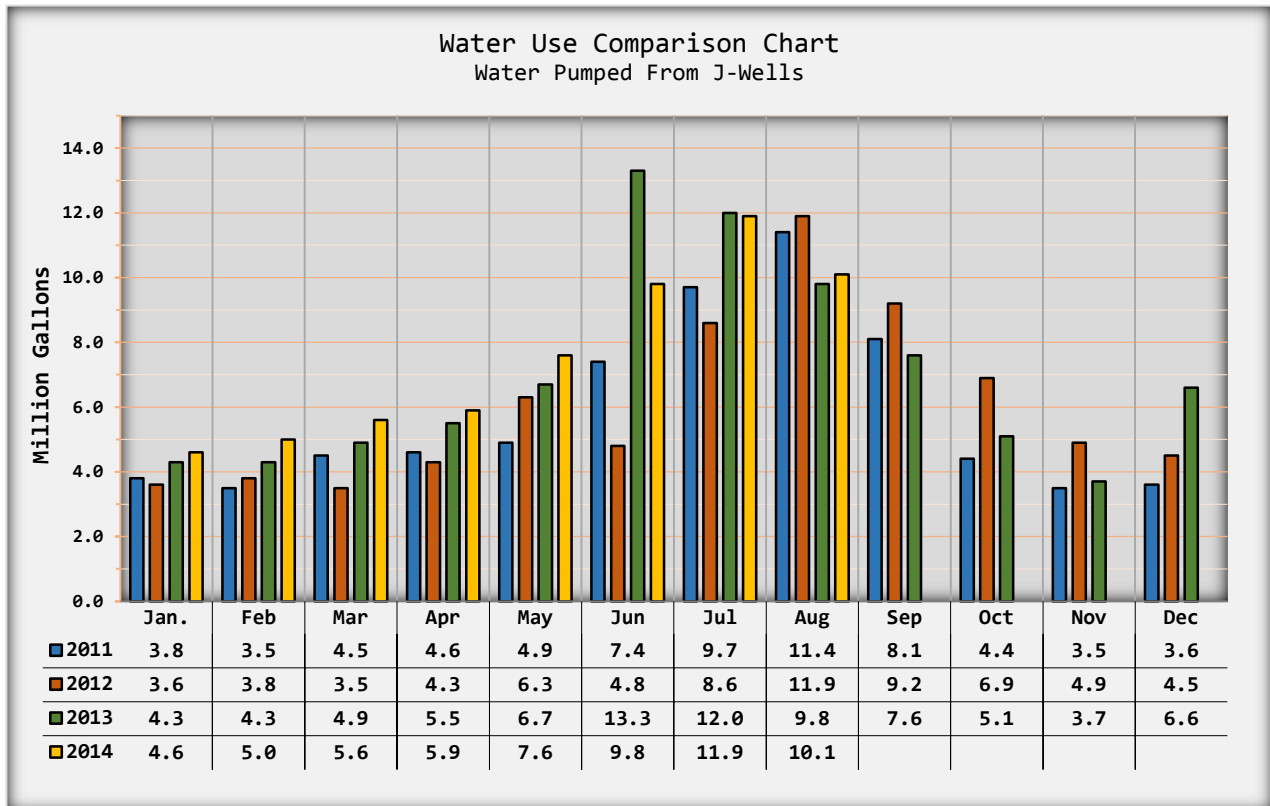
Report on water system operations for the month of August 2014

Water production and use report:

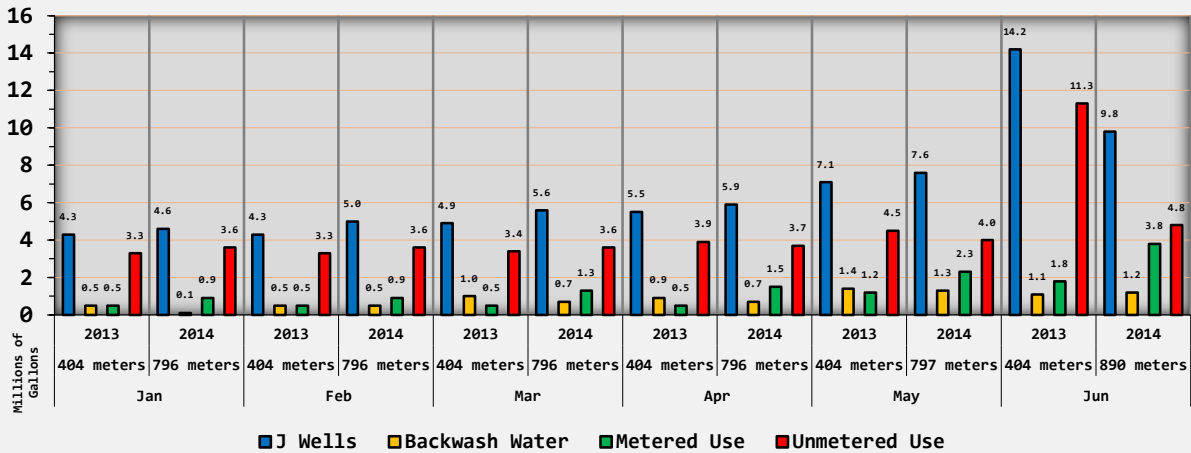
The Metering Period:

July 31, 2014 through August 29, 2014.

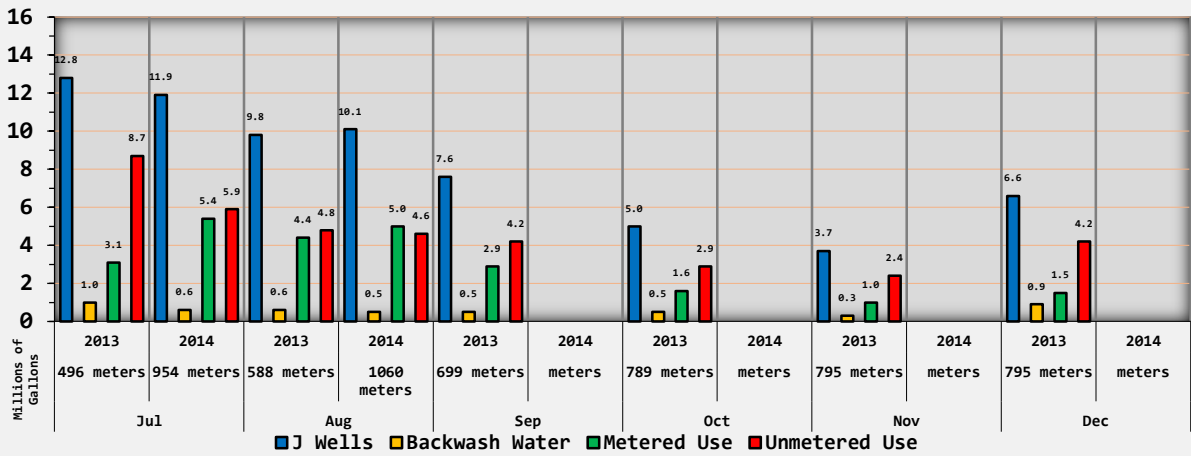
Water Produced in Metering Period: _____ 10.1^{mg}
 Water Used by Water Department in Metering Period: _____ 0.5^{mg}
 Service Meters Read in Metering Period: _____ 1060
 Metered Water Use in Metering Period: _____ 5.0^{mg}
 Estimated Unmetered Services in Metering Period: _____ 860
 Unmetered Water Use in Metering Period: _____ 4.6^{mg}
 Estimated Ratio of Water Use Unmetered to Metered members: _____ 1 gal to 1 gal



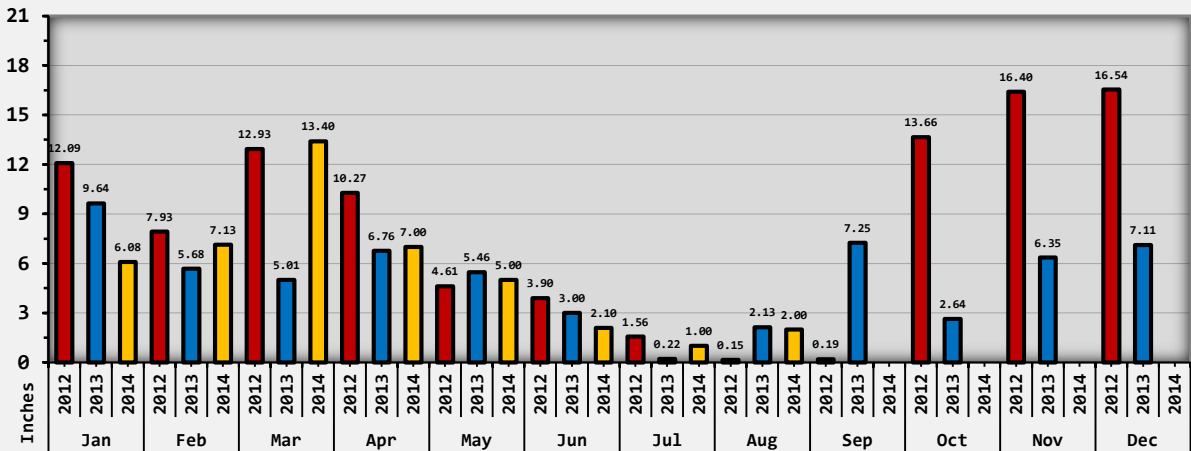
Water Use Efficiency Chart



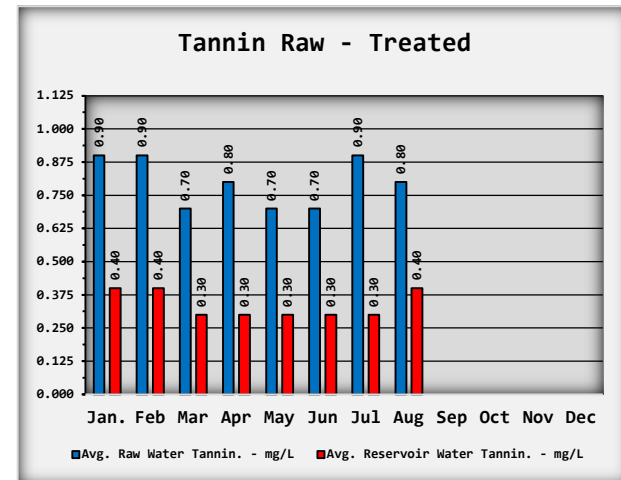
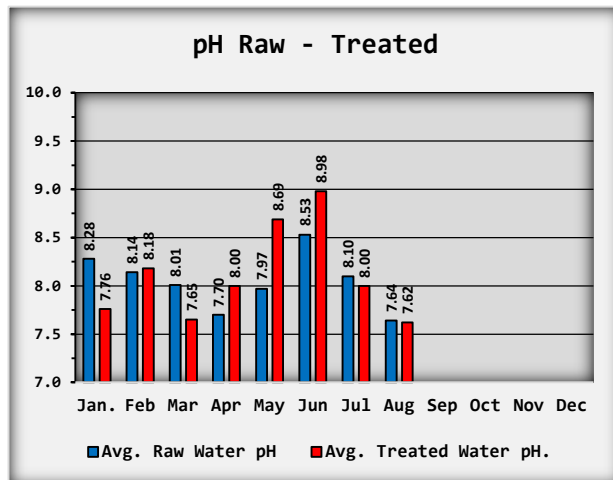
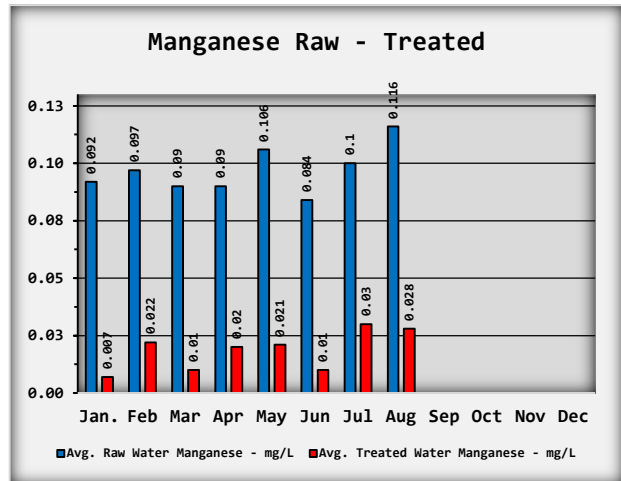
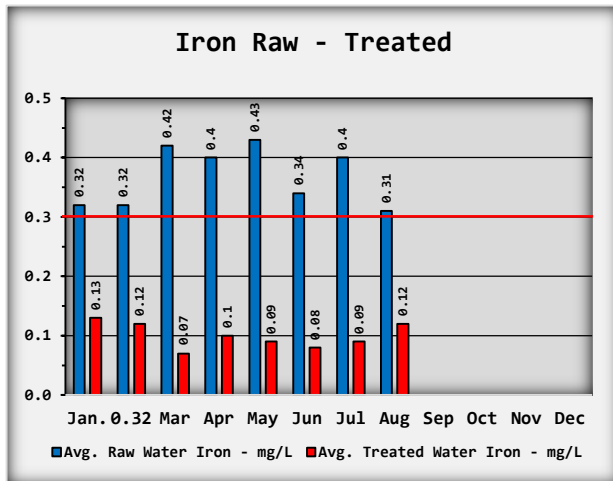
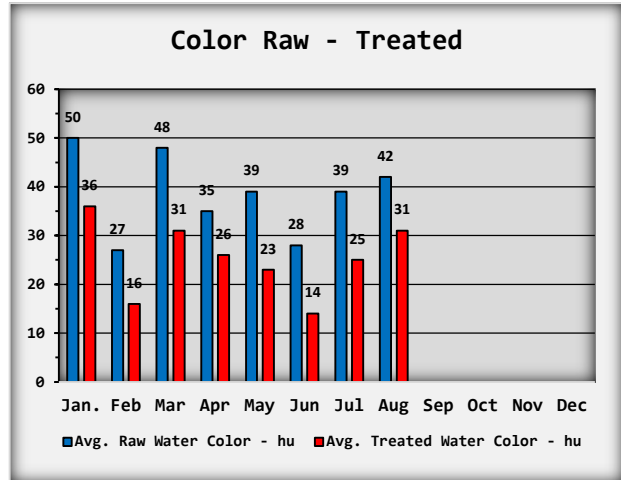
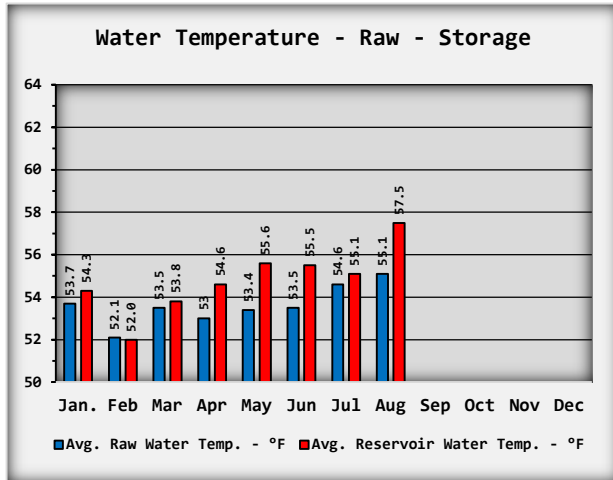
Water Use Efficiency Chart



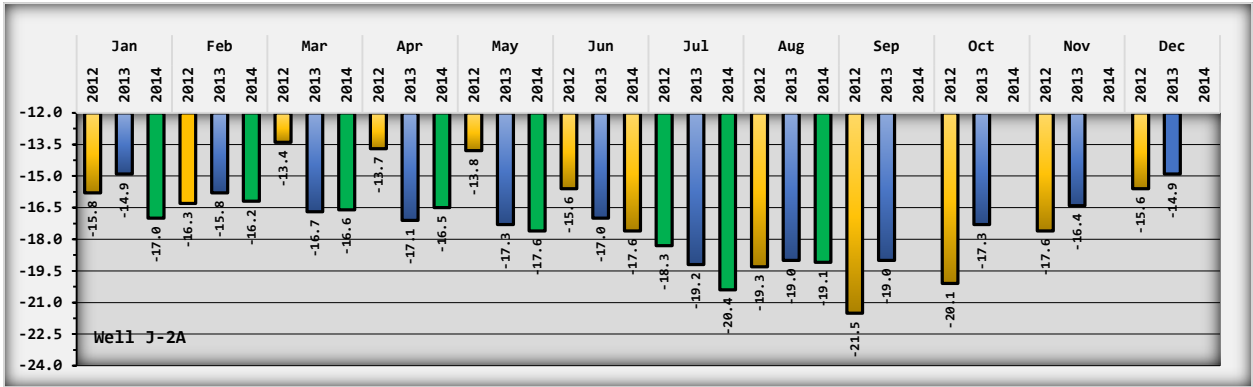
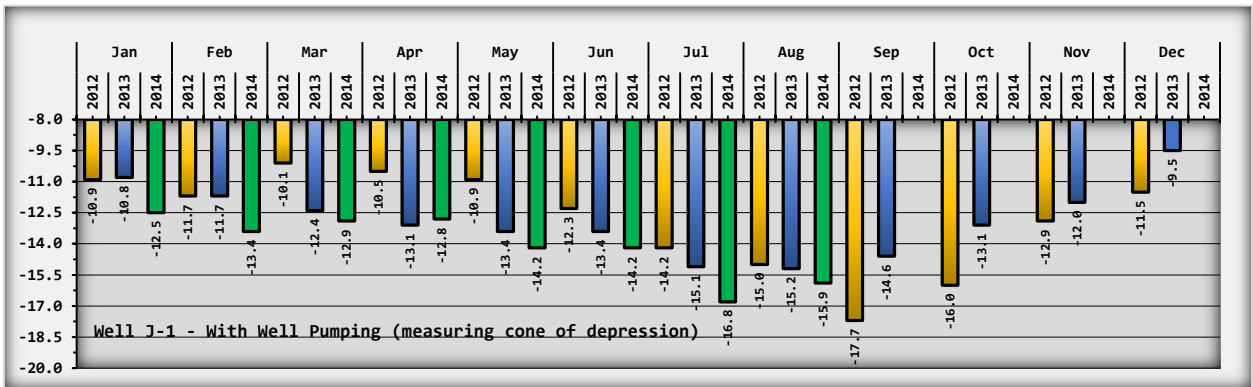
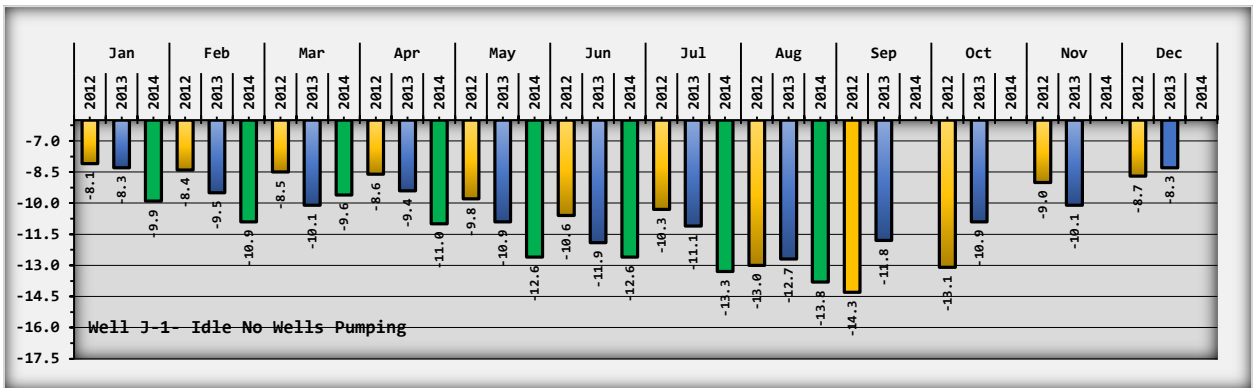
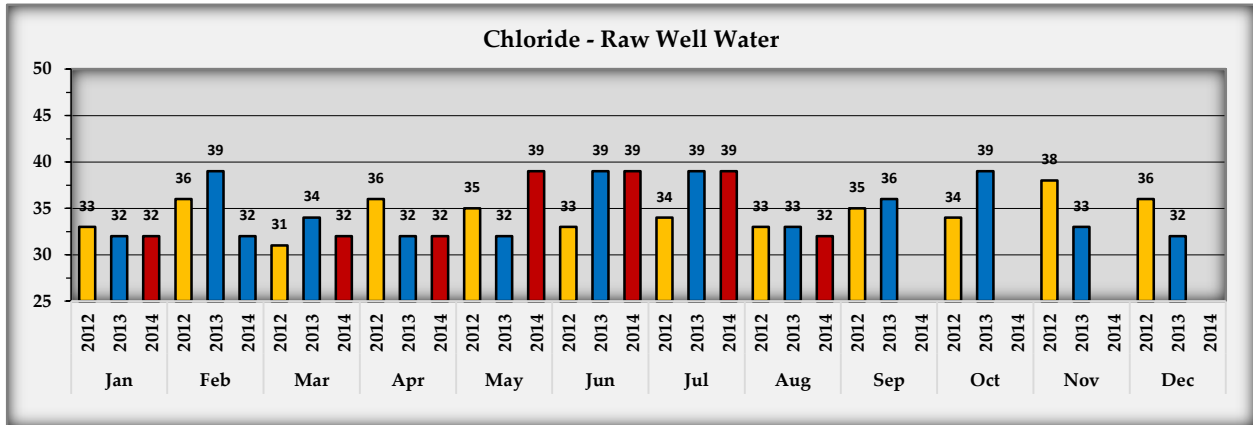
J- Wellfield Rainfall

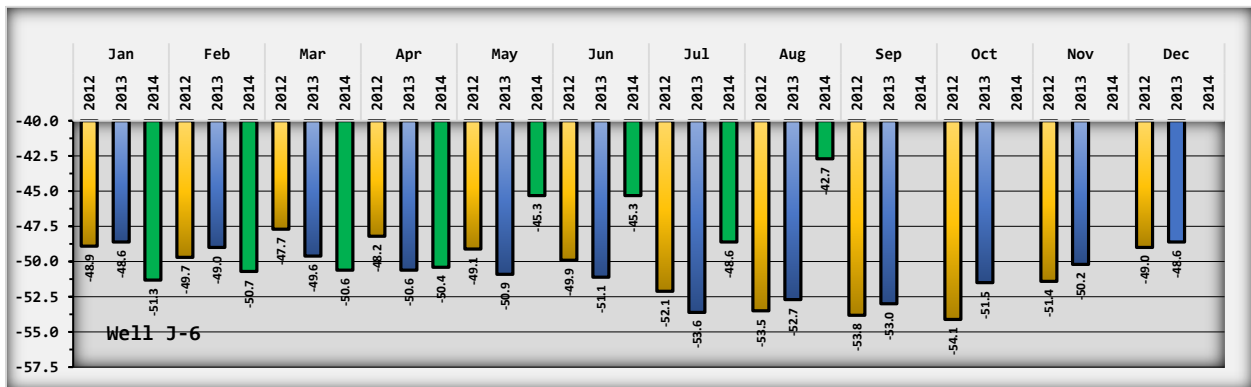
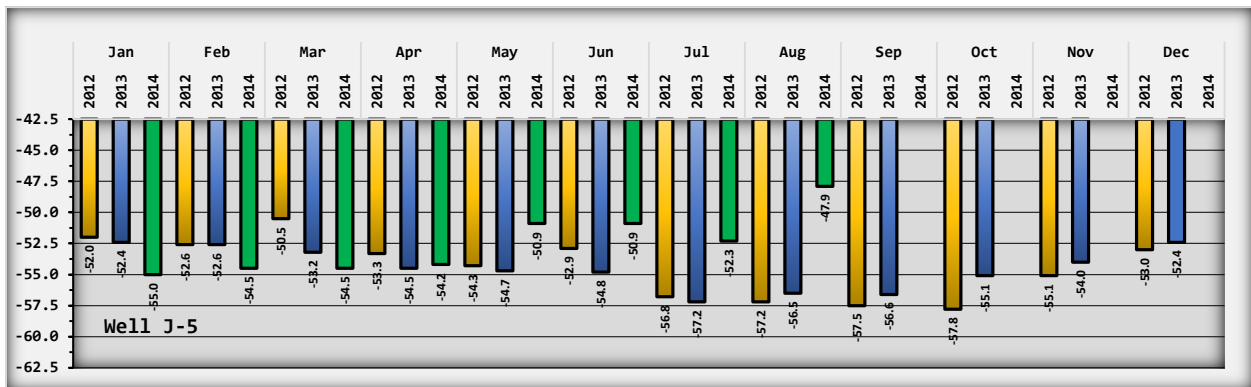
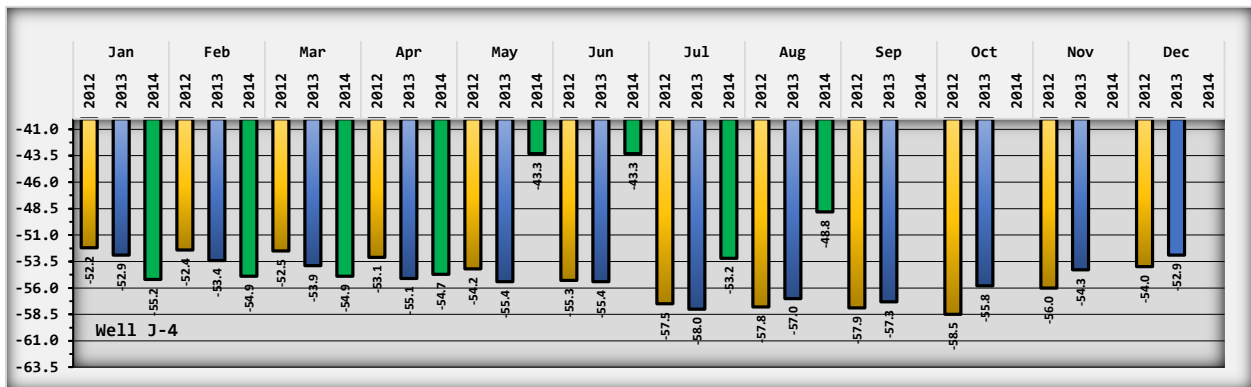
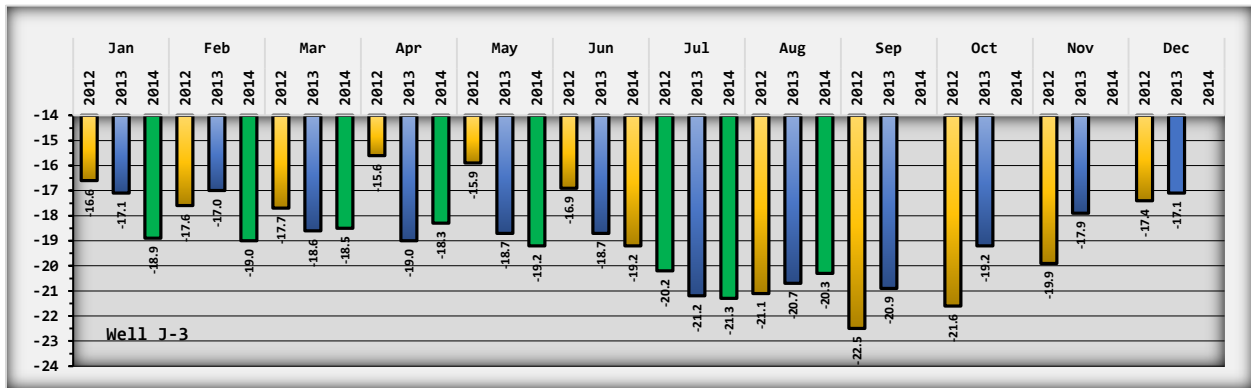


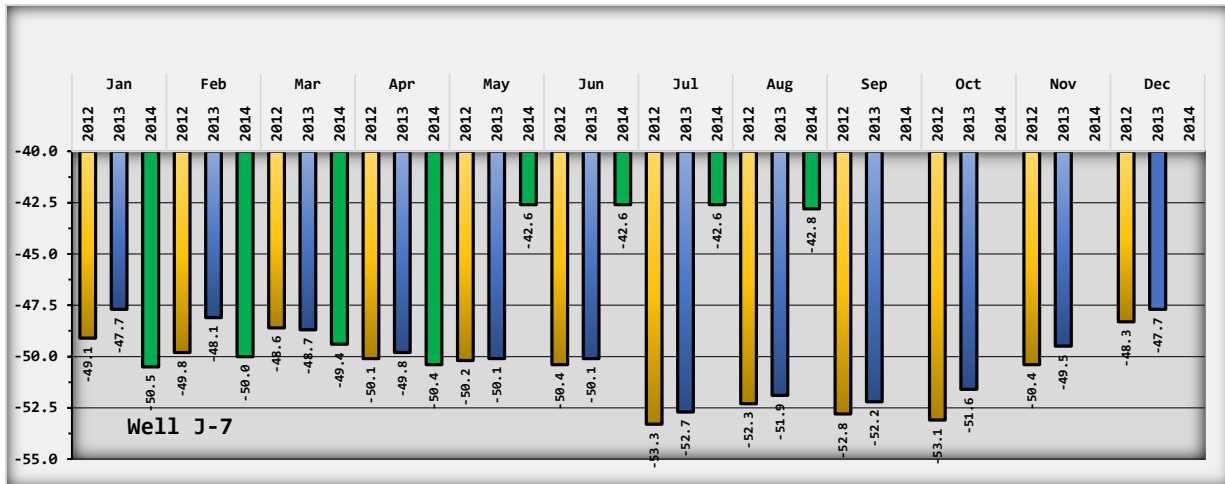
Raw and finished water quality report:



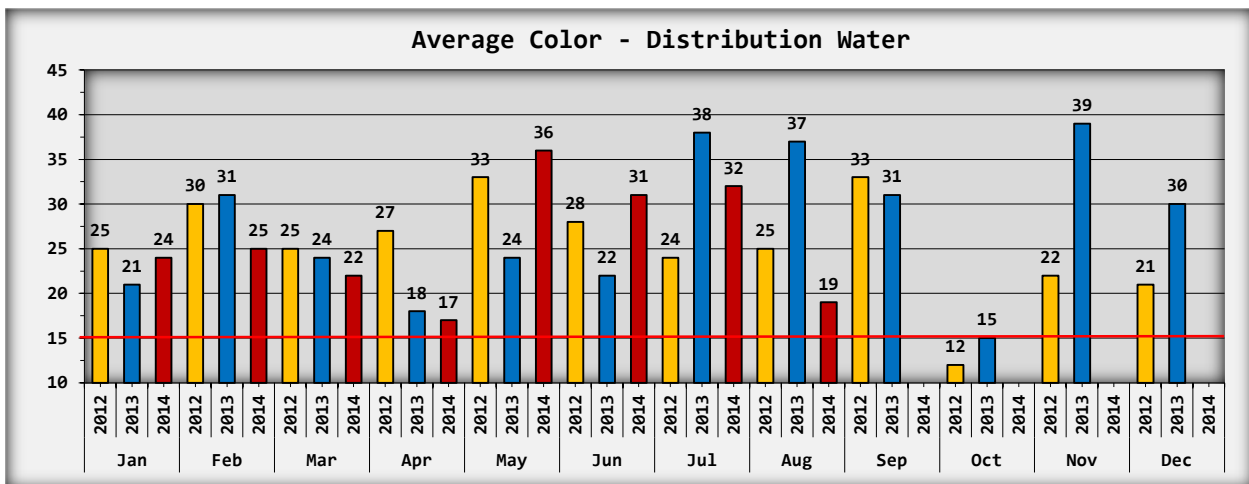
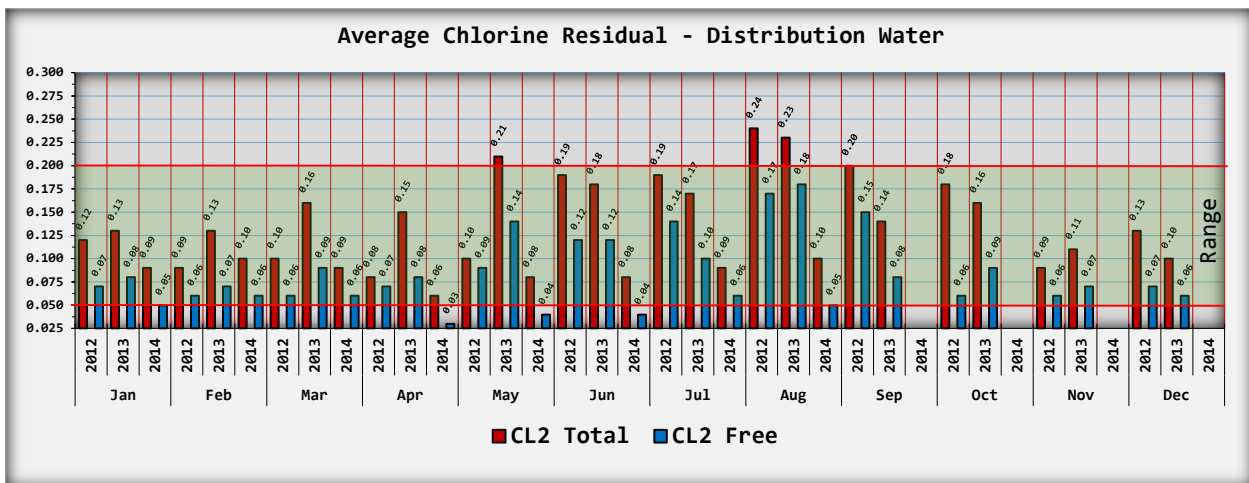
J-Wellfield Report:

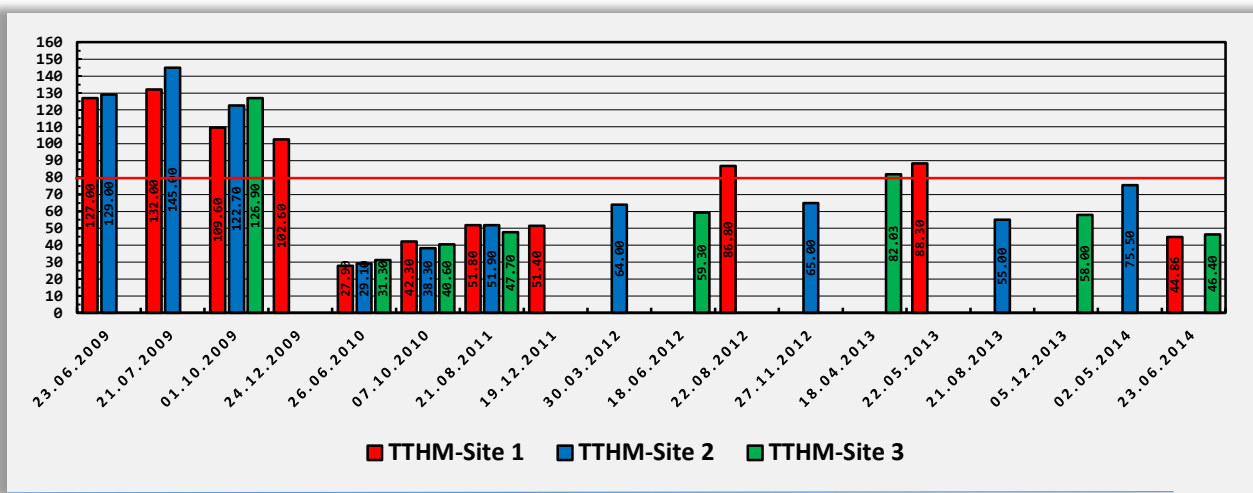
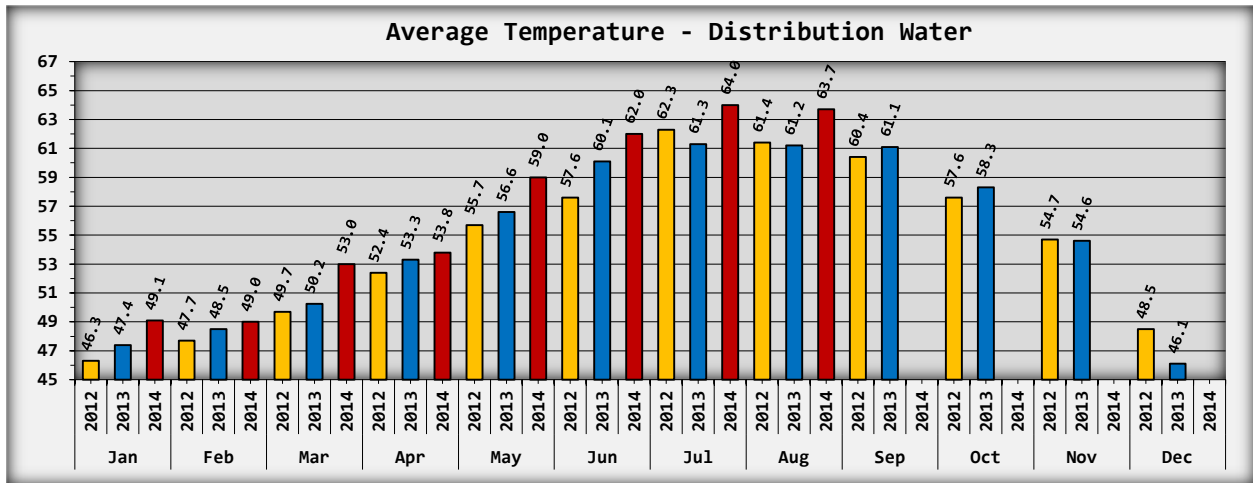
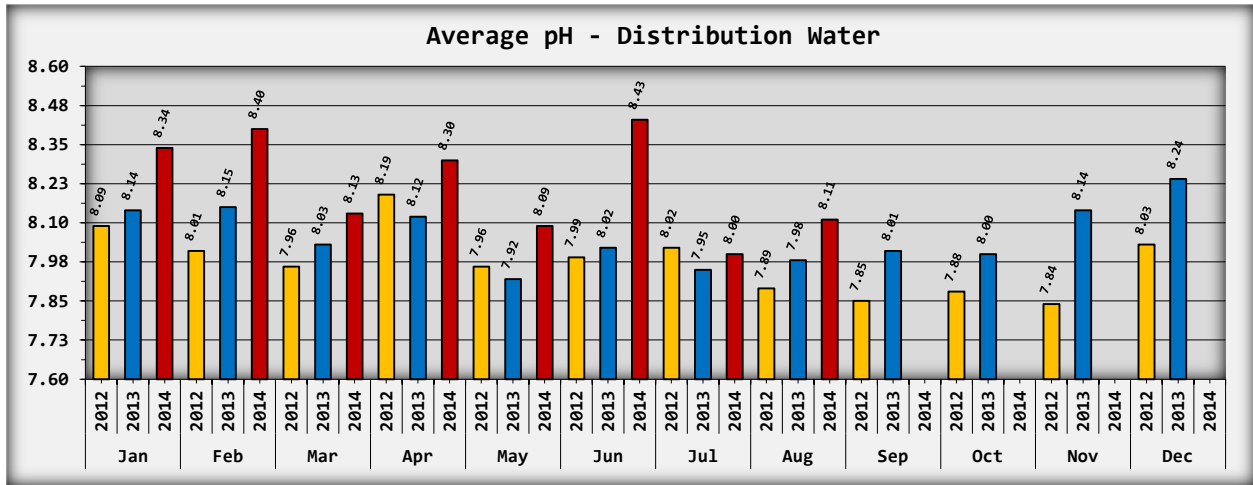


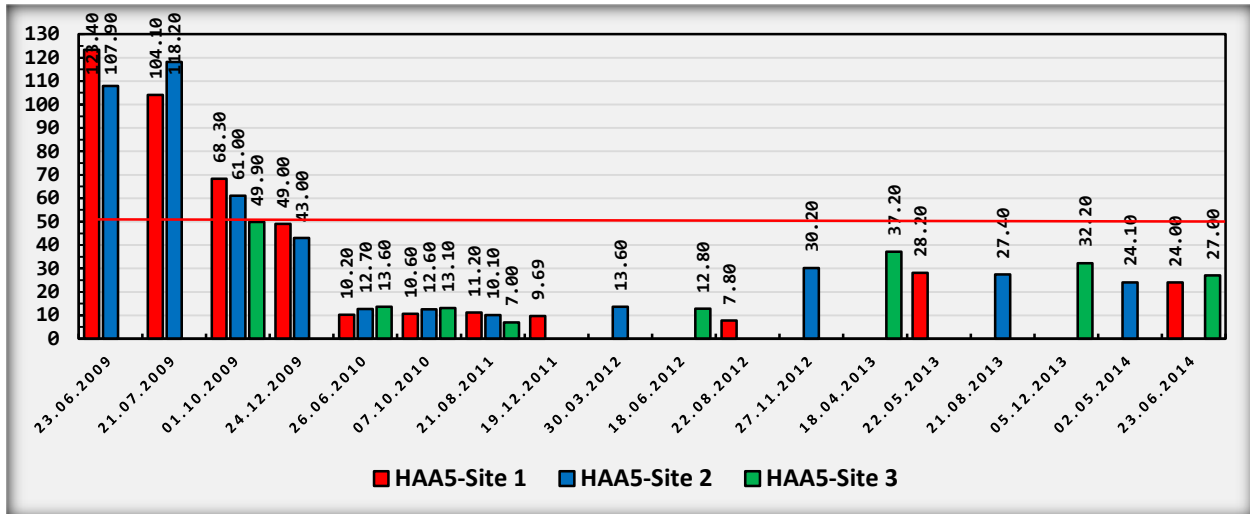




Distribution Water Quality Report:







New Services: 2 New Services were installed in August.

Locates: The crew did 9 locates in August.

Service Calls: The crew responded to 12 service calls in August. All service calls were resolved to the member's satisfaction. 4 of the Service Calles were due to plugged corporation stops at the water main. 7 of the Service Calles were responses to leaks and 1 was in response to low pressure.

August Project Reports:

WMR:

No WMR work in July.

MIP:

The Crew installed 104 meters in August. The meters were installed on 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:

You will find a chart attached to this report that shows the results of a water test called a U-254 for the raw, a sample after the first Calgon filter stage, and after the second Calgon filter stage. The chart also shows a trend line out to 52 weeks. The U-254 test helps us see how well the carbon is removing the organics and helps us predict how well much water the Calgon carbon will treat before it will need to be replaced. Early results are encouraging. It appears the Calgon carbon will treat at least the volume of water Surfside uses in one year. It is too early to make predictions but the early results are encouraging.

Water System Plan:

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

Water Quality Tests:

The water department submitted four water samples to the state approved water testing laboratory for coliform bacteria testing in July. All four samples tested negative for bacteria. The water department also submitted TTHM and Haa5 samples. The results of that test have not be received as of the writing of this report.

--END OF REPORT --

Post script:

TTHM and Haa5 samples are back from the lab and are attached to this report. The TTHM residual is 58.4 Ug/l. The MCL for TTHM is 80 Ug/L and the State Trigger Level is 60 Ug/l. The highest constituent of the four TTHM volatile organic compounds is Chloroform at 42 Ug/L.

The Haa5 residual is 19.6 Ug/l. The MCL for Haa5 is 60 Ug/L and the State Trigger Level is 45 Ug/L. These numbers will be added to the chart for next month report.



Monthly Water System Data Compilation

Month/Year	Metering Period¹
AUGUST 2014	JULY 31ST - AUGUST 29TH 2014

Data	Target	Int. ²	Amt.	UM ³	Date ⁴
Total Water Pumped from J- Wells for Metering Period	N/A	AL	10.1	Mg ⁵	9/4
Total Backwash and Authorized Use Water for Metering Period	N/A	AL	.5	Mg	9/4
Total Metered Water for Metering Period	N/A	AL	5	Mg	9/4
Total Unmetered Water for Metering Period	N/A	AL	4.6	Mg	9/4
Total Number of Service Meters Read in the Metering Period	N/A	AL	1060	Ea	9/4
Average Raw Water Iron for Month	< .5 mg/L	AL	.31	mg/L	9/4
Average Finished Water Iron for Month (reservoir)	< .1 mg/L	AL	.12	mg/L	9/4
Average Raw Water Manganese for Month	< .15 mg/L	AL	.116	mg/L	9/4
Average Finished Water Manganese for Month (reservoir)	< .01 mg/L	AL	.028	mg/L	9/4
Average Raw Water pH for Month	7.5-8.5	AL	7.64	pH	9/4
Average Finished Water pH for the Month (reservoir)	7.2-7.8	AL	7.42	pH	9/4
Average Raw Water Color for the Month	<60 HU	AL	42	HU	9/4
Average Finished Water Color for the Month (reservoir)	< 15 HU	AL	31	HU	9/4
Average Raw Water Temperature - Fahrenheit	N/A	AL	62.9	°F	9/4
Average Finished Water Temperature - Fahrenheit (reservoir)	N/A	AL	57.5	°F	9/4
J-1 Idle Depth to Water (no well pumping for a minimum of 30 minutes) ⁶	N/A	AL	-13.8	Ft.	9/4
J-1 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AL	-15.9	Ft.	9/4
J-2 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AL	-19.1	Ft.	9/4
J-3 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AL	-20.3	Ft.	9/4
J-4 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AL	-48.8	Ft.	9/4

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

² Provide the initials of the person recording the data.

³ Unit of measurement.

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

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

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

Continued on Back of Page

Data	Target	Int.	Amt.	UM	Date
J-5 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	ku	-47.9	Ft.	9/4
J-6 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	ku	-42.7	Ft.	9/4
J-7 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	ku	-42.8	Ft.	9/4
Average Distribution Water Color for the Month	< 15 HU	ku	19	HU	9/4
Average Distribution Water Temperature for the Month - Fahrenheit	N/A	ku	63.7	°F	9/4
Average Distribution Water Total CL2 for the Month	> .8 mg/L < .2 mg/L	ku	.1	mg/L	9/4
Average Distribution Water Free CL2 for the Month	> .4 mg/L < .05 mg/L	ku	.05	mg/L	9/4
Average Distribution Water pH for the Month	7.2-7.8	ku	8.11	pH	9/4
Total Rainfall at J-Wellfield for the Month	N/A	ku	2	In.	9/4
Average Raw Water Conductivity for the Month	< 800 phce/cm	ku	302	phos/cm	9/4
Average Raw Water TDS for the Month	< 400 mg/L	ku	214	mg/L	9/4
Average Raw Water Salt for the Month	< 500 mg/L	ku	143	mg/L	9/4
Average Raw Water Ammonia (NH3) for the Month	< 30 mg/L	ku	.12	mg/L	9/4
Average Raw Water Silica(SiO2) for the Month	< 70 mg/L	ku	41.5	mg/L	9/4
Average Raw Water Tannin for the Month	< 1 mg/L	ku	.8	mg/L	9/4
Average Raw Water Chloride (Cl ⁻) for the Month	< 250 mg/L	ku	32	mg/L	9/4
Average Treated Water Total CL2 for the Month (green pipe)	> 2.5 mg/L < 1.7 mg/L	ku	1.52	mg/L	9/4
Average Treated Water Free CL2 for the Month (green pipe)	> 1.5 mg/L < .5 mg/L	ku	.65	mg/L	9/4
Average Treated Water Manganese for Month (green pipe)	< .2 mg/L	ku	.92	mg/L	9/4
Average Finished Water Total CL2 for the Month (blue pipe)	> 1.2 mg/L < .5 mg/L	ku	.76	mg/L	9/4
Average Finished Water Free CL2 for the Month (blue pipe)	> .75 mg/L < 20 mg/L	ku	.28	mg/L	9/4
Average Finished Water Total CL2 for the Month (reservoir)	> .8 mg/L < .3 mg/L	ku	.34	mg/L	9/4
Average Finished Water Free CL2 for the Month (reservoir)	> .20 mg/L < .05 mg/L	ku	.06	mg/L	9/4
Average Finished Water Ammonia (NH3) for the Month (reservoir)	< 15 mg/L	ku	.09	mg/L	9/4
Average Finished Water Silica(SiO2) for the Month (reservoir)	< 70 mg/L	ku	29	mg/L	9/4
Average Finished Water Tannin for the Month (reservoir)	< .5 mg/L	ku	.4	mg/L	9/4
Average Post CL2 Total (just outside booster)	> 1 mg/L	ku	.88	mg/L	9/4
Average Post CL2 Free (just outside booster)	> .5 mg/L	ku	.51	mg/L	9/4
Jar Test	> 1.2 mg/L < 1.8 mg/L	ku	2	mg/L	9/4

Water System Manager

Date

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

	2012		2012		2013		2013		2014		2014	
	Budget	Actual	% of Budget	Budget	Actual	% of Budget	Budget	Actual	% of Budget	Budget	Actual	% of Budget
Revenue	2012	2012	2012	2013	2013	2013	2013	2013	2014	2014	2014	2014
WMR Assessment	142,650	142,032	100%	148,356	143,139	96%	148,356	135,977	92%			
Other Revenue	0	0	0	0	0	0	0	0	0			
Total Revenue	142,650	142,032	100%	148,356	143,139	89%	148,356	135,977	92%			
Expenses												
Labor	51,486	44,053	61%	54,061	50,946	94%	57,720	34,746	60%			
Wages	34,000	29,290	62%	35,700			41,500	23,764	57%			
Payroll Taxes	8,449	9,326	78%	8,871			8,720	5,608	64%			
Benefits	7,881	4,772	44%	8,275			6,250	4,802	77%			
Pension	1,156	628	39%	1,214			1,250	572	46%			
Materials	89,501	85,620	91%	92,634	98,658	107%	94,500	89,508	95%			
Pipe, Hydrants, & Fittings	89,501	85,620	91%	92,634	98,658	107%	94,500	51,067	91%			
Other Expenses	0	0	0	0			38,200	38,441	101%			
Total Expenses	140,987	129,673	80%	146,694	149,604	102%	152,220	124,254	82%			
Summary	2012	2012	2012	2013	2013	2013	2013	2014	2014	2014	2014	2014
Total Revenue	142,650	142,032	100%	148,356	143,139	96%	148,356	135,977	92%			
Total Expenses	140,987	129,673	92%	146,694	149,604	102%	152,220	124,254	82%			
Cash Increase/Decrease	1,663	12,360	743%	1,662	-6,465	-389%	(3,864)	11,723	-303%			
Cash at Beginning of Year	3,769	3,769	100%	16,129	16,129	100%	9,664	9,664	100%			
Cash at End of Year	5,432	16,129	297%	17,791	9,664	54%	5,800	21,387	369%			

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

August 2014 Water Usage Report Highest Median

Compareable Commodity Rates For:							
				NBWD	Ilwaco	Long Beach	
Address	Cubic Feet	Gallons	Gallons Per Day	\$2.10 per 100 cf	\$3.85 per 100 cf	\$2.90 per 100 cf (first 400 cf included in base rate)	
34907 I PLACE	228	1,705	56.8	\$ 4.79	\$ 8.78	\$	\$0.00
34408 G STREET	229	1,713	57.1	\$ 4.81	\$ 8.82	\$	\$0.00
30111 G STREET	232	1,735	57.8	\$ 4.87	\$ 8.93	\$	\$0.00
31721 G STREET	238	1,780	59.3	\$ 5.00	\$ 9.16	\$	\$0.00
33511 G STREET	238	1,780	59.3	\$ 5.00	\$ 9.16	\$	\$0.00
34301 I PLACE	239	1,788	59.6	\$ 5.02	\$ 9.20	\$	\$0.00
31104 H STREET	239	1,788	59.6	\$ 5.02	\$ 9.20	\$	\$0.00
31208 H STREET	240	1,795	59.8	\$ 5.04	\$ 9.24	\$	\$0.00
34811 G STREET	243	1,818	60.6	\$ 5.10	\$ 9.36	\$	\$0.00
32907 G STREET	245	1,833	61.1	\$ 5.15	\$ 9.43	\$	\$0.00
31708 H PLACE	245	1,833	61.1	\$ 5.15	\$ 9.43	\$	\$0.00
35504 I PLACE	246	1,840	61.3	\$ 5.17	\$ 9.47	\$	\$0.00
803 324TH PLACE	247	1,848	61.6	\$ 5.19	\$ 9.51	\$	\$0.00
30011 I STREET	247	1,848	61.6	\$ 5.19	\$ 9.51	\$	\$0.00
30500 H STREET	247	1,848	61.6	\$ 5.19	\$ 9.51	\$	\$0.00
31611 G STREET	248	1,855	61.8	\$ 5.21	\$ 9.55	\$	\$0.00
31007 H STREET	248	1,855	61.8	\$ 5.21	\$ 9.55	\$	\$0.00
30505 G STREET	249	1,863	62.1	\$ 5.23	\$ 9.59	\$	\$0.00
34712 J PLACE	249	1,863	62.1	\$ 5.23	\$ 9.59	\$	\$0.00
808 313TH	249	1,863	62.1	\$ 5.23	\$ 9.59	\$	\$0.00
35102 H PLACE	250	1,870	62.3	\$ 5.25	\$ 9.63	\$	\$0.00
908 338TH STREET	256	1,915	63.8	\$ 5.38	\$ 9.86	\$	\$0.00
510 345TH PLACE	256	1,915	63.8	\$ 5.38	\$ 9.86	\$	\$0.00
802 OYSTERVILLE RD	257	1,922	64.1	\$ 5.40	\$ 9.89	\$	\$0.00
35205 F PLACE	259	1,937	64.6	\$ 5.44	\$ 9.97	\$	\$0.00
30403 G STREET	3,959	29,613	987.1	\$ 83.14	\$ 152.42	\$	103.21
31714 G STREET	4,071	30,451	1,015.0	\$ 85.49	\$ 156.73	\$	106.46
35302 G STREET	4,123	30,840	1,028.0	\$ 86.58	\$ 158.74	\$	107.97
1501 322ND PLACE	4,142	30,982	1,032.7	\$ 86.98	\$ 159.47	\$	108.52
35313 I PLACE	4,192	31,356	1,045.2	\$ 88.03	\$ 161.39	\$	109.97
30707 G STREET	4,195	31,379	1,046.0	\$ 88.10	\$ 161.51	\$	110.06
706 343RD PLACE	4,353	32,560	1,085.3	\$ 91.41	\$ 167.59	\$	114.64
30701 G STREET	4,367	32,665	1,088.8	\$ 91.71	\$ 168.13	\$	115.04
33112 G PLACE	4,415	33,024	1,100.8	\$ 92.72	\$ 169.98	\$	116.44
31305 H STREET	4,518	33,795	1,126.5	\$ 94.88	\$ 173.94	\$	119.42
35210 G STREET	4,792	35,844	1,194.8	\$ 100.63	\$ 184.49	\$	127.37
30411 G STREET	5,258	39,330	1,311.0	\$ 110.42	\$ 202.43	\$	140.88
35211 I PLACE	5,996	44,850	1,495.0	\$ 125.92	\$ 230.85	\$	162.28
30612 H STREET	6,149	45,995	1,533.2	\$ 129.13	\$ 236.74	\$	166.72
35212 G STREET	6,589	49,286	1,642.9	\$ 138.37	\$ 253.68	\$	179.48
706 340TH PLACE	7,495	56,063	1,868.8	\$ 157.40	\$ 288.56	\$	205.76
30715 G STREET	8,235	61,598	2,053.3	\$ 172.94	\$ 317.05	\$	227.22
34212 G STREET	9,251	69,197	2,306.6	\$ 194.27	\$ 356.16	\$	256.68
30706 H STREET	9,421	70,469	2,349.0	\$ 197.84	\$ 362.71	\$	261.61
35506 G STREET	9,773	73,102	2,436.7	\$ 205.23	\$ 376.26	\$	271.82
35503 J PLACE	9,977	74,628	2,487.6	\$ 209.52	\$ 384.11	\$	277.73
712 347TH PLACE	10,187	76,199	2,540.0	\$ 213.93	\$ 392.20	\$	283.82
810 355TH PLACE	10,311	77,126	2,570.9	\$ 216.53	\$ 396.97	\$	287.42
708 348TH PLACE	16,314	122,029	4,067.6	\$ 342.59	\$ 628.09	\$	461.51
890 347th Place	26,717	199,843	6,661.4	\$ 561.06	\$ 1,028.60	\$	763.19

Please Note: Not All Members Are Currently Being Metered

AUGUST 2014 WATER LEAK REPORT

CONTINUOUS LEAKS

703 325TH PLACE	Continuous Leak	35 Days
33112 G PLACE	Continuous Leak	35 Days
33406 G STREET	Continuous Leak	35 Days
33415 I STREET	Continuous Leak	35 Days
802 346TH PLACE	Continuous Leak	35 Days
34500 J PLACE	Continuous Leak	35 Days
704 357TH STREET	Continuous Leak	35 Days
812 347TH PLACE	Continuous Leak	35 Days
35313 I PLACE	Continuous Leak	35 Days
34709 J PLACE	Continuous Leak	35 Days
35109 J PLACE	Continuous Leak	35 Days
35404 I PLACE	Continuous Leak	35 Days
35405 J PLACE	Continuous Leak	35 Days
803 OYSTERVILLE RD	Continuous Leak	35 Days
32404 G STREET	Continuous Leak	35 Days
32311 I STREET	Continuous Leak	35 Days
32709 G STREET	Continuous Leak	22-34 Days
32908 G PLACE	Continuous Leak	22-34 Days
707 336TH PLACE	Continuous Leak	22-34 Days
35401 G STREET	Continuous Leak	22-34 Days
35301 G STREET	Continuous Leak	22-34 Days
35302 G STREET	Continuous Leak	22-34 Days
708 348TH PLACE	Continuous Leak	22-34 Days
30706 H STREET	Continuous Leak	22-34 Days
29518 H ST	Continuous Leak	22-34 Days
30211 O PLACE	Continuous Leak	22-34 Days
814 318TH PLACE	Continuous Leak	22-34 Days
812 341ST PLACE	Continuous Leak	15-21 Days
506 352ND PLACE	Continuous Leak	15-21 Days
35210 G STREET	Continuous Leak	15-21 Days
32418 I STREET	Continuous Leak	8-14 Days
32909 J PLACE	Continuous Leak	8-14 Days
32805 J PLACE	Continuous Leak	8-14 Days
30215 G STREET	Continuous Leak	8-14 Days
33015 J PLACE	Continuous Leak	8-14 Days
33101 J PLACE	Continuous Leak	8-14 Days
31714 G STREET	Continuous Leak	8-14 Days
33611 J PLACE	Continuous Leak	1-2 Days
33612 J PLACE	Continuous Leak	1-2 Days

INTERMITTENT LEAKS

34303 G STREET	Intermittent Leak	35 Days
35303 I PLACE	Intermittent Leak	35 Days
32101 G STREET	Intermittent Leak	35 Days
30705 G STREET	Intermittent Leak	22-34 Days
33105 H PLACE	Intermittent Leak	22-34 Days

AUGUST 2014 WATER LEAK REPORT

34409 J PLACE	Intermittent Leak	22-34 Days
34310 J PLACE	Intermittent Leak	22-34 Days
35205 F PLACE	Intermittent Leak	22-34 Days
34907 G STREET	Intermittent Leak	22-34 Days
35410 G STREET	Intermittent Leak	22-34 Days
(S of 34716 I St)	Intermittent Leak	22-34 Days
35409 J PLACE	Intermittent Leak	22-34 Days
30011 I STREET	Intermittent Leak	22-34 Days
30701 G STREET	Intermittent Leak	15-21 Days
30520 G STREET	Intermittent Leak	15-21 Days
516 354TH PLACE	Intermittent Leak	15-21 Days
35506 G STREET	Intermittent Leak	15-21 Days
33600 I STREET	Intermittent Leak	8-14 Days
35405 F PLACE	Intermittent Leak	8-14 Days
35212 G STREET	Intermittent Leak	8-14 Days
30200 H STREET	Intermittent Leak	8-14 Days
32202 G PLACE	Intermittent Leak	8-14 Days
30007 G STREET	Intermittent Leak	3-7 Days
30901 G STREET	Intermittent Leak	3-7 Days
33205 I STREET	Intermittent Leak	3-7 Days
33609 G STREET	Intermittent Leak	3-7 Days
33711 I STREET	Intermittent Leak	3-7 Days
915 OYSTERVILLE RD	Intermittent Leak	3-7 Days
807 324TH PLACE	Intermittent Leak	3-7 Days
30210 G STREET	Intermittent Leak	1-2 Days
33405 G STREET	Intermittent Leak	1-2 Days
33510 J PLACE	Intermittent Leak	1-2 Days
806 341ST STREET	Intermittent Leak	1-2 Days
34404 J PLACE	Intermittent Leak	1-2 Days
34905 G STREET	Intermittent Leak	1-2 Days
29513 G STREET	Intermittent Leak	1-2 Days
811 324TH PLACE	Intermittent Leak	1-2 Days

Date	Employee	M&O	WMR	MIP	common prop.	CMP	PILOT TEST	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
Mon	Gil	5.00					3.00	8.00	MOVING PILOT TEST		1			32004 G - WATER LEAK METER INTERROGATION		
28-Jul	Aaron	1.00					7.00	8.00								
	Lawrence	1.00					7.00	8.00								
	Chris	8.00						8.00								
	April	8.00						8.00	WATER LEAKS, MIP WORK ORDERS							
	John							0.00								
	Dan	5.00						5.00								
Tue	Gil	2.00					6.00	8.00	MOVING PILOT TEST							
29-Jul	Aaron						8.00	8.00								
	Lawrence						8.00	8.00								
	Chris	8.00						8.00	MIP WORK ORDERS, WATER LEAKS							
	April	8.00						8.00								
	John							0.00								
	Dan	5.00						5.00								
Wed	Gil	8.00						8.00	MOVING PILOT TEST, INSTALL NEW SERVICE, LOCATES	1				30311 I ST		
30-Jul	Aaron	6.00					2.00	8.00		1				32106 G PL		
	Lawrence	6.00					2.00	8.00		1				32112 G PL		
	Chris	8.00						8.00						32204 G ST		
	April	8.00						8.00	NEW PILOT TEST SET UP, BACTI, BAT TEST			1				
	John							0.00								
	Dan	5.00						5.00								
Thu	Gil			8.00				8.00	MIP - 8 SERVICES							
31-Jul	Aaron			8.00				8.00								
	Lawrence			8.00				8.00								
	Chris	8.00						8.00								
	April	8.00						8.00	METER READING & CORRECTION & COMMERCIAL ACCT SET UP							
	John							0.00								
	Dan	5.00						5.00								
Fri	Gil	2.00		6.00				8.00	MIP - 4 SERVICES, LOCATES FOR MIP			1				
1-Aug	Aaron	2.00		6.00				8.00								
	Lawrence	2.00		6.00				8.00								
	Chris	8.00						8.00								
	April	8.00						8.00								
	John							0.00								
	Dan							0.00								
8/2-8/3	AH SC	4.50						4.50	LARRY - WEEKEND							
	Total	139.50	0.00	42.00	0.00	0.00	43.00	224.50		3	1	2	0			0.00

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	PILOT TEST	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Address of Locate, New Service, or Main Break	Main Break Time	
															Start	End
Mon	Gil	6.50		1.50				8.00	INSTALL METER AT 356TH CONDOS, INSTALL METER & SETTER @ SURFSIDE INN, PREP WORK AT MINI MALL, TESTING	1	1			2109 301ST - PRESSURE CHECK		
4-Aug	Aaron	6.50		1.50				8.00		1				1808 324TH		
	Lawrence	6.50		1.50				8.00								
	Chris	6.50		1.50				8.00								
	April	8.00						8.00	INVOICE, REPORTS, WATER LEAKS, W.O., LAB ORDERS							
	John				7.50			7.50								
	Dan	5.00						5.00								
Tue	Gil	6.50				1.50		8.00	MIP-1 SERVICE, TREE REMOVAL, CLEAN UP AT WELL FIELD, BACTI, TESTING		1			30709 K PL - REPAIR BAD SERVICE VALVE		
5-Aug	Aaron	5.00		3.00				8.00		1				31109 N ST		
	Lawrence	8.00						8.00		1				908 338TH		
	Chris	5.00		3.00				8.00								
	April	8.00						8.00	INVOICING, BACTI, PURCHAISING, LAB ORDERS, MIP W.O.							
	John				8.00			8.00								
	Dan	5.00						5.00								
Wed	Gil	3.00		5.00				8.00	MIP - 1 SERVICE, RESTORATION, TESTING, WATER SERVICE LOCATE							
6-Aug	Aaron	8.00						8.00								
	Lawrence	7.00		1.00				8.00								
	Chris	3.00		5.00				8.00								
	April	8.00						8.00	REPORTS, MIP W.O., LAB RESULTS, LAB ORDERS							
	John				7.50			7.50								
	Dan	5.00						5.00								
Thu	Gil	2.00		6.00				8.00	MIP - 6 SERVICES							
7-Aug	Aaron	8.00						8.00								
	Lawrence			8.00				8.00								
	Chris			8.00				8.00								
	April	8.00						8.00	QGIS, NEPTUNE ISSUES, LEAK NOTICE REPORT							
	John				8.00			8.00								
	Dan	5.00						5.00								
Fri	Gil	1.00		6.00		1.00		8.00	MIP - 4 SERVICES, CLEAN UP AT WELL FIELD	1				34804 I ST		
8-Aug	Aaron	5.00		3.00				8.00								
	Lawrence	2.00		6.00				8.00								
	Chris			8.00				8.00								
	April	8.00						8.00	PROOF READ, MIP W.O., W.O., LAB RESULTS							
	John							0.00								
	Dan							0.00								
8/9-8/10	AH SC	6.00							CHRIS - WEEKEND							
	Total	155.50	0.00	68.00	31.00	2.50	0.00	251.00		4	2	0	0			

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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	PILOT TEST	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
Mon	Gil	7.00			1.00			8.00	MIP - 8 SERVICES, SPRINKLERS AT SEABREEZE CABANA & 306TH PARK, LOCATE, ARCHITECTURAL MAP	1	1			1703 321ST		
11-Aug	Aaron			8.00				8.00						34518 J PL - WATER LEAK		
	Lawrence			8.00				8.00								
	Chris			8.00				8.00								
	April	8.00						8.00	WATER LEAK DATALOG, PILOT TEST CHARTS							
	John				5.50			5.50								
	Dan	3.50						3.50								
Tue	Gil	8.00						8.00	MIP - 8 SERVICES, INSTALLED 4 NO ENTRY SIGNS, LOCATES							
12-Aug	Aaron			8.00				8.00								
	Lawrence			8.00				8.00								
	Chris			8.00				8.00								
	April	8.00						8.00	NEW SOFTWARE, WEEKLY REPORTS, WORK ORDERS							
	John				7.50			7.50								
	Dan	6.50						6.50								
Wed	Gil	6.50			1.50			8.00	MIP - 8 SERVICES, L&B REPORT, L&b MEETING, WATER PLANNING MEETING, BACTI, LOCATE MIP SERVICES							
13-Aug	Aaron			8.00				8.00								
	Lawrence			8.00				8.00								
	Chris			8.00				8.00								
	April	8.00						8.00	BACTI, RECONCILE METER LIST, MIP REPORT							
	John				6.00			6.00								
	Dan	5.50						5.50								
Thu	Gil	8.00						8.00	MIP - 8 SERVICES, REMOVED NO FIREWORKS SIGNS, PUT UP NO HUNTING SIGNS, FIRE EXT SERVICED		1			34907 G ST - WATER LEAK		
14-Aug	Aaron			8.00				8.00								
	Lawrence			8.00				8.00								
	Chris			8.00				8.00								
	April	8.00						8.00	WATER LEAK DATALOG, MIP W.O., WEEKLY REPORT, W.O.							
	John				8.00			8.00								
	Dan	5.50						5.50								
Fri	Gil	5.00		3.00				8.00	MIP - 5 SERVICES, LOCATE, FISH & WATERWAY MEETING, CHECK CABANAS, INVENTORIED PARTS		1			34907 G ST - WATER LEAK		
15-Aug	Aaron			8.00				8.00								
	Lawrence			8.00				8.00								
	Chris	8.00						8.00								
	April	8.00						8.00	PREP FOR PILOT TEST, BACTI, NITRATE, TTHM/HAA5 SAMPLING							
	John							0.00								
	Dan							0.00								
8/16-8/17	AH SC	7.50							GIL - WEEKEND & CALL OUT, AARON - CALL OUT		1			30700 M L - REPAIRED 2 SERVICE LEAKS		
	Total	111.00	0.00	115.00	29.50	0.00	0.00	248.00		1	4	0	0			

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Date	Employee	M&O	WMR	MIP	common prop.	CMP	PILOT TEST	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
Mon	Gil	1.50		3.00		3.50		8.00	MIP - 6 SERVICES, COMPLIANCE		1			32903 G ST- DATALOG WATER LEAK		
18-Aug	Aaron	1.50		6.50				8.00								
	Lawrence	1.50		6.50				8.00								
	Chris	8.00						8.00								
	April	8.00						8.00	CLOSED 2 RESERVOIRS, DATALOG METER							
	John				8.00			8.00								
	Dan	1.50						1.50								
Tue	Gil	6.00				2.00		8.00	MIP - 8 SERVICES, CLEAN UP OUTSIDE OF PARTS ROOM, 350TH PATH							
19-Aug	Aaron			8.00				8.00								
	Lawrence			8.00				8.00								
	Chris			8.00				8.00								
	April	8.00						8.00	MIP WORK ORDERS, QGIS DBF FILES							
	John				9.00			9.00	PAINT LINES AT RV CENTER							
	Dan							0.00								
Wed	Gil	12.50						12.50	MIP - 7 SERVICES, FLUSHING, PILOT TEST SAMPLES (THM							
20-Aug	Aaron			8.00				8.00	FRM POT & TOCs), TTHM/HAA5 COMPLIANCE SAMPLE,							
	Lawrence	4.00		4.00				8.00	BACTI SAMPLE, NITRATE COMPLIANCE SAMPLE, TRIP TO							
	Chris			8.00				8.00	LAB IN LONGVIEW							
	April	8.00						8.00	11 SAMPLES (SEE ABOVE) , OPEN 2 RESERVOIRS							
	John				8.50			8.50								
	Dan							0.00								
Thu	Gil	8.00						8.00	MIP - 8 SERVICES, LOCATES							
21-Aug	Aaron			8.00				8.00								
	Lawrence	2.00		6.00				8.00								
	Chris			8.00				8.00								
	April	8.00						8.00	WEEKLY REPORTS, MIP WORK ORDERS							
	John							0.00								
	Dan							0.00								
Fri	Gil	8.00						8.00	MIP - RESTORATION & GRUBBING, FLAGGING, OVERSEE							
22-Aug	Aaron	6.00		2.00				8.00	WELL DECOMMISSION AT 34808 I STREET							
	Lawrence	6.00		2.00				8.00								
	Chris	6.00		2.00				8.00								
	April	8.00						8.00	DAILY TIME LEDGER FOR WATER DEPT FOR 2014							
	John							0.00								
	Dan							0.00								
8/23-8/24	AH SC	4.50						4.50	AARON - WEEKEND							
	Total	117.00	0.00	88.00	25.50	5.50	0.00	236.00		0	1	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	PILOT TEST	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
Mon	Gil	2.00			6.00			8.00	4 SERVICE CALLS		1			2109 301st - low pressure repair		
25-Aug	Aaron	8.00						8.00			1			32803 J PL - unplugged corp		
	Lawrence	8.00						8.00			1			32615 J PL - unplugged corp		
	Chris	8.00						8.00			1			32103 J PL - unplugged corp		
	April	8.00						8.00	MIP WORK ORDERS							
	John	8.00						8.00								
	Dan	6.00						6.00								
Tue	Gil	8.00						8.00	MIP - 4 SERVICES, BACTI SAMPLE, LOCATE FOR MIP		1			30105 O PL - unplugged corp		
26-Aug	Aaron	2.00		6.00				8.00								
	Lawrence	2.00		6.00				8.00								
	Chris	2.00		6.00				8.00								
	April	8.00						8.00	LABOR REPORT, WORK ORDERS, BACTI SAMPLE							
	John	8.00						8.00								
	Dan	6.00						6.00								
Wed	Gil	8.00						8.00	MIP - 7 SERVICES, LOCATES FOR MIP							
27-Aug	Aaron			8.00				8.00								
	Lawrence			8.00				8.00								
	Chris			8.00				8.00								
	April	8.00						8.00	QGIS, FIRE HYDRANT DATASHEETS & RECORDS							
	John	8.00						8.00								
	Dan	6.00						6.00								
Thu	Gil	8.00						8.00	MIP - 3 SERVICES	1				2414 304th		
28-Aug	Aaron			8.00				8.00								
	Lawrence			8.00				8.00								
	Chris			8.00				8.00								
	April	8.00						8.00	QGIS, MIP WORK ORDERS							
	John	8.00						8.00								
	Dan	6.00						6.00								
Fri	Gil	8.00						8.00	MIP - 3 SERVICES & RESTORATION							
29-Aug	Aaron	2.00		6.00				8.00								
	Lawrence	1.00		7.00				8.00								
	Chris	1.00		7.00				8.00								
	April	8.00						8.00	READ METERS							
	John							0.00								
	Dan	6.00						6.00								
8/30-8/31	AH SC	6.00						6.00	LAWRENCE - WEEKEND							
	Total	176.00	0.00	86.00	6.00	0.00	0.00	268.00		1	5	0	0			

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for the State of Washington
TTHM TEST PANEL
 (Total Trihalomethanes by EPA METHOD - 524.2)

Distribution System - Report of Analyses

TRIHALOMETHANE ANALYSIS		System Group Type : <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other (Specify):	
Water System ID Number : 86470Y		System Name : Surfside Homeowners Association	
Source: S92 (Distribution samples)		County : Pacific	
Sample Purpose		Date Received (MM/DD/YY) : 8/20/2014	
X	RC – Routine/Compliance	Date Analyzed (MM/DD/YY) : 8/25/2014	
	C-Confirmation	Date Reported (MM/DD/YY) : 9/3/2014	
	I – Investigative	COMMENTS : K1408864-001	
	O – Other		
Send Report to : Surfside Homeowners Association		Bill to (Client Name) :	
WA DOH			

(DOH #) ANALYTE	(0027) Chloroform	(0028) Bromo- dichloro- methane	(0029) Chlorodi- bromo- methane	(0030) Bromoform	(0031) Total THMS
SRL,ug/L	0.25	0.5	0.5	0.5	
Trigger Level, ug/L					60 *
MCL. Ug/L					80 *
Analytical Method	524.2				
Analysts Initials	GH				

Results

Lab Sample # 017+ 5 digit Lab ID	Date Collected	Sample Location	Chloro-form	Bromo- dichloro- methane	Chlorodi- bromo- methane	Bromo- form	Total THMs
01788641	8/20/2014	30316 X Place/ Faucet @ W.Center of Lot	42	13	3.2	0.16	58.4

SRL (State Reporting Level): The minimum reporting level established by the Washington State Department of Health (DOH)

Trigger Level: DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact your DOH drinking water regional office for

MCL (maximum contaminant level): If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

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) : The compound was not detected in the sample at or above the concentration indicated (usually the lab MRL).

*: Value listed is for the sum of the five trihalomethanes.



for the State of Washington
HALOACETIC ACID (HAA5) TEST PANEL
 HAA5s by EPA Method 552.2

Distribution System - Report of Analyses

HALOACETIC ACIDS		System Group Type : <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Other (Specify):	
Water System ID Number : 86470Y		System Name : Surfside Homeowners Association	
Source: S92 (Distribution samples)		County : Pacific	
Sample Purpose		Date Received (MM/DD/YY) : 8/20/2014	
X	RC – Routine/Compliance	Date Analyzed (MM/DD/YY) : 8/28/2014	
	C-Confirmation	Date Reported (MM/DD/YY) : 9/5/2014	
	I – Investigative	COMMENTS : K1408864-001	
	O – Other		
Send Report to : Surfside Homeowners Association		Bill to (Client Name) :	
WA DOH			
Abbreviations: Monochloroacetic Acid="MCCA" Dichloroacetic Acid="DCAA" Trichloroacetic Acid="TCAA" Monobromoacetic Acid="MBAA" Dibromoacetic Acid="DBAA" Total Haloacetic Acids="HAA5a"			

(DOH #) ANALYTE	(0411) MCCA	(0412) DCAA	(0413) TCAA	(0414) MBAA	(0415) DBAA	(0416) HAA5a
SRL,ug/L	2	1	1	1	1	6
Trigger Level, ug/L						45 *
MCL, Ug/L						60 *
Analytical Method	552.2					
Analysts Initials	SS					

Results

Lab Sample # 017+ 5 digit Lab ID	Date Collected	Sample Location	MCCA	DCAA	TCAA	MBAA	DBAA	HAA5s
01788641	8/20/2016	30316 X Place/ Faucet @ W.Center of Lot	ND	7.6	12	ND	ND	19.6

SRL (State Reporting Level): The minimum reporting level established by the Washington State Department of Health (DOH)

Trigger Level: DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact your DOH drinking water regional office for

MCL (maximum contaminant level): If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

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) : The compound was not detected in the sample at or above the concentration indicated (usually the lab MRL).

*: Value listed is for the sum of the five haloacetic acids (MCCA, DCAA, TCAA, MBAA, and DBAA)

Additional Comments:



ALS Environmental
 1317 South 13th Avenue
 Kelso, WA 98626
"NIT" TEST PANEL ("NITRATE/NITRITE")
for the State of Washington

REPORT OF ANALYSIS

Date Collected: (MM/DD/YY) 8/20/2014		System Group Type: (A, B, Other) : A	
Water System ID Number: 86470Y		System Name: Surfside Homeowners Associates	
Lab Sample Number: 01788642		County: Pacific	
Sample Location: Post Booster tap/Faucet at SW Booster office		Source Number(s): S-11	
Sample Purpose: Select One		Date Received: 8/20/2014	
<input checked="" type="checkbox"/> RC- Routine/Compliance		Date Analyzed: 8/20/2014	
<input type="checkbox"/> C- Confirmation		Date Reported: 8/28/2014	
<input type="checkbox"/> Investigative		Comments: K1408864-002	
<input type="checkbox"/> Other(specify)			
Sample Composition: Select One		Sample Type: (Select One)	
<input checked="" type="checkbox"/> S- Single Source		<input type="checkbox"/> Pre-Treatment/Raw	
<input type="checkbox"/> B- Blended (List multiple source numbers)		<input checked="" type="checkbox"/> Post-Treatment/Finished	
<input type="checkbox"/> C- Composite		<input type="checkbox"/> Unknown	
<input type="checkbox"/> D- Distribution sample		Sample Collected by: Gil Gonzalez	
Send Report to: Gil Gonzalez WA DOH		Phone Number: 360-665-4171 Bill to:	

DOH #	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded check if yes	Method	Analyst
0020	Nitrate-N	<0.10	mg/L	0.5	5.0	10.0		300.0	NB
0114	Nitrite-N	NA	mg/L	0.1	0.5	1.0		300.0	NA
0161	Total Nitrate + Nitrite	NA	mg/L	0.5	-	10.0		300.0	NA

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: _____



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8 / 20 / 14 Month Day Year	Time Sample Collected 9:36 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Pacific
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Type of Water System (check only one box) Private Household
 Group A Group B Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
 ID# 86470

System Name: Surfside Homeowners Assoc.

Contact Person: Gil Gonzalez

Day Phone: (360) 665-4171 Cell Phone: (360) 783-2393

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

Email: water@surfsideonline.org

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):

Specific location where sample collected: 608 336th - faucet in W. Center of home	Special instructions or comments:
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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 .39 Free .28	#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: 0 1 7 - _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____

#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 checked="" 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- 9m9223B Date, Time and Temp Received: 8/20/14 15:30

Date Analyzed: 08/20/14 Date Reported: 08/21/14

Sample Number (DOH number plus five digits): 0 1 7 - 88643 Lab Use Only: 8/22/14

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

SK# R14U0104-U



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8/5/14 Month Day Year	Time Sample Collected 12:57 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Pacific
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Type of Water System (check only one box) Private Household
 Group A Group B Other _____

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

ID# 86470Y

System Name: Surfside Homeowners

Contact Person: Gil Gonzalez

Day Phone: (360) 665-4171 Cell Phone: (360) 783-2393

Eve. Phone: (360) 783-2393 FAX: (360) 665-6469

Email: Waty@Surfsideonline.org

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

SAMPLE INFORMATION

Sample collected by (name): Neil Gonzalez

Specific location where sample collected: 1104 309th faucet in E, overcast
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</p> <p>Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Chlorine Residual: Total <u>0.07</u> Free <u>0.06</u></p>	<p>#2 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: <u>017</u></p> <p>Unsatisfactory routine collect date: _____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>#3 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><u>S</u></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: <u>SM9223B</u>	Date, Time and Temp Received: <u>8/6/14 10:00 AM</u>
MICR- <u>SM9223B</u>	Date Reported: <u>08/09/14</u>
Date Analyzed: <u>08/06/14</u>	Lab Use Only: <u>H 2/1/14</u>
Sample Number (DOH number plus five digits): <u>017-81841</u>	

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



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 08 / 13 / 2014	Time Sample Collected 12:48 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# 8 6 4 7 0 X

System Name: Surfside Homeowners Assoc.

Contact Person: Gil Gonzalez

Day Phone: 360 665-4171 Cell Phone: 360 783 2393

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

Email: Water@Surfsideonline.org

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

31402 H. St.
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): April Reynolds

Specific location where sample collected: <u>1407 314th - faucet in SW corner - center</u>	Special instructions or comments: <u>rainy</u>
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Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

<p>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Chlorine Residual: Total <u>10</u> Free <u>04</u></p>	<p>#2. 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: <u>0 1 7 -</u></p> <p>Unsatisfactory routine collect date: _____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>#3. 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><u>S</u> _____</p> <p>Public systems must provide source number from WFI</p>	

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

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

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: 809223 B Date, Time and Temp Received: 8/14/14 0940

MIQR: _____ Date Reported: 08/15/14

Date Analyzed: 08/14/14 Lab Use Only: W 8/18/14

Sample Number (DOH number plus five digits): 0 1 7 - 80051



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8 / 26 / 14 Month Day Year	Time Sample Collected 12:57 PM <input type="checkbox"/> AM <input checked="" type="checkbox"/> 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# 8 6 4 7 0 y

System Name: Surfside Homeowners Assoc.

Contact Person: Gil Gonzalez

Day Phone: 360 665-4171 Cell Phone: 360 783-2393

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

Email: water@surfsideonline

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): Gil Gonzalez

Specific location where sample collected:
704 354th place - faucet
in N.E. corner of lot

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>10</u> Free <u>0.6</u></p>	<p>#2. Repeat Sample (after unsat. routine) <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 _____</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 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>2019223B</u>	Date, Time and Temp Received: <u>8/27/14 1000 AM</u>
MICR: _____	Date Reported: <u>8/28/14</u>
Date Analyzed: <u>08/27/14</u>	Lab Use Only: <u>H6 9/2/14</u>
Sample Number (DOH number plus five digits): <u>0 1 7 - 91181</u>	

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