



GENERAL MANAGER'S REPORT

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

The Metering Period for this report begins on:

July 6, 2014 and ends on August 6, 2014.

The Billing Period for this report is for the:

August 18, 2014 through September 15, 2014.

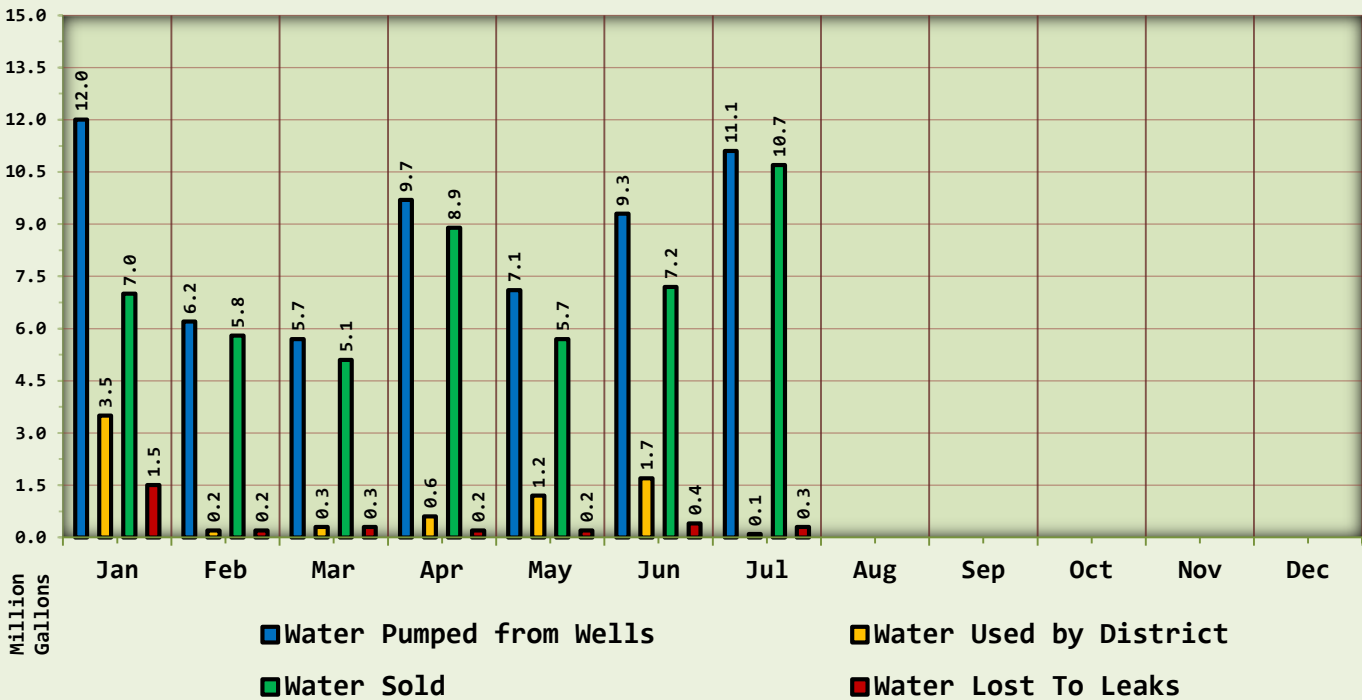
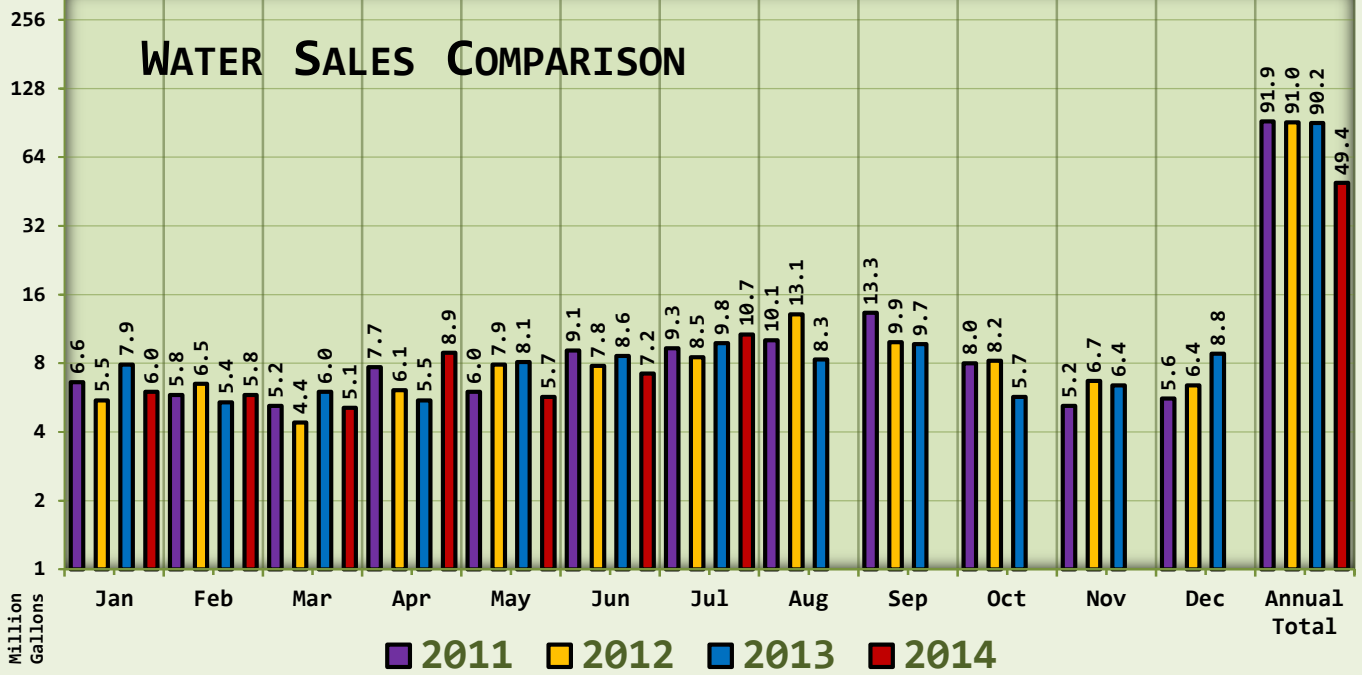
The Activity Period for this report is for the:

August 1, 2014 through August 31, 2014.

Water pumped from all wells in Metering Period	11.1 mg ¹
Water used by District in Metering Period	0.1 mg
Water sold in Metering Period	10.7 mg
Water lost to leaks in Metering Period	0.3 mg
Percent of water lost in Metering Period	2.7%
<hr/>	
Water pumped from all wells in 2014 to date	61.7 mg
Water used by the District in 2014 to date	7.6 mg
Water sold in 2014 to date	50.4 mg
Water lost to leaks in 2014 to date	3.1 mg
Percent of water lost in 2014 to date	5.0%
<hr/>	
Accounts billed for water in billing period (\$133,793)	2,867
Accounts billed a late fee in billing period (\$2,110)	300
Accounts 60 days past due in billing period	72
Accounts secured with a lien	30
Accounts locked off for nonpayment in billing period (\$250)	07
<hr/>	
Customer complaints responded to in Activity Period:	
Water Quality	01
Customer Service	00
Other	00
Locates requests in Activity Period	29
Number of customer valves installed in Activity Period	04

¹ Million Gallons

WATER SALES COMPARISON



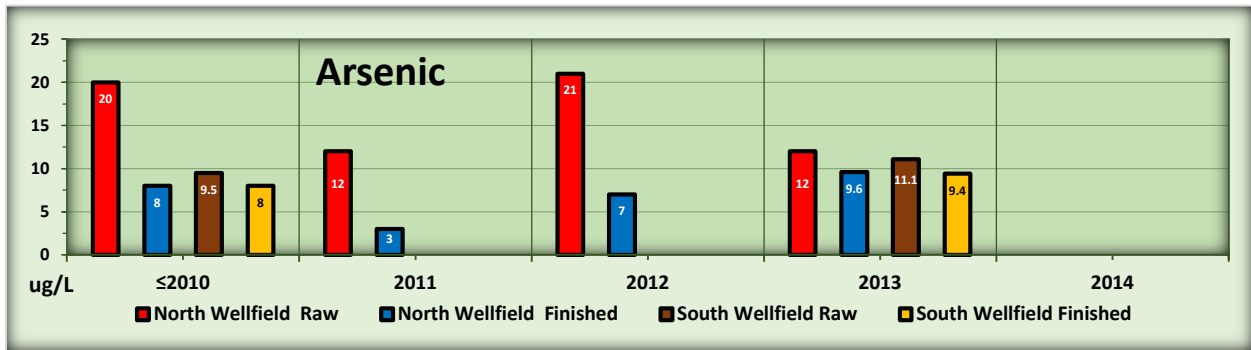
Water Quality Report:

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

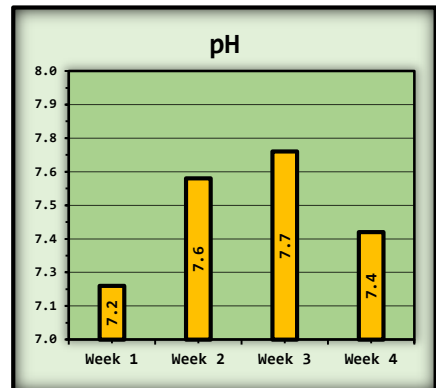
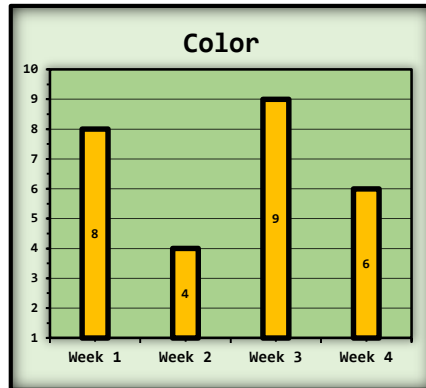
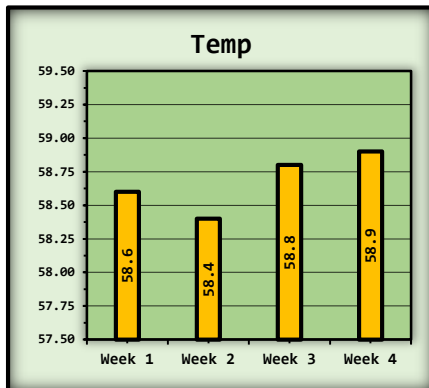
Nine Samples tested negative for coliform bacteria.

NBWD tests for bromate once a month.

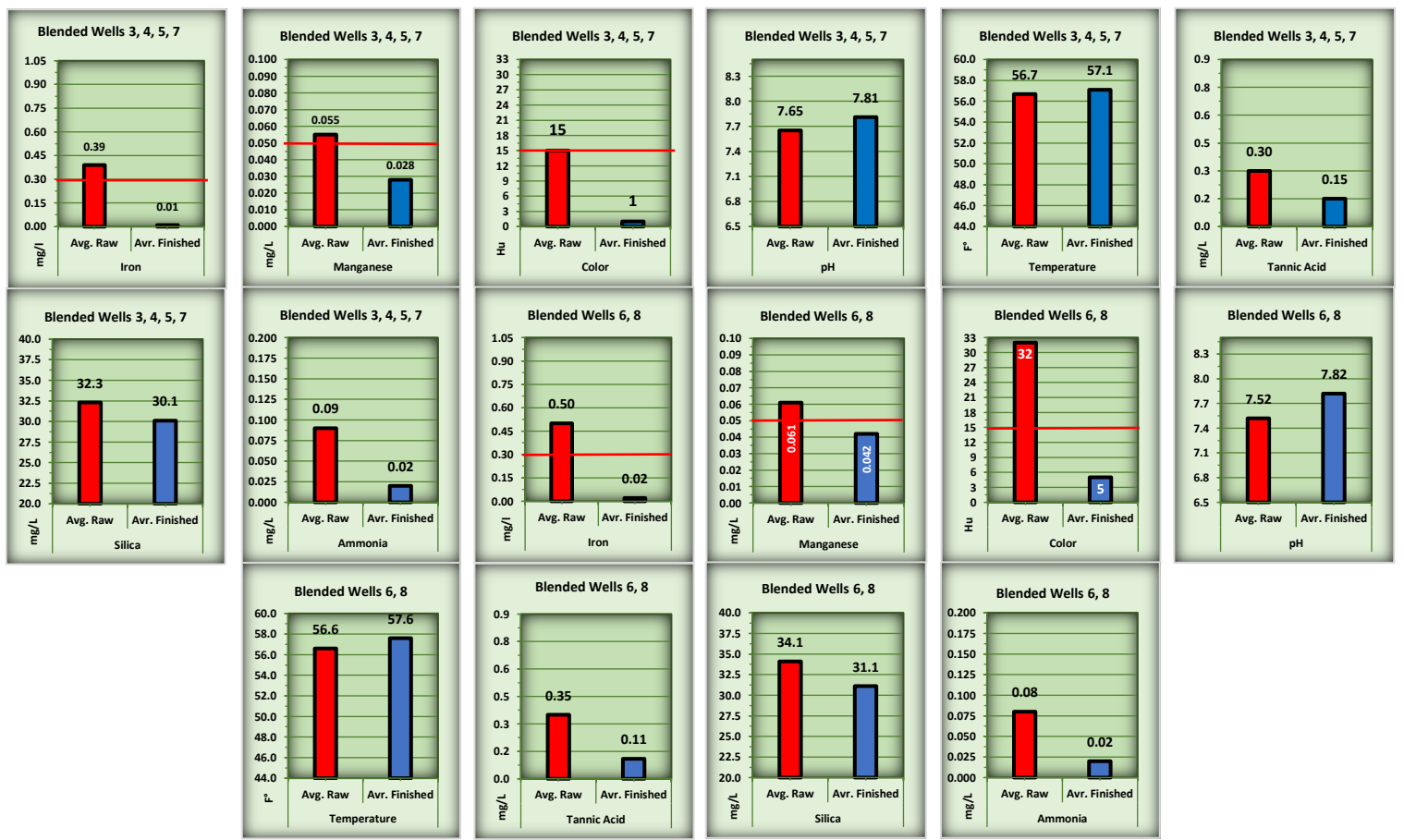
The bromate sample tested below the MCL for August, 2014 (satisfactory).



Distribution Water Quality:



Treatment Plant Water Quality Report				Iron		Manganese		Color		pH		Temperature		Tannic Acid		Silica		Ammonia	
Apr-14																			
	Well Source	Status	Gallons Pumped	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished
Blended #1	NW-3	Back up	-	0.39	0.01	0.055	0.028	15	1	7.65	7.81	56.7	57.1	0.30	0.15	32.3	30.1	0.09	0.02
	NW-4	Active	4,701,200																
	NW-5	Active	3,244,900																
	NW-7	Back up	-																
Blended #2	NW-6	Active	1,952,300	0.50	0.02	0.061	0.042	32	5	7.52	7.82	56.6	57.6	0.35	0.11	34.1	31.1	0.08	0.02
	NW-8	Active	1,174,100																
Blended #3	NW-1	Back up	-																
	NW-2	Back up	-																
Blended #4	SW-1	Offline	-																
	SW-2	Offline	-																
	SW-4	Offline	-																



DWSRF Projects:

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

DM-952-129 DWSRF		Award Budget	\$ 2,190,631	
Date	Request #	Amount of Request	Remaining Award Balance	Earned Forgiveness
7/12/2013	1	\$ 20,236	\$ 2,170,395	\$ 6,071
7/31/2013	2	\$ 22,808	\$ 2,147,587	\$ 6,842
8/6/2013	3	\$ 2,553	\$ 2,145,034	\$ 766
8/30/2013	4	\$ 38,679	\$ 2,106,356	\$ 11,604
9/30/2013	5	\$ 46,751	\$ 2,059,605	\$ 14,025
11/4/2013	6	\$ 9,134	\$ 2,050,471	\$ 2,740
12/2/2013	7	\$ 4,053	\$ 2,046,418	\$ 1,216
1/7/2014	8	\$ 59,356	\$ 1,987,062	\$ 17,807
2/3/2014	9	\$ 38,558	\$ 1,948,504	\$ 11,567
3/5/2014	10	\$ 22,909	\$ 1,925,595	\$ 6,873
4/7/2014	11	\$ 39,451	\$ 1,886,145	\$ 11,835
5/6/2014	12	\$ 13,061	\$ 1,873,083	\$ 3,918
6/2/2014	13	\$ 9,437	\$ 1,863,647	\$ 2,831
7/8/2014	14	\$ 41,487	\$ 1,822,160	\$ 12,446
7/22/2014	15	\$ 9,146	\$ 1,813,014	\$ 2,744
9/4/2014	16	\$ 21,741	\$ 1,791,272	\$ 6,522
Totals		\$ 399,358	\$ 1,813,014	\$ 119,817

Project 121 - Water Main Project.

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

DM-952-121 DWSRF		Award Budget	\$	891,123
		Loan Fee	\$	8,823
Date	Request #	Amount of Request	Remaining Award Balance	
7/12/2013	1	\$ 34,387	\$	847,913
8/6/2013	2	\$ 12,999	\$	834,915
9/30/2013	3	\$ 19,506	\$	815,408
11/4/2013	4	\$ 9,126	\$	806,282
12/2/2013	5	\$ 8,347	\$	797,935
1/3/2014	6	\$ 86,632	\$	711,303
2/3/2014	7	\$ 177,502	\$	533,800
3/6/2014	8	\$ 141,546	\$	392,254
4/7/2014	9	\$ 130,589	\$	261,665
5/6/2014	10	\$ 12,605	\$	249,060
6/2/2014	11	\$ 4,069	\$	244,991
7/8/2014	12	\$ 7,091	\$	237,900
7/22/2014	13	\$ 2,006	\$	235,894
9/4/2014	14	\$ 934	\$	234,960
Totals		\$ 647,340	\$	234,906

Water Revenue Bond Project Fund:

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

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

245th Street Water Main Loop Project:

The bid opening took place on schedule, Monday September 15, 2014 at 1:00 PM. Two bidders submitted bids for the project. The bid results are below.

245 th St. Water Main Intertie	Engineer's Estimate	Rognlin's	Big River
Lump Sum:	\$65,607.00	\$82,000.00	\$100,274.00
WSST:	\$5,117.00	\$6,396.00	\$7821.37
Total Construction Cost:	\$71,000.00	\$88,396.00	\$108,095.37
Receipt of Addendum:		Yes	Yes

The lowest responsive and responsible bidder is Rognlin's Inc. at \$88,396.00. Rognlin's bid is \$17,396.00 (25%) over the engineer's estimate.

The Board has three choices on the 245th bid results. The Board can award the bid the lowest responsive and responsible bidder, or they can reject all bid and postpone the project for an indefinite period of time, or they can reject all bids and select a larger pool of contractors from the small works roster and rebid the project.

I have discussed the bid with Mike Johnson and Nick Rognlin and asked if there is any way we can adjust the Scope of Work or contract conditions that would provide some cost savings on the bid. They both agree that the SOW is very tight due primarily to WSDOT permit conditions and that there is no way to economize without concessions from WSDOT. We work hard to get concession from WSDOT with this permit already with no success and a new attempt would just add engineer cost and not result in any savings. Sending

the project out for a rebid would close our window of opportunity of getting the project completed this year.

Gray and Osborne recommend the Board award the bid to Rognlin's, see attached letter and I recommend that the Board award the bid to Rognlin's.

Last year, with optimism and not having seen the WSDOT permit conditions, I budgeted \$20,000 for the completion of this project in the 2014 budget. The additional fund will come from our Capital Reserve Fund. That fund has a balance of \$781,398.72 as of 8/31/2014. Our Operations Reserve Fund has \$429,641.77 as of 8/31/2014. I am recommending the cost of the project, over the budgeted funds, be paid from the Capital Improvement Fund.

John Powell Report:

Jack McCarty and I met with John Powell to discuss an independent monthly/quarterly financial report. We discussed purpose of the report and the Board's intent in requesting the report. We discussed different formats for the report. John did not submit a report for the September 22, 2013 Board Meeting but he did commit to attending the meeting and making a presentation to the board in person.

Water System Plan:

The Board Commissioners met in special meeting on September 17, 2014 at 1:00 PM to be briefed on the progress of the 2014 water system plan update. The general manager gave a presentation on the final draft chapters 1 - 3 and the water use efficiency rule making process that will be a part of chapter 4. The general manager also gave provided an overview of chapters 5-9 that will be needed to complete the plan. Chapters 5-7 are primarily technical in nature and will not require much input on the part of the board. Chapter 8 will delineate the capital improvement project the district will be concentrating on in 2015-2021. Chapter 9 will include the rate study that FCS group is working on.

Rate Study:

The Rate Study is on hold until the 2014 WSP update is closer to completion, in particular, chapter 8 - Capital Improvement Projects..

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

WSDOT has responded to the customers concerns about replanting trees in the right of way. Apparently, WSDOT will be locating locations along Bay Avenue for the District to plant 6 - 5 gallon size Sitka Spruce trees to replace

the one tree that will be removed. The correspondence from Dennis Noyes is copied below:

Dennis,

Please have Dan contact me when he is in the area so that I can meet him on site.

William "Bill" Neal

General Manager

North Beach Water District

bneal@northbeachwater.com

360.665.4144

From: Noyes, Dennis [<mailto:NoyesD@wsdot.wa.gov>]

Sent: Tuesday, September 16, 2014 9:28 AM

To: Bill Neal

Subject: RE: Tree at Bay Avenue and U Street

Bill

Our landscape architect Dan Corlett recommends 6 5-Gallon Sitka Spruce trees to be planted in another location nearby.

Dan can stake the location for the trees next week so that you can get them planted before the planting window ends.

If you have any questions please let me know

Dennis Noyes



WSDOT

Utilities Project Delivery Engineer

Southwest Region Utilities Office

Phone: 360-905-2298

Cell: 360-904-3210

11018 NE 51st Cir.

Vancouver WA 98682-6686

Sanitary Survey:

North Beach Water District had its triennial Sanitary Survey on July 23, 2014. The results of the Survey were received on August 18, 2014. The Sanitary Survey was conducted by Teresa Walker, Regional Engineer. The Sanitary Survey cost \$1,428.00. A copy of the Sanitary Survey Report from Teresa Walker and my response to Teresa is attached to this report.

The only significant finding that needs to be completed is:

The System must pass a cross connection ordinance in order to have this authority by December 30, 2014.

The general manager recommends the board hold a special meeting in October to consider the Cross Connection Control Plan for adoption. The plan would be implemented in 2015. The general manager recommends the Special Meeting be advertised in the Chinook Observer for a two weeks before the meeting to afford interested ratepayers plenty of notice and opportunity to attend.

Safety Meeting Minutes:

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

Attachments:

- Water Sample Results
 - Coliform Bacteria Sample Results
 - Bromate Sample Results
- DOC Vender Distribution Form for DM12-952-129 (Supply and Treatment Project)
- DOC Vender Distribution Form for DM12-952-121 (Water Main Project)
- Sanitary Survey Report
- General Managers Response to Sanitary Survey Report
- Surfside Water System Report (September, 2014)

End of Report



ALS Environmental
 1317 South 13th Avenue
 Kelso, WA 98626
BROMATE TEST PANEL
(Bromate by EPA Methods 300.1)
for the State of Washington
REPORT OF ANALYSIS

Date Collected: (MM/DD/YY) 08/20/14		System Group Type: (A,B,Other): A	
Water System ID Number: 63000C		System Name: North Beach Water	
Lab Sample Number: 01788471		County: Pacific	
Sample Location: 2212 272 St./ SO6		Source Number(s): SO6	
Sample Purpose: Select One		Date Received: 08/20/14	
<input checked="" type="checkbox"/>	RC- Routine/Compliance	Date Analyzed: 08/20/14	
<input type="checkbox"/>	C- Confirmation	Date Reported: 08/28/14	
<input type="checkbox"/>	Investigative	Comments: K1408847-001	
<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:	
Send Report to: Bill Neal		Phone Number:	
DOH		Bill to: Same	

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

NOTES:

SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH).

Trigger Level: DOH Drinking Water Response Level. Systems with compounds detected at concentrations in excess of this level are required to take additional samples. Contact your regional DOH office for further information.

MCL (Maximum Contaminant Level): If the contaminant amount exceeds the MCL, immediately contact your regional DOH office.

NA (Not Analyzed): in the results column indicates this compound was not included in the current analysis.

ND (Not Detected): in the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SRL.

<(0.00X): indicates the compound was not detected in the sample at or above the concentration indicated.

(lab mdl) lower than the SRL.

Comments: _____



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8/20/14 Month Day Year	Time Sample Collected 8:45 AM AM PM	County Pacific
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Type of Water System (check only one box)
 Group A Group B Private Household Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
 ID# 63000C

System Name: North Beach Water

Contact Person: Bill Neal

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

Eve. Phone: () FAX: ()

Email:

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

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected: USS# 6 3314 281st
 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 _____ No <input checked="" type="checkbox"/></p> <p>Chlorine Residual: Total _____ Free _____</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: 017 - _____</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>S</p> <p>Public systems must provide source number from WFI</p>	

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

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

Satisfactory

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code MICR- 510223B	Date, Time and Temp Received: 8/20/14 1435
Date Analyzed 08/20/14	Date Reported: 08/21/14
Sample Number (DOH number plus five digits) 017-88451	Lab Use Only: HIS 8/20/14

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

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

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

UNSATISFACTORY RESULTS:
 Any coliform presence is unsatisfactory.

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

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

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

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

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

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

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



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8/20/14 Month Day Year	Time Sample Collected 9:00 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"/> Private Household <input type="checkbox"/> Other _____		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# 630000		
System Name: North Beach Water		
Contact Person: Bill Neal		
Day Phone: (360)-665-4144	Cell Phone: (360)-244-0068	
Eve. Phone: (360)-244-0068	FAX: ()	
Email:		
Send results to: (Print full name, address and zip code) PO Box 618 Ocean Park, WA 98640		

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected: SSS # 7 26200 Sandridge Rd.

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 _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	#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 _____
#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 _____	

#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: MICR- S19223B	Date, Time and Temp Received: 8/20/14 1435
Date Analyzed: 8/20/14	Date Reported: 08/21/14
Sample Number (DOH number plus five digits): 0 1 7 - 88452	Lab Use Only: # 01214

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.

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

- Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
- Submit repeat samples as specified in WAC 246-290-480.
- Publicly notify the users of public water systems as specified in WAC 246-290-490.
- 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:

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
 1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>8/20/14</u> Month Day Year	Time Sample Collected <u>9:10</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other _____		

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
 ID# 63000C
 System Name: North Beach Water
 Contact Person: Bill Neal
 Day Phone: (360) 665-4144 Cell Phone: 360 244-0068
 Eve. Phone: () FAX: ()
 Email:

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

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt
 Specific location where sample collected: USS # 8 1719 264th PL.
 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 _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	#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 _____
#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 _____ 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 type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent		<input checked="" type="checkbox"/> Satisfactory

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

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

Method Code: <u>SM9223B</u> MICR- _____	Date/Time and Temp Received: <u>8/20/14 14:35</u>
Date Analyzed: <u>8/20/14</u>	Date Reported: <u>8/21/14</u>
Sample Number (DOH number plus five digits): <u>0 1 7 - 88453</u>	Lab Use Only: <u>8/21/14</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

SR# K1708845-004



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>8/20/14</u> Month Day Year	Time Sample Collected <u>9:35</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other _____		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# <u>63000C</u>		
System Name: <u>North Beach Water</u>		
Contact Person: <u>Bill Neal</u>		
Day Phone: <u>(360) 665-4144</u>	Cell Phone: <u>(360) 244-0068</u>	
Eve. Phone: <u>(360) 0068</u>	FAX: ()	
Email:		
Send results to: (Print full name, address and zip code) <u>PO Box 618, Ocean Park, WA 98640</u>		

SAMPLE INFORMATION

Sample collected by (name): <u>Robert Hunt</u>	Special instructions or comments:
Specific location where sample collected: <u>NSS #9 27900 'O' St.</u>	

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

#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	#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>017</u> 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 <u>S</u>	

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 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>Su9223B</u> MICR- _____	Date, Time and Temp Received: <u>8/20/14 1435</u>
Date Analyzed: <u>08/20/14</u>	Date Reported: <u>08/21/14</u>
Sample Number (DOH number plus five digits): <u>017-88454</u>	Lab Use Only: <u>W 8/20/14</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
1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>8/20/14</u> Month Day Year	Time Sample Collected <u>9:45</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
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Type of Water System (check only one box)

Group A Group B Private Household Other _____

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

ID# 63000C

System Name: North Beach Water

Contact Person: Robert Hunt

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

Eve. Phone: (360)-244-0068 FAX: ()

Email:

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

P.O. Box 618, Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected: NS5 #10 1206 247th PL

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 _____ No <u>X</u></p> <p>Chlorine Residual: Total _____ Free _____</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

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: <u>SM9223B</u>	Date, Time and Temp Received: <u>8/20/14 1435</u>
MICR- _____	Date Reported: <u>08/21/14</u>
Date Analyzed: <u>08/20/14</u>	Lab Use Only: <u>JK 8/22/14</u>
Sample Number (DOH number plus five digits): <u>017-88455</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
1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8/20/14 Month Day Year	Time Sample Collected 10:55 AM 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"/> Private Household <input type="checkbox"/> Other _____		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# 63000C		
System Name: North Beach Water		
Contact Person: Bill Deal		
Day Phone: (360) 665-4144	Cell Phone: (360) 244-0068	
Eve. Phone: ()	FAX: ()	
Email:		
Send results to: (Print full name, address and zip code) North Beach Water P.O. Box 618 Ocean Park, WA 98640		

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected: NSS#23 24200 Sandtrike Rd

Special instructions or comments:

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

<p>#1. Routine Distribution Sample Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____</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: 0 1 7 - _____ 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: MICR- 8u9223B	Date/Time and Temp Received: 8/20/14 1435
Date Analyzed: 08/20/14	Date Reported: 08/21/14
Sample Number (DOH number plus five digits): 0 1 7 - 88456	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



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8/20/14 Month Day Year	Time Sample Collected 10:02 AM AM PM	County Pacific
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Type of Water System (check only one box)

Group A Group B Private Household Other _____

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

ID# 63000C

System Name: North Beach Water

Contact Person: Bill Neal

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

Eve. Phone: (360)-244-0068 FAX: ()

Email:

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

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected: WSS# 12 23200 Birch PL
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 _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	#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 _____
#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	

#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: 809223B MICR- Date Analyzed: 08/20/14 Sample Number (DOH number plus five digits): 0 1 7 - 88457	Date, Time and Temp Received: 8/20/14 1435 Date Reported: 08/21/14 Lab Use Only: JF 8/22/14
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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:

- Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
- Submit repeat samples as specified in WAC 246-290-480.
- Publicly notify the users of public water systems as specified in WAC 246-290-480.
- 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# 1014000 95-108



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8/20/14 Month Day Year	Time Sample Collected 10:30 AM 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"/> Private Household <input type="checkbox"/> Other _____		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# 63000C		
System Name: North Beach Water		
Contact Person: Bill Neal		
Day Phone: (360) 665-4144	Cell Phone: (360) 244-0068	
Eve. Phone: ()	FAX: ()	
Email:		
Send results to: (Print full name, address and zip code) North Beach Water P.O. Box 618 Ocean Park, WA 98640		

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt
Specific location where sample collected: OSS# 16 1311 197th PL
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 _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	#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 _____
#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>	

#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: MICR- 889223B	Date, Time and Temp Received: 8/20/14 1435
Date Analyzed: 08/20/14	Date Reported: 08/21/14
Sample Number (DOH number plus five digits): 0 1 7 - 88458	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



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8/20/14 Month Day Year	Time Sample Collected 10:40 AM 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"/> Private Household <input type="checkbox"/> Other _____		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# 63000C		
System Name: North Beach Water		
Contact Person: Bill Neal		
Day Phone: (360)-665-4144	Cell Phone: (360)-244-0068	
Eve. Phone: (360)-244-0068	FAX: ()	
Email:		
Send results to: (Print full name, address and zip code) PO Box 618 Ocean Park, WA 98640		

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt	
Specific location where sample collected: NSS#22 2707 245th PL	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 _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	#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 _____
#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>	
#4. <input type="checkbox"/> 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: MICR- 8849223B	Date, Time and Temp Received: 8/20/14 1435
Date Analyzed: 08/20/14	Date Reported: 08/21/14
Sample Number (DOH number plus five digits): 0 1 7 - 88459	Lab Use Only: 8/20/14

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample immediately

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


RESAMPLE:

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

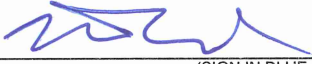
FOR ADDITIONAL INFORMATION:

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

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

	WASHINGTON STATE DEPARTMENT OF COMMERCE	<small>AGENCY NUMBER</small>	<small>Short Code</small>	<small>Commerce Contract Number</small>
	<small>Form A19-1A</small> VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE <small>PO BOX 42525 OLYMPIA, WA 98504-2525</small>	1030		DM12-952-121

VENDOR OR CLAIMANT (Warrant is to be payable to:) North Beach Water District PO Box 618 Ocean Park WA, 98640	INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item. <small>Vendor's Certificate: The individual signing this voucher below warrants they have the authority to do so as authorized and on the behalf of the entity identified in the Vendor/Client section. The individual signing below certifies under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.</small>
--	---

<small>Contact Person:</small>	Jack McCarty				 By: _____ (SIGN IN BLUE INK)
<small>Phone:</small>	(360) 665-4144				
<small>Contract Period</small>	11-29-2012 thru 11-29-2036				General Manager
<small>REPORT PERIOD</small>	8/1/14 - 8/31/14				(TITLE) 9/4/2014 (DATE)

	<small>Original Contract Amount</small>	\$891,123			
	<small>Loan Fee (if any)</small>	\$8,823			
Date	DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract Amount	\$882,300	\$646,405.86		\$235,894
	Request #14				
8/19/2014	Invoice #13223.01-10 / Gray & Osborne / Water Main Project			\$934.61	
Totals				\$934.61	\$234,960

<small>Match: Year / Dollars / Coding</small>				<small>PROGRAM APPROVAL (the individual signing this voucher warrants they have the authority to sign this voucher)</small>				<small>DATE</small>	
<small>DOC DATE</small>		<small>CURRENT DOC. NO.</small>		<small>REFERENCE DOC. NO.</small>		<small>VENDOR NUMBER and SUFFIX</small> SWV0110176 00			
<small>ACCOUNT NO.</small>				<small>ASD NUMBER</small>		<small>VENDOR MESSAGE</small>			
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL	ACCT	SUBSID	AMOUNT	INVOICE
									DM12-952-121
<small>SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT</small>						<small>DATE</small>		<small>WARRANT TOTAL</small>	
<small>ACCOUNTING APPROVAL FOR PAYMENT</small>						<small>DATE</small>			



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SOUTHWEST DRINKING WATER REGIONAL OPERATIONS
P.O. Box 47823 Olympia, Washington 98504-7823
TDD Relay 1-800-833-6388

August 18, 2014 William Neal III Post Office Box 618 Ocean Park, Washington 98640	North Beach Water District ID #63000C	
	County:	Pacific
	System Type:	Group A Comm
	Operating Permit Color:	Green
	Surveyor:	Teresa Walker
	Inspection Date:	July 23, 2014

Thank you for meeting with me to conduct a survey of this water system. Sanitary surveys are the Office of Drinking Water's (ODW) way to inspect public water systems through a field visit. ODW is also able to offer technical assistance to help utilities improve their system operations and ensure that public health is protected.

This report documents the findings of this survey. Deficiencies that need your attention are summarized below. As you correct the items, send me documentation that demonstrates the items have been completed as directed. Include the system name, ID number, and the date the deficiencies were corrected. You can send them to me by e-mail at teresa.walker@doh.wa.gov or by mail at PO Box 47823, Olympia, Washington 98504-7823.

If you are not able to correct these deficiencies within the timelines below, you must submit an Action Plan by the date assigned describing how and when the work will be completed. We will contact you to discuss your plan to ensure work is completed as agreed.

SIGNIFICANT DEFICIENCIES* - COMPLETE THE ITEMS BELOW BY SEPTEMBER 30, 2014.

1. Screens on overflow were missing or partially gone due to overflow events. Consider installing flapper or duckbill valves instead of screens.

SIGNIFICANT FINDINGS - COMPLETE THE ITEMS BELOW.**

2. Please verify that fiberglass tanks in the North Wellfield treatment building are NSF approved by September 30, 2014.
3. The system must pass a cross connection ordinance in order to have this authority by December 30, 2014.
4. Please provide photos of access hatch gaskets and screened air vents for all reservoirs by September 30, 2014.

OBSERVATIONS

5. Operators need additional training for filtration technology and how to best operate the system, with respect to ozone contact time, ozone dosage, or when to operate as air only.
6. Please submit the 2013 Water Use Efficiency (WUE) report.
7. Please verify that all source samples are post treatment.
8. Please update your Coliform Monitoring Plan (CMP) with the new sample sites and include recent revisions due to the Groundwater Rule (GWR).

RECOMMENDATIONS

- 9. In addition, overflow discharge should be routed away from reservoir foundations.
- 10. The North Wellfield reservoirs should be inspected in 2014.
- 11. The system should consider installing permanent chlorination for distribution water quality (CT not required) to prevent further coliform issues.

SYSTEM INFORMATION

This is a Group A Community system with approximately 2,500 connections. This system merged two previously privately owned systems, Ocean Park (ID #63000) and Pacific Water Company (ID #20051) in 2007 and became a Water District in 2009. The water system plan (WSP) was approved in 2008 for 3,900 equivalent residential units (ERU) with source as the limiting capacity. The system is in the process of preparing a 2014 WSP update. The system has had some issues with customers jetting in sand points on their properties in order to not hook up to the water system. This practice appears to be stopping with the help of the Department of Ecology.

SECTION 1: SOURCE

S01, 02, and 03 have been taken offline and will be decommissioned. The South Wellfield and its associated treatment system were recently taken offline due to low production in S10 and S11. The system has recently completed drilling three new wells nearby and hopes to have them online in 2015. The wells had elevated levels for arsenic and Hydrogen sulfide. A pilot study is being designed to determine an effective treatment.

S10 will be decommissioned and S11 will become a monitoring well (emergency).

Source ID #	Name:	Description:	Ecology Tag #
S06	North Wellfield (S01-09)	North Wellfield is comprised of 8 fairly identical wells.	AGP145-153
S10		Offline	AGP 154
S11		Offline	AGP 155
S12	S. Well #4	101—Emergency and Disconnected	
New Wellfield	Three New Wells		

Wells 4, 5, 6, 7, and 8 are currently the only active wells for the system. They are currently operated manually.

Improvements are planned for the North Wellfield in 2015 to 2016. These include treatment modifications, site improvements (fences, etc.), SCADA and telemetry upgrades, and a new office.

WELLHEAD	Source ID #S06		S04, 05		S6, 7, 8	
	Yes	No	Yes	No	Yes	No
System has well log	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Wellcap sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Openings sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Vent screened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Terminates 6" above grade	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Protected from flooding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Source meter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELLHEAD	Source ID #S06		S04, 05		S6, 7, 8	
	Yes	No	Yes	No	Yes	No
Pressure gauge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
**Raw water sample tap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
**Protected from unauthorized access	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structure in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Sanitary control area has no unmitigated contaminants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**Protected from physical damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of routine site visit	Daily		Daily		Daily	
Frequency of source meter reading	Daily		Daily		Daily	

The wellfield (S06) also contains the individual wells, but the checklist was filled out for the wellfield only, unless there were discrepancies with the individual wells.

WELL PUMP EQUIPMENT	Source ID #		Source ID #		Source ID #	
	Yes	No	Yes	No	Yes	No
*Functional and reliable pump and pump controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Pump control valve or vacuum relief valve with a protected air gap at discharge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator has automatic startup	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator fuel source	Diesel		Diesel		Diesel	

Wells are currently operated manually, which is very labor intensive and causes some overflow incidences with the reservoirs. The emergency generator at the North Wellfield operates the wellfield (S04-S09) and the treatment plant.

EMERGENCY SOURCES

ID #	Name:	Description:	Ecology Tag #	Listed on WFI		Disconnected		Inspected	
				Yes	No*	Yes	No*	Yes	No*
S10	Well #1	South Wellfield		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S11	Well #2			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S12	Well #3			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

BUILDINGS/ENCLOSURE	Source ID #S06	
	Yes	No
Facility secure	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Structure in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Wells S04 through S09 have a common manifold prior to treatment. The North Wellfield needs fencing and gates. These items will be installed during the wellfield upgrade project in 2016.

SECTION 2: DISINFECTION

Neither the north nor the south wells are disinfected at this time. Chlorination has been practiced in the past but is no longer added due to disinfection byproduct (DBP) issues. The system has intermittent coliform problems, which have kept it on a three-year survey cycle.

Removing ozone from the treatment train may cause additional coliform problems in the distribution system. While ozone is used as an oxidant, there may be some residual disinfection treatment that will be eliminated. **The system should consider installing permanent chlorination for distribution water quality (CT not required).** Evaluation of DBP formation potential should be evaluated prior to installing chlorination.

SECTION 3: OTHER TREATMENTS

There are two treatment plants for this system, each with similar components, one located at the north well field, and one located at the south well site. Both systems use ozone to oxidize iron, remove taste and odor, and pressure filtration to remove iron and manganese.

#	TREATMENT PROCESS	CHEMICAL ADDED	PURPOSE	LOCATION IN SYSTEM
1	Ozone	Ozone	Oxidation	Prior to Filtration
2	Pressure Filtration (MTM Media)	None (At This Time)	Fe/Mn Removal, Color, Taste and Odor Removal	Prior To Distribution - North Wells

TREATMENT	1		2	
	Yes	No	Yes	No
*Operated & maintained properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*RPBA or air gap at water fill line to chemical tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**Post treatment sample tap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Redundant equipment available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schematic of treatment facilities available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Adequate testing equipment available and used	4		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Test kit calibrated and maintained properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical feed proportional to flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
**Approved chemicals used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHEMICALS	1		2	
	Yes	No	Yes	No
Flow paced feed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Feed system calibrated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Approved chemicals used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

A pilot study was conducted in 2013 in order to determine whether ambient air could replace ozone for Iron and Manganese removal. The pilot study was fairly successful. They have quit using a polymer as the study concluded that it was not helpful. Ozone is still used on wells 4 and 5, but not on 7 and 8. The reason for this operation is unclear.

Please verify that fiberglass tanks are NSF approved. Operators need additional training for filtration technology and how to best operate the system, with respect to ozone contact time, ozone dosage, or when to operate as air only.

The treatment system will be revised in 2015 and 2016. Ozone will be removed and replaced with ambient air only (no compressors). The backwash system will be revised and rerouted to an onsite backwash pond.

Good data collection. Iron and Manganese are monitored pre and post daily with field test kits.

Silica is monitored weekly. Finished arsenic runs between 7-9 parts per million (ppm).

Treatment at the South Wellfield is offline.

SECTION 4: DISTRIBUTION SYSTEM

FEATURES	Yes	No
Service area and facility map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Minimum pressure requirements met	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Service meters (reading frequency <u>Monthly</u>)	<input type="checkbox"/>	<input type="checkbox"/>
Leak detection program track <u>Quarterly</u>	<input type="checkbox"/>	<input type="checkbox"/>
Water system leakage (%)	9%	
Adequate valving for flushing and pipe repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blow-offs on dead ends on most	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Routine flushing (frequency <u>Annual</u>)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Routing valve exercise (frequency <u>Annual</u>)	<input type="checkbox"/>	<input type="checkbox"/>

Radio read meters have been installed on approximately 50 percent of residential service meters.

A unidirectional flushing program was implemented in 2013, which has significantly improved aesthetic water quality according to the purveyor. Flushing is conducted twice a year.

System reports the highest water usage is associated with freeze thaw cycles.

The 2013 WUE report was not submitted. **Please submit the 2013 WUE report.**

CROSS CONNECTION CONTROL (Community Systems)	Yes	No
System has enabling authority	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ongoing hazard inspections	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High hazards identified	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High hazards protected --unknown	<input type="checkbox"/>	<input type="checkbox"/>
Annual testing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
System has installation standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The cross connection program has never been fully implemented. The water system is required to have a cross connection ordinance (enabling authority) per WAC 246-290-410. **The system must pass an ordinance in order to have this authority by December 30, 2014.** Many deficiencies mentioned in the last survey remain. This system should then conduct an inventory survey and maintain a list of installed devices, provide notification of testing requirements, and track assembly testing.

SECTION 5: FINISHED WATER STORAGE

RESERVOIR	RESERVOIR NAME	DESCRIPTION	YEAR BUILT	TOTAL VOLUME (GAL)
1	North Reservoir #1	180,000-Gallon Concrete	1990	
2	North Reservoir #2	180,000-Gallon Concrete	1990	
3	North Reservoir #3	180,000-Gallon Concrete	1990	
4	South Reservoir	225,000-Gallon Concrete	2006	

The South Reservoir is currently being fed from the distribution system (the North Wellfield) as the South Wellfield is offline. This is done manually and it was clear that the tank is frequently overflowed. It is filled every two weeks.

Screens on the overflow were missing and or partially gone due to overflow events. Consider installing flapper or duckbill valves instead of screens. In addition, overflow discharge should be routed away from reservoir foundations.

TOP OF RESERVOIR	Res #1		Res #2		Res #3		Res #4	
	Yes	No	Yes	No	Yes	No	Yes	No
Hatch: Locked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Hatch: Watertight seal or gasket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hatch: Over-lapping cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Screened air vent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Openings sealed/protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide photos of access hatch gaskets and screened air vents for all reservoirs.

FEATURES	Res #1		Res #2		Res #3		Res #4	
	Yes	No	Yes	No	Yes	No	Yes	No
Separate inlet/outlet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Protected drain outlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Protected overflow outlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Overflow line discharges into a sanitary sewer with an air gap	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Operational water level gauge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bypass piping or isolation possibility	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
**Protected from unauthorized entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Low level alarms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sample tap at outlet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Screens are missing on the overflow. Drains discharge to a swale. Drain discharge piping has been raised above swale.

MAINTENANCE	Reservoir 1		Reservoir 2		Reservoir 3		Reservoir 4	
	Yes	No	Yes	No	Yes	No	Yes	No
Frequency of interior inspection	Annual		Annual		Annual		Annual	
Frequency of routine site visit	Daily		Daily		Daily		Weekly	
Exterior in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Clear of excessive vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tanks are inspected on an annual basis. Divers cleaned the tanks in 2007. **The North Wellfield reservoirs should be inspected in 2014** and overflows should be piped away from the foundations.

SECTION 6: PRESSURE TANKS

This system has no pressure tanks.

SECTION 7: BOOSTER PUMPS AND FACILITIES

Facility	Name	Description	Total Capacity (gpm)
1	Booster Pump Station (BPS) North	Two 25-horsepower (hp), Two 7.5-hp, One 15-hp. Total of all pumps is 1,500 gallons per minute (gpm)	1,500
2	BPS South Wells	Two 40-hp, Two 10-hp. Total of all pumps is 1,850 gpm	1,850

BOOSTER PUMPS	Facility 1		Facility 2	
	Yes	No	Yes	No
Number of pumps	Four		Four	
Frequency of routine site visit	Daily		Weekly	
Isolation valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure gauge(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure relief valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pump failure alarm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Control systems functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Protected from flooding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Redundant pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

BUILDINGS/ENCLOSURE	Facility 1		Facility 2	
	Yes	No	Yes	No
Facility secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Structure in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The North Wellfield has two emergency generators. One runs BPS #1 and another 150-kilowatt (kW) runs the treatment plant. The South Wellfield has one emergency generator capable of operating both wells and the treatment plant. The emergency generators for the booster pumps have automatic transfer switches.

SECTION 8: WATER QUALITY MONITORING AND REPORTING

Refer to the Water Quality Monitoring Schedule for your monitoring requirements and status. If you have any questions on source monitoring, please contact Sophia Petro at (360) 236-3046.

Entry Point #	Description
1	North Wells After Treatment

CHEMICAL	Entry Point #1	
	Yes	No
Monitoring adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ODW WQ data reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sample collection sites correct	<input type="checkbox"/>	<input type="checkbox"/>
System has prior:		
<input type="checkbox"/> Nitrate results above 5 mg/L		
<input type="checkbox"/> Nitrite results above 0.5 mg/L		
<input type="checkbox"/> Primary MCL		
<input type="checkbox"/> Secondary MCL exceedance(s)		
<input type="checkbox"/> Organic detections		
<input checked="" type="checkbox"/> Other		

Please verify that all source samples are post treatment. If not, please install a post treatment tap and begin taking IOCs, VOCs, and SOCs at this point.

COLIFORM	Yes	No
Monitoring adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring plan adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring plan followed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
# of violations since last survey	One	

The system had a non-acute in November 2012. The source of coliforms were lack of screens on the North Reservoirs. New dedicated sample taps have been installed. **Please update your CMP with the new sample sites and include recent revisions due to the GWR.**

LEAD & COPPER	Yes	No
Monitoring adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Results below action level	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Lead and copper samples are due this year. **The system is required to take 20 samples before December 2014.**

DISINFECTION BYPRODUCTS	Yes	No
Monitoring adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
# of treatment plants	Two	
Monitoring plan adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring plan followed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Results satisfactory	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Because this system uses ozone, it is required to take two bromate samples per month. Results do not qualify for reduced monitoring. For questions about DBP sampling, please contact Regina Grimm at (360) 236-3035. Bromate samples have been below the MCL.

SECTION 9: SYSTEM MANAGEMENT AND OPERATIONS

PROJECT/PLANNING	Yes	No
System approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Current WSP/SWSMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Year WSP/SWSMP approved 2008 for 3,900 ERUs	2008	
Distribution main submittal exception	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Emergency response plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The water system is in the process of preparing a WSP update, which is due in 2014. A new hydraulic model will show where there are low-pressure areas, if any.

REPORTING	Yes	No
WFI reviewed and updated with purveyor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Consumer confidence report (Community's Only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water use efficiency report (Municipal Water Suppliers)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cross connection control annual report (> 1000 conn)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The Water Facilities Inventory (WFI) was revised with the latest information for source inactivation and treatment revisions.

OPERATOR CERTIFICATION

This system is required to have **two** certified operators.

Name of Operator	Certification Number	Certifications	Mandatory Operator
Bill Neal	12803	WTPO1, WDM2, CCS	<input type="checkbox"/>
Nick Morrison	13090	WDM1	<input type="checkbox"/>
Bob Hunt	11725	WTPO2, WDM2	<input checked="" type="checkbox"/>

WDS-Water Distribution Specialist; WDM-Water Distribution Manager; WTPO-Water Treatment Plant Operator, BTO-Basic Treatment Operator; CCS-Cross Connection Specialist; BAT-Backflow Assembly Tester

If you have any questions or this information is inaccurate, please contact Operator Certification at (800) 525-2536.

OPERATIONS	Yes	No
Operational records maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Complaints followed up	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Complaints documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>
# of complaints recorded at ODW (since last survey)	Over 70	
Operation and maintenance program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Previous survey deficiencies/findings corrected	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The cross connection program has still not been fully implemented. Complaints have significantly dropped off since flushing program was implemented.

August 18, 2014

CLOSING

Your system has had either a total coliform MCL violation or more than one total coliform monitoring violation since the last survey. Your system does not qualify for the reduced frequency of Sanitary Surveys under WAC 246-290-416 (1).

Your next survey is due in **3 years**.

Regulations establishing a schedule of fees, including fees for sanitary surveys, were adopted April 30, 2012 (WAC 246-290-990). An itemized invoice for \$1,428 is enclosed.

If you have any questions, please contact me at (360) 236-3032 or by e-mail at teresa.walker@doh.wa.gov.

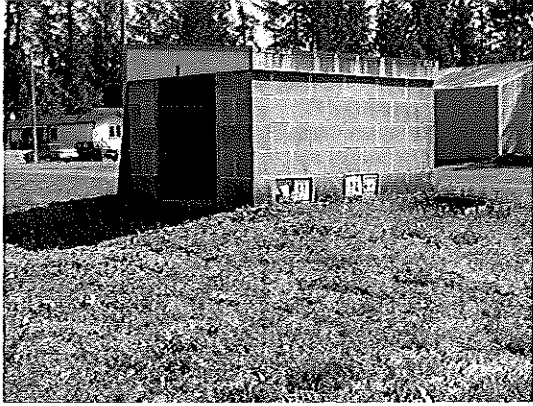
Sincerely,



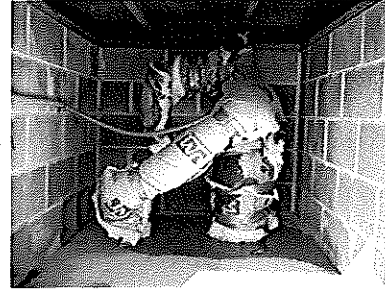
Teresa A. Walker
Office of Drinking Water, Regional Engineer

Enclosures

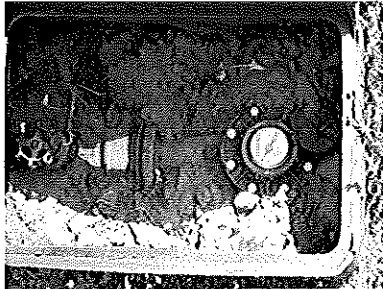
cc: Faith Taylor, Pacific County Community Development
Denise Miles, ODW



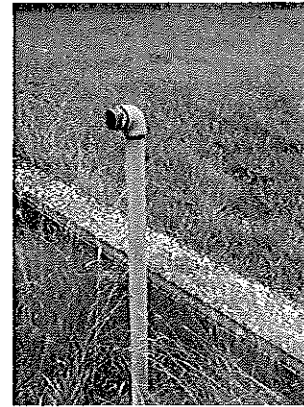
Typical Well Enclosure-North Wellfield



Typical Wellhead-North



Source Meter



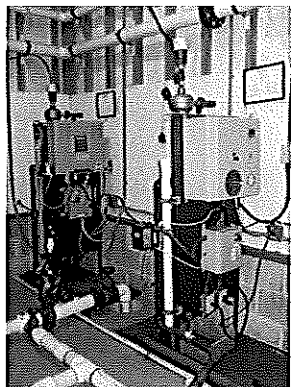
Reservoir Drain Discharge



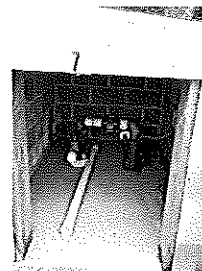
North Reservoirs



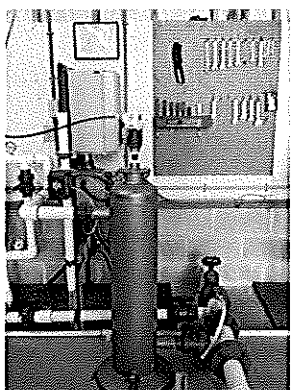
Filter Plant



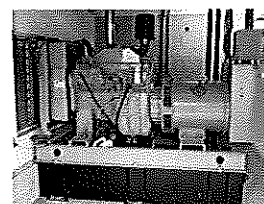
Ozone Generators



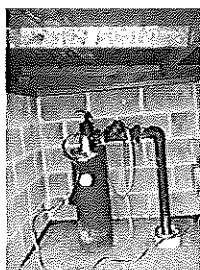
S08



Ozone



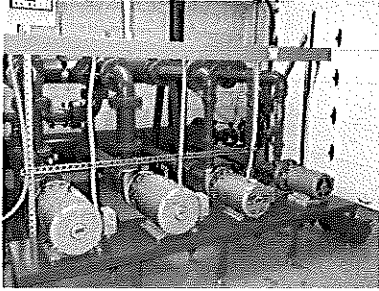
North Generator



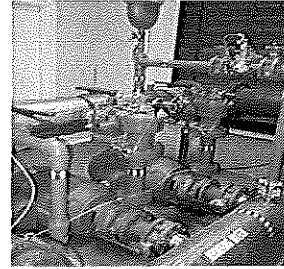
S05



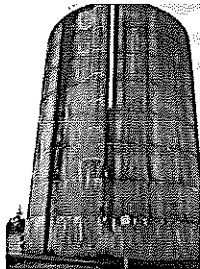
New Well At South Wellfield



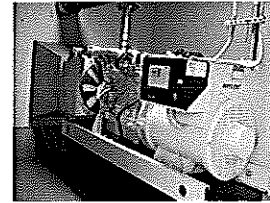
BPS-North



South BPS



South Reservoir



Emergency Generator South

SANITARY SURVEY FEE WORKSHEET

Department of Health Office of Drinking Water Sanitary Survey Time Tracking			
System Name North Beach Water District	PWS ID # 63000		
County Pacific County			
Surveyor Teresa Walker	Date: 08/14/14		
System over 10,000 Connections?	NO		
	Quantity		Cost
Department of Health Paid Costs	Hours/Miles		
Survey program RO Coordination	1 \$	102 \$	102.00
Survey Program Administrative Support	1 \$	102 \$	102.00
Travel expenses (Mileage)	0	(# Miles) x (\$.56/Mile) \$	-
Technical Assistance	0 \$	102 \$	-
Travel Time <10,000	6	102 \$	612.00
Total Department of Health Costs to Perform All Surveys			\$ 816.00
Water System Paid Costs	Hours		
Scheduling, research, prep	4 \$	102 \$	408.00
Survey Field Work	5 \$	102 \$	510.00
Survey documentation -- preparation of survey report to the purveyor	5 \$	102 \$	510.00
Additional Water System Paid Costs for systems serving 10,000 or more connections			
	Hours		
	0 \$	-	-
NOTES:	Total Cost of Survey		\$ 2,244.00
	Costs Covered by DOH		\$ 816.00
	Invoice amount due (Less than 10,000 Connections)		\$ 1,428.00



Commissioners
Brian Sheldon – Gwen Brake – Glenn Ripley

Transmitted via email:
teresa.walker@doh.wa.gov

William “Bill” Neal
General Manager, NBWD
P.O. Box 618
Ocean Park, WA 98640

Teresa A. Walker, P.E.
Regional Engineer
Southwest Drinking Water Operations
P.O. Box 47823
Olympia, WA 98504-7828

August 25, 2014

Re: North Beach Water District Sanitary Survey, August 18, 2014
Teresa,

I enjoyed discussing North Beach Water District’s water system with you during the Sanitary Survey. I am pleased you were able to spend time with our operators, Robert Hunt and Nicholas Morrison during the survey. It is beneficial for our crew to put faces to the names of the Department of Health personnel.

As you are aware, we have many operational challenges due to aging infrastructure and the less than comprehensive melding of two public water systems into one water system in 2008. Capital improvement projects funded by the 2012 drinking water state revolving fund loans will mitigate many of those challenges.

I would like to address the deficiency, findings, observations, and recommendation you listed in the survey one at a time.

Deficiency

1. Duckbill valves have been installed on the reservoir overflows. Images are attached.

Findings

2. The Department approved a pilot study and construction documents for the filtration system (DOH Project #01-1106) on March 18, 2002. Our records indicate that the vessels are manufactured by Pentair, Inc. We do not have the actual model numbers but this entire line of pressure vessels manufactured by Pentair, Inc. carry an [NSF 61 rating](#). I have attached a sheet from the manufacture.
3. The Board of Commissioners are reviewing a Draft Cross Connection Resolution now. It is their intention to approve the Cross Connection Plan before the end of 2014 for implementation in 2015.
4. Please find attached images of all hatches and vents for reservoirs.

Observations:

5. I agree that our operators would benefit from more specific training on our current systems. As you are aware we will be revising the filtration systems at the North and South Wellfields in the very near future. The Board of Commissioners understands the benefit of having a well-trained and knowledgeable crew. The Board budgets for education and training of its operators to properly operate systems specific to the District's water system and to expand their knowledge and understanding of all aspects of water systems operation and management. It is the District's intention to continue and expand, where appropriate, the training and education of its operators.
6. The 2013 Water Use Efficiency Report has been submitted.
7. I have reviewed the source sampling protocols with our operators.
8. Our intention is to have Gray and Osborne, Inc. revise our Coliform Monitoring plan with the WSP update. We are using several new site now and, in addition, we will identify future sites and proposed dates for those new sites to be commissioned in the new plan.

Recommendations

9. It is our intention to install improvements to the reservoir overflow that will route the water directly

to the retention pond by the end of 2016. The work may be part of the DWSRF project.

10. The reservoirs will be cleaned and inspected in 2015. The work will be included in the 2015 operating budget. Reservoirs will be inspected biannually and cleaned as needed in the future.
11. By and large, rate payers are very opposed to chlorination of the water. The benefits of chlorinated water need to be weighed against the drawbacks of chlorination. We are all aware of the reduction of such horrific diseases as cholera, typhoid, and E. coli infection. Chlorination of drinking water systems has played a part in greatly reducing the incidents of these diseases. Of course, so has such measures as source protection, cross connection control, and better water system management.

Chlorination of drinking water is not without drawbacks. Due to the presence of natural organic matter (NOM) in the ground water common to the North Beach Peninsula, the introduction of chlorine will greatly increase the number of complaints for taste, odor, and appearance (color) of the water. In addition, the introduction of chlorine in water with NOM present will create a disinfection by-product concern.

For these reasons, the District would be opposed to chlorination unless the number of positive coliform bacteria samples became extreme or there were other overriding public health concerns that would warrant the increased risk. In any event, the District would want to pilot test chlorine residuals to determine the disinfection by-product production potential as well as the effects on the aesthetic constituents of the water.

I have some clarifications regarding the Sanitary Survey.

Section 1:

S0#1 will not be decommissioned. S0#1 will be converted into an observation well. A transducer will be installed to record water levels and conductivity. This work will be identified in the 2014 WSP as Capital Improvement Projects.

Section 4:

Radio Read Meters (AMR) are installed on 822 services. We will be installing 350 AMR meters in 2014. By the end of 2014 we will have 1172 AMR meters installed. The District has 2,679 services. By the end of 2014 we will have 44% of our services metered by AMR.

Sincerely,

William "Bill" Neal
General Manager, NBWD

Cc: Faith Taylor, PCCD
Board of Commissioners
Robert Hunt, NBWD System Operator
File

Att. Pentair, Inc. Product Sheet



Figure 1 NWF #1 DBV



Figure 2 NWF #2 DBV



Figure 3 NWF #3 DBV



Figure 4 NWF #1 Vent



Figure 1 NWE #1 Vent Side View



Figure 2 NWF #1 Hatch - Open



Figure 4 NWF #2 Hatch - Open



Figure 3 NWF #2 Vent



Figure 6 NWF #2 Vent - Side View



Figure 5 NWF #3 Vent



Figure 7 NWF #3 Vent - Side View



Figure 8 NWF #3 Hatch - Open



Figure 10 SWF Hatch - Open



Figure 9 SWF Vent



Figure 11 SWF Vent - Side View



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Related Items

-  [Composite Tank Sell Sheet 42575](#)
-  [Composite Vessels Spec Sheet 40846](#)

Structural Composite Vessels

The non-corrosive, cost-effective solution for commercial/industrial water treatment and storage. Structural Composite Pressure Vessels offer fiberglass construction for outstanding performance and durability in harsh chemical environments. With capacities up to 1600 gallons and a variety of options, we can tailor a vessel to meet your needs. All Structural Composite Vessels are warranted for 5 years.

Features

- 100% composite fiberglass construction
- Outstanding performance and durability in harsh chemical environments
- Absolutely will not - and cannot - rust
- Requires little or no maintenance
- Capacities up to 2500 gallons
- Factory-backed 5-year warranty
- Materials of construction
 - Polyethylene inner shell

Design Parameters

Pentair

- Safety factor: 4:1
- Minimum burst at 600psi
- Tested to 250,000 cycles without leakage

NSF

- Safety factor: 4:1
- Minimum burst at 600 psi
- Tested to 100,000 cycles without leakage

ASME

- Top/bottom flange
 - Safety factor: 5:1
 - Minimum burst at 750 psi
 - Tested to 33,000 cycles without leakage
- Side flange
 - Safety factor: 6:1
 - Minimum burst at 900 psi
 - Tested to 100,000 cycles without leakage



Certified to NSF 61 Standards

Operating Parameters

- Maximum operating pressure: 150 psi
- Maximum operating temperature: 150° F (flanged), 120° F (threaded)

Products

Residential Control Valves

Commercial Control Valves

Meters

Electronics

Ultrafiltration

Pressure Vessels

- Structural Poly Glass
- Structural ROMate
- [Structural Composite](#)
- Structural FRP
- Structural Retention
- Structural Portable Exchange

Brine Products

Valve Accessories & Options

Tank Accessories & Options