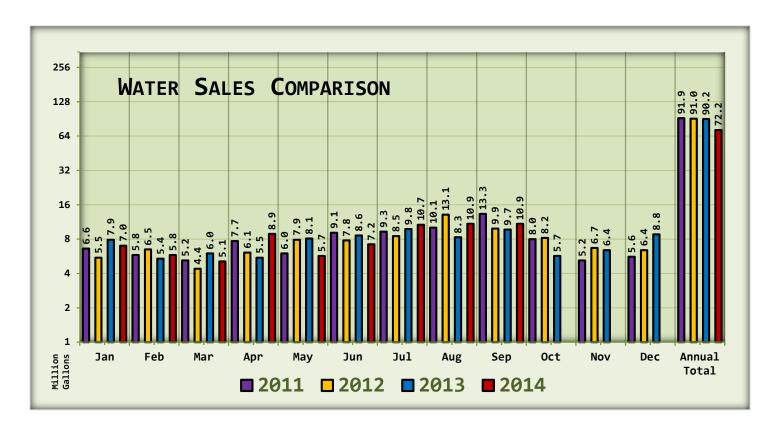


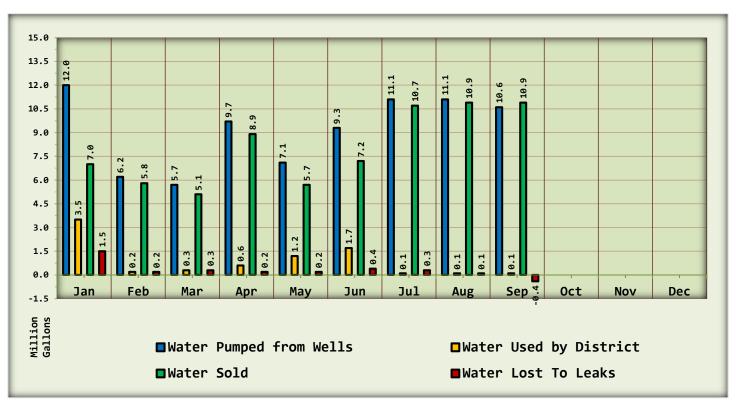
GENERAL MANAGER'S REPORT

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

| The Metering Period for this report begins on: | |
|---|------------------------------|
| August 6, 2014 and ends on September 5, 2014. | |
| The Billing Period for this report is for the: | |
| September 16, 2014 through October 15, 2014. | |
| The Activity Period for this report is for the: | |
| September 1, 2014 through September 31, 2014. | |
| Water pumped from all wells in Metering Period | 10. 6 mg ¹ |
| Water used by District in Metering Period | 0.1 mg |
| Water sold in Metering Period | 10.9 mg |
| Water lost to leaks in Metering Period | 0.4 mg |
| Percent of water lost in Metering Period | 3.8% |
| Water pumped from all wells in 2014 to date | 82.3 mg |
| Water used by the District in 2014 to date | 7.8 mg |
| Water sold in 2014 to date | 72.2 mg |
| Water lost to leaks in 2014 to date | 2.8 mg |
| Percent of water lost in 2014 to date | 2.8% |
| Accounts billed for water in billing period (\$176,954) $_{----}$ | 2,737 |
| Accounts billed a late fee in billing period (\$3,140) $_{----}$ | 327 |
| Accounts 60 days past due in billing period | 62 |
| Accounts secured with a lien | |
| Accounts locked off for nonpayment in billing period ($$250$) | 15 |
| Customer complaints responded to in Activity Period: | |
| Water Quality | 01 |
| Customer Service | |
| Other | |
| Locates requests in Activity Period | |
| Number of customer valves installed in Activity Period | 01 |

¹ Million Gallons





Water Quality Report:

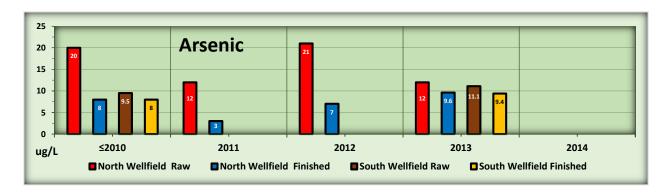
Nine coliform bacteria samples were collected from the distribution system submitted to a certified laboratory in September, 2014.

Nine Samples tested negative for coliform bacteria.

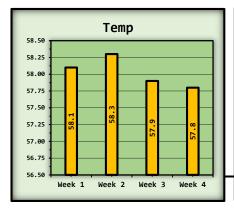
NBWD No longer tests for bromate.

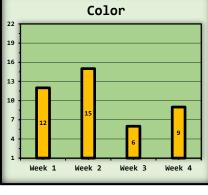
20 samples for lead and copper were collected from homes throughout the distribution system submitted to a certified laboratory for testing in September, 2014.

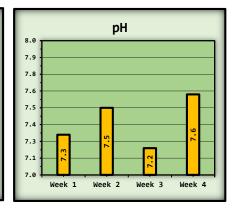
All 20 Samples tested well below the MCL for lead and copper. We do not have to test for lead and copper for three years.



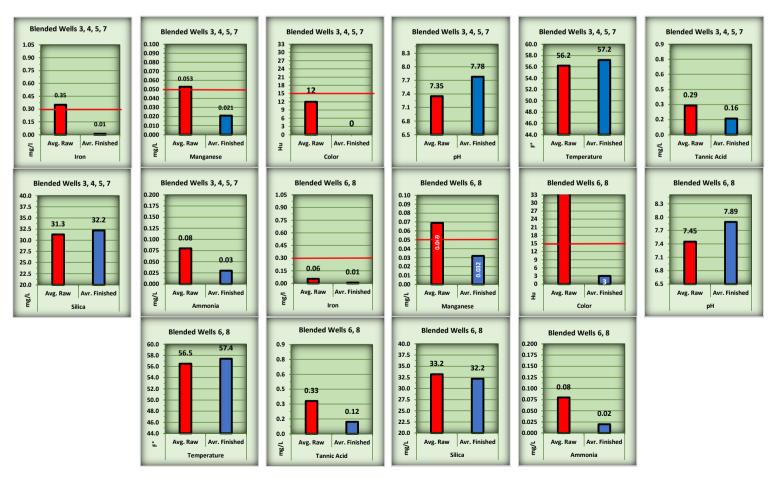
Distribution Water Quality:







| Treat | R | nt Water eport pr-14 | Quality | 2021 | 5 | | na iigaine se | | COTOL | = | пq | - | remperature | | ומווודר ארזמ | | 3111 68 | | Ашпопта |
|---------------|-------------|----------------------------|-------------------|----------|------------------|----------|------------------|----------|------------------|----------|------------------|----------|------------------|----------|------------------|----------|------------------|----------|------------------|
| | Well Source | Status | Gallons Pumped | Avg. Raw | Avr. Finished |
| 1 | NW-3 | Back up | - | | | | | | | | | | | | | | | | |
| # pə | NW-4 | Active | 4,397,400 | 0.35 | 0 01 | 0.053 | 0 021 | 12 | 0 | 7.35 | 7.78 | 56.2 | 57.2 | 0.29 | 0.16 | 31.3 | 32.2 | 0.08 | 0.03 |
| Blended #1 | NW-5 | Active | 3,308,400 | 0.55 | 0.01 | 0.055 | 0.021 | 12 | 8 | 7.33 | 7.76 | 30.2 | 37.2 | 0.25 | 0.10 | 31.3 | 32.2 | 0.08 | 0.03 |
| В | NW-7 | Back up | - | | | | | | | | | | | | | | | | |
| Blended #2 | NW-6 | Active | 1,888,100 | 0.06 | A A1 | 0.069 | 0 022 | 39 | 3 | 7.45 | 7.89 | 56.5 | 57.4 | 0.33 | 0.12 | 33.2 | 32.2 | 0.08 | 0.02 |
| Bler # | NW-8 | Active | 1,030,300 | 0.00 | 0.01 | 0.003 | 0.032 | 33 | 3 | 7.43 | 7.89 | 30.3 | 57.4 | 0.55 | 0.12 | 33.2 | 32.2 | 0.08 | 0.02 |
| Blended #3 | NW-1 | Back up | - | | | | | | | | | | | | | | | | |
| Bler # | NW-2 | Back up | - | | | | | | | | | | | | | | | | |
| # | SW-1 | Offline | - | | | | | | | | | | | | | | | | |
| Blended #4 | SW-2 | Offline | - | | | | | | | | | | | | | | | | |
| Ble | SW-4 | Offline | - | | | | | | | | | | | | | | | | |



DWSRF Projects:

Project 129 - Supply and Treatment Project. In September the work completed on the Supply and Treatment Project included minor Engineering on the Wiegardt Well Field Treatment of pilot study.

| DM-952-1 | 29 DWSRF | Awar | d Budget | \$ | 2,190,631 | | |
|------------|-----------|------|---------------------|----------------------------|-----------|-----------------------|---------|
| Date | Request # | | mount 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 |
| 10/08/2014 | 17 | \$ | 851 | \$ | 1,790,421 | \$ | 255 |
| | Totals | \$ | 400,209 | \$ | 1,813,014 | \$ | 120,063 |

Project 121 - Water Main Project.

Gray and Osborne prepared a small works specification and contract for the tree mitigation plan by WSDOT. WSDOT has provided locations and direction on the mitigation plan. I am attempting to negotiate an interagency agreement with the PUD to save the District money on the tree removal. If an agreement cannot be reached I will advertise the small works contract..

| DM-952-12 | DM-952-121 DWSRF | | d Budget | \$ 891,123 |
|------------|------------------|------|----------------------|------------------------|
| | | Loan | Fee | \$ 8,823 |
| Date | Request # | | Amount of Request | ining 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 |
| 10/08/2014 | 15 | \$ | 2,376 | \$ 232,584 |
| | Totals | \$ | 649,715 | \$ 234,906 |

<u>Water Revenue Bond Project Fund:</u>

No funds were expended for the Water Revenue Bond Project Fund in September. David Jensen issued his first invoice in September. We will have an expense in October for this fund.

| 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:

There will be a preconstruction meeting the week of November 3, 2014 and the work will begin the week of November 17, 2014..

Water System Plan:

Progress is being made, albeit slower than I had planned, on the water system plan and the rate study. I am hopeful the capital improvement schedule will be ready for Board review in November.

Rate Study:

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

Safety Meeting Minutes:

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

<u>Attachments:</u>

- Water Sample Results
 - o Coliform Bacteria Sample Results
 - Lead & Copper Sample Results
- o DOC Vender Distribution Form for DM12-952-129 (Supply and Treatment Project)
- o DOC Vender Distribution Form for DM12-952-121 (Water Main Project)
- Surfside Water System Report (October, 2014)

End of Report



1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM RACTERIA ANALYSIS

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Lab Use Only:

Date Analyzed

Sample Number (DOH number plus five digits

MAUX

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 notity 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.



1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

| | ne Sample County |
|--|---|
| 9/17/14 | ZONIECTED AM |
| Month Day Year | -: SO PM tack Fic |
| Type of Water System (check only one box | () Private Household |
| √Z Group A ☐ Group I | B |
| Group A and Group B Systems – Provide f | from Water Facilities Inventory (WFI): |
| ID# 6 3 0 0 | 00 |
| System Name: NOTH B | each Water |
| Contact Person: Sill Nec | |
| Day Phone: (360)-665-414 | 14 Cell Phone: (360)244-006 |
| Eve. Phone: () | FAX: () |
| Email: | 4 20do) |
| Send results to: (Print full name, address and zip | o code) |
| POISO | DX 618; |
| Ocean Park | WA 98640 |
| | INFORMATION |
| Sample collected by (name): | NO CHINA I ON |
| Gample collected by (Harrie). | bert Hunt |
| Specific location where sample collected: | Special instructions or comments: |
| 12 Sandridge Rd Oc | "Oan |
| | Lany |
| | ONE BOX OF #1 THROUGH #4 LISTED BELOW) |
| #1. Routine Distribution Sample | #2.Repeat Sample (after unsat. routine) |
| Chlorinated: YesNo | ☐ Distribution System |
| Chlorine Residual: Total Free | Source Groundwater Rule (GWR) (Population of 1,000 or less) |
| #3. Raw Water Source Sample | Unsatisfactory routine lab number: |
| ☐ E.coli – GWR source sample | 0 1 7 - |
| Fecal –Surface, GWI, some springs | Unsatisfactory routine collect date: |
| Other | J. J. J. |
| S | Chlorinated: Yes No |
| Public systems must provide source number from WFI | Chlorine Residual: TotalFree |
| #4. Sample Collected for Information | |
| Investigative Construction / | |
| | |
| | WATER RESULTS LAB USE ONLY |
| ☐ Unsatisfactory Total Coliform Present | / - |
| ☐ E.coli present ☐ E. | çoli absent |
| Replacement Sample Required: | |
| ☐ Sample too old (>30 hours) ☐ TN | лс □ □ □ |
| ☐ Improper Container ☐ Tu | rbid culture |
| Bacterial Density Results: Plate Count | /ml. |
| Total Coliform/100ml. | Fecal Coliform/100ml. |
| Method Code; | Date Tippe and Temp Received: |
| MICR- 849073P | - 4/18/14 0930 |
| Date Analyzed 091814 | Date Reported: 09/30 life |

Lab Use Only:

Sample Number (DOH number plus five digits)

00487

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 pacteriological 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:

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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 lecal 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.
- 2. 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

off 200

SR# ((14/0048-003



1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM RACTERIA ANALYSIS

| | Sample County | | | | |
|--|--|--|--|--|--|
| 9117114 10 | The same of the sa | | | | |
| Month Day Year | :05×PM Pacific | | | | |
| Type of Water System (check only one box) | ☐ Private Household | | | | |
| Group A Group B | Other | | | | |
| Group A and Group B Systems - Provide fro | om Water Facilities Inventory (WFI): | | | | |
| 10# 63 00 | 0 6 | | | | |
| System Name: 1/acth B | each Water | | | | |
| Contact Person: R // 1) eo | 7 | | | | |
| Day Phone: 56 () 8000-665- | - 9144 Cell Phone: 360 244-006 | | | | |
| Eve. Phone: () | FAX: () | | | | |
| Email: | | | | | |
| Send results to: (Print full name, address and zipo | h Water Dean Park, WA | | | | |
| 98640 | · · · · · · · · · · · · · · · · · · · | | | | |
| SAMPLE | NFORMATION | | | | |
| Sample collected by (name): | est Haut | | | | |
| Specific location where sample collected: | Special instructions or comments: | | | | |
| 185#8 119 264#PL Ocean | Park | | | | |
| Type of Sample (MUST CHECK ONLY O | NE BOX OF #1 THROUGH #4 LISTED BELOW) | | | | |
| Routine Distribution Sample | #2.Repeat Sample (after unsat. routine) | | | | |
| Chlorinated: YesNo | ☐ Distribution System | | | | |
| Chlorine Residual: Total Free | ☐ Source Groundwater Rule (GWR) | | | | |
| #3. Raw Water Source Sample | (Population of 1,000 or less) | | | | |
| ☐ E.coli – GWR source sample | Unsatisfactory routine lab number: | | | | |
| ☐ Fecal –Surface, GWI, some springs | 0 1 7 | | | | |
| ☐ Other | Unsatisfactory routine collect date: | | | | |
| | | | | | |
| S Commence of the control of the con | Chlorinated: Yes No | | | | |
| Public systems must provide source number from WFI | Chlorine Residual: TotalFree | | | | |
| #4. Sample Collected for Information C | Only | | | | |
| Investigative Construction / | | | | | |
| | NATER RESULTS LAB USE ONLY | | | | |
| Unsatisfactory Total Coliform Present | 15000 | | | | |
| | çoli absent | | | | |
| Replacement Sample Required: | | | | | |
| · | ПС | | | | |
| ☐ Improper Container ☐ Tu | rbid culture | | | | |
| Bacterial Density Results: Plate Count | /ml. | | | | |
| Total Coliform/100ml. | Fecal Coliform/100ml. 3.5 | | | | |
| Method Code: SM9223B | Data Time and Temp Received: | | | | |
| Date Analyzed 09/18/14 | Date Reported: 09/200/Blage | | | | |

Lab Use Only:

Mahallu

Sample Number (DOH number plus five digits)

00483

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

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SR# <u>K1410048-0</u>

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COLIFORM BACTERIA ANALYSIS

| - OEH OIN | WE HAND TO THE REAL VALUE | | Short 21 Valle 21 Val | poodinina |
|--|---------------------------|----------------|--|--|
| Date Sample Collected | Time Sample Collected | | County | REPOR |
| 91/71/4 Morth Day Year | 10 150 | AM Pa | cific | Group / Water A |
| Type of Water System (check onli | v one box) | | | 0.87(00 |
| | , len |] Private Ho | iuserioid | SATISF The ab |
| | | Other | | system |
| Group A and Group B Systems – | Provide from Water Fa | cilities Inven | tory (WFI): | tinued r |
| System Name: 1/2 1 | Reach | - /x | 1 tec | UNSAL |
| Contact Person: | NeaL | | | Any coli |
| Day Phone; \$60)665 - | 4144 | Cell Phone | 360244-0067 | ? The pre |
| Eve. Phone: () | · · | FAX: (|) | ed agai |
| Email: | | | | <u>Unsatis</u> |
| Send results to: (Print full name, addre | ess and zip code) | Jor | | - DOH R |
| DOTH Dea | CAN Dood Co | <i>477</i> | 1 1 1 1 | taminat |
| *U.Bôx6/8 | Ocean | t.as. | K., | |
| 98640 | <u></u> | | | When I |
| SA | MPLE INFORMA | TION | | 11911012 |
| Sample collected by (name): | Taboat | 411 | | |
| , Specific location where sample or | OJET T | Special ins | structions or comments: | 2. |
| VSS-4-9 | Jiloucu. | Opecial ink | Suggesting of confinence. | 3. |
| 19 \$ Ost Ocea | in Park | | | 4. |
| Type of Sample (MUST CHECI | | #1 THROUG | H #4 LISTED BELOW) | |
| #1, A Routine Distribution Sam | | | ter unsat. routine) | musel is |
| Chlorinated: Yes No | | ribution Syst | em | TEST ! |
| Chlorine Residual: Total F | ree Sou | rce Groundw | vater Rule (GWR) | mass v |
| #3. Raw Water Source Sample | | oulation of 1, | | numero |
| ☐ E.coli – GWR source samp | le Un | satisfactory i | routine lab number: | water i |
| ☐ Fecal –Surface, GWI, some | 0.4 | 7 - | | means If any |
| Other | | factory routin | e collect date: | coliforn |
| □ Outer | | I | 1 | obtaine |
| S | Chlorine | stad: Van | No | |
| Public systems must provide source number fr | rom WFI | | | RESAL Sample |
| | | e Kesiduai: I | otalFree | hours). |
| #4. ☐ Sample Collected for Info | rmation Only | | | purcha |
| Investigative Cons | truction / Repairs | Other | | insuffic |
| LAB USE ONLY DRIN | IKING WATER RE | SULTS | LAB USE ONLY | If not to |
| ☐ Unsatisfactory Total Coliforn | n Present and | | Satisfactory | EOR A |
| ☐ E.coli present | ☐ E.cpli absent | 1 | No. | Contac |
| Replacement Sample Required | g | | | Progra |
| ☐ Sample too old (>30 hours) |) TNTC | - О | and the second section and the second section of the section of | |
| ☐ Improper Container | ☐ Turbid culture | | | •. |
| Bacterial Density Results: Plate 0 | Count | /ml. E.coli_ | /100ml. | |
| Total Coliform | _/100ml. Fecal Coli | form | /100ml. / | |
| Method Code: | | Date Time a | nd Temp Received: | and the same of th |
| MICR- 3/933 | 117 | 1/18/ | 14 0400 | - |
| Date Analyzed 09 14 | <u>14</u> | Date Reporte | ed: 09/20/phage | 11 off 200 |

- 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 pacteriological 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 lecal 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 notity 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.

SR# <u>(1410048-0</u>0



1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

| | Estan seeman and | D. E. 6000H A. (C.M.) | 4 2 24 W W | SCOOLS In John or James |
|--|------------------|-----------------------|----------------|-------------------------------|
| Date Sample Collected | | Sample llected | | County |
| Menth Day Year | 12 | :25 🖟 | 1 2 3 | cific |
| Type of Water System (check o | nly one box) | |] Private Ho | ousehold |
| 5 A | ☐ Group B | | Other | |
| Group A and Group B Systems | – Provide fro | m Water Fa | cilities Inver | ntory (WFI): |
| D# 6 3 0 | 0 | () | | , |
| System Name: 1 10 0 1 | 1. B | 0001 | . 10 | 9-100 |
| Contact Person: | 1 7 | | \L | AFT |
| Day Phone: 360) 665 - | 4141 | 7 | Cell Phon | e:360)244-0069 |
| Eve. Phone: () | 1//7 | | FAX: (|) |
| Email: | | | | |
| Send results to: (Print full name, ad 10. Lance 1988) | each | code) | & to | WA |
| 98640 | | | | |
| \$ | AMPLE II | VFORMA | TION | |
| Sample collected by (name): | Robe | - t | Hw | A morting |
| Specific location where sample | collected: | | Special in | structions or comments: |
| 32 Birch 81 | Ocean | Rade | | |
| Type of Sample (MUST CHE | | | #1 THROU(| GH #4 LISTED BELOW) |
| #1, X Routine Distribution Sa | | | | ter unsat. routine) |
| Chlorinated: Yes No_ | Χ̈́ | ☐ Distr | ibution Syst | em |
| Chlorine Residual: Total | Free | ☐ Soul | rce Groundy | vater Rule (GWR) |
| #3. Raw Water Source Sample | | (Pop | oulation of 1 | ,000 or less) |
| ☐ E.coli – GWR source san | | Un | satisfactory | routine lab number: |
| ☐ Fecal –Surface, GWI, sor | me springs | 0 1 | 7 | |
| Other | , , | Unsatisf | actory routin | ne collect date: |
| | | | | |
| | | Chlorina | ited: Yes | No |
| Public systems must provide source number | IL ROLLI AAL I | Chlorine | Residual: | 「otalFree |
| #4. Sample Collected for In | formation O | nly | | |
| Investigative Co | nstruction / F | Repairs | Other | MINISTRATION OF THE PROPERTY. |
| LAB USE ONLY DR | INKING W | ATER RE | SULTS | LAB USE ONLY |
| Unsatisfactory Total Colife | rm Present a | ınd | | Satisfactory |
| ☐ <i>E.coli</i> present | | oli absent | , | |
| Replacement Sample Require | ed: | | | |
| ☐ Sample too old (>30 hou | rs) 🗌 TN1 | TC . | | |
| ☐ Improper Container | ☐ Turl | oid culture | | |
| Bacterial Density Results: Plate | e Count | · | /ml. E.coli_ | /100ml. |
| Total Coliform | | Fecal Coli | form | |
| Method Code: Sug23 | 138- | | Date Time a | and Temp Received: |
| | | | -// 4/6 | |

Date Reported:

Date Analyzed

Sample Number (DOH number pl

- 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.
- Submit repeat samples as specified in WAC 246-290-480.
- Publicly notity 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.

ALS Environmental

1317 S. 13th Avenue • Kelso, WA 98626

| COLIFORM BA | CTERIA ANALYSIS |
|--|---|
| | e Sample County ollected |
| Month Day Year | : OSDAM Pacific |
| Type of Water System (check only one box) | ☐ Private Household |
| Group A ☐ Group B | ☐ Other |
| Group A and Group B Systems – Provide fro | om Water Facilities Inventory (WFI): |
| D# 6 5 0 0 | 0 |
| System Name: North S | each Water |
| Contact Person: Wed | al 360 2111 spec |
| Day Phone: (SD) -(665-414 | 4 Cell Phone: (366)-244-000 |
| Eve. Phone: () | FAX: () |
| Email: Send results to: (Print full name, address and zip | code) |
| | ····, |
| PQ F | 50X G18 |
| Ocean Par | K, WA 98640 |
| SAMPLE | NFORMATION |
| Sample collected by (name): | pact Hunt |
| ,Specific location where sample collected: | Special instructions or comments: |
| SSTE-14 | opedar instructions or confinents. |
| 217 & Ost Ocean & | |
| Type of Sample (MUST CHECK ONLY O | NE BOX OF #1 THROUGH #4 LISTED BELOW) |
| #1. X Routine Distribution Sample | #2.Repeat Sample (after unsat. routine) |
| Chlorinated: YesNo | ☐ Distribution System |
| Chlorine Residual: Total Free | Source Groundwater Rule (GWR) |
| #3. Raw Water Source Sample | (Population of 1,000 or less) |
| ☐ E.coli – GWR source sample | Unsatisfactory routine lab number: |
| ☐ Fecal –Surface, GWI, some springs | 0 1 7 |
| ☐ Other | Unsatisfactory routine collect date: |
| S | |
| Public systems must provide source number from WFI | Chlorinated: Yes No |
| | Chlorine Residual: TotalFree |
| #4. Sample Collected for Information C | |
| Investigative Construction / I | |
| | VATER RESULTS LAB USE ONLY |
| Unsatisfactory Total Coliform Present | |
| ☐ E.coli present ☐ E.c | poli absent |
| Replacement Sample Required: | |
| ☐ Sample too old (>30 hours) ☐ TN | TC |
| ☐ Improper Container ☐ Tur | bid culture |
| Bacterial Density Results: Plate Count | /ml. E.coli/100ml. |
| Total Coliform/100ml. | Fecal Coliform/100ml. 39 |
| Method Code: | Date //ime a/ld Temp Received: |

Date Analyzed

00486

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

- Invastigate 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.
- Publicly notity 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:

aee 13 off 220

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.

ALS Environmental

1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

| CULIFURM | DAUTEKIA | ANALYSIS | | | |
|--|------------------------|--|--|--|--|
| Date Sample Collected | Time Sample | County | | | |
| 9/17/14 | Collected □ All | | | | |
| Month Day Year | 1:15 pm | 1 tacitic | | | |
| Type of Water System (check only or | ne box) | Private Household | | | |
| Group A □ G | Group B | Other | | | |
| Group A and Group B Systems - Pro | yide from Water Facil | ities Inventory (WFI): | | | |
| ID# (2 3 0 C | <u> </u> | | | | |
| System Name: North | Beach | Wolfer | | | |
| Contact Person: | 40) | | | | |
| Day Phone: POO-COS- | -4144 | Cell Phone: (360)-244-00 | | | |
| Eve. Phone: () | | FAX: () | | | |
| Email: | | | | | |
| Send results to: (Print full name, address | and zip code) | | | | |
| PAR | OX 619 | / | | | |
| | |) (1 (1) 1) | | | |
| Uclan rar | K, WA | 98640 | | | |
| SAM | PLE INFORMATI | ON | | | |
| Sample collected by (name): | obert | Hunt | | | |
| Specific location where sample colle | cted: | Special instructions or comments: | | | |
| 55 TH 10 | | | | | |
| 311 1974 Ocea | in Park. | | | | |
| Type of Sample (MUST CHECK O | NLY ONE BOX OF #1 | THROUGH #4 LISTED BELOW) | | | |
| 11. 🗷 Routine Distribution Sample | #2.Repeat S | ample (after unsat. routine) | | | |
| Chlorinated: YesNo_X | _ Distrib | ution System | | | |
| Chlorine Residual: Total Free | | e Groundwater Rule (GWR) | | | |
| f3, Raw Water Source Sample | | lation of 1,000 or less) | | | |
| ☐ E.coli – GWR source sample | Unsa | tisfactory routine lab number: | | | |
| Fecal –Surface, GWI, some sp | orings $0 1$ | | | | |
| ☐ Other | Unsatisfac | ctory routine collect date: | | | |
| s | | | | | |
| Public systems must provide source number from | | Chlorinated: Yes No | | | |
| runic systems musi provide source number nom | Chlorine F | Chlorine Residual: TotalFree | | | |
| ¥4. ☐ Sample Collected for Inform | ation Only | | | | |
| Investigative Constru | ction / Repairs | Other | | | |
| | ING WATER RES | | | | |
| Unsatisfactory Total Coliform P | | ▼ Satisfactory | | | |
| * | | N. Carrier and Car | | | |
| ☐ E.coli present | ☐ <i>E.çoli</i> absent | | | | |
| Replacement Sample Required: | | | | | |
| ☐ Sample too old (>30 hours) | ☐ TNTC | | | | |
| ☐ Improper Container | ☐ Turbid culture | | | | |
| Bacterial Density Results: Plate Cou | unt :/m | ıl. <i>E.coli/</i> 100ml. | | | |
| Total Coliform/1 | 00ml. Fecal Colifo | rm/100ml. <i>3.9</i> | | | |
| Method Code: MICR- SM9223 | B | Date Time and Temp Received: | | | |
| Date Analyzed Wildie | | Date Reported: A9/JA/LL | | | |

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

- Invastigate 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.
- 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

101/01/78/22014

SR# 1614 10048-008

1317 S. 13th Avenue • Kelso, WA 98626

| COLIFORM BA | CTERIA | ANALYSIS |
|--|-----------------------|--|
| | me Sample | County |
| 91/7/14 Day Year 12 | Collected SSP PM | Pacific |
| Type of Water System (check only one bo | x) \square Pr | ivate Household |
| Group A Group | | ther |
| Group A and Group B Systems – Provide | from Water Faciliti | es Inventory (WFI): |
| D# 6300 | 0 0 | , , |
| System Name: /) | Beach | Water |
| Contact Person: /3: // /) @ | oal | Maddle All Annual Annua |
| Day Phone: (26 0) 665 -4144 | 7 | ell Phone: (360) 244-0065 |
| Eve. Phone: () | | AX: () |
| Email: | | |
| Send results to: (Print full name, address and z | Öce | an Parky |
| WA 9864 | 40 | |
| SAMPLE | INFORMATIO | N |
| Sample collected by (name): | hert | Hunt |
| Specific location where sample collected: | S | pecial instructions or comments: |
| 134 & Pacifichay Oa | ean Park | |
| Type of Sample (MUST CHECK ONLY | | THROUGH #4 LISTED BELOW) |
| #1, Routine Distribution Sample | #2.Repeat Sa | mple (after unsat. routine) |
| Chlorinated: YesNo | ☐ Distribut | tion System |
| Chlorine Residual: Total Free | | Groundwater Rule (GWR) tion of 1,000 or less) |
| #3. Raw Water Source Sample | 1 | |
| | | sfactory routine lab number: |
| Fecal –Surface, GWI, some springs | 1 | POPP STATE OF THE POPPE STATE OF |
| ☐ Other | Unsatisfacto | ory routine collect date: |
| S | | A. S. |
| Public systems must provide source number from WFI | 1 | : Yes No |
| | | esidual: TotalFree |
| #4. Sample Collected for Information | | |
| Investigative Construction | | |
| LAB USE ONLY DRINKING | WATER RES | |
| Unsatisfactory Total Coliform Preser | nt and | Satisfactory |
| ☐ E.coli present ☐ E | E. <i>coli</i> absent | |
| Replacement Sample Required: | | |
| | INTC | |
| | Turbid culture | |
| Bacterial Density Results: Plate Count_ | /ml. | E.coli/100ml. |
| Total Coliform/100ml | . Fecal Coliforn | m/100ml, <i>3.</i> 9 |
| Method Code: | . 9 | ate, Time and Temp Received: |

MICR-Date Analyzed

Sample Number (DOH number plus five

- 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 pacteriological 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 lecal 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.
- Submit repeat samples as specified in WAC 246-290-490.
- Publicly notity 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 lest 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 nours). 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

> > 1*0*1*0*1/7*6*220014



1317 S. 13th Avenue • Kelso, WA 98626

| COLIFORM E | BACTERIA <i>I</i> | ANALYSIS |
|---|--------------------------|--|
| Date Sample Collected | Time Sample Collected | County |
| 9117114 | AM | Pacific |
| Month Day Year | 2:40 APM | racitic |
| Type of Water System (check only one | box) Pr | vate Household |
| Group A Gr | oup B 🔲 Oi | her |
| Group A and Group B Systems - Prov | ide from Water Facilitie | es Inventory (WFI): |
| 10# 6 3 0 C | | 10 1 |
| System Name: Ogoth | Beach | Water |
| Contact Person: (5: 1) | Neal. | 11 00-1 |
| Day Phone: 260665-4 | | ell Phone: (360)244-006 |
| Eve. Phone: () Email: | | X: () |
| Send results to: (Print full name, address ar | ıd zip code) | 5 |
| North Beac | L Way | ter |
| P.O.BOX 618 (|)ceant | ark, WH |
| 986 | 40 | |
| SAMP | LE INFORMATIO | N |
| Sample collected by (name): | VL and | 11 |
| Specific location where sample collect | DE T | ecial instructions or comments: |
| NSS#25 | ea. | eda mandadiona of comments. |
| 227 Birch Ocean | Pack | |
| Type of Sample (MUST CHECK ON | | HROUGH #4 LISTED BELOW) |
| #1. Routine Distribution Sample | | nple (after unsat. routine) |
| Chlorinated: YesNo | ☐ Distributi | on System |
| Chlorine Residual: Total Free_ | | Groundwater Rule (GWR) |
| #3. Raw Water Source Sample | 1 ' | on of 1,000 or less) |
| ☐ E.coli – GWR source sample | Unsatis | factory routine lab number: |
| ☐ Fecal –Surface, GWI, some spri | ngs 0 1 7 | NAME AND DESCRIPTION ASSOCIATION ASSOCIATION AND ASSOCIATION ASSO |
| ☐ Other | Unsatisfacto | ry routine collect date: |
| S | | |
| Public systems must provide source number from WF | Chlorinated: | Yes No |
| | Chlorine Res | sidual: TotalFree |
| #4. Sample Collected for Informati | • | |
| Investigative Constructi | on / Repairs | Other |
| LAB USE ONLY DRINKIN | IG WATER RESU | LTS LAB USE ONLY |
| ☐ Unsatisfactory Total Coliform Pre | sent and | Satisfactory |
| ☐ E.coli present |] <i>E.çoli</i> absent | To control of the con |
| Replacement Sample Required: | | |
| ☐ Sample too old (>30 hours) ☐ | TNTC [| |
| ☐ Improper Container ☐ |] Turbid culture | |
| Bacterial Density Results: Plate Count | | E.coli/100ml. |
| Total Coliform/100 | ml. Fecal Coliform | |
| Method Code: SM9223Px | 9 | e, Time and Temp Received: |
| Date Analyzed 09/14/14 | Dat | e Reported: 19/20/4 |

- 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 pacteriological 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.
- Publicly notity 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 lest 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.



ALS Environmental 1317 South 13th Avenue Kelso, WA 98626

LCR TEST PANEL

LEAD and/or COPPER

for the **State of Washington**

| | pe: A North Beach Water Pacific | System Group Ty System Name: | | (LCR) | Lead and Copper Analyses (| | | | | |
|-------------------------------------|---|--|---|---|--|--|--|--|--|--|
| | | Crustom Nomes | | | bead and Copper rinaryses (| | | | | |
| | Do offic | System Name: | Water System ID Number: 63000C | | | | | | | |
| | Pacific | County: | Source: S93 (Distribution Samples) | | | | | | | |
| | 09/25/14 | Date Received: | • | | Sample Purpose: (select appropr | | | | | |
| | 10/03/14 | Date Analyzed: | ompliance | X RC- Routine/Compliance | | | | | | |
| | 10/10/14 | Date Reported: | n | C- Confirmation | | | | | | |
| | K1410469 | | | Investigative | | | | | | |
| | | | | Other(specify) | | | | | | |
| | | Bill To: | | Bill Neal | Send Report To: | | | | | |
| | | | | DOH | - | | | | | |
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| | | | | | | | | | | |
| (0009) Lead | (0023) Copper | | (DOH#) Analyte | | | | | | | |
| 0.001 mg/l | 0.02 mg/l | vel (SRL) | State Reporting Le | | | | | | | |
| 0.015 mg/l | 1.3 mg/l | | Regulatory Action L | | | | | | | |
| 200.8/GJ | 200.8/GJ | | Analytical Method/ A | | | | | | | |
| 200.0/UJ | 200.0/UJ | mary st 5 minars | r maryticar Mcmod/ F | | | | | | | |
| Lead mg/l | Copper mg/l | cation | Sample Lo | Date Collected | Lab Sample # | | | | | |
| <0.001 | 0.004 | | Reynolds/ 200 | 09/25/14 | 01704691 | | | | | |
| 0.007 | 0.049 | | Shane/ 20605 | 09/25/14 | 01704692 | | | | | |
| < 0.007 | 0.021 | | Easly/ 19418 | 01704692 09/25/14 01704693 09/25/14 | | | | | | |
| <0.001 | 0.006 | | Brake/ 1605 | | | | | | | |
| < 0.001 | 0.017 | | 01704094 09/25/14 Bell/ 1808 1 | | | | | | | |
| < 0.001 | 0.008 | Birch Pl | 01704696 09/25/14 Huff/ 24019 | | | | | | | |
| < 0.001 | 0.009 | | Nicholson/ 170 | | | | | | | |
| 0.001 | 0.116 | 06 'K' Pl | Doyer/ 2710 | | | | | | | |
| < 0.001 | 0.095 | | Hill/ 26207 I | 09/25/14 | 01704699 | | | | | |
| < 0.001 | 0.016 | | McCallum/ 205 | 09/25/14 | 01746910 | | | | | |
| 0.007 | 0.015 | Bay Ave | Engh/ 2406 | 09/25/14 | 01746911 | | | | | |
| alth (DOH). regional DOH office. | ngton Department of He mediately contact your current analysis. cted at a level greater th | mation. quired by the Washi kceeds the MCL, im not included in the analyzed & not dete | office for further informum reporting level recontaminant amount extes this compound was as | our regional DOH indicates the mining Level): If the the unit column indicates the column indicates was not detected. | NOTES: AL (Federal Action Levels): are n excess of this level, contact yo SRL (State Reporting Level): in MCL (Maximum contaminant NA (Not Analyzed): in the amou Equal to the SRL. <0.00X: indicates the compound detection level (lab mdl) lower the COMMENTS: | | | | | |
| | | | | | COMMENTS: | | | | | |



ALS Environmental 1317 South 13th Avenue Kelso, WA 98626

LCR TEST PANEL

LEAD and/or COPPER

for the **State of Washington**

| COOH# Analyte | | Distrib | oution System- R | eport of Analy | rses | | | | | |
|--|---|---|--|--|---|--------------------------------------|--|--|--|--|
| Water System ID Number: 63000C System Name: North Beach Water | Lead and Copper Analys | es (LCR) | | System Group Ty | ype: A | | | | | |
| Date Received: 09/25/14 Date Analyzed: 10/03/14 Date Reported: 10/10/14 Date Reported: 10/10/14 Date Report Office | | | | | | | | | | |
| Name | Source: S93 | (Distribution Sa | mples) | County: | Pacific | | | | | |
| C. Confirmation Investigative COMMENTS: K1410469 | Sample Purpose: (select app | ropriate box) | | Date Received: | 09/25/14 | | | | | |
| Investigative Other(specify) | X | RC- Routine/C | ompliance | Date Analyzed: | 10/03/14 | | | | | |
| Other(specify) Bill Neal Bill To: | | C- Confirmatio | n | · · | | | | | | |
| CDOH# Analyte C0023 Copper C0009 Lead | | Investigative | | COMMENTS: | K1410469 | | | | | |
| DOH | | Other(specify) | | | | | | | | |
| CDOH#) Analyte (0023) Copper (0009) Log | Send Report To: | Bill Neal | | Bill To: | | | | | | |
| State Reporting Level (SRL) 0.02 mg/l 0.001 m | | DOH | | | | | | | | |
| State Reporting Level (SRL) 0.02 mg/l 0.001 m | | | | | | | | | | |
| State Reporting Level (SRL) 0.02 mg/l 0.001 m | | | | | | | | | | |
| State Reporting Level (SRL) 0.02 mg/l 0.001 m | | | | | | | | | | |
| Regulatory Action Level | | | | | (0023) Copper | (0009) Lead | | | | |
| Regulatory Action Level | | | State Reporting Le | vel (SRL) | 0.02 mg/l | 0.001 mg/l | | | | |
| Lab Sample # Date Collected Sample Location Copper mg/l Lead mg | | | | | 1.3 mg/l | 0.015 mg/l | | | | |
| Lab Sample # Date Collected Sample Location Copper mg/l Lead mg | | | - | | - | 200.8/GJ | | | | |
| 01746912 09/25/14 Ploium/ 1712 247th Pl 0.012 <0.001 01746913 09/25/14 Sheldon/ 28404 Sandridge Rd. 0.115 <0.001 01746914 09/25/14 Kaclow/ 1706 270th Pl 0.006 <0.001 01746915 09/25/14 Pulver/ 27852 'Y' Ln 0.007 <0.001 01746916 09/25/14 Bothwell/ 26802 'K' Ln 0.007 <0.001 01746917 09/25/14 Hughes/ 27703 'K' Pl 0.015 <0.001 01746918 09/25/14 Whitten/ 26011 Park Ave 0.040 <0.001 01746919 09/25/14 Farley/ 3310 281st Pl 0.145 <0.001 01746920 09/25/14 Felton/ 1711 253rd Pl 0.014 <0.001 01746920 109/25/14 Felton/ 1711 253rd Pl 0.014 <0.001 NOTES: AL (Federal Action Levels): are 0.015 mg/L for Lead and 1.3 mg/L for Copper. If the compounds detected at concentration in excess of this level, contact your regional DOH office for further information. SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH). MCL (Maximum contaminant Level): If the the contaminant amount exceeds the MCL, immediately contact your regional DOH off NA (Not Analyzed): in the amount column indicates this compound was not included in the current analysis. ND (Not Detected): in the amount column indicates this compound was analyzed & not detected at a level greater than or equal to the SRL. <0.00X: indicates the compound was not detected in the sample. It also indicates that the laboratory used a method detection level (lab mdl) lower than the SRL. | | | r mary trour tyrothour r | mary se s mirrais | 200.0/35 | 200.0/ 33 | | | | |
| 01746912 09/25/14 Ploium/ 1712 247th Pl 0.012 <0.001 01746913 09/25/14 Sheldon/ 28404 Sandridge Rd. 0.115 <0.001 01746914 09/25/14 Kaclow/ 1706 270th Pl 0.006 <0.001 01746915 09/25/14 Pulver/ 27852 'Y' Ln 0.007 <0.001 01746916 09/25/14 Bothwell/ 26802 'K' Ln 0.007 <0.001 01746917 09/25/14 Hughes/ 27703 'K' Pl 0.015 <0.001 01746918 09/25/14 Whitten/ 26011 Park Ave 0.040 <0.001 01746919 09/25/14 Farley/ 3310 281st Pl 0.145 <0.001 01746920 09/25/14 Felton/ 1711 253rd Pl 0.014 <0.001 01746920 10/25/14 Felton/ 1711 253rd Pl 0.014 <0.001 NOTES: AL (Federal Action Levels): are 0.015 mg/L for Lead and 1.3 mg/L for Copper. If the compounds detected at concentration in excess of this level, contact your regional DOH office for further information. SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH). MCL (Maximum contaminant Level): If the the contaminant amount exceeds the MCL, immediately contact your regional DOH off NA (Not Analyzed): in the amount column indicates this compound was not included in the current analysis. ND (Not Detected): in the amount column indicates this compound was analyzed & not detected at a level greater than or equal to the SRL. <0.00X: indicates the compound was not detected in the sample. It also indicates that the laboratory used a method detection level (lab mdl) lower than the SRL. | Lab Sample # | Date Collected | Sample Lo | ocation | Copper mg/l | Lead mg/l | | | | |
| 01746913 09/25/14 Sheldon/ 28404 Sandridge Rd. 0.115 <0.001 01746914 09/25/14 Kaclow/ 1706 270th Pl 0.006 <0.001 01746915 09/25/14 Pulver/ 27852 'Y' Ln 0.007 <0.001 01746916 09/25/14 Bothwell/ 26802 'K' Ln 0.007 <0.001 01746917 09/25/14 Hughes/ 27703 'K' Pl 0.015 <0.001 01746918 09/25/14 Whitten/ 26011 Park Ave 0.040 <0.001 01746919 09/25/14 Farley/ 3310 281st Pl 0.145 <0.001 01746920 09/25/14 Felton/ 1711 253rd Pl 0.014 <0.001 01746920 19/25/14 Felton/ 1711 253rd Pl 0.014 <0.001 | | | | | | < 0.001 | | | | |
| 01746914 09/25/14 Kaclow/ 1706 270th Pl 0.006 <0.001 01746915 09/25/14 Pulver/ 27852 'Y' Ln 0.007 <0.001 01746916 09/25/14 Bothwell/ 26802 'K' Ln 0.007 <0.001 01746917 09/25/14 Hughes/ 27703 'K' Pl 0.015 <0.001 01746918 09/25/14 Whitten/ 26011 Park Ave 0.040 <0.001 01746919 09/25/14 Farley/ 3310 281st Pl 0.145 <0.001 01746920 09/25/14 Felton/ 1711 253rd Pl 0.014 <0.001 01746920 109/25/14 Felton/ 1711 253rd Pl 0.014 <0.001 NOTES: AL (Federal Action Levels): are 0.015 mg/L for Lead and 1.3 mg/L for Copper. If the compounds detected at concentration in excess of this level, contact your regional DOH office for further information. SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH). MCL (Maximum contaminant Level): If the the contaminant amount exceeds the MCL, immediately contact your regional DOH off MA (Not Analyzed): in the amount column indicates this compound was not included in the current analysis. ND (Not Detected): in the amount column indicates this compound was not included in the current analysis. ND (Not Detected): in the amount column indicates this compound was analyzed & not detected at a level greater than or equal to the SRL. <0.00X: indicates the compound was not detected in the sample. It also indicates that the laboratory used a method detection level (lab mdl) lower than the SRL. | | | | | | | | | | |
| 01746915 09/25/14 Pulver/ 27852 'Y' Ln 0.007 <0.001 01746916 09/25/14 Bothwell/ 26802 'K' Ln 0.007 <0.001 01746917 09/25/14 Hughes/ 27703 'K' Pl 0.015 <0.001 01746918 09/25/14 Whitten/ 26011 Park Ave 0.040 <0.001 01746919 09/25/14 Farley/ 3310 281st Pl 0.145 <0.001 01746920 09/25/14 Felton/ 1711 253rd Pl 0.014 <0.001 01746920 109/25/14 Felton/ 1711 253rd Pl 0.014 <0.001 NOTES: AL (Federal Action Levels): are 0.015 mg/L for Lead and 1.3 mg/L for Copper. If the compounds detected at concentration in excess of this level, contact your regional DOH office for further information. SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH). MCL (Maximum contaminant Level): If the the contaminant amount exceeds the MCL, immediately contact your regional DOH off NA (Not Analyzed): in the amount column indicates this compound was not included in the current analysis. ND (Not Detected): in the amount column indicates this compound was analyzed & not detected at a level greater than or equal to the SRL. <0.00X: indicates the compound was not detected in the sample. It also indicates that the laboratory used a method detection level (lab mdl) lower than the SRL. | | | | | | | | | | |
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| 01746918 09/25/14 Whitten/ 26011 Park Ave 0.040 <0.001 01746919 09/25/14 Farley/ 3310 281st Pl 0.145 <0.001 01746920 09/25/14 Felton/ 1711 253rd Pl 0.014 <0.001 NOTES: AL (Federal Action Levels): are 0.015 mg/L for Lead and 1.3 mg/L for Copper. If the compounds detected at concentration in excess of this level, contact your regional DOH office for further information. SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH). MCL (Maximum contaminant Level): If the the contaminant amount exceeds the MCL, immediately contact your regional DOH off NA (Not Analyzed): in the amount column indicates this compound was not included in the current analysis. ND (Not Detected): in the amount column indicates this compound was analyzed & not detected at a level greater than or equal to the SRL. <0.00X: indicates the compound was not detected in the sample. It also indicates that the laboratory used a method detection level (lab mdl) lower than the SRL. | | | | | | < 0.001 | | | | |
| 01746919 09/25/14 Farley/ 3310 281st Pl 0.145 <0.000 01746920 09/25/14 Felton/ 1711 253rd Pl 0.014 00/20 01 | | | · | | 0.040 | < 0.001 | | | | |
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| | | VEN | DOR O | R CLAIMAN | IT (Warrant is to be payable to:) | | | INSTRUCTIO | NS TO VENDOR OR CLAIM | ANT: | | | | | |
| | | | | | ,, | | | 1 | rm to claim payment for mate | | services. | | | | |
| | | | | | | | | | te detail for each item. | | | | | | |
| | | North Beac | h Wa | ter Distr | rict | | | | ificate: The individual signing | | | | | | |
| | | PO Box 618 | 3 | | | | | | d on the behalf of the entity id of perjury that the items and t | | | | | | |
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| Contact P Phone: | erson: | | ┼ | | Jack McCarty (360) 665-4144 | | | | | | | | | | |
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| Contact P Phone: | erson: | | + | | Jack McCarty (360) 665-4144 | | | | | | | | | |
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