



# 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:

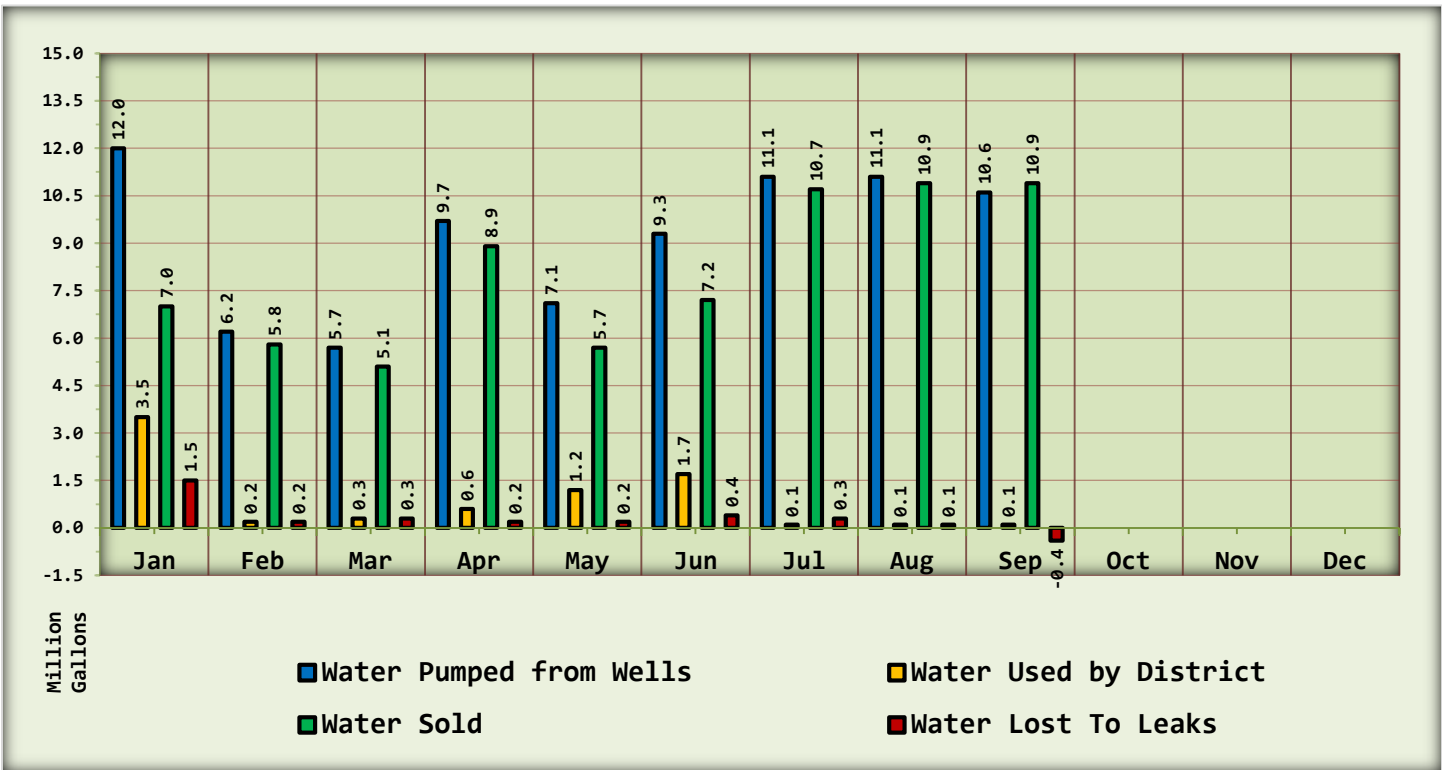
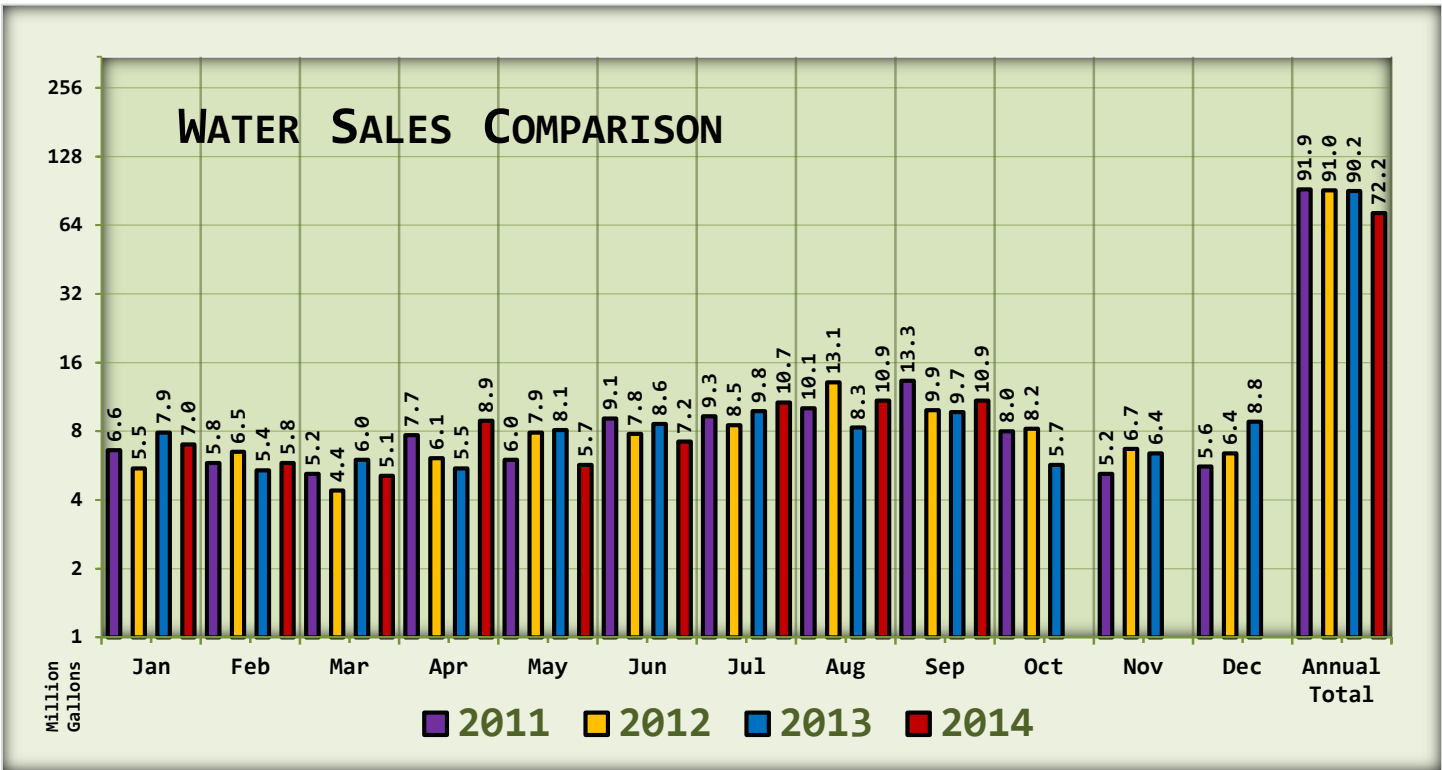
September 16, 2014 through October 15, 2014.

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 <sup>1</sup>
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%
<hr/>	
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%
<hr/>	
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	29
Accounts locked off for nonpayment in billing period (\$250)	15
<hr/>	
Customer complaints responded to in Activity Period:	
Water Quality	01
Customer Service	00
Other	00
Locates requests in Activity Period	30
Number of customer valves installed in Activity Period	01

<sup>1</sup> Million Gallons



**Water Quality Report:**

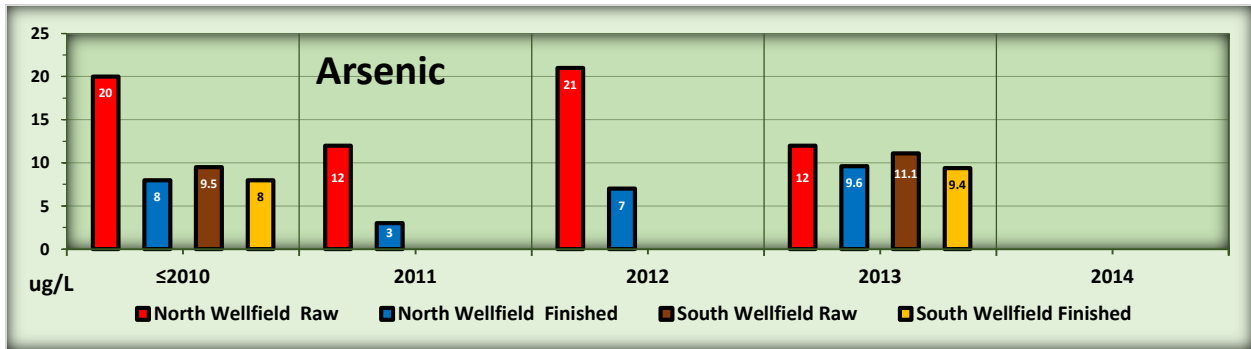
Nine coliform bacteria samples were collected from the distribution system submitted to a certified laboratory in September, 2014.

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

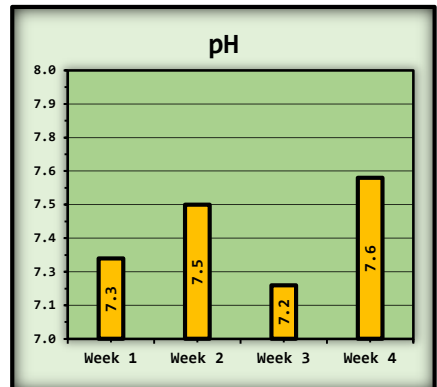
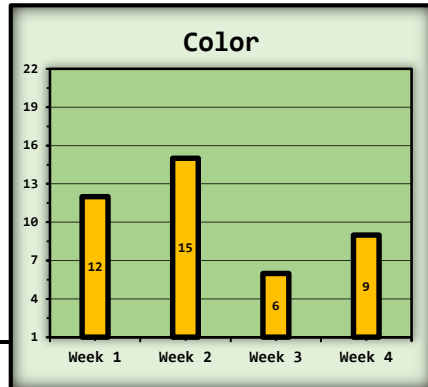
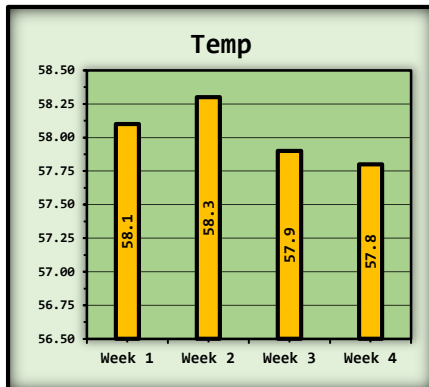
NBWD No longer tests for bromate.

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:**



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	-																
	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
	NW-5	Active	3,308,400																
	NW-7	Back up	-																
Blended #2	NW-6	Active	1,888,100	0.06	0.01	0.069	0.032	39	3	7.45	7.89	56.5	57.4	0.33	0.12	33.2	32.2	0.08	0.02
	NW-8	Active	1,030,300																
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 September the work completed on the Supply and Treatment Project included minor Engineering on the Wiegardt Well Field Treatment of pilot study.

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
10/08/2014	17	\$ 851	\$ 1,790,421	\$ 255
<b>Totals</b>		<b>\$ 400,209</b>	<b>\$ 1,813,014</b>	<b>\$ 120,063</b>

**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-952-121 DWSRF		Award Budget	\$	<b>891,123</b>
		Loan Fee	\$	<b>8,823</b>
Date	Request #	Amount of Request	Remaining Award Balance	
7/12/2013	1	\$ 34,387	\$	847,913
8/6/2013	2	\$ 12,999	\$	834,915
9/30/2013	3	\$ 19,506	\$	815,408
11/4/2013	4	\$ 9,126	\$	806,282
12/2/2013	5	\$ 8,347	\$	797,935
1/3/2014	6	\$ 86,632	\$	711,303
2/3/2014	7	\$ 177,502	\$	533,800
3/6/2014	8	\$ 141,546	\$	392,254
4/7/2014	9	\$ 130,589	\$	261,665
5/6/2014	10	\$ 12,605	\$	249,060
6/2/2014	11	\$ 4,069	\$	244,991
7/8/2014	12	\$ 7,091	\$	237,900
7/22/2014	13	\$ 2,006	\$	235,894
9/4/2014	14	\$ 934	\$	234,960
10/08/2014	15	\$ 2,376	\$	232,584
<b>Totals</b>		<b>\$ 649,715</b>	<b>\$</b>	<b>234,906</b>

**Water Revenue Bond Project Fund:**

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

**245<sup>th</sup> 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.

**Attachments:**

- o Water Sample Results
  - o Coliform Bacteria Sample Results
  - o 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)
- o Surfside Water System Report (October, 2014)

**End of Report**

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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <u>9/17/14</u> Month Day Year	Time Sample Collected <u>11:40</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: 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)

PO Box 618  
Ocean Park, WA 98640

**SAMPLE INFORMATION**

Sample collected by (name): Robert Hunt

Specific location where sample collected: N55476  
3314 281st Ocean Park

Special instructions or comments:

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

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

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

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

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

**Replacement Sample Required:**

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

Improper Container     Turbid culture

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

Total Coliform \_\_\_\_\_ /100ml. Fecal Coliform \_\_\_\_\_ /100ml. 3.9

Method Code: SM9223B    Date Time and Temp Received: 9/18/14 0930

MICR: \_\_\_\_\_    Date Reported: 09/20/14

Date Analyzed: 09/18/14    Lab Use Only: dk 9/22/14

Sample Number (DOH number plus five digits): 01700481

**INTERPRETATION OF RESULTS FOR DRINKING WATER**

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

**REPORTING OF RESULTS:**

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

**SATISFACTORY RESULTS:**

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

**UNSATISFACTORY RESULTS:**

Any coliform presence is unsatisfactory.

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

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

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

**TEST UNSUITABLE:** Resample immediately

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

**RESAMPLE:**

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

**FOR ADDITIONAL INFORMATION:**

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

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





**ALS Environmental**  
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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 9 / 17 / 14 Month Day Year	Time Sample Collected 11:50 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# 630000C

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)

PO BOX 618  
Ocean Park, WA 98640

**SAMPLE INFORMATION**

Sample collected by (name): Robert Hunt

Specific location where sample collected: NSS # 7  
262 Sandridge Rd Ocean Park

Special instructions or comments:

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

#1.  Routine Distribution Sample  
 Chlorinated: Yes \_\_\_\_\_ No   
 Chlorine Residual: Total \_\_\_\_\_ Free \_\_\_\_\_

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

Public systems must provide source number from WFI  
S    \_\_\_\_\_

#2. Repeat Sample (after unsat. routine)

Distribution System  
 Source Groundwater Rule (GWR) (Population of 1,000 or less)

Unsatisfactory routine lab number:

0 1 7 - \_\_\_\_\_

Unsatisfactory routine collect date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Chlorinated: Yes \_\_\_\_\_ No \_\_\_\_\_

Chlorine Residual: Total \_\_\_\_\_ Free \_\_\_\_\_

#4.  Sample Collected for Information Only

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

**LAB USE ONLY    DRINKING WATER RESULTS    LAB USE ONLY**

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: 8m9223B    Date, Time and Temp Received: 9/18/14 0930

Date Analyzed: 09/18/14    Date Reported: 09/20/14

Sample Number (DOH number plus five digits): 0 1 7 - 0048 2    Lab Use Only: ✓ 9/22/14

**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

SR# K1410048-003



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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 9/17/14 Month Day Year	Time Sample Collected 12:05 PM 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 Neak

Day Phone: 360 840-665-9144 Cell Phone: 360 244-0068

Eve. Phone: ( ) FAX: ( )

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

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

**SAMPLE INFORMATION**

Sample collected by (name): Robert Hunt

Specific location where sample collected: NSS #8  
1719 264th Pl Ocean Park

Special instructions or comments:

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

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

**#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. 3.9

Method Code: <u>SM9223B</u>	Date, Time and Temp Received: <u>9/18/14 0930</u>
MICR- _____	Date Reported: <u>09/22/14</u>
Date Analyzed: <u>09/18/14</u>	Lab Use Only: <u>11-96214</u>
Sample Number (DOH number plus five digits): <u>01700483</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:**

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**FOR ADDITIONAL INFORMATION:**

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

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

SR# K1410048-004



ALS Environmental

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 9/17/14 Month Day Year	Time Sample Collected 12:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Pacific
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Type of Water System (check only one box)

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

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

ID# 630000

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  
PO Box 618 Ocean Park, WA  
98640

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected: VSS #9 279 E 0st Ocean Park  
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: 0 1 7 -</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
<input type="checkbox"/> Unsatisfactory Total Coliform Present and		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent		

Replacement Sample Required:

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

Improper Container     Turbid culture

Bacterial Density Results: Plate Count \_\_\_\_\_/ml. E.coli \_\_\_\_\_/100ml.  
Total Coliform \_\_\_\_\_/100ml. Fecal Coliform \_\_\_\_\_/100ml. 390

Method Code: 8m9223B	Date Time and Temp Received: 9/18/14 0930
MICR- _____	Date Reported: 09/20/14
Date Analyzed: 09/18/14	Lab Use Only: 9/20/14
Sample Number (DOH number plus five digits): 0 1 7 - 00484	

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# K1410048-005



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 9 / 17 / 14 Month Day Year	Time Sample Collected 12:25 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Pacific
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Type of Water System (check only one box)  Private Household  
 Group A  Group B  Other \_\_\_\_\_

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

ID# 630005

System Name: North Beach Water

Contact Person: Bill Neal

Day Phone: 360 665-4144 Cell Phone: 360 124-0068

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: VSS#-12  
321 Birch Pl Ocean Park

Special instructions or comments:

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

#1.  Routine Distribution Sample  
 Chlorinated: Yes \_\_\_ No   
 Chlorine Residual: Total \_\_\_ Free \_\_\_

**#3. Raw Water Source Sample**

E. coli - GWR source sample  
 Fecal - Surface, GWI, some springs  
 Other

Public systems must provide source number from WFI

**#2. Repeat Sample (after unsat. routine)**

Distribution System  
 Source Groundwater Rule (GWR)  
 (Population of 1,000 or less)

Unsatisfactory routine lab number:

0 1 7 - \_\_\_\_\_

Unsatisfactory routine collect date:

Chlorinated: Yes \_\_\_ No \_\_\_

Chlorine Residual: Total \_\_\_ Free \_\_\_

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

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

**LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY**

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. 3.9

Method Code: 8m9223B Date Time and Temp Received: 9/18/14 0930

MICR: \_\_\_\_\_ Date Analyzed: 09/18/14 Date Reported: 09/20/14

Sample Number (DOH number plus five digits) \_\_\_\_\_ Lab Use Only: 9/22/14

0 1 7 - 00485

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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <u>9/17/14</u> Month Day Year	Time Sample Collected <u>1:05</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <u>Pacific</u>
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Type of Water System (check only one box)  Private Household  
 Group A  Group B  Other \_\_\_\_\_

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

ID# 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)

PO BOX 618  
Ocean Park, WA 98610

**SAMPLE INFORMATION**

Sample collected by (name): Robert Hunt

Specific location where sample collected: NSST# 14  
217 1/2 05th Ocean Park.

Special instructions or comments:

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

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

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

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

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

Bacterial Density Results: Plate Count \_\_\_\_\_ /ml. E.coli \_\_\_\_\_ /100ml.  
Total Coliform \_\_\_\_\_ /100ml. Fecal Coliform \_\_\_\_\_ /100ml. 390

Method Code: <u>8m9223B</u>	Date Time and Temp Received: <u>9/18/14 0930</u>
MICR- _____	Date Reported: <u>09/20/14</u>
Date Analyzed: <u>09/18/14</u>	Lab Use Only: <u>9/22/14</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 00486</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# K1410048-007



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COLIFORM BACTERIA ANALYSIS

Date Sample Collected 9/17/14 Month Day Year	Time Sample Collected 1:15 PM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Pacific
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Type of Water System (check only one box)  
 Group A     Group B     Private Household     Other \_\_\_\_\_

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

ID# 63000C

System Name: North Beach Water

Contact Person: Bill Neal

Day Phone: (360) 665-4144    Cell Phone: (360) 244-0022

Eve. Phone: ( )    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 #16  
1311 197th Ocean Park

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. 3.9°

Method Code: MICR- 8m9223B	Date, Time and Temp Received: 9/18/14 0930
Date Analyzed: 09/18/14	Date Reported: 09/20/14
Sample Number (DOH number plus five digits): 0 1 7 - 00487	Lab Use Only: 41 7/2/14

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



SR# K1410048-008



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 9/11/14 Month Day Year	Time Sample Collected 12:55 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Pacific
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Type of Water System (check only one box)  
 Group A     Group B     Private Household  
 Other \_\_\_\_\_

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

ID# 63000C

System Name: North Beach Water

Contact Person: Bill Neal

Day Phone: 360665-4144      Cell Phone: 360244-0068

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: N55 #24  
234 E Pacific Hwy Ocean Park.

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

#1.  Routine Distribution Sample  
 Chlorinated: Yes \_\_\_\_\_ No   
 Chlorine Residual: Total \_\_\_\_\_ Free \_\_\_\_\_

#3. Raw Water Source Sample  
 E.coli - GWR source sample  
 Fecal - Surface, GWI, some springs  
 Other  
 S  
 Public systems must provide source number from WFI

#2. Repeat Sample (after unsat. routine)  
 Distribution System  
 Source Groundwater Rule (GWR) (Population of 1,000 or less)  
 Unsatisfactory routine lab number:  
0 1 7 -  
 Unsatisfactory routine collect date:  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Chlorinated: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Chlorine Residual: Total \_\_\_\_\_ Free \_\_\_\_\_

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

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

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

Bacterial Density Results: Plate Count \_\_\_\_\_ /ml. E.coli \_\_\_\_\_ /100ml.  
Total Coliform \_\_\_\_\_ /100ml. Fecal Coliform \_\_\_\_\_ /100ml. 390

Method Code: <u>S49223B</u>	Date, Time and Temp Received: <u>9/18/14 0930</u>
MICR- _____	Date Reported: <u>09/20/14</u>
Date Analyzed: <u>09/18/14</u>	Lab Use Only: <u>#9/22/14</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 00488</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# K1410048-009



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <u>9/17/14</u> Month Day Year	Time Sample Collected <u>12:40</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <u>Pacific</u>
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Type of Water System (check only one box)  Private Household  
 Group A  Group B  Other \_\_\_\_\_

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

ID# 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: NSS #25  
227 Birch Ocean Park,

Special instructions or comments:

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

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

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

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

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

Bacterial Density Results: Plate Count \_\_\_\_\_ /ml. E. coli \_\_\_\_\_ /100ml.  
Total Coliform \_\_\_\_\_ /100ml. Fecal Coliform \_\_\_\_\_ /100ml. 390

Method Code: <u>SM9223B</u>	Date, Time and Temp Received: <u>9/18/14 0930</u>
MICR: _____	Date Reported: <u>09/20/14</u>
Date Analyzed: <u>09/18/14</u>	Lab Use Only: <u>11-9/22/14</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 00489</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









