



Surfside Water Department Water System Manager's Report

Report on water system operations for the month of September 2014

Water production and use report:

The Metering Period:

August 29, 2014 through September 30, 2014.

Water Produced in Metering Period: _____ 8.6^{mg}

Water Used by Water Department in Metering Period: _____ 0.6^{mg}

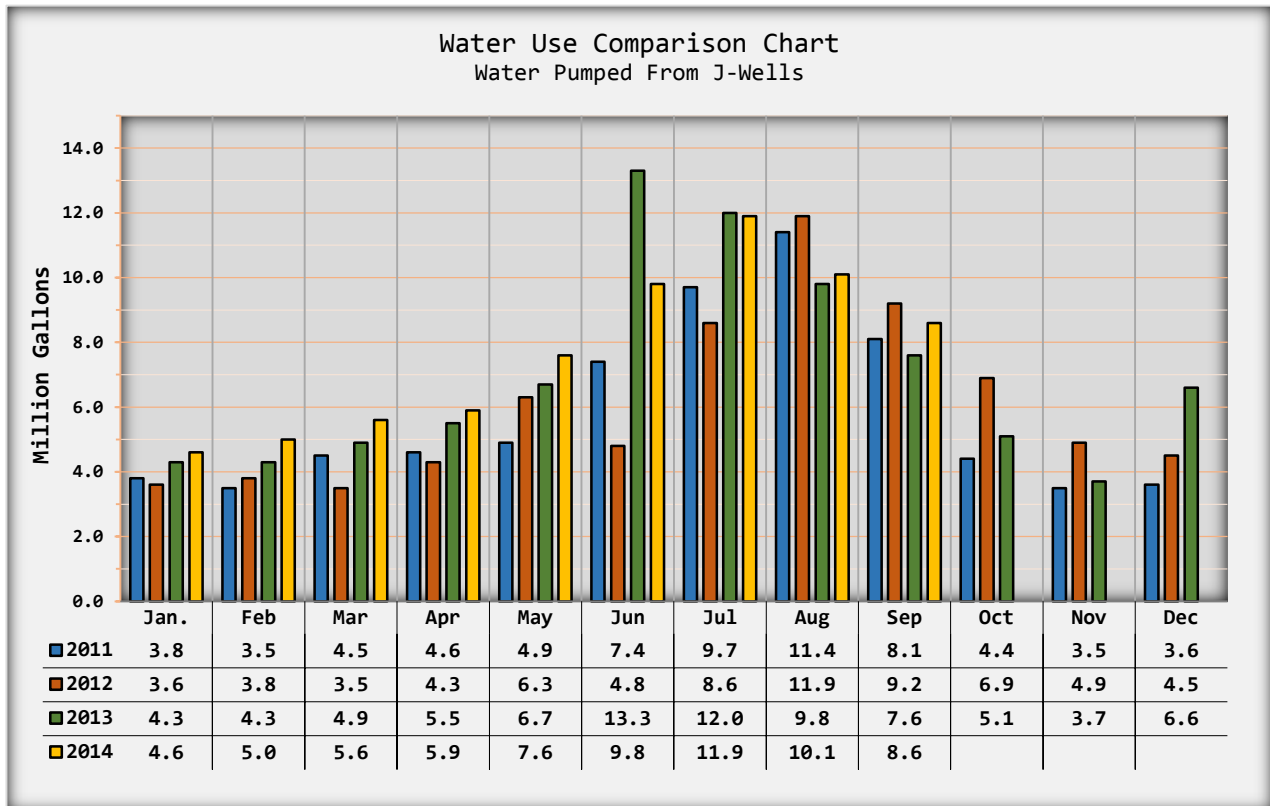
Service Meters Read in Metering Period: _____ 1,128

Metered Water Use in Metering Period: _____ 4.6^{mg}

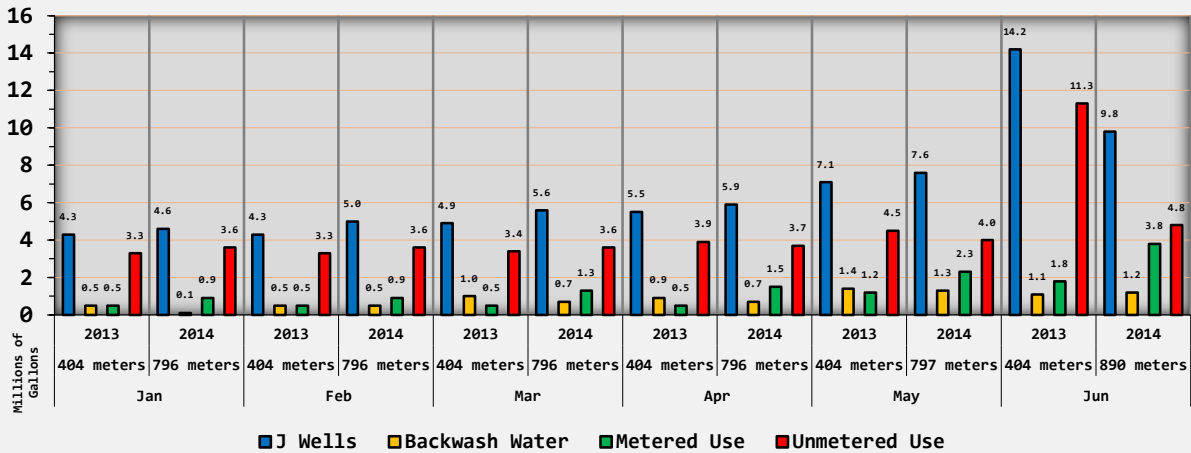
Estimated Unmetered Services in Metering Period: _____ 792

Unmetered Water Use in Metering Period: _____ 3.4^{mg}

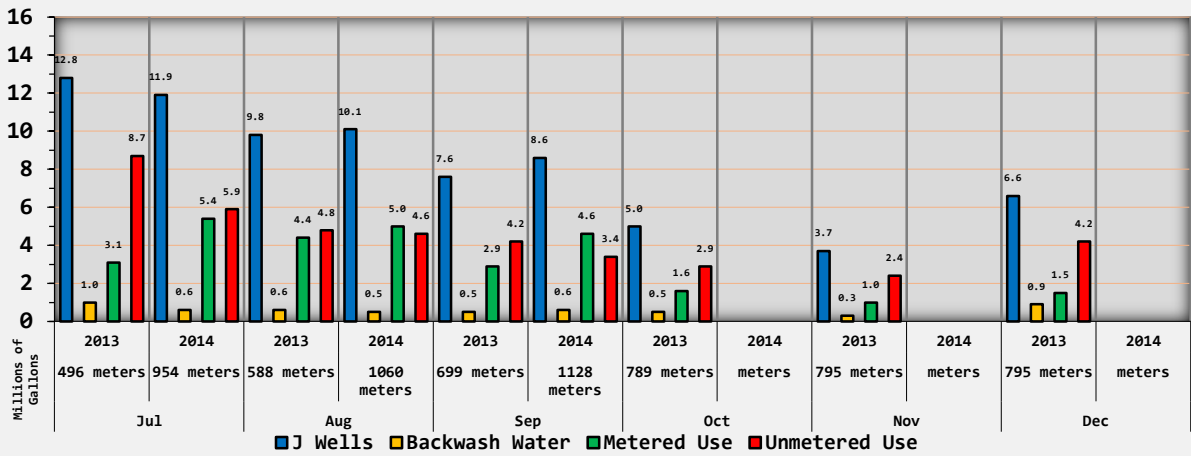
Estimated Ratio of Water Use Unmetered to Metered members: __ 1.05 gal to 1 gal



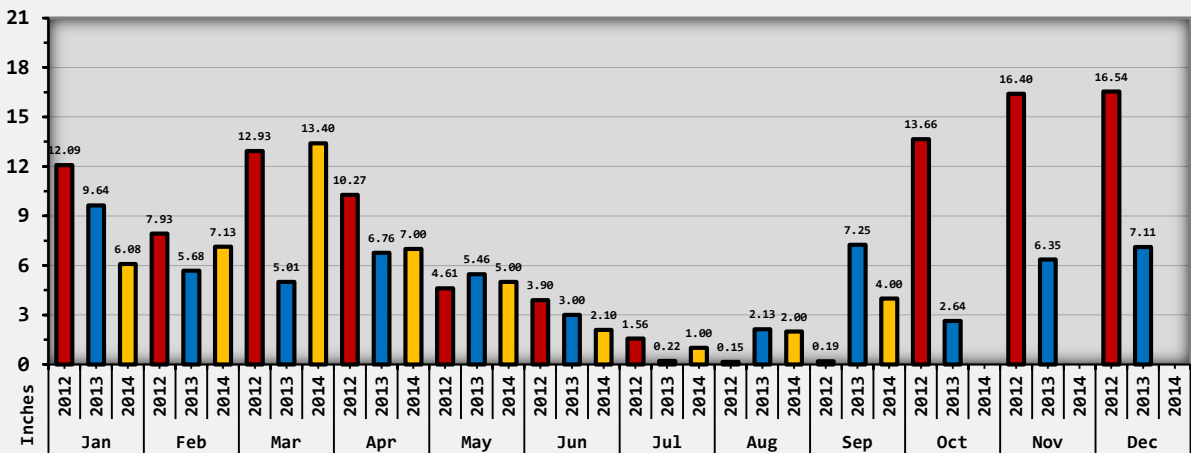
Water Use Efficiency Chart



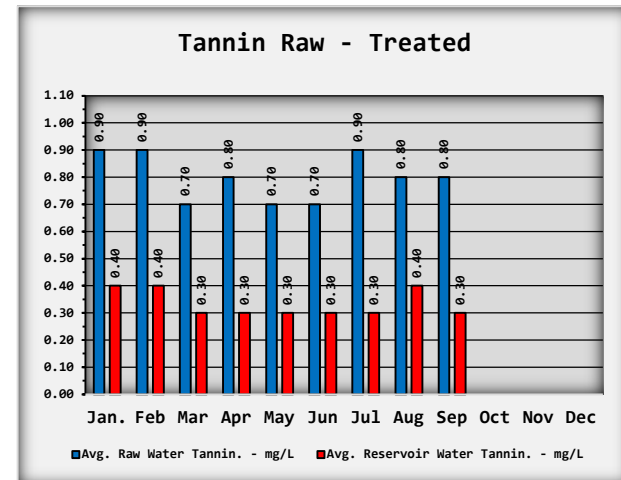
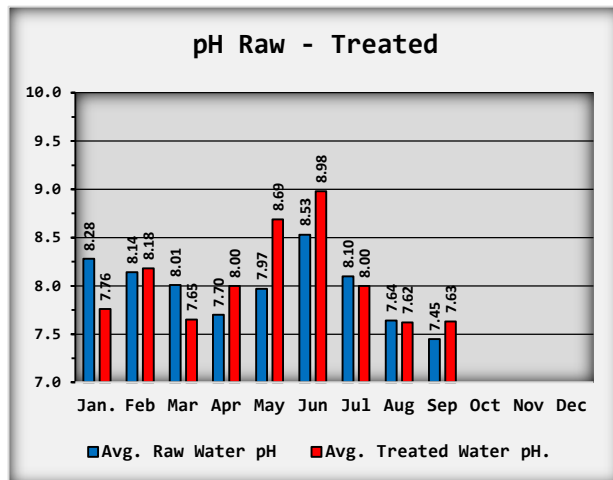
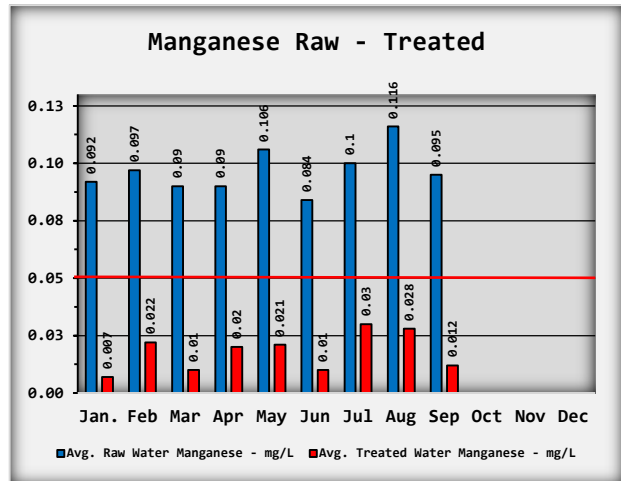
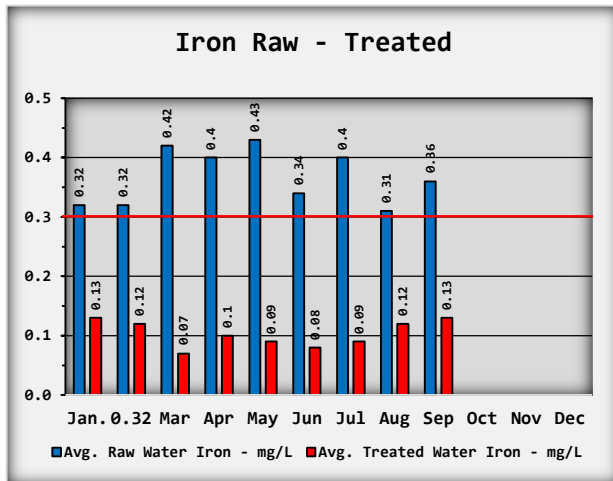
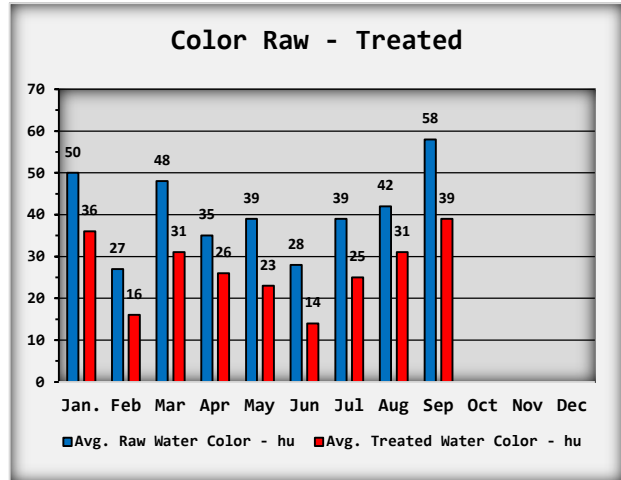
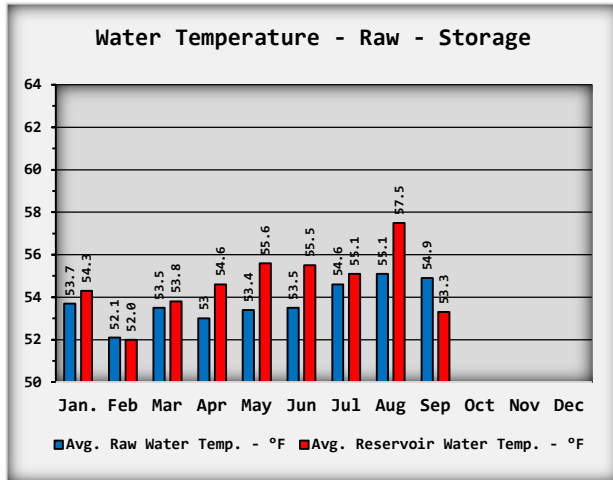
Water Use Efficiency Chart



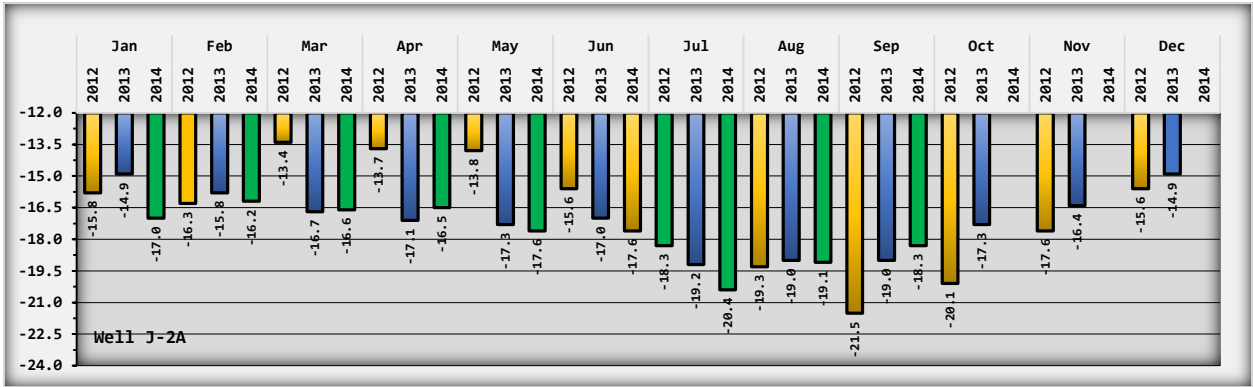
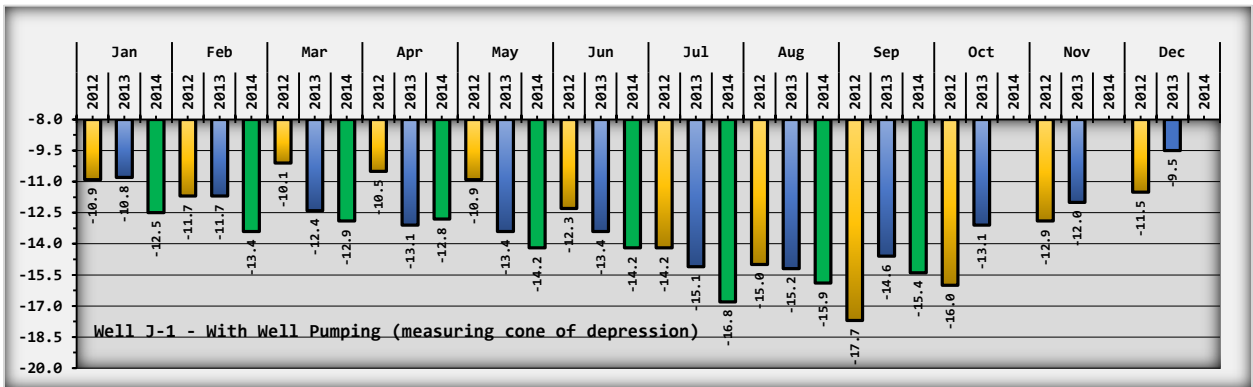
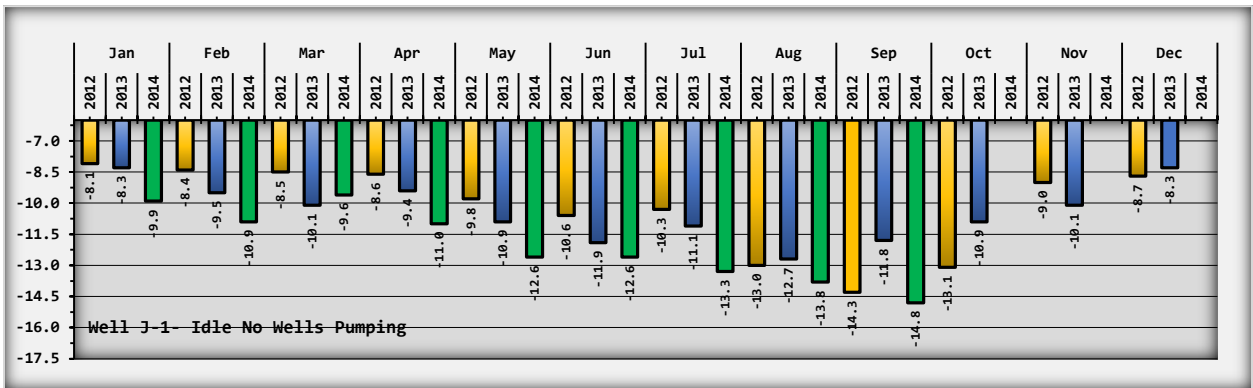
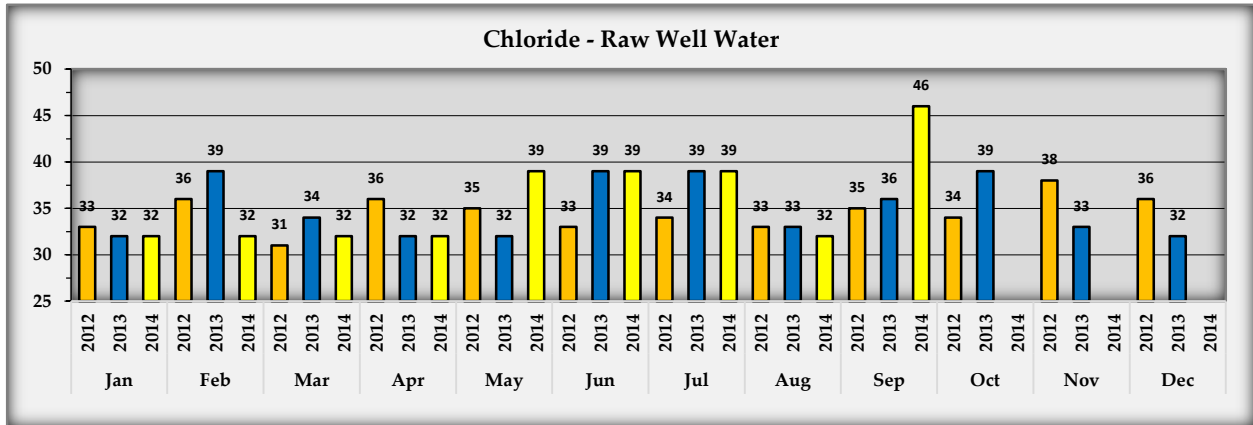
J- Wellfield Rainfall

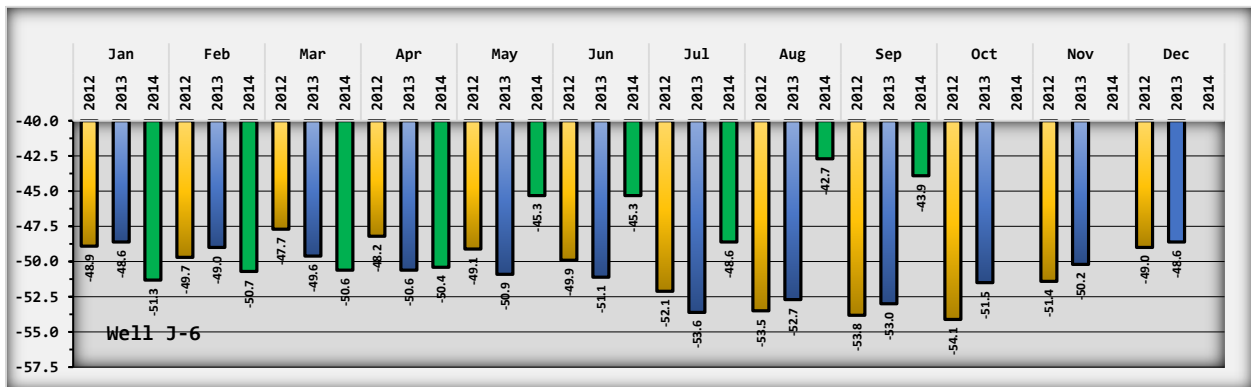
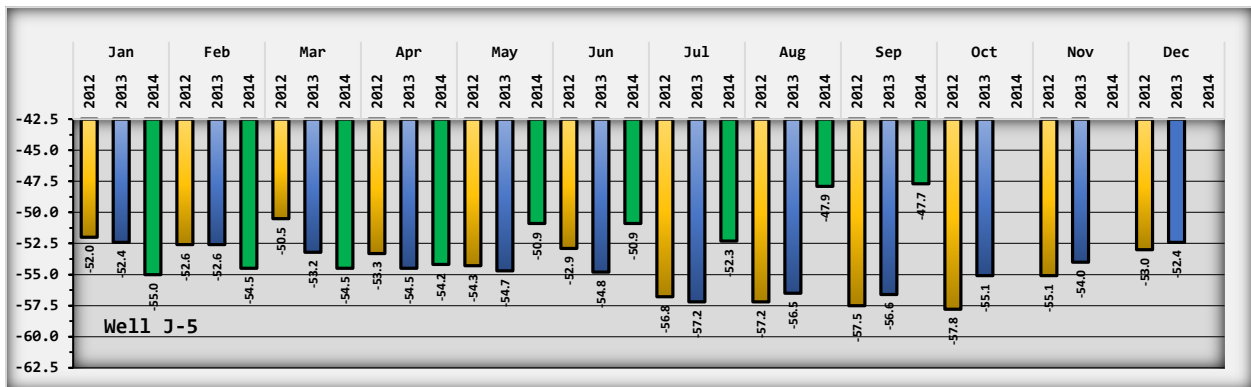
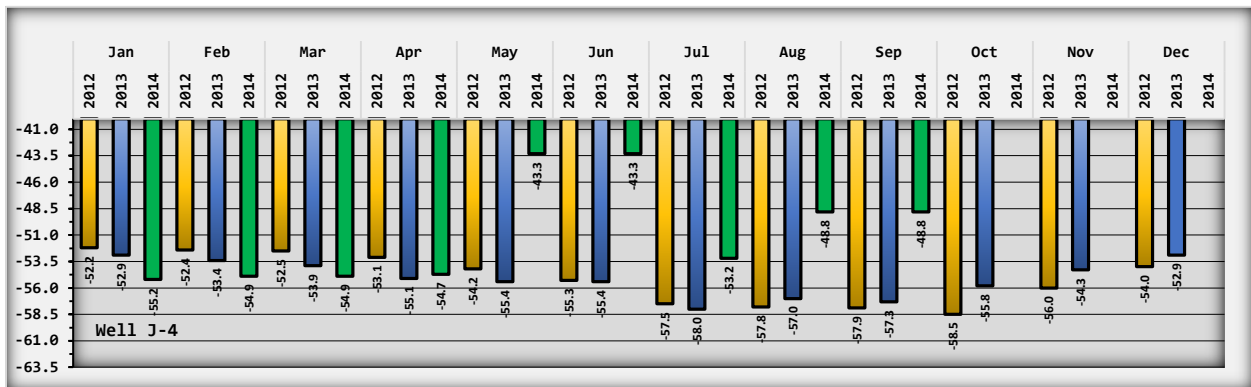
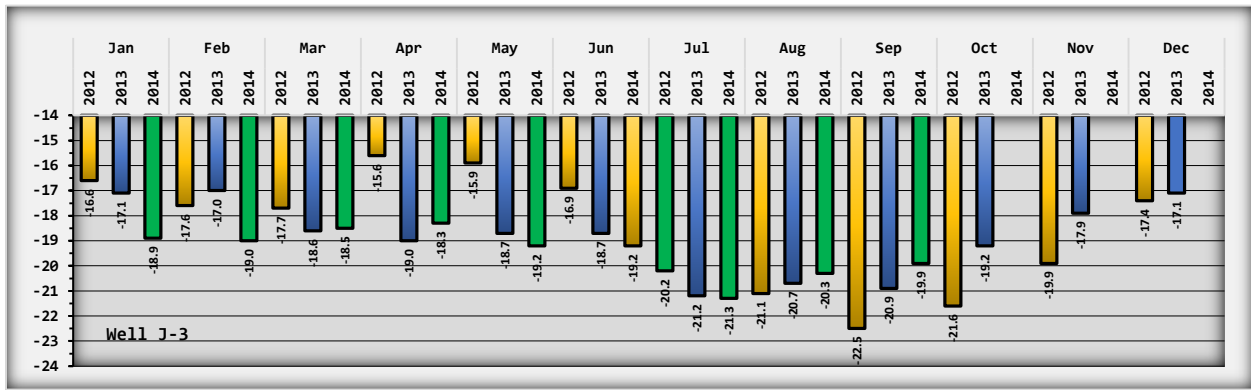


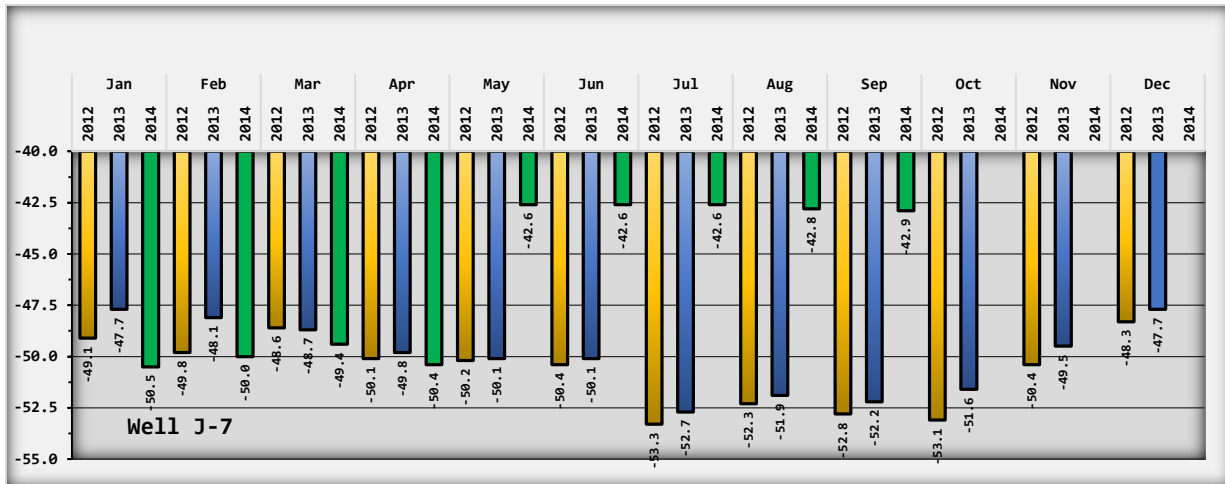
Raw and finished water quality report:



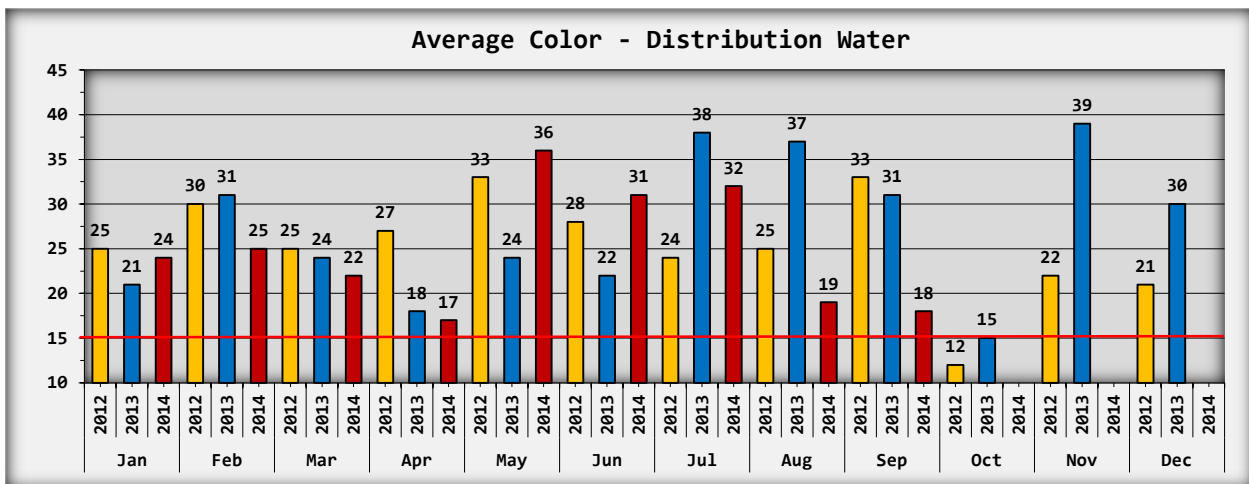
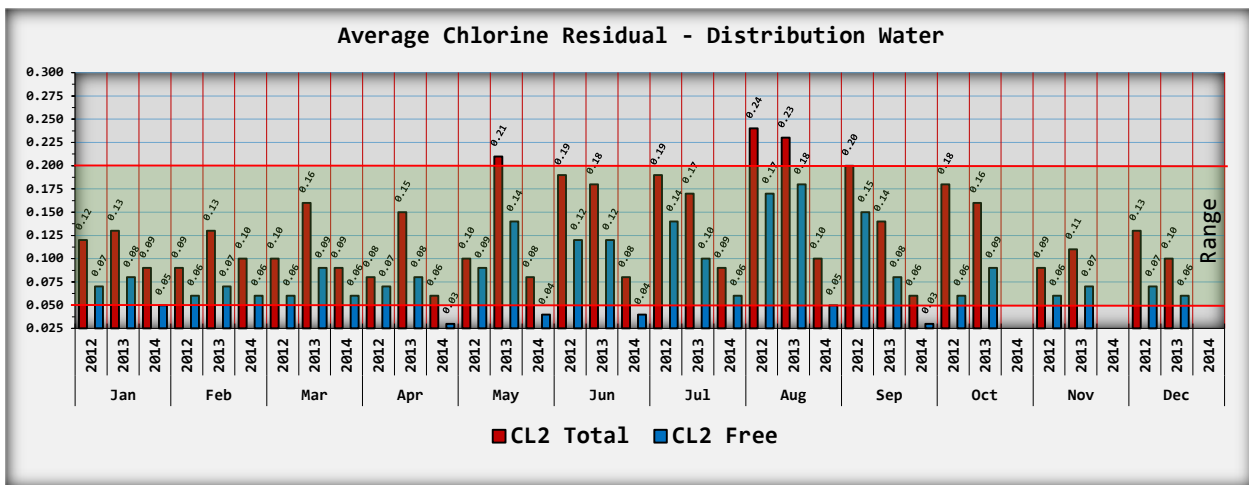
J-Wellfield Report:

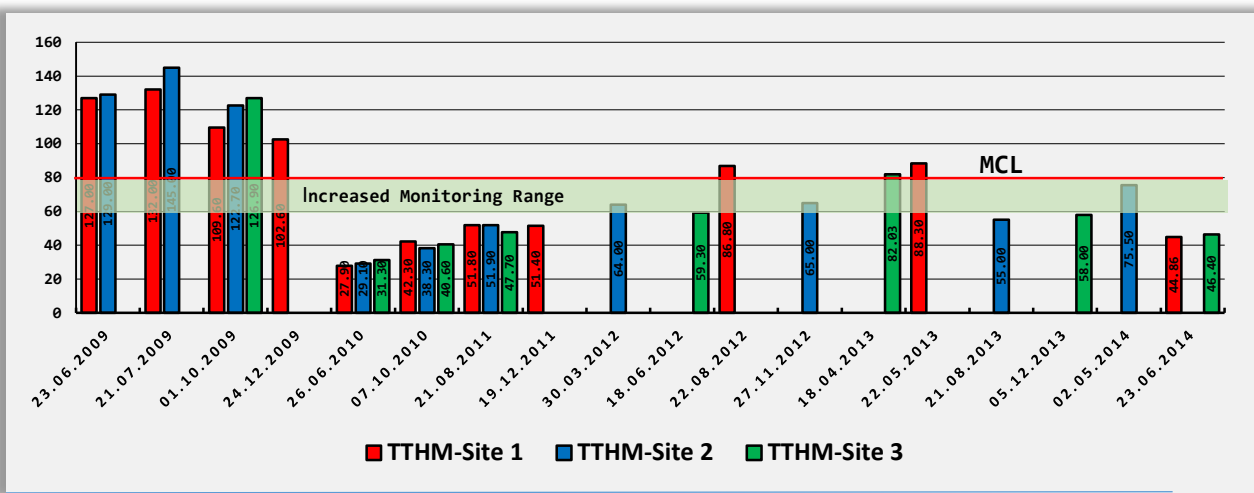
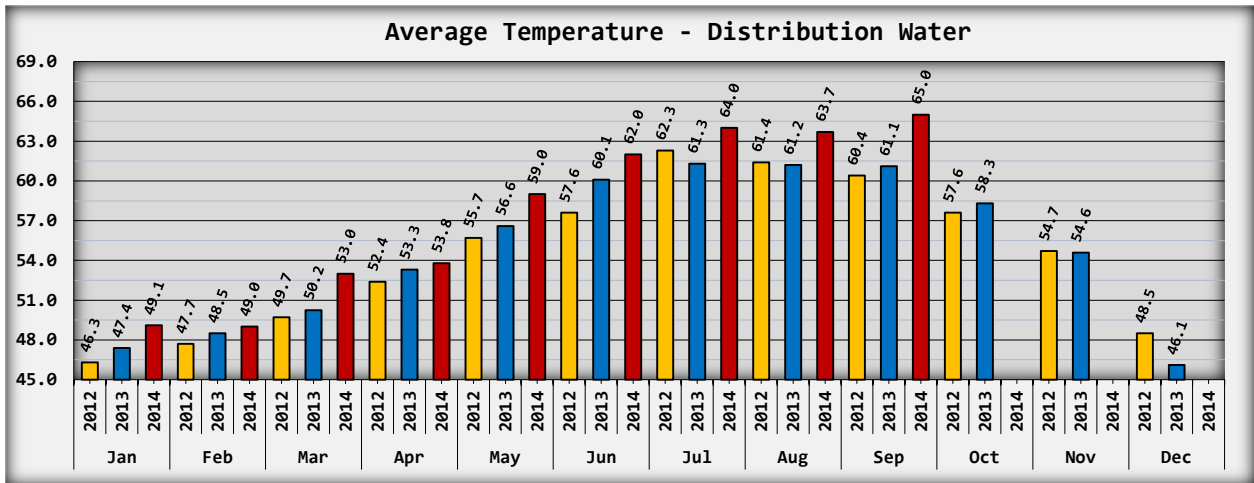
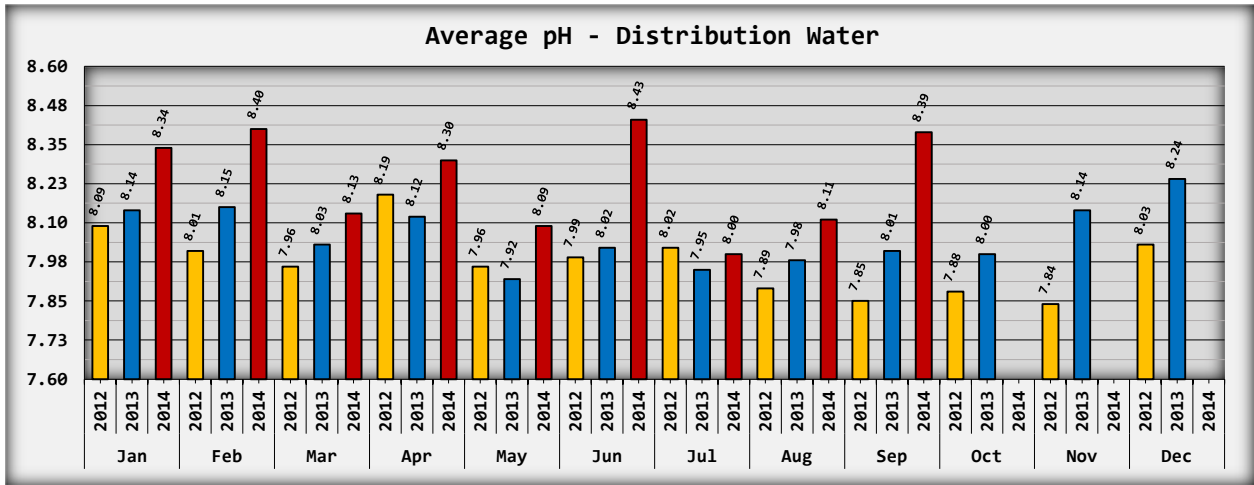


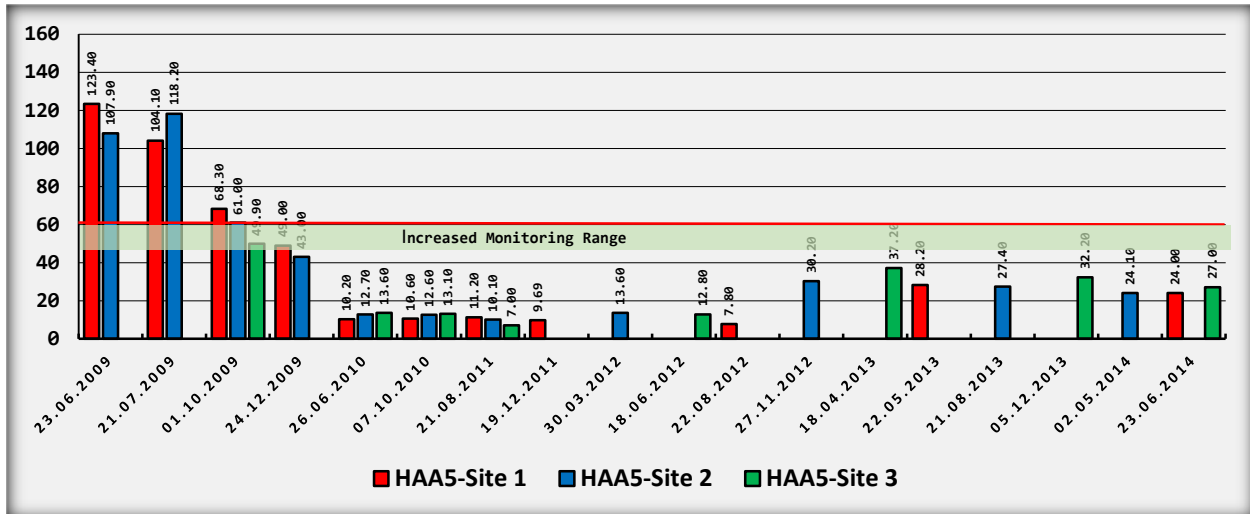




Distribution Water Quality Report:







New Services: 2 New Services were installed in September.

Locates: The crew did 6 locates in September.

Service Calls: The crew responded to 11 service calls in September. All service calls were resolved to the member's satisfaction.

September Project Reports:

WMR:

No WMR work in early October.

MIP:

The Crew completed the 2014 MIP in early October. The crew installed 376 meters in 2014. 14 of the meters were for new services, 2 were for members who had meters already, 3 were for Surfside owned properties, 5 were to replace meters on commercial properties, and three were used for the Chloroform Reduction Pilot Test. The meters used on the pilot test will eventually be worked back into the service meter inventory. The Water Department is keeping a small inventory of meter parts in stock to be used for new services and a small inventory of MIP parts that will be utilized in the 2015 MIP project.

Chloroform Reduction Pilot Test:

The Chloroform Reduction pilot test has been operating for six months. We have taken our second set of water samples for Trihalomethane Formation Potential. The first set of samples was taken on April 9, 2014. The test is run to determine the potential of the water to form Trihalomethanes or other disinfection by-products under standard reaction conditions. Gray and Osborne will have a progress report interpreting the result of the samples for the Board in November, 2014.

Water System Plan:

The water department has been working with Gray and Osborne on Chapter 4 - Water Use Efficiency in September. There is a separate report prepared by the water system manager on this issue for the October Board Meeting.

Water Quality Tests:

The water department submitted five water samples to the state approved water testing laboratory for coliform bacteria testing in September. All six samples tested negative for bacteria. The water department also submitted one sample for Disinfection by-products. The results of that test were below the maximum contaminate level set by the EPA.

--END OF REPORT --



Monthly Water System Data Compilation

Month/Year

Metering Period¹

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

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

² Provide the initials of the person recording the data.

³ Unit of measurement.

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

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

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

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

Water System Manager

Date

WMR 2012 - 2014 Budget To Actual Report - As of September 30, 2014

	2012		2013		2014	
	Budget	% of Budget	Budget	% of Budget	Budget	% of Budget
Revenue	2012	2012	2013	2013	2014	2014
WMR Assessment	142,650	100%	148,356	96%	148,356	97%
Other Revenue	0	0	0	0	0	0
Total Revenue	142,650	100%	148,356	89%	148,356	97%
Expenses						
Labor	51,486	61%	54,061	94%	57,720	60%
Wages	34,000	62%	35,700		41,500	57%
Payroll Taxes	8,449	78%	8,871		8,720	64%
Benefits	7,881	44%	8,275		6,250	77%
Pension	1,156	39%	1,214		1,250	46%
Materials	89,501	91%	92,634	107%	94,500	95%
Pipe, Hydrants, & Fittings	89,501	91%	92,634	107%	56,300	91%
Other Expenses	0	0	0		38,200	101%
Total Expenses	140,987	80%	146,694	102%	152,220	82%
Summary	Budget	Actual	Budget	Actual	Budget	Actual
	2012	2012	2013	2013	2014	2014
Total Revenue	142,650	142,032	148,356	143,139	148,356	143,354
Total Expenses	140,987	129,673	146,694	149,604	152,220	124,254
Cash Increase/Decrease	1,663	12,360	1,662	-6,465	(3,864)	19,100
Cash at Beginning of Year	3,769	3,769	16,129	16,129	9,664	9,664
Cash at End of Year	5,432	16,129	17,791	9,664	5,800	28,764

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

MIP 2012 - 2014 Budget To Actual Report - As of September 30, 2014

	Budget	Actual	% of Budget	Budget	Actual	% of Budget	Budget	Actual	% of Budget	Budget	Actual	% of Budget	Budget	Actual	% of Budget
	2012	2012	2012	2012	2013	2013	2013	2013	2013	2014	2014	2014	2014	2014	2014
Revenue															
MIP Assessment	737,500	609,041	83%	71,500	130,598	183%	71,500	106,756	149%	71,500	71,500	100%	71,500	71,500	100%
Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total Revenue	737,500	609,041	83%	71,500	130,598	183%	71,500	106,756	149%	71,500	71,500	100%	71,500	71,500	100%
Expenses															
Labor	29,529	37,923	128%	30,562	33,206	94%	31,632	31,898	101%	32,740	33,886	103%	33,740	33,886	100%
Wages	19,500	25,030	128%	20,183	22,705	112%	20,889	20,912	100%	21,620	22,377	103%	22,377	22,377	100%
Payroll Taxes	4,846	8,431	174%	5,015	7,151	143%	5,191	6,415	124%	5,373	5,561	103%	5,561	5,561	100%
Benefits	4,520	3,940	87%	4,678	2,841	61%	4,842	4,123	85%	5,012	5,187	103%	5,187	5,187	100%
Pension	663	522	79%	686	509	74%	710	449	63%	735	761	104%	761	761	100%
Materials	157,657	184,637	117%	163,175	151,426	107%	168,886	177,403	105%	174,797	180,915	103%	180,915	180,915	100%
Meters (HD Supply)	72,046	89,905	125%	74,588	75,486	107%	77,177	72,743	94%	79,879	82,674	103%	82,674	82,674	100%
Appurtenances (By Bid Each Year)	85,611	94,732	111%	88,607	75,940	86%	91,709	23,676	26%	94,918	98,241	103%	98,241	98,241	100%
Other Expenses	0	0	0%	0	0	0%	80,984	80,984	100%	80,984	80,984	100%	80,984	80,984	100%
Total Expenses	187,186	222,560	80%	193,737	184,632	102%	200,518	209,302	104%	207,537	214,801	103%	214,801	214,801	100%
Summary															
Total Revenue	737,500	609,041	83%	71,500	130,598	183%	71,500	106,756	149%	71,500	71,500	100%	71,500	71,500	100%
Total Expenses	187,186	222,560	119%	193,737	184,632	95%	200,518	209,302	104%	200,518	200,518	100%	200,518	200,518	100%
Cash Increase/Decrease	550,314	386,481	70%	(122,237)	(54,034)	44%	(129,018)	(102,545)	79%	(129,018)	(129,018)	100%	(129,018)	(129,018)	100%
Cash at Beginning of Year			100%	386,481	386,481	100%	332,447	332,447	100%	229,902	229,902	100%	229,902	229,902	100%
Cash at End of Year	550,314	386,481	70%	264,244	332,447	126%	203,429	229,902	113%	100,884	229,902	228%	100,884	100,884	100%

	5-Year Budget	2012 Actual	% of Budget	2012-2013 Actual	% of Budget	2012-2014 Actual	% of Budget	2012-2015 Actual	% of Budget	2012-2016 Actual	% of Budget
Accumulated Summary											
Total Revenue	1,023,500	609,041	60%	739,639	72%	846,395	83%				
Total Expense	1,003,779	222,560	22%	407,192	41%	616,494	61%				
Total Meters	1,850	385	21%	760	41%	1112	60%				

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

Date	Employee	M&O	WMR	MIP	common prop.	CMP	PILOT TEST	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Address of Locate, Service Call, New Service, or Main Break	Main Break Time	
															Start	End
Mon	Gil	8.00						8.00	HOLIDAY							
1-Sep	Aaron	8.00						8.00								
	Lawrence	11.00						11.00								
	Chris	8.00						8.00								
	April	8.00						8.00								
	John							0.00								
	Dan	6.00						6.00								
Tue	Gil	7.00			1.00			8.00	NEW SERVICE INSTALL, STUB INSTALL @ 905 344TH (17-06-37), LOCATE	1		1		907 344TH (17-06-38)		
2-Sep	Aaron	8.00						8.00						30700 N PLACE		
	Lawrence	8.00						8.00								
	Chris	8.00						8.00								
	April	8.00						8.00	REPORTS & INVOICING, PUMP TECH							
	John				7.00			7.00								
								0.00								
Wed	Gil	6.00			2.00			8.00	MIP - 3 SERVICES, LANDS & BUILDING MEETING, LOCATE SERVICES ON H STREET & I STREET, MOVED SERVICE	1				814 OVILLE RD (OC-00-34) MOVED SERVICE		
3-Sep	Aaron	2.00		6.00				8.00								
	Lawrence	2.00		6.00				8.00								
	Chris	2.00		6.00				8.00								
	April	8.00						8.00	BACTI, MIP WORK ORDERS							
	John				8.00			8.00								
								0.00								
Thu	Gil	8.00						8.00	MIP - 5 SERVICES, LOCATE SERVICES ON I ST-J PL-324TH, LOCATES							
4-Sep	Aaron			8.00				8.00								
	Lawrence	4.00		4.00				8.00								
	Chris			8.00				8.00								
	April	8.00						8.00	CHARTS & REPORTS, CCC, METER READS, MASTERLINX MAINT.							
	John				8.00			8.00								
								0.00								
Fri	Gil	8.00						8.00	STAFF MEETING, SERVICE UPGRADE W/ METER, SERVICE LOCATES @ 324TH , RV LOT, COMPACTOR, CCC	1				1402 303RD (OW-09-06) -UPGRADE SERVICE		
5-Sep	Aaron	8.00						8.00			1			30805 I ST - CCC		
	Lawrence	8.00						8.00								
	Chris	8.00						8.00								
	April	8.00						8.00	REPORTS, WATER LEAKS, STAFF MEET, MASTERLINX MAINT.							
	John				6.00			6.00								
								0.00								
9/6-9/7	AH SC	4.50						4.50	CHRIS - WEEKEND							
	Total	172.50	0.00	38.00	32.00	0.00	0.00	242.50		1	3	1	0			

AH SC = After Hours/Service Calls

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

Date	Employee	M&O	WMR	MIP	common prop.	CMP	PILOT TEST	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Address of Locate, Service Call, New Service, or Main Break	Main Break Time	
															Start	End
Mon	Gil	3.50		4.50				8.00	SAFETY MEET, LEAK REPAIR, MIP - 1 SERVICE	1	1			1607 324TH (15-09-03) - REPAIR LEAK		
8-Sep	Aaron	3.50		4.50				8.00		1				34405 J PL		
	Lawrence	3.50		4.50				8.00			1			701 OVILLE RD - MEMBER'S VALVE BROKEN		
	Chris	3.50		4.50				8.00								
	April	8.00						8.00	SAFETY MEET, QGIS REPORTS							
	John				7.50			7.50								
								0.00								
Tue	Gil	8.00						8.00	FUEL & SUPPLIES, 357TH PUSH SITE, #5 BOOSTER PUMP							
9-Sep	Aaron	8.00						8.00	REPAIR, INSPECTED ALL BOOSTER PUMPS, 324TH		1			33107 H PL - CCC		
	Lawrence	8.00						8.00	LOCATES FOR MIP, CCC, ERWOW CONFERENCE (LARRY)							
	Chris	8.00						8.00								
	April	8.00						8.00	ERWOW CONFERENCE							
	John							0.00								
								0.00								
Wed	Gil	8.00						8.00	MIP - 2 SERVICES, GRUBBING FOR MIP, GRUBBING FOR							
10-Sep	Aaron	5.00		3.00				8.00	PUSH AT 357TH, BACTI, ERWOW CONFERENCE (LARRY)							
	Lawrence	8.00						8.00								
	Chris	5.00		3.00				8.00								
	April	8.00						8.00	ERWOW CONFERENCE							
	John				7.50			7.50								
								0.00								
Thu	Gil	6.00				2.00		8.00	NEW SERVICE W/ PUSH, MIP - 4 SERVICES					912 338TH - REPLACE BROKEN BOX LID		
11-Sep	Aaron	4.00	4.00					8.00			1			701 OVILLE RD - CHECK PSI		
	Lawrence	4.00	4.00					8.00				1		(18-04-04) 609 357TH		
	Chris	4.00	4.00					8.00		1				30310 O PLACE		
	April	8.00						8.00	CCC, PROOFING, PILOT TEST CHARTS							
	John				7.50			7.50								
								0.00								
Fri	Gil	8.00						8.00	MIP - 5 SERVICES & RESTORATION, CCC MEETING @							
12-Sep	Aaron			8.00				8.00	BUSINESS OFFICE, CHECKED CABANAS							
	Lawrence			8.00				8.00								
	Chris			8.00				8.00								
	April	8.00						8.00	CCC MEETING, REPORTS							
	John				7.00			7.00								
								0.00								
9/13-9/14	AH SC	3.00						3.00	GIL - WEEKEND							
	Total	141.00	12.00	48.00	29.50	2.00	0.00	232.50		2	5	1	0			

AH SC = After Hours/Service Calls

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

Date	Employee	M&O	WMR	MIP	common prop.	CMP	PILOT TEST	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Address of Locate, New Service, or Main Break	Main Break Time	
															Start	End
Mon	Gil	8.00						8.00	mip - 4 services, KMnO4 pump repair							
15-Sep	Aaron	2.50		5.50				8.00								
	Lawrence	8.00						8.00								
	Chris	2.50		5.50				8.00								
	April	7.00						7.00								
	John				7.50			7.50								
								0.00								
Tue	Gil	5.00			1.00	2.00		8.00	clean out backwash basins, locates	1				33104 I ST		
16-Sep	Aaron	8.00						8.00								
	Lawrence	8.00						8.00								
	Chris	8.00						8.00								
	April	8.00						8.00	mip work orders, ccc, monthly report, sample results							
	John				7.00			7.00								
								0.00								
Wed	Gil	8.00						8.00	mip - grubbing & 6 services, bacti, ccc		1			30001 G ST - CCC		
17-Sep	Aaron			8.00				8.00								
	Lawrence			8.00				8.00								
	Chris			8.00				8.00								
	April	8.50						8.50	ccc, bacti, mip work orders, weekly reports							
	John				7.50			7.50								
								0.00								
Thu	Gil	8.00						8.00	mip - 8 services							
18-Sep	Aaron			8.00				8.00								
	Lawrence			8.00				8.00								
	Chris	1.00		7.00				8.00								
	April	8.50						8.50	ogis updates, weekly reports, mip work orders							
	John				7.50			7.50								
								0.00								
Fri	Gil	8.00						8.00	locates, grubbing, restoration	1				35510 J PL		
19-Sep	Aaron	8.00						8.00		1				2108 302ND PL		
	Lawrence	8.00						8.00								
	Chris	8.00						8.00								
	April	8.00						8.00	ogis training & updates							
	John							0.00								
								0.00								
9/20-9/21	AH SC	3.00						3.00	AARON - WEEKEND							
	Total	142.00	0.00	58.00	30.50	2.00	0.00	232.50		3	1	0	0			

AH SC = After Hours/Service Calls

Total

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

Date	Employee	M&O	WMR	MIP	common prop.	CMP	PILOT TEST	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Main Break Time	
														Start	End
Mon	Gil	7.00			1.00			8.00	mip - 7services		1				
22-Sep	Aaron	1.00		7.00				8.00							
	Lawrence	1.00		7.00				8.00							
	Chris	1.00		7.00				8.00							
	April	8.00						8.00	diamond heating, mip count, ccc						
	John				7.50			7.50							
								0.00							
Tue	Gil	8.00						8.00	mip - 6 services, warehouse work, job interview, ccc		1				
23-Sep	Aaron	1.00		7.00				8.00							
	Lawrence	8.00						8.00							
	Chris	1.00		7.00				8.00							
	April	8.00						8.00	bacti, mike's computer repair						
	John				7.00			7.00							
								0.00							
Wed	Gil	4.50				3.50		8.00	mip - 7 services						
24-Sep	Aaron	3.50		4.50				8.00							
	Lawrence			8.00				8.00							
	Chris			8.00				8.00							
	April	7.50						7.50							
	John				6.50			6.50							
								0.00							
Thu	Gil	5.00				3.00		8.00	mip - 5 services						
25-Sep	Aaron			8.00				8.00							
	Lawrence			8.00				8.00							
	Chris			8.00				8.00							
	April	8.50						8.50	updated mip spreadsheet & history						
	John				7.00			7.00							
								0.00							
Fri	Gil	8.00						8.00	restoration, KMnO4 pump repair, service call						
26-Sep	Aaron			8.00				8.00							
	Lawrence			8.00				8.00							
	Chris			8.00				8.00							
	April	8.00						8.00	mip work orders, J1 chem. feed pump repair						
	John							0.00							
								0.00							
9/27-9/28	AH SC	4.50						4.50	LARRY - WEEKEND						
	Total	93.50	0.00	103.50	29.00	6.50	0.00	232.50		0	2	0	0		

AH SC = After Hours/Service Calls

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



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

COLIFORM BACTERIA ANALYSIS

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

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

System Name: Surfside Homeowners Assoc.

Contact Person: Gil Gonzalez

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

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

Email: water@surfsideonline.org

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

SAMPLE INFORMATION

Sample collected by (name):

Specific location where sample collected: 608 336th - faucet in W. Center of home	Special instructions or comments:
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Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No _____ Chlorine Residual: Total 39 Free 28	#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: 0 1 7 - _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____

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

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent	<input checked="" type="checkbox"/> Satisfactory
--	--

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

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

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

Method Code: MICR- 9m9223B Date, Time and Temp Received: 8/20/14 15:30

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

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

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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

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



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8 / 26 / 14 Month Day Year	Time Sample Collected 12:57 PM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Pacific
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Type of Water System (check only one box)
 Group A Group B Private Household Other _____

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

ID# 8 6 4 7 0 y

System Name: Surfside Homeowners Assoc.

Contact Person: Gil Gonzalez

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

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

Email: water@surfsideonline

Send results to: (Print full name, address and zip code)
Surfside Homeowners Assoc.
3142 H St.
Ocean Park WA 98640

SAMPLE INFORMATION

Sample collected by (name): Gil Gonzalez

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

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

<p>#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <u>10</u> Free <u>0.6</u></p>	<p>#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: _____ / _____ / _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____</p>
<p>#3. Raw Water Source Sample <input type="checkbox"/> E.coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other <u>S</u> _____ <small>Public systems must provide source number from WFI</small></p>	

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

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

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

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

Method Code: <u>2019223B</u>	Date, Time and Temp Received: <u>8/27/14 1000 AM</u>
MICR: _____	Date Reported: <u>8/28/14</u>
Date Analyzed: <u>8/27/14</u>	Lab Use Only: <u>H6 9/2/14</u>
Sample Number (DOH number plus five digits): <u>0 1 7 - 91181</u>	

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample immediately

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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

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

SR# KM10935-001



Sept. Bact. 1 of 4

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>9</u> / <u>3</u> / <u>2014</u> Month Day Year	Time Sample Collected <u>1:02</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)

Group A Group B Other _____

Private Household

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

ID# 8 6 4 7 0

System Name: Seaside Homeowners Assoc.

Contact Person: Coil Gonzalez

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

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

Email: water@seasideonline.org

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

Seaside Homeowners Assoc.
31402 H St.
Ocean Park WA 98640

SAMPLE INFORMATION

Sample collected by (name): Neal Reynolds

Specific location where sample collected: 1310 300th - faucet in N. Center of lot

Special instructions or comments:

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

<p>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes <input checked="" type="checkbox"/> No _____</p> <p>Chlorine Residual: Total <u>.04</u> Free <u>.03</u></p>	<p>#2. Repeat Sample (after unsat. routine)</p> <p><input type="checkbox"/> Distribution System</p> <p><input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number: <u>0 1 7 -</u></p> <p>Unsatisfactory routine collect date: _____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>#3. Raw Water Source Sample</p> <p><input type="checkbox"/> E.coli – GWR source sample</p> <p><input type="checkbox"/> Fecal –Surface, GWI, some springs</p> <p><input type="checkbox"/> Other</p> <p><u>S</u> _____</p> <p><small>Public systems must provide source number from WFI</small></p>	

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

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

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

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

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

Method Code: <u>MICR- 201225B</u>	Date, Time and Temp Received: <u>9/4/14 11:20</u>
Date Analyzed: <u>9/4/14</u>	Date Reported: <u>9/12/14</u>
Sample Number (DOH number plus five digits): <u>0 1 7 - 151</u>	Lab Use Only: <u>AK 9/12/14</u>

SR# 14111111-001



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>9/10/14</u> Month Day Year	Time Sample Collected <u>12:55</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)

Group A Group B Private Household
 Other

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

ID# 864704

System Name: SURFSTAR H.O.A.

Contact Person: Gil Gonzalez

Day Phone: (360) 645-4171 Cell Phone: (360) 783-2393

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

Email:

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

SURFSTAR H.O.A.
31402 H STREET
OCEAN PARK, WA 98640

SAMPLE INFORMATION

Sample collected by (name): Gil Gonzalez

Specific location where sample collected: 30316 X PLACE

Special instructions or comments: TAKEN FROM SPIGOT

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

<p>#1. <input type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Chlorine Residual: Total <u>03</u> Free <u>01</u></p>	<p>#2. Repeat Sample (after unsat. routine)</p> <p><input type="checkbox"/> Distribution System</p> <p><input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number: <u>0 1 7 -</u></p> <p>Unsatisfactory routine collect date: _____/_____/_____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>#3. Raw Water Source Sample</p> <p><input type="checkbox"/> E.coli – GWR source sample</p> <p><input type="checkbox"/> Fecal – Surface, GWI, some springs</p> <p><input type="checkbox"/> Other</p> <p><u>S</u> _____</p> <p>Public systems must provide source number from WFI</p>	

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

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

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

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

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

Method Code: MICR- 31530

Date Analyzed: _____ Date Reported: _____

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

Date, Time and Temp Received: _____

Lab Use Only: 11/5/14

SR#

K141003-001



SHORT HOLD
ALS Environmental

1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 9/17/14 Month Day Year	Time Sample Collected 12:15 <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# 86470

System Name: Sideside Homeowners Assoc.

Contact Person: Carl Gonzalez

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

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

Email: water@Sidesideonline.org

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

SAMPLE INFORMATION

Sample collected by (name): Carl Gonzalez

Specific location where sample collected: 30714 N place - fence in E. center of lot

Special instructions or comments:

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

#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 0.07 Free 0.02	#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: 017 Unsatisfactory routine collect date: / / Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>
#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	

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

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

Replacement Sample Required:

Sample too old (>30 hours) TNTC
 Improper Container Turbid culture

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

Method Code: MICR- 201223B
Date Analyzed: 07/21/14
Sample Number (DOH number plus five digits): 017

Date, Time and Temp Received: 11/17/14 1:30
Date Reported: 07/20/14
Lab Use Only: 11/9/22/14

ALS Group USA, Corp.
dba ALS Environmental

Analytical Report

Client: Surfside Homeowners Association
Project: Pilot Test THM Frm Pot.
Sample Matrix: Drinking Water
Analysis Method: SM 5310 C
Prep Method: None

Service Request: K1408866
Date Collected: 08/20/14
Date Received: 08/20/14
Units: mg/L
Basis: NA

Carbon, Total Organic

Sample Name	Lab Code	Result	MRL	Dil.	Date Analyzed	Q
Calgon-Manifold-Raw	K1408866-001	1.70	0.50	1	08/26/14 12:24	
Calgon-Filter-ATEC	K1408866-002	ND U	0.50	1	08/26/14 12:24	
Post ATEC Filter	K1408866-003	3.44	0.50	1	08/26/14 12:24	
Method Blank	K1408866-MB	ND U	0.50	1	08/26/14 12:24	

Analytical Results

Client: Surfside Homeowners Association
Project: Pilot Test THM Frm Pot.
Sample Matrix: Drinking water

Service Request: K1408866
Date Collected: 08/20/2014
Date Received: 08/20/2014

Volatile Organic Compounds

Sample Name: Calgon-Filter-ATEC
Lab Code: K1408866-002
Extraction Method: METHOD
Analysis Method: 524.2

Units: ug/L
Basis: NA
Level: Low

Analyte Name	Result	Q	MRL	Dilution Factor	Date Extracted	Date Analyzed	Extraction Lot	Note
Chloroform	ND	U	0.25	1	09/02/14	09/02/14	KWG1412217	
Dibromochloromethane	ND	U	0.50	1	09/02/14	09/02/14	KWG1412217	
Bromodichloromethane	ND	U	0.50	1	09/02/14	09/02/14	KWG1412217	
Bromoform	ND	U	0.50	1	09/02/14	09/02/14	KWG1412217	

Surrogate Name	%Rec	Control Limits	Date Analyzed	Note
Dibromofluoromethane	104	82-124	09/02/14	Acceptable
Toluene-d8	101	82-124	09/02/14	Acceptable
4-Bromofluorobenzene	100	70-130	09/02/14	Acceptable

Comments: _____

Analytical Results

Client: Surfside Homeowners Association
Project: Pilot Test THM Frm Pot.
Sample Matrix: Drinking water

Service Request: K1408866
Date Collected: 08/20/2014
Date Received: 08/20/2014

Volatile Organic Compounds

Sample Name: Post ATEC Filter **Units:** ug/L
Lab Code: K1408866-003 **Basis:** NA
Extraction Method: METHOD **Level:** Low
Analysis Method: 524.2

Analyte Name	Result	Q	MRL	Dilution Factor	Date Extracted	Date Analyzed	Extraction Lot	Note
Chloroform	25		0.25	1	09/02/14	09/02/14	KWG1412217	
Dibromochloromethane	0.84		0.50	1	09/02/14	09/02/14	KWG1412217	
Bromodichloromethane	3.3		0.50	1	09/02/14	09/02/14	KWG1412217	
Bromoform	ND	U	0.50	1	09/02/14	09/02/14	KWG1412217	

Surrogate Name	%Rec	Control Limits	Date Analyzed	Note
Dibromofluoromethane	106	82-124	09/02/14	Acceptable
Toluene-d8	101	82-124	09/02/14	Acceptable
4-Bromofluorobenzene	102	70-130	09/02/14	Acceptable

Comments: _____

Analytical Results

Client: Surfside Homeowners Association
Project: Pilot Test THM Frm Pot.
Sample Matrix: Water

Service Request: K1408866
Date Collected: NA
Date Received: NA

Volatile Organic Compounds

Sample Name: Method Blank
Lab Code: KWG1412217-4
Extraction Method: METHOD
Analysis Method: 524.2

Units: ug/L
Basis: NA
Level: Low

Analyte Name	Result	Q	MRL	Dilution Factor	Date Extracted	Date Analyzed	Extraction Lot	Note
Chloroform	ND	U	0.25	1	09/02/14	09/02/14	KWG1412217	
Dibromochloromethane	ND	U	0.50	1	09/02/14	09/02/14	KWG1412217	
Bromodichloromethane	ND	U	0.50	1	09/02/14	09/02/14	KWG1412217	
Bromoform	ND	U	0.50	1	09/02/14	09/02/14	KWG1412217	

Surrogate Name	%Rec	Control Limits	Date Analyzed	Note
Dibromofluoromethane	103	82-124	09/02/14	Acceptable
Toluene-d8	101	82-124	09/02/14	Acceptable
4-Bromofluorobenzene	100	70-130	09/02/14	Acceptable

Comments: _____

Analytical Results

Client: Surfside Homeowners Association
Project: Pilot Test THM Frm Pot.
Sample Matrix: Drinking water

Service Request: K1408866
Date Collected: 08/20/2014
Date Received: 08/20/2014

Volatile Organic Compounds

Sample Name: Calgon-Manifold-Raw
Lab Code: K1408866-001
Extraction Method: METHOD
Analysis Method: 524.2 Form. Pot.

Units: ug/L
Basis: NA
Level: Low

Analyte Name	Result	Q	MRL	MDL	Dilution Factor	Date Extracted	Date Analyzed	Extraction Lot	Note
Chloroform	89	D	2.5	0.16	5	08/28/14	08/28/14	KWG1412203	
Dibromochloromethane	24		0.50	0.090	1	08/28/14	08/28/14	KWG1412203	
Bromodichloromethane	55		0.50	0.049	1	08/28/14	08/28/14	KWG1412203	
Bromoform	1.4		0.50	0.066	1	08/28/14	08/28/14	KWG1412203	

Surrogate Name	%Rec	Control Limits	Date Analyzed	Note
Dibromofluoromethane	109	82-124	08/28/14	Acceptable
Toluene-d8	99	82-124	08/28/14	Acceptable
4-Bromofluorobenzene	101	70-130	08/28/14	Acceptable

Comments: _____

Analytical Results

Client: Surfside Homeowners Association
Project: Pilot Test THM Frm Pot.
Sample Matrix: Drinking water

Service Request: K1408866
Date Collected: 08/20/2014
Date Received: 08/20/2014

Volatile Organic Compounds

Sample Name: Calgon-Filter-ATEC
Lab Code: K1408866-002
Extraction Method: METHOD
Analysis Method: 524.2 Form. Pot.

Units: ug/L
Basis: NA
Level: Low

Analyte Name	Result	Q	MRL	MDL	Dilution Factor	Date Extracted	Date Analyzed	Extraction Lot	Note
Chloroform	1.8		0.50	0.032	1	08/28/14	08/28/14	KWG1412203	
Dibromochloromethane	2.0		0.50	0.090	1	08/28/14	08/28/14	KWG1412203	
Bromodichloromethane	2.8		0.50	0.049	1	08/28/14	08/28/14	KWG1412203	
Bromoform	0.36	J	0.50	0.066	1	08/28/14	08/28/14	KWG1412203	

Surrogate Name	%Rec	Control Limits	Date Analyzed	Note
Dibromofluoromethane	108	82-124	08/28/14	Acceptable
Toluene-d8	98	82-124	08/28/14	Acceptable
4-Bromofluorobenzene	100	70-130	08/28/14	Acceptable

Comments: _____

Analytical Results

Client: Surfside Homeowners Association
Project: Pilot Test THM Frm Pot.
Sample Matrix: Drinking water

Service Request: K1408866
Date Collected: 08/20/2014
Date Received: 08/20/2014

Volatile Organic Compounds

Sample Name: Post ATEC Filter
Lab Code: K1408866-003
Extraction Method: METHOD
Analysis Method: 524.2 Form. Pot.

Units: ug/L
Basis: NA
Level: Low

Analyte Name	Result	Q	MRL	MDL	Dilution Factor	Date Extracted	Date Analyzed	Extraction Lot	Note
Chloroform	230	D	5.0	0.32	10	08/28/14	08/28/14	KWG1412203	
Dibromochloromethane	13		0.50	0.090	1	08/28/14	08/28/14	KWG1412203	
Bromodichloromethane	70		0.50	0.049	1	08/28/14	08/28/14	KWG1412203	
Bromoform	0.32	J	0.50	0.066	1	08/28/14	08/28/14	KWG1412203	

Surrogate Name	%Rec	Control Limits	Date Analyzed	Note
Dibromofluoromethane	110	82-124	08/28/14	Acceptable
Toluene-d8	99	82-124	08/28/14	Acceptable
4-Bromofluorobenzene	100	70-130	08/28/14	Acceptable

Comments: _____

Analytical Results

Client: Surfside Homeowners Association
Project: Pilot Test THM Frm Pot.
Sample Matrix: Drinking water

Service Request: K1408866
Date Collected: NA
Date Received: NA

Volatile Organic Compounds

Sample Name: Method Blank
Lab Code: KWG1412203-4
Extraction Method: METHOD
Analysis Method: 524.2 Form. Pot.

Units: ug/L
Basis: NA
Level: Low

Analyte Name	Result	Q	MRL	MDL	Dilution Factor	Date Extracted	Date Analyzed	Extraction Lot	Note
Chloroform	0.40	J	0.50	0.032	1	08/28/14	08/28/14	KWG1412203	
Dibromochloromethane	ND	U	0.50	0.090	1	08/28/14	08/28/14	KWG1412203	
Bromodichloromethane	0.060	J	0.50	0.049	1	08/28/14	08/28/14	KWG1412203	
Bromoform	ND	U	0.50	0.066	1	08/28/14	08/28/14	KWG1412203	

Surrogate Name	%Rec	Control Limits	Date Analyzed	Note
Dibromofluoromethane	101	82-124	08/28/14	Acceptable
Toluene-d8	99	82-124	08/28/14	Acceptable
4-Bromofluorobenzene	99	70-130	08/28/14	Acceptable

Comments: _____

Analytical Results

Client: Surfside Homeowners Association
Project: Pilot Test THM Frm Pot.
Sample Matrix: Drinking water

Service Request: K1408866
Date Collected: 08/20/2014
Date Received: 08/20/2014

Volatile Organic Compounds

Sample Name: Trip Blanks
Lab Code: K1408866-004
Extraction Method: METHOD
Analysis Method: 524.2

Units: ug/L
Basis: NA
Level: Low

Analyte Name	Result	Q	MRL	Dilution Factor	Date Extracted	Date Analyzed	Extraction Lot	Note
Chloroform	ND	U	0.25	1	08/25/14	08/25/14	KWG1411921	
Dibromochloromethane	ND	U	0.50	1	08/25/14	08/25/14	KWG1411921	
Bromodichloromethane	ND	U	0.50	1	08/25/14	08/25/14	KWG1411921	
Bromoform	ND	U	0.50	1	08/25/14	08/25/14	KWG1411921	

Surrogate Name	%Rec	Control Limits	Date Analyzed	Note
Dibromofluoromethane	99	82-124	08/25/14	Acceptable
Toluene-d8	99	82-124	08/25/14	Acceptable
4-Bromofluorobenzene	99	70-130	08/25/14	Acceptable

Comments: _____

Analytical Results

Client: Surfside Homeowners Association
Project: Pilot Test THM Frm Pot.
Sample Matrix: Drinking water

Service Request: K1408866
Date Collected: NA
Date Received: NA

Volatile Organic Compounds

Sample Name: Method Blank
Lab Code: KWG1411921-4
Extraction Method: METHOD
Analysis Method: 524.2

Units: ug/L
Basis: NA
Level: Low

Analyte Name	Result	Q	MRL	Dilution Factor	Date Extracted	Date Analyzed	Extraction Lot	Note
Chloroform	ND	U	0.25	1	08/25/14	08/25/14	KWG1411921	
Dibromochloromethane	ND	U	0.50	1	08/25/14	08/25/14	KWG1411921	
Bromodichloromethane	ND	U	0.50	1	08/25/14	08/25/14	KWG1411921	
Bromoform	ND	U	0.50	1	08/25/14	08/25/14	KWG1411921	

Surrogate Name	%Rec	Control Limits	Date Analyzed	Note
Dibromofluoromethane	98	82-124	08/25/14	Acceptable
Toluene-d8	98	82-124	08/25/14	Acceptable
4-Bromofluorobenzene	98	70-130	08/25/14	Acceptable

Comments: _____