



Surfside Water Department Water System Manager's Report

Report on water system operations for the month of October 2014

Water production and use report:

The Metering Period:

September 30, 2014 through October 31, 2014.

Water Produced in Metering Period: _____ 5.4^{mg}

Water Used by Water Department in Metering Period: _____ 0.5^{mg}

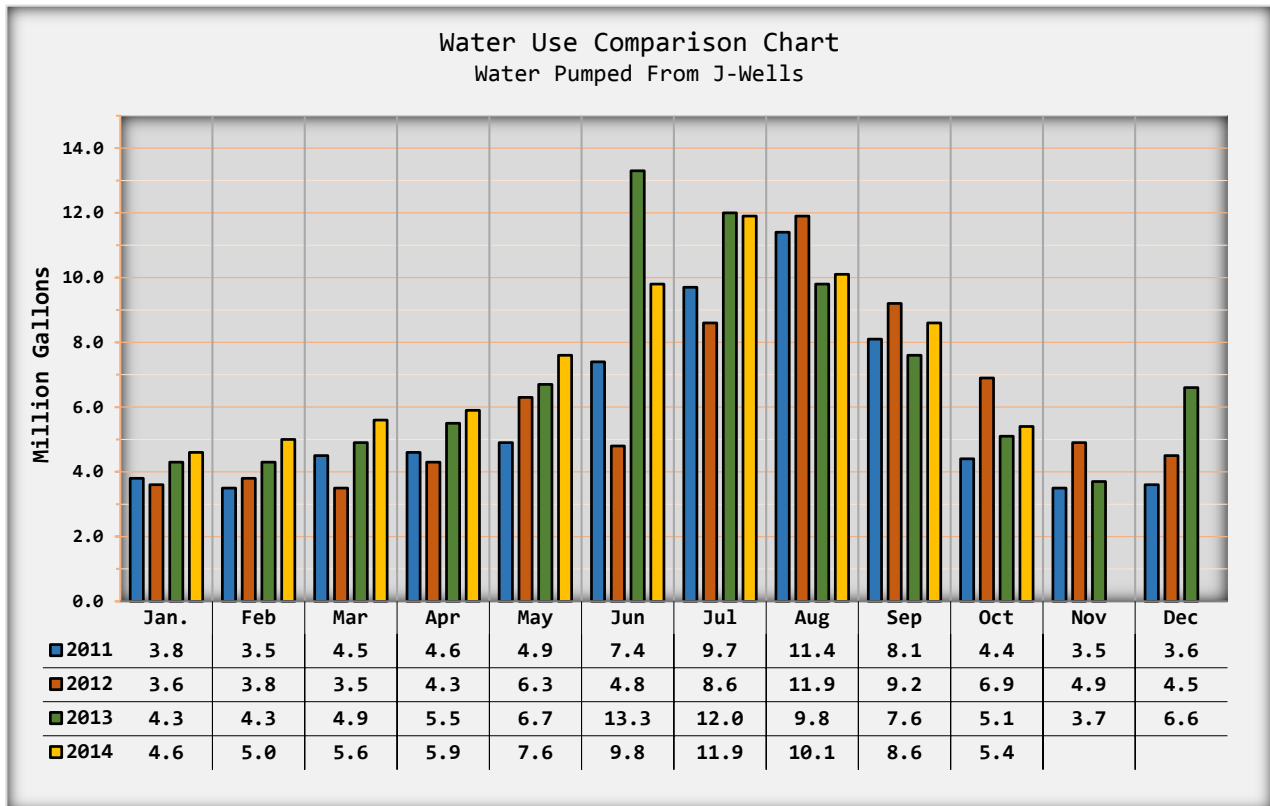
Service Meters Read in Metering Period: _____ 1,162

Metered Water Use in Metering Period: _____ 2.5^{mg}

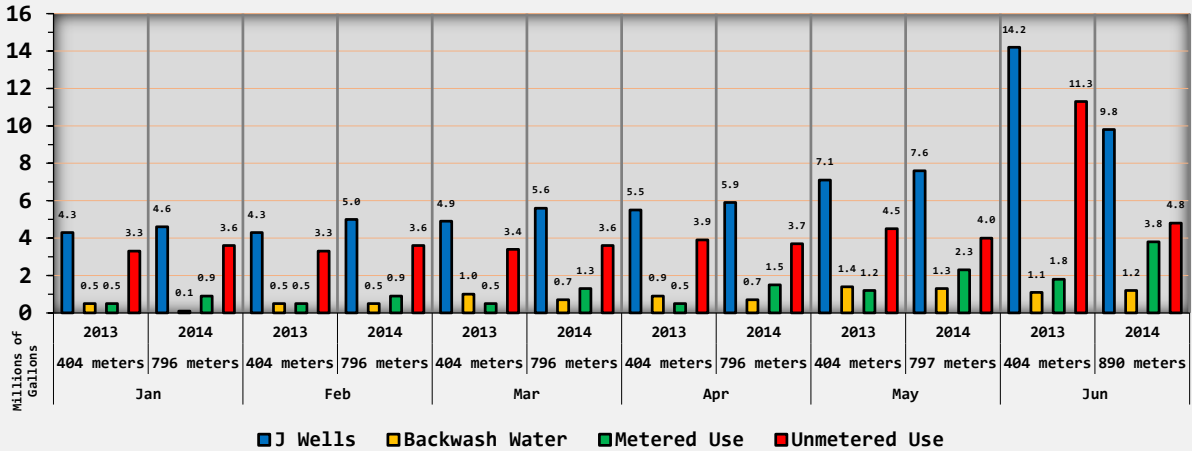
Estimated Unmetered Services in Metering Period: _____ 758

Unmetered Water Use in Metering Period: _____ 2.3^{mg}

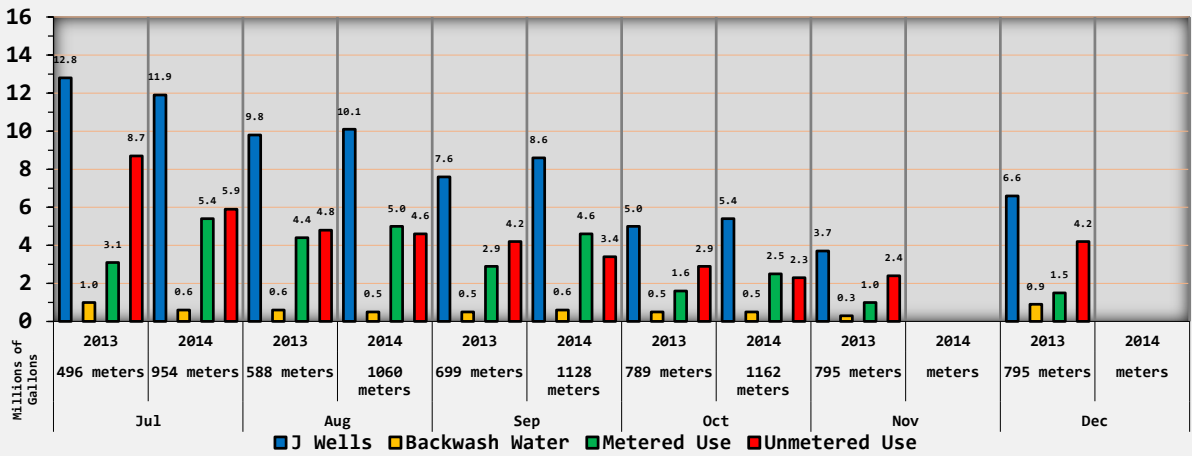
Estimated Ratio of Water Use Unmetered to Metered members: _____ 1.5 gal to 10 gal



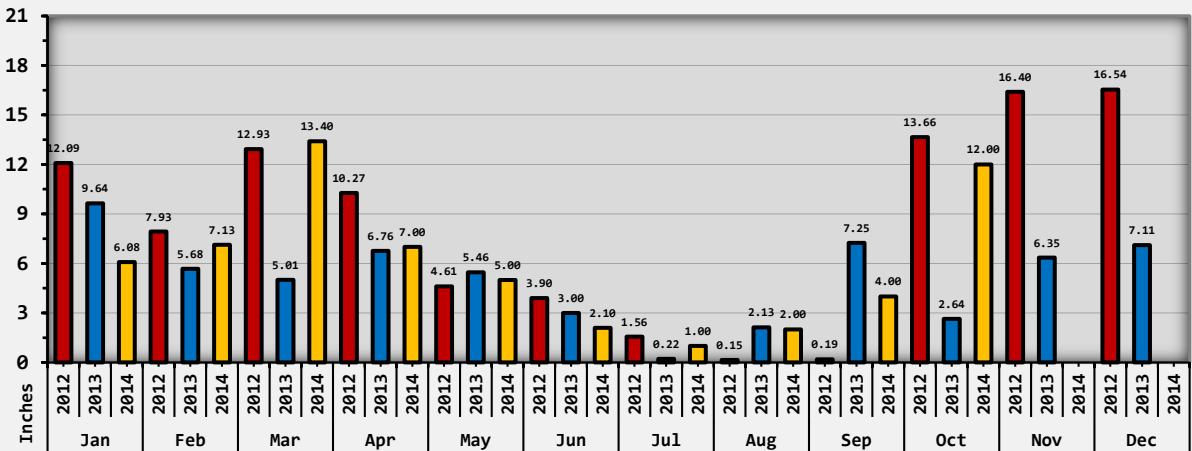
Water Use Efficiency Chart



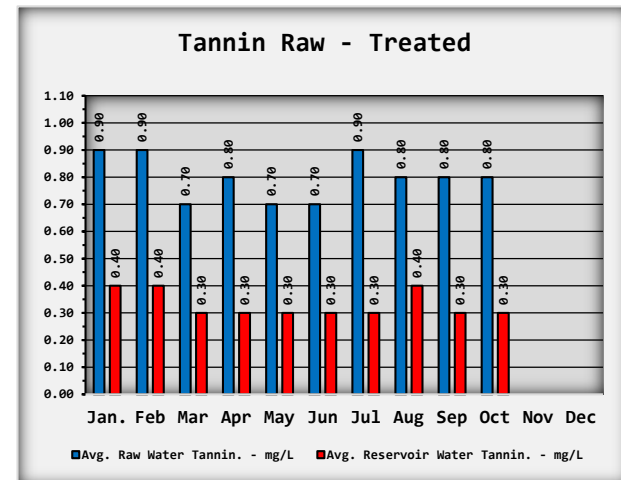
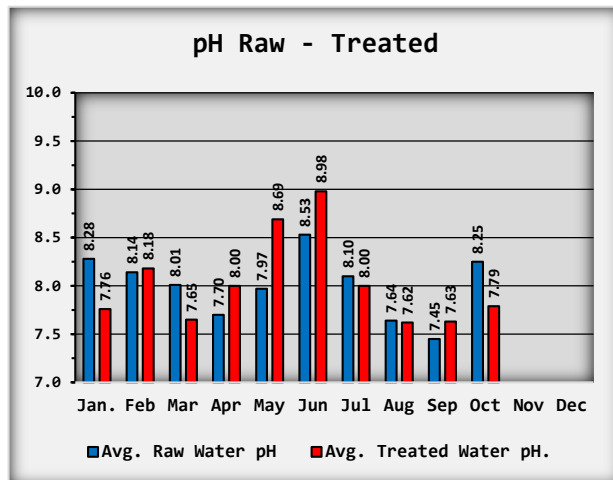
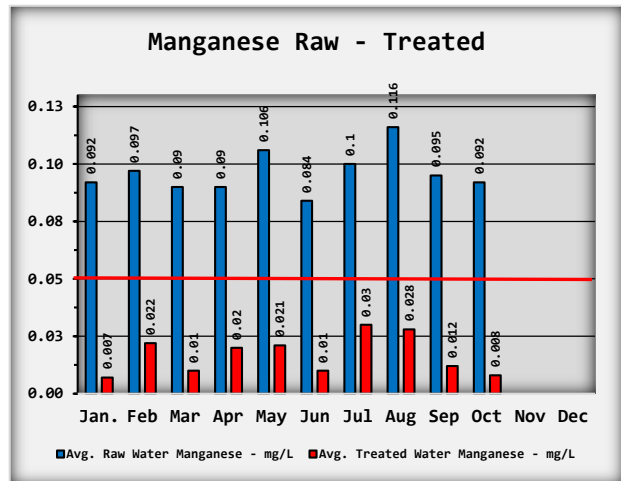
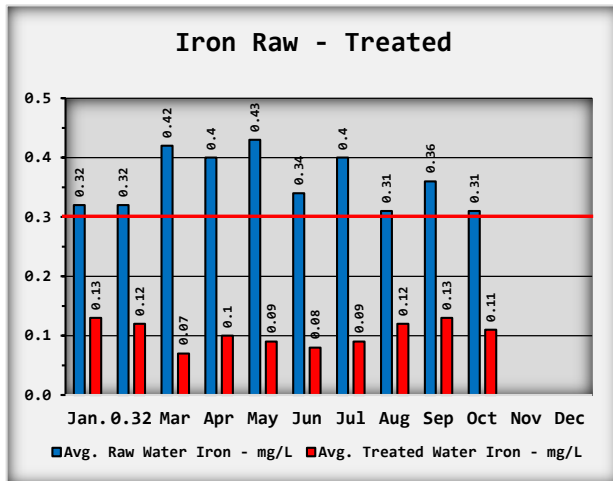
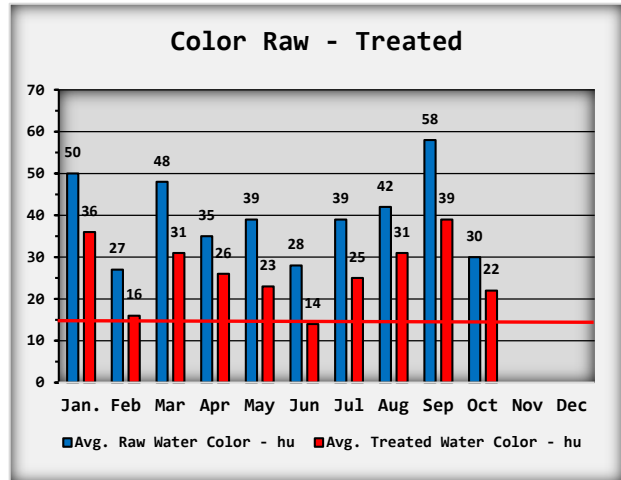
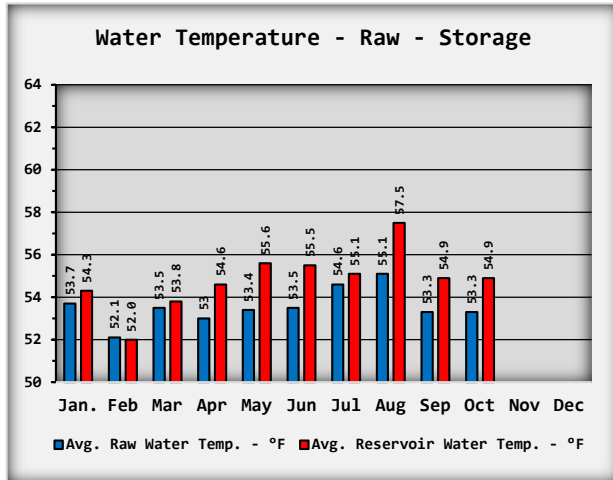
Water Use Efficiency Chart



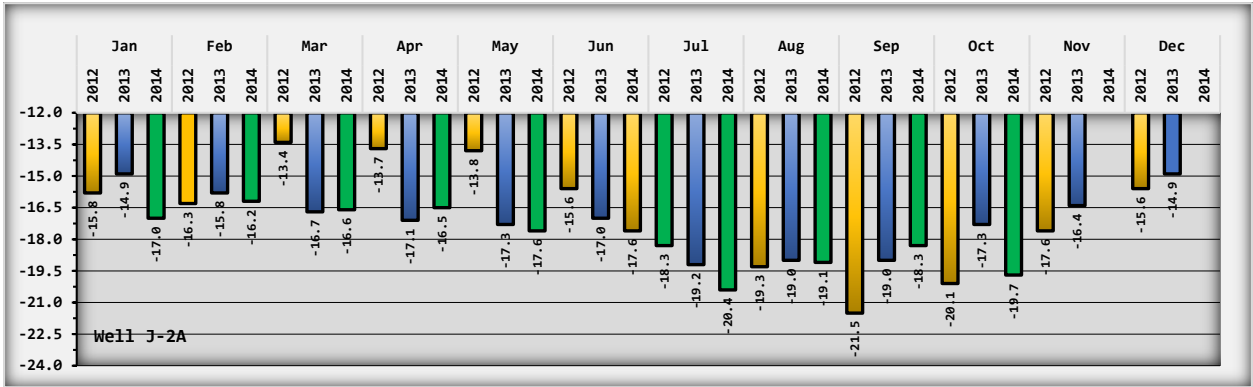
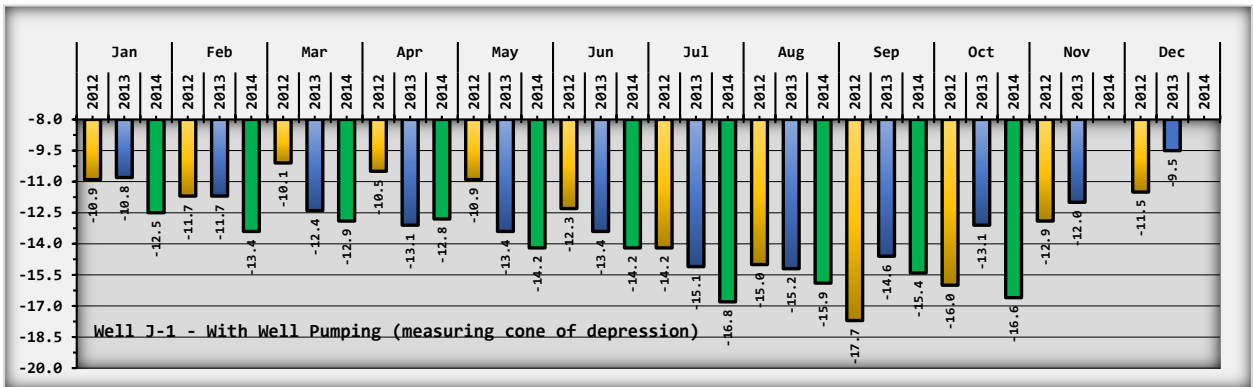
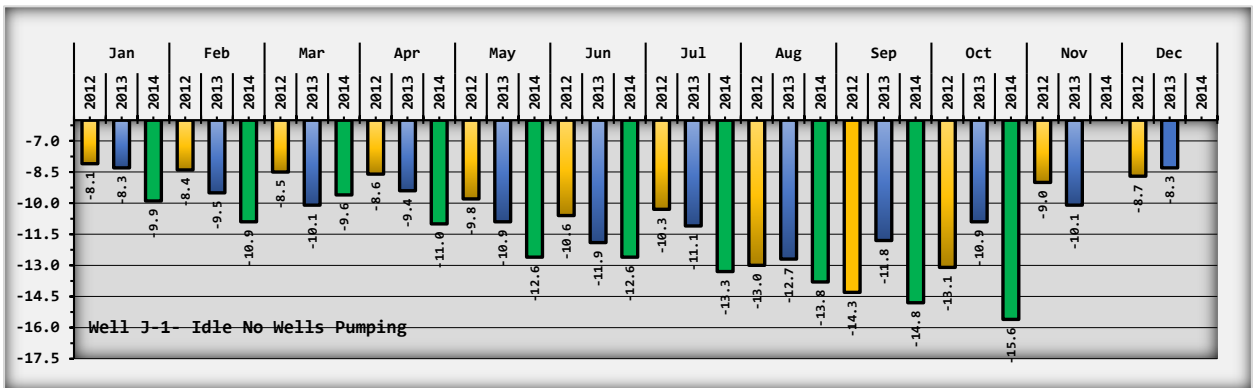
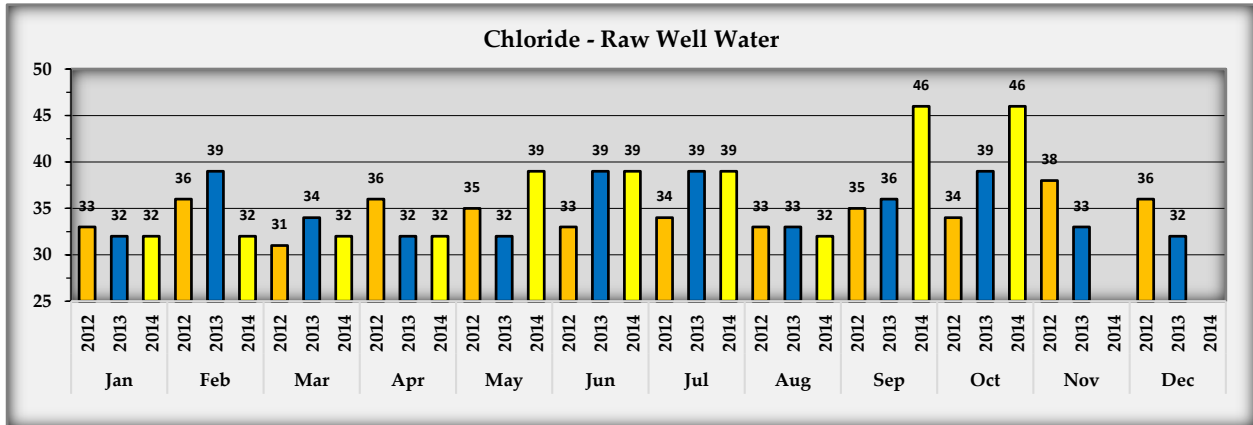
J- Wellfield Rainfall

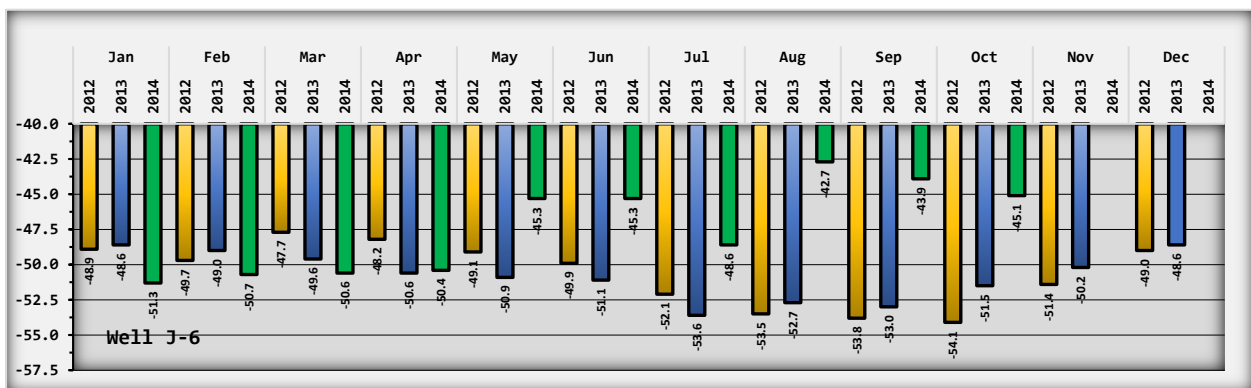
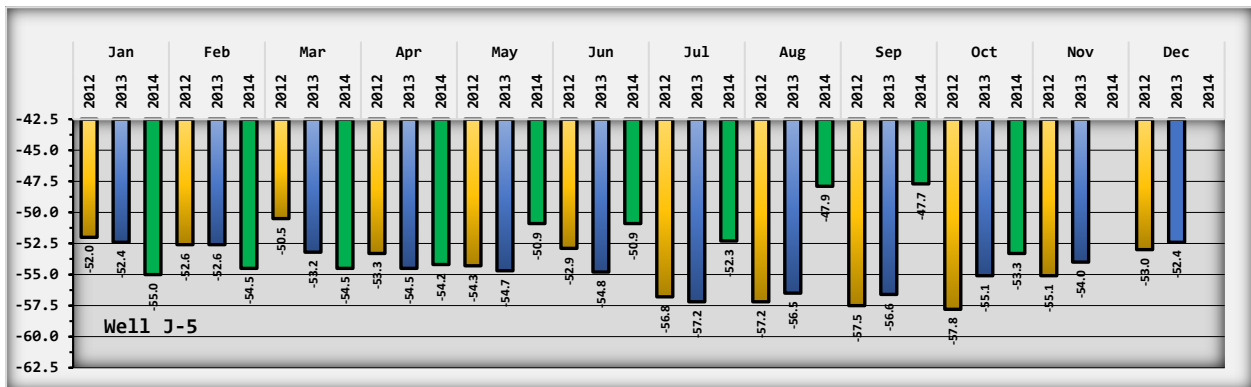
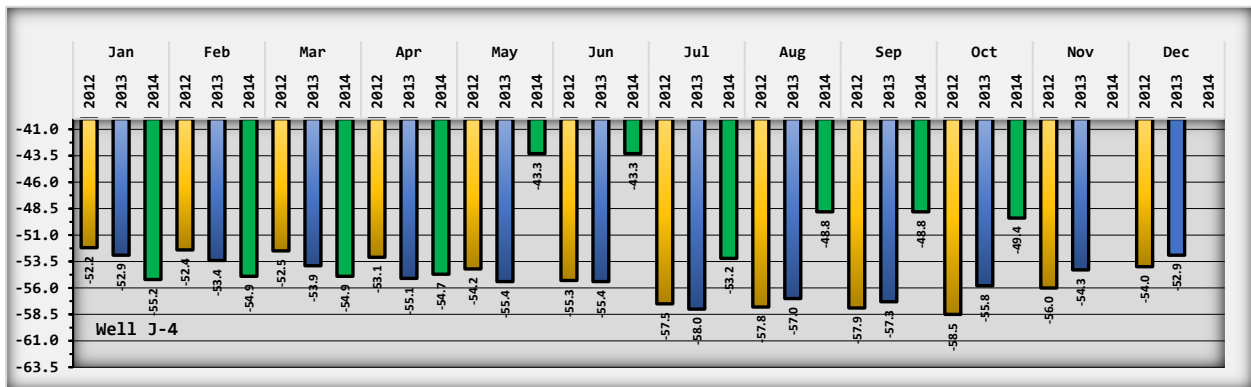
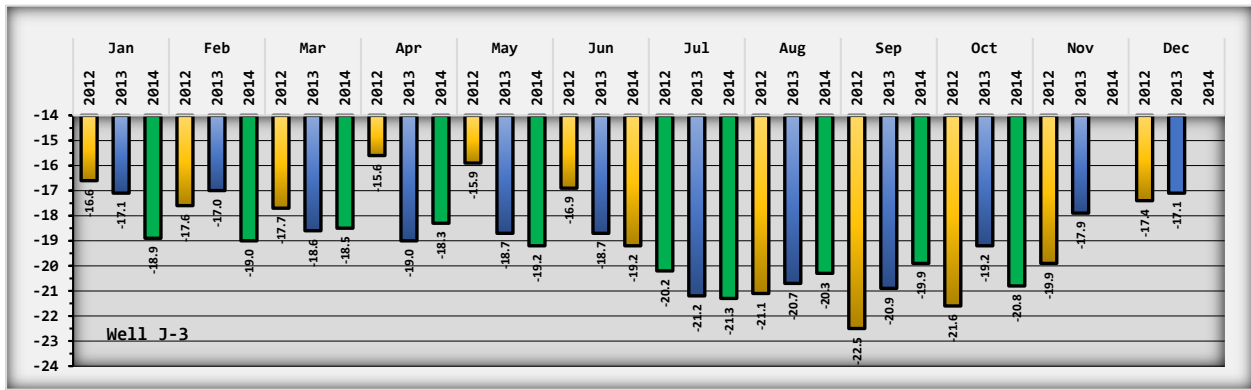


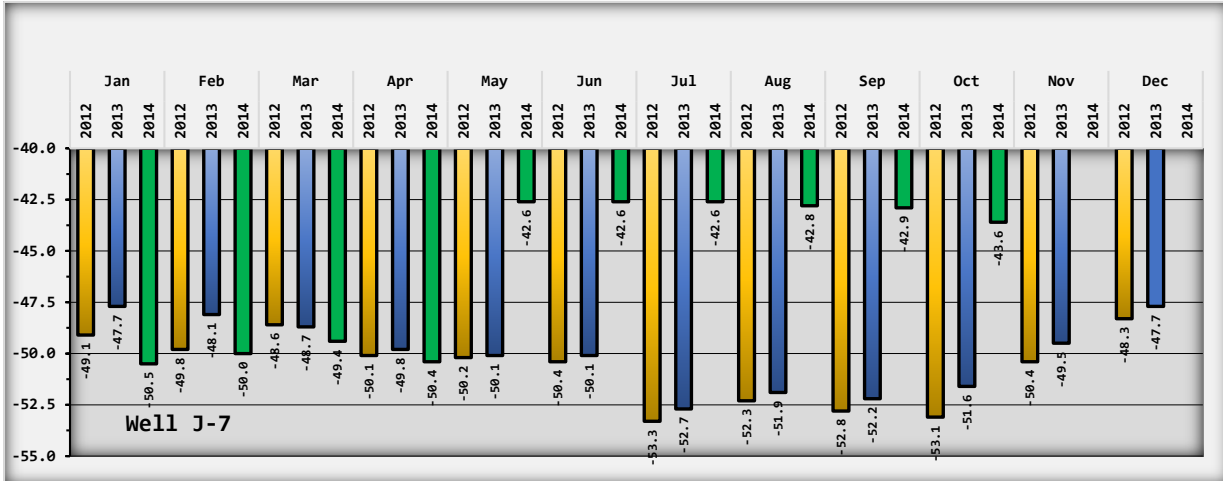
Raw and finished water quality report:



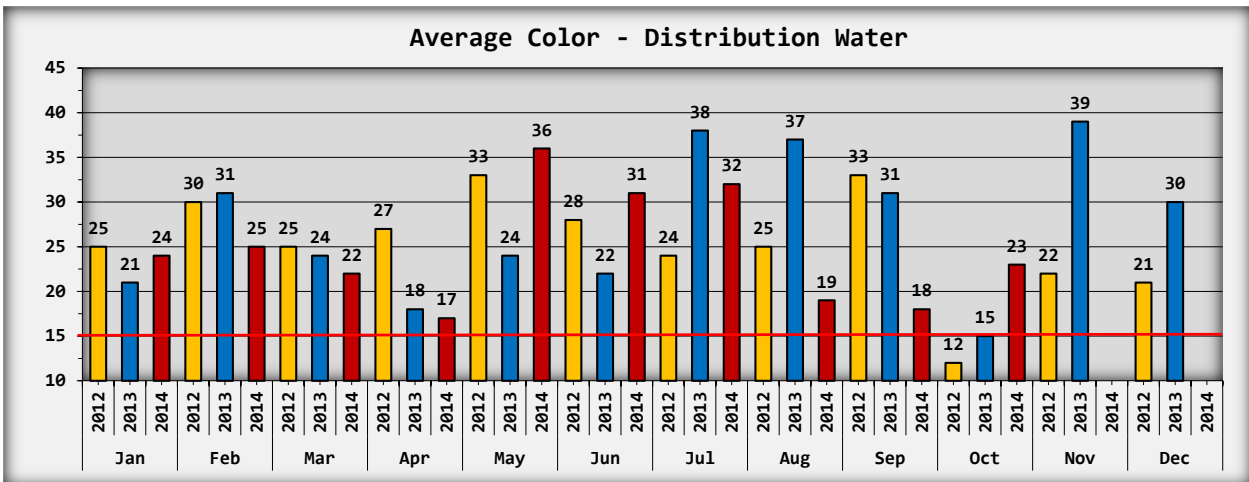
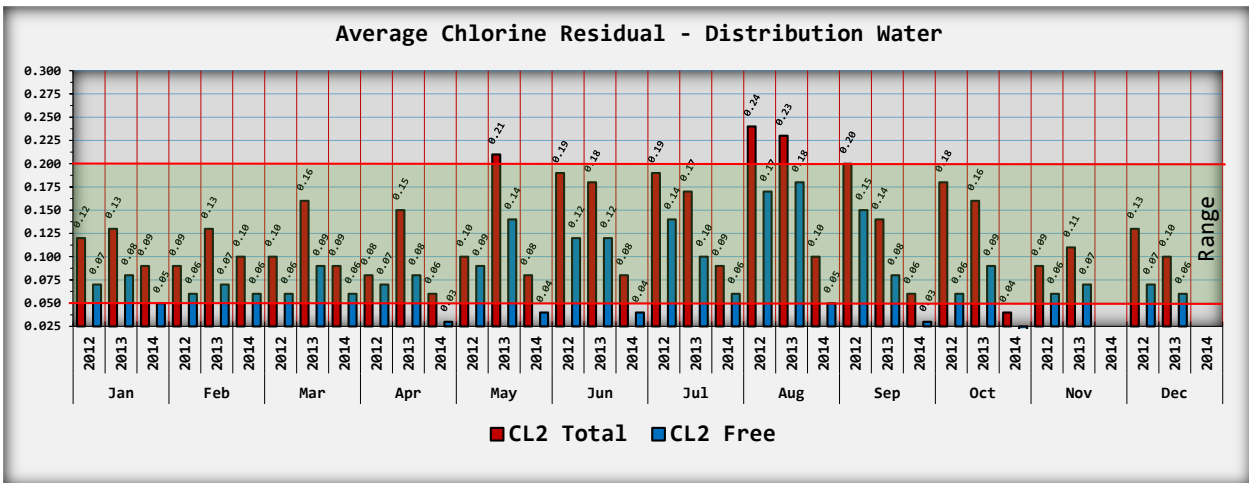
J-Wellfield Report:



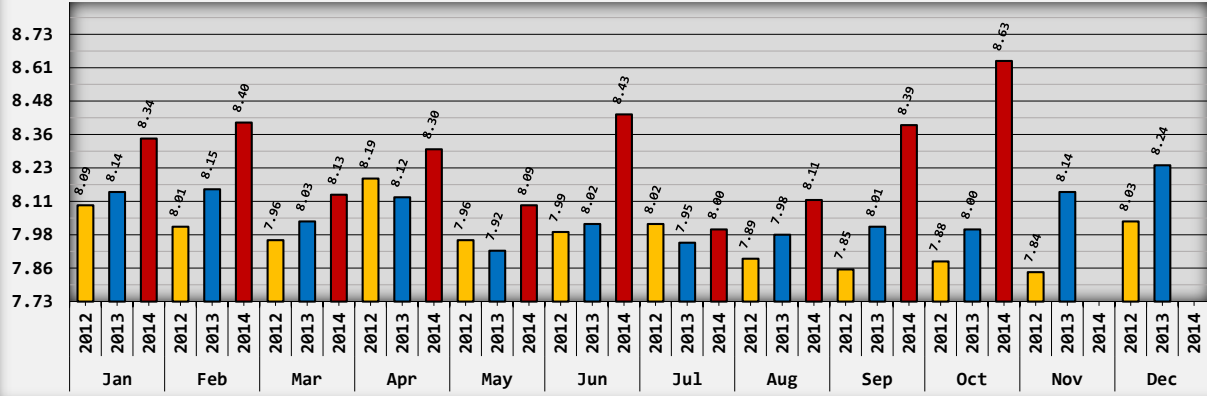




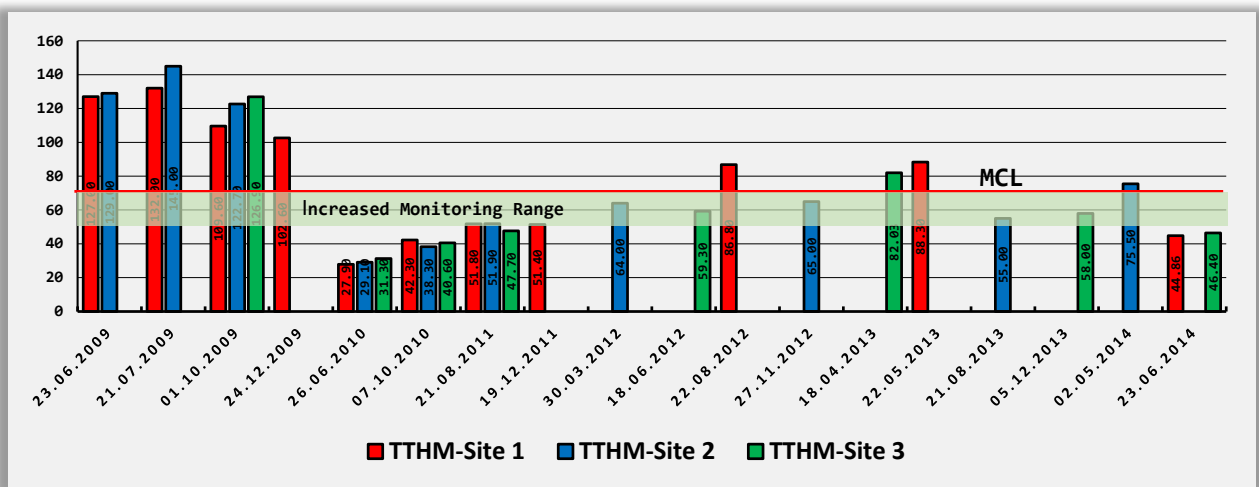
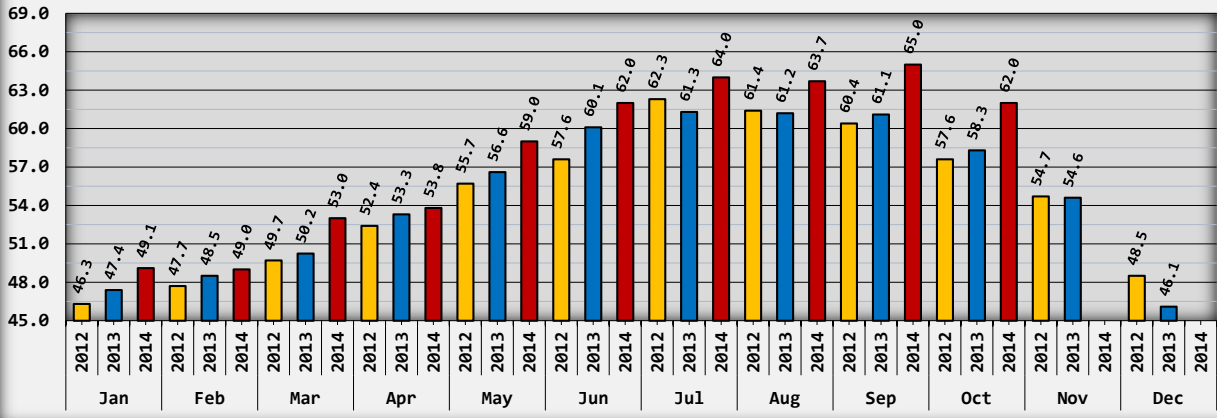
Distribution Water Quality Report:

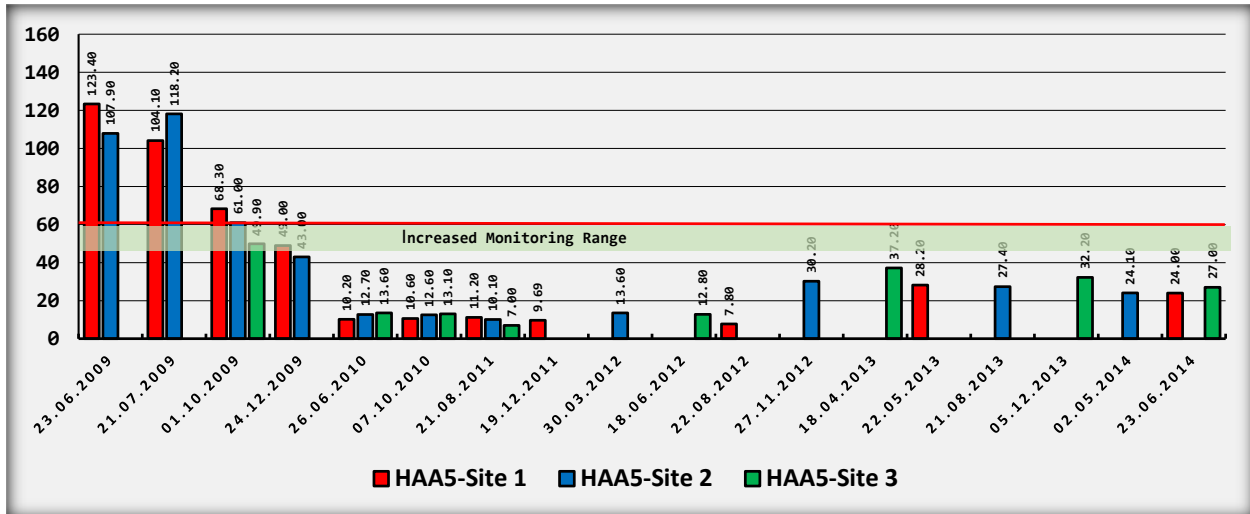


Average pH - Distribution Water



Average Temperature - Distribution Water





New Services: 1 New Services were installed in October.

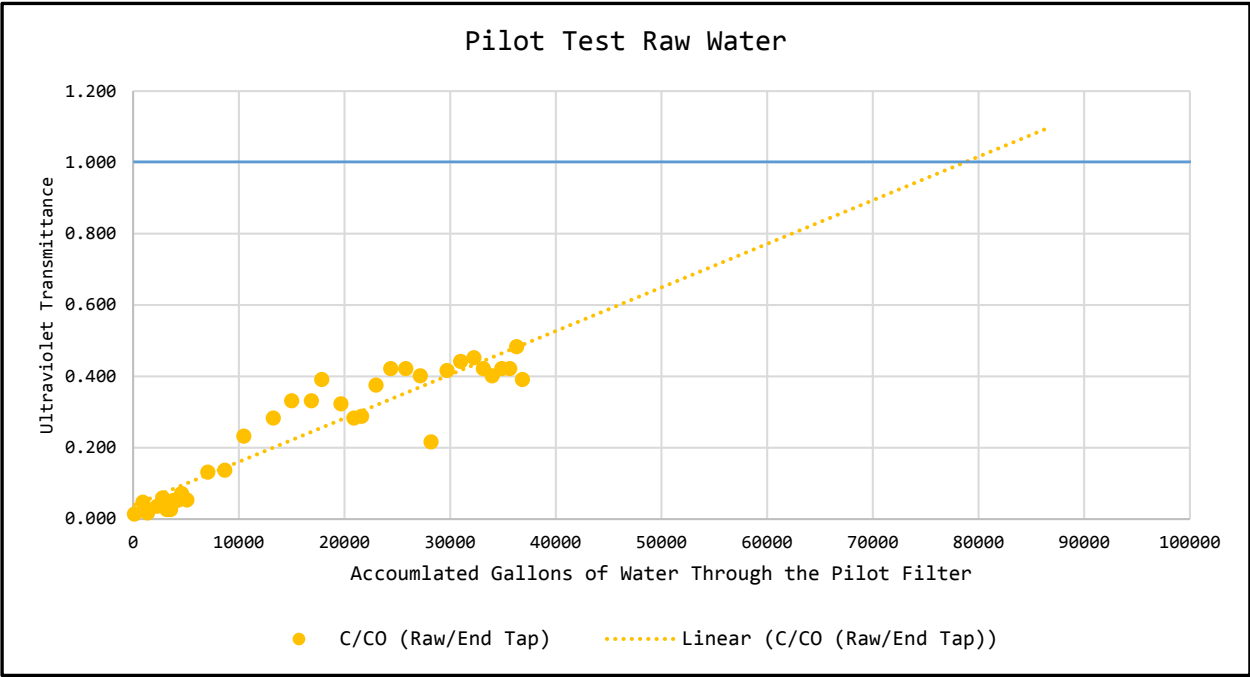
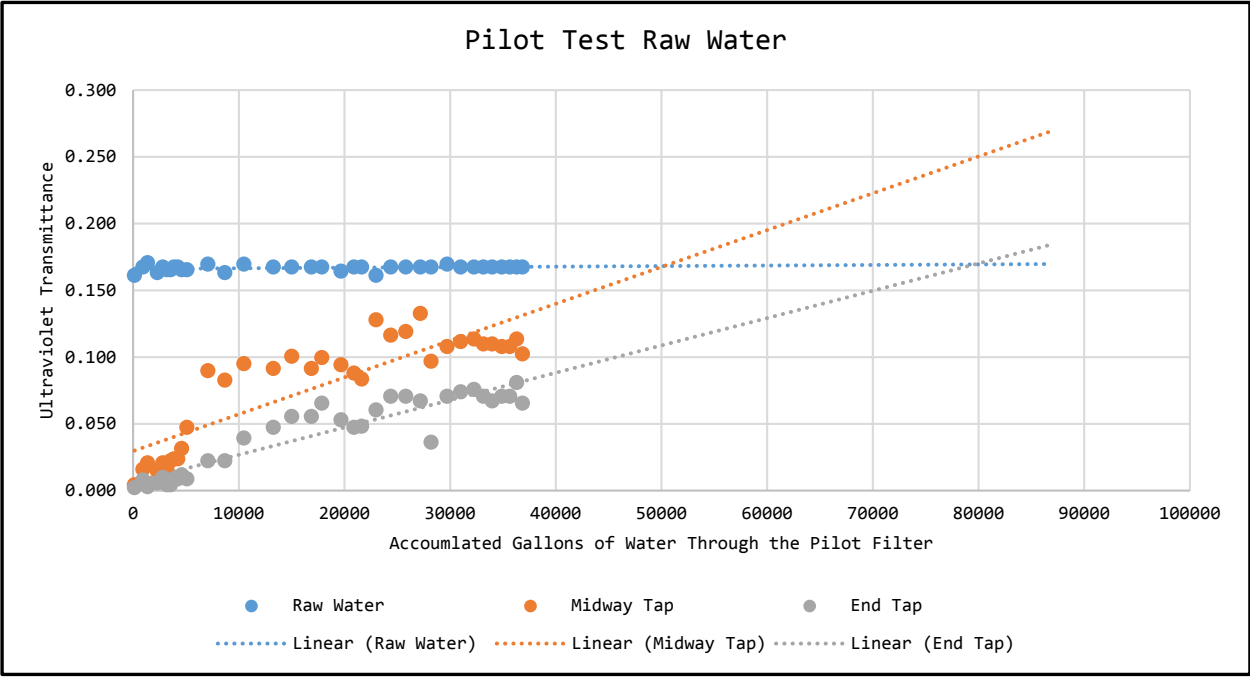
Locates: The crew did 14 locates in October.

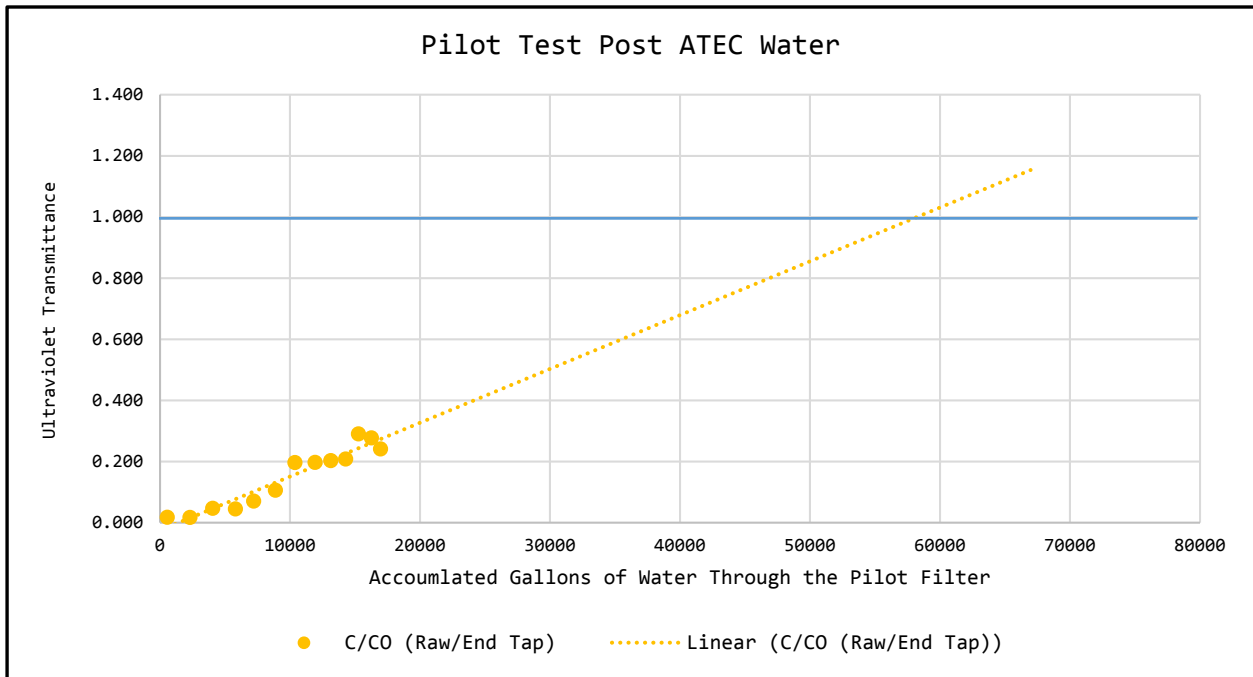
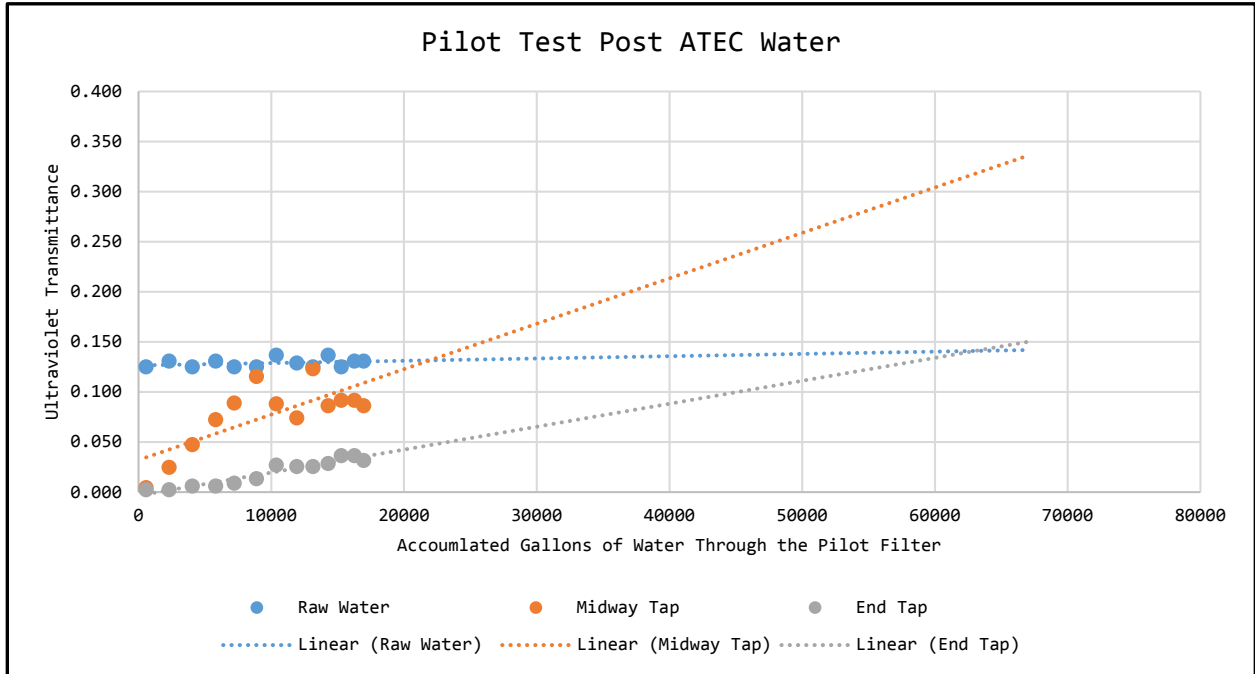
Service Calls: The crew responded to 1 service calls in September. All service calls were resolved to the member's satisfaction.

September Project Reports:

Chloroform Reduction Pilot Test:

The Chloroform Reduction pilot test has been operating since March 1, 2014. In that time we have accumulated data on the performance of the different carbon media and its ability to remove the organic disinfection byproduct precursors from our water. In that time we have determined that the most effective carbon is a product (Filtrisorb® 400) manufactured by Calgon Carbon Corporation Headquartered in Pittsburg Pennsylvania. In July, 2014 we set up a pilot filter to investigate the carbon's ability to remove organics from the water post Iron and Manganese treatment. The engineer is confident that we will have collected enough data by March, 2015 to prepare a final report for the Department of Health and the Board of Trustees with recommendations and cost projections. Below are charts that show current data with trend lines and forecasts based on data collected data. The data is very encouraging. It indicates that we can expect to design a system that will go for about 18 to 24 months, at our current rate of use, before needing replacement.





WMR:

Work was resumed on WMR in October. The crew installed 460 feet of water main along 311th Street. The crew installed four 8” tees with valves and did three crossings of 311th Street. One at N Place, one at M Street, and one at L Street. The Crew also performed a crossing of M Place on the west side of 311th. Each of these crossing involves cutting the asphalt and repairing the street to Pacific County Department of Public Works specifications. The

backfill material and compaction has to been their standards as well as the temporary and permanent repair of the asphalt. Pacific County Department of Public Works inspects and approves all of the work performed by Surfside Water Department within their Right-of-way.

There will be no WMR Project Budget Summary for October with this report. The Business Office did not forward the financial data to the Water System Manager in time to include the summary in this report. The November Report will include the October Budget Summary for the WMR Project.

MIP:

No MIP work was performed in October.

There will be no MIP Project Budget Summary for October with this report. The Business Office did not forward the financial data to the Water System Manager in time to include the summary in this report. The November Report will include the October Budget Summary for the MIP Project.

Water System Plan:

The Water System Plan is moving right along. Mr. Johnson has completed Chapters 1 through 6 and they are being reviewed by the Water System Manager now. The Water Planning Committee will be reviewing these chapters at its next meeting.

Water Quality Tests:

The water department submitted three water samples to a state approved water testing laboratory for coliform bacteria testing in October. Two of the samples tested negative for bacteria and the third has not been returned from the laboratory as of the writing of this report. The water department also submitted two coliform bacteria sample for new construction (WMR). The results of the new construction coliform bacteria samples was negative for bacteria.

--END OF REPORT --



Monthly Water System Data Compilation

Month/Year	Metering Period ¹
October 2014	September 30 - October 31

Data	Target	Int ²	Amt.	UM ³	Date ⁴
Total Water Pumped from J- Wells for Metering Period	N/A	AK	5.4	Mg ⁵	11/3
Total Backwash and Authorized Use Water for Metering Period	N/A	AK	.5	Mg	11/3
Total Metered Water for Metering Period	N/A	AK	2.5	Mg	11/3
Total Unmetered Water for Metering Period	N/A	AK	2.3	Mg	11/3
Total Number of Service Meters Read in the Metering Period	N/A	AK	1162	Ea	11/3
Average Raw Water Iron for Month	< .5 mg/L	AK	.31	mg/L	11/3
Average Finished Water Iron for Month (reservoir)	< .1 mg/L	AK	.11	mg/L	11/3
Average Raw Water Manganese for Month	< .15 mg/L	AK	.092	mg/L	11/3
Average Finished Water Manganese for Month (reservoir)	< .01 mg/L	AK	.008	mg/L	11/3
Average Raw Water pH for Month	7.5-8.5	AK	8.25	pH	11/3
Average Finished Water pH for the Month (reservoir)	7.2-7.8	AK	7.79	pH	11/3
Average Raw Water Color for the Month	<60 HU	AK	30	HU	11/3
Average Finished Water Color for the Month (reservoir)	< 15 HU	AK	22	HU	11/3
Average Raw Water Temperature - Fahrenheit	N/A	AK	53.3	°F	11/3
Average Finished Water Temperature - Fahrenheit (reservoir)	N/A	AK	54.9	°F	11/3
J-1 Idle Depth to Water (no well pumping for a minimum of 30 minutes) ⁶	N/A	AK	-15.6	Ft.	11/3
J-1 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AK	-16.6	Ft.	11/3
J-2 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AK	-19.7	Ft.	11/3
J-3 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AK	-20.8	Ft.	11/3
J-4 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AK	-49.4	Ft.	11/3

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	HN	-53.3	Ft.	11/3
J-6 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	HN	-45.1	Ft.	11/3
J-7 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	HN	-43.6	Ft.	11/3
Average Distribution Water Color for the Month	< 15 HU	HN	23	HU	11/3
Average Distribution Water Temperature for the Month - Fahrenheit	N/A	HN	62	°F	11/3
Average Distribution Water Total CL2 for the Month	> .8 mg/L < .2 mg/L	HN	.04	mg/L	11/3
Average Distribution Water Free CL2 for the Month	> .4 mg/L < .05 mg/L	HN	.01	mg/L	11/3
Average Distribution Water pH for the Month	7.2-7.8	HN	8.63	pH	11/3
Total Rainfall at J-Wellfield for the Month	N/A	HN	12	In.	11/3
Average Raw Water Conductivity for the Month	< 800 phos/cm	HN	321	phos/cm	11/3
Average Raw Water TDS for the Month	< 400 mg/L	HN	228	mg/L	11/3
Average Raw Water Salt for the Month	< 500 mg/L	HN	149	mg/L	11/3
Average Raw Water Ammonia (NH3) for the Month	< 30 mg/L	HN	.21	mg/L	11/3
Average Raw Water Silica(SiO2) for the Month	< 70 mg/L	HN	28.8	mg/L	11/3
Average Raw Water Tannin for the Month	< 1 mg/L	HN	.8	mg/L	11/3
Average Raw Water Chloride (Cl-) for the Month	< 250 mg/L	HN	46	mg/L	11/3
Average Treated Water Total CL2 for the Month (green pipe)	> 2.5 mg/L < 1.7 mg/L	HN	1.92	mg/L	11/3
Average Treated Water Free CL2 for the Month (green pipe)	> 1.5 mg/L < .5 mg/L	HN	.86	mg/L	11/3
Average Treated Water Manganese for Month (green pipe)	< .2 mg/L	HN	.12	mg/L	11/3
Average Finished Water Total CL2 for the Month (blue pipe)	> 1.2 mg/L < .5 mg/L	HN	.83	mg/L	11/3
Average Finished Water Free CL2 for the Month (blue pipe)	> .75 mg/L < 20 mg/L	HN	.32	mg/L	11/3
Average Finished Water Total CL2 for the Month (reservoir)	> .8 mg/L < .3 mg/L	HN	2.35	mg/L	11/3
Average Finished Water Free CL2 for the Month (reservoir)	> .20 mg/L < .05 mg/L	HN	.04	mg/L	11/3
Average Finished Water Ammonia (NH3) for the Month (reservoir)	< 15 mg/L	HN	.02	mg/L	11/3
Average Finished Water Silica(SiO2) for the Month (reservoir)	< 70 mg/L	HN	30.8	mg/L	11/3
Average Finished Water Tannin for the Month (reservoir)	< .5 mg/L	HN	.3	mg/L	11/3
Average Post CL2 Total (just outside booster)	> 1 mg/L	HN	.86	mg/L	11/3
Average Post CL2 Free (just outside booster)	> .5 mg/L	HN	.46	mg/L	11/3
Jar Test	> 1.2 mg/L < 1.8 mg/L	HN	1.4	mg/L	11/3

Water System Manager

Date

October 2014 Water Usage Report Highest Median

Compareable Commodity Rates For:							
Rainfall for the October: 12 Inches				NBWD	Ilwaco	Long Beach	
Address	Cubic Feet	Gallons	Gallons Per Day	\$2.10 per 100 cf	\$3.85 per 100 cf	\$2.90 per 100 cf (first 400 cf included in base rate)	
32505 J PLACE	128	957	31.9	\$ 2.69	\$ 4.93	\$	\$0.00
34600 F PLACE	129	965	32.2	\$ 2.71	\$ 4.97	\$	\$0.00
32912 G PLACE	129	965	32.2	\$ 2.71	\$ 4.97	\$	\$0.00
34805 G STREET	130	972	32.4	\$ 2.73	\$ 5.01	\$	\$0.00
1911 324TH PLACE	130	972	32.4	\$ 2.73	\$ 5.01	\$	\$0.00
34807 H PLACE	131	980	32.7	\$ 2.75	\$ 5.04	\$	\$0.00
34311 J PLACE	133	995	33.2	\$ 2.79	\$ 5.12	\$	\$0.00
34101 G STREET	134	1,002	33.4	\$ 2.81	\$ 5.16	\$	\$0.00
33310 H PLACE	137	1,025	34.2	\$ 2.88	\$ 5.27	\$	\$0.00
33307 J PLACE	137	1,025	34.2	\$ 2.88	\$ 5.27	\$	\$0.00
35408 I PLACE	137	1,025	34.2	\$ 2.88	\$ 5.27	\$	\$0.00
34709 G STREET	138	1,032	34.4	\$ 2.90	\$ 5.31	\$	\$0.00
1302 324TH PLACE	138	1,032	34.4	\$ 2.90	\$ 5.31	\$	\$0.00
33107 J PLACE	138	1,032	34.4	\$ 2.90	\$ 5.31	\$	\$0.00
33211 G STREET	138	1,032	34.4	\$ 2.90	\$ 5.31	\$	\$0.00
2207 300TH PLACE	141	1,055	35.2	\$ 2.96	\$ 5.43	\$	\$0.00
32707 G STREET	141	1,055	35.2	\$ 2.96	\$ 5.43	\$	\$0.00
35309 F PLACE	142	1,062	35.4	\$ 2.98	\$ 5.47	\$	\$0.00
32211 J PLACE	143	1,070	35.7	\$ 3.00	\$ 5.51	\$	\$0.00
2007 324TH PLACE	143	1,070	35.7	\$ 3.00	\$ 5.51	\$	\$0.00
704 336TH PLACE	143	1,070	35.7	\$ 3.00	\$ 5.51	\$	\$0.00
34402 G STREET	144	1,077	35.9	\$ 3.02	\$ 5.54	\$	\$0.00
814 318TH PLACE	145	1,085	36.2	\$ 3.05	\$ 5.58	\$	\$0.00
30807 G STREET	145	1,085	36.2	\$ 3.05	\$ 5.58	\$	\$0.00
33705 G STREET	147	1,100	36.7	\$ 3.09	\$ 5.66	\$	\$0.00
912 338TH PLACE	2,131	15,940	531.3	\$ 44.75	\$ 82.04	\$	\$50.20
33701 G STREET	2,171	16,239	541.3	\$ 45.59	\$ 83.58	\$	\$51.36
31012 H STREET	2,259	16,897	563.2	\$ 47.44	\$ 86.97	\$	\$53.91
32708 G STREET	2,276	17,024	567.5	\$ 47.80	\$ 87.63	\$	\$54.40
32311 I STREET	2,309	17,271	575.7	\$ 48.49	\$ 88.90	\$	\$55.36
31305 H STREET	2,407	18,004	600.1	\$ 50.55	\$ 92.67	\$	\$58.20
35210 G STREET	2,433	18,199	606.6	\$ 51.09	\$ 93.67	\$	\$58.96
34800 J PLACE	2,512	18,790	626.3	\$ 52.75	\$ 96.71	\$	\$61.25
30411 G STREET	2,587	19,351	645.0	\$ 54.33	\$ 99.60	\$	\$63.42
32805 J PLACE	2,667	19,949	665.0	\$ 56.01	\$ 102.68	\$	\$65.74
35409 J PLACE	2,754	20,600	686.7	\$ 57.83	\$ 106.03	\$	\$68.27
34709 J PLACE	2,801	20,951	698.4	\$ 58.82	\$ 107.84	\$	\$69.63
30211 O PLACE	2,880	21,542	718.1	\$ 60.48	\$ 110.88	\$	\$71.92
30707 G STREET	3,088	23,098	769.9	\$ 64.85	\$ 118.89	\$	\$77.95
35302 G STREET	3,102	23,203	773.4	\$ 65.14	\$ 119.43	\$	\$78.36
35313 I PLACE	3,242	24,250	808.3	\$ 68.08	\$ 124.82	\$	\$82.42
1000 320TH PLACE	4,047	30,272	1,009.1	\$ 84.99	\$ 155.81	\$	\$105.76
31110 G STREET	4,530	33,884	1,129.5	\$ 95.13	\$ 174.41	\$	\$119.77
34212 G STREET	5,552	41,529	1,384.3	\$ 116.59	\$ 213.75	\$	\$149.41
35503 J PLACE	5,578	41,723	1,390.8	\$ 117.14	\$ 214.75	\$	\$150.16
35506 G STREET	6,006	44,925	1,497.5	\$ 126.13	\$ 231.23	\$	\$162.57
30715 G STREET	6,468	48,381	1,612.7	\$ 135.83	\$ 249.02	\$	\$175.97
1607 324TH PLACE	11,238	84,060	2,802.0	\$ 236.00	\$ 432.66	\$	\$314.30
31714 G STREET	14,049	105,087	3,502.9	\$ 295.03	\$ 540.89	\$	\$395.82
712 347TH PLACE	14,216	106,336	3,544.5	\$ 298.54	\$ 547.32	\$	\$400.66

Please Note: Not All Members Are Currently Being Metered

Meter Leak Report October 2014

ADDRESS	LEAK STATUS	NUMBER OF DAYS
32606 G STREET	Continuous Leak	3-7 Days
33200 J PLACE	Continuous Leak	3-7 Days
30516 K PLACE	Continuous Leak	3-7 Days
1500 324TH PLACE	Continuous Leak	8-14 Days
30005 G STREET	Continuous Leak	15-21 Days
704 357TH STREET	Continuous Leak	15-21 Days
33210 I STREET	Continuous Leak	22-34 Days
31102 O PLACE	Continuous Leak	22-34 Days
30904 O PLACE	Continuous Leak	22-34 Days
30200 H STREET	Continuous Leak	22-34 Days
29518 H ST	Continuous Leak	22-34 Days
30011 I STREET	Continuous Leak	22-34 Days
30517 K PLACE	Continuous Leak	22-34 Days
32908 G PLACE	Continuous Leak	35 Days
703 325TH PLACE	Continuous Leak	35 Days
32805 J PLACE	Continuous Leak	35 Days
33406 G STREET	Continuous Leak	35 Days
33205 I STREET	Continuous Leak	35 Days
33415 I STREET	Continuous Leak	35 Days
33015 J PLACE	Continuous Leak	35 Days
33101 J PLACE	Continuous Leak	35 Days
33600 I STREET	Continuous Leak	35 Days
33611 J PLACE	Continuous Leak	35 Days
33612 J PLACE	Continuous Leak	35 Days
1211 324TH PLACE	Continuous Leak	35 Days
1405 324TH PLACE	Continuous Leak	35 Days
1411 324TH PLACE	Continuous Leak	35 Days
1607 324TH PLACE	Continuous Leak	35 Days
802 346TH PLACE	Continuous Leak	35 Days
34518 J PLACE	Continuous Leak	35 Days
34206 J PLACE	Continuous Leak	35 Days
35401 G STREET	Continuous Leak	35 Days
506 352ND PLACE	Continuous Leak	35 Days
812 347TH PLACE	Continuous Leak	35 Days
35313 I PLACE	Continuous Leak	35 Days
34709 J PLACE	Continuous Leak	35 Days
35109 J PLACE	Continuous Leak	35 Days
35404 I PLACE	Continuous Leak	35 Days
30211 O PLACE	Continuous Leak	35 Days
31714 G STREET	Continuous Leak	35 Days
32404 G STREET	Continuous Leak	35 Days
32311 I STREET	Continuous Leak	35 Days
32912 G PLACE	Intermittent Leak	1-2 Days
32708 H PLACE	Intermittent Leak	3-7 Days
35302 G STREET	Intermittent Leak	3-7 Days
30705 G STREET	Intermittent Leak	8-14 Days

Meter Leak Report October 2014

35108 H PLACE	Intermittent Leak	8-14 Days
30804 H STREET	Intermittent Leak	8-14 Days
31721 G STREET	Intermittent Leak	8-14 Days
35210 G STREET	Intermittent Leak	15-21 Days
35409 J PLACE	Intermittent Leak	15-21 Days
32709 G STREET	Intermittent Leak	22-34 Days
32807 G STREET	Intermittent Leak	22-34 Days
33701 J PLACE	Intermittent Leak	22-34 Days
34411 G STREET	Intermittent Leak	22-34 Days
35405 J PLACE	Intermittent Leak	22-34 Days
32306 H PLACE	Intermittent Leak	22-34 Days
32909 J PLACE	Intermittent Leak	35 Days
34303 G STREET	Intermittent Leak	35 Days
WORLDMARK 1005	Intermittent Leak	35 Days

Date	Employee	M&O	WMR	MIP	common prop.	CMP	PILOT TEST	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Address of Locate, Service Call, New Service, or Main Break	Main Break Time		
															Start	End	Total
Mon	Gil	10.25						10.25	map - dropping meters, well field clean up, flushing,	1				1210 324TH PL			
29-Sep	Aaron	8.00						8.00	TTHM/Haa5 sample, Longview								
	Lawrence	1.00		7.00				8.00									
	Chris	1.00		7.00				8.00									
	April	8.00						8.00	TTHM/Haa5, weekly reports, time cards								
	John	8.00			8.00			8.00									
	Joshua	4.00		4.00				8.00	safety videos								
Tue	Gil	8.00						8.00	well field clean up, map - dropping meters, restoration,								
30-Sep	Aaron	8.00						8.00	locates,								
	Lawrence	5.00		3.00				8.00									
	Chris	5.00		3.00				8.00									
	April	8.00						8.00	read meters, map work orders, map spreadsheet								
	John	8.00			8.00			8.00									
	Joshua	5.00		3.00				8.00									
Wed	Gil	7.75			1.50			9.25	well field burning, replaced mixer and quill in filter room, locate								
1-Oct	Aaron	8.00						8.00									
	Lawrence	8.00						8.00									
	Chris	8.00						8.00									
	April	8.50						8.50	sept reports & invoicing								
	John	8.00			7.00			7.00									
	Joshua	8.00						8.00									
Thu	Gil	6.50			1.50			8.00	burning at well field, SHOA & Oysterville rounds, locate, off-load WMR parts			1		31811 H PL			
2-Oct	Aaron	8.00						8.00									
	Lawrence	8.00						8.00									
	Chris	8.00						8.00									
	April	8.00						8.00	sept reports								
	John	8.00			5.00			5.00									
	Joshua	8.00						8.00									
Fri	Gil	8.00						8.00	burning at well field, north section infrastructure map, 2014 & 2015 WMR planning,								
3-Oct	Aaron	8.00						8.00									
	Lawrence	8.00						8.00									
	Chris	8.00						8.00									
	April	7.50						7.50	sept reports, MIP work orders								
	John	8.00						8.00									
	Joshua	8.00						8.00									
10/4-10/5	AH SC	3.00						3.00	weekend - Chris	1	0	1	0				
	Total	208.50	0.00	27.00	29.50	1.50	0.00	266.50									

AH SC = After Hours/Service Calls M&O WMR MIP CP CMP PT 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	Address of Locate, Service Call, New Service, or Main Break	Main Break Time		
															Start	End	Total
Mon	Gil	8.00						8.00	tees & valves, placed pipe, cut concrete, WMR notices, locates, booster-SHOA-Oyster ville rounds	1				35510 J PL			
6-Oct	Aaron	8.00						8.00		1				32818 G ST			
	Lawrence	8.00						8.00		1				1411 314TH			
	Chris	8.00						8.00									
	Joshua	8.00						8.00									
	April	8.00						8.00									
	John				7.00			7.00									
Tue	Gil	8.75						8.75	locates, WMR, flushing,	1				34906 I ST			
7-Oct	Aaron	3.50	4.50					8.00		1				31004 O PL			
	Lawrence	8.00						8.00									
	Chris	3.50	4.50					8.00									
	Joshua	3.50	4.50					8.00									
	April	8.00						8.00									
	John		4.50		2.00			6.50	flagging								
Wed	Gil	2.00	6.00					8.00	WMR, flushing	1				31512 J PL			
8-Oct	Aaron		8.00					8.00									
	Lawrence		8.00					8.00									
	Chris		8.00					8.00									
	Joshua		8.00					8.00									
	April	9.00						9.00	MIP spreadsheets, CCC								
	John		5.00					5.00	flagging								
Thu	Gil	6.50				1.50		8.00	WMR, restoration, d2 tank repair in filter room, locate, flushing, WMR planning	1				1402 301ST PL			
9-Oct	Aaron	2.00	6.00					8.00									
	Lawrence	2.00	6.00					8.00									
	Chris	2.00	6.00					8.00									
	Joshua	2.00	6.00					8.00									
	April	8.00						8.00	CCC, MIP work orders & spreadsheets								
	John		6.50					6.50	flagging								
Fri	Gil	6.00				2.00		8.00	WMR, clean up, locates								
10-Oct	Aaron	1.00	7.00					8.00									
	Lawrence	1.00	7.00					8.00									
	Chris	1.00	7.00					8.00									
	Joshua							0.00									
	April	8.00						8.00	MIP reconciliation-spreadsheet-work orders-inventory								
	John							0.00									
10/11-10/12	AH SC	3.00						3.00	weekend - Gil	7	0	0	0				
	Total	136.75	112.50	0.00	9.00	3.50	0.00	261.75									

AH SC = After Hours/Service Calls M&O WMR MIP CP CMP PT 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	Address of Locate, Service Call, New Service, or Main Break	Main Break Time			
															Start	End	Total	
Mon	Gil	1.00	7.00					8.00	WMR - 70' OF 8"	1				34503 J PL				
13-Oct	Aaron	1.00	7.00					8.00	CCC MAILING LIST									
	Lawrence	3.00	5.00				8.00											
	Chris	1.00	7.00				8.00											
	Joshua	1.00	7.00				8.00											
	April	8.00					8.00	8.00	CCC MAILING LIST									
	John	1.00	6.50				7.50		WMR - 80' OF 8"									
Tue	Gil	8.00					8.00											
14-Oct	Aaron		8.00				8.00											
	Lawrence		8.00				8.00											
	Chris		8.00				8.00		CARBONITE, CCC SPREADSHEET, MIP FILES									
	Joshua		8.00				8.00											
	April	8.00					8.00											
	John		7.00				7.00											
Wed	Gil	8.00					8.00		WELL FIELD CLEAN UP, ASTORIA FOR EQUIPMENT, ILWACO FOR RECYCLING, LOCATES, FLUSHING, 2 BACTI	1				35503 J PL				
15-Oct	Aaron	8.00					8.00				1				30709 H ST			
	Lawrence	8.00					8.00											
	Chris	8.00					8.00											
	Joshua	8.00					8.00		2 BACTI, REPORTS, MIP WORK ORDERS, CCC, CMP PLAN									
	April	8.00					8.00											
	John						0.00											
	Gil	5.00					8.00				1				30105 H ST			
16-Oct	Aaron	8.00			3.00		8.00		WELL FIELD CLEAN UP, VALVE EXERCISE, BAT TEST & REPAIR, MIP MATERIAL CLEAN UP, LOCATES									
	Lawrence	8.00					8.00											
	Chris	8.00					8.00											
	Joshua	8.00					8.00											
	April	8.00					8.00		CMP PLAN, DOE REPORTS, BAT, CCC									
	John				3.50		3.50											
	Gil	8.00					8.00											
17-Oct	Aaron	8.00					8.00			WELL FIELD CLEAN UP, 2015 & 2016 WMR								
	Lawrence	8.00					8.00											
	Chris	8.00					8.00											
	Joshua						0.00											
	April	8.00					8.00		CCC									
	John						0.00											
	AH SC	0.00					0.00											
10/18-10-19	AH SC	0.00					0.00			WEEKEND - AARON								
	Total	165.00	78.50	0.00	6.50	0.00	0.00	250.00		4	0	0	0					

AH SC = After Hours/Service Calls
1 HOUR OF OVERTIME IS EQUAL TO 1.5 HOURS OF REGULAR TIME - OVERTIME WHICH HAS BEEN CONVERTED INTO REGULAR TIME WILL BE IN BOLD RED

Date	Employee	M&O	WMR	MIP	common prop.	CMP	PILOT TEST	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Address of Locate, Service Call, New Service, or Main Break	Main Break Time		
															Start	End	Total
Mon	Gil	8.00						8.00	WELL FIELD CLEAN UP, VALVE EXERCISE, BACTI, 2015								
20-Oct	Aaron	8.00						8.00	WMR, BOOSTER & ROUNDS								
	Lawrence	8.00						8.00									
	Chris	8.00						8.00									
	Joshua	8.00						8.00									
	April	8.00						8.00	VACATION								
	John							0.00									
Tue	Gil		8.00					8.00	WMR - 30' OF 4", FLUSHING, BOOSTER & ROUNDS								
21-Oct	Aaron		8.00					8.00									
	Lawrence	3.00	5.00					8.00									
	Chris		8.00					8.00									
	Joshua		8.00					8.00									
	April		8.00					8.00	VACATION								
	John		5.50					5.50	FLAGGING								
Wed	Gil	6.00	2.00					8.00	WMR - 60' OF 8", BOOSTER & ROUNDS, REPAIR STARTED								
22-Oct	Aaron		8.00					8.00	IN DUMP TRUCK, CCC								
	Lawrence	8.00						8.00									
	Chris		8.00					8.00									
	Joshua		8.00					8.00									
	April		8.00					8.00	VACATION								
	John		5.50					5.50	FLAGGING								
Thu	Gil	8.00						8.00	WMR - 120', BOOSTER & ROUNDS								
23-Oct	Aaron	4.00	4.00					8.00									
	Lawrence	8.00						8.00									
	Chris	4.00	4.00					8.00									
	Joshua	2.00	4.00					6.00									
	April		8.00					8.00	VACATION								
	John		4.50					4.50	FLAGGING								
Fri	Gil	8.00						8.00	VALVE EXERCISE, CLEAN & RESTOCK TRUCKS, CLEAN								
24-Oct	Aaron	8.00						8.00	WAREHOUSE, CLEAN PARTS ROOM, BOOSTER & ROUNDS, CCC								
	Lawrence	8.00						8.00									
	Chris	8.00						8.00									
	Joshua							0.00									
	April	8.00						8.00	VACATION								
	John							0.00									
10/25-10/26	AH SC	4.50						4.50	WEEKEND - LARRY								
	Total	159.50	90.50	0.00	0.00	0.00	0.00	250.00		0	0	0	0				

AH SC = After Hours/Service Calls
1 HOUR OF OVERTIME IS EQUAL TO 1.5 HOURS OF REGULAR TIME - OVERTIME WHICH HAS BEEN CONVERTED INTO REGULAR TIME WILL BE IN BOLD RED

Date	Employee	M&O	WMR	MIP	common prop.	CMP	PILOT TEST	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Address of Locate, Service Call, New Service, or Main Break	Main Break Time		
															Start	End	Total
Mon	Gil	8.00						8.00	WMR - 100 FT, CHECK TIDE GATES	1				2200 301ST			
27-Oct	Aaron	1.00	7.00					8.00									
	Chris	1.00	7.00					8.00									
	Joshua	1.00	7.00					8.00									
	Lawrence	8.00						8.00	CCC, ROUNDS, BOOSTER								
	April	8.00						8.00									
	John	1.00	7.00					8.00	FLAGGING								
Tue	Gil	8.00						8.00	CLEARING WELL FIELD, VALVE EXERCISING, FLUSHING								
28-Oct	Aaron	8.00						8.00									
	Chris	8.00						8.00									
	Joshua	8.00						8.00									
	Lawrence	8.00						8.00	CCC, ROUNDS, BOOSTER								
	April	8.00						8.00	TIME CARDS, CCC, WEEKLY REPORTS, CMP, GIS, OVILLE								
	John	8.00						0.00									
Wed	Gil	8.00						8.00	CLEARING WELL FIELD, VALVE EXERCISING, HYDRANT	1				31811 H PL			
29-Oct	Aaron	8.00						8.00	INSPECTION & EXERCISING, FLUSHING								
	Chris	8.00						8.00									
	Joshua	8.00						8.00									
	Lawrence	8.00						8.00	CCC, ROUNDS								
	April	8.00						8.00	BACTI, VALVE/HYDRANT WORK ORDERS, METER REPORT, GIS								
	John	8.00						0.00									
Thu	Gil	8.00						8.00	CLEARING WELL FIELD, VALVE & HYDRANT INSPECTION								
30-Oct	Aaron	8.00						8.00	& EXERCISING, OPEN CANAL, CHECK TIDE GATES								
	Chris	8.00						8.00									
	Joshua	8.00						8.00									
	Lawrence	8.00						8.00	CCC, ROUNDS								
	April	8.00						8.00	GIS, MIP REPORT								
	John	8.00						0.00									
Fri	Gil	8.00						8.00	WAREHOUSE WORK, VALVE EXERCISES, SHUT OFF								
31-Oct	Aaron	8.00						8.00	NOTICES								
	Chris	8.00						8.00									
	Joshua	8.00						0.00									
	Lawrence	8.00						8.00	CCC, ROUNDS								
	April	8.00						8.00	METER READS, METER ERRORS, TRAINING W/ LAWRENCE								
	John	8.00						0.00									
	AH SC	3.00						3.00	WEEKEND - CHRIS								
	Total	215.00	28.00	0.00	0.00	0.00	0.00	243.00		2	0	0	0				

AH SC = After Hours/Service Calls M&O WMR MIP CP CMP PT 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

SR# 1411451-001



ALS Environmental

1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10 / 15 / 14 Month Day Year	Time Sample Collected 12 : 47 <input checked="" type="checkbox"/> PM	County Pacific
---------------------------------------------------------	-------------------------------------------------------------------------	-------------------

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 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: ()

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): Neil Gonzalez
 Specific location where sample collected: #1106 309B
Faucet @ West 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 Chlorinated: Yes <input checked="" type="checkbox"/> No _____ Chlorine Residual: Total <u>0.3</u> Free <u>0</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 _____ 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 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>8149223B</u>	Date, Time and Temp Received: <u>10/16/14 0930 0.2c</u>
MICR- _____	Date Reported: <u>10/17/14</u>
Date Analyzed: <u>10/16/14</u>	Lab Use Code: _____

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



**PLEASE RUSH. CALL
REGARDLESS OF
RESULTS 360.783.2393**

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 10/15/2014 Month Day Year	Time Sample Collected 1:02 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Pacific
--------------------------------------------------------------	---------------------------------------------------------------------------------------------------------	--------------------------

**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.

Type of Water System (check only one box)
 Group A Group B Other _____

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

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

ID# **864704**

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: ()

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

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.

SAMPLE INFORMATION

Sample collected by (name): **Phil Gonzalez**

Specific location where sample collected:
Corner of 31st & M Pl (SE)

Special instructions or comments:

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 ___ No ___</p> <p>Chlorine Residual: Total ___ Free ___</p>	<p>2. Repeat Sample (after unsatisfactory 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: _____</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>Public systems must provide source number from WFI</p>	

4. Sample Collected for Information Only

Investigative ___ Construction / Repairs Other ___

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample immediately

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

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

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

Satisfactory

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

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.

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

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

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

Method Code: **SM9223B** Date and Time Received: **10/16/14 0930 020**

MICR: _____ Date Reported: **10/17/14**

Date Analyzed: **10/16/14** Lab Use Only: **Called 10/17/14**

Sample Number (DOH number plus five digits): **017 1451 2**

SR# K1411082-001



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>10/30/2014</u> Month Day Year		Time Sample Collected <u>12:50</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <u>PACIFIC</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Other _____		<input type="checkbox"/> Private Household	
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>864704</u> System Name: <u>SURFSIDE H.O.A.</u> Contact Person: <u>GIL GONZALEZ</u> Day Phone: <u>(360) 665-4171</u> Cell Phone: <u>(360) 783-3393</u> Eve. Phone: <u>(360) 783-3393</u> FAX: <u>(360) 665-6785</u> Email: _____ Send results to: (Print full name, address and zip code) <u>SURFSIDE H.O.A.</u> <u>31402 H STREET</u> <u>OCEAN PARK, WA 98640</u>			

SAMPLE INFORMATION

Sample collected by (name): Gil Gonzalez

Specific location where sample collected: 1407 314TH PLACE

Special instructions or comments: SPIGOT

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>.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 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>8092275</u> MICR- _____	Date, Time and Temp Received: <u>10/21/14 0930 AM</u>
Date Analyzed: <u>10/31/14</u>	Date Reported: <u>10/29/14</u>
Sample Number (DOH number plus five digits): <u>0 1 7 - 6821</u>	Lab Use Only: _____

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