



GENERAL MANAGER'S REPORT

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

The Metering Period for this report begins on:

October 6, 2014 and ends on November 5, 2014.

The Billing Period for this report is for the:

November 18, 2014 through December 15, 2014.

The Activity Period for this report is for the:

November 1, 2014 through November 30, 2014.

Water pumped from all wells in Metering Period	N/A mg ¹
Water used by District in Metering Period	N/A mg
Water sold in Metering Period	6.8 mg
Water lost to leaks in Metering Period	N/A mg
Percent of water lost in Metering Period	N/A %
<hr/>	
Water pumped from all wells in 2014 to date	N/A mg
Water used by the District in 2014 to date	N/A mg
Water sold in 2014 to date	85.1 mg
Water lost to leaks in 2014 to date	N/A mg
Percent of water lost in 2014 to date	N/A %
<hr/>	
Accounts billed for water in billing period (\$133,450)	2,685
Accounts billed a late fee in billing period (\$2,960)	296
Accounts 60 days past due in billing period	54
Accounts secured with a lien	29
Accounts locked off for nonpayment in billing period (\$300)	06
<hr/>	
Customer complaints responded to in Activity Period:	
Water Quality	00
Customer Service	00
Other	00
Locates requests in Activity Period	17
Number of customer valves installed in Activity Period	02

¹ Million Gallons

Water Quality Report:

On November 11, 2014 seven (7) coliform bacteria samples were collected from the distribution system and submitted to ALS Group USA Kelso, WA. a DOH certified laboratory. On December 3, 2014 all ALS Group report all seven (7) samples tested satisfactory for coliform bacteria.

No other water quality samples were taken in November, 2014.

DWSRF Projects:

Project 129 - Supply and Treatment Project.

November Activity:

Pilot Test on Wiegardt Wells.

DM-952-129 DWSRF		Award Budget	\$ 2,190,631	
Date	Request #	Amount of Request	Remaining Award Balance	Earned Forgiveness
7/12/2013	1	\$ 20,236	\$ 2,170,395	\$ 6,071
7/31/2013	2	\$ 22,808	\$ 2,147,587	\$ 6,842
8/6/2013	3	\$ 2,553	\$ 2,145,034	\$ 766
8/30/2013	4	\$ 38,679	\$ 2,106,356	\$ 11,604
9/30/2013	5	\$ 46,751	\$ 2,059,605	\$ 14,025
11/4/2013	6	\$ 9,134	\$ 2,050,471	\$ 2,740
12/2/2013	7	\$ 4,053	\$ 2,046,418	\$ 1,216
1/7/2014	8	\$ 59,356	\$ 1,987,062	\$ 17,807
2/3/2014	9	\$ 38,558	\$ 1,948,504	\$ 11,567
3/5/2014	10	\$ 22,909	\$ 1,925,595	\$ 6,873
4/7/2014	11	\$ 39,451	\$ 1,886,145	\$ 11,835
5/6/2014	12	\$ 13,061	\$ 1,873,083	\$ 3,918
6/2/2014	13	\$ 9,437	\$ 1,863,647	\$ 2,831
7/8/2014	14	\$ 41,487	\$ 1,822,160	\$ 12,446
7/22/2014	15	\$ 9,146	\$ 1,813,014	\$ 2,744
9/4/2014	16	\$ 21,741	\$ 1,791,272	\$ 6,522
10/08/2014	17	\$ 851	\$ 1,790,421	\$ 255
11/03/2014	18	\$ 4,140	\$ 1,786,281	\$ 1,242
11/10/2014	19	\$ 10,273	\$ 1,755,771	\$ 3,082
Totals		\$ 414,624	\$ 1,813,014	\$ 124,387

Project 121 - Water Main Project.

Project Complete.

DM-952-121 DWSRF		Award Budget	\$	891,123
		Loan Fee	\$	8,823
Date	Request #	Amount of Request	Remaining Award Balance	
7/12/2013	1	\$ 34,387	\$ 847,913	
8/6/2013	2	\$ 12,999	\$ 834,914	
9/30/2013	3	\$ 19,506	\$ 815,408	
11/4/2013	4	\$ 9,126	\$ 806,282	
12/2/2013	5	\$ 8,347	\$ 797,935	
1/3/2014	6	\$ 86,632	\$ 711,303	
2/3/2014	7	\$ 177,502	\$ 533,800	
3/6/2014	8	\$ 141,546	\$ 392,254	
4/7/2014	9	\$ 130,589	\$ 261,665	
5/6/2014	10	\$ 12,605	\$ 249,060	
6/2/2014	11	\$ 4,069	\$ 244,992	
7/8/2014	12	\$ 7,091	\$ 237,901	
7/22/2014	13	\$ 2,006	\$ 235,895	
9/4/2014	14	\$ 934	\$ 234,961	
10/08/2014	15	\$ 2,376	\$ 232,585	
Totals		\$ 649,715	\$ 232,585	

Water Revenue Bond Project Fund:

Phase 1 Architect, David Jensen

Bond Project Fund - Opened July 18, 2013		\$ 1,162,393	Balance
Date	Description		
1-Sep-14	Reimbursement bond issuance	(\$25,775.00)	\$ 1,136,617.64
1-Dec-14	Wiegardt Property Purchase	(\$116,874.39)	\$ 1,019,743.25
1-Dec-14	Driftmier Architects, P.S.	(\$1,606.56)	\$ 1,018,136.69
1-Jan-14	Driftmier Architects, P.S.	(\$4,775.45)	\$ 1,013,361.24
1-Feb-14	Driftmier Architects, P.S.	(\$535.46)	\$ 1,012,825.78
10/20/14	David Jensen Architect	(\$1950.00)	\$ 1,010,886.78
11/17/14	David Jensen Architect	(\$4,806.25)	\$ 1,006,080.03

New Hire:

The General Manager is pleased to report that Rick Gray accepted an offer of employment with the District in November. Rick is a long time resident of the North Beach Peninsula with extensive experience in water system operations with over 20 years working at the City of Long Beach water department. The District is very pleased to add Rick to its team! Rick started his employment with the District on December 15, 2015.

245th Street Water Main Loop Project:

Project is delayed until January at Contractor's request. Delay is due to WSDOT traffic control negotiations between contractor and WSDOT.

Water System Plan:

Chapters 1 through 6 are complete along with and many of the figures and attachments. Chapters 7 through 9 will be completed in the next few weeks.

Chapter 7 - "Design and Construction Standards" will be under internal review at Gray and Osborne.

Chapter 8 - Capital Improvement Program is under internal review at Gray and Osborne. The Recommended Capital Improvements are all distribution projects. Water main replacement and the installation of loops, a booster station, fire hydrants, sample stations, and other improvements minor improvements. The cost of the water main projects identified in the Water System Plan are engineers estimates based on contracting the work as prevailing wage public works jobs.

It is my recommendation the Board commit to developing the human and institutional capacity to perform the water main work (\$2,000,000 over 6 years and \$8,000,000 over 20 years) in-house. The cost savings to the District's ratepayers could be significant. Quality control will need to be managed and I recommend the use of a third party engineer that has a contractual obligation to oversee the quality control of the water main replacement and installation projects.

Chapter 9, the final chapter is should be complete by the second week in January. Gray and Osborne and FCS Group are working to complete the chapter for District Review.

Rate Study:

Rate Study is complete.

Safety Meeting Minutes:

North Beach Water District staff held for their monthly Safety meeting on the first Monday of the Month.

Attachments:

- Water Sample Results
 - Coliform Bacteria Sample Results
- DOC Vender Distribution Form for DM12-952-129 (Supply and Treatment Project)
- DOC Vender Distribution Form for DM12-952-121 (Water Main Project)

End of Report



ALS Environmental
ALS Group USA, Corp
1317 South 13th Avenue
Kelso, WA 98626
T: 1-360-577-7222
F: 1-360-636-1068
www.alsglobal.com

December 03, 2014

Analytical Report for Service Request No: K1413111

Bill Neal
North Beach Water District
2212 272nd Street & 25600 Ash Place
Ocean Park, WA 98640-0618

RE: North Beach Water/63000C

Dear Bill:

Enclosed are the results of the sample(s) submitted to our laboratory on November 20, 2014. For your reference, these analyses have been assigned our service request number **K1413111**.

Analyses were performed according to our laboratory's NELAP-approved quality assurance program. The test results meet requirements of the current NELAP standards, where applicable, and except as noted in the laboratory case narrative provided. For a specific list of NELAP-accredited analytes, refer to the certifications section at www.alsglobal.com. All results are intended to be considered in their entirety, and ALS Group USA Corp. dba ALS Environmental (ALS) is not responsible for use of less than the complete report. Results apply only to the items submitted to the laboratory for analysis and individual items (samples) analyzed, as listed in the report.

Please contact me if you have any questions. My extension is 3275. You may also contact me via email at Chris.Leaf@ALSGlobal.com.

Respectfully submitted,

ALS Group USA Corp. dba ALS Environmental

Chris Leaf
Project Manager

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**ALS Group USA Corp. dba ALS Environmental (ALS) - Kelso
State Certifications, Accreditations, and Licenses**

Agency	Web Site	Number
Alaska DEC UST	http://dec.alaska.gov/applications/eh/ehllabreports/USTLabs.aspx	UST-040
Arizona DHS	http://www.azdhs.gov/lab/license/env.htm	AZ0339
Arkansas - DEQ	http://www.adeq.state.ar.us/techsvs/labcert.htm	88-0637
California DHS (ELAP)	http://www.cdph.ca.gov/certlic/labs/Pages/ELAP.aspx	2795
DOD ELAP	http://www.denix.osd.mil/edqw/Accreditation/AccreditedLabs.cfm	L14-51
Florida DOH	http://www.doh.state.fl.us/lab/EnvLabCert/WaterCert.htm	E87412
Hawaii DOH	Not available	-
Idaho DHW	http://www.healthandwelfare.idaho.gov/Health/Labs/CertificationDrinkingWaterLabs/tabid/1833/Default.aspx	-
ISO 17025	http://www.pjllabs.com/	L14-50
Louisiana DEQ	http://www.deq.louisiana.gov/portal/DIVISIONS/PublicParticipationandPermitSupport/LouisianaLaboratoryAccreditationProgram.aspx	03016
Maine DHS	Not available	WA01276
Michigan DEQ	http://www.michigan.gov/deq/0,1607,7-135-3307_4131_4156---,00.html	9949
Minnesota DOH	http://www.health.state.mn.us/accreditation	053-999-457
Montana DPHHS	http://www.dphhs.mt.gov/publichealth/	CERT0047
Nevada DEP	http://ndep.nv.gov/bsdw/labservice.htm	WA01276
New Jersey DEP	http://www.nj.gov/dep/oqa/	WA005
North Carolina DWQ	http://www.dwqlab.org/	605
Oklahoma DEQ	http://www.deq.state.ok.us/CSDnew/labcert.htm	9801
Oregon – DEQ (NELAP)	http://public.health.oregon.gov/LaboratoryServices/EnvironmentalLaboratoryAccreditation/Pages/index.aspx	WA100010
South Carolina DHEC	http://www.scdhec.gov/environment/envserv/	61002
Texas CEQ	http://www.tceq.texas.gov/field/qa/env_lab_accreditation.html	T104704427
Washington DOE	http://www.ecy.wa.gov/programs/eap/labs/lab-accreditation.html	C544
Wisconsin DNR	http://dnr.wi.gov/	998386840
Wyoming (EPA Region 8)	http://www.epa.gov/region8/water/dwhome/wyomingdi.html	-
Kelso Laboratory Website	www.alsglobal.com	NA

Analyses were performed according to our laboratory's NELAP-approved quality assurance program. A complete listing of specific NELAP-certified analytes, can be found in the certification section at www.ALSGlobal.com or at the accreditation bodies web site.

Please refer to the certification and/or accreditation body's web site if samples are submitted for compliance purposes. The states highlighted above, require the analysis be listed on the state certification if used for compliance purposes and if the method/analyte is offered by that state.



Cooler Receipt and Preservation Form

Client / Project: North Beach Water Service Request K14 13111

Received: 11/20/14 Opened: 11/20/14 By: UA Unloaded: 11/20/14 By: UA

- 1. Samples were received via? Mail Fed Ex UPS DHL PDX Courier Hand Delivered
- 2. Samples were received in: (circle) Cooler Box Envelope Other NA
- 3. Were custody seals on coolers? NA Y N If yes, how many and where? 1 on each side
 If present, were custody seals intact? Y N If present, were they signed and dated? Y N

Raw Cooler Temp	Corrected Cooler Temp	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	Tracking Number	NA	Filed
<u>3.7</u>	<u>3.7</u>	<u>1.9</u>	<u>1.9</u>	<u>0</u>	<u>353</u>	<u>NA</u>	<u>5450 7691 5424</u>		

- 4. Packing material: Inserts Baggies Bubble Wrap Gel Packs Wet Ice Dry Ice Sleeves
- 5. Were custody papers properly filled out (ink, signed, etc.)? NA Y N
- 6. Did all bottles arrive in good condition (unbroken)? *Indicate in the table below.* NA Y N
- 7. Were all sample labels complete (i.e analysis, preservation, etc.)? NA Y N
- 8. Did all sample labels and tags agree with custody papers? *Indicate major discrepancies in the table on page 2.* NA Y N
- 9. Were appropriate bottles/containers and volumes received for the tests indicated? NA Y N
- 10. Were the pH-preserved bottles (*see SMO GEN SOP*) received at the appropriate pH? *Indicate in the table below* NA Y N
- 11. Were VOA vials received without headspace? *Indicate in the table below.* NA Y N
- 12. Was C12/Res negative? NA Y N

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count	Bottle Type	Out of Temp	Head-space	Broke	pH	Reagent	Volume added	Reagent Lot Number	Initials	Time

SHORT HOLD TIME

Notes, Discrepancies, & Resolutions: _____

SR# K1413111-001
ALS Environmental
 1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>11/19/14</u> Month Day Year	Time Sample Collected <u>12:15</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"/> Private Household <input type="checkbox"/> Other _____		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# <u>63000C</u> System Name: <u>North Beach Water</u> Contact Person: <u>Bill Deal</u> Day Phone: <u>360665-4144</u> Cell Phone: <u>360244-0068</u> Eve. Phone: () FAX: () Email: _____ Send results to: (Print full name, address and zip code) <u>North Beach Water</u> <u>P.O. Box 618</u> <u>Ocean Park, WA 98640</u>		

SAMPLE INFORMATION

Sample collected by (name): <u>Robert Hunt</u>	Special instructions or comments:
Specific location where sample collected: <u>USS# 6 3314</u> <u>281st St.</u>	

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

#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: _____ / _____ / _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
#3. Raw Water Source Sample <input type="checkbox"/> E.coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> Public systems must provide source number from WFI	
#4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____	

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent	<input checked="" type="checkbox"/> Satisfactory	
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____ <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		

Method Code: <u>Sm9223B</u>	Date, Time and Temp Received: <u>11/20/14 12:15 1.9°C</u>
MICR: _____	Date Reported: <u>11/25/14</u>
Date Analyzed: <u>11/20/14</u>	Lab Use Only: <u># 11/24/14</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 3111</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# K1413111-002
ALS Environmental
 1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>11/19/14</u> Month Day Year	Time Sample Collected <u>12:25</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>63000C</u> System Name: <u>North Beach Water</u> Contact Person: <u>Bill Neal</u> Day Phone: <u>360 665-4144</u> Cell Phone: <u>360 241-0168</u> Eve. Phone: () FAX: ()		
Email: Send results to: (Print full name, address and zip code) <u>North Beach Water</u> <u>P.O. Box 618</u> <u>Ocean Park, WA 98640</u>		
SAMPLE INFORMATION		
Sample collected by (name): <u>Robert Hunt</u>		
Specific location where sample collected: <u>USS#8</u> <u>1719</u> <u>264th Pl.</u>		Special instructions or comments:
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)		
#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____		#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
#3. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0; text-align: center;">S</div> <small>Public systems must provide source number from WFI</small>		
#4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____ <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: MICR- <u>8m9223B</u>	Date, Time and Temp. Received: <u>11/20/14</u> <u>1.9°C</u>	
Date Analyzed: <u>11/20/14</u>	Date Reported: <u>11/25/14</u>	
Sample Number (DOH number plus five digits) <u>0 1 7 - 3112</u>	Lab Use Only: <u>11/24/14</u>	

**INTERPRETATION OF RESULTS
FOR DRINKING WATER**

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample Immediately

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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

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



SR# 101413111-003



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>11/19/14</u> Month Day Year	Time Sample Collected <u>12:35</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# 63000C
 System Name: North Beach Water
 Contact Person: Bill Neal
 Day Phone: 360 665-4144 Cell Phone: 360 241-0068
 Eve. Phone: () FAX: ()
 Email: _____

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

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt
 Specific location where sample collected: 655A9 2700 St
 Special instructions or comments: _____

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

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

#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>819223B</u>	Date, Time and Temp Received: <u>11/20/14 1.9°C</u>
Date Analyzed: <u>11/20/14</u>	Date Reported: <u>11/25/14</u>
Sample Number (DOH number plus five digits): <u>0 1 7 - 3113</u>	Lab Use Only: <u>11/25/14</u>

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

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

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

UNSATISFACTORY RESULTS:
 Any coliform presence is unsatisfactory.

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

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

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

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

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

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

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

SR# K1413111-004
ALS Environmental
 1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>11/19/14</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# 630006System Name: North Beach WaterContact Person: Bill NealDay Phone: 360665-4144 Cell Phone: 360244-0088

Eve. Phone: () FAX: ()

Email:

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

North Beach WaterPO Box 618Ocean Park, WA 98640
SAMPLE INFORMATION
Sample collected by (name): Robert HuntSpecific location where sample collected: USS #11 24010 Birch PL.

Special instructions or comments:

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

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

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

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

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

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

Method Code: MICR- <u>8m9223B</u>	Date, Time and Temp Received: <u>ll</u> <u>11/20/14 10:00 7.9°C</u>
Date Analyzed: <u>11/20/14</u>	Date Reported: <u>11/25/14</u>
Sample Number (DOH number plus five digits) <u>017-3114</u>	Lab Use Only: <u>ll 11/29/14</u>

**INTERPRETATION OF RESULTS
FOR DRINKING WATER**

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample Immediately

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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

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

SR# K1413111-005
ALS Environmental
 1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>11/19/14</u> Month Day Year	Time Sample Collected <u>1:05</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <u>Pacific</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# <u>630006</u> System Name: <u>North Beach Water</u> Contact Person: <u>Bill Neal</u> Day Phone: <u>360665-4144</u> Cell Phone: <u>360249-0068</u> Eve. Phone: () FAX: () Email:		
Send results to: (Print full name, address and zip code) <u>North Beach Water</u> <u>P.O. Box 618</u> <u>Ocean Park, WA 98640</u>		
SAMPLE INFORMATION		
Sample collected by (name): <u>Robert Hunt</u>		
Specific location where sample collected: <u>US5#13 20500</u> <u>Bird PL.</u>		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 type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>		#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 <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 <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div> <small>Public systems must provide source number from WFI</small>		
#4. <input type="checkbox"/> Sample Collected for Information Only Investigative <input type="checkbox"/> Construction / Repairs <input type="checkbox"/> Other <input type="checkbox"/>		
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: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: MICR- <u>2M9223B</u>	Date, Time and Temp. Received: <u>11/20/14 1:00 1.90C</u>	
Date Analyzed: <u>11/20/14</u>	Date Reported: <u>11/25/14</u>	
Sample Number (DOH number plus five digits) <u>0 1 7 - 3115</u>	Lab Use Only: <u>11/29/14</u>	

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organization 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 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# 1043111-006
ALS Environmental
 1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS
**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

Date Sample Collected <u>11/19/14</u> Month Day Year	Time Sample Collected <u>1:15</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"/> Private Household <input type="checkbox"/> Other _____		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# <u>63000C</u> System Name: <u>North Beach Water</u> Contact Person: <u>Bill Deal</u> Day Phone: <u>(360) 665-9194</u> Cell Phone: <u>(360) 244-0065</u> Eve. Phone: () FAX: () Email: _____ Send results to: (Print full name, address and zip code) <u>North Beach Water</u> <u>PO. Box 618</u> <u>Ocean Park, WA 98640</u>		
SAMPLE INFORMATION		
Sample collected by (name): <u>Robert Hunt</u>		
Specific location where sample collected: <u>055# 21</u> <u>1711</u> <u>255th PL</u>	Special instructions or comments:	
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)		
#1 <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	#2 Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
#3 Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px auto; text-align: center;">S</div> Public systems must provide source number from WFI		
#4 <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____ <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: MICR- <u>8m9223B</u>	Date, Time and Temp Received: <u>11/20/14 10:10 1.9°C</u>	
Date Analyzed: <u>11/20/14</u>	Date Reported: <u>11/25/14</u>	
Sample Number (DOH number plus five digits) <u>0 1 7 - 3116</u>	Lab Use Only: <u>11/24/14</u>	

SR# 1C1413111-007
ALS Environmental
 1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>11/19/14</u> Month Day Year	Time Sample Collected <u>12:00</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# 63000CSystem Name: North Beach WaterContact Person: Bill DeakDay Phone: 360-665-4144 Cell Phone: 360-244-0068

Eve. Phone: () FAX: ()

Email:

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

North Beach WaterP.O. Box 618Ocean Park, WA 98640
SAMPLE INFORMATION
Sample collected by (name): Robert HuntSpecific location where sample collected: NSS# 25 22700Birch PL.

Special instructions or comments:

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

Chlorinated: Yes ___ No ___

Chlorine Residual: Total ___ Free ___

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

<u>S</u>		
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Public systems must provide source number from WFI

#2. Repeat Sample (after unsat. routine)
 Distribution System Source Groundwater Rule (GWR) (Population of 1,000 or less)

Unsatisfactory routine lab number:

0 1 7 -

Unsatisfactory routine collect date:

Chlorinated: Yes ___ No ___

Chlorine Residual: Total ___ Free ___

#4. Sample Collected for Information Only

Investigative ___ Construction / Repairs ___ Other ___

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

 Unsatisfactory Total Coliform Present and *E. coli* present *E. coli* absent Satisfactory
Replacement Sample Required:
 Sample too old (>30 hours) TNTC _____ Improper Container Turbid cultureBacterial Density Results: Plate Count _____ /ml. *E. coli* _____ /100ml.

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

Method Code:

MICR- SM9223BDate, Time and Temp. Received: 11/20/14 1.90CDate Analyzed: 11/20/14Date Reported: 11/25/14

Sample Number (DOH number plus five digits)

0 1 7 - 3117

Lab Use Only:

11/29/14
**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