

# **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 <sup>1</sup>				
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 %				
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 %				
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				
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				

<sup>&</sup>lt;sup>1</sup> 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-952-1	29 DWSRF	Awar	d Budget	\$ 2,190,631		
Date	Request #	Amount of Request		emaining rd 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-952-1	21 DWSRF	Awar	d Budget	\$	891,123
		Loan	Fee	\$	8,823
Date	Request #		Amount of Request	Rema	aining 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

#### <u>New Hire:</u>

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.

#### 245<sup>th</sup> 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 is 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 a 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.

### <u>Rate Study:</u>

Rate Study is complete.

#### <u>Safety Meeting Minutes:</u>

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

		WASHINGTON STATE					
NE		DEPARTMENT OF COMMERCE	AGENCY NUMBE	10 Ch	ort Code	Commerce I	Contract Number
Form A19-1A		VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 98504-2525	10		on code		952-129
	VENI	DOR OR CLAIMANT (Warrant is to be payable to:)	Submit this for	ONS TO VENDOR ( orm to claim payment ate detail for each ite	nt for materi	NNT: ials, merchandise, or services.	
	PO Box 618	WA, 98640	Vendor's Cer authorized ar under penalty services furni provided with	tificate: The individend on the behalf of the of perjury that the ished to the State of	ual signing to ne entity ide tems and to Washingto ecause of a	stals listed herein are proper charge n, and that all goods furnished and ge, sex, marital status, race creed,	The individual signing below certifies is for materials, merchandise or or services rendered have been
Contact Person	n:	Jack McCarty				0	
Phone:		(360) 665-4144		15	2	X	
Contract Period	d	11/29/2012 - 11/29/2036	By:	a	~		
Report Period		11-1-14 through 11-30-14	G	eneral Manage (TITLE)		(SIGN IN BLUE INK)	2/5/2014 (DATE)
	Original Contra	ct Amount	\$2,190,631				(07110)
	Loan Fee (if an		\$0				
Date		DESCRIPTION	Budget	Previously Re	quested	Amount of This Invoice	Award Remaining Balance
	Net Contract Ar	mount	\$2,190,631	\$404,350	0.24		\$1,786,281
		Request #19					
11/10/2014	Invoice #13224	.02-21 / Gray & Osborne / Supply & Treatment				\$10,272.51	
		Totals				\$10,272.51	\$1,776,008

Match: Year / Dollars / Coding			PROGRAM APPROVAL (the individual signing this voucher warrants they have the authority to sign this voucher).							
DOC DATE CURRENT DOC. NO.			REFERENCE DOC NO.			VENDOR NUMBER and SUFF	IDOR NUMBER and SUFFIX SWV0110176 00			
ACCOUNT	0.		ASD NUMBER VE		VENDOR MESSAGE					
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL	ACCT	SUBSID	AMOU	NT	INVOICE
										DM12-952-129
SIGNATURE	OF ACCOUNTING	PREPARER FOR	RPAYMENT				DATE		WARRANT TOTAL	
ACCOUNTIN	ig approval for	R PAYMENT					DATE		1	

		WASHINGTON STATE DEPARTMENT OF COMMERCE	AGENCY NUMBE	R Short Code	Commerce	Contract Number		
Form A19-1A		VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 98504-2525	10			952-121		
		NDOR OR CLAIMANT (Warrant is to be payable to:)	Submit this fo	INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item.				
	PO Box 61	ch Water District 8 k WA, 98640	authorized ar under penalty services furni provided with	d on the behalf of the entity is of perjury that the items and shed to the State of Washing	totals listed herein are proper charge ton, and that all goods furnished and age, sex, marital status, race creed,	. The individual signing below certifies es for materials, merchandise or /or services rendered have been		
Contact Person	6	Jack McCarty			2			
Phone:		(360) 665-4144		71 6	50			
Contract Period		11-29-2012 thru 11-29-2036	By:	20	<u> </u>			
REPORT PERIOD		9/1/14 - 9/30/14		eneral Manager	(SIGN IN BEUE INK)	0/8/2014		
			G	(TITLE)		(DATE)		
	Original Contr	ract Amount	\$891,123			a design of the second s		
	Loan Fee (if a		\$8,823					
Date		DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance		
	Net Contract	Amount	\$882,300	\$647,340.47		\$234,960		
		Request #15						
9/16/2014	Invoice #1322	23.01-11 / Gray & Osborne / Water Main Project			\$2,375.56			
	-							
· · · · · · · · · · · · · · · · · · ·		Totals			\$2,375.56	\$232.584		

Match: Year / Dollars / Coding		PROGRAM A	PPROVAL (the	individual signing f	his voucher warrants they have the author	ty to sign this voucher)	i voucher) DATE			
DOC DATE CURRENT DOC. NO.			REFERENCE DOC NO.			VENDOR NUMBER and SUFFIX	VENDOR NUMBER and SUFFIX SWV0110176 00			
ACCOUNT	CCOUNT NO.		ASD NUMBE	ASD NUMBER			VENDOR MESSAGE			
TRANS	MASTER	INDEX	EBO BUS	SUB SUB OBJ	GL.	ACCT	SUBSID	AMOUN	T	INVOICE
										DM12-952-121
SIGNATURI	OF ACCOUNTING	PREPARER FO	R PAYMENT				DATE		WARRANT TOTAL	
ACCOUNTING APPROVAL FOR PAYMENT				DATE						



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

Analytical Report for Service Request No: K1413111

December 03, 2014

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 Le f Project Manager

Page 1 of \_\_\_\_

# 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.pjlabs.com/	L14-50
Louisiana DEQ	http://www.deq.louisiana.gov/portal/DIVISIONS/PublicParticipationandPer mitSupport/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/EnvironmentalLaborator yAccreditation/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/anlayte is offered by that state.



PC	Chris	S
rC	<u> </u>	2

Cooler Receipt and Preservation Form											
Client / Project: North Beach Water Service Request K14 3/1/											
Received:	11/20	/14_	Opened:	11/20	<u>//ч</u> Ву:	Unl	loaded:	1/20/14	By:	щ	
1. Samples were received via? Mail Fed Ex UPS DHL PDX Courier Hand Delivered											
•	es were rece			Cooler		velope Other	0100 001			NA	
-	ustody seal		The statements and	NA (J		If yes, how many a	nd where?	lone	ach sid	e	
If prese	ent, were cu	stody seals	intact?	Ý	) n	If present, were	they signed	d and dated?		(Y)	Ν
Raw Cooler Temp	Corrected.	Raw Temp Blank	Corrected Temp Blank	Corr. Factor	Thermometer ID	Cooler/COC ID	A)	Tracking	Number	NA	Filed
3.7	3.7-	1.9	1.9	0	353		and the second	150 769	15420		
-						·····					
				·····					-		
	• · ·								······································		
4. Packin	g material:	Inserts (	Baggies	Bubble Wi	rap Gel Packs	Wet Ice Dry Ic	e Sleeve	25			
5. Were c	ustody pap	ers properly	y filled out	(ink, signed	1, etc.)?	*			NA	Ŷ	Ν
6. Did all	bottles arri	ve in good	condition (1	unbroken)?	Indicate in the	table below.			NA	Y	Ν
7. Were a	ll sample la	bels compl	ete (i.e anal	ysis, presei	vation, etc.)?				NA	Y	Ν
8. Did all	8. Did all sample labels and tags agree with custody papers? Indicate major discrepancies in the table on page 2. NA (Y) N						Ν				
9. Were appropriate bottles/containers and volumes received for the tests indicated? NA (Y) N						Ν					
10. Were the pH-preserved bottles (see SMO GEN SOP) received at the appropriate pH? Indicate in the table below (NA) Y NA						Ν					
11. Were VOA vials received without headspace? Indicate in the table below.						Ν					
12. Was C	C12/Res neg	gative?							(NA)	Y	N
						그 감사가 다 물건 것을 했다.					

Sample ID on Bottle	Sample ID on COC	Identified by:

Sample ID	Bottle Count Bottle Type	Out of Temp	Head- space	Broke	рН	Reagent	Volume added	Reagent Lot Number	Initials	Time
					الو • •					
	94									
	010	hD								
		<del>Yn</del>			<u>m Ind</u>					

Notes, Discrepancies, & Resolutions:\_\_\_\_\_

5640 BRUNSWICK	( PRESS (713) 4	62-0600	
• NatureS	oiv <sup>™</sup> the environm	entally responsible apsule	
SR# KI4/3/11			
ALS EN 1317 S. 13th Aven COLIFORM BA	ue • K	<b>mental</b> elso, WA 9	8626
	ime Sample		County
Month Day Year	Collected 12:15 PM Pacific		
Type of Water System (check only one b	ox) [	] Private Househo	ld
Group A 🔲 Group		] Other	
Group A and Group B Systems – Provide ID# <u>G</u> <u>3</u> <u>0</u> <u>0</u> System Name: <u>User</u> <u>H</u> Contact Person: <u>5</u> <u>1</u> <u>1</u> Day Phone: <u>B</u> <u>6</u>	Bee Dea 44	Cell Phone	0ater 3244.0068
Email: Send results to: (Print full name, address and a Dorffr Beac P.O. Box Ocean Par SAMPLE		eale VA 9	8640
Specific location where sample collected USS#G 3314 28/5± Type of Sample (MUST CHECK ONLY	SH.	#1 THROUGH #4 I	
#1. Routine Distribution Sample Chlorinated: Yes No		Sample (after un ibution System	sat. routine)
Chlorine Residual: Total Free	_ 🗌 Sou	ce Groundwater R	
#3. Raw Water Source Sample		ulation of 1,000 or	
$\Box E.coli - GWR \text{ source sample}$ $\Box Fecal -Surface, GWI, some springs$ $0 1 7$			
Other			
Chlorinated: Y results of a chief of a			lo
#4. Sample Collected for Information			
Investigative Construction	-	Other	_
Unsatisfactory Total Coliform Prese	<b>WATER RE</b> nt <b>and</b> E. <i>coli</i> absent		B USE ONLY Satisfactory
Replacement Sample Required:         Sample too old (>30 hours)         Improper Container	INTC Furbid culture	l	
Bacterial Density Results: Plate Count			
Method Code: MICRSM9223B		Date, Time and Tem	PReceived: UL
Date Analyzed II 2011	F	Date Reported:	11/25/14
0 1 7 - 3111		H	11/29/14

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:

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

	PRESS (713) 4		
		apsule	
SR# <u> { / //3///</u> -	- 001	<b>/_</b>	
ALS End 1317 S. 13th Avenu			t <b>al</b> /A 98626
COLIFORM BA	CTERI		LYSIS
	ne Sámple		County
// 1/9/1/4 Month Day Year		AM Pa	cific
Type of Water System (check only one bo	x) [	] Private Ho	usehold
Group A 🛛 Group	в с	] Other	and the second secon
Group A and Group B Systems - Provide	from Water Fa	cilities Inven	tory (WFI):
$\mathbb{I} = 6 - 3 - 0 - 0$	QC	<u> </u>	ra I
System Name: North	Beac	:h	Water
Contact Person: B///	eal		
Day Phone: BGO GGS-41	44	Cell Phone	B602441-006
Eve. Phone: ( )		FAX: (	)
Email: Send regults to: (Print full name, address and zi	p code)#	/ 0	
North Bea	ch	4)	ater
P.O. Box 61	8	<u> </u>	
Ocon Parl	(1)	4	98640
SAMPLE	INFORMA	TION	
Sample collected by (name): Role	Inon	Hi	int
Specific location where sample collected:	7	Special ins	structions or comments:
2647	PL.		
Type of Sample (MUST CHECK ONLY C			
#1. Routine Distribution Sample			er unsat. routine)
Chlorinated: Yes No		ibution Syste	
Chlorine Residual: Total Free	D Sour	rce Groundw oulation of 1,0	ater Rule (GWR) 000 or less)
#3. Raw Water Source Sample			outine lab number:
E.coli – GWR source sample	0 1		
Fecal –Surface, GWI, some springs			
Other	Unsausi		e collect date:
S	Chloring		/ No
Public systems must provide source number from WFI			No otalFree
#4. Sample Collected for Information	- L	ncoluudi. I(	NI N 100
Investigative Construction /		Othor	
and a second			
LAB USE ONLY DRINKING		SULIS	
			X Satisfactory
E.coli present	coli absent		
Replacement Sample Required:			
Sample too old (>30 hours)	NTC	□	
Improper Container	urbid culture		
Bacterial Density Results: Plate Count	/	ml. <i>E.coli</i>	/100ml.
Total Coliform/100ml.	Fecal Colif	form	/100ml.
Method Code: MICR- SM9223B		Date, Time ar	d Temp Received: ML
		II/20/19 Date Reporte	1.9°C
			vi
Date Analyzed 11/20/14 Sample Number (DOH number plus five digits)	-	Lab Use Only	1100111

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:**

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# FOR ADDITIONAL INFORMATION:

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

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



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Cowlitz County - (360) 414-5599	
Lewis County - (800) 562-6130	-12-5-5-
Pacific County - (360) 875-9356	

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Nature	Solv <sup>™</sup> the environm carbonless	nentally responsible capsule		
004 .1/11/121	11 06	16		
SR# <u><u><u><u></u></u><u><u><u></u><u><u></u><u><u></u><u></u><u><u></u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u></u></u></u></u></u>	n <b>viron</b> nue • K		VA 98626	
COLIFORM E				
Date Sample Collected	n ee	IAM Ra	cific	
Type of Water System (check only one	e box) [	] Private H	ousehold	
🕱 Group A 🛛 🗆 Gro	oup B [	] Other		
Group A and Group B Systems – Prov ID# OO System Name: Workth	ide from Water Fa		ntory (WFI):	
Contact Person: Bill 1	Pearl	Cell Phor	REATERIA	1
Day Phone: (560)665 - 4 Eve. Phone: ()	144	FAX: (	<u>- 200 77 U</u>	<u>.</u>
Email:		1		
Send results to: (Print full name, address ar Don Fin Deach FO BOX 618 Degan Park / W SAMP	4 92	12-1-0 3640 TION	· .	 
Sample collected by (name):				
Specific location where sample collect SS#11 240 Bloch	₽L,	Special in	structions or comments	5:
Type of Sample (MUST CHECK ON	LY ONE BOX OF	#1 THROU	<b>3H #4 LISTED BELOW</b>	)
1. Routine Distribution Sample	· · ·		fter unsat. routine)	
Chlorinated: Yes No	·	ribution Sys		
Chlorine Residual: Total Free_			water Rule (GWR) ,000 or less)	
<b>3. Raw Water Source Sample B. Coli</b> – GWR source sample	Ur	satisfactory	routine lab number:	
Fecal –Surface, GWI, some spri	ngs 0 1	7 -		
C Other		factory routi	ne collect date:	
		1		
Public systems must provide source number from WF	- Chlorin	ated: Yes	No	
	Chlorin	e Residual:	TotalFree	
#4. Sample Collected for Informat				
Investigative Construct				
Unsatisfactory Total Coliform Pre	IG WATER RI sent and ] E.coli absent	ESULTS	LAB USE ONLY	
Replacement Sample Required:         Sample too old (>30 hours)	-	□		
Bacterial Density Results: Plate Count Total Coliform/100		/ml. <i>E.coli_</i> iform		
Method Code: MICRSM9223B			and Jemp Received: 100	-
Date Analyzed	<i></i>	Date Report	ted: 11125114	
Sample Number (DOH number plus five digits)	1.1	Lab Use On	14: Harilzen	6.

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#### FOR ADDITIONAL INFORMATION:

Regional DOH - (360) 236-3030	
Cowlitz County - (360) 414-5599	
Lewis County - (800) 562-6130	-16-16-16-16-16-16-16-16-16-16-16-16-16-
Pacific County - (360) 875-9356	

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1317 S. 13th Avenue		so, WA 98626		
Date Sample Collected Time	Sample	County		
		Pacifis		
Month Day Year	:05xpm			
Type of Water System (check only one box)		vate Household		
Group A and Group B Systems – Provide fro		her		
D# 6300.	8 C	( , ) ( )		
System Name: Dorth 1	Sead	Water		
Contact Person: 3: 11 D Day Phone: BCD) GGS - 414	eal CE	Il Phone: 20 244-114		
Eve. Phone: ( )	1	X:( )		
Email: Send results to: (Print full name_address and zip of	D (abor			
Dorth Seach	a) a)	ater		
1.0. Box 618	111	Adria		
Ocean Tark/	$\underline{u4}$	78640		
Sample collected by (name):	NFORMATIO	N 77		
~ob.	ert /	tant		
Specific location where sample collected:	O Sp	ecial instructions or comments:		
Rinch PL				
Type of Sample (MUST CHECK ONLY OF				
#1, Routine Distribution Sample		nple (after unsat. routine)		
Chlorinated: YesNo Chlorine Residual: Total Free		I Distribution System Source Groundwater Rule (GWR) (Population of 1,000 or less)		
#3. Raw Water Source Sample	(Populati			
E.coli – GWR source sample		factory routine lab number:		
Fecal –Surface, GWI, some springs		ry routine collect date:		
□ Other				
Public systems must provide source number from WFI	Chlorinated:	inated: Yes No		
		idual: TotalFree		
<b>#4.</b> Sample Collected for Information O Investigative Construction / F		Other		
LAB USE ONLY DRINKING W				
Unsatisfactory Total Coliform Present a		Satisfactory		
E.coli present	oli absent			
Replacement Sample Required:				
Sample too old (>30 hours)	с [	]		
Improper Container Turt	bid culture	····		
Bacterial Density Results: Plate Count	/ml.	E.coli/100ml.		
Total Coliform/100ml.	Fecal Coliform	/100mi.		
Method Code: MICR	Date	Date, Time and Temp Received: UL		
Date Analyzed 11 20 14		Reported: 11 25114		
Sample Number (DOH number plus five digits) 0 1 7 - 31115	Lab	Use Only: Will29/14		

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NatureSc	the environme carboniess cap	ntally responsible psule	
SR# ((4/3()) ALS ERI 1317 S. 13th Avenue	Jironi	<b>nent</b> a elso, WA	
COLIFORM BA			
	ne Sample Collected	AM Pac	County Fific
Type of Water System (check only one box	· · –	Private House	ehold
Group A and Group B Systems – Provide 1 ID#	TB-ee	Cell Phone: (	y (WFI): Loter zi av 744-MIA
Day Phone: (360) 665-41 Eve. Phone: ()	44	FAX: (	) )
Specific location where sample collected by (name): Specific location where sample collected: Specific location where sample (MUST CHECK ONLY O #1, X Routine Distribution Sample Chlorinated: Yes No Chlorine Residual: Total Free #3. Raw Water Source Sample E. coli – GWR source sample E. coli – GWR source sample Chlorine Surface, GWI, some springs Other S	#2.Repeat 3	Special instru Special instru THROUGH # Sample (after bution System ce Groundwate ulation of 1,000 atisfactory rout	unsat. routine) or Rule (GWR) o r less) ine lab number: ollect date:
Public systems must provide source number from WFI	Chlorine	ed: Yes Residual: Total	
Investigative Construction /		Other	
LAB USE ONLY DRINKING Unsatisfactory Total Coliform Present E.coli present			LAB USE ONLY
Replacement Sample Required:         Sample too old (>30 hours)       Th         Improper Container       Tu	NTC rbid culture	· ·	
Bacterial Density Results: Plate Count			
Total Coliform/100ml. Method Code: MICR	Fecal Colifo		/100ml. emp.Beceived: UL I.9°C
Date Analyzed         III 200/(4           Sample Number (DOH number plus five digits)		Date Reported: Lab Use Only:	11/25/14 11/25/14

BRUNSWICK PRESS (713) 462-0600

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#### INTERPRETATION OF RESULTS FOR DRINKING WATER

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<b>NatureSol</b>	V <sup>TM</sup> the environmentally responsible carbonless capsule
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	ironmental
1317 S. 13th Avenue	
	CTERIA ANALYSIS
	Sample County
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Type of Water System (check only one box)	Private Household
Group A 🖸 Group B	Other
Group A and Group B Systems – Provide fro	M Water Facilities Inventory (WFI):
System Name: North R	enchlater
Contact Person: Bill De	ah and
Day Phone: 560 1665-4142	Cell Phone: Col 244-COCS
Eve. Phone: ( ) Email:	FAX:( )
Send results to: (Print full name, address and zip o	
Dorth Bear	h water
F.O. DOX 61	SI Gridino
Ocean Park, U	)A 78640
SAMPLE II	NFORMATION
Sample collected by (name):	pat Hunt
Specific location where sample collected:	Special instructions or comments:
Birch	ÐI
	IE BOX OF #1 THROUGH #4 LISTED BELOW)
	#2.Repeat Sample (after unsat. routine)
Chlorinated: Yes No	Distribution System
Chlorine Residual: Total Free	Source Groundwater Rule (GWR)
#3. Raw Water Source Sample	(Population of 1,000 or less)
E.coli – GWR source sample	Unsatisfactory routine lab number:
E Fecal –Surface, GWI, some springs	0 1 7
☐ Other	Unsatisfactory routine collect date:
S	
Public systems must provide source number from WFI	Chlorinated: Yes No
#4 🗆 Sample Collected for Information O	Chlorine Residual: TotalFree
#4. Sample Collected for Information Of Investigative Construction / R	
	·
	ATER RESULTS LAB USE ONLY
Unsatisfactory Total Coliform Present a	Ind X Satisfactory
Replacement Sample Required:	
Sample too old (>30 hours)	°C 🔲
Improper Container     Turb	id culture
Bacterial Density Results: Plate Count	/ml. E.coli/100ml.
Total Coliform/100ml.	Fecal Coliform/100ml.
Method Code: MICRSM9223B	Date, Time and Toppe Received: CUL
Date Analyzed 11 2014	Date Reported:
Sample Number (DOH number plus five digits)	Lab Use Only:
<u>0 1 7 3110</u>	1_ 1 1/24/14

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