



GENERAL MANAGER'S REPORT

REPORT ON WATER SYSTEM OPERATIONS FOR THE MONTH OF :

The Meter Period for this report is:			through	
The Billing Period for this Report is:			through	
The Activity Period for this Report is:			through	
1	Total Water Pumped (TWP) from all Wells in Metering Period			mg ¹
2	Total Water Used for Unidirectional Flushing in Metering Period			mg
3	Total Water Used for Reactionary Flushing in Metering Period			mg
4	Total Water Used for Backwashing Filters in Metering Period			mg
5	Total Water Lost and Used Repairing Leaks in Metering Period			mg
6	Total Other Known Water Used in Metering Period			mg
7	Total Water Sold in Metering Period			mg
8	Total Authorized Water Use in Metering Period (sum of 2 through 7)			mg
9	Total Distribution System Leakage (DSL) in Metering Period (difr. between 1 and 8)			mg
10	Percentage of TWP that is DSL			pct
11	Total Water Pumped (TWP) from all Wells in 2015 to date			mg
12	Total Authorized Water Use in 2015 to date			mg
13	Total Distribution System Leakage (DSL) in 2015 to date			mg
14	Percentage of TWP that is DSL in 2015 to date			pct
15	Residential Accounts in Billing Period	TS ² :	TBR ³ :	TMR ⁴ :
16	Commercial Accounts in Billing Period	TS:	TBR:	TMR:
17	Fire Flow Accounts in Billing Period	TS:	TBR:	TMR:
18	Surfside Management in Billing Period	Contract:	REIMB ⁵ :	
19	Other / Total Income in Billing Period	Other:	TI ⁶ :	
20	Past Due Accounts	30 days:	≥60 days:	Locked/Off:
				Liened Prop.:
21	Activity Period	Water Main Locates:	Customer Valves Installed:	
22	Water Quality Complaints:	Customer Service Calls:	Other:	

¹ Million Gallons

² Total Services

³ Total Base Rate

⁴ Total Metered Rate

⁵ Reimbursement

⁶ Total Income

03.13.2015 General Managers Report

Operations Report:

North Wellfield Booster Pump #1 failed in February, 2015. The Booster Pump was a Peerless Model PE-833 (7.5-HP 120 gpm @ 140 feet of head). The Peerless Model PE-833 is no longer available. The closest comparable pump that would match our booster station was a PACO 10707 LC (7.5-HP 100 gpm @ 152 feet of head). The quote for the replacement pump is \$1,868.28 plus tax and freight. The replacement pump will be installed by Treatment Plant Operator and a technician from Northwest Motor Service will perform a start-up on the pump. The work should be completed by the first week in April.

North Wellfield Booster Pump #3 failed in February, 2015. The Booster Pump is a Peerless Model C820A (15-HP 280 gpm @ 140 feet of head). Pump #3 can be repaired. It requires a new motor. There was evidence of excessive grease in the motor. Generally Operators will apply too much grease to a motor that is making excessive noise due to bearing wear. This seems to be the case with this motor. We will be reviewing proper preventive maintenance of pump motors with the crew to ensure proper lubrication. The quote for the replacement motor is \$2,541.78 plus tax and freight. The replacement motor will be installed by a technician from Northwest Motor Service. The work should be completed by the first week in April.

Bids results for the AMR Meter Replacement Materials:

ITEM	QTY	HD SUPPLY ALT (Raven)		HD SUPPLY		HB JAEGER		FERGUSON	
		UNIT P	EXT. P	UNIT P	EXT. P	UNIT P	EXT. P	UNIT P	EXT. P
1	50	114.20	5,710.00	114.20	5,710.00	122.62	6,131.00	149.93	7,496.50
2	800	99.69	79,752.00	99.69	79,752.00	89.95	71,960.00	122.94	98,352.00
3	300	44.97	13,491.00	44.97	13,491.00	44.15	13,245.00	56.13	16,839.00
4	25	83.90	2,097.50	83.90	2,097.50	86.81	2,170.25	104.69	2,617.25
5	200	47.96	9,592.00	47.96	9,592.00	47.08	9,416.00	59.86	11,972.00
6	10	300.23	3,002.30	300.23	3,002.30	229.78	2,297.80	277.99	2,779.90
7	20	189.87	3,797.40	189.87	3,797.40	195.86	3,917.20	236.96	4,739.20
8	500	35.00	17,500.00	40.91	20,455.00	40.42	20,210.00	45.88	22,940.00
9	400	23.00	9,200.00	28.49	11,396.00	28.15	11,260.00	35.37	14,148.00
TOTAL BASE BID:		144,142.20		149,293.20		140,607.25		181,883.85	

Bids are due for the North Wellfield Electrical Service Upgrade on March 20, 2015 at 10:00 PM. (see attached Bid Request)

Invited Bidders for small works roster:

- Ford Electric (Long Beach)
- Wadsworth Electric (Astoria)
- Clatsop Electric (Astoria)
- Harmon Electric (Longview)

WSDOT Tree Removal: PUD #2 did not respond with a quote to remove the tree at Bay Avenue and U Street. In order to expedite the removal of the tree I sent Bid Documents to vendors on the Small Works Roster who responded to "Tree Removal" services.

Bids are due for the Bay Avenue Tree Removal Project on March 25, 2015 at 1:00 PM. (see attached Bid Request)

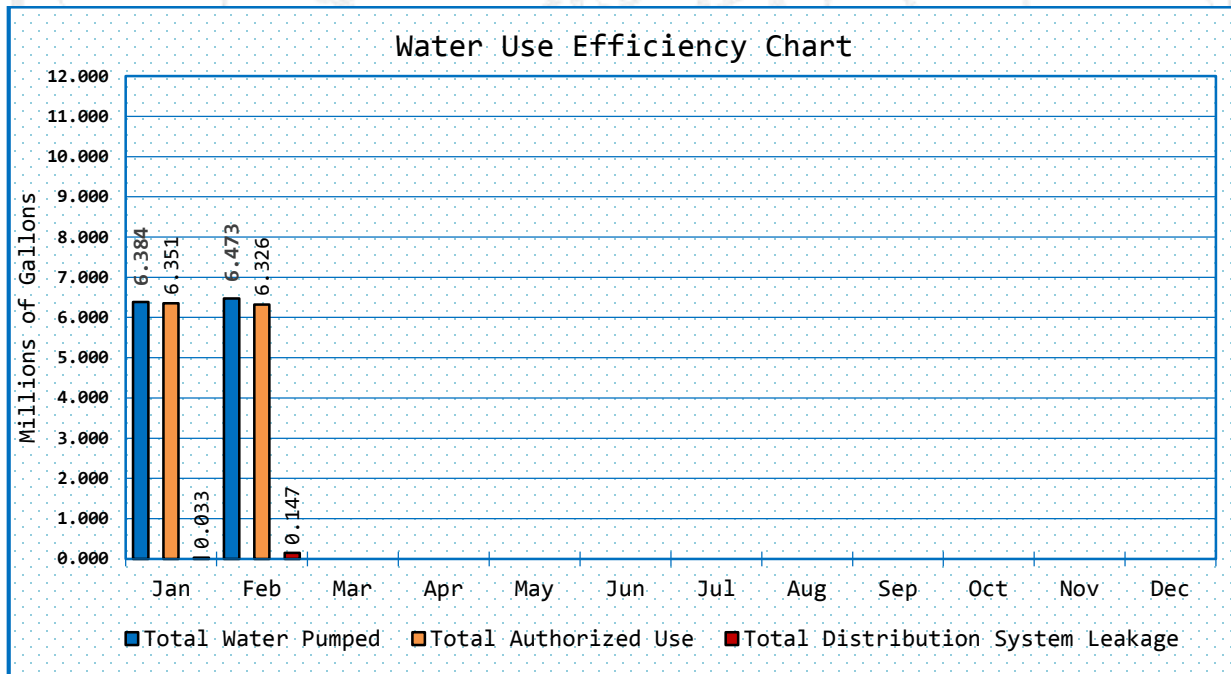
- Invited Bidders for small works roster:
- Robinson Bros. Constr. (Vancouver)
- Taft Plumbing (Ocean Park)
- Willapa Bay Lodge (Raymond)
- Wirkkala Construction (Long Beach)
- DPR Builders and Development (Ocean Park)
- Asplundh Tree Expert Co. (Kenmore)
- Kemp West (Snohomish)

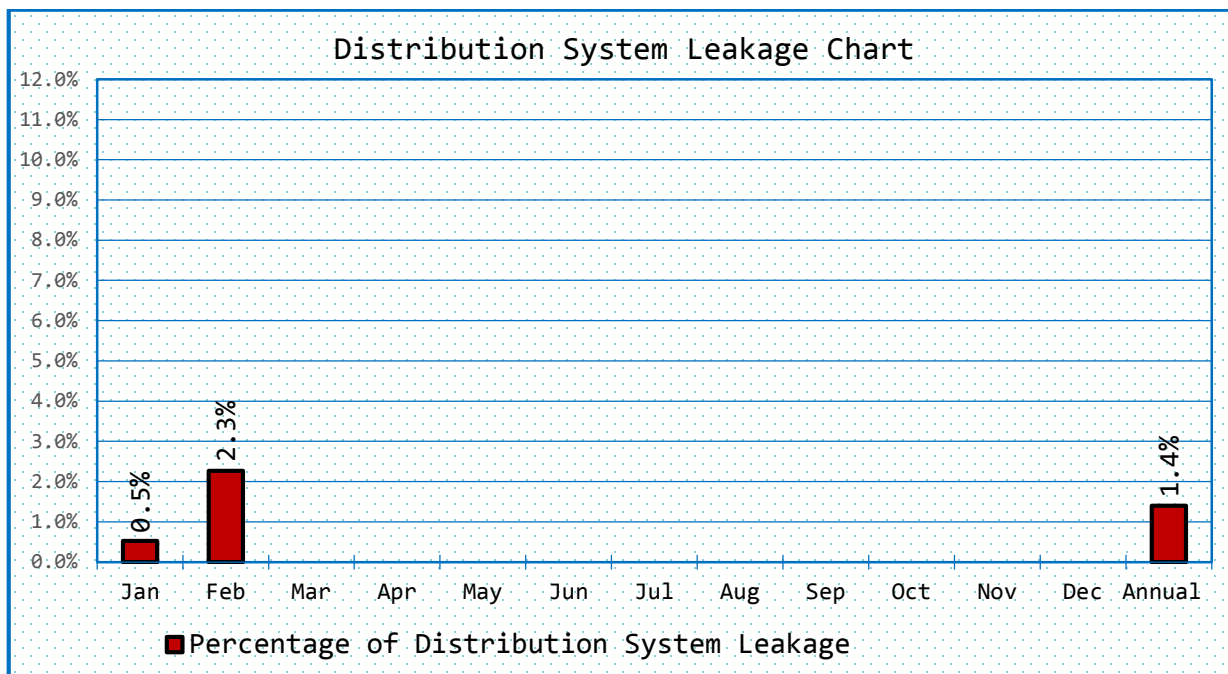
Utti and Associates and the crew dug the perk holes for the NWF Business Office drain field on March 10, 2015.

The Z Street Project is 98% complete. There is one tap left at the south end of the main extension. Once that tap is installed we will work at getting the Coast Land Company and The Larry Conner property connected to the new main extension. After the Coast Land Company and Larry Conner properties are connected to the new water main we can decommission the water main located in unrecorded easements on the Coast Land Company and Emond properties. Please find a map (Attachment A) that shows the recommended adjustments to the easements located on the Emond property.

245th Street Intertie. The Contractor, Rognlin's Inc., failed to obtain required compaction test during backfill. The engineer and WSDOT are negotiating a settlement to the issue. This issue will delay close-out of the contract.

Water Use Efficiency Charts:





Treatment Plant Report:

The meter to record the Backwash water required replacement in February. The new meter cost \$1,556.70. The new meter is an electromagnetic flow meter that will integrate with the SCAD telemetry equipment that will be installed with the DWSRF project.

Drinking Water State Revolving Fund Project:

Gray and Osborne engineers, Mike Johnson and Shari Gaer and NBWD staff, Bill Neal, Robert Hunt, and Dennis Schweizer met on February 27, 2015 to review preliminary plans for the DWSRF project. The meeting was very productive and we expect progress to be steady with a goal of submitting plans to the Department of Health for approval in June. I anticipate a Special Meeting in late April or May to review the plans with the Board

Water Quality Reports:

I have attached copies of the water samples the District submitted for analysis in January, 2015. All samples complied with DOH MCL's.

End of Report

03/13/2015

Page 5 of **Quote**
**NORTHWEST
MOTOR
SERVICE**

 1341 INDUSTRIAL WAY | LONGVIEW, WA 98632
 (360) 425-8700 | FAX: (360) 425-8702
 WWW.NWMOTORSERVICE.COM

Customer ID

9673

Quote Date

2/2/2015

Attn

cc

Bill

Dennis

Quote Number

RQ1528

Job Number

R1708

Customer Information
 North Beach Water District
 25902 Vernon Ave
 PO Box 618
 OCEAN PARK, WA 98640
Ship To Information
 North Beach Water District
 25902 Vernon Ave
 PO Box 618
 OCEAN PARK, WA 98640

Quote By: Chris Batchelor

PO #:

RFQ #:

Salesperson: Chris Batchelor

Phone:

Fax:

Nameplate Information

ID M1733
Rating 15 HP
Frame 215JM
Rated V. 208-230-460
Service Factor 1.15
Pump - Model 8942630
Pump - Type C820A

Make Baldor
RPM 3450
Enclosure WP1
Rated A. 38-36/18
Pump - Make Peerless
Pump - Size 7"

Reason For Repair: Evaluate for repair. Motor making noise.**Cause of Failure:** Both bearings are worn in motor. Grease contamination in pump. Mechanical seal is worn.**Required Work:** Replacing motor with new Baldor. Full rebuild of Peerless pump model C820A.**Comments:** Motor had damage on the end bells. Not economical to repair. Replace with new baldor motor.

Terms: Net 30

Pick Up On

Lead Time

Total Price

Repair Based on Straight Time:

10 Working Days

2,285.94

Repair Based on Overtime:

New Replacement Unit(s): Repair kit-C820A repair kit

1 Week ARO

255.84
(+ Freight)

Return, not Repaired:

Quotes Do Not Include Sales Tax or Freight, Unless Otherwise Noted.
We Are not Responsible For Items Left Over 30 Days.
Quote is valid for 30 days.

SIGNATURE: _____

DATE: _____

PO# (IF NOT ALREADY ISSUED):

Ship Via: Bestway

03/13/2015



**NORTHWEST
MOTOR
SERVICE**

1341 INDUSTRIAL WAY | LONGVIEW, WA 98632
(360) 425-8700 | FAX: (360) 425-8702
WWW.NWMOTORSERVICE.COM

Customer ID

9673

Quote Date

2/4/2015

Quote Number

RQ1529

Attn

William 'Bill' Neal

cc

Dennis

Job Number

R1707

Customer Information

North Beach Water District
25902 Vernon Ave
PO Box 618
OCEAN PARK, WA 98640

Ship To Information

North Beach Water District
25902 Vernon Ave
PO Box 618
OCEAN PARK, WA 98640

Quote By: Chris Batchelor

PO #:

RFQ #:

Salesperson: Chris Batchelor

Phone: (360) 665-4144

Fax: (360) 665-4641

Nameplate Information

ID M1732
Rating 7.5 HP
Frame 184JM
Rated V. 208-230/460
Serial # F888
Pump - Make Peerless
Pump - Serial # 114-7768

Make Baldor
RPM 3450
Enclosure WP1
Rated A. 19-18/9
Service Factor 1.15
Pump - Model PE833 3

Reason For Repair: Evaluate for repair. Motor making a lot of noise.

Cause of Failure: ODE bearing failure causing damage to housing. Peerless pump PE833:3 114-7768 is obsolete.

Required Work: Please see new closed coupled pump / motor on the quote below.

Comments:

Terms:	Pick Up On	Lead Time	Total Price
Net 30			
Repair Based on Straight Time:		3 Weeks ARO	1,868.28
Repair Based on Overtime:			

Return, not Repaired:

**Quotes Do Not Include Sales Tax or Freight, Unless Otherwise Noted.
We Are not Responsible For Items Left Over 30 Days.
Quote is valid for 30 days.**

SIGNATURE: _____

DATE: _____

PO# (IF NOT ALREADY ISSUED):

Ship Via: Bestway _____



Purchase Order

North Beach Water District

Date: March 12, 2015

R.Q. #:

P.O. #: *PO 62015-02-02R*

Vendor: Rick Kendall, SW WA Sales
 C/O Branom Instrument Co.
 5500 4th Ave. So.
 Seattle, WA 98108
 206.762.6050/360.791.2185

Ship to: Bill Neal - 360.244.0068
 North Beach Water District
 2217 272 Street
 Ocean Park, WA 98640
 360.665.4144

Shipping Method	Shipping Terms	Delivery Date
Ground	FOB Ocean Park, freight prepaid/charged	Thursday, April 02, 2015

Qty	Description	Part #	Unit Price	Line Total
1	Insertion Mag 3" Sensor PVC w/ integral FT 420	EX811P	\$ 1,001.25	\$ 1,001.25
1	EX Saddle PVC 3"	EF82S-P-300	107.81	\$ 107.81
1	Dual Power Supply Regulated 24 VDC & 24 VDC	PC42	213.75	\$ 213.75
1	Conversion Kit Part #102633	Part #102633	121.25	\$ 121.25
New Meter for Backwash Line				
Subtotal				\$ 1,444.06
Sales Tax 7.8%				\$ 112.64
Total				\$ 1,556.70

[Signature]
 Authorized by

3/12/15
 Date

F.O.B. Destination, freight prepaid	Seller - Pays freight charges, bears freight charges, owns goods in transit, and files claims (if any)
F.O.B. Destination, freight collect	Buyer - Pays freight charges, bears Freight charges, owns goods in transit, and files claims (if any)
F.O.B. Destination, freight prepaid/charged	Seller - Pays freight charges, bears freight charges, owns goods in transit, and files claims (if any) Adds freight charges to Buyers Invoice
Will Call	Buyer - bears Freight charges, owns goods in transit

This Purchase Order subject to the terms and condisions located on the back of this document

PO Box 618 - 25902 Vernon Ave. Ocean Park, WA 98640

**Purchase Order Terms and Conditions
Supplies, Equipment, and Materials**

1. Entire Contract

This CONTRACT, when accepted by the VENDOR either in writing or by the shipment of any article or other commencement of the performance hereunder, contains the entire CONTRACT between the parties with respect to the matters herein and there are no restrictions, promises, warranties or undertakings other than those set forth herein or referred to herein.

2. Packaging

VENDOR will package goods in accordance with good commercial practice. Each shipping container will be marked to include 1) Vendor's name and address, 2) DISTRICT'S company name, address, and purchase order number along with any additional information requested at time of purchase, 3) Container number, total number of containers (i.e. 1 box of 4 boxes).

3. Shipment Under Reservation Prohibited

VENDOR is not authorized to ship the goods under reservation and no tender of a bill of lading will operate as a tender of goods. No partial shipment is allowed unless authorized by the DISTRICT.

4. Title and Risk of Loss

The title and risk of loss of the goods shall not pass to DISTRICT until DISTRICT actually receives and takes possession of the goods at the point of delivery.

5. Delivery Terms and Transportation Charges

Delivery must be FOB destination, unless delivery terms are specified otherwise in the bid. The DISTRICT'S will not reimburse any portion of delivery/transportation costs other than the ones specified in the purchase order. DISTRICT designates what method of transportation shall be used to ship the goods. If delivery is not made on or before the "Date Required" by the Purchase Order, such order is deemed cancelled automatically at the option of the DISTRICT. The VENDOR shall be held responsible for the losses resulting from this cancellation.

6. No Replacement of Defective Tender

Every tender or delivery of goods must fully comply with all provisions of this contract as to time of delivery, quality and quantity. If a tender is made which does not fully conform, this shall constitute a breach of contract, and VENDOR shall not have the right to substitute a conforming tender, provided, where the time for performance has not yet expired, the VENDOR may reasonably notify the DISTRICT of his intention to cure and may then make a conforming tender within the contract time but not afterwards.

7. Delivery Cost

VENDOR shall bear cost of delivery to DISTRICT'S facility unless otherwise provided at time of purchase.

8. Delivery, Invoicing, and Payment

Payment shall be made on a Net 30 basis unless otherwise agreed to at the time of purchase. VENDOR shall submit separate invoices on each purchase order after each delivery. Invoices shall indicate the purchase order number and shall be itemized by item purchased and freight charges. A copy of the bill of lading and the freight waybill should be attached where applicable. Deliveries will be made at the delivery address below and invoices will be sent to the billing address below. On the day of delivery, VENDOR will notify District by calling 360.665.4144 approximately one hour before delivery.

Delivery Address: 2212 272nd Street

Ocean Park, WA 98640

Billing Address: PO Box 618

Ocean Park, WA 98640

9. Gratuities

The DISTRICT, by written notice to the VENDOR, may cancel this purchase order, without liability to DISTRICT, if it is determined by DISTRICT that gratuities in the form of entertainment, gifts, or otherwise were offered or given by the VENDOR or any agent or representative of the VENDOR to DISTRICT or any officer, employee or agent of DISTRICT with a view toward securing a purchase order or

securing favorable treatment with respect to awarding or amending a purchase order.

10. Warranty on Price

The price to be paid by the DISTRICT shall be that same price listed in VENDOR'S bid and which VENDOR warrants to be no higher than VENDOR'S current prices on order by others for products of the kind and specification covered by this agreement for similar quantities under similar or like conditions and methods of purchase. In the event VENDOR breaches this warranty, the price of the items shall be reduced to the VENDOR'S current prices on order by others, or as an alternative, DISTRICT may cancel this contract without liability to VENDOR for breach or VENDOR'S actual expense.

11. Warranty on Product

VENDOR shall not limit or exclude any implied warranties and any attempt to do so shall render this contract voidable at the option of the DISTRICT. VENDOR warrants that the goods furnished will conform to specifications, drawings, and descriptions listed in the bid invitation. In the event of a conflict between the specifications, drawings and descriptions, the specifications shall govern.

12. Right of Inspection

DISTRICT shall have the right to inspect the goods at delivery before accepting them.

13. Liability Agreement

Neither party shall be held responsible for losses resulting if the fulfillment of any term or provision of this contract is delayed or prevented by any cause not within the control of the party whose performance is interfered with, and which by the exercise of reasonable diligence said party is unable to prevent.

14. Assignment - Delegation

No right of interest in this contract shall be assigned nor delegation of any obligation made by the VENDOR without the written permission of DISTRICT. Any attempted assignment or delegation by VENDOR shall be wholly void and totally ineffective for all purposes unless made in conformity with this paragraph.

15. Waiver

No claim or right arising out of a breach of this contract can be discharged in whole or in part by a waiver or renunciation of the claim or right unless the waiver or renunciation is supported by consideration and is in writing signed by the aggrieved party.

16. Modifications

This contract can be modified or rescinded only in writing signed by both parties and their duly authorized agents.

17. Interpretation - Parole Evidence

This writing is intended by the parties as a final expression of their agreement and is intended also as a complete exclusive statement of the terms and conditions of their agreement. No course of prior dealings between the parties, and no usage of the trade shall be relevant to supplement or explain any term used in this contract. Acceptance or acquiescence in a course of performance rendered under this contract shall not be relevant to determine the meaning of this contract even though the accepting or acquiescing party has knowledge of the performance and opportunity for objection.

18. Applicable Law

This contract shall be governed by the laws of the State of Washington as effective and in force on the date of this Contract.

19. Advertising

VENDOR shall not advertise or publish without DISTRICT'S prior consent, the fact that DISTRICT has entered into this contract except to the extent necessary to comply with the proper requests for information from an authorized representative of the Federal, State, or local government.

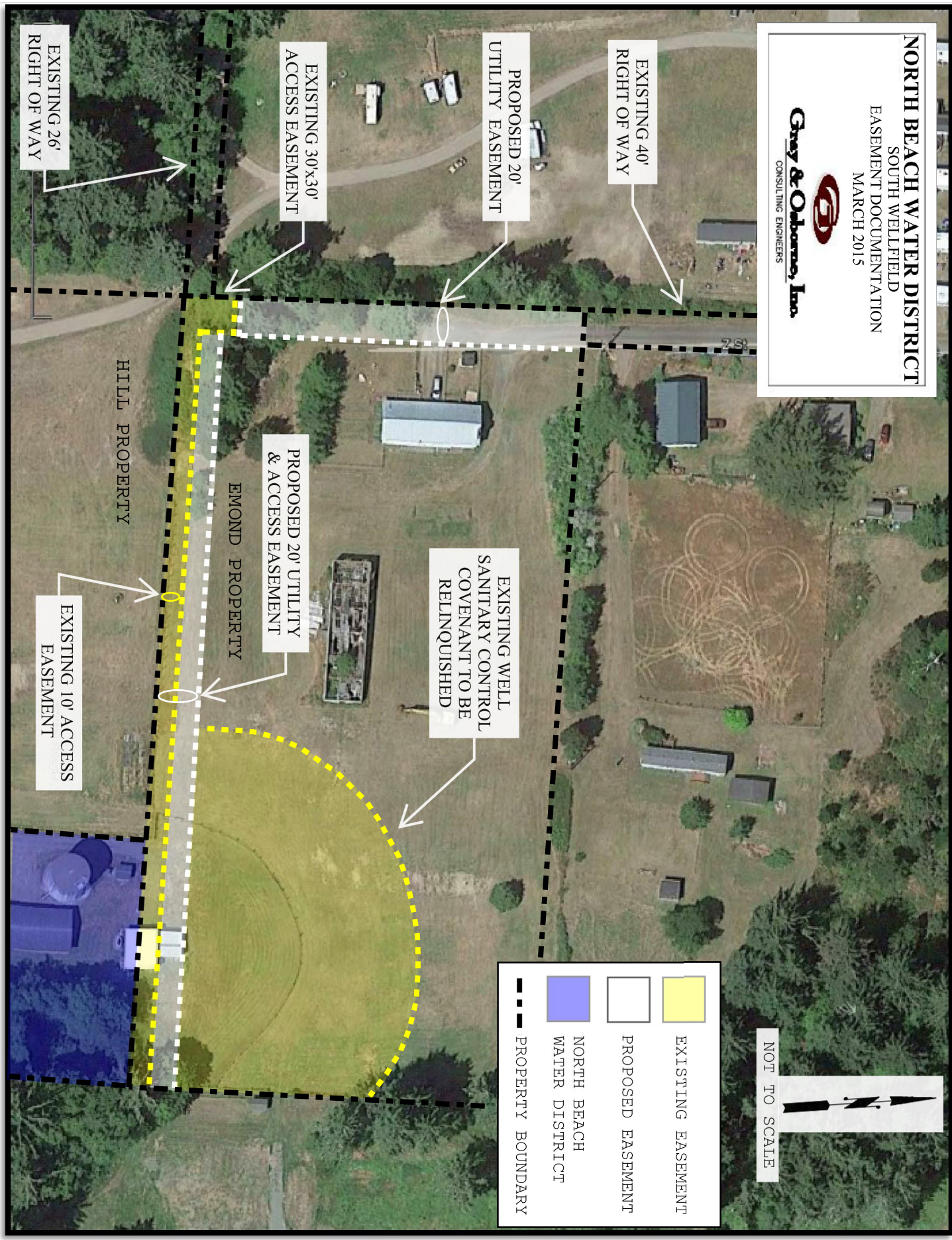
20. Error

In case of error in calculating or typing, the quoted unit price will be used as the basis for any price corrections for this order.

NORTH BEACH WATER DISTRICT
 SOUTH WELLFIELD
 EASEMENT DOCUMENTATION
 MARCH 2015



Gray & Osborne, Inc.
 CONSULTING ENGINEERS





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

February 09, 2015

Analytical Report for Service Request No: K1501063

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

RE: 63000C

Dear Bill:

Enclosed are the results of the sample(s) submitted to our laboratory on February 4, 2015. For your reference, these analyses have been assigned our service request number **K1501063**.

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

Page 1 of 10

**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 K15 01063
 Received: 2/4/15 Opened: 2/4/15 By: [Signature] Unloaded: 2/4/15 By: [Signature]

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? _____
 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
3.3	3.2	2.7	2.6	-0.1	349	NA	545076916214		

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

Notes, Discrepancies, & Resolutions: **SHORT HOLD TIME**

SR# K1501063-001
ALS Environmental
 1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 2/3/15 Month Day Year	Time Sample Collected 10:40 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Pacific
--	--	--------------------------

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

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

ID# _____
System Name: North Beach WaterContact Person: Bill WeahDay Phone: 360 665-4144 Cell Phone: 360 244-0068

Eve. Phone: () FAX: ()

Email: _____

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

North Beach Water
P.O. Box 618
Ocean Park, WA 98640
SAMPLE INFORMATION
Sample collected by (name): Robert Hunt
 Specific location where sample collected: 25640 'Z' St. Line extension
 Special instructions or comments: _____

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

#1. <input 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> <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

 Unsatisfactory Total Coliform Present and
 E.coli present E.coli absent Satisfactory

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

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

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

Method Code: MICR-5 M 9 2 2 3 B	Date, Time and Temp Received: <u>2/4/15 0940</u>
Date Analyzed <u>2.4.15 nb</u>	Date Reported: <u>2.5.15</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 1 0 6 3 1</u>	Lab Use Only: <u>CR 2/6/15</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# K1501063-002



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>2/3/15</u> Month Day Year	Time Sample Collected <u>9:30 AM</u> AM PM	County <u>Pacific</u>
--	--	--------------------------

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

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

ID# 630000C

System Name: North Beach Water

Contact Person: Bill Neat

Day Phone: (360) 665-4144 Cell Phone: (360) 244-0068

Eve. Phone: () FAX: ()

Email:

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

North Beach Water
P.O. Box 618
Ocean Park WA 98640

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected:
USS# 17 / 2420
272nd St

Special instructions or comments:

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

<p>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>	<p>#2. Repeat Sample (after unsat. routine)</p> <p><input type="checkbox"/> Distribution System</p> <p><input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number: <u>017</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: MICR-5M9223B Date, Time and Temp Received: 2/4/15 0940

Date Analyzed: 2.5.15 Date Reported: 2.5.15

Sample Number (DOH number plus five digits): 017-10632 Lab Use Only: 02/6/15

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

03/13/2015



SR# K1501063-003



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>2</u> / <u>13</u> / <u>15</u> Month Day Year	Time Sample Collected <u>9:42</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
---	---	--------------------------

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

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

ID# 63000C
 System Name: North Beach Water
 Contact Person: Bill Neal
 Day Phone: 360 665-4144 Cell Phone: 360 244-0068
 Eve. Phone: () FAX: ()

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

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt
 Specific location where sample collected: USSF 18 / Sandridge rd 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>
	#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 Satisfactory routine collect date: _____ / _____ / _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____

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

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

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

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

Method Code: MICR- <u>5 M 9 2 2 3 B</u>	Date, Time and Temp Received: <u>2/4/15 0940</u>
Date Analyzed <u>2.4.15 nb</u>	Date Reported: <u>2.5.15</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 1 0 6 3 3</u>	Lab Use Only: <u>02/6/15</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

03/13/2015

NatureSolv™ the environmentally responsible carbonless capsule

SR# K1501063-004



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>2/3/15</u> Month Day Year	Time Sample Collected <u>9:55 AM</u> AM 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 Neal</u>		
Day Phone: <u>(360) 665-4144</u>	Cell Phone: <u>(360) 244-0068</u>	
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: WSS# / 2807
19 / 270th 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 ___
#3. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other [S] [] [] [] <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>5 M 9 2 2 3 B</u>	Date, Time and Temp Received: <u>2/4/15 0940</u>
Date Analyzed <u>2.4.15</u>	Date Reported: <u>2.5.15</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 1 0 6 3 4</u>	Lab Use Only: <u>JR2/6/15</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

03/13/2015



SR# K1501063-005



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>2</u> / <u>13</u> / <u>15</u> Month Day Year	Time Sample Collected <u>10:10</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
---	--	--------------------------

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

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

ID# 63000C

System Name: North Beach Water

Contact Person: Bill Neal

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

Eve. Phone: () FAX: ()

Email:

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

North Beach Water
P.O. Box 618
Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected: USS# / 1711
21 / 255th PL

Special instructions or comments:

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

<p>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes ___ No ___</p> <p>Chlorine Residual: Total ___ Free ___</p>	<p>#2. Repeat Sample (after unsat. routine)</p> <p><input type="checkbox"/> Distribution System</p> <p><input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number: <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>Public systems must provide source number from WFI</p>	

#4. Sample Collected for Information Only

Investigative ___ Construction / Repairs ___ Other ___

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

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

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

Method Code: <u>MICR-5 M 9 2 2 3 B</u>	Date, Time and Temp Received: <u>2/4/15 0940</u>
Date Analyzed: <u>2.4.15</u>	Date Reported: <u>2.5.15</u>
Sample Number (DOH number plus five digits): <u>0 1 7 - 1 0 6 3 5</u>	Lab Use Only: <u>8/2/6/15</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

03/13/2015



SR# K1501063-006



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>2/3/15</u> Month Day Year	Time Sample Collected <u>10:25</u> <input checked="" type="checkbox"/> AM <input 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 Neal</u> Day Phone: <u>360665-4144</u> Cell Phone: <u>360244 00 08</u> 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: NSST# / 23400
24 Pacific Hwy

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. <input type="checkbox"/> 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: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
#3. <input type="checkbox"/> Raw Water Source Sample <input type="checkbox"/> E.coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other <table border="1" style="width: 100px; height: 20px;"><tr><td>S</td><td></td><td></td><td></td></tr></table> <small>Public systems must provide source number from WFI</small>	S				
S					

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

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

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

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

Method Code: <u>MICR-5 M 9 2 2 3 B</u>	Date/Time and Temp Received: <u>2/14/15 0940</u>
Date Analyzed <u>2.4.15 nb</u>	Date Reported: <u>2.5.15</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 1 0 6 3 6</u>	Lab Use Only: <u>02/16/15</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# K1501063-007



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 2/3/15 Month Day Year	Time Sample Collected 10:35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Pacific
--	--	--------------------------

Type of Water System (check only one box)

Group A Group B Private Household Other _____

Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):
ID# **63000C**

System Name: **North Beach Water**

Contact Person: **Bill Neal**

Day Phone: **360-665-4144** Cell Phone: **360-244-0068**

Eve. Phone: () FAX: ()

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

SAMPLE INFORMATION

Sample collected by (name): **Robert Hunt**

Specific location where sample collected: **US# / 22700**
25 / Birch Pl.

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

<p>#1 <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>	<p>#2 <input type="checkbox"/> 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: 017</p> <p>Unsatisfactory routine collect date: _____/_____/_____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>#3 <input type="checkbox"/> Raw Water Source Sample</p> <p><input type="checkbox"/> E. coli - GWR source sample</p> <p><input type="checkbox"/> Fecal - Surface, GWI, some springs</p> <p><input type="checkbox"/> Other</p> <p>S _____</p> <p>Public systems must provide source number from WFI</p>	

#4 **Sample Collected for Information Only**

Investigative _____ Construction / Repairs _____ Other _____

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

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

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

Method Code: MICR- 5 M 9 2 2 3 B	Date, Time and Temp Received: 2/4/15 0940 SW
Date Analyzed: 2.4.15 nb	Date Reported: 2.5.15
Sample Number (DOH number plus five digits): 017-10637	Lab Use Only: DL 2/6/15

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