



# 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 <sup>1</sup>
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 (diffr. 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 <sup>2</sup> :	TBR <sup>3</sup> :
16	Commercial Accounts in Billing Period	TS:	TBR:
17	Fire Flow Accounts in Billing Period	TS:	TBR:
18	Surfside Management in Billing Period	Contract:	REIMB <sup>5</sup> :
19	Other / Total Income in Billing Period	Other:	TI <sup>6</sup> :
20	Past Due Accounts	30 days:	≥60 days:
			Locked/Off:
			Liened Prop.:
21	Field Salary	Op/Admin Expense	Debt Service
22	Admin Salary	Capital Expense	Total Expense
23	Locates:	Customer Service Calls	Water Quality Complaints
			Other
24	Customer Valves Installed:	MIP # of Meters Installed:	Other:

<sup>1</sup> Million Gallons  
<sup>2</sup> Total Services  
<sup>3</sup> Total Base Rate  
<sup>4</sup> Total Metered Rate  
<sup>5</sup> Reimbursement  
<sup>6</sup> Total Income

May 15, 2015

## General Managers Report

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### Operations Report:

#### North Well Field:

There were no failures or major repairs to report in April.

The Crew demolished the garage and removed most of the debris from the site in April. Two of the trees that were in the driveway have been removed also.

Ford Electric is scheduled to start the North Wellfield Electrical Upgrade on May 17, 2015.

Kemp West, Inc. removed the tree at Bay Avenue and U Street on a limited Small Works Contract for \$3,500 plus tax in April.

Bids opening for the North Wellfield Well #2 Decommissioning was held on May 1, 2015 at 1:00 PM.

#### Results

- Pitner Drilling & Pump - No Bid (Woodland WA.)
- JKA Well Drilling & Pumps - No Bid (Monroe WA.)
- Cascade Drilling No Bid - (sent letter stating not qualified) (Woodinville WA.)
- Schneider Equipment, Inc. - No Bid St. Paul OR.)
- Tacoma Pump & Drilling Co. - No Bid (Graham WA)
- Holt Services - No Bid (Edgewood WA)
- Hokkaido Drilling, Inc. - \$13,000.00 (Graham WA)
- Dale McGhee & Sons Well Drilling, Inc. - No Bid (Kelso WA)
- Charon Drilling, Inc. - No Bid (Graham WA)
- Bison Drilling & Septic, LLC \$7,890.00 (Spanaway WA)

The general manager prepared a limited public works contract for Bison Drilling & Septic, LLC (Bison) to decommissioning well #2. The Board will be asked to award the contact to Bison by resolution at the May, 2015 regular meeting of the Board of Commissioners.

#### Contract for Professional Services.

At the April, 2015 regular meeting the commissioners instructed the general manager to obtain a cost estimate and contract for professional services for engineering and surveying of the 227<sup>th</sup> and Birch booster station project identified in the Draft Water System Plan.

Mike Johnson, Gray & Osborne has provided a proposed contract for

professional services that includes the following abbreviated scope of work:

**Project Management** (design) coordinating and managing the schedule and budget for the (design) budget for the project team.

**Topographic Survey** complete topographic survey of the site, identify existing utilities and above ground facilities and features, prepare legal description of property for the easement to be acquired.

**Predesign Report** evaluate alternatives, develop preliminary design criteria, develop preliminary site and piping plan, develop cost estimates.

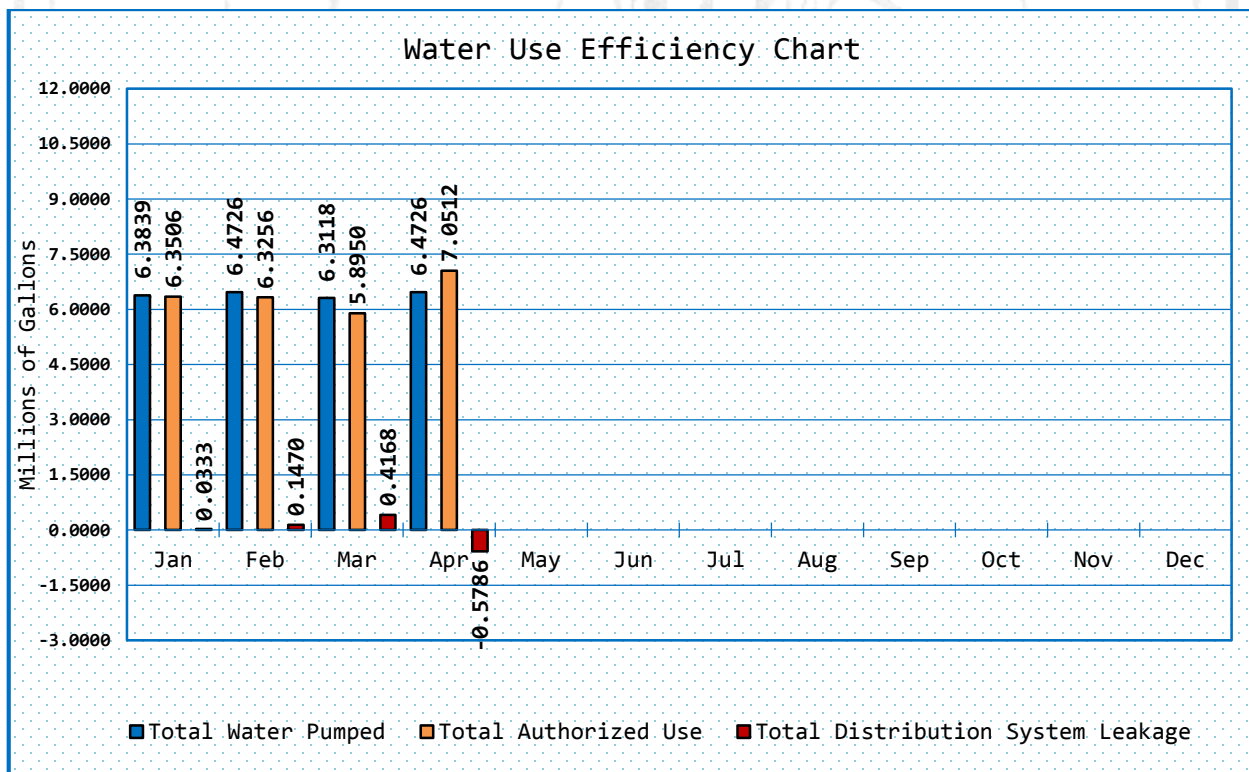
**Final Plan, Specifications, and Cost Estimate** complete civil, mechanical, and electrical engineering. 50% submittals, 90% submittals, final submittal and bid documents

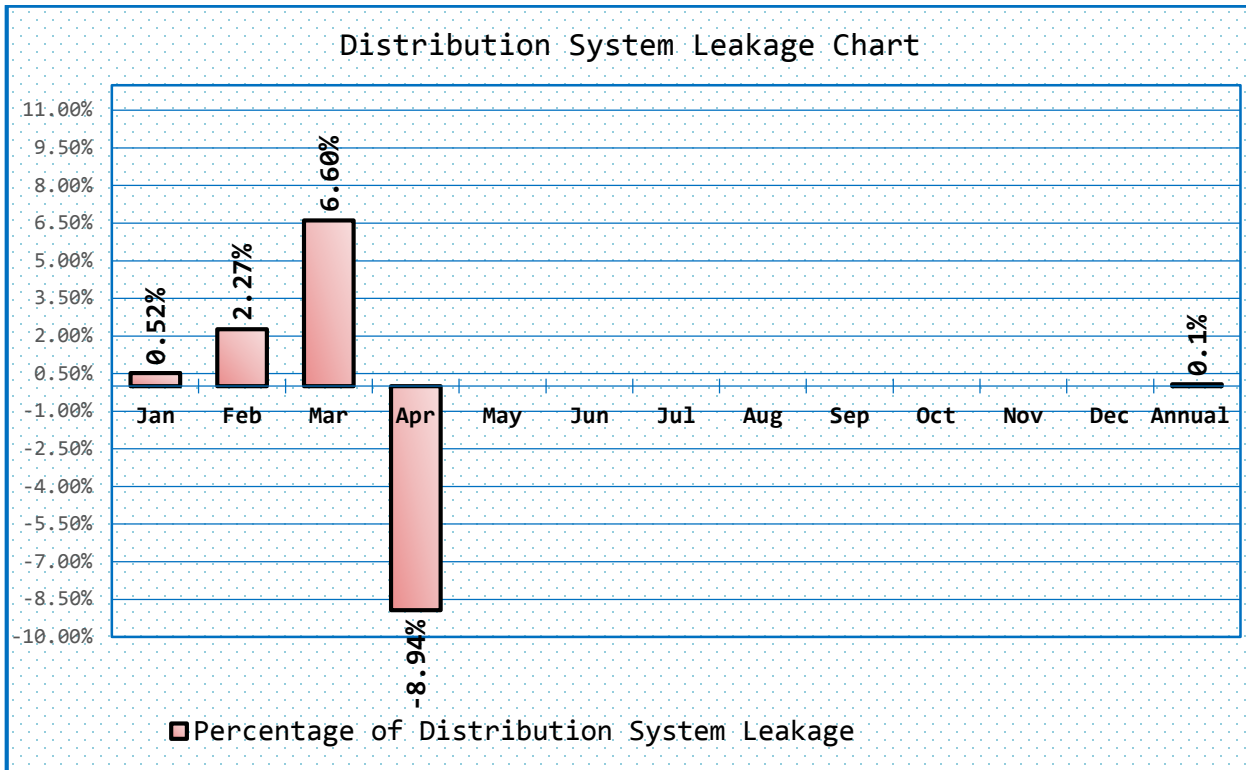
**Prepare Permit Applications** DOH Project Approval, SEPA, Pacific County Building Permit, Pacific County Right-of-Way Permit.

**QA/QC Review** Conduct Quality Assurance/Quality Control reviews throughout the project at predetermined intervals and as needed.

**Bid and Award Services** distribution of bid documents, response to contractor inquiries and preconstruction meeting, review bids, prepare bid tabulation and prepare an award recommendation letter.

**Water Use Efficiency Charts:**





**Treatment Plant Report:**

There were no equipment failures or major repairs to report in the treatment plant in April.

**Drinking Water State Revolving Fund Project:**

No progress to report in April.

**AMR Meter Installation Project Report:**

The crew installed 162 AMR meters in April, 2015. There are a total of 1,329 AMR meters installed as of April 30, 2015. There are 1,357 meters left to install. We will have to average 170 meters a month to complete the metering project on time.

**Office and Equipment Building Report:**

I have not received any updates from David since the last meeting (4/30/2015). I have talked to Pat Witherbee on the phone and in the office. According to Pat, the plans and specifications are close to being ready for bid.

**Water Quality Reports:**

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

The District is required to test for Arsenic quarterly. The sample from North Wellfield exceeded the MCL in April. I have discuss the sample with Teresa Walker, Office of Drinking Water Regional Engineer, and Sophia Petro, Office of Drinking Water Chemical Water Quality Monitoring Program. The

District will be required to:

- Increase to monthly monitoring for Arsenic;
- Develop an action plan delineating adjustments to the North Wellfield treatment plan operation protocols that will lower the arsenic residuals.
- Provide a schematic of the current treatment plant operation.

The District is not in violation of the WAC 246-290-310 "Maximum Contaminant Levels" due to this one sample. The WAC has established a "locational running annual average (LRAA) at each sampling point" for arsenic. Monthly sampling will help the District remain in compliance with the LRAA.

Considering our North Wellfield treatment plant reduces the Arsenic concentrations to just below the MCL (0.010 Mg/L) at peak performance I will be recommending the District purchase a good quality testing kit to analyze the finished water quality for Arsenic. The District's Treatment Plant Operator will be able to monitor and quickly react to variations in water quality in the treatment plant if he has frequent accurate samples to rely on. We are comparing several models now.

End of Report

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SR# K1503710-001



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <u>4</u> / <u>19</u> / <u>15</u> Month Day Year	Time Sample Collected <u>9:50</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>PACIFIC</u>
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Type of Water System (check only one box)  Private Household  
 Group A  Group B  Other \_\_\_\_\_

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

ID# 63000C

System Name: North Beach Water

Contact Person: Dennis Schweitzer

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

Eve. Phone: 360 244-0047 FAX: ( )

Email: \_\_\_\_\_

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

North Beach Water  
PO Box 618  
Ocean Park, WA, 98640

**SAMPLE INFORMATION**

Sample collected by (name): Dennis

Specific location where sample collected: S-19 23400 Pacific Hwy  
Special instructions or comments: \_\_\_\_\_

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

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

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

<b>LAB USE ONLY</b>	<b>DRINKING WATER RESULTS</b>	<b>LAB USE ONLY</b>
<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: <b>MICR- S M 9 2 2 3b</b>	Date, Time and Temp Received: <u>4/10/15 0930 AM</u>
Date Analyzed: <u>4.10.15 nb</u>	Date Reported: <u>4.12.15</u>
Sample Number (DOH number plus five digits) <u>017-37101</u>	Lab Use Only: <u>DK 4/14/15</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# K1503710-002



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <u>4/9/15</u> Month Day Year	Time Sample Collected <u>10:00</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>Dennis Schweizer</u>		
Day Phone: ( <u>360 665-4144</u> )	Cell Phone: ( )	
Eve. Phone: <u>360 244-0047</u>	FAX: ( )	
Email:		
Send results to: (Print full name, address and zip code) <u>North Beach Water</u> <u>PO Box 618</u> <u>Ocean Park, WA 98640</u>		

**SAMPLE INFORMATION**

Sample collected by (name): <u>Dennis</u>	Special instructions or comments:
Specific location where sample collected: <u>S-5 1206 247th Pl.</u>	

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

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

**#4.  Sample Collected for Information Only**

Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

LAB USE ONLY	<b>DRINKING WATER RESULTS</b>	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: <b>MICR-5 M 9 2 2 3 6</b>	Date, Time and Temp Received: <u>4/10/15 0930 M</u>
Date Analyzed <u>4.10.15 nh</u>	Date Reported: <u>4/12/15</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 3 7 1 0 2</u>	Lab Use Only: <u>4/14/15</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# K1503710-003



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <u>4/9/15</u> Month Day Year	Time Sample Collected <u>9:40</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
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Type of Water System (check only one box)  Private Household  
 Group A  Group B  Other \_\_\_\_\_

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

ID# 63000C

System Name: North Beach Water

Contact Person: Dennis Schweizer

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

Eve. Phone: 360 244-0047 FAX: ( )

Email: \_\_\_\_\_

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

**SAMPLE INFORMATION**

Sample collected by (name): Dennis

Specific location where sample collected: S-9 21700 "0" St.  
Special instructions or comments: \_\_\_\_\_

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

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

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

LAB USE ONLY	<b>DRINKING WATER RESULTS</b>	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>S M 9 2 2 3 6</u>	Date, Time and Temp Received: <u>4/10/15 0930 A</u>
Date Analyzed <u>4.10.15 ab</u>	Date Reported <u>4/12/15</u>
Sample Number (DOH number plus five digits) <u>017-37103</u>	Lab Use Only: <u>HR 4/14/15</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# K1503710-004



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <u>4/9/15</u> Month Day Year	Time Sample Collected <u>9:30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
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Type of Water System (check only one box)

Group A     Group B     Private Household     Other \_\_\_\_\_

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

ID# 63000C

System Name: North Beach Water

Contact Person: Dennis Schweizer

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

Eve. Phone: 360-244-0047 FAX: ( )

Email: \_\_\_\_\_

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

North Beach Water  
PO Box 618  
Ocean Park, WA 98640

**SAMPLE INFORMATION**

Sample collected by (name): Dennis

Specific location where sample collected: S-7 23200 Birch PL.

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

<p><b>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</b></p> <p>Chlorinated: Yes _____ No <input checked="" type="checkbox"/></p> <p>Chlorine Residual: Total _____ Free _____</p>	<p><b>#2. Repeat Sample (after unsat. routine)</b></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><b>#3. Raw Water Source Sample</b></p> <p><input type="checkbox"/> E. coli – GWR source sample</p> <p><input type="checkbox"/> Fecal – Surface, GWI, some springs</p> <p><input type="checkbox"/> Other</p> <p><u>S</u> _____</p> <p><small>Public systems must provide source number from WFI</small></p>	

**#4.  Sample Collected for Information Only**

Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

LAB USE ONLY	<b>DRINKING WATER RESULTS</b>	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     \_\_\_\_\_

Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml.	Date/Time and Temp Received: <u>4/10/15 AM 0930</u>
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.	Date Reported: <u>4/12/15</u>
Method Code: <u>MICR-5M92736</u>	Lab Use Only: <u>4/14/15</u>
Date Analyzed: <u>4.10.15 nb</u>	Sample Number (DOH number plus five digits): <u>017-37104</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# K150370-005



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <u>4</u> / <u>19</u> / <u>15</u> Month Day Year	Time Sample Collected <u>10:15</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>Dennis Schweizer</u>		
Day Phone: <u>(360) 665-4144</u>	Cell Phone: ( )	
Eve. Phone: <u>(360) 244-0047</u>	FAX: ( )	
Email:		
Send results to: (Print full name, address and zip code) <u>North Beach Water</u> <u>PO Box 618</u> <u>Ocean Park, WA, 98640</u>		

**SAMPLE INFORMATION**

Sample collected by (name): <u>Dennis</u>	Special instructions or comments:
Specific location where sample collected: <u>S-4 27900 '0' St.</u>	
<b>Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)</b>	
#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No <input checked="" type="checkbox"/> 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 <u>S</u> _____ <small>Public systems must provide source number from WFI</small>	
#4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____	

LAB USE ONLY	<b>DRINKING WATER RESULTS</b>	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: <b>MICR-</b> <u>SM 9 2 7 3 6</u>	Date, Time and Temp Received: <u>4/10/15 0930 M</u>
Date Analyzed <u>4.10.15 16</u>	Date Reported: <u>4/12/15</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 3 7 1 0 5</u>	Lab Use Only: <u>4/11/15</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# K1503710-006



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <u>4/9/15</u> Month Day Year	Time Sample Collected <u>9:10</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
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Type of Water System (check only one box)  Private Household  
 Group A  Group B  Other \_\_\_\_\_

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

ID# 63000C

System Name: North Beach Water

Contact Person: Dennis Schweitzer

Day Phone: 360 665-4149 Cell Phone: ( )

Eve. Phone: 360 244-0047 FAX: ( )

Email: \_\_\_\_\_

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

**SAMPLE INFORMATION**

Sample collected by (name): Dennis

Specific location where sample collected: S-2 26200 Sandridge Rd. Special instructions or comments: \_\_\_\_\_

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

<p><b>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</b></p> <p>Chlorinated: Yes _____ No <input checked="" type="checkbox"/></p> <p>Chlorine Residual: Total _____ Free _____</p>	<p><b>#2. Repeat Sample (after unsat. routine)</b></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><b>#3. Raw Water Source Sample</b></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	<b>DRINKING WATER RESULTS</b>	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>5M9223b</u>	Date, Time and Temp Received: <u>4/10/15 0930 AM</u>
Date Analyzed: <u>4.10.15 ab</u>	Date Reported: <u>4/12/15</u>
Sample Number (DOH number plus five digits): <u>017-37106</u>	Lab Use Only: <u># 4/14/15</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# K1503710-007



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 4 / 9 / 15 Month Day Year	Time Sample Collected 9:00 AM AM PM	County Pacific
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Type of Water System (check only one box)  
 Group A     Group B     Private Household     Other

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

ID# 63000C

System Name: North Beach Water

Contact Person: Dennis Schweitzer

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

Eve. Phone: 360 244-0047 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): Dennis

Specific location where sample collected: S-12 2218 272nd Special instructions or comments:

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

<p><b>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</b></p> <p>Chlorinated: Yes ___ No <input checked="" type="checkbox"/></p> <p>Chlorine Residual: Total ___ Free ___</p>	<p><b>#2. Repeat Sample (after unsat. routine)</b></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><b>#3. Raw Water Source Sample</b></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> Public systems must provide source number from WFI</p>	

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

LAB USE ONLY	<b>DRINKING WATER RESULTS</b>	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 6</u>	Date, Time and Temp Received: <u>4/10/15 0930 AM</u>
Date Analyzed: <u>4.10.15 nb</u>	Date Reported: <u>4/12/15</u>
Sample Number (DOH number plus five digits): <u>017-37107</u>	Lab Use Only: <u>K 4/14/15</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# K1503710-008



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <u>4/9/15</u> Month Day Year	Time Sample Collected <u>9:20</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
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Type of Water System (check only one box)  Private Household

Group A  Group B  Other \_\_\_\_\_

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

ID# 63000C

System Name: North Beach Water

Contact Person: Dennis Schweizer

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

Eve. Phone: 360 244-0047 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): Dennis

Specific location where sample collected: S-18 2420 Sandridge Rd.

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

#1.  Routine Distribution Sample  
Chlorinated: Yes \_\_\_ No   
Chlorine Residual: Total \_\_\_ Free \_\_\_

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

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

Unsatisfactory routine lab number: 017  
Unsatisfactory routine collect date: \_\_\_\_\_  
Chlorinated: Yes \_\_\_ No \_\_\_  
Chlorine Residual: Total \_\_\_ Free \_\_\_

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

**LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY**

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

Satisfactory

Replacement Sample Required:  
 Sample too old (>30 hours)  TNTC  \_\_\_\_\_  
 Improper Container  Turbid 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: 4/10/15 0930 AM

Date Analyzed: 4/10/15 nb Date Reported: 4/12/15  
Sample Number (DOH number plus five digits): 017-37108 Lab Use Only: # 4/11/15

**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



**ALS Environmental**  
 1317 South 13th Avenue  
 Kelso, WA 98626  
**METALS TEST PANEL - MODIFIED**  
 for the State of Washington

**REPORT OF ANALYSIS**

Date Collected: (MM/DD/YY) 4/9/2015		System Group: (Select A, B, Other) A	
Water System ID Number: 63000C		System Name: <b>North Beach Water District</b>	
Lab Sample Number: 01737161		County: <b>Pacific</b>	
Sample Location: <b>Effluent Tap</b>		Source Number(s): <b>S06</b>	
Sample Purpose:		Date Received: <b>04/10/15</b>	
<b>Select One</b>		Date Analyzed: <b>04/15-20/15</b>	
<input checked="" type="checkbox"/>	RC- Routine/Compliance	Date Reported: <b>04/30/15</b>	
<input type="checkbox"/>	C- Confirmation	Comments: <b>K1503716-001</b>	
<input type="checkbox"/>	Investigative		
<input type="checkbox"/>	Other(specify)		
Sample Composition:		<b>Sample Type: (Select One)</b>	
<b>Select One</b>		<input type="checkbox"/> Pre-Treatment/Raw	
<input checked="" type="checkbox"/>	S- Single Source	<input checked="" type="checkbox"/> Post-Treatment/Finished	
<input type="checkbox"/>	B- Blended (List multiple source numbers)	<input type="checkbox"/> Unknown	
<input type="checkbox"/>	C- Composite	Sample Collected by: <b>Dennis Schweizer</b>	
<input type="checkbox"/>	D- Distribution sample	Phone Number: <b>360-214-2810</b>	
Send Report to: Dennis Schweizer WA DOH		Bill to:	

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded check if yes	Method	Analyst
0004	ARSENIC	<b>0.012</b>	mg/L	0.001	0.010	0.010		200.8	<b>GJ</b>
0008	Iron	<b>0.02</b>	mg/l	0.1	---	0.3 <sup>1</sup>		200.7	EM
0010	Manganese	<b>&lt;0.005</b>	mg/l	0.01	---	0.5 <sup>1</sup>		200.7	EM

**NOTES:**

**SRL (State Reporting Level):** indicates the minimum reporting level required by the Washington Department of Health (DOH).  
**Trigger Level:** DOH Drinking Water Response Level. Systems with compounds detected at concentrations in excess of this level are required to take additional samples. Contact your regional DOH office for further information.  
**MCL (Maximum Contaminant Level):** If the contaminant amount exceeds the MCL, immediately contact your regional DOH office.  
**NA (Not Analyzed):** in the results column indicates this compound was not included in the current analysis.  
**ND (Not Detected):** in the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SRL.  
**<(0.00X):** indicates the compound was not detected in the sample at or above the concentration indicated. (lab mdl) lower than the SRL.

***Comments:*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**WASHINGTON STATE**  
DEPARTMENT OF COMMERCE

Form  
A19-1A

VOUCHER DISTRIBUTION  
DEPARTMENT OF COMMERCE  
PO BOX 42525  
OLYMPIA, WA 98504-2525

AGENCY NUMBER	Short Code	Commerce Contract Number
<b>1030</b>		<b>DM12-952-129</b>

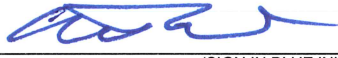
VENDOR OR CLAIMANT (Warrant is to be payable to:)

North Beach Water District  
PO Box 618  
Ocean Park WA, 98640

Contact Person: **Jack McCarty**  
Phone: **(360) 665-4144**  
Contract Period: **11/29/2012 - 11/29/2036**  
Report Period: **4/1/15 - 4/30/15**

**INSTRUCTIONS TO VENDOR OR CLAIMANT:**  
Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item.

Vendor's Certificate: The individual signing this voucher warrants they have the authority to do so as authorized and on the behalf of the entity identified in the Vendor/Client section. The individual signing below certifies under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.

By:   
**General Manager** (SIGN IN BLUE INK)  
(TITLE) 5/4/2015  
(DATE)

Original Contract Amount	\$2,190,631				
Loan Fee (if any)	\$0				
<b>Date</b>	<b>DESCRIPTION</b>	<b>Budget</b>	<b>Previously Requested</b>	<b>Amount of This Invoice</b>	<b>Award Remaining Balance</b>
	<b>Net Contract Amount</b>	<b>\$2,190,631</b>	<b>\$466,485.30</b>		<b>\$1,724,146</b>
	<b>Request #24</b>				
4/1/2015	Invoice #13224.02-000026 / Gray & Osborne / Supply & Treatment Project			\$21,471.01	
<b>Totals</b>				<b>\$21,471.01</b>	<b>\$1,702,675</b>

Match: Year / Dollars / Coding				PROGRAM APPROVAL (the individual signing this voucher warrants they have the authority to sign this voucher)				DATE	
DOC DATE		CURRENT DOC. NO.		REFERENCE DOC NO.		VENDOR NUMBER and SUFFIX <b>SWV0110176 00</b>			
ACCOUNT NO.				ASD NUMBER 27010		VENDOR MESSAGE			
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL	ACCT	SUBSID	AMOUNT	INVOICE
									DM12-952-129
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT							DATE	WARRANT TOTAL	
ACCOUNTING APPROVAL FOR PAYMENT							DATE		



WASHINGTON STATE DEPARTMENT OF COMMERCE

Form A19-1A

VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 98504-2525

AGENCY NUMBER

Short Code

Commerce Contract Number

1030

DM12-952-121

VENDOR OR CLAIMANT (Warrant is to be payable to:)

North Beach Water District PO Box 618 Ocean Park WA, 98640

INSTRUCTIONS TO VENDOR OR CLAIMANT:

Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item.

Vendor's Certificate: The individual signing this voucher warrants they have the authority to do so as authorized and on the behalf of the entity identified in the Vendor/Client section. The individual signing below certifies under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.

Contact Person: Jack McCarty (360) 665-4144 Contract Period: 11-29-2012 thru 11-29-2036 REPORT PERIOD: 4/1/15 - 4/30/15

By: [Signature] General Manager (TITLE) 5/4/2015 (DATE)

Table with columns: Date, DESCRIPTION, Budget, Previously Requested, Amount of This Invoice, Award Remaining Balance. Includes rows for Original Contract Amount (\$891,123), Net Contract Amount (\$882,300), and a detailed invoice line for 4/1/2015.

Match: Year / Dollars / Coding PROGRAM APPROVAL DATE DOC DATE CURRENT DOC. NO. REFERENCE DOC NO. VENDOR NUMBER and SUFFIX SWV0110176 00 ACCOUNT NO. ASD NUMBER VENDOR MESSAGE