

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 :
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 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

June 16, 2015

General Managers Report

Operations Report:

North Well Field:

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

Ford Electric completed the North Wellfield electrical upgrade project in May, 2015.

Bison Well Drilling and Septic, LLC is scheduled to decommission North Wellfield #2 the week of June 15, 2015.

The general manager prepared a limited public works Request for Bids for the Septic System for the North Wellfield for the new office building. The bid package was sent to the following contractors chosen from the District's Small Works Roster:

- Woody's Septic Specialties;
- DPR Builders & Developers;
- Hill & Sons Excavating;
- Taft Plumbing & Septic;
- Wirkalot Trucking.

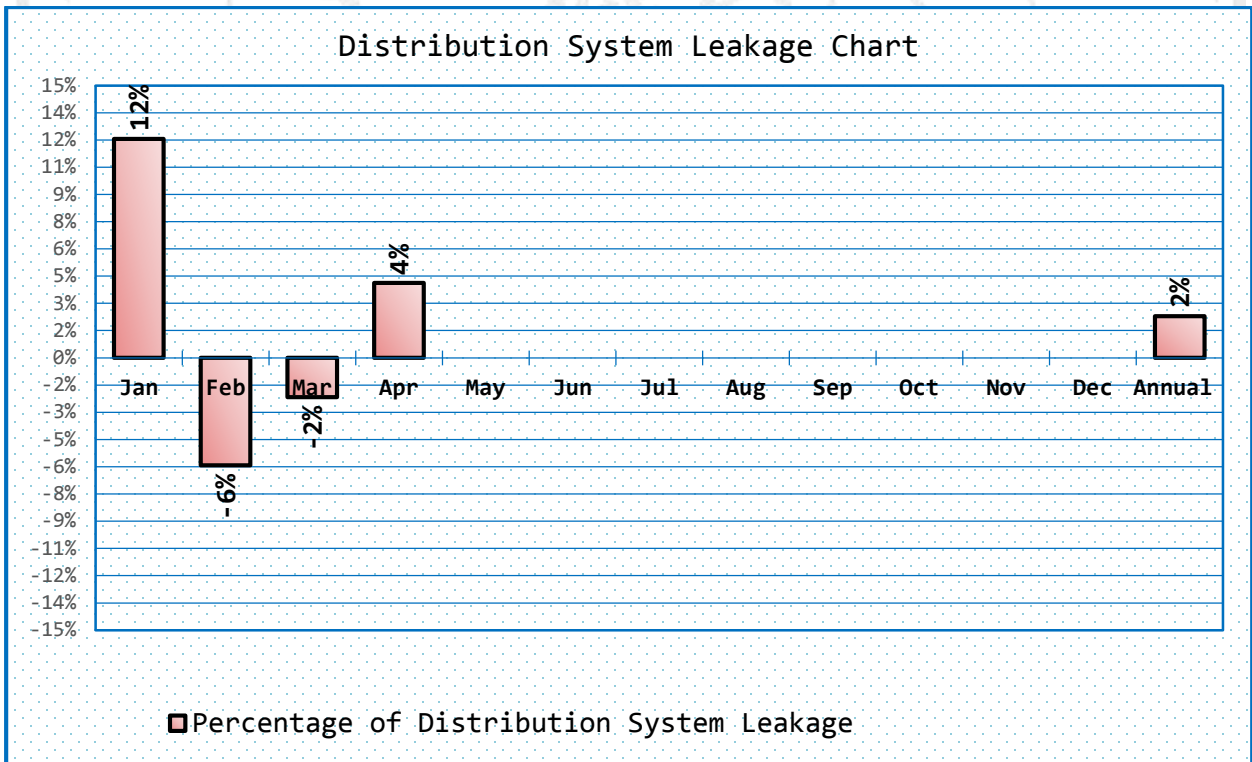
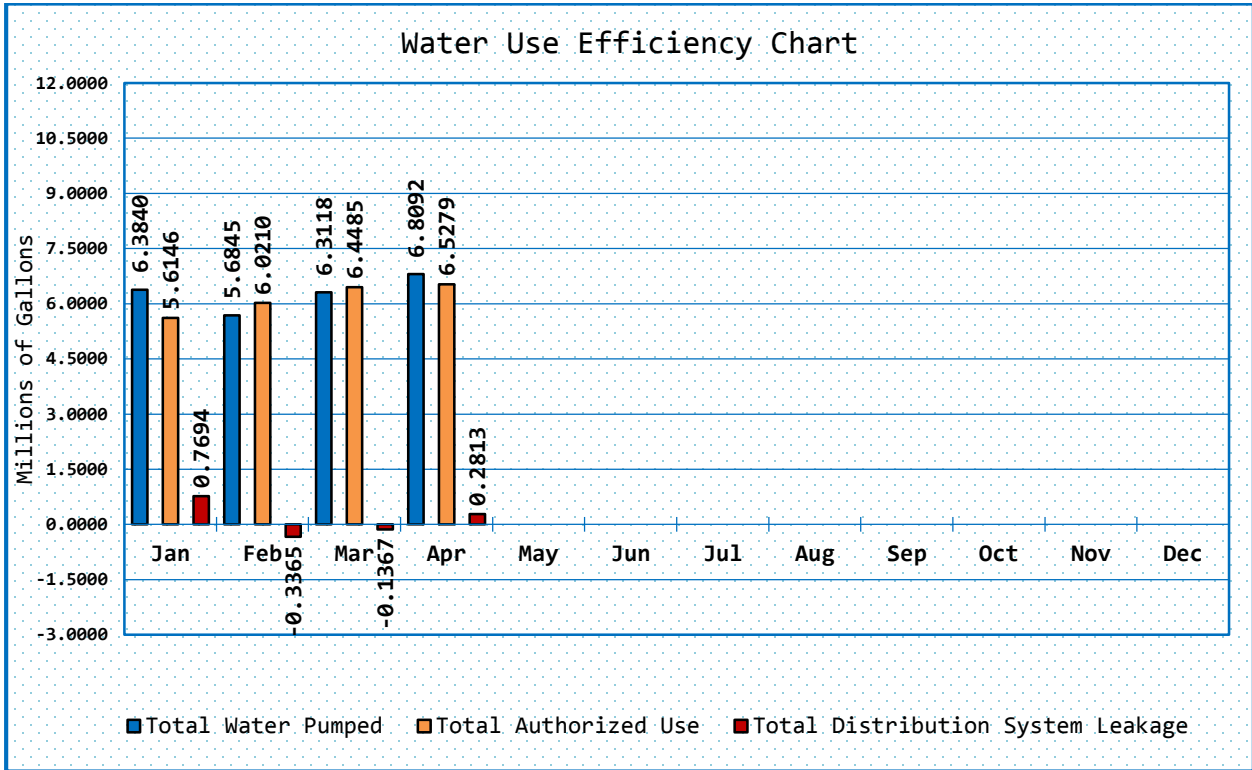
A copy of the bid package is attached to this report.

Contract for Professional Services.

At the April, 2015 regular meeting the general manager presented a proposed contract for professional services for engineering and surveying of the Birch Place Booster Station project identified in the Draft Water System Plan from Gray and Osborne, Inc.

After reviewing the scope of work and other conditions of the proposed contract for professional services, the general manager recommended to the Board that it would be in the District's best interests to prepare an RFP seeking proposals from other qualified professional engineers to provide professional engineering services for the Birch Place Booster Station project. The General Manager prepared an RFP a copy of which is attached to this report.

Water Use Efficiency Charts:



Treatment Plant Report:

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

Michael Berlien installed a microprocessor based controller for use with the 8" master meter at the North Wellfield Booster Station in 2009. The controller has never worked properly. Dennis Schweizer was able to diagnose the issue with the controller and make the adjustments so that it now properly records the flow and total water through the meter. The microprocessor (Neptune TRICON® Smartrol™) cost the District approximately \$5,000.00. The repair cost the District less than \$20.00 in shipping fees. Dennis took the initiative to identify the problem and find the solution. That is the kind of initiative the District needs in its Operators.

Drinking Water State Revolving Fund Project:

Mike Johnson, Gray and Osborne, has provided the 90% complete plans and specifications for the DWSRF Source and Treatment Improvements Project. I have reviewed the plans and specifications and they cover the District's goals for the DWSRF loan projects.

The Office of Drinking Water (ODW) (Teresa Walker and Anna Zaklikowski) are reviewing the South Wellfield Treatment Pilot Study submitted by Russ Porter, Gray and Osborne, on April 6, 2015. When they the ODW has approved the Treatment Pilot Study for the South Wellfield, Gray and Osborne will submit the Plans for the Source and Treatment Improvements to the ODW for approval. Once all of the ODW approvals have been obtained, the District will put the projects out to bid.

AMR Meter Installation Project Report:

The crew installed 132 AMR meters in May, 2015. There are a total of 1,461 AMR meters installed as of May 31, 2015. There are 1,225 meters left to install. We will have to average 175 meters a month to complete the metering project on time.

Office and Equipment Building Report:

I received the Bid Construction Drawings and Bid Construction Project Manual from David Jensen on June 1, 2015. They were incomplete as the structural engineering was not finished. I have yet to receive the updated set of plans and specifications. The bid was advertised that week in the Daily Astorian, Chinook Observer, and the Portland Daily Journal of Commerce (web site only). David scheduled a pre-bid walkthrough for Monday June 8, 2015. There were four contractors at the pre-bid walkthrough. All four signed in as general contractors. They were: Roglins, Inc. (Aberdeen WA), Helligso Construction (Astoria OR), Dr. Roof (Long Beach WA), DPR Builders & Developers (Ocean Park WA).

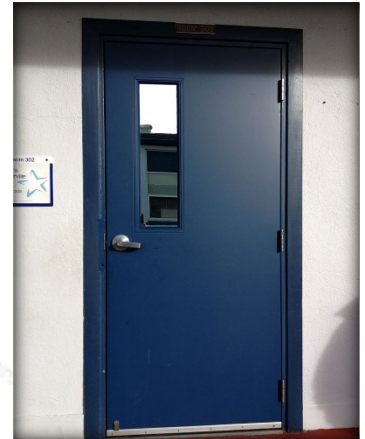
David changed the door specification on the final plans just before going to bid. The doors in question are the exterior man doors from the outside to the garage area, break room and back office. According to the minutes of our planning meetings, those doors were to be heavy duty metal doors with stainless steel hardware and a 1/8 light kit (window). The final plans and specifications called for an aluminum storefront door with full glass front. The aluminum doors are much more expensive than the metal doors we had discussed at the planning meetings. In addition, the excessive glass would encourage vandalism due to the fact that the building would be unoccupied for extended periods of time. After extensive discussion, the door specification was changed back to a heavy duty steel door with a 1/8 light kit for safety purposes.

I am concerned that the pre-bid meeting was held too soon. There were only two general contractors at the meeting (Roglines & Helligso). Dr. Roof and DPR are not general contractors for this project. If they provide bids it will be for subcontracting work to general contractors. In addition, the timing of David's vacation will not help the District during the bidding process. David will be on vacation during most of the time the bid is out for consideration by bidders. Traditionally this period of time is for bidders to ask questions and get clarification from the engineers and architects. If David is not available to answer those questions and issue any addenda bidders will be reluctant to provide the best bid for our project. In short, I have concerns that the District will not receive competitive bids from a diverse list of bidders and the bids that are received will be hurried and will not be the "best price" from those who do bid.

Water Quality Reports:

I have attached copies of the water samples the District submitted for analysis in May, 2015.

The District submitted 8 coliform bacteria samples to ALS Environmental Laboratories in Kelso Washington on Thursday May 7, 2015 for analysis. On Saturday May 9, 2015 at 1:00 PM ALS reported that one of the samples tested positive for e-coli. WAC 246-290-320 provides water purveyors instructions on mandatory actions in the event of a primary standard MCL violation. The General Manager called the Department of Health emergency after hours contact within one hour of confirming the positive e-coli result. Arrangements were made to collect repeat samples on Sunday May 10, 2015 and deliver them to



HD Steel Door 1/8 Light Kit



Aluminum Storefront Door

Water Management Laboratories in Tacoma Washington for analysis. The repeat samples (8 - 4 compliance, 4 investigative) all tested negative for e-coli and coliform bacteria. The Office of Drinking Water determined the incident was caused by a contaminated sample bottle. The General Manager concurs with that determination.

In addition to microbial samples the district also submitted samples for:

Analytes	Results	Units	MCL/SMCL	Exceedance
Arsenic	0.008	mg/L	0.01	No
Nitrate	<0.10	mg/L	10	NO
Iron	<0.02	mg/L	0.3	NO
Manganese	0.011	mg/L	0.5	No

Arsenic Exceedance Response

The District submitted a water sample for arsenic analysis on April 10, 2015. The results of the analysis were out of compliance with the MCL for arsenic. The MCL for arsenic is 0.010 mg/l (10 parts per billion) and the results of the sample was 0.012 mg/l (12 parts per billion). The Office of Drinking Water has required the District to take the following steps:

- Provide the Office of Drinking Water a schematic showing all active water sources in the North Wellfield, the manifold for wellfield designation and all treatment regimes.
- Provide the Office of Drinking Water a Blending Plan.
- Submit monthly post treatment water samples to a state approved laboratory for arsenic testing until Running Annual Average (RAA) has reliably and consistently been below the MCL and the District has successfully implemented a blending plan to reduce the Arsenic residuals.

The District is taking the following steps proactive steps:

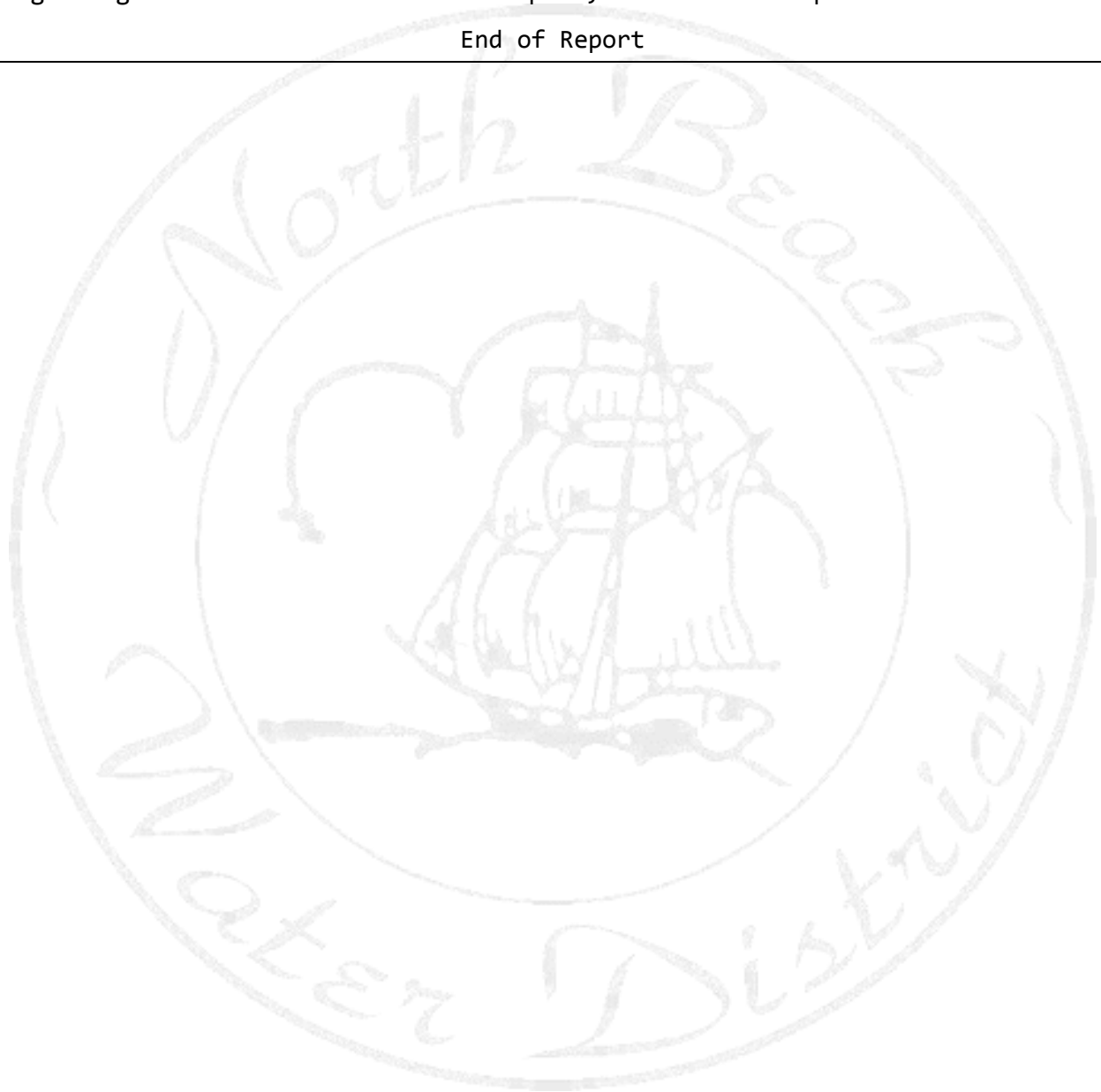
- Testing all of the raw water (pre-treatment) for arsenic speciation¹ to identify the level of arsenic oxidation required to optimize and removal of arsenate (As5) via coagulation with ferric salts prior to filtration.
- Purchase arsenic field test kits to perform regular arsenic test on-site. These test will allow the District's Operators to track the effectiveness of the treatment plant in removing arsenic and to adjust protocols as needed to optimize the plants efficiency.

¹Species Inorganic Arsenic (As(I_N) Arsenite (As3) , and Arsenate (As5)

- Upon approval of the Office of Drinking Water, make modifications to the treatment plant to better blend the water and increase the plants effectiveness in removing arsenate via coagulation with ferric salts prior to filtration.

The General Manager prepared a report for the Office of Drinking Water regarding the arsenic exceedance in April, 2015. That report is attached to

End of Report



Groundwater Rule Sample

WATER MANAGEMENT LABS
1515 80TH STREET E
TACOMA, WA 98404
(253) 531-3121

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH / DAY / YEAR 5 / 10 / 15	TIME COLLECTED 6:30 <input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME PACIFIC
---	---	------------------------

TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. No. 630000	CIRCLE GROUP (A) B
--	--	-----------------------

NAME OF SYSTEM
NORTH BEACH WATER DIST

SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ie, kitchen tap @ school, fire station, fountain) WELL 504	TELEPHONE NO. DAY 360-665-4144 EVENING 360-665-3390
--	---

SAMPLE COLLECTED BY: (Name) DENNIS	SYSTEM OWNER/MGR.: (Name) BILL NEAL
---------------------------------------	--

SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE
 SURFACE WELL or SPRING PURCHASED or COMBINATION
 WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)
NORTH BEACH WATER DIST
P.O. BOX 618
OCEAN PARK WASHINGTON 98640

TYPE OF SAMPLE (check only one in this column)

ROUTINE DRINKING WATER check treatment → Chlorinated (Residual: ____ Total ____ Free)
 Filtered
 Untreated or Other _____

REPEAT SAMPLE
Previous coliform presence Lab # _____
Previous coliform presence Date ____/____/____

RAW SOURCE WATER Source # S 04 Total Coliform
 NEW CONSTRUCTION or REPAIRS Fecal Coliform
E. coli

OTHER (Specify) _____

REMARKS
CSUR

LABORATORY RESULTS (FOR LAB USE ONLY)

METHOD USED				
MPN 2410	MPN 2600	PA 2610	MMD 2720	OPRG 2730
TOTAL COLIFORM _____ / 100 ml		E. COLI _____ / 100 ml		
FECAL COLIFORM _____ / 100 ml		HETEROTROPHIC _____ / per ml		
1340				

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris
---	---

DRINKING WATER SAMPLE RESULTS

<input type="checkbox"/> UNSATISFACTORY, Coliforms present	<input type="checkbox"/> SATISFACTORY, Coliforms absent
REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. 089 / 41839	DATE, TIME RECEIVED 5-10-15 3:40	RECEIVED BY [Signature]
DATE REPORTED 5-11-15	ROUTE [Signature]	ACCT. # AN43SIR

Repeat - Original Sample Site

WATER MANAGEMENT LABS
1515 80TH STREET E
TACOMA, WA 98404
(253) 531-3121

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH / DAY / YEAR 5 / 10 / 15	TIME COLLECTED 7:00 <input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME PACIFIC
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. No. 630002	CIRCLE GROUP A B

NAME OF SYSTEM
NORTH BEACH WATER DIST

SPECIFIC LOCATION WHERE SAMPLE COLLECTED
(ie, kitchen tap @ school, fire station, fountain)
3-6 SAMPLER

TELEPHONE NO.
DAY 360 665-4144
EVENING 360 665-3290

SAMPLE COLLECTED BY: (Name)
DENNIS

SYSTEM OWNER/MGR: (Name)
BILL NEAL

SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE
 SURFACE WELL or SPRING PURCHASED or COMBINATION
 WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)
NORTH BEACH WATER DIST
PO BOX 618
OCEAN PARK WASHINGTON 98640

TYPE OF SAMPLE (check only one in this column)

ROUTINE DRINKING WATER check treatment → Chlorinated (Residual: ___ Total ___ Free)
 Filtered
 Untreated or Other _____

REPEAT SAMPLE
Previous coliform presence Lab # ~~01749163~~
Previous coliform presence Date 5/7/15

RAW SOURCE WATER Source # S Total Coliform
 NEW CONSTRUCTION or REPAIRS Fecal Coliform

OTHER (Specify) _____

REMARKS

LABORATORY RESULTS (FOR LAB USE ONLY)

METHOD USED

MF 2410	MPN 2600	PA 2610	MMO 2720	CPRG 2730
TOTAL COLIFORM _____ / 100 ml		E. COLI _____ / 100 ml		
FECAL COLIFORM _____ / 100 ml		HETEROTROPHIC _____ / per ml		

1340

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:	TEST UNSUITABLE BECAUSE:
<input type="checkbox"/> Sample too old	<input type="checkbox"/> Confluent growth
<input type="checkbox"/> Wrong container	<input type="checkbox"/> TNTC
<input type="checkbox"/> Incomplete form	<input type="checkbox"/> Turbid culture
<input type="checkbox"/> _____	<input type="checkbox"/> Excess debris

DRINKING WATER SAMPLE RESULTS

<input type="checkbox"/> UNSATISFACTORY, Coliforms present	<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent
REPEAT SAMPLES REQUIRED	<input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent
	<input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. 089 14840	DATE, TIME RECEIVED 5-10-15 3:40	RECEIVED BY [Signature]
DATE REPORTED 5-11-15	ROUTE	ACCT. # AN4351R

Repeat Sample North of Original Site

WATER MANAGEMENT LABS
1515 80TH STREET E
TACOMA, WA 98404
(253) 531-3121

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH / DAY / YEAR 5 / 10 / 15		TIME COLLECTED 7 : 30 <input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME PACIFIC
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. No. 630000		CIRCLE GROUP A B

NAME OF SYSTEM
NORTH BEACH WATER DIST

SPECIFIC LOCATION WHERE SAMPLE COLLECTED
(ie, kitchen tap @ school, fire station, fountain)
2708 240TH

TELEPHONE NO.
DAY 360.665-4144
EVENING (360) 665-3090

SAMPLE COLLECTED BY: (Name)
DENNIS

SYSTEM OWNER/MGR: (Name)
BILL NEAL

SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE
 SURFACE WELL or SPRING PURCHASED or COMBINATION
WELL FIELD WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)
NORTH BEACH WATER DIST
PO BOX 618
OCEAN PARK WASHINGTON 98640

TYPE OF SAMPLE (check only one in this column)

ROUTINE DRINKING WATER check treatment → Chlorinated (Residual: ____ Total ____ Free)
 Filtered
 Untreated or Other

REPEAT SAMPLE
Previous coliform presence Lab # 01749163
Previous coliform presence Date 5/7/15

RAW SOURCE WATER Source # S Total Coliform
 NEW CONSTRUCTION or REPAIRS Fecal Coliform

OTHER (Specify) _____

REMARKS

LABORATORY RESULTS (FOR LAB USE ONLY)

METHOD USED

MF 2410	MPN 2600	PA 2610	MMO 2720	CPRG 2730
------------	-------------	------------	-------------	--------------

TOTAL COLIFORM _____ / 100 ml
FECAL COLIFORM _____ / 100 ml

E. COLI _____ / 100 ml
HETEROTROPHIC _____ / per ml
1340

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:

Sample too old
 Wrong container
 Incomplete form

TEST UNSUITABLE BECAUSE:

Confluent growth
 TNTC
 Turbid culture
 Excess debris

DRINKING WATER SAMPLE RESULTS

<input type="checkbox"/> UNSATISFACTORY, Coliforms present	<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent
REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> Fecal present	<input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal absent

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. 089	DATE, TIME RECEIVED 5-10-15 3:40	RECEIVED BY [Signature]
DATE REPORTED 5-11-15	ROUTE UP	ACCT. # AN4351R

Repeat Sample South of Original Site

WATER MANAGEMENT LABS
15 15 80TH STREET E
TACOMA, WA 98404
(253) 531-3121

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH / DAY / YEAR 5 / 10 / 15	TIME COLLECTED 7 : 15 <input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME PACIFIC
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)		IF PUBLIC SYSTEM, COMPLETE: I.D. No. 63000C CIRCLE GROUP (A) B
NAME OF SYSTEM NORTH BEACH WATER DIST		
SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ie, kitchen tap @ school, fire station, fountain) 24000 BIRCH		TELEPHONE NO. DAY 360 665-4144 EVENING 360 665-3290
SAMPLE COLLECTED BY: (Name) DENNIS		SYSTEM OWNER/MGR.: (Name) BILL NEAL
SOURCE TYPE <input type="checkbox"/> SURFACE <input checked="" type="checkbox"/> WELL or WELL FIELD <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or INTERTIE <input type="checkbox"/> COMBINATION or OTHER		
SEND REPORT TO: (Print Full Name, Address and Zip Code) NORTH BEACH WATER DIST PO BOX 618 OCEAN PARK WASHINGTON 98640		
TYPE OF SAMPLE (check only one in this column)		
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment → <input type="checkbox"/> Chlorinated (Residual: ____ Total ____ Free) <input type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other _____ <input checked="" type="checkbox"/> REPEAT SAMPLE Previous coliform presence Lab # 241749163 Previous coliform presence Date 5-7-15 <input type="checkbox"/> RAW SOURCE WATER Source # S [] [] <input type="checkbox"/> Total Coliform <input type="checkbox"/> NEW CONSTRUCTION or REPAIRS <input type="checkbox"/> Fecal Coliform <input type="checkbox"/> OTHER (Specify) _____		
REMARKS		
LABORATORY RESULTS (FOR LAB USE ONLY)		
METHOD USED		
MF 2410	MPN 2600	PA 2610
MMO 2720	CPRG 2730	
TOTAL COLIFORM _____ / 100 ml		E. COLI _____ / 100 ml
FECAL COLIFORM _____ / 100 ml		HETEROTROPHIC _____ / per ml 1340
ANOTHER SAMPLE REQUIRED		
SAMPLE NOT TESTED BECAUSE:		TEST UNSUITABLE BECAUSE:
<input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____		<input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris
DRINKING WATER SAMPLE RESULTS		
<input type="checkbox"/> UNSATISFACTORY, Coliforms present		<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent
REPEAT SAMPLES REQUIRED	<input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent	<input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent
SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS		
LAB NO. 089 14842	DATE, TIME RECEIVED 5-10-15 3:40	RECEIVED BY [Signature]
DATE REPORTED 5-11-15	ROUTE	ACCT. #

Investigative Well #1

WATER MANAGEMENT LABS
1515 80TH STREET E
TACOMA, WA 98404
(253) 631-3121

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH / DAY / YEAR 5 / 27 / 15		TIME COLLECTED 16 : 00 <input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME PACIFIC
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. No. 630000		CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B
NAME OF SYSTEM North Beach Water Dist			
SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ie, kitchen tap @ school, fire station, fountain) well 1 RAW sampler		TELEPHONE NO. DAY 360 665-4144 EVENING 860 244-0047	
SAMPLE COLLECTED BY: (Name) Dennis		SYSTEM OWNER/ MGR: (Name) Bill Neal	
SOURCE TYPE <input type="checkbox"/> GROUND WATER UNDER SURFACE INFLUENCE <input type="checkbox"/> SURFACE <input checked="" type="checkbox"/> WELL or WELL FIELD <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or INTERTIE <input type="checkbox"/> COMBINATION or OTHER			
SEND REPORT TO: (Print Full Name, Address and Zip Code) North Beach Water PO Box 618 Ocean Park WASHINGTON 98640			
TYPE OF SAMPLE (check only one in this column)			
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment		<input type="checkbox"/> Chlorinated (Residual: ___ Total ___ Free) <input type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other _____	
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence Lab # _____ Previous coliform presence Date ____/____/____			
<input checked="" type="checkbox"/> RAW SOURCE WATER <input type="checkbox"/> NEW CONSTRUCTION or REPAIRS		Source # <input checked="" type="checkbox"/> S <input type="checkbox"/> G <input type="checkbox"/> F <input type="checkbox"/> Total Coliform <input type="checkbox"/> Fecal Coliform	
<input checked="" type="checkbox"/> OTHER (Specify) <u>investigative</u>			
REMARKS			
LABORATORY RESULTS (FOR LAB USE ONLY)			
METHOD USED <u>MF</u>			
MF 2410	MPN 2600	PA 2610	MMO 2720
TOTAL COLIFORM _____ / 100 ml		E. COLI _____ / 100 ml	
FECAL COLIFORM _____ / 100 ml		HETEROTROPHIC _____ per ml 1340	
ANOTHER SAMPLE REQUIRED			
SAMPLE NOT TESTED BECAUSE:		TEST UNSUITABLE BECAUSE:	
<input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____		<input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris	
DRINKING WATER SAMPLE RESULTS			
<input type="checkbox"/> UNSATISFACTORY, Coliforms present		<input type="checkbox"/> SATISFACTORY, Coliforms absent	
REPEAT SAMPLES REQUIRED	<input type="checkbox"/> E. Coli present <input type="checkbox"/> Fecal present	<input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal absent	
SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS			
LAB NO. 089/16538	DATE, TIME RECEIVED 5-28-15 10:30 AM	RECEIVED BY MNF	
DATE REPORTED 5-30-15	ROUTE	ACCT. #	

Investigative Well #4

WATER MANAGEMENT LABS
1515 80TH STREET E
TACOMA, WA 98404
(253) 531-3121

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH / DAY / YEAR 5 / 11 / 15	TIME COLLECTED : : 1 : 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	COUNTY NAME Pacific
---	---	------------------------

TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. No. 63000C	CIRCLE GROUP A B
--	--	---------------------

NAME OF SYSTEM
North Beach Water District

SPECIFIC LOCATION WHERE SAMPLE COLLECTED
(ie, kitchen tap @ school, fire station, fountain)
Well 4 sample

TELEPHONE NO.
DAY 360 1665-4144

Evening 360 244-0047

SAMPLE COLLECTED BY: (Name)
Dennis

SYSTEM OWNER/MGR: (Name)
Bill Neal

SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE
 SURFACE WELL or SPRING PURCHASED or COMBINATION
 WELL FIELD INTERTIE or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)
North Beach Water District
PO Box 618
Ocean Park WASHINGTON 98640

TYPE OF SAMPLE (check only one in this column)

ROUTINE DRINKING WATER check treatment → Chlorinated (Residual: ___ Total ___ Free)
 Filtered
 Untreated or Other _____

REPEAT SAMPLE
Previous coliform presence Lab # _____
Previous coliform presence Date ____/____/____

RAW SOURCE WATER Source # S 01 Total Coliform
 NEW CONSTRUCTION or REPAIRS Fecal Coliform

OTHER (Specify) FMO

REMARKS

LABORATORY RESULTS (FOR LAB USE ONLY)

METHOD USED				
MF 2410	MPN 2600	PA 2610	MMO 2720	CPRG 2730
TOTAL COLIFORM ≤ 1 / 100 ml		E. COLI _____ / 100 ml		
FECAL COLIFORM _____ / 100 ml		HETEROTROPHIC 1340 / per ml		

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris
---	---

DRINKING WATER SAMPLE RESULTS

<input type="checkbox"/> UNSATISFACTORY, Coliforms present	<input type="checkbox"/> SATISFACTORY, Coliforms absent
REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. 089	DATE, TIME RECEIVED 5-12-15 10:40	RECEIVED BY NII
DATE REPORTED 5-15-15	ROUTE	ACCT. # NEW

Investigative Sample Well #5

WATER MANAGEMENT LABS
1515 80TH STREET E
TACOMA, WA 98404
(253) 531-3121

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH / DAY / YEAR 5 / 11 / 15	TIME COLLECTED : : 3 : 00 <input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME PACIFIC
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. No. 630000	CIRCLE GROUP A B

NAME OF SYSTEM
North Beach Water District

SPECIFIC LOCATION WHERE SAMPLE COLLECTED
(ie, kitchen tap @ school, fire station, fountain)
well 5 sampler

TELEPHONE NO.
DAY 360)665-4144
EVENING 360)244-0047

SAMPLE COLLECTED BY: (Name)
Dennis

SYSTEM OWNER/MGR.: (Name)
Bill Neal

SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE
 SURFACE WELL or WELL FIELD SPRING PURCHASED or INTERTIE COMBINATION or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)
North Beach Water District
PO Box 618 Ocean Park, WA, 98640

WASHINGTON

TYPE OF SAMPLE (check only one in this column)

ROUTINE DRINKING WATER check treatment → Chlorinated (Residual: Total Free) Filtered Untreated or Other

REPEAT SAMPLE
Previous coliform presence Lab #
Previous coliform presence Date

RAW SOURCE WATER Source # S 005 Total Coliform
 NEW CONSTRUCTION or REPAIRS Fecal Coliform

OTHER (Specify) FIVE

REMARKS

LABORATORY RESULTS (FOR LAB USE ONLY)

METHOD USED QT

MF 2410	MPN 2600	PA 2610	MMO 2720	CPRG 2730
TOTAL COLIFORM _____ / 100 ml		E. COLI _____ / 100 ml		
FECAL COLIFORM _____ / 100 ml		HETEROTROPHIC 1340 / per ml		

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:

Sample too old
 Wrong container
 Incomplete form

TEST UNSUITABLE BECAUSE:

Confluent growth
 TNTC
 Turbid culture
 Excess debris

DRINKING WATER SAMPLE RESULTS

UNSATISFACTORY, Coliforms present SATISFACTORY, Coliforms absent

REPEAT SAMPLES REQUIRED E. Coli present E. Coli absent Fecal present Fecal absent

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. 089 14994	DATE, TIME RECEIVED 5-12-15 10:40	RECEIVED BY [Signature]
DATE REPORTED 5-15-15	ROUTE	ACCT. # [Signature]

Investigative Well 6

WATER MANAGEMENT LABS
1515 80TH STREET E
TACOMA, WA 98404
(253) 531-3121

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH / DAY / YEAR 5 / 11 / 15	TIME COLLECTED : : □ AM □ PM	COUNTY NAME PACIFIC
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. No. 630000	CIRCLE GROUP A B
NAME OF SYSTEM North Beach Water Dist.		
SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ie, kitchen tap @ school, fire station, fountain) well 6 sampler 507	TELEPHONE NO. DAY 360 665-4144 EVENING 360 244-0047	
SAMPLE COLLECTED BY: (Name) Dennis	SYSTEM OWNER/MGR.: (Name) Bill Neal	
SOURCE TYPE <input type="checkbox"/> GROUND WATER UNDER SURFACE INFLUENCE <input type="checkbox"/> SURFACE <input checked="" type="checkbox"/> WELL or WELL FIELD <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or INTERTIE <input type="checkbox"/> COMBINATION or OTHER		
SEND REPORT TO: (Print Full Name, Address and Zip Code) North Beach Water District PO Box 618 OCEAN PARK WASHINGTON 98640		
TYPE OF SAMPLE (check only one in this column)		
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment → <input type="checkbox"/> Chlorinated (Residual: ___ Total ___ Free) <input type="checkbox"/> Filtered <input type="checkbox"/> Untreated or Other _____ <input type="checkbox"/> REPEAT SAMPLE Previous coliform presence Lab # _____ Previous coliform presence Date ____/____/____ <input checked="" type="checkbox"/> RAW SOURCE WATER Source # [S] [] [] <input type="checkbox"/> Total Coliform <input type="checkbox"/> NEW CONSTRUCTION or REPAIRS <input type="checkbox"/> Fecal Coliform <input checked="" type="checkbox"/> OTHER (Specify) <u>FOUR FIVE</u>		
REMARKS		
LABORATORY RESULTS (FOR LAB USE ONLY)		
METHOD USED <u>ST</u>		
MF 2410	MPN 2600	PK 2610
MMO 2720	CPRG 2730	
TOTAL COLIFORM <u>21</u> / 100 ml		E. COLI _____ / 100 ml
FECAL COLIFORM _____ / 100 ml		HETEROTROPHIC _____ / per ml
ANOTHER SAMPLE REQUIRED		
SAMPLE NOT TESTED BECAUSE:		TEST UNSUITABLE BECAUSE:
<input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____		<input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris
DRINKING WATER SAMPLE RESULTS		
<input type="checkbox"/> UNSATISFACTORY, Coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent		<input type="checkbox"/> SATISFACTORY, Coliforms absent
SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS		
LAB NO. 089	DATE, TIME RECEIVED 5/12/15 10:40	RECEIVED BY M. Hill
DATE REPORTED 5-15-15	ROUTE	ACCT. # N40

Investigative Sample Distribution #1

WATER MANAGEMENT LABS
1515 80TH STREET E
TACOMA, WA 98404
(253) 531-3121

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH / DAY / YEAR 5 / 10 / 15	TIME COLLECTED 8:10 <input type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME PACIFIC
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. No. 63000C	CIRCLE GROUP (A) B
NAME OF SYSTEM NORTH BEACH WATER DIST		

SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ie, kitchen tap @ school, fire station, fountain) 2311 BIRCH LANE	TELEPHONE NO. DAY 360 665-4144 EVENING 360 665-3290
SAMPLE COLLECTED BY: (Name) DENNIS	SYSTEM OWNER/MGR.: (Name) BILL NEAL

SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE
 SURFACE WELL or SPRING PURCHASED or COMBINATION
 WELL FIELD INTERIE or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)
 NORTH BEACH WATER DIST
 PO BOX 618
 OCEAN PARK WASHINGTON 98640

TYPE OF SAMPLE (check only one in this column)

ROUTINE DRINKING WATER check treatment → Chlorinated (Residual: Total Free) Filtered Untreated or Other

REPEAT SAMPLE
 Previous coliform presence Lab #
 Previous coliform presence Date

RAW SOURCE WATER Source # S Total Coliform
 NEW CONSTRUCTION or REPAIRS Fecal Coliform

OTHER (Specify) ENGINEERING

REMARKS

LABORATORY RESULTS (FOR LAB USE ONLY)

METHOD USED

MF 2410	MPN 2600	PA 2610	MMO 2720	CRG 2730
------------	-------------	------------	-------------	-------------

TOTAL COLIFORM A / 100 ml
 FECAL COLIFORM / 100 ml
 E. COLI / 100 ml
 HETEROTROPHIC 1340 / per ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:
 Sample too old
 Wrong container
 Incomplete form

TEST UNSUITABLE BECAUSE:
 Confluent growth
 TNTC
 Turbid culture
 Excess debris

DRINKING WATER SAMPLE RESULTS

UNSATISFACTORY, Coliforms present SATISFACTORY, Coliforms absent

REPEAT SAMPLES REQUIRED E. Coli present E. Coli absent
 Fecal present Fecal absent

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. 089 14844	DATE, TIME RECEIVED 5-10-15 3:40	RECEIVED BY [Signature]
DATE REPORTED 5-11-15	ROUTE 10	ACCT. #

Investigative Sample Distribution #2

WATER MANAGEMENT LABS
1515 80TH STREET E
TACOMA, WA 98404
(253) 531-3121

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH / DAY / YEAR 5 / 10 / 15	TIME COLLECTED 7 : 55 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME PACIFIC
---	--	------------------------

TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. No. 630000	CIRCLE GROUP (A) B
--	--	-----------------------

NAME OF SYSTEM
NORTH BEACH WATER DIST

SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ie, kitchen tap @ school, fire station, fountain) 24019 BIRCH	TELEPHONE NO. DAY 360 1665-4144 EVENING 360 1665-3290
---	---

SAMPLE COLLECTED BY: (Name) DENNIS	SYSTEM OWNER / MGR.: (Name) BILL NEAL
---------------------------------------	--

SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE
 SURFACE WELL or WELL FIELD SPRING PURCHASED or INTERTIE COMBINATION or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)
NORTH BEACH WATER DIST
PO BOX 618
OCEAN PARK WASHINGTON 98640

TYPE OF SAMPLE (check only one in this column)

ROUTINE DRINKING WATER check treatment → Chlorinated (Residual: ___ Total ___ Free)
 Filtered
 Untreated or Other _____

REPEAT SAMPLE
Previous coliform presence Lab # _____
Previous coliform presence Date ___/___/___

RAW SOURCE WATER Source # [S] [] [] Total Coliform
 NEW CONSTRUCTION or REPAIRS Fecal Coliform

OTHER (Specify) ENGINEERING

REMARKS

LABORATORY RESULTS (FOR LAB USE ONLY)

METHOD USED				
MF 2410	MPN 2600	PA 2610	MMO 2720	CPRG 2730
TOTAL COLIFORM <u>A</u> / 100 ml		E. COLI _____ / 100 ml		
FECAL COLIFORM _____ / 100 ml		HETEROTROPHIC _____ / per ml 1340		

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/> _____	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris
---	---

DRINKING WATER SAMPLE RESULTS

<input type="checkbox"/> UNSATISFACTORY, Coliforms present	<input type="checkbox"/> SATISFACTORY, Coliforms absent
REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. 089 / 4843	DATE, TIME RECEIVED 5-10-15 3:40	RECEIVED BY [Signature]
DATE REPORTED 5-11-15	ROUTE [Signature]	ACCT. #

Investigative Sample Distribution #3

WATER MANAGEMENT LABS
1515 80TH STREET E
TACOMA, WA 98404
(253) 531-3121

WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH / DAY / YEAR 5 / 10 / 15			TIME COLLECTED 7:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME PACIFIC
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)		IF PUBLIC SYSTEM, COMPLETE: I.D. No. 63000C		CIRCLE GROUP (A) B

NAME OF SYSTEM
NORTH BEACH WATER DIST

SPECIFIC LOCATION WHERE SAMPLE COLLECTED
(ie, kitchen tap @ school, fire station, fountain)
2610-240TH

TELEPHONE NO.
DAY 360 665-4144
EVENING (360) 665-3290

SAMPLE COLLECTED BY: (Name)
DENNIS

SYSTEM OWNER/MGR: (Name)
BILL NEAL

SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE
 SURFACE WELL or WELL FIELD SPRING PURCHASED or INTERTIE COMBINATION or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)
NORTH BEACH WATER DIST
P.O. BOX 618
OCEAN PARK WASHINGTON 98640

TYPE OF SAMPLE (check only one in this column)

ROUTINE DRINKING WATER check treatment → Chlorinated (Residual: ___ Total ___ Free)
 Filtered
 Untreated or Other _____

REPEAT SAMPLE
Previous coliform presence Lab # _____
Previous coliform presence Date ____/____/____

RAW SOURCE WATER Source # [S] [] [] Total Coliform
 NEW CONSTRUCTION or REPAIRS Fecal Coliform

OTHER (Specify) ENGINEERING

REMARKS

LABORATORY RESULTS (FOR LAB USE ONLY)

METHOD USED				
MF 2410	MPN 2600	FA 2610	MMO 2720	CPRs 2730
TOTAL COLIFORM _____ / 100 ml		E. COLI _____ / 100 ml		
FECAL COLIFORM _____ / 100 ml		HETEROTROPHIC _____ / per ml		
1340				

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:

Sample too old
 Wrong container
 Incomplete form

TEST UNSUITABLE BECAUSE:

Confluent growth
 TNTC
 Turbid culture
 Excess debris

DRINKING WATER SAMPLE RESULTS

UNSATISFACTORY, Coliforms present

REPEAT SAMPLES REQUIRED E. Coli present E. Coli absent
 Fecal present Fecal absent

SATISFACTORY, Coliforms absent

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. 08914845	DATE, TIME RECEIVED 5-10-15 3:40 PM	RECEIVED BY [Signature]
DATE REPORTED 5-11-15	ROUTE [Signature]	ACCT. #



SR# K150 4916-001



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>5/7/15</u> Month Day Year	Time Sample Collected <u>10:05</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
--	--	--------------------------

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: 360665-4144 Cell Phone: 360244-0047

Eve. Phone: () 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-4 27900 0th St Special instructions or comments:

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

<p>#1. Routine Distribution Sample <input checked="" type="checkbox"/> Chlorinated: Yes <input checked="" type="checkbox"/> No Chlorine Residual: Total _____ Free _____</p>	<p>#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____</p>
<p>#3. Raw Water Source Sample <input type="checkbox"/> E.coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other S Public systems must provide source number from WFI</p>	

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

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

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

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

Method Code: <u>SM9223 B</u>	Date, Time and Temp Received: <u>5/8/15 10:00 AM</u>
MICR- <u>5/8/15 OR</u>	Date Reported: <u>5/8/15 N13</u>
Date Analyzed: <u>5/8/15 OR</u>	Lab Use Only: <u>[Signature]</u>
Sample Number (DOH number plus five digits): <u>0 1 7 - 4 9 1 6 1</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# K1504916-002



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>5/7/15</u> Month Day Year	Time Sample Collected <u>10:20</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
--	--	--------------------------

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: 360665-4144 Cell Phone: 360244-0047

Eve. Phone: () 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-21 2807 270th PL. Special instructions or comments: _____

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

<p>#1. <input type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes _____ No <input checked="" type="checkbox"/></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 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>SM9223B</u>	Date, Time and Temp Received: <u>5/8/15 1000 H</u>
MICR- <u>5/8/15 OR</u>	Date Reported: <u>5/9/15 AM</u>
Date Analyzed: <u>5/8/15 OR</u>	Lab Use Only: <u>✓ 5/11/15</u>
Sample Number (DOH number plus five digits): <u>017-49162</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



INTERPRETATION OF RESULTS FOR DRINKING WATER

SR# K1504916-003



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>5/7/15</u> Month Day Year	Time Sample Collected <u>9:20</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
--	---	--------------------------

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: 360 244-0047

Eve. Phone: () 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-6 24010 Birch Pl.

Special instructions or comments:

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

#1. Routine Distribution Sample

Chlorinated: Yes _____ No

Chlorine Residual: Total _____ Free _____

#3. Raw Water Source Sample

E. coli - GWR source sample

Fecal - Surface, GWI, some springs

Other

S _____

Public systems must provide source number from WFI

#2. Repeat Sample (after unsat. routine)

Distribution System

Source Groundwater Rule (GWR) (Population of 1,000 or less)

Unsatisfactory routine lab number: 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
<input checked="" type="checkbox"/> Unsatisfactory Total Coliform Present and		<input type="checkbox"/> Satisfactory
<input checked="" 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- S M 9 2 2 3 6 Date, Time and Temp Received: Ar 5/9/15 1000

Date Analyzed 5.8.15 pb Date Reported: 5.9.15

Sample Number (DOH number plus five digits) 017-49163 Lab Use Only: client notified 5/15/15

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# K1504916-004



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>5/17/15</u> Month Day Year	Time Sample Collected <u>9:40</u> <input type="checkbox"/> AM <input type="checkbox"/> PM	County <u>PACIFIC</u>
---	--	--------------------------

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: 360665-4144 Cell Phone: 3602440047

Eve. Phone: () 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-10 21401 PAC. Hwy

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 <input checked="" type="checkbox"/></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 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>SM 9223B</u>	Date, Time and Temp Received: <u>5/8/15 1000 M</u>
MI CR: <u>5/8/15</u>	Date Reported: <u>5/9/15 N13</u>
Date Analyzed: <u>5/8/15</u>	Lab Use Only: <u>5/11/15</u>
Sample Number (DOH number plus five digits): <u>017-49164</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# K1504916-005



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>5/7/15</u> Month Day Year	Time Sample Collected <u>9:50</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
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>360665-4144</u>	Cell Phone: <u>360244-2047</u>	
Eve. Phone: ()	FAX: ()	
Email:		
Send results to: (Print full name, address and zip code) <u>North Beach Water</u> <u>PO Box 618</u> <u>Ocean Park, WA, 98640</u>		

SAMPLE INFORMATION

Sample collected by (name): Dennis

Specific location where sample collected: S-17 245th + Ash 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 <input checked="" type="checkbox"/></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 checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent		
Replacement Sample Required:		
<input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/>		
<input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		

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

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

Method Code: <u>SM9223B</u>	Date, Time and Temp Received: <u>5/8/15 1000 AM</u>
MICR: <u>5/8/15</u>	Date Reported: <u>5/19/15</u>
Date Analyzed: <u>5/8/15</u>	Lab Use Only: <u>✓ 5/11/15</u>
Sample Number (DOH number plus five digits): <u>017-49165</u>	

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample Immediately

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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

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



SR# K1504916-006



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>5/7/15</u> Month Day Year	Time Sample Collected <u>8:20</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: Dennis Schweizer

Day Phone: 360665-4144 Cell Phone: 360247-0047

Eve. Phone: () 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-3 1719 264th 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 <input checked="" type="checkbox"/></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 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>SM9223B</u>	Date, Time and Temp Received: <u>5/8/15 1000 m</u>
MICR: _____	Date Reported: <u>5/19/15</u>
Date Analyzed: <u>5/19/15</u>	Lab Use Only: <u>5/11/15</u>
Sample Number (DOH number plus five digits): <u>017-49166</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# 1C15049116-007



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>5/7/15</u> Month Day Year	Time Sample Collected <u>8:40</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
--	---	--------------------------

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: (360) 244-0047

Eve. Phone: () 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-20 227th + Birch PL Special instructions or comments: _____

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

#1 Routine Distribution Sample
 Chlorinated: Yes _____ No
 Chlorine Residual: Total _____ Free _____

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

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

Unsatisfactory routine collect date: _____
 Chlorinated: Yes _____ No _____
 Chlorine Residual: Total _____ Free _____

Public systems must provide source number from WFI

#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>SM 9 223 B</u>	Date, Time and Temp Received: <u>5/8/15 1000 AM</u>
Date Analyzed <u>5/8/15</u>	Date Reported: <u>5/9/15</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 4 9 1 6 7</u>	Lab Use Only: <u>✓ 5/11/15</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# 1A504916-008

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>5/7/15</u> Month Day Year	Time Sample Collected <u>9:00</u> <input 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>360665-4144</u>	Cell Phone: <u>360244-0047</u>	
Eve. Phone: ()	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): <u>Dennis</u>	Special instructions or comments:
Specific location where sample collected: <u>S-8 20500 Birch Pl</u>	
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)	
#1 <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No <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> Public systems must provide source number from WFI	
#4 <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____	

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

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.	
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.	
Method Code: MICR- <u>SM 9223B</u>	Date, Time and Temp Received: <u>5/8/15 10:00 AM</u>
Date Analyzed: <u>5/11/15</u>	Date Reported: <u>5/11/15</u>
Sample Number (DOH number plus five digits): <u>017-49168</u>	Lab Use Only: <u>H 5/11/15</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



State Drinking Water Forms

ALS Environmental—Kelso Laboratory
1317 South 13th Avenue, Kelso, WA 98626
Phone (360)577-7222 Fax (360)636-1068
www.alsglobal.com



ALS Environmental
 1317 South 13th Avenue
 Kelso, WA 98626

INORGANIC CHEMICALS (IOCs) REPORT
for the State of Washington
REPORT OF ANALYSIS

Date Collected: (MM/DD/YY) 05/04/15		System Group (Select A,B,Other): A	
Water System ID Number: 63000C		System Name: North Beach Water District	
Lab Sample Number: 01746781		County: Pacific	
Sample Location: North ESS Tap		Source Number(s): S06	
Sample Purpose:		Date Received: 05/05/15	
Select One		Date Analyzed: 05/05-05/06/15	
<input checked="" type="checkbox"/> X	RC- Routine/Compliance	Date Reported: 05/22/15	
<input type="checkbox"/>	C- Confirmation	Comments: K1504678-001	
<input type="checkbox"/>	Investigative		
<input type="checkbox"/>	Other(specify)		
Sample Composition:		Sample Type: (Select One)	
Select One		<input type="checkbox"/>	Pre-Treatment/Raw
<input checked="" type="checkbox"/> X	S- Single Source	<input checked="" type="checkbox"/> X	Post-Treatment/Finished
<input type="checkbox"/>	B- Blended	<input type="checkbox"/>	Unknown
<input type="checkbox"/>	C- Composite	Sample Collected by: Dennis Schweizer	
<input type="checkbox"/>	D- Distribution sample	Phone Number: 360-214-2810	
Send Report to: Dennis Schweizer WA DOH		Bill to:	

DOH #	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded check if yes	Method	Analyst
EPA REGULATED									
4	Arsenic	0.008	mg/l	0.0014	0.005	0.01		200.8	GJ
5	Barium	-	mg/l	0.1	2	2		200.7	NA
6	Cadmium	-	mg/l	0.001	0.005	0.005		200.8	NA
7	Chromium	-	mg/l	0.007	0.1	0.1		200.8	NA
11	Mercury	-	mg/l	0.0002	0.002	0.002		245.1	NA
12	Selenium	-	mg/l	0.002	0.05	0.05		200.8	NA
110	Beryllium	-	mg/l	0.0003	0.004	0.004		200.8	NA
111	Nickel	-	mg/l	0.005	---	---		200.8	NA
112	Antimony	-	mg/l	0.003	0.006	0.006		200.8	NA
113	Thallium	-	mg/l	0.001	0.002	0.002		200.8	NA
116	Cyanide	-	mg/l	0.01	0.2	0.2		335.4	NA
19	Fluoride	-	mg/l	0.5	2	4		300.0	NA
114	Nitrite - N	-	mg/l	0.1	0.5	1		300.0	NA
20	Nitrate - N	<0.10	mg/l	0.5	5	10		300.0	NB
161	Total Nitrate/Nitrite	-	mg/l	0.5	5	10		300.0	
EPA REGULATED (Secondary)									
8	Iron	<0.02	mg/l	0.1	---	0.3 ¹		200.7	EM
10	Manganese	0.011	mg/l	0.01	---	0.5 ¹		200.7	EM
13	Silver		mg/l	0.1	---	0.1 ¹		200.8	NA
21	Chloride	-	mg/l	20	---	250 ¹		300.0	NA
22	Sulfate	-	mg/l	50	---	250 ¹		300.0	NA
24	Zinc	-	mg/l	0.2	---	5 ¹		200.7	NA

Cont. on next page

**INORGANIC CHEMICALS (IOCs) REPORT
for the State of Washington (cont.)**

Lab Sample Number: **01746781**

Date Collected: **05/04/15**

STATE REGULATED									
DOH #	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded check if yes	Method	Analyst
14	Sodium		mg/l	5	---	---		200.7	NA
15	Hardness		mg/l	10	---	---		2340B	NA
16	Conductivity		umhos/cm	70	---	700 ¹		2510B	NA
17	Turbidity		NTU	0.1	---	---		180.1	NA
18	Color		color units	15	---	15 ¹		2120B	NA
26	Total Dissolved Solids		mg/l	100	---	500 ¹		2540C	NA

STATE UNREGULATED									
9	Lead		mg/l	0.001	---	---		200.8	NA
23	Copper		mg/l	0.02	---	---		200.7	NA
OTHER									NA
171	Orthophosphate	NA	mg/l	0.1	---	---		SM4500-P-E	NA
172	Silica	NA	mg/l	1	---	---		200.7	NA
402	Aluminum	NA	mg/l	0.05	---	---		200.7	NA
403	Alkalinity	NA	mg/l	5	---	---		SM2320B	NA
404	Magnesium	NA	mg/l	0.1	---	---		200.7	NA
405	Calcium	NA	mg/l	0.05	---	---		200.7	NA
406	Ammonia	NA	mg/l	1	---	---		4500 NH3 E	NA
409	pH	NA	pH Units	---	---	---		SM 4500-H+B	NA
									NA

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.

¹: Secondary MCL (established for esthetic purposes, not health based).

Comments: _____
