

# GENERAL MANAGER'S REPORT

# REPORT ON WATER SYSTEM OPERATIONS FOR THE MONTH OF:

The	Meter Period for this report is:				t	hrough				
The	Billing Period for this Report is:				t	hrough				
The	Activity Period for this Report is:									
1	Total Water Pumped (TWP) from all Wells	in Mete	ering Per	iod						mg <sup>1</sup>
2	Total Water Used for Unidirectional Flu	shing i	n Meterin	g Per:	iod					mg
3	Total Water Used for Reactionary Flushi	ng in Me	etering P	eriod						mg
4	Total Water Used for Backwashing Filter	s in Met	tering Pe	riod						mg
5	Total Water Lost and Used Repairing Lea	ks in Me	etering P	eriod						mg
6	Total Other Known Water Used in Meterin	g Perio	d							mg
7	Total Water Sold in Metering Period									mg
8	Total Authorized Water Use in Metering	Period	(sum of 2 th	rough 7	")					mg
9	Total Distribution System Leakage (DSL) in Metering Period (difr. between 1 and 8) mg					mg				
10	Percentage of TWP that is DSL pc					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 t	o date								pct
15	Residential Accounts in Billing Period		TS <sup>2</sup> :	TI	BR <sup>3</sup> :		٦	MR <sup>4</sup> :		
16	Commercial Accounts in Billing Period		TS:	TI	BR:		٦	MR:		
17	Fire Flow Accounts in Billing Period		TS:	ТІ	BR:		1	MR:		
18	Surfside Management in Billing Period		Contra	ct:			REIMB	5:		
19	Other / Total Income in Billing Period		0th	er:			TI'	5:		
20	Past Due Accounts 30 days:	.60 days	s:	Loc	ked/0f	f:	Lie	ened	Prop.:	
21	Activity Period Water Main Locate	es:			Customer Valves Installed:					
22	Water Quality Complaints: Custom	er Servi	ice Calls	:	Ot	ther:			•	

<sup>&</sup>lt;sup>1</sup> Million Gallons

<sup>&</sup>lt;sup>2</sup> Total Services

<sup>&</sup>lt;sup>3</sup> Total Base Rate

<sup>&</sup>lt;sup>4</sup> Total Metered Rate

<sup>&</sup>lt;sup>5</sup> Reimbursement

<sup>&</sup>lt;sup>6</sup> Total Income

# 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.

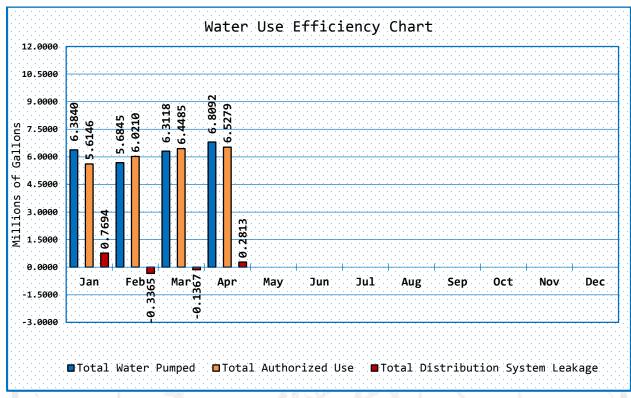
A copy of the bid package is attached to this report.

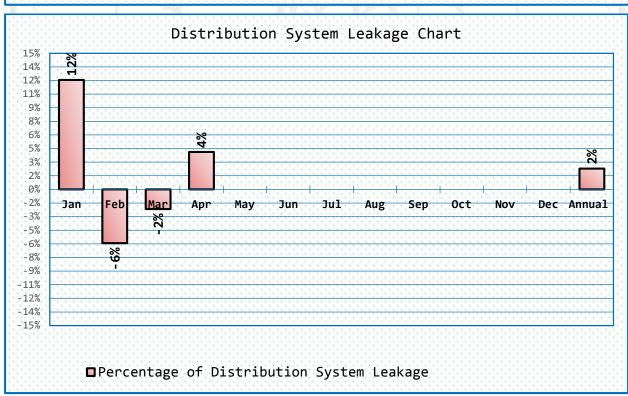
# Contract for Professional Services.

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 Manage 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 that 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 (Roglins & 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 question and get clarification from the engineers and architects. If David is not



HD Steel Door 1/8 Light Kit



Aluminum Storefront Door

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

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.

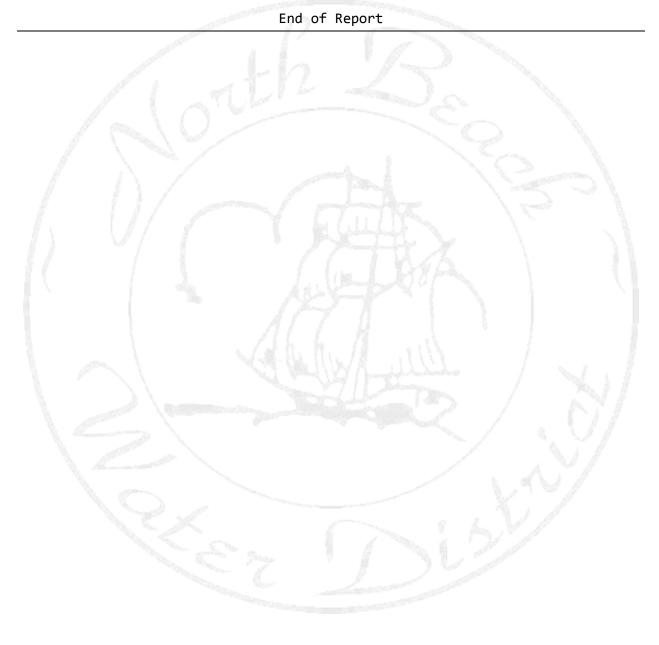
The District is taking the following steps proactive steps:

- Testing all of the raw water (pre-treatment) for arsenic speciation<sup>1</sup> to identify the level of arsenic oxidation required to optimize and removal of arsenate (A<sub>S</sub>5) via coagulation with ferric salts prior to filtration.
- Purchase arsenic field test kits to perform regular arsenic test onsite. 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.

 $<sup>^1</sup>$ Species Inorganic Arsenic (A $_{\mathbb{S}}(I_{\mathbb{N}})$  Arsenite (A $_{\mathbb{S}}3$ ) , and Arsenate (A $_{\mathbb{S}}5$ )

• 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



	515 80TH STI TACOMA, WA (253) 531-3	REET E 98404 3121	* * * * * *	0		
WATER BACT	ERIOLO	GICAL	ANALYS	SIS		
SAMPLE COLLECTION: R	EAD INSTRUCTIONS o not followed,	ON BACK OF sample wi	GOLDENROO CO I be rejected.	РУ		
DATE COLLECTED MONTH / DAY / YEAF	TIME COL	LECTED	COUNTY NAM	1E		
5/10/15	- X	□ РМ	MACI	FIC		
	BLIC SYSTEM,	COMPLET		ODGLE ODGUD		
PUBLIC  INDIVIDUAL (serves only 1 residence)	No. 6	500	00	CIRCLE GROUP  A B		
NAME OF SYSTEM		400000				
NORTH BEACH	1 W/A-	TTO	DIST			
SPECIFIC LOCATION WHERE SAMPLE (ie, kitchen tap @ school, fire station,	fountain)	TELEPHON				
WELL SO	LI -	DAY (	00 166	5-4144		
DAMELE COLLECTED DIVIN		EVENING (	- 100	5-3290		
SAMPLE COLLECTED BY: (Na	me)	SYSTEM O	WNER/MGR.:	(Name)		
SOURCE TYPE GROUND	WATER UNDER	SURFACE	NELUENCE	EAL		
SURFACE WELL or WELL FIEL	SPRING	PUR	CHASED or	COMBINATION		
SEND REPORT TO: (Print Full I	Name, Address a	and Zip Coo	RTIE	or OTHER		
NORTH DEAC	H WA	TOR	DIST			
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TYPE OF SAMPLE (check only	PAR.		VASHINGTON	18640		
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ROUTINE DRINKING WATER check treatment	Filtered	ted (Residu	al;Total_	Free)		
REPEAT SAMPLE Previous coliform prese Previous coliform prese	nce Lab#			-		
RAW SOURCE WATER NEW CONSTRUCTION	NEW CONSTRUCTION or REPAIRS Fecal Coliform					
CTHER (Specify)————————————————————————————————————	OTHER (Specify)					
GWR						
LABORATORY RESULTS (FOR LAB USE ONLY)						
METHOD USED (3)						
MPN MPN 2410 2600	PA			PRG		
	2610     00 ml	A STATE OF	720	2730 II		
	00 ml		ТЕКОТКОРН 1340			
	NOTHER SAMPL	E REQUIR				
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Sample too old Wrong container			☐ Confluent ☐ TNTC	growth		
☐ Incomplete form		ell es l	☐ Turbid cul			
			☐ Excess de	ebris		
T DUNSATISFACTORY Colif	IKING WATER S.		CLUTO	THE RESERVE OF THE PARTY OF THE		
		AMPLE RE		ATISEACTORY		
	orms present	PARTE BY		ATISFACTORY, oliforms absent		
REPEAT DE. Col	orms present	E. Coli abs	ent S			
REPEAT E. Col SAMPLES FECAL REQUIRED Fecal SEE REVERSE SIDE C	orms present li present  present  DF GREEN COP	E. Coli abs Fecal abse Y FOR EXF	ent C	oliforms absent		
REPEAT E. Co SAMPLES REQUIRED Fecal SEE REVERSE SIDE C	orms present li present  present  DF GREEN COP	E. Coli abs	ent C	oliforms absent		
REPEAT E. Col SAMPLES FECAL REQUIRED Fecal SEE REVERSE SIDE C	orms present li present  present  DF GREEN COP	E. Coli abs Fecal abse Y FOR EXF	ent C	oliforms absent		

WATER MANAGER 1515 80TH ST TACOMA, WA	REET E 3 98404					
(253) 531- WATER BACTERIOLO						
SAMPLE COLLECTION: READ INSTRUCTION	S ON BACK OF GOLDENROD COPY					
If instructions are not followed  DATE COLLECTED TIME CO	, sample will be rejected.  LLECTED COUNTY NAME					
MONTH/ DAY / YEAR	OO COUNT NAME					
5/10/15 QAM	DPM PACIFIC					
TYPE OF SYSTEM IF PUBLIC SYSTEM	I, COMPLETE:					
PUBLIC I.D. No.	3000 (A) B					
(serves only 1 residence)  NAME OF SYSTEM	3000 U					
Akont Brasil V	IATE DIST					
SPECIFIC LOCATION WHERE SAMPLE COLLECTED	TELEPHONE NO.					
(ie, kitchen tap @ school, fire station, fountain)	DAY 360 1665-4144					
SAMPLED	EVENING (360) 665 - 3.290					
SAMPLE COLLECTED BY: (Name)	SYSTEM OWNER/ MGR.: (Name)					
DENOVIS	BILLNEAL					
SOURCE TYPE GROUND WATER UNDER  SURFACE WELL OF SPRING						
WELL FIELD	INTERTIE or OTHER					
SEND REPORT TO: (Print Full Name, Address	ATER DIST					
PO BXX	618					
DO EAST PAR	WASHINGTON 2151 CLA					
TYPE OF SAMPLE (check only one in this co	olumn)					
check treatment Filtered	nated (Residual:TotalFree) d ited or Other					
REPEAT SAMPLE Previous coliform presence Previous coliform presence Date_	Previous coliform presence Lab # 4000 1749163					
RAW SOURCE WATER Source NEW CONSTRUCTION or REPAIRS	Total Coliform Fecal Coliform					
OTHER (Specify)	PARTIES AND					
HEWAINS						
LABORATORY RESULT	S (FOR LAB USE ONLY)					
METHO	DD USED					
MF MPN PA 2410 2600 261	0 MMO CPRG 2730					
TOTAL COLIFORM/100 ml FECAL COLIFORM/100 ml	E. COLI/100 ml HETEROTROPHIC/per ml					
	1340  MPLE REQUIRED					
SAMPLE NOT TESTED BECAUSE:	TEST UNSUITABLE BECAUSE:					
SAMPLE NOT TESTED BECAUSE:	Confluent growth					
☐ Wrong container ☐ Incomplete form	☐ TNTC ☐ Turbid culture					
	□ Excess debris					
DDINKING WATER	R SAMPLEBESULTS					
UNSATISFACTORY, Coliforms present						
REPEAT E. Coli present	☐ E. Coli absent					
REQUIRED Fecal present	Fecal absen					
	OPY FOR EXPLANATION OF RESULTS TIME RECEIVED RECEIVED BY					
LAB NO. DATE,	TIME RECEIVED RECEIVED BY					
089 / 4840 5-	10-15 3 40m (W)					
	ROUTE / ACCT. #					

15 15 80TH STREET E TACOMA, WA 98404				
WATER BACTERIOLOGICAL ANALYSIS				
SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY If instructions are not followed, sample will be rejected.				
DATE COLLECTED TIME COLLECTED COUNTY NAME				
TYPE OF SYSTEM   F PUBLIC SYSTEM, COMPLETE:				
PUBLIC  INDIVIDUAL (serves only 1 residence)  NAME OF SYSTEM  I.D. No.  A B				
NORTH BEACH WATER DIST  SPECIFIC LOCATION WHERE SAMPLE COLLECTED (I.e., NIIchen Iap @ school, fire station, fountain)				
2708-240711 DAY 3601665 - 4144				
SAMPLE COLLECTED BY: (Name)  SYSTEM OWNER/ MGR: (Name)				
SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE				
SURFACE WELL or SPRING PURCHASED or COMBINATION OF OTHER				
SEND REPORT TO: (Print Full Name, Address and Zip Code)				
PO BOX 618				
TYPE OF SAMPLE (check only one in this column)  WASHINGTON 18640				
ROUTINE DRINKING WATER Check treatment Free)    Filtered   Untreated or Other				
REPEAT SAMPLE Previous coliform presence Previous coliform presence Date				
RAW SOURCE WATER Source # S Total Coliform NEW CONSTRUCTION or REPAIRS Fecal Coliform				
OTHER (Specify)				
LABORATORY RESULTS (FOR LAB USE ONLY)				
METHOD USED				
MF MPN PA MMO CPRG 2410 2600 2610 2720 2730				
TOTAL COLIFORM/100 ml				
ANOTHER SAMPLE REQUIRED				
SAMPLE NOT TESTED BECAUSE: TEST UNSUITABLE BECAUSE:				
☐ Sample too old ☐ Confluent growth ☐ THTC				
☐ Incomplete form ☐ Turbid culture ☐ Excess worths				
DRINKING WATER SAMPLE RESULTS  UNSATISFACTORY, Coliforms present				
UNSATISFACTORY, Coliforms present  REPEAT				
SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS  LAB NO. DATE, TIME RECEIVED RECEIVED BY				
089 14841 5 -10-15 3:41)  DATE REPORTED ROUTE ACCT. #				
5-11-15 W AN4351R				

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 TIME COLLECTED COUNTY NAME					
5/10/15 DAM DAM PACIFIC					
TYPE OF SYSTEM   IF PUBLIC SYSTEM, COMPLETE:   CIRCLE GROUP					
INDIVIDUAL (serves only 1 residence)					
NAME OF SYSTEM					
SPECIFIC LOCATION WHERE SAMPLE COLLECTED TELEPHONE NO. DIST					
(ie, kitchen tap @ school, fire station, fountain)  DAY 3(44)/15 - 4(1)					
24000 BIRCH EVENING BONG 3090					
SAMPLE COLLECTED BY: (Name)  SYSTEM OWNER/ MGR.: (Name)					
SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE					
SURFACE WELL or SPRING PURCHASED or COMBINATION OF OTHER					
SEND REPORT TO: (Print Full Name, Address and Zip Code)					
PO BOY WALLS					
OCEAN PARK WASHINGTON ZXG4D					
TYPE OF SAMPLE (check only one in this column)					
☐ ROUTINE ☐ Chlorinated (Residual:Total Free) Check treatment ☐ Filtered ☐ Untreated or Other					
Previous coliform presence Lab # Date Date Date Total Coliform					
NEW CONSTRUCTION or REPAIRS   Hotal Collidary					
OTHER (Specify) REMARKS					
LABORATORY RESULTS (FOR LAB USE ONLY)					
METHOD USED					
MF MPN PA (MMO) CPRG 2730					
TOTAL COLIFORM/100 ml					
ANOTHER SAMPLE REQUIRED					
SAMPLE NOT TESTED BECAUSE:  Sample too old Wrong container Incomplete form  TEST UNSUITABLE BECAUSE:  TEST UNSUITABLE BECAUSE: TOTAL TOTAL TOTAL TITLE TOTAL					
- Execus dobris					
DRINKING WATER SAMPLE RESULTS  UNSATISFACTORY, Coliforms present  REPEAT  DE Coli present  Coliforms absent					
HEPEAI SAMPLES REQUIRED   Fecal present   Fecal absent   Fecal abs					
SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS  LAB NO. DATE, TIME RECEIVED RECEIVED BY					
OSO 111(1)					
DATE REPORTED ROUTE ACCT. #					

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		253) 531-	3121			
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	structions are n			ill be reject	ed.	
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00 0 1	SAMPLE			36012		47
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PO Bo	x 618					
ocean	DARK			WASHINGT	ON 98/	40
TYPE OF SAMP	LE (check only or	ne in this co	olumn)			
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REPEAT SAMPLE Previous coliform presence Lab #						
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☐ Incomplete				☐ Turble	culture	
□ · · · · · · · · · · · · · · · · · · ·				☐ Exces	s debris	
		NG WATER		RESULTS		
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REPEAT SAMPLES			E. Coli a			
REQUIRE	☐ Fecal pr	STEP ACCESS 1	Fecal ab	ASSOCIATE TO THE		
LAB NO.	VERSE SIDE OF		PY FOR E			VED BY
089/6	778	50	1.5	10.3	مرادر	114
DATE REPORTE	D	10	ROUT	E	ACCT	.#
		307		CONTRACTOR OF THE PERSON NAMED IN		

VVALETI MAIVAGE 1515 80TH S' TACOMA, W (253) 531-	TREET E \ 98404 3121				
WATER BACTERIOLO SAMPLE COLLECTION: READ INSTRUCTION If instructions are not followed	S ON BACK OF GOLDENROD COPY				
	LLECTED COUNTY NAME				
TYPE OF SYSTEM  PUBLIC  INDIVIDUAL (serves only 1 residence)  NAME OF SYSTEM	CRCLE GROUP  A B				
North Bep	ch when District				
SPECIFIC LOCATION WHERE SAMPLE COLLECTED (le, kitchen tap @ school, fire station, fountain)  WENT 4 SAMPLE	TELEPHONE NO. DAY 360 1665-4144				
SAMPLE COLLECTED BY: (Name)	EVENING (360)244-0047 SYSTEM OWNER/MGR.: (Name) B: 11 New 1				
SOURCE TYPE GROUND WATER UNDER	R SURFACE INFLUENCE				
SEND REPORT TO: (Print Full Name, Address	and Zip Code)				
PO BOX 618	WASHINGTON 98640				
TYPE OF SAMPLE (check only one in this co	lumn) WASHINGTON T & T ST S				
ROUTINE DRINKING WATER Check treatment					
OTHER (Specify) REMARKS					
LABORATORY RESULTS					
MF MPN 2410 2600 2610	(MMO) CPRG 2730				
TOTAL COLIFORM /100 ml FECAL COLIFORM /100 ml	E. COL				
SAMPLE NOT TESTED BECAUSE:  Sample too old  Wrong container Incomplete form	TEST UNSUITABLE BECAUSE:  Confluent growth TNTC Turbid culture Excess debris				
DRINKING WATER UNSATISFACTORY, Coliforms present REPEAT E. Coli present SAMPLES	SAMPLE RESULTS  SATISFACTORY, Coliforms absent				
REQUIRED Fecal present SEE REVERSE SIDE OF GREEN CO.	Fecal absent PY FOR EXPLANATION OF RESULTS				
DATE REPORTED	ROUTE ACCT. #				
1919 TU - I	NGM				

1515 80TH S		
TACOMA, W (253) 531	-3121	
WATER BACTERIOLO	GICAL ANALYSIS	
SAMPLE COLLECTION: READ INSTRUCTION  If instructions are not followed		
DATE COLLECTED TIME CO	LLECTED COUNTY NAME	
5/11/15 DAM	DACISC	
TYPE OF SYSTEM   IF PUBLIC SYSTEM		
PUBLIC I.D. No.	CIRCLE GR	OUP
INDIVIDUAL (serves only 1 residence)	3 9 9 9 C A	В
NAME OF SYSTEM	The Action	
	hussen District	
SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ie, kitchen lap @ school, fire station, fountain)	TELEPHONE NO. DAY 3601665 4191	(
well 5 samples		
SAMPLE COLLECTED BY: (Name)	EVENING (\$60) 244-004 SYSTEM OWNER/MGR.: (Name)	
Dennis	Bill neal	
	R SURFACE INFLUENCE	
SURFACE WELL or SPRIN	INTERTIE or OTHER	
SEND REPORT TO: (Print Full Name, Address:	and Zip Code)	IORIC (IA)
PO BOX 618 OCONI	PARK WA 98640	
	WASHINGTON	
TYPE OF SAMPLE (check only one in this colu	mn)	
ROUTINE Chlorin	ated (Residual:Total Free)	
DRINKING WATER   Filtered		
The second secon		COLEMB S. O.
	ed or Other	
REPEAT SAMPLE Previous coliform presence Lab #_		
REPEAT SAMPLE Previous coliform presence Previous coliform presence Previous coliform presence Previous coliform presence	/ /	
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REPEAT SAMPLE Previous coliform presence Previous coliform presence Previous coliform presence Previous coliform presence Date Other (Specify)	# S Total Colliform	
REPEAT SAMPLE Previous coliform presence Previous coliform presence Previous coliform presence Previous coliform presence NEW SOURCE WATER Source NEW CONSTRUCTION or REPAIRS	# S Total Colliform	
REPEAT SAMPLE Previous coliform presence Previous coliform presence Previous coliform presence Previous coliform presence Date Other (Specify)	# S Total Colliform Fecal Colliform	
REPEAT SAMPLE Previous coliform presence Previous coliform presence Previous coliform presence Previous coliform presence Date RAW SOURCE WATER Source NEW CONSTRUCTION or REPAIRS OTHER (Specify)	# S Total Colliform Fecal Colliform	
REPEAT SAMPLE Previous coliform presence Previous coliform presence Previous coliform presence Date Date Date Date Date Date Date Dat	# S Total Colliform Fecal Colliform	
REPEAT SAMPLE Previous coliform presence Previous coliform presence Previous coliform presence Previous coliform presence Date  RAW SOURCE WATER Source NEW CONSTRUCTION or REPAIRS  LABORATORY RESULTS  METHO  MF MPN 2410 2600 2610	# S Total Colliform Fecal Colliform  USED  MMO CPRG 2720 2730	
REPEAT SAMPLE Previous coliform presence Previous coliform presence Previous coliform presence Previous coliform presence Date  RAW SOURCE WATER Source NEW CONSTRUCTION or REPAIRS  LABORATORY RESULTS  METHO  MF MPN PA	# S Total Colliform Fecal Colliform  White the control of the cont	r ml
REPEAT SAMPLE Previous coliform presence Date Date Date Date Date Date Date Dat	# S Total Colliform Fecal Colliform  USED  MMO CPRG 2720 2750  E. COLI //JOO ml	er ml
REPEAT SAMPLE Previous coliform presence Date Date Date Date Date Date Date Dat	# S Total Coliform Fecal Coliform  White the control of the contro	
REPEAT SAMPLE Previous coliform presence Date Date Date Date Date Date Date Dat	# S Total Coliform Fecal Coliform Fecal Coliform  WMO CPRO 2720 2750 E. COLI / 100 ml HETEROTROPHIC   pe 1340  LE FEQUIRED  Confluent growth	
REPEAT SAMPLE Previous coliform presence Previous coliform presence Previous coliform presence Date RAW SOURCE WATER SOURCE NEW CONSTRUCTION or REPAIRS  COTHER (Specify)  REMARKS  LABORATORY RESULTS  METHO  MF 2410 2600 2610 TOTAL COLIFORM 100 Inl  NOTHER SAMI  SAMPLE NOT TESTED BECAUSE: Sample too old Wrong container Incomplete form	# S	
REPEAT SAMPLE Previous coliform presence Previous coliform presence Previous coliform presence Date Date Date Date Date Date Date Dat	# S	
REPEAT SAMPLE Previous coliform presence Date    RAW SOURCE WATER   Source   NEW CONSTRUCTION or REPAIRS   OTHER (Specify)   REMARKS    LABORATORY RESULTS   METHO   MPN	# S	E:
REPEAT SAMPLE Previous coliform presence Previous coliform presence Previous coliform presence Date RAW SOURCE WATER Source NEW CONSTRUCTION or REPAIRS  LABORATORY RESULTS  METHO  MF 2410 2600 2610 TOTAL COLIFORM /100 hl  FECAL COLIFORM /100 hl  NOTHER SAMI  SAMPLE NOT TESTED BECAUSE: Sample too old Wrong container Incomplete form  UNSATISFACTORY, Coliforms present	# S	E:
REPEAT SAMPLE Previous coliform presence Previous coliform presence Previous coliform presence Date RAW SOURCE WATER Source NEW CONSTRUCTION or REPAIRS  LABORATORY RESULTS  METHO  MF 2410 2600 2610 TOTAL COLIFORM /100 hl  FECAL COLIFORM /100 hl  NOTHER SAMI  SAMPLE NOT TESTED BECAUSE: Sample too old Wrong container Incomplete form UNSATISFACTORY, Coliforms present REPEAT SAMPLES  E. Coli present	# S	E:
REPEAT SAMPLE Previous coliform presence Previous coliform presence Previous coliform presence Date RAW SOURCE WATER Source NEW CONSTRUCTION or REPAIRS  LABORATORY RESULTS  METHO  MF 2410 2600 2610  TOTAL COLIFORM 100 hl  FECAL COLIFORM 100 hl  SAMPLE NOT TESTED BECAUSE: Sample too old Wrong container Incomplete form  DINKING WATER  REPEAT SAMPLES REQUIRED Fecal present  SEE REVERSE SIDE OF GREEN COL	# S	E:
REPEAT SAMPLE Previous coliform presence Previous coliform presence Previous coliform presence Date RAW SOURCE WATER Source NEW CONSTRUCTION or REPAIRS  LABORATORY RESULTS  METHO  MF 2410 2600 2610  TOTAL COLIFORM 100 hl  FECAL COLIFORM 100 hl  SAMPLE NOT TESTED BECAUSE: Sample too old Wrong container Incomplete form  DINKING WATER  REPEAT SAMPLES REQUIRED Fecal present  SEE REVERSE SIDE OF GREEN COL	# S	E:
REPEAT SAMPLE Previous coliform presence Previous coliform presence Previous coliform presence Date RAW SOURCE WATER Source NEW CONSTRUCTION or REPAIRS  LABORATORY RESULTS  METHO  MF 2410 2600 2610  TOTAL COLIFORM 100 hl  FECAL COLIFORM 100 hl  SAMPLE NOT TESTED BECAUSE: Sample too old Wrong container Incomplete form  DINKING WATER  REPEAT SAMPLES REQUIRED Fecal present  SEE REVERSE SIDE OF GREEN COL	# S	E:
REPEAT SAMPLE Previous coliform presence Previous coliform presence Previous coliform presence Date RAW SOURCE WATER Source NEW CONSTRUCTION or REPAIRS  LABORATORY RESULTS  METHO  MF 2410 2600 2610 TOTAL COLIFORM / 100 hl  NOTHER SAMI  SAMPLE NOT TESTED BECAUSE: Sample too old Wrong container Incomplete form  DEFINIKING WATER  REPEAT SAMPLES REQUIRED Fecal present REPEAT SAMPLES REQUIRED Fecal present  SEE REVERSE SIDE OF GREEN COL  LAB NO.  DATE, T	# S	E:

VVALED MAINAGE 1515 80TH S	
TACOMA, W (253) 531	A 98404 -3121
WATER BACTERIOLO	
SAMPLE COLLECTION: READ INSTRUCTIO  If instructions are not followed	NS ON BACK OF GOLDENROD COPY d, sample will be rejected.
DATE COLLECTED TIME CO	DLLECTED COUNTY NAME
5/11/15 DAM	PM PACEC
TYPE OF SYSTEM IF PUBLIC SYSTEM	
PUBLIC I.D. No.	3000 CIRCLE GROUP
(serves only 1 residence)  NAME OF SYSTEM	
	Abler 10:5t.
SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ie, kitchen tap @ school, fire station, fountain)	TELEPHONE NO. DAY 3100 1665-4144
well 6 samples	
SAMPLE COLLECTED BY: (Name)	EVENING 660)244-0047 SYSTEM OWNER/MGR.: (Name)
Dennis	Bill news
SOURCE TYPE GROUND WATER UNDE	
WELL FIELD SEND REPORT TO: (Print Full Name, Address	INTERTIE or OTHER
- HOTEN ISEACH C	Whiter District
Po Box 618	Cell (b)
TYPE OF SAMPLE (check only one in this co	WASHINGTON 98690
☐ ROUTINE ☐ Chlorin	
DRINKING WATER   Chlorin	ated (Residual:TotalFree)
Untreat	led or Other
Previous coliform presence Lab #_ Previous coliform presence Date_	ACRES CONTRACTOR OF CONTRACTOR
RAW SOURCE WATER Source	# IST IST
NEW CONSTRUCTION or REPAIRS	Total Coliform Fecal Coliform
OTHER (Specify) REMARKS	= BIG
ABORATORY RESULT	
7	B OSED OT
MF MPN 2610	(MMO) CPAG 2720 2730
TOTAL COLIFORM 100 ml	E. COLI100 ml HETEROTROPHIC/per ml
ANOTHER SAME	1340
SAMPLE NOT TESTED BECAUSE:	TEST UNSUITABLE BECAUSE:
☐ Sample too old ☐ Wrong container	☐ Confluent growth ☐ TNTC
Incomplete form	☐ Turbid culture ☐ Excess debris
DRINKING WATER	SATISFACTORY,
REPEAT E. Coli present	E. Coli absent
REQUIRED Fecal present	Fecal absent
SEE REVERSE SIDE OF GREEN COL LAB NO. DATE, T	
	IME RECEIVED RECEIVED BY
089 /4/05	IME RECEIVED RECEIVED BY
089 /4475 512	IME RECEIVED BY  RECEIVED BY  ROUTE ACCT. #

N	1518		TREET E	5		
WATER	BACTE	253) 531-	-3121	ANIAI	VOIC	
SAMPLE CO	DLLECTION: READ	INSTRUCTION	IS ON BACK OF	GOLDENBO	D COPY	
If instru	uctions are no					
MONTH DAY		TIME CO	LLECTED	COUNTY	2010	
>/ 11	/ 15	□ AM	₽M PM	,	J. de	
TYPE OF SYSTEM	DEPTHENNIA A	200	, COMPLETE	B Des la l		CIRCLE GROUP
INDIVIDUAL (serves only 1 residence	I.D. No	9	300	00		A B
NAME OF SYSTEM			4.1			1
	h Bei				24 C	
SPECIFIC LOCATION WHI (ie, kitchen tap @ school	I, fire station, four	LECTED ntain)	TELEPHON DAY	ENO.	65.	4144
well 8 si	omplex			7		
SAMPLE COLLECTE	ED BY: (Name)	R H	EVENING (	WNER/MO	BR.: (Nam	e)
12ennis	W.		BILL		pl	
SOURCE TYPE				NFLUENC CHASED of		OMBINATION
SEND REPORT TO:	(Print Full Nam	e. Address	and Zin Cod	RTIE		OTHER
1101 200	1 ben	CNI	uater	10:3	strice	
PO Po	X GI PARK	8		4 ( )		
TYPE OF SAMPLE (			luma)	VASHINGT	ON 95	3640
1						
ROUTINE DRINKING VI		Chlorin	ated (Residua	al:To	talI	ree)
	L E	THE RESERVE	ed or Other_	1111		
	form presence	Lab #_				
	form presence	Date	# S @			
RAW SOURCE	CE WATER TRUCTION or F	THE DESIGNATION OF		F	Total Co Fecal Co	
OTHER (Spe	cify) TW	10				
REMARKS				~		
	LABORATORY		Set Set	E ONLY)	$\rightarrow$	10 x 50 x 60
		метно	USED (	工		
MF 2410	MPN 2600	PA 2610		1MO 720	CPRG 2730	A section of
TOTAL COLIFORM	/100 n	1) }	E. (	COLI	/10	ONI
FECAL COLIFORM_	The state of the state of	250		TEROTRO 1340	PHIC	/per ml
SAMPLE NOT TESTE	$\sim$	HER SAMF	LE REQUIRE			BECAUSE:
☐ Sample too old				Conflu	THE RESERVE	ACT WENT WITH
☐ Wrong containe ☐ Incomplete form				☐ TNTC	culture	
				☐ Exces	s debris	
			SAMPLE RES	BULTS	LOATIO	OTORY
UNSATISFACT						ACTORY, ns absent
REPEAT SAMPLES REQUIRED	☐ E. Coli pre☐ Fecal pres	100	E. Coli abser			
SEE REVERS	SE SIDE OF G	REEN COR	Y FOR EXP	LANATION	Contract of the second	the state of the s
LAB NO.		DATE, TI	ME RECEIVE	ED	REC	EIVED BY
089 141		5-1	1.15	10,4	10 .	
DATE REPORTED	1/5	(0)	ROUTE		ACC	(T. # \( \( \alpha \) (\)
THE PERSON NAMED OF THE PE	Part (	Cont. No.	and the second	No. of Contract of		New 1

# Investigative Sample Distribution #1

VVALER 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 TIME COLLECTED COUNTY NAME				
5/10/15 QAM OPM PACIFIC				
TYPE OF SYSTEM IF PUBLIC SYSTEM, COMPLETE:  CIRCLE GROUP				
INDIVIDUAL (serves only 1 residence)				
NAME OF SYSTEM				
NORTH BEACH WATER DIST				
SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ie, kitchen tap @ school, fire station, fountain) DAY 3(b) 1667 - 4/44				
LANE EVENING BAD 6(5-329)				
SAMPLE COLLECTED BY: (Name) SYSTEM OWNER/ MGR.: (Name)				
DEALALS BILL WEAU				
SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE  SURFACE WELL or SPRING PURCHASED OR COMBINATION OR OTHER				
SEND REPORT TO: (Print Full Name, Address and Zip Code)				
NORTH ISTACH WATER DIST				
OCEAN PARK WASHINGTON 9 KG4 D				
TYPE OF SAMPLE (check only one in this column)  WASHINGTON (1/4/4/4)				
ROUTINE DRINKING WATER check treatment  REPEAT SAMPLE  Chlorinated (Residual:Total Free) Filtered Untreated or Other				
Previous coliform presence Lab #				
RAW SOURCE WATER Source # S Total Coliform NEW CONSTRUCTION or REPAIRS Total Coliform				
OTHER (Specify) FACTIVE RING				
LABORATORY RESULTS (FOR AB USE ONLY)  METHOD USED				
MF MPN PA MMO PRRG				
2410   2600   2610   2720   2730				
TOTAL COLIFORM / 100 m   E. COLI / 100 m   HETEROTROPHIC / per ml   1340				
ANOTHER SAMPLE REQUIRED				
SAMPLE NOT TESTED BECAUSE: TEST UNSUITABLE BECAUSE:				
□ Sample too old □ Confluent growth □ Wrong container □ TNTC				
☐ Incomplete form ☐ Turbid culture ☐ Excess debris				
DRINKING WATER SAMPLE RESULTS				
UNSATISFACTORY, Coliforms present SATISFACTORY, Coliforms absent				
REPEAT E. Coli present E. Coli absent SAMPLES REQUIRED Fecal present Fecal absent				
SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS				
DATE, TIME RECEIVED RECEIVED BY				
DATE REPORTED ROUTE ACCT. #				
5-11-15 (1)				

# Investigative Sample Distribution #2

	TAC	5 80TH S COMA, WA 253) 531-	98404			
WATER B				. ANAL	YSIS	
SAMPLE COLLE If Instruction			IS ON BACK O			
DATE COLLECT	YEAR	TIME CO	LLECTED	COUNTY	NAME	
5/10/ TYPE OF SYSTEM	IE PUBL	C SYSTEM	D PM	PA	ICIF	16
PUBLIC INDIVIDUAL	I.D. No		300			CIRCLE GROUP
(serves only 1 residence) NAME OF SYSTEM				1010		0
NORTH B	EAC	HV	JATE	RI	NST	
SPECIFIC LOCATION WHERE (ie, kitchen tap @ school, fire	SAMPLE COL e station, fou BIR	ntain)	TELEPHOI DAY 3	A CONTRACTOR OF THE PARTY OF TH	165	4144
SAMPLE COLLECTED I			EVENING SYSTEM C	3606 WNER/M	65 3R.: (Nan	-3040 ne)
DENNIS			BIL		EAL	
SOURCE TYPE GR		TER UNDE		RCHASED		COMBINATION
SEND REPORT TO: (Pri	LL FIELD	1119	INT	ERTIE		or OTHER
NORTH B	EAC		ATE	R D	IST	
- 80	130	X	618			
OCE/	IN	PAR	K	WASHINGT	ON 9	8640
TYPE OF SAMPLE (che	ck only on	e in this co	lumn)			
REPEAT SAMPL Previous coliforr Previous coliforr Previous coliforr RAW SOURCE NEW CONSTRU NOTHER (Specify REMARKS	n presence n presence WATER JCTION or	Lab #_ Date Source	# S [		Total Co	
	2004702	V DEOLUT				
	BURATUR	METHO	FOR LAB	SE CALLY)	r }	
	IPN 500	) PA 2610	(   Va.	MMO )	CPR0 2730	
TOTAL COLIFORM	/100	Contract of the second		. COLI		00 ml /per ml
	ALC: NO THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TO	HER SAM	PLE REQUII	1340 RED		<del>)</del>
SAMPLE OT TESTED	BECAUSE	,	T	TEST UNS	SUITABLE	E BECAUSE:
☐ Sample too old ☐ Wrong container				☐ Conflu		vth .
☐ Incomplete form				☐ Turbic	culture	
, U				☐ Exces	s debris	
15 1 1 1 1			SAMPLE RE	SULTS	111	raylar is
SAMPLES	E. Coli pr	esent [	☐E. Coli ab			FACTORY, rms absent
SEE REVERSE	SIDE OF C		PY FOR EX			SULTS CEIVED BY
089/48L	12	SAIE,	OCT P	3/4	//) ne	100
DATE REPORTED	-	110	ROUTE		A	CCT. #

# Investigative Sample Distribution #3

	1515 80TH S		00	
	TACOMA, W (253) 531			
WATER B	ACTERIOLO		ANALY	SIS
SAMPLE COLLEC	CTION: READ INSTRUCTION are not follower	NS ON BACK O	F GOLDENROD C	OPY
DATE COLLECT MONTH / DAY /	ED TIME CO	DLLECTED	COUNTY NA	ME
5 / 10 /	/C AM	□ PM	DAG	-
TYPE OF SYSTEM	IF PUBLIC SYSTEM	THE STATE OF	I MCI	+1C
[7] PUBLIC	II POBLIC STSTEE	VI, COMPLET	E:	CIRCLE GROUP
INDIVIDUAL	I.D. No.	300	000	(7)
(serves only 1 residence)  NAME OF SYSTEM		000	1010	(A) B
SPECIFIC LOCATION WHERE (ie, kitchen tap th school, fired and the school). The sample collected by the sample collected by the service of the sample collected by the service of the sample can be sample collected by the sample can be sample collected by the sample can be sample collected by the sample can be s	SAMPLE COLLECTED station, fountain)  Y: (Name)  OUND WATER UNDE  L or SPRING  L FIELD  It Full Name, Addres  A A A A A A A A A A A A A A A A A A A	EVENING ( SYSTEM O  SYSTEM O  R SURFACE  G PUF INTE s and Zip Co	WNER/MGR.  WNER/MGR.  WNER/MGR.  WNER/MGR.  WASHINGTON  WASHINGTON  WASHINGTON	COMBINATION or OTHER  ST  Free)
OTHER (Specify)	1.11	INE	ERIA	ecal Coliform
₩6	ORATORY RESULTS	S (FOR LAB.	SE ONCY	eta patria
		DUSED	)-	1
		4	01	人
	00 2610		MMO 720	CPR 6 2730
TOTAL COLIFORM	/100 ml		COLI	/100 ml
FECAL COLIFORM	/100 ml	HE	TEROTROPH 1340	IC /per ml
4	ANOTHER SAM	PLE REQUIR	ED ,	
SAMPLE NOT TESTED E	SCAUSE:	U	TES UNSUIT	ABLE BECAUSE:
Sample too old Wrong container			☐ Confluent☐ TNTC	growth
Incomplete form			☐ Turbid cul	
			☐ Excess d	ebris
CAVE	DRINKING WATER	SAMPLE RE	SULTS	but help of CHI as
UNSATISFACTORY	, Coliforms present	19 19 10		ATISFACTORY, coliforms absent
REPEAT SAMPLES	E. Coli present	E. Coli abs	10000	
REQUIRED	Fecal present [	Fecal abse		
LAB NO.	DATE OF	PY FOR EXP		
	DATE, I	IIVIE RECEIV	20	RECEIVED BY
089/484	5 15-11	275	346	no O
DATE REPORTED	0	ROUTE		ACCT. #
)-11-15	UUI		and the second	

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

COLIFORM	II BACTERIA	ANALYSIS
Date Sample Collected	Time Sample	County
51715	Collected	M PACIL'C
Month Day Year	<u>10:53</u>	M   177 O =
Type of Water System (check only	one box)	Private Household
Group A 🗆	Group B	Other
Group A and Group B Systems - I	Provide from Water Fac	ilities Inventory (WFI):
ID# <u>6 5 0</u>	000	
System Name: North	BEACH U	JAHEL
Contact Person: Down		**************************************
Day Phone: (360)665-4	144	Cell Phone: 360244-0047
Eve. Phone: ( )		FAX: ( )
Email: Send results to: (Print full name, addre	ss and zip code)	
Morth 1:	seach w	Atec
10 130 X	618	
ocean PA	FK, WA.	98640
SA	MPLE INFORMAT	ION
Sample collected by (name):	Jemi'S	
Consider Leasting where complete		Special instructions or comments:
Specific location where sample co	Mected.	opecial instructions of comments.
5-4 21400 0	3	
Type of Sample (MUST CHECK	ONLY ONE BOX OF #	11 THROUGH #4 LISTED BELOW)
#1 Routine Distribution Sam		Sample (after unsat. routine)
Chlorinated: YesNo		bution System
Chlorine Residual: Total Fr		ce Groundwater Rule (GWR)
#3, Raw Water Source Sample	1 '	ulation of 1,000 or less)
☐ E.coli – GWR source sample	e Uns	atisfactory routine lab number:
☐ Fecal –Surface, GWI, some	springs $\frac{0}{1}$	<u> </u>
☐ Other	Unsatisfa	actory routine collect date:
S		
Public systems must provide source number fro	om WFI	ed: Yes No
		Residual: TotalFree
#4. Sample Collected for Infor	•	
Investigative Const	truction / Repairs	Other
LAB USE ONLY <b>DRIN</b>	IKING WATER RE	5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
☐ Unsatisfactory Total Coliform	Present and	<b>□</b> Satisfactory
☐ E.coli present	☐ E.coli absent	$\mathcal{A}_{1}$
Replacement Sample Required:		
☐ Sample too old (>30 hours)	□ TNTC	
☐ Improper Container	☐ Turbid culture	
Bacterial Density Results: Plate C	ount Ir	nl. <i>E.coli</i> /100ml.
	/100ml. Fecal Colife	
	,	Date, Time and Temp Received:
Method Code; M 9 2 2	らり	5 4/15 1000 M
Date Analyzed 5/3/15	Br	Date Reported: 5/9/16NB
Sample Number (DOH number plus five digits		Lab Use Only:
0 1 7 - 47	161	AME AMIL

## 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 Publie 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.

NatureSolv™ the environmentally responsible carbonless capsule

SR# 10504916-002

# ALS Environmental

1317 S. 13th Avenue • Kelso, WA 98626

# **COLIFORM BACTERIA ANALYSIS**

Time Sample Collected Coll		
Type of Water System (check only one box)    Stroup A   Group B   Other		ollected
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):  ID# 6 3 0 0 0 0 0  System Name:	Month Day Year 10	SO DE LA CITIC
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):  ID# 6 3 0 0 C System Name:	Type of Water System (check only one box)	☐ Private Household
System Name: North Booch When Contact Person: Demis Schwe; Zof Day Phone: G60665. 4/44 Cell Phone: G60244-004 Eve. Phone: ( ) FAX: ( ) Email: Send results to (Print full name, address and zip gode)  PO COAN PAF K WA. 98640  SAMPLE INFORMATION  Sample collected by (name): Demis Specific location where sample collected: 5-21 2 207 2 704 PL.  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 Source Groundwater Rule (GWR) (Population of 1,000 or less)  Unsatisfactory routine lab number: 0 1 7 - Unsatisfactory routine collect date: Chlorinated: Yes No Chlorine Residual: Total Free WA. Sample Collected for Information Only Investigative Construction / Repairs Other  LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY Present and E.coli present Ecoli absent  Replacement Sample Required: Sample too old (>30 hours) TNTC	<b>S</b> Group A ☐ Group B	☐ Other
Day Phone: 360665 - 4144   Cell Phone: 260   244-004    Eve. Phone: ( ) FAX: ( ) FAX: ( )  Email:  Send results to (Print full name, address and zip gode)   Color   Color    Send results to (Print full name, address and zip gode)   Color   Color    Sample collected by (name):   Color    Sample collected by (name):   Color    Sample collected by (name):   Color    Specific location where sample collected:   Special instructions or comments:    Specific location where sample collected:   Special instructions or comments:    Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)    #1.   Routine Distribution Sample   #2, Repeat Sample (after unsat. routine)    Chlorine Residual: Total   Free     Distribution System    Chlorine Residual: Total   Free   Chlorine Residual: Total   Free    #3. Raw Water Source Sample   Unsatisfactory routine lab number:    Other   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 absent    Replacement Sample Required:   Sample too old (>30 hours)   TNTC	ID# 6 3 0 0	om Water Facilities Inventory (WFI):  O  C  Ach WAler
Eve. Phone: ( ) FAX: ( )  Email:  Send results to: (Print full name, address and zip gode)  PO BOX GOS  SAMPLE INFORMATION  Sample collected by (name):  Specific location where sample collected:  5-21 2-807 2-704n PL.  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   Distribution System Chlorine Residual: Total Free   Distribution System   Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number:  O 1 7 - Unsatisfactory routine collect date:	<u> </u>	Schweizer
Email:  Send results to: (Print full name, address and zip gode)  PO PATK WA. 98640  SAMPLE INFORMATION  Sample collected by (name):  Specific location where sample collected:  Specific location where sample collected for Information Sample  Chlorine Residual: Total Free collected for Information Only  Investigative construction / Repairs cother  Chlorine Residual: Total Free collected for Information Only  Investigative construction / Repairs cother  Chlorine Residual: Total Free collected for Information Only  Investigative construction / Repairs cother  Chlorine Residual: Total Free collected for Information Only  Investigative construction / Repairs cother  Chlorine Residual: Total Free collected for Information Only  LAB USE ONLY DRINKING WATER RESULTS  LAB USE ONLY  Chlorine Residual: Total Coliform Present and Exatisfactory  Chlorine Residual: Total Satisfactory  Satisfactory  Satisfactory  Satisfactory  Satisfactory  Satisfactory  Satisfactory  Satisfactory	Day Phone: 360665-4144	Cell Phone: 360)244-0047
Send results to: (Print full name, address and zip gode)  PO POX 6/8  OCAM PAFK WA. 98640  SAMPLE INFORMATION  Sample collected by (name):  Specific location where sample collected:  Specific locat	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	FAX: ( )
Sample collected by (name):  Specific location where sample collected:  Specific location where sample collected or location where sample collected for Information Only  Investigative Construction / Repairs Cother location where sample collected for Information Only  Replacement Sample Required:  Sample too old (>30 hours) TNTC	Send results to (Print full name, address and zip  Not the Befor  PO BOX 618  OGAN PAFK, U	h WAHA JA. 98640
Specific location where sample collected:    Specific location where sample collected:   Special instructions or comments:		NFORMATION
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   Distribution System Chlorine Residual: Total Free   Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number:    Unsatisfactory routine collect date:   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 RESULT\$   LAB USE ONLY     Unsatisfactory Total Coliform Present and		3
#1. Routine Distribution Sample Chlorinated: Yes No Bource Groundwater Rule (GWR) Chlorine Residual: Total Free Bource Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number:  Unsatisfactory routine lab number:  Unsatisfactory routine collect date:  Unsatisfactory routine collect date:  Chlorinated: Yes No Chlorine Residual: Total Free  #4. Sample Collected for Information Only Investigative Construction / Repairs Other  Unsatisfactory Total Coliform Present and  Ecoli present E.coli absent  Replacement Sample Required:  Sample too old (>30 hours) TNTC  TNTC	207 2704	11.4. · · · · · · · · · · · · · · · · · ·
#1. Routine Distribution Sample Chlorinated: Yes No Bource Groundwater Rule (GWR) Chlorine Residual: Total Free Bource Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number:  Unsatisfactory routine lab number:  Unsatisfactory routine collect date:  Unsatisfactory routine collect date:  Chlorinated: Yes No Chlorine Residual: Total Free  #4. Sample Collected for Information Only Investigative Construction / Repairs Other  Unsatisfactory Total Coliform Present and  Ecoli present E.coli absent  Replacement Sample Required:  Sample too old (>30 hours) TNTC  TNTC	Type of Sample (MUST CHECK ONLY OF	NE BOX OF #1 THROUGH #4 LISTED BELOW)
Chlorine Residual: Total Free		
#3. Raw Water Source Sample    E.coli – GWR source sample   Fecal – Surface, GWI, some springs   Other	Chlorinated: Yes No	☐ Distribution System
#3. Raw Water Source Sample    E.coli - GWR source sample   Fecal - Surface, GWI, some springs   Other	Chlorine Residual: Total Free	
Fecal - Surface, GWI, some springs   O 1 7 -   Unsatisfactory routine collect date:   Chlorinated: Yes No Chlorine Residual: Total Free   Free   WFI   Chlorine Residual: Total Free   Chlorine Residual: Total Free   Construction / Repairs Other   Chlorine Residual: Total Free   Construction / Repairs Other   Chlorine Residual: Total Free   Construction / Repairs Other	#3, Raw Water Source Sample	
Unsatisfactory routine collect date:  S 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  Replacement Sample Required: Sample too old (>30 hours) TNTC	☐ E.coli – GWR source sample	
S   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    Replacement Sample Required:   Sample too old (>30 hours)   TNTC	☐ Fecal –Surface, GWI, some springs	
Public systems must provide source number from WFI  Chlorinated: Yes No Chlorine Residual: TotalFree  #4.  Sample Collected for Information Only Investigative Construction / Repairs Other  LAB USE ONLY	☐ Other	
#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  Replacement Sample Required: Sample too old (>30 hours) TNTC	S	
#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	Public systems must provide source number from WFI	And the Control of th
Investigative Construction / Repairs Other  LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY  Unsatisfactory Total Coliform Present and  E.coli present E.coli absent  Replacement Sample Required:  Sample too old (>30 hours) TNTC	44 - Samula Callacted for Information O	
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY Unsatisfactory Total Coliform Present and E.coli present E.coli absent  Replacement Sample Required: Sample too old (>30 hours) TNTC	경향이 보고 그는 이 없는 화가지 않는	
☐ Unsatisfactory Total Coliform Present and ☐ E.coli present ☐ E.coli absent  Replacement Sample Required: ☐ Sample too old (>30 hours) ☐ TNTC ☐ ☐		
☐ E.coli present ☐ E.coli absent  Replacement Sample Required: ☐ Sample too old (>30 hours) ☐ TNTC ☐ ☐ ☐		
Sample too old (>30 hours) TNTC	그는 그는 그는 그를 가게 하는 것이 없는 것이 없는 것이 없다면 하는 것이 없다면 하는 것이다.	
	Replacement Sample Required:	
	☐ Sample too old (>30 hours) ☐ TN7	<u>гс</u>
☐ Improper Container ☐ Turbid culture	☐ Improper Container ☐ Turt	oid culture
Bacterial Density Results: Plate Count /ml. E.coli /100ml.	Bacterial Density Results: Plate Count	/ml. <i>E.coli</i> /100ml.
Total Coliform/100ml. Fecal Coliform/100ml.	Total Coliform/100ml.	Fecal Coliform/100ml.
Method Code: M 9 2 2 3 B Date, Time and Temp Received: 5/8/1/ 1000 M	$\omega m \alpha \gamma \gamma$	2 6 5/4/15
Date Analyzed 5/8/15 & Date Reported: 5/9/15/WW	Date Analyzed 5/8/15 G	Date Reported: 6/9/15/1/13
Sample Number (DOH number plus five digits)  O 1 7 - 4 9 1 6 2 Lab Use Only:  Sample Number (DOH number plus five digits)	1 C/ 1/	6 2 Lab Use Only: Stull 5

# 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. <u>Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted.</u> 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
- 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.

5640

BRUNSWICK PRESS (713) 462-0600

SR# <u>[(1504916-003</u>



# **COLIFORM BACTERIA ANALYSIS**

	e Sample ollected	County
517115 a	ZO AM	Dac'r.
Month Day Year	_: <u>~</u> _ pm	12ACIFIC
Type of Water System (check only one box	) □ Pri	vate Household
Group A Group E	B □ Ott	ner
Group A and Group B Systems – Provide fr	om Water Facilitie	s Inventory (WFI):
System Name: North Be	Ach u	soler
Contact Person: Oe www.	Shwe	i7 of
Day Phone: (360) 665-414		Il Phone: B601244-004
Eve. Phone: ( )	FA	
Email:		
Send results to: (Print full name raddress and zip	wat	24
POBOX 618	)	
Ocean PARK	WA. 9	8640
	NFORMATION	
Sample collected by (name):	VI ONIMATION	
1 Jew	115	
Specific location where sample collected:		ecial instructions or comments:
5-6 24010 Brich D	<b>L</b> .	
Type of Sample (MUST CHECK ONLY OF	NE BOX OF #1 TH	ROUGH #4 LISTED BELOW)
#1. X Routine Distribution Sample	#2,Repeat Samp	ple (after unsat. routine)
Chlorinated: Yes No	☐ Distributio	n System
Chlorine Residual: Total Free	☐ Source Gr	oundwater Rule (GWR)
#3. Raw Water Source Sample		n of 1,000 or less)
☐ E.coli – GWR source sample		actory routine lab number:
Fecal –Surface, GWI, some springs	0 1 7	
Other		routine collect date:
S		
Public systems must provide source number from WFI		esNo
#4 Commis Callegeed for Information O		dual: TotalFree
#4. Sample Collected for Information On Investigative Construction / R	· -	Turk in the Alexander
		Other
	ATER RESUL	
Unsatisfactory Total Colliform Present a		☐ Satisfactory
✓ DE.coli present → □ E.co	<i>li</i> absent	
Replacement Sample Required:		
☐ Sample too old (>30 hours) ☐ TNT	C., _	
☐ Improper Container ☐ Turb	id culture	
Bacterial Density Results: Plate Count	/ml. <i>E</i>	.coli/100ml.
Total Coliform/100ml.	Fecal Coliform_	/100ml.
Method Code: MICR- 5 M 9 2 2	3 h Au	Time and Temp Received:
Date Analyzed 5, 8, 15 m/s	Date F	Reported: 5.9,/5
Sample Number (DOH number plus five digits)	Lab Us	se Only: 9/5 To see Clube
0 1 7 - 4 4 6	2 3 Cives	1815/96 TT-3/11/16

# 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. <u>Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted.</u> 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.
- 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
- 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.

Natur∈Solv<sup>™</sup> the anvironmentally responsible carbonless capsule

SR# K1504916 -004

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

# **COLIFORM BACTERIA ANALYSIS**

	e Sample	County
517115 a	ollected AM	PACILIC
Month Day Year	UPM	
Type of Water System (check only one box)	☐ Pri	vate Household
Group A Group B		her
Group A and Group B Systems – Provide fro	om Water Facilitie	es Inventory (WFI):
10# 6 3 0 0		
System Name: North 15e	och u	Juster
Day Phone: (360)(65-4146	5chwei	ell Phone: (360 244 0047
Eve. Phone: ( )		X: ( )
Email:		
Send results to: (Print full name, address and zip		nder
PO BOX 618		
	۹۶. ۹۲	1640
	NFORMATIO	
Sample collected by (name):	NFURMATIO	
Sample collected by (Harrie).	<u>vi5</u>	
Specific location where sample collected:		ecial instructions or comments:
5-10 21401 PAC.	Igmy	
Type of Sample (MUST CHECK ONLY O	NE BOX OF #1 TI	HROUGH #4 LISTED BELOW)
#1. Routine Distribution Sample	#2.Repeat Sam	ple (after unsat. routine)
Chlorinated: YesNo	☐ Distribution	on System
Chlorine Residual: Total Free		Froundwater Rule (GWR) on of 1,000 or less)
#3, Raw Water Source Sample		factory routine lab number:
☐ E.coli – GWR source sample	0 1 7	
☐ Fecal –Surface, GWI, some springs		y routine collect date:
Other	l onodicion	/
	Chlorinated:	Yes No
Public systems must provide source number from WFI		idual: TotalFree
#4. Sample Collected for Information O	L	
Investigative Construction / F	Repairs	Other
LAB USE ONLY DRINKING W	VATER RESU	LABUSE ONLY
☐ Unsatisfactory Total Coliform Present a	and (	Satisfactory
☐ E.coli present ☐ E.co	oli absent	( )
Replacement Sample Required:		
Sample too old (>30 hours) TN1	[C [	7
	oid culture	
Bacterial Density Results: Plate Count	/ml.	E.coli/100ml.
Total Coliform/100ml,	Fecal Coliform_	/100ml.
Method Code: MICR- 5 M 92 2	3 B Date	Time and Temp Received:
Date Analyzed 5/8/15	Date	Reported: 5/9/15 N/3
Sample Number (DOH number plus five digits)  O 1 7 - 4 4 1 6	4	Use Only: 4 5/11/15
	A STATE OF THE PROPERTY OF THE	

# 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. <u>Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted.</u> 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.
- 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.

Natur∈Solv<sup>™</sup> the environmentally responsible carbonless capsule

# SR# 504916-005

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

# COLIFORM BACTERIA ANALYSIS

	e Sample ollected	County  DACITIC
Type of Water System (check only one box)  ✓ Group A ☐ Group B		Private Household Other
Group A and Group B Systems - Provide from ID# 6 3 0 0 System Name: North Beat	om Water Fac	
Contact Person: Dewn'S 5	chwe	
Day Phone: (360) 665-4144		Cell Phone: (360)244-0047
Eve. Phone: ( , )		FAX: ( )
Email: Send results to: (Print full name, address and zip. North Send. Po Box 618 Ocean Park U	n Wf	Her 8640
SAMPLE I	NFORMAT	ION
Sample collected by (name):	۱۷	
Specific location where sample collected:  5-17 245444 ASI	1	Special instructions or comments:
Type of Sample (MUST CHECK ONLY O		
#1. Routine Distribution Sample Chlorinated: Yes No		Sample (after unsat. routine) oution System
Chlorine Residual: Total Free		e Groundwater Rule (GWR)  Ilation of 1,000 or less)
#3. Raw Water Source Sample		
☐ E.coli – GWR source sample		atisfactory routine lab number:
☐ Fecal –Surface, GWI, some springs	$\frac{0}{1}$	
☐ Other	Unsatisfa	ctory routine collect date:
S		<u>J</u>
Public systems must provide source number from WFI	1 1997	ed: Yes No Residual: TotalFree
#4. Sample Collected for Information O	خنائه منسبيا	
Investigative Construction / F	Repairs	Other
LAB USE ONLY DRINKING W	VATER RE	SULTS LAB USE ONLY
☐ Unsatisfactory Total Coliform Present a ☐ E.coli present ☐ E.co	and oli absent	Satisfactory
Replacement Sample Required:  Sample too old (>30 hours) TNT  Improper Container Turk	CC	
Bacterial Density Results: Plate Count	/n	ıl. <i>E.coli</i> /100ml.
Total Coliform/100ml.	Fecal Colife	orm/100ml.
Method Code: M 9 2 2 3	n,	Date, Time and Temp Received:
Date Analyzed 6/8/166		Date Reported: 6/9/19
Sample Number (DOH number plus five digits)		Lab Use Only:
0 1 7 - 4 9 1 0	22	W MWIIS

## 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.

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- 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.

NatureSolv™ the environmentally responsible carbonless capsule

SR# K1504916 - 006

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

# **COLIFORM BACTERIA ANALYSIS**

Data Sample Callested To-	- Sla
	e Sample County ollected
Month Day Year 8	:20 PM PACILIC
Type of Water System (check only one box)  Group A ☐ Group B	- I III ato Floadolloid
Group A and Group B Systems – Provide fro  ID# 6 3 0 0  System Name: Na - Ua B	om Water Facilities Inventory (WFI):
Contact Person:	Silveria
Day Phone: (360) 665-4144	Cell Phone: (360)244-0047
Eve. Phone: ( ) Email:	FAX: ( )
Send results to (Print full name, address and zip PO PSO K 618	DA. 98640
SAMPLE II	NFORMATION
Sample collected by (name):	
1Jenn	
Specific location where sample collected: 5-3 1719 2644	PL Special instructions or comments:
Type of Sample (MUST CHECK ONLY ON	NE 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)
#3, Raw Water Source Sample  □ E.coli – GWR source sample	(Population of 1,000 or less) Unsatisfactory routine lab number:
☐ Fecal –Surface, GWI, some springs	0 1 7 -
Other	Unsatisfactory routine collect date:
	Chlorinated: Yes No No
Public systems must provide source number from WFI	Chlorine Residual: TotalFree
#4,  Sample Collected for Information Or	nly
Investigative Construction / R	epairs Other
LAB USE ONLY DRINKING W	ATER RESULTS LAB JUSE ONLY
☐ Unsatisfactory Total Coliform Present al	<u> </u>
:	oli absent
Replacement Sample Required:  ☐ Sample too old (>30 hours) ☐ TNT0 ☐ Improper Container ☐ Turbi	Cid culture
Bacterial Density Results: Plate Count	
Total Coliform/100ml.	Fecal Coliform/100ml.
Method Code: M 9 2 2	3B Date, Time and Temp Received: 5/8/15/000 M
Date Analyzed 5/8/150	P Date Reported: 5/9/19
Sample Number (DOH number plus five digits)	Lab Use Only:

# 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.

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- 3. 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.

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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.

Natur∈Solv<sup>™</sup> the environmentally responsible carboniess capsule

# SR# 1015049116- 007

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

# **COLIFORM BACTERIA ANALYSIS**

	e Sample County ollected  : 40 PM  AM  - 40 PM
Type of Water System (check only one box)  Group A ☐ Group B	
Group A and Group B Systems – Provide for ID# 6 3 0 0 System Name: Nor July BeA	om Water Facilities Inventory (WFI):
	chweizer
Day Phone: (360) 665-414	
Eve. Phone: ( )	FAX:( )
Email:	
Send results to: (Print full name address and zio Mowth Beach DO Box 618 OCEAN ATK, LL	CONTRACTOR OF THE CONTRACTOR O
Sample collected by (name):	ni'S
Specific location where sample collected:  5-20 22744 + B/rc	Special instructions or comments:
Type of Sample (MUST CHECK ONLY O	NE BOX OF #1 THROUGH #4 LISTED BELOW)
#1: Routine Distribution Sample Chlorinated: Yes No	#2.Repeat Sample (after unsat. routine)  Distribution System
Chlorine Residual: Total Free #3. Raw Water Source Sample	Source Groundwater Rule (GWR) (Population of 1,000 or less)
☐ E.coli – GWR source sample	Unsatisfactory routine lab number:
☐ Fecal –Surface, GWI, some springs	0 1 7
☐ Other	Unsatisfactory routine collect date:
<b>S</b>	
Public systems must provide source number from WFI	Chlorinated: Yes No Chlorine Residual: TotalFree
#4. Sample Collected for Information O	
Investigative Construction / F	Repairs Other
LAB USE ONLY DRINKING W	VATER RESULTS LAB USE ONLY
☐ Unsatisfactory Total Coliform Present a ☐ E.coli present ☐ E.col	and Zatisfactory
Replacement Sample Required:  Sample too old (>30 hours) TNT Improper Container Turt	C Did culture
Bacterial Density Results: Plate Count	
Total Coliform/100ml.  Method Cede: MICR-SM 9 223	Pate, Time and Temp Received:
Date Analyzed 6/8/15@	Date Reported: 5/9/15
Sample Number (DOH number plus five digits)  0 1 7 - 4 9   6	Lab Use Only:

# 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. <u>Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted.</u> 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
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14504916-008

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

COLIFOR	M BACTERIA	AANALYSIS
Date Sample Collected	Time Sample Collected	County
5/7/15 Month Day Year	9:00 1	1-14 1
Type of Water System (check onl	ly one box)	Private Household
Group A	Group B	] Other
Group A and Group B Systems - ID# <u>6 3</u> 0 System Name: No M	000	cilities Inventory (WFI):
Contact Person: Denn	is schw	eizer
Day Phone: (360) 665-4	1144	Cell Phone: 360) 244-004
Eve. Phone: ( ) Email:		FAX: ( )
Send results to: (Print full name, addin PO BOX OCUAN PAR	seach (	8640 NOAN
S/	MPLE INFORMAT	ION
Sample collected by (name):	Dennis	
Specific location where sample of 5-8 70500 P		Special instructions or comments:
	/ ANII V ANE DAY AS /	11 THROUGH #4 LISTED BELOW)
Chlorinated: Yes No Chlorine Residual: Total F  3. Raw Water Source Sample	ree Sourr (Popular So	bution System  ce Groundwater Rule (GWR) ulation of 1,000 or less)  atisfactory routine lab number:  7
4. ☐ Sample Collected for Info	rmation Only	
Investigative Cons	truction / Repairs	Other
LAB USE ONLY DRIN	IKING WATER RE	SULTS LAB USE ONLY
☐ Unsatisfactory Total Coliform ☐ E.coli present	n Present <b>and</b> ☐ <i>E.coli</i> absent	<b>I</b> Satisfactory
Replacement Sample Required  Sample too old (>30 hours)  Improper Container		
Bacterial Density Results: Plate C	Count /n	nl. <i>E.coli</i> /100ml,
Method Code: MICR- 2M 9 2	238	Date, Time and Temp Received:
Date Analyzed 6/8//	son	Vate Reported: 59/16
Sample Number (DOH number plus five digits $0 - 1 - 7 - 49$	168	Lab Use Only: # 5/11/15

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# 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

# **ALS Environmental**

1317 South 13th Avenue Kelso, WA 98626

# INORGANIC CHEMICALS (IOCs) REPORT for the State of Washington

# REPORT OF ANALYSIS

Date Collecte	ed: (MM/DD/YY) 05/04/15	System Group (Select A,	B,Other): A
Water System	n ID Number: 63000C	System Name:	North Beach Water District
Lab Sample l	Number: <b>01746781</b>	County:	Pacific
Sample Loca	tion: North ESS Tap	Source Number(s):	S06
Sample Pur	pose:	Date Received:	05/05/15
Select One		Date Analyzed:	05/05-05/06/15
X	RC- Routine/Compliance	Date Reported:	05/22/15
	C- Confirmation	Comments:	K1504678-001
	Investigative		
	Other(specify)		
Sample Com	position:	Sample Type: (Select O	<u>ne)</u>
Select One		Pre-Treatm	ent/Raw
X	S- Single Source	X Post-Treatn	nent/Finished
	B- Blended	Unknown	
	C- Composite	Sample Collected by:	Dennis Schweizer
	D- Distribution sample	Phone Number:	360-214-2810
Send Report	to: Dennis Schweizer	Bill to:	
	WA DOH		

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		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		200.8	NA
21	Chloride	-	mg/l	20		250 <sup>1</sup>		300.0	NA
22	Sulfate	-	mg/l	50		250 <sup>1</sup>		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

			STAT	E REGULA	TED				
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 <sup>1</sup>		2540C	NA

			STATE	UNREGUL	ATED		
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	pН	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.

<sup>1</sup>: Secondary MCL (established for esthetic purposes, not health based.

Commen	ets:							