

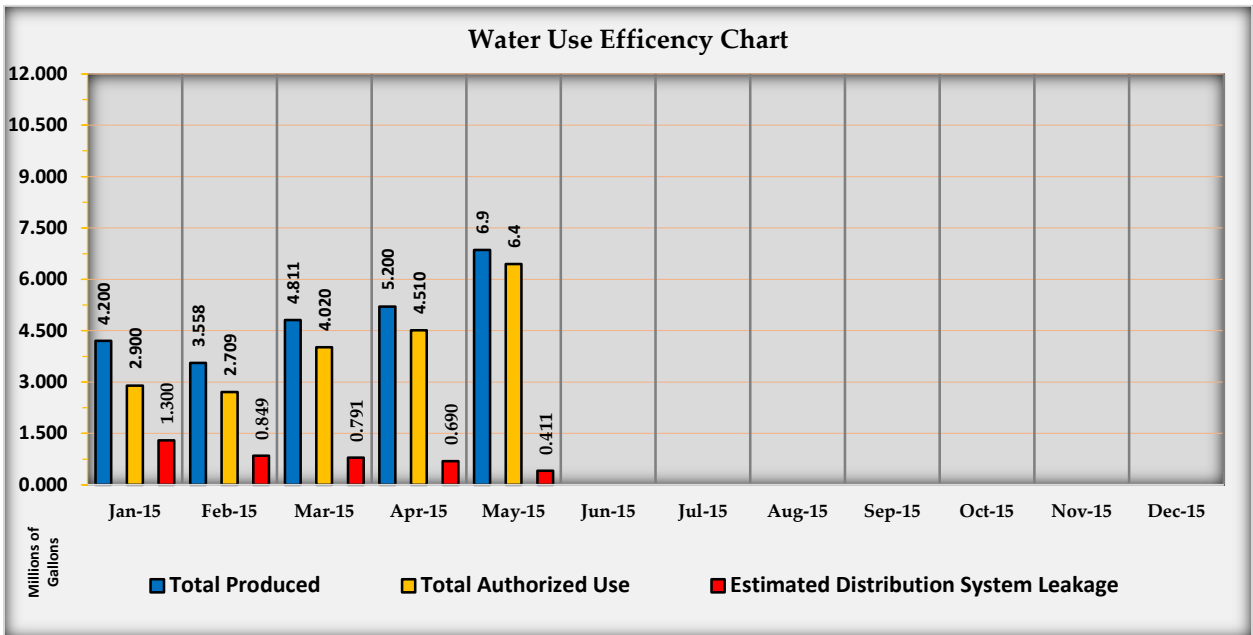


Surfside Water Department Water System Manager's Report

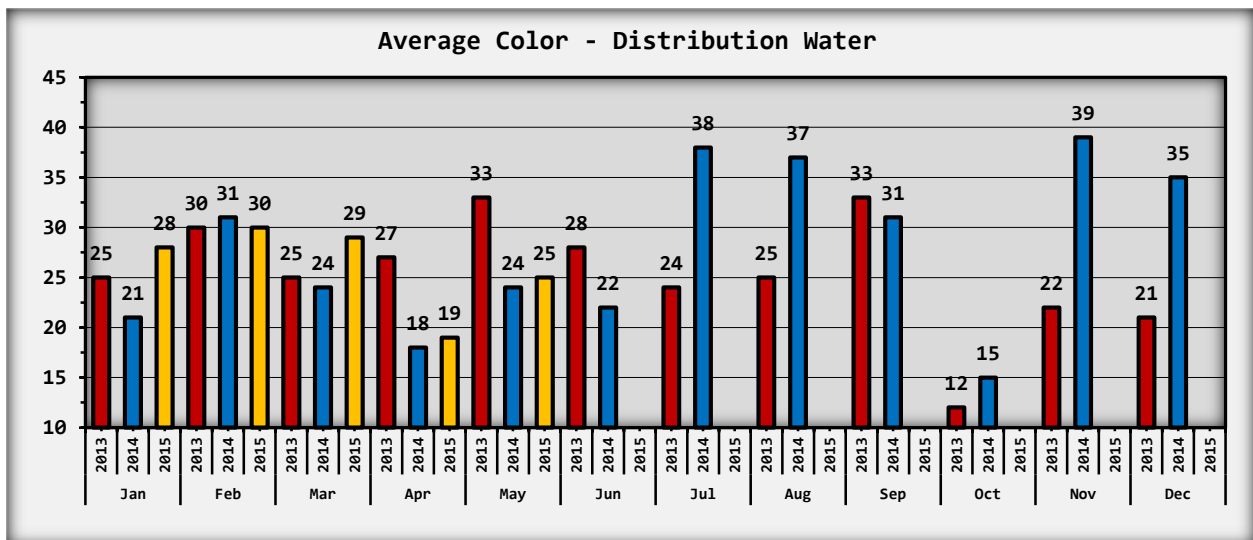
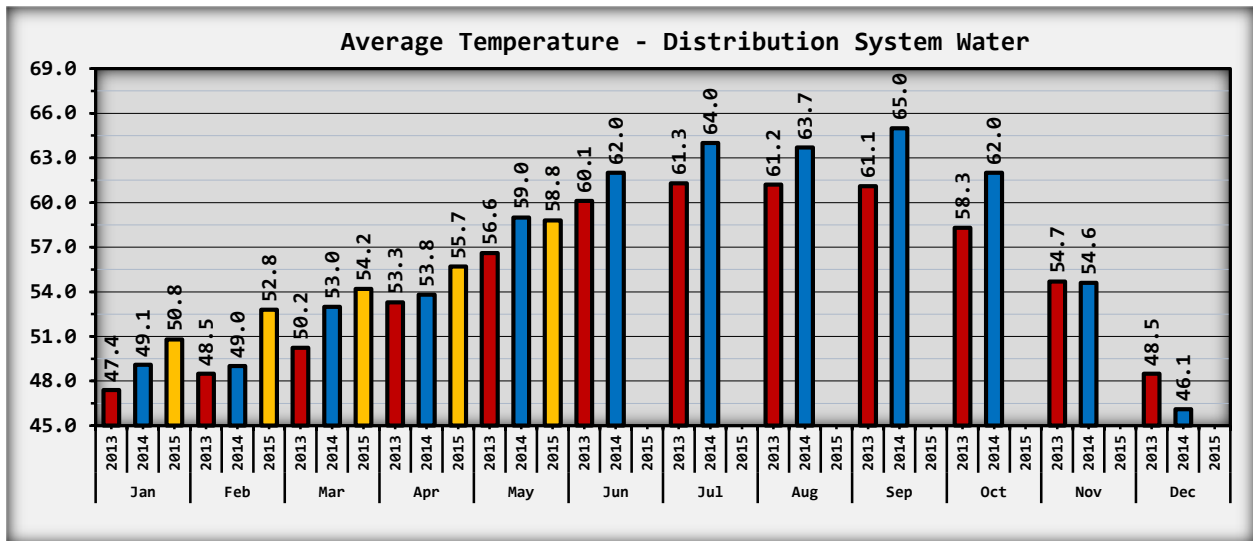
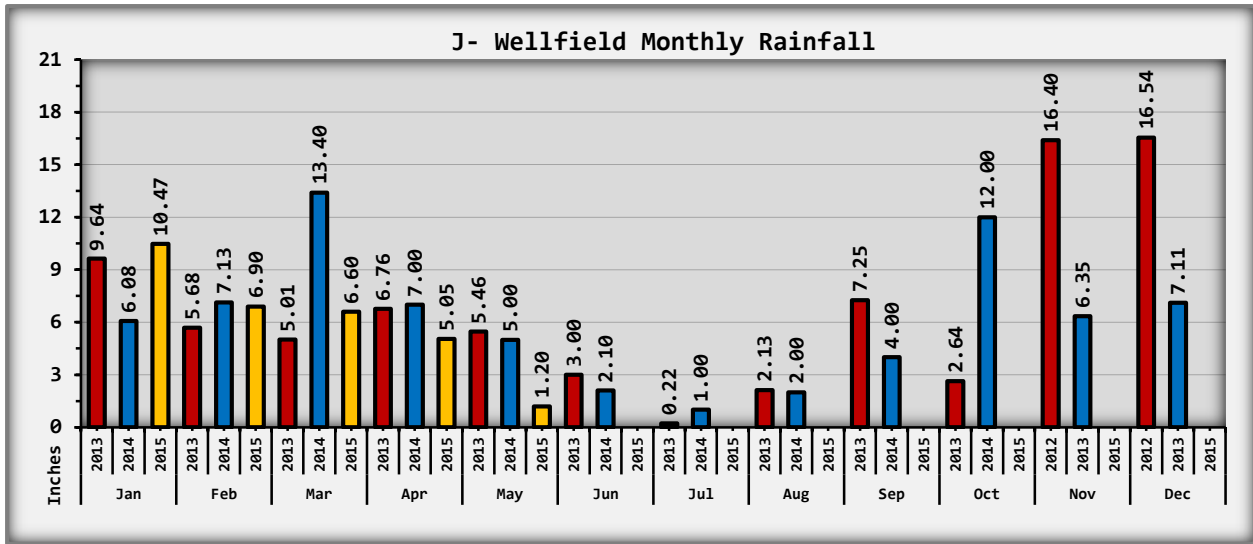
Report On Water System Operations For The Month Of:	May 2015
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Meter Reading Period For This Report:	April 30, 2015	through	June 1, 2015
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Total Water Pumped From Wells	6.860	mg ¹
Total Estimated Authorized Water Use	6.449	mg
Total Estimated Distribution System Leakage (DSL) Gallons	0.411	mg
Total Estimated DSL (Percentage of Total Water Pumped)	6.0%	pct
Total Water Use by Water Department	0.830	mg
Full Time Residential Metered Water Use	1.729	mg
Part-Time Residential Metered Water Use	1.467	mg
Estimated Full Time Residential Unmetered Water Use	1.326	mg
Estimated Part Time Residential Unmetered Water Use	0.819	mg
Commercial Metered Water Use	0.270	mg

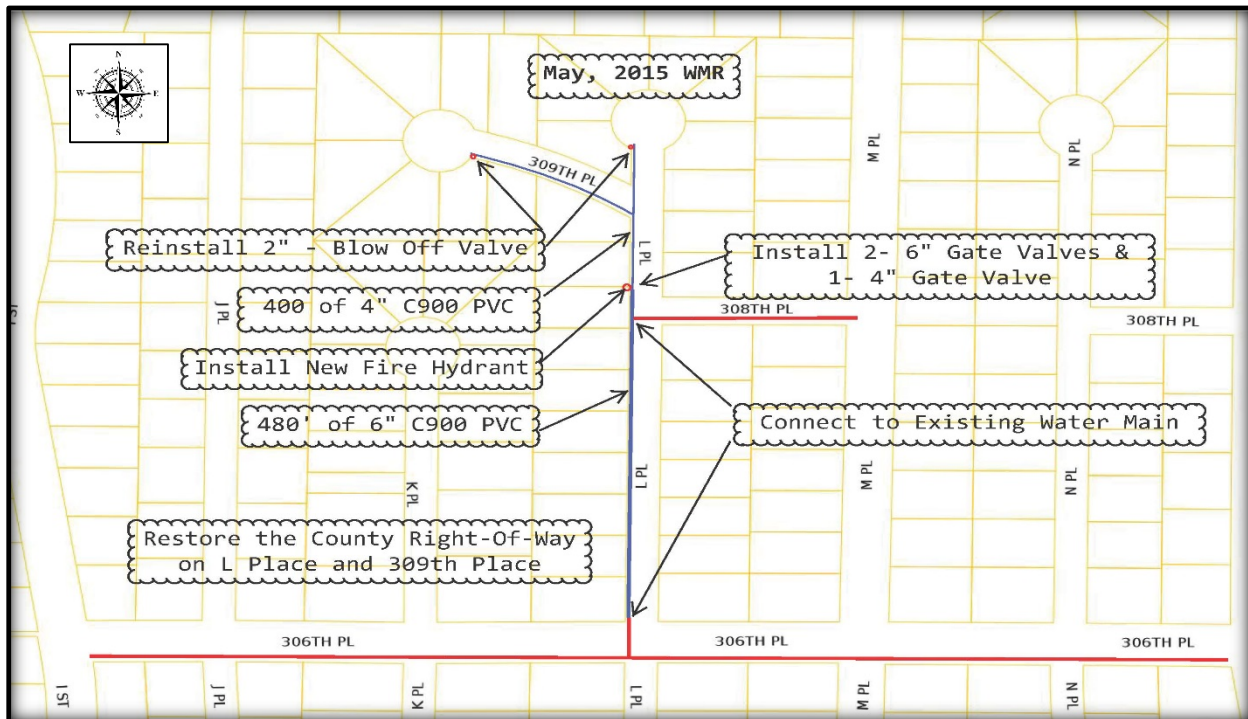


¹ Million Gallons



Chloroform Reduction Pilot Test:

See report from Gray and Osborne.

Water Main Replacement (WMR):

The crew worked on L Place north of 306th in May, 2015. They installed approximately 880 feet of water main and made two connections to the existing water system. They relocated two Kupferle MainGuard Blow-off valves One on L Place at the far north of the cul-de-sac and one on the far north end of 309th place. A new fire hydrant was installed at the intersection of 308th Place and L Place. All of the new water main was tested for integrity and tested for disinfection before being placed in service. All road restoration on L Place and 309th Place is complete.

Meter Installation Project (MIP):

Install 5 existing services as on L Place during the WMR project.

Water System Plan:

- 1) Pacific County issued a SEPA Determination of Nonsignificance for Surfside's Water System Plan. The DNS will be, in accordance with WAC 246-03-030(2)(vii), forwarded to the Department of Health, Office of Drinking Water as an attachment to our Water System Plan.
- 2) Pacific County also issued a Consistency Statement Checklist. The Checklist will be, in accordance with Section 5 and 8 of the Municipal Water Law,

forwarded to the Department of Health, Office of Drinking Water as an attachment to our Water System Plan.

3) The Department of Health, Office of Drinking Water has 90 days to review our Water System Plan.

Water Main Leaks:

The crew repaired one any water main break in May, 2015. The break was located at 33408 J Place. The main was an 8-inch AC pipe. The break happened at 6:20 PM on Sunday May 31, 2015 and was repaired by 9:15 PM. Approximately 25 homes were without water during the repair on J Place between 334th and 337th. A follow up bacteria sample was collected on Monday June 1, 2015 in the vicinity of the main break. The sample tested negative for bacteria.

Water Main Leaks:

So far in 2015 the Crew, with the assistance of attentive members, have found and repaired 11 water main leaks. They are listed below:

Date	Near	Gallon per Minute	Gallons per Year
February 26, 2015	1609 320 th	10 gpm	5,256,000
March 6, 2015	30711 M Place	20 gpm	10,512,000
March 10, 2015	32011 K Place	20 gpm	10,512,000
March 17, 2015	31902 J Place	10 gpm	5,256,000
April 1, 2015	31305 N Place	15 gpm	7,884,000
April 6, 2015	33006 G Place	5 gpm	2,628,000
April 9, 2015	32217 R Place	15 gpm	7,884,000
April 27, 2015	30514 L Place	10 gpm	5,256,000
May 22, 2015	1106 309 th	15 gpm	7,884,000
May 29, 2015	802 346 th	1 gpm	525,600
June 2, 2015	1413 324 th	10 gpm	5,256,000
Totals		131 gpm	68,853,600



Water Quality Tests:

The water department submitted three compliance water samples to a state approved water testing laboratory for coliform bacteria testing in May. All Three samples tested negative for coliform bacteria.

Cross Connection Control Activity in May:

CCC Questionnaires Mailed	0
CCC Questionnaires Received	19
Cross Connection Service Calls	12
Backflow Assemblies Installed	1
Backflow Assemblies Tested	5
Compliance Letters Mailed	6
Investigation of Meters/Backflow Assemblies	8

Cross Connection Control Activity for 2015 to Date:

CCC Questionnaires Mailed	0
CCC Questionnaires Received	422
Cross Connection Service Calls	78
Backflow Assemblies Installed	4
Backflow Assemblies Tested	7
Compliance Letters Mailed	75
Investigation of Meters/Backflow Assemblies	28

Cross Connection Control Totals:

Installed Backflow Assemblies	50
Backflow Assemblies To Be Installed (based on returned questionnaires).....	109
Compliant Backflow Assemblies (testing complete)	22
Non-Compliant Backflow Assemblies (scheduled to be tested).....	28
Questionnaires Mailed (first and second notices).....	3473
Members Who Have Not Responded to Questionnaires	646

Water System Activity May:

Member Potential Leak Letters	17
Member Leaks Repaired	0
Service Calls	6
Locates	9
New Services	1
Main Breaks	0

--END OF REPORT --

EXCLUDES ZERO AND COMMERCIAL USAGE

ADDRESS	CUBIC FT.	GALLONS	GALLONS PER DAY	LEAK STATUS	NO. OF DAYS
33404 G STREET	171	1279	40		
32609 J PLACE	171	1279	40		
1009 300TH PLACE	171	1279	40	Intermittent Leak	3-7 Days
31203 G STREET	171	1279	40		
34807 H PLACE	172	1287	40		
35212 F PLACE	172	1287	40		
33007 G PLACE	172	1287	40		
34910 G STREET	172	1287	40		
30404 H STREET	172	1287	40		
31111 H STREET	174	1302	41		
32107 J PLACE	174	1302	41		
33706 G STREET	175	1309	41		
32104 J PLACE	175	1309	41		
34510 J PLACE	176	1316	41		
29979 G STREET	176	1316	41		
35306 J PLACE	177	1324	41		
30111 G STREET	179	1339	42		
32907 I STREET	179	1339	42		
33008 J PLACE	180	1346	42		
32318 J PLACE	180	1346	42		
34301 I PLACE	182	1361	43		
34519 I STREET	183	1369	43		
32811 G STREET	184	1376	43		
33018 G PLACE	185	1384	43		
32914 G STREET	188	1406	44		
33107 J PLACE	2525	18887	590		
30411 G STREET	2589	19366	605	Intermittent Leak	15-21 Days
33102 G PLACE	2650	19822	619		
810 355TH PLACE	2770	20720	647		
31012 H STREET	2818	21079	659		
30211 O PLACE	3003	22462	702	Intermittent Leak	22-34 Days
30701 G STREET	3143	23510	735		
35210 G STREET	3271	24467	765		
32501 J PLACE	3293	24632	770		
30514 H STREET	3317	24811	775		
30707 G STREET	3424	25612	800		
(S of 34716 I St)	3566	26674	834		
32210 K PLACE	3715	27788	868	Intermittent Leak	22-34 Days
1000 320TH PLACE	4038	30204	944		
34212 G STREET	4040	30219	944		
35302 G STREET	4211	31498	984		
31305 H STREET	4473	33458	1046		
35212 G STREET	4714	35261	1102		
29504 G STREET	5723	42808	1338	Continuous Leak	8-14 Days
31309 H STREET	5786	43279	1352		
29753 G STREET	7929	59309	1853		
30710 O PLACE	8213	61433	1920		
30806 O PLACE	8482	63445	1983		
35503 J PLACE	11691	87449	2733	Intermittent Leak	35 Days
712 347TH PLACE	23854	178428	5576	Intermittent Leak	35 Days

ADDRESS	LEAK STATUS	NO. OF DAYS	CU.FT.	GALLONS	NOTICE SENT?	STATUS?
32108 G STREET	Intermittent Leak	3-7 Days	114	853		
1009 300TH PLACE	Intermittent Leak	3-7 Days	171	1279		
35405 J PLACE	Intermittent Leak	35 Days	207	1548		
35004 H PLACE	Intermittent Leak	15-21 Days	299	2237		
32709 G STREET	Intermittent Leak	35 Days	385	2880		
32600 G STREET	Intermittent Leak	8-14 Days	387	2895		
31415 G STREET	Intermittent Leak	3-7 Days	416	3112		
33408 J PLACE	Intermittent Leak	22-34 Days	473	3538		
35108 H PLACE	Intermittent Leak	35 Days	489	3658		
33304 J PLACE	Intermittent Leak	35 Days	490	3665		
32404 G STREET	Intermittent Leak	35 Days	522	3905		
35404 I PLACE	Intermittent Leak	35 Days	593	4436		
30103 H STREET	Intermittent Leak	35 Days	607	4540		
32611 G STREET	Intermittent Leak	3-7 Days	609	4555		
31704 G STREET	Intermittent Leak	15-21 Days	633	4735		
802 346TH PLACE	Intermittent Leak	35 Days	647	4840		
32209 K PLACE	Intermittent Leak	3-7 Days	668	4997		
30904 O PLACE	Intermittent Leak	1-2 Days	706	5281		
30200 H STREET	Intermittent Leak	8-14 Days	764	5715		
33612 J PLACE	Intermittent Leak	35 Days	777	5812	3/9/2015	CAN'T FIND
33211 J PLACE	Intermittent Leak	22-34 Days	828	6193		
31000 H STREET	Intermittent Leak	1-2 Days	847	6336		
34405 J PLACE	Intermittent Leak	35 Days	1016	7600		
32306 H PLACE	Intermittent Leak	22-34 Days	1234	9230		
32311 I STREET	Intermittent Leak	22-34 Days	1328	9933		
1808 324TH PLACE	Intermittent Leak	8-14 Days	1467	10973		
GOLF SHOP 1009 315TH	Intermittent Leak	22-34 Days	1489	11138		
34709 J PLACE	Intermittent Leak	22-34 Days	1693	12664		
30411 G STREET	Intermittent Leak	15-21 Days	2589	19366		
30211 O PLACE	Intermittent Leak	22-34 Days	3003	22462	4/6/2015	REPAIRED
32210 K PLACE	Intermittent Leak	22-34 Days	3715	27788		
35503 J PLACE	Intermittent Leak	35 Days	11691	87449		
WORLDMARK 1005 315th	Intermittent Leak	35 Days	13706	102521		
MINI MALL 31605 I ST	Intermittent Leak	22-34 Days	16867	126165		
712 347TH PLACE	Intermittent Leak	35 Days	23854	178428		
35412 I PLACE	Continuous Leak	3-7 Days	142	1062		
34303 G STREET	Continuous Leak	35 Days	149	1115		
30505 L PLACE	Continuous Leak	15-21 Days	154	1152		
32311 H PLACE	Continuous Leak	8-14 Days	169	1264		
30910 G STREET	Continuous Leak	35 Days	211	1578		
30011 I STREET	Continuous Leak	35 Days	296	2214		
35401 G STREET	Continuous Leak	35 Days	344	2573		
33600 I STREET	Continuous Leak	35 Days	353	2640		
30506 N PLACE	Continuous Leak	22-34 Days	380	2842		
1411 324TH PLACE	Continuous Leak	35 Days	390	2917		
35604 G STREET	Continuous Leak	22-34 Days	397	2970		
2204 304TH PLACE	Continuous Leak	35 Days	398	2977		
812 347TH PLACE	Continuous Leak	35 Days	441	3299		
31007 G STREET	Continuous Leak	3-7 Days	515	3852		
32908 G PLACE	Continuous Leak	15-21 Days	605	4525		
30715 G STREET	Continuous Leak	35 Days	648	4847		
35506 G STREET	Continuous Leak	1-2 Days	691	5169		
33210 I STREET	Continuous Leak	35 Days	755	5647	4/20/2015	CAN'T FIND LEAK
35313 I PLACE	Continuous Leak	35 Days	774	5790		
33205 I STREET	Continuous Leak	35 Days	792	5924	4/6/2015	REPAIRED LEAK
30517 K PLACE	Continuous Leak	35 Days	802	5999	4/6/2015	NO RESPONSE
29507 G STREET	Continuous Leak	22-34 Days	827	6186		
33406 G STREET	Continuous Leak	35 Days	1032	7719	5/14/2015	RESPONSE DUE 6-22 3RD NOTICE
33101 J PLACE	Continuous Leak	35 Days	1033	7727		
33015 J PLACE	Continuous Leak	35 Days	1114	8333		
35205 G STREET	Continuous Leak	35 Days	1141	8535	5/14/2015	RESPONSE DUE 6/22
806 325TH PLACE	Continuous Leak	3-7 Days	1192	8916		
1405 324TH PLACE	Continuous Leak	35 Days	1321	9881	3/9/2015	CAN'T FIND
33415 I STREET	Continuous Leak	35 Days	1680	12566	4/20/2015	REPAIRS SCHEDULED FOR JUNE
32708 H PLACE	Continuous Leak	35 Days	1709	12783	5/14/2015	RESPONSE DUE BY 6-22
31102 O PLACE	Continuous Leak	35 Days	2092	15648	4/20/2015	NO RESPONSE
29504 G STREET	Continuous Leak	8-14 Days	5723	42808		



Homeowners Association

31402 H Street; Ocean Park, WA 98640

(360) 665-4171; (888)815-9446

www.surfsideonline.org

May 14th, 2015

[Insert Name]

[Insert Address-1]

[Insert Address-2]

Regarding Property: [Insert Location]

Your water meter was checked for a leak today.

A potential leak was detected on your side of the meter.

Please check your faucets and bathroom fixtures, exterior faucets and hoses, and sprinkler system. The leak can be inside the home or in your service line from the meter to the house.

If you think you have found and repaired your leak, you can check at your meter. Your meter will cycle between the total gallons used and the current gallons per minute being used. Turn off all running water, check your meter, the gallons per minute being used should be 0.000.

In an effort to meet State and Federal guidelines, Surfside Water Dept. requires that all water leaks be repaired within 30 days from notification.

The date for your repair to be completed is: JUNE 22ND, 2015

An inspection will be performed on this date. If the leak is not repaired, you will receive additional notices. Please let us know if you are having difficulty locating or repairing your water leak.

Once the leak has been repaired, please contact our office.

If you have any questions or need assistance, please call
Surfside Homeowners Association Water Dept.
April Reynolds 360.783.2037 or 360.665.4171

*Free toilet leak detection tabs are available at
the Surfside Business Office.*

WATER LEAKS

Unrepaired leaks in service lines and distribution mains can cause major water losses over time, and they are not usually visible to us. A leak about the size of this "O" can waste 129,600 gallons a year, enough to fill a public swimming pool. Now, that's a lot of water! Imagine how much more could be lost with a bigger leak.

We are working to eliminate our leaks and you should pay attention to yours too.

If your faucet leaks at a rate of one drop per second, you're wasting 2,700 gallons per year.

That's about the amount of water the average American uses in a month according to a recent survey (101 gallons per day per person).

Research indicates that 5 percent of all residential water use is wasted through leaky toilets. You can check your toilet by putting food coloring in the toilet tank. If color appears in the bowl without flushing, there's a leak.

That leak could cost you money, and could ruin your septic system.



MONTHLY WATER USE DATA REPORT

Month/Year	Name of Operator Reporting
MAY 2015	APRIL GARCIA

Description	Cu. Ft.			
Total Metered Water (TMW)	464,638			
Total Metered Commercial (TMC)	36,108			
Total Metered Residential ^① (TMR)	428,530			
Total Continuous Leak (TCL)	32			
Total Intermittent Leak (TIL)	35			
Total Serious Leak (Meter reports both abnormal water use pattern and high water use) (TSL)	44			
Commercial Water Use Detail	Cu. Ft.	Rate	Charge	
Washington State Parks (Great Day Deli)	91	0.0180	\$ 1.64	
Washington State Parks (Surfside Golf Shop)	1,489	0.0180	\$ 26.80	
Kaino Holdings Inc. (Lighthouse Reality)	86	0.0180	\$ 1.55	
Surfside Mini Mall	16,867	0.0180	\$ 303.61	
Surfside Condo #1 Owners (Surfside Inn Pool and Irrigation)	3,869	0.0180	\$ 69.64	
Worldmark [®] by Wyndham (Surfside Inn Condominiums)	13,706	0.0180	\$ 246.71	
Residential Water Use Detail	%TM ^②	TSIC ^③	TCF ^④	%TMR ^⑤
Total Unmetered Connections (estimated) (less estimated DSL ^⑤)		740		
Total Metered Connections ^② (TM)		1199	428,530	
Total Registered - 0 Cu. Ft. (0 gpd)	23.8%	285	0	0.0%
Total Registered - 1 to 150 Cu. Ft. (0-37 gpd) Very Low Water Use	34.9%	419	24,741	5.8%
Total Registered - 151 to 300 Cu. Ft. (37-75 gpd) Low Average Water Use	13.0%	156	34,525	8.1%
Total Registered - 301 to 600 Cu. Ft. (75-150 gpd) Average Water Use	12.6%	151	66,999	15.6%
Total Registered - 601 to 900 Cu. Ft. (150-225 gpd) High Average Use	7.3%	88	62,993	14.7%
Total Registered - 901 to 1200 Cu. Ft. (225-300 gpd) High Water Use	2.6%	31	32,311	7.5%
Total Registered - 1201 to 2400 Cu. Ft. (300-600 gpd) Very High Use	3.7%	44	73,723	17.2%
Total Registered - ≥ Than 2401 Cu. Ft. (≥ 601 gpd) Extreme High Use	2.1%	25	133,238	31.1%

April Reynolds
Operator Signature

6-9-15
Date

Shirley Taylor
Field Superintendent Signature

6-10-15
Date

[Signature]
Water System Manager Signature

6/11/15
Date

①-TSIC, means total services in the category. ②-TCF means total cubic feet. ③-DSL means Distribution System Leakage.



MONTHLY WATER USE EFFICIENCY REPORT

Month/Year				Name of Operator Reporting			
From:	4-30-15	To:	6-1-15	APRIL GARCIA			
Well	Total (Gal.)	Well	Total (Gal.)	Well	Total (Gal.)	Total	
J-2	16,000	J-3	15,000	J-4	1,573,000	1,604,000	
J-5	1,937,000	J-6	1,651,000	J-7	1,668,000	5,256,000	
J-Well Field Total Water Pumped (TP)					TP	6,860,000	
Water Used to Backwash Filters					BWW	246,704	
Water Used for Unidirectional Flushing					UDF	443,334	
Water Used for Reactionary Flushing					RAF	0	
Water Used for Water Main Replacement Flushing					WMR	78,600	
Water Used or Lost for Water Main Breaks					WMB	37,500	
Residential Water Use					MRU	5,342,121	
Commercial Water Use					MCU	270,088	
Other Authorized Water Use					OAU	31,000	
Total Authorized Water Use (AU)					TAU	6,449,347	
FT-Metered ¹	346	PT-Metered ²	853	FT-Untmetered ³	264	PT-Untmetered ⁴	476
Total Water Use This Month by Full Time Metered Members					TFTM	1,729,099	
Average Water Use This Month per Full Time Metered Member					FTM	4,997	
Total Water Use This Month by Part Time Metered Members					TPTM	1,467,262	
Average Use This Month per Part Time Metered Member					PTM	1,720	
Estimated Total Use This Month by Full Time Untmetered Members					TFTU	1,326,983	
Estimated Average Use This Month per Full Time Untmetered Member					FTU	4,997	
Estimated Total Use This Month by Part Time Untmetered Members					TPTU	818,777	
Estimated Average Use This Month per Part Time Untmetered Member					PTU	1,720	
Estimated Distribution System Leakage (DSL) This Month (Gallons)					DSL _G	410,653	
Estimated DSL (Percentage of Total Water Pumped)					DSL _P	6.0%	

April Reynolds
Operator Signature

6-9-15
Date

Shi Hoyle
Operator Signature

6-10-15
Date

[Signature]
Operator Signature

6/11/15
Date

¹ Water use more than 1,500 gallons per month - Considered Full-Time
² Water use less than 1,500 gallons per month - Considered Part-Time
³ Water Service without a meter that has a local address - Considered Full-Time
⁴ Water Service without a meter that does not have a local address - Considered Part-Time



MONTHLY WATER SYSTEM DATA REPORT

Month/Year	Name of Operator Reporting
May-2015	APRIL GARCIA

Data	Reading	Unit	Target
Avg. Raw Water Iron (Fe)	0.30	mg/L	N/A
Avg. Finished Water Iron (Fe)	0.10	mg/L	≤ 0.3
Avg. Raw Water Manganese (Mn)	0.083	mg/L	N/A
Avg. Finished Water Manganese (Mn)	0.009	mg/L	≤ 0.05
Avg. Raw Water pH	8.3	pH	7.5-8.5
Avg. Finished Water pH	7.4	pH	7.2-7.8
Avg. Raw Water Color (HU)	53	HU	≤ 60
Avg. Finished Water Color (HU)	36	HU	≤ 15
Avg. Raw Water Temperature (°F)	53.3	°F	N/A
Avg. Finished Water Temperature (°F)	55.3	°F	N/A
Avg. Raw Water Ammonia (NH3)	0.21	mg/L	≤ 30
Avg. Finished Ammonia (NH3)	0.02	mg/L	≤ 15
Avg. Raw Water Silica (Sio2)	18.5	mg/L	≤ 70
Avg. Finished Silica (Sio2)	18.4	mg/L	≤ 70
Avg. Raw Water Tannin	0.8	mg/L	≤ 1
Avg. Finished Tannin	0.3	mg/L	≤ 0.5
Avg. Raw Water Conductivity (μhos/cm)	446	μhos/cm	≤ 800
Avg. Raw Water TDS	318	mg/L	≤ 400
Avg. Raw Water Chloride (Cl)	36	mg/L	≤ 250
Avg. Green Pipe Water Total Chlorine (CL2) (Treated Water)	1.79	mg/L	≤ 2.50 ≥ 1.70
Avg. Green Pipe Water Free Chlorine (CL2) (Treated Water)	0.88	mg/L	≤ 1.50 ≥ 0.50
Avg. Blue Pipe Water Total Chlorine (CL2) (Finished Water)	0.79	mg/L	≤ 1.20 ≥ 0.50
Avg. Blue Pipe Water Free Chlorine (CL2) (Finished Water)	0.37	mg/L	≤ 0.75 ≥ 0.20
Avg. Reservoir Water Total Chlorine (CL2) (Stored Water)	0.37	mg/L	≤ 0.80 ≥ 0.30
Avg. Reservoir Water Free Chlorine (CL2) (Stored Water)	0.05	mg/L	≤ 0.20 ≥ 0.05

Continued on Reverse Side

Avg. Rechlorinated Water Total Chlorine (CL2)	1.07	mg/L	≤ 1.00 ≥ 0.50
Avg. Rechlorinated Water Free Chlorine (CL2)	0.84	mg/L	≤ 0.50 ≥ 0.30
Avg. Distribution Water Total Chlorine (CL2)	0.11	mg/L	≤ 0.80 ≥ 0.20
Avg. Distribution Water Free Chlorine (CL2)	0.06	mg/L	≤ 0.50 ≥ 0.05
Avg. Distribution Water Color (HU)	25	HU	≤ 15
Avg. Distribution Water Temperature (°F)	58.8	°F	N/A
Avg. Distribution Water pH	7.3	pH	7.2-7.8
Jar Test	2.00	mg/L	≤ 1.80 ≥ 1.20
J-1 Idle Measure from TOP	12.3	Ft/In.	N/A
J-1 Measure from TOP	14.6	Ft/In.	N/A
J-2 Measure from TOP	18	Ft/In.	N/A
J-3 Measure from TOP	19.5	Ft/In.	N/A
J-4 Measure from TOP	47.1	Ft/In.	N/A
J-5 Measure from TOP	52.1	Ft/In.	N/A
J-6 Measure from TOP	43.9	Ft/In.	N/A
J-7 Measure from TOP	42.5	Ft/In.	N/A
Rainfall	1.20	In.	N/A
Locates	9	N/A	N/A
Service Calls (contacts with members about water concerns)	6	N/A	N/A
New Service(s)	1	N/A	N/A
Water Main Breaks	1	N/A	N/A
New Backflow Assemblies Installed		N/A	N/A
Backflow Assemblies Tested		N/A	N/A
Cross Connection Questionnaires Received		N/A	N/A
Cross Connection Calls (contacts with members about CCC)		N/A	N/A

April Reynolds
Operator Signature

6-9-15
Date

Steve Hagle
Field Superintendent Signature

6-10-15
Date

[Signature]
Water System Manager Signature

6/11/15
Date



MONTHLY ACTIVITY DATA REPORT

Month/Year		Name of Operator Reporting		
MAY 2015		APRIL GARCIA		
Maintenance & Operation (M&O)		Employee	R-Hrs.	
Vender:	Amount	R-Hrs/Comp-Hrs	OT Hrs.	
5-27-15 HD FOWLER #4869152, 4869530	\$ 470.88	Gil	136.0	0.0
4-16-15, 5-8-15 AMAZON OFFICE SUPPLIES	\$ 112.63	Aaron	6.0	16.0
5-31-15 OMAN'S #528127, 528389	\$ 53.40	Larry	2.0	152.0
4-16-15 STAPLES OFFICE SUPPLIES	\$ 46.37	April	4.0	168.0
4-14-15 HOTELS.COM	\$ 70.65	Chris	0.0	16.0
5-31-15, 5-11-15, 5-12-15 JACK'S - SUPPLIES & FUEL	\$ 346.24	Caleb	0.0	33.0
5-6-15, 6-1-15 FEDEX #773541350961,773723373134-LAB SAMPLES	\$ 48.58	John	0.0	123.5
5-31-15 NAPA #833338	\$ 3.26	Total R Hrs.	644.5	0.0
5-21-15 HACH #9388371 LAB CHEMICALS	\$ 216.40	Total OT Hrs.	12.0	
5-29-15 DRUG SCREEN #13882	\$ 35.00			
6-1-15 PORT OF PENINSULA #63401,63529,63195 - FUEL	\$ 194.38			
5-31-15 ONE CALL CONCEPTS #5059268	\$ 17.12			
5-31-15 ENGLUND MARINE	\$ 456.56			
6-1-15 A&E SECURITY #131288	\$ 95.70			
Total	\$ 2,167.17			
Water Main Replacement (WMR)		Employee	R-Hrs.	
Vender:	Amount		OT Hrs.	
6-1-15 TAFT PLUMBING #11724	\$ 106.38	Gil	30.0	0.0
5-7-15 HD FOWLER #4847527	\$ 135.10	Aaron	24.0	0.0
5-27-15 PLANTER BOX #68	\$ 214.20	Larry	16.0	0.0
		April	0.0	0.0
		Chris	24.0	0.0
		Caleb	92.0	0.0
		John	0.0	0.0
		Total R Hrs.	186.0	0.0
Total	\$ 455.68	Total OT Hrs.	0.0	

Meter Installation Project (MIP)		Employee	R-Hrs.
			OT Hrs.
Vender:	Amount	Gil	0.0
			0.0
		Aaron	0.0
			0.0
		Larry	0.0
			0.0
		April	0.0
			0.0
		Chris	0.0
			0.0
		Caleb	0.0
			0.0
		John	0.0
			0.0
		Total R Hrs.	0.0
		Total OT Hrs.	0.0
Total	\$ 0.00		

Lands and Buildings (L&B)		Employee	R-Hrs.
			OT Hrs.
Vender:	Amount	Gil	20.0
2-18-15 DPR #385	\$ 1,994.30		0.0
5-29-15 DPR #738	\$ 944.22	Aaron	0.0
5-29-15 BAILEY'S SAW SHOP	\$ 22.12		0.0
5-22-15 WALTER E. NELSON COMP. #191376	\$ 250.76	Larry	0.0
5-27-15 PLANTER BOX #68	\$ 44.20		0.0
		April	0.0
			0.0
		Chris	0.0
			0.0
		Caleb	0.0
			0.0
		John	26.5
			0.0
		Total R Hrs.	46.5
		Total OT Hrs.	0.0
Total	\$ 3,255.60		



MONTHLY ACTIVITY DATA REPORT

Special Project:		Employee	R-Hrs.
			OT Hrs.
Vender:	Amount		0.0
5-26-15 GRAY & OSBORNE #14223.00-0000013 6-YEAR PLAN	\$ 5,100.30	Gil	0.0
5-26-15 GRAY & OSBORNE #13546.00-0000019 DBP PILOT STUDY	\$ 3,921.96	Aaron	0.0
6-2-15 FORD ELECTRIC #42796 J-WELL FIELD PROJECT	\$ 13,347.06		0.0
4-6-15 BRANOM INSTRUMENT #1-548456.1	\$ 13,383.31	Larry	0.0
			0.0
		April	0.0
			0.0
		Chris	0.0
			0.0
		Caleb	0.0
			0.0
		John	0.0
			0.0
		Total R Hrs.	0.0
Total	\$ 35,752.63	Total OT Hrs.	0.0

Description of Materials Used By Crew During Month	Amount	For
FFET OF 6" C900 W/ TRACER WIRE AND TAPE	540	WMR
6" HYMAX	2	WMR
6 X 3/4 TAPS	5	WMR
6" BELL RESTRAINT	1	WMR
6" FLG X FLX CROSS	1	WMR
6" FLG X MJ VALVE	3	WMR
4" FLG X MJ VALVE	1	WMR
6" MEGA LUGS	3	WMR
VALVE CANS & LIDS	5	WMR
6" RED RUBBER GASKTS	4	WMR
6" NUT & BOLT SET	4	WMR
4 X 3/4 TAPS	10	WMR
4" ACCESSORY KIT	7	WMR

3/4 COMP X COMP BRASS	1	WMR
FEET OF 4" C900 W/ TRACER WIRE & TAPE	500	WMR
4" VALVE	1	WMR
4" TEE	1	WMR
MIP SERVICE W/O METER	1	MIP
4" CAP	1	WMR
4 X 2 TAP	1	WMR
2" VALVE	1	WMR
KUPFERLE	1	WMR
12" NIPPLE	1	WMR
8" NIPPLE	1	WMR
2" UNION	1	WMR
2" CORP	1	WMR
4" MJ X MJ 45	1	WMR
4 X 2 MJ CAP	1	WMR
4" MEGA LUG	1	WMR
MIP SERVICE W/ METER	5	MIP
YARDS OF GRAVEL	25	WMR
NEW SERVICE W/ METER	1	O&M
		-

April Reynolds
 Reporting Operator Signature

6-10-15
 Date

He Hoyle
 Field Superintendent Signature

6-10-15
 Date

[Signature]
 Water System Manager Signature

6/11/15
 Date



SR# K150#849-001



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>5 16 1 2015</u> Month Day Year	Time Sample Collected <u>12:12</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <u>Pacific</u>
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Type of Water System (check only one box) Private Household

Group A Group B Other _____

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

ID# 8 6 4 7 0 Y

System Name: SURFSIDE H.O.A.

Contact Person: Gil Gonzalez

Day Phone: (360) 665-4171 Cell Phone: (360) 783-2393

Eve. Phone: (360) 665-4171 FAX: (360) 665-6785

Email: _____

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

SURFSIDE H.O.A.

31402 H STREET

OCEAN PARK WA 98640

SAMPLE INFORMATION

Sample collected by (name): APRIL KEYNOUS

Specific location where sample collected: 3809 J place

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 <input checked="" type="checkbox"/> No _____</p> <p>Chlorine Residual: Total-<u>1.3</u> Free-<u>0.4</u></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: _____</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

Unsatisfactory Total Coliform Present and Satisfactory

E.coli present E.coli absent

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

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

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

Method Code: <u>MICR-5 M 9 2 2 3 6</u>	Date, Time and Temp Received: <u>5/7/15 10:50 AM</u>
Date Analyzed: <u>5.7.15</u>	Date Reported: <u>5.9.15</u>
Sample Number (DOH number plus five digits): <u>0 1 7 - 4 8 4 0 1</u>	Lab Use Only: <u>[Signature]</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# K1505046-001



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>05/12/2015</u> Month Day Year	Time Sample Collected <u>9:13</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>PACIFIC</u>
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Type of Water System (check only one box) Private Household
 Group A Group B Other _____

Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):
 ID# 86470Y

System Name: SURFSIDE HOMEOWNERS ASSOCIATION

Contact Person: gil gonzalez

Day Phone: (360) 665-4171 Cell Phone: (360) 783-2393

Eve. Phone: (360) 783-2393 FAX: (360) 665-6785

Email: _____
 Send results to: (Print full name, address and zip code)
SURFSIDE HOMEOWNERS ASSOCIATION
31402 HST
OCEAN PARK WA. 98640

SAMPLE INFORMATION

Sample collected by (name): LAWRENCE HAMPTON

Specific location where sample collected: <u>2211 304TH</u>	Special instructions or comments: <u>RAINING + BREEZY</u>
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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 <input checked="" type="checkbox"/> No _____</p> <p>Chlorine Residual: Total <u>0.05</u> Free <u>0.02</u></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>	<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: _____</p> <p><u>017</u> - _____</p> <p>Unsatisfactory routine collect date: _____/_____/_____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
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#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>AR 5/12/15 1230</u>
MICR: _____	Date Reported: <u>5/13/15</u>
Date Analyzed: <u>5/12/15</u>	Lab Use Only: <u>5/13/15</u>
Sample Number (DOH number plus five digits): <u>017-50461</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# WISD5840-001



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>6/1/15</u> Month Day Year	Time Sample Collected <u>11:57</u> <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <u>Pacific</u>
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Type of Water System (check only one box)
 Group A Private Household
 Group B Other _____

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

ID# 864704

System Name: Seaside Homeowners Assoc.

Contact Person: Coil Gonzalez

Day Phone: 360 665-4171 Cell Phone: ()

Eve. Phone: 360 783-2393 FAX: ()

Email: _____

Send results to: (Print full name, address and zip code)
Seaside Homeowners Assoc.
31402 N St.
Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): April Reynolds

Specific location where sample collected: 602 Astorville Rd.

Special instructions or comments: Rainy/Breeze

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

#1. Routine Distribution Sample
 Chlorinated: Yes No _____
 Chlorine Residual: Total 0.5 Free 0.2

#2. Repeat Sample (after unsat. routine)
 Distribution System
 Source Groundwater Rule (GWR) (Population of 1,000 or less)
 Unsatisfactory routine lab number: 017

#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

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

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

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

Satisfactory

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

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

Method Code: SM 9223B Date, Time and Temp Received: 6/2/15 0920

MICR: _____ Date Reported: 6/3/15

Date Analyzed: 6/2/15 Lab Use Only: AM 6/2/15

Sample Number (DOH number plus five digits)
017-58401

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.



S

PLEASE RUSH. CALL REGARDLESS OF RESULTS 360.783.2393

K150
5810-002

(ALS) Environmental
1317 S. 13th Avenue • Kelso, WA 98626
COLIFORM BACTERIA ANALYSIS

Date Sample Collected 6/1/15 Month Day Year		Time Sample Collected 12:03 PM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Pacific
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Other _____		<input type="checkbox"/> Private Household	
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# 8 6 4 7 0			
System Name: Surfside Homeowners Assoc.			
Contact Person: Carl Gonzalez			
Day Phone: 360 665-4971		Cell Phone: ()	
Eve. Phone: 360 783-2393		FAX: ()	
Email:			
Send results to: (Print full name, address and zip code) Surfside Homeowners 31402 H St. Ocean Park WA 98640			
SAMPLE INFORMATION			
Sample collected by (name): Larry Hampton			
Specific location where sample collected: 33612 2 place - main break		Special instructions or comments: Raining/Breeze	
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)			
#1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____		#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: 0 1 7 - _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
#3. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other S _____			
Public systems must provide source number from WFI			
#4. <input checked="" type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs <input checked="" type="checkbox"/> Other _____			
LAB USE ONLY		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: GM9223B		Date, Time and Temp Received: 6/2/15 0920	
MICR: _____		Date Reported: 6/3/15	
Date Analyzed: 6/2/15		Lab Use Only: AJ 6/2/15	
Sample Number (DOH number plus five digits): 0 1 7 - 5 8 4 0 2			

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.