

July 17, 2015

General Managers Report

Operations Report:

North & South Well Field:

Repairs to the Reservoir controls were made in June that will allow the well pumps to start and stop based on water level. The repairs were approved by Gray and Osborne and will fully integrate into the DWSRF project improvements. These repairs are part of the arsenic blending protocols required by DOH. Estimated Cost: \$4,800.00 parts and \$2,700.00 Ford Electric.

Bison Well Drilling and Septic, LLC is completed the decommissioning of the North Wellfield #2 in June.

Taft Plumbing & Septic was the lowest responsible and responsive bidder on the North Wellfield Septic Installation Project.

Bid Tabulation:

Woody's Septic Specialties, Inc. _____	\$8,300.00
DPR Builders & Developers, Inc. _____	\$9,383.19
Wirkalot Trucking _____	\$8,632.00
Taft Plumbing & Septic, Inc. _____	\$7,876.70
Hill & Sons Excavating _____	No Bid

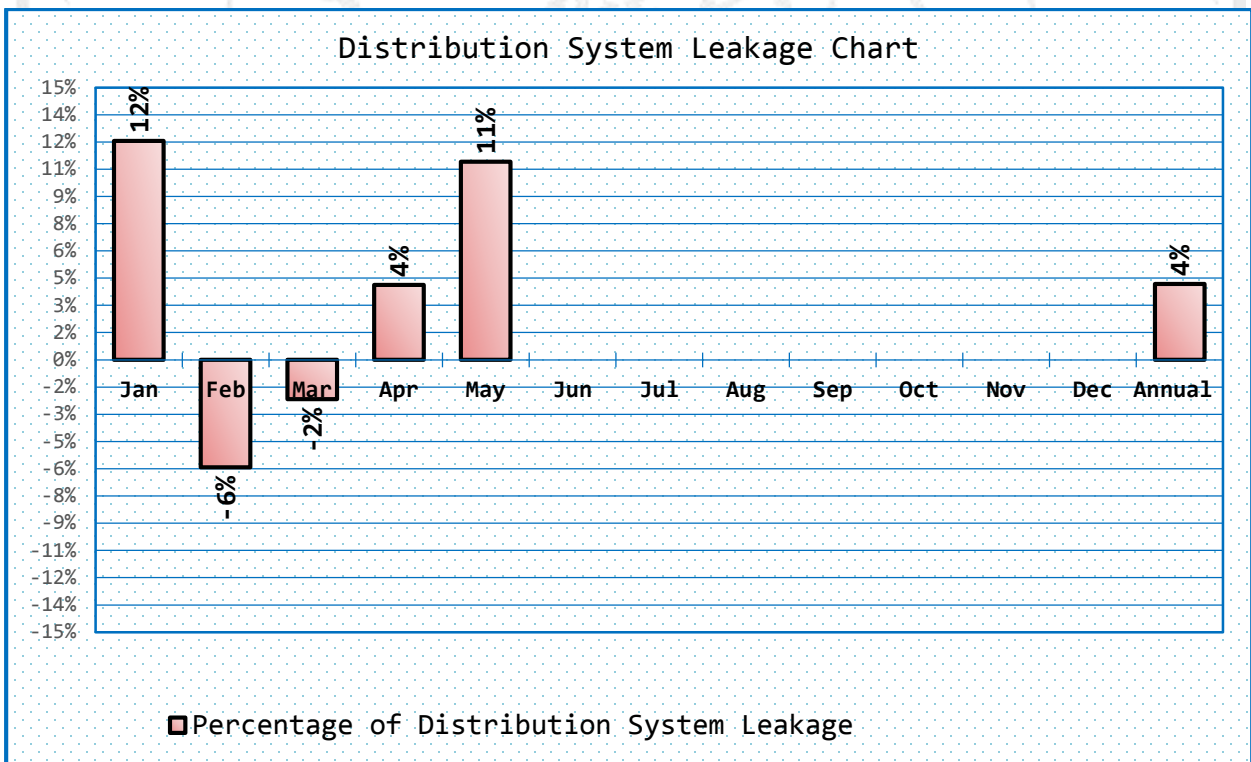
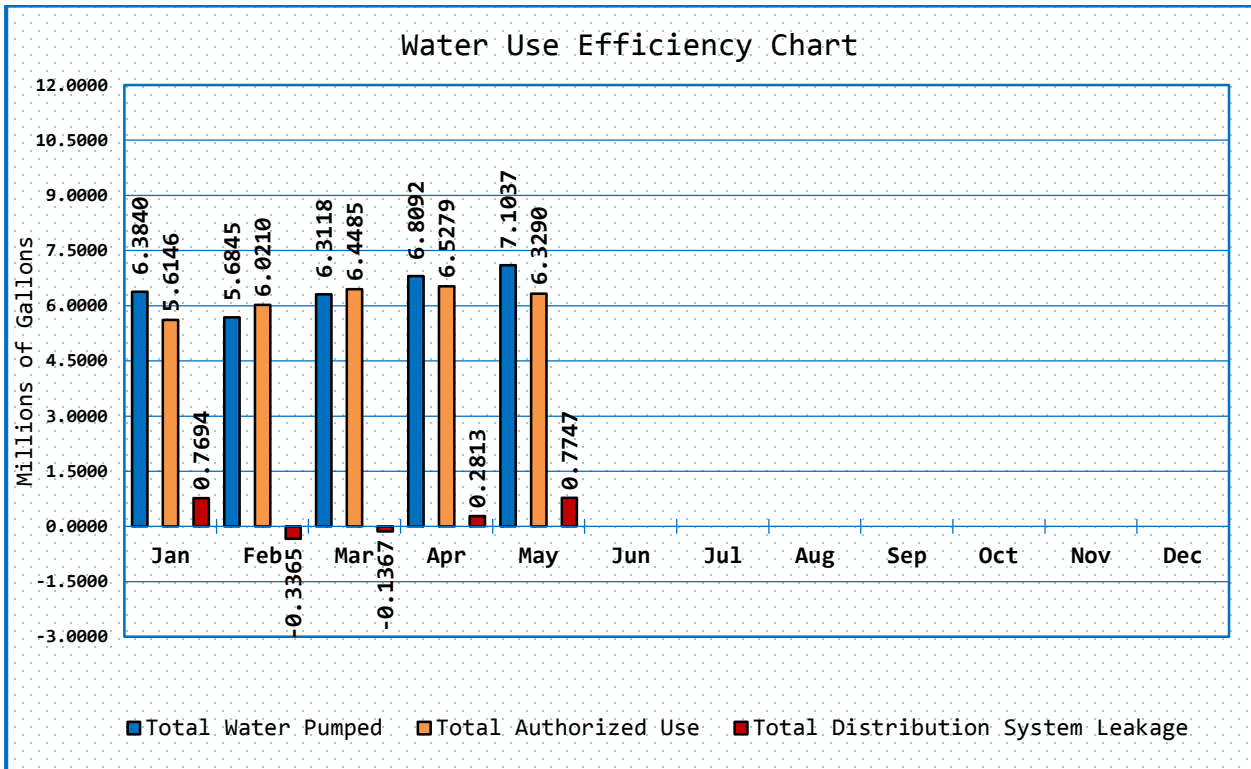
RFP for Birch Place Booster Stations.

The District Received Proposals from the following Consultants:

1. Gray and Osborne, Inc.
2. Gibbs and Olson
3. Northwest Water Systems

I have worked Gibbs and Olson and Northwest Water Systems in the past. Northwest Water Systems engineered the DWSRF improvements for Oysterville Water. Gibbs and Olsen have done extensive work for Pacific County PUD at Bay Center, Wilson Point, and Lebam water systems. I have worked with Gibbs and Olsen on many projects in Grays Harbor, Mason, Thurston, and Lewis counties. I have work with Northwest Water Systems on many projects in Mason, Thurston, Kitsap, Pierce, and Clallam counties. All Three of the consultants are well qualified to design the Birch Place Booster Station.

Water Use Efficiency Charts:



Treatment Plant Report:

Repairs to the South Wellfield Booster Station were made in June. The operator interface for the programmable logic controller (PLC) lost power. When power was restored the operator interface programming was corrupted and would interact with the PLC. The manufacture of the operator interface is no longer in business and the program used by the operator interface is no longer being supported. We found a vender, The Automation Group, Inc., who had the ability to reprogram the operator interface. We were able to get the South Booster Station up and running on the last day of June. We would not have been able to keep up with the Fourth of July demand without the South Wellfield Booster Station being on-line. Estimated Cost \$2,100.00

Drinking Water State Revolving Fund Project:

The Wiegardt Wellfield Treatment Pilot test is being revised and resubmitted to DOH.

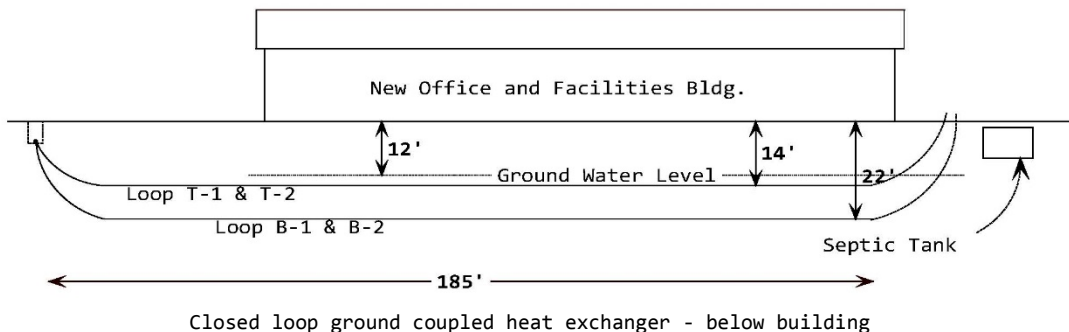
I have requested a status report from the Department of Ecology on the Cost-Reimbursement Agreement scope of work for the Water Rights Transfer for the Wiegardt Wellfield.

AMR Meter Installation Project Report:

The crew installed 227 AMR meters in June, 2015. There are a total of 1,688 AMR meters installed as of June 30, 2015. There are 998 meters left to install. We will have to average 167 meters a month to complete the metering project on time.

Office and Equipment Building Report:

I have contracted with John Geyer (see attached credentials and contract) to design a ground source heat pump for the Office. His contract is for \$2,500.00. John is working with five HVAC contractors who specialize in ground source heat pumps. Preliminary conversation with contracts have the installed cost between \$30,000 and \$35,000. John recommends a closed loop ground coupled heat exchanger installed via horizontal drilling under the building. A closed loop ground coupled heat exchanger would add about \$8,000 to the cost but it would eliminate any water demand from the water system. We should have firm estimates for you to consider by the end of the month.



Water Quality Reports:

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

The District submitted 9 coliform bacteria samples to ALS Environmental Laboratories in Kelso Washington on Wednesday June 10, 2015 for analysis. All 9 samples were satisfactory for coliform bacteria.

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

Analytes ----- Date Submitted ---- Results--- Units--- MCL/SMCL ---- Exceedance

Wells 6 & 8 Raw Water: ----- Arsenic Speciation

As(III) -----	06/10/2015 -----	8.4 -----	ug/L -----	N/A -----	N/A ---
As(V) -----	06/10/2015 -----	3.5 -----	ug/L -----	N/A -----	N/A ---
Inorganic As -----	06/10/2015 -----	11.9 -----	ug/L -----	N/A -----	N/A ---

Wells 1 Raw Water ----- Arsenic Speciation

As(III) -----	06/10/2015 -----	0.8 -----	ug/L -----	N/A -----	N/A ---
As(V) -----	06/10/2015 -----	0.8 -----	ug/L -----	N/A -----	N/A ---
Inorganic As -----	06/10/2015 -----	1.6 -----	ug/L -----	N/A -----	N/A ---

Wells 4 & 5 Raw Water: ----- Arsenic Speciation

As(III) -----	06/10/2015 -----	6.8 -----	ug/L -----	N/A -----	N/A ---
As(V) -----	06/10/2015 -----	6.3 -----	ug/L -----	N/A -----	N/A ---
Inorganic As -----	06/10/2015 -----	13.1 -----	ug/L -----	N/A -----	N/A ---

Treated Blended Water ----- Arsenic for Compliance

As -----	06/17/2015 -----	[] ---	ug/L -----	10.0 -----	[] --
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Wiegardt Well #3 ----- Arsenic Speciation

As(III) -----	06/10/2015 -----	15.1 -----	ug/L -----	N/A -----	N/A ---
A(V) -----	06/10/2015 -----	4.1 -----	ug/L -----	N/A -----	N/A ---
Inorganic As -----	06/10/2015 -----	19.2 -----	ug/L -----	N/A -----	N/A ---

As speciation results for the Wiegardt Well #3 are important in designing the treatment plant. As removal will be the most challenging treatment goal for the District at the Wiegardt Wellfield.

Inorganic As speciation is an important factor in the efficiency of the process of removal of arsenic from water by coagulation with ferric salts. As(V) is much more effectively removed than As(III)¹ because the former

¹As(III) 40%-70% - As(V) 80%-100% (Chwirka et al, 1999)

generally exists in well waters as mono or divalent anion² and the latter exists, predominantly, in a nonionic³ form. For this reason, previous oxidation of As(III) to As(V) may be an important stage of the treatment process in order to achieve efficient As removal. As you can see from the results of the As Speciation analysis results the Wiegardt well water has a concentration of about 20 ug/L of As and 15 ug/L of that As is As(III). The Only viable oxidants to convert As(III) to As(V) are chlorine and potassium permanganate.

227th Place Culvert Replacement - Pacific County

The culvert under 227th Place connecting the wet lands in the center of the Peninsula is failing. Mike Collins, Pacific County Engineer and Director of Public Works has informed the District that they will be replacing the culvert in will need to be relocated and temporarily (up to two days) shut down during the replacement. I am very happy the District completed the loop on Birch Place last year. Even with that water main improvement we are not in good shape to have that line off line for an extended period of time. We cannot isolate the section without losing water to all of Sunset Sands, Ocean Meadows Units, Driftwood Beach Tracts, Klipsan Woods Tracts, Fred Hills Trailer Court, and all residences on the north side of 227th Place. (850 +/- connections) I have purchased two 8" tees and valves. One will be installed on the water main on 227th Place just east of V Street and one will be installed on the water main on 227th Place just west of Birch Place. The installation of these valves will allow the District to isolate the culvert replacement with only four customers being affected. The tees and valves will be installed on June 28, 2015. The County will replace the culvert at a date to be determined after the valves are installed.

The tee and valve near Birch Place will be used when the Booster Station is installed and the tee and valve at V Street will be used at a later date to install a fire hydrant.

End of Report

²Will dissolve in water

³Will not dissolve in water

JG & A, Inc.

ENERGY MARKETING AND TECHNOLOGY CONSULTANTS

JOHN D. GEYER

Certified Geothermal Designer #0076
IGSHPA Trainer # 1071NATE Proctor # 5183873

JOHN GEYER & ASSOCIATES, INC.
P.O. Box 821085 Vancouver, WA 98662
360.882.5050 jgeyer@jgainc.com

Education:

B.S., Forestry _____ Oregon State University, 1969 (Honors)
M.S., Management _____ Marylhurst College, 1988 (Honors)

GeoExchange Credentials:

International Ground Source Heat Pump Association - _____ member No. 14266-596.
International Ground Source Heat Pump Association - _____ Certified Installer, No. 13100/400
International Ground Source Heat Pump Association - _____ Certified Trainer, No. 1071/1196
Association of Energy Engineers - _____ Certified Geothermal Designer, No. 0076
Oregon Institute of Technology - _____ Adjunct Instructor, Geo Systems & Design
Geothermal Heat Pump Consortium - _____ charter member and co-designer (1994)
Chevron/Phillips Performance Pipe - _____ Factory Sales Representative & Trainer
Geo Bore Technologies, Inc - _____ Distributor; Sales Manager
Geo Pro Grout, Geothermal Supply Co. - _____ Territory Sales Manager
Geo Resource Technologies, Inc. - _____ Soil Conductivity Test Technician
North American Technician Excellence - _____ NATE Testing Proctor #5183873

Memberships:

Association of Energy Engineers (AEE) - _____ Member and CGD
Geothermal Resources Council (GRC), 1976 - _____ Present; 3 years as Regional Chapter Officer
International Geothermal Association (IGA) - _____ 1988 - Present
International Ground-Source Heat Pump Association (IGSHPA) - _____ 1996, Present
Geothermal Heat Pump Consortium (GHPC) - _____ Charter member, 1994 – 2004
GEO Exchange Organization (GEO) - _____ Charter member, 2010 - 2014

REPRESENTATIVE PROJECT EXPERIENCE

JG&A's service to architectural and engineering firms includes technical training of system designers and construction professionals; project team input and advisory support, including recruitment and oversight of qualified contractors; community-scale project design; project feasibility and economic analysis; in-situ formation thermal conductivity testing; design software training; and policy or programmatic development for non-profits and governmental entities. Recurrent work involves forensic diagnosis of under-performing geothermal systems, prescription of corrective measures and education of litigants about geothermal theory. As a specialty consultant to Engineers of Record, project responsibility and "claim" usually remains with clients but enabling, creating and mitigating risks of geothermal heating and cooling systems mark Geyer's involvement.

Examples of geothermal projects and involvements since 2007 include:

Washington State Department of Ecology Technical Advisory Team (12 months)
Republic of Georgia post-Russian invasion reconstruction planning (3 weeks in-country)
Greek Renewable Energy Agency (CRES) program development and demo projects (2 weeks)
Input to Japan's post-tsunami reconstruction planning and R&D projects
Feasibility and economic studies for various proposed commercial applications
Technical or Owner's Rep at 5 California college construction projects in San Francisco Bay area
Diagnoses and "fix" proposals for under-performing municipal systems at two California cities
Technical advisor to the Geothermal Education Office and Geothermal Resources Council
6 years as Technical Services Provider ("TSP") to US DOE, Bonneville Power Administration
Heating/Cooling lead for a Cal Energy Commission "Renewable Energy Community" proposal
Arbitration input or testimony to contested construction contract proceedings
Formation Thermal Conductivity testing at > 60 locations (DoD, EPA, cities, schools)
Three 5- week lecture series at Oregon Institute of Technology, East Portland campus
40+ technical presentations at Geothermal Resources Council's Annual Meeting (econ, drilling)
Heat Fusion training at IGSHPA Installer Training workshops (CA, OR, ID, UT, WY)
Speaker at recurrent regional seminars by American Ground Water Trust and others
Native American tribal policy and construction training
Feasibility and economic analysis or conceptual design of a dozen commercial-scale projects
Heat Load Analysis and value-added design for multiple residential construction projects
Base-wide feasibility and economic studies for Army and Air Force (Washington State, Guam)
Design geothermal fresh water and cooling systems for remote clinics and hospitals (Africa, Myanmar)
Greenhouse and Operational Design for commercial cannabis growers

SR# K1506278-001
ALS Environmental
 1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>6/10/15</u> Month Day Year	Time Sample Collected <u>9:30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>PACIFIC</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other _____		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>63000C</u>		
System Name: <u>North Beach water</u>		
Contact Person: <u>Bill Neal</u>		
Day Phone: <u>360)665-4144</u>		Cell Phone: <u>360)2440068</u>
Eve. Phone: ()		FAX: ()
Email: <u>Bneal@NorthBeachwater.com</u>		
Send results to: (Print full name, address and zip code) <u>North Beach water</u> <u>PO Box 618</u> <u>Ocean Park, WA 98640</u>		
SAMPLE INFORMATION		
Sample collected by (name): <u>Dennis</u>		
Specific location where sample collected: <u>S-9</u>		Special instructions or comments:
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)		
#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____		#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>017 -</u> Unsatisfactory routine collect date: _____ / _____ / _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
#3. Raw Water Source Sample <input type="checkbox"/> E.coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block;">S</div>		
Public systems must provide source number from WFI		
#4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____		
LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent		<input checked="" type="checkbox"/> Satisfactory
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____ <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		
Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Method Code: MICR-5 M 9 2 2 3 6		Date, Time and Temp. Received: <u>6/10/15 6:13:40</u>
Date Analyzed: <u>6/10/15 nb</u>		Date Reported: <u>6/11/15</u>
Sample Number (DOH number plus five digits) <u>017-62781</u>		Lab Use Only: <u>26/11/15</u>

**INTERPRETATION OF RESULTS
FOR DRINKING WATER**

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample Immediately

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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



SR# K1506278-002



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>6/10/15</u> Month Day Year	Time Sample Collected <u>10:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>PACIFIC</u>
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Type of Water System (check only one box) Private Household
 Group A Group B Other _____

Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):
 ID# 63000C
 System Name: North Beach Water

Contact Person: Bill Neal
 Day Phone: 360665-4144 Cell Phone: 3602440068
 Eve. Phone: () FAX: ()

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

SAMPLE INFORMATION

Sample collected by (name): Dennis
 Specific location where sample collected: S-7 sampler
 Special instructions or comments:

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

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

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

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

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

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

Method Code: <u>MICR-5M92236</u>	Date, Time and Temp Received: <u>6/15/15 13:40</u>
Date Analyzed <u>6/10/15 nb</u>	Date Reported <u>6/11/15</u>
Sample Number (DOH number plus five digits) <u>017-62787</u>	Lab Use Only: <u>06/11/15</u>

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample Immediately

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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

SR# K1506278-003



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>6/10/15</u> Month Day Year	Time Sample Collected <u>8:15</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# 63000C

System Name: North Beach Water District

Contact Person: Bill Neal

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

Eve. Phone: () FAX: ()

Email: BNeal@NorthBeachWater.com

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

SAMPLE INFORMATION

Sample collected by (name): Dennis

Specific location where sample collected: <u>S-1 sampler</u>	Special instructions or comments:
---	-----------------------------------

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

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

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

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

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

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

Method Code: MICR-5 M 9 2 2 3 6	Date, Time and Temp Received: <u>6/10/15</u> <u>6W</u> <u>13:40</u>
Date Analyzed <u>6/10/15</u>	Date Reported: <u>6/11/15</u>
Sample Number (DOH number plus five digits) <u>017-02783</u>	Lab Use Only: <u>016/11/15</u>

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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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

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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.



SR# K1506278-004



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>6/10/15</u> Month Day Year	Time Sample Collected <u>9:00</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>PACIFIC</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# <u>63000C</u>		
System Name: <u>North Beach Water</u>		
Contact Person: <u>B. V. Newell</u>		
Day Phone: <u>(360) 665-4144</u>	Cell Phone: <u>360 244 0068</u>	
Eve. Phone: ()	FAX: ()	
Email: <u>BNewell@NorthBeachWater.com</u>		
Send results to: (Print full name, address and zip code) <u>North Beach Water</u> <u>PO Box 618</u> <u>Ocean Park, WA - 98640</u>		

SAMPLE INFORMATION

Sample collected by (name): Dennis

Specific location where sample collected: S-15 sampler

Special instructions or comments:

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

#1. Routine Distribution Sample
Chlorinated: Yes ___ No X
Chlorine Residual: Total ___ Free ___

#2. Repeat Sample (after unsat. routine)
 Distribution System
 Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number: 017
Unsatisfactory routine collect date: ___/___/___
Chlorinated: Yes ___ No ___
Chlorine Residual: Total ___ Free ___

#3. Raw Water Source Sample
 E.coli - GWR source sample
 Fecal - Surface, GWI, some springs
 Other
S
Public systems must provide source number from WFI

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

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

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

Method Code: MICR-SM 92236 Date, Time and Temp Received: 6/10/15 6:13:40
Date Analyzed: 6/10/15 Date Reported: 6/11/15
Sample Number (DOH number plus five digits): 017-62784 Lab Use Only: 6/11/15

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample Immediately

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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



SR# K1506278-005



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>6/10/15</u> Month Day Year	Time Sample Collected <u>10:15</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
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Type of Water System (check only one box) Private Household

Group A Group B Other _____

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

ID# 63000C

System Name: North Beach Water

Contact Person: Bill Neal

Day Phone: 360665-4144 Cell Phone: 3602440068

Eve. Phone: () FAX: ()

Email: BNeal@NorthBeachWater.com

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

SAMPLE INFORMATION

Sample collected by (name): Dennis

Specific location where sample collected: <u>S-18 sampler</u>	Special instructions or comments:
--	-----------------------------------

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

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

#4. Sample Collected for information Only

Investigative ___ Construction / Repairs ___ Other ___

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent	<input checked="" type="checkbox"/> Satisfactory
--	--

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

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

Method Code: <u>MICR-5 M 9 2 2 3 6</u>	Date, Time and Temp Received: <u>6/10/15 13:40</u>
Date Analyzed <u>6.10.15</u>	Date Reported: <u>6.11.15</u>
Sample Number (DOH number plus five digits) <u>017-62785</u>	Lab Use Only: <u>3/6/15</u>

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample Immediately

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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



SR# K1506278-006



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>6/10/15</u> Month Day Year	Time Sample Collected <u>8:45</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>PACIFIC</u>
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Type of Water System (check only one box) Private Household

Group A Group B Other _____

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

ID# 63000C

System Name: North Beach Water

Contact Person: Bill Neal

Day Phone: 360/665-4144 Cell Phone: 360/2440068

Eve. Phone: () FAX: ()

Email: BNeal@NorthBeachWater.com

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

North Beach Water

PO Box 618

Ocean Park, WA. 98640

SAMPLE INFORMATION

Sample collected by (name): Dennis

Specific location where sample collected: S-3 sampler

Special instructions or comments:

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

#1. Routine Distribution Sample

Chlorinated: Yes _____ No

Chlorine Residual: Total _____ Free _____

#3. Raw Water Source Sample

E. coli - GWR source sample

Fecal - Surface, GWI, some springs

Other

S _____

Public systems must provide source number from WFI

#2. Repeat Sample (after unsat. routine)

Distribution System

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

Unsatisfactory routine lab number: 017-

Unsatisfactory routine collect date: _____

Chlorinated: Yes _____ No _____

Chlorine Residual: Total _____ Free _____

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

Unsatisfactory Total Coliform Present and

E. coli present E. coli absent

Satisfactory

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

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

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

Method Code: MICR-5 M 9 2 2 3 6

Date Analyzed 6/10/15 pb Date, Time and Temp Received: 6/10/15 DW 13:40

Sample Number (DOH number plus five digits) 017-62786 Date Reported: 6/11/15

Lab Use Only: 06/11/15

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample Immediately

"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, "TNTC" 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.



SR# K1506278-007



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>6/10/15</u> Month Day Year	Time Sample Collected <u>10:30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>PACIFIC</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other _____		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# <u>63000C</u>		
System Name: <u>North Beach Water</u>		
Contact Person: <u>Bill Neel</u>		
Day Phone: <u>360/665-4144</u>	Cell Phone: <u>360/2440068</u>	
Eve. Phone: ()	FAX: ()	
Email: <u>Bneel@NorthBeachWater.com</u>		
Send results to: (Print full name, address and zip code) <u>North Beach Water</u> <u>PO Box 618</u> <u>Ocean Park, WA 98640</u>		

SAMPLE INFORMATION

Sample collected by (name): <u>Dennis</u>					
Specific location where sample collected: <u>S-16 sampler</u>	Special instructions or comments:				
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)					
#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	#2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>017</u> Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
#3. <input type="checkbox"/> Raw Water Source Sample <input type="checkbox"/> E.coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other <table border="1" style="width: 100px; height: 20px;"><tr><td style="text-align: center;">S</td><td></td><td></td><td></td></tr></table> <small>Public systems must provide source number from WFI</small>	S				#4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____
S					

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

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

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

Method Code: MICR-5M92236	Date, Time and Temp Received: <u>6/10/15 6W 13:40</u>
Date Analyzed: <u>6/10/15 nb</u>	Date Reported: <u>6/11/15</u>
Sample Number (DOH number plus five digits) <u>017-62787</u>	Lab Use Only: <u>06/11/15</u>

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample Immediately

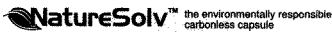
"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, "TNC" means bacteria are too numerous to count. "Excess Debris" means that particulates in the water interfere with the interpretation of test results, "Turbid Culture" means overgrowth of other bacteria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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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



SR# 1C1506278-008



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>6/10/15</u> Month Day Year	Time Sample Collected <u>8:30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
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Type of Water System (check only one box)

Group A Group B Private Household Other _____

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

ID# 63000C

System Name: North Beach Water

Contact Person: Bill Neal

Day Phone: 360)665-4144 Cell Phone: 3602440068

Eve. Phone: () FAX: ()

Email: BNeal@NorthBeachWater.com

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

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

SAMPLE INFORMATION

Sample collected by (name): Dennis

Specific location where sample collected: <u>S-2 samples</u>	Special instructions or comments:
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Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

#1. Routine Distribution Sample Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
	#3. Raw Water Source Sample <input type="checkbox"/> E. coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;">S</div> <small>Public systems must provide source number from WFI</small>

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

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

Replacement Sample Required:

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

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

Method Code: <u>MICR-5 M 9 2 2 3 6</u>	Date, Time and Temp Received: <u>6/10/15 6:13:40</u>
Date Analyzed <u>6/10/15 nb</u>	Date Reported: <u>6/11/15</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 6 2 7 8 8</u>	Lab Use Only: <u>06/11/15</u>

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample Immediately

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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



SR# 1C1506278-009



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>6/10/15</u> Month Day Year	Time Sample Collected <u>9:45</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>PACIFIC</u>
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Type of Water System (check only one box) Private Household

Group A Group B Other _____

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

ID# 63000C

System Name: North Beach Water

Contact Person: Bill Neal

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

Eve. Phone: () FAX: ()

Email: BNeal@NorthBeachWater.com

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

North Beach Water

PO Box 618

Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): Dennis

Specific location where sample collected: S-11

Special instructions or comments:

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

#1. Routine Distribution Sample

Chlorinated: Yes _____ No

Chlorine Residual: Total _____ Free _____

#3. Raw Water Source Sample

E.coli - GWR source sample

Fecal - Surface, GWI, some springs

Other

S _____

Public systems must provide source number from WFI

#2. Repeat Sample (after unsat. routine)

Distribution System

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

Unsatisfactory routine lab number: 017

Unsatisfactory routine collect date: _____

Chlorinated: Yes _____ No _____

Chlorine Residual: Total _____ Free _____

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

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

Unsatisfactory Total Coliform Present and

E.coli present E.coli absent

Satisfactory

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

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

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

Method Code: MICR-5M92236

Date Analyzed 6/10/15 Date Reported: 6/11/15

Sample Number (DOH number plus five digits) 017-62789 Lab Use Only: 06/11/15

Date, Time and Temp Received: 6/10/15 6:13:40

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.

ALS Group USA, Corp.
 dba ALS Environmental
 Analytical Report

Client: North Beach Water District
Project: NA
Sample Matrix: Water

Service Request: K1506304
Date Collected: 06/09/15
Date Received: 06/10/15

Total Metals

Sample Name: Well 6 & 8 NWF
 Lab Code: K1506304-001
 Test Notes:

Units: ug/L (ppb)
 Basis: NA

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
Arsenic (III)	None	1632A	0.5	25	NA	07/01/15	8.4	
Arsenic (V)	None	1632A	1.0	50	NA	07/01/15	3.5	
Inorganic Arsenic	None	1632A	1.0	50	NA	06/20/15	11.9	

ALS Group USA, Corp.
 dba ALS Environmental
 Analytical Report

Client: North Beach Water District
Project: NA
Sample Matrix: Water

Service Request: K1506304
Date Collected: 06/09/15
Date Received: 06/10/15

Total Metals

Sample Name: Well 1 NWF
 Lab Code: K1506304-002
 Test Notes:

Units: ug/L (ppb)
 Basis: NA

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
Arsenic (III)	None	1632A	0.1	5	NA	07/01/15	0.8	
Arsenic (V)	None	1632A	0.2	10	NA	07/01/15	0.8	
Inorganic Arsenic	None	1632A	0.2	10	NA	06/20/15	1.6	

ALS Group USA, Corp.
 dba ALS Environmental
 Analytical Report

Client: North Beach Water District
Project: NA
Sample Matrix: Water

Service Request: K1506304
Date Collected: 06/09/15
Date Received: 06/10/15

Total Metals

Sample Name: Well 3 SWF
 Lab Code: K1506304-003
 Test Notes:

Units: ug/L (ppb)
 Basis: NA

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
Arsenic (III)	None	1632A	1.0	50	NA	07/01/15	15.1	
Arsenic (V)	None	1632A	2.0	100	NA	07/01/15	4.1	
Inorganic Arsenic	None	1632A	2.0	100	NA	06/20/15	19.2	

ALS Group USA, Corp.
 dba ALS Environmental
 Analytical Report

Client: North Beach Water District
Project: NA
Sample Matrix: Water

Service Request: K1506304
Date Collected: 06/09/15
Date Received: 06/10/15

Total Metals

Sample Name: Well 4 & 5 NWF
 Lab Code: K1506304-004
 Test Notes:

Units: ug/L (ppb)
 Basis: NA

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
Arsenic (III)	None	1632A	0.5	25	NA	07/01/15	6.8	
Arsenic (V)	None	1632A	1.0	50	NA	07/01/15	6.3	
Inorganic Arsenic	None	1632A	1.0	50	NA	06/20/15	13.1	

ALS Group USA, Corp.
 dba ALS Environmental
 Analytical Report

Client: North Beach Water District
Project: NA
Sample Matrix: Water

Service Request: K1506304
Date Collected: NA
Date Received: NA

Total Metals

Sample Name: Method Blank 1 Units: ug/L (ppb)
 Lab Code: K1506304-MB1 Basis: NA
 Test Notes:

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
Arsenic (III)	None	1632A	0.02	1	NA	07/01/15	ND	
Inorganic Arsenic	None	1632A	0.02	1	NA	06/20/15	ND	

ALS Group USA, Corp.
 dba ALS Environmental
 Analytical Report

Client: North Beach Water District
Project: NA
Sample Matrix: Water

Service Request: K1506304
Date Collected: NA
Date Received: NA

Total Metals

Sample Name: Method Blank 2
 Lab Code: K1506304-MB2
 Test Notes:

Units: ug/L (ppb)
 Basis: NA

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
Arsenic (III)	None	1632A	0.02	1	NA	07/01/15	ND	
Inorganic Arsenic	None	1632A	0.02	1	NA	06/20/15	ND	

ALS Group USA, Corp.
dba ALS Environmental
Analytical Report

Client: North Beach Water District
Project: NA
Sample Matrix: Water

Service Request: K1506304
Date Collected: NA
Date Received: NA

Total Metals

Sample Name: Method Blank 3
Lab Code: K1506304-MB3
Test Notes:

Units: ug/L (ppb)
Basis: NA

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
Arsenic (III)	None	1632A	0.02	1	NA	07/01/15	ND	
Inorganic Arsenic	None	1632A	0.02	1	NA	06/20/15	ND	

ALS Group USA, Corp.
 dba ALS Environmental
 Analytical Report

Client: North Beach Water District
Project: NA
Sample Matrix: Water

Service Request: K1506304
Date Collected: NA
Date Received: NA

Total Metals

Sample Name: Method Blank 4
 Lab Code: K1506304-MB4
 Test Notes:

Units: ug/L (ppb)
 Basis: NA

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
Arsenic (III)	None	1632A	0.02	1	NA	07/01/15	ND	
Inorganic Arsenic	None	1632A	0.02	1	NA	06/20/15	ND	

ALS Group USA, Corp.
dba ALS Environmental
Analytical Report

Client: North Beach Water District
Project: NA
Sample Matrix: Water

Service Request: K1506304
Date Collected: NA
Date Received: NA

Total Metals

Sample Name: Method Blank 5
Lab Code: K1506304-MB5
Test Notes:

Units: ug/L (ppb)
Basis: NA

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
Arsenic (III)	None	1632A	0.02	1	NA	07/01/15	ND	
Inorganic Arsenic	None	1632A	0.02	1	NA	06/20/15	ND	

ALS Group USA, Corp.
 dba ALS Environmental
 Analytical Report

Client: North Beach Water District
Project: NA
Sample Matrix: Water

Service Request: K1506304
Date Collected: NA
Date Received: NA

Total Metals

Sample Name: Method Blank 6
 Lab Code: K1506304-MB6
 Test Notes:

Units: ug/L (ppb)
 Basis: NA

Analyte	Prep Method	Analysis Method	MRL	Dilution Factor	Date Extracted	Date Analyzed	Result	Result Notes
Arsenic (III)	None	1632A	0.02	1	NA	07/01/15	ND	
Inorganic Arsenic	None	1632A	0.02	1	NA	06/20/15	ND	

ALS Group USA, Corp.
dba ALS Environmental
 QA/QC Report

Client: North Beach Water District
Project: NA
Sample Matrix: Water

Service Request: K1506304
Date Collected: NA
Date Received: NA
Date Extracted: NA
Date Analyzed: 07/01/15

Matrix Spike/Duplicate Matrix Spike Summary
 Total Metals

Sample Name: Batch QC Units: ug/L (ppb)
 Lab Code: K1506621-001MS, K1506621-001MSD Basis: NA
 Test Notes:

Analyte	Prep Method	Analysis Method	MRL	Spike Level		Sample Result	Spike Result		Percent Recovery				Result Notes
				MS	DMS		MS	DMS	Method Acceptance		Relative Percent		
				MS	DMS		MS	DMS	Limits	Difference			
Arsenic (III)	None	1632A	0.02	0.2	0.2	0.04	0.21	0.22	85	90	30-170	5	

ALS Group USA, Corp.
dba ALS Environmental
 QA/QC Report

Client: North Beach Water District
Project: NA
Sample Matrix: Water

Service Request: K1506304
Date Collected: NA
Date Received: NA
Date Extracted: NA
Date Analyzed: 06/20/15

Matrix Spike/Duplicate Matrix Spike Summary
 Total Metals

Sample Name: Batch QC Units: ug/L (ppb)
 Lab Code: K1506318-001MS, K1506318-001MSD Basis: NA
 Test Notes:

Analyte	Prep Method	Analysis Method	MRL	Spike Level		Sample Result	Spike Result		Percent Recovery				Result Notes
				MS	DMS		MS	DMS	Method Acceptance		Relative Percent Difference		
									MS	DMS		Limits	
Inorganic Arsenic	None	1632A	0.02	0.2	0.2	0.16	0.33	0.34	85	90	50-150	3	

ALS Group USA, Corp.
dba ALS Environmental
QA/QC Report

Client: North Beach Water District
Project: NA
LCS Matrix: Water

Service Request: K1506304
Date Collected: NA
Date Received: NA
Date Extracted: NA
Date Analyzed: 06/20,07/01/15

Calibration Verification (CALVER) Sample Summary
 Total Metals

Sample Name: CALVER 1

Units: ug/L (ppb)
 Basis: NA

Test Notes:

Analyte	Prep Method	Analysis Method	True Value	Result	Percent Recovery	CAS		Result Notes
						Percent Recovery	Acceptance Limits	
Arsenic (III)	None	1632A	0.200	0.189	94		70-130	
Inorganic Arsenic	None	1632A	0.200	0.208	104		80-120	

ALS Group USA, Corp.
dba ALS Environmental
QA/QC Report

Client: North Beach Water District
Project: NA
LCS Matrix: Water

Service Request: K1506304
Date Collected: NA
Date Received: NA
Date Extracted: NA
Date Analyzed: 06/20,07/01/15

Calibration Verification (CALVER) Sample Summary
 Total Metals

Sample Name: CALVER 2

Units: ug/L (ppb)
 Basis: NA

Test Notes:

Analyte	Prep Method	Analysis Method	True Value	Result	Percent Recovery	CAS	Result Notes
						Percent Recovery Acceptance Limits	
Arsenic (III)	None	1632A	0.200	0.199	100	70-130	
Inorganic Arsenic	None	1632A	0.200	0.199	100	80-120	

ALS Group USA, Corp.
 dba ALS Environmental
 QA/QC Report

Client: North Beach Water District
Project: NA
LCS Matrix: Water

Service Request: K1506304
Date Collected: NA
Date Received: NA
Date Extracted: NA
Date Analyzed: 06/20/15

Calibration Verification (CALVER) Sample Summary
 Total Metals

Sample Name: CALVER 3

Units: ug/L (ppb)
 Basis: NA

Test Notes:

Analyte	Prep Method	Analysis Method	True Value	Result	Percent Recovery	CAS	Result Notes
						Percent Recovery Acceptance Limits	
Inorganic Arsenic	None	1632A	0.200	0.208	104	80-120	

ALS Group USA, Corp.
 dba ALS Environmental
 QA/QC Report

Client: North Beach Water District
Project: NA
LCS Matrix: Water

Service Request: K1506304
Date Collected: NA
Date Received: NA
Date Extracted: NA
Date Analyzed: 06/20/15

Calibration Verification (CALVER) Sample Summary
 Total Metals

Sample Name: CALVER 4

Units: ug/L (ppb)
 Basis: NA

Test Notes:

Analyte	Prep Method	Analysis Method	True Value	Result	Percent Recovery	CAS	Result Notes
						Percent Recovery Acceptance Limits	
Inorganic Arsenic	None	1632A	0.200	0.214	107	80-120	

ALS Group USA, Corp.
dba ALS Environmental
 QA/QC Report

Client: North Beach Water District
Project: NA
LCS Matrix: Water

Service Request: K1506304
Date Collected: NA
Date Received: NA
Date Extracted: NA
Date Analyzed: 06/20/15

Calibration Verification (CALVER) Sample Summary
 Total Metals

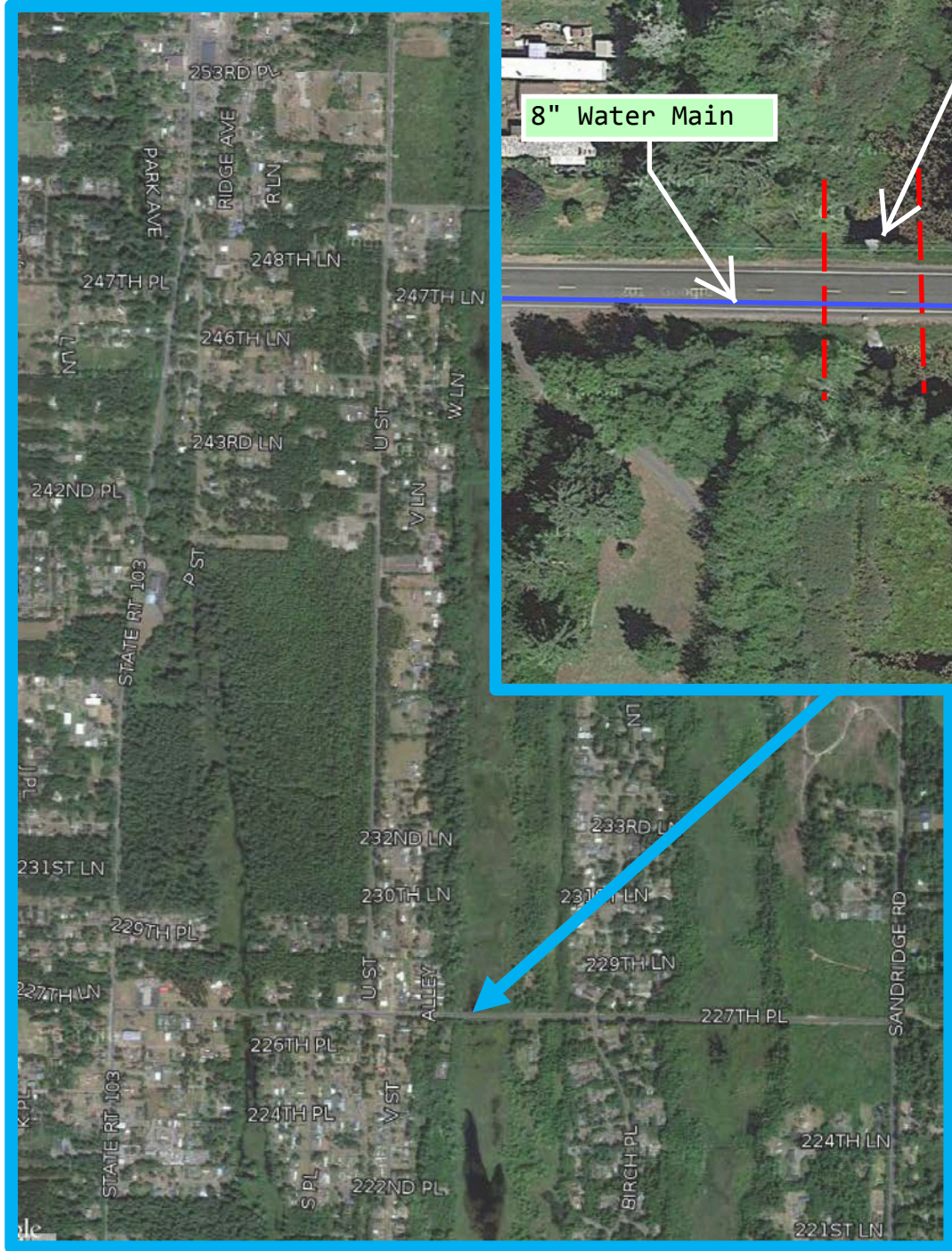
Sample Name: CALVER 5

Units: ug/L (ppb)
 Basis: NA

Test Notes:

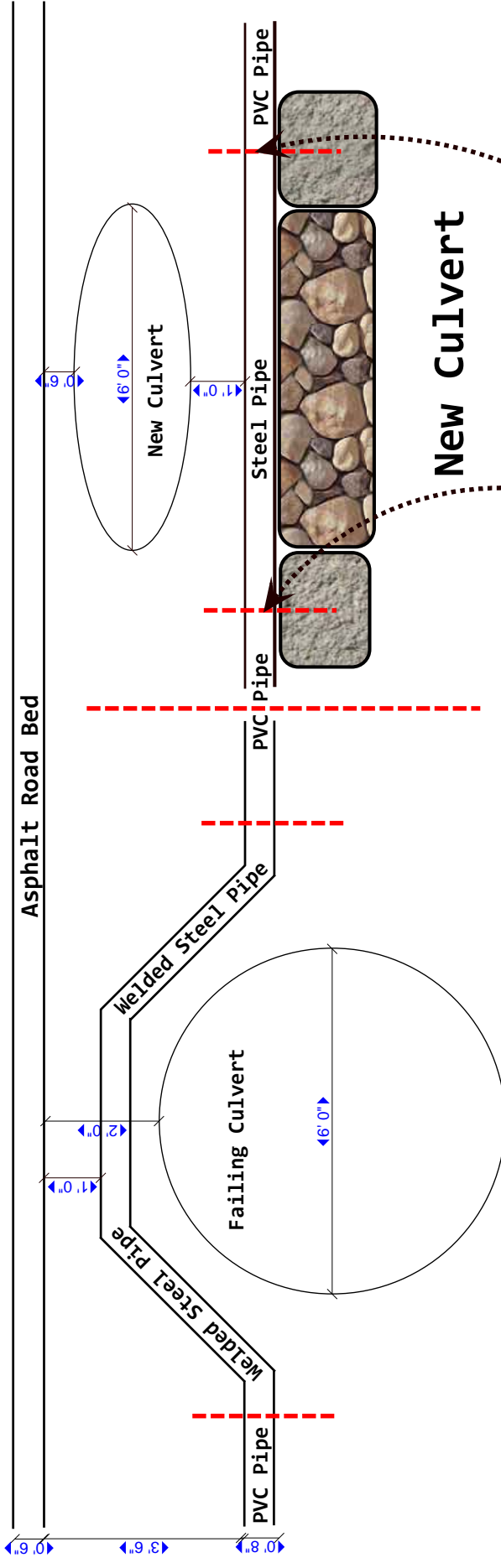
Analyte	Prep Method	Analysis Method	True Value	Result	Percent Recovery	CAS	Result Notes
						Percent Recovery Acceptance Limits	
Inorganic Arsenic	None	1632A	0.200	0.198	99	80-120	

Pacific County 227th Place Culvert Replacement Project



District Water Main on the South Side of 227th Place will be interrupted during the replacement of the culvert. Outage will affect all of Sunset Sands, as well as all customers on 227th east of HWY 103. (Approximately 600 customers)

127th Place



Existing Culvert

New Culvert



Restraint Coupling

227th Place Culvert Replacement Water Main Project
Water Distribution Improvement - 2015

For Conceptual Purposes Only

DRAWN BY

William Neal

DATE

7/8/2015

NOTES:

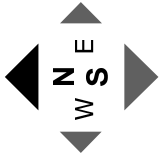
Nominal Measurements

SCALE

None

SHEET NO.

1 of 3



Birch Place

227th Place

8" Water Main

8" Gate Valve

8" Water Main

8" Tee

8" Water Main

Future Booster Station

Sunset Sands

Birch Place

227th Place Culvert Replacement Water Main Project
Water Distribution Improvement - 2015

For Conceptual Purposes Only

DRAWN BY
William Neal

NOTES:
Nominal Measurements

SCALE
None

DATE
7/8/2015

SHEET NO.
2 of 3