General Manager's Report

Report on Water System Operations For The Month Of: October, 2015

The Meter Period for this report is:	08/08/2015	through	09/03/2015
The Billing Period for this Report is:	09/16/2014	through	10/15/2015
The Activity Period for this Report is:	09/01/2015	through	09/30/2015

1	Total Water Pumped (TWP) from all Wells in Metering Period	9.0085	mg[1]
2	Total Water Used for Unidirectional Flushing in Metering Period	0.0000	mg
3	Total Water Used for Reactionary Flushing in Metering Period	0.0000	mg
4	Total Water Used for Backwashing Filters in Metering Period	0.0359	mg
5	Total Water Lost and Used Repairing Leaks in Metering Period	0.0000	mg
6	Total Other Known Water Used in Metering Period	0.0000	mg
7	Total Water Sold in Metering Period	9.4293	mg
8	Total Authorized Water Use in Metering Period (sum of 2 through 7)	9.4652	mg
9	Total Distribution System Leakage (DSL) in Metering Period (difr. between 1 and 8)	-0.4567	mg
10	Percentage of TWP that is DSL	-5.1%	pct
11	Total Water Pumped (TWP)from all Wells in 2015 to date	71.0562	mg
12	Total Authorized Water Use in 2015 to date	70.6693	mg
13	Total Distribution System Leakage (DSL) in 2015 to date	0.3869	mg
14	Percentage of TWP that is DSL in 2015 to date	0.5%	pct

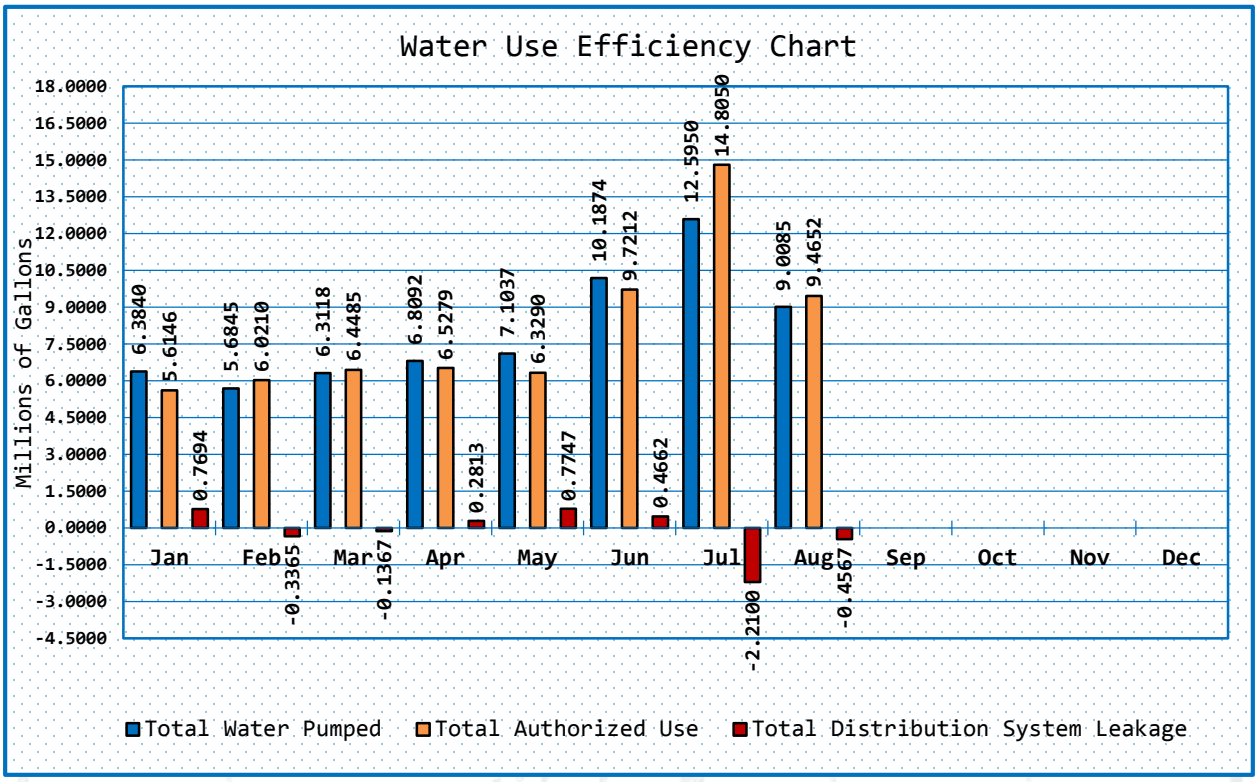
15	Residential Accounts in Billing Period	TS[2]:	2,755	TBR[3]:	$ 102,468.44	TMR[4]:	$ 24,019.82	
16	Commercial Accounts in Billing Period	TS:	107	TBR:	$ 7,742.13	TMR:	$ 7,855.65	
17	Fire Flow Accounts in Billing Period	TS:	4	TBR:	$ 477.58	TMR:	$ 0.00	
18	Surfside Management in Billing Period	Contract:	$ 5,000.00	REIMB[5]:	$ 207.00			
19	Other / Total Income in Billing Period	Other:	$ 899.34	TI[6]:	$ 160,872.13			

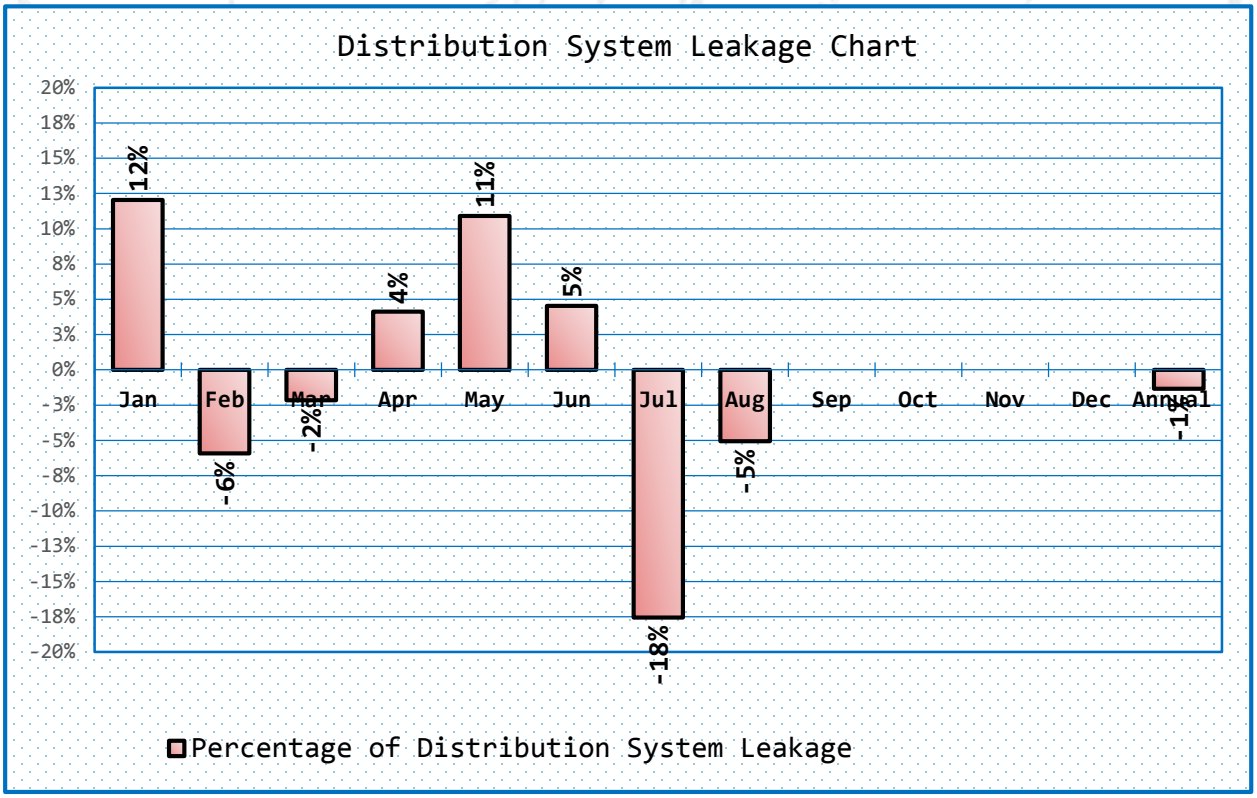
20	Past Due Accounts	30 days:	288	≥60 days:	86	Locked/Off:	8	Liened Prop.:	30

21	**Activity Period**	Water Main Locates:	29	Customer Valves Installed:	1

22	Water Quality Complaints:	4	Customer Service Calls:	0	Other:	**Meters Installed:**	153

[1] Million Gallons
[2] Total Services
[3] Total Base Rate
[4] Total Metered Rate
[5] Reimbursement
[6] Total Income


Water Use Efficiency Chart
Millions of Gallons
18.0000
16.5000
15.0000
13.5000
12.0000
10.5000
9.0000
7.5000
6.0000
4.5000
3.0000
1.5000
0.0000
-1.5000
-3.0000
-4.5000
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
6.3840
5.6146
0.7694
5.6845
6.0210
-0.3365
6.3118
6.4485
-0.1367
6.8092
6.5279
0.2813
7.1037
6.3290
0.7747
10.1874
9.7212
0.4662
12.5950
14.8050
-2.2100
9.0085
9.4652
-0.4567
Total Water Pumped
Total Authorized Use
Total Distribution System Leakage


Distribution System Leakage Chart
20%
18%
15%
13%
10%
8%
5%
3%
0%
-3%
-5%
-8%
-10%
-13%
-15%
-18%
-20%
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Annual
12%
-6%
-2%
4%
11%
5%
-18%
-5%
-1%
Percentage of Distribution System Leakage

Operations Report:

Water System Plan:

No action to report.

RFP for Birch Place Booster Stations.

Gibbs and Olsen did field work on this project in September.

North Wellfield Well #4:

No failures or maintenance issues to report in September.

Treatment Plant Report:

No failures or maintenance issues to report in September.

Drinking Water State Revolving Fund Project:

The Office of Drinking Water Approved the Pilot Study for Wiegardt Wells, ODW Project #14-0804, on September 16, 2015. I have attached the approval letter.

Gray and Osborne is preparing a response to the September 30, 2015 comment letter from the ODW on ODW Project #15-0505, Source Approval for the Wiegardt Wells. I have attached the comment letter to this report

I have requested a status report on the Water Rights Change Application from the Department of Ecology. I have attached a copy of the request to this report.

AMR Meter Installation Project Report:

The crew installed 153 AMR meters in September, 2015. There are a total of 2,329 AMR meters installed as of September 30, 2015. There are 357 meters left to install. We will have to average 119 meters a month to complete the metering project on time.

Office and Equipment Building Report:

Framing began in early October.

Water Quality Reports:

I have attached copies of the water samples the District submitted for analysis in September, 2015. They were:

Routine ----- 9/7/2015 --------- Coliform Bacteria ---------- Satisfactory

Routine ----- 9/7/2015 --------- Coliform Bacteria ---------- Satisfactory

Routine ---- 9/14/2015 --------- Coliform Bacteria ---------- Satisfactory

Routine ---- 9/14/2015 --------- Coliform Bacteria ---------- Satisfactory

Routine ---- 9/14/2015 --------- Coliform Bacteria ---------- Satisfactory

Routine ---- 9/14/2015 --------- Coliform Bacteria ---------- Satisfactory

Routine ---- 9/21/2015 --------- Coliform Bacteria ---------- Satisfactory

Routine	9/21/2015	Coliform Bacteria		Satisfactory
Routine	9/21/2015	Coliform Bacteria		Satisfactory
Routine	9/21/2015	Coliform Bacteria		Unsatisfactory
Routine	9/21/2015	Coliform Bacteria		Unsatisfactory
Repeat	9/24/2015	GWR Well #1		Satisfactory
Repeat	9/24/2015	GWR Well #4		Satisfactory
Repeat	9/24/2015	GWR Well #5		Satisfactory
Repeat	9/24/2015	GWR Well #6		Satisfactory
Repeat	8/13/2015	GWR Well #8		Satisfactory
Repeat	8/13/2015	Distribution		Satisfactory
Repeat	8/13/2015	Distribution		Satisfactory
Repeat	8/13/2015	Distribution		Satisfactory
Repeat	8/13/2015	Distribution		Satisfactory
Repeat	8/13/2015	Distribution		Satisfactory
Repeat	8/13/2015	Distribution		Satisfactory
Routine	8/10/2015	Arsenic		Satisfactory

End of Report

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SOUTHWEST DRINKING WATER REGIONAL OPERATIONS
PO Box 47823, Olympia, Washington 98504-7823
TDD Relay 1-800-833-6388

September 16, 2015

William Neal III
North Beach Water District
Post Office Box 618
Ocean Park, Washington 98640

Subject: North Beach Water District, ID #63000C, Pacific County; Pilot Study for Wiegardt Wells, ODW Project #14-0804

Dear William Neal III:

The project report for the above project received by the Office of Drinking Water (ODW) on August 12, 2014, along with additional information received on April 6, 2015, and July 30, 2015, has been reviewed, and in accordance with the provisions of WAC 246-290, is **APPROVED**.

The approval issued herein is based on conformance with current standards outlined in WAC 246-290, revised effective April 30, 2012. Future changes in the rules may be more stringent and require facility modification or corrective action.

This project has been reviewed as a Group A water system project submittal in accordance with WAC 246-290.

This project submittal presents a protocol and pilot study results for a proposed arsenic and hydrogen sulfide removal treatment system for the new groundwater sources at the South Wellfield. The proposed pilot study treatment system consisted of ambient air injection followed by ferric chloride, contact time, and filtration using catalytic carbon media. The results of the pilot appear to indicate that this treatment would remove arsenic below the maximum contaminant level (MCL) and will remove hydrogen sulfide to below detectable levels.

By WAC 246-290-120, this approval is valid for two years unless we determine a need to withdraw the approval. If you need an extension, please send us a status report and a written schedule for completion. Extensions may be subject to additional terms and conditions.

If you have any questions, please contact me at (360) 236-3032 or by e-mail at teresa.walker@doh.wa.gov.

Sincerely,

Teresa A. Walker, P.E.
Office of Drinking Water, Regional Engineer

cc: Joe Plahuta, Gray and Osborne, Inc.
Russ Porter, Gray and Osborne, Inc.
Anna Voss, ODW

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SOUTHWEST DRINKING WATER REGIONAL OPERATIONS
PO Box 47823, Olympia, Washington 98504-7823
TDD Relay 1-800-833-6388

September 30, 2015

William Neal III
North Beach Water District
Post Office Box 618
Ocean Park, Washington 98640

Subject: North Beach Water District, ID #63000C, Pacific County; New Source and System Treatment, ODW Project #15-0714

Dear William Neal III:

I have reviewed the above project received by the Office of Drinking Water (ODW) on July 30, 2015. The following comments must be addressed before the project may be approved.

Project Report

General Comment: ODW strongly recommends that the carbon filters be covered or housed in a building. Please verify the life cycle cost of painting and other required maintenance to maintain filters in a corrosive environment verses the capital cost of an enclosure or roof. Please provide manufacturer verification that filters will maintain their design life of 25 years when housed outside in a moist environment. ODW considers this a public health issue, as arsenic removal is dependent on the longevity and functional ability of the filtration system.

1. Page 3-7. Please explain the basis for specifying the dosage and the size of the metering pump for the Potassium Permanganate, as it was not piloted. Please clarify why it was added to this project, i.e. possible benefits and interactions between the Potassium Permanganate and media.
2. Page 3-7. Please comment on the anticipated ferric chloride dosage (from the pilot study).
3. Page 3-11. Please explain the design basis for sizing the backwash pond and how the infiltration rate was determined for the North Wellfield.
4. Page 3-11. Please describe how backwash will be initiated, the length of the backwash cycle, and the total volume of backwash water anticipated for the South Wellfield.
5. Appendix C. Please submit laboratory sample results for all of the new sources. An IOC, VOC, SOC, Radium 228 and gross alpha, and bacteriological samples are required for the three new Wiegert wells. Please clarify the well number on all of the sample results.
6. The Susceptibility Assessments (SAs) indicated there are three new Wiegert well sources, but on the SAs, they identify both Wiegert Well #1 and Wiegert Well #2 as S13. The new sources will be S13, S14, S15, and the wellfield (S16).

Drawings

1. Sheet G-5. Is there a way to drain the Carbon Filters if needed? Where does the 4-inch carbon drainpipe drain?

2. Sheet G-5. Please explain the function of Control Valves 04CV10 and 04CV09. There appears to be a cross connection between raw and finished water on the process diagram.
3. Sheet G-5. Please show the design backwash volumes for the north and south wellfield.
4. Sheet C6-3. Please show elevation detail of the 4-inch drain.
5. Sheet C-4. Please show a detail for the infiltration trench (not just the outlet).
6. Sheet M4-2. Please show and label the injection port for ferric chloride. The distance between the ferric chloride tanks and the injection point may cause clogging problems.
7. Sheet M4-4. Please verify that there are individual sample ports on each filter for finished water.
8. Sheet M4-2. Please provide a detail for the filter-to-waste piping. There can be no direct connection between the backwash line and the filter-to-waste piping.
9. Sheet M4-4. Where does the 3-inch drain discharge?

Specifications

1. Section 01300. An Operations Program will be required prior to Final Approval by ODW. See page 149 of the Water System Design Manual for a description of what should be included in the Operations Program.
2. Section 01800-9. Prior to putting the treatment system or new sources online, the owner must receive Final Approval by ODW.
3. Section 02510-2. Section 1.7 A and B are unclear. Final Approval by ODW is required prior to placing the sources and treatment into service. However, ODW does not specify how to perform the work of this Section.
4. Section 11000 G. Please add a note that requires any equipment in contact with potable water be NSF61 approved.
5. Section 11222-6. Filter Media should be NSF61 approved.
6. Section 11241-7. Ferric chloride must meet AWWA Standard B407 as a 39 percent ferric chloride solution.
7. Section 15100. The rupture disc valve that is called out on sheet M4-4 is missing in this section. Please clarify why this type of valve was specified verses a pressure relief valve.

Regulations establishing a schedule of fees for review of planning, engineering, and construction documents were adopted April 30, 2012 (WAC 246-290-990). An itemized invoice for $6,533 is enclosed.

If you have any questions, please contact me at (360) 236-3032 or by e-mail at teresa.walker@doh.wa.gov.

Sincerely,

Teresa A. Walker, P.E.
Office of Drinking Water, Regional Engineer

Enclosures

cc: Mike Johnson, Gray and Osborne, Inc.
Russell Mau, ODW
Sophia Petro, ODW

From:	Bill Neal
To:	Tammy L Hall, DOE WR
Cc:	Jack McCarty NBWD
Subject:	CRA Project No. 9RK1 North Beach Water District
Date:	Friday, October 16, 2015 1:51:00 PM

Tammy,

Could you provide me with a brief status report on the District's CRA Project No. 9RK1 along with copies of all written documents and correspondence produced by Ecology or by the contracted assistance to Ecology to date with respect to the agreed scope of work.

William "Bill" Neal
General Manager
North Beach Water District
bneal@northbeachwater.com
360.665.4144

BSK Associates Engineers & Laboratories
Vancouver Analytical Laboratory
2517 E. Evergreen Blvd.
Vancouver, WA98661
360-750-0055 (Main)
360-750-0057 (FAX)

V5I0105
9/11/2015

Routine Sample

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
09/07/15	**1:50 pm**	**Pacific**

Type of Water System:
[X] Group A [ ] Group B [ ] Other:

Group A and Group B Systems - Provide Water Facilities Inventory (WFI):
ID# : **630000**

System Name: **North Beach Water Districts**

Contact Person: **Dennis Schweizer**

Day Phone: **(360) 244-0047 ext:**	Cell:
Eve. Phone:	Fax: **(360) 665-4641**

Send results to:
North Beach Water District
Dennis Schweizer
PO Box 618, Ocean Park, WA 98640

PASSED

Sample Information

Sample collected by: **Dennis Schweizer**

Sample location where sample was collected:	Special instructions or comments:
Well 3	

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:
Unsatisfactory routine Collect Date:
Chlorinated: [ ] Yes [ ] No
Chlorine Residual: Total: Free:

[X] **4. Sample Collected for information only**
Investigative

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

[ ] **Unsatisfactory** Total Coliform Present **and**
[ ] *E.Coli - Present* [ ] *E.Coli - Absent*

[X] **Satisfactory**

Replacement Sample Required:
[ ] Sample too old (>30 hours) [ ] TNTC
[ ] Improper container [ ] Turbide culture

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

Method Code: **MICR-**___ ___ ___ ___ ___ ___	Date and Time Received: **09/08/2015 11:16**
Date Analyzed: **9/8/2015 13:35 JRD**	Date Reported: **09/09/2015**
Sample Number (DOH number plus five digits): **144-10501**	Lab Use Only: Reviewed **09/09/2015 16:36:16 EMC**

BSK Associates Engineers & Laboratories
Vancouver Analytical Laboratory
2517 E. Evergreen Blvd.
Vancouver, WA98661
360-750-0055 (Main)
360-750-0057 (FAX)

V5I0105
9/11/2015

Routine Sample

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
09/07/15	**1:30 pm**	**Pacific**

Type of Water System:
[X] Group A [ ] Group B [ ] Other:

Group A and Group B Systems - Provide Water Facilities Inventory (WFI):
ID# : **630000**

System Name: **North Beach Water Districts**

Contact Person: **Dennis Schweizer**

Day Phone: **(360) 244-0047 ext:**	Cell:
Eve. Phone:	Fax: **(360) 665-4641**

Send results to:
North Beach Water District
Dennis Schweizer
PO Box 618, Ocean Park, WA 98640

PASSED

Sample Information

Sample collected by: **Dennis Schweizer**

Sample location where sample was collected:	Special instructions or comments:
Well 4	

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:
Unsatisfactory routine Collect Date:
Chlorinated: [ ] Yes [ ] No
Chlorine Residual: Total: Free:

[X] **4. Sample Collected for information only**
Investigative

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

MC Notify
[X] **Unsatisfactory** Total Coliform Present **and**
[ ] *E.Coli - Present* [X] *E.Coli - Absent*

[ ] **Satisfactory**

Replacement Sample Required:
[ ] Sample too old (>30 hours) [ ] TNTC
[ ] Improper container [ ] Turbide culture

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

Method Code: **MICR-**___ ___ ___ ___ ___ ___	Date and Time Received: **09/08/2015 11:16**
Date Analyzed: **9/8/2015 13:35 JRD**	Date Reported: **09/09/2015**
Sample Number (DOH number plus five digits): **144-10502**	Lab Use Only: Reviewed **09/09/2015 16:36:16 EMC**

BSK Associates Engineers & Laboratories
Vancouver Analytical Laboratory
2517 E. Evergreen Blvd.
Vancouver, WA98661
360-750-0055 (Main)
360-750-0057 (FAX)

V5I0240
9/18/2015

Routine Sample

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
09/14/15	**12:15 pm**	**Pacific**

Type of Water System:
[X] Group A [ ] Group B [ ] Other:

Group A and Group B Systems - Provide Water Facilities Inventory (WFI):
ID# : **630000**

System Name: **North Beach Water Districts**

Contact Person: **Dennis Schweizer**

Day Phone: **(360) 244-0047 ext:**	Cell:
Eve. Phone:	Fax: **(360) 665-4641**

Send results to:
North Beach Water District
Dennis Schweizer
PO Box 618, Ocean Park, WA 98640

PASSED

Sample Information

Sample collected by: **Dennis Schweizer**

Sample location where sample was collected:	Special instructions or comments:
S-12 2218 272nd Place	

Type of Sample (must check only **one** box of #1 through #4 listed below)

[X] **1. Routine Distribution Sample**
Chlorinated: [ ] Yes [X] 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:
Unsatisfactory routine Collect Date:
Chlorinated: [ ] Yes [ ] No
Chlorine Residual: Total: Free:

[ ] **4. Sample Collected for information only**

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

[ ] **Unsatisfactory** Total Coliform Present **and**
[ ] *E.Coli - Present* [ ] *E.Coli - Absent*

[X] **Satisfactory**

Replacement Sample Required:
[ ] Sample too old (>30 hours) [ ] TNTC
[ ] Improper container [ ] Turbide culture

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

Method Code: **MICR-**___ ___ ___ ___ ___ ___	Date and Time Received: **09/15/2015 10:41**
Date Analyzed: **9/15/2015 12:35 JRD**	Date Reported: **09/16/2015**
Sample Number (DOH number plus five digits): **144-24001**	Lab Use Only: Reviewed **09/16/2015 16:07:01 EMC**

BSK Associates Engineers & Laboratories
Vancouver Analytical Laboratory
2517 E. Evergreen Blvd.
Vancouver, WA98661
360-750-0055 (Main)
360-750-0057 (FAX)

V5I0240
9/18/2015

Routine Sample

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
09/14/15	**1:00 pm**	**Pacific**

Type of Water System:
[X] Group A [ ] Group B [ ] Other:

Group A and Group B Systems - Provide Water Facilities Inventory (WFI):
ID# : **630000**

System Name: **North Beach Water Districts**

Contact Person: **Dennis Schweizer**

Day Phone: **(360) 244-0047 ext:**	Cell:
Eve. Phone:	Fax: **(360) 665-4641**

Send results to:
North Beach Water District
Dennis Schweizer
PO Box 618, Ocean Park, WA 98640

PASSED

Sample Information

Sample collected by: **Dennis Schweizer**

Sample location where sample was collected:	Special instructions or comments:
S-4 27900 O St.	

Type of Sample (must check only **one** box of #1 through #4 listed below)

[X] **1. Routine Distribution Sample**
Chlorinated: [ ] Yes [X] 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:
Unsatisfactory routine Collect Date:
Chlorinated: [ ] Yes [ ] No
Chlorine Residual: Total: Free:

[ ] **4. Sample Collected for information only**

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

[ ] **Unsatisfactory** Total Coliform Present **and**
[ ] *E.Coli - Present* [ ] *E.Coli - Absent*

[X] **Satisfactory**

Replacement Sample Required:
[ ] Sample too old (>30 hours) [ ] TNTC
[ ] Improper container [ ] Turbide culture

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

Method Code: **MICR-**___ ___ ___ ___ ___ ___	Date and Time Received: **09/15/2015 10:41**
Date Analyzed: **9/15/2015 12:35 JRD**	Date Reported: **09/16/2015**
Sample Number (DOH number plus five digits): **144-24002**	Lab Use Only: Reviewed **09/16/2015 16:07:01 EMC**

BSK Associates Engineers & Laboratories
Vancouver Analytical Laboratory
2517 E. Evergreen Blvd.
Vancouver, WA98661
360-750-0055 (Main)
360-750-0057 (FAX)

V5I0240
9/18/2015

Routine Sample

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
09/14/15	**12:30 pm**	**Pacific**

Type of Water System:
[X] Group A [ ] Group B [ ] Other:

Group A and Group B Systems - Provide Water Facilities Inventory (WFI):
ID# : **630000**

System Name: **North Beach Water Districts**

Contact Person: **Dennis Schweizer**

Day Phone: **(360) 244-0047 ext:**	Cell:
Eve. Phone:	Fax: **(360) 665-4641**

Send results to:
North Beach Water District
Dennis Schweizer
PO Box 618, Ocean Park, WA 98640

PASSED

Sample Information

Sample collected by: **Dennis Schweizer**

Sample location where sample was collected:	Special instructions or comments:
S-13 27003 270th Sandridge Rd	

Type of Sample (must check only **one** box of #1 through #4 listed below)

[X] **1. Routine Distribution Sample**
Chlorinated: [ ] Yes [X] 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:
Unsatisfactory routine Collect Date:
Chlorinated: [ ] Yes [ ] No
Chlorine Residual: Total: Free:

[ ] **4. Sample Collected for information only**

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

[ ] **Unsatisfactory** Total Coliform Present **and**
[ ] *E.Coli - Present* [ ] *E.Coli - Absent*

[X] **Satisfactory**

Replacement Sample Required:
[ ] Sample too old (>30 hours) [ ] TNTC
[ ] Improper container [ ] Turbide culture

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

Method Code: **MICR-**___ ___ ___ ___ ___ ___	Date and Time Received: **09/15/2015 10:41**
Date Analyzed: **9/15/2015 12:35 JRD**	Date Reported: **09/16/2015**
Sample Number (DOH number plus five digits): **144-24003**	Lab Use Only: Reviewed **09/16/2015 16:07:01 EMC**

BSK Associates Engineers & Laboratories
Vancouver Analytical Laboratory
2517 E. Evergreen Blvd.
Vancouver, WA98661
360-750-0055 (Main)
360-750-0057 (FAX)

V5I0240
9/18/2015

Routine Sample

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
09/14/15	**12:45 pm**	**Pacific**

Type of Water System:
[X] Group A [ ] Group B [ ] Other:

Group A and Group B Systems - Provide Water Facilities Inventory (WFI):
ID# : **630000**

System Name: **North Beach Water Districts**

Contact Person: **Dennis Schweizer**

Day Phone: **(360) 244-0047 ext:**	Cell:
Eve. Phone:	Fax: **(360) 665-4641**

Send results to:
North Beach Water District
Dennis Schweizer
PO Box 618, Ocean Park, WA 98640

PASSED

Sample Information

Sample collected by: **Dennis Schweizer**

Sample location where sample was collected:	Special instructions or comments:
S-14 2807 270th Pl	

Type of Sample (must check only **one** box of #1 through #4 listed below)

[X] **1. Routine Distribution Sample**
Chlorinated: [ ] Yes [X] 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:
Unsatisfactory routine Collect Date:
Chlorinated: [ ] Yes [ ] No
Chlorine Residual: Total: Free:

[ ] **4. Sample Collected for information only**

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

[ ] **Unsatisfactory** Total Coliform Present **and**
[ ] *E.Coli - Present* [ ] *E.Coli - Absent*

[X] **Satisfactory**

Replacement Sample Required:
[ ] Sample too old (>30 hours) [ ] TNTC
[ ] Improper container [ ] Turbide culture

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

Method Code: **MICR-**___ ___ ___ ___ ___ ___	Date and Time Received: **09/15/2015 10:41**
Date Analyzed: **9/15/2015 12:35 JRD**	Date Reported: **09/16/2015**
Sample Number (DOH number plus five digits): **144-24004**	Lab Use Only: Reviewed **09/16/2015 16:07:01 EMC**

BSK Associates Engineers & Laboratories
Vancouver Analytical Laboratory
2517 E. Evergreen Blvd.
Vancouver, WA98661
360-750-0055 (Main)
360-750-0057 (FAX)

V5I0369
9/25/2015

Routine Sample

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
09/21/15	**12:45 pm**	**Pacific**

Type of Water System:
[X] Group A [ ] Group B [ ] Other:

Group A and Group B Systems - Provide Water Facilities Inventory (WFI):
ID# : **63000C**

System Name: **North Beach Water Districts**

Contact Person: **Dennis Schweizer**

Day Phone: **(360) 244-0047 ext:**	Cell:
Eve. Phone:	Fax: **(360) 665-4641**

Send results to:
North Beach Water District
Dennis Schweizer
PO Box 618, Ocean Park, WA 98640

PASSED

Sample Information

Sample collected by: **Dennis Schweizer**

Sample location where sample was collected:	Special instructions or comments:
S-5 1206 247th	

Type of Sample (must check only **one** box of #1 through #4 listed below)

[X] **1. Routine Distribution Sample**
Chlorinated: [ ] Yes [X] 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:
Unsatisfactory routine Collect Date:
Chlorinated: [ ] Yes [ ] No
Chlorine Residual: Total: Free:

[ ] **4. Sample Collected for information only**

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

[ ] **Unsatisfactory** Total Coliform Present **and**
[ ] *E.Coli - Present* [ ] *E.Coli - Absent*

[X] **Satisfactory**

Replacement Sample Required:
[ ] Sample too old (>30 hours) [ ] TNTC
[ ] Improper container [ ] Turbide culture

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

Method Code: **MICR-**___ ___ ___ ___ ___ ___	Date and Time Received: **09/22/2015 12:11**
Date Analyzed: **9/22/2015 15:40 JRD**	Date Reported: **09/23/2015**
Sample Number (DOH number plus five digits): **144-36901**	Lab Use Only: Reviewed **09/24/2015 15:40:55 EMC**

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Vancouver Analytical Laboratory
2517 E. Evergreen Blvd.
Vancouver, WA98661
360-750-0055 (Main)
360-750-0057 (FAX)

V5I0369
9/25/2015

Routine Sample

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
09/21/15	**12:30 pm**	**Pacific**

Type of Water System:
[X] Group A [ ] Group B [ ] Other:

Group A and Group B Systems - Provide Water Facilities Inventory (WFI):
ID# : **63000C**

System Name: **North Beach Water Districts**

Contact Person: **Dennis Schweizer**

Day Phone: **(360) 244-0047 ext:**	Cell:
Eve. Phone:	Fax: **(360) 665-4641**

Send results to:
North Beach Water District
Dennis Schweizer
PO Box 618, Ocean Park, WA 98640

PASSED

Sample Information

Sample collected by: **Dennis Schweizer**

Sample location where sample was collected:	Special instructions or comments:
S-16 1711 255th	

Type of Sample (must check only **one** box of #1 through #4 listed below)

[X] **1. Routine Distribution Sample**
Chlorinated: [ ] Yes [X] No
Chlorine Residual: Total: Free:

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

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

[ ] **Unsatisfactory** Total Coliform Present **and**
[ ] *E.Coli - Present* [ ] *E.Coli - Absent*

[X] **Satisfactory**

Replacement Sample Required:
[ ] Sample too old (>30 hours) [ ] TNTC
[ ] Improper container [ ] Turbide culture

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

Method Code: **MICR-**___ ___ ___ ___ ___ ___	Date and Time Received: **09/22/2015 12:11**
Date Analyzed: **9/22/2015 15:40 JRD**	Date Reported: **09/23/2015**
Sample Number (DOH number plus five digits): **144-36902**	Lab Use Only: Reviewed **09/24/2015 15:40:55 EMC**

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Vancouver Analytical Laboratory
2517 E. Evergreen Blvd.
Vancouver, WA98661
360-750-0055 (Main)
360-750-0057 (FAX)

Routine Sample

V5I0369
9/25/2015

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
09/21/15	**12:15 pm**	**Pacific**

Type of Water System:
[X] Group A [ ] Group B [ ] Other:

Group A and Group B Systems - Provide Water Facilities Inventory (WFI):
ID# : **63000C**

System Name: **North Beach Water Districts**

Contact Person: **Dennis Schweizer**

Day Phone: **(360) 244-0047 ext:**	Cell:
Eve. Phone:	Fax: **(360) 665-4641**

Send results to:
North Beach Water District
Dennis Schweizer
PO Box 618, Ocean Park, WA 98640

FAILED

Sample Information

Sample collected by: **Dennis Schweizer**

Sample location where sample was collected:	Special instructions or comments:
S-7 23200 Birch Pl.	

Type of Sample (must check only **one** box of #1 through #4 listed below)

[X] **1. Routine Distribution Sample**
Chlorinated: [ ] Yes [X] 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:
Unsatisfactory routine Collect Date:
Chlorinated: [ ] Yes [ ] No
Chlorine Residual: Total: Free:

[ ] **4. Sample Collected for information only**

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

MC Notify
[X] **Unsatisfactory** Total Coliform Present **and**
[ ] *E.Coli - Present* [X] *E.Coli - Absent*

[ ] **Satisfactory**

Replacement Sample Required:
[ ] Sample too old (>30 hours) [ ] TNTC
[ ] Improper container [ ] Turbide culture

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

Method Code: **MICR-**___ ___ ___ ___ ___ ___	Date and Time Received: **09/22/2015 12:11**
Date Analyzed: **9/22/2015 15:40 JRD**	Date Reported: **09/23/2015**
Sample Number (DOH number plus five digits): **144-36903**	Lab Use Only: Reviewed **09/24/2015 15:40:55 EMC**

BSK Associates Engineers & Laboratories
Vancouver Analytical Laboratory
2517 E. Evergreen Blvd.
Vancouver, WA98661
360-750-0055 (Main)
360-750-0057 (FAX)

V5I0369
9/25/2015

Routine Sample

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
09/21/15	**1:00 pm**	**Pacific**

Type of Water System:
[X] Group A [ ] Group B [ ] Other:

Group A and Group B Systems - Provide Water Facilities Inventory (WFI):
ID# : **63000C**

System Name: **North Beach Water Districts**

Contact Person: **Dennis Schweizer**

Day Phone: **(360) 244-0047 ext:**	Cell:
Eve. Phone:	Fax: **(360) 665-4641**

Send results to:
North Beach Water District
Dennis Schweizer
PO Box 618, Ocean Park, WA 98640

FAILED

Sample Information

Sample collected by: **Dennis Schweizer**

Sample location where sample was collected:	Special instructions or comments:
S-17 245th & Ash	

Type of Sample (must check only **one** box of #1 through #4 listed below)

[X] **1. Routine Distribution Sample**
Chlorinated: [ ] Yes [X] 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:
Unsatisfactory routine Collect Date:
Chlorinated: [ ] Yes [ ] No
Chlorine Residual: Total: Free:

[ ] **4. Sample Collected for information only**

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

MC Notify
[X] **Unsatisfactory** Total Coliform Present **and**
[ ] *E.Coli - Present* [X] *E.Coli - Absent*

[ ] **Satisfactory**

Replacement Sample Required:
[ ] Sample too old (>30 hours) [ ] TNTC
[ ] Improper container [ ] Turbide culture

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

Method Code: **MICR-**___ ___ ___ ___ ___ ___	Date and Time Received: **09/22/2015 12:11**
Date Analyzed: **9/22/2015 15:40 JRD**	Date Reported: **09/23/2015**
Sample Number (DOH number plus five digits): **144-36904**	Lab Use Only: Reviewed **09/24/2015 15:40:55 EMC**

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Vancouver Analytical Laboratory
2517 E. Evergreen Blvd.
Vancouver, WA98661
360-750-0055 (Main)
360-750-0057 (FAX)

V5I0369
9/25/2015

Routine Sample

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County:
09/21/15	**12:00 pm**	**Pacific**

Type of Water System:
[X] Group A [ ] Group B [ ] Other:

Group A and Group B Systems - Provide Water Facilities Inventory (WFI):
ID# : **63000C**

System Name: **North Beach Water Districts**

Contact Person: **Dennis Schweizer**

Day Phone: **(360) 244-0047 ext:**	Cell:
Eve. Phone:	Fax: **(360) 665-4641**

Send results to:
North Beach Water District
Dennis Schweizer
PO Box 618, Ocean Park, WA 98640

PASSED

Sample Information

Sample collected by: **Dennis Schweizer**

Sample location where sample was collected:	Special instructions or comments:
S-6 24010 Birch Pl.	

Type of Sample (must check only **one** box of #1 through #4 listed below)

[X] **1. Routine Distribution Sample**
Chlorinated: [ ] Yes [X] No
Chlorine Residual: Total: Free:

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

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

[ ] **Unsatisfactory** Total Coliform Present **and**
[ ] *E.Coli - Present* [ ] *E.Coli - Absent*

[X] **Satisfactory**

Replacement Sample Required:
[ ] Sample too old (>30 hours) [ ] TNTC
[ ] Improper container [ ] Turbide culture

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

Method Code: **MICR-**___ ___ ___ ___ ___ ___	Date and Time Received: **09/22/2015 12:11**
Date Analyzed: **9/22/2015 15:40 JRD**	Date Reported: **09/23/2015**
Sample Number (DOH number plus five digits): **144-36905**	Lab Use Only: Reviewed **09/24/2015 15:40:55 EMC**

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Repeat Sample

SR# 1615106654-001

ALS Environmental

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
9/24/15	2:30 ☐ AM ☑ PM	PACIFIC

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# 6 3 0 0 0 C

System Name: North Beach WD

Contact Person: Dennis Schweizer

Day Phone: (360) 244-0047 Cell Phone: (360) 214-2810

Eve. Phone: ( ) FAX: ( )

Email: Dschweizer@NorthBeachWaterDist.com

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

NBWD

PO Box 618

Ocean Park, WA. 98640

SAMPLE INFORMATION

Sample collected by (name): Dennis

Specific location where sample collected: S-17 245th Ash

Special instructions or comments:

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

#1. ☐ **Routine Distribution Sample**
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____ Free____

#2. Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number: 0 1 7 - _ _ _ _ _
Unsatisfactory routine collect date: 9/21/15
Chlorinated: Yes ✓ No _____
Chlorine Residual: Total .9 Free .9

#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:
MICR- 5 M 9 2 2 36

Date Analyzed 9 25 15 KR

Sample Number (DOH number plus five digits)
0 1 7 - 0 6 5 4 1

Date,Time and Temp Received: 09:00 9/25/15 KR 13.7

Date Reported: 9 26 15

Lab Use Only: client called 9/26 @1080 for whole SR A 9/28/15

PASSED

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.

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SR# K1510654-002

Repeat Sample

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
9 / 24 / 15	3:00 ☐ AM ☐ PM	Pacific

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# 6 3 0 0 0 6

System Name: North Beach WD

Contact Person: Dennis Schweizer

Day Phone: 360)244-0047 Cell Phone: 360)214-2810

Eve. Phone: ( ) FAX: ( )

Email: DSchweizer@NorthBeachWater.com

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

NBWD
PO 618
Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): Dennis

Specific location where sample collected: 2709 245th

Special instructions or comments:

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

#1. ☐ **Routine Distribution Sample**
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____ Free____

#2. **Repeat Sample (after unsat. routine)**
☑ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number: 0 1 7 - _ _ _ _ _ _
Unsatisfactory routine collect date: 9 / 21 / 15
Chlorinated: Yes ✓ No ____
Chlorine Residual: Total .3 Free .3

#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: MICR- S M 9 2 2 36
Date Analyzed 9 25 15 nb
Sample Number (DOH number plus five digits) 0 1 7 - 0 6 5 4 2

Date,Time and Temp Received: 0800 9/25/15 KR 13.7
Date Reported: 9/26/15
Lab Use Only: AP 9/25/15

PASSED

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.

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SR# K1510654-003

ALS Environmental
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COLIFORM BACTERIA ANALYSIS

Repeat Sample

Date Sample Collected	Time Sample Collected	County
9 / 24 / 15 (Month / Day / Year)	2:50 ☐ AM ☑ PM	Pacific

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# 6 3 0 0 0 C
System Name: North Beach W.D.
Contact Person: Dennis Schweizer
Day Phone: (360) 244-0047 Cell Phone: (360) 214-2810
Eve. Phone: ( ) FAX: ( )
Email: DSchweizer@NorthBeachWater.com
Send results to: (Print full name, address and zip code)
NBWD
PO Box 18
Ocean Park, WA. 98640

SAMPLE INFORMATION

Sample collected by (name): Dennis

Specific location where sample collected:	Special instructions or comments:
2705 245th	

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

#1. ☐ **Routine Distribution Sample**
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____ Free____

#2. **Repeat Sample (after unsat. routine)**
☑ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number: 0 1 7 - _ _ _ _ _
Unsatisfactory routine collect date: 9 / 21 / 15
Chlorinated: Yes ✓ No _____
Chlorine Residual: Total .1 Free .1

#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:	Date,Time and Temp Received:
MICR- 5 M 9 2 2 3 6	9/25/15 KP 08:00 13.7
Date Analyzed 9 25 15 nb	Date Reported: 9 26 15
Sample Number (DOH number plus five digits) 0 1 7 - 0 6 5 4 3	Lab Use Only: AJ 9/28/15

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.

PASSED

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.

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SR# K1510654-004

ALS Environmental
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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 24 / 15 (Month / Day / Year)	3:30 ☐ AM ☑ PM	Pacific

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# 6 3 0 0 0 C
System Name: North Beach WD.
Contact Person: Dennis Schweizer
Day Phone: (360) 244-0042 Cell Phone: 360 214-2810
Eve. Phone: ( ) FAX: ( )
Email: DSchweizer@northbeachwater.com
Send results to: (Print full name, address and zip code)
NBWD.
PO 6018
Ocean Park, WA. 98640

SAMPLE INFORMATION

Sample collected by (name): Dennis
Specific location where sample collected: 5-7 23200 Birch
Special instructions or comments:

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

#1. ☐ **Routine Distribution Sample**
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____ Free____

#2. Repeat Sample (after unsat. routine)
☑ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number: 0 1 7 - _ _ _ _ _ _
Unsatisfactory routine collect date: 9 / 21 / 15
Chlorinated: Yes ✓ No _____
Chlorine Residual: Total .4 Free .3

#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: MICR- S M 9 2 2 3b
Date Analyzed 9-25-15 Ab
Sample Number (DOH number plus five digits) 0 1 7 - 0 6 5 4 4
Date,Time and Temp Received: 9/25/15 08:00 KL 3.7
Date Reported: 9 26 15
Lab Use Only: AP 9/28/15

Repeat Sample

PASSED

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.

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SR# K1510654-005

ALS Environmental
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COLIFORM BACTERIA ANALYSIS

Date Sample Collected (Month / Day / Year)	Time Sample Collected	County
9 / 24 / 15	3:40 ☐ AM ☑ PM	Pacific

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# 6 3 0 0 0 C

System Name: North Beach WD.

Contact Person: Dennis Schweizer

Day Phone: 360 244-0047 Cell Phone: 360 214-2810

Eve. Phone: ( ) FAX: ( )

Email: DSchweizer@NorthBeachWater.com

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

NBWD
PO 618
Ocean Park, WA. 98640

SAMPLE INFORMATION

Sample collected by (name): Dennis

Specific location where sample collected: 2731 232nd

Special instructions or comments:

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

#1. ☐ **Routine Distribution Sample**
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____ Free____

#2. **Repeat Sample (after unsat. routine)**
☑ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number: 0 1 7 - _ _ _ _ _ _
Unsatisfactory routine collect date: 9 / 21 / 15
Chlorinated: Yes ✓ No _____
Chlorine Residual: Total .1 Free .1

#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: MICR- 5 M 9 2 2 3 b	Date,Time and Temp Received: 9/25/15 08:00 13.7 KL
Date Analyzed 9 25 15 nb	Date Reported: 9 26 15
Sample Number (DOH number plus five digits) 0 1 7 - 0 6 5 4 5	Lab Use Only: AP 9/28/15

Repeat Sample

PASSED

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.

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SR# K1510654-006

Repeat Sample

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
9 / 24 / 15	4:00 ☐ AM ☑ PM	Pacific

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# 1 6 3 0 0 0 C

System Name: North Beach WD

Contact Person: Dennis Schweizer

Day Phone: (360) 244-0047 | Cell Phone: (360) 214-2960

Eve. Phone: ( ) | FAX: ( )

Email: DSchweizer@NorthBeachWater.com

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

SAMPLE INFORMATION

Sample collected by (name): Dennis

Specific location where sample collected: 23036 Birch

Special instructions or comments:

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

#1. ☐ **Routine Distribution Sample**
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____ Free____

#2. Repeat Sample (after unsat. routine)
☑ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number:
0 1 7 - _ _ _ _ _ _
Unsatisfactory routine collect date: 9 / 21 / 15
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

☐ **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 36
Date Analyzed 9 25 15 16
Sample Number (DOH number plus five digits) 0 1 7 - 0 6 5 4 6

Date,Time and Temp Received: 9/25/15 08:00 13.7 LC
Date Reported: 9/26/15
Lab Use Only: AT 9/28/15

PASSED

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.

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SR# K1510654-007

Repeat Sample

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
9 / 24 / 15	1:30 ☐ AM ☑ PM	Pacific

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# 6 3 0 0 0 C
System Name: North Beach WD.
Contact Person: Dennis Schweizer
Day Phone: (360) 244-0042 Cell Phone: (360) 214-2810
Eve. Phone: ( ) FAX: ( )
Email: Bschweizer@NorthBeachWater.com
Send results to: (Print full name, address and zip code)
NBWD
PO 618
Ocean Park, WA. 98640

SAMPLE INFORMATION

Sample collected by (name): Dennis

Specific location where sample collected: well 8

Special instructions or comments:

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

#1. ☐ Routine Distribution Sample
Chlorinated: Yes____ No____
Chlorine Residual: Total____ Free____

#2. Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number: 0 1 7 - ____
Unsatisfactory routine collect date: 9 / 21 / 15
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

☐ **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- SM 9222B
Date,Time and Temp Received: KR 9/25/15 08:00 17.7
Date Analyzed 9/25/15
Date Reported: 9/26/15
Sample Number (DOH number plus five digits) 0 1 7 - 0 6 5 4 7
Lab Use Only: AC 9/28/15

PASSED

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.

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Repeat Sample

SR# KI510654-008

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected (Month / Day / Year)	Time Sample Collected	County
9 / 24 / 15	2:00 ☐ AM ☑ PM	Pacific

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# 6 3 0 0 0 C
System Name: North Beach WD
Contact Person: Dennis Schweizer
Day Phone: (360) 244-0047 Cell Phone: 360 214-280
Eve. Phone: ( ) FAX: ( )
Email: Dschweizer@northbeachwater.com
Send results to: (Print full name, address and zip code)
NBWD
PO 618
Ocean Park, WA. 98640

SAMPLE INFORMATION

Sample collected by (name): Dennis

Specific location where sample collected: well 6

Special instructions or comments:

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

#1. ☐ **Routine Distribution Sample**
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____ Free____

#2. Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number: 0 1 7 - _ _ _ _ _ _
Unsatisfactory routine collect date: 9 / 21 / 15
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
☐ **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 36
Date Analyzed 9 25 15 06
Sample Number (DOH number plus five digits) 0 1 7 - 0 6 5 4 8
Date,Time and Temp Received: KK 9/25/15 0800 13.7
Date Reported: 9 26 15
Lab Use Only: AJ 9/28/15

PASSED

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.

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Repeat Sample

SR# K1510654-009

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
9 / 24 / 15	1:50 ☐ AM ☑ PM	Pacific

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# 6 3 0 0 0 C
System Name: North Beach WD.
Contact Person: Dennis Schweizer
Day Phone: 360 244-0047 | Cell Phone: 360 214-7810
Eve. Phone: ( ) | FAX: ( )
Email: DSchweizer@NorthBeachWater.com
Send results to: (Print full name, address and zip code)
NBWD
P.O. 618
Ocean Park, WA. 98640

SAMPLE INFORMATION

Sample collected by (name): Dennis
Specific location where sample collected: well 5
Special instructions or comments:

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

#1. ☐ **Routine Distribution Sample**
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____ Free____

#2. Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number: 0 1 7 - _ _ _ _ _
Unsatisfactory routine collect date: 9 / 21 / 15
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
☐ **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 36
Date, Time and Temp Received: KR 9/25/15 08:00 13.7
Date Analyzed 9/25/15
Date Reported: 9/26/15
Sample Number (DOH number plus five digits) 0 1 7 - 0 6 5 4 9
Lab Use Only: AJ 9/25/15

PASSED

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.

5640 BRUNSWICK PRESS (713) 462-0600

NatureSolv™ the environmentally responsible carbonless capsule

SR# K1510654-010 **Repeat Sample**

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 24 / 15 (Month / Day / Year)	1:40 ☐ AM ☑ PM	Pacific

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# 6 3 0 0 0 C

System Name:

Contact Person:

Day Phone: ( ) Cell Phone: ( )

Eve. Phone: ( ) FAX: ( )

Email:

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

PASSED

SAMPLE INFORMATION

Sample collected by (name):

Specific location where sample collected: well 4

Special instructions or comments:

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

#1. ☐ **Routine Distribution Sample**
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____ Free____

#2. Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number:
0 1 7 - _ _ _ _ _
Unsatisfactory routine collect date: 9 / 21 / 15
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

☐ **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- S M 9 2 2 36
Date Analyzed 9 25 15 nb

Date,Time and Temp Received: KR 9/25/15 08:00 13.7
Date Reported: 9/26/15
Lab Use Only: AJ 9/28/15

Sample Number (DOH number plus five digits)
0 1 7 - 6 5 4 1 0

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.

NatureSolv™ the environmentally responsible carbonless capsule

Repeat Sample

SR# K15106S4-011

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

COLIFORM BACTERIA ANALYSIS

PASSED

Date Sample Collected (Month Day Year)	Time Sample Collected	County
9 / 24 / 15	1 : 30 ☐ AM ☑ PM	Pacific

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# 6 3 0 0 0 C

System Name: North Beach W.D.

Contact Person: Dennis Schweizer

Day Phone: (360)244-0047 Cell Phone: (360)214-2810

Eve. Phone: ( ) FAX: ( )

Email: Dschweizer@northbeachwater.com

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

NBWD
PO 618
Ocean Park, WA. 98640

SAMPLE INFORMATION

Sample collected by (name): Dennis

Specific location where sample collected: well 1

Special instructions or comments:

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

#1. ☐ **Routine Distribution Sample**
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____ Free____

#2. Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)
Unsatisfactory routine lab number: 0 1 7 - _ _ _ _ _ _
Unsatisfactory routine collect date: 9 / 21 / 15
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

☐ **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-SM 9 2 2 3b
Date,Time and Temp Received: KE 9/25/15 08:00 13.7
Date Analyzed 9/25/15
Date Reported: 9/26/15
Sample Number (DOH number plus five digits): 0 1 7 - 6 5 4 1 1
Lab Use Only: AT 9/28/15

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:

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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.

Routine Sample

ALS Environmental
1317 South 13th Avenue
Kelso, WA 98626

ARSENIC TEST PANEL
for the State of Washington

REPORT OF ANALYSIS

Date Collected: (MM/DD/YY)	9/8/2015	System Group: (Select A, B, Other)	**A**
Water System ID Number:	63000C	System Name:	**North Beach Water District**
Lab Sample Number:	01799281	County:	**Pacific**
Sample Location:	**Finished Sampler**	Source Number(s):	**S06**
Sample Purpose:		Date Received:	**09/09/15**
Select One		Date Analyzed:	**09/14/15**
X	RC- Routine/Compliance	Date Reported:	**09/24/15**
	C- Confirmation	Comments:	**K1509928-001**
	Investigative		
	Other(specify)		
Sample Composition:		**Sample Type: (Select One)**	
Select One			Pre-Treatment/Raw
X	S- Single Source	**X**	Post-Treatment/Finished
	B- Blended (List multiple source numbers)		Unknown
	C- Composite	Sample Collected by:	**Dennis Schweizer**
	D- Distribution sample	Phone Number:	**360-244-0047**
Send Report to:	**North Beach Water District** **WA DOH**	**Bill to:**	

PASSED

DOH #	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL Exceeded check if yes	Method	Analyst
0004	ARSENIC	**0.006**	mg/L	0.001	0.010	0.010		200.8	**GJ**

NOTES:

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

Comments: _____