Surfside Water Department
Water System Manager's Report

Report on water system operations for the months of July 2014

Water production and use report:

The Metering Period:

June 30, 2014 through July 3, 2014.

Water Produced in Metering Period: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **11.9**^{mg}

Water Used by Water Department in Metering Period: _ _ _ _ _ _ _ _ _ _ _ **.6**^{mg}

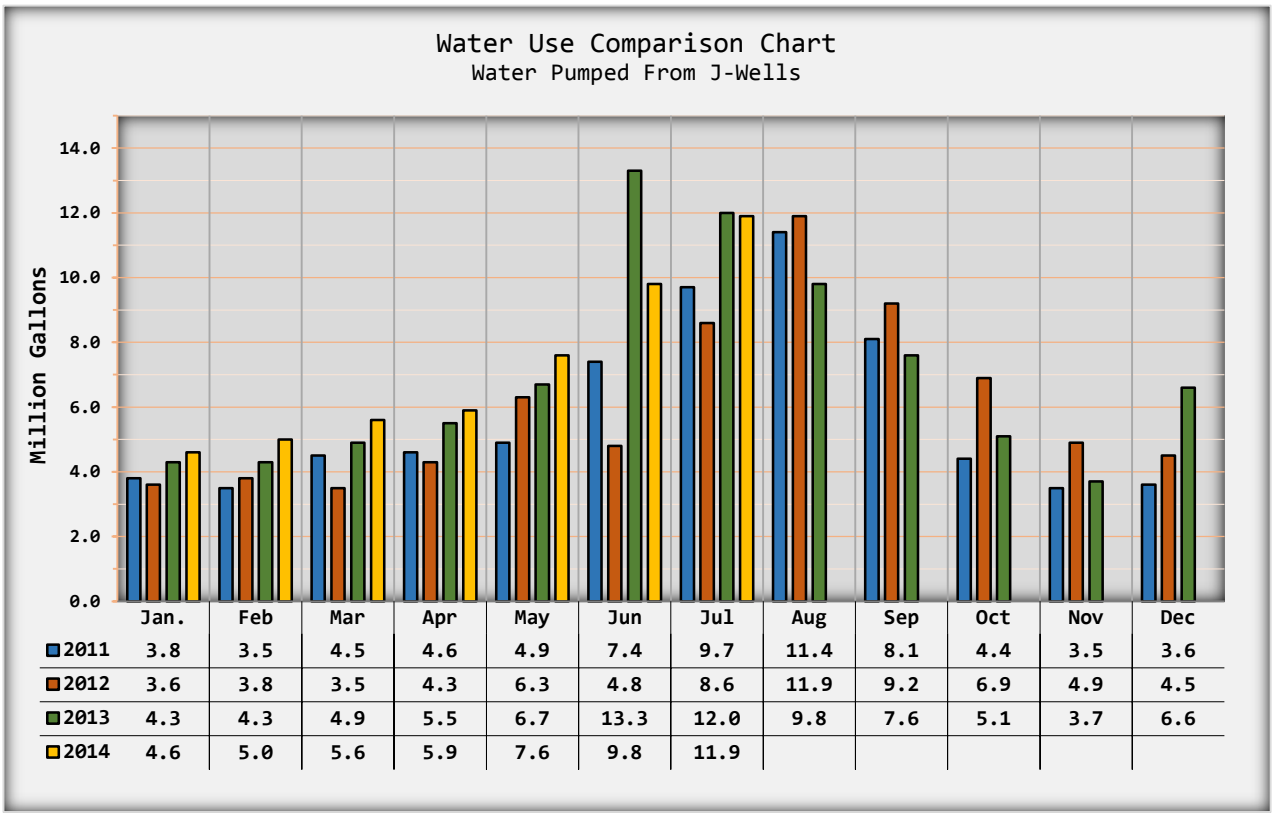
Service Meters Read in Metering Period: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **954**

Metered Water Use in Metering Period: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **5.4**^{mg}

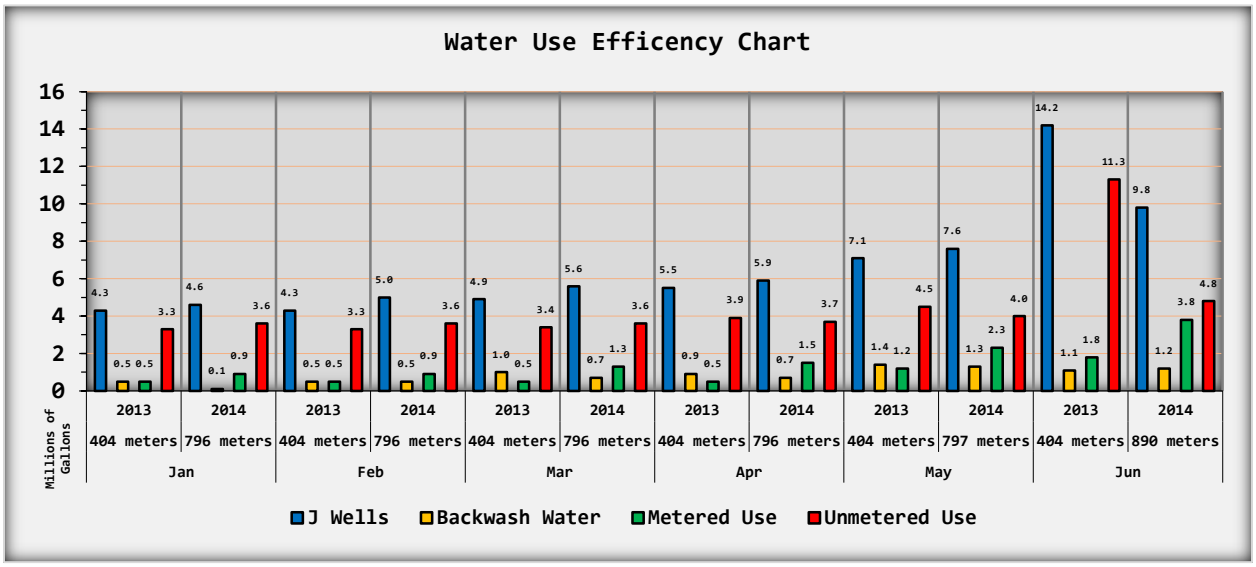
Estimated Unmetered Services in Metering Period: _ _ _ _ _ _ _ _ _ _ _ _ _ **966**

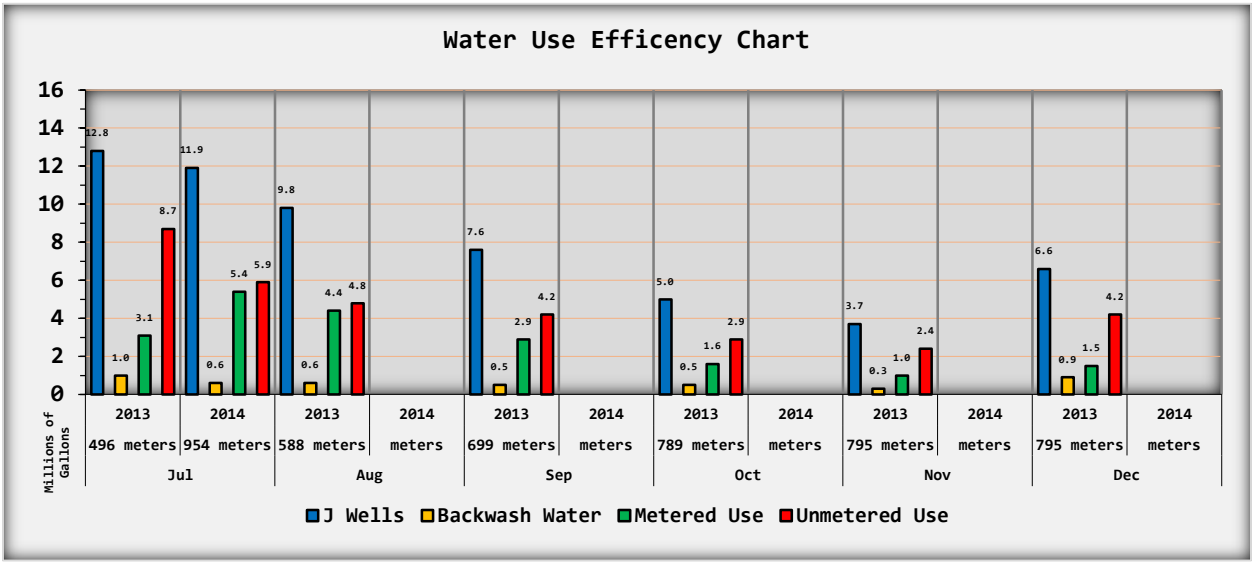
Unmetered Water Use in Metering Period: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **5.9**^{mg}

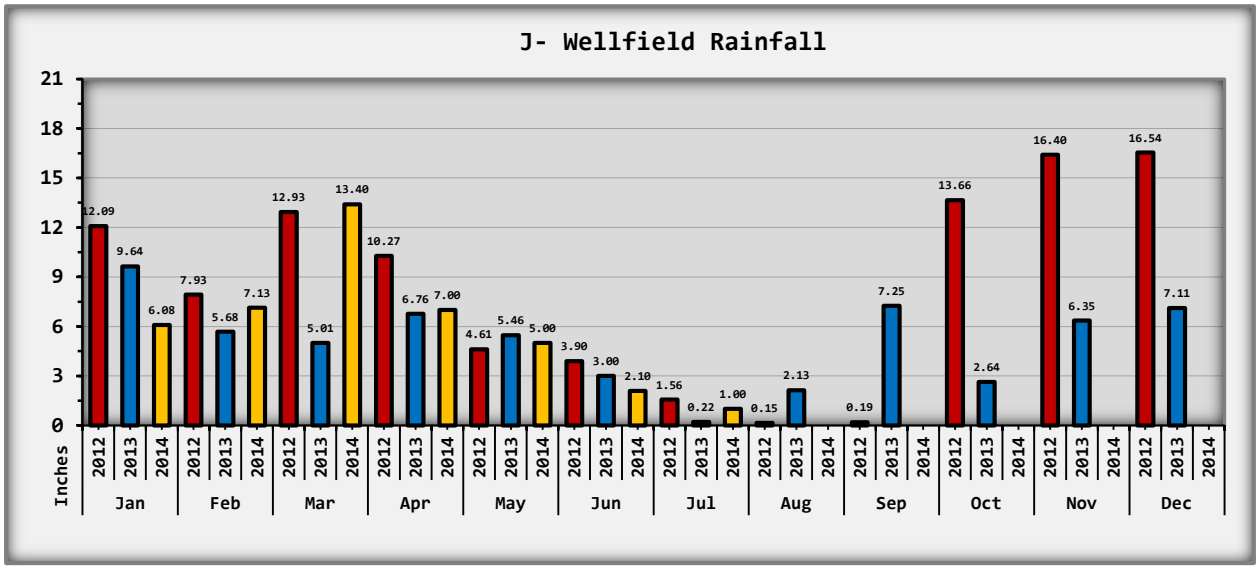
Estimated Ratio of Water Use Unmetered to Metered members: _ _ _ **1** ^{gal} **to 1** ^{gal}



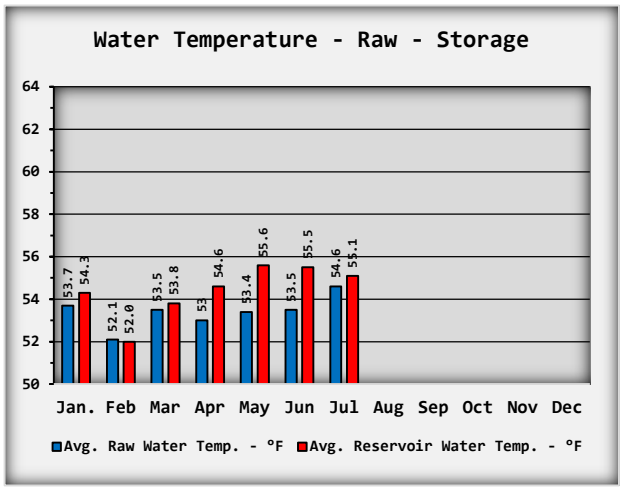
	Jan.	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2011	3.8	3.5	4.5	4.6	4.9	7.4	9.7	11.4	8.1	4.4	3.5	3.6
2012	3.6	3.8	3.5	4.3	6.3	4.8	8.6	11.9	9.2	6.9	4.9	4.5
2013	4.3	4.3	4.9	5.5	6.7	13.3	12.0	9.8	7.6	5.1	3.7	6.6
2014	4.6	5.0	5.6	5.9	7.6	9.8	11.9					

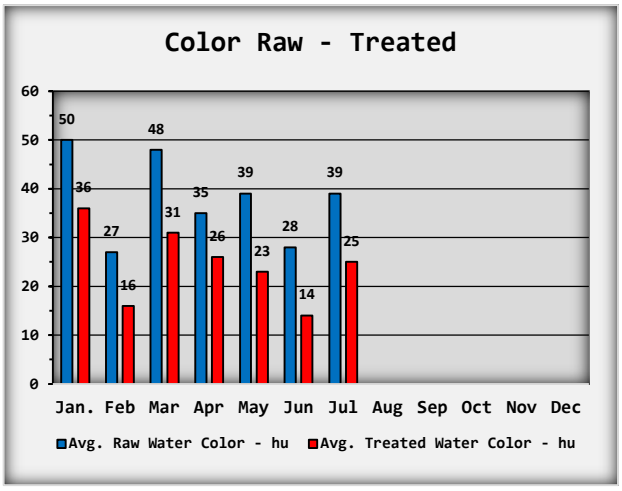

Water Use Efficency Chart
Millions of Gallons
2013 2014 2013 2014 2013 2014 2013 2014 2013 2014 2013 2014
404 meters 796 meters 404 meters 796 meters 404 meters 796 meters 404 meters 796 meters 404 meters 797 meters 404 meters 890 meters
Jan Feb Mar Apr May Jun
J Wells Backwash Water Metered Use Unmetered Use

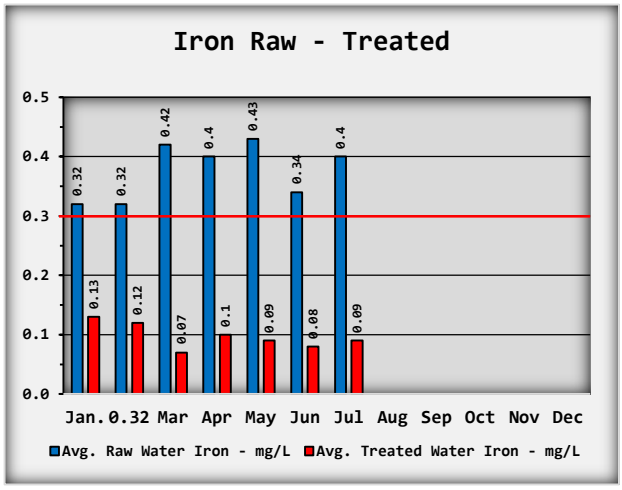

Water Use Efficency Chart
Millions of Gallons
2013 2014 2013 2014 2013 2014 2013 2014 2013 2014 2013 2014
496 meters 954 meters 588 meters meters 699 meters meters 789 meters meters 795 meters meters 795 meters meters
Jul Aug Sep Oct Nov Dec
J Wells Backwash Water Metered Use Unmetered Use

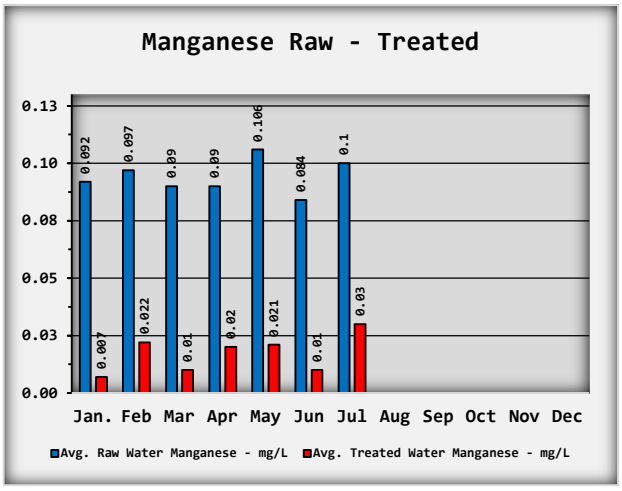

J- Wellfield Rainfall
Inches
2012 2013 2014
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

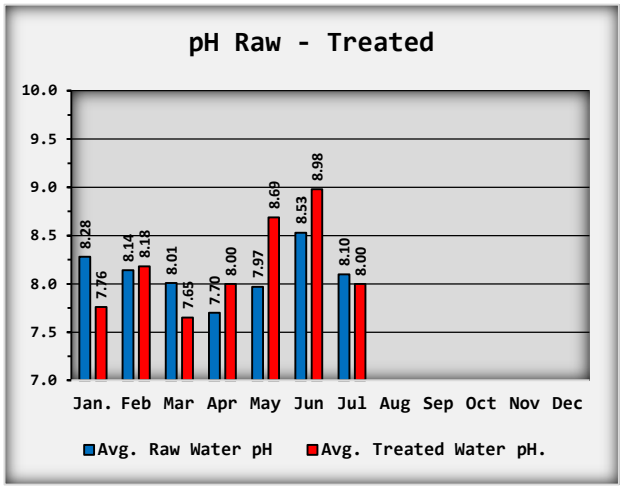
Raw and finished water quality report:

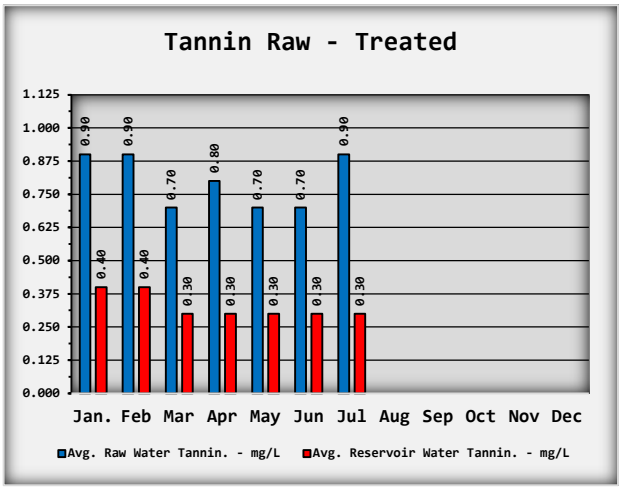




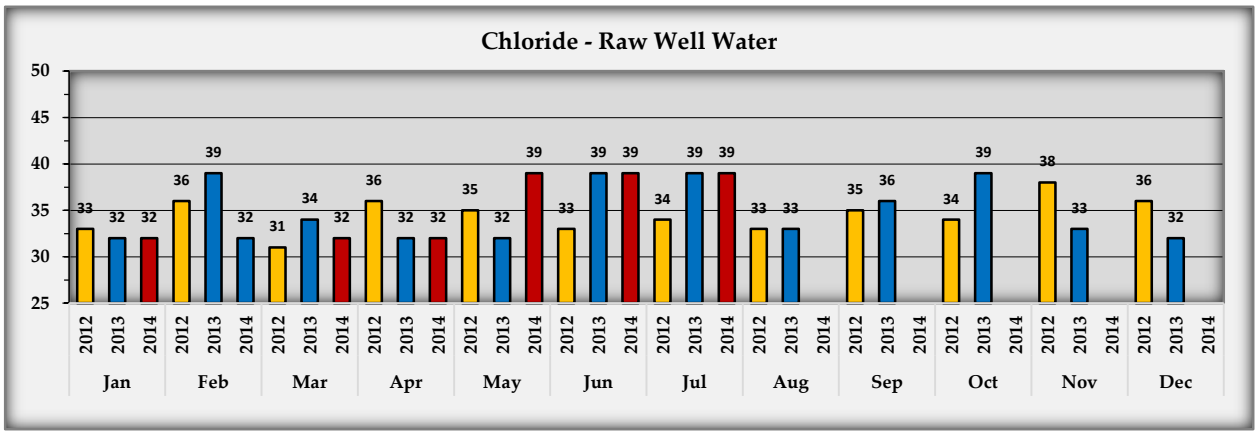


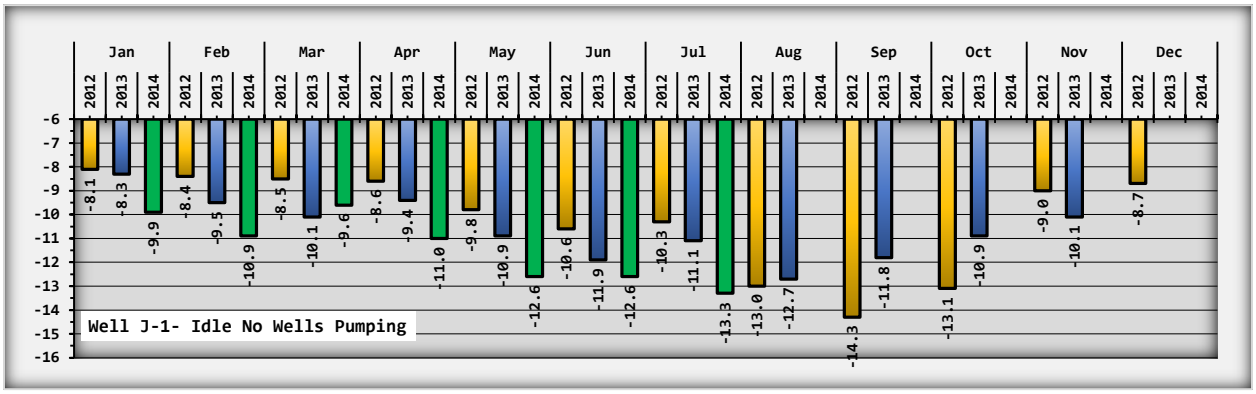


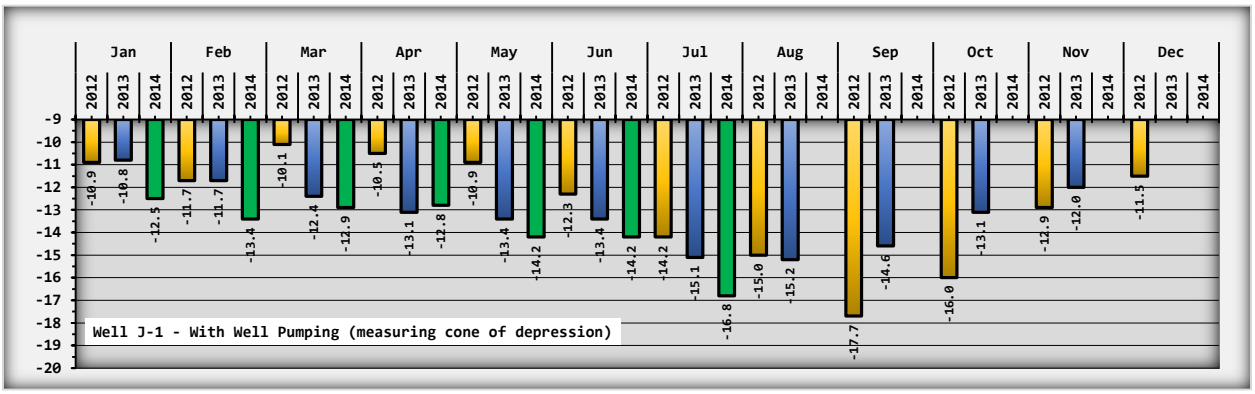


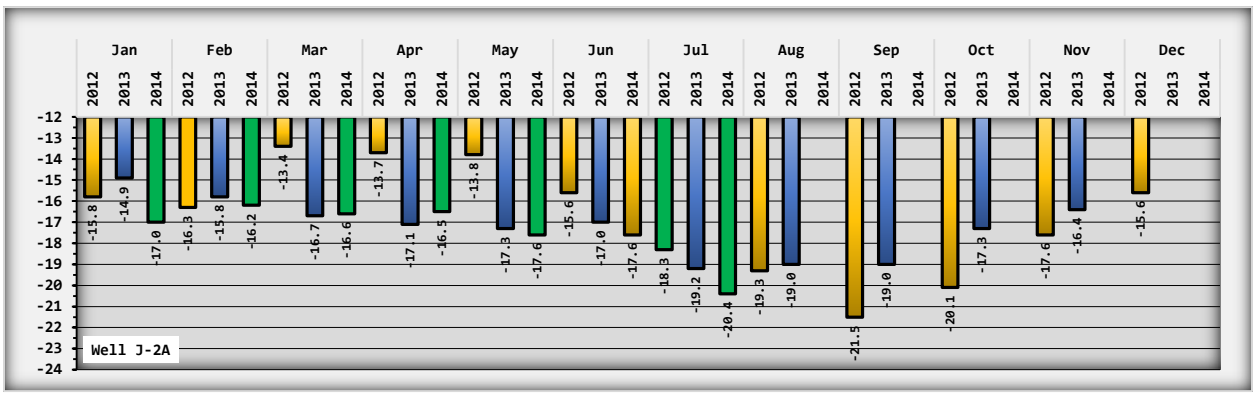


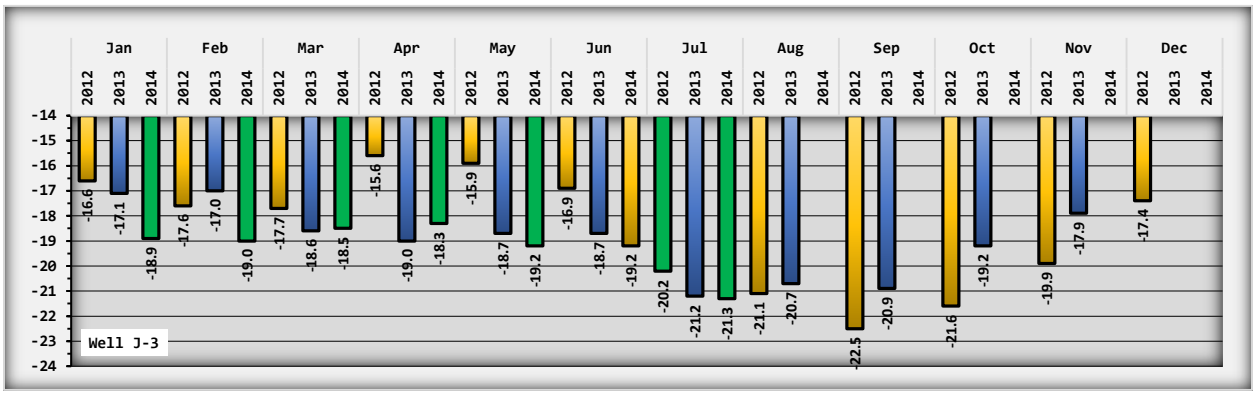
J-Wellfield Report:

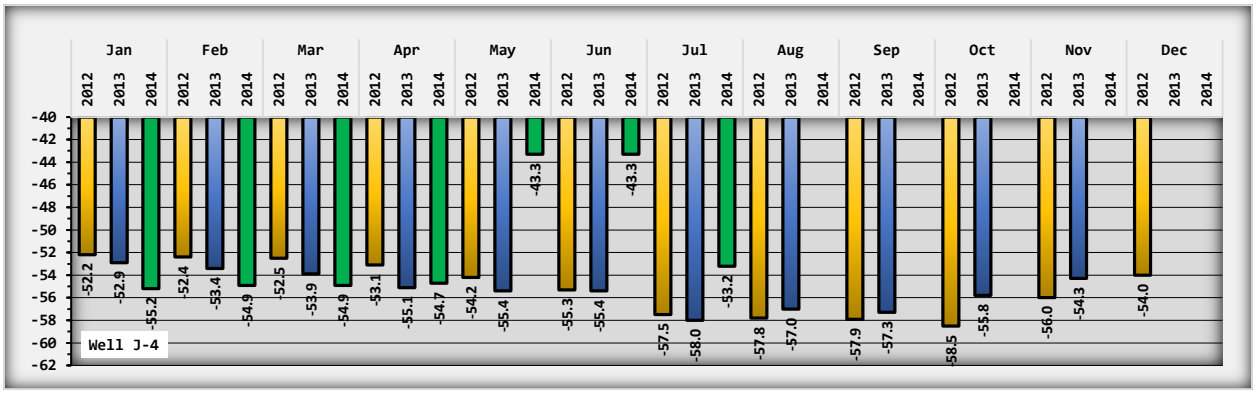


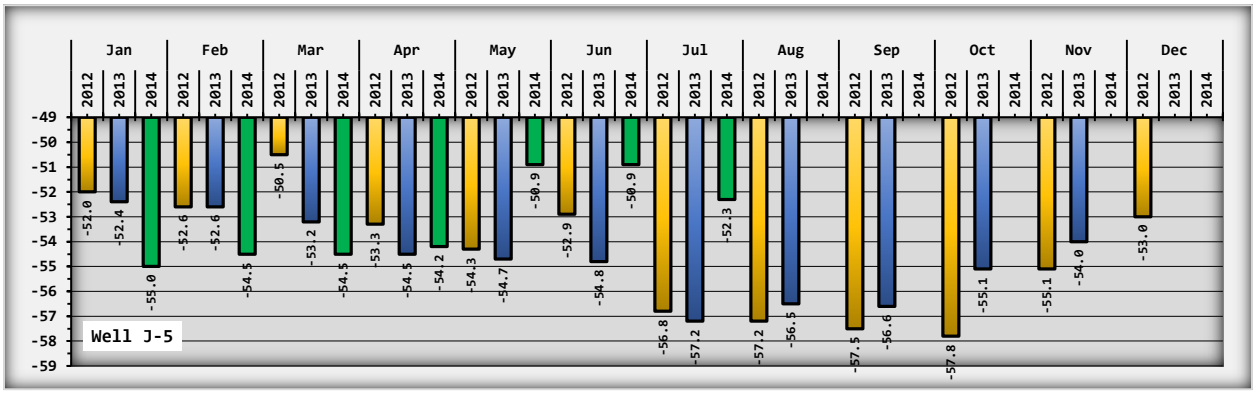


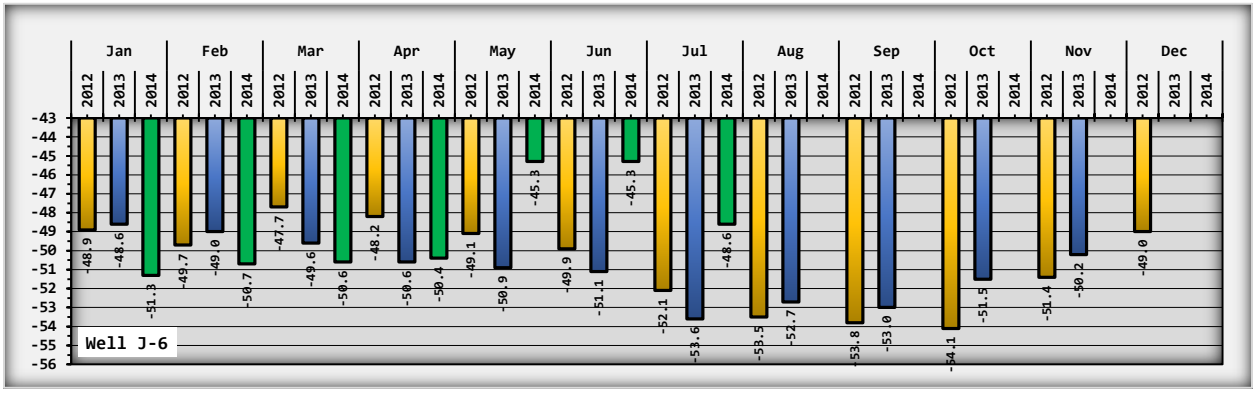


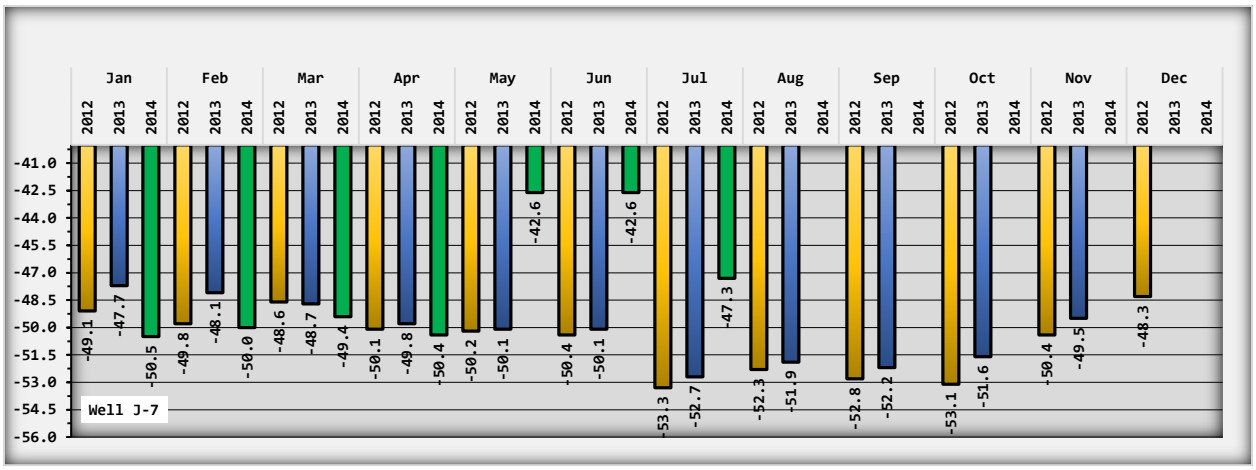



Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2012 2013 2014
-14 -15 -16 -17 -18 -19 -20 -21 -22 -23 -24
-16.6 -17.1 -18.9 -17.6 -17.0 -19.0 -17.7 -18.6 -18.5 -15.6 -19.0 -18.3 -15.9 -18.7 -19.2 -16.9 -18.7 -19.2 -20.2 -21.2 -21.3 -21.1 -20.7 -22.5 -20.9 -21.6 -19.2 -19.9 -17.9 -17.4
Well J-3

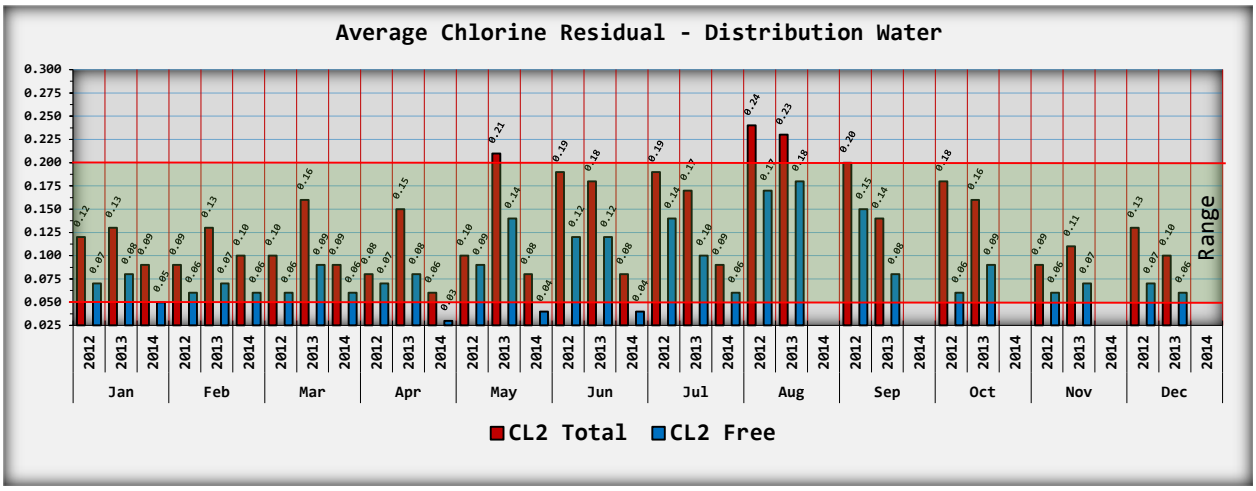

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2012 2013 2014
-40 -42 -44 -46 -48 -50 -52 -54 -56 -58 -60 -62
-52.2 -52.9 -55.2 -52.4 -53.4 -54.9 -52.5 -53.9 -54.9 -53.1 -55.1 -54.7 -54.2 -55.4 -43.3 -55.3 -55.4 -43.3 -57.5 -58.0 -53.2 -57.8 -57.0 -57.9 -57.3 -58.5 -55.8 -56.0 -54.3 -54.0
Well J-4

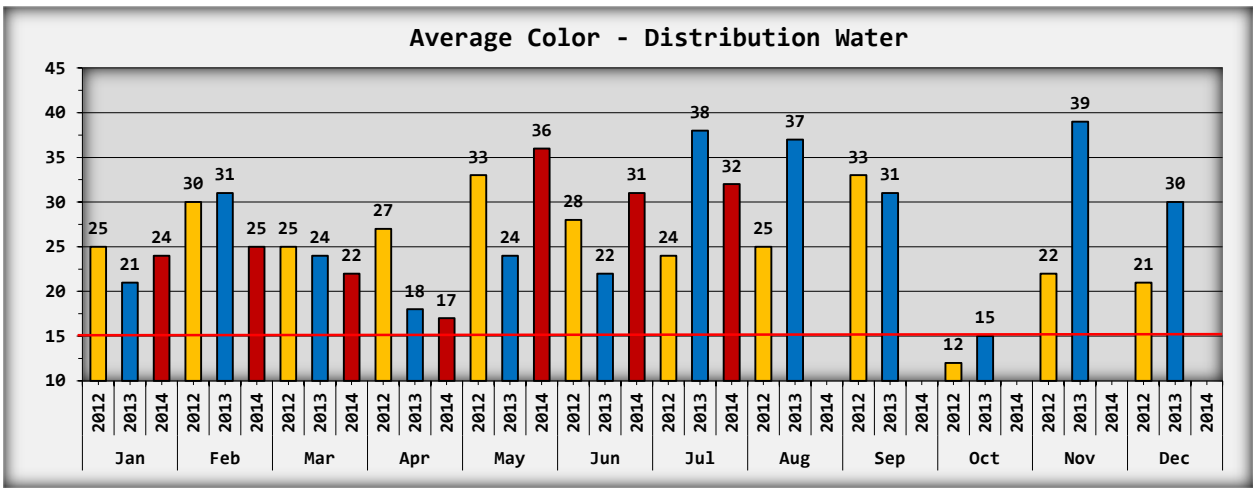

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2012 2013 2014
-49 -50 -51 -52 -53 -54 -55 -56 -57 -58 -59
-52.0 -52.4 -55.0 -52.6 -52.6 -54.5 -50.5 -53.2 -54.5 -53.3 -54.5 -54.2 -54.3 -54.7 -50.9 -52.9 -54.8 -50.9 -56.8 -57.2 -52.3 -57.2 -56.5 -57.5 -56.6 -57.8 -55.1 -55.1 -54.0 -53.0
Well J-5

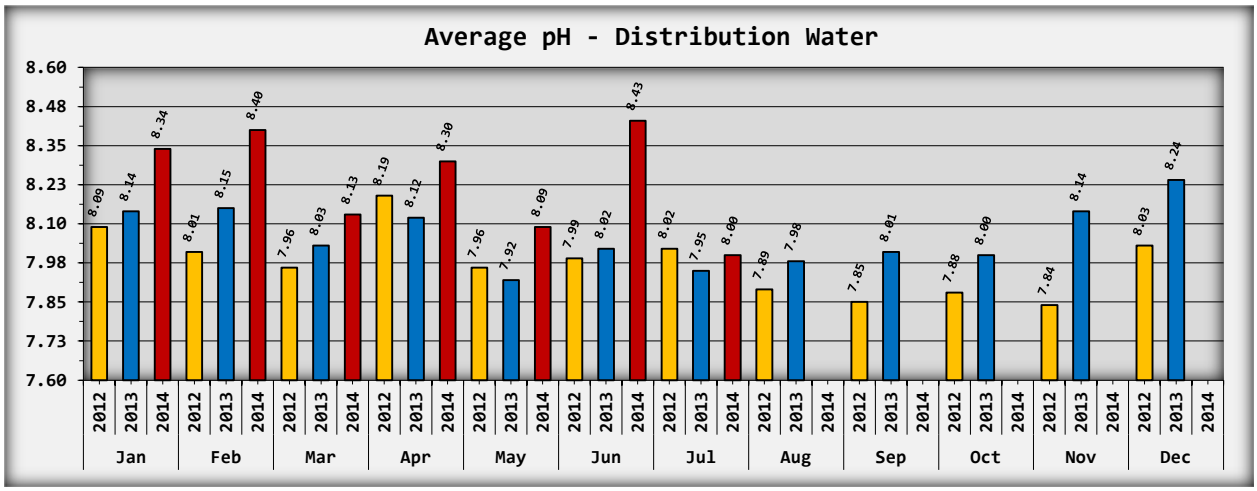

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
2012 2013 2014
-43 -44 -45 -46 -47 -48 -49 -50 -51 -52 -53 -54 -55 -56
-48.9 -48.6 -51.3 -49.7 -49.0 -50.7 -47.7 -49.6 -50.6 -48.2 -50.6 -50.4 -49.1 -50.9 -45.3 -49.9 -51.1 -45.3 -52.1 -53.6 -48.6 -53.5 -52.7 -53.8 -53 0 -54.1 -51.5 -51.4 -50.2 -49.0
Well J-6

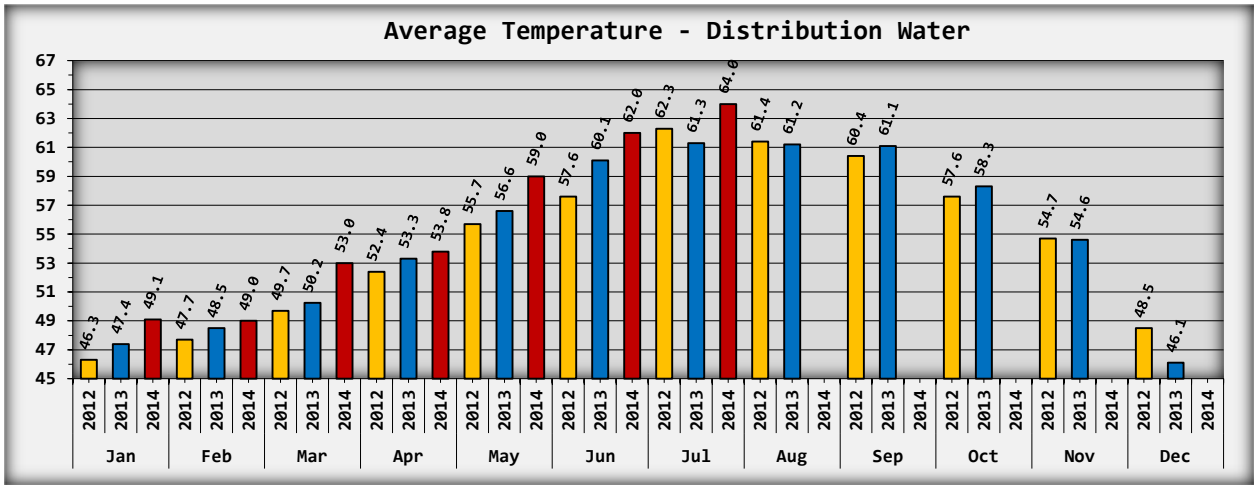


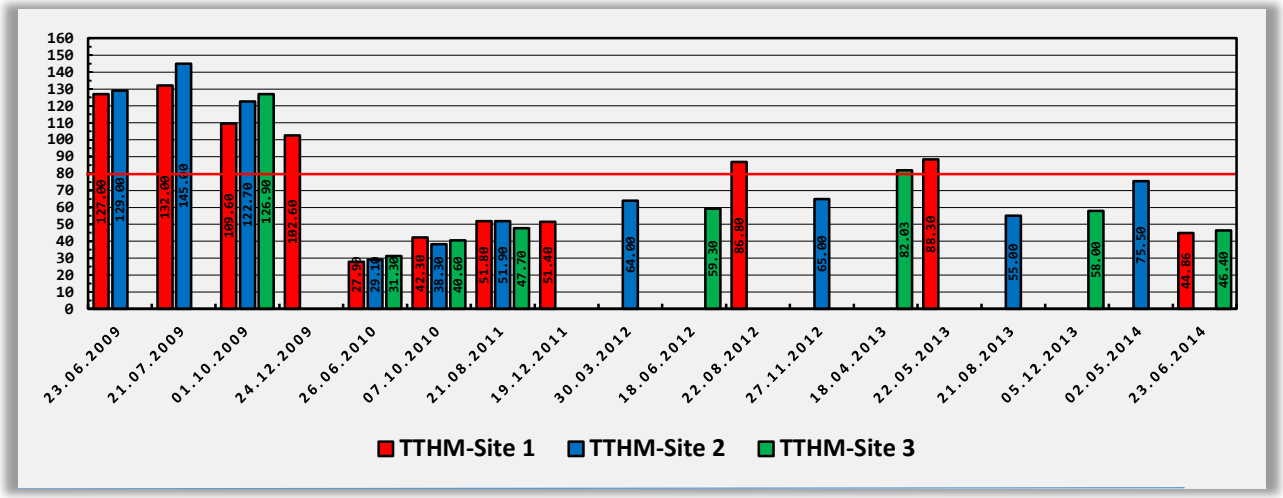
Distribution Water Quality Report:

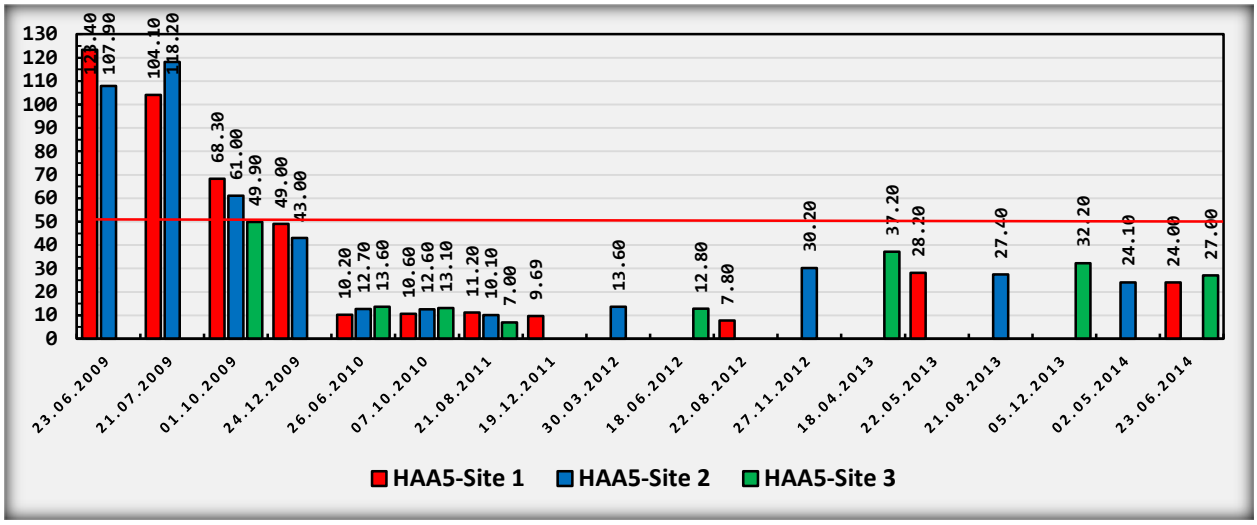





Average pH - Distribution Water
8.60
8.48
8.35
8.23
8.10
7.98
7.85
7.73
7.60
8.09 8.14 8.34 8.01 8.15 8.40 7.96 8.03 8.13 8.19 8.12 8.30 7.96 7.92 8.09 7.99 8.02 8.43 8.02 7.95 8.00 7.89 7.98 7.85 8.01 7.88 8.00 7.84 8.14 8.03 8.24
2012 2013 2014
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec


Average Temperature - Distribution Water
67
65
63
61
59
57
55
53
51
49
47
45
46.3 47.4 49.1 47.7 48.5 49.0 49.7 50.2 53.0 52.4 53.3 53.8 55.7 56.6 59.0 57.6 60.1 62.6 62.3 61.3 64.6 61.4 61.2 60.4 61.1 57.6 58.3 54.7 54.6 48.5 46.1
2012 2013 2014
Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec


160
150
140
130
120
110
100
90
80
70
60
50
40
30
20
10
0
127.00 129.60 132.00 145.10 109.60 122.70 126.90 102.60 27.30 29.10 31.30 42.30 38.30 40.60 51.80 51.90 47.70 51.40 64.00 59.30 86.80 65.00 82.01 88.30 55.00 58.00 75.50 44.80 46.40
23.06.2009 21.07.2009 01.10.2009 24.12.2009 26.06.2010 07.10.2010 21.08.2011 19.12.2011 30.03.2012 18.06.2012 22.08.2012 27.11.2012 18.04.2013 22.05.2013 21.08.2013 05.12.2013 02.05.2014 23.06.2014
TTHM-Site 1
TTHM-Site 2
TTHM-Site 3



New Services: 3 New Services were installed in July.

Locates: The crew did 9 locates in July.

Service Calls: The crew responded to 32 service calls in July. All service calls were resolved to the member's satisfaction. The majority of the Service Calles were in response to 44 letters sent to members whose meters indicated they had a continuous leak for more than 14 days. The letters resulted in many leaks being found and fixed. At least two of the leaks were 0.5 to 0.75 gpm. A 0.5 gpm leak will waste 260,000 gallons of water a year. A 0.75 gpm leak will waste 390,000 gallons of water a year. The water department will not be sending out leak notifications in August. Our staff is not prepared to respond to that level of customer service calls. I will be recommending staffing adjustments to the Board at the October Board Meeting that will provide the water department the ability to respond to the higher level of customer service calls that will result from increased water conservation awareness that will result from the metering project.

Booster Pumps:

Four of the booster pumps needed servicing in June and July. Pump number 1 is a ten horse power lead pump, pump number 3 is a twenty horse power lag pump, pump number 4 is a twenty horse power lag pump and pump number 5 is a twenty horse power lag pump. All of these pumps have been in continuous operation since 2004. The pumps have be completely rebuilt and should be good for another 10 years of service.

July Project Reports:

WMR:

No WMR work in July.

MIP:

The Crew installed 66 meters in July. The meters were installed on the east and west side of I Street beginning at Oysterville Road and proceeding south. The side streets are being metered along the way also. The crew also replaced the commercial manual read meters with AMR meters in July.

Chloroform Reduction Pilot Test:

The two Siemens carbon were relocated from the manifold building to the treatment plant and rebedded with Calgon carbon. The pilot testing of treated water will be conducted for eight to twelve months at this location.

Water System Plan:

There are no updates to the water system plan to report in July.

Water Quality Tests:

The water department submitted six water samples to the state approved water testing laboratory for coliform bacteria testing in July. All six samples tested negative for bacteria. The water department also submitted four water samples to the state approved water testing laboratory for Trihalomethanes and Haloacetic Acids testing in July. All four of the water sample tested below the MCL for contaminants. Copies of the results are attached to this report.

--END OF REPORT --

Surfside

Monthly Water System Data Compilation

Month/Year	Metering Period[1]
JULY 2014	JUNE 30TH TO JULY 31ST

Data	Target	Int[2].	Amt.	UM[3]	Date[4]
Total Water Pumped from J- Wells for Metering Period	N/A		11.9	Mg[5]	8/4
Total Backwash and Authorized Use Water for Metering Period	N/A		.6	Mg	8/4
Total Metered Water for Metering Period	N/A		5.4	Mg	8/4
Total Unmetered Water for Metering Period	N/A		5.9	Mg	8/4
Total Number of Service Meters Read in the Metering Period	N/A		954	Ea	8/4
Average Raw Water Iron for Month	< .5 mg/L		.4	mg/L	8/4
Average Finished Water Iron for Month (reservoir)	< .1 mg/L		.09	mg/L	8/4
Average Raw Water Manganese for Month	< .15 mg/L		.1	mg/L	8/4
Average Finished Water Manganese for Month (reservoir)	< .01 mg/L		.03	mg/L	8/4
Average Raw Water pH for Month	7.5-8.5		8.1	pH	8/4
Average Finished Water pH for the Month (reservoir)	7.2-7.8		8	pH	8/4
Average Raw Water Color for the Month	<60 HU		39	HU	8/4
Average Finished Water Color for the Month (reservoir)	< 15 HU		25	HU	8/4
Average Raw Water Temperature - Fahrenheit	N/A		54.6	°F	8/4
Average Finished Water Temperature - Fahrenheit (reservoir)	N/A		55.1	°F	8/4
J-1 Idle Depth to Water (no well pumping for a minimum of 30 minutes)[6]	N/A		-13.3	Ft.	8/4
J-1 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A		-16.8	Ft.	8/4
J-2 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A		-20.4	Ft.	8/4
J-3 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A		-21.3	Ft.	8/4
J-4 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A		-53.2	Ft.	8/4

[1] Metering period is the days between meter readings. Example: Meters are read on 11/29/13. The meter readings total is 10. The meters are next read on 12/31/13. The meter readings total is 20. The metering period is 11/29/13 to 12/31/13 and the use is 10 (20-10=10). The meters are next read on 1/31/14. The readings total is 35. The next metering period is 12/31/13 to 1/31/14 and the use for that metering period is 15 (35-20=15). **All meter readings in this report need to be from the same metering period.**

[2] Provide the initials of the person recording the data.

[3] Unit of measurement.

[4] Provide the date the data was recorded. Record the day and month only.

[5] Million Gallons. All metered water for this report will be converted to "millions of gallons".

[6] Well water depth readings will be taken in the first week of each month. Readings will be measured from the water level to the top of casing (TOC).

Continued on Back of Page

Data	Target	Int.	Amt.	UM	Date
J-5 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AE	-52.3	Ft.	8/4
J-6 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AE	-48.6	Ft.	8/4
J-7 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AE	-47.3	Ft.	8/4
Average Distribution Water Color for the Month	< 15 HU	AE	32	HU	8/4
Average Distribution Water Temperature for the Month - Fahrenheit	N/A	AE	64	°F	8/4
Average Distribution Water Total CL2 for the Month	> .8 mg/L < .2 mg/L	AE	.09	mg/L	8/4
Average Distribution Water Free CL2 for the Month	> .4 mg/L < .05 mg/L	AE	.06	mg/L	8/4
Average Distribution Water pH for the Month	7.2-7.8	AE	8.0	pH	8/4
Total Rainfall at J-Wellfield for the Month	N/A	AE	1	In.	8/4
Average Raw Water Conductivity for the Month	< 800 µhos/cm	AE	381	µhos/cm	8/4
Average Raw Water TDS for the Month	< 400 mg/L	AE	271	mg/L	8/4
Average Raw Water Salt for the Month	< 500 mg/L	AE	199	mg/L	8/4
Average Raw Water Ammonia (NH3) for the Month	< 30 mg/L	AE	0	mg/L	8/4
Average Raw Water Silica(SiO2) for the Month	< 70 mg/L	AE	26	mg/L	8/4
Average Raw Water Tannin for the Month	< 1 mg/L	AE	.9	mg/L	8/4
Average Raw Water Chloride (Cl^-) for the Month	< 250 mg/L	AE	39	mg/L	8/4
Average Treated Water Total CL2 for the Month (green pipe)	> 2.5 mg/L < 1.7 mg/L	AE	1.51	mg/L	8/4
Average Treated Water Free CL2 for the Month (green pipe)	> 1.5 mg/L < .5 mg/L	AE	.90	mg/L	8/4
Average Treated Water Manganese for Month (green pipe)	< .2 mg/L	AE	n/a	mg/L	8/4
Average Finished Water Total CL2 for the Month (blue pipe)	> 1.2 mg/L < .5 mg/L	AE	.83	mg/L	8/4
Average Finished Water Free CL2 for the Month (blue pipe)	> .75 mg/L < 20 mg/L	AE	.49	mg/L	8/4
Average Finished Water Total CL2 for the Month (reservoir)	> .8 mg/L < .3 mg/L	AE	.30	mg/L	8/4
Average Finished Water Free CL2 for the Month (reservoir)	> .20 mg/L < .05 mg/L	AE	.1	mg/L	8/4
Average Finished Water Ammonia (NH3) for the Month (reservoir)	< 15 mg/L	AE	0	mg/L	8/4
Average Finished Water Silica(SiO2) for the Month (reservoir)	< 70 mg/L	AE	35	mg/L	8/4
Average Finished Water Tannin for the Month (reservoir)	< .5 mg/L	AE	.3	mg/L	8/4
Average Post CL2 Total (just outside booster)	> 1 mg/L	AE	.88	mg/L	8/4
Average Post CL2 Free (just outside booster)	>.5 mg/L	AE	.55	mg/L	8/4
Jar Test	> 1.2 mg/L < 1.8 mg/L	AE	n/a	mg/L	8/4

Water System Manager

8/5/14
Date

Date	Employee	M&O	WMR	MIP	common prop.	CMP	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Address of Locate, Service Call, New Service, or Main Break	Main Break Time		
														Start	End	Total
Mon	Gil	8.00					8.00	MIP - 3 SERVICES, REPAIR LEAK, EXPOSED AIR RELEASE @ 348TH & J PL, MOVED SERVICE, LOCATE MIP BOXES		1			35105 H PL - MOVED SERVICE			
7-Jul	Aaron	3.00		5.00			8.00			1			30714 L PL - LOCATE WATER SHUT OFF			
	Lawrence	3.00		5.00			8.00		1				34808 G ST			
	Chris	3.00		5.00			8.00						911 OYSTERVILLE RD - REPAIR LEAK			
	April	8.00					8.00									
	John				4.50		4.50									
	Dan	5.00					5.00									
Tue	Gil	4.50			3.50		8.00	MIP - 7 SERVICES, REPAIR LIGHT @ 306TH PARK, CABANAS, CLARKE NURSERY								
8-Jul	Aaron			8.00			8.00									
	Lawrence	8.00					8.00									
	Chris			8.00			8.00									
	April	8.00					8.00	BACTI								
	John				5.00		5.00									
	Dan	5.00					5.00									
Wed	Gil	4.00			4.00		8.00	MIP - 6 SERVICES, LANDS & BUILDINGS MEETING, WEEDING 306TH PARK		1			30211 O PL - LOW FLOW W/ LEAK			
9-Jul	Aaron	1.00		7.00			8.00									
	Lawrence	8.00					8.00									
	Chris	1.00		7.00			8.00									
	April	8.00					8.00									
	John				6.50		6.50									
	Dan	5.00					5.00									
Thu	Gil	6.00			2.00		8.00	MIP - 8 SERVICES, BARK DUST FOR OFFICE, PROPANE, LOCATES FOR OYSTERVILLE RD PROJECT	1				34905 G ST			
10-Jul	Aaron			8.00			8.00									
	Lawrence			8.00			8.00									
	Chris			8.00			8.00									
	April	8.00					8.00									
	John				8.00		8.00									
	Dan	5.00					5.00									
Fri	Gil	6.50			1.50		8.00	SET UP TENTS, MIP - RESTORATION, SHUT OFF NOTICES, UPGRADE BOX		1			704 347TH - DRIVEABLE BOX			
11-Jul	Aaron	**3.00**		2.00	3.00		8.00									
	Lawrence	3.00		2.00	3.00		8.00									
	Chris	3.00		2.00	3.00		8.00									
	April	8.00					8.00									
	John						0.00									
	Dan						0.00									
7/12-7/13	AH SC	**4.50**					4.50	CHRIS - WEEKEND								
	Total	129.50	0.00	75.00	44.00	0.00	248.50		2	4	0	0				0.00
AH SC = After Hours/Service Calls		**M&O**	**WMR**	**MIP**	**CP**	**CMP**	**Total**									

1 HOUR OF OVERTIME IS EQUAL TO 1.5 HOURS OF REGULAR TIME - OVERTIME WHICH HAS BEEN CONVERTED INTO REGULAR TIME WILL BE IN BOLD RED

Date	Employee	M&O	WMR	MIP	common prop.	CMP	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Address of Locate, Service Call, New Service, or Main Break	Main Break Time		
														Start	End	Total
Mon	Gil	8.00					8.00	REPLACED AIR RELEASE VALVE @ 348TH & J PL, SERVICE REPAIR		1			35108 I PL - REPAIRED SERVICE			
14-Jul	Aaron	8.00					8.00									
	Lawrence	8.00					8.00									
	Chris	8.00					8.00									
	April	8.00					8.00									
	John				8.00		8.00									
	Dan						0.00									
Tue	Gil	6.50			1.50		8.00	TENTS & TABLES, MIP - 6 SERVICES, LOCATES	1				1006 320TH			
15-Jul	Aaron			6.00	2.00		8.00									
	Lawrence	1.50		6.00	0.50		8.00									
	Chris			6.00	2.00		8.00									
	April	8.00					8.00									
	John				8.00		8.00									
	Dan						0.00									
Wed	Gil	7.00			1.00		8.00	MIP - 10 SERVICES, OYSTERVILLE RD LOCATES, CHECK HIGH FLOW METER READS								
16-Jul	Aaron	1.00		7.00			8.00									
	Lawrence	1.00		7.00			8.00									
	Chris	1.00		7.00			8.00									
	April	8.00					8.00	LEAK NOTICES, BACTI								
	John				4.50		4.50									
	Dan						0.00									
Thu	Gil	6.00			2.00		8.00	MIP - 4 SERVICES, LEAK REPAIR, LOCATES		1			35511 I PL - WATER LEAK - TURNED OFF FAUCET			
17-Jul	Aaron	2.00		6.00			8.00			1			35404 I PL -WATER LEAK			
	Lawrence	2.00		6.00			8.00			1			29612 K PL - REPAIR SERVICE LEAK			
	Chris	2.00		6.00			8.00		1				30505 L PL			
	April	8.00					8.00	LEAK NOTICES, WATER LEAK CALLS, EC POWER	2				1106 303RD, 1308 323RD			
	John				8.00		8.00									
	Dan	5.00					5.00									
Fri	Gil	8.00					8.00	CANAL NOTICES, MIP - 5 SERVICES, LOCATES, CHECK HIGH FLOW METER READS		1			32008 G - WATER LEAK			
18-Jul	Aaron	**1.50**		6.50			8.00			2			33112 G - WATER LEAK			
	Lawrence	1.50		6.50			8.00			1			34323 I ST -WATER LEAK			
	Chris	1.50		6.50			8.00			1			35404 I PL - WATER LEAK			
	April	8.00					8.00	WATER LEAK SERVICE CALLS		1			31704 G ST - WATER LEAK			
	John						0.00									
	Dan	5.00					5.00									
7/19-7/20	AH SC	**3.00**					3.00	GIL - WEEKEND								
	Total	127.50	0.00	76.50	37.50	0.00	241.50		4	10	0	0				0.00

AH SC = After Hours/Service Calls	M&O	WMR	MIP	CP	CMP	Total

1 HOUR OF OVERTIME IS EQUAL TO 1.5 HOURS OF REGULAR TIME - OVERTIME WHICH HAS BEEN CONVERTED INTO REGULAR TIME WILL BE IN BOLD RED

Date	Employee	M&O	WMR	MIP	common prop.	CMP	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Address of Locate, Service Call, New Service, or Main Break	Main Break Time		
														Start	End	Total
Mon	Gil	6.00			2.00		8.00	BASKET BALL HOOP, RE-ROUTE OYSTERVILLE SERVICES: #606 OYSTERVILLE RD, #608 OYSTERVILLE RD		1			30711 G - WATER LEAK METER INTERROGATION			
21-Jul	Aaron	6.00			2.00		8.00			1			34907 - WATER LEAK METER INTERROGATION			
	Lawrence	6.00			2.00		8.00			1			32008 G - WATER LEAK METER INTERROGATION			
	Chris	6.00			2.00		8.00			1			32004 G - WATER LEAK METER INTERROGATION			
	April	8.00					8.00	WATER LEAK CALLS & METER DATALOGING		1			800 338TH - WATER LEAK SHUT OFF SERVICE			
	John				8.00		8.00			1			31704 G ST - WATER LEAK METER INTERROGATION			
	Dan	5.00					5.00									
Tue	Gil	8.00					8.00	OYSTERVILLE SERVICE RE-ROUTE: #612 OYSTERVILLE RD, #700 OYSTERVILLE RD, #702 OYSTERVILLE RD		1			32008 G - INSPECTED WATER CONNECTION			
22-Jul	Aaron	8.00					8.00			1			35313 I PL - WATER LEAK METER INTERROGATION			
	Lawrence	8.00					8.00						32903 G - WATER LEAK METER INTERROGATION			
	Chris	8.00					8.00									
	April	8.00					8.00	WATER LEAK CALLS & METER DATALOGING								
	John				7.00		7.00									
	Dan	5.00					5.00									
Wed	Gil	8.00					8.00	OYSTERVILLE SERVICE RE-ROUTE: #706 OYSTERVILLE RD, #808 OYSTERVILLE RD, BACTI SAMPLE		1			32807 G ST - WATER LEAK			
23-Jul	Aaron	8.00					8.00									
	Lawrence	8.00					8.00									
	Chris	8.00					8.00									
	April	8.00					8.00	BACTI								
	John				7.50		7.50									
	Dan	5.00					5.00									
Thu	Gil	8.00					8.00	RESTORATION AT OYSTERVILLE RD, MIP RESTORATION, NEW SERVICE	1				33014 G PL			
24-Jul	Aaron	6.00		2.00			8.00				1		31109 H ST 904-02-06)			
	Lawrence	6.00		2.00			8.00			1			31704 G ST - WATER LEAK			
	Chris	6.00		2.00			8.00			1			31006 G ST - WATER LEAK METER INTERROGATION			
	April	8.00					8.00	WATER LEAK SERVICE CALLS & METER DATALOGING		1			31011 H - WATER LEAK,INTERROGATION,SHUT OFF			
	John				6.50		6.50			1			31911 G - WATER LEAK METER INTERROGATION			
	Dan	5.00					5.00			1			31407 G - WATER LEAK			
Fri	Gil	8.00					8.00	TESTING, BASKETBALL HOOP, NEW SERIVCE			1		807 318TH (06-02-15)			
25-Jul	Aaron	**4.00**			4.00		8.00									
	Lawrence	4.00			4.00		8.00									
	Chris	4.00			4.00		8.00									
	April	8.00					8.00									
	John				4.50		4.50									
	Dan	5.00					5.00									
7/26-7/27	AH SC	**3.00**					3.00	AARON - WEKEND								
	Total	202.00	0.00	6.00	53.50	0.00	261.50		1	14	2	0				0.00
AH SC = After Hours/Service Calls		**M&O**	**WMR**	**MIP**	**CP**	**CMP**	**Total**									

1 HOUR OF OVERTIME IS EQUAL TO 1.5 HOURS OF REGULAR TIME - OVERTIME WHICH HAS BEEN CONVERTED INTO REGULAR TIME WILL BE IN BOLD RED

Date	Employee	M&O	WMR	MIP	common prop.	CMP	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Address of Locate, Service Call, New Service, or Main Break	Main Break Time		
														Start	End	Total
Mon	Gil	8.00					8.00	PUMP TECH-INSTALL NEW BOOSTER PUMPS, NEW SERVICE, MIP -			1		03-01-16 30311 I ST			
30-Jun	Aaron	6.50		1.50			8.00	1 SERVICE								
	Lawrence	6.50		1.50			8.00									
	Chris	6.50		1.50			8.00									
	April	8.00					8.00	DRAINED & REFILLED RESERVOIRS #3 & #4								
	John				8.00		8.00									
	Dan	5.00					5.00									
Tue	Gil	3.00			1.00	4.00	8.00	LOCATES, COMPLIANCE, MIP - 7 SERVICES	1				35105 H PL			
1-Jul	Aaron			8.00			8.00		1				31705 G ST			
	Lawrence			8.00			8.00									
	Chris			8.00			8.00									
	April	8.00					8.00	OPENED RESERVOIRS #3 & #4 TO BOOSTER								
	John				8.00		8.00									
	Dan	5.00					5.00									
Wed	Gil	6.50			1.50		8.00	REPLACED CL2 MIXER MOTOR, MIP - 7 SERVICES, SPRAYED 306TH								
2-Jul	Aaron			8.00			8.00	PARK & BOOSTER								
	Lawrence			8.00			8.00									
	Chris			8.00			8.00									
	April	8.00					8.00									
	John						0.00									
	Dan	5.00					5.00									
Thu	Gil	8.00					8.00	MIP CLEAN UP, BASKET BALL HOOP, LIGHTS AT BUSINESS OFFICE,								
3-Jul	Aaron	8.00					8.00	COMPACTOR, LOCATES, REPAIRED RADIO & WATER HEATER								
	Lawrence	6.00		2.00			8.00									
	Chris	6.00		2.00			8.00									
	April	8.00					8.00									
	John						0.00									
	Dan	5.00					5.00									
Fri	Gil	8.00					8.00	HOLIDAY								
4-Jul	Aaron	**11.00**					11.00	- AARON CHECK BOOSTER								
	Lawrence	8.00					8.00									
	Chris	8.00					8.00									
	April	8.00					8.00									
	John						0.00									
	Dan						0.00									
7/5-7/6	AH SC	**6.00**					6.00	GIL WEEKEND								
	Total	166.00	0.00	56.50	18.50	4.00	245.00		2	0	1	0				0.00
AH SC = After Hours/Service Calls		**M&O**	**WMR**	**MIP**	**CP**	**CMP**	**Total**									

1 HOUR OF OVERTIME IS EQUAL TO 1.5 HOURS OF REGULAR TIME - OVERTIME WHICH HAS BEEN CONVERTED INTO REGULAR TIME WILL BE IN BOLD RED

Homeowners Association

Water Department Weekly Materials Report

Description	Unit	7-Jul Mon.	8-Jul Tue	9-Jul Wed	10-Jul Thu	11-Jul Fri	12-Jul Sat	13-Jul Sun	Total	Comments
3/4" MIP SERVICE W/METER	EA	3	7	6	8				24	MONDAY - MIP, FIXED LEAK @ 911 OYSTERVILLE RD,
DRIVABLE SERVICE BOX	EA					1			1	EXPOSED AIR RELEASE @ 348TH & J PL, MOVED SERVICE
DRIVABLE VALVE CAN & LID	EA					1			1	@ 35105 H PL
									0	TUESDAY - MIP
									0	WEDNESDAY - MIP
									0	THURSDAY - MIP
									0	FRIDAY - MIP RESTORATION, UPGRADE SERVICE
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	

Homeowners Association

Water Department Weekly Materials Report

Description	Unit	14-Jul Mon.	15-Jul Tue	16-Jul Wed	17-Jul Thu	18-Jul Fri	19-Jul Sat	20-Jul Sun	Total	Comments
3/4" COMP X COMP ADPT	EA	1							1	MONDAY - REPAIRED SERVICE (20-02-19)
2" AIR RELEASE	EA	1							1	MONDAY - REPLACED AIR RELEASE (348TH & J PLACE)
2" AWWA THD GATE VALVE	EA	1							1	TUESDAY - MIP
2" CORP MALE X MALE THD	EA	1							1	WEDNESDAY - MIP
8 X 2 SADDLE W/ STRAPS	EA	1							1	THURSDAY - MIP
2" ST BRASS 90	EA	1							1	FRIDAY - MIP
2" GALV 90	EA	2							2	
2" BRASS 90	EA	1							1	
2" BEE HIVE	EA	1							1	
VALVE CAN W/ LID	EA	1							1	
TALL BOX W/ LID	EA	1							1	
2 X 6 GALV NIPPLE	EA	3							3	
2" GALV UNION	EA	1							1	
2" X CLOSE GALV NIPPLE	EA	1							1	
16 X 16X 4 CONCRETE BLOCK	EA	1							1	
8" C900 PVC	FT	18							18	
8" HYMAX	EA	2							2	
8 X 3/4 SADDLE W/ STRAPS	EA	1							1	
3/4" CORP STOP	EA	1							1	
3/4" MIP SERVICE W/ METER	SET		6	10	4	5			25	
									0	
									0	
									0	
									0	

Homeowners Association

Water Department Weekly Materials Report

Description	Unit	21-Jul Mon.	22-Jul Tue	23-Jul Wed	24-Jul Thu	25-Jul Fri	26-Jul Sat	27-Jul Sun	Total	Comments
3/4" POLY	FT	300	450	300					1050	MONDAY - RE-ROUTE OYSTERVILLE RD. SERVICES
3/4X 3/4 COMP BRASS	EA	1							1	#606 & #608 OYSTERVILLE RD
1" CPPR ADPT X 3/4" FEMALE	EA		1						1	
3/4" X 6" SADDLE W/ STRAPS	EA				1				1	TUESDAY - RE-ROUTE OYSTERVILLE RD. SERVICES
3/4" CORP STOP	EA				1	1			2	#612, #700 & #702 OYSTERVILLE RD
3/4" POLY	FT				10	10			20	
3/4" MIP SERVICE W/ METER	SET				1	1			2	WEDNESDAY - RE-ROUTE OYSTERVILLE RD. SERVICES
3/4 X 2 SADDLE W/ STRAPS						1			1	#706 & #808 OYSTERVILLE RD
									0	
									0	THURSDAY - NEW SERVICE AT 31109 H ST (04-02-06)
									0	
									0	FRIDAY - NEW SERVCIE AT 807 318TH (06-02-15)
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	

Homeowners Association

Water Department Weekly Materials Report

Description	Unit	30-Jun Mon.	1-Jul Tue	2-Jul Wed	3-Jul Thu	4-Jul Fri	5-Jul Sat	6-Jul Sun	Total	Comments
3/4" MIP SERVICE W/ METER	SET	2	7	7					16	MONDAY - MIP , NEW SERVICE
6" X 3/4" SADDLE W/ STRAPS	EA	1							1	TUESDAY - MIP
3/4" POLY	FT	10							10	WEDNESDAY - MIP
3/4" CORP STOP	EA	1							1	THURSDAY - MIP CLEAN UP
3/4" STIFFENER	EA	1							1	FRIDAY - HOLIDAY
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	
									0	

July 2014 Water Useage Report
Highest Median

Address	Cubic Feet	Gallons	Gallons Per Day
32801 G Street	252	1,885	62.8
35309 F Place	253	1,892	63.1
33705 G Street	253	1,892	63.1
34301 I Place	254	1,900	63.3
34206 G Street	255	1,907	63.6
29517 G Street	258	1,930	64.3
35007 I Place	259	1,937	64.6
31808 G Street	263	1,967	65.6
35211 J Place	266	1,990	66.3
31613 G Street	267	1,997	66.6
35207 F PLACE	269	2,012	67.1
35209 G Street	272	2,035	67.8
34905 J Place	273	2,042	68.1
33015 I Street	275	2,057	68.6
29508 G Street	276	2,064	68.8
32805 G Street	279	2,087	69.6
35108 I Place	281	2,102	70.1
34503 J Place	281	2,102	70.1
30507 I Street	282	2,109	70.3
31111 H Street	282	2,109	70.3
510 352nd Place	282	2,109	70.3
34401 G Street	283	2,117	70.6
34003 J Place	283	2,117	70.6
702 348TH PLACE	202	1,511	50.4
30901 H STREET	207	1,548	51.6
30707 G Street	5,253	39,292	1,309.7
30701 G Street	5,455	40,803	1,360.1
30211 H Street	5,557	41,566	1,385.5
32903 G Street	5,602	41,903	1,396.8
35302 G Street	5,602	41,903	1,396.8
31305 H Street	5,648	42,247	1,408.2
30411 G Street	6,041	45,187	1,506.2
34907 G Street	6,100	45,628	1,520.9
35212 I Place	6,159	46,069	1,535.6
30409 H Street	6,236	46,645	1,554.8
35211 I Place	6,456	48,291	1,609.7
712 347th Place	6,544	48,949	1,631.6
34323 I Street	6,635	49,630	1,654.3
33106 I Street	6,915	51,724	1,724.1
33102 G Place	8,225	61,523	2,050.8
30715 G Street	8,817	65,951	2,198.4
810 355th Place	8,982	67,185	2,239.5
31110 G Street	9,198	68,801	2,293.4
30403 G Street	9,718	72,691	2,423.0
34212 G Street	9,789	73,222	2,440.7
30706 H Street	10,145	75,885	2,529.5
815 318th Place	10,498	78,525	2,617.5
35503 J Place	10,569	79,056	2,635.2
708 348th Place	10,838	81,068	2,702.3
890 347th Place	20,749	155,203	5,173.4

Please Note: Not All Members Are Currently Being Metered

JULY WATER LEAK REPORT

Reading	Address	Leak Status	Days of Leak
CONTINUOUS LEAKS			
404836	33112 G PLACE	Continuous Leak	35 Days
187448	33406 G STREET	Continuous Leak	35 Days
29744	33415 I STREET	Continuous Leak	35 Days
139126	802 346TH PLACE	Continuous Leak	35 Days
202587	34518 J PLACE	Continuous Leak	35 Days
125839	812 347TH PLACE	Continuous Leak	35 Days
342613	35313 I PLACE	Continuous Leak	35 Days
52407	34709 J PLACE	Continuous Leak	35 Days
161569	35109 J PLACE	Continuous Leak	35 Days
371322	35404 I PLACE	Continuous Leak	35 Days
22633	35405 J PLACE	Continuous Leak	35 Days
88638	32404 G STREET	Continuous Leak	35 Days
1244	703 325TH PLACE	Continuous Leak	22-34 Days
3757	33113 H PLACE	Continuous Leak	22-34 Days
34154	35205 F PLACE	Continuous Leak	22-34 Days
422388	35302 G STREET	Continuous Leak	22-34 Days
1052103	809 347 Pl	Continuous Leak	22-34 Days
7088	35501 I PLACE	Continuous Leak	22-34 Days
72228	30103 H STREET	Continuous Leak	22-34 Days
238088	30211 O PLACE	Continuous Leak	22-34 Days
5317	30011 I STREET	Continuous Leak	22-34 Days
17645	707 336TH PLACE	Continuous Leak	15-21 Days
123300	34500 J PLACE	Continuous Leak	15-21 Days
149240	35405 F PLACE	Continuous Leak	15-21 Days
319230	34800 J PLACE	Continuous Leak	15-21 Days
128208	29518 H ST	Continuous Leak	15-21 Days
43840	706 340TH PLACE	Continuous Leak	8-14 Days
727	32002 G PLACE	Continuous Leak	8-14 Days
7391	32418 I STREET	Continuous Leak	3-7 Days
4403	30612 H STREET	Continuous Leak	1-2 Days
INTERMITTENT LEAKS			
1436619	34411 G STREET	Intermittent Leak	35 Days
238963	34303 G STREET	Intermittent Leak	35 Days
829922	34907 G STREET	Intermittent Leak	35 Days
101862	32201 G STREET	Intermittent Leak	35 Days
233735	30411 G STREET	Intermittent Leak	22-34 Days
98762	30705 G STREET	Intermittent Leak	22-34 Days
299914	30707 G STREET	Intermittent Leak	22-34 Days
113243	33410 G STREET	Intermittent Leak	22-34 Days
39657	33513 G STREET	Intermittent Leak	22-34 Days
207234	809 338TH PLACE	Intermittent Leak	22-34 Days
251213	35410 G STREET	Intermittent Leak	22-34 Days

JULY WATER LEAK REPORT

89390	35303 I PLACE	Intermittent Leak	22-34 Days
269120	35208 I PLACE	Intermittent Leak	22-34 Days
314208	35409 J PLACE	Intermittent Leak	22-34 Days
244683	30706 H STREET	Intermittent Leak	22-34 Days
48835	30804 H STREET	Intermittent Leak	22-34 Days
16988	803 OYSTERVILLE RD	Intermittent Leak	22-34 Days
175521	31006 G STREET	Intermittent Leak	22-34 Days
90644	32101 G STREET	Intermittent Leak	22-34 Days
108035	33106 I STREET	Intermittent Leak	15-21 Days
242853	34405 J PLACE	Intermittent Leak	15-21 Days
112109	704 357TH STREET	Intermittent Leak	15-21 Days
231210	35506 G STREET	Intermittent Leak	15-21 Days
192601	803 357TH PLACE	Intermittent Leak	15-21 Days
77801	29959 G STREET	Intermittent Leak	15-21 Days
17727	30400 G STREET	Intermittent Leak	8-14 Days
60639	34015 G STREET	Intermittent Leak	8-14 Days
911629	34212 G STREET	Intermittent Leak	8-14 Days
249577	706 343RD PLACE	Intermittent Leak	8-14 Days
346951	34310 J PLACE	Intermittent Leak	8-14 Days
30850	1005 357TH STREET	Intermittent Leak	8-14 Days
28876	30505 G STREET	Intermittent Leak	3-7 Days
52436	31207 G STREET	Intermittent Leak	3-7 Days
43438	31415 G STREET	Intermittent Leak	3-7 Days
21387	33802 I STREET	Intermittent Leak	1-2 Days

Neptune meters record water use in 15 minute unites (96 units per day).

A potential **continuous leak** is defined as recorded water use in all 96 units in a day.

A potential **intermittent leak** is defined as recorded water use in 60 to 95 units in a day.

Recorded water use in 60 or less units in one day is considered normal water use and not reported as a potential water leak.

MIP 2012 – 2014 Budget To Actual Report - As of June 30, 2014

	Budget	Actual	% of Budget	Budget	Actual	% of Budget	Budget	30-Jun	% of Budget	Budget		% of Budget	Budget		% of Budget
Revenue	2012	2012	2012	2013	2013	2013	2014	2014	2014	2015	2015	2015	2016	2016	2016
MIP Assessment	737,500	609,041	83%	71,500	130,598	183%	71,500	99,022	138%	71,500		0%	71,500		0%
Other Revenue	-	-		-	-		-	-		-	-		-	-	
Total Revenue	737,500	609,041	83%	71,500	130,598	183%	71,500	99,022	138%	71,500	0	0%	71,500	0	0%
Expenses															
Labor	29,529	37,923	128%	30,562	33,206	94%	31,632	8,280	26%	32,740	0	0%	33,886	0	0%
Wages	19,500	25,030	128%	20,183	22,705	112%	20,889		0%	21,620		0%	22,377		0%
Payroll Taxes	4,846	8,431	174%	5,015	7,151	143%	5,191		0%	5,373		0%	5,561		0%
Benefits	4,520	3,940	87%	4,678	2,841	61%	4,842		0%	5,012		0%	5,187		0%
Pension	663	522	79%	686	509	74%	710		0%	735		0%	761		0%
Materials	157,657	184,637	117%	163,175	151,426	107%	168,886	177,275	105%	174,797	0	0%	180,915	0	0%
Meters (HD Supply)	72,046	89,905	125%	74,568	75,486	107%	77,177	76,841	100%	79,879		0%	82,674		0%
Appurtenances (By Bid Each Year)	85,611	94,732	111%	88,607	75,940		91,709	22,581	25%	94,918		0%	98,241		0%
Other Expenses	0	0		0				77,853							
Total Expenses	187,186	222,560	80%	193,737	184,632	102%	200,518	185,555	93%	207,537	0	0%	214,801	0	0%

	Budget	Actual	% of Budget	Budget	Actual	% of Budget	Budget	30-Jun	% of Budget	Budget		% of Budget	Budget		% of Budget
Summary	2012	2012	2012	2013	2013	2013	2014	2014	2014	2015	2015	2015	2016	2016	2016
Total Revenue	737,500	609,041	83%	71,500	130,598	183%	71,500	99,022	138%	71,500	-	0%	71,500	-	0%
Total Expenses	187,186	222,560	119%	193,737	184,632	95%	200,518	185,555	93%	200,518	-	0%	200,518	-	0%
Cash Increase/Decrease	550,314	386,481	70%	(122,237)	(54,034)	44%	(129,018)	(86,533)	67%	(129,018)	-	0%	(129,018)	-	0%
Cash at Beginning of Year			100%	386,481	386,481	100%	332,447	332,447	100%	245,914	245,914	100%	245,914		
Cash at End of Year	550,314	386,481	70%	264,244	332,447	126%	203,429	245,914	121%	116,896	245,914	210%	116,896		0%

Accumulated Summary	5-Year Budget	2012 Actual	% of Budget	2012-2013 Actual	% of Budget	2012-2014 Actual	% of Budget	2012-2015 Actual	% of Budget	2012-2016 Actual	% of Budget
Total Revenue	1,023,500	609,041	60%	739,639	72%	838,661	82%				
Total Expense	1,003,779	222,560	22%	407,192	41%	592,747	59%				
Total Meters	1,850	390	21%	796	43%	890	48%				

Note: The above report was prepaered by the Water System Manager using data supplied by the Surfside Business Office. This report has not been audited

WMR 2012 – 2014 Budget To Actual Report - As of June 30, 2014

	Budget	Actual	% of Budget	Budget	Actual	% of Budget	Budget	30-Jun	% of Budget
Revenue	**2012**	**2012**	**2012**	**2013**	**2013**	**2013**	**2014**	**2014**	**2014**
WMR Assessment	142,650	142,032	100%	148,356	143,139	96%	148,356	129,993	88%
Other Revenue	0	0	0	0	0		0	0	
Total Revenue	**142,650**	**142,032**	**100%**	**148,356**	**143,139**	**89%**	**148,356**	**129,993**	88%
Expenses									
Labor	**51,486**	**44,053**	**61%**	**54,061**	**50,946**	**94%**	**57,720**	**34,746**	**60%**
Wages	34,000	29,290	62%	35,700			41,500	23,764	57%
Payroll Taxes	8,449	9,326	78%	8,871			8,720	5,608	64%
Benefits	7,881	4,772	44%	8,275			6,250	4,802	77%
Pension	1,156	628	39%	1,214			1,250	572	46%
Materials	**89,501**	**85,620**	**91%**	**92,634**	**98,658**	**107%**	**94,500**	**89,508**	**95%**
Pipe, Hydrants, & Fittings	89,501	85,620	91%	92,634	98,658	107%	56,300	51,067	91%
Other Expenses	0	0	0	0			38,200	38,441	101%
Total Expenses	**140,987**	**129,673**	**80%**	**146,694**	**149,604**	**102%**	**152,220**	**124,254**	**82%**

	Budget	Actual	% of Budget	Budget	Actual	% of Budget	Budget	30-Jun	% of Budget
Summary	**2012**	**2012**	**2012**	**2013**	**2013**	**2013**	**2014**	**2014**	**2014**
Total Revenue	142,650	142,032	100%	148,356	143,139	96%	148,356	129,993	88%
Total Expenses	140,987	129,673	92%	146,694	149,604	102%	152,220	124,254	82%
Cash Increase/Decrease	1,663	12,360	743%	1,662	-6,465	-389%	(3,864)	5,739	-149%
Cash at Beginning of Year	3,769	3,769	100%	16,129	16,129	100%	9,664	9,664	100%
Cash at End of Year	5,432	16,129	297%	17,791	9,664	54%	5,800	15,403	266%

Note: The above report was prepaered by the Water System Manager using data supplied by the Surfside Business Office. This report has not been audited

for theState of Washington

TTHM TEST PANEL

(Total Trihalomethanes by EPA METHOD - 524.2)

Distribution System - Report of Analyses

TRIHALOMETHANE ANALYSIS		System Group Type : ☑ A ☐ B ☐ Other (Specify):	
Water System ID Number :**86470Y**		System Name : **Surfside Homeowners Association**	
Source: S92 (Distribution samples)		County : **Pacific**	
Sample Purpose		Date Received (MM/DD/YY) : **6/24/2014**	
X	RC – Routine/Compliance	Date Analyzed (MM/DD/YY) : **6/24/2014**	
	C-Confirmation	Date Reported (MM/DD/YY) : **7/7/2014**	
	I – Investigative	COMMENTS : **K1406344**	
	O – Other		
Send Report to :	**Beacon Hill Sewer District**	Bill to (Client Name) :	
	WA DOH		

(DOH #) ANALYTE	(0027) Chloroform	(0028) Bromo-dichloro-methane	(0029) Chlorodi-bromo-methane	(0030) Bromoform	(0031) Total THMS
SRL,ug/L	0.25	0.5	0.5	0.5	
Trigger Level, ug/L					60 *
MCL. Ug/L					80 *
Analytical Method	524.2				
Analysts Initials	GH				

Results

Lab Sample # 017+ 5 digit Lab ID	Date Collected	Sample Location	Chloro-form	Bromo-dichloro-methane	Chlorodi-bromo-methane	Bromo-form	Total THMs
1763441	**6/23/2014**	**322nd T Pl. Faucet @ SW Corner**	**33**	**11**	**2.4**	**ND**	**46.4**

SRL (State Reporting Level): The minimum reporting level established by the Washington State Department of Health (DOH)

Trigger Level: DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact your DOH drinking water regional office for

MCL (maximum contaminant level): If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

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) : The compound was not detected in the sample at or above the concentration indicated (usually the lab MRL).

***:** Value listed is for the sum of the five trihalomethanes.

Additional Comments:

for theState of Washington

TTHM TEST PANEL

(Total Trihalomethanes by EPA METHOD - 524.2)

Distribution System - Report of Analyses

TRIHALOMETHANE ANALYSIS		System Group Type : ☑ A ☐ B ☐ Other (Specify):	
Water System ID Number : **86470Y**		System Name : **Surfside Homeowners Association**	
Source: S92 (Distribution samples)		County : **Pacific**	
Sample Purpose		Date Received (MM/DD/YY) : **6/26/2014**	
X	RC – Routine/Compliance	Date Analyzed (MM/DD/YY) : **6/26/2014**	
	C-Confirmation	Date Reported (MM/DD/YY) : **7/9/2014**	
	I – Investigative	COMMENTS : **K1406475**	
	O – Other		
Send Report to :	**Surfside Homeowners Association**	Bill to (Client Name) :	
	WA DOH		

(DOH #) ANALYTE	(0027) Chloroform	(0028) Bromo-dichloro-methane	(0029) Chlorodi-bromo-methane	(0030) Bromoform	(0031) Total THMS
SRL,ug/L	0.25	0.5	0.5	0.5	
Trigger Level, ug/L					60 *
MCL. Ug/L					80 *
Analytical Method	524.2				
Analysts Initials	GH				

Results

Lab Sample # 017+ 5 digit Lab ID	Date Collected	Sample Location	Chloro-form	Bromo-dichloro-methane	Chlorodi-bromo-methane	Bromo-form	Total THMs
01764751	**6/26/2014**	**295th & 6st/29503 6st faucet @ NE of Lot**	**31**	**11**	**2.7**	**0.16**	**44.86**

SRL (State Reporting Level): The minimum reporting level established by the Washington State Department of Health (DOH)

Trigger Level: DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact your DOH drinking water regional office for

MCL (maximum contaminant level): If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

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) : The compound was not detected in the sample at or above the concentration indicated (usually the lab MRL).

***:** Value listed is for the sum of the five trihalomethanes.

Additional Comments:

for theState of Washington

HALOACETIC ACID (HAA5) TEST PANEL

HAA5s by EPA Method 552.2

Distribution System - Report of Analyses

HALOACETIC ACIDS		System Group Type : ☑ A ☐ B ☐ Other (Specify):	
Water System ID Number : **86470Y**		System Name : **Surfside Homeowners Association**	
Source: S92 (Distribution samples)		County : **Pacific**	
Sample Purpose		Date Received (MM/DD/YY) : **6/26/2014**	
X	RC – Routine/Compliance	Date Analyzed (MM/DD/YY) : **6/30/2014**	
	C-Confirmation	Date Reported (MM/DD/YY) : **7/17/2014**	
	I – Investigative	COMMENTS : **K1406475**	
	O – Other		
Send Report to :	**Surfside Homeowners Association**	Bill to (Client Name) :	
	WA DOH		

Abbreviations: Monochloroacetic Acid="MCCA" Dichloroacetic Acid="DCAA" Trichloroacetic Acid-"TCAA" Monobromoacetic Acid="MBAA" Dibromoacetic Acid="DBAA" Total Haloacetic Acids="HAA5a"

(DOH #) ANALYTE	(0411) MCCA	(0412) DCAA	(0413) TCAA	(0414) MBAA	(0415) DBAA	(0416) HAA5a
SRL,ug/L	2	1	1	1	1	6
Trigger Level, ug/L						45 *
MCL. Ug/L						60 *
Analytical Method	552.2					
Analysts Initials	SS					

Results

Lab Sample # 017+ 5 digit Lab ID	Date Collected	Sample Location	MCCA	DCAA	TCAA	MBAA	DBAA	HAA5s
01764751	**6/26/2014**	**295th & 6st/29503 6st faucet @ NE of Lot**	**ND**	**12**	**12**	**ND**	**ND**	**24**

SRL (State Reporting Level): The minimum reporting level established by the Washington State Department of Health (DOH)

Trigger Level: DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact your DOH drinking water regional office for

MCL (maximum contaminant level): If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

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) : The compound was not detected in the sample at or above the concentration indicated (usually the lab MRL).

***:** Value listed is for the sum of the five haloacetic acids (MCCA, DCAA, TCAA, MBAA, and DBAA).

Additional Comments

for theState of Washington

HALOACETIC ACID (HAA5) TEST PANEL

HAA5s by EPA Method 552.2

Distribution System - Report of Analyses

HALOACETIC ACIDS		System Group Type : ☑ A ☐ B ☐ Other (Specify):	
Water System ID Number : **86470Y**		System Name : **Surfside Homeowners Association**	
Source: S92 (Distribution samples)		County : **Pacific**	
Sample Purpose		Date Received (MM/DD/YY) : **6/24/2014**	
X	RC – Routine/Compliance	Date Analyzed (MM/DD/YY) : **6/25/2014**	
	C-Confirmation	Date Reported (MM/DD/YY) : **7/11/2014**	
	I – Investigative	COMMENTS : **K1406344**	
	O – Other		
Send Report to :	**Surfside Homeowners Association**	Bill to (Client Name) :	
	WA DOH		

Abbreviations: Monochloroacetic Acid="MCCA" Dichloroacetic Acid="DCAA" Trichloroacetic Acid-"TCAA" Monobromoacetic Acid="MBAA" Dibromoacetic Acid="DBAA" Total Haloacetic Acids="HAA5a"

(DOH #) ANALYTE	(0411) MCCA	(0412) DCAA	(0413) TCAA	(0414) MBAA	(0415) DBAA	(0416) HAA5a
SRL,ug/L	2	1	1	1	1	6
Trigger Level, ug/L						45 *
MCL. Ug/L						60 *
Analytical Method	552.2					
Analysts Initials	SS					

Results

Lab Sample # 017+ 5 digit Lab ID	Date Collected	Sample Location	MCCA	DCAA	TCAA	MBAA	DBAA	HAA5s
1763441	**6/23/2014**	**322nd T Pl. Faucet @ SW Corner**	**ND**	**13**	**14**	**ND**	**ND**	**27**

SRL (State Reporting Level): The minimum reporting level established by the Washington State Department of Health (DOH)

Trigger Level: DOH Drinking Water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact your DOH drinking water regional office for

MCL (maximum contaminant level): If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.

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) : The compound was not detected in the sample at or above the concentration indicated (usually the lab MRL).

***:** Value listed is for the sum of the five haloacetic acids (MCCA, DCAA, TCAA, MBAA, and DBAA).

Additional Comments

SR# K1406412-001

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
6/24/14 (Month Day Year)	1:18 ☐ 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# 8 6 4 7 0 Y

System Name: Surfside Homeowners Assoc

Contact Person: Gil Gonzalez

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

Eve. Phone: 360) 783-2393 FAX: 360 665 5469

Email: water@surfsideonline.org

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

SAMPLE INFORMATION

Sample collected by (name): ~~April Reynolds~~ Gil Gonzalez

Specific location where sample collected: #710 336th faucet @ W. center of lot.

Special instructions or comments:

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

#1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total .25 Free .16

#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:
____/____/____
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- SM9223B

Date, Time and Temp Received:

Date Analyzed 06/25/14

Date Reported: 06/26/14

Sample Number (DOH number plus five digits)
0 1 7 - 64121

Lab Use Only: Called 06/26/14 [illegible] 6/29/14

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

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

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

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

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

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

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

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

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

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

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

SR# K1406963-001

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7 / 8 / 14 (Month / Day / Year)	1:10 ☐ 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# 8 6 4 7 0 Y

System Name: Surfside Homeowners Assoc.

Contact Person: Gil Gonzalez

Day Phone: 360 783-2393 | Cell Phone: (360) 783-2393

Eve. Phone: (360 783-2393 | FAX: 360 665-5469

Email: water@surfsideonline.org

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

Surfside Homeowners Assoc.
3402 H st.
Ocean Park WA 98640

SAMPLE INFORMATION

Sample collected by (name): ~~April Reynolds~~ Gil Gonzalez

Specific location where sample collected: 708 354th – faucet in N. Center of lot

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 .10 Free .06

#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: _____/_____/_____
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- SM9223B	Date, Time and Temp Received: 7/9/14 0920 BW
Date Analyzed 7/9/14	Date Reported: 7/10/14
Sample Number (DOH number plus five digits) 0 1 7 - 6 9 1 3 1	Lab Use Only: K 7/10/14

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

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

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

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

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

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

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

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

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

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

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

Pacific County K1407279-001
Department of Community Development
PO Box 68, South Bend, WA 98586

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7 / 16 / 14 (Month / Day / Year)	12 : 58 ☐ AM ☒ PM	Pacific

Type of Water System (check only one box)
☒ Group A ☐ Group B ☐ Other_____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# 8 6 4 7 0 Y

System Name: Surfside Homeowners Assoc.

Contact Person: Gil Gonzales

Day Phone: (360) 665-4171	Cell Phone: 360 783 2393
Eve. Phone: 360 783-2393	FAX: 360 665-5469

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

SAMPLE INFORMATION

Sample collected by (name): April Fitzgerald

Specific location where sample collected: 1310 300TH - faucet in N. Center of lot.

Special instructions or comments:

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

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No____
Chlorine Residual: Total .07 Free .03

2. **Repeat Sample** (after unsatisfactory 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**
Investigative _____ Construction / Repairs _____ Other _____

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

☐ **Unsatisfactory** Total Coliform Present and
☐ *E.coli* present ☐ *E.coli* absent
☐ Fecal coliform present ☐ Fecal coliform 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- SM9223B	Date and Time Received: 7/17/14 0930
Date Analyzed: 07/17/14	Date Reported: 07/18/14
Sample Number (DOH number plus five digits): 017 72791	Lab Use Only: CA 7/21/14

DOH Form #331-319 (revised 11/10)

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

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

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

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

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

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

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

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

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

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

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

Pacific County K140 SAS-001
Department of Community Development
PO Box 68, South Bend, WA 98586

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
07 / 23 / 14 (Month / Day / Year)	12 : 58 ☐ AM ☒ PM	Pacific

Type of Water System (check only one box)
☒ Group A ☐ Group B ☐ Other

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# 8 6 4 7 0 Y

System Name: Surfside Homeowners Assoc.

Contact Person: Gil Gonzalez

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

Eve. Phone: (360) 783-2393 FAX: 360 665 5469

Send results to: (Print full name, address and zip code)
Surfside Homeowners Assoc
31402 H St.
Ocean Park Wa 98640

SAMPLE INFORMATION

Sample collected by (name): April Reynolds

Specific location where sample collected: 30316 X PL. faucet in center of lot

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 .09 Free .04

2. **Repeat Sample** (after unsatisfactory 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**
Investigative ____ Construction / Repairs ____ Other ____

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

☐ **Unsatisfactory** Total Coliform Present **and**
☐ *E.coli* present ☐ *E.coli* absent
☐ Fecal coliform present ☐ Fecal coliform 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- SM9223B	Date and Time Received: 7/24/14 0940
Date Analyzed: 07/24/14	Date Reported: 07/25/14
Sample Number (DOH number plus five digits): 017 75901	Lab Use Only: H 7/27/14

DOH Form #331-319 (revised 11/10)

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

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

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

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

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

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

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

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

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

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

Regional DOH - (360) 236-3030
Cowlitz County - (360) 414-5599
Lewis County - (800) 562-5130
Pacific County - (360) 875-9356

SR# K1406475-003

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
6 / 26 / 14	10 : 51 ☒ 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# 8 6 4 7 0 Y

System Name: Surfside Homeowners Assoc.

Contact Person: Gil Gonzalez

Day Phone: (360) 783-2393 | Cell Phone: (360) 783-2393

Eve. Phone: (360) 783-2393 | FAX: (360) 665-5469

Email: water@surfsideonline.org

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

SAMPLE INFORMATION

Sample collected by (name): April Reynolds

Specific location where sample collected: 32301 K pl. faucet @ center of lot.

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:
____/____/____
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 X 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- SM9223B	Date,Time and Temp Received: 6/26/14 1492 1.2
Date Analyzed 06/26/14	Date Reported: 06/27/14
Sample Number (DOH number plus five digits) 0 1 7 - 64753	Lab Use Only: Called 06/27/14 HT 6/27/14

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

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

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

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

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

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

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

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

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

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

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

SR# K1406475-003

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
6 / 26 / 14	10 : 51 ☒ 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# 8 6 4 7 0 Y

System Name: Surfside Homeowners Assoc.

Contact Person: Gil Gonzalez

Day Phone: (360) 783-2393 | Cell Phone: (360) 783-2393

Eve. Phone: (360) 783-2393 | FAX: (360) 665-5469

Email: water@surfsideonline.org

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

SAMPLE INFORMATION

Sample collected by (name): April Reynolds

Specific location where sample collected: 32301 K pl. faucet @ center of lot.

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:
____/____/____
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 X 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- SM9223B	Date,Time and Temp Received: 6/26/14 1492 1.2
Date Analyzed 06/26/14	Date Reported: 06/27/14
Sample Number (DOH number plus five digits) 0 1 7 - 64753	Lab Use Only: Called 06/27/14 HT 6/27/14

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

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

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

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

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

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

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

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

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

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

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