

GENERAL MANAGER'S REPORT

REPORT ON WATER SYSTEM OPERATIONS FOR THE MONTH OF:

The	Meter Period for this report is:					throu	gh				
The	he Billing Period for this Report is: through										
The	The Activity Period for this Report is: through										
1	Total Water Pumped (TWP) from all Wells	in Met	ering	Period	t						mg¹
2	Total Water Used for Unidirectional Flu	shing i	n Met	ering P	Period						mg
3	Total Water Used for Reactionary Flushi	ng in M	eteri	ng Peri	iod						mg
4	Total Water Used for Backwashing Filter	s in Me	terin	g Perio	od						mg
5	Total Water Lost and Used Repairing Leal	ks in M	eteri	ng Peri	iod						mg
6	Total Other Known Water Used in Metering	g Perio	d								mg
7	Total Water Sold in Metering Period										mg
8	Total Authorized Water Use in Metering I	Period	(sum of	f 2 throug	gh 7)						mg
9	Total Distribution System Leakage (DSL) in Metering Period (difr. between 1 and 8)							mg			
10	Percentage of TWP that is DSL								pct		
11	Total Water Pumped (TWP)from all Wells in 2015			late							mg
12	Total Authorized Water Use in 2015 to date										mg
13	Total Distribution System Leakage (DSL) in 20			date							mg
14	Percentage of TWP that is DSL in 2015 to date								pct		
15	Residential Accounts in Billing Period		TS ² :		TBR ³	BR ³ :		MR ⁴ :			
16	Commercial Accounts in Billing Period		TS: TBR: 1		MR:						
17	ire Flow Accounts in Billing Period TS: TBR:		Т	MR:							
18	Surfside Management in Billing Period			ontract:			R	EIMB ⁵	•		
19	Other / Total Income in Billing Period			Other:				ΤΙ ⁶	·:		
20	Past Due Accounts 30 days: ≥	60 days	:	l	Locked/Off: Liened Pro		Prop.:				
21	Activity Period Water Main Locate	25:	:			Customer Valves Installed:					
22	Water Quality Complaints: Custome	er Serv	ice C	alls:		Other				_	

¹ Million Gallons

² Total Services

³ Total Base Rate

⁴ Total Metered Rate

⁵ Reimbursement

⁶ Total Income

General Managers Report

Report:

There were no major infrastructure failures in January, 2015. The plant is operating at normal specifications.

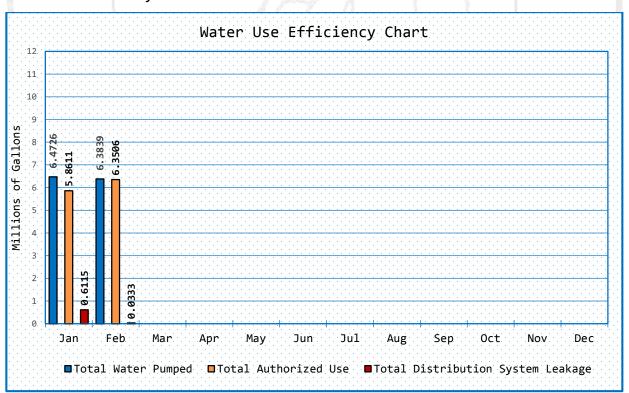
I have postponed the Water Use Efficiency Public Hearing until the March regular meeting. Surfside has scheduled their Water Use Efficiency Public Hearing for Saturday February 21, 2015. The work load needed for that meeting has been much more than I anticipated. There goals include a proposed conservation rate for members whose water use is excessively disproportionate or wasteful. This has proved to be a controversial proposal and it has required extra planning and meetings. It seemed prudent to postpone our Hearing until the dust had settled form the Surfside Hearing so that I could give it my full attention.

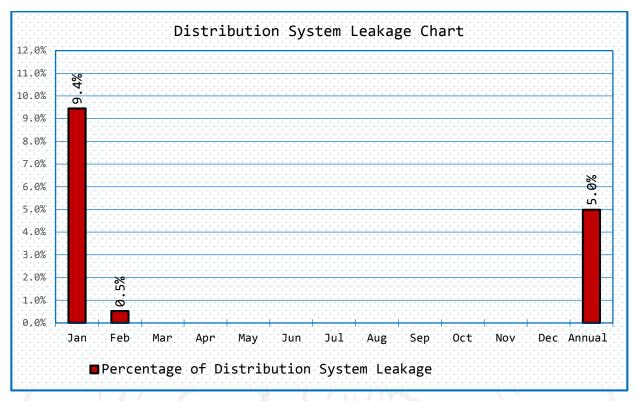
I am working on quotes to upgrade the single phase power for the North Wellfield Bond Project. The estimate from Ford Electric for the work are between \$4,000 and \$5,000. I am waiting on a quotes from Wadsworth Electric and from Clatsop Electric

I have contracted with Utti and Associates to design the septic system at the North Wellfield (Not to exceed \$750.00 plus tax and expenses). The District will dig the perk holes for Mr. Utti. He will have the design complete by the 30th of March.

We hired Joshua Maxey for the Water Service Worker I position. Joshua started February 16, 2015. Joshua comes from the Surfside Water Department where he has worked part-time since August, 2014. Joshua is well known to the crew and will make a good addition to the District.

Water Use Efficiency Charts:





Treatment Plant Report:

Dennis Schweizer, the District's new Treatment Plant Operator is getting to know the filtration plant at the North Wellfield very well. Dennis came with extensive experience in water treatment and he has been putting it to good use. Dennis is working on increasing the filters efficiency by extending the length of time the filters can operate between backwash cycles, reducing the duration of a backwash and improving the quality of the water the treatment plant produces. There will be data for your review in the coming months.

Drinking Water State Revolving Fund Project:

I will be meeting with Gray and Osborne on Friday February 27th to review preliminary drawings and design calculations for the South and North Wellfield projects. I hope to have Draft designs with budgets for the Board to review in April.

WSDOT Tree Removal:

I am waiting for a quote from the PUD regarding the removal of the Tree.

Water Quality Reports:

I have attached copies of the water samples the District submitted for analysis in January, 2015. All samples complied with DOH MCL's.

End of Report

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SR# K1500708-001



COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 /23/ 15 Month Day Year	9:40	
Type of Water System (check of	only one box)	Private Household
☐ Group A		Other
Group A and Group B Systems		
10# (03)		Sinues inventory (vvi i).
System Name: NOC		- 2010/
Contact Person:	Meal	1 Mater
Day Phone: (360) (66)		Cell Phone: (360) 244 -08
Eve. Phone: ()	3117-(FAX: ()
Email:		
Send results to: (Print full name, a	ddress and zip code)	
Dorth 19	reach wo	Her
A.O. BOX	61D	
Ocean Po	VK WOR	08640
. :	SAMPLE INFORMAT	ION
Sample collected by (name):		
Specific location where sample	e collected:	Special instructions or comments:
301/7/2	ud si	
127	237 01.	
		11 THROUGH #4 LISTED BELOW)
1. Routine Distribution S		Sample (after unsat. routine)
Chlorinated: YesNo		bution System
Chlorine Residual: Total	(Pop	ce Groundwater Rule (GWR) ulation of 1,000 or less)
3. Raw Water Source Sample	line	satisfactory routine lab number:
☐ E.coli – GWR source sa	inple 0 1	7 -
☐ Fecal –Surface, GWI, so	ine springs	actory routine collect date:
Other	Undation	
S	Chlorina	
Public systems must provide source numb	per from WH	Residual: TotalFree
☑ Sample Collected for Ir		Nesidual. Iolai4 lee
		Ost
	onstruction / Repairs	
LAB USE ONLY DF	RINKING WATER RE	
☐ Unsatisfactory Total Colif	orm Present and	Satisfactory
☐ E.coli present	☐ E.cali absent	
Replacement Sample Requir	red:	
☐ Sample too old (>30 hou		
☐ Improper Container	☐ Turbid culture	
Bacterial Density Results: Plat	te Count/	ml. <i>E.coli/</i> 100ml.
Total Coliform	/100ml. Fecal Colif	orm/100ml.
Method Code:	I	Date, Time and Temp Received:
MICR- 5 M 9	2 2 3 8	1/23/15 1415 1.80-
Date Analyzed /, 2 3, /	Sah	Date Reported: />24/15
Sample Number (DOH number plus five	digits)	Lab Use Only:
O 1 7 - O	7 <u>0</u> <u>8</u> <u>/</u>	Lab Use Unity:

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample Immediately

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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

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SR# K1300708-002

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

COLIFORM BACTERIA ANALYSIS

Type of Water System (check only one box) Group A Group B Other Group A Group B Other Group A Group B Systems - Provide from Water Facilities Inventory (WFI): ID# Group A Group B Systems - Provide from Water Facilities Inventory (WFI): ID# Group A Group B Systems - Provide from Water Facilities Inventory (WFI): ID# Group A Group B Systems - Provide from Water Facilities Inventory (WFI): ID# Group A Group B Systems - Provide from Water Facilities Inventory (WFI): ID# Group A Group B Systems - Provide from Water Facilities Inventory (WFI): ID# Group A Group B Systems - Provide from Water Facilities Inventory (WFI): ID# Group A Group B Systems - Provide Group A G		County	e Sample ollected		Date Sample Collected
Type of Water System (check only one box)		Davisic		9	1 / 23/15 Month Day Year
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Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID#					. N
System Name:					
System Name: Contact Person: Day Phone: (3)		es inventory (vv-i):	om vvater Facilitie	s – Provide ir	1 - 7 ~
Contact Person:	L		2	- <u> </u>	System Name:
Day Phone: ()		water			
Eve. Phone: ()	1-00h	ell Phone: ("342) 244 -			<u></u>
Email: Send results to: (Print full name, address and zip code) SAMPLE INFORMATION Sample collected by (name): Specific location where sample collected: Specific location where sample collected	1-00				
Sample collected by (name): Specific location where sample collected: Specific location where sample collected for Information Sample cafter unsat. routine) Chlorinated: Yes No	-				The state of the s
SAMPLE INFORMATION Sample collected by (name): Specific location where sample collected: Specific location where sample collected for Information Sample collected for Information Only construction / Repairs construction / Re		rated	code)	delress and zip	
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Sample collected by (name): Specific location where sample collected: Specific location where sample (after unsat. routine) Distribution System Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: O 1 7 - Unsatisfactory routine collect date: Shample Collected for Information Only Investigative Construction / Repairs Other LAB USE ONLY DRINKING WATER RESULTS LAB USE ONL Unsatisfactory Total Coliform Present and E.coli present E.coli absent Replacement Sample Required: Sample too old (>30 hours) TNTC Improper Container Turbid culture Bacterial Density Results: Plate Count /ml. E.coli /nl.	*******	01-05	5	(O 17	P. O. OOX
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Specific location where sample collected: Special instructions or comm		N	NFORMATION	SAMPLE	*
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Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELD #1. Routine Distribution Sample Chlorinated: Yes No Chlorine Residual: Total Free Distribution System #3. Raw Water Source Sample Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: Unsatisfactory routine collect date: Unsatisfactory routine collect date: Unsatisfactory routine collect date: Unsatisfactory routine Residual: Total Free #4. Sample Collected for Information Only Investigative Construction / Repairs Other LAB USE ONLY DRINKING WATER RESULTS LAB USE ONL Unsatisfactory Total Coliform Present and	ments:	ecial instructions or commer	Spe	e collected:	
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELD #1. Routine Distribution Sample Chlorinated: Yes No			s	2700	NSS#18/2
#1. Routine Distribution Sample Chlorinated: Yes No Chlorine Residual: Total Free #3. Raw Water Source Sample			e Rdi	nclaide	. /Sa
Chlorinated: Yes No Distribution System Chlorine Residual: Total Free Source Groundwater Rule (GWR) (Population of 1,000 or less) #3. Raw Water Source Sample E.coli - GWR source sample Fecal - Surface, GWI, some springs Other	LOW)	HROUGH #4 LISTED BELO	IE BOX OF #1 TH	CK ONLY O	Type of Sample (MUST CHE
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#3. Kaw water Source Sample E.coli - GWR source sample Fecal - Surface, GWI, some springs Other				Free	Chlorine Residual: Total
Fecal – Surface, GWI, some springs O 1 7 - Unsatisfactory routine collect date: Chlorinated: Yes No Chlorine Residual: Total Free_ #4. Sample Collected for Information Only Investigative Construction / Repairs Other LAB USE ONLY DRINKING WATER RESULTS LAB USE ONL Unsatisfactory Total Coliform Present and Satisfactory E.coli present E.coli absent Replacement Sample Required: Sample too old (>30 hours) TNTC Improper Container Turbid culture Bacterial Density Results: Plate Count /ml. E.coli /100)	#3. Raw Water Source Sample
Other Other	н.	lactory routine lab number.			
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Public systems must provide source number from WFI Chlorinated: Yes No Chlorine Residual: Total Free			Unsatisfactory		☐ Other
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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:

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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.

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SR# K1500708-003



COLIFORM BACTERIA ANALYSIS

		MALIOIO
Date Sample Collected Ti	me Sample Collected	County
Month Day Year	2:15 DPM	0-101
Type of Water System (check only one bo	v)	Pacitic.
Group A Group	, DLn	vate Household ner
Group A and Group B Systems - Provide	from Water Facilitie	s Inventory (WFI):
D# 6 3 0 0	0 0	
System Name: Nov+n 7	Beach	water
Contact Person: Bill Ne	<u>a \</u>	
Day Phone: (36065-41	44 Cel	Phone: (360) 244-0
Eve. Phone: ()	FAX	(:()
Email: Send results to: (Print full name, address and zip) codo)	
North Bea		ater
P.O. BOX 6		
	- Wa	98640
	INFORMATION	70070
Sample collected by (name):	INFURMATION	
	nert w	104
Specific location where sample collected:		cial instructions or comments:
155# 50,5020		
/Vernon/	que.	
Type of Sample (MUST CHECK ONLY O	NE BOX OF #1 THE	ROUGH #4 LISTED BELOW)
Routine Distribution Sample	#2.Repeat Samp	le (after unsat. routine)
Chlorinated: Yes No	☐ Distribution	
Chlorine Residual: Total Free	☐ Source Gro	undwater Rule (GWR)
Raw Water Source Sample	(Population	of 1,000 or less)
☐ E.coli – GWR source sample	Unsatisfac	tory routine lab number:
☐ Fecal –Surface, GWI, some springs	<u>0</u> <u>1</u> <u>7</u> -	
☐ Other	Unsatisfactory r	outine collect date:
S		
Public systems must provide source number from WFI	Chlorinated: Yes	5 No
	Chlorine Residu	al: TotalFree
. ☐ Sample Collected for Information Or	nly	
		불위하는 그 집 하였다. 그리지 그 말하다.
Investigative Construction / Re	epairsO	her
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LAB USE ONLY DRINKING W. ☐ Unsatisfactory Total Coliform Present ar ☐ E.coli present ☐ E.col eplacement Sample Required:	ATER RESULT	S LAB USE ONLY
LAB USE ONLY DRINKING W. ☐ Unsatisfactory Total Coliform Present ar ☐ E.coli present ☐ E.col eplacement Sample Required: ☐ Sample too old (>30 hours) ☐ TNTC	ATER RESULT	S LAB USE ONLY
LAB USE ONLY DRINKING W. ☐ Unsatisfactory Total Coliform Present ar ☐ E.coli present ☐ E.col □ Eplacement Sample Required: ☐ Sample too old (>30 hours) ☐ TNTC	ATER RESULT	S LAB USE ONLY
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LAB USE ONLY DRINKING W. Unsatisfactory Total Coliform Present ar E.coli present E.col eplacement Sample Required: Sample too old (>30 hours) TNTC Improper Container Turbic acterial Density Results: Plate Count	ATER RESULT Ind If absent If a	S LAB USE ONLY Satisfactory // Satisfactory // Satisfactory
LAB USE ONLY DRINKING W. Unsatisfactory Total Coliform Present ar E.coli present E.col eplacement Sample Required: Sample too old (>30 hours) TNTC Improper Container Turbic acterial Density Results: Plate Count Total Coliform /100ml. ethod Code: ICR- M 9 2 2	ATER RESULT Ind if absent c	S LAB USE ONLY Satisfactory Oli /100ml. 100ml. 115 1415 1.8°C
LAB USE ONLY DRINKING W. Unsatisfactory Total Coliform Present ar E.coli present E.col eplacement Sample Required: Sample too old (>30 hours) TNTO Improper Container Turbic acterial Density Results: Plate Count Total Coliform /100ml.	ATER RESULT Ind If absent If a	S LAB USE ONLY Satisfactory Oil/100ml. _/100ml.

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If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

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

NatureSolv[™] the environmentally responsible carbonless capsule

SR# K1500708 -004

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

COLIFORM BACTERIA ANALYSIS

	ne Sample County collected
Month Day Year <u>9</u>	-:28 DPM Dacific
Type of Water System (check only one box) Private Household
Group A ☐ Group E	:
Group A and Group B Systems – Provide fr	om Water Facilities Inventory (WFI):
System Name: Novth	Beach water
Contact Person: Bill Ne	
Day Phone: (360) (665-414	4 Cell Phone: (360244-00)
Eve. Phone: ()	FAX: ()
Email:	
Send results to: (Print full name, address and zip	
P.O. BOX 61	0
	wa 98640
	NFORMATION
Sample collected by (name):	pert Hum
Specific location where sample collected: USS# 23/24200	Special instructions or comments:
/ Sound ridge	Rol
Type of Sample (MUST CHECK ONLY O	NE BOX OF #1 THROUGH #4 LISTED BELOW)
1. Routine Distribution Sample	#2.Repeat Sample (after unsat. routine)
Chlorinated: YesNo	☐ Distribution System
Chlorine Residual: Total Free	☐ Source Groundwater Rule (GWR)
3. Raw Water Source Sample	(Population of 1,000 or less)
☐ E.coli – GWR source sample	Unsatisfactory routine lab number:
☐ Fecal –Surface, GWI, some springs	017
☐ Other	Unsatisfactory routine collect date:
s	
Public systems must provide source number from WFI	Chlorinated: Yes No
	Chlorine Residual: TotalFree
4. ☐ Sample Collected for Information O	병취 시민들은 학교가 가장 하는 것은 모든 사람이 되었다.
Investigative Construction / F	depairs Other
I VO LICE UNIT I THE REPORT OF THE	
	ATER RESULTS LAB USE ONLY
Unsatisfactory Total Coliform Present a	
☐ Unsatisfactory Total Coliform Present a ☐ <i>E.coli</i> present ☐ <i>E.co</i>	and Satisfactory
☐ Unsatisfactory Total Coliform Present a ☐ <i>E.coli</i> present ☐ <i>E.α</i>	oli absent
☐ Unsatisfactory Total Coliform Present a ☐ E.coli present ☐ E.co Replacement Sample Required: ☐ Sample too old (>30 hours). ☐ TNT	oli absent
☐ Unsatisfactory Total Coliform Present a ☐ E.coli present ☐ E.co Replacement Sample Required: ☐ Sample too old (>30 hours) ☐ TNT ☐ Improper Container ☐ Turb	Satisfactory Oli absent C
□ Unsatisfactory Total Coliform Present a □ E.coli present □ E.co Replacement Sample Required: □ Sample too old (>30 hours) □ TNT □ Improper Container □ Turb	Satisfactory Of absent
□ Unsatisfactory Total Coliform Present a □ E.coli present □ E.co Replacement Sample Required: □ Sample too old (>30 hours) □ TNT □ Improper Container □ Turb Bacterial Density Results: Plate Count	oli absent C
□ Unsatisfactory Total Coliform Present a □ E.coli present □ E.co Replacement Sample Required: □ Sample too old (>30 hours) □ TNT □ Improper Container □ Turb Bacterial Density Results: Plate Count Total Coliform/100ml. Method Code:	oli absent C
□ Unsatisfactory Total Coliform Present a □ E.coli present □ E.co Replacement Sample Required: □ Sample too old (>30 hours) □ TNT □ Improper Container □ Turb Bacterial Density Results: Plate Count Total Coliform /100ml. Method Code: MICR-	ind Satisfactory CC

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

- 1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
- 2. Submit repeat samples as specified in WAC 246-290-480
- 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# K1500708-005

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 1 / 23/ \S Month Day Year	Time Sample Collected	e DXAM □ PM	County
	anty one boy)		Pacitic
Type of Water System (check of			ivate Household
Group A	☐ Group B	OI	
Group A and Group B Systems	- Provide from Water	er Facilitie	es Inventory (WFI):
D# 6 5 0	-	_	
System Name: OVA Contact Person: P	in Bec	<u> </u>	1 carter
Day Phone: (360) (66)	Near -	Τ.	ell Phone: (360)244-006
Eve. Phone: ()	3 7174	-+	X: ()
Email:			
Send results to: (Print full name, ac		دےد	
MONTH K		سي	ye r
V. O. 150	X 010	\sim \sim	
Ocean Lar	'K Wa	45	3640
* (SAMPLE INFOR	MATIO	N
Sample collected by (name):	Down	- 1-	tout
Specific location where sample	FU.G.	Sr	pecial instructions or comments:
	3400		
24 / Paci	Fig Hw	4	
	CK ONLY ONE BOX	OF #1 T	HROUGH #4 LISTED BELOW)
*1. Routine Distribution Sa			nple (after unsat. routine)
Chlorinated: YesNo_	0	Distribuţ	ion System
Chlorine Residual: Total			Groundwater Rule (GWR)
#3. Raw Water Source Sample	•		ion of 1,000 or less)
☐ E.coli – GWR source sar		_	sfactory routine lab number:
☐ Fecal –Surface, GWI, so		<u>1 /</u>	
☐ Other	Uns	satisfacto	ory routine collect date:
S			
Public systems must provide source numb	er from WH		Yes No
		orine Ke	sidual: TotalFree
#4. Sample Collected for Ir			
Investigative Co	onstruction / Repairs		Other
LAB USE ONLY DF	RINKING WATER	RESU	
☐ Unsatisfactory Total Colif	orm Present and		Satisfactory
☐ E.coli present	☐ E.coli abse	nt	
Replacement Sample Requir	red:		
☐ Sample too old (>30 hou	urs) 🔲 TNTC		
☐ Improper Container	☐ Turbid cultu	ıre.	
			E. E. 1700 1
Bacterial Density Results: Plat			
Total Coliform	/100ml. Fecal	Coliforn	n/100ml.
Method Code:		△ Da	te,Time and Temp Received:
MICR- 5 11 9	<u> 2,3</u>	11	23/15 1415 1.8°C
Date Analyzed / 23//	5 13		te Reported: /,)4//
Sample Number (DOH number plus five of the last of the	708.	<u>5</u> "	b Use Only: # 1/27/15

INTERPRETATION OF RESULTS FOR DRINKING WATER

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REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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- Submit repeat samples as specified in WAC 246-290-480
- 3. Publicly notify the users of public water systems as specified in WAC 246-290-480
- Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

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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 \mathbf{OR} the laboratory where this sample was tested \mathbf{OR} the Department of Health, Drinking Water Program Regional Office.

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SR# K1500708-006

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

COLIFORM BACTERIA ANALYSIS

	ime Sample County
1 1 23/15	Collected O:10 PM Pacitic
Type of Water System (check only one bo	
Group A ☐ Group	
Group A and Group B Systems – Provide	
1D# <u>6 3 0 0</u>	O C
System Name: 201+~	Beach water
Contact Person: Bill N	eal
Day Phone: (360) (665 - L	1144 Cell Phone: (360) 244-000
Eve. Phone: ()	FAX: ()
Email:	
P.O. Box 6	on water
Ucean Park	ma 48640
SAMPLE	INFORMATION
Sample collected by (name):	bert Hont
Specific location where sample collected:	Special instructions or comments:
25/R126	14
Type of Sample (MUST CHECK ONLY)	ONE BOX OF #1 THROUGH #4 LISTED BELOW)
#1. Routine Distribution Sample	#2.Repeat Sample (after unsat. routine)
Chlorinated: Yes No	☐ Distribution System
Chlorine Residual: Total Free	
#3. Raw Water Source Sample	Source Groundwater Rule (GWR) (Population of 1,000 or less)
☐ E.coli – GWR source sample	Unsatisfactory routine lab number:
☐ Fecal –Surface, GWI, some springs	0 4 7
	Unsatisfactory routine collect date:
☐ Other	/ /
S	
Public systems must provide source number from WFI	Chlorinated: Yes No
#4 C Comple Cally dad 5 - 1.5	Chlorine Residual: TotalFree
#4. Sample Collected for Information (들어졌다. 그는 이 집에 나를 들어왔다면 하는데
Investigative Construction /	Repairs Other
LAB USE ONLY DRINKING I	WATER RESULTS LAB USE ONLY
☐ Unsatisfactory Total Coliform Present	and Satisfactory
☐ E.coli present ☐ E.c	coli absent
Replacement Sample Required:	
☐ Sample too old (>30 hours) ☐ TN	TC D
☐ Improper Container ☐ Tui	rbid culture
Bacterial Density Results: Plate Count	/ml. E.coli/100ml.
Total Coliform/100ml.	Fecal Coliform/100ml.
Method Code: MICR-5 M 9 2 2	Date, Time and Temp Received:
Date Analyzed 1, 23,15 1,6	Date Reported: 1, 2, 4, 1
Sample Number (DOH number plus five digits)	Lab Use Only:
0 1 7 - 0 7 0	

INTERPRETATION OF RESULTS FOR DRINKING WATER

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