

# GENERAL MANAGER'S REPORT

## REPORT ON WATER SYSTEM OPERATIONS FOR THE MONTH OF:

The Meter Period for this report is:			through	
The Billing Period for this Report is:			through	
The Activity Period for this Report is:			through	
1	Total Water Pumped (TWP) from all Wells in Metering Period			mg <sup>1</sup>
2	Total Water Used for Unidirectional Flushing in Metering Period			mg
3	Total Water Used for Reactionary Flushing in Metering Period			mg
4	Total Water Used for Backwashing Filters in Metering Period			mg
5	Total Water Lost and Used Repairing Leaks in Metering Period			mg
6	Total Other Known Water Used in Metering Period			mg
7	Total Water Sold in Metering Period			mg
8	Total Authorized Water Use in Metering Period (sum of 2 through 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 to date			mg
12	Total Authorized Water Use in 2015 to date			mg
13	Total Distribution System Leakage (DSL) in 2015 to date			mg
14	Percentage of TWP that is DSL in 2015 to date			pct
15	Residential Accounts in Billing Period	TS <sup>2</sup> :	TBR <sup>3</sup> :	TMR <sup>4</sup> :
16	Commercial Accounts in Billing Period	TS:	TBR:	TMR:
17	Fire Flow Accounts in Billing Period	TS:	TBR:	TMR:
18	Surfside Management in Billing Period	Contract:	REIMB <sup>5</sup> :	
19	Other / Total Income in Billing Period	Other:	TI <sup>6</sup> :	
20	Past Due Accounts	30 days:	≥60 days:	Locked/Off:
				Liened Prop.:
21	Activity Period	Water Main Locates:	Customer Valves Installed:	
22	Water Quality Complaints:	Customer Service Calls:	Other:	

<sup>1</sup> Million Gallons

<sup>2</sup> Total Services

<sup>3</sup> Total Base Rate

<sup>4</sup> Total Metered Rate

<sup>5</sup> Reimbursement

<sup>6</sup> Total Income

02.23.2015

**General Managers Report****Report:**

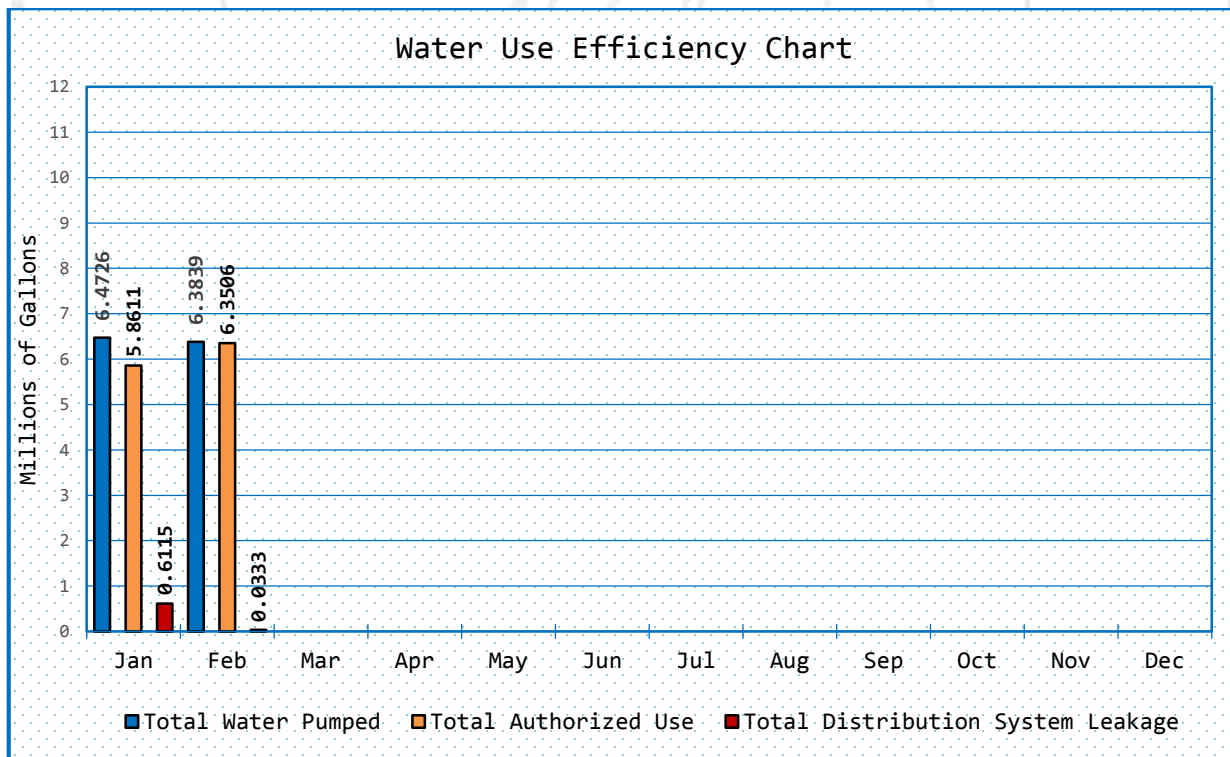
There were no major infrastructure failures in January, 2015. The plant is operating at normal specifications.

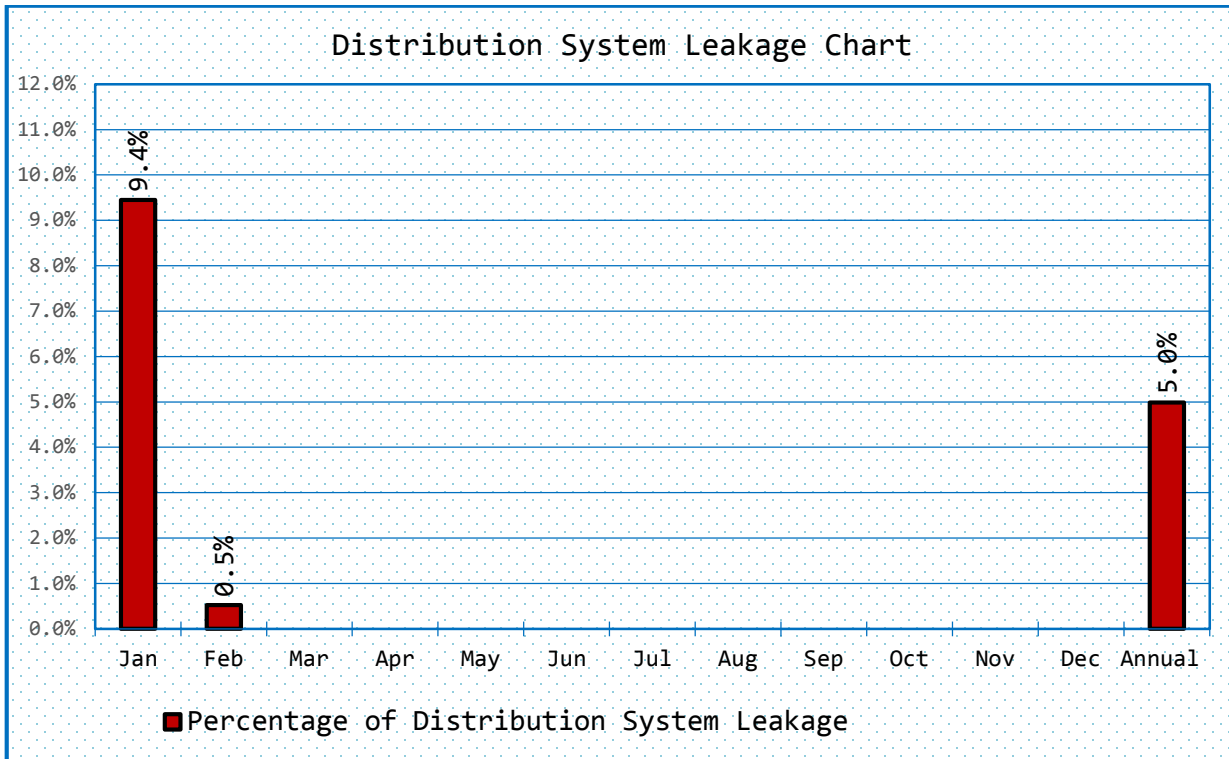
I have postponed the Water Use Efficiency Public Hearing until the March regular meeting. Surfside has scheduled their Water Use Efficiency Public Hearing for Saturday February 21, 2015. The work load needed for that meeting has been much more than I anticipated. There goals include a proposed conservation 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 from 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 30<sup>th</sup> 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 27<sup>th</sup> 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



SR# K1500708-001



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <u>1</u> / <u>23</u> / <u>15</u> Month Day Year		Time Sample Collected <u>9:40</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other _____			
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>6300002</u>			
System Name: <u>North Beach Water</u>			
Contact Person: <u>Bill Neal</u>			
Day Phone: <u>(360) 665-4144</u>		Cell Phone: <u>(360) 244-0068</u>	
Eve. Phone: ( )		FAX: ( )	
Email: _____			
Send results to: (Print full name, address and zip code) <u>North Beach Water</u> <u>P.O. Box 618</u> <u>Ocean Park wa 98640</u>			

**SAMPLE INFORMATION**

Sample collected by (name): _____				
Specific location where sample collected: <u>USST# 2420</u> <u>17 / 272nd St.</u>	Special instructions or comments: _____			
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)				
#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____			
#3. Raw Water Source Sample <input type="checkbox"/> E.coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other <table><tr><td>S</td><td></td><td></td></tr></table> Public systems must provide source number from WFI	S			
S				

#4. ☐ Sample Collected for Information Only  
Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

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

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

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

Method Code: <b>MICR-5 M 9 2 2 3 B</b>	Date, Time and Temp Received: <u>1/23/15 1415 1.8°C</u>
Date Analyzed <u>1.23.15 pb</u>	Date Reported: <u>1/24/15</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 0 7 0 8 1</u>	Lab Use Only: <u>HS 1/27/15</u>

**INTERPRETATION OF RESULTS  
FOR DRINKING WATER**

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

**REPORTING OF RESULTS:**

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

**SATISFACTORY RESULTS:**

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

**UNSATISFACTORY RESULTS:**

Any coliform presence is unsatisfactory.

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

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

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

**TEST UNSUITABLE:** Resample Immediately

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

**RESAMPLE:**

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

**FOR ADDITIONAL INFORMATION:**

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

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



SR# 1K1500708-002



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 1 / 23 / 15 Month Day Year		Time Sample Collected 9:00 AM AM PM	County Pacific
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other _____			
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>630006</u>			
System Name: <u>North Beach water</u>			
Contact Person: <u>Bill Neal</u>			
Day Phone: (360) 665-4144		Cell Phone: (360) 244-0008	
Eve. Phone: ( )		FAX: ( )	
Email:			
Send results to: (Print full name, address and zip code) <u>North Beach water</u> <u>P.O. Box 618</u> <u>Ocean Park WA 98640</u>			

**SAMPLE INFORMATION**

Sample collected by (name): <u>Robert Hunt</u>					
Specific location where sample collected: <u>NSS#18 / 27003</u> <u>Sandridge Rd.</u>	Special instructions or comments:				
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)					
#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: _____ / _____ / _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
#3. Raw Water Source Sample <input type="checkbox"/> E. coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td><td></td></tr></table> <small>Public systems must provide source number from WFI</small>	S				
S					
#4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____					

LAB USE ONLY		<b>DRINKING WATER RESULTS</b>		LAB USE ONLY	
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory			
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____ <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture					
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.					
Method Code: <u>MICR-5 M 9 2 2 3 B</u>			Date, Time and Temp Received: <u>1/23/15 1415 1.8°C</u>		
Date Analyzed: <u>1-23-15 nb</u>			Date Reported: <u>1-24-15</u>		
Sample Number (DOH number plus five digits) <u>0 1 7 - 0 7 0 8 2</u>			Lab Use Only: <u>1/27/15</u>		

**INTERPRETATION OF RESULTS  
FOR DRINKING WATER**

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

**REPORTING OF RESULTS:**

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

**SATISFACTORY RESULTS:**

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

**UNSATISFACTORY RESULTS:**

Any coliform presence is unsatisfactory.

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

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

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

**TEST UNSUITABLE: Resample Immediately**

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

**RESAMPLE:**

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

**FOR ADDITIONAL INFORMATION:**

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

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





SR# 161500708-003



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <u>1/23/15</u> Month Day Year	Time Sample Collected <u>9:15</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other _____		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>63000C</u> System Name: <u>North Beach Water</u> Contact Person: <u>Bill Neal</u> Day Phone: <u>(360) 665-4144</u> Cell Phone: <u>(360) 244-0068</u> Eve. Phone: ( ) FAX: ( ) Email: _____ Send results to: (Print full name, address and zip code) <u>North Beach Water</u> <u>P.O. Box 618</u> <u>Ocean Park WA 98640</u>		

**SAMPLE INFORMATION**

Sample collected by (name): <u>Robert Hunt</u>				
Specific location where sample collected: <u>USS# 20/26500</u> <u>Vernon Ave.</u>	Special instructions or comments:			
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)				
#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____			
#3. Raw Water Source Sample <input type="checkbox"/> E.coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> <small>Public systems must provide source number from WFI</small>	S			
S				

#4. ☐ Sample Collected for Information Only

Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

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

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

Replacement Sample Required:

☐ Sample too old (>30 hours) ☐ TNTC ☐ \_\_\_\_\_  
☐ Improper Container ☐ Turbid culture

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

Method Code: <u>MICR-5 M 9 2 2 3 B</u>	Date, Time and Temp Received: <u>1/23/15 1415 1.8°C</u>
Date Analyzed <u>1.23.15 pb</u>	Date Reported: <u>1.24.15</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 0 7 0 8 3</u>	Lab Use Only: <u>1/23/15</u>

**INTERPRETATION OF RESULTS  
FOR DRINKING WATER**

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

**REPORTING OF RESULTS:**

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

**SATISFACTORY RESULTS:**

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

**UNSATISFACTORY RESULTS:**

Any coliform presence is unsatisfactory.

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

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

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

**TEST UNSUITABLE:** Resample Immediately

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

**RESAMPLE:**

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

**FOR ADDITIONAL INFORMATION:**

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

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

SR# 161500708-004**ALS Environmental**  
1317 S. 13th Avenue • Kelso, WA 98626**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 1 / 23 / 15 Month Day Year	Time Sample Collected 9:28 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Pacific
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other _____		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>63000C</u>		
System Name: <u>North Beach Water</u>		
Contact Person: <u>Bill Neal</u>		
Day Phone: <u>(360) 665-4144</u>		Cell Phone: <u>(360) 244-0068</u>
Eve. Phone: ( )		FAX: ( )
Email: _____		
Send results to: (Print full name, address and zip code) <u>North Beach Water</u> <u>P.O. Box 618</u> <u>Ocean Park Wa 98640</u>		

**SAMPLE INFORMATION**

Sample collected by (name): <u>Robert Hunt</u>				
Specific location where sample collected: <u>USS# 23/24200</u> <u>Sandridge Rd</u>	Special instructions or comments:			
<b>Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)</b>				
<b>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	<b>#2. Repeat Sample (after unsat. routine)</b> <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____			
<b>#3. Raw Water Source Sample</b> <input type="checkbox"/> E.coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> <small>Public systems must provide source number from WFI</small>	S			
S				

<b>#4. <input type="checkbox"/> Sample Collected for Information Only</b>
Investigative _____ Construction / Repairs _____ Other _____

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

<b>Replacement Sample Required:</b>		
<input type="checkbox"/> Sample too old (>30 hours)	<input type="checkbox"/> TNTC	<input type="checkbox"/> _____
<input type="checkbox"/> Improper Container	<input type="checkbox"/> Turbid culture	

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

Method Code: <u>MICR-5 M 9 2 2 3 B</u>	Date, Time and Temp Received: <u>1/23/15 1415 1.8°C</u>
Date Analyzed <u>1.23.15 16</u>	Date Reported: <u>1.24/15</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 0 7 0 8 4</u>	Lab Use Only: <u>#1/23/15</u>

**INTERPRETATION OF RESULTS  
FOR DRINKING WATER**

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

**REPORTING OF RESULTS:**

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

**SATISFACTORY RESULTS:**

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

**UNSATISFACTORY RESULTS:**

Any coliform presence is unsatisfactory.

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

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

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

**TEST UNSUITABLE: Resample Immediately**

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

**RESAMPLE:**

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

**FOR ADDITIONAL INFORMATION:**

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

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



SR# K1500708-005



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

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <u>1/23/15</u> Month Day Year	Time Sample Collected <u>9:55</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other _____		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>630000C</u> System Name: <u>North Beach water</u> Contact Person: <u>Bill Neal</u> Day Phone: ( <u>360</u> ) <u>665-4144</u> Cell Phone: ( <u>360</u> ) <u>244-0068</u> Eve. Phone: ( ) FAX: ( ) Email: _____ Send results to: (Print full name, address and zip code) <u>North Beach water</u> <u>P.O. Box 618</u> <u>Ocean Park wa 98640</u>		

**SAMPLE INFORMATION**

Sample collected by (name): <u>Robert Hunt</u>				
Specific location where sample collected: <u>USS# 23400</u> <u>24 / Pacific Hwy</u>	Special instructions or comments:			
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)				
<b>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	<b>#2. Repeat Sample (after unsat. routine)</b> <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____			
<b>#3. Raw Water Source Sample</b> <input type="checkbox"/> E.coli – GWR source sample <input type="checkbox"/> Fecal –Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td></tr></table> <small>Public systems must provide source number from WFI</small>	S			
S				

**#4. ☐ Sample Collected for Information Only**  
Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

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

**Replacement Sample Required:**  
☐ Sample too old (>30 hours) ☐ TNTC ☐ \_\_\_\_\_  
☐ Improper Container ☐ Turbid culture

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

Method Code: <b>MICR-</b> <u>5 M 9 2 2 2 B</u>	Date, Time and Temp Received: <u>1/23/15 1415 1.8°C</u>
Date Analyzed <u>1.23.15 13</u>	Date Reported: <u>1.24.15</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 0 7 0 8 5</u>	Lab Use Only: <u>4 1/27/15</u>

**INTERPRETATION OF RESULTS  
FOR DRINKING WATER**

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

**REPORTING OF RESULTS:**

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

**SATISFACTORY RESULTS:**

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

**UNSATISFACTORY RESULTS:**

Any coliform presence is unsatisfactory.

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

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

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

**TEST UNSUITABLE: Resample Immediately**

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

**RESAMPLE:**

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

**FOR ADDITIONAL INFORMATION:**

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

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



SR# K1500708-006**ALS Environmental**  
1317 S. 13th Avenue • Kelso, WA 98626**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <u>1/23/15</u> Month Day Year	Time Sample Collected <u>10:10</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other _____		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# <u>630000</u>		
System Name: <u>North Beach water</u>		
Contact Person: <u>Bill Neal</u>		
Day Phone: (360) <u>665-4144</u>		Cell Phone: (360) <u>244-0068</u>
Eve. Phone: ( )		FAX: ( )
Email:		
Send results to: (Print full name, address and zip code) <u>North Beach water</u> <u>P.O. Box 618</u> <u>Ocean Park wa 98640</u>		

**SAMPLE INFORMATION**

Sample collected by (name): <u>Robert Hunt</u>					
Specific location where sample collected: <u>NSS# 22700</u> <u>25 Birch Pl.</u>	Special instructions or comments:				
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)					
#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____				
#3. Raw Water Source Sample <input type="checkbox"/> E.coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other <table border="1"><tr><td>S</td><td></td><td></td><td></td></tr></table> Public systems must provide source number from WFI	S				
S					

#4. ☐ Sample Collected for Information Only

Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

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

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

**Replacement Sample Required:**☐ Sample too old (>30 hours) ☐ TNTC ☐ \_\_\_\_\_  
☐ Improper Container ☐ Turbid culture

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

Total Coliform \_\_\_\_\_ /100ml. Fecal Coliform \_\_\_\_\_ /100ml.

Method Code: <b>MICR-5</b> <u>M 9 2 2 3 B</u>	Date, Time and Temp Received: <u>1/23/15 1415 1.8°C</u>
Date Analyzed <u>1.23.15 1.6</u>	Date Reported: <u>1.24.15</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 0 7 0 8 6</u>	Lab Use Only: <u>HR 1/27/15</u>

**INTERPRETATION OF RESULTS  
FOR DRINKING WATER**

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

**REPORTING OF RESULTS:**

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

**SATISFACTORY RESULTS:**

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

**UNSATISFACTORY RESULTS:**

Any coliform presence is unsatisfactory.

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

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

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

**TEST UNSUITABLE:** Resample Immediately

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

**RESAMPLE:**

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

**FOR ADDITIONAL INFORMATION:**

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

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