

GENERAL MANAGER'S REPORT

REP	ORT ON WATER SYS	STEM C	PERAT	IONS	For T	не Мо	NTH (Of:					
The N	Meter Period for this repo	rt is:						1	through				
The E	Billing Period for this Re	port is:						1	through				
The A	Activity Period for this R	eport is:						1	through				
1	Total Water Pumped (TW	NP) from	all Wel	ls in M	etering	Period							mg¹
2	Total Water Used for L	Jnidirec ⁻	tional F	lushing	in Mete	ering P	eriod						mg
3	Total Water Used for F	Reaction	ary Flus	shing in	Meteri	ng Peri	od						mg
4	Total Water Used for E	Backwash	ing Filt	ers in	Meterin	g Perio	d						mg
5	Total Water Lost and L	Jsed Rep	airing L	eaks in	Meteri	ng Peri	od						mg
6	Total Other Known Wate	er Used	in Meter	ing Per	iod								mg
7	Total Water Sold in Me	etering	Period										mg
8	Total Authorized Water	Use in	Meterin	ng Perio	d (sum of	2 throug	h 7)						mg
9	7 Total Distribution System Leakage (DSL) in Metering Period (difr. between 1 and 8) mg								mg				
10	0 Percentage of TWP that is DSL pct							pct					
11	Total Water Pumped (TWP)from all Wells in 2015 to date							mg					
12	2 Total Authorized Water Use in 2015 to date mg							mg					
13	Total Distribution Sys	stem Lea	kage (D	SL) in 2	015 to	date							mg
14	Percentage of TWP that	t is DSL	in 201	5 to dat	:e								pct
15	Residential Accounts	in Billi	ng Perio	od		TS ² :		TBR ³ :			TMR ⁴ :		
16	Commercial Accounts in	n Billin	g Perio	d		TS:		TBR:			TMR:		
17	Fire Flow Accounts in	Billing	g Period			TS:		TBR:			TMR:		
18	Surfside Management i	n Billin	g Perio	d		Cont	ract:			REIMB	5:		
19	Other / Total Income :	in Billi	ng Perio	od		(other:			TI	6:		
20	Past Due Accounts	30 days	5:	≥6	50 days:		L	ocked/0f	f:	Li	ened P	rop.:	
21	Field Salary			Op/Adm	in Exper	ise			Debt Se	rvice			
22	Admin Salary			Capita	1 Expens	se			Total E	xpense			
23	Locates: Cu	ıstomer S	Service	Calls		Wate	r Quali	ity Compl	aints		Othe	er	
24	Customer Valves Insta	lled:		MIP #	of Mete	rs Inst	alled:		Othe	r:			

¹ Million Gallons

² Total Services

³ Total Base Rate

⁴ Total Metered Rate

⁵ Reimbursement

⁶ Total Income

Operations Report:

North Well Field:

There were no failures or major repairs to report in April.

The Crew demolished the garage and removed most of the debris from the site in April. Two of the trees that were in the driveway have been removed also.

Ford Electric is scheduled to start the North Wellfield Electrical Upgrade on May 17, 2015.

Kemp West, Inc. removed the tree at Bay Avenue and U Street on a limited Small Works Contract for \$3,500 plus tax in April.

Bids opening for the North Wellfield Well #2 Decommissioning was held on May 1, 2015 at 1:00 PM.

Results

- Pitner Drilling & Pump No Bid (Woodland WA.)
- JKA Well Drilling & Pumps No Bid (Monroe WA.)
- Cascade Drilling No Bid (sent letter stating not qualified)
 (Woodinville WA.)
- Schneider Equipment, Inc. No Bid St. Paul OR.)
- Tacoma Pump & Drilling Co. No Bid (Graham WA)
- Holt Services No Bid (Edgewood WA)
- Hokkaido Drilling, Inc. \$13,000.00 (Graham WA)
- Dale McGhee & Sons Well Drilling, Inc. No Bid (Kelso WA)
- Charon Drilling, Inc. No Bid (Graham WA)
- Bison Drilling & Septic, LLC \$7,890.00 (Spanaway WA)

The general manager prepared a limited public works contract for Bison Drilling & Septic, LLC (Bison) to decommissioning well #2. The Board will be asked to award the contact to Bison by resolution at the May, 2015 regular meeting of the Board of Commissioners.

Contract for Professional Services.

At the April, 2015 regular meeting the commissioners instructed the general manager to obtain a cost estimate and contract for professional services for engineering and surveying of the 227th and Birch booster station project identified in the Draft Water System Plan.

Mike Johnson, Gray & Osborne has provided a proposed contract for

professional services that includes the following abbreviated scope of work:

Project Management (design) coordinating and managing the schedule and budget for the (design) budget for the project team.

Topographic Survey complete topographic survey of the site, identify existing utilities and above ground facilities and features, prepare legal description of property for the easement to be acquired.

Predesign Report evaluate alternatives, develop preliminary design criteria, develop preliminary site and piping plan, develop cost estimates.

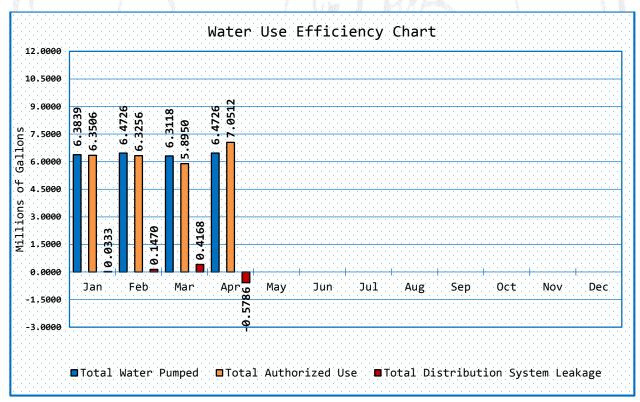
Final Plan, Specifications, and Cost Estimate complete civil, mechanical, and electrical engineering. 50% submittals, 90% submittals, final submittal and bid documents

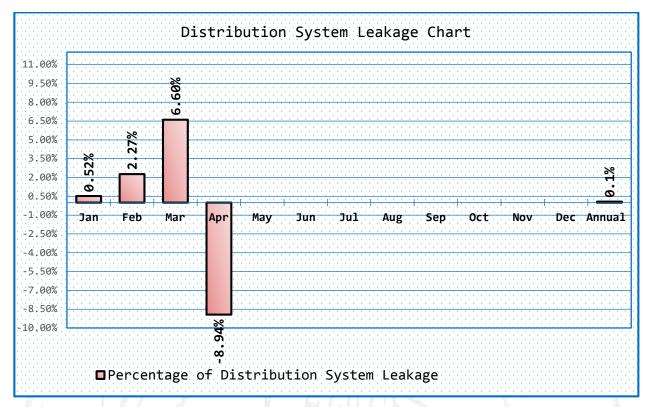
Prepare Permit Applications DOH Project Approval, SEPA, Pacific County Building Permit, Pacific County Right-of-Way Permit.

QA/QC Review Conduct Quality Assurance/Quality Control reviews throughout the project at predetermined intervals and as needed.

Bid and Award Services distribution of bid documents, response to contractor inquiries and preconstruction meeting, review bids, prepare bid tabulation and prepare an award recommendation letter.

Water Use Efficiency Charts:





Treatment Plant Report:

There were no equipment failures or major repairs to report in the treatment plant in April.

Drinking Water State Revolving Fund Project:

No progress to report in April.

AMR Meter Installation Project Report:

The crew installed 162 AMR meters in April, 2015. There are a total of 1,329 AMR meters installed as of April 30, 2015. There are 1,357 meters left to install. We will have to average 170 meters a month to complete the metering project on time.

Office and Equipment Building Report:

I have not received any updates from David since the last meeting (4/30/2015). I have talked to Pat Witherbee on the phone and in the office. According to Pat, the plans and specifications are close to being ready for bid.

Water Quality Reports:

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

The District is required to test for Arsenic quarterly. The sample from North Wellfield exceeded the MCL in April. I have discuss the sample with Teresa Walker, Office of Drinking Water Regional Engineer, and Sophia Petro, Office of Drinking Water Chemical Water Quality Monitoring Program. The

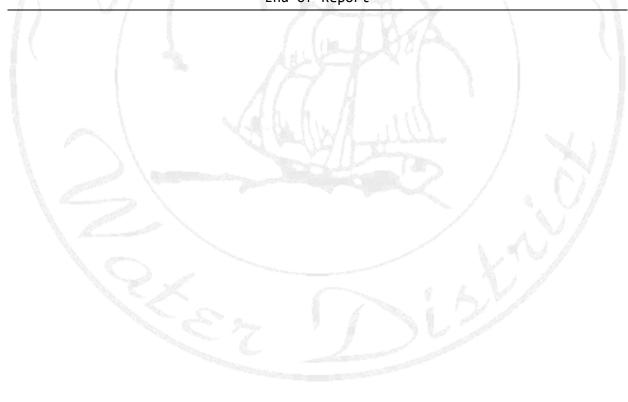
District will be required to:

- Increase to monthly monitoring for Arsenic;
- Develop an action plan delineating adjustments to the North Wellfield treatment plan operation protocols that will lower the arsenic residuals.
- Provide a schematic of the current treatment plant operation.

The District is not in violation of the WAC 246-290-310 "Maximum Contaminant Levels" due to this one sample. The WAC has established a "locational running annual average (LRAA) at each sampling point" for arsenic. Monthly sampling will help the District remain in compliance with the LRAA.

Considering our North Wellfield treatment plant reduces the Arsenic concentrations to just below the MCL (0.010 Mg/L) at peak performance I will be recommending the District purchase a good quality testing kit to analyze the finished water quality for Arsenic. The District's Treatment Plant Operator will be able to monitor and quickly react to variations in water quality in the treatment plant if he has frequent accurate samples to rely on. We am comparing several models now.





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

1317 5. 13th Avenue • Keiso, WA 98620

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected		County
419115	מ בֹא מֹ	AM DA	CISC
Month Day Year		PM	
Type of Water System (check only or	,	Private Ho	
		Other	
Group A and Group B Systems – Pro	ovide from Water Fa	acilities Inven	tory (WFI):
1D# 6 5 0 1	$\frac{3}{2}$	<u> </u>	
System Name: North	Seach	ms c	20 <u>~</u>
Day Phone: 360 665-	3 20h	Cell Phone	E:()
	-0047	FAX: ()
Email:		J	
Send results to: (Print full name address	and zip code).	ster	
POBOX 6	18		
Ocean PArk	WA. 9	18604	10
	PLE INFORMA		
Sample collected by (name):	·		
130	MNIS	T	
Specific location where sample colle		Special ins	tructions or comments:
5-19 23400 PACIFICI	tud		
Type of Sample (MUST CHECK O	NLY ONE BOX OF	#1 THROUG	H #4 LISTED BELOW)
#1 Routine Distribution Sample			er unsat. routine)
Chlorinated: YesNo		ribution Syste	•
Chlorine Residual: Total Free			ater Rule (GWR)
#3, Raw Water Source Sample	1 ' '	oulation of 1,0	•
☐ E.coli – GWR source sample		-	outine lab number:
☐ Fecal –Surface, GWI, some sp	9-		
Other			e collect date:
S			/ No
Public systems must provide source number from \(\)	NFI		otalFree
#4. Sample Collected for Information		***************************************	
Investigative Construc	•	Other	
LAB USE ONLY DRINK I	ING WATER RE	SULTS	LAB USE ONLY
☐ Unsatisfactory Total Coliform Pr	recent and	1	Satisfactory
	E.coli absent		/
Danis and Samula Banda			
Replacement Sample Required: Sample too old (>30 hours)	TNTC	П	
_ ,	☐ Turbid culture	L	
LI Improper container			
Bacterial Density Results: Plate Cour	nt/	ml. E.coli	/100ml.
Total Coliform/10	00ml. Fecal Coli	form	/100ml.
Method Code:	7 7/	Date, Time an	d Temp Received:
MICR- S M Y L	= 3b	4110/15	0930 /
Date Analyzed 4, ((), () Sample Number (DOH number plus five digits)	1b	Date Reporte	1110112
0 1 7 - 3	101	LAD USE UNIY	W 4/14/15

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

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:

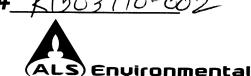
Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.) Insufficient volume. (Sample must be at least 100 ml) If not tested, a new sample must be submitted for analysis.

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# <u>K1503710-c</u>02



1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected		e Sample ollected	County		
419115	_	CT AM	Dacicia		
Month Day Year	10	_: <u>00</u> 🗆 PM	Luca C		
Type of Water System (check only	y one box)	vate Household		
Group A	Group E		ner		
Group A and Group B Systems –	Provide fr	om Water Facilitie	s Inventory (WFI):		
ID# 6 3 0	0	0 C	,		
System Name: North	Ber	ch w	oxer		
Contact Person:	14	Schwe	izer		
Day Phone: (360 665	-4	144 Ce	Il Phone: ()		
Eve. Phone: 360 244	- 00	947 FA	X: ()		
Email:					
Send results to: (Print full name, addre		code)			
PUBOX 61					
OCOM DAG	k 1	1A 9	8640		
C CEPHN DI	MDI E II	*******************************	***************************************		
	MPLE	NFORMATION			
Sample collected by (name):	Jeni	nis			
Specific location where sample co			ecial instructions or comments:		
5-5 1206 2	474	n PL.			
Type of Sample (MUST CHECK		VE BOX OF #1 TH	ROUGH #4 LISTED BELOW)		
#1. Knoutine Distribution Samp	ole	#2.Repeat Sam	ole (after unsat. routine)		
Chlorinated: YesNo	_	☐ Distributio	n System		
Chlorine Residual: Total Fre	ee		oundwater Rule (GWR) n of 1,000 or less)		
#3. Raw Water Source Sample			actory routine lab number:		
☐ E.coli – GWR source sample		0 1 7	ictory routine lab flumber.		
☐ Fecal –Surface, GWI, some	springs		and the same and t		
Other			routine collect date:		
S			O. No.		
Public systems must provide source number from	n WFI	Chlorinated: Yes No Chlorine Residual: Total Free			
#4, Sample Collected for Inform	mation O		Judi. TotalTee		
Investigative Constr		-	Other		
		ATER RESUL			
Unsatisfactory Total Coliform			✓ Satisfactory		
☐ E.coli present	E.CO	li absent			
Replacement Sample Required:					
☐ Sample too old (>30 hours)		C 🗆			
☐ Improper Container	☐ Turb	id culture			
Bacterial Density Results: Plate Co	unt	/mi =	coli /100ml		
	100ml.	Fecal Coliform_			
Method Code: MICR- 5 M 9 7	2	3 Date,	Time and Temp Received:		
Date Analyzed 4/0//	Ť		0/15 0 83 0 M		
Sample Number (DOH number plus five digits)	<u>n')</u>				
0 1 7 - 3 7	/ () <u>} </u>	SE OTHY: ILY Y LIHITS		
			P · · · ·		

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.

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- 3. Publicly notify the users of public water systems as specified in WAC 246-290-480
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TEST UNSUITABLE: Resample Immediately

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RESAMPLE:

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FOR ADDITIONAL INFORMATION:

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A

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample	County		
4,9,15	Collected AM	Design		
Month Day Year _	9:40 pm	DACIP C		
Type of Water System (check only one	box) 🗆 Pr	vate Household		
Group A Grou	up B 🗌 Ot	her		
Group A and Group B Systems – Provid	le from Water Facilitie	es Inventory (WFI):		
1D# 6 3 0 0	<u> </u>			
System Name: North	zepch u) BHEY		
Contact Person: Do NNIS	s Schw	eizer		
Day Phone: (360) 665- 4		ell Phone: ()		
Eve. Phone: 360 244 - 6	097 FA	X: ()		
Send results to: (Print full name, address and	zip code)			
Thoran Dead	n wase			
150 120X C18)			
UCEAN PARK,	WA. 9	8640		
	E INFORMATIO	Y		
Sample collected by (name):	nni S			
Specific location where sample collected		ecial instructions or comments:		
5-9 21700 "0" S	计 ,			
Type of Sample (MUST CHECK ONL)	ONE BOX OF #1 TI	ROUGH #4 LISTED BELOW)		
#1 Routine Distribution Sample	#2.Repeat Sam	ple (after unsat. routine)		
Chlorinated: YesNo	☐ ☐ Distribution	on System		
Chlorine Residual: Total Free		roundwater Rule (GWR) on of 1,000 or less)		
#3, Raw Water Source Sample		actory routine lab number:		
☐ E.coli – GWR source sample	0 1 7			
☐ Fecal –Surface, GWI, some spring ☐ Other	19	y routine collect date:		
S		ed: Yes No		
Public systems must provide source number from WFI	Chlorine Resi	e Residual: Total Free		
#4. Sample Collected for Information	n Only			
Investigative Construction	/ Repairs	Other		
LAB USE ONLY DRINKING	WATER RESU	.TS LAB USE ONLY		
☐ Unsatisfactory Total Coliform Prese	nt and	Satisfactory		
☐ E.coli present ☐ I	E.coli absent			
Replacement Sample Required:				
<u> </u>	TNTC [1		
_ , _ , _	Furbid culture			
Bacterial Density Results: Plate Count	/ml. <i>i</i>	E.coli/100ml.		
Total Coliform/100ml	. Fecal Coliform_	/100ml.		
Method Code:	Date	Time and Temp Received:		
MICR- 5 1 9 1	<u> </u>	10/15 0930 M		
Date Analyzed 4, (0, 1) , b Sample Number (DOH number plus five digits)		Reported: // / / / / / / / Jse Only:		
0 1 7 - 3 7 /	03	1/ 4/14/15		
		P 1		

INTERPRETATION OF RESULTS FOR DRINKING WATER

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Insufficient volume. (Sample must be at least 100 ml)
If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

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COLIFORM BACTERIA ANALYSIS

	me Sample County Collected
Month Day Year	A:30 DAM PACIFIC
Type of Water System (check only one bo	x) Private Household
Group A ☐ Group	B Other
Group A and Group B Systems - Provide	from Water Facilities Inventory (WFI):
ID# 6 3 0 0	0 0
	each water
Contact Person: Dannis	Schwerzer
Day Phone: 360 -665-41	
Eve. Phone: 1860) - 244-00	947 FAX:()
Send results to: (Print full name, address and pip	p code)
nowh Beach	1 WATER
10130 x 618	
Ocean Park	,WA. 98640
SAMPLE	INFORMATION
Sample collected by (name):	nis
Specific location where sample collected:	Special instructions or comments:
5-7 23200 Birch	
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	0 1 7 -
Other	Unsatisfactory routine collect date:
S	
Public systems must provide source number from WFI	Chlorinated: Yes No
#4. Sample Collected for Information O	Chlorine Residual: TotalFree
Investigative Construction / R	•
	ATER RESULTS LAB USE ONLY
☐ Unsatisfactory Total Coliform Present a ☐ <i>E.coli</i> present ☐ <i>E.co</i>	
· · · · · · · · · · · · · · · · · · ·	oli absent
Replacement Sample Required:	
☐ Sample too old (>30 hours) ☐ TNT(C
☐ Improper Container ☐ Turbi	id culture
Bacterial Density Results: Plate Count	/ml.
Total Coliform/100ml.	Fecal Coliform/100ml.
Method Code: M 9 2 7	Date/Time and Temp Received:
Date Analyzed 4,10,15 a.b.	Date Reported: 27 / 3 / C
Sample Number (DOH number plus five digits)	, Lab Use Only:
<u>0 1 7 - 3 7 / (</u>	2 4 4 4 14 115

INTERPRETATION OF RESULTS FOR DRINKING WATER

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample			County		
419115	Collected			PACILIC		
Month Day Year	IC	2: <i>1</i> 5 =	РМ	PACIAC		
Type of Water System (check o	nly one box	() г	□ Dri	vate Household		
Group A	☐ Group I					
	,			ner		
Group A and Group B Systems	– Provide fi	rom vvater Fa	Cilitie	s Inventory (WFI):		
ID# <u>6 5 0</u>	0		_	. /		
System Name: Ortu	· loer	ach 1	<u>U</u>	Wer		
Contact Person: Den	N15	, Sc 4	1 <i>W</i>	eizer		
Day Phone: (360 665	- 414	4		Il Phone: ()		
Eve. Phone: (360) 244	-00 4	7	FA.	X: ()		
Email: Send results to: (Print full name, add	trees and zin	mde)		The state of the s		
North Bea		علامات	1			
1-0 Box 6	18			,		
Ocean Par	K,L	DA.	9	8640		
		NFORMAT				
Sample collected by (name):	AWFLE	NEORMA	IUN			
Sample collected by (flame).	Ser	MIS				
Specific location where sample	collected:		Spe	cial instructions or comments:		
5-4 27900	, O.,	54.				
Type of Sample (MUST CHEC	K ONLY O	NE BOX OF #	t TH	ROUGH #4 LISTED BELOW)		
#1. Routine Distribution Sar		T		ole (after unsat. routine)		
Chlorinated: YesNo	\times	☐ Distri	butio	n System		
Chlorine Residual: Total	Free	Sour	ce Gr	oundwater Rule (GWR)		
#3. Raw Water Source Sample				n of 1,000 or less)		
☐ E.coli – GWR source samp	ole	Uns	atisfa	ctory routine lab number:		
☐ Fecal –Surface, GWI, som	e springs	0 1	7			
Other	, 3	Unsatisfa	ctory	routine collect date:		
			1	/		
S		Chlorinated: Yes No				
Public systems must provide source number to	rom WFI	Chlorine Residual: Total Free				
#4. Sample Collected for Info	rmation O					
Investigative Cons		•		Other		
		ATER RES	SUL			
☐ Unsatisfactory Total Coliform				Satisfactory		
☐ E.coli present	☐ E.co	oli absent				
Replacement Sample Required	l:					
☐ Sample too old (>30 hours) 🗆 TNT	C				
☐ Improper Container	Turb	oid culture				
A		*				
Bacterial Density Results: Plate 0	Count	/m	ıl. E	.coli/100ml.		
Total Coliform	/100ml.	Fecal Colifo	ım	/100ml.		
Method Code:	···					
MICR- 5 M 9 7	h 2	36	uate, l	ime and Temp Received:		
Date Analyzed 4.10.1	Silo		7// Date F	0/15 0930 M		
Sample Number (DOH number plus five digit	· · · · ·			se Only		
0 1 7 - 3 /		221		# 4/14/15		
				•		

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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- 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

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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.

NatureSolv™ the environmentally responsible carbonless cansule

SR# K1503710-006



1317 S. 13th Avenue • Kelso, WA 98626 COLIFORM BACTERIA ANALYSIS

Date Sample Collected		Sample llected /	County				
4,9,15	a	. 10 AM	Pacis.C				
Month Day Year		.: □ PM	17002.0				
Type of Water System (check or	nly one box)	☐ Pri	vate Household				
Group A [☐ Group B	☐ Ot	her				
Group A and Group B Systems -	- Provide fro	m Water Facilitie	s Inventory (WFI):				
10# 6 3 0	0	<u>0</u>					
System Name: North	· Ber	sch w	adin				
Contact Person: Den	<u> </u>	Schu	e. 205				
Day Phone: (360) (665	5-414	`. \	Il Phone: ()				
Eve. Phone: (360 244	1-00	47 FA	X: ()				
Email: Send results to: (Print full peope, add	ress and zip o	ode) i					
north 1301	ach	معلان	\				
PO BOX	618	*******	,				
Ocean PA	rk,ı	UA. 9	8640				
Si	AMPLE IN	IFORMATION					
Sample collected by (name):		* ~*					
	JONA	117					
Specific location where sample of	collected:	dao	ecial instructions or comments:				
5-2 262005	paper .	0.0					
Toron of Commission (MILOT OUT)	W 0111 V 011	FER.	IDOLOUI II LIOTED DEL OLO				
Type of Sample (MUST CHEC			ple (after unsat. routine)				
Chlorinated: Yes No		Distributio	•				
			•				
Chlorine Residual: Total1 #3. Raw Water Source Sample	rree		roundwater Rule (GWR) on of 1,000 or less)				
☐ E.coli – GWR source sample	nle	Unsatisf	actory routine lab number:				
Fecal –Surface, GWI, som	1	0 1 7	-				
Other	c oprings	Unsatisfactor	y routine collect date:				
		1	,				
<u> </u>		Chlorinated: \	/es No				
Public systems must provide source number	from WFI		dual: Total Free				
#4. Sample Collected for Info	ormation On						
Investigative Con:			Other				
		ATER RESUL					
Unsatisfactory Total Coliforn			Satisfactory				
☐ E.coli present	m Present ar E.coi		Jausiaciory				
		ausent					
Replacement Sample Required							
☐ Sample too old (>30 hours) TNT						
☐ Improper Container	☐ Turbi	d culture					
Bacterial Density Results: Plate 0	Bacterial Density Results: Plate Count /ml. E.coli /100ml.						
Total Coliform	_/100ml.	Fecal Coliform_	/100ml.				
Method Code: MICR- 5 M 9)	3 h Date	Time and Temp Received:				
Date Analyzed 4/0/	cab	Date	Reported: 1/ / / / S				
Sample Number (DOH number plus five digit	, , .		Jse Only:				
0 1 7 - 3	<u> </u>	26	# 4/14/15				

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

TEST UNSUITABLE: Resample Immediately

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

RESAMPLE:

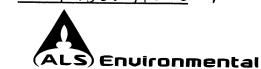
Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.) Insufficient volume. (Sample must be at least 100 ml) If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

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

NatureSolv[™] the environmentally responsible carbonless capsule

SR#_ K1503710-007



1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected		ne Sample	County		
4 / 9 / 15 Month Day Year	-	Collected Representation of the property of	PACILC		
Type of Water System (check or	nly one bo	x) □ Pri	vate Household		
Group A	☐ Group				
Group A and Group B Systems	- Provide 1				
ID# 6 3 0	0	0 (.	a montary (m. 1).		
System Name: North	Bo	och IVI	rter		
Contact Person:	<u> </u>	Shu	P: 705		
Day Phone: (360) 665	41	44 Ce	Il Phone: ()		
Eve. Phone: 360 244	1-00	947 FA	X: ()		
Email:					
Send results to: (Print full name, add	ress and zip	code)	Les		
POBOX	1-15) }			
Ocean PA	-10	WA. 9	91.40		
	1		8640		
***************************************	AMPLE	NFORMATION			
Sample collected by (name):	Seni	\`<			
Specific location where sample of			cial instructions or comments:		
5-12 2218	272	nd i			
Type of Sample (MUST CHEC	K ONLY O	NE BOX OF #1 TH	ROUGH #4 LISTED BELOW)		
#1. Routine Distribution Sam	ple		ole (after unsat. routine)		
Chlorinated: YesNo	X	☐ Distribution	n System		
Chlorine Residual: Total F	ree	☐ Source Gr	oundwater Rule (GWR)		
#3. Raw Water Source Sample			n of 1,000 or less)		
☐ E.coli – GWR source samp	le	Unsatisfa	ctory routine lab number:		
Fecal –Surface, GWI, some	springs	0 1 7			
☐ Other		Unsatisfactory	routine collect date:		
S		/	- Annual Control of the Control of t		
Public systems must provide source number fro	om WFI	Chlorinated: Ye	es No		
			ual: TotalFree		
#4. Sample Collected for Info					
Investigative Const	truction / R	epairsC	Other		
LAB USE ONLY DRIN	KING W	ATER RESULT	S LAB USE ONLY		
☐ Unsatisfactory Total Coliform	Present a	nd	Satisfactory		
☐ E.coli present	☐ E.co	li absent			
Replacement Sample Required:	······································				
☐ Sample too old (>30 hours)		СП			
☐ Improper Container		d culture	The state of the s		
	h				
Bacterial Density Results: Plate Co	ount	/ml. <i>E.</i> c	coli/100ml.		
Total Coliform	100ml.	Fecal Coliform	/100ml.		
Method Code:	- 1	Date,Ti	me and Temp Received:		
Data Applyand	- -	-0 4/1	0/15 0930 M		
Date Analyzed 4, / (), / Sample Number (DOH number plus five digits)	119		eported: 4/) /5		
0 1 7 - 3 7	10	7 Lab Use	e Only: Hyllylls		
			n Alim,		

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.

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RESAMPLE:

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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# K1503710 -008



COLIFORM BACTERIA ANALYSIS

Date Sample Collected T	ime Sample Collected	County		
419115	2 AM	D. c 'C'		
Month Day Year	1 : 20 □ PM	MACIA		
Type of Water System (check only one bo	ox) 🗆 Pri	vate Household		
Group A Group				
Group A and Group B Systems – Provide	from Water Facilitie	es Inventory (WFI):		
ID# 6 3 0 0	0 C			
System Name: North Bo	Ach W	ader		
Contact Person: Do M. M. S	Shun	2706		
- Intervent		Il Phone: ()		
Eve. Phone: (360) 244-00		X: ()		
Email:				
Send results to: (Print full name, address and z		1.A		
	M WW			
10030x 618	. ^ -			
Ocean PAFK,	WH. 9	8640		
SAMPLE	INFORMATIO	N .		
Sample collected by (name):	nis			
Specific location where sample collected:		ecial instructions or comments:		
		coldi inspections of confinents.		
5-18 24200 SANDRIGE	. Rd.			
Type of Sample (MUST CHECK ONLY	ONE BOX OF #1 TI	ROUGH #4 LISTED BELOW)		
#1. Routine Distribution Sample	#2.Repeat Sam	ple (after unsat. routine)		
Chlorinated: YesNoX	☐ Distribution	on System		
Chlorine Residual: Total Free		roundwater Rule (GWR)		
#3. Raw Water Source Sample		on of 1,000 or less)		
		actory routine lab number:		
☐ Fecal –Surface, GWI, some springs	$\frac{0}{1} \frac{1}{7}$			
☐ Other	1	y routine collect date:		
S	1			
Public systems must provide source number from WFI	Chlorinated: \	nated: Yes No		
•	Chlorine Resi	dual: TotalFree		
#4. Sample Collected for Information	• • • •			
Investigative Construction /	Repairs	Other		
LAB USE ONLY DRINKING	WATER RESUL			
☐ Unsatisfactory Total Coliform Present	t and	Satisfactory		
☐ E.coli present ☐ E.	coli absent	(
Replacement Sample Required:	***************************************			
☐ Sample too old (>30 hours) ☐ TN	ITC _			
☐ Improper Container ☐ Tu	rbid culture			
Bacterial Density Results: Plate Count				
Total Coliform/100ml.	Fecal Coliform_	/100ml.		
Method Code: MICR- S M 9 2 2	3 h Date	Time and Temp Received:		
Date Analyzed 4/0/5nh	Date	Reported: (//)		
Sample Number (DOH number plus five digits)	Labl	Ise Only:		
0 1 7 - 3 7 /	0 8	# 414115		
Section of the sectio		•		

INTERPRETATION OF RESULTS FOR DRINKING WATER

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ALS Environmental

1317 South 13th Avenue Kelso, WA 98626

METALS TEST PANEL - MODIFIED

for the State of Washington

REPORT OF ANALYSIS

Date Collected: (MM/DD/YY) 4/9/2015			System Group: (Select A, B, Other) A			
Water Syst	em ID Number:	63000C	System Nar	ne:	North Beach Water District	
Lab Sampl	e Number:	01737161	County:		Pacific	
Sample Lo	cation:	Effluent Tap	Source Nun	nber(s):	S06	
Sample Pur	rpose:		Date Receiv	ed:	04/10/15	
Select One	;		Date Analy	zed:	04/15-20/15	
X	RC- Routine/C	ompliance	Date Repor	ted:	04/30/15	
	C- Confirmation	on	Comments:		K1503716-001	
	Investigative					
	Other(specify)					
Sample Co	Sample Composition:		Sample Type: (Select One)			
Select One	;		Pre-Treatment/Raw		ent/Raw	
X	S- Single Sour	ce	X	Post-Treatr	nent/Finished	
	B- Blended	(List multiple source numbers)		Unknown		
	C- Composite		Sample Col	lected by:	Dennis Schweizer	
	D- Distribution	n sample	Phone Num	ber:	360-214-2810	
Send Repo	ort to:	Dennis Schweizer	Bill to:			
WA DOH						
		=				

DOH#	ANALYTE	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL	Method	Analyst
							Exceeded check if yes		
0004	ARSENIC	0.012	mg/L	0.001	0.010	0.010		200.8	GJ
0008	Iron	0.02	mg/l	0.1		0.3 1		200.7	EM
0010	Manganese	< 0.005	mg/l	0.01		0.5 1		200.7	EM

NOTES:

SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH).

Trigger Level: DOH Drinking Water Response Level. Systems with compounds detected at concentrations in excess of this level are required to take additional samples. Contact your regional DOH office for further information.

MCL (Maximum Contaminant Level): If the contaminant amount exceeds the MCL, immediately contact your regional DOH office.

 $NA \ (Not \ Analyzed): in the \ results \ column \ indicates \ this \ compound \ was \ not \ included \ in \ the \ current \ analysis.$

ND (Not Detected): in the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SRL.

<(0.00X): indicates the compound was not detected in the sample at or above the concentration indicated. (lab mdl) lower than the SRL.

Comments:			
			_

WASHINGTON STATE															
		DEPARTMENT OF COMMERCE							AGENCY NUMBER	R	Short Code	T	Commerce C	Contract Number	
Forr A19-1		VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 98504-2525							10	30		DM12-952-129			
		VENDOR OR CLAIMANT (Warrant is to be payable to:)							INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise, or services.						
North Beach Water District PO Box 618 Ocean Park WA, 98640									Vendor's Cert authorized an under penalty services furnis provided with	show complete detail for each item. //endor's Certificate: The individual signing this voucher below warrants they have the authority uthorized and on the behalf of the entity identified in the Vendor/Client section. The individual under penalty of perjury that the items and totals listed herein are proper charges for materials, ervices furnished to the State of Washington, and that all goods furnished and/or services rend rovided without discrimination because of age, sex, marital status, race creed, color, national o eligion or Vietnam era or disabled veterans status.					
Contact Person: Jack McCarty															
Phone:		(360) 665-4144								9	19				
Contract I						11/29/2012 - 11/29/203 4/1/15 - 4/30/15	6		By: (SIGN IN BLUE INK)						
Report Period 4/1/15 - 4/30/15							General Manager 5/4/2015 (TITLE) (DATE)								
		Original Contract Amount					1 9	\$2,190,631							
		Loan Fee (if any)							\$0						
Date	Date			DESCRIPTION				Bu	dget	Previously F	Requested	Amount of Th	is Invoice	Award Remaining Balance	
		Net Contra	ct An	nount				\$2,19	90,631	\$466,485.30				\$1,724,146	
						Request #24						<u>iii</u>		MICHAEL SERVICE	
4/1/2015	5	Invoice #13224.02-000026 / G			0026 / Gray & Osborne / Supply & Treatment Proj							\$21,471.01		The state of the state of	
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	-	*****													
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	\dashv							-							
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								1						24 1 1 1 1 1 1 1 1	
Total							Totals			\$21,4			71.01 \$1,702,675		
Match: Year	/ Dollars /	Coding					IDDOGDA	M ADDROVAL (the	individual cigning th	ie vouebor warrante tho	, have the author	rity to sign this voucher).		DATE	
rodi	/							NO TAL (III)		uurana ille	, ino autilui	, .v eigi. and roudidly.			
DOC DATE CURRENT DOC. NO. REFEREN							NCE DOC NO.	VENDOR NUMBER and SUFFIX			SWV011017				
						ASD NUN	IRED		VENDOR MESSAGE						
ACCOUNT NO.						ASDINON	ASD NUMBER								
TRANS						SUB SUB									
CODE	MASTER	R IN	IDEX	SU	3 OBJ	OBJ	GL	ACCT	SUBSID	-	AMOUN	IT		INVOICE	
			\dashv				+							DM12-952-129	
			-				+-								
			-				+								
			\dashv				+								
			\dashv				+								
			\dashv				+-								
			-				+								
			-				+								
			-				+								
SIGNATURE	OF ACCO	UNTING PREPA	RER F	OR PAYME	NT	L			DATE	L		WARRANT TOTAL			
ACCOUNTING	CCOUNTING APPROVAL FOR PAYMENT								DATE						
												1			

STATE OF THE PERSON NAMED IN	3		WA	ASHINGTON STATE								
			DE	PARTMENT OF COMMERCE			AGENCY NUMBER	B Charles			Denter of Mountain	
Forr	m	VOUCHER DISTRIBUTION					AGENCY NUMBER	R Short Code		Commerce C	Contract Number	
A19-								30	DM12-952-121			
			PO BOX 42525 OLYMPIA, WA 98504-2525			10.	30	DIVITZ-952-121				
	VENDOR OR CLAIMANT (Warrant is to be payable to:)						INSTRUCTIO	ONS TO VENDOR OR CLAI	L WANT:			
	TENDOR OR CEMINARY (Wallant is to be payable to:)						Submit this fo					
		North Reac	h Water Disti	rict			Show comple					
		PO Box 618		icc				ive the authority to do so as The individual signing below certifies				
Ocean Park WA, 98640							under penalty	of perjury that the items and	totals listed herein are	proper charge	es for materials, merchandise or or services rendered have been	
		Ocean Fair	WA, 70040				provided with	out discrimination because o	fage, sex, marital status		color, national origin, handicap,	
Contact P	orcon	***************************************	Т	lack McCarty			religion or Vietnam era or disabled veterans status.					
Contact Person: Jack McCarty Phone: (360) 665-4144							1					
Contract I				11-29-2012 thru 11-29-203	6							
REPORT PERIOD 4/1/15 - 4/30/15						(SIGN IN BLUE INK) General Manager 5/4/201					14/0045	
							Ge	(TITLE)			(DATE)	
	Original Contract Amount						\$891,123					
		Loan Fee (if ar	ıy)				\$8,823					
Date						p	Budget Previously Requested Amount of This Inv				Award Remaining Balance	
							Freviously Requested	Amount of this invoice				
		Net Contract A			\$88		2,300	\$650,331.86		\$231,96		
4/4/00				Request #17					-			
4/1/20)15	Invoice #13223	3.01-0000013 / G	ray & Osborne / Water Main Project					\$862.1	16		
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											7	
											11	
		To							\$862.1	6	\$231,106	
					, tuio						\$231,100	
Match: Year	/ Dollars	/ Coding			Innocnam	ADDDOVAL #5			alter to all a fill and a short		DATE	
maton. Tear	Donais	County			PROGRAM	APPROVAL (the	individual signing thi	s voucher warrants they have the author	rily to sign this voucher).		DATE	
DOC DATE CURRENT DOC. NO.						E DOC NO.	0	VENDOR NUMBER and SUFFIX SWV0110176 00				
ACCOUNT NO.						ER		VENDOR MESSAGE				
				SUB SUB				×				
TRANS CODE	MASTE	R INDEX	SUB OBJ	OBJ	GL	ACCT	SUBSID	AMOUN	іт		INVOICE	
										-	DM12-952-121	
SIGNATURE	OF ACCO	OUNTING PREPARER F	FOR PAYMENT				DATE		WARRANT TOTAL			
CCOLINTING	G APPRO	VAL FOR PAYMENT					DATE		4			
	O AFPRU	VAL FOR PAIMEN!			DATE							