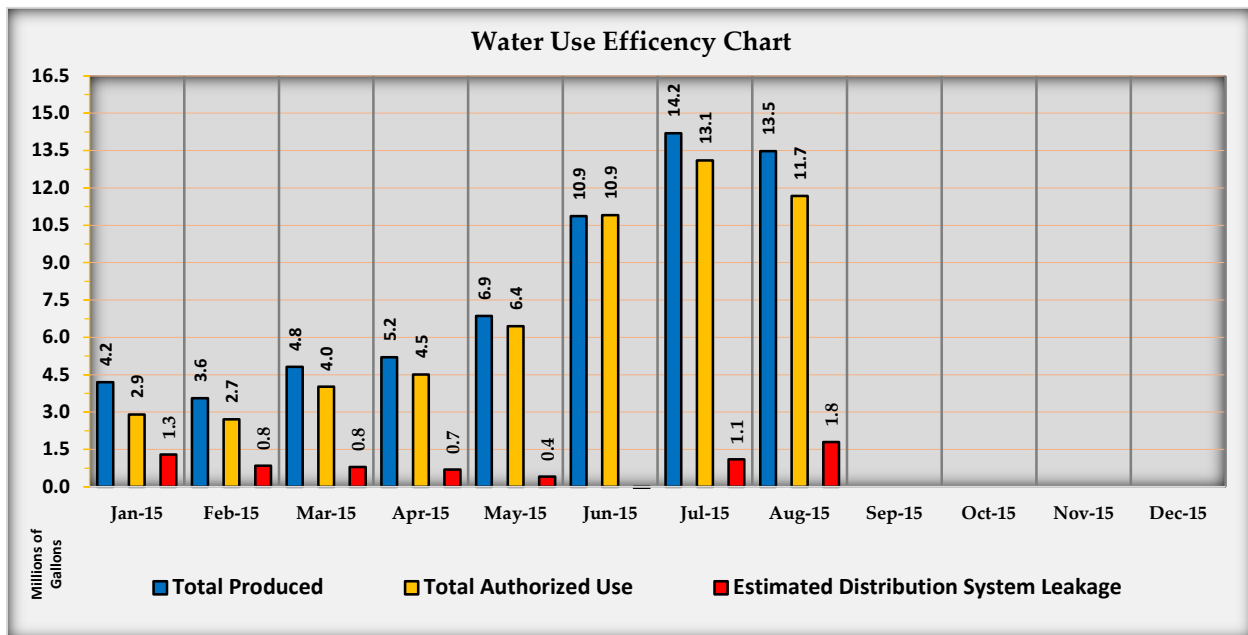


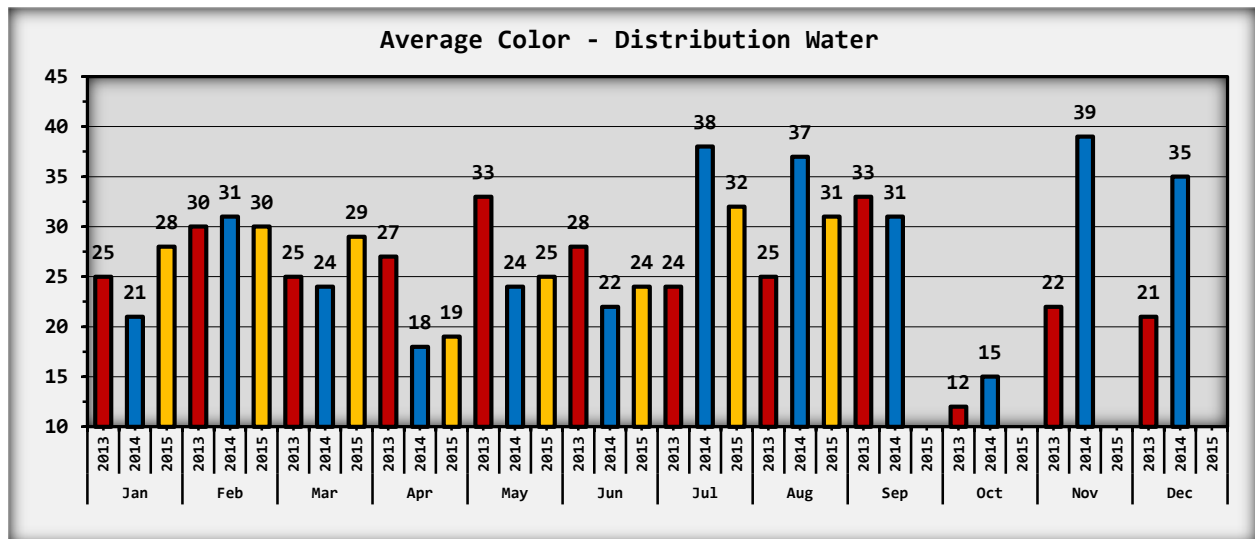
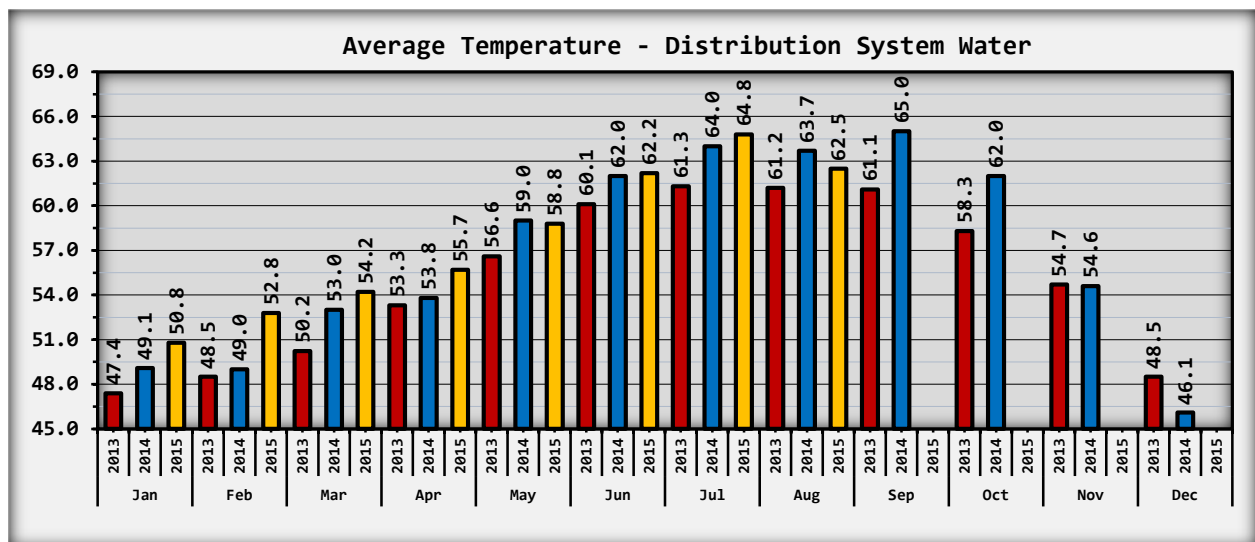
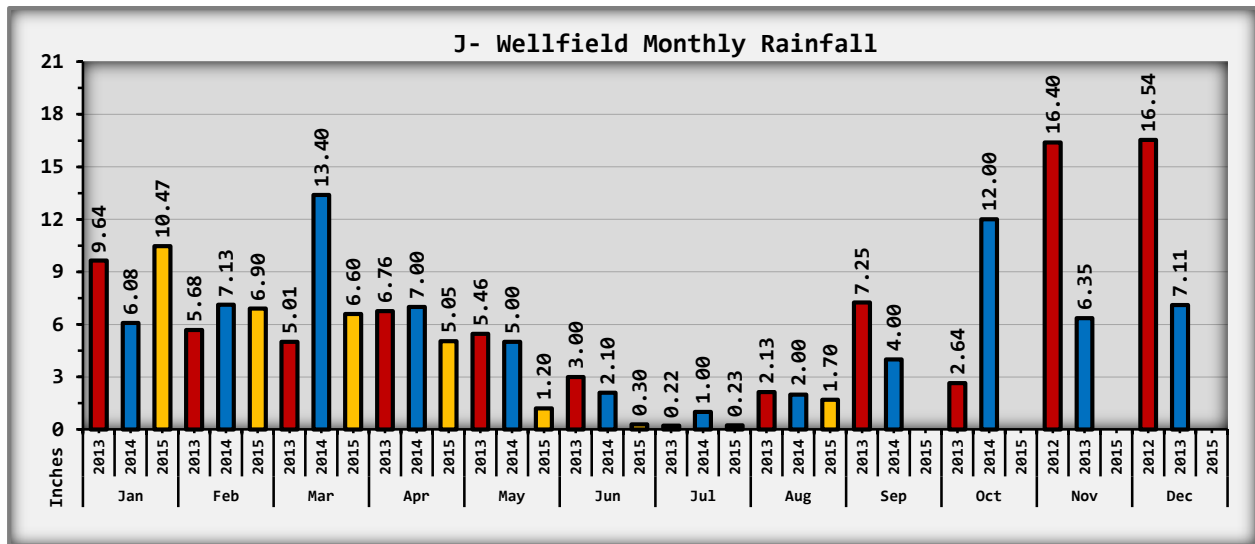
Report On Water System Operations For The Month Of:	August 2015
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Meter Reading Period For This Report:	July 31, 2015	through	August 31, 2015
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Total Water Pumped From Wells	13.474	mg ¹
Total Estimated Authorized Water Use	11.676	mg
Total Estimated Distribution System Leakage (DSL) Gallons	1.798	mg
Total Estimated DSL (Percentage of Total Water Pumped)	-13.3%	pct
Total Water Use by Water Department	1.129	mg
Full Time Residential Metered Water Use	3.734	mg
Part-Time Residential Metered Water Use	3.616	mg
Estimated Full Time Residential Unmetered Water Use	1.352	mg
Estimated Part Time Residential Unmetered Water Use	1.056	mg
Commercial Metered Water Use	0.759	mg



¹ Million Gallons



Chloroform Reduction Pilot Test:

Teresa Walker P.E. and Anna Vosa P.E. with the DOH Office of Drinking Water have make preliminary comments on Gray and Osborne's Chloroform Reduction Pilot Study. I have attached a copy of the correspondence to this report. Russ Porter P.E. with Gray and Osborne is responding to the comments.

Water Main Replacement (WMR):

No work on WMR in June or July, 2015.

Meter Installation Project (MIP):

Installed 66 meters in Divisions 14 & 15 in June, 2015.

Installed 87 meters in Divisions 14 & 15 and Division 4 in July, 2015.

Metering Project to Date by Division:

Complete:

Division:01

Division:02

Division:04

Division:06

Division:10

Division:11

Division:12

Division:14

Division:15

Division:Ocean Crest

Division:Sea Dunes

Division:..... Sunny Slopes

Division:..... Surf View

Division.....03

Working In:

Division:.....07

Pending:

Division:.....08

Division:.....13

Division:.....16

Division:..... Ocean Woods

Division:..... Ocean Villa

Water Main Breaks:

There were no water main breaks in August, 2015.

Water Main Leaks:

The Crew, with the assistance of attentive members, have found and repaired 14 water main leaks in 2015. They are listed below:

Date	Near	Gallon per Minute	Gallons per Year
February 26, 2015	1609 320 th	10 gpm	5,256,000
March 6, 2015	30711 M Place	20 gpm	10,512,000
March 10, 2015	32011 K Place	20 gpm	10,512,000
March 17, 2015	31902 J Place	10 gpm	5,256,000
April 1, 2015	31305 N Place	15 gpm	7,884,000
April 6, 2015	33006 G Place	5 gpm	2,628,000
April 9, 2015	32217 R Place	15 gpm	7,884,000
April 27, 2015	30514 L Place	10 gpm	5,256,000
May 22, 2015	1106 309 th	15 gpm	7,884,000
May 29, 2015	802 346 th	1 gpm	525,600
June 2, 2015	1413 324 th	10 gpm	5,256,000
June 10, 2015	1607 324 th Place	10 gpm	5,256,000
June 10, 2015	30905 G Street	4 gpm	2,102,400
June 29, 2015	30209 O Place	10 gpm	5,256,000
July 8, 2015	33205 I Street	6 gpm	3,153,600
July 31, 2015	31400 I Street	7.5 gpm	3,942,000
Totals		168.5 gpm	88,564,200



June 29, 2015 - 10 GPM



June 10, 2015 - 4 GPM

Water Quality Tests:

Coliform Samples:

Routine Sample August 10, 2015 - Passed (017-87192)

Routine Sample August 12, 2015 - Passed (017-88541)

Routine Sample August 18, 2015 - Failed (017-90791)

Repeat Sample August 21, 2015 - GWR Well J-7 - Passed (017-92121)

Repeat Sample August 21, 2015 - GWR Well J-5 - Passed (017-92122)

Repeat Sample August 21, 2015 - GWR Well J-6 - Passed (017-92123)

Repeat Sample August 21, 2015 - GWR Well J-4 - Passed (017-92124)

Repeat Sample August 21, 2015 - Distribution - Passed (017-92125)

Repeat Sample August 21, 2015 - Distribution - Passed (017-92126)

Repeat Sample August 21, 2015 - Distribution - Passed (017-92127)

Routine Sample August 24, 2015 - Passed (017-92841) (K1508719-001)

Nitrate Sample:

Routine Sample - August 10, 2015 - Source Mixed (All Wells) - Passes

.

Cross Connection Control Activity in August, 2015:

CCC Questionnaires Mailed	0
CCC Questionnaires Received	6
Cross Connection Service Calls	23
Backflow Assemblies Installed	3
Backflow Assemblies Tested	6
Compliance Letters Mailed	30
Investigation of Meters/Backflow Assemblies	16

Cross Connection Control Activity for 2015 to Date:

CCC Questionnaires Mailed	0
CCC Questionnaires Received	434
Cross Connection Service Calls	101
Backflow Assemblies Installed	12
Backflow Assemblies Tested	46
Compliance Letters Mailed	136
Investigation of Meters/Backflow Assemblies	68

Cross Connection Control Totals:

Installed Backflow Assemblies	69
Backflow Assemblies To Be Installed (based on returned questionnaires).....	102
Compliant Backflow Assemblies (testing complete)	54
Non-Compliant Backflow Assemblies (scheduled to be tested).....	11
Questionnaires Mailed (first and second notices).....	4000
Members Who Have Not Responded to Questionnaires	634

Water System Activity August, 2015:

Member Potential Leak Letters	66
Member Leaks New and Unresolved	77
Member Leaks Investigations by Crew	49
Service Calls	35
Locates	16
New Services	3
Main Breaks	0

--END OF REPORT --

AUGUST 2015 HIGH-MEDIAN WATER USE REPORT

EXCLUDES COMMERCIAL AND ZERO USE ACCOUNTS

ADDRESS	CU. FT.	GALLONS	DAILY WATER USE	LEAK STATUS
31613 G STREET	307	2297	74	
29532 G STREET	308	2304	74	
33000 G STREET	309	2311	75	
31109 G STREET	311	2326	75	
32300 G STREET	311	2326	75	
32208 G STREET	313	2341	76	
30211 M PLACE	313	2341	76	
31011 I STREET	314	2349	76	
1302 321ST PLACE	320	2394	77	
34808 G STREET	320	2394	77	
33313 G STREET	320	2394	77	
30904 G STREET	321	2401	77	
31406 G STREET	324	2424	78	
32207 J PLACE	324	2424	78	
30504 K PLACE	325	2431	78	
29979 G STREET	333	2491	80	
34604 G STREET	333	2491	80	
34905 G STREET	333	2491	80	
915 OYSTERVILLE RD	335	2506	81	
33200 G STREET	337	2521	81	
706 OYSTERVILLE RD	337	2521	81	
33310 H PLACE	337	2521	81	
30709 H STREET	338	2528	82	
901 344TH STREET	340	2543	82	Intermittent Leak 1-2 Days
1412 323RD PLACE	343	2566	83	
30612 H STREET	5675	42452	1369	
33208 H PLACE	5755	43050	1389	
33102 G PLACE	5793	43335	1398	
1501 322ND PLACE	6064	45362	1463	
30411 G STREET	6173	46177	1490	
35302 G STREET	6284	47008	1516	Intermittent Leak 8-14 Days
1506 320TH PLACE	6309	47195	1522	
35210 G STREET	6493	48571	1567	
32310 K PLACE	6838	51152	1650	Continuous Leak 35 Days
30200 H STREET	7109	53179	1715	Intermittent Leak 15-21 Days
30701 G STREET	7846	58692	1893	
35503 J PLACE	8355	62500	2016	
30715 G STREET	8464	63315	2042	Continuous Leak 35 Days
912 338TH PLACE	8995	67287	2171	
1500 323ND PLACE	9069	67841	2188	
30706 H STREET	9338	69853	2253	
31309 H STREET	9392	70257	2266	
31714 G STREET	9638	72097	2326	Continuous Leak 35 Days
34609 I PLACE	10179	76144	2456	
34212 G STREET	12045	90103	2907	
31305 H STREET	13825	103418	3336	
712 347TH PLACE	15825	118379	3819	
35506 G STREET	16941	126727	4088	Intermittent Leak 22-34 Days
809 347TH PLACE	19507	145923	4707	Intermittent Leak 22-34 Days
34811 H PLACE	22133	165566	5341	Continuous Leak 15-21 Days

AUGUST 2015 LEAK REPORT

Continuous Leak						
Address	Days of Leak	Cu ft	Gallons	Per day	Response due	Leak status
34811 H PLACE	15-21 Days	22133	165566	5341		
31714 G STREET	35 Days	9638	72097	2326	9/15/2015	
30715 G STREET	35 Days	8464	63315	2042	9/15/2015	
32310 K PLACE	35 Days	6838	51152	1650	9/15/2015	
1914 321ST PLACE	3-7 Days	4587	34313	1107		
31012 H STREET	8-14 Days	4549	34029	1098		
32210 K PLACE	35 Days	4250	31792	1026	9/15/2015	
35313 I PLACE	35 Days	3978	29758	960	9/15/2015	CAN'T FIND
30517 K PLACE	35 Days	3355	25097	810	9/15/2015	
32708 H PLACE	35 Days	3301	24693	797	9/15/2015	
32709 G STREET	35 Days	3253	24334	785		
1405 324TH PLACE	35 Days	2841	21252	686	9/15/2015	
34907 G STREET	22-34 Days	2708	20257	653		
33611 J PLACE	15-21 Days	1999	14954	482		
35208 I PLACE	22-34 Days	1946	14557	470	9/15/2015	
32310 J PLACE	22-34 Days	1860	13914	449		
33406 G STREET	35 Days	1805	13502	436	9/15/2015	
30505 L PLACE	35 Days	1692	12657	408	9/15/2015	IRRIGATION
2204 304TH PLACE	35 Days	1375	10286	332		
34206 J PLACE	8-14 Days	1374	10278	332		
31004 O PLACE	15-21 Days	1337	10001	323		
33015 J PLACE	22-34 Days	1244	9306	300	9/15/2015	
34500 J PLACE	8-14 Days	1067	7982	257		
34906 I STREET	15-21 Days	1017	7608	245		
2006 320TH PLACE	35 Days	938	7017	226	9/15/2015	
35604 G STREET	35 Days	834	6239	201	9/15/2015	IRRIGATION
GOLF SHOP 1009 315TH	15-21 Days	826	6179	199		
33408 J PLACE	35 Days	780	5835	188		
31102 O PLACE	35 Days	771	5767	186	9/15/2015	
33510 J PLACE	22-34 Days	758	5670	183		
33210 I STREET	22-34 Days	724	5416	175	9/15/2015	
32201 G STREET	35 Days	704	5266	170	9/15/2015	
33612 J PLACE	35 Days	677	5064	163		LEAKY TOILET
32119 T PLACE	8-14 Days	659	4930	159		
1100 322ND STREET	35 Days	651	4870	157	9/15/2015	
31108 J PLACE	8-14 Days	602	4503	145		
29503 G STREET	22-34 Days	581	4346	140		
1602 320TH PLACE	35 Days	526	3935	127		
35213 I STREET	22-34 Days	470	3516	113		
812 347TH PLACE	35 Days	439	3284	106	9/15/2015	
35601 G STREET	35 Days	430	3217	104		
33600 I STREET	35 Days	425	3179	103		CLAIMS NO LEAK
1410 322ND PLACE	1-2 Days	400	2992	97		
800 324TH PLACE	15-21 Days	387	2895	93		
2005 324TH PLACE	35 Days	368	2753	89	9/15/2015	

AUGUST 2015 LEAK REPORT

1604 320TH PLACE	35 Days	268	2005	65	9/15/2015	
1400 322ND PLACE	35 Days	260	1945	63		
32404 G STREET	35 Days	211	1578	51	9/15/2015	REPAIRED
30215 G STREET	3-7 Days	205	1534	49		
1813 324TH PLACE	35 Days	197	1474	48	9/15/2015	
703 325TH PLACE	15-21 Days	186	1391	45		
30007 G STREET	22-34 Days	179	1339	43		
1411 324TH PLACE	22-34 Days	152	1137	37	9/15/2015	
35405 J PLACE	35 Days	147	1100	35		
30500 J PLACE	15-21 Days	321	2401	77		
29536 I STREET	3-7 Days	188	1406	45		
30406 I STREET	3-7 Days	215	1608	52		

Intermittent Leak						
Address	Days of Leak	Cu ft	Gallons	Per day	Response due	Leak status
809 347TH PLACE	22-34 Days	19507	145923	4707		
WORLD MARK 1005 315th	35 Days	19023	142302	4590		
35506 G STREET	22-34 Days	16941	126727	4088		
30200 H STREET	15-21 Days	7109	53179	1715	9/15/2015	IRRIGATION
35302 G STREET	8-14 Days	6284	47008	1516		
30104 G STREET	35 Days	4835	36168	1167	9/15/2015	REPAIRED
33201 H PLACE	1-2 Days	4329	32383	1045		
30211 O PLACE	22-34 Days	4207	31471	1015		
33101 J PLACE	35 Days	4200	31418	1013		REPAIRED
32909 J PLACE	35 Days	3981	29780	961		IRRIGATION
33609 G STREET	22-34 Days	3364	25164	812	9/15/2015	IRRIGATION
30403 G STREET	8-14 Days	2786	20841	672		
35404 I PLACE	35 Days	2330	17430	562		
31902 J PLACE	35 Days	2103	15732	507		
30103 H STREET	35 Days	1987	14864	479		
34512 I STREET	8-14 Days	1955	14624	472		
30311 G STREET	22-34 Days	1909	14280	461		
30909 H STREET	1-2 Days	1905	14250	460		
31206 J PLACE	22-34 Days	1799	13457	434		
34709 J PLACE	22-34 Days	1764	13196	426		POND
1301 321ST PLACE	22-34 Days	1734	12971	418		
1212 320TH PLACE	35 Days	1730	12941	417		
35303 I PLACE	3-7 Days	1704	12747	411		
809 338TH PLACE	15-21 Days	1505	11258	363		
32903 I STREET	8-14 Days	1464	10951	353		
35405 F PLACE	3-7 Days	1414	10577	341		
34405 J PLACE	22-34 Days	1301	9732	314		
31206 G STREET	22-34 Days	1272	9515	307		
32101 G STREET	8-14 Days	1168	8737	282		
32209 K PLACE	35 Days	1091	8161	263		
33105 H PLACE	22-34 Days	1081	8086	261		
31405 G STREET	15-21 Days	992	7421	239		

AUGUST 2015 LEAK REPORT

33707 I STREET	0 Days	868	6493	209		
32606 G STREET	22-34 Days	809	6052	195		
34310 J PLACE	15-21 Days	794	5940	192		
35003 G STREET	8-14 Days	602	4503	145		
35309 F PLACE	3-7 Days	551	4122	133		
30520 G STREET	1-2 Days	533	3987	129		
1500 324TH PLACE	22-34 Days	521	3897	126		
32917 G STREET	8-14 Days	505	3778	122		
33304 J PLACE	35 Days	487	3643	118	9/15/2015	
32108 J PLACE	15-21 Days	468	3501	113		
33704 J PLACE	22-34 Days	460	3441	111		
30400 G STREET	8-14 Days	419	3134	101		
34003 J PLACE	35 Days	382	2858	92		
1410 323RD PLACE	35 Days	371	2775	90		
901 344TH STREET	1-2 Days	340	2543	82		
30801 I STREET	35 Days	275	2057	66		
1712 324TH PLACE	3-7 Days	274	2050	66		
30205 G STREET	15-21 Days	226	1691	55		
30507 L PLACE	35 Days	202	1511	49		
808 OYSTERVILLE RD	3-7 Days	117	875	28		
32015 G STREET	1-2 Days	80	598	19		
34303 G STREET	22-34 Days	80	598	19		
31004 J PLACE	22-34 Days	699	5229	169		
29805 K STREET	3-7 Days	72	539	17		

Month/Year		Name of Operator Reporting		
Data	Reading	Unit	Target	
Avg. Raw Water Iron (Fe)		mg/L	N/A	
Avg. Finished Water Iron (Fe)		mg/L	≤ 0.3	
Avg. Raw Water Manganese (Mn)		mg/L	N/A	
Avg. Finished Water Manganese (Mn)		mg/L	≤ 0.05	
Avg. Raw Water pH		pH	7.5-8.5	
Avg. Finished Water pH		pH	7.2-7.8	
Avg. Raw Water Color (HU)		HU	≤ 60	
Avg. Finished Water Color (HU)		HU	≤ 15	
Avg. Raw Water Temperature (°F)		°F	N/A	
Avg. Finished Water Temperature (°F)		°F	N/A	
Avg. Raw Water Ammonia (NH3)		mg/L	≤ 30	
Avg. Finished Ammonia (NH3)		mg/L	≤ 15	
Avg. Raw Water Silica (Sio2)		mg/L	≤ 70	
Avg. Finished Silica (Sio2)		mg/L	≤ 70	
Avg. Raw Water Tannin		mg/L	≤ 1	
Avg. Finished Tannin		mg/L	≤ 0.5	
Avg. Raw Water Conductivity (μhos/cm)		μhos/cm	≤ 800	
Avg. Raw Water TDS		mg/L	≤ 400	
Avg. Raw Water Chloride (Cl)		mg/L	≤ 250	
Avg. Green Pipe Water Total Chlorine (CL2) (Treated Water)		mg/L	≤ 2.50 ≥ 1.70	
Avg. Green Pipe Water Free Chlorine (CL2) (Treated Water)		mg/L	≤ 1.50 ≥ 0.50	
Avg. Blue Pipe Water Total Chlorine (CL2) (Finished Water)		mg/L	≤ 1.20 ≥ 0.50	
Avg. Blue Pipe Water Free Chlorine (CL2) (Finished Water)		mg/L	≤ 0.75 ≥ 0.20	
Avg. Reservoir Water Total Chlorine (CL2) (Stored Water)		mg/L	≤ 0.80 ≥ 0.30	
Avg. Reservoir Water Free Chlorine (CL2) (Stored Water)		mg/L	≤ 0.20 ≥ 0.05	

Continued on Reverse Side

Avg. Rechlorinated Water Total Chlorine (CL2)		mg/L	≤ 1.00 ≥ 0.50
Avg. Rechlorinated Water Free Chlorine (CL2)		mg/L	≤ 0.50 ≥ 0.30
Avg. Distribution Water Total Chlorine (CL2)		mg/L	≤ 0.80 ≥ 0.20
Avg. Distribution Water Free Chlorine (CL2)		mg/L	≤ 0.50 ≥ 0.05
Avg. Distribution Water Color (HU)		HU	≤ 15
Avg. Distribution Water Temperature (°F)		°F	N/A
Avg. Distribution Water pH		pH	7.2-7.8
Jar Test		mg/L	≤ 1.80 ≥ 1.20
J-1 Idle Measure from TOP		Ft/In.	N/A
J-1 Measure from TOP		Ft/In.	N/A
J-2 Measure from TOP		Ft/In.	N/A
J-3 Measure from TOP		Ft/In.	N/A
J-4 Measure from TOP		Ft/In.	N/A
J-5 Measure from TOP		Ft/In.	N/A
J-6 Measure from TOP		Ft/In.	N/A
J-7 Measure from TOP		Ft/In.	N/A
Rainfall		In.	N/A
Locates		N/A	N/A
Service Calls (contacts with members about water concerns)		N/A	N/A
New Service(s)		N/A	N/A
Water Main Breaks		N/A	N/A
		N/A	N/A
		N/A	N/A
		N/A	N/A
		N/A	N/A

 Operator Signature

 Date

 Field Superintendent Signature

 Date

 Water System Manager Signature

 Date

Month/Year

Name of Operator Reporting

From:		To:				
Well	Total (Gal.)	Well	Total (Gal.)	Well	Total (Gal.)	Total
J-2		J-3		J-4		
J-5		J-6		J-7		
J-Well Field Total Water Pumped (TP)					TP	
Water Used to Backwash Filters					BWW	
Water Used for Unidirectional Flushing					UDF	
Water Used for Reactionary Flushing					RAF	
Water Used for Water Main Replacement Flushing					WMR	
Water Used or Lost for Water Main Breaks					WMB	
Residential Water Use					MRU	
Commercial Water Use					MCU	
Other Authorized Water Use					OAU	
Total Authorized Water Use (AU)					TAU	
FT-Metered ¹		PT-Metered ²		FT-Untmetered ³		PT-Untmetered ⁴
Total Water Use This Month by Full Time Metered Members					TFTM	
Average Water Use This Month per Full Time Metered Member					FTM	
Total Water Use This Month by Part Time Metered Members					TPTM	
Average Use This Month per Part Time Metered Member					PTM	
Estimated Total Use This Month by Full Time Untmetered Members					TFTU	
Estimated Average Use This Month per Full Time Untmetered Member					FTU	
Estimated Total Use This Month by Part Time Untmetered Members					TPTU	
Estimated Average Use This Month per Part Time Untmetered Member					PTU	
Estimated Distribution System Leakage (DSL) This Month (Gallons)					DSL _G	
Estimated DSL (Percentage of Total Water Pumped)					DSL _P	

Operator Signature

Date

Operator Signature

Date

Operator Signature

Date

¹ Water use more than 1,500 gallons per month - Considered Full-Time² Water use less than 1,500 gallons per month - Considered Part-Time³ Water Service without a meter that has a local address - Considered Full-Time⁴ Water Service without a meter that does not have a local address - Considered Part-Time

Month/Year		Name of Operator Reporting			
Description					Cu. Ft.
Total Metered Water (TMW)					
Total Metered Commercial (TMC)					
Total Metered Residential ^③ (TMR)					
Total Continuous Leak (TCL)					
Total Intermittent Leak (TIL)					
Total Serious Leak (Meter reports both abnormal water use pattern and high water use) (TSL)					
Commercial Water Use Detail				Cu. Ft.	Rate
Washington State Parks (Great Day Deli)					
Washington State Parks (Surfside Golf Shop)					
Kaino Holdings Inc. (Lighthouse Reality)					
Surfside Mini Mall					
Surfside Condo #1 Owners (Surfside Inn Pool and Irrigation)					
Worldmark® by Wyndham (Surfside Inn Condominiums)					
Residential Water Use Detail				%TM^②	TSIC^③
Total Unmetered Connections (estimated) (less estimated DSL ^⑤)					
Total Metered Connections ^② (TM)					
Total Registered - 0 Cu. Ft. (0 gpd)					
Total Registered - 1 to 150 Cu. Ft. (0-37 gpd) Very Low Water Use					
Total Registered - 151 to 300 Cu. Ft. (37-75 gpd) Low Average Water Use					
Total Registered - 301 to 600 Cu. Ft. (75-150 gpd) Average Water Use					
Total Registered - 601 to 900 Cu. Ft. (150-225 gpd) High Average Use					
Total Registered - 901 to 1200 Cu. Ft. (225-300 gpd) High Water Use					
Total Registered - 1201 to 2400 Cu. Ft. (300-600 gpd) Very High Use					
Total Registered - ≥ Than 2401 Cu. Ft. (≥ 601 gpd) Extreme High Use					

Operator Signature

Date

Field Superintendent Signature

Date

Water System Manager Signature

Date

③-TSIC, means total services in the category. ④-TCF means total cubic feet. ⑤-DSL means Distribution System Leakage.



Surfside Water Department

Cross Connection Control Report

Cross Connection Control Activity in the Month of August:

CCC Questionnaires Mailed.....	0
CCC Questionnaires Received.....	6
Cross Connection Service Calls.....	23
Backflow Assemblies Installed.....	3
Backflow Assemblies Tested.....	6
Compliance Letters Mailed.....	30
Investigation of Meters/Backflow Assemblies.....	16

Cross Connection Control Activity for 2015 January - August:

CCC Questionnaires Mailed.....	0
CCC Questionnaires Received.....	434
Cross Connection Service Calls.....	101
Backflow Assemblies Installed.....	12
Backflow Assemblies Tested.....	46
Compliance Letters Mailed.....	136
Investigation of Meters/Backflow Assemblies.....	68

Cross Connection Control Totals (All Years)

Installed Backflow Assemblies.....	66
Backflow Assemblies To Be Installed (based on returned questionnaires)	102
Compliant Backflow Assemblies (testing complete)	54
Non-Compliant Backflow Assemblies (scheduled to be tested)	11
Questionnaires Mailed (first and second notices)	4000
Members Who Have Not Responded to Questionnaires.....	634


 Cross Connection Coordinator

09-08-2015
 Date

 Water System Manager

 Date

From: [Russ Porter](#)
To: ["Water"](#)
Cc: ["Bill Neal"](#)
Subject: RE: surfside dbp pilot study Project No. 14-0104
Date: Monday, August 24, 2015 8:36:24 AM

April,

Could you fire it up and see what UV level it has? If it looks like it is working okay, I think we should do simulated distribution system test.

Thanks,
Russ Porter, P.E.
Gray & Osborne, Inc.
701 Dexter Ave N. Suite 200
Seattle WA, 98109
Ph(206)284-0860

From: Water [<mailto:water@surfsideonline.org>]
Sent: Monday, August 24, 2015 7:36 AM
To: 'Russ Porter' <rporter@g-o.com>
Cc: bneal@northbeachwater.com; 'Water' <water@surfsideonline.org>
Subject: RE: surfside dbp pilot study Project No. 14-0104

Russ,

The unit is operational. Let me know what tests you would like done.

Thank you,

April Garcia (Reynolds)
Surfside Homeowners Assoc. Water Dept.
33104 J Place Ocean Park, Wa 98640
360.783.2037

From: Russ Porter [<mailto:rporter@g-o.com>]
Sent: Friday, August 21, 2015 4:38 PM
To: 'Water' <water@surfsideonline.org>
Cc: 'Bill Neal' <bneal@northbeachwater.com>
Subject: FW: surfside dbp pilot study Project No. 14-0104

April,

Is the carbon unit after the ATEC unit still operational? Teresa wants us to do a simulated distribution system test to correlate the UV/formation potential and the expected THM level in the

distribution system.

If it is not operational, I think we can add some text to clarify the data.

Otherwise, she is fine with the pilot study.

Please let me know. Thanks,

Russ Porter, P.E.
Gray & Osborne, Inc.
701 Dexter Ave N. Suite 200
Seattle WA, 98109
Ph(206)284-0860

From: Walker, Teresa (DOH) [<mailto:Teresa.Walker@DOH.WA.GOV>]
Sent: Monday, August 10, 2015 10:37 AM
To: rporter@g-o.com
Cc: Phillips, Debbie (DOH) <Debbie.Phillips@DOH.WA.GOV>; Grimm, Regina (DOH) <Regina.Grimm@DOH.WA.GOV>
Subject: surfside dbp pilot study Project No. 14-0104

Hi Russ,

I have reviewed the Surfside DBP pilot study along with Anna Vosa and have a few thoughts/questions:

1. Distribution sampling for THMs in 2014 may not have been representative of actual THM levels. This is because the system performed aggressive flushing in sampling locations prior to sampling for THMs. In 2014 they were told to stop this practice. In 2015 the values for THMs increased significantly. Please use the most recent THM sampling values and revise Table 3.1 and note any other revisions to the data that higher THM values would require.
2. Please comment on how you expect the reduction in MTTFP to correlate to a reduction in THMs? Do you expect with carbon filtration that THMs will drop below the MCL?
3. Were any actual THM values for post filtration taken and compared to either UV254 values or calculated MMFP results? Could a simulated distribution system test be used for this purpose?

Teresa Walker, P.E., Regional Engineer
DOH Office of Drinking Water: SW Regional Operations, Environmental Health Division
Phone: 360-236-3032, Fax: 360-664-8058
After Hours Emergency Line: 877-481-4901
<<[<http://www.doh.wa.gov/ehp/dw/](http://www.doh.wa.gov/ehp/dw/)>>
Public Health - Always Working for a Safer and Healthier Washington

SR#

K1508719-002



SHORT HOLD

1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

PASSED

Date Sample Collected 8 / 10 / 15 Month Day Year	Time Sample Collected 1:02 PM 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# 8 6 4 7 0 Y System Name: Surfside Homeowners Contact Person: Gil Gonzalez Day Phone: (360) 665-4171 Cell Phone: 360 783-2393 Eve. Phone: (360) 783-2393 FAX: () Email: Send results to: (Print full name, address and zip code) Surfside 31402 H St. Ocean Park WA 98640		

SAMPLE INFORMATION

Sample collected by (name) Lenny Houghton	Specific location where sample collected: 35307 I place - NE corner of lot	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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 0.7 Free 0.9 #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 S Public systems must provide source number from WFI	#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: 0 1 7 - Unsatisfactory routine collect date: Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total Free	

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☐ Unsatisfactory Total Coliform Present and☐ E.coli present☐ E.coli absent☒ Satisfactory

Replacement Sample Required:

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

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

Total Coliform _____ /100ml.

Fecal Coliform _____ /100ml.

Method Code:

MICR-

S M 9 2 2 3 b

Date, Time and Temp Received:

8/11/15 0910 AM

Date Analyzed

8/11/15

Date Reported:

8/12/15

Sample Number (DOH number plus five digits)

0 1 7 - 8 7 1 9 2

Lab Use Only:

8/13/15

INTERPRETATION OF RESULTS
FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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.

SR# KL508854-001



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>08/12/2015</u> Month Day Year	Time Sample Collected <u>12:54</u> <input type="checkbox"/> AM <input checked="" 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>8 6 4 7 0 Y</u> System Name: <u>SURFSIDE HOMEOWNER'S ASSOCIATION</u> Contact Person: <u>JIL GONZALEZ</u> Day Phone: <u>(360) 665-4171</u> Cell Phone: <u>(360) 783-2393</u> Eve. Phone: <u>(360) 783-2393</u> FAX: <u>360 665-6785</u> Email: <u>WATER@SURFSIDEONLINE.ORG</u> Send results to: (Print full name, address and zip code) <u>SHOA</u> <u>31402 HST.</u> <u>OCEAN PARK WA. 98640</u>		

SAMPLE INFORMATION

Sample collected by (name): <u>LAURENCE HAMPTON</u>	
Specific location where sample collected: <u>55509 J PL.</u>	Special instructions or comments: <u>BREEZY</u>
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)	
#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No _____ Chlorine Residual: Total <u>0.6</u> Free <u>0.4</u>	#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 <u>S</u> Public systems must provide source number from WFI	
#4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____	

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

☐ Unsatisfactory Total Coliform Present and
☐ E.coli present ☐ E.coli absent ☒ Satisfactory

Replacement Sample Required:

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

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

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR- <u>SM 9 2 2 3 6</u>	Date, Time and Temp Received: <u>8/13/15 0930</u>
Date Analyzed <u>8/13/15</u>	Date Reported: <u>8/14/15</u>
Sample Number (DOH number plus five digits) <u>0 1 7 - 8 8 5 4 1</u>	Lab Use Only: <u>8/17/15</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.

Routine Sample

SR# K1 809074-001

1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 08/18/2015 Month Day Year	Time Sample Collected 1:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County PACIFICA
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Type of Water System (check only one box) ☒ Group A ☐ Group B ☐ Private Household ☐ Other

Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):

ID# **8 6 4 7 0 Y**System Name: **SURFSIDE HOMEOWNERS ASS**Contact Person: **GIL GONZALEZ**Day Phone: **360/665-4171**Cell Phone: **(360) 783-2393**Eve. Phone: **(360) 783-2393**FAX: **(360) 665-6785**Email: **WATER@SURFSIDEONLINE.ORG**

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

SHOA**31402 HST.****OCEAN PARK WA. 98640**

SAMPLE INFORMATION

Sample collected by (name):

LAWRENCE HAMPTON

Specific location where sample collected:

2211 304TH

Special instructions or comments:

BREEZY

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

#1. ☒ Routine Distribution SampleChlorinated: Yes ☒ No ☐Chlorine Residual: Total **1.6** Free **0.3**

#3. Raw Water Source Sample

☐ E.coli - GWR source sample☐ Fecal - Surface, GWI, some springs☐ Other

Public systems must provide source number from WFI

#2. Repeat Sample (after unsat. routine)

☐ Distribution System☐ Source Groundwater Rule (GWR)
(Population of 1,000 or less)

Unsatisfactory routine lab number:

0 1 7 -

Unsatisfactory routine collect date:

Chlorinated: Yes ☐ No ☐Chlorine Residual: Total ☐ Free ☐#4. ☐ Sample Collected for Information OnlyInvestigative ☐Construction / Repairs ☐Other ☐

LAB USE ONLY

DRINKING WATER RESULTS

LAB USE ONLY

☒ Unsatisfactory Total Coliform Present and☐ E.coli present☒ E.coli absent☐ Satisfactory

Replacement Sample Required:

☐ Sample too old (30 hours) ☐ TNC☐ Improper Container☐ Turbid cultureBacterial Density Results: Plate Count /ml. E.coli /100ml.Total Coliform /100ml. Fecal Coliform /100ml.

Method Code:

MICR- **S M 9 2 2 3 6**

Date, Time and Temp Received:

8/19/15 09:30 K

Date Analyzed

8/20/15

Date Reported:

8/20/15

Sample Number (DOH number plus five digits)

0 1 7 - 9 0 7 4 1

Lab Use Only:

called client 8/19/15INTERPRETATION 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.

SR# K1509212-001



1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8/21/15 Month Day Year	Time Sample Collected 10:52 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# 86470Y System Name: Surfside Homeowners Contact Person: Bill NEAL Day Phone: () Cell Phone: () Eve. Phone: () FAX: () Email: water@Surfsideonline.org Send results to: (Print full name, address and zip code)		

31402 14 St.
Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): April Reynolds	
Specific location where sample collected: J-7 well - Kupperle	Special instructions or comments:
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)	
#1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>	#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: 0 1 7 - Unsatisfactory routine collect date: / / Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>
#3. Raw Water Source Sample <input checked="" type="checkbox"/> E. coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other S 1 1 Public systems must provide source number from WFI	
#4. <input type="checkbox"/> Sample Collected for Information Only Investigative <input type="checkbox"/> Construction / Repairs <input type="checkbox"/> Other <input type="checkbox"/>	

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 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 < 1 cfu /100ml.

Total Coliform < 1 cfu /100ml. Fecal Coliform /100ml.

Method Code: MICR- 5 11 9 2 5 7 6	Date, Time, Temp. Received: 8/21/15 1342
Date Analyzed: 8/21/15	Date Reported: 8/27/15
Sample Number (DOH number plus five digits): 0 1 7 - 9 2 1 2 1	Lab Use Only: 08/26/15

INTERPRETATION OF RESULTS
FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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.

Repeat Sample

SR# K1509212 002

1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8 / 21 / 15 Month Day Year	Time Sample Collected 10:21 <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# 8 6 4 7 0 Y		
System Name: Surfside Homeowners		
Contact Person: BILL NEAL		
Day Phone: ()		Cell Phone: ()
Eve. Phone: ()		FAX: ()
Email:		
Send results to: (Print full name, address and zip code) Surfside 31402 N St Ocean Park WA 98640		

SAMPLE INFORMATION

Sample collected by (name): April Reynolds							
Specific location where sample collected: J-5 well - Kupperle	Special instructions or comments:						
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)							
#1. Routine Distribution Sample Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/> #3. Raw Water Source Sample <input checked="" type="checkbox"/> E.coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWR, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px;">S 1 1</div> Public systems must provide source number from WFI	#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: 0 1 7 - Unsatisfactory routine collect date: / / Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>						
#4. Sample Collected for Information Only Investigative <input type="checkbox"/> Construction / Repairs <input type="checkbox"/> Other <input type="checkbox"/>							
<table border="1"> <thead> <tr> <th>LAB USE ONLY</th> <th>DRINKING WATER RESULTS</th> <th>LAB USE ONLY</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent </td> <td> <input type="checkbox"/> Satisfactory </td> <td></td> </tr> </tbody> </table>		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 type="checkbox"/> Satisfactory	
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 type="checkbox"/> Satisfactory						

Replacement Sample Required:

- ☐ Sample too old (>30 hours) ☐ TNTC ☐
☐ Improper container ☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli <1 CFU /100ml.Total Coliform <1 CFU /100ml. Fecal Coliform /100ml.

Method Code MICR- S M T F A B	Date, Time, and Temp Received 8/21/15 1342
Date Analyzed 8/21/15	Date Reported 8/22/15
Sample Number (DOH number plus five digits) 0 1 7 - 9 2 1 2 2	Lab Use Only: 08/24/15

INTERPRETATION OF RESULTS
FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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.

Repeat Sample

SR# K1509212-003 360-244-0068



1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8/21/15 Month Day Year	Time Sample Collected 10:40 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# 864704 System Name: Surfside Homeowners Contact Person: Bill Neal Day Phone: () Cell Phone: () Eve. Phone: () FAX: () Email: water@SurfsideOnline.org Send results to: (Print full name, address and zip code)		

31402 H St.
Ocean Park WA 98640

SAMPLE INFORMATION

Sample collected by (name): April Reynolds	
Specific location where sample collected: J-b well - Kupperle	Special instructions or comments:
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)	
#1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____ #3. Raw Water Source Sample <input checked="" type="checkbox"/> E.coli – GWR source sample <input type="checkbox"/> Fecal – Surface, GWI, some springs <input type="checkbox"/> Other Public systems must provide source number from WFI	#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: 0 1 7 - Unsatisfactory routine collect date: / / Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
#4. <input type="checkbox"/> 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 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 <1 CFU /100ml.
 Total Coliform <1 CFU /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR- S M 7 2 2 3 1	Date, Time and Temp Received: 8/24/15 1342
Date Analyzed: 8/21/15	Date Reported: 8/22/15
Sample Number (DOH number plus five digits) 0 1 7 - 9 2 1 2 3	Lab Use Only: 08/24/15

INTERPRETATION OF RESULTS
FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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.

Repeat Sample

SR# K5092125004

INTERPRETATION OF RESULTS
FOR DRINKING WATER

1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8/21/15 Month Day Year	Time Sample Collected 10:07 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# 86470Y System Name: Surfside Homeowners Contact Person: Bill Neal Day Phone: () Cell Phone: () Eve. Phone: () FAX: () Email: wafv@Surfsidehomeowners Send results to: (Print full name, address and zip code) 31402 H St. Ocean Park, WA 98640		

SAMPLE INFORMATION

Sample collected by (name): April Reynolds	
Specific location where sample collected: J-4 well - Kupferle	Special instructions or comments:
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)	
#1. Routine Distribution Sample Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/> #3. Raw Water Source Sample <input checked="" type="checkbox"/> E.coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other <div style="border: 1px solid black; padding: 2px;">S 1 1</div> Public systems must provide source number from WFI	#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: 0 1 7 - Unsatisfactory routine collect date: / / Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>
#4. Sample Collected for Information Only Investigative <input type="checkbox"/> Construction / Repairs <input type="checkbox"/> Other <input type="checkbox"/>	
<div style="display: flex; justify-content: space-between;"> <div>LAB USE ONLY</div> <div>DRINKING WATER RESULTS</div> <div>LAB USE ONLY</div> </div> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent </div> <div> <input type="checkbox"/> Satisfactory </div> </div>	

Replacement Sample Required:

- ☐ Sample too old (>30 hours) ☐ TNTC ☐
☐ Improper Container ☐ Turbid Culture

Bacterial Density Results: Plate Count /ml. E.coli <1 CFU /100ml.

Total Coliform <1 CFU /100ml. Fecal Coliform /100ml.

Method Code: MICR- S M 9 2 1 3 2	Date, Time and Temp. Received: 8/21/15 1342
Date Analyzed: 8/21/15	Date Reported: 8/22/15
Sample Number (DOH number plus five digits) 0 1 7 - 9 2 1 2 4	Lab Use Only: JA 8/24/15

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.

Repeat Sample

SR# K1509212-005

INTERPRETATION OF RESULTS
FOR DRINKING WATER

1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8/21/15 Month Day Year	Time Sample Collected 9:31 AM X 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# 86470Y System Name: Surfside Homeowners Contact Person: Gil Gonzalez BILL NEAL Day Phone: 360-665-4171 Cell Phone: 360-783-2393 Eve. Phone: 360-783-2393 FAX: () Email: water@surfsideonline.org Send results to: (Print full name, address and zip code) Surfside 31402 H St. Ocean Park WA 98640		

SAMPLE INFORMATION

Sample collected by (name): April Reynolds	
Specific location where sample collected: 30315 W St. Faucet S. Center of home	Special instructions or comments:
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)	
#1. <input type="checkbox"/> Routine Distribution Sample 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 S Public systems must provide source number from WFI	#2. Repeat Sample (after unsat. routine) <input checked="" type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: 0 1 7 - Unsatisfactory routine collect date: 8/17/15 Chlorinated: Yes X No Chlorine Residual: Total .03 Free .03
#4. <input type="checkbox"/> 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 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: MICR- SM 92236	Date, Time and Temp Received: nm 8/21/15 1342	
Date Analyzed 8/21/15	Date Reported: 8/22/15	
Sample Number (DOH number plus five digits) 017-92125	Lab Use Only: B 8/24/15	

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.

Repeat Sample

SR# K1509212-006



1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8 / 21 / 15 Month Day Year	Time Sample Collected 9:49 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"/> Other		
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# 8 6 4 7 0 4 System Name: Surfside Homeowners Contact Person: Gil Gonzalez BILL NEAL Day Phone: 360 665-4171 Cell Phone: 360 783-2393 Eve. Phone: 360 783-2393 FAX: () Email: water@surfsideonline.org Send results to: (Print full name, address and zip code) 31402 H St. Ocean Park, WA 98640		

SAMPLE INFORMATION

Sample collected by (name): April Reynolds	
Specific location where sample collected: 2211 304th Faucet in W. center of lot	Special instructions or comments:
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)	
#1. Routine Distribution Sample Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/> #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 S <input type="checkbox"/> Public systems must provide source number from WFI	#2. Repeat Sample (after unsat. routine) <input checked="" type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: 0 1 7 - Unsatisfactory routine collect date: 8 / 17 / 15 Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total .07 Free .04
#4. Sample Collected for Information Only Investigative <input type="checkbox"/> Construction / Repairs <input type="checkbox"/> Other <input type="checkbox"/>	

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: <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: MICR- S M 9 2 2 3 6
Date Analyzed 8/21/15
Sample Number (DOH number plus five digits) 0 1 7 - 9 2 1 2 6
Date, Time and Temp Received: NM 8/21/15 1342
Date Reported: 8/22/15
Lab Use Only: 018/24/15

INTERPRETATION OF RESULTS
FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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.

SR# K1809212-007360-244-0068

360-783-2037



1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 8 / 21 / 15 Month Day Year	Time Sample Collected 9 : 11 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# 8 6 4 7 0 Y		
System Name: Surfside Homeowners		
Contact Person: Bill Neal		
Day Phone: 360-665-4171		Cell Phone: 360-783-2393
Eve. Phone: 360-783-2393		FAX: ()
Email: water@surfsideonline.org		
Send results to: (Print full name, address and zip code) Surfside 31402 H St Ocean Park WA 98640		

SAMPLE INFORMATION

Sample collected by (name): April Reynolds	
Specific location where sample collected: #2207 304th Faucet in SW corner of home	Special instructions or comments:
Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)	
#1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <input type="checkbox"/> Free <input type="checkbox"/>	#2. <input checked="" type="checkbox"/> Repeat Sample (after unsat. routine) <input checked="" type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: 0 1 7 - Unsatisfactory routine collect date: 8 / 17 / 15 Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total 0.09 Free 0.04
#3. <input type="checkbox"/> Raw Water Source Sample <input type="checkbox"/> E.coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other Public systems must provide source number from WFI	#4. <input type="checkbox"/> Sample Collected for Information Only Investigative <input type="checkbox"/> Construction / Repairs <input type="checkbox"/> Other <input type="checkbox"/>

LAB USE ONLY DRINKING WATER RESULTS

☐ 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 /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR- 5 M 9 2 2 36
Date Analyzed 8/21/15
Sample Number (DOH number plus five digits) 0 1 7 - 9 2 1 2 7
Date, Time and Temp Received: nm
Date Reported: 8/22/15
Lab Use Only: 8/24/15

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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.

SR#

K1509284-001

Routine Sample

INTERPRETATION OF RESULTS
FOR DRINKING WATER

1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 08/24/2015 Month Day Year	Time Sample Collected 12:58 AM PM	County PACIFIC
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Type of Water System (check only one box) ☐ Private Household

☒ Group A ☐ Group B ☐ Other

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):

ID# 86470Y

System Name: SURFSIDE HOMEOWNERS ASS

Contact Person: GIL GONZALEZ

Day Phone: (360) 665-4171

Cell Phone: (360) 783-2393

Eve. Phone: (360) 783-2393

FAX: (360) 665-6785

Email: WATER@SURFSIDEONLINE.ORG

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

SHOA

31402

H ST.

OCEAN

PARK

WA. 98640

SAMPLE INFORMATION

Sample collected by (name):

LAWRENCE HAMPTON

Specific location where sample collected:

34903 HPL.

Special instructions or comments:

Breeze

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

#1. ☒ Routine Distribution SampleChlorinated: Yes ☒ No

Chlorine Residual: Total 2.2 Free 0.04

#3. Raw Water Source Sample

☐ E.coli – GWR source sample☐ Fecal – Surface, GWI, some springs☐ Other

S

Public systems must provide source number from WFI

#2. Repeat Sample (after unsat. routine)

☐ Distribution System☐ Source Groundwater Rule (GWR)
(Population of 1,000 or less)

Unsatisfactory routine lab number:

0 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 ONLY

☐ Unsatisfactory Total Coliform Present and☐ E.coli present☐ E.coli absent☒ Satisfactory

Replacement Sample Required:

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

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

Total Coliform

/100ml.

Fecal Coliform

/100ml.

Method Code:

MICR-5 M 9 2 2 3 6

Date, Time and Temp Received: 0930

8/25/15 AM

Date Analyzed

8/25/15

Date Reported:

8/26/15

Sample Number (DOH number plus five digits)

0 1 7 - 9 2 8 4 1

Lab Use Only:

08/26/15

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.

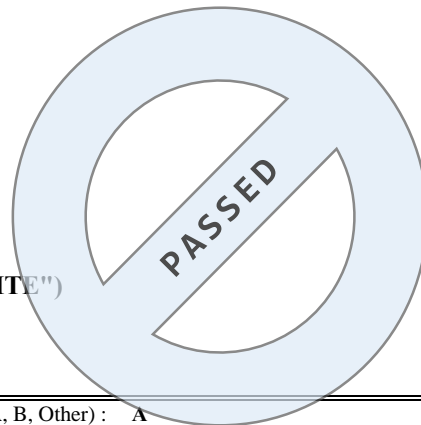
FOR ADDITIONAL INFORMATION:

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

Routine Sample



ALS Environmental
 1317 South 13th Avenue
 Kelso, WA 98626
"NIT" TEST PANEL ("NITRATE/NITRITE")
for the State of Washington



REPORT OF ANALYSIS

Date Collected: (MM/DD/YY) 8/10/2015		System Group Type: (A, B, Other) : A	
Water System ID Number: 86470Y		System Name: Surside Homeowners Assoc.	
Lab Sample Number: 01787191		County: Pacific	
Sample Location: Booster Faucet in SW Corner of Building		Source Number(s): S11	
Sample Purpose:		Date Received: 8/11/2015	
Select One		Date Analyzed: 8/11/2015	
<input checked="" type="checkbox"/> RC- Routine/Compliance		Date Reported: 8/19/2015	
<input type="checkbox"/> C- Confirmation		Comments: K1508719-001	
<input type="checkbox"/> Investigative			
<input type="checkbox"/> Other(specify)			
Sample Composition:		Sample Type: (Select One)	
Select One		<input type="checkbox"/> Pre-Treatment/Raw	
<input checked="" type="checkbox"/> S- Single Source		<input checked="" type="checkbox"/> Post-Treatment/Finished	
<input type="checkbox"/> B- Blended (List multiple source numbers)		<input type="checkbox"/> Unknown	
<input type="checkbox"/> C- Composite		Sample Collected by: Larry Hampton	
<input type="checkbox"/> D- Distribution sample		Phone Number: 360-665-4171	
Send Report to: Surfside Homeowners Assoc.		Bill to:	
WA DOH			

DOH #	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL	MCL exceeded check if yes	Method	Analyst
0020	Nitrate-N	<0.10	mg/L	0.5	5.0	10.0		300.0	NB
0114	Nitrite-N	-	mg/L	0.1	0.5	1.0		300.0	-
0161	Total Nitrate + Nitrite	-	mg/L	0.5	-	10.0		300.0	-

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: _____
