

GENERAL MANAGER'S REPORT

REPORT ON WATER SYSTEM OPERATIONS FOR THE MONTH OF:

The	Meter Period for this report is:				t	hrough				
The	Billing Period for this Report is:				t	hrough				
The	e Activity Period for this Report is: through									
1	Total Water Pumped (TWP) from all Wells	in Mete	ering Per	iod						mg ¹
2	Total Water Used for Unidirectional Flu	shing i	n Meterin	g Per:	iod					mg
3	Total Water Used for Reactionary Flushi	ng in Me	etering P	eriod						mg
4	Total Water Used for Backwashing Filter	s in Met	tering Pe	riod						mg
5	Total Water Lost and Used Repairing Lea	ks in Me	etering P	eriod						mg
6	Total Other Known Water Used in Meterin	g Perio	d							mg
7	Total Water Sold in Metering Period									mg
8	Total Authorized Water Use in Metering	Period	(sum of 2 th	rough 7	")					mg
9	Total Distribution System Leakage (DSL) in Metering Period (difr. between 1 and 8)									mg
10	Percentage of TWP that is DSL									pct
11	Total Water Pumped (TWP)from all Wells	in 2015	to date							mg
12	Total Authorized Water Use in 2015 to d	ate								mg
13	Total Distribution System Leakage (DSL)	in 201	5 to date	!						mg
14	Percentage of TWP that is DSL in 2015 t	o date								pct
15	Residential Accounts in Billing Period		TS ² :	TI	BR ³ :		٦	MR ⁴ :		
16	Commercial Accounts in Billing Period		TS:	TI	BR:		٦	MR:		
17	Fire Flow Accounts in Billing Period		TS:	ТІ	BR:		1	MR:		
18	Surfside Management in Billing Period		Contra	ct:			REIMB	5:		
19	Other / Total Income in Billing Period		0th	er:			TI'	5:		
20	Past Due Accounts 30 days:	.60 days	s:	Loc	ked/0f	f:	Lie	ened	Prop.:	
21	Activity Period Water Main Locates: Customer Valves In					es Ins	tall	ed:		
22	Water Quality Complaints: Custom	er Servi	ice Calls	:	Ot	ther:			•	

¹ Million Gallons

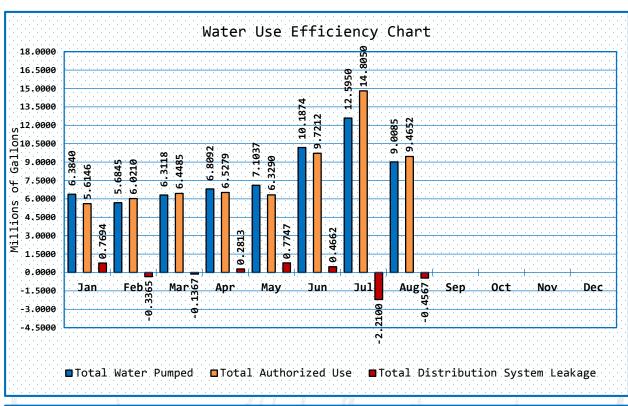
² Total Services

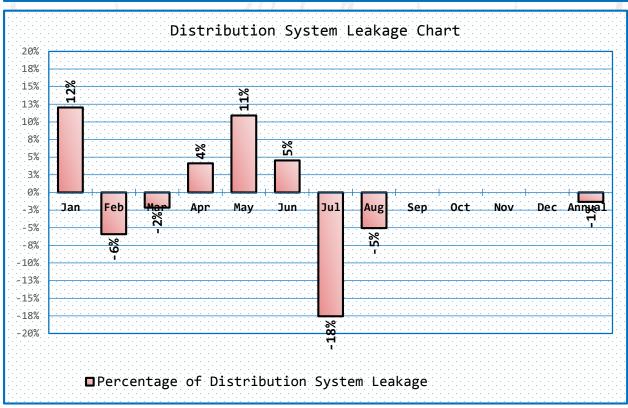
³ Total Base Rate

⁴ Total Metered Rate

⁵ Reimbursement

⁶ Total Income





Operations Report:

Water System Plan:

No action to report.

RFP for Birch Place Booster Stations.

Gibbs and Olsen did field work on this project in September.

North Wellfield Well #4:

No failures or maintenance issues to report in September.

Treatment Plant Report:

No failures or maintenance issues to report in September.

Drinking Water State Revolving Fund Project:

The Office of Drinking Water Approved the Pilot Study for Wiegardt Wells, ODW Project #14-0804, on September 16, 2015. I have attached the approval letter.

Gray and Osborne is preparing a response to the September 30, 2015 comment letter from the ODW on ODW Project #15-0505, Source Approval for the Wiegardt Wells. I have attached the comment letter to this report

I have requested a status report on the Water Rights Change Application from the Department of Ecology. I have attached a copy of the request to this report.

AMR Meter Installation Project Report:

The crew installed 153 AMR meters in September, 2015. There are a total of 2,329 AMR meters installed as of September 30, 2015. There are 357 meters left to install. We will have to average 119 meters a month to complete the metering project on time.

Office and Equipment Building Report:

Framing began in early October.

Water Quality Reports:

I have attached copies of the water samples the District submitted for analysis in September, 2015. They were:

Routine	9/7/2015	Coliform Bacteri	a Satisfactory
Routine	9/7/2015	Coliform Bacteri	a Satisfactory
Routine	9/14/2015	Coliform Bacteri	aSatisfactory
Routine	9/14/2015	Coliform Bacteri	aSatisfactory
Routine	9/14/2015	Coliform Bacteri	aSatisfactory
Routine	9/14/2015	Coliform Bacteri	aSatisfactory
Routine	9/21/2015	Coliform Bacteri	aSatisfactory

Routine	9/21/2015	Coliform Bacteria	- Satisfactory
Routine	9/21/2015	Coliform Bacteria	- Satisfactory
Routine	9/21/2015	Coliform Bacteria	Unsatisfactory
Routine	9/21/2015	Coliform Bacteria	Unsatisfactory
Repeat	9/24/2015	GWR Well #1	- Satisfactory
		GWR Well #4	- Satisfactory
Repeat	9/24/2015	GWR Well #5	- Satisfactory
Repeat	9/24/2015	GWR Well #6	- Satisfactory
		GWR Well #8	
Repeat	8/13/2015	Distribution	- Satisfactory
Repeat	8/13/2015	Distribution	- Satisfactory
Repeat	8/13/2015	Distribution	- Satisfactory
Repeat	8/13/2015	Distribution	- Satisfactory
Repeat	8/13/2015	Distribution	- Satisfactory
Repeat	8/13/2015	Distribution	- Satisfactory
Routine	8/10/2015	Arsenic	- Satisfactory
	1 1	End of Report	



STATE OF WASHINGTON DEPARTMENT OF HEALTH

SOUTHWEST DRINKING WATER REGIONAL OPERATIONS

PO Box 47823, Olympia, Washington 98504-7823 TDD Relay 1-800-833-6388

September 16, 2015

William Neal III North Beach Water District Post Office Box 618 Ocean Park, Washington 98640

Subject:

North Beach Water District, ID #63000C, Pacific County; Pilot Study for Wiegardt Wells, ODW Project

#14-0804

Dear William Neal III:

The project report for the above project received by the Office of Drinking Water (ODW) on August 12, 2014, along with additional information received on April 6, 2015, and July 30, 2015, has been reviewed, and in accordance with the provisions of WAC 246-290, is **APPROVED**.

The approval issued herein is based on conformance with current standards outlined in WAC 246-290, revised effective April 30, 2012. Future changes in the rules may be more stringent and require facility modification or corrective action.

This project has been reviewed as a Group A water system project submittal in accordance with WAC 246-290.

This project submittal presents a protocol and pilot study results for a proposed arsenic and hydrogen sulfide removal treatment system for the new groundwater sources at the South Wellfield. The proposed pilot study treatment system consisted of ambient air injection followed by ferric chloride, contact time, and filtration using catalytic carbon media. The results of the pilot appear to indicate that this treatment would remove arsenic below the maximum contaminant level (MCL) and will remove hydrogen sulfide to below detectable levels.

By WAC 246-290-120, this approval is valid for two years unless we determine a need to withdraw the approval. If you need an extension, please send us a status report and a written schedule for completion. Extensions may be subject to additional terms and conditions.

series de

If you have any questions, please contact me at (360) 236-3032 or by e-mail at teresa.walker@doh.wa.gov.

Sincerely,

Teresa A. Walker, P.E.

Office of Drinking Water, Regional Engineer

cc:

Joe Plahuta, Gray and Osborne, Inc.

Russ Porter, Gray and Osborne, Inc.

Anna Voss, ODW



STATE OF WASHINGTON DEPARTMENT OF HEALTH

SOUTHWEST DRINKING WATER REGIONAL OPERATIONS

PO Box 47823, Olympia, Washington 98504-7823

TDD Relay 1-800-833-6388

September 30, 2015

William Neal III North Beach Water District Post Office Box 618 Ocean Park, Washington 98640

Subject:

North Beach Water District, ID #63000C, Pacific County; New Source and System Treatment,

ODW Project #15-0714

Dear William Neal III:

I have reviewed the above project received by the Office of Drinking Water (ODW) on July 30, 2015. The following comments must be addressed before the project may be approved.

Project Report

General Comment: ODW strongly recommends that the carbon filters be covered or housed in a building. Please verify the life cycle cost of painting and other required maintenance to maintain filters in a corrosive environment verses the capital cost of an enclosure or roof. Please provide manufacturer verification that filters will maintain their design life of 25 years when housed outside in a moist environment. ODW considers this a public health issue, as arsenic removal is dependent on the longevity and functional ability of the filtration system.

- 1. Page 3-7. Please explain the basis for specifying the dosage and the size of the metering pump for the Potassium Permanganate, as it was not piloted. Please clarify why it was added to this project, i.e. possible benefits and interactions between the Potassium Permanganate and media.
- 2. Page 3-7. Please comment on the anticipated ferric chloride dosage (from the pilot study).
- 3. Page 3-11. Please explain the design basis for sizing the backwash pond and how the infiltration rate was determined for the North Wellfield.
- 4. Page 3-11. Please describe how backwash will be initiated, the length of the backwash cycle, and the total volume of backwash water anticipated for the South Wellfield.
- 5. Appendix C. Please submit laboratory sample results for all of the new sources. An IOC, VOC, SOC, Radium 228 and gross alpha, and bacteriological samples are required for the three new Wiegert wells. Please clarify the well number on all of the sample results.
- 6. The Susceptibility Assessments (SAs) indicated there are three new Wiegert well sources, but on the SAs, they identify both Wiegert Well #1 and Wiegert Well #2 as S13. The new sources will be S13, S14, S15, and the wellfield (S16).

Drawings

1. Sheet G-5. Is there a way to drain the Carbon Filters if needed? Where does the 4-inch carbon drainpipe drain?

August and the second



- 2. Sheet G-5. Please explain the function of Control Valves 04CV10 and 04CV09. There appears to be a cross connection between raw and finished water on the process diagram.
- 3. Sheet G-5. Please show the design backwash volumes for the north and south wellfield.
- 4. Sheet C6-3. Please show elevation detail of the 4-inch drain.
- 5. Sheet C-4. Please show a detail for the infiltration trench (not just the outlet).
- 6. Sheet M4-2. Please show and label the injection port for ferric chloride. The distance between the ferric chloride tanks and the injection point may cause clogging problems.
- 7. Sheet M4-4. Please verify that there are individual sample ports on each filter for finished water.
- 8. Sheet M4-2. Please provide a detail for the filter-to-waste piping. There can be no direct connection between the backwash line and the filter-to-waste piping.
- 9. Sheet M4-4. Where does the 3-inch drain discharge?

Specifications

- 1. Section 01300. An Operations Program will be required prior to Final Approval by ODW. See page 149 of the Water System Design Manual for a description of what should be included in the Operations Program.
- 2. Section 01800-9. Prior to putting the treatment system or new sources online, the owner must receive Final Approval by ODW.
- 3. Section 02510-2. Section 1.7 A and B are unclear. Final Approval by ODW is required prior to placing the sources and treatment into service. However, ODW does not specify how to perform the work of this Section.
- 4. Section 11000 G. Please add a note that requires any equipment in contact with potable water be NSF61 approved.
- 5. Section 11222-6. Filter Media should be NSF61 approved.
- 6. Section 11241-7. Ferric chloride must meet AWWA Standard B407 as a 39 percent ferric chloride solution.
- 7. Section 15100. The rupture disc valve that is called out on sheet M4-4 is missing in this section. Please clarify why this type of valve was specified verses a pressure relief valve.

Regulations establishing a schedule of fees for review of planning, engineering, and construction documents were adopted April 30, 2012 (WAC 246-290-990). An itemized invoice for \$6,533 is enclosed.

If you have any questions, please contact me at (360) 236-3032 or by e-mail at teresa.walker@doh.wa.gov.

Sincerely,

Teresa A. Walker, P.E.

Office of Drinking Water, Regional Engineer

Enclosures

cc: Mike Johnson, Gray and Osborne, Inc.

Russell Mau, ODW

Sophia Petro, ODW

To:		my L Hall, DOE \	<u>WR</u>				
Cc:		McCarty NBWD					
Subject:		-	1 North Beach Wat	ter District			
Date:	Frida	ay, October 16, 2	2015 1:51:00 PM				
Tammy,							
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			g with cop				trict's CR
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	l Manage						
		ter Dist					
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99.00	3.4144						





Routine Sample

COLIFORM BACTERIA ANALYSIS							
Date Sample Collected	Time Sampl	e Collecte	ed		County:		
09/07/15	1:50	pm			Pacific		
Type of Water System:			-				
X Group A	Group B		□ 01	her:			
Group A and Group B Systems	- Provide Wate	r Facilitie	s Invent	ory (WFI):			
ID#: 630000							
System Name: North Bea	ich Water D	istricts					
Contact Person: Dennis Schwei	izer						
Day Phone: (360) 244-0047 ext:		Cell:					
Eve. Phone:		Fax: (36	0) 665-4	641			
Send results to: North Beach Water District Dennis Schweizer PO Box 618, Ocean Park, W						\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
	Sample In	forma	tion				
Sample collected by: Dennis							
Sample location where sample was of Well 3	collected:	Special in	struction	s or comme	ents:		
Type of Sample (must check only on	ne box of #1 throu	lgh #4 liste	d below)				
1. Routine Distribution Sam	nple	2. Repe	at Sam	ple (after unsat.	routine)		
Chlorinated: Yes	No	Dis	stribution	System			
Chlorine Residual: Total:	Free:				tule (GWR)		
3. Raw Water Source Samp	le	,	•	of 1,000 or	,		
E.Coli - GWR source san				•	ab number:		
Fecal - Surface, GWI, so	me springs	Un	satisfacto	ry routine (Collect Date:		
Other:		Chlorina	ited:	Yes	No		
Public systems must provide source nu	mber from WFI	Chlorine	Residua	l: Total:	Free:		
X 4. Sample Collected for informa	ation only						
Investigative	NII (1110 14/4)		T	•			
LAB USE ONLY DRI	NKING WA	IEK KE	SULI	S	LAB USE ONL	Y	
Unsatisfactory Total Coliform	Present and			X	Satisfactory		
E.Coli - Present	_	i - Absent		^			
Replacement Sample Required:				_!			
Sample too old (>30 hours)		NTC					
Improper container		urbide cul	ture				
Bacterial Density Results: Plate Cou	ınt	/ml.	E	coli	/1	00ml.	
Total Coliform	_/100ml. Fed	cal Coliforn	n		/100ml.		
Method Code:					ime Received	:	
MICR	IDD		-+	09/08/201		4.5	
Date Analyzed: 9/8/2015 13:35 Sample Number (DOH number plus	JRD		10	ate Reporte	ed: 09/09/20	15	
	five digits):		La	b Use Only	y: Reviewed		

QA-RP-0013-00 WADHO.rpt





COLIF	ORM BACT	ERIA AN	ALYSIS	7
Date Sample Collected	Time Sampl	e Collected	County:	7
09/07/15	1:30		Pacific	
Type of Water System:		-	:	7
X Group A	Group B		Other:	
Group A and Group B System	s - Provide Wate	r Facilities Inve	entory (WFI):	1
ID# : 630000				
System Name: North B	each Water D	istricts		
Contact Person: Dennis Schv	veizer			
Day Phone: (360) 244-0047 ex	ct:	Cell:		-
Eve. Phone: Send results to: North Beach Water Distric Dennis Schweizer PO Box 618, Ocean Park,	WA 98640	Fax: (360) 66	PA	SKO /
	Sample In	itormatio	1 /	_ /
Sample collected by: Denr		Cassial in the	ione or common	
Sample location where sample wa Well 4	s collected:	Special instruct	ions or comments	/
Type of Sample (must check only	one box of #1 throu	I ugh #4 listed belo	ow)	┪
1. Routine Distribution Sachlorinated: Yes Chlorinated: Yes Chlorine Residual: Total: 3. Raw Water Source Sam E.Coli - GWR source Sam Fecal - Surface, GWI, Other: Public systems must provide source	No Free: nple eample some springs	2. Repeat Sa Distributi Source ((Populati Unsatisfa Unsatisfa Chlorinated:		
4. Sample Collected for infor Investigative	mation only			
,	RINKING WA	TER RESUL	LAB USE ONLY	1
MC Notify X Unsatisfactory Total Colifor E.Coli - Present		i - Absent	Satisfactory	
Replacement Sample Required: Sample too old (>30 hour Improper container	rs)	TNTC Furbide culture		
Bacterial Density Results: Plate C	Count	/ml.	E.coli/100ml.	7
Total Coliform	/100ml. Fed	cal Coliform		
Method Code:	-		Date and Time Received: 09/08/2015 11:16	
Date Analyzed: 9/8/2015 13:35	JRD		Date Reported: 09/09/2015	4
Sample Number (DOH number plue 144-10502	us five digits):		Lab Use Only: Reviewed 09/09/2015 16:36:16 EMC	,





Routine Sample

COLIF	ORM BACT	ERIA AN	ALYSIS	
Date Sample Collected	Time Sampl		1	County:
09/14/15	12:18	5 pm		Pacific
Type of Water System:			•	
X Group A	Group B		Other:	
Group A and Group B System	s - Provide Wate	r Facilities Inve	entory (WFI)	(:
ID#: 630000				
System Name: North Bo	each Water D	istricts	/	24
Contact Person: Dennis Schv				
Day Phone: (360) 244-0047 ex	ct:	Cell:		D.
Eve. Phone:		Fax: (360) 66	5-4641	6,
Send results to:		•		
North Beach Water District	t		\	
Dennis Schweizer PO Box 618, Ocean Park,	WA 98640			
. C Box 010, Cocairr ain,	Sample Ir	formatic		
Sample collected by: Done		iioiiiiatioi		
Sample collected by: Denr Sample location where sample wa		Special instruct	ions or comm	ents:
S-12 2218 272nd Place		'		
Type of Sample (must check only	one box of #1 thro	ugh #4 listed belo	ow)	
X 1. Routine Distribution Sa	ample	2. Repeat Sa	ample (after unsa	t. routine)
Chlorinated: Yes	X No	Distributi	on System	
Chlorine Residual: Total:	Free:		Groundwater F	
3. Raw Water Source San	nple		on of 1,000 o	
E.Coli - GWR source s			actory routine	
Fecal - Surface, GWI,	some springs	Unsatisfa	ctory routine	Collect Date:
Other:		Chlorinated:	Yes	No
Public systems must provide source	number from WFI	Chlorine Resid	dual: Total	: Free:
4. Sample Collected for infor	mation only			
		TED E = 2'	T 0	
LAB USE ONLY DI	RINKING WA	IER RESUL	.18	LAB USE ONLY
Unsatisfactory Total Colifor	m Present and		X	Satisfactory
E.Coli - Present		li - Absent		
Replacement Sample Required:				
Sample too old (>30 hour	_	INTC		
Improper container		Furbide culture		
		. a. bido oditui c		
Bacterial Density Results: Plate C	ount	/ml.	E.coli	/100ml.
Total Coliform	/100ml. Fe	cal Coliform		<u>/</u> 100ml.
Method Code:			Date and	Γime Received:
MICR			09/15/20	15 10:41
Date Analyzed: 9/15/2015 12:35			Date Report	
Sample Number (DOH number plue 144-24001	is five digits):		Lab Use On 09/16/2015	ly: Reviewed 5 16:07:01 EMC

QA-RP-0013-00 WADHO.rpt





Routine Sample

COLIF	ORM BACT	ERIA AN	<u> ALYSIS</u>		
Date Sample Collected	Time Sampl	e Collected		County:	
09/14/15	1:00	pm		Pacific	
Type of Water System:			_		
X Group A	Group B		Other:		
Group A and Group B System	s - Provide Wate	r Facilities Inve	ntory (WFI)	/	
ID#: 630000			/		
System Name: North Bo	each Water D	istricts	/		PA
Contact Person: Dennis Schw	veizer				/ 0
Day Phone: (360) 244-0047 ex	ct:	Cell:			90
Eve. Phone:		Fax: (360) 665	5-4641		
Send results to:			\	\	
North Beach Water District	t				
Dennis Schweizer PO Box 618, Ocean Park,	WA 98640				
	Sample In	formation	,		
Sample collected by: Denr	· ·	iioiiiialioi			
Sample collected by. Defin Sample location where sample wa		Special instructi	ons or comm	ents:	
S-4 27900 O St.					
Type of Sample (must check only	one box of #1 throu	ugh #4 listed belo	w)		
X 1. Routine Distribution Sa	ample	2. Repeat Sa	mple (after unsat	t. routine)	
	X No	Distribution	on System		
Chlorine Residual: Total:	Free:	Source G	roundwater F	Rule (GWR)	
3. Raw Water Source San	nple		on of 1,000 o		
E.Coli - GWR source s	sample	Unsatisfa	ctory routine	lab number:	
Fecal - Surface, GWI,	some springs	Unsatisfa	ctory routine	Collect Date:	
Other:		Chlorinated:	Yes	No	
Public systems must provide source	e number from WFI	Chlorine Resid	lual: Total	: Free:	
4. Sample Collected for infor	mation only				
LAB USE ONLY DI	RINKING WA	TER RESUL	TS	LAB USE ONLY	
I Innestinfectory Total Collision	m Procent and			Cation	
Unsatisfactory Total Colifor E.Coli - Present	_	i - Absent	X	Satisfactory	
		i - Anseill			
Replacement Sample Required: Sample too old (>30 hour	_	INTC			
Improper container		Turbide culture			
Bacterial Density Results: Plate C	Count	/ml.	E.coli		0ml.
Total Coliform		cal Coliform		<u>/</u> 100ml.	
Method Code:			Date and 1	Fime Received:	
MICR			09/15/201		
Date Analyzed: 9/15/2015 12:35	5 JRD		Date Report	ed: 09/16/201	5
Sample Number (DOH number plu	us five digits):			ly: Reviewed	
144-24002			09/16/2015	16:07:01	EMC

QA-RP-0013-00 WADHO.rpt



V510240 9/18/2015

COLIF	ORM BACT	ERIA AN	ALYSIS		
Date Sample Collected	Time Sampl			County:	
09/14/15	12:30) pm		Pacific	
Type of Water System:			-		
X Group A	Group B		Other:		
Group A and Group B System ID#: 630000 System Name: North Bo			entory (WFI)	:	
Contact Person: Dennis Schw	veizer				
Day Phone: (360) 244-0047 ex	ct:	Cell:			<u> </u>
Eve. Phone:		Fax: (360) 66	5-4641		
Send results to: North Beach Water District Dennis Schweizer PO Box 618, Ocean Park,	WA 98640				
	Sample In	itormation	1		
Sample collected by: Denr		I			
Sample location where sample wa S-13 27003 270th Sandridge Rd	s collected:	Special instructi	ons or comm	ents:	
Type of Sample (must check only	one box of #1 throu	ugh #4 listed belo	w)		
X 1. Routine Distribution Sa Chlorinated: Yes Chlorine Residual: Total: 3. Raw Water Source San E.Coli - GWR source s Fecal - Surface, GWI, of the colored source. Public systems must provide source. 4. Sample Collected for information of the colored source.	Free: nple tample some springs	Source G (Populati Unsatisfa	on System Groundwater F on of 1,000 or actory routine ctory routine Yes	Rule (GWR) r less) lab number: Collect Date:	
4. Sample Collected for inform	mation only				
LAB USE ONLY DE	RINKING WA	TER RESUL	.TS	LAB USE ONLY	
Unsatisfactory Total Colifor E.Coli - Present		i - Absent	Х	Satisfactory	
Replacement Sample Required: Sample too old (>30 hour Improper container	rs)	FNTC Furbide culture			
Bacterial Density Results: Plate C	count	<u>/</u> ml.	E.coli	/100	Oml.
Total Coliform		cal Coliform		<u>/</u> 100ml.	
Method Code:			Date and T 09/15/201	ime Received: 5 10:41	
Date Analyzed: 9/15/2015 12:35	JRD		Date Reporte	ed: 09/16/201	5
Sample Number (DOH number plu	us five digits):			y: Reviewed	
144-24003			09/16/2015	16:07:01	EMC





COLIF	ORM BAC1	ERIA AN	ALYSIS	}	7
Date Sample Collected	Time Sampl		1	County:	1
09/14/15	12:4	5 pm		Pacific	
Type of Water System:		•			1
X Group A	Group B		Other:		
Group A and Group B System		r Facilities Inve	entory (WFI): /	1
ID# : 630000	o i ionao maio			,	
System Name: North Bo	asch Water F	lietricte			1/6
					PASS
Contact Person: Dennis Schw Day Phone: (360) 244-0047 ex		Cell:			1 8k
Eve. Phone:	м.	Fax: (360) 66	5-4641		
Send results to:		1 4741 (000) 00			
North Beach Water District	:				
Dennis Schweizer					1
PO Box 618, Ocean Park,	WA 98640				
	Sample In	<u>iform</u> atio	n		
Sample collected by: Denr	is Schweizer				
Sample location where sample wa	s collected:	Special instruct	ions or comn	nents:]
5-14 2807 270th PI					
Type of Sample (must check only	one box of #1 thro	ugh #4 listed belo	ow)		
X 1. Routine Distribution Sa	ample	2. Repeat Sa	ample (after uns	at. routine)	
Chlorinated: Yes	(No	Distributi	on System		
Chlorine Residual: Total:	Free:		Groundwater		
3. Raw Water Source San	nple		on of 1,000 o		
E.Coli - GWR source s			-	lab number:	
Fecal - Surface, GWI,	some springs	Unsatisfa	ctory routine	Collect Date:	
Other:		Chlorinated:	Yes	No	
Public systems must provide source	number from WFI	Chlorine Resid	dual: Tota	l: Free:	
4. Sample Collected for infor	mation only	•			
LAB USE ONLY DE	RINKING WA	TER RESUL	_TS	LAB USE ONLY	
_			1 _	_	1
Unsatisfactory Total Colifor	_		2	Satisfactory	
E.Coli - Present	E.Co.	li - Absent			4
Replacement Sample Required:					
Sample too old (>30 hour	s)	TNTC			
Improper container		Turbide culture			
Bacterial Density Results: Plate C	ount	/ml.	E.coli	/100ml.	1
Dactorial Density Incourts. Fidth C					
Total Coliform	/100ml. Fe	cal Coliform		_/100ml.	
Method Code:			Date and	Time Received:	7
MICR			09/15/20	15 10:41	4
Date Analyzed: 9/15/2015 12:35			Date Repor		4
Sample Number (DOH number plue 144-24004	is five digits):		l	lly: Reviewed 5 16:07:01 EMC	
177-24004			03/10/2013	JOUT.UI ENIC	1





COLIF	ORM BACT	ERIA AN	ALYSIS			
Date Sample Collected	Time Sampl		County:			
09/21/15	12:45	5 pm	Pacific			
Type of Water System:				7		
X Group A	Group B		Other:			
Group A and Group B System	s - Provide Wate	r Facilities Inve	ntory (WFI):			
ID#: 63000C						
System Name: North Be	each Water D	istricts				
Contact Person: Dennis Schw	/eizer					
Day Phone: (360) 244-0047 ex	rt:	Cell:				
Eve. Phone:		Fax: (360) 665	-4641	$\overline{}$		
Send results to: North Beach Water District Dennis Schweizer PO Box 618, Ocean Park,						
	Sample In	formation	1			
Sample collected by: Denn	is Schweizer					
Sample location where sample was S-5 1206 247th	s collected:	Special instruction	ons or comments:			
3-5 1206 247th						
Type of Sample (must check only	one box of #1 throu	ugh #4 listed belo	w)			
1. Routine Distribution Sa	ample	2. Repeat Sa	mple (after unsat. routine)			
Chlorinated: Yes	(No	Distribution	on System			
Chlorine Residual: Total:	Free:		roundwater Rule (GWR)			
3. Raw Water Source Sam	nple		on of 1,000 or less)			
E.Coli - GWR source s			ctory routine lab number:			
Fecal - Surface, GWI, s	some springs	Unsatisfa	ctory routine Collect Date:			
Other:		Chlorinated:	Yes No			
Public systems must provide source	number from WFI	Chlorine Resid	ual: Total: Free:			
4. Sample Collected for inform	mation only	•				
LAB USE ONLY DF	RINKING WA	TER RESUL	TS LAB USE ONL	Y		
Unsatisfactory Total Colifor	m Present and		X Satisfactory	,		
E.Coli - Present	E.Col	i - Absent				
Replacement Sample Required:						
Sample too old (>30 hour	s) 🔲 🗆	TNTC				
Improper container		Turbide culture				
Bacterial Density Results: Plate C	ount	/ml.	E.coli /1	00ml.		
Total Coliform		cal Coliform	/100ml.			
Method Code:			Date and Time Received 09/22/2015 12:11	:		
Date Analyzed: 9/22/2015 15:40	JRD		Date Reported: 09/23/20	15		
Sample Number (DOH number plu			Lab Use Only: Reviewed			
144-36901			09/24/2015 15:40:55	EMC		





Routine Sample

COLIFORM BACTERIA ANALYSIS						
Date Sample Collected	Time Sample	e Collected	Cou	nty:		
09/21/15	12:30) pm	Pac	ific		
Type of Water System:	-		-)		
X Group A	Group B		Other:			
Group A and Group B System	s - Provide Wate	r Facilities In	ventory (WFI):			
ID#: 63000C				/		
System Name: North Be	each Water D	istricts				
Contact Person: Dennis Schw	/eizer					
Day Phone: (360) 244-0047 ex	rt:	Cell:				
Eve. Phone:		Fax: (360) 6	65-4641			
Send results to: North Beach Water District Dennis Schweizer PO Box 618, Ocean Park,						
	Sample In	formation	on			
Sample collected by: Denn						
Sample location where sample was	s collected:	Special instru	ctions or comments:			
S-16 1711 255th						
Type of Sample (must check only	one box of #1 throu	igh #4 listed b	elow)			
X 1. Routine Distribution Sa	ample	2. Repeat	Sample (after unsat. routine)			
Chlorinated: Yes	(No	Distrib	ution System			
Chlorine Residual: Total:	Free:		Source Groundwater Rule (GWR)			
3. Raw Water Source Sam	nple		ation of 1,000 or less)			
E.Coli - GWR source s	ample	Unsatisfactory routine lab number:				
Fecal - Surface, GWI,	some springs	Unsati	factory routine Collec	t Date:		
Other:		Chlorinated	☐Yes ☐I	No		
Public systems must provide source	number from WFI	Chlorine Re	sidual: Total:	Free:		
4. Sample Collected for inform	mation only	!				
LAB USE ONLY DF	RINKING WA	TER RESU	ILTS LAB	USE ONLY		
Unsatisfactory Total Coliforn E.Coli - Present		i - Absent	X Sati	sfactory		
Replacement Sample Required:			-			
Sample too old (>30 hour	s) 🔲 T	NTC				
Improper container	$\overline{\Box}$	urbide culture				
Bacterial Density Results: Plate C	ount	/ml.	E.coli	/100ml.		
Basicinal Bollsky Nesults. Fidle C			E.coli			
Total Coliform	/100ml. Fed	cal Coliform	/100m	ıl.		
Method Code: MICR-			Date and Time R 09/22/2015 12:			
Date Analyzed: 9/22/2015 15:40	JRD		+	09/23/2015		
Sample Number (DOH number plu			Lab Use Only: R			
144-36902			09/24/2015 15:4	0:55 EMC		

V5I0369 FINAL 09252015 1558

Printed: 09/25/2015



Routine Sample

V5I0369 9/25/2015

COLIF	ORM BACT	ERIA AN	IALYSIS
Date Sample Collected 09/21/15	Time Sampl 12:1 {	e Collected	County: Pacific
Type of Water System: X Group A [Group A and Group B System: ID#: 63000C System Name: North Be Contact Person: Dennis Schw Day Phone: (360) 244-0047 ex Eve. Phone: Send results to:	Group B s - Provide Wate each Water D reizer tt:	r Facilities Inve	Other: ventory (WFI):
North Beach Water District Dennis Schweizer PO Box 618, Ocean Park, Sample collected by: Denn Sample location where sample was S-7 23200 Birch PI.	WA 98640 Sample In		ctions or comments:
Type of Sample (must check only 1. Routine Distribution Sa Chlorinated: Yes Chlorine Residual: Total: 3. Raw Water Source Sam E.Coli - GWR source s Fecal - Surface, GWI, s Other: S Public systems must provide source 4. Sample Collected for inform	Imple Free: Inple ample some springs	2. Repeat Some Source (Populat Unsatisf	Gample (after unsalt. routine) tion System Groundwater Rule (GWR) tition of 1,000 or less) factory routine lab number: factory routine Collect Date:
MC Notify X Unsatisfactory Total Colifor E.Coli - Present	m Present and		LTS LAB USE ONLY Satisfactory
Replacement Sample Required: Sample too old (>30 hour Improper container		FNTC Furbide culture	•
Bacterial Density Results: Plate C Total Coliform Method Code: MICR		/ml. cal Coliform	
Date Analyzed: 9/22/2015 15:40 Sample Number (DOH number plu 144-36903			Date Reported: 09/23/2015 Lab Use Only: Reviewed 09/24/2015 15:40:55 EMC





Routine Sample

COLIF	ORM BAC	TERIA AN	ALYSIS
Date Sample Collected	Time Sampl	le Collected	County:
09/21/15	1:00 pm		Pacific
Type of Water System:		•	
X Group A	Group B		Other:
Group A and Group B System	s - Provide Wate	er Facilities Inve	entory (WFI):
ID# : 63000C			
System Name: North B	each Water D	Districts	
Contact Person: Dennis Schv	veizer		
Day Phone: (360) 244-0047 ex	ct:	Cell:	
Eve. Phone:		Fax: (360) 66	5-4641
Send results to: North Beach Water District Dennis Schweizer PO Box 618, Ocean Park,			
	Sample In	nformatio	n
Sample collected by: Denr	is Schweizer		
Sample location where sample wa		Special instruct	ions or comments:
S-17 245th & Ash			
Type of Sample (must check only	one box of #1 thro	ugh #4 listed belo	ow)
X 1. Routine Distribution Sa	ample	2. Repeat Sa	ample (after unsat. routine)
Chlorinated: Yes X No		Distributi	ion System
Chlorine Residual: Total:	Free:	Source C	Groundwater Rule (GWR)
3. Raw Water Source San	nple	' '	ion of 1,000 or less)
E.Coli - GWR source sample Un		Unsatisfa	actory routine lab number:
Fecal - Surface, GWI, some springs		Unsatisfa	actory routine Collect Date:
Other:		Chlorinated:	□Yes □No
Public systems must provide source	number from WFI	Chlorine Resid	dual: Total: Free:
4. Sample Collected for infor	mation only		
LAB USE ONLY DI	RINKING WA	TER RESUI	_TS LAB USE ONLY
MC Notify			
X Unsatisfactory Total Colifor			Satisfactory
E.Coli - Present	X E.Co	li - Absent	
Replacement Sample Required:			
Sample too old (>30 hour	rs)	TNTC	
Improper container		Turbide culture	
Bacterial Density Results: Plate C	Count	/ml.	E.coli /100ml.
Total Coliform		cal Coliform	/100ml.
Method Code:			Date and Time Received:
MICR			09/22/2015 12:11
Date Analyzed: 9/22/2015 15:40	JRD		Date Reported: 09/23/2015
Sample Number (DOH number plu			Lab Use Only: Reviewed
144-36904			09/24/2015 15:40:55 EMC

V5I0369 FINAL 09252015 1558

Printed: 09/25/2015





Routine Sample

COLIF	ORM BACT	ERIA AN	ALYSIS
Date Sample Collected	Time Sampl	e Collected	County:
09/21/15	12:00 pm		Pacific
Type of Water System:			
X Group A	Group B		Other:
Group A and Group B System ID#: 63000C	s - Provide Wate	r Facilities Inv	entory (WFI):
System Name: North B	each Water D	istricts	
Contact Person: Dennis Schw	veizer		\
Day Phone: (360) 244-0047 ex	kt:	Cell:	
Eve. Phone:		Fax: (360) 66	55-4641
Send results to: North Beach Water Distric Dennis Schweizer PO Box 618, Ocean Park,			
	Sample In	formatio	n
Sample collected by: Denr	nis Schweizer		
Sample location where sample wa	s collected:	Special instruc	tions or comments:
Type of Sample (must check only	one box of #1 thro	ugh #4 listed bel	ow)
X 1. Routine Distribution Sa	ample	2. Repeat S	ample (after unsat. routine)
Chlorinated: Yes	X No	Distribu	tion System
Chlorine Residual: Total: Free:			Groundwater Rule (GWR)
3. Raw Water Source Sample			tion of 1,000 or less)
E.Coli - GWR source sample		Unsatist	factory routine lab number:
Fecal - Surface, GWI, Other:	some springs	Unsatisf	actory routine Collect Date:
S		Chlorinated:	Yes No
Public systems must provide source	e number from WFI	Chlorine Res	idual: Total: Free:
4. Sample Collected for infor	mation only		
LAB USE ONLY DI	RINKING WA	TER RESU	LTS LAB USE ONLY
Unsatisfactory Total Colifor	_	i - Absent	X Satisfactory
Replacement Sample Required:			·
Sample too old (>30 hour	_	TNTC	
Improper container		Turbide culture	
Bacterial Density Results: Plate C	Count	<u>/</u> ml.	E.coli/100ml.
Total Coliform	<u>/</u> 100ml. Fe	cal Coliform	/100ml.
Method Code:			Date and Time Received: 09/22/2015 12:11
Date Analyzed: 9/22/2015 15:40) JRD		Date Reported: 09/23/2015
Sample Number (DOH number plu			Lab Use Only: Reviewed
144-36905			09/24/2015 15:40:55 EMC

V5I0369 FINAL 09252015 1558

Printed: 09/25/2015

SR#

16/5/0654-001

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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 9 /24 / 1/5 Month Day Year	~/ ~~/\	AM PACEC	
Type of Water System (check only one ☐ Group A ☐ Group A		☐ Private Household ☐ Other	
Group A and Group B Systems – Prov	ide from Water Fa	acilities Inventory (WFI):	
System Name: Novally B	erch.	ω 0	
Contact Person: Dewwi	5 Sch	we'rer	
Day Phone: 1360 244 - 00	ראי	Cell Phone: (360) 214	1-58
Eve. Phone: ()		FAX: ()	
Send results to: (Point full name address and PO Box Co.)	nd zip code)	Un Berchwall 98640	·COM
Sample collected by (name):	LE INFORMA	TION	
1.Je	unis_		
Specific location where sample collect 5-17 245+ A		Special instructions or com	ments:
Type of Sample (MUST CHECK ON	LY ONE BOX OF	#1 THROUGH #4 LISTED BE	LOW)
∤1. ☐ Routine Distribution Sample		Sample (after unsat. routin	ter in tend finished
Chlorinated: Yes No	☐ Dist	ribution System	
Chlorine Residual: Total Free	☐ Sou	rce Groundwater Rule (GWR)	
#3_Raw Water Source Sample		oulation of 1,000 or less)	
☐ E.coli – GWR source sample	Un	satisfactory routine lab numb	er:
☐ Fecal –Surface, GWI, some spri	ngs <u>0</u> <u>1</u>	7	· · · · · · · · · · · · · · · · · · ·
☐ Other	Unsatist	factory routine collect date:	
1 s 1	1 _2	<u> </u>	
Public systems must provide source number from WF		ated: Yes No Residual: Total Free _	<u>q</u>
#4. Sample Collected for Information	ion Only on / Repairs	Other	
LAB USE ONLY DRINKIN	IG WATER RE	SULTS LAB USE O	NLY
☐ Unsatisfactory Total Coliform Pre ☐ <i>E.coli</i> present	sent and] <i>E.coli</i> absent	Satisfacto	Ŋ
Replacement Sample Required: Sample too old (>30 hours) Improper Container] TNTC] Turbid culture		
Bacterial Density Results: Plate Count Total Coliform /100			100ml.
Method Code: M 9 2	2 36	Date, Time and Temp Received:	
Date Analyzed タンシ/シ/	14,	Date Reported: (7)	\mathcal{I}^{\vee}
Sample Number (DOH number plus five digits) O 1 7 - 0 6	541	Lab Use Only: (1) ed 9/26	

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.

PER RING 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
- 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:

SR#

K1510654

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

LIBODIA DA OTEDIA ANALVEIS

Date Sample Collected	Time Sample	County
9 124/15	Collected	AM C NO.
Month Day Year	<u>3:00</u>	
Type of Water System (check o	nly one box)] Private Household
Group A	☐ Group B ☐] Other
Group A and Group B Systems	- Provide from Water Fa	cilities Inventory (WFI):
D# 6 3 0	<u> </u>	
System Name: North	Beach U	<u>د) ن</u>
Contact Person: Down	its Schu	بخزكه
Day Phone: (360) 244	-0047	Cell Phone: (360)214-781
Eve. Phone: ()		FAX: ()
Send results to Print full name at P O 618	Idress and zip code)	Beadwaln.ca
	SAMPLE INFORMA	
Sample collected by (name):	Denniz	
Specific location where sample	e collected:	Special instructions or comments:
2709 245	JK	
		1
		#1 THROUGH #4 LISTED BELOW)
#1. Routine Distribution S		nt Sample (after unsat. routine) stribution System
Chlorinated: Yes No		urce Groundwater Rule (GWR)
Chlorine Residual: Total	(Pc	opulation of 1,000 or less)
#3. Raw Water Source Sampl		nsatisfactory routine lab number:
☐ Fecal –Surface, GWI, s	0.4	
☐ Other		sfactory routine collect date:
	-	1,21,15
<u> </u>		nated: Yes
Public systems must provide source nurr	Chlorir	ne Residual: Total 3 Free 5
#4. Sample Collected for	Information Only	
B. 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 - 150 -	Construction / Repairs	Other
LAB USE ONLY D	RINKING WATER F	RESULTS LAB USE ONLY
☐ Unsatisfactory Total Col		Satisfactory
☐ E.coli present	☐ <i>E.coli</i> absent	
Replacement Sample Requ		
☐ Sample too old (>30 h	ouis) ☐ Turbid culture	
Improper Container	L1 Tulbu culture	
Bacterial Density Results: Pl	ate Count	_/ml.
Total Coliform		oliform/100ml.
		Date, Time and Temp Received: 05 0
Method Code: MICR	<u>222,3</u>	6 9/25/15 KR 13.7
Date Analyzed 9	1515nb	Date Reported: 9) 6 /5
Sample Number (DOH number plus fit		Lab Use Only: A 9 28 15
<u>0 1 7 - 0</u>	654)	- 1

TERPRETATION OF RESULTS Repeat Sample FOR DRINKING WATER

this drinking water sample is an The analysis performed on 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 RASULTS:
Group A Water Systems must report the results of Drinking Ater 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:

SR# KI 510654-

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

COLIEDDM BACTEDIA ANALVEIS

Date Sample Collected	Time Sample Collected	County
Month Day Year	<u> </u>	
Type of Water System (check only	y one box)	Private Household
Group A] Group B] Other
Group A and Group B Systems – ID# 6 3 0	Provide from Water Fa	cilities Inventory (WFI):
System Name: Wowth	Bepch, W.	D . \
Contact Person: Dewn	is Schw	elzet \
Day Phone: 860)244 -	0047	Cell Phone: 360) 214-28
Eve. Phone: ()		FAX: ()
Send results to: (Brint full name, address PO GIS OCOIDAL PARK	ess and zip code)	640
SA	MPLE INFORMAT	TION
Sample collected by (name):	< \ \	
\	Demnis	
Specific location where sample of 24546	ollected:	Special instructions or comments:
Type of Sample (MUST CHECK	K ONLY ONE BOX OF	#1 THROUGH #4 LISTED BELOW)
1. 🔲 Routine Distribution Sam	ple #2.Repeat	Sample (after unsat. routine)
1. Routine Distribution Sam Chlorinated: Yes No		
	☐ Distr ree ☐ Sour	Sample (after unsat. routine) ibution System ce Groundwater Rule (GWR)
Chlorinated: YesNo	☐ Distr ree ☐ Sour	Sample (after unsat. routine) ibution System
Chlorinated: YesNo Chlorine Residual: Total F	Free Sour (Pop	Sample (after unsat. routine) ibution System ce Groundwater Rule (GWR)
Chlorinated: Yes No Chlorine Residual: Total F 3, Raw Water Source Sample	Free Distr	Sample (after unsat. routine) abution System ce Groundwater Rule (GWR) ulation of 1,000 or less)
Chlorinated: Yes No Chlorine Residual: Total F 3. Raw Water Source Sample E.coli – GWR source samp	Free Distr Sour (Pop Unsert Distr Un	Sample (after unsat. routine) abution System ce Groundwater Rule (GWR) ulation of 1,000 or less)
Chlorinated: YesNo Chlorine Residual: Total F 3. Raw Water Source Sample □ E.coli – GWR source sampl □ Fecal –Surface, GWI, some	Free Distr Sour (Pop Unsert Distr Un	Sample (after unsat. routine) ibution System ce Groundwater Rule (GWR) ulation of 1,000 or less) satisfactory routine lab number:
Chlorinated: YesNo Chlorine Residual: TotalF 3. Raw Water Source Sample □ E.coli – GWR source samp □ Fecal – Surface, GWI, some □ Other S	Free Distr Sour (Pop Unsertisf Unsatisf Chlorina	Sample (after unsat. routine) ibution System ce Groundwater Rule (GWR) ulation of 1,000 or less) satisfactory routine lab number: 7 - actory routine collect date:
Chlorinated: YesNo Chlorine Residual: Total F 3. Raw Water Source Sample □ E.coli – GWR source sampl □ Fecal –Surface, GWI, some	Free Sour (Popule Unsatisf Sour Chlorina	Sample (after unsat. routine) ibution System ce Groundwater Rule (GWR) ulation of 1,000 or less) satisfactory routine lab number: 7 - actory routine collect date:
Chlorinated: YesNo Chlorine Residual: TotalF 3. Raw Water Source Sample □ E.coli – GWR source samp □ Fecal – Surface, GWI, some □ Other S	Free Distr Sour (Pop Unsertisf Unsatisf Q 1 Unsatisf Q 2 Chlorina Chlorine	Sample (after unsat. routine) ibution System ce Groundwater Rule (GWR) ulation of 1,000 or less) satisfactory routine lab number: 7 actory routine collect date: / 21 / 15 ted: Yes No
Chlorinated: YesNo Chlorine Residual: TotalF 3. Raw Water Source Sample	ile Unsatisf e springs O 1 Unsatisf Chlorina Chlorine	Sample (after unsat. routine) ibution System ce Groundwater Rule (GWR) ulation of 1,000 or less) satisfactory routine lab number: 7 actory routine collect date: / 21 / 15 ted: Yes No Residual: Total 1 Free 1
Chlorinated: YesNo Chlorine Residual: Total F 3. Raw Water Source Sample	ile Unsatisf e springs O 1 Unsatisf Chlorina Chlorine	Sample (after unsat. routine) ibution System ce Groundwater Rule (GWR) ulation of 1,000 or less) satisfactory routine lab number: 7 - actory routine collect date: / 21 / 15 ted: Yes No Residual: Total
Chlorinated: YesNo Chlorine Residual: Total F 3. Raw Water Source Sample	Free Distr	Sample (after unsat. routine) ibution System ce Groundwater Rule (GWR) ulation of 1,000 or less) satisfactory routine lab number: 7 - actory routine collect date: / 21 / 15 ted: Yes No Residual: Total
Chlorinated: YesNo Chlorine Residual: Total F 3. Raw Water Source Sample	Free Distr	Sample (after unsat. routine) ibution System ce Groundwater Rule (GWR) ulation of 1,000 or less) satisfactory routine lab number: 7 actory routine collect date: / 21 / 15 ted: Yes No Residual: Total Free 1 Other SULTS LAB USE ONLY
Chlorinated: YesNo Chlorine Residual: Total F 3. Raw Water Source Sample	ile Unsatisf e springs O 1 Unsatisf Chlorina Chlorina crimation Only struction / Repairs NKING WATER RE In Present and	Sample (after unsat. routine) ibution System ce Groundwater Rule (GWR) ulation of 1,000 or less) satisfactory routine lab number: 7 actory routine collect date: / 21 / 15 ted: Yes No Residual: Total Free 1 Other SULTS LAB USE ONLY
Chlorinated: YesNo Chlorine Residual: Total F 3. Raw Water Source Sample	ree Distr Sour (Pop Unsatisf Q 1 Unsatisf Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine	Sample (after unsat. routine) ibution System ce Groundwater Rule (GWR) ulation of 1,000 or less) satisfactory routine lab number: 7 actory routine collect date: / 21 / 15 ted: Yes No Residual: Total Free 1 Other SULTS LAB USE ONLY
Chlorinated: YesNo Chlorine Residual: TotalF 3. Raw Water Source Sample	Distr Sour Popular	Sample (after unsat. routine) ibution System ce Groundwater Rule (GWR) ulation of 1,000 or less) satisfactory routine lab number: 7 actory routine collect date: / 21 / 15 ted: Yes No Residual: Total Free 1 Other SULTS LAB USE ONLY
Chlorinated: YesNo Chlorine Residual: Total F 3. Raw Water Source Sample	ree Distr Sour (Pop Unsatisf Q 1 Unsatisf Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine	Sample (after unsat. routine) ibution System ce Groundwater Rule (GWR) ulation of 1,000 or less) satisfactory routine lab number: 7 actory routine collect date: / 21 / 15 ted: Yes No Residual: Total Free 1 Other SULTS LAB USE ONLY
Chlorinated: YesNo Chlorine Residual: TotalF 3. Raw Water Source Sample	Distrection Sour (Popular	Sample (after unsat. routine) ibution System ce Groundwater Rule (GWR) ulation of 1,000 or less) satisfactory routine lab number: 7 actory routine collect date: / 21 / 15 ted: Yes No Residual: Total 1 _ Free _ 1 Other SULTS LAB USE ONLY
Chlorinated: YesNo Chlorine Residual: TotalF 3. Raw Water Source Sample	Distr Stree	Sample (after unsat. routine) ibution System ce Groundwater Rule (GWR) ulation of 1,000 or less) satisfactory routine lab number: 7 actory routine collect date:
Chlorinated: YesNo Chlorine Residual: TotalF 3. Raw Water Source Sample	Distrection Sour (Popular	Sample (after unsat. routine) ibution System ree Groundwater Rule (GWR) ulation of 1,000 or less) satisfactory routine lab number: 7 actory routine collect date: / 2 / / 1 \$ ted: Yes No Residual: Total
Chlorinated: YesNo Chlorine Residual: TotalF 3. Raw Water Source Sample	Distr Stree	Sample (after unsat. routine) ibution System ce Groundwater Rule (GWR) ulation of 1,000 or less) satisfactory routine lab number: 7 actory routine collect date:
Chlorinated: Yes No Chlorine Residual: Total F 3. Raw Water Source Sample	Distr Stree	Sample (after unsat. routine) ibution System ree Groundwater Rule (GWR) ulation of 1,000 or less) satisfactory routine lab number: 7 actory routine collect date: / 2 / / 1 \$ ted: Yes No Residual: Total

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 pacteriological quality of the sample. The presence of colliform 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.

SATISTA ONY RESULTS:

The above 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:

K1510654-004

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

COLIECDIM DA OTERIA

Date Sample Collected 9 / 2 4 / 1 5 Month Day Year	Time Sample Collected 3:30 AM	County Pacisic
Type of Water System (check only one	box) □ Pri	vate Household
☐ Group A ☐ Grou	.pB □ Ot	ner
Group A and Group B Systems – Provid ID# 6 3 0 0 System Name: No - Ala - S	<u> </u>	s Inventory (WFI):
System Name: Nordh Ber		
Day Phone: (%) 1244-0047	chure res	II Di
Eve. Phone: ()		Phone: 860) 214-25
	north Berth	X:()
PO 618 OCOAN PARK LI SAMPLI	الالا ، علا EINFORMATION	, ત્
Sample collected by (name):	- ini OkiliArion	
Specific location where sample collected S=7 23 200 B in		cial instructions or comments:
Type of Sample (MUST CHECK ONLY #1. Routine Distribution Sample Chlorinated: Yes No Chlorine Residual: Total Free #3. Raw Water Source Sample	#2.Repeat Samp Distribution Source Gre (Population Unsatisfact Unsatisfactory Chlorinated: Ye	ole (after unsat. routine) of System coundwater Rule (GWR) of 1,000 or less) ctory routine lab number:
14. ☐ Sample Collected for Information Investigative Construction /	Only	other
LAB USE ONLY DRINKING	WATER RESULT	S LAB USE ONLY
☐ Unsatisfactory Total Coliform Present☐ E.coli present☐ E.	and coli absent	Satisfactory
Replacement Sample Required: Sample too old (>30 hours) TN Improper Container Tu	ITC	
Bacterial Density Results: Plate Count	/ml. E.c	
Total Coliform/100ml. Method Code: M 9 2 2	Fecal Coliform	me and Temp Received:
Date Analyzed 9 25/(1/b	Date Re	ported: 9 2 C / S
Sample Number (DOH number plus five digits)	. / Lab Use	0011

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an **Respiration function** 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. 40

SAVISCOTORY RESULTS:
The stence 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:

NOVVIUK PHESS (713) 462-0600

SR#

1510654-005



COLIFORM BACTERIA ANALYSIS

Date Sample Collected T	ime Sample	County
9 /24 / 15 Month Day Year	Collected AM	Pacific
Type of Water System (check only one bo)X) □ Dri	ı iyate Household
☐ Group A ☐ Group		
Group A and Group B Systems – Provide		Julian Control of the
10# 6 3 0 0		s inventory (vvr-i):
System Name: pordh Reuse	.L	
Contact Person:	$\frac{\mathcal{M}}{\mathcal{M}}$	<u> </u>
Day Phone: 360)244-0047	= Charles Z	UDbood 1970 A 1971 (D.
Eve. Phone: ()		Phone: 260 7214-2 5 X: ()
Email: D Schweizer @	- 1	Mh Luddan Com
Send results to: Print full name, address and zi	p code)	
	INFORMATION	
Sample collected by (name):	۸ìЗ	
Specific location where sample collected:	Spe	ecial instructions or comments:
2731 232nd		
Type of Sample (MUST CHECK ONLY C	NE BOX OF #1 TH	ROUGH #4 LISTED BELOW)
#1. Routine Distribution Sample		ole (after unsat. routine)
Chlorinated: YesNo	Distribution	n System
Chlorine Residual: Total Free	☐ Source Gr	oundwater Rule (GWR)
#3. Raw Water Source Sample	(Population	n of 1,000 or less)
☐ E.coli – GWR source sample	Unsatisfa	ctory routine lab number:
☐ Fecal –Surface, GWI, some springs	0 1 7	
☐ Other	Unsatisfactory	routine collect date:
	9	21/15
Public systems must provide source number from WFI	Chlorinated: Ye	esNo
	Chlorine Resid	ual: Total 1.1 Free. 1
#4.☐ Sample Collected for Information O	inly	
Investigative Construction / F	Repairs (Other
LAB USE ONLY DRINKING W	VATER RESULT	rs Lab USE ONLY
☐ Unsatisfactory Total Coliform Present a		Satisfactory
[1] - [1] <u>- [2] [2]</u> [2] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	oli absent	Oausiaciory
	JII GUOUIK	
Replacement Sample Required:		
☐ Sample too old (>30 hours) ☐ TNT		
☐ Improper Container ☐ Turb	id culture	
Bacterial Density Results: Plate Count	L	
		coli/100ml.
Total Coliform/100ml.	Fecal Coliform	/100ml.
Method Code: MICR- S M 9 2 2	3 b Date, Ti	me and Temp Received:
Date Analyzed 9 25 15 N	b Date Re	eported: 9 26 / 5
Sample Number (DOH number plus five digits)	Lab Use	
<u>0 1 7 - 0 6 5 9</u>	<u> </u>	A1 1/20113

INTERPRETATION OF RESULTS FOR DRINKING WATER

analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water Rappadicate and 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.

SATISE OR RESULTS:
The abserts of coliforms from any sample is satisfactory. Proper system paintenance 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.

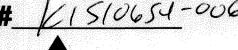
FOR ADDITIONAL INFORMATION:

WICK PHESS (713) 462-0600

.S) Environmental

1317 S. 13th Avenue • Kelso, WA 98626

510654-006



Repeat Sample

TERPRETATION OF RESULTS FOR DRINKING WATER

med 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.

KEPORTING 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.

SACTORY RESULTS:
The absence of conforms 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:

	e Sample	County /
9 /24 / 15 4 Month Day Year	ollected AM	PAUSIC
Type of Water System (check only one box)		
Group A ☐ Group B		vate Household her
Group A and Group B Systems – Provide fro	om Water Facilitie	es Inventory (WFI):
10# <u>40 3 0 0</u>		
System Name: North Bene		
	churci-	THE STATE OF THE S
Day Phone: 1360 1244-0047 Eve. Phone: ()	Terretoria de la companya de la comp	ell Phone: (26 0) 214-29 X: ()
Email: DSchweizer@n	خنيب التستين التيا	
Send results to: (Print full name, address and zip PO 6(9 OCUPAN PARK)		8640
Sample collected by (name):	vis	
Specific location where sample collected:		ecial instructions or comments:
23036 Birch		
Type of Sample (MUST CHECK ONLY O	NE BOX OF #1 T	HROUGH #4 LISTED BELOW)
1. Routine Distribution Sample	#2.Repeat San	nple (after unsat. routine)
Chlorinated: YesNo	Distributi	on System
Chlorine Residual: TotalFree		Groundwater Rule (GWR)
3. Raw Water Source Sample		on of 1,000 or less)
☐ E.coli – GWR source sample		factory routine lab number:
☐ Fecal –Surface, GWI, some springs	0 1 7	
☐ Other	Unsatisfacto	ry routine collect date:
S	Chlorinated:	Yes · No
Public systems must provide source number from WFI		idual: Total Free
4. ☐ Sample Collected for Information O	L	
Investigative Construction / F	Repairs	Other
LAB USE ONLY DRINKING W	VATER RESU	LTS LAB USE ONLY
☐ Unsatisfactory Total Coliform Present a		Satisfactory
☐ E.coli present ☐ E.co	oli absent	
Replacement Sample Required:		
	rc [J
☐ Sample too old (>30 hours) ☐ TNT		
	bid culture	
☐ Improper Container ☐ Turt		E.coli /100ml
☐ Improper Container ☐ Turt Bacterial Density Results: Plate Count	/ml.	E.coli
☐ Improper Container ☐ Turt Bacterial Density Results: Plate Count	/ml. Fecal Coliform	/100ml.
☐ Improper Container ☐ Turt Bacterial Density Results: Plate Count	/ml. Fecal Coliform	/100ml.
☐ Improper Container ☐ Turt Bacterial Density Results: Plate Count	/ml. Fecal Coliform	/100ml.

4510654-007



Repeat Sample

1317 S. 13th Avenue • Kelso, WA 98626

			4 ' A 8 8 8 22 22 22 22 22 22 22 22 22 22 22	II A CIC
-		1 F 4 / 1 BB 8	ACTER	
100	100			

Co	e Sample County
9 /24 / 15 1 Month Day Year	BOBAN PACISIC
Type of Water System (check only one box)	☐ Private Household
☐ Group A ☐ Group B	
Group A and Group B Systems – Provide fro	om Water Facilities Inventory (WFI):
System Name: North Pound	hwo, \
Contact Person: Dennis	Shweizer \
Day Phone: (360) 244 - 0047	Cell-Phone: 860)214-24
Eve. Phone: ()	FAX: ()
Send results to: (Print full name, address and zip of the control	A. 98640
	NFORMATION
Sample collected by (name):	
	n15
Specific location where sample collected:	Special instructions or comments:
Type of Sample (MUST CHECK ONLY OF	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:
I S	
Public systems must provide source number from WFI	Chlorinated: Yes No
	Chlorine Residual: TotalFree
#4. Sample Collected for Information O	
Investigative Construction / F	
	VATER RESULTS LAB USE ONLY
☐ Unsatisfactory Total Coliform Present a ☐ E.coli present ☐ E.col	and Satisfactory oli absent
Replacement Sample Required: Sample too old (>30 hours) Improper Container Turt	FC Did culture
Bacterial Density Results: Plate Count	/ml. <i>E.coli</i> /100ml.
Total Coliform /100ml.	Fecal Coliform/100ml.
Method Code: MICR- S M 8 2 2 2	Date, Time and Temp Received: XL
Date Analyzed 9 LS / Sp	Date Reported: 9 16 (5)
Sample Number (DOH number plus five digits)	Lab Use Only: 1 9/08/15
0 1 7 - 0 6 2	1 1 H 10000

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an nation 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-

SEACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological 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.

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- 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:

SR#

K1510654-008

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

Date Sample Collected	Time Sample Collected	County
9 /24 / 15 Month Day Year	2:00 pt	
Type of Water System (check only Group A	y one box) 🔲	Private Household Other
Group A and Group B Systems – D# 6 3 0 System Name: NorAh	Provide from Water Fac O O C Beach W	ilities Inventory (WFI):
Contact Person: Dewn	es 47	Zes
Eve. Phone: ()		FAX: ()
Send results to Print full name, addr PO 618 Occur Park	Q	8640
Sample collected by (name):	Jemm's	
Specific location where sample of	collected:	Special instructions or comments:
Chlorinated: YesNo Chlorine Residual: Total 3. Raw Water Source Sample E.coli – GWR source sam Fecal –Surface, GWI, som Other S Public systems must provide source number	Free Sou (Por Un De Por Un De Po	ribution System rce Groundwater Rule (GWR) pulation of 1,000 or less) satisfactory routine lab number: 7 - factory routine collect date: / 21 / 15 ated: Yes No e Residual: Total Free
#4. Sample Collected for Inf Investigative Cor		Other
LAB USE ONLY DR	INKING WATER R	
☐ Unsatisfactory Total Colifo☐ E.coli present	rm Present and [] E.coli absent	∑ Satisfactory
Replacement Sample Require Sample too old (>30 hou Improper Container		
Bacterial Density Results: Plate	Count	
Method Code: MICR- 9	2236	Date, Time and Temp Received: KR 9/25/15 88:W 13.7
5	CICA	Date Reported: 9 36/5
Date Analyzed 7 2 3 Sample Number (DOH number plus five d	1219	Lab Use Only: 10 10 4

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 pacteriological quality of the sample. The presence of coliform organisms is used by health organizations world the sample are indicator for the possible presence of other discase causing organisms.

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

- 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:

SR# KIS(0654-009

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

GOLIFORIN B	PACIERIA	ANALISIS
Date Sample Collected	Time Sample Collected	County
9/24/15	1.50 DAM	Pacisic
Month Dey Year .		
Type of Water System (check only one		ivate Household
☐ Group A ☐ Gro		ther
Group A and Group B Systems - Provi	de from Water Faciliti	es Inventory (WFI):
n# <u>63_0</u> 0	_ <i>o</i> _c	
System Name: North Bo	each, w	<i>1</i> 0.
Contact Person: Dewnis	5 Schur	1705
Day Phone: (360)244 - 00 9	47 C	ell Phone: (366) 214-28
Eve. Phone: ()	المتناف	IX: ()
Send results to: (Print full name, address an	d zip code)	Mwshr.com
CAMPI	LE INFORMATIO	
Sample collected by (name):	LE INFORMATIO	
	ww.S	
Specific location where sample collecte	ed: Sr	pecial instructions or comments:
Type of Sample (MUST CHECK ONI	LY ONE BOX OF #1 T	HROUGH #4 LISTED BELOW)
1		mple (after unsat. routine)
Chlorinated: YesNo	☐ Distribut	ion System
Chlorine Residual: Total Free		Groundwater Rule (GWR)
3. Raw Water Source Sample		ion of 1,000 or less)
E.coli – GWR source sample	Unsatis	sfactory routine lab number:
☐ Fecal –Surface, GWI, some sprir	_{ngs} <u>0 1</u> 7	. -
☐ Other	Unsatisfacto	ry routine collect date:
	Chlorinated:	Yes No
Public systems must provide source number from WFI		sidual: TotalFree
4. ☐ Sample Collected for Informati	on Only	
Investigative Construction	on / Repairs	Other
LAB USE ONLY DRINKIN	G WATER RESU	ILTS LAB USE ONLY
☐ Unsatisfactory Total Coliform Pres	sent and	Satisfactory
그들이 말했다고 하를 살을 들어 못 살을 살아 있다면 다쳤다.] <i>E.coli</i> absent	
Replacement Sample Required: Sample too old (>30 hours)	TNTC	시 경기를 받았다면 되었다. 기계 뉴 시 시 경기 시 기계 경기 (2012)
그 구기 개강을 받아 다른 그 때	Turbid culture	
☐ Improper Container ☐	j turbiu culture	- <u>- particular de la companya de la</u>
Bacterial Density Results: Plate Count	/ml.	E.coli/100ml.
Total Coliform /100		, /100ml.
10.01 001101111/1001	, com comoni	
Matter Code	سماد	to Time and Town Donorwood.
Method Code:	2 3/ a	te,Time and Temp Received: XR
Method Code: MICR-S M 9 Date Analyzed 9 J S /	<u> </u>	te, Time and Temp Received: KP 25/15 08:00 13.7 te Reported: 926/5

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 work de as an indicator for the possible presence of other disse causing organisms.

REPORTING OF RESULTS:

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

SATISEACTORY 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:

Natur∈Solv[™] the environmentally carboniess page life

Repeat Sample



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

COLIFORM BACTERIA ANALYSIS

9 124 1 15	me Sample Collected	네 됐는데	County
Type of Water System (check only one bo	GPW	1	/
Group A ☐ Group		Private Househo	ld
Group A and Group B Systems – Provide ID# 6 3 0	from Water Facilit	Other ties Inventory (V	VFV:
System Name:	<u> </u>	-	//
Contact Person:			OA
Day Phone: ()	1.6	will Disable	1 84
Eve. Phone: ()		Cell Phone: () /
Email:	<u> </u>	AX: (
Send results to: (Print full name, address and zip	code)		
	19		
SAMPLE	INFORMATIO	N	
Sample collected by (name):			
Specific location where sample collected:	Sr	pecial instruction	ns or comments:
Type of Sample (MUST CHECK ONLY O	NE BOX OF #1 T	HROUGH #4 LI	STED BELOWA
#1. Routine Distribution Sample	#2.Repeat San		
Chlorinated: YesNo	☐ Distributi		
Chlorine Residual: Total Free .		Groundwater Ru	lo (CIMD)
#3. Raw Water Source Sample	(Populati	on of 1,000 or le	ess)
E.coli – GWR source sample	Unsatist	factory routine la	ab number:
☐ Fecal –Surface, GWI, some springs	0 1 7		
☐ Other	Unsatisfactor	y routine collec	date:
	<u> </u>	<u> </u>	<u>' </u>
Public systems must provide source number from WFI		Yes No	
W [18 Sall	the state of the s	idual: Total	_Free
#4. ☐ Sample Collected for Information O Investigative Construction / R	범죄를 가는 이 기가를 받는다.	Other	
LAB USE ONLY DRINKING W	ATER RESUL	TS LAB	USE ONLY
☐ Unsatisfactory Total Coliform Present a ☐ E.coli present ☐ E.col	nd ili absent		tisfactory
			·
Replacement Sample Required: Sample too old (>30 hours) Improper Container	C]	
Bacterial Density Results: Plate Count	/ml. E	.coli	/100ml.
Total Coliform/100ml. Method Code:	Fecal Coliform_ Date.	Time and Temp R	/100ml.
MICR- $SM92$	3 b ap	15 08:00) 13.7
Date Analyzed 9 25 15 Mb	Date	Reported: 9	4615
Sample Number (DOH number plus five digits) 0 1 7 - 6 5 H /	O Lab U	se Only:	1/28/15

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.

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FOR ADDITIONAL INFORMATION:

SR# KIS10654-011

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

COLIFORM BAG	CTERIA ANALYSIS				
	e Sample County				
9174115	ollected AM				
Month Day Year					
Type of Water System (check only one box)	Private Household Other Om Water Facilities liventory (WFI):				
☐ Group A ☐ Group B	Other D				
Group A and Group B Systems - Provide fro	om Water Facilities Inventory (WFI):				
1D# <u>6 3 0 0</u>	<u>0</u>				
System Name: Whathe Beach	v m b. /				
Contact Person: Qown's	schweizer				
Day Phone: 860)244-0047	Cell Phone: 360)214-011				
Eve. Phone: ()	FAX:()				
Email: Oschweizer @					
Send results to: (Point full name address and zip	cue)				
DO 618					
BOSEN PACK.	WA. 98640				
SAMPLET	NFORMATION				
Occasional sallested by (come):					
Sample collected by (Maille), (DeWi	m3				
Specific location where sample collected:	Special instructions or comments:				
well 1					
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) (Population of 1,000 or less)				
#3. Raw Water Source Sample	Unsatisfactory routine lab number:				
E.coli – GWR source sample					
☐ Fecal –Surface, GWI, some springs	0 1 / -				
☐ Other	Unsatisfactory routine collect date:				
s	Children Ver				
Public systems must provide source number from WFI	Chlorinated: YesNo Chlorine Residual: Total Free				
	1				
#4. Sample Collected for Information C					
Investigative Construction / I	•				
	WATER RESULTS LAB USE ONLY				
☐ Unsatisfactory Total Coliform Present					
☐ E.coli present ☐ E.c	coli absent				
Replacement Sample Required:					
☐ Sample too old (>30 hours) ☐ TN	TC				
☐ Improper Container ☐ Tur	rbid culture				
D. J. J. J. D. J. D. J. D. J. Co. M.	/ml, E.coli /100ml.				
Bacterial Density Results: Plate Count	그리 강도를 되었습니다.				
Total Coliform/100ml.	Fecal Coliform/100ml.				
Method Code:	Date, Time and Temp Received:				
MICR-	7 -0 4/25/15 08:00 /3.7				
Date Analyzed 7 / J / J / Sample Number (DOH number plus five digits)	b Dete Reported: 426/				
O 1 7 - C S	/ Lab Use Only: A(9/98/15				

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FOR ADDITIONAL INFORMATION:



ALS Environmental

1317 South 13th Avenue Kelso, WA 98626

ARSENIC TEST PANEL for the State of Washington

REPORT OF ANALYSIS

				IXI	OKI OI	711 1711 I L	710			
Date Collec	cted: (MM/DD/YY)	9/8/2015			System Gro	oup: (Select A	A, B, Other)	A		
Water Syst	em ID Number:	63000C			System Nar	ne:	North Beach V	Vater Distri	ct	
Lab Sample	e Number:	01799281			County:		Pacific			
Sample Loc	cation:	Finished Sa	ampler		Source Nur	nber(s):	S06			
Sample Pur	rpose:		-		Date Receiv	ved:	09/09/15			
Select One	;				Date Analy	zed:	09/14/15			
X	RC- Routine/C	Compliance			Date Repor	ted:	09/24/15			
	C- Confirmation				Comments:		K1509928-001			
	Investigative									
	Other(specify)						/	_		
Sample Co	mposition:				Sample Ty	pe: (Select (One)			,
Select One						Pre-Treatmo	ent/Raw /			
X	S- Single Sour	ce			X	Post-Treatm	nent/Finished			\wedge
	B- Blended		source numbers)			Unknown		/	60	
	C- Composite	(Dist indiapre	source numbers,		Sample Col		Dennis Schwei	zer /	/.5 ^v /	
	D- Distribution	ı sample			Phone Num	•	360-244-0047		ASSED	
G ID		-	1 XX / D'				000 211 0017	1/0	Υ/	
Send Repo	ort to:		ch Water Dis	strict	Bill to:		\			
		WA DOH						/		
								<		
					<u> </u>					
DOH#	ANALYTE		RESULTS	UNITS	SRL	TRIGGER	MCL	MCL	Method	Analyst
								Exceeded		
								check if		

0.001

0.010

0.010

200.8

NOTES:

ARSENIC

0004

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.

0.006

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:		