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October 22, 2007

**VIA HAND DELIVERY**

Chairman Mark Sidran  
Washington Utilities and  
Transportation Commission  
1300 South Evergreen Park Drive SW  
Olympia, WA 98504-7250

Commissioner Patrick Oshie  
Washington Utilities and  
Transportation Commission  
1300 South Evergreen Park Drive SW  
Olympia, WA 98504-7250

Commissioner Philip Jones  
Washington Utilities and  
Transportation Commission  
1300 South Evergreen Park Drive SW  
Olympia, WA 98504-7250

RECEIVED  
07 OCT 22 PM 4:02  
OFFICE OF THE  
CLERK OF THE  
SUPERIOR COURT

Re: Iliad Water Services, Inc. – UW-071885

Dear Chairman Sidran, Commissioner Oshie and Commissioner Jones:

At the October 10, 2007 open meeting, several customers, primarily on the Alder Lake Water System, testified concerning water quality issues related to Iliad Water Services, Inc.'s request for a rate increase.

Attached for your information are the water quality test results for the Alder Lake System for the past many months, extending back nearly a year. Also enclosed is the 2007 Annual Water Quality Report letter that was sent out to the customers. This report describes the status of the quality of water within the Alder Lake Water System.

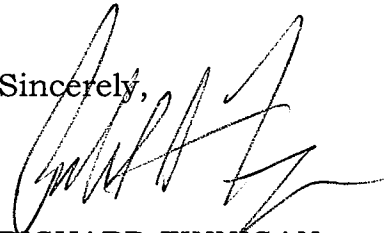
From these reports, you can see that the water has tested as satisfactory on all but one occasion. That one occasion in March reported that while the test results were unsatisfactory, E coli was absent. The Company took four repeat samples as required by DOH regulations and all of those repeat samples

Chairman Sidran  
Commissioner Oshie  
Commissioner Jones  
October 22, 2007  
Page 2 of 2

came back as satisfactory. This second round of testing tends to indicate that the issue was with the sample itself, not with the water quality of the system.

In any event, given the comments from the customers, the Company thought it would be beneficial for the Commission to see that actual test results.

Sincerely,

A handwritten signature in black ink, appearing to read 'Richard Finnigan', written over a light blue horizontal line.

RICHARD FINNIGAN

RAF/km  
Enclosures

cc: Derek Dorland (via e-mail, w/o encl.)  
Amy White (via hand delivery, w/encl.)  
Gene Eckhardt (via hand delivery, w/encl.)

*Water Quality Report*  
*April 2007*

Alderlake Water System

We are pleased to present to you this year's Annual Quality Water Report. This report is designed to inform you about the quality water and services we deliver to you every day. Our constant goal is to provide you with a safe and dependable supply of drinking water. We want you to understand the efforts we make to continually improve the water treatment process and protect our water resources. We are committed to ensuring the quality of your water. Our water source is from one well drawing from a ground water aquifer located on lot 3.

We have a source water protection plan available from our office that provides more information such as potential sources of contamination.

This report shows our water quality and what it means.

If you have any question about this report or concerning your water utility please contact Water Services, Inc. / Sondra LeBaron or Iliad, Inc. if you have any questions or need further information at (800) 928-3750 or (206) 282-4200. The mailing address is PO Box 20429, Seattle, WA 98102. We want our valued customers to be informed about their water utility.

Alderlake Water Company routinely monitors for constituents in your drinking water according to Federal and State laws. The attached table shows the results of our monitoring for the period of January 1<sup>st</sup> to December 31<sup>st</sup>, 2006. All drinking water, including bottled drinking water, may be reasonably expected to contain at least small amounts of some constituents. It's important to remember that the presence of these constituents does not necessarily pose a health risk.

Last year your drinking water was tested for more than 150 possible contaminants. All of these contaminants were not present or were present in amounts significantly below the E.P.A.'s allowable level.

**Manganese and Iron** is classified as secondary contaminant. Secondary contaminant's are based on aesthetic not health related standards. Therefore, the Department of Health's policy regarding manganese and iron in an existing system is determined by the degree of customer acceptance of the water quality and the willingness of the customer to bear the cost of installing a treatment system.

TEST RESULTS						
Contaminant	Comply Y/N	Level Detected	Unit Measurement	MCLG	MCL	Likely Source of Contamination
<b>Microbiological Contaminants</b>						
1. Total Coliform Bacteria	Y	0%-3%	% Pos	0	presence of coliform bacteria in 5% of monthly samples	Naturally present in the environment
2. Fecal coliform and <i>E.coli</i>	Y	0%	% Pos.	0	a routine sample and repeat sample are total coliform positive, and one is also fecal coliform or <i>E. coli</i> positive	Human and animal fecal waste
3. Turbidity	Y	01-03	NTU	n/a	TT	Soil runoff
<b>Inorganic Contaminants</b>						
4. Sodium	Y	6.	MGL	5.0	250	Erosion of natural deposits
5. Iron	Y	ND	MGL	0.1	0.30	Erosion of natural deposits
6. Manganese	Y	ND	MGL	.010	0.050	Erosion of natural deposits
7. Nitrate (as Nitrogen)	Y	1.9	Ppm	10	10	Runoff from fertilizer use; leaching from septic tanks, sewage; erosion of natural deposits

In this table you will find many terms and abbreviations you might not be familiar with. To help you better understand these terms we've provided the following definitions:

*Non-Detects (ND)* – laboratory analysis indicates that the constituent is not present.

*Parts per million (ppm) or Milligrams per liter (mg/l)* – one part per million corresponds to one minute in two years or a single penny in \$10,000.

*Nephelometric Turbidity Unit (NTU)* – nephelometric turbidity unit is a measure of the clarity of water. Turbidity in excess of 5 NTU is just noticeable to the average person.

*Action Level* – the concentration of a contaminant which, if exceeded, triggers treatment or other requirements which a water system must follow.

*Maximum Contaminant Level* – The “Maximum Allowed” (MCL) is the highest level of a contaminant that is allowed in drinking water. MCL's are set as close to the MCLGs as feasible using the best available treatment technology.

*Maximum Contaminant Level Goal* – The “Goal” (MCLG) is the level of a contaminant in drinking water below which there is no known or expected risk to health MCLGs allow for a margin of safety.

All drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that the water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the Environmental Protection Agency's Safe Drinking Water Hotline at 1-800-426-4791. Office of Ground Water and Drinking Water Web Site <http://www.epa.gov/safewater/pn.html>.

Maximum Contaminant Level (MCL) are set at very stringent levels allowed in drinking water. To understand the possible health effects described for many regulated constituents, a person would have to drink 2 liters of water every day at the MCL level for a lifetime to have a one-in-a-million chance of having the described health effect.

**LEAD:** Infants and children who drink water containing lead in excess of the action level could experience delays in their physical or mental development. Children could show slight deficits in attention span and learning abilities. Adults who drink this water over many years could develop kidney problems or high blood pressure.

**NITRATE:** Infants below the age of six months who drink water containing nitrate in excess of the MCL could become seriously ill and, if untreated, may die. Symptoms include shortness of breath and blue-baby syndrome.

In our continuing efforts to maintain a safe and dependable water supply it may be necessary to make improvements in your water system. The costs of these improvements may be reflected in the rate structure. Rate adjustments may be necessary in order to address these improvements.

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by cryptosporidium and other microbiological contaminants are available from the Safe Drinking Water Hotline (800-426-4791).

Alderlake Community water system has been required to install a permanent disinfection system as an additional barrier against potential biological contamination in accordance with WAC 246-290-250 and WAC 246-290-451 in response to DOH's determination that the water system sources are in hydraulic connection to Alder Lake. A designation of hydraulic connection with the nearby surface water source of Alder Lake and are susceptible to contamination by microbial pathogens such as bacteria and viruses. The Department of Health has ordered the Water Company to install a disinfection treatment system. The Water Company has applied for Washington State Revolving Fund to finance the installation. The Water Company should know in October or November of 2007 if funds are available for the installation.

Please call our office if you have any questions or need further information.

# WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY  
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR 4 29 07	TIME COLLECTED 8:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Pierce
---	--	-----------------------

TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE I.D. No. [REDACTED]	CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B
--	---	--

NAME OF SYSTEM  
Alderlake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ie, kitchen tap @ school, fire station, fountain) lot 10	TELEPHONE NO. DAY 206 255-5483 EVENING ( )
--	--

SAMPLE COLLECTED BY: (Name) J. Hays	SYSTEM OWNER / MGR.: (Name) D. Dorland
--	---

SOURCE TYPE  GROUND WATER UNDER SURFACE INFLUENCE  
 SURFACE  WELL or  SPRING  PURCHASED or  COMBINATION  
 WELL FIELD  INTERTIE or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)  
 I food Inc  
 Po Box 20098  
 Seattle WASHINGTON 98102

TYPE OF SAMPLE (check only one in this column)

ROUTINE DRINKING WATER check treatment  
 Chlorinated (Residual) (Gal) (Free)  
 Filtered  
 Untreated or Other

REPEAT SAMPLE  
 Previous coliform presence Lab #  
 Previous coliform presence Date

RAW SOURCE WATER Source # [S] [ ] Total Coliform  
 NEW CONSTRUCTION or REPAIRS Fecal Coliform

Other (Specify)

REMARKS

### LABORATORY RESULTS (FOR LAB USE ONLY)

METHOD USED				
MF 2410	MPN 2600	PA 2610	MMO 2720	CPRG 2730

TOTAL COLIFORM /100ml	E. COLI /100ml
FECAL COLIFORM /100ml	HETEROTROPHIC /100ml
	1340

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE	TEST UNSUITABLE BECAUSE
<input type="checkbox"/> Sample too old	<input type="checkbox"/> Confident growth
<input type="checkbox"/> Wrong container	<input type="checkbox"/> WNTC
<input type="checkbox"/> Incomplete form	<input type="checkbox"/> Turbid culture
	<input type="checkbox"/> Excess debris

DRINKING WATER SAMPLE RESULTS

<input type="checkbox"/> UNSATISFACTORY, Coliforms present	<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent
REPEAT SAMPLES REQUIRED	<input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent
	<input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. 089 31307	DATE TIME RECEIVED 4/26/07	RECEIVED BY [Signature]
DATE REPORTED 4/29/07	ROUTE 00	ACCT #

# WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY  
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR 4 10 07	TIME COLLECTED 8:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Pierce
TYPE OF SYSTEM PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE ID No. [REDACTED]	CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B
NAME OF SYSTEM Alderlake		
SIFIC LOCATION WHERE SAMPLE COLLECTED (kitchen tap @ school, fire station, fountain) lot 10		TELEPHONE NO. DAY 206) 255-5483
SAMPLE COLLECTED BY: (Name) J. Hays		SYSTEM OWNER / MGR.: (Name) D. Dorland
SOURCE TYPE <input type="checkbox"/> GROUND WATER UNDER SURFACE INFLUENCE <input checked="" type="checkbox"/> SURFACE WELL or <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or <input type="checkbox"/> COMBINATION WELL FIELD. <input type="checkbox"/> INTERTIE or <input type="checkbox"/> OTHER		
SEND REPORT TO: (Print Full Name, Address and Zip Code) I liod Inc Po Box 20098 Seattle WASHINGTON 98102		

TYPE OF SAMPLE (check only one in this column)	
<input checked="" type="checkbox"/> ROUTINE DRINKING WATER (check treatment)	<input type="checkbox"/> Chlorinated (Residual Total Free)
<input type="checkbox"/> REPEAT SAMPLE (Previous coliform presence Lab # / Previous coliform presence date)	<input type="checkbox"/> Filtered
<input type="checkbox"/> RAW SOURCE WATER (Source # [S])	<input checked="" type="checkbox"/> Untreated or Other
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input type="checkbox"/> Total Coliform
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Fecal Coliform

LABORATORY RESULTS (FOR LAB USE ONLY)

METHOD USED				
MF 2410	MPN 2600	PA 2618	MMO 2720	CPRG 2730

TOTAL COLIFORM /100 ml  
FECAL COLIFORM /100 ml  
E. COLI /100 ml  
HETEROTROPHIC /per ml  
1340

ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE	TEST UNSUITABLE BECAUSE
<input type="checkbox"/> Sample too old	<input type="checkbox"/> Contingent growth
<input type="checkbox"/> Wrong container	<input type="checkbox"/> TNTC
<input type="checkbox"/> Incomplete form	<input type="checkbox"/> Turbid culture
	<input type="checkbox"/> Excess debris

DRINKING WATER SAMPLE RESULTS	
<input type="checkbox"/> UNSATISFACTORY, Coliforms present	<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent
REPEAT SAMPLES REQUIRED	
<input type="checkbox"/> E. Coli present	<input type="checkbox"/> E. Coli absent
<input type="checkbox"/> Fecal present	<input type="checkbox"/> Fecal absent

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO 089 31307	DATE TIME RECEIVED 4/21/07	RECEIVED BY JAN KC
DATE REPORTED 4/21/07	ROUTE DDO	ACCT #



# COLIFORM BACTERIA ANALYSIS

Date Sample Collected 4/10/07 Month Day Year	Time Sample Collected 5:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Pierce
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A: Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B: Public <input type="checkbox"/> Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI) ID# 26995H		
System Name: Alderlake		
Contact Person: J. Hays		
Day Phone: (206) 255-5483	Cell Phone: ( )	
Eve. Phone: ( )	FAX: ( )	
Send results to: (Print full name, address and zip code) I liod Inc PO Box 20098 Seattle WA 98102		

## SAMPLE INFORMATION

Sample collected by (name): J. Hays
Specific location where sample collected (address or sample site, and type of faucet): lot 1A
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 Provide information below Chlorinated: Yes No Chlorine Residual: Total Free	2. <input checked="" type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below Unsatisfactory routine lab number: 08116175 Unsatisfactory routine collect date: 3/28/07 Chlorinated: Yes No Chlorine Residual: Total Free
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources S	
Public Systems must provide Source Number from (WFI)	

4. <input type="checkbox"/> Sample Collected for Information Only Construction Repairs Private Residence Other
---

## LABORATORY RESULTS (FOR LAB USE ONLY) DRINKING WATER RESULTS (LAB USE ONLY)

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

<input type="checkbox"/> Replacement Sample Required	
Sample not tested because:	Test unsuitable because:
<input type="checkbox"/> Sample too old (>30 hours)	<input type="checkbox"/> TNTC
<input type="checkbox"/> Improper Container	<input type="checkbox"/> Turbid culture
<input type="checkbox"/>	<input type="checkbox"/>

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

Method Code MICR	Date and Time Received 4/20/07 9:45
Date Analyzed: 08116223	Date Reported: 4/15
Lab Use Only:	

4



1515 80TH STREET E  
TACOMA, WA 98404  
(253) 531-3121

# WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY  
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR 2 / 26 / 07	TIME COLLECTED H : MM 6 : 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Pierce
---	--	-----------------------

TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. No. 269954	CIRCLE GROUP A B
--	--	---------------------

NAME OF SYSTEM  
Alderlake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ie, kitchen tap @ school, fire station, fountain) 104 1A	TELEPHONE NO. DAY (206) 255-5483
--	-------------------------------------

SAMPLE COLLECTED BY: (Name) J. Hays	SYSTEM OWNER / MGR.: (Name) D. Dorland
--	---

SOURCE TYPE  GROUND WATER UNDER SURFACE INFLUENCE  
 SURFACE  WELL or  SPRING  PURCHASED or  COMBINATION  
 WELL FIELD  INTERTIE or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)  
Eliad Inc  
PO Box 20098  
Seattle WASHINGTON 98102

TYPE OF SAMPLE (check only one in this column)

ROUTINE DRINKING WATER (check treatment)  Chlorinated (Residual: Total Free)  Filtered  Untreated or Other

REPEAT SAMPLE (Previous coliform presence Lab # / Date)  RAW SOURCE WATER (Source # S)  NEW CONSTRUCTION or REPAIRS  OTHER (Specify)

REMARKS  
#4312

### LABORATORY RESULTS (FOR LAB USE ONLY)

METHOD USED				
MF 2410	MPN 2600	PA 2610	MMO 2720	CPRG 2730
TOTAL COLIFORM / 100 ml	E. COLI / 100 ml	FECAL COLIFORM / 100 ml	HETEROTROPHIC / per ml	
1340				

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form	TEST UNSUITABLE BECAUSE <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris
--	--

DRINKING WATER SAMPLE RESULTS

<input type="checkbox"/> UNSATISFACTORY: Coliforms present	<input checked="" type="checkbox"/> SATISFACTORY: Coliforms absent
REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

B.NO. 89 25235	DATE-TIME RECEIVED 2-26-07 9:00	RECEIVED BY LP
DATE REPORTED 2-28-07	ROUTE UKK	ACCT. #

1515 80TH STREET E  
TACOMA, WA 98404  
(253) 531-3121

# WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY  
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR 2 / 27 / 07	TIME COLLECTED H : MM 9 : 35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Pierce
---	--	-----------------------

TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. No. 69754	CIRCLE GROUP A B
--	---	---------------------

NAME OF SYSTEM  
Alderlake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ie, kitchen tap @ school, fire station, fountain) 104 10	TELEPHONE NO. DAY (206) 255-5483
--	-------------------------------------

SAMPLE COLLECTED BY: (Name) J Hays	SYSTEM OWNER / MGR.: (Name) D. Dorland
---------------------------------------	---

SOURCE TYPE  GROUND WATER UNDER SURFACE INFLUENCE  
 SURFACE  WELL or  SPRING  PURCHASED or  COMBINATION  
 WELL FIELD  INTERTIE or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)  
Eliad Inc  
PO Box 20098  
Seattle WASHINGTON 98102

TYPE OF SAMPLE (check only one in this column)

ROUTINE DRINKING WATER (check treatment)  Chlorinated (Residual: Total Free)  Filtered  Untreated or Other

REPEAT SAMPLE (Previous coliform presence Lab # / Date)  RAW SOURCE WATER (Source # S)  NEW CONSTRUCTION or REPAIRS  OTHER (Specify)

REMARKS

### LABORATORY RESULTS (FOR LAB USE ONLY)

METHOD USED				
MF 2410	MPN 2600	PA 2610	MMO 2720	CPRG 2730
TOTAL COLIFORM / 100 ml	E. COLI / 100 ml	FECAL COLIFORM / 100 ml	HETEROTROPHIC / per ml	
1340				

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE <input type="checkbox"/> Sample too old <input checked="" type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form	TEST UNSUITABLE BECAUSE <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris
---	--

DRINKING WATER SAMPLE RESULTS

<input type="checkbox"/> UNSATISFACTORY: Coliforms present	<input checked="" type="checkbox"/> SATISFACTORY: Coliforms absent
REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. 089 22737	DATE-TIME RECEIVED 2-29-07 1 PM	RECEIVED BY KC
DATE REPORTED 1/31/07	ROUTE UKK	ACCT. # 4W3815R



**Laucks Testing Laboratories, Inc**

940 S. Harney Seattle, WA 98108

(206) 767-5060



**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <b>4 2 07</b> Month Day Year	Time Sample Collected <b>5:25</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <b>Pierce</b>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# <b>2 6 9 9 5 H</b>		
System Name: <b>Alderlake</b>		
Contact Person: <b>J Hays</b>		
Day Phone: (206) <b>255-5483</b>	Cell Phone: ( )	
Eve. Phone: ( )	FAX: ( )	
Send results to: (Print full name, address and zip code) <b>Iliad Inc</b> <b>Po Box 20098</b> <b>Seattle WA 98102</b>		

**SAMPLE INFORMATION**

Sample collected by (name): **Jared Hays**

Specific location where sample collected (address or sample site, and type of faucet): **Well 503**

Special instructions or comments:

Type of Sample (must check only one box of #1 through #4 listed below)

<input type="checkbox"/> <b>1. Routine Distribution Sample</b> Provide information below. Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	<input checked="" type="checkbox"/> <b>2. Repeat Sample (follow-up to an unsatisfactory sample)</b> Provide information below. Unsatisfactory routine lab number: <b>08116175</b> Unsatisfactory routine collect date: <b>3/28/07</b> Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____
<input type="checkbox"/> <b>3. Raw Water Source Sample</b> Required for Surface Water, GWI, and some Spring Sources S _____	<input type="checkbox"/> <b>4. Sample Collected for Information Only</b> Construction _____ Repairs _____ Private Residence _____ Other _____

Public Systems must provide Source Number from (WFI)

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

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

Replacement Sample Required

Sample not tested because:      Test unsuitable because:

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

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

Method Code: MICR- \_\_\_\_\_

Date Analyzed: \_\_\_\_\_

Sample Number (DOH number plus five digits): **08116217**

Date and Time Received: **4/3/07 9:45**

Date Reported: **4/5**

Lab Use Only:

**Laucks Testing Laboratories, Inc**

940 S. Harney Seattle, WA 98108

(206) 767-5060



**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <b>3 28 07</b> Month Day Year	Time Sample Collected <b>2:00</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <b>Pierce</b>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# <b>2 6 9 9 5 H</b>		
System Name: <b>Alderlake</b>		
Contact Person: <b>J Hays</b>		
Day Phone: (206) <b>255-5483</b>	Cell Phone: ( )	
Eve. Phone: ( )	FAX: ( )	
Send results to: (Print full name, address and zip code) <b>Iliad Inc</b> <b>Po Box 20098</b> <b>Seattle WA 98102</b>		

**SAMPLE INFORMATION**

Sample collected by (name): **J. Hays**

Specific location where sample collected (address or sample site, and type of faucet): **lot 12**

Special instructions or comments:

Type of Sample (must check only one box of #1 through #4 listed below)

<input checked="" type="checkbox"/> <b>1. Routine Distribution Sample</b> Provide information below. Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	<input type="checkbox"/> <b>2. Repeat Sample (follow-up to an unsatisfactory sample)</b> Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
<input type="checkbox"/> <b>3. Raw Water Source Sample</b> Required for Surface Water, GWI, and some Spring Sources S _____	<input type="checkbox"/> <b>4. Sample Collected for Information Only</b> Construction _____ Repairs _____ Private Residence _____ Other _____

Public Systems must provide Source Number from (WFI)

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

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

Replacement Sample Required

Sample not tested because:      Test unsuitable because:

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

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

Method Code: MICR- \_\_\_\_\_

Date Analyzed: \_\_\_\_\_

Sample Number (DOH number plus five digits): **08116175**

Date and Time Received: **3/29/07 11:45**

Date Reported: **3/31**

Lab Use Only:

2

tochem

**Laucks Testing Laboratories, Inc**

940 S. Harney Seattle, WA 98108

(206) 767-5060



**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 4 21 07 Month Day Year	Time Sample Collected 5:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Pierce
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# 2 6 9 9 5 H		
System Name: Alderlake		
Contact Person: J. Hays		
Day Phone: (206) 255-5483 Cell Phone: ( )		
Eve. Phone: ( ) FAX: ( )		
Send results to: (Print full name, address and zip code) I had Inc Po Box 20098 Seattle WA 98102		

**SAMPLE INFORMATION**

Sample collected by (name): J. Hays

Specific location where sample collected (address or sample site, and type of faucet): lot 12

Special instructions or comments:

Type of Sample (must check only one box of #1 through #4 listed below)

<input type="checkbox"/> <b>1. Routine Distribution Sample</b> Provide information below: Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___	<input checked="" type="checkbox"/> <b>2. Repeat Sample (follow-up to an unsatisfactory sample)</b> Provide information below: Unsatisfactory routine lab number: 08116175 Unsatisfactory routine collect date: 3/28/07 Chlorinated: Yes ___ No <input checked="" type="checkbox"/> Chlorine Residual: Total ___ Free ___
<input type="checkbox"/> <b>3. Raw Water Source Sample</b> Required for Surface Water, GWI, and some Spring Sources s	<input type="checkbox"/> <b>4. Sample Collected for Information Only</b> Construction ___ Repairs ___ Private Residence ___ Other ___

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

<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> Satisfactory
Total Coliform Present and	
<input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent	
<input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	
<input type="checkbox"/> Replacement Sample Required	
Sample not tested because:	Test unsuitable because:
<input type="checkbox"/> Sample too old (>30 hours)	<input type="checkbox"/> TNTC
<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: CR	Date and Time Received: 4/23/07 9:45
Date Analyzed: 08116221	Date Reported: 4/5
Sample Number (DOH number plus five digits)	Lab Use Only:

3

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940 S. Harney Seattle, WA 98108

(206) 767-5060



**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 4 21 07 Month Day Year	Time Sample Collected 5:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Pierce
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# 2 6 9 9 5 H		
System Name: Alderlake		
Contact Person: J. Hays		
Day Phone: (206) 255-5483 Cell Phone: ( )		
Eve. Phone: ( ) FAX: ( )		
Send results to: (Print full name, address and zip code) I had Inc Po Box 20098 Seattle WA 98102		

**SAMPLE INFORMATION**

Sample collected by (name): J. Hays

Specific location where sample collected (address or sample site, and type of faucet): lot 10

Special instructions or comments:

Type of Sample (must check only one box of #1 through #4 listed below)

<input type="checkbox"/> <b>1. Routine Distribution Sample</b> Provide information below: Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___	<input checked="" type="checkbox"/> <b>2. Repeat Sample (follow-up to an unsatisfactory sample)</b> Provide information below: Unsatisfactory routine lab number: 08116175 Unsatisfactory routine collect date: 3/28/07 Chlorinated: Yes ___ No <input checked="" type="checkbox"/> Chlorine Residual: Total ___ Free ___
<input type="checkbox"/> <b>3. Raw Water Source Sample</b> Required for Surface Water, GWI, and some Spring Sources s	<input type="checkbox"/> <b>4. Sample Collected for Information Only</b> Construction ___ Repairs ___ Private Residence ___ Other ___

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

<input type="checkbox"/> Unsatisfactory	<input checked="" type="checkbox"/> Satisfactory
Total Coliform Present and	
<input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent	
<input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	
<input type="checkbox"/> Replacement Sample Required	
Sample not tested because:	Test unsuitable because:
<input type="checkbox"/> Sample too old (>30 hours)	<input type="checkbox"/> TNTC
<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	Date and Time Received: 4/23/07 9:45
Date Analyzed: 08116219	Date Reported: 4/5
Sample Number (DOH number plus five digits)	Lab Use Only:



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 Bellingham WA | 805 Orchard Dr Ste 4 - 98225  
 Microbiology | 360.671.0688 • 360.671.1577fax

## Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.  
 P O Box 20098  
 Seattle, WA 98102

Reference Number: 07-06761  
 Project: Alderlake

System Name: ALDER LAKE COMMUNITY WATER SYSTEM  
 System ID Number: 26995H  
 DOH Source Number: 00  
 Sample Type: D - Drinking Water  
 Sample Purpose: C - Compliance  
 Sample Location: 1A  
 County: Pierce  
 Sampled By: J. Hays  
 Sampler Phone: 206-255-5483

Repeat Sample Number:  
 Lab Number: 16415746  
 Collect Date: 5/31/2007  
 Date Received: 5/31/2007  
 Report Date: 6/1/2007  
 Field ID: 8452  
 Comment:  
 Supervisor:

DOH#	PARAMETER	RESULT	UNITS	Analyst	METHOD	COMMENT
1	TOTAL COLIFORM	Satisfactory, Coliforms Absent	per 100mL	as	SM9223 B	
3	E. COLI	Absent	per 100mL			

**NOTES:**  
 If the result is Unsatisfactory a repeat sample is required for Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.  
 If E. Coli or Fecal Coliform are present in sample do not drink the water until it is properly treated.

Comments:



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 Microbiology | 360.671.0688 • 360.671.1577fax

## Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.  
 P O Box 20098  
 Seattle, WA 98102

Reference Number: 07-07734  
 Project: Alderlake

System Name: ALDER LAKE COMMUNITY WATER SYSTEM  
 System ID Number: 26995H  
 DOH Source Number: 00  
 Sample Type: D - Drinking Water  
 Sample Purpose: C - Compliance  
 Sample Location: Lot 12  
 County: Pierce  
 Sampled By: J. Hays  
 Sampler Phone: 206-255-5483

Repeat Sample Number:  
 Lab Number: 16417831  
 Collect Date: 6/18/2007  
 Date Received: 6/19/2007  
 Report Date: 6/20/2007  
 Field ID: 4350  
 Comment:  
 Supervisor:

DOH#	PARAMETER	RESULT	UNITS	Analyst	METHOD	COMMENT
1	TOTAL COLIFORM	Satisfactory, Coliforms Absent	per 100mL	as	SM9223 B	
3	E. COLI	Absent	per 100mL			

**NOTES:**

If the result is Unsatisfactory a repeat sample is required for Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.

If E. Coli or Fecal Coliform are present in sample do not drink the water until it is properly treated.

**Comments:**

Laucks Testing Laboratories, Inc

940 S. Harney Seattle, WA 98108

(206) 767-5060



COLIFORM BACTERIA ANALYSIS

Date Sample Collected: 8/28/07, Time Sample Collected: 6:00 AM, County: Pierce, Type of Water System: Group A Public, ID#: 26995H, System Name: Alderlake, Contact Person: J. Hays, Day Phone: (206) 255-5483

Send results to: (Print full name, address and zip code) Iliad Inc, Po Box 20098, Seattle WA 98102

SAMPLE INFORMATION

Sample collected by (name): J. Hays, Specific location where sample collected (address or sample site, and type of faucet): lot 1A, Special instructions or comments:

Type of Sample (must check only one box of #1 through #4 listed below): 1. Routine Distribution Sample, Chlorinated: Yes No, Chlorine Residual: Total Free

4. Sample Collected for Information Only, Construction Repairs Private Residence Other

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

Unsatisfactory Satisfactory, Total Coliform Present and, E. coli present E. coli absent, Fecal coliform present Fecal coliform absent

Replacement Sample Required, Sample not tested because: Sample too old (>30 hours) Improper Container, Test unsuitable because: TINTC Turbid culture

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

Method Code: MICR, Date and Time Received: 8/28/07 10:05A, Date Analyzed: 8/30/07, Lab Use Only: 08120857, Sample Number (DOH number plus five digits)

DOH Form #331-319 (revised 8/05)

4

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COLIFORM BACTERIA ANALYSIS

Date Sample Collected: 7/20/07, Time Sample Collected: 5:45 AM, County: Pierce, Type of Water System: Group A Public, ID#: 26995H, System Name: Alderlake, Contact Person: J. Hays, Day Phone: (206) 255-5483

Send results to: (Print full name, address and zip code) Iliad Inc, PO Box 20098, Seattle WA 98102

SAMPLE INFORMATION

Sample collected by (name): J. Hays, Specific location where sample collected (address or sample site, and type of faucet): lot 10, Special instructions or comments:

Type of Sample (must check only one box of #1 through #4 listed below): 1. Routine Distribution Sample, Chlorinated: Yes No, Chlorine Residual: Total Free

4. Sample Collected for Information Only, Construction Repairs Private Residence Other

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY

Unsatisfactory Satisfactory, Total Coliform Present and, E. coli present E. coli absent, Fecal coliform present Fecal coliform absent

Replacement Sample Required, Sample not tested because: Sample too old (>30 hours) Improper Container, Test unsuitable because: TINTC Turbid culture

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

Method Code: MICR, Date and Time Received: 7/20/07 8:50 AM, Date Analyzed: 7/23, Lab Use Only: 08119753, Sample Number (DOH number plus five digits)

DOH Form #331-319 (revised 8/05)

1

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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 9 / 21 / 07 Month Day Year	Time Sample Collected 6:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Pierce
Type of Water System (check only one box) <input type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input checked="" type="checkbox"/> Group B Public <input type="checkbox"/> Other: _____		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# 26995H		
System Name: Alderlake		
Contact Person: J. Hoys		
Day Phone: ( )	Cell Phone: ( )	
Eve. Phone: (206) 255-3483	FAX: ( )	
Send results to: (Print full name, address and zip code) ITI Inc PO Box 20098 Seattle WA 98102		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): J. Hoys		
Specific location where sample collected (address or sample site, and type of faucet): lot 12		
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 Provide information below. Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	
3. <input type="checkbox"/> Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources S _____		
Public Systems must provide Source Number from (WFI)		
4. <input type="checkbox"/> Sample Collected for Information Only Construction _____ Repairs _____ Private Residence _____ Other _____		
<b>LAB USE ONLY - DRINKING WATER RESULTS</b>		
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input checked="" type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> Replacement Sample Required Sample not tested because:      Test unsuitable because: <input checked="" type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture <input type="checkbox"/> _____ <input type="checkbox"/> _____		
Bacterial Density Results: Plate Count _____ /ml E.coli _____ /100ml Total Coliform _____ /100ml      Fecal Coliform _____ /100ml		
Method Code MICR	Date and Time Received: 9/21/07 10:05 AM	
Date Analyzed: 08/21/07	Date Reported: 9/26	
Sample Number (DOH number plus five digits)	Lab Use Only:	

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## Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.  
 P O Box 20098  
 Seattle, WA 98102

Reference Number: 06-00428  
 Project: Bacteria Samples

System Name: ALDER LAKE COMMUNITY WATER SYSTEM  
 System ID Number: 26995H  
 DOH Source Number: 03  
 Sample Type: D - Drinking Water  
 Sample Purpose: C - Compliance  
 Sample Location: Lot 10  
 County: Pierce  
 Sampled By: S Landis  
 Sampler Phone: 206-282-4200

Repeat Sample Number:  
 Lab Number: 16400930  
 Collect Date: 1/10/2006  
 Date Received: 1/11/2006  
 Report Date: 1/12/2006  
 Field ID:  
 Comment:  
 Supervisor: *SS*

DOH#	PARAMETER	RESULT	UNITS	Analyst	METHOD	COMMENT
1	TOTAL COLIFORM	<b>Satisfactory, Coliforms Absent</b>	per 100mL	ss	SM9223 B	
3	E. COLI	<b>Absent</b>	per 100mL			

**NOTES:**

If the result is Unsatisfactory a repeat sample is required for Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.

If E. Coli or Fecal Coliform are present in sample do not drink the water until it is properly treated.

Comments:




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## Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.  
 P O Box 20098  
 Seattle, WA 98102

Reference Number: 06-02340  
 Project: Alderlake

System Name: ALDER LAKE COMMUNITY WATER SYSTEM  
 System ID Number: 26995H  
 DOH Source Number: 00  
 Sample Type: D - Drinking Water  
 Sample Purpose: C - Compliance  
 Sample Location: Lot 1A  
 County: Pierce  
 Sampled By: J Hays  
 Sampler Phone:

Repeat Sample Number:  
 Lab Number: 16404842  
 Collect Date: 2/23/2006  
 Date Received: 2/24/2006  
 Report Date: 2/25/2006  
 Field ID:  
 Comment:  
 Supervisor: 

DOH#	PARAMETER	RESULT	UNITS	Analyst	METHOD	COMMENT
1	TOTAL COLIFORM	<b>Satisfactory, Coliforms Absent</b>	per 100mL	sk	SM9223 B	
3	E. COLI	<b>Absent</b>	per 100mL			

**NOTES:**

If the result is Unsatisfactory a repeat sample is required for Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.

If E. Coll or Fecal Coliform are present in sample do not drink the water until it is properly treated.

Comments:

# WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY  
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR 3 / 2 / 06	TIME COLLECTED <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Pierce
--	--	-----------------------

TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE I.D. No: 269454	CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B
--	---	--

NAME OF SYSTEM  
Alderlake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ie, kitchen tap @ school, fire station, fountain) 10412	TELEPHONE NO. DAY: (206) 282-4200 EVENING ( )
---	---

SAMPLE COLLECTED BY: (Name) J. Hays	SYSTEM OWNER / MGR.: (Name) D. Dorland
--	---

SOURCE TYPE  GROUND WATER UNDER SURFACE INFLUENCE  
 SURFACE  WELL or  SPRING  PURCHASED or  COMBINATION  
 WELL FIELD  INTERTIE  OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)  
 I-Ted Inc  
 PO Box 20098  
 Seattle WASHINGTON 98102

TYPE OF SAMPLE (check only one in this column)

<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual Total Free)
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence: Lab # Previous coliform presence: Date	<input type="checkbox"/> Filtered
<input type="checkbox"/> RAW SOURCE WATER Source # S: [redacted]	<input checked="" type="checkbox"/> Untreated or Other
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input type="checkbox"/> Total Coliform
<input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Fecal Coliform

REMARKS

### LABORATORY RESULTS (FOR LAB USE ONLY)

METHOD USED

MF 2410	MPN 2600	PA 2613	MMO 2720	CPRG 2730
TOTAL COLIFORM /100 ml	E. COLI /100 ml		CPRG /per ml	
FECAL COLIFORM /100 ml	HETEROTROPHIC /per ml		1340	

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:	TEST UNSUITABLE BECAUSE:
<input type="checkbox"/> Sample too old	<input type="checkbox"/> Confluent growth
<input type="checkbox"/> Wrong container	<input type="checkbox"/> TNTC
<input type="checkbox"/> Incomplete form	<input type="checkbox"/> Turbid culture
	<input type="checkbox"/> Excess debris

DRINKING WATER SAMPLE RESULTS

<input type="checkbox"/> UNSATISFACTORY, Coliforms present	<input checked="" type="checkbox"/> SATISFACTORY Coliforms absent
REPEAT SAMPLES REQUIRED	<input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent
	<input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO 089 90769	DATE TIME RECEIVED 3-2-06 1pm	RECEIVED BY [Signature]
DATE REPORTED 3-6-06	ROUTE OL	ACCT. # AW38152




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Washington State Department of Health  
 WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.  
 P O Box 20098  
 Seattle, WA 98102

Reference Number: 06-04468  
 Project: Bacteria

System Name: ALDER LAKE COMMUNITY WATER SYSTEM  
 System ID Number: 26995H  
 DOH Source Number: 03  
 Sample Type: D - Drinking Water  
 Sample Purpose: C - Compliance  
 Sample Location: Lot 12  
 County: Pierce  
 Sampled By: J Hays  
 Sampler Phone:

Repeat Sample Number:  
 Lab Number: 16409263  
 Collect Date: 4/12/2006  
 Date Received: 4/13/2006  
 Report Date: 4/14/2006  
 Field ID:  
 Comment:  
 Supervisor: 

DOH#	PARAMETER	RESULT	UNITS	Analyst	METHOD	COMMENT
1	TOTAL COLIFORM	<b>Satisfactory, Coliforms Absent</b>	per 100mL	ss	SM9223 B	
3	E. COLI	<b>Absent</b>	per 100mL			

**NOTES:**

If the result is Unsatisfactory a repeat sample is required for Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.

If E. Coli or Fecal Coliform are present in sample do not drink the water until it is properly treated.

Comments:



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Washington State Department of Health  
 WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.  
 P O Box 20098  
 Seattle, WA 98102

Reference Number: 06-06125  
 Project: Bacteria Samples

System Name: ALDER LAKE COMMUNITY WATER SYSTEM  
 System ID Number: 26995H  
 DOH Source Number: 03  
 Sample Type: D - Drinking Water  
 Sample Purpose: C - Compliance  
 Sample Location: Lot 10  
 County: Pierce  
 Sampled By: J Hays  
 Sampler Phone:

Repeat Sample Number:  
 Lab Number: 16412553  
 Collect Date: 5/15/2006  
 Date Received: 5/16/2006  
 Report Date: 5/17/2006  
 Field ID:  
 Comment:  
 Supervisor: *JH*

DOH#	PARAMETER	RESULT	UNITS	Analyst	METHOD	COMMENT
1	TOTAL COLIFORM	<b>Satisfactory, Coliforms Absent</b>	per 100mL	ss	SM9223 B	
3	E. COLI	<b>Absent</b>	per 100mL			

**NOTES:**

If the result is Unsatisfactory a repeat sample is required for Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.

If E. Coli or Fecal Coliform are present in sample do not drink the water until it is properly treated.

**Comments:**



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## Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.  
 P O Box 20098  
 Seattle, WA 98102

Reference Number: 07-06761  
 Project: Alderlake

System Name: Alderlake  
 System ID Number: 26995H  
 DOH Source Number: 00  
 Sample Type: D - Drinking Water  
 Sample Purpose: C - Compliance  
 Sample Location: 1A  
 County: Pierce  
 Sampled By: J. Hays  
 Sampler Phone:

Repeat Sample Number:  
 Lab Number: 16415746  
 Collect Date: 5/31/2007  
 Date Received: 5/31/2007  
 Report Date: 6/1/2007  
 Field ID: 8452  
 Comment:  
 Supervisor:

DOH#	PARAMETER	RESULT	UNITS	Analyst	METHOD	COMMENT
1	TOTAL COLIFORM	Satisfactory, Coliforms Absent	per 100mL	as	SM9223 B	
3	E. COLI	Absent	per 100mL			

**NOTES:**

If the result is Unsatisfactory a repeat sample is required for Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.

If E. Coli or Fecal Coliform are present in sample do not drink the water until it is properly treated.

**Comments:**





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Washington State Department of Health  
 WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.  
 P O Box 20098  
 Seattle, WA 98102

Reference Number: 06-07955  
 Project: Alderlake

System Name: ALDER LAKE COMMUNITY WATER SYSTEM  
 System ID Number: 26995H  
 DOH Source Number: 00  
 Sample Type: D - Drinking Water  
 Sample Purpose: C - Compliance  
 Sample Location: Lot 1A  
 County: Pierce  
 Sampled By: J Hays  
 Sampler Phone:

Repeat Sample Number:  
 Lab Number: 16416367  
 Collect Date: 6/21/2006  
 Date Received: 6/22/2006  
 Report Date: 6/23/2006  
 Field ID: 4246  
 Comment:  
 Supervisor: BM

DOH#	PARAMETER	RESULT	UNITS	Analyst	METHOD	COMMENT
1	TOTAL COLIFORM	Satisfactory, Coliforms Absent	per 100mL	bm	SM9223 B	
3	E. COLI	Absent	per 100mL			

**NOTES:**

If the result is Unsatisfactory a repeat sample is required for Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.

If E. Coli or Fecal Coliform are present in sample do not drink the water until it is properly treated.

**Comments:**



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 Bellingham WA | 805 Orchard Dr Ste 4 - 98225  
 Microbiology | 360.671.0688 • 360.671.1577fax

Washington State Department of Health  
 WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.  
 P O Box 20098  
 Seattle, WA 98102

Reference Number: 07-07734  
 Project: Alderlake

System Name: ALDER LAKE COMMUNITY WATER SYSTEM  
 System ID Number: 26995H  
 DOH Source Number: 00  
 Sample Type: D - Drinking Water  
 Sample Purpose: C - Compliance  
 Sample Location: Lot 12  
 County: Pierce  
 Sampled By: J. Hays  
 Sampler Phone: 206-255-5483

Repeat Sample Number:  
 Lab Number: 16417831  
 Collect Date: 6/18/2007  
 Date Received: 6/19/2007  
 Report Date: 6/20/2007  
 Field ID: 4350  
 Comment:  
 Supervisor:

DOH#	PARAMETER	RESULT	UNITS	Analyst	METHOD	COMMENT
1	TOTAL COLIFORM	Satisfactory, Coliforms Absent	per 100mL	as	SM9223 B	
3	E. COLI	Absent	per 100mL			

**NOTES:**  
 If the result is Unsatisfactory a repeat sample is required for Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.  
 If E. Coli or Fecal Coliform are present in sample do not drink the water until it is properly treated.

**Comments:**

# WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY  
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH: 7 DAY: 10 YEAR: 06	TIME COLLECTED 10:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Pierce
---	---	-----------------------

TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE ID No: [REDACTED]	CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B
--	---	--

NAME OF SYSTEM  
Alderlake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED (ie, kitchen tap @ school, fire station, fountain) lot 12	TELEPHONE NO. DAY: (206) 282-4200 EVENING ( )
--	---

SAMPLE COLLECTED BY: (Name) J. Hcy	SYSTEM OWNER / MGR.: (Name) D. Dorland
---------------------------------------	---

SOURCE TYPE  GROUND WATER UNDER SURFACE INFLUENCE  
 SURFACE  WELL or  SPRING  PURCHASED or  COMBINATION  
 WELL FIELD  INTERTIE or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)  
 I Rad Inc  
 PO Box 20098  
 Seattle WA WASHINGTON 98102

TYPE OF SAMPLE (check only one in this column)

ROUTINE DRINKING WATER (check treatment)  
 Chlorinated (Residual Total Free)  
 Filtered  
 Untreated or Other

REPEAT SAMPLE  
 Previous coliform presence Lab #  
 Previous coliform presence Date

RAW SOURCE WATER Source # S: [REDACTED]  Total Coliform  
 NEW CONSTRUCTION or REPAIRS  Fecal Coliform  
 Other (Specify)

REMARKS

**LABORATORY RESULTS (FOR LAB USE ONLY)**

METHOD USED				
MF 2410	MPN 2600	PA 2610	MMO 2720	<b>CPRO</b> 2730
TOTAL COLIFORM /100 ml	E. COLI /100 ml	HETEROTROPHIC /per ml		
FECAL COLIFORM /100 ml	1340			

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE	TEST UNSUITABLE BECAUSE
<input checked="" type="checkbox"/> Sample too old	<input type="checkbox"/> Confluent growth
<input checked="" type="checkbox"/> Wrong container	<input type="checkbox"/> MNTC
<input type="checkbox"/> Incomplete form	<input type="checkbox"/> Turbid culture
	<input type="checkbox"/> Excess debris

DRINKING WATER SAMPLE RESULTS

<input type="checkbox"/> UNSATISFACTORY, Coliforms present	<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent
REPEAT SAMPLES REQUIRED	<input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO: 08902671	DATE TIME RECEIVED: 7/10/06 3pm	RECEIVED BY: [Signature]
DATE REPORTED: 7/13/06	ROUTE: [Signature]	ACCT #: AW35852



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 Corporate Office | 800.755.9295 • 360.757.1400 • 360.757.1402fax  
 Bellingham WA | 805 Orchard Dr Ste 4 - 98225  
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## Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.  
 P O Box 20098  
 Seattle, WA 98102

Reference Number: 06-10950  
 Project: Alderlake

System Name: ALDER LAKE COMMUNITY WATER SYSTEM  
 System ID Number: 26995H  
 DOH Source Number: 00  
 Sample Type: D - Drinking Water  
 Sample Purpose: C - Compliance  
 Sample Location: Well  
 County: Pierce  
 Sampled By: J. Hays  
 Sampler Phone:

Repeat Sample Number:  
 Lab Number: 16422964  
 Collect Date: 8/22/2006  
 Date Received: 8/23/2006  
 Report Date: 8/24/2006  
 Field ID: 0307  
 Comment:  
 Supervisor:

DOH#	PARAMETER	RESULT	UNITS	Analyst	METHOD	COMMENT
1	TOTAL COLIFORM	<b>Satisfactory, Coliforms Absent</b>	per 100mL	aa	SM9223 B	
3	E. COLI	<b>Absent</b>	per 100mL			

**NOTES:**

If the result is Unsatisfactory a repeat sample is required for Public Water Systems. Private Individuals should investigate the cause of the unsatisfactory result and resample.

If E. Coll or Fecal Coliform are present in sample do not drink the water until it is properly treated.

Comments:

**Laucks Testing Laboratories, Inc**

940 S. Harney Seattle, WA 98108

**Laucks**  
Testing Laboratories, Inc.

(206) 767-5060

# 0319

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 9 12 06 Month Day Year	Time Sample Collected 3 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Pierce
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# 2 6 9 9 5 H		
System Name: Alderlake		
Contact Person: J. Hays		
Day Phone: (206) 255-5483		Cell Phone: ( )
Eve. Phone: ( )		FAX: ( )
Send results to: (Print full name, address and zip code)		

**SAMPLE INFORMATION**

Sample collected by (name): J. Hays

Specific location where sample collected (address or sample site, and type of faucet): lot 1A

Special instructions or comments:

Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Provide information below:</p> <p>Chlorinated: Yes _____ No <input checked="" type="checkbox"/></p> <p>Chlorine Residual: Total _____ Free _____</p>	<p>2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample)</p> <p>Provide information below:</p> <p>Unsatisfactory routine lab number: _____</p> <p>Unsatisfactory routine collect date: _____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>3. <input type="checkbox"/> Raw Water Source Sample</p> <p>Required for Surface Water, GWI, and some Spring Sources</p> <p>S _____</p> <p>Public Systems must provide Source Number from (WFI)</p>	

4.  Sample Collected for Information Only

Construction \_\_\_\_\_ Repairs \_\_\_\_\_ Private Residence \_\_\_\_\_ Other \_\_\_\_\_

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

Unsatisfactory       Satisfactory

Total Coliform Present and

E. coli present       E. coli absent

Fecal coliform present       Fecal coliform absent

Replacement Sample Required

Sample not tested because:      Test unsuitable because:

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: \_\_\_\_\_      Date and Time Received: 9/26 2:30 PM

MICR: \_\_\_\_\_      Date Reported: 9/30

Date Analyzed: \_\_\_\_\_      Lab Use Only:

08111577

Sample Number (DOH number plus five digits)



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 Bellingham WA 805 Orchard Dr Ste 4 - 98225  
 Microbiology 360.671.0688 • 360.671.1577fax

Washington State Department of Health  
 WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.  
 P O Box 20098  
 Seattle, WA 98102

Reference Number: 06-13838  
 Project: Alderlake

System Name: ALDER LAKE COMMUNITY WATER SYSTEM  
 System ID Number: 26995H  
 DOH Source Number: 00  
 Sample Type: D - Drinking Water  
 Sample Purpose: C - Compliance  
 Sample Location: Lot 12  
 County: Pierce  
 Sampled By: J. Hays  
 Sampler Phone:

Repeat Sample Number:  
 Lab Number: 16429105  
 Collect Date: 10/18/2006  
 Date Received: 10/19/2006  
 Report Date: 10/20/2006  
 Field ID: 0278  
 Comment:  
 Supervisor:

DOH#	PARAMETER	RESULT	UNITS	Analyst	METHOD	COMMENT
1	TOTAL COLIFORM	Satisfactory, Coliforms Absent	per 100mL	aa	SM9223 B	
3	E. COLI	Absent	per 100mL			

**NOTES:**

If the result is Unsatisfactory a repeat sample is required for Public Water Systems. Private individuals should investigate the cause of the unsatisfactory result and resample.  
 If E. Coll or Fecal Colliform are present in sample do not drink the water until it is properly treated.

**Comments:**



**Laucks Testing Laboratories, Inc**

940 S. Harney Seattle, WA 98108

(206) 767-5060



**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <b>12 17 06</b> Month Day Year	Time Sample Collected <b>5:45</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <b>Pierce</b>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI) ID# <b>2 6 9 9 5 H</b>		
System Name: <b>Alderlake</b>		
Contact Person: <b>J. Hays</b>		
Day Phone: (206) <b>255 5483</b>	Cell Phone: ( ) ( ) ( )	
Eve. Phone: ( ) ( ) ( )	FAX: ( ) ( ) ( )	
Send results to: (Print full name, address and zip code) <b>Ilrod Inc</b> <b>PO Box 20098</b> <b>Seattle WA 98102</b>		

**SAMPLE INFORMATION**

Sample collected by (name): **J. Hays**

Specific location where sample collected (address or sample site, and type of faucet):  
**lot 1A**

Special instructions or comments:

Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Provide information below.</p> <p>Chlorinated: Yes _____ No <input checked="" type="checkbox"/></p> <p>Chlorine Residual: Total _____ Free _____</p>	<p>2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample)</p> <p>Provide information below.</p> <p>Unsatisfactory routine lab number: _____</p> <p>Unsatisfactory routine collect date: _____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>3. <input type="checkbox"/> Raw Water Source Sample</p> <p>Required for Surface Water, GWI, and some Spring Sources</p> <p><b>S</b> _____</p> <p>Public Systems must provide Source Number from (WFI)</p>	

4.  Sample Collected for Information Only

Construction \_\_\_\_\_ Repairs \_\_\_\_\_ Private Residence \_\_\_\_\_ Other \_\_\_\_\_

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

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

Replacement Sample Required

Sample not tested because:  Sample too old (>30 hours)  Improper Container

Test unsuitable because:  TNTC  Turbid culture

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

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

Method Code: MICR- \_\_\_\_\_

Date Analyzed: \_\_\_\_\_

\_\_\_\_\_ **08113415**

Sample Number (DOH number plus five digits)

Date and Time Received: **12/17/06 9:25 AM**

Date Reported: **12/19**

Lab Use Only: \_\_\_\_\_

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**Laucks Testing Laboratories, Inc**

940 S. Harney Seattle, WA 98108

(206) 767-5060



**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <b>11 19 06</b> Month Day Year	Time Sample Collected <b>9:30</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <b>Pierce</b>
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A Public <input type="checkbox"/> Private Household <input type="checkbox"/> Group B Public <input type="checkbox"/> Other		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI) ID# <b>2 6 9 9 5 H</b>		
System Name: <b>Alderlake</b>		
Contact Person: <b>J. Hays</b>		
Day Phone: (206) <b>255 5483</b>	Cell Phone: ( ) ( ) ( )	
Eve. Phone: ( ) ( ) ( )	FAX: ( ) ( ) ( )	
Send results to: (Print full name, address and zip code) <b>Ilrod Inc</b> <b>PO Box 20098</b> <b>Seattle WA 98102</b>		

**SAMPLE INFORMATION**

Sample collected by (name): **J. Hays**

Specific location where sample collected (address or sample site, and type of faucet):  
**lot 10**

Special instructions or comments:

Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Provide information below.</p> <p>Chlorinated: Yes _____ No <input checked="" type="checkbox"/></p> <p>Chlorine Residual: Total _____ Free _____</p>	<p>2. <input type="checkbox"/> Repeat Sample (follow-up to an unsatisfactory sample)</p> <p>Provide information below.</p> <p>Unsatisfactory routine lab number: _____</p> <p>Unsatisfactory routine collect date: _____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>3. <input type="checkbox"/> Raw Water Source Sample</p> <p>Required for Surface Water, GWI, and some Spring Sources</p> <p><b>S</b> _____</p> <p>Public Systems must provide Source Number from (WFI)</p>	

4.  Sample Collected for Information Only

Construction \_\_\_\_\_ Repairs \_\_\_\_\_ Private Residence \_\_\_\_\_ Other \_\_\_\_\_

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

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

Replacement Sample Required

Sample not tested because:  Sample too old (>30 hours)  Improper Container

Test unsuitable because:  TNTC  Turbid culture

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

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

Method Code: MICR- \_\_\_\_\_

Date Analyzed: \_\_\_\_\_

\_\_\_\_\_ **08113179**

Sample Number (DOH number plus five digits)

Date and Time Received: **12:35 11/29/06**

Date Reported: **12/11**

Lab Use Only: \_\_\_\_\_

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