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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 Philip Jones 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

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.

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 1st to December 31st, 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 R	ESULTS	S	
Contaminant	Comply Y/N	Level Detected	Unit Measurement	MCLG	MCL	Likely Source of Contamination
Microbiological	Contan	inants				
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 E.coli	Y	0%	% Pos.	0	a routine sample and repeat sample are total coliform positive, and one is also fecal coliform or E. coli positive	Human and animal fecal waste
3. Turbidity	Y	01-03	NTU	n/a	TT	Soil runoff
Inorganic Conta	minant	S	. L			
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 Turbifity 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 MCGLs 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.

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

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WATER MANAGEMENT LABS 1515 80TH STREET E TACOMA, WA 98404 (253) 531-3121 ER BACTERIOLOGICAL ANALYSIS

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Laucks/Testing Laboratories, Inc. 940 S. Harney Seattle, WA 98108 (206) 767-5060

Laucks ®
Testing Laboratories, Inc.

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	System Name: Alderiake
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,	Send results to: (Print full name, address and zip code)
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WATER SHODI IED CODY

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

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

WATER BACTERIOLOGICAL ANALYSIS

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Laucks Testing Laboratories, Inc.

aucks (206) 767-5060

940 S. Harney Seattle, WA 98108

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COLIFORIVI BACTER	IA ANALYSIS
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☐ Fecal coliform present ☐ Fecal coliform abser	nt a 🔪 A Company of the Company of
☐ Replacement Sample Required	
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Date Analyzed:	Date Reported:
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Sample Number (DOH number plus five digits) DOH Form #331-319 (revised 8/05)	

Laucks Testing Laboratories, Inc. 940 S. Harney Seattle, WA 98108 Laucks Testing Laboratories, Inc. (206) 767-5060 Testing Laboratories Inc. COLLEGEM BACTERIA ANALYSIS

COLIFORM BACTERIA ANALYSIS						
Date Sample Collected Time Sample Collected	County					
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Type of Water System (check only one box)						
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SAMPLE INFORMA	TION					
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그는 아내리에 살아 나는 사람들이 이렇게 나무면서는 말이 나를 내가 가지 수 있을까지 되는 수 있다. 하는 사람이 나무하는 것 같아 나무	peat Sample (follow-up					
	an unsatisfactory sample) information below.					
	actory routine lab number:					
3, ☐ Raw Water Source Sample	actory routine collect date:					
Required for Surface Water, GWI, and Unsatist some Spring Sources						
	ted: YesNo					
Public Systems must provide Source Number from (WFI)	Residual: TotalFree					
4. Sample Collected for Information Only						
Construction Repairs Private Resid	enceOther					
EAR USE ON THE DRINKING WATER R	esultis a l'abbise gney ea					
Unsatisfactory	☐ Satisfactory					
Total Coliform Present and ☐ E.coli present						
☐ Fecal coliform present ☐ Fecal coliform abser	t Declaration					
☐ Replacement Sample Required						
	nsuitable because:					
	ITC:					
	ibio caliaro					
Bacterial Density Results: Plate Count Total Coliform/100ml. Fecal Colifo	/ml; E:coli /100ml; rm /100ml.					
Method Code:	Date and Time Received:					
MICR	3/29/07 11:45/120					
Dat Analyzed:	Date Reported: 3/31					
08116175	Lab Use Only:					
Sample Number (DOH number plus five digits) DOH From #331-319 (revised 805)						

Laucks Testing Laboratories, Inc. 940 S. Harney Seattle, WA 98108

(206) 767-5060

COLIFORM BACTERIA AN

OOEH OKWI	DAC	I CRIA A	NALYS	IS	
Date Sample Collected 7	Time Sa Collec	mple		County	
1 4 64.07	COIIEC	. □ AM	-		
Month Day Year		2 PM	P_{ie}	rce	
Type of Water System (check only one bo	x)	Same State			
Group A Public Group B Public		rivate Housel	iold		
	_ [] 0	ther	<u> Companya</u>		
Group A and Group B Systems - Provide	from W	ater Facilities	Inventory (WFI):	
D# 6 7 7		_ /1		Adultary.	
System Name: Alder	lak	e			
Contact Person:	uS				
Day Phone: (206) 255-548	3 c	ell Phone: (A\$)0 -		14.5
Eve. Phone: (F	AX: ()			
Send results to: (Print full name, address and zip	code)	Tor			
ρ_{Δ}	2 ^		201	3 7 (9)	52.4
Call	15C	X 31	476		
		WH	4810	سنخي أ	
SAMPLE I	NFOR	RMATION	ila. <u>Et ala</u> erea		
Sample collected by (name):	e. 1.11			er i germane	
Specific location where sample collected (ac	ldress:	or sample cito	and the a		
	2	or sample site	, anu type c 	or raucet):	
Special instructions or comments:					
Type of Sample (must check only one box o	VE #1 +P	ough Haili		4840) (FEA. 3 11 (FEA. 3	
1. ☐ Routine Distribution Sample					
Provide information below.	2.14	Repeat Sam to an unsati	ple (follow	-up	
Chlorinated: YesNo	Provi	de information	below:	antbie)	
Chlorine Residual: Total Free	Unsa	tisfactory rout	ine lab nun	iber:	
3. Raw Water Source Sample		BL_{-}			
Required for Surface Water, GWI, and some Spring Sources	Unsai	sfactory rout	ne collect c	late:	
\$	Chlori	nated: Yes_	No		
*ublic Systems must provide Source Number from (WFI)		e Residual: T		Free	٠. ا
Sample Collected for Information Onl				- 3	
Construction Repairs Privi	y ate Res	idence	Other .		
LABIUSEONIA DRINKING WA			Other_		
Unsatisfactory		THE PERSON NAMED IN		ISE ONLY	
Total Coliform Present and		A Sa	tisfactory		
☐ E.coli present ☐ E.coli abser	nt				
☐ Fecal coliform present ☐ Fecal colifor	m abse	ent	Ž	tall in the	
Replacement Sample Required	- 7	yr General Carlo	**		7
ample not tested because:	Test	unsuitable be	cause:		
] Sample too old (>30 hours)		NTC	e To also silve		
		urbid culture			
cterial Density Results: Plate Count		Little Frider		SAVAR SATUR	
441 Curestin (2009) 198 198 208 208 208 208 208 209 209 209 209 209 209 209 209 209 209	al Colifc	_/ml. E.colj <u></u> om	4.0	/100ml.	
thod Code:		1 (18) a m	/100 ime Receiv	77.	1
CR-		1 4 1 1 1	- 07 C	14 (
le Analyzed:		Date Repor			
08116221		Lab Use Or		3	
ple Number (DOH number plus five digits)	- <u>.</u>]				
orm #331-319 (revised 8/05)	 -1			·	

Laucks Testing Laboratories, Inc.

940 S. Harney Seattle, WA 98108

Laucks (206) 767-5060

Testing Laboratories, Inc. COLIFORM BA	CTERIA ANALYSIS
 If a control of the con	Sample County
4 LU 07	lected
	00 PM Pierce
Type of Water System (check only one box)	
January 1977 1974 1974 1974 1974 1974 1974 1974 1974 1974 1974 1974 1974 1974 1	Private Household Other
Group A and Group B Systems - Provide from	n Water Facilities Inventory (WFI):
ID# 2 6 9 9	5 Д
System Name: Alderia	Ke
Contact Person: J. Heys	
Day Phone: (206) 255-5453	Cell Phone: ()
Eve. Phone: ()	FAX: ()
Send results to: (Print full name, address and zip co	4
I liad Inc	
PO BAX &	0098
Softle W	
	FORMATION
Sample collected by (name):	<u>al de la granda de la companya del companya del companya de la co</u>
	lays
Specific location where sample collected (add	ress or sample site, and type of faucet):
Special instructions or comments:	
Type of Sample (must check only one box of	#1 through #4 listed below)
1. Routine Distribution Sample	2. Repeat Sample (follow-up:
Provide information below.	to an unsatisfactory sample)
Chlorinated: Yes No	Provide information below:
Chlorine Residual: Total Free	Unsatisfactory routine lab number:
3. ☐ Raw Water Source Sample	Unsatisfactory routine collect date:
Required for Surface Water, GWI, and	3 1 98 1 07
some Spring Sources	Chlorinated: Yes No
S	Chlone Residual: Total Free
Public Systems must provide Source Number from (WFI)	and the state of t
4. ☐ Sample Collected for Information Onl	
Construction Repairs Priv	
LABUSEONLY DRINKING WA	
☐ Unsatisfactory	Satisfactory
Total Coliform Present and	
☐ E.coli present ☐ E.coli abse☐ Fecal coliform present ☐ Fecal colifo	
Replacement Sample Required	Jilli absellt
Sample not tested because: ☐ Sample too old (>30 hours)	Test unsuitable because:
☐ Sample too old (>30 nours)	TNTC
	- Turbia contrib
Bacterial Density Results: Plate Count	/ml. E.coli /100ml.
	cal Coliform /100ml
Method Gode:	Date and Time Received.**
MICR:	Date Reported: 415
	Lab Use Only:
08116219.	
Sample Number (DOH number plus five digits) DOH Form #331-319 (revised 8/05)	



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Washington State Department of Health

WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.

P O Box 20098

Seattle, WA 98102

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

Project: Alderlake

Date Received: 5/31/2007 Report Date: 6/1/2007

Reference Number: 07-06761

Field ID: 8452

Comment: Supervisor:

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



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Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.

Reference Number: 07-07734

P O Box 20098

Project: Alderlake

Seattle, WA 98102

System Name: ALDER LAKE COMMUNITY WATER SYSTEM

Repeat Sample Number:

System ID Number: 26995H

Lab Number: 16417831

DOH Source Number: 00

Sample Type: D - Drinking Water

Collect Date: 6/18/2007 Date Received: 6/19/2007

Sample Purpose: C - Compliance

Report Date: 6/20/2007

Sample Location: Lot 12

Field ID: 4350

County: Pierce

Comment:

Sampled By: J. Hays

Sampler Phone: 206-255-5483

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			
						•
					· 	
		.				
				!		
				!		
	,					
					,	

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COLIFORM BA	CIERIA	ANALYSIS
	Sample	County
8 38 07 00	llected /	
Month Day Year	A	M Pierce
Type of Water System (check only one box)		
Group A Public	☐ Private Ho	ousehold
Group B Public	Other	<u>Baratan Lagaran</u>
Group A and Group B Systems – Provide fro	m Water Fac	cilities inventory (WFI):
1D# a 6 9 9	5 1	
System Name: Alderla	Vo	
مريوا سمعقب	<u> </u>	
Day Phone: (30k) 355-5483	Cell Pho	ne: ()
Eve. Phone: ()	FAX: (
Send results to: (Print full name, address and zip or		
I lied Inc		
Po Box 20	098	
Sectle W		102
SAMPLE IN		
	VEURIVIA	HON
Sample collected by (name):	V5	
Specific location where sample collected (ad		nple site, and type of faucet):
lot 11	}	
Special instructions or comments:	(karal maj a a d	
Type of Sample (must check only one box	of #1 through	#4 listed helow)
Routine Distribution Sample	174-	eat Sample (follow-up
Provide information below.	1000	n unsatisfactory sample)
Chlorinated: YesNo	Provide in	formation below.
Chlorine Residual: TotalFree	Unsatisfa	ctory routine lab number:
3. Raw Water Source Sample	Lineatiefa	ctory routine collect date:
Required for Surface Water, GWI, and some Spring Sources	Officialista	
	Chlorinate	ed: YesNo
S .	Chlone R	esidual: TotalFree
Public Systems must provide Source Number from (WFI) 4. Sample Collected for Information O	alt.	
Construction Repairs Pr		nce Other
TABLIS ON A DRINKINGW	SECTION WITH COMPANY AND	CONTRACTOR OF THE PROPERTY OF THE PERSON OF
		XSatisfactory
Unsatisfactory Total Coliform Present and		Valorial definition of the second
☐ E.coli present ☐ E.coli abs	sent	
Fecal coliform present Fecal col	iform absent	
Replacement Sample Required		
Sample not tested because:	Test ur	suitable because:
☐ Sample too old (>30 hours):	i In	
☐ Improper Container	. Tur	bid culture
	ya ya Gaberi	Thereto, and the second
Bacterial Density Results: Plate Count Total Coliforn /100ml	Fecal Colifor	/ml, E.coli /100ml m /100ml
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	recal Conto	Date and Time Received: 36
Method Code:		SINS TO TOTAL
Date Analyzed:		Date Reported: \$12,010
Buto Midiyaod		Lab Use Only:
08120857		
I. Sample Number (DOH number plus five digits)		

Laucks Testing Laboratories, Inc. 940 S. Harney Seattle, WA 98108 (206) 767-5060

Laucks (Inc.)
Testing Laboratories, Inc.

€ COLIFORM E	ACTERIA	ANALYSIS
Date Sample Collected Ti	me Sample-*** Collected	County
Month Day Year 5	45 □ AM	Pierce
Type of Water System (check only one bo	The state of the s	The transfer of the second sec
Group A and Group B Systems - Provide	from Water Facilit	les Inventory (WFI):
System Name: A cer	ake_	
Contact Person:	[5]	
Day Phone: (306) 255-546 Eve. Phone: ()	Gell Phone FAX: (
Send results to: (Print full name, address and zi	38 1	<u>erik de leksis liber birak di kebabahan di kebabahan di kebabah d</u>
I light Lin		
- 40 Rox 9(2098 <u> </u>	
Scattle WA	9810	<u>*</u>
SAMPLE	INFORMATIO	N
Sample collected by (name):	lavs	
Specific location where sample collected (site, and type of faucet):
Special instructions or comments:		
Type of Sample (must check only one bo	x of #1 through #4	listed below)
1 Routine Distribution Sample Provide information below. Chlorinated: Yes No Chlorine Residual: Total Free	to an u Provide infor	Sample (follow-up Insatisfactory sample) mation below. y routine lab number:
3. ☐ Raw Water Source Sample Required for Surface Water, GWI, and some Spring Sources	Unsatisfactor /	y routine collect date:
S Public Systems must provide Source Number from (WFI)	Chlorinated: Chlone Resid	하는 그는 그들은 그는 사람들이 되었다.
4. ☐ Sample Collected for Information	Only	
Construction Repairs		Other
ATTABUSEONLY & DRINKING	Waller Anders	ILTS # FLACTUSE ONLY # 5
☐ Unsatisfactory		Z Satisfactory
Total Coliform Present and E.coli present E.coli a	hsent	
	oliform absent	
Replacement Sample Required		ra percuasa di Balanda di Salah Salah I. Beberapakan dan percuasa di Salah I.
	Test unsui	
☐ Sample too old (>30 hours)	☐ TNTC	
Bacterial Density Results: Plate Count	25 おおおおおおおります。	E.coli /100ml
Total Coliform /100ml.	Fecal Coliform_	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Method Code: MICR-) Da	te and Time Received:
Date Analyzed:	Da	te Reported: 4173
OS 119 153 Sample Number (DOH number plus five digits)	La	b Use Only:

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

Laucks Testing Laboratories, Inc. 940 S. Harney Seattle, WA 98108 (206) 767-5060 **COLIFORM BACTERIA ANALYSIS** Time Sample Date Sample Collected Collected Type of Water System (check only one box) Group A Public Group B Public Private Household Other Group A and Group B Systems - Provide from Water Facilities Inventory (WFI) System Name: Contact Person: Cell Phone: (Eve. Phone: (3() Sample collected by (name): ress or sample site, and type of faucet): Special instructions or comments: Type of Sample (must check only one box of #1 through #4 listed below) 1, ☐ Routine Distribution Sample 2. Repeat Sample (follow-up to an unsatisfactory sample) Provide information below. Provide information below. Chlorinated: Yes____No_ Unsatisfactory routine lab number: Chlorine Residual: Total 3. Raw Water Source Sample Unsatisfactory routine collect date: Required for Surface Water, GWI, and some Spring Sources Chlorinated: Yes... Chlone Residual: Total Public Systems must provide Source Number from (WFI) 4. Sample Collected for Information Only Private Residence _Repairs_ Unsatisfactory Total Coliform Present and Ecoli absent ☐ E.coli present Fecal coliform absent Fecal coliform present Replacement Sample Required Sample not tested because: Test unsuitable because ☑ TNTC· Sample too old (>30 hours) Turbid culture improper Container /ml. E.coli____ Bacterial Density Results: Plate Count Fecal Coliform Total Coliform Date and Time Received Method Code: MICR-Date Analyzed: Lab Use Only: Sample Number (DOH number plus five digits) DOH Form #331-319 (revised 8/05)



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Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.

Reference Number: 06-00428

P O Box 20098

Project: Bacteria Samples

Seattle, WA 98102

System Name: ALDER LAKE COMMUNITY WATER SYSTEM

Repeat Sample Number:

System ID Number: 26995H

Lab Number: 16400930

DOH Source Number: 03

Collect Date: 1/10/2006

Sample Type: D - Drinking Water Sample Purpose: C - Compliance

Date Received: 1/11/2006 Report Date: 1/12/2006

Sample Location: Lot 10

Field ID:

County: Pierce Sampled By: S Landis Comment:

Supervisor:

Sampler Phone: 206-282-4200

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

NOTES:



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Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.

P O Box 20098

Seattle, WA 98102

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:

Reference Number: 06-02340

Project: Alderlake

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
	TOTAL COLIFORM E. COLI	Satisfactory, Coliforms Absent Absent	per 100mL per 100mL	sk	SM9223 B	
			1,1			
ļ			1			

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.



WATER BACTERIOLOGICAL ANALYSIS

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

II III SII UCIIONS AI E GIOL IONOW	ed, sample vin be rejected.
DATE COLLECTED TIME COL	LECTED COUNTY NAME
MONTH/ DAY / YEAR	Pierce
J / P / L G Z AM	U
TYPE OF SYSTEM IF PUBLIC SYSTE	M, COMPLETE
PUBLIC IID No.	CIRCLE GROUP
□INDIVIDUAL	A A B
(serves only:1 residence).	接到是否目标的制度和
NAME OF SYSTEM	
Alderlak	
SPECIFIC LOCATION WHERE SAMPLE COLLECTED	TELEPHONE NO.
(ie, kitchen tap @ school, fire station, fountain)	DAY (20) 26 2 4 360
101 12	
101 18	EVENING ()
SAMPLE COLLECTED BY: (Name)	SYSTEM OWNER / MGR.: (Name)
J. Havs	D. Dorland
SOURCE TYPE GROUND WATER UNDE	R SURFACE INFLUENCE
SURFACE WELL or SPRIN	G DURCHASED or COMBINATION
WELL FIELD	INTERTIE OF OTHER
SEND REPORT TO: (Print Full Name, Address	ss and ZID Code)
PO BOX 20098	
Scottle	WASHINGTON 98102
TYPE OF SAMPLE (check only one in this co	
ROUTINE SET Chief	nated (Residual: 🚈 Total 🐠 Free) 🚌 🖫
DRINKING WATER \	
check treatment / Unite	eted or Other
TO REREAT SAMPLE:	
Previous colitorm presence Lab#	
Previous coliform presence Date	
RAW SOURCE WATER	e# (S) Intel Colforn
NEW CONSTRUCTION OF REPAIR	iS Tecal Coliform €
Other (Specify)	
REMARKS	
LABORATORY RESU	JLTS (FÖR LAB USE ONLY)
	ODUSED
Marin de la companya	
MF MPN PA	MMO CPRG
2410 2600 (261)	
TOTAL COLIFORM /100 mls	E.GOLI/100 mr
FECAL COLIFORM 24100 mil	HETEROTROPHIC 1847 Per mil
ANOTHERSA	MPLE:REQUIRED
	TEST UNSUITABLE BECAUSE
SAMPLE NOT TESTED BECAUSE:	
Sample too,old Sample too.old Sample too.old	☐ Confluent growth ☐ TNTC
Wrong container Salincomplete form	Turbidiculture A b
	Excessidebils
	R SAMPLE RESULTS 🍞
UNSATISFACTORY, Goliforms pr	esent AN SATISFACTORY
REPEAT DE Collipresent	Goliforms absent
SAMPLES - COMPLESSION	
Manager 1, 17 (1997) 10 (1997) 11 (1997) 11 (1997) 11 (1997) 11 (1997) 11 (1997) 11 (1997) 11 (1997) 11 (1997)	
	OPY FOR EXPLANATION OF RESULTS TIME RECEIVED.
EAB-NO.	TIME RECEIVED RECEIVED BY
020 10 70 1	. Inm YA-
A03 1. 1. 2.	BOUTE ACCT.#
DATE REPORTED A	



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888,725,1212 • 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

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:

Reference Number: 06-04468

Project: Bacteria

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:

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

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.



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Bellingham WA 805 Orchard Dr Ste 4 - 98225

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Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.

Reference Number: 06-06125

P O Box 20098

Project: Bacteria Samples

Seattle, WA 98102

System Name: ALDER LAKE COMMUNITY WATER SYSTEM

Repeat Sample Number:

System ID Number: 26995H DOH Source Number: 03

Sampler Phone:

Lab Number: 16412553

Sample Type: D - Drinking Water

Collect Date: 5/15/2006 Date Received: 5/16/2006

Sample Purpose: C - Compliance

Report Date: 5/17/2006

Sample Location: Lot 10 County: Pierce Field ID: Comment:

Sampled By: J Hays

Supervisor:

DOH# PARAMETER RESULT UNITS Analyst METHOD COMMENT

1 TOTAL COLIFORM Absent Absent Absent Absent Absent Absent Absent Absent Result Per 100mL Per

NOTES:



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Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.

Reference Number: 07-06761

P O Box 20098

Project: Alderlake

Seattle, WA 98102

System Name: Alderlake

Repeat Sample Number:

System ID Number: 26995H

Lab Number: 16415746

DOH Source Number: 00

Collect Date: 5/31/2007

Sample Type: D - Drinking Water Sample Purpose: C - Compliance

Date Received: 5/31/2007 Report Date: 6/1/2007

Sample Location: 1A

Field ID: 8452

County: Pierce

Comment:

Sampled By: J. Hays

Supervisor:

Sampler Phone:

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

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.



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Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.

P O Box 20098

Seattle, WA 98102

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:

Reference Number: 06-07955

Project: Alderlake

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: 3M

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

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.



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Bellingham WA 805 Orchard Dr Ste 4 - 98225

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Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.

Reference Number: 07-07734

P O Box 20098

Project: Alderlake

Seattle, WA 98102

Repeat Sample Number: System Name: ALDER LAKE COMMUNITY WATER SYSTEM

System ID Number: 26995H

Lab Number: 16417831

DOH Source Number: 00

Collect Date: 6/18/2007

Sample Type: D - Drinking Water

Date Received: 6/19/2007 Report Date: 6/20/2007

Sample Purpose: C - Compliance Sample Location: Lot 12

Field ID: 4350

County: Pierce

Comment:

Sampled By: J. Hays

Supervisor:

Sampler Phone: 206-255-5483

1	PARAMETER	RESULT	UNITS	Analyst	METHOD	COMMENT
	TOTAL COLIFORM E. COLI	Satisfactory, Coliforms Absent Absent	per 100mL per 100mL	as	SM9223 B	
	2. 332,	Associa				
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			-			
				-		

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:

	# 107 (m)	٦.	TACOMA, WA 9	8404		74.
	WATE	R BACT	(253) 531-31 ERIOLO(SICAL AN	ALYSIS	
	SAMPLE CO	OLLECTION: REA	D INSTRUCTIONS not followed, s	ON BACK OF GOLI ample will be re	ENROD COPY jected.	
	DATE COLD	GILDEN IV.	TIME COLLEC	2	100	die state
	TVDE OF CVCTE	M JERURI			erce	
	TYPE OF SYSTE PUBLIC INDIVIDUA (serves only 1 reside	L ence)			CIRCLE GRO	7
	NAME OF SYSTEM	Ald	erlake			
	SPECIFIC LOCATION WH (ie, kitchen tap @ school	ERE SAMPLE COL , fire station, fount	LECTED TEL DAY	EPHONE NO. (206.)	282-1/200	
	lot	12	EVE	ENING ()_		
	SAMPLE COLLECT	ED BY: (Name	e) SY	STEM OWNER /	MGR.: (Name)	The second section is a second
	SOURCE TYPE []	*		URFACE INFLU	and the second s	
		WELL FIELD	to the title of the second	INTERTIE	or . COMBINA or OTHER	
	SEND REPORT TO		me, Address a	na Zip Code)		
	Po B		98		001-0	
	DIGHT	1.77	37.71	WASHINGT	on <u>98/02</u>	
	ROUTINE DRINKING	3 WATER X	Chlorineted	i (Residua) <u>I</u>	iotal - Free)	
	T REPEAT		Vilunireated:	or Other		
•	Previous i	coliform preser coliform preser				
		IRCE WATER			☑Total Coliform	
		NSTRUCTION.	or REPAIRS		Fecal Coliform	
	REMARKS	001147/2002				
		LABORATO	ORY RESULTS	(FOR LAB USE ON	y) = t = t = t = t = t = t = t = t = t =	
			METHOD U	T		38.5
	MF 2410	MPN 2600	PA 2610	MMO 2720	2730	Tourselle !
•	TOTAL COLIFOR	M /10 M // /10		E COLI <u>.</u> HETEROTR		er mila
			THER SAMPLE	1340 P BEQUIRED		
	SAMPLE NOT TE		JSE:	TEST UNSUITAL		
\	Sample too Wrong con	tainer.		e eu ⊟tnt	AND THE RESIDENCE OF THE PARTY OF THE LOAD	
	Ancomplete	torm:			id culture som ss debus: 45 %	
		DRINKI	NG WATER SA	MPLE RESULTS		
•			liforms present		SATISFACTOR Coliforms abse	iY, nt
	REPEAT SAMPLES REQUIRED		present ☐ E present ☐ F	Coli absent		
	SEE REVER		GREEN COPY	FOR EXPLANAT	ION OF RESULTS	S
	LAB NO		BAIE,AIN	NE RECEIVED:	HEUEIVED	Die L
	DATE REPORTED	<u> 471 - </u>	7) (D)	ROUTE	ACCT#	rije (r
	7137	لان اله	2		AWBE	52
	1		٠			-7,



Burlington WA |11525 Knudson Rd - 98233 800.755.9295 • 360.757.1400 • 360.757.1402fax

Bellingham WA 805 Orchard Dr Ste 4 - 98225

888.725.1212 • 360.671.0688 • 360.671.1577fax

Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.

Reference Number: 06-10950

P O Box 20098

Project: Alderlake

Seattle, WA 98102

System Name: ALDER LAKE COMMUNITY WATER SYSTEM

Repeat Sample Number:

System ID Number: 26995H

Lab Number: 16422964

DOH Source Number: 00

Collect Date: 8/22/2006

Sample Type: D - Drinking Water

Date Received: 8/23/2006

Sample Purpose: C - Compliance

Report Date: 8/24/2006

Sample Location: Well

Field ID: 0307

County: Pierce

Comment:

Sampled By: J. Hays

Supervisor:

Sampler Phone:

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

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Laucks Testing Laboratories, Inc. 940 S. Harney Seattle, WA 98108 (206) 767-5060

COLIFORM BACTERIA ANALYSIS

Date Sample Collected Time S	
912806	المناب المستعدد والمستعدد والمستعد والمستعدد والمستعد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد وا
Month Day Year	DAM Pipice
Type of Water System (check only one box)	
	Private Household
집 가는 당하는 1990년 [4일 가장 학생 기사 등 기 기 기원 기 수 있다] 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기	Other
Group A and Group B Systems - Provide from	Water Facilities Inventory (WFI):
D# 2 6 9 9 5	H
all I L	
marine 1 2 mg	
Contact Person: 1. HallS	Cell Phone: ()
Eve. Phone: ()	FAX: (
Send results to: (Print full name, address and zip code	
SAMPLEINF	FORMATION
Sample collected by (name): 7 1/4	
Specific location where sample collected (addr	ess or sample site, and type of faucet):
Special instructions or comments:	
Type of Sample (must check only one box of	#1 through #4 listed below)
1. Proutine Distribution Sample	2. Repeat Sample (follow-up
。1916年中国的1916年中国的1916年中国1916年中	to an unsatisfactory sample)
Provide information below:	·如果,可以是一种的,因此可以是各种的特殊。
Chlorinated: Yes No V	Provide information below.
Chlorine Residual Total Free	Unsatisfactory routine lab number
3.☐ Raw Water Source Sample	Sente (Mexicus de la représentation de la facilità de la companya de la companya de la companya de la companya La companya de la co
Required for Surface Water, GWI, and	Unsatisfactory routine collect date:
some Spring Sources	Chlorinated: Yes No
S	Chlone Residual: Total Free
Public Systems must provide Source Number from (WFI)	
4. ☐ Sample Collected for Information Onl	
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E PARTUSE ONDY FEDRIXIALYCAVA	vier kesulisk plaetiseonlys
Unsatisfactory	Satisfactory
Total Coliform Present and	
☐ E.coli present ☐ E.coli abse	nt
	The state of the s
	Jilli abselit
☐ Replacement Sample Required	
Sample not tested because:	Test unsuitable because:
Sample too old (>30 hours)	TNTC (St. 1941)
☐ Improper Container	Turbid culture
Bacterial Density Results: Plate Count	/ml: E.coli /100ml
Total Coliform /100ml F	ecal Cöliform/100ml
Method Code	Date and Time Received:
MICR	as oral
	Date Reported: 92
Date Analyzed:	Lab Use Only:
08111577	
Sample Number (DOH number plus five digits)	
DOH Form #331-319 (revised 8/05)	



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Washington State Department of Health WATER BACTERIOLOGICAL ANALYSIS

Client Name: Iliad, Inc.

Reference Number: 06-13838

P O Box 20098

Project: Alderlake

Seattle, WA 98102

System Name: ALDER LAKE COMMUNITY WATER SYSTEM

Repeat Sample Number:

Lab Number: 16429105

System ID Number: 26995H
DOH Source Number: 00

Collect Date: 10/18/2006 Date Received: 10/19/2006

Sample Type: D - Drinking Water Sample Purpose: C - Compliance

Report Date: 10/19/2006

Sample Location: Lot 12

Field ID: 0278

County: Pierce Sampled By: J. Hays Comment: Supervisor:

Sampler Phone:

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

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

(206) 767-5060

COLIFORM BA	CTERIA ANALYSIS
	Sample County
121706	TS/AU .
Month Day Year 5	45 PM Pierce
	Other
Group A and Group B Systems – Provide fro	m Water Facilities Inventory (WFI):
"D# <u>& 6 7 7</u>	5 H
System Name: Alderiak	
Contact Person: J. Hays	
Day Phone: (204) 3555483	Cell Phone: ()
Eve. Phone. ()	FAX: (
Send results to: (Print full name, address and zip or	ode)
PO Box	20098
Scottle u	1A 98/02
SAMPLE II	NFORMATION
Sample collected by (name): J Ho	
Specific location where sample collected (ad	Idress or sample site, and type of faucet):
Special instructions or comments:	
Type of Sample (must check only one box	of#1 through#4 listed below)
Provide information below. Chlorinated: Yes No	to an unsatisfactory sample) Provide information below Unsatisfactory routine lab number: Unsatisfactory routine collect date:
Public Systems must provide Source Number from (WFI) 4. Sample Collected for Information O	ah.
Construction Repairs P	
Unsatisfactory Total Coliform Present and E.coli present E.coli ab	VATIER RESULTIS AND LAB USE ION LAB USE IO
	liform 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. Fecal Coliform /100ml.
Method Code:	Date and Time Received:
Date Analyzed:	Dafe Reported: 11 4
08 1134 15	Lab Use Only:
Camala Number (DOU pumber plus five digita)	

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COLIFORM BACTERIA ANALYSIS

OOLII ONIII BAN	5 1 E (1) (1) (1) (1) (1)	
Coll	Sample County ected	
11 129 06	20 DAM Pierce	
Month Day Year	20 [√PM]	
Type of Water System (check only one box)		
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Group A and Group B Systems - Provide from	n Water Facilities Inventory (WFI)	
1D# 2 6 9 9	SH	
System Name: Auci la Le		
Contact Person:		
Day Phone: (306) 355 548 3	Cell Phone: ()	
Eve. Phone: ()	FAX: ()	
Send results to: (Print full name, address and zip co	de)	
.Po Bax, 20	098	6. 1
Seattle WA 9	8107	
SAMPLEIN	FORMATION	
Sample collected by (name): J. Hay		
Specific location where sample collected (add	dress or sample site, and type of faucet):	
Special instructions or comments:		
Type of Sample (must check only one box o	f#1 through #4 listed below)	73
1. 📝 Routine Distribution Sample	2. ☐ Repeat Sample (follow-up	
Provide information below.	to an unsatisfactory sample)	
Chlorinated: Yes No	Provide information below.	
Chlorine Residual: TotalFree	Unsatisfactory routine lab number:	
Raw Water Source Sample Required for Surface Water, GWI, and	Unsatisfactory routine collect date:	-
some Spring Sources	y y	
S S S S S S S S S S	Chlorinated: Yes No No Free No	
Public Systems must provide Source Number from (WFI)		
4. ☐ Sample Collected for Information On		
Construction Repairs Pri		20 16 20 20
e olasuse only: surinking/w	ATERRESULTS A NEABUSEONE	
Unsatisfactory	Satisfactory	
Total Coliform Present and		£)
E.coli present E.coli abs	ent form absent	45
	Diffi absent	652°
Replacement Sample Required	Toot unquitable becauses	
Sample not tested because: Sample too old (>30 hours)	Test unsuitable because:	
☐ Improper Container	Turbid gulture	* 图 数 :
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Method Code:	Date and Time Received \$	
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Date Analyzed:	Date Reported: 12/1	0
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Sample Number (DOH number plus five digits) DOH Form #331-319 (revised 8/05)		
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