



**Lake Limerick Water System  
44150T**

2191 E Saint Andrews Drive  
Incident 11.12.2019 11:53am

Document Included:

- I. Report from Water Manager
- II. Photos with file detail and brief description
- III. D.I.R.T. report filed under RCW 19.122.053
- IV. Locate tickets
- V. Precautionary boil water advisory
- VI. Laboratory samples after disinfection/repairs

11/26/2019

Report by Water Department Manager  
Joseph Castelluccio Jr. WDMII, CCS

11/26/2019

2191 E SAINT ANDREWS DR

Contractor: Rainier Valley Construction

Utility: Lake Limerick Water System 44150T

One Call Ticket # 19490445

On 11/12/2019 at approximately 11:53 am I received an alert of low line pressure @ well sites 5 and 1, following the same line pressure loss @ sites 2, 3, and 4. I happen to be entering the office when it occurred and made sure all pumps were running before I left. I then drove toward 2200 E Saint Andrews from the shop because of my last two locate requests were in the 2000 block.

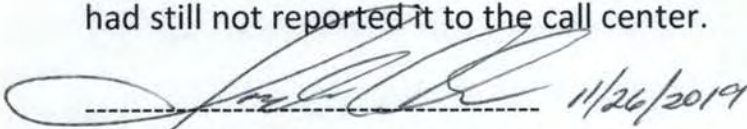
Upon arrival I assessed the damage and began to determine the course of action to get system wide pressures up above 20 psi. I did receive a voicemail from Lisa @ Rainier Valley informing me of their crews strike to our water main and they were not sure were to shut it off, I did follow up with Lisa the next day regarding the call as signal is poor and I was focused on water that potentially could cause illness to the public's health. I assessed the situation that created low pressures throughout the system, isolated the damaged section from a valve around 12:36pm at the intersection of Tregaron Ct. and Saint Andrews drive. Then isolated the valve at Weymouth Place around 12:43pm. By isolating the damaged section pressures increased to normal operation system wide and left 36 service connections without service until around 7 pm.

I went ahead and marked the area in white and called in an emergency locate, gathered personnel to stage for the repair and it was determined that we needed to call for assistance to repair the main. I exchanged a card with a Rainier Valley Construction employee and asked if they had potholed to determine where exactly our systems 4" A/C pipe was. I had marked the locate ticket area marked in white with markings identifying it as 4" A/C, with two separate triangles with a Question mark as my as-built shows it being on that side of the road, but it is unlocatable. The line was damaged 4.5' below grade and approximately 3-4' off the edge of the pavement toward the centerline of the road and struck by a pneumatic piercing tool used by the contractor.

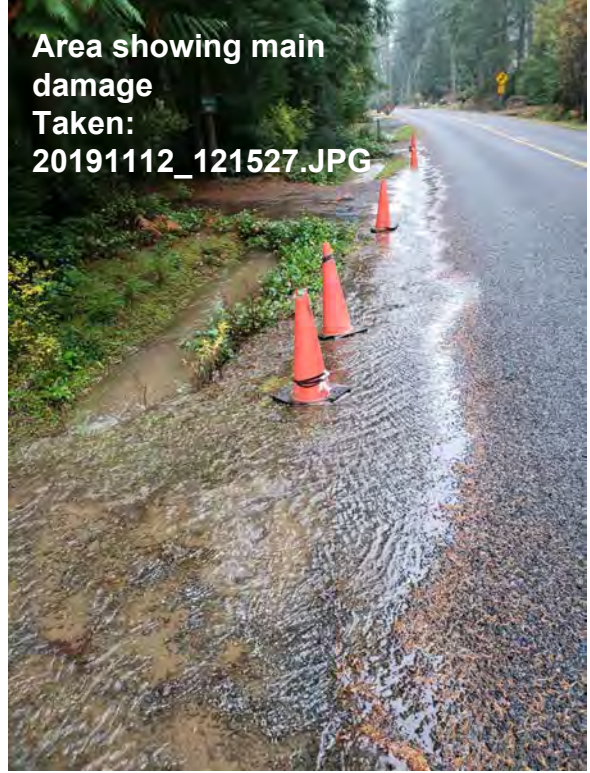
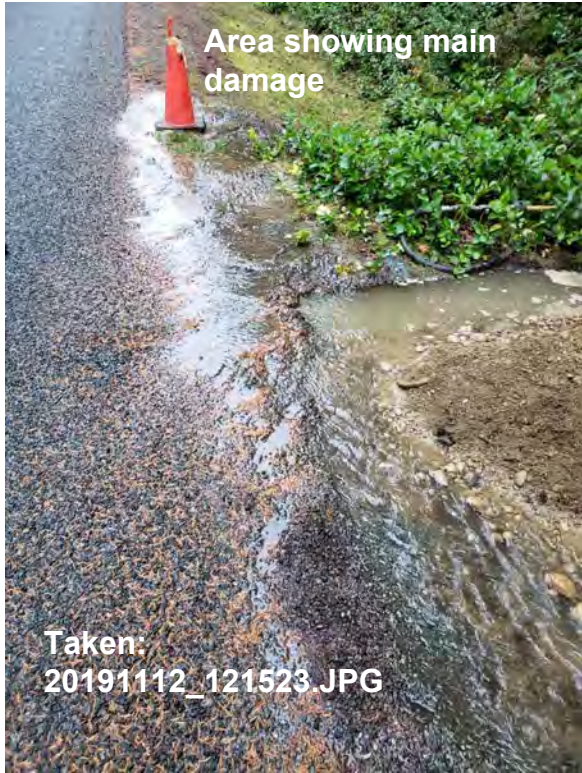
I contacted KCL Excavating to perform an emergency repair to get customers in the vicinity back into service. While awaiting the arrival of KCL, Duane Carlson the Facilities manager and I mobilized to begin disinfection by chlorination working until 11:30 pm that evening. I believe the Cam was mobilizing staff to deliver door hangers to the 1200 plus residential connections for a precautionary

boil water advisory to protect public health due to pressures below a state minimum pressure of 20psi.

On the 14<sup>th</sup> of November I had called 811 to discuss a damage ticket and the excavator had not called to report the damage and so a damage ticket had not been opened. I am gathering photos and my report to submit to the CAM (community association manager). I called the Washington utility notification center on November 22, 2019 to get a damage ticket number and the contractor had still not reported it to the call center.

  
----- 11/26/2019

Joseph Castelluccio Jr. WDMII, CCS  
Water Manager LLWS 44150T









4" A/C  
Mainline hit  
in this area

Taken:  
20191118\_101728.JPG



Area Marking and location

Taken:  
20191118\_101645.JPG



Reference to area location

Taken:  
20191118\_101651.JPG



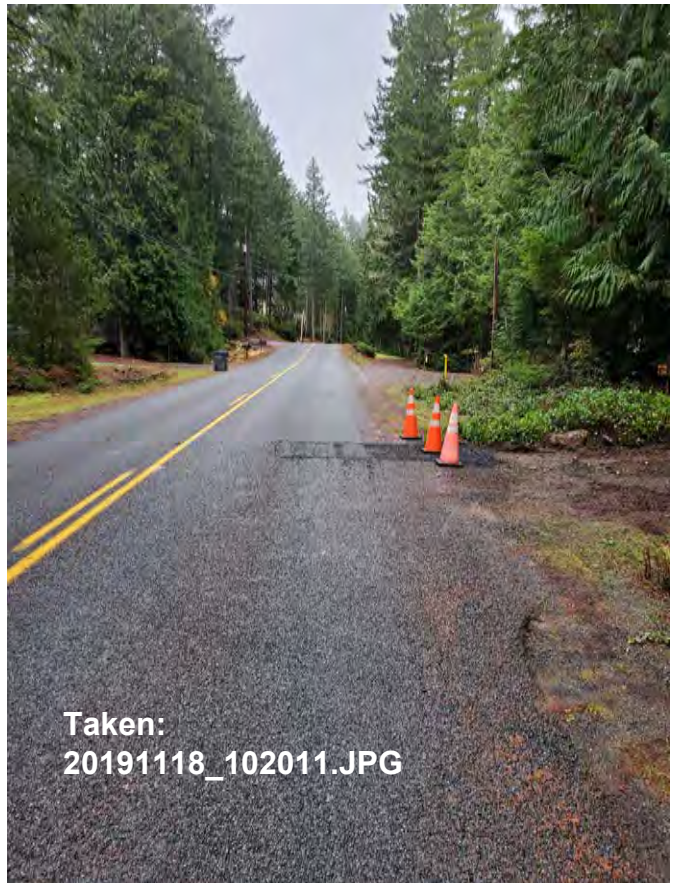
Taken:  
20191118\_101702.JPG  
reference to area location



Taken:  
20191118\_101709.JPG  
Reference defining area of  
damage and markings



Taken:  
20191118\_101720.JPG



Taken:  
20191118\_102011.JPG

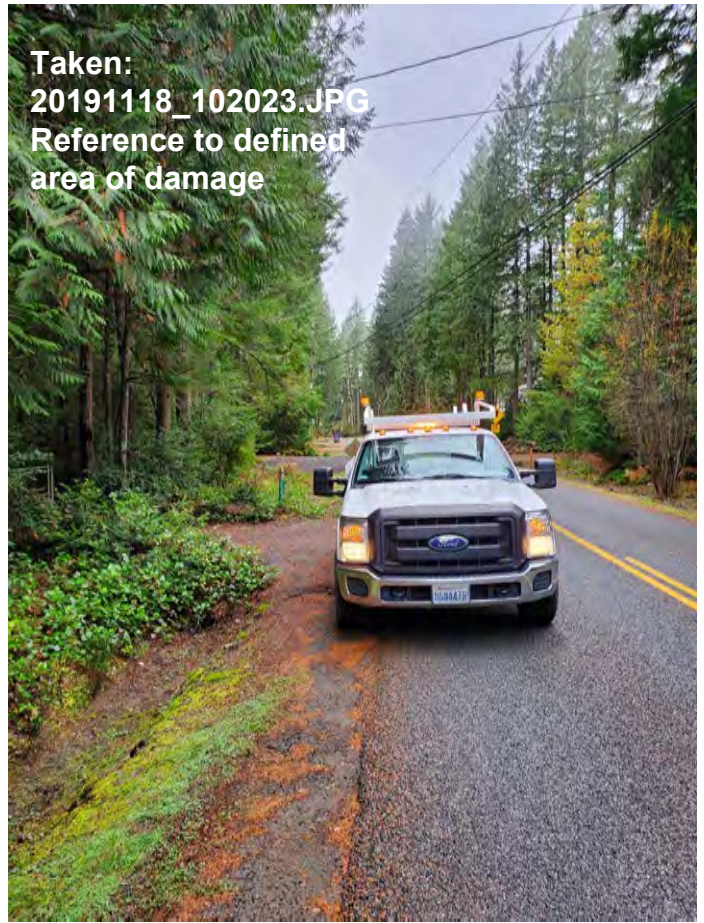








Taken:  
20191118\_101946.JPG  
Reference to defined  
area of damage



Taken:  
20191118\_102023.JPG  
Reference to defined  
area of damage



Taken:  
20191118\_102031.JPG  
Zoom of image defining hydrant



Taken:  
20191112\_193619.JPG  
Repair

Submitted online @ D.I.R.T.  
Reporting system 11/22/19  
By J.C. WATER MANAGER

## Damage Information Reporting Tool (DIRT) Report

### Email

WATER@LAKELIMERICK.COM

Not required

### Original source of event information (identify yourself in one of the groups below):\*

- Electric  Engineer / Design  Equipment Manufacturer  Excavator / Contractor  Federal / State Regulator  
 Liquid Pipeline  Locator  Natural Gas  Private Water  Public Works  Railroad  Road Builder  
 Telecommunications  Unknown / Other (Property Owner or Occupant)

### Type of event:\*

- Underground Damage  
 Underground Near Miss

### Date of event:\*

Nov 12 2019

### Country:\*

USA

### State:\*

Washington

### County:\*

Mason

### City:\*

Shelton

### Street Address:\*

2190 E SAINT ANDREWS DR

### Nearest Intersection:

TREGARON CT

### Lat:

47° 17' 44" N



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Lon:

123° 2.398'W

Right-of-way where event occurred:\*

- Public - City Street  Public - State Highway  Public - County Road  Public - Interstate Highway  Liquid Pipeline  
 Federal Land  Private - Business  Private - Easement  Private - Land Owner  Railroad  
 Dedicated Public Utility Easement  Public - Other  Unknown / Other

What type of facility operation was affected?\*

- Cable Television  
 Electric  
 Liquid Pipeline  
 Natural Gas  
 Sewer  
 Steam  
 Telecommunications  
 Water  
 Unknown / Other

Did this involve a Cross Bore?

- Yes  No

Measured depth from grade:

- Embedded in concrete / asphalt pavement  
 Less than 18"  
 18" to 36"  
 More than 36"

What type of facility was affected?

- Distribution  
 Gathering  
 Service/Drop  
 Transmission  
 Other/Unknown

Was the facility part of a joint trench?

- Yes  No

Was the facility owner a One Call Center member?

- Yes  No  Unknown

Type of Excavator:\*

- Contractor  County  Developer  Farmer  Municipality  Occupant  Railroad  State  Utility  
 Unknown / Other

### Type of Excavation Equipment:\*

- Auger
- Backhoe / Trackhoe
- Boring
- Bulldozer
- Drilling
- Directional Drilling
- Explosives
- Farm Equipment
- Grader / Scraper
- Hand Tools
- Milling Equipment
- Probing Device
- Trencher
- Vacuum Equipment
- Unknown / Other

### Type of Work Performed:\*

- Agriculture
- Building Construction
- Building Demolition
- Cable Television
- Curb / Sidewalk
- Drainage
- Driveway
- Electric
- Engineering / Survey
- Fencing
- Grading
- Irrigation
- Landscaping
- Liquid Pipeline
- Milling
- Natural Gas
- Pole
- Public Transit Authority
- Railroad
- Road Work
- Sewer
- Storm Drain Culvert
- Site Development
- Steam
- Storm Drain / Culvert
- Street Light
- Telecommunications
- Traffic Signal
- Traffic Sign
- Water
- Waterway Improvement
- Unknown / Other

### Was the One-Call Center notified?\*

- Yes  No



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Ticket Number:

19490445

If Yes, Type of Locator:

- Utility Owner  Contract Locator  Unknown / Other

Was work area white-lined?\*

- Yes  
 No  
 Unknown

Did the Excavator incur down time?

- Yes  
 No

If Yes, how much time?

- Less than 1 hour  
 1 - 2 hours  
 2 - 3 hours  
 More than 3 hours  
 Unknown  
 Exact Value \_\_\_\_\_

Estimated cost of down time?

- \$0  
 \$1 - \$1,000  
 \$1,001 - \$5,000  
 \$5,001 - \$25,000  
 \$25,001 - \$50,000  
 More than \$50,000  
 Unknown  
 Exact Value \_\_\_\_\_

Did damage cause an interruption in service?

- Yes  
 No  
 Unknown

If Yes, duration of interruption:

- Less than 1 hour  1 - 6 hours  6 - 12 hours  12 - 24 hours  24 - 48 hours  More than 48 hours  Unknown  
 Exact Value \_\_\_\_\_

Approximately how many customers were affected?

- None  1  2 - 10  11 - 30  More than 50  Exact Value \_\_\_\_\_

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Estimated cost of damage / repair/restoration:

- \$0
- \$1 - \$1,000
- \$1,001 - \$5,000
- \$5001 - \$25,000
- \$25,001 - \$50,000
- More than \$50,000
- Unknown
- Exact Value \_\_\_\_\_

What was the root cause of the damage?\*

- One Call Notification Issue
- Locating Issue - Facility not marked
- Locating Issue - Facility marked inaccurately
- Excavation Issue
- Miscellaneous

Select one:\*

- One Call Center error
- Deteriorated facility
- Previous damage
- Root cause not listed (comment required)

What was the cause?

PNEUMATIC BORING HIT IDENTIFIED BUT UNLOCATABLE MAIN

Additional Comments:

As the facility operator for Lake Limerick Water System I am tasked with One call Locating for our service area. After receipt of the one call ticket, I identified a 4" Asbestos Cement main in the area of excavation. I placed markings identifying the size and type of pipe based on as built mapping and records and in the area of excavation I placed two separate triangles within the white markings per Chapter 19.122.030 Section (4)(b)(i). I received no call regarding any questions to the location of the main before excavation. The damage occurred around 11:53 am November 12, 2019. I assessed the issue, isolated the damaged section to bring pressure up above 20 psi. We restored water service to customers around 7pm and had to disinfect our entire system due to area wide low pressure. A precautionary boil water advisory was distributed via door hangers and media. I spoke with a representative on the 14th of November from Washington's utility notification center about my service area and brought up the damaged to our system and the representative had not received notice from the excavator that our facility had been damaged. I double checked on November 22, 2019 to see if I could get a damage ticket number from Killa Shandra, a utility notification center representative I spoke with. She had department of the date and did not see any damage ticket for this location address being submitted.

*Read ATTACHED*





As the facility operator for Lake Limerick Water System, I am tasked with one call Locating for our service area. After receipt of the one call ticket, I identified a 4" Asbestos Cement main in the area of excavation. I placed markings identifying the size and type of pipe based on as built mapping and records and in the area of excavation I placed two separate triangles within the white markings per Chapter 19.122.030 Section (4)(b)(i). I received no call regarding any questions to the location of the main before excavation. The damage occurred around 11:53 am November 12, 2019. I assessed the issue and isolated the damaged section bringing pressures up above 20 psi. We restored water service to customers around 7pm and had to disinfect the entire system due to area wide low pressure. A precautionary boil water advisory was distributed via door hangers and media.

I spoke with a representative on the 14th of November from Washington's utility notification center about my service area and brought up the damage to our system. The representative had not received notice from the excavator that our facility had been damaged. I double checked on November 22, 2019 to see if I could get a damage ticket number from Killa Shandra, a utility notification center representative I spoke with. She had done a search of the database and did not see any damage ticket for this locations address being given.

Also, during my emergency ticket request, myself and other agency representatives saw an orange line being marked that was not there prior to the original locate by the caller.

**From:** wa@occinc.com  
**Sent:** Wednesday, November 6, 2019 6:34 PM  
**To:** locates@lakelimerick.com  
**Subject:** 2 FULL BUSINESS DAYS 19490445

Washington Ticket#: 19490445 2 FULL BUSINESS DAYS  
Send To: LKLIMK01 Seq No: 1 Map Ref: -LAKE LIMERICK WATER SYSTEM

Transmit Date: 11/06/19 Time: 6:33 PM  
Original Call Date: 11/06/19 Time: 6:29 PM Type: WEB  
Work to Begin Date: 11/09/19 Time: 12:00 AM

Caller Information

---

Company : RAINIER VALLEY CONSTRUCTION Type : CONTRACTOR  
Contact Name: LISA WILLIAMS Phone: (360)791-3957  
Alt. Contact: LISA Phone: (360)791-3957  
Best Time : Fax : (360)446-7641  
Address : PO BOX 550 PO BOX 550; RAINIER, WA 98576  
Caller Email: LISA@RAINIERVERLEYINC.COM

*Located  
11-8-19  
2 trenches & 4" pipe  
in area marked  
Valley  
PC.*

Dig Site Information

---

Type of Work: INSTALL CATV SERVICE  
Work Being Done For: COMCAST

Dig Site Location

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County : MASON State: WA  
Place : SHELTON  
Address: 2190 Street: E SAINT ANDREWS DR  
Nearest Intersecting Street: E MASON LAKE RD

Location of Work: ADDRESS NW OF CROSS STREET ON SOUTH SIDE OF ROAD  
: FROM EAST SIDE OF HOUSE LOCATE GOING APPROX 200FT TO SAINT ANDREW THEN GO  
: EAST ON BOTH SIDES OF ROAD APPROX 40FT TO POLE ON NORTH SIDE OF ROAD  
Remarks: AREA MARKED IN WHITE

Map Twp: 21N Rng: 3W Sect-Qtr: 27-NE,26-NW,23-SW,22-SE

Excavation Coordinates for # Polygons: 1 Poly 1: NW Lat: 47.291803 Lon: -123.041712 SE Lat: 47.288091 Lon: -123.030597

Additional Members Notified:

---

District Company MarkingConcern CustService Repair  
CC7711 COMCAST CABLE (800)762-0592 (800)934-6489 (855)537-6296  
CNG05 CASCADE NATURAL GAS - ABE (360)532-2541 (888)522-1130 (888)522-1130

MPUD301 MASON COUNTY PUD#3 (360)829-5166 (360)426-8255 (360)432-1533  
QLNWA16 CTLQL-CENTURYLINK (800)778-9140 (800)283-4237 (800)573-1311

Link To Map for LKLIMK01: <https://wa.itic.occinc.com/KEHH-Z2J-FW8-28P>

You can use the following link to send an all clear to the caller for this ticket:  
<http://wa.itic.occinc.com/waAllClearKEHH-Z2J-FW8-28P>

**From:** wa@occinc.com  
**Sent:** Tuesday, November 12, 2019 12:30 PM  
**To:** locates@lakelimerick.com  
**Subject:** ++EMERGENCY++ 19496880

Washington Ticket#: 19496880 ++EMERGENCY++  
Send To: LKLIMK01 Seq No: 1 Map Ref: -LAKE LIMERICK WATER SYSTEM

Transmit Date: 11/12/19 Time: 12:29 PM  
Original Call Date: 11/12/19 Time: 12:25 PM Type: CALL  
Work to Begin Date: 11/12/19 Time: 12:30 PM

Caller Information

-----  
Company : LAKE LIMERICK WATER SYSTEM Type : MEMBER  
Contact Name: JOSEPH CASTELLUCCIO Phone: (360)507-6258  
Alt. Contact: JOSEPH - CELL - CALL Phone: (360)507-6258  
Best Time : 24/7 Fax :  
Address : 790 E SAINT ANDREWS DR; SHELTON, WA 98584  
Caller Email: water@lakelimerick.com

Dig Site Information

-----  
Type of Work: EMERGENCY - REPAIR WATER MAIN Work Being Done For: LAKE LIMERICK WATER SYSTEM

Dig Site Location

-----  
County : MASON State: WA  
Place : SHELTON  
Address: 2200 Street: E SAINT ANDREWS DR  
Nearest Intersecting Street: WEYMOUTH PL

Location of Work: EXCAVATION SITE IS ON THE SE SIDE OF THE ROAD.  
: ADD IS APX 1500FT SW OF THE INTER. MARK AN APX 25FT X 30FT AREA AS MARKED IN  
: WHITE AT THE ABV ADD.  
Remarks: AREA MARKED IN WHITE.  
: ++CALLER GAVE GPSC++  
: ++CUSTOMER REQUESTS AREA MARKED A.S.A.P++  
: ++BEST INFO++

Map Twp: 21N Rng: 3W Sect-Qtr: 23-SW,22-SE

Caller Lat: 47 17 26.46 Lon: -123 2 23.43 Zone: Nad: 83  
Excavation Coordinates for # Polygons: 1 Poly 1: NW Lat: 47.291093 Lon: -123.040613 SE Lat: 47.289423 Lon: -  
123.038575

Additional Members Notified:  
-----

District Company                      MarkingConcern CustService Repair  
CNG05 CASCADE NATURAL GAS - ABE (360)532-2541 (888)522-1130 (888)522-1130  
MPUD301 MASON COUNTY PUD#3        (360)829-5166 (360)426-8255 (360)432-1533  
QLNWA16 CTLQL-CENTURYLINK        (800)778-9140 (800)283-4237 (800)573-1311

Link To Map for LKLIMK01: <https://wa.itic.occinc.com/E82H-8ZW-JFY-2VF>

You can use the following link to send an all clear to the caller for this ticket:  
<http://wa.itic.occinc.com/waAllClearE82H-8ZW-JFY-2VF>

# WARNING:

A cable company contractor caused a water main break on St. Andrews Drive, on November 12, 2019 with a subsequent loss of system water pressure. On the advice of our Water System consultant, Lake Limerick Country Club is issuing a Precautionary Boil Water Advisory. While there is no evidence of bacterial contamination resulting from the pressure loss, as before we will be chlorinating the entire system out of an abundance of caution. The water system will be chlorinated at a low level which is still safe for people to use. However, chlorinated water should not be used for fish tanks or plants, and pets may not want to drink it. Samples will be collected to test for bacterial contamination in approximately one week after the chlorine is no longer present. The advisory will remain in effect until follow up tests do not show the presence of any bacteria. A follow up notice will be distributed when sample results are received.

**Boiling kills bacteria and other organisms in the water and reduces chlorine:**

- **Bring water to a rolling boil for one minute**
- **Let water cool before using**

To avoid possible illness, especially if you have a compromised immune system, you should consider using boiled or purchased bottled water for drinking, making ice, brushing teeth, washing dishes, and food preparation until further notice.

**Contact your doctor, if you experience one or more of these symptoms:** nausea, cramps, diarrhea, jaundice, headache and/or fatigue. People with chronic illnesses, infants and the elderly may be at higher risk and should seek medical advice.

**Water System: Lake Limerick Water System**

**I.D.: 44150T**

**County: Mason**

**Contact: Lake Limerick Country Club main office (9:00 AM – 5:00 PM Monday -- Friday)**

**Telephone: 360-426-3581**

**Date notice distributed: November 12, 2019**

***This is precautionary only. No bacteria have been detected at this time.***

**How long will this warning be in effect?**

We notified the Washington State Department of Health about this incident. We will notify you when you no longer need to boil the water.

Lake Limerick Country Club apologizes for any inconvenience this causes our members.

**COLIFORM BACTERIA ANALYSIS FORM**

Date Sample Collected 11 / 18 / 19 Month Day Year	Time Sample Collected 10:55 AM AM PM	County MASON
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Type of Water System (check only one box)  
 Group A     Group B     Other

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):  
 ID# 44150T

System Name: LAKE LIMERICK

Contact Person: Northwest Water System

Day Phone: 360.876.0958    Cell Phone: 253.377.1865

Email: kevin@nwwatersystems.com    Eve. Phone:

Send results to: (Print full name, address and zip code or e-mail)

Northwest Water Systems - susan@nwwatersystems.com

PO Box 123

Port Orchard, WA 98366

**SAMPLE INFORMATION**

Sample collected by (name): S. BURNS

Specific location where sample collected: 251 E. PENZANCE -ONS	Special instructions or comments:
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Type of Sample (check only one box)

1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total ___ Free ___	2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System Unsatisfactory routine lab number:
---	---

3. Source Ground Water Rule Sample S <input type="checkbox"/> Triggered <input type="checkbox"/> Assessment	Unsatisfactory routine collect date: ___/___/___ Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total ___ Free ___
--	--

4. Enumeration Source Water Sample  
 E. coli     Fecal- Surface, GWI, Springs: Filtered Yes  No     S

5.  Sample Collected for Information Only: REPAIRS

LAB USE ONLY <b>DRINKING WATER RESULTS</b> LAB USE ONLY	
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent	<input checked="" type="checkbox"/> Satisfactory

Replacement Sample Required:  
 Sample too old (>30 hours)     TNTC     \_\_\_\_\_

Bacterial Density Results: Total Coliform \_\_\_\_\_/100ml. E.coli \_\_\_\_\_/100ml.  
 Fecal Coliform \_\_\_\_\_/100ml.    HPC \_\_\_\_\_/1 ml.

Lab ID Number 110945-01	Date and Time Received: NOV 18 2019 5:03
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Method Code: SM9223B	Date and Time Incubated: NOV 18 2019
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Date Analyzed: NOV 19 2019	Date Reported: NOV 19 2019
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DOH Lab-Sample# 225 94501	Lab Use Only:
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DOH Form #331-319 (effective 04/16) - If you need this publication in an alternative format, call 800.525.0127 (TDD/TTY call 711).  
 This and other publications are available at www.doh.wa.gov/drinkingwater.



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www.centricanalytical.com  
(360) 443-7845

Dedicated to Analytical Excellence

**COLIFORM BACTERIA ANALYSIS FORM**

Date Sample Collected <b>11 / 18 / 19</b> Month Day Year	Time Sample Collected <b>10 : 29</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <b>MASON</b>
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Type of Water System (check only one box)  
 Group A     Group B     Other

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):  
 ID# **44150T**

System Name: **LAKE LIMERICK**

Contact Person: **Northwest Water System**

Day Phone: **360.876.0958**    Cell Phone: **253.377.1865**

Email: **kevin@nwwatersystems.com**    Eve. Phone:

Send results to: (Print full name, address and zip code or e-mail)  
**Northwest Water Systems - susan@nwwatersystems.com**

PO Box 123

Port Orchard, WA 98366

**SAMPLE INFORMATION**

Sample collected by (name): **S. BUANS**

Specific location where sample collected: <b>571 E. OLD LYME</b>	Special instructions or comments:
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**Type of Sample (check only one box)**

1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total ___ Free ___	2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total ___ Free ___			
3. Source Ground Water Rule Sample <table border="1" style="width: 100px;"> <tr> <td style="text-align: center;"><b>S</b></td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> Triggered <input type="checkbox"/> Assessment	<b>S</b>			
<b>S</b>				

4. Enumeration Source Water Sample  
 E. coli     Fecal- Surface, GWI, Springs: Filtered Yes  No  **S**

5.  Sample Collected for Information Only: **REPAIRS**

<b>LAB USE ONLY</b>	<b>DRINKING WATER RESULTS</b>	<b>LAB USE ONLY</b>
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent		<input checked="" type="checkbox"/> Satisfactory

Replacement Sample Required:  
 Sample too old (>30 hours)     TNTC     \_\_\_\_\_

Bacterial Density Results: Total Coliform \_\_\_\_\_ /100ml. E.coli \_\_\_\_\_ /100ml.  
 Fecal Coliform \_\_\_\_\_ /100ml. HPC \_\_\_\_\_ /1 ml.

Lab ID Number <b>110945-02</b>	Date and Time Received <b>NOV 18 2019</b> <b>5:15 PM</b>
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Method Code: <b>SM9223B</b>	Date and Time Incubated: <b>NOV 18 2019</b>
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Date Analyzed: <b>NOV 19 2019</b>	Date Reported: <b>NOV 19 2019</b>
--------------------------------------	--------------------------------------

DOH Lab-Sample# <b>225 94502</b>	Lab Use Only:
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DOH Form #331-319 (effective 04/16) - If you need this publication in an alternative format, call 800.525.0127 (TDD/TTY call 711). This and other publications are available at www.doh.wa.gov/drinkingwater.



**COLIFORM BACTERIA ANALYSIS FORM**

Date Sample Collected <b>11 / 18 / 19</b> Month Day Year	Time Sample Collected <b>10 : 05</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <b>MASON</b>
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Type of Water System (check only one box)  
 Group A     Group B     Other

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):  
 ID# **4 4 1 5 0 7**

System Name: **LAKE LIMERICK**

Contact Person: **Northwest Water System**

Day Phone: **360.876.0958**    Cell Phone: **253.377.1865**  
 Email: **kevin@nwwatersystems.com**    Eve. Phone:

Send results to: (Print full name, address and zip code or e-mail)  
**Northwest Water Systems - susan@nwwatersystems.com**  
**PO Box 123**  
**Port Orchard, WA 98366**

**SAMPLE INFORMATION**

Sample collected by (name): **S. BUANS**

Specific location where sample collected: **251 E. CLAWAKITY - FOH3**  
 Special instructions or comments:

**Type of Sample (check only one box)**

1.  Routine Distribution Sample  
 Chlorinated: Yes  No   
 Chlorine Residual: Total \_\_\_\_\_ Free \_\_\_\_\_

2. Repeat Sample (after unsat. routine)  
 Distribution System  
 Unsatisfactory routine lab number:

3. Source Ground Water Rule Sample  

<b>S</b>		
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Triggered  
 Assessment

Unsatisfactory routine collect date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Chlorinated: Yes  No   
 Chlorine Residual: Total \_\_\_\_\_ Free \_\_\_\_\_

4. Enumeration Source Water Sample  
 E. coli     Fecal- Surface, GWI, Springs: Filtered Yes  No  **S**

5.  Sample Collected for Information Only: **REPAIRS**

<b>LAB USE ONLY</b>	<b>DRINKING WATER RESULTS</b>	<b>LAB USE ONLY</b>
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory

Replacement Sample Required:  
 Sample too old (>30 hours)     TNTC     \_\_\_\_\_

Bacterial Density Results: Total Coliform \_\_\_\_\_ /100ml. E. coli \_\_\_\_\_ /100ml.  
 Fecal Coliform \_\_\_\_\_ /100ml.    HPC \_\_\_\_\_ /1 ml.

Lab ID Number: **110945-03**    Date and Time Received: **NOV 18 2019 1503**

Method Code: **SM9223B**    Date and Time Incubated: **NOV 18 2019**

Date Analyzed: **NOV 19 2019**    Date Reported: **NOV 19 2019**

DOH Lab-Sample#: **225 94503**    Lab Use Only:

**COLIFORM BACTERIA ANALYSIS FORM**

Date Sample Collected <b>11 / 18 / 19</b> Month Day Year	Time Sample Collected <b>9:23</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <b>MASON</b>
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Type of Water System (check only one box)  
 Group A     Group B     Other

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):  
 ID# **441507**  
 System Name: **LAKE LIMERICK**

Contact Person: **Northwest Water System**  
 Day Phone: **360.876.0958**    Cell Phone: **253.377.1865**  
 Email: **kevin@nwwatersystems.com**    Eve. Phone:

Send results to: (Print full name, address and zip code or e-mail)  
**Northwest Water Systems - susan@nwwatersystems.com**  
**PO Box 123**  
**Port Orchard, WA 98366**

**SAMPLE INFORMATION**

Sample collected by (name): **S. BEANS**

Specific location where sample collected: **2191 E. ST. ANDREWS -04B**  
 Special instructions or comments:

Type of Sample (check only one box)

1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total ___ Free ___	2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: ____/____/____ Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total ___ Free ___			
3. Source Ground Water Rule Sample <table border="1"> <tr> <td><b>S</b></td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> Triggered <input type="checkbox"/> Assessment	<b>S</b>			
<b>S</b>				

4. Enumeration Source Water Sample  
 E. coli     Fecal- Surface, GWI, Springs: Filtered Yes  No   

<b>S</b>		
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5.  Sample Collected for Information Only: **REPAIRS**

LAB USE ONLY	<b>DRINKING WATER RESULTS</b>	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent		<input checked="" type="checkbox"/> Satisfactory

Replacement Sample Required:  
 Sample too old (>30 hours)     TNTC     \_\_\_\_\_

Bacterial Density Results: Total Coliform \_\_\_\_\_ /100ml. E.coli \_\_\_\_\_ /100ml.  
 Fecal Coliform \_\_\_\_\_ /100ml.    HPC \_\_\_\_\_ /1 ml.

Lab ID Number <b>110945-04</b>	Date and Time Received: <b>NOV 18 2019</b> <b>1503</b>
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Method Code: <b>SM9223B</b>	Date and Time Incubated: <b>NOV 18 2019</b>
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Date Analyzed: <b>NOV 19 2019</b>	Date Reported: <b>NOV 19 2019</b>
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DOH Lab-Sample# <b>225. 94504</b>	Lab Use Only:
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