

**Alderlake Water Company
 Capital Improvements**

A. Costs Performed to date:

1.	Iliad, Inc. Invoice #31635 Work sheet support documents dated 6/26/2001	\$29,305.44
2.	Iliad, Inc. Invoice #31894 MPA testing dated 8/6/2001	\$ 1,849.60
3.	Adjustments to above invoices	\$ 1,367.82

B. Cost to Complete:

4.	Construction cost for new chlorine Disinfection system	\$68,020.00
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C. Estimated cost for exclusions:

5.	Clearing of all utility right-a-way, locating All valves, main water line and services	\$ 3,500.00
6.	Electrical to pump house, fees	\$ 1,000.00
7.	Inspection DOH, fees	\$ 2,400.00

D. Administration:

8.	Construction contingency	\$ 5,770.00
9.	W.S.S.T.	\$ 8,127.00
10.	Legal, financing and underwriter fees	<u>\$ 6,000.00</u>

Total capital costs \$125,972.00

Improvement assessment per water customer total capital cost of \$125,972.00 divided by 39 customers equal \$3,265.00.

Invoice

Invoice Number:

31635

Invoice Date:

Jun 26, 2001

Page

1

Iliad, Inc.
 P. O. Box 20098
 Seattle, WA 98102

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 Page 2 of 51

Voice: (206) 282 4200
 Fax: (206) 764-3848

2

Sold To:
 Alderlake Water System
 P. O. Box 20429
 Seattle, WA 98102

Ship to:

Customer ID		Customer PO	Payment Terms	
ALDERL001			Net 10 Days	
Sales Rep ID		Shipping Method	Ship Date	Due Date
		US Mail		7/6/01
Quantity	Item	Description	Unit Price	Extension
1.00		Progress Billing #1 for water system upgrade 12/1/00 to 5/31/01		
		Engineering - Western	4,542.50	4,542.50
1.00		Engineering	1,350.00	1,350.00
1.00		Engineering - Iliad, Inc.	415.00	415.00
1.00		Permits/Fees	12,163.00	12,163.00
1.00		Labor	6,925.50	6,925.50
1.00		Subcontract	510.50	510.50
1.00		Per Diem	591.00	591.00
1.00		Materials	914.25	914.25
1.00		Sampling		

Subtotal 27,411.75

Sales Tax 1,893.69

Total Invoice Amount 29,305.44

Payment Received

TOTAL 29,305.44

Check No:

Alderlake Water Company
 Recap Iliad, Inc. Invoice #31635
 Progress Billing #2

9/29/04

<u>DESCRIPTION</u>	<u>COST</u>	<u>MARKUP</u>	<u>TOTAL</u>
Engineering – Western Per invoice	4564.84	15%	\$ 5249.57
Engineering - Iliad, Inc. 18 @ \$75.00	1350.00	0	1350.00
Permit Fees	562.00	15%	646.30
Iliad, Inc. Labor 211 hrs. Trucking, Testing & Installing	12603.00	0	12603.00
<u>Subcontract:</u>			
Oelke Drilling	1930.00		
Water Truck Services	<u>4102.00</u>		
	6032.00	15%	6936.80
Materials	491.41	25%	614.26
<u>Sampling Tests:</u>			
Bacteria 10 @ \$20	200.00		
I.O.C.	290.00		
V.O.C.	250.00		
Nitrate	<u>17.00</u>		
	757.00	15%	<u>870.55</u>
Total			\$28,270.48

WESTERN ENGINEERS, INC.

13000 HWY 99 S
EVERETT, WA 98204
(425) 356-2700

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Invoice Number: 2972
Invoice Date: May 24, 2001
PO #:

Invoice

To: ILIAD INC
P.O. BOX 20098
SEATTLE, WA 98102
Attention: DAVE DORLAND

Project: 01-148-A

Professional Services for the Period: 4/25/01 to 5/24/01

	<u>Charge</u>
Professional Services CIVIL ENGINEERING	
PLAN PACKAGE PREPARATION(CTY/CNTY)	\$17.50
WATER PLAN DRAFTING	\$90.00
WATER PLAN REVIEW	\$315.00
Subtotal	<u>\$422.50</u>

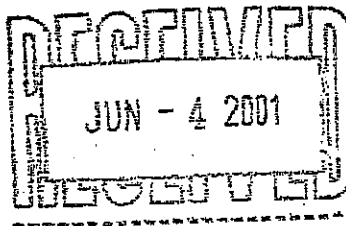
	<u>Charge</u>
Professional Services PROJECT MANAGEMENT	
PLAN PACKAGE PREPARATION(CTY/CNTY)	\$135.00
Subtotal	<u>\$135.00</u>

Reimbursables

<u>Expense</u>	<u>Charge</u>
Copies	\$20.93
ORIGINAL PRINTS	36.23
Reimbursables Totals	<u>\$57.16</u>

Project Totals:

*** Total Project Invoice Amount \$614.66



WESTERN ENGINEERS, INC.

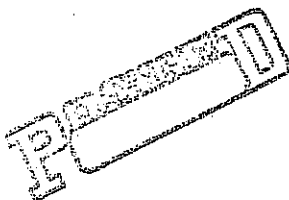
Exhibit No. (DD-9)
Page 5 of 51

13000 HWY 99 S
EVERETT, WA 98204
(425) 356-2700

Invoice Number: 2828
Invoice Date: April 24, 2001
PO #:

Invoice

To: ILIAD INC
P.O. BOX 20098
SEATTLE, WA 98102
Attention: DAVE DORLAND



Project: 01-148-A

Professional Services for the Period: 3/25/01 to 4/24/01

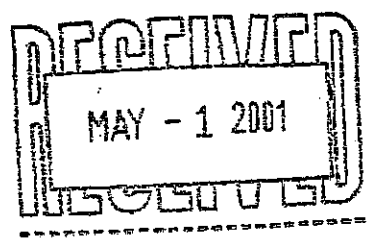
alderlake

Professional Services	CIVIL ENGINEERING	<u>Charge</u>
	WATER SYSTEM DESIGN	\$810.00
	WATER SYSTEM ENGINEERING REPORT	\$135.00
	WATER PLAN DRAFTING	\$120.00
	Subtotal	<u>\$1,065.00</u>

Professional Services	PROJECT MANAGEMENT	<u>Charge</u>
	CLIENT CONSULTATION	\$180.00
	WATER SYSTEM ENGINEERING REPORT	\$675.00
	Subtotal	<u>\$855.00</u>

<u>Reimbursables</u>		<u>Charge</u>
<u>Expense</u>		
	PRINTS	\$1.86
	Reimbursables Totals	<u>\$1.86</u>

Project Totals:		
	Project Subtotal:	\$1,921.86
	Finance Charges:	\$26.43
	*** Total Project Invoice Amount	<u><u>\$1,948.29</u></u>



WESTERN ENGINEERS, INC.

13000 HWY 99 S
EVERETT, WA 98204
(425) 356-2700

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Invoice Number: 2708
Invoice Date: March 24, 2001
PO #:

Invoice

To: ILIAD INC
P.O. BOX 20098
SEATTLE, WA 98102
Attention: DAVE DORLAND

Advertise

Project: 01-148-A

Professional Services for the Period: 2/25/01 to 3/24/01

Professional Services CIVIL ENGINEERING

APPLICATIONS/PERMITS
WATER SYSTEM ENGINEERING REPORT
WATER PLAN DRAFTING

Charge

\$26.25
\$1,012.50
\$690.00

Subtotal

\$1,728.75

Professional Services PROJECT MANAGEMENT

CLIENT CONSULTATION
JURISDICTION CONSULTATION
DELIVERY

Charge

\$202.50
\$22.50
\$35.00

Subtotal

\$260.00

Reimbursables

Expense
PRINTS
ORIGINAL PRINTS

Charge

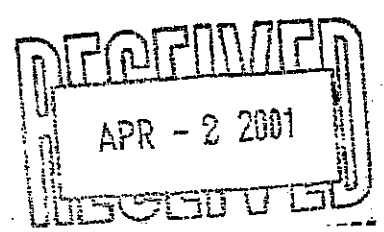
\$2.79
10.35

Reimbursables Totals

\$13.14

Project Totals:

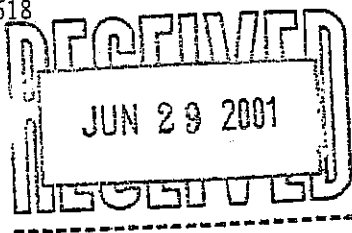
*** Total Project Invoice Amount \$2,001.89



Division of Drinking Water
INVOICE
Water Plan Review

TO: DEREK DORLAND, MANAGER
ALDER LAKE COMMUNITY WATER SYSTEM
PO BOX 20429
SEATTLE WA 98102-

INVOICE NUMBER	18639
INVOICE DATE	6/27/01
BILLING PERIOD	30 days NW

DATE	DESCRIPTION	QUANTITY	COST	AMOUNT
6/27/01	REVIEW AND/OR APPROVAL OF PROJECT REPORT ALDER LAKE COMMUNITY WATER SYSTEM PIERCE COUNTY DISINFECTION SUBMITTAL #: 01-0618 	1		\$301.00

Payment due within 30 days. Interest shall accrue at 1% per month after 30 days.

Make Checks Payable to Department of Health

Return Lower Tear-off Portion to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Division of Drinking Water
Water Plan Review

Revenue Section
P.O. Box 1099
Olympia, WA 98507-1099

NAME	ALDER LAKE COMMUNITY WATER SYSTEM		
INVOICE NO.	18639		
INVOICE DATE	27, 2001	#01-0618	
AMOUNT	\$301.00	NW	

**Division of Drinking Water
INVOICE
Water Plan Review**

TO: DAVE DORLAND
ALDER LAKE COMMUNITY WATER SYSTEM
PO BOX 20429
SEATTLE WA 98102

INVOICE NUMBER	18308
INVOICE DATE	1/22/01
BILLING PERIOD	30 DAYS NW

DATE	DESCRIPTION	QUANTITY	COST	AMOUNT
1/22/01	SURVEY FEE ALDER LAKE COMMUNITY WATER SYSTEM PIERCE COUNTY PWS ID 26995H DATE OF SURVEY: 01/10/2001	1	\$261.00	\$261.00
Payment due within 30 days. Interest shall accrue at 1% per month after 30 days.				

Make Checks Payable to Department of Health

Return Lower Tear-off Portion to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Division of Drinking Water
Water Plan Review

Revenue Section
P.O. Box 1099
Olympia, WA 98507-1099

NAME	ALDER LAKE COMMUNITY WATER SYSTEM
INVOICE NO.	18308
INVOICE DATE	January 22, 2001
AMOUNT	\$261.00 NW

DOH 713-006P (2/91)

*** I N V O I C E ***

Oelke Drilling, Inc.
 4312 166th Ave East
 Sumner, WA 98390

6

INVOICE NO.: 04170
 CUSTOMER NO.: 00013
 DATE: 01/10/01

SOLD TO:
 LLIAD INC.
 P.O. BOX 20098
 SEATTLE, WA 98102

SHIP DATE SHIPPED VIA F.O.B. TERMS SALES- ORDER PERSON DATE P.O. NUMBER
 DUE ON RECEIPT RO

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
	INV.#00-01 JOB#00-37RO PIERCE 2727		
21	FT. DRILL & CASE 6-INCH HOLE	28.00T	588.00
1	RE-INSTALL SURFACE SEAL	375.00T	375.00
1	MOB AND PULL PUMP	800.00T	800.00
18	FT. GALV. 2" PUMP PIPE	2.85T	51.30
18	FT. 12/3 SUBMERSIBLE PUMP CABLE	0.90T	16.20

DOWN PAYMENT RECEIVED \$1000.00
 BALANCE DUE \$977.67

PAID

RECEIVED
 JAN 12 2001

THANK YOU FOR CHOOSING OELKE DRILLING, INC.

SUB-TOTAL 1,830.50 SHIPPING CHARGES 0.00
 SALES TAX 147.17 TOTAL 1,977.67

* THANK YOU *

36060

ILIAD, INC.
P.O. BOX 20098 206-282-4200
SEATTLE, WA 98102

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Page 10 of 51

19-2/1250 WA
22B06

DATE 1/16/01

PAY TO THE ORDER OF Oelke Drilling Inc. \$**830.50***

Eight Hundred Thirty Dollars and 50/100 DOLLARS



Bank of America



First Hill 022808
Washington

[Handwritten Signature]

FOR Alderlake

⑈036060⑈ ⑆25000024⑆ 62787 403⑈

ILIAD, INC.
P.O. BOX 20098 206-282-4200
SEATTLE, WA 98102

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Page 11 of 51

19-2/1250 WA
22806

DATE 12/21/00

PAY TO THE ORDER OF OELKE Well Drilling \$**1,000.00**

Thousand Dollars Even ----- DOLLARS

Security features are included. Details on back.

Bank of America



First Hill 022806
Washington

FOR Alderlake

⑈035969⑈ ⑆125000024⑆ 62787 403⑈

35970

ILIAD, INC.
P.O. BOX 20098 206-282-4200
SEATTLE, WA 98102

19-2/1250 WA
22806

DATE 12/21/00

PAY TO THE ORDER OF Department of Ecology \$**100.00**

One Hundred Dollars Even ----- DOLLARS

Security features are included. Details on back.

Bank of America



First Hill 022806
Washington

FOR Alderlake

⑈035970⑈ ⑆125000024⑆ 62787 403⑈

35970

**WATER TRUCK SERVICE INC.**

41218 292nd WAY SE
 ENUMCLAW, WA 98022-9777
 RENTAL * SALES * SERVICE

STATEMENT

Exhibit No. ____ (DD-9)

DATE **Page 12 of 51**

2/28/2001

(360) 825-5445 FAX (360) 825-3815

5

TO:

ILIAD INC
 1107 SO BAILEY
 SEATTLE, WA 98108

AMOUNT DUE	AMOUNT ENC.
\$4,102.00	

DATE	TRANSACTION	AMOUNT	BALANCE
12/31/2000	Balance forward		1,910.00
01/04/2001	INV #10816	456.00	2,366.00
01/11/2001	INV #10817	500.00	2,866.00
01/12/2001	INV #10818	432.00	3,298.00
01/15/2001	INV #10819	352.00	3,650.00
01/18/2001	INV #10820	452.00	4,102.00

RECEIVED
 MAR - 9 2001
REGISTERED

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DUE
0.00	2,192.00	1,910.00	0.00	0.00	\$4,102.00



WATER TRUCK SERVICE INC.

41218 292nd WAY SE
ENUNCLAW, WASHINGTON 98022-9777
(206) 825-5445 FAX (206) 825-3815
RENTAL * SALES * SERVICE

CUSTOMER'S ORDER NO.		PHONE		DATE	
				12-13-08	
NAME ITAD INC					
ADDRESS ALDER LAKE					
SOLD BY 4	CASH	C.O.D.	CHARGE	ON ACCT.	MOSE. RET'D.
DESCRIPTION					
QTY.	PRICE				AMOUNT
	POWER WASHING				
	DUST CONTROL				
	COMPACTON				
	BLOW WATER LINES				
	FILL BRAIN FOOTPOUND				
	FIRE WATCH				
	11:00 TO 3:30 PM				
	5 1/2 HR				440.00
	TRAVEL TIME				
	PERMITS/WATER				20.00
	EQUIPMENT RENTAL				
	TAX				
	TOTAL				460.00
RECEIVED BY <i>[Signature]</i>					
10810					

All claims and returned goods MUST be accompanied by this bill.
Thank You



WATER TRUCK SERVICE INC.

41218 292nd WAY SE
ENUNCLAW, WASHINGTON 98022-9777
(206) 825-5445 FAX (206) 825-3815
RENTAL * SALES * SERVICE

CUSTOMER'S ORDER NO.		PHONE		DATE	
				12-22-08	
NAME ITAD INC					
ADDRESS ALDER LAKE					
SOLD BY 5	CASH	C.O.D.	CHARGE	ON ACCT.	MOSE. RET'D.
DESCRIPTION					
QTY.	PRICE				AMOUNT
	POWER WASHING				
	DUST CONTROL				
	COMPACTON				
	BLOW WATER LINES				
	FILL BRAIN FOOTPOUND TANK				
	FIRE WATCH				
	6:00 TO 8:00 PM				
	2 HR				560
	TRAVEL TIME				
	PERMITS/WATER				24.00
	EQUIPMENT RENTAL				
	TAX				
	TOTAL				584
RECEIVED BY <i>[Signature]</i>					
10812					

All claims and returned goods MUST be accompanied by this bill.
Thank



WATER TRUCK SERVICE INC.
41218 292nd WAY SE
ENUMCLAW, WASHINGTON 98022-9777
(206) 825-5445 FAX (206) 825-3815
RENTAL * SALES * SERVICE

CUSTOMER'S ORDER NO.		PHONE		DATE				
NAME		LEAD INC		1-18-07				
ADDRESS		ALDEN LAKE						
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MOSE RETD.	PAID OUT	PRICE	AMOUNT
5/14						111		
QTY.	DESCRIPTION							
	POWER WASHING							
	DUST CONTROL							
	COMPACTION							
	BLOW WATER LINES							
	FILL/DRAIN BOAT POND TRUCK							
	FIRE WATCH							
	4 1/2 HR 8:15 AM TO 12:30 PM							440.00
	5 1/2 HR							
	1 HR TRAVEL TIME							
	PERMITS/WATER 12,000 GAL							12.00
	EQUIPMENT RENTAL							
RECEIVED BY						TOTAL	TAX	
[Signature]						462.00		

10820

All claims and returned goods
MUST be accompanied by this bill.

Thank You



WATER TRUCK SERVICE INC.
41218 292nd WAY SE
ENUMCLAW, WASHINGTON 98022-9777
(206) 825-5445 FAX (206) 825-3815
RENTAL • SALES • SERVICE

Exhibit No.

CUSTOMER'S ORDER NO. _____ PHONE _____ DATE 12-14-00
NAME ILLINO INC
ADDRESS ALDEN LAKE

QTY.	CASH	C.O.D.	CHARGE	ON ACCT.	MOSE/BETD.	PAID OUT	PRICE	AMOUNT	RECEIVED BY	DESCRIPTION		
										POWER WASHING	DUST CONTROL	COMPACTON
<u>4</u>								<u>400.00</u>	<u>[Signature]</u>	<u>12:00 TO 4:00 PM</u>	<u>FILL/DRAIN POOL/POND TRUCK</u>	<u>5 HR</u>
										<u>1 HR</u>	<u>TRAVEL TIME</u>	
											<u>PERMITS/WATER</u>	<u>20000 CHGS @ .10 PER</u>
											<u>EQUIPMENT RENTAL</u>	<u>1.00</u>
											TOTAL	<u>420.00</u>
											TAX	<u>00</u>

10811
All claims and returned goods MUST be accompanied by this bill.
Thank You



WATER TRUCK SERVICE INC.
41218 292nd WAY SE
ENUMCLAW, WASHINGTON 98022-9777
(206) 825-5445 FAX (206) 825-3815
RENTAL • SALES • SERVICE

CUSTOMER'S ORDER NO. _____ PHONE _____ DATE 12-29-00
NAME ILLINO INC
ADDRESS ALDEN LAKE

QTY.	CASH	C.O.D.	CHARGE	ON ACCT.	MOSE/BETD.	PAID OUT	PRICE	AMOUNT	RECEIVED BY	DESCRIPTION		
										POWER WASHING	DUST CONTROL	COMPACTON
<u>4 1/2</u>								<u>440</u>	<u>[Signature]</u>	<u>8:00 AM TO 12:30 PM</u>	<u>FILL/DRAIN POOL/POND TRUCK</u>	<u>5 1/2 HR</u>
										<u>1 HR</u>	<u>TRAVEL TIME</u>	
											<u>PERMITS/WATER</u>	<u>16 PERMITS</u>
											<u>EQUIPMENT RENTAL</u>	
											TOTAL	<u>456</u>
											TAX	<u>16</u>

10814
All claims and returned goods MUST be accompanied by this bill.
Thank



WATER TRUCK SERVICE INC.
41218 292nd WAY SE
ENUMCLAW, WASHINGTON 98022-9777
(206) 825-5445 FAX (206) 825-3815
RENTAL • SALES • SERVICE

CUSTOMER'S ORDER NO.

PHONE

DATE

1-15-01

NAME

ILTRAD INC

ADDRESS

ALDEN LAKE

LOBBY
\$119

CASH

G.O.D.

CHARGE

ON ACCT.

MOSE. RETD.

PAID OUT

111

QTY.

DESCRIPTION

PRICE

AMOUNT

POWER WASHING

DUST CONTROL

COMPACTION

BLOW WATER LINES

~~FILL/DRAIN POOL/POND~~

FIRE WATCH

3 1/2 HR

9:15 TO 12:30

4 1/4 HR

32.00

32.00

32.00

00

32.00

1 HR

TRAVEL TIME

PERMITS/WATER

1200009HLS

12.00

12.00

12.00

EQUIPMENT RENTAL

TAX

358.00

358.00

RECEIVED BY

[Signature]

10819

All claims and returned goods



WATER TRUCK SERVICE INC.
41218 292nd WAY SE
ENUMCLAW, WASHINGTON 98022-9777
(206) 825-5445 FAX (206) 825-3815
RENTAL • SALES • SERVICE

CUSTOMER'S ORDER NO.

PHONE

DATE

1-11-01

NAME

ILTRAD INC

ADDRESS

ALDEN LAKE

SOLD BY
\$119

CASH

G.O.D.

CHARGE

ON ACCT.

MOSE. RETD.

PAID OUT

111

QTY.

DESCRIPTION

PRICE

AMOUNT

POWER WASHING

DUST CONTROL

COMPACTION

BLOW WATER LINES

~~FILL/DRAIN POOL/POND~~

FIRE WATCH

8:AM TO 1:PM

6 HR

480.00

480.00

480.00

00

480.00

1 HR

TRAVEL TIME

PERMITS/WATER

200009HLS

20.00

20.00

20.00

EQUIPMENT RENTAL

TAX

500.00

500.00

RECEIVED BY

[Signature]

10817

All claims and returned goods
MUST be accompanied by this bill.

Thank You



WATER TRUCK SERVICE INC.

41218 292nd WAY SE
ENUMCLAW, WASHINGTON 98022-9777
(206) 825-5445 FAX (206) 825-3815
RENTAL * SALES * SERVICE



WATER TRUCK SERVICE INC.

41218 292nd WAY SE
ENUMCLAW, WASHINGTON 98022-9777
(206) 825-5445 FAX (206) 825-3815
RENTAL * SALES * SERVICE

Exhibit No.

CUSTOMER'S ORDER NO.		PHONE		DATE	
FLIHO INC		ALDER LAKE		1-12-01	
NAME					
ADDRESS					
RECEIVED BY: <i>[Signature]</i>					
10818					

QTY.	DESCRIPTION	PAID OUT	PRICE	AMOUNT
5 1/4 HR	TRAVEL TIME			12.00
	PERMITS/WATER			12.00
	EQUIPMENT RENTAL			
	TAX			
	TOTAL	432.00		

QTY.	DESCRIPTION	PAID OUT	PRICE	AMOUNT
3 1/4 HR	FIRE WATCH			490.00
	FILL/DRAIN POOL/POND			
	BLOW WATER LINES			
	COMPACTON			
	DUST CONTROL			
	POWER WASHING			
	TOTAL	111		

CUSTOMER'S ORDER NO.		PHONE		DATE	
FLIHO INC		ALDER LAKE		1-4-01	
NAME					
ADDRESS					
RECEIVED BY: <i>[Signature]</i>					
10816					

QTY.	DESCRIPTION	PAID OUT	PRICE	AMOUNT
5 1/2 HR	TRAVEL TIME			16.00
	PERMITS/WATER			16.00
	EQUIPMENT RENTAL			
	TAX			
	TOTAL	456.00		

QTY.	DESCRIPTION	PAID OUT	PRICE	AMOUNT
8.100 to 12.30	FIRE WATCH			440.00
	FILL/DRAIN POOL/POND			
	BLOW WATER LINES			
	COMPACTON			
	DUST CONTROL			
	POWER WASHING			
	TOTAL	111		

10818

All claims and returned goods must be accompanied by this bill.

Thank You

10816

All claims and returned goods must be accompanied by this bill.

Thank You



H.D. Fowler Company

PO Box 160 • Bellevue, Washington • 98009-0160

Exhibit No. (DD-9)
Page 18 of 51

Beaverton	503-626-2466	Marysville	360-651-2400
Bellevue	425-746-8400	Olympia	360-459-7300
Bellingham	360-734-8400	Pacific	253-863-8600
Bremerton	360-377-4507	Wenatchee	877-526-2100
Clackamas	503-656-3900	Yakima	509-248-8400

Invoice No. 952502
BRWH

To: ILLIAD INC PO BOX 20098 SEATTLE WA 981021098		#091220	Ship to: PO BOX 20098 SEATTLE WA 981021098	
TOTAL NET 10TH PROX		Due: 02/10/01	Order#:	Inv Date:
FOR: H. D. FOWLER		Ship Via: WILL CALL	01114412	01/05/01
			Order Writer:	FRANK DUKE
			PO/Job: ALDER LAKE REPAIR	

Line	Qty	UOM	Part #	Description	Unit Price	Extended Price
1	1	EA	2" COUPLING, 5XS SCH 40 PVC		0.700	0.70
2	1	EA	2" X 1" BUSH, 5XS SCH 40 PVC		0.860	0.86
3	3	EA	1" NIP ADPT, 5XT SCH 40 PVC		0.320	0.96
4	2	EA	1" METER THREAD X NIP METER COUPLING FORD C35-AA-2.625		5.780	11.56
5	2	EA	1" RUBBER METER GASKET		0.160	0.32
6	1	EA	1" MASTER METER COLD WATER METER, WITH FROST BOTTOM, 05 GALLONS		119.340	119.34
7	2	EA	1" NIP ADAPT, 5XT SCH 40 PVC		0.350	0.70
8	1	EA	1" BRASS GATE VALVE		4.030	4.03
9	20	FT	1" SCHED PVC PIPE, BE 55TH D1783, 20' LENGTHS		0.210	4.20
10	1	EA	1" CPLG, 5XS SCH 40 PVC		0.310	0.31
11	1	EA	1" X 3/4" BUSH, 5XT SCH 40 PVC		0.520	0.52
12	1	EA	3/4" HOSE END BRASS		1.960	1.96
13	4	EA	2" 90 ELL, 5XS SCH 40 PVC		1.160	4.64
14	2	EA	2" X 3/4" TEE, 5XT SCH 40 PVC		2.390	4.78
					Sub Total	154.56
					Freight	0.00
					Tax	
					Grand Total	154.56

STEVE

Conquer the Pacific Northwest since 1925



H.D. Fowler Company

PO Box 160 • Bellevue, Washington • 98009-0160

Exhibit No. (DD-9)

Page 19 of 51

Beaverton 503-626-2466
 Bellevue 425-746-8400
 Bellingham 360-734-8400
 Bremerton 360-377-4507
 Clackamas 503-656-3900

Marysville 360-651-2400
 Olympia 360-459-7300
 Pacific 253-863-8600
 Wenatchee 877-526-2100
 Yakima 509-248-8400

Invoice No. **756773**

BRWH

To: ILLIAD INC PO BOX 20098 SEATTLE WA 981081098		Ship to: PO BOX 20098 SEATTLE WA 981081098	
TERMS: NET 10TH PROX DUE: 02/10/01		Order #: 01120003	Inv Date: 01/29/01
ROBERT D. FOWLER		Order Writer: FRANK DUNE	
SHIP VIA: WILL CALL		PO/JOB: ALDER LAKE REPAIR	

LINE	QTY	UNIT	Part #	Description	UNIT PRICE	Extended PRICE
1	3	EA		WATER LID FOR 940 VALVE BOX, DOWN SKIRT	6.000	30.00
2	3	EA		18" VALVE BOX TOP, 940B	35.700	107.10
3	3	EA		24" VALVE BOX BASE	22.600	68.20
					Sub Total	205.40
					Freight	0.00
					Tax	
					Grand Total	205.40

STEVE



H.D. Fowler Company

PO Box 160 • Bellevue, Washington • 98009-0160

Beaverton	503-626-2466	Marysville	360-651-2400
Bellevue	425-746-8400	Olympia	360-459-7300
Bellingham	360-734-8400	Pacific	253-863-8600
Bremerton	360-377-4507	Wenatchee	877-526-2100
Clackamas	503-656-3900	Yakima	509-248-8400

Invoice No. 977760

MANH

To: LEAD INC PO BOX 20098 SEATTLE WA 981081098		#091290		Ship to: PO BOX 20098 SEATTLE WA 981081098	
TERMS: NET 10TH PROX		DUE: 04/10/01		Order#: 01147051	Inv Date: 03/30/01
FROM: H. D. FOWLER		Ship Via: WILL CALL		Order Writer: SHAWN BURNS	
				PD/Job: ALER LAKE	

Line	Qty	Qty	UOM	Part #	Description	Unit Price	Extended Price
	Ship'd	SO'd					
1	1		EA		2" X 3/4" TEE, SST SCH 40 PVC	2.39	2.39
						Sub Total	2.39
						Freight	0.00
						Tax	
						Grand Total	2.39

STEVE LANDIS

Serving the Pacific Northwest since 1935

Testing Laboratories, Inc.

940 South Harney St., Seattle, WA 98108 (206) 767-5060 FAX (206) 767-5063

Chemistry, Microbiology, and Technical Services

INORGANICS CHEMICALS (IOCS) REPORT FOR SAMPLE 0101117-01

System ID No.: 26995H System Name: ALDERLAKE
 Lab Sample No.: 08174184 Date Collected: 01/05/01 DOH Source No: S03
 Multiple Source Nos.: _____ Sample Type: B Purpose: C
 Date Received: 01/05/01 Date Reported: 01/29/01 Supervisor: PS
 Date Digested: 01/05/01 Date Analyzed: 01/11/01 Analyst: N/A
 County: PIERCE Group: A
 Sample Location: Alderlake Well
 Send Report To: Iliad, Inc. Bill To: Iliad, Inc.

DOH #	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL	METHOD/ANALYST
***** EPA REGULATED *****							
4	Arsenic	ND	MG/L	0.010	0.050	0.050	EPA 200.8/HN
5	Barium	ND	MG/L	0.10	2.0	2.0	EPA 200.7/DS
6	Cadmium	ND	MG/L	0.0020	0.0050	0.0050	EPA 200.7/DS
7	Chromium	ND	MG/L	0.010	0.10	0.10	EPA 200.7/DS
11	Mercury	ND	MG/L	0.0005	0.0020	0.0020	EPA 245.1/EC
12	Selenium	ND	MG/L	0.0050	0.050	0.050	EPA 200.8/HN
110	Beryllium	ND	MG/L	0.0030	0.0040	0.0040	EPA 200.8/HN
111	Nickel	ND	MG/L	0.040	0.10	0.10	EPA 200.8/HN
112	Antimony	ND	MG/L	0.0050	0.0060	0.0060	EPA 200.8/HN
113	Thallium	ND	MG/L	0.0020	0.0020	0.0020	EPA 200.8/HN
116	Cyanide	ND	MG/L	0.050	0.20	0.20	SM 4500CN E/GN
19	Fluoride	ND	MG/L	0.20	2.0	4.0	EPA 300.0/DP
114	Nitrite - N	ND	MG/L	0.50	0.50	1.0	EPA 300.0/DP
20	Nitrate - N	1.5	MG/L	0.50	5.0	10	EPA 300.0/DP
161	Total Nitrate / Nitrite	1.5	MG/L	0.50	5.0	10	EPA 300.0/DP
** EPA REGULATED (secondary) **							
8	Iron	0.70**	MG/L	0.10	0.30	0.30	EPA 200.7/DS
10	Manganese	0.015	MG/L	0.010	0.050	0.050	EPA 200.7/DS
13	Silver	ND	MG/L	0.010	0.050	0.050	EPA 200.8/HN
21	Chloride	ND	MG/L	20	250	250	EPA 300.0/DP
22	Sulfate	ND	MG/L	10	250	250	EPA 300.0/DP
24	Zinc	ND	MG/L	0.20	5.0	5.0	EPA 200.7/DS
***** STATE REGULATED *****							
14	Sodium	ND	MG/L	5.0			EPA 200.7/DS
15	Hardness	40	MG/L	10			SM 2340B/DS
16	Conductivity	110.	UMHOS/C	10	700	700	SM 2510B/NS
17	Turbidity	1.0	NTU	0.10	1.0	1.0	EPA 180.1/NS
18	Color	5.	COLOR	5.0	15	15	SM 2120B/NS
26	Total Dissolved Solids (TDS)	NA					
***** STATE UNREGULATED *****							
9	Lead	0.0056	MG/L	0.0020		0.015*	EPA 200.8/HN
23	Copper	ND	MG/L	0.20		1.3*	EPA 200.8/HN
*** OTHER (optional) ***							
171	Orthophosphate	NA					
172	Silica	NA					
402	Aluminum	NA					
403	Alkalinity	NA					
404	Magnesium	3.0	MG/L	0.10			EPA 200.7/DS
405	Calcium	11.	MG/L	0.50			EPA 200.7/DS

NOTES:

SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH).

Trigger Level: DOH Drinking water response level. Additional sampling required. Contact regional DOH office for additional information.

MCL (Maximum Contaminant Level): If the contaminant amount exceeds the MCL, contact your regional DOH office immediately.

N/A (Not analyzed)

ND (Not detected)

* These are Federal Action Levels, not MCLs

** Contaminant amount exceeds the MCL

INORGANICS CHEMICALS (IOCS) REPORT FOR SAMPLE 0101117-01

System ID No.: 26995H System Name: ALDERLAKE
 Lab Sample No.: Date Collected: 01/05/01 DOH Source No: 501
 Multiple Source Nos.: Sample Type: B Purpose: C
 Date Received: 01/05/01 Date Reported: 01/15/01 Supervisor: ES
 Date Digested: Date Analyzed: Analyst: N/A
 County: PIERCE Group: A
 Sample Location: Alderlake Well
 Send Report To: Iliad, Inc. Bill To: Iliad, Inc.

DOH #	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL	METHOD/ANALYST
* * * * * EPA REGULATED * * * * *							
4	Arsenic	NA					
5	Barium	NA					
6	Cadmium	NA					
7	Chromium	NA					
11	Mercury	NA					
12	Selenium	NA					
110	Beryllium	NA					
111	Nickel	NA					
112	Antimony	NA					
113	Thallium	NA					
116	Cyanide	NA					
19	Fluoride	NA					
114	Nitrite - N	NA					
20	Nitrate - N	NA					
161	Total Nitrate / Nitrite	NA					
* * EPA REGULATED (secondary) * *							
8	Iron	NA					
10	Manganese	NA					
13	Silver	NA					
21	Chloride	NA					
22	Sulfate	NA					
24	Zinc	NA					
* * * * * STATE REGULATED * * * * *							
14	Sodium	NA					
15	Hardness	NA					
16	Conductivity	NA					
17	Turbidity	NA					
18	Color	NA					
26	Total Dissolved Solids (TDS)	NA					
* * * * * STATE UNREGULATED * * * * *							
9	Lead	NA					
23	Copper	NA					
* * * OTHER (optional) * * *							
171	Orthophosphate	NA					
172	Silica	NA					
402	Aluminum	NA					
403	Alkalinity	NA					
404	Magnesium	NA					
405	Calcium	NA					

NOTES:

The drinking water results on this report are missing items which are required by the state for official results. If you wish to submit these results to the State of Washington Department of Health (DOH) for monitoring compliance, you must first supply the missing information or the DOH will reject this report.

INORGANICS CHEMICALS (IOCS) REPORT FOR SAMPLE 0101117-01

System ID No.: 26995H System Name: ALDERLAKE
 Lab Sample No.: _____ Date Collected: 01/05/01 DOH Source No: 503
 Multiple Source Nos.: _____ Sample Type: B Purpose: C
 Date Received: 01/05/01 Date Reported: 01/15/01 Supervisor: BS
 Date Digested: 01/05/01 Date Analyzed: 01/11/01 Analyst: N/A
 County: PIERCE Group: A
 Sample Location: Alderlake Well
 Send Report To: Iliad, Inc. Bill To: Iliad, Inc.

DOH #	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL	METHOD/ANALYST
* * * * * EPA REGULATED * * * * *							
4	Arsenic	ND	MG/L	0.010	0.050	0.050	EPA 200.8/HN
5	Barium	ND	MG/L	0.10	2.0	2.0	EPA 200.7/DS
6	Cadmium	ND	MG/L	0.0020	0.0050	0.0050	EPA 200.7/DS
7	Chromium	ND	MG/L	0.010	0.10	0.10	EPA 200.7/DS
11	Mercury	ND	MG/L	0.0005	0.0020	0.0020	EPA 245.1/EC
12	Selenium	ND	MG/L	0.0050	0.050	0.050	EPA 200.8/HN
110	Beryllium	ND	MG/L	0.0030	0.0040	0.0040	EPA 200.8/HN
111	Nickel	ND	MG/L	0.040	0.10	0.10	EPA 200.8/HN
112	Antimony	ND	MG/L	0.0050	0.0060	0.0060	EPA 200.8/HN
113	Thallium	ND	MG/L	0.0020	0.0020	0.0020	EPA 200.8/HN
116	Cyanide	ND	MG/L	0.050	0.20	0.20	SM 4500CN F/GN
19	Fluoride	ND	MG/L	0.20	2.0	4.0	EPA 300.0/DP
114	Nitrite - N	ND	MG/L	0.50	0.50	1.0	EPA 300.0/DP
20	Nitrate - N	1.5	MG/L	0.50	5.0	10	EPA 300.0/DP
161	Total Nitrate / Nitrite	1.5	MG/L	0.50	5.0	10	EPA 300.0/DP
* * EPA REGULATED (secondary) * *							
8	Iron	0.70**	MG/L	0.10	0.30	0.30	EPA 200.7/DS
10	Manganese	0.015	MG/L	0.010	0.050	0.050	EPA 200.7/DS
13	Silver	ND	MG/L	0.010	0.050	0.050	EPA 200.8/HN
21	Chloride	ND	MG/L	20	250	250	EPA 300.0/DP
22	Sulfate	ND	MG/L	10	250	250	EPA 300.0/DP
24	Zinc	ND	MG/L	0.20	5.0	5.0	EPA 200.7/DS
* * * * * STATE REGULATED * * * * *							
14	Sodium	ND	MG/L	5.0			EPA 200.7/DS
15	Hardness	40	MG/L	10			SM 2340B/DS
16	Conductivity	110.	UMHOS/C	10	700	700	SM 2510A/NS
17	Turbidity	1.0	NTU	0.10	1.0	1.0	EPA 180.1/NS
18	Color	5.	COLOR	5.0	15	15	SM 2120L/NS
26	Total Dissolved Solids (TDS)	NA					
* * * * * STATE UNREGULATED * * * * *							
9	Lead	0.0056	MG/L	0.0020		0.015*	EPA 200.8/HN
23	Copper	ND	MG/L	0.20		1.3*	EPA 200.8/HN
* * * OTHER (optional) * * *							
171	Orthophosphate	NA					
172	Silica	NA					
402	Aluminum	NA					
403	Alkalinity	NA					
404	Magnesium	3.0	MG/L	0.10			EPA 200.7/DS
405	Calcium	11.	MG/L	0.50			EPA 200.7/DS

NOTES:

The drinking water results on this report are missing items which are required by the state for official results. If you wish to submit these results to the State of Washington Department of Health (DOH) for monitoring compliance, you must first supply the missing information or the DOH will reject this report.

VOLATILE ORGANIC CHEMICALS (VOCs) ANALYSIS REPORT
EPA TEST METHOD - 524.2
For Sample 0101117-01

System ID No.: _____ System name: _____
Lab/Sample No.: _____ Date Collected: 01/05/01 DOH Source No.: _____
Multiple Source Nos.: _____ Sample Type: _____ Sample Purpose: C
Date Received: 01/05/01 Date Reported: 01/15/01 Supervisor: MC
Date Analyzed: 01/09/01 Analyst: JM
County: _____ Group: _____
Sample Location: Alderlake Well
Send Report To: Iliad, Inc. Bill To: Iliad, Inc.

DOH#	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL	EXCEEDS Trigger? MCL?
EPA REGULATED							
45	Vinyl Chloride	ND	ug/L	0.5	0.5	2.0	
46	1,1-Dichloroethylene	ND	ug/L	0.5	0.5	7.0	
47	1,1,1-Trichloroethane	ND	ug/L	0.5	0.5	200	
48	Carbon Tetrachloride	ND	ug/L	0.5	0.5	5.0	
49	Benzene	ND	ug/L	0.5	0.5	5.0	
50	1,2-Dichloroethane	ND	ug/L	0.5	0.5	5.0	
51	Trichloroethylene	ND	ug/L	0.5	0.5	5.0	
52	1,4-Dichlorobenzene	ND	ug/L	0.5	0.5	75	
56	Dichloromethane	ND	ug/L	0.5	0.5	5.0	
57	trans-1,2-Dichloroethylene	ND	ug/L	0.5	0.5	100	
60	cis-1,2-Dichloroethylene	ND	ug/L	0.5	0.5	70	
63	1,2-Dichloropropane	ND	ug/L	0.5	0.5	5.0	
66	Toluene	ND	ug/L	0.5	0.5	1000	
67	1,1,2-Trichloroethane	ND	ug/L	0.5	0.5	5.0	
68	Tetrachloroethylene	ND	ug/L	0.5	0.5	5.0	
71	Chlorobenzene	ND	ug/L	0.5	0.5	100	
73	Ethylbenzene	ND	ug/L	0.5	0.5	700	
76	Styrene	ND	ug/L	0.5	0.5	100	
84	1,2-Dichlorobenzene	ND	ug/L	0.5	0.5	600	
95	1,2,4-Trichlorobenzene	ND	ug/L	0.5	0.5	70	
160	Total Xylenes	ND	ug/L	0.5	0.5	10000	
74	m/p-Xylenes (MCL For Total)	ND	ug/L	0.5	0.5		
75	o-Xylene (MCL For Total)	ND	ug/L	0.5	0.5		
EPA UNREGULATED							
27	Chloroform	ND	ug/L	0.5	0.5		
28	Bromodichloromethane	ND	ug/L	0.5	0.5		
29	Chlorodibromomethane	ND	ug/L	0.5	0.5		
30	Bromoform	ND	ug/L	0.5	0.5		
53	Chloromethane	ND	ug/L	0.5	0.5		
54	Bromomethane	ND	ug/L	0.5	0.5		
55	Chloroethane	ND	ug/L	0.5	0.5		

Sample: 010117-01

DOM#	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL	EXCEEDS
EPA UNREGULATED (Continued)							Trigger? MCL?
58	1,1-Dichloroethane	ND	ug/L	0.5	0.5		
59	2,2-Dichloropropane	ND	ug/L	0.5	0.5		
62	1,1-Dichloropropane	ND	ug/L	0.5	0.5		
64	Dibromomethane	ND	ug/L	0.5	0.5		
70	1,3-Dichloropropane	ND	ug/L	0.5	0.5		
72	1,1,1,2-Tetrachloroethane	ND	ug/L	0.5	0.5		
78	Bromobenzene	ND	ug/L	0.5	0.5		
79	1,2,3-Trichloropropane	ND	ug/L	0.5	0.5		
80	1,1,2,2-Tetrachloroethane	ND	ug/L	0.5	0.5		
81	o-Chlorotoluene	ND	ug/L	0.5	0.5		
82	p-Chlorotoluene	ND	ug/L	0.5	0.5		
83	m-Dichlorobenzene	ND	ug/L	0.5	0.5		
154	1,3-Dichloropropane	ND	ug/L	0.5	0.5		
STATE UNREGULATED							
55	cis-1,3-Dichloropropane	ND	ug/L	0.5	0.5		
69	trans-1,3-Dichloropropene	ND	ug/L	0.5	0.5		
85	Fluorotrichloromethane	ND	ug/L	0.5	0.5		
86	Bromochloromethane	ND	ug/L	0.5	0.5		
87	Isopropylbenzene	ND	ug/L	0.5	0.5		
88	n-Propylbenzene	ND	ug/L	0.5	0.5		
89	1,3,5-Trimethylbenzene	ND	ug/L	0.5	0.5		
90	tert-Butylbenzene	ND	ug/L	0.5	0.5		
91	1,2,4-Trimethylbenzene	ND	ug/L	0.5	0.5		
92	sec-Butylbenzene	ND	ug/L	0.5	0.5		
93	p-Isopropyltoluene	ND	ug/L	0.5	0.5		
94	n-Butylbenzene	ND	ug/L	0.5	0.5		
96	Naphthalene	ND	ug/L	0.5	0.5		
97	Hexachlorobutadiene	ND	ug/L	0.5	0.5		
98	1,2,3-Trichlorobenzene	ND	ug/L	0.5	0.5		
102	RDB (Scan Confirm by 504.1	ND	ug/L	0.5	0.5		
103	DBCP (Scan Confirm By 504.1	ND	ug/L	0.5	0.5		
162	Dichlorodifluoromethane	ND	ug/L	0.5	0.5		

NOTES:

The drinking water results on this report are missing items which are required by the state for official results. If you wish to submit these results to the State of Washington Department of Health (DOH) for monitoring compliance, you must first supply the missing information or the DOH will reject this report.

Comments:

WATER BACTERIOLOGICAL ANALYSIS

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

DATE COLLECTED			TIME COLLECTED		COUNTY NAME
MONTH	DAY	YEAR	10	00	Pierce
12	20	00	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM	

TYPE OF SYSTEM	IF PUBLIC SYSTEM, COMPLETE:	
<input checked="" type="checkbox"/> PUBLIC		
<input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	I.D. No.	CIRCLE GROUP
	26995H	(A) B

NAME OF SYSTEM: Alder Lake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED	TELEPHONE NO.
Well #6	DAY (206) 282-4200
	EVENING ()

SAMPLE COLLECTED BY: (Name)	SYSTEM OWNER/MGR.: (Name)
Steve Landis	

SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE

SURFACE WELL or WELL FIELD SPRING PURCHASED or INTERTIE COMBINATION or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)

Liad, 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 1/1

RAW SOURCE WATER Source # S 03 Total Coliform

NEW CONSTRUCTION or REPAIRS Fecal Coliform

OTHER (Specify) ENGINEERING

REMARKS:

(LAB USE ONLY) DRINKING WATER RESULTS

UNSATISFACTORY, Coliforms present SATISFACTORY, Coliforms absent

REPEAT SAMPLES REQUIRED E. Coli present E. Coli absent Fecal present Fecal absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM A /100 ml E. COLI A /100 ML

FECAL COLIFORM ___ /100 ml PLATE COUNT ___ /ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE: Sample too old Wrong container Incomplete form _____

TEST UNSUITABLE BECAUSE: Confluent growth TNTC Turbid culture Excess debris

DEC 28 2000

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) DATE, TIME RECEIVED RECEIVED BY

08173634 12/20/00 12:00 APW

DATE REPORTED LABORATORY:

12/21 458

WATER BACTERIOLOGICAL ANALYSIS

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

Exhibit No. (DD-9)

DATE COLLECTED			TIME COLLECTED		COUNTY NAME
MONTH	DAY	YEAR	11	00	Pierce
12	18	00	<input checked="" type="checkbox"/> AM	<input type="checkbox"/> PM	

TYPE OF SYSTEM	IF PUBLIC SYSTEM, COMPLETE:	
<input checked="" type="checkbox"/> PUBLIC		
<input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	I.D. No.	CIRCLE GROUP
	26995H	(A) B

NAME OF SYSTEM: Alder Lake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED	TELEPHONE NO.
	DAY (206) 282-4200
	EVENING ()

SAMPLE COLLECTED BY: (Name)	SYSTEM OWNER/MGR.: (Name)
Steve Landis	

SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE

SURFACE WELL or WELL FIELD SPRING PURCHASED or INTERTIE COMBINATION or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)

Liad, 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 Engineering

REPEAT SAMPLE Previous coliform presence

Lab # _____ Date 1/1

RAW SOURCE WATER Source # S 03 Total Coliform

NEW CONSTRUCTION or REPAIRS Fecal Coliform

OTHER (Specify)

REMARKS:

(LAB USE ONLY) DRINKING WATER RESULTS

UNSATISFACTORY, Coliforms present SATISFACTORY, Coliforms absent

REPEAT SAMPLES REQUIRED E. Coli present E. Coli absent Fecal present Fecal absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM A /100 ml E. COLI A /100 ML

FECAL COLIFORM ___ /100 ml PLATE COUNT ___ /ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE: Sample too old Wrong container Incomplete form _____

TEST UNSUITABLE BECAUSE: Confluent growth TNTC Turbid culture Excess debris

DEC 22 2000

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) DATE, TIME RECEIVED RECEIVED BY

08173584 12/19/00 12:40 APW

DATE REPORTED LABORATORY:

12/19 391

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 1/08/01	TIME COLLECTED HOUR:MINUTE 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Pierce
---	---	-----------------------

TYPE OF SYSTEM IF PUBLIC SYSTEM, COMPLETE: <input type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	I.D. No. 26995H	CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B
---	-----------------	--

NAME OF SYSTEM
Alderlake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED lot #2	TELEPHONE NO. DAY (206) 282-4200 EVENING ()
--	--

SAMPLE COLLECTED BY: (Name) Steve Landis	SYSTEM OWNER/MGR.: (Name)
---	---------------------------

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

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

TYPE OF SAMPLE (check only one in this column)

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

REMARKS:

(LAB USE ONLY) DRINKING WATER 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"/> Fecal present	<input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM <u> </u> /100 ml	E. COLI <u> </u> /100 ML
FECAL COLIFORM <u> </u> /100 ml	PLATE COUNT <u> </u> /ml

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"/> _____	<input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 08173822	DATE, TIME RECEIVED 1/9/01 12:50	RECEIVED BY APW
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DATE REPORTED 1/9	LABORATORY: 133-2
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WATER BACTERIOLOGICAL ANALYSIS

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

Exhibit No. (DD-9)

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DATE COLLECTED MONTH DAY YEAR 01/03/01	TIME COLLECTED HOUR:MINUTE 3:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	COUNTY NAME Pierce
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TYPE OF SYSTEM IF PUBLIC SYSTEM, COMPLETE: <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	I.D. No. 26995H	CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B
--	-----------------	--

NAME OF SYSTEM
Alderlake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED lot #2	TELEPHONE NO. DAY (206) 282-4200 EVENING ()
--	--

SAMPLE COLLECTED BY: (Name) Steve Landis	SYSTEM OWNER/MGR.: (Name)
---	---------------------------

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

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

TYPE OF SAMPLE (check only one in this column)

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

REMARKS:
PO B 20 ✓ 35994

(LAB USE ONLY) DRINKING WATER 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"/> Fecal present	<input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM <u>A</u> /100 ml	E. COLI <u>A</u> /100 ML
FECAL COLIFORM <u> </u> /100 ml	PLATE COUNT <u> </u> /ml

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"/> _____	<input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 08173762	DATE, TIME RECEIVED 1/4/01 9:35	RECEIVED BY APW
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DATE REPORTED 1/5	LABORATORY: 057
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WATER BACTERIOLOGICAL ANALYSIS

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

DATE COLLECTED			TIME COLLECTED		COUNTY NAME
MONTH	DAY	YEAR	AM	PM	
01	08	01	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pierce
TYPE OF SYSTEM		IF PUBLIC SYSTEM, COMPLETE:			
<input checked="" type="checkbox"/> PUBLIC		I.D. No.		CIRCLE GROUP	
<input type="checkbox"/> INDIVIDUAL (serves only 1 residence)		269954		A B	

NAME OF SYSTEM: Alderlake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED: NEW SOUTH Well

TELEPHONE NO. DAY: 206 282-4200

SAMPLE COLLECTED BY: (Name) Steve Landis

SYSTEM OWNER/MGR.: (Name)

SOURCE TYPE: SURFACE WELL or WELL FIELD SPRING PURCHASED or INTERTIE COMBINATION or OTHER

GROUND WATER UNDER SURFACE INFLUENCE

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

TYPE OF SAMPLE (check only one in this column)

ROUTINE DRINKING WATER check treatment

REPEAT SAMPLE Previous coliform presence

RAW SOURCE WATER

NEW CONSTRUCTION or REPAIRS

OTHER (Specify)

Chlorinated (Residual: Total Free)

Filtered

Untreated or Other

Lab #

Date

Source # S 03

Total Coliform

Fecal Coliform

REMARKS:

(LAB USE ONLY) DRINKING WATER RESULTS

UNSATISFACTORY, Coliforms present

SATISFACTORY, Coliforms absent

REPEAT SAMPLES REQUIRED

E. Coli present

Fecal present

E. Coli absent

Fecal absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM ___ /100 ml

E. COLI ___ /100 ML

FECAL COLIFORM ___ /100 ml

PLATE COUNT ___ /ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:

Sample too old

Wrong container

Incomplete form

TEST UNSUITABLE BECAUSE:

Confluent growth

TNTC

Turbid culture

Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS)	DATE, TIME RECEIVED	RECEIVED BY
08173821	1/13/01 12:50	APW
DATE REPORTED	LABORATORY	
1/9	1117 177	

WATER BACTERIOLOGICAL ANALYSIS

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

Exhibit No. (DD-9)

DATE COLLECTED			TIME COLLECTED		COUNTY NAME
MONTH	DAY	YEAR	AM	PM	
01	11	01	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pierce
TYPE OF SYSTEM		IF PUBLIC SYSTEM, COMPLETE:			
<input checked="" type="checkbox"/> PUBLIC		I.D. No.		CIRCLE GROUP	
<input type="checkbox"/> INDIVIDUAL (serves only 1 residence)		269954		A B	

NAME OF SYSTEM: Alderlake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED: 53319 LILLI DALE Rd.

TELEPHONE NO. DAY: 206 282-4200

SAMPLE COLLECTED BY: (Name) Steve Landis

SYSTEM OWNER/MGR.: (Name)

SOURCE TYPE: SURFACE WELL or WELL FIELD SPRING PURCHASED or INTERTIE COMBINATION or OTHER

GROUND WATER UNDER SURFACE INFLUENCE

SEND REPORT TO: (Print Full Name, Address and Zip Code)
Elmad, Inc
70 Box 20098
Seattle WASHINGTON

TYPE OF SAMPLE (check only one in this column)

ROUTINE DRINKING WATER check treatment

REPEAT SAMPLE Previous coliform presence

RAW SOURCE WATER

NEW CONSTRUCTION or REPAIRS

OTHER (Specify) Compliance

Chlorinated (Residual: Total Free)

Filtered

Untreated or Other

Lab #

Date 1/11/01

Source # S 03

Total Coliform

Fecal Coliform

REMARKS:

(LAB USE ONLY) DRINKING WATER RESULTS

UNSATISFACTORY, Coliforms present

SATISFACTORY, Coliforms absent

REPEAT SAMPLES REQUIRED

E. Coli present

Fecal present

E. Coli absent

Fecal absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM ___ /100 ml

E. COLI ___ /100 ML

FECAL COLIFORM ___ /100 ml

PLATE COUNT ___ /ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:

Sample too old

Wrong container

Incomplete form

TEST UNSUITABLE BECAUSE:

Confluent growth

TNTC

Turbid culture

Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS)	DATE, TIME RECEIVED	RECEIVED BY
08173986	1/11/01 4:10	APW
DATE REPORTED	LABORATORY	
1/12	1117 177	

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 02/14/01		TIME COLLECTED 10:45 <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. 209954 CIRCLE GROUP (A) B	
NAME OF SYSTEM Alder lake			
SPECIFIC LOCATION WHERE SAMPLE COLLECTED well		TELEPHONE NO. DAY (206) 282-4200	
SAMPLE COLLECTED BY: (Name) Steve Landis		SYSTEM OWNER/MGR.: (Name)	
SOURCE TYPE <input type="checkbox"/> SURFACE <input checked="" type="checkbox"/> WELL or WELL FIELD <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or INTERTIE <input type="checkbox"/> COMBINATION or OTHER			
SEND REPORT TO: (Print Full Name, Address and Zip Code) Iliad Inc PO Box 20098 Seattle WASHINGTON 98102			

TYPE OF SAMPLE (check only one in this column)	
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: ___ Total ___ Free)
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	<input type="checkbox"/> Filtered
	<input type="checkbox"/> Untreated or Other
<input type="checkbox"/> RAW SOURCE WATER	Source # S 03
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input type="checkbox"/> Total Coliform
<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> Fecal Coliform

REMARKS:

(LAB USE ONLY) DRINKING WATER 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
OTHER LABORATORY RESULTS	
TOTAL COLIFORM ___ /100 ml	E. COLI ___ /100 ML
FECAL COLIFORM ___ /100 ml	PLATE COUNT ___ /ml
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"/>	<input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 08174465	DATE, TIME RECEIVED 2/14/01 1:20	RECEIVED BY MLJ
DATE REPORTED 2/15	LABORATORY: 21811	

WATER BACTERIOLOGICAL ANALYSIS

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

9:45 Exhibit No. (DD-9)
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DATE COLLECTED MONTH DAY YEAR 02/06/01		TIME COLLECTED 9:45 <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. 209954 CIRCLE GROUP (A) B	
NAME OF SYSTEM Alder lake			
SPECIFIC LOCATION WHERE SAMPLE COLLECTED well		TELEPHONE NO. DAY (206) 282-4200	
SAMPLE COLLECTED BY: (Name) Steve Landis		SYSTEM OWNER/MGR.: (Name)	
SOURCE TYPE <input type="checkbox"/> SURFACE <input checked="" type="checkbox"/> WELL or WELL FIELD <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or INTERTIE <input type="checkbox"/> COMBINATION or OTHER			
SEND REPORT TO: (Print Full Name, Address and Zip Code) Iliad 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	<input type="checkbox"/> Filtered
	<input type="checkbox"/> Untreated or Other
<input type="checkbox"/> RAW SOURCE WATER	Source # S 03
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input type="checkbox"/> Total Coliform
<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> Fecal Coliform

REMARKS:

(LAB USE ONLY) DRINKING WATER 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
OTHER LABORATORY RESULTS	
TOTAL COLIFORM ___ /100 ml	E. COLI ___ /100 ML
FECAL COLIFORM ___ /100 ml	PLATE COUNT ___ /ml
ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE:	TEST UNSUITABLE BECAUSE:
<input type="checkbox"/> Sample too old	<input type="checkbox"/> Confluent growth
<input checked="" type="checkbox"/> Wrong container	<input type="checkbox"/> TNTC
<input type="checkbox"/> Incomplete form	<input type="checkbox"/> Turbid culture
<input type="checkbox"/>	<input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 08174237	DATE, TIME RECEIVED 2/14/01 1:20	RECEIVED BY MLJ
DATE REPORTED 2/7	LABORATORY: FEB 1 2001	

REMARKS:

WATER BACTERIOLOGICAL ANALYSIS

WATER BACTERIOLOGICAL ANALYSIS

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

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

Exhibit No. (DD-9)

DATE COLLECTED MONTH DAY YEAR 02 / 22 / 01	TIME COLLECTED 9 : 35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Pierce
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DATE COLLECTED MONTH DAY YEAR 02 / 26 / 01	TIME COLLECTED 9 : 15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Pierce
--	--	-----------------------

TYPE OF SYSTEM IF PUBLIC SYSTEM, COMPLETE:
 PUBLIC
 INDIVIDUAL (serves only 1 residence)
 I.D. No. 26995H CIRCLE GROUP A B

TYPE OF SYSTEM IF PUBLIC SYSTEM, COMPLETE:
 PUBLIC
 INDIVIDUAL (serves only 1 residence)
 I.D. No. 26995H CIRCLE GROUP A B

NAME OF SYSTEM
Alder lake

NAME OF SYSTEM
Alder lake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED
Well

TELEPHONE NO.
DAY 206-282-4200

SPECIFIC LOCATION WHERE SAMPLE COLLECTED
Well

TELEPHONE NO.
DAY 206-282-4200

SAMPLE COLLECTED BY: (Name)
Steve Landis

SYSTEM OWNER/MGR.: (Name)

SAMPLE COLLECTED BY: (Name)
Steve Landis

SYSTEM OWNER/MGR.: (Name)

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

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)
 Sladi, Inc
 PO Box 20098
 Seattle WASHINGTON 98133

SEND REPORT TO: (Print Full Name, Address and Zip Code)
 Sladi, Inc
 PO Box 20098
 Seattle WASHINGTON 98133

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 03 Total Coliform
 NEW CONSTRUCTION or REPAIRS Fecal Coliform
 OTHER (Specify)

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 03 Total Coliform
 NEW CONSTRUCTION or REPAIRS Fecal Coliform
 OTHER (Specify)

REMARKS:

REMARKS:

(LAB USE ONLY) DRINKING WATER RESULTS

UNSATISFACTORY, Coliforms present
 SATISFACTORY, Coliforms absent

REPEAT SAMPLES REQUIRED E. Coli present E. Coli absent
 Fecal present Fecal absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM ___ /100 ml E. COLI ___ /100 ML
 FECAL COLIFORM ___ /100 ml PLATE COUNT ___ /ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:
 Sample too old
 Wrong container
 Incomplete form

TEST UNSUITABLE BECAUSE:
 Confluent growth
 TNTC
 Turbid culture
 Excess debris

(LAB USE ONLY) DRINKING WATER RESULTS

UNSATISFACTORY, Coliforms present
 SATISFACTORY, Coliforms absent

REPEAT SAMPLES REQUIRED E. Coli present E. Coli absent
 Fecal present Fecal absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM ___ /100 ml E. COLI ___ /100 ML
 FECAL COLIFORM ___ /100 ml PLATE COUNT ___ /ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:
 Sample too old
 Wrong container
 Incomplete form

TEST UNSUITABLE BECAUSE:
 Confluent growth
 TNTC
 Turbid culture
 Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 08174598 DATE, TIME RECEIVED 2/22/01 1:50 RECEIVED BY W.S.

DATE REPORTED 2/23 LABORATORY: 458

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 08174612 DATE, TIME RECEIVED 2/26/01 3:00 RECEIVED BY

DATE REPORTED 2/27 LABORATORY:

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 12/20/00	TIME COLLECTED 10:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Pierce
--	---	-----------------------

TYPE OF SYSTEM <input type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. No. 26995H	CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B
--	--	--

NAME OF SYSTEM
Alderlake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED Well #6	TELEPHONE NO. DAY (206) 282-4200
---	-------------------------------------

SAMPLE COLLECTED BY: (Name) Steve Landis	SYSTEM OWNER/MGR.: (Name)
---	---------------------------

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

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

TYPE OF SAMPLE (check only one in this column)

<input type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: ___ Total ___ Free)
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	<input type="checkbox"/> Filtered
<input type="checkbox"/> RAW SOURCE WATER	<input type="checkbox"/> Untreated or Other
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	Lab # _____ Date ____/____/____
<input checked="" type="checkbox"/> OTHER (Specify) <u>Engineering</u>	Source # <u>S 03</u> <input type="checkbox"/> Total Coliform <input type="checkbox"/> Fecal Coliform

REMARKS:

(LAB USE ONLY) DRINKING WATER RESULTS

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

OTHER LABORATORY RESULTS

TOTAL COLIFORM A /100 ml E. COLI A /100 ML
FECAL COLIFORM ___ /100 ml PLATE COUNT ___ /ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE: Sample too old Wrong container Incomplete form

TEST UNSUITABLE BECAUSE: Confluent growth TNTC Turbid culture Excess debris

RECEIVED DEC 28 2000

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 08173634	DATE, TIME RECEIVED 12/20/00 12:00	RECEIVED BY APW
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DATE REPORTED: 12/21
LABORATORY: 458

WATER BACTERIOLOGICAL ANALYSIS

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

Exhibit No. (DD-9) Page 31 of 51

DATE COLLECTED MONTH DAY YEAR 12/18/00	TIME COLLECTED 11:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Pierce
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TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)	IF PUBLIC SYSTEM, COMPLETE: I.D. No. 26995H	CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B
---	--	--

NAME OF SYSTEM
Alderlake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED	TELEPHONE NO. DAY (206) 282-4200
--	-------------------------------------

SAMPLE COLLECTED BY: (Name) Steve Landis	SYSTEM OWNER/MGR.: (Name)
---	---------------------------

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

SEND REPORT TO: (Print Full Name, Address and Zip Code)
Llad, 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	<input type="checkbox"/> Filtered
<input type="checkbox"/> RAW SOURCE WATER	<input checked="" type="checkbox"/> Untreated or Other <u>Engineering</u>
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	Lab # _____ Date ____/____/____
<input type="checkbox"/> OTHER (Specify)	Source # <u>S 03</u> <input type="checkbox"/> Total Coliform <input type="checkbox"/> Fecal Coliform

REMARKS:

(LAB USE ONLY) DRINKING WATER RESULTS

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

OTHER LABORATORY RESULTS

TOTAL COLIFORM A /100 ml E. COLI A /100 ML
FECAL COLIFORM ___ /100 ml PLATE COUNT ___ /ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE: Sample too old Wrong container Incomplete form

TEST UNSUITABLE BECAUSE: Confluent growth TNTC Turbid culture Excess debris

RECEIVED DEC 22 2000

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 08173584	DATE, TIME RECEIVED 12/18/2000 12:40	RECEIVED BY APW
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DATE REPORTED: 12/19
LABORATORY: 391

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 01/08/01		TIME COLLECTED 9:00 <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. 26995H CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B	
NAME OF SYSTEM Alderlake			
SIFIC LOCATION WHERE SAMPLE COLLECTED lot #2		TELEPHONE NO. DAY 206-282-4200 EVENING ()	
SAMPLE COLLECTED BY: (Name) Steve Landis		SYSTEM OWNER/MGR.: (Name)	
SOURCE TYPE <input type="checkbox"/> SURFACE <input type="checkbox"/> WELL or WELL FIELD <input type="checkbox"/> SPRING <input checked="" type="checkbox"/> PURCHASED or INTERTIE <input type="checkbox"/> COMBINATION or OTHER			
SEND REPORT TO: (Print Full Name, Address and Zip Code) Iliad, Inc. PO Box 20098 Seattle WASHINGTON 98102			

TYPE OF SAMPLE (check only one in this column)

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

MARKS:

(LAB USE ONLY) DRINKING WATER 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"/> Fecal present	<input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal absent

OTHER LABORATORY RESULTS	
TOTAL COLIFORM ___/100 ml	E. COLI ___/100 ML
FECAL COLIFORM ___/100 ml	PLATE COUNT ___/ml

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"/>	<input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 08173822	DATE, TIME RECEIVED 1/8/01 12:50	RECEIVED BY OPW
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DATE REPORTED 1/9	LABORATORY 133-2
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WATER BACTERIOLOGICAL ANALYSIS

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

Exhibit No. (DD-9)

Page 32 of 51

DATE COLLECTED MONTH DAY YEAR 01/03/01		TIME COLLECTED 3:00 <input type="checkbox"/> AM <input checked="" 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. 26995H CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B	
NAME OF SYSTEM Alderlake			
SIFIC LOCATION WHERE SAMPLE COLLECTED lot #2		TELEPHONE NO. DAY 206-282-4200 EVENING ()	
SAMPLE COLLECTED BY: (Name) Steve Landis		SYSTEM OWNER/MGR.: (Name)	
SOURCE TYPE <input type="checkbox"/> SURFACE <input type="checkbox"/> WELL or WELL FIELD <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or INTERTIE <input type="checkbox"/> COMBINATION or OTHER			
SEND REPORT TO: (Print Full Name, Address and Zip Code) Iliad, Inc. PO Box 20098 Seattle WASHINGTON			

TYPE OF SAMPLE (check only one in this column)

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

REMARKS:
01/03/01 35994

(LAB USE ONLY) DRINKING WATER 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"/> Fecal present	<input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal absent

OTHER LABORATORY RESULTS	
TOTAL COLIFORM A /100 ml	E. COLI A /100 ML
FECAL COLIFORM ___/100 ml	PLATE COUNT ___/ml

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"/>	<input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 08173762	DATE, TIME RECEIVED 1/4/01 9:35	RECEIVED BY OPW
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DATE REPORTED 1/5	LABORATORY 057
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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 01 / 08 / 01			TIME COLLECTED 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		COUNTY NAME Pierce
TYPE OF SYSTEM IF PUBLIC SYSTEM, COMPLETE: <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)					
I.D. No. 26995H			CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B		

NAME OF SYSTEM
Alderlake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED NEW SOUTH Well	TELEPHONE NO. DAY 206 282-4200
EVENING ()	

SAMPLE COLLECTED BY: (Name) Steve Landis	SYSTEM OWNER/MGR.: (Name)
---	---------------------------

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

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

TYPE OF SAMPLE (check only one in this column)	
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: ___ Total ___ Free)
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence Lab # _____ Date: ___/___/___	<input type="checkbox"/> Filtered
<input type="checkbox"/> RAW SOURCE WATER Source # S 03 <input type="checkbox"/> Total Coliform	<input type="checkbox"/> Untreated or Other
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS <input type="checkbox"/> Fecal Coliform	
<input type="checkbox"/> OTHER (Specify)	

REMARKS:

(LAB USE ONLY) DRINKING WATER 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"/> Fecal present	<input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal absent
OTHER LABORATORY RESULTS	
TOTAL COLIFORM ___ /100 ml	E. COLI ___ /100 ML
FECAL COLIFORM ___ /100 ml	PLATE COUNT ___ /ml
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

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 08173821	DATE, TIME RECEIVED 1/8/01 12:50	RECEIVED BY APCW
DATE REPORTED 1/9	LABORATORY	

WATER BACTERIOLOGICAL ANALYSIS

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

Exhibit No. (DD-9)

DATE COLLECTED MONTH DAY YEAR 01 / 11 / 01			TIME COLLECTED 1:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		COUNTY NAME PIERCE
TYPE OF SYSTEM IF PUBLIC SYSTEM, COMPLETE: <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)					
I.D. No. 26995H			CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B		

NAME OF SYSTEM
Alderlake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED 53319 LILLI DALE Rd.	TELEPHONE NO. DAY (206) 282-4200
EVENING ()	

SAMPLE COLLECTED BY: (Name) Steve Landis	SYSTEM OWNER/MGR.: (Name)
---	---------------------------

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

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

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 # _____ Date: ___/___/___	<input type="checkbox"/> Filtered
<input type="checkbox"/> RAW SOURCE WATER Source # S 03 <input type="checkbox"/> Total Coliform	<input type="checkbox"/> Untreated or Other
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS <input type="checkbox"/> Fecal Coliform	
<input checked="" type="checkbox"/> OTHER (Specify) Compliance	

REMARKS:

(LAB USE ONLY) DRINKING WATER 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"/> Fecal present	<input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal absent
OTHER LABORATORY RESULTS	
TOTAL COLIFORM ___ /100 ml	E. COLI ___ /100 ML
FECAL COLIFORM ___ /100 ml	PLATE COUNT ___ /ml
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

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 08173986	DATE, TIME RECEIVED 1/11/01 4:10	RECEIVED BY APCW
DATE REPORTED 1/12	LABORATORY	

Laucks Testing Laboratories, Inc.

940 S. Harney Seattle, WA 98108

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 02 / 14 / 01			TIME COLLECTED 10:45 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		COUNTY NAME Pierre
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)			IF PUBLIC SYSTEM, COMPLETE: I.D. No. 20995H CIRCLE GROUP (A) B		

NAME OF SYSTEM
Alder lake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED
well

TELEPHONE NO.
DAY 206-282-4200

SAMPLE COLLECTED BY: (Name)
Steve Landis

SYSTEM OWNER/MGR.: (Name)

SOURCE TYPE
 SURFACE WELL or WELLFIELD SPRING PURCHASED or INTERTIE COMBINATION or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)
Liad 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 03 Total Coliform
 NEW CONSTRUCTION or REPAIRS Fecal Coliform
 OTHER (Specify) _____

REMARKS:

(LAB USE ONLY) DRINKING WATER RESULTS

UNSATISFACTORY, Coliforms present SATISFACTORY, Coliforms absent

REPEAT SAMPLES REQUIRED: E. Coli present E. Coli absent Fecal present Fecal absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM ___/100 ml E. COLI ___/100 ML
FECAL COLIFORM ___/100 ml PLATE COUNT ___/ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:
 Sample too old
 Wrong container
 Incomplete form

TEST UNSUITABLE BECAUSE:
 Confluent growth
 TNTC
 Turbid culture
 Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) <u>08174465</u>	DATE, TIME RECEIVED <u>2/14/01 1:20</u>	RECEIVED BY <u>APW</u>
DATE REPORTED <u>2/15</u>	LABORATORY:	

Laucks Testing Laboratories, Inc.

J.S. Harney Seattle, WA 98108

WATER BACTERIOLOGICAL ANALYSIS

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

9:45 Exhibit No. (DD-9)

DATE COLLECTED MONTH DAY YEAR 02 / 06 / 01			TIME COLLECTED 9:45 <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. 20995H CIRCLE GROUP (A) B		

NAME OF SYSTEM
Alder lake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED
well

TELEPHONE NO.
DAY 206-282-4200

SAMPLE COLLECTED BY: (Name)
Steve Landis

SYSTEM OWNER/MGR.: (Name)

SOURCE TYPE
 SURFACE WELL or WELLFIELD SPRING PURCHASED or INTERTIE COMBINATION or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)
Liad 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 03 Total Coliform
 NEW CONSTRUCTION or REPAIRS Fecal Coliform
 OTHER (Specify) _____

REMARKS:

(LAB USE ONLY) DRINKING WATER RESULTS

UNSATISFACTORY, Coliforms present SATISFACTORY, Coliforms absent

REPEAT SAMPLES REQUIRED: E. Coli present E. Coli absent Fecal present Fecal absent

OTHER LABORATORY RESULTS

TOTAL COLIFORM ___/100 ml E. COLI ___/100 ML
FECAL COLIFORM ___/100 ml PLATE COUNT ___/ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:
 Sample too old
 Wrong container
 Incomplete form

TEST UNSUITABLE BECAUSE:
 Confluent growth
 TNTC
 Turbid culture
 Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) <u>08174237</u>	DATE, TIME RECEIVED <u>2/11/01 1:20</u>	RECEIVED BY <u>APW</u>
DATE REPORTED <u>2/7</u>	LABORATORY: <u>FEB 11 2001</u>	

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 02 / 22 / 01			TIME COLLECTED 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. 20995H		CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B	
NAME OF SYSTEM Alder lake					
SPECIFIC LOCATION WHERE SAMPLE COLLECTED Well			TELEPHONE NO. DAY (206) 282-4200		
SAMPLE COLLECTED BY: (Name) Steve Landis			SYSTEM OWNER/MGR.: (Name)		
SOURCE TYPE <input type="checkbox"/> GROUND WATER UNDER SURFACE INFLUENCE <input type="checkbox"/> SURFACE <input checked="" type="checkbox"/> WELL or WELL FIELD <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or INTERTIE <input type="checkbox"/> COMBINATION or OTHER					
SEND REPORT TO: (Print Full Name, Address and Zip Code) Liaodi, Inc PO Box 20098 Seattle WASHINGTON 98133					

TYPE OF SAMPLE (check only one in this column)	
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: ___ Total ___ Free)
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	<input type="checkbox"/> Filtered
	<input type="checkbox"/> Untreated or Other
<input type="checkbox"/> RAW SOURCE WATER	Source # S 03
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input type="checkbox"/> Total Coliform
<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> Fecal Coliform

REMARKS:

(LAB USE ONLY) DRINKING WATER 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
OTHER LABORATORY RESULTS	
TOTAL COLIFORM ___ /100 ml	E. COLI ___ /100 ML
FECAL COLIFORM ___ /100 ml	PLATE COUNT ___ /ml
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"/>	<input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 08174598	DATE, TIME RECEIVED 2/22/01 1:50	RECEIVED BY KB
DATE REPORTED 2/23	LABORATORY: 458	

WATER BACTERIOLOGICAL ANALYSIS

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

Exhibit No. (DD-9)
Page 35 of 51

DATE COLLECTED MONTH DAY YEAR 02 / 26 / 01			TIME COLLECTED 9 : 15 <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. 26995H		CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B	
NAME OF SYSTEM Alder lake					
SPECIFIC LOCATION WHERE SAMPLE COLLECTED Well			TELEPHONE NO. DAY (206) 282-4200		
SAMPLE COLLECTED BY: (Name) Steve Landis			SYSTEM OWNER/MGR.: (Name)		
SOURCE TYPE <input type="checkbox"/> GROUND WATER UNDER SURFACE INFLUENCE <input type="checkbox"/> SURFACE <input checked="" type="checkbox"/> WELL or WELL FIELD <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or INTERTIE <input type="checkbox"/> COMBINATION or OTHER					
SEND REPORT TO: (Print Full Name, Address and Zip Code) Liaodi, Inc PO Box 20098 Seattle WASHINGTON 98133					

TYPE OF SAMPLE (check only one in this column)	
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: ___ Total ___ Free)
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	<input type="checkbox"/> Filtered
	<input type="checkbox"/> Untreated or Other
<input type="checkbox"/> RAW SOURCE WATER	Source # S 03
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input type="checkbox"/> Total Coliform
<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> Fecal Coliform

REMARKS:

(LAB USE ONLY) DRINKING WATER 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
OTHER LABORATORY RESULTS	
TOTAL COLIFORM ___ /100 ml	E. COLI ___ /100 ML
FECAL COLIFORM ___ /100 ml	PLATE COUNT ___ /ml
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"/>	<input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 08174612	DATE, TIME RECEIVED 2/26/01 3:00	RECEIVED BY 6
DATE REPORTED 2/27	LABORATORY:	

ILIAD, INC.
WELL TEST FORM

Well Pump Test Report
for the South Well (S0-1)
ALDERLAKE WATER SYSTEM
ID# 26995H, Pierce County

Exhibit No. ____ (DD-9)
Page 36 of 51

DATE 1/5/01

BY: Robert Overhus

LOCATION: South Well Alderlake Water System (S0-1)

4 HOUR TEST

TIME OF DAY (HR./MIN.)	PUMPING TIME (MIN.)	PUMP RATE (GPM)	DRAW DOWN (FT.)	DEPTH OF WATER (FT.)
1:20 AM	0	0	0	74' 3"
1:22	2 min.	40 GPM	11"	75' 2"
1:23	3 min.	40 GPM	11"	75' 2"
1:24	4 min.	40 GPM	11½"	75' 2½"
1:25	5 min.	40 GPM	12½"	75' 3½"
1:26	6 min.	40 GPM	13"	75' 4"
1:30	10 min.	40 GPM	1' 3½"	75' 6½"
1:35	15 min.	40 GPM	1' 5"	75' 8"
1:40	20 min.	40 GPM	1' 7"	75' 10"
1:45	25 min.	40 GPM	1' 9"	76' 0"

ILLIAD, INC.
WELL TEST FORM

Well Pump Test Report
for the South Well (SO-1)
ALDERLAKE WATER SYSTEM
ID# 26995H, Pierce County

Exhibit No. (DD-9)
Page 37 of 51

DATE: 1/5/01
BY: Robert Overhus

LOCATION: South Well Alderlake Water System (SO-1)

RECOVERY TEST

TIME OF DAY (HR./MIN.)	ELAPSED TIME (MIN.)	DEPTH OF WATER (FT.)	RECOVERY (FT.)
3:26 PM	1 min.	75' 2"	1' 8"
3:27	2 min.	74' 11"	2' 1"
3:28	3 min.	74' 10"	2' 2"
3:29	4 min.	74' 9"	2' 3"
3:30	5 min.	74' 8½"	2' 3-3/4"
3:35	10 min.	74' 6"	2' 4"

Invoice

Invoice Number: 31894
Invoice Date: Aug 6, 2001
Page: 1

Iliad, Inc.
P. O. Box 20098
Seattle, WA 98102



Voice: (206) 282 4200
Fax: (206) 764-3848

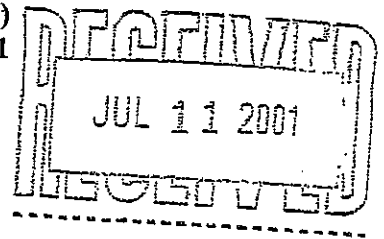
Sold To: Alderlake Water System
P. O. Box 20429
Seattle, WA 98102

Ship to:

Customer ID		Customer PO		Payment Terms	
ALDERL001				Net 10 Days	
Sales Rep ID		Shipping Method		Ship Date	Due Date
		US Mail			8/16/01
Quantity	Item	Description	Unit Price	Extension	
6.00		MPA test 8/7/01 24-hours, both wells			
6.00		Check location of storage tanks drain. Location to install new fill line			
2.00		Labor 8/6/01	75.00		450.00
		Labor 8/7/01	75.00		450.00
		MPA Tests DOH	400.00		800.00

Subtotal 1,700.00
Sales Tax 149.60
Total Invoice Amount 1,849.60
Payment Received
TOTAL 1,849.60

Check No:



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

20435 72nd Ave. S., Suite 200, K17-12 • Kent, Washington 98032-2358

July 9, 2001

DAVE DORLAND
ALDER LAKE WATER SYSTEM
PO BOX 20429
SEATTLE WA 98102

Subject: Alder Lake Water System (ID#26995H) Pierce County
Groundwater Under the Direct Influence of Surface Water (GWI) Determination
1st MPA Result for Well #1 (S01) and Well #2 (S02)

Dear Mr. Dorland:

My colleague, Jim Nilson, has reviewed the results of the first Microscopic Particulate Analysis (MPA) samples collected from the two Alder Lake wells. The results are summarized in the table below.

Source	MPA Sample Date	MPA Result
Well #1 (south, deepened, S01)	4/7/01	0 - Low Risk
Well #2 (north, not deepened, S02)	5/8/01	0 - Low Risk

The sample results of zero indicate a low risk to direct influence of surface water and satisfy the first MPA sample requirement that was noted in my December 19, 2000 letter to you.

Please plan on collecting the second set of MPA samples this or next month (July or August 2001).
Each well must be sampled at the same time with both wells operating.

If you have any questions regarding the requirements in this letter or the GWI program in general please do not hesitate to call me at 253-395-6763 or Jim Nilson at 253-395-6764.

Sincerely,

Derek Pell, PE
Regional Engineer
NW Drinking Water Operations

cc: Tacoma Pierce County Health Department
GWI file
Jim Nilson, DOH

State of Washington
Department of Health
INVOICE
PUBLIC HEALTH LABORATORIES
WATER BACTERIOLOGY

DAVE DORLAND
ALDER LAKE COMMUNITY WTR SYS
PO BOX 20098
SEATTLE WA 98102

Customer ID:
Invoice Number:
Invoice Date:
Billing Term:

ALDERLKOWS
20326
10/04/2001
Net Due in 30 Days

Reference No: MPA TESTING

DATE	DESCRIPTION	QTY	COST	AMOUNT
0/04/2001	LAB #0134 & 0135	2	\$400.00	\$800.00

Total \$800.00

- 1) For Billing questions, please contact MARY THOMPSON (206) 361-2819
- 2) Interest shall accrue at 12% per annum on past due balances
- 3) Make checks payable to Department of Health, Federal ID # 91-1444603

PAID

RECEIVED
OCT - 9 2001
RECEIVED

Please return bottom portion with your remittance

Please remit to:

ACCT RECEIVABLE
DEPARTMENT OF HEALTH
PO BOX 1099
1300 SE QUINCE
OLYMPIA WA 98507-1099
Federal ID # 91-1444603

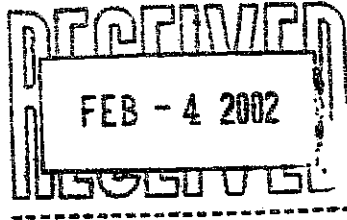


Exhibit No. ____ (DD-9)
Page 41 of 51

Account Number: ALDERLKCWS

Statement as of: 01/31/2002

Due Date	Doc Date	Doc Ref Nbr	Invoices/ Adjustments	Payments	Document Balance	Running Balance	Description
07/07/01	06/07/01	20186	400.00		400.00	400.00	MPA TESTING
10/31/01	11/15/01	00002542	4.08		404.08	404.08	Interest Charged
12/31/01	01/25/02	00002673	8.10		412.18	412.18	Interest Charged

Current	1 to 30 Days Past Due Date	31 to 60 Days Past Due Date	61 to 90 Days Past Due Date	Over 91 Days Past Due Date	Balance
\$0.00	\$0.00	\$8.10	\$0.00	\$404.08	\$412.18

LEAD, INC.
P.O. BOX 20098 206-282-4200
SEATTLE, WA 98102

Exhibit No. (DD-9)
Page 42 of 51

19-2/1250 W
22806

DATE 2/4/02

PAY TO THE ORDER OF State of Washington Dept. of Health \$****412.18****

Four Hundred Twelve Dollars and 18/100 DOLLARS

Bank of America



First Hill 02806
Washington

Sandra LeBaron

FOR Inv. 20186

⑈037646⑈ ⑆125000024⑆ 82787 403⑈

© 2002 American Express Bank

Security features
are indicated
Detail on back

MP

Iliad Water Services, Inc.
PO Box 20429
Seattle, WA 98102
(800) 928-3750

December 21, 2004

WUTC
PO Box 47250
Olympia, WA 98504-7250

VIA FAX 360-586-1130

Attn: Danny Kermode, C.P.A.

Re: Alderlake Water System - UW-041830 Assessment Charge

Dear Mr. Kermode:

In response to your letter of December 14, 2004, please find enclosed the following information.

1. Copy of the engineering plans and engineering report. The engineers estimate cost for the improvements are \$116,700.00 not \$166,770.00.
2. The engineering estimate concerning well construction refers to new piping for the wells per plan details. This work has not been completed.


The well drilling was completed in January 2001. This was necessary for the engineer to complete his engineering plans and report for DOH.

3. I manage and operate the Iliad Water Services, Inc. water systems. I subcontract out maintenance, repair and improvements to Iliad, Inc. and other subcontractors.
4. I was involved in the decision making meets; after taking into account all the facts I had Iliad, Inc. coordinate the deepening of the well because they were the original construction contractor for the Alderlake water system installation.
5. I am involved in the financing and providing of any subcontracts needed for the improvements. I review the engineering and any other reports and make the decisions on what is to be done based on the professional advise I receive.

- 6. The subcontractor bid from Sun Industries is referring to the note on the construction drawings, (original plan dated 4/24/2001 and revised 5/23/2001). The plans and specifications are enclosed.
- 7. The well deepening portion of the project has already been completed.
- 8. The customer count on Cascade Crest is 22 and Western Stavis is 19.

If you have any questions, please call me at (800) 928-2750.

Sincerely,


Derek Dorland
President

Cc: Richard Finnigan

Law Office of
Richard A. Finnigan
2405 Evergreen Park Drive SW
Suite B-1
Olympia, Washington 98502
Fax (360) 753-6862

Richard A. Finnigan
(360) 956-7001

Kathy McCrary, Paralegal
(360) 753-7012
Lisa Skelley, Legal Asst.
(360) 753-4679

March 22, 2005

Danny Kermode
Washington Utilities and Transportation Commission
1300 S. Evergreen Park Drive SW
Olympia, WA 98504-7250

RECEIVED
RECORDS MANAGEMENT
05 MAR 22 PM 1:13
STATE OF WASH.
UTIL. AND TRANSP.
COMMISSION

Re: Alderlake Water System - UW-041830

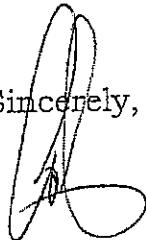
Dear Danny:

Enclosed you will find the Company's breakdown of improvement costs based upon what I interpreted as Commission Staff's position on what can be included in an assessment and what should be allocated as emergency response costs to a rate base calculation. Please review the allocations and let us know if you agree.

Based upon these costs, the customers would have a choice of paying a one-time assessment of \$2,773.00 or \$38.25 per month over ten years. The monthly charge is based upon the Company borrowing under a ten year loan at eleven percent interest.

Based on our conversations of last week and earlier today, it is my understanding that you should be able to get back to me in the next couple of days on what process we can follow to get this matter resolved. I appreciate your help in addressing these issues.

Sincerely,



RICHARD A. FINNIGAN

RAF/km
Enclosure
cc: Client (via e-mail)

Alderlake Water Company
Improvements Costs

COMPLETED WORK

<u>Description</u>	<u>Assessment Charge</u>	<u>Rate Base</u>
Engineering	7,384.40	
Well Drilling		2,220.00
Water Truck		4,740.00
DOH Engineering Review Fee	603.00	
Sample Test Cost		260.00
IOC		290.00
VOC		250.00
Nitrate		17.00
MPA Test	1,600.00	
Iliad Mark-up	324.00	123.00
Labor MPA Test	1,869.00	10,916.00
MPA Test	116.00	415.00
Total	11,896.00	19,231.00

UNCOMPLETED WORK

SUBCONTRACTOR BIDS

Construction cost for new chlorine Disinfection system	68,020.00
--	-----------

<u>Description</u>	<u>Assessment Charge</u>	<u>Rate Base</u>
--------------------	------------------------------	----------------------

ESTIMATED COST FOR EXCLUSIONS

Clearing of all utility right-a-way, locating All valves, main water line and services	3,500.00	
Electrical to pump house, fees	1,000.00	
Inspection DOH, fees	2,400.00	

ADMINISTRATION

Construction contingency	5,770.00	
W.S.S.T.	9,190.00	
Financing and underwriter fees	6,367.00	
Total capital costs	108,143.00	

Improvement assessment per water customer total capital cost of \$108,143.00 divided by 39 customers equal \$2,773.00.

Danny Kermode, 10:33 AM 4/28/2005, Alderlake Water System

To: Danny Kermode <dkermode@wutc.wa.gov>
From: Richard Finnigan <rickfinn@ywave.com>
Subject: Alderlake Water System
Cc:
Bcc:
Attached:

In response to the issues that you raised concerning the elements that comprise the surcharge, the Company has come back with the following information that they want to bring to your attention:

1. First, as to line numbers 4 and 5 labeled MPA Testing, the Company believes this item should be part of the engineering and new construction costs. Microscopic particulate analysis (MPA) was required by DOH to determine whether the engineering and construction would need a filtering system or chlorination system. As a result, this is preliminary testing that was required to determine the scope of the project. It should be included as part of the construction and engineering.

2. Line 12 - While the Company labeled this item as DOH inspection fees, what it actually means is the cost of the design engineer's inspection to see that the new system is installed correctly, tested and meets the engineering standards. The engineer is then required to provide a certification report to the Department of Health. This is why the Company views this as a DOH inspection fee. The fees are actually paid to the Company's engineer, but the inspection report is a part of the requirements from DOH in order for the project to be approved.

3. As to Line 14 Contingency, the Company thinks that including a contingency charge is prudent. For example, since the job was originally bid in early fall of 2004, piping prices have increased. The Company is developing the documentation to bring to your attention on this increase in pipe costs. Perhaps one way to handle this would be to have a true-up after the project is completed. If the contingency is not needed, then the surcharge would be reduced. On the other hand, if the contingency proves to be accurate or even an underestimate, the surcharge would be increased. The length of time between bidding the project and construction does pose some problems in making sure that the numbers are accurate. The Company is perfectly willing to live with a true-up mechanism.

As an additional item, the Company needs to point out that the sales tax has increased from 8.6% to 8.8%. That obligation to the state of Washington needs to be reflected in the final numbers.

Please let me know your thoughts on these items. The Company would very much like to move this forward as quickly as possible.

Rick Finnigan
(360) 956-7001
(360) 753-6862 (fax)

*Sent 4/28/05
10:33
KM 1*

Danny Kermode, 10:33 AM 4/28/2005, Alderlake Water System

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COPY

ILIAD WATER SERVICES, INC.
PO BOX 20429
SEATTLE, WA 98102
(800) 928-3750

COPY

May 18, 2005

WUTC
PO Box 47250
Olympia, WA 98504-7250VIA FAX 360-586-1130
MAILRe: Alderlake Water System -- UW 041830 Assessment Charges
In response to your 5/5/2005 and 5/6/2005 letters

Dear Mr. Kermode:

We apologize for the confusion in our category figures etc. for example engineering fees, contingency charges.

The original bids solicited in August 2004 was to determine the assessment amount to present to the WUTC for approval. Most contractors bid quotation are only good for 30-90 days.

Because of the length of time and possible increased costs the water company will be re-bidding the project.

Now that we understand the WUTC only wants to deal with firm costs our request for proposal will eliminate exclusions and contingencies.

In response to the three (3) issues in your May 6, 2005 letter we offer the following:

Microscopic Particulate Analysis Costs

Our engineer believes that the MPA tests should be part of the cost of engineering and now improvement. DOH letter of 12/2000, item 3 directed the water company to perform a MPA tests to determine weather filtration is required along with disinfection. Our engineer calls the MPA tests feasibility engineering a cost necessary for engineering determination. If the tests were positive additional engineering and improvement would have been required.

The engineer feels the District Engineer requesting the tests should respond to the cost placement.

Inspection Fees

We agree that Mr. McDonnell April 2004 estimated the fees to be \$1,500. The estimated costs also had a contingency amount. Most engineers work on a time and material bases. Inspection fees can escalate due to contractor performance and change in conditions on the job site. We will have Mr. McDonnell provide a fix fee for inspection.

Contingency Charge


All construction projects contain a contingency charge for change in conditions and additional work. Most contractors do not include a contingency amount. They will bid on what is known and exclude the item that are unknown or can only be performed on time and material bases.

The contingency provided in our spread sheet was taking into consideration the exclusions and time and material costs not included on the contractors August 2004 bid proposal.

Within the next three weeks we will be providing new proposals for your review.

If you have any questions, please call.

Sincerely,



Derek Dorland
President

Cc: Rick Finnigan