35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gci.net

PLEASE READ INSTRUCTIONS ON BACK PRINT ALL INFORMATION Test Requires ADVANCE NOTICE Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter Client Lab Use Only Kenai Watershed Forum Name Lab Number Mailing 44129 Sterling Highway Address Soldotna, AK 99669 Phone: 907-953-2605 Email/Fax: O Residential Water System O Public Water System ID No. Sample Information: TRIBUTARY Kenai River Legal Description: Mile () - NO NAME CREEK Sample Location: Date: 7-21-2015 Time: //:15a KPB Bv: Sampled: **♥** Routine Sample Type: O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (O Treated (chlorine, UV, etc.) Disinfection: O Untreated Date: <u>7-21-/5</u> Time: <u>0/:20 p</u> Relinguished: Time: (20 Date: ZLIVL415 Received: Paid: O Rejected Comments: Condition: Satisfactory This report is for the exclusive use of the party to whom it is addressed.

By submitting a sample for testing to Tauriainen Engineering & Testing, Inc. (TET), the Client agrees to the terms and conditions on reverse ↓ To be filled out by Lab ↓ Analyst: 57 Time Test Started: 1275 Date Test Started: 213-13 TEST RESULTS (SM 9222D) Time Analyst Date Colonies/100 ml Direct Count O Negative for Fecal Coliform Unsatisfactory Satisfactory Comments:

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PLEASE READ INSTRUCTIONS ON BACK PRINT ALL INFORMATION Test Requires ADVANCE NOTICE Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter Client Name Kenai Watershed Forum Lab Use Only Lab Number Mailing 44129 Sterling Highway **Address** Soldotna, AK 99669 Phone: 907-953-2605 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No. Kenai River TRIBUTARY (DUPLICATE) Legal Description: No NAME CREEK (DUPLECATE) Sample Location: Mile Sampled: Date: 7-21-2015 Time: //: 20 a By: **嗲** Routine Sample Type: O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (_ Disinfection: O Untreated O Treated (chlorine, UV, etc.) Relinquished: Date: 7-21-15 Time: () / : 20 b Date: ZIJULYIS Time: 1,20 Received: By: Paid: Condition: Satisfactory O Rejected Comments: This report is for the exclusive use of the party to whom it is addressed. By submitting a sample for testing to Tauriainen Engineering & Testing, Inc. (TET), the Client agrees to the terms and conditions on reverse ↓ To be filled out by Lab ↓ Date Test Started: 21 3~ Time Test Started: Analyst: -**TEST RESULTS (SM 9222D)** Time Date **Analyst** Direct Count Colonies/100 ml O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies + O Satisfactory O Unsatisfactory Comments:

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FECAL C	OLIFORI	M BACTERIA ANALYS	sis by Memb	rane Filt	ter			
Client Name		/atershed Forum	·		Lab Use 0		199	7
Mailing	44129 S	Sterling Highway		-	Lab Nun	nber <u>795</u>	<u> </u>	
Address	Soldotna	a, AK 99669		-	Phone: 9	07-953-2605		
				-	Email/Fa	ix:		
Sample In:	formation	n: O Residential V	Vater System	O P	Public Wate	er System ID	No	
Legal Des	cription:	Kenai River MAI	_	٠.		n Oyolom ID		
Sample Lo	cation:	Mile 1.5 - KE		Dock				
Sampled:		Date: 7-21-2015			Ву:ј	KPB		
Sample Ty	pe:	✓ Routine	O Special					
		O Check Sample (For						
Disinfectio	n:	O Untreated	O Treated	(chlorine,	UV, etc.) _			
Relinquish	ed:	Date: <u>7-21-15</u>	Time: OL	·20 _р в	y S	2700	5	
Received:		Date: 2JULYIO	Time:	<u> </u>	y:	w_	Paid:	
Condition:		Satisfactory	C) Rejecte	d Co	mments:		
	By subm	This report is fo atting a sample for testing to Tauriainen E	r the exclusive use of the ingineering & Testing, Inc	e party to whom it c. (TET), the Clier	is addressed. nt agrees to the te	erms and conditions or	n reverse.	
			To be filled o		Selection of the Selection			
Date Test S	itarted: 2	15-1715 T	ime Test Starte	ed: 1600)	Analy	st: <u>\$7</u>	The Market and Mark the high and Common As about Producting of the second
EST RESU	JLTS (SM	Ţ		ate	 Tir			Analyst
Direct Coun	t&	<u> </u>	nl <u>-</u>	223-17	15 (600		57
	_	ative for Fecal Coliform	0:-					
	Posi	itive for Fecal Coliform -	# Colonies 8	<u> </u>				
		sfactory O Unsati						
Comments:							<u> </u>	
			 .				<u>-</u>	

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FECAL C	OLIFORI	M BACTERIA ANALYS	<i>is</i> by Memb	rane F	ilter			
Client Name	Kenai W	atershed Forum			14 22 20 20 20 20 20 20 20 20 20 20 20 20	ise Only	5-13) 2
Mailing	44129 Sterling Highway				Lab	Number <u>(9</u>	<u>3 1 2</u>	Mariana Mariana
Address	Soldotna	ı, AK 99669		•	Phor	1e : 907-953-260)5	and the second s
					Emai	il/Fax:		
Sample In	formation	n: O Residential W	/ater Svstem	O	Public V	Vater System II) No	
Legal Des	cription:		NSTEM			valor Oyotom is		
Sample Lo	cation:	Mile 6.5 - Cu		m P.	ARK			
Sampled:		Date: <u>7-21 - 2015</u>	Time: <u>09</u>	:35a	By:	USFWS		
Sample Ty	pe:	✓ Routine	O Special	Purpose				
		O Check Sample (For p	orevious unsatisfa	ctory samp	ole with lab	number (_)
Disinfectio	n:	O Untreated	O Treated	(chlorine	UV, et	c.)		
Relinquish	red:	Date: <u>7-21-15</u>	Time:	350	By:	805		
Received:		Date: ZUUL4/5	Time:	10	Ву:	thu	Paid:	
Condition:		Satisfactory) Rejec	ted	Comments: _		
	By subm	This report is for itting a sample for testing to Tauriainen Er	the exclusive use of the	party to whore. (TET), the (n it is address Client agrees to	ed. o the terms and conditions	on reverse.	
			To be filled o					
Date Test S	Started: 2	CITALI TI	me Test Starte	ed: [60	0	Ana	lyst: 57	
TEST RESI		1		ate		Time	.you <u></u> -	Analyst
Direct Coun	ıt	<u>3</u>	nl	Z2J.	3/7/5	1600		72
	O Neg	ative for Fecal Coliform	-					
	Pos	itive for Fecal Coliform - a	# Colonies 3	<u>4</u>				
	O Sati	sfactory O Unsati	sfactory					
Comments:			···					
			. <u></u>					·
				<u></u>				

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Client Name Kenai Watershed Forum 44129 Sterling Highway Soldotna, AK 99669 Phone: 907-953-2605 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No. Legal Description: Kenai River TRIBUTARY Sample Location: Mile IO BEAVER CREEK Sampled: Date: 7-21-26 IS Time: 10:27a By: USFWS Sample Type: O Routine O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (Disinfection: O Untreated O Treated (chlorine, UV, etc.) Received: Date: 7-21-15 Time: 02:10 By: Paid: Received: Date: 10:210 By: Paid: Condition: Rejected Comments: This report is for the exclusive use of the party to whom it is addressed. By submitting a sample for testing to faurishene Engineering & Testing, Inc. (TET), whom it is addressed. By submitting a sample for testing to faurishene Engineering & Testing, Inc. (TET), whom it is addressed. By submitting a sample for testing to faurishene Engineering & Testing, Inc. (TET), whom it is addressed.	nbrane Filter
### Address Address Address Soldotna, AK 99669 Phone: 907-953-2605 ### Sample Information: O Residential Water System O Public Water System ID No. ### Legal Description: Kenai River	Lab Use Only 70% 237
Soldotna, AK 99669 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No. Legal Description: Kenai River TAIBUTARY Sample Location: Mile 10 BEAVEA CREEK Sampled: Date: 7-21-2015 Time: /0.27a By: USFWS Sample Type: O Check Sample (For previous unsatisfactory sample with lab number (Disinfection: O Untreated O Treated (chlorine, UV, etc.) Relinquished: Date: 7-21-15 Time: 02:10 By: Paid: Received: Date: 2100415 Time: 210 By: Paid: Condition: O Rejected Comments:	Lab Number <u>van van</u>
Sample Information: O Residential Water System O Public Water System ID No. Legal Description: Kenai River TRIBUTARY Sample Location: Mile 10 - BEAVER CREEK Sampled: Date: 7-21-2015 Time: 10:27a By: USFWS Sample Type: O Check Sample (For previous unsatisfactory sample with lab number () Disinfection: O Untreated O Treated (chlorine, UV, etc.) Relinquished: Date: 7-21-15 Time: 02:10 By: FW Paid: Condition: O Rejected Comments:	Phone: 907-953-2605
Legal Description: Kenai River TRIBUTARY Sample Location: Mile IO - BEAVEA CREEK Sampled: Date: 7-21-20 15 Time: IO: 27a By: USF W.S Sample Type: © Routine © Special Purpose © Check Sample (For previous unsatisfactory sample with lab number (— Email/Fax:
Legal Description: Kenai River TRIBUTARY Sample Location: Mile IO - BEAVEA CREEK Sampled: Date: 7-21-2015 Time: /O:27a By: USFWS Sample Type: © Routine O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (── ∩ O Public Water System ID No.
Sample Location: Mile 10 - BEAVEA CREEK Sampled: Date: 7-21-2615 Time: 10.27a By: USFWS Sample Type: Routine O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number () Disinfection: O Untreated O Treated (chlorine, UV, etc.) Relinquished: Date: 7-21-15 Time: 02:10 By: 4w Paid: Received: Date: 210415 Time: 210 By: 4w Paid: Condition: Satisfactory O Rejected Comments:	•
Sample Type: O Routine O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number () Disinfection: O Untreated O Treated (chlorine, UV, etc.) Relinquished: Date: 7-21-15 Time: 02:10 By: 4w Paid: Condition: O Rejected Comments:	EEK
Sample Type:	5:27a By: USFWS
Disinfection: ○ Untreated ○ Treated (chlorine, UV, etc.) Relinquished: Date: 7-21-15 Time: 02:10 By: 40 Paid: Pa	
Disinfection: ○ Untreated ○ Treated (chlorine, UV, etc.) Relinquished: Date: 7-21-15 Time: 02:10 By: 40 Paid: Pa	sfactory sample with lab number ()
Received: Date: ZIJULY IS Time: ZIO By: ₩ Paid: Condition: Satisfactory O Rejected Comments:	
Received: Date: ZIJULY IS Time: ZIO By: ₩ Paid: Condition: Satisfactory O Rejected Comments:	2:10 By:
o risjonal comments.	
This report is for the exclusive use of the party to whom it is addressed. By submitting a sample for testing to Tauriainen Engineering & Testing. Inc. (TET). the Client agrees to the terms and conditions on reverse	O Rejected Comments:
	of the party to whom it is addressed.
U To be filled out by Lab ↓	
Date Test Started: 2111/15 Time Test Started: 1825 1810 Analyst: 57	1910
TEST RESULTS (SM 9222D) Date Time Analyst	Date Time Analyst
Direct Count 32 Colonies/100 ml 227/15 (810 27	5527/12 (810 2)
O Negative for Fecal Coliform	
Positive for Fecal Coliform - # Colonies	<u>, 7</u>
O Satisfactory O Unsatisfactory	
Comments:	

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

Client Name	Kenai W	atershed Forum			Lab Use Only: つん	(4328
Mailing	44129 S	terling Highway			Lab Number	
Address	Soldotna	a, AK 99669		<u> </u>	Phone: 907-953-260	5
				•	Email/Fax:	
Sample In	formation	n: O Residential W	ater System	O Pi	ublic Water System ID	No
Legal Desc			NSTEM	.	asis traisi system is	
Sample Lo	cation:	Mile 10.1 - K		VER		
Sampled:		Date: 7-21-2015		_	By: USFWS	
Sample Ty	pe:					
		O Check Sample (For p			with lab number (
Disinfectio	n:	O Untreated	O Treated			
Relinquished: Date: 7-21-15 Time: 02:10 By:						
Received:		Date: 71JULY 15	Time: Z	<u>/0</u> By	1 Du	Paid:
Condition:		Satisfactory) Rejected	Comments:	
	By subm	This report is for itting a sample for testing to Tauriainen En	the exclusive use of the gineering & Testing, In-	e party to whom it is c. (TET), the Client	s addressed. t agrees to the terms and conditions o	on reverse.
			To be filled o			
Date Test S	started: 2	MINJ Tin	ne Test Starte	ed: <u>18</u> 25	Analy	yst: <u>\$7</u>
TEST RESU	JLTS (SM	9222D)		ate	Time	Analyst
Direct Coun	t	Colonies/100 m	· <u> </u>	12771	1 (852)	<u> </u>
	O Neg	ative for Fecal Coliform		·		
	Posi	itive for Fecal Coliform - #	Colonies			
		sfactory O Unsatis	factory			
Comments:						

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PLEASE READ INSTRUCTIONS ON BACK PRINT ALL INFORMATION Test Requires ADVANCE NOTICE Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter
Client

Name	Kenai W	atershe	d Forum				Jse Only 7)(S-1	279		
Mailing	44129 S	terling F	lighway			Lau	Number <u>U</u>		The part of particles		
Address	Soldotna, AK 99669						Phone: 907-953-2605				
						Ema	nil/Fax:				
Sample In	formation):	O Residential	Water Syste	m (O Public '	Water System	ID No.			
Legal Des	cription:	Kena	i River Maj	INSTEM							
Sample Le	ocation:	Mile	12.5 -	PILLA	र ऽ						
Sampled:		Date:	7-21-2015	Time: _/	11:14a	Ву: _	USFWS				
Sample Ty	/pe:	 Ø∕ Ro	utine	O Spec	ial Purpos	e					
		O. Ch	eck Sample (Fo	r previous unsa	tisfactory san	nple with lat	number ()		
Disinfection: O Untreated O Treated (chlorine, UV, etc.)											
Relinquisl	hed:	Date:]	7-21-15	Time: <u><i>0</i></u>	2: 10p	By	Dec S		-		
Received:		Date: _	ZNU415	Time:	2:10	Ву:	Hw	Paid: _			
Condition	:	Sat	tisfactory		O Reje	ected	Comments: _				
	By submi	itting a sampl	This report is a e for testing to Tauriainen.	for the exclusive use Engineering & Testir	of the party to wh	om it is address e Client agrees	sed. to the terms and condition	ns on reverse			
				To be fille							
Date Test S	Started: <u>(</u>	クけい	Debruaria de Richardo (n. 1965).	Time Test St		25	Ana	_{alyst:} S	7		
TEST RES	ULTS (SM	9222D)	•		Date		 Time		Analyst		
Direct Cour	nt <i>1</i>	5	_Colonies/100	ml	227	4715	1852		57		
	O Neg	ative for	Fecal Coliform								
	Posi	itive for	Fecal Coliform	# Colonies_	<u>~</u>						
	O Satis	sfactory	O Unsa	tisfactory							
Comments	:						· .				
	••••	,									

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Positive for Fecal Coliform - # Colonies

O Unsatisfactory

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter Client Name Kenai Watershed Forum Lab Use Only Lab Number Mailing 44129 Sterling Highway Address Soldotna, AK 99669 Phone: 907-953-2605 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No. Legal Description: MAINSTEM Kenai River COVE Sample Location: - POACHERS Mile Date: 7-21-2015 Sampled: Time: //:56a By: USFWS Sample Type: ▼ Routine O Special Purpose _____ O Check Sample (For previous unsatisfactory sample with lab number (____ Disinfection: O Untreated O Treated (chlorine, UV, etc.) Date: 7-21-15 Relinguished: Time: <u>()2:10 p</u> By: (Received: Date: ZIJULY IS Time: 25/10 Paid: ____ Condition: Satisfactory O Rejected Comments: This report is for the exclusive use of the party to whom it is addressed.

By submitting a sample for testing to Tauriainen Engineering & Testing, Inc. (TET), the Client agrees to the terms and conditions on reverse I To be filled out by Lab 4 Date Test Started: 21717 Time Test Started: \ Analyst: TEST RESULTS (SM 9222D) Date Time **Analyst** Direct Count Colonies/100 ml O Negative for Fecal Coliform

Comments:

O Satisfactory

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

Client Name	Kenai W	atershed Forum		,	Lab I	Jsé Only 7 Number 2	015.4	5 4
Mailing	44129 Sterling Highway				Lab	Number <u>C</u>		
Address	Soldotna	, AK 99669			Pho	ne : 907-953-2	:605	
					Ema	nil/Fax:		,
Sample In	formation	: O Residential W	ater System) Public	Water System	ID No	
Legal Des	cription:	Kenai River TRIB	uTARY					
Sample Lo	ocation:	Mile 19 - SLT	OK CREE	K				
Sampled:		Date: 7-21-20 15	Time: <u>///</u> :	00 p	By: _	ADFG /	KWF	
Sample Ty	/pe:	✓ Routine	O Special					
		O Check Sample (For p	revious unsatisfa	ctory sam	ple with lat	b number (_)
Disinfectio	on:	O Untreated						
Relinquish	red:	Date: <u>7-21-15</u>	Time: <u>02</u>	10 p	Ву	B (2)		
Received:		Date: ZUULY 15		,	By:	HW	Paid: _	
Condition:	:	Satisfactory	_) Reje	cted	Comments:		
	By submi	This report is for t itting a sample for testing to Tauriainen En	he exclusive use of the	e party to who	m it is address	sed.	·	
			o berfilled o			to the terms and condit	ions on reverse.	
Date Test S	Started: _2		ne Test Start		#24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Aı	nalyst: <u>S</u>	7
TEST RES	ULTS (SM	<i>'</i>		ate		Time		Analyst
Direct Cour	nt	Colonies/100 m	_	223	1715	_ 1930		S7
	O Neg	ative for Fecal Coliform			,			
	Posi	itive for Fecal Coliform - #	Colonies 5					
	O Satis	sfactory O Unsatis	factory					
Comments:	:							

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PLEASE READ INSTRUCTIONS ON BACK PRINT ALL INFORMATION Test Requires ADVANCE NOTICE Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter Client Name Kenai Watershed Forum Lab Use Only **Lab Numbe** Mailina 44129 Sterling Highway Address Soldotna, AK 99669 Phone: 907-953-2605 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No._____ Legal Description: Kenai River MAINSTEM 21 - SOLDOTNA BRIDGE Sample Location: Time: 10:06a BY: _ ASFG /KWF Date: 7-21-2015 Sampled: Sample Type: O Special Purpose ___ O Check Sample (For previous unsatisfactory sample with lab number (____ Disinfection: O Untreated O Treated (chlorine, UV, etc.) Date: 7-21-15 Time: 0/ 20p Relinquished: Date: ZIJULY15 Time: 1.20 Received: Paid: ____ Condition: Satisfactory O Rejected Comments: This report is for the exclusive use of the party to whom it is addressed.

By submitting a sample for testing to Tauriainen Engineering & Testing, Inc. (TET), the Client agrees to the terms and conditions on reverse To be filled out by Lab Date Test Started: 213-1/15 Time Test Started: Analyst: TEST RESULTS (SM 9222D) Date Time Analyst Direct Count Colonies/100 ml O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies O Satisfactory Unsatisfactory Comments:

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PLEASE READ INSTRUCTIONS ON BACK PRINT ALL INFORMATION Test Requires ADVANCE NOTICE Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter Client Name Kenai Watershed Forum Lab Use Only Lab Number Mailing 44129 Sterling Highway Address Soldotna, AK 99669 Phone: 907-953-2605 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No._____ Legal Description: Kenai River TRIBUTARY 22 - SOLDOTNA CREEK Sample Location: BY: ADFG Time: 09:15a Date: 7-21-2015 Sampled: Sample Type: O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (_____ Disinfection: O Untreated O Treated (chlorine, UV, etc.) Date: 7-21-15 Time: 0/:20_A Relinguished: Date: 214415 Time: 1.20 Received: By: Paid: Condition: Satisfactory O Rejected Comments: This report is for the exclusive use of the party to whom it is addressed.

By submitting a sample for testing to Tauriainen Engineering & Testing, Inc. (TET), the Client agrees to the terms and conditions on reverse. Us To be filled out by Lab 4 Analyst: 5 Date Test Started: 21ブイック Time Test Started: 1600 TEST RESULTS (SM 9222D) Date Time **Analyst** 57/1/L 25 1600 Colonies/100 ml Direct Count O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies O Satisfactory O Unsatisfactory Comments: ____

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Kenai Watershed Forum

Name

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter
Client

				_		/6	I = III	\$ \$ 7 : 2	
Mailing	44129 S	terling Highway		_	Labil	Number <u>C</u>			
Address	Soldotna	Soldotna, AK 99669			Phone : 907-953-2605				
				_	Emai	I/Fax:			
Sample In	formation	n: O Residential	Nater System	(O Public V	Vater System ID	No		
Legal Des	cription:	Kenai River M	INSTER						
Sample Lo	ocation:	Mile 23 - 5v	JI FT WAT	ER	PARK				
Sampled:		Date: 7-21-2015	Time: _//	:30 a	Ву:	ADF6 / K	(wF		
Sample Ty	/pe:	✓ Routine	O Specia						
		O Check Sample (For	previous unsatisf	actory san	nple with lab	number (_)	
Disinfection	on:	O Untreated	O Treate	d (chlori	ne, UV, etc	s.)			
Relinquisl	hed:	Date: 7-21-15	Time: _ <i>02</i>	:10p	By:	8113			
Received:		Date: ZUUL915	Time: Z	;/O <u> </u>	Ву:	DW	Paid:		
Condition	:	Satisfactory		O Reje	ected	Comments:			
	By subm	This report is f nitting a sample for testing to Tauriainen	or the exclusive use of t Engineering & Testing I	he party to wh	nom it is addresse e Client agges to	ed.	On foverse		
			To be filled:						
Date Test S	Started: 7	217-1715	Гime Test Star	ted: _	(30	_ Anal	yst:	7	
TEST RES	ULTS (SN	9222D)		Date		Time	•	Analyst	
Direct Cour	nt	Colonies/100	ml	527	1715	(930		S-7	
	O Neg	jative for Fecal Coliform			,	.			
	Pos	itive for Fecal Coliform -	# Colonies	<u> </u>					
	O Sati	sfactory O Unsa	isfactory						
Comments:	<u> </u>								
				<u></u>	<u> </u>				
								. —	

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter Client Name Kenai Watershed Forum **Lab Use Only** Lab Number Mailing 44129 Sterling Highway Address Soldotna, AK 99669 Phone: 907-953-2605 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No. Legal Description: Kenai River TRIBUTARY 30 - FUNNY RIVER Sample Location: Date: 7-21-2015 Sampled: Time: ()9.//a By: CIAA **♥** Routine Sample Type: O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (____ Disinfection: O Untreated O Treated (chlorine, UV, etc.) Date: 7-21-15 Relinguished: Time: 0/20p Time: _______ By: ____ Received: Date: ZNUHIS MU Paid: Condition: Satisfactory O Rejected Comments: This report is for the exclusive use of the party to whom it is addressed.

By submitting a sample for testing to Tauriainen Engineering & Testing, Inc. (TET), the Client agrees to the terms and conditions on reverse To be filled out by Lab 🖖 Date Test Started: 21プイン15 Time Test Started: Analyst: TEST RESULTS (SM 9222D) Date Time **Analyst** Direct Count 17 Colonies/100 ml O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies 17 O Satisfactory Unsatisfactory Comments:

35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gci.net

PLEASE READ INSTRUCTIONS ON BACK PRINT ALL INFORMATION Test Requires ADVANCE NOTICE Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter Client Name Kenai Watershed Forum Lab Use Only Lab Number Mailing 44129 Sterling Highway Address Soldotna, AK 99669 Phone: 907-953-2605 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No.___ Legal Description: MAINSTEM Kenai River Sample Location: Mile 31 - MORGANS LANDING Sampled: Date: 7-21-2015 Time: 10:35a By: CIAA Sample Type: O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (______ Disinfection: O Untreated O Treated (chlorine, UV, etc.) Date: 7-21-15 Time: 0/200 By: 6 Relinguished: Received: Date: 41JULY 15 Time: 1,20 By: Paid: ____ Condition: Satisfactory O Rejected Comments: This report is for the exclusive use of the party to whom it is addressed.

By submitting a sample for testing to Tauriainen Engineering & Testing, Inc. (TET), the Client agrees to the terms and conditions on reverse lo be filled to ulaby deal of 71810 Date Test Started: 21 Time Test Started: 1 Analyst: TEST RESULTS (SM 9222D) **Date Time Analyst** Direct Count 2231415 Colonies/100 ml O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies O Satisfactory O Unsatisfactory Comments:

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FECAL C	COLIFORI	II BACTERIA ANALYSI	s by Memb	orane Fi	ilt <u>er</u>			
Client Name	Kenai W	atershed Forum		_		seOnly <	/OIQ_1	7.17 <u>~</u>
Mailing	44129 Sterling Highway			-	Lab J	lumber(L andra de la calcada. Landra de la calcada
Address	Soldotna	a, AK 99669		•	Phon	e: 907-953-	-2605	and the second seco
			-	•	Emai	I/Fax:		
Sample in	formation	n: O Residential W	/ater System	- · o	Public V	Vater Syste	m ID No.	
Legal Des	cription:		BUTARY			•		
Sample Lo	cation:	Mile 36 - Mo	OSE RI	VER	·			
Sampled:		Date: 7-21-2015	Time: <u>/</u> 6	:06a	Ву:	CIAA	ī	
Sample Ty	pe:	⊗ Routine	O Special	Purpose				
•		O Check Sample (For p	orevious unsatisfa	actory samp	le with lab	number (*****)
Disinfectio	on:	O Untreated	O Treated	d (chlorine	e, UV, etc	c.)		
Relinquish	red:	Date: 7-21-15	Time: _//.	:20p	By:	3		
Received:		Date: <u>21/04/5</u>	Time:	20	Ву:	Hu	Paid:	
Condition:		Satisfactory	(O Rejec	ted	Comments	s:	
	By subm	This report is for itsting a sample for testing to Tauriainen Ei	the exclusive use of th ngineering & Testing, In	ne party to whom nc. (TET), the C	n it is addresse Client agrees to	ed. o the terms and con	ditions on reverse	
			no bealleir	Milby La	5 W (1			
Date Test S	Started: 2	7154715 TI	ime Test Start	ted: 48	25-1	810	Analyst:	57
TEST RESI	ULTS (SM	1 9222D)	Ĺ	Date		Time	•	Analyst
Direct Cour	nt	Colonies/100 m	nl _	223-1	15	18(0		57
	O Neg	ative for Fecal Coliform			•			
	Pos	itive for Fecal Coliform -	# Colonies	<u>3</u>				
	O Sati	sfactory O Unsati	sfactory					
Comments:		<u> </u>		- · 			 	
					 ·			·
					<u>-</u>	<u> </u>		

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PLEASE READ INSTRUCTIONS ON BACK PRINT ALL INFORMATION Test Requires ADVANCE NOTICE Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter Client Name Kenai Watershed Forum Lab Use Only Mailing 44129 Sterling Highway **Address** Soldotna, AK 99669 Phone: 907-953-2605 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No._____ (DUPLICATE TRIBUTARY Legal Description: Kenai River 36 - MOOSE RIVER (DUPLICATE) Sample Location: Date: 7-21-2015 Time: 10 0 4a BV: CIAA Sampled: Sample Type: O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (O Treated (chlorine, UV, etc.) Disinfection: O Untreated Date: 7-21-15 Time: <u>0/:20</u> By: £ Relinguished: Date: ZIJULYIS Received: Time: / 20 By: Paid: Condition: O Rejected Satisfactory Comments: This report is for the exclusive use of the party to whom it is addressed.

By submitting a sample for testing to Tauriainen Engineering & Testing, Inc. (TET), the Client agrees to the terms and conditions on reverse United tilled out by all the Date Test Started: 213-1/15 Time Test Started: TEST RESULTS (SM 9222D) Date Time Analyst Direct Count Colonies/100 ml O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies Satisfactory Unsatisfactory Comments: ____

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PLEASE READ INSTRUCTIONS ON BACK PRINT ALL INFORMATION Test Requires ADVANCE NOTICE Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter Client Lab Use Only Name Kenai Watershed Forum Lab Number 44129 Sterling Highway Mailing **Address** Soldotna, AK 99669 Phone: 907-953-2605 Email/Fax: O Public Water System ID No. Sample Information: O Residential Water System MAINSTEM Legal Description: Kenai River LANDING Sample Location: BINGS Mile AKOND Time: //:32a Date: 7-21-2015 AK DEC Bv: Sampled: Sample Type: Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (O Treated (chlorine, UV, etc.) Disinfection: Untreated Date: 7-21-15 Time: 0/:20p Relinquished: Time: 1.20 Date: 2(1)0415 By: Paid: Received: O Rejected Comments: Condition: Satisfactory This report is for the exclusive use of the party to whom it is addressed.

By submitting a sample for testing to Tauriainen Engineering & Testing, Inc. (TET), the Client agrees to the terms and conditions on reverse ↓ To be filled out by Lab ↓ Date Test Started: 200 Time Test Started: TEST RESULTS (SM 9222D) Date Time Analyst Colonies/100 ml Direct Count O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies Satisfactory Unsatisfactory Comments:

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PLEASE READ INSTRUCTIONS ON BACK PRINT ALL INFORMATION Test Requires ADVANCE NOTICE Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter Client Name Kenai Watershed Forum Lab Use Only Lab Number Mailing 44129 Sterling Highway **Address** Soldotna, AK 99669 Phone: 907-953-2605 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No. Kenai River MAINSTEM Legal Description: 43 - UPSTREAM OF Dow ISLAND Sample Location: Mile Date: 7-21-2015 AK DNR Sampled: Time: 10:04a AK DEC Sample Type: Routine Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (_____ Disinfection: O Untreated O Treated (chlorine, UV, etc.) Date: 7-21-15 Time: 0/201 Relinquished: Time: じつつ Date: 2111415 Received: By: Paid: Condition: Satisfactory O Rejected Comments: This report is for the exclusive use of the party to whom it is addressed.

By submitting a sample for testing to Tauriainen Engineering & Testing, Inc. (TET), the Client agrees to the terms and conditions on reverse. ↓ To be filled out by Lab ↓ Date Test Started: てばい Time Test Started: Analyst: **TEST RESULTS (SM 9222D) Date** Time **Analyst** Direct Count ____ Colonies/100 ml O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies 1 O Satisfactory O Unsatisfactory Comments:

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FECAL C	OLIFORI	M BACTERIA ANALYS	us by Memb	rane Filt <u>e</u> r		
Client Name	Kenai W	atershed Forum			ab Use Only 2014	=1320
Mailing	44129 S	terling Highway			ab Number <u>CUS</u>	
Address	Soldotna	ı, AK 99669		P	Phone : 907-953-2605	
				E	imail/Fax:	,
Sample In	formation	a: O Residential V	Vater System	O Pub	lic Water System ID	No
Legal Des	cription:	Kenai River TAI	BUTARY			
Sample Lo	ocation:	Mile 44 - Mo	UTH OF	KILEY !	RIVER	
Sampled:		Date: 7-21-2015	Time: <u>09</u>	:30a B	y: AK DNR	AK DEL
Sample Ty	/pe:	Routine	O Special	_	,	
		O Check Sample (For	previous unsatisfa	ctory sample wit	h lab number ()
Disinfectio	on:	O Untreated	O Treated	(chlorine, UV	/, etc.)	
Relinquish	ned:	Date: 7-21-15	Time: <u>6/-</u>	200 By:2	THE	
Received:		Date: ZHULYIS	Time:	<u>2</u> By: _	Hw	Paid:
Condition:		Satisfactory		Rejected	Comments:	
	By subm	This report is fo itting a sample for testing to Tauriainen E	or the exclusive use of the Engineering & Testing, Inc	e party to whom it is ac c. (TET), the Client ag	dressed. Irees to the terms and conditions o	n reverse.
			To be filled a	it by Lab U		
Date Test S	Started:	47/1/15 T	ime Test Starte	ed: <u>[6</u> 00	Analy	rst: <u></u>
TEST RES	ULTS (SM	ī		ate	Time	Analyst
Direct C d ur	nt	Colonies/100 n	ni <u> </u>	27/1/J	- (600	72
	O Neg	ative for Fecal Coliform		•		
	Pos	itive for Fecal Coliform -	# Colonies (S	2		
	O Sati	sfactory O Unsat	isfactory	,		
Comments:			*****			

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PLEASE READ INSTRUCTIONS ON BACK PRINT ALL INFORMATION Test Requires ADVANCE NOTICE Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter Client Name Kenai Watershed Forum Lab Use Only Lab Number Mailing 44129 Sterling Highway Address Soldotna, AK 99669 Phone: 907-953-2605 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No.____ Legal Description: Kenai River MAINSTEM 50 - SKILAK LAKE OUTFLOW Sample Location: Mile Date: 7-21-2015 Sampled: Time: 08:36 By: AK DNR / **№** Routine Sample Type: O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (____ Disinfection: O Untreated O Treated (chlorine, UV, etc.) Date: <u>7-21-15</u> Time: <u>Ø/. 20</u>

By: Relinguished: Time: 1 20 By: __ Received: Date: Zuu415 New Paid: _____ Condition: Satisfactory O Rejected Comments: This report is for the exclusive use of the party to whom it is addressed.

By submitting a sample for testing to Tauriainen Engineering & Testing, Inc. (TET), the Client agrees to the terms and conditions on reverse ↓ To be filled out by Lab ↓ Date Test Started: 2154/1/ Time Test Started: Analyst: TEST RESULTS (SM 9222D) **Date Time** Analyst Direct Count Colonies/100 ml Negative for Fecal Coliform O Positive for Fecal Coliform - # Colonies___ Satisfactory O Unsatisfactory Comments:

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PLEASE READ INSTRUCTIONS ON BACK PRINT ALL INFORMATION Test Requires ADVANCE NOTICE Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter Client Name Kenai Watershed Forum Lab Use Only Lab Number Mailing 44129 Sterling Highway Address Soldotna, AK 99669 Phone: 907-953-2605 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No.____ Legal Description: Kenai River MAINSTEM Sample Location: Mile JIMS LANDING Time: 10:40 a Sampled: Date: 7-21-2015 By: _ USFS **✓** Routine Sample Type: O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (Disinfection: O Untreated O Treated (chlorine, UV, etc.) Date: 7-21-15 Relinguished: Time: 01: 20p Date: ZIJULY 15 Received: Time: 1.20 Paid: Condition: Satisfactory O Rejected Comments: This report is for the exclusive use of the party to whom it is addressed.

By submitting a sample for testing to Tauriainen Engineering & Testing, Inc. (TET), the Client agrees to the terms and conditions on reverse To be filled out by Lab Date Test Started: 2(プートル Time Test Started: \ Analyst: TEST RESULTS (SM 9222D) **Date Time Analyst** 210 Direct Count Colonies/100 ml Negative for Fecal Coliform O Positive for Fecal Coliform - # Colonies O Satisfactory Unsatisfactory Comments:

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PLEASE READ INSTRUCTIONS ON BACK PRINT ALL INFORMATION Test Requires ADVANCE NOTICE Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter Client Name Kenai Watershed Forum Lab Use Only Lab Number Mailing 44129 Sterling Highway **Address** Soldotna, AK 99669 Phone: 907-953-2605 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No.____ TRIBUTARY Legal Description: Kenai River 74 - RUSSIAN RIVER Sample Location: Mile Sampled: Date: 7-21-7015 Time: 19:55a USES By: Sample Type: ▼ Routine O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (_____ Disinfection: O Untreated O Treated (chlorine, UV, etc.) Date: 7-21-15 Relinquished: Time: 0/:20 p Date: ZUJULY15 Time: 1 200 Received: Bv: 414.) Paid: Condition: Satisfactory O Rejected Comments: This report is for the exclusive use of the party to whom it is addressed.

By submitting a sample for testing to Tauriainen Engineering & Testing, Inc. (TET), the Client agrees to the terms and conditions on reverse Uno be filled our by Lab U Time Test Started: Analyst: TEST RESULTS (SM 9222D) **Date** Time **Analyst** ぶつ 7-00 Direct Count Colonies/100 ml O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies O Satisfactory O Unsatisfactory Comments:

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PLEASE READ INSTRUCTIONS ON BACK PRINT ALL INFORMATION Test Requires ADVANCE NOTICE Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter Client Name Kenai Watershed Forum Lab Use Only Lab Number Mailing 44129 Sterling Highway Address Soldotna, AK 99669 Phone: 907-953-2605 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No. Legal Description: TRIBUTARY Kenai River Sample Location: Mile JUN EAU Sampled: Date: 7-21-2015 KWF Time: 09:30a Bv: Sample Type: O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (_ Disinfection: O Untreated O Treated (chlorine, UV, etc.) Date: 7-21-15 Relinguished: Time: <u>02:10 P</u> Date: ZLIOLY/5 Received: Time: Zシ/o By: Paid: _____ Condition: Satisfactory O Rejected Comments: This report is for the exclusive use of the party to whom it is addressed.

By submitting a sample for testing to Tauriainen Engineering & Testing, Inc. (TET), the Client agrees to the terms and conditions on reverse U To be filled out by Lab ↓ Date Test Started: 21 Time Test Started: 1602 TEST RESULTS (SM 9222D) Time Date **Analyst** 21 4125 1600 Direct Count Colonies/100 ml O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies Satisfactory O Unsatisfactory Comments: ____

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PLEASE READ INSTRUCTIONS ON BACK PRINT ALL INFORMATION Test Requires ADVANCE NOTICE Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter Client Name Kenai Watershed Forum **Lab Use Only** Lab Numbe Mailing 44129 Sterling Highway Address Soldotna, AK 99669 Phone: 907-953-2605 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No. MAINSTEM Legal Description: Kenai River KENAI LAKE BRIDGE Sample Location: Date: 7-21-2015 Sampled: Time: 09:05a By: USFS **❤** Routine Sample Type: Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (Disinfection: O Untreated O Treated (chlorine, UV, etc.) Date: <u>7-21-15</u> Time: <u>01:20 b</u> Relinquished: Date: Zいい 4 15 Time: 1.20 Received: By: Paid: Condition: Satisfactory O Rejected Comments: This report is for the exclusive use of the party to whom it is addressed.

By submitting a sample for testing to Tauriainen Engineering & Testing, Inc. (TET), the Client agrees to the terms and conditions on reverse To be filled out by Lab A Date Test Started: 21 34715 Time Test Started: \600 **TEST RESULTS (SM 9222D)** Date Time **Analyst** ファブルバ 1600 Colonies/100 ml Direct Count Negative for Fecal Coliform O Positive for Fecal Coliform - # Colonies Satisfactory Unsatisfactory Comments: