35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gcl.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.____ (Kurf -02 Legal Description: Kenai River Sample Location: By: Bryk HARRIS Time: 08:35 Date: 07/25/17 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: 67/25/7 Time: 13:42 Relinguished: Date: 75JU4 1 Time: 13:47 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. lacksquare To be filled out by Lab lacksquareDate Test Started: 25 July 17 Time Test Started: 1535 Analyst: **TEST RESULTS (SM 9222D)** Time **Date** Anaivst Colonies/100 ml Direct Count O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies O Unsatisfactory Satisfactory Comments:

35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gcl.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 Kenai Watershed Forum Lab Use Only Name Lab Number 44129 Sterling Highway Mailing **Address** Phone: 907-953-2605 907-953-9635 Soldotna, AK 99669 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No. KWF-05 Legal Description: Kenai River Sample Location: Mile Date: 07/25/14 BY: BRYR HARPLS Time: 08:35 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: 07/25/17 Time: 18:4/7 Relinauished: Received: Date: ZSJUY17 Time: 13/47 Paid: Satisfactory Condition: 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: 457 Time Test Started: Analyst: **TEST RESULTS (SM 9222D) Date** Time Analyst Direct Count __ 니つ Colonies/100 ml O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies 42 O Satisfactory O Unsatisfactory Comments:

35186 Spur Hwy Soldotna, AK 99869 (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** Phone: 907-953-2605 767 - 953 -Soldotna, AK 99669 Email/Fax: O Residential Water System O Public Water System ID No. Sample Information: KW F -09) Legal Description: Kenai River SLIKOK CREEK Mile Sample Location: Date: 02/25/14 BY: LUKE Time: 08:40 Sampled: Routine Sample Type: Special Purpose _ O Check Sample (For previous unsatisfactory sample with lab number (Disinfection: O Untreated O Treated (chlorine, UV, etc.) Date: 07/25/1 Time: 13:42 Relinquished: Date: ZSJULY Time: /354て Received: Paid: Condition: Satisfactory 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: 255417 Time Test Started: (5) Analyst: **TEST RESULTS (SM 9222D) Date** Time **Analyst** 1535 てるフィケリケ Colonies/100 ml Direct Count O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies 11* O Unsatisfactory Satisfactory Comments: * Sample had < 100 kg

ť

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

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

FECAL C	OLIFORM	BACTERIA A	NALYSIS	by Mem	brane F	Filter	an inga akan s ^{an} n an inga satu		F-7-80 vest - 1			
Client Name	Kenai W	atershed Forum			Lab Use Only 707-07-54							
Mailing	44129 St	erling Highway				Lab Number						
Address	Soldotna	, AK 99669				Phone: 907-953-2605_ 967-953-263						
						Ema	il/Fax:					
Sample In	formation		dential Wat	•	<u> </u>	O Public V	Vater Systen	n ID No				
Legal Des	cription:	Kenai River	Ckwr-	_								
Sample Lo	ocation:	Mile 30.0		,								
Sampled:		Date: 09/25/17 Time: 08:46 By: CAMY CLINE (CIAA)							44)			
Sample Ty	/pe:	© Routine O Special Purpose										
		O Check Sam	nple (For pre	vious unsatis	sfactory sam	ple with lab	number ()			
Disinfecti	on:	O Untreated		O Treate	ed (chlorin	ne, UV, et	c.)					
Relinquisi	hed:	Date: 07/25	<u> 17</u>	Time: <u>/3</u>	242	Ву:	11-5	\$				
Received:	,	Date: ZSJUL	117	Time: 13	3:42	ву	HW	Paid: _				
Condition	:	Satisfactor	y		O Reje	cted	Comments	s:				
	By subm	Ti litting a sample for testing to	his report is for the o Tauriainen Engir	e exclusive use o neering & Testing	f the party to wh , Inc. (TET), the	om it is address Client agrees i	sed. to the terms and cond	ditions on reverse.				
			Ų Te	o be filled	out by L	ab 4						
Date Test	Started: _	253417	Tim	e Test Sta	arted:	535		Analyst:	ST			
TEST RES	ULTS (SN	9222D)			Date		Time		Analyst			
Direct Cou	nt C	ું <mark>પ</mark> Coloni	es/100 ml		<u>765</u>	417	(535		57			
	O Neg	gative for Fecal (Coliform		0.4							
	Pos	itive for Fecal C	oliform - #	Colonies_	64							
			O Unsatisf									
Comments	s:							<u> </u>				

35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gcl.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 Name Kenai Watershed Forum Lab Number 44129 Sterling Highway Mailing **Address** Phone: 907-953-2805 904-953-9631 Soldotna, AK 99669 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No. (KWF - 20) Legal Description: Kenai River SKILAK LAVE OUTROW Sample Location: Date: <u>0</u>7/25/17 Time: 09:06 Sampled: **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: 07/25/17 Time: 13:42 Relinquished: Time: 13,42 Date: 25144 17 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: 25 July 17 Time Test Started: 1535 Analyst: **TEST RESULTS (SM 9222D) Analyst Date Time** Direct Count Colonies/100 ml Negative for Fecal Coliform O Positive for Fecal Coliform - # Colonies Satisfactory Unsatisfactory Comments:

٤

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

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

FECAL C	COLIFORM	I BACTERIA AN	<i>ALYSIS</i> by Mem	nbrane F	ilter					
Client Name						Jse Only	70/4—∥	777-0 6		
Mailing	44129 St	terling Highway			Phone: 907-953-2605 909-953-963					
Address	Soldotna	, AK 99669								
				_	Ema	nil/Fax:				
Legal Des	•	Kenai River	ntial Water System		Public '	Water Syst	em ID No			
Sample L	ocation:		, Jim's LA			Λ		1		
Sampled:		Date: 07/25/	<u> 7</u> Time: <u>0</u> °	1:15	By: j	tubela	<u>(oceman</u>	(USFS)		
Sample T	ype:		O Speci	al Purpose						
		O Check Samp	e (For previous unsati	sfactory sam	ple with la	b number ()		
Disinfecti	on:	O Untreated	O Treat	ed (chlorin	e, UV, e	tç.)				
Relinquished:		Date: 07/25	17 Time: 13	:42	By	5				
Received:	;	Date: 644510	<u> 417</u> Time: <u>1</u> 2	5:42	By:	#W	_ Paid:			
Condition	:	Satisfactory		O Rejec	cted	Commer	nts:			
	By subm	This itting a sample for testing to Ta	report is for the exclusive use our ainen Engineering & Testing	of the party to who g, Inc. (TET), the	om it is addres Client agrees	sed. to the terms and c	onditions on reverse.			
S Professional Survey (Survey)			↓ To be filled	out by La	ab 🕸 💮		Albanda des Político			
Date Test	Started: 2	53417	Time Test Sta	arted: <u>\</u> S	35		Analyst:	37		
TEST RES	ULTS (SN	1 9222D)		Date		Time		Analyst		
Direct Cou	nt	Colonies	/100 ml	26J1	717	1533	<u> </u>	57		
	O Neg	gative for Fecal Co	liform		•					
	Pos	itive for Fecal Coli	form - # Colonies_	<u>) </u>						
	O Sati	isfactory O	Unsatisfactory							
Comments	s:									
				· —						
	· 									

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 44129 Sterling Highway Mailing **Address** Phone: 907-953-2605 Q07-153-9635 Soldotna, AK 99669 Email/Fax: O Public Water System ID No. Sample Information: O Residential Water System Legal Description: Kenai River Sample Location: Mile TEAU CREEK By: <u>SACK SINCLAIR</u> Date: 07/29/17 Time: 09 122 Sampled: Routine Special Purpose _ Sample Type: O Check Sample (For previous unsatisfactory sample with lab number (O Untreated O Treated (chlorine, UV.,etc.) Disinfection: Date: 17-125/17 Time: 13:42 Relinquished: Date: ZOJULY [7 Time: 13:42 Paid: Received: Condition: Satisfactory 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: 25 JM (子 Time Test Started: Analyst: **TEST RESULTS (SM 9222D) Date Analyst** Colonies/100 ml Direct Count O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies 11 O Unsatisfactory O Satisfactory Simple 2 100 ml 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 Lab Use Only Name Kenai Watershed Forum Lab Number 44129 Sterling Highway Mailing Address Soldotna, AK 99669 Phone: 907-953-2005 901 953 9635 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No. KWF-10 Kenai River Legal Description: Sample Location: SOLDONA RICIDER BY: LUKE VIOLETTE (KEUF Date: 09/25/17 Time: 09:30 Sampled: **Routine** Sample Type: Special Purpose Check Sample (For previous unsatisfactory sample with lab number (O Treated (chlorine, UV, etc.) Disinfection: Untreated Date: 07/25/17 Time: 13:42 Relinguished: Date: 2504417 Received: Time: <u>13:42</u> 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: 65 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 Unsatisfactory Satisfactory Comments:

35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gcl.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 44129 Sterling Highway Mailing **Address** Phone: 907-953-2605 907 · 953-96 3 S Soldotna, AK 99669 Email/Fax: O Public Water System ID No._____ O Residential Water System Sample Information: KWF-04 Kenai River Legal Description: CUNLINGHAM PARK Sample Location: Mile BY: KYLE GERLAM Date: 07/25/17 Time: 09:33 Sampled: [′] Routine Sample Type: Special Purpose _ O Check Sample (For previous unsatisfactory sample with lab number (O Treated (chlorine, UV, etc.) O Untreated Disinfection: Time: 13:47 Date: 67/25/17 Relinauished: Time: 13>47 Date: ZSJU417 Paid: Received: 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 \$\psi\$ Date Test Started: 25 5 Time Test Started: Analyst: **TEST RESULTS (SM 9222D)** Time Analyst (630 Direct Count Colonies/100 ml O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies 47 O Satisfactory Unsatisfactory Comments:

35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gcl.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 Mailina 44129 Sterling Highway **Address** Soldotna, AK 99669 Phone: 907-953-2605 907 Email/Fax: O Residential Water System Sample Information: O Public Water System ID No._____ Kenai River Legal Description: NAME CREEK Sample Location: Mile BY: BRYR HARRIS Date: 09/25/14 Time: <u>07:35</u> Sampled: **®** Routine O Special Purpose . Sample Type: O Check Sample (For previous unsatisfactory sample with lab number (_ Disinfection: O Untreated O Treated (chlorine, UV, etc.) Date: 07/25/13 Time: 13:47 Relinquished: Date: ZSSULY I Time: 131,42 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. U To be filled out by Lab ↓ Date Test Started: 25 July Time Test Started: Analyst: **TEST RESULTS (SM 9222D)** Time **Date Analyst** (630 Direct Count Colonies/100 ml O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies 50 O Satisfactory O Unsatisfactory Comments:

35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gcl.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 967-952-9635 Email/Fax: O Residential Water System O Public Water System ID No. Sample Information: KWF-19 Kenai River Legal Description: KILLEY RIVER Movie of Mile Sample Location: Date: 67/25 Time: 09:48 BY: JEANNY Sampled: Routine Special Purpose ___ Sample Type: O Check Sample (For previous unsatisfactory sample with lab number (O Treated (chlorine, UV, etc.) Disinfection: Untreated Date:09/45 Time: 13:42 Relinguished: Time: しろうそて Date: ZJULY 17 Paid: Received: 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 ♥** Time Test Started: 1439 Date Test Started: \(\alpha\) Analyst: **TEST RESULTS (SM 9222D)** Date Analyst Time Direct Count Colonies/100 ml O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies 24 Unsatisfactory Satisfactory Comments:

35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gcl.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 44129 Sterling Highway Mailing **Address** Soldotna, AK 99669 Phone: 907-953-2605 Email/Fax: O Residential Water System Sample Information: O Public Water System ID No. 200 / KUK -11 Legal Description: Kenai River Sample Location: Time: 10:00 Sampled: Routine Sample Type: Special Purpose _ O Check Sample (For previous unsatisfactory sample with lab number (Disinfection: O Untreated O Treated (chlorine, UV, etc.) Time: 13:42 Date: 07/25/17 Relinguished: Date: 25JU1417 13:42 Time: 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: 25 32417 Time Test Started: Analyst: TEST RESULTS (SM 9222D) Time **Analyst** Date Direct Count Colonies/100 ml O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies Satisfactory Unsatisfactory Comments:

35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gcl.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 Kenai Watershed Forum Name Lab Number 44129 Sterling Highway Mailing **Address** Phone: 907-953-2605 907-953-9635 Soldotna, AK 99669 Email/Fax: O Residential Water System Sample Information: O Public Water System ID No._____ (12WF -06) Kenai River Legal Description: U/SOBERUER CREEK Sample Location: BY MIR GRANAM Time: 心やか Date: 07/25/17 Sampled: ⊗ Routine Sample Type: O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (_ O Untreated O Treated (chlorine, UV, etc.) Disinfection: Time: 13:42 Date: 09/25/17 Relinguished: Date: ESJULY17 Received: Time: Paid: Condition: Satisfactory Comments: O Rejected 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: 25 J 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 O Unsatisfactory Comments: _

35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gcl.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: Sample Information: O Residential Water System O Public Water System ID No. KW5-18) Kenai River Legal Description: TELAND Sample Location: By: JEANNE SWARTZ Time: 10:1 Sampled: **%** Routine Sample Type: Special Purpose _ Check Sample (For previous unsatisfactory sample with lab number (Untreated O Treated (chlorine, UV, etc.) Disinfection: Date:07/25/17 Time: 13:47 Relinquished: Date: ZSJULY17 Received: Time: 13142 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: 25 July 17 Time Test Started: (742 Analyst: 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:

35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gcl.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** Phone: 907-953-2605 907-953-9635 Soldotna, AK 99669 Email/Fax: O Residential Water System Sample Information: O Public Water System ID No. Legal Description: Kenai River RIVER Sample Location: Mile By: HNGELA Time: 16:25 Sampled: Date: 07 Routine Sample Type: O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (______ O Treated (chlorine, UV, etc.) O Untreated Disinfection: Date: 07 (25 / 17 Relinquished: Time: 13:42 Date: 2514417 Time: 13742 Paid: Received: 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: 755417 Time Test Started: (1 Analyst: **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:

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 W	atershed Forum	Lab Use Only 2017-1275-21						
Mailing	44129 S	terling Highway			ab Number <u>(</u>				
Address	Soldotna	, AK 99669		Phone: 907-953-2605 7-7 - 953 - 963					
				Email/Fax:					
Sample In	formation	e: O Residential W	ater System	O Pub	lic Water Syste	em ID No			
Legal Des	cription:	Kenai River (Kwi	f-14)						
Sample Lo	ocation:	Mile 31.0, Mon	26AN'S L	MNOING					
Sampled:		Date: 07/25 /17	Time: 10:	30 By: CATHY CLINE (CIAR)					
Sample Ty	ype:	© Routine O Special Purpose							
		O Check Sample (For page 1)	revious unsatisfa	actory sample witl	n lab number ()		
Disinfecti	on:	O Untreated O Treated (chlorine, UV, etc.)							
Relinquis	hed:	Date: 07/25 / 17	Time: <u>//</u>	:47_ By:	1-11-	`			
Received:	,	Date: 25101917	Time:	5142 By!	Hw	_ Paid:			
Condition	:	Satisfactory	(O Rejected	Commer	ıts:			
	By suhm	This report is for litting a sample for testing to Tauriainen En	the exclusive use of the cineering & Testing I	ne party to whom it is ac	ldressed. rees to the terms and c	onditions on reverse			
gar, waste				out by Lab 4	Pro Section 1	Asset May 17 (17) West May 18			
Date Test	Started: 2			ted: <u>183</u> 2		Analyst:	\$7		
TEST RES	ULTS (SN	1 9222D)	[Date	Time		Analyst		
Direct Cou	nt	<u> </u>	· !	26347	- 183	S	<u>57</u>		
	O Neg	gative for Fecal Coliform	0						
	9 Pos	itive for Fecal Coliform - #	# Colonies <u>></u>	<u> </u>					
	O Sat	isfactory O Unsatis	sfactory						
Comments	s:								
				 	- .				

35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gcl.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 Name Kenai Watershed Forum Lab Number Mailing 44129 Sterling Highway **Address** Soldotna, AK 99669 Phone: 207-953-2605 907-953-9625 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No. Legal Description: Kenai River BEADER CREEK Sample Location: BY: KYLE GRAHAM Time: (0:36 Sampled: Sample Type: O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (O Treated (chlorine, UV, etc.) Disinfection: O Untreated Time: (3:47_ Date: 67 /25 / 7 Relinauished: Date: ZSWLY17 Time: 13,47 Paid: Received: **Condition:** O Rejected Comments: 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: 25 JAP Time Test Started: Analyst: **TEST RESULTS (SM 9222D) Date** Time Analyst Direct Count 317 Colonies/100 ml O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies 317 Unsatisfactory Satisfactory Comments:

35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gcl.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 Läb Number Mailing 44129 Sterling Highway **Address** Phone: 207-953-2605 909-953-9635 Soldotna, AK 99669 Email/Fax: Sample Information: O Residential Water System O Public Water System ID No. (KUF -12) Kenai River Legal Description: SWIFTWATER PARK Mile Sample Location: BY: LUKE VOLETTE Time: 10:40 Date: 67/25/1 Sampled: Routine O Special Purpose Sample Type: O Check Sample (For previous unsatisfactory sample with lab number (____ O Treated (chlorine, UV, etc.) Disinfection: O Untreated Time: 13:42 Date: 07/25/17 Relinguished: Date: 25101417 Time: 13147 Received: Paid: Comments: Condition: Satisfactory O Rejected 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: 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:

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 44129 Sterling Highway Mailing **Address** Soldotna, AK 99669 Phone: 907-953-2605-96-9-95-2-2635 Email/Fax: O Residential Water System O Public Water System ID No. Sample Information: (KWF-17 Legal Description: Kenai River LANDING Sample Location: Mile BY: JEANNE SWAR Date: 19/15/14 Time: 10:50 Sampled: **⊘** Routine Sample Type: O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (O Treated (chlorine, UV. etc.) Untreated Disinfection: Date: 197/25/17 Time: 13:42 Relinquished: Time: 13>42 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: 25 July 2 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:

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 C	OLIFORM	BAC	CTERIA A	Analysi	s by Mem	ibrane l	Filter			·	
Client Name								Jse Only	7'or	L=17:	76-01
Mailing	44129 Sterling Highway Soldotna, AK 99669						Lao	Number:			
Address						_	Phone: 90 7-953-2605-90-7-9 53-963-5				
						_	Ema	ail/Fax:			
Sample In	formation	:	O Res	idential W	/ater Systen	า (O Public	Water Sys	tem ID I	No	
Legal Des	cription:	_Ker	nai River	(KW)	F-07)						
Sample Lo	ocation:	<u>Mile</u>	12.5	, PILL	ARS BOAT	LAUN	CY				
Sampled:		Date	: 07/2	5/17	Time: <u>//</u>	:10	By: _	Kyle 61	CAMAU	1 (US	rus)
Sample Ty	/pe:	Special Purpose									
		0 0	Check Sa	mple (For p	previous unsati	sfactory sar	nple with la	ıb number (_)
Disinfection	on:	O Untreated O Treated (chlorine, UV, etc.)									
Relinquisl	hed:	Date	: 07-12	25/17	Time: <u>//</u> 3	342	Ву:	eff (9 .		
Received:		Date	: 25101	417	Time: <u>(</u>	<u>3:47</u>	Ву:/	Au	<u> </u>	Paid:	
Condition	:	@ 5	Satisfacto	ry		O Reje	ected	Comme	nts:		
	By subm	itting a sa	mple for testing	This report is for to Tauriainen E	r the exclusive use on	of the party to wi	hom it is addre	ssed. s to the terms and	conditions or	n reverse.	
7/17/702 (F) SAME 1/2/17/702 1/2/17/702									100000		
Date Test S	Started: 2	5	51717	_ T	ime Test Sta	arted: <u>\</u>	930		Analy	_{st:} <u>57</u>	
TEST RES	ULTS (SN	9222	(D)			Date		Time			Analyst
Direct Count		_1_	Color	nies/100 n	nl	265	1717	1930)		S7
	O Neg	ative	for Fecal	Coliform			•				
	Pos	itive f	or Fecal C	Coliform -	# Colonies_	<u> </u>					
	O Sat	sfacto	ory	O Unsati	isfactory						
Comments	s:										<u> </u>
							•				

35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gcl.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: Sample Information: O Residential Water System O Public Water System ID No. WWF -15 Kenai River Legal Description: Mile 36.0. Moore RIVER Sample Location: Time: (1:10 Date: 07/25/17 Sampled: Sample Type: Routine O Special Purpose O Check Sample (For previous unsatisfactory sample with lab number (O Treated (chlorine, UV, etc.) Disinfection: Untreated Time: 13:42 Date: (27/25/17 Relinauished: Time: 13:42 Received: Date: ZSJULY(7 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: 25 July 12 Time Test Started: Analyst: **TEST RESULTS (SM 9222D)** Date **Analyst Direct Count** Colonies/100 ml O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies Satisfactory Unsatisfactory Comments:

35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gcl.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 Kenai Watershed Forum Lab Use Only Name Lab Number Mailing 44129 Sterling Highway Address Soldotna, AK 99669 Phone: 907-953-2605 707-953 · 96 3 5 Email/Fax: O Residential Water System O Public Water System ID No. Sample Information: (KWK - (6) Kenai River Legal Description: 36.0. Mudge River Dirlichte Sample Location: By: CANY Time: 11:10 Date: 07/24/17 Sampled: Routine Sample Type: O Special Purpose Check Sample (For previous unsatisfactory sample with lab number (O Treated (chlorine, UV, etc.) Disinfection: O Untreated Time: 13:42 Relinguished: Date: 07/25/07 Date: ZSJULY17 Time: 13742 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 \$\psi\$ Date Test Started: 253ムイト 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 Unsatisfactory Satisfactory Comments: _

35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gcl.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 44129 Sterling Highway Mailing Address Phone: 907-953-2605-907-953-82 Soldotna, AK 99669 Email/Fax: O Residential Water System O Public Water System ID No._____ Sample Information: kwF - 23 Kenai River Legal Description: KENAI LAKE BRIDGE Sample Location: Time: 115 Date: 07/75 Sampled: Routine O Special Purpose _ Sample Type: O Check Sample (For previous unsatisfactory sample with lab number (____ O Treated (chlorine, UV, etc.) O Untreated Disinfection: Date: 07/2< Time: 13:42 Relinauished: Date: TOULY Received: Time: /354乙 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: Time Test Started: Analyst: **TEST RESULTS (SM 9222D)** Date Time Anaivst Direct Count _ Colonies/100 ml Negative for Fecal Coliform O Positive for Fecal Coliform - # Colonies_ O Unsatisfactory Satisfactory Comments:

35186 Spur Hwy Soldotna, AK 99669 (907)262-4624 FAX 262-5777 engineeringalaska@gcl.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 Kenai Watershed Forum Lab Use Only Name Lab Number Mailing 44129 Sterling Highway Address Phone: 807-953-2605 Soldotna, AK 99669 Email/Fax: O Residential Water System O Public Water System ID No. Sample Information: KWF -08 Legal Description: Kenai River POACHER'S COVE Sample Location: Date: 67/25/17 Time: // . 40 Sampled: @ Routine Special Purpose Sample Type: O Check Sample (For previous unsatisfactory sample with lab number (O Treated (chlorine, UV, etc.) Disinfection: O Untreated Date: 07/25/17 Time: 13:42 Relinguished: Date: 7514417 Time: パンイフ Received: Condition: Satisfactory 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: 25 3417 Time Test Started: 193 Analyst: TEST RESULTS (SM 9222D) Time Date Direct Count Colonies/100 ml Negative for Fecal Coliform Pesitive for Fecal Collform -# Colonies O Unsatisfactory Satisfactory Comments: