

TAURAINEN ENGINEERING & TESTING

35186 Kenai Spur Hwy Soldotna, AK 99669 ○ (907) 262-4624
EngineeringAlaska@gci.net ○ www.EngineeringAK.com

PLEASE READ INSTRUCTIONS ON BACK

PRINT ALL INFORMATION

Test Requires Advance Notice
Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
Soldotna, AK 99669

Lab Use Only
Lab Number 2022-1248-01

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water

Legal Description:/Building: RM 82 - Kenai Lake Bridge

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 08:00 By: JSL

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Bucke Haywood

Received: Date 26 July 22 Time: 12:55 By: HT Paid: bill

Condition: Satisfactory Rejected Comments: _____

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By submitting a sample for testing to Taurainen Engineering & Testing, Inc., (TET) the Client agrees to the terms and conditions on reverse.

↓ To be filled out by Lab ↓

Date Test Started: 26 July 22 Time Test Started: 14:10 Analyst: ST

TEST RESULTS (SM 9222D) Date Time Analyst

Direct Count: 1 Colonies/100ml 27 July 22 14:10 ST

- Negative for Fecal Coliform
 Positive for Fecal Coliform - # Colonies 1
 Satisfactory Unsatisfactory

Comments: _____

SAMPLE DROP-OFF MUST BE SCHEDULED IN ADVANCE WITH LAB

1. Taurainen Engineering & Testing cannot accept samples collected in your own container for this analysis. Before collecting a sample for bacteriological analysis, you must first obtain a **LAB SUPPLIED STERILE SAMPLE BOTTLE**.
2. Remove Aerator/Screen from spigot if applicable. Recommend sampling to be from a fixed faucet. (Non-swivel)
3. Apply flame or bleach to spigot to sterilize before sampling.
4. Use Cold Water. Run cold water for 3 minutes.
5. Verify Paper Seal is intact.
6. This is a sterile procedure. **Do Not Touch Inside Container or Lid.**
7. **Do Not Rinse Bottle.** Powder inside is an important part of the test.
8. Remove lid and Fill to at least the 100 ml line without over flowing bottle.
(See diagram at right) **Samples with less than 100 mls of water WILL BE REJECTED.**
9. Replace Lid. Write name, sample date, time and location on lid label.
10. Keep Sample Cold and deliver to laboratory as soon as possible after collection.
11. Samples more than 6 hours old WILL be rejected.
12. Water samples accepted: Monday through Wednesday - 8:00 am to 5:00 pm Samples arriving after 3:00 will not be analyzed until the following day. Thursday - 8:00 am to 3:00 pm

No sample will be accepted after 3:00 on Thursday, except by special arrangement.



TERMS AND CONDITIONS

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SCOPE OF SERVICES TET performs testing services on samples submitted to or collected by TET using environmental testing industry accepted protocols, practices and standards and as requested by Client. TET provides a written report of analytical results. Results are delivered by mail or e-mail, or with special arrangements verbally, or by fax. This report is for the exclusive use of the party to whom it is addressed.

DUTIES OF CUSTOMER Samples delivered to TET must be accompanied by written disclosure of any hazardous substances known or suspected by Client. Samples suspected of containing a hazardous substance must be packaged, labeled, transported and delivered in accordance with applicable laws. TET reserves absolute right to refuse delivery or revoke acceptance of any sample which in the sole judgement of TET is of unsuitable volume, arrives in a leaking or damaged container, or may pose risk in handling, transport or processing or for any other reason, whether or not due to presence in sample of hazardous substance and whether or not disclosed to TET by Client.

PAYMENT Payment is due at the time of sample submittal, unless otherwise agreed in writing. Client agrees to pay all expenses incurred by TET, including attorney fees and court costs, to collect any past due amounts.

LIMITED WARRANTY TET will perform services with care and skill ordinarily exercised by members of the profession practicing in the area under similar conditions and limitations. TET's sole obligation hereunder shall be to re-perform services which are materially deficient without charge, so long as such deficiencies are reported in writing to TET within 30 days after discovery thereof, but in no event later than one year from performance of services by TET. TET services are limited in scope and subject to expected measurement variability and possible interferences in the measurement process caused by the sample matrix. TET makes no warranty that tested sample is representative of source from which sample was taken or that any particular analysis can be performed on a particular sample. TET may utilize subcontractors.

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FORCE MAJEURE TET shall have no liability for nonperformance caused in whole or in part by causes beyond our reasonable control, including but not limited to Acts of God, civil unrest and war, equipment failures, acts of authorities, or delays in transportation, mail or delivery services.

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FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
 Soldotna, AK 99669

Lab Use Only
Lab Number 2022-1248-02

Phone (907) 262 - 5449
Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water

Legal Description/Building: RM 43 - Upstream of Dow Island

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 08:10 By: SA

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 12:55 By: CHT Paid: b:11

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 July 22 Time Test Started: 14:10 Analyst: ST

TEST RESULTS (SM 9222D) Date 27 July 22 Time 14:10 Analyst ST

Direct Count: 8 Colonies/100ml

- Negative for Fecal Coliform
- Positive for Fecal Coliform - # Colonies 8
- Satisfactory Unsatisfactory

Comments: _____

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2. **Remove Aerator/Screen** from spigot if applicable. Recommend sampling to be from a fixed faucet. (Non-swivel)
3. Apply flame or bleach to spigot to sterilize before sampling.
4. **Use Cold Water.** Run cold water for 3 minutes.
5. **Verify Paper Seal** is intact.
6. This is a sterile procedure. **Do Not Touch Inside Container or Lid.**
7. **Do Not Rinse Bottle.** Powder inside is an important part of the test.
8. Remove lid and **Fill to at least the 100 ml line** without over flowing bottle.
(See diagram at right) **Samples with less than 100 mls of water WILL BE REJECTED.**
9. Replace Lid. Write name, sample date, time and location on lid label.
10. Keep Sample **Cold** and deliver to laboratory as soon as possible after collection.
11. **Samples more than 6 hours old WILL be rejected.**
12. **Water samples accepted:** Monday through Wednesday - 8:00 am to 5:00 pm Samples arriving after 3:00 will not be analyzed until the following day. Thursday - 8:00 am to 3:00 pm

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FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
 Soldotna, AK 99669

Lab Use Only
Lab Number 2022-1248-03

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water

Legal Description/Building: RM 44 - Mouth of Killey River

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 08:30 By: SA

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 1255 By: HT Paid: bill

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 July 22

Time Test Started: 1400

Analyst: ST

TEST RESULTS (SM 9222D)

Direct Count: 126 Colonies/100ml

Date	Time	Analyst
27 July 22	1410	ST

Negative for Fecal Coliform

Positive for Fecal Coliform - # Colonies 126

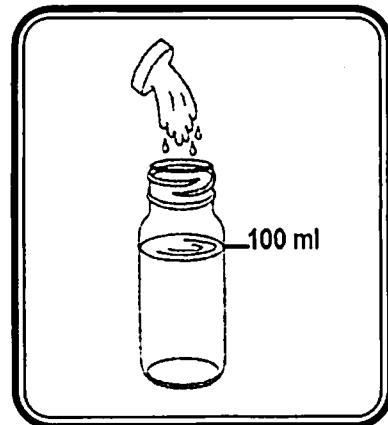
Satisfactory Unsatisfactory

Comments: _____

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3. Apply flame or bleach to spigot to sterilize before sampling.
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5. Verify Paper Seal is intact.
6. This is a sterile procedure. **Do Not Touch Inside Container or Lid.**
7. **Do Not Rinse Bottle.** Powder inside is an important part of the test.
8. Remove lid and Fill to at least the 100 ml line without over flowing bottle.
(See diagram at right) **Samples with less than 100 mls of water WILL BE REJECTED.**
9. Replace Lid. Write name, sample date, time and location on lid label.
10. Keep Sample Cold and deliver to laboratory as soon as possible after collection.
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FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
Soldotna, AK 99669

Lab Use Only 2022-1248-04
Lab Number

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water

Legal Description/Building: RM 79.5 - Juneau Creek

Sample Location: (bathroom, kitchen, etc) Surface water - river

Sampled: Date: 7/26/2022 Time: 08:44 By: JSL

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 12:55 By: CHT Paid: bill

Condition: Satisfactory Rejected Comments: _____

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Date Test Started: 26 July 22 Time Test Started: 1410 Analyst: ST

TEST RESULTS (SM 922D)

Direct Count: 1 Colonies/100ml

Date 27 July 22 Time 1410 Analyst ST

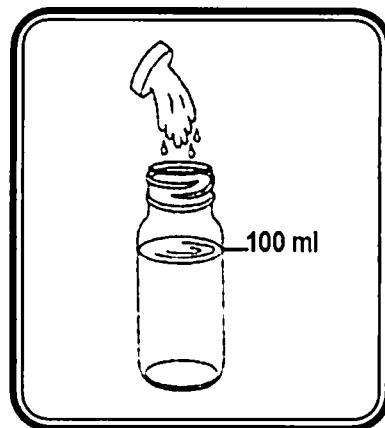
- Negative for Fecal Coliform
 Positive for Fecal Coliform - # Colonies 1
 Satisfactory Unsatisfactory

Comments: _____

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5. Verify Paper Seal is intact.
6. This is a sterile procedure. **Do Not Touch Inside Container or Lid.**
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Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
Soldotna, AK 99669

Lab Use Only *1248-05*
Lab Number *2022-7001st.*

Phone (907) 262 - 5449
Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water

Legal Description:/Building: RM 1.5 - Kenai City Dock

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 08:46 By: SL

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 1255 By: ST Paid: Bill

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 July 22 Time Test Started: 1410 Analyst: ST

TEST RESULTS (SM 9222D)

Direct Count: 103 Colonies/100ml Date 27 July 22 Time 1410 Analyst ST

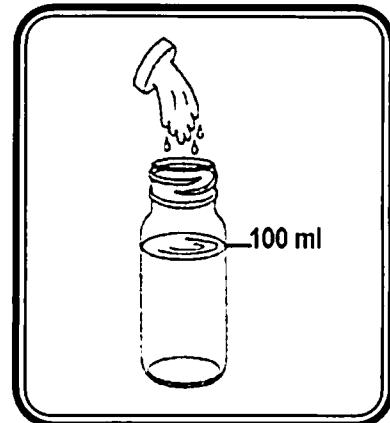
- Negative for Fecal Coliform
 Positive for Fecal Coliform - # Colonies 103
 Satisfactory Unsatisfactory

Comments *hard to read due to silt content*

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TAURAINEN ENGINEERING & TESTING

35186 Kenai Spur Hwy Soldotna, AK 99669 ○ (907) 262-4624
EngineeringAlaska@gci.net ○ www.EngineeringAK.com

PLEASE READ INSTRUCTIONS ON BACK

PRINT ALL INFORMATION

Test Requires Advance Notice

Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
Soldotna, AK 99669

Lab Use Only
Lab Number 2022-1248-06

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water

Legal Description:/Building: RM 1.5 - Kenai City Dock - DUP

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 08:50 By: SL

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 1255 By: HT Paid: bill

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 July 22 Time Test Started: 1410 Analyst: ST

TEST RESULTS (SM 9222D) Date 27 July 22 Time 1410 Analyst ST

Direct Count: 108 Colonies/100ml

- Negative for Fecal Coliform
 Positive for Fecal Coliform - # Colonies 108
 Satisfactory Unsatisfactory

Comments: * Hard to read due to silt content *

SAMPLE DROP-OFF MUST BE SCHEDULED IN ADVANCE WITH LAB

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2. Remove Aerator/Screen from spigot if applicable. Recommend sampling to be from a fixed faucet. (Non-swivel)
3. Apply flame or bleach to spigot to sterilize before sampling.
4. Use Cold Water. Run cold water for 3 minutes.
5. Verify Paper Seal is intact.
6. This is a sterile procedure. **Do Not Touch Inside Container or Lid.**
7. **Do Not Rinse Bottle.** Powder inside is an important part of the test.
8. Remove lid and Fill to at least the 100 ml line without over flowing bottle.
(See diagram at right) **Samples with less than 100 mls of water WILL BE REJECTED.**
9. Replace Lid. Write name, sample date, time and location on lid label.
10. Keep Sample Cold and deliver to laboratory as soon as possible after collection.
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Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name: Kenai Watershed Forum
Mailing Address: 44129 Sterling Hwy
 Soldotna, AK 99669

Lab Use Only
Lab Number: 2022-1248-07

Phone: (907) 262 - 5449

Email/Fax: hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water _____

Legal Description/Building: RM 50 - Skilak Lake Outflow

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 09:06 By: SA

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 17:55 By: Burke Haywood

Received: Date 26 July 22 Time: 1255 By: Bill HFT Paid: bill

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 July 22 Time Test Started: 1410 Analyst: ST

TEST RESULTS (SM 9222D) Date Time Analyst

Direct Count: 40 Colonies/100ml Date 27 July 22 Time 1410 Analyst ST

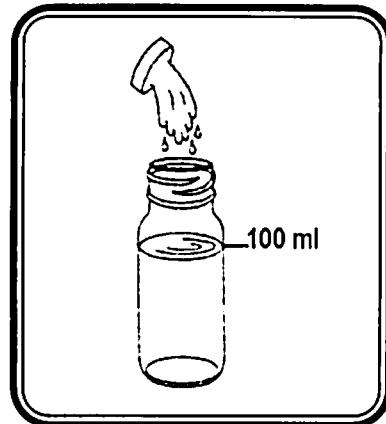
- Negative for Fecal Coliform
- Positive for Fecal Coliform - # Colonies 40
- Satisfactory Unsatisfactory

Comments: _____

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3. Apply flame or bleach to spigot to sterilize before sampling.
4. **Use Cold Water.** Run cold water for 3 minutes.
5. **Verify Paper Seal** is intact.
6. This is a sterile procedure. **Do Not Touch Inside Container or Lid.**
7. **Do Not Rinse Bottle.** Powder inside is an important part of the test.
8. Remove lid and **Fill to at least the 100 ml line** without over flowing bottle.
(See diagram at right) **Samples with less than 100 mls of water WILL BE REJECTED.**
9. Replace Lid. Write name, sample date, time and location on lid label.
10. Keep Sample **Cold** and deliver to laboratory as soon as possible after collection.
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Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
Soldotna, AK 99669

Lab Use Only
Lab Number 2022-1255-01

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water _____

Legal Description/Building: RM 30 - Funny River

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 09:07 By: EH

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 12:55 By: HT Paid: bill

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 July 22 Time Test Started: 1505 Analyst: ST

TEST RESULTS (SM 9222D) Date 27 July 22 Time 1505 Analyst ST

Direct Count: 16 Colonies/100ml

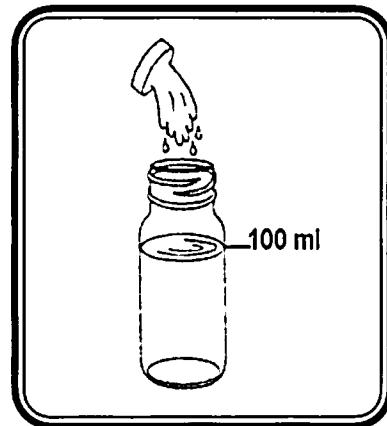
- Negative for Fecal Coliform
 Positive for Fecal Coliform - # Colonies 16
 Satisfactory Unsatisfactory

Comments: _____

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3. Apply flame or bleach to spigot to sterilize before sampling.
4. **Use Cold Water.** Run cold water for 3 minutes.
5. **Verify Paper Seal** is intact.
6. This is a sterile procedure. **Do Not Touch Inside Container or Lid.**
7. **Do Not Rinse Bottle.** Powder inside is an important part of the test.
8. Remove lid and **Fill to at least the 100 ml line** without over flowing bottle.
(See diagram at right) **Samples with less than 100 mls of water WILL BE REJECTED.**
9. Replace Lid. Write name, sample date, time and location on lid label.
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FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

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Soldotna, AK 99669

Lab Use Only
Lab Number 7022-1255-02

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water

Legal Description:/Building: RM 6.5 - Cunningham Park

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 09:10 By: MG

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 17:55 By: Burke Haywood

Received: Date 26 July 22 Time: 1255 By HT Paid: bill

Condition: Satisfactory Rejected Comments: _____

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Date Test Started: 26 July 22

Time Test Started: 1505

Analyst: ST

TEST RESULTS (SM 9222D)

Direct Count: 9 Colonies/100ml

- Negative for Fecal Coliform
 Positive for Fecal Coliform - # Colonies 9
 Satisfactory Unsatisfactory

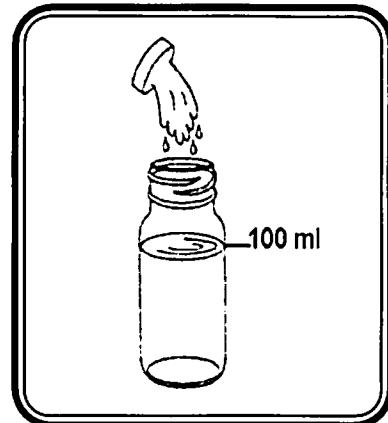
Comments: _____

Date 27 July 22 Time 1505 Analyst ST

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TAURAINEN ENGINEERING & TESTING

35186 Kenai Spur Hwy Soldotna, AK 99669 (907) 262-4624
EngineeringAlaska@gci.net www.EngineeringAK.com

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

FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
Soldotna, AK 99669

Lab Use Only
Lab Number 2022-1255-03

Phone (907) 262 - 5449
Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water _____

Legal Description/Building: RM 22 - Soldotna Creek

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 09:15 By: AM

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 12:55 By: HT Paid: bill

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 July 22 Time Test Started: 1505 Analyst: ST

TEST RESULTS (SM 9222D) Date 27 July 22 Time 1505 Analyst ST

Direct Count: 33 Colonies/100ml

- Negative for Fecal Coliform
 Positive for Fecal Coliform - # Colonies 33
 Satisfactory Unsatisfactory

Comments: _____

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2. Remove Aerator/Screen from spigot if applicable. Recommend sampling to be from a fixed faucet. (Non-swivel)
3. Apply flame or bleach to spigot to sterilize before sampling.
4. Use Cold Water. Run cold water for 3 minutes.
5. Verify Paper Seal is intact.
6. This is a sterile procedure. **Do Not Touch Inside Container or Lid.**
7. **Do Not Rinse Bottle.** Powder inside is an important part of the test.
8. Remove lid and Fill to at least the 100 ml line without over flowing bottle.
(See diagram at right) **Samples with less than 100 mls of water WILL BE REJECTED.**
9. Replace Lid. Write name, sample date, time and location on lid label.
10. Keep Sample Cold and deliver to laboratory as soon as possible after collection.
11. Samples more than 6 hours old WILL be rejected.
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FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
Soldotna, AK 99669

Lab Use Only
Lab Number 2022-1255-04

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water _____

Legal Description/Building: RM 0 - No Name Creek

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 09:17 By: SL

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 12:55 By: CHT Paid: bill

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 July 22 Time Test Started: 1505 Analyst: ST

TEST RESULTS (SM 9222D) Date Time Analyst

Direct Count: 15 Colonies/100ml Date 27 July 22 Time 1505 Analyst ST

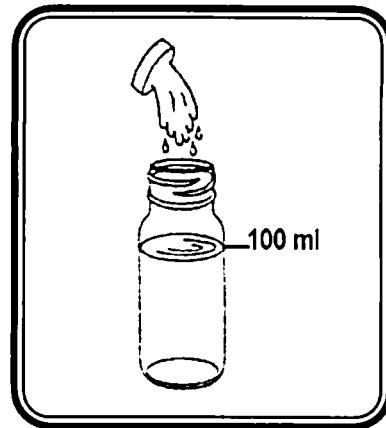
- Negative for Fecal Coliform
 Positive for Fecal Coliform - # Colonies 15
 Satisfactory Unsatisfactory

Comments: _____

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5. Verify Paper Seal is intact.
6. This is a sterile procedure. **Do Not Touch Inside Container or Lid.**
7. **Do Not Rinse Bottle.** Powder inside is an important part of the test.
8. Remove lid and Fill to at least the 100 ml line without over flowing bottle.
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FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
Soldotna, AK 99669

Lab Use Only
Lab Number 7072-1256-01

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water

Legal Description:/Building: RM 74 - Russian River

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 09:35 By: JSL

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 1255 By: bitt dkt Paid: bill

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 July 22 Time Test Started: 1605 Analyst: ST

TEST RESULTS (SM 9222D)

Direct Count: 6 Colonies/100ml

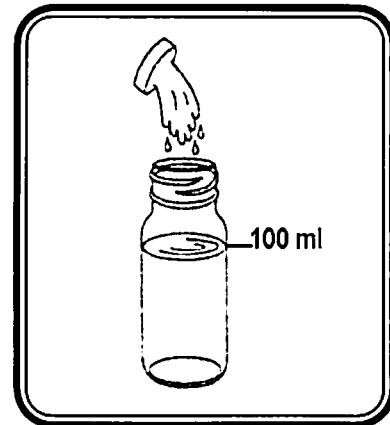
- Negative for Fecal Coliform
- Positive for Fecal Coliform - # Colonies 6
- Satisfactory Unsatisfactory

Comments: _____

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Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
Soldotna, AK 99669

Lab Use Only
Lab Number 2022-1256-02

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water

Legal Description/Building: RM 40 - Bing's Landing

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 09:53 By: SA

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 1255 By: HT Paid: bill

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 July 22 Time Test Started: 1605 Analyst: ST

TEST RESULTS (SM 9222D) Date 27 July 22 Time 1605 Analyst ST

Direct Count: 10 Colonies/100ml

- Negative for Fecal Coliform
 Positive for Fecal Coliform - # Colonies 10
 Satisfactory Unsatisfactory

Comments: _____

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FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
Soldotna, AK 99669

Lab Use Only *ST 03*
Lab Number *2027-1256-04*

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water _____

Legal Description:/Building: RM 10 - Beaver Creek

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 09:55 By: MG

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 17:55 By: Berke Haywood

Received: Date 26 July 22 Time: 1255 By: HT Paid: bill

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 JI 22

Time Test Started: 1605

Analyst: ST

TEST RESULTS (SM 9222D)

Direct Count: 40 Colonies/100ml

Date	Time	Analyst
27 JI 22	1605	ST

Negative for Fecal Coliform

Positive for Fecal Coliform - # Colonies 40

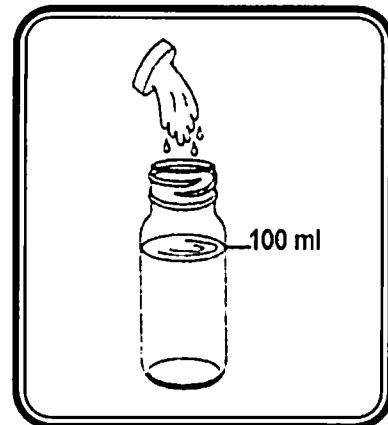
Satisfactory Unsatisfactory

Comments: _____

SAMPLE DROP-OFF MUST BE SCHEDULED IN ADVANCE WITH LAB

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2. Remove Aerator/Screen from spigot if applicable. Recommend sampling to be from a fixed faucet. (Non-swivel)
3. Apply flame or bleach to spigot to sterilize before sampling.
4. Use Cold Water. Run cold water for 3 minutes.
5. Verify Paper Seal is intact.
6. This is a sterile procedure. **Do Not Touch Inside Container or Lid.**
7. **Do Not Rinse Bottle.** Powder inside is an important part of the test.
8. Remove lid and **Fill to at least the 100 ml line** without over flowing bottle.
(See diagram at right) **Samples with less than 100 mls of water WILL BE REJECTED.**
9. Replace Lid. Write name, sample date, time and location on lid label.
10. Keep Sample Cold and deliver to laboratory as soon as possible after collection.
11. Samples more than 6 hours old WILL be rejected.
12. Water samples accepted: Monday through Wednesday - 8:00 am to 5:00 pm
Samples arriving after 3:00 will not be analyzed until the following day. Thursday - 8:00 am to 3:00 pm

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TERMS AND CONDITIONS

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TAURIAINEN ENGINEERING & TESTING

35186 Kenai Spur Hwy Soldotna, AK 99669 ○ (907) 262-4624
EngineeringAlaska@gci.net ○ www.EngineeringAK.com

**PLEASE READ INSTRUCTIONS ON BACK
PRINT ALL INFORMATION
Test Requires Advance Notice
Please Call Prior to Bringing in Sample**

FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
 Soldotna, AK 99669

Lab Use Only
Lab Number 2022-1256-04

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water

Legal Description/Building: RM 23 - Swiftwater Park

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 10:00 By: AM

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 12:55 By: HT Paid: Bill

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 July 22

Time Test Started: 1605

Analyst: ST

TEST RESULTS (SM 9222D)

Direct Count: 9 Colonies/100ml

- Negative for Fecal Coliform
- Positive for Fecal Coliform - # Colonies 9
- Satisfactory Unsatisfactory

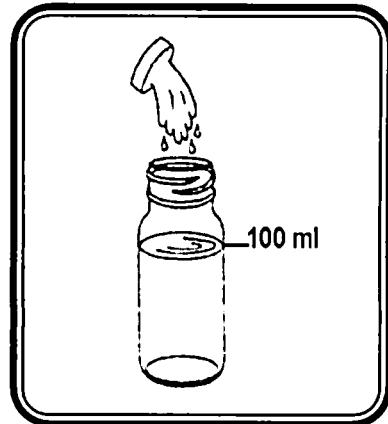
Comments: _____

Date 27 July 22 Time 1605 Analyst ST

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5. Verify Paper Seal is intact.
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7. **Do Not Rinse Bottle.** Powder inside is an important part of the test.
8. Remove lid and Fill to at least the 100 ml line without over flowing bottle.
(See diagram at right) **Samples with less than 100 mls of water WILL BE REJECTED.**
9. Replace Lid. Write name, sample date, time and location on lid label.
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EngineeringAlaska@gci.net www.EngineeringAK.com

PLEASE READ INSTRUCTIONS ON BACK

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Test Requires Advance Notice

Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
Soldotna, AK 99669

Lab Use Only
Lab Number 2022-1257-01

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water

Legal Description/Building: RM 31 - Morgan's Landing

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 10:13 By: EH

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 1255 By: HT Paid: b/11

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 Jy 22 Time Test Started: 1710 Analyst: ST

TEST RESULTS (SM 9222D) Date Time Analyst

Direct Count: 7 Colonies/100ml Date 27 Jy 22 Time 1710 Analyst ST

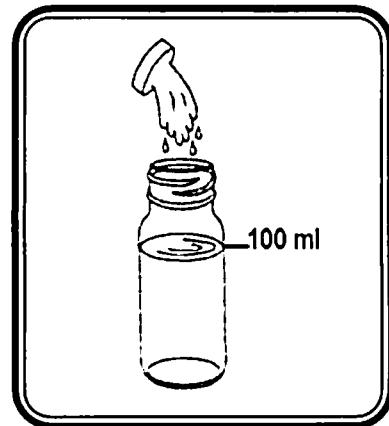
- Negative for Fecal Coliform
 Positive for Fecal Coliform - # Colonies 7
 Satisfactory Unsatisfactory

Comments: _____

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9. Replace Lid. Write name, sample date, time and location on lid label.
10. Keep Sample **Cold** and deliver to laboratory as soon as possible after collection.
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FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
Soldotna, AK 99669

Lab Use Only
Lab Number 2022-1257-02

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water _____

Legal Description/Building: RM 70 - Jim's Landing

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 10:25 By: JSL

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 12:55 By: CHT Paid: bill

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 July 22 Time Test Started: 1710 Analyst: ST

TEST RESULTS (SM 9222D) Date Time Analyst

Direct Count: 1 Colonies/100ml 27 July 22 1710 ST

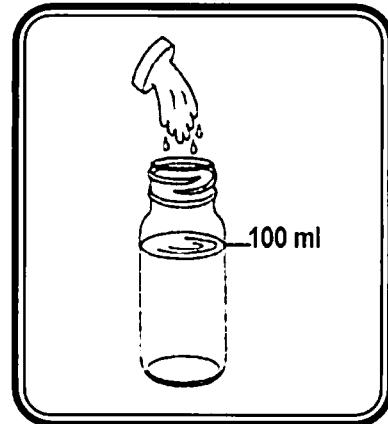
- Negative for Fecal Coliform
 Positive for Fecal Coliform - # Colonies 1
 Satisfactory Unsatisfactory

Comments: _____

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7. **Do Not Rinse Bottle. Powder Inside** is an important part of the test.
8. Remove lid and **Fill to at least the 100 ml line** without over flowing bottle.
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9. Replace Lid. Write name, sample date, time and location on lid label.
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FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
Soldotna, AK 99669

Lab Use Only
Lab Number 2022-1257-03

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water _____

Legal Description/Building: RM 10.1 - Kenai River

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 10:28 By: MG

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 1255 By: HT Paid: bill

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 Jul 22 Time Test Started: 1710 Analyst: ST

TEST RESULTS (SM 9222D) Date Time Analyst

Direct Count: 10 Colonies/100ml Date 27 Jul 22 Time 1710 Analyst ST

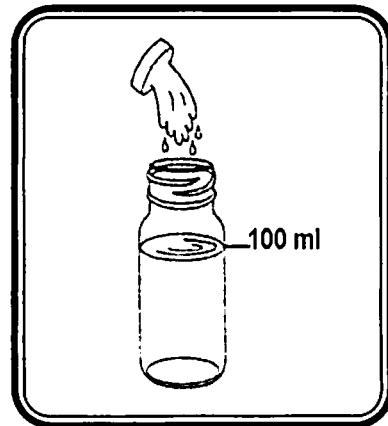
- Negative for Fecal Coliform
 Positive for Fecal Coliform - # Colonies 10
 Satisfactory Unsatisfactory

Comments: _____

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TAURAINEN ENGINEERING & TESTING

35186 Kenai Spur Hwy Soldotna, AK 99669 ○ (907) 262-4624
EngineeringAlaska@gci.net ○ www.EngineeringAK.com

PLEASE READ INSTRUCTIONS ON BACK

PRINT ALL INFORMATION

Test Requires Advance Notice

Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
Soldotna, AK 99669

Lab Use Only
Lab Number 2022-1257-04

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water

Legal Description:/Building: RM - Z1 - Soldotna Bridge

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 10:30 By: AM

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 1255 By: DHT Paid: bill

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 Jul 22

Time Test Started: 1710

Analyst: ST

TEST RESULTS (SM 9222D)

Direct Count: 2 Colonies/100ml

Date	Time	Analyst
<u>27 Jul 22</u>	<u>1710</u>	<u>ST</u>

Negative for Fecal Coliform

Positive for Fecal Coliform - # Colonies 2

Satisfactory Unsatisfactory

Comments: _____

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2. **Remove Aerator/Screen** from spigot if applicable. Recommend sampling to be from a fixed faucet. (Non-swivel)
3. Apply flame or bleach to spigot to sterilize before sampling.
4. **Use Cold Water.** Run cold water for 3 minutes.
5. **Verify Paper Seal** is intact.
6. This is a sterile procedure. **Do Not Touch Inside Container or Lid.**
7. **Do Not Rinse Bottle.** Powder inside is an important part of the test.
8. Remove lid and **Fill to at least the 100 ml line** without over flowing bottle.
(See diagram at right) **Samples with less than 100 mls of water WILL BE REJECTED.**
9. Replace Lid. Write name, sample date, time and location on lid label.
10. Keep Sample Cold and deliver to laboratory as soon as possible after collection.
11. **Samples more than 6 hours old WILL be rejected.**
12. **Water samples accepted: Monday through Wednesday - 8:00 am to 5:00 pm**
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FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
 Soldotna, AK 99669

Lab Use Only
Lab Number 2022-1257-05

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water _____

Legal Description/Building: RM 12.5 - Pillars

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 10:37 By: MG

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 12:55 By: A/T Paid: bill

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 Jul 22 Time Test Started: 1710 Analyst: ST

TEST RESULTS (SM 9222D) Date Time Analyst

Direct Count: 7 Colonies/100ml Date 27 Jul 22 Time 1710 Analyst ST

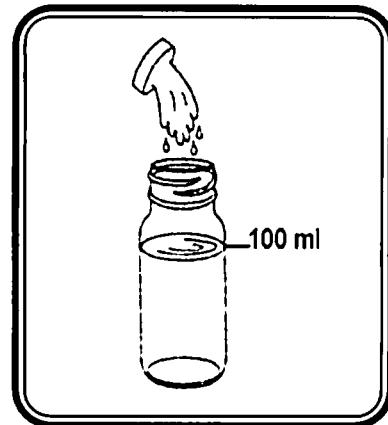
- Negative for Fecal Coliform
 Positive for Fecal Coliform - # Colonies 7
 Satisfactory Unsatisfactory

Comments: _____

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3. Apply flame or bleach to spigot to sterilize before sampling.
4. Use Cold Water. Run cold water for 3 minutes.
5. Verify Paper Seal is intact.
6. This is a sterile procedure. **Do Not Touch Inside Container or Lid.**
7. **Do Not Rinse Bottle.** Powder inside is an important part of the test.
8. Remove lid and **Fill to at least the 100 ml line** without over flowing bottle.
(See diagram at right) **Samples with less than 100 mls of water WILL BE REJECTED.**
9. Replace Lid. Write name, sample date, time and location on lid label.
10. Keep Sample Cold and deliver to laboratory as soon as possible after collection.
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FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
Soldotna, AK 99669

Lab Use Only
Lab Number 2022-1258-01

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water

Legal Description:/Building: RM 36 - Moose River

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 10:42 By: JH

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 12:55 By: HT Paid: bill

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 Jul 22 Time Test Started: 1815 Analyst: ST

TEST RESULTS (SM 9222D) Date 27 Jul 22 Time 1815 Analyst ST

Direct Count: 1 Colonies/100ml

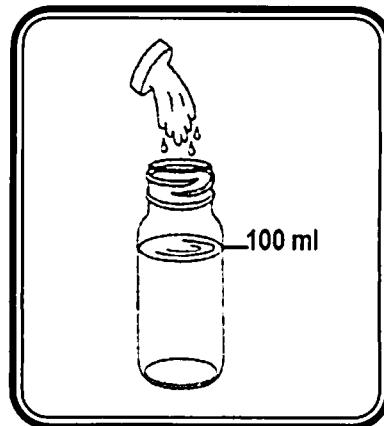
- Negative for Fecal Coliform
 Positive for Fecal Coliform - # Colonies 1
 Satisfactory Unsatisfactory

Comments: _____

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5. Verify Paper Seal is intact.
6. This is a sterile procedure. **Do Not Touch Inside Container or Lid.**
7. **Do Not Rinse Bottle.** Powder inside is an important part of the test.
8. Remove lid and Fill to at least the 100 ml line without over flowing bottle.
(See diagram at right) **Samples with less than 100 mls of water WILL BE REJECTED.**
9. Replace Lid. Write name, sample date, time and location on lid label.
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FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name	Kenai Watershed Forum	Lab Use Only	Lab Number	2022-1258-02
Mailing Address	44129 Sterling Hwy Soldotna, AK 99669	Phone	(907) 262 - 5449	
		Email/Fax	hydrology@kenaiwatershed.org	

Sample Information: Residential Water System PWSID _____ Other Surface Water _____

Legal Description:/Building: RM 36 - Moose River - DUP

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 10:48 By: EH

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 1255 By: AHT Paid: 6011

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 July 22 Time Test Started: 1815 Analyst: ST

TEST RESULTS (SM 9222D) Date _____ Time _____ Analyst _____

Direct Count: 4 Colonies/100ml

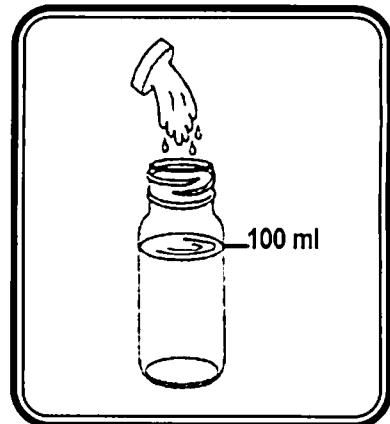
- Negative for Fecal Coliform
- Positive for Fecal Coliform - # Colonies 4
- Satisfactory Unsatisfactory

Comments: _____

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FORCE MAJEURE TET shall have no liability for nonperformance caused in whole or in part by causes beyond our reasonable control, including but not limited to Acts of God, civil unrest and war, equipment failures, acts of authorities, or delays in transportation, mail or delivery services.

DISPUTE RESOLUTION These Terms and Conditions shall override conflicting provisions contained in Client purchase order or other standard form documents and may be amended only by written agreement of TET. Client and TET agree that all disputes between them arising out of or relating to this Agreement shall be submitted to non-binding mediation unless mutually agreed otherwise. This agreement shall be interpreted under the laws of Alaska. Rev7/13/20

TAURAINEN ENGINEERING & TESTING

35186 Kenai Spur Hwy Soldotna, AK 99669 (907) 262-4624
EngineeringAlaska@gci.net www.EngineeringAK.com

PLEASE READ INSTRUCTIONS ON BACK

PRINT ALL INFORMATION

Test Requires Advance Notice

Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
Soldotna, AK 99669

Lab Use Only
Lab Number 2022-1758-03

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water _____

Legal Description/Building: RM 19- Slikok Creek

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 11:00 By: AM

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Hayward

Received: Date 26 July 22 Time: 12:55 By: HT Paid: bill

Condition: Satisfactory Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 26 July 22 Time Test Started: 1815 Analyst: ST

TEST RESULTS (SM 9222D) Date 27 July 22 Time 1815 Analyst ST

Direct Count: 68 Colonies/100ml

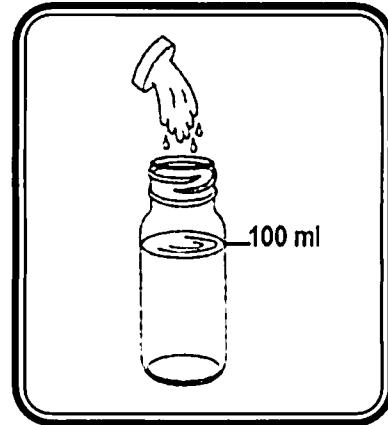
- Negative for Fecal Coliform
 Positive for Fecal Coliform - # Colonies 68
 Satisfactory Unsatisfactory

Comments: _____

SAMPLE DROP-OFF MUST BE SCHEDULED IN ADVANCE WITH LAB

1. Taurainen Engineering & Testing cannot accept samples collected in your own container for this analysis. Before collecting a sample for bacteriological analysis, you must first obtain a **LAB SUPPLIED STERILE SAMPLE BOTTLE**.
2. **Remove Aerator/Screen** from spigot if applicable. Recommend sampling to be from a fixed faucet. (Non-swivel)
3. Apply flame or bleach to spigot to sterilize before sampling.
4. **Use Cold Water.** Run cold water for 3 minutes.
5. **Verify Paper Seal** is intact.
6. This is a sterile procedure. **Do Not Touch Inside Container or Lid.**
7. **Do Not Rinse Bottle.** Powder inside is an important part of the test.
8. Remove lid and **Fill to at least the 100 ml line** without over flowing bottle.
(See diagram at right) **Samples with less than 100 mls of water WILL BE REJECTED.**
9. Replace Lid. Write name, sample date, time and location on lid label.
10. **Keep Sample Cold** and deliver to laboratory as soon as possible after collection.
11. **Samples more than 6 hours old WILL be rejected.**
12. **Water samples accepted:** Monday through Wednesday - 8:00 am to 5:00 pm
Samples arriving after 3:00 will not be analyzed until the following day. Thursday - 8:00 am to 3:00 pm

No sample will be accepted after 3:00 on Thursday, except by special arrangement.



TERMS AND CONDITIONS

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SCOPE OF SERVICES TET performs testing services on samples submitted to or collected by TET using environmental testing industry accepted protocols, practices and standards and as requested by Client. TET provides a written report of analytical results. Results are delivered by mail or e-mail, or with special arrangements verbally, or by fax. This report is for the exclusive use of the party to whom it is addressed.

DUTIES OF CUSTOMER Samples delivered to TET must be accompanied by written disclosure of any hazardous substances known or suspected by Client. Samples suspected of containing a hazardous substance must be packaged, labeled, transported and delivered in accordance with applicable laws. TET reserves absolute right to refuse delivery or revoke acceptance of any sample which in the sole judgement of TET is of unsuitable volume, arrives in a leaking or damaged container, or may pose risk in handling, transport or processing or for any other reason, whether or not due to presence in sample of hazardous substance and whether or not disclosed to TET by Client.

PAYMENT Payment is due at the time of sample submittal, unless otherwise agreed in writing. Client agrees to pay all expenses incurred by TET, including attorney fees and court costs, to collect any past due amounts.

LIMITED WARRANTY TET will perform services with care and skill ordinarily exercised by members of the profession practicing in the area under similar conditions and limitations. TET's sole obligation hereunder shall be to re-perform services which are materially deficient without charge, so long as such deficiencies are reported in writing to TET within 30 days after discovery thereof, but in no event later than one year from performance of services by TET. TET services are limited in scope and subject to expected measurement variability and possible interferences in the measurement process caused by the sample matrix. TET makes no warranty that tested sample is representative of source from which sample was taken or that any particular analysis can be performed on a particular sample. TET may utilize subcontractors.

TET MAKES NO EXPRESS OR IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE ON TET SERVICES. IN NO EVENT SHALL TET BE LIABLE FOR ANY INDIRECT, SPECIAL OR CONSEQUENTIAL DAMAGES. NOR

SHALL TET BE LIABLE IN ANY EVENT, INCLUDING ITS OBLIGATION TO RE-PERFORM, FOR ANY LOSSES, DAMAGES OR CLAIMS IN EXCESS OF AMOUNT PAID TO TET FOR SERVICES HEREUNDER.

CONFIDENTIALITY TET will keep Client documents and information confidential and will not disclose such information to third parties (except required reports to ADEC for public water systems) without Client permission except in response to legal process after giving copy of such process to Client.

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FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS BY MEMBRANE FILTER

Client Name Kenai Watershed Forum
Mailing Address 44129 Sterling Hwy
Soldotna, AK 99669

Lab Use Only
Lab Number 2022-1258-84

Phone (907) 262 - 5449

Email/Fax hydrology@kenaiwatershed.org

Sample Information: Residential Water System PWSID _____ Other Surface Water _____

Legal Description:/Building: RM 18 - Roacher's Cove

Sample Location: (bathroom, kitchen, etc) Surface Water - river

Sampled: Date: 7/26/2022 Time: 11:00 By: MG

Sample Type: Routine Special Purpose Water Quality Monitoring
 Check Sample (For previous unsatisfactory sample with lab number _____)

Disinfection: Untreated Treated (chlorine, UV, etc.) _____

Relinquished: Date: 7/26/22 Time: 12:55 By: Burke Haywood

Received: Date 26 July 22 Time: 12:55 By: HT Paid: bill

Condition: Satisfactory Rejected Comments: _____

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Date Test Started: 26 July 22 Time Test Started: 1815 Analyst: ST

TEST RESULTS (SM 9222D) Date 27 July 22 Time 1815 Analyst ST

Direct Count: 8 Colonies/100ml

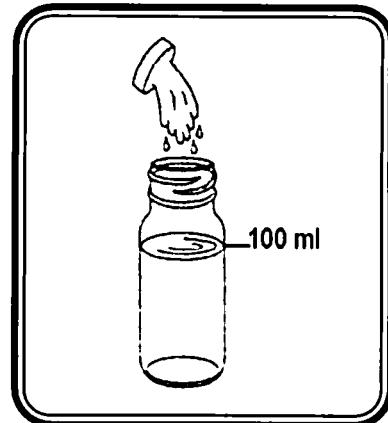
- Negative for Fecal Coliform
- Positive for Fecal Coliform - # Colonies 8
- Satisfactory Unsatisfactory

Comments: _____

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