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

Mailing 44/29 Sterling Huy. Address Soldotha, KN 99669 Phon Email Sample Information: O Residential Water System O PWSID Legal Description:/Building:	se Only Number 2019-1291-01 De (907)260-5449 x 12 El/Faxmaggie & Kenaiwster Aother Klnai River W
Address Soldotha, K. 99669 Email Sample Information: O Residential Water System O PWSID Legal Description:/Building:	WFaxmaggie @ Kenaiwater
Sample Information: O Residential Water System O PWSID Legal Description:/Building:	$g_0 \setminus \dots \otimes g_n$
Legal Description:/Building: RM 27	Aother Kenai River h
Ecgar Descriptions Dunamy.	
Sample Location: (bathroom, kitchen, etc)	
	K
Sampled: Date: $\frac{7-30-19}{}$ Time: 08:10 By:	CH
Sample Type: O Routine Special Purpose W Q	
O Check Sample (For previous unsatisfactory sample with lab	number)
Disinfection: Untreated O Treated (chlorine, UV, etc.	c.)
Relinquished: Date: 7-30-19 Time: 12:30 By: CH	
Received: Date 3004 (9 Time: 1230 By: 4w	Paid:
Condition: Satisfactory O Rejected Comments:	
This report is for the exclusive use of the party to whom it is addresse By submitting a sample for testing to Tauriainen Engineering & Testing, Inc., (TET) the Client agrees to	ed. o the terms and conditions on reverse.
↓ To be filled out by Lab ↓	
Date Test Started: 35 July 19 Time Test Started: 1435	Analyst:
TEST RESULTS (SM 9222D) Date	Time Analyst
Direct Count: 121 Colonies/100ml 313/7	19 1435 51
O Negative for Fecal Coliform	
Positive for Fecal Coliform - # Colonies 121	
○ 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

FEGAL GULIFURI	I BACIERIA DRINKING	VVAIER ANAL	OIS DT WEWDRA	NEFILIER	
Client Name <u>Kemo</u>	i Watershed	Forum	Lab Use C Lab Nur	Only nber <u>201</u> 9 –	1291-02
Mailing 4412	9 Sterling	Hwy			
Address Sol	Jatua, XR	99669	Phone (907)260-5	7449 x 120
<u> </u>			Email/F	axmaacie.a) Kenajusate
				00	` _
Sample Information	on: O Residential Wate	r System O PW	SID	_ — Other <u>Kein</u>	alkiver W
Legal Description:	:/Building:	KM 87			
Sample Location:	(bathroom, kitchen, etc)	rai Lak	Le Bridg	1C	
Sampled:	Date: 7-30-19	Time: _ _68 :3		J_NH	
Sample Type:	O Routine	Special F	Purpose <u>WQ</u>		
	O Check Sample (Fo	or previous unsatisfac	tory sample with lab nur	mber)
Disinfection:	Untreated	O Treated	(chlorine, UV, etc.)		
Relinquished:	Date: 7-30-10	Time: 12:30	ву: <u>СН</u>		
Received:	Date <u>50101719</u>	Time:[230	By: HW	Paid:_	
Condition:	Satisfactory	O Rejected	Comments:		
By sub	This report is omitting a sample for testing to Tauriaine		party to whom it is addressed. (TET) the Client agrees to the	terms and conditions on reve	rse.
		↓ To be filled ou	t by Lab ↓		
	_				
Date Test Started:	30JU19	Time Test Starte	_{d:} 1435	_ Analyst:	SI
TEST RESULTS	-		Date	Time	Analyst
Direct Count:	Colonies/100ml		315/719	1435	57
	— egative for Fecal Coliforr	n			
	ositive for Fecal Coliform				
O Sa	atisfactory O Uns	atisfactory			
Comments:					

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PLEASE READ INSTRUCTIONS ON BACK **PRINT ALL INFORMATION**

FECAL COLIFORM B	BACTERIA DRINKING	NATER ANALY	SIS BY N	<i>NEMBRAN</i>	E FILTER	
Client Name <u>Kewai (</u> Mailing <u>44129</u> Address <u>Soldo</u>	Natershed 7 Sterling of tha, AK 9	Forum Hwee 1969		Phone(<u>'</u>	ber 2019-1	5449 x12
				Email/Fax	maggie (2) Kenain
Sample Information:	O Residential Water	System OPWS	SID		Other	i River W
Legal Description:/B	uilding:	RM 19				• •
	(bathroom, kitchen, etc)	ok Cree	2K			
Sampled:	Date: 7-30 -19	Time: <u>69:00</u>		Ву:	H	
Sample Type:	O Routine	Special P	urpose <u>C</u>	NQ		
(O Check Sample (For	previous unsatisfact	ory sample	with lab numb	per)
	Untreated	•	_	UV, etc.) _		
	Date: 4-30-19		-			
Received:	Date <u>3010 ~ Y1 9</u>	Time: 1230	Ву:	[w]	Paid:	
Condition:	Satisfactory	O Rejected	Comm	ents:		
By submittir	This report is for ng a sample for testing to Tauriainen E	r the exclusive use of the pangineering & Testing, Inc.,			ms and conditions on rever	6e
	#	To be filled out	by Lab	1		
Date Test Started: 3	T 17170	ime Test Started	d: <u>143</u> 9	5	Analyst: _	72
TEST RESULTS (S	M 9222D)		Date)	Time	Analyst
Direct Count: 74	Colonies/100ml		31	21719	1435	57
O Nega	ative for Fecal Coliform					
Posit	ive for Fecal Coliform -	# Colonies 74	_			
O Satis	factory O Unsat	isfactory				
Comments:						
					···	

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PLEASE READ INSTRUCTIONS ON BACK PRINT ALL INFORMATION

FECAL COLIFORM B.	ACTERIA DRINKING	WATER ANALY	'SIS BY I	VEMBRAN	FILTER	
Client Name <u>Kenoi</u> Mailing 441,29	Watershed Sterling	1 Forum		Lab Use Onl Lab Numb	y <u>2019</u> -	1291-04
Address Solda	tua, XR	99 669		Phone (9)	07)260-5	5449 x120
		<u>.</u>		Email/Fax	maggie@1	Kenainater
Sample Information:	O Residential Water	System O PW	SID		A Other Ken	vai Riverti
Legal Description:/Bເ	uilding:	RM 7	1.5			
Sample Location: (bathroom, kitchen, etc)	neau C	reek			
Sampled:	Date: 7-30-19	Time: <u>04:01</u>	<u> </u>	By:	MH	-···
Sample Type:	O Routine	Special F	Purpose \underline{U}	<u>28</u>	·	
	O Check Sample (For	previous unsatisfact	tory sample	with lab numb	er)
Disinfection:	Untreated	O Treated (chlorine,	UV, etc.) _		
Relinquished:	Date: <u>7-30-19</u>	Time: 12:30	ву: <u>С</u>	<u> </u>		
Received:	Date 301 114(9	Time: <u>1738</u>	Ву:	tw_	Paid:_	
Condition:	Satisfactory	O Rejected	Comm	nents:		
By submittin	This report is for g a sample for testing to Tauriainen E	or the exclusive use of the p Engineering & Testing, Inc.,	earty to whom it (TET) the Clier	is addressed. nt agrees to the terr	ns and conditions on rever	se.
	1	To be filled ou	t by Lab	1		
Date Test Started: <u>3</u>	7 1719 T	Γime Test Starte	d: 143	5	Analyst: __	57
TEST RESULTS (S	M 9222D)		Date	e	Time	Analyst
Direct Count: 7	Colonies/100ml		<u>31</u>	3-1719	1435	57
O Nega	tive for Fecal Coliform			·		
Positi	ve for Fecal Coliform -	# Colonies	<u>-</u>			
O Satisf	actory O Unsa	tisfactory				
Comments:						
						

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I ECAL CO	JLIFORIN	DACIENIA DNINI	UNG WAILK	MAL I DID L	JI WILMON	IVE I IEIEK	
Client Name	Ker	rai Wate	ushed Fr		Lab Use C	Only nber <u>2019</u> –	1291-05
Mailing Address	So 6	botha AK	- 991el	<u>e9</u>	Phone .	907 UeO	5449 x
					Email/F	axMaggil @	<u>kenaiwate</u>
Sample In	formation	n: O Residential V	Vater System	OPWSID_		_ & Other <u>Ker</u>	rai Rever
Legal Des	cription:/	Building:	<u>RM</u>	6.5			
Sample Lo	ocation:	(bathroom, kitchen, etc)	Umingl	nam	Park		
Sampled:		Date: <u>7 · 30 · 1</u>	Time:	9:11	By:	MH	
Sample Ty	/pe:	O Routine	> Sp	ecial Purpo	se <u>wQ</u>		
		O Check Samp	e (For previous un	satisfactory sa	mple with lab nur	mber	
Disinfection	on:	> Untreated	•	eated (chlor	ine, UV, etc.)		
Relinquisl	hed:	Date: 7 · 30 · 1	$\frac{19}{1}$ Time: $\frac{12}{1}$	<u>.`</u> By:_	TB		
Received:		Date 300 VLY1	7 Time: <u>t</u>	<u>-30</u> By:	u w	Paid:	
Condition:	:	Satisfactory	O Re	jected Co	omments:		
	By subn	This initting a sample for testing to Ta	eport is for the exclusive uniainen Engineering & Te			terms and conditions on revers	ę.
			↓ To be fill	ed out by l	_ab ↓		
Date Test S	Started: _	3074719	Time Test	Started:	435	_ Analyst: _	ST
TEST RE	SULTS	(SM 9222D)			Date	Time	Analyst
Direct Cou	nt: 12	_ Colonies/100ml			317V71	9 1435	<u>T2</u>
	O Ne	gative for Fecal Co	liform				
	Pos	sitive for Fecal Coli	form - # Colonie	es 12			
	O Sat	tisfactory O	Unsatisfactory				
Comments	:						

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	M BACTERIA DRINKING	WATER ANALY	SIS BY MEMBRAN	IE FILIEK	
Client Name Kew Mailing 4416	ai Watershe 29 Sterlina 1	Hou	Lab Use Or	nly 2019 -	1291-06
Address Sal	dotna, AK	99869	Phone 9	07)260-	5449 x 120
			Email/Fa	xmaggica	2 Kenaiwate
Sample Informati	ion: O Residential Water	System O PWS	ID	Other/1000	21 River LD
Legal Description	n:/Building:	RM-	21		
Sample Location	: (bathroom, kitchen, etc) So	dotna B	ridge		
Sampled:	Date: 7-30-19	Time: <u>04:32</u>	\mathcal{I}_{By}	CH	
Sample Type:	O Routine	Special Pu	urpose <u>WQ</u>		
	O Check Sample (For	previous unsatisfacto	ory sample with lab num	ber)
Disinfection:	Untreated	O Treated (c	chlorine, UV, etc.) _		
Relinquished:	Date: <u>7-30-19</u>	Time: 12:30	By:		<u> </u>
Received:	Date <u>ک را ۲</u> (۶	Time:	By: <u>Her</u>	Paid:_	
Condition:	Satisfactory	O Rejected	Comments:	<u> </u>	
By s	This report is for testing to Tauriainen	or the exclusive use of the pa Engineering & Testing, Inc., (rty to whom it is addressed. FET) the Client agrees to the te	rms and conditions on reve	rse.
	1	To be filled out	by Lab ↓		
Date Test Started:	3071719	Time Test Started	: 1435	Analyst:	57
TEST RESULT	S (SM 9222D)		Date	Time	Analyst
Direct Count:	Colonies/100ml		312/719	1435	51
01	legative for Fecal Coliform		•		
@ P	Positive for Fecal Coliform	- # Colonies <u> </u>	_		
0.8	Satisfactory O Unsa	tisfactory			

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

I LOAL GOL		DAUILNIA D		TO ATENTION	- 1 0.0 2 .	7772777777		
Client Name Mailing Address	Lnc 1412	i Wal	Wsh	buy	<u>^</u>	Lab Use Onl Lab Numb		1291-07 5469 41
_ <u>_</u> _	DO) TYCL 1 #	TK	9910100	-			3 79 1 1
				_	-	Email/Fax	maggie (o)	Kenaiwaters
Sample Infor	mation	: O Resider	itial Wate	r System OPV	WSID		Other <u>Ke</u>	rai River
Legal Descri	ption:/l	Building:	R	M 1.5				
Sample Loca	tion:	(bathroom, kitchen,	etc) <u>Ke</u>	nai Cit	1 Do	CRS		
Sampled:		Date: 7:3	0.19	Time: <u>0</u> 2 :	14	Ву:	n H	
Sample Type) <i>:</i>	O Routine			Purpose	WQ		
		O Check S	ample (Fo	or previous unsatisfa	actory sample	e with lab numb	er	
Disinfection:	•	Untreate	ed	O Treated	d (chlorine	, UV, etc.)		
Relinquished	d:	Date: 7 · 3	0-19	Time: 10.15	By: <u></u> \∆	10 KON	Odle C	rt
Received:		Date <u>301</u>	12419	Time: <u>/730</u>	By: <u></u>	tw		<u>. </u>
Condition:		Satisfact	tory	O Rejecte	ed Comr	ments:		
	By subm	itting a sample for testi		for the exclusive use of the Engineering & Testing, Ir			ns and conditions on rever	se.
			,	To be filled o	ut by Lab	• ↓		_
								~
Date Test Sta	rted:	91×1208		Time Test Star	ted: 14	35	Analyst:	51
TEST RESU	ULTS	(SM 9222D)			Da	te	Time	Analyst
Direct Count:	79	_ Colonies/1	00ml		<u>3</u>	13-1719	1435	57
	O Neg	_ gative for Fec	al Coliforn	n				
	O Pos	sitive for Feca	l Coliform	- # Colonies 7	9			
	O Sat	isfactory	O Uns	atisfactory				
Comments: _				_				

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FECAL COLIFOR	RM BACTERIA DRINKING	WATER ANALYSIS	BY MEMBRAN	E FILTER	
Client Name <u>K</u> e	nai Watershe	d Forum	Lab Use On Lab Numi	ber <u>2019-1</u>	292-01
Mailing <u>しい</u> Address	1129 Sterrir	a Hwy			
SD	bother, AK	991069		707 - 260	-5449 ×
			Email/Fax	Maggie @	Kenaiwata
Sample Informat	tion: O Residential Wate	r System O PWSID)	Sother Kena	i River W
Legal Descriptio	n:/Building:	RMX			
Sample Location	(bathroom, kitchen, etc)	Name (reek	(Dupice	nte)
Sampled:	Date: 7/30/19	Time: <u>04;35</u>	By:	MH	
Sample Type:	O Routine	Special Purp	oose <u>WQ</u>		
	O Check Sample (Fo	or previous unsatisfactory	sample with lab numb	oer)
Disinfection:	∀ Untreated ✓ ✓ ✓ ✓ ✓ ✓ ✓	O Treated (chl	orine, UV, etc.) _		
Relinquished:	Date: 7 - 30 - 19	_ Time: 10-15 By	y: Mogan	COS CH	<u> </u>
Received:	Date <u>30102419</u>	_ Time: 1730 By	y: HW	Paid:	
Condition:	Satisfactory	O Rejected	Comments:		
Ву	This report is submitting a sample for testing to Tauriaine	s for the exclusive use of the party in Engineering & Testing, Inc., (TET	to whom it is addressed.) the Client agrees to the ten	ms and conditions on reverse.	
	•	↓ To be filled out by	y Lab ↓		
Date Test Started	1: 30 July 19	Time Test Started:	1545	Analyst:	57
TEST RESULT	ΓS (SM 9222D)		Date	Time	Analyst
Direct Count: <u>1</u>	Colonies/100ml		312-1719	(545	7.7
0	Negative for Fecal Coliforn	n	•		
•	Positive for Fecal Coliform	- # Colonies <u>93</u>			
		atisfactory			
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 DRINKING	G WATER ANALYSIS	BY MEMBRAN	IE FILTER	
Client Name Mailing Address	ai Watershad 129 Sten Idotner, Are	Forum ing Huy ageleg		her 2019 - 907 2100	276110
	·		Email/Fax	x <u>Maggie</u>	@kenai watershe
Sample Informatio	n: ○ Residential Wate	er System O PWSID		Other Key	S449 X1207 <u>@kenai w</u> atershe org nai River WQ
Legal Description:	/Buildina:	R-M Ø	Dup		
Sample Location:	(bathroom, kitchen, etc) N c	Name (reek		
Sampled:	Date: 7-30-19	Time: 09 45	By:	MH	
Sample Type:	O Routine	Special Purp	ose <u>VVQ</u>		· · · · · · · · · · · · · · · · · · ·
	O Check Sample (F	or previous unsatisfactory	sample with lab num	ber)
Disinfection: Relinquished:	Outreated Date: 7-30-19	12:30	orine, UV, etc.) _ : Mo 	(000 CH	
Received:	Date 3010419	Time:_[730 By		Paid:	
Condition:	Satisfactory	O Rejected	Comments:	-	
By sub:	This report mitting a sample for testing to Tauriaine	is for the exclusive use of the party to an Engineering & Testing, Inc., (TET		rms and conditions on reven	se.
		↓ To be filled out by			
Date Test Started: _	3031719	Time Test Started: _	(545	Analyst:	57
TEST RESULTS	(SM 9222D)		Date	Time	Analyst
Direct Count: <u>98</u>	Colonies/100ml		317419	1545	<u> </u>
	egative for Fecal Colifor				
⊕ Po	sitive for Fecal Coliforn	n - # Colonies <u>98</u>			
O Sa	itisfactory O Uns	satisfactory			
Comments:	- -				
			<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 DRINKING WATER ANALYSIS BY MEMBRANE FILTER Client Name Lab Number Mailing **Address** Sample Information: O Residential Water System O PWSID O Other KPAND ے _ Legal Description:/Building: Sample Location: (bathroom, kitchen, etc) + UNN Date: 7-2 Bv: Sampled: Special Purpose W Q Sample Type: Routine Check Sample (For previous unsatisfactory sample with lab number O Treated (chlorine, UV, etc.) Untreated Disinfection: Time: 12:30 Relinauished: Time: 1730 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: 多ブペパリ Time Test Started: **TEST RESULTS (SM 9222D) Analyst** Time Direct Count: 40 Colonies/100ml O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies 40 Unsatisfactory O 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

Client Name	Van	ai Watersh	and Forum	Lab Use Or		1297-04
Mailing	HHI	29 Sterling	HULL	Lab Num	ber <u>2019</u> -	ILILO
Address	Solds	tha, AL	99/069	Phone _	07-260	-5449 ×1207
	,	•	· -	Email/Fa	xmaggie (<u>d Kenci watershe</u>
Sample In	formation	n: ○ Residential Wate	er System O PWSI	D	Other Ke	nai River W.
Legal Des	cription:/	Building:	RNID			
Sample Le	ocation:	(bathroom, kitchen, etc)	eaver Cr.	eek		
Sampled:		Date: <u>7.30.10</u>	<u>1</u> Time: 9:54	HM By:	MH	
Sample Ty	ype:	O Routine	Special Pur	rpose <u>WQ</u>		
		O Check Sample (F	or previous unsatisfactor		ber	
Disinfection	on:	∠ Untreated	O Treated (ch	nlorine, UV, etc.) _		
Relinquisi	hed:	Date: 7 - 30 - 1 °	Time: <u>_{ </u>	By: TB		
Received:	•	Date Soury 19	Time: <u>_/730</u> E	By: <u>(44)</u>	Paid:_	
Condition	:	Satisfactory	O Rejected	Comments:		
	By subm	This report nitting a sample for testing to Tauriain	is for the exclusive use of the party en Engineering & Testing, Inc., (TE		rms and conditions on rever	se.
			↓ To be filled out t	oy Lab ↓		
Date Test	Started: _	30 July 19	Time Test Started:	1545	Analyst:	57
TEST RE	SULTS	(SM 9222D)		Date	Time	Analyst
Direct Cou	nt: <u>19</u>	_ Colonies/100ml		3134719	1545	ST
	O Neg	gative for Fecal Colifor	m	•		
	Pos	sitive for Fecal Coliforn	n - # Colonies <u>\</u> 9			
	O Sat	tisfactory O Uns	satisfactory			
Comments	s:					 -
						·

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

						-	
Client Name	Kena	i Watersh	eal Forum		Lab Use O	nly iber <u>2019 – </u>	1793-01
Mailing 2	44129	Sterling			Lab Num	iber ZXX	10151
Address -	Sold	otua. A	K 99669		Phone	07)260-54	149 × 1207
_		()			Email/Fa	maggie G	Kenaiwale
Sample Inf	formation	: O Residential V	Water System ○ PV	/SID		(1) Other Kenn	ai River W
-		Building:	RM 74			- · · · · · · · · · · · · · · · · · · ·	
Sample Lo			Russian	Riv	er		
Sampled:		Date: 7-30-	10			MH	
Sample Ty	pe:	O Routine					
		O Check Samp	le (For previous unsatisfa		-	ber	
Disinfectio	n:	Untreated	O Treated	(chlorine	e, UV, etc.) _		
Relinquish	ed:	Date: 7-30-	/G Time: 12:30	Ву:	CH		
Received:		Date Blucy	9 Time: 1230	Ву:	Hee)	Paid:	
Condition:		Satisfactory	O Rejecte	d Com	ments:		
	By submi		report is for the exclusive use of the auriainen Engineering & Testing, Inc			erms and conditions on revers	se.
			↓ To be filled o	ut by La	b ↓		
Date Test S	Started:	307419	Time Test Start	ed: <u>[</u>	ره)	_ Analyst: _	57
TEST RES	SULTS (SM 9222D)		Da	ate	Time	Analyst
Direct Coun	nt:	_ Colonies/100ml		3	9171216	1630	
	O Neg	ative for Fecal Co	oliform		•		
	Pos	itive for Fecal Coli	iform - # Colonies <u> </u>				
			Unsatisfactory				
Comments:						•	

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Client Name Keu	voi Waters	neal Foru	Lab Us	e Only	1202 07
Mailing HH	129 Sterline	Hwy	Lab N	umber <u>7019 -</u>	1293-02
Address		99669	Phone	·(907)260-a	5449 x12
			Email	/Fax maggie@	Kenaiwater
Sample Informa	tion: ○ Residential Wate	er System OPW		JU	, QA
Legal Description	on:/Building:	RM2	3		
Sample Location	n: (bathroom, kitchen, etc)	siftwater	r Park		
Sampled:	Date: 7-30 - 19	Time: 10:154	AM By:	CH	
Sample Type:	O Routine	•	Purpose <u>WQ</u>		
	O Check Sample (F	<i>y</i> .		number	
Disinfection:	Untreated			S.)	
Relinquished:	Date: 7-30-19	Time: \2:30	By: CH		
Received:	Date 3010 - 719	Time: <u>1730</u>	Ву: _ € ₩	Paid:_	
Condition:	Satisfactory	O Rejected	Comments: _		
Bv	This report submitting a sample for testing to Tauriaine	is for the exclusive use of the pen Engineering & Testing, Inc.,	party to whom it is addresse.	d. the terms and conditions on rever	Se.
		↓ To be filled ou			
Date Test Started	1: 307-1719	Time Test Starte	ed: 1630	Analyst:	57
TEST RESULT	ΓS (SM 9222D)		Date	Time	Analyst
Direct Count:	Colonies/100ml		3154	19 1630	ST
0	Negative for Fecal Colifor	rm			
•	Positive for Fecal Coliforn	n - # Colonies \underline{S}			
0	Satisfactory O Uns	satisfactory			
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

Client Name	nai Watershed	Form	Lab Use Or	nly ber 2019-129	13-03
Mailing LIL	1129 Sterling	HWU	Lab Num	ber <u>and to</u>	(3 - 3 -)
Address Sol	stra. AK 9	9/069	Phone C	107-260-	5449 x1
				x Maggil @Ke	
Sample Informat	ion: O Residential Water	r System O PWS		3 -	OV
Legal Description	n:/Building:	RM10.	. (,	
Sample Location	1/	Enci Rive	~		
Sampled:	Date: 7.30.19	Time: <u>し</u> ごご	7 By:	MH	
Sample Type:	O Routine	🥱 Special Pu	ırpose <u>W</u>		
	O Check Sample (Fo	r previous unsatisfacto	ry sample with lab num	ber)
Disinfection:	Untreated	O Treated (c	hlorine, UV, etc.) _		
Relinquished:	Date: 7-30.19	Time: 12:30	Ву:		
Received:	Date 301419	Time:	By: Ve V	Paid:	
Condition:	Satisfactory	O Rejected	Comments:		
Bys	This report is submitting a sample for testing to Tauriainer	for the exclusive use of the par Engineering & Testing, Inc., (1		rms and conditions on reverse.	
		To be filled out			
Date Test Started	: 30 Juz19	Time Test Started	:[637	Analyst: _~	S 7
TEST RESULT	'S (SM 9222D)		Date	Time	Analyst
Direct Count: 2	Colonies/100ml		31 July1	9 1630	<u>S1</u>
	Negative for Fecal Coliforn		'		
• 1	Positive for Fecal Coliform	- # Colonies 2	_		
	Satisfactory O Unsa				
Comments:					

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

·					
Client Name <u>Kena</u> Mailing 44 / S	i Watershee	1 Forum	Lab Use O	nly lber <u>2019 – </u>	1294-01
Address Sold	lotua, AK	99669	Phone 9	107)260-	5449 x 120
			Email/Fa	maggie@}	Cenaiwaters
Sample Information	n: O Residential Wate			Other Ken	
Legal Description:/	Building:	KM31			
Sample Location:	(bathroom, kitchen, etc)		-anding		
Sampled:	Date: 7-30 - 19	_ 10:4	<u>о</u> ву: О	MH	
Sample Type:	O Routine	Special Pur	pose <u>WQ</u>		
	O Check Sample (Fo	or previous unsatisfactory	sample with lab num	ber)
Disinfection:	Untreated	O Treated (ch	lorine, UV, etc.) _		
Relinquished:	Date: 7-30-19	Time: 12:30 B	y:		
Received:	Date 30102419	Time: <u>_ にろ</u> のB	y: Lew	Paid:_	
Condition:	Satisfactory	O Rejected	Comments:		
By subn	This report is nitting a sample for testing to Tauriainer	for the exclusive use of the party Engineering & Testing, Inc., (TE	to whom it is addressed. T) the Client agrees to the te	erms and conditions on rever	se.
		┡ To be filled out b			
Date Test Started:	3074719	Time Test Started:	1710	Analyst: _	57
TEST RESULTS	(SM 9222D)		Date	Time	Analyst
Direct Count: 3	Colonies/100ml		31 July 19	1710	87
O Ne	gative for Fecal Coliforn	n _	•		
Pos	sitive for Fecal Coliform	- # Colonies 3			
O Sat	tisfactory O Uns	atisfactory			
Comments:					

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

Mailing 44129 Sterling Hwy Address Soldotna, AK 99669	Lab Use Only 2019 - 1294 - 02 Phone (907) 260 - 5449 x 120 Email/Fax magic & Kenaiwate
Sample Information: O Residential Water System O PWSID	20ther Kenni River W
8 10 3 /	
Legal Description Dunanty.	·
Sample Location: (bathroom, kitchen, etc) YY) 605e 'CIVEY	2 10 11
Sampled: Date: 7-30 - 19 Time: 10:40	By: M H
Sample Type: O Routine Special Purpose	
O Check Sample (For previous unsatisfactory sample)	
2 '	e, UV, etc.)
Relinquished: Date: 7-30 - 19 Time: 12:30 By:	18
Received: Date_3QJULY19_ Time: 1730 By:	₩ Paid:
Condition:	ments:
This report is for the exclusive use of the party to whom By submitting a sample for testing to Tauriainen Engineering & Testing, Inc., (TET) the Ci	
↓ To be filled out by Lab	o ↓
Date Test Started: 3051719 Time Test Started: 17	Analyst:
TEST RESULTS (SM 9222D) Da	te Time Analyst
Direct Count: Colonies/100ml	31July 19 1710 ST
O Negative for Fecal Coliform	,
Positive for Fecal Coliform - # Colonies 1	
O Satisfactory O Unsatisfactory	
Comments:	

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regal golifori	W BACIERIA DRINNING	VVAIER ANAL 1313	DI WEWDKAN	EFILIER	
Client Name <u>\L</u>	nai Watersh	ed Form	Lab Use On Lab Numk	ber <u>2019 - 1</u>	294-03
Mailing UU Address SD	Idotna, AK	1404 09669	Phone 9	07)260	-5449×1
	1		Email/Fax	maggice	D Kenaiwate
Sample Informati	on: O Residential Water	System O PWSID _		& Other Line	i Piver W
Legal Description	n:/Building:	RM 12.5			
Sample Location:	(bathroom, kitchen, etc)	lars			
Sampled:	Date: 7 - 30 - 79	Time: 10:44	By:	MH	
Sample Type:	O Routine	Special Purpo	se <u>WQ</u>		
	O Check Sample (Fo	r previous unsatisfactory sa	ample with lab numb	er	
Disinfection:	Untreated	O Treated (chlor	rine, UV, etc.) _		
Relinquished:	Date: 7-30-19	Time: 12:30 By:	TE	3	
Received:	Date OULY19	Time: <u>[730</u> By:	HW.	Paid:	
Condition:	Satisfactory	O Rejected C	omments:		
By su	This report is ubmitting a sample for testing to Tauriainen	for the exclusive use of the party to v Engineering & Testing, Inc., (TET) t		ms and conditions on revers	e
	1	To be filled out by	Lab ↓		
Date Test Started:	30 July 19	Time Test Started:	710	Analyst: _	S7
TEST RESULTS	S (SM 9222D)		Date	Time	Analyst
Direct Count: 3	Colonies/100ml		3171719	1710	ST
ON	legative for Fecal Coliform	1 ~			
@ P	ositive for Fecal Coliform	- # Colonies <u>3</u>			
OS	atisfactory O Unsa	itisfactory			
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 DRINKING WATER ANALYSIS B	BY MEMBRANE FILTER
Client Name <u>Kenai Watershed Forem</u> Mailing 44189 Sterling Huy	Lab Use Only Lab Number 2019 - 1294 - 04
Address Soldatus 22 99669	Phone (907) 260-5449 × 120
<u> </u>	Email/Faxmaggie@Kenajwaley
	00 . 6
Sample Information: O Residential Water System O PWSID	& Other Kenai River WC
Legal Description:/Building: RM 70	
Sample Location: (bathroom, kitchen, etc) 1m3 Landin	<u></u>
Sampled: 7-30 1 Time: 10:48	_V _{By:}
Sample Type: O Routine Special Purpos	se <u>WQ</u>
O Check Sample (For previous unsatisfactory san	nple with lab number)
Disinfection: Untreated O Treated (chloring	ne, UV, etc.)
Relinquished: Date: <u>チ-30-19</u> Time: <u>は3o</u> By:_	TB
Received: Date 304419 Time: 1230 By:	He Paid:
Condition: So Satisfactory O Rejected Co	omments:
This report is for the exclusive use of the party to wh By submitting a sample for testing to Tauriainen Engineering & Testing, Inc., (TET) the	nom it is addressed. e Client agrees to the terms and conditions on reverse.
↓ To be filled out by L	ab ↓
Date Test Started: 307/7(9 Time Test Started:	7(0 Analyst:
TEST RESULTS (SM 9222D)	Date Time Analyst
Direct Count: Colonies/100ml	3154719 1710 ST
Negative for Fecal Coliform	·
O 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 COLIFORIVA	<i>I BACTERIA DRINNING</i>	WATER ANALISE	DIVILLIDIZANE	ILILIX	
Client Name	ai Watersher	d Forum	Lab Use Only Lab Numb	er 2019-1	295-01
Mailing 441	29 Sterlin	c Hwy			
Address Sold	Lotua, XK	<u> 19966</u>	Phon ∉ <u>9Ĉ</u>	7)260-5	<u>449 x 12</u> 0
	J		Email/Fax	maggiela	Kenaiwate
Sample Informatio	n: O Residential Wate	r System O PWSID) <u> </u>	other <u>New</u>	zi River h
Legal Description:	/Building:	RM 18			
Sample Location:	(bathroom, kitchen, etc)	achers Co	Ne	·	
Sampled:	Date: 7-30-19	Time:	By:	MH	
Sample Type:	O Routine	Special Purp	oose <u>WO</u>		
	O Check Sample (Fo	or previous unsatisfactory	sample with lab number	er)
Disinfection:	Untreated	O Treated (chl	orine, UV, etc.)		
Relinquished:	Date: <u>7-30-19</u>	Time: <u> ນ. 3.o</u> By	1: TB		
Received:	Date SOUVY19	Time: <u></u> By	1: <u>HW</u>	Paid:	
Condition:	Satisfactory	O Rejected	Comments:		
By sub	This report is mitting a sample for testing to Tauriaine	for the exclusive use of the party to Engineering & Testing, Inc., (TET		s and conditions on reverse	
	•	↓ To be filled out by	/ Lab ↓		
Date Test Started: _	3074/19	Time Test Started: _	(800	Analyst:	57
TEST RESULTS	(SM 9222D)		Date	Time	Analyst
Direct Count: 2	Colonies/100ml		317-419	1800	ST
O Ne	egative for Fecal Coliforn		•		
● Po	sitive for Fecal Coliform	- # Colonies 2			
O Sa	tisfactory O Uns	atisfactory			
Comments:					

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FECAL COLIFORN	I BACTERIA DRINKING	WATER ANALY	SIS BY MEMBRAI	NE FILTER	
Client Name <u>Kent</u>	ri Watershee	1 Forum	Lab Use O	only onber 2019-12	95-02
Mailing <u>4413</u>	29 Sterling	Hwy			
Address Solo	dotna, XKI	99669	Phone (907)260-51	149 x 120
			Email/Fa	maggie@ k	enaiwates
Sample Informatio	n: O Residential Water	System O PWS	SID	_ X Other Leva	<u>uRiver hi</u>
Legal Description:	/Building:M	organ's Land	ling (DUP)	EM31	
Sample Location:	(bathroom, kitchen, etc)	ose Riv	red (Du	uplicates	
Sampled:	Date: <u>7-30-19</u>	Time: 101	<u></u> Бу:	THE MI	4
Sample Type:	O Routine	Special P	urpose <u></u> $ ot\!$		
	O Check Sample (For	previous unsatisfacto	ory sample with lab nun	nber)
Disinfection:	Untreated	O Treated (chlorine, UV, etc.) _		
Relinquished:	Date: 7-30-19	Time: <u>Q: 30</u>	Ву:	TB	
Received:	Date 300419	Time: <u>[73</u> 8	By: Au	Paid:	
Condition:	Satisfactory	O Rejected	Comments:		
By sub	This report is formitting a sample for testing to Tauriainen E	or the exclusive use of the pa Engineering & Testing, Inc., (arty to whom it is addressed. TET) the Client agrees to the to	erms and conditions on reverse.	
•	1	To be filled out	by Lab ↓		
Date Test Started:	30J/1719	Fime Test Started	d: <u>(</u> 800	_ Analyst:	57
TEST RESULTS	(SM 9222D)		Date	Time	Analyst
Direct Count:	Colonies/100ml		151VE)E	9 1800	ST
Ne	egative for Fecal Coliform		•		
O Po	sitive for Fecal Coliform -	# Colonies	_		
O Sa	atisfactory O Unsa	tisfactory			
Comments:					
	· 				