## TAURIAINEN ENGINEERING & TESTING

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

### PLEASE READ INSTRUCTIONS ON BACK PRINT ALL INFORMATION

#### Test Requires Advance Notice Please Call Prior to Bringing in Sample

FECAL COLIFORN	I BACTERIA DRINKING	WATER ANAL	YSIS BY MEMBRAN	E FILTER	
Client Name Kewal Mailing 4414 Address	i Watershea 29 Sterling datua, XK	11	Phone(G	olly ber 2019-1 07)260-54 maggie@K	149 × 120
Sample Informatio	on: O Residential Water	r Svstem O PW		> Other Key	· 0/
•		i Cyclom - 3 i ii		TO OTHER POPULA	ar CIVIA VIAS
Legal Description:		1			
Sample Location:	(bathroom, kitchen, etc)	ngs La	nding		
Sampled:	Date: <del>7-36-19</del>	_ <sup>1</sup> Time: <u>10-</u> -	Hlam By? (	MH TIS	
Sample Type:	O Routine	Special F	Purpose <u>WQ</u>		
	O Check Sample (Fo	or previous unsatisfac	ctory sample with lab num	ber	)
Disinfection:	Untreated (9	O Treated	(chlorine, UV, etc.) _		
Relinquished:	Date: 7-30-19	Time:	· M	It on	~ T
Received:	Date 271419	Time: 9/5	By: Hw	Paid:	
Condition:	Satisfactory	O Rejected	Comments:		
By sub	This report is omitting a sample for testing to Tauriainen		party to whom it is addressed. , (TET) the Client agrees to the ter	rms and conditions on reverse	9.
	1	To be filled ou	ıt by Lab ↓		
Date Test Started:	295/719	Time Test Starte	ed: (455	Analyst: _	57
TEST RESULTS	(SM 9222D)		Date	Time	Analyst
Direct Count:			305/1719	1468	<b>S</b> 7
O Ne	egative for Fecal Coliforn	n			_
<b>®</b> Po	ositive for Fecal Coliform	- # Colonies			
		atisfactory			
	·	•			



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FEGAL GOLIFOR	M BACTERIA DRINKING	WATER ANALYSIS	BY <u>MEMBRAN</u>	E FILTER	· · · · · · · · · · · · · · · · · · ·
Client Name <u>Ke</u> w	ai Watershed	Forum	Lab Use On Lab Num	aly ber <u>2019</u> —	126702
Mailing $\frac{44}{6}$	129 Sterline	} Huy_			
Sal	dotua, XX 9	9669	\ <del>-</del>		449 x120
	•	<u> </u>	Email/Fax	maggie@	Kenaiwaters
Sample Informati	ion: O Residential Water	System O PWSID		>Other Ken	ai River W
Legal Description	n:/Building:				
Sample Location	(bathroom, kitchen, etc)	stream of	Dow	Island	
Sampled:	Date: 7-30 -19	Time: 7:02	in By:	MH, TB	
Sample Type:	O Routine	Special Purpo	se <u>wa</u>	·	
	O Check Sample (Fo	r previous unsatisfactory sa	ample with lab numl	per	)
Disinfection:	Untreated -19	O Treated (chlor	rine, UV, etc.) _		
Relinquished:	Date: 7-30-19	Time: <u>9:30a</u> n By:	hom	7 Du	TB
Received:	Date ZOJULY19	Time:	ytwo	Paid:_	
Condition:	Satisfactory	O Rejected C	omments:		
By so	This report is ubmitting a sample for testing to Tauriainen	for the exclusive use of the party to v Engineering & Testing, Inc., (TET) t	whom it is addressed. he Client agrees to the te	rms and conditions on reve	rse.
	ı	To be filled out by	Lab ↓		
Date Test Started:	29 5/1/19	Time Test Started:	1455	Analyst:	ST
TEST RESULT	S (SM 9222D)		Date	Time	Analyst
Direct Count: 2	Colonies/100ml		30J-1719	1455	57
01	Negative for Fecal Coliform	า	•		
<b>©</b> F	Positive for Fecal Coliform	- # Colonies 2			
0.8	Satisfactory O Unsa	atisfactory			
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

Mailing 44/29 Sterling Hwy  Address  Sample Information: O Residential Water System O PWSID	FECAL GOLLEOR	M BACTERIA DRINKIN	IG WATER ANAL	YSIS BY MEMBRA	NE FILTER	
Sample Information: O Residential Water System O PWSID Other Remote River Williams Other Remote River Williams Other Remote Residential Water System O PWSID Other Remote Remote Resident Remote Remote Remote Resident Remote Remot	Client Name  Mailing Address	- 01	, ,	Lab Nun	nber <u>/O</u> M-	
Sample Information: O Residential Water System O PWSID				Email/Fa	xmaggie@	Kenainsk
Sample Location: (bathroom, kitchen, etc) Mouth of Killey River  Sampled: Date: 7-80-19 Time: 7-15 aw By: MH, TB  Sample Type: O Routine Special Purpose Wa O Check Sample (For previous unsatisfactory sample with lab number  Disinfection: Untreated O Treated (chlorine, UV, etc.)  Relinquished: Date: 7-30-19 Time: 7-34 By: Hw Paid:  Condition: Satisfactory Rejected Comments:  This report is for the exclusive use of the perty to whom it is addressed.  By submitting a sample for testing to Tauriainen Engineerine & Testing, Inc., (1ET) the Client agrees to the terms and conditions on reverse.  To be filled out by Lab  Date Time Analyst:  TEST RESULTS (SM 9222D)  Date Time Analyst  O Negative for Fecal Coliform  O Positive for Fecal Coliform - # Colonies 6  O Satisfactory O Unsatisfactory	Sample Informati	on: O Residential Wa	ter System OPW	SID	_ AOther Ken	ai River W
Date: 7-30-19   Time: 7-15 a   By: MH, TB	Legal Description	n:/Building:				
Sampled: Date: 7-30-19 Time: 7:5a By: MH, 78  Sample Type: O Routine O Check Sample (For previous unsatisfactory sample with lab number O Check Sample (For previous unsatisfactory sample with lab number O Check Sample (For previous unsatisfactory sample with lab number O Check Sample (For previous unsatisfactory sample with lab number  O Check Sample (For previous unsatisfactory sample with lab number  O Check Sample (For previous unsatisfactory sample with lab number  O Check Sample (For previous unsatisfactory sample with lab number  O Check Sample (For previous unsatisfactory sample with lab number  O Check Sample (For previous unsatisfactory sample with lab number  O Check Sample (For previous unsatisfactory sample with lab number  O Check Sample (For previous unsatisfactory sample with lab number  O Check Sample (For previous unsatisfactory sample with lab number  O Check Sample (For previous unsatisfactory sample with lab number  O Check Sample (For previous unsatisfactory sample with lab number  O Check Sample (For previous unsatisfactory sample with lab number  O Check Sample (For previous unsatisfactory sample with lab number  O Check Sample (For previous unsatisfactory sample with lab number  O Check Sample (For previous unsatisfactory sample with lab number  O Check Sample (For previous unsatisfactory sample with lab number  O Check Sample (For previous unsatisfactory sample with lab number  O Check Sample (Chlorine, UV, etc.)  Trated (Chlorine, UV, etc.)  O Regative dor previous unsatisfactory sample with lab number  O Regative dor previous unsatisfactory sample with lab number  O Regative dor previous unsatisfactory sample with lab number  O Regative dor previous unsatisfactory sample with lab number  O Regative dor previous unsatisfactory sample with lab number  O Regative dor previous unsatisfactory sample with lab number  O Regative dor previous unsatisfactory sample with lab number  O Regative dor previous unsatisfactory sample with lab number  O Check Sample (Chlorine, UV, etc.)  This repo	Sample Location:	(bathroom, kitchen, etc)	outh of t	Killer Rive	x	
Check Sample (For previous unsatisfactory sample with lab number	Sampled:	Date: 7-38-10		<u> </u>		
Disinfection:  Relinquished: Date: 730   Time: 915   By: 44   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 Tauritainen Engineering & Testing, Inc., (TET) the Client agrees to the terms and conditions on reverse.  To be filled out by Lab  Date Test Started: 29 7 7 9   Time Test Started: 4 5   Time   Analyst:  TEST RESULTS (SM 9222D)   Date   Time   Analyst    O'Negative for Fecal Coliform  Positive for Fecal Coliform - # Colonies   Colonies   Colonies    O'S Satisfactory   O'Unsatisfactory	Sample Type:					
Relinquished:  Date: 730 1 Time: 934 By: 1 Paid:  Received:  Date 2714/19 Time: 915 By: 1 Paid:  Condition:  Satisfactory		O Check Sample (	For previous unsatisfac	tory sample with lab nun	nber	)
Received:  Date ZULY19 Time: 915 By:	Disinfection:	Untreated	O Treated	(chlorine, UV, etc.)		<del></del>
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:  Time Test Started:  Date  Time  Analyst:  Time Test Started:  O Negative for Fecal Coliform  Positive for Fecal Coliform - # Colonies  O Satisfactory  Unsatisfactory	Relinquished:	Date: <del>7-30</del>	Time: 9 300	By! Lung	A for	TB
This report is for the exclusive use of the party to whom it is addressed.  ### To be filled out by Lab  ### Date Test Started: 297/19 Time Test Started: 4955 Analyst: 57  ### Time Test Started: 4955 Analyst: 57  ### Date Test Started: 6900 Date Time Analyst: 57  ### Direct Count: 6900 Colonies/100ml  ### One Negative for Fecal Coliform	Received:	Date ZUU419	Time: <u>4/5</u>	By: Hw	Paid:_	
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: 297/19 Time Test Started: 1455 Analyst:	Condition:	Satisfactory	O Rejected	Comments:		<u> </u>
Date Test Started: 297/19 Time Test Started: 1455 Analyst:	By su	This repor ubmitting a sample for testing to Taurial	t is for the exclusive use of the nen Engineering & Testing, Inc.	party to whom it is addressed. . (TET) the Client agrees to the t	erms and conditions on reve	rse
TEST RESULTS (SM 9222D)  Direct Count: 6 Colonies/100ml  O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies  O Satisfactory  Date Time Analyst  3054719 1455			<b>↓</b> To be filled ou	it by Lab ↓		
Oirect Count: 6 Colonies/100ml 30JJ19 1455 57  O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies 6  O Satisfactory O Unsatisfactory	Date Test Started:	297-1719	Time Test Starte	ed: 1455	_ Analyst:	57
O Negative for Fecal Coliform Positive for Fecal Coliform - # Colonies O Satisfactory O Unsatisfactory	TEST RESULT	S (SM 9222D)		Date	Time	Analyst
Positive for Fecal Coliform - # Colonies  O Satisfactory O Unsatisfactory	Direct Count:	6 Colonies/100ml		3054719	1455	57
O Satisfactory O Unsatisfactory	ON	legative for Fecal Colifo	rm			
	<b>©</b> P	ositive for Fecal Colifor	m - # Colonies <u>6</u>	<u> </u>		
Comments:	08	atisfactory O Un	satisfactory			
	Comments:	·				
			<u>-</u>			



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FECAL COLIFORM BACTERIA DRINKING WATER ANALYSIS	S BY MEMBRANE FILTER
Client Name Keyni Watersheal Forum Mailing 44129 Sterling Huy Address Soldotna, XK 99669	Lab Use Only Lab Number 2019-1267-04  Phone (907) 260-5449 7120  Email/Faxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Sample Information: O Residential Water System O PWSID	Email/Faxmaggie @ Kenaiwate
Legal Description:/Building:	·
Sample Location: (bathroom, kitchen, etc) SKI/aK LaKe	Outflow
Sampled: Date: 7-38-19 Time: 7:37c	en By: MH, TB
Sample Type: O Routine Special Purp	pose WQ
O Check Sample (For previous unsatisfactory	sample with lab number)
Disinfection: Untreated O Treated (chl	orine, UV, etc.)
Relinquished: Date: 730   Time: 930   By	Chant theyo TE
Received: Date 290418 Time: 915 By	y:Paid:
Condition: Satisfactory O Rejected	Comments:
This report is for the exclusive use of the party to By submitting a sample for testing to Tauriainen Engineering & Testing, Inc (TET	
∜ To be filled out by	y Lab  ↓
Date Test Started: 29 J-1719 Time Test Started: _	1455 Analyst: 51
TEST RESULTS (SM 9222D)	Date Time Analyst
Direct Count: Colonies/100ml	305/19 1455 ST
Negative for Fecal Coliform	
O Positive for Fecal Coliform - # Colonies	
O Satisfactory O Unsatisfactory	
Comments:	
	<u> </u>