

TAURIAINEN ENGINEERING & TESTING

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

PLEASE READ INSTRUCTIONS ON BACK

PRINT ALL INFORMATION

Test Requires ADVANCE NOTICE

Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

Client Name Kenai Watershed Forum

Mailing Address 44129 Sterling Highway

Soldotna, AK 99669

Lab Use Only

Lab Number

2015-1330

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River TRIBUTARY

Sample Location: Mile 0 - NO NAME CREEK

Sampled: Date: 7-21-2015 Time: 11:15a By: KPB

Sample Type: ☒ Routine ☐ Special Purpose _____

☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

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

Relinquished: Date: 7-21-15 Time: 01:20p By: [Signature]

Received: Date: 21 JUL 15 Time: 1:20 By: [Signature] Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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

↓ To be filled out by Lab ↓

Date Test Started: 21 July 15 Time Test Started: 1825 Analyst: S7

TEST RESULTS (SM 9222D) Date 22 July 15 Time 1825 Analyst S7

Direct Count 46 Colonies/100 ml

☐ Negative for Fecal Coliform

☒ Positive for Fecal Coliform - # Colonies 46

☐ Satisfactory ☐ Unsatisfactory

Comments: _____

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

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

Lab Use Only
Lab Number

2015-1331

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River TRIBUTARY (DUPLICATE)

Sample Location: Mile 0 - NO NAME CREEK (DUPLICATE)

Sampled: Date: 7-21-2015 Time: 11:20a By: KPB

Sample Type: ☒ Routine ☐ Special Purpose _____

☐ Check Sample (For previous unsatisfactory sample with lab number (____))

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

Relinquished: Date: 7-21-15 Time: 01:20p By: [Signature]

Received: Date: 21 JULY 15 Time: 1:20 By: AW Paid: _____

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: 21 July 15 Time Test Started: 1825 Analyst: S7

TEST RESULTS (SM 9222D) Date 22 July 15 Time 1825 Analyst S7

Direct Count 47 Colonies/100 ml

☐ Negative for Fecal Coliform

☒ Positive for Fecal Coliform - # Colonies 47

☐ Satisfactory

☐ Unsatisfactory

Comments: _____

TAURIAINEN ENGINEERING & TESTING

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

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

Lab Use Only

Lab Number 2015-1323

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River MAINSTEM

Sample Location: Mile 1.5 - KENAI CITY DOCK

Sampled: Date: 7-21-2015 Time: 09:43a By: KPB

Sample Type: ☒ Routine ☐ Special Purpose _____

☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

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

Relinquished: Date: 7-21-15 Time: 01:20p By: [Signature]

Received: Date: 21 JUL 15 Time: 1:20 By: thw Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 21 JUL 15 Time Test Started: 1600 Analyst: S7

TEST RESULTS (SM 9222D)

Direct Count 83 Colonies/100 ml Date 22 JUL 15 Time 1600 Analyst S7

☐ Negative for Fecal Coliform

☒ Positive for Fecal Coliform - # Colonies 83

☐ Satisfactory

☐ Unsatisfactory

Comments: _____

TAURIAINEN ENGINEERING & TESTING

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

Client

Name Kenai Watershed Forum

Mailing 44129 Sterling Highway

Address Soldotna, AK 99669

Lab Use Only

Lab Number

2015-1322

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System

☐ Public Water System ID No. _____

Legal Description: Kenai River MAINSTEM

Sample Location: Mile 6.5 - CUNNINGHAM PARK

Sampled: Date: 7-21-2015 Time: 09:35a By: USFWS

Sample Type: ☒ Routine ☐ Special Purpose _____

☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

Disinfection:

☐ Untreated

☐ Treated (chlorine, UV, etc.) _____

Relinquished:

Date: 7-21-15

Time: 02:10P

By: [Signature]

Received:

Date: 22JULY15

Time: 2:10

By: thw

Paid: _____

Condition:

☒ Satisfactory

☐ Rejected

Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 21JULY15

Time Test Started: 1600

Analyst: ST

TEST RESULTS (SM 9222D)

Direct Count 34 Colonies/100 ml

Date

Time

Analyst

22JULY15

1600

ST

☐ Negative for Fecal Coliform

☒ Positive for Fecal Coliform - # Colonies 34

☐ Satisfactory

☐ Unsatisfactory

Comments: _____

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

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

Lab Use Only
Lab Number 2015-1313

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River TRIBUTARY

Sample Location: Mile 10 - BEAVER CREEK

Sampled: Date: 7-21-2015 Time: 10:27a By: USEWS

Sample Type: ☒ Routine ☐ Special Purpose _____

☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

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

Relinquished: Date: 7-21-15 Time: 02:10 By: [Signature]

Received: Date: 21 JUL 15 Time: 2:10 By: [Signature] Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 21 JUL 15 Time Test Started: 1825 ¹⁸¹⁰ Analyst: S7

TEST RESULTS (SM 9222D)

Direct Count 32 Colonies/100 ml Date 22 JUL 15 Time 1810 Analyst S7

☐ Negative for Fecal Coliform

☒ Positive for Fecal Coliform - # Colonies 32

☐ Satisfactory

☐ Unsatisfactory

Comments: _____

TAURIAINEN ENGINEERING & TESTING

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

Client

Name Kenai Watershed Forum

Mailing Address 44129 Sterling Highway
Soldotna, AK 99669

Lab Use Only
Lab Number

2015-4328

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System

☐ Public Water System ID No. _____

Legal Description: Kenai River MAINSTEM

Sample Location: Mile 10.1 - KENAI RIVER

Sampled: Date: 7-21-2015 Time: 10:50a By: USFWS

Sample Type: ☒ Routine ☐ Special Purpose

☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

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

Relinquished: Date: 7-21-15 Time: 02:10 By: [Signature]

Received: Date: 7 JUL 15 Time: 2:10 By: [Signature] Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 7/21/15 Time Test Started: 1825 Analyst: ST

TEST RESULTS (SM 9222D)

Direct Count 1 Colonies/100 ml Date 7/21/15 Time 1825 Analyst ST

☐ Negative for Fecal Coliform

☒ Positive for Fecal Coliform - # Colonies 1

☐ Satisfactory ☐ Unsatisfactory

Comments: _____

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

Client

Name Kenai Watershed Forum

Mailing Address 44129 Sterling Highway
Soldotna, AK 99669

Lab Use Only
Lab Number 2015-1329

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River MAINSTEM

Sample Location: Mile 12.5 - PILLARS

Sampled: Date: 7-21-2015 Time: 11:14a By: USFWS

Sample Type: ☒ Routine ☐ Special Purpose _____

☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

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

Relinquished: Date: 7-21-15 Time: 02:10p By: [Signature]

Received: Date: 21 JUL 15 Time: 2:10 By: [Signature] Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 21 July 15 Time Test Started: 1825 Analyst: ST

TEST RESULTS (SM 9222D)

Date	Time	Analyst
<u>22 July 15</u>	<u>1825</u>	<u>ST</u>

Direct Count 5 Colonies/100 ml

☐ Negative for Fecal Coliform

☒ Positive for Fecal Coliform - # Colonies 5

☐ Satisfactory

☐ Unsatisfactory

Comments: _____

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

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

Lab Use Only Lab Number	<u>205-1334</u>
----------------------------	-----------------

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River MAINSTEM

Sample Location: Mile 18 - POACHERS COVE

Sampled: Date: 7-21-2015 Time: 11:56a By: USFWS

Sample Type: ☒ Routine ☐ Special Purpose _____

☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

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

Relinquished: Date: 7-21-15 Time: 02:10p By: [Signature]

Received: Date: 21 JULY 15 Time: 2:10 By: HW Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 21 JULY 15 Time Test Started: 1930 Analyst: S7

TEST RESULTS (SM 9222D)

	Date	Time	Analyst
Direct Count <u>1</u> Colonies/100 ml	<u>22 JULY 15</u>	<u>1930</u>	<u>S7</u>

☐ Negative for Fecal Coliform

☒ Positive for Fecal Coliform - # Colonies 1

☐ Satisfactory

☐ Unsatisfactory

Comments: _____

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

Client

Name Kenai Watershed Forum

Mailing 44129 Sterling Highway

Address Soldotna, AK 99669

Lab Use Only

Lab Number

2015-1335

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River TRIBUTARY

Sample Location: Mile 19 - SLICK CREEK

Sampled: Date: 7-21-2015 Time: 01:00p By: ADFG / KWF

Sample Type: ☒ Routine ☐ Special Purpose _____

☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

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

Relinquished: Date: 7-21-15 Time: 02:10p By: [Signature]

Received: Date: 22 JULY 15 Time: 2:10 By: HW Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 21 July 15 Time Test Started: 1930 Analyst: S7

TEST RESULTS (SM 9222D)

Direct Count 15 Colonies/100 ml Date 22 July 15 Time 1930 Analyst S7

☐ Negative for Fecal Coliform

☒ Positive for Fecal Coliform - # Colonies 15

☐ Satisfactory

☐ Unsatisfactory

Comments: _____

TAURIAINEN ENGINEERING & TESTING

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

Client Name Kenai Watershed Forum

Mailing Address 44129 Sterling Highway
Soldotna, AK 99669

Lab Use Only
Lab Number 2015-1327

Phone: 907-953-2605
Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River MAINSTEM

Sample Location: Mile 21 - SOLDOTNA BRIDGE

Sampled: Date: 7-21-2015 Time: 10:06a By: ADFG /KWF

Sample Type: ☒ Routine ☐ Special Purpose _____
☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

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

Relinquished: Date: 7-21-15 Time: 01:20p By: [Signature]

Received: Date: 21 JULY 15 Time: 1:20 By: HW Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 21-7-15 Time Test Started: 1700 Analyst: S7

TEST RESULTS (SM 9222D)

Direct Count 1 Colonies/100 ml Date 22-7-15 Time 1700 Analyst S7

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

Comments: _____

TAURIAINEN ENGINEERING & TESTING

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

Client

Name Kenai Watershed Forum

Mailing 44129 Sterling Highway

Address Soldotna, AK 99669

Lab Use Only

Lab Number 2015-1319

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River TRIBUTARY

Sample Location: Mile 22 - SOLDOTNA CREEK

Sampled: Date: 7-21-2015 Time: 09:15a By: ADFG / KWF

Sample Type: ☒ Routine ☐ Special Purpose _____

☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

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

Relinquished: Date: 7-21-15 Time: 01:20p By: [Signature]

Received: Date: 2/24/15 Time: 1:20 By: HW Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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

↓ To be filled out by Lab ↓

Date Test Started: 21 July 15 Time Test Started: 1600 Analyst: ST

TEST RESULTS (SM 9222D) Date 22 July 15 Time 1600 Analyst ST

Direct Count 13 Colonies/100 ml

☐ Negative for Fecal Coliform

☒ Positive for Fecal Coliform - # Colonies 13

☐ Satisfactory ☐ Unsatisfactory

Comments: _____

TAURIAINEN ENGINEERING & TESTING

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

Client

Name Kenai Watershed Forum

Mailing 44129 Sterling Highway

Address Soldotna, AK 99669

Lab Use Only

Lab Number

2015-1332

Phone: 907-953-2605

Email/Fax:

Sample Information:

☐ Residential Water System

☐ Public Water System ID No. _____

Legal Description: Kenai River MAINSTEM

Sample Location: Mile 23 - SWIFTWATER PARK

Sampled: Date: 7-21-2015 Time: 11:30a By: ADF6 / KWF

Sample Type: ☒ Routine ☐ Special Purpose

☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

Disinfection:

☐ Untreated

☐ Treated (chlorine, UV, etc.)

Relinquished:

Date: 7-21-15

Time: 02:10p

By: [Signature]

Received:

Date: 7/22/15

Time: 2:10

By: HW

Paid: _____

Condition:

☒ Satisfactory

☐ Rejected

Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 7-21-15

Time Test Started: 1930

Analyst: S7

TEST RESULTS (SM 9222D)

Direct Count 3 Colonies/100 ml

Date

Time

Analyst

22 July 15

1930

S7

☐ Negative for Fecal Coliform

☒ Positive for Fecal Coliform - # Colonies 3

☐ Satisfactory

☐ Unsatisfactory

Comments: _____

TAURIAINEN ENGINEERING & TESTING

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

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

Lab Use Only
Lab Number 2015-1318

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River TRIBUTARY

Sample Location: Mile 30 - FUNNY RIVER

Sampled: Date: 7-21-2015 Time: 09:11a By: CIAA

Sample Type: ☒ Routine ☐ Special Purpose _____

☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

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

Relinquished: Date: 7-21-15 Time: 01:20p By: [Signature]

Received: Date: 21 JUL 15 Time: 1:20 By: [Signature] Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 21 JUL 15 Time Test Started: 1600 Analyst: S7

TEST RESULTS (SM 9222D)

	Date	Time	Analyst
Direct Count <u>17</u> Colonies/100 ml	<u>22 JUL 15</u>	<u>1600</u>	<u>S7</u>

☐ Negative for Fecal Coliform

☒ Positive for Fecal Coliform - # Colonies 17

☐ Satisfactory

☐ Unsatisfactory

Comments: _____

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

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

Lab Use Only

Lab Number

2015-1314

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River MAINSTEM

Sample Location: Mile 31 - MORGANS LANDING

Sampled: Date: 7-21-2015 Time: 10:35a By: CIAA

Sample Type: ☒ Routine ☐ Special Purpose _____

☐ Check Sample (For previous unsatisfactory sample with lab number (____))

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

Relinquished: Date: 7-21-15 Time: 01:20p By: [Signature]

Received: Date: 21 JULY 15 Time: 1:20 By: [Signature] Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 213.7.15 Time Test Started: 5:1810 Analyst: 57

TEST RESULTS (SM 9222D)

Date	Time	Analyst
<u>223.4.15</u>	<u>1810</u>	<u>57</u>

Direct Count 4 Colonies/100 ml

☐ Negative for Fecal Coliform

☒ Positive for Fecal Coliform - # Colonies 4

☐ Satisfactory

☐ Unsatisfactory

Comments: _____

TAURIAINEN ENGINEERING & TESTING

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

PLEASE READ INSTRUCTIONS ON BACK

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Test Requires ADVANCE NOTICE

Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

Client

Name Kenai Watershed Forum

Mailing 44129 Sterling Highway

Address Soldotna, AK 99669

Lab Use Only
Lab Number 2015-1312

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River TRIBUTARY

Sample Location: Mile 36 - MOOSE RIVER

Sampled: Date: 7-21-2015 Time: 10:06a By: CTAA

Sample Type: ☒ Routine ☐ Special Purpose _____
☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

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

Relinquished: Date: 7-21-15 Time: 01:20p By: [Signature]

Received: Date: 21 JUL 15 Time: 1:20 By: [Signature] Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 21 JUL 15 Time Test Started: 5:25 1810 Analyst: S7

TEST RESULTS (SM 9222D)

Direct Count 3 Colonies/100 ml Date 22 JUL 15 Time 1810 Analyst S7

- ☐ Negative for Fecal Coliform
☒ Positive for Fecal Coliform - # Colonies 3
☐ Satisfactory ☐ Unsatisfactory

Comments: _____

TAURIAINEN ENGINEERING & TESTING

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FAX 262-5777 engineeringalaska@gci.net

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Test Requires ADVANCE NOTICE

Please Call Prior to Bringing in Sample

FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

Client Name Kenai Watershed Forum

Mailing Address 44129 Sterling Highway
Soldotna, AK 99669

Lab Use Only
Lab Number 2015-1326

Phone: 907-953-2605
Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River TRIBUTARY (DUPLICATE)

Sample Location: Mile 36 - MOOSE RIVER (DUPLICATE)

Sampled: Date: 7-21-2015 Time: 10:04a By: CIAA

Sample Type: ☒ Routine ☐ Special Purpose _____
☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

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

Relinquished: Date: 7-21-15 Time: 01:20p By: [Signature]

Received: Date: 21 JUL 15 Time: 1:20 By: NW Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

This report is for the exclusive use of the party to whom it is addressed.
By submitting a sample for testing to Tauriainen Engineering & Testing, Inc. (TET), the Client agrees to the terms and conditions on reverse.

↓ To be filled out by Lab ↓

Date Test Started: 21 JUL 15 Time Test Started: 1700 Analyst: ST

TEST RESULTS (SM 9222D)

	Date	Time	Analyst
Direct Count <u>1</u> Colonies/100 ml	<u>22 JUL 15</u>	<u>1700</u>	<u>ST</u>

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

Comments: _____

TAURIAINEN ENGINEERING & TESTING

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

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Test Requires ADVANCE NOTICE

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

Client

Name Kenai Watershed Forum

Mailing 44129 Sterling Highway

Address Soldotna, AK 99669

Lab Use Only

Lab Number

2015-1333

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River MAINSTEM

Sample Location: Mile 40 - BINGS LANDING

Sampled: Date: 7-21-2015 Time: 11:32a By: AK DNR / AK DEC

Sample Type: ☒ Routine ☐ Special Purpose _____

☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

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

Relinquished: Date: 7-21-15 Time: 01:20p By: [Signature]

Received: Date: 22 JUL 15 Time: 1:20 By: [Signature] Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 22 JUL 15 Time Test Started: 1930 Analyst: ST

TEST RESULTS (SM 9222D)

Direct Count 3 Colonies/100 ml

Date 22 JUL 15 Time 1930 Analyst ST

☐ Negative for Fecal Coliform

☒ Positive for Fecal Coliform - # Colonies 3

☐ Satisfactory

☐ Unsatisfactory

Comments: _____

TAURIAINEN ENGINEERING & TESTING

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FAX 262-5777 engineeringalaska@gci.net

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

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

Lab Use Only	2015-1325
Lab Number	

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River MAINSTEM

Sample Location: Mile 43 - UPSTREAM OF DOW ISLAND

Sampled: Date: 7-21-2015 Time: 10:04a By: AK DNR / AK DEC

Sample Type: ☒ Routine ☐ Special Purpose _____

☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

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

Relinquished: Date: 7-21-15 Time: 01:20p By: [Signature]

Received: Date: 21 JUL 15 Time: 1:20 By: [Signature] Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 21 JUL 15 Time Test Started: 1700 Analyst: S7

TEST RESULTS (SM 9222D)	Date	Time	Analyst
Direct Count <u>1</u> Colonies/100 ml	<u>22 JUL 15</u>	<u>1700</u>	<u>S7</u>

☐ Negative for Fecal Coliform

☒ Positive for Fecal Coliform - # Colonies 1

☐ Satisfactory

☐ Unsatisfactory

Comments: _____

TAURIAINEN ENGINEERING & TESTING

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

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

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

Lab Use Only
Lab Number 2015-1320

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River TRIBUTARY

Sample Location: Mile 44 - MOUTH OF KILEY RIVER

Sampled: Date: 7-21-2015 Time: 09:30a By: AK DNR / AK DEL

Sample Type: ☒ Routine ☐ Special Purpose _____

☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

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

Relinquished: Date: 7-21-15 Time: 01:20p By: [Signature]

Received: Date: 24 JUL 15 Time: 1:20 By: NW Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 21 July 15 Time Test Started: 1600 Analyst: S7

TEST RESULTS (SM 9222D)

Direct Count 15 Colonies/100 ml Date 22 July 15 Time 1600 Analyst S7

☐ Negative for Fecal Coliform

☒ Positive for Fecal Coliform - # Colonies 15

☐ Satisfactory

☐ Unsatisfactory

Comments: _____

TAURIAINEN ENGINEERING & TESTING

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

PLEASE READ INSTRUCTIONS ON BACK
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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

Client

Name Kenai Watershed Forum

Mailing Address 44129 Sterling Highway

Soldotna, AK 99669

Lab Use Only

Lab Number 2015-1316

Phone: 907-953-2605

Email/Fax:

Sample Information:

☐ Residential Water System

☐ Public Water System ID No. _____

Legal Description: Kenai River MAINSTEM

Sample Location: Mile 50 - SKELAK LAKE OUTFLOW

Sampled: Date: 7-21-2015 Time: 08:36 By: AK DNR / AK DEC (BS)

Sample Type: ☒ Routine ☐ Special Purpose _____

☐ Check Sample (For previous unsatisfactory sample with lab number (____))

Disinfection:

☐ Untreated

☐ Treated (chlorine, UV, etc.) _____

Relinquished:

Date: 7-21-15

Time: 01:20p

By: [Signature]

Received:

Date: 7/24/15

Time: 1:20

By: [Signature]

Paid: _____

Condition:

☒ Satisfactory

☐ Rejected

Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 21 July 15

Time Test Started: 1600

Analyst: S7

TEST RESULTS (SM 9222D)

Direct Count 0 Colonies/100 ml

Date

Time

Analyst

22 July 15 1600

S7

☒ Negative for Fecal Coliform

☐ Positive for Fecal Coliform - # Colonies _____

☐ Satisfactory

☐ Unsatisfactory

Comments: _____

TAURIAINEN ENGINEERING & TESTING

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

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

Client Name Kenai Watershed Forum

Mailing Address 44129 Sterling Highway
Soldotna, AK 99669

Lab Use Only

Lab Number

2015-1315

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River MAINSTEM

Sample Location: Mile 70 - JIMS LANDING

Sampled: Date: 7-21-2015 Time: 10:40a By: USFS

Sample Type: ☒ Routine ☐ Special Purpose

☐ Check Sample (For previous unsatisfactory sample with lab number _____)

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

Relinquished: Date: 7-21-15 Time: 01:20p By: [Signature]

Received: Date: 21 JULY 15 Time: 1:20 By: [Signature] Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 213-715 Time Test Started: 1810 Analyst: S7

TEST RESULTS (SM 9222D)

Direct Count 0 Colonies/100 ml Date 223-1715 Time 1810 Analyst S7

- ☒ Negative for Fecal Coliform
☐ Positive for Fecal Coliform - # Colonies _____
☐ Satisfactory ☐ Unsatisfactory

Comments: _____

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

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

Lab Use Only

Lab Number

2015-1324

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River TRIBUTARY

Sample Location: Mile 74 - RUSSIAN RIVER

Sampled: Date: 7-21-2015 Time: 09:55a By: USES

Sample Type: ☒ Routine ☐ Special Purpose _____

☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

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

Relinquished: Date: 7-21-15 Time: 01:20p By: [Signature]

Received: Date: 21 JUL 15 Time: 1:20 By: [Signature] Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 21 JUL 15 Time Test Started: 1700 Analyst: S7

TEST RESULTS (SM 9222D)

Direct Count 13 Colonies/100 ml Date 22 JUL 15 Time 1700 Analyst S7

☐ Negative for Fecal Coliform

☒ Positive for Fecal Coliform - # Colonies 13

☐ Satisfactory

☐ Unsatisfactory

Comments: _____

TAURIAINEN ENGINEERING & TESTING

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

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

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

Lab Use Only
Lab Number 2015-1321

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____
Legal Description: Kenai River TRIBUTARY
Sample Location: Mile 79.5 - JUNEAU CREEK
Sampled: Date: 7-21-2015 Time: 09:30a By: KWF
Sample Type: ☒ Routine ☐ Special Purpose _____
☐ Check Sample (For previous unsatisfactory sample with lab number (____))
Disinfection: ☐ Untreated ☐ Treated (chlorine, UV, etc.) _____
Relinquished: Date: 7-21-15 Time: 02:10p By: [Signature]
Received: Date: 7/21/15 Time: 2:10 By: HW Paid: _____
Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 7/21/15 Time Test Started: 1600 Analyst: ST

TEST RESULTS (SM 9222D)

	Date	Time	Analyst
Direct Count <u>19</u> Colonies/100 ml	<u>7/21/15</u>	<u>1600</u>	<u>ST</u>

- ☐ Negative for Fecal Coliform
☒ Positive for Fecal Coliform - # Colonies 19
☐ Satisfactory ☐ Unsatisfactory

Comments: _____

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FECAL COLIFORM BACTERIA ANALYSIS by Membrane Filter

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

Lab Use Only
Lab Number 2015-1317

Phone: 907-953-2605

Email/Fax:

Sample Information: ☐ Residential Water System ☐ Public Water System ID No. _____

Legal Description: Kenai River MAINSTEM

Sample Location: Mile 82 - KENAI LAKE BRIDGE

Sampled: Date: 7-21-2015 Time: 09:05a By: USFS

Sample Type: ☒ Routine ☐ Special Purpose _____

☐ Check Sample (For previous unsatisfactory sample with lab number (_____))

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

Relinquished: Date: 7-21-15 Time: 01:20p By: [Signature]

Received: Date: 7/22/15 Time: 1:20 By: thw Paid: _____

Condition: ☒ Satisfactory ☐ Rejected Comments: _____

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↓ To be filled out by Lab ↓

Date Test Started: 7/21/15 Time Test Started: 1600 Analyst: ST

TEST RESULTS (SM 9222D) Date 7/21/15 Time 1600 Analyst ST

Direct Count 0 Colonies/100 ml

- ☒ Negative for Fecal Coliform
☐ Positive for Fecal Coliform - # Colonies _____
☐ Satisfactory ☐ Unsatisfactory

Comments: _____