

Clallam County Health and Human Services Environmental Health Laboratory  
Physical Location: County Courthouse 223 E. 4<sup>th</sup> Street, Room 130  
Mailing Address: 111 E. 3<sup>rd</sup>, Port Angeles, WA 98362  
(360) 417-2334

## Report of Analysis – Nitrate Test

Date Collected: 9/5/2018	Group:
Time Collected: 9:15:00 AM	System Name:
System ID number:	County: Clallam
Lab Sample number: 09245097-	Source number:
Sample Location: 970 Carlsborg, spigot	Date Received: 9/5/2018
Sample Purpose: Routine/compliance	Date Analyzed: 9/5/2018
Sample Composition: single source	Date Reported: 9/6/2018
Collected By: Josh Nathanson	Sample Type: untreated
Phone Number: 360-301-6977	Receipt #: 125975
Send Report to: Josh Nathanson 970 Carlsborg Rd. Sequim, WA 98382	<b>Lab comments: Annual testing recommended</b>

DOH test#	Analyte tested	RESULTS	Units	SRL	Trigger	MCL	MCL Exceeded? (check only if yes)	Method	Analyst
0020	Nitrate-N	<b>4.84</b>	mg/L	0.5	5.0	10.0		SM4500-NO3 D	smw

In general, results less than 5.0 are satisfactory. Results between 5 & 10 may require more frequent monitoring. Results greater than 10 require treatment.

**ND:** In the results column, the compound was Not Detected in the sample at or above the SRL.

**SRL** (State Reporting Level): The minimum reporting level established by the Washington State Department of Health (DOH)

**Trigger:** DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently.

**MCL:** Maximum Contaminant Level: Drinking water that exceeds the MCL may be a health risk. Public water systems that exceed the MCL, please contact your regional DOH office to determine follow-up action.

**ND:** Not Detected: In the results column, indicate this compound was analyzed and not detected at a level greater than or equal to the SRL.



CLALLAM COUNTY WATER LAB  
Site: 223 E. 4th St. Rm 130 Mail: 111 E. 3rd  
Port Angeles, WA 98362 (360)417-2334

### COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected <u>9 / 5 / 2018</u> Month Day Year		Time Sample Collected <u>6 : 30</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County <u>CLALLAM</u>			
Type of Water System (check only one box) <input type="checkbox"/> Group A <input type="checkbox"/> Group B <input checked="" type="checkbox"/> Private Well/Other						
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI): ID# _____ System Name: <u>Parish Bartel</u> Contact Person: <u>JOSH NATHANSON</u> Day Phone: (360) <u>301-6977</u> Cell Phone: (360) <u>301-6977</u> Email: <u>JOSH@WASTECONNECTIONS.COM</u> Send results to: (Print full name, address and zip code or e-mail) <u>JOSH NATHANSON</u> <u>970 CARLSBORG RD</u> <u>SEQUIM, WA 98282</u>						
<b>SAMPLE INFORMATION</b>						
Sample collected by (name): <u>JOSH NATHANSON</u>						
Specific location where sample collected: <u>SPICOT AT AROUND</u> <u>LOCATION 970 Carlsborg Rd.</u>		Special instructions or comments:				
Type of Sample (check only one box)						
1. <input checked="" type="checkbox"/> Routine Distribution Sample (A/P) Chlorinated: Yes _____ No _____ Cl. Residual: Total _____ Free _____		2. Repeat Sample (A/P) (from distribution system after unsat. routine) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes _____ No _____ Cl. Residual: Total _____ Free _____				
3. Ground Water Rule Source Sample (A/P) Temp _____ <table border="1"><tr><td>S</td><td></td><td></td></tr></table> <input type="checkbox"/> Triggered (A/P) <input type="checkbox"/> Assessment (A/P)		S				
S						
4. Surface or GWI Raw Source Water Sample (Enumeration) <table border="1"><tr><td>S</td><td></td><td></td></tr></table> <input type="checkbox"/> E. coli <input type="checkbox"/> Fecal Temp _____ Filtered Yes _____ No _____				S		
S						
5. <input type="checkbox"/> Sample Collected for Information Only: _____						
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</b>						
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		<input checked="" type="checkbox"/> Satisfactory				
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____						
Bacterial Density Results: Total Coliform _____ /100ml. E. coli _____ /100ml. Fecal Coliform _____ /100ml. Enterococci _____ /100 ml.						
Method Code: Total Coliform/E. coli: SM9223B Fecal Coliform: SM 9222D Enterococci: Enterolert Quanti-tray						
Date/Time Received <u>9/5/18 9:15</u>		Date/Time In Incubator <u>9-5 1020</u>				
DOH Lab-Sample# <u>092 45096</u>		Date Out <u>9-6</u>				
		Receipt # <u>125975</u>				

BPT 2018-690

# Integrity Pumps & Filtration LLC.

PO Box 1214 Carlsborg, WA 98324

360-683-6328 [integritypumps@outlook.com](mailto:integritypumps@outlook.com)

Date: 12/20/2018

Tyler Gear at Integrity Pumps LLC performed a flow test and general inspection at 970 Carlsborg Rd. Sequim, WA. The report is detailed below.

## Details of Flow Test

- Static Water Level 37' 11"
- Drawdown to 45'
- Gallons Per Minute 10
- Recovery to 39' in 2 minutes
- Depth of well Approximately 140'

\*Started running at 7:57am at 10 gpm

8:07am = 43' 11" @ 10 gpm

8:17am = 44' 6" @ 10 gpm

8:27am = 45' @ 10 gpm

8:37am = 45' @ 10 gpm

8:47am = 45' @ 10 gpm

8:57am = 45' @ 10gpm

## DISCLAIMER:

Integrity Pumps & Filtration LLC is not held accountable for seasonal changes in the water table and is not responsible for changes in the flows determined above.

Your business is much appreciated. Please contact Integrity Pumps and Filtration if you have any questions or concerns.

Thank you,

Integrity Pumps and Filtration LLC