



**WATER
MANAGEMENT
LABORATORIES INC.**

1515 80th St. E.
Tacoma, WA 98404
531-3121

June 17, 1994

Moerke & Sons
1286 NW Maryland
Chehalis, WA 98532
Attn: John Moerke

Dear Sir:

Results of analysis of one well water sample taken on 06-09-94 at 12:15 p.m. and received 06-09-94 at 4:00 p.m. are as follows:

<u>Sample Identification</u>	<u>Total Petroleum Hydrocarbon (mg/l)</u>
Johnson Place Well head	less than 1

Lab Number: 89-17752

Sample was analyzed according to Standard Methods for the Examination of Water and Wastewater, 18th Edition.

Information on the test performed, nitrate and total coliform results are enclosed.

Sincerely,

Diane DuMond
Microbiologist

DD:jrc
enclosures

c:\comm\m&s6-9

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY
 If instructions are not followed, sample will be rejected.

DATE COLLECTED <small>MONTH / DAY / YEAR</small> 6 / 09 / 94	TIME COLLECTED 11 : 15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Lewis
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TYPE OF SYSTEM <input type="checkbox"/> PUBLIC <input checked="" type="checkbox"/> INDIVIDUAL <small>(serves only 1 residence)</small>	IF PUBLIC SYSTEM, COMPLETE: I.D. No. <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> CIRCLE GROUP A B								

NAME OF SYSTEM
 Johnson Pl.

SPECIFIC LOCATION WHERE SAMPLE COLLECTED <small>(ie, kitchen tap @ school, fire station, fountain)</small> well head	TELEPHONE NO. DAY (206) 748-3805 EVENING ()
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SAMPLE COLLECTED BY: (Name) Moerke & Sons	SYSTEM OWNER / MGR: (Name) Johnson Place Co
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SOURCE TYPE GROUND WATER UNDER SURFACE INFLUENCE
 SURFACE WELL or WELL FIELD SPRING PURCHASED or INTERTIE COMBINATION or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)
 Moerke & Sons
 1286 N.W. Maryland,
 Chehalis WASHINGTON 98532

TYPE OF SAMPLE (check only one in this column)

<input checked="" type="checkbox"/> ROUTINE DRINKING WATER <small>check treatment</small>	<input type="checkbox"/> Chlorinated (Residual: Total Free) <input type="checkbox"/> Filtered <input checked="" type="checkbox"/> Untreated or Other
<input type="checkbox"/> REPEAT SAMPLE <small>Previous coliform presence Lab #</small> <small>Previous coliform presence Date</small>	<input type="checkbox"/> RAW SOURCE WATER <small>Source #</small>
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input type="checkbox"/> Total Coliform <input type="checkbox"/> Fecal Coliform
<input type="checkbox"/> OTHER (Specify)	

REMARKS

LABORATORY RESULTS (FOR LAB USE ONLY)

METHOD USED			
MF	MPN	PA	MMO
TOTAL COLIFORM / 100 ml	E. COLI / 100 ml		FECAL COLIFORM / 100 ml
FECAL COLIFORM / 100 ml	HETEROLOGIC / per ml		

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form <input type="checkbox"/>	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confident growth <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris
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DRINKING WATER SAMPLE RESULTS

<input type="checkbox"/> UNSATISFACTORY, Coliforms present REPEAT SAMPLES REQUIRED <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent
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SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. 89-68158	DATE-TIME RECEIVED 6-9-94 4pm	RECEIVED BY SD
DATE REPORTED 6-10-94	ROUTE	ACCT. #

WATER SAMPLE INFORMATION FOR INORGANIC CHEMICAL ANALYSES

LAB. NUMBER: 8917752 DATE RECEIVED: 06.09.94 DATE COLLECTED: 06.09.94 COLLECTED BY: Moerke & Sons
 SYSTEM I.D. NO.: _____ SYSTEM NAME: Johnson Pl. CIRCLE GROUP: AB COUNTY: Lewis
 Telephone: 748-3805

SOURCE TYPE: 1. Surface 3. Well 2. Spring 4. Purchase
 SOURCE NO. (Well No.): _____ IF SOURCE IS LAKE OR STREAM ENTER NAME: _____
 THIS SAMPLE WAS TAKEN: Before Treatment After Treatment
 IF SAMPLE WAS DRAWN FROM DISTRIBUTION SYSTEM IT WAS COLLECTED FROM SYSTEM AT: (Address) _____

FEES ARE CHARGED FOR CHEMICAL TESTING
Moerke & Sons
 Name
1286 N.W. Maryland
 Street
Chelatis WA 98552
 City Zip Code
 Telephone: (206) 748-3805
 Area Code

TAKEN AFTER TREATMENT WAS IT _____ FILTERED _____ FLUORIDATED
 _____ CHLORINATED _____ WATER SOFTENER: TYPE USED _____

MARKS: (Water quality problems, address for additional copies, etc.)
Test for Nitrate
Please

LABORATORY REPORT (DO NOT WRITE BELOW THIS LINE)

TESTS	MCL	LESS THAN	RESULTS	UNITS	Compliance		CHEMIST INITIALS
					YES	NO	
nic AS	0.05 ^P		•	mg/l			
um Ba	1.0 ^P		•	mg/l			
nium Cd	0.01 ^P		•	mg/l			
mium Cr	0.05 ^P		•	mg/l			
Fe	0.3		•	mg/l			
Pb	0.05 ^P		•	mg/l			
ganese Mn	0.05		•	mg/l			
cury Hg	0.002 ^P		•	mg/l			
nium Se	0.01 ^P		•	mg/l			
r Ar	0.05 ^P		•	mg/l			
um Na				mg/l			
ness				mg/l AS CaCo3			
ductivity	700			Micromhos/cm 25°C			
idity	1.0 ^P		•	NTU			
r	15.0		•	Color Units			
ide F	2.0 ^P		•	mg/l			
te NH	10.0 ^P	<	• 2	mg/l	✓		RPA
ide Cl	250			mg/l			
ite SO4	250			mg/l			
	500			mg/l			
er Co	1.0		•	mg/l			
Zn	5.0		•	mg/l			
nium				mg/l			
e HX	1.0		•	mg/l			
te HX	10.0		•	mg/l			

DATE OF FINAL REPORT: 6-17-94

LABORATORY SUPERVISOR (Name or Initials)

ARJ

CHARGE:

REMARKS:

0/6 - 1.0 mg/L - WMT
(LESS THAN 1 mg/L
TPH)