1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - email moscow@anateklabs.com 504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - email spokane@anateklabs.com

Client:Pelican PointWork Order:WDF0796Address:PO Box 3388Project:Bacteria

Coeur d Alene, ID 83816 Reported: 6/15/2023 16:30

Attn: Leslie Rayner

Analytical Results Report

System ID# 66800 System Name: Pelican Point

Reference Number: WDF0796-01 Collect Date: 06/14/23 14:17 DOH Source #:

Multiple Source Nos: Sample Type: PT/F County: Grant

Date Received: 06/14/23 16:08 Sample Purpose: RC - Routine/Compliance Sample

Sample Location: Albert Way SE PP47

Matrix: Drinking Water

Lab/Sample Number: 112-79601

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			6/15/23 11:30	KAS	SM 9223 B	
0003	E. coli	Absent		1.00	0			6/15/23 11:30	KAS	SM 9223 B	

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Client:Pelican PointWork Order:WDF0796Address:PO Box 3388Project:Bacteria

Coeur d Alene, ID 83816 Reported: 6/15/2023 16:30

Attn: Leslie Rayner

Analytical Results Report

System ID# 66800 System Name: Pelican Point

Reference Number: WDF0796-02 Collect Date: 06/14/23 13:56 DOH Source #:

Multiple Source Nos: Sample Type: PT/F County: Grant

Book Degr

Date Received: 06/14/23 16:08 Sample Purpose: RC - Routine/Compliance Sample

Sample Location: Sandcastle Ct. PP 85

Matrix: Drinking Water

Lab/Sample Number: 112-79602

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			6/15/23 11:30	KAS	SM 9223 B	
0003	E. coli	Absent		1.00	0			6/15/23 11:30	KAS	SM 9223 B	

Authorized Signature,

Brock Gerger For Kathleen Sattler, Laboratory Manager

LRL Lab Reporting Limit

SDRL State Detection Reporting Limit

ND Not Detected

MCL EPA's Maximum Contaminant Level

Dry Sample results reported on a dry weight basis

SAL State Action Level

* Not a certified analyte

This report shall not be reproduced except in full, without the written approval of the laboratory

The results reported related only to the samples indicated.

504 E. Sprague Suite D 1282 Alturas Drive Spokane, WA 99202

Moscow, ID 83843 509-838-3999

208-883-2839

COLIFORM BACTERIA ANALYSIS

33211 37(1	HUNU	ILINAA	HAT 1919					
Date Sample Collected Time S			County					
611417023	. □		Grant					
Month Day Year 2:	17							
Type of Water System (check only one box)								
☑ Group A ☐ Group B		☐ Other						
Group A and Group B Systems - Provide fro	om Water F		ntory (WFI):					
ID# <u>6 6 8 0</u>	0	L	,,,,,,					
System Name: Pelican Point	:		Y					
Contact Person: Leslie Rayner								
Day Phone: (877)755-9287	Cell Ph	ione:						
Email: info@gemstate-water.com								
Send results to: (Print full name, address and zip or Gern State Water	ode)							
PO Box 3388								
Coeur D'Alene, Idaho 83816								
SAMPLE IN	VFORMA	ATION						
Sample collected by (name): Dean R	ennin	ger						
Specific location where sample collected:	Special	instructions	or comments:					
Special instructions or comments: Albert Way 5E Special instructions or comments:								
Type of Sample (must check only one box o	if #1 throug	gh #4 listed b	elow)					
1. Routine Distribution Sample	2. Repe	eat Sample (after unsat. routine)					
Chlorinated: YesNo0.53	1	istribution Sy						
Chlorine Residual: Total Free	□ Sc	ource Ground	twater Rule (GWR)					
3. Raw Water Source Sample	(P	opulation of	1,000 or less)					
☐ E. coli – GWR source sample	U	Insatisfactory	routine lab number:					
☐ Fecal –Surface, GWI, some springs								
Other	Unsat	isfactory rout	ine collect date:					
s								
Public systems must provide source number from WFI	Chlori	Chlorinated: Yes No						
	i .	ne Residual:	TotalFree					
4. Sample Collected for Information Onl	y							
Investigative Construction / Re	peirs	Other_						
LAB USE ONLY DRINKING WA		SULTS	LAB USE ONLY					
Unsatisfactory Total Coliform Present and	d		☐ Satisfactory					
☐ E.coli present ☐ E.coli	absent							
	ecal colifor	rm absent						
Replacement Sample Required:								
Sample too old (>30 hours) TNTC								
☐ Improper Container ☐ Turbid	culture							
lacterial Density Results: Plate Count		nl. E.coli	/100mi.					
	ecal Colifo	orm	/100ml.					
ate and Time Received:	MA	1608						
ate Analyzed:	Da	ate Reported:						
ample Number (DOH number plus five digits) (SPO-112, MOS	;-125) La	b Use Only?	174161					
	1	17	~ ndon					



	504 E. Sprag	ue Suite	D 12	282 Altura	s Drive				
	Spokane, WA 99202 Moscow, ID 83843								
	509-838-3	999	208-883-2839						
	COLIFORM BACTERIA ANALYSIS								
Date Sam	ple Collected	Time Sa Collect			County				
611	Conec	ea 🗆		Grant					
Month D	412023	1.5	6 AM						
			. PM						
	Type of Water System (check only one box)								
		Group B	- Materia	Other_					
D# 6	Group B Systems -	_	n water	racilities inve	mory (VVFI):				
System Name			<u> </u>	<u> </u>					
Contact Perso	n: Leslie Ra								
	877)755-9287		Cell Pt	none:					
Email: info(@gemstate-w	ater.com	L						
Send results to: Gem State	(Print full name, addr Water	ess and zip co	de)						
PO Box 33	388								
Coeur D'A	lene, Idaho 8	3816							
	S	AMPLE IN	FORM/	ATION					
Sample collect	ed by (name):	ean Re	ennin	ger					
Specific location	on where sample o	offected:	Specia	instructions	or comments:				
	stle CT								
7	PP 35								
	le (must check on Distribution San								
	Yes No	-pre			after unsat. routine)				
		.3.9.	☐ Distribution System ☐ Source Groundwater Rule (GWR)						
	Source Sample	700			1,000 or less)				
☐ E. coli –	GWR source same	pie	l	Insatisfactory	routine lab number:				
☐ Fecal –S	iurface, GWI, som	e springs							
Other			Unsa	tisfactory rou	ine collect date:				
S				/					
Public systems must pr	rovide source number from	WFI	Chlorinated: YesNo						
A C Complete				ine Residual:	Total Free				
Investigat	collected for info	mation Only truction / Rep		Other					
LAB USE (KING WA		Other_	LAD HOT ONLY				
	tory Total Coliform			ESULIS	LAB USE ONLY				
☐ E.coli		☐ E.coli a			☐ Satisfactory				
□F	ecal coliform prese	ent 🗆 Fe	cal colifo	orm absent					
	ample Required:								
	o old (>30 hours)	☐ TNTC							
☐ Improper Container ☐ Turbid culture									
_	Results: Plate Co	ount		mi. E.coli	/100ml.				
Total Coliform		100ml. Fe	ecal Colif	orm	/100mi.				
Date and Time Rec	zeived: 0-1	1-23	8184	1608					
Date Analyzed: Sample Number (DOH	number plus five digits)	(SPO.112 1400		ate Reported:					
		102	(Z) U	ab Use Only: AW Zi	11.1				
	₩ ~ .	. U N	1	LINO C	190				



Due: 06/29/23