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

Work Order: Pelican Point WDE0379 Client: PO Box 3388 Address: Project: Bacteria

> Reported: 5/9/2023 12:31 Coeur d Alene, ID 83816

Attn: Leslie Rayner

Analytical Results Report

66800 System Name: Pelican Point System ID#

Drinking Water

Reference Number: WDE0379-01 Collect Date: 05/08/23 09:40 DOH Source #:

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

Date Received: 05/08/23 15:48 Sample Location: PP 54 FH

Lab/Sample Number: 112-37901

RC - Routine/Compliance Sample

Coliform Bacteria

Matrix:

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			5/9/23 11:16	SBS	SM 9223 B	
0003	E. coli	Absent		1.00	0			5/9/23 11:16	SBS	SM 9223 B	

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Pelican Point Work Order: WDE0379 Client: PO Box 3388 Address: Project: Bacteria

> Reported: 5/9/2023 12:31 Coeur d Alene, ID 83816

Leslie Rayner Attn:

Analytical Results Report

System ID# 66800 System Name: Pelican Point

Drinking Water

Reference Number: WDE0379-02 Collect Date: DOH Source #: 05/08/23 09:58

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

Date Received: 05/08/23 15:48 Sample Location: PP 01 FH

Lab/Sample Number: 112-37902

RC - Routine/Compliance Sample

Coliform Bacteria

Matrix:

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			5/9/23 11:16	SBS	SM 9223 B	
0003	E. coli	Absent		1.00	0			5/9/23 11:16	SBS	SM 9223 B	

Authorized Signature,

Karice Scott For Kathleen Sattler, Laboratory Manager

LRL Lab Reporting Limit

SDRL State Detection Reporting Limit

ND Not Detected

MCL **EPA's Maximum Contaminant Level**

Sample results reported on a dry weight basis Dry

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

Moscow, ID 83843 208-883-2839

COLIFOR	M BACTERIA ANALYSIS
	Sample County
518123	ected Grant
Month Day Year 9	10m
	PM
Type of Water System (check only one box	•
Group A Group	
Group A and Group B Systems - Provide f	rom Water Facilities Inventory (WFI):
System Name: Pelican Poin	
Contact Person: Leslie Rayner	IL .
Day Phone: (877)755-9287	Cell Phone:
Email: info@gemstate-water.com	
Send results to: (Print full name, address and zip	
Gem State Water	
PO Box 3388	
Coeur D'Alene, Idaho 83816	
	INFORMATION
Sample collected by (name): Dean F	Renninger
Specific location where sample collected:	Special instructions or comments:
PP 54 CH	
Type of Sample (must check only one box	as the through the End of Lateral
Routine Distribution Sample	2. Repeat Sample (after unsat. routine)
Chlorinated: Yes No	
Chlorine Residual: Total Free	Source Groundwater Rule (GWR)
3. Raw Water Source Sample	(Population of 1,000 or less)
☐ E. coli – GWR source sample	Unsatisfactory routine lab number:
☐ Fecal –Surface, GWI, some springs	
Other	Unsatisfactory routine collect date:
S	
Public systems must provide source number from WFT	Chlorinated: YesNo
4. Sample Collected for Information O	Chlorine Residual: Total Free
Investigative Construction / F	
	ATER RESULTS LAB USE ONLY
☐ Unsatisfactory Total Coliform Present a	
☐ E.coli present ☐ E.co	oli absent
Fecal colliform present	Fecal coliform absent
Replacement Sample Required:	
Sample too old (>30 hours)	rc 🗆
☐ Improper Container ☐ Turl	pid culture
Bacterial Density Results: Plate Count	/ml. E.coli/100ml.
Total Coliform/100ml.	Fecal Coliform/100ml.
Date and Time Received: 5-8-7	2 BMG 1548
Date Analyzed:	Date Reported:
Sample Number (DOH number plus five digits) (SPO-112, I	(IOS-125) Lab Use Only:
. 893	3
	-

504 E. Sprague Suite D 1282 Alturas Drive Spokane, WA 99202 Moscow, ID 83843 500_838_3000 208_882_2830

WDE0379
Due: 05/23/23

	209-838-3	1999	208-883-	2839
	CO	LIFORM E	BACTERIA A	NALYSIS
Date Sam	ple Collected	Time Samp	le	County
المالية	1 7 7	Collected		Grant
7 1 3	123	954	AM	O.G.R.
Month D	ay Year	110	PM	
	System (check or			
		Group B	Other_	
_			Vater Facilities Inve	entory (WFI):
ID# <u>6</u>	<u>6</u> <u>8</u>	0 0		
System Name		n Point		
Contact Perso		,		
	877)755-9287		Cell Phone:	
	@gemstate-w (Print full name, addr			
Gem State	Water	ooo anu zip code)		
PO Box 33	388			-
Coeur D'A	lene, idaho 8	3816		
	S	AMPLE INFO	ORMATION	
Sample collect	ed by (name):	Dean Rer	ninger	
Specific location	on where sample o		Special instructions	or comments:
200	1) FF	•		
Type of Samp	le (must check on	ly one box of #1	through #4 listed t	pelow)
1. Routine	Distribution San	nple 2	. Repeat Sample	after unsat. routine)
	Yes_ No_	0.32	Distribution S	rstem
		Free	Source Groun (Population of	dwater Rule (GWR)
	Source Sample			y routine lab number:
	GWR source sam		Unicational (U)	y roduits law HUITIDET.
☐ Fecal –S	Surface, GWI, som	e springs -	I Inequiefactors	tino collect deta-
1 1	1 1		Unsatisfactory rou	HARE CONNECT COSTS;
S			Chlorinated: Yes	No.
ruanc systems must be	rovide source number from	WFI	Chlorine Residual	
4. Sample (Collected for Info	rmation Only	- nor and 1 (GORALDI	riceriee
Investigat		truction / Repair	sOther_	
LAB USE (R RESULTS	LAB USE ONLY
Unsatisfac	tory Total Coliforn			Satisfactory
☐ E.coli	present	☐ E.coli abs	sent	
	ecal coliform prese		coliform absent	
	ample Required:			
	o old (>30 hours)			
☐ Improper	Container	☐ Turbid cul	ture	
acterial Density	Results: Plate Co	ount	/ml. E.coli	/100mi.
Total Coliform			i Coliform	/100mi.
ate and Time Rec	zeived: 5	-8-23	Brun 15	4 ¢
ate Analyzed:			Date Perceted	. 0
	number plus five digits)		Lab Use Only:	-
		694	FUO	0911
		1000	, 00	· V