

# Anatek Labs, Inc.

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 Point  
**Address:** PO Box 3388  
Coeur d Alene, ID 83816  
**Attn:** Leslie Rayner

**Work Order:** WDF0796  
**Project:** Bacteria  
**Reported:** 6/15/2023 16:30

## 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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**Work Order:** WDF0796  
**Project:** Bacteria  
**Reported:** 6/15/2023 16:30

## Analytical Results Report

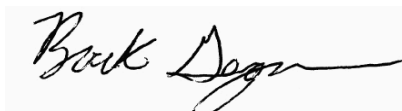
System ID# 66800 System Name: Pelican Point  
Reference Number: WDF0796-02 Collect Date: 06/14/23 13:56 DOH Source #:  
Multiple Source Nos: Sample Type: PT/F County: Grant  
Date Received: 06/14/23 16:08 Sample Purpose: RC - Routine/Compliance Sample  
Sample Location: Sandcastle Ct. PP 85  
Matrix: 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.



**A** Anatek Labs, Inc.  
 504 E. Sprague Suite D 1282 Alturas Drive  
 Spokane, WA 99202 Moscow, ID 83843  
 509-838-3999 208-883-2839

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <b>6 / 14 / 2023</b> Month Day Year	Time Sample Collected <b>2:17</b> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <b>Grant</b>
-----------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------	------------------------

Type of Water System (check only one box)  
 Group A     Group B     Other \_\_\_\_\_

Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):  
 ID# 6 6 8 0 0 L

System Name: **Pelican Point**

Contact Person: **Leslie Rayner**

Day Phone: **(877)755-9287**    Cell Phone: \_\_\_\_\_

Email: **info@gemstate-water.com**

Send results to: (Print full name, address and zip code)  
**Gem State Water**

**PO Box 3388**  
**Coeur D'Alene, Idaho 83816**

**SAMPLE INFORMATION**

Sample collected by (name): **Dean Renninger**

Specific location where sample collected: <b>Albert Way SE</b> <b>PP4</b>	Special instructions or comments:
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Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <b>0.59</b></p> <p>Chlorine Residual: Total _____ Free <input checked="" type="checkbox"/></p>	<p>2. Repeat Sample (after unsat. routine)</p> <p><input type="checkbox"/> Distribution System</p> <p><input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number: _____</p> <p>Unsatisfactory routine collect date: _____/_____/_____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>3. Raw Water Source Sample</p> <p><input type="checkbox"/> E. coli - GWR source sample</p> <p><input type="checkbox"/> Fecal - Surface, GWI, some springs</p> <p><input type="checkbox"/> Other</p> <p><b>S</b>    _____    _____</p> <p><small>Public systems must provide source number from WFI</small></p>	

4.  Sample Collected for Information Only  
 Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

**LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY**

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input type="checkbox"/> Satisfactory
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Replacement Sample Required:

Sample too old (>30 hours)     TNTC     \_\_\_\_\_

Improper Container     Turbid culture

Bacterial Density Results: Plate Count \_\_\_\_\_ /ml. E.coli \_\_\_\_\_ /100ml.  
 Total Coliform \_\_\_\_\_ /100ml. Fecal Coliform \_\_\_\_\_ /100ml.

Date and Time Received: **6-14-23 15:19 1608**

Date Analyzed:	Date Reported:
Sample Number (DOH number plus five digits) (SPD-12, MOS-125) <b>20101</b>	Lab Use Only <b>AW 2460</b>



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**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <b>6/14/2023</b> Month Day Year	Time Sample Collected □ AM <b>1:56</b> PM	County <b>Grant</b>
-------------------------------------------------------------	-------------------------------------------------	------------------------

Type of Water System (check only one box)  
 Group A     Group B     Other \_\_\_\_\_

Group A and Group B Systems -- Provide from Water Facilities Inventory (WFI):  
 ID# 6 6 8 0 0 L  
 System Name: **Pelican Point**

Contact Person: **Leslie Rayner**

Day Phone: **(877)755-9287**    Cell Phone:

Email: **info@gemstate-water.com**

Send results to: (Print full name, address and zip code)  
**Gem State Water**  
**PO Box 3388**  
**Coeur D'Alene, Idaho 83816**

**SAMPLE INFORMATION**

Sample collected by (name): **Dean Renninger**

Specific location where sample collected: <b>Sandcastle, CT</b> <b>PP 85</b>	Special instructions or comments:
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Type of Sample (must check only one box of #1 through #4 listed below)

<b>1. <input checked="" type="checkbox"/> Routine Distribution Sample</b> Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <u>0.38</u> Free _____	<b>2. Repeat Sample (after unsat. routine)</b> <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____
<b>3. Raw Water Source Sample</b> <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other <u>S</u>	

4.  Sample Collected for information Only  
 Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

<b>LAB USE ONLY DRINKING WATER RESULTS</b> <input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input type="checkbox"/> Satisfactory
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------

Replacement Sample Required:  
 Sample too old (>30 hours)     TNTC     \_\_\_\_\_  
 Improper Container     Turbid culture

Bacterial Density Results: Plate Count \_\_\_\_\_ /ml. E. coli \_\_\_\_\_ /100ml.  
 Total Coliform \_\_\_\_\_ /100ml. Fecal Coliform \_\_\_\_\_ /100ml.

Date and Time Received: **6-14-23 1:56 PM**

Date Analyzed: \_\_\_\_\_ Date Reported: \_\_\_\_\_  
 Sample Number (DOH number plus five digits) (SPO-112, MOS-125) **20102**    Lab Use Only: **AW246V**