

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: WDG1216
Project: Bacteria
Reported: 7/25/2023 12:50

Analytical Results Report

System ID# 66800 System Name: Pelican Point
Reference Number: WDG1216-01 Collect Date: 07/24/23 13:30 DOH Source #:
Multiple Source Nos: Sample Type: PT/F County: Grant
Date Received: 07/24/23 15:57 Sample Purpose: RC - Routine/Compliance Sample
Sample Location: S02
Matrix: Drinking Water

Lab/Sample Number: 112-21601

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			7/25/23 11:06	WSK	SM 9223 B	
0003	E. coli	Absent		1.00	0			7/25/23 11:06	WSK	SM 9223 B	

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

Work Order: WDG1216
Project: Bacteria
Reported: 7/25/2023 12:50

Analytical Results Report

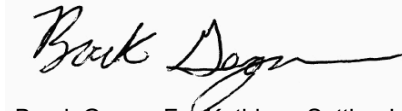
System ID# 66800 System Name: Pelican Point
Reference Number: WDG1216-02 Collect Date: 07/24/23 13:20 DOH Source #:
Multiple Source Nos: Sample Type: PT/F County: Grant
Date Received: 07/24/23 15:57 Sample Purpose: RC - Routine/Compliance Sample
Sample Location: Scenic And Dune Lakes
Matrix: Drinking Water

Lab/Sample Number: 112-21602

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			7/25/23 11:06	WSK	SM 9223 B	
0003	E. coli	Absent		1.00	0			7/25/23 11:06	WSK	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.



Due: 08/08/23

Water System Name <i>Pelican Point</i>		PWS ID No. <i>66800L</i>
Collector <i>Benjamin</i>	County <i>Grant</i>	
Results & Invoice To:		
Name <i>Gem State</i>		
Address		
City	State	Zip Code
Phone Number:		
Fax Number:		

DRINKING WATER
ANALYSIS REQUEST FORM FOR COLIFORM BACTERIA
CONTAMINANT ID# 3100

Public Drinking Water System

Compliance Sample Yes No

Private Drinking Water

Water system info must be fully filled out or samples will not be run. Private samples need not have PWS# or Chlorine residual. Your sample will be analyzed for TOTAL COLIFORMS unless you specify analysis under Remarks

Laboratory Name:
ACCURATE TESTING

7950 Meadowlark Way
Coeur d'Alene, ID 83814
Phone: (208) 762 8378
Fax: (208) 762 9082
E-mail: info@accuratetesting.com
Web site: http://www.accuratetesting.com

Email:

*For PWS only, if this is a repeat sample, mark the date of the ORIGINAL POSITIVE SAMPLE.

Lab Sample Number <small>For Lab use only!</small>	Code <small>see Box below</small>	Sample Location or Identification	Date Collected	Time Collected	Chlorine Residual ppm	Original* Sample Date <small>If repeat sample</small>	TOTAL COLIFORMS <small>Method SM9223B For Lab use only!</small>	E. COLI <small>Method SM9223B For Lab use only!</small>
	<i>RS</i>	<i>SO2</i>	<i>7-24-23</i>	<i>1:30 pm</i>	<i>.31</i>			

Remarks: _____

For Lab use only!

- Sample Type Codes**
- RS - Routine Sample
 - W - Untreated (source)
 - RP - Repeat Sample (at original tap)
 - D - Downstream Repeat
 - X - Other Repeat
 - U - Upstream Repeat
 - E - Enforcement (Chain of custody required)
 - V - Invalidated By lab.
 - C - Construction/Special/Non-Compliance

ATL Bottle Other Bottle

Sample Relinquished by (Name): *[Signature]* Date/Time _____ UPS FedEx US Mail Hand

by (Name): _____ Date/Time _____ UPS FedEx US Mail Hand

Sample Received by Lab (Name): *Kelley G* Date/Time *7/24/23 1557*

31342



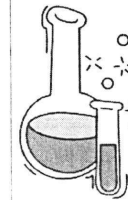
Due: 08/08/23

DRINKING WATER
ANALYSIS REQUEST FORM FOR COLIFORM BACTERIA
CONTAMINANT ID# 3100

Water System Name <i>Pelican Point</i>		PWS ID No. <i>66800L</i>
Collector <i>Benjamin</i>	County <i>Grant</i>	
Results & Invoice To:		
Name <i>Grem State</i>		
Address		
City	State	Zip Code
Phone Number:		
Fax Number:		

Laboratory Name:

ACCURATE
USEPA L



7950 Meadowlark Way
Coeur d'Alene, ID 83814

Phone: (208) 762 8378
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Compliance Sample Yes No

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Email:

* For PWS only, if this is a repeat sample, mark the date of the ORIGINAL POSITIVE SAMPLE.

Lab Sample Number <small>For Lab use only!</small>	Code <small>see Box below</small>	Sample Location or Identification	Date Collected	Time Collected	Chlorine Residual ppm	Original* Sample Date <small>If repeat sample</small>	TOTAL COLIFORMS <small>Method SM9223B For Lab use only!</small>	E. COLI <small>Method SM9223B For Lab use only!</small>
	<i>RS</i>	<i>Scenic and Dune Lakes</i>	<i>7-24-23</i>	<i>1:20pm</i>	<i>.22</i>			

Remarks: _____

For Lab use only!

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ATL Bottle Other Bottle

Sample Relinquished by (Name): *[Signature]* Date/Time: _____ UPS FedEx US Mail Hand

by (Name): _____ Date/Time: _____ UPS FedEx US Mail Hand

Sample Received by Lab (Name): *Kelley G* Date/Time: *7/24/23 1557*

31341