

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: WDH0798
Project: Bacteria
Reported: 8/15/2023 12:38

Analytical Results Report

System ID# 66800 System Name: Pelican Point
Reference Number: WDH0798-01 Collect Date: 08/14/23 07:30 DOH Source #:
Multiple Source Nos: Sample Type: PT/F County: Grant
Date Received: 08/14/23 12:26 Sample Purpose: RC - Routine/Compliance Sample
Sample Location: Location 3/pp38
Matrix: Drinking Water

Lab/Sample Number: 112-79801

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			8/15/23 11:29	SBS	SM 9223 B	
0003	E. coli	Absent		1.00	0			8/15/23 11:29	SBS	SM 9223 B	

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Analytical Results Report

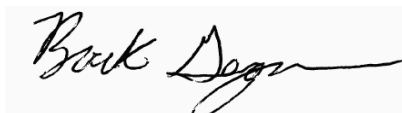
System ID# 66800 System Name: Pelican Point
Reference Number: WDH0798-02 Collect Date: 08/14/23 07:55 DOH Source #:
Multiple Source Nos: Sample Type: PT/F County: Grant
Date Received: 08/14/23 12:26 Sample Purpose: RC - Routine/Compliance Sample
Sample Location: Location 4/pp54
Matrix: Drinking Water

Lab/Sample Number: 112-79802

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			8/15/23 11:29	SBS	SM 9223 B	
0003	E. coli	Absent		1.00	0			8/15/23 11:29	SBS	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.



	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 8 / 14 / 23 <small>Month Day Year</small>	Time Sample Collected 7:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Grant
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Other _____		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# <u>6 6 8 0 0 L</u> 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 Ranning Cole Rayner		
Specific location where sample collected: Location 3/PP38	Special instructions or comments:	
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No _____ Chlorine Residual: Total _____ Free <input checked="" type="checkbox"/>	2. <input type="checkbox"/> Repeat Sample (after unsat. routine) <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 <input checked="" type="checkbox"/> No _____ Chlorine Residual: Total _____ Free <input checked="" type="checkbox"/>	
3. <input type="checkbox"/> Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other S _____	4. <input type="checkbox"/> 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
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____ <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Date and Time Received: 8/14/23 1226		Date Reported:
Date Analyzed:		Lab Use Only: AW246V
Sample Number (DOH number plus five digits) (SPO-112, MOS-125)		



	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 <u>8/14/23</u> <small>Month Day Year</small>	Time Sample Collected <u>7:55</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Grant
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Other _____		
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# <u>6 6 8 0 0 L</u> 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): <u>Leslie Rayner</u>		
Specific location where sample collected: <u>Location 4/PP54</u>	Special instructions or comments:	
Type of Sample (must check only one box of #1 through #4 listed below)		
1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No _____ Chlorine Residual: Total _____ Free <input checked="" type="checkbox"/>	2. Repeat Sample (after unsat. routine) <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 <u>41</u>	
3. Raw Water Source Sample <input type="checkbox"/> E. coli - GWR source sample <input type="checkbox"/> Fecal - Surface, GWI, some springs <input type="checkbox"/> Other S _____	4. <input type="checkbox"/> 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
Replacement Sample Required: <input type="checkbox"/> Sample too old (>30 hours) <input type="checkbox"/> TNTC <input type="checkbox"/> _____ <input type="checkbox"/> Improper Container <input type="checkbox"/> Turbid culture		
Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml. Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.		
Date and Time Received: <u>8/14/23 12:26</u> <u>bcj</u>		Date Reported: <u>7/10</u>
Date Analyzed:		Lab Use Only: <u>AWC466</u>
Sample Number (DOH number plus five digits) (SPO-112, MOS-125)		