

# 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:** WDJ0612  
**Project:** Bacteria  
**Reported:** 10/10/2023 12:13

## Analytical Results Report

System ID# 66800 System Name: Pelican Point  
Reference Number: WDJ0612-01 Collect Date: 10/09/23 09:37 DOH Source #:   
Multiple Source Nos: Sample Type: PT/F County: Grant  
Date Received: 10/09/23 12:41 Sample Purpose: RC - Routine/Compliance Sample  
Sample Location: PP 47  
Matrix: Drinking Water

**Lab/Sample Number: 112-61201**

### Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	1	1		10/10/23 11:38	SBS	SM 9223 B	
0003	E. coli	Absent		1.00	1	1		10/10/23 11:38	SBS	SM 9223 B	

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

**Work Order:** WDJ0612  
**Project:** Bacteria  
**Reported:** 10/10/2023 12:13

## Analytical Results Report

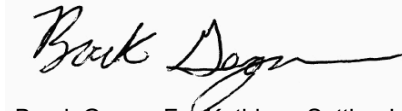
System ID# 66800 System Name: Pelican Point  
Reference Number: WDJ0612-02 Collect Date: 10/09/23 09:15 DOH Source #:   
Multiple Source Nos: Sample Type: PT/F County: Grant  
Date Received: 10/09/23 12:41 Sample Purpose: RC - Routine/Compliance Sample  
Sample Location: PP 85  
Matrix: Drinking Water

**Lab/Sample Number: 112-61202**

### Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	1	1		10/10/23 11:38	SBS	SM 9223 B	
0003	E. coli	Absent		1.00	1	1		10/10/23 11:38	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.



<b>A</b>	Anatek Labs, Inc. 504 E. Sprague Suite D 1282 Alturas Drive Spokane, WA 99202 Moscow, ID 83843 509-838-3999 208-883-2839	
	<b>COLIFORM BACTERIA ANALYSIS</b>	
Date Sample Collected 10/9/23 Month Day Year	Time Sample Collected 9:37 AM PM	County BLAINE
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# 668001 System Name: PELLICAN POINT		
Contact Person: LESLIE RAYMOND		
Day Phone: 8772557287 Cell Phone: _____		
Email: info@gem-stater-water.com		
Send results to: (Print full name, address and zip code) GEM STATE WATER PO BOX 3288 COEUR D'ALENE ID 83816		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): DEAN BERNHARDT		
Specific location where sample collected: PP 47	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 0.44	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 _____	
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	Public systems must provide source number from WFI	
4. <input type="checkbox"/> Sample Collected for Information Only Investigative _____ Construction / Repairs _____ Other _____		
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</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: <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: 10/9/23 12:41 PM		
Date Analyzed: _____		Date Reported: _____
Sample Number (DOH number plus five digits) (SPO-112, MOS-125) _____ 76		Lab Use Only: L4003V



Due: 10/23/23

	Anatek Labs, Inc. 504 E. Sprague Suite D 1282 Alturas Drive Spokane, WA 99202 Moscow, ID 83843 509-838-3999 208-883-2839	
	<b>COLIFORM BACTERIA ANALYSIS</b>	
Date Sample Collected <b>10/9/23</b> Month Day Year	Time Sample Collected <b>9:15</b> AM PM	County <b>GROUNTS</b>
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# <b>168002</b> System Name: <b>PELICAN POINT</b>		
Contact Person: <b>HELENE RAYMOND</b>		
Day Phone:		Cell Phone:
Email: <b>info@gemstatewater.com</b>		
Send results to: (Print full name, address and zip code) <b>GEM STATE WATER</b> <b>PO BOX 3382</b> <b>COVINGTON ID 83812</b>		
<b>SAMPLE INFORMATION</b>		
Sample collected by (name): <b>DEAN RENNICKER</b>		
Specific location where sample collected: <b>PP85</b>		Special instructions or comments:
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 _____ Free <b>0.33</b>		<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 <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>S</b></div> <small>Public systems must provide source number from WFI</small>		
<b>4. <input type="checkbox"/> Sample Collected for Information Only</b> Investigative _____ Construction / Repairs _____ Other _____		
<b>LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY</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
<b>Replacement Sample Required:</b> <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: <b>10/9/23 12:41</b>		
Date Analyzed:		Date Reported:
Sample Number (DOH number plus five digits) (SPO-112, MOS-125) <b>10077</b>		Lab Use Only: <b>L4003V</b>