

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: WDL0148
Project: Bacteria
Reported: 12/6/2023 14:04

Analytical Results Report

System ID# 66800 System Name: Pelican Point
Reference Number: WDL0148-01 Collect Date: 12/05/23 13:35 DOH Source #:
Multiple Source Nos: Sample Type: PT/F County: Grant
Date Received: 12/05/23 16:15 Sample Purpose: RC - Routine/Compliance Sample
Sample Location: FH PP 39
Matrix: Drinking Water

Lab/Sample Number: 112-14801

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	1	1		12/6/23 11:50	SBS	SM 9223 B	
0003	E. coli	Absent		1.00	1	1		12/6/23 11:50	SBS	SM 9223 B	

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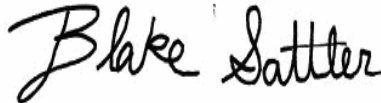
System ID# 66800 System Name: Pelican Point
Reference Number: WDL0148-02 Collect Date: 12/05/23 12:55 DOH Source #:
Multiple Source Nos: Sample Type: PT/F County: Grant
Date Received: 12/05/23 16:15 Sample Purpose: RC - Routine/Compliance Sample
Sample Location: FH PP 71
Matrix: Drinking Water

Lab/Sample Number: 112-14802

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	1	1		12/6/23 11:50	SBS	SM 9223 B	
0003	E. coli	Absent		1.00	1	1		12/6/23 11:50	SBS	SM 9223 B	

Authorized Signature,



Blake Sattler 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 12 5 23 <small>Month Day Year</small>	Time Sample Collected 1:35 <small>AM PM</small>	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) Germ State Water PO Box 3388 Coeur D'Alene, Idaho 83816		
SAMPLE INFORMATION		
Sample collected by (name): Dean Renninger		
Specific location where sample collected: FH PP 39	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 <input type="checkbox"/> Chlorine Residual: Total _____ Free <u>0.39</u>	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 _____	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: 12/5/23 1615 DEJ LRP		
Date Analyzed: _____		Date Reported: _____
Sample Number (DOH number plus five digits) (SPO-112, MCG-125)		Lab Use Only:

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	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 12 15 23 Month Day Year	Time Sample Collected 12:55 <input type="checkbox"/> AM <input checked="" 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 Renninger		
Specific location where sample collected: <i>FA PPT1</i>	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 <u>0.12</u> 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 _____	
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>12/15/23 1615</u> <i>DCM</i> <i>HPA</i>		
Date Analyzed:		Date Reported:
Sample Number (DOH number plus five digits) (SPO-112, MOS-125)		Lab Use Only:

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