

No. 23

**Annual Drinking Water Quality Report
of the
Columbia Rim Owners Association
PWSID 14169L**

**Covering the Period
January 1, 2020 to December 31, 2020**

January 1, 2021

Purpose

The 1996 Congressional authorization of the Safe Drinking Water Act included requirements for water utilities to provide annual water quality reports to their users. This report is the **23rd** Annual Water Quality Report, as required by this Act.

This report is designed to inform you about the quality water and services we deliver to you every day. Our constant goal is to provide you with a safe and dependable supply of drinking water. We want you to understand the efforts we make to continually improve the water quality and protect our water resources. We are committed to ensuring the quality of your water.

We draw water from two (2) wells located near the intersection of Tunnel Road and Ramsay Lane. The wells are approximately fifteen hundred (1500) feet apart. Water is pumped from the wells to a thirty five thousand (35,000) gallon reservoir located at the south end of Ramsay Lane.

The reservoir provides water to users by way of one of two primary lines; the gravity line (67% of users) moves water directly from the reservoir to users, and the pressurized line (33% of users) moves water through the pressure shed (located North of the reservoir) where pressure maintained between 30-60 pounds moves the water to users for whom a gravity feed would be inadequate.

The Well #1 pump, and the pressure pumps, can be supplied with emergency electrical power from an in-place gasoline powered generator in the event of an extended power outage.

The entire system is controlled by a programmable logic controller (PLC). This system is accessible by internet connection from remote locations to change settings and monitor the system. The system has alarm settings. In the event of an alarm, the system notifies water committee members via text or email.

Water Quality

We are pleased to report that our drinking water is safe and meets or exceeds federal and state requirements. Phil Agnor, owner of Mid Columbia Backflow, LLC, served as our Certified Waterworks Operator in 2019. We have hired Scott Dixon, of the Dallesport Water District, as the Certified Waterworks Operator for 2020 and thereafter. If you have any questions about this report or concerning your water system, please contact Scott Dixon (360-528-1045). We want our valued members to be informed about their water system. If you want to learn more, please attend any of our annual meetings. They are held on the first Saturday in May each year.

Water Testing

Columbia Rim Owners Association routinely monitors your drinking water according to federal and state laws. Water samples are taken from two sampling stations within the distribution system; located at the source (Well #1) and at the reservoir.

The tables in Appendix A show the results of our monitoring for the previous year. All drinking water, including bottled drinking water, may be reasonably expected to contain at least small amount of some constituents. It is important to remember that the presence of these constituents does not necessarily pose a health risk.

We sample for fecal and E-coli bacteria each month. The results of these tests are included in Appendix A.

We also test for other contaminants (VOC's, SOC's, nitrates, metals, pesticides, and other chemicals) that we take on a quarterly basis as required by the Washington Department of Health (WADOH). The results of these tests are available, upon request from Paul Casal. In those results you will find many terms and abbreviations with which you might not be familiar. To help you better understand these terms we have provided following definitions:

Non-Detects (ND)-laboratory analysis indicates that the constituent is not present.

Parts per million (ppm) or Milligrams per liter (mg/l) - one part per million corresponds to one minute in two years, or a single penny in \$10,000.

Parts per billion (ppb) or micrograms per liter (mg/l) - one part per billion corresponds to one minute in 2,000 years, or a single penny in \$10,000,000.

Parts per trillion (ppt) or Nanograms per liter (ng/l) - one part per trillion corresponds to one minute in 2,000,000 years, or one penny in \$10,000,000,000.

Parts per quadrillion (ppq) or Picograms per liter (pg/l) - one part per quadrillion corresponds to minute in 2,000,000,000 years, or one penny in \$10,000,000,000,000.

Picocuries per liter (pCi/L) - Picocuries per liter is a measure of the radioactivity in water.

Milirems per year (mrem/yr) - measure of radiation absorbed by the body.

Million Fibers per Liter (MFL) - million fibers per liter is a measure of the presence of asbestos fibers that are longer than 10 micrometers.

Nephelometric Turbidity Unit (NTU) - nephelometric turbidity is a measure of the clarity of water. Turbidity in excess of 5 NTU is just noticeable to the average person.

Variations and Exemptions (V&E) - State or EPA permission not to meet an MCL, or a treatment technique under certain conditions.

Action Level (AL) - the concentration of a contaminant, which, if exceeded, triggers treatment or other requirements which a water system must follow.

Treatment Technique (TT) - a treatment technique is a required process intended to reduce the level of a contaminant in drinking water.

Maximum Contaminant Level (MCL) - the MCL is the highest level of a contaminant that is allowed in drinking water. MCL's are set as close to the MCLG's as feasible using the best available treatment technology.

Maximum Contaminant Level Goal (MCLG) - the MCLG is the level of a contaminant in drinking water, below which there is no known or expected risk to health. MCLG's allow for a margin of safety.

Maximum Residual Disinfectant Level Goal (MRDLG) - the level of a drinking water disinfectant, below which there is no known or expected risk to health. MRDLG's do not reflect the benefits of the use of disinfectants to control microbial contaminants.

Maximum Residual Disinfectant Level (MRDL) - the highest level of a disinfectant allowed in drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.

Health Effects

Some people may be more vulnerable to contaminants in drinking water than the general population. Immuno-compromised persons such as persons with cancer undergoing chemotherapy, persons who have undergone organ transplants, people with HIV/AIDS or other immune system disorders, some elderly, and infants can be particularly at risk from infections. These people should seek advice about drinking water from their health care providers. EPA/CDC guidelines on appropriate means to lessen the risk of infection by cryptosporidium and other microbiological contaminants are available for the Safe Drinking Water Hotline (800-426-4791).

2021 Routine Activities

- 1) Take water sample or coliform testing each month.
- 2) Read electric meters and report readings to the PUD bi-monthly.
- 3) Read all water meters bi-annually.
- 4) Collect data from PLC four times each year to be used in preparation of reports required by Washington State.
- 5) Take quarterly water sample for chemicals, pesticides, and other contaminants as required by the Washington State Board of Health.
- 6) Prepare weekly water usage data and submit report to Washington Department of Ecology.
- 7) Monitor water system and record readings at least weekly.
- 8) Prepare invoices for the annual dues and maintain financial records of CROA.
- 9) Prepare minutes of all Board and General Meetings and maintain all non-financial records of CROA.

- 10) Assist in the preparation of all materials for the annual general meeting.
- 11) Prepare the Annual Drinking Water Quality Report.
- 12) Prepare and file the federal income tax forms for the fiscal year ending on April 30 each year.

2021 Non-Routine Activities

The Non-Routine Activities for this year are shown in Appendix A.

THANK YOU TO THE VOLUNTEERS!

We would like to acknowledge all those members who volunteer their time in accomplishing all the activities mentioned in this report. Countless hours are spent each year on maintaining the water system and performing the duties of the board of directors. The routine, non-routine, and board activities listed in this report would be impossible to complete if not for your fellow neighbors who donate their time to serve the neighborhood.

Appendix A

List of current Board Members

Non-Routine Activities

Water Sample Test Results

Columbia Rim Owners Association

Board of Directors

2020-2021

Name & Address	Phone	Email	Term Expires
Lee Strom, President 47th Ave. SW Seattle WA 98136	206-437-6608	stromcamp@comcast.net	2021
Gaby Donnell, Vice President NE 24th St. Portland OR 97212	503-504-7278	gabydon@gmail.com	2021
Michelle Blue, Secretary 19025 NE 151 st St. Woodinville, WA 98072	425-785-0434	blueposse@gmail.com	2022
Lynne Casal, Treasurer 19 Trillium Lane White Salmon, WA 98672	971-801-0537	morwind4lyn@gmail.com	2022
Peter West 4203 NE 28 th Ave Portland, OR 97211	503-307-0310	Pwest94@gmail.com	2021
Kevin Walters 8 Windsong Lane White Salmon, WA 98672	509-493-0009	klwsaw@hotmail.com	2022
Tom Montag 527 Courtney Road White Salmon, WA 98672	509-493-2577	tcmontag@hotmail.com	2022
Tim Cox 20 Windsong Lane White Salmon, WA 98672	503-422-9748	cox.tim.r@gmail.com	2021
Shay Ryan-Blakeslee 2201 Belmont Drive Hood River, OR 97031	503-819-6419	shay.ryan@icloud.com	2021

Non-Routine Activities

1. Sealed hatch on reservoir to comply with sanitary survey requirement.
2. Installed new PLC wire to Well #1.
3. Replaced the Well #1 source meter.
4. Replaced damaged blow off on Mapleleaf
5. Sealed and painted the J boxes for PLC wires along Ramsay.
6. Poured a concrete pad in front of the sampling station at the reservoir.
7. Repaired portable water pump.
8. Installed automatic generator at the pump house.

36831
1/3/19

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected: 1/30/20
Time Sample Collected: 1:00 AM
County: Klickitat

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# 14169L
System Name: Col Rim
Contact Person: PAUL OASAI
Day Phone: () Cell Phone: (971) 801-2032
Email: () E-mail: ()
Send results to: (Print full name, address and zip code or e-mail)
PAUL OASAI
CROWATER@clwaf.com

SAMPLE INFORMATION

Sample collected by (name): Philip Anwar
Specific location where sample collected: SAMPLE TAPE
MAINTENANCE
Types of Sample (check only one box):
1. Routine Distribution Sample
Chlorinated: Yes No
Chlorine Residual: Total Free
2. Repeat Sample (after unsat. routine)
 Distribution System
Unsatisfactory routine lab number:
3. Source Ground Water Rule Sample
Unsatisfactory routine collect date:
Chlorinated: Yes No
Chlorine Residual: Total Free
4. Enumeration Source Water Sample
 E. coli Fecal Surface, OW, Springs, Filtered Yes No
5. Sample Collected for Information Only

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY
 Unsatisfactory Total Coliform Present and
 E. coli present E. coli absent Satisfactory

Replacement Sample Required:
 Sample too old (>30 hours) TNTC

Bacterial Density Results: Total Coliform /100ml E. coli /100ml
Fecal Coliform /100ml HPC /1 ml

Lab ID Number: Date and Time Received: 1/30/20 1:05
Method Code: Date and Time Incubated: 1/30/20 4:00
Date Analyzed: 1/31/20 NR Date Reported:
DOH Lab-Sampler: 173.01046 Lab Use Only:

2135
1/30/20

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected: 2/15/20
Time Sample Collected: 10:00 AM
County: Klickitat

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# 14169L
System Name: COLUMBIA RIM
Contact Person: PAUL OASAI
Day Phone: () Cell Phone: (971) 801-2032
Email: () E-mail: ()
Send results to: (Print full name, address and zip code or e-mail)
C. RODWATER@clwaf.com

SAMPLE INFORMATION

Sample collected by (name): PHILIP ANWAR
Specific location where sample collected: SAMPLE TAPE
CRESTVIEW
Types of Sample (check only one box):
1. Routine Distribution Sample
Chlorinated: Yes No
Chlorine Residual: Total Free
2. Repeat Sample (after unsat. routine)
 Distribution System
Unsatisfactory routine lab number:
3. Source Ground Water Rule Sample
Unsatisfactory routine collect date:
Chlorinated: Yes No
Chlorine Residual: Total Free
4. Enumeration Source Water Sample
 E. coli Fecal Surface, OW, Springs, Filtered Yes No
5. Sample Collected for Information Only

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY
 Unsatisfactory Total Coliform Present and
 E. coli present E. coli absent Satisfactory

Replacement Sample Required:
 Sample too old (>30 hours) TNTC

Bacterial Density Results: Total Coliform /100ml E. coli /100ml
Fecal Coliform /100ml HPC /1 ml

Lab ID Number: Date and Time Received: 2/15/20 10:40
Method Code: Date and Time Incubated: 2/15/20 4:00
Date Analyzed: 2/16/20 NR Date Reported:
DOH Lab-Sampler: 173.01066 Lab Use Only:

#86602
2/2/20

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected: 03/02/2020
Time Sample Collected: 11:36 AM
County: Klickitat

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# 14169L
System Name: Columbia Rim Water Association
Contact Person: Scott Dixon
Day Phone: (501) 948-8756 Cell Phone: (501) 948-6514
Email: dallesportwater@clwaf.com E-mail: (501) 948-8244
Send results to: (Print full name, address and zip code or e-mail)
Dallesport Water District
P.O. Box 131
Dallesport, WA 99417

SAMPLE INFORMATION

Sample collected by (name): Austin Wilson
Specific location where sample collected: Crestview Sample
CRESTVIEW
Types of Sample (check only one box):
1. Routine Distribution Sample
Chlorinated: Yes No
Chlorine Residual: Total Free
2. Repeat Sample (after unsat. routine)
 Distribution System
Unsatisfactory routine lab number:
3. Source Ground Water Rule Sample
Unsatisfactory routine collect date:
Chlorinated: Yes No
Chlorine Residual: Total Free
4. Enumeration Source Water Sample
 E. coli Fecal Surface, OW, Springs, Filtered Yes No
5. Sample Collected for Information Only

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY
 Unsatisfactory Total Coliform Present and
 E. coli present E. coli absent Satisfactory

Replacement Sample Required:
 Sample too old (>30 hours) TNTC

Bacterial Density Results: Total Coliform /100ml E. coli /100ml
Fecal Coliform /100ml HPC /1 ml

Lab ID Number: Date and Time Received: 3/2/20 1:30
Method Code: Date and Time Incubated: 3/2/20 4:00
Date Analyzed: 3/3/20 NR Date Reported:
DOH Lab-Sampler: 173.01093 Lab Use Only:

#2943
4/30/20

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected: 04/28/2020
Time Sample Collected: 10:05 AM
County: Klickitat

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# 14169L
System Name: Columbia Rim Association
Contact Person: Scott Dixon
Day Phone: (501) 948-8756 Cell Phone: (501) 948-6514
Email: dallesportwater@clwaf.com E-mail: (501) 948-8244
Send results to: (Print full name, address and zip code or e-mail)
Dallesport Water District
P.O. Box 131
Dallesport, WA 99417

SAMPLE INFORMATION

Sample collected by (name): Austin Wilson
Specific location where sample collected: 24 hr Investigator

Type of Sample (check only one box):
1. Routine Distribution Sample
Chlorinated: Yes No
Chlorine Residual: Total Free
2. Repeat Sample (after unsat. routine)
 Distribution System
Unsatisfactory routine lab number:
3. Source Ground Water Rule Sample
Unsatisfactory routine collect date:
Chlorinated: Yes No
Chlorine Residual: Total Free
4. Enumeration Source Water Sample
 E. coli Fecal Surface, OW, Springs, Filtered Yes No
5. Sample Collected for Information Only

LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY
 Unsatisfactory Total Coliform Present and
 E. coli present E. coli absent Satisfactory

Replacement Sample Required:
 Sample too old (>30 hours) TNTC

Bacterial Density Results: Total Coliform /100ml E. coli /100ml
Fecal Coliform /100ml HPC /1 ml

Lab ID Number: Date and Time Received: 4/28/20 11:00
Method Code: Date and Time Incubated: 4/29/20 4:00
Date Analyzed: 4/29/20 HB Date Reported:
DOH Lab-Sampler: 17301165 Lab Use Only:

2435

Klickitat County Health Department
301 NE Washington Street
PO Box 131
White Salmon, WA 98672
Phone: (509) 493-1558
Fax: (509) 493-4025

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 5/17/2020 Month: 5 Day: 17 Year: 2020	Time Sample Collected 10:19 AM <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Klickitat
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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# 14169L

System Name: Columbia River Association
 Contact Person: Scott Dixon
 Day Phone: (509) 498-6756 Cell Phone: ()
 Email: scottdixon@gmail.com Eve. Phone: ()

Send results to: (Print full name, address and zip code e-mail)
 Dallesport Water District
 P.O. Box 131
 Dallesport, WA 98617 Dallesportwater@gmail.com

SAMPLE INFORMATION

Sample collected by (name): Austin Wilson
 Specific location where sample collected: Crestview
 Special instructions or comments:

Type of Sample (check only one box)
 1. Routine Distribution Sample
 Chlorinated: Yes No
 Chlorine Residual: Total ___ Free ___
 2. Repeat Sample (after unsat. routine)
 Distribution System
 Unsatisfactory routine lab number: _____
 3. Source Ground Water Rule Sample
 Unsatisfactory routine collect date: _____
 Triggered
 Assessment
 Chlorinated: Yes ___ No ___
 Chlorine Residual: Total ___ Free ___

4. Enumeration Source Water Sample
 F. coli Fecal - Surfact. OMI, Springs Filtered Yes ___ No ___

5. Sample Collected for Information Only

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 checked="" type="checkbox"/> Satisfactory

Replacement Sample Required:
 Sample too old (>30 hours) TNTC

Bacterial Density Results: Total Coliform ___/100ml E. coli ___/100ml
 Fecal Coliform ___/100ml HPC ___/1 ml

Lab ID Number: _____ Date and Time Received: 5/17/20 11:20 AM
 Method Code: _____ Date and Time Incubated: 5/17/20 3:45 PM
 Date Analyzed: 5/17/20 NP Date Reported: _____
 DOH Lab-Sample: 17302185 Lab Use Only: _____

DOH Form 6021-110 (October 2016) - This form has publication information on the alternate form, call 888-637-7377 (TDD) for TTY. The use of other publications are available at www.doh.wa.gov/publications.

3001

Klickitat County Health Department
301 NE Washington Street
PO Box 131
White Salmon, WA 98672
Phone: (509) 493-1558
Fax: (509) 493-4025

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 6/10/2020 Month: 6 Day: 10 Year: 2020	Time Sample Collected 10:12 AM <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Klickitat
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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# 14169L

System Name: Columbia River Water Association
 Contact Person: Scott Dixon / Austin Wilson
 Day Phone: (509) 498-6756 Cell Phone: (509) 498-6514
 Email: dallesportwater@gmail.com Eve. Phone: (509) 493-8444

Send results to: (Print full name, address and zip code e-mail)
 Dallesport Water District
 PO Box 131
 Dallesport, WA 98617

SAMPLE INFORMATION

Sample collected by (name): Austin Wilson
 Specific location where sample collected: Maple Leaf
 Special instructions or comments:

Type of Sample (check only one box)
 1. Routine Distribution Sample
 Chlorinated: Yes ___ No
 Chlorine Residual: Total ___ Free ___
 2. Repeat Sample (after unsat. routine)
 Distribution System
 Unsatisfactory routine lab number: _____
 3. Source Ground Water Rule Sample
 Unsatisfactory routine collect date: _____
 Triggered
 Assessment
 Chlorinated: Yes ___ No ___
 Chlorine Residual: Total ___ Free ___

4. Enumeration Source Water Sample
 F. coli Fecal - Surfact. OMI, Springs Filtered Yes ___ No ___

5. Sample Collected for Information Only

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 checked="" type="checkbox"/> Satisfactory

Replacement Sample Required:
 Sample too old (>30 hours) TNTC

Bacterial Density Results: Total Coliform ___/100ml E. coli ___/100ml
 Fecal Coliform ___/100ml HPC ___/1 ml

Lab ID Number: _____ Date and Time Received: 6/10/20 11:45 AM
 Method Code: _____ Date and Time Incubated: 6/10/20 4:45 PM
 Date Analyzed: 6/9/20 NP Date Reported: _____
 DOH Lab-Sample: 173.01237 Lab Use Only: _____

DOH Form 6021-110 (October 2016) - This form has publication information on the alternate form, call 888-637-7377 (TDD) for TTY. The use of other publications are available at www.doh.wa.gov/publications.

Klickitat County Health Department
301 NE Washington Street
PO Box 131
White Salmon, WA 98672
Phone: (509) 493-1558
Fax: (509) 493-4025

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 07/15/2020 Month: 7 Day: 15 Year: 2020	Time Sample Collected 9:31 AM <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Klickitat
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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# 14169L

System Name: Columbia River Water Association
 Contact Person: Scott Dixon / Austin Wilson
 Day Phone: (509) 498-6514 Cell Phone: (509) 498-6756
 Email: dallesportwater@gmail.com Eve. Phone: (509) 493-8444

Send results to: (Print full name, address and zip code e-mail)
 Dallesport Water District
 PO Box 131
 Dallesport, WA 98617-0131

SAMPLE INFORMATION

Sample collected by (name): Austin Wilson
 Specific location where sample collected: SOZ
 Special instructions or comments:

Type of Sample (check only one box)
 1. Routine Distribution Sample
 Chlorinated: Yes ___ No
 Chlorine Residual: Total ___ Free ___
 2. Repeat Sample (after unsat. routine)
 Distribution System
 Unsatisfactory routine lab number: _____
 3. Source Ground Water Rule Sample
 Unsatisfactory routine collect date: _____
 Triggered
 Assessment
 Chlorinated: Yes ___ No ___
 Chlorine Residual: Total ___ Free ___

4. Enumeration Source Water Sample
 F. coli Fecal - Surfact. OMI, Springs Filtered Yes ___ No ___

5. Sample Collected for Information Only

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 checked="" type="checkbox"/> Satisfactory

Replacement Sample Required:
 Sample too old (>30 hours) TNTC

Bacterial Density Results: Total Coliform ___/100ml E. coli ___/100ml
 Fecal Coliform ___/100ml HPC ___/1 ml

Lab ID Number: _____ Date and Time Received: 7/15/20 12:00 PM
 Method Code: _____ Date and Time Incubated: 7/15/20 3:45 PM
 Date Analyzed: 7/16/20 DK Date Reported: _____
 DOH Lab-Sample: 173.01302 Lab Use Only: _____

DOH Form 6021-110 (October 2016) - This form has publication information on the alternate form, call 888-637-7377 (TDD) for TTY. The use of other publications are available at www.doh.wa.gov/publications.

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Klickitat County Health Department
301 NE Washington Street
PO Box 131
White Salmon, WA 98672
Phone: (509) 493-1558
Fax: (509) 493-4025

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 08/17/2020 Month: 8 Day: 17 Year: 2020	Time Sample Collected 10:45 AM <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Klickitat
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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# 14169L

System Name: Columbia River Water Association
 Contact Person: Scott Dixon / Austin Wilson
 Day Phone: (509) 498-6756 Cell Phone: (509) 498-6514
 Email: dallesportwater@gmail.com Eve. Phone: (509) 493-8444

Send results to: (Print full name, address and zip code e-mail)
 Dallesport Water District
 PO Box 131
 Dallesport, WA 98617-0131

SAMPLE INFORMATION

Sample collected by (name): Austin Wilson
 Specific location where sample collected: Crestview
 Special instructions or comments:

Type of Sample (check only one box)
 1. Routine Distribution Sample
 Chlorinated: Yes ___ No
 Chlorine Residual: Total ___ Free ___
 2. Repeat Sample (after unsat. routine)
 Distribution System
 Unsatisfactory routine lab number: _____
 3. Source Ground Water Rule Sample
 Unsatisfactory routine collect date: _____
 Triggered
 Assessment
 Chlorinated: Yes ___ No ___
 Chlorine Residual: Total ___ Free ___

4. Enumeration Source Water Sample
 F. coli Fecal - Surfact. OMI, Springs Filtered Yes ___ No ___

5. Sample Collected for Information Only

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 checked="" type="checkbox"/> Satisfactory

Replacement Sample Required:
 Sample too old (>30 hours) TNTC

Bacterial Density Results: Total Coliform ___/100ml E. coli ___/100ml
 Fecal Coliform ___/100ml HPC ___/1 ml

Lab ID Number: _____ Date and Time Received: 8/17/20 11:47 AM
 Method Code: _____ Date and Time Incubated: 8/17/20 4 PM
 Date Analyzed: 8/18/20 DK Date Reported: _____
 DOH Lab-Sample: 17301372 Lab Use Only: _____

DOH Form 6021-110 (October 2016) - This form has publication information on the alternate form, call 888-637-7377 (TDD) for TTY. The use of other publications are available at www.doh.wa.gov/publications.

2435

Klickitat County Health Department
301 NE Washington Street
PO Box 139
White Salmon, WA 98672
Phone: (509) 493-1558
Fax: (509) 493-4525

#4181
11/30/20

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 09/12/2020		Time Sample Collected 09:02 AM		County Klickitat
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# 1 4 1 6 9 6				
System Name: Columbia River Water				
Contact Person: Paul Casal / Scott Dixon				
Day Phone: (541) 992-6756		Cell Phone: (541) 992-6756		
Email: paulcasal@cwra.com		Eve Phone: (541) 992-6514		
Send results to: (Print full name, address and zip code or e-mail) Dalleport Water District P.O. Box 131 Dalleport, WA 98617				

SAMPLE INFORMATION

Sample collected by (name): Austin Wilson	
Specific location where sample collected: Maple Leaf	Special instructions or comments:

Type of Sample (check only one box)

<input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes ___ No <input checked="" type="checkbox"/> Chlorine Residual: Total ___ Free ___ 3. Source Ground Water Rule Sample S	2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___
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4. Enumeration Source Water Sample
 E. coli Fecal-Surface, O&M, Springs Filtered Yes ___ No ___
 S | | | | |

5. Sample Collected for Information Only

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 checked="" type="checkbox"/> Satisfactory

Replacement Sample Required:
 Sample too old (>30 hours) TNTC

Bacterial Density Results: Total Coliform ___ /100ml E. coli ___ /100ml
 Fecal Coliform ___ /100ml HPC ___ /1 ml

Lab ID Number: 17301426 Date and Time Received: 11/30/20 11:55 AM
 Method Code: 9172 Ym Date and Time Incubated: 9/12/20 4pm
 Date Analyzed: 9/23/20 NR Date Reported: 9/23/20 NR
 DOH Lab-Sample: 17301426 Lab Use Only:

#4181
10-12-20

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 10/12/2020		Time Sample Collected 10:56 AM		County Klickitat
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# 1 4 1 6 9 6				
System Name: Columbia River Water Association				
Contact Person: Paul Casal / Scott Dixon				
Day Phone: (541) 992-6756		Cell Phone: (541) 992-6514		
Email: paulcasal@cwra.com		Eve Phone: (541) 992-6514		
Send results to: (Print full name, address and zip code or e-mail) Dalleport Water District PO Box 131 Dalleport, WA 98617				

SAMPLE INFORMATION

Sample collected by (name): Austin Wilson	
Specific location where sample collected: Crestview	Special instructions or comments:

Type of Sample (check only one box)

<input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes ___ No <input checked="" type="checkbox"/> Chlorine Residual: Total ___ Free ___ 3. Source Ground Water Rule Sample S	2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___
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4. Enumeration Source Water Sample
 E. coli Fecal-Surface, O&M, Springs Filtered Yes ___ No ___
 S | | | | |

5. Sample Collected for Information Only

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 checked="" type="checkbox"/> Satisfactory

Replacement Sample Required:
 Sample too old (>30 hours) TNTC

Bacterial Density Results: Total Coliform ___ /100ml E. coli ___ /100ml
 Fecal Coliform ___ /100ml HPC ___ /1 ml

Lab ID Number: 17301461 Date and Time Received: 10/12/20 11:55 AM
 Method Code: 9172 Ym Date and Time Incubated: 10/12/20 3pm
 Date Analyzed: 10/13/20 NR Date Reported: 10/12/20 NR
 DOH Lab-Sample: 17301461 Lab Use Only:

#4183
11/17/20

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 11/17/2020		Time Sample Collected 11:24 AM		County Klickitat
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# 1 4 1 6 9 6				
System Name: Columbia River Association				
Contact Person: Scott Dixon / Austin Wilson				
Day Phone: (541) 992-6756		Cell Phone: (541) 992-6514		
Email: scottdixon@cwra.com		Eve Phone: (541) 992-6514		
Send results to: (Print full name, address and zip code or e-mail) Dalleport Water District PO Box 131 Dalleport, WA 98617-0131				

SAMPLE INFORMATION

Sample collected by (name): Austin Wilson	
Specific location where sample collected: Maple Leaf	Special instructions or comments:

Type of Sample (check only one box)

<input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes ___ No <input checked="" type="checkbox"/> Chlorine Residual: Total ___ Free ___ 3. Source Ground Water Rule Sample S	2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___
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4. Enumeration Source Water Sample
 E. coli Fecal-Surface, O&M, Springs Filtered Yes ___ No ___
 S | | | | |

5. Sample Collected for Information Only

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 checked="" type="checkbox"/> Satisfactory

Replacement Sample Required:
 Sample too old (>30 hours) TNTC

Bacterial Density Results: Total Coliform ___ /100ml E. coli ___ /100ml
 Fecal Coliform ___ /100ml HPC ___ /1 ml

Lab ID Number: 17301523 Date and Time Received: 11/17/20 11:50 AM
 Method Code: 9172 Ym Date and Time Incubated: 11/17/20 5pm
 Date Analyzed: 11/18/20 NR Date Reported: 11/18/20 NR
 DOH Lab-Sample: 17301523 Lab Use Only:

#4163
12/8/20

COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected 12/08/2020		Time Sample Collected 10:15 AM		County Klickitat
Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private				
Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# 1 4 1 6 9 6				
System Name: Columbia River Water Association				
Contact Person: Scott Dixon / Austin Wilson				
Day Phone: (541) 992-6756		Cell Phone: (541) 992-6514		
Email: scottdixon@cwra.com		Eve Phone: (541) 992-6514		
Send results to: (Print full name, address and zip code or e-mail) Dalleport Water District PO Box 131 Dalleport, WA 98617				

SAMPLE INFORMATION

Sample collected by (name): Austin Wilson	
Specific location where sample collected: Maple Leaf	Special instructions or comments:

Type of Sample (check only one box)

<input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes ___ No <input checked="" type="checkbox"/> Chlorine Residual: Total ___ Free ___ 3. Source Ground Water Rule Sample S	2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____ Chlorinated: Yes ___ No ___ Chlorine Residual: Total ___ Free ___
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4. Enumeration Source Water Sample
 E. coli Fecal-Surface, O&M, Springs Filtered Yes ___ No ___
 S | | | | |

5. Sample Collected for Information Only

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 checked="" type="checkbox"/> Satisfactory

Replacement Sample Required:
 Sample too old (>30 hours) TNTC

Bacterial Density Results: Total Coliform ___ /100ml E. coli ___ /100ml
 Fecal Coliform ___ /100ml HPC ___ /1 ml

Lab ID Number: 17301548 Date and Time Received: 12/8/20 11:00 AM
 Method Code: 9172 Ym Date and Time Incubated: 12/8/20 3pm
 Date Analyzed: 12/9/20 DR Date Reported: 12/8/20 NR
 DOH Lab-Sample: 17301548 Lab Use Only: