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PROJECT NO. 221210

WASHINGTON STATE UNIVERSITY

2022 Water System Plan Update

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CHAPTER 1 - DESCRIPTION OF WATER SYSTEM

1.1. OWNERSHIP AND MANAGEMENT

The Washington State University (WSU) water system is a Group A publicly-owned water system meant to serve the WSU campus in Pullman, WA dedicated to education and research. The Washington State Department of Health identification number for this system is 93200Q. The DOH Water Facility Inventory Form (WFI) can be found in Appendix A-1. A list of individuals responsible for maintaining the WSU system can be found in Table 6-1.

WSU's current mailing address is:

Washington State University
Facilities Services
2325 E Grimes Way
Pullman, WA 99164-1150

The WSU Water Board, comprised of staff from Facilities Services Operations, Environmental Health and Safety (EH&S); Facilities Services, Capital & Operations; Housing and Dining Services; and Research Units, is the leading authority for the WSU water system in Pullman, WA. The main responsibility for the operation and maintenance of the system is held by Facilities Services, Capital & Operations with EH&S handling drinking water sampling, monitoring, reporting, and ensuring compliance (Figure 6-2).

WSU Facilities Services is made up of several branches which are responsible for individual portions of the water system. The Facilities Services, Capital & Operations branch handles the planning and construction of any element added to the system. This branch includes professional engineers and technicians with expertise in civil, sanitary, mechanical, electrical engineering, and surveying (Appendix F-11). Outside consultants are employed to address specific projects when timeframe or situation requires. The capital funding for these projects is provided by the Capital Budget & Facilities Business Administration.

The Steam Plant/Plumbing Utilities branch of Facilities Services, Capital & Operations are responsible for the daily operation and maintenance of the water system (Appendix F-11). At least one certified water works operator is employed by these branches to direct the operation of the water supply and distribution system. The operator is responsible for the well pump controls, treatment components, valve operation, meter reading, troubleshooting and daily tasks associated with the water system. These branches also supply routine and emergency system maintenance for water related issues outside of building perimeters. The Facilities Services, Capital & Operations branch also includes journeymen plumbers, pipefitters, mechanics, and electricians.

1.2. SYSTEM BACKGROUND

1.2.1. History

The WSU water system has continued to develop since its inception. The system's growth was a direct response to the facility needs of WSU. The following Table 1-1 is a summary of major water system components with their corresponding implementation dates:

TABLE 1-1: WATER SYSTEM COMPONENTS IMPLEMENTATION SUMMARY

Date	Component	Remarks
1934	Well No. 1	Pumphouse installed 1938
1938	Well No. 2	Drilled and placed in service
1946	Well No. 3	Drilled and placed in service
1946	Transfer Station, Elevated Storage Tank at Observatory Hill	Constructed
1947	Observatory Hill No. 1 Storage Tank	Constructed
1949	Roundtop Reservoir	Constructed
1963	Well No. 4	Drilled and placed in service
1963	Observatory Hill No. 2 Storage Tank	Constructed
1964	Well No. 5	Drilled and placed in service
1975	North Fairways Reservoir	Constructed
1976	Chilled Water Plant	Constructed
1979	Well No. 6	Drilled and placed in service
1987	Well No. 7	Drilled
1987	Well No. 5	Designated as emergency
1995	Well No. 2	Decommissioned
1998	Well No. 7	Put into service
1999	Well No. 1	Designated as emergency
2000	Well No. 3	Designated as emergency
2003	Well No. 8	Drilled
2005	Well No. 8	Pump installed
2006	Well No. 8	Placed in service
2007	Well No. 5	Used as monitoring well
2007	Spillman Farm	Drilled
2014	Well No. 6	Broken shaft repaired and pump raised 5-feet
2018	Spillman Farm	Well put in service and approved by DOH, water rights consolidated
2020	Observatory Hill Tank 2	Decommissioned
2021	PRV Installation at 4 locations	Installation begun – estimated completion in 2023
2022	Observatory Hill Tank 2 and Elevated Storage Tank at Observatory Hill	Demolished
2022-2023	2 MG High Zone Reservoir	Design/Construction began – estimated completion June 2023

Vicinity Map



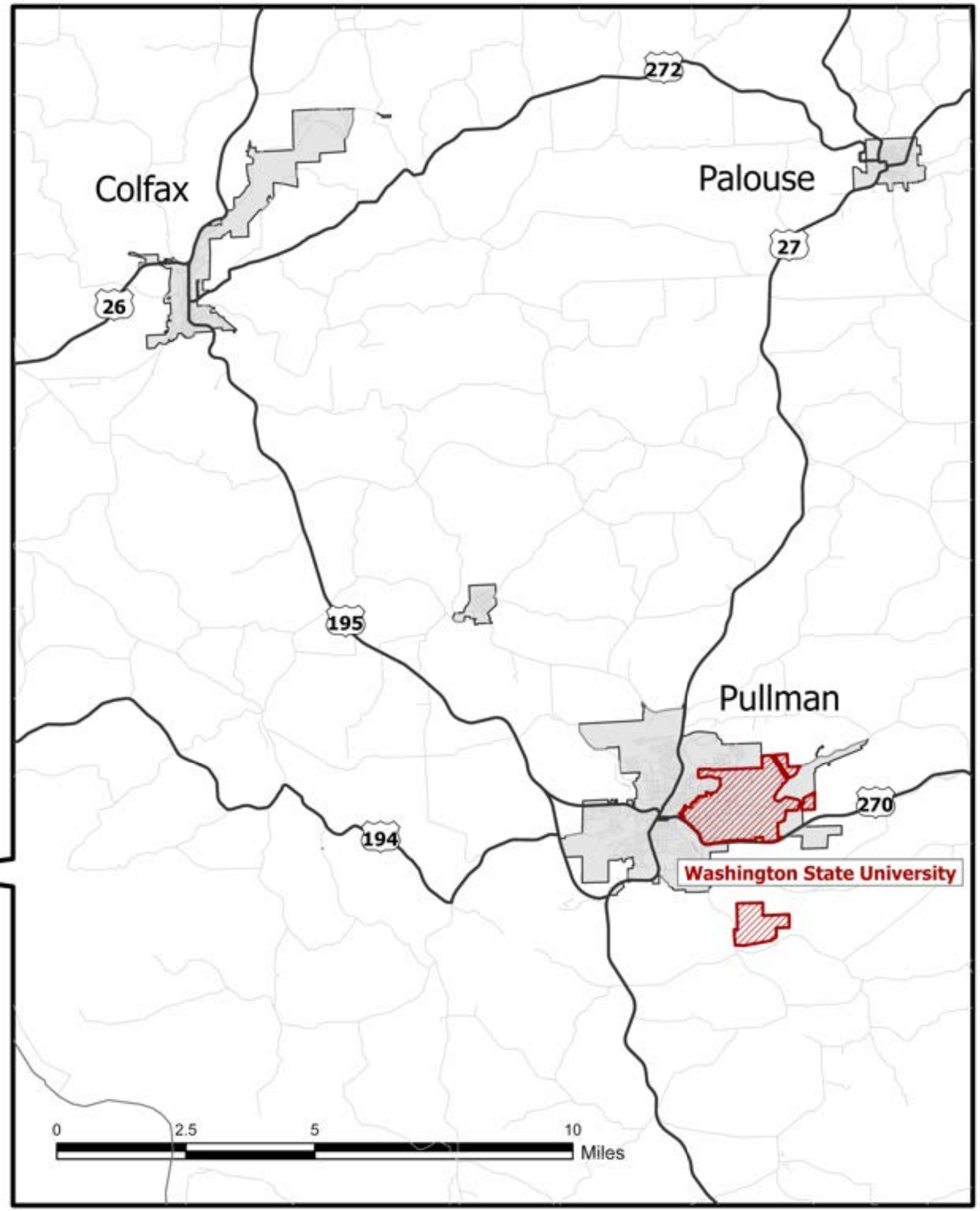


FIGURE 1-1

1.2.2. Geography

Washington State University is in the City of Pullman, Whitman County, Washington (Figure 1). The university lies within the Palouse Basin, a shallow elliptical basin, bordered on three sides by mountains and hills. The basin is approximately 20 miles long and 15 miles wide. The land is made up of a lava plain situated below clay-silt forming rolling hills. The thickness of the soil varies between 1 and 150 feet. A more detail geology of the basin can be found in the Pullman-Moscow Groundwater Management Plan and the Palouse Basin Aquifer Committee (PBAC) 2019 Annual Report provided in Appendices A-2 and A-3.

The City of Pullman is within a productive agricultural district whose principal product is winter wheat. Irrigation is mainly used for municipal and University purposes. Precipitation in Pullman averages approximately 21.5 inches per year, slightly increasing towards the eastern edge of the basin. Most of the precipitation occurs between the months of October and March. The growing season, May through September, receives only about one-fourth of the total precipitation. Approximately 20% of the annual precipitation falls as snow. The average temperature in Pullman is 47°F with average daily temperatures ranging from 26°F to 72°F. August tends to be the warmest month of the year and January tends to be the coldest. 110°F and –32°F define the temperature extremes for the region.

The Pullman area is drained year-round by the South Fork of the Palouse River and Paradise Creek. All smaller streams in the area tend to run dry in late summer or early autumn. The flow in the two main streams is maintained by groundwater discharge throughout the year by various springs and seeps. Paradise Creek would likely dry up if it did not receive the effluent provided by the Moscow Wastewater Treatment Facility. The smaller streams have a limited and contaminated water supply, making them an inadequate water source.

1.2.3. Neighboring/Adjacent Water Purveyors

The City of Pullman provides water service for City users outside the campus boundaries except for the airport terminal, the Residence Inn and Courtyard by Marriott Hotels, and the proposed Alumni Pointe condos (construction timing to be determined). See Figure 1-2 for the City of Pullman city limits and Figure 1-3 for the Whitman County Zoning Map – Pullman Area.

The City of Moscow and the University of Idaho, while not bordering the WSU service area, are major nearby purveyors drawing from the same aquifer. For more information, see the PBAC 2019 annual report in Appendix A-3.

1.3. INVENTORY OF EXISTING FACILITIES

The WSU water system is supplied by four active groundwater wells pumping from the Grande Ronde Aquifer, with four emergency interties with the City of Pullman. The water system is divided into a high-pressure and a low-pressure zone with a transfer station pump to move water from the low to the high zone. There are three active reservoirs within the system to maintain pressure and provide fire flow storage. Figure 1-4 shows the areas served by each pressure zone and other system components as described below. The system generally includes the following elements.

- Four active wells with pumps (Wells 4, 6, 7 & 8), each equipped with gas chlorine and flow meters
- One Group B water system at Spillman Farm with Spillman well, consolidated water rights for Spillman Well and Well #1 (not in use)
- Three reservoirs with a combined total storage of 6 million gallons (including new reservoir to be completed prior to June 2023)
- One transfer pump station with two pumps

- A network of distribution pipelines from 6-inch to 12-inch diameter with approximately 4,355 service connections as calculated by WSU and DOH in the Water Facility Inventory (see Appendix A-1)
- Manual and pressure actuated valves
- Fire hydrants

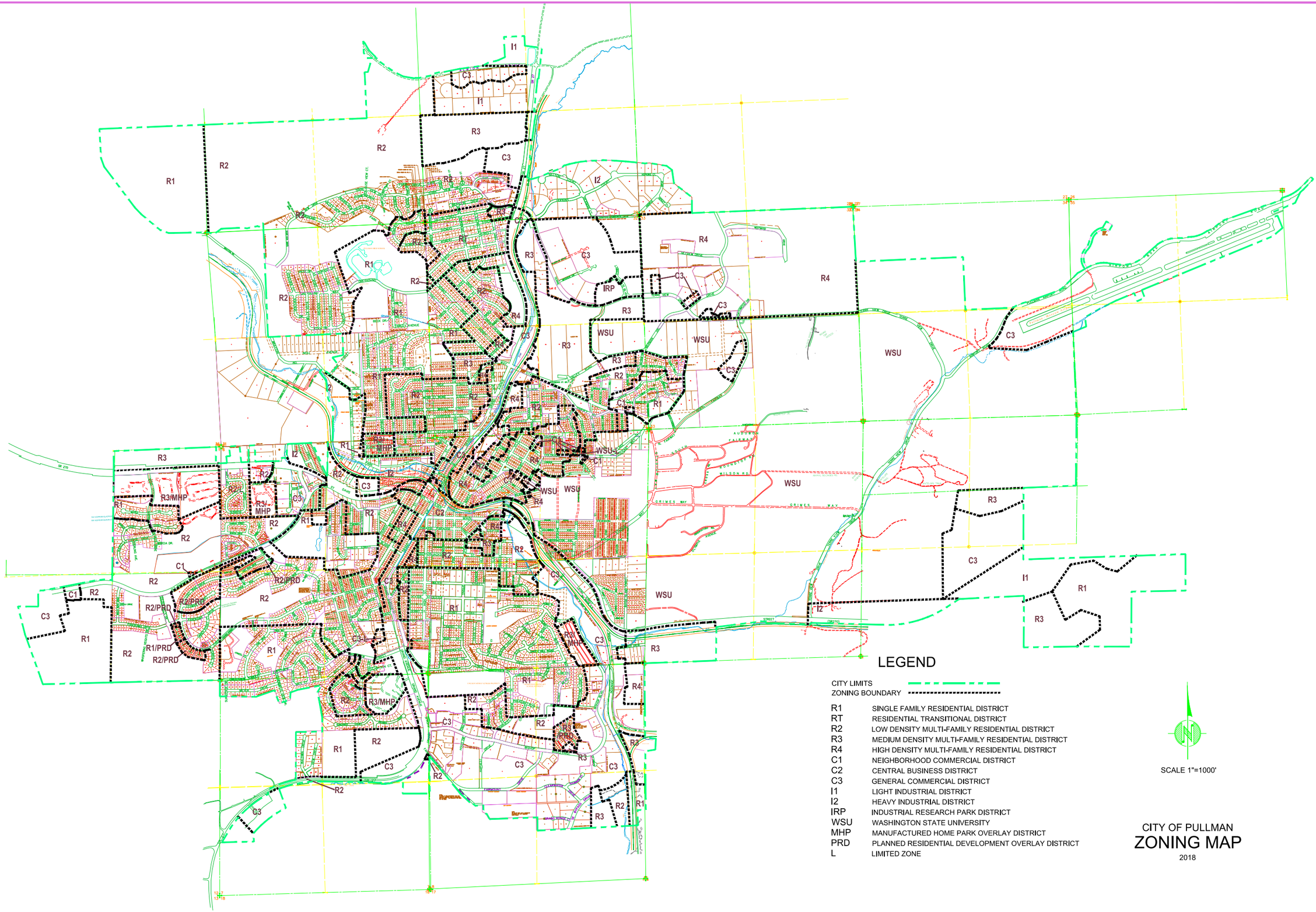
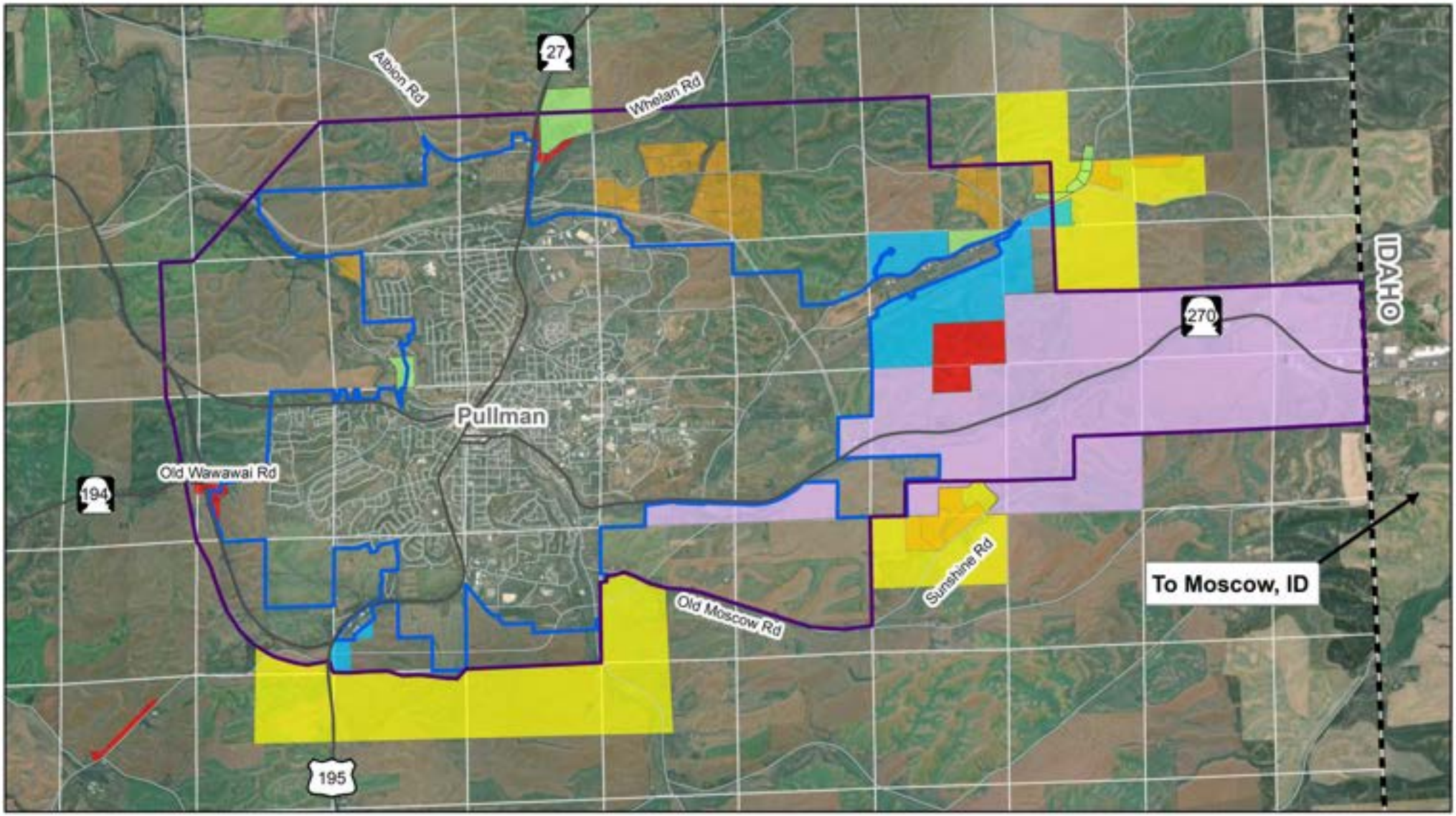

LEGEND
CITY LIMITS
ZONING BOUNDARY
R1 SINGLE FAMILY RESIDENTIAL DISTRICT
RT RESIDENTIAL TRANSITIONAL DISTRICT
R2 LOW DENSITY MULTI-FAMILY RESIDENTIAL DISTRICT
R3 MEDIUM DENSITY MULTI-FAMILY RESIDENTIAL DISTRICT
R4 HIGH DENSITY MULTI-FAMILY RESIDENTIAL DISTRICT
C1 NEIGHBORHOOD COMMERCIAL DISTRICT
C2 CENTRAL BUSINESS DISTRICT
C3 GENERAL COMMERCIAL DISTRICT
I1 LIGHT INDUSTRIAL DISTRICT
I2 HEAVY INDUSTRIAL DISTRICT
IRP INDUSTRIAL RESEARCH PARK DISTRICT
WSU WASHINGTON STATE UNIVERSITY
MHP MANUFACTURED HOME PARK OVERLAY DISTRICT
PRD PLANNED RESIDENTIAL DEVELOPMENT OVERLAY DISTRICT
L LIMITED ZONE
SCALE 1"=1000'
CITY OF PULLMAN
ZONING MAP
2018

FIGURE 1-2



Whitman County Zoning Map - Pullman Area

N

Legend

- Heavy Commercial - HC
- Light Industrial - LI
- Cluster Residential District - CRD
- Heavy Industrial - HI
- Cluster Residential Opportunity Zone
- Pullman Moscow Corridor
- Sections
- City Limit
- Tax Sharing Line
- Whitman County Boundary
- Local Roads
- State Highway
- US Highway

1 0.5 0 1 2 3

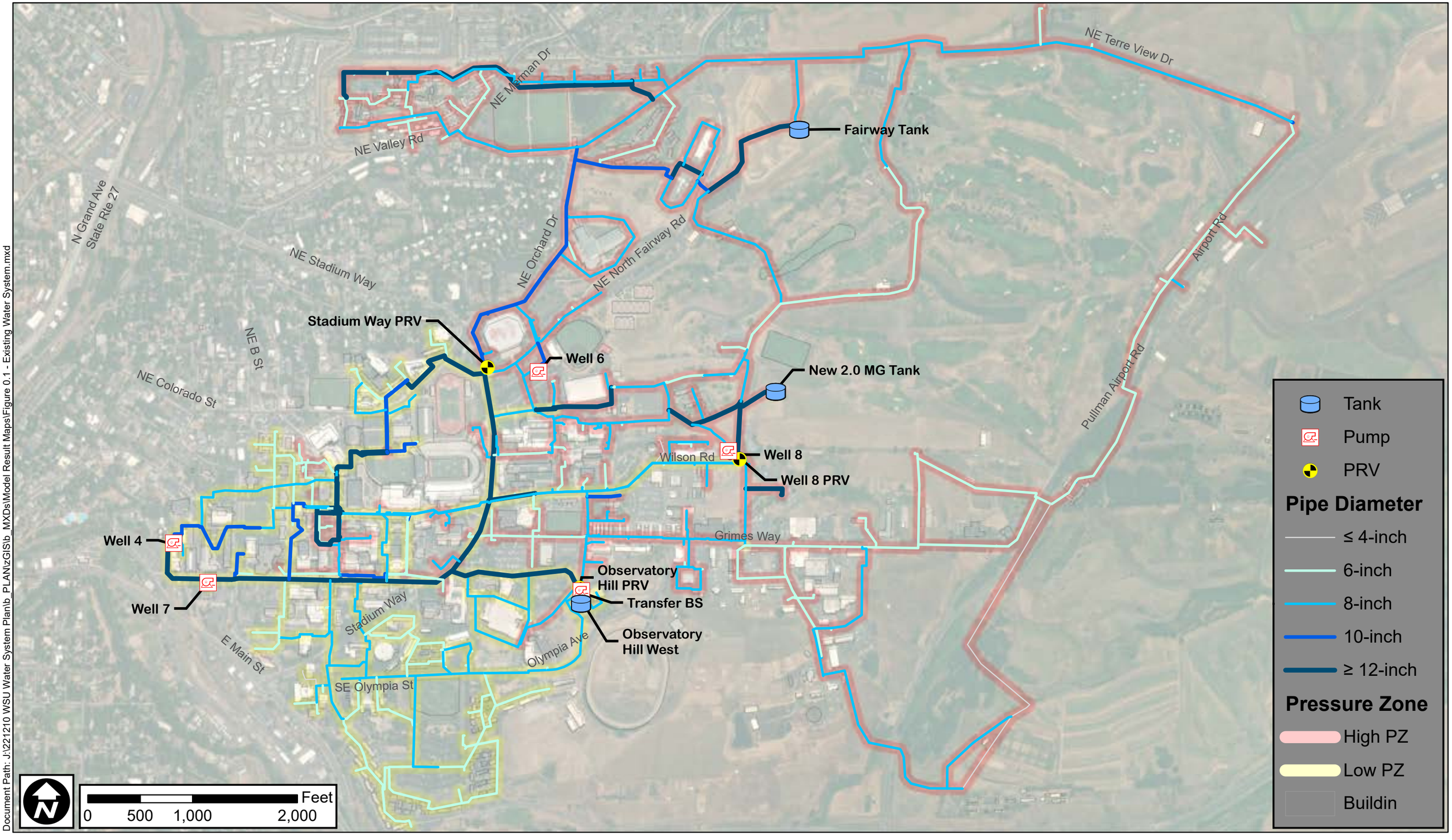
Miles

Data Sources: Whitman County Planning Department (digitized by LDC, Inc.); WADNR; US Census Bureau TIGER Shapefiles
Basemap: ESRI

Map 2

FIGURE 1-3

Document Path: J:\221210 WSU Water System Plan\b_PLAN\zGIS\b_MXDs\Model Result Maps\Figure 0.1 - Existing Water System.mxd



Existing Water System

Water Master Plan

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Figure 1-4

1.4. RELATED PLANS

WSU is a member of Palouse Basin Aquifer Committee (PBAC) and is impacted by the Ground Water Management Plant (GWMP) for the Palouse Basin Aquifer. PBAC is comprised of WSU, University of Idaho, the City of Pullman, the City of Moscow, Whitman County, and Latah County. The purpose of this committee is to address the decline of the aquifer levels in the Palouse Basin. The goals for PBAC can be found in Chapter 6 of the GWMP (Appendix A-2 and Appendix A-4). WSU's 1992 Action Plan is listed in Appendix A-5 The committee also publishes an annual report with the purpose of tabulating water usage in the area and to monitor the progress of the committee towards its goals as well as provide an update of local water issues. A copy of PBAC's most recently published report (2019) is provided in Appendix A-3.

1.5. EXISTING RETAIL SERVICE AREA

The 2022 retail water service area for the WSU Water System contains approximately 1,400 acres (Figure 1-5 and Appendix A-11) and, except for the land in the vicinity of the Research Park, includes all the contiguous University owned land in and adjacent to the City of Pullman, Washington. It also includes the Pullman-Moscow Regional Airport Terminal Facility and the Residence Inn and the Courtyard by Marriott along North Fairway Drive.

There are no established regulations for proposed construction on the campus as to the type of land or water use except for the "airport approach zone". This is an area of land west of the airport and east of the Recreation Center that is designated to have no academic or residential facilities. This area is currently occupied by Palouse Ridge Golf Course. The City of Pullman's zoning and land use map is included in Appendix A-6.

1.6. FUTURE RETAIL SERVICE AREA

The WSU Water System will be including new condominiums that will be added in the future, but no final date is known yet. A new service line has already been installed at this location. The location of these condominiums is within the existing Retail Service Area and the area is not anticipated to expand beyond these limits.

1.7. SERVICE AREA AGREEMENTS

WSU provides water to the Pullman-Moscow Regional Airport under a water service agreement established June 7, 1989 between WSU and the Airport Board with Amendment No. 1 dated February 6, 2007 and Amendment No. 2 dated July 9, 2021. Amendment No. 2 also included the addition of three new buildings to be serviced by WSU with a total estimated annual usage of approximately 45,000 cubic feet. A copy of this agreement and the amendments are included in Appendix A-7. The City of Pullman intends to extend City water service to the airport in the near future. Once that connection is in-place, WSU will no longer serve the airport water service.

The WSU Water System also includes Spillman Farm's satellite system with it's own Group B water system. The farm is owned by Washington State University and is located about 1 mile south of Pullman. Information on the Spillman Farm is included in Appendix A-13. The water rights for WSU Pullman Campus were consolidated to include the 4 active wells in Pullman as well as the Spillman Farm well.

WSU provides water to the Residence Inn and the Courtyard by Marriott at the City of Pullman water rates through the lease agreement (example Contract C# 20070 in Appendix A-12). These hotels are zoned as C3 on the City of Pullman zoning map in Figure 1-2. The hotels were required to tie into the WSU system since it is the only water source in the area.

The memorandum copy in Appendix A-8 outlines the services provided by the City of Pullman to WSU and vice versa. An intertie agreement between WSU and the City of Pullman was adopted for emergency water service. A copy is of this agreement is included in Appendix A-9.

1.8. SERVICE AREA POLICIES

The Pullman-Moscow airport, the Residence Inn, and the Courtyard by Marriott are currently the only consumers that WSU invoices monthly that are not associated with the university. The on-campus consumers include Housing & Dining, the Chinook Student Center, Palouse Ridge Golf Course, Student Recreation Center, and the seven retail tenants within the Cougar Union Building. The airport is responsible for any modifications to the WSU system required to meet demands beyond the original set up when the service agreement was adopted. Since this agreement was made, no demand changes have been necessary.

WSU has a duty to provide service within its service area when four threshold factors are met (per DOH Fact Sheet DOH 331-366):

- WSU has sufficient capacity to serve water in a safe and reliable manner,
- The service is consistent with adopted plans and development regulations,
- WSU has sufficient water rights to provide service and,
- WSU can provide service in a timely and reasonable manner.

The Cross-Connection Control Program (Appendix G-4) is another service area policy affecting WSU operations. This program dictates that Facilities Operations has authority and responsibility for inspection and maintenance of backflow prevention assemblies. The WSU Cross-Connection Control Specialists have the duty of reviewing all proposed remodels and new construction backflow prevention assembly acceptability.

1.9. CONDITIONS OF SERVICE

WSU does not intend to provide any additional water service beyond its campus boundaries and all current services outside of campus boundaries including the hotel and airport. The only anticipated future services are WSU related facilities. There are no established conditions of service for WSU facilities.

Pullman/Moscow Airport

Airport Rd

NE Terre View Dr

NE Stadium Way

Washington State University Pullman Campus

NE Terre View Dr

E Grimes Way

City of Pullman

E College Ave

SE Olympia Ave

Pullman Moscow Hwy

27

270

SE Bishop Blvd

Old Moscow Rd

Johnson Rd

Spillman Farm

Sand Rd

195

N

0 0.5 1 2 Miles

Date: June 30, 2022
Facilities Services
Geographic Information System

Domestic Water System
Water Service Area
2022 WSU, Pullman Campus

WASHINGTON STATE UNIVERSITY

FIGURE 1-5

1.10. LOCAL GOVERNMENT CONSISTENCY

In accordance with the Municipal Water Law, documentation of consistency with local adopted plans, regulations and polices is required by DOH. The local government consistency statement checklist (DOH attachment 5) has been signed by the City of Pullman is included in Appendix A-10. Whitman County has expressed reservations about signing the consistency statement checklist as the WSU water system is quite different than the Whitman County zoning and ordinances. If necessary, WSU will self-certify this portion of the consistency statements. It should be noted that Whitman County signed the consistency statement for both the 2008 and 2015 Water System Plan updates without reservations and no significant changes to water usage or sources have occurred since that time.

Per Revised Code of Washington (RCW) 90.03.386, this WSP must be "not inconsistent" with the Watershed Plan of the WRIA 34 planning unit. This WRIA 34 Watershed Plan was finalized on November 29, 2007. A review of the Watershed Plan was conducted for consistency with this WSP. The actions identified in this WSP related to supply, conservation and other water management measures are consistent with the Watershed Plan.

WSU is located within the South Fork Management Area, one of four management areas in the Watershed Plan. The Watershed Plan (Appendix A-14) identifies objectives and actions relevant to WSU and the Pullman/Moscow aquifer. This information is found in Sections 5.2 and 6.4 of the Watershed Plan and has been summarized below.

1.10.1. Relevant Basin-Wide Objectives

- **BW1:** Protect existing water rights and private property rights.
- **BW2:** Emphasize voluntary, incentive-based management solutions using available federal, state, local and private land and water conservation programs.
- **BW3:** Maintain the existing economy associated with the watershed hydrology, including but not limited to municipal, residential, commercial, industrial, agricultural, livestock, recreational, and instream water uses.
- **BW8**: Encourage and improve coordination of Idaho and Washington water resource management to protect and enhance surface and groundwater supply and quality
- **BW10**: Conduct water resource management education and outreach, addressing topics including water use, water quality, conservation, reclamation, reuse, stormwater management and best management practices.
- **BW13**: Ensure adequate long term ground water resource availability to meet existing and future drinking water demand on public water systems and exempt wells, consistent with adopted city and county land use plans.
- **BW15**: Characterize surface and ground water availability and recharge/discharge balance and connectivity within the sub-basins and surrounding region.
- **BW16**: Encourage stormwater and/or wastewater reclamation and reuse to satisfy other water resource needs.
- **BW17**: Identify and develop opportunities to enhance available water supply, emphasizing out of stream storage, shallow aquifer recharge, deep aquifer storage and recovery, source substitution, reclamation and reuse, and stormwater retention.

- **BW19**: Protect surface and ground water quality needed for public drinking water supplies and other uses (including but not limited to municipal, residential, commercial, industrial agricultural, livestock, recreational, and instream water uses, including aquatic habitat).
- **BW21**: Manage stormwater in both urban and rural areas to improve water quality, reduce flooding and enhance aquifer recharge where practicable.

1.10.2. Relevant South Fork Management Area Objectives and Actions

- **Objective SFP2**: Develop additional sustainable water supplies to provide for future needs.
- **Objective SFP5**: Encourage and improve coordination of Idaho and Washington water resource management to protect and enhance surface and ground water supply and quality.
- **Objective SFP6**: Continue ongoing efforts to better understand and characterize the area's hydrogeology and basalt ground water conditions.
- Characterize the hydrology, connectivity and interaction between surface water, groundwater, springs, and gravel beds and develop potential recharge and flow enhancement strategies, with specific analysis to be conducted at the following locations:
  - Moscow Mountain
  - Sand Road area
  - Smoot Hill
  - Kamiak Butte
  - Latah County (eastern basin)
  - City of Pullman
  - City of Moscow
  - Upper reaches of tributaries
- Identify and implement wastewater effluent reuse strategies where practicable, considering legal interpretation of obligation/amount of water to supply water rights below city discharge points. Conduct tentative determination of status and validity of existing water rights, claims, certificates and permits, including place of use, point of diversion and usage information for existing water right holders.
- Continue to characterize groundwater resources; map approximate location, depth, and extent of aquifers. Also determine regional quantities and movement of groundwater.
- Identify and evaluate potential aquifer recharge areas, such as winter flow diversions, ASR, Class A treated effluent, etc.
- Continue to implement DOH municipal conservation program elements as appropriate.
- Secure funding and implement community education program on water conservation and water quantity management options.
- Conduct an economic evaluation/feasibility study that addresses, with other new supply options, supply development (i.e. "harvesting") opportunities, and compare costs.
- Conduct ongoing studies and data collection to monitor groundwater conditions, and to better understand how recharge occurs.

CHAPTER 2 - BASIC PLANNING DATA

2.1. INTRODUCTION

This chapter discusses planning data and demand forecasts via three main sections. The first section summarizes historical and projected demographics. The second section summarizes historical supply characteristics including production, peaking factors, water balances and leakage. The third section combines the demographics and water supply characteristics to develop a demand forecast for the next 20 years.

2.2. CURRENT POPULATION, SERVICE CONNECTIONS, EQUIVALENT RESIDENTIAL UNITS AND DEMOGRAPHIC PROJECTIONS

2.2.1. Current Population

The 2021 campus population is 25,673 which includes resident students (including their families), off-campus students, and faculty and support staff (source: WSU Institutional Research). Approximately 6,255 of this total reside on-campus in facilities served by the WSU water system. Approximately 5,767 of the total population are faculty or campus staff who occupy the campus only during the day.

2.1.1. TOTAL SERVICE CONNECTIONS

Table 2-1 contains an approximate number of service connections at WSU (see the Water Facilities Inventory in Appendix A-1):

TABLE 2-1: NUMBER OF SERVICE CONNECTIONS

Location	Number of Service Connections
Residence Hall Rooms (units)	4,095
Non-housing/Commercial	260
Total	**4,355**

Since metering is not complete at the campus and there is little metered water service data, the number of “non-housing” connections is not exact. The “non-housing” is made up of classrooms, labs, study facilities, campus administrative and maintenance buildings, recreation facilities and all buildings not providing residential facilities. Each of these buildings is listed as only one service connection while the residence buildings have been listed with a service connection for each unit that can be occupied. Because of the differences in water use between residential and non-housing buildings, the total number of service connections provides little useful data in quantifying and projecting water usage.

2.2.2. Equivalent Residential Units (ERUs)

An ERU is a unit of measure used to equate non-residential or multi-family residential water usage to a specific number of single-family residences. Since WSU does not currently meter individual consumption and few housing units are occupied by families, the following statistics are generated as a *best available* reference. An approximate ERU rate is calculated as follows:

- 100 gallons per day per student (see Table 2-7)
- 6,758 students (see Table 2-4)

- 4,095 housing units (see section 2.1.2)
- 6,758/4,095 = 1.65 persons per housing unit
- 1.65 persons per housing unit X 100 gpd per student = 165 gpd (rounded)

This ERU rate of 165 gpd is used to develop Table 2-2 below.

TABLE 2-2: WSU ERU CALCULATION

Year	MGPY	MGPD	ERUs
2021	447.7	1.226	7,430
2022	489.6	1.342	8,133

MGPY = million gallons per year (production)
MGPD = Average Day Demand (ADD) = million gallons per day (MGPY/365)

2.2.3. Projected Land Use

As indicated in Chapter 1, other than the airport approach zone, there are no specific restrictions, such as city zoning codes, on the type of development that can occur at various locations of the campus. However, WSU's goal is to coordinate the facility development so that the various functions can be centralized. The athletic facilities are to the north, the agricultural facilities are along Grimes Way and veterinary medicine is southeast of Stadium Way. Similar generalities can be expressed for most campus functions but there are exceptions as well. The residence facilities are generally located around the perimeter of the campus (see Figure 2-1).

University development is planned and funded on a biennium basis. Since WSU is responsible for the water system as well as design and development of projects on the campus, there is good coordination and communication between proposed developments and the planning of future water projects. Table 2-3 lists the major development projects that are planned for the future. Since WSU is subject to state funding on most projects, the dates indicated are only estimates and may vary by two or more years depending on available funding. In some cases, the projects may never receive funding for construction. The proposed developments will likely add approximately 10 to 15 new service connections each and will likely be large volume users.

WSU campus growth includes a "no-net-new" approach to building square footage. As WSU have approximately 25% more space than needed, they have implemented a strategy where they demolish an older facility when building a new facility or complete renovations on existing buildings where warranted.

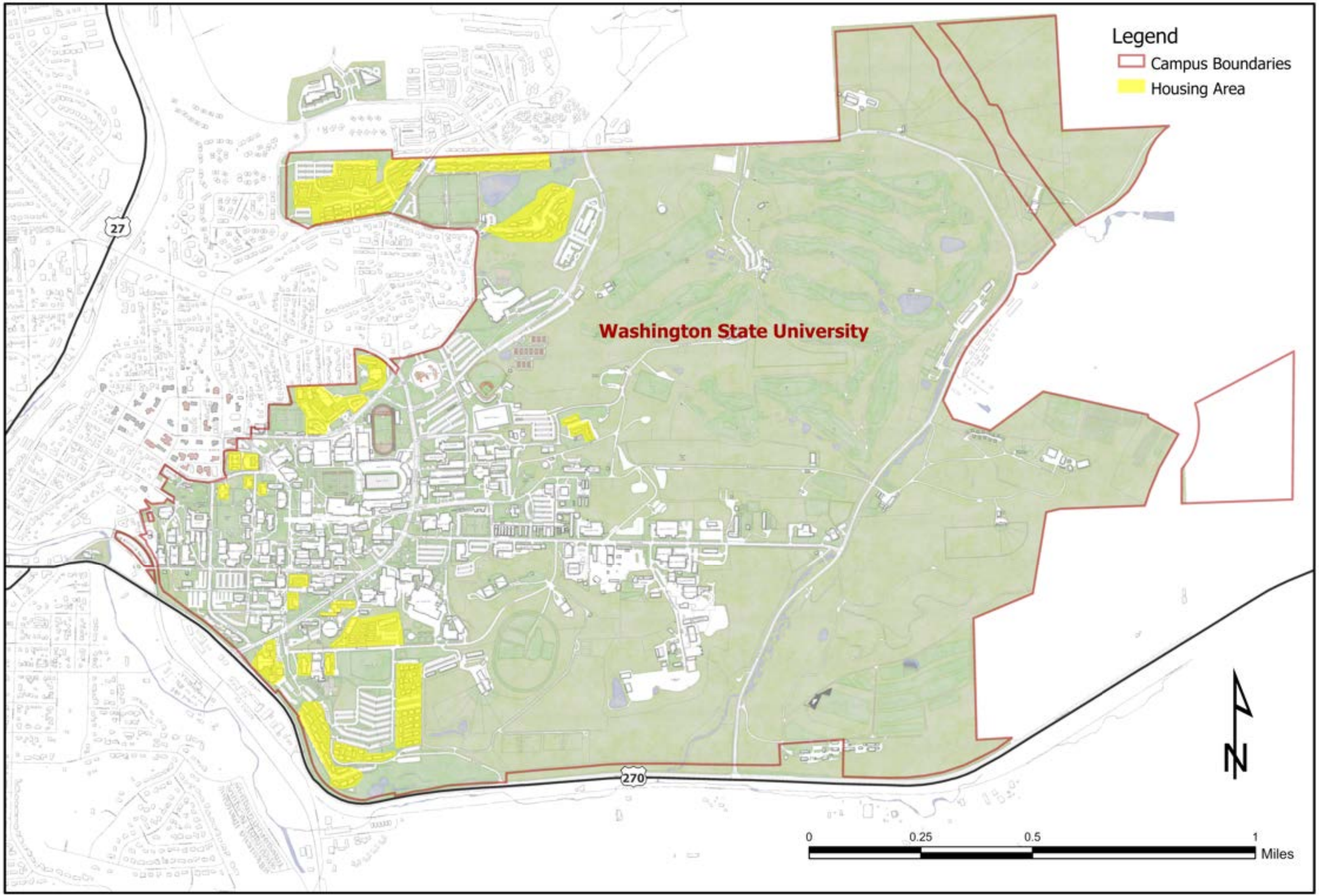

Legend
Campus Boundaries
Housing Area
Washington State University
27
270
N
0
0.25
0.5
1
Miles
Current Housing Areas
2022 WSU, Pullman Campus
Date: June 72 2021
Facilities Services
Geographic Information System
WASHINGTON STATE UNIVERSITY

Figure 2-1

TABLE 2-3 MAJOR CAMPUS DEVELOPMENTS (DRAFT)

Current Project Title	Current Capital Plan Forecast	Comments
Campus Fire Protection and Domestic Water Reservoir	2023-25	Reservoir to be complete June 2023
Bustad Renovation	2023-25	Renovation
Space Optimization (Remote Collection Storage)	2023-25	New Facility
Fulmer Complex Renovations	2025-33	Renovation
Pullman Student Success	2027-29	New Facility
Wegner Hall Renovation	2031-33	Renovation
Johnson Hall Demolition	2023-25	Demolition
New Engineering Student Success Building and Infrastructure	2023-25	New Facility
Eastlick-Abelson Renovation	2023-25	Renovation
Pullman Sciences Building	2025-29	New Facility
VCEA Engineering Lab Facility	2025-31	New Facility
CAHNRS Agriculture Education Facility	2029-31	New Facility

SOURCE: WSU Facilities Service Capital, January 2023

2.2.4. Demographic Projections

Table 2-4 shows the historical and projected demographics from 2015 to 2041. These data were provided by WSU Institutional Research for historical data and the Washington State Office of Financial Management (OFM) for future projections. Forecast demographics were developed using numbers provided by the OFM for headcounts for a four-year system. Demographic data comprised of three key elements: headcount of resident students (RS), headcount of off-campus students (OCS), and headcount of faculty and staff (FS). Figure 2-2 shows this information graphically.

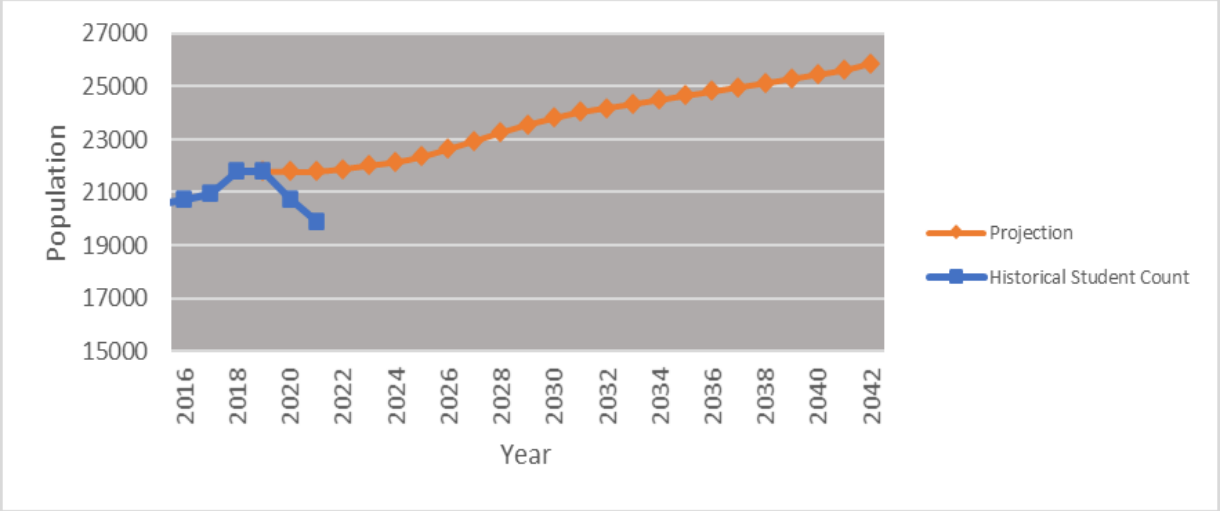
The actual number of students in 2021 is 19,906 (RS + OCS), 2022 is estimated at 21,898 students and the population is anticipated to increase to 24,048 by the end of the 10-yr planning period in 2031 and increase to 25,632 by the end of the 20-yr planning period in 2041. The resulting average annual growth rates during the 10-yr and 20-yr planning periods are 0.93% per year and 0.64% per year, respectively.

TABLE 2-4 WSU HISTORICAL AND PROJECTED DEMOGRAPHICS

Year	Plan Year	Demographics				
		Fall Term				Growth Rate
		Resident Students	Off Campus	Student Headcount	Staff Headcount	
2015	-	6,758	13,780	20,538	6,157	-
2016	-	6,560	14,176	20,736	6,130	1.0096
2017	-	6,786	14,182	20,968	6,059	1.0112
2018	-	7,112	14,686	21,798	5,887	1.0396
2019	-	6,989	14,813	21,802	5,923	1.0002
2020	-	1,778	18,988	20,766	5,749	0.9525
2021	-	6,255	13,651	19,906	5,767	1.0032
2022	1	7,020	14,878	21,898	5,793	1.0044
2023	2	7,062	14,967	22,029	5,828	1.0060
2024	3	7,103	15,054	22,157	5,861	1.0058
2025	4	7,167	15,190	22,357	5,914	1.0090
2026	5	7,260	15,387	22,647	5,991	1.0130
2027	6	7,359	15,596	22,955	6,072	1.0136
2028	7	7,461	15,813	23,274	6,157	1.0139
2029	8	7,556	16,014	23,570	6,235	1.0127
2030	9	7,635	16,182	23,817	6,301	1.0105
2031	10	7,709	16,339	24,048	6,362	1.0097
2032	11	7,758	16,444	24,202	6,402	1.0064
2033	12	7,808	16,549	24,357	6,443	1.0064
2034	13	7,858	16,655	24,513	6,485	1.0064
2035	14	7,908	16,762	24,670	6,526	1.0064
2036	15	7,959	16,869	24,828	6,568	1.0064
2037	16	8,010	16,977	24,987	6,610	1.0064
2038	17	8,061	17,085	25,147	6,652	1.0064
2039	18	8,113	17,195	25,308	6,695	1.0064
2040	19	8,165	17,305	25,469	6,738	1.0064
2041	20	8,217	17,416	25,632	6,781	1.0064

NOTES:
1. Data source for years 2015-2021: WSU Institutional Research and WSU housing.
2. Calculated years 2015-2021 for RS + OCS in Fall Terms; years 2022-2041 based on Washington State Office of Financial Management (OFM) and census data for growth rates.

FIGURE 2-2: WSU STUDENT POPULATION



Over the past five years the statewide enrollment growth had some changes with a significant decline from 2020 to 2022. This followed an increase between 2017 to 2019. Since 2020 and 2021 student populations were impacted by COVID-19, the decreases from those years are disregarded. Growth mimicking the 2016 to 2019 rates is believed to better reflect the growth patterns in the future. Additionally, census data shows a decrease in population for Whitman County, but an increase in population for Pullman. Using the Pullman population in 2010 as 29,799 and the 2020 population of 32,901, the growth rate is around 1%. To project student populations, the growth rate is generally under 1%, but some years are estimated to be greater than 1% growth rate. The growth rates in Table 2-4 are intended to show growth within the campus to evaluate the impact that the university growth will have on the water system. It is a conservative rate, but not overly conservative to artificially inflate the growth above what could be seen in the future. Since this is the only student projection available, this data is used to generate the water demand forecasts below.

2.3. CURRENT WATER USE

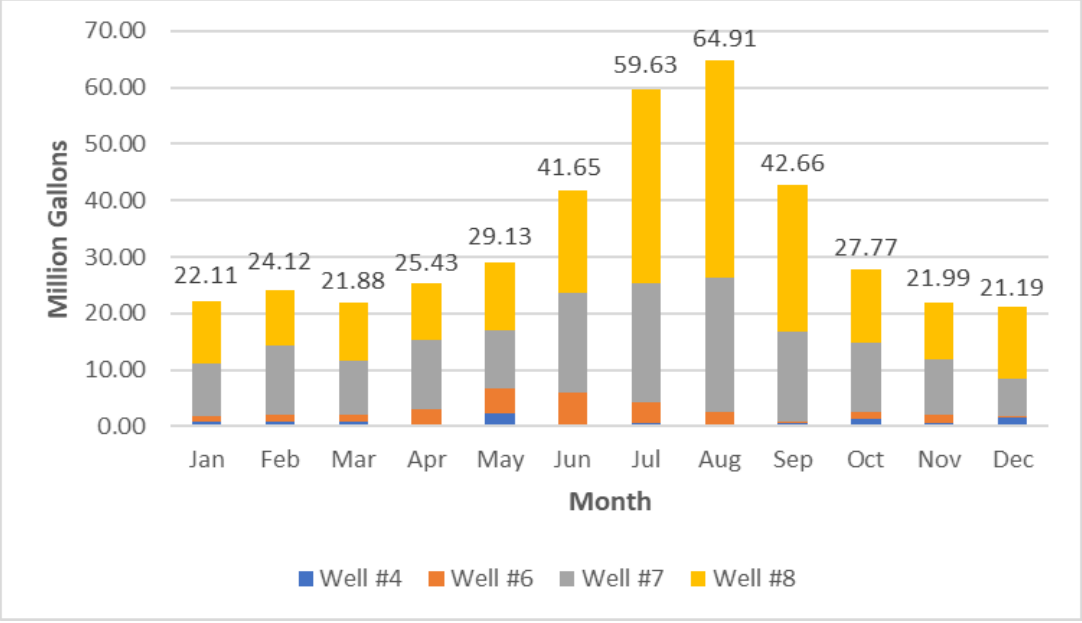
WSU currently produces water from four wells; Wells 4, 6, 7 and 8. Table 2-5 shows the average production, by well and by month, over the last three years. Most of the water comes from Wells 7 and 8, with only a small percentage of the total being produced from Wells 4 and 6. As is typical with most water utilities, production peaks in the summer months of June through September. Figure 2-3 shows this production information graphically. Seasonal variations are only available for the overall campus rather than by customer class. This is due to the lack of meter data for each of the customer classes. However, the seasonal variation is water usage generally corresponds to additional irrigation needs of the campus.

TABLE 2-5: AVERAGE WATER PRODUCTION 2015-2021 (MG)

Month	Well #4	Well #6	Well #7	Well #8	Total	Percent
Jan	0.85	0.85	9.42	10.99	22.11	**5.5%**
Feb	0.70	1.31	12.24	9.87	24.12	**6.0%**
Mar	0.74	1.20	9.73	10.21	21.88	**5.4%**
Apr	0.19	2.90	12.22	10.11	25.43	**6.3%**
May	2.33	4.27	10.32	12.21	29.13	**7.2%**
Jun	0.15	5.88	17.60	18.03	41.65	**10.3%**
Jul	0.47	3.84	21.10	34.23	59.63	**14.8%**
Aug	0.30	2.33	23.58	38.70	64.91	**16.1%**
Sep	0.53	0.28	15.93	25.92	42.66	**10.6%**
Oct	1.27	1.35	12.08	13.06	27.77	**6.9%**
Nov	0.68	1.27	9.99	10.05	21.99	**5.5%**
Dec	1.55	0.13	6.80	12.71	21.19	**5.3%**
Total	**9.75**	**25.63**	**161.00**	**206.10**	**402.48**	
Percent	**2.4%**	**6.4%**	**40.0%**	**51.2%**		

Data Source: WSU Facility Operations

FIGURE 2-3: WATER PRODUCTION MONTHLY DISTRIBUTION (2015-2021 AVERAGE)



Data Source: WSU Facility Operations

The annual production data and peaking factors from 2015 to 2021 are shown in Table 2-6. The annual growth rate has ranged from -5.3% to 3.7%. The peaking factor (peak day/average day) has ranged from 2.05 to 4.30 and has averaged 2.99 for the listed period.

TABLE 2-6: TOTAL WATER PRODUCTION SUMMARY

Year	Annual Production (MG)	Average Day Demand (MG)[1]	Peak Day		Peaking Factor
			(MG)	Date	
2015	500	1.37	4.27	6/11/2015	3.12
2016	437	1.20	3.13	8/21/2016	2.61
2017	500	1.37	5.89	8/3/2017	4.30
2018	452	1.24	3.12	9/6/2018	2.51
2019	469	1.29	2.73	9/5/2019	2.13
2020	389	1.06	4.46	7/29/2020	4.19
2021	448	1.23	2.51	July 2021	2.05
Average	456	1.25	3.73	-	2.99

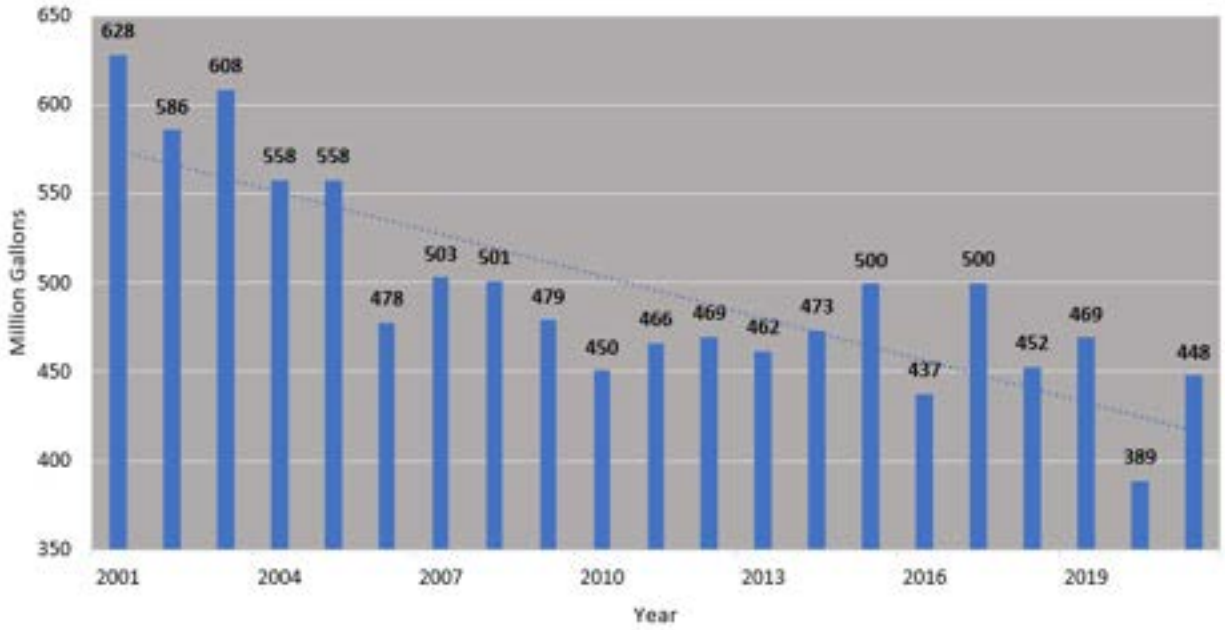
Data Source: WSU Facility Operations
1. Annual Production / 365

Figure 2-4 shows the total annual production from all wells combined from 2001 through 2021. The total water pumped has generally declined during these years from 628 million gallons per year (MGY) to 448 MGY for a total decrease of almost 29%. Additionally, an overall decline in water usage is seen between the years 2015-2021. It should also be noted that in 2020 COVID 19 effects lessened the water usage on campus as students were sent home from campus. Overall, there is a general reduction in water usage, but the rate of that reduction appears to be lessening. The water usage decline will level off even if growth and conservation continue to increase.

Furthermore, the overall campus water use has decreased over the last 20 years. Figure 2-5 shows the last 20 years of average daily demand. The downward slope of ADD confirms the overall downward trend of water use at WSU.

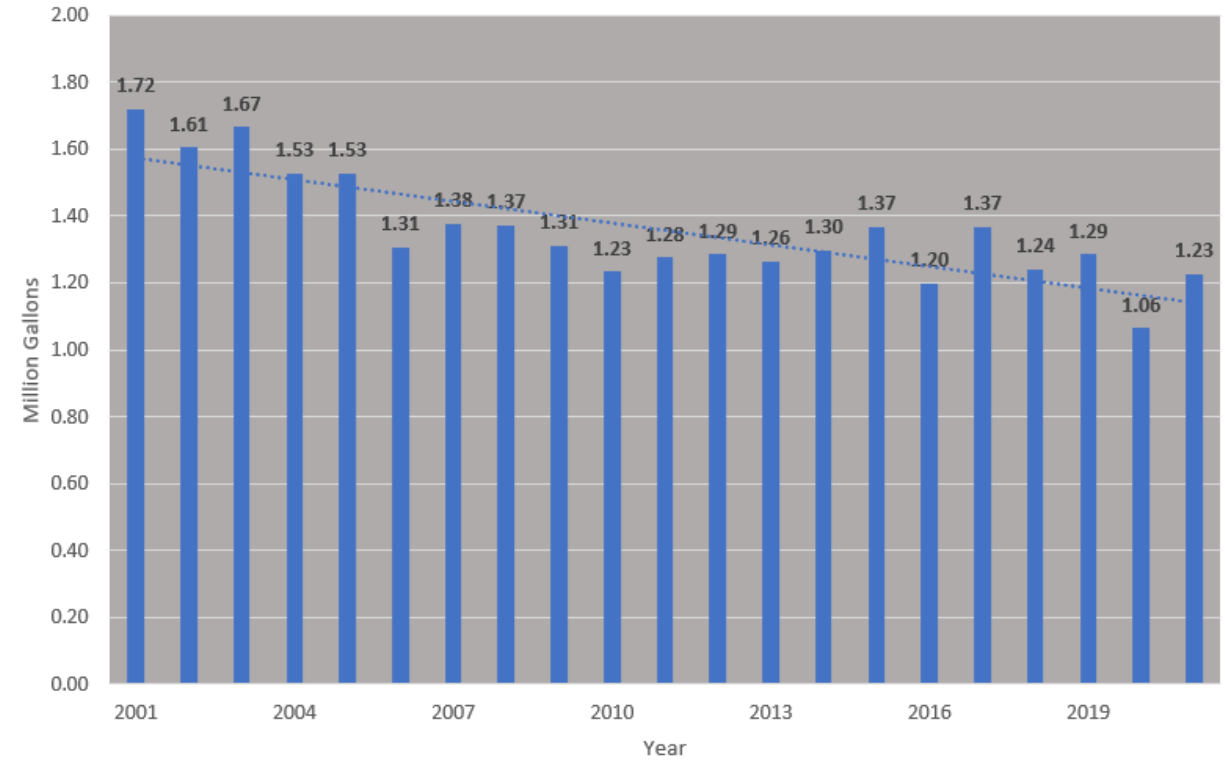
See Appendix B-2 for monthly and annual source production totals by source for the years 2002 to 2021.

FIGURE 2-4 WSU ANNUAL WATER PRODUCTION



Data Source: WSU Facility Operations

FIGURE 2-5 WSU AVERAGE DAILY DEMAND



Data Source: WSU Facility Operations

2.3.1. Water Balance, Non-Revenue, and Leakage

As stated earlier, the WSU campus is not fully metered yet making water consumption hard to determine. Currently irrigation is 100% metered with 196 irrigation water meters installed throughout the campus. Additionally, 84% of the total gross square footage (GSF) of buildings within the campus are metered totaling 200 service meters. Housing still has 135 meters to install, and the general campus has 73 facilities left to meter. The unmetered facilities are generally smaller buildings with lower water usage. All construction since 2007 has included meter installation as part of upgrades, new construction, or renovations.

Without complete metered water use data for the different water uses, it is difficult to generate customer categories for water use or to make projections for any specific categories, such as non-revenue and non-residential water use. A required conservation measure, as listed in Chapter 4, was to have the entire campus metered by the year 2021. A plan was presented to DOH in 2018 that provided completion of all meters by 2021. However, funding has not been allocated from the State to finalize this. WSU continues to advocate for more biennium funding for meter installation, but the final timeline for the remaining meters is dependent upon this State funding. The 2018 metering plan is included in Appendix D-3.

Currently, WSU has 58 water meters that are read through the Automated Meter Reading (AMR) system, 64 meters that are read automatically through a wired system, and the remaining meters are read manually. However, due to lack of full distribution metering, only well meter and irrigation metering data was utilized for this study.

A further challenge posed by the lack of metered data is estimating the amount of water leakage for the system. As noted above, the total water production on campus has decreased from 2016-2021. During this same period, Facilities Operations has repaired numerous services and waterlines as listed in the Water System Repair Log in Appendix B-1. Nonetheless, it is still expected that there are and will be water leaks in the system. A conservative amount of 12.6% is added to the water demand forecast described below.

2.4. WATER DEMAND FORECASTING

2.4.1. DEMAND FORCAST

As discussed earlier, 16% of WSU's main campus is not metered and an accurate water balance is not possible. Therefore, a methodology is required to generate a water demand forecast based on the available. The approach widely used and accepted by the Department of Health (DOH) is traditional demographics described in section 2.1.5 above. Water use factors are used from DOH guidelines (see footnotes of Table 2-7). Irrigation, a major water component of the overall campus water use, has been added to the equations. The 2021 irrigation totals were 115.6 million gallons.

The Palouse Ridge Golf Course opened in 2008 and averages 45 million gallons of water a year over 120 acres (per WSU Capital Planning). The course utilizes drought resistant grasses and a computerized irrigation system that relies on up-to-date weather information, evaporation rates, and microclimate information to conserve water. Additionally, the course is set up to connect to a water reuse system when that system is constructed and extends to the site.

Heating and cooling facilities, although a major water user (approx. 90 MGY), are not listed individually but contained within the water use factors for the students and faculty.

If the projected campus improvements listed in Table 2-3 are converted directly to increases in water usage based on additional square footage, the amount of new water required should not increase significantly. The campus improvements that have been constructed over the last 10 years have not increased the volume of water pumped especially since the volume of water pumped over the past few years has decreased (see Figure 2-4). Therefore, increases in usable space do not equate to equivalent percentage increases in water usage when reduced irrigation and ongoing conservation measures are considered. Additionally, WSU has adopted a non-growth

mindset meaning that for all new building square footage there was either a demolition of an existing space or the space was the result of a renovation.

The actual 2021 total water production of 447.7 MGY is used as a target rate for the total water consumption. Using the above-described methodology, the calculated total water use for 2021 is 447.7 MGY which is at the actual metered production from the wells. Figure 2-6 details the demand forecast in average day demand (ADD), maximum day demand (MDD) and annual totals. MDD is the ADD multiplied by a peaking factor of 2.99 as described in Section 2.2 above.

Referring to Table 2-7, the ADD is expected to rise from 1,227,000 gallons per day (gpd) to 1,470,000 gallons per day from 2021 to 2031 over the 10-yr planning period and increase to 1,565,000 gpd by the end of the 20-yr planning period in 2041. The MDD is expected to increase from 3,670,000 gpd in 2021 to 4,395,000 gpd by the end of the 10-yr planning period in 2031 and increase to 4,678,000 gpd by the end of the 20-yr planning period in 2041. The annual total is expected to increase from 447,698,000 gallons in 2021 to 536,560,000 gallons by the end of the 10-yr planning period in 2031 and increase to 571,089,000 gallons by the end of the 20-yr planning period in 2041.

Table 2-7 summarizes the demand forecast for the 10- and 20- year planning periods 2022-2031 and 2032-2041. Figures 2-6 and 2-7 show this information graphically, including the actual production data (2015-2021) and forecasted data (2022-2041).

TABLE 2-7 WSU WATER DEMAND FORECAST 2022 TO 2041

Year	Plan Year	Demographics 1			Irrigation (annual total) 2	Water Use Factors			Demand						Annual Total (gallons) 12	Maximum Daily Demand (MDD, gallons per day) 13
		Fall Term							Average Day Demand - ADD (gpd)							
		Resident Student Headcount (RS)	Off-Campus Students Headcount (OCS)	Faculty & Staff Headcount (FS)		Per RS 3 (gpd/headcount)	Per OCS 4 (gpd/headcount)	Per FS 5 (gpd/headcount)	Irrigation 6	Resident Students 7	Off-Campus 8	Faculty & Staff 9	Waterloss 12.6% 10	Total 11		
2019	-	6,989	14,813	5,923	78,106,503	100	25	15	213,990	698,900	370,325	88,845	115,807	1,273,877	464,965,105	3,808,892.23
2020	-	1,778	18,988	5,749	94,736,240	100	25	15	259,551	177,800	474,700	86,235	73,874	812,609	296,602,103	2,429,699.42
2021	-	6,255	13,651	5,767	115,622,449	100	25	15	316,774	625,500	341,275	86,511	173,285	1,226,571	447,698,456	3,667,447.63
2022	1	7,020	14,878	5,793	98,047,993	100	25	15	268,625	701,975	371,954	86,892	180,796	1,341,617	489,690,387	4,011,436.32
2023	2	7,062	14,967	5,828	98,047,993	100	25	15	268,625	706,187	374,186	87,413	181,677	1,349,463	492,554,123	4,034,895.42
2024	3	7,103	15,054	5,861	98,047,993	100	25	15	268,625	710,283	376,356	87,920	182,534	1,357,093	495,339,010	4,057,708.60
2025	4	7,167	15,190	5,914	98,047,993	100	25	15	268,625	716,675	379,744	88,711	183,871	1,369,001	499,685,451	4,093,313.70
2026	5	7,260	15,387	5,991	98,047,993	100	25	15	268,625	725,992	384,680	89,864	185,820	1,386,357	506,020,148	4,145,206.14
2027	6	7,359	15,596	6,072	98,047,993	100	25	15	268,625	735,866	389,912	91,087	187,885	1,404,749	512,733,367	4,200,199.36
2028	7	7,461	15,813	6,157	98,047,993	100	25	15	268,625	746,094	395,332	92,353	190,024	1,423,803	519,687,985	4,257,170.07
2029	8	7,556	16,014	6,235	98,047,993	100	25	15	268,625	755,570	400,352	93,526	192,006	1,441,454	526,130,528	4,309,945.97
2030	9	7,635	16,182	6,301	98,047,993	100	25	15	268,625	763,503	404,556	94,508	193,665	1,456,232	531,524,687	4,354,133.74
2031	10	7,709	16,339	6,362	98,047,993	100	25	15	268,625	770,909	408,480	95,424	195,214	1,470,028	536,560,186	4,395,383.44
2032	11	7,758	16,444	6,402	98,047,993	100	25	15	268,625	775,843	411,095	96,035	196,246	1,479,219	539,914,804	4,422,863.74
2033	12	7,808	16,549	6,443	98,047,993	100	25	15	268,625	780,808	413,726	96,650	197,285	1,488,468	543,290,892	4,450,519.91
2034	13	7,858	16,655	6,485	98,047,993	100	25	15	268,625	785,805	416,373	97,268	198,330	1,497,777	546,688,586	4,478,353.08
2035	14	7,908	16,762	6,526	98,047,993	100	25	15	268,625	790,835	419,038	97,891	199,382	1,507,145	550,108,026	4,506,364.38
2036	15	7,959	16,869	6,568	98,047,993	100	25	15	268,625	795,896	421,720	98,517	200,440	1,516,574	553,549,350	4,534,554.95
2037	16	8,010	16,977	6,610	98,047,993	100	25	15	268,625	800,990	424,419	99,148	201,506	1,526,062	557,012,699	4,562,925.95
2038	17	8,061	17,085	6,652	98,047,993	100	25	15	268,625	806,116	427,135	99,782	202,578	1,535,612	560,498,213	4,591,478.51
2039	18	8,113	17,195	6,695	98,047,993	100	25	15	268,625	811,275	429,869	100,421	203,657	1,545,222	564,006,035	4,620,213.82
2040	19	8,165	17,305	6,738	98,047,993	100	25	15	268,625	816,467	432,620	101,064	204,743	1,554,894	567,536,306	4,649,133.03
2041	20	8,217	17,416	6,781	98,047,993	100	25	15	268,625	821,693	435,389	101,710	205,836	1,564,628	571,089,171	4,678,237.32

Notes:

1. See Table 2-4 for population data.
2. Total irrigation from metered data 2019-2021, average from 2015-2021 used for all future years.
3. The DOH Water System Design Manual's guide for water demand provides a range of 75-100 gpd per resident student water use.
4. The DOH Water System Design Manual's guide for water demand provides a range of 15-25 gpd per off-campus student water use.
5. The DOH Water System Design Manual's guide for water demand provides a range of 15 gpd per faculty or staff water use.
6. This is the total irrigation (metered and future estimate) divided by 365 days.
7. The resident student count multiplied by the water use per resident student.
8. The off-campus student count multiplied by the water use per off-campus student.
9. The faculty and staff count multiplied by the water use per faculty and staff.
10. The overall system water loss is unknown, so a 12.6% estimate is assumed (year 2021 Annual Total equals actual metered value).
11. The total for student, faculty staff, water loss, and irrigation water.
12. Total average day demand multiplied by 365 days per year.
13. The total average day demand multiplied by peaking factor of 2.99 as calculated in Section 2.2.

FIGURE 2-6
WSU Annual Water Production

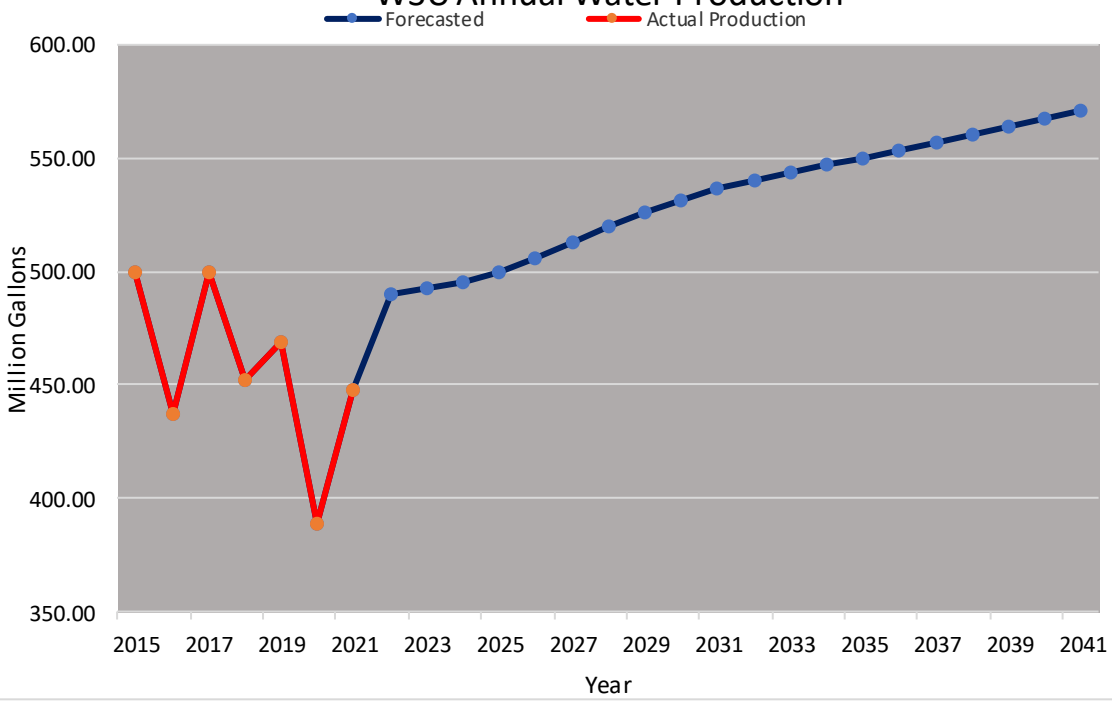
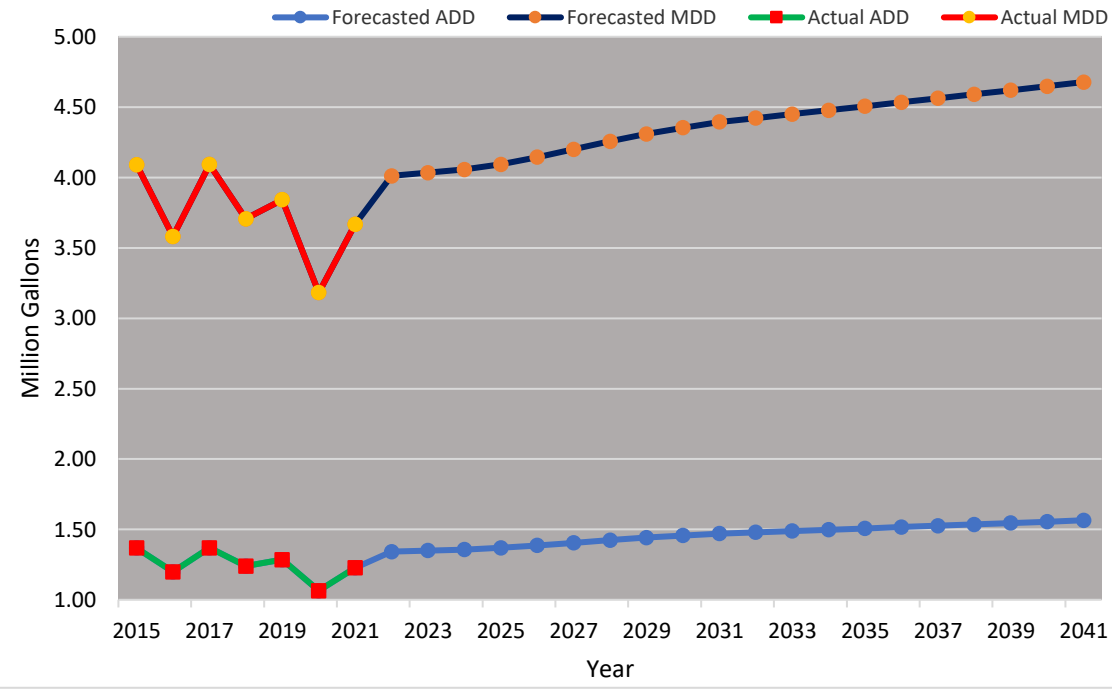


FIGURE 2-7
WSU ADD and MDD



2.4.2. PEAK HOURLY DEMAND

The DOH requires that the 2022 peak hourly demand (PHD) is generated from the data listed above. Since the well meters have no hourly water pumping recorders, the PHD must be estimated based on Equation 3-1 from section 3.4.2 of the DOH Water System Design Manual as follows:

$PHD = (ERU_{MDD}/1440)[(C)(N) + F] + 18$

Where: **PHD** = Peak Hourly Demand,(gallons per minute, gpm)

C = *Coefficient Associated with Ranges of ERUs = 1.6 (Table 3-1 of the DOH Water System Design Manual)*

N = *Number of ERUs based on MDD (see below)*

F = *Factor Associated with Ranges of ERUs = 225 (Table 3-1 of the DOH Water System Design Manual)*

ERU_{MDD} = *Maximum Day Demand per ERU (gpd) = 165 gpd (See Section 2.2.2)*

- 2022 MDD = 4.011 mg (see Table 2-7)
  2022 N = 4.011 mg (MDD) / 165 gpd (see section 2.2.2) = 24,309 ERUs
- 2031 MDD = 4.395 mg
  2031 N = 4.395 mg (MDD) / 165 gpd = 26,636 ERUs
- 2041 MDD = 4.678 mg
  2041 N = 4.678 mg (MDD) / 165 gpd = 28,352 ERUs

Using Equation 3-1 from DOH *Water System Design Manual*, a PHD of **4,500** gpm is calculated for 2022, **4,927** gpm for 2031, and **5,242** gpm for 2041.

2.4.3. AQUIFER IMPACT

"Water levels in the Grande Ronde have historically declined at a rate of 0.9 and 1.5 feet per year for 70 or more years" with an average of 0.72 feet decline per year (PBAC 2019 Palouse Basin Aquifer Committee Annual Water Use Report, Appendix A-3). Due to this historical decline, it is the current ambition of WSU not to substantially increase the volume of ground water used on an annual basis. The goal set for WSU in the 1992 Groundwater Management Plan and as listed in WSU's Action Plan (see Appendix A-5) is to "limit annual aquifer pumping increases to one percent (1%) of the pumping volume based on a five (5) year moving average starting with 1986 (642 MGY). At no time shall the accumulated total pumping exceed 125 percent of the 1981 to 1985 average (increase from 702 to 877 MGY)."

As of 2021, WSU's five-year moving average of pumping from the Grande Ronde is 451.6 million gallons per year (MGY). This is approximately 39% less than the target of 745 MGY. Additionally, the estimated total 2022 water production of 490 MGY is 44% less than the 877 MGY ceiling in the Action Plan. The estimated 2031 water production of 537 MGY is 39% less than the ceiling and the 2041 estimated production of 571 MGY is 35% less than the ceiling.

Additionally, generalized conclusions of the impact of increased pumping from the Grande Ronde aquifer are difficult to provide. According to the 2019 PBAC Palouse Basin Aquifer Committee Annual Water Use Report (see Appendix A-3):

- "The 2019 total combined groundwater pumpage by the reporting pumping entities within the basin was 2.35 billion gallons (Figure 1). In aggregate (Pullman, Moscow, WSU, UI, Palouse), pumpage for 2019 was approximately 0.9% less than in 2018 and 14.4% less than in 1992, the first year the GWMP took effect."

In 2019, Pullman and Moscow each pumped approximately 1/3 of the total (39% and 33% respectively), followed by WSU at 20%. UI pumped 6% and Palouse pumping accounted for 2% of the combined total (PBAC *2019 Annual Water Use Report*).

Therefore, considering the potential decrease of water usage due to conservation, along with the slight historical decline in ADD (see Figure 2-5), the moderate growth in the campus population and the uncertainty of the impact on the aquifer, this water demand forecast will meet the goals established in WSU's 1992 Action Plan through the year 2041.

2.5. WATER RIGHTS EVALUATION

2.5.1. EXISTING WATER RIGHTS

WSU currently has water rights for municipal supply issued by the Washington State Department of Ecology (Ecology) for a total instantaneous quantity (Qi) of 5,000 gallons per minute (gpm) and a total annual quantity (Qa) of 5,300 acre-feet per year (AF/yr), as shown in Table 2-9 and 2-10.

WSU filed an application for change with Ecology to add points of withdrawal for their existing municipal water rights in 2018. The application was submitted to integrate all of WSU's water rights, thus allowing the University to use any of their wells to draw from their existing water rights, with the total aggregate withdrawal to be limited to their total water rights of 5,000 gpm and 5,300 AF/yr. Copies of WSU's Reports of Examination for the water rights integrations are included in Appendix B-3. Water rights, Certificates, Permits and Claims are in Appendix B-4. The memorandum from WSU that outlines the proposal for Well No. 8 is in Appendix B-5. The Washington State Department of Ecology Water Rights Review Letter is in Appendix B-6.

A summary of WSU's municipal water rights is presented in Table 2-9. As shown in the table, WSU's water rights are typically categorized as either primary water rights or supplemental water rights. Primary water rights are additive, but supplemental water rights are not additive to primary water rights; instead, supplemental water rights can be used in place of quantities shown as primary water rights.

An analysis of WSU's existing water rights, existing consumption, and the current excess in water rights is shown in Table 2-10. The DOH Capacity Table is in Appendix B-7.

2.5.2. COMPARISON OF WATER RIGHTS TO DEMAND FORCAST

Ten and 20-year water rights status forecasts for WSU are presented in Table 2-9. According to the water rights self-assessment forecast, WSU has adequate water rights at the end of the 20-year planning period.

TABLE 2-8 WATER RIGHTS SUMMARY

Well No.	Water Right	Priority Date	Type	Max. Instantaneous Withdrawal (Qi) (gpm)	Max. Annual Volume (Qa) (AF/yr)
Spillman Farm	Consolidated with Claim 098522	1934/2018	Primary	500	720
1	Claim 098522	1934	Not Operational		
2[2]	Claim 098523	1938	Not Operational	500	720
3	Claim 098524	1946	Not Operational	(1,000)	(1,440)
4	Cert. 5070-A	08/01/62	Primary	1,500	2,260
5	Cert. 5072-A	05/27/63	Monitoring	500	720
6,8	Cert. G3-22065C	11/12/73	Primary	1,500	1,600
7[1]	Permit G3-28278P	01/28/87	Primary	2,500[1]	2,500
Total				**5,000 gpm**	**5,300 AF/yr**

1. Permit issued with a provision. Total combined quantity for permit G3-282278P (Well No. 7), claim 98522 (Well No. 1), claim 098524 (Well No. 3) and claim 5070-A (Well No. 4) shall not exceed 2,500 gallons per minute, 2,260 acre-feet per year.
2. Well No. 1, 2, 3 and 5 have been decommissioned or are non-operational.

2.6. INTERTIES

The only other water source immediately available for the WSU system are the four interies with the City of Pullman. These interties provide emergency connections to both the high and low zones; two on the high and two on the low. The four interties are located: at the intersection of Valley Road and Merman Drive (#1), approximately 800 feet west on Valley Road (#2), at the south end of Duncan Lane (#3), and at the intersection of Oak Street and Reaney Way (#4) (valves #1 and #2 are on the WSU high zone and #3 and #4 are on the WSU low zone). The interties are all valved and remain closed under normal circumstances. If opened during static conditions, the water would flow from the WSU system to the Pullman system at valves #1, #2 and #3 and the opposite direction at valve #4. The static pressures are within 15 psi on either side of all valves and therefore, the flow direction could vary due to reservoir levels, demand, fire flow events, etc. on either system.

In the last 25 years the interties have been used only a few times, and because of this, the connections are not metered. As indicated earlier, the City of Pullman and WSU have a written agreement for shared water use between the systems (see Appendix A-9). Under the agreement the interties may be used during emergencies only if it does not have a “detrimental effect” on the system from which it is drawing water. The party drawing the water is charged for its use. Pullman and the University work cooperatively during those rare instances when an intertie is needed.

TABLE 2-9 WATER RIGHT SELF-ASSESSMENT FORM FOR WATER SYSTEM PLAN

.Water Right Permit, Certificate, or Claim # *If water right is interruptible, identify limitation in yellow section below	WFI Source # If a source has multiple water rights, list each water right on separate line	Existing Water Rights Qi= Instantaneous Flow Rate Allowed (GPM or CFS) Qa= Annual Volume Allowed (Acre-Feet/Year) This includes wholesale water sold				Current Source Production – Most Recent Calendar Year Qi = Max Instantaneous Flow Rate Withdrawn (GPM or CFS) Qa = Annual Volume Withdrawn (Acre-Feet/Year) This includes wholesale water sold				10-Year Forecasted Source Production (determined from WSP) This includes wholesale water sold				20-Year Forecasted Source Production (determined from WSP) This includes wholesale water sold			
		Primary Qi Maximum Rate Allowed	Non-Additive Qi Maximum Rate Allowed	Primary Qa Maximum Volume Allowed	Non-Additive Qa Maximum Volume Allowed	Total Qi Maximum Instantaneous Flow Rate Withdrawn	Current Excess or (Deficiency) Qi	Total Qa Maximum Annual Volume Withdrawn	Current Excess or (Deficiency) Qa	Total Qi Maximum Instantaneous Flow Rate in 10 Years	10-Year Forecasted Excess or (Deficiency) Qi	Total Qa Maximum Annual Volume in 10 Years	10-Year Forecasted Excess or (Deficiency) Qa	Total Qi Maximum Instantaneous Flow Rate in 20 Years	20-Year Forecasted Excess or (Deficiency) Qi	Total Qa Maximum Annual Volume in 20 Years	20-Year Forecasted Excess or (Deficiency) Qa
Claim 098522	1, Spillman Well	500		720													
Claim 098523	2	500		720													
Claim 098524	3	(1000)		(1440)													
Cert 5070-A	4	1500		2260													
Cert 5072-A	5	500		720													
G3-22065C	6,8	1500		1600													
G3-28278P	7	2500		2260													
	TOTALS =	5000 GPM		5300 AFY		2547 GPM	2453 GPM	1373 AFY	3927 AFY	3052 GPM	1948 GPM	1646 AFY	3654 AFY	3249 GPM	1751GPM	1752 AFY	3548 AFY
Column Identifiers for Calculations:		A		B		C	=A-C	D	=B-D	E	= A-E	F	=B-F	G	=A-G	H	=B-H

PENDING WATER RIGHT APPLICATIONS: Identify any water right applications that have been submitted to Ecology.

Application Number	New or Change Application?	Date Submitted	Quantities Requested			
			Primary Qi	Non-Additive Qi	Primary Qa	Non-Additive Qa
None						

INTERTIES: Systems receiving wholesale water complete this section. Wholesaling systems must include water sold through intertie in the current and forecasted source production columns above.

Name of Wholesaling System Providing Water	Quantities Allowed In Contract		Expiration Date of Contract	Currently Purchased Current quantity purchased through intertie				10-Year Forecasted Purchase Forecasted quantity purchased through intertie				20-Year Forecasted Purchase Forecasted quantity purchased through intertie			
	Maximum Qi Instantaneous Flow Rate	Maximum Qa Annual Volume		Maximum Qi Instantaneous Flow Rate	Current Excess or (Deficiency) Qi	Maximum Qa Annual Volume	Current Excess or (Deficiency) Qa	Maximum Qi 10-Year Forecast	Future Excess or (Deficiency) Qi	Maximum Qa 10-Year Forecast	Future Excess or (Deficiency) Qa	Maximum Qi 20-Year Forecast	Future Excess or (Deficiency) Qi	Maximum Qa 20-Year Forecast	Future Excess or (Deficiency) Qa
1 -N/A															
TOTALS =															
Column Identifiers for Calculations:	A	B		C	=A-C	D	=B-D	E	=A-E	F	=B-F	G	=A-G	H	=B-H

INTERRUPTIBLE WATER RIGHTS: Identify limitations on any water rights listed above that are interruptible.

Water Right #	Conditions of Interruption	Time Period of Interruption
1		
2		
3		

ADDITIONAL COMMENTS:

Qi for each year based on MDD. Qa based on total annual flow
2021 MDD = 3,667,444 gpd / 24 hours / 60 min = Qi GPM; 2021 Total Flow = 447,698,456 gpy / 326,000 ac-ft/gallon = Qa AFY
2031 MDD = 4,395,383 gpd / 24 hours / 60 min = Qi GPM; 2031 Total Flow = 536,560,186 gpy / 326,000 ac-ft/gallon = Qa AFY
2041 MDD = 4,678,237 gpd / 24 hours / 60 min= Qi GPM; 2041 Total Flow = 571,089,171 gpy / 326,000 ac-ft/gallon = Qa AFY

2.7. FUTURE SUPPLY OPTIONS

Previous studies indicate that the local aquifer (the Grande Ronde) serving WSU is declining at rates of 1-2 feet per year in some areas (Hashmi, 1995). With declining groundwater levels and the forecasted demands with and without conservation, WSU is considering several different options for their future water supply needs. These include conservation measures, use of reclaimed water, and Aquifer Storage and Recovery (ASR). Over the next six years WSU will:

- Implement the conservation program described in Chapter 4. The savings estimated from conservation measures is estimated at 2.5%, or approximately 13 MG, in 2041.
- Continue efforts to secure funding for the Pullman/WSU reclaimed water project. The current determination is that WSU can reuse approximately 845,995 gpd during the May 1 through October 30 irrigation season for a total of 154,817,085 gallons, or about 30% of the demand in 2041.

Successful implementation of each of these measures could contribute to meet WSU's existing and future water supply needs. Each of these measures is described in greater detail below.

2.7.1. Conservation Program

WSU's existing conservation program includes: source and service meters (WSU is partially metered), a system leak repair program, upgrades to plumbing fixtures in University buildings, efficient landscape management practices, the reduction and/or elimination of cooling water, and funding technical studies about regional water resources. WSU's conservation program for the next ten years will implement the following measures to reduce water consumption: installation of more service meters, improvements to irrigation systems, and continuation of an education program. A more detailed description of WSU's existing and future conservation plan is provided in Chapter 4. Additional conservation measures are also assumed for 2022 and beyond, resulting in a projected 2.5% reduction in demand.

2.7.2. Water Reclamation

This section describes the potential for reclaimed water to be used as a source of supply to meet projected demands and improve total water service reliability (this is also referred to as water reuse).

Pursuant to their NPDES permit, the City of Pullman Wastewater Treatment Plant (WWTP) currently discharges all of its treated wastewater (2.92 MGD annual average, 2001) to the South Fork of the Palouse River. WSU, along with the City of Pullman, plans to use some of this water for irrigation and potentially industrial activities to lessen withdrawal from the aquifer. The WWTP has a permitted design capacity of 4.30 MGD.

2.7.3. Potential Reclaimed Water Demands

Currently, WSU planned irrigation sites are located north and east of the South Fork of the Palouse River. A 2002 Parametrix report estimates peak day reclaimed water use for the sites where WSU intends to use reclaimed water (Table 2-10). The total estimated peak day use for these sites totals approximately 937,000 gpd. Irrigation sites would be supplied with water between the months of May and October.

TABLE 2-10 ESTIMATES OF WSU PEAK DAY RECLAIMED WATER USE 2

Irrigation Site	Estimated Peak Daily Use (gpd)
Steptoe Housing, B-Clock	37,080
Steptoe Housing, F-Clock	22,380
Steptoe Housing, R-Clock	62,790
Kamiak Housing, F-Clock	6,160
Kamiak Housing, C-Clock	5,850
Terrace Housing, 300-Clock	4,950
Terrace Housing, 400-Clock	9,930
Terrace Housing, 700-Clock	15,660
Chief Joseph Housing, A-Clock	9,480
Chief Joseph Housing, Sprinkler Room Clock	2,430
Chief Joseph Housing, E-Clock	15,405
Nez Perce Housing	78,075
Golf Course	368,630
Reactor Intramural	22,000
Valley Crest Housing, Upper Clock	14,280
Valley Crest Housing, Lower Clock	3,540
Women's Soccer Field	9,072
Mooberry Track	12,000
Orton Field	24,750
Columbia Housing	26,910
Chinook Housing, Upper Clock	41,535
Chinook Housing, Lower Clock	30,600
Yakama Housing, A-Clock	14,766
Yakama Housing, B-Clock	9,894
Yakama Housing, C-Clock	11,112
Yakama Housing, D-Clock	11,750
Total gpd	**871,029**
Gallons offset from Reuse for 183 days (gallons/year) from May 1 through October 30	**159,398,332**

1. The Parametrix report also listed some sites that were converted to artificial turf and were not included. The ADD for the golf course presented in the demand forecast was multiplied by a peaking factor of 2.99 to estimate a peak day use.

2.7.4. Facility Elements & Design Criteria

In the 2002 Parametrix report, it was found that necessary facilities to produce and deliver reclaimed water include modifications to the WWTP, as well as new off-site infrastructure. Necessary WWTP improvements to produce up to 1.36 MGD of Class A reclaimed water include those listed in Table 2-11, although Ecology made an initial determination that WSU can use a maximum of 1.05 MGD without hindering downstream water rights in a drought year and 1.35 MGD most years.

TABLE 2-11 NECESSARY WWTP IMPROVEMENTS TO PRODUCE CLASS A RECLAIMED WATER

Facility Element	Description
Chemical Feed	Two metering pumps paced off of flow. 1,200-gallon storage tank. Assume alum dose is 10-15 mg/L. Needs to be confirmed by pilot testing.
Mixing/Flocculation	Static mixer, coagulation in piping to filter. Detention time is approximately 20 seconds in piping.
Flow Meters	Magmeter at filter influent in a 12” pipe. Magmeter at 12” diameter plant effluent for accounting.
Filter Feed Pumps	Two vertical turbine pumps: 700 gpm, 26 feet of head, 1,760 rpm, 15 hp, 10 inch discharge, and variable speed drive.
Filter	Cloth media disk filter. Six disks with 322 sf of area. Loaded at 3.2 gpm/sf at 1.5 MGD and 4.2 gpm/sf at 2.0 MGD. Future six disk filter for flows over 2.0 MGD. Assumptions to be confirmed by pilot testing.
Chlorine Disinfection	On-site hypochlorite generation needed to achieve less than 2.2 per 100 ml weekly average total coliform. 2,800 lb brine tank; 1,100-gallon hypochlorite tank; two 63 gph metering pumps. Assume dosage at 5 mg/L for 1.5 MGD = 62 ppd. For 2 MGD = 83 ppd. Provide 100 ppd generation capacity.
Reclaimed Water Pumps	Two vertical turbine pumps: 700 gpm, 415 feet of head, 1,200 rpm, 100 hp, 10-inch discharge, and variable speed drive.
Instrumentation & Alarms	Continuous turbidity and chlorine residual monitoring. Three chlorine residual analyzers; one at plant and two in distribution system. Shut down filter feed and reclamation pumps upon high turbidity, low chlorine residual; power failure; filter, chemical feed, disinfection system failure; or upstream secondary treatment failure.

Necessary pumping and conveyance facilities include those listed in Table 2-12.

TABLE 2-12 PUMPING AND CONVEYANCE FACILITIES TO PRODUCE AND DELIVER RECLAIMED WATER

Facility Element	Description
Military Hill Booster Pump Station	Single horizontal centrifugal pump in vault to boost distribution pressure for Military Hill Park and Pullman High School.
Terre View Potable Contingency Pump & Reservoir	Single horizontal centrifugal pump in vault for contingency filling of Terre View Reservoir with potable water. Used when potable reservoir levels and/or potable system pressures are below head in reservoir. Welded steel reservoir south of Terre View, near WSU golf course (elevation 2677 – Plan G-2 shows 2678). 70' diameter, height 32'; nominal capacity 921,000 gallons.
Conveyance Pipeline from WWTP to Terre View Reservoir & Military Hill BPS	16" diameter, Q = 1 to 2 MGD, C900 and C905 purple PVC, 200 psi. Isolation valves: resilient seated wedge gates spaced at every mile. Air release valves: at high points. Blowoff valves/drains: at low points.
Distribution System to Customer Sites	4 to 6" diameter, Q varies based upon customer demand, C900 and C905 purple PVC, minimum pressure 40 psi. Reduced pressure principal backflow prevention devices or approved air gap separations at City of Pullman irrigation sites where the potable water system connects to an irrigation system that is also served by the reclaimed water system. Cover surface features with purple paint.

2.7.5. Permitting Considerations

A State of Washington Department of Ecology (Ecology) Reclaimed Water Permit must be issued for Pullman/WSU to make beneficial reuse of treated wastewater (reclaimed water). Issuance of the permit by Ecology is dependent upon the acceptance of technical criteria established by Ecology and the Washington Department of Health (DOH). Guidance references for the technical reports that are required can be found at the following website: http://www.ecy.wa.gov/programs/wq/reclaim. Many of the criteria were addressed by WSU's consultant as part of the October 2002 Design Development Document.

2.7.6. Water Rights

RCW 90.46.120 gives the owner of a WWTP exclusive right to any water generated by the WWTP and exempts the use and distribution of the reclaimed water by the owner from permit requirements associated with appropriations (RCW 90.03.250) and groundwater withdrawals (RCW 90.44.060). However, RWC 90.46.130 states that a facility that reclaims water shall not impair any existing water right downstream from its discharge. During low precipitation periods, the stream flow below the City of Pullman's WWTP outfall is substantially composed of treated wastewater. A formal determination of water rights impacts by Ecology was requested by the consultant in June 2002, and indicated that a near term reduction in streamflow contributed by Pullman's WWTP would be a maximum 1.05 MGD during a drought year and 1.35 MGD in a typical year corresponding to estimated demands by potential customers north of the South Fork of the Palouse River (WSU & Pullman sites, May 1st through October 30th).

2.7.7. SEPA Environmental Checklist

None of the currently proposed facilities will require a Conditional Use Permit (CUP) for the joint project from the City of Pullman Planning Department because, other than pipelines, all facilities will be on the existing WWTP site or at WSU. CUPs normally require a State Environmental Policy Act (SEPA) checklist to be submitted. Even though a CUP is not required, Ecology will require a SEPA checklist to be completed for the project, including the pipeline alignment(s) and on-site facilities. The SEPA checklist requires up-to-date impact evaluations of earth, air, water, plants, animals, energy, natural resources, environmental health, noise, aesthetics, cultural and historical resources, transportation, public services, and utilities.

CHAPTER 3 - SYSTEM ANALYSIS

3.1. ASSET INVENTORY

The WSU potable water system is comprised of the following major assets (Refer to Figure 3-1):

- Four active wells with pumps (Wells 4, 6, 7 & 8), each equipped with gas chlorine and flow meters
- Three reservoirs with a combined total storage of 6 million gallons (including new reservoir to be completed June 2023)
- One transfer pump station with two pumps
- A network of distribution pipelines (approximately 35 miles) from 6-inch to 12-inch diameter with approximately 4,355 service connections as calculated by WSU and DOH in the Water Facility Inventory (see Appendix A-1)
- Manual and pressure actuated valves
- Fire hydrants
- Water meters

3.2. WATER QUALITY ANALYSIS

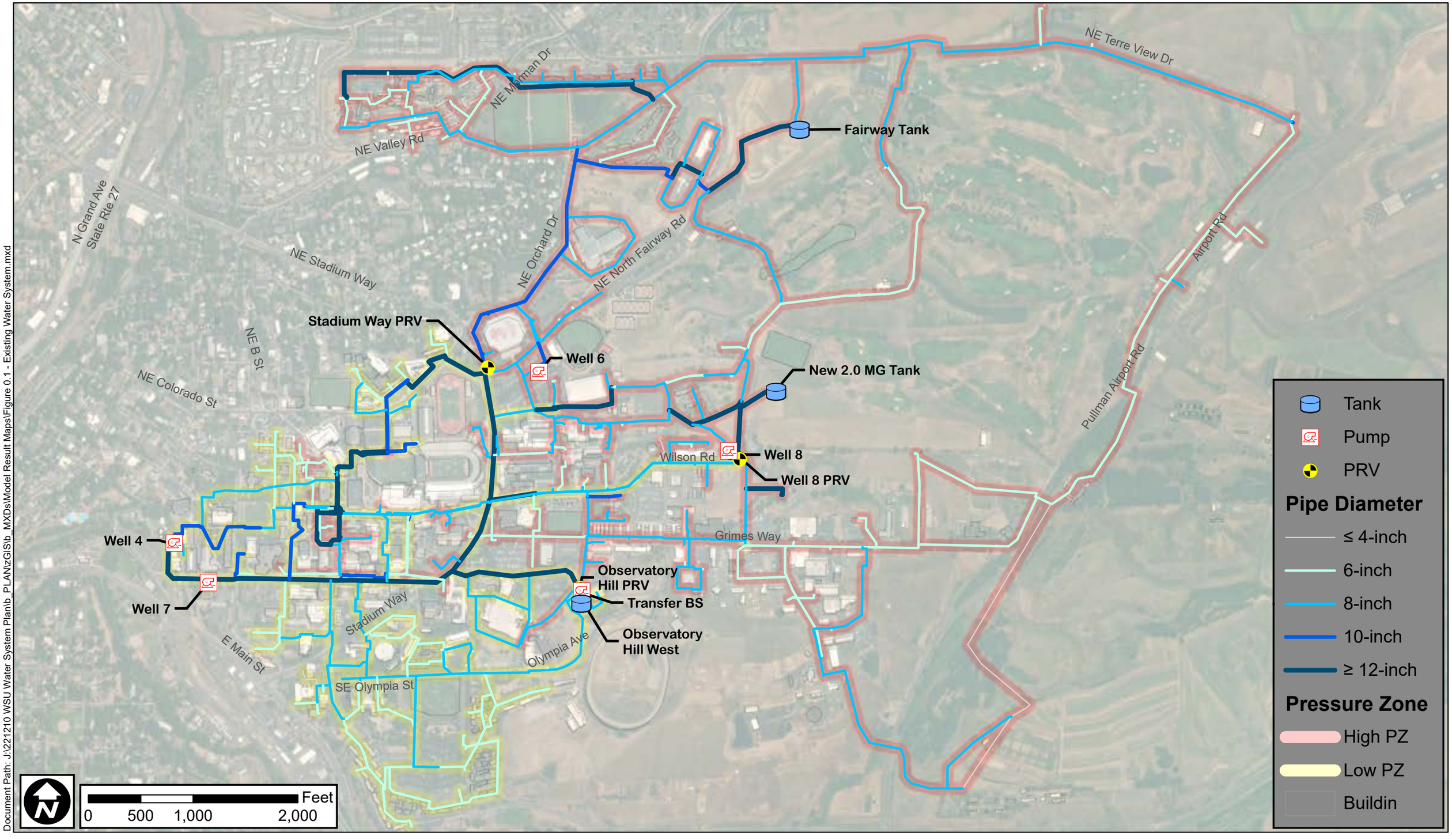
The water quality analysis and regulatory compliance review is contained in Chapter 6. Appendix G-1 contains the water quality analysis reports.

3.3. SYSTEM DESIGN STANDARDS

The standards listed in Table 3-1 are used in specifying and designing new water system components for WSU (see Table 2-7 for the calculation of ADD & MDD and section 2.4.2 for the calculation of PHD).

TABLE 3-1 WATER SYSTEM STANDARDS

Label	Label
Water Quality Parameters	Washington State Department of Health (DOH) Federal Safe Drinking Water Act (SDWA)
Average Day Demand (ADD) year 2022	932 gpm
Maximum Daily Demand (MDD) year 2022	2,786 gpm
Peak Hour Demand (PHD) year 2022	4,500 gpm
Storage Requirements	OS (operational storage) + FSS (fire suppression storage) + Standby Storage (SB) and Equalizing Storage (ES)
Fire Flow	2 hours @ 3000 gpm (overall campus requirement – some buildings may be more or less)
Minimum System Pressure	30 psi – PHD scenario 20 psi – Fire flow with MDD scenario
Minimum Pipe Sizes	12” diameter for new mains (WSU specific requirement)
Backup Power Requirements	Controls only
Valve Spacing	DOH *Water System Design Manual*
Hydrant Spacing	International Fire Code (typical 300’, max 600’)



Document Path: J:\221210 WSU Water System Plan\b_PLAN\zGIS\b_MXDs\Model Result Maps\Figure 0.1 - Existing Water System.mxd

Existing Water System

Water Master Plan

Figure 3-1

WSU uses AWWA (American Water Works Association) standards, the UPC (Uniform Plumbing Code), the IBC (International Building Code) and the IFC (International Fire Code) for design criteria.

3.4. SYSTEM DESCRIPTION AND ANALYSIS

3.4.1. Water System Source

A total of eight wells have been drilled for the WSU water system. Logs for these wells are included in Appendix C-2. Currently, water for the WSU campus and the adjacent airport terminal is supplied by four wells; Wells 4, 6, 7, and 8. The remaining wells (Wells 1, 3, and 5) are not usable. Pump curves for the transfer station pumps and the pumps at Wells 4, 6, 7 & 8 are included in Appendix C-3.

TABLE 3-2 PRODUCTION WELL SUMMARY

Well No.	Current Status	Zone	Well Depth	Date Drilled	Pump Date	Pump Data	Current Pump Capacity
4.	Permanent (Active)	Low	275 ft.	1963	2014	Peerless 225 hp, 1800 rpm	1500 gpm Run monthly
6.	Permanent (Active)	High	697 ft.	1973	2023	Peerless 6 stage, 250 hp, 1770 rpm	1000 gpm
7.	Permanent (Active)	Low	1814 ft.	1987	2020	Peerless 9 stage, 450 hp, 1760 rpm	2500 gpm
8.	Permanent (Active)	High	812 ft.	2003	2019	Flowserve 8 stage, 700 hp, 1780 rpm	2500 gpm

Wells 4, 6, 7 & 8 are currently producing reliable volumes of water with pumps that should not need replacement for up to ten years. The pumps for Wells 4, 6 and 7 were last installed or replaced in 2014, 1997 and 1998, respectively and Well 8 was brought on-line in late 2006. Starting in 2007, Well 6 serves the high zone but is not used frequently due to the start-up of Well 8. Transfer pumps from the low to high zone provide additional water when necessary if Well 8 becomes unavailable.

Source analysis is completed to meet the criteria outlined in the Washington State Department of Health Water System Design Manual, 2020. This plan utilizes these guidelines as criteria for determination of reasonable treated water source required in each zone.

The sources must be adequate to meet the MDD for the area being evaluated. The high and low zone analyses evaluate an individual zone and wells that directly serve the zones are considered to be the sources for the zone. The capacity of any well is calculated based on the pump operating for 18-hours during a day.

3.4.2. Full System Source Analysis

Table 3-3 shows the source analysis for the full WSU water system. The sources for the system are the four active wells with a current capacity of 7,500 gpm but are restricted to 5,000 gpm due to water rights limitations (see Chapter 2). Based on these limitations, a total of 5.4 MG is produced during the 18-hour pumping period. As shown in the table, there is currently adequate source in the system to meet the projected 2031 ADD of 1.47 MG and 2041 ADD of 1.56 MG.

TABLE 3-3 EVALUATION OF SOURCE ADEQUACY FOR FULL SYSTEM

	Year		
	2022	2031	2041
Projected ERUs and Demand[1]			
Equivalent Residential Units (ERUs)	8,133	8,909	9,485
ERUs with Distribution System Leakage (DSL)[2]	7,109	7,787	8,290
Projected Demand (mg)			
Average Day Demand	1.342	1.470	1.565
Maximum Day Demand	4.011	4.395	4.678
Available Sources (mgd)[3]			
Well No. 4 (1,500 gpm)	1.620	1.620	1.620
Well No. 6 (1,000 gpm)	1.080	1.080	1.080
Well No. 7 (2,500 gpm)	2.700	2.700	2.700
Well No. 8 (2,500 gpm)	2.700	2.700	2.700
Total Available Source (mgd)	8.100	8.100	8.100
Water Rights Limitation (mgd)[4]	5.400	5.400	5.400
Source Surplus/(Deficiency)[5] (mgd)	1.389	1.005	0.722

NOTES:
1. Number of ERUs based on 165 gpd per ERU_{ADD} (see section 2.2.2)
2. DSL estimated at 12.6% (see section 2.3.1)
3. Capacity of wells based on current pump capacity operating 18 hours per day (see Table 3-2).
4. 5,000 gpm for 18 hours.
5. Water Rights Limitation minus Maximum Day

3.4.3. Interties

The only other water source immediately available for the WSU system are the four interies with the City of Pullman. These interties provide emergency connections to both the high and low zones; two on the high and two on the low. The four interties are located: at the intersection of Valley Road and Merman Drive (#1), approximately 800 feet west on Valley Road (#2), at the south end of Duncan Lane (#3), and at the intersection of Oak Street and Reaney Way (#4). The interties are all valved and remain closed under normal circumstances. If opened during static conditions, the water would flow from the WSU system to the Pullman system at valves #1, #2 and #3 and the opposite direction at valve #4 (valves #1 and #2 are on the WSU high zone and #3 and #4 are on the WSU low zone). The calculated static pressures are within 15 psi on either side of all valves and therefore, the flow direction could vary between systems due to reservoir levels, demand, fire flow events, etc.

In the last 20 years the interties have only been used a few times, and because of this, the connections are not metered. As indicated earlier, the City of Pullman and WSU have a written agreement for shared water use between the systems (see Appendix A-9). Under the agreement the interties may be used during emergencies only if it does not have a “detrimental effect” on the system from which it is drawing water. The party drawing the water is charged for its use. Pullman and the University work cooperatively during those rare instances when an intertie is needed.

3.4.4. Water System Treatment

Chlorination is the only treatment on the WSU water system. Gas cylinder mounted vacuum units provide chlorination at each pump house. These units were installed in 1998 and 1999.

WSU terminated all fluoridation in June 2008.

3.4.5. Water System Storage

The water system currently consists of a total of three storage reservoirs with a new 2.0 MG reservoir on-line by June 2023. The reservoirs included in Table 3-4 were considered for the storage evaluation in this study. The High and Low PZ are intertied zones through PRVs and a transfer pump station, therefore, the storage evaluation was completed systemwide rather than by pressure zone.

TABLE 3-4: RESERVOIR CHARACTERISTICS

Characteristic	Observatory Hill West[1]	Fairway Tank	New 2.0 MG Tank[2]
Nominal Volume (gal)	2,000,000	2,000,000	2,000,000
Inner Diameter / Width (ft)	114	102	102
Overflow Elevation (ft)	2,651.5	2,711.5	2,711.5
Base Elevation (ft)	2,629.5	2,679.5	2,679.5
Total Operating Depth (ft)	22.0	32.0	32.0
Construction Date	1963	1975	2023
Material	Concrete	Steel	Steel
Pressure Zone	Low	High	High

1) Observatory Hill West is square and has inner width of 114 feet.

2) Anticipated construction date to be 2023.

3.4.6. Storage Evaluation

Washington DOH Publication 331-123 (referred to as DOH Guidance) provides guidance on the various storage components which should be considered in a reservoir. DOH Guidance defines the following storage components to be considered in sizing a storage reservoir:

- Operational Storage (OS) – The volume of water drained from the reservoirs during normal operation before the water sources begin pumping to refill reservoirs. Typically, it is recommended to use approximately 10% of the total storage volume for operational storage to provide appropriate pump runtimes and adequate reservoir mixing.
- Peaking or Equalization Storage (ES) – Refers to the storage required to meet peak hour demands in excess of the supply pumping capacity.
- Standby Storage (SB) – A minimum volume or emergency supply to provide continued water supply during abnormal operating conditions.
- Fire Suppression Storage (FSS) – Provides the volume necessary to meet maximum fire demands for the specified duration.
- Dead Storage (DS) – The volume in the reservoir which cannot be used due to physical constraints. Generally, this is the volume of storage below the elevation of the reservoir outlet pipe.

3.4.7. Operational Storage

Operational Storage was calculated based on the reported well on/off setpoints from WSU. In the Observatory Hill West tank (Low PZ), the typical operating depth ranges from 19.5 feet to 15.5 feet and in the High PZ, the Fairway Tank has an operational depth from 31.6 feet to 29 feet. It is anticipated that the Future 2.0 MG Tank will float on the same level setpoints as the Fairway Tank. Considering the reported operating depths, the operational storage accounts for approximately 12% of the systemwide storage volume. This is well within the typical and recommended percentage to provide appropriate reservoir turnover and reduce water quality related issues. Note, the same volume of operational storage as used for the existing and future storage evaluation because there is no additional storage recommended in the future therefore, the operational storage would remain as approximately 12% of the systemwide storage.

3.4.8. Equalization Storage

The DOH guidance provides an equation for calculating equalization storage for water systems. The equation takes into consideration the deficit between the PHD and the system supply and calculates the required storage volume to supply the deficit for 150 minutes. For Washington State University's water system, this equation results in no equalization storage because the total available supply exceeds the existing and future PHD. Even using the water system's firm capacity (equal to the total supply minus the largest source there is no equalization storage needed per this equation until 2041 where there is only 18,000 gallons needed.

While the water system does not illustrate the need to account for equalization storage in this storage evaluation, it is not recommended that it be discounted because it is not recommended that a water system rely on a supply surplus for long-term planning due to unknown variables in the future which could include restrictions on groundwater supply, water quality issues, or overcommitment of pumping supply. These unknown factors could lead to under sizing or underestimating storage volumes needed in the future. The general planning criteria for supply needs is to be able to meet the maximum day demand, therefore the equalization storage needed was calculated assuming the pumping supply was equal to the MDD. This results in approximately 260,000 gallons of equalization storage today and the need for approximately 300,000 gallons by 2041.

It should be noted the most representative way to calculate equalization storage within a water system is to analyze the system diurnal curve. Accurate SCADA data tracking pump flows and tank levels in small time steps (10-minutes or less) is necessary to develop a representative system diurnal curve. Analyzing the fluctuation in tank levels, demands, and pumping rates throughout a peak demand day will provide the most representative calculation of equalization storage.

3.4.9. Standby storage

Standby storage was calculated as recommended in the DOH Guidance and assumes a storage volume of 200 gallons per day per ERU. This plan recommends sufficient standby storage to supply water for a duration of two days. The resulting standby storage volume is equal to 3.2 MG in 2021 and 3.9 MG by 2041. Under existing ADD, this storage volume would last for approximately 2.5 days versus under an existing MDD, the volume would be depleted in less than one day. Assuming the irrigation demands are reduced via the Calsense Irrigation controllers, the reduced MDD would last for approximately one full day. The Owner reported the volume calculated per DOH Guidance is sufficient for their water system.

3.4.10. Fire Suppression Storage

The fire suppression storage was calculated by using the highest fire flow demand in the system which was the Beasley Coliseum with a fire flow demand of 6,000 gpm for 4 hours and is located within the High PZ. This results in a required fire storage volume of 1.44 MG. The available fire storage within each zone with supplements from the other zone was also considered for this

storage element. The High PZ has a remaining 3 MG and the Low PZ has a remaining 1 MG after depleting operational and existing and future equalization storage within each zone. Both zones have sufficient fire storage to meet the fire demands.

3.4.11. Storage Evaluation Results

As shown in Table 3-, there is an existing surplus of 1.8MG and a future surplus of 1.1MG resulting in no recommended storage improvements within the 20-year study period.

TABLE 3-5: STORAGE EVALUATION SUMMARY

Parameter	Existing	2031	2041
Operational Storage (gal)	719,000	719,000	719,000
Equalizing Storage (gal)	256,500	276,000	302,100
Standby Storage (gal)	3,194,800	3,546,400	3,896,000
Fire Storage (gal)	1,440,000	1,440,000	1,440,000
Total Storage Required (gal)	4,170,300	4,541,400	4,917,100
Total Storage Available (gal)	6,000,000	6,000,000	6,000,000
Storage Surplus / (Deficiency) (gal)	1,829,700	1,458,600	1,082,900

3.4.12. Distribution

WSU's water distribution system is composed of approximately 27 miles of water mains consisting of two pressure zones (low and high) that are connected by closed crossover valves, pressure reducing valves, and a transfer pump station. Figure 3-1 and Appendix C-5 show the water system map. The system summary of 6-inch diameter and larger mains is shown in Table 3-6 for the two zones. The water mains are primarily cast iron, although there are some ductile iron, AC, PVC and steel lines. When lines are replaced, they are primarily replaced with PVC C-900 piping materials. Some of the small service lines are galvanized, copper or PVC. The distribution system is mostly looped on the high and low zone which provides redundancy so that an outage due to pipe failure can generally be isolated to a comparatively small area. There is no cathodic protection provided for the distribution system.

TABLE 3-6 PIPING NETWORK SUMMARY

Zone	Main Size	Total Length (rounded)
Low	6 inch 8 inch 10 inch 12 inch	18,700 ft. 26,200 ft. 5,200 ft. 13,200 ft.
	Total Low	**63,300 ft.**
High	6 inch 8 inch 10 inch 12 inch	40,800 ft. 64,300 ft. 5,800 ft. 11,600 ft.
	Total High	**122,500 ft.**
	Total High and Low Zones	**185,800 ft.(35 miles)**

The high and low zones are connected at ten locations. The connections are crossover valves that can be opened when additional water is required in the low zone. The valves would only be opened during a major fire situation, to help distribution during a main break or during a pumping problem from one of the wells.

The high zone is partially supplied by a transfer pump station located on Observatory Hill near the low zone storage reservoirs. The two transfer pumps, rated at 1000 gpm each, convey water from these low zone reservoirs and deliver it to the high zone distribution grid. The station is automatically controlled by the water level in the high zone North Fairway reservoir. These transfer pumps are operated automatically on an alternating basis. Only one unit is pumping at any give time unless control is switched to manual mode.

There are several buildings on campus that require booster pumps because of the elevation of the upper floors or the demands within the building. Table 3-7 lists all the buildings on campus with booster pumps. As new buildings are constructed, they are evaluated during the design development process to determine whether the system can provide adequate pressure and flow without booster pumps.

TABLE 3-7 BUILDINGS WITH DOMESTIC WATER PUMPS

Building Name	Building Number
Thompson Hall	1
Fulmer Syntheses	3
White Hall (Honors Hall)	14
McCroskey Hall	19
Kimbrough Music Building	25
New Holland Library	62A
Compton Union Building	63
Dodgen Research Facility	74
PACCAR Environmental Technology Building	50
Hall Rotunda	80
Streit Hall	81A
Perham Hall	81B
Eastlick Hall	82A
Rogers Hall	83
Schnitzer Museum of Art	84
Orton Hall	87
Johnson Tower	87
Center for Undergraduate Education	95
Fine Arts Building	175
Webster Physical Science	801
Bustad Hall	807
Animal Disease Biotechnology Facility (ADBF)	807A
Owen Science Library	810
Experimental Animal Lab	814
Food Quality	815
Food Science/Human Nutrition	816
Beasley Performing Arts Coliseum	806
Clark Hall	99
Animal Science Laboratory	100
Vet Teaching (VTH)	818
Allen Center	822
Global Animal Health Phase 2	822A
Biotechnology	836
Veterinary and Biomedical Research	858
Plant Sciences	860
Wilson Hall	40
Fulmer Hall Annex	3A
Murrow Addition	33A

3.5. CAPACITY ANALYSIS

Table 3-8 gives the capacity analysis per DOH Worksheet 4-1 as required. Based on the information presented and excess capacity of 6,460 ERUs (14,593 ERU capacity minus existing 8,133 ERUs)

TABLE 3-8 CAPACITY ANALYSIS

ERU_{ADD} = 165.0 gpd/ERU; ERU_{MDD} = 493.2 gpd/ERU

Water System Connections Correlated to ERUs		
	Flow (gpd) (MDD)	**ERUs (MDD)**
MDD	3,830,640	7,767
DSL	180,796	366
Total	4,011,436	8,133

Service Capacity as ERUs and Gallons Per Day		
	Flow	**ERUs (MDD)**
Source(s)	8,100,000 gpd	16,417
Treatment	Matches source production = 8,100,000	16,417
Equalizing Storage	Not required as source capacity = 7500 gpm greater than PHD = 4500 gpm (Section 2.4.2)	n/a
Standby Storage	3,194,800 gallons	15,974 (Assume 200 gal/ERU)
Water Rights (Qi)	5,000 gpm (7.2 MGD)	14,593
Water Rights (Qa)	5,300 AF/yr (4.7 MGD)	28,676
Water System Service Capacity (ERUs) (base on limiting water system component shown above)		**14,593**

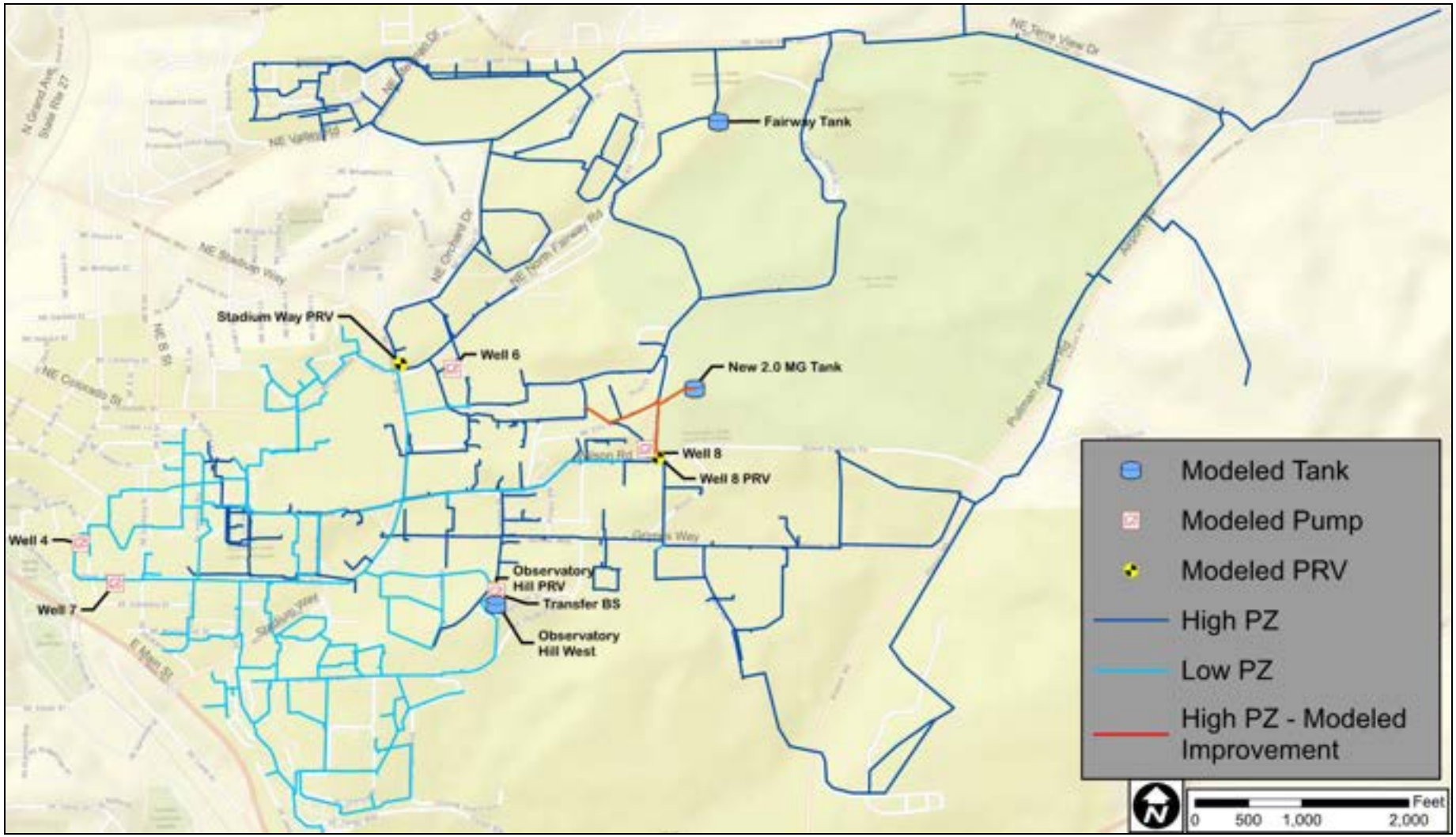
3.6. MODEL DEVELOPMENT

The Owner's existing hydraulic model was converted to Innovyze's Infowater Pro 4.0 Update #3 modeling software. Infowater Pro is a complete hydraulic modeling software integrated within Esri's ArcGIS Pro software. The Owner's water geographic information system (GIS) and CAD data were reviewed and compared to the existing water model. Pipeline diameters, materials, and connectivity were updated based on the GIS data and input from the Owner. The elevations of the model junctions were updated based on light detection and ranging (LiDAR) provided by the Owner. Elevations for key water facilities such as the wells, pump station, and storage reservoirs were assigned from on record drawings, where available. Additionally, available pumps curves for Wells 6 and 8 were assigned to the model pumps. Pump curves were not available for Well 4, Well 7, or the Transfer Pump Station; therefore, these pumps were modeled with the reported design point. Pump controls were assigned based on the reported reservoir operating level control setpoints.

The existing system evaluation was modeled assuming the ongoing water improvement projects were completed and operational. These improvements included a new 2.0 MG Reservoir east of Round Top Drive and Ellis Way in the High PZ and demolition of the existing Elevated Observatory Hill. A new 12-inch transmission line from the new 2.0 MG Reservoir was modeled along Ellis Way to Ferdinands Lane as shown in red below. Additionally, three pressure reducing valves (PRVs) were assumed to be active

and the setpoints were assigned based on the Owner's reported setpoints. The modeled system is illustrated in Figure 3-2.

FIGURE 3-2: MODELED WATER SYSTEM



The water system demands developed in previous sections were allocated to the model based on the production from Well 4 and Well 7 in the Low PZ and Well 6 and Well 8 productions data in the High PZ. The allocation resulted in approximately 44% of the demand distributed to the Low PZ and 56% of the demands assigned to the High PZ. The top ten water consumers from 2021 were assigned manually to the nearest junction, while the balance of the pressure zone demands was allocated evenly across the junctions. The water system demand scenarios loaded into the model included average day, maximum day, maximum day plus fire flow, and PHD. Additional details regarding the model development are included in the model documentation summary included in Appendix C-6.

3.7. MODEL CALIBRATION

Hydrant flow tests were completed in December 2021 and in May 2022 and were used in calibrating the water model. The goal of the hydrant testing was to gather data points from field observations during a static condition (no fire flow demands) and during a residual condition (where a fire demand was created) to compare with the model outputs under similar conditions. Where model outputs do not match the observed conditions, it indicates there are discrepancies between the model and the field conditions. A few examples of the discrepancies could include differing pipe diameters or materials, incorrect pipe connectivity, or unknown boundary conditions.

Hydrant flow testing was completed at a total of five locations throughout the distribution system during the first round, and an additional three hydrant tests were tested in May 2022. For each test, the static conditions (flow, level, and pressure) were noted at the storage reservoirs, wells, and booster stations as well as at two observation fire hydrants (referred to as Hydrants A and B and located in the vicinity of the flow hydrant) with pressure gauges. These conditions represent the static conditions where the water system is under typical day-to-day pressures and operating conditions. A residual condition was created by opening a fire hydrant for several minutes until the two observation hydrant pressures converged to a steady pressure. Similar to the static condition, the boundary conditions at the reservoirs, wells, and booster stations were observed under the residual demand condition. A summary of the hydrant tests is included below. Test mapping and detailed results are included in Appendix C-4.

- Hydrant Test 1 did not calibrate well initially, until it was identified that a looped pipe was excluded from the model along Grimes Way. This test's discrepancy between the observed and the modeled pressure drop was only 1 psi at observation Hydrant A and 2 psi at observation Hydrant B. Note, the static pressure at Hydrant B are 5 psi lower than the field and this is likely due to a different model elevation or an inaccurate pressure gauge reading. The more important metric of this calibration test is the close correlation between the modeled and observed pressure drop. This test calibrated very well.
- Hydrant Test 2 did not calibrate well under the first or second round of testing. During the first round, Hydrant B was leaking in the field, and therefore no field conditions could be recorded. At Hydrant A, the pressure drop was almost 20 psi higher in the model than observed in the field. A second round of testing was completed in this same area and resulted in similar results where the model showed much more pressure drop than the field. The large discrepancy could be attributed to inaccurate pipe diameters or unknown looping within the system. Due to the results of this calibration, the model will show available fire flow which is likely lower than actual values. It is recommended that further field investigations take place to troubleshoot and calibrate this area of the High PZ before capital improvement projects are completed to address deficient fire flows.
- Hydrant Test 3 calibrated well at Hydrant B, but there was a difference of 9 psi at Hydrant A. The variance can likely be attributed to an inaccurate field reading because a second round of testing was completed in the same area and Hydrant A calibrated to within 3 psi. This zone was deemed calibrated and model results should be within a reasonable degree of the field.

- Hydrant Test 4 calibrated well at both Hydrants A and B with pressure drops being within 3 psi and 2 psi, respectively. The model results showed more pressure drop than the field which adds an additional factor of safety.
- Hydrant Test 5 did not calibrate well during the first nor second round of testing. As opposed to most of the other tests, the field observations showed much more drop than the model simulated. Larger drops in the field are often an indication of a closed valve or inaccurate modeled looping. It is recommended that further field investigations be completed in this area of the Low PZ and the model be updated to reflect any new findings.

TABLE 3-9 MODEL CALIBRATION RESULTS

Test Number[1]		Hydrant A			Hydrant B		
		Field	Model	Difference	Field	Model	Difference
1	Static (psi)	62	66	-4	70	65	5
	Residual (psi)	45	47	-2	53	47	6
	Pressure Drop (psi)	17	19	-2	17	18	-1
2[2]	Static (psi)	105	103	2	n/a	n/a	n/a
	Residual (psi)	75	54	21	n/a	n/a	n/a
	Pressure Drop (psi)	30	49	-19	n/a	n/a	n/a
3	Static (psi)	52	49	3	62	59	3
	Residual (psi)	40	46	-6	55	52	3
	Pressure Drop (psi)	12	3	9	7	7	0
4	Static (psi)	70	67	3	62	64	-2
	Residual (psi)	63	57	6	55	55	0
	Pressure Drop (psi)	7	10	-3	7	9	-2
5	Static (psi)	80	77	3	92	86	6
	Residual (psi)	42	54	-12	63	65	-2
	Pressure Drop (psi)	38	23	15	29	21	8

1) Red tet indicates a discrepancy of 5 psi or greater

2) Hydant B from Test Number 2 was leaking and therefore no field observations could be recorded.

While hydrant tests were completed and the model calibrated as a part of this master plan update, several of the hydrant tests did not calibrate to within the ideal degree of accuracy. Further field investigations should take place prior to any capital improvements being constructed. Additional model validation and field work are also recommended prior to constructing any major facility upgrades and / or pipeline extensions.

3.8. EXISTING MODEL SCENARIOS

The hydraulic model was used to evaluate several scenarios under existing water demands and the existing water system. This section identifies deficiencies in the existing system and Section 3.8 evaluates improvement alternatives to address the identified deficiencies.

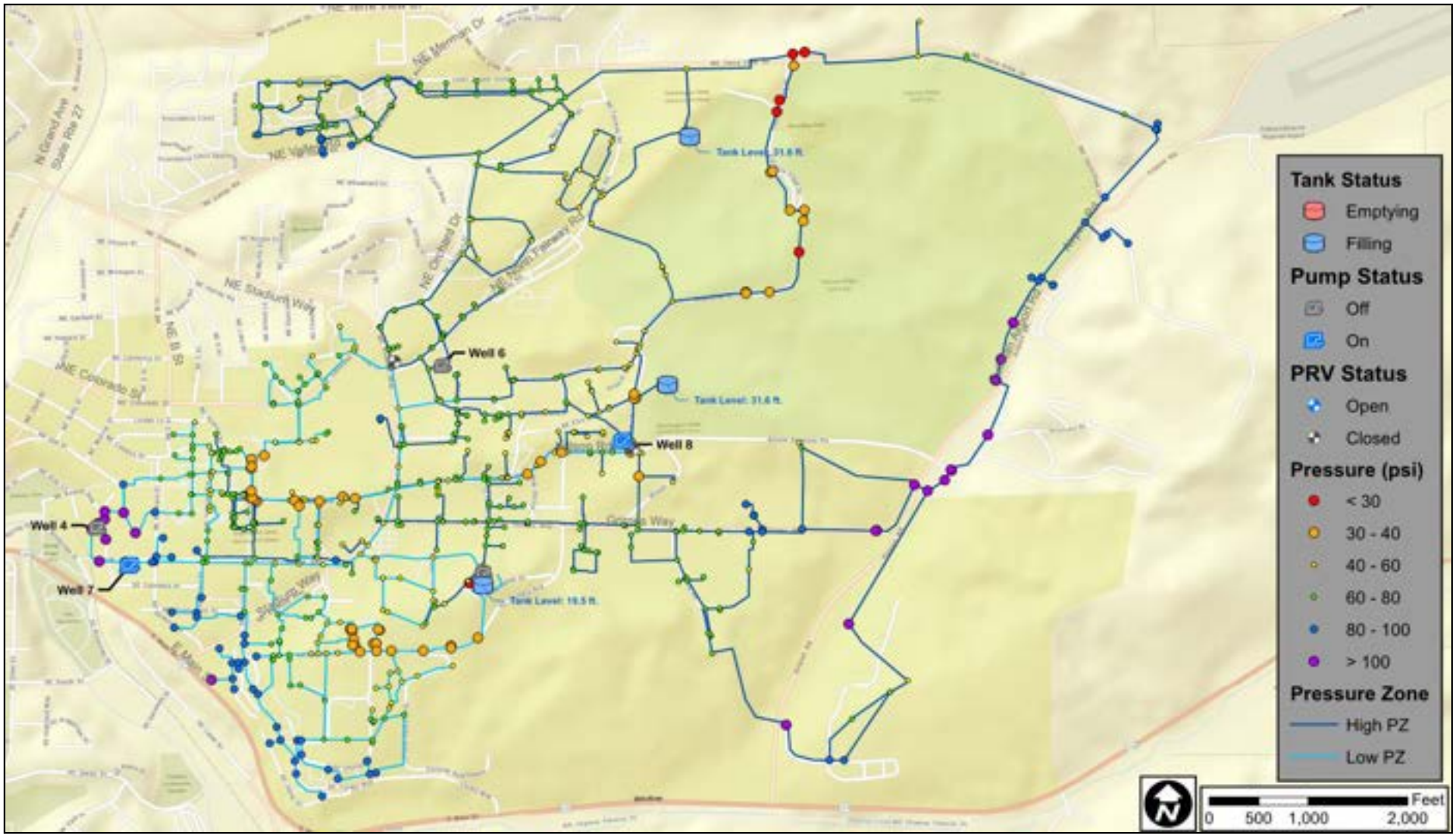
3.8.1. Existing ADD Pressures

The average day demand scenario was simulated to identify deficiencies in the water system under typical operating conditions. This scenario typically reveals areas where pressures are outside the recommended range of 40-80 psi even without periods of low / high demand. As stated in the DOH Guidance, excessive water system pressure can increase the risk of pipe failure and result in increased distribution leakage. Ideal system pressures are below 80 psi, however, given the constraints of the topography within the study area, pressures above 80 psi are unavoidable.

Figure 3-3 (also in Appendix C-7) illustrate the existing ADD pressures throughout the Low and High PZ. As seen in the figure, there are numerous areas where pressures are above 80 psi and some areas where pressures are over 100 psi. These pressures generally correspond with elevations below 2,460 ft in the Low PZ and below 2,520 ft in the High PZ. New connections below these elevations should be equipped with individual pressure regulators. The areas with pressures over 80 psi are located along Airport Road, NE Valley Road, and Grimes Way in the High PZ and near Main Street in the Low PZ.

In addition to the high pressures observed, there were also numerous areas with pressures below the recommended 40 psi and below the DOH minimum required 30 psi. The areas below 40 psi generally correspond with elevations higher than 2,560 ft in the Low PZ and 2,620 ft in the High PZ. The only area shown as below 30 psi is along Palouse Ridge Drive in the High PZ where elevations are the highest. As shown later, during periods of higher demand, additional areas experience low pressures. Pressures below 40 psi under ADD conditions are observed along Palouse Ridge Drive in the High PZ and along Glen Terrel Mall, Library Road, and Olympia Ave in the Low PZ. High pressure pipe considerations should be given to any new waterline that is constructed where pressures are anticipated to routinely exceed 100 psi.

FIGURE 3-3: EXISTING ADD PRESSURES



3.8.2. Existing PHD

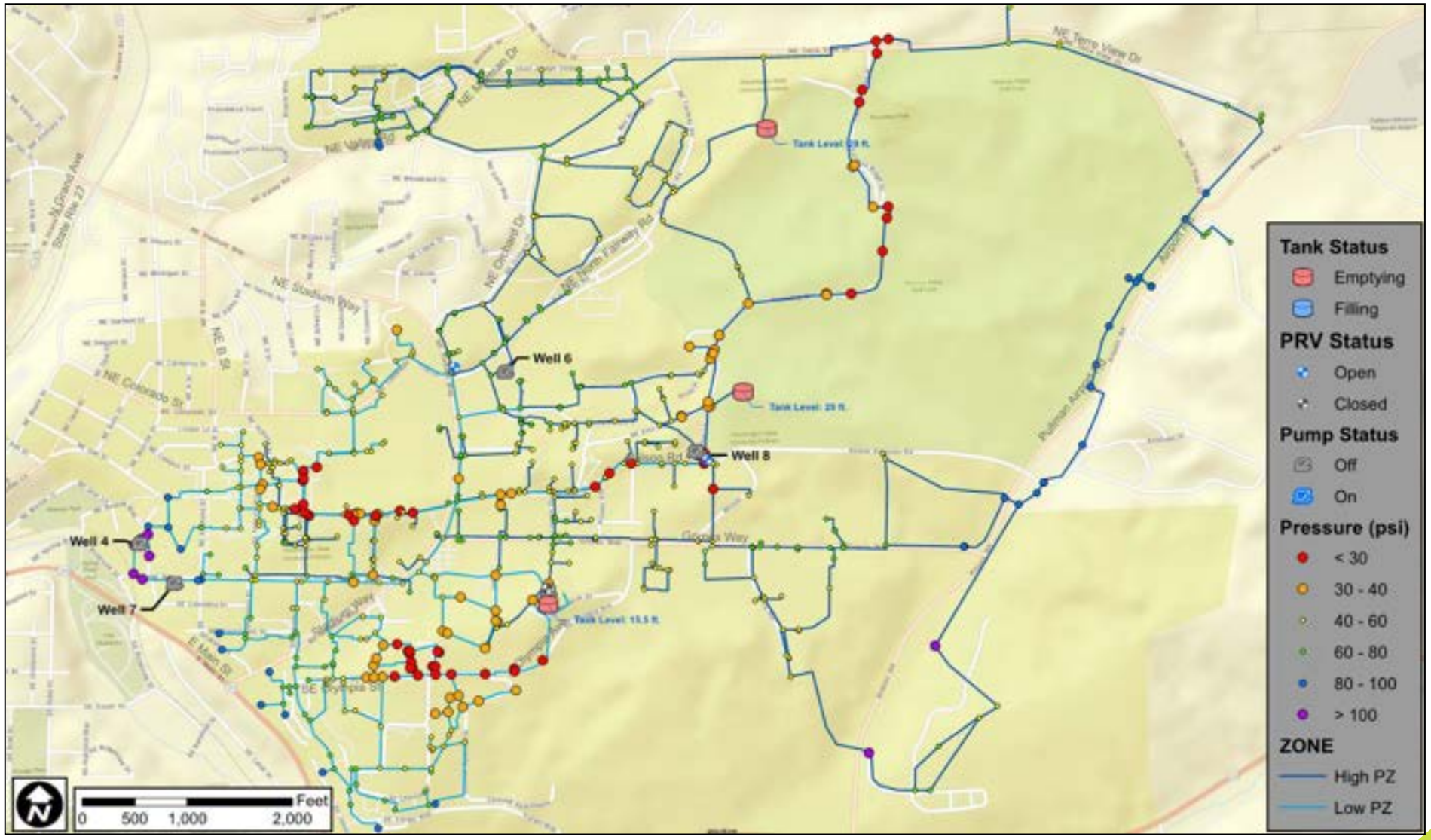
Water systems are required to maintain a minimum of 30 psi during PHD as stated in WAC 246-290-230(5). The water system boundary conditions were assigned to simulate the lowest reasonable pressures which may occur during peak hour on a maximum day demand. Two scenarios were evaluated to identify the "worst-case scenario" for PHD pressures.

- Scenario 1 – This scenario models the tanks at their lowest setpoint, just before Wells 7 and 8 would come on and therefore no pumps modeled as on. This assumes the storage is depleted within the operational setpoints and the tanks do not drop below their lowest setpoint.
- Scenario 2 – This scenario models the tanks assuming PHD occurs as the tanks are at their lowest setpoint and therefore the storage will deplete the levels further below their lowest setpoint. This would trigger Wells 7 and 8 to turn on and start filling the tanks therefore these wells were modeled as on during this scenario.

Both these scenarios were exercised, and it was observed that system pressures are lower during Scenario 1 than Scenario 2. This is because in Scenario 2 the wells add head to the system and ultimately raises the HGL of the whole system. Areas near the wells see the most head increase with almost 10 psi higher than Scenario 1. Areas further away from the sources are only 1-2 psi higher than Scenario 1. Based on these results, the PHD in this plan was modeled using the boundary conditions described in Scenario 1 because they are the "worst-case scenario".

Results from the existing PHD scenario are presented in Figure 4-4. As seen in the figures, there are more junctions below 30 psi than the existing ADD pressures. Additional locations include Olympia Avenue and Wilson Road in the Low PZ. Near Wilson Road there is a parallel High PZ pipeline where some service connections are served from rather than the low-pressure line. Along Olympia Avenue, there are no parallel High PZ pipelines and service connections are likely experiencing low pressures daily unless the services have individual booster pumps. The pressures along Palouse Ridge Road are even lower during PHD than ADD with pressures lower than 20 psi in some locations. There is only one service connection where pressures are very low and is the Palouse Ridge Golf Course facilities which has an individual booster pump. There are some other connections which will experience pressures near 30 psi including the Dodgen Research Facility / Nuclear Science Center. It should also be noted that the areas identified with pressures below 30 psi are consistent with the areas identified in the previous 2015 Water System Plan.

FIGURE 3-4: EXISTING PHD PRESSURES



3.8.3. Existing MDD plus fire flow

Available fire flow was calculated during MDD plus fire demands. The specific fire flow demands for the buildings vary from less than 1,000 gpm to 5,000 gpm, but the City of Pullman Fire Marshal recommends a minimum of 3,000 gpm available fire flow (AFF) at all hydrants throughout the campus unless specific exceptions apply. The Fire Marshal approved a 75% reduction of the specific building fire flow demands if the building have suppression sprinklers. Considering the variable fire flow requirements, hydrants with AFF of less than 3,000 gpm were considered a deficiency (unless otherwise noted) as well as any hydrants which cannot meet the specific fire flow of adjacent buildings. A full list of buildings included in the fire flow analysis and their specific fire flow requirements is included in Appendix C-7.

WAC 246-290-230(6) requires available fire flow events to be evaluated with fire and equalization storage depleted. As fire storage comes from a combination of multiple storage sources, the actual depleted level of each tank will vary depending on where in the water system the fire flow demand. For this reason, the AFF scenarios were modeled as extended period simulations for a duration of 24-hours. The fire flow event was set to occur during peak hour to reflect depletion of peaking storage. The fire demands were simulated for a duration of four hours and therefore by the end of the event, the fire storage will have been depleted. This leads to a representative fire flow analysis of the existing system. Note, it was assumed that both wells in each PZ would turn on at the start of the fire flow event.

Water systems are required to provide 20 psi minimum pressure at all ground level points throughout the distribution system during a fire flow event (per WAC 246-290-230(6)). Some model junctions were excluded from this requirement because it is not possible nor practical to maintain 20 psi during a static event. Junctions which were excluded include pressures on the suction side of pumps and transmission mains without services. A summary of the available fire flow is illustrated in Figure 3-5.

Many hydrants throughout the system do not meet the minimum required available fire flow of 3,000 gpm. The water system has several factors which limit the AFF throughout including steep topography, undersized transmission lines, and low static pressures. Some junctions' static pressure is not much more than 20 psi; even small fire flow events in these pressure zones result in a pressure drop to 20 psi at these junctions. The junctions with pressures below 30 psi shown in Figure 3-3 and Figure 3-5 are also the governing boundary condition that restrict fire flow throughout a large part of the system. The area with the lowest AFF is the east part of the High PZ along Airport Road and Terre View Drive where fire flows are not much more than 1,000 gpm. Fire flows along Palouse Ridge Drive are also poor with not even 500 gpm available due to the low static pressures. It should be noted that for many of these locations, field fire hydrant flow tests would suggest that much higher fire flows are available; however, the limitation of these tests is that they do not track the loss of pressure that occurs at higher elevations within the same pressure zone.

The AFF results were compared to specific building fire flow demands throughout campus to identify structures which may be more vulnerable during a fire flow event. Figure 3-6 illustrates which building's required fire flow can be met by existing AFF. In summary, 40 out of the 128 structures included in this analysis were not able to meet their specific fire flow demand. Most of the buildings which could not meet their required fire flow do not have building sprinklers and have an associated fire demand which is much larger than buildings with sprinklers. A tabular list of the buildings which did not meet their required fire flow and their associated deficit is provided in Table 3-10. **Error! Reference source not found.** A full list of the buildings (including those which met the fire demand) is included in Appendix C-7.

FIGURE 3-5: EXISTING MDD+FF RESULTS

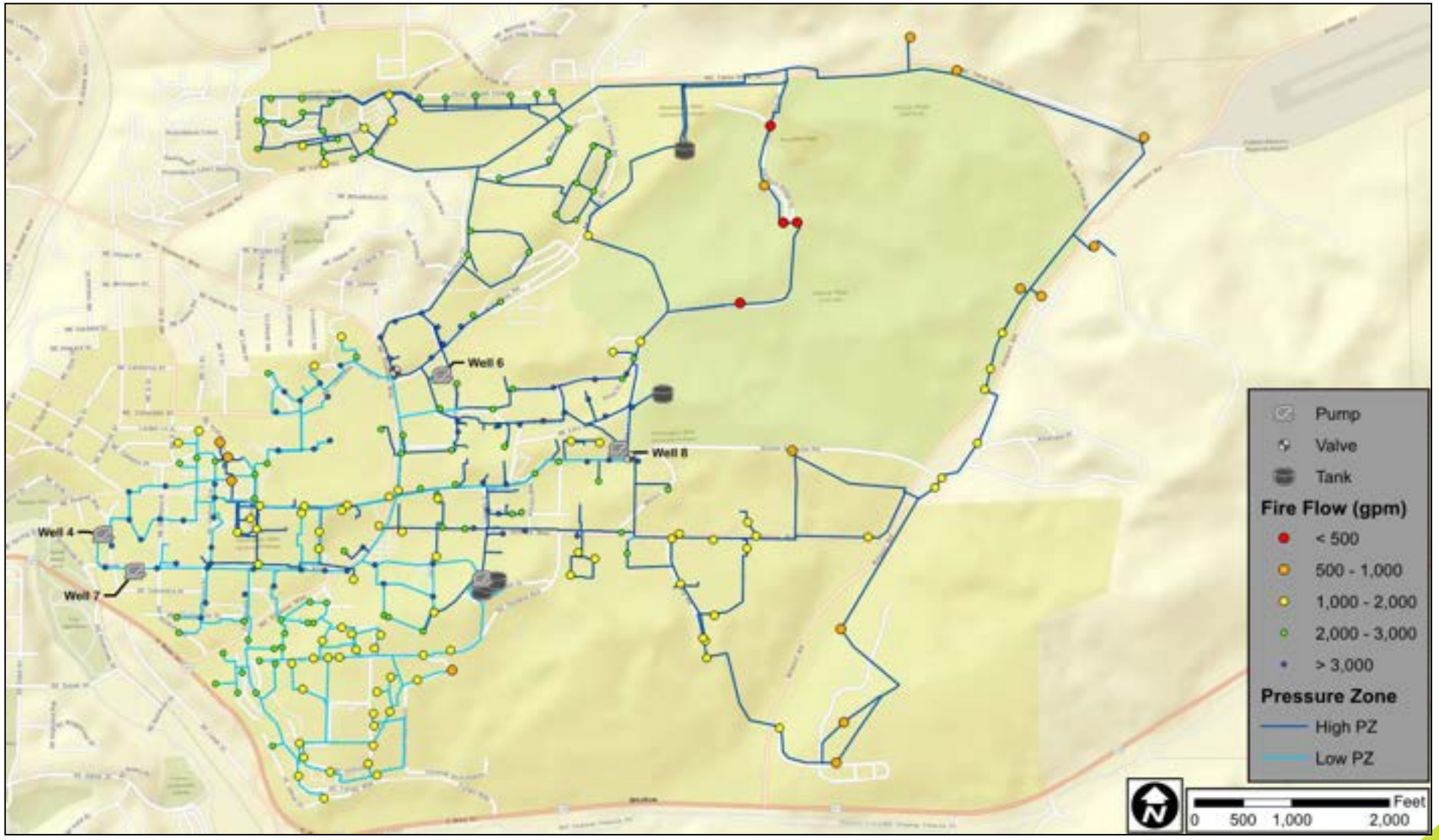


FIGURE 3-6: AFF COMPARED TO REQUIRED FIRE FLOWS

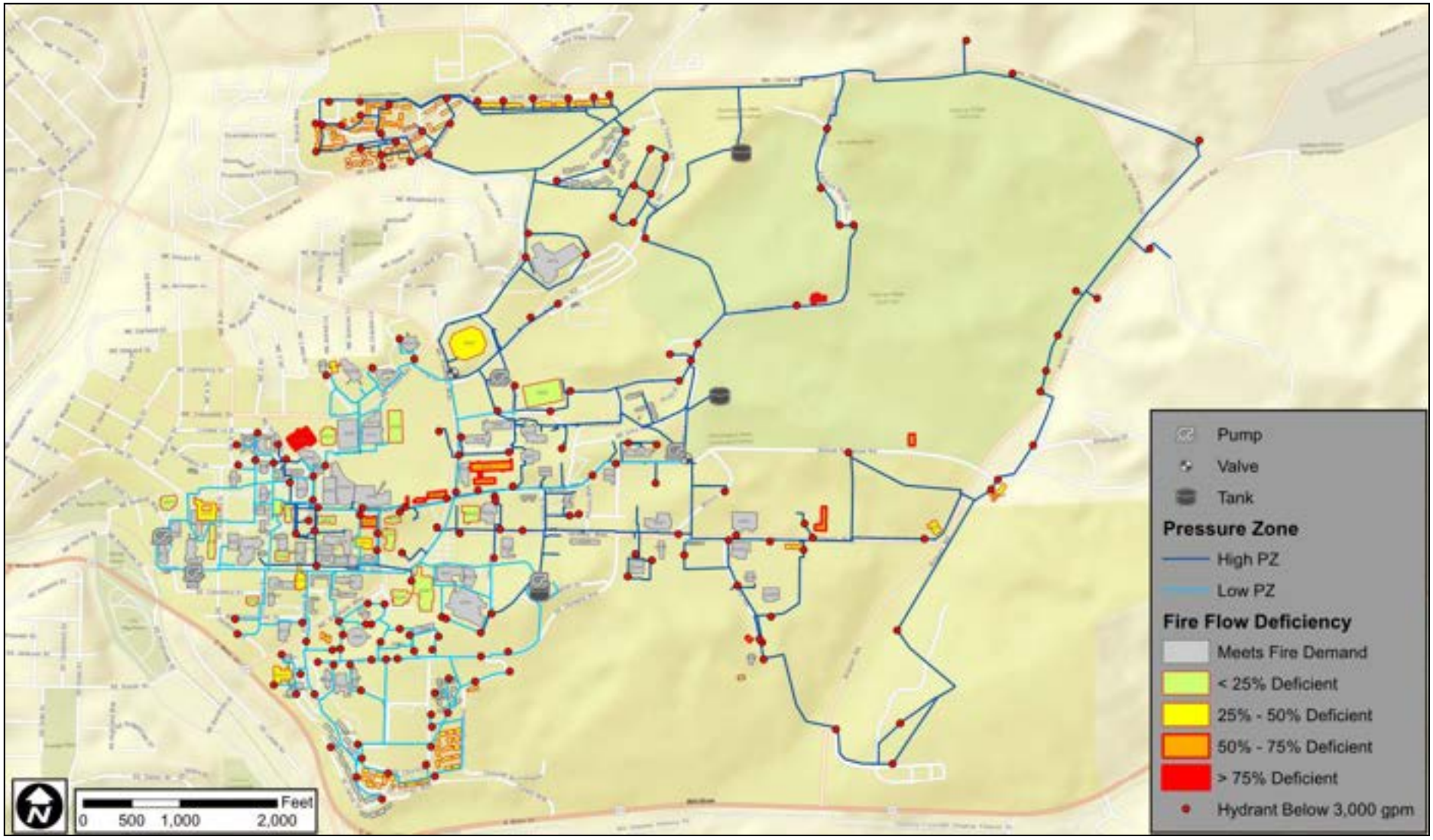


TABLE 3-10 AVAILABLE FIRE FLOW VERSUS REQUIRED FIRE FLOW

Building Information					Model Results		
Facility No.	Building Short Name	Pressure Zone	Building Sprinklers?	Fire Flow Demand (gpm)	Max AFF (gpm)	Min AFF (gpm)	% Deficient[1]
0074	DODGEN RSRCH	High	No	2,250	447	447	-80%
0064	CHINOOK CNTR	Both	No	3,250	807	792	-75%
0175	FIRE ARTS	Both	No	3,500	1,240	1,184	-65%
0146	BEEF-BREED	High	No	2,250	854	854	-62%
0144	BEEF-FEEDLAB	High	No	3,500	1,354	1,349	-61%
0040	WILSON-SHORT	High	No	4,000	1,714	1,002	-57%
0812	INFO TECH	High	No	4,500	1,934	1,232	-57%
0076	JOHNSON	High	No	6,000	2,956	1,393	-51%
0837	MCSVSSHP837	High	No	3,000	1,561	1,354	-48%
0180A	STEF OFFICE	High	No	2,250	1,172	1,153	-48%
0094	JOHNSON TWR	High	No	2,000	1,063	1,055	-47%
0120J	CF-STOR BLDG	Low	No	2,500	1,346	1,346	-46%
0676D	CHIEF JSPH-D	High	No	3,750	2,152	2,058	-43%
0069	KRUEGL-MCALL	Low	No	4,250	2,450	2,187	-42%
0679I	CHINOOK-I	Low	No	3,250	1,978	1,427	-39%
0090	ENVIR HEALTH	High	No	1,750	1,101	1,101	-37%
0093C	STEPH DINING	Low	No	3,500	2,256	2,256	-36%
0810	OWEN LIBRARY	Both	No	5,000	3,394	1,041	-32%
0806	BEASLEY COL	High	No	6,000	4,245	3,400	-29%
0078	SLOAN	Low	No	4,750	3,488	3,363	-27%
0665U	STEPTOE-U	High	No	3,000	2,230	1,830	-26%
0072	COMAN	Low	No	2,750	2,047	2,047	-26%
0839	COMPOST EQUI	High	No	1,500	1,181	1,181	-21%
0045	WEGNER	Both	No	4,500	3,545	1,070	-21%
0092	FRENCH AD	High	No	3,500	2,828	1,243	-19%
0012	SMITH GYM	Low	No	4,250	3,438	3,199	-19%
0082	HEALD	Low	No	4,250	3,469	1,031	-18%
0084	SCHNITZERART	High	Yes	1,500	1,232	1,063	-18%
0044	MCCOY	Both	No	4,750	3,910	1,070	-18%
0004	COLLEGE	High	No	3,250	2,722	1,018	-16%
0056	DANA	Low	No	4,250	3,561	3,442	-16%
0033E	MURROW	Both	No	4,000	3,408	1,018	-15%
0033W	JACKSON	Both	No	4,000	3,408	971	-15%
0660L	KAMIAK-L	High	No	2,750	2,351	1,830	-15%
0005	COMMONS	Low	No	4,000	3,529	2,404	-12%
0009	HOLL FIELDHS	Low	No	3,500	3,183	3,029	-9%
0071	ALBRK LAB	Low	No	3,750	3,459	3,459	-8%
0835	INDOOR PRACT	High	No	2,635	2,477	2,180	-6%
0650E	TERRACE-E	High	No	2,500	2,351	1,153	-6%
0095	SMITH CENTER	Both	No	3,000	2,981	1,055	-1%

1) Deficiency based on difference between maximum available fire flow and required fire flow.

3.9. FUTURE MODEL EVALUATION

The existing water system was also evaluated under the 2041 demand scenarios to identify any deficiencies which were not present in the existing evaluation but become a deficiency as the demands increased. The Owner has an anti-growth strategy as they currently have more space than needed and enrollment is not anticipated to increase significantly. The increased demands were distributed equally across the demand junctions because there are not any specific growth areas anticipated.

The pressures under 2041 ADD and 2041 PHD demands are very similar to the pressures modeled under existing demands conditions. There are not significant differences which will impact the capital improvement projects due to the projected increase in demands. Overall available fire flow throughout the water system decreased as the 2041 demands were assigned, however, there was minimal impact to structures fire flow deficiencies. Only two buildings (IDs: 0808 - Hulbert Hall and 0358A - Receiving Building) had the available fire flow drop below the required fire flow but it was only approximately 5-10% below the required fire demand.

Overall, the projected increase in demands from 2021 to 2041 appears to cause minimal impacts to the operating pressures and available fire flow. Figure 5, 6, 7, and 8 in Appendix C-9 illustrate the resulting 2041 ADD, PHD, and MDD+FF results.

3.10. RECOMMENDED IMPROVEMENTS

Several deficiencies were identified in the model evaluation under existing and future demand conditions. This section includes a summary of the deficiencies and the improvements which could be considered to address the deficiencies.

3.10.1. Palouse Ridge Drive Low Pressures

ADD and PHD pressures along Palouse Ridge Drive are below the recommended operating range due to the higher elevations. However, there are only a couple of users which are served off of the pipeline with low pressures and these users are equipped with individual booster pumps to provide higher pressures. Additionally, the Owner does not anticipate significant growth along this corridor and therefore, improvements to raise existing pressures in this area are not included in the capital improvement plan. In the event this area becomes problematic to existing users or if development begins to occur, alternatives to better serve the users were evaluated as a part of this plan and a summary was included in Appendix I-4.

3.10.2. High System pressures (above 80 psi)

Numerous areas within both the High and Low PZ were observed to have operating pressure above 80 psi and some above 100 psi. These high-pressure areas have historically been served at this pressure and the Owner has not received complaints regarding high pressure at the connections. For this reason, no improvements were considered to reduce pressures in these areas, however, individual pressure regulators should be required with any new connection of major facility upgrade (where the decrease in pressure will not adversely affect the fire / domestic service).

3.10.3. Low PZ Low Pressures

Low pressures were observed during ADD and PHD along Glen Terrel Mall, Library Road, and Olympia Avenue in the Low PZ. Several of the buildings located within the low pressure areas are equipped with individual booster pumps. A list of these buildings is included in the existing system description section. There are some buildings located within the low-pressure areas which are not documented with individual booster pumps. The Owner has not received complaints regarding low pressures in these areas which indicates the presence of undocumented individual booster pumps. The Owner should investigate these areas with low pressures and update their inventory of individual booster pumps.

3.10.4. Deficient Available fire flow

The areas with deficient available fire flow were evaluated on a case-by-case basis and projects to improve AFF are summarized in the capital improvement plan (CIP). The improvements were prioritized based on the severity of the deficiency and are further defined in the CIP prioritization criteria.

CHAPTER 4 - CONSERVATION PROGRAM

4.1. INTRODUCTION

This chapter has three purposes: 1) review WSU's compliance with conservation planning requirements, 2) describe WSU's existing conservation program, and 3) describe the conservation program that WSU will implement from 2022 through 2031. WSU has had a long-standing commitment to water conservation. The University is increasing its conservation efforts due to growing concerns regarding the declining aquifer and to meet new state mandated conservation requirements.

4.2. CONSERVATION REQUIREMENTS AND COMPLIANCE SUMMARY

The conservation planning requirements that must be addressed in water system plans (WSPs) are contained in the following Washington State Department of Health (DOH) documents and State law:

- Water Use Efficiency Rule (January 2007)
- Municipal Water Law: Interim Planning Guidance For Water System Plan / Small System Management Program Approvals (March 2004)
- Water System Planning Handbook (August 2020)
- Water Use Efficiency Guidebook (January 2017)

The State of Washington revised water conservation planning requirements as a result of the 2003 Municipal Water Law. An outgrowth of that law is the Water Use Efficiency Rule (Rule), which was finalized in January 2007. The Rule has several requirements and corresponding compliance dates. Some of the requirements are associated with water system plans, while other requirements are independent of the ten-year water system planning cycle.

Table 4-1 lists the requirements of the Rule and shows that WSU is either currently in compliance or is on track to be in compliance for activities where compliance will be determined at a future date.

There are seven main categories of requirements: 1) meters, 2) data collection, 3) distribution system leakage, 4) goals, 5) efficiency program, 6) demand forecast, and 7) performance reports.

TABLE 4-1 WSU COMPLIANCE WITH REQUIREMENTS OF THE WATER USE EFFICIENCY RULE

Category	WAC Section	Compliance Date	Requirement	WSU Compliance
1. Meters	246-290-496	Fully metered by January 22, 2017.	1. Meter all **sources.**	Yes, all wells are metered.
			2. Meter all **service connections**.	All new facilities are metered and existing facilities are metered as funding is available based on estimated usage. See Appendix D-4 for additional discussion on the metering progress.
			3. Meter intertie connections	WSU has emergency interties with City of Pullman water system. Emergency interties are exempt from the metering requirement (WAC 246-290-132).
			3. For systems **not fully metered**: Create meter installation schedule, perform activities to minimize leakage until fully metered, and report annually on installation and leak minimization actions.	WSU has been working with DOH for meter installation challenges and updating them as meter installation is ongoing. Currently, all irrigation is metered (196 irrigation meters), most large buildings, and some of the smaller use budlings. WSU has 200 building service water meters covering 84% of the total gross square footage of buildings. WSU still has 73 facilities to meter and 135 meters for housing. Additionally, leaks and water services are repaired on an ongoing basis.
2. Data Collection	246-290-100	WSPs submitted after January 22, 2008.	1. Provide monthly and annual **production/purchase** numbers for each source.	Yes, provided in section 2.2
			2. Provide annual **consumption** by customer class.	Currently, this information is unavailable since WSU is not fully metered. It is anticipated the customer classes would be categories such as residential, landscape irrigation, agricultural activities, research and academic, student owned services, commercial, and support services.
			3. Provide "**seasonal variations**" consumption by customer class.	Currently, this information is unavailable since WSU is not fully metered. However, this information will be provided in future WSPs once WSU is fully metered.
			4. Provide annual quantity **supplied to other public water systems**.	N/A, since WSU does not wholesale water.

TABLE 4-1 WSU COMPLIANCE WITH REQUIREMENTS OF THE WATER USE EFFICIENCY RULE

Category	WAC Section	Compliance Date	Requirement	WSU Compliance
			5. Evaluate **reclaimed water** opportunities.	Yes, provided in 5.3.3. WSU has put forth resources, and has requested funds from the State legislature, to evaluate reclaimed water use in their service area, such as at major green spaces, the steam plant, cooling towers, etc.
			6. Consider water use efficiency **rate structure**.	N/A, since WSU does not charge for most of its water as it provides water primarily to itself. There are two exceptions. First, WSU charges the airport using the City of Pullman's commercial rates, featuring seasonal rates, which is considered a conservation rate structure. Second, WSU charges Housing and Dining Services based on square footage basis for unmetered facilities and by the gallon consumed for meter facilities.
3. Distribution System Leakage	246-290-820	First report completed by July 1, 2008. First compliance determination made by July 1, 2010.	1. **Calculate** annual volume and percent using formula defined in the Rule.	Systems that are not fully metered are not required to report distribution system leakage until they are fully metered. WSU will be able to calculate and report leakage information more accurately once the University is fully metered. However, WSU is still not fully metered and will need to report annually on its meter installation progress and leak minimization activities. WSU completes waterline repairs as needed to minimize additional leaking as well as other repairs throughout the year.
			2. **Report** annually: annual leakage volume, annual leakage percent, and, for systems not fully metered, meter installation progress and leak minimization activities.	
			3. Develop water loss control **action plan** (if leakage is over 10% for 3-year average).	
4. Goals	246-290-830	Goals established by January 22, 2008.	1. **Establish** measurable (in terms of water production or usage) conservation goals and re-establish every 6 years. Provide schedule for achieving goals.	Yes, measurable goals were established via a public process. Provided in Section 4.3.1.
			2. Use a **public process** to establish the goals.	
			3. **Report** annually on progress.	WSU will determine an appropriate reporting vehicle and will report the progress towards reaching the goals annually.
5. Efficiency Program	246-290-810	WSPs submitted after January 22, 2008.	1. **Describe existing** conservation program.	Yes, provided in Section 4.2.1.
			2. **Estimate water saved** over last 6 years due to conservation program.	Yes, provided in Section 4.2.2.

TABLE 4-1 WSU COMPLIANCE WITH REQUIREMENTS OF THE WATER USE EFFICIENCY RULE

Category	WAC Section	Compliance Date	Requirement	WSU Compliance
			3. Describe conservation **goals**.	Yes, provided in Section 4.3.1.
			4. Implement or evaluate **1-12 measures**, depending on size.	Yes. WSU is required to implement or evaluate a minimum of 6 measures, based on 4,355 unspecified connections. WSU's conservation program for 2022-2031 meets that minimum requirement. See Section 4.3 for details.
			5. Describe conservation **programs for the next 10 years** including schedule, budget, and funding mechanism.	Yes, provided in Section 4.3.
			6. Describe how customers will be **educated** in efficiency practices.	Yes, provided in Section 4.3.
			7. Estimate **projected water savings** from selected measures.	
			8. Describe how efficiency program will be **evaluated** for effectiveness.	
			9. Estimated **leakage from transmission lines** (if not included in distribution system leakage).	N/A, WSU does not have a transmission system.
6. Demand Forecast	246-290-100	WSPs submitted after January 22, 2008.	1. Provide demand forecast reflecting **no additional conservation**.	Yes, provided in section 2.3.1
			2. Provide demand forecast reflecting **savings from efficiency program**.	
			3. Provide demand forecast reflecting **all "cost effective" evaluated measures**.	N/A, since WSU is implementing the required minimum number of measures (6), this forecast is not relevant.
7. Performance Reports	246-290-840	First report completed by July 1, 2008.	1. **Develop** annual report including goals and progress towards meeting them, total annual production, annual leakage volume and percent, and, for systems not fully metered, status of meter installation and actions taken to minimize leakage.	WSU will determine an appropriate reporting vehicle. The report will not include the leakage information until WSU is fully metered.
			2. **Submit annually** by July 1 to DOH and customers and make available to the public.	

4.3. EXISTING CONSERVATION PROGRAM

4.4. MEASURES

WSU's existing conservation program consists of eight conservation measures. A summary of the conservation measures which WSU has implemented is shown in Table 4-2. The details of each measure are discussed below.

TABLE 4-2 EXISTING CONSERVATION PROGRAM

Measure	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031
1. Source Meters	x	x	x	x	x	x	x	x	x	x
2. Service Meters*	x	x	x	x	x	x	x	x	x	x
3. System Leak Repair	x	x	x	x	x	x	x	x	x	x
4. Technical Studies	x	x	x	x	x	x	x	x	x	x
5. Landscape Management	x	x	x	x	x	x	x	x	x	x
6. Agricultural Management	x	x	x	x	x	x	x	x	x	x
7. Upgrades to Plumbing Fixtures	x	x	x	x	x	x	x	x	x	x
8. Reduction/ Elimination of Cooling Water	x	x	x	x	x	x	x	x	x	x

* WSU is partially metered.

4.4.1. Source Meters

Source meters are a critical conservation tool because accurate water production data provide information used in developing conservation priorities, goals, and programs. WSU has source meters on all wells. Meters are tested and calibrated when wells are taken offline temporarily for major overhauls.

4.4.2. Service Meters

Service meters are a key component in conservation planning because they provide accurate use information and can be used to more accurately show leakage. WSU did not meter connections prior to 1996 and has been working to remedy this situation on an ongoing basis. All new construction or major renovations include service meters. There are a total of 300 metered facilities, (200 for facilities and 196 for irrigation), making the campus 84% (by square footage of building) covered. An additional 73 meters for smaller buildings and 135 meters for housing will have to be installed for the campus to be completely metered. WSU will continue to install meters on all new development and will be adding meters to existing facilities as funding is allocated from the legislature (see Appendix D-4 for current metering data). The deadline for full metering was January 2017, but WSU has been in communication with DOH about the challenges and deficiencies of this requirement and is working toward getting the campus fully metered. WSU is working to develop a plan and get funding to meter the housing units. The intention is to meter clusters of apartments by a single meter to ease the process and provide cost savings.

4.4.3. System Leak Repair

Detecting and repairing water system leaks is a vital aspect of any water conservation program. WSU uses a visual method of leak detection. Leaks from buried pipes often become apparent due to wet or icy spots on the ground and greener spots on lawn areas. When these indicators are present, the areas are investigated for possible leaks. Found leaks are promptly repaired. In addition to repairing the actual leak, a portion of the surrounding piping is replaced as a proactive measure to prevent future water loss in the same area.

WSU invested in an infrared flyover drone to identify leaks. These types of detections will facilitate WSUs efforts in keeping leaks in check and identify where repairs are necessary. Due to excessive leakage, East Observatory Hill Reservoir was decommissioned and demolished in 2022. The West Observatory Hill Reservoir is still in service to provide water to the low-pressure zone.

4.4.4. Technical Studies

WSU has been an active participant in commissioning and funding studies to better understand regional water resource issues. The water supply and conservation issues facing WSU are shared by communities throughout the Palouse Basin which draw water from the regional aquifer including Pullman, Moscow, WSU, University of Idaho (UI), Colfax, Palouse, Latah County, and Whitman County. These studies provide information about the water system's characteristics as required under the Rule.

WSU is a board member with two votes on the Palouse Basin Aquifer Committee (PBAC). The mission of PBAC is to ensure long-term, quality water supply for the Palouse Basin region and mitigate the declining aquifer levels. PBAC is a voluntary, cooperative, multi-jurisdictional organization comprising seven stakeholders in Washington and Idaho. WSU entered into an Intergovernmental Agreement to further the PBAC goals and implement the *Pullman Moscow Ground Water Management Plan*. The members are WSU; the Cities of Pullman and Moscow; the University of Idaho (UI); Whitman County; and Latah County. WSU has historically funded PBAC with annual contributions of $47,000 for research and operational costs.

PBAC has funded hydrogeology research related to the aquifer, as reported in PBAC's *2015 to 2020 Palouse Ground Water Basin Water Use Report* (see Appendix A-3 for the 2019 report). Details regarding the studies can be found in those reports. Further information about PBAC's current and ongoing research can be found on their website, webpages.uidaho.edu/pbac.

WSU provides various in-kind donations for PBAC and non-PBAC research such as performing pump tests and allowing access to wells for groundwater level and water quality monitoring.

4.4.5. Education

WSU, along with PBAC and other partners, began hosting an annual water summit which brings local, regional, and national experts on Palouse Basin related water resource issues, as well as the public, together to share information and work toward solutions. The first Palouse Basin Water Summit was held in 2005 and had a structure like a technical conference. The water summit continues to be held each year and includes technical presentations and community involvement. WSU contributes $2,000 each year toward funding the Summit.

4.4.6. Landscape Management

WSU implements many actions to reduce the impact of landscaping practices on its water production. Additionally, all landscaping is metered.

The primary focus of this measure has been upgrading irrigation systems. WSU has been replacing older sprinkler nozzles with more modern designs that deliver water with greater efficiency. The entire network of irrigated landscaping is now on Calsense controllers and irrigation needs have been reduced. Some of the irrigation systems are on Toro Sentinel Control irrigation

systems which use ET sensors that automatically prevent irrigation during rainy weather and coordinates irrigation needs to local weather conditions, soil moisture. They also have a flow meter to automatically shut down the system in the event of a line break.

WSU has also focused on reducing the amount of landscaping that needs irrigation. This is accomplished by either reducing the landscaping footprint or switching to plant materials that do not require irrigation. Valley Road Playfields, the Grimes Way Soccer Field, the Rogers football practice field and the Bailey-Brayton baseball field have been converted to artificial turf and thus no longer require irrigation. The University's Housing and Dining Department has eliminated watering specific areas under its jurisdiction and has made a policy to water only during evening or early morning hours, except where hand watering is required.

Drought-tolerant native plants have been installed in new landscaped planting beds and the use of drought tolerant grass seed has been increased.

Maintenance practices that foster water conservation also have been employed. Grassy areas managed by the Facilities Operation Grounds Department are mowed higher (to 2.5 inches), which increases root mass and depth, making turf more tolerant to surface drying and lowering water requirements. Fall fertilizer is applied to improve root health. Outdoor surfaces such as the running track, tennis courts, and stadium are no longer cleaned by use of a flush truck. Maintenance crews survey the irrigation system for components that have been damaged or vandalized such that they are wasting water, including sprinkler nozzles that have been re-directed to water hardscape in addition to landscaping.

4.4.7. Agricultural Management

WSU also has focused on upgrading irrigation systems in agricultural operations. Tukey Orchard was removed as part of the Pullman-Moscow Regional Airport improvements and now orchard operations are found at Spillman Farm south of the main campus. WSU continues to advance their agricultural irrigation options by incorporating drip irrigation and micro sprinklers, where available.

4.4.8. Upgrades to Plumbing Fixtures

WSU continues to retrofit facilities with more efficient plumbing fixtures including showerheads, faucets, toilets, and urinals. These retrofits have been aimed at bringing pre-code fixtures up to code. WSU has not tracked all retrofits; however, all showerheads have been replaced, while faucets, toilets, and urinals have been replaced during major renovations.

WSU has proactively sought water efficiency in new construction and major renovations. All of the newly completed construction such as the Plant Sciences, Bailey-Brayton Field Baseball Clubhouse, Global Animal Health Phase 2, Elson Floyd Cultural Center, PACCAR Environmental Technology, and The Spark have included water conservation from plumbing fixtures, landscaping, and water reuse, where possible.

4.4.9. Reduction/Elimination of Cooling Water

WSU has actively sought opportunities to reduce or eliminate cooling water used for various purposes. This has been achieved primarily either by reconfiguring single pass cooling systems to re-circulating systems or by replacing water-cooled equipment, such as refrigerators, with air cooled models.

Upgrades at the East Chilled Water Plant in 2009 included a reverse osmosis system that reduces the amount of water to approximately 1/6 of the previous needs due to recirculation.

4.4.10. Clothes WasherS

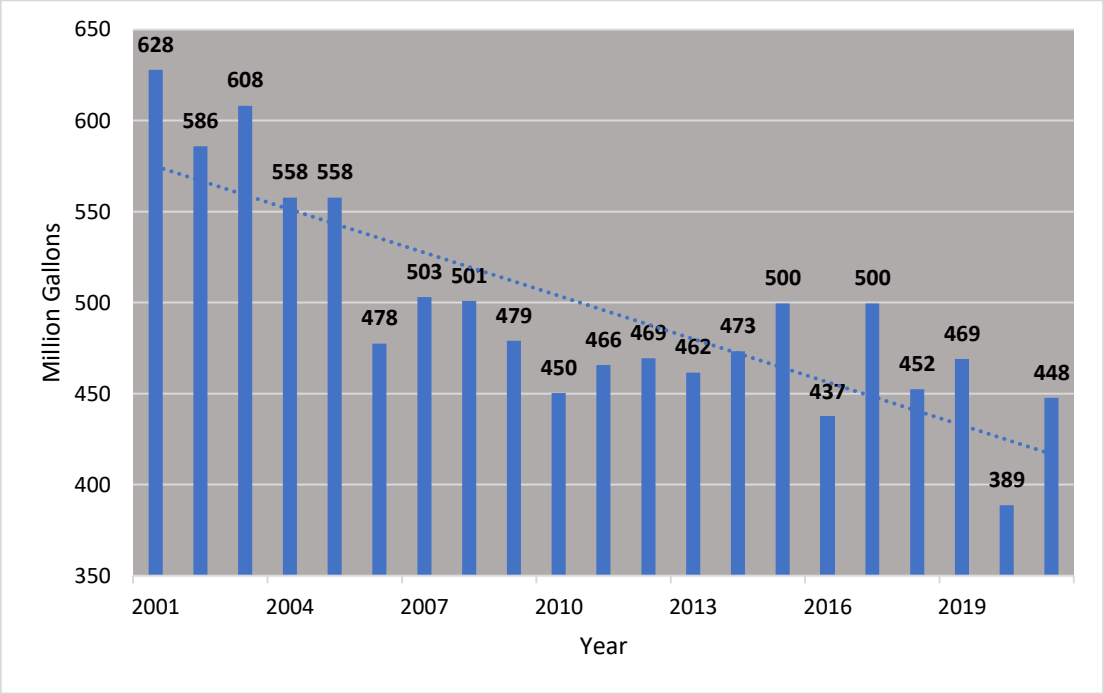
All WSU clothes washers have been replaced with more efficient front-loading models. In the 2008 Water System Plan, it was estimated that approximately 8.7 million gallons per year could be conserved with the use of efficient washing washings for all clothes washers. Any new facilities that are installed are the water-efficient style of washers.

4.4.11. Estimated Savings

WSU's commitment to conservation has resulted in significant water savings. Water production is at its lowest level since 1961 in spite of an increased student enrollment during that period. It is estimated that water usage has decreased from 173 gpd/student in 1961 to 100 gpd/student in 2021. Significant water savings have occurred in the last twenty years; in 2021 the annual water usage was down approximately 180 million gallons from 2001 as shown in Figure 4-1. A portion of these savings is attributable to the conservation program. Some of the specific conservation measures taken have led to the water savings listed below as quantified by WSU staff:

- Modernization of steam plant water treatment and boiler systems – 25 mg/year
- Broken line & leak repair – 0.2 mg/year
- Elimination of water wasting equipment - more than 10 mg/year

FIGURE 4-1 WSU ANNUAL WATER PRODUCTION



Data source: WSU Facility Operations Department

4.5. CONSERVATION PROGRAM FOR 2022-2031

4.5.1. Goals

The goals of a conservation program should reflect the drivers of why a utility is pursuing conservation. Conservation drivers can include meeting regulatory requirements, minimizing impacts on water resources, decreasing operating costs, deferring capital improvements, and extending available supply. The conservation driver(s) applicable to any one utility depends on that utility's specific supply situation and cost structures.

WSU's conservation program is driven primarily by the desire to minimize impacts on water resources, namely the regional aquifer, and to meet regulatory requirements. The official goal is to save 2.5% of total water usage per year at full implementation by the end of the planning period of 2022-2031. This goal was established using a public process that included conducting a public meeting at the Lighty Building, Room 401, June 29, 2022 2:00 p.m. The draft goal and conservation chapter were discussed in this meeting. Appendix D-1 contains the WSU Announcements that was used to advertise the public water conservation meeting, and Appendix D-2 contains the Water Board's Approval Letter of this Water System Plan Update.

4.5.2. Measures

WSU's conservation program for 2022-2031 will consist of the 10 measures listed below. Descriptions of each measure are discussed below. This program reflects a desire to continue WSU's current program, as well as intensify the implementation of some of the measures.

- Source Meters
- Service Meters
- System Leak Detection and Repair
- Technical Studies
- Landscape Management
- Agricultural Management
- Upgrades to Plumbing Fixtures
- Reduction/Elimination of Cooling Water
- Education
- Reclaimed Water

It should be noted that WSU is in a unique funding position for a utility in that they do not have control of their funding. Traditional utilities generate revenue by customer rates and bonds. In contrast, WSU relies almost entirely on the state for funding. Therefore, it must be recognized that WSU's ability to implement this conservation program, and achieve its conservation goal, is dependent on receiving sufficient state appropriations to implement the program.

Source Meters

This measure is a continuation of WSU's current policy to meter all sources. Source meters are all electromagnetic type meters with no moving mechanical parts. The electronics of each meter will be checked and tested for accuracy every two years.

Service Meters

The service meter measure is an ongoing process at WSU as they continue to install meters and find ways to fund these efforts. New buildings and large retrofit projects completed after 2007 have included meters. Currently, WSU has 196 irrigation water meters (100% metered for irrigation) and 200 water service meters installed (covering 84% of the gross square footage of buildings on campus) with an expense greater than $3,000,000 since 2007. The biggest hurdle for WSU to reach full metering is housing meters with an additional 135 meters needed. WSU is currently reviewing their revenue / billings to Housing to secure a water rate that will pay for the metering as Housing will not cover the costs of the meters and the budget needs to come from Facilities or the State. This number could be reduced if clusters of buildings are included on the same meter, as allowed. However, the clustering provision or zone metering is not allowed after January 22, 2017 and would need a deviation approval.

The meters provide accurate water use data that will help WSU identify areas where conservation measures may be effective or are working. They will also assist WSU in determining the true leakage rate or to identify where leaks are occurring.

The updated metering schedule (provided to DOH on January 11, 2018, see Appendix D-3) included all metering being completed by June 30, 2021. However, funding did not allow for this schedule to be met and WSU has been trying to secure the funding for these improvements. WSU continues to coordinate with DOH to update the metering status, funding sources, and projected timelines as more details are available.

The maintenance schedule for service meters will be as follows:

- 1 - 1/2 “and smaller will be replaced every 15 years.
- 2” and larger will be replaced every 20 years.

Limits of flow accuracy will be kept to within those stated in the most current addition of AWWA C700, AWWA C701 and AWWA C701.

System Leak Detection and Repair

WSU will continue its leak repair efforts described in Section 4.2.1. By surveying pipes regularly with detection equipment / drones, monitoring for possible and visible leaks, WSU will be even more proactive in preventing water loss. Once the system is fully metered, the detection of leaks will be easier to accomplish.

Technical Studies

WSU will continue to fund technical studies through its role in PBAC, as described in Section 4.2.1. As previously noted, technical studies provide information about the University’s water system characteristics as required under the Rule. WSU has been involved in a groundwater modeling effort that was part of PBACs study into the aquifer and recharge.

Landscape Management

WSU will continue their landscape management conservation efforts described in Section 4.2.1.

Currently, all of the irrigation systems are metered and being controlled by Calsense controllers that use flow meters, soil meters, and wind sensors. Irrigation water usage for the Calsense system averages 44.6 million gallons a year while total irrigation usage averages 98 million gallons per year. WSU will continue to monitor irrigation conservation by using specialized controllers, efficient landscape plants, project specific water reuse, and conversion of grass to artificial turf in some key areas.

Water efficiency was included in the 18-hole Palouse Ridge Golf Course planning. The Palouse Ridge Golf Course has used between 29.7 to 57.9 million gallons (average of 45.3 million gallons) of water from 2015 to 2021 over 120 acres (250,000 to 482,500 gallons per acre) (per WSU Capital Planning). The course utilizes drought-resistant grasses and a computerized irrigation system that relies on up-to-date weather information evaporation rates and microclimate information to conserve water. WSU would eventually like to irrigate the golf course with reclaimed water provided from the City of Pullman Wastewater Treatment Plant. The two existing irrigation ponds at the golf course are set up to use reclaimed water when it becomes available. More information on reclaimed water can be found in section 5.3.3.

Efforts to reduce the amount of landscaping that needs irrigation will continue including incorporation of drought tolerant plants, native plants, artificial turf (where appropriate) and xeriscapes in capital projects. Finally, WSU will continue water efficient landscape maintenance practices.

Agricultural Management

Additional irrigation system improvements include a continued focus on upgrading sprinkler nozzles and converting to drip irrigation or micro sprinklers where feasible.

Upgrades to Plumbing Fixtures

WSU will continue its efforts to upgrade plumbing fixtures including faucets, toilets, and urinals with building renovations. The program to upgrade facilities is ongoing and as needed for buildings not on the capital improvement plan for renovation. It is WSUs intent to bring fixtures up to code.

Reduction/Elimination of Cooling Water

WSU will continue seeking opportunities to reduce or eliminate cooling water to achieve water conservation but has completely transitioned to a closed-loop system. WSU has eliminated single pass water cooled equipment and converted to air-cooled equipment, where possible. The entire system is a closed-loop system which only loses between 800 to 1000 gallons per day. Past reverse osmosis upgrades of the chilled water system and deionized water improvements have resulted in up to six passes of water passing through the system before it is flushed. Additional upgrades to chilled water systems are being looked at to save additional water. The timing, funding, and amount of water to be saved is yet to be determined for these upgrades.

Education

WSU will continue to contribute to the annual Palouse Basin Water Summit, as it has done in past years.

WSU will implement an education program to encourage water conservation among its students, faculty, and staff. WSU publishes an annual WSU Announcement and posts the Water Use Efficiency Performance Report describing the goals and progress in conserving water on campus. In addition, informative signs in the Student Recreation Center and around campus remind people about the usage of water, consequence of conservation, and reminders about the resource. Figures 4-2, 4-3, 4-4 and 4-5 are examples of signage educating the patrons about conservation.

FIGURE 4-2 STUDENT RECREATION CENTER SIGNAGE



FIGURE 4-3 STUDENT RECREATION CENTER SIGNAGE

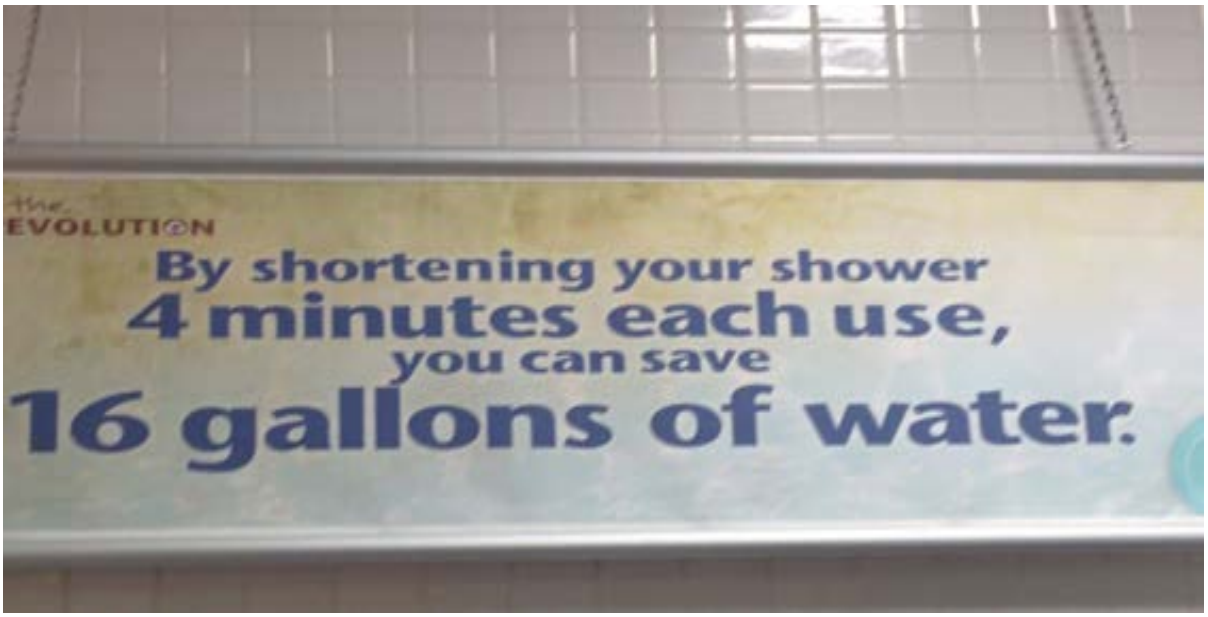


FIGURE 4-4 STUDENT RECREATION CENTER SIGNAGE



FIGURE 4-5 SLOAN HALL SIGNAGE



Reclaimed Water

WSU is eager to implement a reclaimed water initiative to use reclaimed wastewater to irrigate major green spaces and potentially for process water in industrial operations. It is estimated that such an effort would take approximately 2 to 4 years to become operational; however, funding has not yet been secured. As mentioned in the Landscape Management section, WSU would like to irrigate the golf course with reclaimed water and has built a detention pond on the course for this purpose. Reclaimed water is a future aspiration but is not a reality yet.

4.5.3. Estimated Savings and Budget

The estimated savings and direct costs of the conservation program are shown in Table 4-3. The proposed program has a total cost over the ten-year planning period of $2.5 million, which is an average annual cost of approximately $250,000. The program will be funded primarily through WSU's capital and operating budget, depending upon appropriations by the State Legislature. Funding for Housing and Dining Services is dependent upon student enrollment. Additional budget and implementation details are provided in Chapter 9. The savings achieved by the program, and the corresponding progress towards reaching WSU's goal of saving 13 million gallons per year by the end of 2031, will be estimated by tracking the metered usage for agricultural irrigation and by tracking the acreage of area served by efficient irrigation equipment or converted to artificial turf.

TABLE 4-3 ESTIMATED SAVINGS AND DIRECT COSTS OF THE CONSERVATION PROGRAM

Program	Savings (at full implementation)		Capital Costs[1]		
	Gallons per Year	% of Total	Total Over 10-year Plan Period	Avg. Annual	% of Total
1. Source Meters	Not Quantified		$0	$0	0%
2. Service Meters	Not Quantified		$6,130,000(2)	$613,000(2)	83%
3. System Leak Detection and Repair	Not Quantified		N/A(3)		
4. Technical Studies	Not Quantified		$470,000(4)	$47,000(4)	17%
5. Landscape Management	Not Quantified		$0	$0	0%
6. Agricultural Management	17,309,100(5)	100%	N/A6		
7. Upgrades to Plumbing Fixtures	Not Quantified		N/A6		
8. Reduction/ Elimination of Water Cooled Equipment	Not Quantified		N/A6		
9. Education	Not Quantified		N/A7		
11. Reclaimed Water	Not Quantified		N/A8		
Total	17,309,100	100%	$6,600,000	$660,000	100.00%

1. These are estimates of the capital costs. They do not include Operation and Maintenance costs. The implementation of the proposed conservation program is dependent upon funding.

2. These are preliminary planning level numbers including contingency, design, administration, mobilization and bonding. Water meters are currently between $12,000 to $15,000 each for larger sizes,

3. WSU continues to monitor and fix leaks, as they are identified. However, an average annual cost is not available for estimating purposes.

4. Based on anticipated annual contributions of $47,000 to PBAC, including $2,000 to the Palouse Basin Water Summit.

5 Drip irrigation or micro-sprinklers will continue to be installed as new plots are expanded and old systems are replaced.

6. WSU will incur costs for these measures; however, the costs have not yet been determined.

7. Certain components of the Technical Studies measure also serve an educational function. However, none of the costs are assigned to Education since those components are a small portion of the Technical Studies activities.

8. Numbers have not been included here because although the savings potential and costs are very large, the certainty of whether reclaimed water will come to fruition during this ten-year planning period is low. The cost of completing the proposed reclaimed water project is currently estimated at approximately $20+ million. There has not been strong capital funding by the State Legislature, but direct financial support and financial incentives for capital investments in reclaimed water have not been made.

4.5.4. Impact on Demand Forecast

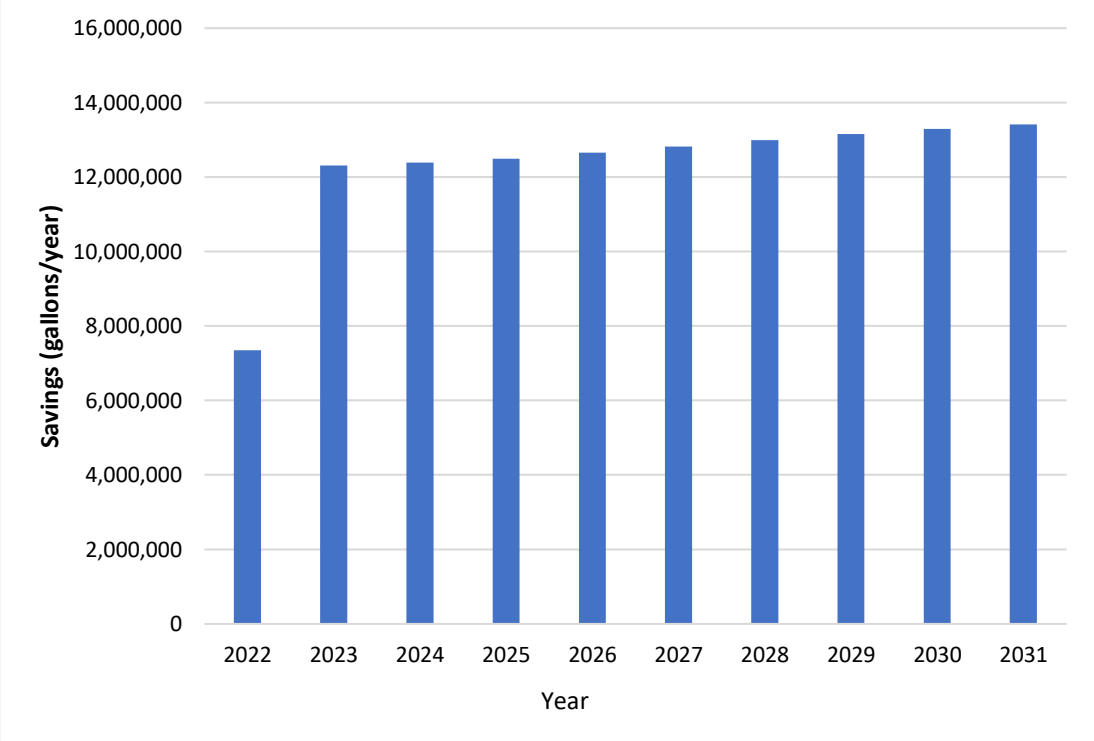
The conservation program is anticipated to be implemented over the ten-year planning period, meaning that one-sixth of the total savings can be added each year. The estimated annual savings are provided in Table 4-4 and are shown graphically in Figure 4-6.

TABLE 4-4 SAVINGS SCHEDULE AND IMPACT ON DEMAND

Year	Projected Water Demand without Conservation (gallons/year)	Projected Water Demand with Conservation (gallons/year)	Estimated Annual Savings (gallons/year)	Savings as % of Demand
2022	489,690,387	482,345,031	7,345,356	1.5%
2023	492,554,123	480,240,270	12,313,853	2.5%
2024	495,339,010	482,955,535	12,383,475	2.5%
2025	499,685,451	487,193,315	12,492,136	2.5%
2026	506,020,148	493,369,644	12,650,504	2.5%
2027	512,733,367	499,915,032	12,818,334	2.5%
2028	519,687,985	506,695,785	12,992,200	2.5%
2029	526,130,528	512,977,265	13,153,263	2.5%
2030	531,524,687	518,236,570	13,288,117	2.5%
2031	536,560,186	523,146,181	13,414,005	2.5%

*Savings was not increased beyond 2.5%. 2.5% was set as a realistic goal by WSU in 2007.

FIGURE 4-6 ESTIMATED WATER SAVINGS



WSU's demand will be reduced by the expected savings from the conservation program. The demand forecast presented in section 2.3.1 includes two forecasts: one without additional

conservation and one reflecting the savings from the conservation program. For the conservation-adjusted forecast, the estimated savings for years 2022-3031 have been subtracted from the demand forecast.

While the conservation program outlined above is only for the next ten years, it is anticipated that WSU will continue to implement a conservation program in the future. Therefore, continued conservation savings are applied to the conservation-adjusted demand forecast. The demand for years 2032-2041 has been reduced by 2.5% rounded to the nearest percent. This was the previously agreed upon conservation percentage that was deemed attainable for continued growth within the university by the WSU Water Board.

4.5.5. Consumer Input

As required by WAC 246-290-100(8), a consumer input process must be provided to allow the water users to review and provide comment of the Water System Plan. To facilitate this process with regard to the conservation program, a public notice was sent via email to all WSU consumers in the WSU News and WSU Announcements bulletins. This notice included an invitation to a public meeting that was held on June 29, 2022 at 2 pm to discuss WSUs conservation plan, goals, and current status. This notice was sent on June 15, 2022. No public comments were received prior to, during, or after this meeting.

CHAPTER 5 - SOURCE WATER PROTECTION

5.1. INTRODUCTION

WSU has historically provided high quality water to its residents and is currently in compliance with all water quality monitoring requirements. WSU often monitors more comprehensively than required by current state and federal requirements to provide additional assurance that WSU water users receive high quality water.

5.2. SAFE DRINKING WATER ACT & WASHINGTON ADMINISTRATIVE CODE

The SDWA of 1974, amended in 1986 and 1996, established specific roles for federal and state governments and for public water suppliers. The United State Environmental Protection Agency (EPA) is authorized to develop national drinking water regulations and oversee the implementation of the act. State governments are expected to adopt the federal law and accept primary responsibility for administration and enforcement.

5.2.1. Sanitary Control Area

The wells for WSU are all located on land owned by WSU and both WSU Facilities Services and Environmental Health and Safety monitor these areas regularly and limit activity around the wells to protect against potential contamination or damage. WSU maintains a minimum 100-foot sanitary control area each well. All WSU facilities use Best Management Practices and any pesticide, fertilizer usage rates are minimized to minimize leaching into the groundwater. All WSU personnel are aware of these wells, the importance to maintain the sanitary control areas around each and are diligent in protecting the resource.

5.2.2. Wellhead Protection Program

The SDWA (Section 1428) established a Wellhead Protection Program (WHPP) to protect groundwaters that contribute to public water systems. DOH has expanded those Federal source protection regulations to include all Group A community and non-community water systems, including groundwater, GUI (groundwater under the influence), and filtered and non-filtered surface water sources. Accordingly, DOH has developed regulations that require all Group A water systems that maintain and operate their own sources to implement a WHPP (WAC 246-290-135(3)). WSU's Wellhead Protection Program is contained in Appendix E-1.

Source water protection programs are planning tools to be used by water utilities to identify potential sources of water contamination, and to protect existing and future drinking water supplies. WSU has prepared and implemented a WHPP for its groundwater sources. The objective is to minimize risk of accidental releases of contaminants in areas contributing water to the public water supply system. The three basic elements of a source water protection plan are:

- Definition of the area, either a Wellhead Protection Area (WHPA) or a watershed, that directly contributes to a water supply. A WHPA is defined as an area contributing to a source within a specified amount of time.
- Inventory of land uses to identify potential sources of contamination within the WHPA or watershed.
- Management strategies including emergency spill response and contingency plans to minimize or eliminate the possibility of potential contamination of the water supply.

The depth and structure of the aquifers from which WSU draws its water present more issues of water quantity and sustainable pumping than quality. However, wellhead protection is not only required by law, but also an important step in assuring the continued quality of water at WSU.

WSU will be conducting the following activities during the next 10-year period for updating and maintaining the Wellhead Protection Plan:

- Update the Contaminant Inventory every 2-years.
- Updating the Inventory of Potential Contamination Sources.
- Continuing education of the public through targeted communications such as postings on WSU's website.
- Updating contingency plans for providing potable water in the event that contamination results in the temporary or permanent loss of any of the principal source of supply.

Refer to Appendix E-1 for the current WSU Wellhead Protection Plan including the inventory of potential contaminant sources, contaminant inventory, and all required elements.

CHAPTER 6 - OPERATION AND MAINTENANCE PROGRAM

6.1. WATER SYSTEM MANAGEMENT AND PERSONNEL

Management, operation, and maintenance of the WSU water system are controlled at several levels throughout the different departments. The Water Board, comprised of staff from Facilities Operations, Environmental Health and Safety (EH&S), Capital Planning and Development, Housing and Dining Services, and regional Campus and Research Unit representatives, has the ultimate authority and responsibility for all WSU water systems and facilities located around the state to meet all applicable regulations.

The Water Board is also responsible for planning, policies and procedures at WSU, constructing, repairing, operating, sampling, maintaining, and protecting WSU's public drinking water systems and water supply connections throughout the state to meet the requirements in WAC 246-290 through WAC 246-296, WAC 173-160 and WAC 51-56.

The Water Board coordinates with Washington Department of Health to ensure compliance with the water system rules. Gene Patterson of Environmental Health and Safety is the primary point of contact and has central responsibility of all aspects of environmental health issues relating to the water system.

Facilities Operations is the department responsible for general management of the system. The water system facilities are the responsibility of Facilities Operations Associate Director for Utilities, Jeff Lannigan. Mr. Lannigan directly supervises operation and maintenance of the system. See Figures 6-1 through 6-4 and Appendix F-11 for organizational charts showing the different departments that contribute to the administration of the water system. Table 6-1 summarizes the responsible individuals and their respective duties.

6.2. OPERATOR CERTIFICATION

In compliance with WAC 246-292-050, WSU retains one certified Water Distribution Manager on site. Currently, Timothy Leachman is in this position. There are also two BAT certified individuals dedicated for backflow device testing in conformance with the University's cross-connection control program and one cross connection control specialist. These individuals obtain certification renewal by attending education seminars sponsored by AWWA and DOH and by completing professional growth examinations as required by the WAC. See Table 6-1 for a listing of these personnel.

6.3. SYSTEM OPERATION AND CONTROL

The telemetry system was brought online in the fall of 2001. This system operates the pumping and subsequent distribution of water in both the high- and low-pressure zones. A schematic of the water distribution system is illustrated in Figure 6-5.

TABLE 6-1 WSU WATER SYSTEM RESPONSIBLE OFFICIALS

Title	Name	Telephone Number	Certification	Responsibilities
WSU Water Board	Jeff Lannigan Jason Sampson	(509) 335-7221 (509) 335-9564	PE WA #39041	Chairs of the Board
Water Quality Manager, Environmental Health & Safety	Gene Patterson	(509) 335-3041		Central responsibility for environmental health aspects of water system. Primary point of contact with DOH.
Water Distribution Manager	Timothy Leachman	(509) 335-9345	*Water Distribution Manager 3, #012610 *Cross-Connection Control Specialist *B.A.T.	Maintenance and operations of water system outside of buildings (includes wells, pump stations, distribution and storage facilities). Response to emergency repairs and maintenance of water distribution lines.
Life Safety Specialist, FOM Facilities Operations	Bob Stilson John Baldwin Jim Antoine	(509) 335-9000	*B.A.T. *B.A.T.	Annual testing and repair of backflow prevention facilities, annual flushing program, and 5-year preventative maintenance cycle on system hydrants.
Associate Director of Utilities and Engineering Facilities Services	Jeff Lannigan	(509) 335-7221	P.E. WA #39041	Provide technical support for water system operation and maintenance activities.

*Indicates required certification either by WAC or by WAC specified program documented by WSU.

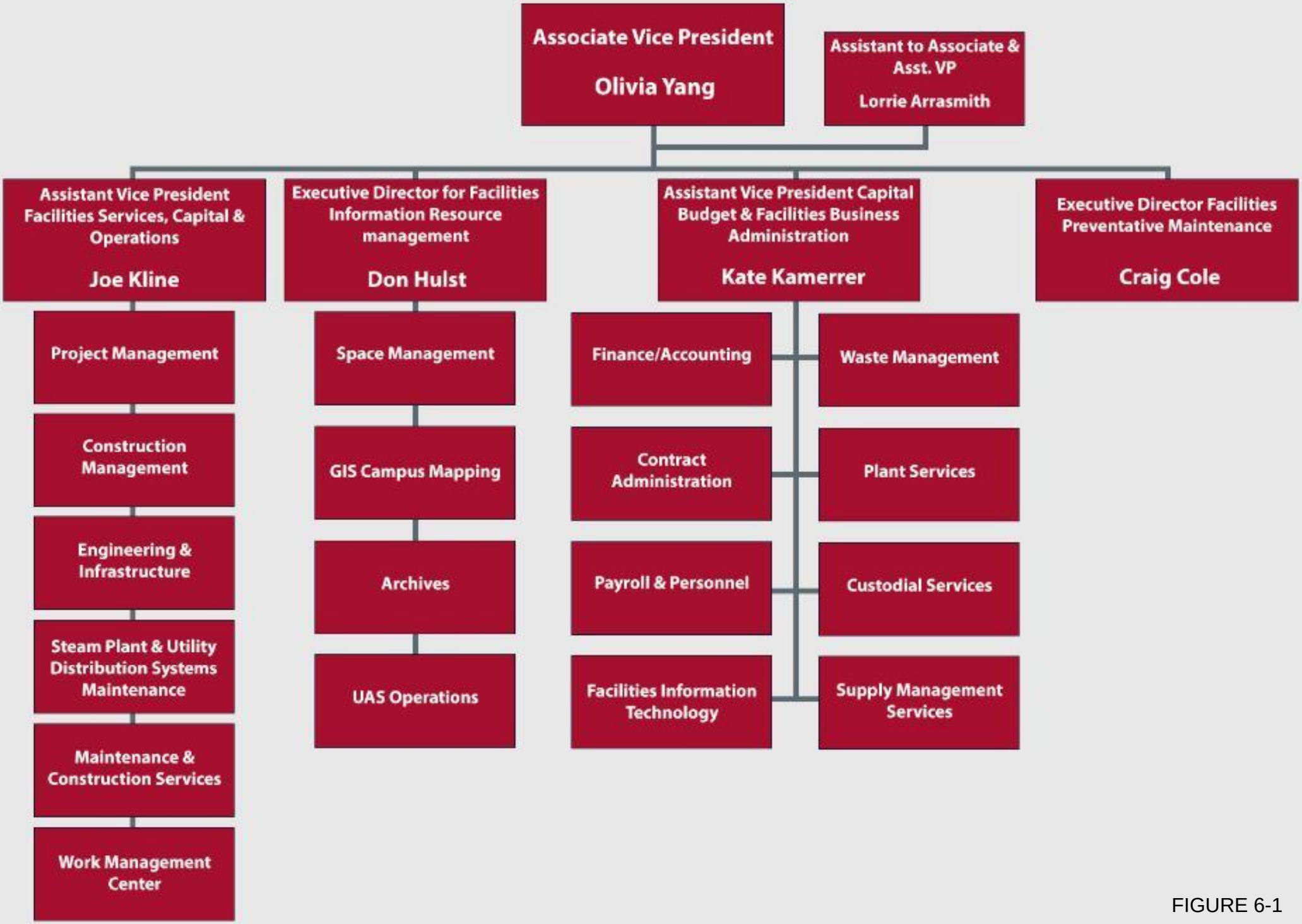

Associate Vice President
Olivia Yang
Assistant to Associate & Asst. VP
Lorrie Arrasmith
Assistant Vice President Facilities Services, Capital & Operations
Joe Kline
Executive Director for Facilities Information Resource management
Don Hulst
Assistant Vice President Capital Budget & Facilities Business Administration
Kate Kamerrer
Executive Director Facilities Preventative Maintenance
Craig Cole
Project Management
Construction Management
Engineering & Infrastructure
Steam Plant & Utility Distribution Systems Maintenance
Maintenance & Construction Services
Work Management Center
Space Management
GIS Campus Mapping
Archives
UAS Operations
Finance/Accounting
Contract Administration
Payroll & Personnel
Facilities Information Technology
Waste Management
Plant Services
Custodial Services
Supply Management Services

FIGURE 6-1

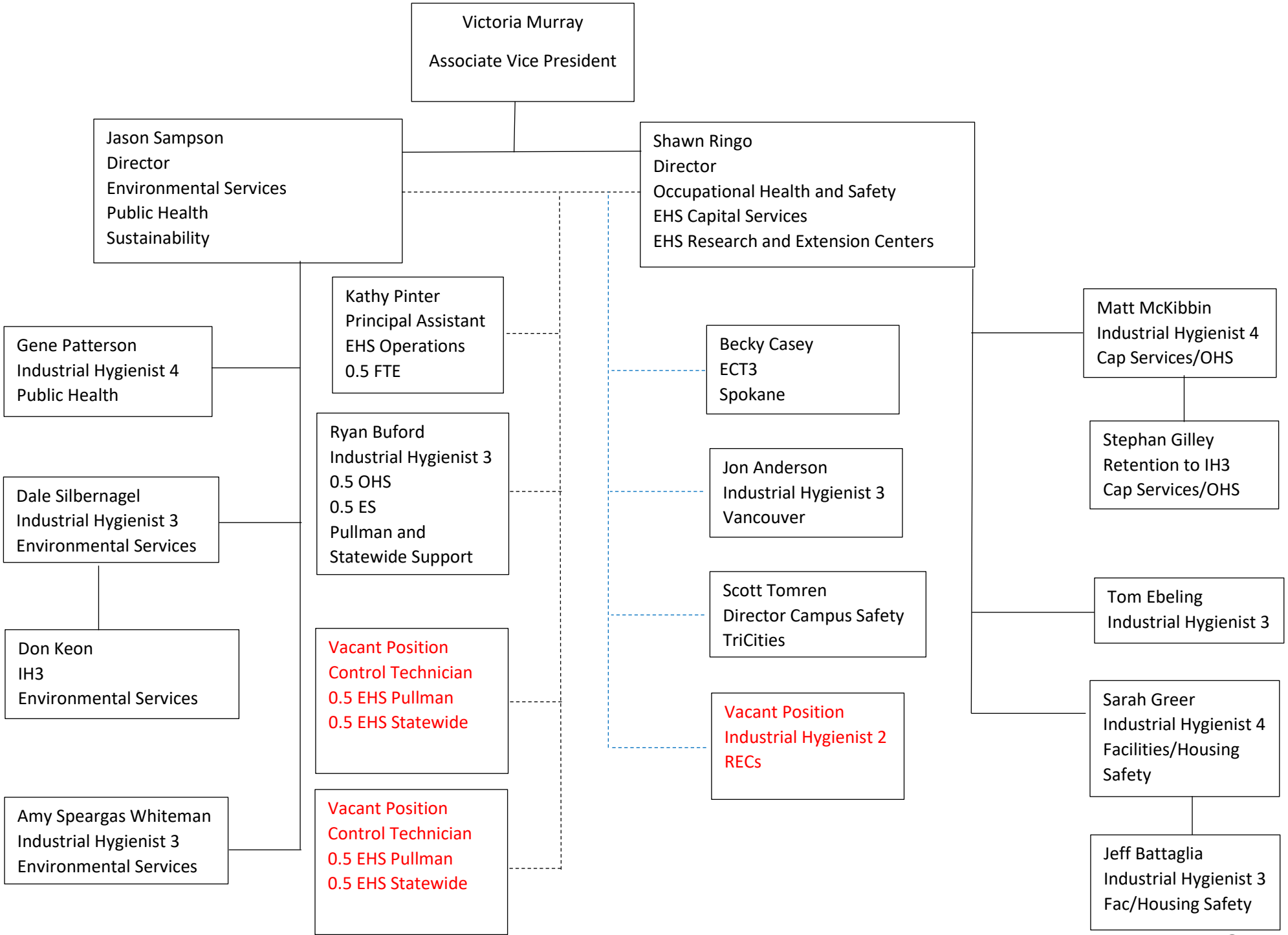

Victoria Murray
Associate Vice President
Jason Sampson
Director
Environmental Services
Public Health
Sustainability
Shawn Ringo
Director
Occupational Health and Safety
EHS Capital Services
EHS Research and Extension Centers
Kathy Pinter
Principal Assistant
EHS Operations
0.5 FTE
Gene Patterson
Industrial Hygienist 4
Public Health
Ryan Buford
Industrial Hygienist 3
0.5 OHS
0.5 ES
Pullman and
Statewide Support
Dale Silbernagel
Industrial Hygienist 3
Environmental Services
Don Keon
IH3
Environmental Services
Vacant Position
Control Technician
0.5 EHS Pullman
0.5 EHS Statewide
Amy Speargas Whiteman
Industrial Hygienist 3
Environmental Services
Vacant Position
Control Technician
0.5 EHS Pullman
0.5 EHS Statewide
Becky Casey
ECT3
Spokane
Jon Anderson
Industrial Hygienist 3
Vancouver
Scott Tomren
Director Campus Safety
TriCities
Vacant Position
Industrial Hygienist 2
RECs
Matt McKibbin
Industrial Hygienist 4
Cap Services/OHS
Stephan Gilley
Retention to IH3
Cap Services/OHS
Tom Ebeling
Industrial Hygienist 3
Sarah Greer
Industrial Hygienist 4
Facilities/Housing
Safety
Jeff Battaglia
Industrial Hygienist 3
Fac/Housing Safety

FIGURE 6-2

Facilities Services
2022

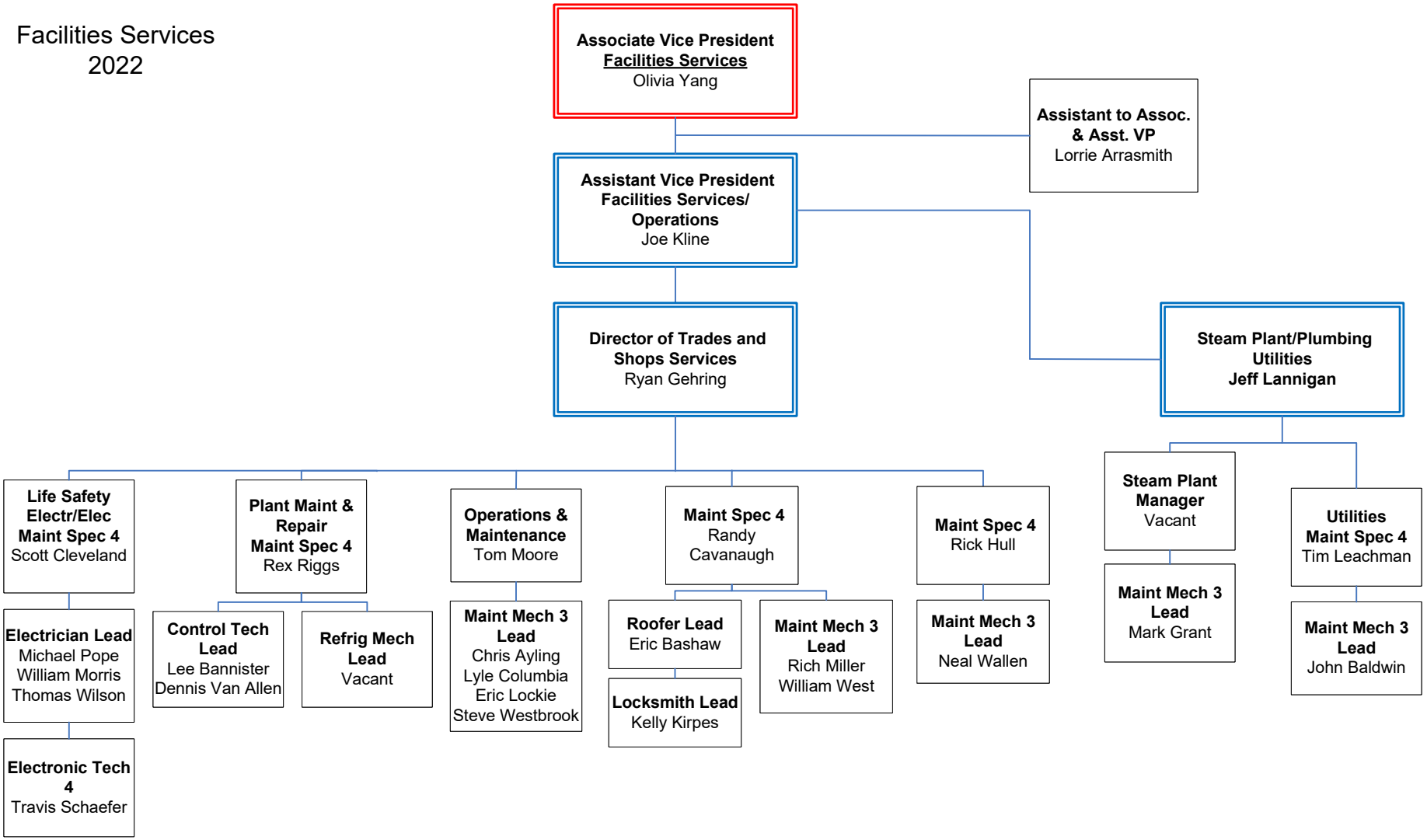


FIGURE 6-3

Facilities Services
2022

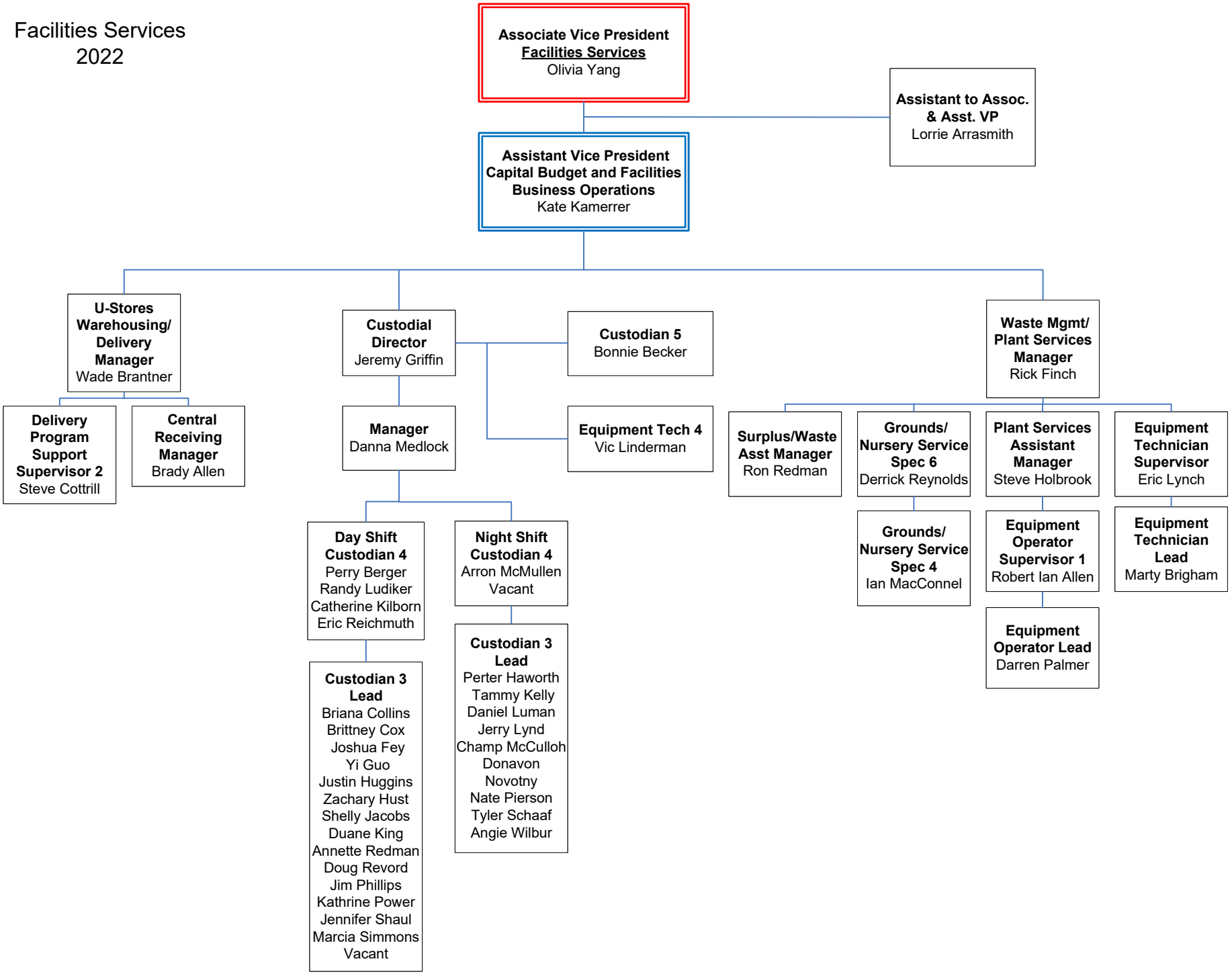
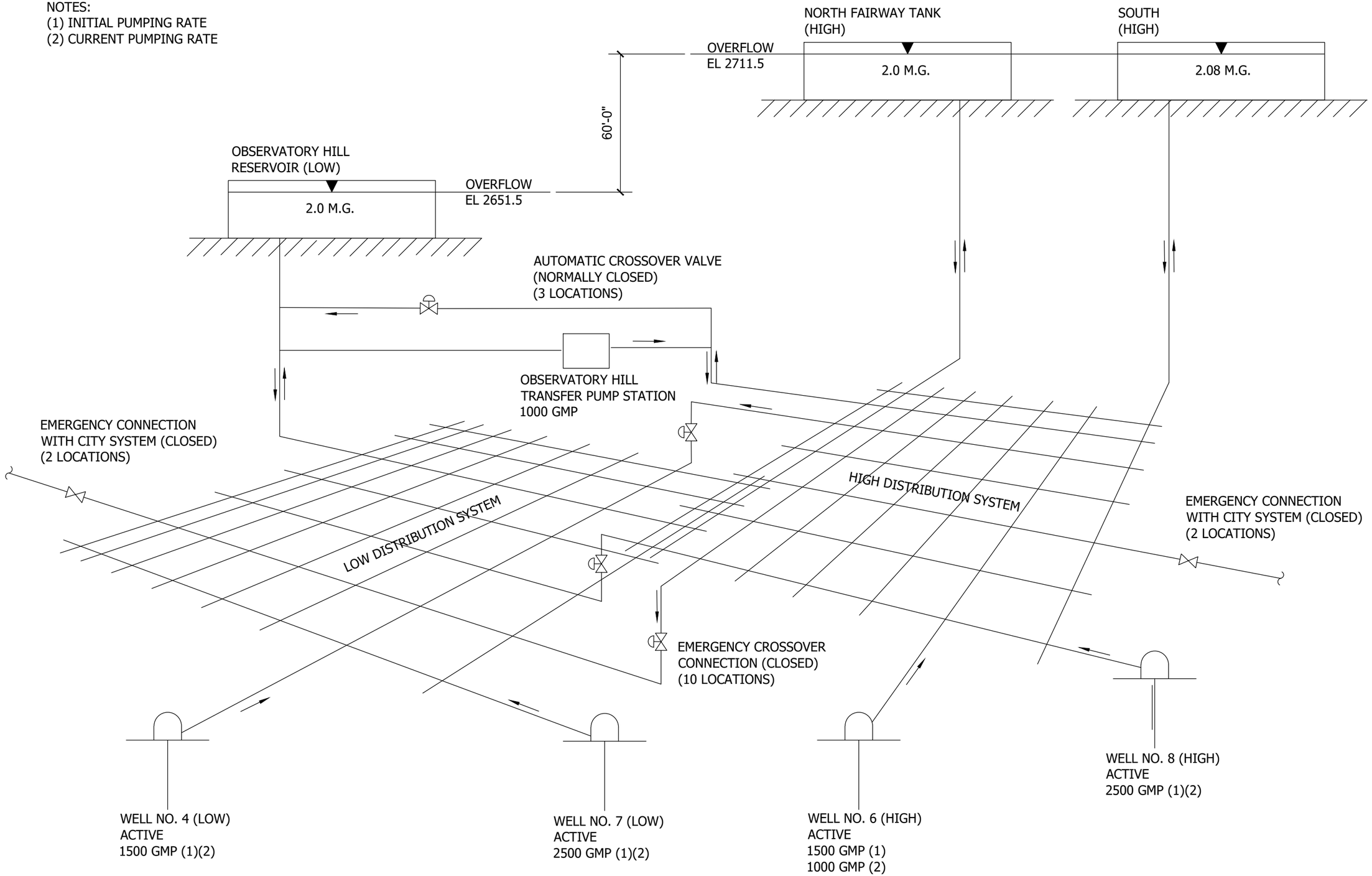


FIGURE 6-4

NOTES:
(1) INITIAL PUMPING RATE
(2) CURRENT PUMPING RATE



DRAWN BY: AUT, CEE
CHECKED BY:
DATE: 06/27/22
LOG NO.

WASHINGTON STATE UNIVERSITY
Facilities Services
2425 E. Grimes Way
Pullman, Wa. 99164-1150
Main Office 509-335-5571
Fax 509-335-9304

2022 WATER SYSTEM PLAN UPDATE

DOMESTIC WATER SYSTEM

FIGURE 6-5

6.3.1. Routine Operations Low & High Zones

Wells No. 4, 6,7 & 8 are automatically turned on and off by the water surface level in the reservoirs in their respective zones. The wells are controlled by Facility Operations via a signal through the CCMS (central control monitoring system) network from the reservoirs. The existing water rights do not allow the instantaneous withdrawal of over 5,000 gpm so the CTU will not allow the operation of any additional wells if Wells No. 7 & 8 are already running. Detailed operation procedures have been developed and are available in the Emergency Response Manual and in the Dispatches Response Manual at Facility Operations. Due to safety considerations, WSU has requested that this detailed information be excluded from this document and not be available to the public.

6.3.2. Preventive & Operational Maintenance

Tables 6-2 and 6-3 list some of the preventative and operational (routine) maintenance procedures for the WSU water system:

TABLE 6-2 WSU PREVENTATIVE MAINTENANCE

Activity	Frequency
Back flow prevention devices	Annual
Fire hydrant flushing	As needed
Fire hydrant maintenance	5 years
Hydrant flow capacity	6 years
Routine pump maintenance	Annual
Overall primary well pumps	8 years
Paint steel reservoirs	every 25 years or as needed

TABLE 6-3 WSU ROUTINE MAINTENANCE

Activity	Frequency
Security of all facilities	Continuous*
Source meter calibration check	2 years
Chlorinator maintenance	Daily
Flow data collection (source & use)	Monthly
Well down-hole water surface data	Monthly
Reservoir hatches, vent and overflows	Yearly
Sweep out well houses	Weekly
Well drive shaft lube	Daily

* See vulnerability survey

6.4. COMPREHENSIVE MONITORING PLAN

WSU has historically provided high quality water to its residents and is currently in compliance with all water quality monitoring requirements. WSU often monitors more comprehensively than required by current state and federal requirements in order to ensure WSU water users receive the highest quality water. WSU also encourages public participation in its water utility and annually publishes a Consumer Confidence Report (CCR) describing WSU's water quality parameters (see Appendix F-10).

This section provides a review of current WAC 246-290 and federal drinking water regulations pursuant to the Safe Drinking Water Act (SDWA) and an assessment of WSU's compliance for the period through 2021 (see Appendix F-1 for water quality analysis reports). Also identified are possible future regulations and their implications for WSU.

The WSU Environmental Health and Safety (EH&S) division is responsible for monitoring the University drinking water quality. Gene Patterson is the primary individual in charge of sample collection and coordination of the testing.

6.4.1. Routine Summary of Effective Source Water Quality Regulations

As a 100% groundwater system that does not purchase water from another purveyor, WSU is responsible for complying with the following effective regulations pertaining to groundwater sources.

- Phase I (Inorganic Compounds)
- Phase II (Synthetic Organic Compounds)
- Phase V (Volatile Organic Compounds)
- Radionuclides Rule
- Source Water Protection Programs
- Groundwater Rule
- Total Coliform Rule
- Lead & Copper Rule
- Consumer Confidence Reports and Public Notification Rule
- Stage 2 Disinfectant/Disinfection Byproducts Rule

This subsection focuses on presenting and discussing the analytical results of water quality testing from the last WSP update (2015) to the most recent testing conducted in 2021. All testing performed by WSU for the period of 2015 through 2021 meets the DOH requirements regarding sampling frequency and number of samples. Section 6.6 describes the sampling frequency and number of samples required for each of the programs described in this subsection.

Phase I, II and V Regulations

Phase I, II, and V of the federal Primary Drinking Water Regulations set maximum contaminant levels (MCLs) for inorganic compounds (IOCs), synthetic organic compounds (SOCs), and volatile organic compounds (VOCs). The WAC 246-290-300 and 246-290-310 defer to the federal rules and require testing based on a "vulnerability of occurrence" assessment. WAC 246-290-300 defines monitoring requirements for public drinking water systems and further stipulates that regulated IOCs, VOCs, and SOCs are to be monitored on 12 to 36 month sampling cycles depending on the contaminant. The primary drinking water regulations apply to all the sources that are not classified as emergency sources. The WSU wells are in compliance with SOC, IOCs, and VOC MCLs (see Appendix F-1). The Secondary Maximum Contaminant Levels (SMCL) provided for sodium is a recommended level and for monitoring purposes only; therefore Wells 6, 7, and 8 are in compliance even though the sodium concentration is above the recommended amount.

Radionuclides

The Radionuclides Rule became effective in 2003 and is part of the Primary Drinking Water Regulations. The radionuclide MCLs include limits for radium-226, radium-228, adjusted gross alpha emitters, gross beta and photon emitters, and uranium. Combined radium, gross alpha, and gross beta sampling is required once every 3, 6, or 9 years, depending on a system's average contaminant levels. As shown in the analyses, gross beta is less than 50 pCi/L, and therefore, no further analysis was required (If the average annual concentration of gross beta activity is less than 50 pCi/L and if the average annual concentrations of tritium and strontium 90 are less than 20,000 pCi/L and 8 pCi/L, respectively, no further analyses are required. If the gross beta activity exceeds 50 pCi/L, the major radioactive contaminants must be identified and organ and whole body doses calculated; the combined doses cannot exceed 4 millirem/year). All wells met the MCLs (see Appendix F-1). Testing for uranium has not been conducted during the 2015 to 2021 period because all source waters are exempt.

Secondary Drinking Water Standards

In addition to the parameters listed above, WSU monitors its sources for levels of several compounds that can impact the aesthetic quality of water. These SMCLs are not enforceable in terms of providing safe drinking water; rather, the SMCLs address aesthetic characteristics.

The water quality analysis reports in Appendix F-1-show that Well 6 and Well 7 exceeded the SMCL for iron (0.3 mg/L). Well 6 and Well 8 exceeded the SMCL for manganese while Well 7 had a concentration of manganese equal to the SMCL (0.05 mg/L). WSU also voluntarily monitors selected sources for aluminum and total dissolved solids (WAC 246-290-300 requires total dissolved solids monitoring only if specific conductivity exceeds 700.00 µmhos/cm).

Source Water Protection

The SDWA (Section 1428) established a Wellhead Protection Program (WHPP) to protect groundwaters that contribute to public water systems. DOH has expanded those Federal source protection regulations to include all Group A community and non-community water systems, including groundwater, GUI (groundwater under the influence), and filtered and non-filtered surface water sources. Accordingly, DOH has developed regulations that require all Group A water systems that maintain and operate their own sources to implement a WHPP (WAC 246-290-135(3)). WSU's Wellhead Protection Program is contained in Appendix E-1.

Source water protection programs are planning tools to be used by water utilities to identify potential sources of water contamination, and to protect existing and future drinking water supplies. WSU has prepared and implemented a WHPP for its groundwater sources. The objective is to minimize risk of accidental releases of contaminants in areas contributing water to the public water supply system. The three basic elements of a source water protection plan are:

- Definition of the area, either a Wellhead Protection Area (WHPA) or a watershed, that directly contributes to a water supply. A WHPA is defined as an area contributing to a source within a specified amount of time.
- Inventory of land uses to identify potential sources of contamination within the WHPA or watershed.
- Management strategies including emergency spill response and contingency plans to minimize or eliminate the possibility of potential contamination of the water supply.

The depth and structure of the aquifers from which WSU draws its water present more issues of water quantity and sustainable pumping than quality. However, wellhead protection is not only required by law, but also an important step in assuring the continued quality of water at WSU.

WSU will be conducting the following activities during the next 10-year period for updating and maintaining the Wellhead Protection Plan:

- Update the Contaminant Inventory every 2-years.
- Updating the Inventory of Potential Contamination Sources.
- Continuing education of the public through targeted communications such as postings on WSU's website.
- Updating contingency plans for providing potable water in the event that contamination results in the temporary or permanent loss of any of the principle source of supply.

Total Coliform

WAC 246-290-300 coliform monitoring requirements are in conformance with the federal Total Coliform Rule (TCR) and are based upon a presence or absence of coliforms in a given distribution system sample. The rule was revised in February 2013 to provide greater health protection and WSU is in conformance with the revised rule. The population served determines the total monthly monitoring requirements for coliforms. WSU performs coliform monitoring as outlined in its Coliform Monitoring Plan, presented in Appendix F-2. In the past five years WSU has not had any confirmed coliform samples.

Lead and Copper

WSUs Lead and Copper monitoring plan, consumer notifications and results of testing are included in Appendix F-14. WSU is required to take 30 samples every 3 years as part of this monitoring plan. The action level for lead is 15 ppb and copper is 1,300 ppb. The maximum contaminant level goal for lead is zero.

The Lead and Copper Rule (LCR) requires that public water systems conduct lead and copper monitoring to determine if appropriate corrosion control treatment is implemented as measured by lead and copper levels at customer taps. The LCR monitoring determines corrosion control based on an action level for lead (0.015 mg/L) and copper (1.3 mg/L) as measured at the 90th percentile. The LCR sets out required actions for systems exceeding the 90th percentile action limits. WSU meets the action levels for lead and copper.

The EPA initiated a review of the LCR (Lead & Copper Rule) implementation across the nation in 2004. This effort was focused on determining if national lead levels are increasing in the US. As a result of this effort, the EPA identified a series of areas in which changing the regulation would be beneficial. In 2007, the EPA adopted the revised the LCR to enhance monitoring, treatment, customer awareness, lead service line replacement, and compliance with the rule. Table 6-4 lists the areas that were revised, according to the EPA in October 2007.

TABLE 6-4 AREAS OF LCR REVISION

Activity	Proposed Rule Revision	Revision Objective
Monitoring	Clarify language that speaks to the number of samples required.	To address confusion about sample collection.
	Clarify language regarding the number of locations from which samples should be collected.	To address confusion about sample collection.
	Modify definitions for a monitoring period and compliance period.	To address inconsistencies between guidance and regulations.
	Modify language to make it clear that all samples must be taken within the same calendar year.	To ensure that samples collected reflect effectiveness of corrosion control.
	Modify language to reconsider allowing large systems above the action level to reduce tap monitoring based solely on the results of their water quality parameter monitoring.	To ensure that systems over the action level maintain a sense of the degree of exposure in the community.
Treatment	Modify language to require that a public water system to provide advance notification and gain approval for treatment changes rather than 60 days after a change.	To allow states an opportunity to approve the utility's decision or required additional monitoring prior to a change in treatment that could affect corrosion control.
Public Relations	Add language to require that utilities provide occupant notification of the results of monitoring.	To increase awareness for homeowners who participate in tap monitoring programs and parents, students, and staff at schools that are required to monitor for lead in drinking water.
Lead Service Line Replacement	Revise language to require that any line previously deemed to be replaced through testing be reevaluated in the event that a subsequent treatment change causes the system to exceed the action level.	To ensure that service lines that test below the action level are not considered permanently "replaced" and removed from the utility's inventory, but are instead retested after any major changes to treatment which could affect corrosion control.

Source: USEPA 2023.

Consumer Confidence Report (CCR) & Public Notification Rule (PNR)

Under the CCR Rule promulgated in 1998, community water systems are required to provide an annual CCR on the quality of their drinking water and levels of detected contaminants, if any. The annual report must be supplied to all customers and must include:

- Information on the source of drinking water
- A brief definition of terms
- If regulated contaminants are detected, the maximum contaminant level goal (MCLG) the MCL, and the level detected
- If an MCL is violated, information on health effects
- If EPA requires it, information on levels of unregulated contaminants

While the CCR addresses annual "state-of-the-water" reports, the Public Notification Rule (PNR) directs utilities in notifying customers of acute violations when they occur.

The PNR was revised in May 2000 and outlines public notification requirements for violations of MCLs, treatment techniques, testing procedures, monitoring requirements, and violations of a variance or exemption. If violations have the potential for "serious adverse effect," consumers and the State must be notified within 24 hours of the violation. The notice must explain the violation, potential health effects, corrective actions, and whether consumers need to use an alternate water source. Notice must be made by appropriate media or posted door-to-door. Less serious violations must be reported to consumers within 30 days, in an annual report, or by mail or direct delivery service within 1 year depending on the severity of the violation. The 2000 revisions also provide the rule Administrator the option of requiring public notification of unregulated contaminants.

WSU is in compliance with the CCR Rule. Annual CCRs have been published as required. Additionally, the 2021 Annual Drinking Water Quality Report can be found at:

https://ehs.wsu.edu/documents/2022/05/wsu-consumers-confidence-report-2021.pdf/

Stage 2 Disinfection/Disinfectant Byproduct Rule

The final Stage 2 Disinfectants and Disinfection Byproducts Rule (DBPR) was promulgated on January 4, 2006. The Stage 2 DBPR has been developed by the EPA to further reduce exposure to DBPs that have been linked to bladder, rectal, and colon cancers. This Rule applies to community water and non-transient, non-community water systems that serve drinking water treated with a primary or secondary disinfectant (other than UV).

Stage 1 DBPR was promulgated in December 1998 and revised in January 2001. The Stage 1 DBPR became effective in January 2002 and replaced the former Trihalomethane Rule. The Stage 1 DBPR sets Maximum Contaminant Levels (MCLs) for disinfection byproducts including Total Trihalomethane Potential (TTHMs), the sum of five haloacetic acids (HAA5), chlorite and bromate and maximum residual disinfectant levels (MRDLs) for disinfectants including chlorine, chloramine, and chlorine dioxide. It also includes monitoring, reporting and public notification requirements for these compounds and sets several Maximum Contaminant Level Goals (MCLGs) for specific DBP species.

Stage 1 monitoring completed prior to 2001 were below the MCLs. Stage 1 monitoring completed in 2006 showed levels of Total HAA5 and TTHM below the respective 60 and 80 µg/L MCLs. Monitoring in 2004 and 2005 established that WSU met the 40/30 rule regarding future monitoring and began monitoring in October 2013.

Groundwater Rule

EPA promulgated the groundwater rule in 2006. This rule sets disinfection requirements for all public water systems. The goal of the Groundwater Rule (GWR) is to set disinfection requirements for groundwater sources "as necessary," when the source is not under the influence of surface water. The GWR contains five regulatory elements:

- Sanitary surveys
- Hydrogeologic Sensitivity Assessments for non-disinfected systems
- Source water monitoring for sensitive, non-disinfected sources
- Corrective action or disinfection for unacceptable microbial levels, providing 4-log or 99.99 percent inactivation or removal of viruses from all groundwater systems
- Compliance monitoring to ensure treatment reliability

Washington DOH has not implemented provisions of the federal rulemaking at this time. Currently WSU is disinfecting each of their source wells and is subject to daily residual chlorine sampling at two sites as shown in Table 6-5.

TABLE 6-5 DAILY CHLORINE TESTING SITES

Initial Treatment Zone (Site)	Primary Sampling Site
Low Zone	Bohler Gym
High Zone	Steffen Center

Laboratory Certification

Table 6-6 summarizes the pertinent information regarding the certified laboratories that WSU currently uses for its analytical testing.

TABLE 6-6 CERTIFIED LABORATORIES USED FOR ANALYTICAL TESTING

Name	Street	City	State	Zip	Contact Name	Phone	Fax	Active
Washington State Public Health Laboratory	1610 NE 150th St.	Shoreline	WA	98155	X	(206) 361-2896	(206) 361-2899	Yes
Anatek Labs Inc.	1282 Alturas	Moscow	ID	83834	John Coddington	(208) 883-2839	(208) 882-2946	Yes
Center for Laboratory Sciences	2710 North 20th Avenue	Pasco	WA	99301	Melanie Myers	(509) 545-4989	(509) 544-6010	Yes

Summary of Regulatory Status by Source

Review of water quality data from 2015 through 2021 indicates that WSU has been in compliance with all effective federal and State drinking water regulations. Table 6-7 summarizes applicable regulations and WSU's compliance status.

TABLE 6-7 SUMMARY OF APPLICABLE REGULATIONS AND COMPLIANCE STATUS

Regulation	Requirements	Status	Compliance Status
Phase I, Phase II, Phase V Regulations	Written Plan Monitoring Waivers granted for asbestos, herbicides, insecticides, inorganics, and VOCs	Monitoring conducted per DOH directed monitoring plan and waivers Meets MCLs	Yes
Radionuclides	Monitoring	Monitors Meets MCLs	Yes
Source Water Protection Program	Wellhead Protection Plan	Approved plan	Yes
Groundwater Rule	Sanitary Survey Monitoring and Corrective Action	Sanitary Survey Meets monitoring requirements	Yes
Total Coliform Rule	Written Plan Monitoring	Monitors throughout distribution system Meets monitoring requirements Approved plan	Yes
Stage 2 Disinfection/Disinfectant Byproducts	IDSE Report Increased Monitoring	Approved IDSE Meets monitoring requirements	Yes
Lead and Copper Rule	Monitoring	Monitors	Yes
CCR and Public Notification Rules	Annual Reports Reporting as needed	Consumer Confidence Reports published annually	Yes

Summary of Monitoring Requirements and Plans

Currently, WSU is required to conduct source water monitoring at all the wells. The table following this page (Table 6-8) provides the water quality source monitoring requirements for WSU. The table includes the parameters to be monitored, sampling location, and frequency. The table is intended to be a guide; detailed requirements are available in WAC 246-290 and by contacting DOH.

TABLE 6-8 MONITORING REQUIREMENTS

Test	Frequency	Last Sample	Next Sample
Bacteriological	25 monthly (except June/ July – 10)	Monthly	Monthly
Chlorine Residuals	Daily – 2 locations Monthly – 25 Locations except June/July – 10)	Daily	Daily
Nitrates	Yearly	2022	2023
Inorganic Chemical (IOC)	Each well, 3 years	2022	2023
Disinfection Byproducts Phase II	Annual	2022	2023
Asbestos	9 years	Waiver	
Volatile Organic Chemical (VOC)	Each well, 3 years	2020	2023
Lead Copper	30 every 3 year cycle	2021	2024
Synthetic Organic Chemical (SOC)	Each well, 3 years	2021	2024
UCMR 3		2020	
Radionuclides		2020	2025

A copy of the most recent result for each of the analyses listed in the table above is included in Appendix F-1. The coliform monitoring plan identifies all the sampling locations as well as the acceptable repeat locations upstream and downstream. The current plan includes a monthly schedule of sample sites for the year 2022. A copy of the coliform monitoring plan is included in Appendix F-2.

6.5. EMERGENCY RESPONSE PROGRAM & SERVICE RELIABILITY

6.5.1. Emergency Response

The Utility Service branch is generally responsible for emergency response to infrastructure problems. Depending on the size and nature of the repair required, work may be performed by staff personnel or contracted out. Personnel would usually handle minor repairs such as a damaged fire hydrant or smaller service main breaks whereas larger items, such as a ruptured 12" service main, have typically been contracted out. The final decision is evaluated on a case-by-case basis. The flowchart in Figure 6-6 shows how the relay of information would take place depending on circumstances. For after hour problems a Facility Operation Maintenance Specialists (FOMS) is listed as key contact thru the dispatch center. A FOMS is always on duty at the campus after normal business hours.

WSU Emergency Response Flow Chart

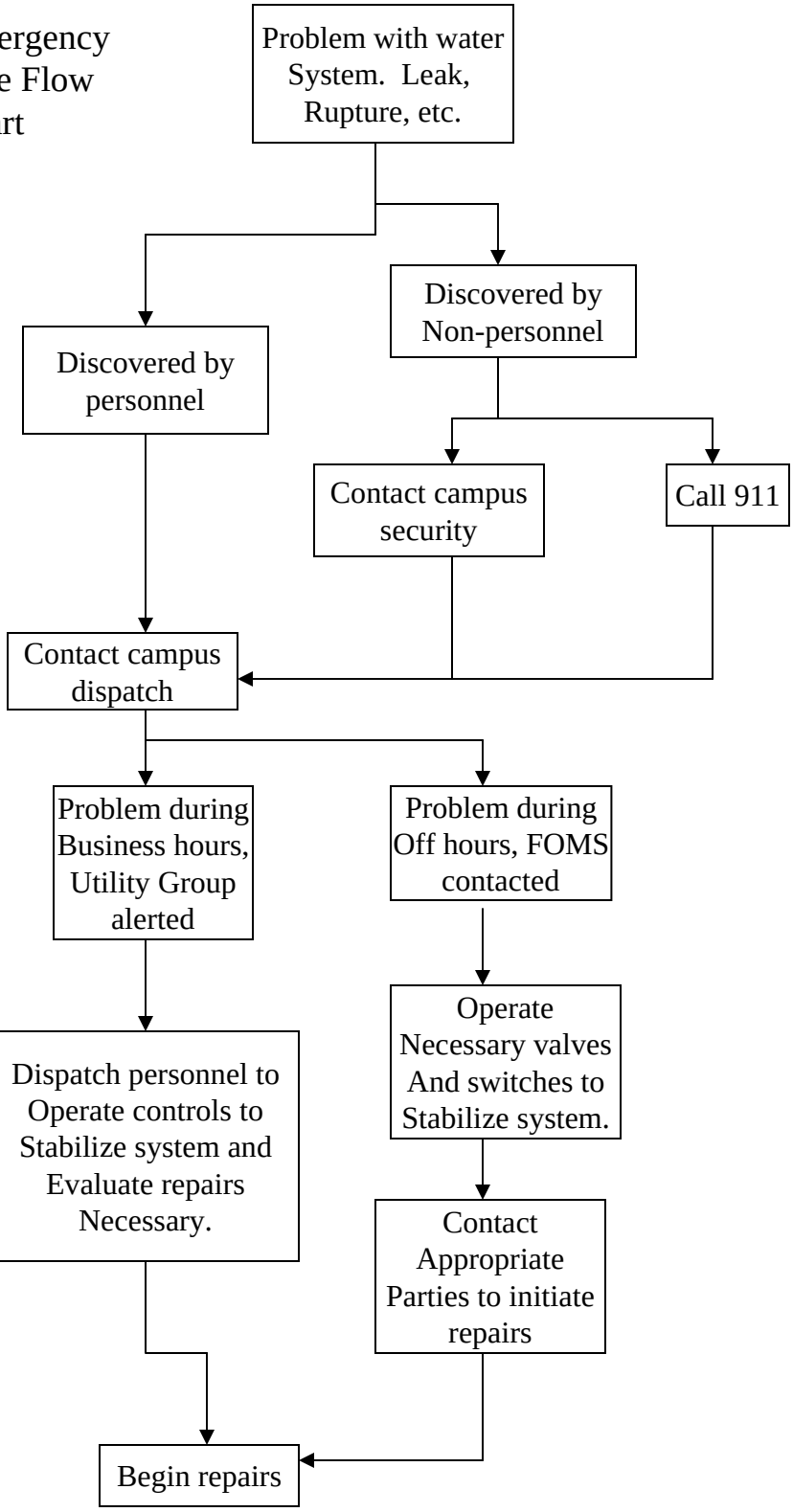


FIGURE 6-6

6.5.2. Notification

The EH&S division is responsible for communication and notification with regard to water quality emergencies such as coliform violations. Gene Patterson is in charge of the coordination effort. As indicated on the EH&S website (http://www.ehs.wsu.edu/) these individuals can be reached during the day at: (509) 335-3041 and through WHITCOM (911) or the University dispatch during off hours at (509) 335-9000. The campus wide email system as well as the two local newspapers, the Daily Evergreen and the Moscow-Pullman Daily News, are the avenues that would relay information to consumers such as "boil water" notifications or similar DOH required orders. The following are procedures related to detection of contaminants:

Bacteriological Presence Detection Procedure:

Figure 6-7 outlines the notification procedures for informing water systems users, the local health department, and DOH of water quality emergencies. These procedures are an important component of the emergency response program. All public water systems will occasionally detect positive coliform samples, as a result of minor contamination in distribution mains or sample taps, or improper bacteriological sampling procedures. The persistent detection of coliform in the water supply, particularly E. coli or fecal bacteria, may require issuing a public "boil water" notice to ensure the health and safety of the users. Emergencies such as floods, earthquakes, or other disasters can affect water quality because of damage to water system facilities and pipe breakage. WAC 246-290-320 requires water utilities to follow specific procedures in the event coliform bacteria are detected in the water system. WSU is required to submit three (3) repeat samples the month following coliform detection.

VOC/SOC and Inorganic Chemical/Physical Characteristics Detection Procedures:

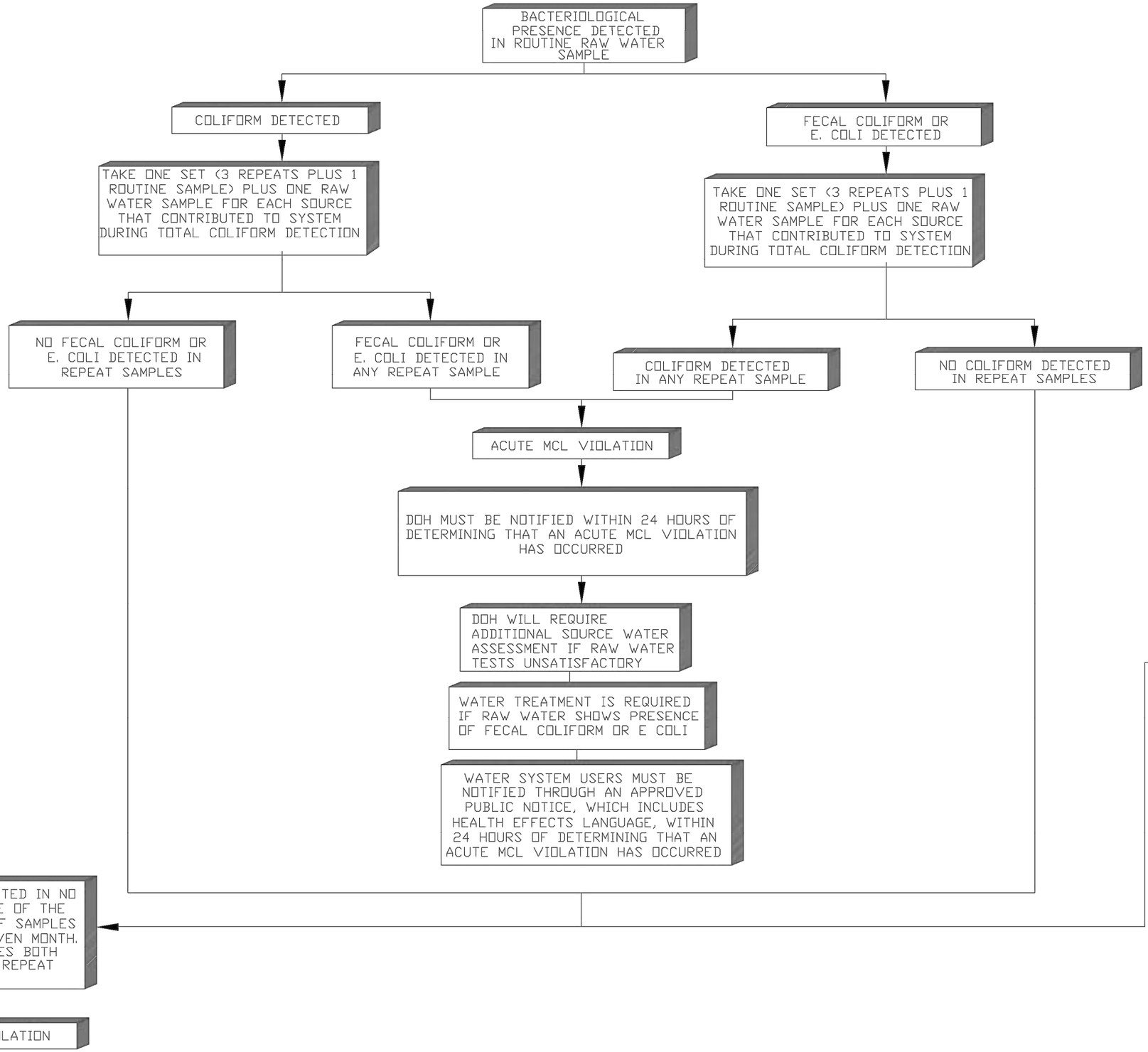
Figure 6-8 gives the procedures for complying with DOH requirements in the event of a volatile organic chemical or synthetic organic chemical exceedance. Figure 6-9 provides the protocol for an inorganic chemical/physical characteristic detection in exceedance of maximum contamination levels.

6.5.3. Vulnerability

An EPA mandated vulnerability assessment was completed in 2021 by WSU. This assessment is on file and can be reviewed. Due to safety considerations, detailed vulnerability information is omitted from this document.

6.5.4. Contingency Plans

Contingency operation plans have been developed and are available in the Emergency Response Manual and in the Dispatches Response Manual at Facility Operations. At the request of WSU, this detailed information has been excluded from this document and is not available to the public.



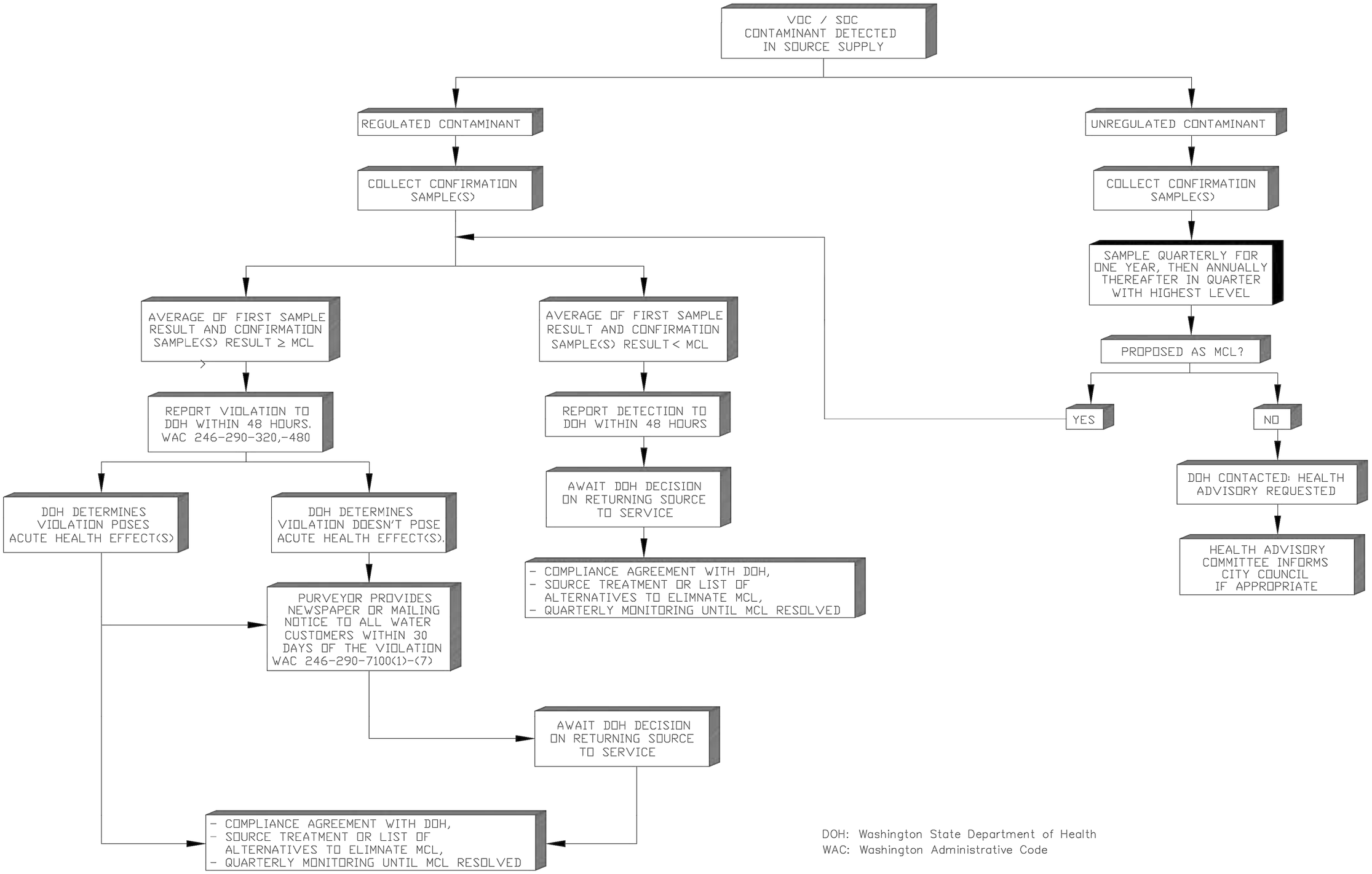
DRAWN BY: AJT
CHECKED BY: AJT
DATE: 06/30/15
LOG NO.

WASHINGTON STATE UNIVERSITY
Facilities Services
2425 E. Grimes Way
Pullman, Wa. 99164-1150
Main Office 509-335-5571
Fax 509-335-9304

2022 WATER SYSTEM PLAN UPDATE

BACTERIOLOGICAL PRESENCE DETECTION PROCEDURE

FIGURE 6-7



DOH: Washington State Department of Health
WAC: Washington Administrative Code

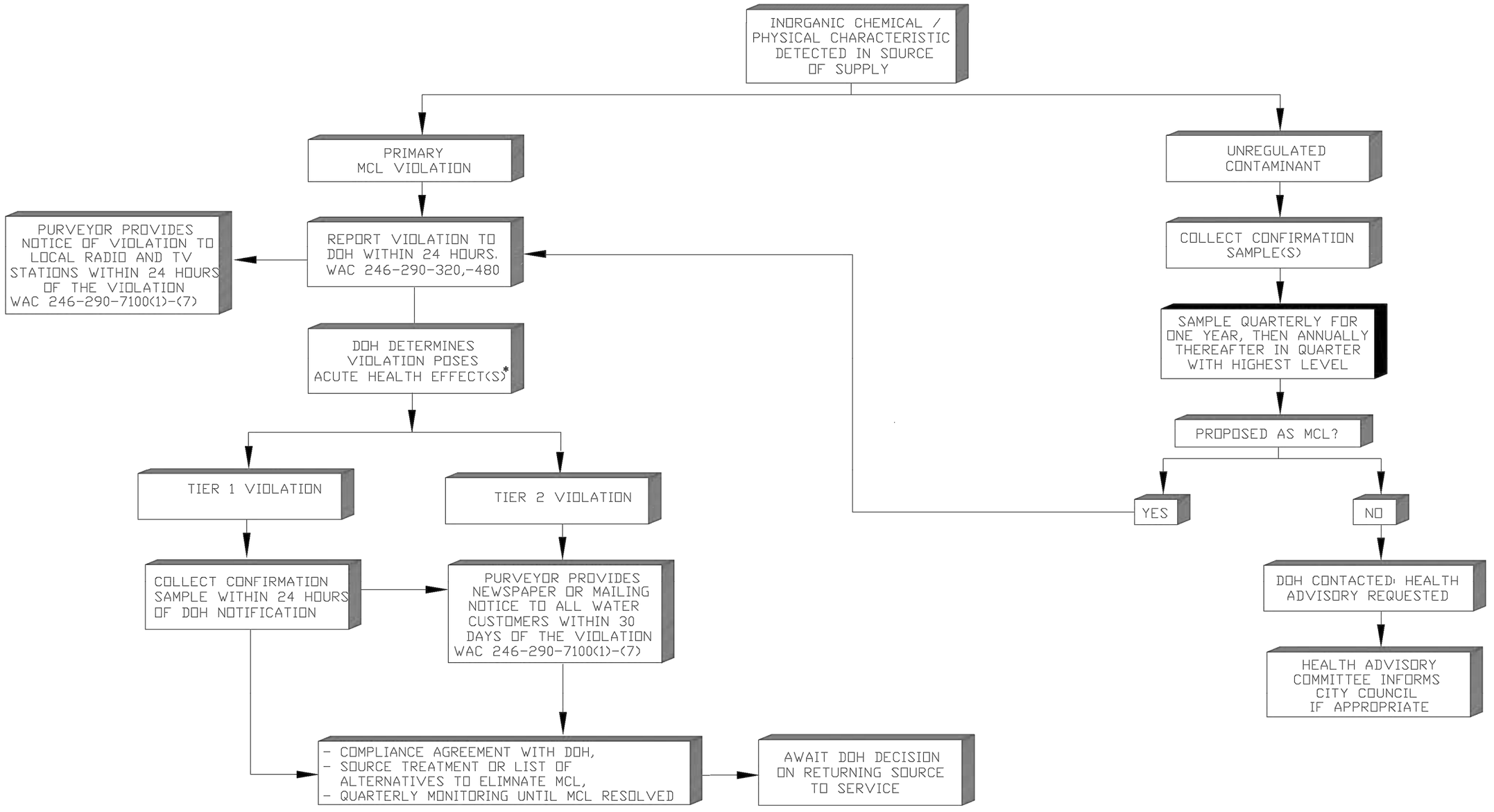
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2022 WATER SYSTEM PLAN UPDATE

VOLATILE ORGANIC CHEMICAL/SYNTHETIC ORGANIC CHEMICAL DETECTION PROCEDURE

FIGURE 6-8



*A VIOLATION OF THE 10.0 MG/L NITRATE MCL CONSTITUTES AN ACUTE HEALTH EFFECT CONCERN (TIER 1 VIOLATION). ALL OTHERS ARE TIER 2 VIOLATIONS.
DOH: Washington State Department of Health
WAC: Washington Administrative Code

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2022 WATER SYSTEM PLAN UPDATE

INORGANIC CHEMICAL/PHYSICAL CHARACTERISTIC DETECTION PROCEDURE

FIGURE 6-9

6.5.5. Service Reliability

A service reliability analysis summarizes what efforts WSU has undertaken to ensure an adequate quality and quantity of water can be provided to its users at all times. The service reliability of WSU's water system is summarized by three primary categories as follows:

Source Reliability: Although the water in the Grande Ronde aquifer is declining, WSU has a very dependable water source for quality and quantity (see Section 2.3.3, Technical Studies under Section 4.2.1 and the Wellhead Protection Program in Appendix E-1). Due to the size and depth of the aquifer, it is almost unaffected by yearly climate variations. Additionally, due to the redundancy of withdrawal locations, there is likely to be adequate water supply for the system using other wells. In spite of the declining water table and considering the substantial depth of Wells No. 6, 7 & 8, there likely will be sufficient water to meet WSU's water demand forecast through the 20-year planning period (see Table 2-8). Nonetheless, implementation of the conservation measures in Chapter 4 should be pursued to minimize impact on the aquifer (see Table 4-4).

Water Right Adequacy: Water right adequacy and future supply options are detailed in Chapter 2.

Facility Reliability: In Chapter 3, the existing water system facilities were analyzed (see Sections 3.3.7 thru 3.3.11) and the following item was found to be inadequate: 1) the existing distribution system to meet fire flow demands and minimum pressures (see Table 8-2 and Chapter 8 for a listing of proposed improvements).

6.6. SAFETY PROCEDURES

The Occupational Health & Safety branch of EH&S coordinates safety training and documentation for the campus on a variety of issues such as excavation, heavy equipment use, and handling of hazardous materials. All appropriate Occupational Safety and Health administration (OSHA) and Washington Industrial Safety and Health Administration (WISHA) regulations are routinely followed during operation of the water system. Maintenance and operation staff are trained in safety practices, including confined space, asbestos-handling, first-aid, fall restraint, and chlorine and fluoride safety training. All wellhouses are equipped with safety equipment, including protective clothing and eyewash baths. A Safety Polices and Procedures Manual (#S70.15) contains these and other requirements (see Appendix F-13). Specific safety considerations for the water system are provided in the following sections:

6.6.1. Confined Space

Some of the valves and other system components are located in vaults or other confined spaces. All water system personnel are trained in confined space safety and WSU maintains and operates the required safety equipment (blower, sniffer, tripod and harness) necessary to mitigate the dangers associated with confined space.

6.6.2. Asbestos-Handling

WSU personnel have been trained on the proper methods for repair and disposal of AC pipe in compliance with OSHA standards. General procedures for handling of AC pipe include:

- Notification of the local clean air authority in advance of work if possible.
- Use of protective garments.
- Wetting of area to be serviced throughout the maintenance to minimize dust.

- Cleaning debris off tools with wet disposable towels.
- Placing of towels, scraps, parts, and garments into disposable bag for transportation to nearest landfill.

6.6.3. Fall Restraint

All the elevated reservoirs are equipped with safety-climb structures that mitigate the threat of fall to WSU staff. WSU uses appropriate harness-type fall gear when inspecting reservoir roofs and interiors.

6.6.4. Chlorine Safety

The most significant hazard present with the water system is the use of chlorine gas. WSU has appropriate training and education to mitigate the potential danger of this chemical. WSU also equips each wellhouse with protective garments and eyewash baths. WSU staff have familiarized themselves with the Material Safety Data Sheet (MSDS) for this chemical and a copy is provided in Appendix F-12. Because of the hazardous nature of chlorine gas, training is required for personnel involved with changing of the cylinders. A copy of the safety procedures required for the changing of chlorine gas cylinders is included in Appendix F-3. All of WSU's wellhouses are equipped with automated chlorine sensors and ventilation systems to remove chlorine gas in the event of a leak.

6.7. CROSS-CONNECTION CONTROL PROGRAM

A copy of the 2010 WSU Cross-Connection Control (CCC) Program is included in Appendix F-4,. This program establishes the measures necessary for the University to meet requirements of WAC 246-290-490 and DOH regarding cross-connections. The University has designated Timothy Leachman as the Cross-Connection Control Specialists and Timothy Leachman, Bob Stilson, and John Baldwin as the Backflow Prevention Assembly Testers (BATS). These individuals have been certified for these tasks through the DOH programs. Timothy Leachman, John Stilson, and John Baldwin are responsible for review of all proposed construction for backflow prevention assembly acceptability as well as testing and maintenance of existing assemblies. The 2021 Annual Summary Report is included in Appendix F-5.

Many existing cross connections have been tabulated and prioritized (see Appendix F-6 for high hazard list). Due to the extensive number of cross connections that exist (see Appendix F-7 for a complete list of devices), installation of new devices and piping to address these problems is implemented on an ongoing basis. The conditions that propose the greatest risk are funded first. Currently there are MCS funds specifically earmarked for CCC repair.

6.8. CUSTOMER COMPLAINT RESPONSE

Complaints are handled by the WSU Environmental Health and Safety Group. A compliant form example is included in Appendix F-8. These forms are filled out by EH&S when responding to a registered complaint. The following contact information is posted on the EH&S website:

6.8.1. REPORTING COMPLAINTS/EMERGENCIES

Refer all concerns, complaints or suspected illnesses from drinking water to EH&S so that they can be investigated promptly.

6.8.2. During Regular Working Hours

Contact EH&S; telephone 509-335-3041

6.8.3. During Off-hours for Complaints (available 24/7)

Contact the Facilities Services Operations dispatcher; telephone 509-335-9000

6.8.4. During Off-Hours for Emergencies

Dial 911

Appendix F-9 includes copies of the complaints recorded from 2015 to 2022 showing the standard form and the information included on it. This form is filled out by EH&S when responding to a complaint from the public or a possible water quality problem. The primary complaints are due to rust from pipes when there is building maintenance or from fire hydrant flushing. It is not due to the well water. WSU responds by asking the users to flush the pipes until it clears up. We also will meet with the people that are complaining and take an iron sample just to confirm that it is pipe rust and not from the wells.

The Consumer Confidence Report is published every year as is posted on the WSU EH&S web site. A copy of the 2021 report is in Appendix F-10.

6.9. RECORD KEEPING AND REPORTING

6.9.1. Recordkeeping

Facilities Operations Energy Group shall retain records of daily source meter readings for 10 years minimum. Facilities Operations, Capital and Operations department shall retain project reports, construction documents and related drawings, inspection reports and approvals for the life of the system. Facilities Operations Utilities Maintenance and/or EH&S shall retain other records of operation and analyses for 3 years minimum. EH&S and Facilities Operations Utilities Maintenance shall retain daily fluoride and chlorine test records for 3 years minimum. EH&S shall retain bacteriological sampling records for 5 years minimum. EH&S shall retain chemical sampling records for as long as the system is in operation. EH&S shall retain records of action taken to correct violations and public notifications for 3 years minimum. EH&S shall retain sanitary survey/SPI written reports, summaries or communications for 10 years minimum. Facilities Operations Utilities Maintenance shall retain: 1) cross connection control records for service connections as long as the premises pose a hazard; 2) backflow assembly inventory information for the life of the assembly or 5 years minimum. Facilities Operations Utilities Maintenance and EH&S shall retain backflow incident records and annual summary reports for 5 years minimum.

6.9.2. Reporting

WSU shall report to DOH within forty-eight hours the failure to comply with any national primary drinking water regulation (including failure to comply with any monitoring requirements). For violations and situations with significant potential to have serious adverse effects on human health as a result of short-term exposure, DOH must be notified as soon as possible, but no later than twenty-four hours after the violation is known.

WSU shall submit to DOH reports required by WAC 246-290-480, including tests, measurements, and analytic reports. Monthly reports are due before the tenth day of the following month, unless otherwise specified in this chapter. WSU shall submit to DOH copies of any written summaries or communications relating to the status of monitoring waivers during each monitoring cycle or as directed by DOH. Source meter readings shall be made available to DOH.

WSU shall submit an annual Water Facility Inventory (WFI) form update to DOH and shall submit an updated WFI to DOH within thirty days of any change in name, category, ownership, or responsibility for management of the water system, or addition of source or storage facilities. WSU shall notify DOH of the presence of coliform in a sample, within ten days of notification by the laboratory; and fecal coliform or *E. coli* in a sample, by the end of the business day in which WSU is notified by the laboratory. If WSU is notified of the results after normal close of business, then WSU shall notify DOH before the end of the next business day.

WSU shall report disinfection by-products information to DOH as specified in 40 CFR 141.134. WSU shall submit to DOH a certification that the system has complied with the public notification regulations when a public notification is required. Along with the certification, WSU shall submit a representative copy of each type of notice.

6.10. SUMMARY OF DEFICIENCIES

A written, preventative maintenance procedure would be helpful in designating maintenance intervals for specific maintenance activities on the distribution system (including hydrants), wells, wellhouses, and reservoirs. This information could be inserted into a computer scheduling program that could automatically alert maintenance personnel of upcoming scheduled tasks. This program could also summarize activities performed so specific records are available. This record could also be sorted by specific activities.

CHAPTER 7 - DISTRIBUTION FACILITIES DESIGN AND CONSTRUCTION STANDARDS

Even though this chapter isn't required by DOH, it presents WSU's Distribution Facilities Design and Construction Standards. The Design Standards have been developed to ensure that a consistent minimum level of service is maintained throughout the system and to facilitate planning, design, and construction of water system projects. Developed separately, but for use in conjunction with the Design Standards, the Construction Specifications (Standards) present a detailed description of the design and materials specifications to be observed during any water system improvement project on campus. WSU also requires that all water system design shall mee the requirements of the most current editions of Chapters 246-290 WAC and the DOH Water System Design Manual.

WSU is not seeking use of the alternative approval process for the water system. Projects will be submitted for approval to the DOH on an individual basis when necessary as they are proposed. Therefore, these design standards are submitted as general reference only.

7.1. DESIGN STANDARDS

WSU uses AWWA (American Water Works Association) standards, the UPC (Uniform Plumbing Code), the IBC (International Building Code) and the IFC (International Fire Code) for design criteria.

7.1.1. Supply

The WAC 246-290 states that supply and dedicated storage shall be sufficient to provide reliable water supply equal to or exceeding the MDD (maximum day demand). Supply capacity will be sufficient to replenish storage within 3 days of fire or emergency drawdown during MDD conditions. The supply will be provided at a hydraulic grade line (HGL) that meets replenishment needs of storage facilities.

7.1.2. Storage

The 2020 *Water System Design Manual* of the DOH requires public water systems to provide sufficient storage to meet any seasonal or diurnal variations in demand, fire flows, and emergency demands such as during power outages and equipment failures. These Standards utilize these guidelines as criteria for determination of reasonable treated water storage required in each pressure zone, as well as for entire water system

For a given reservoir design, each of the five storage components listed below must be considered:

- Operational Storage;
- Equalizing Storage;
- Standby (Emergency) Storage;
- Fire Suppression Storage; and
- Dead Storage, if any.

Only effective storage may be used in determining actual available, or design storage volume. Effective storage is equal to the total volume minus the dead storage built into the reservoir. The required storage volume is interpreted as the sum of Equalizing Storage

and the largest of either Fire Storage or Standby (Emergency) Storage at an elevation sufficient to provide a minimum 20 psi (static) to the highest customer in any pressure zone. In addition, equalizing storage is evaluated with the requirement that 30 psi (static) is provided to the highest customer within the analyzed pressure zone. Operational storage is any surplus storage that is available after subtracting the other required storage components.

In most cases either the standby or fire suppression volume, whichever is smaller, can be excluded from a water system's storage requirement, a practice termed nesting. Fire authorities at WSU allow the use of nesting standby and fire suppression in designing storage facilities, however WSU has elected not to do so (see section 3.3.8 for a detailed storage analysis).

7.2. DISTRIBUTION SYSTEM

The function of the distribution system is to convey water to the users at adequate service pressures and to provide fire flows. During the peak-hour demand, the capacity of the distribution system must meet peak hour demands with a residual pressure of no less than 30 psi without fire flow. During fire-fighting events, the minimum residual pressure permitted at all nodes within the pressure zone is 20 psi.

Usually, the inability to meet the above demand conditions results from inadequate distribution capacity; that is, pipes are not large enough or pipeline gridding is poor. The capacity of the distribution system is greatly reduced when head loss is greater than about 10 feet per 1,000 feet of pipe length.

Sometimes increasing pipe diameters or pipeline grid spacing is not sufficient to significantly increase flows. In these cases, it is better to consider adjusting the hydraulic elevation of either the supply or storage facilities. When analyzing the distribution system, the capability to replenish equalizing storage volume must be considered. The equalizing volume must be replenished at a rate sufficient to refill the storage reservoirs during peak demands.

7.2.1. Pipelines

The following general design criteria apply to designing water system pipelines:

Design Pressure.

Water systems shall be designed to provide a minimum peak hour demand pressure of 30 psi with no fire flow. With peak day demand plus fire flow, the minimum pressure shall be 20 psi in all areas. Pipes shall be specified to withstand the maximum test pressures but in no case shall pipes be designed with less than 150 psi pressure classification.

Minimum Diameter:

Water mains shall have a minimum diameter of 12".

Minimum Cover

Water lines shall be constructed with a minimum of four feet of cover unless otherwise approved by Facility Operations and shall have thrust restraining as specified in the Construction Standards (see Construction Specification section 02665 in Appendix H-1).

Pipe Materials:

Pipe materials must be C-900 PVC "Blue Brute", or approved equal. Sleeves shall be ductile iron.

Separation between Sanitary Sewerlines:

Minimum separation distances between water mains and sanitary sewer mains will be 10 feet horizontally when the mains are parallel, and the water main shall be a minimum of 1.5 feet above the sanitary sewer when crossing as published in the WA State Department of Ecology Criteria for Sewage Works Design.

Disinfection & Pressure Testing:

All new piping will be disinfected and pressure tested before being placed in service per WAC 173-201A.

7.2.2. Hydrants

Fire hydrant spacing:

Spacing shall not exceed 300 feet or as approved by Facility Operations.

Hydrant Type:

Hydrants shall be Waterous *Pacer* with two 2.5" nozzles and one 4.5" pumper connection, National Standard operating nut and caps, left-hand opening direction, 5.25" valve opening and 5" X 4.5" *Storz* adaptor.

7.2.3. Valves

Valves:

Water valves on mains 12 inches or less in diameter shall be gate valves which meet American Water Works Association C508-8. Valve types and models on larger mains will be as approved by WSU. A sufficient number of valves will be installed in the system to allow isolation of the system for maintenance and repair.

Blowoff Valves:

A blowoff valve must be located at the end, or a fire hydrant must be located within 20 feet of the end of any dead-end water main.

Air Relief Valves:

An air relief valve is required at the high point of all water mains. A blow-off valve or hydrant shall not be considered as a substitute for an air relief valve. Design pipe grades shall minimize the use of air relief valves wherever possible.

7.2.4. Backflow Prevention

Backflow prevention shall be provided on all domestic water systems serving buildings or structures 3 or more stories or thirty feet in height and/or when any actual or potential physical connection between a potable water line, vessel, machine containing non-potable fluid exists.

7.3. CONSTRUCTION STANDARDS

WSU's Standard Design and Construction Specifications related to water utilities are located in Appendix E-1. Discussed therein are the specific construction requirements for WSU related to water system improvements. These documents will govern the installation of new water infrastructure.

CHAPTER 8 - CAPITAL IMPROVEMENT PROGRAM

As presented in Chapter 3, the deficiencies of the WSU water system include both fire flow inadequacies as well as low available pressures. Under the Peak Hour Demand (PHD) scenario, there are locations throughout both the high and low zones where system pressures did not meet the minimum requirement of 30 psi (see Table 3-15). However, the deficient nodes appear to be in areas that are not providing water service, in areas that are at relatively high elevations, in areas that are simultaneously served by both the low and high zones, or on dead end lines. If water service is necessary in one of these node locations, it is likely that booster pumps would be used to provide minimum pressure to the structure. This situation occurs in several locations throughout the campus where booster pumps are required to provide adequate pressure for multi-story buildings (see Table 3-10).

This section discusses capital improvement projects (CIP) to address system deficiencies discussed in previous sections.

8.1. PRIORITIZATION CRITERIA

The projects were prioritized according to the criteria defined in Table 8-1. While low pressures were observed during ADD and PHD in the model, the Owner reported minimal complaints regarding high or low pressure and therefore, no projects are included in this CIP to address system operating pressures. This results in the majority of the project targeting improved available fire flow (AFF) within the system to meet fire flow demands.

TABLE 8-1: CIP PRIORITIZATION CRITERIA

Priority	Implementation Timeline	Description
1	0-5 Years	► Address PHD pressures below 30 psi without individual booster pumps ► Improve available fire flow below 1,000 gpm within the main campus ► Improve available fire flow where building AFF is over 75% deficient ► Regional improvements to AFF (increased AFF at more than five hydrants) ► Completion of projects currently in design or under construction
2	5-10 Years	► Improve available fire flow below 2,000 gpm for multiple adjacent hydrants ► Improve available fire flow where building AFF is over 50% deficient ► Improve transmission bottlenecks
3	10-20 Years	► Improve overall distribution of flows throughout the system ► Improve available fire flow to meet minimum 3,000 gpm at all hydrants ► Improve available fire flow to meet building specific fire demands

8.2. CAPITAL IMPROVEMENT PLAN

Table 8-2 summarizes the recommended capital improvement projects. A brief description and costs estimate of each of the priority projects are shown in Appendix H-1. Project costs are planning level estimates (-30% to +50%). Actual costs could vary as labor, materials, equipment, and services costs vary over time and should be refined as each project is further developed in the pre-design and design phases.

Finally, it is recommended that WSU review and prioritize the proposed Improvements, develop a specific 10-year improvement program and allocate, as possible, funding for these projects. As each individual Improvement is completed, post-construction water modeling is recommended. This will further refine the 10-year improvement program and provide WSU with better comprehension of the response of the water system to the constructed Improvement.

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TABLE 8-2: CAPITAL IMPROVEMENT PLAN

Project ID#	Project Name	Project Trigger	Total Estimated Cost (2022 Dollars)
Priority 1 Improvements (2022-2027)			
1.1	Complete PSV Installation	Currently under construction	$303,000
1.2	Complete South High Reservoir Construction	Currently under construction	$6,683,000
1.3	Well Overhaul 2024	Preventative maintenance/replacement	$250,000
1.4	Dodgen Research Facility Sprinkler Retrofit	AFF over 75% deficient	$390,000
1.5	Olympia Student Housing Looping	Regional AFF improvements	$210,000
1.6	Well Overhaul 2026	Preventative maintenance/replacement	$250,000
1.7	Chinook Student Center FF Improvements	AFF over 75% deficient	$330,000
1.8	Library Road and College Street PRV	AFF below 1,000 gpm at multiple hydrants	$300,000
1.9	Fairway Road, Cross Road and Clark Hall Looping	Regional AFF improvements	$400,000
1.10	Round Top Drive to Fairway Tank Upsize	AFF below 1,000 gpm at multiple hydrants	$2,710,000
1.11	Finalize campus metering	Required DOH - Deadline was January 2017	$6,130,000
		Total Priority 1 Improvements (rounded)	**$17,956,000**
Priority 2 Improvements (2027-2032)			
2.1	Observatory Hill Reservoir Replacement	Conditions Replacement	$13,480,000
2.2	Well Overhaul 2028	Preventative maintenance/replacement	$250,000
2.3	Grimes Way Upsize and Looping	AFF over 50% deficient	$2,680,000
2.4	Well Overhaul 2030	Preventative maintenance/replacement	$250,000
2.5	Campus Street and B Street Looping and Upsizing	AFF below 2,000 gpm at multiple hydrants	$560,000
2.6	Yakama, Chinook, and Columbia Village Upsizing	AFF below 2,000 gpm at multiple hydrants	$2,260,000
2.7	Stadium Way Looping	AFF below 2,000 gpm at multiple hydrants	$390,000
2.8	Well Overhaul 2032	Preventative maintenance/replacement	$250,000
		Total Priority 2 Improvements (rounded)	**$20,120,000**
Priority 3 Improvements (2032-2042)			
3.1	Terre View Drive Upsize	AFF below required fire flow	$770,000
3.2	Well Overhaul 2034	Preventative maintenance/replacement	$250,000
3.3	Valley Road, and Garden Avenue Improved Looping	AFF below required fire flow	$790,000
3.4	Well Overhaul 2036	Preventative maintenance/replacement	$250,000
3.5	Wilson-Short Hall and Johnson Tower Upsizing	AFF below 3,000 gpm at two hydrants	$300,000
3.6	Airport Road Upsizing	AFF below 1,000 gpm at multiple hydrants	$4,070,000
3.7	Olympia Avenue Looping	AFF below 3,000 gpm at two hydrants	$280,000
3.8	Well Overhaul 2038	Preventative maintenance/replacement	$250,000
3.9	Colorado Street Upsizing	AFF below 3,000 gpm at multiple hydrants	$560,000
3.10	Well Overhaul 2040	Preventative maintenance/replacement	$250,000
3.11	Stadium Way Check Valves	AFF below required fire flow	$160,000
3.12	Stadium Way to Wilson Road Upsizing	AFF over 50% deficient	$730,000
3.13	Systemwide Hydrant Improvements	Hydrants below 3,000 gpm	$1,530,000
3.14	Well Overhaul 2042	Preventative maintenance/replacement	$250,000
		Total Priority 3 Improvements (rounded)	**$10,440,000**
		TOTAL WATER SYSTEM IMPROVEMENTS COSTS (rounded)	***$48,516,000***

CHAPTER 9 - FINANCIAL PROGRAM

9.1. OPERATING INCOME

The only services generating income for the WSU water system is from entities on or adjacent to the campus: The Pullman-Moscow Airport, Palouse Ridge Golf Course, Residence Inn, Courtyard by Marriott, Housing and Dining, and CUB tenants. The income covers the cost of providing a service only for those customers. The income does not provide funding for new projects or significant repairs. Table 9-1 summarizes the rates and fees for a typical month. As indicated in the table, water service at some customer facilities is not metered, so they are billed for water (and sewer) on a "per square foot" cost basis. If the facility is metered, they are billed by the gallon. Appendix I-1 includes a copy of a typical bill for the 2021 time period.

TABLE 9-1 BILLING SUMMARY

Location	Rate	Average Month
Airport	$91.95 + $2.13 per 100 CuFt The first 500 CuFt are included in the $91.95 base cost. $21.66 fire line base fee	$128.78
Palouse Ridge Golf Course	$480.40 meter charge + Commercial rate: $2.56 per 100 CuFt + Irrigation Rate: $5.27 per 100 CuFt (charged rate if water usage above 48 million gallons per year)	$480.40
Residence Inn	Commercial rate: $250.15 + $2.13 per 100 CuFt	$607.96
Courtyard by Marriott	Commercial rate: $250.15 + $2.13 per 100 CuFt	$532.38
Housing and Dining	$.0232 per square foot average or $0.0053 per gallon	$35,754.24
CUB tenants	$100.05 + $2.13 per 100 CuFt. The first 1000 CuFt are included in the $100.05 base meter cost	$732.59

WSU averages approximately $38,236 in billings per month equating to $458,836 per year. However, this annual billing revenue is not intended to cover the cost of operating the water system as seen in Section 9.3.

9.2. OPERATING EXPENSE

The operating expenses for the University water system include electricity, operating and maintenance costs, and permits and fees. The expense amounts and estimates for the fiscal years 2015 to 2024 are shown in Table 9-2.

TABLE 9-2 OPERATING EXPENSES

FISCAL YEAR (July 1 – June 30)	WATER PUMPED (Million Gallons)	ELECTRIC PUMPING COSTS[4]	MAINTENANCE, OPERATIONS, & CHEMICAL COSTS[4]	TOTAL COST OF FRESH WATER PUMPED[4]
2015 – 2016	468.540[1]	$65,972	$1,872,382	$1,938,354
2016 – 2017	442.405[1]	$66,632	$1,891,105	$1,957,737
2017 - 2018	484.019[1]	$67,298	$1,910,016	$1,977,315
2018 – 2019	438.008[1]	$67,971	$1,929,117	$1,997,088
2019 – 2020	410.754[1]	$69,331	$1,967,699	$2,037,030
2020 – 2021	421.338[1]	$72,797	$2,066,084	$2,138,881
2021 - 2022	421.000[2]	$80,077	$2,272,692	$2,652,769
2022 - 2023	420.000[2]	$88,085	2,499,961	$2,588,046
2023 - 2024	417.898	$96,893[3]	$2,749,958[3]	$2,846,851[3]

[1] actual water pumped during fiscal year based on monthly pumping data by WSU
[2] estimated water pumped during fiscal year
[3] budgetary costs provided by WSU
[4] Estimated based on numbers provided by WSU

9.3. REVENUE SOURCES

The University water system has six available sources from which to fund repairs and improvements:

- The Power Plant and Utilities Operating Fund.
- Minor Capital Renewal (MCR)
- Minor Capital Improvements (MCI)
- Minor Capital Safety (MCS)
- Minor Capital Infrastructure
- Major Capital

The Utilities Operating Fund is used for routine repair and maintenance. The MCR fund is for facility renewal and replacement projects up to $2,000,000. MCI is for new facility type projects valued up to $2,000,000. The Major Capital Fund is for projects valued at over $5,000,000. MCS funds are administered by the Division of EH&S and can be used to fund new or replacement projects under the same constraints as MCR & MCS. Minor Capital Infrastructure is a new capital funding source for use in the utility distribution infrastructure. It has the same restrictions as other Minor Capital Funding sources. The source of all the capital funds is State appropriation of tax dollars. This allotment varies from biennium to biennium depending on the State's funding priorities. The Major Capital Fund requires that the project be specifically itemized for approval in the State budget. MCR, MCI, MCS, MC Infrastructure and Major Capital funds are not allotted for just water projects but include all campus facilities and infrastructure projects. Funding is assigned on a prioritized basis.

The following projects were completed during the last WSP cycle*:

- Pressure Reducing Valves currently under construction
- Began work on new 2 MG reservoir for high zone
- Took East Observatory Hill Reservoir and elevated high tank out of service and demolished both.

It is anticipated that the $6,130,000 water metering project will be funded by MCR funds as the legislature allocates these funds to WSU or potentially by raising rates for water service to housing and dining services. As the funding is assigned based on priority, it is anticipated that the legislature will view this metering favorably as it is mandated by DOH to be completed. The funds have not been provided as of 2022, but WSU will continue to present this project to the legislature with the understanding of the urgency to meet DOH mandates under Municipal Water Law and that the project must be funded.

All capital improvement projects listed in Table 8-1 and 8-2 are given implementation timelines, but not given a specific year for completion as funding is not yet available nor is it foreseen what year the funding will become available. WSU will continue to present these projects to the State legislature, and they will be completed as funds are allocated from the State. Therefore, no anticipated completion schedules are given for these projects, only estimates for priority and range of years.

APPENDIX A

Chapter 1

APPENDIX A-1

DOH Water Facilities Inventory (WFI)

WATER FACILITIES INVENTORY (WFI) FORM

Washington State Department of Health
Division of Environmental Health
Office of Drinking Water

ONE FORM PER SYSTEM

Quarter: 1
Updated: 11/03/2022
Printed: 12/7/2022
WFI Printed For: On-Demand
Submission Reason: Other

RETURN TO: Central Services - WFI, PO Box 47822, Olympia, WA, 98504-7822 or email wfi@doh.wa.gov

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
93200 Q	WASHINGTON STATE UNIVERSITY	WHITMAN	A	Comm

6. PRIMARY CONTACT NAME & MAILING ADDRESS

TIMOTHY R. LEACHMAN [WATER DIST. MANAGER]
PO BOX 641150
PULLMAN, WA 99164-1150

STREET ADDRESS IF DIFFERENT FROM ABOVE

ATTN
ADDRESS 2425 GRIMES WAY
CITY PULLMAN STATE WA ZIP 99164

7. OWNER NAME & MAILING ADDRESS

WASHINGTON STATE UNIVERSITY
GENE PATTERSON
WSU ENV HEALTH & SAFETY
PO BOX 641172
PULLMAN, WA 99164-1172

WATER QUALITY

STREET ADDRESS IF DIFFERENT FROM ABOVE

ATTN
ADDRESS
CITY STATE ZIP

9. 24 HOUR PRIMARY CONTACT INFORMATION		10. OWNER CONTACT INFORMATION	
Primary Contact Daytime Phone: (509) 335-9000		Owner Daytime Phone: (509) 335-3041	
Primary Contact Mobile/Cell Phone: (208) 596-1965		Owner Mobile/Cell Phone:	
Primary Contact Evening Phone: (509) 335-9000		Owner Evening Phone: (xxx)-xxx-xxxx	
Fax:	E-mail: txxxxxxxn@wsu.edu	Fax: (509) 335-4442	E-mail: gxxxxxs@wsu.edu

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)

- [x] Not applicable (Skip to #12)
- [ ] Owned and Managed
- [ ] Managed Only
- [ ] Owned Only

SMA NAME: _____ SMA Number:

12. WATER SYSTEM CHARACTERISTICS (mark all that apply)

- [x] Agricultural
- [ ] Commercial / Business
- [x] Day Care
- [x] Food Service/Food Permit
- [x] 1,000 or more person event for 2 or more days per year
- [x] Hospital/Clinic
- [x] Industrial
- [ ] Licensed Residential Facility
- [x] Lodging
- [ ] Recreational / RV Park
- [x] Residential
- [x] School
- [ ] Temporary Farm Worker
- [x] Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)

- [ ] Association
- [ ] City / Town
- [ ] County
- [ ] Federal
- [ ] Investor
- [ ] Private
- [ ] Special District
- [x] State

14. STORAGE CAPACITY (gallons)

4,200,000

- SEE NEXT PAGE FOR A COMPLETE LIST OF SOURCES -

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
93200 Q	WASHINGTON STATE UNIVERSITY	WHITMAN	A	Comm

15	16	17	18 SOURCE CATEGORY									19 USE			20	21 TREATMENT						22	23	24 SOURCE LOCATION			
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	Power Plant Well #1 - AGG323		X											X			X					247	417	SE NW	05	14N	45E
S02	InAct 01/31/2001 Power Plant Well #2		X											X		X						214	1	SE NW	05	14N	45E
S03	Power Plant Well #3 - AEH241		X											X			X					223	1100	SE NW	05	14N	45E
S04	Power Plant Well #4 - AEH240		X									X			Y		X					275	1500	SE NW	05	14N	45E
S05	Whitlow Well #5		X											X			X					396	450	NE SW	34	15N	45E
S06	Coliseum Well #6 - AGG329		X									X			Y		X					702	1500	NW NW	04	14N	45E
S07	69880/Pullman Water Dept, City of	69880 V												X			X						0			00N	00E
S08	Well #7 - AGG328		X									X			Y		X					1814	2500	SW NE	05	14N	45E
S09	Well #8		X									X			Y		X					542	2500	NE NW	04	14N	45E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
93200 Q	WASHINGTON STATE UNIVERSITY	WHITMAN	A	Comm

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED CONNECTIONS
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)		4095	Unspecified
A. Full Time Single Family Residences (Occupied 180 days or more per year)	0		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	145		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	4095		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	2	2	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	258	258	
28. TOTAL SERVICE CONNECTIONS		4355	

29. FULL-TIME RESIDENTIAL POPULATION

A. How many residents are served by this system 180 or more days per year? 1204

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students, daycare children and/or employees are present each month that are NOT already included in the residential population?	23086	23086	23086	23086	23086	9634	9634	24620	24620	24620	24620	24620
B. How many days per month are they present?	21	21	21	21	21	21	21	21	21	21	21	21

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	25	25	25	25	25	10	10	30	30	30	30	30

34. NITRATE SCHEDULE	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
(One Sample per source by time period)			

35. Reason for Submitting WFI:

☐ Update - Change ☐ Update - No Change ☐ Inactivate ☐ Re-Activate ☐ Name Change ☐ New System ☐ Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____

Intentionally left blank

WS ID	WS Name
93200	WASHINGTON STATE UNIVERSITY

Total WFI Printed: 1

Washington State Department of Health
Division of Environmental Health
Office of Drinking Water

Water Facilities Inventory (WFI)

Report Create Date:	12/7/2022		
Water System Id(s):	93200		
Print Data on Distribution Page:	ALL		
Print Copies For:	DOH Copy		
Water System Name:	ALL		
County:	-- Any --		
Region:	ALL		
Group:	ALL		
Type:	ALL		
Permit Renewal Quarter:	ALL		
Water System Is New:	ALL		
Water System Status:	ALL		
Water Status Date From:	ALL	**To**	ALL
Water System Update Date	ALL	**To**	ALL
Owner Number:	ALL		
SMA Number:	ALL		
SMA Name:	ALL		
Active Connection Count From:	ALL	**To:**	ALL
Approved Connection Count	ALL	**To:**	ALL
Full-Time Population From:	ALL	**To:**	ALL
Water System Expanding	ALL		
Source Type:	ALL		
Source Use:	ALL		
WFI Printed For:	On-Demand		

Washington State Department of Health
Division of Environmental Health
Office of Drinking Water

Date Submitted: 6/15/2022

Water Use Efficiency
Annual Performance Report - 2021

WS Name: WASHINGTON STATE UNIVERSITY

Water System ID# : 93200 WS County: WHITMAN

Report submitted by: *Jeff Lannigan*

Meter Installation Information:

Estimate the percentage of metered connections: *50% to 75%*

If not 100% metered – Did you submit a meter installation plan to DOH? Yes

Within your meter installation plan, what date did you commit to completing meter installation? 6/30/2021 12:00:00 AM

Current status of meter installation:

WSU installed twelve additional water meters in 2021, and has identified priorities and started design to address the remaining unmetered facilities. Due to funding constraints related to COVID-19 some of this work has been deferred, but is currently estimated to be more than 95% complete in the 2021-2023 fiscal cycle.

Production, Authorized Consumption, and Distribution System Leakage Information:

12-Month WUE Reporting Period *01/01/2021* To *12/31/2021*

Incomplete or missing data for the year? *Yes*

If yes, explain:

Water use is not fully metered, therefore Authorized Consumption is estimated using a comparable water use intensity analysis. Meter data may be missing due to staffing issues related to COVID-19.

Total Water Produced & Purchased (TP) – Annual volume gallons	*447,698,000*	gallons	
Authorized Consumption (AC) – Annual Volume in gallons	*354,763,000*	gallons	
Distribution System Leakage – Annual Volume TP – AC	*92,935,000*	gallons	
Distribution System Leakage – DSL = [(TP – AC) / TP] x 100 %	*20.8 %*		
3-year annual average - %	*19.6 %*		*2019, 2020, 2021*

Goal-Setting Information:

Enter the date of most recent public forum to establish WUE goal: *06/22/2015*

Has goal been changed since last performance report? *No*

Note: Customer goal must be re-established every 6 years through a public process.

Customer WUE Goal (Demand Side):

Other goals are to limit annual aquifer pumping increases to 1% of the pumping volume based on a 5 year moving average starting with 1986 (642 mgy). At no time shall the accumulated total pumping exceed 125% of the 1981 to 1985 average (702 – 877mgy), to improve irrigation systems to automatic systems (70-90% in ten years) and to eliminate 20 gpm of cooling water to the drain in 3 years.

Customer (Demand Side) Goal Progress:

1. WSU has established a Water Conservation Task Force, a combination of operations, engineering, and demand-side staff to evaluate water use data on a monthly basis, identify unusual usage, investigate actual demands to resolve the issues, and track subsequent usage to assure resolution has been achieved. This has been effective in identifying leaks, building system issues, and faulty meters and assuring efficient water use.
2. Water use at WSU Pullman has tracked steadily downward over the last 30 years, even while campus has grown 40% over the same period. WSU has met or exceeded the established water savings goal.
3. The water use goals established in 2015, including to maintain water use below a historic level, have been achieved.

Additional Information Regarding Supply and Demand Side WUE Efforts

For the reporting period listed above, WSU total water produced was 448 million gallons, an increase of 59 million gallons from 2020 – this is attributed to a return to typical operations following the pandemic, and an unusually hot and dry irrigation season. Irrigation systems are fully automatic and centrally controlled to maximize efficiency, and single-pass domestic water cooling has been eliminated wherever possible.

In 2021 WSU's metering efforts continued to identify priorities to assure WSU's limited resources are spent to maximize the associated benefit in quantifying water use, and meters were added at 12 campus buildings. Significant efforts were also invested in 2021 to automate the meter reads from campus facilities and effectively store the data in a historian for later analysis. The design effort is complete to meter all unmetered Housing facilities and the corresponding irrigation, but the execution of this work has been delayed due to funding impacts related to COVID-19. Although around 50% of the total number of connections are currently metered, this represents 84% of square footage on campus; implementing the metering at Housing facilities and other high-priority facilities in the coming two years will bring this number by area to greater than 90%. A water conservation task force has been established to continually identify, troubleshoot, and correct areas of high water use. WSU also continues to be an active participant in commissioning and funding studies of water resource issues through its involvement in the Palouse Basin Aquifer Committee (PBAC).

Describe Progress in Reaching Goals:

- Estimate how much water you saved.
- Report progress toward meeting goals within your established timeframe.
- Identify any WUE measures you are currently implementing.
- If you established a goal to maintain a historic level (such as maintaining daily consumption at 65 gallons per person per day for the next two years) you must explain why you are unable to reduce water use below that level.

The following questions will help DOH better understand water usage, water resources management and drought response. The data will be used to provide technical assistance, not for regulatory purposes.

All questions are voluntary

Month	Date of Measurement	Static Water Level (feet below measuring point)	Dynamic Water Level (feet below measuring point)
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Water level data:

Please provide the following information (if known) to help us better utilize the water level data.

Well tag Id number:

Well depth:

Water level accuracy (within 0.01 ft < 1 ft ~ 1 ft)

Completion type (e.g., cased open interval, cased open-ended, cased open-ended with perforations, etc…)

Location coordinates (latitude, longitude) and accuracy of the coordinates (< 1ft, ~1ft, >1000ft)

Water level parameter name (e.g. depth below measuring point, depth below top of casing, depth below ground surface)

Elevation of top of casing OR elevation of measuring point if different than top of casing (as specified in question 7)

Monthly/Seasonal Water Usage:

What was your maximum daily water demand for the previous year (in gallons per day)?

Month	Volume of Water Produced in gallons
January	18,293,000
February	18,071,000
March	20,576,000
April	27,171,000
May	39,226,000
June	55,487,000
July	77,897,000
August	70,041,000
September	44,895,000
October	27,796,000
November	23,819,000
December	24,426,000

Water shortage response:

Did you activate any level of water shortage response plan the previous year?

- ☐ Yes
- ☐ No
- ☑ There was no need to

If you activated a water shortage response plan the previous year, what level did you activate? (Check all that apply)

- ☐ Advisory Conservation
- ☐ Voluntary Conservation
- ☐ Mandatory Conservation
- ☐ Rationing
- ☐ Other

What factors caused your water shortage the previous year?

- ☐ Drought
- ☐ Fire
- ☐ Landslides
- ☐ Earthquakes
- ☐ Flooding
- ☐ Water Supply Limitations
- ☐ Other

Do not mail, fax, or email this report to DOH

APPENDIX A-2

2015 Pullman-Moscow Groundwater Management Plan (GWMP)

2015

Informational Update

to

1992

Palouse Basin Ground Water Management Plan

PALOUSE BASIN AQUIFER COMMITTEE
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Foreward

In April 2012, the Palouse Basin Aquifer Committee (PBAC) began a review of the 1992 Palouse Basin Ground Water Management Plan (hereafter referred to as the PLAN). The PLAN has proved quite robust; much of what was included in the original PLAN remains true today. At the same time, significant advancement in what is known about the geology and ground water hydrology of the area has occurred.

The group hoped to update the PLAN in a fashion that would maintain its core components and where appropriate provide supplemental information synthesizing the knowledge that has been collected since it was first written. Rather than formally revising the original PLAN, PBAC decided to instead develop an informational update to the PLAN that would provide a synopsis of what has been learned and accomplished in the intervening 20 years.

This document is the result of that effort. In the materials that follow, **text from the original PLAN is presented in bold plain font**. *Update information is presented in italics*. Updates to plan figures contain the word "*Updated*" in the caption. Additionally, 2 new appendices are provided to capture administrative documents that have been enacted since the PLAN was first adopted.

Steve Robischon
Executive Manager
Palouse Basin Aquifer Committee

March 2015

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ACKNOWLEDGEMENTS

Many people contributed to the development of the Ground Water Management Plan between its start during the spring of 1989 and its acceptance by all six entities, the Idaho Department of Water Resources, and the Washington Department of Ecology in the spring of 1992. However, the plan would not have been completed without the effort of Kenneth A. Hall and the various people who served on the Management Plan Subcommittee. Some of those members were Jim Hudak, Mardi Baron, Jim Nebel, Pam Peterson, Ken Abbey, Craig Benjamin, and George Bloomsburg. The work of Jeff Filler as a consultant during the spring of 1990 also was necessary to get the plan pulled together so the committee could finish it. The work of all these people is acknowledged and appreciated.

The publishing assistance of the University of Idaho Facilities Management Communications Department, Kay Packer (Coordinator) and Temple Kinyon (Graphics Coordinator), and the editing of Bob Seale are greatly appreciated.

Lastly, the attention of Tom Townsend and Cal Warnick was important to the plan and we appreciate their interest in the water resources of the region.

We hope the Ground Water Management Plan will serve the communities well in the years to come.

George Bloomsburg
Executive Secretary
Pullman Water Resources Committee

September 1, 1992

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1. INTRODUCTION

1.1 General

The Pullman-Moscow area of eastern Washington and northern Idaho relies almost entirely on ground water for its supply of municipal, institutional, and domestic water. Concern over declining ground water levels in the area motivated the municipalities and universities to form the Pullman-Moscow Water Resources Committee (hereafter referred to as the COMMITTEE) to address the declining ground water table issues and coordinate studies of the ground water and alternative water sources. The COMMITTEE has more recently been charged with developing a ground water management plan for the area by the governing states' water resource agencies. This document represents the plan developed by the COMMITTEE. The Pullman-Moscow Ground Water Management Plan (hereafter referred to as the PLAN). The purpose of the PLAN is to ensure that a safe supply of ground water, in terms of quantity and quality, will continue to exist for present and future use in the Pullman-Moscow Basin (hereafter referred to as the BASIN).

The group name was changed in June 1998 to Palouse Basin Aquifer Committee (PBAC). At the time, the reasons noted for the change were that the existing name could imply that water resources is just a concern of urban residents. The incorporation of a name based on a regional geographic feature would allow residents throughout the Palouse to feel they have a voice in water resource decisions. Reasons stated for support of the new name were that including "aquifer" in the name defines the committee's focus on ground water and it shows the committee has a broad-based focus on regional water resource management.

Chapters 1 and 2 provide introduction and historical background to the PLAN. Chapter 3 outlines ground water management in the context of state water laws in Washington and Idaho. Chapter 4 outlines the mission of the COMMITTEE. Chapter 5 describes technical aspects of the BASIN as well as the general response of ground water aquifers to pumping withdrawals. Chapter 6 contains the program in which management goals and strategies of the local entities are specified. A bibliography and appendices are also included.

1.2 Committee Membership

Membership of the COMMITTEE consists: Pullman, Washington; Moscow, Idaho; Whitman County, Washington; Latah County, Idaho; Washington State University; and the University of Idaho (the ENTITIES). Each of the ENTITIES has two representatives on the COMMITTEE. An Executive Secretary also serves the COMMITTEE as a part-time employee to perform

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administrative duties, provide technical assistance, and act as a liaison between the ENTITIES and other groups or individuals.

Colfax became a PBAC member in 2003, and terminated its membership in 2014. And although not a formal PBAC member, the City of Palouse has provided financial support to PBAC. Each of the entities has two representatives on the COMMITTEE, but currently the cities of Moscow and Pullman have three representatives participating in meeting discussions.

1.3 Charter between Pullman, Moscow, University of Idaho, and Washington State University

The COMMITTEE operates as the result of several intergovernmental agreements among the city governments of Pullman and Moscow, the two land-grant universities, and more recently, the two county governments.

Through a 1988 Intergovernmental Agreement (see section 4.2 and appendix A) the COMMITTEE is charged to coordinate planning in order to ensure a long-term supply of water for the ENTITIES, encourage water conservation, maintain an area ground water data base, investigate the primary and alternative water sources, and act as a liaison between the ENTITIES and the governing state agencies.

A PBAC Interagency Agreement was approved in 2003 defining the membership, duties and powers of PBAC. The 2003 agreement and subsequent amendments as well as the 2005 PBAC bylaws (see Appendix H and Appendix I) specify funding contributions and associated voting rights of participating entities. As of 2014, funding contributions are segmented into those associated with PBAC administrative activities and those tied to research activities. All member entities contribute to administrative activities: Pullman, Moscow, WSU and UI contribute $20,000 annually and are entitled to 2 votes each; Whitman County and Latah County contribute $5,000 annually and are entitled to 1 vote each. In addition, since 1999 annual research funding of $20,000 has been provided by each of the 4 major pumping entities (Pullman, Moscow, WSU, UI).

Through a Resolution of Understanding among the city and county governments, the universities, and the governing state water agencies (the Washington Department of Ecology and the Idaho Department of Water Resources), the state governments have agreed to work with the COMMITTEE in the formation of the PLAN.

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1.4 Ground Water Basin Definition, Geology, and Land Use

The BASIN managed by the PLAN is defined roughly by the surface drainage areas of the South Fork of the Palouse River upstream of the confluence of Four Mile Creek and the South Fork of the Palouse River, and a portion of the Union Flat Creek Drainage, as shown in Figure I. The studies of Smoot and Ralston (1987) and Lum, et al. (1990) includes this same area in addition to a portion of the main Palouse River drainage between Potlatch, Idaho and Colfax, Washington. For modeling purposes, the BASIN extends to the Snake River and includes the southwest facing side of the Snake River Canyon. Figure 2 shows the potential impact area of the PLAN. The area of potential impact includes the greater Palouse River Basin and the Lower Granite Pool on the Snake River.

Note: Significant BASIN characterization research has been conducted since the development of the 1992 PLAN. The state of knowledge as of 2011 is summarized in the Palouse Ground Water Basin Framework Project Final Report (http:/www.webpages.uidaho.edu/pbac/pubs/110128_Framework_Project_Final_Report.pdf). Text included within the body of this update should be considered as only a general summary; for detail, the reader is referred to the appendix and the source data it references.

The current working BASIN boundary is that defined by John Bush in 2005 (see updated Figure 1). There is ongoing discussion and uncertainty about the size of the BASIN, particularly its western and northern extents. Recent (2010-2012) research has investigated compartmentalization within the lower aquifer. The impact area of Figure 2 in the original plan can be viewed as the union of the BASIN boundary and the administrative boundary of the Washington Water Resource Inventory Area (WRIA) 34. The WRIA boundary is associated with the water resource administrative unit established by the State of Washington Water Resources Act.

Figure 3 shows graphically the main surface and subsurface components of the BASIN. Most of the BASIN is composed of loess loam soils overlaying many layers of basalt. In the eastern most part of the BASIN, the loess soils overlie the granitic basement formation, which extends downward and westward, forming a lower boundary to the basalts. The basalt formations and overlying loess soils continue westward from the BASIN toward the Columbia Basin of central Washington. Along the southwestern edge of the BASIN, the Snake River Canyon cuts deeply into the basalt flows, which are in places several thousand feet thick. Between the basalt layers lie sedimentary deposits (or interbeds). The basalts and interbeds make up the primary aquifer of the BASIN. As one moves westward in the BASIN from

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Moscow to Pullman, the interbeds become thinner and play a less important role in the ground water system.

The component description above remains essentially the same, with two exceptions. On the eastern side of the BASIN (generally east of the WA-ID state line), the loess overlies sediments of the Latah Formation know as the Sediments of Bovill, and does not lie directly above basalt. Recent research points to the potentially important role the Sediments of Bovill play in recharge to the upper aquifer in this portion of the BASIN. Also note that the current working BASIN's western boundary is defined by an anticline between Union Flat Creek and the Snake River, and the BASIN boundary does not extend to the Snake River Canyon. An updated Figure 3 comes from Bush and Garwood (2005).

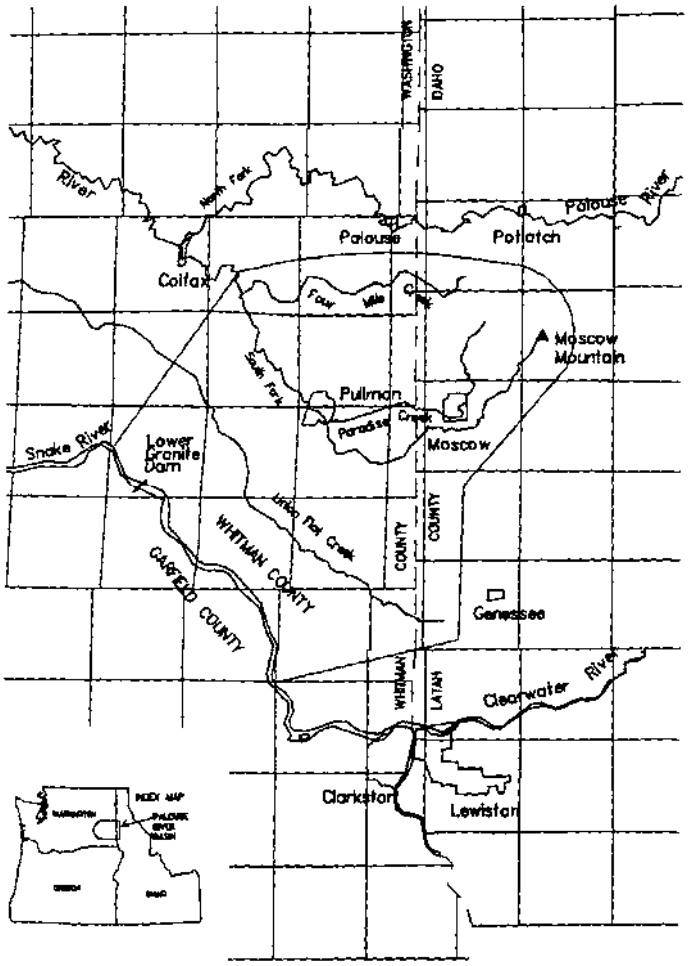
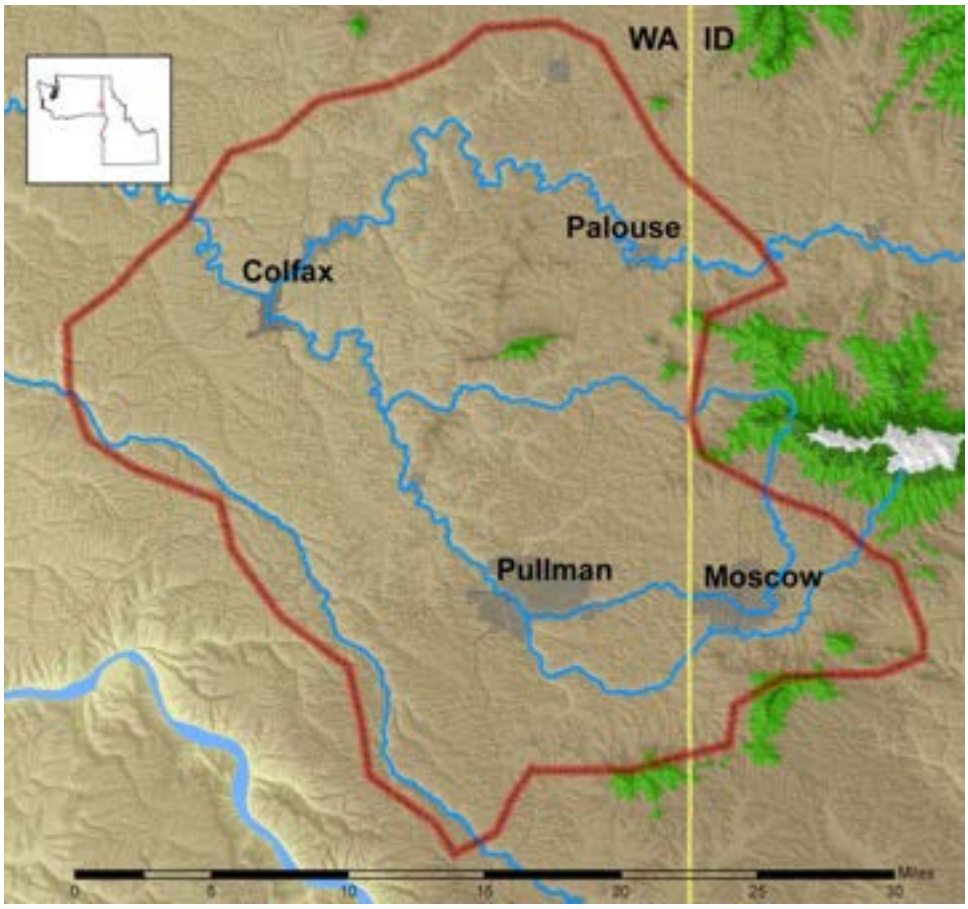


Figure 1. Pullman-Moscow Ground Water BASIN (from Lum et al., 1990)

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Updated Figure 1. Pullman-Moscow Ground Water BASIN

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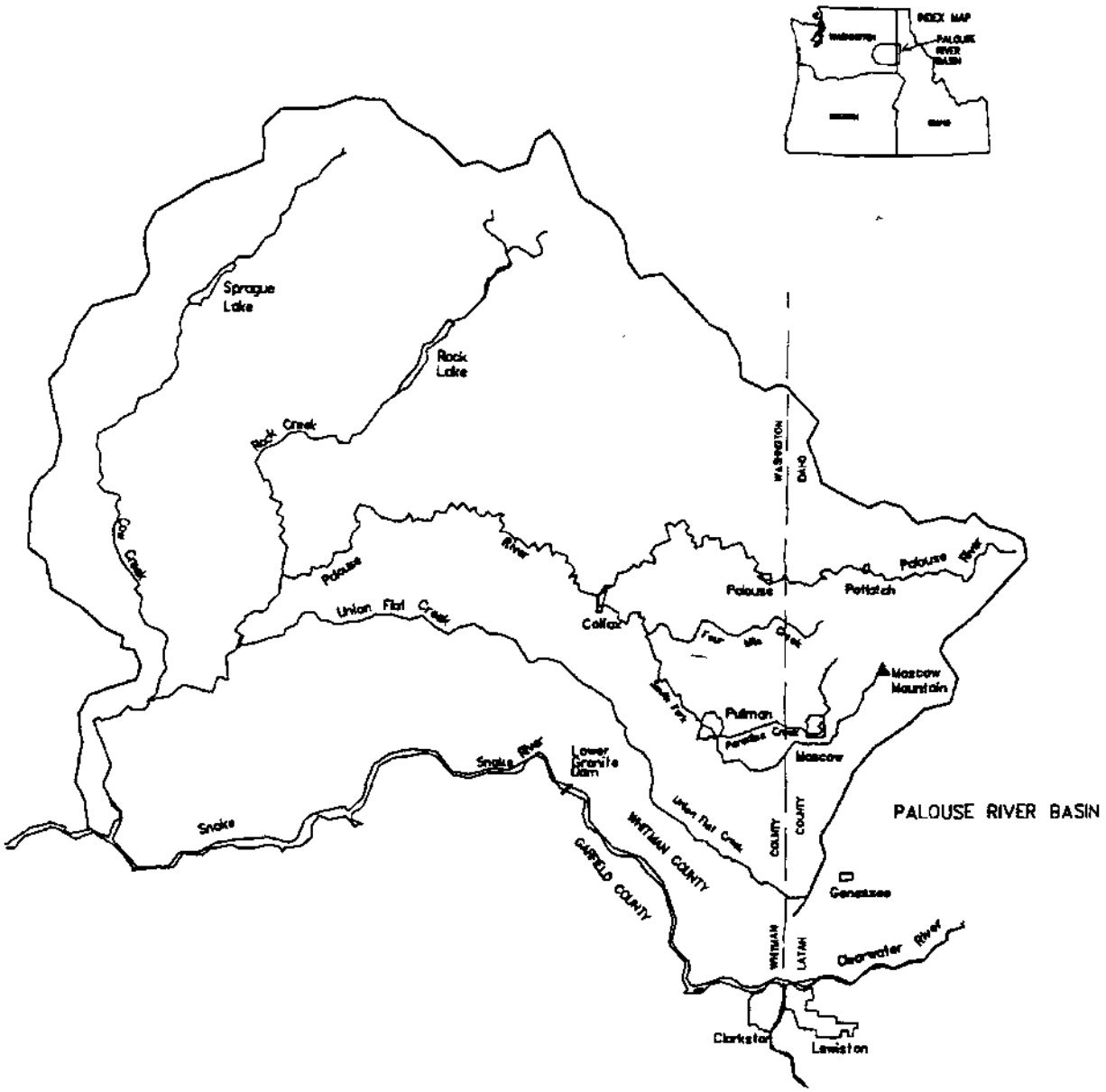


Figure 2. Pullman-Moscow Ground Water Management PLAN Potential Impact Area

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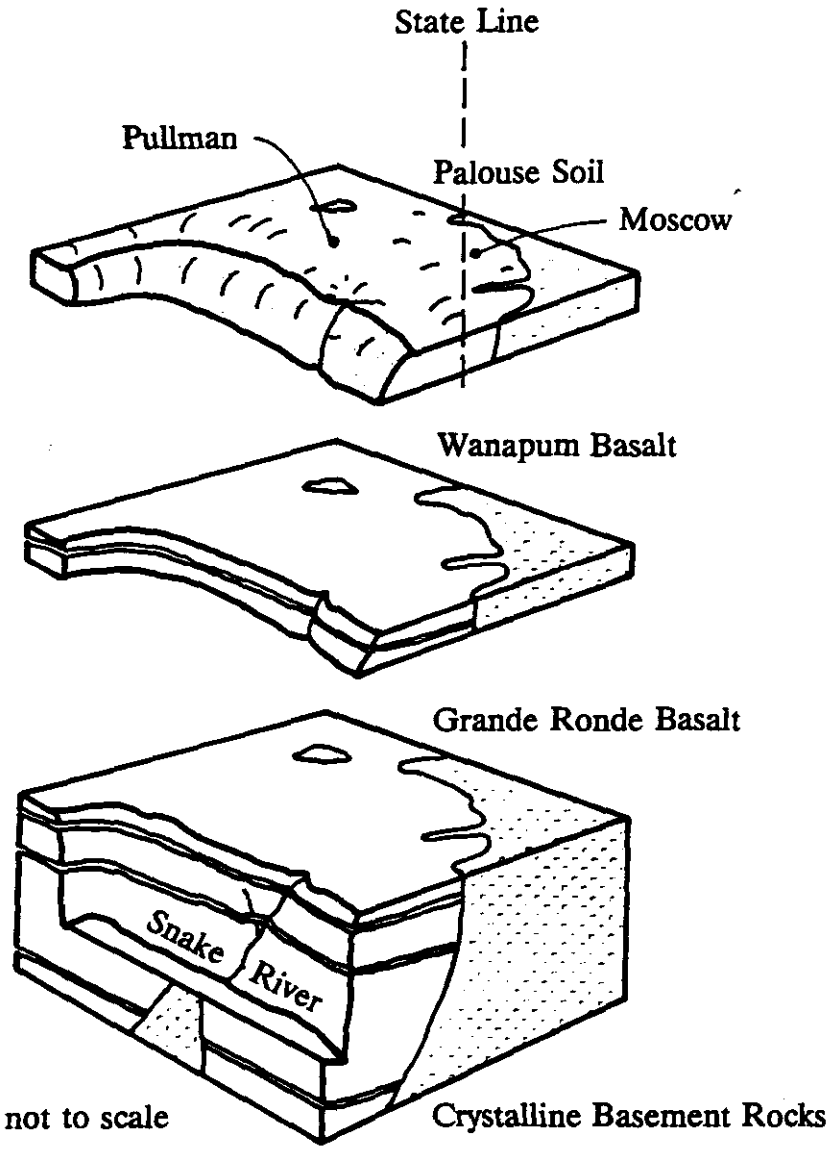
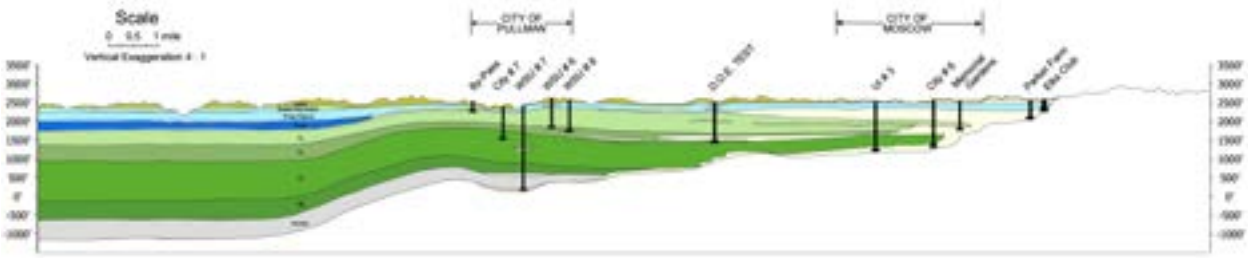


Figure 3. Graphical Representation of the Pullman-Moscow Ground Water BASIN

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Updated **Figure 3. Graphical Representation of the Pullman-Moscow Ground Water BASIN (http://www.webpages.uidaho.edu/pbac/GeologicMaps/E_W_regional.pdf)**

The cities of Pullman and Moscow and the two universities are the major water purveyors in the BASIN. Most of the water is pumped from wells penetrating various depths of the basalt aquifers. Primary uses of the water are municipal, institutional, and private; essentially no ground water in the area is used for agricultural irrigation. Primary land use in the BASIN is dry-land farming of small grains, peas, and lentils. The high water storage capacity of the loess soils is sufficient to retain enough precipitation from the fall and winter months to carry most of the crops through the drier parts of the year. In the western part of the BASIN where the precipitation is less, successful dry land farming includes rotating the fields into fallow to allow sufficient moisture carryover from one year to the next. Prior to development, beginning in the 1800's, most of the BASIN was natural grassland and little was woodland.

Annual precipitation in the BASIN ranges from 15 inches along the Snake River to about 50 inches at the top of Moscow Mountain at the northeast corner. Precipitation averages 22 inches annually for Pullman and 24 inches annually for Moscow. Most of the precipitation in the area falls in the period November to June. In general, precipitation in the BASIN increases eastward and with increased elevation. Streams in the area flow generally to the west and northwest. Ground water in the BASIN is believed to flow primarily westward toward the Snake River.

Evidence of lower aquifer discharge into the Snake River canyon has not been documented. The current conceptual flow model is one of flow to the west and northwest.

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1.5 General Statement of Ground Water Concerns

Water levels in many wells in the Pullman and Moscow areas have declined since their first use. At times, water level declines have averaged one to two feet per year and have been greatest near the city centers. Concerns over the water declines have motivated a number of geologic and ground water modeling studies for the BASIN, as well as an evaluation of possible alternative water supplies. Water quality issues are not a major concern in the BASIN, because ground water quality is excellent and meets all federal drinking water standards.

Since the inception of the 1992 PLAN, water level declines in the lower aquifer have averaged less than 1 foot per year. The reader is referred to the 2013 Palouse Ground Water Basin Annual Water Use Report (found at http://www.webpages.uidaho.edu/pbac) for more detail. Though surface water quality has become more of a concern since 1992, the quality of the ground water in the BASIN remains high.

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2. HISTORY

2.1 General

Prior to the turn of the *(20th)* century, free flowing artesian wells were observed in both Pullman and Moscow. Water usage over the years has caused water levels in both the Pullman and Moscow areas to decline, at rates of one to two feet per year (Figure 9, see Chapter Section 5.4). Originally it was believed that Pullman and Moscow obtained water from different aquifers, due to differences in the water chemistries. As Moscow city wells were drilled deeper during the 1960's, it became apparent that both cities are served by a larger common ground water system. Water levels under both cities continued to decline, and several geologic and ground water modeling studies have investigated the dependability of the Pullman-Moscow aquifers for meeting future water use needs. Studies also have been made of possible alternative water sources for the area. Although the ENTITIES have had to drill deeper wells over time to obtain water, costs of obtaining and providing water in the area are lower than in many areas of the nation.

Since 1992, total pumping by the major entities (Pullman, Moscow, WSU, UI, Colfax, Palouse) has declined 15.5%. Water levels have not stabilized, however, the rate of water level decline between 1992 and 2011 has declined to less than 1 foot per year (-0.6 ft/yr for the 2007-2013 time period). Updated pumping and water level information is contained in the 2013 PBAC Annual Water Use Report (http://www.webpages.uidaho.edu/pbac/Annual_Report/Final_PBAC_Annual_Report_2013_hi_res.pdf). A recent study by Moran (http://www.webpages.uidaho.edu/pbac/Presentations/2011/110915_Moran_WL_Pumping_Relationships_report.pdf) concludes current recharge to and discharge from the lower aquifer are nearly equal.

Numerous additional studies have been conducted, and several alternative water sources have been or are currently being investigated. In 2011 the Palouse Ground Water Basin Framework Project compiled a list of nearly 400 documents related to work done in the Basin over time (http://www.webpages.uidaho.edu/pbac/pubs/130419_Framework_Database_Bibliography.pdf). In addition to the compilation task, the Framework project reviewed and synthesized the available documents, identified areas where gaps exist in our current understanding, and recommended projects to help eliminate those gaps.

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2.2 Geologic Studies

A number of geologic and geohydrologic studies have been conducted over parts or all of the BASIN. Exhaustive lists of previous investigations can be found in Ross (1965), Smoot and Ralston (1987), and Lum, et al. (1990). Ten Eyck and Warnick (1984) have provided a comprehensive annotated catalog of reports and studies pertinent to the Pullman-Moscow water supply.

Russell (1897) reported flowing artesian wells in Pullman and Moscow in the 1890's. Foxworthy and Washburn (1963) and Walters and Glancy (1969) provided significant geohydrologic studies of the area. Foxworthy and Washburn (1963), Ross (1965), Ringe (1968), Brown (1976), and Cotton (1982) have provided discussions of the geology of the BASIN. Klein (1987) and Bockius (1985) provided information on the basalt depths and basalt/granite interface. These and other studies of the BASIN have resulted in a general understanding of the ground water system as discussed in Sections 1.4 and 5.2, and used in more recent studies of Smoot and Ralston (1987) and Lum, et al. (1990).

Since 1992, 7.5 minute quadrangle geologic maps have been developed covering much of the Basin (Bush et al, see Framework Project bibliography). Recent research points toward a geologic conceptual model consisting of a number of sub-basins. These sub-basins appear to be hydraulically connected over the long term (similar long term water level declines), but somewhat isolated from each other in terms of short term water level responses to cross-basin pumping. Although the general understanding of the ground water system has advanced, questions remain as to the overall extent of the Basin, as well as locations and mechanisms of recharge and natural discharge.

2.3 Model Studies

Ground water studies of the BASIN have been conducted to provide a better understanding of the ground water system and to evaluate or predict future ground water levels. Jones and Ross (1972) modeled the ground water system of Moscow. Their results suggested that pumping in Moscow area wells was less than the recharge to the area, and that ground water should be able to sustain the needs of Moscow beyond the year 2000. Jones and Ross also suggested that the use of artificial recharge through recharge wells may be feasible for the upper portion of the Moscow area aquifers.

Barker (1979) used a two-dimensional ground water model to study the ground water system supplying both Pullman and Moscow. Barker considered an area of roughly 8-mile radius centered around Pullman. He modeled the subsurface aquifers as a single basalt system. His model underestimated water level declines for the area; water levels estimated

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for the year 2000 were reached by 1985.

Smoot and Ralston (1987) and Lum, et al. (1990), studied the BASIN using updated geologic information and a more complex, three-dimensional ground water model. The BASIN boundaries used by Barker were expanded to include the entire management BASIN shown in Figure 1 as well as a portion of the main Palouse River between Potlatch, Idaho and Colfax, Washington. The basalt formations were divided into an upper Wanapum basalt layer and a lower Grande Rhonde basalt. The BASIN was divided horizontally into squares 1/2-mile on a side. In the vertical direction, the BASIN was divided into 3 layers: one layer representing the loess soil profile, and two layers representing the basalt formations.

Results of the model studies by Smoot and Ralston (1987) and Lum, et al. (1990), suggest that the continuation of water level declines would depend on the rate of usage of the aquifers. These model studies suggest "*that ground water levels would stop declining if ground water pumpage were to stabilize at a constant level. However, ground water levels will continue to decline in the foreseeable future as long as ground water pumpage continues to increase*" [Lum, et al., (1990) page 1]. Both studies also suggest that the present rate of water withdrawal is somewhat less than the rate at which the BASIN is recharged.

The Framework project review of past models concluded that, in light of actual water level declines experienced since 1990, both the Barker and Lum models under predicted water level declines. Neither model would have predicted continued water level decline in response to the 15.5% reduction in pumping (since 1992) the BASIN has experienced.

2.4 Alternative Water Sources (Imported Water)

Water level declines in the BASIN have motivated studies of alternative sources of water for the area. Ebasco Services (1958) suggested that supplemental water supplies could be obtained using surface storage reservoirs in the BASIN. A number of water transfer schemes bringing water from outside the BASIN were also considered, ie., diversion from the Potlatch River near Julietta; diversion from the Clearwater River upstream from Lewiston; and diversion from the North Fork of the Palouse River. Stevens, et al. (1970) proposed six potential water supply sources: two diversion and storage schemes using the North Fork of the Palouse River; two schemes utilizing water from the Potlatch River; a scheme utilizing water pumped from Dworshak Reservoir; and a scheme of pumping water from Lower Granite Reservoir near Wawawai. Stevens, et al. (1973) also reported on a reconnaissance level feasibility study of a combined pumped-storage municipal water supply project near Union Flat and Almota Creeks.

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Some of the above schemes as well as a number of proposed flood control projects for the Palouse River Basin are summarized in a recent reconnaissance study by the U.S. Corps of Engineers (1989). The proposed alternatives identified by the corps are shown in Figure 4. Ground water and municipal water supply concerns in the BASIN have not been severe enough to motivate further study of these alternatives as of spring 1990.

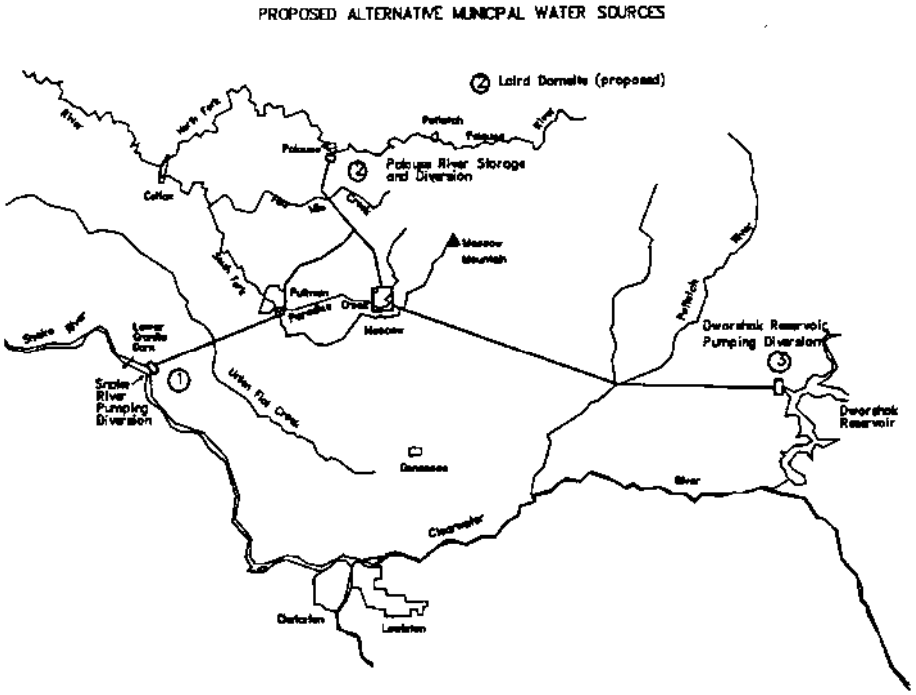


Figure 4. Proposed Municipal water Supply Alternatives (as identified by the Corps of Engineers, 1989).

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Since 1992, several studies of areas with potential for enhanced recharge have been conducted. In the Kamiak Gap area and along the margin of the Basin east of Moscow near Paradise Creek and the South Fork of the Palouse River, studies found that conditions were such that at the sites investigated the prevalence of clay layers in the subsurface would limit any enhanced recharge. Recent(2012) research by Moxley (http://www.webpages.uidaho.edu/pbac/Theses/Moxley_Stable_Isotope_Hydrological_Tracers_of_Aquifer_Recharge_2012.pdf) suggests recharge to the aquifer from the South Fork of the Palouse River between Pullman and Albion, and another study by Candel (2014) (http://www.webpages.uidaho.edu/pbac/Theses/Candel_Identifying_Hydrologic_Recharge_Connections_Moscow_Subbasin.pdf)found reports evidence of recharge to several wells near the forested margin of the basin along the Moscow Mountain front.

As a component of their 2008 Water Systems Plan Update, the City of Pullman investigated the feasibility of utilizing aquifer storage and recovery (ASR) to divert water from the South Fork of the Palouse River during high flow periods and store it in the subsurface. The City of Moscow is currently conducting a surface water reservoir feasibility study evaluating the potential to capture and store (or directly use) surface water from a number of different sources.

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3. AUTHORITY

3.1 General

The state governments of Washington and Idaho are charged with the administration of ground and surface water rights within their boundaries. Ground and surface waters are considered public property, and are "appropriated" in the form of "water rights". In the states of Washington and Idaho, water rights are obtained and protected in terms of a "prior appropriation" doctrine, such that a right that is "first in time" is "first in right". Water rights are generally established (through an application process) by diverting water that has not been previously appropriated and putting it to a beneficial use. In principle, the prior appropriation doctrine mandates that in periods or conditions of water shortage, "junior" (in time) water rights holder's water supplies are reduced or terminated to protect the "senior" rights.

The appropriation of ground water is generally limited to the amount of natural recharge to the BASIN or aquifers. However, the natural recharge to a ground water system is often difficult or impossible to determine. As a result, a recharge criterion is rarely satisfactory for actually limiting ground water use. Instead, water use is generally limited on the basis of feasible or economic pumping lift and potential impairment to present or senior users. In conditions of over-appropriation of ground or surface water, junior water rights are generally regulated in favor of valid senior water rights.

In both states, water is the property of the people of the state, and can be appropriated for beneficial use. The earliest, or senior, appropriators enjoy priority over later, or junior appropriators. In times of shortage, junior appropriators' use is curtailed to satisfy senior users.

3.2 Administration Under the Washington Code

In Washington, ground water use is limited to provide a "safe sustained yield" to existing water rights. The safe sustained yield criterion includes the protection of economic or feasible pumping lift and protection against impairment of present or senior users.

Washington code also allows for the designation of "Ground Water Management Areas" and "subareas". Ground Water Management Areas may be designated in areas of existing or potential water supply problems (either quantity or quality). The Ground Water Management Area Program in Washington is designed to promote ground water management at the local level with assistance (both administrative and financial) from the state.

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Codes specific to ground water use in Washington are listed below.

- **Appropriation doctrine for ground water--Revised Code of Washington (RCW) 90.44.010.**
- **Administration of Ground Water Rights--RCW 90.44 and Washington Administrative Code (WAC) 173-100.050.**
- **Ground water use limited so as to maintain a safe sustained yield·· RCW 90.44.130.**
- **Prevention of ground water waste--RCW 90.44.110.**
- **Impairment of senior users--WAC I73.I50.050.**
- **Definition of impairment--WAC 173.150.060.**
- **Determination of reasonable or feasible pumping lift—WAC 173.150.050.**
- **Adjudication of ground water rights--RCW 90.03.110 and 90.44.220.**
- **Ground Water Management Areas and Subareas--RCW 90.44.180 and 90.44.400. ·**
- **Ground Water Management Areas and Programs-—WAC 173-100.050.**
- **Protection of upper aquifer zones--WAC 173-154.**
- **Protection of withdrawal facilities associated with ground water rights--WAC 173-150.**
- **Well drillers licensing and well construction programs--RCW 18.104.**

In Washington, generally, new rights must not impair present and senior users, and must meet a public interest and availability test. Ground water use in a basin can be limited at an amount that preserves a "safe sustaining yield" to existing water rights. The safe sustained yield criterion may include the protection of economic or feasible pumping lift for "qualifying works" in an aquifer system.

Washington code also allows for the designation of "Ground Water Management Areas" and "subareas". Ground Water Management Areas may be designated in areas of existing or potential water supply problems (either quantity or quality). The Ground Water Management Area Program in Washington is designed to promote ground water management at the local

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level with assistance (both administrative and financial) from the state. No formal Ground Water Management Area has been established in the Palouse Basin.

Washington's Watershed Planning Act convened and funded local organizations within a watershed to engage in a process to outline water use in that area. The Palouse Basin lies within Water Resource Inventory Area (WRIA) 34, and such a plan was prepared, finalized in 2007, and an implementation plan finalized in 2009.

Well construction in Washington must be done by licensed well drillers and meet minimum standards. Licensing helps meet construction standards designed to protect ground water quality and availability.

2003 changes to the Washington Water Code grant municipalities certain rights designed to provide certainty to growing communities. These are codified in sections of the main water code.

Laws and Rules specific to ground water use in Washington are listed below.

Laws (Revised Code of Washington)

- *Washington Water Code RCW 90.03*
  - *Adjudication of ground water rights RCW 90.03.110 and 90.44.220.*
- *Regulation of Public Ground Water-- RCW 90.44.*
  - *Permit required RCW 90.44.050*
  - *Certificate of vested rights RCW 90.44.090*
  - *Changes or amendments to existing certificates RCW 90.44.100*
  - *Priorities as between appropriators RCW 90.44.130*
  - *Ground Water Management Areas RCW 90.44.400*
- *Water Resources Act RCW 90.54*
- *Watershed Planning RCW 90.82*
- *Well drillers licensing and well construction programs RCW 18.104.*

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Rules (Washington Administrative Code)

- *Protection of Withdrawl Facilities Associated with Ground Water Rights (WAC 173-150)*
  - *Definition of qualifying works WAC 173-150-030*
  - *Impairment of senior users WAC I73-I50-050*
  - *Definition of impairment WAC 173-150-060.*
  - *Determination of reasonable or feasible pumping lift—WAC 173-150-050.*
- *Ground Water Management Areas and Programs WAC 173-100*
- *Protection of upper aquifer zones WAC 173-154*
- *Minimum Standards for Construction and Maintenance of Wells WAC 173-160*
- *Regulation and Licensing of Well Construction Contractors and Operators WAC 173-162*

3.3 Administration under the Idaho Code

Ground water in Idaho is managed using three principle criteria: 1) Ground water development or use must not exceed the average annual recharge to the basin; 2) existing ground water users must be protected in regard to reasonable pumping levels; and 3) a reasonable enforcement of relative priorities among users must not block full economic development of a ground water basin. In Idaho, the Director of Water Resources may restrict any water right application based on the above criteria.

As to criterion 3) in the paragraph above, Idaho Statute 42-226 states that "while the doctrine of 'first in time is first in right' is recognized, a reasonable exercise [emphasis added] of this right shall not block full economic development of underground water resources."

Idaho code also allows for the designation of Ground Water Management Areas. A Critical Ground Water Area may be designated wherever or whenever the ground water supply is insufficient to provide for irrigation or other uses at the present rate of withdrawal. In a Critical Ground Water Area, the Director of Water Resources may deny future water right applications as well as terminate or reduce present use, in accordance with priority dates. Ground Water Management Areas may be designated in areas believed to be approaching the "Critical" stage. In such areas the Director may also deny future permit applications and reduce present usage. Ground Water Management Area designation can be brought about by a decree of the Director, while Critical Ground Water Area designation involves a public hearing procedure.

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Groundwater management designation can be brought about by public notice and order of the Director. For both CGWAs and GWMAs, the Director may approve a management plan for managing the effects of groundwater withdrawals on the aquifer and on hydraulically connected sources of water.

Codes specific to ground water use in Idaho are listed below.

- **Appropriation doctrine for ground water--Idaho Code (IC) 42-103.**
- **Administration of ground water--IC 42-201.**
- **Ground water use limitation in regard to natural recharge--IC 42-237A.**
- **Prevention of ground water waste--IC 42-237a.**
- **Protection of reasonable pumping levels--IC 42-226.**
- **Impairment of senior users--IC 42-226.**
- **Adjudication of water rights--IC 42-1406. A**
  - *Northern Idaho Adjudication--IC 42-1406B*
- **Ground Water Management Areas--IC 42-233b.**
- **Critical Ground Water Areas--IC *42-223a and* 42-233b.**
- **Recharge Districts--IC 42-4201A and 42-4202.**

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4. THE PULLMAN-MOSCOW WATER RESOURCES COMMITTEE

4.1 General

A Pullman-Moscow Water Resources Committee represented by Pullman, Moscow, University of Idaho, and Washington State University was formed in 1967 to undertake a cooperative effort in addressing the water supply problems being faced by the ENTITIES. Since its formation, the COMMITTEE has supported a number of studies of the local ground water resource and alternative sources of water for the ENTITIES. The COMMITTEE has worked in cooperation with the Washington Department of Ecology, the Idaho Department of Water Resources, the U.S. Geological Survey, and the U.S. Army Corps of Engineers on numerous water issues. The COMMITTEE has also retained various consultants on water supply issues or concerns. In 1988, membership of the COMMITTEE was extended to Whitman and Latah Counties. In 1989, a Resolution of Understanding was developed among the COMMITTEE and the State agencies whereby the COMMITTEE would, with assistance of the two States, develop the PLAN for the BASIN.

Member ENTITIES are outlined in Section 1.2. Representatives of the ENTITIES at the time of plan adoption are listed in Appendix E.

The City of Colfax was added as a formal member of the (by now renamed) Palouse Basin Aquifer Committee (PBAC) as a signatory to a 2003 PBAC Interagency Agreement.

Costs of operating the COMMITTEE are borne by the ENTITIES and include salaries and consultant fees, clerical help, research and publishing costs, and other expenses. Costs are divided between the ENTITIES according to shares. The two cities and two universities have two shares each, while each of the counties has one share, for a total of ten shares.

The City of Colfax has one share, for a total of 11 shares. The City of Palouse, although not a formal PBAC member, has (since 2007) also contributed funding toward the administration of the COMMITTEE

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4.2 Intergovernmental Agreements

Several intergovernmental agreements have been executed by the ENTITIES for purposes such as retaining consultants, determining operating budgets, and defining membership. Specific purposes of the Intergovernmental Agreement of 1988 (which superseded previous agreements) are listed below:

1. Coordinate planning to assure a long-range supply of water to the ENTITIES.

2. Update and expand the data base already begun during earlier studies.

3. Encourage conservation in order to extend the useful life of the aquifers.

4. Investigate alternative sources of water which can meet the incremental increases in demand of the region.

5. Educate and advise the ENTITIES and the public on the quality and quantity of the public water supplies serving Pullman, Moscow, and the surrounding area.

6. Act as a liaison between the ENTITIES on water resource concerns.

7. Promote communication between the ENTITIES, the Washington State Department of Ecology, and the Idaho Department of Water Resources (see Appendix for full document).

A PBAC Interagency Agreement (which superceded previous agreements) was approved by the (7) member entities in June 2003. Full text of the agreement is provided in Appendix H. The agreement outlined the following PBAC duties:

1. *Coordinate planning to assure a long-range supply of water to the PARTIES.*
2. *Maintain and continue to update and expand the databases developed through previous studies and data acquisition efforts.*
3. *Encourage conservation to promote the life of the Palouse Basin Aquifer.*
4. *Investigate supplemental and/or alternate sources of water.*
5. *Educate and advise PARTIES on the quantity and quality of the public water supply within the Palouse Basin Aquifer*
6. *Act as liaison between the PARTIES on water resource concerns.*
7. *Promote communication between the PARTIES, the Washington Department of Ecology, and the Idaho Department of Water Resources.*
8. *Perform such other duties or functions as may be agreed to by the PARTIES in writing and made addendum to this agreement.*

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In 1999 PBAC funded a research effort (the OK project, for Osiensky and Keller, the principal investigators) for a three year term to better characterize the ground water resource. At the end of the project, PBAC continued to annually fund research projects. In 2007 a resolution was passed to formalize annual research contributions from the four largest pumpers (Pullman, Moscow, WSU, UI). Also in 2007 a resolution was passed increasing the annual ENTITY assessments for administrative management of the committee. The 2003 agreement and 2007 resolutions are included in Appendix H.

4.3 Role of the Executive Secretary

In 1988 the paid position of an Executive Secretary for the COMMITTEE was established. Specific duties of the Executive Secretary are summarized below:

1. To maintain a data base of information on the BASIN ground and surface waters, including pumping records and copies of reports written on the BASIN over the past 100 years.

2. To serve as a liaison between the two state water agencies and the COMMITTEE.

3. To serve as an advisor to the COMMITTEE concerning technical aspects of proposed future studies.

4. To provide continuity to the COMMITTEE.

5. Perform administrative services of the COMMITTEE including minutes and mailings.

6. Aid the COMMITTEE in formulating an action plan for the ENTITIES (see Appendix for full document).

In 2005 PBAC created two separate positions to replace the single previous role of Executive Secretary: Executive Manager and Technical Advisor. As of 2014, the Technical Advisor position is vacant and its duties have been assumed by the Executive Manager.

The duties of the Executive Manager include:

- *Serves as the PBAC Manager, provides general overview of all activities of PBAC and keeps PBAC so advised in a timely, brief, and concise manner, and makes recommendations for action by PBAC.*
- *Prepares agendas and minutes for PBAC meetings, coordinates with the Chairperson in conducting meetings.*

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- *Prepares, administers, and coordinates the budget and invoicing for PBAC. Provides related reports to PBAC on a monthly basis.*
- *Compiles and publishes the PBAC annual report summarizing pertinent water data and project activities.*
- *Prepare and make presentations to local groups and organizations to further understanding of the challenges facing PBAC and the proposed solutions.*
- *Maintains PBAC web site.*
- *Functions as the overall project manager for all research, construction, and special projects.*
- *Maintains an office presence with a phone and email access. Acts as a depository for recent reports, theses and other serious research pertaining to the Palouse Basin.*
- *Prepares pertinent news releases and distributes to media as authorized by the PBAC.*
- *Serves as liaison between PBAC and water regulatory agencies of Idaho and Washington and other agencies/entities.*

The duties of the Technical Advisor include:

- *Serves as the PBAC technical advisor, providing technical information and recommendations to PBAC and serving as the technical interface between PBAC and the scientific community.*
- *Provides technical oversight for all research, construction, and special projects. Provides technical guidance for all projects, representing the interests of PBAC. Provides technical support to the Executive Manager in preparing project reports.*
- *Provide technical support to the Executive Manager in preparing special project agreements, Memorandums of Understanding, Rights of Entry, permits, research agreements, consulting contracts, construction contracts, purchase agreements, and other such agreements and documents.*
- *Makes projections concerning needed research and proposed solutions to meet PBAC goals of stabilizing the deep aquifer system water levels and ensuring a dependable, long-term, quality water supply for the Palouse Basin.*
- *Maintains and facilitates the use of the collective sum of research on the Palouse Basin.*
- *Maintains and refines the existing databases for pumping and water levels for the Palouse Basin aquifer systems.*
- *Maintains the collection of well logs and other technical data owned by PBAC.*
- *Provides technical support to the Executive Manager in updating the ground Water Management Plan and Annual Report.*

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4.4 Resolution of Understanding

Specific Objectives agreed upon in the Resolution of Understanding of 1989 among the ENTITIES and the state water agencies are listed below:

1. The COMMITTEE will pursue funding to conduct and promote studies and research relative to improving knowledge of the water resources of the BASIN.

2. The COMMITTEE will prepare a management plan for the BASIN in cooperation with the two state agency parties, The Washington State Department of Ecology and the Idaho State Department of Water Resources, which will address both water quantity and water quality concerns.

3. The COMMITTEE will prepare, as an initial step in the development of the management plan a principal work plan and time schedule which will outline the concerns and issues to be studied. This work plan will indicate the party or parties with responsibilities for each task and an estimated schedule for completion of each task.

4. The COMMITTEE will encourage public involvement in the development of the PLAN through public hearings and education programs.

5. The COMMITTEE will facilitate the implementation of the PLAN in concert with the member ENTITIES (see Appendix for full document).

4.5 Committee Role — Past, Present, and Future

The COMMITTEE has provided a coordinated effort among the ENTITIES in addressing water supply concerns and issues for the BASIN. This effort has resulted in a number of studies being performed in cooperation with other government agencies and private consultants. This effort has also resulted in the charge for the COMMITTEE to develop the PLAN. The COMMITTEE will continue to coordinate cooperative management of the BASIN ground water resources, and act as an advisory and oversight body in the implementation of the PLAN. The COMMITTEE's role pursuant to the PLAN is discussed in greater detail in Section 6.3.

As of June 2014, the PLAN is being reviewed and information is being updated by the COMMITTEE and its ex oficio WDOE and IDWR members. To date, COMMITTEE rolls remain much as they were in 1992: coordination of planning/management , education, communication, conservation encouragement, maintenance of existing databases, pumping and water level monitoring, and advisory/liason between member ENTITIES and administrative officials.

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5. GENERAL BASIN CHARACTERISTICS

5.1 General

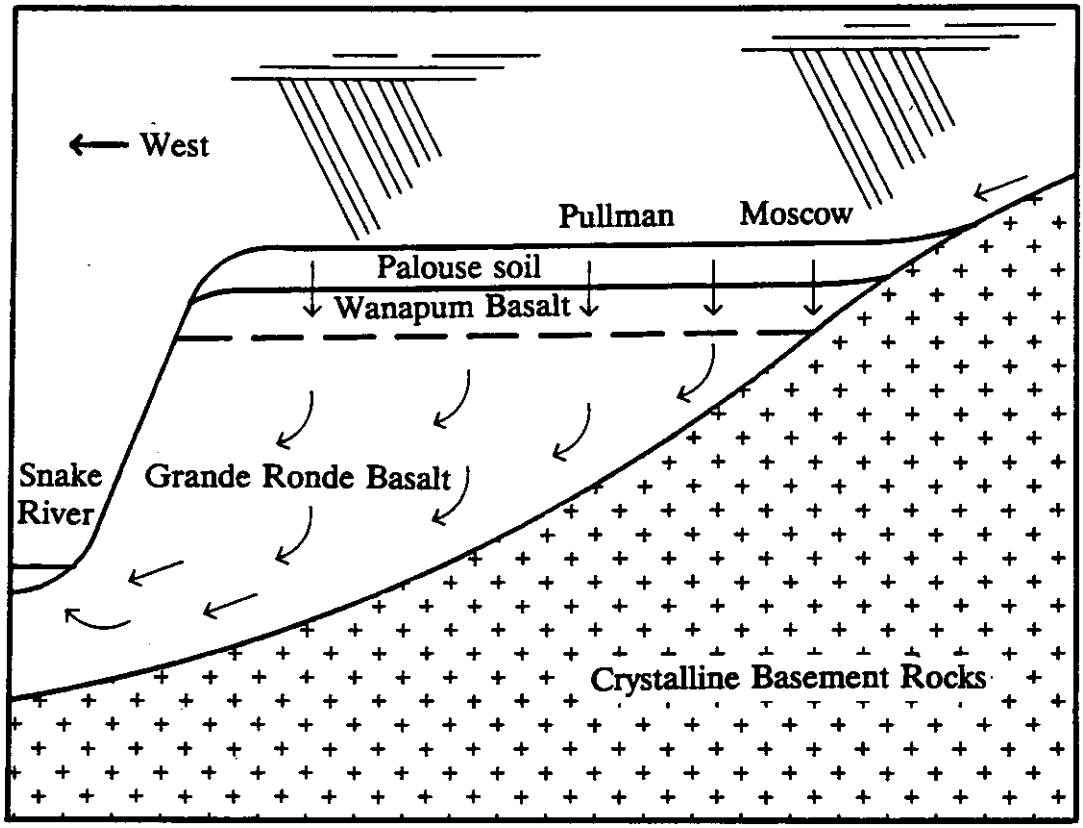
For effective ground water management, it is essential that water managers, water users, decision makers, and the general public have a basic understanding of the BASIN aquifers, as well as the general response of the aquifers to pumping or usage. In this chapter, basic characteristics of the BASIN aquifers are explained, as well as observed responses of the aquifers to pumpage and recharge. Also included in this chapter are historical and current information on the BASIN ground water system.

5.2 Ground Water Flow and Storage in the Pullman-Moscow Basin

Ground water in the BASIN originates as precipitation in the form of rain or snow (Figure 5). Some of the precipitation runs off directly and leaves the BASIN as stream flow. Precipitation that does not run off directly infiltrates into the soil, and may move downward, laterally, or may be stored in the soil for consumptive use by surface vegetation. Water that is not used consumptively by plant cover moves further downward and may form saturated zones in the soil. From the soil water table, the water may continue to move downward toward the basalt formations or laterally toward streams in the area. Streams that lie above the water tables may also lose water into the ground water system. Wells can be drilled into the soil water tables, but generally yield relatively small amounts of water due to the low soil permeability.

Ground water that reaches the basalts generally is stored in or travels through voids in the basalt and inter-lying sedimentary deposits. These voids may be in the form of cracks and joints in the basalts or spacing around individual grains in the sedimentary deposits. Model studies of the BASIN supported by field investigations suggest that the general direction of ground water flow is downward and toward the west. Some of the ground water near the surface of the basalt formations may move into streams in the BASIN. Ground water that is deeper in the aquifers moves toward and eventually discharges into the Snake River, seeps out along the Snake River canyon walls, or moves farther westward toward the Columbia basin. The movement of ground water toward the west and downward in the aquifers is the result of a potential or hydraulic gradient in those directions. Water levels in wells generally decline or are deeper in the aquifers to the west.

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Cross-section not to scale

Figure 5 . Conceptual Representation of Surface and Ground Water Flow in the Pullman-Moscow Basin.

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Current conceptual models include the presence of a series of southeast to northwest trending structural features that drive ground water flow in the lower aquifer toward the northwest (see Updated Figure 5). There may be a structural barrier to flow toward the Snake River. Analyses of water surfacing in the canyon walls of the Snake River indicate the water(where sampled) possesses an upper aquifer signature.



Updated **Figure 5. Conceptual Representation Ground Water Flow Direction in the lower aquifer in the Pullman-Moscow Basin**

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The basalt flows terminate near the eastern edge of the BASIN east of Moscow. Where there is no basalt, ground water is believed to flow along the westward sloping granitic basement formation and enter the basalt aquifers at the basalt-basement interface (Figure 5). Exact ground water flow paths and travel times in the BASIN are not known. In the Moscow area, the shallow Wanapum Basalt layer plays a more important role in the ground water system. Effective ground water management in the Moscow area will need to consider the somewhat distinct (and yet interconnected) behavior of the upper Wanapum and deeper Grande Rhonde Basalt zones of the aquifers.

Research conducted in 2006 concluded that (where studied) extensive clay horizons at the basalt-basement interface (the eastern margins of the basin where the lava flows run up against the granite or quartzite highlands) hinder recharge to the (upper) basalt aquifers. Compartmentalization on short term time scales (hours-days) appears to be present within both the upper Wanapum and lower Grande Ronde aquifers. At longer time scales (months-years) the lower aquifer compartments exhibit similar water level trends, while the upper aquifer compartments exhibit dissimilar trends. During the summer of 2012, large water level declines (on the order of 10 feet) were experienced in the upper aquifer compartment surrounding Moscow wells #2 and #3. It is likely that, even though there appears to be seasonal recharge to this compartment of the upper aquifer, pumping rates similar to those of the summer of 2012 in this compartment cannot be sustained over the long term.

5.3 Ground Water Response to Usage

Under natural conditions, a balance exists between the amount of ground water being discharged from a basin (in this case to the Snake River, streams in the BASIN, or toward the Columbia Basin), and the recharge or amount of water coming into the BASIN in the form of precipitation or percolation from streams or other water bodies. When ground water is pumped (or removed artificially) from a ground water system, the natural balance is interrupted.

When water is pumped from a well, the water level, or corresponding water pressure near the well, is lowered, or drawn down (Figure 6). This draw-down provides the pressure gradient that causes the ground water to flow toward and into the well. Draw-down due to pumping is greatest near the pumping center and decreases outward. As pumping from the well continues, the extent of the lowered water levels expands, forming a cone of depression around the well or pumping center. This cone of depression expands until a new equilibrium condition is reached. The new equilibrium condition generally results in:

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• a decrease in natural discharge from the BASIN;

• a decrease in the amount of ground water stored in the BASIN; and

• an increase in BASIN recharge.

In the BASIN, pumping withdrawals may result in decreased discharge to streams in the area, decreased discharge to the Snake River, and decreased ground water flow westward toward the Columbia Basin. Since surface water usage in the BASIN is minimal, such changes in discharge are not of primary concern.

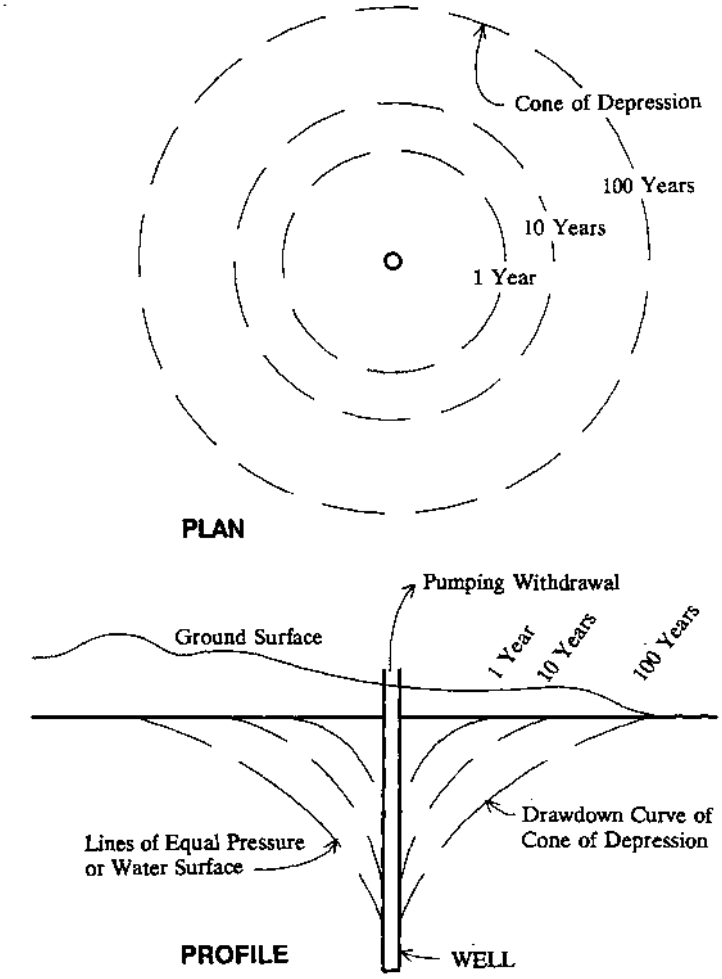


Figure 6. Conceptual Representation of Draw-down of water Levels Over Time Around an Area of Constant Pumping.

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As noted in the section 5.2 update, the current conceptual model postulates ground water flow primarily to the northwest and not to the Snake River.

It is now recognized that decreases in discharge to streams associated with ground water use does potentially pose a concern. The Washington State Water Code (90.03 RCW) section 247 addresses minimum stream flows in Washington. The Watershed Planning Act (90.82 RCW) enables local planning groups to recommend instream flow rules to the Washington Department of Ecology for rule-making. In the Palouse Watershed Planning Unit (WRIA-34), preliminary work was completed in 2005 to develop instream flow recommendations for the North Fork of the Palouse River. The other surface water bodies inside the BASIN have not yet been addressed in terms of water quantity, but ongoing water quality improvement project activities (TMDL) do consider the impact of ground water discharge upon surface water quality.

The cone of depression caused by pumping always lowers the ground water levels or pressures around the well, regardless of the amount of recharge. Some ground water storage will always be lost with pumping. In areas where there are several wells operating at significant withdrawal rates, for example in or around a municipality, the effects of pumping several wells will be similar to that of a single well, ie., water levels will be drawn down throughout and around the area containing the wells. The area containing and surrounding the wells will always experience some water level decline. In the BASIN this effect can be seen by the reduced water levels in and around the two major cities, with the declines decreasing outward. Ground water levels farthest from the major pumping centers have experienced the smallest declines, and in some places may approximate pre-development conditions.

In some basins, a lowering of the ground water table can actually cause a greater amount of water to be recharged to the basin as excess surface water is diverted into the ground water system by the water level change. This effect, however, does not appear to play a significant role in the BASIN. Studies are presently underway at the University of Idaho in regard to ground water recharge from area streams (see Ralston and Li, 1989).

Li (1991) reported the presence of ground water – surface water interactions between the upper aquifer sediments/basalt and Paradise Creek in the vicinity of the UI Ground Water Research Lab on the west end of the UI campus. Hopster (2003) reported the sources of springs studied on Union Flat Creek and the South Fork of the Palouse River were mainly from perched water tables or the sediment-basalt contacts rather than from within the basalts. She also used recession analyses to conclude the majority of discharge to the streams (Union Flat Creek, South Fork of the Palouse River, Fourmile Creek) is derived from the basalts. Sinclair and Kardouni (2009) used modeling studies to conclude ground water – surface water

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interactions exist not only on Paradise Creek, but also on the South Fork of the Palouse River, with the highest quantity of surface water discharge occurring in a stretch downstream of Pullman. Additional research by Moxley (2012) also identified ground water – surface water interactions between Pullman and Albion on the South Fork of the Palouse River.

The response of a ground water system to pumping is more complicated than diversion of surface waters. The effects of surface water diversions are generally observed immediately and generally occur only in the downstream direction. The effects of ground water withdrawals, on the other hand, are not confined to a single direction. In fact, pumping may affect water levels in a basin in all directions. Furthermore, the time required for pumping effects to reach various points in a ground water system often takes years. In this regard, ground water management may be difficult, and model studies can play an important role.

As long as the discharge (both natural and pumping) from a basin is less than the recharge, water level declines (the time-lag effect notwithstanding) will be roughly proportional to the pumping amount. When the discharge from a basin exceeds the natural recharge, ground water levels will continue to decline, and ground water will be mined or depleted, even when pumping is held constant. Careful monitoring and analysis of ground water levels in an area are important to assure that such a condition does not develop.

Recent modeling studies of the Pullman-Moscow ground water basin [Lum et al. (1990)] suggest that mining is not occurring and that declining water levels are the result of increased pumping rates. This result needs to be further investigated by additional model studies.

Pumping rates have remained steady or declined since 1992. Pumping in 2013 was 15.5% less than in 1992. The Lum et al model would have predicted water level stabilization by 2013, but water levels have continued to decline. The rate of decline has decreased with time: 1970 -1991 averaged 1.38 feet/yr, 1992- 2013 averaged 0.9 feet/yr, and the rate of decline between 2006 and 2013 averaged 0.6 ft/yr.

5.4 Present Basin Conditions

Present (1990) water levels in principal wells in the BASIN are at an elevation of about 2260 feet (above mean sea level) for Pullman, and 2250 feet for Moscow. Due to topographical differences between and within the cities, water levels are approximately 75 to 250 feet below the land surface in the Pullman/Washington State University wells, and some 300 feet below the surface in the Moscow/University of Idaho wells. Figure 7 shows the historical combined pumping of Pullman, Moscow, Washington State University, and the University of Idaho. Pumping volumes are averaged over 5-year periods and, therefore, do not directly reflect year-to-year variations. Figure 8 shows more recent pumping withdrawals for the

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BASIN. Withdrawals by the city of Pullman are combined with Washington State University; Moscow withdrawals are combined with those of the University of Idaho. As the figures indicate, pumping withdrawals have generally stabilized for both communities over the last 15 years.

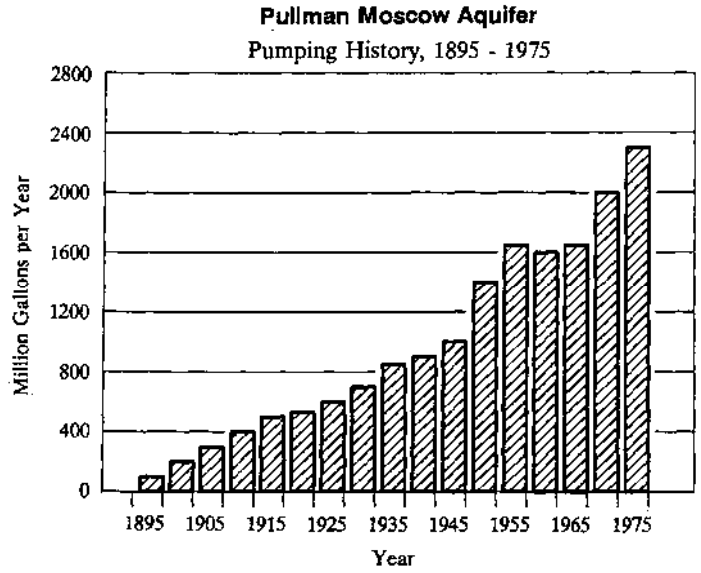


Figure 7. Historical Pumping Withdrawals in the Pullman-Moscow Area (Data from Lum, at al., 1990, Figure 9).

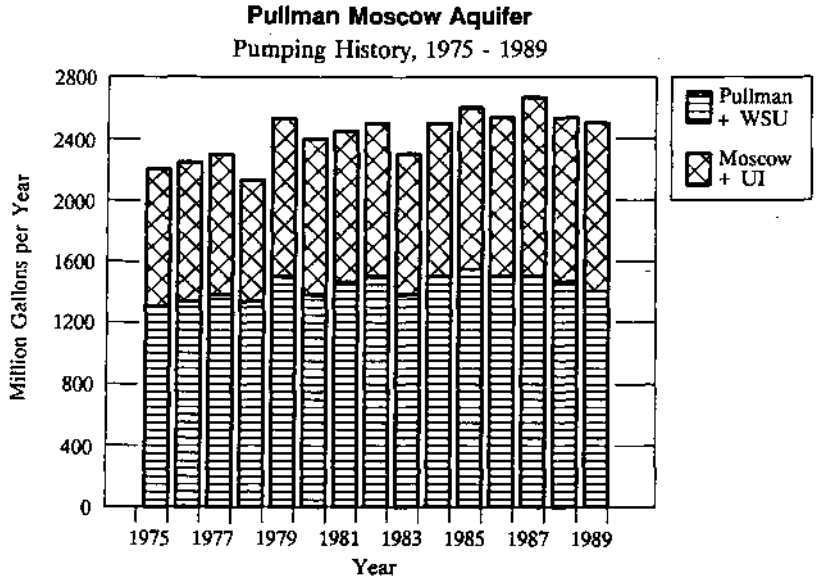
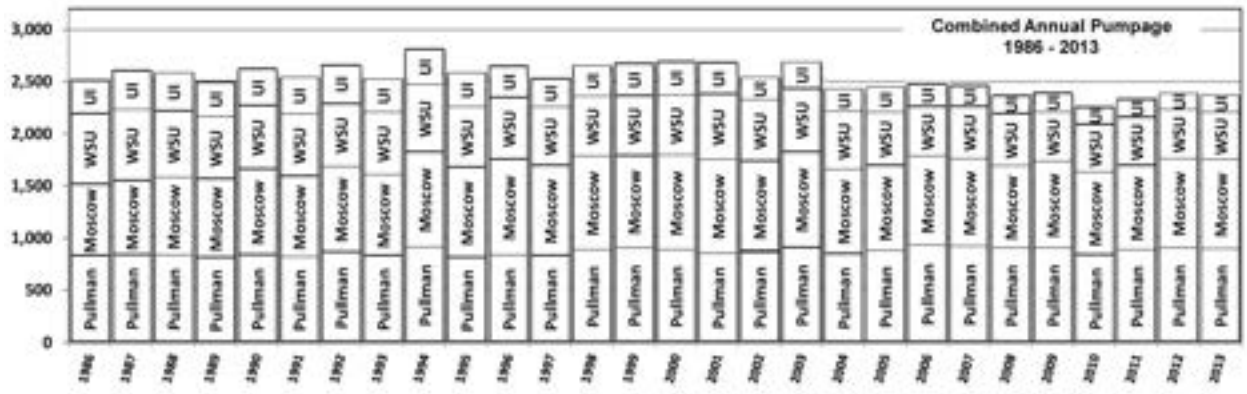


Figure 8. Recent Withdrawals in the Pullman-Moscow Area (Data from Pullman- Moscow Water Resources Committee).

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As of spring 2012, water levels in principal wells in the lower aquifer in the BASIN are at an elevation of approximately 2245 feet (above mean sea level) in Pullman, Moscow, and Palouse. Combined withdrawals have been reduced by 15.5% since 1992. (see Updated Figure 8).



Updated **Figure 8. Recent Withdrawals in the Pullman-Moscow Area (Data from Palouse Basin Aquifer Committee).**

Figures 9 and 10 show historical ground water levels in the Pullman and Moscow areas. Water levels in the Moscow area have stabilized (as of 1985-1989), while water levels in Pullman continue to show some decline.

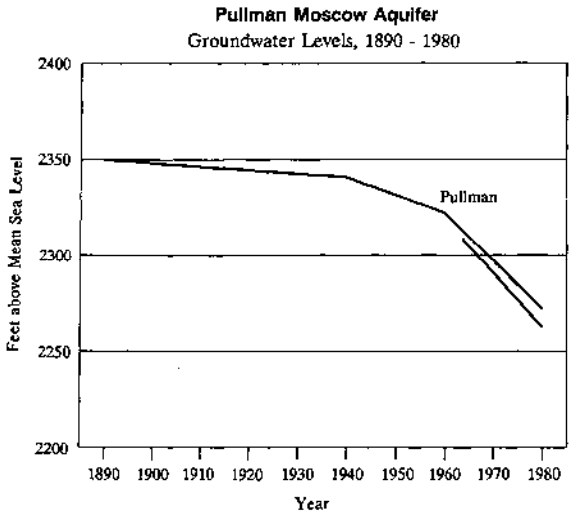


Figure 9. Historical Ground water Levels in the Pullman-Moscow Area (Adapted from Lum, et al., 1990).

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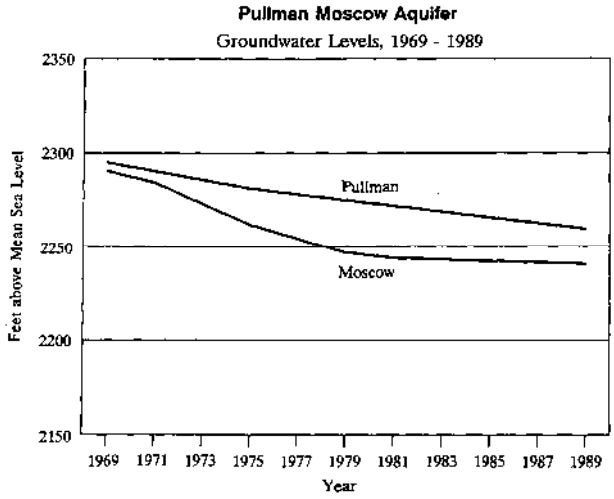
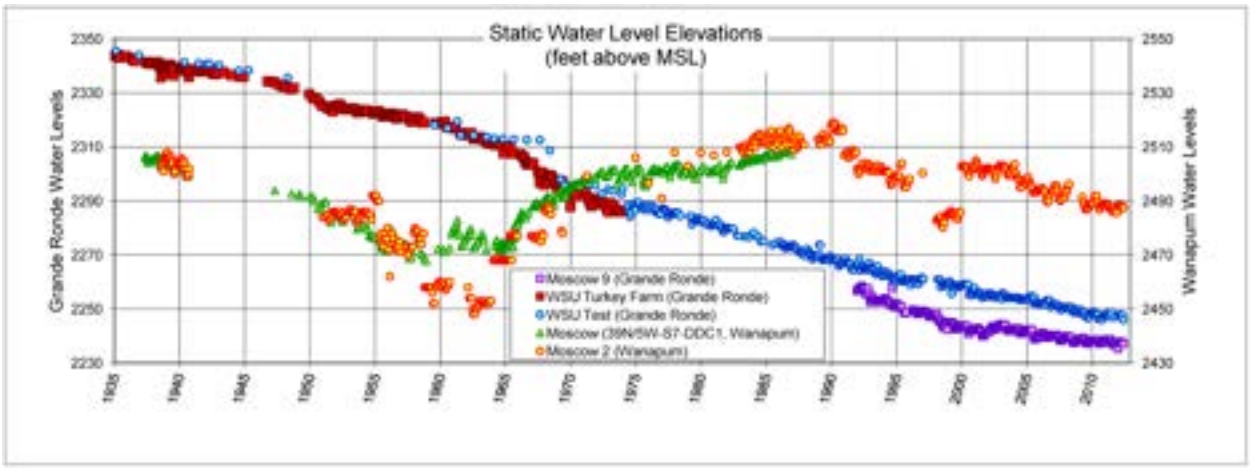


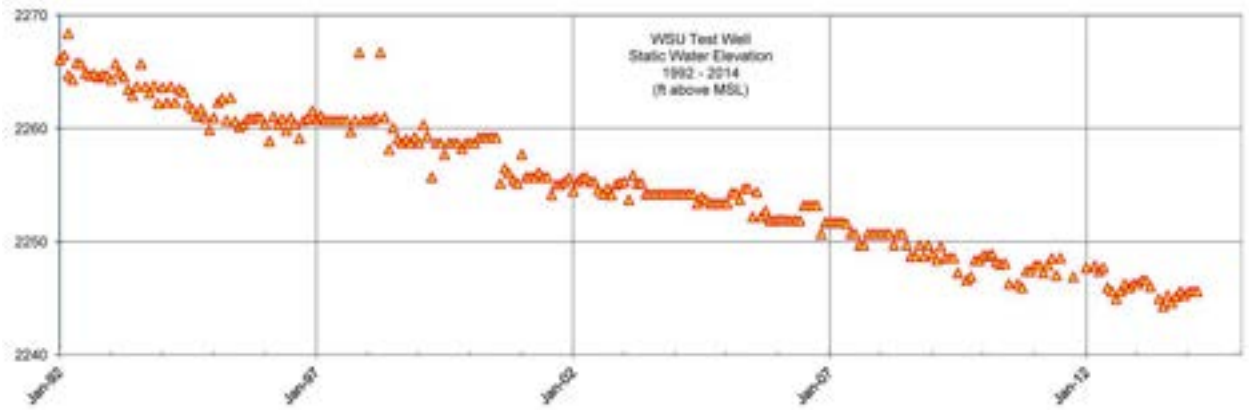
Figure 10. Recent Ground water Levels in the Pullman—Moscow Area *(Data from the Pullman-Moscow Water Resources Committee).*

Water levels in Pullman, Moscow, and Palouse continue to decline, although (as noted in Section 5.3) the average rate of decline (at the WSU test well) has decreased by over 50% between the 1970-1991 and the 2006-2013 time periods. An Updated Figure 9 shows water levels in both the upper and lower aquifers (note different scales). Updated Figure 10 shows water levels in the WSU Test Well since 1992.



Updated **Figure 9. Historical Ground water Levels in the Pullman-Moscow Area** *(Data from the Pullman-Moscow Water Resources Committee).*

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Updated **Figure 10. Recent Ground water Levels in the WSU Test Well** *(Data from the Palouse Basin Aquifer Committee).*

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PULLMAN-MOSCOW WATER RESOURCES COMMITTEE
ACTION PLANS

6. GROUND WATER MANAGEMENT PLAN

6.1 Overview

Successful management of the Pullman-Moscow ground water resource requires the utilization of an effective management plan. This chapter describes the role of the COMMITTEE and its goals and actions. Also in the chapter are the stated action plans of the ENTITIES for achieving the goals of the PLAN. The need for educational programs and conservation activities are addressed in the following paragraphs. Provisions for annual reviews of these adopted plans, reporting procedures, data maintenance, and recommended research for the BASIN are also set forth.

6.2 Role of the Committee

The role of the COMMITTEE is to encourage ENTITIES to implement the PLAN. The COMMITTEE will also monitor the success of the ENTITIES in carrying out their action plans and achieving the goals of the PLAN. Each ENTITY will be expected to adopt an action plan, interfacing with the stated goals of the PLAN. The COMMITTEE will provide guidance related to water-use plans, conservation strategies relative to water use, implementation policies, and the preparation of local ordinances or zoning regulations.

6.2.1 Education and Information Exchange

One of the key functions of the COMMITTEE will be to provide a forum for the exchange of successful and effective management policies, strategies, and techniques among the ENTITIES and other interested groups and governing bodies. Public involvement and education in BASIN water management issues are extremely important. The success of public education and the level of participation in conservation and other water resource issues will be assessed annually. It will be incumbent upon the members of the COMMITTEE to keep abreast of effective water resource management practices and articulate these concepts to the ENTITIES and their constituents. Action plans will be revised as new techniques for managing the ground water and better understanding of the basin ground water system become available.

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6.2.2 Data Base

It shall be the responsibility of the COMMITTEE to continue to gather, maintain, and evaluate a data base of well locations, water consumption, and water levels for the BASIN. The COMMITTEE will develop a program of data monitoring and analysis to better evaluate the ground water system response to consumption patterns. From this information, the COMMITTEE will ascertain BASIN water consumption and water level data in conjunction with the goals of the PLAN. Furthermore, the COMMITTEE will begin accumulating information and data related to monitoring the quality of the ground water. State and Federal water management agencies will be consulted and worked with in order to maximize effective data gathering and analysis.

6.2.3 Research

Many research projects have been completed over the past decade in the hopes of better understanding the BASIN configuration. From this research has evolved a conceptual view of the aquifers system with the acceptance of the USGS MODEL. To further refine the MODEL, the COMMITTEE will continue to acquire, maintain, and upgrade information as it relates to the ground water system.

This research will need to continue to be a cooperative effort with state, federal, local, and private sources. Over the course of the next several years, the COMMITTEE will establish research priorities essential to furthering the understanding of the BASIN. Research regarding the BASIN will be conducted in the following main areas:

- **Model studies to evaluate the effects of various alternative management strategies on the aquifer;**

- **Field investigations to better determine the geologic and hydrogeologic characteristics of the BASIN; and,**

- **Economic or cost-feasibility studies of various alternative conservation measures and incremental water supply sources.**

These research areas are outlined in greater detail in Appendix D. It will be the responsibility of the COMMITTEE to prioritize actual research needs, set budgets for such activity, and identify and solicit revenue sources.

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In late 2009, with WDOE funding, a project (called the Framework project) was initiated with objectives that included: 1) compiling existing geologic and hydrologic documents, 2) synthesizing the information contained within the body of research, 3) identifying data gaps in knowledge of the resource, and 4) recommending projects to fill those gaps. In early 2011 the project was finished. A project report is available on the PBAC web site, a document database has been compiled, and nearly 400 documents have been scanned and are available in electronic form (see http://www.webpages.uidaho.edu/pbac/).

6.2.4 Annual Reports

The PLAN will be reviewed at least annually by the COMMITTEE. The COMMITTEE will be responsible to see any annual adjustments or changes in the PLAN are endorsed by the governing state agencies and adopted by the ENTITIES.

6.2.5 Five-Year Plan Review

At the end of each five-year cycle a detailed PLAN review will be made and the PLAN will be modified as necessary to reflect the changing needs of the ENTITIES and the PLAN. The goals, recommended strategies, and research priorities will be evaluated in regard to changing physical, economic, social, and political conditions of the Pullman-Moscow area. These revisions will be implemented based upon updated BASIN information, the success of particular management strategies, and input from public hearings. The adoption and implementation of any changes to the PLAN will be done with the full review of the ENTITIES and the two state agencies.

6.2.6 Reporting

The COMMITTEE will provide five year progress reports summarizing the success of the PLAN; The report will be made available to the public, the ENTITIES, and the state agencies detailing the progress made on each of the PLANS' goals as well as the success of the ENTITIES in implementing this action plan. Furthermore, water usage and water level trends in the BASIN will be documented in relationship to the MODEL and the target goals of the PLAN.

PBAC provides an annual water use report that summarizes pumping, water levels, and progress towards meeting committee goals, and is committed to reviewing and updating the plan every five years.

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6.3 Goals of the Committee

The following goals and their expanded definitions form the foundation of the PLAN. The ENTITIES are to include in their respective action plans strategies for attaining the goals of the PLAN. The action plans combined with the COMMITTEE's goals form the substance of the PLAN.

- GOAL –

- **TO PROVIDE FOR FUTURE BENEFICIAL USE OF THE BASIN GROUND WATER WITHOUT DEPLETING THE BASIN AQUIFERS WHILE PROTECTING THE QUALITY OF THE WATER.**

  The primary goal is to insure that a stable ground water level is maintained in the BASIN aquifers. The COMMITTEE adopts the standard that the two universities and the two cities shall attempt to limit their annual aquifer pumping increases to one percent (1.0%) of their pumping volume based on a five (5) year moving average starting with 1986. At no time shall the accumulated total pumping exceed 125% of the 1981-1985 average for the two universities and the two cities. These initial limits on pumping rates are based upon historical data and water levels predicted by the MODEL. An estimate of the dispersed county pumping will be made based on an average per capita use for all county residences within the BASIN boundaries. Latah and Whitman counties will attempt to limit pumping increases from the BASIN aquifers to 125% of the estimated 1990 pumping levels. Further refinement of the MODEL will be necessary to establish acceptable limits on long term pumping rates which will confirm a stable water level for future users. The COMMITTEE will update the MODEL periodically and acceptable pumping levels may be modified upward or downward upon agreement by the ENTITIES.

- GOAL –

- **TO PROMOTE A PROGRAM OF PUBLIC EDUCATION AND AWARENESS REGARDING BASIN GROUND WATER MANAGEMENT ISSUES.**

  The COMMITTEE shall pursue and develop a program of public education to encourage conservation and reuse of water. Programs soliciting public support for committee activities and efforts to stabilize the water level will be developed.

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- GOAL –

- **TO PROMOTE CAREFUL MONITORING AND ANALYSIS OF THE GROUND WATER LEVEL AND USAGE DATA FOR THE BASIN.**

  The COMMITTEE shall continue to maintain records of the ground water levels and usage data collected on the BASIN.

- GOAL –

- **TO CONTINUE TO EXPLORE POSSIBLE SUPPLEMENTAL WATER SOURCES FOR ANTICIPATED AND POTENTIAL FUTURE WATER USE IN THE BASIN.**

  The COMMITTEE shall pursue the development of a Least Cost Plan (LCP) for providing supplemental water which will be completed within three years after the date of acceptance of this PLAN by all six ENTITIES and the states. The LCP shall evaluate potential incremental sources of water for the region and the relative costs of such sources. The information documented in the LCP shall be used in refining a course of action to insure an adequate long term water supply for the ENTITIES. The LCP shall be updated when the COMMITTEE determines there is just cause for an update.

- GOAL –

- **TO REVIEW AND MAKE RECOMMENDATIONS ON ALL WATER USE OR LAND USE APPLICATIONS WHOSE ANTICIPATED IMPACT ON THE GROUND WATER SYSTEM POTENTIALLY LIES OUTSIDE THE STATED GOALS OF THE PLAN OR POLICIES ADOPTED BY THE MEMBER ENTITIES.**

- GOAL ·

- **TO REVIEW AND MAKE RECOMMENDATIONS RELATIVE TO THE DEVELOPMENT OF AN AGREEMENT FOR WATER TRANSFERS ACROSS THE STATE LINE.**

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The goals of the committee have been reviewed and revised several times since 1992. As of late 2011, the committee goals are:

Consistent with the Palouse Basin Groundwater Management Plan, develop and Implement a balanced basin wide Water Supply and Use Program by 2025.

- *Create and maintain an action plan for aquifer system sustainability, enhancement and/or alternate water supply development.*

- *Direct research and implement pilot projects necessary to understand the basin hydrogeology in a manner sufficient to support the Water Supply and Use Program and the affiliated supply projects.*

- *Encourage and facilitate entities in meeting their specific pumping, conservation, efficient use, water recycling and other goals.*

Review the Palouse Basin Groundwater Management Plan.

Educate entities and the public on the state of the basin water supply and the status of PBAC's mission and goals.

Maintain harmonious and effective working relationships across the state line to fairly meet the needs of all entities.

Revisit the goals and mission statement annually.

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6.4 Role of the Entities

Responsibility of implementation of the PLAN rests with the ENTITIES.

6.4.1 Plan Adoption

Each ENTITY will incorporate the PLAN into their respective city or county comprehensive plan or university development plan.

6.4.2 Plan Implementation

In conjunction with the PLAN, each ENTITY has developed an action plan supporting the goals of the PLAN. The action plan adopted by each ENTITY is enumerated in the following paragraphs. Each ENTITY reserves the right to modify and improve its individual action plan as it deems appropriate. However, each modification shall be made in accordance with the provisions of the PLAN.

Specific reference to the issue of Growth and Potential Developers will be addressed in each ENTITY's action plan as follows:

1. **Incorporate into each ENTITY's comprehensive plan anticipated growth rates and corresponding water usage increases with strategies for meeting the water needs of the community, county, or university.**

2. **Adopt regulations requiring developers to provide water conservation, re-use, and recycling plans along with anticipated use and impact statements before their developments are approved. (See Washington interim guidelines for major water users.)**

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ACTION PLANS 0F THE ENTITIES

As of the end of 2012, all pumping entities, individually and in aggregate, are within the voluntary (1% annual increase and 125% ceiling) standards in the 1992 plan.

When the original plan was created, not all of the entities had formal water systems plans in place. Since that time several of the entities have created comprehensive water use or water system plans that fit within their specific administrative and regulatory environments. Rather than duplicating those efforts in this plan, some entities instead have chosen to reference their plan(s) as they exist in their "native" jurisdictions. Current plans and/or references for each entity follow the listings of their original (1992) action plans:

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Moscow Action Plan

The following is the action plan of the City of Moscow. It specifically supports the goals of the COMMITTEE as appropriate for this ENTITY, as stated in the PLAN, and as referenced below. In no case is this action plan intended to be in conflict with the PLAN.

COMMITTEE Goals:

- **To provide for future beneficial use of the BASIN ground water without depleting the BASIN aquifers while protecting the quality of the water.**
- **To promote a program of public education and awareness regarding BASIN ground water management issues.**
- **To promote careful monitoring and analysis of ground water level and usage data for the BASIN.**
- **To continue to explore possible supplemental water sources for anticipated and potential future water use in the BASIN.**
- **To review and make recommendations on all water use or land use applications whose anticipated impact on the ground water system potentially lies outside the stated goals of the PLAN or policies adopted by the member ENTITIES.**
- **To review and make recommendations relative to the development of an agreement for water transfers across the state line.**

In support of the COMMITTEE goals and activities, the City of Moscow proposes to:

- **Attempt to limit annual aquifer pumping increases to one percent (1.0%) of the pumping volume based on a five (5) year moving average starting with 1986 (745 mgy). At no time shall the accumulated total or pumping exceed 125% of the 1981-1985 average (increase from 700 mgy to 875 mgy).**
- **Continue summer/winter differential water rates.**
- **Require developers to project water use.**
- **Participate in programs that offer free water conserving devices to customers.**

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- **Create a conservation fund with a four cents/1,000 gallon surcharge to customers to pay for those devices, to fund research projects recommended by the COMMITTEE, and hire assistance to implement programs.**

- **Adopt local codes requiring new water users to utilize water conserving appliances, ie., smaller toilet tanks, etc.**

- **Meter city use of water.**

- **Calibrate consumer meters.**

- **Address water issue in Comprehensive Plan.**

- **Participate in education programs, ie., schools, bill stuffers, cable T.V.**

- **Encourage recycling at building permit level for major water users.**

- **Continue to make city wastewater treatment plant (MWTP) effluent available to the University of Idaho.**

- **Continue use of WWTP effluent for irrigation at MWTP.**

- **Establish demonstration projects utilizing low water requirements - landscaping parks utilizing low irrigation trees and shrubs.**

- **Continue 24 hour daily recordings of water levels and pumpage.**

- **Continue submitting data to the COMMITTEE computer program in timely manner (monthly.)**

- **Assure the ground water quality is protected in the BASIN by:**

  Reviewing any project with possible recharge to the aquifers.

  Complying with or exceeding State and EPA water quality standards for discharge into streams.

  Regulating toxic and hazardous waste storage to create strict standards to prevent contamination of aquifers.

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Prohibiting chemical dump site over the aquifers.

Continuing compliance with EPA regulations regarding underground storage tanks.

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Updated Moscow Action Plan

In support of the COMMITTEE goals and activities, the City of Moscow proposes to:

- *Attempt to limit annual aquifer pumping increases to one percent (1.0%) of the pumping volume based on a five (5) year moving average of the pumping starting with 1986 (745 mgy). Attempt to limit the accumulated total pumping to a targeted maximum of 125% of the 1981-1985 average (increase from 700 mgy to 875 mgy).*

- *Continue a conservation based rate structure for single family residential customers. Promote programs to encourage conservation and sustainable water use by multi-family residential and commercial uses.*

- *Continue the formal Conservation Program which includes actions such as offering free water conserving devices to customers and consider adding a toilet replacement rebate program.*

- *Continue membership in COMMITTEE with funding for studies and research projects as authorized by the City Council.*

- *Continue program to update failing consumer water meters.*

- *Continue to participate in education programs (i.e. schools, bill stuffers, cable TV)*

- *Encourage water recycling at building permit level for major water users.*

- *Continue to make city wastewater treatment plant (WWTP) effluent available to the University of Idaho in accordance with the City's agreement with the University.*

- *Continue use of WWTP effluent for irrigation at WWTP in accordance with the City's agreement with the University.*

- *Continue 24-hour daily recordings of water levels and production.*

- *Continue input to the COMMITTEE of City's monitoring efforts.*

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- *Comply with all State and Federal regulations pertaining to hazardous materials, storm water disposal, solid waste disposal, sewage sludge disposal, non-point source, household contributions, and well construction and abandonment.*

- *Explore possible expansion of WWTP effluent reuse.*

- *Continue examination of alternate water supply options as approved by the City Council.*

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Pullman Action Plan

The following is the action plan of the City of Pullman. It specifically supports the goals of the COMMITTEE as appropriate for this ENTITY, as stated in the PLAN, and as referenced below. In no case is this action plan intended to be in conflict with the PLAN.

COMMITTEE Goals:

- **To provide for future beneficial use of the BASIN ground water without depleting the BASIN aquifers while protecting the quality of the water.**
- **To promote a program of public education and awareness regarding BASIN ground water management issues.**
- **To promote careful monitoring and analysis of ground water level and usage data for the BASIN.**
- **To continue to explore possible supplemental water sources for anticipated and potential future water use in the BASIN.**
- **To review and make recommendations on all water use or land use applications whose anticipated impact on the ground water system potentially lies outside the stated goals of the PLAN or policies adopted by the member ENTITIES.**
- **To review and make recommendations relative to the development of an agreement for water transfers across the state line.**

In support of the COMMITTEE goals and activities, the City of Pullman proposes to:

- **Attempt to limit annual aquifer pumping increases to one percent (1.0%) of the pumping volume based on a five (5) year moving average starting with 1986 (827 mgy). At no time shall the accumulated total pumping exceed 125% of the 1981-1985 average (increase from 767 mgy to 959 mgy).**
- **Address water use in City's Comprehensive Plan and Zoning Code.**
- **Require new development to submit projected water use.**
- **Enact most stringent code available regarding low flow plumbing fixtures for new construction and remodel building permits.**

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- **Participate in programs that offer users flow restrictors and toilet dams to reduce consumption.**

- **Consider increasing user rates during summer irrigation periods to discourage wasteful practices.**

- **Install low water use landscaping at all City facilities and install more efficient irrigation systems.**

- **Require installation of low water use landscaping on all new commercial and multi-family developments.**

- **Enact a conservation surcharge on all users with revenues dedicated to educational efforts including COMMITTEE sponsored research projects.**

- **Distribute conservation information through mailings to users, T.V., radio, and newspaper advertisements.**

- **Construct low irrigation demand landscaping demonstration projects on city owned sites.**

- **Continue membership in COMMITTEE with funding for studies and research projects.**

- **Continue input to the COMMITTEE of city's monitoring efforts. Develop usage data by user class ie., residential, single family, multi-family, commercial, institutional, industrial.**

- **Comply with all State and Federal regulations pertaining to hazardous materials, storm water disposal, solid waste disposal, sewage sludge disposal, non-point source, household contributions, and well construction and abandonment.**

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Updated Pullman Action Plan

The following is the action plan of the City of Pullman. It specifically supports the goals of the COMMITTEE as appropriate for this ENTITY, as stated in the PLAN, and as referenced below. In no case is this action plan intended to be in conflict with the PLAN.

COMMITTEE Goals:

- *To provide for future beneficial use of the BASIN ground water without depleting the BASIN aquifers while protecting the quality of the water.*
- *To promote a program of public education and awareness regarding BASIN ground water management issues.*
- *To promote careful monitoring and analysis of ground water level and usage data for the BASIN.*
- *To continue to explore possible supplemental water sources for anticipated and potential future water use in the BASIN.*
- *To review and make recommendations on all water use or land use applications whose anticipated impact on the ground water system potentially lies outside the stated goals of the PLAN or policies adopted by the member ENTITIES.*
- *To review and make recommendations relative to the development of an agreement for water transfers across the state line.*

In support of the COMMITTEE goals and activities, the City of Pullman proposes to:

- *Attempt to limit annual aquifer pumping increases to one percent (1.0%) of the pumping volume based on a five (5) year moving average starting with 1986 (827 mgy).*
- *Attempt to limit the accumulated total pumping to a maximum of 125% of the 1981-1985 average (increase from 767 mgy to 959 mgy).*
- *Carry out its Conservation Program as outlined in its most current Water System Plan [as of March 1, 2013: Chapter 5.3 of the City of Pullman Water System Plan, Volume 1, Final, May 2008].*

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- *Continue to pursue future supply options as detailed in its most current Water System Plan [as of March 1, 2013: Chapter 6.3 of the City of Pullman Water System Plan, Volume 1, Final, May 2008].*

- *Continue membership in COMMITTEE with funding for studies and research projects.*

- *Continue input to the COMMITTEE of city's monitoring efforts. Develop usage data by user class ie., residential, single family, multi-family, commercial, institution, industrial.*

- *Comply with all State and Federal regulations pertaining to hazardous materials, storm water disposal, solid waste disposal, sewage sludge disposal, non-point source, household contributions, and well construction and abandonment.*

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Latah County Action Plan

The following is the action plan of Latah County. It specifically supports the goals of the COMMITTEE as appropriate for this ENTITY, as stated in the PLAN, and as referenced below. In no case is this action plan intended to be in conflict with the PLAN.

COMMITTEE Goals:

- **To provide for future beneficial use of the BASIN ground water without depleting the BASIN aquifers while protecting the quality of the water.**
- **To promote a program of public education and awareness regarding BASIN ground water management issues.**
- **To promote careful monitoring and analysis of ground water level and usage data for the BASIN.**
- **To continue to explore possible supplemental water sources for anticipated and potential future water use in the BASIN.**
- **To review and make recommendations on all water use or land use applications whose anticipated impact on the ground water system potentially lies outside the stated goals of the PLAN or policies adopted by the member ENTITIES.**
- **To review and make recommendations relative to the development of an agreement for water transfers across the state line.**

In support of the COMMITTEE goals and activities, Latah County proposes the following goals apply to all land under the authority of County government:

- **Estimate the dispersed/county pumping based on an average per capita use for all county residences both within the BASIN boundaries and for the full county.**
- **Latah County will attempt to limit annual aquifer pumping increases to one percent (1.0%) of the pumping volume based on a five (5) year moving average starting with 1986 figures. At no time shall the accumulated total pumping exceed 125% of the 1981-1985 average.**

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Work with the Planning and Building Department to:

- **Provide educational brochure with building permits promoting water conservation, low water use landscaping, and general sensitivity to the Pullman-Moscow Aquifer.**

- **Encourage use of low water volume fixtures. Consider offering a financial incentive for conservation devices at the time of application for permit of new construction.**

- **Encourage well registration for purposes of data collection.**

Establish water conservation policies at all facilities and/or properties managed by Latah County. These policies shall pertain to irrigation practices and physical features of construction.

Refine the county emergency response plan to handle disasters which could affect ground water contamination.

Encourage the development and implementation of water and power conservation programs developed by governmental agencies and private industry.

Endorse and provide funding for water research projects.

Work with the County Cooperative Extension Office and Soil Conservation Service District to develop an outreach program for water quantity and quality education.

Seek assurances of ground water quality in conjunction with solid waste disposal sites. This will include baseline monitoring of present and future solid waste disposal sites.

Regulate development on or the drainage of wetlands not regulated by definition by the Army Corps of Engineers.

Regulate developments which could jeopardize water quality.

Use a land use procedure, for example a "conditional use permit," for developments which propose to use water supplies in the day-to-day operation of a non-residential or commercial venture.

Use the COMMITTEE to conduct a preliminary recommendary hearing prior to the above mentioned County proceeding in the case of a land use with a dependence on water use for successful operation of a commercial venture.

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Updated Comprehensive Plan will reflect water conservation and protection goals.

Develop a local well-head protection ordinance.

Recognize riparian zones within the County and offer protection through ordinance or conditional use permit review.

Define and support programs for protection of water quality as administered by the North Latah Health District and the state agencies with local authority in this field.

Amend the Zoning Code to require Conditional Use Permits for projects with water impacts.

Apply water protection program standards to the whole county.

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Updated Latah County Action Plan

The following is the action plan of Latah County. It specifically supports the goals of the COMMITTEE as appropriate for this ENTITY, as stated in the PLAN, and as referenced below. In no case is this action plan intended to be in conflict with the PLAN.

COMMITTEE Goals:

- *To provide for future beneficial use of the BASIN ground water without depleting the BASIN aquifers while protecting the quality of the water.*
- *To promote a program of public education and awareness regarding BASIN ground water management issues.*
- *To promote careful monitoring and analysis of ground water level and usage data for the BASIN.*
- *To continue to explore possible supplemental water sources for anticipated and potential future water use in the BASIN.*
- *To review and, if appropriate, make recommendations on water use or land use applications whose anticipated impact on the ground water system potentially lies outside the stated goals of the PLAN or policies adopted by the member ENTITIES.*
- *To review and make recommendations relative to the development of an agreement for water transfers across the state line.*

In support of the COMMITTEE goals and activities, Latah County proposes to:

- *Promote the perpetual viability of adequate water resources in Latah County to meet present and future needs.*
- *Endeavor to ensure water is used in a way that protects and enhances the public health and safety.*
- *Maintain sustainable groundwater resources and prevent degradation of groundwater quality.*

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- *Encourage water conservation through, but not limited to, the use of landscaping that does not need irrigation (xeriscaping), shared water systems, and use of water conserving technologies. Developments should use water resources as efficiently as reasonably possible.*

- *Encourage evidence based approaches to and scientific research of water resource issues; and when considering the impact of land uses on water resources and the effects of such uses on surrounding properties, encourage incorporating the most current scientific knowledge including, without limitation, the use of hydrologists, geologists, environmental engineers and other experts where appropriate.*

- *Discourage use of groundwater for irrigation consistent with the philosophy of Idaho Code 67-6537.*

- *Provide educational information with building permits promoting water saving fixtures, water conservation, low water use landscaping, well registration, water rights and general knowledge about water resources.*

- *Establish water conservation policies at all facilities and/or properties managed by Latah County. These policies shall pertain to irrigation practices and physical features of construction.*

- *Encourage the development and implementation of water education and conservation programs.*

- *Endorse and support water research projects.*

- *Review and, if necessary, amend the comprehensive plan, zoning policies, and the emergency management plan to address water resource concerns.*

- *Recognize riparian zones within the County and offer protection and protection goals.*

- *Require that new developments comply with applicable regulations for ground water and surface water protection.*

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Whitman County Action Plan

The following is the action plan of Whitman County. It specifically supports the goals of the COMMITTEE as appropriate for this ENTITY, as stated in the PLAN, and as referenced below. In no case is this action plan intended to be in conflict with the PLAN.

COMMITTEE Goals:

- **To provide for future beneficial use of the BASIN ground water without depleting the BASIN aquifers while protecting the quality of the water.**
- **To promote a program of public education and awareness regarding BASIN ground water management issues.**
- **To promote careful monitoring and analysis of ground water level and usage data for the BASIN.**
- **To continue to explore possible supplemental water sources for anticipated and potential future water use in the BASIN.**
- **To review and make recommendations on all water use or land use applications whose anticipated impact on the ground water system potentially lies outside the stated goals of the PLAN or policies adopted by the member ENTITIES.**
- **To review and make recommendations relative to the development of an agreement for water transfers across the state line.**

In support of the COMMITTEE goals and activities, Whitman County proposes to:

- **Estimate the dispersed county pumping based on an average per capita use for all county residences within the BASIN boundaries. Whitman County Department of Environmental Health will attempt to limit significant pumping increases from the BASIN aquifers.**
- **Review and, if necessary, amend the county comprehensive plan and zoning policies to address quantity and quality concerns.**
- **The Whitman County Department of Environmental Health and the Washington State Extension Service office will promote conservation practices and use of water saving devices for <u>all</u> water users (no matter what type of source.)**

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- **Encourage the use of water saving devices for all new construction via hand-outs with the building permit application.**

- **Continue to encourage all public water purveyors to meter all services within their systems.**

- **<u>Promote</u> wise landscaping and "water" uses through the use of "best management practices" concepts.**

- **<u>Support</u> the COMMITTEE in pursuing research projects.**

- **Support the Washington State Department of Health requirements that all new <u>public</u> drinking water wells to install static level measuring devices at the time of pump installation. All <u>existing</u> public drinking water sources, if not already so equipped, will be retrofitted with such a measuring device at the time of pump/hardware removal.**

- **Support the Washington State Department of Health requirements that pump head measuring and monthly recording of pumping volumes as part of the annual report.**

- **<u>Support</u> the identification of critical recharge areas within the county.**

- **Assure that new developments comply with State agency regulations for ground water and surface water protection.**

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Updated Whitman County Action Plan

The following is the action plan of Whitman County. It specifically supports the goals of the CQMMITTEE as appropriate for this ENTITY, as stated in the PLAN, and as referenced below. In no case is this action plan intended to be in conflict with the PLAN.

COMMITTEE Goals:

- *To provide for future beneficial use of the BASIN ground water without depleting the BASIN aquifers while protecting the quality of the water.*
- *To promote a program of public education and awareness regarding BASIN ground water management issues.*
- *To promote careful monitoring and analysis of ground water level and usage data for the BASIN.*
- *To continue to explore possible supplemental water sources for anticipated and potential future water use in the BASIN.*
- *To review and, if appropriate, make recommendations on water use or land use applications whose anticipated impact on the ground water system potentially lies outside the stated goals of the PLAN or policies adopted by the member ENTITIES.*
- *To review and make recommendations relative to the development of an agreement for water transfers across the state line.*

In support of the COMMITTEE goals and activities, Whitman County proposes to:

- *Review and, if necessary, amend the county comprehensive plan and zoning policies to address quantity and quality concerns.*
- *The Whitman County Department of Environmental Health and the Washington State Extension Service office will promote conservation practices and use of water saving devices for all water users (no matter what type of source.)*
- *Encourage the use of water saving devices for all new construction via hand-outs with the building permit application.*

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- *Continue to encourage all public water purveyors to meter all services within their systems.*

- *Promote wise landscaping and "water" uses through the use of "best management practices" concepts.*

- *Support the COMMITTEE in pursuing research projects.*

- *Through education, support the Washington State Department of Health requirements that all new public drinking water wells to install static level measuring devices at the time of pump installation. Encourage owners of existing public drinking water sources, if not already so equipped, to retrofit wells with such a measuring device at the time of pump/hardware removal or repair.*

- *Encourage the implementation of the Washington State Department of Health requirements that well owners annually report pump head measuring and monthly recording of pumping volumes as part of the annual report by well owners.*

- *Support the identification of critical recharge areas within the county.*

- *Require that new developments comply with State agency regulations for ground water and surface water protection.*

For detail, go to: www.whitmancountv.org

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University of Idaho Action Plan

The following is the action plan of the University of Idaho. It specifically supports the goals of the COMMITTEE as appropriate for this ENTITY, as stated in the PLAN, and as referenced below. In no case is this action plan intended to be in conflict with the PLAN.

COMMITTEE Goals:

- **To provide for future beneficial use of the BASIN ground water without depleting the BASIN aquifers while protecting the quality of the water.**
- **To promote a program of public education and awareness regarding BASIN ground water management issues.**
- **To promote careful monitoring and analysis of ground water levels and usage data for the BASIN.**
- **To continue to explore possible supplemental water sources for anticipated and potential future water use in the BASIN.**
- **To review and make recommendations on all water use or land use applications whose anticipated impact on the ground water system potentially lies outside the stated goals of the PLAN or policies adopted by the member ENTITIES.**
- **To review and make recommendations relative to the development of an agreement for water transfers across the state line.**

In support of the COMMITTEE goals and activities, the University of Idaho proposes to:

- **Attempt to limit annual aquifer pumping increases to one percent (1.0%) of the pumping volume based on a five (5) year moving average starting with 1986. This average will begin at 353 mgy plus the new allocation for well #5 of 48 mgy for a total of 401 mgy. At no time shall the accumulated total pumping exceed 125% of the 1981-1985 average. (1981-1985 average is 301 times 125% equals 376 mgy plus 48 mgy from well #5 for a total allocation of 424 mgy.)**
- **Continue to switch domestic irrigation from wells #3 and #4 to the recycled water irrigation system.**

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- **Submit an application to the State of Idaho for permission to switch water sources for select programs from wells #3 and #4 to well #5 and future shallow wells.**

- **Continue to install best available conservation technology in new facilities and building remodels.**

- **Increase recharge through infiltration via land application of stream runoff and recycled water at various places around the University of Idaho campus.**

- **In selected areas of campus, provide demonstration sites for research and testing of xerophytic grasses, shrubs, flowers, and other landscaping which require less water.**

- **Financially support the COMMITTEE'S educational efforts.**

- **Supplement the COMMITTEE's educational program with distribution of appropriate information on campus water use and conservation.**

- **Make public all successful University of Idaho water conservation demonstration projects which can be copied by the public or other ENTITIES.**

- **Continue to supply COMMITTEE with monthly data on ground water pumping and recycled water irrigation volumes.**

- **Comply with all State and Federal regulations pertaining to hazardous materials, storm water disposal, solid waste disposal, sewage sludge disposal, non-point sources, and well construction and abandonment.**

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Updated University of Idaho Action Plan

- *In selected areas of campus, provide demonstration sites for research and testing of xerophytes grasses, shrubs, flowers, and other landscaping which require less water.*
- *Financially support the COMMITTEE'S education efforts.*
- *Supplement the COMMITTEE's educational program with distribution of appropriate information on campus water use and conservation.*
- *Make public all successful University of Idaho water conservation demonstration projects which can be copied by the public or other ENTITIES.*
- *Continue to supply COMMITTEE with monthly data on ground water pumping and recycled water irrigation volumes.*
- *Comply with all State and Federal regulations pertaining to hazardous materials, storm water disposal, solid waste disposal, sewage sludge disposal, non-point sources, and well construction and abandonment.*
- *Any new water-cooled equipment must use chilled water from the central chilled water system.*
- *No domestic, deep aquifer water shall be used for cooling. Existing water-cooled equipment shall be converted as found and funds available.*
- *Shallow aquifer wells are now used in aquaculture research on west campus, to reduce the usage of deep aquifer well water.*
- *Water saving flush valves, showerheads, and faucet valves have been retrofitted and are part of our design standards for new construction.*
- *If allowable Irrigation will be on Reclaimed water. Move all systems onto automation as funds are available. All new systems shall be automated.*

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Washington State University Action Plan

The following is the action plan of Washington State University. It specifically supports the goals of the COMMITTEE as appropriate for this ENTITY, as stated in the PLAN, and as referenced below. In no case is this action plan intended to be in conflict with the PLAN.

COMMITTEE Goals:

- **To provide for future beneficial use of the BASIN ground water without depleting the BASIN aquifers while protecting the quality of the water.**
- **To promote a program of public education and awareness regarding BASIN ground water management issues.**
- **To promote careful monitoring and analysis of ground water level and usage data for the BASIN.**
- **To continue to explore possible supplemental water sources for anticipated and potential future water use in the BASIN.**
- **To review and make recommendations on all water use or land use applications whose anticipated impact on the ground water system potentially lies outside the stated goals of the PLAN or policies adopted by the member ENTITIES.**
- **To review and make recommendations relative to the development of an agreement for water transfers across the state line.**

In support of the COMMITTEE goals and activities, Washington State University proposes to:

- **Attempt to limit annual aquifer pumping increases to one percent (1.0%) of the pumping volume based on a five (5) year moving average starting with 1986 (642 mgy). At no time shall the accumulated total pumping exceed 125% of the 1981-1985 average (increase from 702 to 877 mgy).**
- **Convert irrigation to computer controlled automatic systems on 70-90% of all turf within IO years.**
- **Eliminate 20 GPM of cooling water to the drain within three years.**
- **Financially support the COMMITTEE activity.**

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- **Install water meters on its major water users.**

- **Supplement the COMMITTEE's educational program with distribution of appropriate information on campus.**

- **Report all appropriate water data to the COMMITTEE for analysis.**

- **Set a goal of no increase in withdrawal rate for the next two years to test the MODEL with actual data.**

- **Protect the ground water quality by:**

  Maintaining good landscape practices and reviewing chemical use.

  Monitoring and/or eliminating all underground storage tanks containing chemicals.

  Continued monitoring of the old hazardous waste site.

  Monitoring sewer systems and correcting any deficiencies (leaks, cross connections, etc.) noted.

  Monitoring existing septic tank systems and properly siting future systems.

  Insuring that proper well construction procedures are followed.

  Complying with all State and Federal regulations pertaining to ground water and surface water quality.

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Updated WSU Action Plan:

- *Carry out its Conservation Program as outlined in its most current Water System Plan [as of November 21, 2013: Chapter 4.0 of the Washington State University Water System Plan, Volume 1, Final, December 30, 2008].*

- *This document can be accessed on the internet at http://facops.wsu.edu/WSUWaterSysUpdate2008.aspx*

- *Continue membership in COMMITTEE with funding for studies and research projects.*

- *Continue input to the COMMITTEE of the University efforts to monitor consumption.*

- *Develop usage data by building and irrigation zone as monitoring systems are installed.*

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APPENDIX A

INTERGOVERNMENTAL AGREEMENT

(Pullman-Moscow Water Resources Committee)

THIS AGREEMENT is entered into by the City of Pullman, Washington; the City of Moscow, Idaho; the County of Whitman, Washington; the County of Latah, Idaho; the University of Idaho; and Washington State University (hereinafter sometimes referred to as the Entities) to be effective the first day of August, 1988 or as soon thereafter as the requirements set forth in Paragraph XIV are accomplished.

WITNESSETH:

WHEREAS, the water supply in Latah County, Idaho, and Whitman County, Washington, is an important regional concern; and,

WHEREAS, the City of Pullman, Washington; the City of Moscow, Idaho; the County of Whitman, Washington; the County of Latah, Idaho; the University of Idaho; and Washington State University deem it in the public interest to work jointly and cooperatively on water resource problems and issues; and,

WHEREAS, the Entities are authorized to enter into and carry out this Intergovernmental Agreement pursuant to the provisions of Idaho Code Sections 67-2326 gt. sgg., and Chapter 39.34 of the Revised Code of Washington; now, therefore

IT IS HEREBY AGREED by and between the Entities as follows:

I. Committee Established: In order to carry out the purposes established in this Agreement, the Entities hereby agree to the establishment of a committee to be known as the Pullman-Moscow Water Resources Committee (PMWRC).

II. Membership: The PMWRC shall consist of twelve appointed members with two members each representing the following Entitles: the City of Pullman, Washington; the City of Moscow, Idaho; the County of Whitman, Washington; the County of Latah, Idaho; the University of Idaho; and Washington State University. Each member shall serve at the pleasure of the Entity which appoints that member for a term of two years with the 1st term beginning on August 1, 1988.

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III. Purpose: The purposes of this Agreement are to:

(A) coordinate planning to assure a long·range supply of water to the entities;

(B) retain the momentum and continue to update and expand the database already begun through previous studies;

(C) encourage conservation to promote the life of the aquifer serving the Entities;

(D) investigate continuing and/or alternate sources of water;

(E) educate and advise the entities on the quantity and quality of the public water supply for the water basin serving the Cities of Moscow, Pullman, and the surrounding area;

(F) act as liaison between the Entities on water resource concerns; and

(G) promote communication between the Entities, the Washington Department of Ecology, and the Idaho Department of Water Resources.

IV. Powers: The PMWRC shall have the power to:

(A) collect and disseminate statistics and other information;

(B) allocate expenditures of funds contributed by the Entities;

(C) designate one of the Entities as a depository for funds and for the administration of those funds;

(D) hire personnel (by written agreements setting forth all duties and compensation) who will serve at the pleasure of, and whose duties will be determined by, the PMWRC;

(E) enter into legal and financial agreements, but only after any such agreements have been reviewed and approved by the Entities;

(F) apply for and administer grants; and

(G) work with the Entities in educating the public.

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V. Officers and Voting:

(A) One member shall serve as Chairperson, one member shall serve as Vice Chairperson, and one member shall serve as Secretary. One member may serve as Treasurer and this office may be combined with the office of Secretary if the PMWRC so chooses.

(B) Each member of the PMWRC shall have one (1) vote. In the event of a tie vote, the issue shall fail.

(C) Entities may select alternate members in a manner considered appropriate by the selecting Entity. In the event that an appointed member of the PMWRC will be unable to attend a meeting of the PMWRC, the Entity represented by that appointed member may be represented by that appointed member. Alternate members representing absent appointed members shall have the same privileges as appointed members; provided, however, that no Entity shall have more than two votes on the business coming before the PMWRC.

VI. Meetings and Election of Officers:

(A) The PMWRC shall hold meetings at such times and places as set forth in its by-laws.

(B) The PMWRC shall annually elect its officers as set forth in its by-laws.

(C) The quorum necessary for the PMWRC to transact business or elect officers shall be constituted when seven members or a majority of the members representing the Entities entitled to vote in accordance with the provisions of Paragraph VII (D)are present at the meeting.

VII. Financing:

(A) Annually the PMWRC shall establish a budget for the ensuing operating year, which budget shall be established in sufficient time to allow each Entity to budget its contribution for the ensuing operating year.

(B) Contributions are due and payable from each entity with one half of the amount due on July Ist and the remaining one half on January 1st of the following year of each year of this Agreement. The funding ratio for contributions for administration and projects which uniformly impact all Entities shall be as follows:

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The University of Idaho, Washington State University, the City of Moscow, and the City of Pullman, shall each, as its contribution, pay twenty (20) percent of the operating budget of the PMHRC;

The County of Latah and the County of Whitman shall each be responsible for ten (I0) percent of the operating budget of the PMNRC.

(C) This funding ratio may be altered for the funding of specific projects according to the interests and benefits of each participating entity. Altered funding ratios shall be approved by each Entity participating in the altered funding ratio.

(D) Any Entity not current in the payment of a contribution shall lose all voting rights until such time as that Entity is current in contributions for that operating year.

VIII. Duration: This Agreement shall have a term of ten years from and after August 1, 1988, unless the PMNRC is sooner dissolved as set forth in Paragraph XI (A).

IX. Annual Report: The PMNRC shall report on its activities to each Entity on an annual basis.

X. By-Laws: The PMHRC may adopt, amend or repeal by-laws, in whole or in part which are not inconsistent with the terms and conditions of this Agreement, by a majority vote at any regular or special meeting of the PMHRC. A majority vote for the purposes of adopting, amending or repealing by-laws means a majority of all members of the PMNRC qualified to vote in accordance with the provisions of Paragraph VII (D) and not a majority of a quorum.

XI. Dissolution and Disbursement of Funds and Property:

(A) Any Entity may automatically withdraw from the PMWRC by submitting a written statement setting forth its intent to withdraw to the remaining Entities at least sixty (60) days prior to the effective date of its withdrawal.

(B) The PMWRC shall be dissolved through a written agreement approved by a majority of the Entities or through the withdrawal of three of the participating Entities.

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(C) Any surplus funds or property remaining at the time of dissolution shall be distributed to the Entities in the proportion to the amount of money each Entity had contributed to the PMWRC budget during the one-year period (365 days) prior to the dissolution. If it is impossible to distribute such property, it shall be sold as surplus property of auctioned off with the proceeds disbursed as set forth in this Paragraph (C).

XII. Real Property: The PMWRC may neither acquire nor hold real property.

XIII. Expenditures: The disbursement of funds contributed by the Entities and received from other sources shall be managed by one of the Entities to be designated by the PMWRC which may, from time to time, be changed by a majority vote of all Entities participating in the membership of the PMWRC qualified to vote in accordance with the provisions of Paragraph VII (D) and not a majority of a quorum.

XIV. Filing and Effective Date: Copies of this Agreement shall be filed with the Pullman City Clerk, Whitman County Auditor, the Secretary of State of the State of Washington, the Moscow City Clerk, the Latah County Auditor, and the Secretary of State of the State of Idaho prior to its entry into force. This Agreement shall be effective upon execution by the Entities and the accomplishment of all filing requirements as provided herein subject to the approval of the Secretary of State for the State of Idaho as provided for in Section 67-2329 Idaho Code.

XV. Repealer: As between the City of Pullman; the City of Moscow; the County of Whitman, Washington; and the County of Latah, Idaho; all earlier agreements between them relating to water supply and the Pullman-Moscow Water Resources Committee that have not already terminated by the passage of time or the completion of their purpose(s) are hereby revoked and terminated, and specifically the following inter-local agreements shall be automatically terminated on the effective date of this Agreement, to-wit:

(A) Agreement for Engineering Services Water Supply Study Pullman-Moscow Water Resources Committee.
Dated: January 15, 1970
Signatories: City of Pullman
City of Moscow
University of Idaho
Washington State University
Stevens, Thompson & Runyan, Inc.

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(B) An Agreement Relating to a Water Study for Pullman-Moscow Region.
Dated: February 11, 1970
Signatories: Washington State University
University of Idaho
City of Pullman
City of Moscow

(C) An Agreement Relating to the Pullman-Moscow Water Resources Committee.
Dated: October 30, 1972
Signatories: Washington State University
University of Idaho
City of Pullman
City of Moscow

(D) An Agreement Relating to the Pullman-Moscow Water Resources Committee.
Dated: July 11, 1974
Signatories: City of Pullman
City of Moscow
University of Idaho
Washington State University

(E) Contractual Agreement between the City of Pullman, acting for the Pullman-Moscow Water Resources Committee and Washington State University on behalf of the College of Engineering.
Dated: August 13, 1974
Signatories: The City of Pullman acting for the Moscow—Pullman Water Resources Committee
Washington State University

(F) An Agreement Relating to the Pullman-Moscow Water Resources Committee (Study of aquifer serving Pullman/Moscow area).
Dated: January 30, 1985
Signatories: City of Pullman
City of Moscow
University of Idaho
Washington State University

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IN WITNESS WHEREOF, the parties to this Agreement have caused it to be executed to be effective the day and year first set forth above, and each signatory represents that he or she is authorized to sign this Agreement.

CITY OF PULLMAN, WASHINGTON

/s/ Carole A. Helm
Mayor

ATTEST:

/s/ John Tonkovich
Financial Director

CITY OF MOSCOW, IDAHO

/s/ Gary Scott
Mayor

ATTEST:

/s/ Elaine Russell
Clerk

WHITMAN COUNTY, WASHINGTON

/s/ Dan Boone
Commissioner

/s/ James Hanning
Commissioner

/s/ John Henley, Jr.
Commissioner

LATAH COUNTY, IDAHO

/s/ Tom Spangler
Commissioner

/s/ Laverne Nelson
Commissioner

/s/ Nancy Johansen
Commissioner

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APPENDIX B

RESOLUTION OF UNDERSTANDING
between
PULLMAN-MOSCOW WATER RESOURCES COMMITTEE
IDAHO DEPARTMENT OF WATER RESOURCES
WASHINGTON DEPARTMENT OF ECOLOGY
1989

WHEREAS, the Pullman-Moscow Water Resources Committee composed of representatives of Pullman, Moscow, University of Idaho, Washington State University, Whitman County and Latah County has an interest in the protection and management of the ground water resources of the Pullman-Moscow basin; and

WHEREAS, the Idaho Department of Water Resources and Washington Department of Ecology have the legal authority and the technical expertise to administer and regulate water law in their respective states, and the responsibility and desire to participate and assist in the management of the ground water resources; and

WHEREAS, there is evidence to show that the potential exists for the overuse of quality ground water resources within the basin; and

WHEREAS, a ground water management plan developed and implemented in concert with public needs and interests and in accordance with state and local laws, rules and regulations can serve to avert the overuse of the ground water resources in the basin; and

WHEREAS, the parties to this Resolution are desirous of developing and implementing such a ground water management plan; and

WHEREAS, the parties hereto are authorized to enter into this Resolution of Understanding for the purposes stated herein.

NOW, THEREFORE BE IT RESOLVED that the parties to this Resolution do agree to the following:

The Idaho Department of Water Resources (IDNR) and Washington Department of Ecology (WDE) agree to commit sufficient staff time to assist in the completion of such tasks as may be appropriate. IDWR and WDE further agree to pursue the implementation of a coordinated Washington-Idaho ground water management plan for the Pullman-Moscow basin in accordance with their respective state law policies.

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The Pullman-Moscow Water Resources Committee (PMWRC) agrees to work with the state agencies and to serve as the forum for input from local governments, interest groups and private citizens.

Specific obligations of the Committee are as follows:

1. **PMHRC will pursue and administer funding to conduct and promote studies and research relative to improving knowledge of the water resources of the basin.**

2. **PMHRC will prepare a management plan for the basin in cooperation with the two state agency parties (IDWR and WDE), which will address both water quantity and water quality concerns.**

3. **PMHRC will prepare as an initial step in the development of the management plan a principal work plan and time schedule which will outline the concerns and issues to be studied. This work plan shall indicate the party or parties with responsibilities for each task and an estimated schedule for completion of each task.**

4. **PMHRC will encourage public involvement in the development of the water management plan through public hearings and education programs.**

5. **PMWRC will facilitate the implementation of the ground water management plan in concert with the member entities of the Committee.**

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BE IT FURTHER RESOLVED, this Resolution shall be effective upon execution by all parties and accomplishment of the filing requirements and approvals as may be necessary. This resolution shall remain in effect until the completion of the ground water management plan or until any party to the agreement terminates its participation by written notice of termination to the other parties.

This Resolution can be amended at any time by written notice to all parties, except that action by the Committee at a regularly scheduled meeting and notice to I DWR and WDE shall satisfy the written notice or PMWRC or Committee members.

/s/ Carole Helm 5-30-89	**/s/ Mandi Baron 5-30-89**
Pullman Date	**Moscow Date**
/s/ Kenneth E, Abbey 5-30-89	**/s/ Joseph Geiger 5-30-89**
Washington State University Date	**University of Idaho Date**
/s/ John Henley 5-30-89	**/s/ Nancy Johansen 5-30-89**
Whitman County Date	**Latah County Date**
/s/ Fred Olsen 5-30-89	**/s/ Wayne Haas 5-30-89**
Washington Department of Ecology Date	**Idaho Water Resources Date**

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APPENDIX C

PUBLIC INPUT

In October of 1989 a community workshop was held in Pullman to allow public participation in the identification of ground water concerns and their possible solutions. The workshop was beneficial in that it allowed people in the Pullman-Moscow area to voice concerns and suggestions and to become better informed on the BASIN ground water problems or issues. From the workshop, it became apparent that:

1. **community people do want to become involved in BASIN ground water issues,**

2. **the public is in need of more information regarding the BASIN ground water system, and,**

3. **the public is in favor of water conservation in the BASIN.**

Community participation in the PLAN development and adoption will be furthered through public input via the member entities, another community workshop, and a public hearing.

The second public workshop was held on October 10, 1991 in Moscow, Idaho. After brief comments from officials of the Idaho Department of Nater Resources and the Washington Department of Ecology, the group was requested to consider two questions: 1) your assessment of actions proposed for your area and 2) how citizens involvement can be developed. Six groups were then formed to consider these questions in relation to each of the six entities. Revisions in the action plans of the entities resulted from these discussions.

The final public hearing was held on March 25, 1992 in Moscow, Idaho. There were no changes suggested to the PLAN. Idaho Department of Water Resources and Washington Department of Ecology officials announced that they were developing an interagency agreement under which the PLAN would be administered. A copy of the agreement is included as Appendix F of the PLAN.

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APPENDIX D

SUGGESTED RESEARCH

Areas of research that will aid effective management of the BASIN are outlined below:

1. **Field investigations**

   a. Geologic studies;

   b. Flow path and flow time studies;

   c. Soil percolation (lysimeter) studies;

   d. Studies of the recharge from (or discharge to) streams in the BASIN;

   e. BASIN discharge to streams and rivers in the BASIN and seepage to the Snake River canyon;

   f. Artificial recharge using recharge ponds or reservoirs and recharge wells; and

   g. Soil recharge enhancement and erosion reduction studies;

2. **Model studies**

   a. Acquisition of a computer ground water MODEL; for convenient use by the COMMITTEE and ENTITIES;

   b. Study of the sensitivity of MODEL output to MODEL input, particularly in areas where relatively large uncertainties exist in the input data;

   c. Update and upgrade the MODEL as appropriate to accommodate updated input information or changing computational or output needs; and

   d. Use the MODEL to evaluate alternative management strategies or scenarios.

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3. Feasibility studies

a. Conservation, re-use, and recycling methods;

b. Alternative surface water sources, including water storage within the BASIN and water transfers from outside the BASIN;

c. Inter-entity water transfers;

d. Alternative ground water sources;

e. Split uses of upper and lower aquifers water; and,

f. Dual water systems for irrigation with lower quality water.

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APPENDIX E

COMMITTEE REPRESENTATIVES

(1990 - 1991)

Pullman

Jim Hudak, Director of Public Works, City of Pullman
Craig Ward, City Council
AL Halvorson, City Council (from 1989 to January 1991)
Louie Sauer, City Council (from February 1991 to present)

Moscow

Gary Presol, City Engineer, City of Moscow
Mardi Baron, City Council

Whitman County

Maggie McGreevy, County Commissioner
Jim Nebel, County Health Department

Latah County

Pam Peterson, County Planner
Nancy Johansen, County Commissioner

Washington State University

Joe Spoonemore, Director, Physical Plant
Ken Abbey, Assistant Vice President, Business (from 1988 to September 1990)
Craig Benjamin, Energy Manager, Physical Plant (from October 1990 to present)

University of Idaho

Kenneth A. Hall, Director, Facilities Management
Larry Kirkland, Energy Engineer, Facilities Management

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Committee Representatives
(2015)

Pullman
Kevin Gardes, Director of Public Works, City of Pullman
Fritz Hughes, City Councilor, City of Pullman
Mark Workman, City Supervisor, City of Pullman

Moscow
Les MacDonald, Public Works Director, City of Moscow
Tom Scallorn, Water/Wastewater Manager, City of Moscow
Walter Steed, City Councilor, City of Moscow

Whitman County
Mark Storey, Public Works Director/County Engineer, Whitman County
Art Swannack, County Commissioner, Whitman County

Latah County
Paul Kimmell, Avista Regional Business Manager, Representing Latah County
Tom Lamar, County Commissioner, Latah County

Washington State University
Steve Potratz, Arch/Engr Project Supervisor, Washington State University
Greg Streva, Water Distribution Manager, Washington State University

University of Idaho
Gene Gussenhoven, Director, Utilities and Engineering Services, University of Idaho
Elmer Johnson, Water Systems Manager, University of Idaho

Ex Oficio Representatives
Keith Franklin, Northern Region Office Manager, Idaho Department of Water Resources
Guy Gregory, Senior Hydrogeologist/Technical Unit Supervisor, Washington State Department of Ecology

Contact Details at http://www.webpages.uidaho.edu/pbac/PBAC_Stuff/members.html

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APPENDIX F

BEFORE THE DEPARTMENT OF ECOLOGY
OF THE
STATE OF WASHINGTON

AND THE

DEPARTMENT OF WATER RESOURCES
OF THE
STATE OF IDAHO

IN THE MATTER OF THE	**)**	
COORDINATED MANAGEMENT	**)**	**INTERAGENCY AGREEMENT**
OF THE PULLMAN-MOSCOW	**)**	
GROUND WATER AQUIFER	**)**	

WHEREAS, the ground water resource located in the Palouse River/Hangman Creek basins of Latah County, Idaho and Whitman County, Washington, is an important water source for citizens of both Washington and Idaho; and

WHEREAS, the Pullman·Moscow Water Resources Committee (PMWRC), made up of representatives from Whitman County, Latah County, City of Pullman, City of Moscow, Washington State University, and University of Idaho, has been established in recognition of local concerns for the safety and reliability of the ground water resource because of continuing declines in ground water levels in the Pullman-Moscow aquifer; and

WHEREAS, computer-simulated modeling studies sponsored by the PMWRC indicate that the ground water level declines will continue if annual rate of withdrawal from the aquifer increases; and

WHEREAS, applications filed in both Washington and Idaho in recent years for large withdrawals of water from the aquifer indicate the potential exists for substantially increased ground water withdrawals and an associated decline in ground water pumping levels; and

WHEREAS, the PMWRC has adopted a coordinated management plan which sets goals for improved management of the Pullman-Moscow aquifer and action plans aimed at achieving these goals have been adopted by each of the entities belonging to the PMWRC; and

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WHEREAS, the Director of the Department of Ecology of the State of Washington is charged with the administration of ground water resources to maintain a safe sustained yield (Revised Code of Washington 90.l»A.1.30) and is authorized by Washington law to represent the state in matters pertaining to interstate water rights and water development; and

WHEREAS, the Director of the Department of Water Resources of the State of Idaho is charged with the administration of ground water to maintain reasonable pumping levels (Section &2·226. Idaho Code) and is authorized by Section 42-1805, Idaho Code to represent the state in matters pertaining to interstate water rights and water development; and

WHEREAS, the responsible officials of each state desire to achieve coordinated management of the ground water resources of the Pullman—Moscow aquifer in accordance with their respective state laws and in cooperation with the PMWRC and its member entities;

NOW, THEREFORE, IT IS HEREBY AGREED THAT administration of the ground water resources of the Pullman·Moscow aquifer will be in accordance with the adopted "Groundwater Management Plan" of the PMWRC to the extent that such plan can be implemented and administered under the laws of each state. The following specific actions will be taken by the administrative agency of each state to implement the plan:

l. Issuance of new permits to appropriate ground water and approval of applications to change existing ground water rights will be guided by the withdrawal limitations in the PMWRC plan. The state administrative agencies will provide copies of all such applications to the PMWRC for review and evaluation relative to compliance with the PMWRC plan. The decision-making authority rests with the state agency, but the recommendations of the PMWRC will be made part of the official record for each application.

2. Applicants proposing significant (as determined by the director of the state within which the application is filed) increases in withdrawal of ground water from the Pullman—Moscow aquifer will be required to provide information on alternative sources of water, conservation practices to be implemented to reduce the quantity of water withdrawn, and similar information needed to demonstrate compliance with the PMWRC plan.

3. Applications for transfer of ground water rights across the state line will be considered in accordance with the applicable laws of each state and will be guided by the PMWRC plan.

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4. The administrative agency of each state will, within the funding available and the priorities set by the director of each state, endeavor to enforce the applicable laws of each state relative to supervision of construction and maintenance of wells, unauthorized diversion and use of water, and conservation of water to achieve the goals of the PHWRC plan.

5. Within funding specifically available for such purposes, the administrative agency of each state will cooperate in studies necessary to evaluate the ground water resource and improve management of it.

6. A representative of each agency will be designated by the director of each agency as responsible for coordination of the agency's activities with the PMWRC.

IT IS FURTHER UNDERSTOOD that this agreement is effective upon signature by both directors and accomplishment of such filing, notice or approval requirements as may be necessary. This agreement shall remain in effect until terminated by written notice by either party.

DATE: April 8, 1992 **/s/ Fred Olsen**
FOR CHUCK CLARKE
DIRECTOR
WASHINGTON DEPARTMENT OF ECOLOGY

DATE: April 20, 1992 **/s/ R Keith Higginson**
R. KEITH HIGGINSON
DIRECTOR
IDAHO DEPARTMENT OF WATER RESOURCES

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APPENDIX G

RESOLUTION OF ACCEPTANCE
between the parties of the
PULLMAN—MOSCOW WATER RESOURCES COMMITTEE

1992

WHEREAS, the Pullman-Moscow Water Resources Committee (hereinafter "PMWRC") composed of representatives of Pullman, Moscow, University of Idaho, Washington State University, Whitman County and Latah County (hereinafter "PARTIES") has an interest in the protection and management of the ground water resources of the Pullman-Moscow basin (hereinafter "BASIN"); and

WHEREAS, there is evidence to show that the potential exists for the overuse of quality groundwater resources within the basin; and

WHEREAS, a ground water management plan developed and implemented in concert with public needs and interests and in accordance with state and local laws, rules and regulations can serve to avert the overuse of the ground water resources in the basin; and

WHEREAS, a Groundwater Management Plan has been developed by the PMWRC; and

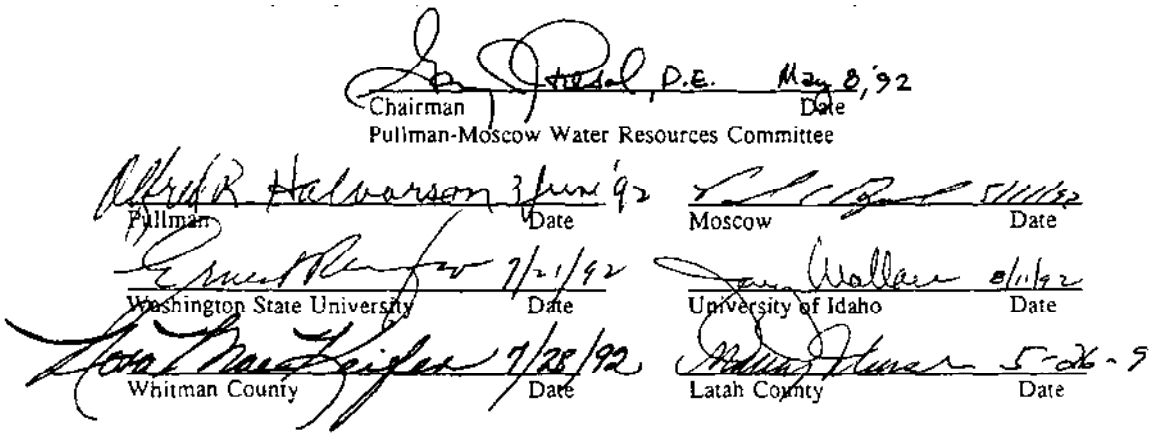
WHEREAS, the parties to this Resolution are desirous of implementing such a groundwater management plan; and

WHEREAS, parties hereto are authorized to enter into this Resolution of Acceptance for the purposes stated herein.

The PMWRC recommends the Groundwater Management Plan to the PARTIES for acceptance and implementation.

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NOW THEREFORE BE IT RESOLVED, this Resolution shall be effective upon execution by all parties and accomplishment of the filing requirements and approvals as may be necessary. This Resolution shall remain in effect until any party to the agreement terminates its participation by written notice of termination to the other parties.



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APPENDIX H

PALOUSE BASIN AQUIFER COMMITTEE INTERAGENCY AGREEMENT

I. PARTIES

This agreement (AGREEMENT) is entered into between the city of Pullman, a municipal corporation of the state of Washington (PULLMAN); the city of Moscow, a municipal corporation of the state of Idaho (MOSCOW); Whitman County, a municipal corporation of the state of Washington (WHITMAN); Latah County, a political subdivision of the state of Idaho (LATAH); the University of Idaho, an institution of higher education of the state of Idaho (UI), Washington State University, an institution of higher education of the state of Washington (WSU); and the city of Colfax, a municipal corporation of the state of Washington (COLFAX). In this AGREEMENT, all the above entities are referred to as PARTY or jointly as the PARTIES. Additional governmental entities may be included in this AGREEMENT by addendum executed by all PARTIES existing at that time and the proposed additional PARTY.

II. AUTHORITY AND GOVERNANCE

The PARTIES are authorized to enter into and carry out this AGREEMENT pursuant to the provisions of Idaho Code and Article IX, Section 10 Idaho Constitution, and Chapter 39.34 of the Revised Code of Washington.

In the event of an inconsistency in the terms of this Agreement, or between its terms and any applicable statute or rule, the inconsistency shall be resolved by giving precedence in the following order:

a. applicable state and federal statutes and rules; and
b. provisions of the agreement, including materials incorporated by reference.

III. PURPOSE

The common water supply serving the western portion of Latah County, Idaho in the general vicinity of MOSCOW, and the eastern portion of Whitman County, Washington in the general vicinity of PULLMAN (referred to herein as the Palouse Basin Aquifer), is an important regional concern and maintaining and conserving that resource is of critical importance to each PARTY to this Agreement. The PARTIES deem it to be in the public interest to work jointly and cooperatively on water resource problems and issues, while maintaining a consideration of the benefits of growth activity and economic development.

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IV. ADMINISTRATION OF AGREEMENT AND COMMITTEE

A. Establishment of Committee: In order to carry out the purpose of this AGREEMENT, the PARTIES hereby establish a committee to be known as the Palouse Basin Aquifer Committee (PBAC).

B. Membership: PBAC shall consist of a maximum of two (2) members representing each of the PARTIES. Each member shall serve at the pleasure of the PARTY that appoints that member. It is preferred that each PARTY have one (1) member with a technical background and another member who is in an administrative/ leadership position with that PARTY.

C. Duties of PBAC: PBAC shall:

l. Coordinate planning to assure a long-range supply of water to the PARTIES.

2. Maintain and continue to update and expand the databases developed through previous studies and data acquisition efforts.

3. Encourage conservation to promote the life of the Palouse Basin Aquifer.

4. Investigate supplemental and/or alternate sources of water.

5. Educate and advise the PARTIES on the quantity and quality of the public water supply within the Palouse Basin Aquifer.

6. Act as liaison between the PARTIES on water resource concerns.

7. Promote communication between the PARTIES, the Washington Department of Ecology, and the Idaho Department of Water Resources.

8. Perform such other duties or functions as may be agreed to by the PARTIES in writing and made an addendum to this Agreement.

D. Powers: PBAC shall have the power to:

l. Collect and disseminate statistics and other information.

2. Allocate expenditures of funds contributed by the PARTIES.

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3. Designate one of the PARTIES as a depository for funds and for the administration of those funds.

4. Request that the PARTY designated pursuant to Section IV.D.3. employ an individual to work on PBAC matters. Such personnel shall serve at the pleasure of and under the control of the employing PARTY and PBAC. Such personnel shall be subject to a Work Plan, approved by the employing PARTY and PBAC, which shall include the requirement of regular written progress reports to PBAC and which shall contain measurable criteria upon which job performance may be assessed. The complete salary, benefits, and necessary support, including office supplies and equipment, for any and all such personnel shall be paid by PBAC with the funds deposited pursuant to Section IV.D.3.

5. PBAC may enter into legal and financial agreements, such as for research projects, and may purchase and hold personal property, if it is within the financial resources available to PBAC. If real property or an interest therein is to be acquired to support or facilitate a PBAC function or activity, the PARTIES shall determine how said real property or interest therein shall be acquired, held, and ultimately disposed. It is the intent of PBAC that an individual PARTY or combination of PARTIES shall hold said property or property interest. PBAC, per se, shall not hold real property.

6. Apply for and administer grants.

7. Work with the PARTIES in educating the public.

E. Meetings, Officers, and Voting:

l. PBAC shall hold meetings as set forth in its Bylaws.

2. PBAC shall elect officers as set forth in its Bylaws.

3. Voting shall be by members or alternates as set forth in the Bylaws.

F. Annual Report: PBAC shall publish a report of its activities on an annual basis.

G. Bylaws: PBAC may adopt, amend, or repeal Bylaws, in whole or in part, which are consistent with the terms and conditions of this AGREEMENT, by a majority vote at any regular or special meeting of PBAC. A majority vote for the purposes of adopting, amending, or repealing the Bylaws means a majority of all members of PBAC with then-

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existing voting rights as detailed in Section V.D. and not merely a majority of a quorum as defined in the Bylaws.

V. <u>FINANCING</u>

A. Budget: Annually, PBAC shall establish a budget for the ensuing fiscal year (July lst through June 30th of the following year), which budget shall be established in sufficient time to allow each PARTY to budget its contribution for the year. Any such approved budget shall not be exceeded without the express approval of PBAC.

B. PARTY Contributions: Contributions are due July lst of the fiscal year and are past due on February lst of the same fiscal year.

C. Funding: The funding contributions for administration and projects shall be as follows:

l. UI, WSU, MOSCOW, and PULLMAN shall each, as its contribution, pay $8000 annually toward the operating budget of PBAC. For this contribution, said PARTIES shall each have two (2) voting members pursuant to Section IV.B.

2. LATAH, WHITMAN, and COLFAX and any subsequently admitted PARTY shall each, as its contribution, pay $2000 annually toward the operating budget of PBAC. For this contribution, said PARTIES shall each have one (1) voting member pursuant to Section IV.B. Any said PARTY that increases its contribution to $8,000 shall have said voting membership increased to two (2) for the related fiscal year.

3. The amounts established in Sections V.C.l and V.C.2 may only be raised or lowered by a two-thirds (2/3) majority vote of` all members with then-existing voting rights as detailed in Section V.D.

4. Additional funding may be provided for any specific project according to the interests and benefits of each participating PARTY. Said funding shall be approved by each PARTY participating in said project.

D. Voting Rights: Any PARTY past due in the payment of its contribution for the operating budget of PBAC, pursuant to Sections V.B., V.C.l, and V.C.2, shall be encouraged to continue participating in PBAC but shall lose voting rights, until such time as that PARTY pays said contribution for the current fiscal year. Payment of said contribution for previous fiscal years is not required as a condition of reestablishing voting rights. Loss of` voting rights as provided herein shall be the sole consequence of a PARTY'S delinquency in or failure to

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pay its contribution for any fiscal year.

E. Dissolution and Disbursement of Funds and Property;

l. Any PARTY may automatically withdraw from PBAC by submitting to the remaining PARTIES a written statement setting forth its intent to withdraw at least sixty (60) days prior to the effective date of its withdrawal. If a PARTY withdraws, it shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of its withdrawal. A withdrawing PARTY retains the right to share in the distribution of assets should PBAC be dissolved during the same fiscal year as the PARTY withdrew. A withdrawing PARTY waives any claim to receive a pro—rata share of surplus funds or distribution of personal property if PBAC is dissolved in a subsequent fiscal year.

2. PBAC shall be dissolved through a written agreement approved by a majority of the PARTIES or through the withdrawal of PARTIES to the extent that only three (3) PARTIES remain. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

3. Any surplus funds remaining at the time of dissolution shall be distributed to the PARTIES in proportion to the amount of money each PARTY contributed to the PBAC budget during the current fiscal year.

4. Any personal property remaining at the time of dissolution shall be equitably distributed among the PARTIES or, at the discretion of the PARTIES with then-existing voting rights, surplused with the proceeds distributed pursuant to Section V.E.3. Ownership of real property or property interest vested in a PARTY or PARTIES at the time of dissolution shall continue to be held by said PARTY or PARTIES.

VI. <u>RECORDS MAINTENANCE</u>

PBAC shall maintain books, records, documents and other evidence that sufficiently and properly reflect all direct and indirect costs expended in the performance of the activities described herein. These records shall be subject to inspection, review or audit by personnel of all PARTIES, other personnel duly authorized by either party, Washington State's Office of the State Auditor, and other state and federal officials so authorized by law. All books, records, documents, and other material relevant to this Agreement will be retained for six years after expiration and Washington State's Office of the State Auditor, other state and federal auditors

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authorized by law, and any persons duly authorized by the PARTIES shall have full access to and the right to examine any of these materials during this period.

Records and other documents, in any medium, furnished by one PARTY to this agreement to another PARTY, will remain the property of the furnishing PARTY, unless otherwise agreed. The receiving PARTY will not disclose or make available this material to any third parties without first giving notice to the furnishing PARTY and giving it a reasonable opportunity to respond, which shall be deemed to be five (5) working days from actual notice. Each PARTY will utilize reasonable security procedures and protections to assure that records and documents provided by the other PARTY are not erroneously disclosed to third parties. However, nothing herein shall affect the disclosure or availability of records or other information pursuant to the applicable provisions of the Washington and/or Idaho public records laws.

VII. RIGHTS IN DATA

Unless otherwise provided, data that originates from this Agreement shall be "works for hire" as defined by the U.S. Copyright Act of 1976 and shall be owned by PBAC. Each PARTY shall have the right to use such data. Data shall include, but not be limited to, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs within licensing limitations, films, tapes, and sound reproductions. Ownership includes the right to copyright, patent, register, and the ability to transfer these rights.

VIII. LIABILITY

Each PARTY to this AGREEMENT shall be responsible for its own acts and the acts of its officers, employees and agents. No PARTY to this AGREEMENT shall be responsible for the acts of others. For the purpose of this AGREEMENT, the officers, employees, or agents of each PARTY who are engaged in the performance of activities under this AGREEMENT will continue to be officers, employees, or agents of that PARTY and shall not be considered for any purpose to be officers, employees, or agents of any other PARTY. Each PARTY agrees to indemnify any other PARTY for any liability resulting from the actions of itself or its employees.

IX. DISPUTE RESOLUTION

In the event that a dispute arises under this AGREEMENT, it shall be resolved in the following manner: Each PARTY to this AGREEMENT shall appoint a member to resolve the dispute. If necessary, the members so appointed shall jointly appoint an additional member to resolve the dispute so that at all times there shall be an uneven number of dispute resolvers. The dispute resolvers shall determine the process to use, evaluate the facts and contract terms, review applicable statutes, regulations and rules, and resolve/decide the dispute. The determination of

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the dispute resolvers shall be final and binding on the PARTIES. There shall be no cost to the PARTIES for this service. The PARTIES may enforce the decision, if necessary, in an applicable state court.

X. EFFECTIVE DATE AND DURATION

A. Effective Date: This AGREEMENT shall be effective when the last signatory approves or ratifies and executes this AGREEMENT.

B. Filing: Copies of this AGREEMENT shall be filed with the Pullman City Clerk, Whitman County Auditor, the Secretary of State of the state of Washington, the Moscow City Clerk, the Latah County Auditor, the Secretary of State of the state of Idaho, and the Colfax City Clerk prior to its entry into force.

C. Duration: This AGREEMENT shall have a term of twenty (20) years from and after the effective date, unless PBAC is sooner dissolved as set forth in Section V.E.2.

XI. ASSIGNMENT

The activities to be provided under this Agreement, and any claim arising hereunder, are not assignable or delegable by any PARTY in whole or in part, without the express prior written consent of all other PARTIES, which consent shall not be unreasonably withheld.

XII. WAIVER

A failure by a PARTY to exercise its rights under this agreement shall not preclude that PARTY from subsequent exercise of such rights and shall not constitute a waiver of any other rights under this Agreement unless stated to be such in writing, signed by an authorized representative of the PARTY and attached to the original Agreement.

XIII. NOTICES

All notices, demands, requests, or other communications required to be given or sent to the PARTIES under this Agreement will be in writing and will be mailed by first-class mail, postage prepaid, addressed as noted below, or transmitted by hand delivery, facsimile, or internet e-mail;

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CITY OF PULLMAN
Attn: Public Works Director
325 SE Paradise Street
Pullman, WA 99163

CITY OF MOSCOW
Attn: Public Works Director/City Engineer
P.O. Box 9203
Moscow, ID 83843

WHITMAN COUNTY
Board of County Commissioners
Whitman County
404 North Main
Colfax, WA 99111

LATAH COUNTY
Board of County Commissioners
P.O. Box 8068
Moscow, ID 83843

UNIVERSITY OF IDAHO
Assistant Director, Utilities &
Engineering Facilities
875 Perimeter Drive
University of Idaho
Moscow, ID 83844-2281

WASHINGTON STATE UNIVERSITY
Attn: Assistant Director; Architectural,
Engineering, and Construction Services
Facilities Operations
P.O. Box 641150
Pullman, WA 99164-1150

CITY OF COLFAX
Attn: City Administrator
P.O. Box 229
Colfax, WA 99111

Each PARTY may designate a change of address by notice in writing. All notices, demands, requests, or communications that are not hand-delivered will be deemed received three (3) days after deposit in the U.S. mail, postage prepaid; or upon confirmation of successful facsimile or internet e-mail transmission.

XIV. <u>AMENDMENTS, SEVERABILITY, AND COMPLETE AGREEMENT</u>

A. This AGREEMENT may be amended by mutual agreement of the PARTIES. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind each of the PARTIES.

B. If any provision of this AGREEMENT or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this AGREEMENT which can be given effect without the invalid provision, if such remainder conforms to the requirements of applicable law and the fundamental purpose of this AGREEMENT, and to this end the provisions of this AGREEMENT are declared to be severable.

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C. This AGREEMENT contains all the terms and conditions agreed upon by the PARTIES. No other understandings, oral or otherwise, regarding the subject matter of this AGREEMENT shall be deemed to exist or to bind any of the PARTIES hereto.

XV. SIGNATURES

IN WITNESS WHEREOF, the undersigned parties to this AGREEMENT affirm that they have been granted the authority t0 sign this document 0n behalf 0f their respective entities.

CITY OF PULLMAN
Name: Mitchell D. Chandler
Title: Mayor
Date: June 19, 2003

CITY OF MOSCOW
Name: Marshall H. Comstock
Title: Mayor
Date: 8/21/03

WHITMAN COUNTY
Name: G.R. Finch
Title: Chairman of BOCC
Name: Greg Partch
Title: Commissioner
Name: Les Wigen
Title: Commissioner
Date: 05-12-03

LATAH COUNTY
Name: Paul J. Kimmell
Title: Chairman BOCC
Name: Tom S. Stroschein
Title: Commissioner
Name: John A. Nelson
Title: Commissioner
Date: 5-19-03

UNIVERSITY OF IDAHO
Name: Laura E. Hubbard
Title: VP Finance & Admin
Date: 6/18/03

WASHINGTON STATE UNIVERSITY
Name: Gregory P. Royer
Title: VP for Business Affairs
Date: 5/21/03

CITY OF COLFAX
Name: Emily Adams for Norma Becker, Mayor
Title: City Administrator
Date: 6/23/03

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ADDENDUM TO PALOUSE BASIN AQUIFER COMMITTEE INTERAGENCY AGREEMENT BETWEEN CITY OF MOSCOW, IDAHO, CITY OF PULLMAN, WASHINGTON, UNIVERSITY OF IDAHO AND WASHINGTON STATE UNIVERSITY RELATING TO ADDITIONAL FUNDING CONTRIBUTIONS FOR SPECIFIC RESEARCH PROJECTS

WHEREAS, Section V.C.4 of the Palouse Basin Aquifer Committee Interagency Agreement (PBAC Agreement) provides: "Additional funding may be provided for any specific project according to the interests and benefits of each participating PARTY. Said funding shall be approved by each PARTY participating in said project;" and,

WHEREAS, the City of Pullman, City of Moscow, Washington State University, and University of Idaho desire to contribute annually additional funds for specific research projects relating to the Palouse Basin Aquifer; and,

WHEREAS, it is in the best interests of the four parties to this Addendum to determine the specific research projects for which these additional contributions shall be utilized.

Now, therefore, the City of Pullman, City of Moscow, Washington State University, and University of Idaho agree:

1. *To contribute an additional sum of $20,000 per year to PBAC,*
2. *That these additional contributions may be expended by PBAC on a specific project or projects only as approved by a unanimous vote of the PBAC members representing the City of Pullman, City of Moscow, Washington State University, and University of Idaho. Noncontributing PBAC members are not entitled to vote on the expenditure of these additional contributions.*

Dated this _1st__ day of _October_ , 2007.

IN WITNESS THEREOF, the undersigned parties to this ADDENDUM affirm that they have been granted the authority to sign this document on behalf of their respective entities.

CITY OF PULLMAN
Name: Glenn A. Johnson
Title: Mayor
Date: June 20, 2007

CITY OF MOSCOW
Name: Nancy Chaney
Title: Mayor
Date: 10-8-07

WASHINGTON STATE UNIVERSITY
Name: Gregory P. Royer
Title: VP Business Affairs
Date:

UNIVERSITY OF IDAHO
Name: Lloyd E. Mues
Title: VP (F&A) UI
Date: 10 Sep 07

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A RESOLUTION INCREASING FUNDING CONTRIBUTIONS FOR THE PARTIES COMPRISING THE PALOUSE BASIN AQUIFER COMMITTEE

Whereas, the PARTIES comprising the Palouse Basin Aquifer Committee (PBAC) currently consist of the City of Pullman, the City of Moscow, Whitman County, Latah County, the University of Idaho, Washington State University, and the City of Colfax; and,

Whereas, the PARTIES have entered into an Interagency Agreement through which they operate as the Palouse Basin Aquifer Committee; and,

Whereas, Section V.C of said Interagency Agreement establishes funding contributions for the PARTIES and related voting rights for members of PBAC; and,

Whereas, Section V.C.3 of said Interagency Agreement provides that said funding contributions may be raised or lowered by a two-thirds (2/3) majority vote of all members of PBAC with voting rights; and,

Whereas, Section V.C.4. of said Interagency Agreement provides that additional funding may be provided for projects by PARTIES according to the interests and benefits of each participating PARTY and upon approval by each PARTY participating in the project; and,

Whereas, the members desire to increase the operating funding contributions of all PARTIES of the Palouse Basin Aquifer Committee; and,

Whereas, the City of Pullman, the City of Moscow, Washington State University, and University of Idaho each desire to provide ongoing funding for projects; now, therefore;

IT IS HEREBY RESOLVED that Section V.C.1 of the Palouse Basin Aquifer Committee Interagency Agreement is revised to read as follows:

> *"UI, WSU, MOSCOW, and PULLMAN shall each, as its contribution, pay $20,000 annually toward the operating budget of PBAC. For this contribution, said PARTIES shall each have two (2) voting members pursuant to Section IV.B".*

BE IT FURTHER RESOLVED that Section V.C.2. of the Palouse Basin Aquifer Committee Interagency Agreement is revised to read as follows:

> *"LATAH, WHITMAN, and COLFAX and any subsequently admitted PARTY shall each, as its contribution, pay $5,000 annually toward the operating budget of PBAC. For this contribution, said PARTIES shall each have one (1) voting member pursuant to Section*

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IV.B. Any said PARTY that increases its contribution to $20,000 shall have said voting membership increased to two (2) for the related fiscal year".

BE IT FURTHER RESOLVED that this resolution shall become effective with the contributions that will be due from the PARTIES on July 1, 2007 and shall remain effective thereafter until amended by subsequent action.

Adopted by at least a two-thirds (2/3) majority of all members of the Palouse Basin Aquifer Committee with voting rights on the 16th day of August, 2007.

Dated this 16th day of August, 2007

Mike Holthaus
Chairperson

Attest:

Mark D. Workman
Vice Chairperson

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Voting Record

Member	***Aye***	***Nay***	***Abstain***	***Absent***
Barney Waldrop	*X*			
Mark Workman	*X*			
Aaron Ament	*X*			
Les MacDonald	*X*			
Joe Kline	*X*			
Mike Holthaus	*X*			
Rob Corcoran	*X*			
Keith Bloom				*X*
Mark Storey				*X*
Paul Kimmell	*X*			
Carl Thompson	*X*			

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BYLAWS
of the
PALOUSE BASIN AQUIFER COMMITTEE

ARTICLE I
Name

A. The name of this association shall be Palouse Basin Aquifer Committee (PBAC)

ARTICLE II
Membership

A. PBAC shall consist of up to two members from each PARTY as defined and detailed in the Palouse Basin Aquifer Committee Interagency Agreement (Agreement).

B. Each member shall be appointed by and serve at the pleasure of the respective PARTY.

C. Members may appoint an alternate to serve on their behalf.

ARTICLE III
Officers and Voting

A. A voting member is a member with voting rights as determined by the status of the member's PARTY'S dues being current, as further detailed in the Agreement.

B. One member shall serve as Chairperson, one member shall serve as Vice Chairperson. An Executive Secretary may be selected and appointed by a majority vote of voting members at a regular meeting.

C. Each member shall have one (1) vote. Members, or their designated alternate, must be in attendance to vote. A simple majority vote, except as specifically provided elsewhere in these Bylaws and the Agreement, is required for a motion to pass. In the event of a tie vote, the motion shall fail.

D. The term of officers shall be from July 1 through June 30.

E. A quorum necessary to elect officers or transact business, except as specifically provided elsewhere in these Bylaws and the Agreement, shall be constituted when a majority of all PARTIES with at least one voting member is represented by at least one member at a meeting.

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ARTICLE IV
Meetings and Elections

A. PBAC shall hold one regular meeting per month on a day approved by majority vote of a quorum. Special meetings may be called when determined necessary by the Chairperson. A special meeting requires that a specific agenda be prepared and properly noticed. Meetings may be cancelled when determined appropriate by the Chairperson.

B. Officers shall be elected each year at the regular June meeting.

C. The budget year for PBAC shall be from July 1 through June 30.

D. All meetings shall be conducted in accordance with the current edition of Robert's Rules of Order, including keeping minutes of all meetings.

E. All meetings of PBAC shall be open to the public in accordance with the provisions of the Washington Open Meetings Act (Chapter 42.30 RCW) and Section 67-2341 Idaho Code as those provisions now exist or may be hereafter amended.

ARTICLE V
Special Committees

A. Special committees may be created from time to time as the need arises to carry out a specified task. The creation and purpose of a special committee shall be established by a majority vote of all voting members. A special committee may similarly be disbanded by majority vote of all voting members.

ARTICLE VI
Agreements

A. Contracts, agreements, and other documents approved by PBAC as detailed herein shall be executed by the Chairperson on behalf of PBAC. In the Chairperson's absence, PBAC may authorize the Vice Chairperson or the Executive Secretary to execute such contracts, agreements, or other documents.

ARTICLE VII
Amendments

A. These Bylaws may be amended or repealed, in whole or in part, by a majority vote of all voting members.

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ADOPTED by a majority of all members of PBAC this 19th day of May, 2005.

Robert F. Corcoran
Chairperson

ATTEST:

Larry Kirkland
Executive Secretary

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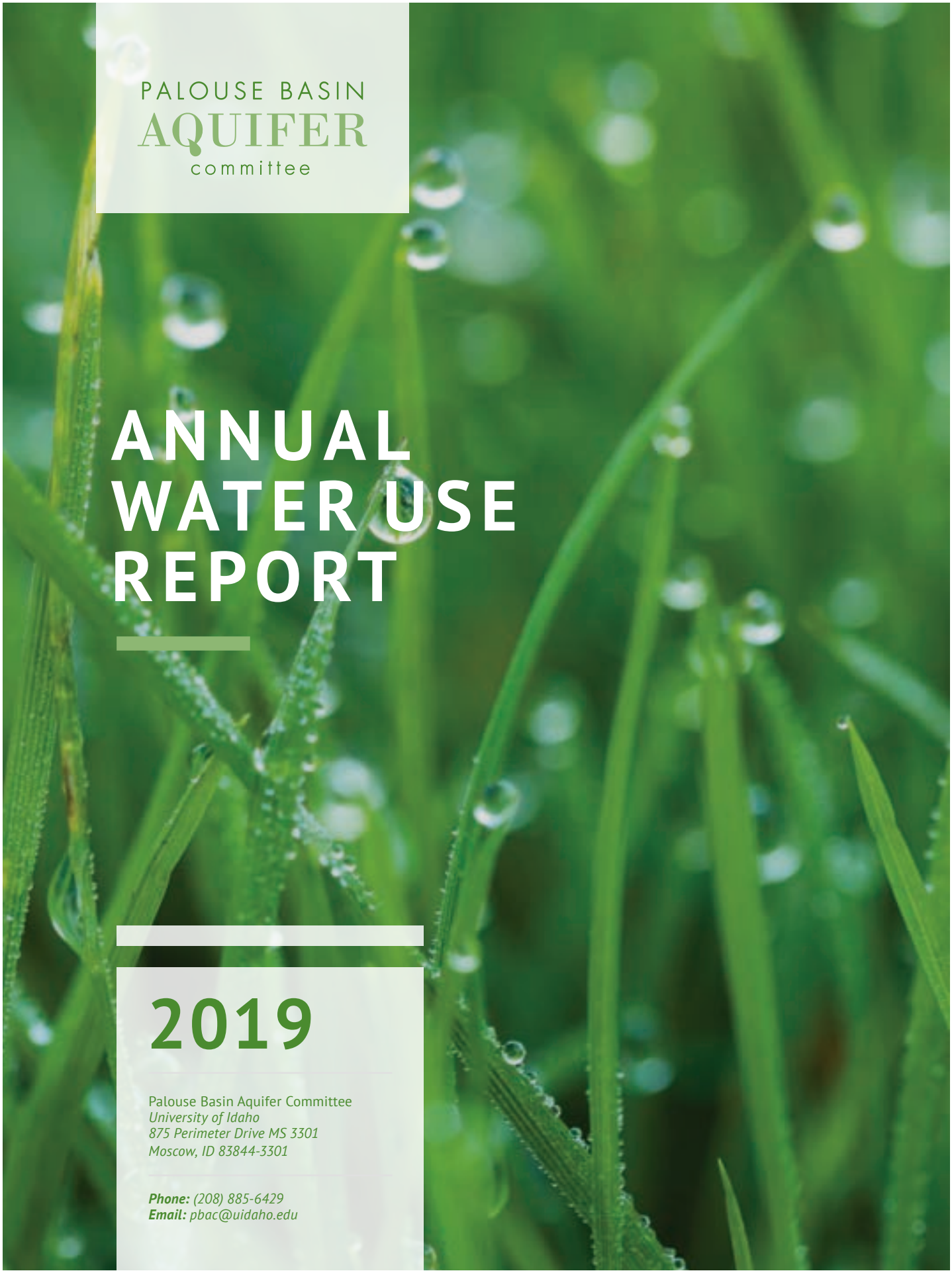
PALOUSE BASIN

AQUIFER

committee

APPENDIX A-3

2019 PBAC Annual Water Use Report



PALOUSE BASIN
AQUIFER
committee

ANNUAL WATER USE REPORT

2019

Palouse Basin Aquifer Committee
University of Idaho
875 Perimeter Drive MS 3301
Moscow, ID 83844-3301

Phone: *(208) 885-6429*
Email: *pbac@uidaho.edu*

WATER IS ESSENTIAL

Water in the Palouse Basin aquifers is declining, and conservation is a huge part of solving the problem



Photo by Katherine M. Watts

Executive Summary

Water is the essential ingredient needed for human residency in any region. The Palouse Groundwater Basin provides the sole drinking water supply for over 60,000 Whitman County (Washington) and Latah County (Idaho) residence. There are two significant aquifers within the basin: the Wanapum (upper aquifer) and Grande Ronde (lower aquifer), confined aquifers. An aquifer is an underground layer of water stored in permeable rock or between layers of rock. A confined aquifer differs from an unconfined aquifer in that there is an impermeable layer of rock or soil present that prevents water from readily entering from the surface above. Therefore, while we pump water out of our confined aquifers, water is not reentering the aquifers at the rate that we are pumping water out. As a result, the aquifer levels have been declining since the beginning of usage.

The Palouse Basin Aquifer Committee (PBAC) is a voluntary, cooperative, multijurisdictional group with representatives from the basin's cities, counties, and universities. PBAC's task is to ensure a long-term, quality water supply for the Palouse basin region, implemented through the Ground Water Management Plan (GWMP), enacted in 1992.

The GWMP and an associated intergovernmental agreement include requirements to report accomplishments, pumpage, and water level information. This report aims to review groundwater pumpage, summarize aquifer water levels, and review research accomplishments during 2019 and 2020. Some of the graphs and figures seen in previous reports are located on our website, palousebasin.org.

The 2019 total combined groundwater pumpage by the reporting pumping entities within the basin was 2.35 billion gallons *(Figure 1)*. In aggregate (Pullman, Moscow, WSU, UI, Palouse), pumpage for 2019 was approximately 0.9% less than in 2018 and 14.4% less than in 1992, the first year the GWMP took effect.

A network of deep and shallow monitoring wells has been instrumented and records information that provides a valuable



Photo by Katherine M. Watts



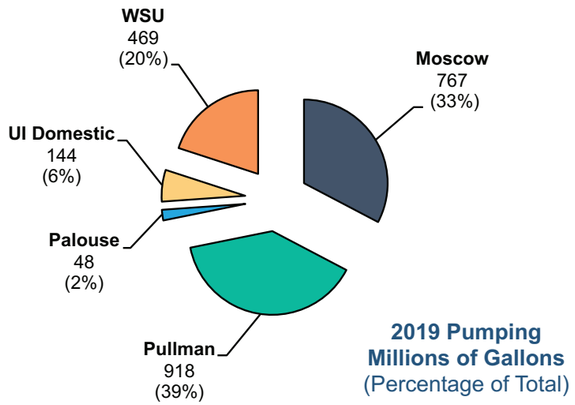


Figure 1: 2019 groundwater pumping

long-term record of groundwater levels throughout the basin. Hydrograph records for representative wells in upper and lower aquifers are located on our website under the information tab (palousebasin.org). The 2019 water level data exhibits a reasonably consistent decline in maximum water level of slightly less than 1 foot per year in the Grande Ronde. In the Moscow Police Department well (Wanapum), there was about a 13-foot rise in water levels from mid-2017 to mid-2020 due to a decrease in Wanapum pumping from the City of Moscow (Figure 6). The City of Moscow continues to pump less from the Wanapum aquifer due to the extra costs and water wasted from the filters required for upper aquifer water. The Wanapum aquifer water is filtered due to its high mineral content, and the filters are cleaned in a back-flushing process.

The GWMP consists of a set of goals that PBAC pursues. PBAC's current focus is to develop and implement a balanced, basin-wide water supply and use program by 2025. As a step toward this, in 2019, PBAC continued work on the Palouse Groundwater Basin Water Supply Alternatives project to analyze the four alternatives further and developed another survey to seek community feedback. In addition, PBAC hired Alta Science and Engineering to help with project management, outreach, and further feasibility review. One major undertaking for the project is to break each alternative down into interim steps. These interim steps will allow for the gradual implantation of an alternative or combination of alternatives over time.

ANNUAL WATER USE REPORT

"The PBAC mission is to ensure a long-term quality water supply for the Palouse Basin region"

The report that follows includes water use and water level information for the period from 1992 through 2019. We also include 2020 data that is available to provide up-to-date information. Water use reports for earlier years are on the PBAC website (www.palousebasin.org). If you are having trouble finding information on our website, please contact us at pbac@uidaho.edu.

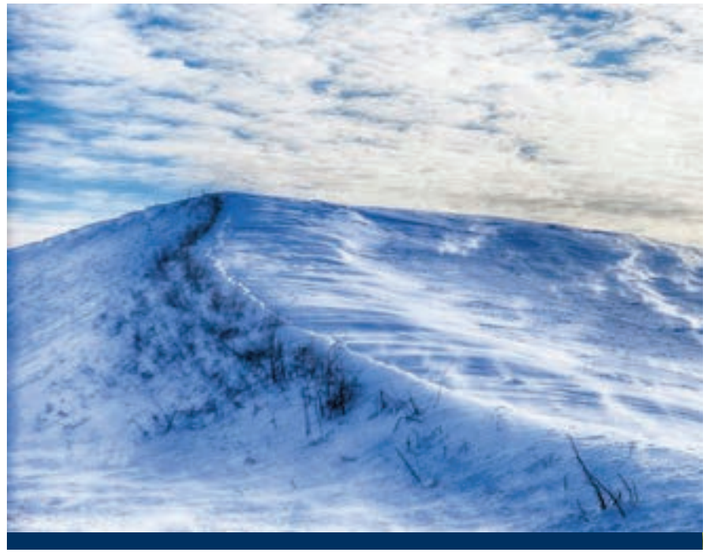


Photo by Katherine M. Watts

Palouse Basin Aquifer Committee

Groundwater is pumped in the basin by five major water suppliers (Pullman, Moscow, Colfax, Washington State University, and the University of Idaho), several smaller cities and towns, and many businesses and rural residents residing in the unincorporated areas of Whitman County, Washington, and Latah County, Idaho. Groundwater levels in the lower aquifer system have been declining since measurement began in the late 19th century. Growth in the area following World War II led to increased pumping from the aquifer system. By the late 1950s, the cities, state institutions, and regulatory agencies recognized a severe decline in water levels. Concerns regarding long-term water supplies in the area led to the 1967 formation of an informal committee, known then as the Pullman-Moscow Water Resource Committee (PMWRC), to study the problem and make recommendations to the administrative and elected representatives of the major pumping entities. In time, membership on the committee was expanded to include Whitman and Latah counties. In 1998, to reflect its expanded membership and the regional nature of the resource, the committee name was changed to the Palouse Basin Aquifer Committee (PBAC). Although not a formal PBAC member, since 2006, the City of Palouse has contributed funding toward the administration of the committee. PBAC member contact information is detailed on the last page of this report.

Ground Water Management Plan (GWMP)

In 1992, the Palouse Basin Aquifer Committee, with the support of Washington and Idaho state regulatory agencies, enacted the Ground Water Management Plan (GWMP). The plan is authorized by an Intergovernmental Agreement between the member entities and an Interagency Agreement between the Washington Department of Ecology and the Idaho Department of Water Resources. The plan details the governance structure of the committee and lays out specific goals for the pumping entities. Since 1992, the goals have been periodically reviewed and updated by PBAC.

Basin Description

The precise boundaries of the basin are unknown, but the approximate edge is illustrated in Figure 2. Groundwater in the basin is pumped primarily from the Wanapum (upper aquifer) and the Grande Ronde (lower aquifer). The Wanapum and Grande Ronde Formations are part of the Columbia River Basalt Group, which consists of thousands of feet of lava flows that covered much of eastern Washington, northern Oregon, and portions of western Idaho during eruptions that occurred between 17 and 6 million years ago.

The primary municipal drinking water source in the basin is the lower Grande Ronde aquifer. In Pullman, all the city residents obtain their drinking water from the Grande Ronde. Rural basin residents in Whitman County pump from both the upper and lower aquifers. In Moscow, 2% of the 2019 supply came from the Wanapum, significantly less than the 32% pumped from the Wanapum in 2017. Many of the rural residents in Latah County also tap the Wanapum. The Grande Ronde wells are generally more productive and contain better quality water than those in the Wanapum.

Water levels in the Grande Ronde have historically declined at a rate of between 0.9 and 1.5 feet per year for 70 or more years (Figure 3). More recent data (since 2006) indicate the average annual rate of decline has decreased to 0.72 feet per year (Figure 4). Unfortunately, PBAC cannot collect more data on the WSU test well because the water levels are now below the point that can be reached with a data logger. But, thanks to the WSU facilities team, PBAC has access to WSU Well 3, which is a well next to the WSU Test Well, and so far, it appears to be comparable to the data obtained from the WSU Test Well (Figure 5). Unfortunately, the WA DOE Pullman test well water depth is below the point where we can obtain good data.

Water levels in the Wanapum dropped drastically in the late 1950s and early '60s but recovered in the 1970s and '80s when much of the pumping switched to the Grande Ronde aquifer (Figure 6).



Figure 2: Working Boundary for the Palouse Groundwater Basin

Thus, although absolute values are still uncertain, there is some recharge to the Wanapum and the Grande Ronde aquifers.

The City of Moscow decreased pumping out of the Wanapum significantly over the past several years. The City of Moscow used to obtain over a quarter of its annual water from the Wanapum, but in 2019, the City of Moscow only pumped 2% of its annual water from the Wanapum. To supplement the water pumped from the Wanapum, the City of Moscow increased their pumping out of the Grande Ronde. The Moscow Police Department well showed a 7-foot recovery, similar to the recovery seen in the mid to late 1960s when Moscow and UI drilled their first wells into the lower aquifer and curtailed pumping from the upper aquifer (Figure 7).

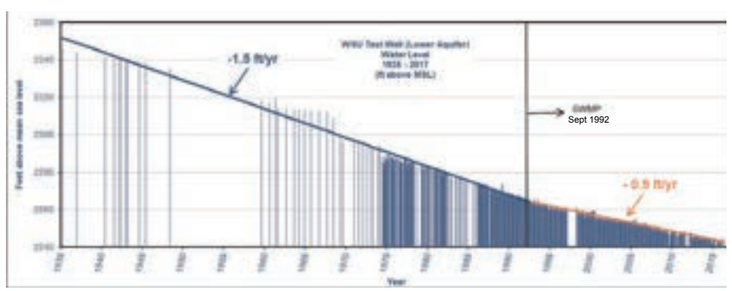


Figure 3: Static water level, WSU test well (lower aquifer), 1935-2017

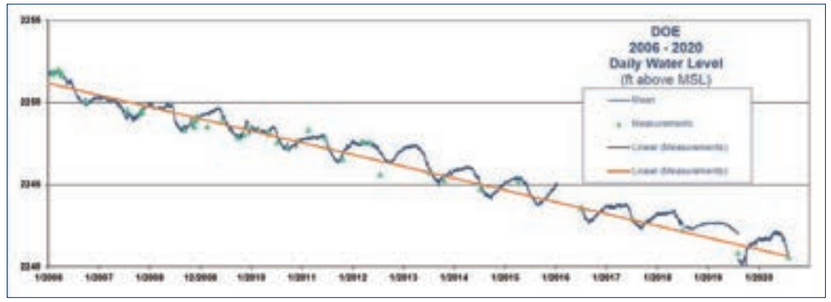


Figure 4: Hydrograph record, WA DOE Pullman test well

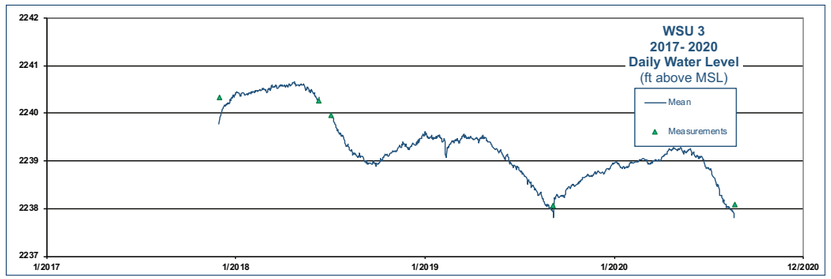


Figure 5: Hydrograph record, WSU Well 3 (lower aquifer)

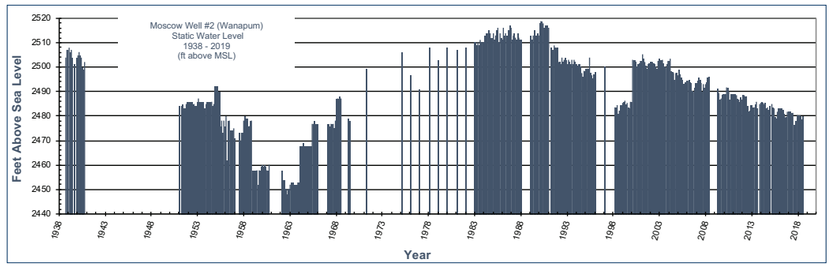


Figure 6: Static water level, Moscow well #2 (upper aquifer), 1938-2018

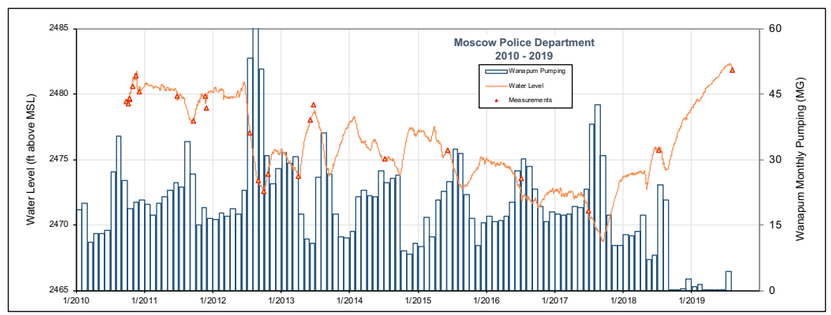


Figure 7: Wanapum pumping, water level, Moscow PD well (upper aquifer), 2010-2019

GROUNDWATER PUMPAGE AND WATER LEVELS

The total combined groundwater pumpage by the three cities (Pullman, Moscow, Palouse) and two universities (WSU and UI) for the year 2019 was 2.35 billion gallons. In aggregate, this was .9% less than was pumped in 2018 (2.37 billion gallons), and 16.6% less than was pumped in 1992 (2.74 billion gallons), the first year the GWMP took effect. Groundwater pumpage percentage totals are illustrated in Figure 8.

Pumping increases significantly in the summer months, primarily due to increased municipal irrigation demand and other outdoor water use. Water used regularly throughout the year for showers, toilets, drinking, laundry, or any other daily need is considered baseline water use. Non-baseline water use is anything used seasonally for irrigation or other temporary outdoor uses. An estimate of the baseline pumping can be calculated as the average pumping levels for January, February, November, and December because these months, we don't expect people to use water outdoors for irrigation, pools, or other non-baseline water uses. Therefore, pumping above this average level can be considered non-baseline usage. As a percentage of total pumping, the 2019 non-baseline (outdoor water use for irrigation/activities) usage for the five pumping entities are shown in Figure 9 (Note: In the figure, the UI non-baseline use is presented both with and without the inclusion of the 86 million gallons of reclaimed water utilized in 2019). By entity, 2019 comparisons to 2018 pumping are shown in Figure 10.

Figure 8: Groundwater pumping–percentage of totals–2019

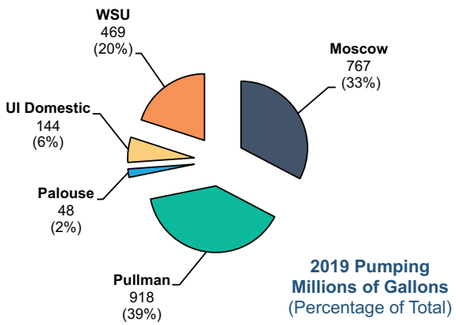
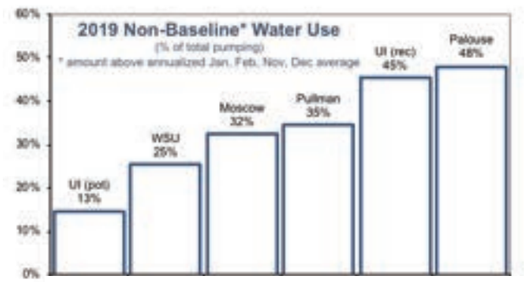


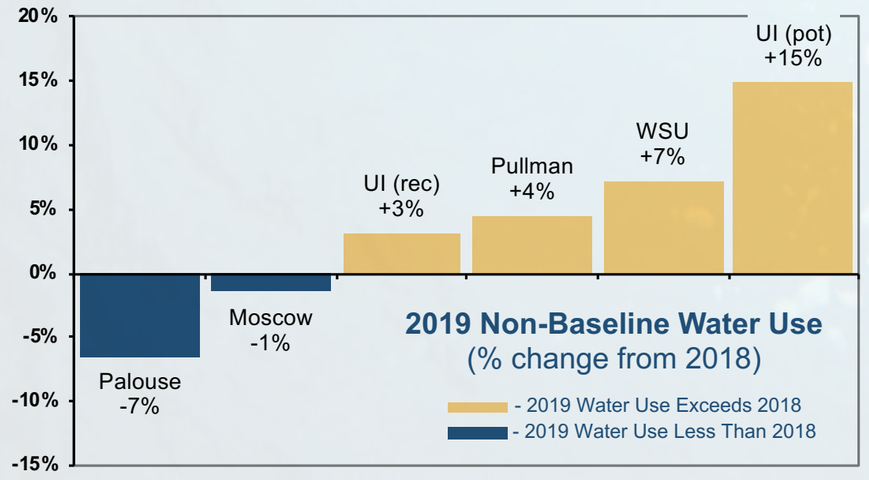
Figure 9: Non-baseline water use, percentage of total pumping, 2019



Non-baseline usage varies with annual weather conditions. If temperatures are cooler and wetter than in the previous year, it can be expected that non-baseline use water would decrease. If temperatures are warmer and drier, it can be expected that non-baseline water use would increase. This is because people will increase irrigation and other outdoor water use with warmer and drier conditions. There are also many other variables to consider when determining why pumping has increased or decreased in a given year. It is essential to consider when precipitation occurs, what type of precipitation, soil moisture storage, infrastructure updates or leaks, and human behavior, just to list a few!

On the following pages, you will find monthly pumping graphs compared to the 5-year average, Figures 11-15. Monthly pumping graphs, including monthly pumping totals by entity, are now on our website under the information tab (palousebasin.org).

Figure 10: 2019 percentage pumping change from 2018



MONTHLY PUMPING

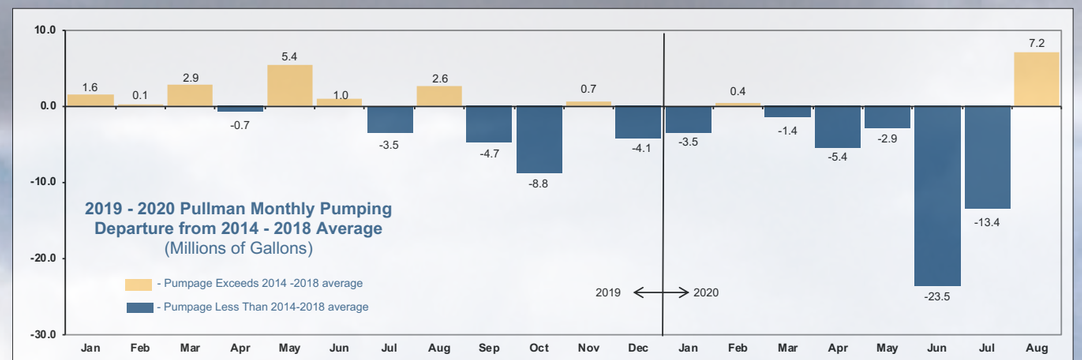


Figure 11: Pullman monthly pumping compared to five-year average

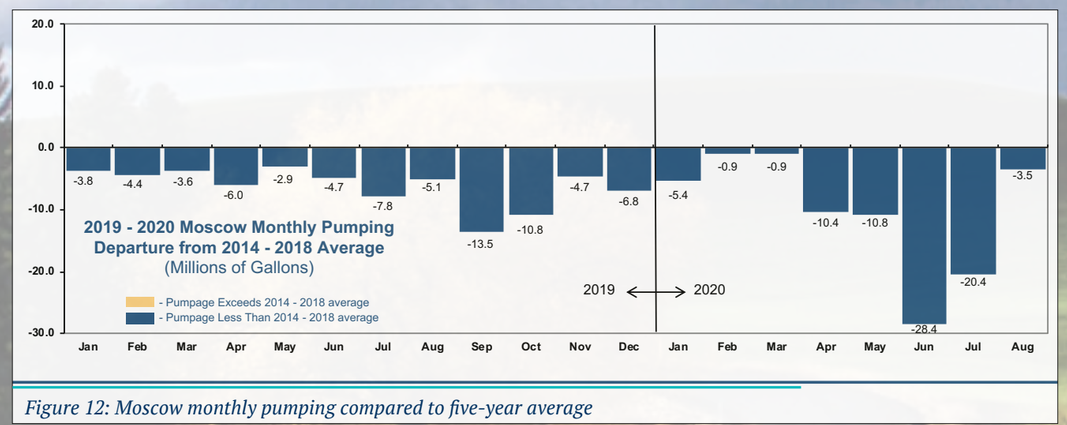


Figure 12: Moscow monthly pumping compared to five-year average

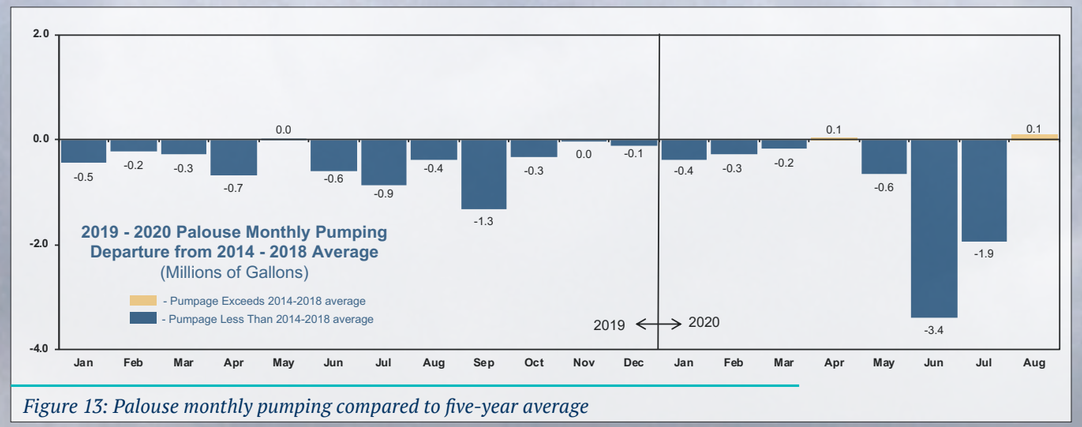


Figure 13: Palouse monthly pumping compared to five-year average

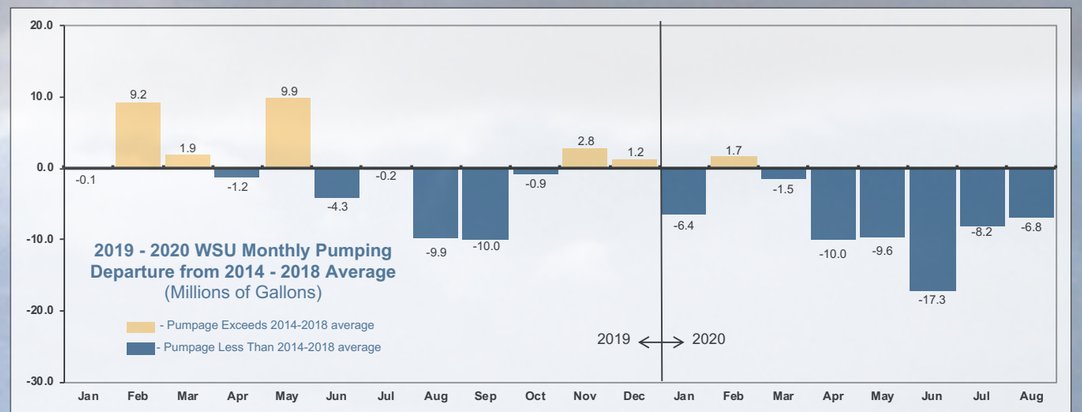


Figure 14: WSU monthly pumping compared to five-year average

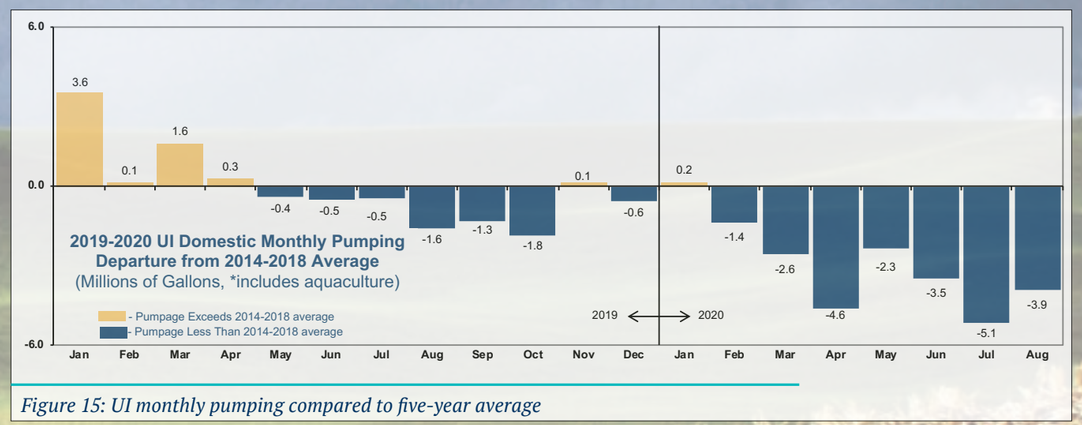


Figure 15: UI monthly pumping compared to five-year average

Photo by Katherine M. Watts

LIMITING WATER USAGE

As part of the GWMP, each pumping entity has agreed to voluntary pumping limitation goals. Pullman, Moscow, and the universities attempt to limit annual pumping increases to 1% of the 1986-1990 average pumping amount. In addition, Pullman, Moscow and the universities agreed to keep total pumping below 125% of the 1981-1985 average pumping amount. An aggregation of the limitation goals for the GWMP pumping entities (Pullman, Moscow, WSU, UI) is shown in *Figure 16*. The goal graphs for individual pumping entities are shown in *Figures 17, 18, 19, and 20*. Please note that the University of Idaho pumping numbers do not include the 48 million gallon per year allotment for UI well 5.

PBAC maintains a network of monitoring wells throughout the basin. A map illustrating monitoring well locations and hydrographs can be accessed on the PBAC website. Individual hydrographs can be accessed by request.

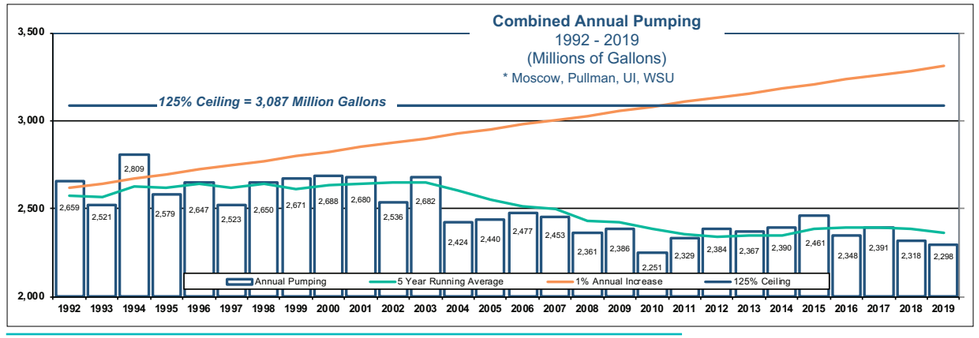


Figure 16: Combined annual pumping

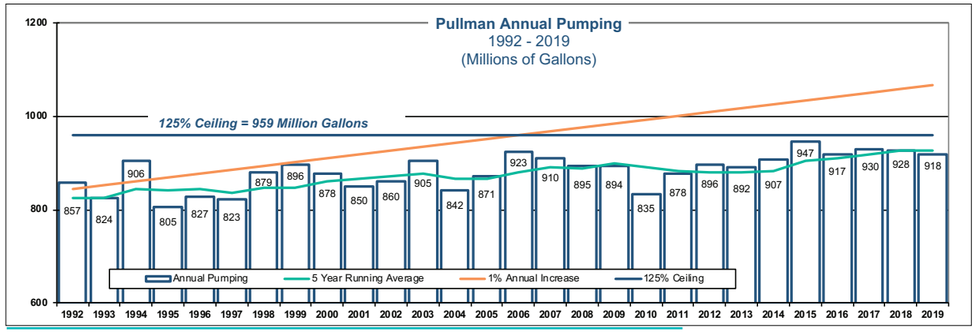


Figure 17: Pullman annual pumping

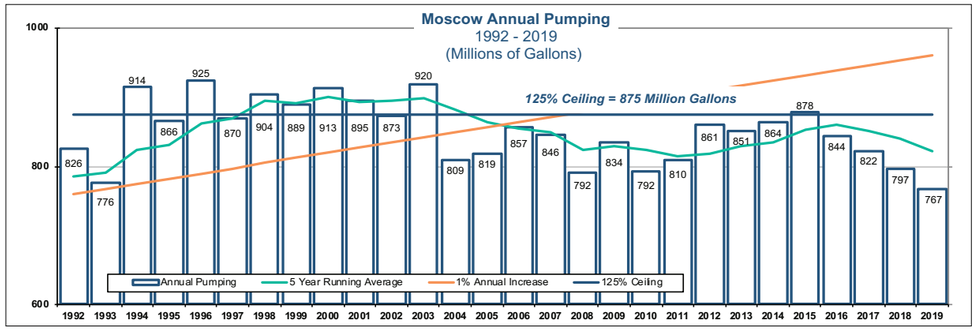


Figure 18: Moscow annual pumping

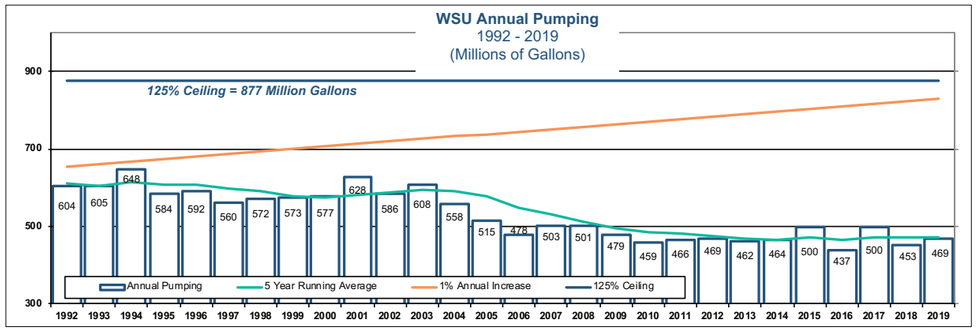


Figure 19: WSU annual pumping

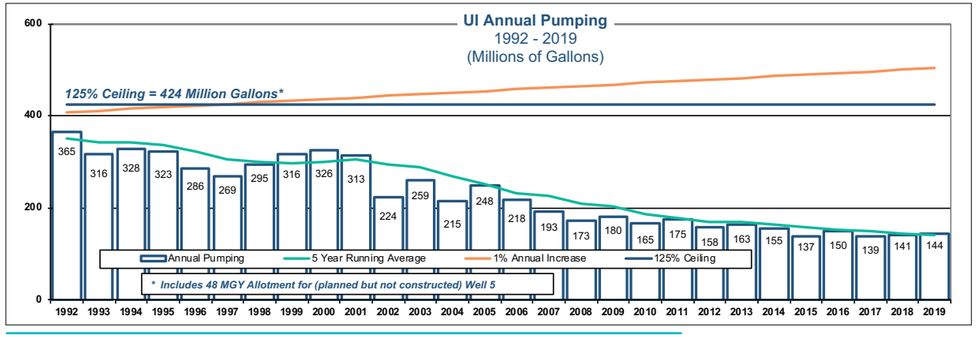


Figure 20: UI annual pumping

2019 ACCOMPLISHMENTS

In 2019, PBAC continued to make progress on the Palouse Water Alternatives Project by expanding on feasibility studies, refining timelines and dates and goals, and engaging with the community. The Palouse Water Alternatives report compiles previously identified alternatives and summarizes the four most feasible options that include consideration of 13 (quantitative as well as qualitative) evaluation criteria. The project was funded by a generous grant provided by the State of Idaho through the Idaho Water Resource Board and the Idaho Department of Water Resources as well as PBAC. PBAC hired Alta Science and Engineering to lead the project management for the Palouse Water Alternatives Project.

In 2019, PBAC funded a project by Jeff Langman, Assistant Professor in the Department of Geological Sciences, to examine the recharge zone through an analysis of isotope data and collection of seismic field data. The goal is of this research is to quantify recharge in the Moscow Mountain recharge zone and help guide variables being used for the WSU Groundwater Model project.

In 2019, PBAC also funded a research project through Jeff Langman at the University of Idaho which will help quantify recharge using seismometers (a continuation of the work completed in 2018). Jeff Langman, Kyle Duckett, John Bush and others published in the Journal of Hydrology that looked at isotopes to gain a better understanding of connectivity and flow patterns between the South Fork Palouse River Basin and subsystems. All of their work greatly contributes to our understanding of connectivity in the Palouse Basin. Researchers at the Water Resource Center at WSU are also working under a PBAC funded grant to complete an updated groundwater model, make sure to come to the 2020 Palouse Basin Water Summit to get updates on these projects!

Goals, Plans and Ongoing Efforts of the Committee

The foundation of the Ground Water Management Plan (GWMP) consists of a set of goals. Each member entity crafts its water resource management action plan(s) to support the goals. The goals are periodically reviewed and updated by PBAC. In the spring of 2015 PBAC issued a GWMP Informational Update (available on the PBAC website). As part of the update, each PBAC entity reviewed and updated its individual action plan(s) to better reflect current conditions in the basin.

Community outreach and engagement has become a central focus for PBAC in the coming years. In early 2019, PBAC conducted the Palouse Basin Survey with a project led by Alex Maas, Assistant Professor in Agricultural Economics & Rural Sociology. The survey allowed PBAC to guage how people of the community viewed the water alternative projects and determine if there are preferences for one type of project or another. The survey was conducted at county fairs, grocery stores, and various other locations. More details can be found on the PBAC website.

In 2019, PBAC participated in the 15th (modern) Palouse Water Summit. The 2019 Summit continued to provide information and avenues for dialogue through networking opportunities and presentations related to the basin's common groundwater resource. PBAC will support and participate in the 16th Summit, scheduled for October 22nd, 2020.

Photo by Katherine M. Watts

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Art Swannack (Whitman Co.)	arts@co.whitman.wa.us
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PALOUSE BASIN
AQUIFER
committee

APPENDIX A-4

PBAC 2011 Mission and Goals

Palouse Basin Aquifer Committee
(PBAC)
2011 Mission and Goals

Mission:

To ensure a long-term, quality water supply for the Palouse Basin region.

Goals:

- Consistent with the Palouse Basin Groundwater Management Plan, develop and Implement a balanced basin wide Water Supply and Use Program by 2025.
    - Create and maintain an action plan for aquifer system sustainability, enhancement and/or alternate water supply development.
    - Direct research and implement pilot projects necessary to understand the basin hydrogeology in a manner sufficient to support the Water Supply and Use Program and the affiliated supply projects.
    - Encourage and facilitate entities in meeting their specific pumping, conservation, efficient use, water recycling and other goals.

- Review the Palouse Basin Groundwater Management Plan.

- Educate entities and the public on the state of the basin water supply and the status of PBAC's mission and goals.

- Maintain harmonious and effective working relationships across the state line to fairly meet the needs of all entities.

- Revisit the goals and mission statement annually.

Palouse Basin Aquifer Committee
(PBAC)
2006 Mission and Goals

Mission:

To ensure a long-term, quality water supply for the Palouse Basin region.

Goals:

- Develop and Implement a balanced basin wide Water Supply and Use Program by 2020.
    - Create an action plan for aquifer system enhancement and alternate water supply development by 2010.
    - Direct research and implement pilot projects necessary to understand the basin hydrogeology in a manner sufficient to support the Water Supply and Use Program and the affiliated supply projects.

- Update the Palouse Basin Groundwater Management Plan to reflect the Water Supply and Use Program.

- Encourage and facilitate entities in meeting their specific pumping, conservation, efficient use, water recycling and other goals.

- Educate entities and the public on the state of the basin water supply and options for carrying out PBAC's mission and goals.

- Maintain harmonious and effective working relationships across the state line to fairly meet the needs of all entities.

- Revisit the goals and mission statement annually to ensure that they are current and reflect the goals of the group.

PBAC Goals: 1992

- To provide for future beneficial use of the basin ground water without depleting the basin aquifers while protecting the quality of the water.
- To promote a program of public education and awareness regarding basin ground water management issues.
- To promote careful monitoring and analysis of the ground water level and usage data for the basin.
- To continue to explore possible supplemental water sources for anticipated and potential future water use in the basin.
- To review and make recommendations on all water use or land use applications whose anticipated impact on the ground water system potentially lies outside the stated goals of the plan or policies adopted by the member entities.
- To review and make recommendations relative to the development of an agreement for water transfers across the state line.

PBAC Goals: 1997

- To plan for continued beneficial use of the basin ground water without depleting the basin aquifers while protecting the quality of the water.
- To promote a program of public education, water conservation and awareness regarding basin ground water management issues.
- To continue to explore possible supplemental water sources for anticipated and potential future water use in the basin.
- To promote careful monitoring and analysis of the ground water level and usage data for the basin.
- To review and make recommendations on all water use or land use applications whose anticipated impact on the ground water system potentially lies outside the stated goals of the plan or policies adopted by the member entities.

PBAC Mission and Goals: September 1999

Mission:

To plan for continued beneficial use of the basin ground water without depleting the basin aquifers while protecting the quality of the water.

Goals:

- To promote a program of public education, water conservation and awareness regarding basin ground water management issues.
- To continue to explore possible supplemental water sources for anticipated and potential future water use in the basin.
- To promote careful monitoring and analysis of the ground water level and usage data for the basin.
- To review and make recommendations on all water use or land use applications whose anticipated impact on the ground water system potentially lies outside the stated goals of the plan or policies adopted by the member entities.

Mission and Goals: November 1999

Mission:

To plan for continued beneficial use of the basin ground water without depleting the basin aquifers while protecting the quality of the water.

Goals:

1. Implement efficient water use and water conservation practices to reduce pumping from the deep (Grand Ronde) aquifer.
2. Develop a program of public outreach and education to promote efficient water use and conservation and awareness of basin ground water issues.
3. Continue data collection and analysis of ground water levels and usage data for the basin.
4. Support research of basin hydrogeologic conditions affecting the regional water level declines and facilitating sustainable development of the ground water resource.
5. Review and make recommendations on all water use or land use applications with an anticipated impact on the ground water system that lies outside the stated goals or policies adopted by the member entities.
6. Protect the high quality of the ground water in the Palouse Basin.

Mission and Goals: 2001

Mission:

To plan for continued beneficial use of the basin ground water without depleting the basin aquifers while protecting the quality of the water.

Goals:

1. Stabilize the ground water levels in the Grande Ronde aquifer by 2020.
2. Implement efficient water use and water conservation practices to reduce pumping from the deep Grand Ronde aquifer.
3. Promote a program of public outreach and education for efficient water use and awareness of ground water issues in the basin.
4. Continue data collection and analysis of ground water levels and usage data for the basin.
5. Support research of basin hydrogeologic conditions affecting the regional water level declines and facilitating sustainable development of the ground water resource.
6. Protect the high quality of the ground water in the Palouse Basin.

Mission and Goals: 2005

Mission:

To ensure a long term quality water supply for the Palouse Basin region.

Goals:

- To stabilize the declining deep aquifer water levels by 2020.
  - To determine a plan for accomplishing this by 2010.
  - To conduct the necessary research to understand the basin geohydrology and determine the most economical options for enhancing deep aquifer recharge.
  - To conduct pilot projects to test promising options for increasing recharge to the basin aquifer systems.
- To encourage and facilitate entities in meeting their specific pumping, conservation, efficient use, water recycling and other goals.
- To educate entities and the public on the state of the basin water supply and options for carrying out PBAC's mission and goals.
- To procure matching funds to facilitate the necessary research and pilot projects to clarify the best options available to regional entities for achieving the PBAC goals.
- To accomplish the PBAC mission and goals in the most economic fashion using best management practices.

Implied Goals:

- Work with state agencies to avoid delays and hassles associated with meeting the details of applicable regulations.
- Continue to work harmoniously and effectively across the state line to fairly meet the needs of all entities.

Mission and Goals: 2006

- Develop and Implement a balanced basin wide Water Supply and Use Program by 2020.
  - Create an action plan for aquifer system enhancement and alternate water supply development by 2010.
  - Direct research and implement pilot projects necessary to understand the basin hydrogeology in a manner sufficient to support the Water Supply and Use Program and the affiliated supply projects.
- Update the Palouse Basin Groundwater Management Plan to reflect the Water Supply and Use Program.
- Encourage and facilitate entities in meeting their specific pumping, conservation, efficient use, water recycling and other goals.
- Educate entities and the public on the state of the basin water supply and options for carrying out PBAC's mission and goals.
- Maintain harmonious and effective working relationships across the state line to fairly meet the needs of all entities.
- Revisit the goals and mission statement annually to ensure that they are current and reflect the goals of the group.

APPENDIX A-5

WSU Action Plan for the 1992 GWMP

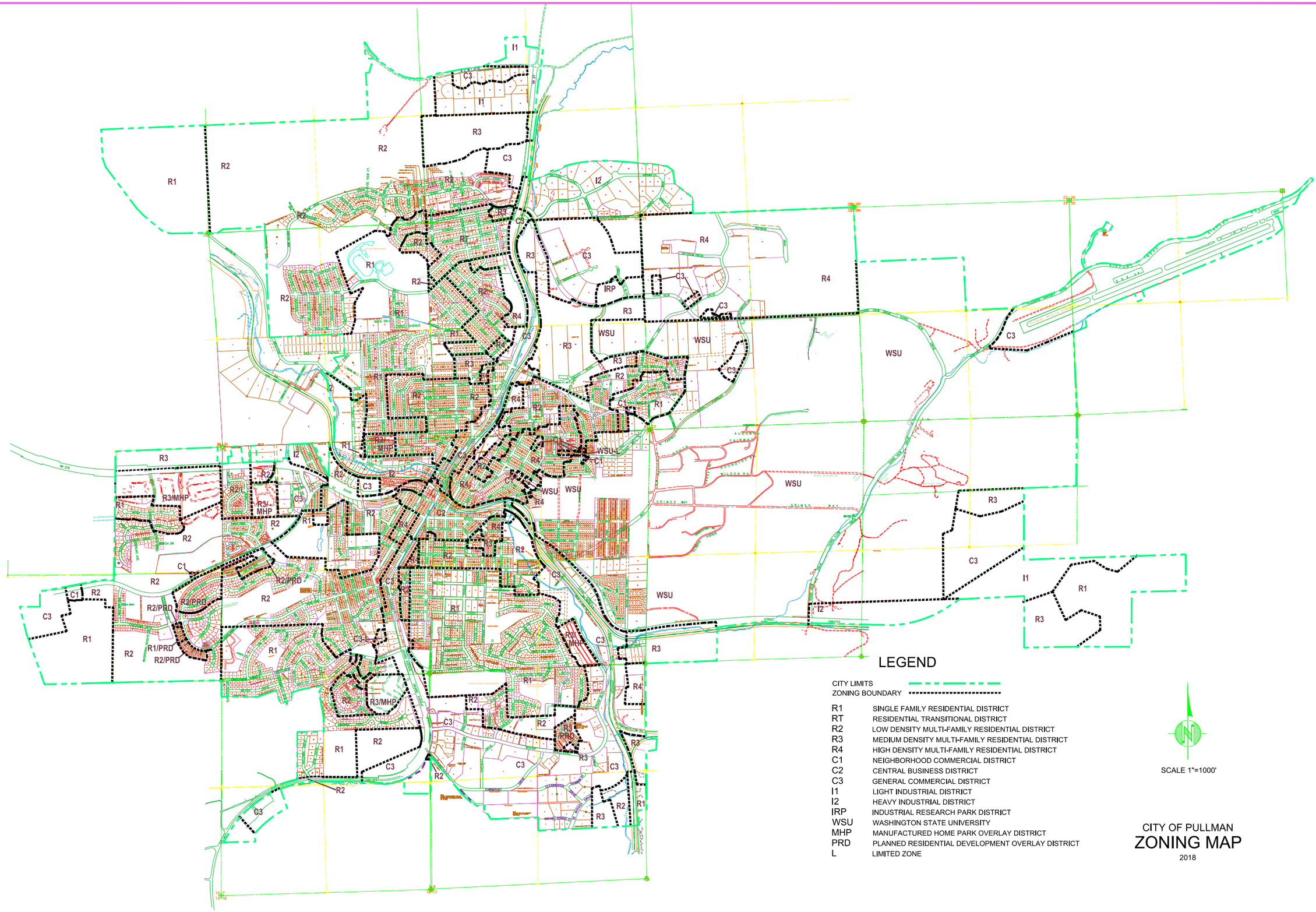
Washington State University Action Plan

from September 1992 Groundwater Management Plan

1. Attempt to limit annual aquifer pumping increases to one percent (1%) of the pumping volume based on a five (5) year moving average starting with 1986 (642 mgy). At no time shall the accumulated total pumping exceed 125 percent of the 1981 to 1985 average (increase from 702 to 877 mgy).
2. Convert irrigation to computer controlled automatic systems on 70 to 90 percent of all turf within 10 years.
3. Eliminate 20 GPM of cooling water to the drain within three years.
4. Financially support the COMMITTEE activity.
5. Install water meters on its major water users.
6. Supplement the Committee's education program with distribution of appropriate information on campus.
7. Report all appropriate water data to the COMMITTEE for analysis.
8. Set a goal of no increase in withdrawal rate for the next two years to test the model with actual data.
9. Protect the groundwater quality by:
    a. Maintaining good landscape practices and reviewing chemical use;
    b. Monitoring and/or eliminating all underground storage tanks containing chemicals;
    c. Continued monitoring of the old hazardous waste site;
    d. Monitoring sewer systems and correcting any deficiencies (leaks, cross connections, ext.) noted;
    e. Monitoring existing septic tanks systems and properly siting future systems;
    f. Insuring that proper well construction procedures are followed;
    g. Complying with all State and Federal regulations pertaining to groundwater and surface water quality.

APPENDIX A-6

City of Pullman Zoning Map


LEGEND
CITY LIMITS
ZONING BOUNDARY
R1 SINGLE FAMILY RESIDENTIAL DISTRICT
RT RESIDENTIAL TRANSITIONAL DISTRICT
R2 LOW DENSITY MULTI-FAMILY RESIDENTIAL DISTRICT
R3 MEDIUM DENSITY MULTI-FAMILY RESIDENTIAL DISTRICT
R4 HIGH DENSITY MULTI-FAMILY RESIDENTIAL DISTRICT
C1 NEIGHBORHOOD COMMERCIAL DISTRICT
C2 CENTRAL BUSINESS DISTRICT
C3 GENERAL COMMERCIAL DISTRICT
I1 LIGHT INDUSTRIAL DISTRICT
I2 HEAVY INDUSTRIAL DISTRICT
IRP INDUSTRIAL RESEARCH PARK DISTRICT
WSU WASHINGTON STATE UNIVERSITY
MHP MANUFACTURED HOME PARK OVERLAY DISTRICT
PRD PLANNED RESIDENTIAL DEVELOPMENT OVERLAY DISTRICT
L LIMITED ZONE
SCALE 1"=1000'
CITY OF PULLMAN
ZONING MAP
2018

APPENDIX A-7

Pullman-Moscow Regional Water Service Agreement with Amendment No. 1

AMENDMENT NO. 1 TO
WATER SERVICE AGREEMENT
WSU CONTRACT #9680

THIS AMENDMENT NO. 1 to that certain Water Service Agreement dated June 7, 1989 (the "Agreement ") between Washington State University (hereafter referred to as the "Purveyor" or "WSU") and the Pullman-Moscow Regional Airport Board (hereafter referred to as the "User"), is made and entered into by and between Purveyor and User.

RECITALS:

WHEREAS, Purveyor and User executed the Agreement to set forth the terms and conditions governing Purveyor's supply of potable water to User for use at User's terminal facility; and

WHEREAS, Purveyor and User have determined that the rights and obligations of the parties under the Agreement should be further clarified and expanded, and to that end, the parties execute this Amendment thereto.

NOW, THEREFORE, the parties agree to amend the Agreement as follows:

1. Section 2: Section 2 is hereby modified by striking certain language and adding new underlined language as follows:

> "User" at no cost to "Purveyor" other than as previously set forth in the "Agreement", shall install~~, maintain, repair,~~ and own the water main line, service line, and other facilities used to transport water from the "point of delivery" to the "area of usage". The design and construction thereof shall meet American Water Works Association (AWWA) standards; and, plans therefore shall be submitted to "Purveyor" for review and approval by its Facilities Operations Department prior to construction. "User" shall be responsible for all maintenance, repairs, replacement, and testing/calibration of the water system (including but not limited to piping, valves, PRVs, meters, and backflow preventers), and all associated costs, from the "point of delivery."

2. Section 3: Section 3 is hereby stricken in its entirety and replaced with the following:

> Each connection to "Purveyor's" water system for water service to facilities and/or grounds owned by or under the control of "User" shall have a shutoff valve, a water meter, and a backflow preventer when required. The cost of installing and upgrading water services supplied from "Purveyor's" water system, including the hardware specified herein, shall be the sole responsibility of "User".

3. Section 4: Section 4 and the referenced attached fee schedule are hereby stricken in their entirety and replaced with the following:

> "Purveyor" shall bill "User" monthly for each water service connected to the "Purveyor's" water system. Billing(s) shall be based on the current City of Pullman water rate as applied to each service size and water consumption level, using the City of Pullman rate tables in effect on the date of use as the basis for billing.

RECEIVED
FEB 06 2007
FACILITIES OPERATIONS

4. Section 5: The last sentence of Section 5 is hereby modified by striking certain language as follows:

> ...."Purveyor" will include water, so consumed, in its ~~bi~~-monthly billing as established in Item 4, above.

5. Section 8: Section 8 is hereby stricken in its entirety and replaced with the following:

> Water meter accuracy shall be tested by "User" in accordance with AWWA standards and frequency. Meters not accurate to within manufacturer design and specification tolerances across their flow range shall be repaired or replaced by "User". The new/rebuilt meter shall be tested by "User" for accuracy during installation. "User" shall promptly submit testing reports for the required meter and backflow prevention testing to the Director of Maintenance and Utilities, WSU Facilities Operations as such testing is accomplished. WSU Facilities Operations can provide these testing services on a recharge basis.

6. New Sections 13, 14 and 15: The following new sections 13, 14 and 15 shall be added at the end of the Agreement:

> 13. Prior to adding any water service connections to "Purveyor's" water system, or increasing the size of existing water services supplied from "Purveyor's" water system, "User" shall submit a written request to "Purveyor" at least ninety (90) days prior to the request for funding or project approval noting the desired additions/upgrades, estimated annual increase in water usage, etc. "Purveyor" will evaluate the request, determine if the increased service can be accommodated, and respond in writing.
>
> 14. "User" shall be responsible for providing access during normal business hours to "Purveyor's" personnel who will be reading the meters monthly or at other times as may be necessary.
>
> 15. "User" shall adhere to all regulations contained in the WSU Safety Policies and Procedures Manual S70.15, Drinking Water.

6. Remainder of Agreement Unchanged. The remainder of the Agreement shall remain unchanged and in full force and effect.

WASHINGTON STATE UNIVERSITY

By: _____
Title: Assoc. VP, Facilities Operations
Date: 2/6/07

By: _____
Title: Vice President, Business Affairs
Date: FEB 06 2007

RECEIVED
FACILITIES OPERATIONS

PULLMAN-MOSCOW REGIONAL AIRPORT BOARD

By: _____
Title: AIRPORT BOARD CHAIR
Date: 1/31/07

By: _____
Title: SECRETARY
Date: 1/31/07

WATER SERVICE AGREEMENT

THIS AGREEMENT, made and entered into this 7th day of June, 1989, by and between Washington State University, (hereinafter referred to as the "Purveyor") and the Pullman-Moscow Regional Airport Board (hereinafter referred to as the "User").

RECITALS

WHEREAS, the parties hereto, among others, during June of 1987 entered into an agreement entitled "Pullman-Moscow Regional Airport Supplemental Cooperation Agreement For Sharing Costs Of New Terminal Facility" (hereinafter referred to as the "Agreement"); and,

WHEREAS, the aforementioned new terminal facility is presently in an early stage of development; and,

WHEREAS, useful development of the aforementioned new terminal facility will require the availability of adequate potable water for use at the new terminal facility as defined and contemplated in the "Agreement"; and,

WHEREAS, "Purveyor" is willing to supply to "User" potable water for use at the new terminal facility as defined and contemplated in the "Agreement" under the following terms and conditions; now, therefore,

OPERATIVE PROVISIONS

IT IS HEREBY AGREED AS FOLLOWS:

1. "Purveyor" will supply potable water to "User" at a connection west of "Purveyor's" water well No. 5 located in the NE1/4 SW 1/4 Sec. 34 - T15N - R45 E, WM, hereinafter referred to as the "point of delivery" for use at the new terminal facility as defined and contemplated in the "Agreement" for use in carrying out normal activities at the new terminal facility only as it will be configured when accepted in the future by "User" as complete (hereinafter referred to as the "area of usage").

2. "User" at no cost to "Purveyor" other than as previously set forth in the "Agreement", shall install, maintain, repair, and own the water main line, service line, and other facilities used to transport water from the "point of delivery" to the "area of usage". The design and construction thereof shall meet American Water Works Association (AWWA) standards; and, plans therefore shall be submitted to "Purveyor" for review and approval by its Department of Physical Plant prior to construction.

3. "User" at its expense will install, repair, and maintain a water meter on the water service line.

4. "Purveyor" shall bill "User" bi-monthly for water consumed. Billings shall be based on the attached fee schedule established by "Purveyor". "Purveyor" shall review and may adjust the fee schedule on a biannual basis starting July 1, 1991. Increases in the fees shall not exceed the inflation rate for the past biennium plus a prorated share of any documented increase in purveyor's operating cost.

5. "User" at its own expense will provide portable meters to be used at fire hydrants located in the "area of usage". " User" shall obtain purveyor approval prior to using water from a fire hydrant located within the "area of usage" for purposes other than firefighting, inspection, or maintenance. User shall measure water used from a fire hydrant and report amount to Purveyor within thirty calendar days thereafter. "Purveyor" will include water, so consumed, in its bi-monthly billing as established in Item 4, above.

6. "Purveyor" neither represents nor guarantees that the availability of water at the "point of delivery" or at any point within the "area of usage", will satisfy minimum required fire flows: nor shall "Purveyor" be liable for any damages which "User" may experience due to the interruption of water service. "Purveyor" agrees to give "User" prior notice of planned maintenance interruptions when it is practical to do so.

7. "User" shall indemnify and hold harmless "Purveyor", its successors, and assigns, from any and all claims, damages, and causes of action of any nature, including the cost of defending any such claims or actions for injury to property or to persons, including death, arising out of or in any way connected with its activities under this Agreement.

8. "User" will conduct annual pressure tests of system integrity from the "point of delivery" to the water meter on the water service main line and submit a written report of the results of these tests to "Purveyor".

9. "Purveyor" will be responsible for the water rights application to accommodate "User's" needs as defined in this Agreement; and "User" will be responsible for obtaining necessary permits for the construction or repair of the water lines and facilities.

10. TERM: The term of this Agreement shall be from the 1st day of June, 1989, through the 31st day of May, 2020, and shall be extended for such periods as are reasonable and mutually agreeable in order to provide "User" with sufficient potable water within the "area of usage" to satisfy the needs of "User" according to the terms of this Agreement.

11. EXTENT OF AGREEMENT: This Agreement contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this Agreement shall be deemed to exist or to bind either of the parties hereto.

12. MODIFICATION: No change or addition to this Agreement shall be valid or binding upon either party unless such change or addition is in writing and executed by both parties.

PURVEYOR:
Washington State University

By _____
G. A. Hartford, Jr.
Vice President
Business and Finance

USER:
Pullman-Moscow Regional Airport Board

By _____
Chairperson

ATTEST:

_____
Vice Chairperson

W.S.U. WATER: FEE SCHEDULE

1. Min. Monthly charges $25.00 (includes up to 3,000 C.F./Mo.)

2. Additional charges: $0.51/100 C.F. (for water used over and above 3,000 C.F./Mo.)

Above rates are effective through June 30, 1991.

AMENDMENT NO. 2 TO
WATER SERVICE AGREEMENT
WSU CONTRACT #9680

THIS AMENDMENT NO. 2 to that certain Water Service Agreement dated June 7, 1989 and amended by Amendment No. 1 on February 6, 2007 (the "Agreement") between Washington State University (hereinafter referred to as the "Purveyor" or "WSU") and the Pullman-Moscow Regional Airport Board (hereinafter referred to as the "User"), is made and entered into by and between the Purveyor and User.

RECITALS:

WHEREAS, Purveyor and User executed the Agreement to set forth the terms and conditions governing Purveyor's supply of potable water to User for use at User's terminal facility; and

WHEREAS, Purveyor and User have determined that the rights and obligations of the parties under the Agreement should be further clarified and explained, and to that end, the parties execute the Amendment thereto.

NOW, THEREFORE, the parties agree to amend the agreement as follows:

1. Section 10: Section 10 is hereby stricken in its entirety and replaced with the following:

> "The term of this agreement shall be from the 1st day of June, 1989, through the 31st day of May, 2030, and shall be extended for such periods as are reasonable and mutually agreeable in order to provide User with sufficient potable water within the area of usage to satisfy the needs of User according to the terms of this Agreement."

2. Remainder of Agreement Unchanged. The remainder of the Agreement shall remain unchanged and in full force and effect.

WASHINGTON STATE UNIVERSITY	PULLMAN-MOSCOW REGIONAL AIRPORT BOARD
By: _____	By: _____
Title: CFO & Vice President, Finance & Administration	Title: _____
Date: July 8, 2021	Date: _____
Attest: Ryan H. Goodell	Attest: _____
Title: AVP, Real Estate and Business Operations	Title: _____
Date: July 8, 2021	Date: _____

August 16, 2021

Mr. Jeff Lannigan, PE
Associate Director, Utilities and Energy
Washington State University - Facility Services
2425 East Grimes Way
Pullman WA 99164-1150

Dear Mr. Lannigan:

In accordance with Section 13 of the June 7, 1989 Water Service Agreement, as amended on February 6, 2007 and July 9, 2021 (WSU Contract #9680), the Pullman-Moscow Regional Airport Board requests additional water service as follows:

1. 3332 NE Terre View Drive (previously WSU building 121C). This building was acquired from WSU and is assumed to have the required backflow preventer and meter. Annual usage is estimated at 1,200 cubic feet.
2. 3360 NE Terre View Drive (previously WSU building 103A). This building was acquired from WSU and is assumed to have the required backflow preventer and meter. Annual usage is estimated at 1,200 to 2,400 cubic feet.
3. 2023 Terminal Building. This is planned to be a 4-inch service connection to the 16-inch line along Airport Road. A meter and backflow preventer will be installed. Annual usage is estimated to be 40,000 cubic feet based on the existing terminal historical data from calendar year 2019. Once operational, the existing terminal water usage will drop drastically.

Feel free to contact me should you need additional information at 509-338-3223 or tony.bean@pullman-wa.gov.

Regards,

Anthony Bean, AAE
Executive Director

Moscow-Pullman Regional Airport Board
Glenn Johnson, Chair Bill Lambert, Vice-Chair
Brian Hemingway • Ron Wachter • Stacy Pearson • Dan Ewart • Paul Kimmell • Jon Kimberling

APPENDIX A-8

WSU / City of Pullman Memorandum of Understanding

WASHINGTON STATE UNIVERSITY/CITY OF PULLMAN
MEMORANDUM OF UNDERSTANDING

PURPOSE

The purpose of this Memorandum of Understanding is to define the responsibility for maintenance and improvement of streets, sanitary sewers, storm drains, and water lines within or adjacent to the Washington State University (WSU) campus in Pullman.

A. STREETS

WSU's Responsibilities

It is the responsibility of the University to provide street maintenance and improvements within the boundaries of WSU including street cleaning, sanding, snow removal, pavement patching, traffic control signing and striping, sidewalk maintenance, and traffic signal maintenance and operation, including all parts and labor for controllers, displays, and loops, as well as intersection approach signing and striping on the following streets and intersections specifically listed below, and as identified on attached exhibit "A".

1. Thatuna Street (exclusive of intersection at C Street)
2. Spokane Street
3. College Street - from Railroad service track at Power Plant to Stadium Way
4. Washington Street
5. Columbia Street
6. Idaho Street
7. Nevada Street
8. Tacoma Street
9. Stadium Way - Orchard Drive to Main Street (SR 270) including turn lanes
10. Linden Street - Thatuna to east right of way of "B" Street
11. Colorado Street - "D" Street to Stadium Way
12. Flag Lane
13. Campus Avenue - Spokane Street to Thatuna Street
14. Reaney Way - southeast of Gray Lane
15. Oak Street - cul-de-sac at Albrook Lab
16. Traffic signals at the Stadium Way intersections of Orchard Drive, Grimes Way, and Wilson Road
17. All other streets within the area identified as WSU on attached exhibit "A"

City's Responsibilities

It is the responsibility of the City to provide street maintenance and improvements outside the boundaries of WSU including street cleaning, sanding, snow removal, pavement patching, traffic control signing and striping, sidewalk maintenance, and traffic signal maintenance and operation, including all parts and labor for controllers, displays, and loops, as well as intersection approach signing and striping on the following streets and intersections specifically listed below, and as identified on attached exhibit "A".

1. Stadium Way - N. Grand to Colorado Street
2. Orchard Drive
3. Valley Road
4. Merman Drive
5. Terre View Drive - N. Grand to Northwood Drive
6. Campus Avenue - west of Spokane Street
7. Gray Lane - south of Reaney Way
8. All other streets in the City of Pullman
9. Traffic signal at the intersection of Stadium Way and Main Street (SR 270)

B. SANITARY SEWERS

WSU's Responsibilities

It is the responsibility of the University to provide maintenance and improvement of the sanitary sewers, manholes, and appurtenances located within the area identified as WSU on attached exhibit "B".

WSU shall design all proposed new sanitary sewer connections and sewer line replacements in accord with the City of Pullman design standards and shall submit plans for all proposed new sanitary sewer connections to the City for review and approval prior to awarding any construction contracts for the proposed sewer connections.

WSU shall submit applications to the City for all proposed "significant industrial discharges" to the sanitary sewer system in accordance with Section 10.16.100 of the Pullman City Code.

It is also the responsibility of the University to comply with all City and State regulations regarding discharges to the sanitary sewer system.

City's Responsibilities

It is the responsibility of the City to provide maintenance and improvement of the sanitary sewers, manholes, and appurtenances located within the area identified as City on attached exhibit "B". This responsibility for improvement is subject to the Interlocal Agreement entered into by the City and WSU in 1979 regarding the proration of capital and operating costs of the Pullman Sewage Treatment Plant.

C. STORM DRAINS

WSU's Responsibilities

It is the responsibility of the University to provide maintenance and improvement of all the storm drains and appurtenances including catch basins and manholes within the area identified as WSU on attached exhibit "B".

WSU shall design all proposed new storm drain connections to existing systems in accord with the City of Pullman design standards and shall submit plans for all new storm drain connections to the City for review and approval.

City's Responsibilities

It is the responsibility of the City to provide maintenance and improvement of all the storm drains and appurtenances including catch basins and manholes within the area identified as City on attached exhibit "B".

D. DOMESTIC WATER SYSTEM

WSU's Responsibilities

It is the responsibility of the University to provide maintenance and improvement of all water lines and appurtenances within the area identified as WSU on attached exhibit "B".

City's Responsibilities

It is the responsibility of the City to provide maintenance and improvement of all the water lines and appurtenances within the area identified as City on attached exhibit "B".

DURATION

This memorandum shall be effective until revised by mutual consent of the City and WSU.

FINANCIAL IMPLICATIONS

No new financial arrangements are required because of this memorandum. Each party will finance its activities in accordance with its policies and procedures.

ADMINISTRATION

It is understood that any improvement of the facilities covered by this memorandum will be the responsibility of the agency identified as responsible for maintenance except as established by any other agreement.

Signatures:

WASHINGTON STATE UNIVERSITY

Director of Physical Plant

12-12-94

Date

CITY OF PULLMAN

James J. Hudak

Director of Public Works

12/12/94

Date

APPENDIX A-9

WSU – City of Pullman Intertie Agreement

RESOLUTION NO. R-71 -01

A RESOLUTION AUTHORIZING THE EXECUTION OF AN INTERTIE AGREEMENT BETWEEN THE CITY OF PULLMAN AND WASHINGTON STATE UNIVERSITY FOR PROVISION OF A CONTINUED WATER SUPPLY UNDER EMERGENCY CONDITIONS.

WHEREAS, the City Council for the city of Pullman has before it an Agreement entitled Water System Intertie Agreement which is attached hereto and marked as Exhibit "A"; and,

WHEREAS, this Council believes it to be in the best interests of the city of Pullman to authorize the execution of said Agreement; now, therefore,

IT IS HEREBY RESOLVED that the Mayor and the finance director be and they are hereby authorized and directed to execute the Agreement.

IT IS FURTHER RESOLVED that the Mayor and finance director are each hereby authorized and directed to take such further action as may be appropriate in order to effect the purpose of this Resolution and the Agreement authorized thereby.

ADOPTED by the City Council of the city of Pullman at a regular meeting held on the 2nd day of October, 2001.

DATED this 3rd day of October, 2001.

Mayor

ATTEST:

Finance Director

CITY OF PULLMAN
AND
WASHINGTON STATE UNIVERSITY

WATER SYSTEM INTERTIE AGREEMENT

In order to provide for a continued water supply under emergency conditions, the City of Pullman ("City") and Washington State University ("University"), agree as follows:

1. **Purpose**. Four emergency interties are provided between the water systems for the City and for the University. These are located at the intersection of: (1) Valley Road and Hillside Drive; (2) on Valley Road approximately 800 feet west of Hillside Drive; (3) at the south end of Duncan Lane; and (4) at the southeast end of Oak Street. The interties may be used by either party in an emergency situation only. The determination of whether a situation constitutes an emergency is left to the sole discretion of the party that wants to use the intertie. Each party shall notify the other prior to operating the manual valves between the systems. For the City, the person to be notified shall be the Public Works Department Maintenance and Operations Superintendent and/or Maintenance Supervisor. For the University, notification shall be made to the Department of Facilities Operations via Whitcom 911 Center. Charges for water used during an emergency will be negotiated between the parties and shall be reasonable. If the parties are unable to agree to a reasonable charge, the parties will follow the dispute resolution process in paragraph four (4) of this agreement. The interties may be used by either party as long as an emergency condition exists and the intertie use does not have a detrimental effect on the water system from which water is being drawn. The determination of whether intertie use has a detrimental effect is left to the sole discretion of the party from whose water system the water is being drawn.

2. **Compliance With Laws**. Each party accepts responsibility for its compliance with applicable federal, state, and local laws. No waiver of any law is contemplated by this Agreement.

3. **Indemnification**. The University shall indemnify and hold harmless the City (including its elected and appointed officers, agents, and employees) from all claims, costs, damages, or expenses, including attorneys' fees, arising out of the negligence of the University in using the interties. Likewise, the City shall indemnify and hold harmless the University (including its elected and appointed officers, agents, and employees) from all claims, costs, damages, or expenses, including attorneys' fees, arising out of the negligence of the City in using the interties. In the case of negligence of both the University and the City, any damages allowed shall be levied in proportion to the percentage of negligence attributable to each party.

4. **Disputes**. Any dispute involving the interpretation or application of this agreement shall be subject to dispute resolution by following these steps. First, the parties shall meet, discuss, and attempt to resolve the dispute themselves. If this step fails, the parties shall each appoint one representative. These two representatives shall mutually appoint a third representative. These

three representatives shall evaluate the facts, agreement terms, and applicable statutes and rules and decide the dispute at no cost to the parties. The decision shall be final and binding on the parties.

5. **Non-Assignment**. Neither party shall assign any rights hereunder to any other person or entity, governmental or otherwise, without the prior written approval of the other party.

6. **Modification/Amendment**. This Agreement embodies the entire Agreement between the City and the University regarding use of the interties. No alteration or variation of terms of this Agreement shall be valid unless made in writing and signed by the parties hereto. Oral understanding or agreements not incorporated herein shall not be binding.

7. **Interpretation.** The parties acknowledge that this Agreement shall be deemed and construed to have been prepared mutually by each party and it shall be expressly agreed that any uncertainty or ambiguity existing therein shall not be construed against any party.

8. **Severability**. If any of the provisions of this Agreement shall be declared to be invalid by a court of competent jurisdiction, then the intent of the parties is that the remainder of the provisions herein shall remain in full force and effect.

9. **Effective Date**. This Agreement is effective as of the latest date noted below.

City of Pullman:

Mitchell D. Chandler
Mayor

Date: Oct. 3, 2001

Attest:

John D. Tonkovich
Finance Director
Date: Oct. 3, 2001

Washington State University:

Gregory P. Royer
Vice President for Business Affairs

Date: 8/30/01

APPROVED AS TO FORM:

Asst. Atty. Gen.

20th day of August, 2001

APPENDIX A-10

Water Program Consistency Statement

Washington State Department of Health

Local Government Consistency Determination Form

Water System Name: Washington State University PWS ID: 93200Q

Planning/Engineering Document Title: 2023Water System Plan Update Plan Date: 01/2023

Local Government with Jurisdiction Conducting Review: City of Pullman

Before the Department of Health (DOH) approves a planning or engineering submittal under Section 100 or Section 110, the local government must review the documentation the municipal water supplier provides to prove the submittal is consistent with **local comprehensive plans, land use plans and development regulations** (WAC 246-290-108). Submittals under Section 105 require a local consistency determination if the municipal water supplier requests a water right place-of-use expansion. The review must address the elements identified below as they relate to water service.

By signing this form, the local government reviewer confirms the document under review is consistent with applicable local plans and regulations. If the local government reviewer identifies an inconsistency, he or she should include the citation from the applicable comprehensive plan or development regulation and explain how to resolve the inconsistency, or confirm that the inconsistency is not applicable by marking N/A. See more instructions on reverse.

Local Government Consistency Statement	For use by water system: Identify the page(s) in submittal	For use by local government: Yes or Not Applicable
a) The water system service area is consistent with the adopted land use and zoning within the service area.	Ch1; pg 5, 6, & 9	Yes
b) The growth projection used to forecast water demand is consistent with the adopted city or county's population growth projections. If a different growth projection is used, provide an explanation of the alternative growth projection and methodology.	Ch 2; pg 5	Yes
c) For cities and towns that provide water service: All water service area policies of the city or town described in the plan conform to all relevant utility service extension ordinances.	N/A	N/A
d) Service area policies for new service connections conform to the adopted local plans and adopted development regulations of all cities and counties with jurisdiction over the service area.	Ch 1; pg 8 & 10	Yes
e) Other relevant elements related to water supply are addressed in the water system plan, if applicable. This may include Coordinated Water System Plans, Regional Wastewater Plans, Reclaimed Water Plans, Groundwater Management Area Plans, and the Capital Facilities Element of local comprehensive plans.	N/A	N/A

I certify that the above statements are true to the best of my knowledge and that these specific elements are consistent with adopted local plans and development regulations.

Signature

Jan. 24 2023
Date

RJ Ladt Community Development Director
Printed Name, Title, & Jurisdiction City of Pullman

From:	Angela Taylor
Sent:	Thursday, January 19, 2023 3:37 PM
To:	alan.thomson@whitmancounty.net; grace.dibiase@whitmancounty.net
Cc:	Poitra, Kevin Todd; Lannigan, Jeffrey Banks; Sampson, Jason T
Subject:	WSU Water System Plan Update - Consistency Checklist
Attachments:	App A-10 331-568 Consistency Checklist - Whitman County.docx; Chapter 1 - Exerpts.pdf; Ch 2, pg 5.pdf

Alan and Grace:

We are nearing the end of the 2022/2023 WSU Water System Plan update. As such, we are required to reach out to Whitman County to allow your review of consistency with the plan regarding zoning, comprehensive plans, growth projections, and service area policies.

Per our conversation, I understand that Whitman County finds both the City of Pullman and WSU water systems to be inconsistent with the Whitman County codes and regulations. Additionally, the water system usage that Whitman County sees, outside of City growth areas, is single wells with one to four connections, maximum. We understand that you are concerned that the two styles of usage (Group B water systems being the largest systems within the County versus Group A water systems with significantly more users and connections for City/WSU) are difficult to provide a consistency statement for. I will discuss your hesitation with this statement with DOH and see what additional explanation they can offer or facilitate a discussion of the water usage.

In the meantime, I am providing all the documentation for review.

KELLER ASSOCIATES

ANGELA TAYLOR, PE*, LEED AP
Project Manager
CELL 208-669-0232 | OFFICE 509-295-6095
733 5th Street, Suite A, Clarkston, WA 99403
kellerassociates.com
*ID/WA/OR

APPENDIX A-11

Retail Water Service Area Map

Washington State University
Pullman Campus

City of Pullman

Pullman/Moscow
Airport

Spillman Farm

NE Stadium Way
E College Ave
SE Olympia Ave
E Grimes Way
NE Terre View Dr
Airport Rd
Pullman Moscow Hwy
SE Bishop Blvd
Johnson Rd
Old Moscow Rd
Sand Rd

27
270
195

N

0 0.5 1 2 Miles

Domestic Water System
Water Service Area
2022 WSU, Pullman Campus

Date: June 30, 2022
Facilities Services
Geographic Information System

WASHINGTON STATE UNIVERSITY

APPENDIX A-12

Residence Inn Water Service Agreement and Lease Agreement

0

REID # 38-1850-002

WSU Contract No. 20070

Return Name and Address:
Real Estate Office PO Box 641045 Pullman, WA 99164-1045

713727
Lease Rec Fee: $ 113.00
10/22/2012 01:56 PM Page: 1 of 42
Eunice L. Coker, Whitman County Auditor

Document Title: Ground Lease & Amendment No. 1-Lease A
Grantor(s)(Last name first, first name, middle initials): 1. Washington State University 2. 3. 4. Additional names on page ____ of document.
Grantee(s)(Last name first, first name, middle initials): 1. Pullman Suites, LLC 2. 3. 4. Additional names on page ____ of document.
Legal description (abbreviated: i.e., lot, block, plat or section, township, range, qtr/qtr.) A portion of the SW ¼ Sec 33, T15N, R45E, Willamette Meridian, situated in the City of Pullman, County of Whitman, State of Washington Additional legal is on page 34 of document.
Reference Number(s) of documents assigned or released: Additional numbers on page ___ of document.
Assessor's Property Tax Parcel/Account Number: (MUST HAVE 15 DIGITS) 8-1525-99-01-00-0004 Additional parcel numbers on page ____ of document.
The Auditor/Recorder will rely on the information provided on the form. The staff will not read the document to verify the accuracy or completeness of the indexing information.

713727
Lease Rec Fee: $ 113.00
10/22/2012 01:56 PM Page: 2 of 42
Eunice L. Coker, Whitman County Auditor

ORIGINAL

WSU C# 20070

Lease A

GROUND LEASE

THIS GROUND LEASE AGREEMENT (hereinafter referred to as the "Ground Lease") is entered into this 16th day of July, 2012 (the "Effective Date"), by and between Washington State University, an institution of higher education and agency of the state of Washington (hereinafter referred to as "WSU" or the "Lessor") and Pullman Suites, LLC, a Colorado limited liability company with a principal place of business at 9100 E. Panorama Drive, Suite 300, Englewood, Colorado 80112 (hereinafter referred to as the "Lessee"). Lessor and Lessee may be individually referred to herein as a "Party" or collectively referred to as the "Parties."

RECITALS

A. **WHEREAS**, Lessor is the owner of an undeveloped parcel of land located in Pullman, Washington, as described and roughly shown in Exhibit "A" to this Ground Lease ("Hospitality Parcel");

B. **WHEREAS**, Lessor issued a Request for Proposals ("RFP") for the purpose of soliciting bids from private developers interested in financing, building, and operating a hotel and related uses and activities, on the Hospitality Parcel; and

C. **WHEREAS**, Lessee, responded to the RFP with a proposal dated March 21, 2012, ("Proposal"), which Proposal included a plan to develop a portion of the Hospitality Parcel in connection with securing a long-term ground lease thereon from Lessor, and Lessee was selected by Lessor as the successful bidder based on its Proposal; and

D. **WHEREAS**, based on the Proposal, Lessor desires to lease a portion of the Hospitality Parcel, described herein and on Exhibit "B" hereto (the "Leased Premises") to Lessee and Lessee desires to lease the Leased Premises from Lessor for said purpose and pursuant to the terms and conditions set forth in this Ground Lease.

NOW, THEREFORE, in consideration of the mutual covenants, agreements and benefits to the parties and the respective promises and obligations presented by the terms hereof, the receipt and sufficiency of which is hereby acknowledged, the parties acknowledge and agree as follows:

ARTICLE I.
PREMISES

1.1 **Legal Description of Leased Premises.** In consideration of the full and timely performance by Lessee of all the terms, conditions, covenants and provisions of this Ground Lease by it to be kept and performed, Lessor does hereby lease to Lessee, and Lessee does

hereby lease from Lessor, the Leased Premises, situated in the City of Pullman, County of Whitman, State of Washington, and legally described on Exhibit "B" attached to this Ground Lease and by this reference incorporated into this Ground Lease.

1.2 **Lessor's Title.** Lessor warrants that, as of the Effective Date of this Ground Lease, it is vested with a valid and merchantable fee title in the Hospitality Parcel, including the Leased Premises, free and clear of all liens, mortgages, unpaid taxes, leases, tenancy agreements, encroachments, or defaults in title of any nature whatsoever, and has full right, power and authority, against all others, to enter into this Ground Lease for the Leased Premises. Without the consent of Lessee and any Leasehold Encumbrancer, the Lessor shall not execute and deliver, or file for record, any mortgage, lien or other encumbrance against the Leased Premises superior to Lessee's interests in this Ground Lease.

1.3 **Covenant for Quiet Enjoyment.** Lessor further warrants to the Lessee the peaceful possession and enjoyment of the Leased Premises against disturbances of any persons whatsoever as to title or possession. Lessee shall and will upon fully observing and performing all of its obligations under the terms, conditions, covenants and provisions of this Ground Lease, quietly and peaceably possess and enjoy said Leased Premises for and during said Term, as extended, unless this Ground Lease be sooner terminated under and in accordance with any of the provisions contained in this Ground Lease.

ARTICLE II.
TERM

2.1 **Term.** Lessee shall have and hold said Leased Premises for a Term of Ninety-Nine (99) years, commencing on the Effective Date, and extending until 11:59 pm PST on the date which is 99 years thereafter (the "Term"), unless extended pursuant to Section 2.2 below.

2.2 **Options to Extend Lease.** Provided Lessee is not in Default under this Ground Lease, Lessee shall have the option to extend the Term of this Ground Lease with respect to the Leased Premises upon the same terms and conditions as those herein specified, for an additional period of five (5) years from the end of such Term by giving Lessor written notice of Lessee's exercise of said option at least three (3) months before the end of such Term, and if Lessee gives such notice, this Ground Lease shall be so extended as to the Leased Premises automatically without execution of an extension or renewal of Ground Lease (the "Extended Term"). If Lessee has exercised the preceding option to extend, Lessee shall, providing this Ground Lease is in good standing in all respects at the time of exercise, have the option to further extend the Term of this Ground Lease with respect to the Leased Premises upon the same terms and conditions as those herein specified, for an additional period of five (5) years from the end of the Extended Term by giving Lessor written notice of Lessee's exercise of said option at least three (3) months before the preceding option period ends, and if Lessee gives such notice, this Ground Lease shall be so extended with respect to the Leased Premises without execution of an extension or renewal of Ground Lease.

In the event that any leasehold mortgagee or the holder of any other encumbrance ("Leasehold Encumbrancer") given pursuant to the provisions of Article VII has not been paid in full prior to the end of the Term of this Ground Lease, as extended, then such Leasehold Encumbrancer shall

have the right to exercise in the name of the Lessee one or more of the options to extend the Term of this Ground Lease set forth in the immediately preceding paragraphs, providing that at the time of such exercise this Ground Lease is in good standing in all respects. Leasehold Encumbrancer shall have the right to exercise said option upon four (4) months' notice prior to the expiration of the Term or expiration of the option period, as the case may be.

2.3. Option to Purchase Leased Premises. Provided Lessee is not in Default under this Ground Lease, Lessee shall have the option any time to during the first 10 years of the Term to purchase the Leased Premises for $600,000. This option will expire on the tenth (10^{th}) anniversary of the Effective Date.

To exercise the option to purchase under this provision, Lessee shall provide written notice to Lessor of its intent to purchase not less than three (3) months prior to the date upon which Lessee intends to close on the purchase of the Leased Premises as provided above.

ARTICLE III.
RENTS

3.1 Base Rent. Lessee shall pay to Lessor as base rent for the Leased Premises the amounts set forth on attached Exhibit "C" ("Rent").

3.2 Effective Date. The Effective Date of this Ground Lease shall be the date set forth in the opening paragraph above.

3.3 Payment of Rent. Commencing with the Effective Date, Lessee shall pay Lessor the monthly Rent in advance on the first business day of each and every month during the Term of this Ground Lease at such place as Lessor may designate in writing. The monthly Rents shall be in the amounts and for the periods set forth on attached Exhibit "C."

3.4 Leasehold Excise Tax. The provisions of the state of Washington's Leasehold Excise Tax ("LET") as set forth in RCW 82.29A apply to this Ground Lease. This is a tax on the act or privilege of occupying or using publicly owned real or personal property through a leasehold interest. The LET rate is subject to change and is presently assessed at the rate of 12.84 percent of taxable rent, or fair market value rent if taxable rent is less than fair market value rent.

3.5. Fair Market Value. Fair market value rent for the Leased Premises has been determined to currently be $12,000 per year; therefore, LET shall be assessed in the amount of $12,000 per year. Lessee shall remit this LET amount directly to the Washington State Department of Revenue. Fair market value rent shall be reassessed every five (5) years under this Ground Lease for the purposes of calculation of LET. The assessment shall be performed by an unrelated third party appraiser who will be approved by both parties, the parties' approval not to be unreasonably withheld. The parties agree to be bound by the determination of said appraiser as to fair market value rent for the purposes of calculation of LET.

3.6 Net Lease. Rent payable under this Ground Lease shall be net to Lessor during the full Term of this Ground Lease; and pursuant to the provisions of Article IV, all costs, expenses and obligations of every kind and nature whatsoever, foreseen or unforeseen, in

relation to the Leased Premises shall be paid by Lessee or other third persons, provided that Lessor shall pay all obligations and liabilities it has directly incurred with respect to the Leased Premises, except those which Lessee is obligated to pay pursuant to this Ground Lease or against which Lessee has agreed to indemnify the Lessor. Lessee shall pay without notice, abatement, deduction or set off the Rent due under this Ground Lease, and all taxes, assessments and utility charges, costs, expenses and other payments which Lessee in any of the provisions of this Ground Lease agrees or is required to pay, with all of such amounts being either paid directly by Lessee or as additional Rent under this Ground Lease (whether or not specifically denominated as such) if said amounts cannot be paid directly by Lessee.

ARTICLE IV.
TAXES AND UTILITIES

4.1 Lessee to Pay Taxes, etc. Lessee shall pay all taxes, charges and assessments of every kind and nature which during the Term of this Ground Lease are levied, assessed or imposed upon the Leased Premises, including all installments of taxes and assessments now or hereafter levied or assessed upon said Leased Premises. Nothing in this Section 4.1 is intended nor shall it be construed to obligate Lessee to pay any income tax, profits tax or similar charge that may be payable by or chargeable to Lessor upon or with respect to the rents received by Lessor under this Ground Lease. For purposes of this Ground Lease, Lessee shall be obligated for all of the taxes on the improvements on the Leased Premises during the Term.

4.2 Personal Property Taxes. Lessee shall pay all personal property taxes levied against Lessee's personal property of any kind or nature located on the Leased Premises.

4.3 Time of Payment of Taxes and Receipts. Lessee shall pay all said taxes, charges and assessments due hereunder in each and every instance as the same become payable and before any fine, penalty, interest or costs under the laws from time to time in force may be added thereto for nonpayment, by making payment directly to the taxing body on or before the date said taxes are due. Lessee shall not be required to pay, discharge or remove any said tax, charge or assessment, except to the extent a payment of the tax, charge or assessment is required to be paid under protest in order to contest the tax, charge or assessment, if Lessee shall satisfy the following provisions and shall proceed to contest or to protest any such tax, charge or assessment by proper administrative or legal proceeding which shall operate to prevent or stay the collection thereof and to prevent the sale of the Leased Premises or any part thereof to satisfy the same. Lessee shall, not less than five days before any said tax, charge or assessment shall become delinquent, give notice to Lessor of Lessee's intention to contest or to protest the same and shall indemnify Lessor against any loss, costs, charge or expense resulting from Lessee's failure to make full payment of said tax, charge or assessment being protested or contested, upon a final decision or award. Lessee shall prosecute the protest or contest diligently and in good faith until a final decision or award is rendered, and shall promptly pay the amount, if any, required to be paid by the final decision or award. Any such contest or protest may be brought in the name of Lessor or Lessee, or both as Lessee may deem advisable; provided, however, that if any such proceeding be brought by Lessee, Lessee does hereby indemnify and agrees to save Lessor harmless against any and all loss, costs or expenses which may be imposed upon or incurred by Lessor in connection with the protest or contest, including, without limitation, reasonable attorneys' fees and expenses.

4.4 Lessee to Pay for Utilities. Lessee shall fully and promptly pay or cause to be paid all utility charges for all services furnished to or upon said Leased Premises during the full Term of this Ground Lease, including, without limitation, water, gas, electricity, sewage disposal and telephone, and shall pay or cause to be paid all installations, connection and hook-up charges for said services.

4.5 Easements. A ten inch water line serving Lessor's property runs beneath the Hospitality Parcel and the Leased Premises. Lessor will retain a twenty foot wide easement centered over the water line for continued placement and use of its water line. Notwithstanding anything herein, Lessee shall have the right to relocate said easement elsewhere on the Leased Premises, with the prior approval Lessor of the specifications and plans for doing so. Lessor will also retain an easement along the entire property line adjoining North Fairway Road from to a distance of twenty feet (20') inside of and parallel to property line, and an easement along the entire southwest property line to a distance of ten feet (10') inside of and parallel to said property line. All above-mentioned easements are for utilities serving the Lessor, including but not limited to water, electricity, natural gas, sewer, storm sewer, internet, and communications.

4.6 Water Rights. No water rights are conveyed by this Ground Lease. All water rights are retained by Lessor.

4.7 Availability of Utilities. Lessee will be permitted to connect to the Lessor's potable water system, and will pay Lessor for water at the same rates as would apply if Lessee had obtained its water from the City of Pullman. In the interests of water conservation, sustainability, and meeting Lessor's water usage goals, Lessee will take measures to minimize water usage, including using water saving features in the facility, such as low flow toilets, low flow shower heads, water re-use where feasible, Energy Star washing machines, and low water use landscaping. All other utilities necessary to operate the hotel shall be provided by and purchased from entities other than the Lessor. Lessee may connect to the Lessor's existing sanitary and storm sewer pipes that are located in North Fairway Road adjacent to the Leased Premises to assist it in obtaining City of Pullman sanitary and storm water services. If the Lessor's sewer, stormwater, and potable water pipes are not sufficient to handle Lessee's capacity, Lessee shall be responsible for enlarging the pipes at its expense. Avista electricity and natural gas lines are located in North Fairway Road adjacent to the Leased Premises.

ARTICLE V.
USE OF LEASED PREMISES

5.1 Hotel. The Leased Premises is being leased by Lessor for the sole purpose of the Leased Premises being developed and operated as a first-class hotel and ancillary uses. It is intended that Lessee (or an affiliate thereof) will develop the remainder of the Hospitality Parcel with a hotel, along with other related uses consistent with Lessor's Master Plan for the WSU-Pullman campus and as articulated in Lessor's Request for Proposals dated March 21, 2012. In particular, Lessee shall develop and construct on the Leased Premises a Residence Inn or other similar branded hotel reasonably acceptable to Lessor with approximately 127 guest suites and associated meeting space.

5.2 **Approval Required**. Lessee shall use the Leased Premises only for the above-described uses. Lessee shall comply fully with all covenants, restrictions, laws, ordinances, rules and regulations applicable to the Leased Premises. Lessee shall not use the Leased Premises for any other purpose without the prior, express, and written consent of Lessor, which consent shall not be unreasonably withheld.

5.3 **Prohibited Uses**. In any event, Lessee shall not use the Leased Premises for any activity that is or could potentially be noxious, offensive or detrimental to the use of the land in the vicinity of the Leased Premises for a university; for any activity that is or potentially would tend to create a nuisance; for any activity which would compete with or conflict with the higher education academic and research activity of the Lessor conducted on the university campus adjoining the Leased Premises; or in violation of any law, regulation or ordinance of the United States, State of Washington, or any political or governmental subdivision thereof.

5.4 **Zoning**. Lessee acknowledges that on October 20, 2010, the City of Pullman approved a zone change for the Hospitality Parcel from Washington State University to C3, and that such new zone allows development and operation of a hotel.

5.5 **Collaboration between Lessor and Lessee**. Lessee is proposing to lease the Leased Premises and develop the proposed hotel, and Lessor is willing to lease the Leased Premises for that purpose based upon the understanding that the Lessor and Lessee will work collaboratively towards the mutual success of the hotel for the purpose of enhancing the campus community and the University's ability to serve its constituents. In furtherance of that collaboration, Lessor agrees Lessee may use and market the name "Residence Inn at Washington State University" at no charge to the Lessee. Any other use of Lessor's trademarks by Lessee is subject to the prior written approval of Lessor. Lessor agrees to include the hotel name and location on official WSU maps, and where Lessor deems appropriate, on campus directional signs selected by Lessor. In addition, Lessor agrees and acknowledges that, to the extent authorized and appropriate in light of applicable law and policy, it will cooperate, in good faith, with Lessee in the development of the Leased Premises including, without limitation, the granting of necessary or desirable easements and the provision of support and assistance in the process of Lessee obtaining its licenses, permits and the like for the Leased Premises. Notwithstanding anything herein, at no time shall Lessor be required to financially contribute to the development and/or operation of the hotel.

ARTICLE VI.
IMPROVEMENTS

6.1 **Nature of Improvements.** Lessee shall construct, at its sole cost and expense, the improvements to the Leased Premises as specified in plans and specifications submitted to Lessor ("Improvements"). Lessor shall have final approval, which approval shall not be unreasonably withheld, of the Improvements, and of any expansion or remodeling of the same, as to overall design, attractiveness, suitability to site, and compatibility and harmony thereof with the surrounding structures and land features. Lessor and Lessee shall work together, in good faith, to finalize the plans for the Improvements and Lessor shall grant its final approval prior to Lessee's submission for permits from the City of Pullman.

6.2 **Permits**. On or before January 1, 2013, Lessor and Lessee shall begin the process of applying for and obtaining the necessary permits from the City of Pullman for the development of the Leased Premises and construction of the Improvements. These permits shall include, but not be limited to; site plan review, building plan review, site work permit, and/or building permit ("Permits").

6.3 **Construction of Improvements**. On or before April 1, 2013, Lessee shall commence the construction of the Improvements, shall diligently pursue construction, and Lessee shall have the Improvements completed and the Residence Inn on the Leased Premises ready for occupancy as a hotel on or before July 1, 2014. For purposes of this Section 6.3, commencement of construction shall be defined as the commencement of grading on the site.

6.4 **Requirement as to Seeding and Planting**. Lessee shall comply with the City of Pullman Landscaping & Screening Code (if applicable) and the WSU Capital Planning and Development Uniform Design & Construction Standards. Landscaping shall be approved by Lessor, which approval shall not be unreasonably withheld or delayed.

6.5 **Restriction as to Fences – Location**. Lessee shall comply with the City of Pullman Landscaping & Screening Code (if applicable) and with the following restrictions: 1) No fence shall be erected between the Leased Premises and the Student Recreation Center; 2) All other fences shall be approved by WSU Facilities Services/University Architect, which approval shall not be unreasonably withheld or delayed.

6.6 **Signage**. Lessee shall comply with the City of Pullman Sign Regulations Code (if applicable) and all signage shall be approved by WSU Facilities Services/University Architect, which approval shall not be unreasonably withheld or delayed. Lessor agrees and acknowledges that Lessee's franchisor may have certain signage requirements and Lessor agrees to reasonably cooperate with Lessee in meeting such requirements provided that the same are consistent with standards required of other similarly situated brand franchisees. Moreover, Lessor agrees and acknowledges that the prototypical signage required by Marriott for its Residence Inn Hotels is permitted.

6.7 **Lessee's Obligation to Maintain and Repair**. Lessee shall, at all times during the Term of this Lease, at its sole cost and expense, keep the Leased Premises and Improvements in first class condition and repair, ordinary wear and tear excepted, in accordance with the standards of Lessor, which shall be provided to Lessee prior to the Effective Date and which may be reasonably updated from time to time upon notice to Lessee. In addition, Lessee shall keep the Leased Premises and Improvements in compliance with any standards required by Lessee's lender and applicable franchisor and shall maintain funds for repair, replacement and upgrade of the Leased Premises as required by Lessee's lender and franchisor. Lessee's obligations hereunder include, without limitation, all necessary and reasonable maintenance, repairs and replacements of the Leased Premises or any part thereof, and any and all Improvements thereon, structural or otherwise, ordinary or extraordinary, foreseen and unforeseen, including but not limited to the exterior and interior windows, doors and entrances, signs, floor coverings, columns and partitions, lighting, heating, plumbing and sewage facilities, air conditioning equipment, or other infrastructure of the Improvements. In the event that Lessor believes that the Leased Premises and Improvements are not in compliance with this Section 6.7, Lessor shall give Lessee

written notice of such violation. A violation of this provision shall constitute a default pursuant to Section 13.1 below. Lessor shall have no obligation and shall not be required to make any repairs of any kind or nature, in, on or to the Leased Premises or Improvements during the Term of this Ground Lease.

6.8 Lessee Mortgage Rights. Lessee shall have the right to mortgage and/or otherwise encumber the Improvements to the extent of its leasehold interest only. Lessor hereby consents to the encumbrance of the leasehold interest during the Term for the purpose of construction for permanent financing of the Improvements to the Leased Premises contemplated by this Paragraph 6.8. Upon the request of a lender, Lessor will provide evidence that acknowledges lender's interest in the leasehold estate. Lessor will give lender written notice of any default by Lessee under this Lease, provided lender has given Lessor timely notice of lender and lender's contact information and timely notice of any change in lender or lender's contact information, and lender shall have a period of time after lender's receipt of the notice of default (thirty (30) days in the case of a default in the payment of any sum due hereunder; sixty (60) days in the case of all other defaults) in which to cure, or to cause to be cured, any such default, before Lessor exercises any right or remedy hereunder or as otherwise available to Lessor. Notwithstanding any other provision of this Lease, upon request from Lessee, this Lease shall be subordinate to any leasehold mortgage placed upon the Leased Premises, and Lessor shall execute and deliver to potential lenders a reasonable subordination, non-disturbance and attornment agreement, provided that such agreement contains market terms. If any lender requires recordation of this Lease, both parties hereby consent to such recordation, and either party may record the Lease in that event. Lessee shall not permit any liens to be placed against the Leased Premises, and if such liens are filed, Lessee shall cause prompt removal of such liens. Notwithstanding anything to the contrary contained herein, Lessor agrees and acknowledges that it shall reasonably cooperate with Lessee and Lessee's lender in connection with any leasehold mortgage.

6.9 No Financing By Lessor. Lessor has not and will not participate in the structuring, offering or issuance of bonds or other financing to be used to construct, renovate, or rehabilitate the Improvements and Lessor shall have no obligation with respect to the bonds or the financing of the Improvements.

6.10 As-Built Drawings. Upon completion of construction of the initial or any subsequent Improvements, Lessee shall provide to Lessor, at Lessee's sole cost and expense, "as built" drawings and plans of the Improvements.

6.11 Lessor's Consent. Nothing in this Ground Lease shall be construed as Lessor's appointment of Lessee as Lessor's agent to contract for or perform any construction on the Leased Premises.

6.12 Delivery at Termination. Lessee covenants and agrees that at the termination of this Ground Lease, by expiration of its Term or upon its earlier termination, that it will deliver possession of the Leased Premises to Lessor.

6.13 Title to Improvements Vests in Lessor at Expiration/Termination. Title to the Improvements shall initially vest in Lessee until the end of the Term, unless sooner terminated

pursuant to the terms of this Ground Lease (except in the event Lessee exercises its option to purchase the Leased Premises in which case ownership of the Improvements will remain with Lessee). Upon expiration or termination of this Ground Lease, all rights and interests of Lessee (and all persons whomsoever claiming by, under or through Lessee) in and to the Leased Premises and all Improvements thereon shall wholly cease and title to the Leased Premises and the Improvements, including but not limited to all permanent improvements, erections and additions constructed on the Leased Premises by Lessee, shall vest in Lessor without further act or conveyance, and without liability to make compensation therefore to Lessee or to anyone whatsoever, and shall be free and discharged from all and every lien encumbrance, claim and charge of any character created or attempted to be created by Lessee at any time other than pursuant to the specific terms of this Ground Lease. This provision shall not relieve Lessee from liability for having left the Leased Premises or the Improvements in unsound or unsafe condition or with encumbered title. Lessee, upon the request of Lessor, covenants and agrees to execute a quitclaim deed releasing all such rights in the Leased Premises and the Improvements in a form and substance acceptable to Lessor.

6.14 Lessor's Option to Require Removal of Improvements Upon Termination. Upon the expiration or earlier termination of this Ground Lease (other than Lessee's exercise of the Purchase Option set forth in Section 2.3 above), Lessor may, at the sole option of Lessor, notify Lessee that any or all Improvements, temporary and permanent, and fixtures, placed upon the Leased Premises by Lessee should be removed at the expiration or earlier termination of the Ground Lease, in which event Lessee shall remove such Improvements. Should Lessor so elect, Lessee shall not begin the removal or demolition of any Improvements prior to the expiration or earlier termination date, Lessor herein grants to Lessee a license to enter the Leased Premises, said license shall take effect upon the termination or expiration of this Ground Lease for the sole and exclusive purpose of removing such Improvements, said removal or demolition to occur as expeditiously as possible. Lessee's right to use said license is contingent upon Lessor's notification to Lessee that it requires the permanent Improvements shall be removed from the Leased Premises. If Lessee removes any or all Improvements it has constructed on the Leased Premises, Lessee agrees to repair any and all damage resulting to the Leased Premises and the Improvements from such removal.

ARTICLE VII.

CONDITION OF THE PROPERTY

7.1 As Is. The Leased Premises is leased "AS IS, WHERE IS." To the best of Lessor's knowledge, the frontage portion of the Leased Premises which contains fill from the construction of North Fairway Drive is not contaminated with hazardous waste or other harmful substances. Lessee is encouraged to examine the Leased Premises to ascertain the condition of the Leased Premises. Lessor does not make and specifically disclaims any warranties, express or implied, including any warranty of merchantability or fitness for a particular purpose about the Property, including but not limited to any improvements located thereon. No employee or agent of Lessor is authorized to make any warranty or representation to the contrary. The foregoing specifically disclaims warranties with respect to the existence or nonexistence of any pollutants, contaminants, or hazardous waste or claims based thereon arising out of the actual or threatened

discharge, disposal, seepage, migration, or escape of such substances at, from, or into the Property.

7.2 **Inspection**. Lessee acknowledges that Lessee and/or its designated agents have been provided the opportunity to enter upon the Leased Premises at all reasonable times for the purpose of investigating the Leased Premises, and the physical condition thereof, including without limitation, the opportunity to conduct inspections at Lessee's discretion and expense. Lessor agrees to allow Lessee additional inspections of the Leased Premises with 48 hours advance notice.

7.3 **Indemnification and Hold Harmless Regarding Lessee's Inspection**. Lessee agrees to indemnify, defend, and release Lessor, its officers, agents, and employees from any and all claims, liens, costs, damages, fees and expenses (including but not limited to attorney and paralegal fees, costs and expenses, including costs and fees incurred on appeal, as well as consultant fees and costs) caused by or resulting from: (i) The sole negligence of Lessee, its officers, employees, agents, subcontractors or subconsultants; (ii) the concurrent negligence of Lessee, its officers, employees, agents, subcontractors or subconsultants, but only to the extent of the negligence of Lessee, its officers, employees, agents, subcontractors or subconsultants. Within the aforementioned scope, Lessee will be responsible for the payment of any fines or penalties charged against Lessor or Lessee, or for any employees or equipment while under Lessee's control, employment, or direction, related to activities under Sections 7.2 above.

7.4 **Release/Indemnity**. Lessee hereby fully releases Lessor from any and all liability to Lessee arising out of or related to the condition of the Leased Premises from the time Lessee has the right to possess the Leased Premises, including but not limited to the deposit or release of hazardous or toxic wastes, materials or pollutants. It is the intent of the parties that this constitutes a full and final release of any and all claims concerning any substance including, but not limited to, hazardous substances. This release extends to and includes any action for contribution for any environmental remedial action. Lessee agrees to indemnify, defend, and release Lessor with respect to, but not limited to, any claims, damages, liabilities, penalties (civil or criminal), and any other costs, including reasonable attorneys' fees and costs, imposed or related to any hazardous, toxic, dangerous, or harmful substances on the Property deposited or released after Lessee had the right to take possession of the Property.

ARTICLE VIII.
INSURANCE, RESTORATION AND INDEMNIFICATION

8.1 **General Liability Insurance.** At all times during the Term of this Ground Lease, Lessee, at its sole expense, shall maintain in full force and effect commercial general liability insurance in the amount of not less than $1,000,000 per occurrence and $5,000,000 in the aggregate for bodily or personal injury or death to persons and damage to property for acts occurring within or on the Leased Premises, including that for non-owned or hired auto. With respect to claims arising from within or on the Leased Premises and except to the extent that any such claim arises out of Lessor's acts or omissions, the commercial general liability insurance policy or policies shall be primary and noncontributing with any insurance maintained by Lessor. Lessee shall name Lessor, and Lessor's officers, employees and agents, as additional insureds on such policy.

8.2 Property Insurance. At all times during the Term of this Ground Lease, Lessee, at its sole expense, shall maintain in full force and effect special form insurance in the amount of not less than 100% of the full replacement cost of the Improvements except for standard exclusions from coverage, such as for the value of excavations, underground utilities, and exclusive of subtenants' fixtures, furnishings and equipment. The replacement cost shall be revalued annually, and, if required, the special form insurance shall be adjusted so that 100% of the full replacement cost of the Improvements is the base coverage. Lessor shall be a named insured under such insurance.

In case of a nonsubstantial loss or damage from any of the hazards covered by insurance, any and all proceeds of such insurance shall be made payable to Lessee and any leasehold encumbrancer. The Lessee shall disburse the insurance proceeds to the full extent required to repair, restore or rebuild the Improvements to at least as good a condition as existed before such loss or damage. The Lessee shall use the proceeds only in a manner so as to assure no construction lien will be filed against all or any part of the Leased Premises. Any such repairing, restoring or rebuilding shall be done in a good workman like manner. Except as otherwise provided in Section 8.11, if the costs to repair, restore or rebuild the Improvements as required by this Section 8.2 exceed the net amount of the insurance policy proceeds, Lessee shall nevertheless be required to repair, restore or rebuild utilizing its own funds. Lessee shall make the first payments for such repair, restoration or rebuilding, and the insurance proceeds shall be applied toward the last payments due for such repair, restoration or rebuilding. If the net amount of the insurance policy proceeds exceeds the costs to repair, restore or rebuild the Improvements as required by this Section 8.2, the Lessee may retain such excess.

8.3 Rental Insurance and Additional Insurance. Lessee, at its sole discretion and expense, shall maintain Business Income Coverage in an amount sufficient to meet all of its obligations associated with leasing and operating the Leased Premises for a period of eighteen (18) months from the date of any casualty or loss covered by the special form insurance, including, but not limited to, obligations to pay the base rent and the additional rent under this Ground Lease and to pay the principal and interest due on any leasehold mortgage.

8.4 Umbrella/Excess Coverage. In addition to the other insurance required in this Ground Lease, Lessee shall at all times maintain in full force and effect either an excess umbrella policy providing insurance in excess of the limits specified in this Ground Lease for liability risks and name Lessor as a named insured. The limits of the excess or umbrella policy shall be in such amounts as are reasonable from time to time, but in no event less than a combined single limit of $5,000,000.

8.5 Blanket Coverage. The insurance coverages required by this Article VIII may be provided under Lessee's blanket policies, provided all such coverages shall meet the requirements of this Article VIII.

8.6 Insurance Policies - Mortgage Clause. During the existence of any interest by a leasehold encumbrancer, Lessee shall have the right to have any or all of the insurance policies required to be taken out in accordance with this Ground Lease endorsed to include the leasehold encumbrancer under the leasehold mortgage as an additional insured and loss payee, as its interests may appear, subject to the other terms of this Ground Lease.

8.7 Damage to Building Not to Terminate Lease. Except as otherwise provided in Section 8.11, should all or any part of the Leased Premises or Improvements be damaged or destroyed by any cause, such damage or destruction shall neither effect a cancellation of this Ground Lease, nor effect any reduction or abatement of base Rent, or other amounts due to Lessor under this Ground Lease, nor release Lessee from liability for the full performance of all of the covenants of this Ground Lease.

8.8 Rebuilding after Destruction. Except as otherwise provided in Section 8.11 or unless otherwise restricted by any leasehold mortgage, if a part of the Leased Premises or Improvements shall be injured or destroyed by fire or other casualty, whether or not covered by the insurance policies required by this Ground Lease and whether or not the insurance proceeds are sufficient fully to repair, restore and rebuild the Leased Premises, Lessee, as soon as practical after the date of such injury or destruction, shall commence to repair, restore or rebuild the Leased Premises and Improvements to their condition prior to the injury or destruction, and shall complete the repair, restoration and rebuilding as rapidly as possible, but in any event not later than eighteen (18) months after such injury or destruction. All such repair, restoration and rebuilding shall be done in a good workman like manner and at Lessee's sole cost.

8.9 Termination for Failure to Rebuild. Except as otherwise provided in Section 8.11, if Lessee shall not commence to repair, restore or rebuild the Leased Premises injured or destroyed as soon as practical and complete the same as provided in Section 8.8, and subject to additional time provided to the leasehold encumbrancer pursuant to 8.2, if any holder of a leasehold mortgage shall refuse or fail to do so in conformity with this Ground Lease, then Lessor may, but shall not be required to, proceed in the manner provided in Article XII, and any and all proceeds of the insurance policies shall be used as provided in Section 8.2.

8.10 Additional Insurance Requirements. All insurance policies Lessee is required to obtain pursuant to this Article VIII shall be issued only by responsible insurers, properly licensed in the State of Washington, which insurers have sufficient financial reserves to cover the risks for the amounts of insurance required by this Article VIII. An insurance company shall be deemed to be responsible under this Section 8.10 if it has a rating of A- or better, by A.M. Best. Lessee shall cause to be issued to Lessor upon request, and in any event at least annually, appropriate certificates of insurance evidencing Lessee's compliance with the terms of this Article VIII. The limits on Lessee's insurance policies required by this Article shall be reviewed by Lessor not less than once every five (5) years, and may be adjusted upwards by Lessor in Lessor's reasonable discretion. All insurance policies the Lessee obtains as required in this Article VIII shall include the following:

(a) a provision or endorsement that the policy or policies will not be cancelled or reduced in amounts or coverages without at least forty-five (45) days prior written notice by the insurer to Lessor and any leasehold encumbrancer;

(b) the policy or policies shall name the Lessor and any leasehold encumbrancer as an additional insureds and/or loss payees, as appropriate;

(c) the policy or policies shall provide that an act or omission of one of the insureds or additional insureds which would void or otherwise reduce coverage shall not reduce or void the coverage as to the other insureds or additional insureds;

(d) the policy or policies shall contain waivers of subrogation; and

(e) the policy or policies shall contain a "severability of interest" or "separation of insureds" clause.

8.11 Substantial Damage or Destruction.

(a) Notwithstanding the preceding provisions of this Article VIII, if during the Term of this Ground Lease, the Improvements shall be substantially damaged or destroyed by fire or other casualty and if Lessee reasonably determines it is economically unfeasible to repair, restore or rebuild the Improvements, or at the time of the casualty the Improvements are reasonably determined to be economically or functionally obsolete, then Lessee may do either of the following:

(i) Terminate this Ground Lease, after having demolished and removed from the Leased Premises any debris remaining from the Improvements. Should Lessee exercise this option (i), any insurance proceeds shall first be applied towards the cost of demolition and removal, with any remaining proceeds to be first paid to discharge any leasehold mortgagee, with any remainder paid to the Lessor; or

(ii) Replace the Improvements with an improvement other than one that is substantially in the condition of the Improvements at the time of such substantial damage or destruction, so long as such improvement is approved by Lessor and meets the uses for the Leased Premises. Should Lessee exercise this option (ii), any insurance proceeds shall first be applied towards the cost of designing and constructing the improvement, with any remaining proceeds to be paid to Lessor. All design is subject to approval by Lessor and construction shall be done in a good workman like manner. Lessee shall notify Lessor of its election under either (i) or (ii) by written notice to Lessor within ninety (90) days of the substantial damage or destruction. If Lessee fails to give any notice within the ninety (90) day period, then this Section 8.11 shall not apply, and Lessee shall proceed to fulfill its obligations under the other provisions of this Article VIII.

(b) If the Development shall be substantially damaged or destroyed by fire or other casualty within the last five (5) years of the Term of this Ground Lease, notwithstanding the continued economic feasibility of the Improvements, Lessor may terminate this Ground Lease by giving written notice of its election to do so within thirty (30) days of the date of such damage or destruction, in which event, Lessee shall not be required to restore or rebuild the Improvements, but shall, if requested to do so by Lessor, demolish and remove the damaged Improvements and level and clear the Leased Premises, within sixty (60) days of receipt of such request from Lessor. Any insurance proceeds shall first be applied towards Lessee's cost of

demolition and removal, with any remaining proceeds to be first paid to discharge any leasehold mortgagee, and any remainder paid to Lessor.

(c) The terms "substantially damaged or destroyed" or "substantial damage or destruction" as used in this Article VIII, shall mean that the Improvements or a portion thereof has been damaged or destroyed to the extent that the cost of restoration of the Improvements will exceed fifty percent (50%) of the total replacement cost of the Improvements. If Lessor and Lessee disagree as to the extent of the damage or destruction, the issue shall be resolved pursuant to Article XIV.

8.12 Inspection. During the Term of this Ground Lease, upon forty-eight (48) hours prior written notice Lessee shall permit Lessor at all times to enter upon and to inspect the Leased Premises and the Improvements, subject only to the limitations resulting from the rights of Subtenants.

8.13 Indemnification by Lessee. To the extent permitted by law, Lessee agrees to protect, defend, indemnify and save harmless Lessor against and from any and all claims by or on behalf of any person, firm, corporation or governmental authority arising from the occupation, use, possession, conduct or management of or from any work or thing whatsoever done in and on the Leased Premises. Lessee shall further protect, defend, indemnify and save Lessor harmless against and from any and all claims arising from any condition on, within or about the Leased Premises constructed by Lessee, its predecessor, any subtenants or other third persons upon the Leased Premises or adjoining the Leased Premises which are under the control of Lessee after the date of this Ground Lease and until the expiration of the Term of this Ground Lease; or arising from any breach or default on the part of Lessee in the performance of any covenant or agreement on the part of Lessee to be performed pursuant to the terms of this Ground Lease; or arising from any act or negligence of Lessee, or any of its agents, contractors, servants, employees, licensees or subtenants; or arising from any accident, injury or damages whatsoever caused to any person, firm or corporation, including any subtenant or Lessee, in or about the Leased Premises occurring after the date of this Ground Lease and until the expiration of the Term of this Ground Lease; and from and against all costs, expenses and liabilities incurred in connection with any such claim, action or proceeding brought thereon including, without limitation, reasonable attorneys' fees and costs.

8.14 Non-liability of Lessor. Excluding liability arising out of Lessor's negligent acts or omissions, Lessee further covenants and agrees that Lessor shall not be responsible or liable to Lessee, or any person, firm or corporation claiming by, through or under Lessee for or by reason of any defect in or on the Leased Premises or the Improvements.

ARTICLE IX.
LEASEHOLD MORTGAGES

9.1 Mortgage of Leasehold Estate. Without the consent of the Lessor, the Lessee shall have the right at any time and from time to time to convey or encumber by mortgage, deed of trust, or other encumbrance in the nature thereof, as security for any bona fide debt, its leasehold interest in this Ground Lease and its interest in the Improvements created under this

Ground Lease. The holder of any such mortgage, deed of trust, or other encumbrance in the nature thereof, is sometimes referred to in this Ground Lease as the "leasehold mortgagee" or "leasehold encumbrancer." Such mortgage, deed of trust, or other encumbrance shall, however, be a leasehold mortgage only, it being acknowledged and agreed that Lessee has no right to mortgage or encumber the fee title to the Leased Premises.

So long as any encumbrance described in this Paragraph 9.1 shall remain in force, this Ground Lease may not be modified or voluntarily terminated by Lessor and Lessee without the prior written permission of the leasehold encumbrancer.

Without the consent of the Lessor, any such leasehold encumbrancer may assign or transfer its interest in this Ground Lease to any assignee or nominee who may hold and exercise all rights of the leasehold encumbrancer upon any foreclosure of this mortgage, and such assignment shall thereafter relieve the leasehold encumbrancer or similar encumbrancer from liability for further obligations under the provisions of this Ground Lease.

9.2 Notice to and curing of Default by Encumbrance Holder.

(a) Should any leasehold encumbrancer furnish the Lessor with a copy of the instrument encumbrancing Lessee's said interest in this Ground Lease, so long as such encumbrance shall continue in force, Lessor thereafter shall mail, by registered or certified mail, to such leasehold encumbrancer, at the same time as notice is given to Lessee, a duplicate copy of any notice which Lessor may from time to time give to or serve upon Lessee under or pursuant to the terms and provisions of this Ground Lease. Such leasehold encumbrancer shall advise Lessor in writing of its proper mailing address and any change thereof.

(b) So long as any mortgage or deed of trust shall continue in force, the leasehold encumbrancer may at its option, within sixty (60) days after expiration of the time provided in this Ground Lease within which Lessee may cure such default, make any payment or commence and proceed diligently to do any other act or thing required of Lessee by the terms of this Ground Lease or which may be necessary and proper to be done in the observance of the covenants and conditions of this Ground Lease, and all payments so made and all things so done and performed by any such leasehold encumbrancer shall cure any default and prevent a forfeiture of the rights of Lessee under the terms of this Ground Lease. Any such mortgage or deed of trust may be so conditioned as to provide that as between the leasehold encumbrancer and the Lessee, said leasehold encumbrancer, on curing such default or defaults, shall be subrogated to any or all of the rights of the Lessee under the terms and provisions of this Ground Lease. The leasehold encumbrancer, upon acquisition of Lessee's interest in the Ground Lease may request the Lessor to execute a new Ground Lease in substantially the same form and content as the existing Ground Lease as a replacement Ground Lease. The leasehold encumbrancer, upon acquisition of the Lessee's interest in this Ground Lease, shall assume and be obligated to perform all terms and provisions of this Ground Lease and shall continue to be so obligated so long as such leasehold encumbrancer shall remain owner of the leasehold estate; but its liability is limited to

the extent of its interest in the leasehold estate, and, that upon the sale or assignment by the leasehold encumbrancer of the leasehold estate to a bona fide purchaser, and the assumption of the terms of this Ground Lease by said purchaser or assignee in writing, a copy of which shall be furnished to Lessor, the leasehold encumbrancer shall be released of all personal liability accruing hereunder from and after the date of such sale.

9.3 Effect of Lessor's Cure of Lessee's Default; Effect of Mortgage Assignment to Lessor.

(a) In the event that Lessor shall, on behalf of or for the account of Lessee, cure any default which shall exist under a leasehold mortgage, such cure shall not automatically cure the default existing under this Ground Lease which shall exist by virtue of the leasehold mortgage default; and said default existing under this Ground Lease shall only be cured at such time as Lessee shall pay to Lessor all costs and expenses incurred by Lessor to cure the leasehold mortgage default, as set forth in Article IX herein.

(b) Neither the assignment to Lessor of the mortgagee's interest under a leasehold mortgage nor the subrogation of Lessor to the mortgagee's rights (either by statutory procedure or otherwise) shall merge said mortgagee's interest into the fee estate, or otherwise affect the validity of the leasehold mortgage, until the same be satisfied or discharged by Lessor (or other party holding both the mortgagee's and the fee interest); and upon such assignment, Lessor shall be subrogated to all of the mortgagee's rights against Lessee.

ARTICLE X.
LESSOR'S RIGHT TO CURE LESSEE'S DEFAULT

10.1 Lessor May Cure Lessee's Default. In the event Lessee shall fail or neglect at the times and as provided in this Ground Lease to pay any tax, charge or assessment against the Leased Premises or any fine, penalty or interest thereon, or to pay any judgment against the Leased Premises for labor or material furnished to the Leased Premises, or to provide and pay for any insurance, or to pay any amounts due a leasehold encumbrancer, or to make any other payment which it is the obligation of Lessee to pay under the terms of this Ground Lease, when due and payable, and not later than ten (10) days following notice from Lessor to Lessee and to any leasehold encumbrancer that any said payment is due (except that no such notice shall be required with respect to Lessee's failure to pay for any insurance required by this Ground Lease), then in addition to all other remedies provided by this Ground Lease or as now or hereafter provided by law, Lessor may, at its option, and subject to the limitations contained in this Ground Lease with respect to protests and contests of taxes and liens, pay any such judgment, tax, charge or assessment, procure such insurance and pay the premiums therefore, and pay any other amount required by this Ground Lease to be paid by Lessee. The amount or amounts so paid together with interest thereon at the Applicable Rate, as defined in Section 10.2, from the date of Lessor's payment until repaid, shall thereupon be immediately due and payable by Lessee

to Lessor, as additional rent under this Ground Lease. The amounts paid by Lessor to cure any default in a leasehold mortgage, and all costs and expenses incurred by Lessor in connection with said cure, including reasonable attorneys' fees and costs and interest thereon at the Applicable Rate, as defined in Section 10.2, from the date of Lessor's payment until repaid, shall be immediately due and payable by Lessee to Lessor, as additional rent under this Ground Lease.

10.2 Lessor's Advances to Bear Interest. Lessee will pay to Lessor interest at the Applicable Rate on every payment of every kind which Lessee is obligated to pay to Lessor under the terms of this Ground Lease from the date when such payment shall become due and payable until the same is paid. The Applicable Rate shall equal 2% plus the prime rate of interest as published in the "Money Rates" section of The Wall Street Journal or similar publication for the day upon which such payment became due or the next business day if the day upon which such payment becomes due is not a business day, or twelve percent (12%), whichever is greater.

ARTICLE XI.
ASSIGNMENT AND SUBLETTING

11.1 Assignment. Except as otherwise provided in Article IX, which gives the leasehold encumbrancer the right to freely assign its interest in the Ground Lease, Lessee shall not assign this Lease without Lessor's prior written consent, which consent shall not be unreasonably withheld, delayed or conditioned, provided that each of the following conditions are satisfied: (i) Lessee shall not be in default under any of the terms and conditions of this Lease at the time of the proposed assignment; (ii) the assignee shall occupy the Leased Property and conduct its business therein in accordance with the use as set forth in Article V above; (iii) the net worth of the proposed assignee as of the date of such assignment and after giving consideration to the financial effect of the assignment, is reasonably satisfactory to Lessor (provided, however, that if the proposed assignee's net worth is equal to or greater than that of Lessee, then this condition shall be deemed satisfied); (iv) Lessee shall provide to Lessor an executed counterpart of such proposed assignment and any pertinent information requested by Lessor concerning the proposed assignee, (hereinafter referred to as "Transferee"), including a current balance sheet of the Transferee, and that the Transferee has assumed all of Lessee's obligations under this Lease and has agreed to perform and observe all the terms, covenants and conditions in this Lease on Lessee's part to be performed. Lessor shall have thirty (30) days after receipt by Lessor of notice of the forgoing assignment and pertinent information to give Lessor's written consent to such assignment, transfer or conveyance, or to withhold such consent. In the event of written consent, the Transferee shall become the Lessee herein upon such assignment. Upon such assignment, the Lessee herein shall thereafter be released by Lessor from all further claims or obligations arising after the effective date of such assignment. In the event Lessee shall request Lessor's consent to an assignment of this Lease, Lessee shall pay to Lessor an administrative fee of One Thousand Dollars ($1,000.00), which shall be due and payable regardless of whether such proposed assignment is consummated by Lessee.

11.2 No Continuing Consent. Except as to the rights of the leasehold encumbrancer pursuant to Article IX, the consent by Lessor to any one sale, assignment, conveyance or transfer of this Ground Lease or Lessee's interest under this Ground Lease shall apply only to the specific transaction thereby authorized; and the consent shall not be construed as a waiver of the duty of

Lessee, or any immediate or remote purchaser, assignee, grantee or transferee, to obtain Lessor's consent to any other or subsequent sale, assignment, conveyance or transfer.

11.3 Lessor May Assign. Subject to this Section 11.3, Lessor's right to sell, convey, assign or transfer the Leased Premises, subject to this Ground Lease, or its interest in this Ground Lease is and shall remain unqualified. Upon any said sale, conveyance, assignment or transfer, Lessor shall thereupon be entirely relieved of all obligations of the Lessor under this Ground Lease and shall not be subject to any liability resulting from any act or omission or event occurring after the assignment, sale, transfer or conveyance. The preceding two sentences shall apply to a sale, conveyance, assignment or transfer of all of Lessor's interest in the Leased Premises or in this Ground Lease or in both. Lessor may mortgage or otherwise encumber or sell, convey, assign or transfer all or any portion of its interest in this Ground Lease or the Leased Premises provided such mortgage, encumbrance or sale, conveyance, assignment or transfer is expressly made subject to this Ground Lease, and Subtenant Leases, and the rights of any holder of any leasehold encumbrancer.

ARTICLE XII.
CONDEMNATION

12.1 Condemnation. In the event that, during the Term of this Ground Lease, the entire Leased Premises shall be taken by exercise of the power of eminent domain or deed in lieu of condemnation, or in the event that a sufficient portion of the Leased Premises be taken so as to make it economically unfeasible to continue to operate the remaining portion as permitted by this Ground Lease (as reasonably determined by Lessee), this Ground Lease shall terminate on the date that title shall vest in the condemning authority, and all rent and other sums payable under this Ground Lease shall be prorated to that date. Upon the occurrence of either event, the entire condemnation award (or aggregate of separate awards), regardless of division or apportionment by the court, commissioner or other body making or supervising such condemnation, shall be apportioned between the Lessor and Lessee as the Lessor and Lessee may agree. If the Lessor and Lessee are unable to agree upon the apportionment within thirty (30) days after either party has requested a determination of the apportionment, the apportionment of the award between the Lessor and Lessee shall be by arbitration as provided in Article XIV, taking into account all facts and circumstances bearing upon the value of Lessor's and Lessee's interest including, without limitation, the Lessee's ownership of the Improvements during the Term of this Ground Lease and Lessor's ownership of the Improvements at the end of the Term of this Ground Lease. Notwithstanding the foregoing, this Article XII shall not allow for termination of this Ground Lease in the event that Lessor is the condemning authority.

12.2 Partial Condemnation. In the event that, during the Term of this Ground Lease, less than the entire Leased Premises shall be taken by the exercise of the power of eminent domain or deed in lieu of condemnation, and it is economically feasible to continue to operate the remaining portion as permitted by this Ground Lease, this Ground Lease shall not terminate but shall continue in full force and effect for the remainder of the Term, subject to the provisions of this Section 12.2. In that event, Lessee shall be entitled to the entire condemnation award (or aggregate awards), regardless of division or apportionment by the court, commissioner or other body making or supervising such condemnation, as shall be required to repair, restore and replace the Leased Premises, to the fullest extent possible, to its utility and value immediately

prior to the taking; and Lessee shall so repair, restore and replace, using its own funds if the condemnation award (or aggregate awards) is insufficient. All restoration and replacement shall be done in a good workman like manner. In the event that the entire award or aggregate awards is greater than shall be required so to repair, restore and replace, the excess shall be allocated between Lessor and Lessee in the manner provided in Section 12.1.

12.3 Immaterial Taking. Notwithstanding anything contained in Section 12.2 to the contrary, in the event of any immaterial taking by the exercise of the power of eminent domain or deed in lieu of condemnation this Ground Lease shall continue in full force and effect without reduction or abatement of any rents or other amounts payable under this Ground Lease. In the event of an immaterial taking, the entire award or aggregate awards shall be used first to repair, restore or replace the damage; and Lessee shall so restore or replace using its own funds, if the award or awards are insufficient. All restoration and replacement shall be done in a good workman like manner. Any excess funds shall be the allocated between Lessor and Lessee as provided in Section 12.1.

12.4 Temporary Taking. In the event of any government action which does not result in a taking of any portion of the Leased Premises but creates a right to compensation therefore, such as, without limitation, a change of the grade of any street, or in the event of any temporary taking creating a right to such compensation, this Ground Lease shall continue in full force and effect without reduction or abatement of any Rent or other amounts payable under this Ground Lease. In that event, Lessee shall be entitled to receive the entire amount of any compensation made with respect to any such governmental action or temporary taking and, if such governmental action or temporary taking results in physical damage to any of the Leased Premises, Lessee shall repair such physical damage, and if the amount of such compensation is not sufficient, Lessee shall provide the additional funds required. All repairs shall be done in a good workman like manner.

12.5 Negotiations. Both the Lessor and Lessee shall be authorized to negotiate through their representatives regarding any condemnation award, except that only the Lessee shall be entitled to negotiate a condemnation award in the case of a temporary taking under Section 12.4.

ARTICLE XIII.
DEFAULT

13.1 Default. An event of default shall exist under this Ground Lease if Lessee shall violate, fail to perform or if Lessee shall be in breach of: (i) a covenant to pay Rent, or any other amount due under this Ground Lease or (ii) any other term, condition, covenant or provision of this Ground Lease and, in either of the cases described in clause (i) or (ii), Lessee shall fail to pay or cure such violation, nonperformance or breach within thirty (30) days (or fifteen (15) days if the default can be cured by the payment of money) after being given notice by Lessor or the mortgagee, as the case may be, of such violation, nonperformance or breach; provided, however, if payment of money is not the only cure required, and if the cure which is other than the payment of money cannot reasonably be completed in thirty (30) days and Lessee, within the thirty (30) day period, initiates such cure and proceeds continuously and diligently therewith, then no event of default shall exist unless such default is not cured by the end of such reasonable period needed to cure. Upon an event of default for which Lessee has failed to cure, Lessor may,

without further notice to Lessee, either (i) re-enter the Leased Premises and terminate Lessee's right to possession thereof, without terminating this Ground Lease or (ii) re-enter the Leased Premises and terminate both Lessee's right to possession of the Leased Premises and this Ground Lease. Such re-entry may be effected without further notice to Lessee and without the need for a writ, order, judgment or decree of any court or the need for any court or judicial proceeding (any rights to which Lessee hereby expressly waives); and upon such re-entry Lessor shall have the right, subject to then existing non-disturbance agreements with subtenants, to remove all persons and personal property from the Leased Premises. Lessor may, at its sole discretion, store any of Lessee's personal property so removed, at the sole cost and expense of Lessee.

13.2 **Payment by Lessee upon Re-entry.** Upon such re-entry whether or not Lessor shall terminate this Ground Lease, Lessee shall pay to Lessor upon demand (i) all Rent, and any other amount due to Lessor at the time of such re-entry, and (ii) all costs and expenses incurred by Lessor to effect such re-entry, including, without limitation, reasonable attorneys' fees and expenses and the costs to repair the Leased Premises (hereinafter, the amounts described in clauses (i) and (ii) shall be collectively referred to as "Re-entry Costs"). No such re-entry shall be deemed a termination of this Ground Lease unless Lessor notifies Lessee and each leasehold mortgagee that this Ground Lease is terminated; and any such termination shall be effective only as of the date set forth in such notice.

13.3 **Payment of Rent Reserved.** If Lessor, following the re-entry, shall terminate this Ground Lease by notice, or if this Ground Lease shall be terminated by a writ, order, judgment or decree of any court of competent jurisdiction, Lessee shall pay to Lessor upon demand, in addition to the Re-entry Costs, Rent and other amounts owed by Lessee under this Ground Lease for the period between the re-entry and the termination, plus all damages the Lessor has suffered by reason of the Lessee's failure to comply with its obligations under this Ground Lease.

13.4 **Reletting on Lessee's Behalf.** Following any re-entry, Lessor may, if it does not terminate this Ground Lease, relet all or any part of the Leased Premises (which is not subject to the rights of an occupying subtenant entitled to non-disturbance) for the account of Lessee for such term or terms (whether longer or shorter than the unexpired Term of this Ground Lease), at such rent and upon such conditions and covenants as Lessor, in its sole discretion, may deem advisable. Upon each such reletting, all rents received by Lessor, including any rents received by Lessor from any subtenants, shall be applied to the following obligations of Lessee to the extent not then satisfied: first, to Re-entry Costs; second, to any costs and expenses incurred by Lessor in reletting the Leased Premises or part of the Leased Premises, including, without limitation, the costs of reasonable brokers' and attorneys' fees and remodeling costs; third, to the payments of base rent and additional rent unpaid and due to Lessor at the time of such reletting; fourth, to any other unpaid amount then due to Lessor; and the balance, if any, shall be held by Lessor and applied in payment of Rent, and other amounts due to Lessor under this Ground Lease as the same shall become due under this Ground Lease. If the base rent received upon such reletting during any calendar month shall be less than the Rent and other amounts Lessee is to pay to Lessor under this Ground Lease, Lessee shall pay the deficiency to Lessor, such deficiency being calculated and paid monthly.

13.5 No Election of Remedy. No remedy provided to either party under this Ground Lease shall be deemed an exclusive remedy and the election by either party of any such remedy shall not bar it from pursuing any other remedy, for damages or otherwise, whether available to it under this Ground Lease or existing at law or in equity.

13.6 Lessor May Terminate Lease on Lessee's Bankruptcy, etc. In the event any of Lessee's interest under this Ground Lease be assigned by operation of law, or an event of the bankruptcy, receivership, insolvency, voluntary or involuntary liquidation or winding up of the affairs of Lessee, any general assignment or arrangement for the benefit of creditors, or in event of any corporate reorganizations or arrangements under the bankruptcy or insolvency laws of the United States of any State involving the interest of Lessee under this Ground Lease, Lessor may, immediately and without notice of any kind, terminate and cancel this Ground Lease, provided, however, Lessor shall have no right to terminate and cancel this Ground Lease without the consent of any leasehold encumbrancer so long as a leasehold mortgage shall exist and so long as there shall be no default under this Ground Lease in the payment of Rent or any other amounts due under this Ground Lease.

13.7 Additional Lessor Remedies. In addition to all of the other rights and remedies of Lessor set forth in this Ground Lease, upon any event of default by Lessee and subject to the rights of any leasehold encumbrancer to any rents of subtenants (provided there are no defaults under this Ground Lease that can be cured by the payment of money), Lessor shall be entitled to (i) all of the rents, issues, and profits due or to become due from subtenants and others and all other income and payments of any kind due or payable from subtenants and others for use, possession or occupancy of all or any part of the Leased Premises (all of which Lessee hereby presently assigns to Lessor, even though Lessor's right of collection shall not arise until the time specified in this Section 13.7); and (ii) the appointment of a receiver for the Leased Premises and for said rents, issues, profits, income and payments. Lessor shall be entitled to the appointment of a receiver immediately upon an event of default, without further notice to Lessee, regardless of any statute or rule of law, which Lessee hereby waives to the extent it may lawfully do so, and Lessee hereby agrees that such receiver may be appointed by any court of competent jurisdiction prior to or after Lessor's re-entry to or repossession of the Leased Premises by Lessor, upon an application therefore. The receiver shall be required to apply the rent, profits, income and payments first, to the expenses of receivership; second, to all maintenance costs, real estate taxes and special assessments, and insurance premiums not paid by subtenants; third, to Re-entry Costs; and fourth, to the amounts as set forth in Section 13.4. Notwithstanding the foregoing right to the appointment of a receiver, set forth in clause (ii) of the first sentence of this Section 13.7, Lessor may, at its election, enforce its right in clause (i) of the first sentence of this Section 13.7 directly by collection from subtenants or other obligors, with or without any court or judicial action (which action Lessee waives to the extent it may lawfully do so), at the time that Lessor shall commence an action to terminate this Ground Lease and/or to terminate Lessee's right to possession of the Leased Premises. In the event Lessor shall directly enforce its right set forth in clause (i) of the first sentence of this Section 13.7, it shall apply all sums collected in the same order as required to be applied by a receiver. Lessor's right pursuant to clauses (i) and (ii) of the first sentence of this Section 13.7 shall be subject to the rights of any leasehold encumbrancer.

13.8 Lessor's Purchase of Trade Fixtures. Subject to any leasehold encumbrancer's rights as set forth in this Ground Lease, Lessor may, at Lessor's election, purchase any trade fixtures acquired by Lessee with its own funds, and which are used for Lessee's operations on the Leased Premises, at the termination of this Ground Lease, regardless of the reason for the termination of this Ground Lease, including its expiration, or upon Lessor's exercise of its right of entry without termination of this Ground Lease. The purchase price shall be the fair market value of Lessee's trade fixtures as negotiated by the Lessor and Lessee, or in the event the Lessor and Lessee cannot agree upon the fair market value within thirty (30) days after one party has requested a determination of the fair market value, then as determined by arbitration pursuant to Article XIV. The election shall be exercised, if at all, by notice given (i) not more than six (6) months nor less than three (3) months before the termination of this Ground Lease by reason of the expiration of its Term, or (ii) concurrently with or as a part of a notice of termination of this Ground Lease, or (iii) concurrently with Lessor's exercise of its right of re-entry without termination of this Ground Lease. Lessor's purchase of Lessee's trade fixtures shall be consummated at a "Closing." The Closing shall take place concurrently with the termination of the Term of this Ground Lease by reason of the expiration of its Term or, in the event of other termination of this Ground Lease, or re-entry without termination of this Ground Lease, on the tenth (10th) business day after the fair market value has been determined, or such other date as Lessor and Lessee may agree. Lessor may rescind the exercise of its right to purchase the trade fixtures by written notice to Lessee given within five (5) days after the fair market value has been determined. Lessor shall pay the purchase price in cash at the Closing and, at Lessor's election, Lessor may without notice offset against the purchase price any and all sums then due from Lessee to Lessor. Lessor and Lessee shall execute and deliver at the Closing any documents or instruments necessary to complete Lessor's purchase, including the appropriate bill or bills of sale for Lessee's trade fixtures.

ARTICLE XIV.
DISPUTES

14.1 Arbitration Policy. Except for the exercise by Lessor of its statutory remedies for an event of default, if a dispute arises, Lessor and Lessee agree to resolve all disputes by the following alternate dispute resolution process: (a) Lessor and Lessee agree to seek a fair and prompt negotiated resolution, but if this is not successful, (b) the dispute shall be resolved by binding arbitration, provided that during this process and at the request of either Lessor or Lessee made not later than ten (10) days after the initial arbitration demand, Lessor and Lessee agree to attempt to resolve any dispute by nonbinding third-party intervention including mediation or evaluation or both (but without delaying the arbitration hearing date).

14.2 Binding Arbitration. Any claim between Lessor and Lessee, including, but not limited to, those arising out of or relating to this Ground Lease and any claim based on or arising from an alleged tort, shall be determined by binding arbitration, pursuant to the contract arbitration rules, commenced in accordance with arbitration procedures outlined by the American Arbitration Association ("AAA"). There shall be one (1) arbitrator agreed upon by Lessor and Lessee, or if Lessor and Lessee cannot agree on the arbitrator within ten (10) days of the arbitration demand, the arbitrator shall be selected in accordance with the rules of the AAA. The arbitrator shall be an appraiser who is a member of the American Institute of Appraisers if the dispute involves the highest and best use of the Leased Premises or the value of Lessor's or

Lessee's interest in the Leased Premises and, otherwise, the arbitrator shall be a person qualified to determine the dispute. Whether a claim is covered by this Ground Lease shall be determined by the arbitrator. All statutes of limitations which would otherwise be applicable shall apply to any arbitration proceeding under this Ground Lease.

14.3 Arbitration Procedures. There shall be no discovery or dispositive motion practice except that the arbitrator shall authorize such discovery as may be shown to be necessary to ensure a fair hearing, and no such discovery shall extend the time limits contained in this Ground Lease, unless the arbitrator otherwise determines. The arbitrator shall not be bound by the rules of evidence or of civil procedure, but rather may consider such writings and oral presentations as reasonable business people would use in the conduct of their day-to-day affairs, and may require the parties to submit some or all of their case by written declaration or such other manner of presentation as the arbitrator may determine to be appropriate. Lessor and Lessee shall permit live testimony and cross-examination to the extent necessary to ensure a fair hearing on material issues.

14.4 Hearing - Law - Appeal Limited. The arbitrator shall take such steps as may be necessary to hold a private hearing in a neutral location within sixty (60) days of the initial demand for arbitration and to conclude the hearing within three (3) days; and the arbitrator's written decision shall be made not later than fourteen (14) calendar days after the hearing. The parties have included these time limits in order to expedite the proceeding, but they are not jurisdictional, and the arbitrator may for good cause afford or permit reasonable extensions or delays, which shall not affect the validity of the award. The written decision shall contain a brief statement of the claim(s) determined and the award made on each claim. In making the decision and award, the arbitrator shall apply the substantive law of the State of Washington. The arbitrator may not award punitive or exemplary damages. Absent fraud, collusion or willful misconduct by the arbitrator, the award shall be final and binding, and judgment may be entered in any court having jurisdiction thereof.

ARTICLE XV.
ENVIRONMENTAL MATTERS

15.1 Lessee's Obligations. Lessee and Lessee's agents, employees, contractors, licensees, sublessees and invitees shall not manufacture, store, treat, dispose, handle, release or otherwise use any Hazardous Substances, as defined in Section 15.4 below, in, on, under or about the Leased Premises. Notwithstanding the preceding sentence, Lessee, its agents, employees, contractors, licensees, subtenants and invitees may store, handle, or otherwise use any such Hazardous Substances in, on or about the Leased Premises as long as (i) such storage, handling or use is in compliance with all Hazardous Substances Laws, and (ii) such Hazardous Substances are disposed of off the Leased Premises in compliance with such laws, and (iii) the storage, handling or use of such Hazardous Substances by any of the aforementioned parties is considered to be normal and customary for its particular industry or activities associated with its business on the Leased Premises.

15.2 Compliance with Environmental Laws. Lessee shall comply with all local, state, and federal laws, ordinances, regulations, orders and any other requirements (collectively, "Hazardous Substances Laws") relating to industrial hygiene, environmental protection, or the

use, analysis, generation, manufacture, storage, treatment, disposal, handling, release, other usage or transportation of any Hazardous Substances.

15.3 Environmental Notices. If at any time Lessee or Lessor shall become aware, or have reasonable cause to believe, that any Hazardous Substance has come to be located in, on, under or about the Leased Premises, Lessee or Lessor, as the case may be, shall, immediately upon discovering such presence or suspected presence of the Hazardous Substance, give notice of that condition to the other party. In addition, Lessee or Lessor, as the case may be, shall immediately give notice to the other party of (a) any enforcement, cleanup, removal, or other governmental or regulatory action instituted, completed, or threatened pursuant to any Hazardous Substances Laws, (b) any claim made or threatened by any person against the Lessee or Lessor, as the case may be, or the Leased Premises, relating to damage, contribution, cost recovery, compensation, loss, or injury resulting from or claimed to result from any Hazardous Substances, and (c) any reports made by or to any local, state, or federal environmental agency arising out of or in connection with any Hazardous Substances located below, in, on, under or about the Leased Premises or removed from the Leased Premises including any complaints, notices, warnings, or asserted violations in connection therewith. Lessee or Lessor, as the case may be, shall also supply to the other party as promptly as possible, and in any event within twenty (20) business days after the Lessee or Lessor, as the case may be, first receives or sends the same, copies of all action documents, claims, reports, complaints, notices, warnings, or asserted violations relating in any way to the Leased Premises or the use thereof. Lessee shall promptly deliver to Lessor copies of hazardous waste manifests reflecting the legal and proper disposal of all Hazardous Substances removed from the Leased Premises.

15.4 Definition of Hazardous Substances. As used in this Agreement, the term "Hazardous Substance" means any hazardous or toxic substances, chemical materials or wastes, hydrocarbons, petroleum or petroleum containing substances, explosives, fertilizers, insecticides, asbestos, including, but not limited to, those substances, materials and wastes listed in the United States Department of Transportation Hazardous Materials Table (49 CFR 172.10 1) or by the Environmental Protection Agency as hazardous substances (40 CFR Part 302) and amendments thereto, or by the Washington State Department of Ecology under Washington's Model Toxic Control Act (RCW 70.105D) or such substances, materials and wastes which are now or which hereafter become subject to regulation, investigation or remediation under any applicable local, state or federal law, including any statute, regulation, ordinance, order, action, policy, or common law.

15.5 Indemnification of Lessor. Lessee shall indemnify, defend, protect, and hold harmless Lessor, and each of Lessor's partners, employees, agents, attorneys, successors, and assigns, from and against any and all claims, liabilities, penalties, fines, judgments, forfeitures, losses (including, without limitation, diminution in the value of the Leased Premises, damages for the loss or restriction on use of rentable or usable space or of any amenity of the Leased Premises), costs, or expenses (including attorneys' fees, consultant fees, and expert fees) for the death of or injury to any person or damage to any property whatsoever, arising from or caused in whole or in part, directly or indirectly, by (a) any use, analysis, storage, transportation, disposal, release, threatened release, discharge, or generation of Hazardous Substances, in, on, under, about, or from the Leased Premises, or (b) any failure to comply with any Hazardous Substances

Law relating to the Leased Premises. Lessee's obligations under this Section 15.5 shall include, without limitation, and whether foreseeable or unforeseeable, any and all costs incurred in connection with any investigation of site conditions, and any and all costs of any required or necessary repair, cleanup, remediation, detoxification, or decontamination of the Leased Premises (including without limitation, the soil and ground water on or under the Leased Premises, and the preparation and implementation of any closure, remedial action, or other required plans in connection therewith). Lessee's duty to indemnify Lessor under this Section 15.5, includes but is not limited to, proceedings or actions commenced by any person (including any federal, state, or local governmental agency or entity), before any court or administration agency. Lessee shall indemnify Lessor under this Section 15.5 for and against all expenses incurred by Lessor as they become due and not waiting for the ultimate outcome of the litigation or administrative proceeding. Lessee's obligations under this Section 15.5 shall survive the expiration or earlier termination of the Term of the Lease.

15.6 Withholding Consent to Proposed Transferees. Notwithstanding that consent requirement contained in Article XI herein, Lessee acknowledges and agrees that it shall not be unreasonable for Lessor to withhold its consent to any proposed assignment or transfer of Lessee's interest in this Ground Lease and that it will not enter into an Subtenant Lease if (a) the anticipated use of the Leased Premises by the proposed assignee, Subtenant Lessee, or transferee (collectively, a "Transferee") involves the manufacture, storage, treatment, disposal, handling, release or other use of Hazardous Substances other than in the manner permitted by Section 15.1; (b) the proposed Transferee has been required by any prior lessor, lender, or governmental authority to make remedial action in connection with Hazardous Substances contaminating a property; or (c) the proposed Transferee is subject to an enforcement order issued by any governmental authority in connection with the manufacture, storage, treatment, disposal, handling, release or other use of a Hazardous Substance.

15.7 Lessor Access. If Lessee fails or refuses for ten (10) days after notice from Lessor to comply with any Hazardous Substances Law, Lessor shall have the right, in addition to any other rights or remedies it may have pursuant to this Ground Lease or under any law, to comply with said Hazardous Substances Law for and on behalf of Lessee at the cost and expense of Lessee and, for that purpose, to enter onto the Leased Premises for the purpose of making tests, samples and surveys and to perform such other acts as may be required in the discretion of the Lessor. All costs and expenses of the Lessor in connection with Lessor's performance of Lessee's obligations shall be reimbursed by Lessee to Lessor promptly upon receipt of a bill therefore, shall be in addition to any rent due under this Ground Lease and shall bear interest at the Applicable Rate, as defined in Section 10.2, from the date of Lessor's payment until repaid.

15.8 Environmental Reports. Not more than ten (10) business days after Lessee's receipt, each party, hereto shall deliver to the other all environmental reports concerning all or any part of the Leased Premises which it causes to be prepared or which are prepared by others and delivered to any party or its members or those providing financing to the Lessee or Lessor.

ARTICLE XVI.
MISCELLANEOUS

16.1 Estoppel Certificates. Lessor and Lessee each agree at any time and from time

to time, during the Term of this Ground Lease, upon not less than ten (10) days' prior written request by the other party or by any actual or prospective leasehold encumbrancer, to execute and deliver to the requesting party, in recordable form, a certificate, setting forth the following items:

(a) A statement that this Ground Lease is unmodified and in full force and effect (or if there have been modifications, that the Lease is in full force and effect as modified, and stating the modifications);

(b) A statement of the dates to which the rent and any other amounts have been paid in advance, if any;

(c) A statement as to whether any default exists under this Ground Lease to the knowledge of the party making the statement, or whether any notice of default has been served by said party; and

(d) A statement of any other reasonable matters within the knowledge of the certifying party. It is the intention of the parties that any such statement delivered pursuant to this Section 16.1 may be relied upon by any prospective purchaser of Lessor's fee or remainder interest in the Leased Premises, by any prospective or actual leasehold encumbrancer, by any actual or prospective assignee or transferee of Lessee's interest under this Ground Lease, or by any actual or prospective Subtenant of the Leased Premises. The costs of preparation and recording of the certificate shall be borne solely by the requesting party.

16.2 Notices. All notices, requests or demands required or permitted under this Ground Lease, including a Notice of Exercise, shall be in writing and shall be deemed given when personally delivered to the Lessor or to the Lessee, or when mailed first class, postage prepaid, registered or certified mail with return receipt card required or on the day of receipt when given by a reputable overnight courier service such as Federal Express or Airborne Express at the following addresses:

Lessor: Washington State University
Office of Business & Finance
442 French Administration Building
P.O. Box 641045
Pullman, WA 99164-1045

Lessee: Pullman Suites, LLC
c/o Stonebridge Companies
Attn: Navin C. Dimond
9100 E. Panorama Drive, Suite 300
Englewood, CO 80112

Copy to: Howard Pollack, General Counsel
Stonebridge Companies
9100 E. Panorama Drive, Suite 300

Englewood, CO 80112

Either party may, by a written notice given to the other party in the manner set forth in this Section 16.2, change its address under this Ground Lease. In the event Lessor or Lessee cannot be found at its address, or at its then current address under this Ground Lease, notice shall be deemed given as provided in the preceding sentence when mailed or couriered in the aforesaid manner to its last known address.

16.3 Time is of Essence. Whenever any payment is to be made under this Ground Lease by Lessee at or within a specified time, or, subject to Section 16.16, whenever any act not involving the payment of money is to be done under this Ground Lease by either party at or within a stated time, time is of the essence.

16.4 Short Form; Recording. Each party hereto covenants that it shall, upon the written request of the other party, execute and deliver to the other a notice of lease or memorandum of lease in recordable form. Preparation and recording shall be done by the requesting party and the charges therefore shall be paid by the requesting party. Each party agrees that it will not record this Ground Lease.

16.5 Captions. The captions and headings herein are for convenience and reference only and do not limit or construe the provisions of this Ground Lease.

16.6 Severability. If any term, condition, covenant, agreement or provision of this Ground Lease, or the application thereof to any circumstance shall, to any extent, be held by a court of competent jurisdiction or by any authorized governmental authority to be invalid, void or unenforceable, the remainder of this Ground Lease shall not be affected by such holding, and the remaining terms, conditions, covenants, agreements and provisions hereof shall continue in full force and effect.

16.7 Brokers. Each of the parties represents and warrants and covenants to the other that there are no claims for brokerage commissions, finder's fees or like fees or commissions in connection with the execution of this Ground Lease. Each party shall indemnify and hold the other harmless in the event of any said claim, demand or action, cause of action or charge against the other by any broker or other party retained, or alleged to have been retained, by the other and shall hold the other harmless from all other liabilities arising from any said claim, demand, action, cause of action or charge, including, without limitation, reasonable attorneys' fees incurred by the other in connection therewith.

16.8 No Partnership, etc. The parties to this Ground Lease are neither joint venturers, partners, nor principal and agent; and their relationship is solely that of Lessor and Lessee.

16.9 Entire Agreement. This Ground Lease represents the entire agreement between Lessor and Lessee, and there are no agreements, understandings or undertakings except as set forth in this Ground Lease. All prior negotiations and writings between Lessor and Lessee and their representatives, attorneys, brokers and agents are superseded by this Ground Lease. This

Ground Lease may not be amended, modified or supplemented except by a writing executed by both parties.

16.10 No Continuing Waiver. No waiver of any term, condition, covenant, provision or remedy hereunder or delay in the enforcement of any remedy under this Ground Lease in any one instance shall be deemed to be (i) a waiver of any other term, condition, covenant, provision or remedy in such instance or (ii) of such waived or delayed term, condition, covenant, provision or remedy in any other instance.

16.11 Binding. All of the terms, conditions, covenants, agreements and provisions of this Ground Lease shall be construed as covenants running with the land and shall inure to the benefit of and be binding upon Lessor and Lessee and upon their respective personal representatives, heirs, successors and permitted assigns.

16.12 Interpretation. The language in all parts of this Ground Lease shall in all cases be construed as a whole according to its fair meaning and not strictly for nor against either Lessor or Lessee, and the construction of this Ground Lease and any of its various provisions shall be unaffected by any claim, whether or not justified, that it has been prepared, wholly or in substantial part, by or on behalf of Lessor or Lessee.

16.13 Survival. The termination of this Ground Lease whether by expiration of its Term or otherwise shall not terminate Lessee's obligation to pay and perform any obligations it owed to Lessor at the time of such termination.

16.14 Governing Law. This Ground Lease shall be governed by and construed in accordance with the laws of the State of Washington, with venue for any action concerning the Leased Premises or this Ground Lease being Whitman County, Washington.

16.15 Number and Gender. Whenever the singular or masculine or neuter is used in this Ground Lease, the same will be construed to mean the plural or feminine or body corporate, where the context of this Ground Lease so requires.

16.16 Force Majeure. The time within which either Lessor or Lessee shall be required to perform any act under this Ground Lease, other than a payment of money in satisfaction of Lessee's obligations under this Ground Lease, shall be extended by a period of time equal to the number of days during which performance of such act is delayed unavoidably by strikes, walkouts, acts of God, governmental restrictions, failure or inability to secure materials or labor by reason of priority or similar regulations or order of any governmental or regulatory body, war, civil disturbance, fire, unavoidable casualties or any other cause beyond the reasonable control of the Lessee or Lessor, excluding, however, the inability or failure of Lessee to obtain any financing which may be necessary to carry out its obligations under this Ground Lease, provided that each party shall be required to promptly notify' the other of a condition of force majeure on which it relies as soon as reasonably practical after the notifying party learns of the condition of force majeure and provided further the party invoking this Section 16.16 shall exercise reasonable diligence in an effort to remove or overcome or terminate the condition of force majeure as soon as reasonably possible,

16.17 Lessor's Representative. Lessor does hereby appoint its Vice President for Business and Finance, or his/her authorized designee, as Lessor's authorized agent in all matters of and relating to this Ground Lease, including, but not limited to the Lessor's consent for subleases, assignment, easements, nondisturbance, subordination and attornment.

16.18 Counterparts. This Lease may be signed in counterparts and a signature of Lessor by fax is acceptable.

[SIGNATURE PAGE FOLLOWS]

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Eunice L. Coker, Whitman County Auditor

IN WITNESS WHEREOF, the Lessor and Lessee have executed this instrument to be executed as of the date first above written.

WASHINGTON STATE UNIVERSITY

Recommended By:

By: Mel Taylor

Title: Ex. Director, Real Estate

Date: 7-10-12

Approved By:

By: Roger D. Patterson

Title: Vice President for Business & Finance

Date: 7/10/12

Approved as to Form:

William Jowel 7/10/12

Assistant Attorney General Date

LESSEE

PULLMAN SUITES, LLC

By: Nabil Ahmad

Title: manager

Date: July 16TH 2012

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Eunice L. Coker, Whitman County Auditor

EXHIBIT "A"

HOSPITALITY PARCEL

[Rough Depiction and Legal Description]



The Hospitality Parcel is a property located in the City of Pullman, Whitman County, Washington, and further described as 7.5 acres more or less situated in the West ½ of the Southwest ¼ of Section 33, Township 15 North, Range 45 East, W.M., as more particularly described below:

A parcel of land located in the Southwest Quarter of Section 33, Township 15 North, Range 45 East, Willamette Meridian, City of Pullman, County of Whitman, State of Washington, more particularly described as follows:

COMMENCING AT the Center of said Section 33 from which the west Quarter Corner of said Section 33 bears South 87°56'12" West, 2638.27 feet;

Thence South 30°43'53" West, 704.79 feet to the **POINT OF BEGINNING**;

Thence South 24°02'28" West, 417.13 feet;

Thence South 47°22'59" West, 408.84 feet;

Thence South 37°19'41" East, 250.65 feet;

Thence South 61°05'34" East, 230.00 feet to the westerly right-of-way (ROW) line of North Fairway Road, to be dedicated to the City of Pullman in a document given to the City but not yet recorded;

Thence, along said ROW line the following 3 courses;

1) Along a non-tangent curve to the left, the radius of which bears North 61°05'30" West, 760.00 feet, a central angle of 03°06'36", (the long chord of which bears North 27°21'12" East, 41.25 feet) for an arc length of 41.25 feet;

2) North 25°47'54" East, 609.36 feet;

3) Along a tangent curve to the left, the radius of which bears North 64°12'06" West, 610.00 feet, a central angle of 42°52'40", (the chord of which bears North 04°21'33" East, 445.92 feet); for an arc length of 456.50 feet;

Thence South 72°55'13" West, 209.83 feet;

To the **POINT OF BEGINNING.**

CONTAINING: 326, 849 square feet or 7.5 acres of land, more or less.

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EXHIBIT "B"

LEASED PREMISES

[Legal Description for Lease A]

[To be Attached]

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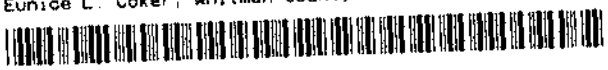


EXHIBIT "C"

[Rent Schedule]

Annual Rent:

Annual Ground Lease Rent Amount Years 1-3 = $12,000

Annual Ground Lease Rent Amount Years 4-5, but not less than 8% of Estimated Land Value = $50,000

Ground Lease Increases:

10% increase every five (5) years; and

Reappraisal every twenty-five (25) years

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State of Washington)
) ss.
County of Whitman)

I certify that I know or have satisfactory evidence that **Roger D. Patterson** is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it as the **Vice President for Business and Finance** of **WASHINGTON STATE UNIVERSITY** to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

CYNTHIA L HENDRICKSON
Commission Expires
NOTARY
PUBLIC
04-01-2015
STATE OF WASHINGTON

Dated this 10th day of July, 2012

Printed Name: Cynthia L. Hendrickson
Notary Public in and for the state of Washington
My appointment expires: 04-01-2015

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State of Colorado)
) ss.
County of Arapahoe)

I certify that I know or have satisfactory evidence that Trevin C. Dimond is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath stated that (he/she) was authorized to execute the instrument and acknowledged it as the manager of Pullman Land, LLC to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.

Dated this 16th day of July, 2012

Sheryl A. Hanebrink

Printed Name: Sheryl A. Hanebrink
Notary Public in and for the state of Colorado
My appointment expires: 6/30/2013

SHERYL A. HANEBRINK NOTARY PUBLIC STATE OF COLORADO

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DURYEA & ASSOCIATES, P.S.
Land Surveying & Mapping

June 27, 2012

Job No. 12-1665

LEASE A
PROPOSED RESIDENCE INN HOTEL

A portion of the Southwest Quarter of Section 33, Township 15 North, Range 45 East, Willamette Meridian, situate in the City of Pullman, County of Whitman, State of Washington, and being described as follows:

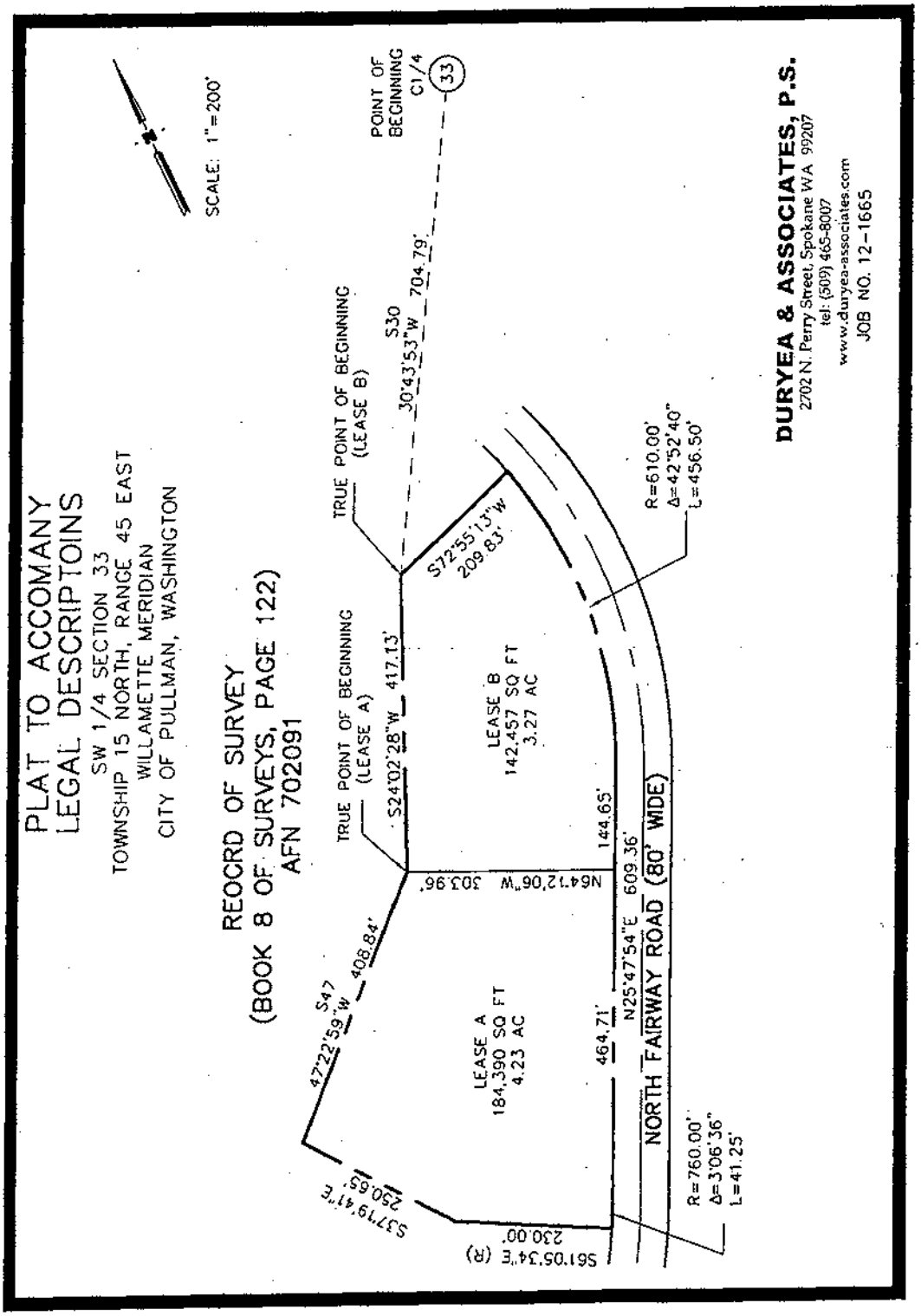
BEGINNING at the Center one-quarter corner of said Section 33, being hereinabove described; thence from south point of beginning, South 30°43'53" West 704.79 feet; thence South 24°02'28' West 417.13 feet to the **TRUE POINT OF BEGINNING** of this description; thence South 47°22'59" West 408.84 feet; thence South 37°19'41" East 250.65 feet; thence South 61°05'34" East 230.00 feet to the westerly right-of-way of North Fairway Road; thence along said westerly right-of-way the following two courses and distances:

> Northeasterly along a non-tangent curve to the right, from a point with a radial bearing of South 61°05'34" East, having a radius of 760.00 feet, through a central angle of 03°06'36" an arc distance of 41.25 feet, and
> North 25°47'54" East 464.71 feet;

thence leaving said westerly right-of-way, North 64°12'06" West 303.96 feet to the said true point of beginning of this description, containing 4.23 acres of land, more or less.

That certain Record of Survey filed on November 29, 2010 in Book 8 of Surveys, Page 122, Whitman County records was taken as the basis of bearings for this description.

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WSU C# 20070

Lease A

AMENDMENT NO. 1 TO

GROUND LEASE

THIS AMENDMENT NO. 1 ("Amendment No. 1") to that certain ground lease agreement which was entered the 16th day of July, 2012, and which is identified by WSU Contract #20070 ("Ground Lease") is made by and between Washington State University, an institution of higher education and agency of the state of Washington (hereinafter referred to as the "Lessor") and Pullman Suites, LLC, a Colorado limited liability company (hereinafter referred to as the "Lessee").

RECITALS:

WHEREAS, Lessor and Lessee previously executed the Ground Lease for the purpose of permitting Lessee to use the premises described therein for the purposes described therein;

WHEREAS, Section 3.5 of the Ground Lease provides that Lessee will remit Leasehold Excise Tax ("LET") payments directly to the Washington State Department of Revenue; and

WHEREAS, the parties wish to amend Section 3.5 of the Ground Lease to provide that Lessee will remit LET payments to Lessor, who will in turn remit the payments to the Washington State Department of Revenue, and to that end, execute this Amendment No. 1.

NOW, THEREFORE, the parties agree to amend the Ground Lease, as follows:

1. **Leasehold Excise Tax Payments.** Section 3.5 of the Ground Lease shall be amended to read as follows (deletions are in ~~strikethrough~~, additions are underlined):

> **3.5. Fair Market Value.** Fair market value rent for the Leased Premises has been determined to currently be $12,000 per year; therefore, LET shall be assessed in the amount of $12,000 per year. Lessee shall remit this LET amount to Lessor and Lessor shall remit said LET payments ~~directly~~ to the Washington State Department of Revenue. Fair market value rent shall be reassessed every five (5) years under this Ground Lease for the purposes of calculation of LET. The assessment shall be performed by an unrelated third party appraiser who will be approved by both parties, the parties' approval not to be unreasonably withheld. The parties agree to be bound by the determination of said appraiser as to fair market value rent for the purposes of calculation of LET.

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2. Remainder of Agreement Unchanged. All other terms and conditions of the Ground Lease shall remain unchanged and in full force and effect and the parties shall comply therewith.

IT IS SO AGREED.

WASHINGTON STATE UNIVERSITY

Recommended By:

By: _____

Mel Taylor, Executive Director of Real Estate and Local Relations

Title: _____

Date: 9/26/12

Approved By:

By: _____

Roger D. Patterson
VP for Business & Finance
Washington State University

Title: _____

Date: 9/26/12

LESSEE

PULLMAN SUITES, LLC

By: _____

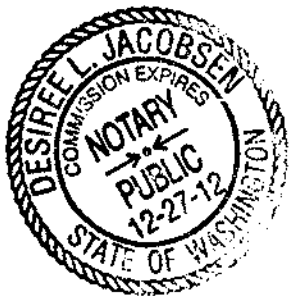
Title: Manager

Date: 10/1/12

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State of Washington)
) ss.
County of Whitman)

I certify that I know or have satisfactory evidence that **Roger D. Patterson** is the person who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it as the **Vice President for Business and Finance** of **WASHINGTON STATE UNIVERSITY** to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.



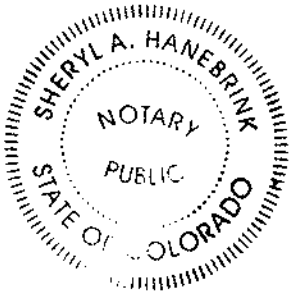
Dated this 26th day of September, 2012

Désirée L Jacobsen

Printed Name: Desiree L. Jacobsen
Notary Public in and for the state of Washington
My appointment expires: 12-27-12

State of COLORADO)
) ss.
County of Arapahoe)

I certify that I know or have satisfactory evidence that Navin C. Dumond is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument, on oath stated that (he/she) was authorized to execute the instrument and acknowledged it as the manager of Pullman Suites, LLC to be the free and voluntary act of such party for the uses and purposes mentioned in the instrument.



Dated this 2nd day of October, 2012

Sheryl A Hanebrink

Printed Name: Sheryl A. Hanebrink
Notary Public in and for the state of Colorado
My appointment expires: 6/30/2013

APPENDIX A-13

Spillman Farm Water Rights Consolidation Information

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
4601 N Monroe Street • Spokane, WA 99205-1295 • 509-329-3400

RECEIVED
FEB 24 2020
9928
ATTORNEY GENERAL
WSU DIVISION

February 20, 2020

Nathan Dean
Washington State University
POB 641031
Pullman, WA 99164

Re: Application for Change under Ground Water Claim No. 098523

Dear Mr. Dean:

Enclosed is the Department of Ecology's *Report of Examination*. This report contains our decision regarding your application.

Your application has been **approved**.

You have a right to appeal this action to the Pollution Control Hearing Board (PCHB) within 30 days of the date of receipt of this document. The appeal process is governed by Chapter 43.21B RCW and Chapter 371-08 WAC. "Date of receipt" is defined in RCW 43.21B.001(2).

To appeal, you must do the following within 30 days of the date of receipt of this document:

- File your appeal and a copy of this document with the PCHB (see addresses below). Filing means actual receipt by the PCHB during regular business hours.
- Serve a copy of your appeal and this document on Ecology in paper form - by mail or in person. (See addresses below.) Email is not accepted.

You must also comply with other applicable requirements in Chapter 43.21B RCW and Chapter 371-08 WAC.

Street Addresses	Mailing Addresses
Department of Ecology Attn: Appeals Processing Desk 300 Desmond Drive SE Lacey, WA 98503	Department of Ecology Attn: Appeals Processing Desk POB 47608 Olympia, WA 98504-7608
Pollution Control Hearings Board 1111 Israel Road SW Ste 301 Tumwater, WA 98501	Pollution Control Hearings Board POB 40903 Olympia, WA 98504-0903

For additional information, visit the Environmental Hearings Office Website: http://www.eho.wa.gov . To find laws and agency rules visit the Washington State Legislature Website: http://www1.leg.wa.gov/CodeReviser .

If you have any questions, please contact Kevin Brown 509-329-3422.

Sincerely,

Jaime R. Short
Section Manager
Water Resources Program
Eastern Regional Office

JRS/KB/sm

Enclosures: Report of Examination
Your Right To Be Heard

By Certified Mail: 7016 1970 0000 9925 5999 (WSU)
7016 1970 0000 9925 6002 (Cornelius)

DEPARTMENT OF ECOLOGY
State of Washington

State of Washington
REPORT OF EXAMINATION
FOR WATER RIGHT CHANGE APPLICATION

PRIORITY DATE	WATER RIGHT NUMBER
1938	Claim No. 098523 W/CHG ROE dated September 18, 2006

NAME AND ADDRESS
Nathan Dean
Washington State University
POB 641031
Pullman, WA 99164

Quantity Authorized for Withdrawal

WITHDRAWAL RATE	UNITS	ANNUAL QUANTITY (AF/YR)
500		720

Purpose

	WITHDRAWAL RATE			ANNUAL QUANTITY (AF/YR)		
PURPOSE	ADDITIVE	NON-ADDITIVE	UNITS	ADDITIVE	NON-ADDITIVE	PERIOD OF USE (mm/dd)
Municipal Supply	500		GPM	720		01/01 - 12/31

PUBLIC WATER SYSTEM INFORMATION	
WATER SYSTEM ID	CONNECTIONS
93200Q	unspecified

Source Location

COUNTY	WATERBODY	TRIBUTARY TO	WATER RESOURCE INVENTORY AREA
Whitman	Groundwater		34 - Palouse

SOURCE	PARCEL	TWP	RNG	SEC	QQ Q	LATITUDE	LONGITUDE
Well 1	814600000000067	14	45 E.	5	SE¼NW¼	NA	NA
Well 3	814600000000067	14	45 E.	5	SE¼NW¼	NA	NA
Well 4	814600000000067	14	45 E.	5	SE¼NW¼	46.730151	117.171035
Well 5	200004515343600	15	45 E.	34	NE¼SW¼	46.739907	117.127777
Well 6	814500000000004	14	45 E.	4	NW¼NW¼	46.734184	117.156810
Well 7	108550009130000	14	45 E.	5	SW¼NE¼	46.729089	117.169770
Well 8	814500000000004	14	45 E.	4	NE¼NW¼	46.731945	117.149774
Spillman Well	200004514164600	14	45 E.	16	NW¼SE¼	46.696530	117.148700
						Datum: NAD83/WGS84	

Place of Use (See Attached Map)

PARCELS (NOT LISTED FOR SERVICE AREAS)

200004514164600

LEGAL DESCRIPTION OF AUTHORIZED PLACE OF USE

The place of use (POU) of this water right is the service area described in the most recent Water System Plan approved by the Washington State Department of Health, so long as the Washington State University is and remains in compliance with the criteria in RCW 90.03.386(2). RCW 90.03.386 may have the effect of revising the place of use of this water right.

Proposed Works

8 wells and a municipal water delivery system

Development Schedule

BEGIN PROJECT	COMPLETE PROJECT	PUT WATER TO FULL USE
Began	July 1, 2021	July 1, 2022

Measurement of Water Use

How often must water use be measured?	Weekly
How often must water use data be reported to Ecology?	Upon Request
What volume should be reported?	Total Annual Volume & Other Volume
What rate should be reported?	Other Peak Rate of Withdrawal & Annual Peak Rate of Withdrawal (gpm)

Provisions

This authorization supersedes the Change Authorization dated September 18, 2006.

Measurements, Monitoring, Metering and Reporting

An approved measuring device shall be installed and maintained for each of the sources identified by this water right in accordance with the rule "Requirements for Measuring and Reporting Water Use", WAC 173-173.

WAC 173-173 describes the requirements for data accuracy, device installation and operation, and information reporting. It also allows a water user to petition the Department of Ecology for modifications to some of the requirements.

Water Use Efficiency

The water right holder is required to maintain efficient water delivery systems and use of up-to-date water conservation practices consistent with RCW 90.03.005.

Proof of Appropriation

The water right holder shall file the notice of Proof of Appropriation of water (under which the certificate of water right is issued) when the permanent distribution system has been constructed and the quantity of water required by the project has been put to full beneficial use. The certificate will reflect the extent of the project perfected within the limitations of the permit. Elements of a proof inspection may include, as appropriate, the source(s), system instantaneous capacity, beneficial use(s),

annual quantity, place of use, and satisfaction of provisions.

Schedule and Inspections
Department of Ecology personnel, upon presentation of proper credentials, shall have access at reasonable times, to the project location, and to inspect at reasonable times, records of water use, wells, diversions, measuring devices and associated distribution systems for compliance with water law.

Findings of Facts
Upon reviewing the investigator's report, I find all facts, relevant and material to the subject application, have been thoroughly investigated. Furthermore, I concur with the investigator that a valid right exists, that there will be no impairment of existing rights; that the purpose(s) of use are beneficial; and that there will be no detriment to the public interest.

Therefore, I ORDER approval of Application No. CG3-098523CL@1, subject to existing rights and the provisions specified above.

Your Right To Appeal

You have a right to appeal this Order to the Pollution Control Hearings Board (PCHB) within 30 days of the date of receipt of this Order. The appeal process is governed by Chapter 43.21B RCW and Chapter 371-08 WAC. "Date of receipt" is defined in RCW 43.21B.001(2).

To appeal you must do the following within 30 days of the date of receipt of the Order.

File your appeal and a copy of this Order with the PCHB (see addresses below). Filing means actual receipt by the PCHB during regular business hours.

- Serve a copy of your appeal and this Order on Ecology in paper form - by mail or in person. (See addresses below.) E-mail is not accepted.

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Signed at Spokane, Washington, this 20th day of February 2020.



Jaime R. Short, Section Manager

For additional information visit the Environmental Hearings Office Website: http://www.eho.wa.gov. To find laws and agency rules visit the Washington State Legislature Website: http://www1.leg.wa.gov/CodeReviser.

INVESTIGATOR'S REPORT
Application for Change – WSU
Water Right Control Number CG3-098523CL@1

BACKGROUND

This report serves as the written findings of fact concerning Water Right Application Number CG3-098523CL@1

Public Notice

RCW 90.03.280 requires that notice of a water right application be published once a week, for two consecutive weeks, in a newspaper of general circulation in the county or counties where the water is to be stored, diverted and used. Notice of this application was published in the Moscow-Pullman Daily News on June 15 and 22, 2018.

A protest was received from Scott Cornelius. Received letters of concern from Judy Meuth, Richard Alldredge, Stephen Hines, Leslie Sprunger, Rex and Alice Davis, Rebecca and Ben Armstrong, Mary and Pete Yurovchak, Jenna and Jim Brozik, Beth and Lee Powers, Tina and Dan Varey and David Lewis. The protest and letters of concern will be addressed later in the report.

State Environmental Policy Act (SEPA)

A water right application is subject to a SEPA threshold determination (i.e., an evaluation whether there are likely to be significant adverse environmental impacts) if any one of the following conditions are met.

(a) It is a surface water right application for more than 1 cubic foot per second, unless that project is for agricultural irrigation, in which case the threshold is increased to 50 cubic feet per second, so long as that irrigation project will not receive public subsidies;
(b) It is a groundwater right application for more than 2,250 gallons per minute;
(c) It is an application that, in combination with other water right applications for the same project, collectively exceed the amounts above;
(d) It is a part of a larger proposal that is subject to SEPA for other reasons (e.g., the need to obtain other permits that are not exempt from SEPA);
(e) It is part of a series of exempt actions that, together, trigger the need to do a threshold determination, as defined under WAC 197-11-305.

Because the quantity of water proposed for change in this application does not meet any of these conditions, it is categorically exempt from SEPA and a threshold determination is not required.

Ecology conducted a site visit to the property with the applicant on March 28, 2019.

INVESTIGATION

An application for change/transfer was submitted by Washington State University (WSU) of Pullman, Washington to the Department of Ecology on April 30, 2018. WSU proposes to add one well to Water Right Claim No. 098523 located at the Spillman Farm research location. The change proposes add the new Spillman well to the water right and allow for a portion of the municipal right to be used at the new location.

The expansion of the airport on the main WSU campus required the removal of the Tukey Horticultural Orchard, a research facility operated by the WSU Department of Horticulture. They decided to relocate the orchard from the main campus to the Spillman Farm Research facility. The Tukey Orchard was approximately 29.28 acres of mature orchard. WSU proposed to relocate the orchard and install approximately 10 acres of new varieties of orchard at the Spillman site. WSU has constructed a fenced enclosure and planted approximately seven acres of new research orchard.

To ensure a legal source of water for the new research orchard they have proposed to add the new Spillman well to the water right and modify the Service Area of the municipal water rights to include the Spillman Farm.

The Spillman Farm has a water right, Certificate 3785-A together w/CC V2P981. This right authorizes 55 gallons per minute, 40 acre-feet per year for domestic supply and irrigation of up to 10 acres. The applicant was concerned water right 3785-A may not be sufficient to support the new orchard development.



New Spillman Orchard



Old Tukey Orchard

Both maps at 1:4,400 (1" = 366.67')

The anticipated water use for the new orchard is approximately 13.8 acre-feet for the newly planted seven acres. Upon complete development they anticipate 20 acre-feet of water use for up to 10 acres within the 14 acre fenced enclosure. The new irrigation system is designed using micro irrigation, drip irrigation and other efficient systems. The old orchard was irrigated with other types of sprinkler systems. The Washington State Irrigation Guide (WIG 1985) estimate a crop requirement of 31.29 inches per acre not including application efficiency. Estimated use for the old Tukey Orchard would be approximately 76.3 acre-feet using the WIG.

The protestant submitted information of the actual water use for the Tukey Orchard from 2012 to 2014 from the information contained in WSU, Water System Plan, 2015. The average metered use was 31.37 acre-feet, prior to the orchard removal. As identified above, the anticipated uses at the new site would be approximately 20 acre-feet based on estimates using the new efficient water system design.

The new Spillman well was constructed in 2007. This new well was constructed under RCW 90.44.100(3) as a replacement well to the original well. The well was cased to a depth of 188 feet and completed to a depth of 403 feet. A pump test was conducted in November of 2017 and will be discussed later in the report. The test pumped the well at 450 gallons per minute. The production pump in the well has a capacity of 190 gallons per minute.

Other Rights Appurtenant to the Place of Use

The Spillman Farm has a water right, Certificate 3785-A together w/CC V2P981. This right authorizes 55 gallons per minute, 40 acre-feet per year for domestic supply and irrigation of up to 10 acres. This right was issued to WSU in 1960. The original intent of the water right was to irrigate up to 10 acres within the research area dependent upon seasonal variations of various crops. The beneficial use of water varied depending on the research and crop type. This crop rotation has been in use since the right was issued. A document in the record dated March 4, 2019 from Andre-Denis Wright, Dean to Jim and Jenna Brozik, expressed the concerns of WSU that the existing Spillman right (3785-A) may not have been used to the full extent and subject to relinquishment, therefore the need to transfer a portion of the right under Claim 098523 to the Spillman site.

In review of RCW 90.14.140(1)(g), a water right is exempt from relinquishment for the following:

(g) Temporarily reduced water need for irrigation use where such reduction is due to varying weather conditions, including but not limited to precipitation and temperature, that warranted the reduction in water use, so long as the water user's diversion and delivery facilities are maintained in good operating condition consistent with beneficial use of the full amount of the water right;

And under RCW 90.14.140 (1)(k) for the following:

(k) The reduced use of irrigation water resulting from crop rotation. For purposes of this subsection, crop rotation means the temporary change in the type of crops grown resulting from the exercise of generally recognized sound farming practices. Unused water resulting from crop rotation will not be relinquished if the remaining portion of the water continues to be beneficially used.

Based on the original intent of the water right, the beneficial use based on the varied crop requirements and institutional testing and research, it appears the right has been protected from relinquishment under RCW 90.14.140(1) (g) and (k).

Water Rights Proposed for Change

Ground Water Claim 098523 is a right established in the portfolio of rights for WSU.

Three claims, three certificates, and one permit are appurtenant to the WSU campus. Seven wells have been used since 1938. One of the wells, No. 2, was decommissioned and is no longer in use. The remaining wells and water use were integrated into two systems over the years to meet the delivery, fire control and design needs of the campus. Well No. 8 was drilled and in use. The campus water system is divided into high distribution and low distribution systems to meet pressure control and operational needs. Wells 5, 6, and 8 serve the high system and Wells 1, 3, 4 and 7 serve the low system. The high distribution system has two old wells and one new well (#8). The low distribution system has three old wells and one new well (#7).

Well No.	Instantaneous Capacity	System	Pump HP
1	500 GPM	Low	60
2	Decommissioned	Low	N/A
3	1000 GPM	Low	150
4	1000 GPM	Low	225
5	500 GPM	High	75
6	1500 GPM	High	250
7	2500 GPM	Low	450
8	2500 GPM	High	700

All of the existing wells are constructed into basalt.

The current WSP identifies the Service Area of the existing water rights shown below.



Water Use

A review of the water use data for the source wells on campus for the period of 1937 through 2017 indicated a maximum annual use of 2277 acre-feet in 1984. Beneficial use for 2017 was calculated at 1533 acre-feet. This reduction in use is due to more efficient irrigation systems, conservation and reduction in irrigated areas around campus.

Water Rights

Seven water right documents are appurtenant to the campus. The campus rights are as follows:

Water Right	Qi	Qa	Priority Date	Type	Source
Claim 098522	500	720	1934	Primary*	1
Claim 098523	500	720	1938	Primary	2
Claim 098524	(1000)	(1440)	1946 (not valid)	Not valid*	3
Cert 5070-A	1500	2260	1962	Primary*	4
Cert 5072-A	500	720	1963	Primary	5
G3-22065C	1500	1600	1973	Primary	6, 8
G3-28278P	2500*	2260*	1987	Supplemental*	7
Totals	**5000 GPM**	**5300 AFY**			

*Permit issued with a provision "less those amounts appropriated underground Water Cert. 5070-A, and Ground Water Claims 98522 and 98524. Total combined quantity shall not exceed 2500 gallons per minute, 2260 acre-feet per year."

The above water analysis totals are consistent with the 2015 comprehensive water system plan.

Evaluation of the Water Right Claim

Ground Water Claim 098523 was filed by WSU during the claims registration act. The claim was submitted to Ecology describing the use of water from Well No. 2 in the amount of 500 gallons per minute, 720 acre-feet per year for municipal supply, irrigation and stockwater with the date of first use described as 1938. WSU maintains this vested right through continued water use.

The intent of the Claims Registration Act, Chapter 90.14 RCW was to document those uses of surface water in existence prior to the adoption of the State Surface Water Code, Chapter 90.03 RCW, which was adopted in 1917, and those uses of ground water in existence prior to the adoption of the State Ground Water Code, Chapter 90.44 RCW, which was adopted in 1945. Since each code(s) adoption, the only means of acquiring a water right within the state is by filing for, and receiving, a permit from the Department of Ecology or one of its predecessors or by establishing a right under the "domestic exemption" under the ground water code (RCW 90.44.050). The Department of Ecology recognizes that the final determination of the validity and extent associated with a claim registered in accordance with RCW 90.14 ultimately lies with the Superior Court through the general adjudication process provided for by Sections 90.03.110 through 90.03.240 RCW.

WSU requests a change in point of withdrawal and to add one point of withdrawal at the Spillman Farm.

The existing water system plan for WSU is defined as a Group A Water System by Department of Health (DOH). The system qualifies as a "municipal water supplier" and serves water for "municipal water supply purposes" as defined under RCW 90.03.015.

WSU's water rights are for municipal supply purposes and are not subject to relinquishment under RCW 90.14.140 (2)(d).

Existing Wells:

Well No. 1 is identified as 8" x 223' feet deep. The well was constructed in 1913. The casing is described as 40.6 feet in depth. The land surface elevation is approximately 2364 feet above mean sea level. Static was described as 70 feet below land surface in 1990.

Well No. 2 is identified as 213 feet deep. The well was constructed is 1938. The land surface elevation is approximately 2358 feet above mean sea level. The well was decommissioned and is no longer in use.

Well No. 3 is identified as 16" x 247 feet deep. The well was constructed in 1946. The casing is described as 26 feet below land surface. The static water level is shown as 30 feet below land surface. The land surface elevation is approximately 2366 feet above mean sea level.

Well No. 4 is identified as 20" x 275 feet deep. The well was constructed is 1963. The static water level is 51 feet below land surface. The land surface elevation is approximately 2366 feet above mean sea level. The well casing is described as ending 42 feet below land surface.

Well No. 5 is identified as 10" x 395 feet deep. The well was constructed is 1964. The static water level was 196 feet below ground surface in 1964. The land surface elevation is approximately 2507 feet above mean sea level. The well casing is described as ending 300 feet below land surface.

Well No. 6 is identified as 24" x 702 feet deep. The well was constructed is 1973. The static water level was 196 feet below ground surface in 1964. The land surface elevation is approximately 2535 feet above mean sea level. The well casing is described as ending 395 feet below land surface.

Well No. 7 is identified as 24" x 2225 feet deep. The well was constructed is 1987. The static water level was 154 feet below ground surface in 1987. The land surface elevation is approximately 2415 feet above mean sea level. The well casing is described as ending 1000 feet below land surface.

Well No. 8 is identified as 20" x 812 feet deep. The well was constructed is 2003. The static water level was 333 feet below ground surface. The well casing is described as ending 280 feet below land surface. This well was constructed as an additional point of withdrawal under Certificate G3-22065C. A showing of compliance was submitted.

Hydrogeologic Analysis

Applications for change of water right permits and certificates are governed by RCW 90.44.100, which states in part that: the holder of a valid right to withdraw public groundwaters may, without losing the holder's priority of right, construct wells at a new location in substitution for, or in addition to, those at the original location, or the holder may change the manner or the place of use of the water. Such amendment shall be issued by the Department only on the conditions that; (1) the additional or substitute well or wells shall tap the same body of public groundwater as the original well or wells; (2) use of the original well or wells shall be discontinued upon construction of the substitute well or wells; (3) the construction of an additional well or wells shall not enlarge the right conveyed by the original permit or certificate; and (4) other existing rights shall not be impaired. The Department may specify an approved manner of construction and shall require a showing of compliance with the terms of the amendment.

The proposed project lies near a margin of the Columbia River Basalt Group. A steptoe, consisting of pre-Cenozoic granitic material lies to the southeast of Pullman, just north of Uniontown. Metasedimentary rocks are mapped on the surface to the northwest of that occurrence. Other pre-Cenozoic rocks crop out near Albion to the north of Pullman, and at Kamiak Butte. Surface geology to the west of Pullman

has been mapped as Wanapum Basalt, with small outcroppings of Saddle Mountains Basalt on the highlands toward the Snake River.

In the areas underlain by the Columbia River Basalt Group (CRBG) and not otherwise administratively segregated, there are two major bodies of public ground water: the unconsolidated sediments, and the basalts of the CRBG.

- The unconsolidated zone extends from land surface down to the first solid basalt flow. It consists of unconsolidated and weakly consolidated sediments, chiefly sands and gravels in most of the Columbia Basin, but in the Pullman area consisting largely of loess.
- The basalt zone is part of a large groundwater reservoir occurring in a thick series of basalt flows known as the Columbia River Basalt Group. The thickness of this group of basalt flows varies from a few hundred feet at the Spokane River to over 10,000 feet in the Pasco Basin. These flows include the Saddle Mountain, Wanapum and Grande Ronde formations. These flows are generally interconnected by fractures. Groundwater is found in a system of interconnected aquifers within the formations of the CRBG.

All wells associated with this change application produce water from basalt flows. All wells therefore tap the same body of public groundwater for their source. A survey of literature, existing well logs, and geologic mapping in the vicinity indicates most wells producing water from below approximately 2300 feet MSL produce from the Grande Ronde basalts.

Protests and Concerns

One protest and nine letters of concern were received and are described below.

A protest was submitted by Scott Cornelius of Mennet Acres Subdivision and is summarized as follows:

1) If approved WSU could pump as much water as desired from the Spillman Well.
2) His domestic well is in the same body of water as the Spillman Well and would be impaired by the increase in pumping at the Spillman Farm.

The letter of concern was signed by multiple land owners in the Mennet Acres Subdivision, established around 1958. They are concerned the proposed transfer will have noticeable impact to the multiple landowners and wells in the Mennet Acres Subdivision. They are concerned the pumping of the Spillman Well to serve the new orchard will threaten their 8 wells serving domestic and residential uses to the subdivision.

Ecology investigators, Kevin Brown and Patrick Cabbage met with available land owners on March 28, 2019 to discuss their concerns.



Multiple Water Right claims and two Certificates of Water right are appurtenant to properties within Mennet Acres and described below.

Ground Water Claim 111961 claims a use of 18 gpm, 6 acre-feet per year for domestic supply, irrigation and stockwater on the west half of Lot 13 and Lot 14 of Mennet Acres. The date of first use is claimed as 1958.

Ground Water Claim 060115 claims a use for domestic and irrigation on Lot 8 and 9 of Mennet Acres.

Ground Water Claim 033550 claims the use of 20 gpm, 1.3 acre-feet for domestic, stock and irrigation on Lots 6 and 7 of Mennet Acres. The date of first use is claimed as 1967.

Ground Water Claim 006945 claims the use of 5 gpm, 8 acre-feet for group domestic for two homes, gardens and stock on Lots 4 and 5 of Mennet Acres. The date of first use is claimed as 1969.

Ground Water Claim 006043 claims a use of 10 gpm, 5.4 acre-feet for domestic supply on Lots 1 and 2 of Mennet Acres. The date of first use is claimed as 1966.

Ground Water Claim 003026 claims a use of 6 gpm, 9.7 acre-feet for domestic supply and garden of Lot 3 of Mennet Acres. The date of first use is claimed as 1969.

Surface Water Certificate S3-22815 authorized the use of 0.01 cfs, 1 acre-foot for domestic supply and irrigation of 1 acre on Lot 3, Plat of Mennet Acres. The source is the South Fork Palouse River.

Ground Water Certificate G3-26385 authorized the use of 40 gpm, 19 acre-feet per year for single domestic supply and irrigation of 6 acres. The authorized place of use is described as Lots 10, 11, 12, 16,

17 and a portion of Lot 13, Plat of Mennet Acres. It does not appear this right has been exercised for the irrigation of 6 acres in recent years and may be subject to relinquishment.
One additional residence is located on Lot 15. It does not appear a claim was filed for Lot 15.

Consideration of Protests and Concerns

Aquifer Characteristics, Mining, and Conflicts: The basalt aquifers in the Palouse basin have been the subject of significant study and interest over the years due to concerns about aquifer mining. Geologic limitations on the Palouse basin are currently understood as follows:

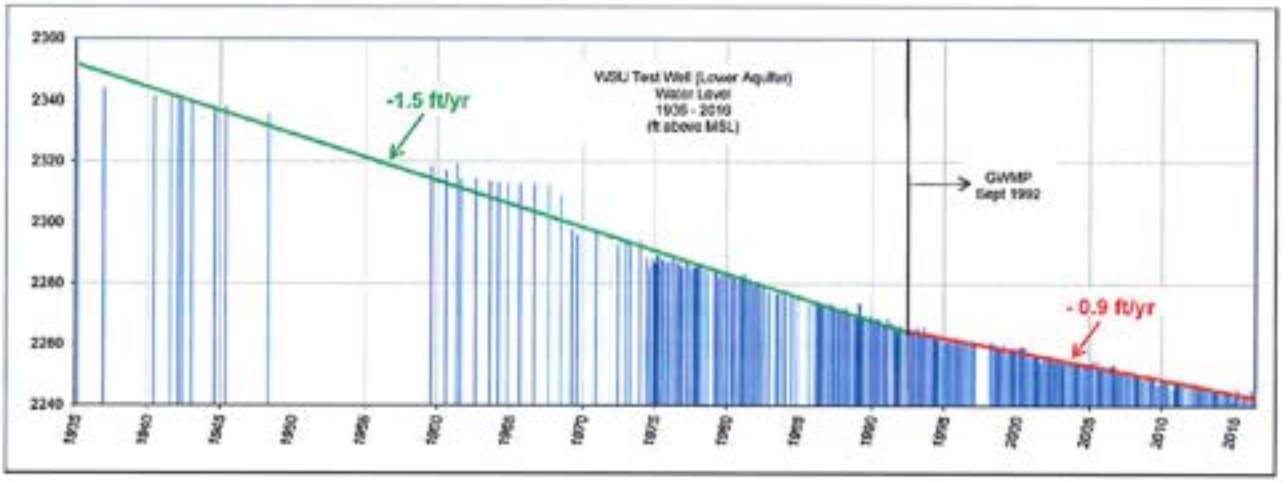
It is postulated the Saddle Mountains Basalt (discussed above) lies in a syncline, which itself lies to the west of an anticline, a basement ridge, or other structural feature, which serves to restrict flow from the Pullman/Moscow area to the west. Consequently, the Palouse basin is isolated hydraulically from the larger Columbia Plateau Province. Additionally, the texture of loess promotes water holding capacity. Limited area of the basin and limited vertical percolation, limits the amount of recharge that is able to reach the basalt within the basin.

The basalt aquifers transmit water most effectively in fracture zones at the top and bottom of individual flows, while the interiors of the flows are massive and dense. Thus, the actual volume of water bearing materials is relatively small for a given thickness of basalt. Additionally, recharge replacement of water into deep basalt flows occurs at a very small rate, unless significant post-emplacement fracturing is present. Balancing use against these geologic constraints is difficult.

In the mid-1970s community concerns about increasing demands on ground water led to several studies on groundwater occurrence and formation of a consortium of local entities (the Palouse Basin Aquifer Committee) to address water supply. In 1992, WSU adopted a groundwater management plan. That plan's goal is to limit annual aquifer pumping increases to one percent (1%) of the pumping volume based on a five (5) year moving average starting with 1986 (642 mgy), while at no time allowing the accumulated total pumping to exceed 125 percent of the 1981 to 1985 average. To date, WSU has actually decreased their pumping in concert with other water purveyors.

The Palouse Basin Aquifer Committee has reported water level measurements in wells throughout the Palouse basin for several decades. Regionally, water levels declined approximately 1.5 feet per year from the late 1800s to 1992. Regionally, water levels have declined approximately 0.9 feet per year from 1992 to the present (see figure on page 14). No evidence indicates this trend will change within the basin due to this request being approved. Local conditions will continue to be monitored for long-term trends. Hydrographs showing regional declines in groundwater levels from approximately 2003 to 2016 can be found at http://palousebasin.org/wp-content/uploads/2018/06/160907_Daily_Hydrographs.pdf

Figure 2
Historical and Current Groundwater Levels



Source: Palouse Basin Aquifer Committee 2016
Note:
GMWP: Ground Water Management Plan

Impairment Considerations

Impairment is an adverse impact on the physical availability of water for a beneficial use that is entitled to protection. "Impair" or "impairment" means to:

- Adversely impact the physical availability of water for a beneficial use that is entitled to protection, including earlier filed applications, and or; 2) to prevent the beneficial use of water to which one is entitled, and/or; 3) to adversely affect the flow of a surface water course at a time when the flows are at or below instream flow levels established by rule. (POL 1200).
- Interrupt or interfere with the availability of water to an adequately constructed groundwater withdrawal facility of an existing right. An adequately constructed groundwater withdrawal facility is one that (a) is constructed in compliance with well construction requirements (WAC 173-160) and (b) fully penetrates the saturated zone of an aquifer or withdraws water from a reasonable and feasible pumping lift.
- Interrupt or interfere with the availability of water at the authorized point of diversion of a surface water right.
- Interrupt or interfere with the flow of water allocated by rule, water rights, or court decree to instream flows.
- Degrade the water quality of the source to the point that the water is unsuitable for beneficial use by existing users (e.g., via seawater intrusion).

Demonstration of impairment would require evidence of a substantial and lasting or frequent impact reflecting such conditions.

The eight wells serving the Mennet Acres on Sand Road subdivision have been constructed over time. Few well logs are available to determine actual construction and date of construction. Discussion with the landowners indicate the wells are all completed into the upper most portion of the basalt aquifer. These wells appear to have been constructed to minimum depth to achieve sufficient water to satisfy domestic use and do not fully penetrate the basalt formation.

The landowners have had to lower pumps, deepen wells and even replace wells over the past 15 years. One of the homeowners provided information regarding requirements to lower their pump. This homeowner reportedly lowered their pump from a depth of 220 feet below ground surface in 1967 to 275 feet below ground surface in 2016. This equates to an average decline in water level of 0.9 feet per year from 1967 to 2016. The decline in water levels observed by the homeowners is consistent with regional decline in the basalt aquifers throughout the Palouse basin as reported by the Palouse Basin Aquifer Committee (see figure above).

Mr. Cornelius installed a water level monitor in his well in 2006 and has retained water level data from his well since that time. In a letter to Ecology dated July 17, 2018, Mr. Cornelius states the water level in his well has dropped nearly 10 feet in the last 12 years. The decline in this well is consistent with the overall decline in the basalt aquifers throughout the Palouse basin.

WSU conducted a pump test of the Spillman Well in November of 2017. WSU pumped approximately 450 gallons per minute from the Spillman well for approximately 12.5 hours. A maximum drawdown of 29 feet was reached in the Spillman well after about 3.5 hours of pumping. No additional drawdown occurred in the Spillman well during the remaining nine hours of pumping.

In the letter dated July 17, 2018, Mr. Cornelius described the response of the water level in his well during the same time period WSU conducted this pumping test. Mr. Cornelius provided a hydrograph of the water level in his well which showed a 0.04 foot decline during the duration of the pumping test. Mr. Cornelius further asserts this demonstrates his well (and by inference the other domestic wells in the Mennet Acres on Sand Road subdivision) is withdrawing water from the same body of public groundwater as the Spillman well.

We agree the domestic wells of the Mennett Acres on Sand Road subdivision (including Mr. Cornelius' well) are likely withdrawing groundwater from the same body of groundwater as the Spillman well. It is our interpretation that a 0.04 foot decline in water level during the pumping test does not constitute impairment.

The change request is not requesting to modify the quantities of water already authorized/claimed for beneficial use. The change to integrate these wells into one dependable source to satisfy the municipal water delivery requirements is the action addressed in this finding.

Draft Posting for Comment

On January 13, 2020, Ecology posted the DRAFT Report of Examination for 30 days on the website for public comment. The protestant and others were notified of the posting. One comment letter was received on February 14, 2020 from Patrick Williams, attorney for Scott Cornelius. Ecology reviewed the comment letter and determined that most of the issues raised were addressed in Cornelius, et al. v. Dept. of Ecology, et al. Supreme Court No. 88317-3 (2015) and United States, Plaintiff: Lummi Nation, Plaintiff-Intervener: vs. Washington Department of Ecology, et al. Supreme Court No. C01-0047Z (2010). This investigation and findings adequately address the remaining issues.

Findings

When considering an application for change to a water right, Ecology must determine that the proposed change can be made without detriment or injury to existing water rights. Factors considered when determining potential impact include the following:

No Impairment to Existing Rights

The conditions of the aquifer in the Moscow Pullman area show a declining trend for many years, currently addressed by entities involved in the Palouse Basin Aquifer Committee through planning and implementation strategies. Data indicates the declining trend has slowed through their efforts. No evidence suggests this change would further adversely affect the physical availability of water for a beneficial use that is entitled to protection, nor prevent beneficial use of water. Instream flows have not been established by rule in this basin, and no water quality impacts are expected through integration of this well.

A review of Ecology records was conducted for existing water rights, permits, applications and claims in the vicinity of the Spillman Farm. The search found no existing water rights in the area which would be impaired through issuance of this application for change to integrate the wells. WSU municipal wells have been continuously used for many years with no reported well interference problems. It is not anticipated the proposed change to integrate the wells will cause impairment.

No Detriment to the Public Welfare

There have been public expressions of protest or concern regarding the subject proposal, but no findings through this investigation indicate that there would be detrimental impact to the public welfare through issuance of the proposed change.

No Enhancement of the Original Right

No withdrawal of water over and above what has been authorized/claimed to beneficial use and/or originally authorized under existing rights will be allowed through approval of this change.

Same Source of Water

The ground water withdrawn at all well locations is considered to be from the same body of public water.

Conclusion

It is the conclusion of this examiner that, in accordance with Chapters 90.03 and 90.44 RCW, this application to integrate the existing water system by adding one (1) existing well will not enlarge the

water right originally claimed for beneficial use, nor will it impair existing rights or be detrimental to the public welfare.

Recommendations

The applicant's request under Ground Water Claim 098523 is approved, subject to the following provisions:

This change authorizes a total of eight (8) wells located as follows:

SOURCE	PARCEL	TWP	RNG	SEC	QQ Q	LATITUDE	LONGITUDE
Well 1	814600000000067	14	45 E.	5	SE¼NW¼	NA	NA
Well 3	814600000000067	14	45 E.	5	SE¼NW¼	NA	NA
Well 4	814600000000067	14	45 E.	5	SE¼NW¼	46.730151	117.171035
Well 5	200004515343600	15	45 E.	34	NE¼SW¼	46.739907	117.127777
Well 6	814500000000004	14	45 E.	4	NW¼NW¼	46.734184	117.156810
Well 7	108550009130000	14	45 E.	5	SW¼NE¼	46.729089	117.169770
Well 8	814500000000004	14	45 E.	4	NE¼NW¼	46.731945	117.149774
Spillman Well	200004614164600	14	45 E.	16	NW¼SE¼	46.696530	117.148700

Datum: NAD83/WGS84

Kevin Brown *February 20, 2020*
Report Writer

If you need this publication in an alternate format, please call Water Resources Program at (360) 407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

Amendment to Washington State University's 2015 Water System Plan

Spillman Farm Satellite System



01.16.2019

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1. Description

Washington State University (WSU) is expanding the Pullman campus municipality water system to include the Spillman Farm satellite system. This expansion is based on the relocation of research facilities currently within the WSU-Pullman campus boundary due to expansion of the Pullman Moscow Regional Airport. This submittal is an addendum to the approved 2015 WSU Water System Plan.

2. Modifications to Chapter 1

Service area agreements and policies on how system will be operated and maintained are not changing with the additional of this satellite system. Below are modifications to Chapter 1.

WSU added the following information in *Chapter 1.2.1 History*:

Date	Component	Remarks
2007	Spillman Farm	Drilled new well
2018	Spillman Farm	Well approved by DOH

WSU added the following information in *Chapter 1.5 Existing Retail Service Area*, end of first paragraph:

The retail water service area also includes Spillman Farm, a Washington State University owned 368 acre research farm east of Johnson Road, approximately 1 mile southeast of Pullman, in the S1/2 of Section 16, Township 14 N., Range 45 E., W.M., Whitman County, Washington.

3. Map of Spillman Farm

Maps and descriptions:

Exhibit 1-4 Existing Retail Water Service Area

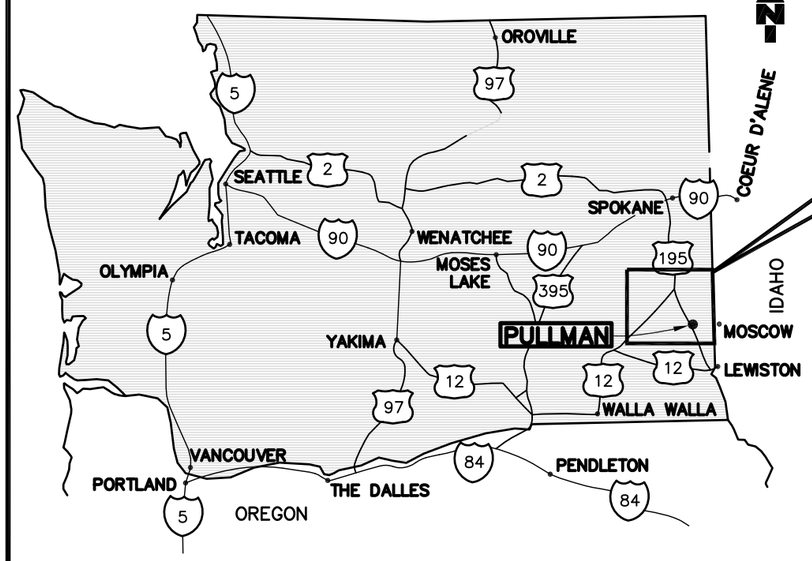
Exhibit 1-5 Proposed retail water service area to include Spillman Farm

Exhibit 1-6 Map of well location at Spillman Farm

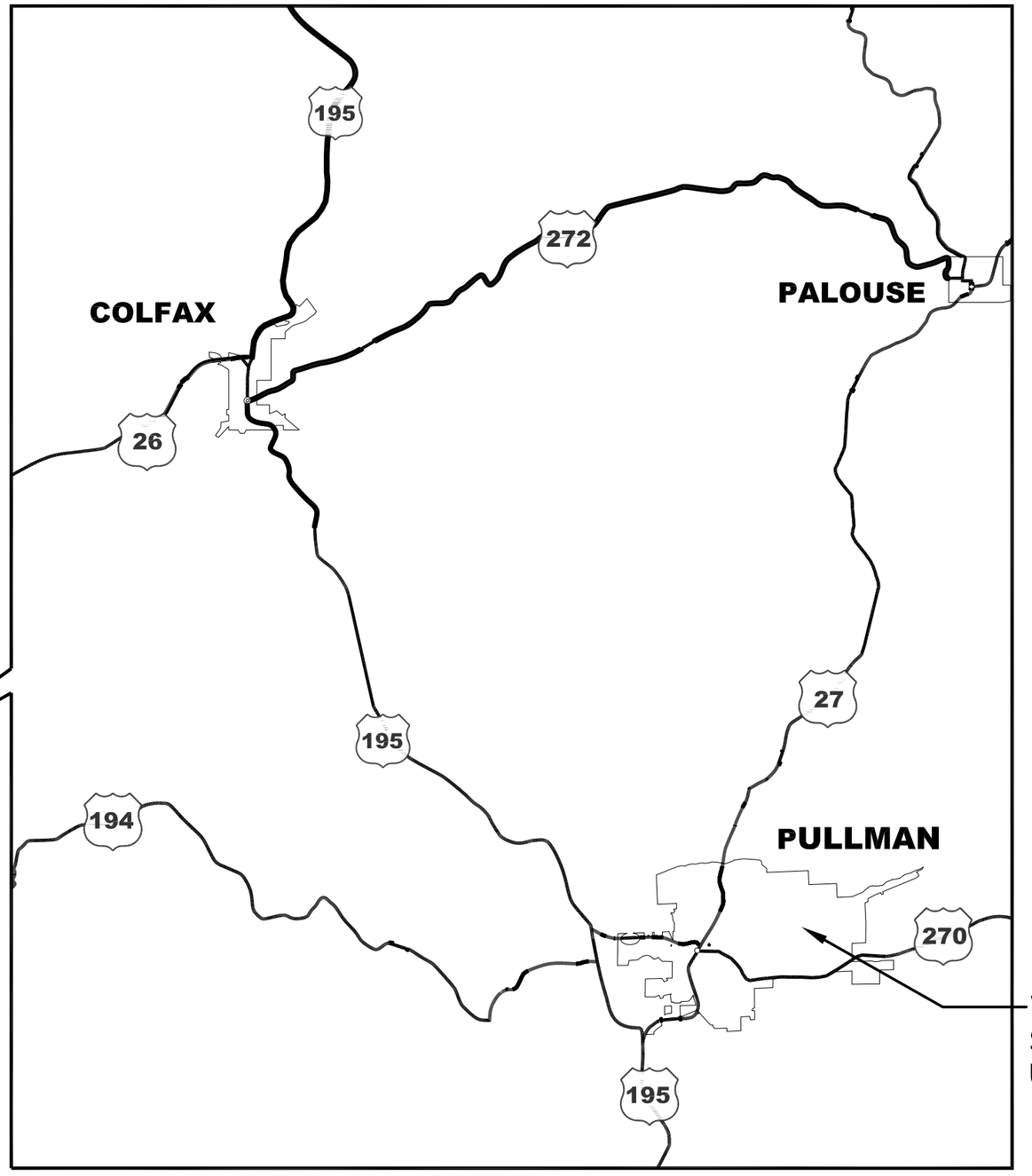
Exhibit 1-7 Map of meter location at Spillman Farm

Exhibit 1-8 Buffer zones based on calculations from Susceptibility Assessment form (Exhibit 1-7).

WASHINGTON STATE



VICINITY MAP



N.T.S.

NORTH

DRAWN BY: AJT

CHECKED BY: AJT

DATE: 12/08/14

LOG NO. 0

WASHINGTON STATE UNIVERSITY

Department of Facilities Operations
Main Office
509-335-9003

Pullman, Wa. 99164-1150
FAX 509-335-9070

2015 WATER SYSTEM PLAN UPDATE

VICINITY MAP

EXHIBIT 1-1



WASHINGTON STATE UNIVERSITY

Spillman Farm

Date: 11/19/2018
Facilities Services
Geographic Information System



WASHINGTON STATE UNIVERSITY

Retail Service Area and Water Rights Place of Use

Date: 1/28/2019

Facilities Services
Geographic Information System



WASHINGTON STATE UNIVERSITY

Spillman Farm - Point of withdrawal

Date: 11/19/2018
Facilities Services
Geographic Information System



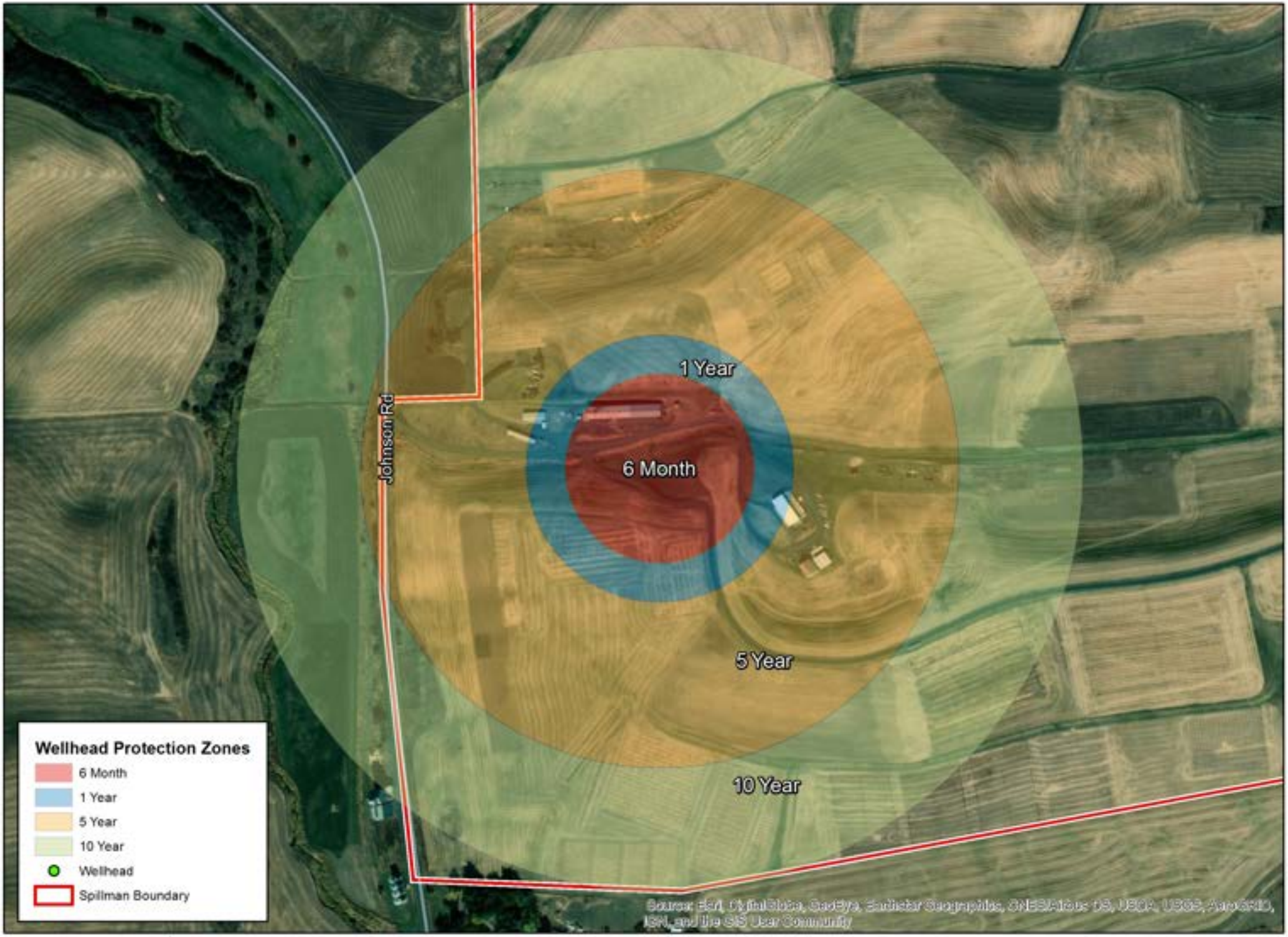
WASHINGTON STATE UNIVERSITY

Spillman Farm - Well Meter

Date: 11/19/2018

Facilities Services

Geographic Information System



WASHINGTON STATE UNIVERSITY

Spillman Farm - Wellhead Protection Zones

Date: 11/19/2018
Facilities Services
Geographic Information System

4. Water meter location

A water meter is currently installed in the existing well house at Spillman Farm. The meter is checked and tested for accuracy every two years. Service meters will installed at new service building and irrigation connection for orchard.

5. Tracking frequency for documenting usage

Facilities Services collects the volume of water pumped from each meter monthly. Data is collected and compared to historical data as a potential leak detection indicator.

6. Spillman Farm Well Approval

Since 2007, when the current well was installed, Spillman Farm has operated as a Group B system. With the inclusion of this well into the municipal water rights WSU has completed the analytical testing equivalent to a Group A non transient non community system (NTNC). However, WSU will continue operating the Spillman Farm well as a satellite Group B system.

The Whitman County Health Department completed a well inspection report and submitted it to the State Department of Health (DOH) on May 23, 2018. The well was approved on July 19, 2018.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
EASTERN DRINKING WATER REGIONAL OPERATIONS
16201 E Indiana Avenue, Suite 1500, Spokane Valley, Washington 99216-2830
TDD Relay 1-800-833-6388

July 19, 2018

Louise Sweeney
Spillman Farm
PO Box 641150
Pullman, WA 99164-1150

Subject: Spillman Farm; PWS ID #82981; Whitman County
Group B Expansion; APPROVED for **Five** Connections

Dear Ms. Sweeney:

The group B packet for the above-referenced project received in this office on May 7, 2018 together with additional documentation received subsequently, has been reviewed and in accordance with the provisions of WAC 246-291-030, is hereby **APPROVED**.

As required in WAC 246-291-120(5) – Within sixty days following the completion of, and prior to the use of, the above project or portions thereof, the attached Construction Report must be completed by a professional engineer and returned to this department along with an updated WFI.

Based upon the information submitted, upon receipt of the completed construction completion report form (see enclosed) the number of approved connections will be set at five.

The Department's approval of your Group B public water system does not confer or guarantee any right to a specific quantity of water. The approved number of service connections is based on your representation of available water quantity. If the Washington Department of Ecology, a local planning agency, or other authority responsible for determining water rights and water system adequacy determines that you have use of less water than you represented, the number of approved connections may be reduced commensurate with the actual amount of water and your legal right to use it.

WAC 246-291 authorizes a fee schedule to be implemented for the review and approval of a

Group B Public Water System completed workbook, which includes elements of public water system planning, design and construction. An invoice for $624.00 is enclosed.

If you need anything further, please contact me at 509-329-2120 or by emailing andres.cervantes@doh.wa.gov.

Sincerely,

for

Andres R. Cervantes, PE
Regional Engineer
Office of Drinking Water
Division of Environmental Public Health,

Enclosures: Invoice
Construction Completion Report

cc: Whitman County Health Department
Ryan Berg, PE, DCI Engineers
Nathan Ikehara, EIT, Engineering and Technical Services
George Simon, DOH Compliance Program Manager
Matt Hadorn, DOH Regional Specialist

Department of Health - Office of Drinking Water

Well Site Inspection Report

Water System: Spillman Farm ID: 82981 4

Location: Johnson Rd

Group A	COMM	NTNC	x	Group B
x		TNC		

¼	¼	S	T: N	R: E	County
NW	SE	16	14N	45E	Whitman

Owner Name: Washington State University

Address: PO Box 641150
Pullman, WA 99164-1150

Phone # : (509) 335 - 9040

Name of owner or representative present during Inspection:

Date Received:	
Date Inspected:	5/21/2018
Inspected by:	Chris Skidmore and Chelsea Cannard

Well means the spot where the well will be or is already drilled. Well Site means the entire area within 100' of the well. Beyond 100 ' if determined, there will be a significant impact on the well.

Source: New Ground Water Source.
Unique Well ID: Not Applicable.

1) **Map provided was accurate, based upon your observation at well site.**
YES ☐ NO ☐ N/A ☒

2) **Slope of ground within well site is such that contamination due to run-off and flooding potential is at a minimum.**
YES ☐ NO ☒ N/A ☐
Gravel road uphill from source may need to be ditched to avoid contamination due to seasonal run-off. (see overhead image)

3) **Site is safe from natural and manmade disasters.**
YES ☐ NO ☒ N/A ☐
Source is in the open protected by taffic bollards. (see picture)

4) **Public or private roads are avoided as far as possible.**
YES ☒ NO ☐ N/A ☐

5) **Roads, if any, within the well site are paved and properly ditched or drained to exclude surface run-off from the well.**
YES ☐ NO ☒ N/A ☐
Roads are gravel and there is currently no ditch to divert run-off.

6) **Contamination sources such as septic tanks, chemicals, underground storage tanks, surface water, and dry wells are absent from well site.**
YES ☒ NO ☐ N/A ☐
fuel and pesticide storage is outside SCA

7) **If the well is existing or has already been drilled:**

a) **The surface seal is present and satisfactory.**
YES ☒ NO ☐ N/A ☐
Well has not been completed.

b) **The sanitary seal is satisfactory and properly installed.**
YES ☒ NO ☐ N/A ☐
Required

c) **There is a satisfactory concrete slab around well casing.**
YES ☐ NO ☒ N/A ☐

d) **Casing terminates at least 12" above floor.** (6" questionable).
YES ☒ NO ☐ N/A ☐
Required

e) **The air vent or access port is satisfactory and screened.**
YES ☒ NO ☐ N/A ☐
Required

f) **If well is in a pit, pit is constructed to prevent flooding.**
YES ☐ NO ☐ N/A ☒
Drain: Not Applicable.

g) **General housekeeping is satisfactory.**
YES ☐ NO ☒ N/A ☐
Locked: Required Drain: Required

h) **The wellhead is accessible for maintenance.**
YES ☒ NO ☐ N/A ☐
Required

i) **Source meter is installed.**
YES ☒ NO ☐ N/A ☐
Required

8) **Well site is legally protected against contamination, (via title, protective covenants, restrictive covenants).**
YES ☒ NO ☐ N/A ☐
Required

9) **In your opinion, overall, is the well and / or well site:**

☐ Satisfactory.
☒ Satisfactory, with correctable deficiencies.
☐ Not Satisfactory.

Comments:
Well head should be enclosed in a well house and locked w a concrete pad and floor drain
Access road above the source should be ditched to divert seasonal run-off away from well head
Pressure tank and source meter locked old and may need to be updated. (see pictures)

Spillman Farm Well Inspection Report





100 ft Sanitary Control Area



Active Source -117.148707807 Lat 46.696535945

Drilled in 2007



Screened vent on source

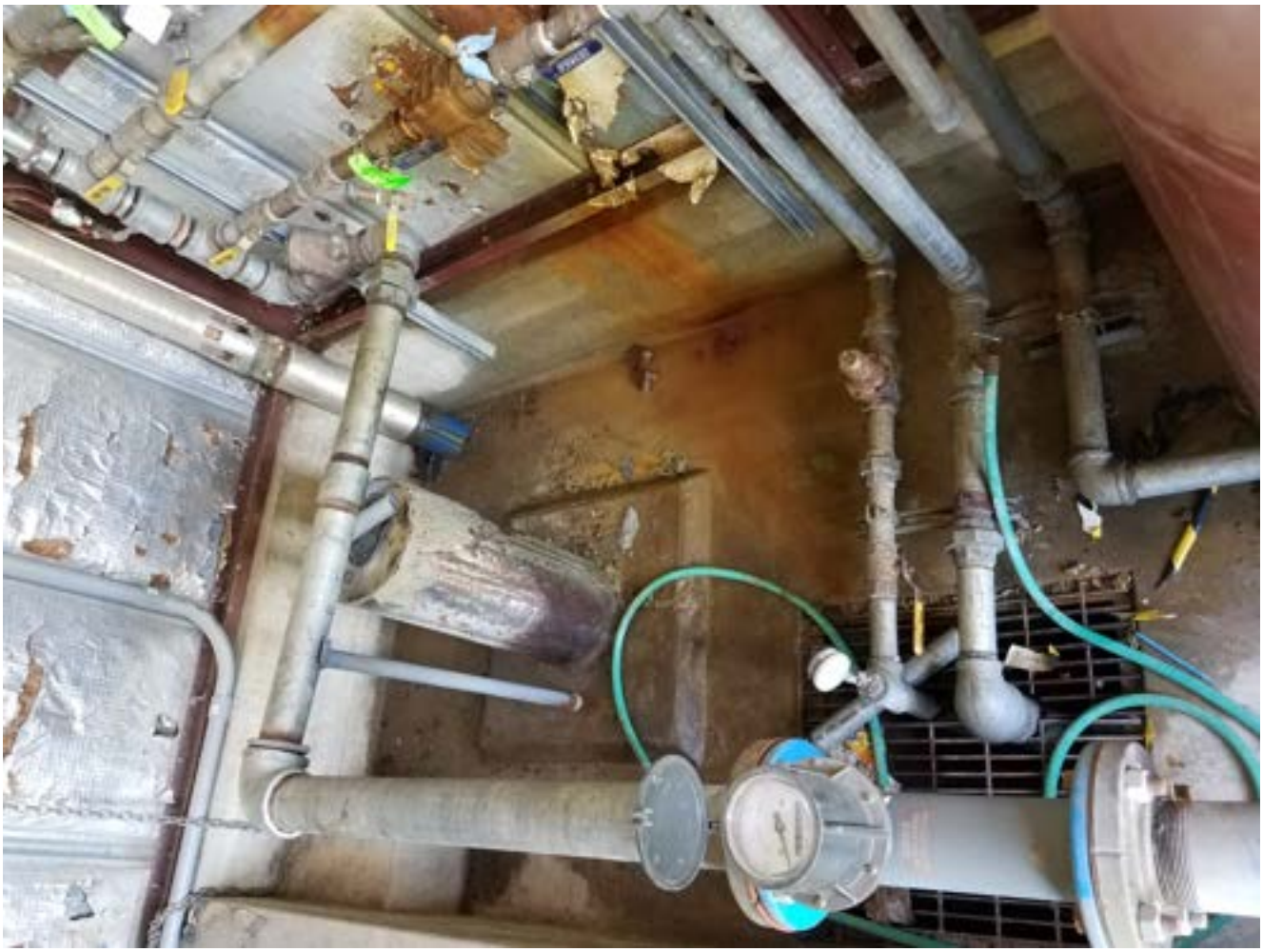


Inactive Source since 2007

Drilled in 1956



Metered Source in Pressure tank shed



Pressure tank shed



Pressure tank



Back flow prevention and sample tap

7. Sampling Results

Samples were completed for the Spillman Farm well and analyzed by Anatek Laboratories for inorganic compounds (IOCs), volatile organic compounds (VOCs), synthetic organic compounds (SOCs), and bacteriological sample.

Anatek Labs, Inc.

1282 Alturas Drive • Moscow, ID 83843 • (208) 883-2839 • Fax (208) 882-9246 • email moscow@anateklabs.com
504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

Inorganic Chemicals (IOC's) Analysis Report

System ID#:	829814	System Name:	SPILLMAN FARM		
Lab/Sample Number:	125 04401	Collect Date:	4/2/2018	DOH Source #:	
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	4/2/2018	Date Reported:	4/18/2018	Supervisor:	TGT
Date Analyzed:	4/12/2018				
County:	WHITMAN	Sample Location: WELL #2			
Report To:	Address:	PO BOX 641172			
	City, State, ZIP	PULLMAN, WA 99163			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0004	Arsenic	ND	mg/L	0.001	0.01	0.01	EPA 200.8	HSW	
0005	Barium	0.0980	mg/L	0.1	2	2	EPA 200.8	HSW	
0006	Cadmium	ND	mg/L	0.001	0.005	0.005	EPA 200.8	HSW	
0007	Chromium	ND	mg/L	0.007	0.1	0.1	EPA 200.8	HSW	
0011	Mercury	ND	mg/L	0.0002	0.002	0.002	EPA 200.8	HSW	
0012	Selenium	ND	mg/L	0.002	0.05	0.05	EPA 200.8	HSW	
0110	Beryllium	ND	mg/L	0.0003	0.004	0.004	EPA 200.8	HSW	
0111	Nickel	ND	mg/L	0.005		0.1	EPA 200.8	HSW	
0112	Antimony	ND	mg/L	0.003	0.006	0.006	EPA 200.8	HSW	
0113	Thallium	ND	mg/L	0.001	0.002	0.002	EPA 200.8	HSW	
0116	Cyanide	ND	mg/L	0.05	0.2	0.2	EPA 335.4	RPU	
0019	Fluoride	0.404	mg/L	0.2	2	4	EPA 300.0	MER	
0114	Nitrite-N	ND	mg/L	0.1	0.5	1	EPA 300.0	MER	
0020	Nitrate-N	0.205	mg/L	0.5	5	10	EPA 300.0	MER	
0161	Total Nitrate/Nitrite-N	0.205	mg/L	0.5	5	10	EPA 300.0	MER	

EPA Regulated (Secondary)

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0008	Iron	0.242	mg/L	0.1		0.3	EPA 200.7	SDR	
0010	Manganese	0.0160	mg/L	0.01		0.05	EPA 200.7	SDR	
0013	Silver	ND	mg/L	0.1		0.1	EPA 200.8	HSW	
0021	Chloride	1.80	mg/L	20		250	EPA 300.0	MER	
0022	Sulfate	3.75	mg/L	50		250	EPA 300.0	MER	
0024	Zinc	0.104	mg/L	0.2		5	EPA 200.8	HSW	

Comments:

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

Anatek File # 180403003-001

Anatek Labs, Inc.

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504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

State Regulated

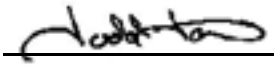
DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0014	Sodium	17.2	mg/L	5			EPA 200.7	SDR	
0015	Hardness(CaCO3)	108	mg CaCO3/L	10			EPA 200.7	SDR	
0016	Conductivity	305	µmhos/cm	70		700	SM 2510B	RPU	
0017	Turbidity	1.29	NTU	0.1			EPA 180.1	RPU	H1
0018	Color	ND @ pH 7.64	Color Units	15		15	SM 2120B	RPU	
0026	Total Dissolved Solids	225	mg/L	100		500	SM 2540C	RPU	

State Unregulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0009	Lead	ND	mg/L	0.001		0.015	EPA 200.8	HSW	
0023	Copper	0.00110	mg/L	0.02	--	1.3	EPA 200.8	HSW	
0015	Calcium	23.1	mg CaCO3/L				EPA 200.7	SDR	
0015	Magnesium	12.0	mg CaCO3/L				EPA 200.7	SDR	

ND = Not Detected at levels above the SRL
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH
H1 Sample analysis performed past holding time.

This report shall not be reproduced except in full, without the written approval of the laboratory.
The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor:  **Date:** 4/18/2018

Comments:

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

Anatek Labs, Inc.

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504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

Login Report

Customer Name: SPILLMAN FARM
PO BOX 641172
PULLMAN WA 99163

Order ID: 180403003
Order Date: 4/3/2018

Contact Name: WSU EH&S
Project Name: WA IOC

Comment:

Sample #: 180403003-001 **Customer Sample #:** WELL #2

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 4/2/2018
Quantity: 2 **Date Received:** 4/2/2018 3:57:00 PM **Time Collected:** 10:02 AM
Comment:

Test	Lab	Method	Due Date	Priority
CYANIDE IN DW MOSCOW EPA	M	EPA 335.4	4/13/2018	***Normal (~10 Days)***
ANTIMONY	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
ARSENIC	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
BARIUM	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
BERYLLIUM	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
CADMIUM	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
CHLORIDE	M	EPA 300.0	4/13/2018	***Normal (~10 Days)***
CHROMIUM	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
COLOR	M	SM 2120B	4/13/2018	***Normal (~10 Days)***
CONDUCTIVITY	M	SM 2510B	4/13/2018	***Normal (~10 Days)***
COPPER	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
FLUORIDE	M	EPA 300.0	4/13/2018	***Normal (~10 Days)***
HARDNESS by EPA 200.7	M	EPA 200.7	4/13/2018	***Normal (~10 Days)***
IRON ICP	M	EPA 200.7	4/13/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
MANGANESE ICP	M	EPA 200.7	4/13/2018	***Normal (~10 Days)***
MERCURY-ICPMS	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
NICKEL	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
NITRATE/N	M	EPA 300.0	4/13/2018	***Normal (~10 Days)***
NITRATE+ NITRITE AS N	M	EPA 300.0	4/13/2018	***Normal (~10 Days)***
NITRITE/N	M	EPA 300.0	4/13/2018	***Normal (~10 Days)***
SELENIUM	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
SILVER	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***

Customer Name: SPILLMAN FARM
PO BOX 641172
PULLMAN WA 99163

Order ID: 180403003
Order Date: 4/3/2018

Contact Name: WSU EH&S

Project Name: WA IOC

Comment:

SODIUM ICP	M	EPA 200.7	4/13/2018	***Normal (~10 Days)***
SOLIDS - TDS	M	SM 2540C	4/13/2018	***Normal (~10 Days)***
SULFATE	M	EPA 300.0	4/13/2018	***Normal (~10 Days)***
THALLIUM	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
TURBIDITY	M	EPA 180.1	4/13/2018	***Normal (~10 Days)***
WA Complete IOC	M	N/A	4/13/2018	***Normal (~10 Days)***
ZINC	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***

SAMPLE CONDITION RECORD

Samples received in a cooler?	Yes
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	11.6
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
Are VOC samples free of headspace?	N/A
Is there a trip blank to accompany VOC samples?	N/A
Labels and chain agree?	Yes
Total number of containers?	2

180403 003 SPIL Last Due 4/13/2018
1st SAMP 4/2/2018 1st RCVD 4/2/2018
WA IOC

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☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 83

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Spillman Farm
SEND REPORT TO	Environmental Health & Safety
ADDRESS	PO Box 641172
CITY STATE ZIP	Pullman, WA 99164-1172

Water System #	829814
Phone Number	509-335-3041
Fax Number	509-335-4442
County	Whitman

Sample Type		Sample Purpose	
☑	Before (B)	☑	Compliance (C)
☐	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 4-2-18 10:02 Am
Sampler Name: Gene Patterson
Sampler Signature:

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: Well #2
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s
- ☐ Blended Sample (96) List source #'s

Receiving Check List

- ☐ Received Intact
- ☐ No Headspace
- ☑ Labels & Chains Agree
- ☐ Temp: 11.6
- ☐ Ice/Ice-Packs Present:
- ☐ Custody Seals Present:
- ☐ Preservatives: NaOH

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☑ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):
Group B System
MNBS

Customer Signature	PW
Shipping/Delivery Date	
Received By	11.6° IR-2 ONO
Date Received	1557 4/2/18

Gene Patterson

Form COC07.00 - Eff 1 Mar 2015

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 504.1

System ID#:	829814	System Name:	SPILLMAN FARM		
Lab/Sample Number:	125 04992	Collect Date:	4/18/2018	DOH Source #:	
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	4/18/2018	Date Reported:	5/8/2018	Supervisor:	TGT
Date Analyzed:	4/27/2018				
County:	WHITMAN	Sample Location: WELL #2			
Report To:	Address:	PO BOX 641172			
	City, State, ZIP	PULLMAN, WA 99163			
	Phone Number:	(509) 335-3041			

EPA Regulated Chemicals

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0102	EDB	ND	ug/L	0.01	0.01	0.05	EPA 504.1	GPB	
0103	DBCP	ND	ug/L	0.02	0.02	0.2	EPA 504.1	GPB	

State Unregulated Chemicals

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0079	1,2,3-Trichloropropane	ND	ug/L	0.5	0.5		EPA 504.1	GPB	

Notes:
ND = Not Detected within the sensitivity of the instrument
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MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor: _____ **Date:** 5/8/2018

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Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 515.4

System ID#:	829814	System Name:	SPILLMAN FARM		
Lab/Sample Number:	125 04992	Collect Date:	4/18/2018	DOH Source #:	
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	4/18/2018	Date Reported:	5/8/2018	Supervisor:	TGT
Date Analyzed:	5/1/2018				
County:	WHITMAN	Sample Location:	WELL #2		
Report To:	Address:	PO BOX 641172			
	City, State, ZIP	PULLMAN, WA 99163			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0037	2,4-D	ND	ug/L	0.1	0.1	70	EPA 515.4	MAH	
0038	2,4,5-TP (Silvex)	ND	ug/L	0.2	0.2	50	EPA 515.4	MAH	
0134	Pentachlorophenol	ND	ug/L	0.04	0.04	1	EPA 515.4	MAH	
0137	Dalapon	ND	ug/L	1	1	200	EPA 515.4	MAH	
0139	Dinoseb	ND	ug/L	0.2	0.2	7	EPA 515.4	MAH	
0140	Picloram	ND	ug/L	0.1	0.1	500	EPA 515.4	MAH	

EPA Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0138	Dicamba	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0135	2,4-DB	ND	ug/L	1.0	1.0		EPA 515.4	MAH	
0136	2,4,5-T	ND	ug/L	0.4			EPA 515.4	MAH	
0220	Bentazon	ND	ug/L	0.5			EPA 515.4	MAH	
0221	Dichloroprop	ND	ug/L	0.5			EPA 515.4	MAH	
0223	Acifluorofen	ND	ug/L	2.0	2.0		EPA 515.4	MAH	
0225	Dacthal (DCPA Acid Metabolites (A))	ND	ug/L	0.1	0.1		EPA 515.4	MAH	
0226	3,5-Dichlorobenzoic Acid	ND	ug/L	0.5	0.5		EPA 515.4	MAH	

State Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0224	Chloramben	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 531.2

System ID#:	829814	System Name:	SPILLMAN FARM		
Lab/Sample Number:	125 04992	Collect Date:	4/18/2018	DOH Source #:	
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	4/18/2018	Date Reported:	5/8/2018	Supervisor:	TGT
Date Analyzed:	4/30/2018				
County:	WHITMAN	Sample Location:	WELL #2		
Report To:	Address:	PO BOX 641172			
	City, State, ZIP	PULLMAN, WA 99163			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0146	Carbofuran	ND	ug/L	0.9	0.9	40	EPA 531.2	MER	
0148	Oxamyl	ND	ug/L	2	2	200	EPA 531.2	MER	

EPA Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0141	3-Hydroxycarbofuran	ND	ug/L	2.0			EPA 531.2	MER	
0142	Aldicarb	ND	ug/L	0.5	0.5	3	EPA 531.2	MER	
0143	Aldicarb Sulfone	ND	ug/L	0.8	0.8	2	EPA 531.2	MER	
0144	Aldicarb Sulfoxide	ND	ug/L	0.5	0.5	4	EPA 531.2	MER	
0145	Carbaryl	ND	ug/L	2.0	2.0		EPA 531.2	MER	
0147	Methomyl	ND	ug/L	4.0	4.0		EPA 531.2	MER	

Other

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0326	Baygon	ND	ug/L	1.0			EPA 531.2	MER	
0327	Methiocarb	ND	ug/L	4.0			EPA 531.2	MER	

Notes: ND = Not Detected within the sensitivity of the instrument
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MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor: _____ **Date:** 5/8/2018

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 547

System ID#:	829814	System Name:	SPILLMAN FARM		
Lab/Sample Number:	125 04992	Collect Date:	4/18/2018	DOH Source #:	
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	4/18/2018	Date Reported:	5/8/2018	Supervisor:	TGT
Date Analyzed:	4/25/2018				
County:	WHITMAN	Sample Location: WELL #2			
Report To:	Address:	PO BOX 641172			
	City, State, ZIP	PULLMAN, WA 99163			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0152	Glyphosate	ND	ug/L	6	6	700	EPA 547	MER	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor: _____ **Date:** 5/8/2018

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 548.1

System ID#:	829814	System Name:	SPILLMAN FARM		
Lab/Sample Number:	125 04992	Collect Date:	4/18/2018	DOH Source #:	
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	4/18/2018	Date Reported:	5/8/2018	Supervisor:	TGT
Date Analyzed:	5/1/2018				
County:	WHITMAN	Sample Location:	WELL #2		
Report To:	Address:	PO BOX 641172			
	City, State, ZIP	PULLMAN, WA 99163			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0151	Endothall	ND	ug/L	9	9	100	EPA 548.1	GPB	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor: _____ **Date:** 5/8/2018

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 549.2

System ID#:	829814	System Name:	SPILLMAN FARM		
Lab/Sample Number:	125 04992	Collect Date:	4/18/2018	DOH Source #:	
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	4/18/2018	Date Reported:	5/8/2018	Supervisor:	TGT
Date Analyzed:	4/27/2018				
County:	WHITMAN	Sample Location: WELL #2			
Report To:	Address:	PO BOX 641172			
	City, State, ZIP	PULLMAN, WA 99163			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0150	Diquat	ND	ug/L	0.4	0.4	20	EPA 549.2	MER	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor: _____ **Date:** 5/8/2018

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 525.2, 505

System ID#:	829814	System Name:	SPILLMAN FARM		
Lab/Sample Number:	125 04992	Collect Date:	4/18/2018	DOH Source #:	
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	4/18/2018	Date Reported:	5/8/2018	Supervisor:	TGT

County: WHITMAN Sample Location: WELL #2

Report To: Address: PO BOX 641172
City, State, ZIP PULLMAN, WA 99163
Phone Number: (509) 335-3041

EPA Regulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analysis Date	Analyst	Qualifier
0033	Endrin	ND	ug/L	0.01	0.01	2	EPA 505	5/1/2018	MAH	
0034	Lindane (BHC gamma)	ND	ug/L	0.02	0.02	0.2	EPA 505	5/1/2018	MAH	
0035	Methoxychlor	ND	ug/L	0.1	0.1	40	EPA 505	5/1/2018	MAH	
0036	Toxaphene	ND	ug/L	1	1	3	EPA 505	5/1/2018	MAH	
0117	Alachlor	ND	ug/L	0.2	0.2	2	EPA 525.2	5/4/2018	BMM	
0119	Atrazine	ND	ug/L	0.1	0.1	3	EPA 525.2	5/4/2018	BMM	
0120	Benzo(a)pyrene	ND	ug/L	0.02	0.02	0.2	EPA 525.2	5/4/2018	BMM	
0122	Chlordane (Total)	ND	ug/L	0.2	0.2	2	EPA 505	5/1/2018	MAH	
0124	di(ethylhexyl)adipate	ND	ug/L	0.6	0.6	400	EPA 525.2	5/4/2018	BMM	
0125	di(ethylhexyl)phthalate	ND	ug/L	0.6	0.6	6	EPA 525.2	5/4/2018	BMM	
0126	Heptachlor	ND	ug/L	0.04	0.04	0.4	EPA 505	5/1/2018	MAH	
0127	Heptachlor Epoxide	ND	ug/L	0.02	0.02	0.2	EPA 505	5/1/2018	MAH	
0128	Hexachlorobenzene	ND	ug/L	0.1	0.1	1	EPA 525.2	5/4/2018	BMM	
0129	Hexachlorocyclopentadiene	ND	ug/L	0.1	0.1	50	EPA 525.2	5/4/2018	BMM	
0133	Simazine	ND	ug/L	0.07	0.07	4	EPA 525.2	5/4/2018	BMM	
0153	PCB (As Total Arochlors)	ND	ug/L	0.2	--	0.5	EPA 505	5/1/2018	MAH	

EPA Unregulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analysis Date	Analyst	Qualifier
0118	Aldrin	ND	ug/L	0.2	--		EPA 505	5/1/2018	MAH	
0121	Butachlor	ND	ug/L	0.4	0.4		EPA 525.2	5/4/2018	BMM	
0123	Dieldrin	ND	ug/L	0.1	0.1		EPA 505	5/1/2018	MAH	
0130	Metolachlor	ND	ug/L	1	1		EPA 525.2	5/4/2018	BMM	
0131	Metribuzin	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0132	Propachlor	ND	ug/L	0.1	0.1		EPA 525.2	5/4/2018	BMM	
0254	Fluorene	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0173	Aroclor 1221	ND	ug/L	20	20		EPA 505	5/1/2018	MAH	
0174	Aroclor 1232	ND	ug/L	0.5	0.5		EPA 505	5/1/2018	MAH	
0175	Aroclor 1242	ND	ug/L	0.3	0.3		EPA 505	5/1/2018	MAH	
0176	Aroclor 1248	ND	ug/L	0.1	0.1		EPA 505	5/1/2018	MAH	
0177	Aroclor 1254	ND	ug/L	0.1	0.1		EPA 505	5/1/2018	MAH	
0178	Aroclor 1260	ND	ug/L	0.2	0.2		EPA 505	5/1/2018	MAH	
0180	Aroclor 1016	ND	ug/L	0.08	0.08		EPA 505	5/1/2018	MAH	

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State Unregulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analysis Date	Analyst	Qualifier
0179	Bromacil	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0183	Prometon	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0190	Terbacil	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0202	Diazinon	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0208	EPTC	ND	ug/L	0.3	0.3		EPA 525.2	5/4/2018	BMM	
0232	4,4'-DDD	ND	ug/L	0.1	--		EPA 505	5/1/2018	MAH	
0233	4,4'-DDE	ND	ug/L	0.1	--		EPA 505	5/1/2018	MAH	
0234	4,4'-DDT	ND	ug/L	0.1	--		EPA 505	5/1/2018	MAH	
0236	Cyanizine	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0239	Malathion	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0243	Trifluralin	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0244	Acenaphthylene	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0245	Acenaphthene	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0246	Anthracene	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0247	Benzo(a)anthracene	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0248	Benzo(b)fluoranthene	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0249	Benzo(g,h,i)perylene	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0250	Benzo(k)fluoranthene	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0251	Chrysene	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0252	Dibenz(a,h)anthracene	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0253	Fluoranthene	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0255	Indeno(1,2,3-cd)pyrene	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0256	Phenanthrene	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0257	Pyrene	ND	ug/L	0.2	0.2		EPA 525.2	5/4/2018	BMM	
0258	Butylbenzylphthalate	ND	ug/L	0.6	0.6		EPA 525.2	5/4/2018	BMM	
0259	Di-n-butylphthalate	ND	ug/L	0.6	0.6		EPA 525.2	5/4/2018	BMM	
0260	Diethylphthalate	ND	ug/L	0.6	0.6		EPA 525.2	5/4/2018	BMM	
0261	Dimethylphthalate	ND	ug/L	0.6	0.6		EPA 525.2	5/4/2018	BMM	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 5/8/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	829814	System Name:	SPILLMAN FARM		
Lab/Sample Number:	125 04993	Collect Date:	4/18/2018	DOH Source #:	
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	4/18/2018	Date Reported:	5/8/2018	Supervisor:	TGT
Date Analyzed:	5/1/2018				
County:	WHITMAN	Sample Location:	WELL #2		
Report To:	Address:	PO BOX 641172			
	City, State, ZIP	PULLMAN, WA 99163			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0045	Vinyl Chloride	ND	ug/L	0.5	0.5	2	EPA 524.3	SAT	
0046	1,1-Dichloroethylene	ND	ug/L	0.5	0.5	7	EPA 524.3	SAT	
0047	1,1,1-Trichloroethane	ND	ug/L	0.5	0.5	200	EPA 524.3	SAT	
0048	Carbon Tetrachloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0049	Benzene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0050	1,2-Dichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0051	Trichloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0052	1,4-Dichlorobenzene	ND	ug/L	0.5	0.5	75	EPA 524.3	SAT	
0056	Dichloromethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0057	trans-1,2-Dichloroethylene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0060	cis-1,2-dichloroethylene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0063	1,2-Dichloropropane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0066	Toluene	ND	ug/L	0.5	0.5	1000	EPA 524.3	SAT	
0067	1,1,2-Trichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0068	Tetrachloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0071	Chlorobenzene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0073	Ethylbenzene	ND	ug/L	0.5	0.5	700	EPA 524.3	SAT	
0076	Styrene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0084	1,2-Dichlorobenzene	ND	ug/L	0.5	0.5	600	EPA 524.3	SAT	
0095	1,2,4-Trichlorobenzene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0160	Total Xylene	ND	ug/L	0.5	0.5	10000	EPA 524.3	SAT	
0074	m/p-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0075	o-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

EPA Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0027	Chloroform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0029	Chlorodibromomethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0053	Chloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0054	Bromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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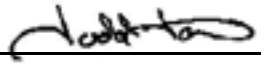
0055	Chloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0058	1,1-Dichloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0059	2,2-Dichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0062	1,1-Dichloropropylene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0064	Dibromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0070	1,3-Dichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0072	1,1,1,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0078	Bromobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0079	1,2,3-Trichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0080	1,1,2,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0081	o-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0082	p-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0083	m-Dichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0154	1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT

State Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0065	cis-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0069	trans-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0085	Fluorotrichloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0086	Bromochloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0087	Isopropylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0088	n-Propylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0089	1,3,5-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0090	tert-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0091	1,2,4-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0092	sec-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0093	p-Isopropyltoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0094	n-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0096	Naphthalene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0097	Hexachlorobutadiene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0098	1,2,3-Trichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0427	EDB (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0428	DBCP(Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0104	Dichlorodifluoromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
	methyl-t-butyl ether (MTBE)	ND	ug/L	0.5	70		EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor:  **Date:** 5/8/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	829814	System Name:	SPILLMAN FARM	
Lab/Sample Number:	125 04994	Collect Date:	4/18/2018	DOH Source #:
Multiple Source Nos:		Sample Type:		Sample Purpose:
Date Received:	4/18/2018	Date Reported:	5/8/2018	Supervisor: TGT
Date Analyzed:	5/1/2018			
County:	WHITMAN	Sample Location:	TRIP BLANK	
Report To:	Address:	PO BOX 641172		
	City, State, ZIP	PULLMAN, WA 99163		
	Phone Number:	(509) 335-3041		

EPA Regulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0045	Vinyl Chloride	ND	ug/L	0.5	0.5	2	EPA 524.3	SAT	
0046	1,1-Dichloroethylene	ND	ug/L	0.5	0.5	7	EPA 524.3	SAT	
0047	1,1,1-Trichloroethane	ND	ug/L	0.5	0.5	200	EPA 524.3	SAT	
0048	Carbon Tetrachloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0049	Benzene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0050	1,2-Dichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0051	Trichloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0052	1,4-Dichlorobenzene	ND	ug/L	0.5	0.5	75	EPA 524.3	SAT	
0056	Dichloromethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0057	trans-1,2-Dichloroethylene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0060	cis-1,2-dichloroethylene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0063	1,2-Dichloropropane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0066	Toluene	ND	ug/L	0.5	0.5	1000	EPA 524.3	SAT	
0067	1,1,2-Trichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0068	Tetrachloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0071	Chlorobenzene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0073	Ethylbenzene	ND	ug/L	0.5	0.5	700	EPA 524.3	SAT	
0076	Styrene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0084	1,2-Dichlorobenzene	ND	ug/L	0.5	0.5	600	EPA 524.3	SAT	
0095	1,2,4-Trichlorobenzene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0160	Total Xylene	ND	ug/L	0.5	0.5	10000	EPA 524.3	SAT	
0074	m/p-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0075	o-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

EPA Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0027	Chloroform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0029	Chlorodibromomethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0053	Chloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0054	Bromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0055	Chloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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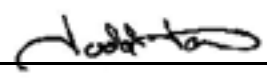
0058	1,1-Dichloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0059	2,2-Dichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0062	1,1-Dichloropropylene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0064	Dibromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0070	1,3-Dichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0072	1,1,1,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0078	Bromobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0079	1,2,3-Trichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0080	1,1,2,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0081	o-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0082	p-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0083	m-Dichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0154	1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT

State Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0065	cis-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0069	trans-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0085	Fluorotrichloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0086	Bromochloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0087	Isopropylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0088	n-Propylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0089	1,3,5-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0090	tert-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0091	1,2,4-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0092	sec-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0093	p-Isopropyltoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0094	n-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0096	Naphthalene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0097	Hexachlorobutadiene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0098	1,2,3-Trichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0427	EDB (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0428	DBCP(Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0104	Dichlorodifluoromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
	methyl-t-butyl ether (MTBE)	ND	ug/L	0.5	70		EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor:  **Date:** 5/8/2018

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Login Report

Customer Name: SPILLMAN FARM
PO BOX 641172
PULLMAN WA 99163

Order ID: 180418067
Order Date: 4/18/2018

Contact Name: GENE PATTERSON
Project Name: SOC/VOC

Comment:

Sample #: 180418067-001 **Customer Sample #:** WELL #2

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 4/18/2018
Quantity: 8 **Date Received:** 4/18/2018 1:57:00 PM **Time Collected:** 9:20 AM
Comment:

Test	Lab	Method	Due Date	Priority
CARBAMATE 531.2	M	EPA 531.2	4/30/2018	***Normal (~10 Days)***
EDB 504.1	M	EPA 504.1	4/30/2018	***Normal (~10 Days)***
HERBICIDES 515.4	M	EPA 515.4	4/30/2018	***Normal (~10 Days)***
PESTICIDES 505	M	EPA 505	4/30/2018	***Normal (~10 Days)***
SEMIVOLATILES 525.2	M	EPA 525.2	4/30/2018	***Normal (~10 Days)***
WA Phase II SOC	M	N/A	4/30/2018	***Normal (~10 Days)***
DIQUAT 549.2	M	EPA 549.2	4/30/2018	***Normal (~10 Days)***
ENDOTHALL 548.1	M	EPA 548.1	4/30/2018	***Normal (~10 Days)***
GLYPHOSATE 547	M	EPA 547	4/30/2018	***Normal (~10 Days)***
WA Phase V SOC	M	N/A	4/30/2018	***Normal (~10 Days)***

Sample #: 180418067-002 **Customer Sample #:** WELL #2

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 4/18/2018
Quantity: 3 **Date Received:** 4/18/2018 1:57:00 PM **Time Collected:** 9:30 AM
Comment:

Test	Lab	Method	Due Date	Priority
VOLATILES 524.3	M	EPA 524.3	4/30/2018	***Normal (~10 Days)***

Customer Name: SPILLMAN FARM
PO BOX 641172
PULLMAN WA 99163

Order ID: 180418067
Order Date: 4/18/2018

Contact Name: GENE PATTERSON
Project Name: SOC/VOC

Comment:

Sample #: 180418067-003 **Customer Sample #:** TRIP BLANK

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 4/18/2018

Quantity: 1 **Date Received:** 4/18/2018 1:57:00 PM **Time Collected:**

Comment:

Test	Lab	Method	Due Date	Priority
VOLATILES 524.3	M	EPA 524.3	4/30/2018	***Normal (~10 Days)***

SAMPLE CONDITION RECORD

Samples received in a cooler?	Yes
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	15.9
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
Are VOC samples free of headspace?	Yes
Is there a trip blank to accompany VOC samples?	Yes
Labels and chain agree?	Yes
Total number of containers?	12

180418 067 SPIL Last Due 4/30/2018
1st SAMP 4/18/2018 1st RCVD 4/18/2018
SOC/VOC

ANATEK LABS, INC - Multi-state Certified, NEL

☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 FAX 882-9
☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Spillman Farm - WSU	Water System #	829814
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type
- ☑ Before (B)
- ☐ After (A)
- ☐ Unknown (U)

Sample Purpose
- ☑ Compliance (C)
- ☐ Investigative (I)
- ☐ Other Purpose (B)

Date & Time Collected: 4-18-18 / 9:20 AM
Sampler Name: Gene Patterson
Sampler Signature: [signature]

Payment due with samples unless credit has been established.

-001

DOH Source # (Check one and fill in where necessary)
- ☑ Single Well Source Number: Well #2
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s
- ☐ Blended Sample (96) List source #'s

Receiving Check List
- ☒ Received Intact ☐ No Headspace
- ☒ Labels & Chains Agree ☒ Temp: 18.8 IR-2
- ☒ Ice/Ice-Packs Present:
- ☐ Custody Seals Present:
- ☒ Preservatives: HNO3 SS

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☑ Phase II SOC
  - ☑ Semivolatiles (PEST1)
  - ☑ Herbicides (HERB1)
  - ☑ Carbamates (INSECT1)
  - ☑ Pesticides (PEST1)
  - ☑ EDB
- ☑ Phase V SOC
  - ☑ Diquat
  - ☑ Endothall
  - ☑ Glyphosate
- ☐ Dioxin

Other (specify):
MWBS

Customer Signature	[signature]
Shipping/Delivery Date	4-18-18 1:50
Received By	CMO 15.9° IR-2
Date Received	4/18/18 13:57

Gene Patterson

ANATEK LABS, INC - Multi-state Certified,
☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 FAX
☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FA

180418 067 **SPIL** Last Due 4/30/2018
1st SAMP 4/18/2018 1st RCVD 4/18/2018
SOC/VOC

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Spillman Farm - WSU	Water System #	829814
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type
- ☑ Before (B)
- ☐ After (A)
- ☐ Unknown (U)

Sample Purpose
- ☑ Compliance (C)
- ☐ Investigative (I)
- ☐ Other Purpose (B)

Date & Time Collected: 4-18-18 / 9:30 AM
Sampler Name: Gene Patterson
Sampler Signature:

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)
- ☑ Single Well Source Number: Well #2 (-002)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s
- ☐ Blended Sample (96) List source #'s

Receiving Check List
- ☒ Received Intact
- ☒ No Headspace
- ☒ Labels & Chains Agree
- ☒ Temp: 15.9 F-2
- ☒ Ice/Ice-Packs Present:
- ☐ Custody Seals Present:
- ☒ Preservatives: N A / A A

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☑ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):
MWBS

Customer Signature		Received By	
Shipping/Delivery Date		Date Received	

Gene Patterson

Anatek Labs, Inc.
1282 Alturas Drive
Moscow, ID 83843
208-883-2839

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 14 / 15 Month Day Year	10 : 14 ☑ AM ☐ PM	Whitman

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# 2 2 9 7 2 1 4
System Name: Pullman Farm

Contact Person: WFI Facility

Day Phone: ( ) 332-3941	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU FHS
PO Box 641172
Pullman WA 99164-1172

SAMPLE INFORMATION

Sample collected by (name): Staff

Specific location where sample collected (address or sample site, and type of faucet): WFI #2

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☐ **Routine Distribution Sample**
Chlorinated: Yes_____ No X
Chlorine Residual: Total____ Free____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☑ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Satisfactory**
TC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform_____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	4/14/15 11:00
Date Analyzed: 4/14/15	Date Reported: 4-9-15
1 2 5 4 5 18 Sample Number (DOH number plus five digits)	Lab Use: 1804105004-001

DOH Form 4331-310 (revised 11/10)

Anatek Labs, Inc.
1282 Alturas Drive
Moscow, ID 83843
208-883-2839

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 14 / 15 (Month Day Year)	10 : 14 ☑ AM ☐ PM	Whitman

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# 2294
System Name: Pullman Farm

Contact Person: WSU Facilities

Day Phone: ( )	Cell Phone: ( )
335-3041	
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU FMD
PO Box 641172
Pullman WA 99164-1172

SAMPLE INFORMATION

Sample collected by (name): Staff

Specific location where sample collected (address or sample site, and type of faucet): Well #2

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☐ **Routine Distribution Sample**
Chlorinated: Yes_____ No X
Chlorine Residual: Total____ Free____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☑ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Satisfactory**
TC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform_____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	4/15/15 11:00
Date Analyzed: 4/15/15	Date Reported: 4-9-15
1 2 5 4 5 18 Sample Number (DOH number plus five digits)	Lab Use: 1804105004-001

DOH Form 4331-210 (revised 11/10)

Anatek Labs, Inc.
1282 Alturas Drive
Moscow, ID 83843
208-883-2839

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 14 / 15 Month Day Year	10 : 14 ☑ AM ☐ PM	Whitman

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# 229421
System Name: Pullman Farm

Contact Person: WSU Farm

Day Phone: ( ) 335-1041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU Farm
PO Box 641172
Pullman WA 99164-1172

SAMPLE INFORMATION

Sample collected by (name):

Specific location where sample collected (address or sample site, and type of faucet):
Well #2

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☐ **Routine Distribution Sample**
Chlorinated: Yes_____ No X
Chlorine Residual: Total____ Free____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Satisfactory**
TC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	4/14/15 10:14
Date Analyzed: 4/14/15	Date Reported: 4-17-15
1 2 5 4 5 18 Sample Number (DOH number plus five digits)	Lab Use: 1804105004-001

DOH Form 4331-310 (revised 11/10)

8. Water Facilities Inventory Form

WSU is currently updating the Water Facilities Inventory WFI) Form based on the well approval. Attached is a draft modified WFI which was in the Group B Workbook.

WATER FACILITIES INVENTORY (WFI) FORM

Washington State Department of Health
Division of Environmental Health
Office of Drinking Water

ONE FORM PER SYSTEM

Quarter: 0
Updated: 03/12/2012
Printed: 11/16/2017
WFI Printed For: On-Demand
Submission Reason: Contact Update

RETURN TO: Central Services - WFI, PO Box 47822, Olympia, WA, 98504-7822

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
82981 4	SPILLMAN FARM	WHITMAN	B	

6. PRIMARY CONTACT NAME & MAILING ADDRESS

GREGORY M. STREVA
WATER DIST. MANAGER
PO BOX 641150
PULLMAN, WA 99164-1150

7. OWNER NAME & MAILING ADDRESS

WASHINGTON STATE UNIVERSITY
GENE PATTERSON — WATER QUALITY MANAGER
WSU ENV HEALTH & SAFETY
PO BOX 641172
PULLMAN, WA 99164-1172

8. OWNER NUMBER: 005586

STREET ADDRESS IF DIFFERENT FROM ABOVE

ATTN
ADDRESS 2425 GRIMES WAY
CITY PULLMAN STATE WA ZIP 99164

STREET ADDRESS IF DIFFERENT FROM ABOVE

ATTN
ADDRESS
CITY STATE ZIP

9. 24 HOUR PRIMARY CONTACT INFORMATION

Primary Contact Daytime Phone: (509) 335-9040
Primary Contact Mobile/Cell Phone: (509) 595-8591
Primary Contact Evening Phone: (xxx)-xxx-xxxx
Fax:
E-mail: xxxxxxxxxxxxxxxxxxx

10. OWNER CONTACT INFORMATION

Owner Daytime Phone: (509) 335-3041
Owner Mobile/Cell Phone: (509) 595-5873
Owner Evening Phone:
Fax: (509) 335-4442
E-mail: xxxxxxxxxxxxxxxxxxx

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)

- [x] Not applicable (Skip to #12)
- [ ] Owned and Managed
- [ ] Managed Only
- [ ] Owned Only

SMA NAME: _____ SMA Number:

12. WATER SYSTEM CHARACTERISTICS (mark all that apply)

- [x] Agricultural
- [ ] Commercial / Business
- [ ] Day Care
- [ ] Food Service/Food Permit
- [ ] 1,000 or more person event for 2 or more days per year
- [ ] Hospital/Clinic
- [ ] Industrial
- [ ] Licensed Residential Facility
- [ ] Lodging
- [ ] Recreational / RV Park
- [ ] Residential
- [ ] School
- [ ] Temporary Farm Worker
- [ ] Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)

- [ ] Association
- [ ] City / Town
- [ ] County
- [ ] Federal
- [ ] Investor
- [ ] Private
- [ ] Special District
- [x] State

14. STORAGE CAPACITY (gallons)

15	16	17	18 SOURCE CATEGORY										19 USE			20	21 TREATMENT						22	23	24 SOURCE LOCATION			
Source Number	SOURCE NAME LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	InAct 07/06/2007 Well #1		X										X				X						400	130	NW SE	16	14N	45E
S02	Well #2 - UNAPPROVED		X										X			N	X						188	55	NW SE	16	14N	45E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
82981 4	SPILLMAN FARM	WHITMAN	B	

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED CONNECTIONS
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)		~~1~~ 2	Undetermined
A. Full Time Single Family Residences (Occupied 180 days or more per year)	~~1~~ 2		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	~~2~~	~~2~~ 3	
28. TOTAL SERVICE CONNECTIONS		~~3~~ 5	

29. FULL-TIME RESIDENTIAL POPULATION

A. How many residents are served by this system 180 or more days per year? 5

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?	10	10	10	10	10	19	19	19	10	10	10	10
B. How many days per month is water accessible to the public?	1	1	1	1	1	1	1	1	1	1	1	1

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
* Requirement is exception from WAC 246-290												

34. NITRATE SCHEDULE	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
(One Sample per source by time period)			

35. Reason for Submitting WFI:

☐ Update - Change ☐ Update - No Change ☐ Inactivate ☐ Re-Activate ☐ Name Change ☐ New System ☐ Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____

9. Water Rights Assessment Forms

The primary reason for inclusion of Spillman Farm into the Washington State University municipal water system is the relocation of Tukey Farm from the Pullman campus to Spillman Farm. The amount of water currently being used on the Tukey Orchard will remain the same, just at a new location. Due to this WSU's current water usage, 5 year and 20 year projects remain the same as provided in the 2015 Water System Plan.

Current Well Information		
Source Name/Number	**Status**	**Maximum Instantaneous Flow Rate (Qi) gpm/cfs based on well specific capacity[1]**
Well No. 1	Non operational	
Well No. 3	Non operational	
Well No. 4	Primary	1,500 gpm
Well No. 5	Monitoring	450 gpm
Well No. 6	Primary	1,500 gpm
Well No. 7	Primary	2,500 gpm
Well No. 8	Primary	2,500 gpm
Spillman Farm	Primary	55 gpm

Current Water Rights	**Existing Water Rights**		**Existing Consumption**		**Current Water Right Status**	
	Maximum Instantaneous Flow Rate (Qi) gpm/cfs	**Maximum Annual Volume (Qa) AF/yr**	**Maximum Instantaneous Flow Rate (Qi) gpm/cfs**	**Maximum Annual Volume (Qa) AF/yr**	**Maximum Instantaneous Flow Rate (Qi) gpm/cfs**	**Maximum Annual Volume (Qa) AF/yr**
Total (aggregate): Claim 098522, Claim 098523, Certificate 5070-A, Certificate 5072-A, G3-22065C, G3-28278P	5,000 gpm[2]	5,300 AF/yr[2]	3,250 gpm	1,454 AF/yr	1,750 gpm	3,846 AF/yr

Intertie Name/Identifier		**Name of Purveyor Providing Water**			**Existing Limits on Intertie Water Use**		**Existing Consumption through Intertie**		**Current Intertie Supply Status (Excess/Deficiency)**	
					Maximum Instantaneous Flow Rate (Qi) gpm/cfs	**Maximum Annual Volume (Qa) AF/yr**	**Maximum Instantaneous Flow Rate (Qi) gpm/cfs**	**Maximum Annual Volume (Qa) AF/yr**	**Maximum Instantaneous Flow Rate (Qi) gpm/cfs**	**Maximum Annual Volume (Qa) AF/yr**
1. WSU		Emergency Use Only			N/A	N/A	N/A	N/A	N/A	N/A
Total										

Pending Water Right Application	**Name on Application**	**Date Submitted**	**Primary or Supplemental**	**Maximum Instantaneous Flow Rate (Qi) Requested**	**Maximum Annual Volume (Qa) Requested**
None	N/A	N/A	N/A	N/A	N/A

1. Maximum Instantaneous Flow Rates are based on well specific capacity not water rights. The WSU water rights are an aggregate amount and not dependent on point of withdrawal
2. WSU Water Rights are an aggregate amount and not dependent on point of withdrawal

Forecasted Water Rights Status (2020)		
Source Name/Number	**Status**	**Maximum Instantaneous Flow Rate (Qi) gpm/cfs based on well specific capacity[1]**
Well No. 1	Non operational	
Well No. 3	Non operational	
Well No. 4	Primary	1,500 gpm
Well No. 5	Monitoring	450 gpm
Well No. 6	Primary	1,500 gpm
Well No. 7	Primary	2,500 gpm
Well No. 8	Primary	2,500 gpm
Spillman Farm	Primary	55 gpm

Current Water Rights	**Existing Water Rights**		**Existing Consumption**		**Current Water Right Status**	
	Maximum Instantaneous Flow Rate (Qi) gpm/cfs	**Maximum Annual Volume (Qa) AF/yr**	**Maximum Instantaneous Flow Rate (Qi) gpm/cfs**	**Maximum Annual Volume (Qa) AF/yr**	**Maximum Instantaneous Flow Rate (Qi) gpm/cfs**	**Maximum Annual Volume (Qa) AF/yr**
Total (aggregate): Claim 098522, Claim 098523, Certificate 5070-A, Certificate 5072-A, G3-22065C, G3-28278P	5,000 gpm[2]	5,300 AF/yr[2]	3,268 gpm	1,462 AF/yr	1,732 gpm	3,838 AF/yr

Intertie Name/Identifier		**Name of Purveyor Providing Water**	**Existing Limits on Intertie Water**		**Existing Consumption through**		**Current Intertie Supply Status**	
			Maximum Instantaneous Flow Rate (Qi) gpm/cfs	**Maximum Annual Volume (Qa) AF/yr**	**Maximum Instantaneous Flow Rate (Qi) gpm/cfs**	**Maximum Annual Volume (Qa) AF/yr**	**Maximum Instantaneous Flow Rate (Qi) gpm/cfs**	**Maximum Annual Volume (Qa) AF/yr**
1. WSU		Emergency Use Only	N/A	N/A	N/A	N/A	N/A	N/A
Total								

Pending Water Right Application	**Name on Application**	**Date Submitted**	**Primary or Supplemental**	**Maximum Instantaneous Flow Rate (Qi) Requested**	**Maximum Annual Volume (Qa) Requested**
None	N/A	N/A	N/A	N/A	N/A

1. Maximum Instantaneous Flow Rates are based on well specific capacity not water rights. The WSU water rights are an aggregate amount and not dependent on point of withdrawal
2. WSU Water Rights are an aggregate amount and not dependent on point of withdrawal

Forecasted Water Rights Status (2034)		
Source Name/Number	**Status**	**Maximum Instantaneous Flow Rate (Qi) gpm/cfs based on well specific capacity[1]**
Well No. 1	Non operational	
Well No. 3	Non operational	
Well No. 4	Primary	1,500 gpm
Well No. 5	Monitoring	450 gpm
Well No. 6	Primary	1,500 gpm
Well No. 7	Primary	2,500 gpm
Well No. 8	Primary	2,500 gpm
Spillman Farm	Primary	55 gpm

Current Water Rights	**Existing Water Rights**		**Existing Consumption**		**Current Water Right Status**	
	Maximum Instantaneous Flow Rate (Qi) gpm/cfs	**Maximum Annual Volume (Qa) AF/yr**	**Maximum Instantaneous Flow Rate (Qi) gpm/cfs**	**Maximum Annual Volume (Qa) AF/yr**	**Maximum Instantaneous Flow Rate (Qi) gpm/cfs**	**Maximum Annual Volume (Qa) AF/yr**
Total (aggregate): Claim 098522, Claim 098523, Certificate 5070-A, Certificate 5072-A, G3-22065C, G3-28278P	5,000 gpm[2]	5,300 AF/yr[2]	3,569 gpm	1,596 AF/yr	1,431 gpm	3,704 AF/yr

Intertie Name/Identifier	**Name of Purveyor Providing Water**	**Existing Limits on Intertie Water Use**		**Existing Consumption through**		**Current Intertie Supply Status**	
		Maximum Instantaneous Flow Rate (Qi) gpm/cfs	**Maximum Annual Volume (Qa) AF/yr**	**Maximum Instantaneous Flow Rate (Qi) gpm/cfs**	**Maximum Annual Volume (Qa) AF/yr**	**Maximum Instantaneous Flow Rate (Qi) gpm/cfs**	**Maximum Annual Volume (Qa) AF/yr**
1. WSU	Emergency Use Only	N/A	N/A	N/A	N/A	N/A	N/A
Total							

Pending Water Right Application	**Name on Application**	**Date Submitted**	**Primary or Supplemental**	**Maximum Instantaneous Flow Rate (Qi) Requested**	**Maximum Annual Volume (Qa) Requested**
None	N/A	N/A	N/A	N/A	N/A

1. Maximum Instantaneous Flow Rates are based on well specific capacity not water rights. The WSU water rights are an aggregate amount and not dependent on point of withdrawal
2. WSU Water Rights are an aggregate amount and not dependent on point of withdrawal

10. Water Resources application for Change/Transfer of a Water Right

Attached the Water Resources application for Change/Transfer of a Water Right submit by the Attorney General's Office on behalf of Washington State University.

DEPARTMENT OF ECOLOGY
State of Washington

WATER RESOURCES
Application for Change/Transfer of a Water Right

You must include a $50.00 minimum filing fee with this application for:

(Check all that apply.)
- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change/transfer place of use
  Change point(s) of diversion/withdrawal
- ☒ Add point(s) of diversion/withdrawal
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

No filing fee is required for applications for:
- ☐ Drought
- ☐ Cost Reimbursement
- ☐ Water Conservancy Board

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED _____
CHECK NO. _____ FEE $ _____
DATE ACCEPTED _____ BY _____
CHANGE NO. _____
COUNTY _____ WRIA _____
SPECIAL AREA _____
SEPA: ☐ EXEMPT ☐ NOT EXEMPT
ECY CODING: 001-002-WR10285-000011
APP NO. _____ PERMIT NO. _____
CERT NO. _____ CERT OF CHG NO. _____

☐ **I have completed a pre-application consultation with Ecology.**

1. Applicant Information

APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.
Washington State University (WSU)	(509) 335-9000	(509) 335-9034
ADDRESS		
Facilities Operations, McCluskey Services Bldg.		
CITY	STATE	ZIP CODE
Pullman	WA	99164-1150
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
Nathan Deen	(509) 335-2636	(509) 335-1663
ADDRESS		
P.O. Box 641031		
CITY	STATE	ZIP CODE
Pullman	WA	99164
EMAIL ADDRESS (IF AVAILABLE)		
nathan_deen@wsu.edu		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE	PHONE NO.	FAX NO.
Washington State University	(509) 335-9000	(509) 335-9034
ADDRESS		
Facilities Operations, McCluskey Services Bldg.		
CITY	STATE	ZIP CODE
Pullman	WA	99164-1150
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER	RECORDED NAME(S)
CG3-098523CL	Washington State University

DO YOU OWN THE RIGHT TO BE CHANGED? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____

HAS THE WATER BEEN USED AS AUTHORIZED IN THE LAST FIVE (5) YEARS? ☒ YES ☐ NO

- Attach copies of any documentation that shows the historical use of water that has occurred since the right was established. **Since 2006 Water Right CG3-098523CL has been integrated with five other WSU water rights serving the Pullman Campus, which all share the same points of withdrawal. Therefore it is impossible to segregate the recent use of Water Right CG3-098523CL from the integrated water rights. Attachment 2 shows the use of the integrated water rights since 2006. Attachment 3 shows the historical use of the Pullman Campus water rights, including CG3-098523CL, prior to 2006.**

  If you have a water system plan or conservation plan, please include a copy with your application.

  Access WSU water system plan here:
  https://ehs.wsu.edu/WSU%20Water%20System%20Plan%202015.pdf

3. Point(s) of Diversion/Withdrawal:

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Attachment 1								
see Att. 4 (map)								

B. Proposed (if different from 3.A.)

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Existing POWs (Att. 1)								
Spillman Well	1	NW	SE	16	14	45E	N/A	
see Att. 4 (map)								

C. DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER NAME(S): _____

- Include copies of all associated water well reports. **See Attachment 5.**
- If you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal supply	500 GPM	720*	year round

B. Proposed (if different from 4.A.)

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
Service area described in most recent Water System Plan approved by the Washington Dept. of Health (Attachment 6)							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER NAME(S):

B. Proposed (if different than 5.A.)

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
Service area described in Updated Water System Plan approved by the Washington Dept. of Health (amended to include the Place of Use of Water Right G3-CV2P981 (Attachment 7))							
¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER NAME(S):

- Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. **See Attachment 4.**
- If platted property, please include a certified copy of the plat map.

C. Are there any additional water rights or claims related to the same property as the one proposed for change/transfer?

☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): CG3-098522CL; CG3-*06405C (Certificate 5070-A); CG3-*06734C (Certificate 5072-A); CG3-22065C/CG3-22065@1; CG3-28278P; G3-CV2P981

6. Remarks and Other Relevant Information:

The R.B. Tukey Horticulture Orchard, a research facility operated by the WSU Department of Horticulture, is being relocated from the WSU Pullman Campus to Spillman Farm. The additional point of withdrawal for CG3-098523CL will enable adequate water supply for this institutional use. The WSU Water System Plan is being amended to include Spillman Farm within the Water System service area.

IF FOR SEASONAL OR TEMPORARY, START DATE ___/___/____ END DATE ___/___/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact:

Department of Revenue
Real Estate Excise Tax
PO Box 47477
Olympia, WA 98504-7477

Phone (360) 570-3265

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

Stacy Pearson, VP for Finance and Administration **Applicant Printed Name – Title**	Stacy Pearson **Applicant Signature**	03/28/2018 **(Date: MM/DD/YYYY)**
Stacy Pearson, VP for Finance and Administration **Water Right Holder Printed Name**	Stacy Pearson **Water Right Holder Signature**	03/28/2018 **(Date: MM/DD/YYYY)**
Stacy Pearson, VP for Finance and Administration **Land Owner of Existing Place of Use Printed Name**	Stacy Pearson **Land Owner of Existing Place of Use Signature**	03/28/2018 **(Date: MM/DD/YYYY)**
Stacy Pearson, VP for Finance and Administration **Land Owner of Proposed Place of Use Printed Name**	Stacy Pearson **Land Owner of Proposed Place of Use Signature**	03/28/2018 **(Date: MM/DD/YYYY)**

***Submit your application to:** DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	☐ Central Regional Office 1250 W. Alder Street Union Gap, WA 98903-0009 (509) 575-2490	☒ Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1265 (509) 329-3400
	☐ Northwest Regional Office 3190 – 160th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	☐ Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

ATTACHMENT 1 FOR
Application for Change/Transfer of Water Right

Point(s) of Diversion/Withdrawal - ☒ Existing ☐ Proposed:

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
WSU Well #1	1	SE	NW	5	14	45E	N/A	N/A
WSU Well #3	3	SE	NW	5	14	45E	N/A	N/A
WSU Well #4	4	SE	NW	5	14	45E	N/A	N/A
WSU Well #5	5	NE	SW	34	15	45E	N/A	N/A
WSU Well #6	6	NW	NW	4	14	45E	N/A	N/A
WSU Well #7	7	SW	NE	5	14	45E	N/A	N/A
WSU Well #8	8	NE	NW	4	14	45E	N/A	N/A

DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☒ YES ☐ NO

IF NO, PROVIDE OWNER NAME(S):

Purpose(s) of Use - ☐ Existing ☐ Proposed:

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

Place of Use - ☐ Existing ☒ Proposed:

LEGAL DESCRIPTION OF LANDS

Service area described in Updated Water System Plan approved by the Washington Dept. of Health (amended to include Place of Use of Water Right G3-CV2P981 (Attachment 7))

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
					Whitman		

DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER NAME(S):

ATTACHMENT 2

Water usage WSU-Pullman campus

Year	*Gallons of Water*
2006	477,502,946
2007	502,977,504
2008	501,012,598
2009	478,967,995
2010	450,414,007
2011	465,802,008
2012	469,465,971
2013	461,503,996
2014	473,226,000
2015	499,504,000
2016	437,316,001
2017	499,602,000

ATTACHMENT 3

WSU PULLMAN CAMPUS WATER SYSTEM – ANNUAL VOLUMES PUMPED IN ACRE-FEET

Year	Well 1	Well 2	Well 3	Well 4	Well 5	Well 6	Well 7	Well 8	Total
1937									472
1938									499
1939									550
1940									
1941									473
1942									541
1943									576
1944									570
1945									530
1946									666
1947									784
1948									873
1949	718	347							1065
1950	763	264							1027
1951	895	275							1170
1952									
1953									
1954									
1955									
1956									
1957									
1958	41	146	1019						1206
1959	36	336	888						1260
1960	57	459	808						1324
1961	95	586	754						1434
1962	122	566	842						1530
1963	214	443	977	55					1689
1964	101	113	864	535					1613
1965	94	97	1004	592					1787
1966	180	183	605	867					1835
1967	156	157	582	1028					1924
1968	87	85	623	1033					1828
1969	168	135	858	1090					2251
1970	83	155	680	958					1876
1971	237	154	648	693	107				1838
1972	137	105	644	960	188				2034
1973	161	130	628	1042	156				2116
1974	146	118	631	949	213				2057
1975	206	171	688	659	184				1908
1976	136	113	618	938	228				2033
1977	125	18	378	735	138	713			2106
1978	116	0	367	672	34	878			2067
1979	121	0	377	874	20	855			2247
1980	124	0	344	829	16	662			1976
1981	163	0	564	790	20	536			2073
1982	120	0	431	876	13	703			2142
1983	180	0	451	808	16	607			2062
1984	236	0	493	802	0	746			2277
1985	222	0	377	1058	1	558			2215
1986	191	0	249	1085	0	565			2090
1987	275	0	263	915	0	623			2077
1988	293	0	392	818	0	458			1961
1989	260	0	448	639	0	503			1860
1990	234	0	263	644	0	726			1866

Year	Well 1	Well 2	Well 3	Well 4	Well 5	Well 6	Well 7	Well 8	Total
1991	328	0	491	730	0	296			1846
1992	192	0	193	395	0	332	742		1855
1993	275	0	386	728	0	339	129		1857
1994	292	0	340	740	0	618			1989
1995	357	0	463	694	0	279			1793
1996	277	0	311	529	46	655			1818
1997	261	0	308	616	90	445			1720
1998	181	0	243	495	18	789	29		1755
1999	0	0	179	184	0	1102	295		1760
2000	2	0	83	141	0	1073	470		1769
2001	0	0	0	88	0	545	1295		1927
2002	0	0	0	129	0	389	1280		1798
2003	0	0	0	0	0	473	1394		1866
2004	0	0	0	0	0	187	1525		1711
2005	0	0	0	0	0	84	1497		1581
2006	0	0	0	0	0	44	1401	20	1466

ATTACHMENT 4



WASHINGTON STATE UNIVERSITY

Points of Withdrawal

Date: 3/14/2018

Facilities Services
Geographic Information System

ATTACHMENT 5

ENVIRONMENTAL HEALTH & SAFETY
JUN 14 2007
RECEIVED

WATER WELL REPORT

Original & 1st copy – Ecology, 2nd copy – owner, 3rd copy – driller

Construction/Decommission *("x" in circle)*

☒ Construction
☐ Decommission *ORIGINAL INSTALLATION*

Notice of Intent Number

PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐ DeWater ☒ Irrigation ☐ Test Well ☐ Other

TYPE OF WORK: Owner's number of well (if more than one)

☒ New well ☐ Reconditioned *Method:* ☐ Dug ☐ Bored ☐ Driven ☐ Deepened ☐ Cable ☒ Rotary ☐ Jetted

DIMENSIONS: Diameter of well 8 inches, drilled 400 ft.
Depth of completed well 400ft.

CONSTRUCTION DETAILS

Casing Installed: ☒ Welded 8" Diam. from +2 ft. to 283 ft.
☐ Liner installed ____" Diam. from ____ ft. to ____ ft.
☐ Threaded ____" Diam. From ____ ft. to ____ ft.

Perforations: ☐ Yes ☒ No
Type of perforator used
SIZE of perfs ____ in. by ____ in. and no. of perfs ____ from ____ ft. to ____ ft.

Screens: ☐ Yes ☒ No ☐ K-Pac Location
Manufacturer's Name
Type Model No.
Diam. ____ Slot size ____ from ____ ft. to ____ ft.
Diam. ____ Slot size ____ from ____ ft. to ____ ft.

Gravel/Filter packed: ☐ Yes ☒ No Size of gravel/sand
Materials placed from ____ ft. to ____ ft.

Surface Seal: ☒ Yes ☐ No To what depth? 188ft.
Material used in seal cement
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? Depth of strata
Method of sealing strata off

PUMP: Manufacturer's Name
Type: H.P.

WATER LEVELS: Land-surface elevation above mean sea level ____ ft.
Static level 227 ft. below top of well Date 04/15/07
Artesian pressure ____ lbs. per square inch Date
Artesian water is controlled by (cap, valve, etc.)

WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? ☐ Yes ☒ No If yes, by whom?
Yield: ____ gal./min. with ____ ft. drawdown after ____ hrs.
Yield: ____ gal./min. with ____ ft. drawdown after ____ hrs.
Yield: ____ gal./min. with ____ ft. drawdown after ____ hrs.

Recovery data (data taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test 4/17/07
Bailer test ____ gal./min. with ____ ft. drawdown after ____ hrs.
Airtest 450 gal./min. with stem set at 400 ft. for 5 hrs.
Artesian flow ____ g.p.m. Date
Temperature of water 54 Was a chemical analysis made? ☐ Yes ☒ No

CURRENT

Notice of Intent No. WE06324
Unique Ecology Well ID Tag No.
Water Right Permit No.
Property Owner Name WSU
Well Street Address WSU Spillman Farms
City Pullman County Whitman
Location NW1/4-1/4 SE1/4 Sec 16 Twn 14 R 45E (s, t, r Still REQUIRED) SWM ☐ or WWM ☐

Lat/Long Lat Deg ____ Lat Min/Sec ____
Long Deg ____ Long Min/Sec ____
Tax Parcel No. (Required)

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
Dirt & Clay	0	7
Med. Basalt	7	25
Hard Basalt	25	87
Gray Basalt–Hard	87	135
Softer Gray Basalt	135	145
Seams in Gray Basalt	145	175
Yellow Shale in Soft Basalt	175	185
Clay, Yellow and Green	185	216
Air Loss	216	225
Black Soft Basalt	225	245
Soft Weathered Basalt, caving	245	280
Soft, Weathered Basalt	280	307
Gray Basalt	307	342
Softer Basalt, water	342	376
Med. Basalt, more water	376	403
400-500 GPM		

Start Date April 2, 2007 Completed Date April 16, 2007

WELL CONSTRUCTION CERTIFICATION: I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

☒ Driller ☐ Engineer ☐ Trainee Name (Print) William Uhlenkott
Driller/Engineer/Trainee Signature William Uhlenkott
Driller or trainee License No. 1740

IF TRAINEE: Driller's License No:
Driller's Signature:

Drilling Company Uhlenkott Well Drilling
Address 306 Gulch Rd.
City, State, Zip Grangeville, ID 83520

Contractor's Registration No. RAY UHL 907708 Date April 27, 2007

CERTIFICATE RECORD NO. 8 PAGE NO. 3785-A

STATE OF WASHINGTON, COUNTY OF Whitman

Certificate of Ground Water Right

Issued in accordance with the provisions of Chapter 263, Laws of Washington for 1945, and amendments thereto, and the rules and regulations of the State Supervisor of Water Resources thereunder.

THIS IS TO CERTIFY That WASHINGTON STATE UNIVERSITY

of Pullman, Washington , has made proof to the satisfaction of the State Supervisor of Water Resources of Washington, of a right to the use of the ground waters of a well

located within NW¼NW¼SE¼

Sec. 16 , Twp. 14 N., R. 45 E. W. M.

for the purpose of irrigation and domestic supply

under and subject to provisions contained in Ground Water Permit No 3992 issued by the State Supervisor of Water Resources and that said right to the use of said ground waters has been perfected in accordance with the laws of Washington, and is hereby confirmed by the State Supervisor of Water Resources of Washington and entered of record in Volume 8 at page 3785-A

that the right hereby confirmed dates from March 22, 1956 ; that the quantity of ground water under the right hereby confirmed for the purposes aforesaid, is limited to an amount actually beneficially used for said purposes, and shall not exceed 55 gallons per minute; 40 acre-feet per year for the irrigation of 10 acres and for domestic supply.

Special provisions required by the Supervisor of Water Resources:

A description of the lands to which such ground water right is appurtenant:

S½NW¼, sec.15, T.14 N., R.45 E.W.M., and that part of the S½, sec.16 and of the W½SW¼, sec.15, T.14 N., R.45 E.W.M., more particularly described as follows: Beginning at the northeast corner of said W½SE¼, sec.15, thence S.3°28' W. along the east line of said W½SW¼, sec.15, 968.4 feet; thence S.60°37' W.632.5 feet; thence S.84°38' W. 2912.1 feet; thence N.81°56' W. 788.7 feet, more or less, to an intersection with the center line of the county road known as "Pullman-Busby Road- C.R.P. No.115-F.A. 669-B. 0669 (1)"; thence in a northerly direction along said center line of said county road to its intersection with the north line of the S½, sec.16, T.14 N., R.45 E. W.M.; thence easterly along said north line of S½, sec.16 to the one quarter corner common to said sections 16 and 15; thence easterly along the north line of said W½SW¼, sec.15 to the northeast corner thereof and the point of beginning, EXCEPT any part of the above described land lying within the right of way of the above mentioned county road.

28th day of November , 19 60.

State Supervisor of Water Resources

CERTIFICATE OF CHANGE OF PLACE OF USE OF GROUND WATER

In accordance with the provisions of Chapter 263, Laws of Washington for 1945, and the regulations of the State Director of Water Resources.

THIS IS TO CERTIFY That the Washington State University of Pullman, Washington, has complied with all of the requirements of Revised Code of Washington 90.44.100, and is hereby granted a permit to change the place of use of 55 gallons per minute, 40 acre-feet per year, of waters from a well as granted in Ground Water Certificate No. 3785-A.

That the water is being used for the purpose of domestic supply and irrigation on the following described lands:

SE¼NW¼, Sec. 15, T. 14 N., R. 45 E.W.M. and that part of the S½ of Sec. 10 and of the W½SW¼ of Sec. 15 of said T. 14 N., R. 45 E.W.M., more particularly described as follows: Beginning at the northeast corner of said W½SW¼, Sec. 15; thence south 5°28' west along the east line of said W½SW¼, Sec. 15, 655.4 feet; thence south 68°57' west 652.5 feet; thence south 84°58' west 2912.1 feet; thence north 61°56' west 798.7 feet, more or less, to an intersection with the center line of the county road known as "Pullman-Moscow Road - C.R.P. No. 115-P.A. 659-B, 6609 (1)"; thence in a northerly direction along said center line of said county road to its intersection with the north line of the S½ of Sec. 15, T. 14 N., R. 45 E.W.M.; thence easterly along said north line of the S½ of Sec. 15 to the one-quarter corner common to said Sections 10 and 15; thence easterly along the north line of said W½SW¼, Sec. 15 to the northeast corner thereof and the point of beginning, EXCEPT any part of the above described land lying within the right-of-way of the above mentioned county road.

That the place of use of said waters has been changed to the following described lands:

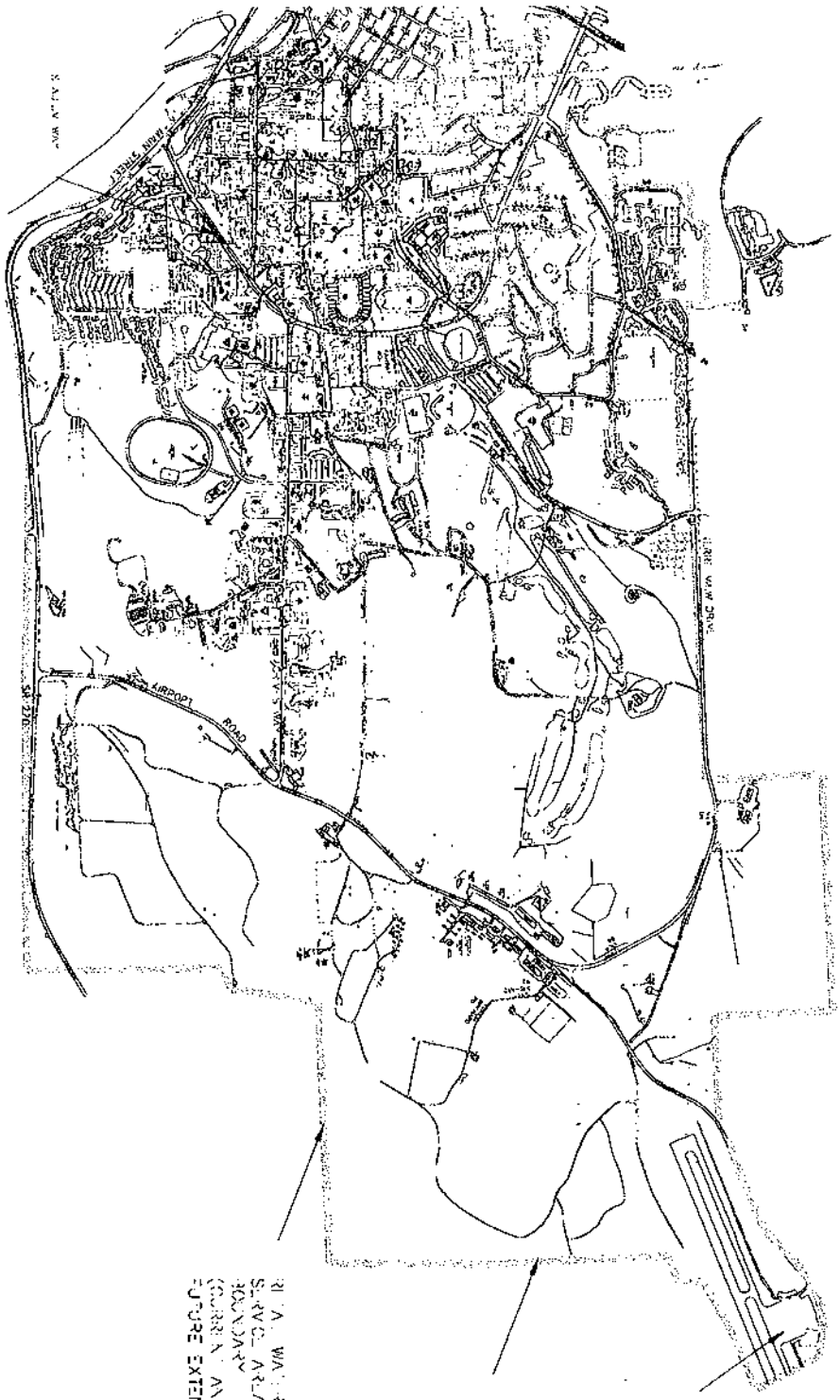
The above-described tract AND NE¼ of said Sec. 10, Whitman County, Washington.

WITNESS THE SEAL and SIGNATURE of the Assistant Director, Division of Water Management, Department of Water Resources, State of Washington, affixed this 2nd day of August, 1968.

GLEN H. FIEDLER, Asst. Director
Division of Water Management
Department of Water Resources

RECORDED:
Volume 2, page 981
Records of Change of
Place of Use of
Ground Water.

ATTACHMENT 6



DOMESTIC WATER SYSTEM

RETAIL WATER SERVICE AREA

WASHINGTON STATE UNIVERSITY

DRAWN BY: A...

CHECKED BY: A...

DATE: 03/24/16 DC NO. 0

EXHIBIT 1-4

ATTACHMENT 7

Water Right G3-CV2P981 Place of Use

The northeast quarter (1/4) of Section 16, Township 14 N., Range 45 E. W.M.

AND

The south one-half (S ½) of the northwest quarter of Section 15, Township 14 N., Range 45 E. W.M.

AND

That part of the south one-half (S ½) of Section 16 and of the west one-half (W ½) of the southwest quarter (SW ¼) of Section 15 of said Township 14 N., Range 45 E. W.M. more particularly described as follows: Beginning at the northeast corner of said west one-half of the southwest one-quarter of Section 15, thence S 3° 28' W along the east line of said west one-half of the southwest quarter of Section 15, 968.4 feet; thence S 60° 37' W, 632.5 feet; thence S 84° 38' W, 2912.1 feet; thence N 81° 56' W, 788.7 feet more or less to an intersection with the centerline of the county road known as "Pullman-Busby Road – C.R.P. No. 115-F.A. 669.S 0669(1)"; thence in a northerly direction along said centerline of said county road to its intersection with the north line of the south half of Section 16, Township 14 N., Range 45 E. W.M.; thence easterly along said north line of the south half of Section 16 to the one-quarter corner common to said Sections 16 and 15; thence easterly along the north line of said west one-half of the southwest one-quarter of Section 15 to the northeast corner thereof and the point of beginning, EXCEPT any part of the above-described land lying within the right-of-way of the above-mentioned county road.

11. SEPA checklist, Determination of Non Significance, and Affidavit of Publication

There were no comments submitted.

ENVIRONMENTAL CHECKLIST
6/1/18

WSU Pullman Campus / Tula Young Hasting Farm / Spillman Farm
Washington State University Domestic Water System Plan Update

A. BACKGROUND

1. Name of proposed project, if applicable:

   Campus domestic water system plan amendment.

2. Name of applicant:

   Washington State University

3. Address and phone number of applicant and contact person:
   Dan Costello
   Washington State University
   McCluskey Services Building
   Post Office Box 641150
   Pullman, WA 99164-1150

   Telephone: (509) 335-9002

4. Date checklist prepared:

   June 1, 2018

5. Agency requesting checklist:

   Washington State University

6. Proposed timing or schedule (including phasing, if applicable):

   This amendment to the approved 2015 Water System Plan Update addresses the expansion of the WSU municipal water rights to include Spillman Farm as a Satellite System. Due to the Moscow-Pullman Regional Airport realignment research facilities must be relocated. WSU is relocating Tukey Orchard to Spillman Farm from the Pullman campus.

7. Do you have any plans for future additions, expansion or future activity related to or connected with this proposal? If yes, explain.

8. **Yes, this plan will be updated every six years in accordance with State law with an update being completed as previously**

scheduled. The amendment does not change the Water Systems Plan current expiration date, June 29, 2022.

8. List any environmental information you know about that has been prepared or will be prepared directly related to this proposal:

   NA.

9. Do you know whether applications are pending for governmental approvals of other proposals directly affecting the property covered by your proposal? If yes, explain.

   No

10. List any government approvals or permits that will be needed for your proposal, if known.

    Washington State Department of Health.

11. Give a brief, complete description of your proposal, including the proposed uses and the size of the project and the site. There are several questions later in this checklist that ask you to describe certain aspects of your proposal. You do not need to repeat those answers on this page.

    The water plan describes all the physical elements of WSU Group A domestic water systems, in addition to it's operations, maintenance, and future growth projects. The plan is completed in accordance with State law. Maintenance activities and future growth include new installation and replacement of buried water lines, work associated with the wells and all the varied construction activities required (digging of trenches, backfill, asphalt, concrete, etc). Tula Young Hastings Farm is presently operated as a Satellite System under this plan.

    This amendment to the approved 2015 Water System Plan Update addresses the expansion of the WSU municipal water rights to include Spillman Farm as an additional Satellite Systems operating as a Group B domestic water system. Due to the Moscow-Pullman Regional Airport realignment research facilities must be relocated. WSU is relocating Tukey Orchard to Spillman Farm from the Pullman campus.

12. Location of the proposal. Give sufficient information for a person to understand the precise location of your proposed project, including a street address, if any, and section, township and range, if known. If a proposal would occur over a range of area, provide the range or boundaries of the site(s). Provide a legal description, site plan, vicinity map, and topographic map, if reasonably available. While you should submit any plans required by the agency, you are not required to duplicate maps

B. ENVIRONMENTAL ELEMENTS

1. Earth
   a. General description of the site (circle or check one):
      ___flat
      X rolling
      ___hilly
      ___steep slopes
      ___mountainous
      ___other

   b. What is the steepest slope on the site (approximate percent slope)?
      30%

   c. What general types of soils are found on the site (e.g., clay, sand, gravel, peat, muck)? If you know the classification of agricultural soils, specify them and note any prime farmland.
      Predominantly silty clay loam. (Latah Silt Loam, Naff Silt Loam, Palouse Silt Loam, Palouse-Thatuna Silt Loam, Thatuna Silt Loam and Tucannon Silt Loam)

   d. Are there surface indications or history of unstable soils in the immediate vicinity? If so, describe.
      Some soils in the area are poorly drained and susceptible to frost heaving.

   e. Describe the purpose, type and approximate quantities of any filling or grading proposed. Indicate source of fill.

      NA-This project does not involve construction, it is a written plan.

   f. Could erosion occur as a result of clearing, construction or use? If so, generally describe.

      NA-This project does not involve construction, it is a written plan.

   g. About what percent of the site will be covered with impervious surfaces after project construction (e.g., asphalt or buildings)?

      NA-This project does not involve construction, it is a written plan.

   h. Proposed measures to reduce or control erosion, or other impacts to the earth, if any:

      NA- This project does not involve construction, it is a written plan.

2. Air
   a. What types of emissions to the air would result from the proposal (i.e., dust, automobile, odors, industrial, wood smoke) during construction and when the project is completed? If any, generally describe and give approximate quantities, if known.

      NA - This project does not involve construction, it is a written plan.

   b. Are there any off-site sources of emissions or odor that may affect your proposal? If so, generally describe.

      There are no known sources of off-site emissions.

   c. Proposed measures to reduce or control emissions or other impacts to the air, if any:

      NA - This project does not involve construction, it is a written plan.

3. Water
   a. Surface
      (1) Is there any surface water body on or in the immediate vicinity of the site (including year-round and seasonal streams, saltwater, lakes, ponds or wetlands)? If yes, describe and provide names. If appropriate, state what river or stream it flows into.

      Yes, Airport Road Creek flows through the eastern part of the campus. Paradise Creek and South Fork of the Palouse River are in the immediate vicinity, Also, there are numerous wetland areas throughout the campus.

      TYH Farm has Wilbur Gulch Creek in the immediate vicinity.

      The South Fork of the Palouse is located approximately 550 feet west of Spillman Farm.

      (2) Will the project require any work over, in or adjacent to (within 200 feet) the described waters? If yes, please describe and attach available plans.

      NA - This project does not involve construction, it is a written plan.

      (3) Estimate the amount of fill and dredge material that would be placed in or removed from surface waters or wetlands and indicate the area of the site that would be affected. Indicate the source of fill material.

NA

(4) Will the proposal require surface water withdrawals or diversions? Give general description, purpose and approximate quantities, if known.

NA

(5) Does the proposal lie within a 100-year floodplain? If so, note its location on the site plan.

Yes, some of the WSU Pullman campus water system is within the 100-year flood plains for Airport Road Creek and South of the Palouse River.

(6) Does the proposal involve any discharges of waste materials to surface waters? If so, describe the type of waste and anticipated volume of discharge.

No

b. Ground

(1) Will ground water be withdrawn, or will water be discharged to ground water? Give general description, purpose and approximate quantities, if known.

All water is drawn from wells. The average annual water use for the Pullman campus is approximately 500 million gallons. The water presently withdrawn to serve Tukey Orchard, which is relocating to Spillman Farm and prompting this amendment to the water system plan, is included in the 500 million gallon annual withdrawal. The average annual water usage for the Tula Young Hastings Farm is 13 million gallons.

(2) Describe waste material that will be discharged into the ground from septic tanks or other sources, if any (for example: domestic sewage; industrial, containing toxic chemicals; agricultural; etc.). Describe the general size of the system, the number of such systems, the number of houses to be served (if applicable), or the number of animals or humans the system(s) are expected to serve.

No waste material of any kind will be discharged into the ground from septic tanks or other sources.

c. Water Runoff (including Storm Water)

(1) Describe the source of runoff (including storm water) and method of collection and disposal, if any (include quantities, if known). Where will this water flow? Will this water flow into other waters? If so, describe.

NA

(2) Could waste materials enter ground or surface waters? If so, generally describe.

NA

d. Proposed measures to reduce or control surface, ground and runoff water impacts, if any:

NA - This project does not involve construction, it is a written plan.

4. Plants
   a. Check or circle types of vegetation found on the site:

X Deciduous Trees: elm, linden, ash, crabapple
X Evergreen Trees: spruce, mugo pine
X Shrubs
X Grass
X Pasture
X Crop or Grain
X Wet Soil Plants (cattail, buttercup, bulrush, other)
___ Water Plants (water lily, eelgrass, milfoil, other)
___ Other Types of Vegetation

   b. What kind and amount of vegetation will be removed or altered?

Any of the above, on a limited basis, can be affected by construction and/or repair of the WSU water systems. Extensive efforts will be made to avoid the loss of any trees. All affected areas will be restored to their natural state as closely as possible following this installation.

   c. List threatened or endangered species known to be on or near the site.

No threatened or endangered plant species have been identified on or near the campuses or farm.

   d. Proposed landscaping, use of native plants, or other measures to preserve or enhance vegetation on the site, if any:

Areas affected will be replanted. WSU construction standards and practices will be followed.

5. Animals
   a. Check or circle any birds and animals which have been observed on or near the site, or are known to be on or near the site:
   BIRDS

X hawk
X heron
___eagle
X songbirds
X magpies
X pheasants
X geese & ducks
X owls
X crows
X quail

MAMMALS
X deer
___bear
___elk
X beaver
X muskrat
X skunk
X Porcupine
X Other - Rabbits, squirrels, mice, coyotes and occasional moose.

FISH
___bass
___salmon
___trout
___herring
___shellfish
X other - minnows

b. List any threatened or endangered species known to be on or near the site.

There are no threatened or endangered species known to be on or near the campuses or the farm.

c. Is the site part of a migration route? If so, explain:

Not known.

d. Proposed measures to preserve or enhance wildlife, if any:

There are no measures being proposed to preserve or enhance wildlife.

6. Energy and Natural Resources
   a. What kinds of energy (electric, natural gas, oil, solar) will be used to meet the completed project's energy needs? Describe whether it will be used for heating, manufacturing, etc.

Electric energy is used for pumping, lighting, and heating at well houses and pumping facilities.

b. Would your project affect the potential use of solar energy by adjacent properties? If so, generally describe.

The proposed development will in no way affect the potential use of solar energy.

c. What kinds of energy conservation features are included in the plans of this proposal? List other proposed measures to reduce or control energy impacts, if any:
Use of high efficiency motors associated with pumping. Also, water conservation efforts reduce water consumption rates. Reduced consumption rates will reduce pump energy requirements.

7. Environmental Health
   a. Are there any environmental health hazards, including exposure to toxic chemicals, risk of fire and explosion, spills or hazardous waste that could occur as a result of this proposal? If so, describe.

      Exposure to gaseous chlorine may occur at the wellhead chlorination facilities. Also, exposure to hypochlorite when disinfecting water lines is possible.

      (1) Describe special emergency services that might be required.

      Emergency services may require police, fire and Environmental Health and Safety personnel to respond if an accident occurs.

      (2) Proposed measures to reduce or control environmental health hazards, if any:

      Measures to reduce hazards are alarm systems at each wellhead chlorinator and use of personal protective equipment in case of leaks and spills. An Interagency agreement is in place to ensure a timely and coordinated response.

   b. Noise
      (1) What types of noise exist in the area that may affect your project (for example: traffic, equipment, operation, other)?

      None

      (2) What types and levels of noise would be created by or associated with the project on a short-term or a long-term basis (for example: traffic, construction, operation, other)? Indicate what hours noise would come from the site.

Short-term noise may occur as a result of maintenance activities.

(3) Proposed measures to reduce or control noise impacts, if any:

As necessary restricted maintenance hours can be stipulated.

8. Land and Shoreline Use

a. What is the current use of the site and adjacent properties?

WSU is a land grant university, which includes teaching and research in various areas of study. Use of adjacent properties varies due to a variety of owners.

b. Has the site been used for agriculture? If so, describe:

Yes, test fields, pastures, and animal research.

c. Describe any structures on the site.

Residence halls, apartments, laboratories, classrooms, office buildings, animal facilities, and other buildings requiring water.

d. Will any structures be demolished? If so, what structures?

Not as part of this plan.

e. What is the current zoning classification of the site?

The Pullman campus is zoned as "'WSU" by the City of Pullman and as "agriculture" by Whitman County. Tula Young Hastings Farm and Spillman Farm are zoned "Agriculture" by Whitman County.

f. What is the current comprehensive plan designation of the site?

Same as "e" above.

g. If applicable, what is the current shoreline master program's designation for the site?

NA

h. Has any part of the site been classified as an "environmentally sensitive" area? If so, specify.

Yes - Airport Road Creek on the Pullman Campus has been designated as a wetland.

i. Approximately how many people would reside or work in the completed project?

All the students, faculty and staff at WSU. The plan includes population projections.

j. Approximately how many people would the completed project displace?

None

k. Proposed measures to avoid or reduce displacement impacts, if any:

NA

l. Proposed measures to ensure the proposal is compatible with existing and projected land uses and plans, if any:

None

9. Housing

a. Approximately how many units would be provided, if any? Indicate whether they are to be high-, middle- or low-income housing.

No housing of any type is proposed to be built in conjunction with this project.

b. Approximately how many units, if any, would be eliminated? Indicate whether high-, middle- or low-income housing.

NA

c. Proposed measures to reduce or control housing impacts, if any:

NA

10. Aesthetics

a. What is the tallest height of any proposed structure(s), not including antennas; and what is the principal exterior building material(s) proposed?

No structures are planned.

b. What views in the immediate vicinity would be altered or obstructed?

No views will be obstructed.

c. Proposed measures to reduce or control aesthetic impacts, if any:

Proper design and coordination with university designers and affected persons.

11. Light and Glare
    a. What type of light and glare will the proposal produce? What time of day would it mainly occur?

       None

    b. Could light or glare from the finished project be a safety hazard or interfere with views?

       No

    c. What existing off-site sources of light or glare may affect your proposal?

       None

    d. Proposed measures to reduce or control light and glare impacts, if any:

       None

12. Recreation
    a. What designated and informal recreational opportunities are in the immediate vicinity?

       All are available on the WSU campus.

    b. Would the proposed project displace any existing recreational uses? If so, describe.

       No

    c. Proposed measures to reduce or control impacts on recreation, including recreation opportunities to be provided by the project or applicant, if any:

       None

13. Historic and Cultural Preservation
    a. Are there any places or objects listed on or proposed for national, state or local preservation registers known to be on or next to the site? If so, generally describe:

       Yes, various structures on the WSU campus.

b. Generally describe any landmarks or evidence of historic, archaeological, scientific, or cultural importance known to be on or next to the site.

Not known

c. Proposed measures to reduce or control impacts, if any:

As required or where necessary, all proper codes and standards related to historic and cultural preservation will be followed should construction activities potentially impact historic or cultural sites. The first option to be considered will be relocation of water system away from the site.

14. Transportation

a. Identify the public streets and highways serving the site and describe the proposed access to the existing street system. Show on site plans, if any:

Refer to site maps within the plan.

b. Is the site currently served by public transit? If not, what is the approximate distance to the nearest transit stop?

Yes – Pullman Campus
No – Tula Young Hasting Farm
No – Spillman Farm

c. How many parking spaces would the completed project have? How many would the project eliminate?

None

d. Will the proposal require any new roads or streets, or improvements to existing roads or streets, not including driveways? If so, generally describe (indicate whether public or private):

No

e. Will the project use (or occur in the immediate vicinity of) water, rail or air transportation? If so, generally describe:

No

How many vehicle trips per day would be generated by the completed project? If known, indicate when peak volumes would occur.

NA

g. Proposed measures to reduce or control traffic impacts, if any:

NA

15. Public Services
    a. Would the project result in an increased need for public services (for example: fire protection, police protection, health care, schools, other)? If so, generally describe:

    No

    b. Proposed measures to reduce or control direct impacts on public services, if any:

    None

16. Utilities
    a. Circle or check the utilities currently available at the site:
    X electricity
    X natural gas
    X water
    X refuse service
    X telephone
    X sanitary sewer
    X septic system
    X other (storm sewer, steam, computer lines)

    b. Describe the utilities that are proposed for the project, the utility providing the service, and the general construction activities on the site or in the immediate vicinity which might be needed.

    NA

C. SIGNATURE

The above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

Name (typed): Dan Costello

Signature: DC

Date Submitted: 4 JUNE 2018

Applicant (dept./unit) Washington State University/Dept. of Facilities Operations

D. SUPPLEMENTAL SHEET FOR NON PROJECT ACTIONS

Because these questions are very general, it may be helpful to read them in conjunction with the list of the elements of the environment.

When answering these questions, be aware of the extent to which the proposal, or the types of activities likely to result from the proposal, would affect the item at a greater intensity or at a faster rate than if the proposal were not implemented. Respond briefly and in general terms.

1. How would the proposal be likely to increase discharge to water; emissions to air; production, storage or release of toxic or hazardous substances; or production of noise?
   The nature of the proposed activity (i.e., utilities installation and replacement and roadway resurfacing) is such that there is not anticipated to be any significant increased discharge to water; emissions to air; or the production, storage or release of toxic or hazardous substances.

   Proposed measures to avoid or reduce such increases are:
   WSU plans, in later phases of its Campus-wide improvement program, to install trees and shrubs to create noise buffers and thereby lessen potentially negative noise impacts as well as pollutants that might be generated by construction and maintenance activities.

2. How would the proposal be likely to affect plants, animals, fish or marine life?
   It is expected that this proposed development will have no effect on plant, animal, fish or marine life.

   Proposed measures to protect or conserve plants, animals, fish or marine life are:

   NA

3. How would the proposal be likely to deplete energy or natural resources?

   It is not expected that this proposed activity will deplete any energy or natural resources.

   Proposed measures to protect or conserve energy and natural resources are:

   NA

4. How would the proposal be likely to use or affect environmentally sensitive areas or areas designated (or eligible or under study) for governmental protection, such as parks, threatened or endangered species habitats, historic or cultural sites, wetlands, floodplains, or prime farmlands?

Operation and maintenance of the facilities proposed in the plan will not have an impact on these types of areas that are on or near the campus.

Proposed measures to protect such resources or to avoid or reduce impacts are:

Employ best management practices during construction and maintenance.

5. How would the proposal be likely to affect land and shoreline use, including whether it would allow or encourage land or shoreline uses incompatible with existing plans?

   Proposal will not affect land or shoreline uses nor will it encourage uses that not compatible with existing plans.

   Proposed measures to avoid or reduce shoreline and land use impacts are:

   NA

6. How would the proposal be likely to increase demands on transportation or public services and utilities?

   Water system upgrades will enable the system to effectively support a larger campus population. This may result in the increased use of transportation and public services and utilities.

   Proposed measures to reduce or respond to such demand(s) are:

   There is ongoing policy to continuously improve and upgrade transportation and public services and utilities.

7. Identify, if possible, whether the proposal may conflict with local, state or federal laws or requirements for the protection of the environment.

   This proposed activity will not conflict with any local, state or federal laws or requirements for the protection of the environment.

Determination of Nonsignificance (DNS)

Description of Proposal: *Washington State University is proposing to amend the approved 2015 Water System Plan update to address the proposed expansion of WSU municipal water rights to include Spillman Farm as a Satellite System. Due to the Moscow-Pullman Regional Airport realignment, research facilities need to be relocated. The Tukey Orchard is being relocated to Spillman Farm from the Pullman campus which increases the amount of water usage at the farm.*

Proponent: *Facilities Services- Capital*
Washington State University
Pullman, Washington

Location: *The water system plan covers the entire Washington State University Pullman campus, Tula Young Hastings Farm located approximately five miles southwest of Pullman on Country Club Road, and Spillman Farm located approximately two miles east of Pullman on Johnson Road.*

Lead Agency: *Washington State University*

The Lead Agency for this proposal has determined that it does not have a probable significant adverse impact on the environment. An Environmental Impact Statement (EIS) is not required, as provided for in RCW 43.21C.030(2)(c). This decision was made following the review of a completed Environmental Checklist and other information on file with the lead agency. This information is available to the public on request.

___ There is no comment period for this DNS.

√ This DNS is issued under WAC 197-11-340(2); the lead agency will not act on this proposal for at least 14 days from the date listed below. Comments must be submitted in written form and be received by the Responsible Official designated below by 4:00 PM, June 29, 2018.

Position/Title: *Olivia Yang, Associate VP, Facilities Services*

Address: *Washington State University*
Facilities Services
Post Office Box 643611
Pullman, WA 99164-3611

Telephone: *(509) 335-9024*

Date: *June 29, 2018*

Signature: */s/Olivia Yang, Associate VP* 

NEWS REVIEW PUBLISHING COMPANY
The Moscow-Pullman Daily News
P.O.Box 374
Lewiston, Idaho 83501
(208) 743-9411

Date: 06/15/2018

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Account No. 30117536

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PULLMAN WA 99164-115

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144584

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Position/Title: Olivia Yang, Associate VP, Facilities Services

Address: Washington State University
Facilities Services
Post Office Box 643611
Pullman, WA 99164-3611

Telephone: (509) 335-9024

Date: June 29, 2018

Facilities Services

PUBLIC
STATE OF IDAHO

AFFIDAVIT OF PUBLICATION

Julie L. Winters, Legal Clerk being first duly sworn, on oath deposes and says: I am the printer of Moscow-Pullman Daily News, a newspaper of general circulation, published daily except Sunday at Moscow, Latah County, Idaho, in compliance with Sections 60-106, 60-107, and 60-108 of the Idaho Code and the amendments thereto; and an official newspaper for Whitman County, Washington as required by R.C.W. 36.72.071 and other provisions of the Revised Code of Washington and the amendments thereto: that the notice of which the annexed is a full, true and correct printed copy was published in the regular and entire issues of said newspaper and not in a supplement thereto, upon the following dates:

June 15th 2018

the same being the date designated for the publication of said notice.

Julie L. Winters

On this 18th day of June in the year of 2018, before me, a Notary Public, personally appeared Julie L. Winters known or identified to me to be the person whose name subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true, and acknowledged to me that he executed the same.

Carol L. Peterson

Notary Public for Idaho,
Residing at Lewiston, Idaho
My Commission Expires 9/2023

12. Susceptibility Assessment and Group B Workbook

A Group B Workbook was completed and submitted to Department of Health on May 8, 2018 by Ryan Berg from DCI Engineers. The Group B workbook is attached below and was approved on July 19, 2018.

Group B Design Workbook

Spillman Farm

Whitman County, Washington

Prepared for:

WASHINGTON STATE UNIVERSITY

Prepared by:

DCI ENGINEERS

707 W 2nd Avenue ▪ Spokane, WA 99201
Tele: (509) 455-4448 •FAX: (509) 455-7492

This workbook has been prepared by the staff of DCI Engineers under the direction of the undersigned professional engineer whose stamp and signature appears hereon.



05.07.2018

DCI Job No.: #17042-0069
Date: May 7, 2018

The methods, descriptions, and design calculations shown in this design report conform to the Washington State Department of Health Water System Design Manual and Group B Workbook.

CHECKLIST FOR A NEW OR EXPANDING
GROUP B WATER SYSTEM

Check the appropriate box for each row and submit a completed checklist with workbook

Planning and Design Submittal Element	Group B Design Guidelines Section	Yes, Included	No, Not Applicable
Completed submittal checklist for a new or expanding Group B system		X	**Always Applicable**
Completed project approval application form	Section 2.2	X	
Property title notice	Section 2.6	X	
Service area map	Section 2.3	X	
Demonstrate compliance with SMA requirement **Applies to new systems only**.	Section 2.5		X
Demonstrate compliance with PWS Coordination Act	Section 2.4	X	
Completed Water Facilities Inventory (WFI) Completing a WFI will expedite the review process.	Section 2.9	X	
ater users' agreement (**optional**)	Section 2.8		X
Water right permit or other needed Dept. of Ecology approval	Section 3.0	X	
Well log	Section 4.1	X	
Well pump test report	Section 4.1	X	
Well water quality sampling results	Section 4.2	X	
Documentation of well site approval	Section 4.3	X	
Well sanitary control area protective covenants	Section 2.7 and 4.3	X	
Intertie agreement	Section 4.4		X
Well and pump house detailed drawings and specifications	Section 5.2 and 5.3		X
Distribution system detailed drawing and specifications	Section 6.10	X	**Always Applicable**
Storage tank sizing, detailed drawings, and specifications	Section 7.6		X
Booster pump sizing, detailed drawings, and specifications	Section 8.1		X
Secondary contaminant treatment design	Chapter 9		X
Completed *Group B Design Report Workbook*		X	**Always Applicable**

Group B Project Approval Application Form

Please fill in all project description information and check all boxes that apply below.

Spillman Farm Group B Application			Whitman		
Project Name			County		
Spillman Farm		82981 4	Ryan Berg, P.E.		
Water System Name		PWS ID#	Design Engineer		
Washington State University ATTN: Gene Patterson			DCI Engineers		
System Owner			Engineering Firm		
PO Box 641172			707 West Second Avenue		
Street			Street		
Pullman	WA	99164-1172	Spokane	WA	99201
City	State	Zip Code	City	State	Zip Code
509.335.3041			509.227.6914		
Phone Number			Phone Number		

Gregory Streva (Water System Contact)	509.335.9040	509.332.8580
Project Contact if Different than Above	Daytime Phone Number	Evening Phone Number
Gregory Streva	509.335.9040	NA
Billing Contact Name--Required if not the same as above	Billing Phone Number	Billing Fax Number
PO Bod 641150	Pullman	WA, 99164-1150
Billing Address	City	State/Zip Code

☒ New Group B water system (Design Report Workbook)

☐ Expanding Group B water system (Design Report Workbook)

Please return completed form to the Office of Drinking Water regional office checked below.

☐ **Northwest Drinking Water**
Department of Health
20425 72nd Ave S, Suite 310
Kent, WA 98032-2358
Phone: 253-395-6750
Fax: 253-395-6760

☐ **Southwest Drinking Water**
Department of Health
PO Box 47823
Olympia, WA 98504-7823
Phone: 360-236-3030
Fax: 360-664-8058

☒ **Eastern Drinking Water**
Department of Health
16201 E Indiana Ave, Suite 1500
Spokane Valley, WA 99216
Phone: 509-329-2100
Fax: 509-329-2104

FOR DEPARTMENT USE ONLY.

ODW Project #: _____ Initial Fee Amount: _____ Date Invoice Mailed: _____

Invoice #: _____ Fee Received: _____ Review Letters Sent: _____

Approval Date: _____ Date Construction Report Received: _____ Number of Approved Connections: _____

Area Served: _____

_____

Provisions: _____

_____

If you need this form in an alternate format, call 800-525-0127. For TTY/TDD, call 800-833-6388.

1.0 Designer and Owner

Failure to complete all applicable sections of this workbook will result in denial of your application or delay in its approval. Please print all information.

1.1 Water System Designer

Workbook prepared by: **Ryan B. Berg, P.E.**

Mailing Address: **707 West Second Avenue**

Spokane, WA 99201

Company Name: **DCI Engineers**

Day Phone: **509.227.6914**

If prepared by a Professional Engineer, apply seal here.
SEAL PROVIDED ON COVER SHEET

1.2 Water System Owner

Owner's Name: **Louise Sweeney, Project Manager Lead**

Owner's Mailing Address: **PO Box 641150**

Pullman, WA 99164-1150

Day Phone: **509.335.4437**

Owner's Representative Signature _____ Date 5/7/18

On Behalf of Louise Sweeney

2.0 Basic Water System Information

2.1 Water system name and location.

System Name **Spillman Farm**

Water System Location (Town or City, County) **Whitman County, Washington**

Public Water System ID# **82981 4**
(Applies only to existing systems seeking approval to expand.)

2.2 Basic information.

You **must** submit the following with this workbook.

- Completed Group B planning and design submittal checklist. **-NOTED. PROVIDED.**
- Completed project approval application form. **-NOTED. PROVIDED.**
  The form is online at doh.wa.gov/CommunityandEnvironment/DrinkingWater/WaterSystemAssistance/GroupB/Design.
- Property title notice (the notice you intend to record on the title for each property served, see *Group B Water System Design Guidelines* Section 2.6).
  -NOTED. PROVIDED FOR REFERENCE IN APPENDIX I.
- Service area map. **-NOTED. PROVIDED FOR REFERENCE IN APPENDIX I.**
- Demonstrated compliance with Satellite Management Agency requirement.
  See *Group B Water System Design Guidelines* Section 2.5.
  -NOTED. EMAIL REGARDING SMA PROVIDED IN APPENDIX I.
- Demonstrated compliance with Public Water System Coordination Act.
  See *Group B Water System Design Guidelines* Section 2.4.

We recommend you include a completed Water Facilities Inventory Form. See *Group B Water System Design Guidelines* Appendix E.

-NOTED. PROVIDED FOR REFERENCE IN APPENDIX I.

2.3 Connections and Population

See the requirements for establishing the design service population for each dwelling unit in WAC 246-291-200 (2). See Section 2.0 of the *Group B Water System Design Guidelines* for expectations on counting accessory dwelling units as separate connections.

Connections		Service Population	
Dwelling units	**Nonresidential**	**Residential**	**Nonresidential**
1	2	5	10

Use the space below to describe the basis for estimating your residential and nonresidential service population.

The existing Water Facilities Inventory (WFI) indicates there are:
-1 Full-Time Single Family Residences
-2 Non- Residential Connections

The service population is:
-5 Full-Time residential
-10 non-residential

3.0 Estimating Water Demands

3.1 Complete Worksheet 3-1

Summary of Peak Hourly Demand (PHD) and Maximum Daily Demand (MDD) Summary

Worksheet 3-1

Line	Group B Design Guidelines Section	Description	Value
A	3.1.1, and 3.3	Total residential MDD, gallons per day	**324**
B	3.1.2, and 3.3	Total residential PHD, gallons per minute	**19**
C	3.2.1, and 3.3	Total non-residential MDD, gallons per day	**647**
D	3.2.2, and 3.3	Total non-residential PHD, gallons per minute	**23**
F-1	3.4	Fire suppression flow required (if any), gpm	**0**
F-2	3.4	Fire suppression flow duration, minutes	**0**

Total area intended for irrigation: **7 acres** square feet or acres

Total system MDD (Lines A+C): **971** gallons per day

Total system PHD (Lines B+D+F1): **43** gallons per minute

Is a **water right permit** or other written Department of Ecology water resource approval required? See Section 3.0 of the *Group B Water System Design Guidelines*.

X Yes _____ No

If "Yes," enclose a copy of the water right permit or other written approval from the Department of Ecology.

Use the space below to show your calculations of estimated MDD and PHD:

Please see the attached calculations provided for reference in Appendix I.

-WSU is currently allocating/transferring water rights from their campus water rights to Spillman Farms. Once complete, all pertinent documentation will be provided to Department of Health.

4.0 Source of Supply

4.1 Well information



If a well will supply water to your system, you must attach the following to your design submittal:

- Well log. **-Provided for reference in Appendix I.**
- Pump test report. (See Section 4.1 of the *Group B Water System Design Guidelines*.) **-Provided for reference in Appendix I.**
- Water quality sampling results. (See Section 4.2 of the *Group B Water System Design Guidelines* and WAC 246-291-125 (3)(g).) **- Provided for reference in Appendix I.**
- Well site inspection report prepared by DOH or the local health jurisdiction.
- Well sanitary control area protective covenants. (Attach a copy of the actual protective covenants filed with the County Auditor for each public drinking water well. See Sections 2.7 and 4.3 of the *Group B Water System Design Guidelines*.) **- Provided for reference in Appendix I.**
- Low yield well water supply contingency plan, if required. (See Section 4.1 of the *Group B Water System Design Guidelines*.) **Not Required.**

WSU took water samples on 04/02/2018. Sample results are provided for reference in Appendix I. WSU will be installing a new meter for the well pump. Once installed, Whitman County will review and provide a well site inspection report. This report will be supplemented and provided to DOH once received. A copy of the approved sanitation plan has been included for reference in Appendix I.

Please indicate whether any of the following are present within 600 feet of your well.

Potential Water Quality Threat	Yes	No	Unknown
Likely pesticide application	X		
Storm water injection wells		X	
Other injection wells		X	
Abandoned groundwater wells	X		
Landfills, dumps, disposal areas		X	
Known hazardous materials site		X	
Another water system with known water quality problems		X	
Residential development greater than one house per acre		X	
Residential septic tanks		X	
Underground storage tanks		X	
Sewer lines		X	
Storm water disposal areas		X	
Surface water – **If yes, specify distance from well site: _____ feet**		X	

Use this space to provide more detail of any water quality threat located within 600 feet of your well.

The proposed new orchard building will contain a chemical storage area. It will also contain a chemical fill station. the fill station will contain a reduced pressure back flow assembly (RPBA). the chemicals will be provided within a containment area.

The water system has an existing abandoned well located in the existing well house building. The well is sealed and is not a potential for groundwater contamination.

4.2 Intertie information

If an intertie will supply your system, you must attach a copy of your intertie agreement, and service capacity and hydraulic analyses of the wholesale system. For details about the minimum scope of an intertie agreement, see WAC 246-291-135.

Not Applicable. There will not be an intertie for the water system.

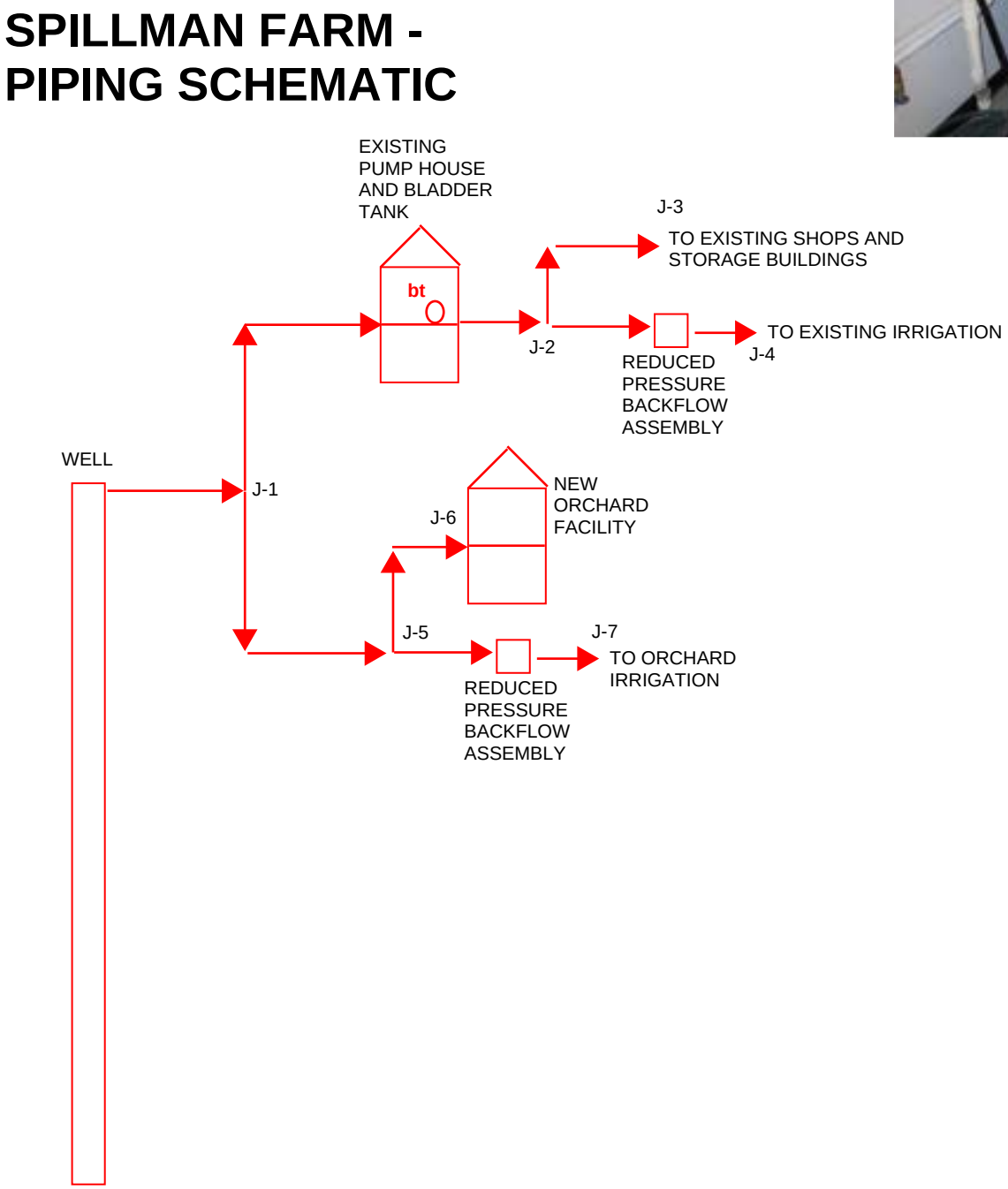
5.0 Well Pump, Bladder Tanks, and Pump House

5.1 Piping Schematic



Draw a schematic of the piping system below. Begin with the well, continue to the pump house, and on to the distribution system. Include each branch line in the distribution system, and label each branch line junction. These junction points will be referenced in Worksheet 5-1.

(See Example 5-1 in Section 5.0 of the *Group B Water System Design Guidelines*.)



5.2 Complete Worksheet 5-1 (See Example 5-1 in Section 5.0 of the *Group B Water System Design Guidelines*.)

Total Dynamic Head Calculation												
Friction Head Calculations							Static Head Calculation, Assume top of well casing elevation is 0 ft.					
PIPE SEGMENT	FROM	TO	PUMP OR FLOW RATE (GPM)	PIPE SIZE (IN)	FRICTION LOSS PER 100' PIPE	PIPE LENGTH (FT)	PIPE SEGMENT FRICTION LOSS (FT)	TOP OF WELL CASING TO WATER WHILE PUMPING (FT)	GROUND ELEVATION AT "TO"	ELEVATION DIFFERENCE	MIN. PRESSURE HEAD (FT)	MIN. TOTAL DYNAMIC HEAD (FT)
1	Well Pump	Top of well casing	190	4	2.4	280	6.6	249.0	0.0	249.0	69.0	324.6
2	Top of Casing	Existing Pump House	80	3	1.8	235	4.1	249.0	12.0	261.0	69.0	334.1
3	Existing Pump House	Existing Shops and Storage Buildings	80	3	1.8	50	0.9	249.0	12.0	261.0	69.0	330.9
4	Existing Pump House	Existing Irrigation	80	3	1.8	100	1.8	249.0	23.0	272.0	69.0	342.8
5	Top of Casing	Junction 5	190	6	0.7	405	2.8	249.0	43.0	292.0	69.0	363.8
6	Junction 5	Junction 6	15	1.5	1.5	207	3.1	249.0	49.0	298.0	69.0	370.1
7	Junction 5	Orchard Irrigation	190	6	0.7	25	0.2	249.0	55.0	304.0	69.0	373.2

1. With a simple system consisting of only a well pump and bladder tanks, the well pump is the only pump in the system. Without a storage tank, the well pump must generate enough flow and pressure to supply at least the PHD, and to provide at least 30 psi to each customer connected to the distribution system during PHD conditions.
2. For the segment that includes the well house, **add ten feet of friction loss** to account for losses related to fittings and valves. If you intend to use a cycle control valve, **add additional friction loss** per manufacturer's data (See Section 5.0 of the *Group B Water System Design Guidelines*).
3. Total the "pipe segment friction loss" for each pipe segment + "elevation difference" + "minimum pressure head" values. The highest Total Dynamic Head (TDH) is the minimum pressure, expressed in feet of head that the well pump must generate while pumping the peak hourly demand. You may wish to select a pump with a TDH greater than the required minimum.

5.3 Summary of Well Pump Selection

Cycle Control Valve (CCV) incorporated in design: _____Yes ___X___No

Variable frequency drive well pump(s) incorporated in design: ___X___Yes _____No

Pump Design Parameter	At well pump "on":	At well pump "off":	Comment
Pressure switch settings	T.B.D. psi	T.B.D. psi	If well pumps to bladder tanks
or			
Reservoir level control	_____ ft	_____ ft	If well pumps to atmospheric reservoir
Discharge rate	VARIES gpm	VARIES gpm	
Total Dynamic Head	VARIES feet	VARIES feet	

***NOTE:**
1 PRESSURE SWITCH SETTINGS WILL BE DETERMINED AND FINALIZED DURING FIELD STARTUP.

Well pump setting (depth) below top of well casing: -280 feet.

Attach well pump catalog information with your design submittal:

- Pump curve (or table showing discharge head and corresponding discharge flow).
- Identify the pump "on" and pump "off" operating points on the pump curve.
- Pump manufacturer and pump model number.
- Pump horse power.

- PROVIDED FOR REFERENCE IN APPENDIX II.

5.4 Bladder Tank Selection (for well pump or booster pump)

Follow the design guidance in Section 5.1 of the *Group B Water System Design Guidelines* for bladder tank selection. If the design includes a cycle control valve, see the design guidelines Appendix G.

Summarize the bladder tank selection. **EXISTING (IN PUMP HOUSE)**

Size of bladder tanks 315 gallons
Number of tanks 1 tanks
Pre-charged pressure 150 psi

Use the space below to show your calculations (Equation 5-2) for selecting bladder tanks.

The existing bladder tank will be utilized for the system design.

5.5 Well and pump house detailed drawings and specifications

Attach a copy of the well and pump house detailed drawings and specifications. The minimum scope of this information is in Sections 5.2 and 5.3 of the *Group B Water System Design Guidelines*.

The existing pump house will be utilized. The existing well house contains the existing bladder tank and pressure regulating switch. A new VFD will be provided for the well pump to adjust for the different system demands. System demands will range from:

Low Use Demands: Water usage for fixtures and flushing toilets from existing buildings and new orchard building.

Medium Use Demands: Water usage for fill station at new orchard building (1.5" fill line) and existing irrigation system (approximately 80 gpm).

Large Use Demands: Water usage for proposed orchard (190 gpm).

The existing bladder tank will be able to accommodate the low use demands. Once exhausted, the pressure regulating switch will be activated and will call for water to the pump. the pump will provide the necessary water to meet the system demands (i.e. low, medium or high demand) as outlined above. Once the demands are met, the bladder tank will be filled an the pressure regulating switch will turn off the pump.

A copy of the plans and specifications have been included for reference.

6.0 Piping and Distribution System

6.1 Summary of pipe design

Distribution system pipe size and material specified.

The distribution system will utilize the existing 3" Schedule 40 PVC for the existing water system portion. The new water system portion will include 6" C-900 PVC to the orchard. Prior to the orchard backflow assembly, the new building will contain a new 2" HDPE 200 psi water service.

(For example, *1½ to 3-inch ASTM D 1785 Schedule 40 PVC.*)

Minimum pipeline depth of bury specified.

The minimum pipeline depth of bury will be at least 48 inches over the top of pipe per Washington State University Construction Standards.

(For example, No less than 48 inches from finished grade.)

Pipeline hydrostatic pressure testing specification.

Hydrostatic Pressure Testing will be 1.5 times the working pressure for the water system for 2 hours per AWWA standards.

(For example, APWA/WSDOT (2012) Section 7-11 … minimum 200 psi.)

Pipeline disinfection specification.

(For example, *APWA/WSDOT (2012) Section 7-11*.)

Private property easements required?

_____Required (design drawings must identify the location and dimension of these easements).

__X__Not required.

6.1 Service meters

Service meters:

__X__Provided at each connection. **-Service meters provided at: Existing system connection, new service building and irrigation/orchard connection**

_____Not provided at each connection.

6.3 Cross connection control

Are there any existing or proposed customer connections that pose a high health risk if a cross connection occurred between the drinking water system and a contaminant source originating from the consumer's property? (See Section 6.8 of the *Group B Water System Design Guidelines*).

__X__Yes (if yes, attach a description of the cross connection and how the cross connection will be controlled or eliminated.) **Please reference description provided in Section 4.2 Wellhead Protection Inventory. There are numerous measures to control the cross connection.**

_____No.

6.4 Distribution system detailed drawings and specifications

Attach a copy of the distribution system detail drawings and specifications (see Section 6.10 of the *Group B Water System Design Guidelines*).

Distribution system plans and specification have been provided with the Group B Workbook.

7.0 Atmospheric Storage Tank

7.1 Determining need for an atmospheric storage tank

If any of the following conditions apply to the design of the new or expanding Group B water system, an atmospheric storage tank must be provided (check all that apply).

_____Yes The peak hourly demand is greater than the selected well pump can deliver at the pump "on" setting.

_____Yes The local fire authority requires the Group B water system to provide fire suppression capacity, and the source of supply cannot match the needed fire flow.

_____Yes The location of the Group B water system is subject to the Public Water System Coordination Act, it must provide a minimum fire flow, and the source of supply cannot match the needed fire flow.

_____Yes The designer wishes to provide standby storage or fire suppression capacity.

Use the space below (or a separate sheet of paper) to show your calculations for sizing the storage tank and establishing the elevation of the tank bottom and tank overflow. See Chapter 7 and Equation 7-4 in the *Group B Water System Design Guidelines*.

Operating storage.

Not Applicable.

Equalizing storage.

Not Applicable.

Standby storage.

Not Applicable.

Fire suppression storage.

Not Applicable.

Dead storage.

Not Applicable.

7.2 Storage tank detailed drawings and specifications

Attach a copy of the storage tank detail drawings and specifications. (See Section 7.6 of the *Group B Water System Design Guidelines.)*

Not Applicable.

8.0 Booster Pumps

8.1 Booster pump selection

Summarize the following booster pump design information.

Number of booster pumps: **NONE; NOT APPLICABLE**

Pump Cycle Control Valve (CCV) incorporated in design.

_____Yes __X__No

Variable frequency booster pump drive pump(s) incorporated in design.

__X__Yes _____No

Booster Pump 1

Pump Design Parameter	At well pump "on":	At well pump "off":
Pressure switch pressure setting	_____ psi	_____ psi **NONE; NOT APPLICABLE**
Discharge rate	_____ gpm	_____ gpm **NONE; NOT APPLICABLE**
Total Dynamic Head	_____ feet	_____ feet **NONE; NOT APPLICABLE**

Attach booster pump catalog information with your design submittal:

- Pump curve (or table showing discharge head and corresponding discharge flow).
- Identify the pump "on" and pump "off" operating points on the pump curve.
- Pump manufacturer and pump model number.
- Pump horse power.

Booster Pump 2 (if applicable)

Pump Design Parameter	At well pump "on":	At well pump "off":
Pressure switch pressure setting	_____ psi	_____ psi **NONE; NOT APPLICABLE**
Discharge rate	_____ gpm	_____ gpm **NONE; NOT APPLICABLE**
Total Dynamic Head	_____ feet	_____ feet **NONE; NOT APPLICABLE**

Attach booster pump catalog information with your design submittal:

- Pump curve (or table showing discharge head and corresponding discharge flow).
- Identify the pump "on" and pump "off" operating points on the pump curve.
- Pump manufacturer and pump model number.
- Pump horse power. **NONE; NOT APPLICABLE**

8.2 Booster pump station detailed drawings and specifications

Attach a copy of the booster pump station detailed drawings and specifications. (See Sections 5.2, 5.3, and 8.0 of the *Group B Water System Design Guidelines*.)

NOT APPLICABLE

9.0 Secondary Contaminant Treatment Design

If treatment for a secondary contaminant (such as iron or manganese) is required, provide the following information.

Contaminant(s) to be treated: **Not Applicable.**

Treatment device: **Not Applicable.**

Manufacturer's name: _____

Model: _____

Capacity (gpm): _____

Capacity (gpd): _____

Removal efficiency: _____

Concentration in well: _____ mg/l

Expected concentration after treatment: _____ mg/l

Attach a copy of the following information:

- Treatment process and maximum daily treated water production capacity.
- Hydraulic considerations and headloss calculations.
- Manufacturer's catalog information showing the treatment system is appropriate for removing the contaminant, based on the untreated water sample information from the well.
- A complete set of water quality data necessary to assess and confirm the effectiveness of the proposed treatment, based on the unique water quality characteristics of the well to be treated.
- Residual disposal volume, disposal permit(s) (if required), and plan for residual disposal.
- Manufacturer's recommended operations and maintenance procedures.
- A list of all chemicals needed for normal operation and maintenance (if any).
- Materials safety data sheet information on all chemicals needed.
- Manufacturer's recommended field water quality testing (if any).

10.0 Financial Viability

10.1 Financial Viability Worksheet

The goal is to establish plans, policies, and procedures that give the system owner(s) the ability to obtain enough funds to cover the total cost of operating and maintaining a safe, reliable water system on a continuing basis. Rates and other revenue should be adequate to cover all anticipated expenses. See Chapter 10 of the *Group B Water System Design Guidelines*.

TOTAL EXPENSES	1st Yr.	2nd Yr.	3rd Yr.	4th Yr.
1. Wages & Benefits (Incl. SMA costs)	$	$	$	$
2. Electricity & other utilities	$	$	$	$
3. Chemical & Treatment	$	$	$	$
4. Monitoring Costs	$	$	$	$
5. Materials & Supplies	$	$	$	$
6. Repairs and Parts	$	$	$	$
7. Emergency Reserve Contribution	$	$	$	$
8. Asset Replacement Reserve Contribution	$	$	$	$
9. Principal & Interest Payments (For outstanding loans)	$	$	$	$
10. Taxes and Assessments	$	$	$	$
11. Insurance and Misc. Expenses	$	$	$	$
12. Total Expenses (Add lines 1 to 11)	$	$	$	$
TOTAL REVENUE FROM SOURCES OTHER THAN WATER RATES				
13. Hook Up and Other User Fees	$	$	$	$
14. Interest Earned	$	$	$	$
15. Other Revenue	$	$	$	$
16. Total Revenue (Add lines 13 to 15)	$	$	$	$
WATER RATE CALCULATIONS				
17. Remaining Revenue Required (Line 12 minus Line 16)	$	$	$	$
18. Number of Connections	$	$	$	$
19. Average Water Rate (Line 17 divided by Line 18)	$	$	$	$

-PLEASE REFERENCE THE ATTACHED FINANCIAL VIABILITY WORKSHEET PROVIDED IN APPENDIX I

Appendix I

- VICINITY MAP
- WATER FACILITIES INVENTORY
- WATER DEMAND CALCULATIONS
- WELL LOG
- WELL PUMP TEST RECORDS
- WATER QUALITY SAMPLE RESULTS
- PROPERTY TITLE NOTICE
- SATELLITE MANAGEMENT AGENCY (EMAIL FROM ANDRES CERVANTES, P.E.)
- FINANCIAL VIABILITY WORKSHEET (CHAPTER 10 FROM WSU WSP)
- SANITARY SURVEY

SERVICE AREA MAP



WATER FACILITIES INVENTORY (WFI) FORM

Washington State Department of Health
Division of Environmental Health
Office of Drinking Water

ONE FORM PER SYSTEM

Quarter: 0
Updated: 03/12/2012
Printed: 11/16/2017
WFI Printed For: On-Demand
Submission Reason: Contact Update

RETURN TO: Central Services - WFI, PO Box 47822, Olympia, WA, 98504-7822

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
82981 4	SPILLMAN FARM	WHITMAN	B	

6. PRIMARY CONTACT NAME & MAILING ADDRESS

GREGORY M. STREVA
WATER DIST. MANAGER
PO BOX 641150
PULLMAN, WA 99164-1150

7. OWNER NAME & MAILING ADDRESS

WASHINGTON STATE UNIVERSITY
GENE PATTERSON — WATER QUALITY MANAGER
WSU ENV HEALTH & SAFETY
PO BOX 641172
PULLMAN, WA 99164-1172

8. OWNER NUMBER: 005586

STREET ADDRESS IF DIFFERENT FROM ABOVE

ATTN
ADDRESS 2425 GRIMES WAY
CITY PULLMAN STATE WA ZIP 99164

STREET ADDRESS IF DIFFERENT FROM ABOVE

ATTN
ADDRESS
CITY STATE ZIP

9. 24 HOUR PRIMARY CONTACT INFORMATION

Primary Contact Daytime Phone: (509) 335-9040
Primary Contact Mobile/Cell Phone: (509) 595-8591
Primary Contact Evening Phone: (xxx)-xxx-xxxx
Fax:
E-mail: xxxxxxxxxxxxxxxxxxx

10. OWNER CONTACT INFORMATION

Owner Daytime Phone: (509) 335-3041
Owner Mobile/Cell Phone: (509) 595-5873
Owner Evening Phone:
Fax: (509) 335-4442
E-mail: xxxxxxxxxxxxxxxxxxx

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)

- [x] Not applicable (Skip to #12)
- [ ] Owned and Managed
- [ ] Managed Only
- [ ] Owned Only

SMA NAME: _____ SMA Number:

12. WATER SYSTEM CHARACTERISTICS (mark all that apply)

- [x] Agricultural
- [ ] Commercial / Business
- [ ] Day Care
- [ ] Food Service/Food Permit
- [ ] 1,000 or more person event for 2 or more days per year
- [ ] Hospital/Clinic
- [ ] Industrial
- [ ] Licensed Residential Facility
- [ ] Lodging
- [ ] Recreational / RV Park
- [ ] Residential
- [ ] School
- [ ] Temporary Farm Worker
- [ ] Other (church, fire station, etc.): _____

13. WATER SYSTEM OWNERSHIP (mark only one)

- [ ] Association
- [ ] City / Town
- [ ] County
- [ ] Federal
- [ ] Investor
- [ ] Private
- [ ] Special District
- [x] State

14. STORAGE CAPACITY (gallons)

15	16	17	18 SOURCE CATEGORY										19 USE			20	21 TREATMENT						22	23	24 SOURCE LOCATION			
Source Number	SOURCE NAME LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	InAct 07/06/2007 Well #1		X										X				X						400	130	NW SE	16	14N	45E
S02	Well #2 - UNAPPROVED		X										X			N	X						188	55	NW SE	16	14N	45E

WSU TVRF
Spillman Farms Group B Workbook
5.1.18
Worksheet 3-1

Given:

Year	Total Water (gal)	Average Day		
FY2015	161,240	442		
FY2016	137,442	377		
FY2017	232,830	638		
		485	gpd	3-year average

Number of Connections

1 Residential
2 Non-Residential

ADD CALCULATION:

485	gpd	ADD TOTAL
RESIDENTIAL		
162	gpd	Residential ADD (1/3 of total)
NON- RESIDENTIAL		
324	gpd	Non- Residential ADD (2/3 of total)

MDD CALCULATION:

971	gpd	MDD Total (ADD Total x 2)
RESIDENTIAL		
324	gpd	Residential MDD
NON- RESIDENTIAL		
647	gpd	Non- Residential MDD

PHD CALCULATION:

1,942	gpd		Residential MDD (from above)
			Non-Residential MDD (from above)

RESIDENTIAL

324	gpd		Residential MDD
19	gpm		Residential PHD (from calculation below)
Peak Hour Demand (PHD)	=(MDD/1440)[CN+F]+18		
See Table Below:	C (15 to 50 connections)=	3.0	
	F (15 to 50 connections)=	0	
	N(proposed connections)=	2	(assume 1 existing connection + new orchard building)

Range of N (ERUs)	C	F
15-50	3	0
51-100	2.5	25
101-250	2	75
251-500	1.8	125
>500	1.6	225

NON- RESIDENTIAL

647	gpd		Non- Residential MDD
23	gpm		Residential PHD (from calculation below)
Peak Hour Demand (PHD)	=(MDD/1440)[CN+F]+18		
See Table Below:	C (15 to 50 connections)=	3.0	
	F (15 to 50 connections)=	0	
	N(proposed connections)=	4	(assume 3 existing connections + new orchard)

Range of N (ERUs)	C	F
15-50	3	0
51-100	2.5	25
101-250	2	75
251-500	1.8	125
>500	1.6	225

WATER WELL REPORT

Original & 1st copy – Ecology, 2nd copy – owner, 3rd copy – driller

STATE OF WASHINGTON DEPARTMENT OF ECOLOGY

Construction/Decommission *("x" in circle)*

☒ Construction

☐ Decommission *ORIGINAL INSTALLATION*

Notice of Intent Number _____

PROPOSED USE: ☐ Domestic ☐ Industrial ☐ Municipal ☐ DeWater ☒ Irrigation ☐ Test Well ☐ Other _____

TYPE OF WORK: Owner's number of well (if more than one) _____

☒ New well ☐ Reconditioned *Method:* ☐ Dug ☐ Bored ☐ Driven ☐ Deepened ☐ Cable ☒ Rotary ☐ Jetted

DIMENSIONS: Diameter of well 8 inches, drilled 400 ft. Depth of completed well 400ft.

CONSTRUCTION DETAILS

Casing Installed: ☒ Welded 8" Diam. from +2 ft. to 283 ft.

☐ Liner installed ____" Diam. from ____ ft. to ____ ft.

☐ Threaded ____" Diam. From ____ ft. to ____ ft.

Perforations: ☐ Yes ☒ No

Type of perforator used _____

SIZE of perfs ____ in. by ____ in. and no. of perfs ____ from ____ ft. to ____ ft.

Screens: ☐ Yes ☒ No ☐ K-Pac Location _____

Manufacturer's Name _____

Type _____ Model No. _____

Diam. ____ Slot size ____ from ____ ft. to ____ ft.

Diam. ____ Slot size ____ from ____ ft. to ____ ft.

Gravel/Filter packed: ☐ Yes ☒ No Size of gravel/sand _____

Materials placed from ____ ft. to ____ ft.

Surface Seal: ☒ Yes ☐ No To what depth? 188ft.

Material used in seal cement

Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? _____ Depth of strata _____

Method of sealing strata off _____

PUMP: Manufacturer's Name _____

Type: _____ H.P. _____

WATER LEVELS: Land-surface elevation above mean sea level ____ ft.

Static level 223 ft. below top of well Date 04/15/07

Artesian pressure ____ lbs. per square inch Date _____

Artesian water is controlled by _____ (cap, valve, etc.)

WELL TESTS: Drawdown is amount water level is lowered below static level

Was a pump test made? ☐ Yes ☒ No If yes, by whom? _____

Yield: ____ gal./min. with ____ ft. drawdown after ____ hrs.

Yield: ____ gal./min. with ____ ft. drawdown after ____ hrs.

Yield: ____ gal./min. with ____ ft. drawdown after ____ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test 4/17/07

Bailer test ____ gal./min. with ____ ft. drawdown after ____ hrs.

Airtest 450 gal./min. with stem set at 400 ft. for 5 hrs.

Artesian flow ____ g.p.m. Date _____

Temperature of water 54° Was a chemical analysis made? ☐ Yes ☑ No

CURRENT

Notice of Intent No. WE06324

Unique Ecology Well ID Tag No. _____

Water Right Permit No. _____

Property Owner Name WSU

Well Street Address WSU Spillman Farms

City Pullman County Whitman

Location NW1/4-1/4 SE1/4 Sec 16 Twn 14 R 45E (s, t, r Still REQUIRED) swm ☐ or wwm ☐

Lat/Long Lat Deg ____ Lat Min/Sec ____ Long Deg ____ Long Min/Sec ____

Tax Parcel No. (Required) _____

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
Dirt & Clay	0	7
Med. Basalt	7	25
Hard Basalt	25	87
Gray Basalt--Hard	87	135
Softer Gray Basalt	135	145
Seams in Gray Basalt	145	175
Yellow Shale in Soft Basalt	175	185
Clay, Yellow and Green	185	218
Air Loss	218	225
Black Soft Basalt	225	245
Soft Weathered Basalt, caving	245	280
Soft, Weathered Basalt	280	307
Gray Basalt	307	342
Softer Basalt, water	342	376
Med. Basalt, more water	376	403
400-500 GPM		

Start Date April 2, 2007 Completed Date April 16, 2007

WELL CONSTRUCTION CERTIFICATION: I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

☒ Driller ☐ Engineer ☐ Trainee Name (Print) William Uhlenkott

Driller/Engineer/Trainee Signature

Driller or trainee License No. 1740

IF TRAINEE: Driller's License No:

Driller's Signature:

Drilling Company Uhlenkott Well Drilling

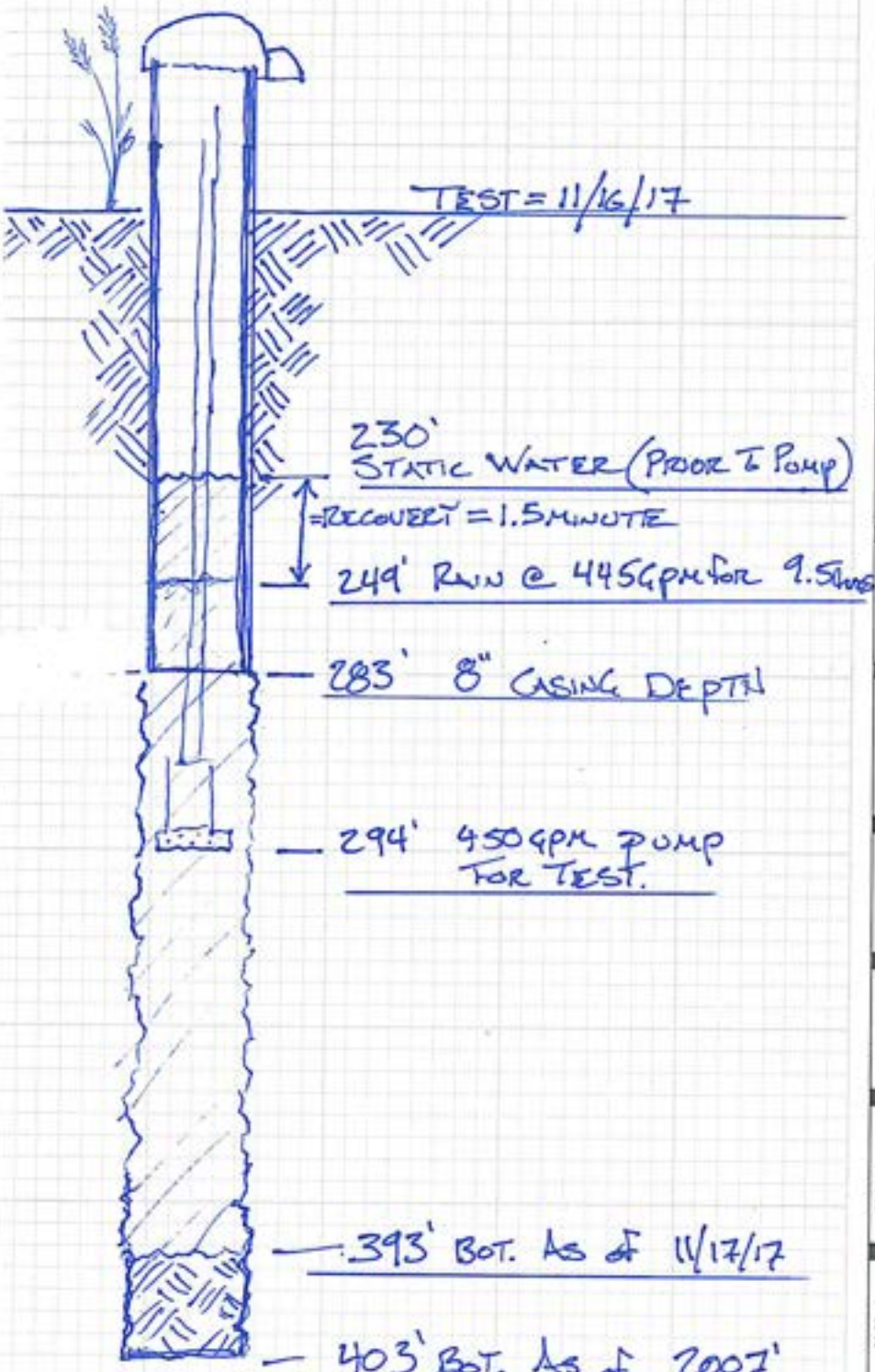
Address 306 Gulch Rd.

City, State, Zip Grangeville, ID 83520

Contractor's Registration No. RAY UHL P07708 Date April 27, 2007

Page: _____ Subject: Spillman Well Test Name: D Date: 11/20/17

TIME	GPM	STATIC
3:07	452.5	220
3:08	447	240
3:09	439.5	
3:10	437.5	
3:11	434.8	
3:12	439.5	
3:13	435.6	
3:14	434.3	
3:15	437.2	
3:16	435.2	
3:17	431.1	
3:18	430.8	
3:19	438.1	
3:20	429.1	
3:25	435	
3:30	434.3	
3:35	434.7	
3:40	435.5	
3:45	435.7	
3:50	436	
3:55	435.6	
4:00	435.6	
4:05	434	
4:10	433.7	
4:15	432.2	
4:20	435	
4:25	435.8	
4:30	435	
4:35	434.8	
5:05	434.7	
5:24	OFF	
6:10	442.5	
6:20	441	
6:30	443.5	249
6:40	444	249
6:50	445	249
7:00	444.3	249
7:10	445.2	249
7:40	445.5	249
8:10	442.2	249
8:40	444.3	249
9:10	444	249
9:40	443.1	249
10:40	445	249
11:40	444.7	249
12:40	443.6	249
1:40	445.2	249
2:40	443.6	249
3:40	444.7	249



2016

JANUARY
S M T W T F S
1 2
3 4 5 6 7 8 9
10 11 12 13 14 15 16
17 18 19 20 21 22 23
24 25 26 27 28 29 30
31

FEBRUARY
S M T W T F S
1 2 3 4 5 6
7 8 9 10 11 12 13
14 15 16 17 18 19 20
21 22 23 24 25 26 27
28 29

MARCH
S M T W T F S
1 2 3 4 5
6 7 8 9 10 11 12
13 14 15 16 17 18 19
20 21 22 23 24 25 26
27 28 29 30 31

APRIL
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10 11 12 13 14 15 16
17 18 19 20 21 22 23
24 25 26 27 28 29 30

MAY
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1 2 3 4 5 6 7
8 9 10 11 12 13 14
15 16 17 18 19 20 21
22 23 24 25 26 27 28
29 30 31

JUNE
S M T W T F S
1 2 3 4
5 6 7 8 9 10 11
12 13 14 15 16 17 18
19 20 21 22 23 24 25
26 27 28 29 30

JULY
S M T W T F S
1 2
3 4 5 6 7 8 9
10 11 12 13 14 15 16
17 18 19 20 21 22 23
24 25 26 27 28 29 30
31

AUGUST
S M T W T F S
1 2 3 4 5 6
7 8 9 10 11 12 13
14 15 16 17 18 19 20
21 22 23 24 25 26 27
28 29 30 31

SEPTEMBER
S M T W T F S
1 2 3
4 5 6 7 8 9 10
11 12 13 14 15 16 17
18 19 20 21 22 23 24
25 26 27 28 29 30

OCTOBER
S M T W T F S
1
2 3 4 5 6 7 8
9 10 11 12 13 14 15
16 17 18 19 20 21 22
23 24 25 26 27 28 29
30 31

NOVEMBER
S M T W T F S
1 2 3 4 5
6 7 8 9 10 11 12
13 14 15 16 17 18 19
20 21 22 23 24 25 26
27 28 29 30

DECEMBER
S M T W T F S
1 2 3
4 5 6 7 8 9 10
11 12 13 14 15 16 17
18 19 20 21 22 23 24
25 26 27 28 29 30 31

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Anatek Labs, Inc.

1282 Alturas Drive • Moscow, ID 83843 • (208) 883-2839 • Fax (208) 882-9246 • email moscow@anateklabs.com
504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

Inorganic Chemicals (IOC's) Analysis Report

System ID#:	829814	System Name:	SPILLMAN FARM		
Lab/Sample Number:	125 04401	Collect Date:	4/2/2018	DOH Source #:	
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	4/2/2018	Date Reported:	4/18/2018	Supervisor:	TGT
Date Analyzed:	4/12/2018				
County:	WHITMAN	Sample Location: WELL #2			
Report To:	Address:	PO BOX 641172			
	City, State, ZIP	PULLMAN, WA 99163			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0004	Arsenic	ND	mg/L	0.001	0.01	0.01	EPA 200.8	HSW	
0005	Barium	0.0980	mg/L	0.1	2	2	EPA 200.8	HSW	
0006	Cadmium	ND	mg/L	0.001	0.005	0.005	EPA 200.8	HSW	
0007	Chromium	ND	mg/L	0.007	0.1	0.1	EPA 200.8	HSW	
0011	Mercury	ND	mg/L	0.0002	0.002	0.002	EPA 200.8	HSW	
0012	Selenium	ND	mg/L	0.002	0.05	0.05	EPA 200.8	HSW	
0110	Beryllium	ND	mg/L	0.0003	0.004	0.004	EPA 200.8	HSW	
0111	Nickel	ND	mg/L	0.005		0.1	EPA 200.8	HSW	
0112	Antimony	ND	mg/L	0.003	0.006	0.006	EPA 200.8	HSW	
0113	Thallium	ND	mg/L	0.001	0.002	0.002	EPA 200.8	HSW	
0116	Cyanide	ND	mg/L	0.05	0.2	0.2	EPA 335.4	RPU	
0019	Fluoride	0.404	mg/L	0.2	2	4	EPA 300.0	MER	
0114	Nitrite-N	ND	mg/L	0.1	0.5	1	EPA 300.0	MER	
0020	Nitrate-N	0.205	mg/L	0.5	5	10	EPA 300.0	MER	
0161	Total Nitrate/Nitrite-N	0.205	mg/L	0.5	5	10	EPA 300.0	MER	

EPA Regulated (Secondary)

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0008	Iron	0.242	mg/L	0.1		0.3	EPA 200.7	SDR	
0010	Manganese	0.0160	mg/L	0.01		0.05	EPA 200.7	SDR	
0013	Silver	ND	mg/L	0.1		0.1	EPA 200.8	HSW	
0021	Chloride	1.80	mg/L	20		250	EPA 300.0	MER	
0022	Sulfate	3.75	mg/L	50		250	EPA 300.0	MER	
0024	Zinc	0.104	mg/L	0.2		5	EPA 200.8	HSW	

Comments:

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

Anatek File # 180403003-001

Anatek Labs, Inc.

1282 Alturas Drive • Moscow, ID 83843 • (208) 883-2839 • Fax (208) 882-9246 • email moscow@anateklabs.com
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State Regulated

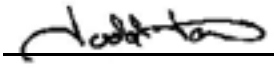
DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0014	Sodium	17.2	mg/L	5			EPA 200.7	SDR	
0015	Hardness(CaCO3)	108	mg CaCO3/L	10			EPA 200.7	SDR	
0016	Conductivity	305	µmhos/cm	70		700	SM 2510B	RPU	
0017	Turbidity	1.29	NTU	0.1			EPA 180.1	RPU	H1
0018	Color	ND @ pH 7.64	Color Units	15		15	SM 2120B	RPU	
0026	Total Dissolved Solids	225	mg/L	100		500	SM 2540C	RPU	

State Unregulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0009	Lead	ND	mg/L	0.001		0.015	EPA 200.8	HSW	
0023	Copper	0.00110	mg/L	0.02	--	1.3	EPA 200.8	HSW	
0015	Calcium	23.1	mg CaCO3/L				EPA 200.7	SDR	
0015	Magnesium	12.0	mg CaCO3/L				EPA 200.7	SDR	

ND = Not Detected at levels above the SRL
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH
H1 Sample analysis performed past holding time.

This report shall not be reproduced except in full, without the written approval of the laboratory.
The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor:  **Date:** 4/18/2018

Comments:

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Login Report

Customer Name: SPILLMAN FARM
PO BOX 641172
PULLMAN WA 99163

Order ID: 180403003
Order Date: 4/3/2018

Contact Name: WSU EH&S
Project Name: WA IOC

Comment:

Sample #: 180403003-001 **Customer Sample #:** WELL #2

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 4/2/2018
Quantity: 2 **Date Received:** 4/2/2018 3:57:00 PM **Time Collected:** 10:02 AM
Comment:

Test	Lab	Method	Due Date	Priority
CYANIDE IN DW MOSCOW EPA	M	EPA 335.4	4/13/2018	***Normal (~10 Days)***
ANTIMONY	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
ARSENIC	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
BARIUM	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
BERYLLIUM	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
CADMIUM	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
CHLORIDE	M	EPA 300.0	4/13/2018	***Normal (~10 Days)***
CHROMIUM	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
COLOR	M	SM 2120B	4/13/2018	***Normal (~10 Days)***
CONDUCTIVITY	M	SM 2510B	4/13/2018	***Normal (~10 Days)***
COPPER	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
FLUORIDE	M	EPA 300.0	4/13/2018	***Normal (~10 Days)***
HARDNESS by EPA 200.7	M	EPA 200.7	4/13/2018	***Normal (~10 Days)***
IRON ICP	M	EPA 200.7	4/13/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
MANGANESE ICP	M	EPA 200.7	4/13/2018	***Normal (~10 Days)***
MERCURY-ICPMS	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
NICKEL	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
NITRATE/N	M	EPA 300.0	4/13/2018	***Normal (~10 Days)***
NITRATE+ NITRITE AS N	M	EPA 300.0	4/13/2018	***Normal (~10 Days)***
NITRITE/N	M	EPA 300.0	4/13/2018	***Normal (~10 Days)***
SELENIUM	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
SILVER	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***

Customer Name: SPILLMAN FARM
PO BOX 641172
PULLMAN WA 99163

Order ID: 180403003
Order Date: 4/3/2018

Contact Name: WSU EH&S

Project Name: WA IOC

Comment:

SODIUM ICP	M	EPA 200.7	4/13/2018	***Normal (~10 Days)***
SOLIDS - TDS	M	SM 2540C	4/13/2018	***Normal (~10 Days)***
SULFATE	M	EPA 300.0	4/13/2018	***Normal (~10 Days)***
THALLIUM	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***
TURBIDITY	M	EPA 180.1	4/13/2018	***Normal (~10 Days)***
WA Complete IOC	M	N/A	4/13/2018	***Normal (~10 Days)***
ZINC	M	EPA 200.8	4/13/2018	***Normal (~10 Days)***

SAMPLE CONDITION RECORD

Samples received in a cooler?	Yes
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	11.6
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
Are VOC samples free of headspace?	N/A
Is there a trip blank to accompany VOC samples?	N/A
Labels and chain agree?	Yes
Total number of containers?	2

180403 003 SPIL Last Due 4/13/2018
1st SAMP 4/2/2018 1st RCVD 4/2/2018
WA IOC

ANATEK LABS, INC - Multi-state Certified, NEL
☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 FAX 882-
☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 83

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Spillman Farm
SEND REPORT TO	Environmental Health & Safety
ADDRESS	PO Box 641172
CITY STATE ZIP	Pullman, WA 99164-1172

Water System #	829814
Phone Number	509-335-3041
Fax Number	509-335-4442
County	Whitman

Sample Type		Sample Purpose	
☑	Before (B)	☑	Compliance (C)
☐	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 4-2-18 10:02 Am
Sampler Name: Gene Patterson
Sampler Signature:

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: Well #2
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s
- ☐ Blended Sample (96) List source #'s

Receiving Check List

- ☐ Received Intact
- ☐ No Headspace
- ☑ Labels & Chains Agree
- ☐ Temp: 11.6
- ☐ Ice/Ice-Packs Present:
- ☐ Custody Seals Present:
- ☐ Preservatives: NaOH

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☑ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):
Group B System
MNBS

Customer Signature	PW
Shipping/Delivery Date	
Received By	11.6° IR-2 ONO
Date Received	1557 4/2/18

Gene Patterson

Form COC07.00 - Eff 1 Mar 2015

Sample Detail

Test Panel IOC -- COMPLETE INORGANIC ANALYSIS **Analyte Group** IOC -- INORGANIC CONTAMINANTS

Water System ID 829814 **Water System Name** SPILLMAN FARM

Water System Group Group B **Water System Type** **Water System County** WHITMAN

Sample Purpose RC **Sample Composition** S

Sentry Home | Quick Find | Entity | Sample | Compliance | Documents | Help

Lab Name Anatek Labs, Inc Moscow

Sample Location s01

Sample Type PT/R

Sources

Export

Source
01--WELL NO 1

Collector Name and Phone Number

Sample Comment

Collection Method F

Lab Date Received 05/24/2007

Lab Date Reported 06/06/2007

Has Tentatively Identified Compound No

Suitability Code Yes

Sample Complete Indicator Yes

Test Panel

Export

Analyte DOH #	Analyte Name	Result Range	Result Qty	Units	SRL	Result Suitability	Result Qualifier	TrigInd	MCLInd
0004	ARSENIC	LT	.00300	mg/L	.00100	Y	N	N	N
0005	BARIUM	LT	.40000	mg/L	.40000	Y	N	N	N
0006	CADMIUM	LT	.00200	mg/L	.00200	Y	N	N	N
0007	CHROMIUM	LT	.02000	mg/L	.02000	Y	N	N	N
0011	MERCURY	LT	.00040	mg/L	.00040	Y	N	N	N
0012	SELENIUM	LT	.01000	mg/L	.01000	Y	N	N	N
0110	BERYLLIUM	LT	.00080	mg/L	.00080	Y	N	N	N
0111	NICKEL	LT	.10000	mg/L	.10000	Y	N	N	N
0112	ANTIMONY	LT	.00600	mg/L	.00600	Y	N	N	N
0113	THALLIUM	LT	.00200	mg/L	.00200	Y	N	N	N
0116	CYANIDE	LT	.01000	mg/L	.01000	Y	N	N	N
0019	FLUORIDE	LT	.50000	mg/L	.20000	Y	N	N	N
0114	NITRITE-N	LT	.20000	mg/L	.20000	Y	N	N	N
0020	NITRATE-N	LT	.20000	mg/L	.20000	Y	N	N	N
0161	TOTAL NITRATE/NITRITE	LT	.50000	mg/L	.50000	Y	N	N	N
0008	IRON	EQ	.16700	mg/L	.10000	Y	N	N	N
0010	MANGANESE	LT	.01000	mg/L	.01000	Y	N	N	N
0013	SILVER	LT	.10000	mg/L	.10000	Y	N	N	N
0021	CHLORIDE	LT	20	mg/L	20	Y	N	N	N
0022	SULFATE	EQ	21.50000	mg/L	50	Y	N	N	N
0024	ZINC	LT	.20000	mg/L	.20000	Y	N	N	N
0014	SODIUM	EQ	18.60000	mg/L	5	Y	N	N	N
0015	HARDNESS	EQ	71.60000	mg/L	10	Y	N	N	N
0016	CONDUCTIVITY	EQ	202	Umhos/cm	70	Y	N	N	N
0017	TURBIDITY	EQ	.55000	NTU	.10000	Y	N	N	N
0018	COLOR	LT	15	CU	15	Y	N	N	N
0026	TDS-TOTAL DISSOLVED SOLIDS	EQ	167	mg/L	100	Y	N	N	N
0009	LEAD	LT	.00100	mg/L	.00100	Y	N	N	N
0023	COPPER	LT	.02000	mg/L	.02000	Y	N	N	N
0171	ORTHOPHOSPHATE	NA		mg/L	.10000	Y	N	N	N
0172	SILICA	NA		mg/L	1	Y	N	N	N
0402	ALUMINUM	NA		mg/L	.05000	Y	N	N	N
0403	ALKALINITY-LAB	NA		mg/L	5	Y	N	N	N
0404	MAGNESIUM	NA		mg/L	.10000	Y	N	N	N
0405	CALCIUM	NA		mg/L	.05000	Y	N	N	N
0406	AMMONIA	NA		mg/L	1	Y	N	N	N
0407	CHLORINE DIOXIDE	NA		mg/L	.80000	Y	N	N	N
0408	OZONE	NA		mg/L	.20000	Y	N	N	N
0409	PH	NA		PH		Y	N	N	N
0410	CHLORAMINES	NA		mg/L		Y	N	N	N
0099	INACTIVATION RATIO	NA		None		Y	N	N	N
0100	RESIDUAL CHLORINE	NA		mg/L	.20000	Y	N	N	N
0115	ASBESTOS	NA		MFL	.20000	Y	N	N	N

Validation Status: Sample Not Validated **Sample Entered By** Nelsene Miller **Sample Last Updated By** Nelsene Miller **Sample Entry Date** 07/11/2007 **Last Updated** 07/11/2007

OK HELP

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
82981 4	SPILLMAN FARM	WHITMAN	B	

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED CONNECTIONS
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)		~~1~~ 2	Undetermined
A. Full Time Single Family Residences (Occupied 180 days or more per year)	~~1~~ 2		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	~~2~~	~~2~~ 3	
28. TOTAL SERVICE CONNECTIONS		~~3~~ 5	

29. FULL-TIME RESIDENTIAL POPULATION

A. How many residents are served by this system 180 or more days per year? 5

30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?	10	10	10	10	10	19	19	19	10	10	10	10
B. How many days per month is water accessible to the public?	1	1	1	1	1	1	1	1	1	1	1	1

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
* Requirement is exception from WAC 246-290												

34. NITRATE SCHEDULE	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
(One Sample per source by time period)			

35. Reason for Submitting WFI:

☐ Update - Change ☐ Update - No Change ☐ Inactivate ☐ Re-Activate ☐ Name Change ☐ New System ☐ Other _____

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____





Ryan Berg

From: Sampson, Jason T <sampsonj@wsu.edu>
Sent: Wednesday, May 02, 2018 11:28 AM
To: Ryan Berg
Subject: FW: Spillman Farm Whitman County PWSID 829814 RE: WSU Terre View Research Facilities - DOH Discussion
Attachments: 82981-4_Spillman-Farm_Sample-History-IOC.pdf; 82981-4_Spillman-Farm_Sanitary Survey Packet.pdf; 82981-4_Spillman-Farm_WFI.pdf

Ryan,
This is Andy's email we discussed yesterday.
Jason

From: Cervantes, Andres (DOH) [mailto:Andres.Cervantes@DOH.WA.GOV]
Sent: Friday, April 13, 2018 4:54 PM
To: Sampson, Jason T <sampsonj@wsu.edu>
Cc: Gardipe, Jamie C (DOH) <jamie.gardipe@doh.wa.gov>
Subject: FW: Spillman Farm Whitman County PWSID 829814 RE: WSU Terre View Research Facilities - DOH Discussion

Hi Jason,

Got wrapped up with some projects on my desk. And lost track of time.

This is the email I had sent out earlier on the water system for the farm. You will notice I detailed two types of systems. In the case where you are looking at transferring your water right from the main WSU system to the Group B water system I had recommended going through the source approval process for a Group A-NTNC well. It is more feasible over time based on location and use, that the population served out at the farm will be more of a Transient nature than a residential nature.

Also, the system could be brought under the umbrella of the existing Water System Plan for WSU, as a satellite system. The service area for the farm or for Tula Young Hastings does not have to be contiguous with the larger system. You can update the maps for the satellite systems and incorporate them by addendum into the larger plan.

So, Need;

Updated map showing the satellite systems.

Updated water right assessment forms – there are three - Current, 6 or 10 yr and 20yr.

Approval documentation for Spillman farms. See comments below from previous emails.

Map of the farm and location of meters, and tracking frequency for documenting usage for Municipal Water Law.

Water Right Documentation information for transfer of rights to well, (would actually be necessary for approval of the source).

Jamie can fill in where I missed some requirements.

Andres R. Cervantes, PE
Eastern Regional Office - Office of Drinking Water - Department of Health

16201 E. Indiana Ave., Suite 1500; Spokane Valley, WA 99216
Phone: (509) 329-2120 Fax: (509) 329-2104

From: Cervantes, Andres (DOH)
Sent: Wednesday, February 14, 2018 8:10 AM
To: Deen, Nathan (ATG/WSU) <nathan_deen@wsu.edu>
Cc: Gardipe, Jamie C (DOH) <jamie.gardipe@doh.wa.gov>
Subject: FW: Spillman Farm Whitman County PWSID 829814 RE: WSU Terre View Research Facilities - DOH Discussion

Nathan,

This is some information I had gathered for a recent request on the farm.

I did not specifically note the well in use is not approved, so either way this well would require an approval.

Because this is a proposed Municipal well, it should be an approval for a Group A Community well.

The only difference between a Group A Community and NTNC is the Radionuclide sample.

Andres R. Cervantes, PE
Eastern Regional Office - Office of Drinking Water - Department of Health
16201 E. Indiana Ave., Suite 1500; Spokane Valley, WA 99216
Phone: (509) 329-2120 Fax: (509) 329-2104

I have re-attached the documents from my previous email. This is for the Spillman Farm. I know I missed it in the first email, but Tula Young would require and updated system map.

Because through our office we work with the owner and contact person on the Water Facilities Inventory, you need to get the attached WFI updated by Gene Patterson. Whether this is done through your contact or directly from Gene this would be the first step.

That being said;

* I could not find an official approval for the water system on file.
* The water system is a Group B and Group B systems have no requirements for having and approved water system plan. They are managed, owned, and operated by WSU, who has an approved plan, and considers these satellite systems under the same operation and management procedures.
* An approved number of connections equal to 0.
* They show they have 3 existing connections.
* They have two sources (total 55-gpm), and
* No storage capacity.

The submittal requirement would be based on the proposed expansion of the site and residential population served. Given they are and existing Group B water system:

- Threshold one – Daily Monthly Average population served is 25 or greater.
- Threshold two – Total number of approved connections is 15 or greater.

Based on the typical population served by the university includes employees, students, and visitors, if either threshold is exceeded they would be a A-NTNC.

The submittal document for approval would be either a Group B workbook or a typical submittal for a Group A-TNC with additional source testing, planning documents, and so forth.

Water System Type	Group B	Group A-NTNC
Report	Workbook	A-TNC Workbook Plus ▪ Susceptibility Assessment* ▪ Coliform Monitoring Plan ▪ Lead and Copper Plan ▪ Cross-Connection Control Plan ▪ Operation and maintenance program
Sampling	Coliform Nitrate	Coliform Nitrate Volatile Organic Chemicals* Synthetic Organic Chemical* General Pesticides General Herbicides General Insecticides EDB / DBCP**
Capacity Determination / Hydraulic Analysis	Proposed system incorporates multiple control systems, such as, irrigation supply and domestic use. New and existing system	Provide limiting factor for growth and establish total number of approved connections (based on source capacity and water rights), and improvements if necessary. Proposed complex system. New and existing system
Updated map	Yes	Yes

The asterisks following the requirments listed in the table above, indicate what is required to complete the approval of the source for a Group A-NTNC water system. Basically, it is taking the existing information provided for the source, additional sampling, and the susceptibility assessment to convert the approval for the Group B to the A-NTNC. However, I could not see where we had approved the source for the water system, just the well site inspection.

If it does turn out to be an A-NTNC, a sanitary survey will be scheduled within a year or two of the system conversion.

10.0 Financial Program

10.1 Operating Income

The only services generating income for the WSU water system is from four entities on or adjacent to the campus: The Pullman-Moscow Airport, Housing and Dining, the Student Recreation Center, and the Student Book Corp. The income covers the cost of providing service only for those 4 customers. The income does not provide funding for new projects or significant repairs. Table 10-1 summarizes the rates and fees for a typical month. As indicated in the table, water service at some customer facilities is not metered, so they are billed for water (and sewer) on a "per square foot" cost basis. Appendix J-1 includes a copy of a typical bill for each entity for the 2013 time period.

Table 10-1
Billing Summary

Location	Rate	Average Month
Airport	$91.95 + $2.13 per 100 CuFt June – October; $91.95 + $2.13 per 100 CuFt November through May. The first 500 CuFt are included in the $91.95 base cost. $21.66 fire line base fee	$143.22
Student Recreation Center	$0.90 per 100 CuFt	$486.82
Palouse Ridge Golf Course	$455.55 meter charge + Commercial rate: $3.15 per 100 CuFt + Irrigation Rate: $3.51 per 100 CuFt (charged rate if water usage above 48 million gallons per year)	$455.55
Residence Inn	Commercial rate: $250.15 + $2.13 per 100 CuFt Irrigation Rate: $91.95 + $3.46 per 100 CuFt	$1,930.37
Housing and Dining	$.0123 per square foot average.	$6,953*
Panda Express (CUB tenant)	$100.05 + $2.13 per 100 CuFt. The first 1000 CuFt are included in the $100.05 base meter cost	$292.77
Pizza Pipeline (CUB tenant)	$100.05 + $2.13 per 100 CuFt. The first 1000 CuFt are included in the $100.05 base meter cost	$100.05
WSECU (CUB tenant)	$24.25 + $2.13 per 100 CuFt. The first 500 CuFt are included in the $24.25 base meter cost	$24.25
Subway (CUB tenant)	$48.50 + $2.13 per 100 CuFt. The first 1000 CuFt are included in the $48.50 base meter cost	$84.22
		$10,470.25 **X 12 =$125,643**

*Average costs shown are the water services only; monthly invoices also include additional charges for sewer service.

10.2 Operating Expense

The operating expenses for the University water system include electricity, operating and maintenance costs, and permits and fees. The expense amounts for the fiscal years 2008 to 2014are shown in Table 10-2.

10.3 Revenue Sources

The University water system has six available sources from which to fund repairs and improvements:

1. The Power Plant and Utilities Operating Fund.
2. Minor Capital Renewal (MCR)
3. Minor Capital Improvements (MCI)
4. Minor Capital Safety (MCS)
5. Minor Capital Infrastructure
6. Major Capital

The Utilities Operating Fund is used for routine repair and maintenance. The MCR fund is for facility renewal and replacement projects up to $2,000,000. MCI is for new facility type projects valued up to $2,000,000. The Major Capital Fund is for projects valued over $5,000,000. MCS funds are administered by the Division of EH&S and can be used to fund new or replacement projects under the same constraints as MCR & MCS. Minor Capital Infrastructure is a new capital funding source for use in the utility distribution infrastructure. It has the same restrictions as other Minor Capital Funding sources. The source of all the capital funds is State appropriation of tax dollars. This allotment varies from biennium to biennium depending on the State's funding priorities. The Major Capital Fund requires that the project be specifically itemized for approval in the State budget. MCR, MCI, MCS, MC Infrastructure and Major Capital funds are not allotted for just water projects but include all campus facilities and infrastructure projects. Funding is assigned on a prioritized basis.

The following projects were completed during the last WSP cycle*:

1) Waterline upgrade and extension at Chief Joe apartments.
2) Repaired shaft in Well No. 6
3) Observatory Hill automatic cross-over valve between high and low systems.
4) Library Road waterline upsize; 480 LF of 6" to 12" west of Holland Library.
5) Overhaul of Well No. 7 and equip with monitoring ports to facilitate aquifer monitoring.
6) Library Road high system upsize, 400-feet of 6" to 12" Around Administration Annex.
7) Repair of East Observatory Hill Reservoir currently under construction.

*- these projects are typically related to surface upgrades; replacement of aging waterlines in these areas is justified. Additionally, these projects were previously identified by Facilities Operations as necessary for continued well maintenance and aquifer monitoring. All of these projects were identified previous to and separate from the hydraulic modeling analysis in Chapter 3. Items 1, 4, and 6 above are included in the year 2020 modeling analysis in Chapter 9 and are not included in the CIP because they are already under construction

It is anticipated that the $1,000,000 water metering project will be funded by Major Capital funds as the legislature allocates these funds to WSU. As the funding is assigned based on priority, it is anticipated that the legislature will view this metering favorably as it is mandated by DOH to be completed. The funds have not been provided as of January 2016, but WSU will continue to present this project to the legislature with the understanding of the urgency to meet DOH mandates under Municipal Water Law and that the project must be funded.

All other capital improvement projects listed in Table 9-1 are not given a specific year for completion as funding is not yet available nor is it foreseen what year the funding will become available. WSU will continue to present these projects to the State legislature and they will be completed as funds are allocated from the State. Therefore, no anticipated completion schedules are given for these projects.

TABLE 10-2 2008 – 2014 OPERATING EXPENSES						
FISCAL YEAR (June – July)	WATER PUMPED (Million Gallons)	ELECTRIC PUMPING COSTS	MAINTENANCE, OPERATIONS, & CHEMICAL COSTS	PERMITS & FEES FOR PUMPED WATER SYSTEMS	ADMIN. CHARGE	TOTAL COST OF FRESH WATER PUMPED
2007 – 2008	463.181	$67,101.39	$287,373.15	$26,991.10	$33,187.19	$414,653.57
2008 – 2009	434.039	$70,633.05	$302,498.05	$28,411.69	$34,933.89	$436,477.45
2009 – 2010	436.107	$74,350.57	$318,419.00	$29,907.04	$36,772.51	$459,449.94
2010 - 2011	420.153	$78,263.76	$335,177.90	$31,481.10	$38,707.91	$483,631.52
2011 – 2012	430.366	$82,382.91	$352,818.84	$33,138.00	$40,745.17	$509,085.81
2012 – 2013	431.312	$86,718.85	$371,388.25	$34,882.10	$42,889.65	$535,879.80
2013 – 2014	415.918	$91,283	$390,935	$36,718	$45,147	$564,084

Approximated based on 2013-2014 data

Sanitary Survey Data Report / Packet

As Of: 11/22/2017

Administrative Data

WS Id: 82981 4 WS Name: SPILLMAN FARM Owner Name: WASHINGTON STATE UNIVERSITY

Group: B Type: Group Active Date: 01/01/1970 Region: Eastern County: WHITMAN

Primary Contact Name: Gregory M. Streva Phone: (509) 335-9040 Cell: (509) 595-8591 Fax:

Primary Contact Email: gstreva@wsu.edu Owner Email: gpatters@wsu.edu

Delivery Address: City: State: Zip code:

Mailing Address: PO Box 641150 City: Pullman State: WA Zip code: 99164-1150

Source Information

Source Inventory

Src Num	Source Name	Status	Type	Susc	Use	Depth to First Open Interval	Capacity (GPM)	Source Metered	Well Tag ID
01	Well #1	InAct	Well	H	P	400	130.0	Undefined	
02	Well #2 - UNAPPROVED	Act	Well	X	P	400	55.0	No	

Source Location

Src Num	Source Name	Qtr / Qtr	Sect	Township	Range	Lat / Long	SWTR
01	Well #1	NWSE	16	14	45E	46.699250 / -117.158000	Does Not Apply
02	Well #2 - UNAPPROVED	NWSE	16	14	45E	46.695423 / -117.148598	

Water Quality

COLIFORM SUMMARY / 2 - Years

	11/17	10/17	9/17	8/17	7/17	6/17	5/17	4/17	3/17	2/17	1/17	12/16
Routine Sample												
SamReq												
SamTaken												
TC												
EC												
FC												
Repeat Sample												
SamReq												
SamTaken												
TC												
EC												
FC												
Incidents Actual												
E.Coli (Acute)												

Sanitary Survey Data Report / Packet

As Of: 11/22/2017

TTT PS (Non Acute)												
TTT R (MajorRep)												
Mon (MajorMon)												
RTCRA												
TTV-A												
TTV-CA												
TTV-S												

82981 11/22/2016

	11/16	10/16	9/16	8/16	7/16	6/16	5/16	4/16	3/16	2/16	1/16	12/15
Routine Sample												
SamReq												
SamTake												
TC												
EC												
FC												
Repeat Sample												
SamReq												
SamTake												
TC												
EC												
FC												
Incidents Actual												
E.Coli												
TTT PS												
TTT R												
Mon												
RTCRA												
TTV-A												
TTV-CA												
TTV-S												

Detail - IOC

Distribution

Source Status	Source Type	Test Panel	Lab Number	Sample Number	Collect Date	Sample Location
		IOC				

Analyte DOH #	Analyte Name	Result Range	Units	SRL	Result Qty	Trigger Ind	Trigger Value	MCL Ind	MCL Value

Sanitary Survey Data Report / Packet

As Of: 11/22/2017

Result Range:
EQ - Equal To LT - Less Than GT - Greater Than NA - Not Analyzed ND - No Detect

No Analytes Detected for Testpanel \ IOC \ where 24 analytes were tested.

Detail - NIT

Source 02 Source Status - Act Source Type - Well

Lab/Sample Number	Sample Collect Date	Analyte DOH #	Analyte Name	Result Range	Units	SRL	Result Qty	Trigger Ind	Trigger Value	MCL Ind	MCL Value
125 66126	12/14/2011	0020	NITRATE-N	LT	mg/L	0.20000	0.20000	N	4.99900	N	10.00000
125 14821	04/01/2008	0020	NITRATE-N	LT	mg/L	0.20000	0.20000	N	4.99900	N	10.00000

Result Range:
EQ - Equal To LT - Less Than GT - Greater Than NA - Not Analyzed ND - No Detect

***** End Of Report *****

Appendix II

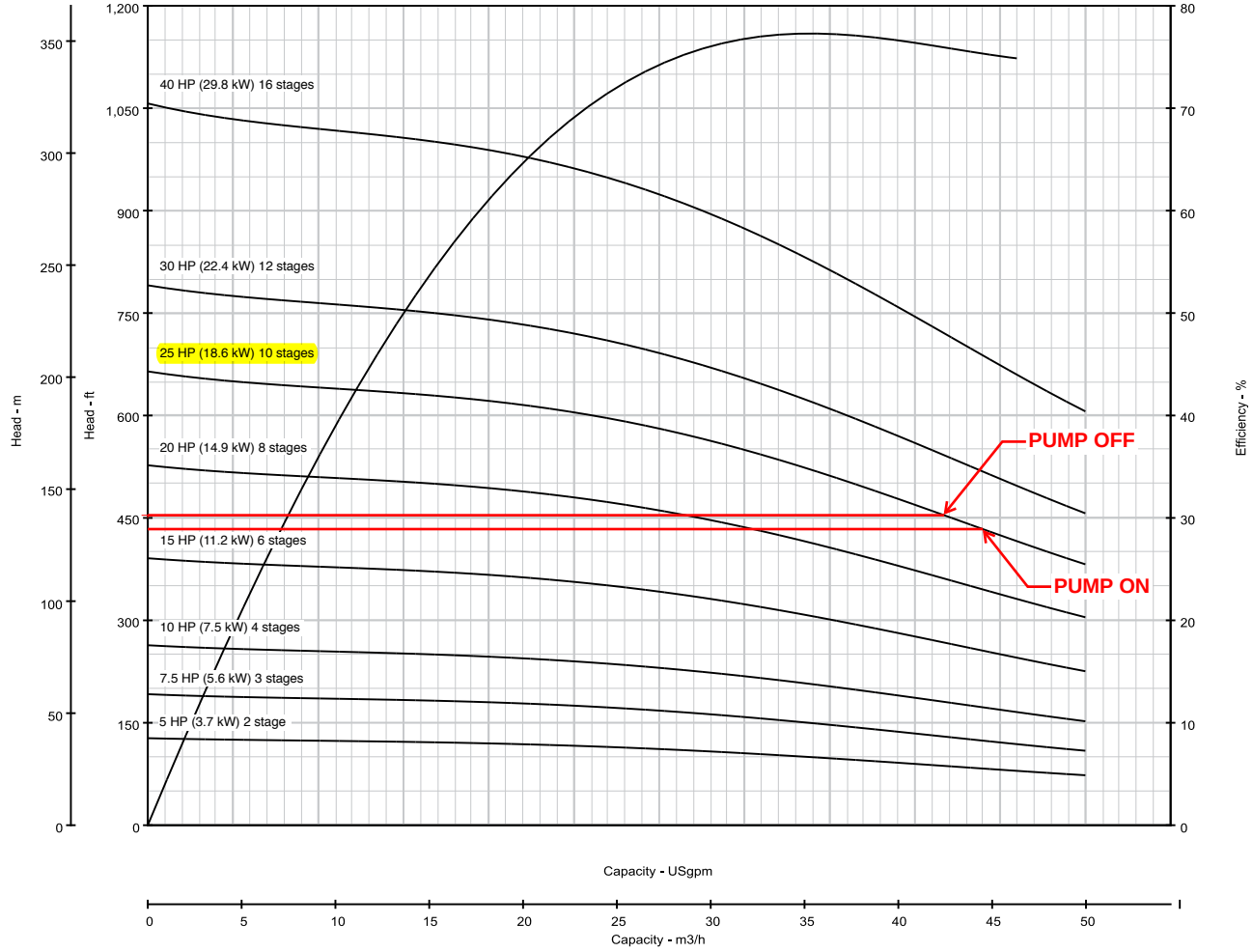
- PUMP CURVE
- PUMP MOTOR SPECIFICATION

BERKELEY® 5TMH-170
SUBMERSIBLE TURBINES

PERFORMANCE CURVE

Curve	5TMH-170
Date	08/20/15
Page	1.0
Supercedes	03/01/15

Nominal RPM:	3500 (60 hz)
Based on Fresh Water@	68˚ F (20˚ C)
Maximum Working Pressure:	735 PSI (50.6 BAR)
Standard Catalog Staging	
Pump Diameter with Cableguard	5.625” (143 mm)



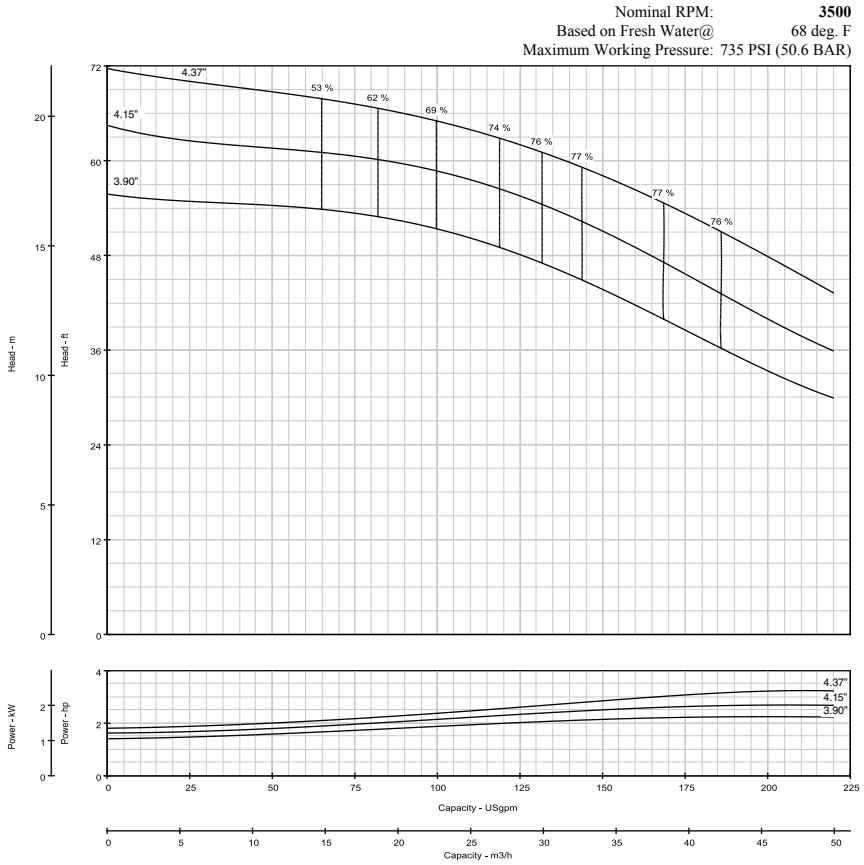
PUMP ON = 433 TDH
PUMP OFF 454' TDH

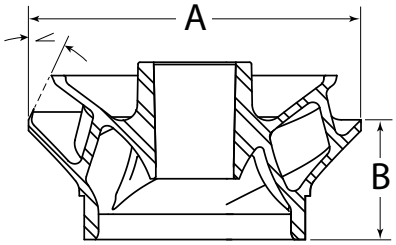
PENTAIR

BERKELEY® 5TMH-170
SUBMERSIBLE TURBINES

PERFORMANCE CURVE

Curve	5TMH-170
Date	08/20/15
Page	1.0
Supercedes	03/01/15





	"A" Diameter	"B" Height	∠
"A" Trim	4.37"/111 mm	1.41"/35.9 mm	30˚
"B" Trim	4.15"/105.4 mm	1.27"/32 mm	30˚
"C" Trim	3.90"/99 mm	1.35"/34 mm	30˚

Stages	Assembled pump length less motor – inches (mm)
1	18.7 (475)
Each additional stage	6.5 (165)
Pump Diameter with leadguard: 5.625 inches (143 mm)	
Refer to the following literature pieces for motor information, including power and length: P10842BK for Pentek® motors P8174WS for Hitachi® motors	

Part Name	Material	Reference
Top Bearing	Vesconite®	
Discharge Adapter	Ductile Iron	ASTM A536-84 65-45-12
Bowls	Class 30 Grey Iron	ASTM A48 Class 30
Suction Bracket	Ductile Iron	ASTM A536-84 65-45-12
Bowl Bearing	Rubber	Neoprene
Impeller Collets	Steel	AISI 1226
Pump Shaft, Shaft Coupling	Stainless Steel	AISI 416 UNS S41600
Upthrust Adjustment, Impeller, Suction Screen	Stainless Steel	AISI 302 UNS S30400
Cable Guard	Stainless Steel	AISI 302 UNS S30200



PENTAIR

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HITACHI® 6" Submersible Motors



Hitachi Motors are designed and manufactured to provide long service life and trouble-free operation. Innovative design and robust characteristics make this the perfect motor for your pumping applications.

Combined with exceptional insulation and a patented epoxy fill resin, these motors exceed NEMA requirements for high water temperature by 18º F (10° C). Designed with internal lubrication and cooling blend of water, antifreeze, and an antirust mixture, Hitachi submersible motors are unique in providing the industry with innovative and robust design features that will extend the serviceable life of your installation.

APPLICATIONS

High-thrust, deep water well applications.

SPECIFICATIONS

Motor Sleeve: Stainless steel construction

Castings: Baked epoxy-coated gray cast iron

Fasteners: Stainless steel

Shaft: NEMA splined stainless steel

Flange: NEMA standard type

Rotor: Double epoxy-coated

Thrust Bearings: Kingsbury-type 420 stainless steel

Double Lip Seals: Nitrile rubber (NBR), sand-resistant, grease-packed for harsh, sandy well conditions

Diaphragm: Nitrile rubber

Sand Cap: Polyurethane

Sand Slinger: Stainless steel

Lead Wire (or Cable): Double-insulated, heat and water-resistant, 167°F/75°C, 600V

ISO 14001
EC97J1095

ISO 9001
JQA-1153

Hitachi submersible motors in this brochure are produced at the factory registered under the ISO 14001 standard for environmental management system and the ISO 9001 standard for motor quality management system.

FEATURES

Higher Efficiencies and Lower Current Consumption: For reduced energy costs.

Carbon Bearings: Two water-lubricated carbon bearings, for extra alignment support, serve as a steady bushing for the motor.

Corrosion-Resistant Design: For long life.

High-Capacity Kingsbury-Type Bearings: For dependable performance.

Low-Profile NEMA Design: For ease of installation.

Replaceable Plug-in Motor Lead: For ease of maintenance.

Dual Voltage Type: For application versatility (5HP – 30HP, 230V or 460V, 3-phase motors).

VFD-Compatible

Hitachi Control Box – Single Phase, 230V (Required for Hitachi 1Ø motors)



Type 1 NEMA Enclosure

In-Panel Circuit Breaker

Magnetic Contactor

Terminal Blocks for External Controls

UL Recognized

Hitachi single phase motors must used a Hitachi control box. Use of any other control box will void the warranty.

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HITACHI® 6" Submersible Motors

ORDERING INFORMATION

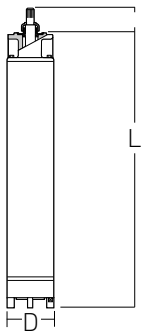
HP	KW	VOLTS	PH	SERVICE FACTOR	CATALOG NUMBER	RATED INPUT AMPS	SERVICE FACTOR INPUT AMPS	WINDING RESISTANCE (OHMS)	THRUST CAPACITY	LENGTH (L)		DIAMETER (D)		WEIGHT	
										IN.	MM	IN.	MM	LBS.	KG
6" DIAMETER 60 HZ															
5	3.7	200	3	1.15	6HIT2-5-8	17.5	19.5	RTF	3,500	22.95"	582.9	5.5"	139.7	95	43.0
5	3.7	230	1	1.15	6HIT2-5-1	24	27.5	R-Y, B-Y, R-B, 2.172, 0.512, 2.627	3,500	26.97"	685.0	5.5"	139.7	110	49.9
5	3.7	230	3	1.15	6HIT2-5-2	15	17	0.806	3,500	22.95"	582.9	5.5"	139.7	95	43.0
5	3.7	460	3	1.15	6HIT2-5-4	7.5	8.5	3.05	3,500	22.95"	582.9	5.5"	139.7	95	43.0
7.5	5.5	200	3	1.15	6HIT2-7-8	25.4	28.5	RTF	3,500	24.80"	629.9	5.5"	139.7	99	43.0
7.5	5.5	230	1	1.15	6HIT2-7-1	36	41	R-Y, B-Y, R-B, 1.401, 0.400, 1.774	3,500	29.92"	760.0	5.5"	139.7	128	58.1
7.5	5.5	230	3	1.15	6HIT2-7-2	22	26	0.651	3,500	24.80"	629.9	5.5"	139.7	99	43.0
7.5	5.5	460	3	1.15	6HIT2-7-4	11	13	2.43	3,500	24.80"	629.9	5.5"	139.7	99	43.0
10	7.5	200	3	1.15	6HIT2-10-8	33.3	37.2	RTF	3,500	26.97"	685.0	5.5"	139.7	110	49.9
10	7.5	230	1	1.15	6HIT2-10-1	50	58	R-Y, B-Y, R-B, 1.052, 0.316, 1.310	3,500	29.92"	760.0	5.5"	139.7	128	58.1
10	7.5	230	3	1.15	6HIT2-10-2	29	33	0.448	3,500	26.97"	685.0	5.5"	139.7	110	49.9
10	7.5	460	3	1.15	6HIT2-10-4	14.5	16.5	1.619	3,500	26.97"	685.0	5.5"	139.7	110	49.9
15	11	200	3	1.15	6HIT2-15-8	47.4	53.5	RTF	3,500	29.92"	760.0	5.5"	139.7	128	58.1
15	11	230	1	1.15	6HIT2-15-1	72	85	R-Y, B-Y, R-B, 0.678, 0.230, 0.850	3,500	33.46"	849.9	5.5"	139.7	148	67.1
15	11	230	3	1.15	6HIT2-15-2	42	46	0.312	3,500	29.92"	760.0	5.5"	139.7	128	58.1
15	11	460	3	1.15	6HIT2-15-4	21	23	1.074	3,500	29.92"	760.0	5.5"	139.7	128	58.1
20	15	200	3	1.15	6HIT2-20-8	61.2	69.5	RTF	3,500	31.5"	800.1	5.5"	139.7	137	62.1
20	15	230	3	1.15	6HIT2-20-2	54	60	0.258	3,500	31.5"	800.1	5.5"	139.7	137	62.1
20	15	460	3	1.15	6HIT2-20-4	27	30	0.861	3,500	31.5"	800.1	5.5"	139.7	137	62.1
25	18.5	200	3	1.15	6HIT2-25-8	77.3	87.5	RTF	3,500	36.22"	920.0	5.5"	139.7	161	73.0
25	18.5	230	3	1.15	6HIT2-25-2	68	76	0.21	3,500	36.22"	920.0	5.5"	139.7	161	73.0
25	18.5	460	3	1.15	6HIT2-25-4	34	38	0.666	3,500	36.22"	920.0	5.5"	139.7	161	73.0
30	22	200	3	1.15	6HIT2-30-8	91.8	104	RTF	3,500	38.19"	970.0	5.5"	139.7	176	79.8
30	22	230	3	1.15	6HIT2-30-2	82	94	0.166	3,500	39.19"	970.0	5.5"	139.7	176	79.8
30	22	460	3	1.15	6HIT2-30-4	41	47	0.554	3,500	38.19"	970.0	5.5"	139.7	176	79.8
40	30	460	3	1.15	6HIT2-40-4	56	61	0.358	5,000	40.55"	1,030.0	5.5"	139.7	187	84.8
8" DIAMETER 60 HZ															
50	37	460	3	1.15	86HIT2-50-4*	65	73	0.331	5,000	45.28"	1,150.0	7.52"	191.0	353	160.1
60	45	460	3	1.15	86HIT2-60-4*	80	90	0.278	5,000	48.03"	1,220.0	7.52"	191.0	408	185.1

NOTE: 6" motors are 3450 rpm, 60 Hz, 1.15 SF.

*8" motor with 6" pump connection

Hitachi single phase motors must use a Hitachi control box. Use of any other control box will void the warranty.

OUTLINE DIMENSIONS



Shaft Extension
2.87" (72.9 mm)

For lengths, refer to Ordering Information tables.

Dimensions are for estimating purposes only.

ORDERING INFORMATION

HP	KW	VOLTS	PH	CATALOG NUMBER
HITACHI CONTROL BOX				
5	3.7	230	1	HIT-5CBD
7.5	5.5	230	1	HIT-7.5CBD
10	7.5	230	1	HIT-10CBD
15	11	230	1	HIT-15CBD

PENTAIR

US: 293 WRIGHT STREET, DELAVAN, WI 53115 WWW.BERKELEYPUMPS.COM PH: 888-782-7483 ORDERS FAX: 800-426-9446
CANADA: 490 PINEBUSH ROAD, UNIT 4, CAMBRIDGE, ONTARIO N1T 0A5 PH: 800-363-7867 ORDERS FAX: 888-606-5484

Because we are continuously improving our products and services, Pentair reserves the right to change specifications without prior notice.

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13. Coliform Monitoring Plan

WAC 246-290- 300 coliform monitoring requirements are in conformance with the federal Total Coliform Rule (TCR) and are based upon a presence or absence of coliforms in a given distribution system sample. The rule was revised in February 2013 to provide greater health protection and WSU is in conformance with the revised rule. The population served determines the total monthly monitoring requirements for coliforms. WSU performs coliform monitoring as outlined in its Coliform Monitoring Plan, presented in Appendix G-2. In the past five years WSU has not had any confirmed coliform samples.

14. Lead and Copper Plan

WSUs Lead and Copper monitoring plan, consumer notifications and results of testing are included in Appendix G-14. WSU is required to take 30 samples every 3 years as part of this monitoring plan. The action level for lead is 15 ppb and copper is 1,300 ppb. The maximum contaminant level goal for lead is zero.

The Lead and Copper Rule (LCR) requires that public water systems conduct lead and copper monitoring to determine if appropriate corrosion control treatment is implemented as measured by lead and copper levels at customer taps. The LCR monitoring determines corrosion control based on an action level for lead (0.015 mg/L) and copper (1.3 mg/L) as measured at the 90th percentile. The LCR sets out required actions for systems exceeding the 90th percentile action limits. WSU meets the action levels for lead and copper.

15. Cross-Connection Control Plan

A copy of the WSU Cross-Connection Control (CCC) Program is included in Appendix G-4, including the WSU Water Board's official approval letter dated May 12, 2008. This program establishes the measures necessary for the University to meet requirements of WAC 246-290-490 and DOH with regard to cross-connections. The University has designated Timothy Leachman as the Cross-Connection Control Specialists and Randy Parsons and Ed Hosley as the Backflow Prevention Assembly Testers (BATS). All three individuals have been certified for these tasks through the DOH programs. Mr. Leachman, Mr. Parsons and Mr. Hosley are responsible for review of all proposed construction for backflow prevention assembly acceptability as well as testing and maintenance of existing assemblies. The 2014 Annual Summary Report is included in Appendix G-5.

The majority of existing cross connections have been tabulated and prioritized (see Appendix G-6 for high hazard list). Due to the extensive number of cross connections that exist (see Appendix G-7 for a complete list of devices), installation of new devices and piping to address these problems is implemented on an ongoing basis. The conditions that propose the greatest risk are funded first. Currently there are MCS funds specifically earmarked for CCC repair.

16. Operation and maintenance program

Management, operation and maintenance of the WSU water system are controlled at several levels throughout the different departments. The Water Board, comprised of staff from Facilities Operations, Environmental Health and Safety (EH&S), Housing and Dining Services, Capital Planning and Development, and Regional Campus and Research Unit (RCRU) representatives, has the ultimate authority and responsibility for all WSU water systems and facilities located around the state to meet all

applicable regulations. The Water Board is also responsible for planning, constructing and repairing, operating, sampling, maintaining, and protecting WSU's public drinking water systems and water supply connections throughout the state to meet the requirements in WAC 246-290 through WAC 246-296, WAC 173-160 and WAC 51-56. Gene Patterson of Environmental Health and Safety is the primary point of contact and has central responsibility of all aspects of environmental health issues relating to the water system. Facilities Operations is the department responsible for general management of the system. The water system facilities are the responsibility of Facilities Operations Utilities Services Manager Steve Potratz. Mr. Potratz directly supervises operation and maintenance of the system. See Exhibits 7-1 through 7-3 and Appendix G-11 for organizational charts showing the different departments that contribute to the administration of the water system. Table 7-1 summarizes the responsible individuals and their respective duties.

17. Water Board minutes

WSU Water Board Meeting
April 26, 2018

Topic: A proposal to combine water rights and incorporate Spillman Farm into the WSU Water System Plan, supporting relocation of Tukey Orchards to Spillman Farm due to the Pullman Moscow Airport runway expansion.

1. WSU seeks to incorporate Spillman Farm's Department of Ecology (DOE) water rights under the contiguous WSU Pullman Campus water rights, and modify the Washington Department of Health (DOH) WSU Campus water system plan, to support relocating Tukey Orchards from the contiguous Campus to Spillman Farm after displacement by the Pullman – Moscow Airport runway expansion. WSU, intends to accomplish both these tasks concurrently, to more efficiently elicit public comment (one 90 day public comment period) and if necessary, one public hearing.

2. The current water rights at Spillman Farm are based on the last 5 years of pumping data. That withdrawal is inadequate to meet the needs of the Tukey Orchard moving to and operating at the Spillman Farm. Currently, Tukey Orchard water withdrawal is under the WSU Pullman Campus municipality water right. WSU's Pullman Campus and Spillman Farm get there water from the same aquifer and WSU's Pullman Campus does not use the full Campus municipality water rights allowance. Combining Spillman Farm and WSU's Pullman Campus water rights, would provide water for the Tukey Orchards, without increasing WSU's total water rights from the aquifer.

3. After discussion, a vote was taken, and the proposal to concurrently combine water rights for WSU Pullman and the Spillman Farm, and to amend WSU's Water System Plan to include the Spillman Farm was approved unanimously.

4. In order to include the Spillman Farm in the WSU Water System Plan, WSU must gather and submit the required information to DOH including:

    - Document the amount of water pumped from Spillman Farm annually over the last 3 years,
    - Document how much water Tukey Orchard currently uses,
    - Estimate the additional withdrawal from Spillman Farm with the Tukey Orchard relocation, and
    - Complete a Groundwater Susceptibility Assessment.

    Data will be provided by Roy Senter from Facilities Services and numbers calculated using DOH guidance document.

WSU Water Board Meeting
April 26, 2018

Topic: **Incorporating Spillman Farm into the 2015 WSU Water System Plan as an amendment to accommodate Tukey Orchards Farm moving to Spillman Farm**

Attendees:

Print Name	Signature	Department	Phone #	Email
Michael LaDielly		FAC-Service	5-9071	michael.lavielle@
Christopher J Fischer		FAC-Serv	5-9035	fischercj@wsu.edu
Greg Streva		Fac-Serv	5-9040	gstreva@wsu.edu
Dan Costello		FS-OPS	5-9325	dan.costello@wsu.edu
Dwight Hagihara		EHSRMS	5-3051	hagihara@wsu.edu
Gene Patterson		"	5-5510	gpatterson@wsu.edu
Mark LaBolle		HDMS	5-3941	mark.labolle@
Shawn Ringo		EHS OHS	5-5251	sringo@wsu.edu

18. Public notification

NEWS REVIEW PUBLISHING COMPANY
The Moscow-Pullman Daily News
P.O.Box 374
Lewiston, Idaho 83501
(208) 743-9411

Date: 06/15/2018

INVOICE NO. 144586

Account No. 30117536

Description 144586 Amendmen

LEGAL ADVERTISING INVOICE

Times 1

Lines 29
Tab. lines

$ 45.24

Sold To: WSU FACILITIES ADMIN SERVICES
PO BOX 641150
PULLMAN WA 99164-115

PO# Maja Huff

NOTICE:This is a invoice of Purchase made by you. Statement will be rendered the first of the month
Please Retain This Invoice as Your Statement Will Refer to Invoice by No. Only.

144586

Amendment to WSU Pullman's Approved Water System Plan Available for Review and Public Comment

The Washington State Department of Health (DOH) requires that Washington State University (WSU) Pullman Campus update their Water System Plan every 6 years, and hold an informational meeting with water users. The WSU Water System Plan describes the drinking water system, demand forecasting, water conservation, water rights, water quality, operation and maintenance, as well as other topics. WSU completed this in 2016 and plan was approved by DOH. An amendment to the plan has been written to include Spillman Farm. The draft amendment to the Water System Plan is available for review and comment at http://ehs.wsu.edu. Comments can be submitted via email to ehs@wsu.edu, or mailed to:

WSU Facilities Services
PO Box 641150
Pullman, WA 99164-1150

The public meeting will be held at Lighty Student Services Building, 40 on July 27, 2018 at 10:00 a.m. All comments are due by July 20, 2018 5 PM. Once the WSU Water System Plan is final, it will be available at the web site above. If you have any questions, please contact Jason Sampson at 509-335-9564

AFFIDAVIT OF PUBLICATION

Julie L. Winters, Legal Clerk being first duly sworn, on oath deposes and says: I am the printer of Moscow-Pullman Daily News, a newspaper of general circulation, published daily except Sunday at Moscow, Latah County, Idaho, in compliance with Sections 60-106, 60-107, and 60-108 of the Idaho Code and the amendments thereto; and an official newspaper for Whitman County, Washington as required by R.C.W. 36.72.071 and other provisions of the Revised Code of Washington and the amendments thereto: that the notice of which the annexed is a full, true and correct printed copy was published in the regular and entire issues of said newspaper and not in a supplement thereto, upon the following dates:

June 15th 2018

the same being the date designated for the publication of said notice.

Julie L Winters

On this 18th day of June in the year of 2018 before me, a Notary Public, personally appeared Julie L. Winters, known or identified to me to be the person whose name subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true, and acknowledged to me that he executed the same.

Carol L Peterson

Notary Public for Idaho,
Residing at Lewiston, Idaho
My Commission Expires 9-1-2023

Received
JUN 20 2018
Facilities Services

CAROL L. PETERSON NOTARY PUBLIC STATE OF IDAHO

Let's Share

Amendment to WSU Pullman's approved Water System Plan available for review and public comment

July 12, 2018

The Washington State Department of Health (DOH) requires that Washington State University (WSU) Pullman Campus update their Water System Plan every 6 years, and hold an informational meeting with water users. The WSU Water System Plan describes the drinking water system, demand forecasting, water conservation, water rights, water quality, operation and maintenance, as well as other topics. WSU completed this in 2016 and plan was approved by DOH. An amendment to the plan has been written to include Spillman Farm. The draft amendment to the Water System Plan is available for review and comment at http://ehs.wsu.edu. Comments can be submitted via email to ehs@wsu.edu, or mailed to:

WSU Facilities Services
PO Box 643611
Pullman, WA 99164

The public meeting will be held at Lighty Student Services Building, 403 on July 27, 2018 at 10 a.m. All comments are due by July 20, 2018 5 p.m. Once the WSU Water System Plan is final, it will be available at the web site above. If you have any questions, please contact Jason Sampson at 509-335-9564.

WATER SYSTEM PLAN AMENDMENT COMMUNITY MEETING

July 27, 2018
10:00 a.m.
Lighty 403

Printed Name	Signature	Address	E-mail	Phone Number
Jason Sampson		PO Box 641172	sampsonjewsu.edu	509-335-9564
Deb Pehrson	Deb Pehrson	PoBox 646414	debpehrson@wsu.edu	509-335-6700
Kimi Lucas	Kimi Lucas		Kimi.Lucas@wsu.edu	509-335-9757
Dan Costello	Dan Costello		dan.costello@wsu.edu	5-9326
Shanna Ringo	Shanna Ringo	POB 641172	sringo@wsu.edu	509-335-5251
Rich Koenig	Rich Koenig	Horticulture	richk@wsu.edu	335-2933
David Hall	David Hall	palouse Water Cons. Network	david-hall@hotmail.com	2-882 9400

Public Comments on WSU's Water System Plan Amendment and Public Meeting Notes

WSU did not receive any written comments.

As advertised, WSU held a public meeting at Lighty Student Services Building, room 403 on July 27, 2018 from 10:00 a.m. to 11:00 a.m. The announcements and attendance sheet are attached.

Questions and Comments:

David Hall, Palouse Water Conservation Network

Read thru application for water rights and was asking for clarification regarding:

- Is it additional water being used are a true transfer of water rights
- Is it a new well or an existing well
- Based on the depth of the well which aquifer is the well obtaining water

WSU representatives answered the questions as followed:

- There is no additional water being used, just a different point of withdrawal
- It is an existing well
- Based on our understanding the well is obtaining water from the Grande Ronde aquifer, same as the point of withdrawal from previous orchard location

19. Local government consistency determination forms

Washington State Department of Health

Local Government Consistency Determination Form

Water System Name: Washington State University PWS ID: 93200Q

Planning/Engineering Document Title: 2018 Amendment of 2015 WSU Water System Plan Plan Date: 5/31/18

Local Government with Jurisdiction Conducting Review: Whitman County

Before the Department of Health (DOH) approves a planning or engineering submittal under Section 100 or Section 110, the local government must review the documentation the municipal water supplier provides to prove the submittal is consistent with **local comprehensive plans, land use plans and development regulations** (WAC 246-290-108). Submittals under Section 105 require a local consistency determination if the municipal water supplier requests a water right place-of-use expansion. The review must address the elements identified below as they relate to water service.

By signing this form, the local government reviewer confirms the document under review is consistent with applicable local plans and regulations. If the local government reviewer identifies an inconsistency, he or she should include the citation from the applicable comprehensive plan or development regulation and explain how to resolve the inconsistency, or confirm that the inconsistency is not applicable by marking N/A. See more instructions on reverse.

Local Government Consistency Statement	For use by water system: Identify the page(s) in submittal	For use by local government: Yes or Not Applicable
a) The water system service area is consistent with the adopted land use and zoning within the service area.	Pgs 4-9 (chapter 1)	Yes
b) The growth projection used to forecast water demand is consistent with the adopted city or county's population growth projections. If a different growth projection is used, provide an explanation of the alternative growth projection and methodology.	Pgs 4-13 (Chapter 2)	Yes
c) For cities and towns that provide water service: All water service area policies of the city or town described in the plan conform to all relevant utility service extension ordinances.	N/A	N/A
d) Service area policies for new service connections conform to the adopted local plans and adopted development regulations of all cities and counties with jurisdiction over the service area.	Pg. 9 (Chapter 1)	Yes
e) Other relevant elements related to water supply are addressed in the water system plan, if applicable. This may include Coordinated Water System Plans, Regional Wastewater Plans, Reclaimed Water Plans, Groundwater Management Area Plans, and the Capital Facilities Element of local comprehensive plans.	Pgs. 15-18 (Chapter 4)	Yes

I certify that the above statements are true to the best of my knowledge and that these specific elements are consistent with adopted local plans and development regulations.

Pete Dickinson
Signature

6/12/18
Date

Pete Dickinson, Planning Director, City of Pullman
Printed Name, Title, & Jurisdiction

Consistency Review Guidance

For Use by Local Governments and Municipal Water Suppliers

This checklist may be used to meet the requirements of WAC 246-290-108. When using an alternative format, it must describe all of the elements; 1a), b), c), d), and e), when they apply.

For **water system plans (WSP)**, a consistency review is required for the service area and any additional areas where a municipal water supplier wants to expand its water right's place of use.

For **small water system management programs**, a consistency review is only required for areas where a municipal water supplier wants to expand its water right's place-of-use. If no water right place-of-use expansion is requested, a consistency review is not required.

For **engineering documents,** a consistency review is required for areas where a municipal water supplier wants to expand its water right's place-of-use (water system plan amendment is required). For noncommunity water systems, a consistency review is required when requesting a place-of-use expansion. All engineering documents must be submitted with a service area map (WAC 246-290-110(4)(b)(ii)).

A) Documenting Consistency: The planning or engineering document must include the following when applicable.

a) A copy of the adopted **land use/zoning** map corresponding to the service area. The uses provided in the WSP should be consistent with the adopted land use/zoning map. Include any other portions of comprehensive plans or development regulations that relate to water supply planning.

b) A copy of the **growth projections** that correspond to the service area. If the local population growth projections are not used, explain in detail why the chosen projections more accurately describe the expected growth rate. Explain how it is consistent with the adopted land use.

c) Include water service area policies and show that they are consistent with the **utility service extension ordinances** within the city or town boundaries. *This applies to cities and towns only.*

d) All **service area policies** for how new water service will be provided to new customers.

e) **Other relevant elements** the Department of Health determines are related to water supply planning. See Local Government Consistency – Other Relevant Elements, Policy B.07, September 2009.

B) Documenting an Inconsistency: Please document the inconsistency, include the citation from the comprehensive plan or development regulation, and explain how to resolve the inconsistency.

C) Documenting a Lack of Local Review for Consistency: Where the local government with jurisdiction did not provide a consistency review, document efforts made and the amount of time provided to the local government for review. Please include: name of contact, date, and efforts made (letters, phone calls, and emails). To self-certify, please contact the DOH Planner.

The Department of Health is an equal opportunity agency. For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388).

Washington State Department of Health

Local Government Consistency Determination Form

Water System Name: Washington State University PWS ID: 93200Q

Planning/Engineering Document Title: 2018 Amendment of 2015 WSU Water System Plan Plan Date: 5/31/18

Local Government with Jurisdiction Conducting Review: WHITMAN COUNTY

Before the Department of Health (DOH) approves a planning or engineering submittal under Section 100 or Section 110, the local government must review the documentation the municipal water supplier provides to prove the submittal is consistent with **local comprehensive plans, land use plans and development regulations** (WAC 246-290-108). Submittals under Section 105 require a local consistency determination if the municipal water supplier requests a water right place-of-use expansion. The review must address the elements identified below as they relate to water service.

By signing this form, the local government reviewer confirms the document under review is consistent with applicable local plans and regulations. If the local government reviewer identifies an inconsistency, he or she should include the citation from the applicable comprehensive plan or development regulation and explain how to resolve the inconsistency, or confirm that the inconsistency is not applicable by marking N/A. See more instructions on reverse.

Local Government Consistency Statement	For use by water system: Identify the page(s) in submittal	For use by local government: Yes or Not Applicable
a) The water system service area is consistent with the adopted land use and zoning within the service area.	Pgs 4-9 (chapter 1)	YES
b) The growth projection used to forecast water demand is consistent with the adopted city or county's population growth projections. If a different growth projection is used, provide an explanation of the alternative growth projection and methodology.	Pgs 4-13 (Chapter 2)	YES
c) For cities and towns that provide water service: All water service area policies of the city or town described in the plan conform to all relevant utility service extension ordinances.	N/A	N/A
d) Service area policies for new service connections conform to the adopted local plans and adopted development regulations of all cities and counties with jurisdiction over the service area.	Pg. 9 (Chapter 1)	YES
e) Other relevant elements related to water supply are addressed in the water system plan, if applicable. This may include Coordinated Water System Plans, Regional Wastewater Plans, Reclaimed Water Plans, Groundwater Management Area Plans, and the Capital Facilities Element of local comprehensive plans.	Pgs. 15-18 (Chapter 4)	YES

I certify that the above statements are true to the best of my knowledge and that these specific elements are consistent with adopted local plans and development regulations.

Alan L. Thomson — 5/30/18

Signature — Date

ALAN L. THOMSON, COUNTY PLANNER, WHITMAN COUNTY.

Printed Name, Title, & Jurisdiction

Consistency Review Guidance

For Use by Local Governments and Municipal Water Suppliers

This checklist may be used to meet the requirements of WAC 246-290-108. When using an alternative format, it must describe all of the elements; 1a), b), c), d), and e), when they apply.

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b) A copy of the **growth projections** that correspond to the service area. If the local population growth projections are not used, explain in detail why the chosen projections more accurately describe the expected growth rate. Explain how it is consistent with the adopted land use.

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B) Documenting an Inconsistency: Please document the inconsistency, include the citation from the comprehensive plan or development regulation, and explain how to resolve the inconsistency.

C) Documenting a Lack of Local Review for Consistency: Where the local government with jurisdiction did not provide a consistency review, document efforts made and the amount of time provided to the local government for review. Please include: name of contact, date, and efforts made (letters, phone calls, and emails). To self-certify, please contact the DOH Planner.

The Department of Health is an equal opportunity agency. For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388).

- (3) Emergency wells (Wells No. 1,3 & 5)
- (4) Reservoirs
- (1) Transfer pump station with two pumps
- A network of distribution lines form 6" to 12" diameter with approximately 4,215 service connections as calculated by DOH on the Water Facility Inventory (see Appendix A-1)
- Manual and pressure actuated valves
- Fire hydrants
- Gas chlorination at each active well
- Flow meters at each pump house

1.4 Related Plans

As a member of PBAC, WSU is impacted by the Ground Water Management Plan (GWMP) for the aquifer (see Appendix A-2). The Pullman-Moscow Water Resources Committee became PBAC. The PBAC committee is comprised of seven entities: WSU; University of Idaho; Cities of Pullman & Colfax, Washington; City of Moscow, Idaho; Whitman County, Washington; and Latah County, Idaho. The committee was created and the plan drafted in response to the declining aquifer levels in the basin. There is a set of committee goals as well as an action plan for each entity which are presented in Chapter 6 of the GWMP. The GWMP was first published in 1992 and slightly updated in 1997. PBAC's goals were updated in 2006 (see Appendix A-4) and WSU's 1992 Action Plan is listed in Appendix A-5. Both committee goals and the WSU Action Plan are considered during the design and review of all new projects. The committee also publishes an annual report each year. The purpose of this report is to tabulate water usage of the entities and monitor the progress of the committee towards its goals as well as provide an update of local water issues. A copy PBAC's most recently published report (2013) is in Appendix A-3.

1.5 Existing Retail Service Area

The 2015 retail water service area for the WSU Water System contains approximately 1,400 acres (see Exhibit 1-4 and Appendix A-11 for a 24" x 36" map) and, except for the land in the vicinity of the Research Park, includes all of the contiguous University owned land in and adjacent to the City of Pullman, Washington. It also includes the Pullman-Moscow Regional Airport Terminal Facility and the Residence Inn along North Fairway Drive.

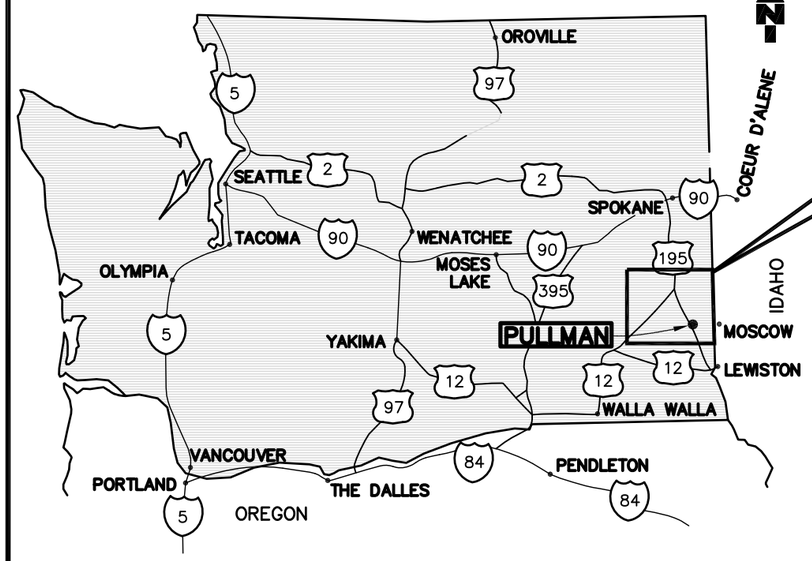
There are not established regulations for proposed construction on the campus as to the type of land or water use with the exception of the "airport approach zone". This is an area of land west of the airport and east of the Recreation Center that is designated to have no academic or residential facilities. This area is currently occupied Paradise Ridge Golf Course.

The City of Pullman's zoning and land use map is included in Appendix A-6 (provided courtesy of HDR, Inc.).

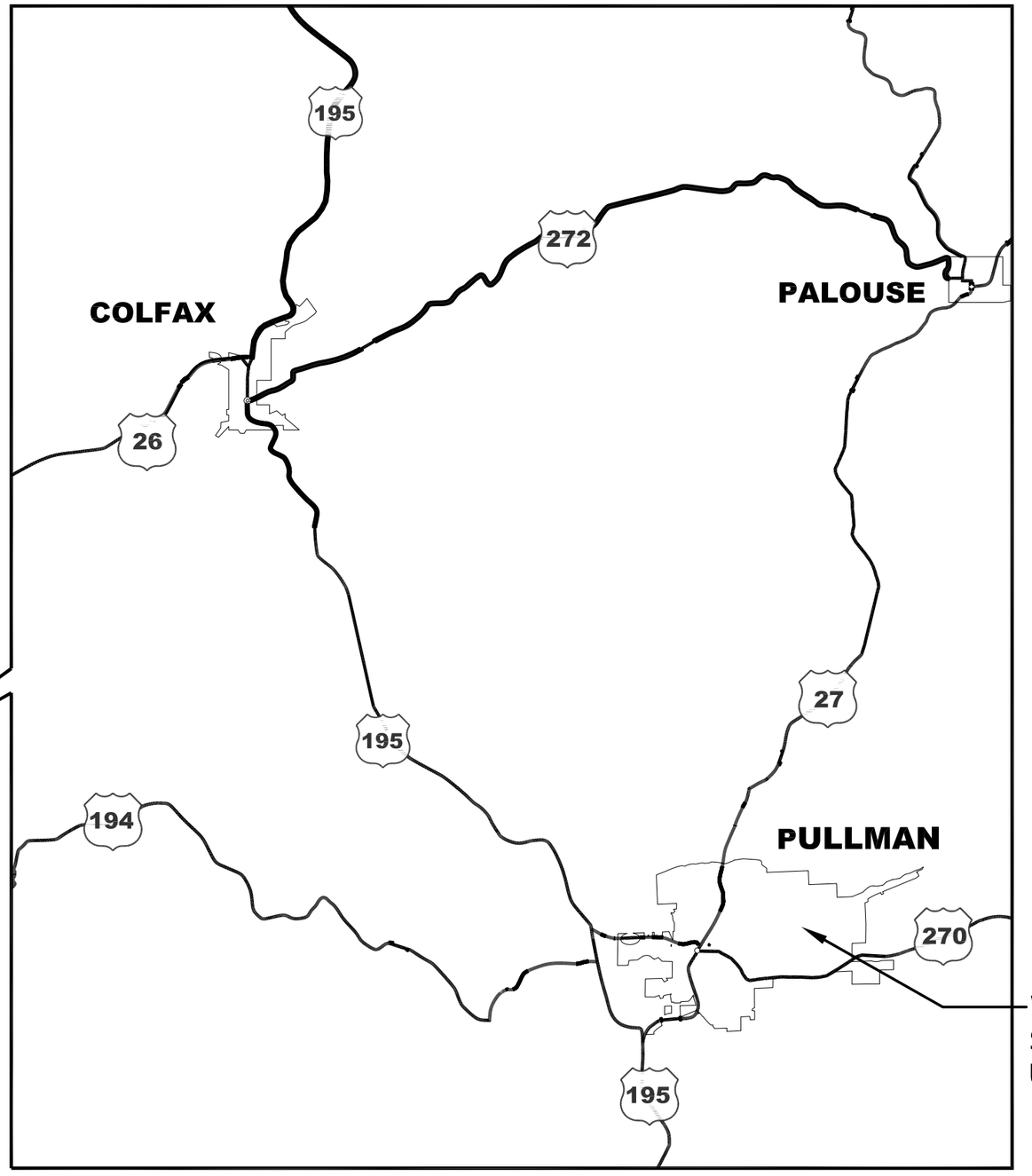
1.6 Future Retail Service Area

No future expansion of the retail water system service area is anticipated at this time or within the next 20 years.

WASHINGTON STATE



VICINITY MAP



N.T.S.

NORTH

DRAWN BY: AJT

CHECKED BY: AJT

DATE: 12/08/14

LOG NO. 0

WASHINGTON STATE UNIVERSITY

Department of Facilities Operations
Main Office
509-335-9003

Pullman, Wa. 99164-1150
FAX 509-335-9070

2015 WATER SYSTEM PLAN UPDATE

VICINITY MAP

EXHIBIT 1-1



WASHINGTON STATE UNIVERSITY

Spillman Farm

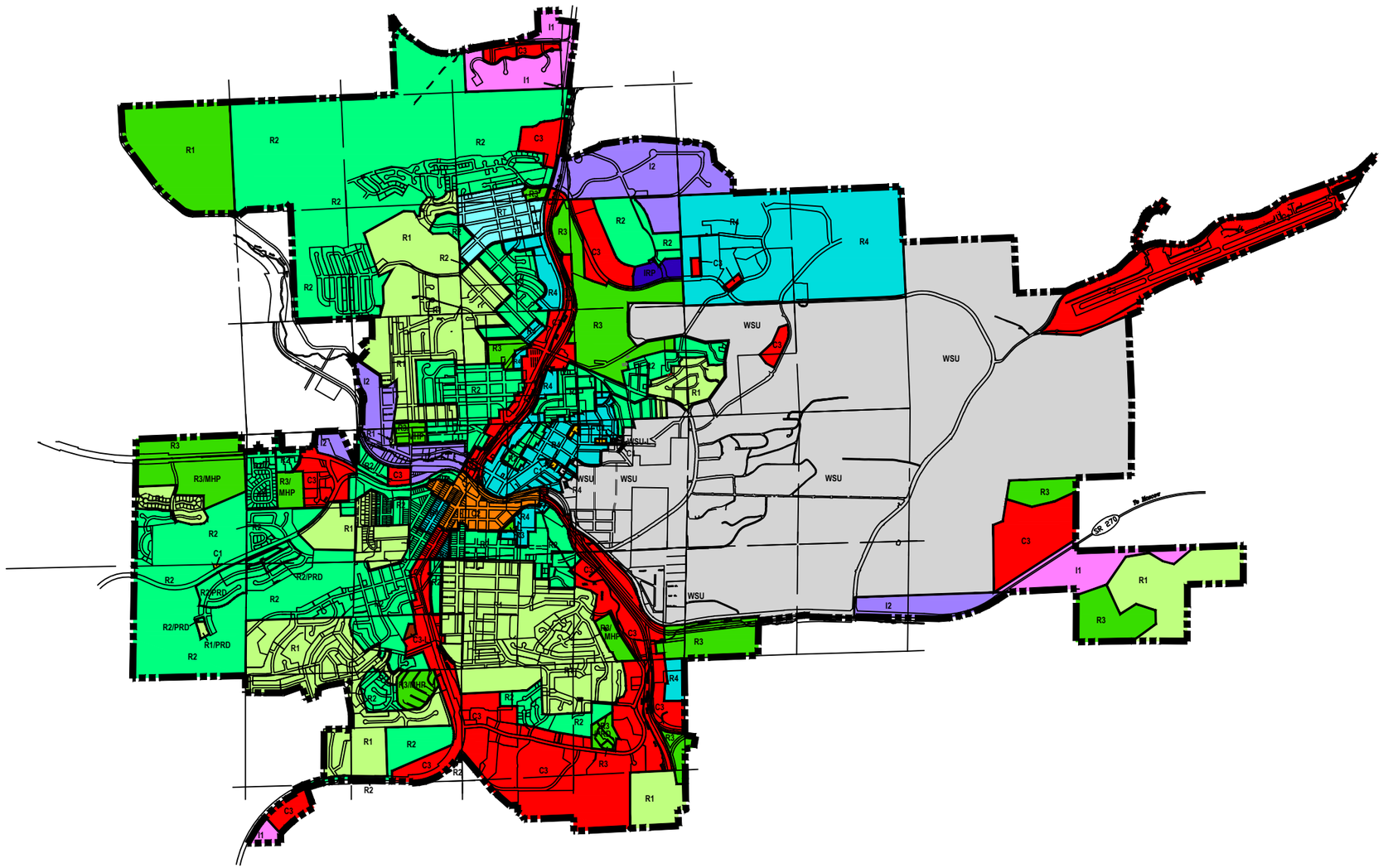
Date: 11/19/2018
Facilities Services
Geographic Information System



WASHINGTON STATE UNIVERSITY

Spillman Farm - Point of withdrawal

Date: 11/19/2018
Facilities Services
Geographic Information System



LEGEND

- CITY LIMITS
- R1 - SINGLE FAMILY RESIDENTIAL DISTRICT
- R2 - LOW DENSITY MULTI-FAMILY RESIDENTIAL DISTRICT
- R3 - MEDIUM DENSITY MULTI-FAMILY RESIDENTIAL DISTRICT
- R4 - HIGH DENSITY MULTI-FAMILY RESIDENTIAL DISTRICT
- C1 - NEIGHBORHOOD COMMERCIAL DISTRICT
- C2 - CENTRAL BUSINESS DISTRICT
- C3 - GENERAL COMMERCIAL DISTRICT
- C3-L - GENERAL COMMERCIAL DISTRICT
- I1 - LIGHT INDUSTRIAL DISTRICT
- I2 - HEAVY INDUSTRIAL DISTRICT
- IRP - INDUSTRIAL RESEARCH PARK DISTRICT
- WSU - WASHINGTON STATE UNIVERSITY
- WSU-L - WASHINGTON STATE UNIVERSITY

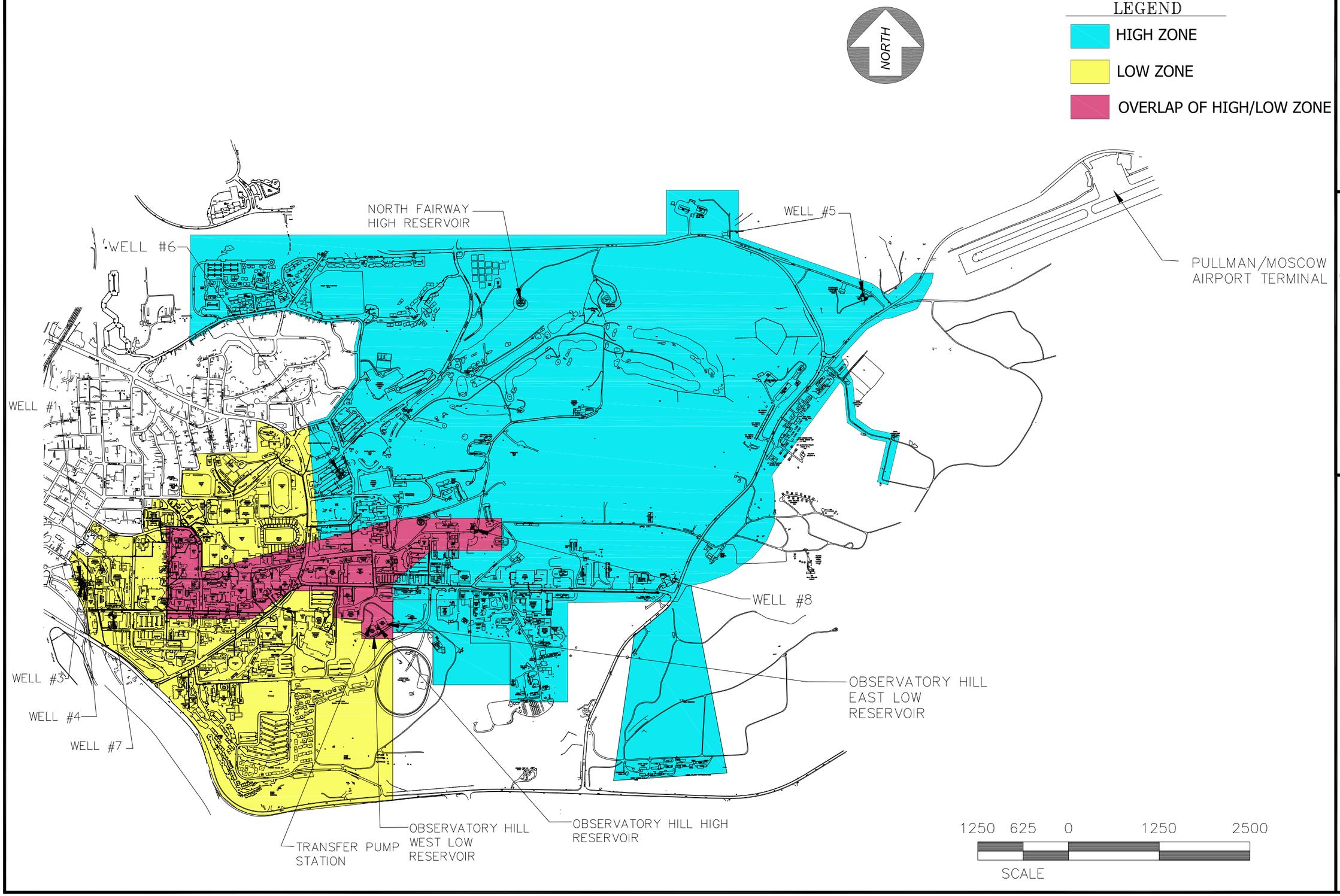
SOURCE: CITY OF PULLMAN
ENGINEERING DIVISION (2013)

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Scale in Feet

Mar 14, 2014 12:55pm drice I:\Projects\City of Pullman\2013 Water System Plan Update\CAD\0928-FG-3_1-2_Zoning Plan.dwg City Zoning Plan (2013)

ANCHOR QEA

Exhibit 3-1
City Zoning Plan (2013)
2013 Comprehensive Water System Plan
City of Pullman



DRAWN BY: AJT

CHECKED BY: AJT

DATE: 12/08/14

LOG NO. 0

WASHINGTON STATE UNIVERSITY

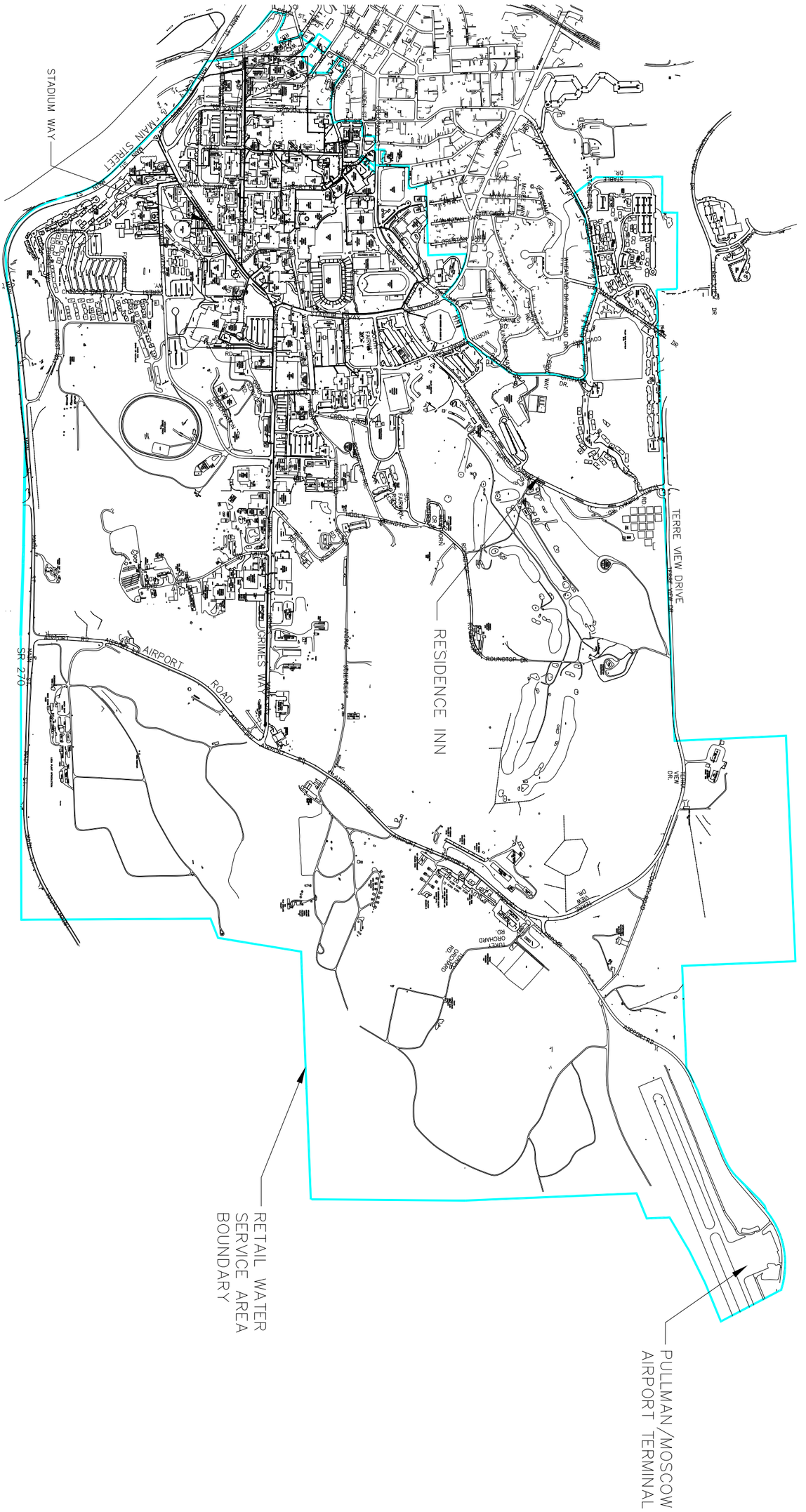
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Pullman, Wa. 99164-1150
FAX 509-335-9070

2015 WATER SYSTEM PLAN UPDATE

WATER SYSTEM COMPONENTS

EXHIBIT 1-3



SCALE: 1" = APPROX. 1,250'

DOMESTIC WATER SYSTEM

RETAIL WATER SERVICE AREA

WASHINGTON STATE UNIVERSITY

Department of Facilities Operations
Main Office
509-335-9003

Pullman, Wa. 99164-1150
FAX 509-335-9070

DRAWN BY: AJT

CHECKED BY: AJT

DATE: 12/2014

LOG NO. 0

EXHIBIT 1-4

1.7 Service Area Agreements

WSU provides water to the Pullman-Moscow Regional Airport under a water service agreement established June 7, 1989 between WSU and the Airport Board with Amendment No. 1 dated February 6, 2007. A copy of this agreement and the amendment is included in Appendix A-7a.

WSU provides water to the Residence Inn at the City of Pullman water rates through the lease agreement Contract C# 20070 in Appendix A-7b. This hotel included a zone change from the WSU Zone to the City of Pullman C3 Zone in order for the hospitality business to be built and operated. However, since WSU water is the only available source in this area of campus it wasn't possible to tie into City of Pullman supply for the hotel.

While not binding, the memorandum copy in Appendix A-8 outlines the services provided by the City of Pullman and WSU. An intertie agreement between WSU and the City of Pullman was adopted for emergency water service. A copy is of this agreement is included in Appendix A-9.

1.8 Service Area Policies

The airport terminal and Residence Inn are the only non-WSU consumer that WSU invoices for monthly water use (the others are on campus: Student Book Store, WSU Campus Housing and the Student Recreation Center). The airport is responsible for any modifications necessary to WSU's water system for increased demand beyond the original configuration when the service agreement was adopted. There have been no significant demand changes at the airport terminal.

The only other established service area policy is the Cross-Connection Control Program (see Appendix G-4). Under this program, Facilities Operations has the authority and responsibility for inspection and maintenance of backflow prevention assemblies. The WSU Cross-Connection Control Specialists are responsible for review of all proposed remodel and new construction for backflow prevention assembly acceptability.

1.9 Conditions of Service

WSU does not intend to provide any additional water service beyond its campus boundaries. The only anticipated future services are WSU related facilities. There are no established conditions of service for WSU facilities.

1.10 Local Government & Watershed Consistency

In accordance with the Municipal Water Law, documentation of consistency with local adopted plans, regulations and polices is required by DOH. The local government consistency statement checklists (DOH attachment 5) have been signed by the City of Pullman and Whitman County and are included in Appendix A-10.

Per Revised Code of Washington (RCW) 90.03.386, this WSP must be "not inconsistent" with the Watershed Plan of the WRIA 34 planning unit. This WRIA 34 Watershed Plan was finalized on November 29, 2007. A review of the Watershed Plan was conducted for consistency with this WSP. The actions identified in this WSP related to supply, conservation and other water management measures are consistent with the Watershed Plan.

Table 2-3 Major Campus Developments (DRAFT)			
Current Project Title	**Approx. Square Footage**	**Current Capital Plan Forecast**	**Comments**
Clean Technology Lab	100,000	2013-15	New Facility
Global Scholars Hall	250 Beds	2015	New Facility
Baseball Clubhouse	12,000	2015-17	New Facility
Bookie Renovation	85,803	2015-17	Renovation
Chief Joseph Village Apartments	138,000	2015-17	Renovation and New Building
Dairy Research / teaching Milking Parlor	TBD	2015-17	Renovation / Addition
Digital Classroom	75,000	2015-17	New Facility
Food Science/Human Nutrition Addition	18,000	2015-17	Renovation / Addition
Fountain	2,500	2015-17	New Facility
Indoor Practice Facility	109,000	2015-17	Renovation / Addition
Multicultural Center	16,000	2015-17	New Facility
Police Building	17,000	2015-17	New Facility
Troy Hall Renovation	40,000	2015-17	Renovation / Addition
Animal Diagnostic/Research	75,000	2017-19	New Facility / Addition
Plant Science Building (REC 5)	100,000	2017-19	New Facility
Plant Growth Facilities Phase 1	25,000	2017-19	New Facility
Wilmer Davis	100,000	2017-19	Renovation / Addition
WSU Art Museum Addition Phase 1	15,000	2017-19	Renovation and New Addition
Agricultural Animal Health Research Facility	TBD	2019-21	Renovation / Addition
ARS Building (REC 3)	90,000	2019-21	New Facility
Carson College of Business Facility	150,000	2019-21	New Facility
Computational & Data Science Building	TBD	2019-21	New Facility
Fulmer Hall Renovation	40,000	2019-21	Renovation / Addition
Greenhouse Replacement	92,000	2019-21	New Facility
Holland Library Renovation	203,475	2019-21	Renovation / Addition
Infrastructure Improvements / Road Replacement		2019-21	Renovation / Addition
Kamiak Apartments	64,624	2019-21	Replacement
Murrow Hall Renovation	45,318	2019-21	Renovation
Terrace Apartments	63,629	2019-21	Replacement
Advance Energy Technology Lab	100,000	2021-23	Renovation / Addition
Eastlick Hall Renovation	110,428	2021-23	Renovation
Plant Biosciences Annex and Johnson Hall Demolition (REC 6)	100,000	2025-27	Renovation / Addition / Replacement
Bio Engineering Lab (REC 7)	100,000	2025-27	New Facility

SOURCE: WSU Capital Planning and Development, February 2015

2.1.5 Demographic Projections

Table 2-4 shows the historical and projected demographics from 2006 to 2034. This data was provided by WSU Institutional Research for historical data and the Washington State Office of Financial Management (OFM) for future projections. Forecasted demographics were developed using numbers provided by the OFM for headcounts for a four-year system. Demographic data is comprised of three key elements: headcount of resident students (RS), headcount of off-campus students (OCS) and headcount of faculty and staff (FS). Exhibit 2-2 shows this information graphically.

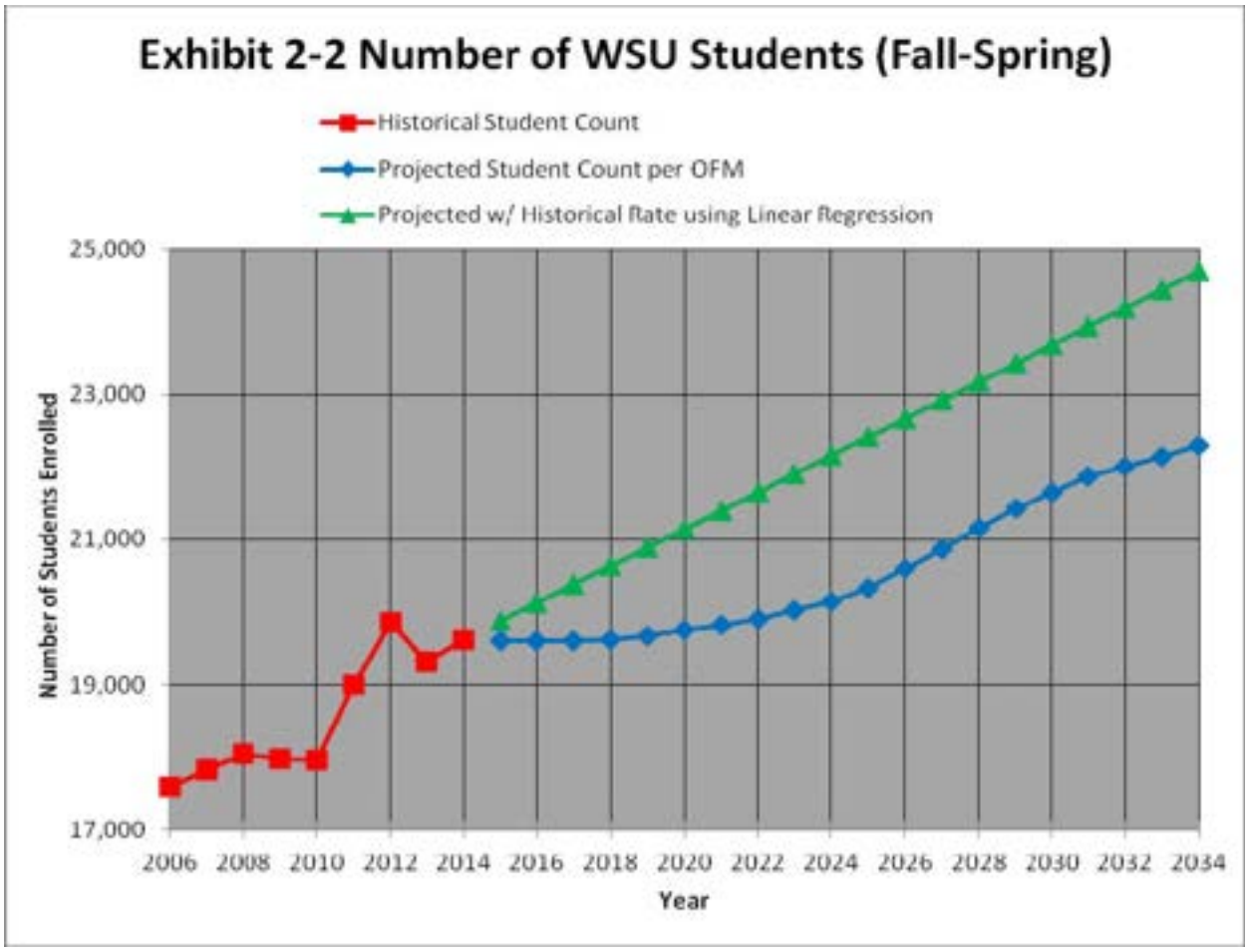
The actual number of students in 2014 is 19,613 (RS + OCS), 2015 is estimated at 19,605 students and the population is anticipated to increase to 19,760 by the end of the 6-yr planning period in 2020 and increase to 22,289 by the end of the 20-yr planning period in 2034. The resulting average annual growth rates during the 6-yr and 20-yr planning periods are 0.13% per year and 0.64% per year, respectively.

Table 2-4
WSU Historical and Projected Demographics

		Demographics						
		Fall and Spring Terms (274 days)				Summer Term (91 Days)		
Calendar Year	Plan Year	Headcount Resident Student (RS)[1]	Off Campus Student Headcount (OCS)[1]	Headcount of Faculty & Staff (FS)[2]	Growth Rate[3]	Headcount of Resident Students (RS)[1]	Off Campus Students Headcount (OCS)[1]	Head count Faculty & Staff (FS)[2]
2006	n/a	5,880	11,697	5,678	1.0094	1,700	3,735	4,206
2007	n/a	5,312	12,512	5,813	1.0164	1,740	3,531	4,306
2008	n/a	5,796	12,254	4,507	0.9474	1,648	3,004	4,080
2009	n/a	5,801	12,168	4,278	0.9864	1,626	2,734	4,024
2010	n/a	5,452	12,498	4,199	0.9964	1,620	2,843	4,010
2011	n/a	6,265	12,720	4,085	1.0421	1,688	2,911	4,178
2012	n/a	6,451	13,409	4,123	1.0399	1,756	2,653	4,345
2013	n/a	6,336	12,976	4,283	0.9823	1,725	3,440	4,268
2014	n/a	6,298	13,315	4,481	1.0217	1,762	3,688	4,361
2015	1	6,295	13,310	4,479	0.9996	1,761	3,686	4,359
2016	2	6,293	13,304	4,477	0.9996	1,761	3,685	4,357
2017	3	6,294	13,306	4,478	1.0001	1,761	3,685	4,358
2018	4	6,300	13,319	4,482	1.0010	1,763	3,689	4,362
2019	5	6,317	13,355	4,494	1.0027	1,767	3,699	4,374
2020	6	6,345	13,415	4,515	1.0045	1,775	3,716	4,394
2021	7	6,366	13,458	4,529	1.0032	1,781	3,727	4,408
2022	8	6,394	13,517	4,549	1.0044	1,789	3,744	4,427
2023	9	6,432	13,598	4,576	1.0060	1,800	3,766	4,454
2024	10	6,469	13,677	4,603	1.0058	1,810	3,788	4,479
2025	11	6,528	13,800	4,644	1.0090	1,826	3,822	4,520
2026	12	6,612	13,980	4,705	1.0130	1,850	3,872	4,578
2027	13	6,702	14,170	4,769	1.0136	1,875	3,925	4,641
2028	14	6,795	14,367	4,835	1.0139	1,901	3,979	4,705
2029	15	6,882	14,549	4,896	1.0127	1,925	4,030	4,765
2030	16	6,954	14,702	4,948	1.0105	1,946	4,072	4,815
2031	17	7,021	14,845	4,996	1.0097	1,965	4,112	4,862
2032	18	7,066	14,940	5,028	1.0064	1,977	4,138	4,893
2033	19	7,111	15,036	5,060	1.0064	1,990	4,164	4,924
2034	20	7,157	15,132	5,092	1.0064	2,003	4,191	4,956

NOTES:
1. Data source for years 2006-2014: WSU Institutional Research - Student Data Warehouse and Housing and Bob Tattershall of WSU Housing Services.
2. Data source for years 2006-2014: WSU Institutional Research.

3. Calculated years 2006-2014 for RS + OCS in Fall & Spring Terms; years 2015-2031 based on Washington State Office of Financial Management (OFM) - *Table 1 Public Two- and Four-Year Fall Headcount and FTE Projections years* 2008-2031.



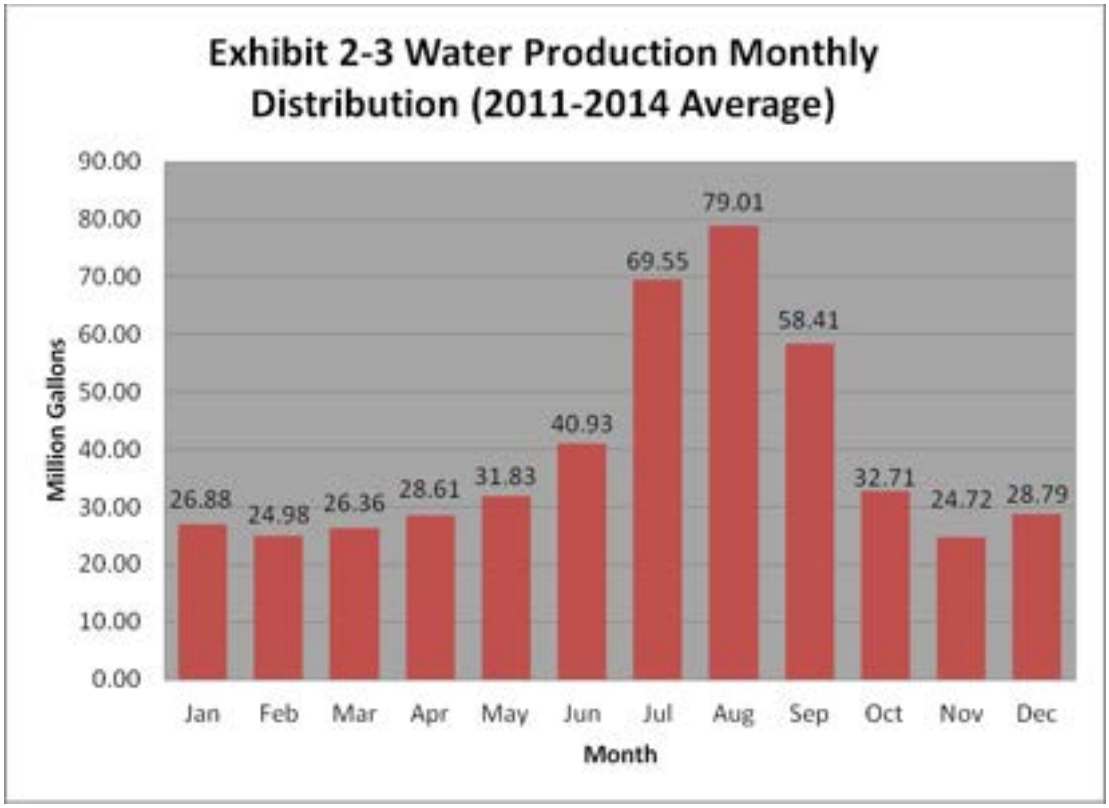
A review of the historical data, the projected student count using linear regression and the OFM student count indicates that the projected student count using linear regression may be overestimated. Over the past five years the statewide enrollment growth had some minor changes with a significant increase between 2010 and 2012. Since 2012, the growth rate has been less pronounced and the projections generated by OFM over the coming five year period are more realistic of the growth patterns in the future. Since this is the only student projection available, these OFM figures are used to generate the water demand forecasts below.

2.2 Current Water Use

WSU currently produces water from four wells; Wells No. 4, 6, 7 & 8. Table 2-5 shows the average production, by well and by month, over the last three years. The majority of water comes from Wells 7 & 8, with only a small percentage of the total being produced from Wells 4 and 6. As is typical with most water utilities, production peaks in the summer months of June through September. Exhibit 2-3 shows this production information graphically.

Table 2-5 Average Water Production 2011 -2014 (mg)						
Month	Well #4	Well #6	Well #7	Well #8	Total	Percent
Jan	0.64	0.30	12.34	13.59	26.88	5.7%
Feb	0.00	1.66	11.25	12.07	24.98	5.3%
Mar	0.19	0.18	12.01	13.98	26.36	5.6%
Apr	0.14	0.09	13.16	15.22	28.61	6.1%
May	0.26	0.66	10.56	20.35	31.83	6.7%
Jun	0.16	1.54	13.68	25.55	40.93	8.7%
Jul	0.24	1.45	22.99	44.88	69.55	14.7%
Aug	0.13	1.38	27.94	49.55	79.01	16.7%
Sep	0.64	0.56	23.57	33.65	58.41	12.4%
Oct	1.34	0.26	14.53	16.57	32.71	6.9%
Nov	0.23	2.51	12.48	9.50	24.72	5.2%
Dec	0.00	4.02	12.03	12.74	28.79	6.1%
Total	3.98	14.61	186.54	267.65	472.78	
Percent	0.8%	3.1%	39.5%	56.6%		

Data Source: WSU Facility Operations



Data Source: WSU Facility Operations

The annual production data and peaking factors from 2007 to 2014 are shown in Table 2-6. The annual growth rate has ranged from -5.3% to 4.2%. The peaking factor (peak day/average day) has ranged from 3.02 to 4.63, and has averaged 3.61 for the listed period.

Table 2-6
Total Water Production Summary

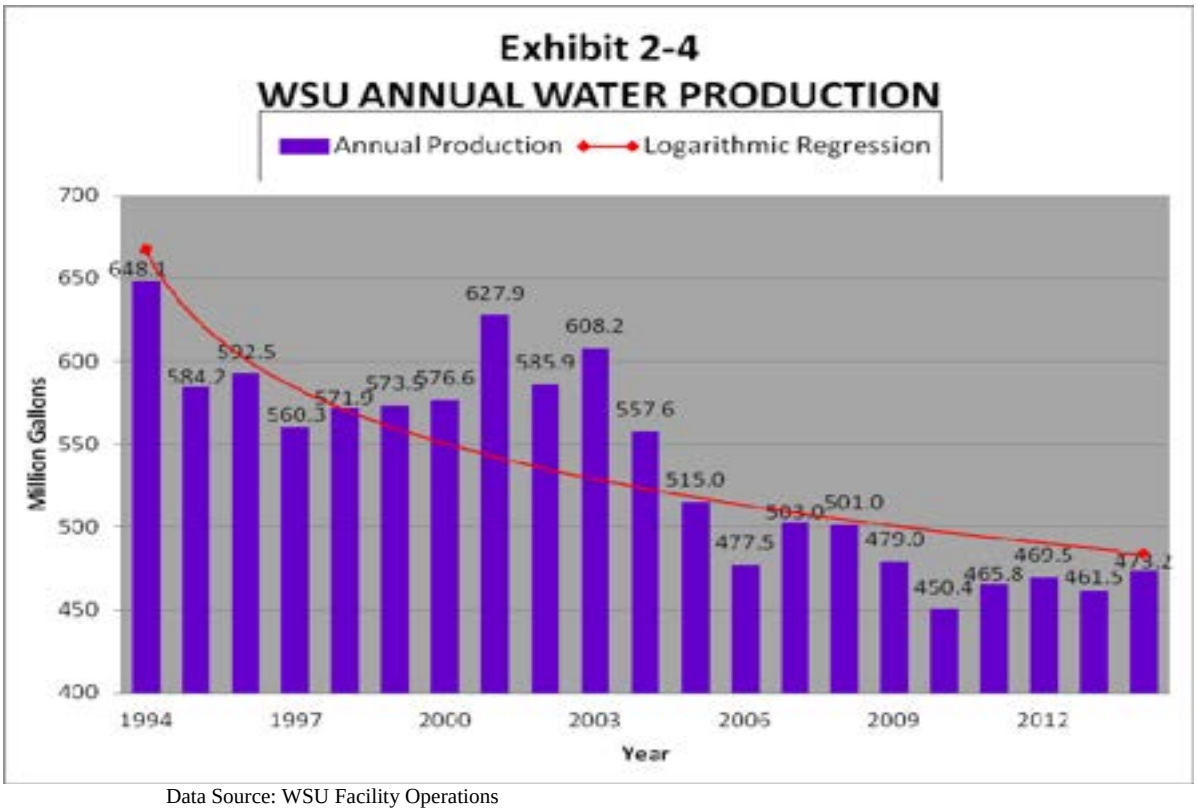
Year	Annual Production (mg)	Annual Student Growth Rate[1]	Average Day Demand (mg)[2]	Peak Day		Peaking Factor
				(mg)	Date	
2007	503	n/a	1.38	4.43	8/3/2007	3.21
2008	501	1.6%	1.37	4.14	9/16/2008	3.02
2009	479	-5.3%	1.31	5.16	8/4/2009	3.93
2010	450	-1.4%	1.23	5.7[3]	6/1/2010	4.63
2011	466	-0.4%	1.28	4.67	8/1/2011	3.66
2012	469	4.2%	1.28	4.39	8/2/2012	3.42
2013	462	4.0%	1.27	5.03	7/27/2013	3.97
2014	473	-1.8%	1.30	3.92	7/31/2014	3.02
2007-2014 Avg	475	0.15%	1.30	4.68	n/a	3.61

Data Source: WSU Facility Operations
1. See Table 2-4
2. Annual Production / 365
3. Second highest peak day used due to unusually high and uncharacteristic peak day of 8.7 mg seen on 10/1/2010. It was assumed that the highest peak day included a manual reading error.

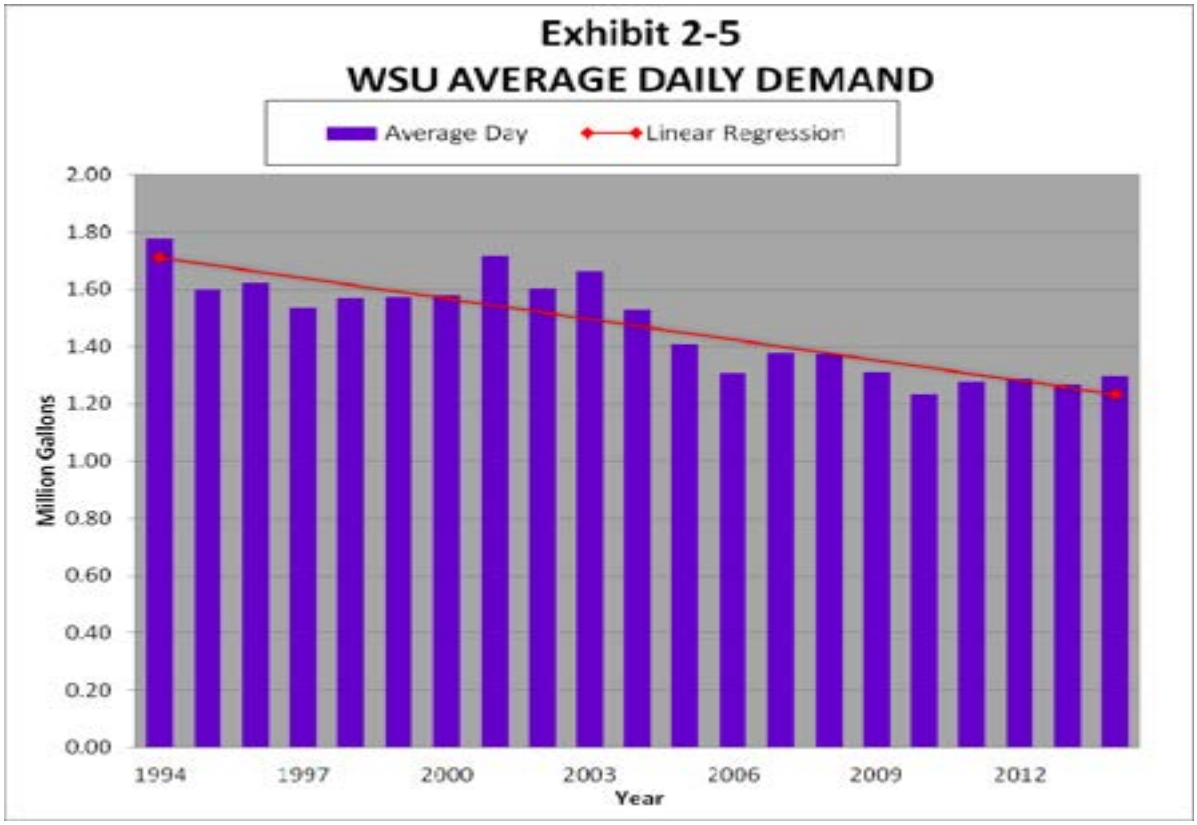
Exhibit 2-4 shows the total annual production from all wells combined from 1994 thru 2014. The total water pumped has generally declined during these years from 648.1 mg to 473.2 mg for a total decrease of almost 27%. Additionally, a decline in water usage is seen between the years 2007-2014 with the exception of a few slight increases. This is a net reduction of approximately 6%. Overall, there is a general reduction in water usage, but the rate of that reduction appears to be lessening as seen by the logarithmic regression line in Exhibit 2-4. The water usage decline will level off even if growth and conservation continue to increase.

Furthermore, the overall campus water use has decreased over the last 20 years. Exhibit 2-5 shows the last 20 years of average daily demand with linear regression. The downward slope of the linear regression confirms the overall downward tend of water use at WSU.

See Appendix B-3 for monthly and annual source production totals by source for the years 1987-2014.



Data Source: WSU Facility Operations



Data Source: WSU Facility Operations

2.2.1 Water Balance, Non-Revenue, and Leakage

As stated earlier, the majority of water consumption on the WSU campus is not metered. Without accurate metered water use data for the different water uses, it is not possible to generate customer categories for water use or to make projections for any specific categories, such as non-revenue and non-residential water use. A required conservation measure, as listed in Chapter 4, is to have the entire campus metered by the year 2017. A plan has been put together that provides the remaining meters to be installed by January 2017 and is included in Appendix D-3. Currently, 46 meters are installed with a total of 229 proposed. The remaining 80% of meters will be installed over the years 2015, 2016, and 2017.

A further challenge posed by the lack of metered data is estimating the amount of water leakage on the system. As noted above, the total water production on campus has decreased from 2007-2014. During this same period, Facilities Operations has repaired numerous services and waterlines as listed in the Water System Repair Log in Appendix B-2. Some of these repairs could account for the decrease in production with an estimate 209,000 gallons being accounted for and numerous unknown quantities. Nonetheless, it is still anticipated that there are water leaks in the system. A conservative amount of 10% is added to the water demand forecast described below.

2.3 Water Demand Forecasting

2.3.1 Demand Forecast

As discussed earlier, 80% of WSU's main campus is not metered and an accurate waterbalance is not possible. Therefore a methodology is required to generate a water demand forecast. The approach widely used and accepted by the Department of Health (DOH) is traditional demographics described in section 2.1.5 above. Water use factors are used from DOH guidelines (see footnotes of Exhibit 2-6). Irrigation, a major water component of the overall campus water use, has also been added to the equations. Kappy Brun, the Grounds Supervisor for Facilities, provided the overall irrigated acreage excluding the Palouse Ridge Golf Course as 105 acres. The past year, irrigation totals were 34 mgy prior to all systems being controlled by the Calsense Irrigation controllers to conserve water. Additionally, the overall campus irrigated acres are shown using aerial images and AutoCAD (see Appendix B-1). This calculated area of irrigable green space will decrease in the future as the amount of developable space on campus becomes exhausted.

The Palouse Ridge Golf Course opened in 2008 and uses between 36 and 50 million gallons (average of 45 million gallons) of water a year over 120 acres (300,000 to 417,000 gallons per acre) (per WSU Capital Planning). However, the actual irrigation volume is much less than the previously thought 56 million gallons. The course utilizes drought resistant grasses and a computerized irrigation system that relies on up to date weather information evaporation rates and microclimate information to conserve water. Additionally, the course is set up to connect to a water reuse system when that system is constructed and extends to the site (Source: www.palouseridge.com/courseco-management/environmental-approach). Therefore, Palouse Ridge Golf Course is dealt with separately in Exhibit 2-6 from the other landscaping.

Heating and cooling facilities, although a major water user (approx. 30 mgy), are not listed individually but contained within the water use factors for the students and faculty. It should also be noted that the amount of water used for heating and cooling has decreased since the east chilled water facility was upgraded with reverse osmosis at the cooling towers in 2009. In

2008 a retrofit to the deionized water plant was completed which also reduced water quantities. It is estimated that the reduction in water usage by heating and cooling facilities has decreased by 50% from 65 mgy to approximately 30 mgy.

If the projected campus improvements listed in Table 2-3 are converted directly to increases in water usage based on additional square footage, the amount of new water required should not increase significantly. The campus improvements that have been constructed over the last 10 years have not increased the volume of water pumped especially since the volume of water pumped over the past few years has decreased (see Exhibit 2-4). Therefore, it is clear that increases in usable space do not equate to equivalent percentage increases in water usage.

The actual 2014 total water production of 473.2 mg is used as a target rate for the total water consumption. Using the above described methodology, the calculated total water use for 2014 is 473.2 mgy which is at the actual metered production from the wells. Exhibit 2-6 details the demand forecast in average day demand (ADD), maximum day demand (MDD) and annual totals. MDD is the ADD multiplied by a peaking factor of 3.61 as described in Section 2.2 above.

The ADD is expected to rise from 1,296,103 gallons per day (gpd) to 1,303,507 gallons per day from 2015 to 2020 over the 6-yr planning period and increase to 1,423,865 gpd by the end of the 20-yr planning period in 2034. The MDD is expected to increase from 4,678,931 gpd in 2015 to 4,705,662 gpd by the end of the 6-yr planning period in 2020 and increase to 5,140,152 gpd by the end of the 20-yr planning period in 2034. The annual total is expected to increase from 473,077,486 gallons in 2015 to 475,780,199 gallons by the end of the 6-yr planning period in 2020 and increase to 519,710,618 gallons by the end of the 20-yr planning period in 2034. This is a 9.3% increase in annual demand from the year 2015 to 2034

Table 2-7 summarizes the demand forecast for the 6- and 20- year planning periods 2015-2020 and 2015-2034, including conservation efforts at a 2.5% water savings as discussed in Chapter 4. Exhibits 2-7 & 2-8 show this information graphically, including the actual production data (2007-2014) and forecasted data (2015-2034).

Table 2-7 6 and 20 Year Water Demand Forecast (mg)								
					Conservation Impact[2]			
Year	Student[1] Enrollment	Annual Demand	ADD	MDD	Annual Demand	ADD	MDD	Savings
2015	19,605	473.08	1.30	4.68	467.07	1.26	4.56	0.6%
2016	19,597	472.95	1.30	4.68	463.94	1.25	4.53	1.3%
2017	19,600	473.00	1.30	4.68	460.99	1.25	4.50	1.9%
2018	19,619	473.33	1.30	4.68	458.32	1.26	4.56	2.5%
2019	19,672	474.25	1.30	4.69	456.24	1.27	4.57	2.5%
2020	19,760	475.78	1.30	4.71	463.89	1.27	4.59	2.5%
2021	19,824	476.90	1.31	4.72	464.97	1.27	4.60	2.5%
2022	19,911	478.41	1.31	4.73	466.45	1.28	4.61	2.5%
2023	20,030	480.47	1.32	4.75	468.46	1.28	4.63	2.5%
2024	20,146	482.48	1.32	4.77	470.42	1.29	4.65	2.5%
2025	20,328	485.65	1.33	4.80	473.51	1.30	4.68	2.5%
2026	20,592	490.23	1.34	4.85	477.97	1.31	4.73	2.5%
2027	20,872	495.10	1.36	4.90	482.72	1.32	4.77	2.5%
2028	21,162	500.13	1.37	4.95	487.62	1.34	4.82	2.5%
2029	21,431	504.81	1.38	4.99	492.19	1.35	4.87	2.5%
2030	21,656	508.72	1.39	5.03	496.00	1.36	4.91	2.5%
2031	21,866	512.36	1.40	5.07	499.55	1.37	4.94	2.5%
2032	22,006	514.79	1.41	5.09	501.92	1.41	5.09	2.5%
2033	22,147	517.23	1.42	5.12	504.30	1.42	5.12	2.5%
2034	22,289	519.71	1.42	5.14	506.72	1.42	5.14	2.5%

NOTES:
1. Based on RS + OCS in Table 2-4
2. See section 4.3.4

Exhibit 2-6
WSU Water Demand Forecast 2012 - 2033

Calendar Year	Plan Year	Demographics[1]						Irrigation[2]				Water Use Factors							Demand										
		Fall & Spring Terms (274 days)			Summer Term (91 days)														Average Day Demand (ADD gpd)										
		Headcount of Resident Students (RS)	Off Campus Students Headcount (OCS)	Headcount of Faculty & Staff (FS)	Headcount of Resident Students (RS)	Off Campus Students Headcount (OCS)	Headcount of Faculty & Staff (FS)	Landscape (AC)	Golf Course (AC)[7]	Orchards (AC)	Crop (AC)	Per RS[3] (gpd/Headcount)	Per OCS[4] (gpd/Headcount)	Per FS[5] (gpd/Headcount)	Landscape Irrigation[6] (gpd/AC)	Golf Course Irrigation[7] (gpd/AC)	Orchard Irrigation[8] (gpd/AC)	Crop Irrigation[9] (gpd/AC)	Resident Students[10]	Off Campus Students[11]	Faculty & Staff[12]	Landscape Irrigation[13]	Golf Course Irrigation[14]	Orchard Irrigation[15]	Crop Irrigation[16]	Irrigation Subtotal[17]	Water Loss (10%)[18]	Total[19,23]	Annual Total (gallons)[20,22]	Maximum Day Demand[21] (MDD gallons per day)
2012	n/a	6,451	13,409	4,123	1,756	2,653	4,345	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	520,121	268,184	62,675	93,450	125,000	35,100	76,500	330,050	118,103	1,299,133	474,183,586	4,689,871
2013	n/a	6,336	12,976	4,283	1,725	3,440	4,268	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	510,854	264,963	64,189	93,450	125,000	35,100	76,500	330,050	117,006	1,287,062	469,777,755	4,646,295
2014	n/a	6,298	13,315	4,481	1,762	3,688	4,361	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	508,963	272,871	66,765	93,450	125,000	35,100	76,500	330,050	117,865	1,296,515	473,227,841	4,680,418
2015	1	6,295	13,310	4,479	1,761	3,686	4,359	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	508,724	272,765	66,736	93,450	125,000	35,100	76,500	330,050	117,828	1,296,103	473,077,486	4,678,931
2016	2	6,293	13,304	4,477	1,761	3,685	4,357	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	508,559	272,646	66,707	93,450	125,000	35,100	76,500	330,050	117,796	1,295,758	472,951,791	4,677,688
2017	3	6,294	13,306	4,478	1,761	3,685	4,358	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	508,637	272,683	66,720	93,450	125,000	35,100	76,500	330,050	117,809	1,295,900	473,003,460	4,678,199
2018	4	6,300	13,319	4,482	1,763	3,689	4,362	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	509,124	272,952	66,781	93,450	125,000	35,100	76,500	330,050	117,891	1,296,799	473,331,542	4,681,443
2019	5	6,317	13,355	4,494	1,767	3,699	4,374	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	510,498	273,690	66,961	93,450	125,000	35,100	76,500	330,050	118,120	1,299,319	474,251,382	4,690,541
2020	6	6,345	13,415	4,515	1,775	3,716	4,394	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	512,764	274,922	67,271	93,450	125,000	35,100	76,500	330,050	118,501	1,303,507	475,780,199	4,705,662
2021	7	6,366	13,458	4,529	1,781	3,727	4,408	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	514,456	275,798	67,481	93,450	125,000	35,100	76,500	330,050	118,778	1,306,563	476,895,597	4,716,693
2022	8	6,394	13,517	4,549	1,789	3,744	4,427	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	516,719	277,011	67,779	93,450	125,000	35,100	76,500	330,050	119,156	1,310,714	478,410,773	4,731,679
2023	9	6,432	13,598	4,576	1,800	3,766	4,454	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	519,792	278,668	68,182	93,450	125,000	35,100	76,500	330,050	119,669	1,316,362	480,472,081	4,752,066
2024	10	6,469	13,677	4,603	1,810	3,788	4,479	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	522,784	280,288	68,583	93,450	125,000	35,100	76,500	330,050	120,171	1,321,876	482,484,620	4,771,971
2025	11	6,528	13,800	4,644	1,826	3,822	4,520	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	527,547	282,808	69,195	93,450	125,000	35,100	76,500	330,050	120,960	1,330,561	485,654,612	4,803,324
2026	12	6,612	13,980	4,705	1,850	3,872	4,578	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	534,341	286,498	70,102	93,450	125,000	35,100	76,500	330,050	122,099	1,343,090	490,227,921	4,848,556
2027	13	6,702	14,170	4,769	1,875	3,925	4,641	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	541,614	290,394	71,055	93,450	125,000	35,100	76,500	330,050	123,311	1,356,425	495,095,039	4,896,693
2028	14	6,795	14,367	4,835	1,901	3,979	4,705	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	549,131	294,428	72,040	93,450	125,000	35,100	76,500	330,050	124,565	1,370,213	500,127,792	4,946,469
2029	15	6,882	14,549	4,896	1,925	4,030	4,765	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	556,157	298,161	72,950	93,450	125,000	35,100	76,500	330,050	125,732	1,383,050	504,813,225	4,992,810
2030	16	6,954	14,702	4,948	1,946	4,072	4,815	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	561,977	301,295	73,723	93,450	125,000	35,100	76,500	330,050	126,704	1,393,749	508,718,270	5,031,433
2031	17	7,021	14,845	4,996	1,965	4,112	4,862	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	567,395	304,228	74,438	93,450	125,000	35,100	76,500	330,050	127,611	1,403,721	512,358,187	5,067,433
2032	18	7,066	14,940	5,028	1,977	4,138	4,893	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	571,031	306,172	74,914	93,450	125,000	35,100	76,500	330,050	128,217	1,410,385	514,790,393	5,091,489
2033	19	7,111	15,036	5,060	1,990	4,164	4,924	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	574,669	308,136	75,392	93,450	125,000	35,100	76,500	330,050	128,825	1,417,072	517,231,227	5,115,629
2034	20	7,157	15,132	5,092	2,003	4,191	4,956	105	100	27	50	98.5	25	15	890	1,250	1,300	1,530	578,395	310,106	75,871	93,450	125,000	35,100	76,500	330,050	129,442	1,423,865	519,710,618	5,140,152

NOTES:

1. See Table A-1 for details on how these numbers were generated.
2. Acres provided by Kappy Brun, WSU Grounds Supervisor, and from Aerial photography estimates.
3. The DOH Water System Design Manual's guide for non-residential water demand provides a range of 75-100 gpd per resident student water use.
4. The DOH Water System Design Manual's guide for non-residential water demand provides a range of 15-25 gpd per off campus student water use.
5. The DOH Water System Design Manual's guide for non-residential water demand provides 15 gpd per faculty or staff worker water use.
6. Landscape irrigation water use is based on average of 34 milllion gallons per yer in 2014 (per Kappy Brun - WSU Grounds Supervisor).
7. Golf course irrigation meter averages 45 million gallons per year for 120 acres (WSU Capital Planning).
8. Orchard irrigation is metered at approximately 10 - 12 million gallons per year (per WSU Facilities).
9. Crop irrigation water use is based on an assumed amount of approximately 30 million gallons or approximately 2" per acre per week for 11 weeks.
10. The average daily student count of resident students and their families for the fall/spring and summer terms multiplied by the water use per resident student. The method used is ((# of fall/spring students X # days in fall/spring/365 days per year)+(# of summer students X # days in summer/365 days per year)).
11. The average daily student count of off campus students for the fall/spring and summer terms multiplied by the water use per off campus student. See #10 above for method.
12. The average daily count of faculty and staff workers for the fall/spring and summer terms multiplied by the water use per faculty and staff worker. See #10 above for method.
13. Landscape acreage multiplied by the landscape irrigation water use per acre.
14. Golf course acreage multiplied by the golf course irrigation water use per acre.
15. Orchard acreage multiplied by the orchard irrigation water use per acre.
16. Crop acreage multiplied by the crop irrigation water use per acre.
17. The subtotal of the landscape, golf course, orchard and crop irrigation demands.
18. The amount of overall system water loss is unknown so an estimate of 10% is assumed.
19. The subtotal of the resident students, off campus students, faculty & staff and irrigation daily demands.
20. The average day demand multiplied by 365 days per year.
21. The total average day demand multiplied by a peaking factor of 3.61, which is the 2007-2014 average peaking factor (see section 2.2).
22. Trial & error utilized with whole numbers for the Peaking Factors to best match the 2014 total production of 473.2 mg .

Clotheswashers

WSU will continue efforts to replace all clotheswashers with more efficient front loading models. Currently, housing and dining has 33 washers to replace with efficient units and approximately 6 older units remain from other WSU entities. A total of 40 washers will be replaced, bringing the campus to full service by efficient clotheswashers. These 40 washers are estimated to save an additional 0.7 million gallons per year.

Reclaimed Water

As mentioned elsewhere, WSU is eager to implement a reclaimed water initiative to use reclaimed wastewater to irrigate major green spaces and potentially for process water in the Grimes Way steam plant and other industrial operations. It is estimated that such an effort would take approximately 2-4 years to become operational; however funding has not yet been secured. As mentioned in the Landscape Management section, WSU would like to irrigate the golf course with reclaimed water and has built a detention pond on the course for this purpose.

Although there has not been strong capital funding by the State Legislature in the past, in July of 2007 the legislature passed Bill E2SSB 6117 to support the use of reclaimed water in Washington. The legislation calls for the State to expand both direct financial support and financial incentives for capital investments in reclaimed water. WSU, in the most recent biennium, promoted the reclaimed water project as a high priority. The City of Pullman and WSU are still in negotiations about how to proceed with promoting the reclaimed water project and get funding for the project. That being said, reclaimed water is a future aspiration, but isn't a reality yet.

4.3.3. Estimated Savings and Budget

The estimated savings and direct costs of the conservation program are shown in Table 4-3. At full program implementation at the end of 2020, the program is estimated to save 18 million gallons per year. The proposed program has a total cost over the six year planning period of $3.0 million, which is an average annual cost of approximately $500,000. The program will be funded primarily through WSU's capital and operating budget, depending upon appropriations by the State Legislature. Funding for Housing and Dining Services is dependant upon student enrollment. Additional budget and implementation detail is provided in Chapter 9. The savings achieved by the program, and the corresponding progress towards reaching WSU's goal of saving 18 million gallons per year by the end of 2020, will be estimated by tracking the metered usage for agricultural irrigation, the number of clotheswashers replaced, and by tracking the acreage of area served by efficient irrigation equipment or converted to artificial turf.

Table 4-3 Estimated Savings and Direct Costs of the Conservation Program					
Program	Savings (at full implementation)		Capital Costs[1]		
	Gallons per Year	% of Total	Total Over Plan Period	Avg. Annual	% of Total
1. Source Meters	Not Quantified		$0	$0	0%
2. Service Meters	Not Quantified		$2,750,000(2)	$1,375,000(2)	91%
3. System Leak Detection and Repair	Not Quantified		N/A(3)		
4. Technical Studies	Not Quantified		$252,000(4)	$42,000(4)	8%
5. Landscape Management	Not Quantified		$0	$0	0%
6. Agricultural Management	17,309,100(5)	96%	N/A6		
7. Upgrades to Plumbing Fixtures	Not Quantified		N/A6		
8. Reduction/ Elimination of Water Cooled Equipment	Not Quantified		N/A6		
9. Education	Not Quantified		N/A7		
10. Clotheswashers	705,851(8)	4%	$29,200(9)	$29,200(9)	1%
11. Reclaimed Water	Not Quantified		N/A10		
Total	18,014,951	100%	$3,031,200	$1,375,000	100.00%

1. These are estimates of the capital costs. They do not include Operation and Maintenance costs. The implementation of the proposed conservation program is dependant upon funding.

2. These are preliminary numbers. WSU estimates cost to range from $1.5 – 4 million over 2 years. However, the deadline for full meter installation is two years away in January 2017, therefore only 2 years are included rather than 6.

3. WSU continues to monitor and fix leaks, as they are identified. However, an average annual cost is not available for estimating purposes.

4. Based on anticipated annual contributions of $40,000 to PBAC and $2,000 to the Water Summit.

5. Savings based on water usage estimates from 2008 of 27,533,100 gallons per year at Tukey Orchard, as provided by WSU on 6/13/2007 and actual metered usage averages from 2012 to 2014 of 10,224,000 as provided by WSU on 4/21/2015. Drip irrigation or microsprinklers will continue to be installed as new plots are expanded and old systems are replaced.

6. WSU will incur costs for these measures; however the costs have not yet been determined.

7. Certain components of the Technical Studies measure also serve an educational function. However, none of the costs are assigned to Education since those components are a small portion of the Technical Studies activities.

8. Based on 5.2 gallons per person per day savings if campus-wide washers are water efficient, 40 machines left to be replaced, 6,298 people living in residence halls/single student housing/family housing during the school year and 1,760 people in the summer. With 8% of

the total number of campus washers left to replace this equates to approximately 8% of the savings calculated in the 2008 Water System Plan update of 8,705,500 gallons.

9. Based on $730 per clotheswasher (WSU's recent actual replacement cost) and replacing the remaining 40 inefficient clotheswashers the year of 2015.

10. Numbers have not been included here because although the savings potential and costs are very large, the certainty of whether reclaimed water will come to fruition during this six year planning period is low. The cost of completing the proposed reclaimed water project is currently estimated at approximately $20 million. There has not been strong capital funding by the State Legislature at the time of writing, however Bill E2SSB 6117 was passed in July 2007 requiring the State to expand direct financial support and financial incentives for capital investments in reclaimed water. The City of Pullman and WSU are currently deciding the direction they will go on this prospect.

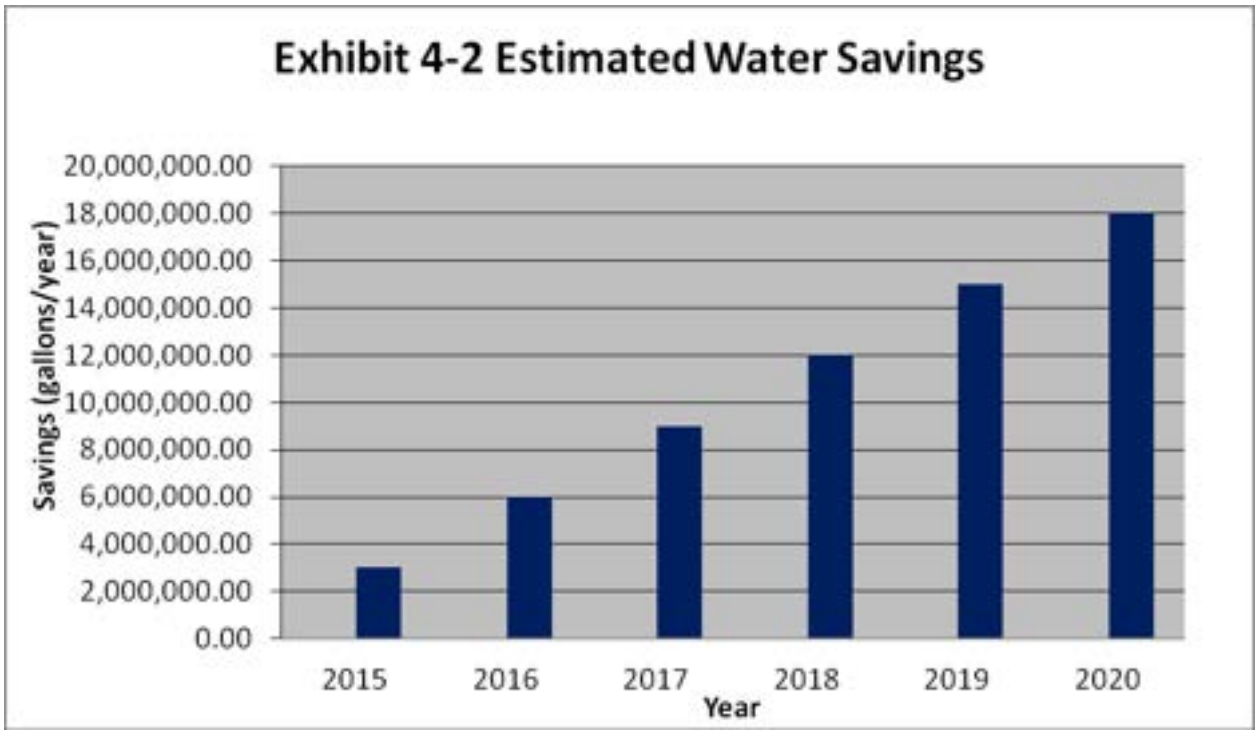
4.3.4. Impact on Demand Forecast

The conservation program is anticipated to be implemented over the six year planning period, meaning that one-sixth of the total savings can be added each year. The estimated annual savings are provided in Table 4-4 and are shown graphically in Exhibit 4-2.

Table 4-4
Savings Schedule and Impact on Demand

Year	Projected Water Demand without Conservation (gallons/year)	Projected Water Demand with Conservation (gallons/year)	Estimated Annual Savings (gallons/year)	Savings as % of Demand
2015	473,077,486	470,074,994	3,002,492	0.6%
2016	472,951,791	466,946,807	6,004,984	1.3%
2017	473,003,460	463,995,985	9,007,475	1.9%
2018	473,331,542	461,321,575	12,009,967	2.5%
2019	474,251,382	459,238,923	15,012,459	2.5%*
2020	475,780,199	457,765,248	18,014,951	2.5%*

*Savings was not increased beyond 2.5%. 2.5% was set as a realistic goal by WSU in 2007.



WSU's demand will be reduced by the expected savings from the conservation program. The demand forecast presented in section 2.3.1 includes two forecasts: one without additional conservation and one reflecting the savings from the conservation program. For the conservation-adjusted forecast, the estimated savings for years 2015-2020 have been subtracted from the demand forecast.

While the conservation program outlined above is only for the next six years, it is anticipated that WSU will continue to implement a conservation program in the future. Therefore, continued conservation savings are applied to the conservation-adjusted demand forecast. The demand for years 2021-2034 has been reduced by 2.5 % rounded to the nearest percent. This was the previously agreed upon conservation percentage that was deemed attainable for continued growth within the university.

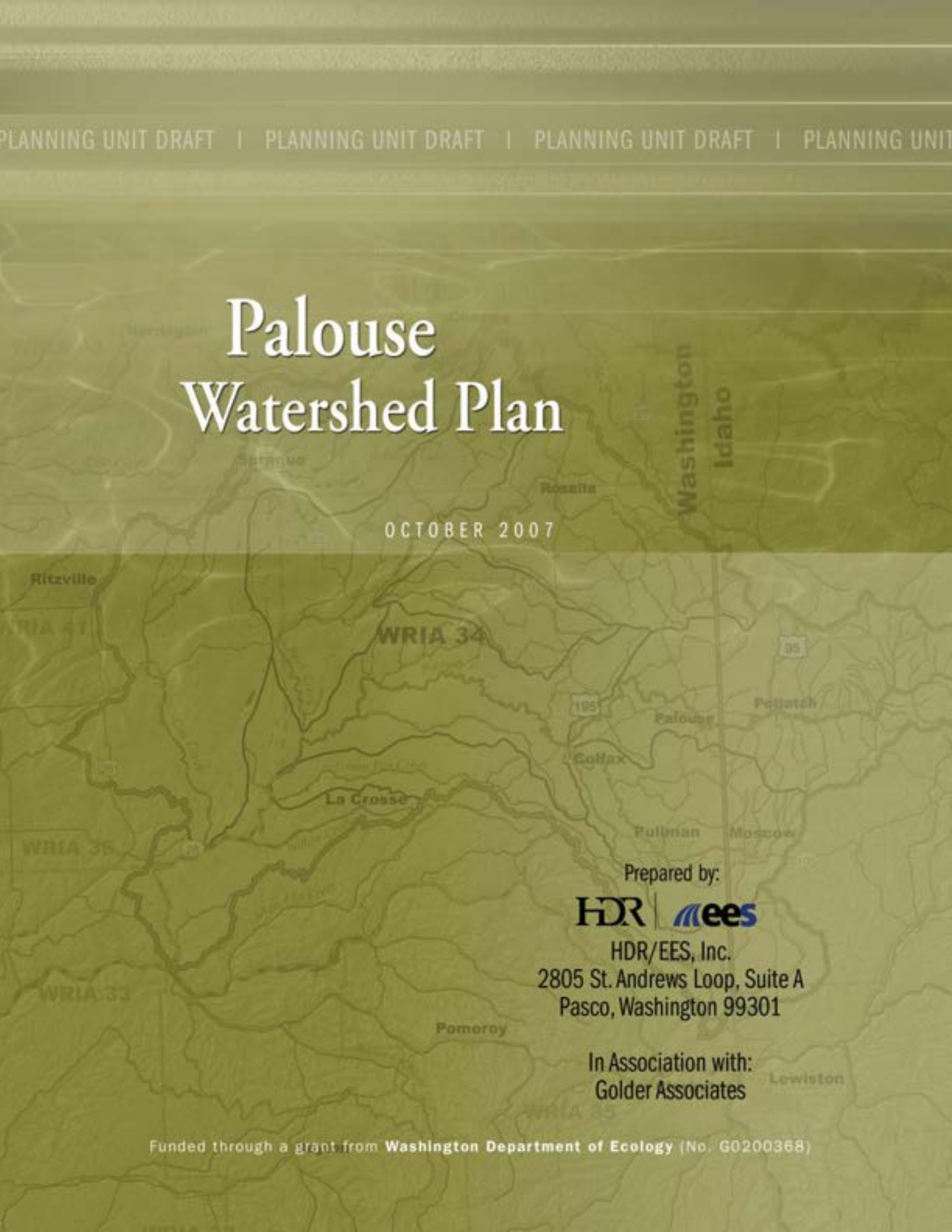
APPENDIX A-14

2007 Palouse Watershed Plan

PLANNING UNIT DRAFT | PLANNING UNIT DRAFT | PLANNING UNIT DRAFT | PLANNING UNIT

Palouse Watershed Plan

OCTOBER 2007



Prepared by:

HDR/EES, Inc.
2805 St. Andrews Loop, Suite A
Pasco, Washington 99301

In Association with:
Golder Associates

Funded through a grant from **Washington Department of Ecology** (No. G0200368)

Participants

From the inception of Palouse watershed planning in 2002, there have been over sixty meetings attended by local and regional stakeholders and agency representatives. The following is a list of Palouse watershed planning participants and the stakeholder groups they represented:

Palouse Conservation District-Lead Agency

- Rob Buchert
- Suzanne Hamada

Planning Unit

- Andy Rogers-Landowner (Flannigan Creek) & City of Colfax
- Ben Barstow-Landowner/Wheat Growers Assoc. (North Fork)
- Bill Wade-Landowner (North Fork)
- Brian Cornelius-Steptoe S&W District #1 (Former)
- Carl Thompson-City of Colfax (Current)
- Cheryl Morgan-Landowner (South Fork)
- Dan Harwood, Palouse-Rock Lake Conservation District
- David Broxson-Sprague Lake Users Group
- David Stueckle-Whitman Co. Farm Bureau
- Dennis Bly-Lincoln County Commissioners
- Dick Coon, Jr.-Landowner (Cow Creek)
- Don Myott-City of Palouse
- Emily Adams-City of Colfax (Former)
- Gary DeVore-Adams Conservation District
- Jack Ensley-Whitman Conservation District
- Janet Schmidt-WSU Extension
- Jean Wardwell-Whitman County Planning Commission
- Joan Harder-Landowner (Cow Creek)
- John Pearson-Landowner (North Fork, South Fork, Palouse River, Cow Creek)
- Kelley Racicot-Palouse Water Conservation Network
- Ken Stinson-Latah Soil & Water Conservation District
- Kevin Gardes-City of Pullman
- Larry Kirkland-Palouse Basin Aquifer Committee (Former)
- Les MacDonald-City of Moscow
- Les Wigen-Whitman County Commissioners (Former)
- Loren Klinke-Steptoe S&W District #1 (Current)
- Mark Storey-Whitman County Public Works
- Mark Workman-City of Pullman
- Meg Foltz-US Forest Service
- Michael Largent-Whitman County Commissioners (Current)
- Mike Holthaus-University of Idaho-Facilities
- Mimi Wainwright-WA Dept. of Ecology
- Nancy Belsby-Landowner (Rock Lake)

- Paul Kraynak/Bobby Hills-Nez Perce Tribe (Watershed Division)
- Randy Baldree-WSU Extension (Former)
- Rex Harder-Landowner (Sprague Lake/Cow Creek)
- Rhod McIntosh-Cattlemen's Association
- Rob Corcoran-WSU-Facilities Operations
- Rob Henderson-Idaho Dept. of Environmental Quality (Former)
- Rob Lindsay-Spokane County Utilities Division
- Royce Johnson-Town of Farmington
- Rudy Plager-Adams County Commissioners
- Scott Haugen-Landowner (Sprague Lake)
- Stephen VanVleet-WSU Extension
- Steve Nelson-Sprague Lake Users Group
- Steve Robischon-Palouse Basin Aquifer Committee (Current)
- Tom Scallorn-City of Moscow
- Tom Stroschein-Latah County Commissioners
- Tracy Brown-Palouse Clearwater Environmental Institute

Abbreviations and Acronyms

AFY	Acre-Foot per Year
APA	Aquifer Protection Areas
ASR	Aquifer Storage and Recovery
BMP	Best Management Practice
BW	Basin Wide
CCRP	Continuous Conservation Resource Program
CD	Conservation District
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act
CFS	Cubic Foot per Second
CLP	Central Lower Palouse
CRC	Cow/Rock Creek
CRP	Conservation Reserve Program (Federal)
DIP	Detailed Implementation Plan
DNR	Washington State Department of Natural Resources
DO	Dissolved Oxygen
DOE / Ecology	Washington State Department of Ecology
DOH	Washington State Department of Health
DNR	Washington State Department of Natural Resources
EPA	U.S. Environmental Protection Agency
EQIP	Environmental Quality Incentives Program
ESA	Endangered Species Act (Federal)
FLIR	Forward Looking Infrared Reconnaissance (infrared photography)
GMA	Growth Management Act (Washington State)
GPM	Gallons per Minute
GWMA	Groundwater Management Area
GWMP	Groundwater Management Program
ISDA	Idaho Department of Agriculture
IDEQ	Idaho Department of Environmental Quality
IDFG	Idaho Department of Fish & Game
IDHW	Idaho Department of Health & Welfare
IDL	Idaho Department of Lands
IDWR	Idaho Department of Water Resources
IG	Initiating Government
ISCC	Idaho Soil Conservation Commission
IWG	Implementation Working Group
MCL	Maximum Contaminant Level
MGD	Million Gallons per Day
MOA	Memorandum of Agreement
NEPA	National Environmental Policy Act
NFP	North Fork Palouse
NPDES	National Pollutant Discharge Elimination System
NPT	Nez Perce Tribe
NRCS	Natural Resource Conservation Service (Federal)
PBAC	Palouse Basin Aquifer Committee
PCB	Polychlorinated biphenyls

Abbreviations and Acronyms

PSA	Public Service Announcement
Qa	Annual Volume of Water
Qi	Instantaneous Rate of Flow
RCRA	Resource Conservation and Recovery Act
RCW	Revised Code of Washington
RM	River Mile
SDWA	Safe Drinking Water Act (Federal)
SEPA	Washington State Environmental Policy Act
SFP	South Fork Palouse
SMA	Shoreline Management Act (Washington State)
SSA	Sole Source Aquifer Program
TCDD	2,3,7,8 tetrachlorodibenzo-p-dioxin
TMDL	Total Maximum Daily Load
TSS	Total Suspended Solids
UIC	Washington State Underground Injection Control Program
USACE	United States Army Corps of Engineers
USFS	U.S Forest Service
USGS	U.S. Geological Survey
WAC	Washington Administrative Code
WDFW	Washington Department of Fish and Wildlife
WDOE	Washington Department of Ecology
WDOH	Washington Department of Health
WSDA	Washington State Department of Agriculture
WMA	Watershed Management Act (RCW 90.82; ESHB 2514) (Washington State)
WRATS	Water Rights Application Tracking System (Washington State)
WRIA 34	Water Resource Inventory Area (Palouse)
WSCC	Washington State Conservation Commission
WSDOT	Washington State Department of Transportation
WSU	Washington State University
WUA	Weighted Usable Area

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Section 1
Introduction and Background

Water is a limited resource. Given the range of potentially competing demands for water, it has historically been difficult for citizens, business, and public agencies to make water-resource management decisions without some controversy. Watershed planning provides a method to help balance competing demands upon water resources. The State of Washington's Watershed Planning program offers a tool that allows for local decision-making in identifying, prioritizing and developing solutions to water resource management issues within each of the state's watersheds. This document presents the local Watershed Management Plan for Water Resource Inventory Area (WRIA) 34 along the Palouse River, and also includes the Idaho portion of the Palouse as discussed in more detail below.

1.1 Overview of Watershed Planning in WRIA 34

1.1.1 Planning Objectives & Scope

Watershed planning in WRIA 34 provides a method to help achieve a balance among competing water resource demands. Water demands for commercial, industrial, residential and agricultural activities (e.g. out of stream uses) have to be balanced with instream fish habitat needs and water quality goals. Water is a key component of the economic base for the WRIA. Critical habitat for a diversity of fish and wildlife are also dependent upon water resources. The Basin's surface water resources also offer recreational opportunities and natural beauty for citizens and visitors.

1.1.2 Legal Basis for Watershed Planning

In 1998, the Washington State Legislature passed the Watershed Management Act (Chapter 90.82 RCW; ESHB 2514) to provide a framework for citizens, interest groups, and government organizations to join together to develop a management plan for water resources in each of the State's major watersheds as described in Chapter 173-200 WAC. The Watershed Management Act (WMA) enables, but does not require, local groups to form for the purpose of conducting watershed planning. WMA identifies a group of "initiating governments" that are empowered to select a lead agency, apply for grant funding, determine the overall scope of planning, and convene a "Planning Unit." The initiating governments include all counties within the WRIA, the government of the largest city or town (if applicable), the water supply utility obtaining the largest quantity of water from the WRIA, and Indian tribes with reservation lands within the management area. Funding is provided through the WMA for areas in Washington State that wish to undertake planning and specifies ground rules for use of the funding.

The WMA identifies a Planning Unit as the group that develops and initially approves the watershed plan. It calls for either a consensus approval by all members of the Planning Unit, or a consensus of the governmental members and a majority vote by remaining members of the Planning Unit. Following approval by the Planning Unit, and a requisite public meeting held by each county legislative authority, WMA calls for a joint session of the legislative bodies of all counties in the watershed to consider the plan. The authority of the county legislative bodies is

limited to approval or rejection of the watershed plan. If the county legislative body(s) reject the plan as submitted, they can send the plan back to the Planning Unit with recommended changes, but are prohibited from making changes to the plan themselves. If the county legislative body(s) approve the plan, they are obligating themselves to implement applicable plan elements. Once the plan has been approved by both the Planning Unit and the joint session of county legislative bodies, county and State agencies are required to implement plan elements for which they are responsible. The planning process recognizes that implementation of plan elements may be contingent upon further study, actions by other agencies, and available resources, including funding.

1.2 Description of WRIA 34 Planning Area

1.2.1 Palouse River

The Palouse River originates in the mountains northeast of Moscow, Idaho, and flows westerly into eastern Washington, south of Spokane. The River then winds through rolling farm and rangeland in Whitman County before joining the Snake River at the Whitman/Franklin County line. There are no major man-made impoundments, allowing the river to flow freely. Approximately 6 miles from the River's confluence with the Snake River, the Palouse River drops approximately 185 feet into a deep canyon at Palouse Falls. Due to the natural barrier of the falls, the Palouse River above the falls does not support anadromous salmonids and does not provide critical habitat for ESA-listed fish species. The Palouse River drains over 2 million acres, most of which are in Washington. Approximately 17 percent of the Palouse River watershed is within Idaho, primarily Latah County. Major water bodies and drainage area boundaries in WRIA 34 are shown in Exhibit 1-1.

1.2.2 Planning Area Boundaries

The Palouse River Watershed (WRIA 34) occupies approximately 1,755,000 acres in eastern Washington and this plan also includes the western portion of Idaho within the Palouse (approximately 340,000 acres). WRIA 34 is bordered by the Upper Crab/Wilson Watershed (WRIA 43), Lower Spokane Watershed (WRIA 54) and the Hangman Watershed (WRIA 56) to the north, the Lower Crab Watershed (WRIA 41) and the Esquatzel Coulee Watershed (WRIA 36) to the west, and the Lower Snake Watershed (WRIA 33) and Middle Snake River Watershed (WRIA 35) to the southeast and south, respectively.

Exhibit 1-2 shows the regional location of WRIA 34. WRIA 34 encompasses portions of Adams, Lincoln, Spokane and Whitman Counties within Washington. The Cities of Pullman and Colfax are located within WRIA 34. The City of Moscow, Idaho, is within that portion of Latah County, Idaho, drained by the Palouse River. For the purposes of watershed management, the Planning Unit agreed to plan for the entire Palouse Basin, including the Idaho portion, and solicited Idaho participation as formal voting members of the Planning Unit.

(Insert Exhibit 1-1)

(Insert Exhibit 1-2)

The planning area has been divided into four Management Areas, which include the following and are shown in Exhibit 1-3:

- Cow/Rock Management Area
- Central/Lower Palouse Management Area
- North Fork Palouse Management Area
- South Fork Palouse Management Area

Management Areas were formed based on variations in land use, habitat, and hydrologic characteristics within the WRIA. See Section 3 of this Plan for more complete descriptions of the management areas.

1.3 Key Planning Issues in WRIA 34

At the initiation of the watershed assessment and planning process, the WRIA 34 Planning Unit identified major issues for the watershed, including: future water availability (including some water rights issues), declining water levels in the Grande Ronde aquifer in the Moscow-Pullman area, water quality concerns and maintaining important cross-state coordination with Idaho. The WRIA 34 Planning Unit also identified key goals to be addressed in this watershed plan:

- Protect existing water rights and private property rights.
- Emphasize voluntary, incentive-based management solutions.
- Maintain the existing economy associated with the watershed hydrology, including but not limited to potable water, agriculture, industry, recreation and tourism.
- Establish and maintain ongoing educational and public involvement programs.
- Establish a detailed funding plan for implementation, including: projects; programs; long-term monitoring and evaluation of watershed plan implementation.
- Ensure fairness in distributing costs and burdens for water resource management actions.
- Address differences in local and state water resources regulatory and management approaches, and obtain local, state, federal and tribal buy-in and cooperation for recommended management strategies.
- Provide long-term reliable and predictable water supplies for human uses.
- Protect surface and groundwater quality needed for public drinking water supplies and other uses (livestock watering, recreation, fish etc.).
- Improve consistency, certainty, timeliness and efficiency in addressing water right decisions, and in regulatory approaches across state lines for improving water quantity and quality conditions.
- Improve scientific basis for understanding baseline conditions.
- Identify and implement water conservation and efficiency strategies.

As the technical watershed assessment and planning process progressed, these goals were modified and expanded to form specific planning objectives, described in Section 5 (basin wide objectives) and Section 6 (management area objectives). Brief descriptions of specific studies conducted to address some of these goals are provided in Section 2.4.2.

1.4 Relationship to Other Water Resource Programs and Plans

In virtually every basin around the State, a variety of regulatory programs, ongoing water resource management activities, and past or ongoing studies must be factored into watershed planning. A watershed plan under the WMA does not supersede other federal, state, or local requirements but instead provides a framework for state, local, and even federal agencies to modify and coordinate existing or pending actions to reflect documented findings and management direction in each watershed.

Table 1-1 lists a variety of programs at the local, tribal, state, and federal levels that are relevant to watershed planning within the WRIA. In some cases, programs may be viewed as a direct input to watershed planning, such as the parameters established by county or city land use planning documents. In other cases, existing programs may constrain available options for watershed management, or provide valuable data sources. In the long-term, the planning unit may wish to consider how implementation of the watershed plan can dovetail with other planning activities that are funded as part of routine government operations.

1.5 Conformance with SEPA

The State Environmental Policy Act (SEPA) was enacted to ensure that state and local agencies consider the likely environmental consequences of proposed actions during their decision making processes. Under the SEPA Rules (Chapter 197-11 WAC), nonproject actions such as decisions on policies, plans, or programs, are included under SEPA authority. Therefore, a SEPA review is required for both the State's Watershed Planning Program and this WRIA 34 Watershed Management Plan. The State has prepared a statewide watershed planning environmental impact statement (EIS) in conformance with SEPA. This statewide EIS is intended to assist local decision makers in meeting SEPA requirements, but does not eliminate the need for local decision makers to comply with SEPA.

In order to conform with SEPA, this WRIA 34 Watershed Management Plan must be evaluated under the SEPA rules established by the appropriate SEPA lead agency. Based on the lead agency's determinations as to the environmental effects of the plan, the lead agency may adopt the statewide EIS in lieu of preparing a plan-specific EIS, adopt the statewide EIS and prepare a supplement or addendum that addresses plan-specific issues, or prepare a plan-specific EIS. Individual actions and projects recommended within the plan may require further review under SEPA and other federal, state, and local regulations prior to their actual implementation. Appendix A provides an assessment of the adequacy of the statewide EIS to address the environmental issues associated with the actions related to implementation of the Plan.

Insert Exhibit 1-3

Table 1-1
Relationship of Existing Programs to Watershed Planning

Government Level	Programs	Relationship to Watershed Planning			
		Data Availability	Constraint on Mgmt Options	Potential Funding Sources	Implementation Tools
Local	County-wide Planning Policies				X
	Comprehensive Plans	X			X
	Coordinated Water System Plans	X			X
	Drinking Water Source Protection Plans			X	X
	Shoreline Master Plans				X
	Salmon Recovery Plans/Documents	X	X		X
	Non-point Source Control Plans	X		X	X
	Stormwater Plans	X		X	X
	Onsite Septic System Inventory	X			
	Critical Areas Ordinance				X
	Water System Plans	X			X
	Water Conservation Plans				X
	Wastewater Plan	X		X	X
	Groundwater Management Plans	X			X
Tribal	Fishing Rights		X		
	Reserved Water Rights		X		
	Hatchery Plans				X
	Land Use Planning Functions	(See Local)			X
State	Water Rights Records/Adjudications	X	X		
	Instream Flow Regulations/Studies	X	X		
	Salmon Recovery Plans	X	X	X	X
	Wastewater Permit Life Cycle System	X	X		X
	TMDL Studies/Water Quality Plans	X	X		X
	Water Quality Management Needs Assessment	X			
	Designated Use Regulations	X			
	Water Quality Program	X		X	X
	Drinking Water Grants/Loans			X	X
	Water Quality Grants/Loans			X	X

Table 1-1 (continued)

Government Level	Program	Relationship to Watershed Planning			
		Data Availability	Constraint on Mgmt Options	Potential Funding Sources	Implementation Tools
State (cont.)	Forest Practices Watershed Analysis	X	X		
	Limiting Factors Analysis (2496)	X	X		
	Hatchery Plans				X
	DOT Fish Passage Grant Program	X	X	X	X
	Water Resources Program	X		X	X
	NPDES General Permit for Stormwater	X	X	X	X
	Palouse Basin Aquifer Committee (ID/WA)	X		X	X
Regional/ Federal	ESA Listings/ Documentation	X	X		
	Flood Control	X	X		
BPA/NPPC	Wetlands		X	X	X
NOAA	Hydropower	X	X		
Fisheries	Subbasin Planning	X			
USFWS	Species Recovery/Management Plans	X	X	X	X

1.6 Plan Limitations

It is recognized that the documents used in the formation of the watershed plan may not provide complete and detailed information for all water resource management strategies or water quality actions. The collection of existing data has been subject to time and budget constraints. Despite the limitations, the Palouse Watershed Plan has been based upon the best information available and is consistent with the requirements of RCW 90.82.120. Nothing within this plan shall:

- Conflict with existing Washington State statutes[1], federal laws, or tribal treaty rights;
- Impair or diminish in any manner any existing water rights;
- Modify or require the modification of any waste discharge permit issued under Washington State law; and
- The identification and estimation of surface and groundwater rights for various entities and persons referenced within this watershed plan are for the singular purpose of estimating water availability and demand, as well as to provide a general understanding of water resource and management issues within the Palouse Basin. The estimations of water rights are neither an admission nor an opinion on the validity or extent of any respective water right by any participant in the planning process, or any other entity or person identified.

[1] Idaho agencies and jurisdictions are not bound by this plan as a similar legal framework for plan development and implementation does not exist for Idaho as it does for Washington. Accordingly, Idaho jurisdictions must determine how all or portions of this plan might be voluntarily implemented within the Idaho portion of the Palouse.

Section 2
Planning Process

This section presents the planning process followed by the local governments, agencies, and other stakeholders in developing this watershed management plan.

2.1 Initiating Governments

The initiating governments for WRIA 34 are Whitman, Spokane, Lincoln and Adams Counties, the City of Pullman and the Steptoe Water and Sewer District. The City of Pullman is the largest city in WRIA 34, and the Steptoe Water and Sewer District is the largest water purveyor other than City of Pullman. Franklin County, which contains only a small portion of WRIA 34, decided not to participate as an initiating government and deferred all decision-making to the other initiating governments.

In accordance with the Watershed Management Act (WMA), the initiating governments for the WRIA 34 basin designated the Palouse Conservation District (Palouse CD) as the lead agency for watershed planning. As lead agency, Palouse CD received grant funding from the State of Washington and contracted with Ecology to conduct this watershed planning effort. The WRIA 34 planning effort was initiated in the summer of 2002. Work to prepare the Level 1 Assessment, which summarizes existing conditions, began in July 2003. This date is important because RCW 90.82 states that the plan must be completed within four years from the beginning of assessment activities.

2.2 Planning Unit Mission and Participants

The Palouse CD convened organizational meetings and established a core Planning Unit by asking various agencies, organizations and businesses to appoint members, and by inviting individual landowners and others to participate. The mission of the Planning Unit is to treat water as a valuable resource through the development and implementation of a watershed plan consistent with RCW 90.82 for the beneficial management of water resources to balance the present and future needs of local rural and urban communities, agriculture and other industries, and fish and wildlife.

The Planning Committee established several sub-committees, including a Steering Committee, Water Quality committee, Instream Flow/Water Quantity committee, and a Public Information/Outreach committee. The Planning Unit served as the decision-making body for WRIA 34 on both technical and administrative issues, and coordinated efforts among the various sub-committees. The Steering committee developed agenda items and framed key technical and administrative issues. The Water Quality committee focused on identifying areas of water quality degradation, potential causes, and water quality enhancement strategies. The Instream Flow/Water Quantity committee focused on identifying areas with instream and out-of-stream water quantity concerns, and developing flow and water quantity enhancement strategies, including recommendations for setting legal instream flows. The Public Information/Outreach

committee focused on coordinating activities to raise public awareness and participation in the planning process.

Key stakeholders in the WRIA 34 watershed, including local, state, and federal agencies, are represented on the Planning Unit in a voting capacity. The State of Idaho is also represented within the Planning Unit by various agencies that serve as voting members. Those stakeholders involved in watershed planning for WRIA 34 are listed in the Participants List at the front of the plan.
Representatives from several different agencies also provided technical assistance and guidance to the assessment and planning process.

The Palouse CD hired Economic and Engineering Services, Inc. (now part of HDR Inc., and known as HDR-EES) and Golder Associates, Inc. to provide technical support in preparation of the watershed management plan and supporting documentation. The preamble to the plan provides a list of individual Planning Unit members and representatives.

2.3 Planning Process

2.3.1 Planning Phases

Voluntary watershed planning under the WMA occurred in three primary phases:

1) Phase I: Organization
2) Phase II: Conducting Watershed Assessments
   a. Level 1: Summarize Existing Data and Identify Data Gaps
   b. Level 2: Gather Additional Information to Fill Data Gaps
   c. Level 3: Long-term Monitoring (post plan adoption)
3) Phase III: Developing a Watershed Plan

Phase I

Under Phase 1 of the Watershed Planning Process (RCW 90.82), the Planning Unit and Committee Organization for WRIA 34 – Palouse River Basin was formed in 2002. During that process, the Planning Unit also developed its mission and planning goals. The Planning Unit decided to address the required water quantity component of watershed planning along with the optional components of instream flows, water quality, and multi-purpose storage. The issue of fish habitat, while important to the Planning Unit members, was not selected as a component for this plan due to the lack of critical habitat and ESA-listed fish species above the Palouse Falls.

Phase II - Level 1 Assessment

The Phase II Level 1 Assessment (Golder 2005) presents a compilation and review of existing data on the Palouse River watershed. The Level 1 Assessment presents background data on climate and geology, and summarizes information on surface hydrology, and ground water quantity, quality, and water demand.

Phase II – Level 2 Studies

Supplemental studies and assessments were conducted to gather data, evaluate options, and develop recommendations regarding instream flow, water quality, and multi-purpose storage in WRIA 34.

Phase II – Level 3 Long Term Monitoring

Long-term monitoring and adaptive management recommendations are provided in Section 2.4.3 and in Section 7-Implementation.

Phase III: Developing a Watershed Plan

Information from both the Level 1 and Level 2 assessments has been used to support the Phase III – Planning. For purposes of the planning process, the basin has been divided into four "implementation areas" comprised of: Cow and Rock Creek subbasins; Central/Lower Palouse River from Colfax to the mouth, including Union Flat, Pine, and Cottonwood Creek subbasins; North Fork Palouse River subbasin; and the South Fork Palouse River subbasin.. These areas were delineated based on land use, fish habitat and hydrologic characteristics of the different areas in the Basin.

This document represents the culmination of the Phase III planning process, the WRIA 34 Watershed Management Plan.

Phase IV: Plan Implementation

This phase starts after the plan has been adopted, and begins with development of a detailed implementation plan.

2.3.2 Public Involvement Process



The WRIA 34 Planning Unit established a Public Involvement/Outreach Subcommittee to direct the public involvement process. The purpose of this work is to help the WRIA 34 Planning Unit identify issues of concern in each sub-basin of the Palouse River Watershed and to integrate public perception of watershed issues into the early stages of watershed assessment and plan development. Public involvement was sought through direct participation in the Planning Unit and/or one of its subcommittees, attendance at public meetings of the Planning Unit and subcommittees, and through participation in one or more of a series of outreach workshops. Information on ongoing assessments and plan development was made available to

the public through Ecology's web site, the Palouse Conservation District web site, notices in local newspapers, and outreach efforts by individual Planning Unit members.

A series of workshops was held in summer of 2005. These workshops were focused on seeking additional public input on objectives and recommended basin-wide and management area-specific action plans. This was accomplished by conducting workshops in each management area, as follows:

- Cow/Rock Creek – July 13
- Central/Lower Palouse – July 13
- North Fork Palouse – August 9
- South Fork Palouse – August 10



Breaking up WRIA 34 into smaller areas gave the opportunity for conducting focused outreach efforts with local stakeholders in each management area. The primary purpose of the workshops was to review and revise preliminary action plans for the management areas and relevant components of the basin-wide action plan as developed by the Planning Unit.

2.3.3 Problem/Issue Definition

The Planning Unit, on the basis of information developed during the technical assessment (see below) and public input received during the various workshops and meetings, has identified four areas of concern within the Palouse watershed:

- **Insufficient water supply** – The available water supply, both surface waters and ground waters, is insufficient to sustain future demands and objectives. Several of the streams, creeks, and tributaries within the Palouse basin experience periods of low to no flow. During some periods, surface flows in Paradise Creek below Moscow, Idaho, and reaches of the South Fork Palouse River below Pullman, Washington, are sustained primarily by permitted wastewater discharges. Water in this area is being withdrawn from the lower basalt aquifers faster than the aquifers can naturally recharge themselves, resulting in lowering water tables.

- **Poor water quality** - Surface water flows are experiencing increased temperatures, fecal coliform levels, and turbidity associated with spring run off and storm events. The water quality in some reaches does not meet state standards.

- **Loss of riparian and aquatic habitat** - Land use changes have led to the loss of most of the basin's riparian habitat and wetlands, contributing to increased peak flows (and subsequent flooding) and erosion. The loss of the riparian habitats and wetlands has led

to increased sedimentation and higher water temperatures, with less sustainable flow during the late summer and early fall, recognizing low flow conditions exist naturally.

- **Inadequate instream flows** – Sustained surface flows have been reduced due to changes in the basin's land use and vegetative cover. Infiltration to groundwater and subsequent discharge to streams has been reduced, exacerbating low flows in late summer and early fall.

These are the issues the Planning Unit has chosen to address with its technical assessments and watershed plan.

2.4 Technical Assessment

2.4.1 Review of Existing Data

The Palouse River basin is a bi-state watershed, adding to its complexity. The predominant land use in the basin is agriculture, and the urban land use is predominantly rural with few areas of denser urban development. (Pullman/Moscow)

In general, surface hydrology in the forested upper watershed is driven by snowmelt and groundwater discharge, while hydrology in the lower watershed on the agricultural lands is driven by snowmelt and precipitation events. Streams generally have a pattern of low flows in late summer and early fall, and high flows in spring and early summer. Golder (2005) notes that changing land use patterns over the last century have changed the hydrology of the Palouse Basin, including:

- Potentially increased peak flows, with resultant increases in flooding and severe erosion.
- Exacerbated low flows in late summer/early fall due to reduced infiltration.
- Reduced storage potential in riparian and wetland areas.

There are multiple water quality issues within the basin. Fecal coliform bacteria, nutrient (nitrates and phosphorous) levels and water temperatures exceed Washington state standards in the majority of the sampled locations. Turbidity is found in elevated levels in several locations during spring runoff and certain storm events, however, comparative historical data is lacking.

Drinking water in the area is supplied primarily from groundwater, with private wells typically in the upper aquifers and municipal wells drawing from the lower basalt aquifers. Generally, groundwater flow in the uppermost aquifers tends to parallel the land topography, and can be highly localized. Flow in the deeper basalt aquifers is confined, and tends to flow from the outer boundaries of the aquifers towards the Snake and Columbia Rivers. However, the various aquifers are complex and groundwater can flow in different directions in more localized conditions. The relationships between recharge, groundwater levels, and summer baseflows to streams are difficult to investigate and characterize. The Level 1 Assessment found that groundwater levels in many area wells have been declining, leading to concerns about the sustainability of the groundwater resource. In general, water quality of groundwater is acceptable for domestic, agricultural and industrial uses.

Golder (2005) estimates that municipal and domestic water demand will increase from 10,081 acre-feet in 2000 to about 13,400 acre-feet per year by 2025. Current municipal water rights in total for the WRIA exceed the projected demand for water in both the incorporated and unincorporated areas of WRIA 34. Regarding individual communities, the City of Colton is seeking additional water right to meet its projected demands.

No significant changes in agricultural water use are projected by Golder, nor is the total acreage of irrigated and non-irrigated agricultural land expected to increase. The estimated irrigated agriculture demand of 52,750 acre-feet per year is expected to remain constant. Current agricultural water rights exceed the projected demand for irrigation water, with ground water irrigation demand believed to be greater than surface water, although actual irrigation water usage is unknown and water rights data are inconclusive.

2.4.2 New Studies Performed for Watershed Plan

Supplemental studies and assessments were conducted to develop necessary data regarding instream flow, water quality, and multi-purpose storage in WRIA 34. This section briefly describes these studies. The following paragraphs provide a brief background of the purpose and findings from the assessments. Other sections in the Plan provide additional detail on the recommended actions developed from findings in these assessments. Section 5 includes summaries of the findings, while Section 6 includes the specific actions. Section 7 and Appendix B includes specific implementation considerations related to the actions.

Phase II – Level 2 Instream Flow Assessment

The purpose of the Level 2 Instream Flow Assessment was to provide information for the Planning Unit to better evaluate instream flow issues in the Palouse River (North Fork and mainstem) and the Cow Creek tributary. The focus was to evaluate the flow levels necessary for aquatic habitat and to define the relationship between flow and habitat in these streams. The assessment was intended to provide the foundation and science for the Planning Unit to develop instream flow recommendations (including minimum instream flows) for the watershed. The Instream Flow Needs Assessment was submitted to the Planning Unit as a draft in October 2006 (Golder, October 2006).

The instream flow assessment is comprised of three parts:

- Compilation of existing data and scoping of instream flow assessment – scoping sessions were held with the WRIA 34 Planning Unit (Spring 2005), where priority streams/ subbasins were identified for assessing instream flows.
- Instream flow analysis – instream flow analysis involved describing the characteristics of the existing flow regimes and hydrology for the streams of interest, reviewing the fish species of interest and their status, reviewing future out-of-stream needs, and evaluating instream flow needs based on accepted methods (Tennant method and Wetted-width method).
- Recommendations on establishing minimum instream flows – flow values derived from the instream flow methods were compared to the hydrology characteristics to determine

appropriate range of flows for aquatic habitat consistent with seasonally available flows for the stream of interest.

The Planning Unit has developed a general framework for instream flow management based on findings from the Instream Flow Needs Assessment (Golder, October 2006) and discussions among Planning Unit members and Ecology. The framework is based on developing an "instream flow package" for each of the management areas where an instream flow assessment was conducted, namely for Cow/Rock Creek, Palouse River mainstem (Central/Lower Palouse), and North Fork Palouse River.

At the time of this Plan, no specific recommendations for adoption into rule have been developed because the Planning Unit needed additional information before committing to a final instream flow package(s). However, the Planning Unit has accepted working policies to guide the development of the instream flow packages as summarized in Section 5. In addition, Section 6 includes management area-specific recommendations to continue working on the recommendations under Phase IV (implementation phase) of the process. This assumes that the legislature will continue to fund watershed planning and Ecology will continue to have the staff and resources to support the Planning Unit. A letter summarizing the outcomes of the WRIA 34 Instream flow working session held with the Planning Unit on November, 2006 is provided in Appendix C. A statement of community need was prepared and is presented in Section 6.

Phase II – Level 2 Water Quality Assessment

The purpose of the Level 2 Water Quality Assessment is to provide the Planning Unit with baseline information to support development of water quality plans and policies. Water quality issues in the basin are related primarily to development of TMDLs (namely fecal coliform bacteria and temperature), sediment loading and water quality issues related to ASR applications (groundwater-surface water mixing and treatment requirements). The Water Quality Assessment was submitted to the Planning Unit in March 2007 (Golder, 2007).

The water quality assessment is comprised of six parts:

- Summary of the legally established characteristic uses of the non-marine water bodies in WRIA 34.
- Evaluation of the compatibility of surface water quality with groundwater quality for potential use in aquifer storage and recovery (ASR).
- Evaluation of the system potential vegetation in the South Fork Palouse watershed.
- Description of the water quality trading policies and their potential for applications within WRIA 34.
- Develop recommendations for monitoring actions to implement water quality improvements, and determine whether actions to implement improvements in water quality are sufficient to achieve compliance with water quality standards.

The review of beneficial uses provides general context for the water quality issues in the basin and helps evaluate the appropriateness of the State water quality standards in local streams. This component was especially important because of the bi-state nature of the management area. Water quality use designations and numeric water quality standards between Washington and

Idaho were reviewed. This part also reviews legislation affecting water quality including status of the TMDL programs in each state.

The water quality compatibility review provides information for the potential development of ASR to meet potable supply demand and to offset groundwater use. Specifically, evaluations were completed for: (i) the effect of mixing ground water and surface water on recovered water, including an assessment of compliance with federal drinking water standards; and (ii) potential for screen clogging during recharge and recovery due to mineral precipitations reactions. The following is a summary of the findings from the water quality compatibility review:

- Mixing of surface water from the Palouse River and Paradise Creek with ground water from the basalt aquifers is predicted to result in precipitation of few mineral phases (iron mineral).
- Mixing model indicates the iron and manganese may exceed EPA secondary drinking water standards in recovered water.
- Available water quality data indicates temporal and spatial variability in water quality, which was not evaluated.
- Generalized assessment did not reveal significant water quality limitations to the feasibility of ASR using either the Palouse River or Paradise Creek as source water and using either the Grande Ronde or Wanapum aquifers as receiving aquifers.

The system potential vegetation study provides information for use in developing the TMDL for the South Fork Palouse River. This input along with many other measurements and determinations will yield the target water temperature for the TMDL, referred to as system potential temperature. The Planning Unit believes that the State water quality standard for temperature is not achievable due to local background conditions. Therefore, the Planning Unit commissioned the system potential vegetation study to have the greatest impact on the development of the temperature TMDL. Several studies were researched to evaluate the background riparian vegetation. Generally, the literature review combined with the soil survey suggest that woody vegetation and grasses were found along the majority of the mainstem stream areas as natural vegetation in riparian areas in the South Fork Palouse River. However, the assessment could not discern the density of the woody vegetation.

The review of water quality trading was general in nature and included an overview of the benefits and constraints to water quality trading, current policies and guidance for trading, and a review of several case studies where water quality trading has been implemented. Several recommendations were made with respect to moving forward in water quality trading for WRIA 34 (see Section 5). The conclusion is that while there are project proponents, it is uncertain what the overall level of stakeholder readiness is for the process of developing a water quality trading program in WRIA 34 at present. A third party organization would need to be identified to manage the framework and infrastructure of such a program.

In general, the monitoring actions are related to supporting the development of TMDLs, characterizing sediment sources and loads, and stream flow monitoring (also supports the instream flow management actions). The assessment provided a list of near-term and long-term data needs to support the characterization of water quality issues in WRIA 34. Specific water quality monitoring actions are described in Section 6 (Tables 6-1 to 6-4).

Phase II – Level 2 Multi-Purpose Storage Assessment

The purpose of the Level 2 Multi-purpose Storage Assessment is to identify potential site locations for storage projects to assist in satisfying minimum instream flows to improve water supply reliability, enhance baseflows and improve water quality. The Multi-Purpose Storage assessment was submitted to the Planning Unit in November 2006.

The assessment is comprised of the following parts:

- Overview of storage alternatives – a general review of different storage types (including surface storage and ground water storage) for consideration in WRIA 34. Areas of review included design considerations, regulations and permitting, planning level costs, and implementation.
- Inventory of public water system storage – finished water storage owned and operated by the communities in WRIA 34.
- Review of sources and beneficial uses for stored water – a general overview of potential sources of water for storage and the types of uses for stored water.
- Suggested storage strategies fore WRIA 34 (divided into Western Palouse and Eastern Palouse options).

An initial evaluation of general storage alternatives was presented to the Planning Unit in August 2005. Following discussions on the storage options, the Planning Unit decided to conduct more detailed assessments of storage options for the Cow Creek Subbasin and the North and South Fork Palouse Subbasins.

The list of storage concepts reviewed (Golder, 2006a) includes:

- Enhancing existing surface water storage in reservoirs and/or lakes;
- Enhancing baseflows by the use of balancing basins, floodplain storage, wetland restoration and small check dams;
- Enhancing baseflows by infiltrating shallow groundwater withdrawn during the winter months in locations that will result in return flows to streams during summer months;
- Enhance baseflows and aquifer recharge by infiltrating available reclaimed water;
- Enhance natural recharge for long term regional aquifer level recovery; and
- Implement aquifer storage and recovery (ASR) to meet potable supply demand and to offset groundwater use.

Storage options in the Cow Creek management area were identified by the Planning Unit as a way to potentially address the lack of instream flow to meet adjudicated water rights in Cow Creek. The primary approaches considered were: (i) optimize existing adjudicated storage facilities; and (ii) provide for additional storage in Sprague Lake. Specific actions related to these primary storage options in the Cow Creek management area are described in Section 6 (Table 6-1).

Storage options in the North Fork and South Fork Palouse management areas were identified as a way to potentially address the water supply needs (resulting from significant groundwater declines in the basalt aquifer) for the major communities in the area. The primary storage

options considered were: (i) aquifer recharge to recover aquifer levels over the long-term using enhanced surface infiltration; and (ii) ASR to meet water demand and offset groundwater use. Specific actions related to these primary storage options in the North and South Fork Palouse management areas are described in Section 6 (Tables 6-4 and 6-5).

Section 3
Key Planning Issues

This section summarizes available information on the key planning issues and parameters identified for WRIA 34 and the greater Palouse River watershed: water quantity, water quality, aquatic habitat and instream flow. A broad basin-wide overview is provided, followed by a synopsis of information and issues by implementation area. Although there are some variations between subbasins, many of the issues identified affect more than one of the subbasins. The Palouse River basin encompasses portions of Idaho and Washington, with the Washington portion of the watershed comprising WRIA 34. Additional detail can be found in the Phase II Level 1 Technical Assessment for the Palouse Basin (WRIA 34) (Golder 2005), the Palouse Subbasin Management Plan (Resource Planning Unlimited 2005), and other referenced planning documents and studies.

3.1 Palouse Basin Overview

The Palouse River originates in the mountains northeast of Moscow, Idaho, and flows 124 miles in a westerly direction, entering eastern Washington just east of the City of Palouse, before joining the Snake River (see Exhibit 3-1). The Palouse River includes over 398 miles of streams and tributaries; these tributaries drain over 2.1 million acres in Washington and Idaho. The Washington portion of the watershed, primarily Whitman County, with portions of Adams County to the west, Lincoln County to the northwest, and Spokane County to the north, encompasses about 83 percent of the basin. In Idaho, the Palouse River watershed is primarily within Latah County.

The main tributaries of the Palouse River include its North and South Forks, Rebel Flat Creek, Rock Creek, Pine Creek, Union Flat Creek and Cow Creek. However, the amount of runoff from each of these subbasins is not proportional to their size, e.g. the North Fork Palouse River drains 15% of the Basin, but provides 41% of the flow to the Palouse River (at Hooper), while the Cow Creek Subbasin drains 20% of the land area but yields only 7% of the mean annual flow (USDA, 1978). The Palouse River and its main tributaries flow freely, with no major man-made impoundments.

Six miles before its confluence with the Snake River, the Palouse River drops precipitously over the Palouse Falls, falling approximately 185 feet. The Palouse Falls are a natural barrier to fish passage, isolating the upper reaches of the Palouse River from the anadromous salmonids and other aquatic life in the Snake River system. There are no ESA-listed salmonids or other listed aquatic species above the Palouse Falls.

The eastern portion of the watershed in Idaho is characterized by high mountains and deep intermountain valleys, with forested slopes and ridges. Generally, the slopes facing south and west are gentle, while slopes facing north and east are steeper. The eastern intermountain valleys are typically composed of alluvial deposits. Moving east to west as the river crosses from Idaho

into Washington, the central part of the basin has a rolling topography composed primarily of basalt covered with loess (old deposits of wind-blown silt). The far western portion of the basin encompasses the Cow Creek and Rock Creek subbasins, and is part of an area known as the Channeled Scablands. The Channeled Scablands were shaped by massive floods over the past 1 million years, with the most recent occurring approximately 12,000 years ago, which left behind exposed channels of the underlying basalt amongst islands of loess.

The eastern mountains receive as much as 50 inches of precipitation annually, with 60 to 70 % of the precipitation falling as snow. The drier western part of the basin may receive as low as 10 inches of precipitation annually. Precipitation is light during summer, increasing in fall to peak during the winter months. Average flows near the mouth of the Palouse River range from 1,800 cfs in March to 300 cfs in August (not including Cow Creek, which enters just downstream of the gauging station.)

Major land uses in the basin are dryland agriculture (67% of the land area), rangeland (26%), and forested areas (6%) (see Exhibit 3-2) Urban development makes up less than 1% of the basin. Most livestock grazing occurs in the westernmost portion of the basin, within the Channeled Scablands. There are two cities with populations over 10,000 (Moscow, Idaho, and Pullman, Washington), one city with a population over 3,000 (Colfax, Washington), and almost two dozen smaller towns and communities. Agricultural use of water from the Palouse River is limited to supplemental irrigation of hay, pasture, and some grains on lands adjacent to the River and its tributaries, occupying less than 1 % of the basin.

The Palouse River basin has 42 lakes (e.g. lakes containing water throughout the year). In addition, there are numerous seasonal lakes and potholes that dry up during the late summer. Most of the natural lakes occur in the Cow Creek and Rock Creek subbasins. Many of the lakes are natural depressions with basalt bottoms and no outlets. Many of the lakes have managed recreational fisheries.

Groundwater provides most of the basins consumptive water supply, with groundwater pumped from two basalt aquifer systems. Municipal drinking water is generally drawn from the deeper Grande Ronde aquifer. The shallow Wanapum (Priest Rapids and Rosa) aquifer is the primary water source for rural residents, particularly in the eastern portion of the basin. As groundwater withdrawals have increased to meet demands, declining Grande Ronde aquifer levels have been recorded at rates of 1-2 feet per year in some areas (Hashmi, 1995).

Groundwater in the Palouse is generally of good quality. Nitrates have been detected, but are below the EPA maximum contaminant level (MCL) of 10 mg/L in 94% of wells (USGS, 1995). Genesee/Cow Creek, Idaho has been identified as one of 25 top nitrate areas of concern for the state, with 66% of wells sampled greater than 5 mg/L (Mahler 2002). Some nitrate contamination of groundwater has also been identified along the western boundaries of WRIA 34 in Adams County. A Columbia basin Groundwater Management Area (GWMA) has been established for Adams, Franklin and Grant counties west of WRIA34. A GWMA plan has been developed to address nitrates concerns (Kennedy/Jenks, 2001).

(Insert Exhibit 3-1)

(Insert Exhibit 3-2)

Soil erosion resulting from storm water runoff has been a continuing problem throughout WRIA 34 since natural vegetative cover was converted for agricultural purposes over 100 years ago. Crop production, primarily "dry" wheat farming, is the primary economic agricultural activity. An estimated 40% of the topsoil in the Palouse has been lost to erosion during this time (Pimentel, et al., 1995). A variety of efforts are currently underway through local and other programs to address these concerns.

Existing conditions in individual management areas are described in the following subsections 3.2 through 3.5.

3.2 Cow/Rock Creek Management Area

Cow and Rock Creeks are two adjacent subbasins on the western portion of the watershed, each discharging directly into the Palouse River mainstem. Cow and Rock Creeks encompass most of the Channeled Scablands within WRIA 34, as well as most of the existing lakes and wetlands within WRIA 34. These two subbasins share several similarities in conditions, land use and cover types and water resources issues, and are therefore joined together as a management area. The Cow/Rock Creek implementation area is shown in Exhibit 3-3.

The Cow Creek Subbasin comprises the westernmost portion of the Palouse Basin. It encompasses approximately 473,000 acres along the western boundary between WRIA 34 and WRIA 43 (Crab Creek), or approximately 20% of the basin. The upper Cow Creek subbasin includes a confined finger-like area between Medical Lake and Cheney, and shares a watershed boundary with the Latah (Hangman) watershed (WRIA 56). Cow Creek drains from Medical Lake and Cheney through a series of lakes and streams to Sprague and then south to its confluence with the Palouse River mainstem at Hooper Junction. This subbasin includes Turnbull, Silver, Amber, Fishtrap, Hog Canyon, Badger, Williams, Downs, Sprague, Hallin, Cow and Finnell lakes as well as the communities of Sprague and Benge, and a portion of Turnbull National Wildlife Refuge. The adjacent Rock Creek subbasin encompasses 224,141 acres, or 12.1 % of the land area in WRIA 34. (Note that the subbasins of Pine Creek and Cottonwood Creek – both tributary to Rock Creek - are not included herein; they are addressed as part of the Central/Lower Palouse management area.) Most of the readily available data is specific to Cow Creek; however, the resulting planning issues and suggested management approaches are considered applicable to both Cow and Rock creek subbasins.

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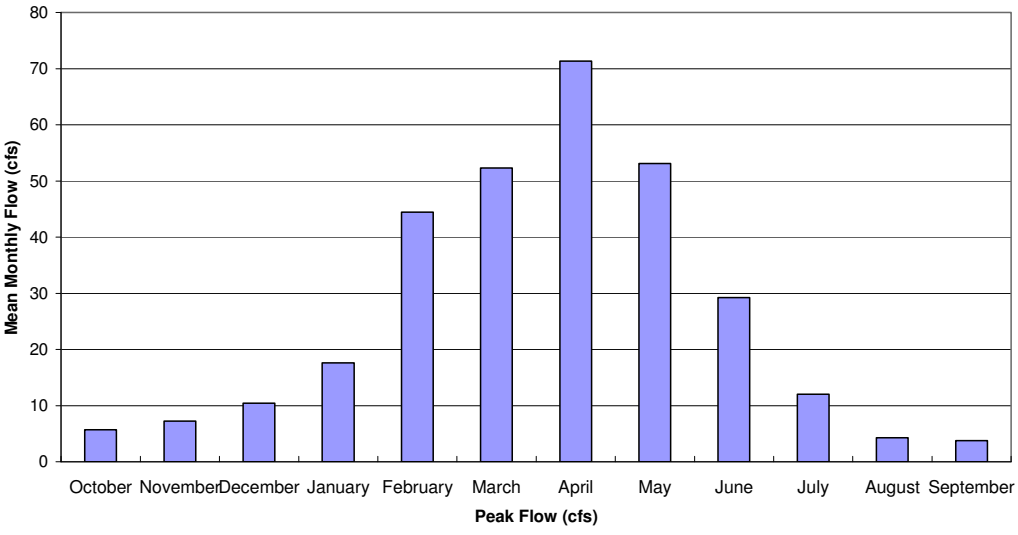
(Exhibit 3-3)

3.2.1 Water Quantity

Characterization

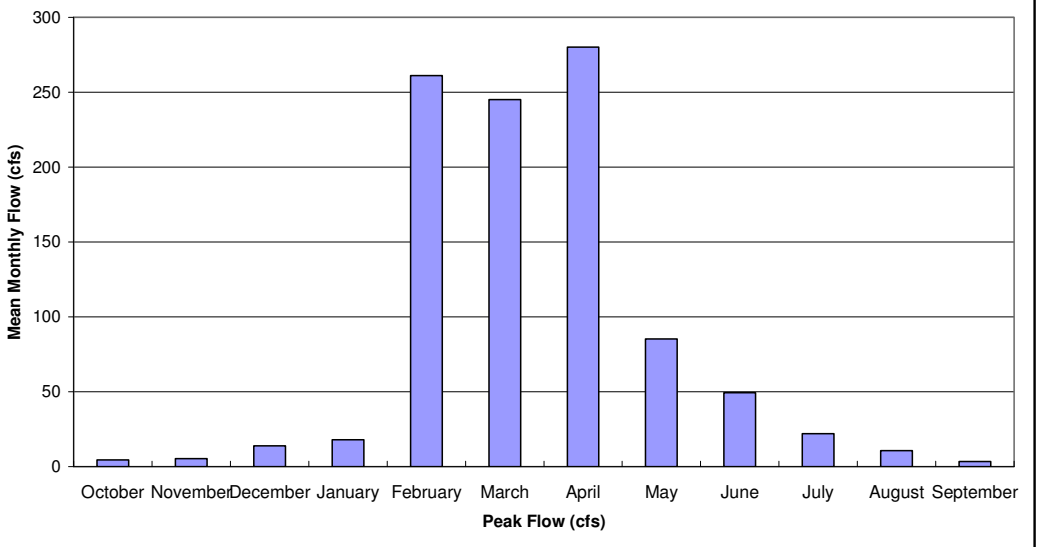
On average, Cow Creek contributes an estimated 7% of the total flow of the Palouse River from an area encompassing approximately 20% of the land mass of the Palouse Basin. However from 2002 to 2005, surface flow in Cow Creek at Hooper has only existed seasonally as a result of drought conditions (Adams CD 2005). Flow conditions improved in 2006 and 2007.

The subbasin is largely undeveloped and rural; over 50 % of the subbasin has a land cover type of "shrub steppe". There is a large acreage classified as "open-water" (over 7,600 acres), reflecting the numerous lakes and ponds in the subbasin. In addition, there are over 7,400 acres of wetlands. There are some developed areas within the subbasin along the I-90 corridor near Sprague and Cheney, and on the outskirts of Cheney. Communities of Sprague and Medical Lake are within the subbasin, Cheney is not. Turnbull Wildlife Refuge is within the Cow Creek subbasin, as well. The refuge covers over 12,800 acres of wetland habitat. Overall, the subbasin contains an extensive complex of drained (2,925 acres) and active (22,377 acres) wetlands. There are also several lakes with inlets and outlets, including Sprague Lake (approximately 2,000 acres), Cow Lake, Hallin Lake, and Finnell Lake. Natural baseflows in Cow Creek are low during summer months, and some areas of Cow Creek can go dry (Adams Conservation District, 2000). Exhibit 3-4 shows the mean monthly flow in Cow Creek at Hooper, Washington.



Legend	Exhibit 3-4:
POR: 1951-1953 & 1962-1970	**Cow Creek at Hooper (USGS gage 13352500)** **Mean Monthly Flow** Figure 3-7v from Palouse Phase II/Level 1 Assessment

The Rock Creek subbasin is also largely undeveloped and rural, with almost 38 % of the subbasin classified as "shrub steppe". There is also a large acreage classified as "open-water" (over 4,431 acres), reflecting the many lakes and ponds in the subbasin. Rock Lake (approximately 2,190 acres), Chapman and Bonnie Lakes are prominent surface water bodies. In addition, there are over 1,324 acres of wetlands. Agriculture is a predominant land use. There are few developed areas within the subbasin. Approximately half of the Turnbull Wildlife Refuge is located in the Rock Creek subbasin (that portion east of the Cheney-Plaza Highway). Turnbull is the headwaters of the Rock Creek subbasin. Earthen levees on Rock Creek east of the Turnbull National Refuge Area serve to control flooding and help maintain flows to Stubblefield Lake (a unique playa lake) on the refuge. Exhibit 3-5 shows the mean monthly flow in Rock Creek at Ewan, Washington.



Legend

POR: 1914-1917

Exhibit 3-5:
Rock Creek at Ewan (USGS gage 13349500) Mean Monthly Flow
Figure 3-7r fromPalouse Phase II/Level 1 Assessment

Many of the Cow/Rock surface waters and wetlands are connected to shallow gravel beds. The hydraulic role of these gravel beds is uncertain although they appear to provide a storage function; the gravel beds act as lakes during wet years and appear to divert water during dry years.

Ground water levels are declining in the deeper aquifers, which provide most of the water supply for municipal, domestic and agricultural irrigation use. Recharge of the aquifers was estimated at 2.3 inches per year pre-development; with current recharge rates estimated at 2.1 inches per year (Golder 2005).

Water Rights

Water rights in the Cow/Rock subbasin are summarized in Table 3-1.

Table 3-1
Cow/Rock Water Rights
(AF/year)

Water Rights	Cow Creek	Rock Creek
Groundwater Qa		
Application	20,835	4,050
Rights and Claims	48,357	9,168
Surface Water Qa		
Applications	8,352	1
Rights and Claims	11,632	208,661

Surface water claims in the Cow Creek subbasin were adjudicated in 1984 (State of Washington v. Bar U Ranch), leaving virtually no surface water allocation that has not been adjudicated within the subbasin. A total of 8,456 ac-ft/year were allocated in the adjudication.

Surface water resources in both Cow and Rock Creek subbasins appear to be fully committed between non-agricultural and agricultural withdrawals. Groundwater in the Cow Creek subbasin is supplying approximately 40% of the existing agricultural use water rights and 13% of the non-agricultural use water rights in WRIA 34 (excluding claims). The Level 1 Assessment (Golder 2005) concluded that the existing water withdrawals are contributing to the reduction in stream flows, and that setting instream flows would limit, and possibly eliminate, future additional consumptive use in the watershed. Water storage has been identified as a potential means to support current and future consumptive use, as low conditions limit exercise of existing water rights.

One issue has been identified regarding the regulation (e.g. storage rights and regulation of flows) of Sprague Lake. The Cow Creek Adjudication requires a minimum stockwater flow of .5 cfs in Cow Creek from its intersection with Danekas Road to Hallin Lake; and a minimum stockwater flow of 1.0 cfs in Cow Creek from the outlet of Cow Lake to its confluence with the Palouse River (Adams County Superior Court 1984). In 1993, the Adams County Superior Court noted the impoundment level of Sprague Lake be 1877.3 feet above mean sea level (MSL), subject to another right for the lake not to exceed 1878.6 feet above MSL and that the private dam on Sprague Lake shall release a minimum flow to Cow Creek of .5 cfs to satisfy the downstream stockwater right at all times that water reaches the face of the dam. According to the Court, the stock water right has an 1868 priority date (Adams County Superior Court 1993). This, in effect, sets a default instream flow requirement for upper Cow Creek, and creates some ambiguities regarding management of lake levels.

Projected Demand

There are no significant increases anticipated in water demands within the Cow/Rock subbasins. Population growth, the primary cause of increased municipal/domestic demands within WRIA 34, is anticipated to largely occur in the existing population centers, largely bypassing the Cow/Rock subbasin. Medical Lake is anticipated to experience slight growth, resulting in an increased water demand of 103 acre feet per year by the year 2025. Agriculture demand is expected to remain stable.

3.2.2 Water Quality

Primary surface water quality parameters of concern include nutrients, suspended sediment, high water temperature, fecal coliform bacteria, and low dissolved oxygen. Eutrophication of lakes in the Cow/Rock subbasin portion of the WRIA due to elevated nutrient inputs has been identified as a concern (Adams Conservation District, 2000). Several of the lakes have also been identified as having problems with sediment (USDA 1978). Cow Creek is listed in the State's 2002-2004 303(d) list of waterbodies not meeting state standards for dissolved oxygen, fecal coliform bacteria, and temperature. Rock Creek was listed on the State's 1998 list of 303(d) waterbodies for exceeding state standards for temperature and pH, but is not listed in the 2002-2004 lists. In addition, Silver Lake is listed on the State's 2002-2004 303(d) list for total PCBs and 2,3,7,8-TCDD, based on Brown trout tissue samples. Sprague Lake is listed on the State's 2002-2004 list for 2,3,7,8-TCDD based on Rainbow trout, walleye, and channel catfish tissue samples; and for PCBs based on channel catfish tissue samples.

The discharge from Sprague Lake into Cow Creek at the Danekas Road bridge continues to exhibit levels of phosphorous, ammonia, and fecal coliform bacteria that consistently exceed standards, although livestock have been excluded from access to this area for more than a decade. Indications are that nutrient and bacteria levels are the result of wildlife or human influence and are the focus of continued study.

Primary threats to ground water quality are failing rural septic systems and agriculture (Palouse-Clearwater Environmental Institute, 1993; Turney, 1986). The potential for contamination from failing septic systems has not been quantified, although this issue is being addressed for newer construction through the Whitman County On-Site Sewage Disposal Permit that has been regularly enforced since the late 1980s (Palouse Conservation District, 2002a. In addition, some recent studies have shown an increase in nitrate concentrations in Adams County, as 25 % of Class B public supply wells exceeded the 10 mg/L nitrate MCL (Williamson et al., 1998). A portion of the Cow Creek subbasin is within Adams County, and could be affected.

3.2.3 Aquatic Habitat

Aquatic habitat use within Cow/Rock is primarily defined by managed fisheries within some of the lakes. Rainbow trout have been stocked in Sprague Lake, Chapman Lake, Rock Lake, and other lowland lakes. Golder (2005) reports that Kokanee (land-locked sockeye salmon) are annually stocked by the Washington Department of Fish and Wildlife (WDFW) into Chapman Lake, and are found downstream as far as Rock Lake. The Kokanee have been observed

spawning in Chapman Lake. Various warm water fish species have also been stocked in Chapman Lake, Rock Lake, and Sprague Lake, many of them likely illegally placed by anglers. WDFW manages Sprague Lake as a mixed species fishery, and continues to stock it with warm water game fish, including crappie, largemouth bass, smallmouth bass, bluegill, walleye, and channel catfish. Carp and various species of catfish also are found in many of the lakes.

Many of the lakes in this subbasin are shallow, relatively high in nutrients, and have high levels of turbidity in the summer, leading to eutrophic conditions and elevated water temperatures. Trout and other cold water fisheries are limited by lack of suitable habitat conditions and adequate zooplankton production outside of Chapman Lake. Basalt shorelines limit suitable spawning areas.

Fish habitat in Cow Creek and Rock Creek is limited by poor water quality, low flows and high summer water temperatures (Adams Conservation District, 2000).

3.2.4 Instream Flow

Cow Creek experiences seasonal low flows as shown in Exhibits 3-4 and 3-5. Some areas of Cow Creek can even go dry. An instream flow study was conducted for Cow Creek and findings are summarized in Section 2.4.2 and Appendix A.

The 1984 surface water rights adjudication, in effect, sets a default instream flow requirement for upper Cow Creek, and creates some ambiguities regarding management of lake levels within the Turnbull Wildlife Refuge.

3.2.5 Baseline Conservation

Multiple projects to protect, enhance, or restore riparian habitat and instream flows have already been completed in the Cow Creek watershed. Many of these projects were accomplished through the support of the Adams Conservation District, Ecology and local landowners. The four primary types of projects are:

- Exclusion fencing
- Off-site water storage for stock watering
- Alteration of direct surface water access to groundwater supply for livestock
- Restoration of riparian areas

The installation of exclusion fencing along Cow Creek has excluded livestock from grazing within the riparian area. Where this exclusion fencing exists, new riparian growth has, or is expected to provide stream shading, supply woody debris for fish habitat, protect the stream banks from erosion, and reduce downstream sedimentation. In some cases, riparian areas have been replanted to speed the benefits to aquatic habitats. Where livestock have been excluded from riparian forage, paddocks and confined crossings were also created to better support the livestock industry.

Excluding livestock from direct surface water access also cuts off the livestock water supply. To counter this, off-site watering systems, or water storage tanks, have been constructed utilizing wells to provide alternate sources of livestock watering.

Federal conservation programs through USDA are also being implemented.

3.3 Central/Lower Palouse River Management Area

At Colfax, the river the North Fork and South Fork Palouse Rivers merge to form the mainstem Palouse. The Central/Lower Palouse River management area encompasses the mainstem Palouse River from Colfax, Washington, to its mouth at the Snake River. A flood control project constructed in 1965 channelized the Palouse River through the City of Colfax. The project includes 3,740 feet of concrete-lined channel, 4,910 feet of revetted channel, and 2,330 feet of unrevetted channel. From an elevation of 1965 feet in Colfax, the Palouse River drops to 550 feet over the course of its 90-mile journey to the Snake River, including the 185-foot drop of the Palouse Falls. Most of this subbasin is located within Washington, with a small portion also in Idaho, and drains 15% of the land area in the Palouse Basin. This reach of the mainstem Palouse River drains approximately 394,592 acres. The Palouse Falls, approximately six miles from the mouth of the river, form a natural barrier to fish passage. The Central/Lower Palouse River management area also includes the subbasins of the Union Flat Creek, Pine Creek, and Cottonwood Creek (see Exhibit 3-6).

The Union Flat Creek subbasin stretches from the Palouse hills of Idaho in a narrow band to its confluence with the mainstem Palouse River a few miles northeast of Hooper, Washington. This subbasin drains approximately 203,466 acres of primarily agricultural land, including the area surrounding Colton (WA), Uniontown (WA), and Genesee (ID). Union Flat Creek mostly lies within Washington, with a small portion of Union Flat and several of its tributaries reaching into Idaho (Palouse Conservation District, 2001).

Pine and Cottonwood Creeks discharge into Rock Creek to the north, draining 228,020 and 88,324 acres respectively. The Pine Creek subbasin extends into Idaho. Although these two subbasins are connected to Rock Creek, they are included within the Central/Lower Palouse management area because they share similar land use characteristics with the mainstem Palouse River and Union Flat Creek subbasins.

Table 3-2 shows some of the major types of land cover within these subbasins. Dryland agriculture is the primary land uses in all of the subbasins within this management area, with some livestock grazing.

(Exhibit 3-6)

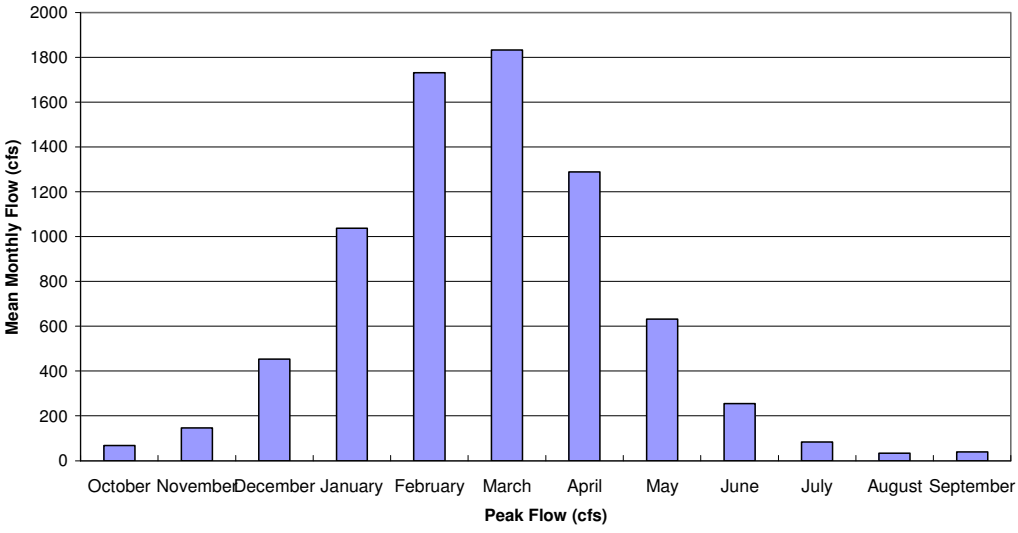
Table 3-2 Major Types of Land Cover in the Central/Lower Palouse Management Area (acres)				
Land Cover Type	**Palouse River mainstem**	**Union Flat Creek**	**Pine Creek**	**Cottonwood Creek**
Low Intensity Residential	313	325	695	185
Commercial/Industrial/Transportation	1,986	1,045	2,575	698
Forest[1]	323	73	3,040	53
Shrub Steppe	115,732	16,197	7,823	2,075
Grasslands/Herbaceous	13,100	1,362	3,055	402
Pasture/Hay	5,144	96	47	361
Dryland Agriculture	255,801	184,174	210,687	84,542
Wetlands[2]	309	2	8	1
Open Water	1,784	119	81	5
TOTAL	394,492	203,393	228,011	88,322
[1] Forest combines evergreen, deciduous, and mixed forest land cover categories				
[2] Wetlands combines woody and emergent herbaceous wetland categories				

3.3.1 Water Quantity

Characterization

There are no major urban areas in this management area, although there are several small communities within the subbasins, including Endicott, Colton, Uniontown, St. John, Oakesdale, Malden, Rosalia, Fairfield, Latah, Genesee and others. Many of these communities operate small public water supply systems. The shallow Wanapum Aquifer is the primary water supply for rural residents in the management area.

Surface water resources are not regularly utilized to meet water needs, although there is some small scale irrigation and livestock watering. Flow in the mainstem Palouse river is dependent upon flows in the North Fork and South Fork rivers. The North Fork Palouse River provides approximately 83% of the flow in the mainstem river at Colfax, and approximately 41% of the flow at Hooper. Exhibit 3-7 shows the mean monthly flow in the mainstem Palouse River at Hooper.



Legend

POR: 1887-1916 & 1951-2002

Exhibit 3-7:
Palouse River at Hooper (USGS gage 13351000)
Mean Monthly Flow
Palouse Phase II/Level 1 Assessment
043-1664.1090

Water Rights

No specific water rights issues were identified for this management area.

Predicted Demand

There are no significant increases anticipated in water demands within the Central/Lower Palouse River subbasin. Population growth, the primary cause of increased municipal/domestic demands within WRIA 34, is anticipated to largely occur in the existing population centers, bypassing the Central/Lower Palouse management area. The City of Colfax is anticipated to experience slight growth, increasing water demand by 74 acre feet per year by the year 2025, which can be accommodated with existing water rights (Golder 2005). Agriculture demand is expected to remain stable.

3.3.2 Water Quality

Water quality concerns are primarily from non-point sources, including erosion, livestock, fertilizers, and septic systems, which contribute sediment, fecal coliforms, and nutrients. Unsightly foam has been observed recently on the mainstem Palouse; possible causes include elevated levels of detergents or organic matter. The frequency of this occurrence is not known. Elevated water temperatures resulting from degradation of riparian areas is also a concern throughout the management area. Washington's Department of Ecology has listed the following streams in its 303(d) listings of waterbodies exceeding State standards:

Table 3-3 303(d) Listed Water Bodies		
Streams	**1998 303(d) list**	**2002-2004 303(d) list**
Palouse River (including the North Fork Palouse River above Colfax)	Dissolved oxygen Fecal coliforms pH temperature heptachlor expoxide PCBs 4,4'-DDE Dieldrin	Dissolved oxygen Fecal coliforms pH temperature heptachlor expoxide PCBs 4,4'-DDE Dieldrin Alpha-
Union Flat Creek	Temperature	*Not listed*
Pine Creek	Dissolved oxygen Temperature	*Not listed*
Cottonwood Creek	*Not listed*	*Not listed*
Rebel Flat Creek	Dissolved oxygen Fecal coliforms	Dissolved oxygen Fecal coliforms

The headwaters of Union Flat Creek are listed by Idaho for exceeding state temperature standards (IDEQ 2004). Cow Creek, Idaho has a TMDL recently established for phosphorous (IDEQ 2005). Rebel Flat Creek flows into the mainstem Palouse River.

Ecology conducted a toxics study involving fish samples from the mainstem, North Fork and South Fork Palouse Rivers. The toxics study determined that Dieldrin and PCB levels still exceed WA State Water Quality Standards (derived from the National Toxics Rule) in the mainstem Palouse and South Fork Palouse Rivers in fish tissue. It should be noted that these levels are not high enough to trigger an advisory from the Department of Health regarding fish consumption and concentrations have been on a decreasing trend over the last 20 years or so.

Erosion and the resulting high sediment loads is a significant water quality concern in the Central/Lower Palouse management area, which experiences greater erosion than the eastern and western portions of the Palouse River basin. Sediment is a concern because of loss of topsoil, streambed siltation, and its transport of toxins, which is how sediment is typically addressed through a TMDL process. The central basin area has moderate precipitation rates (15-18 inches per year), and the primary land use is dryland agriculture. Common dryland agricultural practice is the use of a fallow year to help retain moisture. Leaving the land fallow without a cover crop every other year promotes erosion. Additionally, an estimated 50% of erosion within the area occurs from the steepest 25% of cropland (Steiner, 1987), recognizing this source is dated and improved agricultural land practices have likely reduced erosion in many areas of the basin, including steep slopes.

3.3.3 Aquatic Habitat

Resident fish species include rainbow trout, brown trout, smallmouth bass, sculpin, largescale sucker, northern squawfish, shiner perch & speckled dace (Cook, 2001). Trout can be found in the headwaters of the Palouse River, however fish numbers decline in lower elevations due to water quality and habitat degradation (Steiner, 1987). No anadromous fish species are found upstream of the natural barrier of Palouse Falls. Fish habitat in the lower Palouse River is limited by poor water quality, low flows and high summer water temperatures (Adams Conservation District, 2000).

3.3.4 Instream Flow

The mainstem Palouse River experiences seasonal low flows in late summer and early fall, as shown in Exhibit 3-7.

3.3.5 Baseline Conservation

Multiple projects to protect, enhance, or restore riparian habitat and improve water quality have been already been completed in this portion of the watershed. Many of these projects have been accomplished through the support of the several conservation districts and local landowners. The primary types of projects are:

- Planting of riparian vegetation
- Livestock management plans
- Conservation tillage.

Federal conservation programs through USDA are also being implemented.

3.4 North Fork Palouse River Management Area Characteristics

The North Fork Palouse River flows approximately 62 miles from its headwaters in Latah County, Idaho, to Colfax, Washington, where the North Fork and the South Fork Palouse Rivers merge to form the mainstem Palouse River. From the Washington-Idaho border to Colfax, the North Fork is approximately 34.3 miles long. Major tributaries to the North Fork Palouse River include Silver Creek, Cedar Creek, Duffield Creek, and Clear Creek (all but Clear Creek extend into Idaho) (see Exhibit 3-8). The North Fork Palouse River subbasin encompasses about 81,405 acres in Washington and 234,585 acres in Idaho; combined, the bi-state subbasin accounts for about 15% of the total Palouse River watershed.

The North Fork Palouse River Watershed Characterization (Resource Planning Unlimited 2002) identifies major land cover types within the bi-state subbasin as evergreen forest (125,621 acres) and agriculture (153,244 acres dryland, plus pasture). Most of the forested areas occur in Idaho. The subbasin includes 3,564 acres in residential, commercial and industrial land cover. There are 10,992 acres considered “shrub steppe”, and only 11 acres identified as wetlands. Open water

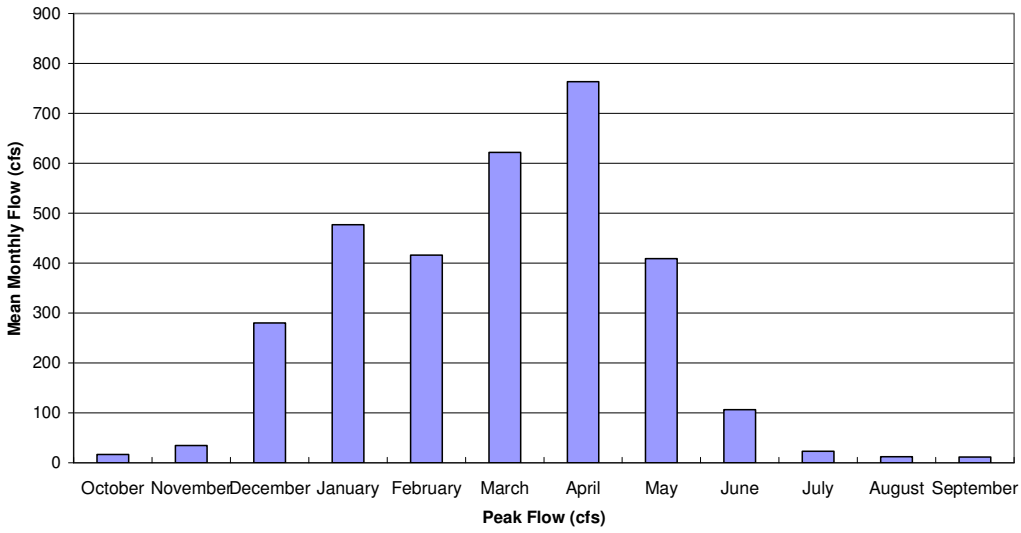
(Insert Exhibit 3-8)

(e.g. lakes and ponds) accounts for 471 acres of the subbasin. There are 15,109 acres considered "transitional:" lands which are between the forest and the agricultural lands. The Washington portion of the subbasin is primarily agricultural land (96%), with limited forest land (2%) and urban land (2%). Riparian and wetland areas are less than 1%, and streams are also less than 1% in Washington. Trans-boundary water management between Washington and Idaho is also an important consideration.

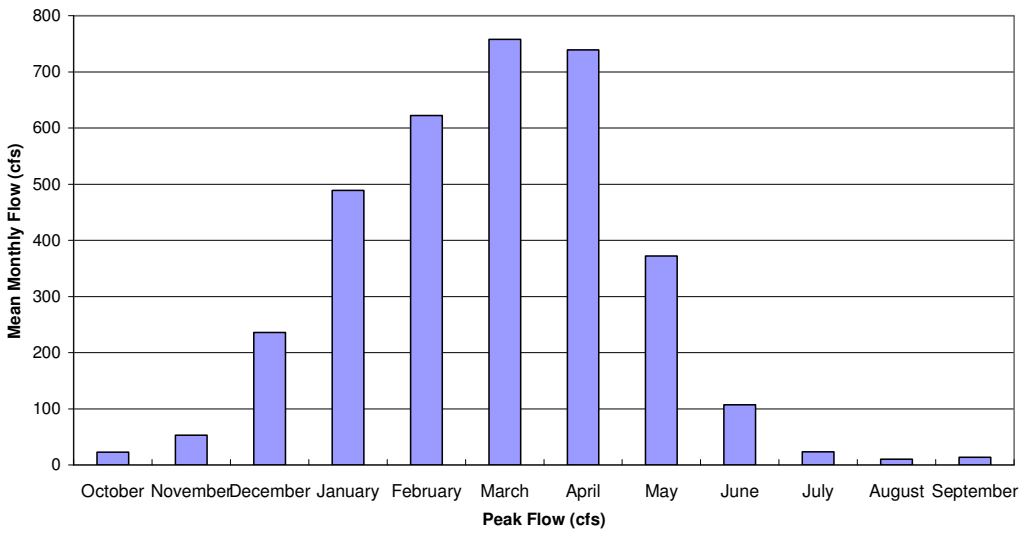
3.4.1 Water Quantity

Characterization

The North Fork Palouse River contributes about 83% of the mean annual flow of the Palouse River at Colfax, below the confluence with the South Fork. The average annual water yield is 188,000 acre feet per year. Exhibit 3-9 shows the mean monthly flow in the North Fork at the City of Palouse, and Exhibit 3-10 shows the mean monthly flow of the Palouse River at Colfax.



Legend	Exhibit 3-9:
POR: 1973-1980	**Palouse River at Palouse (USGS gage 13345300)** **Mean Monthly Flow** Figure 3-7b from Palouse Phase II/Level 1 Assessment



Legend	Exhibit 3-10:
POR: 1963-1973 & 1975-1979	**Palouse River at Colfax (USGS gage 13346100)** **Mean Monthly Flow** Figure 3-7d from Palouse Phase II/Level 1 Assessment

Stream channel alterations from land use and flood and drainage control projects have reduced seasonal water storage capacities within the North Fork subbasin, both in upland areas and riparian zones. The lower reaches of the North Fork Palouse River entering Colfax are confined to a concrete-lined channel, and many of the small tributaries in the subasin have been converted to drainage ditches

The North Fork management area is on the eastern margin of the Columbia Plateau basalt flows, and has a complex geology. Both deep and shallow aquifers have been used for water supply for many years. The shallow Wanapum Aquifer is the primary water supply for rural residents in the management area, while municipal well systems generally pump from the deeper aquifer, the Grande Ronde.

Water Rights

No specific water rights issues were identified for this management area.

Predicted Demand

There are no significant increases anticipated in water demands within the North Fork Palouse River subbasin. Population growth, the primary cause of increased municipal/domestic demands within WRIA 34, is anticipated to largely occur in the existing population centers, bypassing the North Fork. The City of Palouse is predicted to experience some slight growth, resulting in an

increase in water demand of 27 acre feet per year by the year 2025. Agriculture demand is expected to remain stable.

3.4.2 Water Quality

The North Fork was listed on Washington's 1998 and 2002-2004 303(d) lists as exceeding state standards for fecal coliform bacteria, pH, dissolved oxygen, and temperature. In 2000, the Palouse Conservation District initiated a watershed planning effort to address the fecal coliform bacteria problem, which occurs immediately upstream of the town of Palouse near the Idaho border. The Palouse CD conducted water quality monitoring and formed a local watershed committee to develop a water cleanup plan for fecal coliform bacteria. Ecology used the data from the monitoring and the implementation plan developed by the work group to write the final water cleanup plan (TMDL). The U.S. Environmental Protection Agency (EPA) approved the TMDL submittal report on March 2005. Ecology then developed an implementation plan, which was completed in June 2006. This plan expands on the recommendations in the TMDL submittal report. The implementation plan provides information on the activities various agencies and organizations will do to address the bacteria issue, when they plan on conducting these activities, and possible sources to help fund the activities (Ecology 2006).

Ecology conducted temperature studies on the North Fork Palouse River, using thermal infrared radiometry (TIR). TIR is performed by flying a helicopter over the streams to take thermal infrared photographs. This technology has previously been called Forward Looking Infrared Radiometery or FLIR. The flights took place on July 30 and 31, 2005. A final report, detailing the results of the flight, was issued in 2006 (Watershed Sciences).

Ecology studies of fish tissue samples from 1984 and 1994 found toxic compounds 4,4'-DDE, dieldrin, heptachlor epoxide, alpha-BHC, and PCB-1260 above human health criteria. Ecology recently completed an additional toxics study involving fish samples from the mainstem, North Fork, and South Fork Palouse Rivers. The toxics study determined that Dieldrin and PCB levels still exceed WA State Water Quality Standards (derived from the National Toxics Rule) in the mainstem Palouse and South Fork Palouse Rivers in fish tissue. It should be noted that these levels are not high enough to trigger an advisory from the Department of Health regarding fish consumption and concentrations have been on a decreasing trend over the last 20 years or so.

Additional water quality issues identified in the North Fork Palouse River (Resource Planning Unlimited 2002) include:

- Upland and instream soil erosion contributes substantial amounts of sediment.
- Livestock operations (winter-feeding) in close proximity to streams contribute nutrients and fecal coliforms.
- Substandard septic systems may contribute additional fecal coliforms and nutrients.

3.4.3 Aquatic Habitat

Agricultural and land use practices in the subbasin have resulted in degraded riparian areas and a loss of historic wetlands. Most of the wetlands are ephemeral, filled by flooding along streams

rather than ground water recharge. Elevated seasonal temperatures, sedimentation, and limited quantity and quality of pools and cover have led to general declines in fish populations. Water quality conditions in the North Fork also adversely affect aquatic habitat, including elevated water temperature, low dissolved oxygen conditions, elevated pH concentrations, high turbidity, and elevated levels of nutrients and pesticides (Cook 2001)

3.4.4 Instream Flow

The North Fork Palouse River experiences seasonal low flows in late summer and early fall, as shown in Exhibits 3-9 and 3-10. An instream flow study was conducted for the North Fork and findings are summarized in Section 2.4.2 and Appendix A.

3.4.5 Baseline Conservation

In addition to the watershed planning efforts sponsored by the Palouse CD for the North Fork Palouse River, the Palouse CD also has a tree and shrub planting program. The planting program focuses on riparian revegetation and buffer establishment. Approximately 15 miles of streambank have been revegetated within the past five years. Latah Soil and Water Conservation District (SWCD) is pursuing projects that support riparian restoration, rural road improvements, direct seeding and range/pasture improvements. Whitman CD also has conservation programs in place. Federal conservation programs through USDA are also being implemented.

3.5 South Fork Palouse River Management Area Characteristics

The South Fork Palouse River subbasin encompasses 188,736 acres in Washington and Idaho (about 9% of the Palouse basin), with 135,415 acres in Whitman County, Washington and 53,321 acres in Latah County, Idaho. The main stem of the South Fork is approximately 34 miles long. Major tributaries to the South Fork include Paradise Creek, Missouri Flat Creek, Four Mile Creek, and Spring Flat Creek (see Exhibit 3-11). The South Fork joins the North Fork at Colfax, Washington (river mile 89.6), where it forms the mainstem Palouse River. Trans-boundary water management issues between Washington and Idaho play a substantial role in this subbasin.

Although the predominant land use is agricultural, the subbasin includes both of the primary urban areas for the Palouse River basin (Pullman, Washington and Moscow, Idaho). Populations of the two urban areas vary seasonally due to the presence of two universities, Washington State at Pullman[1] and University of Idaho at Moscow. The 2002 South Fork Palouse River Watershed Characterization and Implementation Plan (Palouse Conservation District 2002) identifies 154,764 acres of agricultural land use, 15,100 acres of urban use and roadways, 11,324 acres of forestland, 3,774 acres of rangeland, and 3,774 acres of riparian/wetland. Approximately 50 percent of the agricultural lands are rated highly erosive by the NRCS (Roe 2001).

[1] WSU owns or controls nearly 50 percent of the land in the City of Pullman (City of Pullman, 1999).

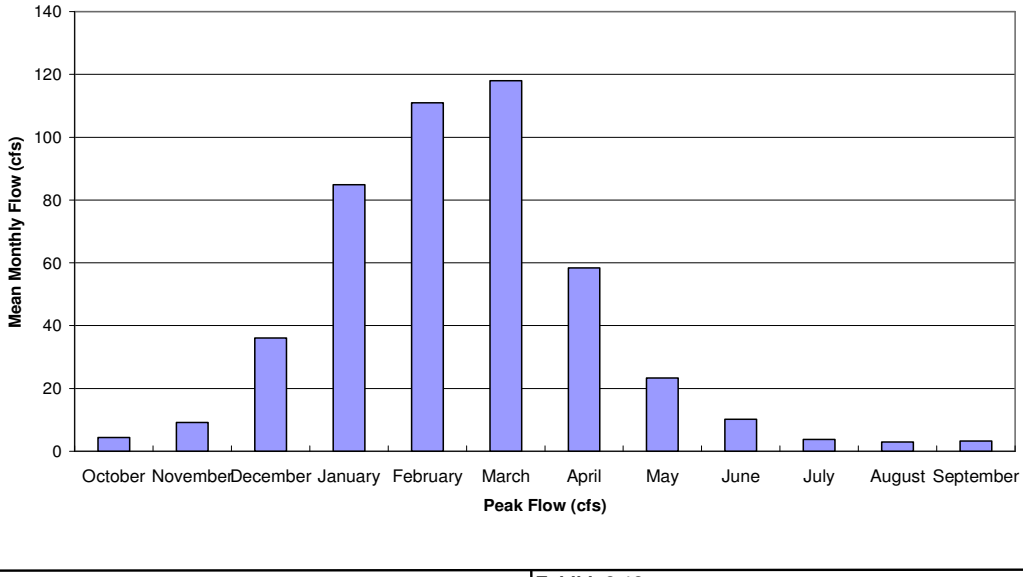
(Exhibit 3-11)

The City of Pullman and the area encompassing Washington State University sit at a critical juncture, where four creeks – Airport Creek, Paradise Creek, Missouri Flat Creek, and Dry Creek – converge into the South Fork Palouse River.

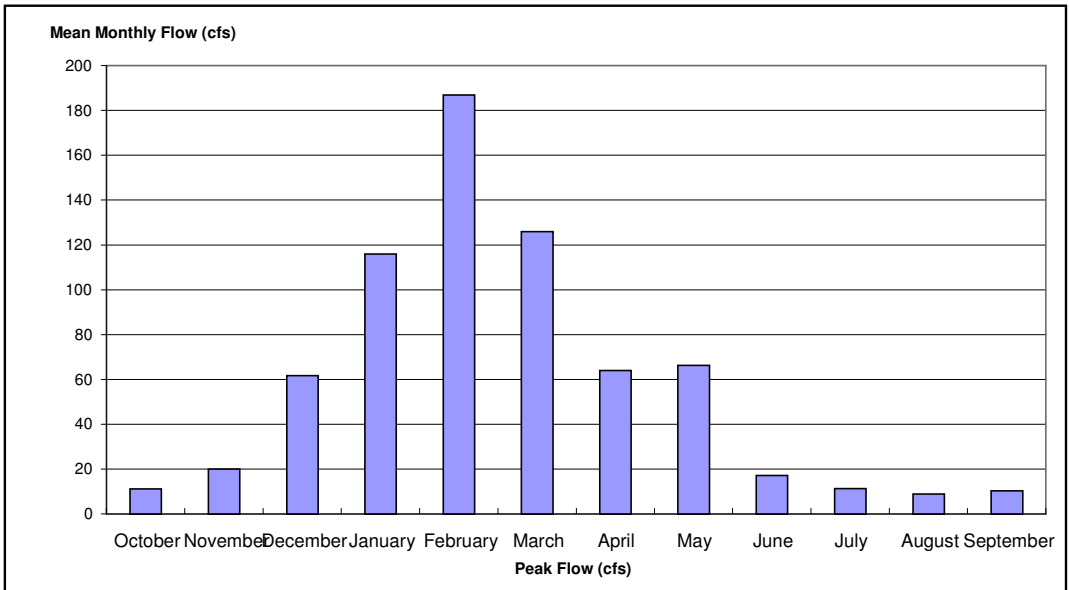
3.5.1 Water Quantity

Characterization

South Fork Palouse River streamflows, particularly summer flows, rely heavily on a combination of municipal wastewater discharges and groundwater discharges. Exhibit 3-12 shows the mean monthly flow of the South Fork at Pullman, and Exhibit 3-13 shows the mean monthly flow of the South Fork downstream at Colfax.



Legend	Exhibit 3-12:
POR: 1934-1942, 1960-1981 & 2001-2002	**S.F. Palouse River at Pullman (USGS gage 13348000)** **Mean Monthly Flow** Figure 3-7i from Palouse Phase II/Level 1 Assessment



Legend

POR:1993-1995

Exhibit 3-13:
S.F. Palouse River at Colfax (USGS gage 13349200)
Palouse Phase II/Level 1 Assessment
043-1064.1030

Municipal wastewater discharges contribute significantly to streamflows in Paradise Creek and the South Fork. The effluent from the City of Moscow WWTP contributes up to 90 percent of the total instream summer flow of Paradise Creek, which provides a significant portion of the summer flow in the South Fork Palouse River.

For the South Fork, the highest mean monthly flow at Pullman occurs in March (just under 120 cfs), with mean monthly flows typically less than 5 cfs from July through October. Downstream from Pullman, the instream summer flow in the South Fork is approximately 40 percent City of Moscow wastewater discharges and 60 percent City of Pullman wastewater discharges (Palouse Conservation District, 1997). Both the cities wastewater discharges are regulated by their respective National Pollutant Discharge Elimination System (NPDES) permits. The NPDES permits set limits on specific pollutant levels within the wastewater discharges and require monitoring and reporting of discharge water quality.

A key issue in the subbasin is the physical availability of ground water in the deep basalt aquifer system under the Pullman/Moscow urban area. The area is on the eastern margin of the Columbia Plateau basalt flows, and has a complex geology. Both deep and shallow aquifers have been used for water supply for many years. The shallow Wanapum Aquifer is the primary water supply for rural residents in the management area, while the municipal well systems generally pump from the deeper Grande Ronde aquifer. Hydrographs for wells in the City of Pullman show declines in the Grande Ronde aquifer of up to 65 feet between 1940 and 1980, with an average rate of decline of 1 to 1.5 feet per year. Total ground water recharge was estimated at 4.13 inches per year in the Pullman-Moscow area prior to development; current

recharge is estimated at 2.8 inches per year as described in the Level I Technical Assessment Report (Golder 2005). It is likely that some of this estimated recharge returns to streams and does not recharge basalt aquifers.

Water Rights

Overall, current municipal water rights on file with Ecology (and Idaho Department of Water Resources) in WRIA 34 exceed the projected demand for water in both the incorporated and unincorporated areas. Similarily, the current agricultural water rights on file exceed the projected demand for irrigation water.

The City of Pullman is exploring opportunities to reuse and/or reclaim their wastewaters prior to discharge to the South Fork; however, downstream surface water rights holders are concerned wastewater reuse could reduce their available water particularly during summer low flow periods. Downstream surface water rights were established based upon, in part, the city's wastewater treatment plant discharge. During summer low flow periods, as much as 60% of the instream flow originates with the City's wastewater return flows.

Predicted Demand

Municipal and domestic water use in the City of Pullman (not including Washington State University) is expected to increase from approximately 2800 acre feet per year in 2006 to 3900 acre feet per year in 2025 (HDR 2007). Water use by the Washington State University at Pullman is expected to increase from approximately 1450 in 2006 to 2000 acre feet per year in 2028 (Taylor 2007). No significant changes in agricultural water use are projected. The total acreage of irrigated and non-irrigated agriculture land is not expected to increase.

3.5.2 Water Quality

Elevated water temperatures are common in the summer (late May – mid September) for the South Fork Palouse River and Paradise Creek. Given the source of most of the instream flow in these streams is almost entirely discharges of treated municipal wastewater, meeting state water quality criteria for temperature in the South Fork Palouse River below Pullman is difficult. The problem of elevated water temperatures is further exacerbated by the loss of riparian vegetation along the South Fork and its tributaries due to land use practices. The combination of low flows and warmer water temperatures adversely affect other water quality parameters, including dissolved oxygen, stream pH, and algal growth.

The South Fork Palouse River was listed on Washington's 1998 303(d) list as exceeding state standards for fecal coliforms, pH, dissolved oxygen, temperature, and ammonia-N, and was listed again in 2002-2004 for exceeding state standards for dissolved oxygen, fecal coliforms, and temperature. Paradise Creek was listed on Washington's 1998 303(d) list for exceeding state standards for temperature, ammonia-N, fecal coliforms, and dissolved oxygen, and again in 2002-2004 for pH and fecal coliforms. In addition, Ecology studies of fish tissue samples from 1984 and 1994 found toxic compounds 4,4'-DDE, dieldrin, heptachlor epoxide, alpha-BHC, and PCB-1260 above human health criteria. Ecology recently completed an additional toxics study

involving fish samples from the mainstem, North Fork and South Fork Palouse Rivers. The toxics study determined that Dieldrin and PCB levels still exceed WA State Water Quality Standards (derived from the National Toxics Rule) in the mainstem Palouse and South Fork Palouse Rivers in fish tissue. It should be noted that these levels are not high enough to trigger an advisory from the Department of Health regarding fish consumption and concentrations have been on a decreasing trend over the last 20 years or so.

A TMDL for ammonia was developed for the South Fork in 1994. Ecology is planning on developing TMDLs for all 303(d) listings in the Palouse River basin, except toxics. TMDLs will be developed through studies addressing fecal coliform bacteria, dissolved oxygen, and pH; and temperature impairments.

Ecology is planning to address temperature problems in the Palouse River in 2006, and has initiated several background studies to assist in this effort. The local Palouse Watershed Planning Unit is also working with Ecology on the basin's water quality issues. A data collection effort is underway to ensure the most complete picture of the natural conditions of the streams is obtained. This work includes evaluating the natural streamside vegetation conditions and the influences groundwater has on the South Fork Palouse River and its tributaries.

A thermal infrared radiometery (TIR) study was also conducted for the South Fork Palouse River watershed. Ecology contracted with Watershed Sciences, Inc. to have a TIR study performed on the North and South Forks of the Palouse River and Paradise Creek. In addition, the City of Moscow, Idaho, had Watershed Sciences, Inc. conduct TIR on the Idaho portions of Paradise Creek and the South Fork Palouse River. TIR is performed by flying a helicopter over the streams to take thermal infrared photographs. This technology has previously been called Forward Looking Infrared Radiometery or FLIR. The flights took place in July 2005, and a final report, detailing the results of the flight was issued in 2006 (Watershed Sciences).

Ecology is also preparing to study pesticides, PCBs, and fecal coliform loadings in stormwater runoff from the City of Pullman. This pilot program, scheduled for 2006, will be used to facilitate TMDL development for the South Fork Palouse River.

See section 2.4.2 for additional information on surface water quality analysis that has been completed on the South Fork as part of watershed planning.

3.5.3 Aquatic Habitat

Most of the South Fork's subbasin riparian areas have been altered by land use, and the remaining riparian habitat is limited and of poor quality. Many small intermittent streams have been converted to drainage ditches, and the riparian vegetation removed. Tillage often occurs up to the edge of the ditch or property, leaving a limited buffer between the waterway and the cropland. Elevated water temperatures in the summer and increased nutrient and sediment loads can adversely affect aquatic habitat.

3.5.4 Instream Flow

The alteration of the landscape in the basin is reflected in changes in flow patterns and water quality. Changes in flow patterns include increased peak flows in winter and spring storm events, and lower sustained summer base flows. The increase in peak flows is partly caused by loss of storage within the riparian zone, leading to a reduction in infiltration, which in turn, lowers the sustained summer base flows. Several significant flood events have been documented in the City of Pullman. The most recent severe flood occurred in 1996, triggered by heavy rainfall on snow on frozen ground. Lower summer base flows also contribute to warmer water temperatures. During low flow summer periods, there is no sustained summer base flow in the South Fork. Downstream from Pullman, the instream summer flow in the South Fork is mainly composed of City of Moscow and City of Pullman wastewater discharges.

3.5.5 Baseline Conservation Efforts

In response to earlier Ecology studies of water quality in the South Fork, which showed elevated levels of ammonia, the City of Pullman upgraded their wastewater treatment plant to reduce ammonia in their permitted discharges to the South Fork River. The City of Moscow also worked to meet new discharge limits to ensure that the South Fork River met Washington state standards at the border. Since these upgrades have been completed, data show that water quality standards within the South Fork are being met for ammonia.

Multiple projects to protect, enhance, or restore riparian habitat and improve water quality have already been completed in this portion of the watershed. Many of these projects have been accomplished through the support of the Palouse Conservation District, Latah SWCD and local landowners. The primary types of projects are:

- Planting of riparian vegetation
- Livestock management plans
- Conservation tillage.

The Paradise Creek TMDL Implementation Plan for Idaho has resulted in riparian restoration, direct seeding, erosion control structures and forest road improvements. Federal conservation programs through USDA are also being implemented.

Section 4
General Strategies and Tools

Key planning issues for WRIA 34 have been identified in the areas of water supply, instream flow and water quality. General strategies or "tool sets" that can be used to address the key planning issues are discussed below, and specific tools (e.g. programs, projects, BMPs, regulations, etc) are described in detail in Appendix D. The strategies and tools include measures that can be implemented by the Planning Unit, federal, state, and local agencies, tribes, conservation districts, individual landowners, and other stakeholders and water users in addressing key planning issues. The inclusion of a specific strategy or tool herein is not intended as a recommendation for its use within WRIA 34, rather, it is provided here as a menu of some of the possible actions or strategies that are available to address key planning issues within the watershed. This listing of possible tools, while extensive, is by no means exhaustive, and the Planning Unit and other stakeholders may identify and select other means to address the key planning issues discussed within this Plan.

A listing of the tools is provided in Appendix D, presented in seven broad categories:

- Water conservation
- Water Storage
- Regulatory / administrative
- Water Quality
- Groundwater management
- Groundwater quality
- Monitoring

Tools within each of these categories may apply to one or more of the key planning issues; many tools can affect multiple planning issues. The Appendix is composed of seven tables identifying the specific tools within each category. Each table provides a description of the tool, the potential benefits normally expected with implementation of the tool, approximate cost range (e.g. low, medium, high), parties responsible for implementation, and other issues (e.g., social, legal, technical) that could be a factor when considering undertaking any of the listed strategies.

This section (and Appendix D) are designed to be used as a general reference for the Planning Unit and other stakeholders and individuals involved in watershed planning activities. The lists are not intended to be exhaustive, but rather to provide a range of options available when considering activities in each Management Area. As such, these strategies and tools are not specific to any of the Management Areas per se; the discussion of recommended strategies per Management Area is provided in Chapter 6.

4.1 Strategies & Tools for Water Supply Issues

Water supply issues arise when there is increased competition for water and a limited supply of the resource. Competition for water is increasing throughout Washington State as population and economic growth occurs and as regions prepare for anticipated future growth. Multiple demands include needs for municipal water, agricultural uses (e.g. irrigation and stock watering), recreation, and commercial/industrial use, and instream flows. Water supply tools are primarily intended to address the demand for water for human-related uses, such as municipal and irrigation use, but may also benefit instream flow. Tools identified under Instream Flow Strategies and Aquatic Habitat Strategies are primarily designed to benefit fish and natural habitats.

When addressing water quantity issues in a WRIA planning process, a number of strategies must be considered, including water conservation, water reuse, water reclamation and reuse, voluntary water transfers, aquifer recharge, additional water allocations, or additional water storage enhancements (Chapter 90.82 RCW).

An index to the strategies and tools that can be used to address water supply issues is provided in Table 4-1. These strategies and tools are described in detail with information on benefits, costs, implementing party, and related social and technical issues in Appendix D.

Table 4-1 Tools to Address Water Supply Issues			
Conservation Tools	**Water Storage Tools**	**Regulatory / Administration Tools**	**Monitoring Tools**
■ Municipal-Consumer Demand Management Program for Residential, Business and Public Properties ■ Municipal-Operational Efficiency Management Program for Water Systems ■ Regional agricultural water conservation and irrigation efficiency strategies ■ On-farm agricultural water conservation and irrigation efficiency strategies ■ Industrial Conservation Measures ■ Water reuse facilities by wastewater facilities ■ On-site greywater segregation and use	■ Construct and operate new on-channel storage facilities ■ Raise and operate existing on-channel storage facilities ■ Construct and operate new off-channel storage facilities ■ Raise and operate existing off-channel storage facilities ■ Use existing storage facilities for additional beneficial uses ■ Construct and operate artificial recharge / aquifer storage projects ■ New riparian storage or farm field flood storage ■ New or modified riparian wetlands ■ Modification of existing sediment basins ■ Alternative source for irrigation ■ Direct stream augmentation ■ New water supply	■ Transfer existing water rights for out-of-stream uses to other out-of-stream beneficial uses ■ Transfer water through interties of public water systems or irrigation systems ■ Short-term or long-term allocation ■ Adjudication of water rights ■ Assignment of watermaster ■ Increase enforcement against illegal water use within a basin or subbasin ■ Evaluate existing water rights within a basin or subbasin (without an adjudication) ■ Adopt rules and/or regulations regarding wells ■ Extend public water systems services into areas served by exempt wells	■ Analyze baseline water conditions in the watershed ■ Monitor current water permitting system for the watershed ■ Monitor stored water levels ■ Monitor groundwater use ■ Monitor water meters ■ Monitor existing water rights ■ Analyze outstanding water rights applications on file with state water agency ■ Monitor conservation programs ■ Monitor irrigation efficiency projects

4.2 Strategies and Tools for Instream Flow Issues

The term "*instream flow*" is used to identify a specific stream flow (typically measured in cubic feet per second, or cfs) at a specific location for a defined time, and typically following seasonal variations. Instream flows are usually defined as the stream flow needed to protect and preserve instream resources and values, such as fish, wildlife and recreation.

An index to the strategies and tools that can be used to address instream flow issues is provided in Table 4-2. These strategies and tools are described in detail with information on benefits, costs, implementing party, and related social and technical issues in Appendix D.

Table 4-2 Tools to Address Instream Flow Issues			
Conservation Tools	**Water Storage Tools**	**Regulatory / Administration Tools**	**Monitoring Tools**
■ Municipal – Consumer Demand Management Program for Residential, Business and Public Properties ■ Regional agricultural water conservation and irrigation efficiency strategies ■ On-farm agricultural water conservation and irrigation efficiency strategies ■ Industrial conservation measures ■ Water reuse facilities by wastewater utilities ■ On-site greywater segregation and use	■ Construct and operate new off-channel storage facilities ■ Raise and operate existing off-channel storage facilities ■ Use existing storage facilities for additional beneficial uses ■ Construct and operate artificial recharge / aquifer storage projects ■ New riparian storage or farm field flooding storage ■ Alternative source for irrigation ■ Direct stream augmentation ■ New water supply	■ Transfer existing water rights for out-of-stream uses to instream beneficial uses through Trust Water Right Program ■ Short-term or long-term allocation ■ Complete or partial closure of a basin or subbasin from appropriations ■ Assignment of a watermaster ■ Increase enforcement against illegal water use within a basin or subbasin ■ Evaluate existing water rights within a basin or subbasin (without an adjudication) ■ Evaluate tribal water rights claims within a basin or subbasin ■ Extend public water system services into areas served by exempt wells	■ Analyze baseline water conditions in the watershed ■ Monitor current water permitting system for the watershed ■ Monitor stored water levels ■ Monitor groundwater use ■ Monitor water meters ■ Monitor existing water rights ■ Analyze outstanding water rights applications on file with state water right agency ■ Monitor conservation programs ■ Monitor irrigation efficiency projects

4.3 Strategies and Tools for Surface Water Quality Issues

The state's surface water quality standards set limits on pollution in lakes, rivers and marine waters in order to protect water quality. Standards are designed to prevent pollution from chemicals, bacteria, toxics and other sources, as well as protect fish species that are sensitive to factors such as water temperature. The federal Clean Water Act (CWA) requires that the water quality standards protect beneficial uses, such as swimming, fishing, aquatic life habitat, and agricultural and drinking water supplies.

Pollution in a watershed can come from point and nonpoint sources. Point sources, such as direct discharges from wastewater treatment plants, irrigation return ditches, or industrial discharges, are regulated by discharge permits specific to the individual discharge. The discharge permits, regulated under the National Pollutant Discharge Elimination System (NPDES), set limits on the pollutant concentrations allowed in the discharge. Water quality issues attributable to direct discharges are generally addressed by the regulatory agency and the permit holder.

Nonpoint sources of pollution include run-off from land activities such as logging, urbanization, and agriculture. Nonpoint sources of pollution are difficult to identify and control since they are generated by a wide variety of sources, mostly individual actions. There are a variety of federal, state and local tools to assist in implementing projects that will improve nonpoint sources of pollution in a watershed, from changing agricultural, logging, and landscaping practices to collecting and treating runoff.

An index to the strategies and tools that can be used to address surface water quality issues is provided in Table 4-3. These strategies and tools are described in detail with information on benefits, costs, implementing party, and related social and technical issues in Appendix D.

Table 4-3 Tools to Address Surface Water Quality Issues					
Conservation Tools	**Water Storage Tools**	**Regulatory / Administration Tools**	**Surface Water Quality Tools**	**Aquatic Habitat Tools**	**Monitoring Tools**
■ Regional agricultural water conservation and irrigation efficiency strategies ■ On-farm agricultural water conservation and irrigation efficiency strategies ■ Water reuse facilities by wastewater utilities	■ Construct and operate new off-channel storage facilities ■ Construct and operate artificial recharge / aquifer storage projects ■ New riparian storage or farm field flooding storage ■ New or modified riparian wetlands ■ Modification of existing sediment basins ■ Direct stream augmentation ■ New water supply	■ Transfer existing water rights for out-of-stream uses to instream beneficial uses through the Trust Water Right Program	■ Develop and implement Total Maximum Daily Load (TMDL) Water Cleanup and Implementation Plans ■ Develop a Soil Water Assessment Tool (SWAT) ■ Implement irrigation water management ■ Implement cropland management activities ■ Implement agricultural chemical practices ■ Implement livestock management practices ■ Implement BMPs on State, County, City and private roads ■ Plan/Implement Municipal and Industrial Stormwater Runoff Controls ■ Manage urban landscaping ■ Implement a pollution trading (credit) system for water to facilitate compliance with a Total Maximum Daily Load (TMDL) ■ Comply with Waste Discharge Permits or National Pollutant Discharge Elimination System Permits (NPDES) ■ Increase the level of inspection of commercial dairy operations and enforcement of water quality as appropriate ■ Implement forest management practices	■ Implement applicable federal, state, local and private land conservation measures ■ Implement habitat improvement projects involving construction or placement of instream structures ■ Implement habitat improvement projects involving out-of-stream riparian restoration or enhancement ■ Restore natural floodplain function in channelized stream reaches ■ Move river dikes back from existing river channels to allow for floodplain restoration and channel maintenance ■ Plant native vegetation ■ Manage grazing in riparian areas ■ Relocate campgrounds further from stream edges where assessments show potential for erosion and other adverse effects ■ Develop regulations or programs to control sources of sediment that are not addressed through critical areas ordinances or other regulations ■ Re-establish historic wet meadow complexes	■ Monitor livestock use of riparian areas ■ Monitor efficacy of habitat improvement projects ■ Conduct water quality monitoring ■ Evaluate TMDL implementation ■ Monitor conservation programs ■ Monitor irrigation efficiency projects ■ Conduct flow monitoring

4.4 Strategies and Tools for Groundwater Management Issues

Management of groundwater as a resource is an important component of a watershed planning effort because it is heavily used as a source of water supply and can also affect stream flow where surface water is hydraulically connected to groundwater.

Groundwater management can have a significant effect on management of stream flows. Where groundwater is hydraulically connected with surface water, pumping of wells can reduce baseflows in nearby streams by reducing the water table gradient in the shallow aquifer. This is due to capture of groundwater that otherwise would have discharged to surface water. These types of effects are complex and vary according to many factors including the nature of the local hydrogeology and topography.

Most of the existing programs utilized for groundwater management are based on State and federal legislation designed to provide water quantity and/or quality protection. Regulatory programs such as Sole Source Aquifer Program (SSA), Aquifer Protection Areas (APA), and Growth Management Act Critical Areas, focus primarily on water quality issues and management.

An index to the strategies and tools that can be used to address water quality issues is provided in Table 4-4. These strategies and tools are described in detail with information on benefits, costs, implementing party, and related social and technical issues in Appendix D.

Table 4-4
Tools to Address Groundwater Management Issues

Groundwater Management Tools	Monitoring Tools
■ Develop a Groundwater Management Program (GWMP) ■ Implement water demand reduction strategies ■ Implement recharge enhancement with SAR (shallow aquifer recharge) projects ■ Implement recharge enhancement with ASR (aquifer storage and reovery) projects ■ Implement water rights transfers ■ Pursue regional coordination ■ Conduct a hydrogeologic study	■ Identify land use activities and contaminants to be addressed with technical management strategies ■ Conduct groundwater monitoring program, including development of groundwater model

4.5 Strategies & Tools for Groundwater Quality Issues

A number of federal environmental laws are directly or indirectly designed to protect groundwater from contamination. Examples of these laws include the Safe Drinking Water Act (SDWA); Resource Conservation and Recovery Act (RCRA); Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA); and Toxic Substances Control Act (TSCA). In most cases, state agencies are responsible for promulgating regulations in the state of Washington in accordance with these federal laws. Examples of state agencies with regulatory authority to protect groundwater quality under the aforementioned federal laws include the Washington State Department of Health (DOH), Ecology, and Washington State Department of Agriculture (WSDA).

Ecology has several programs related to groundwater quality protection. Examples include the Aquifer Vulnerability Project under the Water Quality Program and the Underground Injection Control Program (UIC). The purpose of the Aquifer Vulnerability Project is to develop a method for identifying areas of the state that are vulnerable to groundwater contamination and assess areas of the state that are relatively more vulnerable to groundwater contamination from pesticides to support the proposed State Pesticide Management Plan. The UIC program protects groundwater quality by regulating the disposal of fluids into the subsurface. Most UIC wells or injection wells are simple devices that allow fluids into the shallow subsurface under the force of gravity.

The potential for groundwater contamination from UIC wells can occur and is dependent on the well construction and location, the volume and quality of the fluids injected and the hydrogeologic setting.

WSDA is currently developing a statewide pesticide management plan to address the potential for pesticide occurrences in groundwater. Development of this plan is being driven by several state and federal initiatives designed to protect groundwater quality from the unintended movement of pesticides resulting from labeled agricultural and urban use.

Existing statewide regulations have limitations, which occasionally fail to protect groundwater from contamination. Local government agencies often need to develop and implement a groundwater management program to address the limitations of the regulations.

An index to the strategies and tools that can be used to address water quality issues is provided in Table 4-5. These strategies and tools are described in detail with information on benefits, costs, implementing party, and related social and technical issues in Appendix D.

Table 4-5 Tools to Address Groundwater Quality Issues	
Groundwater Quality Tools	Monitoring Tools
■ Conduct Level 1 risk assessment ■ Identify land use activities and contaminants to be addressed with technical management strategies ■ Enforce Wellhead Protection Program requirements for all Group A Public Water Systems (PWS) ■ Encourage Group B Public Water Systems to voluntarily establish a wellhead protection program ■ Select and implement technical management strategies based on assessment findings ■ Evaluate the need for greater involvement of stakeholders in cleanup actions at Ecology-regulated facilities and sites ■ Evaluate the need for independent cleanup actions ■ Provide oversight for well decommissions to ensure decommissions consistent with safe practices ■ Assess drinking water supplies that are unprotected and "at risk" of becoming impacted in the future ■ Develop and implement management protocols of unprotected groundwater sources located outside the service areas of large and medium water purveyors	■ Monitor groundwater quality ■ Monitor well levels, yield, drawdown and capacity ■ Conduct periodic susceptibility analysis ■ Monitor potential contaminant sources

4.6 Environmental Considerations for Applying the Strategies and Tools

Implementing any of the tools described in Appendix D will provide both benefits as well as potentially resulting in impacts to the human and natural environment. Prior to implementation of any of the tools provided, the responsible entity should thoroughly evaluate the federal, state, local and/or tribal regulatory and legal requirements involved in site selection, permitting, funding and planning the project. Further, some of the tools will require site specific analyses, assessment, and design prior to implementation, and may require continuous management, maintenance and other controls to be effective.

On July 18, 2003, the Washington Department of Ecology published the Statewide Environmental Impact Statement for Watershed Planning (http://www.ecy.wa.gov/biblio/0306013.html). This environmental impact statement describes the watershed planning process set forth in the Watershed Planning Act, as well as procedures for rule making that may be undertaken by state agencies to support implementation of watershed plans. It describes the existing framework of federal, state, and local laws, regulations, and programs that affect, or are related to management of watersheds. In addition, it evaluates the potential environmental impacts of and identifies mitigation measures, for various types or classes of recommended strategies/tools that may be included in watershed plans.

The information provided in the Statewide EIS or in this document is not intended to replace the requirement for a SEPA or NEPA environmental analysis and proposed mitigation, where applicable, for a site specific project.

Section 5
Basin Wide Management Objectives and Actions

5.1 Introduction

Management objectives have been developed by the Planning Unit for each planning element, including: general objectives for the overall watershed planning and management effort; water quantity (surface and ground water) management; instream flow; water quality (surface and ground water) management; and a multi-purpose storage component. The objectives generally fall into three categories: (1) objectives that enhance the planning and implementation effort itself, such as seeking better data on water resources or identifying specific sources of water quality problems; (2) objectives that address existing issues identified during the planning process; and (3) objectives that address future needs and long range planning and implementation.

Basin-wide actions have also been identified that address or support the basin-wide objectives. These actions apply generally to the entire WRIA 34 and are not specific to a geographic area. Section 6 presents objectives and actions that are specific to the four management areas defined for WRIA 34.

5.2 Basin-Wide Management Objectives

Basin-wide management objectives were identified by Planning Unit members through public workshops, in response to various technical assessments and supporting studies, and as additional concepts and/or issues emerged during the planning process. The basin-wide objectives are those that apply generally to the entire WRIA 34 planning area. Those objectives that apply differently for the four management areas are listed separately in Section 6 for each management area. For convenience, objectives are numbered sequentially with the prefix BW (Basin Wide). The numbers do not imply or assign any priority, ranking, or implementation order to the objectives, and are used strictly for identification purposes.

The purpose of the objectives is to not only to develop specific actions under this plan, but also to guide future planning efforts in the basin that may be undertaken by other planning programs or entities. Therefore, even though not all of the objectives listed below are addressed directly by the actions listed in this plan (Section 5.3 and Section 6), the objectives help define priorities and a common vision for watershed conditions and management of its resources.

General

BW1. Protect existing water rights and private property rights.

BW2. Emphasize voluntary, incentive-based management solutions using available federal, state, local and private land and water conservation programs.

BW3. Maintain the existing economy associated with the watershed hydrology, including but not limited to municipal, residential, commercial, industrial, agricultural, livestock, recreational, and instream water uses.

BW4. Establish a detailed funding plan for implementation, including: projects; programs; long-term monitoring and evaluation of watershed plan implementation.

BW5. Encourage fairness in distributing costs and burdens of water resource management actions.

BW6. Improve consistency in federal, state, and local water resources regulatory and management approaches, and obtain local, state, and federal and tribal support and cooperation for recommended management strategies.

BW7. Review and update land use plans and regulations as necessary to be compatible with and support water resource management goals.

BW8. Encourage and improve coordination of Idaho and Washington water resource management to protect and enhance surface and groundwater supply and quality.

BW9. Support implementation of urban and rural land BMPs.

BW10. Conduct water resource management education and outreach, addressing topics including water use, water quality, conservation, reclamation, reuse, stormwater management and best management practices.

BW11. Restore and enhance natural floodplain, riparian and wetland capacities, where ecologically, economically and socially feasible, to increase aquifer recharge, improve water quality, provide aquatic and riparian habitat, and reduce the duration and severity of flood events.

Water Quantity

BW12. Provide long-term reliable and predictable water supplies for municipal, residential, commercial, industrial, agricultural, livestock, recreational, and instream water uses.

BW13. Ensure adequate long term ground water resource availability to meet existing and future drinking water demand on public water systems and exempt wells, consistent with adopted city and county land use plans.

BW14. Continue and improve instream flow and water quality monitoring through permanent and seasonal gauges providing baseline data needed to manage flows and facilitate future water management decisions. Establish standard protocols for data collection to improve data quality.

BW15. Characterize surface and ground water availability and recharge/discharge balance and connectivity within the sub-basins and surrounding region.

BW16. Encourage stormwater and/or wastewater reclamation and reuse to satisfy other water resource needs.

BW17. Identify and develop opportunities to enhance available water supply, emphasizing out of stream storage, shallow aquifer recharge, deep aquifer storage and recovery, source substitution, reclamation and reuse, and stormwater retention.

BW18. Secure funding for program to promote conservation and efficiency of water use, including but not limited to municipal, residential, commercial, industrial, agricultural, recreational, and instream water uses. Provide education opportunities that can raise public awareness on water quantity options.

Water Quality

BW19. Protect surface and ground water quality needed for public drinking water supplies and other uses (including but not limited to municipal, residential, commercial, industrial, agricultural, livestock, recreational, and instream water uses, including aquatic habitat).

BW20. Improve water quality to the extent practicable given the natural conditions to support the designated uses of the waterbodies (see note below on "natural conditions").

BW21. Manage stormwater in both urban and rural areas to improve water quality, reduce flooding and enhance aquifer recharge where practicable.

BW22. Review surface water quality standards and establish natural (system potential) temperature levels for streams and rivers that reflect conditions within the watershed.

The definition of "natural conditions" with respect to water quality, according to Ecology and the EPA, is the surface water quality that would exist in the absence of human-caused pollution or disturbances. In assessing what constitutes "natural conditions", Ecology use historic data and water quality modeling as appropriate to ascertain what the water quality conditions (e.g. temperature and dissolved oxygen) would be without human sources of degradation. This approach does not infer that Ecology believes that systems can or should be returned to natural conditions. Ecology recognizes that some sources of human degradation cannot be remedied due to technical and/or social (legal) limitations (Ecology, 2005).

5.3 Basin-Wide Management Actions

Through the planning and assessment phases of the Plan development, the Planning Unit identified several basin-wide management actions. In general, the basin-wide management actions involve additional studies, securing funding, or recommended "on-the-ground" actions that apply to more than one management area (e.g. agricultural conservation practices). The basin-wide actions may be modified as a management area-specific action and included in Section 6 because it includes additional detail specific to a given management area. As a result, some of the basin-wide objectives are addressed by both basin-wide and management area-specific actions. Basin-wide management actions are presented in Appendix B**.**

Basin-wide Instream Flow Actions

The Planning Unit has developed a general framework for instream flow management based on findings from the Instream Flow Needs Assessment (Golder, October 2006) and discussions among Planning Unit members and Ecology. The framework is based on developing an "instream flow package" for each of the management areas where an instream flow assessment was conducted, namely for Cow/Rock Creek, Palouse River mainstem (Central/Lower Palouse), and North Fork Palouse River.

At the time of this Plan, no specific recommendations for adoption into rule have been developed because the Planning Unit needed additional information before committing to a final instream flow package(s). However, Section 6 includes management area-specific recommendations to continue working on the recommendations under Phase IV (implementation phase) of the process. This assumes that the state agencies will obligate funding and time for the Planning Unit to work collaboratively with the state agencies and to conduct public outreach. Under the implementation phase (Phase IV), the Planning Unit will continue to develop the instream flow package(s) under the following working policies and understanding:

- The Watershed Plan (and Planning Unit) does not make any specific recommendations regarding existing water rights applications. The Planning Unit is deferring to Ecology to process specific applications.
- A minimum instream flow and/or closure only affects new water rights. Any future instream flows will not impact existing surface or groundwater rights; livestock or otherwise. Instream flows would also not affect existing water rights resolved under an adjudication process (Cow Creek adjudication).
- The Planning Unit believes riparian livestock rights have been and should be recognized as an inherent water right for landowners of streamside parcels and those existing rights should not be conditioned to instream flows.[1]
- Permit-exempt wells included as part of a reservation would not be considered interruptible and therefore will not be subject to a minimum instream flow or closure.
- Sedimentation will be accounted for when determining flushing or channel maintenance flows.

[1] Regarding this statement, Ecology has noted the following: "Riparian stock watering would need to be adjudicated (e.g. Cow Creek) to provide certainty for landowners of stream parcels." (Ecology 2007)

- Habitat needs for ESA listed species below Palouse Falls were not considered because the management point will be above the falls.

Basin-wide Storage Actions

As part of the watershed planning process, the Planning Unit decided to conduct assessments of storage options for the western (Cow Creek and Rock Creek) and eastern (North Fork and South Fork Palouse) portions of the basin. The goal of storage development is to improve water supply reliability, enhance baseflows and improve water quality. The list of storage concepts reviewed (Golder, 2006a) includes:

- Enhancing existing surface water storage in reservoirs and/or lakes;
- Enhancing baseflows by the use of balancing basins, floodplain storage, wetland restoration and small check dams;
- Enhancing baseflows by infiltrating shallow groundwater withdrawn during the winter months in locations that will result in return flows to streams during summer months;
- Enhance baseflows and aquifer recharge by infiltrating available reclaimed water;
- Enhance natural recharge for long term regional aquifer level recovery; and
- Implement aquifer storage and recovery (ASR) to meet potable supply demand and to offset groundwater use.

Storage options in the Cow Creek management area were identified by the Planning Unit as a way to potentially address the lack of instream flow to meet adjudicated water rights in Cow Creek. The primary approaches considered were: (i) optimize existing adjudicated storage facilities; and (ii) provide for additional storage in Sprague Lake. Specific actions related to these primary storage options in the Cow Creek management area are described in Section 6 (Table 6-1).

Storage options in the North Fork and South Fork Palouse management areas were identified as a way to potentially address the water supply needs (resulting from significant groundwater declines in the basalt aquifer) for the major communities in the area. The primary storage options considered were: (i) aquifer recharge to recover aquifer levels over the long-term using enhanced surface infiltration; and (ii) ASR to meet water demand and offset groundwater use. Specific actions related to these primary storage options in the North and South Fork Palouse management areas are described in Section 6 (Tables 6-3 and 6-4).

Basin-wide Water Quality Actions

Water quality issues in the basin are related primarily to development of TMDLs (namely fecal coliform bacteria and temperature), sediment loading and water quality issues related to ASR applications (groundwater-surface water mixing and treatment requirements). Based on these issues, the Planning Unit conducted a water quality assessment with the following objectives:

- Summarize legal beneficial uses of the waters in the management area;
- Provide information on the compatibility of surface water quality with groundwater quality for the potential use in ASR;

- Provide information on the system potential vegetation (for South Fork Palouse area only, where TMDL for temperature is being developed);
- Describe water quality trading policies and potential application within the management area; and
- Recommend monitoring actions to implement water quality improvements.

The review of beneficial uses provides general context for the water quality issues in the basin and helps evaluate the appropriateness of the State water quality standards in local streams. The water quality compatibility review provides information for development of ASR to meet potable supply demand and to offset groundwater use. The system potential vegetation study provides information for use in developing the TMDL for the South Fork Palouse River. The Planning Unit believes that the State water quality standard for temperature is not achievable due to local natural conditions. Therefore, the Planning Unit commissioned the system potential vegetation study to have the greatest impact on the development of the temperature TMDL. Of all these objectives above, basin-wide actions were identified for only the water quality trading and monitoring actions.

The water quality trading program is driven by the TMDL process. To determine the appropriateness of water quality trading for WRIA 34, it is recommended that the following actions be completed:

- Conduct a detailed evaluation of pollutant supply and distribution, financial attractiveness, infrastructure potential, and stakeholder readiness.
- Conduct additional temperature analysis, including quantification of overall supply and demand of temperature credits, distribution of temperature load among point and non-point sources
- Evaluate financial attractiveness including evaluation of point source's temperature load, TMDL target load, future load; and evaluation of cost of non-point source temperature control best management practices.
- Identify a third party organization to manage the framework and infrastructure of the water quality trading program.

In general, the monitoring actions are related to supporting the development of TMDLs, characterizing sediment sources and loads, and stream flow monitoring (also supports the instream flow management actions). Specific water quality monitoring actions are described in Section 6 (Tables 6-1 to 6-4).

Section 6
Management Area Strategies

Management strategies specific to each of the four management areas are presented below. Each management strategy consists of a series of objectives and action items specific to the planning issues identified either at the basin–wide level or at the subbasin or management area level, consistent with the existing conditions and issues described in Section 3. This approach addresses planning needs that are common across the watershed, while also characterizing localized objectives, conditions and specific actions for a geographic area. There is not always a distinct line between basin–wide and management area–specific objectives and actions. Some basin–wide objectives and actions have been further defined into more specific objectives and actions for one or more management areas. Specific actions that meet basin–wide objectives have also been identified where possible.

Specific objectives and actions are identified for four management areas: Cow/Rock Creek, Central/Lower Palouse River, North Fork Palouse River, and South Fork Palouse River. These area-specific objectives and actions are based upon the existing conditions set forth in Section 3 of this Plan and the Level II Assessment, input from the planning workshops, the available management strategies and tools discussed in Section 4, and consideration of basin–wide objectives described in Section 5.

6.1 Cow/Rock Creek Management Area Planning Objectives and Actions

Watershed issues identified for Cow Creek, WA include:

- Riparian areas are degraded from grazing in certain areas.
- Erosion is occurring from cropland fields including conventional summer fallow fields.
- Elevated nitrate concentrations in groundwater in eastern Adams County.
- Sediment deposition in Hallin, Cow, and Finnell Lakes and associated wetland/riparian areas.
- Excessive levels of TSS near the mouth of Cow Creek.
- Excessive nitrogen and phosphorus levels promoting nuisance algae growth throughout the stream.
- pH, fecal coliform, and water temperature levels exceed water quality standards in certain areas.
- Sprague and Cow Lakes are moderately eutrophic.[1]
- Loss of riparian habitat in certain areas, including wetlands.

Similar watershed issues are assumed for Rock Creek.

[1] Having waters rich in mineral and organic nutrients that promote a proliferation of plant life, especially algae, which reduces the dissolved oxygen content and often causes the extinction of other organisms.

Specific objectives for the Cow/Rock Creek Management Area are provided below. The objectives are based primarily on information available for Cow Creek. Additional objectives addressing Rock Creek issues will be added as necessary, as additional information on Rock Creek issues are developed. The objectives shown are in addition to the basin–wide objectives and actions described in Section 5. For convenience, objectives are numbered sequentially with the prefix CRC (Cow/Rock Creek). The numbers do not imply or assign any priority, ranking, or order of implementation to the objectives.

CRC1. Restore and enhance floodplain, riparian and wetland capacities for priority selected areas to store excess runoff during peak flows. Consider water storage options such as wetland storage, off–channel storage, and shallow aquifer storage.

CRC2. Monitor flow and lake levels to evaluate instream flow and water quality enhancement efforts on lakes and streams and to regulate adjudicated water levels and proposed minimum instream flows on Cow Creek.

CRC3. Set minimum instream flow in Cow Creek for senior water rights and aquatic habitat.

CRC4. Improve water quality to the extent practicable given existing watershed conditions. Water quality improvements to be addressed include:

- Fecal coliform levels, particularly in waters leaving Sprague Lake
- Nutrient loading and subsequent algal blooms
- Mean water temperatures in Cow and Rock Creeks

CRC5. Increase base flows in Cow Creek to improve water supply reliability for existing water right holders consistent with the adjudication, emphasizing coordinated water management, increased storage, aquifer recharge, source substitution, reuse, rehabilitation and other techniques.

CRC6. Continue current efforts and identify additional opportunities to reduce erosion particularly from cropland areas and roads, through implementation of BMPs, continuing current programs, and increasing individual farm household planning and implementation assistance.

CRC7. Improve the reliability of municipal water supplies.

CRC8. Develop sustainable water supplies to meet municipal growth demands while continuing to protect existing water rights/users.

CRC9. Rehabilitate and enhance Sprague Lake to address water quality, recreation and aquatic habitat needs. Actions taken should not impair downstream water rights.

Specific projects, actions and additional studies are identified in Table 6-1 organized by planning elements, to meet the area-specific objectives described above and basin–wide objectives provided in Section 5. There are several actions or project types that are applicable across

several objectives, e.g., implementation of these projects could benefit multiple objectives. Such projects include:

- Characterize the hydrology, connectivity and interaction between surface water, ground water, springs, and gravel beds and develop potential recharge and flow enhancement strategies, with specific analysis to be conducted at the following locations:
  - Cow Creek (including characterizing the hydraulic continuity between wells and streams)
  - Turnbull Wildlife Refuge
  - Medical Lake
  - Sheep Springs
  - Cow Lake
  - Finnell Lake
  - Hallin Lake
  - Rock Creek
  - Union Flat Creek
- Establishing or re-establishing gauging stations and/or a network of gauges to monitor/manage water effectively in the following locations:
  - Cow Creek
  - Rock Creek
  - Sprague Lake Outlet
  - Above Rock Lake
  - Below Rock Lake
  - Confluence of Rock Lake and Palouse River
- Prioritizing locations and strategies for reducing fecal coliform levels throughout the management area, including at the Sprague Lake outlet by:
  - Enhancing riparian buffers
  - Managing grazing in riparian areas, including seasonal restrictions
  - Exploring waterfowl management options
- Working with individual landowners to review pesticide and fertilizer use to limit water quality impacts, including the implementation of best management practices, such as:
  - Managing inputs to Sprague Lake to reduce nutrient loading
  - Enhancing riparian areas
  - Conservation tillage
  - Individual urban / rural household planning
- Enhancing riparian functions and habitat, including riparian vegetation, where the landowner is willing. These projects can benefit instream flow by restoring a more natural hydrograph, enhance recharge of ground water, improve water temperature and

quality, reduce sediment loading, and provide habitat for terrestrial and aquatic species. Riparian function enhancement projects should be tailored to landowner needs, and incorporate incentive-based approaches.

- Conducting urban and rural conservation programs targeting individual homeowners and landowners, using incentive and rate-based approaches that encourage reuse, education / conservation and understanding of the individual's role in supporting watershed hydrology.

Where specific projects for each planning element are not identified, refer to the basin–wide management strategies for more general actions on what is intended for a given planning element in the management area. Exhibit 6-1, which follows the actions table, identifies some highlighted management actions within the management area, where proposed actions were able to be readily identified on the map.

Table 6-1
Cow/Rock Creek Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Agency(ies)	Description	Schedule [1]	Cost [2]
General (G)						
G-1	BW14, BW15, BW17, CRC5, CRC8	Whitman County	Adams County, Planning Unit	Encourage Whitman County to join GWMA in order to increase support for characterizing the regional hydrogeology and developing sound ground water management strategies.	Near-term	Low
G-2	CRC9	Cow Creek	WDFW	Construct Fish Passage Barrier on Cow Creek below Sprague Lake to prevent repopulation of Sprague Lake with undesirable species.	Mid-term	Medium
Water Quantity Management (QT)						
Hydrology and Hydrogeologic Studies (QT-1)						
QT-1a	BW14, BW15, CRC2	Entire MA Sheep Springs Cow Lake Finnell Lake Hallin Lake Rock Creek	CDs[3], Ecology, USGS, Planning Unit	Characterize the hydrology, connectivity and interaction between surface water, ground water, springs, and gravel beds, and develop potential recharge and flow enhancement strategies, using modeling (including characterization of hydraulic continuity between wells and streams on Cow Creek); study to include review of flow data.	Near-term	High
QT-1b	BW 15, CRC3, CRC5, CRC8	Entire MA	Planning Unit, Ecology, USGS	Hydrogeologic study to understand the impacts of groundwater withdrawal on groundwater levels, streamflow, and long-term trends. Develop appropriate management strategies to address the results. Study to be conducted cooperatively with the other WRIAs (34, 54, and 56) regarding water use and instream flow setting (in an adjudicated basin).	Mid-term	Medium

Table 6-1 Cow/Rock Creek Management Area Actions						
Action (non-prioritized)	**Supported Objectives**	**Location**	**Responsible Agency(ies)**	**Description**	**Schedule [1]**	**Cost [2]**
QT-1c	BW13, CRC2, CRC8	Cow Creek subbasin	CDs, Ecology, Planning Unit	Assess the impact of new groundwater withdrawals (e.g., for stockwatering, irrigation, and municipal water supply for Cheney and Medical Lake) on the streamflows of the Cow Creek subbasin and plan for future water supply considering both the hydrogeology of the subbasin and the 1984 adjudication.	Mid-term	Low-Medium
QT-1d	BW15	Cheney Medical Lake	Spokane County, Ecology	Conduct hydrogeologic characterization study of Cheney and Medical Lake areas; remap hydrologic/watershed boundaries in the Cheney and Medical Lake areas.	Mid-term	Medium
QT-1e	CRC8	Entire MA	CDs, Ecology	Determine feasibility of pumping water (at sustainable levels) from deep aquifer wells to enhance surface flows in Cow Creek.	Mid-term	Medium
Flow Measurement Studies (QT-2)						
QT-2a	CRC2	Cow Creek subbasin	CDs, Ecology, Planning Unit	Continue monthly flow measurements at sites throughout the Cow Creek subbasin that are currently monitored by the Adams CD.	Near-term	Medium
QT-2b	BW13, CRC2	Cow Creek Rock Creek Sprague Lake Outlet Above Rock Lake, below Rock Lake, confluence of Rock Lake and Palouse River	CDs, Ecology, USGS	Re-establish gauging stations on lower Cow Creek and Sprague Lake and establish a network of gauges to manage water effectively.	Near-term	Low
QT-2c	BW17	Individual irrigators (throughout area)	Ecology, Individual irrigators	Upgrade diversions to install measuring devices where needed	Mid-term	Medium

Table 6-1
Cow/Rock Creek Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Agency(ies)	Description	Schedule [1]	Cost [2]
Instream Flow Package (QT-3)						
QT-3a	BW 14, CRC2	Cow Creek subbasin	CDs, Ecology, Planning Unit, WDFW	Convene a PU Subcomittee to work on an *instream flow package* for the Cow Creek Subbasin. Consider package components: 1. Partial closure to address groundwater use and include along with that closure a reservation for uninterruptible water for domestic, municipal, and stockwater purposes, and storage. 2. Define an acceptable daily use level for permit exempt wells and other single family households. 3. Meter new water uses to verify the water use levels applied to the reservation are accurate.	Near-term	Low-Medium
QT-3b	CRC3, BW14, BW15	Cow Creek	Planning Unit, Ecology	Apply findings on groundwater and surface water interaction (QT-1a - c) to develop instream flow package in Cow Creek.	Near-term	Low-Medium
New/Other Storage Development (QT-4)						
QT-4a	CRC8, BW17	Cow Creek subbasin	CDs, Ecology, Planning Unit	Convene a PU Subcommittee to discuss storage options in the Cow Creek Subbasin during high flows and how they would be implemented. Determine whether this is possible given the Adjudication. If mutually beneficial, discuss a maximum allocation associated with water use during high flows.	Near-term	Low
QT-4b	BW3, BW11, BW16, CRC8	Medical Lake Airway Heights Cheney	Medical Lake, Airway Heights, Cheney, Spokane and Lincoln Counties, Ecology	Analyze how water demands meet growth needs for Medical Lake; how Airway Heights and Cheney will impact Cow Creek and Rock Creek drainage area (surface and groundwater flows)	Near-term	Medium

Table 6-1 Cow/Rock Creek Management Area Actions						
Action (non-prioritized)	**Supported Objectives**	**Location**	**Responsible Agency(ies)**	**Description**	**Schedule [1]**	**Cost [2]**
QT-4c	BW15 BW16 CRC1	Entire MA	CDs, Ecology	Conduct a study to identify priority selected areas for storage of excess runoff during peak flows, including aquifer storage in increments on river reaches.	Mid-term	Medium
QT-4d	CRC1	Cow Creek Subbasin	CDs, Ecology, USACE	Optimize the use of existing storage facilities throughout the Cow Creek subbasin when there is water in streams over and above that needed to satisfy senior water rights.	Mid-term	Medium
QT-4e	CRC1, BW15	Cow/Hallin Lake, Finnell Lake, Sheep Springs Reservoir	CDs, Ecology	Assess additional storage feasibility, including surface water losses to groundwater, for Cow/Hallin Lake, Finnell Lake, and Sheep Springs Reservoir.	Mid-term	Medium
Sprague Lake Storage (QT-5)						
QT-5a	BW12, BW17 CRC1, CRC2, CRC9	Key locations between Sprague Lake and Hooper, including: Cow Lake Finnell Lake Sheep Springs)	CDs, Ecology	Collect additional flow and elevation data at the inlet and outlet of Sprague Lake and key locations between Sprague Lake and Hooper and compare to flows throughout the Cow Creek system to establish a reliable data set to confirm when water is likely to be available for storage in Sprague Lake and impacts of storage in Sprague Lake.	Near-term to Long-term	Medium
QT-5b	CRC2, CRC9	Sprague Lake	CDs, Ecology, USGS	Develop monthly water balance estimates for Sprague Lake by installing an evaporation pan and flow monitoring and water level elevation gauges.	Near-term	Medium
QT-5c	BW16, CRC1, CRC9	Sprague Lake	Planning Unit, Ecology, CDs	Study feasibility of storing water in Sprague Lake to rehabilitate lake for recreation.	Mid-term	Medium

Table 6-1
Cow/Rock Creek Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Agency(ies)	Description	Schedule [1]	Cost [2]
QT-5d	BW11, BW16	Above Sprague Lake	Ecology, Planning Unit	Determine availability of surface water above Sprague Lake for storage or use downstream; consider granting a storage right for Sprague Lake to store water between the minimum and maximum adjudicated level. Concerns such as flooding, property damage, etc. may need to be addressed along with a cost-benefit analysis and completion of the SEPA process.	Mid-term	Medium
Water Conservation (QT-6)						
QT-6a	BW17	Entire MA	Cities, Towns[6], Public Systems WDOH	Implement WDOH municipal conservation program elements as appropriate.	Near-term	Low to Medium
QT-6b	BW18	Entire MA	CDs, Individual irrigators, NRCS, WSU Extension	Identify and prioritize locations for implementing water conservation and efficiency strategies for agricultural irrigation systems.	Near-term	Low
Other Water Resources Studies (QT-7)						
QT-7a	BW11, CRC1	Entire MA	CDs, Ecology	Conduct a study to identify priority selected areas for enhancement and/or restoration of natural floodplain, riparian or wetland areas.	Near-term	Med
QT-7b	BW10, BW11 CRC6	Every mile on Cow Creeks on both sides	CDs, Ecology	Seek funding sources for off-site stock watering sites (estimated requirement is one supply site per mile for riparian grazing areas).	Mid-term	Low
QT-7c	CRC2, CRC5	West of Cow, Hallin, and Finnell Lakes	Adams CD, Ecology	Cow Creek Well Decommissioning & Casing Project-Locate, case and/or decommission wells that have been identified as cascading from the upper to lower aquifers.	Near-term	High
QT-7d	CRC8	Cheney	City of Cheney, Ecology	Conduct Cheney WWTP Effluent Discharge Relocation Study.	Near-term	Low
QT-7e	BW1, CRC1	City of Sprague	City of Sprague, Ecology, USACE	Further evaluate feasibility, including costs and benefits of flood control for the City of Sprague.	Mid-term	Medium

Table 6-1
Cow/Rock Creek Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Agency(ies)	Description	Schedule [1]	Cost [2]
Water Quality Management (QL)						
Bacteria (QL-1)						
QL-1a	BW18, CRC4	Entire MA Sprague Lake Outlet	CDs, Counties, Ecology, Individual landowners, NRCS, WSU Extension	Characterize surface water for potential contamination from fecal coliform; identify sources (e.g., agricultural runoff or natural populations of waterfowl), including Sprague Lake.	Near-term	Medium
QL-1b	BW11, BW18, BW19, CRC4	Entire MA	CDs, Ecology, Individual landowners, NRCS, WSU Extension	Identify and prioritize locations to implement the following strategies to reduce fecal coliform levels: 1. Restore riparian buffers 2. Manage grazing in riparian areas 3. Explore waterfowl management options	Mid-term	Low
Sediment (QL-2)						
QL-2a	BW18, BW19, CRC6	Entire MA	CDs, Counties, Ecology, Individual landowners, NRCS, WSU Extension	Characterize sediment sources, and identify and evaluate potential options to reduce erosion and sediment loads entering surface waters.	Mid-term	Low
QL-2b	BW19, CRC6	Entire MA Hooper	CDs, Individual landowners, NRCS, WSU Extension	Establish and promote the BMPs to reduce erosion and sediment levels for pasture and rangeland	Ongoing	Low
Stormwater (QL-3)						
QL-3a	BW20	Entire MA	Cities, Counties, Ecology, Towns	Implement stormwater management BMPs and plans (such as the Eastern Washington Stormwater Manual) for existing and/or new urban and rural developments and roadways.	Mid-term	Low
QL-3b	BW20, CRC4	1. Drainage facilities on rural roads 2. City of Sprague drainage ditches 3. City of Lamont drainage ditch	Adams County, Whitman County	Adopt the Eastern Washington Stormwater manual and implement the following strategies to improve stormwater management and treatment and increase groundwater infiltration: 1. sediment basins 2. infiltration trenches 3. swales / wetlands 4. rural/urban drainage ditch upgrades	Mid-term	Medium

Table 6-1
Cow/Rock Creek Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Agency(ies)	Description	Schedule [1]	Cost [2]
Landowner Practices (QL-4)						
QL-4a	BW20	Entire MA	Ecology, WSDA, WSU Extension	Work with individual landowners to review pesticide and fertilizer use; and to implement the following best management practices to limit water quality impacts: 1. manage Sprague Lake inputs to reduce nutrient loading 2. Enhance riparian areas 3. urban/rural education program 4. conservation tillage	Ongoing	Low
QL-4b	BW9, BW17, CRC6	Entire MA	CDs, Ecology, Washington Conservation Commission	Provide additional resources to CDs to increase individual farm and urban household planning and implementation assistance.	Near-term	Medium
Water Quality Studies (QL-5)						
QL-5a	BW19, CRC4	Sprague Lake	Ecology, WSU Extension	Study the potential use of aquatic plants (e.g., duck weed or native species) that can be used to reduce or eliminate algal blooms in Sprague Lake.	Mid-term	Low
QL-5b	BW18	Rock Creek	CDs, Ecology	Conduct studies of water quality sampling and analysis for temperature, pH, dissolved oxygen, nutrients, phosphorus, etc. (including ongoing Adams CD efforts).	Near-term	Medium
Regulatory Actions (RG)						
RG-1	BW1	Cow Creek	Ecology	Manage water rights/uses consistent with prior adjudication.	Ongoing	Medium
RG-2	BW6, BW7, BW8, BW10, CRC1	Entire MA	Cities, Counties, Towns	Implementation/enforce land use and management regulations by appropriate agencies to protect critical areas and pristine areas of the management area (e.g. critical areas and shorelines programs).	Ongoing	Low

Table 6-1
Cow/Rock Creek Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Agency(ies)	Description	Schedule [1]	Cost [2]
RG-3	BW21	Entire MA	Ecology, Planning Unit	Evaluate state water quality and water rights regulations and actions for applicability to local basin conditions.	Mid-term	Low
RG-5	CRC 2, CRC 3, BW 14, BW 15	Entire MA	Ecology	Provide technical assistance in evaluating the Cow Creek instream flow study, establish minimum instream flows for Cow Creek (if warranted), and consider pending water rights applications when setting instream flows.	Near-term	Medium

Notes:

1) Schedule: Suggested dates have been provided or a range, where: Near-term=0-3 years; Mid-term=3-10 years; Long-term=10 years or more beyond date of plan adoption.
2) Estimated costs have been provided where available from feasibility or other studies. Otherwise, a cost range is provided where: Low=<$100,000; Medium=$100,000-$500,000; High= >$500,000
3) Conservation Districts within the Cow/ Rock Creek Management Area include the following: Adams CD, Lincoln County CD, Palouse Rock Lake CD, Pine Creek CD (small area), and Spokane County CD
4) Cities located within the Cow/ Rock Creek Management Area include the following: Medical Lake and Sprague. All cities and towns were cross-referenced between GIS data and the Municipal Research and Services Center: http://www.mrsc.org/cityprofiles/citylist.aspx
5) Counties located within the Cow/ Rock Creek Management Area include the following: Adams, Lincoln, Spokane, Whitman
6) Towns located within the Cow/ Rock Creek Management Area include the following: Lamont

(Insert Exhibit 6-1, Cow/Rock Creek Subbasin)

6.2 Central/Lower Palouse River Management Area Planning Objectives and Actions

Watershed issues identified for Central/Lower Palouse River include:

- Riparian areas are not currently functioning to their potential and need to be restored/ enhanced.
- Erosion is occurring from land use activities (including cropland, roads, etc.).
- pH, fecal coliform, dissolved oxygen, and water temperature levels exceed water quality standards in certain areas.
- Unsightly foam (indicative of elevated levels of organics or detergents) has been observed on the mainstem Palouse River.
- Rural communities (Colton, St. John, etc.) are experiencing water supply and water system issues.

Basin–wide objectives described in Section 5 are directly applicable to the Central/Lower Palouse River Management Area, and address many of the issues and conditions described above. In addition, specific objectives for the Central/Lower Palouse River Management Area are provided below. For convenience, objectives are numbered sequentially with the prefix CLP (Central/Lower Palouse). The numbers do not imply or assign any priority, ranking, or order of implementation to the objectives.

CLP1. Improve water quality to the extent practicable given existing watershed conditions. Water quality improvements to be addressed include:

- Water temperature
- Sediment loading and turbidity
- Natural organic or potential man-made pollutants causing the unsightly foam
- Fecal coliform bacterial loading
- Toxics (e.g., chlorinated pesticides and PCBs)

CLP2. Enhance municipal water systems to improve reliability, drinking water quality, system efficiency, and also meet fire flow needs.

CLP3. Develop sustainable water supplies to meet municipal growth demands, while continuing to protect existing water rights/users.

Projects, actions and additional studies are identified in Table 6-2 organized by planning elements, to meet the area-specific objectives described above and basin–wide objectives provided in Section 5. There are several actions or project types that are applicable across several objectives, e.g., implementation of these projects could benefit multiple objectives. Such projects include:

- Restoration of riparian functions and habitat, including riparian vegetation, where the landowner is willing. These projects can benefit instream flow by restoring a more natural hydrograph, enhance recharge of ground water, improve water temperature and

quality, reduce sediment loading, and provide habitat for terrestrial and aquatic species. Riparian function enhancement projects should be tailored to landowner needs, and incorporate incentive-based approaches.

- Establishing and promoting the following BMPs for pasture and rangeland, cropland, and forest land. The application of these BMPs provides both erosion and sediment control, enhances recharge of ground water, and improves water quality.

    - Conservation tillage
    - Minimize conventional summer fallow
    - Improved grazing management
    - Increased grassed waterways
    - Buffers on waterways and drainage ditches
    - Strip cropping
    - Feedlot placement
    - Conservation plan development and implementation
    - Small, on-farm storage/retention to increase recharge
    - Rural road operations and maintenance
    - Construction BMPs
    - Forest road stabilization and abandonment

- Characterize the hydrology, connectivity and interaction between surface water, ground water, springs, and gravel beds and develop potential recharge and flow enhancement strategies, with specific analysis to be conducted at the following locations:

    - Eastern portion of the Basin (Adams/Whitman County Line to Washtucna)
    - Streams – Palouse River, Union Flat Creek, Willow Creek, Rebel Flat Creek, Pine Creek, Cottonwood Creek

- Conducting urban and rural conservation programs targeting individual homeowners and landowners, using incentive and rate-based approaches that encourage reuse, education / conservation and understanding of the individual's role in supporting watershed hydrology.

Where specific projects for each planning element are not identified, refer to the basin–wide management strategies for more general actions on what is intended for a given planning element in the management area. Exhibit 6-2, which follows the actions table, identifies some highlighted management actions within the management area where actions were able to be readily identified on the map.

Table 6-2
Central/Lower Palouse River Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Organization(s)	Description	Schedule [1]	Cost [2]
General (G)						
G-1	BW9	Entire MA	CDs[3], Counties[4], DOH, Towns[5]	Develop/promote education programs regarding conservation measures, including: 1. communicate existing efforts basin–wide 2. develop regional workshops that target all water users, focusing on landscape watering, efficiencies, equipment (including installation)	Near-term	Low
G-2	BW8, BW9	Entire MA, including Towns	Counties, CDs, DNR, Idaho Soil Conservation Commission (ISCC), NRCS, WCC, Towns[5]	Provide additional resources to CDs to increase individual farm and urban household BMP planning and implementation assistance.	Near-term	Medium
Water Quantity Management						
Hydrology and Hydrogeology Studies (QT-1)						
QT-1a	BW12, BW14 CLP3	1. Two miles outside of jurisdiction of each town in the management area 2. Region wide	Ecology, IDEQ, PBAC, USGS, Towns[5]	Characterize ground water resources; map approximate location, depth, and geographic extent of aquifers. Also determine regional quantities and movement of ground water.	Mid-term	Medium
QT-1b	BW12, BW14 BW16	Entire MA	Ecology, IDEQ, USGS	Characterize hydrology and connectivity of surface water and springs, and develop potential recharge and flow enhancement strategies at the following locations: 1. Eastern portion of the Basin (Adams/Whitman County Line to Washtucna) 2. Streams – Palouse River, Union Flat Creek, Willow Creek, Rebel Flat Creek, Pine Creek, Cottonwood Creek	Mid-term	Medium
Retention and Restoration (QT-2)						

Table 6-2 Central/Lower Palouse River Management Area Actions						
Action (non-prioritized)	**Supported Objectives**	**Location**	**Responsible Organization(s)**	**Description**	**Schedule [1]**	**Cost [2]**
QT-2a	BW8, BW15, BW16	Entire MA	CDs	Identify opportunities and areas and work with individual landowners to construct small storage, infiltration or additional retention/settling basins	Mid-term	Low
QT-2b	BW10, BW11	Entire MA	CDs, Ecology, IDEQ, NRCS	Evaluate needs and identify areas that would benefit from enhancement and/or restoration of riparian vegetation and wetlands	Near-term	Medium
QT-2c	BW10, BW19, CLP1	West of Endicott on Rebel Flat Creek	CDs, Ecology, IDEQ, NRCS	Determine feasibility of stream re-engineering to improve flows and water quality	Mid-term	Medium-High
Public Water Systems (QT-3)						
QT-3a	CLP2	Endicott	City of Endicott, WDOH	Implement City of Endicott water system C.I.P. to improve system storage, fire flow, conservation and reliability (including assistance in securing grant funding)	Mid-term	Medium
QT-3b	BW17, CLP3	Entire MA	Towns[5], Public Systems WDOH	Implement WDOH municipal conservation program elements as appropriate	Near-term	Low to Med
QT-3c	BW13, CLP3	Colton	Colton, Ecology	Secure additional water supply/water rights	Near-term	Medium
Instream Flow Package (QT-4)						
QT-4a	BW13	Entire MA	CDs, Ecology, IDEQ, USGS	Continue instream flow and water quality monitoring through permanent and seasonal gauges and water quality monitoring stations.	Ongoing	Low
QT-4b	BW6, BW8, BW14	Entire MA	Ecology, Planning Unit	In the future Ecology should involve the PU in any future studies, study recommendations and rule-making from instream flow studies in WRIA 34 and should include existing information collected during instream flow needs assessment in future rulemaking.	Long-term	Medium

Table 6-2 Central/Lower Palouse River Management Area Actions						
Action (non-prioritized)	**Supported Objectives**	**Location**	**Responsible Organization(s)**	**Description**	**Schedule [1]**	**Cost [2]**
QT-4c	BW14, BW17	Entire MA	CDs, Ecology, Planning Unit	Consider the concerns of the Planning Unit in future instream flow rule-making, including: 1. Implementing a partial closure to enable storage 2. Reservation for uninterruptible water rights for domestic and municipal use, and a maximum allocation for potential future storage.	Long-term	Low
Water Quality Management						
Nutrients (QL-1)						
QL-1	BW18, CLP1	Washington and Genesee, ID portions Hand dug / shallow wells (300 ft or above) Proximity to sewer / fertilizer runoff lift stations	CDs, Ecology, IDEQ, NRCS	Conduct further characterization of ground water for potential contamination from nitrates and develop and implement management strategies to reduce nitrate contamination	Mid-term	Medium
Bacteria (QL-2)						
QL-2a	BW11, BW18, BW19, CLP1	Entire MA	CDs, Counties, Individual landowners, NRCS, USFS, Ecology, WSU Extension	Implement strategies to reduce fecal coliform levels.	Mid-term	Low
QL-2b	CLP1	Entire MA	CDs, Ecology, IDEQ	Conduct microbial source tracking (including DNA, RNA ribotyping, and other new techniques) and analysis of bacteria to identify sources.	Mid-term	Medium
Sediment (QL-3)						
QL-3a	BW20, BW23, CLP1	Entire MA	CDs, Counties, Ecology, NRCS, USFS, WSU Extension	Conduct further characterization of sediment sources, and identify and evaluate potential options to reduce sediment loads entering surface waters	Near-term	Medium

Table 6-2
Central/Lower Palouse River Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Organization(s)	Description	Schedule [1]	Cost [2]
QL-3b	BW19, CLP1	Willow Creek, Rebel Creek (Adams County)	CDs, Ecology	Conduct studies of water quality sampling and analysis for temperature, pH, dissolved oxygen, nutrients, phosphorus, etc. (including ongoing Adams CD efforts)	Mid-term	Medium
Stormwater (QL-4)						
QL-4a	BW7, BW21, CLP1	Entire MA	Counties	Develop updated stormwater management requirements and plans for existing and/or new developments and roadways.	Near-term	Low
QL-4b	BW7, BW21, CLP1	Drainage facilities on rural roads	All development, Towns, CDs, Counties, NRCS, State, Transportation Departments, Whitman County	Implement the following strategies to improve stormwater management and treatment and increase groundwater infiltration: 1. sediment basins 2. infiltration trenches 3. swales / wetlands	Long-term	Medium
Landowner Practices (QL-5)						
QL-5a	BW23	Entire MA	CDs, Individual irrigators, NRCS, WSU extension	Implement the following water quality strategies for agricultural irrigation systems: 1. work with individual landowners to review pesticide and fertilizer use 2.implement the following BMPs to limit water quality impacts: a. cleaning equipment b. buffer zones c. alternative weed control at banks	Near-term	Low
QL-5b	BW23, CLP1	Entire MA	CDs, NRCS, Ecology, WSDA, WSU Extension	Establish and promote BMPs for erosion control for pasture and rangeland, cropland, and forest land.	Ongoing	Low
Water Quality Studies (QL-6)						

Table 6-2 Central/Lower Palouse River Management Area Actions						
Action (non-prioritized)	**Supported Objectives**	**Location**	**Responsible Organization(s)**	**Description**	**Schedule [1]**	**Cost [2]**
QL-6a	BW19, BW22, CLP1	Entire MA	Planning Unit	Planning Unit members actively participate in state TMDL process to ensure that PU concerns are reflected, specifically with regard to voluntary management actions to reduce pollutant loads.	Long-term	Low
QL-6b	BW19, CLP1	Mainstem between Colfax and Whitman county line	CDs, Ecology, IDEQ, ISCC	Identify the source(s) of foaming (potential organics or detergent sources) that occurs on the mainstem Palouse River.	Near-term	Low
QL-6c	BW19, CLP1	Mainstem between Colfax and Whitman county line	CDs, Ecology, IDEQ, NRCS	Identify and implement corrective actions to address the cause of the foaming on the mainstem Palouse River	Mid-term	Medium
QL-6d	CLP1	Entire MA	Adams CD, Ecology	Coordinate supporting information with Adams Conservation District water quality monitoring studies for fecal coliform and nutrients on Cow Creek and baseline nutrient and other water quality information on CLP.	Near-term	Low
QL-6e	BW19, CLP1	Palouse River Mainstem	Ecology	Conduct a TMDL study for bacteria, temperature, and dissolved oxygen in the Palouse River mainstem. Include sampling the mouths of the major tributaries.	Mid-term	Medium
Regulatory Actions (RG)						
RG-1	BW6, BW7	Entire MA	Counties, Towns	Implementation/enforcement of land use regulations by appropriate agencies to protect critical areas and pristine areas of the management area (e.g. critical areas and shorelines programs).	Ongoing	Low
RG-2	BW6, BW7	Entire MA	Counties, Towns	Review and update, as needed, best-available-science-based riparian buffer zones and critical areas regulations.	Ongoing	Low
RG-3	BW6	Entire MA	USACE, WDFW, Counties	Improve and streamline permitting process for bank stabilization and other projects	Near-term	Medium
Notes:						

Table 6-2
Central/Lower Palouse River Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Organization(s)	Description	Schedule [1]	Cost [2]

1) Schedule is defined as near term (1 to 3 years to implement), mid term (3 to 7 years to implement), and long term (> 7 years to implement).
2) Estimated costs have been provided where available from feasibility or other studies. Otherwise, a cost range is provided where: Low=<$100,000; Medium=$100,000-$500,000; High= >$500,000
3) Conservation Districts located within the Central/ Lower Palouse River Management Area include the following: Adams County (small area), Latah SWCD, Pine Creek, Palouse, Palouse Rock Lake, Spokane County, Whitman
4) Counties located within the Central/ Lower Palouse River Management Area include the following: Whitman, Spokane, Genesee (ID), Latah (ID) (small area), Benewah (ID) (small area), Nez Perce (ID) (small area)
5) Towns located within the Central/ Lower Palouse River Management Area include the following: Colton, Endicott, Farmington, LaCrosse, Malden, Oakesdale, Rosalia, Saint John, Uniontown. No cities according to the Municipal Research and Services Center: http://www.mrsc.org/cityprofiles/citylist.aspx

(Insert Exhibit 6-2 here)

6.3 North Fork Palouse River Management Area Planning Objectives and Actions

Watershed issues identified for North Fork Palouse River include:

- Riparian areas are not currently functioning to their potential and need to be restored/ enhanced.
- Erosion is occurring from land use activities (i.e. cropland, forest, roads, etc).
- pH, fecal coliform, turbidity and water temperature levels are degrading water quality.

Specific objectives for the North Fork Palouse River Management Area are provided below. These are in addition to the Basin–wide objectives and actions described in Section 5. For convenience, objectives are numbered sequentially with the prefix NFP (North Fork Palouse). The numbers do not imply or assign any priority to the objectives.

NFP1. Recommend instream flow minimum and target enhancement flow for North Fork Palouse River.

NFP2. Develop sustainable water supplies to meet municipal and rural growth demands, while continuing to protect existing water rights/users.

NFP3. Support continued implementation of agricultural, livestock, and forest BMPs.

NFP4. Conduct education and outreach on water resource management, including water use, conservation, reclamation and reuse, and water quality protection and improvements.

NFP5. Improve water quality to the extent practicable given existing watershed conditions. Water quality improvements to be addressed include:

- Water temperature (assess existing conditions and change standards to reflect the natural condition)
- Sediment loading and turbidity
- pH
- Nutrient levels
- Toxics
- Dissolved oxygen
- Exotic or non-native aquatic plants/weeds

NFP6. Apply the North Fork Palouse River Fecal Coliform Bacteria TMDL recommendations, targets, and control measures to reduce fecal coliform levels.

NFP7. Encourage and improve coordination of Idaho and Washington water resource management to protect and enhance surface and groundwater supply and quality.

Specific projects, actions and additional studies are identified in Table 6-4 organized by planning elements, to meet the area-specific objectives described above and basin–wide objectives provided in Section 5. There are several actions or project types that are applicable across several objectives, e.g., implementation of these projects could benefit multiple objectives. Such projects include:

- Characterize the hydrology, connectivity and interaction between surface water, ground water, springs, and gravel beds and develop potential recharge and flow enhancement strategies, with specific analysis to be conducted at the following locations:
    - Colfax – evaluate if the proposed well project currently being considered by the City will impact shallow aquifer, springs and streamflows, and identify opportunities to minimize or mitigate impacts (if any).
- Continuing water quality monitoring in the North Fork Palouse management area, with an emphasis on identifying and supporting action plans for reducing impacts from nitrates in ground water, septic system contamination, sediments, fecal coliform levels, and toxics.
- Developing small storage projects, such as wetlands, infiltration basins, city sanitary wastewater storage during high flows, and large and small scale retention/settling basins.
- Enhance riparian functions and habitat, including riparian vegetation, where the landowner is willing. These projects can benefit instream flow by restoring a more natural hydrograph, enhance recharge of ground water, improve water temperature and quality, reduce sediment loading, and provide habitat for terrestrial and aquatic species. Riparian function enhancement projects should be tailored to landowner needs, and incorporate incentive-based approaches.
- Conducting urban and rural conservation programs targeting individual homeowners and landowners, using incentive and rate-based approaches that encourage re-use, education / conservation and understanding of the individual's role in supporting watershed hydrology.

Where specific projects for each planning element are not identified, refer to the basin–wide management strategies for more general actions on what is intended for a given planning element in the management area. Exhibit 6-3 follows the actions table and identifies some highlighted management actions within the management area where actions were able to be readily identified on the map.

6.3.1 Statement of Community Need for Instream Flows

This subsection provides an expression of "Community Need" with respect to instream flows and should be viewed as a jumping off point for further development of an instream flow package for the North Fork Palouse River and negotiations between the Planning Unit and the Departments of Ecology and Fish and Wildlife during Phase IV of Watershed Planning.

Although the North Fork working group is not able to quantify components of the instream flow package at this time, they have come far in understanding the process and developing recommendations. Finalizing the instream flow recommendations will occur during Phase IV of Watershed Planning along with public outreach regarding the recommendations. The development of the ISF package and recommendation for rule in Phase IV will occur assuming that state agencies obligate funding and time to (a) allow a collaborative process with state agencies, and (b) conduct public outreach.

It is the Planning Unit's desire to continue to participate in the flow setting process in cooperation with the Department of Ecology. The Planning Unit continues to be a willing partner that wishes to remain engaged in discussions with the State regarding North Fork flow levels and water allocation. The North Fork working group of the WRIA 34 Planning Unit is currently committed to continue development of an instream flow package for the North Fork Palouse River. This package is to contain negotiated and agreed upon flow regimes, maximum allocation quantities for storage during high flow months and a reservation for uninterruptible water use for municipal, domestic and possibly other purposes of use. The continuation of this process during Phase IV of the Watershed Planning process is dependent on continued funding of the WRIA 34 Planning Unit and active participation by the Departments of Ecology and Fish and Wildlife in the negotiation stages of this process. The statement of Community Need can be considered a starting point in the negotiations to be held in Phase IV. An Expression of Community Need Technical Memorandum (Golder, June 2007) and Final North Fork Water Use Technical Memorandum (Golder, May 2007) were developed and are provided in Appendix C, and findings from these memoranda are summarized below.

Instream Flow Regime

The North Fork workgroup will consider supporting a minimum instream flow regime as recommended by the Departments of Ecology and Fish and Wildlife **if maximum allocation and reservation requests can be agreed upon.** Ecology has recently proposed a minimum instream flow regime that is included as Attachment A to this memorandum. It is also expected that Ecology will recommend a partial closure to new surface water allocation between July and November. The additional minimum instream flows would be used to assist with decisions regarding requests for water right transfers and changes. Further negotiation between the Planning Unit and the agencies regarding other components of the instream flow package is required prior to Planning Unit support of the flow regime.

Reservation for Future Water Use

Estimates of future domestic and municipal water use are provided in Section 4.0 for two future growth scenarios, and members of the workgroup are concerned that these projected future uses be supplied via a reservation for new water allocation (including permit exempt wells). The North Fork work group is not prepared to recommend a reservation quantity or purpose of use at this time. However, the group felt that a future reservation should include the following elements:

- The quantity of water in the reservation should support community water needs over a 25 year timeframe.

- Language that defines the reservation in rule should specify that the reservation "be sufficient for" so as not to allow for any misinterpretation that would limit the reservation's uses.
- Language should ensure that the reservation is uninterruptible (e.g., not subject to minimum instream flows).
- Include language that the reservation can actually be used immediately (and for the timeframe defined) and ensure that it is just not set aside for some "future" use that cannot be justified.
- The uses for which the reservation can be applied should include uses other than municipal and domestic (e.g., agriculture). These need to be further discussed and defined in Phase IV.
- The Planning Unit supports requests to Ecology for water right transfers, and the ability to increase the quantity of water in the reservation utilizing a transfer of an existing water right to the reservation.
- The County, when implementing a program to track reservation water, should consider only that portion of water use which is consumptive in nature. Estimates of consumptive domestic use range from approximately 15 to 25% of total water use on an annual basis (U.S. EPA, 1975-Rural Indoor/Outdoor; USGS, 1995- Indoor/Outdoor; City of Sequim, 2002-Indoor only). Further analysis of purveyor data could be used to more specifically estimate the consumptive portion of water use in the North Fork Palouse Sub-watershed if the North Fork workgroup or Planning Unit chooses.
- Recommend that a future groundwater study be designed and implemented to determine the conditions under which groundwater use should actually apply to an instream flow reservation. If the study indicates that withdrawal from certain hydrogeologic units does not impact a stream, or that wells located greater than a certain distance from a stream have low probability of impacting the stream, allow them to be exempt from debiting the reservation.

Currently the reservation quantities being proposed by the Departments of Ecology and Fish and Wildlife are 1% of the 90% exceedance flow (e.g., habitat loss of 1% during low flow years is considered acceptable by fish biologists at WDFW). On the North Fork of the Palouse this equates to an approximately 0.03 cfs reservation. This is significantly smaller than the estimated future water use required for a reservation over the next 25 years and will need to be further negotiated.

Maximum Allocation

The North Fork workgroup has determined that further discussion is needed before a recommendation for a maximum allocation can be made. The group would also prefer that maximum allocation numbers be negotiated before a reservation is negotiated. The Department of Ecology has recently suggested a maximum allocation equivalent to 10% of the 50% exceedance flow in any month except during months of a proposed closure (likely July through November). Maximum allocations provide for new surface water rights during the time of year when the watershed is not closed, but are capped. The workgroup has not agreed to this methodology of calculating the maximum allocation and would like to explore their options further as part of Phase IV, Implementation.

Mitigation

The WRIA 34 Planning Unit is currently exploring potential recharge and flow enhancement strategies and proposing a study to better understand the hydrogeology of the region to ensure that future withdrawals are not in direct continuity with surface stream flows.

These studies may provide examples of potential mitigation for additional out-of-stream water use. The Planning Unit recognizes that the North Fork (above Colfax) has historically seen very low flows during the summer months. In requesting a reservation for future water use that is not subject to flow, the Planning Unit understands the need to pursue additional flow mitigation such as aquifer recharge, ground water studies, conservation and public education measures, habitat enhancement, and other projects. As part of future negotiations regarding an instream flow package for the North Fork Palouse River, the group is willing to consider and recommend mitigation options.

The objectives NFP 1, 2, 4 and 7 and many of the other general actions described in Section 6.3 are evidence of this commitment to mitigating the impacts of future out-of-stream water use.

Funding the ISF Process

The Planning Unit requests an obligation by the agencies to collaborate with, and assist with identifying and obtaining funding for, the Planning Unit to develop a full instream flow package for the North Fork, and to support quantification of flows, a reservation and maximum allocation. This includes provision of funding to inform and educate the Planning Unit and the community on instream flow setting and the implications of rule making. Without further funding for these activities, the Planning Unit and North Fork working group will be unable to move forward in a collaborative instream flow setting process.

Estimates of Water Use in the North Fork

The following information is excerpted from the Final North Fork Water Use Technical Memorandum (Golder, May 2007). An assessment of water use in the North Fork Palouse Sub-watershed was deemed necessary to support water allocation and availability decisions for an instream flow package that may be developed by the Planning Unit as part of Phase IV of Watershed Planning.

The North Fork Palouse Sub-watershed is located in Washington and Idaho with the majority of the sub-watershed in Idaho. There are three cities/towns in the Washington portion of the North Fork Palouse Sub-watershed that provide municipal water supply: the City of Colfax, the town of Garfield, and the City of Palouse. Colfax is only partly located in the sub-watershed. This analysis presents estimates of current and future water use in the Washington portion of the North Fork Palouse Sub-watershed. Unless otherwise stated, future references to the North Fork Palouse Sub-watershed refer only to the Washington portion of the sub-watershed.

Estimates of current and projected water use for WRIA 34 have previously been presented for the major cities and unincorporated areas within WRIA 34 (Golder, 2005; Golder, 2006a). However population density and water usage are highly variable within the Palouse Watershed, therefore an assessment of water use in the North Fork Palouse Sub-watershed was deemed necessary to support water allocation and availability decisions for that specific sub-watershed.

The available water supply associated with any Group A system is defined by that system's existing water rights. Analysis of existing water rights allocated to Group A systems in the North Fork Palouse Sub-watershed indicates that the Group A systems' (Colfax, Palouse and Garfield) water rights should be able to support the projected 2025 and 2050 water use. Additional water needs that are not currently permitted by an existing water right in the North Fork Palouse Sub-watershed are therefore based on the projected 2025 and 2050 water use by Group B water systems and permit-exempt wells. Based on two potential growth scenarios and a range of household water use factors, an additional 0.17 – 1.45 cfs (42 - 350 AF/yr) would be needed to support future domestic growth through 2025. If the planning horizon is extended to 2050, an additional 0.51 – 6.14 cfs (123-1,483 AF/yr) would be needed to support growth between 2007 and 2050. Table 1 presents the forecast water needs for the two potential growth scenarios in the North Fork Palouse Sub-watershed.

It should be noted that the water use estimates presented in this memorandum represent both that water which is utilized indoors and returned via septic recharge to the river system (non-consumptive use) and that water that is used outdoors that evaporates or evapotranspires and is not returned to the river system (consumptive use). The County, when implementing a program to track reservation water, may choose to consider only that portion which is consumptive in nature. Estimates of consumptive domestic use range from approximately 15 to 25% of total water use on an annual basis (U.S. EPA, 1975-Rural Indoor/Outdoor; USGS, 1995-Indoor/Outdoor; City of Sequim, 2002-Indoor only). Further analysis of purveyor data could be used to more specifically estimate the consumptive portion of water use in the North Fork Palouse Sub-watershed if the North Fork workgroup or Planning Unit chooses.

Table 6-3
Projected Water Needs in 2025 and 2050 - North Fork Palouse Sub-watershed

North Fork Palouse Sub-watershed	**Growth Scenario**	**Projected 2025 Water Needs (2007 - 2025)**			**Projected 2050 Water Needs (2007 - 2050)**		
		Additional Number of Connections	Additional Peak Day Demand cfs[1]	Additional AF/yr	Additional Number of Connections	Additional Peak Day Demand cfs[1]	Additional AF/yr
Group B and single domestic permit-exempt wells	**Growth Scenario 1** (1.6% annual growth rate)[3]	86	0.17 - 0.48[2]	42 - 116[2]	254	0.51 - 1.41[2]	123 - 342[2]
	Growth Scenario 2 (3.93% annual growth rate)[4]	260	0.52 - 1.45[2]	126 - 350[2]	1,103	2.20 - 6.14[2]	532 - 1,483[2]
Group A water service areas	2025 and 2050	*Provided through existing water rights.*					

Notes:
1. Based on peak day demand. The conversion of MDD from mgd to cfs assumes continuous use over 24 hours.
2. The range in projected water use represents the use of two household water use factors: 430 gpd per connection and 1,200 gpd per connection.
3. Growth scenario 1 is based on the high population projection (2000 - 2025) for Whitman County (OFM, 2002).
4. Growth scenario 2 assumes that the population served by Group B and exempt wells doubles between 2007 - 2025.

Two growth scenarios were used to provide a range of future forecast water use by Group B and permit-exempt wells for domestic purposes (Table 6-3). These growth scenarios are considered conservative in that they consider the potential for significant growth. The first growth scenario assumes that the water use increases at a rate equivalent to the high population projection for Whitman County (OFM, 2002). Based on a 1.6% annual growth rate, there would be an additional 86 connections by 2025 or 254 additional connections by 2050. Using a range of per household water use factors, the additional connections would result in an additional 0.17 – 0.48 cfs (42 – 116 AF/yr) by 2025 or 0.51 – 1.41 cfs (123 – 342 AF/yr) by 2050.

The second growth scenario assumes that the population served by Group B and permit-exempt wells in the unincorporated area doubles from 2007 to 2025. Based on this assumption, the annual growth rate would be 3.93% and there would be an additional 260 connections by 2025 or 1,103 connections by 2050. Using a range of estimated water use factors, the additional connections in growth scenario 2 would result in an additional 0.52 – 1.45 cfs (126 – 350 AF/yr) by 2025 or 2.20 – 6.14 cfs (532 – 1,483 AF/yr) by 2050.

Table 6-4
North Fork Palouse River Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Agency(ies)	Description	Schedule [1]	Cost [2]
General (G)						
G-1	BW7, BW8	Early emphasis: Deep Creek, ID Clear Creek, ID	CDs[3], IDFG, NRCS, USFS, WSU Extension	Identify opportunities and implement targeted one-on-one outreach on land management planning and practices	Near-term	Low
G-2	BW6, NFP3	Entire MA	Planning Unit, USFS	Review and evaluate key strategies for water management from Clearwater National Forest Management Plan, state practices and forest practices to use in water management planning throughout the management area	Near-term	Low
G-3	BW8, BW9, NFP4	Entire MA	CDs, ISCC, NRCS, WCC	Provide additional resources to CDs to increase individual farm and urban household BMP planning and implementation assistance.	Near-term	Medium
G-4	BW3, BW11, BW12	Endicott Rosalia	CDs, Counties, Planning Unit	Survey small communities within the watershed for water management / supply issues and projects; query regarding economic development being limited by water availability	Near-term	Low
Water Quantity Management						
Hydrology and Hydrogeology Studies (QT-1)						
QT-1a	BW12, BW14, NFP2	Entire MA	Ecology, IDWR, PBAC, USGS	Characterize hydrology and connectivity of surface water, ground water, and springs within the management area.	Mid-term	Medium

Table 6-4
North Fork Palouse River Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Agency(ies)	Description	Schedule [1]	Cost [2]
Flow Measurements(QT-2)						
QT-2a	BW13, NFP1	Upstream of Colfax	Ecology, IDEQ, USGS, IDWR	Continue instream flow monitoring through permanent and seasonal gauges on North Fork; identify appropriate areas for permanent gauging stations upstream of Colfax	Ongoing	Low
QT-2b	BW13, NFP2	Entire MA	PBAC, IDWR, Ecology	Establish and maintain groundwater monitoring wells	Ongoing	Medium
Instream Flow Package (QT-3)						
QT-3a	BW14, BW18 NFP4	Entire MA	CDs, Ecology, WDFW Planning Unit	Obligate agencies to collaborate with and assist in identifying funding for developing a full instream flow package for the North Fork Palouse to support quantification of flows, a reservation, and maximum allocation. Assist in identifying funding to educate the Planning Unit/community on instream flow setting.	Near-term	Low
QT-3b	NFP1	North Fork Palouse River	CDs, Ecology, WDFW, Planning Unit	Develop instream flow package for North Fork Palouse; establish minimum instream flows for North Fork Palouse River. Consider a partial closure during low flow summer months; along with a reservation for year round domestic and municipal use and a maximum allocation during high flow; consider water reservation for storage	Mid-term	Medium
Retention and Restoration (QT-4)						
QT-4a	BW16	City of Palouse City of Potlatch City of Garfield	Cities and Towns, Ecology, IDEQ, IDWR, PBAC	Develop potential recharge and flow enhancement strategies.	Mid to Long-term	Medium

Table 6-4 North Fork Palouse River Management Area Actions						
Action (non-prioritized)	**Supported Objectives**	**Location**	**Responsible Agency(ies)**	**Description**	**Schedule [1]**	**Cost [2]**
QT-4b	BW15, BW16	Entire MA 1. Outside Harvard 2. Old Mill Site west of Potlatch (flat plane for flood control) 3. Strychnyne Creek (on stream reservoir) Above Laird Creek (dam)	CDs, Ecology, IDEQ, IDWR, NRCS, USFS	Identify opportunities for additional retention/settling basins: small scale and large scale	Near-term	Low
QT-4c	BW10, BW11	Entire MA	CDs, Counties, Ecology, IDEQ, IDWR, Individual landowners, NRCS, WSU Extension	Characterize riparian conditions and identify restoration/enhancement areas where appropriate; implement riparian function enhancement projects with willing landowners, tailored to their strategies and needs, in priority areas where appropriate using incentive-based approaches (using Whitman County Growth Management Plans to assist in identification of critical areas)	Near-term	Medium
QT-4d	BW10	Entire MA	CDs, Ecology, IDEQ, IDWR, Individual landowners, NRCS	Conduct feasibility of and implement potential wetland storage locations	Near-term	Medium
QT-4e	BW10	Entire MA	CDs, Ecology, IDEQ, IDWR, NRCS, USFS	Enhance and/or restore wetlands at the following locations with willing landowners; evaluate incentive-based approaches to wetland restoration: 1. City of Potlatch – old mill site 2. Upper forest meadows (USFS)	Mid-term	Medium
Water Conservation and Reuse (QT-5)						
QT-5a	BW17	Entire MA	CDs, Individual irrigators, NRCS	Identify and prioritize locations to implement water conservation and efficiency strategies for agricultural irrigation systems	Near-term	Low
QT-5b	BW17	Entire MA	Cities and Towns, Public Systems, WDOH	Implement WDOH municipal conservation program elements as appropriate	Near-term	Low to Medium

Table 6-4 North Fork Palouse River Management Area Actions						
Action (non-prioritized)	**Supported Objectives**	**Location**	**Responsible Agency(ies)**	**Description**	**Schedule [1]**	**Cost [2]**
QT-5c	BW9, BW11, BW17	Entire MA	CDs, DOH, Ecology, IDEQ, IDWR, WSU/UI Extensions, Individual landowners, NRCS, Non-profit organizations	Implement management area-wide conservation program, including: 1. Communicating existing efforts and opportunities for funding to individual landowners 2. Increasing funding, methods and outreach of conservation measures to all water users 3. Developing regional workshops that target all water users on the following topics: a. water re-use b. lawn watering c. water efficiencies d. equipment installation and use e. riparian and watershed function f. out of stream livestock watering	Ongoing	Low to Medium
QT-5d	BW15	Entire MA	Cities and Towns, Counties, Ecology, IDEQ, IDWR, Individual landowners, Non-profit organizations	Encourage water re-use systems and stormwater management plans for new construction; investigate legality of use of gray water and evaluate impacts to surface water flows.	Ongoing	Low
Infiltration and Recharge (QT-6)						
QT-6a	BW12, BW17, NFP2	Entire MA	CDs, Ecology, IDWR, Individual landowners	Encourage use of small scale structures by landowners to improve baseflows in the summer, (e.g. those at Laird Park, ID. Consider the Laird Park site as a demo site for local Conservation Districts to show to interested landowners.	Mid-term	Low-Medium

Table 6-4 North Fork Palouse River Management Area Actions						
Action (non-prioritized)	**Supported Objectives**	**Location**	**Responsible Agency(ies)**	**Description**	**Schedule [1]**	**Cost [2]**
QT-6b	BW12, BW17	Kamiak Butte	Palouse CD, PBAC, USGS, Ecology	Further develop the feasibility of enhanced infiltration at the basement – basalt contact at Kamiak Butte, with preference for an infiltration ditch that would follow the contact between the basalt and the basement rocks. Consider the North Fork and Fourmile Creek as potential sources of water for infiltration.	Mid-term	Medium-High
QT-6c	BW12, BW17, SFP2	Entire MA	PBAC, CDs, Ecology, Pullman, WSU, IDWR	Further develop the concept of aquifer recharge using recharge wells to stabilize and recover aquifer levels in both the Wanapum and Grand Ronde basalts. Educate and involve the public in water management options.	Mid-term	Medium-High
Water Quality Management (QL)						
QL-1	BW18, BW19, NFP4	North Fork Palouse River	Planning Unit	Reference 2002 North Fork Palouse River Watershed Management Plan for water quality strategies and measures.	Near-term	Low
QL-2	BW18	Washington portion Idaho portion	Cities and Towns, CDs, Counties, Ecology, IDEQ, WSU Extension	Conduct further characterization of ground water for potential contamination from nitrates; provide opportunities for voluntary water quality sampling on private wells (sample kits)	Mid-term	Medium
Bacteria (QL-3)						
QL-3a	BW18, BW19 NFP4	Entire MA	CDs, Counties, IDEQ, Individual landowners, NRCS, WDOH, Ecology, WSU Extension	Identify sources of fecal coliform (by species) and implement the following strategies to reduce water quality impacts: 1. minimize direct discharge from livestock operations (feedlots and/or grazing) 2. enhance riparian buffers	Mid-term	Low

Table 6-4 North Fork Palouse River Management Area Actions						
Action (non-prioritized)	**Supported Objectives**	**Location**	**Responsible Agency(ies)**	**Description**	**Schedule [1]**	**Cost [2]**
QL-3b	BW18, BW19 NFP4	Entire MA City of Palouse	Counties, IDEQ, Individual landowners, NRCS, USFS, Ecology, WDOH, WSU Extension	Conduct further inventory of septic systems, and identify and evaluate potential options to repair systems and reduce waste from entering surface waters and water quality impacts (evaluate opportunities for assistance to landowners for repairs)	Near-term	Low to Medium
QL-3c	BW18, BW19 NFP4	Entire MA City of Palouse	Counties, IDEQ, Individual landowners, NRCS, USFS, Ecology, WDOH, WSU Extension	Increase awareness by development and implementation of an education program targeting septic system issues	Near-term	Low to Medium
QL-3d	BW18, BW19 NFP4	City of Palouse (Fisher Addition)	City of Palouse, Ecology	Evaluate the feasibility, cost and funding sources for a sewer extension for eastside Palouse	Near-term	Low
Sediment (QL-4)						
QL-4a	BW19, NFP4	Entire MA Deep Creek, ID	CDs, Counties, Ecology, IDEQ, IDWR, Latah County Highway District, NRCS, USFS, WADOT, WSU Extension	Conduct further characterization of sediment sources, and identify and evaluate potential options to reduce sediment loads entering surface waters, including: 1. BMPs for agriculture, range, forest (forest road stabilization and abandonment). 2. Rural Roadway BMPs 3. Deep Creek, ID: streambank stabilization, cropping systems, livestock management, and other practices	Mid-term	Medium

Table 6-4 North Fork Palouse River Management Area Actions						
Action (non-prioritized)	**Supported Objectives**	**Location**	**Responsible Agency(ies)**	**Description**	**Schedule [1]**	**Cost [2]**
QL-4b	BW8, BW19, BW20, NFP4	Entire MA	CDs, Counties, NRCS, WSU Extension	Establish and promote the following BMPs for erosion control and improved infiltration for cropland: 1. increase opportunities for conservation tillage, when applicable (including long-term incentives) 2. bank stabilization 3. riparian buffers 4. grazing management systems	Ongoing	Low
QL-4c	BW10	Mainstem Palouse River	CDs, Ecology, IDEQ, IDWR, USACE	Conduct bank stabilization activities to minimize water quality impacts from flood events	Mid-term	Low to Med
Stormwater (QL-5)						
QL-5	BW15	Drainage facilities on rural and urban roads	Cities and Towns, Counties	Identify and prioritize areas to implement strategies to improve stormwater management and treatment and increase groundwater infiltration.	Near to Mid-term	Medium
Landowner Practices (QL-6)						
QL-6a	BW8, BW19, NFP4	Entire MA Along length of North Fork (lower elevations)	CDs, Ecology, IDEQ, Individual landowners, NRCS, WSU Extension	Work with individual livestock owners/managers to review management practices, and implement the following BMPs through grants and other programs to limit water quality impacts: 1. livestock BMPs (specific to type of animal) 2. monitoring 3. expanded lagoons / lined aerated lagoons 4. nutrient management plans	Near-term	Low to Medium

Table 6-4
North Fork Palouse River Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Agency(ies)	Description	Schedule [1]	Cost [2]
QL-6b	BW18, BW19, NFP4, NFP5	Entire MA	CDs, Ecology, IDEQ, WSDA, WSU Extension	Work with individual landowners to review pesticide and fertilizer use and implement the following BMPs to limit water quality impacts: 1. Implementation of nutrient management plans on agriculture / rangelands 2. Follow labels for appropriate application 3. Evaluate and support opportunities for funding of high precision agricultural systems to reduce pesticide use	Ongoing	Low
TMDL Coordination (QL-7)						
QL-7a	BW9, BW18, BW19	Entire MA	CDs, Ecology, IDEQ	Encourage public participation in the TMDL process	Near-term	Low
QL-7b	BW4	Mainstem Palouse Idaho	CDs, Ecology, Planning Unit	Identify mainstream/alternative funding opportunities for TMDL studies and implementation activities on the mainstem Palouse River and in Idaho	Near to Mid-term	Low
QL-8	BW20, NFP5	Entire MA	CDs, Ecology	Conduct surface water sampling to support assessment of treatment options for water diverted from the North Fork of the Palouse River and Fourmile Creek.	Mid-term	Low-Medium
Regulatory Actions (RG)						
RG-1	BW7	Entire MA	Cities and Towns, Counties, USFS, WDFW, Ecology, IDEQ	Implement/enforce of land use and management regulations by appropriate agencies to protect critical, pristine areas of the management area.	Ongoing	Low

Table 6-4
North Fork Palouse River Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Agency(ies)	Description	Schedule [1]	Cost [2]
RG-2	BW8, BW11	Entire MA	Cooperative Extension, Cities and Towns, Counties, Ecology, IDEQ, IDFG, IDWR, NRCS, USFS, WDFW	Review and update, as needed, best-available-science-based riparian buffer zones and critical areas regulations.	Ongoing	Low
RG-3	NFP6	Idaho portion of MA	IDEQ, IDL	Evaluate and review the impact of the Idaho Forest Practices Act on water quality.	Near-term	Low
RG-4	BW7	Washington portion of MA	Cities and Towns, Counties, IDEQ, Ecology.	Evaluate effectiveness of critical areas ordinances; modify ordinances to improve effectiveness as necessary.	Near-term	Low
RG-5	BW3, BW8, BW11, BW18	Entire MA	Cities and Towns, Counties, WDFW, Ecology, IDEQ, IDFG	Manage local development to minimize impacts to natural resources	Ongoing	Low to Medium

Notes:

1) Schedule: Suggested dates have been provided or a range, where: Near-term=0-3 years; Mid-term=3-10 years; Long-term=10 years or more beyond date of plan adoption.
2) Estimated costs have been provided where available from feasibility or other studies. Otherwise, a cost range is provided where: Low=<$100,000; Medium=$100,000-$500,000; High= >$500,000
3) Conservation Districts located within the North Fork Palouse River Management Area include the following: Palouse, , Latah SWCD, Whitman (small area), Palouse Rock Lake (small area)
4) Cities and towns located within the North Fork Palouse River Management Area include the following: Palouse, Potlatch (ID), Onaway (ID)
5) Counties located within the North Fork Palouse River Management Area include the following: Whitman, Latah (ID), Benewah (ID) (small area)

(**Insert Exhibit 6-3 North Fork Palouse Management Area**)

6.4 South Fork Palouse River Management Area Planning Objectives and Actions

Watershed issues identified for South Fork Palouse River include:

- Sediment, nutrients, and fecal coliform levels contribute to degraded water quality.
- Riparian areas are not currently functioning to their potential in some areas and need to be restored/ enhanced.
- Erosion is occurring from land use activities (i.e. cropland, urban development, forest, roads, etc).
- Water temperature levels exceed water quality standards in certain areas.
- Surface flows are inadequate to sustain instream flow and aquatic habitat during summer low flow periods. Flow is dependent upon wastewater discharges from Moscow and Pullman.
- Water levels in the deep aquifer appear to be declining and understanding of groundwater systems is incomplete.
- Cross-state management of shared water resources.
- Securing sufficient water resources for sustainable supply and growth.
- Land use activities have changed the hydrology of the system resulting in increased runoff rates and an increased risk of damaging high flows.

Basin–wide objectives described in Section 5 are directly applicable to the South Fork Palouse River Management Area and address many of the issues and conditions described above. In addition, specific objectives for the South Fork Palouse River Management Area are provided below. Objectives are numbered sequentially with the prefix SFP (South Fork Palouse) for convenience. The numbers do not imply or assign any priority, ranking or implementation order to the objectives.

SFP1. Improve water quality to the extent practicable given existing watershed conditions. Water quality improvements to be addressed include:

- Water temperature
- Sediment loading and turbidity
- Nutrient levels
- Fecal coliform bacterial loading
- Toxics
- Dissolved oxygen levels
- pH
- Sustain and seek opportunities to increase base flow

SFP2. Develop additional sustainable water supplies to provide for future needs.

SFP3. Review surface water quality standards and establish natural (system potential) temperature levels for Paradise Creek and South Fork Palouse River that reflect conditions within the watershed.

SFP4. Clarify status and validity of existing water rights, claims, certificates and permits, including place of use, point of diversion and usage information for existing water right holders on South Fork below Pullman, as it relates to wastewater effluent discharge and/or reuse strategies.

SFP5. Encourage and improve coordination of Idaho and Washington water resource management to protect and enhance surface and ground water supply and quality.

SFP6. Continue ongoing efforts to better understand and characterize the area's hydrogeology and basalt ground water conditions.

Projects, actions and additional studies are identified in Table 6-5, organized by planning elements, to meet the area-specific objectives described above and basin–wide objectives provided in Section 4. There are several actions or project types that are applicable across several objectives, e.g., implementation of these projects could benefit multiple objectives. Such projects include:

- Enhance riparian functions and habitat, including riparian vegetation, where the landowner is willing. These projects can benefit instream flow by restoring a more natural hydrograph, enhance recharge of ground water, improve water temperature and quality, reduce sediment loading, and provide habitat for terrestrial and aquatic species. Riparian function enhancement projects should be tailored to landowner needs, and incorporate voluntary incentive-based approaches.

- Establishing and promoting the following BMPs, as applicable, for pasture and rangeland, cropland, and forest land (The application of these BMPs provides both erosion and sediment control, enhances recharge of ground water, and improves water quality):

    - Conservation tillage
    - Minimize conventional summer fallow
    - Improved grazing management
    - Increased grassed waterways
    - Buffers on waterways and drainage ditches
    - Strip cropping
    - Feedlot placement
    - Use of site-based NRCS manuals
    - Conservation plan development and implementation

- Characterize the hydrology, connectivity and interaction between surface water, ground water, springs, and gravel beds and develop potential recharge and flow enhancement strategies, with specific analysis to be conducted at the following locations:

    - Moscow Mountain

- Sand Road area
- Smoot Hill
- Kamiak Butte
- Latah County (eastern basin)
- City of Pullman
- City of Moscow
- Upper reaches of tributaries

- Identify and implement wastewater effluent reuse strategies where practicable, considering legal interpretation of obligation/amount of water to supply and protect water rights, including riparian stockwatering rights, below city discharge points. Conduct tentative determination of status and validity of existing water rights, claims, certificates and permits, including place of use, point of diversion and usage information for existing water right holders

- Conducting urban and rural conservation programs targeting individual homeowners and landowners, using incentive and rate-based approaches that encourage re-use, education / conservation and understanding of the individual's role in supporting watershed hydrology.

Exhibit 6-4, which follows the actions table, identifies some highlighted management actions within the management area, where actions were able to be readily identified on the map.

Table 6-5
South Fork Palouse River Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Organization(s)	Description	Schedule [1]	Cost [2]
General (G)						
G-1	BW8, BW9	Entire MA	CDs[3], NRCS, Planning Unit	Provide additional resources to CDs to increase individual farm and urban household BMP planning and implementation assistance.	Near-term	Medium
G-2	BW8, SFP5	Entire MA	PBAC	Establish a central and permanent office for storage of geologic/ hydrologic information on the Palouse Basin	Near-term	Low
G-3	BW6, BW8, SFP5	Entire MA	PBAC, Ecology, CDs, Counties[4], Cities[5]	Develop a framework for water resource management decisions in the Palouse Basin Aquifer (PBAC's #1 priority)	Near-term	Low
G-4	BW6, BW8, NFP5	Entire MA	Palouse CD, Cities, U of I, WSU, Counties, Ecology, USGS	Continue the "Palouse Water Summit" as an annual event to discuss Palouse Watershed water resources issues in a public forum.	Near-term to Long-term	Low -Medium
Water Quantity Management						
Hydrology and Hydrogeology Studies (QT-1)						
QT-1a	BW14, SFP2, SFP6	Pullman/Moscow	Ecology, IDWR, PBAC, USGS,	Continue to characterize ground water resources; map approximate location, depth, and extent of aquifers. Also determine regional quantities and movement of ground water. Age-date water to identify young water in shallow and deep aquifer systems.	Mid-term	High
QT-1b	BW15, BW16	Pullman/Moscow	City of Moscow, City of Pullman	Identify and evaluate potential aquifer recharge areas, such as winter flow diversions, ASR, Class A treated effluent, etc.	Mid-term	Medium

Table 6-5 South Fork Palouse River Management Area Actions						
Action (non-prioritized)	**Supported Objectives**	**Location**	**Responsible Organization(s)**	**Description**	**Schedule [1]**	**Cost [2]**
QT-1c	BW14, BW16, SFP6	Entire MA	Ecology, IDEQ, PBAC USGS	Characterize hydrology and connectivity of surface water, ground water, and springs, and develop potential recharge and flow enhancement strategies at the following locations: 1. Moscow Mountain 2. Sand Road area 3. Smoot Hill 4. Kamiak Butte 5. Latah County (eastern basin) 6. upper reaches of tributaries	Mid-term	Medium
QT-1d	BW14	Entire MA	PBAC, Ecology, IDEQ, IDWR	Conduct ongoing studies and data collection to monitor groundwater conditions, and to better understand how recharge occurs.	Ongoing	Medium
QT-1e	BW15, SFP6	Entire MA	PBAC, USGS	Completion of 1:24,000 scale geologic maps for the Colfax South, Garfield, and Ewartsville quads	Mid-term	Low-Medium
QT-1f	BW15, SFP6	Entire MA	PBAC, USGS	Completion of 1:48,000 and 1:100,000 scale geologic map of the Palouse Basin Aquifer	Mid-term	Low-Medium
QT-1g	BW15, SFP6	Entire MA	PBAC, USGS	Develop a 3-D model of the geology of the Palouse Basin Aquifer	Mid-term	Medium-High
QT-1h	BW12	Cunningham Farm	PBAC, Ecology	Cunningham Farm Monitoring Field Well Project (PBAC's #2 Priority)	Mid-term	Low-Medium
QT-1i	BW15, SFP6	Kamiak and Four-Mile "gaps"	PBAC, Ecology, USGS	Geologic characterization of the Kamiak and Four-Mile "gaps" by further investigation of well logs and additional test drilling (PBAC's #3 Priority)	Mid-term	Medium
QT-1j	BW17, SFP2	Entire MA	PBAC, Ecology, IDWR, IDEQ	Rainfall/Wanapum well correlation study to determine recharge areas and amounts	Mid-term	Medium
QT-1k	BW17, SFP6	Bovil and Vantage	PBAC	Carbon 14 dating of Sediments of Bovil and Vantage well water	Mid-term	Medium

Table 6-5
South Fork Palouse River Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Organization(s)	Description	Schedule [1]	Cost [2]
QT-1l	BW15, SFP6	Entire MA	PBAC	Develop more detailed Grande Ronde flow maps by comprehensive basalt sampling/chemistry	Mid-term	Medium
QT-1m	BW12, BW14. SFP6	Entire MA Colfax	Ecology, PBAC, IDWR, USGS, City of Colfax	Characterize hydrology and connectivity of surface water, ground water, and springs within the management area, specifically looking at whether proposed new Colfax well project will impact shallow aquifer, springs and streamflows.	Mid-term	Medium
Flow Measurement (QT-2)						
QT-2a	BW14, 17, SFP2	Fourmile Creek	Palouse CD, Ecology, USGS	Install permanent gauging on Fourmile Creek.	Near-term	Low
QT-2b	BW13	South Fork Palouse River City of Colfax	CDs, Ecology, IDWR, USGS	Continue instream flow monitoring through permanent and seasonal gauges on South Fork.	Ongoing	Low
QT-2c	BW14	City of Pullman	Ecology, City of Pullman	Continue to operate and maintain gauging station in Pullman.	Ongoing	Low
Conservation and Reuse (QT-3)						
QT-3a	BW15, SFP4	Pullman/Moscow	City of Moscow, City of Pullman, WSU, Ecology	Identify and implement wastewater effluent reuse strategies where practicable, considering legal interpretation of obligation/amount of water to supply and protect water rights, including riparian stockwatering rights, below city discharge points.	Mid-term	High
QT-3b	BW17	Entire MA	City of Moscow, City of Pullman, DOH	Continue to implement DOH municipal conservation program elements as appropriate	Near-term	Low to Medium

Table 6-5 South Fork Palouse River Management Area Actions						
Action (non-prioritized)	**Supported Objectives**	**Location**	**Responsible Organization(s)**	**Description**	**Schedule [1]**	**Cost [2]**
QT-3c	BW8, BW17	Between Pullman and Colfax	CDs, Individual landowners, NRCS	Continue efforts to implement the following water conservation and efficiency strategies for agricultural systems: 1. conservation tillage 2. irrigation efficiencies	Near-term	Low
QT-3d	BW2, BW4, BW9, BW17	Public Water systems in the MA	Public Water Systems and CDs	Secure funding and implement community education program on water conservation and water quantity management options.	Near-term and on-going	Low
QT-3e	BW16, SFP2	City of Pullman	Ecology	Support Pullman and WSU efforts to obtain funding (Legislature and other sources) for wastewater reuse project.	Ongoing	Low
QT-3f	BW8, BW17	Entire MA	WSU, CDs, NRCS	Pursue trials of various no-till operations (e.g. Cook/Stations – Cunningham farm), and then demonstrate these conservation tillage approaches and results to area growers.	Near-term	Low
Landowner Practices (QT-4)						
QT-4a	BW14, BW16, SFP2, SFP6	Rural lands in MA	CDs, NRCS	Develop and implement Conservation Tillage Aquifer Recharge Program: This program focuses on improving aquifer recharge by changing farming practices on approximately 50,000 acres (35,000 WA & 15,000 ID)	Mid-term	High
QT-4b	BW7, BW8, BW9	Entire MA	Counties, Cities, and Towns[6]	Encourage low impact development and sustainable growth strategies to limit impacts to water resources.	TBD	TBD
Retention and Restoration (QT-5)						
QT-5a	BW15, BW16	Entire MA	City of Moscow, City of Pullman, CDs, Counties[4], NRCS, Whitman County	Conduct study to identify opportunities for additional retention/settling basins to enhance supply. Consider rainfall collection.	Near-term	Low

Table 6-5 South Fork Palouse River Management Area Actions						
Action (non-prioritized)	**Supported Objectives**	**Location**	**Responsible Organization(s)**	**Description**	**Schedule [1]**	**Cost [2]**
QT-5b	BW10, BW11	Entire MA; riparian areas and floodplains.	CDs, Cooperative Extension, Counties, NRCS	Conduct study to identify opportunities for wetland creation, restoration and enhancement for storage purposes	Near term	Low
QT-5c	BW14, BW16	Entire MA	PBAC, Ecology, IDWR	Conduct an economic evaluation/feasibility study that addresses, with other new supply options, supply development (i.e. "harvesting") opportunities, and compare costs.	Mid-term	Low
Infiltration and Recharge (QT-6)						
QT-6a	BW17, SFP2	Paradise Creek/Palouse Mall Area	CDs, Ecology, IDEQ, IDWR	Paradise Creek,/Palouse Mall Area Aquifer Recharge Study	Mid-term	Medium-High
QT-6b	SFP2, BW17	City of Pullman	City of Pullman, CDs, Ecology	Pullman ASR Feasibility	Mid-term	Medium-High
QT-6c	BW12, BW17	Kamiak Butte	Palouse CD, PBAC, USGS, Ecology	Further develop the feasibility of enhanced infiltration at the basement – basalt contact at Kamiak Butte, with preference for an infiltration ditch that would follow the contact between the basalt and the basement rocks. Consider the North Fork and Fourmile Creek as potential sources of water for infiltration.	Mid-term	Medium-High

Table 6-5
South Fork Palouse River Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Organization(s)	Description	Schedule [1]	Cost [2]
QT-6d	BW12, BW17, NFP2	City of Pullman	City of Pullman, PBAC, Ecology, CDs	Complete further study on ASR feasibility in Pullman, beginning with a pre-feasibility document including: 1. identification/examination of existing wells for possible retrotfit to ASR 2. geochemical compatibility screening 3. preliminary operational scenarios and water system compatibility overview 4. proposed observation well network and monitoring plan 5. educate and involve the public in water management options.	Mid-term	Medium
QT-6e	BW12, BW17, SFP2, SFP6	Entire MA	CDs, PBAC, USGS, Ecology	Further develop the preliminary feasibility of enhanced infiltration at the crystalline bedrock – basalt margins as a long-term groundwater level management tool. Conduct an investigation including the use of geophysics and test pits to determine if the contact can be identified and exposed.	Mid-term	Medium-High
QT-6f	BW12, BW17, SFP2	Entire MA	CDs, Ecology, City of Pullman, WSU	Conduct geochemical analysis to confirm compatibility of surface water for use as a source for aquifer storage and recovery (ASR).	Mid-term	Medium
QT-6g	BW12, BW17, SFP2	Entire MA	PBAC, CDs, Ecology, Pullman, WSU, IDWR	Further develop the concept of aquifer recharge using recharge wells to stabilize and recover aquifer levels in both the Wanapum and Grand Ronde basalts. Educate and involve the public in water management options.	Mid-term	Medium-High

Table 6-5
South Fork Palouse River Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Organization(s)	Description	Schedule [1]	Cost [2]
QT-6h	BW12, BW17, SFP2	City of Pullman	City of Pullman, WSU, Ecology, CDs	Following the pre-feasibility state, and if ASR in Pullman is considered a good potential to improve water supply reliability, develop a pilot scale program(s) using existing wells/water system infrastructure. Educate and involve the public in water management options.	Long-term	High
Water Quality Management						
TMDL Coordination (QL-1)						
QL-1a	BW9	Entire MA	Ecology, IDEQ	Conduct public education program on TMDL and water quality standards	Near-term	Low
QL-1b	BW18, SFP1	Paradise Creek South Fork Palouse	Cities, Ecology, IDEQ	Evaluate pros and cons of conducting Use Attainability Analysis (UAA) for meeting water quality standards	Near-term	Medium
QL-2	BW13, BW18	Recharge areas	Ecology, IDEQ, DOH, PBAC, Planning Unit	Conduct further characterization of ground water for potential contamination from nitrates using existing data (USGS, Dept. of Health, etc), and identify risk areas.	Near-term	Medium
Bacteria (QL-3)						
QL-3a	BW13 SFP1	Entire MA	Ecology, IDEQ, Planning Unit	Conduct further characterization of surface water for potential contamination from fecal coliforms; identify sources (e.g., agricultural runoff or natural populations of waterfowl and/or other species) using best available practices to identify fecal sources.	Near-term	Medium
QL-3b	BW8, BW11, BW18, BW19, SFP1	Entire MA	CDs, Individual landowners, NRCS, USFS, Ecology, WSU Extension, Whitman County	Implement the following strategies to reduce fecal coliform levels: 1. enhance riparian areas 2. livestock/grazing management 3. out of stream watering of livestock 4. identify failing septic systems 5. education/outreach	Mid-term	Medium

Table 6-5
South Fork Palouse River Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Organization(s)	Description	Schedule [1]	Cost [2]
QL-4	BW8, BW10, BW11,BW19, BW20, SFP1	Entire MA	CDs, NRCS, USFS, Ecology, WSU Extension, Whitman County	Implement the following strategies to reduce erosion and sediment levels: 1. Enhance riparian areas 2.Divided slopes 3. Conservation tillage 4. Streambank stabilization 5. Provide incentives to landowners	Ongoing	Medium
QL-5	BW8, BW19, BW20	Entire MA	Cities, Towns, North Latah Highway District, Whitman County	Implement stormwater management BMPs and plans (such as the Eastern Washington Stormwater Manual) for existing and/or new urban and rural developments and roadways.	Ongoing	Low
QL-6	BW8, BW11, BW19	Entire MA	CDs, Ecology, IDEQ, NRCS, WSDA, WSU Extension	Work with urban and rural individual landowners to review pesticide and fertilizer use; and to implement the following best management practices to limit water quality impacts: 1. Enhance riparian areas 2. Urban/rural education program 3. Conservation tillage	Ongoing	Low
QL-7	BW19	Entire MA	Pullman	Palouse Aquifer Water Chemical Analysis Study	Mid-term	Low-Medium
QL-8	BW20, SFP1	Entire MA	CDs, Ecology, IDEQ	Conduct surface water sampling to support assessment of treatment options for water diverted from Paradise Creek and the South Fork of the Palouse River.	Mid-term	Low-Medium

Table 6-5
South Fork Palouse River Management Area Actions

Action (non-prioritized)	Supported Objectives	Location	Responsible Organization(s)	Description	Schedule [1]	Cost [2]
Regulatory Actions						
RG-1	BW1, SFP4	South Fork below Pullman	Ecology, IDWR	Conduct tentative determination of status and validity of existing surface water rights, claims, certificates and permits (including riparian stockwater rights), including place of use, point of diversion and usage information for existing water right holders	Mid- term	Medium
RG-2	BW7, BW18	Entire MA	Cities, Towns, USFS, Whitman County, Latah County, Ecology, IDEQ, WDFW	Implementation/enforcement of land use regulations by appropriate agencies to protect critical areas and pristine areas of the management area (e.g. critical areas and shorelines programs).	Ongoing	Low
RG-3	BW7, BW10, BW11	Entire MA	Cities, Towns, USFS, Whitman County, Latah County, Ecology, IDEQ, WDFW	Review and update riparian buffer zones and critical areas regulations as needed, using best available practices and science.	Ongoing	Low
RG-4	BW2	Entire MA	Ecology, IDWR, Planning Unit, State Legislature	Consider supporting legislation to provide incentives to water rights holders to conserve water.	Mid-term	Medium
RG-5	BW1, BW2	Entire MA	Ecology, IDEQ, Planning Unit, State Legislature	Consider water banking, allowing unused water to be sold/leased to other users commensurate with current statutory and case law.	Mid-term	Medium

Notes:

1) Schedule: Suggested dates have been provided or a range, where: Near-term=0-3 years; Mid-term=3-10 years; Long-term=10 years or more beyond date of plan adoption.
2) Estimated costs have been provided where available from feasibility or other studies. Otherwise, a cost range is provided where: Low=<$100,000; Medium=$100,000-$500,000; High= >$500,000
3) Conservation Districts located within the South Fork Palouse River Management Area include the following: Palouse, Whitman and Latah SWCD
4) Counties located within the South Fork Palouse River Management Area include the following: Whitman and Latah (ID)
5) Cities located within the South Fork Palouse River Management Area include the following: Colfax, Pullman, Moscow (ID)
6) Towns located within the South Fork Palouse River Management Area include the following: Albion

(Insert Exhibit 6-4, South Fork Palouse Management Area)

Section 7
Plan Implementation Considerations

7.1 Introduction

This plan identifies a range of recommended basin-wide and management area-specific actions concerning water supply, stream flow management, surface water quality and groundwater quality. This section addresses overall implementation needs necessary for providing a foundation for individual actions. Implementation considerations for these actions include identifying the organizations that would have implementation responsibilities, implementation timeframe, and potential sources of funding. This section also builds on information and recommendations presented in a Report to the Legislature prepared by the Phase 4 Watershed Plan Implementation Committee in 2002. These recommendations have been reshaped to match local circumstances in the WRIA 34. Information in this section will be refined and updated during Phase IV, where a detailed implementation plan will be developed.

7.2 Plan Adoption Process and Resulting Obligations

The Watershed Management Act prescribes a specific process for adoption of a watershed plan, and voluntary acceptance of obligations under the plan (Section 90.82.130 RCW). This is a two-stage process. First, the Planning Unit considers the plan for approval, and individual members of the Planning Unit consider what actions they will commit to carrying out. Once this is completed, the plan is sent to the Boards of County Commissioners of Adams, Lincoln, Spokane and Whitman Counties for their consideration. If the Commissioners approve the plan, the voluntary commitments/obligations made by members of the Planning Unit become binding to entities within Washington State, recognizing funding and staffing limitations (see discussion below).[1]

Through this process, no organization or person is required to take on a commitment outlined in the plan. However, once an organization has formally agreed to implement actions identified in the plan, the Planning Unit expects these commitments/obligations to be honored, again, recognizing funding and staffing limitations. The Planning Unit recognizes that obligations agreed to by state and local government agencies in the Watershed Plan may need to be further refined. Consideration should be given for entering into MOAs (to be developed in Phase IV Implementation), as appropriate.

This watershed plan does not create any obligations for private businesses, citizens or landowners. However, there are recommendations identified for *voluntary* action in the private sector.

[1] [1] Idaho agencies and jurisdictions are not bound by this plan as a similar legal framework for plan development and implementation does not exist for Idaho as it does for Washington. Accordingly, Idaho jurisdictions must determine how all or portions of this plan might be voluntarily implemented within the Idaho portion of the Palouse.

Actions recommended in this plan are intended to be specific enough to clearly identify the actions and results; yet general enough to permit some flexibility in carrying them out. The Planning Unit recognizes that some actions require further investigation prior to full implementation. The Planning Unit also recognizes that many actions can only be carried out if funding is provided by the State Legislature or other funding agencies, and that funding decisions will be made over a period of months or years following plan adoption. The recommendations made in this plan have been crafted to recognize these limitations.

It is important that any rules adopted by the State of Washington to implement this watershed plan be fully considered in the context of the intent expressed by the Planning Unit in this watershed plan. The strategies presented in this watershed plan are intended to provide a balanced suite of actions to manage water resources in the WRIA 34 planning area. In the event that a State rule-making process, legislative action, or court decision substantially alters implementation of the provisions outlined in the plan, the other organizations with implementation responsibilities reserve the right to re-visit their implementation commitments in light of these changed conditions. If changes in commitments are being considered that would substantially alter the plan strategies and actions, then these changes would go through a watershed plan amendment process to update the plan to reflect changed conditions or new information, depending upon available funding. This is particularly true for County governments, which have the role of adopting the plan through the approval process under Chapter 90.82.130 RCW.

7.3 Grant Funding for Implementation Phase

In 2003 the Washington State Legislature amended the watershed planning grants program to provide Phase 4 grants to support implementation of watershed plans (Section 90.82.040 RCW). Application for the grants can be made following approval of the watershed plan by both the Planning Unit and Counties, following the procedure described in Section 90.82.130 RCW.

As an example of grant funding, the WRIA 34 Planning Unit is eligible for up to $100,000 per year in each of the first three years of implementation. Following this, $50,000 per year can be awarded in the fourth and fifth years of implementation. A match of ten percent is required, which can include either financial or in-kind contributions.

It is not expected that this limited amount of funding will cover implementation of the projects and programs discussed in this watershed plan. Instead, these funds should be considered "seed money" to strengthen the organizational foundation for plan implementation and to pursue more substantial funding for the many activities recommended in this plan.

The Legislature also provided that the Planning Unit must complete a detailed implementation plan within one year of accepting the Phase 4 funding. Disbursements of Phase 4 funding for subsequent years is conditioned upon completion of the implementation plan. The implementation plan must contain strategies, timelines and milestones; define coordination and oversight responsibilities, any needed interlocal agreements, rules or ordinances; any needed state or local administrative approvals and permits, and specific funding mechanisms. The timelines and milestones, according to RCW 90.82.048 (1), must address the planned future use of existing water rights for municipal water supply purposes that are inchoate, including how

these rights will be used to meet the projected future needs identified in the watershed plan, and how the use of these rights will be addressed when implementing instream flow strategies identified in the watershed plan. In addition, the Planning Unit must consult with other organizations developing plans in the same area, and identify and seek to eliminate activities or policies that are duplicative or inconsistent.
The Planning Unit anticipates applying for the Phase 4 grant funding once this watershed plan is adopted. The discussion of implementation considerations in the plan provides a starting point for eventual development of the detailed implementation plan described above.

The Planning Unit anticipates that full implementation of plan recommendations will require a time frame on the order of five to twenty years. Many actions can be carried out in the first five to ten years; while others will require more time to obtain funding, permits, and other necessary approvals. As noted above, the current grant funding program is designed only for the first five years of this time frame.

7.4 Overall Coordination of Plan Implementation

The recommendations and obligations presented in this watershed plan span a range of natural resources, activities, and organizations. Recommendations and obligations as appropriate are identified for county governments, public water systems, several state agencies, private industry, landowners and others.

With a range of organizations involved, and an implementation period spanning many years, it will be important to put in place some mechanism for coordination and oversight. Some of the activities included under coordination and oversight are:

- Tracking implementation of plan actions by the many organizations involved to ensure actions are being carried out in a timely fashion, that the balanced nature of the plan is retained as actions are implemented, and that the most important priorities defined by the Planning Unit are being addressed.
- Coordinating efforts to seek funding for plan actions to avoid duplication of effort and ensure the State legislature and funding agencies see well-organized and unified support for funding requests on an ongoing basis.
- Providing information to the public on plan implementation and resulting improvements in watershed conditions.
- Providing early warning systems and joint responses to changing conditions, including physical conditions in the watershed, new regulatory developments, and new project proposals that may emerge from time to time.
- Monitoring of watershed conditions across jurisdictional boundaries, data management, and providing data access.
- Annual review of the plan detailing accomplishments from the previous year and priorities for the upcoming year. A comprehensive evaluation of the plan will initially take place after the third year, and then every five years thereafter to review and update the plan as necessary.
- Other consideration and oversight activities will be added as necessary.
- In order to provide a venue for these activities, it is recommended that the Palouse River Watershed Planning Unit transition from planning functions to coordination and

oversight functions as listed above. The purpose is to foster an organized and collaborative approach as many individual organizations carry out specific actions under their jurisdictions, and to secure funding for implementation.

To support the Planning Unit and its subcommittees during implementation, the Planning Unit and Initiating Governments are encouraged to develop a strategy to maintain funding for the Palouse Conservation District to continue its efforts as lead agency, recognizing Phase IV funds will provide funding for the first five years of implementation. Continuing the lead agency role is vital to maintaining momentum into plan implementation.

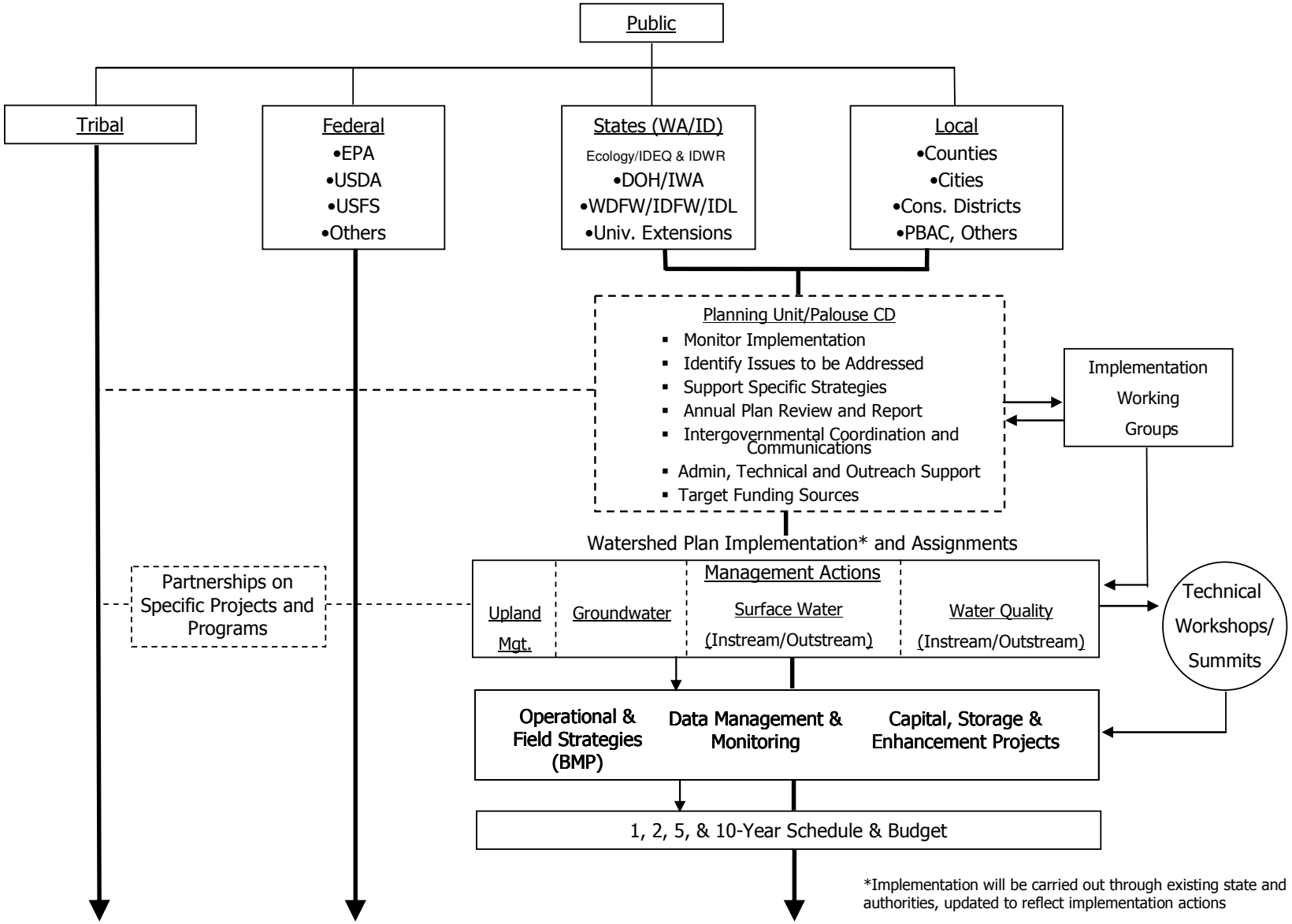
The Planning Unit requests all state and local government agencies consider and voluntarily accept all applicable obligations and recommendations and consider taking action on a template MOA to be developed during Phase IV – implementation. A summary of recommended actions and obligations is provided in Appendix B. Such an agreement will be beneficial in further defining other implementation commitments among the organizations involved, beyond the level of detail presented in this plan.

The Planning Unit is not obliged or authorized to take on any regulatory responsibilities or authorities. Regulatory activity will continue to be the responsibility of state or federal agencies and local governments, consistent with existing laws and regulations.

For the Planning Unit to be effective in the coordination and oversight role, local jurisdictions such as Adams, Lincoln, Spokane and Whitman Counties, cities and conservation districts, along with state, federal and other agencies will need to make staff resources available. Other groups such as the Sprague Lake Users Groups, PBAC and the Palouse-Clearwater Environmental Institute, as well as private landowners and land managers, need to participate in order to maintain a balanced approach to watershed management. Exhibit 7-1 identifies a conceptual organization approach. This approach will be refined during the development of the implementation plan (Phase IV of watershed planning).

Exhibit 7-1

Palouse Watershed Plan Organization and Implementation



7.4.1 Detailed Implementation Planning

Washington State watershed planning (RCW 90.82) includes the development of Detailed Implementation Plans (DIP). The DIP provides a framework for how to implement projects, programs, monitoring and assessment for water quantity, instream flow and water quality within the WRIA 34 watershed. The DIP addresses specific requirements for watershed planning.

Within one year of receiving funding for watershed implementation, each WRIA is required to complete a detailed implementation plan (DIP) in order to receive grants for the second, three and fourth years of the grant.

Per RCW 90.82.043, the DIP must:

- Contain strategies to provide sufficient water for: (a) production agriculture; (b) commercial, industrial, and residential use; and (c) instream flows;
- Timelines to achieve strategies and milestones to measure progress;
- Define coordination and oversight;
- Describe any needed interlocal agreements, rules or ordinances;
- Describe any needed state or local administrative approvals and permits that must be secured; and
- Describe specific funding mechanisms.

In addition, the Planning unit must consult with other watershed planning entities to reduce duplication and ensure consistency.

Per RCW 90.82.048, the DIP also "must address the planned future use of existing water rights for municipal water supply purposes, as defined in RCW 90.03.015, that are inchoate, including how these rights will be used to meet the projected future needs identified in the watershed plan, and how the use of these rights will be addressed when implementing instream flow strategies identified in the watershed plan." Table 7-1 provides an initial draft list of Group A water systems within WRIA 34 that may be involved in the municipal water supply planning effort during development of the DIP. This list will need to be reviewed in detail to ensure these systems are all within the WRIA 34 boundary. It is suspected that several on the list are in other WRIAs, and will be eliminated from this list.

Table 7-1
Group A Water Systems

System Name	County	Description	Residential Connections	Total Connections	Address	City	State	Zip Code
FOUR SEASONS CAMPGROUND	ADAMS	Investor	1	43	2384 N BOB LEE RD	SPRAGUE	WA	99032
TEMPLINS INC	ADAMS	Private	1	2	2008 N DURRY RD	SPRAGUE	WA	99032
SPRAGUE, CITY OF	LINCOLN	City/Town	258	258	PO BOX 264	SPRAGUE	WA	99032
FISHTRAP LAKE RESORT	LINCOLN	Investor	1	26	8308 JACK BROWN RD N	SPRAGUE	WA	99032
SPRAGUE LAKE RESORT	LINCOLN	Private	0	17	1999 SPRAGUE LAKE RESORT RD	SPRAGUE	WA	99032
WILLIAMS LAKE BEACH CLUB	SPOKANE	Association	30	30	19014 W BUNKER RD	CHENEY	WA	99004
TURNBULL WILDLIFE REFUGE SYSTEM 1	SPOKANE	Federal	0	1	26010 S SMITH RD	CHENEY	WA	99004
WILLIAMS LAKE RESORT	SPOKANE	Private	1	62	18617 W WILLIAMS LAKE RD	CHENEY	WA	99004
CLEAR LAKE PINES BEACH CLUB	SPOKANE	Association	0	151	PO BOX 653	MEDICAL LAKE	WA	99022-0653
MEDICAL LAKE, CITY OF	SPOKANE	City/Town	1269	1,269	PO BOX 369	MEDICAL LAKE	WA	99022
PICNIC PINES TRAILER COURT	SPOKANE	Investor	64	92	9212 S. SILVERLAKE RD	MEDICAL LAKE	WA	99022

Table 7-1
Group A Water Systems

System Name	County	Description	Residential Connections	Total Connections	Address	City	State	Zip Code
CLEAR LAKE WATER USERS ASSN	SPOKANE	Private	69	69	14110 S CLEAR LAKE RD	MEDICAL LAKE	WA	99022
SILVER LAKE CAMP	SPOKANE	Private	65	70	PO BOX 430	MEDICAL LAKE	WA	99022-0430
STRATHVIEW WATER DISTRICT 16	SPOKANE	Special District	99	101	PO BOX 369	MEDICAL LAKE	WA	99022
CONSOLIDATED SUPPORT SERVICES	SPOKANE	State	470	1,214	PO BOX 500	MEDICAL LAKE	WA	99022-0500
ALBION WATER DEPT	WHITMAN	City/Town	330	330	PO BOX 38	ALBION	WA	99102
COLFAX WATER DEPARTMENT, CITY OF	WHITMAN	City/Town	959	959	PO BOX 229	COLFAX	WA	99111-0229
STEPTOE WATER/SEWER DISTRICT	WHITMAN	City/Town	70	71	SR 23 #281	COLFAX	WA	99111
KAMIAK BUTTE COUNTY PARK	WHITMAN	County	1	9	N 310 MAIN	COLFAX	WA	99111
KLEMGARD COUNTY PARK	WHITMAN	County	1	10	N 310 MAIN	COLFAX	WA	99111

Table 7-1
Group A Water Systems

System Name	County	Description	Residential Connections	Total Connections	Address	City	State	Zip Code
PALOUSE EMPIRE FAIRGROUNDS	WHITMAN	County	1	96	N 310 MAIN	COLFAX	WA	99111
COLTON WATER DEPARTMENT	WHITMAN	City/Town	164	185	PO BOX 157	COLTON	WA	99113
ENDICOTT WATER DEPT	WHITMAN	City/Town	173	173	PO BOX 418	ENDICOTT	WA	99125
FARMINGTON WATER DEPT	WHITMAN	City/Town	66	76	PO BOX 65	FARMINGTON	WA	99128
GARFIELD WATER DEPARTMENT	WHITMAN	City/Town	260	290	PO BOX 218	GARFIELD	WA	99130-0218
LACROSSE, TOWN OF	WHITMAN	City/Town	186	214	PO BOX 228	LACROSS	WA	99143
DUSTY CAFE	WHITMAN	Investor	1	2	122 DUSTY RD	LACROSSE	WA	99143
DUSTY COUNTRY STORE	WHITMAN	Private	0	1	PO BOX 324	LACROSSE	WA	99143
LAMONT WATER SYSTEM	WHITMAN	City/Town	39	41	302 8TH STREET	LAMONT	WA	99017
LAMONT SCHOOL DISTRICT #264	WHITMAN	Special District	0	1	602 MAIN ST	LAMONT	WA	99017
COLFAX LDS CHURCH	WHITMAN	Private	0	1	3810 16TH ST	LEWISTON	ID	83501
OAKESDALE, TOWN OF	WHITMAN	City/Town	204	234	PO BOX 246	OAKESDALE	WA	99158-0246

Table 7-1
Group A Water Systems

System Name	County	Description	Residential Connections	Total Connections	Address	City	State	Zip Code
PALOUSE WATER DEPT, CITY OF	WHITMAN	City/Town	465	465	PO BOX 248	PALOUSE	WA	99161-0248
PULLMAN WATER DEPARTMENT, CITY OF	WHITMAN	City/Town	4158	4662	325 SE PARADISE ST	PULLMAN	WA	99163
SUNSET MOBILE COURT	WHITMAN	Investor	35	35	2652 PULLMAN-ALBION RD A10	PULLMAN	WA	99163
TULA YOUNG HASTINGS FARM - WSU	WHITMAN	State	5	9	PO BOX 641172	PULLMAN	WA	99164-1172
WASHINGTON STATE UNIVERSITY	WHITMAN	State	2163	2,413	PO BOX 641172	PULLMAN	WA	99164-1172
ROSALIA, TOWN OF	WHITMAN	City/Town	312	321	PO BOX 277	ROSALIA	WA	99170
ST JOHN, TOWN OF	WHITMAN	City/Town	263	278	PO BOX 298	ST. JOHN	WA	99171
UNIONTOWN WATER WORKS	WHITMAN	City/Town	163	163	PO BOX 87	UNIONTOWN	WA	99179-0087
Systems below need additional research to determine if they are in the WRIA								
STAHL HUTTERIAN BRETHREN	ADAMS	Private	22	30	1485 N HOFFMAN RD	RITZVILLE	WA	99169
VALLEY OF THE HORSES WATER DIST #12	SPOKANE	Association	21	21	5012 W PINTO RD	CHENEY	WA	99004

Table 7-1
Group A Water Systems

System Name	County	Description	Residential Connections	Total Connections	Address	City	State	Zip Code
MALLARD BAY RESORT	SPOKANE	Investor	2	42	PO BOX 420	CHENEY	WA	99004-0420
BUNKERS RESORT 1	SPOKANE	Investor	2	47	36402 S BUNKER LANDING RD	CHENEY	WA	99004
LEWIS BROTHERS INC	SPOKANE	Private	37	49	PO BOX 330	CHENEY	WA	99004-0330
WHITE BLUFF - JPRA	SPOKANE	Federal	0	5	92ND CES/CEOIB	FAIRCHILD AFB	WA	99011
CLEAR LAKE REC AREA	SPOKANE	Federal	1	31	92ND CES/CEOIB	FAIRCHILD AFB	WA	99011

Many of the elements and requirements cited above will be addressed in individual sections of the DIP. To avoid duplication of information, some elements or requirements will be demonstrated as being met by referencing sections of the watershed plan.

The DIP will include information on the implementation approach and framework, including:

- Watershed Coordination – This section discusses the role of the Planning Unit in coordinating with regional and other local watershed efforts, individual organization responsibilities, funding strategies, incorporation of monitoring and adaptive management in plan implementation, public involvement and how the plan will be maintained and updated.
- Implementation Funding Sources and Prioritization Approaches. Included will be a template that outlines application processes, screening criteria and deadline dates for various funding mechanisms.
- Watershed priorities
- Planned Future Water Use per RCW 90.82.043, and 048.

The Planning Unit should consider establishing Implementation Working Groups (IWGs) or subcommittees to the larger Planning Unit in each of the watershed management areas. The purpose of the IWGs is to coordinate implementation of the Watershed Plan. The IWGs could assume the following activities:

- Outline a schedule of planning and implementation activities for the next two years;
- Identify associated funding needs for these projects;
- Identify roles and responsibilities for securing additional funds needed to implement the two-year plan, and which organization(s) are responsible for implementing these projects; and
- Identify opportunities for coordination and collaboration among basin organizations and individuals.

More details on IWG responsibilities will be developed during Phase 4.

7.4.2 Summary of Prioritization Process

The prioritization of watershed projects was completed at the May 9, 2007 Palouse Watershed Planning Unit Meeting. Members participated in a priority identification exercise, beginning with the generation of the following criteria for selection of high priority projects:

- Measurable cost versus benefits (practicality)
- Will it benefit our future generations (grandchildren)?
- Protection of existing rights – property and water (value)
- Will it support the ability for long-term sustainable water supply (municipal, domestic, agriculture, other)?
- Benefit to the most people
- Supports multiple use/or benefits
- Public Acceptance/Support

- Low potential for alternative funding outside the WRIA project
- Will improve water quality – (temperature, etc.)

The Planning Unit then broke out into smaller groups representing the four Management Areas where the top three priority projects were identified and ranked for each sub-watershed. These projects were brought forth to the larger group for consideration of the top priority projects for the entire Palouse Watershed. The Planning Unit agreed by consensus on the top five, high priority, early implementation actions/projects for submission to Ecology for Implementation Funding. Lead persons for each project were identified and agreed to develop and submit a proposal to Ecology by June 11, 2007 for the current funding cycle. Meeting minutes and the session notes of the priority projects that were identified are available in Appendix E.

7.5 Implementation Actions by Individual Organizations

The involvement of individual organizations in carrying out their commitments is vital to this plan. The Planning Unit has no independent capability to implement plan actions. It is the individual landowners, counties, cities, conservation districts, water purveyors and State agencies, among others, that will ultimately carry out plan elements. Therefore, it is critical that management and governing elected bodies take note of responsibilities recommended by the Planning Unit. Also, it is important to recognize that the mix of actions in this plan results in a sharing of commitments. This will help to spread the burden of carrying out plan actions, and will also deliver real benefits across the region's jurisdictions.

Specific actions have been identified in Section 6 of the watershed plan. Detailed implementation plans for completing these actions will be developed in Phase 4 – Implementation. Section 6 contains recommended actions for each management area, and also identifies recommended responsible agencies. Appendix B includes an actions summary by agency for basin-wide and management area recommended actions and obligations. These assigned actions were based on Planning Unit understanding of existing roles and responsibilities for the various federal, state and local agencies, tribal government, and other organizations that may be participating in plan implementation. The actions summary designates whether the action is a recommendation or an obligation, and designates the implementation organization as the lead or supporting organization for each action, as defined below:

- Recommendations as defined by the Planning Unit are desirable actions intended to help meet or address one or more of the planning objectives (see Section 5.2 and Section 6).
- Obligations as defined by the Planning Unit are actions which the Planning Unit, or its designee, has committed to or has a responsibility to complete.
- An agency that leads an action is primarily responsible for the completion of the action and guides other agencies collaborating on the action. The lead agency may provide the majority of the necessary funding or obtain funding from another source.
- An agency that is in support of an action collaborates as needed on action items, taking direction from the lead agency, and dedicates funding if possible.

There may be some cases, where additional discussion may be needed to determine lead and supporting organizations responsible for recommended actions. These discussions will occur during Detailed Implementation Plan development.

For each organization carrying out actions under the plan, several steps will be needed. First, it is critical that landowners, elected decision-makers and top managers of the organizations understand the recommended or obligated actions they have been assigned to implement. Second, after the plan is adopted by the Counties, organizations will need to begin budgeting annually for actions and/or identify and pursue targeted funding sources for actions that cannot be funded through existing sources. This should be incorporated in each organization's budget process each year (or biennium for State agencies). Third, it is important to identify staff that will be responsible for carrying out specific actions. Finally, depending on the action and how the organization operates, there may be a need for work plans to be prepared to define actions and schedule. Coordination with the Planning Unit should occur regarding funding or staffing issues that arise during implementation, and coordinated funding strategies developed to secure funding to implement priority actions.

Budgeting of actions, identification of funding sources and implementation of actions has occurred throughout the planning process. This will also continue after plan adoption, as the plan is implemented over time. Plan adoption is not contingent upon secure funding. See Section 7.2 for funding caveats on recommended actions. It is recognized that actions cannot be implemented without commensurate funding. Also, the Planning Unit requests each organization consider its recommended role(s) and responsibilities, and consider entering into an MOA (referenced in Section 7.2) accepting these, and also generally describe capacity and intent to carry out these actions.

7.6 Funding Strategy

Tables have been presented in earlier sections of this watershed plan that summarize implementation considerations[2]. These tables include a preliminary estimate of the magnitude of costs and suggested time frame. A mix of potential funding sources has been identified for different activities in the plan. These sources include:

- Appropriations from the Washington State Legislature for state agency budgets (Ecology, WDFW, DOH, DNR, and Conservation Districts). This would provide funding and/or staffing that could be utilized under existing state programs to implement elements of the plan.
- Direct appropriations from the Washington State Legislature for specific projects in the Palouse basin, based on requests to be formulated as the plan is implemented;
- Appropriations from the U.S. Congress for federal agency budgets (USACE, NRCS, USGS, USFS) under existing programs;
- Grants or low interest loans from existing funding programs, such as the Public Works Trust Fund, the salmon recovery funds (state and federal), the State Revolving Fund for drinking water and many other sources may be used for funding management actions.

[2] Tables listing implementation considerations for specific actions appear in Section 6.

See Appendix F for a more detailed listing of grant and loan programs and descriptions of the types of watershed management actions that can be funded through these sources.

- Rates and hookup charges collected from customers by public water systems
- County permitting fees or general fund revenues;
- Assessments on property through local improvement districts, for projects that benefit those properties (subject to local approval);
- Private industry funds, for voluntary projects at selected industrial facilities (supplemented by public funds where possible); and
- Landowners, for voluntary projects at selected sites (supplemented by public funds where possible).

While not called out for any specific actions under the plan, Public Utility Districts and Washington Conservation Districts have authority under State law to levy property taxes up to certain limits. If this source of funding is desired, it must be subjected to a vote of the affected public. This is a potential supplementary source of funding, particularly for activities that cross local jurisdictional boundaries.

Many agencies and jurisdictions are currently funding programs that align closely with the objectives and recommendations of this plan. In many cases, existing expenditures can be effectively integrated with this plan, reducing the overall financial impact.

7.7 Monitoring and Adaptive Management

Implementing an adaptive management program for the watershed plan is an important part of plan implementation. Adaptive management has been defined in State law as "reliance on scientific methods to test the results of actions taken so that the management and related policy can be changed promptly and appropriately" (RCW 79.09.020). Adaptive management is a continuing attempt to reduce the risk arising from the uncertainty associated with information used to develop the management actions.

Three general components of an adaptive management program include validation, implementation and effectiveness monitoring,

7.7.1 Validation Monitoring

Validation monitoring determines whether the assumptions used to develop the plan recommendations are valid. Many of the general recommendations were developed based on certain assumptions about population trends, land use trends, and flow information, among other information. The recommendations may need to be changed if it is determined that some of these assumptions are not valid.

7.7.2 Implementation Monitoring

Implementation monitoring involves tracking whether the recommendations and commitments adopted in the watershed plan are being implemented and whether or not these activities have been properly completed (i.e., yes or no). Implementation monitoring generally involves

measures whose results or benefits are fairly certain and do not require complex study designs, e.g., confirmation of whether a flow monitoring gauge has been installed at the proper location.

7.7.3 Effectiveness Monitoring

Effectiveness monitoring is commonly applied in those cases where the benefit of a management action is less certain. For those commitments where the benefit is less certain, scientific study is needed to make a judgment of their effectiveness. The study can then also be used in developing or updating management responses that are appropriate. For example, the effectiveness of reconnecting a floodplain through removal of a levee may provide some flow benefits, but the magnitude of the benefit would require some further study. Once the actual benefit is measured, then a judgment can be made whether similar projects are worthwhile and should be continued or whether other options may be more beneficial. Effectiveness monitoring is commonly applied in those cases where the benefit of a management action is less certain.

7.7.4 Adaptive Management Implementation Considerations

General recommendations to consider during plan implementation include:

- Build upon existing monitoring efforts and have agencies and organizations fill assigned data gaps;
- Adopt monitoring protocols to provide a consistent means for comparing information across geographical and temporal scales;
- Continue efforts to develop the basin-wide database with a universal interface from which to share the database, and share data; and
- Conduct all three types of monitoring (implementation, effectiveness, and validation).

7.8 Public Involvement for Plan Implementation

As the watershed plan is implemented, continued stakeholder involvement and public communications, like those that have occurred during plan development, will be necessary to provide final shaping, support and effective execution of recommended management strategies and actions.

The WRIA 34 Planning Unit has encouraged public involvement throughout the planning process. The purpose of these efforts is to:

1) Raise the community's awareness on the planning process and water resource related issues.
2) Gain community involvement and input, and
3) Facilitate the exchange of information between the community and the Palouse Watershed Planning Unit.

Public involvement was sought through direct participation in the Planning Unit meetings and participation in one or more of a series of outreach workshops. Information on ongoing assessments and plan development was made available to the public through the Palouse Conservation District web site (www.palousecd.org) and notices in local newspapers.

A series of workshops was held in summer of 2005. These workshops were focused on seeking additional public input on objectives and recommended basin-wide and management area-specific action plans. This was accomplished by conducting workshops in each management area (Cow/Rock Creek – July 13; Central/Lower Palouse – July 13; North Fork Palouse – August 9; South Fork Palouse – August 10).

In addition, the Palouse Basin Water Summit was held on October 3, 2006. The meeting aimed to improve understanding of local water resource issues and to raise awareness of local efforts currently underway in the Basin. Attendees were given an opportunity to discuss current issues and provide feedback on the management of water resources. The 2006 Palouse Basin Water Summit Summary Report is provided in Appendix G.

Other Planning Unit efforts included:

- Providing public comment period at the beginning of Planning Unit meetings
- Scoping meeting prior to beginning Phase 1.
- Public information workshop at the beginning of Phase 1.
- Targeted mailing and phone calls to over 100 key stakeholders identified by initiating governments and initial scoping group to solicit participation.
- A current mailing list of 111 individuals and groups who currently receive PU meeting notes, agendas and announcements.
- An email distribution list of 65 individuals.
- Several newspaper articles generated in both local newspapers (Moscow-Pullman Daily News and Whitman County Gazette).
- Articles in conservation district newsletters and information shared at district sponsored meetings.
- Presentation to area community leaders at Regional Leadership Breakfast.
- Dozens of Planning Unit meetings.
- WRIA 34 Web Pages developed and hosted by Palouse Conservation District (www.palousecd.org) and Ecology (http://www.ecy.wa.gov/watershed/index.html).
- Current Planning Unit roster of over 40 individuals representing different interests within the watershed, 30 of whom (on average) have consistently participated at meetings.

These and other measures should be continued to maintain and enhance stakeholder support for the plan during implementation. Outreach activities should be sustained during plan implementation by a coordinated group of knowledgeable, committed individuals.

Additional examples of useful outreach tools and activities that may be considered during implementation include:

- Facilitation of an email information distribution list to communicate periodic status reports or provide notification on forums dealing with specific issues;
- Hosting public conferences or forums, targeting both technical and non-technical audiences, to facilitate discussion among stakeholders and communicate watershed plan issues and successes; and
- Production of television and radio Public Service Announcements (PSAs).

- Development and distribution of watershed newsletters to advertise participation opportunities, provide updates on implementation efforts, and highlight the success in the watershed.
- Distributing information and educational materials, such as brochures, through a portable information booth at public events (County Fairs, community events, etc).

Communication efforts should continue to target stakeholders with implementation responsibilities and others whose water practices may be impacted, but also include a broader range of citizen groups with vested interests in the planning area and process. Information conveyed to the public may include: management strategy needs and priorities; status of plan implementation and associated performance measures; successful management actions and projects; innovative water management BMPs; and/or a summation of on-going monitoring programs. These outreach efforts should be closely coordinated with established communication efforts, such as Conservation Districts and Washington State University's Cooperative Extension programs in all counties.

Involving stakeholders in the basin is the key to executing management strategies and actions. Examples of organizations to contact in targeted outreach efforts during implementation include:

- County Conservation Districts;
- Washington State University Cooperative Extension;
- Nez Perce Tribe (NPT);
- Agricultural commodity groups and trade associations;
- Environmental organizations and civic organizations;
- County Commissions and City Councils;
- State Legislators;
- Hunting, fishing and outdoor recreation interest groups;
- Irrigation districts and organized ditch irrigators;
- Agri-businesses and timber companies;
- Economic development organizations, including Port Districts;
- Colleges
- Individual landowners.

Finally, implementing organizations will periodically encounter difficult management strategies and/or particularly complex projects that may require specialized communication functions. To tackle these difficult issues, issue-specific work groups can be formed to address issues and provide for specific outreach or education efforts.

7.9 Future Plan Updates

This watershed plan has been developed over a four year period, with input from dozens of local leaders, state and federal agency staff, and citizens. It is a vast effort to assemble a comprehensive portrait of water resource needs, issues and solutions. The actions recommended in this plan were devised given current understanding of conditions as they exist at the time the plan was developed. Over the next several years, new data will be collected, conditions may change, regulatory and funding programs may change, and new projects affecting water

resources may be proposed within the region. In addition, the implementation process may result in some modifications of the recommended actions as they are actually carried out.

To accommodate this ongoing evolution of information and events in the region, it is recommended that the watershed plan be reviewed from time to time to determine whether an update is needed. This review should be carried out by the Planning Unit or its successor, as one of its implementation responsibilities. The first review should occur within three years of the date this plan is adopted by the Boards of County Commissioners for the Initiating Governments.

The Phase 4 Committee Report to the Legislature identified the following questions for a review of this type:

- Have the actions listed in the plan been implemented?
- Are the desired results being achieved?
- Is the overall intent of the plan being met?
- Are there new information gaps or changing conditions that require review?
- Are there new issues that were not considered during plan development, and that need to be addressed?

The strategies listed in this plan were designed to function as a combined whole. If any key element is struck down by legislative or court action, or becomes otherwise infeasible to implement, the remainder of the plan should be revisited to determine whether other elements need to be modified.

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APPENDIX B

Chapter 2

APPENDIX B-1

Water Leak Repair History

WATER LEAK REPAIR HISTORY

WSU Main Campus			
Water Leak Repair History			
DATE	LOCATION	DESCRIPTION	COMMENTS
2/19/2006	Gannon Hall	Replace 1 inch service valve	
12/31/2006	Greenhouse 114	2 - Repair bands on 2 inch main line	
12/5/2006	ARU Lama Pens	Repair band 3/4 inch service line	
11/29/2006	Fine Arts Building	Repair band 6 inch main	
11/7/2006	Hitchcock Barn	Replaced 200 ft of 1 inch service line	
11/2/2006	USDA - Albion Road	Repair band 3/4 inch service line	
10/23/2006	Stevens Hall	Replace section of 3/4 inch service line	
10/22/2006	Perham Hall	Repair band on 3 inch service line	
10/17/2006	Quad Services Road	Replaced 1 inch valve	
10/5/2006	Round Top Drive	Repair 3/4 inch valve	
9/5/2006	Bryan Hall	Repair band on 3/4 inch service	
9/1/2006	Cattle Feeding Lab	Replaced 3/4 inch service line	
8/15/2006	Animal Sciences/Wagu Barn	Replaced 150 ft of 3/4 inch service line	
8/14/2006	Stevens Hall	Replace section of 3/4 inch service	
8/12/2006	Veteran's Way	Replaced short section of 6 inch main	
8/10/2006	Stimson Hall	Replaced 3 inch valve	
7/31/2006	Animal sciences Road	Abandoned 1500 ft of 3/4 inch line	
7/25/2006	Greenhouse 114	Repair band 3/4 inch line	
7/25/2006	Whitlow House	Abandoned 3/4 service line to main	
7/10/2006	Old Incinerator	Abandoned and cap 1 inch service line	
7/5/2006	Swine Center	Repair band on 3/4 service	
6/30/2006	Ensminger Beef Center	Replaced section of 1 inch service line	
6/28/2006	Grimes Way lift station	Replaced 40 ft of 1 inch service line	
6/21/2006	Greenhouse 114	replaced 3/4 inch pipe section and valve	
6/21/2006	Tukey Orchard	Replaced 600' of 4" mainline for irrigation	
6/12/2006	Swine Center	Replaced 75 ft of 2" with 4" service line	
5/24/2006	198 animal barn	Replaced 100 ft of 1 inch service line	
5/22/2006	Honors Hall	Replaced section and repair band 8 inch main	
5/19/2006	Daggy Hall	Replaced 2 inch service line	
5/16/2006	Farm Shop	Replaced 100 foot of 1 inch service line and valve	
5/8/2006	Knott Dairy	Replaced 1 inch hydrant and line	
5/3/2006	Beef Center	Repaired 3/4 inch service line	

WATER LEAK REPAIR HISTORY

3/24/2006	Carver Farm	Replaced 2- 1 inch service lines	
3/22/2006	Murrow Hall	Replaced 100 foot of 1 inch service line	
2/28/2006	198 animal barn	Repaired 1 inch service	
2/15/2006	198 animal barn	repair 1 inch service line	
2/6/2006	Johnson Hall	Cap and abandon 1 inch line	
1/26/2006	Archway	repair 2 inch irrigation main	
12/1/2005	141 Animal Barn	Capped 11/2 inch line to abandoned well	Estimated volume 5.5 million gallons/year
11/21/2005	Animal Sciences Road	replace section 1 inch line	
11/18/2005	Valley Road Restrooms	repair 2 inch service.	
11/14/2005	Stephan Center	repair 11/2 inch service.	
11/1/2005	Nuclear Reactor	repair band 1 inch line	
11/1/2005	Animal Sciences Road	shut down valve on 1 inch service.	Estimated volume 3 million gallons/year
10/27/2005	Beef Center	repair 1 inch service line	
10/19/2005	Vet Barns	Replace frost free hydrant	
10/17/2005	Vet Horse Pasture	Cut and cap 1 inch line	Estimated volume 3 million gallons/year
10/14/2005	Ad Annex	Replace water service building to valve	
10/12/2005	Wilson Road	Replace leaking hydrant	
10/3/2005	Carver Farm	replace section 1 inch line	
9/28/2005	Bohler Gym	Repair band 2 inch line	
9/20/2005	Stephenson Hall	Repair section 3/4 inch irrigation	
9/6/2005	Commons Hall	Repair band 1inch service and valve	
8/29/2005	Valley Road Playfield	Replace irrigation main	
8/25/2005	Stephan Center	replace section 1 inch line	
8/24/2005	Old Incinerator	Repair band 1 inch service	
8/22/2005	Martin Stadium	Repair band 1 inch service	
8/17/2005	Horticulture Greenhouse	Replaced 1 inch line main to building	
8/10/2005	Grimes Way	repair section 1 inch service	
8/4/2005	R/O Playfield	Repair 2 inch main to irrigation	
8/1/2005	Rotunda	Repair band 2 inch line	
7/27/2005	Smoot Hill	Replace 400 feet 1 inch and valves	
7/18/2005	Cleveland Hall	Repair irrigation 1 inch main	
7/18/2005	Cooper Publications	Replace 1 inch service line	
6/21/2005	199 Isolation Buildings	Replace entire 2 inch main andi inch services	
5/26/2005	Presidents Residence	Replaced 1 inch service line to house	
5/23/2005	Wilson Road	Repair band split 6 inch main	

WATER LEAK REPAIR HISTORY

5/10/2005	Gannon Hall	Replaced 2 inch valve	
5/4/2005	Grimes Way Greenhouse	Repaired 1 inch service	
4/26/2005	Knott Dairy	replace section 1 inch line	
4/7/2005	Old Hospital	Repair 1 inch irrigation service	
4/7/2005	Murrow Hall	Repair 1 inch stand pipe	
3/31/2005	Observatory	Repair frost free hydrant	
3/29/2005	141 Animal Barn	replace section 1 inch line	
3/21/2005	Nuclear Reactor	Repair band 1 inch line	
3/18/2005	Sheep Barn	Replace frost free hydrant	
3/12/2005	McCluskey	Expose hydrant - not shut off	
3/9/2005	Spokane Street	Repair section 6 inch main	
2/8/2005	Grounds Shop	Replace valve and section 1 inch pipe	
12/17/2004	French Ad	Repair 2 inch water service	
12/7/2004	Spokane Street	Cap and abandon 1 inch line	
11/18/2004	Clark Hall	Repaired pipe	
11/10/2004	LARC	Replace 1 inch service line	
11/9/2004	Knott Dairy	replace section 1 inch line	
10/29/2004	Ag Seed Plant	Replaced 1 inch service from main to building	
10/21/2004	Farm Shop	repair 1 inch service line	
10/14/2004	Olympia Avenue	repair leak	
9/30/2004	Rotunda	Replace section 3 inch service	
9/22/2004	Power Plant	Replace section 3/4 inch service	
8/9/2004	141 Animal Barn	Replaced 1 inch section and valve	
8/3/2004	Spillman Farm	Replaced 400 feet 1 inch service line	
7/12/2004	Beasley Coliseum	Replace section 1 inch irrigation main	
6/14/2004	Stephenson Hall	Repair band 2 inch main	
5/24/2004	Knott Dairy	Replace 2 inch main from pump to building	
5/10/2004	141 Animal Barn	Repair section 1 inch line	
4/21/2004	Ag Seedhouse	Repair section 1 inch line	
4/15/2004	Tukey Orchard	Replace frost free hydrant	
4/8/2004	198 Isolation Pens	Replace 500 feet of 1 inch service	
4/7/2004	Morrill Hall	Repair band 1 inch service	
3/30/2004	Cattle Feeding Lab	Repair band 2 inch service	
3/4/2004	Gannon Hall	Repair 2 inch service and valve	
2/25/2004	198 Isolation Pens	Replace 1 inch service line	

WATER LEAK REPAIR HISTORY

12/18/2003	Knott Dairy	Repair valve and 1 inch section of service	
12/9/2003	Heald Hall	Repair leak	
11/9/2003	Vet Animal Barn	Repair band 1 inch service	
11/13/2003	Cooper Publications	Replace 2 inch section of service	
10/13/2003	Fieldhouse	Replace section 1.5 inch service	
10/6/2003	Carpenter Hall	Replace section of 2inch pipe	
9/19/2003	141 Animal Barn	Repair band 1 inch service	
9/18/2003	Markley Services	Replace section 1 inch service	
9/17/2003	McEachran Hall	Replaced section 2 inch service	
8/13/2003	Vet Large Animal	Repair band 1 inch service	
8/4/2003	199 barns	Repair band 1 inch service	
7/15/2003	Markley Car Wash	Replace section 2" service	
6/17/2003	Food Service Building	Replaced section 2 inch service	
5/29/2003	198 Vet Large Animal Barn	Replaced section 1 inch pipe	
2/28/2003	197 USDA	Repair band 1 inch service	
12/17/2002	199 barns	Repair band 1 inch service	
10/24/2002	Botany	Replace section 1 inch pipe	
10/21/2002	Cattle Feeding Lab	Repair band 1 inch service	
10/16/2002	Campus	Replace leaking hydrant	
10/10/2002	Knott Dairy	Repair band 1 inch service	
10/7/2002	Botany	Repair band 1 inch service	
8/19/2002	Cleveland Hall	Repair 2 inch main	
8/13/2002	Observatory	Repair band 1 inch service	
7/17/2002	Botany	Repair band 1 inch service	
7/11/2002	Thatuna Street	Repair band 6 inch main	
6/25/2002	Golf Course	Replaced 1 inch service from main to building	
5/21/2002	141 Animal Barn	Repair band 2-1 inch service	
5/20/2002	141 Animal Barn	Repair 1 inch service line	
4/30/2002	Ensminger Beef Center	Repair section 1 inch line	
4/1/2002	Cattle Feeding Lab	Replaced 2 inch valve and pipe section	
3/29/2002	Cattle Feeding Lab	Repair band 2 inch service	
3/27/2002	Cattle Feeding Lab	Repair band 1 inch service	
3/22/2002	Cattle Feeding Lab	Repair band 1 inch service	

APPENDIX B-2

WSU Campus Wells Monthly and Annual Gallons Pumped

Campus Wells Monthly Gallons Pumped						
Year	Well #4	Well #6	Well #7	Well #8	Total Month Usage	Cumulative Calendar Year Total
Dec-21	0	0	9,026,000	15,400,000	24,426,000	447,698,000
Nov-21	0	0	9,919,000	13,900,000	23,819,000	423,272,000
Oct-21	0	0	11,696,000	16,100,000	27,796,000	399,453,000
Sep-21	0	0	15,295,000	29,600,000	44,895,000	371,657,000
Aug-21	0	0	25,841,000	44,200,000	70,041,000	326,762,000
Jul-21	0	0	21,997,000	55,900,000	77,897,000	256,721,000
Jun-21	9,000	6,000	16,572,000	38,900,000	55,487,000	178,824,000
May-21	0	0	11,326,000	27,900,000	39,226,000	123,337,000
Apr-21	0	0	8,671,000	18,500,000	27,171,000	84,111,000
Mar-21	4,682,000	8,000	1,486,000	14,400,000	20,576,000	56,940,000
Feb-21	0	0	5,371,000	12,700,000	18,071,000	36,364,000
Jan-21	0	0	5,093,000	13,200,000	18,293,000	18,293,000
Dec-20	6,012,000	0	2,703,000	13,600,000	22,315,000	388,605,000
Nov-20	4,644,000	0	0	11,300,000	15,944,000	366,290,000
Oct-20	8,631,000	0	0	19,100,000	27,731,000	350,346,000
Sep-20	1,143,000	0	13,682,000	31,300,000	46,125,000	322,615,000
Aug-20		0	20,666,000	49,200,000	69,866,000	276,490,000
Jul-20	0	10,799,000	24,934,000	24,800,000	60,533,000	206,624,000
Jun-20	0	8,269,000	14,224,000	9,700,000	32,193,000	146,091,000
May-20	0	0	6,482,000	15,000,000	21,482,000	113,898,000
Apr-20	15,000	218,000	6,010,000	13,000,000	19,243,000	92,416,000
Mar-20	0	0	9,599,000	14,600,000	24,199,000	73,173,000
Feb-20	0	0	13,644,000	14,700,000	28,344,000	48,974,000
Jan-20	26,000	12,000	8,692,000	11,900,000	20,630,000	20,630,000
Dec-19	0	1,005,000	8,593,000	15,400,000	24,998,000	469,072,018
Nov-19	0	10,197,000	18,892,000	0	29,089,000	444,074,018
Oct-19	0	9,390,000	22,278,000	200,000	31,868,000	414,985,018
Sep-19	652,000	1,126,000	17,558,000	24,000,000	43,336,000	383,117,018
Aug-19	1,463,030	209,002	24,762,986	40,400,000	66,835,018	339,781,018
Jul-19	2,317,000	0	20,120,000	46,100,000	68,537,000	272,946,000
Jun-19	726,000	0	14,175,000	30,300,000	45,201,000	204,409,000
May-19	13,294,000	280,000	36,000	27,300,000	40,910,000	159,208,000
Apr-19	1,205,000		12,600,000	14,200,000	28,005,000	118,298,000
Mar-19	406,000		11,543,000	15,600,000	27,549,000	90,293,000
Feb-19	370,000		21,573,000	13,900,000	35,843,000	62,744,000
Jan-19			12,301,000	14,600,000	26,901,000	26,901,000
Dec-18			9,925,000	16,100,000	26,025,000	412,752,000
Nov-18			14,022,000	14,800,000	28,822,000	386,727,000
Oct-18			15,994,000	18,000,000	33,994,000	357,905,000
Sep-18			21,276,000	32,400,000	53,676,000	323,911,000
Aug-18			32,593,000	24,100,000	56,693,000	270,235,000
Jul-18			34,389,000	0	34,389,000	213,542,000

Jun-18	0	13,971,000	20,938,000	0	34,909,000	179,153,000
May-18	621,000	11,761,000	16,983,000	0	29,365,000	144,244,000
Apr-18		9,407,000	19,761,000	0	29,168,000	114,879,000
Mar-18	699,000	9,348,000	16,613,000	0	26,660,000	85,711,000
Feb-18		8,732,000	19,751,000	0	28,483,000	59,051,000
Jan-18			17,450,000	8,300,000	30,568,000	30,568,000
Dec-17			11,958,000	15,000,000	26,958,000	494,707,000
Nov-17			13,671,000	13,700,000	27,371,000	467,749,000
Oct-17		0	17,830,000	16,300,000	34,130,000	440,378,000
Sep-17			21,742,000	29,400,000	51,142,000	406,248,000
Aug-17			31,662,000	53,400,000	85,062,000	355,106,000
Jul-17			27,612,000	55,000,000	82,612,000	270,044,000
Jun-17			17,516,000	32,500,000	50,016,000	187,432,000
May-17			10,972,000	15,300,000	26,272,000	137,416,000
Apr-17			15,958,000	12,500,000	28,458,000	111,144,000
Mar-17			14,087,000	11,850,000	25,937,000	82,686,000
Feb-17			15,014,000	12,600,000	27,614,000	56,749,000
Jan-17			15,035,000	14,100,000	29,135,000	29,135,000
Dec-16			8,583,000	13,500,000	22,083,000	436,013,001
Nov-16			11,492,000	12,700,000	24,192,000	413,930,001
Oct-16			13,463,000	15,600,000	29,063,000	389,738,001
Sep-16			19,463,000	31,000,000	50,463,000	360,675,001
Aug-16			24,885,000	49,900,000	74,785,000	310,212,001
Jul-16			13,887,000	40,500,000	54,387,000	235,427,001
Jun-16		10,304,000	27,609,000	9,500,000	47,413,000	181,040,001
May-16		10,076,000	19,844,001		29,920,001	133,627,001
Apr-16		8,702,000	20,576,000		29,278,000	103,707,000
Mar-16			11,715,000	13,100,000	24,815,000	74,429,000
Feb-16		24,000	12,643,000	12,500,000	25,167,000	49,614,000
Jan-16			11,747,000	12,700,000	24,447,000	24,447,000
Dec-15	6,412,000	0	3,622,000	12,700,000	22,734,000	499,504,000
Nov-15	680,000	0	11,917,000	14,000,000	26,597,000	476,770,000
Oct-15	1,210,000	0	15,414,000	19,200,000	35,824,000	450,173,000
Sep-15		31,000	18,406,000	29,700,000	48,137,000	414,349,000
Aug-15		81,000	28,241,000	48,400,000	76,722,000	366,212,000
Jul-15		132,000	25,854,000	51,500,000	77,486,000	289,490,000
Jun-15	6,000	14,215,000	29,756,000	23,300,000	67,277,000	212,004,000
May-15		5,207,000	11,180,000	16,910,000	33,297,000	144,727,000
Apr-15	326,000	5,015,000	14,220,000	12,600,000	32,161,000	111,430,000
Mar-15	36,000	16,000	12,774,000	12,100,000	24,926,000	79,269,000
Feb-15	4,963,000	0	9,884,000	12,600,000	27,447,000	54,343,000
Jan-15	6,783,000	2,000,000	5,013,000	13,100,000	26,896,000	26,896,000

APPENDIX B-3

Reports of Examination

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
4601 N Monroe Street • Spokane, Washington 99205-1295 • (509)329-3400

September 18, 2006

RECEIVED
SEP 2 0 2006
FACILITIES OPERATIONS

Washington State University
McCuskey Services Building
Pullman, WA 99164

Dear Sir or Madame:

Re: Applications for Change under Ground Water Certificate Nos. 5070-A, 5072-A, and G3-22065

Enclosed please find copies of the Department of Ecology's Reports of Examination. These reports constitute our determinations and orders regarding the above referenced applications for change.

Your applications for change have been approved and superseding certificates will be issued in accordance with the enclosed Reports of Examination. Because your project is complete and water has been put to full beneficial use, a proof examination of the project will not be required. However, you must fill out the enclosed Proof of Appropriation forms and send them to this office along with the fees requested within thirty (30) days. We can not accept cash; please send checks or money orders.

Upon receipt of the forms and statutory filing and recording fees of $50.00 payable to the Department of Ecology and $102.00 payable to the Whitman County Auditor, this office will issue final Superseding Certificates of Water Rights. Upon receipt of the fees, your Superseding Certificates of Water Rights will be prepared by Ecology, sent to the county auditor for recording, and then forwarded to you by the Auditor.

County Auditor's require a parcel number for the point of diversion/withdrawal (where your well or surface water diversion is located) and a parcel number for the property where the water is actually being used. In order to fulfill this requirement, please indicate the parcel numbers below and return to this office along with your fees. Parcel numbers can be found on your property tax statement.

You have the right to appeal this decision to the Pollution Control Hearings Board. Pursuant to chapter 43.21B RCW, your appeal must be filed with the Pollution Control Hearings Board, and served on the Department of Ecology, within thirty (30) days of the date of your receipt of this document.

To appeal this action or decision, your notice of appeal must contain a copy of the Ecology order, action or decision you are appealing.

Your appeal must be filed with:

The Pollution Control Hearings Board
4224 - 6th Avenue SE, Rowe Six, Bldg. 2
P.O. Box 40903
Lacey, Washington 98504-0903

Your appeal must also be served on:
The Department of Ecology
Appeals Coordinator
P.O. Box 47608
Olympia, Washington 98504-7608

In addition, please send a copy of your appeal to:

Department of Ecology
Keith L. Stoffel, Section Manager
4601 North Monroe Street
Spokane, Washington 99205

Sincerely,

Keith L. Stoffel
Section Manager
Water Resources Program
Eastern Regional Office

KLS:ka
Enclosures

Parcel numbers:

_____ Point of diversion/withdrawal

_____ Place of use

I certify that I mailed this letter or an identical copy thereof, postage prepaid, to the above addressee(s) this 18th day of September 2006.
Water Resources Program, Secretary Lead, Kay Allhiser KA.

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
Application for Change
REPORT OF EXAMINATION
TO APPROPRIATE PUBLIC WATERS OF THE STATE OF WASHINGTON

☐ Surface Water (Issued in accordance with the provisions of Chapter 117, Laws of Washington for 1917, and amendments thereto, and the rules and regulations of the Department of Ecology.)

☒ Ground Water (Issued in accordance with the provisions of Chapter 263, Laws of Washington for 1945, and amendments thereto, and the rules and regulations of the Department of Ecology.)

PRIORITY DATE	APPLICATION NUMBER	PERMIT NUMBER	CERTIFICATE NUMBER
May 27, 1963	6734	6373	5072-A

NAME
Washington State University

ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
McCuskey Services Bldg.	Pullman	WA	99164

PUBLIC WATERS TO BE APPROPRIATED

SOURCE
7 wells

TRIBUTARY OF (IF SURFACE WATERS)

MAXIMUM CUBIC FEET PER SECOND	MAXIMUM GALLONS PER MINUTE	MAXIMUM ACRE FEET PER YEAR
	500	720

QUANTITY, TYPE OF USE, PERIOD OF USE
500 gallons per minute, 720 acre-feet per year, continuously for municipal supply

LOCATION OF DIVERSION/WITHDRAWAL

APPROXIMATE LOCATION OF DIVERSION–WITHDRAWAL
1) 1450 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
3) 1390 feet north and 77 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
4) 1340 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
5) 1800 feet north and 2500 feet east of the SW corner of Section 34, T. 15 N., R. 45 E.W.M.
6) 400 feet south and 700 feet east of the NW corner of Section 4, T. 14 N., R. 45 E.W.M.
7) 2290 feet south and 2380 feet west of the NE corner of Section 5, T. 14 N., R. 45 E.W.M.
8) 1150 feet south and 2500 feet east of the NW corner of Section 4. T. 14 N., R. 45 E.W.M.

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION)	SECTION	TOWNSHIP N.	RANGE, (E. OR W.) W.M.	W.R.I.A.	COUNTY
		14/15	45	34	Whitman

RECORDED PLATTED PROPERTY

LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)

LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

The place of use (POU) of this water right is the service area described in the most recent Water System Plan approved by the Washington State Department of Health, so long as the Washington State University is and remains in compliance with the criteria in RCW 90.03.386(2). RCW 90.03.386 may have the effect of revising the place of use of this water right.

Well #5

DESCRIPTION OF PROPOSED WORKS

7 wells and municipal distribution system

DEVELOPMENT SCHEDULE

BEGIN PROJECT BY THIS DATE:	COMPLETE PROJECT BY THIS DATE:	WATER PUT TO FULL USE BY THIS DATE:
Started	Completed	In use

REPORT

Background

An application for change/transfer was submitted by Washington State University (WSU) of Pullman, Washington to the Department of Ecology on October 28, 2004. WSU proposes to integrate its existing wells, by adding seven (7) existing points of withdrawal as authorized under Water Right Certificate No. 5072-A. WSU also proposes to change the place of use to the area served by Washington State University to be consistent with the approved water service area. WSU has proposed changes to all of its existing ground water right documents in this area.

A notice of application was duly published in accordance with RCW 90.03.280 in the Pullman Daily News on January 14 and 21, 2005 and contained errors. An amended notice was duly published May 5 and 12, 2005. Two protests were received during the protest periods and will be discussed later in the report.

This application is not exempt from the provisions of the State Environmental Policy Act (SEPA) of 1971, Chapter 43.21 RCW, due to the fact that the cumulative quantities of water for this project under all water rights, including those proposed for change herein, constitute a withdrawal of more than 2,250 gallons per minute. After review of a completed environmental checklist and other information, this proposal was determined to not have a significant adverse impact on the environment. A final Declaration of Non-Significance was issued by WSU on June 7, 2004.

Investigation

In considering the proposed change, the investigation included, but was not limited to, research and review of: (1) appropriate rules and statutes, (2) Ground Water Certificate 5072-A and other water rights/claims/applications in the vicinity, (3) water well reports for the applicant's wells, (4) USGS topographic maps, (5) Comprehensive Water System Plan for WSU (dated 2001), (6) discussions with Gary Wells, and (7) review by Department of Ecology regional program staff hydrogeologists.

A field investigation was conducted by Kevin Brown on October 20, 2005 with Gary Wells. WSU withdraws water under the following seven (7) water right documents:

Ground Water Claim 098522

Priority Date:	year 1934
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #1

Ground Water Claim 098523

Priority Date:	year 1938
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #2

Ground Water Claim 098524

Priority Date:	year 1946
Instantaneous Quantity (Qi):	1000 gallons per minute
Annual Quantity (Qa):	1440 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #3

Certificate 5070-A

Priority Date:	August 1, 1962
Instantaneous Quantity (Qi):	1500 gallons per minute
Annual Quantity (Qa):	2260 acre-feet per year
Purpose:	domestic supply for WSU
Source:	A well - #4

Certificate 5072-A

Priority Date:	May 27, 1963
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	community domestic supply and stock water
Source:	A well - #5

Certificate G3-22065C

Priority Date:	November 12, 1973
Instantaneous Quantity (Qi):	1500 gallons per minute
Annual Quantity (Qa):	1600 acre-feet per year
Purpose:	municipal supply
Source:	A well - #6

Permit G3-28278P

Priority Date:	January 28, 1987
Instantaneous Quantity (Qi):	2500 gallons per minute
Annual Quantity (Qa):	2260 acre-feet per year
Purpose:	municipal supply
Source:	A well - #7

An application for change has been filed on each of the above described water right documents. Each right will have its own determination.

Three claims, three certificates, and one permit are appurtenant to the WSU campus. Seven wells have been used since 1938. One of the wells, No. 2, was decommissioned and is no longer in use. The remaining wells and water use was integrated into two systems over the years to meet the delivery, fire control and design needs of the campus. Well No. 8 was recently drilled and is ready for use. The campus water system is divided into high distribution and low distribution systems to meet pressure control and operational needs. Wells 5, 6, and 8 serve the high system and wells 1, 3, 4 and 7 serve the low system. The goal of the subject application(s) is to integrate all of the wells of the individual rights to operate as the system is currently designed. Two emergency interties are designed into the City of Pullman, but the university has not had to exercise the intertie system. The high distribution system has 2 old wells and one new well (#8). The low distribution system has 3 old wells and one new well (#7). The proposal is to have one new well on each system become the primary service well for that system. At this time if one of the old wells were out of service the system may not be able to meet the demand on the system.

Well No.	Instantaneous Capacity	System	Pump HP
1	500 GPM	Low	60
2	Decommissioned	Low	N/A
3	1000 GPM	Low	150
4	1000 GPM	Low	225
5	500 GPM	High	75
6	1500 GPM	High	250
7	2500 GPM	Low	450
8	2500 GPM	High	700

Water Use

A review of the water use data for the source wells on campus for the period of 1989 through 2004 indicated an annual use ranging between 1711 acre-feet per year to 1988 acre-feet per year. The maximum annual water use occurring in 1994. WSU provided a graph of the annual water use between 1989 and 2004 and indicated a decline in water use of 0.3 % during this period.

Water Rights

Seven water right documents are appurtenant to the campus. There are additional rights held by the university for isolated locations that are not addressed in this review. The campus rights are as follows:

Water Right	Qi	Qa	Priority Date	Type	Source
Claim 098522	500	720	1934	Primary*	1
Claim 098523	500	720	1938	Primary	2
Claim 098524	(1000)	(1440)	1946 (not valid)	Not valid*	3
Cert 5070-A	1500	2260	1962	Primary*	4
Cert 5072-A	500	720	1963	Primary	5
G3-22065C	1500	1600	1973	Primary	6, 8
G3-28278P	2500*	2260*	1987	Supplemental*	7
Totals	**5000 GPM**	**5300 AFY**			

*Permit issued with a provision: "less those amounts appropriated underground Water Cert. 5070-A, and Ground Water Claims 98522 and 98524. Total combined quantity shall not exceed 2500 gallons per minute, 2260 acre-feet per year."

The above water analysis totals are consistent with the 2001 comprehensive water plan.

Evaluation of the Water Right Certificate

Ground Water Certificate 5072-A confirmed a right of 500 gallons per minute, 720 acre-feet per year for domestic supply and stockwater.

The existing water system for WSU is defined as a Group A Water System by Department of Health (DOH). The system qualifies as a "municipal water supplier" and serves water for "municipal water supply purposes" as defined under RCW 90.03.015. A new section was added to Chapter 90.03 RCW. The new section states the following: "When requested by a municipal water supplier or when processing a change or amendment to the right, the Department shall amend the water right documents and related records to ensure that water rights that are for municipal water supply purposes, as defined in Chapter 90.03.015 RCW, are correctly identified as being for municipal water supply purposes." All WSU campus water rights are for "municipal supply" and for "domestic supply" purposes which meet the criteria under RCW 90.03.015(4).

WSU qualifies for municipal supply under RCW 90.03.015. WSU is not using its full allocation of water. Water use data for WSU was provided by Gary Wells. In 1994 WSU used approximately 1988 acre-feet. WSU currently has water rights (including the claims) totaling 5300 acre-feet. Therefore, this leaves 3312 acre-feet of inchoate water available for future use by WSU. The inchoate water available is consistent with the municipal legislation (SHB 1338) passed that allows for certainty for growth into these inchoate quantities by municipal providers.

Relinquishment and/or abandonment: WSU claims it has never abandoned nor relinquished any of its municipal rights. Some of the source wells have failed and are no longer in use, but WSU has continued to exercise their right from other source wells.

Existing Wells:

Well No. 1 is identified as 8" x 223' feet deep. The well was constructed in 1913. The casing is described as 40.6 feet in depth. The land surface elevation is approximately 2364 feet above mean sea level. Static was described as 70 feet below land surface in 1990.

Well No. 2 is identified as 213 feet deep. The well was constructed is 1938. The land surface elevation is approximately 2358 feet above mean sea level. The well was decommissioned and is no longer in use.

Well No. 3 is identified as 16" x 247 feet deep. The well was constructed in 1946. The casing is described as 26 feet below land surface. The static water level is shown as 30 feet below land surface. The land surface elevation is approximately 2366 feet above mean sea level.

Well No. 4 is identified as 20" x 275 feet deep. The well was constructed is 1963. The static water level is 51 feet below land surface. The land surface elevation is approximately 2366 feet above mean sea level. The well casing is described as ending 42 feet below land surface.

Well No. 5 is identified as 10" x 395 feet deep. The well was constructed is 1964. The static water level was 196 feet below ground surface in 1964. The land surface elevation is approximately 2507 feet above mean sea level. The well casing is described as ending 300 feet below land surface.

Well No. 6 is identified as 24" x 702 feet deep. The well was constructed is 1973. The static water level was 196 feet below ground surface in 1964. The land surface elevation is approximately 2535 feet above mean sea level. The well casing is described as ending 395 feet below land surface.

Well No. 7 is identified as 24" x 2225 feet deep. The well was constructed is 1987. The static water level was 154 feet below ground surface in 1987. The land surface elevation is approximately 2415 feet above mean sea level. The well casing is described as ending 1000 feet below land surface.

Well No. 8 is identified as 20" x 812 feet deep. The well was constructed is 2003. The static water level was 333 feet below ground surface. The well casing is described as ending 280 feet below land surface. This well was constructed as an additional point of withdrawal under Certificate G3-22065C. A showing of compliance was submitted.

Hydrogeologic Analysis

Applications for change of water right permits and certificates are governed by RCW 90.44.100, which states in part that: the holder of a valid right to withdraw public ground waters may, without losing the holder's priority of right, construct wells at a new location in substitution for, or in addition to, those at the original location, or the holder may change the manner or the place of use of the water. Such amendment shall be issued by the Department only on the conditions that; (1) the additional or substitute well or wells shall tap the same body of public ground water as the original well or wells; (2) use of the original well or wells shall be discontinued upon construction of the substitute well or wells; (3) the construction of an additional well or wells shall not enlarge the right conveyed by the original permit or certificate; and (4) other existing rights shall not be impaired. The Department may specify an approved manner of construction and shall require a showing of compliance with the terms of the amendment.

The proposed project lies near a margin of the Columbia River Basalt Group. A steptoe, consisting of pre-Cenozoic granitic material lies to the southeast of Pullman, just north of Uniontown. Metasedimentary rocks are mapped on the surface to the northwest of that occurrence. Other pre-Cenozoic rocks crop out near Albion to the north of Pullman, and at Kamiak Butte. Surface geology to the west of Pullman has been mapped as Wanapum Basalt, with small outcroppings of Saddle Mountains Basalt on the highlands toward the Snake River.

In the areas underlain by the Columbia River Basalt Group (CRBG) and not otherwise administratively segregated, there are two major bodies of public ground water: the unconsolidated sediments, and the basalts of the CRBG.

- The unconsolidated zone extends from land surface down to the first solid basalt flow. It consists of unconsolidated and weakly consolidated sediments, chiefly sands and gravels in most of the Columbia Basin, but in the Pullman area consisting largely of loess.

- The basalt zone is part of a large ground water reservoir occurring in a thick series of basalt flows known as the Columbia River Basalt Group. The thickness of this group of basalt flows varies from a few hundred feet at the Spokane River to over 10,000 feet in the Pasco Basin. These flows include the Saddle Mountain, Wanapum and Grande Ronde formations. These flows are generally interconnected by fractures. Groundwater is found in a system of interconnected aquifers within the formations of the CRBG.

All wells associated with this change application produce water from basalt flows. All wells therefore tap the same body of public groundwater for their source. A survey of literature, existing well logs, and geologic mapping in the vicinity indicates most wells producing water from below approximately 2300 feet MSL produce from the Grande Ronde basalts.

Any reconstruction of wells shall be conducted in compliance with Chapter 18.104 RCW and Chapter 173-160 WAC. Particularly, any reconstruction of these wells shall ensure the casing is sealed into competent basalt, any cascading water encountered shall be cased and sealed, and no interaquifer transfer of water shall be allowed. Sealing shall be accomplished by constructing a borehole that is 4 inches in diameter greater than the permanent casing. Following installation of the casing within the borehole, the annular space will be pressure grouted from bottom to top with neat cement until undiluted surface return is achieved.

Wells 7 and 8 are additional wells, not substitutes. Thus, no wells need be decommissioned as a result of this change. Any decommissioning done in this project shall be conducted in compliance with Chapter 18.104 RCW and Chapter 173-160 WAC.

Protests and Concerns

Report Continued

Two protests and one letter of concern were received during the protest periods and are described below.

A protest was submitted by Dianne French, from the Palouse Water Conservation Network and the letter of concern from David Hall. The concerns are summarized as follows:

1) The Grande Ronde Aquifer is being mined and this application is contrary to maintaining "safe, sustaining yield."
2) WSU's water useage has increased since 1997.
3) WSU does not currently utilize the full quantity authorized by its water rights yet this proposal will serve to enlarge WSU's water right.
4) Increased pumping negatively impacts local groundwater supply and may lead to conflicts with Idaho.
5) WSU's wells may withdraw water from different aquifers.

A letter of protest was submitted by Rachael Osborn on behalf of Scotty Cornelius. The concerns are summarized as follows:

1) The Grande Ronde Aquifer is being mined. WSU has never fully pumped its water rights. WSU's water usage is increasing over time. WSU intends to irrigate an expansion of its golf course.
2) WSU's application is contrary to the public interest and Ecology must consider the impact on public welfare, impacts on the Snake River, interrelationships of surface and ground water.
3) Increased pumping may lead to management conflicts with Idaho.
4) WSU's application is contrary to maintain "safe sustaining yield". Approval of the application will facilitate continued and increased mining of the aquifer.
5) SEPA - "WSU has prepared a SEPA checklist for this project that fails to identify, describe or provide mitigation for aquifer mining. Ecology cannot rely on the SEPA document prepared by WSU. Ecology must prepare its own environmental analysis based on the SEPA rule that allows a permitting agency to prepare a new threshold determination when there is new information indicating the probable significant adverse environmental impacts associated with the proposal requiring a permit. New information may include the discovery of misrepresentation or lack of material disclosure in the prior environmental document. WAC 197-11-600(3)(b)(ii)."
6) WSU's application will allow expansion into unused water rights, contrary to the beneficial use requirement of state law.
7) Consolidation will enlarge its (WSU) water rights.
8) WSU has not demonstrated compliance with the requirements of RCW 90.44.100(3)(g)
9) Some of the rights have been relinquished and/or abandoned.
10) The wells may withdraw water from different aquifers.

Consideration of Protests and Concerns

Aquifer Characteristics, Mining, Conflicts: The basalt aquifers in the Palouse basin have been the subject of significant study and interest over the years due to concerns about aquifer mining. Geologic limitations on the Palouse basin are currently understood as follows:

It is postulated the Saddle Mountains Basalt (discussed above) lies in a syncline, which itself lies to the west of an anticline, a basement ridge, or other structural feature, which serves to restrict flow from the Pullman/Moscow area to the west. Consequently, the Palouse basin is isolated hydraulically from the larger Columbia Plateau Province. Additionally, the texture of loess promotes water holding capacity. Limited area of the basin, and limited vertical percolation, limits the amount of recharge able to reach the basalt within the basin.

The basalt aquifers transmit water most effectively in fracture zones at the top and bottom of individual flows, while the interiors of the flows are massive and dense. Thus, the actual volume of water bearing materials is relatively small for a given thickness of basalt. Additionally, recharge replacement of water into deep basalt flows occurs at a very small rate, unless significant post-emplacement fracturing is present. Balancing use against these geologic constraints is difficult.

In the mid 1970's community concerns about increasing demands on ground water led to several studies on ground water occurrence, and formation of a consortium of local entities (the Palouse Basin Aquifer Committee) to address water supply. In 1992, WSU adopted a ground water management plan. That plan's goal is to limit annual aquifer pumping increases to one percent (1%) of the pumping volume based on a five (5) year moving average starting with 1986 (642 mgy), while at no time allowing the accumulated total pumping to exceed 125 percent of the 1981 to 1985 average. To date, WSU has actually decreased their pumping in concert with other water purveyors. Recent evidence indicates rates of decline have lessened. Static water levels in well 7, for example, declined a foot per year between 1993 and 2002, and have now declined approximately 1 foot between 2002 and 2005. (See http://www.webs.uidaho.edu/pbac/Graphs/WSU%20Water%20Graphs.htm.) No evidence indicates this trend will change within the basin due to integration of these rights. Local conditions will continue to be monitored for long-term trends.

Water Usage: Diagrams and graphs submitted by the protestant(s) and WSU show a decline in water use over the period of record not an increase. The line on the graph representing a 1.3% increase in water use identifies the projected allowable increase of the Water Plan not actual water use.

Future water use and beneficial use: It is true that WSU is not using its full allocation of water. As identified above approximately 3312 acre-feet of inchoate water is available for future use for the municipality. Inchoate water availability is consistent with the municipal legislation (SHB 1338) recently passed that allows for certainty for growth into these inchoate quantities by municipal providers. It is a special position granted to municipalities under SHB 1338. It appears the legislative intent was to provide for a sufficient future water supply for growth and certainty for municipal providers, sometimes referenced as the theory of the Growing Communities Doctrine. Whether or not these applications for change to integrate these wells and rights were filed, WSU could continue to grow into these described inchoate quantities. The filing of these change applications alone does not expand the quantities of the municipal rights described above. The protestants are concerned that the inchoate water will be used for growth and expansion of a golf course. It is up to the municipal provider to determine what uses municipal rights are used for as long as the use is consistent with the definition under RCW 90.03.015.

This law allows for municipal providers to have certainty to grow into their inchoate municipal water rights without fear of relinquishment or diminishment. The legislature expressly provided this exception to those who qualify as a municipal provider.

Relinquishment and/or abandonment: WSU claims it has never abandoned nor relinquished any of its municipal rights. It is true that some of the source wells have failed and are no longer in use, but the university has continued to exercise their right from other source wells.

Aquifers and Well Construction: As described above in the Hydrogeologic Analysis, the wells are withdrawing water from the same body of public ground water and meet the requirements of RCW 90.44.100

The SEPA Checklist for this project provides inadequate environmental analysis.

Based on the information provided (Threshold Determination and Environmental Checklist), the Ecology SEPA program has come to the following conclusion:

- WAC 197-11-050 Lead Agency. (1) A lead agency shall be designated when an agency is developing or is presented with a proposal, following the rules beginning at WAC 197-11-922. The lead agency shall be the agency with the main responsibility for complying with SEPA's procedural requirements and shall be the only agency responsible for: The threshold determination; and preparation and content of environmental impact statements.

WSU is the lead agency, therefore they shall be the only agency responsible for the threshold determination.

- WAC 197-11-924 Determining the lead agency. (3) Any agency receiving a lead agency determination to which it objects shall either resolve the dispute, withdraw its objection, or petition the department for a lead agency determination within fifteen days of receiving the determination.

The WSDOE (Water Resources Program) was contacted and they did not object to the current lead agency and they did not petition the department for a lead agency determination within fifteen days of receiving the determination.

- WAC 197-11-948 Assumption of lead agency status. (1) An agency with jurisdiction over a proposal, upon review on a DNS (WAC 197-11-40) may transmit to the initial lead agency a completed "Notice of assumption of lead agency status." This notice shall be substantially similar to the form in WAC 197-11-985. Assumption of lead agency status shall occur only within the fourteen-day comment period on a DNS issued under WAC 197-11-340(2)(a), or during the comment period on a notice of application when the optional DNS process in WAC 197-11-355 is used.

The WSDOE (Water Resources Program) did not transmit to the initial lead agency a completed "Notice of assumption of lead agency status" to the initial lead agency, therefore the WSDOE does not retain any of the responsibilities of lead agency.

- WAC 197-11-600 When to use existing environmental documents (3)(b)(ii) New information indicating a proposal's probable significant adverse environmental impacts. (This includes discovery of misrepresentation or lack of material disclosure.) A new threshold determination or SEIS is not required if probable significant adverse environmental impacts are covered by the range of alternatives and impacts analyzed in the existing environmental documents.

This statement means that if WSDOE (Water Resources) program feels that new information regarding this project will cause probable significant environmental impacts, WSDOE has the ability to re-evaluate the proposal and change the threshold determination. Probable (WAC 197-11-782) is defined as "likely or reasonably likely to occur", and significant (WAC197-11-794) is defined as "a reasonable likelihood of more than a moderate adverse impact on environmental quality." The terms "probable" and "significant" are somewhat subjective though, and could have different meanings depending on which agencies, programs, or

even by which people are asked. So, because WSDOE has an "action" (which is the change in water right sources), WSDOE also has the responsibility of the interpretations of the words "probable" and "significant", and therefore has the responsibility of determining if the new information will cause "probable significant environmental impacts."

When a permit, or "action" is required by another agency (other than the original lead agency), the agency issuing that permit or "action" has the ability to re-evaluate a proposal, if and only if, new information is brought forth that will cause "probable significant environmental impacts." The information provided to Ecology has not changed.

Impairment Analysis

"Impair" or "impairment" means to: 1) adversely impact the physical availability of water for a beneficial use that is entitled to protection, and/or 2) to prevent the beneficial use of the water to which one is entitled, and/or 3) to adversely affect the flow of a surface water course at a time when the flows are at or below instream flow levels established by rule (POL-1200), and/or 4) degrade the quality of the source to the point that water is unsuitable for use by existing water right holders (WAC 173-150). Demonstration of impairment would require evidence of a substantial and lasting or frequent impact reflecting such conditions.

The change request is not requesting to modify the quantities of water already authorized for beneficial use. The change to integrate these wells into one dependable source to satisfy the municipal water delivery requirements is the action addressed in this finding.

Findings

When considering an application for change to a water right, Ecology must determine that the proposed change can be made without detriment or injury to existing water rights. Factors considered when determining potential impact include the following:

No Impairment to Existing Rights
The conditions of the aquifer in the Moscow Pullman area show a declining trend for many years, currently addressed by entities involved in the Palouse Basin Aquifer Committee through planning and implementation strategies. Data indicates the declining trend has slowed through their efforts. No evidence suggests this change would further adversely affect the physical availability of water for a beneficial use that is entitled to protection, nor prevent beneficial use of water. Instream flows have not been established by rule in this basin, and no water quality impacts are expected through integration of this right.

A review of Ecology records was conducted for existing water rights, permits, applications and claims in the vicinity of WSU. The search found no existing water rights in the area which would be impaired through issuance of this application for change to integrate the wells. WSU municipal wells have been continuously used for many years with no reported well interference problems. It is not anticipated that the proposed change to integrate the wells will cause impairment.

No Detriment to the Public Welfare
There has been public expression of protest or concern regarding the subject proposal, and no findings through this investigation indicate that there would be detrimental impact to the public welfare through issuance of the proposed change.

No Enhancement of the Original Right
No withdrawal of water over and above what has been authorized to beneficial use and/or originally authorized under existing rights will be allowed through approval of this change.

Same Source of Water
The ground water withdrawn at all well locations is considered to be from the same body of public water.

Conclusion

It is the conclusion of this examiner that, in accordance with Chapters 90.03 and 90.44 RCW, this application to integrate the existing water system by adding six (6) existing wells and changing the place of use will not enlarge the water right for beneficial use, nor will it impair existing rights or be detrimental to the public welfare.

Recommendations

The applicant's request under Ground Water Certificate 5070-A is approved, subject to the following provisions:

This change authorizes a total of seven (7) wells located as follows:

1) 1450 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.

3) 1390 feet north and 77 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
4) 1340 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
5) 1800 feet north and 2500 feet east of the SW corner of Section 34, T. 15 N., R. 45 E.W.M.
6) 400 feet south and 700 feet east of the NW corner of Section 4, T. 14 N., R. 45 E.W.M.
7) 2290 feet south and 2380 feet west of the NE corner of Section 5, T. 14 N., R. 45 E.W.M.
8) 1150 feet south and 2500 feet east of the NW corner of Section 4. T. 14 N., R. 45 E.W.M.

The place of use will be changed to:

Area served by Washington State University. The place of use of this water right shall be consistent with the service area map contained within the most recently approved water system plan (including amendments).

Provisions

"The total withdrawal under Ground Water Claims 098522, 098523, 098524, Certificate 5070-A, 5072-A, G3-22065C and G3-28278P shall not exceed 5000 gallons per minute, 5300 acre-feet per year annually for municipal supply."

"The amount of water granted is a maximum limit that shall not be exceeded and the water user shall be entitled only to that amount of water within the specified limit that is beneficially used and required."

"Use of water under this authorization shall be contingent upon the water right holder's utilization of up to date water conservation practices and maintenance of efficient water delivery systems consistent with established regulation requirements and facility capabilities."

"If the criteria in RCW 90.03.386(2) are not met and a Water System Plan was approved after September 9, 2003, the place of use of this water right reverts to the service area described in that document. If the criteria in RCW 90.03.386(2) are not met and no Water System Plan has been approved after September 9, 2003, the place of use reverts to the last place of use described by Ecology in a water right authorization."

"An approved measuring device shall be installed and maintained for each of the sources identified herein in accordance with the rule "Requirements for Measuring and Reporting Water Use," Chapter 173-173 WAC. Water use data shall be recorded weekly and maintained by the property owner for a minimum of five years, and shall be promptly submitted to Ecology upon request."

"The rule above describes the requirements for data accuracy, device installation and operation, and information reporting. It also allows a water user to petition Ecology for modifications to some of the requirements. Installation, operation and maintenance requirements are enclosed as a document entitled "Water Measurement Device Installation and Operation Requirements."

"Department of Ecology personnel, upon presentation of proper credentials, shall bave access at reasonable times, to the records of water use that are kept to meet the above conditions, and to inspect at reasonable times any measuring device used to meet the above conditions."

"This authorization to make use of public waters of the State is subject to existing rights, including any existing rights held by the United States for the benefit of Indians under treaty or otherwise."

"Nothing in this authorization shall be construed as satisfying other applicable federal, state, or local statutes, ordinances, or regulations."

"All water wells constructed within the State shall meet the minimum standards for construction and maintenance as provided under RCW 18.104 (Washington Water Well Construction Act of 1971) and Chapter 173-160 WAC (Minimum Standards for Construction and Maintenance of Water Wells)."

Installation and maintenance of an access port as described in chapter 173-160-291(3) WAC is required. An air line and gauge may be installed in addition to the access port."

Signed and dated at Spokane, Washington this 18th day of September, 2006

By Kevin Brown

Kevin Brown
Water Resources Program
Eastern Regional Office

KB:VL:ka
W/DraftROEs/Brown2006

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
Application for Change
REPORT OF EXAMINATION
TO APPROPRIATE PUBLIC WATERS OF THE STATE OF WASHINGTON

☐ Surface Water (Issued in accordance with the provisions of Chapter 117, Laws of Washington for 1917, and amendments thereto, and the rules and regulations of the Department of Ecology.)

☒ Ground Water (Issued in accordance with the provisions of Chapter 263, Laws of Washington for 1945, and amendments thereto, and the rules and regulations of the Department of Ecology.)

PRIORITY DATE	APPLICATION NUMBER	PERMIT NUMBER	CERTIFICATE NUMBER
August 1, 1962	6405	6064	5070-A

NAME
Washington State University

ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
McCuskey Services Bldg	Pullman	WA	99164

PUBLIC WATERS TO BE APPROPRIATED

SOURCE
7 wells

TRIBUTARY OF (IF SURFACE WATERS)

MAXIMUM CUBIC FEET PER SECOND	MAXIMUM GALLONS PER MINUTE	MAXIMUM ACRE FEET PER YEAR
	1500	2260

QUANTITY, TYPE OF USE, PERIOD OF USE
1500 gallons per minute, 2260 acre-feet per year, continuously for municipal supply

LOCATION OF DIVERSION/WITHDRAWAL

APPROXIMATE LOCATION OF DIVERSION--WITHDRAWAL
1) 1450 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
3) 1390 feet north and 77 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
4) 1340 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
5) 1800 feet north and 2500 feet east of the SW corner of Section 34, T. 15 N., R. 45 E.W.M.
6) 400 feet south and 700 feet east of the NW corner of Section 4, T. 14 N., R. 45 E.W.M.
7) 2290 feet south and 2380 feet west of the NE corner of Section 5, T. 14 N., R. 45 E.W.M.
8) 1150 feet south and 2500 feet east of the NW corner of Section 4. T. 14 N., R. 45 E.W.M.

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION)	SECTION	TOWNSHIP N.	RANGE, (E. OR W.) W.M.	W.R.I.A.	COUNTY
		14/15	45	34	Whitman

RECORDED PLATTED PROPERTY

LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)

LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

The place of use (POU) of this water right is the service area described in the most recent Water System Plan approved by the Washington State Department of Health, so long as the Washington State University is and remains in compliance with the criteria in RCW 90.03.386(2). RCW 90.03.386 may have the effect of revising the place of use of this water right.

Well #

DESCRIPTION OF PROPOSED WORKS

7 wells and municipal distribution system

DEVELOPMENT SCHEDULE

BEGIN PROJECT BY THIS DATE:	COMPLETE PROJECT BY THIS DATE:	WATER PUT TO FULL USE BY THIS DATE:
Started	Completed	In use

REPORT

Background

An application for change/transfer was submitted by Washington State University (WSU) of Pullman, Washington to the Department of Ecology on October 28, 2004. WSU proposes to integrate its existing wells, by adding seven (7) existing points of withdrawal as authorized under Water Right Certificate No. 5070-A. WSU also proposes to change the place of use to the area served by Washington State University to be consistent with the approved water service area. WSU has proposed changes to all of its existing ground water right documents in this area.

A notice of application was duly published in accordance with RCW 90.03.280 in the Pullman Daily News on January 14 and 21, 2005 and contained errors. An amended notice was duly published May 5 and 12, 2005. Two protests were received during the protest periods and will be discussed later in the report.

This application is not exempt from the provisions of the State Environmental Policy Act (SEPA) of 1971, Chapter 43.21 RCW, due to the fact that the cumulative quantities of water for this project under all water rights, including those proposed for change herein, constitute a withdrawal of more than 2,250 gallons per minute. After review of a completed environmental checklist and other information, this proposal was determined to not have a significant adverse impact on the environment. A final Declaration of Non-Significance was issued by WSU on June 7, 2004.

Investigation

In considering the proposed change, the investigation included, but was not limited to, research and review of: (1) appropriate rules and statutes, (2) Ground Water Certificate 5070-A and other water rights/claims/applications in the vicinity, (3) water well reports for the applicant's wells, (4) USGS topographic maps, (5) Comprehensive Water System Plan for WSU (dated 2001), (6) discussions with Gary Wells, and (7) review by Department of Ecology regional program staff hydrogeologists.

A field investigation was conducted by Kevin Brown on October 20, 2005 with Gary Wells. WSU withdraws water under the following seven (7) water right documents:

Ground Water Claim 098522

Priority Date:	year 1934
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #1

Ground Water Claim 098523

Priority Date:	year 1938
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #2

Ground Water Claim 098524

Priority Date:	year 1946
Instantaneous Quantity (Qi):	1000 gallons per minute
Annual Quantity (Qa):	1440 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #3

Certificate 5070-A

Priority Date:	August 1, 1962
Instantaneous Quantity (Qi):	1500 gallons per minute
Annual Quantity (Qa):	2260 acre-feet per year
Purpose:	domestic supply for WSU
Source:	A well - #4

Certificate 5072-A

Priority Date:	May 27, 1963
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	community domestic supply and stock water
Source:	A well - #5

Certificate G3-22065C

Priority Date:	November 12, 1973
Instantaneous Quantity (Qi):	1500 gallons per minute
Annual Quantity (Qa):	1600 acre-feet per year
Purpose:	municipal supply
Source:	A well - #6

Permit G3-28278P

Priority Date:	January 28, 1987
Instantaneous Quantity (Qi):	2500 gallons per minute
Annual Quantity (Qa):	2260 acre-feet per year
Purpose:	municipal supply
Source:	A well - #7

An application for change has been filed on each of the above described water right documents. Each right will have its own determination.

Three claims, three certificates, and one permit are appurtenant to the WSU campus. Seven wells have been used since 1938. One of the wells, No. 2, was decommissioned and is no longer in use. The remaining wells and water use were integrated into two systems over the years to meet the delivery, fire control and design needs of the campus. Well No. 8 was recently drilled and is ready for use. The campus water system is divided into high distribution and low distribution systems to meet pressure control and operational needs. Wells 5, 6, and 8 serve the high system and wells 1, 3, 4 and 7 serve the low system. The goal of the subject application(s) is to integrate all of the wells of the individual rights to operate as the system is currently designed. Two emergency interties are designed into the City of Pullman, hut the university has not had to exercise the intertie system. The high distribution system has 2 old wells and one new well (#8). The low distribution system has 3 old wells and one new well (#7). The proposal is to have one new well on each system become the primary service well for that system. At this time if one of the old wells were out of service the system may not be able to meet the demand on the system.

Well No.	Instantaneous Capacity	System	Pump HP
1	500 GPM	Low	60
2	Decommissioned	Low	N/A
3	1000 GPM	Low	150
4	1000 GPM	Low	225
5	500 GPM	High	75
6	1500 GPM	High	250
7	2500 GPM	Low	450
8	2500 GPM	High	700

Water Use

A review of the water use data for the source wells on campus for the period of 1989 through 2004 indicated an annual use ranging between 1711 acre-feet per year to 1988 acre-feet per year. The maximum annual water use occurring in 1994. WSU provided a graph of the annual water use between 1989 and 2004 and indicated a decline in water use of 0.3 % during this period.

Water Rights

Seven water right documents are appurtenant to the campus. There are additional rights held by the university for isolated locations that are not addressed in this review. The campus rights are as follows:

Water Right	Qi	Qa	Priority Date	Type	Source
Claim 098522	500	720	1934	Primary*	1
Claim 098523	500	720	1938	Primary	2
Claim 098524	(1000)	(1440)	1946 (not valid)	Not valid*	3
Cert 5070-A	1500	2260	1962	Primary*	4
Cert 5072-A	500	720	1963	Primary	5
G3-22065C	1500	1600	1973	Primary	6, 8
G3-28278P	2500*	2260*	1987	Supplemental*	7
Totals	**5000 GPM**	**5300 AFY**			

*Permit issued with a provision: "less those amounts appropriated underground Water Cert. 5070-A, and Ground Water Claims 98522 and 98524. Total combined quantity shall not exceed 2500 gallons per minute, 2260 acre-feet per year."

The above water analysis totals are consistent with the 2001 comprehensive water plan.

Evaluation of the Water Right Certificate

Ground Water Certificate 5070-A confirmed a right of 1500 gallons per minute, 2260 acre-feet per year for domestic supply.

The right is described as domestic supply. The existing water system for WSU is defined as a Group A Water System by Department of Health (DOH). The system qualifies as a "municipal water supplier" and serves water for "municipal water supply purposes" as defined under RCW 90.03.015. A new section was added to Chapter 90.03 RCW. The new section states the following: "When requested by a municipal water supplier or when processing a change or amendment to the right, the Department shall amend the water right documents and related records to ensure that water rights that are for municipal water supply purposes, as defined in Chapter 90.03.015 RCW, are correctly identified as being for municipal water supply purposes." All WSU campus water rights are for "municipal supply" and for "domestic supply" purposes which meet the criteria under RCW 90.03.015(4).

WSU qualifies for municipal supply under RCW 90.03.015. WSU is not using its full allocation of water. Water use data for WSU was provided by Gary Wells. In 1994 WSU used approximately 1988 acre-feet. WSU currently has water rights (including the claims) totaling 5300 acre-feet. Therefore, this leaves 3312 acre-feet of inchoate water available for future use by WSU. The inchoate water available is consistent with the municipal legislation (SHB 1338) passed that allows for certainty for growth into these inchoate quantities by municipal providers.

Relinquishment and/or abandonment: WSU claims it has never abandoned nor relinquished any of its municipal rights. Some of the source wells have failed and are no longer in use, but WSU has continued to exercise their right from other source wells.

Existing Wells:

Well No. 1 is identified as 8" x 223' feet deep. The well was constructed in 1913. The casing is described as 40.6 feet in depth. The land surface elevation is approximately 2364 feet above mean sea level. Static was described as 70 feet below land surface in 1990.

Well No. 2 is identified as 213 feet deep. The well was constructed is 1938. The land surface elevation is approximately 2358 feet above mean sea level. The well was decommissioned and is no longer in use.

Well No. 3 is identified as 16" x 247 feet deep. The well was constructed in 1946. The casing is described as 26 feet below land surface. The static water level is shown as 30 feet below land surface. The land surface elevation is approximately 2366 feet above mean sea level.

Well No. 4 is identified as 20" x 275 feet deep. The well was constructed is 1963. The static water level is 51 feet below land surface. The land surface elevation is approximately 2366 feet above mean sea level. The well casing is described as ending 42 feet below land surface.

Well No. 5 is identified as 10" x 395 feet deep. The well was constructed is 1964. The static water level was 196 feet below ground surface in 1964. The land surface elevation is approximately 2507 feet above mean sea level. The well casing is described as ending 300 feet below land surface.

Well No. 6 is identified as 24" x 702 feet deep. The well was constructed is 1973. The static water level was 196 feet below ground surface in 1964. The land surface elevation is approximately 2535 feet above mean sea level. The well casing is described as ending 395 feet below land surface.

Well No. 7 is identified as 24" x 2225 feet deep. The well was constructed is 1987. The static water level was 154 feet below ground surface in 1987. The land surface elevation is approximately 2415 feet above mean sea level. The well casing is described as ending 1000 feet below land surface.

Well No. 8 is identified as 20" x 812 feet deep. The well was constructed is 2003. The static water level was 333 feet below ground surface. The well casing is described as ending 280 feet below land surface. This well was constructed as an additional point of withdrawal under Certificate G3-22065C. A showing of compliance was submitted.

Hydrogeologic Analysis

Applications for change of water right permits and certificates are governed by RCW 90.44.100, which states in part that: the holder of a valid right to withdraw public ground waters may, without losing the holder's priority of right, construct wells at a new location in substitution for, or in addition to, those at the original location, or the holder may change the manner or the place of use of the water. Such amendment shall be issued by the Department only on the conditions that; (1) the additional or substitute well or wells shall tap the same body of public ground water as the original well or wells; (2) use of the original well or wells shall be discontinued upon construction of the substitute well or wells; (3) the construction of an additional well or wells shall not enlarge the right conveyed by the original permit or certificate; and (4) other existing rights shall not be impaired. The Department may specify an approved manner of construction and shall require a showing of compliance with the terms of the amendment.

The proposed project lies near a margin of the Columbia River Basalt Group. A steptoe, consisting of pre-Cenozoic granitic material lies to the southeast of Pullman, just north of Uniontown. Metasedimentary rocks are mapped on the surface to the northwest of that occurrence. Other pre-Cenozoic rocks crop out near Albion to the north of Pullman, and at Kamiak Butte. Surface geology to the west of Pullman has been mapped as Wanapum Basalt, with small outcroppings of Saddle Mountains Basalt on the highlands toward the Snake River.

In the areas underlain by the Columbia River Basalt Group (CRBG) and not otherwise administratively segregated, there are two major bodies of public ground water: the unconsolidated sediments, and the basalts of the CRBG.

- The unconsolidated zone extends from land surface down to the first solid basalt flow. It consists of unconsolidated and weakly consolidated sediments, chiefly sands and gravels in most of the Columbia Basin, but in the Pullman area consisting largely of loess.

- The basalt zone is part of a large ground water reservoir occurring in a thick series of basalt flows known as the Columbia River Basalt Group. The thickness of this group of basalt flows varies from a few hundred feet at the Spokane River to over 10,000 feet in the Pasco Basin. These flows include the Saddle Mountain, Wanapum and Grande Ronde formations. These flows are generally interconnected by fractures. Groundwater is found in a system of interconnected aquifers within the formations of the CRBG.

All wells associated with this change application produce water from basalt flows. All wells therefore tap the same body of public groundwater for their source. A survey of literature, existing well logs, and geologic mapping in the vicinity indicates most wells producing water from below approximately 2300 feet MSL produce from the Grande Ronde basalts.

Any reconstruction of wells shall be conducted in compliance with Chapter 18.104 RCW and Chapter 173-160 WAC. Particularly, any reconstruction of these wells shall ensure the casing is sealed into competent basalt, any cascading water encountered shall be cased and sealed, and no interaquifer transfer of water shall be allowed. Sealing shall be accomplished by constructing a borehole that is 4 inches in diameter greater than the permanent casing. Following installation of the casing within the borehole, the annular space will be pressure grouted from bottom to top with neat cement until undiluted surface return is achieved.

Wells 7 and 8 are additional wells, not substitutes. Thus, no wells need be decommissioned as a result of this change. Any decommissioning done in this project shall be conducted in compliance with Chapter 18.104 RCW and Chapter 173-160 WAC.

Protests and Concerns

Two protests and one letter of concern were received during the protest periods and are described below.

A protest was submitted by Dianne French, from the Palouse Water Conservation Network and the letter of concern from David Hall. The concerns are summarized as follows:

1) The Grande Ronde Aquifer is being mined and this application is contrary to maintaining "safe, sustaining yield."
2) WSU's water useage has increased since 1997.
3) WSU does not currently utilize the full quantity authorized by its water rights yet this proposal will serve to enlarge WSU's water right.
4) Increased pumping negatively impacts local groundwater supply and may lead to conflicts with Idaho.
5) WSU's wells may withdraw water from different aquifers.

A letter of protest was submitted by Rachael Osborn on behalf of Scotty Cornelius. The concerns are summarized as follows:

1) The Grande Ronde Aquifer is being mined. WSU has never fully pumped its water rights. WSU's water usage is increasing over time. WSU intends to irrigate an expansion of its golf course.
2) WSU's application is contrary to the public interest and Ecology must consider the impact on public welfare, impacts on the Snake River, interrelationships of surface and ground water.
3) Increased pumping may lead to management conflicts with Idaho.
4) WSU's application is contrary to maintain "safe sustaining yield". Approval of the application will facilitate continued and increased mining of the aquifer.
5) SEPA - "WSU has prepared a SEPA checklist for this project that fails to identify, describe or provide mitigation for aquifer mining. Ecology cannot rely on the SEPA document prepared by WSU. Ecology must prepare its own environmental analysis based on the SEPA rule that allows a permitting agency to prepare a new threshold determination when there is new information indicating the probable significant adverse environmental impacts associated with the proposal requiring a permit. New information may include the discovery of misrepresentation or lack of material disclosure in the prior environmental document. WAC 197-11-600(3)(b)(ii)."
6) WSU's application will allow expansion into unused water rights, contrary to the beneficial use requirement of state law.
7) Consolidation will enlarge its (WSU) water rights.
8) WSU has not demonstrated compliance with the requirements of RCW 90.44.100(3)(g)
9) Some of the rights have been relinquished and/or abandoned.
10) The wells may withdraw water from different aquifers.

Consideration of Protests and Concerns

Aquifer Characteristics, Mining, Conflicts: The basalt aquifers in the Palouse basin have been the subject of significant study and interest over the years due to concerns about aquifer mining. Geologic limitations on the Palouse basin are currently understood as follows:

It is postulated the Saddle Mountains Basalt (discussed above) lies in a syncline, which itself lies to the west of an anticline, a basement ridge, or other structural feature, which serves to restrict flow from the Pullman/Moscow area to the west. Consequently, the Palouse basin is isolated hydraulically from the larger Columbia Plateau Province. Additionally, the texture of loess promotes water holding capacity. Limited area of the basin, and limited vertical percolation, limits the amount of recharge able to reach the basalt within the basin.

The basalt aquifers transmit water most effectively in fracture zones at the top and bottom of individual flows, while the interiors of the flows are massive and dense. Thus, the actual volume of water bearing materials is relatively small for a given thickness of basalt. Additionally, recharge replacement of water into deep basalt flows occurs at a very small rate, unless significant post-emplacement fracturing is present. Balancing use against these geologic constraints is difficult.

In the mid 1970's community concerns about increasing demands on ground water led to several studies on ground water occurrence, and formation of a consortium of local entities (the Palouse Basin Aquifer Committee) to address water supply. In 1992, WSU adopted a ground water management plan. That plan's goal is to limit annual aquifer pumping increases to one percent (1%) of the pumping volume based on a five (5) year moving average starting with 1986 (642 mgy), while at no time allowing the accumulated total pumping to exceed 125 percent of the 1981 to 1985 average. To date, WSU has actually decreased their pumping in concert with other water purveyors. Recent evidence indicates rates of decline have lessened. Static water levels in well 7, for example, declined a foot per year between 1993 and 2002, and have now declined approximately 1 foot between 2002 and 2005. (See http://www.webs.uidaho.edu/pbac/Graphs/WSU%20Water%20Graphs.btm.) No evidence indicates this trend will change within the basin due to integration of these rights. Local conditions will continue to be monitored for long-term trends.

Water Usage: Diagrams and graphs submitted by the protestant(s) and WSU show a decline in water use over the period of record, not an increase. The line on the graph representing a 1.3% increase in water use identifies the projected allowable increase of the Water Plan not actual water use.

Future water use and beneficial use: It is true that WSU is not using its full allocation of water. As identified above approximately 3312 acre-feet of inchoate water is available for future use for the municipality. Inchoate water availability is consistent with the municipal legislation (SHB 1338) recently passed that allows for certainty for growth into these inchoate quantities by municipal providers. It is a special position granted to municipalities under SHB 1338. It appears the legislative intent was to provide for a sufficient future water supply for growth and certainty for municipal providers, sometimes referenced as the theory of the Growing Communities Doctrine. Whether or not these applications for change to integrate these wells and rights were filed, WSU could continue to grow into these described inchoate quantities. The filing of these change applications alone does not expand the quantities of the municipal rights described above. The protestants are concerned that the inchoate water will be used for growth and expansion of a golf course. It is up to the municipal provider to determine what uses municipal rights are used for as long as the use is consistent with the definition under RCW 90.03.015.

This law allows for municipal providers to have certainty to grow into their inchoate municipal water rights without fear of relinquishment or diminishment. The legislature expressly provided this exception to those who qualify as a municipal provider.

Relinquishment and/or abandonment: WSU claims it has never abandoned nor relinquished any of its municipal rights. It is true that some of the source wells have failed and are no longer in use, but the university has continued to exercise their right from other source wells.

Aquifers and Well Construction: As described above in the Hydrogeologic Analysis, the wells are withdrawing water from the same body of public ground water and meet the requirements of RCW 90.44.100.

The SEPA Checklist for this project provides inadequate environmental analysis.

Based on the information provided (Threshold Determination and Environmental Checklist), the Ecology SEPA program has come to the following conclusion:

- WAC 197-11-050 Lead Agency. (1) A lead agency shall be designated when an agency is developing or is presented with a proposal, following the rules beginning at WAC 197-11-922. The lead agency shall be the agency with the main responsibility for complying with SEPA's procedural requirements and shall be the only agency responsible for: The threshold determination; and Preparation and content of environmental impact statements.

WSU is the lead agency, therefore they shall be the only agency responsible for the threshold determination.

- WAC 197-11-924 Determining the lead agency. (3) Any agency receiving a lead agency determination to which it objects shall either resolve the dispute, withdraw its objection, or petition the department for a lead agency determination within fifteen days of receiving the determination.

The WSDOE (Water Resources Program) was contacted and they did not object to the current lead agency and they did not petition the department for a lead agency determination within fifteen days of receiving the determination.

- WAC 197-11-948 Assumption of lead agency status. (1) An agency with jurisdiction over a proposal, upon review on a DNS (WAC 197-11-40) may transmit to the initial lead agency a completed "Notice of assumption of lead agency status." This notice shall be substantially similar to the form in WAC 197-11-985. Assumption of lead agency status shall occur only within the fourteen-day comment period on a DNS issued under WAC 197-11-340(2)(a), or during the comment period on a notice of application when the optional DNS process in WAC 197-11-355 is used.

The WSDOE (Water Resources Program) did not transmit to the initial lead agency a completed "Notice of assumption of lead agency status" to the initial lead agency, therefore the WSDOE does not retain any of the responsibilities of lead agency.

- WAC 197-11-600 When to use existing environmental documents (3)(b)(ii) New information indicating a proposal's probable significant adverse environmental impacts. (This includes discovery of misrepresentation or lack of material disclosure.) A new threshold determination or SEIS is not required if probable significant adverse environmental impacts are covered by the range of alternatives and impacts analyzed in the existing environmental documents.

This statement means that if WSDOE (Water Resources) program feels that new information regarding this project will cause probable significant environmental impacts, WSDOE has the ability to re-evaluate the proposal and change the threshold determination. Probable (WAC 197-11-782) is defined as "likely or reasonably likely to occur", and significant (WAC197-11-794) is defined as "a reasonable likelihood of more than a moderate adverse impact on environmental quality." The terms "probable" and "significant" are somewhat subjective though, and could have different meanings depending on which agencies, programs, or

even by which people are asked. So, because WSDOE has an "action" (which is the change in water right sources), WSDOE also has the responsibility of the interpretations of the words "probable" and "significant", and therefore has the responsibility of determining if the new information will cause "probable significant environmental impacts."

When a permit, or "action" is required by another agency (other than the original lead agency), the agency issuing that permit or "action" has the ability to re-evaluate a proposal, if and only if, new information is brought forth that will cause "probable significant environmental impacts." The information provided to Ecology has not changed.

Impairment Analysis

"Impair" or "impairment" means to: 1) adversely impact the physical availability of water for a beneficial use that is entitled to protection, and/or 2) to prevent the beneficial use of the water to which one is entitled, and/or 3) to adversely affect the flow of a surface water course at a time when the flows are at or below instream flow levels established by rule (POL-1200), and/or 4) degrade the quality of the source to the point that water is unsuitable for use by existing water right holders (WAC 173-150). Demonstration of impairment would require evidence of a substantial and lasting or frequent impact reflecting such conditions.

The change request is not requesting to modify the quantities of water already authorized for beneficial use. The change to integrate these wells into one dependable source to satisfy the municipal water delivery requirements is the action addressed in this finding.

Findings

When considering an application for change to a water right, Ecology must determine that the proposed change can be made without detriment or injury to existing water rights. Factors considered when determining potential impact include the following:

No Impairment to Existing Rights
The conditions of the aquifer in the Moscow Pullman area show a declining trend for many years, currently addressed by entities involved in the Palouse Basin Aquifer Committee through planning and implementation strategies. Data indicates the declining trend has slowed through their efforts. No evidence suggests this change would further adversely affect the physical availability of water for a beneficial use that is entitled to protection, nor prevent beneficial use of water. Instream flows have not been established by rule in this basin, and no water quality impacts are expected through integration of this right.

A review of Ecology records was conducted for existing water rights, permits, applications and claims in the vicinity of WSU. The search found no existing water rights in the area which would be impaired through issuance of this application for change to integrate the wells. WSU municipal wells have been continuously used for many years with no reported well interference problems. It is not anticipated that the proposed change to integrate the wells will cause impairment.

No Detriment to the Public Welfare
There has been public expression of protest or concern regarding the subject proposal, and no findings through this investigation indicate that there would be detrimental impact to the public welfare through issuance of the proposed change.

No Enhancement of the Original Right
No withdrawal of water over and above what has been authorized to beneficial use and/or originally authorized under existing rights will be allowed through approval of this change.

Same Source of Water
The ground water withdrawn at all well locations is considered to be from the same body of public water.

Conclusion

It is the conclusion of this examiner that, in accordance with Chapters 90.03 and 90.44 RCW, this application to integrate the existing water system by adding six (6) existing wells and changing the place of use will not enlarge the water right for beneficial use, nor will it impair existing rights or he detrimental to the public welfare.

Recommendations

The applicant's request under Ground Water Certificate 5070-A is approved, subject to the following provisions:

This change authorizes a total of seven (7) wells located as follows:

1) 1450 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.

3) 1390 feet north and 77 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
4) 1340 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
5) 1800 feet north and 2500 feet east of the SW corner of Section 34, T. 15 N., R. 45 E.W.M.
6) 400 feet south and 700 feet east of the NW corner of Section 4, T. 14 N., R. 45 E.W.M.
7) 2290 feet south and 2380 feet west of the NE corner of Section 5, T. 14 N., R. 45 E.W.M.
8) 1150 feet south and 2500 feet east of the NW corner of Section 4. T. 14 N., R. 45 E.W.M.

The place of use will be changed to:

Area served by Washington State University. The place of use of this water right shall be consistent with the service area map contained within the most recently approved water system plan (including amendments).

Provisions

"The total withdrawal under Ground Water Claims 098522, 098523, 098524, Certificate 5070-A, 5072-A, G3-22065C and G3-28278P shall not exceed 5000 gallons per minute, 5300 acre-feet per year annually for municipal supply."

"The amount of water granted is a maximum limit that shall not be exceeded and the water user shall be entitled only to that amount of water within the specified limit that is beneficially used and required."

"Use of water under this authorization shall be contingent upon the water right holder's utilization of up to date water conservation practices and maintenance of efficient water delivery systems consistent with established regulation requirements and facility capabilities."

"If the criteria in RCW 90.03.386(2) are not met and a Water System Plan was approved after September 9, 2003, the place of use of this water right reverts to the service area described in that document. If the criteria in RCW 90.03.386(2) are not met and no Water System Plan has been approved after September 9, 2003, the place of use reverts to the last place of use described by Ecology in a water right authorization."

"An approved measuring device shall be installed and maintained for each of the sources identified herein in accordance with the rule "Requirements for Measuring and Reporting Water Use," Chapter 173-173 WAC. Water use data shall be recorded weekly and maintained by the property owner for a minimum of five years, and shall be promptly submitted to Ecology upon request."

"The rule above describes the requirements for data accuracy, device installation and operation, and information reporting. It also allows a water user to petition Ecology for modifications to some of the requirements. Installation, operation and maintenance requirements are enclosed as a document entitled "Water Measurement Device Installation and Operation Requirements."

"Department of Ecology personnel, upon presentation of proper credentials, shall have access at reasonable times, to the records of water use that are kept to meet the above conditions, and to inspect at reasonable times any measuring device used to meet the above conditions."

"This authorization to make use of public waters of the State is subject to existing rights, including any existing rights held by the United States for the benefit of Indians under treaty or otherwise."

"Nothing in this authorization shall be construed as satisfying other applicable federal, state, or local statutes, ordinances, or regulations."

"All water wells constructed within the State shall meet the minimum standards for construction and maintenance as provided under RCW 18.104 (Washington Water Well Construction Act of 1971) and Chapter 173-160 WAC (Minimum Standards for Construction and Maintenance of Water Wells)."

Installation and maintenance of an access port as described in chapter 173-160-291(3) WAC is required. An air line and gauge may be installed in addition to the access port."

Signed and dated at Spokane, Washington this 18th day of September, 2006

By Kevin Brown

Kevin Brown
Water Resources Program
Eastern Regional Office

KB:VL:ka
W/DraftROEs/Brown2006

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
Application for Change
REPORT OF EXAMINATION
TO APPROPRIATE PUBLIC WATERS OF THE STATE OF WASHINGTON

☐ Surface Water (Issued in accordance with the provisions of Chapter 117, Laws of Washington for 1917, and amendments thereto, and the rules and regulations of the Department of Ecology.)

☒ Ground Water (Issued in accordance with the provisions of Chapter 263, Laws of Washington for 1945, and amendments thereto, and the rules and regulations of the Department of Ecology.)

PRIORITY DATE	APPLICATION NUMBER	PERMIT NUMBER	CERTIFICATE NUMBER
November 12, 1973	G3-22065	G3-22065	G3-22065C

NAME
Washington State University

ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
McCuskey Services Bldg.	Pullman	WA	99164

PUBLIC WATERS TO BE APPROPRIATED

SOURCE
7 wells

TRIBUTARY OF (IF SURFACE WATERS)

MAXIMUM CUBIC FEET PER SECOND	MAXIMUM GALLONS PER MINUTE	MAXIMUM ACRE FEET PER YEAR
	1500	1600

QUANTITY, TYPE OF USE, PERIOD OF USE
1500 gallons per minute, 1600 acre-feet per year, continuously for municipal supply

LOCATION OF DIVERSION/WITHDRAWAL

APPROXIMATE LOCATION OF DIVERSION--WITHDRAWAL
1) 1450 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
3) 1390 feet north and 77 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
4) 1340 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
5) 1800 feet north and 2500 feet east of the SW corner of Section 34, T. 15 N., R. 45 E.W.M.
6) 400 feet south and 700 feet east of the NW corner of Section 4, T. 14 N., R. 45 E.W.M.
7) 2290 feet south and 2380 feet west of the NE corner of Section 5, T. 14 N., R. 45 E.W.M.
8) 1150 feet south and 2500 feet east of the NW corner of Section 4. T. 14 N., R. 45 E.W.M.

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION)	SECTION	TOWNSHIP N.	RANGE, (E. OR W.) W.M.	W.R.I.A.	COUNTY
		14/15	45	34	Whitman

RECORDED PLATTED PROPERTY

LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)

LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

The place of use (POU) of this water right is the service area described in the most recent Water System Plan approved by the Washington State Department of Health, so long as the Washington State University is and remains in compliance with the criteria in RCW 90.03.386(2). RCW 90.03.386 may have the effect of revising the place of use of this water right.

Well #6

DESCRIPTION OF PROPOSED WORKS

7 wells and municipal distribution system

DEVELOPMENT SCHEDULE

BEGIN PROJECT BY THIS DATE:	COMPLETE PROJECT BY THIS DATE:	WATER PUT TO FULL USE BY THIS DATE:
Started	Completed	In use

REPORT

Background

An application for change/transfer was submitted by Washington State University (WSU) of Pullman, Washington to the Department of Ecology on October 28, 2004. WSU proposes to integrate its existing wells, by adding seven (7) existing points of withdrawal as authorized under Water Right Certificate No. G3-22065C together with Report of Examination dated July 14, 1989. WSU also proposes to change the place of use to the area served by Washington State University to be consistent with the approved water service area. WSU has proposed changes to all of its existing ground water right documents in this area.

A notice of application was duly published in accordance with RCW 90.03.280 in the Pullman Daily News on January 14 and 21, 2005 and contained errors. An amended notice was duly published May 5 and 12, 2005. Two protests were received during the protest periods and will be discussed later in the report.

This application is not exempt from the provisions of the State Environmental Policy Act (SEPA) of 1971, Chapter 43.21 RCW, due to the fact that the cumulative quantities of water for this project under all water rights, including those proposed for change herein, constitute a withdrawal of more than 2,250 gallons per minute. After review of a completed environmental checklist and other information, this proposal was determined to not have a significant adverse impact on the environment. A final Declaration of Non-Significance was issued by WSU on June 7, 2004.

Investigation

In considering the proposed change, the investigation included, but was not limited to, research and review of: (1) appropriate rules and statutes, (2) Ground Water Certificate G3-22065C together with Report of Examination dated July 14th, 1989 and other water rights/claims/applications in the vicinity, (3) water well reports for the applicant's wells, (4) USGS topographic maps, (5) Comprehensive Water System Plan for WSU dated 2001), (6) discussions with Gary Wells, and (7) review by Department of Ecology regional program staff hydrogeologists.

A field investigation was conducted by Kevin Brown on October 20, 2005 with Gary Wells. WSU withdraws water under the following seven (7) water right documents:

Ground Water Claim 098522

Priority Date:	year 1934
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #1

Ground Water Claim 098523

Priority Date:	year 1938
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #2

Ground Water Claim 098524

Priority Date:	year 1946
Instantaneous Quantity (Qi):	1000 gallons per minute
Annual Quantity (Qa):	1440 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #3

Certificate 5070-A

Priority Date:	August 1, 1962
Instantaneous Quantity (Qi):	1500 gallons per minute
Annual Quantity (Qa):	2260 acre-feet per year
Purpose:	domestic supply for WSU
Source:	A well - #4

Certificate 5072-A

Priority Date:	May 27, 1963
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	community domestic supply and stock water
Source:	A well - #5

Certificate G3-22065C

Priority Date:	November 12, 1973
Instantaneous Quantity (Qi):	1500 gallons per minute
Annual Quantity (Qa):	1600 acre-feet per year
Purpose:	municipal supply
Source:	A well - #6

Permit G3-28278P

Priority Date:	January 28, 1987
Instantaneous Quantity (Qi):	2500 gallons per minute

Report Continued

Annual Quantity (Qa):	2260 acre-feet per year
Purpose:	municipal supply
Source:	A well - #7

An application for change has been filed on each of the above described water right documents. Each right will have its own determination.

Three claims, three certificates, and one permit are appurtenant to the WSU campus. Seven wells have been used since 1938. One of the wells, No. 2, was decommissioned and is no longer in use. The remaining wells and water use were integrated into two systems over the years to meet the delivery, fire control and design needs of the campus. Well No. 8 was recently drilled and is ready for use. The campus water system is divided into high distribution and low distribution systems to meet pressure control and operational needs. Wells 5, 6, and 8 serve the high system and wells 1, 3, 4 and 7 serve the low system. The goal of the subject application(s) is to integrate all of the wells of the individual rights to operate as the system is currently designed. Two emergency interties are designed into the City of Pullman, but the university has not had to exercise the intertie system. The high distribution system has 2 old wells and one new well (#8). The low distribution system has 3 old wells and one new well (#7). The proposal is to have one new well on each system become the primary service well for that system. At this time if one of the old wells were out of service the system may not be able to meet the demand on the system.

Well No.	Instantaneous Capacity	System	Pump HP
1	500 GPM	Low	60
2	Decommissioned	Low	N/A
3	1000 GPM	Low	150
4	1000 GPM	Low	225
5	500 GPM	High	75
6	1500 GPM	High	250
7	2500 GPM	Low	450
8	2500 GPM	High	700

Water Use

A review of the water use data for the source wells on campus for the period of 1989 through 2004 indicated an annual use ranging between 1711 acre-feet per year to 1988 acre-feet per year. The maximum annual water use occurring in 1994. WSU provided a graph of the annual water use between 1989 and 2004 and indicated a decline in water use of 0.3 % during this period.

Water Rights

Seven water right documents are appurtenant to the campus. There are additional rights held by the university for isolated locations that are not addressed in this review. The campus rights are as follows:

Water Right	Qi	Qa	Priority Date	Type	Source
Claim 098522	500	720	1934	Primary*	1
Claim 098523	500	720	1938	Primary	2
Claim 098524	(1000)	(1440)	1946 (not valid)	Not valid*	3
Cert 5070-A	1500	2260	1962	Primary*	4
Cert 5072-A	500	720	1963	Primary	5
G3-22065C	1500	1600	1973	Primary	6, 8
G3-28278P	2500*	2260*	1987	Supplemental*	7
Totals	**5000 GPM**	**5300 AFY**			

*Permit issued with a provision: "less those amounts appropriated underground Water Cert. 5070-A, and Ground Water Claims 98522 and 98524. Total combined quantity shall not exceed 2500 gallons per minute, 2260 acre-feet per year."

The above water analysis totals are consistent with the 2001 comprehensive water plan.

Evaluation of the Water Right Certificate

Ground Water Certificate G3-22065C together with Report of Examination dated July 14th, 1989 confirmed a right of 1500 gallons per minute, 1600 acre-feet per year for municipal supply.

The existing water system for WSU is defined as a Group A Water System by Department of Health (DOH). The system qualifies as a "municipal water supplier" and serves water for "municipal water supply purposes" as defined under RCW 90.03.015. A new section was added to Chapter 90.03 RCW. The new section states the following: "When requested by a municipal water supplier or when processing a change or amendment to the right, the Department shall amend the water right documents and related records to ensure that water rights that are for municipal water supply purposes, as defined in Chapter 90.03.015 RCW, are correctly identified as being for municipal water supply purposes." All WSU campus water rights are for "municipal supply" and for "domestic supply" purposes which meet the criteria under RCW 90.03.015(4).

WSU qualifies for municipal supply under RCW 90.03.015. WSU is not using its full allocation of water. Water use data for WSU was provided by Gary Wells. In 1994 WSU used approximately 1988 acre-feet. WSU currently has water rights (including the claims) totaling 5300 acre-feet. Therefore, this leaves 3312 acre-feet of inchoate water available for future use by WSU. The inchoate water available is consistent with the municipal legislation (SHB 1338) passed that allows for certainty for growth into these inchoate quantities by municipal providers.

Relinquishment and/or abandonment: WSU claims it has never abandoned nor relinquished any of its municipal rights. Some of the source wells have failed and are no longer in use, but WSU has continued to exercise their right from other source wells.

Existing Wells:

Well No. 1 is identified as 8" x 223' feet deep. The well was constructed in 1913. The casing is described as 40.6 feet in depth. The land surface elevation is approximately 2364 feet above mean sea level. Static was described as 70 feet below land surface in 1990.

Well No. 2 is identified as 213 feet deep. The well was constructed is 1938. The land surface elevation is approximately 2358 feet above mean sea level. The well was decommissioned and is no longer in use.

Well No. 3 is identified as 16" x 247 feet deep. The well was constructed in 1946. The casing is described as 26 feet below land surface. The static water level is shown as 30 feet below land surface. The land surface elevation is approximately 2366 feet above mean sea level.

Well No. 4 is identified as 20" x 275 feet deep. The well was constructed is 1963. The static water level is 51 feet below land surface. The land surface elevation is approximately 2366 feet above mean sea level. The well casing is described as ending 42 feet below land surface.

Well No. 5 is identified as 10" x 395 feet deep. The well was constructed is 1964. The static water level was 196 feet below ground surface in 1964. The land surface elevation is approximately 2507 feet above mean sea level. The well casing is described as ending 300 feet below land surface.

Well No. 6 is identified as 24" x 702 feet deep. The well was constructed is 1973. The static water level was 196 feet below ground surface in 1964. The land surface elevation is approximately 2535 feet above mean sea level. The well casing is described as ending 395 feet below land surface.

Well No. 7 is identified as 24" x 2225 feet deep. The well was constructed is 1987. The static water level was 154 feet below ground surface in 1987. The land surface elevation is approximately 2415 feet above mean sea level. The well casing is described as ending 1000 feet below land surface.

Well No. 8 is identified as 20" x 812 feet deep. The well was constructed is 2003. The static water level was 333 feet below ground surface. The well casing is described as ending 280 feet below land surface. This well was constructed as an additional point of withdrawal under Certificate G3-22065C. A showing of compliance was submitted.

Hydrogeologic Analysis

Applications for change of water right permits and certificates are governed by RCW 90.44.100, which states in part that: the holder of a valid right to withdraw public ground waters may, without losing the holder's priority of right, construct wells at a new location in substitution for, or in addition to, those at the original location, or the holder may change the manner or the place of use of the water. Such amendment shall be issued by the Department only on the conditions that; (1) the additional or substitute well or wells shall tap the same body of public ground water as the original well or wells; (2) use of the original well or wells shall be discontinued upon construction of the substitute well or wells; (3) the construction of an additional well or wells shall not enlarge the right conveyed by the original permit or certificate; and (4) other existing rights shall not be impaired. The Department may specify an approved manner of construction and shall require a showing of compliance with the terms of the amendment.

The proposed project lies near a margin of the Columbia River Basalt Group. A steptoe, consisting of pre-Cenozoic granitic material lies to the southeast of Pullman, just north of Uniontown. Metasedimentary rocks are mapped on the surface to the northwest of that occurrence. Other pre-Cenozoic rocks crop out near Albion to the north of Pullman, and at Kamiak Butte. Surface geology to the west of Pullman has been mapped as Wanapum Basalt, with small outcroppings of Saddle Mountains Basalt on the highlands toward the Snake River.

In the areas underlain by the Columbia River Basalt Group (CRBG) and not otherwise administratively segregated, there are two major bodies of public ground water: the unconsolidated sediments, and the basalts of the CRBG.

- The unconsolidated zone extends from land surface down to the first solid basalt flow. It consists of unconsolidated and weakly consolidated sediments, chiefly sands and gravels in most of the Columbia Basin, but in the Pullman area consisting largely of loess.

- The basalt zone is part of a large ground water reservoir occurring in a thick series of basalt flows known as the Columbia River Basalt Group. The thickness of this group of basalt flows varies from a few hundred feet at the Spokane River to over 10,000 feet in the Pasco Basin. These flows include the Saddle Mountain, Wanapum and Grande Ronde formations. These flows are generally interconnected by fractures. Groundwater is found in a system of interconnected aquifers within the formations of the CRBG.

All wells associated with this change application produce water from basalt flows. All wells therefore tap the same body of public groundwater for their source. A survey of literature, existing well logs, and geologic mapping in the vicinity indicates most wells producing water from below approximately 2300 feet MSL produce from the Grande Ronde basalts.

Any reconstruction of wells shall be conducted in compliance with Chapter 18.104 RCW and Chapter 173-160 WAC. Particularly, any reconstruction of these wells shall ensure the casing is sealed into competent basalt, any cascading water encountered shall be cased and sealed, and no interaquifer transfer of water shall be allowed. Sealing shall be accomplished by constructing a borehole that is 4 inches in diameter greater than the permanent casing. Following installation of the casing within the borehole, the annular space will be pressure grouted from bottom to top with neat cement until undiluted surface return is achieved.

Wells 7 and 8 are additional wells, not substitutes. Thus, no wells need be decommissioned as a result of this change. Any decommissioning done in this project shall be conducted in compliance with Chapter 18.104 RCW and Chapter 173-160 WAC.

Protests and Concerns

Two protests and one letter of concern were received during the protest periods and are described below.

A protest was submitted by Dianne French, from the Palouse Water Conservation Network and the letter of concern from David Hall. The concerns are summarized as follows:

1) The Grande Ronde Aquifer is being mined and this application is contrary to maintaining "safe, sustaining yield."
2) WSU's water useage has increased since 1997.
3) WSU does not currently utilize the full quantity authorized by its water rights yet this proposal will serve to enlarge WSU's water right.
4) Increased pumping negatively impacts local groundwater supply and may lead to conflicts with Idaho.
5) WSU's wells may withdraw water from different aquifers.

A letter of protest was submitted by Rachael Osborn on behalf of Scotty Cornelius. The concerns are summarized as follows:

1) The Grande Ronde Aquifer is being mined. WSU has never fully pumped its water rights. WSU's water usage is increasing over time. WSU intends to irrigate an expansion of its golf course.
2) WSU's application is contrary to the public interest and ecology must consider the impact on public welfare, impacts on the Snake River, interrelationships of surface and ground water.
3) Increased pumping may lead to management conflicts with Idaho.
4) WSU's application is contrary to maintain "safe sustaining yield". Approval of the application will facilitate continued and increased mining of the aquifer.
5) SEPA - "WSU has prepared a SEPA checklist for this project that fails to identify, describe or provide mitigation for aquifer mining. Ecology cannot rely on the SEPA document prepared by WSU. Ecology must prepare its own environmental analysis based on the SEPA rule that allows a permitting agency to prepare a new threshold determination when there is new information indicating the probable significant adverse environmental impacts associated with the proposal requiring a permit. New information may include the discovery of misrepresentation or lack of material disclosure in the prior environmental document. WAC 197-11-600(3)(b)(ii)."
6) WSU's application will allow expansion into unused water rights, contrary to the beneficial use requirement of state law.
7) Consolidation will enlarge its (WSU) water rights.
8) WSU has not demonstrated compliance with the requirements of RCW 90.44.100(3)(g)
9) Some of the rights have been relinquished and/or abandoned.
10) The wells may withdraw water from different aquifers.

Consideration of Protests and Concerns

Aquifer Characteristics, Mining, Conflicts: The basalt aquifers in the Palouse basin have been the subject of significant study and interest over the years due to concerns about aquifer mining. Geologic limitations on the Palouse basin are currently understood as follows:

It is postulated the Saddle Mountains Basalt (discussed above) lies in a syncline, which itself lies to the west of an anticline, a basement ridge, or other structural feature, which serves to restrict flow from the Pullman/Moscow area to the west. Consequently, the Palouse basin is isolated hydraulically from the larger Columbia Plateau Province. Additionally, the texture of loess promotes water holding capacity. Limited area of the basin, and limited vertical percolation, limits the amount of recharge able to reach the basalt within the basin.

The basalt aquifers transmit water most effectively in fracture zones at the top and bottom of individual flows, while the interiors of the flows are massive and dense. Thus, the actual volume of water bearing materials is relatively small for a given thickness of basalt. Additionally, recharge replacement of water into deep basalt flows occurs at a very small rate, unless significant post-emplacement fracturing is present. Balancing use against these geologic constraints is difficult.

In the mid 1970's community concerns about increasing demands on ground water led to several studies on ground water occurrence, and formation of a consortium of local entities (the Palouse Basin Aquifer Committee) to address water supply. In 1992, WSU adopted a ground water management plan. That plan's goal is to limit annual aquifer pumping increases to one percent (1%) of the pumping volume based on a five (5) year moving average starting with 1986 (642 mgy), while at no time allowing the accumulated total pumping to exceed 125 percent of the 1981 to 1985 average. To date, WSU has actually decreased their pumping in concert with other water purveyors. Recent evidence indicates rates of decline have lessened. Static water levels in well 7, for example, declined a foot per year between 1993 and 2002, and have now declined approximately 1 foot between 2002 and 2005. (See http://www.webs.uidaho.edu/pbac/Graphs/WSU%20Water%20Graphs.htm.) No evidence indicates this trend will change within the basin due to integration of these rights. Local conditions will continue to be monitored for long-term trends.

Water Usage: Diagrams and graphs submitted by the protestant(s) and WSU show a decline in water use over the period of record, not an increase. The line on the graph representing a 1.3% increase in water use identifies the projected allowable increase of the Water Plan not actual water use.

Future water use and beneficial use: It is true that WSU is not using its full allocation of water. As identified above approximately 3312 acre-feet of inchoate water is available for future use for the municipality. Inchoate water availability is consistent with the municipal legislation (SHB 1338) recently passed that allows for certainty for growth into these inchoate quantities by municipal providers. It is a special position granted to municipalities under SHB 1338. It appears the legislative intent was to provide for a sufficient future water supply for growth and certainty for municipal providers, sometimes referenced as the theory of the Growing Communities Doctrine. Whether or not these applications for change to integrate these wells and rights were filed, WSU could continue to grow into these described inchoate quantities. The filing of these change applications alone does not expand the quantities of the municipal rights described above. The protestants are concerned that the inchoate water will be used for growth and expansion of a golf course. It is up to the municipal provider to determine what uses municipal rights are used for as long as the use is consistent with the definition under RCW 90.03.015.

This law allows for municipal providers to have certainty to grow into their inchoate municipal water rights without fear of relinquishment or diminishment. The legislature expressly provided this exception to those who qualify as a municipal provider.

Relinquishment and/or abandonment: WSU claims it has never abandoned nor relinquished any of its municipal rights. It is true that some of the source wells have failed and are no longer in use, but the university has continued to exercise their right from other source wells.

Aquifers and Well Construction: As described above in the Hydrogeologic Analysis, the wells are withdrawing water from the same body of public ground water and meet the requirements of RCW 90.44.100

The SEPA Checklist for this project provides inadequate environmental analysis.

Based on the information provided (Threshold Determination and Environmental Checklist), the Ecology SEPA program has come to the following conclusion:

- WAC 197-11-050 Lead Agency. (1) A lead agency shall be designated when an agency is developing or is presented with a proposal, following the rules beginning at WAC 197-11-922. The lead agency shall be the agency with the main responsibility for complying with SEPA's procedural requirements and shall be the only agency responsible for: The threshold determination; and preparation and content of environmental impact statements.

WSU is the lead agency, therefore they shall be the only agency responsible for the threshold determination.

- WAC 197-11-924 Determining the lead agency. (3) Any agency receiving a lead agency determination to which it objects shall either resolve the dispute, withdraw its objection, or petition the department for a lead agency determination within fifteen days of receiving the determination.

The WSDOE (Water Resources Program) was contacted and they did not object to the current lead agency and they did not petition the department for a lead agency determination within fifteen days of receiving the determination.

- WAC 197-11-948 Assumption of lead agency status. (1) An agency with jurisdiction over a proposal, upon review on a DNS (WAC 197-11-40) may transmit to the initial lead agency a completed "Notice of assumption of lead agency status." This notice shall he substantially similar to the form in WAC 197-11-985. Assumption of lead agency status shall occur only within the fourteen-day comment period on a DNS issued under WAC 197-11-340(2)(a), or during the comment period on a notice of application when the optional DNS process in WAC 197-11-355 is used.

The WSDOE (Water Resources Program) did not transmit to the initial lead agency a completed "Notice of assumption of lead agency status" to the initial lead agency, therefore the WSDOE does not retain any of the responsibilities of lead agency.

- WAC 197-11-600 When to use existing environmental documents (3)(b)(ii) New information indicating a proposal's probable significant adverse environmental impacts. (This includes discovery of misrepresentation or lack of material disclosure.) A new threshold determination or SEIS is not required if probable significant adverse environmental impacts are covered by the range of alternatives and impacts analyzed in the existing environmental documents.

This statement means that if WSDOE (Water Resources) program feels that new information regarding this project will cause probable significant environmental impacts, WSDOE has the ability to re-evaluate the proposal and change the threshold determination. Probable (WAC 197-11-782) is defined as "likely or reasonably likely to occur", and significant (WAC197-11-794) is defined as "a reasonable likelihood of more than a moderate adverse impact on environmental quality." The terms "probable" and "significant" are somewhat subjective though, and could have different meanings depending on which agencies, programs, or

even by which people are asked. So, because WSDOE has an "action" (which is the change in water right sources), WSDOE also has the responsibility of the interpretations of the words "probable" and "significant", and therefore has the responsibility of determining if the new information will cause "probable significant environmental impacts."

When a permit, or "action" is required by another agency (other than the original lead agency), the agency issuing that permit or "action" has the ability to re-evaluate a proposal, if and only if, new information is brought forth that will cause "probable significant environmental impacts." The information provided to Ecology has not changed.

Impairment Analysis

"Impair" or "impairment" means to 1) adversely impact the physical availability of water for a beneficial use that is entitled to protection, and/or 2) to prevent the beneficial use of the water to which one is entitled, and/or 3) to adversely affect the flow of a surface water course at a time when the flows are at or below instream flow levels established by rule (POL-1200); and/or 4) degrade the quality of the source to the point that water is unsuitable for use by existing water right holders (WAC 173-150). Demonstration of impairment would require evidence of a substantial and lasting or frequent impact reflecting such conditions.

The change request is not requesting to modify the quantities of water already authorized for beneficial use. The change to integrate these wells into one dependable source to satisfy the municipal water delivery requirements is the action addressed in this finding.

Findings

When considering an application for change to a water right, Ecology must determine that the proposed change can be made without detriment or injury to existing water rights. Factors considered when determining potential impact include the following:

No Impairment to Existing Rights
The conditions of the aquifer in the Moscow Pullman area show a declining trend for many years, currently addressed by entities involved in the Palouse Basin Aquifer Committee through planning and implementation strategies. Data indicates the declining trend has slowed through their efforts. No evidence suggests this change would further adversely affect the physical availability of water for a beneficial use that is entitled to protection, nor prevent beneficial use of water. Instream flows have not been established by rule in this basin, and no water quality impacts are expected through integration of this right.

A review of Ecology records was conducted for existing water rights, permits, applications and claims in the vicinity of WSU. The search found no existing water rights in the area which would be impaired through issuance of this application for change to integrate the wells. WSU municipal wells have been continuously used for many years with no reported well interference problems. It is not anticipated that the proposed change to integrate the wells will cause impairment.

No Detriment to the Public Welfare
There has been public expression of protest or concern regarding the subject proposal, and no findings through this investigation indicate that there would be detrimental impact to the public welfare through issuance of the proposed change.

No Enhancement of the Original Right
No withdrawal of water over and above what has been authorized to beneficial use and/or originally authorized under existing rights will be allowed through approval of this change.

Same Source of Water
The ground water withdrawn at all well locations is considered to be from the same body of public water.

Conclusion

It is the conclusion of this examiner that, in accordance with Chapters 90.03 and 90.44 RCW, this application to integrate the existing water system by adding six (6) existing wells and changing the place of use will not enlarge the water right for beneficial use, nor will it impair existing rights or be detrimental to the public welfare.

Recommendations

The applicant's request under Ground Water Certificate G3-22065C together with Report of Examination dated July 14th, 1989 is approved, subject to the following provisions:

This change authorizes a total of seven (7) wells located as follows:

1) 1450 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
3) 1390 feet north and 77 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
4) 1340 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
5) 1800 feet north and 2500 feet east of the SW corner of Section 34, T. 15 N., R. 45 E.W.M.
6) 400 feet south and 700 feet east of the NW corner of Section 4, T. 14 N., R. 45 E.W.M.
7) 2290 feet south and 2380 feet west of the NE corner of Section 5, T. 14 N., R. 45 E.W.M.
8) 1150 feet south and 2500 feet east of the NW corner of Section 4. T. 14 N., R. 45 E.W.M.

The place of use will be changed to:

Area served by Washington State University. The place of use of this water right shall be consistent with the service area map contained within the most recently approved water system plan (including amendments).

Provisions

"The total withdrawal under Ground Water Claims 098522, 098523, 098524, Certificate 5070-A, 5072-A, G3-22065C and G3-28278P shall not exceed 5000 gallons per minute, 5300 acre-feet per year annually for municipal supply."

"The amount of water granted is a maximum limit that shall not be exceeded and the water user shall be entitled only to that amount of water within the specified limit that is beneficially used and required."

"Use of water under this authorization shall be contingent upon the water right holder's utilization of up to date water conservation practices and maintenance of efficient water delivery systems consistent with established regulation requirements and facility capabilities."

"If the criteria in RCW 90.03.386(2) are not met and a Water System Plan was approved after September 9, 2003, the place of use of this water right reverts to the service area described in that document. If the criteria in RCW 90.03.386(2) are not met and no Water System Plan has been approved after September 9, 2003, the place of use reverts to the last place of use described by Ecology in a water right authorization."

"An approved measuring device shall be installed and maintained for each of the sources identified herein in accordance with the rule "Requirements for Measuring and Reporting Water Use," Chapter 173-173 WAC. Water use data shall be recorded weekly and maintained by the property owner for a minimum of five years, and shall be promptly submitted to Ecology upon request."

"The rule above describes the requirements for data accuracy, device installation and operation, and information reporting. It also allows a water user to petition Ecology for modifications to some of the requirements. Installation, operation and maintenance requirements are enclosed as a document entitled "Water Measurement Device Installation and Operation Requirements."

"Department of Ecology personnel, upon presentation of proper credentials, shall have access at reasonable times, to the records of water use that are kept to meet the above conditions, and to inspect at reasonable times any measuring device used to meet the above conditions."

"This authorization to make use of public waters of the State is subject to existing rights, including any existing rights held by the United States for the benefit of Indians under treaty or otherwise."

"Nothing in this authorization shall be construed as satisfying other applicable federal, state, or local statutes, ordinances, or regulations."

"All water wells constructed within the State shall meet the minimum standards for construction and maintenance as provided under RCW 18.104 (Washington Water Well Construction Act of 1971) and Chapter 173-160 WAC (Minimum Standards for Construction and Maintenance of Water Wells)."

Installation and maintenance of an access port as described in chapter 173-160-291(3) WAC is required. An air line and gauge may be installed in addition to the access port."

This Report of Examination Supersedes the Report of Examination issued July 14, 1989.

Signed and dated at Spokane, Washington this 18th day of September, 2006

By Kevin Brown

Kevin Brown
Water Resources Program
Eastern Regional Office

KB:VL:ka

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
4601 N Monroe Street • Spokane, Washington 99205-1295 • (509)329-3400

September 18, 2006

RECEIVED
SEP 20 2006
FACILITIES OPERATIONS

Washington State University
McCuskey Services Building
Pullman, WA 99164

Dear Sir or Madame:

Re: Applications for Change under Ground Water Claim Nos. 098522 and 098523

Enclosed please find a copy of the Department of Ecology's Reports of Examination. These reports constitute our determinations and orders regarding the above referenced applications for change.

Your application for change has been approved and Certificates of Change will be issued in accordance with the enclosed Report of Examination. Because your project is complete and water has been put to full beneficial use, a proof examination of the project will not be required. However, you must fill out the enclosed Proof of Appropriation form and send it to this office within thirty (30) days.

You have the right to appeal this decision to the Pollution Control Hearings Board. Pursuant to chapter 43.21B RCW, your appeal must be filed with the Pollution Control Hearings Board, and served on the Department of Ecology, within thirty (30) days of the date of your receipt of this document.

To appeal this action or decision, your notice of appeal must contain a copy of the Ecology order, action or decision you are appealing.

Your appeal must be filed with:
The Pollution Control Hearings Board
4224 - 6th Avenue SE, Rowe Six, Bldg. 2
P.O. Box 40903
Lacey, Washington 98504-0903

Your appeal must also be served on:
The Department of Ecology
Appeals Coordinator
P.O. Box 47608
Olympia, Washington 98504-7608

In addition, please send a copy of your appeal to:

Department of Ecology
Keith L. Stoffel, Section Manager
4601 North Monroe Street
Spokane, Washington 99205

Sincerely,

Keith L. Stoffel
Section Manager
Water Resources Program
Eastern Regional Office

KLS:ka
Enclosures

I certify that I mailed this letter or an identical copy thereof, postage prepaid, to the above addressee(s) this 18th day of September 2006.
Water Resources Program, Secretary Lead, Kay Allhiser KA.

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
Application for Change
REPORT OF EXAMINATION
TO APPROPRIATE PUBLIC WATERS OF THE STATE OF WASHINGTON

☐ Surface Water (Issued in accordance with the provisions of Chapter 117, Laws of Washington for 1917, and amendments thereto, and the rules and regulations of the Department of Ecology.)

☒ Ground Water (Issued in accordance with the provisions of Chapter 263, Laws of Washington for 1945, and amendments thereto, and the rules and regulations of the Department of Ecology.)

PRIORITY DATE	APPLICATION NUMBER	PERMIT NUMBER	CERTIFICATE NUMBER
1934			Claim No. 098522

NAME
Washington State University

ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
McCuskey Services Bldg.	Pullman	WA	99164

PUBLIC WATERS TO BE APPROPRIATED

SOURCE
7 wells

TRIBUTARY OF (IF SURFACE WATERS)

MAXIMUM CUBIC FEET PER SECOND	MAXIMUM GALLONS PER MINUTE	MAXIMUM ACRE FEET PER YEAR
	500	720

QUANTITY, TYPE OF USE, PERIOD OF USE
500 gallons per minute, 720 acre-feet per year, continuously for municipal supply

LOCATION OF DIVERSION/WITHDRAWAL

APPROXIMATE LOCATION OF DIVERSION–WITHDRAWAL
1) 1450 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
3) 1390 feet north and 77 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
4) 1340 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
5) 1800 feet north and 2500 feet east of the SW corner of Section 34, T. 15 N., R. 45 E.W.M.
6) 400 feet south and 700 feet east of the NW corner of Section 4, T. 14 N., R. 45 E.W.M.
7) 2290 feet south and 2380 feet west of the NE corner of Section 5, T. 14 N., R. 45 E.W.M.
8) 1150 feet south and 2500 feet east of the NW corner of Section 4. T. 14 N., R. 45 E.W.M.

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION)	SECTION	TOWNSHIP N.	RANGE, (E. OR W.) W.M.	W.R.I.A.	COUNTY
		14/15	45	34	Whitman

RECORDED PLATTED PROPERTY

LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)

LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

The place of use (POU) of this water right is the service area described in the most recent Water System Plan approved by the Washington State Department of Health, so long as the Washington State University is and remains in compliance with the criteria in RCW 90.03.386(2). RCW 90.03.386 may have the effect of revising the place of use of this water right.

Well #1

DESCRIPTION OF PROPOSED WORKS

7 wells and municipal distribution system

DEVELOPMENT SCHEDULE

BEGIN PROJECT BY THIS DATE:	COMPLETE PROJECT BY THIS DATE:	WATER PUT TO FULL USE BY THIS DATE:
Started	Completed	In use

REPORT

Background

An application for change/transfer was submitted by Washington State University (WSU) of Pullman, Washington to the Department of Ecology on October 28, 2004. WSU proposes to integrate its existing wells, by adding seven (7) existing points of withdrawal as claimed under Water Right Claim No. 098522. WSU also proposes to change the place of use to the area served by Washington State University to be consistent with the approved water service area. WSU has proposed changes to all of its existing ground water right documents in this area.

A notice of application was duly published in accordance with RCW 90.03.280 in the Pullman Daily News on January 14 and 21, 2005 and contained errors. An amended notice was duly published May 5 and 12, 2005. Two protests were received during the protest periods and will be discussed later in the report.

This application is not exempt from the provisions of the State Environmental Policy Act (SEPA) of 1971, Chapter 43.21 RCW, due to the fact that the cumulative quantities of water for this project under all water rights, including those proposed for change herein, constitute a withdrawal of more than 2,250 gallons per minute. After review of a completed environmental checklist and other information, this proposal was determined to not have a significant adverse impact on the environment. A final Declaration of Non-Significance was issued by WSU on June 7, 2004.

Investigation

In considering the proposed change, the investigation included, but was not limited to, research and review of: (1) appropriate rules and statutes, (2) Ground Water Claim 098522 and other water rights/claims/applications in the vicinity, (3) water well reports for the applicant's wells, (4) USGS topographic maps, (5) Comprehensive Water System Plan for WSU (dated 2001), (6) discussions with Gary Wells, and (7) review by Department of Ecology regional program staff hydrogeologists.

A field investigation was conducted by Kevin Brown on October 20, 2005 with Gary Wells. WSU witbdraws water under the following seven (7) water right documents:

Ground Water Claim 098522

Priority Date:	year 1934
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #1

Ground Water Claim 098523

Priority Date:	year 1938
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #2

Ground Water Claim 098524

Priority Date:	year 1946
Instantaneous Quantity (Qi):	1000 gallons per minute
Annual Quantity (Qa):	1440 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #3

Certificate 5070-A

Priority Date:	August 1, 1962
Instantaneous Quantity (Qi):	1500 gallons per minute
Annual Quantity (Qa):	2260 acre-feet per year
Purpose:	domestic supply for WSU
Source:	A well - #4

Certificate 5072-A

Priority Date:	May 27, 1963
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	community domestic supply and stock water
Source:	A well - #5

Certificate G3-22065C

Priority Date:	November 12, 1973
Instantaneous Quantity (Qi):	1500 gallons per minute
Annual Quantity (Qa):	1600 acre-feet per year
Purpose:	municipal supply
Source:	A well - #6

Permit G3-28278P

Priority Date:	January 28, 1987
Instantaneous Quantity (Qi):	2500 gallons per minute
Annual Quantity (Qa):	2260 acre-feet per year
Purpose:	municipal supply
Source:	A well - #7

An application for change has been filed on each of the above described water right documents. Each right will have its own determination.

Three claims, three certificates, and one permit are appurtenant to the WSU campus. Seven wells have been used since 1938. One of the wells, No. 2, was decommissioned and is no longer in use. The remaining wells and water use were integrated into two systems over the years to meet the delivery, fire control and design needs of the campus. Well No. 8 was recently drilled and is ready for use. The campus water system is divided into high distribution and low distribution systems to meet pressure control and operational needs. Wells 5, 6, and 8 serve the high system and wells 1, 3, 4 and 7 serve the low system. The goal of the subject application(s) is to integrate all of the wells of the individual rights to operate as the system is currently designed. Two emergency interties are designed into the City of Pullman, but the university has not had to exercise the intertie system. The high distribution system has 2 old wells and one new well (#8). The low distribution system has 3 old wells and one new well (#7). The proposal is to have one new well on each system become the primary service well for that system. At this time if one of the old wells were out of service the system may not be able to meet the demand on the system.

Well No.	Instantaneous Capacity	System	Pump HP
1	500 GPM	Low	60
2	Decommissioned	Low	N/A
3	1000 GPM	Low	150
4	1000 GPM	Low	225
5	500 GPM	High	75
6	1500 GPM	High	250
7	2500 GPM	Low	450
8	2500 GPM	High	700

Water Use

A review of the water use data for the source wells on campus for the period of 1989 through 2004 indicated an annual use ranging between 1711 acre-feet per year to 1988 acre-feet per year. The maximum annual water use occurring in 1994. WSU provided a graph of the annual water use between 1989 and 2004 and indicated a decline in water use of 0.3 % during this period.

Water Rights

Seven water right documents are appurtenant to the campus. There are additional rights held by the school for isolated locations that are not addressed in this review. The campus rights are as follows:

Water Right	Qi	Qa	Priority Date	Type	Source
Claim 098522	500	720	1934	Primary*	1
Claim 098523	500	720	1938	Primary	2
Claim 098524	(1000)	(1440)	1946 (not valid)	Not valid*	3
Cert 5070-A	1500	2260	1962	Primary*	4
Cert 5072-A	500	720	1963	Primary	5
G3-22065C	1500	1600	1973	Primary	6, 8
G3-28278P	2500*	2260*	1987	Supplemental*	7
Totals	**5000 GPM**	**5300 AFY**			

*Permit issued with a provision -less those amounts appropriated underground Water Cert. 5070-A, and Ground Water Claims 98522 and 98524. Total combined quantity shall not exceed 2500 gallons per minute, 2260 acre-feet per year.

The above water analysis totals are consistent with the 2001 comprehensive water plan.

Evaluation of the Water Right Claim

Ground Water Claim 098522 was filed by WSU during the claims registration act. The claim was submitted to Ecology describing the use of water from Well No. 1 in the amount of 500 gallons per minute, 720 acre-feet per year for municipal supply, irrigation and stockwater with the date of first use described as 1934. WSU maintains this vested right through continued water use.

The intent of the Claims Registration Act, Chapter 90.14 RCW, was to document those uses of surface water in existence prior to the adoption of the State Surface Water Code, Chapter 90.03 RCW, which was adopted in 1917, and those uses of ground water in existence prior to the adoption of the State Ground Water Code, Chapter 90.44 RCW, which was adopted in 1945. Since each code(s) adoption, the only means of acquiring a water right within the state is by filing for, and receiving, a permit from the Department of Ecology or one of its predecessors or by establishing a right under the "domestic exemption" under the ground water code (RCW 90.44.050). The Department of Ecology recognizes that the final determination of the validity and extent associated with a claim registered in accordance with RCW 90.14 ultimately lies with the Superior Court through the general adjudication process provided for by Sections 90.03.110 through 90.03.240 RCW.

WSU requests a change in point of withdrawal and to add additional points of withdrawal to reflect the current integrated system. It appears that the claim and associated quantities have been fully perfected by WSU for municipal supply purposes.

Water use data for WSU was provided by Gary Wells. In 1994 WSU used approximately 1988 acre-feet. WSU currently has water rights (including the claims) totaling 5300 acre-feet. Therefore, this leaves 3312 acre-feet of inchoate water available for future use by WSU.

The existing water system for WSU is defined as a Group A Water System by Department of Health (DOH). The system qualifies as a "municipal water supplier" and serves water for "municipal water supply purposes" as defined under RCW 90.03.015. A new section was added to Chapter 90.03 RCW. The new section states the following: "When requested by a municipal water supplier or when processing a change or amendment to the right, the Department shall amend the water right documents and related records to ensure that water rights that are for municipal water supply purposes, as defined in Chapter 90.03.015 RCW, are correctly identified as being for municipal water supply purposes." All WSU campus water rights are for "municipal supply" and for "domestic supply" purposes which meet the criteria under RCW 90.03.015(4).

WSU's water rights are for municipal supply purposes and are not subject to relinquishment under RCW 90.14.140 (2)(d).

WSU represents they did not abandon nor relinquish any of the municipal supply rights associated with the school. They continued to operate the municipal system from the wells that were operational and used water from these other sources. WSU has continued to express there water rights and claims in the manner described below.

Existing Wells:

Well No. 1 is identified as 8" x 223' feet deep. The well was constructed in 1913. The casing is described as 40.6 feet in depth. The land surface elevation is approximately 2364 feet above mean sea level. Static was described as 70 feet below land surface in 1990.

Well No. 2 is identified as 213 feet deep. The well was constructed is 1938. The land surface elevation is approximately 2358 feet above mean sea level. The well was decommissioned and is no longer in use.

Well No. 3 is identified as 16" x 247 feet deep. The well was constructed in 1946. The casing is described as 26 feet below land surface. The static water level is shown as 30 feet below land surface. The land surface elevation is approximately 2366 feet above mean sea level.

Well No. 4 is identified as 20" x 275 feet deep. The well was constructed is 1963. The static water level is 51 feet below land surface. The land surface elevation is approximately 2366 feet above mean sea level. The well casing is described as ending 42 feet below land surface.

Well No. 5 is identified as 10" x 395 feet deep. The well was constructed is 1964. The static water level was 196 feet below ground surface in 1964. The land surface elevation is approximately 2507 feet above mean sea level. The well casing is described as ending 300 feet below land surface.

Well No. 6 is identified as 24" x 702 feet deep. The well was constructed is 1973. The static water level was 196 feet below ground surface in 1964. The land surface elevation is approximately 2535 feet above mean sea level. The well casing is described as ending 395 feet below land surface.

Well No. 7 is identified as 24" x 2225 feet deep. The well was constructed is 1987. The static water level was 154 feet below ground surface in 1987. The land surface elevation is approximately 2415 feet above mean sea level. The well casing is described as ending 1000 feet below land surface.

Well No. 8 is identified as 20" x 812 feet deep. The well was constructed is 2003. The static water level was 333 feet below ground surface. The well casing is described as ending 280 feet below land surface. This well was constructed as an additional point of withdrawal under Certificate G3-22065C. A showing of compliance was submitted.

Hydrogeologic Analysis

Applications for change of water right permits and certificates are governed by RCW 90.44.100, which states in part that: the holder of a valid right to withdraw public ground waters may, without losing the holder's priority of right, construct wells at a new location in substitution for, or in addition to, those at the original location, or the holder may change the manner or the place of use of the water. Such amendment shall be issued by the Department only on the conditions that; (1) the additional or substitute well or wells shall tap the same body of public ground water as the original well or wells; (2) use of the original well or wells shall be discontinued upon construction of the substitute well or wells; (3) the construction of an additional well or wells shall not enlarge the right conveyed by the original permit or certificate; and (4) other existing rights shall not be impaired. The Department may specify an approved manner of construction and shall require a showing of compliance with the terms of the amendment.

The proposed project lies near a margin of the Columbia River Basalt Group. A steptoe, consisting of pre-Cenozoic granitic material lies to the southeast of Pullman, just north of Uniontown. Metasedimentary rocks are mapped on the surface to the northwest of that occurrence. Other pre-Cenozoic rocks crop out near Albion to the north of Pullman, and at Kamiak Butte. Surface geology to the west of Pullman has been mapped as Wanapum Basalt, with small outcroppings of Saddle Mountains Basalt on the highlands toward the Snake River.

In the areas underlain by the Columbia River Basalt Group (CRBG) and not otherwise administratively segregated, there are two major bodies of public ground water: the unconsolidated sediments, and the basalts of the CRBG.

- The unconsolidated zone extends from land surface down to the first solid basalt flow. It consists of unconsolidated and weakly consolidated sediments, chiefly sands and gravels in most of the Columbia Basin, but in the Pullman area consisting largely of loess.

- The basalt zone is part of a large ground water reservoir occurring in a thick series of basalt flows known as the Columbia River Basalt Group. The thickness of this group of basalt flows varies from a few hundred feet at the Spokane River to over 10,000 feet in the Pasco Basin. These flows include the Saddle Mountain, Wanapum and Grande Ronde formations. These flows are generally interconnected by fractures. Groundwater is found in a system of interconnected aquifers within the formations of the CRBG.

All wells associated with this change application produce water from basalt flows. All wells therefore tap the same body of public groundwater for their source. A survey of literature, existing well logs, and geologic mapping in the vicinity indicates most wells producing water from below approximately 2300 feet MSL produce from the Grande Ronde basalts.

Any reconstruction of wells shall be conducted in compliance with Chapter 18.104 RCW and Chapter 173-160 WAC. Particularly, any reconstruction of these wells shall ensure the casing is sealed into competent basalt, any cascading water encountered shall be cased and sealed, and no interaquifer transfer of water shall be allowed. Sealing shall be accomplished by constructing a borehole that is 4 inches in diameter greater than the permanent casing. Following installation of the casing within the borehole, the annular space will be pressure grouted from bottom to top with neat cement until undiluted surface return is achieved.

Wells 7 and 8 are additional wells, not substitutes. Thus, no wells need be decommissioned as a result of this change. Any decommissioning done in this project shall be conducted in compliance with Chapter 18.104 RCW and Chapter 173-160 WAC.

Protests and Concerns

Two protests and one letter of concern were received during the protest periods and are described below.

A protest was submitted by Dianne French, from the Palouse Water Conservation Network and the letter of concern from David Hall. The concerns are summarized as follows:

1) The Grande Ronde Aquifer is being mined and this application is contrary to maintaining "safe, sustaining yield."
2) WSU's water useage has increased since 1997.
3) WSU does not currently utilize the full quantity authorized by its water rights yet this proposal will serve to enlarge WSU's water right.
4) Increased pumping negatively impacts local groundwater supply and may lead to conflicts with Idaho.
5) WSU's wells may withdraw water from different aquifers.

A letter of protest was submitted by Rachael Osborn on behalf of Scotty Cornelius. The concerns are summarized as follows:

1) The Grande Ronde Aquifer is being mined. WSU has never fully pumped its water rights. WSU's water usage is increasing over time. WSU intends to irrigate an expansion of its golf course.
2) WSU's application is contrary to the public interest and Ecology must consider the impact on public welfare, impacts on the Snake River, interrelationships of surface and ground water.
3) Increased pumping may lead to management conflicts with Idaho.
4) WSU's application is contrary to maintain "safe sustaining yield". Approval of the application will facilitate continued and increased mining of the aquifer.
5) SEPA - "WSU has prepared a SEPA checklist for this project that fails to identify, describe or provide mitigation for aquifer mining. Ecology cannot rely on the SEPA document prepared by WSU. Ecology must prepare its own environmental analysis based on the SEPA rule that allows a permitting agency to prepare a new threshold determination when there is new information indicating the probable significant adverse environmental impacts associated with the proposal requiring a permit. New information may include the discovery of misrepresentation or lack of material disclosure in the prior environmental document. WAC 197-11-600(3)(b)(ii)."
6) WSU's application will allow expansion into unused water rights, contrary to the beneficial use requirement of state law.
7) Consolidation will enlarge its (WSU) water rights.
8) WSU has not demonstrated compliance with the requirements of RCW 90.44.100(3)(g)
9) Some of the rights have been relinquished and/or abandoned.
10) The wells may withdraw water from different aquifers.

Consideration of Protests and Concerns

Aquifer Characteristics, Mining, Conflicts: The basalt aquifers in the Palouse basin have been the subject of significant study and interest over the years due to concerns about aquifer mining. Geologic limitations on the Palouse basin are currently understood as follows:

It is postulated the Saddle Mountains Basalt (discussed above) lies in a syncline, which itself lies to the west of an anticline, a basement ridge, or other structural feature, which serves to restrict flow from the Pullman/Moscow area to the west. Consequently, the Palouse basin is isolated hydraulically from the larger Columbia Plateau Province. Additionally, the texture of loess promotes water holding capacity. Limited area of the basin, and limited vertical percolation, limits the amount of recharge able to reach the basalt within the basin.

The basalt aquifers transmit water most effectively in fracture zones at the top and bottom of individual flows, while the interiors of the flows are massive and dense. Thus, the actual volume of water bearing materials is relatively small for a given thickness of basalt. Additionally, recharge replacement of water into deep basalt flows occurs at a very small rate, unless significant post-emplacement fracturing is present. Balancing use against these geologic constraints is difficult.

In the mid 1970's community concerns about increasing demands on ground water led to several studies on ground water occurrence, and formation of a consortium of local entities (the Palouse Basin Aquifer Committee) to address water supply. In 1992, WSU adopted a ground water management plan. That plan's goal is to limit annual aquifer pumping increases to one percent (1%) of the pumping volume based on a five (5) year moving average starting with 1986 (642 mgy), while at no time allowing the accumulated total pumping to exceed 125 percent of the 1981 to 1985 average. To date, WSU has actually decreased their pumping in concert with other water purveyors. Recent evidence indicates rates of decline have lessened. Static water levels in well 7, for example, declined a foot per year between 1993 and 2002, and have now declined approximately 1 foot between 2002 and 2005. (See http://www.webs.uidaho.edu/pbac/Graphs/WSU%20Water%20Graphs.htm.) No evidence indicates this trend will change within the basin due to integration of these rights. Local conditions will continue to be monitored for long-term trends.

Water Usage: Diagrams and graphs submitted by the protestant(s) and WSU show a decline in water use over the period of record not an increase. The line on the graph representing a 1.3% increase in water use identifies the projected allowable increase of the Water Plan not actual water use.

Future water use and beneficial use: It is true that WSU is not using its full allocation of water. As identified above approximately 3312 acre-feet of inchoate water is available for future use for the municipality. Inchoate water availability is consistent with the municipal legislation (SHB 1338) recently passed that allows for certainty for growth into these inchoate quantities by municipal providers. It is a special position granted to municipalities under SHB 1338. It appears the legislative intent was to provide for a sufficient future water supply for growth and certainty for municipal providers, sometimes referenced as the theory of the Growing Communities Doctrine. Whether or not these applications for change to integrate these wells and rights were filed, WSU could continue to grow into these described inchoate quantities. The filing of these change applications alone does not expand the quantities of the municipal rights described above. The protestants are concerned that the inchoate water will be used for growth and expansion of a golf course. It is up to the municipal provider to determine what uses municipal rights are used for as long as the use is consistent with the definition under RCW 90.03.015.

This law allows for municipal providers to have certainty to grow into their inchoate municipal water rights without fear of relinquishment or diminishment. The legislature expressly provided this exception to those who qualify as a municipal provider.

Relinquishment and/or abandonment: WSU claims it has never abandoned nor relinquished any of its municipal rights. It is true that some of the source wells have failed and are no longer in use, but the university has continued to exercise their right from other source wells.

Aquifers and Well Construction. As described above in the Hydrogeologic Analysis, the wells are withdrawing water from the same body of public ground water and meet the requirements of RCW 90.44.100

The SEPA Checklist for this project provides inadequate environmental analysis.

Based on the information provided (Threshold Determination and Environmental Checklist), the Ecology SEPA program has come to the following conclusion:

- WAC 197-11-050 Lead Agency. (1) A lead agency shall be designated when an agency is developing or is presented with a proposal, following the rules beginning at WAC 197-11-922. The lead agency shall be the agency with the main responsibility for complying with SEPA's procedural requirements and shall be the only agency responsible for: The threshold determination; and preparation and content of environmental impact statements.

WSU is the lead agency, therefore they shall be the only agency responsible for the threshold determination.

- WAC 197-11-924 Determining the lead agency. (3) Any agency receiving a lead agency determination to which it objects shall either resolve the dispute, withdraw its objection, or petition the department for a lead agency determination within fifteen days of receiving the determination.

The WSDOE (Water Resources Program) was contacted and they did not object to the current lead agency and they did not petition the department for a lead agency determination within fifteen days of receiving the determination.

- WAC 197-11-948 Assumption of lead agency status. (1) An agency with jurisdiction over a proposal, upon review on a DNS (WAC 197-11-40) may transmit to the initial lead agency a completed "Notice of assumption of lead agency status." This notice shall be substantially similar to the form in WAC 197-11-985. Assumption of lead agency status shall occur only within the fourteen-day comment period on a DNS issued under WAC 197-11-340(2)(a), or during the comment period on a notice of application when the optional DNS process in WAC 197-11-355 is used.

The WSDOE (Water Resources Program) did not transmit to the initial lead agency a completed "Notice of assumption of lead agency status" to the initial lead agency, therefore the WSDOE does not retain any of the responsibilities of lead agency.

- WAC 197-11-600 When to use existing environmental documents (3)(b)(ii) New information indicating a proposal's probable significant adverse environmental impacts. (This includes discovery of misrepresentation or lack of material disclosure.) A new threshold determination or SEIS is not required if probable significant adverse environmental impacts are covered by the range of alternatives and impacts analyzed in the existing environmental documents.

This statement means that if WSDOE (Water Resources) program feels that new information regarding this project will cause probable significant environmental impacts, WSDOE has the ability to re-evaluate the proposal and change the threshold determination. Probable (WAC 197-11-782) is defined as "likely or reasonably likely to occur", and significant (WAC197-11-794) is defined as "a reasonable likelihood of more than a moderate adverse impact on environmental quality." The terms "probable" and "significant" are somewhat subjective though, and could have different meanings depending on which agencies, programs, or even by which people are asked. So, because WSDOE has an "action" (which is the change in water right sources), WSDOE also has the responsibility of the interpretations of the words "probable" and "significant", and therefore has the responsibility of determining if the new information will cause "probable significant environmental impacts."

When a permit, or "action" is required by another agency (other than the original lead agency), the agency issuing that permit or "action" has the ability to re-evaluate a proposal, if and only if, new information is brought forth that will cause "probable significant environmental impacts." The information provided to Ecology has not changed.

Impairment Analysis

"Impair" or "impairment" means to 1) adversely impact the physical availability of water for a beneficial use that is entitled to protection, and/or 2) to prevent the beneficial use of the water to which one is entitled, and/or 3) to adversely affect the flow of a surface water course at a time when the flows are at or below instream flow levels established by rule (POL-1200); and/or 4) degrade the quality of the source to the point that water is unsuitable for use by existing water right holders (WAC 173-150). Demonstration of impairment would require evidence of a substantial and lasting or frequent impact reflecting such conditions.

The change request is not requesting to modify the quantities of water already authorized/claimed for beneficial use. The change to integrate these wells into one dependable source to satisfy the municipal water delivery requirements is the action addressed in this finding.

Findings

When considering an application for change to a water right, Ecology must determine that the proposed change can be made without detriment or injury to existing water rights. Factors considered when determining potential impact include the following:

No Impairment to Existing Rights
The conditions of the aquifer in the Moscow Pullman area show a declining trend for many years, currently addressed by entities involved in the Palouse Basin Aquifer Committee through planning and implementation strategies. Data indicates the declining trend has slowed through their efforts. No evidence suggests this change would further adversely affect the physical availability of water for a beneficial use that is entitled to protection, nor prevent beneficial use of water. Instream flows have not been established by rule in this basin, and no water quality impacts are expected through integration of this right.

A review of Ecology records was conducted for existing water rights, permits, applications and claims in the vicinity of WSU. The search found no existing water rights in the area which would be impaired through issuance of this application for change to integrate the wells. WSU municipal wells have been continuously used for many years with no reported well interference problems. It is not anticipated that the proposed change to integrate the wells will cause impairment.

No Detriment to the Public Welfare
There has been public expression of protest or concern regarding the subject proposal, and no findings through this investigation indicate that there would be detrimental impact to the public welfare through issuance of the proposed change.

No Enhancement of the Original Right
No withdrawal of water over and above what has been authorized/claimed to beneficial use and/or originally authorized under existing rights will be allowed through approval of this change.

Same Source of Water
The ground water withdrawn at all well locations is considered to be from the same body of public water.

Conclusion

It is the conclusion of this examiner that, in accordance with Chapters 90.03 and 90.44 RCW, this application to integrate the existing water system by adding six (6) existing wells and changing the place of use will not enlarge the water right originally claimed for beneficial use, nor will it impair existing rights or be detrimental to the public welfare.

Recommendations

The applicant's request under Ground Water Claim 098522 is approved, subject to the following provisions:

This change authorizes a total of seven (7) wells located as follows:

1) 1450 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
3) 1390 feet north and 77 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
4) 1340 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
5) 1800 feet north and 2500 feet east of the SW corner of Section 34, T. 15 N., R. 45 E.W.M.
6) 400 feet south and 700 feet east of the NW corner of Section 4, T. 14 N., R. 45 E.W.M.
7) 2290 feet south and 2380 feet west of the NE corner of Section 5, T. 14 N., R. 45 E.W.M.
8) 1150 feet south and 2500 feet east of the NW corner of Section 4. T. 14 N., R. 45 E.W.M.

The place of use will be changed to:

Area served by Washington State University. The place of use of this water right shall be consistent with the service area map contained within the most recently approved water system plan (including amendments).

Provisions

"The total withdrawal under Ground Water Claims 098522, 098523, 098524, Certificate 5070-A, 5072-A, G3-22065C and G3-28278P shall not exceed 5000 gallons per minute, 5300 acre-feet per year annually for municipal supply."

"The amount of water granted is a maximum limit that shall not be exceeded and the water user shall be entitled only to that amount of water within the specified limit that is beneficially used and required."

"Use of water under this authorization shall be contingent upon the water right holder's utilization of up to date water conservation practices and maintenance of efficient water delivery systems consistent with established regulation requirements and facility capabilities."

"If the criteria in RCW 90.03.386(2) are not met and a Water System Plan was approved after September 9, 2003, the place of use of this water right reverts to the service area described in that document. If the criteria in RCW 90.03.386(2) are not met and no Water System Plan has been approved after September 9, 2003, the place of use reverts to the last place of use described by Ecology in a water right authorization."

"An approved measuring device shall be installed and maintained for each of the sources identified herein in accordance with the rule "Requirements for Measuring and Reporting Water Use," Chapter 173-173 WAC. Water use data shall be recorded weekly and maintained by the property owner for a minimum of five years, and shall be promptly submitted to Ecology upon request."

"The rule above describes the requirements for data accuracy, device installation and operation, and information reporting. It also allows a water user to petition Ecology for modifications to some of the requirements. Installation, operation and maintenance requirements are enclosed as a document entitled "Water Measurement Device Installation and Operation Requirements."

"Department of Ecology personnel, upon presentation of proper credentials, shall have access at reasonable times, to the records of water use that are kept to meet the above conditions, and to inspect at reasonable times any measuring device used to meet the above conditions."

"This authorization to make use of public waters of the State is subject to existing rights, including any existing rights held by the United States for the benefit of Indians under treaty or otherwise."

"Nothing in this authorization shall be construed as satisfying other applicable federal, state, or local statutes, ordinances, or regulations."

"All water wells constructed within the State shall meet the minimum standards for construction and maintenance as provided under RCW 18.104 (Washington Water Well Construction Act of 1971) and Chapter 173-160 WAC (Minimum Standards for Construction and Maintenance of Water Wells)."

"Installation and maintenance of an access port as described in chapter 173-160-291(3) WAC is required. An air line and gauge may be installed in addition to the access port."

Signed and dated at Spokane, Washington this 18th day of September, 2006

By Kevin Brown

Kevin Brown
Water Resources Program
Eastern Regional Office

KB:VL:ka
W/DraftROEs/Brown2006

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
Application for Change
REPORT OF EXAMINATION
TO APPROPRIATE PUBLIC WATERS OF THE STATE OF WASHINGTON

☐ Surface Water (Issued in accordance with the provisions of Chapter 117, Laws of Washington for 1917, and amendments thereto, and the rules and regulations of the Department of Ecology.)

☒ Ground Water (Issued in accordance with the provisions of Chapter 263, Laws of Washington for 1945, and amendments thereto, and the rules and regulations of the Department of Ecology.)

PRIORITY DATE	APPLICATION NUMBER	PERMIT NUMBER	CERTIFICATE NUMBER
1938			Claim No.098523

NAME
Washington State University

ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
McCuskey Services Bldg.	Pullman	WA	99164

PUBLIC WATERS TO BE APPROPRIATED

SOURCE
7 wells

TRIBUTARY OF (IF SURFACE WATERS)

MAXIMUM CUBIC FEET PER SECOND	MAXIMUM GALLONS PER MINUTE	MAXIMUM ACRE FEET PER YEAR
	500	720

QUANTITY, TYPE OF USE, PERIOD OF USE
500 gallons per minute, 720 acre-feet per year, continuously for municipal supply

LOCATION OF DIVERSION/WITHDRAWAL

APPROXIMATE LOCATION OF DIVERSION–WITHDRAWAL
1) 1450 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
3) 1390 feet north and 77 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
4) 1340 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
5) 1800 feet north and 2500 feet east of the SW corner of Section 34, T. 15 N., R. 45 E.W.M.
6) 400 feet south and 700 feet east of the NW corner of Section 4, T. 14 N., R. 45 E.W.M.
7) 2290 feet south and 2380 feet west of the NE corner of Section 5, T. 14 N., R. 45 E.W.M.
8) 1150 feet south and 2500 feet east of the NW corner of Section 4. T. 14 N., R. 45 E.W.M.

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION)	SECTION	TOWNSHIP N.	RANGE, (E. OR W.) W.M.	W.R.I.A.	COUNTY
		14/15	45	34	Whitman

RECORDED PLATTED PROPERTY

LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)

LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

The place of use (POU) of this water right is the service area described in the most recent Water System Plan approved by the Washington State Department of Health, so long as the Washington State University is and remains in compliance with the criteria in RCW 90.03.386(2). RCW 90.03.386 may have the effect of revising the place of use of this water right.

DESCRIPTION OF PROPOSED WORKS

7 wells and municipal distribution system

DEVELOPMENT SCHEDULE

BEGIN PROJECT BY THIS DATE:	COMPLETE PROJECT BY THIS DATE:	WATER PUT TO FULL USE BY THIS DATE:
Started	Completed	In use

REPORT

Background

An application for change/transfer was submitted by Washington State University (WSU) of Pullman, Washington to the Department of Ecology on October 28, 2004. WSU proposes to integrate its existing wells, by adding seven (7) existing points of withdrawal as claimed under Water Right Claim No. 098523. WSU also proposes to change the place of use to the area served by Washington State University to be consistent with the approved water service area. WSU has proposed changes to all of its existing ground water right documents in this area.

A notice of application was duly published in accordance with RCW 90.03.280 in the Pullman Daily News on January 14 and 21, 2005 and contained errors. An amended notice was duly published May 5 and 12, 2005. Two protests were received during the protest periods and will be discussed later in the report.

This application is not exempt from the provisions of the State Environmental Policy Act (SEPA) of 1971, Chapter 43.21 RCW, due to the fact that the cumulative quantities of water for this project under all water rights, including those proposed for change herein, constitute a withdrawal of more than 2,250 gallons per minute. After review of a completed environmental checklist and other information, this proposal was determined to not have a significant adverse impact on the environment. A final Declaration of Non-Significance was issued by WSU on June 7, 2004.

Investigation

In considering the proposed change, the investigation included, but was not limited to, research and review of: (1) appropriate rules and statutes, (2) Ground Water Claim 098523 and other water rights/claims/applications in the vicinity, (3) water well reports for the applicant's wells, (4) USGS topographic maps, (5) Comprehensive Water System Plan for WSU (dated 2001), (6) discussions with Gary Wells, and (7) review by Department of Ecology regional program staff hydrogeologists.

A field investigation was conducted by Kevin Brown on October 20, 2005 with Gary Wells. WSU withdraws water under the following seven (7) water right documents:

Ground Water Claim 098522

Priority Date:	year 1934
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #1

Ground Water Claim 098523

Priority Date:	year 1938
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #2

Ground Water Claim 098524

Priority Date:	year 1946
Instantaneous Quantity (Qi):	1000 gallons per minute
Annual Quantity (Qa):	1440 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #3

Certificate 5070-A

Priority Date:	August 1, 1962
Instantaneous Quantity (Qi):	1500 gallons per minute
Annual Quantity (Qa):	2260 acre-feet per year
Purpose:	domestic supply for WSU
Source:	A well - #4

Certificate 5072-A

Priority Date:	May 27, 1963
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	community domestic supply and stock water
Source:	A well - #5

Certificate G3-22065C

Priority Date:	November 12, 1973
Instantaneous Quantity (Qi):	1500 gallons per minute
Annual Quantity (Qa):	1600 acre-feet per year
Purpose:	municipal supply
Source:	A well - #6

Permit G3-28278P

Priority Date:	January 28, 1987
Instantaneous Quantity (Qi):	2500 gallons per minute
Annual Quantity (Qa):	2260 acre-feet per year
Purpose:	municipal supply
Source:	A well - #7

An application for change has been filed on each of the above described water right documents. Each right will have its own determination.

Three claims, three certificates, and one permit are appurtenant to the WSU campus. Seven wells have been used since 1938. One of the wells, No. 2, was decommissioned and is no longer in use. The remaining wells and water use were integrated into two systems over the years to meet the delivery, fire control and design needs of the campus. Well No. 8 was recently drilled and is ready for use. The campus water system is divided into high distribution and low distribution systems to meet pressure control and operational needs. Wells 5, 6, and 8 serve the high system and wells 1, 3, 4 and 7 serve the low system. The goal of the subject application(s) is to integrate all of the wells of the individual rights to operate as the system is currently designed. Two emergency interties are designed into the City of Pullman, but the university has not had to exercise the intertie system. The high distribution system has 2 old wells and one new well (#8). The low distribution system has 3 old wells and one new well (#7). The proposal is to have one new well on each system become the primary service well for that system. At this time if one of the old wells were out of service the system may not be able to meet the demand on the system.

Well No.	Instantaneous Capacity	System	Pump HP
1	500 GPM	Low	60
2	Decommissioned	Low	N/A
3	1000 GPM	Low	150
4	1000 GPM	Low	225
5	500 GPM	High	75
6	1500 GPM	High	250
7	2500 GPM	Low	450
8	2500 GPM	High	700

Water Use

A review of the water use data for the source wells on campus for the period of 1989 through 2004 indicated an annual use ranging between 1711 acre-feet per year to 1988 acre-feet per year. The maximum annual water use occurring in 1994. WSU provided a graph of the annual water use between 1989 and 2004 and indicated a decline in water use of 0.3 % during this period.

Water Rights

Seven water right documents are appurtenant to the campus. There are additional rights held by the university for use in isolated locations that are not addressed in this review. The campus rights are as follows:

Water Right	Qi	Qa	Priority Date	Type	Source
Claim 098522	500	720	1934	Primary*	1
Claim 098523	500	720	1938	Primary	2
Claim 098524	(1000)	(1440)	1946 (not valid)	Not valid*	3
Cert 5070-A	1500	2260	1962	Primary*	4
Cert 5072-A	500	720	1963	Primary	5
G3-22065C	1500	1600	1973	Primary	6, 8
G3-28278P	2500*	2260*	1987	Supplemental*	7
Totals	**5000 GPM**	**5300 AFY**			

*Permit issued with a provision "less those amounts appropriated underground Water Cert. 5070-A, and Ground Water Claims 98522 and 98524. Total combined quantity shall not exceed 2500 gallons per minute, 2260 acre-feet per year."

The above water analysis totals are consistent with the 2001 comprehensive water plan.

Evaluation of the Water Right Claim

Ground Water Claim 098523 was filed by WSU during the claims registration act. The claim was submitted to Ecology describing the use of water from Well No. 2 in the amount of 500 gallons per minute, 720 acre-feet per year for municipal supply, irrigation and stockwater with the date of first use described as 1938. WSU maintains this vested right through continued water use.

The intent of the Claims Registration Act, Chapter 90.14 RCW, was to document those uses of surface water in existence prior to the adoption of the State Surface Water Code, Chapter 90.03 RCW, which was adopted in 1917, and those uses of ground water in existence prior to the adoption of the State Ground Water Code, Chapter 90.44 RCW, which was adopted in 1945. Since each code(s) adoption, the only means of acquiring a water right within the state is by filing for, and receiving, a permit from the Department of Ecology or one of its predecessors or by establishing a right under the "domestic exemption" under the ground water code (RCW 90.44.050). The Department of Ecology recognizes that the final determination of the validity and extent associated with a claim registered in accordance with RCW 90.14 ultimately lies with the Superior Court through the general adjudication process provided for by Sections 90.03.110 through 90.03.240 RCW.

WSU requests a change in point of withdrawal and to add additional points of withdrawal to reflect the current integrated system. It appears that the claim and associated quantities have been fully perfected by WSU for municipal supply purposes.

Water use data for WSU was provided by Gary Wells. In 1994 WSU used approximately 1988 acre-feet. WSU currently has water rights (including the claims) totaling 5300 acre-feet. Therefore, this leaves 3312 acre-feet of inchoate water available for future use by WSU.

The existing water system for WSU is defined as a Group A Water System by Department of Health (DOH). The system qualifies as a "municipal water supplier" and serves water for "municipal water supply purposes" as defined under RCW 90.03.015. A new section was added to Chapter 90.03 RCW. The new section states the following: "When requested by a municipal water supplier or when processing a change or amendment to the right, the Department shall amend the water right documents and related records to ensure that water rights that are for municipal water supply purposes, as defined in Chapter 90.03.015 RCW, are correctly identified as being for municipal water supply purposes." All WSU campus water rights are for "municipal supply" and for "domestic supply" purposes which meet the criteria under RCW 90.03.015(4).

WSU's water rights are for municipal supply purposes and are not subject to relinquishment under RCW 90.14.140 (2)(d).

WSU represents they did not abandon nor relinquish any of the municipal supply rights associated with the school. They continued to operate the municipal system from the wells that were operational and used water from these other sources. WSU has continued to express there water rights and claims in the manner described below.

Existing Wells:

Well No. 1 is identified as 8" x 223' feet deep. The well was constructed in 1913. The casing is described as 40.6 feet in depth. The land surface elevation is approximately 2364 feet above mean sea level. Static was described as 70 feet below land surface in 1990.

Well No. 2 is identified as 213 feet deep. The well was constructed is 1938. The land surface elevation is approximately 2358 feet above mean sea level. The well was decommissioned and is no longer in use.

Well No. 3 is identified as 16" x 247 feet deep. The well was constructed in 1946. The casing is described as 26 feet below land surface. The static water level is shown as 30 feet below land surface. The land surface elevation is approximately 2366 feet above mean sea level.

Well No. 4 is identified as 20" x 275 feet deep. The well was constructed is 1963. The static water level is 51 feet below land surface. The land surface elevation is approximately 2366 feet above mean sea level. The well casing is described as ending 42 feet below land surface.

Well No. 5 is identified as 10" x 395 feet deep. The well was constructed is 1964. The static water level was 196 feet below ground surface in 1964. The land surface elevation is approximately 2507 feet above mean sea level. The well casing is described as ending 300 feet below land surface.

Well No. 6 is identified as 24" x 702 feet deep. The well was constructed is 1973. The static water level was 196 feet below ground surface in 1964. The land surface elevation is approximately 2535 feet above mean sea level. The well casing is described as ending 395 feet below land surface.

Well No. 7 is identified as 24" x 2225 feet deep. The well was constructed is 1987. The static water level was 154 feet below ground surface in 1987. The land surface elevation is approximately 2415 feet above mean sea level. The well casing is described as ending 1000 feet below land surface.

Well No. 8 is identified as 20" x 812 feet deep. The well was constructed is 2003. The static water level was 333 feet below ground surface. The well casing is described as ending 280 feet below land surface. This well was constructed as an additional point of withdrawal under Certificate G3-22065C. A showing of compliance was submitted.

Hydrogeologic Analysis

Applications for change of water right permits and certificates are governed by RCW 90.44.100, which states in part that: the holder of a valid right to withdraw public ground waters may, without losing the holder's priority of right, construct wells at a new location in substitution for, or in addition to, those at the original location, or the holder may change the manner or the place of use of the water. Such amendment shall be issued by the Department only on the conditions that; (1) the additional or substitute well or wells shall tap the same body of public ground water as the original well or wells; (2) use of the original well or wells shall be discontinued upon construction of the substitute well or wells; (3) the construction of an additional well or wells shall not enlarge the right conveyed by the original permit or certificate; and (4) other existing rights shall not be impaired. The Department may specify an approved manner of construction and shall require a showing of compliance with the terms of the amendment.

The proposed project lies near a margin of the Columbia River Basalt Group. A steptoe, consisting of pre-Cenozoic granitic material lies to the southeast of Pullman, just north of Uniontown. Metasedimentary rocks are mapped on the surface to the northwest of that occurrence. Other pre-Cenozoic rocks crop out near Albion to the north of Pullman, and at Kamiak Butte. Surface geology to the west of Pullman has been mapped as Wanapum Basalt, with small outcroppings of Saddle Mountains Basalt on the highlands toward the Snake River.

In the areas underlain by the Columbia River Basalt Group (CRBG) and not otherwise administratively segregated, there are two major bodies of public ground water: the unconsolidated sediments, and the basalts of the CRBG.

- The unconsolidated zone extends from land surface down to the first solid basalt flow. It consists of unconsolidated and weakly consolidated sediments, chiefly sands and gravels in most of the Columbia Basin, but in the Pullman area consisting largely of loess.

- The basalt zone is part of a large ground water reservoir occurring in a thick series of basalt flows known as the Columbia River Basalt Group. The thickness of this group of basalt flows varies from a few hundred feet at the Spokane River to over 10,000 feet in the Pasco Basin. These flows include the Saddle Mountain, Wanapum and Grande Ronde formations. These flows are generally interconnected by fractures. Groundwater is found in a system of interconnected aquifers within the formations of the CRBG.

All wells associated with this change application produce water from basalt flows. All wells therefore tap the same body of public groundwater for their source. A survey of literature, existing well logs, and geologic mapping in the

vicinity indicates most wells producing water from below approximately 2300 feet MSL produce from the Grande Ronde basalts.

Any reconstruction of wells shall be conducted in compliance with Chapter 18.104 RCW and Chapter 173-160 WAC. Particularly, any reconstruction of these wells shall ensure the casing is sealed into competent basalt, any cascading water encountered shall be cased and sealed, and no interaquifer transfer of water shall be allowed. Sealing shall be accomplished by constructing a borehole that is 4 inches in diameter greater than the permanent casing. Following installation of the casing within the borehole, the annular space will be pressure grouted from bottom to top with neat cement until undiluted surface return is achieved.

Wells 7 and 8 are additional wells, not substitutes. Thus, no wells need be decommissioned as a result of this change. Any decommissioning done in this project shall be conducted in compliance with Chapter 18.104 RCW and Chapter 173-160 WAC.

Protests and Concerns

Two protests and one letter of concern were received during the protest periods and are described below.

A protest was submitted by Dianne French, from the Palouse Water Conservation Network and a letter of concern from David Hall. The concerns are summarized as follows:

1) The Grande Ronde Aquifer is being mined and this application is contrary to maintaining "safe, sustaining yield."
2) WSU's water useage has increased since 1997.
3) WSU does not currently utilize the full quantity authorized by its water rights yet this proposal will serve to enlarge WSU's water right.
4) Increased pumping negatively impacts local groundwater supply and may lead to conflicts with Idaho.
5) WSU's wells may withdraw water from different aquifers.

A letter of protest was submitted by Rachael Osborn on behalf of Scotty Cornelius. The concerns are summarized as follows:

1) The Grande Ronde Aquifer is being mined. WSU has never fully pumped its water rights. WSU's water usage is increasing over time. WSU intends to irrigate an expansion of its golf course.
2) WSU's application is contrary to the public interest and ecology must consider the impact on public welfare, impacts on the Snake River, interrelationships of surface and ground water.
3) Increased pumping may lead to management conflicts with Idaho.
4) WSU's application is contrary to maintain "safe sustaining yield". Approval of the application will facilitate continued and increased mining of the aquifer.
5) SEPA - "WSU has prepared a SEPA checklist for this project that fails to identify, describe or provide mitigation for aquifer mining. Ecology cannot rely on the SEPA document prepared by WSU. Ecology must prepare its own environmental analysis based on the SEPA rule that allows a permitting agency to prepare a new threshold determination when there is new information indicating the probable significant adverse environmental impacts associated with the proposal requiring a permit. New information may include the discovery of misrepresentation or lack of material disclosure in the prior environmental document. WAC 197-11-600(3)(b)(ii)."
6) WSU's application will allow expansion into unused water rights, contrary to the beneficial use requirement of state law.
7) Consolidation will enlarge its (WSU) water rights.
8) WSU has not demonstrated compliance with the requirements of RCW 90.44.100(3)(g).
9) Some of the rights have been relinquished and/or abandoned.
10) The wells may withdraw water from different aquifers.

Consideration of Protests and Concerns

Aquifer Characteristics, Mining, Conflicts: The basalt aquifers in the Palouse basin have been the subject of significant study and interest over the years due to concerns about aquifer mining. Geologic limitations on the Palouse basin are currently understood as follows:

It is postulated the Saddle Mountains Basalt (discussed above) lies in a syncline, which itself lies to the west of an anticline, a basement ridge, or other structural feature, which serves to restrict flow from the Pullman/Moscow area to the west. Consequently, the Palouse basin is isolated hydraulically from the larger Columbia Plateau Province. Additionally, the texture of loess promotes water holding capacity. Limited area of the basin, and limited vertical percolation, limits the amount of recharge able to reach the basalt within the basin.

The basalt aquifers transmit water most effectively in fracture zones at the top and bottom of individual flows, while the interiors of the flows are massive and dense. Thus, the actual volume of water bearing materials is relatively small for a given thickness of basalt. Additionally, recharge replacement of water into deep basalt flows occurs at a very small rate, unless significant post-emplacement fracturing is present. Balancing use against these geologic constraints is difficult.

In the mid 1970's community concerns about increasing demands on ground water led to several studies on ground water occurrence, and formation of a consortium of local entities (the Palouse Basin Aquifer Committee) to address water supply. In 1992, WSU adopted a ground water management plan. That plan's goal is to limit annual

aquifer pumping increases to one percent (1%) of the pumping volume based on a five (5) year moving average starting with 1986 (642 mgy), while at no time allowing the accumulated total pumping to exceed 125 percent of the 1981 to 1985 average. To date, WSU has actually decreased their pumping in concert with other water purveyors. Recent evidence indicates rates of decline have lessened. Static water levels in well 7, for example, declined a foot per year between 1993 and 2002, and have now declined approximately 1 foot between 2002 and 2005. (See http://www.webs.uidaho.edu/pbac/Graphs/WSU%20Water%20Graphs.htm.) No evidence indicates this trend will change within the basin due to integration of these rights. Local conditions will continue to be monitored for long-term trends.

Water Usage: Diagrams and graphs submitted by the protestant(s) and WSU show a decline in water use over the period of record, not an increase. The line on the graph representing a 1.3% increase in water use identifies the projected allowable increase of the Water Plan not actual water use.

Future water use and beneficial use: It is true that WSU is not using its full allocation of water. As identified above approximately 3312 acre-feet of inchoate water is available for future use for the municipality. Inchoate water availability is consistent with the municipal legislation (SHB 1338) recently passed that allows for certainty for growth into these inchoate quantities by municipal providers. It is a special position granted to municipalities under SHB 1338. It appears the legislative intent was to provide for a sufficient future water supply for growth and certainty for municipal providers, sometimes referenced as the theory of the Growing Communities Doctrine. Whether or not these applications for change to integrate these wells and rights were filed, WSU could continue to grow into these described inchoate quantities. The filing of these change applications alone does not expand the quantities of the municipal rights described above. The protestants are concerned that the inchoate water will be used for growth and expansion of a golf course. It is up to the municipal provider to determine what uses municipal rights are used for as long as the use is consistent with the definition under RCW 90.03.015.

This law allows for municipal providers to have certainty to grow into their inchoate municipal water rights without fear of relinquishment or diminishment. The legislature expressly provided this exception to those who qualify as a municipal provider.

Relinquishment and/or abandonment: WSU claims it has never abandoned nor relinquished any of its municipal rights. It is true that some of the source wells have failed and are no longer in use, but the university has continued to exercise their right from other source wells.

Aquifers and Well Construction: As described above in the Hydrogeologic Analysis, the wells are withdrawing water from the same body of public ground water and meet the requirements of RCW 90.44.100.

The SEPA Checklist for this project provides inadequate environmental analysis.

Based on the information provided (Threshold Determination and Environmental Checklist), the Ecology SEPA program has come to the following conclusion:

- WAC 197-11-050 Lead Agency. (1) A lead agency shall be designated when an agency is developing or is presented with a proposal, following the rules beginning at WAC 197-11-922. The lead agency shall be the agency with the main responsibility for complying with SEPA's procedural requirements and shall be the only agency responsible for: The threshold determination; and preparation and content of environmental impact statements.

WSU is the lead agency, therefore they shall be the only agency responsible for the threshold determination.

- WAC 197-11-924 Determining the lead agency. (3) Any agency receiving a lead agency determination to which it objects shall either resolve the dispute, withdraw its objection, or petition the department for a lead agency determination within fifteen days of receiving the determination.

The WSDOE (Water Resources Program) was contacted and they did not object to the current lead agency and they did not petition the department for a lead agency determination within fifteen days of receiving the determination.

- WAC 197-11-948 Assumption of lead agency status. (1) An agency with jurisdiction over a proposal, upon review on a DNS (WAC 197-11-40) may transmit to the initial lead agency a completed "Notice of assumption of lead agency status." This notice shall be substantially similar to the form in WAC 197-11-985. Assumption of lead agency status shall occur only within the fourteen-day comment period on a DNS issued under WAC 197-11-340(2)(a), or during the comment period on a notice of application when the optional DNS process in WAC 197-11-355 is used.

The WSDOE (Water Resources Program) did not transmit to the initial lead agency a completed "Notice of assumption of lead agency status" to the initial lead agency, therefore the WSDOE does not retain any of the responsibilities of lead agency.

- WAC 197-11-600 When to use existing environmental documents (3)(b)(ii) New information indicating a proposal's probable significant adverse environmental impacts. (This includes discovery of misrepresentation or lack of material disclosure.) A new threshold determination or SEIS is not required if probable significant adverse environmental impacts are covered by the range of alternatives and impacts analyzed in the existing environmental documents.

This statement means that if WSDOE (Water Resources) program feels that new information regarding this project will cause probable significant environmental impacts, WSDOE has the ability to re-evaluate the proposal and change the threshold determination. Probable (WAC 197-11-782) is defined as "likely or reasonably likely to occur", and significant (WAC197-11-794) is defined as "a reasonable likelihood of more than a moderate adverse impact on environmental quality." The terms "probable" and "significant" are somewhat subjective though, and could have different meanings depending on which agencies, programs, or even by which people are asked. So, because WSDOE bas an "action" (which is the change in water right sources), WSDOE also has the responsibility of the interpretations of the words "probable" and "significant", and therefore has the responsibility of determining if the new information will cause "probable significant environmental impacts."

When a permit, or "action" is required by another agency (other than the original lead agency), the agency issuing that permit or "action" has the ability to re-evaluate a proposal, if and only if, new information is brought forth that will cause "probable significant environmental impacts." The information provided to Ecology has not changed.

Impairment Analysis

"Impair" or "impairment" means to 1) adversely impact the physical availability of water for a beneficial use that is entitled to protection, and/or 2) to prevent the beneficial use of the water to which one is entitled, and/or 3) to adversely affect the flow of a surface water course at a time when the flows are at or below instream flow levels established by rule (POL-1200); and/or 4) degrade the quality of the source to the point that water is unsuitable for use by existing water right holders (WAC 173-150). Demonstration of impairment would require evidence of a substantial and lasting or frequent impact reflecting such conditions.

The change request is not requesting to modify the quantities of water already authorized/claimed for beneficial use. The change to integrate these wells into one dependable source to satisfy the municipal water delivery requirements is the action addressed in this finding.

Findings

When considering an application for change to a water right, Ecology must determine that the proposed change can be made without detriment or injury to existing water rights. Factors considered when determining potential impact include the following:

No Impairment to Existing Rights
The conditions of the aquifer in the Moscow Pullman area show a declining trend for many years, currently addressed by entities involved in the Palouse Basin Aquifer Committee through planning and implementation strategies. Data indicates the declining trend has slowed through their efforts. No evidence suggests this change would further adversely affect the physical availability of water for a beneficial use that is entitled to protection, nor prevent beneficial use of water. Instream flows have not been established by rule in this basin, and no water quality impacts are expected through integration of this right.

A review of Ecology records was conducted for existing water rights, permits, applications and claims in the vicinity of WSU. The search found no existing water rights in the area which would be impaired through issuance of this application for change to integrate the wells. WSU municipal wells have been continuously used for many years with no reported well interference problems. It is not anticipated that the proposed change to integrate the wells will cause impairment.

No Detriment to the Public Welfare
There has been public expression of protest or concern regarding the subject proposal, and no findings through this investigation indicate that there would be detrimental impact to the public welfare through issuance of the proposed change.

No Enhancement of the Original Right
No withdrawal of water over and above what has been authorized/claimed to beneficial use and/or originally authorized under existing rights will be allowed through approval of this change.

Same Source of Water
The ground water withdrawn at all well locations is considered to be from the same body of public water.

Conclusion

It is the conclusion of this examiner that, in accordance with Chapters 90.03 and 90.44 RCW, this application to integrate the existing water system by adding six (6) existing wells and changing the place of use will not enlarge the water right originally claimed for beneficial use, nor will it impair existing rights or be detrimental to the public welfare.

Recommendations

The applicant's request under Ground Water Claim 098523 is approved, subject to the following provisions:

This change authorizes a total of seven (7) wells located as follows:

1) 1450 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
3) 1390 feet north and 77 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
4) 1340 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
5) 1800 feet north and 2500 feet east of the SW corner of Section 34, T. 15 N., R. 45 E.W.M.
6) 400 feet south and 700 feet east of the NW corner of Section 4, T. 14 N., R. 45 E.W.M.
7) 2290 feet south and 2380 feet west of the NE corner of Section 5, T. 14 N., R. 45 E.W.M.
8) 1150 feet south and 2500 feet east of the NW corner of Section 4. T. 14 N., R. 45 E.W.M.

The place of use will be changed to:

Area served by Washington State University. The place of use of this water right shall be consistent with the service area map contained within the most recently approved water system plan (including amendments).

Provisions

"The total withdrawal under Ground Water Claims 098522, 098523, 098524, Certificate 5070-A, 5072-A, G3-22065C and G3-28278P shall not exceed 5000 gallons per minute, 5300 acre-feet per year annually for municipal supply."

"The amount of water granted is a maximum limit that shall not be exceeded and the water user shall be entitled only to that amount of water within the specified limit that is beneficially used and required."

"Use of water under this authorization shall be contingent upon the water right holder's utilization of up to date water conservation practices and maintenance of efficient water delivery systems consistent with established regulation requirements and facility capabilities."

"If the criteria in RCW 90.03.386(2) are not met and a Water System Plan was approved after September 9, 2003, the place of use of this water right reverts to the service area described in that document. If the criteria in RCW 90.03.386(2) are not met and no Water System Plan has been approved after September 9, 2003, the place of use reverts to the last place of use described by Ecology in a water right authorization."

"An approved measuring device shall be installed and maintained for each of the sources identified herein in accordance with the rule "Requirements for Measuring and Reporting Water Use," Chapter 173-173 WAC. Water use data shall be recorded weekly and maintained by the property owner for a minimum of five years, and shall be promptly submitted to Ecology upon request."

"The rule above describes the requirements for data accuracy, device installation and operation, and information reporting. It also allows a water user to petition Ecology for modifications to some of the requirements. Installation, operation and maintenance requirements are enclosed as a document entitled "Water Measurement Device Installation and Operation Requirements."

"Department of Ecology personnel, upon presentation of proper credentials, shall have access at reasonable times, to the records of water use that are kept to meet the above conditions, and to inspect at reasonable times any measuring device used to meet the above conditions."

"This authorization to make use of public waters of the State is subject to existing rights, including any existing rights held by the United States for the benefit of Indians under treaty or otherwise."

"Nothing in this authorization shall be construed as satisfying other applicable federal, state, or local statutes, ordinances, or regulations."

Report Continued

"All water wells constructed within the State shall meet the minimum standards for construction and maintenance as provided under RCW 18.104 (Washington Water Well Construction Act of 1971) and Chapter 173-160 WAC (Minimum Standards for Construction and Maintenance of Water Wells)."

Installation and maintenance of an access port as described in chapter 173-160-291(3) WAC is required. An air line and gauge may be installed in addition to the access port."

Signed and dated at Spokane, Washington this 18th day of September, 2006

By Kevin Brown

Kevin Brown
Water Resources Program
Eastern Regional Office

KB:VL:ka
W/DraftROEs/Brown2006

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
4601 N Monroe Street • Spokane, Washington 99205-1295 • (509)329-3400

September 18, 2006

RECEIVED
SEP 20 2006
FACILITIES OPERATIONS

Washington State University
McCuskey Services Building
Pullman, WA 99164

Dear Sir or Madam:

Re: Application for Change under Ground Water Permit No. G3-28278

Enclosed please find a copy of the Department of Ecology's Report of Examination. This report constitutes our determination and order regarding the above referenced application for change.

The examination report indicates that construction of your project has been completed. Under the development schedule contained in the Report of Examination, water is to be placed to full beneficial use by January 1, 2020.

Also enclosed is a Proof of Appropriation form which is to be sent to this office when the water has been put to full beneficial use. Please note the form requires your notarized signature.

You have the right to appeal this order to the Pollution Control Hearings Board. Pursuant to chapter 43.21B RCW, your appeal must be filed with the Pollution Control Hearings Board, and served on the Department of Ecology, within thirty (30) days of the date of your receipt of this document.

To appeal this action or decision, your notice of appeal must contain a copy of the Ecology order, action or decision you are appealing.

Your appeal must be filed with:
The Pollution Control Hearings Board
4224 - 6th Avenue SE, Rowe Six, Bldg. 2
P.O. Box 40903
Lacey, Washington 98504-0903

Your appeal must also be served on:
The Department of Ecology
Appeals Coordinator
P.O. Box 47608
Olympia, Washington 98504-7608

In addition, please send a copy of your appeal to:

Department of Ecology
Keith L. Stoffel, Section Manager
4601 North Monroe Street
Spokane, Washington 99205

DATED this 18th day of September, 2006 at Spokane, Washington.

Keith L. Stoffel
Section Manager
Water Resources Program
Eastern Regional Office

KLS:KB:VL:ka
Enclosures

I certify that I mailed this letter or an identical copy thereof, postage prepaid, to the above addressee(s) this 18th day of September 2006.
Water Resources Program, Secretary Lead, Kay Allhiser KA.

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
Application for Change
REPORT OF EXAMINATION
TO APPROPRIATE PUBLIC WATERS OF THE STATE OF WASHINGTON

☐ Surface Water (Issued in accordance with the provisions of Chapter 117, Laws of Washington for 1917, and amendments thereto, and the rules and regulations of the Department of Ecology.)

☒ Ground Water (Issued in accordance with the provisions of Chapter 263, Laws of Washington for 1945, and amendments thereto, and the rules and regulations of the Department of Ecology.)

PRIORITY DATE	APPLICATION NUMBER	PERMIT NUMBER	CERTIFICATE NUMBER
January 28, 1987	G3-28278	G3-28278	

NAME
Washington State University

ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
McCuskey Services Bldg.	Pullman	WA	99164

PUBLIC WATERS TO BE APPROPRIATED

SOURCE
7 wells

TRIBUTARY OF (IF SURFACE WATERS)

MAXIMUM CUBIC FEET PER SECOND	MAXIMUM GALLONS PER MINUTE	MAXIMUM ACRE FEET PER YEAR
	2500	2260

QUANTITY, TYPE OF USE, PERIOD OF USE
2500 gallons per minute, 2260 acre-feet per year, continuously for municipal supply

LOCATION OF DIVERSION/WITHDRAWAL

APPROXIMATE LOCATION OF DIVERSION--WITHDRAWAL
1) 1450 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
3) 1390 feet north and 77 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
4) 1340 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
5) 1800 feet north and 2500 feet east of the SW corner of Section 34, T. 15 N., R. 45 E.W.M.
6) 400 feet south and 700 feet east of the NW corner of Section 4, T. 14 N., R. 45 E.W.M.
7) 2290 feet south and 2380 feet west of the NE corner of Section 5, T. 14 N., R. 45 E.W.M.
8) 1150 feet south and 2500 feet east of the NW corner of Section 4. T. 14 N., R. 45 E.W.M.

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION)	SECTION	TOWNSHIP N.	RANGE, (E. OR W.) W.M.	W.R.I.A.	COUNTY
		14/15	45	34	Whitman

RECORDED PLATTED PROPERTY

LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)

LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

The place of use (POU) of this water right is the service area described in the most recent Water System Plan approved by the Washington State Department of Health, so long as the Washington State University is and remains in compliance with the criteria in RCW 90.03.386(2). RCW 90.03.386 may have the effect of revising the place of use of this water right.

Well #7

DESCRIPTION OF PROPOSED WORKS

7 wells and municipal distribution system

DEVELOPMENT SCHEDULE

BEGIN PROJECT BY THIS DATE:	COMPLETE PROJECT BY THIS DATE:	WATER PUT TO FULL USE BY THIS DATE:
Started	Completed	January 1, 2020

REPORT

Background

An application for change/transfer was submitted by Washington State University (WSU) of Pullman, Washington to the Department of Ecology on October 28, 2004. WSU proposes to integrate its existing wells, by adding seven (7) existing points of withdrawal as authorized under Water Right Permit No. G3-28278P. WSU also proposes to change the place of use to the area served by Washington State University to be consistent with the approved water service area. WSU has proposed changes to all of its existing ground water right documents in this area.
A notice of application was duly published in accordance with RCW 90.03.280 in the Pullman Daily News on January 14 and 21, 2005 and contained errors. An amended notice was duly published May 5 and 12, 2005. Two protests were received during the protest periods and will be discussed later in the report.

This application is not exempt from the provisions of the State Environmental Policy Act (SEPA) of 1971, Chapter 43.21 RCW, due to the fact that the cumulative quantities of water for this project under all water rights, including those proposed for change herein, constitute a withdrawal of more than 2,250 gallons per minute. After review of a completed environmental checklist and other information, this proposal was determined to not have a significant adverse impact on the environment. A final Declaration of Non-Significance was issued by WSU on June 7, 2004.

Investigation

In considering the proposed change, the investigation included, but was not limited to, research and review of: (1) appropriate rules and statutes, (2) Ground Water Permit G3-28278P and other water rights/claims/applications in the vicinity, (3) water well reports for the applicant's wells, (4) USGS topographic maps, (5) Comprehensive Water System Plan for WSU (dated 2001), (6) discussions with Gary Wells, and (7) review by Department of Ecology regional program staff hydrogeologists.

A field investigation was conducted by Kevin Brown on October 20, 2005 with Gary Wells. WSU withdraws water under the following seven (7) water right documents:

Ground Water Claim 098522

Priority Date:	year 1934
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #1

Ground Water Claim 098523

Priority Date:	year 1938
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #2

Ground Water Claim 098524

Priority Date:	year 1946
Instantaneous Quantity (Qi):	1000 gallons per minute
Annual Quantity (Qa):	1440 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #3

Certificate 5070-A

Priority Date:	August 1, 1962
Instantaneous Quantity (Qi):	1500 gallons per minute
Annual Quantity (Qa):	2260 acre-feet per year
Purpose:	domestic supply for WSU
Source:	A well - #4

Certificate 5072-A

Priority Date:	May 27, 1963
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	community domestic supply and stock water
Source:	A well - #5

Certificate G3-22065C

Priority Date:	November 12, 1973
Instantaneous Quantity (Qi):	1500 gallons per minute
Annual Quantity (Qa):	1600 acre-feet per year
Purpose:	municipal supply
Source:	A well - #6

Permit G3-28278P

Priority Date:	January 28, 1987
Instantaneous Quantity (Qi):	2500 gallons per minute
Annual Quantity (Qa):	2260 acre-feet per year
Purpose:	municipal supply
Source:	A well - #7

An application for change has been filed on each of the above described water right documents. Each right will have its own determination.

Three claims, three certificates, and one permit are appurtenant to the WSU campus. Seven wells have been used since 1938. One of the wells, No. 2, was decommissioned and is no longer in use. The remaining wells and water use were integrated into two systems over the years to meet the delivery, fire control and design needs of the campus. Well No. 8 was recently drilled and is ready for use. The campus water system is divided into high distribution and low distribution systems to meet pressure control and operational needs. Wells 5, 6, and 8 serve the high system and wells 1, 3, 4 and 7 serve the low system. The goal of the subject application(s) is to integrate all of the wells of the individual rights to operate as the system is currently designed. Two emergency interties are designed into the City of Pullman, but the university has not had to exercise the intertie system. The high distribution system has 2 old wells and one new well (#8). The low distribution system has 3 old wells and one new well (#7). The proposal is to have one new well on each system become the primary service well for that system. At this time if one of the old wells were out of service the system may not be able to meet the demand on the system.

Well No.	Instantaneous Capacity	System	Pump HP
1	500 GPM	Low	60
2	Decommissioned	Low	N/A
3	1000 GPM	Low	150
4	1000 GPM	Low	225
5	500 GPM	High	75
6	1500 GPM	High	250
7	2500 GPM	Low	450
8	2500 GPM	High	700

Water Use

A review of the water use data for the source wells on campus for the period of 1989 through 2004 indicated an annual use ranging between 1711 acre-feet per year to 1988 acre-feet per year. The maximum annual water use occurring in 1994. WSU provided a graph of the annual water use between 1989 and 2004 and indicated a decline in water use of 0.3 % during this period.

Water Rights

Seven water right documents are appurtenant to the campus. There are additional rights held by the school for isolated locations that are not addressed in this review. The campus rights are as follows:

Water Right	Qi	Qa	Priority Date	Type	Source
Claim 098522	500	720	1934	Primary*	1
Claim 098523	500	720	1938	Primary	2
Claim 098524	(1000)	(1440)	1946 (not valid)	Not valid*	3
Cert 5070-A	1500	2260	1962	Primary*	4
Cert 5072-A	500	720	1963	Primary	5
G3-22065C	1500	1600	1973	Primary	6, 8
G3-28278P	2500*	2260*	1987	Supplemental*	7
Totals	**5000 GPM**	**5300 AFY**			

*Permit issued with a provision: "less those amounts appropriated underground Water Cert. 5070-A, and Ground Water Claims 98522 and 98524. Total combined quantity shall not exceed 2500 gallons per minute, 2260 acre-feet per year."

The above water analysis totals are consistent with the 2001 comprehensive water plan.

Evaluation of the Water Right Permit

Ground Water Permit G3-28278P authorized a use of 2500 gallons per minute, 2260 acre-feet per year for municipal supply. WSU has filed a Proof of Appropriation claiming the right has been put to beneficial use.

The existing water system for WSU is defined as a Group A Water System by Department of Health (DOH). The system qualifies as a "municipal water supplier" and serves water for "municipal water supply purposes" as defined under RCW 90.03.015. A new section was added to Chapter 90.03 RCW. The new section states the following: "When requested by a municipal water supplier or when processing a change or amendment to the right, the Department shall amend the water right documents and related records to ensure that water rights that are for municipal water supply purposes, as defined in Chapter 90.03.015 RCW, are correctly identified as being for municipal water supply purposes." All WSU campus water rights are for "municipal supply" and for "domestic supply" purposes which meet the criteria under RCW 90.03.015(4).

WSU qualifies for municipal supply under RCW 90.03.015. WSU is not using its full allocation of water. Water use data for WSU was provided by Gary Wells. In 1994 WSU used approximately 1988 acre-feet. WSU currently has water rights (including the claims) totaling 5300 acre-feet. Therefore, this leaves 3312 acre-feet of inchoate water available for future use by WSU. The inchoate water available is consistent with the municipal legislation (SHB 1338) passed that allows for certainty for growth into these inchoate quantities by municipal providers.

Well 7 is the authorized well for this permit. The total annual quantity under all rights authorized for WSU is 5300 acre-feet. At this time it appears a large portion of this authorization is unperfected. not put to beneficial use

Relinquishment and/or abandonment: WSU claims it has never abandoned nor relinquished any of its municipal rights. Some of the source wells have failed and are no longer in use, but WSU has continued to exercise their right from other source wells.

This permit appears to be inchoate and will remain in good standing for municipal supply.

Existing Wells:

Well No. 1 is identified as 8" x 223' feet deep. The well was constructed in 1913. The casing is described as 40.6 feet in depth. The land surface elevation is approximately 2364 feet above mean sea level. Static was described as 70 feet below land surface in 1990.

Well No. 2 is identified as 213 feet deep. The well was constructed is 1938. The land surface elevation is approximately 2358 feet above mean sea level. The well was decommissioned and is no longer in use.

Well No. 3 is identified as 16" x 247 feet deep. The well was constructed in 1946. The casing is described as 26 feet below land surface. The static water level is shown as 30 feet below land surface. The land surface elevation is approximately 2366 feet above mean sea level.

Well No. 4 is identified as 20" x 275 feet deep. The well was constructed is 1963. The static water level is 51 feet below land surface. The land surface elevation is approximately 2366 feet above mean sea level. The well casing is described as ending 42 feet below land surface.

Well No. 5 is identified as 10" x 395 feet deep. The well was constructed is 1964. The static water level was 196 feet below ground surface in 1964. The land surface elevation is approximately 2507 feet above mean sea level. The well casing is described as ending 300 feet below land surface.

Well No. 6 is identified as 24" x 702 feet deep. The well was constructed is 1973. The static water level was 196 feet below ground surface in 1964. The land surface elevation is approximately 2535 feet above mean sea level. The well casing is described as ending 395 feet below land surface.

Well No. 7 is identified as 24" x 2225 feet deep. The well was constructed is 1987. The static water level was 154 feet below ground surface in 1987. The land surface elevation is approximately 2415 feet above mean sea level. The well casing is described as ending 1000 feet below land surface.

Well No. 8 is identified as 20" x 812 feet deep. The well was constructed is 2003. The static water level was 333 feet below ground surface. The well casing is described as ending 280 feet below land surface. This well was constructed as an additional point of withdrawal under Certificate G3-22065C. A showing of compliance was submitted.

Hydrogeologic Analysis

Applications for change of water right permits and certificates are governed by RCW 90.44.100, which states in part that: the holder of a valid right to withdraw public ground waters may, without losing the holder's priority of right, construct wells at a new location in substitution for, or in addition to, those at the original location, or the holder may change the manner or the place of use of the water. Such amendment shall be issued by the Department only on the conditions that; (1) the additional or substitute well or wells shall tap the same body of public ground water as the original well or wells; (2) use of the original well or wells shall be discontinued upon construction of the substitute well or wells; (3) the construction of an additional well or wells shall not enlarge the right conveyed by the original permit or certificate; and (4) other existing rights shall not be impaired. The Department may specify an approved manner of construction and shall require a showing of compliance with the terms of the amendment.

The proposed project lies near a margin of the Columbia River Basalt Group. A steptoe, consisting of pre-Cenozoic granitic material lies to the southeast of Pullman, just north of Uniontown. Metasedimentary rocks are mapped on the surface to the northwest of that occurrence. Other pre-Cenozoic rocks crop out near Albion to the north of Pullman, and at Kamiak Butte. Surface geology to the west of Pullman has been mapped as Wanapum Basalt, with small outcroppings of Saddle Mountains Basalt on the highlands toward the Snake River.

In the areas underlain by the Columbia River Basalt Group (CRBG) and not otherwise administratively segregated, there are two major bodies of public ground water: the unconsolidated sediments, and the basalts of the CRBG.

- The unconsolidated zone extends from land surface down to the first solid basalt flow. It consists of unconsolidated and weakly consolidated sediments, chiefly sands and gravels in most of the Columbia Basin, but in the Pullman area consisting largely of loess.

- The basalt zone is part of a large ground water reservoir occurring in a thick series of basalt flows known as the Columbia River Basalt Group. The thickness of this group of basalt flows varies from a few hundred feet at the Spokane River to over 10,000 feet in the Pasco Basin. These flows include the Saddle Mountain, Wanapum and Grande Ronde formations. These flows are generally interconnected by fractures. Groundwater is found in a system of interconnected aquifers within the formations of the CRBG.

All wells associated with this change application produce water from basalt flows. All wells therefore tap the same body of public groundwater for their source. A survey of literature, existing well logs, and geologic mapping in the vicinity indicates most wells producing water from below approximately 2300 feet MSL produce from the Grande Ronde basalts.

Any reconstruction of wells shall be conducted in compliance with Chapter 18.104 RCW and Chapter 173-160 WAC. Particularly, any reconstruction of these wells shall ensure the casing is sealed into competent basalt, any cascading water encountered shall be cased and sealed, and no interaquifer transfer of water shall be allowed. Sealing shall be accomplished by constructing a borehole that is 4 inches in diameter greater than the permanent casing. Following installation of the casing within the borehole, the annular space will be pressure grouted from bottom to top with neat cement until undiluted surface return is achieved.

Wells 7 and 8 are additional wells, not substitutes. Thus, no wells need be decommissioned as a result of this change. Any decommissioning done in this project shall be conducted in compliance with Chapter 18.104 RCW and Chapter 173-160 WAC.

Protests and Concerns

Two protests and one letter of concern were received during the protest periods and are described below.

A protest was submitted by Dianne French, from the Palouse Water Conservation Network and the letter of concern from David Hall. The concerns are summarized as follows:

1) The Grande Ronde Aquifer is being mined and this application is contrary to maintaining "safe, sustaining yield."
2) WSU's water useage has increased since 1997.
3) WSU does not currently utilize the full quantity authorized by its water rights yet this proposal will serve to enlarge WSU's water right.
4) Increased pumping negatively impacts local groundwater supply and may lead to conflicts with Idaho.
5) WSU's wells may withdraw water from different aquifers.

A letter of protest was submitted by Rachael Osborn on behalf of Scotty Cornelius. The concerns are summarized as follows:

1) The Grande Ronde Aquifer is being mined. WSU has never fully pumped its water rights. WSU's water usage is increasing over time. WSU intends to irrigate an expansion of its golf course.
2) WSU's application is contrary to the public interest and ecology must consider the impact on public welfare, impacts on the Snake River, interrelationships of surface and ground water.
3) Increased pumping may lead to management conflicts with Idaho.
4) WSU's application is contrary to maintain "safe sustaining yield". Approval of the application will facilitate continued and increased mining of the aquifer.
5) SEPA - "WSU has prepared a SEPA checklist for this project that fails to identify, describe or provide mitigation for aquifer mining. Ecology cannot rely on the SEPA document prepared by WSU. Ecology must prepare its own environmental analysis based on the SEPA rule that allows a permitting agency to prepare a new threshold determination when there is new information indicating the probable significant adverse environmental impacts associated with the proposal requiring a permit. New information may include the discovery of misrepresentation or lack of material disclosure in the prior environmental document. WAC 197-11-600(3)(b)(ii)."
6) WSU's application will allow expansion into unused water rights, contrary to the beneficial use requirement of state law.
7) Consolidation will enlarge its (WSU) water rights.
8) WSU has not demonstrated compliance with the requirements of RCW 90.44.100(3)(g).
9) Some of the rights have been relinquished and/or abandoned.
10) The wells may withdraw water from different aquifers.

Consideration of Protests and Concerns

Aquifer Characteristics, Mining, Conflicts: The basalt aquifers in the Palouse basin have been the subject of significant study and interest over the years due to concerns about aquifer mining. Geologic limitations on the Palouse basin are currently understood as follows:

It is postulated the Saddle Mountains Basalt (discussed above) lies in a syncline, which itself lies to the west of an anticline, a basement ridge, or other structural feature, which serves to restrict flow from the Pullman/Moscow area to the west. Consequently, the Palouse basin is isolated hydraulically from the larger Columbia Plateau Province. Additionally, the texture of loess promotes water holding capacity. Limited area of the basin, and limited vertical percolation, limits the amount of recharge able to reach the basalt within the basin.

The basalt aquifers transmit water most effectively in fracture zones at the top and bottom of individual flows, while the interiors of the flows are massive and dense. Thus, the actual volume of water bearing materials is relatively small for a given thickness of basalt. Additionally, recharge replacement of water into deep basalt flows occurs at a very small rate, unless significant post-emplacement fracturing is present. Balancing use against these geologic constraints is difficult.

In the mid 1970's community concerns about increasing demands on ground water led to several studies on ground water occurrence, and formation of a consortium of local entities (the Palouse Basin Aquifer Committee) to address water supply. In 1992, WSU adopted a ground water management plan. That plan's goal is to limit annual aquifer pumping increases to one percent (1%) of the pumping volume based on a five (5) year moving average starting with 1986 (642 mgy), while at no time allowing the accumulated total pumping to exceed 125 percent of the 1981 to 1985 average. To date, WSU has actually decreased their pumping in concert with other water purveyors. Recent evidence indicates rates of decline have lessened. Static water levels in well 7, for example, declined a foot per year between 1993 and 2002, and have now declined approximately 1 foot between 2002 and 2005. (See http://www.webs.uidaho.edu/pbac/Graphs/WSU%20Water%20Graphs.htm.) No evidence indicates this trend will change within the basin due to integration of these rights. Local conditions will continue to be monitored for long-term trends.

Water Usage: Diagrams and graphs submitted by the protestant(s) and WSU show a decline in water use over the period of record not an increase. The line on the graph representing a 1.3% increase in water use identifies the projected allowable increase of the Water Plan not actual water use.

Future water use and beneficial use: It is true that WSU is not using its full allocation of water. As identified above approximately 3312 acre-feet of inchoate water is available for future use for the municipality. Inchoate water availability is consistent with the municipal legislation (SHB 1338) recently passed that allows for certainty for growth into these inchoate quantities by municipal providers. It is a special position granted to municipalities under SHB 1338. It appears the legislative intent was to provide for a sufficient future water supply for growth and certainty for municipal providers, sometimes referenced as the theory of the Growing Communities Doctrine. Whether or not these applications for change to integrate these wells and rights were filed, WSU could continue to grow into these described inchoate quantities. The filing of these change applications alone does not expand the quantities of the municipal rights described above. The protestants are concerned that the inchoate water will be used for growth and expansion of a golf course. It is up to the municipal provider to determine what uses municipal rights are used for as long as the use is consistent with the definition under RCW 90.03.015.

This law allows for municipal providers to have certainty to grow into their inchoate municipal water rights without fear of relinquishment or diminishment. The legislature expressly provided this exception to those who qualify as a municipal provider.

Relinquishment and/or abandonment: WSU claims it has never abandoned nor relinquished any of its municipal rights. It is true that some of the source wells have failed and are no longer in use, but the university has continued to exercise their right from other source wells.

Aquifers and Well Construction: As described above in the Hydrogeologic Analysis, the wells are withdrawing water from the same body of public ground water and meet the requirements of RCW 90.44.100

The SEPA Checklist for this project provides inadequate environmental analysis.

Based on the information provided (Threshold Determination and Environmental Checklist), the Ecology SEPA program has come to the following conclusion:

- WAC 197-11-050 Lead Agency. (1) A lead agency shall be designated when an agency is developing or is presented with a proposal, following the rules beginning at WAC 197-11-922. The lead agency shall be the agency with the main responsibility for complying with SEPA's procedural requirements and shall be the only agency responsible for: The threshold determination; and preparation and content of environmental impact statements.

WSU is the lead agency, therefore they shall be the only agency responsible for the threshold determination.

- WAC 197-11-924 Determining the lead agency. (3) Any agency receiving a lead agency determination to which it objects shall either resolve the dispute, withdraw its objection, or petition the department for a lead agency determination within fifteen days of receiving the determination.

The WSDOE (Water Resources Program) was contacted and they did not object to the current lead agency and they did not petition the department for a lead agency determination within fifteen days of receiving the determination.

- WAC 197-11-948 Assumption of lead agency status. (1) An agency with jurisdiction over a proposal, upon review on a DNS (WAC 197-11-40) may transmit to the initial lead agency a completed "Notice of assumption of lead agency status." This notice shall be substantially similar to the form in WAC 197-11-985. Assumption of lead agency status shall occur only within the fourteen-day comment period on a DNS issued under WAC 197-11-340(2)(a), or during the comment period on a notice of application when the optional DNS process in WAC 197-11-355 is used.

The WSDOE (Water Resources Program) did not transmit to the initial lead agency a completed "Notice of assumption of lead agency status" to the initial lead agency, therefore the WSDOE does not retain any of the responsibilities of lead agency.

- WAC 197-11-600 When to use existing environmental documents (3)(b)(ii) New information indicating a proposal's probable significant adverse environmental impacts. (This includes discovery of misrepresentation or lack of material disclosure.) A new threshold determination or SEIS is not required if probable significant adverse environmental impacts are covered by the range of alternatives and impacts analyzed in the existing environmental documents.

This statement means that if WSDOE (Water Resources) program feels that new information regarding this project will cause probable significant environmental impacts, WSDOE has the ability to re-evaluate the proposal and change the threshold determination. Probable (WAC 197-11-782) is defined as "likely or reasonably likely to occur", and significant (WAC197-11-794) is defined as "a reasonable likelihood of more than a moderate adverse impact on environmental quality." The terms "probable" and "significant" are somewhat subjective though, and could have different meanings depending on which agencies, programs, or even by which people are asked. So, because WSDOE has an "action" (which is the change in water right sources), WSDOE also has the responsibility of the interpretations of the words "probable" and "significant", and therefore has the responsibility of determining if the new information will cause "probable significant environmental impacts."

When a permit, or "action" is required by another agency (other than the original lead agency), the agency issuing that permit or "action" has the ability to re-evaluate a proposal, if and only if, new information is brought forth that will cause "probable significant environmental impacts." The information provided to Ecology has not changed.

Impairment Analysis

"Impair" or "impairment" means to 1) adversely impact the physical availability of water for a beneficial use that is entitled to protection, and/or 2) to prevent the beneficial use of the water to which one is entitled, and/or 3) to adversely affect the flow of a surface water course at a time when the flows are at or below instream flow levels established by rule (POL-1200); and/or 4) degrade the quality of the source to the point that water is unsuitable for use by existing water right holders (WAC 173-150). Demonstration of impairment would require evidence of a substantial and lasting or frequent impact reflecting such conditions.

The change request is not requesting to modify the quantities of water already authorized for beneficial use. The change to integrate these wells into one dependable source to satisfy the municipal water delivery requirements is the action addressed in this finding.

Findings

When considering an application for change to a water right, Ecology must determine that the proposed change can be made without detriment or injury to existing water rights. Factors considered when determining potential impact include the following:

No Impairment to Existing Rights
The conditions of the aquifer in the Moscow Pullman area show a declining trend for many years, currently addressed by entities involved in the Palouse Basin Aquifer Committee through planning and implementation strategies. Data indicates the declining trend has slowed through their efforts. No evidence suggests this change would further adversely affect the physical availability of water for a beneficial use that is entitled to protection, nor prevent beneficial use of water. Instream flows have not been established by rule in this basin, and no water quality impacts are expected through integration of this right.

A review of Ecology records was conducted for existing water rights, permits, applications and claims in the vicinity of WSU. The search found no existing water rights in the area which would be impaired through issuance of this application for change to integrate the wells. WSU municipal wells have been continuously used for many years with no reported well interference problems. It is not anticipated that the proposed change to integrate the wells will cause impairment.

No Detriment to the Public Welfare
There has been public expression of protest or concern regarding the subject proposal, and no findings through this investigation indicate that there would be detrimental impact to the public welfare through issuance of the proposed change.

No Enhancement of the Original Right
No withdrawal of water over and above what has been authorized to beneficial use and/or originally authorized under existing rights will be allowed through approval of this change.

Same Source of Water
The ground water withdrawn at all well locations is considered to be from the same body of public water.

Conclusion

It is the conclusion of this examiner that, in accordance with Chapters 90.03 and 90.44 RCW, this application to integrate the existing water system by adding six (6) existing wells and changing the place of use will not enlarge the water right for beneficial use, nor will it impair existing rights or be detrimental to the public welfare.

Recommendations

The applicant's request under Ground Water Permit G3-28278P is approved, subject to the following provisions:

This change authorizes a total of seven (7) wells located as follows:

1) 1450 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
3) 1390 feet north and 77 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
4) 1340 feet north and 75 feet west of the center of Section 5, T. 14 N., R. 45 E.W.M.
5) 1800 feet north and 2500 feet east of the SW corner of Section 34, T. 15 N., R. 45 E.W.M.
6) 400 feet south and 700 feet east of the NW corner of Section 4, T. 14 N., R. 45 E.W.M.
7) 2290 feet south and 2380 feet west of the NE corner of Section 5, T. 14 N., R. 45 E.W.M.
8) 1150 feet south and 2500 feet east of the NW corner of Section 4. T. 14 N., R. 45 E.W.M.

The place of use will be changed to:

Area served by Washington State University. The place of use of this water right shall be consistent with the service area map contained within the most recently approved water system plan (including amendments).

Provisions

"The total withdrawal under Ground Water Claims 098522, 098523, 098524, Certificate 5070-A, 5072-A, G3-22065C and G3-28278P shall not exceed 5000 gallons per minute, 5300 acre-feet per year annually for municipal supply."

"The quantities granted under this permit are issued less those amounts appropriated under Ground Water Certificate No. 5070-A, and Ground Water Claims 98522, 98524. The total combined withdrawal under this permit and Ground Water Certificate No. 5070-A shall not exceed 2500 gallons per minute 2260 acre-feet per year."

"The amount of water granted is a maximum limit that shall not be exceeded and the water user shall be entitled only to that amount of water within the specified limit that is beneficially used and required."

"Use of water under this authorization shall be contingent upon the water right holder's utilization of up to date water conservation practices and maintenance of efficient water delivery systems consistent with established regulation requirements and facility capabilities."

"If the criteria in RCW 90.03.386(2) are not met and a Water System Plan was approved after September 9, 2003, the place of use of this water right reverts to the service area described in that document. If the criteria in RCW 90.03.386(2) are not met and no Water System Plan has been approved after September 9, 2003, the place of use reverts to the last place of use described hy Ecology in a water right authorization."

"An approved measuring device shall be installed and maintained for each of the sources identified herein in accordance with the rule "Requirements for Measuring and Reporting Water Use," Chapter 173-173 WAC. Water use data shall be recorded weekly and maintained by the property owner for a minimum of five years, and shall be promptly submitted to Ecology upon request."

"The rule above describes the requirements for data accuracy, device installation and operation, and information reporting. It also allows a water user to petition Ecology for modifications to some of the requirements. Installation, operation and maintenance requirements are enclosed as a document entitled "Water Measurement Device Installation and Operation Requirements."

"Department of Ecology personnel, upon presentation of proper credentials, shall have access at reasonable times, to the records of water use that are kept to meet the above conditions, and to inspect at reasonable times any measuring device used to meet the above conditions."

"This authorization to make use of public waters of the State is subject to existing rights, including any existing rights held by the United States for the benefit of Indians under treaty or otherwise."

"Nothing in this authorization shall be construed as satisfying other applicable federal, state, or local statutes, ordinances, or regulations."

"All water wells constructed within the State shall meet the minimum standards for construction and maintenance as provided under RCW 18.104 (Washington Water Well Construction Act of 1971) and Chapter 173-160 WAC (Minimum Standards for Construction and Maintenance of Water Wells)."

Installation and maintenance of an access port as described in chapter 173-160-291(3) WAC is required. An air line and gauge may be installed in addition to the access port."

This Change Report of Examination supersedes the Report of Examination dated October 25, 1988. A superseding permit should be issued to reflect this change authorization.

"A certificate of water right will not be issued until a final examination is made."

Signed and dated at Spokane, Washington this 18th day of September, 2006

By Kevin Brown

Kevin Brown
Water Resources Program
Eastern Regional Office

KB:VL:ka
W/DraftROEs/Brown2006

Water Use Measurement Form No. 3 - Pressurized Flow

Fill out Form No. 3 ONLY if you have pressurized flow (from either ground or surface water).

Fill out one form for each measuring device.

Name/Organization: _____ Water Right Number(s): _____

Section _____ Township _____ Range _____ ☐(E) ☐(W) _____ (¼) _____ (¼ ¼) Govt. Lot _____

Measuring Device Serial No. name or number: _____

Please check APPROPRIATE UNITS

Week	Date	Meter Reading (☐ gallons, ☐ ac-ft ☐ other)	Peak Flow (☐ gpm ☐ cfs ☐ other)
Start			
January			
February			
March			
April			
May			
June			

Week	Date	Meter Reading (☐ gallons, ☐ ac-ft ☐ other)	Peak Flow (☐ gpm ☐ cfs ☐ other)
Start			
July			
August			
September			
October			
November			
December			

Month	Monthly Volume (☐ gallons ☐ ac-ft ☐ other)	Month	Monthly Volume (☐ gallons ☐ ac-ft ☐ other)	Month	Monthly Volume (☐ gallons ☐ ac-ft ☐ other)	Month	Monthly Volume (☐ gallons ☐ ac-ft ☐ other)
January		April		July		October	
February		May		August		November	
March		June		September		December	

Total Annual Volume _____ (☐ gallons ☐ ac-ft ☐ other _____ Peak Instantaneous Flow _____ (☐ gpm ☐ cfs ☐ other_____)

Comments: _____

INSTRUCTIONS for Water Use Measurement Forms
PRESSURIZED FLOW

Fill out one **Water Use Measurement Form No. 3 – Pressurized Flow** report for each device measuring a pressurized flow. For multiple devices measuring one water right, please identify the device by either the name you use for each pressurized system or serial number of the meter. Pressurized pipe flows may be from surface diversions or groundwater withdrawals.

Data on your water use under your water right

- **Flow:** For those reading meters manually, enter the flow registered by the flow indicator on the meter. For meters that don't have an indicator (only a totalizer), measure the use over a period of several minutes to estimate the flow and use that value. For example, if 700 gallons is used over 3.3 minutes; report 212 gpm (700/3.3). Reasonable effort should be made to take the peak flow measurement when demand is close to its maximum over a period of time. If weekly readings are reported (see Reporting, above), demand over time will be more representative.

  For those with electronic data collection, fill in the highest flow rate during the shortest interval that data is collected. For example, if your equipment takes a reading once every 15 minutes, then report the highest flow for a 15 minute period during the month. **Please check the appropriate units and fill in the date.** If data is collected electronically, Ecology has an electronic spreadsheet that users can use with your computer.

- **Monthly volume:** Fill in the total volume used during the month based on the meter readings recorded. If you choose to record weekly volumes on the reporting form and submit that form for your report, the calculation of total volume can be done automatically when the data is entered into the database (see Reporting, above.) If not, then users will have to perform the calculations. **Please circle the appropriate units.**

- **Total annual volume:** Fill in the total amount of water used during the year. If you use the reporting form for recording (see Reporting, above) and submit that form for your report, the calculation can be performed automatically when the data is entered into the database. **Please circle the appropriate units.**

- **Peak instantaneous flow:** Fill in the highest peak instantaneous flow that occurred during the last year. Again, if you use the reporting form for recording also, then that calculation can be performed automatically when the data is entered into the database. **Please circle the appropriate units.**

- **Comment:** If a water source is not being used or data is not being collected please provide an explanation in the comments section.

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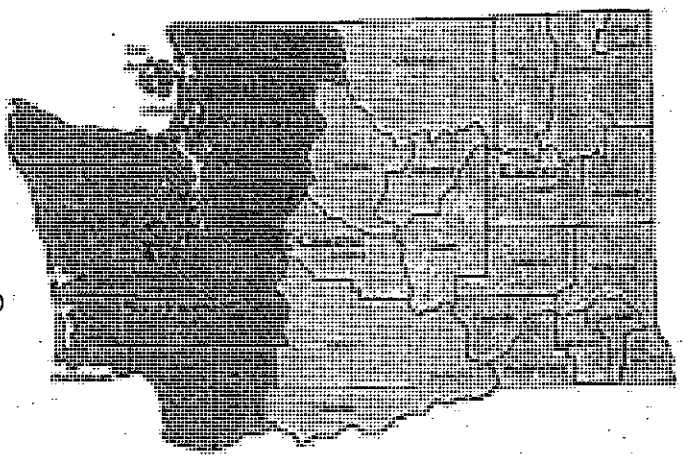
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ECY 070-172 (9/05)

State of Washington

Water Measurement Device Installation and Operation Requirements

Pipe flow measuring devices

Below is a summary of the major requirements for pipe flow meters. This sheet is intended to assist water users in understanding the most important portions of the rule, but does not include all the requirements from the rule. For additional detail and information on requirements, see "Requirements for Measuring and Reporting Water Use"; WAC 173-173.

- At any flow rate measured by the meter, the meter itself shall be rated by the manufacturer to register between 95% and 105% of the water actually passing through the meter.
- At any flow rate measured by the measuring system; i.e., meter plus any secondary equipment such as data recorders; the system shall register between 90% and 110% of the water actually passing through the system.
- Measuring devices and facilities must register and be calibrated for the full range of discharge for which they are to be used.
- The meter shall have a visual totalizer. The totalizer shall contain sufficient recording digits to ensure that "roll over" to zero does not occur before the next recording period.
- The meter shall be installed, inspected, maintained and calibrated in accordance with manufacturer specifications.
- The meter shall not be installed in a manner that creates an uneven velocity profile. Straight sections of pipe before and after the meter, straightening vanes or other flow conditioning devices shall be used to provide even flow through the meter as necessary.
- No withdrawal or diversion of water shall be made unless the measuring devices and facilities are in proper operating condition, except when a measuring device or facility is being repaired and a substitute measuring device or other method to measure the diversion or withdrawal is used.
- There shall be no turnouts or diversions between the source of water and the measuring devices and facilities, except for faucets or other small outlets that have a *de minimis* effect on the diversion or withdrawal.

State of Washington

Water Measurement Device Installation and Operation Requirements

Open channel flow measuring devices

Below is a summary of the major requirements for open channel flumes, weirs and orifices. This sheet is intended to assist users in understanding the most important portions of the rule, but does not include all the requirements from the rule. For additional detail and information on requirements, see "Requirements for Measuring and Reporting Water Use," WAC 173-173.

- At any flow rate measured by the measuring system (the measuring device plus any secondary equipment such as data recorders), the system shall register between 90% and 110% of the water actually passing through the system. Measuring facilities shall be operated and maintained to ensure that discharge can be measured accurately.
- The measuring facility shall be installed or constructed in accordance with the manufacturer's and/or designer's specifications.
- Measuring devices and facilities must register and be calibrated for the full range of discharge for which they are to be used. In determining a stage-discharge relation, the distribution of open channel flow measurements shall be sufficient to establish a full range of values for the entire stage-discharge relation.
- Rating curves shall be recalculated when there is a change in channel conditions that significantly alters flow across the control or once a year, whichever is more frequent.
- There shall be no turnouts or diversions between the source of water and the measuring devices and facilities, except for faucets or other small outlets that have a *de minimis* effect on the diversion or withdrawal. All flow diverted shall be measured as close to the point of diversion as possible.
- No withdrawal or diversion of water shall be made unless the measuring devices and facilities are in proper operating condition, except when a measuring device or facility is being repaired and a substitute measuring device or other method to measure the diversion or withdrawal is used.
- If the measuring system has no continuous stage recorder, an observer shall read the staff gage and record the reading as close in time as is practical before and after changes in regulation of flow occur.

INSTRUCTIONS for Water Use Measurement Form 1
OPEN CHANNEL and PRESSURIZED FLOW SYSTEMS

- **Source of water:** Verify that the name of the source of water is correct. If not, please correct the name.
- **User's name for point of diversion or withdrawal:** Fill in the name that you or your organization uses to describe the diversion or withdrawal measured by this measuring device.
- **Number of sources:** If there is more than one source (e.g. several creeks or wells) measured by this measuring device, check yes. If only a single source is measured, check no.
- **Number of diversions/withdrawals:** If there is more than one point of diversion or withdrawal measured by this measuring device, check yes. If only a single diversion or point of withdrawal is measured, check no.
- **Water rights:** State records indicate the water right(s) listed is associated with this measured point of diversion or withdrawal. Make corrections, if necessary.

Information on Location of your measuring device

- **WRIA:** State records show that the point of diversion or withdrawal is located in this Water Resource Inventory Area (WRIA).
- **Section, township, range, quarter, and quarter quarter, or government lot:** State records show that the point of diversion or withdrawal is located in this section, township, range, quarter, and quarter quarter, or government lot.
- **DOH WFI #:** For public drinking water systems only, fill in the Dept. of Health Water Facility Inventory number.
- **DOH Source #:** For public drinking water systems only, fill in the Department of Health Source number for this diversion/withdrawal. If there is more than one point of diversion or withdrawal measured through this measuring device, provide information on the primary diversion point.
- **Well tag number:** Provide the unique well tag number for ground water wells if the well is tagged and the number is known. If more than one well is measured through this measuring device, provide information on the primary well. If the well does not have a well tag, it is recommended that one be obtained by contacting the Well Drilling Coordinator in your regional office of Ecology.
- **Latitude and longitude of measuring device in decimal degrees or degrees, minutes, seconds:** Provide the location of the measuring device in decimal degrees such as 45.1111°N, 119.2222°W, if available, at least 4 numbers right of the decimal point. Otherwise, provide the location in degrees, minutes, and seconds, such as N50°, 30', 30.2", W100°, 50', 25.2", if known.
- **Horizontal Datum:** Horizontal Datum refers to the system used to project latitude and longitude. For example, topographic maps typically use the North American Datum plane developed in 1927 (NAD 27). Another datum plane used is NAD 83, developed in 1983. Hand-held GPS locator units can select from among a number of datum planes. Please use NAD 27 or NAD 83 when using GPS to locate your measuring device, and provide the datum or projection that was used for determining latitude and longitude. If the datum plane is unknown, fill in "unknown".
- **Is the diversion or withdrawal located at the same place as the measuring device?:** Check the appropriate answer for your situation.
- **Latitude and longitude of diversion or withdrawal in decimal degrees or degrees, minutes, seconds:** Same directions as for latitude and longitude for the measuring device.

Information about your Measuring Device

- **Type of meter:** Provide the type of measuring device for open channel flow (ramp flume, pressure transducer, weir and staff gage, etc.), or the type of measuring device for pressurized flow (propeller meter, insertion meter, etc.)
- **Brand:** Provide the name of the manufacturer for the measuring device. If the device is one that was constructed on-site (such as a flume built on-site) or there is no manufacturer, fill in "none".
- **Most recent calibration date or rating curve date (MM/DD/YYYY):** Provide the date of the most recent calibration or validation of the accuracy of the measuring device. The meter maintenance manual (pressurized systems) or the designer of open channel flow devices should be able to tell you how often calibrations should be done.
- **Does the diversion have a fish screen?:** The Department of Ecology is required by law to ask if a fish screen has been installed on surface water diversions, both gravity and pumped diversions. Check the space indicating whether or not a fish screen is installed. (This requirement does not apply to ground water withdrawal systems.
- **Changes in status of the measuring device:** Provide information and any appropriate dates related to changes in the measuring device, such as requiring repair or did not divert in order to harvest crop, to describe why readings may not be consecutive.

Contacts:

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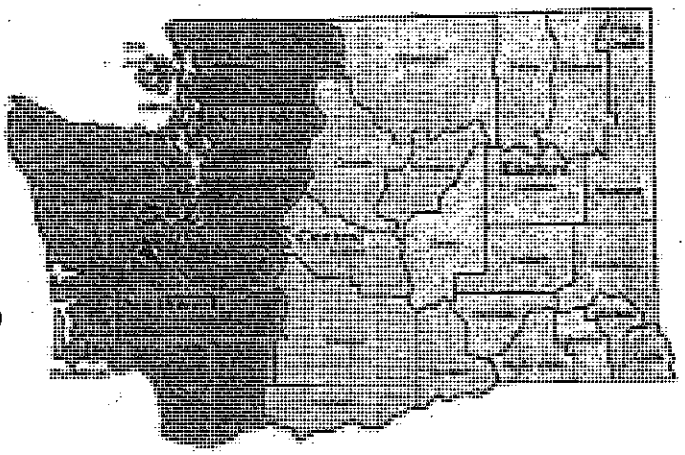
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ECY 070-170 (9/05)

Water Use Measurement Form No. 1
Open Channel and Pressurized Systems

Please review the instructions and fill out Form No. 1 for each measuring device you have.

Name of water right holder: _____

Water Right Claim/ Certificate/Permit No: _____

Source of Water: _____

User's name for diversion/ withdrawal point; (e.g. Well No. 1, Blue well house) _____

Does this measuring device measure water from more than one source of water (e.g. several springs, creeks, or wells in different aquifers)? ☐ Yes ☐ No

Does this measuring device measure water from more than point of diversion or withdrawal but still from the same source? ☐ Yes ☐ No

The following water rights are measured through this measuring device:

_____

INFORMATION ON THE LOCATION OF THE MEASURING DEVICE

WRIA _____ Section _____ Township _____ Range _____

☐ (E) ☐ (W) _____ (¼) _____ (¼¼) Govt. Lot _____

DOH WFI Number. (for public drinking water systems) _____ Well Tag Number (if available or applicable) _____

Latitude and longitude of device in decimal degrees or degrees, minutes, seconds (if available): Latitude _____ Longitude: _____

Horizontal Datum (e.g. WGS84, NAD27) _____

Is the diversion or withdrawal located at the same place as the device (within 100 feet)? ☐ Yes ☐ No

If no, provide the location of the diversion or withdrawal in decimal degrees or degrees, minutes, seconds (if available): Latitude _____ Longitude: _____

Horizontal Datum (e.g. WGS84, NAD27, NAD83, etc.) _____

INFORMATION ABOUT THE MEASURING DEVICE

Type of device: _____ Brand of device: _____

Model Number: _____ Serial Number: _____

Most recent date device was calibrated: (MM/DD/YYYY) _____

If a surface diversion, does the diversion have a fish screen? ☐ Yes ☐ No ☐ N/A

If any of the following events occurred within the last year, check the appropriate box and provide a short explanation.

☐ Device Roll-Over ☐ New device ☐ Device repair

☐ Other _____

I hereby certify that all information reported on this form is correct to the best of my knowledge.

Printed Name: _____

Position: _____

Signature: _____ Date: _____

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OPEN CHANNEL and PRESSURIZED FLOW SYSTEMS

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- **Number of diversions/withdrawals:** If there is more than one point of diversion or withdrawal measured by this measuring device, check yes. If only a single diversion or point of withdrawal is measured, check no.
- **Water rights:** State records indicate the water right(s) listed is associated with this measured point of diversion or withdrawal. Make corrections, if necessary.

Information on Location of your measuring device

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- **Latitude and longitude of measuring device in decimal degrees or degrees, minutes, seconds:** Provide the location of the measuring device in decimal degrees such as 45.1111°N, 119.2222°W, if available, at least 4 numbers right of the decimal point. Otherwise, provide the location in degrees, minutes, and seconds, such as N50°, 30', 30.2", W100°, 50', 25.2", if known.
- **Horizontal Datum:** Horizontal Datum refers to the system used to project latitude and longitude. For example, topographic maps typically use the North American Datum plane developed in 1927 (NAD 27). Another datum plane used is NAD 83, developed in 1983. Hand-held GPS locator units can select from among a number of datum planes. Please use NAD 27 or NAD 83 when using GPS to locate your measuring device, and provide the datum or projection that was used for determining latitude and longitude. If the datum plane is unknown, fill in "unknown".
- **Is the diversion or withdrawal located at the same place as the measuring device?:** Check the appropriate answer for your situation.
- **Latitude and longitude of diversion or withdrawal in decimal degrees or degrees, minutes, seconds:** Same directions as for latitude and longitude for the measuring device.

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ECY 070-170 (9/05)

Information about your Measuring Device

- **Type of meter:** Provide the type of measuring device for open channel flow (ramp flume, pressure transducer, weir and staff gage, etc.), or the type of measuring device for pressurized flow (propeller meter, insertion meter, etc.)
- **Brand:** Provide the name of the manufacturer for the measuring device. If the device is one that was constructed on-site (such as a flume built on-site) or there is no manufacturer, fill in "none".
- **Most recent calibration date or rating curve date (MM/DD/YYYY):** Provide the date of the most recent calibration or validation of the accuracy of the measuring device. The meter maintenance manual (pressurized systems) or the designer of open channel flow devices should be able to tell you how often calibrations should be done.
- **Does the diversion have a fish screen?:** The Department of Ecology is required by law to ask if a fish screen has been installed on surface water diversions, both gravity and pumped diversions. Check the space indicating whether or not a fish screen is installed. (This requirement does not apply to ground water withdrawal systems.
- **Changes in status of the measuring device:** Provide information and any appropriate dates related to changes in the measuring device, such as requiring repair or did not divert in order to harvest crop, to describe why readings may not be consecutive.

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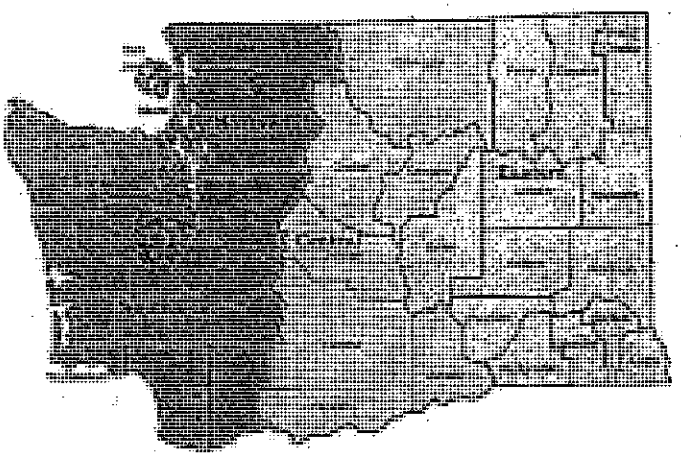
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Open Channel and Pressurized Systems

Please review the instructions and fill out Form No. 1 for each measuring device you have.

Name of water right holder: _____

Water Right Claim/ Certificate/Permit No: _____

Source of Water: _____

User's name for diversion/ withdrawal point; (e.g. Well No. 1, Blue well house) _____

Does this measuring device measure water from more than one source of water (e.g. several springs, creeks, or wells in different aquifers)? ☐ Yes ☐ No

Does this measuring device measure water from more than point of diversion or withdrawal but still from the same source? ☐ Yes ☐ No

The following water rights are measured through this measuring device:

_____

INFORMATION ON THE LOCATION OF THE MEASURING DEVICE

WRIA _____ Section _____ Township _____ Range _____

☐ (E) ☐ (W) _____ (¼) _____ (¼¼) Govt. Lot _____

DOH WFI Number. (for public drinking water systems) _____ Well Tag Number (if available or applicable) _____

Latitude and longitude of device in decimal degrees or degrees, minutes, seconds (if available): Latitude _____ Longitude: _____

Horizontal Datum (e.g. WGS84, NAD27) _____

Is the diversion or withdrawal located at the same place as the device (within 100 feet)? ☐ Yes ☐ No

If no, provide the location of the diversion or withdrawal in decimal degrees or degrees, minutes, seconds (if available): Latitude _____ Longitude: _____

Horizontal Datum (e.g. WGS84, NAD27, NAD83, etc.) _____

INFORMATION ABOUT THE MEASURING DEVICE

Type of device: _____ Brand of device: _____

Model Number: _____ Serial Number: _____

Most recent date device was calibrated: (MM/DD/YYYY) _____

If a surface diversion, does the diversion have a fish screen? ☐ Yes ☐ No ☐ N/A

If any of the following events occurred within the last year, check the appropriate box and provide a short explanation.

☐ Device Roll-Over ☐ New device ☐ Device repair

☐ Other _____

I hereby certify that all information reported on this form is correct to the best of my knowledge.

Printed Name: _____

Position: _____

Signature: _____ Date: _____

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This is your informal guide to your rights and responsibilities in an appeal. It is not exclusive and **does not have force and effect of state law or regulation.** More detailed information, in RCW 43.21B, the act creating the Pollution Control Hearings Board, and in a chapter of the Washington Administrative Code entitled, "Rules of Practice and Procedure of the Pollution Control Hearings Board, WAC 371-08," is available at your county law library or upon request from the Environmental Hearings Office and at the Environmental Hearings Office website at http://www.eho.wa.gov. For more detailed information, please open up on the web page the *Environmental Hearings Office Handbook* and the *Environmental Hearings Office Sample Formbook.* ALTERNATE FORMAT AVAILABLE UPON REQUEST

YOUR RIGHT TO BE HEARD

The Pollution Control Hearings Board (PCHB) hears appeals from orders and decisions made by:

1. Local and regional air pollution control agencies or authorities.
2. The State Department of Ecology, and
3. Other agencies as provided by law.

The Board's sole function is to give you, and all other litigants in a disputed matter, a full and complete hearing, as promptly as possible, followed by a fair and impartial written decision based on the facts and law.

The Board is not affiliated with the Department of Ecology or any other agency. To insure the Board's impartiality, the state Legislature created this independent, quasi-judicial state agency entirely separate from any other state, or regional resource or regulatory agency or local unit of government.

The Board consists of three full-time members, who are appointed by the governor and confirmed by the State Senate for staggered six-year terms. One of the three must be an attorney. All are salaried employees of the State, who also serve on the Shorelines Hearings Board.

DO YOU NEED AN ATTORNEY?

An attorney may represent you, but the law does not require one. Consider this very carefully before deciding to represent yourself. The appeal process can be complicated and significant rights may be at stake. The hearings are conducted more like court trials, instead of city council meetings.

WHEN, WHERE, AND HOW TO FILE AN APPEAL

No fee is required for filing an appeal.

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Pollution Control Hearings Board
4226 6th Avenue SE
Bldg 2 Rowe Six
PO Box 40903
Lacey WA 98504-0903

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CONTENT OF THE APPEAL

ɔur appeal should include the following
:ms:

- A copy of the order or decision you are appealing, and if the order or decision followed an application, a copy of the application.
- Your name and address (mailing and legal, if different) and, if applicable, the name and address of your representative.
- A daytime phone number.
- A brief statement why you are appealing.
- The relief you seek (what you want the Board to do).
- A statement, signed by you or your representative, attesting the content of the appeal is true.

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:rhaps you have been granted a permit by e Department of Ecology, air authority or ıother agency, but another party has ɔpealed. You have a right to defend the ermit and are automatically a respondent the appeal before the Board. All ıbsequent sections in this publication ɔply to you as well as to the appellant.

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Non-dispositive Motions

The deadlines for responding and replying to non-dispositive motions will generally be shorter than the above deadlines for dispositive motions. Additionally, most non-dispositive motions will be reviewed and decided solely by the Presiding Officer. In those situations, the parties need only supply an original and one copy of the pleadings to the Board.

HEARING

At the hearing, it is important to be on time. A party's failure to appear may result in default.

You will have your full opportunity to present your side of the case, but there is a judicial procedure to be followed, so that all sides can be heard in an orderly manner.

The Presiding Officer for the Board manages the proceedings. A court reporter will record what is said. The appellant usually has the obligation to present his or her case first. Then, the respondent will present its case. In a case involving a penalty or a regulatory order, the agency assessing the penalty is required to present its case first.

Each side has the right to make an opening statement, briefly outlining what its evidence will be. After the opening statements, the parties with the burden of proof will present its evidence. In a penalty or regulatory action, the agency has the burden of proof and will call witnesses first. In a permit appeal, the appealing party has the burden of proof and presents its witnesses first at the hearing.

In certain cases, the Presiding Officer may determine a site visit would be helpful to the Board's understanding of the evidence. At such a visit, the parties are requested to limit communication with the Board during the site visit. It is appropriate to point out physical landmarks, to help the Board later, at the hearing, but a court reporter is not present during the site visit, and it is not the time to present evidence or argue your case.

After the site visit, we return to the hearing. Witnesses who are sworn to tell the truth, testify from their personal knowledge in response to questions from the party calling that witness. After this direct testimony, the witness answers questions asked by the other parties during "cross-examination." The Board members may also ask questions.

Persons essential to your case need to be present at the hearing to testify as witnesses. The "hearsay" rule prevents you from testifying for them or relating what they know or what they have said.

Exhibits, such as letters, contracts, photographs, and maps, etc. may be offered as evidence. Before the hearing, number your exhibits and prepare an exhibit list. At the hearing, you will need to have the original and one copy for each member of the Board, the Presiding Officer, if not a Board member, and for the other parties. If you have multiple exhibits, please place them in a binder.

After all the evidence has been presented, litigants can summarize their arguments in closing statements. The hearing is then closed and no further evidence is taken.

THE BOARD'S DECISION

The Board will deliberate on the testimony, exhibits, and final arguments, before issuing a written decision.

The written decision called "Findings of Fact, Conclusions of Law and Order" is prepared and mailed to all litigants generally within 90 days after the hearing, or after the submission of memoranda, briefs, or proposed findings.

YOU MAY APPEAL THE FINAL ORDER

The Board's decision may be appealed to Superior Court within 30 days from the date of the **ORDER is received**, or you may file a petition with the Board for a reconsideration within 10 days of the date of the mailing of the **ORDER**

You may appeal the Board's final action on a petition for reconsideration within 20 days from the date the order is mailed. Please note, if the Board fails to act on the petition with 20 days of its filing, it is deemed denied.

FREQUENTLY USED TERMS

AIR POLLUTION CONTROL AGENCY: a local or regional agency authorized under the Washington Clean Air Act, RCW 70.94, to issue orders and assess penalties for air pollution violations, and to issue notices of construction for new air emission sources.

APPEAL: A request for review of a decision filed with the Board.

APPELLANT: A person or entity bringing the appeal.

BOARD: The Washington State Pollution Control Hearings Board.

DISMISSAL: Dismissal is an order entered by the Board terminating the appeal, canceling the hearing, and ending the Board's consideration of the case.

ECOLOGY: The Washington State Department of Ecology.

INTERVENOR: A third party asking to be heard in an appeal.

PARTY: A person who is an appellant, respondent, or intervenor.

PERSON: An individual, partnership, corporation, association, organization, governmental subdivision, agency, or entity of any character.

PRESIDING OFFICER: A member of the Board or an Administrative Appeals Judge who is assigned by the chair or vice-chair to conduct a conference or hearing

RESPONDENT: A person or entity on the other side of the dispute from the appellant.

STIPULATION: An agreement between the parties.

The Environmental Hearings Office does not discriminate in employment or any of its services against persons with disabilities, and will make reasonable accommodations for any citizen who needs assistance to participate in our hearings or other activities. If a party or a witness requires an interprter, or qualifies for reasonable accommodations, that person shall notify the presiding officer at least three weeks before the hearing or situation for which assistance is needed.

Judy/Office/PCHBPAMP 10/04

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
4601 N Monroe Street • Spokane, Washington 99205-1295 • (509)329-3400

September 18, 2006

CERTIFIED MAIL (7003 1680 0007 1553 7948)

Washington State University
McCuskey Services Building
Pullman, WA 99164

Dear Sir or Madam:

Re: Application for Change of Water Right Claim No. 098524

Enclosed please find a copy of the Department of Ecology's Report of Examination. This report constitutes our determination and order regarding the above-referenced application. A copy of this Report of Examination has been sent to the protestants.

Your application has been denied.

You have the right to appeal this order to the Pollution Control Hearings Board. Pursuant to chapter 43.21B RCW, your appeal must be filed with the Pollution Control Hearings Board, and served on the Department of Ecology, within thirty (30) days of the date of your receipt of this document.

To appeal this action or decision, your notice of appeal must contain a copy of the Ecology order, action or decision you are appealing.

Your appeal must be filed with:
The Pollution Control Hearings Board
4224 - 6th Avenue SE, Rowe Six, Bldg. 2
P.O. Box 40903
Lacey, Washington 98504-0903

Your appeal must also be served on:
The Department of Ecology
Appeals Coordinator
P.O. Box 47608
Olympia, Washington 98504-7608

RECEIVED
SEP 19 2006
FACILITIES OPERATIONS

In addition, please send a copy of your appeal to:

Department of Ecology
Keith L. Stoffel, Section Manager
4601 North Monroe Street
Spokane, Washington 99205

DATED this 18th day of September, 2006, at Spokane, Washington.

Keith L. Stoffel
Section Manager
Water Resources Program
Eastern Regional Office

KLS:ka
Enclosures

I certify that I mailed this letter or an identical copy thereof, postage prepaid, to the above addressee(s) this 18th day of September, 2006.
Water Resources Program, Secretary Lead, Kay Allhiser KA

cc: Dianne French
Rachael Osborn for Scotty Cornelius

RECEIVED
SEP 19 2006
FACILITIES

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
Application for Change
REPORT OF EXAMINATION
TO APPROPRIATE PUBLIC WATERS OF THE STATE OF WASHINGTON

☐ Surface Water (Issued in accordance with the provisions of Chapter 117, Laws of Washington for 1917, and amendments thereto, and the rules and regulations of the Department of Ecology.)

☒ Ground Water (Issued in accordance with the provisions of Chapter 263, Laws of Washington for 1945, and amendments thereto, and the rules and regulations of the Department of Ecology.)

PRIORITY DATE	APPLICATION NUMBER	PERMIT NUMBER	CERTIFICATE NUMBER
1946			Claim No. 098524

NAME
Washington State University

ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
McCuskey Services Bldg.	Pullman	WA	99164

PUBLIC WATERS TO BE APPROPRIATED

SOURCE
1 well

TRIBUTARY OF (IF SURFACE WATERS)

MAXIMUM CUBIC FEET PER SECOND	MAXIMUM GALLONS PER MINUTE	MAXIMUM ACRE FEET PER YEAR
	1000	1440

QUANTITY, TYPE OF USE, PERIOD OF USE
1000 gallons per minute, 1440 acre-feet per year continuously for municipal supply, irrigation, stockwater

LOCATION OF DIVERSION/WITHDRAWAL

APPROXIMATE LOCATION OF DIVERSION–WITHDRAWAL
DENIED

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION)	SECTION	TOWNSHIP N.	RANGE, (E. OR W.) W.M.	W.R.I.A.	COUNTY
		14/15	45	34	Whitman

RECORDED PLATTED PROPERTY

LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)

LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

DENIED

RECEIVED
SEP 19 2006
FACILITIES OPERATIONS

DESCRIPTION OF PROPOSED WORKS

1 well

DEVELOPMENT SCHEDULE

BEGIN PROJECT BY THIS DATE:	COMPLETE PROJECT BY THIS DATE:	WATER PUT TO FULL USE BY THIS DATE:

REPORT

Background

An application for change/transfer was submitted by Washington State University (WSU) of Pullman, Washington to the Department of Ecology on October 28, 2004. WSU proposes to integrate its existing wells, by adding seven (7) existing points of withdrawal as claimed under Water Right Claim No. 098524. WSU also proposes to change the place of use to the area served by Washington State University to be consistent with the approved water service area. WSU has proposed changes to all of its existing ground water right documents in this area.

A notice of application was duly published in accordance with RCW 90.03.280 in the Pullman Daily News on January 14 and 21, 2005 and contained errors. An amended notice was duly published May 5 and 12, 2005. Two protests were received during the protest periods and will be discussed later in the report.

This application is not exempt from the provisions of the State Environmental Policy Act (SEPA) of 1971, Chapter 43.21 RCW, due to the fact that the cumulative quantities of water for this project under all water rights, including those proposed for change herein, constitute a withdrawal of more than 2,250 gallons per minute. After review of a completed environmental checklist and other information, this proposal was determined to not have a significant adverse impact on the environment. A final Declaration of Non-Significance was issued by WSU on June 7, 2004.

Investigation

In considering the proposed change, the investigation included, but was not limited to, research and review of: (1) appropriate rules and statutes, (2) Ground Water Claim 098524 and other water rights/claims/applications in the vicinity, (3) water well reports for the applicant's wells, (4) USGS topographic maps, (5) Comprehensive Water System Plan for WSU dated 2001), (6) discussions with Gary Wells, and (7) review by Department of Ecology regional program staff hydrogeologists.

A field investigation was conducted by Kevin Brown on October 20, 2005 with Gary Wells. WSU withdraws water under the following seven (7) water right documents:

Ground Water Claim 098522

Priority Date:	year 1934
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #1

Ground Water Claim 098523

Priority Date:	year 1938
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #2

Ground Water Claim 098524

Priority Date:	year 1946
Instantaneous Quantity (Qi):	1000 gallons per minute
Annual Quantity (Qa):	1440 acre-feet per year
Purpose:	municipal supply, irrigation and stock
Source:	A well - #3

Certificate 5070-A

Priority Date:	August 1, 1962
Instantaneous Quantity (Qi):	1500 gallons per minute
Annual Quantity (Qa):	2260 acre-feet per year
Purpose:	domestic supply for WSU
Source:	A well - #4

Certificate 5072-A

Priority Date:	May 27, 1963
Instantaneous Quantity (Qi):	500 gallons per minute
Annual Quantity (Qa):	720 acre-feet per year
Purpose:	community domestic supply and stock water
Source:	A well - #5

Certificate G3-22065C

Priority Date:	November 12, 1973
Instantaneous Quantity (Qi):	1500 gallons per minute
Annual Quantity (Qa):	1600 acre-feet per year
Purpose:	municipal supply
Source:	A well - #6

Permit G3-28278P

Priority Date:	January 28, 1987
Instantaneous Quantity (Qi):	2500 gallons per minute
Annual Quantity (Qa):	2260 acre-feet per year
Purpose:	municipal supply
Source:	A well - #7

An application for change has been filed on each of the above described water right documents. Each right will have its own determination.

Water Rights

Seven water right documents are appurtenant to the campus. There are additional rights held by the school for isolated locations that are not addressed in this review. The campus rights are as follows:

Water Right	Qi	Qa	Priority Date	Type	Source
Claim 098522	500	720	1934	Primary*	1
Claim 098523	500	720	1938	Primary	2
Claim 098524	(1000)	(1440)	1946 (not valid)	Not valid*	3
Cert 5070-A	1500	2260	1962	Primary*	4
Cert 5072-A	500	720	1963	Primary	5
G3-22065C	1500	1600	1973	Primary	6, 8
G3-28278P	2500*	2260*	1987	Supplemental*	7
Totals	**5000 GPM**	**5300 AFY**			

*Permit issued with a provision -less those amounts appropriated underground Water Cert. 5070-A, and Ground Water Claims 98522 and 98524. Total combined quantity shall not exceed 2500 gallons per minute, 2260 acre-feet per year.

The above water analysis totals are consistent with the 2001 comprehensive water plan.

Evaluation of the Water Right Claim

Ground Water Claim 098524 was filed by WSU during the claims registration act. The claim was submitted to Ecology describing the use of water from Well No. 3 in the amount of 1000 gallons per minute, 1440 acre-feet per year for municipal supply, irrigation and stockwater with the date of first use described as 1946.

The intent of the Claims Registration Act, Chapter 90.14 RCW, was to document those uses of surface water in existence prior to the adoption of the State Surface Water Code, Chapter 90.03 RCW, which was adopted in 1917, and those uses of ground water in existence prior to the adoption of the State Ground Water Code, Chapter 90.44 RCW, which was adopted in 1945. Since each code(s) adoption, the only means of acquiring a water right within the state is by filing for, and receiving, a permit from the Department of Ecology or one of its predecessors or by establishing a right under the "domestic exemption" under the ground water code (RCW 90.44.050). The Department of Ecology recognizes that the final determination of the validity and extent associated with a claim registered in accordance with RCW 90.14 ultimately lies with the Superior Court through the general adjudication process provided for by Sections 90.03.110 through 90.03.240 RCW.

Well No. 3 was constructed in 1946. The claimed use was not prior to 1945. Lacking evidence of a beneficial use prior to 1945, no further evaluation of the requested change is being conducted.

Conclusion

It is the conclusion of this examiner that, in accordance with Chapters 90.03 and 90.44 RCW, this application for change to integrate the existing water system by adding six (6) existing wells and changing the place of use of Water Right Claim No, 98524 be and is DENIED. It does not appear the claim 98524 represents a valid water right.

Recommendations

The applicant's application for change request under Ground Water Claim 098524 is **DENIED.**

The Department of Ecology recognizes that the final determination of the validity and extent associated with a claim registered in accordance with RCW 90.14 ultimately lies with the Superior Court through the general adjudication process provided for by Sections 90.03.110 through 90.03.240 RCW. The claim will remain on record.

Signed and dated at Spokane, Washington this 18th day of September. 2006

By Kevin Brown

Kevin Brown
Water Resources Program
Eastern Regional Office

FEB 1 8 2008

KB:VL:ka
W/DraftROEs/Brown2006

WASHINGTON STATE POLLUTION CONTROL HEARINGS BOARD
ENVIRONMENTAL HEARINGS OFFICE
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Lacey Washington 98504-0903
(360)459-6327 Fax: (360)438-7699
Web Address: http://www.eho.wa.gov
E-Mail: eho@eho.wa.gov

"Your Right to Be Heard"

Board Members
William H. Lynch, Chair
Bill Clarke
David W. Danner

Administrative Appeals Judges
Phyllis K. Macleod
Eric Z. Lucas
Kay Brown

Administrative Assistant
Robyn Bryant

Hearing Coordinator
Judy Greear

Secretary
Sharon Ziegler

This is your informal guide to your rights and responsibilities in an appeal. It is not exclusive and **does not have force and effect of state law or regulation.** More detailed information, in RCW 43.21B, the act creating the Pollution Control Hearings Board, and in a chapter of the Washington Administrative Code entitled, "Rules of Practice and Procedure of the Pollution Control Hearings Board, WAC 371-08," is available at your county law library or upon request from the Environmental Hearings Office and at the Environmental Hearings Office website at http://www.eho.wa.gov. For more detailed information, please open up on the web page the *Environmental Hearings Office Handbook* and the *Environmental Hearings Office Sample Formbook.* ALTERNATE FORMAT AVAILABLE UPON REQUEST

YOUR RIGHT TO BE HEARD

The Pollution Control Hearings Board (PCHB) hears appeals from orders and decisions made by:

1. Local and regional air pollution control agencies or authorities.
2. The State Department of Ecology, and
3. Other agencies as provided by law.

The Board's sole function is to give you, and all other litigants in a disputed matter, a full and complete hearing, as promptly as possible, followed by a fair and impartial written decision based on the facts and law.

The Board is not affiliated with the Department of Ecology or any other agency. To insure the Board's impartiality, the state Legislature created this independent, quasi-judicial state agency entirely separate from any other state, or regional resource or regulatory agency or local unit of government.

The Board consists of three full-time members, who are appointed by the governor and confirmed by the State Senate for staggered six-year terms. One of the three must be an attorney. All are salaried employees of the State, who also serve on the Shorelines Hearings Board.

DO YOU NEED AN ATTORNEY?

An attorney may represent you, but the law does not require one. Consider this very carefully before deciding to represent yourself. The appeal process can be complicated and significant rights may be at stake. The hearings are conducted more like court trials, instead of city council meetings.

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SEP 19 2006

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Any party opposing the motion will typically have 10 days from the day it received the motion, to file an original and the requisite copies of a response with the Board, and serve a copy on each of the other parties. The moving party generally will have seven days from the date it receives the response, to file an original and the requisite copies of a reply with the Board, and serve a copy on each of the other parties. Any party may request an oral hearing from the Presiding Officer on the motion. The Presiding Officer determines whether to grant or deny the request. If the request is granted, the parties will typically personally appear and present their oral argument to the Board at its hearing room in Lacey, Washington.

Non-dispositive Motions

The deadlines for responding and replying to non-dispositive motions will generally be shorter than the above deadlines for dispositive motions. Additionally, most non-dispositive motions will be reviewed and decided solely by the Presiding Officer. In those situations, the parties need only supply an original and one copy of the pleadings to the Board.

HEARING

At the hearing, it is important to be on time. A party's failure to appear may result in default.

You will have your full opportunity to present your side of the case, but there is a judicial procedure to be followed, so that all sides can be heard in an orderly manner.

The Presiding Officer for the Board manages the proceedings. A court reporter will record what is said. The appellant usually has the obligation to present his or her case first. Then, the respondent will present its case. In a case involving a penalty or a regulatory order, the agency assessing the penalty is required to present its case first.

Each side has the right to make an **opening statement**, briefly outlining what its evidence will be. After the opening statements, the parties with the burden of proof will present its evidence. In a penalty or regulatory action, the agency has the burden of proof and will call witnesses first. In a permit appeal, the appealing party has the burden of proof and presents its witnesses first at the hearing.

In certain cases, the Presiding Officer may determine a **site visit** would be helpful to the Board's understanding of the evidence. At such a visit, the parties are requested to limit communication with the Board during the site visit. It is appropriate to point out physical landmarks, to help the Board later, at the hearing, but a court reporter is not present during the site visit, and it is not the time to present evidence or argue your case.

After the site visit, we return to the hearing. Witnesses who are sworn to tell the truth, testify from their personal knowledge in response to questions from the party calling that witness. After this **direct testimony**, the witness answers questions asked by the other parties during "**cross-examination.**" The Board members may also ask questions.

Persons essential to your case need to be present at the hearing to testify as witnesses. The "hearsay" rule prevents you from testifying for them or relating what they know or what they have said.

Exhibits, such as letters, contracts, photographs, and maps, etc. may be offered as evidence. Before the hearing, number your exhibits and prepare an exhibit list. At the hearing, you will need to have the original and one copy for each member of the Board, the Presiding Officer, if not a Board member, and for the other parties. If you have multiple exhibits, please place them in a binder.

After all the evidence has been presented, litigants can summarize their arguments in closing statements. The hearing is then closed and no further evidence is taken.

THE BOARD'S DECISION

The Board will deliberate on the testimony, exhibits, and final arguments, before issuing a written decision.

The written decision called "Findings of Fact, Conclusions of Law and Order" is prepared and mailed to all litigants generally within 90 days after the hearing, or after the submission of memoranda, briefs, or proposed findings.

YOU MAY APPEAL THE FINAL ORDER

The Board's decision may be appealed to Superior Court within 30 days from the date of the **ORDER is received**, or you may file a petition with the Board for a reconsideration within 10 days of the date of the mailing of the **ORDER**

You may appeal the Board's final action on a petition for reconsideration within 20 days from the date the order is mailed. Please note, if the Board fails to act on the petition with 20 days of its filing, it is deemed denied.

FREQUENTLY USED TERMS

AIR POLLUTION CONTROL AGENCY: a local or regional agency authorized under the Washington Clean Air Act, RCW 70.94, to issue orders and assess penalties for air pollution violations, and to issue notices of construction for new air emission sources.

APPEAL: A request for review of a decision filed with the Board.

APPELLANT: A person or entity bringing the appeal.

BOARD: The Washington State Pollution Control Hearings Board.

DISMISSAL: Dismissal is an order entered by the Board terminating the appeal, canceling the hearing, and ending the Board's consideration of the case.

ECOLOGY: The Washington State Department of Ecology.

INTERVENOR: A third party asking to be heard in an appeal.

PARTY: A person who is an appellant, respondent, or intervenor.

PERSON: An individual, partnership, corporation, association, organization, governmental subdivision, agency, or entity of any character.

PRESIDING OFFICER: A member of the Board or an Administrative Appeals Judge who is assigned by the chair or vice-chair to conduct a conference or hearing

RESPONDENT: A person or entity on the other side of the dispute from the appellant.

STIPULATION: An agreement between the parties.

The Environmental Hearings Office does not discriminate in employment or any of its services against persons with disabilities, and will make reasonable accommodations for any citizen who needs assistance to participate in our hearings or other activities. If a party or a witness requires an interprter, or qualifies for reasonable accommodations, that person shall notify the presiding officer at least three weeks before the hearing or situation for which assistance is needed.

Judy/Office/PCHBPAMP 10/04

SEP 19 2006

APPENDIX B-4

Water Rights, Certificates, Permits and Claims

Well #1

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
WATER RIGHT CLAIMS REGISTRATION

WATER RIGHT CLAIM

RECEIVED
DEPARTMENT OF ECOLOGY
JAN 25 1974 177233
CASH ___ OTHER ___ NONE ✓

1. NAME ~~[illegible]~~ WASHINGTON STATE UNIVERSITY

ADDRESS ~~[illegible]~~

Pullman, Washington ZIP CODE 99163

2. SOURCE FROM WHICH THE RIGHT TO TAKE AND MAKE USE OF WATER IS CLAIMED: Ground Water (SURFACE OR GROUND WATER)

W.R.I.A. 34 (LEAVE BLANK)

A. IF GROUND WATER, THE SOURCE IS Well No. 1

B. IF SURFACE WATER, THE SOURCE IS N.A.

3. THE QUANTITIES OF WATER AND TIMES OF USE CLAIMED:

A. QUANTITY OF WATER CLAIMED 500 gpm PRESENTLY USED 450 (GALLONS PER MINUTE)

B. ANNUAL QUANTITY CLAIMED 720 PRESENTLY USED 161 (ACRE FEET PER YEAR)

C. IF FOR IRRIGATION, ACRES CLAIMED part of 1678 PRESENTLY IRRIGATED part of 530

D. TIME(S) DURING EACH YEAR WHEN WATER IS USED: continuously

4. DATE OF FIRST PUTTING WATER TO USE: MONTH ___ YEAR 1934

5. LOCATION OF THE POINT(S) OF DIVERSION/WITHDRAWAL: 1450 FEET North AND 75 FEET West FROM THE Center CORNER OF SECTION 5

BEING WITHIN Lot 3 OF SECTION 5 T. 14 N., R. 45 (E. ~~[illegible]~~) W.M.

IF THIS IS WITHIN THE LIMITS OF A RECORDED PLATTED PROPERTY, LOT 2 BLOCK 8 OF Reaney's Addition to Pullman, Washington (GIVE NAME OF PLAT OR ADDITION)

6. LEGAL DESCRIPTION OF LANDS ON WHICH THE WATER IS USED: Washington State University campus and contiguous University owned land located in Sections 3, 4 and 5, T.14N., R.45 E.W.M. and Sections 32, 33 and 34, T.15N., R.45 E.W.M. containing 1678 acres more or less in the

COUNTY of Whitman

7. PURPOSE(S) FOR WHICH WATER IS USED: Municipal Supply, Irrigation and stock water

8. THE LEGAL DOCTRINE(S) UPON WHICH THE RIGHT OF CLAIM IS BASED: Appropriation

DO NOT USE THIS SPACE

THE FILING OF A STATEMENT OF CLAIM DOES NOT CONSTITUTE AN ADJUDICATION OF ANY CLAIM TO THE RIGHT TO USE OF WATERS AS BETWEEN THE WATER USE CLAIMANT AND THE STATE OR AS BETWEEN ONE OR MORE WATER USE CLAIMANTS AND ANOTHER OR OTHERS. THIS ACKNOWLEDGEMENT CONSTITUTES RECEIPT FOR THE FILING FEE.

DATE RETURNED ___ THIS HAS BEEN ASSIGNED WATER RIGHT CLAIM REGISTRY NO.

JAN 675098522

DIRECTOR, DEPARTMENT OF ECOLOGY

I HEREBY SWEAR THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

X V L Shelton

DATE March 12, 1974

IF CLAIM FILED BY DESIGNATED REPRESENTATIVE, PRINT OR TYPE FULL NAME AND MAILING ADDRESS OF AGENT BELOW.

V. L. Shelton, Vice President—Finance
436 French Administration Building
Washington State University
Pullman, Washington 99163

☐ ADDITIONAL INFORMATION RELATING TO WATER QUALITY AND/OR WELL CONSTRUCTION IS AVAILABLE

SEE BACK OF LAST PAGE FOR ADDITIONAL INSTRUCTIONS

RETURN ALL THREE COPIES WITH CARBONS INTACT ALONG WITH YOUR FEE TO:
DEPARTMENT OF ECOLOGY
WATER RIGHT CLAIMS REGISTRATION
OLYMPIA, WASHINGTON 98504

ORIGINAL DWR

Well #2

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
WATER RIGHT CLAIMS REGISTRATION

WATER RIGHT CLAIM

RECEIVED
DEPARTMENT OF ECOLOGY
JAN 25 1974 77234
CASH ___ OTHER NONE

1. NAME ~~XXXXXXXXXXXXXXX~~ WASHINGTON STATE UNIVERSITY

ADDRESS ~~XXXXXXXXXXXXXXXXXXXXXXXXX~~

Pullman, Washington ZIP CODE 99163

2. SOURCE FROM WHICH THE RIGHT TO TAKE AND MAKE USE OF WATER IS CLAIMED: Ground Water (SURFACE OR GROUND WATER)

W.R.I.A. 34 (LEAVE BLANK)

A. IF GROUND WATER, THE SOURCE IS Well No. 2

B. IF SURFACE WATER, THE SOURCE IS N. A.

3. THE QUANTITIES OF WATER AND TIMES OF USE CLAIMED:

A. QUANTITY OF WATER CLAIMED 500 gpm PRESENTLY USED 350
(~~XXXXXXXXXXXXXXXXXXXX

Well #3

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
WATER RIGHT CLAIMS REGISTRATION

WATER RIGHT CLAIM

RECEIVED
DEPARTMENT OF ECOLOGY
JAN 25 1974 177235
CASH ___ OTHER ___ NONE ___

1. NAME ~~Board of Regents~~ WASHINGTON STATE UNIVERSITY

ADDRESS ~~Washington State University~~

Pullman, Washington ZIP CODE 99163

2. SOURCE FROM WHICH THE RIGHT TO TAKE AND MAKE USE OF WATER IS CLAIMED: Ground Water
(SURFACE OR GROUND WATER)

W.R.I.A. 34
(LEAVE BLANK)

A. IF GROUND WATER, THE SOURCE IS Well No. 3

B. IF SURFACE WATER, THE SOURCE IS N.A.

3. THE QUANTITIES OF WATER AND TIMES OF USE CLAIMED:

A. QUANTITY OF WATER CLAIMED 1,000 gpm PRESENTLY USED 1,000
(~~CUBIC FEET PER SECOND~~ GALLONS PER MINUTE)

B. ANNUAL QUANTITY CLAIMED 1440 PRESENTLY USED 628
(ACRE FEET PER YEAR)

C. IF FOR IRRIGATION, ACRES CLAIMED part of 1678 PRESENTLY IRRIGATED part of 530

D. TIME(S) DURING EACH YEAR WHEN WATER IS USED: continuously

4. DATE OF FIRST PUTTING WATER TO USE: MONTH ___ YEAR 1946

5. LOCATION OF THE POINT(S) OF DIVERSION/WITHDRAWAL: 1390 FEET North AND 77
FEET West FROM THE Center CORNER OF SECTION 5

BEING WITHIN Lot 3 OF SECTION 5 T. 14 N., R. 45 (~~E. or W.~~) W.M.

IF THIS IS WITHIN THE LIMITS OF A RECORDED PLATTED PROPERTY, LOT 1 BLOCK 8 OF
Reaney's Addition to Pullman, Washington
(GIVE NAME OF PLAT OR ADDITION)

6. LEGAL DESCRIPTION OF LANDS ON WHICH THE WATER IS USED: Washington State University campus and contiguous University owned land located in Sections 3, 4 and 5, T. 14N., R. 45 E.W.M. and Sections 32, 33 and 34, T. 15N., R. 45 E.W.M. containing 1678 acres more or less in the

COUNTY of Whitman

7. PURPOSE(S) FOR WHICH WATER IS USED: Municipal Supply, Irrigation and stock water

8. THE LEGAL DOCTRINE(S) UPON WHICH THE RIGHT OF CLAIM IS BASED: Appropriation

DO NOT USE THIS SPACE

THE FILING OF A STATEMENT OF CLAIM DOES NOT CONSTITUTE AN ADJUDICATION OF ANY CLAIM TO THE RIGHT TO USE OF WATERS AS BETWEEN THE WATER USE CLAIMANT AND THE STATE OR AS BETWEEN ONE OR MORE WATER USE CLAIMANTS AND ANOTHER OR OTHERS. THIS ACKNOWLEDGEMENT CONSTITUTES RECEIPT FOR THE FILING FEE.

DATE RETURNED THIS HAS BEEN ASSIGNED WATER RIGHT CLAIM REGISTRY NO.

JAN 675098524

DIRECTOR - DEPARTMENT OF ECOLOGY John Biggs

I HEREBY SWEAR THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

X V. L. Shelton

DATE March 12, 1974

IF CLAIM FILED BY DESIGNATED REPRESENTATIVE, PRINT OR TYPE FULL NAME AND MAILING ADDRESS OF AGENT BELOW.

V. L. Shelton, VLice President--Finance
436 French Administration Building
Washington State University
Pullman, Washington 99163

☐ ADDITIONAL INFORMATION RELATING TO WATER QUALITY AND/OR WELL CONSTRUCTION IS AVAILABLE

~~DO NOT FOLD - MUST ACCOMPANY INSPECTION REPORT~~

RETURN ALL THREE COPIES WITH CARBONS INTACT, ALONG WITH YOUR FEE TO:
DEPARTMENT OF ECOLOGY
WATER RIGHT CLAIMS REGISTRATION

~~ORIGINAL - DNR~~

FILE NO. 2070-A

STATE OF WASHINGTON, COUNTY OF Whitman

Certificate of Ground Water Right

Issued in accordance with the provisions of Chapter 263, Laws of Washington for 1945, and amendments thereto, and the rules and regulations of the State Supervisor of Water Resources thereunder.

THIS IS TO CERTIFY That WASHINGTON STATE UNIVERSITY

of Pullman, Washington, has made proof to the satisfaction of the State Supervisor of Water Resources of Washington, of a right to the use of the ground waters of a well (No. 4)

located within NE¼SE¼NW¼ and Lot 1, Block 5 of Reaney's Addition to Pullman

Sec. 5 Twp. 14 N., R. 45 E.W.M.

for the purpose of domestic supply (for Washington State University)

under and subject to provisions contained in Ground Water Permit No. 6064 issued by the State Supervisor of Water Resources and that said right to the use of said ground waters has been perfected in accordance with the laws of Washington, and is hereby confirmed by the State Supervisor of Water Resources of Washington and entered of record in Volume 11 at page 5070-A, that the right hereby confirmed dates from August 1, 1962, that the quantity of ground water under the right hereby confirmed for the purposes aforesaid, is limited to an amount actually beneficially used for said purposes, and shall not exceed 1,500 gallons per minute; 2,260 acre-feet per year for domestic supply for Washington State University.

Special provisions required by the Supervisor of Water Resources:

A description of the lands to which such ground water right is appurtenant:

Washington State University campus, Pullman, Washington.

The right to the use of the ground water aforesaid hereby confirmed is restricted to the lands or place of use herein described, except as provided in Sections 6 and 7, Chapter 122, Laws of 1929.

WITNESS the seal and signature of the State Supervisor of Water Resources affixed this 26th day of February, 19 65.

State Supervisor of Water Resources

CERTIFICATE RECORD No. 11 PAGE No. 5072-A

STATE OF WASHINGTON, COUNTY OF Whitman

Certificate of Ground Water Right

Issued in accordance with the provisions of Chapter 263, Laws of Washington for 1945, and amendments thereto, and the rules and regulations of the State Supervisor of Water Resources thereunder.

THIS IS TO CERTIFY That WASHINGTON STATE UNIVERSITY

of Pullman, Washington, has made proof to the satisfaction of the State Supervisor of Water Resources of Washington, of a right to the use of the ground waters of a W.S.U. Well No. 5

located within NE¼SW¼

Sec. 34, Twp. 15 N., R. 45 E. W.M.,

for the purpose of community domestic supply and stock water

under and subject to provisions contained in Ground Water Permit No. 6373 issued by the State Supervisor of Water Resources and that said right to the use of said ground waters has been perfected in accordance with the laws of Washington, and is hereby confirmed by the State Supervisor of Water Resources of Washington and entered of record in Volume 11 at page 5072-A, that the right hereby confirmed dates from May 27, 1963; that the quantity of ground water under the right hereby confirmed for the purposes aforesaid, is limited to an amount actually beneficially used for said purposes, and shall not exceed 500 gallons per minute; 720 acre-feet per year for community domestic supply and stock water.

Special provisions required by the Supervisor of Water Resources:

A description of the lands to which such ground water right is appurtenant:

Washington State University Campus, Pullman, Washington.

The right to the use of the ground water aforesaid hereby confirmed is restricted to the lands or place of use herein described, except as provided in Sections 6 and 7, Chapter 122, Laws of 1929.

WITNESS the seal and signature of the State Supervisor of Water Resources affixed this 26th day of February, 19 65.

State Supervisor of Water Resources

DEPARTMENT OF ECOLOGY

#6

CERTIFICATE OF WATER RIGHT

☐ Surface Water (Issued in accordance with the provisions of Chapter 117, Laws of Washington for 1917, and amendments thereto, and the rules and regulations of the Department of Ecology.)

☒ Ground Water (Issued in accordance with the provisions of Chapter 263, Laws of Washington for 1945, and amendments thereto, and the rules and regulations of the Department of Ecology.)

PRIORITY DATE	APPLICATION NUMBER	PERMIT NUMBER	CERTIFICATE NUMBER
November 12, 1973	G3-22065	G3-22065P	G3-22065C

NAME
WASHINGTON STATE UNIVERSITY

ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
Dept. of Physical Plant	Pullman	Washington	99163

This is to certify that the herein named applicant has made proof to the satisfaction of the Department of Ecology of a right to the use of the public waters of the State of Washington as herein defined, and under and specifically subject to the provisions contained in the Permit issued by the Department of Ecology, and that said right to the use of said waters has been perfected in accordance with the laws of the State of Washington, and is hereby confirmed by the Department of Ecology and entered of record as shown.

PUBLIC WATER TO BE APPROPRIATED

SOURCE
a well

TRIBUTARY OF (IF SURFACE WATERS)

MAXIMUM CUBIC FEET PER SECOND	MAXIMUM GALLONS PER MINUTE	MAXIMUM ACRE-FEET PER YEAR
	1500	1600

QUANTITY, TYPE OF USE, PERIOD OF USE
1500 gallons per minute, 1600 acre feet per year, continuously, for municipal supply.

LOCATION OF DIVERSION/WITHDRAWAL

APPROXIMATE LOCATION OF DIVERSION—WITHDRAWAL
400 feet south and 700 feet east of the northwest corner of Sec. 4

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION)	SECTION	TOWNSHIP N.	RANGE, (E. OR W.) W.M.	W.R.I.A.	COUNTY
NW¼	4	14	45 E.	34	Whitman

RECORDED PLATTED PROPERTY

LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)

LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

Washington State University campus and contiguous University owned land located in Secs. 3, 4, and 5, T. 14 N., R. 45 E.W.M. and Secs. 32, 33, and 34, T. 15 N., R. 45 E.W.M.

authorization to make use of public waters of the state is subject to existing rights, including any existing rights held by the United States for the benefic of Indians under treaty or otherwise.

Certificate holder shall maintain an access port as described in Ground Water Bulletin No. 1.

A suitable measuring device approved by the Department of Ecology shall be maintained in accordance with WAC 508-64-020 through WAC 508-64-040.

The right to the use of the water aforesaid hereby confirmed is restricted to the lands or place of use herein described, except as provided in RCW 90.03.380, 90.03.390, and 90.44.020.

This certificate of water right is specifically subject to relinquishment for nonuse of water as provided in RCW 90.14.180.

Given under my hand and the seal of this office at Spokane, *Washington, this* 22nd *day of* June, *19* 78

WILBUR G. HALLAUER, Director
Department of Ecology

ENGINEERING DATA

OK.....

by JOHN L. ARNQUIST, Regional Manager

FILED FOR RECORD
REQUEST OF Dept of Ecology *FOR COUNTY USE ONLY*
JUN 23 1978
8:00 AM.
JAMES REPP, COUNTY AUDITOR
WHITMAN COUNTY, WASH.
BY/DT Jean M. Long

INDEXED
DIRECT ✓
REVERSE ✓

DEPARTMENT OF ECOLOGY

PERMIT

TO APPROPRIATE PUBLIC WATERS OF THE STATE OF WASHINGTON

☐ Surface Water (Issued in accordance with the provisions of Chapter 117, Laws of Washington for 1917, and amendments thereto, and the rules and regulations of the Department of Ecology.)

☒ Ground Water (Issued in accordance with the provisions of Chapter 263, Laws of Washington for 1945, and amendments thereto, and the rules and regulations of the Department of Ecology.)

PRIORITY DATE	APPLICATION NUMBER	PERMIT NUMBER	CERTIFICATE NUMBER
January 28, 1987	G3-28278	G3-28278P	

NAME
WASHINGTON STATE UNIVERSITY

ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
Physical Plant	Pullman	WA	99164

The applicant is, pursuant to the Report of Examination which has been accepted by the applicant, hereby granted a permit to appropriate the following described public waters of the State of Washington, subject to existing rights and to the limitations and provisions set out herein.

PUBLIC WATER TO BE APPROPRIATED

SOURCE
a well (No. 7)

TRIBUTARY OF (IF SURFACE WATERS)

MAXIMUM CUBIC FEET PER SECOND	MAXIMUM GALLONS PER MINUTE	MAXIMUM ACRE-FEET PER YEAR
	2500	2260

QUANTITY, TYPE OF USE, PERIOD OF USE
2500 gallons per minute, 2260 acre feet per year, continuously, for municipal supply.

LOCATION OF DIVERSION/WITHDRAWAL

APPROXIMATE LOCATION OF DIVERSION-WITHDRAWAL
2290 feet south and 2380 feet west from the NE corner of Sec. 5

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION)	SECTION	TOWNSHIP N.	RANGE, (E. OR W.) W.M.	W.R.I.A.	COUNTY
WSU Campus - SW¼SW¼NE¼	5	14	45 E	34	Whitman

RECORDED PLATTED PROPERTY

LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)

LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

WSU Campus and contiguous University owned land located in Secs. 3, 4, & 5, T. 15 N., R. 45 E.W.M., and Secs. 32, 33, & 34, T. 15 N., R. 45 E.W.M., Whitman County, Washington.

DESCRIPTION OF THE WORK

. Vertical Turbine pump; integrated into existing distribution system.

DEVELOPMENT SCHEDULE		
BEGIN PROJECT BY THIS DATE:	COMPLETE PROJECT BY THIS DATE:	WATER PUT TO FULL USE BY THIS DATE:
Started	April 1, 1990	April 1, 1991

6069 098523-2

4 #4 #3

PROVISIONS

The quantities granted under this permit are issued less those amounts appropriated under Ground Water Certificate No. 5070-A and Ground Water Claims No. 098522 and No. 098524. The total combined withdrawal under this permit and Ground Water Certificate No. 5070-A shall not exceed 2500 gallons per minute, 2260 acre feet per year. 6064

An approved measuring device shall be installed and maintained in accordance with RCW 90.03.360 and/or WAC 508-64-020 through WAC 508-64-040.

The amount of water granted is a maximum limit that shall not be exceeded and the water user shall be entitled only to that amount of water within the specified limit that is beneficially used and required for the actual crop grown on the number of acres and the place of use specified.

This authorization to make use of public waters of the state is subject to existing rights, including any existing rights held by the United States for the benefit of Indians under treaty or otherwise.

A certificate of water right will not be issued until a final examination is made.

Installation and maintenance of an access port as described in Ground Water Bulletin No. 1 is required. An airline and gage may be installed in addition to the access port.

All water wells constructed within the state shall meet the minimum standards for construction and maintenance as provided under RCW 18.104 (Washington Water Well Construction Act of 1971) and Chapter 173-160 WAC (Minimum Standards for Construction and Maintenance of Water Wells).

A well log of the completed well shall be submitted by the driller to the Department of Ecology within thirty (30) days of completion of this well. This well log shall be complete and all information concerning the static water level in the completed well in addition to any pump test data shall be submitted as it is obtained.

This permit shall be subject to cancellation should the permittee fail to comply with the above development schedule and/or fail to give notice to the Department of Ecology on forms provided by that Department documenting such compliance.

Given under my hand and the seal of this office at Spokane *Washington, this* 7th *day of* February, *19*89

CHRISTINE O. GREGOIRE, Director
Department of Ecology

by _____
THEODORE M. OLSON, P.E., Section Supervisor
Water Resource Program

ENGINEERING DATA
OK. _____

APPENDIX B-5

WSU Memorandum Regarding Well No. 8

WASHINGTON STATE UNIVERSITY

Facilities Operations

MEMORANDUM

TO: Ev Davis

FROM: Gary Wells

DATE: August 30, 2001

SUBJECT: Water Right for New Well #8

To drill a replacement well on an existing water right, a minimal amount of time will be required. The following steps will be necessary:

1. File a notice of intent with DOE to drill a replacement well on existing water right.
2. Drill and construct the well.
3. File a DOE notice showing compliance with RCW 99.44.100(3).

To change water right for new well from 1,500 gpm to 2,500 gpm will require a change of water right source. The total water right for our old wells is:

Well #1	500 gpm
Well #2	500 gpm
Well #3	1,000 gpm
Well #4	1,500 gpm
Well #5	500 gpm
Well #6	1,500 gpm
Total	5,500 gpm

The permit for Well #7 assigns 2,500 gpm of the 3,000 gpm for Wells 1, 3, and 4, to Well #7. A change of water right source will essentially assign 2,500 gpm of the remaining water right to the new well. We will still be able to operate any well or wells that we want as long as we do not withdraw at a total rate that exceeds 5,000 gpm.

To change the water right source for Well #6 will require the following steps:

1. Meet with DOE to determine which existing permits will be involved.
2. File an application for change of water right source with DOE.
   - Publication of notice – 2 weeks
   - Protest period – 30 days
3. DOE will prepare report of examination and give decision – years.

As this process may take years, we should go ahead and submit our application. DOE processes the applications in the order that they are received.

I have attached other water system data that you requested.

McCluskey Services Building, PO Box 641150, Pullman, WA 99164-1150
509-335-9000 • Fax: 509-335-9304

APPENDIX B-6

Department of Ecology Water Rights Review Letter

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
4601 N Monroe Street • Spokane, WA 99205-1295 • 509-329-3400

RECEIVED
FEB 24 2020
9928
ATTORNEY GENERAL
WSU DIVISION

February 20, 2020

Nathan Dean
Washington State University
POB 641031
Pullman, WA 99164

Re: Application for Change under Ground Water Claim No. 098523

Dear Mr. Dean:

Enclosed is the Department of Ecology's *Report of Examination*. This report contains our decision regarding your application.

Your application has been **approved**.

You have a right to appeal this action to the Pollution Control Hearing Board (PCHB) within 30 days of the date of receipt of this document. The appeal process is governed by Chapter 43.21B RCW and Chapter 371-08 WAC. "Date of receipt" is defined in RCW 43.21B.001(2).

To appeal, you must do the following within 30 days of the date of receipt of this document:

- File your appeal and a copy of this document with the PCHB (see addresses below). Filing means actual receipt by the PCHB during regular business hours.
- Serve a copy of your appeal and this document on Ecology in paper form - by mail or in person. (See addresses below.) Email is not accepted.

You must also comply with other applicable requirements in Chapter 43.21B RCW and Chapter 371-08 WAC.

Street Addresses	Mailing Addresses
Department of Ecology Attn: Appeals Processing Desk 300 Desmond Drive SE Lacey, WA 98503	Department of Ecology Attn: Appeals Processing Desk POB 47608 Olympia, WA 98504-7608
Pollution Control Hearings Board 1111 Israel Road SW Ste 301 Tumwater, WA 98501	Pollution Control Hearings Board POB 40903 Olympia, WA 98504-0903

For additional information, visit the Environmental Hearings Office Website: http://www.eho.wa.gov . To find laws and agency rules visit the Washington State Legislature Website: http://www1.leg.wa.gov/CodeReviser .

If you have any questions, please contact Kevin Brown 509-329-3422.

Sincerely,

Jaime R. Short
Section Manager
Water Resources Program
Eastern Regional Office

JRS/KB/sm

Enclosures: Report of Examination
Your Right To Be Heard

By Certified Mail: 7016 1970 0000 9925 5999 (WSU)
7016 1970 0000 9925 6002 (Cornelius)

DEPARTMENT OF ECOLOGY
State of Washington

State of Washington
REPORT OF EXAMINATION
FOR WATER RIGHT CHANGE APPLICATION

PRIORITY DATE	WATER RIGHT NUMBER
1938	Claim No. 098523 W/CHG ROE dated September 18, 2006

NAME AND ADDRESS
Nathan Dean
Washington State University
POB 641031
Pullman, WA 99164

Quantity Authorized for Withdrawal

WITHDRAWAL RATE	UNITS	ANNUAL QUANTITY (AF/YR)
500		720

Purpose

	WITHDRAWAL RATE			ANNUAL QUANTITY (AF/YR)		
PURPOSE	ADDITIVE	NON-ADDITIVE	UNITS	ADDITIVE	NON-ADDITIVE	PERIOD OF USE (mm/dd)
Municipal Supply	500		GPM	720		01/01 - 12/31

PUBLIC WATER SYSTEM INFORMATION	
WATER SYSTEM ID	CONNECTIONS
93200Q	unspecified

Source Location

COUNTY	WATERBODY	TRIBUTARY TO	WATER RESOURCE INVENTORY AREA
Whitman	Groundwater		34 - Palouse

SOURCE	PARCEL	TWP	RNG	SEC	QQ Q	LATITUDE	LONGITUDE
Well 1	814600000000067	14	45 E.	5	SE¼NW¼	NA	NA
Well 3	814600000000067	14	45 E.	5	SE¼NW¼	NA	NA
Well 4	814600000000067	14	45 E.	5	SE¼NW¼	46.730151	117.171035
Well 5	200004515343600	15	45 E.	34	NE¼SW¼	46.739907	117.127777
Well 6	814500000000004	14	45 E.	4	NW¼NW¼	46.734184	117.156810
Well 7	108550009130000	14	45 E.	5	SW¼NE¼	46.729089	117.169770
Well 8	814500000000004	14	45 E.	4	NE¼NW¼	46.731945	117.149774
Spillman Well	200004514164600	14	45 E.	16	NW¼SE¼	46.696530	117.148700
						Datum: NAD83/WGS84	

Place of Use (See Attached Map)

PARCELS (NOT LISTED FOR SERVICE AREAS)

200004514164600

LEGAL DESCRIPTION OF AUTHORIZED PLACE OF USE

The place of use (POU) of this water right is the service area described in the most recent Water System Plan approved by the Washington State Department of Health, so long as the Washington State University is and remains in compliance with the criteria in RCW 90.03.386(2). RCW 90.03.386 may have the effect of revising the place of use of this water right.

Proposed Works

8 wells and a municipal water delivery system

Development Schedule

BEGIN PROJECT	COMPLETE PROJECT	PUT WATER TO FULL USE
Began	July 1, 2021	July 1, 2022

Measurement of Water Use

How often must water use be measured?	Weekly
How often must water use data be reported to Ecology?	Upon Request
What volume should be reported?	Total Annual Volume & Other Volume
What rate should be reported?	Other Peak Rate of Withdrawal & Annual Peak Rate of Withdrawal (gpm)

Provisions

This authorization supersedes the Change Authorization dated September 18, 2006.

Measurements, Monitoring, Metering and Reporting

An approved measuring device shall be installed and maintained for each of the sources identified by this water right in accordance with the rule "Requirements for Measuring and Reporting Water Use", WAC 173-173.

WAC 173-173 describes the requirements for data accuracy, device installation and operation, and information reporting. It also allows a water user to petition the Department of Ecology for modifications to some of the requirements.

Water Use Efficiency

The water right holder is required to maintain efficient water delivery systems and use of up-to-date water conservation practices consistent with RCW 90.03.005.

Proof of Appropriation

The water right holder shall file the notice of Proof of Appropriation of water (under which the certificate of water right is issued) when the permanent distribution system has been constructed and the quantity of water required by the project has been put to full beneficial use. The certificate will reflect the extent of the project perfected within the limitations of the permit. Elements of a proof inspection may include, as appropriate, the source(s), system instantaneous capacity, beneficial use(s),

annual quantity, place of use, and satisfaction of provisions.

Schedule and Inspections
Department of Ecology personnel, upon presentation of proper credentials, shall have access at reasonable times, to the project location, and to inspect at reasonable times, records of water use, wells, diversions, measuring devices and associated distribution systems for compliance with water law.

Findings of Facts
Upon reviewing the investigator's report, I find all facts, relevant and material to the subject application, have been thoroughly investigated. Furthermore, I concur with the investigator that a valid right exists, that there will be no impairment of existing rights; that the purpose(s) of use are beneficial; and that there will be no detriment to the public interest.

Therefore, I ORDER approval of Application No. CG3-098523CL@1, subject to existing rights and the provisions specified above.

Your Right To Appeal

You have a right to appeal this Order to the Pollution Control Hearings Board (PCHB) within 30 days of the date of receipt of this Order. The appeal process is governed by Chapter 43.21B RCW and Chapter 371-08 WAC. "Date of receipt" is defined in RCW 43.21B.001(2).

To appeal you must do the following within 30 days of the date of receipt of the Order.

File your appeal and a copy of this Order with the PCHB (see addresses below). Filing means actual receipt by the PCHB during regular business hours.

- Serve a copy of your appeal and this Order on Ecology in paper form - by mail or in person. (See addresses below.) E-mail is not accepted.

- You must also comply with other applicable requirements in Chapter 43.21B RCW and Chapter 371-08 WAC.

Street Addresses	Mailing Addresses
Department of Ecology Attn: Appeals Processing Desk 300 Desmond Drive SE Lacey, WA 98503 **Pollution Control Hearings Board** 1111 Israel RD SW Ste 301 Tumwater, WA 98501	**Department of Ecology** Attn: Appeals Processing Desk POB 47608 Olympia, WA 98504-7608 **Pollution Control Hearings Board** POB 40903 Olympia, WA 98504-0903

Signed at Spokane, Washington, this 20th day of February 2020.



Jaime R. Short, Section Manager

For additional information visit the Environmental Hearings Office Website: http://www.eho.wa.gov. To find laws and agency rules visit the Washington State Legislature Website: http://www1.leg.wa.gov/CodeReviser.

INVESTIGATOR'S REPORT
Application for Change – WSU
Water Right Control Number CG3-098523CL@1

BACKGROUND

This report serves as the written findings of fact concerning Water Right Application Number CG3-098523CL@1

Public Notice

RCW 90.03.280 requires that notice of a water right application be published once a week, for two consecutive weeks, in a newspaper of general circulation in the county or counties where the water is to be stored, diverted and used. Notice of this application was published in the Moscow-Pullman Daily News on June 15 and 22, 2018.

A protest was received from Scott Cornelius. Received letters of concern from Judy Meuth, Richard Alldredge, Stephen Hines, Leslie Sprunger, Rex and Alice Davis, Rebecca and Ben Armstrong, Mary and Pete Yurovchak, Jenna and Jim Brozik, Beth and Lee Powers, Tina and Dan Varey and David Lewis. The protest and letters of concern will be addressed later in the report.

State Environmental Policy Act (SEPA)

A water right application is subject to a SEPA threshold determination (i.e., an evaluation whether there are likely to be significant adverse environmental impacts) if any one of the following conditions are met.

(a) It is a surface water right application for more than 1 cubic foot per second, unless that project is for agricultural irrigation, in which case the threshold is increased to 50 cubic feet per second, so long as that irrigation project will not receive public subsidies;
(b) It is a groundwater right application for more than 2,250 gallons per minute;
(c) It is an application that, in combination with other water right applications for the same project, collectively exceed the amounts above;
(d) It is a part of a larger proposal that is subject to SEPA for other reasons (e.g., the need to obtain other permits that are not exempt from SEPA);
(e) It is part of a series of exempt actions that, together, trigger the need to do a threshold determination, as defined under WAC 197-11-305.

Because the quantity of water proposed for change in this application does not meet any of these conditions, it is categorically exempt from SEPA and a threshold determination is not required.

Ecology conducted a site visit to the property with the applicant on March 28, 2019.

INVESTIGATION

An application for change/transfer was submitted by Washington State University (WSU) of Pullman, Washington to the Department of Ecology on April 30, 2018. WSU proposes to add one well to Water Right Claim No. 098523 located at the Spillman Farm research location. The change proposes add the new Spillman well to the water right and allow for a portion of the municipal right to be used at the new location.

The expansion of the airport on the main WSU campus required the removal of the Tukey Horticultural Orchard, a research facility operated by the WSU Department of Horticulture. They decided to relocate the orchard from the main campus to the Spillman Farm Research facility. The Tukey Orchard was approximately 29.28 acres of mature orchard. WSU proposed to relocate the orchard and install approximately 10 acres of new varieties of orchard at the Spillman site. WSU has constructed a fenced enclosure and planted approximately seven acres of new research orchard.

To ensure a legal source of water for the new research orchard they have proposed to add the new Spillman well to the water right and modify the Service Area of the municipal water rights to include the Spillman Farm.

The Spillman Farm has a water right, Certificate 3785-A together w/CC V2P981. This right authorizes 55 gallons per minute, 40 acre-feet per year for domestic supply and irrigation of up to 10 acres. The applicant was concerned water right 3785-A may not be sufficient to support the new orchard development.



New Spillman Orchard



Old Tukey Orchard

Both maps at 1:4,400 (1" = 366.67')

The anticipated water use for the new orchard is approximately 13.8 acre-feet for the newly planted seven acres. Upon complete development they anticipate 20 acre-feet of water use for up to 10 acres within the 14 acre fenced enclosure. The new irrigation system is designed using micro irrigation, drip irrigation and other efficient systems. The old orchard was irrigated with other types of sprinkler systems. The Washington State Irrigation Guide (WIG 1985) estimate a crop requirement of 31.29 inches per acre not including application efficiency. Estimated use for the old Tukey Orchard would be approximately 76.3 acre-feet using the WIG.

The protestant submitted information of the actual water use for the Tukey Orchard from 2012 to 2014 from the information contained in WSU, Water System Plan, 2015. The average metered use was 31.37 acre-feet, prior to the orchard removal. As identified above, the anticipated uses at the new site would be approximately 20 acre-feet based on estimates using the new efficient water system design.

The new Spillman well was constructed in 2007. This new well was constructed under RCW 90.44.100(3) as a replacement well to the original well. The well was cased to a depth of 188 feet and completed to a depth of 403 feet. A pump test was conducted in November of 2017 and will be discussed later in the report. The test pumped the well at 450 gallons per minute. The production pump in the well has a capacity of 190 gallons per minute.

Other Rights Appurtenant to the Place of Use

The Spillman Farm has a water right, Certificate 3785-A together w/CC V2P981. This right authorizes 55 gallons per minute, 40 acre-feet per year for domestic supply and irrigation of up to 10 acres. This right was issued to WSU in 1960. The original intent of the water right was to irrigate up to 10 acres within the research area dependent upon seasonal variations of various crops. The beneficial use of water varied depending on the research and crop type. This crop rotation has been in use since the right was issued. A document in the record dated March 4, 2019 from Andre-Denis Wright, Dean to Jim and Jenna Brozik, expressed the concerns of WSU that the existing Spillman right (3785-A) may not have been used to the full extent and subject to relinquishment, therefore the need to transfer a portion of the right under Claim 098523 to the Spillman site.

In review of RCW 90.14.140(1)(g), a water right is exempt from relinquishment for the following:

(g) Temporarily reduced water need for irrigation use where such reduction is due to varying weather conditions, including but not limited to precipitation and temperature, that warranted the reduction in water use, so long as the water user's diversion and delivery facilities are maintained in good operating condition consistent with beneficial use of the full amount of the water right;

And under RCW 90.14.140 (1)(k) for the following:

(k) The reduced use of irrigation water resulting from crop rotation. For purposes of this subsection, crop rotation means the temporary change in the type of crops grown resulting from the exercise of generally recognized sound farming practices. Unused water resulting from crop rotation will not be relinquished if the remaining portion of the water continues to be beneficially used.

Based on the original intent of the water right, the beneficial use based on the varied crop requirements and institutional testing and research, it appears the right has been protected from relinquishment under RCW 90.14.140(1) (g) and (k).

Water Rights Proposed for Change

Ground Water Claim 098523 is a right established in the portfolio of rights for WSU.

Three claims, three certificates, and one permit are appurtenant to the WSU campus. Seven wells have been used since 1938. One of the wells, No. 2, was decommissioned and is no longer in use. The remaining wells and water use were integrated into two systems over the years to meet the delivery, fire control and design needs of the campus. Well No. 8 was drilled and in use. The campus water system is divided into high distribution and low distribution systems to meet pressure control and operational needs. Wells 5, 6, and 8 serve the high system and Wells 1, 3, 4 and 7 serve the low system. The high distribution system has two old wells and one new well (#8). The low distribution system has three old wells and one new well (#7).

Well No.	Instantaneous Capacity	System	Pump HP
1	500 GPM	Low	60
2	Decommissioned	Low	N/A
3	1000 GPM	Low	150
4	1000 GPM	Low	225
5	500 GPM	High	75
6	1500 GPM	High	250
7	2500 GPM	Low	450
8	2500 GPM	High	700

All of the existing wells are constructed into basalt.

The current WSP identifies the Service Area of the existing water rights shown below.



Water Use

A review of the water use data for the source wells on campus for the period of 1937 through 2017 indicated a maximum annual use of 2277 acre-feet in 1984. Beneficial use for 2017 was calculated at 1533 acre-feet. This reduction in use is due to more efficient irrigation systems, conservation and reduction in irrigated areas around campus.

Water Rights

Seven water right documents are appurtenant to the campus. The campus rights are as follows:

Water Right	Qi	Qa	Priority Date	Type	Source
Claim 098522	500	720	1934	Primary*	1
Claim 098523	500	720	1938	Primary	2
Claim 098524	(1000)	(1440)	1946 (not valid)	Not valid*	3
Cert 5070-A	1500	2260	1962	Primary*	4
Cert 5072-A	500	720	1963	Primary	5
G3-22065C	1500	1600	1973	Primary	6, 8
G3-28278P	2500*	2260*	1987	Supplemental*	7
Totals	**5000 GPM**	**5300 AFY**			

*Permit issued with a provision "less those amounts appropriated underground Water Cert. 5070-A, and Ground Water Claims 98522 and 98524. Total combined quantity shall not exceed 2500 gallons per minute, 2260 acre-feet per year."

The above water analysis totals are consistent with the 2015 comprehensive water system plan.

Evaluation of the Water Right Claim

Ground Water Claim 098523 was filed by WSU during the claims registration act. The claim was submitted to Ecology describing the use of water from Well No. 2 in the amount of 500 gallons per minute, 720 acre-feet per year for municipal supply, irrigation and stockwater with the date of first use described as 1938. WSU maintains this vested right through continued water use.

The intent of the Claims Registration Act, Chapter 90.14 RCW was to document those uses of surface water in existence prior to the adoption of the State Surface Water Code, Chapter 90.03 RCW, which was adopted in 1917, and those uses of ground water in existence prior to the adoption of the State Ground Water Code, Chapter 90.44 RCW, which was adopted in 1945. Since each code(s) adoption, the only means of acquiring a water right within the state is by filing for, and receiving, a permit from the Department of Ecology or one of its predecessors or by establishing a right under the "domestic exemption" under the ground water code (RCW 90.44.050). The Department of Ecology recognizes that the final determination of the validity and extent associated with a claim registered in accordance with RCW 90.14 ultimately lies with the Superior Court through the general adjudication process provided for by Sections 90.03.110 through 90.03.240 RCW.

WSU requests a change in point of withdrawal and to add one point of withdrawal at the Spillman Farm.

The existing water system plan for WSU is defined as a Group A Water System by Department of Health (DOH). The system qualifies as a "municipal water supplier" and serves water for "municipal water supply purposes" as defined under RCW 90.03.015.

WSU's water rights are for municipal supply purposes and are not subject to relinquishment under RCW 90.14.140 (2)(d).

Existing Wells:

Well No. 1 is identified as 8" x 223' feet deep. The well was constructed in 1913. The casing is described as 40.6 feet in depth. The land surface elevation is approximately 2364 feet above mean sea level. Static was described as 70 feet below land surface in 1990.

Well No. 2 is identified as 213 feet deep. The well was constructed is 1938. The land surface elevation is approximately 2358 feet above mean sea level. The well was decommissioned and is no longer in use.

Well No. 3 is identified as 16" x 247 feet deep. The well was constructed in 1946. The casing is described as 26 feet below land surface. The static water level is shown as 30 feet below land surface. The land surface elevation is approximately 2366 feet above mean sea level.

Well No. 4 is identified as 20" x 275 feet deep. The well was constructed is 1963. The static water level is 51 feet below land surface. The land surface elevation is approximately 2366 feet above mean sea level. The well casing is described as ending 42 feet below land surface.

Well No. 5 is identified as 10" x 395 feet deep. The well was constructed is 1964. The static water level was 196 feet below ground surface in 1964. The land surface elevation is approximately 2507 feet above mean sea level. The well casing is described as ending 300 feet below land surface.

Well No. 6 is identified as 24" x 702 feet deep. The well was constructed is 1973. The static water level was 196 feet below ground surface in 1964. The land surface elevation is approximately 2535 feet above mean sea level. The well casing is described as ending 395 feet below land surface.

Well No. 7 is identified as 24" x 2225 feet deep. The well was constructed is 1987. The static water level was 154 feet below ground surface in 1987. The land surface elevation is approximately 2415 feet above mean sea level. The well casing is described as ending 1000 feet below land surface.

Well No. 8 is identified as 20" x 812 feet deep. The well was constructed is 2003. The static water level was 333 feet below ground surface. The well casing is described as ending 280 feet below land surface. This well was constructed as an additional point of withdrawal under Certificate G3-22065C. A showing of compliance was submitted.

Hydrogeologic Analysis

Applications for change of water right permits and certificates are governed by RCW 90.44.100, which states in part that: the holder of a valid right to withdraw public groundwaters may, without losing the holder's priority of right, construct wells at a new location in substitution for, or in addition to, those at the original location, or the holder may change the manner or the place of use of the water. Such amendment shall be issued by the Department only on the conditions that; (1) the additional or substitute well or wells shall tap the same body of public groundwater as the original well or wells; (2) use of the original well or wells shall be discontinued upon construction of the substitute well or wells; (3) the construction of an additional well or wells shall not enlarge the right conveyed by the original permit or certificate; and (4) other existing rights shall not be impaired. The Department may specify an approved manner of construction and shall require a showing of compliance with the terms of the amendment.

The proposed project lies near a margin of the Columbia River Basalt Group. A steptoe, consisting of pre-Cenozoic granitic material lies to the southeast of Pullman, just north of Uniontown. Metasedimentary rocks are mapped on the surface to the northwest of that occurrence. Other pre-Cenozoic rocks crop out near Albion to the north of Pullman, and at Kamiak Butte. Surface geology to the west of Pullman

has been mapped as Wanapum Basalt, with small outcroppings of Saddle Mountains Basalt on the highlands toward the Snake River.

In the areas underlain by the Columbia River Basalt Group (CRBG) and not otherwise administratively segregated, there are two major bodies of public ground water: the unconsolidated sediments, and the basalts of the CRBG.

- The unconsolidated zone extends from land surface down to the first solid basalt flow. It consists of unconsolidated and weakly consolidated sediments, chiefly sands and gravels in most of the Columbia Basin, but in the Pullman area consisting largely of loess.
- The basalt zone is part of a large groundwater reservoir occurring in a thick series of basalt flows known as the Columbia River Basalt Group. The thickness of this group of basalt flows varies from a few hundred feet at the Spokane River to over 10,000 feet in the Pasco Basin. These flows include the Saddle Mountain, Wanapum and Grande Ronde formations. These flows are generally interconnected by fractures. Groundwater is found in a system of interconnected aquifers within the formations of the CRBG.

All wells associated with this change application produce water from basalt flows. All wells therefore tap the same body of public groundwater for their source. A survey of literature, existing well logs, and geologic mapping in the vicinity indicates most wells producing water from below approximately 2300 feet MSL produce from the Grande Ronde basalts.

Protests and Concerns

One protest and nine letters of concern were received and are described below.

A protest was submitted by Scott Cornelius of Mennet Acres Subdivision and is summarized as follows:

1) If approved WSU could pump as much water as desired from the Spillman Well.
2) His domestic well is in the same body of water as the Spillman Well and would be impaired by the increase in pumping at the Spillman Farm.

The letter of concern was signed by multiple land owners in the Mennet Acres Subdivision, established around 1958. They are concerned the proposed transfer will have noticeable impact to the multiple landowners and wells in the Mennet Acres Subdivision. They are concerned the pumping of the Spillman Well to serve the new orchard will threaten their 8 wells serving domestic and residential uses to the subdivision.

Ecology investigators, Kevin Brown and Patrick Cabbage met with available land owners on March 28, 2019 to discuss their concerns.



Multiple Water Right claims and two Certificates of Water right are appurtenant to properties within Mennet Acres and described below.

Ground Water Claim 111961 claims a use of 18 gpm, 6 acre-feet per year for domestic supply, irrigation and stockwater on the west half of Lot 13 and Lot 14 of Mennet Acres. The date of first use is claimed as 1958.

Ground Water Claim 060115 claims a use for domestic and irrigation on Lot 8 and 9 of Mennet Acres.

Ground Water Claim 033550 claims the use of 20 gpm, 1.3 acre-feet for domestic, stock and irrigation on Lots 6 and 7 of Mennet Acres. The date of first use is claimed as 1967.

Ground Water Claim 006945 claims the use of 5 gpm, 8 acre-feet for group domestic for two homes, gardens and stock on Lots 4 and 5 of Mennet Acres. The date of first use is claimed as 1969.

Ground Water Claim 006043 claims a use of 10 gpm, 5.4 acre-feet for domestic supply on Lots 1 and 2 of Mennet Acres. The date of first use is claimed as 1966.

Ground Water Claim 003026 claims a use of 6 gpm, 9.7 acre-feet for domestic supply and garden of Lot 3 of Mennet Acres. The date of first use is claimed as 1969.

Surface Water Certificate S3-22815 authorized the use of 0.01 cfs, 1 acre-foot for domestic supply and irrigation of 1 acre on Lot 3, Plat of Mennet Acres. The source is the South Fork Palouse River.

Ground Water Certificate G3-26385 authorized the use of 40 gpm, 19 acre-feet per year for single domestic supply and irrigation of 6 acres. The authorized place of use is described as Lots 10, 11, 12, 16,

17 and a portion of Lot 13, Plat of Mennet Acres. It does not appear this right has been exercised for the irrigation of 6 acres in recent years and may be subject to relinquishment.
One additional residence is located on Lot 15. It does not appear a claim was filed for Lot 15.

Consideration of Protests and Concerns

Aquifer Characteristics, Mining, and Conflicts: The basalt aquifers in the Palouse basin have been the subject of significant study and interest over the years due to concerns about aquifer mining. Geologic limitations on the Palouse basin are currently understood as follows:

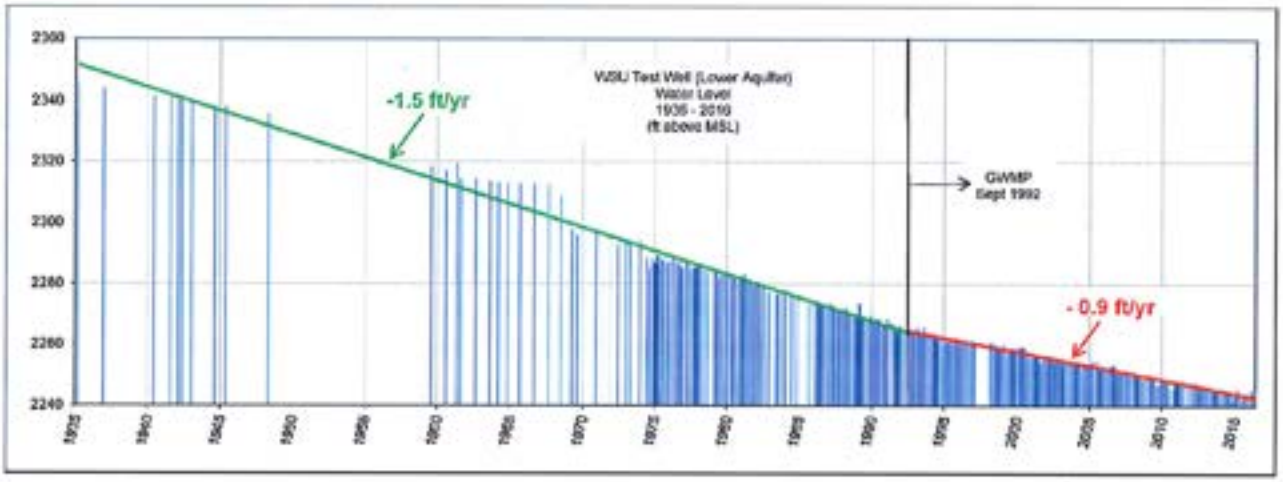
It is postulated the Saddle Mountains Basalt (discussed above) lies in a syncline, which itself lies to the west of an anticline, a basement ridge, or other structural feature, which serves to restrict flow from the Pullman/Moscow area to the west. Consequently, the Palouse basin is isolated hydraulically from the larger Columbia Plateau Province. Additionally, the texture of loess promotes water holding capacity. Limited area of the basin and limited vertical percolation, limits the amount of recharge that is able to reach the basalt within the basin.

The basalt aquifers transmit water most effectively in fracture zones at the top and bottom of individual flows, while the interiors of the flows are massive and dense. Thus, the actual volume of water bearing materials is relatively small for a given thickness of basalt. Additionally, recharge replacement of water into deep basalt flows occurs at a very small rate, unless significant post-emplacement fracturing is present. Balancing use against these geologic constraints is difficult.

In the mid-1970s community concerns about increasing demands on ground water led to several studies on groundwater occurrence and formation of a consortium of local entities (the Palouse Basin Aquifer Committee) to address water supply. In 1992, WSU adopted a groundwater management plan. That plan's goal is to limit annual aquifer pumping increases to one percent (1%) of the pumping volume based on a five (5) year moving average starting with 1986 (642 mgy), while at no time allowing the accumulated total pumping to exceed 125 percent of the 1981 to 1985 average. To date, WSU has actually decreased their pumping in concert with other water purveyors.

The Palouse Basin Aquifer Committee has reported water level measurements in wells throughout the Palouse basin for several decades. Regionally, water levels declined approximately 1.5 feet per year from the late 1800s to 1992. Regionally, water levels have declined approximately 0.9 feet per year from 1992 to the present (see figure on page 14). No evidence indicates this trend will change within the basin due to this request being approved. Local conditions will continue to be monitored for long-term trends. Hydrographs showing regional declines in groundwater levels from approximately 2003 to 2016 can be found at http://palousebasin.org/wp-content/uploads/2018/06/160907_Daily_Hydrographs.pdf

Figure 2
Historical and Current Groundwater Levels



Source: Palouse Basin Aquifer Committee 2016
Note:
GMWP: Ground Water Management Plan

Impairment Considerations

Impairment is an adverse impact on the physical availability of water for a beneficial use that is entitled to protection. "Impair" or "impairment" means to:

- Adversely impact the physical availability of water for a beneficial use that is entitled to protection, including earlier filed applications, and or; 2) to prevent the beneficial use of water to which one is entitled, and/or; 3) to adversely affect the flow of a surface water course at a time when the flows are at or below instream flow levels established by rule. (POL 1200).
- Interrupt or interfere with the availability of water to an adequately constructed groundwater withdrawal facility of an existing right. An adequately constructed groundwater withdrawal facility is one that (a) is constructed in compliance with well construction requirements (WAC 173-160) and (b) fully penetrates the saturated zone of an aquifer or withdraws water from a reasonable and feasible pumping lift.
- Interrupt or interfere with the availability of water at the authorized point of diversion of a surface water right.
- Interrupt or interfere with the flow of water allocated by rule, water rights, or court decree to instream flows.
- Degrade the water quality of the source to the point that the water is unsuitable for beneficial use by existing users (e.g., via seawater intrusion).

Demonstration of impairment would require evidence of a substantial and lasting or frequent impact reflecting such conditions.

The eight wells serving the Mennet Acres on Sand Road subdivision have been constructed over time. Few well logs are available to determine actual construction and date of construction. Discussion with the landowners indicate the wells are all completed into the upper most portion of the basalt aquifer. These wells appear to have been constructed to minimum depth to achieve sufficient water to satisfy domestic use and do not fully penetrate the basalt formation.

The landowners have had to lower pumps, deepen wells and even replace wells over the past 15 years. One of the homeowners provided information regarding requirements to lower their pump. This homeowner reportedly lowered their pump from a depth of 220 feet below ground surface in 1967 to 275 feet below ground surface in 2016. This equates to an average decline in water level of 0.9 feet per year from 1967 to 2016. The decline in water levels observed by the homeowners is consistent with regional decline in the basalt aquifers throughout the Palouse basin as reported by the Palouse Basin Aquifer Committee (see figure above).

Mr. Cornelius installed a water level monitor in his well in 2006 and has retained water level data from his well since that time. In a letter to Ecology dated July 17, 2018, Mr. Cornelius states the water level in his well has dropped nearly 10 feet in the last 12 years. The decline in this well is consistent with the overall decline in the basalt aquifers throughout the Palouse basin.

WSU conducted a pump test of the Spillman Well in November of 2017. WSU pumped approximately 450 gallons per minute from the Spillman well for approximately 12.5 hours. A maximum drawdown of 29 feet was reached in the Spillman well after about 3.5 hours of pumping. No additional drawdown occurred in the Spillman well during the remaining nine hours of pumping.

In the letter dated July 17, 2018, Mr. Cornelius described the response of the water level in his well during the same time period WSU conducted this pumping test. Mr. Cornelius provided a hydrograph of the water level in his well which showed a 0.04 foot decline during the duration of the pumping test. Mr. Cornelius further asserts this demonstrates his well (and by inference the other domestic wells in the Mennet Acres on Sand Road subdivision) is withdrawing water from the same body of public groundwater as the Spillman well.

We agree the domestic wells of the Mennett Acres on Sand Road subdivision (including Mr. Cornelius' well) are likely withdrawing groundwater from the same body of groundwater as the Spillman well. It is our interpretation that a 0.04 foot decline in water level during the pumping test does not constitute impairment.

The change request is not requesting to modify the quantities of water already authorized/claimed for beneficial use. The change to integrate these wells into one dependable source to satisfy the municipal water delivery requirements is the action addressed in this finding.

Draft Posting for Comment

On January 13, 2020, Ecology posted the DRAFT Report of Examination for 30 days on the website for public comment. The protestant and others were notified of the posting. One comment letter was received on February 14, 2020 from Patrick Williams, attorney for Scott Cornelius. Ecology reviewed the comment letter and determined that most of the issues raised were addressed in Cornelius, et al. v. Dept. of Ecology, et al. Supreme Court No. 88317-3 (2015) and United States, Plaintiff: Lummi Nation, Plaintiff-Intervener: vs. Washington Department of Ecology, et al. Supreme Court No. C01-0047Z (2010). This investigation and findings adequately address the remaining issues.

Findings

When considering an application for change to a water right, Ecology must determine that the proposed change can be made without detriment or injury to existing water rights. Factors considered when determining potential impact include the following:

No Impairment to Existing Rights

The conditions of the aquifer in the Moscow Pullman area show a declining trend for many years, currently addressed by entities involved in the Palouse Basin Aquifer Committee through planning and implementation strategies. Data indicates the declining trend has slowed through their efforts. No evidence suggests this change would further adversely affect the physical availability of water for a beneficial use that is entitled to protection, nor prevent beneficial use of water. Instream flows have not been established by rule in this basin, and no water quality impacts are expected through integration of this well.

A review of Ecology records was conducted for existing water rights, permits, applications and claims in the vicinity of the Spillman Farm. The search found no existing water rights in the area which would be impaired through issuance of this application for change to integrate the wells. WSU municipal wells have been continuously used for many years with no reported well interference problems. It is not anticipated the proposed change to integrate the wells will cause impairment.

No Detriment to the Public Welfare

There have been public expressions of protest or concern regarding the subject proposal, but no findings through this investigation indicate that there would be detrimental impact to the public welfare through issuance of the proposed change.

No Enhancement of the Original Right

No withdrawal of water over and above what has been authorized/claimed to beneficial use and/or originally authorized under existing rights will be allowed through approval of this change.

Same Source of Water

The ground water withdrawn at all well locations is considered to be from the same body of public water.

Conclusion

It is the conclusion of this examiner that, in accordance with Chapters 90.03 and 90.44 RCW, this application to integrate the existing water system by adding one (1) existing well will not enlarge the

water right originally claimed for beneficial use, nor will it impair existing rights or be detrimental to the public welfare.

Recommendations

The applicant's request under Ground Water Claim 098523 is approved, subject to the following provisions:

This change authorizes a total of eight (8) wells located as follows:

SOURCE	PARCEL	TWP	RNG	SEC	QQ Q	LATITUDE	LONGITUDE
Well 1	814600000000067	14	45 E.	5	SE¼NW¼	NA	NA
Well 3	814600000000067	14	45 E.	5	SE¼NW¼	NA	NA
Well 4	814600000000067	14	45 E.	5	SE¼NW¼	46.730151	117.171035
Well 5	200004515343600	15	45 E.	34	NE¼SW¼	46.739907	117.127777
Well 6	814500000000004	14	45 E.	4	NW¼NW¼	46.734184	117.156810
Well 7	108550009130000	14	45 E.	5	SW¼NE¼	46.729089	117.169770
Well 8	814500000000004	14	45 E.	4	NE¼NW¼	46.731945	117.149774
Spillman Well	200004614164600	14	45 E.	16	NW¼SE¼	46.696530	117.148700

Datum: NAD83/WGS84

Kevin Brown *February 20, 2020*
Report Writer

If you need this publication in an alternate format, please call Water Resources Program at (360) 407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

APPENDIX B-7

DOH Capacity Table

Water Right Self-Assessment Form for Water System Plan

Mouse-over any link for more information. Click on any link for more detailed instructions.

Water Right Permit, Certificate, or Claim # *If water right is interruptible, identify limitation in yellow section below	WFI Source # If a source has multiple water rights, list each water right on separate line	Existing Water Rights Qi= Instantaneous Flow Rate Allowed (GPM or CFS) Qa= Annual Volume Allowed (Acre-Feet/Year) This includes wholesale water sold				Current Source Production – Most Recent Calendar Year Qi = Max Instantaneous Flow Rate Withdrawn (GPM or CFS) Qa = Annual Volume Withdrawn (Acre-Feet/Year) This includes wholesale water sold				10-Year Forecasted Source Production (determined from WSP) This includes wholesale water sold				20-Year Forecasted Source Production (determined from WSP) This includes wholesale water sold			
		Primary Qi Maximum Rate Allowed	Non-Additive Qi Maximum Rate Allowed	Primary Qa Maximum Volume Allowed	Non-Additive Qa Maximum Volume Allowed	Total Qi Maximum Instantaneous Flow Rate Withdrawn	Current Excess or (Deficiency) Qi	Total Qa Maximum Annual Volume Withdrawn	Current Excess or (Deficiency) Qa	Total Qi Maximum Instantaneous Flow Rate in 10 Years	10-Year Forecasted Excess or (Deficiency) Qi	Total Qa Maximum Annual Volume in 10 Years	10-Year Forecasted Excess or (Deficiency) Qa	Total Qi Maximum Instantaneous Flow Rate in 20 Years	20-Year Forecasted Excess or (Deficiency) Qi	Total Qa Maximum Annual Volume in 20 Years	20-Year Forecasted Excess or (Deficiency) Qa
Claim 098522	1 & Spillman Well	500		720													
Claim 098523	2	500		720													
Claim 098524	3	(1000)		(1440)													
Cert 5070-A	4	1500		2260													
Cert 5072-A	5	500		720													
G3-22065C	6,8	1500		1600													
G3-28278P	7	2500		2260													
	TOTALS =	5000 GPM		5300 AFY		2547 GPM	2453 GPM	1373 AFY	3927 AFY	3052 GPM	1948 GPM	1646 AFY	3654 AFY	3249 GPM	1751 GPM	1752 AFY	3548 AFY
Column Identifiers for Calculations:		A		B		C	=A-C	D	=B-D	E	= A-E	F	=B-F	G	=A-G	H	=B-H

PENDING WATER RIGHT APPLICATIONS: Identify any water right applications that have been submitted to Ecology.

Application Number	New or Change Application?	Date Submitted	Quantities Requested			
			Primary Qi	Non-Additive Qi	Primary Qa	Non-Additive Qa
None						

INTERTIES: Systems receiving wholesale water complete this section. Wholesaling systems must include water sold through intertie in the current and forecasted source production columns above.

Name of Wholesaling System Providing Water	Quantities Allowed In Contract		Expiration Date of Contract	Currently Purchased Current quantity purchased through intertie				10-Year Forecasted Purchase Forecasted quantity purchased through intertie				20-Year Forecasted Purchase Forecasted quantity purchased through intertie			
	Maximum Qi Instantaneous Flow Rate	Maximum Qa Annual Volume		Maximum Qi Instantaneous Flow Rate	Current Excess or (Deficiency) Qi	Maximum Qa Annual Volume	Current Excess or (Deficiency) Qa	Maximum Qi 10-Year Forecast	Future Excess or (Deficiency) Qi	Maximum Qa 10-Year Forecast	Future Excess or (Deficiency) Qa	Maximum Qi 20-Year Forecast	Future Excess or (Deficiency) Qi	Maximum Qa 20-Year Forecast	Future Excess or (Deficiency) Qa
1 -N/A															
2															
3															
TOTALS =															
Column Identifiers for Calculations:	A	B		C	=A-C	D	=B-D	E	=A-E	F	=B-F	G	=A-G	H	=B-H

INTERRUPTIBLE WATER RIGHTS: Identify limitations on any water rights listed above that are interruptible.

Water Right #	Conditions of Interruption	Time Period of Interruption
1		
2		
3		

ADDITIONAL COMMENTS:

Qi for each year based on MDD. Qa based on total annual flow
2021 MDD = 3,667,444 gpd / 24 hours / 60 min = Qi GPM; 2021 Total Flow = 447,698,456 gpy / 326,000 ac-ft/gallon = Qa AFY
2031 MDD = 4,395,383 gpd / 24 hours / 60 min = Qi GPM; 2031 Total Flow = 536,560,186 gpy / 326,000 ac-ft/gallon = Qa AFY
2041 MDD = 4,678,237 gpd / 24 hours / 60 min= Qi GPM; 2041 Total Flow = 571,089,171 gpy / 326,000 ac-ft/gallon = Qa AFY

APPENDIX C

Chapter 3

APPENDIX C-1

Anatek Certification

The State of Washington Department of Ecology

Anatek Labs, Inc - Moscow
Moscow, ID

has complied with provisions set forth in Chapter 173-50 WAC and is hereby recognized by the Department of Ecology as an ACCREDITED LABORATORY for the analytical parameters listed on the accompanying Scope of Accreditation. This certificate is effective March 21, 2022 and shall expire March 20, 2023.

Witnessed under my hand on April 22, 2022

Rebecca Wood
Lab Accreditation Unit Supervisor

Laboratory ID
C595

WASHINGTON STATE DEPARTMENT OF ECOLOGY

ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM

SCOPE OF ACCREDITATION

Anatek Labs, Inc - Moscow

Moscow, ID

is accredited for the analytes listed below using the methods indicated. Full accreditation is granted unless stated otherwise in a note. EPA is the U.S. Environmental Protection Agency. SM is "Standard Methods for the Examination of Water and Wastewater." SM refers to EPA approved method versions. ASTM is the American Society for Testing and Materials. USGS is the U.S. Geological Survey. AOAC is the Association of Official Analytical Chemists. Other references are described in notes.

Matrix/Analyte	Method	Notes
Drinking Water		
Turbidity	EPA 180.1_2_1993	1,8
Bromide	EPA 300.0_2.1_1993	9
Chloride	EPA 300.0_2.1_1993	1
Fluoride	EPA 300.0_2.1_1993	1,8
Nitrate	EPA 300.0_2.1_1993	1,8
Nitrate + Nitrite	EPA 300.0_2.1_1993	1
Nitrite	EPA 300.0_2.1_1993	1,8,9
Orthophosphate	EPA 300.0_2.1_1993	1
Sulfate	EPA 300.0_2.1_1993	1
Perchlorate	EPA 331.0_1.0_2005	1,9
Cyanide, Total	EPA 335.4_1_1993	1,8
Color	SM 2120 B-2011	1,9
Alkalinity	SM 2320 B-2011	1
Hardness (calc.)	SM 2340 B-2011	1
Specific Conductance	SM 2510 B-2011	1
Solids, Total Dissolved	SM 2540 C-2011	1
Cyanide, Weak Acid Dissociable	SM 4500 CN^- I-2011	
pH	SM 4500-H+ B-2011	1,6
Nitrate	SM 4500-$NO3^-$ F-2011	1,8
Nitrate + Nitrite	SM 4500-$NO3^-$ F-2011	1
Nitrite	SM 4500-$NO3^-$ F-2011	1,8
Total Organic Carbon	SM 5310 B-2011	1,9
Anionic Surfactants (MBAS)	SM 5540 C-2011	1
Aluminum	EPA 200.7_4.4_1994	1
Barium	EPA 200.7_4.4_1994	1,8
Beryllium	EPA 200.7_4.4_1994	1

Matrix/Analyte	Method	Notes
Drinking Water		
Boron	EPA 200.7_4.4_1994	
Cadmium	EPA 200.7_4.4_1994	1
Calcium	EPA 200.7_4.4_1994	1
Chromium	EPA 200.7_4.4_1994	1,8
Copper	EPA 200.7_4.4_1994	1,8
Iron	EPA 200.7_4.4_1994	1
Magnesium	EPA 200.7_4.4_1994	1
Manganese	EPA 200.7_4.4_1994	1
Nickel	EPA 200.7_4.4_1994	1,8
Potassium	EPA 200.7_4.4_1994	1
Sodium	EPA 200.7_4.4_1994	1,8
Zinc	EPA 200.7_4.4_1994	
Aluminum	EPA 200.8_5.4_1994	1
Antimony	EPA 200.8_5.4_1994	1,8
Arsenic	EPA 200.8_5.4_1994	1,8
Barium	EPA 200.8_5.4_1994	1,8
Beryllium	EPA 200.8_5.4_1994	1,8
Cadmium	EPA 200.8_5.4_1994	1,8
Chromium	EPA 200.8_5.4_1994	1,8
Copper	EPA 200.8_5.4_1994	1,8
Lead	EPA 200.8_5.4_1994	1,8
Manganese	EPA 200.8_5.4_1994	1
Mercury	EPA 200.8_5.4_1994	1,8
Nickel	EPA 200.8_5.4_1994	1,8
Selenium	EPA 200.8_5.4_1994	1,8
Silver	EPA 200.8_5.4_1994	1
Thallium	EPA 200.8_5.4_1994	1,8
Total Uranium	EPA 200.8_5.4_1994	1,8
Zinc	EPA 200.8_5.4_1994	1
1,2,3-Trichloropropane	EPA 504.1_1.1_1995	1
1,2-Dibromo-3-chloropropane (DBCP)	EPA 504.1_1.1_1995	1,8
1,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 504.1_1.1_1995	1,8
Aldrin	EPA 505_2.1_1995	1
Aroclor-1016 (PCB-1016)	EPA 505_2.1_1995	1,8
Aroclor-1221 (PCB-1221)	EPA 505_2.1_1995	1,8
Aroclor-1232 (PCB-1232)	EPA 505_2.1_1995	1,8
Aroclor-1242 (PCB-1242)	EPA 505_2.1_1995	1,8

Matrix/Analyte	Method	Notes
Drinking Water		
Aroclor-1248 (PCB-1248)	EPA 505_2.1_1995	1,8
Aroclor-1254 (PCB-1254)	EPA 505_2.1_1995	1,8
Aroclor-1260 (PCB-1260)	EPA 505_2.1_1995	1,8
Chlordane (tech.)	EPA 505_2.1_1995	1,8
Dieldrin	EPA 505_2.1_1995	1
Endrin	EPA 505_2.1_1995	1,8
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 505_2.1_1995	1,8
Heptachlor	EPA 505_2.1_1995	1,8
Heptachlor epoxide	EPA 505_2.1_1995	1,8
Methoxychlor	EPA 505_2.1_1995	1,8
Toxaphene (Chlorinated camphene)	EPA 505_2.1_1995	1,8
2,4,5-T	EPA 515.4_1_2000	1
2,4-D	EPA 515.4_1_2000	1,8
2,4-DB	EPA 515.4_1_2000	1
3,5-Dichlorobenzoic acid	EPA 515.4_1_2000	
Acifluorfen	EPA 515.4_1_2000	1
Bentazon	EPA 515.4_1_2000	
Chloramben	EPA 515.4_1_2000	
Dacthal Acid Metabolites	EPA 515.4_1_2000	1
Dalapon	EPA 515.4_1_2000	1,8
Dicamba	EPA 515.4_1_2000	1
Dichloroprop (Dichlorprop)	EPA 515.4_1_2000	1
Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP)	EPA 515.4_1_2000	1,8
Pentachlorophenol	EPA 515.4_1_2000	1,8
Picloram	EPA 515.4_1_2000	1,8
Silvex (2,4,5-TP)	EPA 515.4_1_2000	1,8
3-Hydroxycarbofuran	EPA 531.2_1_2001	1
Aldicarb (Temik)	EPA 531.2_1_2001	1
Aldicarb sulfone	EPA 531.2_1_2001	1
Aldicarb sulfoxide	EPA 531.2_1_2001	1
Carbaryl (Sevin)	EPA 531.2_1_2001	1
Carbofuran (Furaden)	EPA 531.2_1_2001	1,8
Methiocarb (Mesurol)	EPA 531.2_1_2001	1
Methomyl (Lannate)	EPA 531.2_1_2001	1
Oxamyl	EPA 531.2_1_2001	1,8
Propoxur (Baygon)	EPA 531.2_1_2001	1
Glyphosate	EPA 547_1990	1,8

Matrix/Analyte	Method	Notes
Drinking Water		
Diquat	EPA 549.2_1_1997	1,8
Bromoacetic acid (MBAA, BAA)	SM 6251 B-05	1,8
Bromochloroacetic acid (BCAA)	SM 6251 B-05	1
Chloroacetic acid (MCAA, CAA)	SM 6251 B-05	1,8
Dibromoacetic acid (DBAA)	SM 6251 B-05	1,8
Dichloroacetic acid (DCAA)	SM 6251 B-05	1,8
Total haloacetic acids (HAA5)	SM 6251 B-05	1,8
Trichloroacetic acid (TCAA)	SM 6251 B-05	1,8
1,1,1,2-Tetrachloroethane	EPA 524.3_1.0_2009	1
1,1,1-Trichloroethane	EPA 524.3_1.0_2009	1
1,1,2,2-Tetrachloroethane	EPA 524.3_1.0_2009	1
1,1,2-Trichloroethane	EPA 524.3_1.0_2009	1
1,1-Dichloroethane	EPA 524.3_1.0_2009	1
1,1-Dichloroethylene	EPA 524.3_1.0_2009	1
1,1-Dichloropropene	EPA 524.3_1.0_2009	1
1,2,3-Trichlorobenzene	EPA 524.3_1.0_2009	1
1,2,3-Trichloropropane	EPA 524.3_1.0_2009	1
1,2,4-Trichlorobenzene	EPA 524.3_1.0_2009	1
1,2,4-Trimethylbenzene	EPA 524.3_1.0_2009	1
1,2-Dichlorobenzene	EPA 524.3_1.0_2009	1
1,2-Dichloroethane (Ethylene dichloride)	EPA 524.3_1.0_2009	1
1,2-Dichloropropane	EPA 524.3_1.0_2009	1
1,3,5-Trimethylbenzene	EPA 524.3_1.0_2009	1
1,3-Dichlorobenzene	EPA 524.3_1.0_2009	1
1,3-Dichloropropane	EPA 524.3_1.0_2009	1
1,4-Dichlorobenzene	EPA 524.3_1.0_2009	1
2,2-Dichloropropane	EPA 524.3_1.0_2009	
2-Chlorotoluene	EPA 524.3_1.0_2009	1
4-Chlorotoluene	EPA 524.3_1.0_2009	1
4-Isopropyltoluene (p-Cymene)	EPA 524.3_1.0_2009	1
Benzene	EPA 524.3_1.0_2009	1
Bromobenzene	EPA 524.3_1.0_2009	1
Bromochloromethane	EPA 524.3_1.0_2009	1
Bromodichloromethane	EPA 524.3_1.0_2009	1,8
Bromoform	EPA 524.3_1.0_2009	1,8
Carbon disulfide	EPA 524.3_1.0_2009	1
Carbon tetrachloride	EPA 524.3_1.0_2009	1

Matrix/Analyte	Method	Notes
Drinking Water		
Chlorobenzene	EPA 524.3_1.0_2009	1
Chlorodibromomethane	EPA 524.3_1.0_2009	1,8
Chloroethane (Ethyl chloride)	EPA 524.3_1.0_2009	
Chloroform	EPA 524.3_1.0_2009	1,8
cis-1,2-Dichloroethylene	EPA 524.3_1.0_2009	1
cis-1,3-Dichloropropene	EPA 524.3_1.0_2009	1
Dibromomethane	EPA 524.3_1.0_2009	1
Dichlorodifluoromethane (Freon-12)	EPA 524.3_1.0_2009	1
Diethyl ether	EPA 524.3_1.0_2009	1
Ethylbenzene	EPA 524.3_1.0_2009	1
Hexachlorobutadiene	EPA 524.3_1.0_2009	1
Iodomethane (Methyl iodide)	EPA 524.3_1.0_2009	1
Isopropylbenzene	EPA 524.3_1.0_2009	1
m+p-xylene	EPA 524.3_1.0_2009	1
Methyl bromide (Bromomethane)	EPA 524.3_1.0_2009	1
Methyl chloride (Chloromethane)	EPA 524.3_1.0_2009	1
Methyl tert-butyl ether (MTBE)	EPA 524.3_1.0_2009	1
Methylene chloride (Dichloromethane)	EPA 524.3_1.0_2009	1
Naphthalene	EPA 524.3_1.0_2009	1
n-Butylbenzene	EPA 524.3_1.0_2009	1
n-Propylbenzene	EPA 524.3_1.0_2009	1
o-Xylene	EPA 524.3_1.0_2009	1
sec-Butylbenzene	EPA 524.3_1.0_2009	1
Styrene	EPA 524.3_1.0_2009	1
tert-Butylbenzene	EPA 524.3_1.0_2009	1
Tetrachloroethylene (Perchloroethylene)	EPA 524.3_1.0_2009	1
Toluene	EPA 524.3_1.0_2009	1
Total Trihalomethanes	EPA 524.3_1.0_2009	1,8
trans-1,2-Dichloroethylene	EPA 524.3_1.0_2009	1
trans-1,3-Dichloropropylene	EPA 524.3_1.0_2009	1
Trichloroethene (Trichloroethylene)	EPA 524.3_1.0_2009	1
Trichlorofluoromethane (Freon 11)	EPA 524.3_1.0_2009	1
Vinyl chloride	EPA 524.3_1.0_2009	1,8
Xylene (total)	EPA 524.3_1.0_2009	1
2,4-Dinitrotoluene (2,4-DNT)	EPA 525.2_2_1995	1
2,6-Dinitrotoluene (2,6-DNT)	EPA 525.2_2_1995	1
4,4'-DDD	EPA 525.2_2_1995	1

Matrix/Analyte	Method	Notes
Drinking Water		
4,4'-DDE	EPA 525.2_2_1995	1
4,4'-DDT	EPA 525.2_2_1995	1
Acenaphthylene	EPA 525.2_2_1995	1
Acetochlor	EPA 525.2_2_1995	1
Alachlor	EPA 525.2_2_1995	1,8
alpha-BHC (alpha-Hexachlorocyclohexane)	EPA 525.2_2_1995	1
alpha-Chlordane	EPA 525.2_2_1995	1
Anthracene	EPA 525.2_2_1995	1
Atrazine	EPA 525.2_2_1995	1,8
Benzo(a)anthracene	EPA 525.2_2_1995	1
Benzo(a)pyrene	EPA 525.2_2_1995	1
Benzo(g,h,i)perylene	EPA 525.2_2_1995	1
Benzo(k)fluoranthene	EPA 525.2_2_1995	1
Benzo[b]fluoranthene	EPA 525.2_2_1995	1
beta-BHC (beta-Hexachlorocyclohexane)	EPA 525.2_2_1995	1
bis(2-Ethylhexyl) phthalate (DEHP)	EPA 525.2_2_1995	1,8
Bromacil	EPA 525.2_2_1995	1
Butachlor	EPA 525.2_2_1995	1
Butyl benzyl phthalate	EPA 525.2_2_1995	1,8
Chrysene	EPA 525.2_2_1995	1
Cyanazine	EPA 525.2_2_1995	1
delta-BHC	EPA 525.2_2_1995	1
Di(2-ethylhexyl)adipate	EPA 525.2_2_1995	1,8
Diazinon	EPA 525.2_2_1995	1
Dibenz(a,h) anthracene	EPA 525.2_2_1995	1
Diethyl phthalate	EPA 525.2_2_1995	1,8
Dimethyl phthalate	EPA 525.2_2_1995	1,8
Di-n-butyl phthalate	EPA 525.2_2_1995	1,8
EPTC (Eptam, s-ethyl-dipropyl thio carbamate)	EPA 525.2_2_1995	1
Fluorene	EPA 525.2_2_1995	1
gamma-Chlordane	EPA 525.2_2_1995	1
Hexachlorobenzene	EPA 525.2_2_1995	1,8
Hexachlorocyclopentadiene	EPA 525.2_2_1995	1,8
Indeno(1,2,3-cd) pyrene	EPA 525.2_2_1995	1
Metolachlor	EPA 525.2_2_1995	1
Metribuzin	EPA 525.2_2_1995	1
Molinate	EPA 525.2_2_1995	1

Matrix/Analyte	Method	Notes
Drinking Water		
Phenanthrene	EPA 525.2_2_1995	1
Prometon	EPA 525.2_2_1995	1
Propachlor (Ramrod)	EPA 525.2_2_1995	1
Pyrene	EPA 525.2_2_1995	1
Simazine	EPA 525.2_2_1995	1,8
Terbacil	EPA 525.2_2_1995	1
trans-Nonachlor	EPA 525.2_2_1995	1
11-Chloroeicosafluoro-3-oxaundecane-1-sulfonic acid (11-Cl-PF3OUdS)	EPA 533	1
1H,1H,2H,2H,-Perfluorodecanesulfonic acid (8:2 FTS)	EPA 533	1
1H,1H,2H,2H,-Perfluorooctansulfonic acid (6:2 FTS)	EPA 533	1
1H,1H,2H,2H-Perfluorohexanesulfonic acid (4:2 FTS)	EPA 533	1
4,8-Dioxa-3H-perfluorononanoic acid (ADONA)	EPA 533	1
9-Chlorohexadecafluoro-3-oxanonane-1-sulfonic acid (9-Cl-PF3ONS)	EPA 533	1
Hexafluoropropylene oxide dimer acid (HFPO-DA)	EPA 533	1
Nonafluoro-3,6-dioxaheptanoic acid (NFDHA)	EPA 533	1
Perfluoro(2-ethoxyethane)sulfonic acid (PFEESA)	EPA 533	1
Perfluoro-3-methoxypropanoic acid (PFMPA)	EPA 533	1
Perfluoro-4-methoxybutanoic acid (PFMBA)	EPA 533	1
Perfluorobutane sulfonic acid (PFBS)	EPA 533	1
Perfluorobutanoic acid (PFBA)	EPA 533	1
Perfluorodecanoic acid (PFDA)	EPA 533	1
Perfluorododecanoic acid (PFDoA)	EPA 533	1
Perfluoroheptane sulfonic acid (PFHpS)	EPA 533	1
Perfluoroheptanoic acid (PFHpA)	EPA 533	1
Perfluorohexane sulfonic acid (PFHxS)	EPA 533	1
Perfluorohexanoic acid (PFHxA)	EPA 533	1
Perfluorononanoic acid (PFNA)	EPA 533	1
Perfluorooctane sulfonic acid (PFOS)	EPA 533	1
Perfluorooctanoic acid (PFOA)	EPA 533	1
Perfluoropentane sulfonic acid (PFPeS)	EPA 533	1
Perfluoropentanoic acid (PFPeA)	EPA 533	1
Perfluoroundecanoic acid (PFUnA)	EPA 533	1
11-Chloroeicosafluoro-3-oxaundecane-1-sulfonic acid (11-Cl-PF3OUdS)	EPA 537.1 revison 2 (3/20)	10
4,8-Dioxa-3H-perfluorononanoic acid (ADONA)	EPA 537.1 revison 2 (3/20)	10
9-Chlorohexadecafluoro-3-oxanonane-1-sulfonic acid (9-Cl-PF3ONS)	EPA 537.1 revison 2 (3/20)	10
Hexafluoropropylene oxide dimer acid (HFPO-DA)	EPA 537.1 revison 2 (3/20)	10
N-Ethylperfluorooctane sulfonamido acetic acid (NEtFOSAA)	EPA 537.1 revison 2 (3/20)	10

Matrix/Analyte	Method	Notes
Drinking Water		
N-Methylperfluorooctane sulfonamido acetic acid (NMeFOSAA)	EPA 537.1 revison 2 (3/20)	10
Perfluorobutane sulfonic acid (PFBS)	EPA 537.1 revison 2 (3/20)	10
Perfluorodecanoic acid (PFDA)	EPA 537.1 revison 2 (3/20)	10
Perfluorododecanoic acid (PFDoA)	EPA 537.1 revison 2 (3/20)	10
Perfluoroheptanoic acid (PFHpA)	EPA 537.1 revison 2 (3/20)	10
Perfluorohexane sulfonic acid (PFHxS)	EPA 537.1 revison 2 (3/20)	10
Perfluorohexanoic acid (PFHxA)	EPA 537.1 revison 2 (3/20)	10
Perfluorononanoic acid (PFNA)	EPA 537.1 revison 2 (3/20)	10
Perfluorooctane sulfonic acid (PFOS)	EPA 537.1 revison 2 (3/20)	10
Perfluorooctanoic acid (PFOA)	EPA 537.1 revison 2 (3/20)	10
Perfluorotetradecanoic acid (PFTeDA)	EPA 537.1 revison 2 (3/20)	10
Perfluorotridecanoic acid (PFTrDA)	EPA 537.1 revison 2 (3/20)	10
Perfluoroundecanoic acid (PFUnA)	EPA 537.1 revison 2 (3/20)	10
N-Ethylperfluorooctane sulfonamido acetic acid (NEtFOSAA)	EPA 537_1.1_2009	1
N-Methylperfluorooctane sulfonamido acetic acid (NMeFOSAA)	EPA 537_1.1_2009	1
Perfluorobutane sulfonic acid (PFBS)	EPA 537_1.1_2009	1
Perfluorodecanoic acid (PFDA)	EPA 537_1.1_2009	1
Perfluorododecanoic acid (PFDoA)	EPA 537_1.1_2009	1
Perfluoroheptanoic acid (PFHPA)	EPA 537_1.1_2009	1
Perfluorohexane sulfonic acid (PFHxS)	EPA 537_1.1_2009	1
Perfluorohexanoic acid (PFHxA)	EPA 537_1.1_2009	1
Perfluorononanoic acid (PFNA)	EPA 537_1.1_2009	1
Perfluorooctane sulfonic acid (PFOS)	EPA 537_1.1_2009	1
Perfluorooctanoic acid (PFOA)	EPA 537_1.1_2009	1
Perfluorotetradecanoic acid (PFTeDA)	EPA 537_1.1_2009	1
Perfluorotridecanoic acid (PFTrDA)	EPA 537_1.1_2009	1
Perfluoroundecanoic acid (PFUnA)	EPA 537_1.1_2009	1
Endothall	EPA 548.1_1_1992	1,8
Total coli/E.coli - detect	SM 9223 B Colilert 18® (PA)	8
Non-Potable Water		
n-Hexane Extractable Material (O&G)	EPA 1664A_1_1999	1
n-Hexane Extractable Material (O&G)	EPA 1664B -10 (HEM)	1
Turbidity	EPA 180.1_2_1993	1
Chloride	EPA 300.0_2.1_1993	1
Fluoride	EPA 300.0_2.1_1993	1
Nitrate	EPA 300.0_2.1_1993	1
Nitrate + Nitrite	EPA 300.0_2.1_1993	1

Matrix/Analyte	Method	Notes
Non-Potable Water		
Nitrite	EPA 300.0_2.1_1993	1
Orthophosphate	EPA 300.0_2.1_1993	1
Sulfate	EPA 300.0_2.1_1993	1
Perchlorate	EPA 331.0_1.0_2005	7
Cyanide, Total	EPA 335.4_1_1993	1
Phenolics, Total	EPA 420.1_1978	1
Perchlorate	EPA 6850-07	1
Alkalinity	SM 2320 B-2011	1
Hardness (calc.)	SM 2340 B-2011	1
Specific Conductance	SM 2510 B-2011	1
Solids, Total Dissolved	SM 2540 C-2011	1
Solids, Total Suspended	SM 2540 D-2011	1,9
Cyanide, Weak Acid Dissociable	SM 4500 CN^- I-2011	
Cyanides, Amenable to Chlorination	SM 4500-CN^- G-2011	
pH	SM 4500-H+ B-2011	1,6
Ammonia	SM 4500-NH3 G-2011	1
Nitrate	SM 4500-$NO3^-$ F-2011	1
Nitrate + Nitrite	SM 4500-$NO3^-$ F-2011	1
Nitrite	SM 4500-$NO3^-$ F-2011	1
Nitrogen, Total Kjeldahl	SM 4500-Norg C-2011	1,9
Orthophosphate	SM 4500-P F-2011	1
Phosphorus, total	SM 4500-P F-2011	1
Sulfide	SM 4500-$S2^-$ F-2011	9
Total Organic Carbon	SM 5310 B-2011	1
Phenolics, Total	SM 5530 D-2010	1
Mercury	EPA 1631 E-02	1
Aluminum	EPA 200.7_4.4_1994	1
Barium	EPA 200.7_4.4_1994	1
Beryllium	EPA 200.7_4.4_1994	1
Boron	EPA 200.7_4.4_1994	1
Cadmium	EPA 200.7_4.4_1994	1
Calcium	EPA 200.7_4.4_1994	1
Chromium	EPA 200.7_4.4_1994	1
Cobalt	EPA 200.7_4.4_1994	1
Copper	EPA 200.7_4.4_1994	1
Iron	EPA 200.7_4.4_1994	1
Lead	EPA 200.7_4.4_1994	1

Matrix/Analyte	Method	Notes
Non-Potable Water		
Magnesium	EPA 200.7_4.4_1994	1
Manganese	EPA 200.7_4.4_1994	1
Molybdenum	EPA 200.7_4.4_1994	1
Nickel	EPA 200.7_4.4_1994	1
Sodium	EPA 200.7_4.4_1994	1
Tin	EPA 200.7_4.4_1994	1
Titanium	EPA 200.7_4.4_1994	1
Vanadium	EPA 200.7_4.4_1994	1
Zinc	EPA 200.7_4.4_1994	1
Aluminum	EPA 200.8_5.4_1994	1
Antimony	EPA 200.8_5.4_1994	1
Arsenic	EPA 200.8_5.4_1994	1
Barium	EPA 200.8_5.4_1994	1
Beryllium	EPA 200.8_5.4_1994	1
Cadmium	EPA 200.8_5.4_1994	1
Calcium	EPA 200.8_5.4_1994	
Chromium	EPA 200.8_5.4_1994	1
Cobalt	EPA 200.8_5.4_1994	1
Copper	EPA 200.8_5.4_1994	1
Iron	EPA 200.8_5.4_1994	
Lead	EPA 200.8_5.4_1994	1
Magnesium	EPA 200.8_5.4_1994	
Manganese	EPA 200.8_5.4_1994	1
Mercury	EPA 200.8_5.4_1994	1
Molybdenum	EPA 200.8_5.4_1994	1
Nickel	EPA 200.8_5.4_1994	1
Potassium	EPA 200.8_5.4_1994	
Selenium	EPA 200.8_5.4_1994	1
Silver	EPA 200.8_5.4_1994	1
Sodium	EPA 200.8_5.4_1994	
Strontium	EPA 200.8_5.4_1994	
Thallium	EPA 200.8_5.4_1994	1
Tin	EPA 200.8_5.4_1994	
Titanium	EPA 200.8_5.4_1994	
Total Uranium	EPA 200.8_5.4_1994	1
Vanadium	EPA 200.8_5.4_1994	1
Zinc	EPA 200.8_5.4_1994	1

Matrix/Analyte	Method	Notes
Non-Potable Water		
Mercury	EPA 245.7_2005	1
4,4'-DDD	EPA 608.3	1
4,4'-DDE	EPA 608.3	1
4,4'-DDT	EPA 608.3	1
Aldrin	EPA 608.3	1
alpha-BHC (alpha-Hexachlorocyclohexane)	EPA 608.3	1
Aroclor-1016 (PCB-1016)	EPA 608.3	1
Aroclor-1221 (PCB-1221)	EPA 608.3	1
Aroclor-1232 (PCB-1232)	EPA 608.3	1
Aroclor-1242 (PCB-1242)	EPA 608.3	1
Aroclor-1248 (PCB-1248)	EPA 608.3	1
Aroclor-1254 (PCB-1254)	EPA 608.3	1
Aroclor-1260 (PCB-1260)	EPA 608.3	1
beta-BHC (beta-Hexachlorocyclohexane)	EPA 608.3	1
Chlordane (tech.)	EPA 608.3	1
delta-BHC	EPA 608.3	1
Dieldrin	EPA 608.3	1
Endosulfan I	EPA 608.3	1
Endosulfan II	EPA 608.3	1
Endosulfan sulfate	EPA 608.3	1
Endrin	EPA 608.3	1
Endrin aldehyde	EPA 608.3	1
Endrin ketone	EPA 608.3	1
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 608.3	1
Heptachlor	EPA 608.3	1
Heptachlor epoxide	EPA 608.3	1
Methoxychlor	EPA 608.3	1
Toxaphene (Chlorinated camphene)	EPA 608.3	1
1,1,1,2-Tetrachloroethane	EPA 624.1	
1,1,1-Trichloroethane	EPA 624.1	1
1,1,2,2-Tetrachloroethane	EPA 624.1	1
1,1,2-Trichloroethane	EPA 624.1	1
1,1-Dichloroethane	EPA 624.1	1
1,1-Dichloroethylene	EPA 624.1	1
1,1-Dichloropropene	EPA 624.1	1
1,2,3-Trichlorobenzene	EPA 624.1	1
1,2,3-Trichloropropane	EPA 624.1	1

Matrix/Analyte	Method	Notes
Non-Potable Water		
1,2,4-Trimethylbenzene	EPA 624.1	1
1,2-Dibromo-3-chloropropane (DBCP)	EPA 624.1	1
1,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 624.1	1
1,2-Dichlorobenzene	EPA 624.1	1
1,2-Dichloroethane (Ethylene dichloride)	EPA 624.1	1
1,2-Dichloropropane	EPA 624.1	1
1,3,5-Trimethylbenzene	EPA 624.1	1
1,3-Dichlorobenzene	EPA 624.1	1
1,3-Dichloropropane	EPA 624.1	1
1,4-Dichlorobenzene	EPA 624.1	1
2,2-Dichloropropane	EPA 624.1	1
2-Butanone (Methyl ethyl ketone, MEK)	EPA 624.1	
2-Chloroethyl vinyl ether	EPA 624.1	1
2-Chlorotoluene	EPA 624.1	1
2-Hexanone	EPA 624.1	
4-Chlorotoluene	EPA 624.1	1
4-Isopropyltoluene (p-Cymene)	EPA 624.1	1
4-Methyl-2-pentanone (MIBK)	EPA 624.1	
Acrolein (Propenal)	EPA 624.1	1
Acrylonitrile	EPA 624.1	1
Benzene	EPA 624.1	1
Bromobenzene	EPA 624.1	1
Bromochloromethane	EPA 624.1	1
Bromodichloromethane	EPA 624.1	1
Bromoform	EPA 624.1	1
Carbon disulfide	EPA 624.1	
Carbon tetrachloride	EPA 624.1	1
Chlorobenzene	EPA 624.1	1
Chlorodibromomethane	EPA 624.1	1
Chloroethane (Ethyl chloride)	EPA 624.1	1
Chloroform	EPA 624.1	1
cis-1,2-Dichloroethylene	EPA 624.1	1
cis-1,3-Dichloropropene	EPA 624.1	1
Dibromomethane	EPA 624.1	1
Diethyl ether	EPA 624.1	1
Ethylbenzene	EPA 624.1	
Iodomethane (Methyl iodide)	EPA 624.1	1

Matrix/Analyte	Method	Notes
Non-Potable Water		
Isopropylbenzene	EPA 624.1	1
m+p-xylene	EPA 624.1	1
Methyl bromide (Bromomethane)	EPA 624.1	1
Methyl chloride (Chloromethane)	EPA 624.1	1
Methyl tert-butyl ether (MTBE)	EPA 624.1	1
Methylene chloride (Dichloromethane)	EPA 624.1	1
n-Butylbenzene	EPA 624.1	1
n-Propylbenzene	EPA 624.1	1
sec-Butylbenzene	EPA 624.1	1
Styrene	EPA 624.1	1
tert-Butylbenzene	EPA 624.1	
Tetrachloroethylene (Perchloroethylene)	EPA 624.1	1
Toluene	EPA 624.1	1
trans-1,2-Dichloroethylene	EPA 624.1	1
trans-1,3-Dichloropropylene	EPA 624.1	1
trans-1,4-Dichloro-2-butene	EPA 624.1	1
Trichloroethene (Trichloroethylene)	EPA 624.1	1
Trichlorofluoromethane (Freon 11)	EPA 624.1	1
Vinyl chloride	EPA 624.1	1
Xylene (total)	EPA 624.1	1
1,2,4-Trichlorobenzene	EPA 625.1	1
1,2-Dinitrobenzene	EPA 625.1	
1,2-Diphenylhydrazine	EPA 625.1	1
1,3-Dinitrobenzene (1,3-DNB)	EPA 625.1	
1-Methylnaphthalene	EPA 625.1	
2,3,4,6-Tetrachlorophenol	EPA 625.1	1
2,3,5,6-Tetrachlorophenol	EPA 625.1	
2,4,5-Trichlorophenol	EPA 625.1	1
2,4,6-Trichlorophenol	EPA 625.1	1
2,4-Dichlorophenol	EPA 625.1	1
2,4-Dimethylphenol	EPA 625.1	1
2,4-Dinitrophenol	EPA 625.1	1
2,4-Dinitrotoluene (2,4-DNT)	EPA 625.1	1
2,6-Dinitrotoluene (2,6-DNT)	EPA 625.1	1
2-Chloronaphthalene	EPA 625.1	1
2-Chlorophenol	EPA 625.1	1
2-Methylnaphthalene	EPA 625.1	1

Matrix/Analyte	Method	Notes
Non-Potable Water		
2-Methylphenol (o-Cresol)	EPA 625.1	
2-Nitroaniline	EPA 625.1	1
2-Nitrophenol	EPA 625.1	1
3,3'-Dichlorobenzidine	EPA 625.1	1
3-Nitroaniline	EPA 625.1	1
4,6-Dinitro-2-methylphenol	EPA 625.1	1
4-Bromophenyl phenyl ether (BDE-3)	EPA 625.1	1
4-Chloro-3-methylphenol	EPA 625.1	1
4-Chloroaniline	EPA 625.1	1
4-Chlorophenyl phenylether	EPA 625.1	1
4-Methylphenol (p-Cresol)	EPA 625.1	
4-Nitroaniline	EPA 625.1	1
4-Nitrophenol	EPA 625.1	1
Acenaphthene	EPA 625.1	1
Acenaphthylene	EPA 625.1	1
Aniline	EPA 625.1	
Anthracene	EPA 625.1	1
Benzidine	EPA 625.1	1
Benzo(a)anthracene	EPA 625.1	1
Benzo(a)pyrene	EPA 625.1	1
Benzo(g,h,i)perylene	EPA 625.1	1
Benzo(k)fluoranthene	EPA 625.1	1
Benzo[b]fluoranthene	EPA 625.1	1
Benzyl alcohol	EPA 625.1	1
bis(2-Chloroethoxy)methane	EPA 625.1	1
bis(2-Chloroethyl) ether	EPA 625.1	1
bis(2-Chloroisopropyl) ether	EPA 625.1	1
bis(2-Ethylhexyl) phthalate (DEHP)	EPA 625.1	1
Butyl benzyl phthalate	EPA 625.1	1
Carbazole	EPA 625.1	
Chrysene	EPA 625.1	1
Dibenz(a,h) anthracene	EPA 625.1	1
Diethyl phthalate	EPA 625.1	1
Dimethyl phthalate	EPA 625.1	1
Di-n-butyl phthalate	EPA 625.1	1
Di-n-octyl phthalate	EPA 625.1	1
Fluoranthene	EPA 625.1	1

Matrix/Analyte	Method	Notes
Non-Potable Water		
Fluorene	EPA 625.1	1
Hexachlorobenzene	EPA 625.1	1
Hexachlorobutadiene	EPA 625.1	1
Hexachlorocyclopentadiene	EPA 625.1	1
Hexachloroethane	EPA 625.1	1
Indeno(1,2,3-cd) pyrene	EPA 625.1	1
Isophorone	EPA 625.1	1
m+p Cresol	EPA 625.1	
Naphthalene	EPA 625.1	1
Nitrobenzene	EPA 625.1	1
N-Nitrosodimethylamine	EPA 625.1	1
N-Nitroso-di-n-propylamine	EPA 625.1	1
N-Nitrosodiphenylamine	EPA 625.1	1
Pentachlorophenol	EPA 625.1	1
Phenanthrene	EPA 625.1	1
Phenol	EPA 625.1	1
Pyrene	EPA 625.1	1
Pyridine	EPA 625.1	
Fecal coliform-count	SM 9221 B+E1+C (LTB/BGB/EC-MPN)	
Total coliforms-count	SM 9221 B+E1+C (LTB/BGB/EC-MPN)	
E.coli-count	SM 9221 B+F+C (LTB/BGB/EC Mug-MPN)	
Total coliforms-count	SM 9221 B+F+C (LTB/BGB/EC Mug-MPN)	
Solid and Chemical Materials		
Nitrate	EPA 300.0_2.1_1993	
Cyanide, Total	EPA 335.4_1_1993	
Phenolics, Total	EPA 420.1_1978	4
Cyanide, Total	EPA 9012 B-04	
Cyanide, Total	SM 4500-CN^- E-2011	
Cyanides, Amenable to Chlorination	SM 4500-CN^- G-2011	4,9
Ammonia	SM 4500-NH3 G-2011	
Nitrogen, Total Kjeldahl	SM 4500-Norg C-2011	
Phosphorus, total	SM 4500-P F-2011	
Sulfide	SM 4500-$S2^-$ F-2011	9
Aluminum	EPA 6010D_(7/14)	
Antimony	EPA 6010D_(7/14)	4,9
Barium	EPA 6010D_(7/14)	
Beryllium	EPA 6010D_(7/14)	

Matrix/Analyte	Method	Notes
Solid and Chemical Materials		
Cadmium	EPA 6010D_(7/14)	
Calcium	EPA 6010D_(7/14)	
Chromium	EPA 6010D_(7/14)	
Cobalt	EPA 6010D_(7/14)	4
Copper	EPA 6010D_(7/14)	
Iron	EPA 6010D_(7/14)	
Lead	EPA 6010D_(7/14)	4
Magnesium	EPA 6010D_(7/14)	
Manganese	EPA 6010D_(7/14)	
Molybdenum	EPA 6010D_(7/14)	
Nickel	EPA 6010D_(7/14)	
Sodium	EPA 6010D_(7/14)	
Strontium	EPA 6010D_(7/14)	4
Thallium	EPA 6010D_(7/14)	4
Titanium	EPA 6010D_(7/14)	4
Vanadium	EPA 6010D_(7/14)	
Zinc	EPA 6010D_(7/14)	
Aluminum	EPA 6020B_(7/14)	
Antimony	EPA 6020B_(7/14)	
Arsenic	EPA 6020B_(7/14)	
Barium	EPA 6020B_(7/14)	
Beryllium	EPA 6020B_(7/14)	
Boron	EPA 6020B_(7/14)	
Cadmium	EPA 6020B_(7/14)	
Calcium	EPA 6020B_(7/14)	
Chromium	EPA 6020B_(7/14)	
Cobalt	EPA 6020B_(7/14)	
Copper	EPA 6020B_(7/14)	
Iron	EPA 6020B_(7/14)	
Lead	EPA 6020B_(7/14)	
Magnesium	EPA 6020B_(7/14)	
Manganese	EPA 6020B_(7/14)	
Mercury	EPA 6020B_(7/14)	
Molybdenum	EPA 6020B_(7/14)	
Nickel	EPA 6020B_(7/14)	
Potassium	EPA 6020B_(7/14)	
Selenium	EPA 6020B_(7/14)	

Matrix/Analyte	Method	Notes
Solid and Chemical Materials		
Silver	EPA 6020B_(7/14)	
Sodium	EPA 6020B_(7/14)	
Strontium	EPA 6020B_(7/14)	
Thallium	EPA 6020B_(7/14)	
Titanium	EPA 6020B_(7/14)	
Vanadium	EPA 6020B_(7/14)	
Zinc	EPA 6020B_(7/14)	
Methamphetamine	ALI SOP 602	5
4,4'-DDD	EPA 8081B_(2/07)	
4,4'-DDE	EPA 8081B_(2/07)	
4,4'-DDT	EPA 8081B_(2/07)	
Alachlor	EPA 8081B_(2/07)	
Aldrin	EPA 8081B_(2/07)	
alpha-BHC (alpha-Hexachlorocyclohexane)	EPA 8081B_(2/07)	
beta-BHC (beta-Hexachlorocyclohexane)	EPA 8081B_(2/07)	
Chlordane (tech.)	EPA 8081B_(2/07)	
Dacthal (DCPA)	EPA 8081B_(2/07)	
delta-BHC	EPA 8081B_(2/07)	
Diallate	EPA 8081B_(2/07)	
Dieldrin	EPA 8081B_(2/07)	
Endosulfan I	EPA 8081B_(2/07)	
Endosulfan II	EPA 8081B_(2/07)	
Endosulfan sulfate	EPA 8081B_(2/07)	
Endrin	EPA 8081B_(2/07)	
Endrin aldehyde	EPA 8081B_(2/07)	
Endrin ketone	EPA 8081B_(2/07)	
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 8081B_(2/07)	
Heptachlor	EPA 8081B_(2/07)	
Heptachlor epoxide	EPA 8081B_(2/07)	
Isodrin	EPA 8081B_(2/07)	
Methoxychlor	EPA 8081B_(2/07)	
Toxaphene (Chlorinated camphene)	EPA 8081B_(2/07)	
Aroclor-1016 (PCB-1016)	EPA 8082A_(2/07)	
Aroclor-1221 (PCB-1221)	EPA 8082A_(2/07)	
Aroclor-1232 (PCB-1232)	EPA 8082A_(2/07)	
Aroclor-1242 (PCB-1242)	EPA 8082A_(2/07)	
Aroclor-1248 (PCB-1248)	EPA 8082A_(2/07)	

Matrix/Analyte	Method	Notes
Solid and Chemical Materials		
Aroclor-1254 (PCB-1254)	EPA 8082A_(2/07)	
Aroclor-1260 (PCB-1260)	EPA 8082A_(2/07)	
Azinphos-ethyl (Ethyl guthion)	EPA 8141B_2_(2/07)	
Azinphos-methyl (Guthion)	EPA 8141B_2_(2/07)	
Bolstar (Sulprofos)	EPA 8141B_2_(2/07)	
Carbophenothion	EPA 8141B_2_(2/07)	
Chlorfenvinphos	EPA 8141B_2_(2/07)	
Chlorpyrifos	EPA 8141B_2_(2/07)	
Coumaphos	EPA 8141B_2_(2/07)	
Demeton	EPA 8141B_2_(2/07)	
Demeton-o	EPA 8141B_2_(2/07)	
Demeton-s	EPA 8141B_2_(2/07)	
Diazinon	EPA 8141B_2_(2/07)	
Dichlorovos (DDVP, Dichlorvos)	EPA 8141B_2_(2/07)	
Dimethoate	EPA 8141B_2_(2/07)	
Dioxathion	EPA 8141B_2_(2/07)	
Disulfoton	EPA 8141B_2_(2/07)	
EPN	EPA 8141B_2_(2/07)	
Ethion	EPA 8141B_2_(2/07)	4
Ethoprop	EPA 8141B_2_(2/07)	
Famphur	EPA 8141B_2_(2/07)	
Fensulfothion	EPA 8141B_2_(2/07)	
Fenthion	EPA 8141B_2_(2/07)	
Hexamethylphosphoramide (HMPA)	EPA 8141B_2_(2/07)	
Malathion	EPA 8141B_2_(2/07)	
Merphos	EPA 8141B_2_(2/07)	
Methyl parathion (Parathion, methyl)	EPA 8141B_2_(2/07)	
Mevinphos	EPA 8141B_2_(2/07)	
Monocrotophos	EPA 8141B_2_(2/07)	4
Naled	EPA 8141B_2_(2/07)	
Parathion, ethyl	EPA 8141B_2_(2/07)	
Phorate	EPA 8141B_2_(2/07)	
Phosmet (Imidan)	EPA 8141B_2_(2/07)	4
Ronnel	EPA 8141B_2_(2/07)	
Sulfotepp	EPA 8141B_2_(2/07)	
Terbufos	EPA 8141B_2_(2/07)	
Tetrachlorvinphos (Stirophos, Gardona)	EPA 8141B_2_(2/07)	

Matrix/Analyte	Method	Notes
Solid and Chemical Materials		
Tetraethyl pyrophosphate (TEPP)	EPA 8141B_2_(2/07)	
Tokuthion (Prothiophos)	EPA 8141B_2_(2/07)	
Trichloronate	EPA 8141B_2_(2/07)	
2,4,5-T	EPA 8151A_(1/98)	
2,4-D	EPA 8151A_(1/98)	
2,4-DB	EPA 8151A_(1/98)	
5-Hydroxydicamba	EPA 8151A_(1/98)	
Acifluorfen	EPA 8151A_(1/98)	
Bentazon	EPA 8151A_(1/98)	
Chloramben	EPA 8151A_(1/98)	
Dacthal (DCPA)	EPA 8151A_(1/98)	
Dalapon	EPA 8151A_(1/98)	
DCPA di acid degradate	EPA 8151A_(1/98)	
Dicamba	EPA 8151A_(1/98)	
Dichloroprop (Dichlorprop)	EPA 8151A_(1/98)	
Dinoseb (2-sec-butyl-4,6-dinitrophenol, DNBP)	EPA 8151A_(1/98)	
MCPA	EPA 8151A_(1/98)	
MCPP	EPA 8151A_(1/98)	
Pentachlorophenol	EPA 8151A_(1/98)	
Picloram	EPA 8151A_(1/98)	
Silvex (2,4,5-TP)	EPA 8151A_(1/98)	
1,3,5-Trinitrobenzene (1,3,5-TNB)	EPA 8330B_(10/06)	4
1,3-Dinitrobenzene (1,3-DNB)	EPA 8330B_(10/06)	4
2,4,6-Trinitrobenzene	EPA 8330B_(10/06)	4
2,4,6-Trinitrotoluene (2,4,6-TNT)	EPA 8330B_(10/06)	4
2,4-Dinitrotoluene (2,4-DNT)	EPA 8330B_(10/06)	4
2,6-Dinitrotoluene (2,6-DNT)	EPA 8330B_(10/06)	4
2-Amino-4,6-dinitrotoluene (2-am-dnt)	EPA 8330B_(10/06)	4
2-Nitrotoluene	EPA 8330B_(10/06)	4
3-Nitrotoluene	EPA 8330B_(10/06)	4
4-Amino-2,6-dinitrotoluene (4-am-dnt)	EPA 8330B_(10/06)	4
4-Nitrotoluene	EPA 8330B_(10/06)	4
Methyl-2,4,6-trinitrophenylnitramine (tetryl)	EPA 8330B_(10/06)	4
Nitrobenzene	EPA 8330B_(10/06)	4
Octahydro-1,3,5,7-tetranitro-1,3,5,7-tetrazocine (HMX)	EPA 8330B_(10/06)	4
RDX (hexahydro-1,3,5-trinitro-1,3,5-triazine)	EPA 8330B_(10/06)	4
Tetryl (methyl-2,4,6-trinitrophenylnitramine)	EPA 8330B_(10/06)	4

Matrix/Analyte	Method	Notes
Solid and Chemical Materials		
1,1,1,2-Tetrachloroethane	EPA 8260D_4_(6/18)	
1,1,1-Trichloroethane	EPA 8260D_4_(6/18)	
1,1,2,2-Tetrachloroethane	EPA 8260D_4_(6/18)	
1,1,2-Trichloroethane	EPA 8260D_4_(6/18)	
1,1-Dichloroethane	EPA 8260D_4_(6/18)	
1,1-Dichloroethylene	EPA 8260D_4_(6/18)	
1,1-Dichloropropene	EPA 8260D_4_(6/18)	
1,2,3-Trichlorobenzene	EPA 8260D_4_(6/18)	
1,2,3-Trichloropropane	EPA 8260D_4_(6/18)	
1,2,4-Trichlorobenzene	EPA 8260D_4_(6/18)	
1,2,4-Trimethylbenzene	EPA 8260D_4_(6/18)	
1,2-Dibromo-3-chloropropane (DBCP)	EPA 8260D_4_(6/18)	
1,2-Dibromoethane (EDB, Ethylene dibromide)	EPA 8260D_4_(6/18)	
1,2-Dichlorobenzene	EPA 8260D_4_(6/18)	
1,2-Dichloroethane (Ethylene dichloride)	EPA 8260D_4_(6/18)	
1,2-Dichloropropane	EPA 8260D_4_(6/18)	
1,3,5-Trimethylbenzene	EPA 8260D_4_(6/18)	
1,3-Dichlorobenzene	EPA 8260D_4_(6/18)	
1,3-Dichloropropane	EPA 8260D_4_(6/18)	
1,4-Dichlorobenzene	EPA 8260D_4_(6/18)	
2,2-Dichloropropane	EPA 8260D_4_(6/18)	
2-Butanone (Methyl ethyl ketone, MEK)	EPA 8260D_4_(6/18)	
2-Chlorotoluene	EPA 8260D_4_(6/18)	
2-Hexanone	EPA 8260D_4_(6/18)	
4-Chlorotoluene	EPA 8260D_4_(6/18)	
4-Isopropyltoluene (p-Cymene)	EPA 8260D_4_(6/18)	
4-Methyl-2-pentanone (MIBK)	EPA 8260D_4_(6/18)	
Acetone	EPA 8260D_4_(6/18)	
Acrylonitrile	EPA 8260D_4_(6/18)	
Benzene	EPA 8260D_4_(6/18)	
Bromobenzene	EPA 8260D_4_(6/18)	
Bromochloromethane	EPA 8260D_4_(6/18)	
Bromodichloromethane	EPA 8260D_4_(6/18)	
Bromoform	EPA 8260D_4_(6/18)	
Carbon disulfide	EPA 8260D_4_(6/18)	
Carbon tetrachloride	EPA 8260D_4_(6/18)	
Chlorobenzene	EPA 8260D_4_(6/18)	

Matrix/Analyte	Method	Notes
Solid and Chemical Materials		
Chlorodibromomethane	EPA 8260D_4_(6/18)	
Chlorodifluoromethane (Freon-22)	EPA 8260D_4_(6/18)	
Chloroethane (Ethyl chloride)	EPA 8260D_4_(6/18)	
Chloroform	EPA 8260D_4_(6/18)	
cis-1,2-Dichloroethylene	EPA 8260D_4_(6/18)	
cis-1,3-Dichloropropene	EPA 8260D_4_(6/18)	
Dibromochloropropane	EPA 8260D_4_(6/18)	
Dibromomethane	EPA 8260D_4_(6/18)	
Dichlorodifluoromethane (Freon-12)	EPA 8260D_4_(6/18)	
Diethyl ether	EPA 8260D_4_(6/18)	
Ethylbenzene	EPA 8260D_4_(6/18)	
Hexachlorobutadiene	EPA 8260D_4_(6/18)	
Iodomethane (Methyl iodide)	EPA 8260D_4_(6/18)	
Iodomethane (Methyl iodide)	EPA 8260D_4_(6/18)	
Isopropylbenzene	EPA 8260D_4_(6/18)	
m+p-xylene	EPA 8260D_4_(6/18)	
Methyl bromide (Bromomethane)	EPA 8260D_4_(6/18)	
Methyl chloride (Chloromethane)	EPA 8260D_4_(6/18)	
Methyl tert-butyl ether (MTBE)	EPA 8260D_4_(6/18)	
Methylene chloride (Dichloromethane)	EPA 8260D_4_(6/18)	
Naphthalene	EPA 8260D_4_(6/18)	
n-Butylbenzene	EPA 8260D_4_(6/18)	
Nitrobenzene	EPA 8260D_4_(6/18)	
n-Nitroso-di-n-butylamine	EPA 8260D_4_(6/18)	
n-Propylbenzene	EPA 8260D_4_(6/18)	
o-Xylene	EPA 8260D_4_(6/18)	
p-Xylene	EPA 8260D_4_(6/18)	
Pyridine	EPA 8260D_4_(6/18)	
sec-Butylbenzene	EPA 8260D_4_(6/18)	
Styrene	EPA 8260D_4_(6/18)	
tert-Butylbenzene	EPA 8260D_4_(6/18)	
Tetrachloroethylene (Perchloroethylene)	EPA 8260D_4_(6/18)	
Toluene	EPA 8260D_4_(6/18)	
Total Trihalomethanes	EPA 8260D_4_(6/18)	
Total Volatile Petroleum Hydrocarbons (VPH)	EPA 8260D_4_(6/18)	
trans-1,2-Dichloroethylene	EPA 8260D_4_(6/18)	
trans-1,3-Dichloropropylene	EPA 8260D_4_(6/18)	

Matrix/Analyte	Method	Notes
Solid and Chemical Materials		
trans-1,4-Dichloro-2-butene	EPA 8260D_4_(6/18)	
Trichloroethene (Trichloroethylene)	EPA 8260D_4_(6/18)	
Trichlorofluoromethane (Freon 11)	EPA 8260D_4_(6/18)	
Vinyl chloride	EPA 8260D_4_(6/18)	
Xylene (total)	EPA 8260D_4_(6/18)	
1,2,4-Trichlorobenzene	EPA 8270E_6_(6/18)	
1,2-Dibromo-3-chloropropane (DBCP)	EPA 8270E_6_(6/18)	
1,2-Dichlorobenzene	EPA 8270E_6_(6/18)	
1,2-Dinitrobenzene	EPA 8270E_6_(6/18)	
1,2-Diphenylhydrazine	EPA 8270E_6_(6/18)	
1,3,5-Trinitrobenzene (1,3,5-TNB)	EPA 8270E_6_(6/18)	
1,3-Dichlorobenzene	EPA 8270E_6_(6/18)	
1,3-Dinitrobenzene (1,3-DNB)	EPA 8270E_6_(6/18)	
1,4-Dichlorobenzene	EPA 8270E_6_(6/18)	
1,4-Dinitrobenzene	EPA 8270E_6_(6/18)	
1-Methylnaphthalene	EPA 8270E_6_(6/18)	
2,3,4,6-Tetrachlorophenol	EPA 8270E_6_(6/18)	
2,3,5,6-Tetrachlorophenol	EPA 8270E_6_(6/18)	
2,4,5-Trichlorophenol	EPA 8270E_6_(6/18)	
2,4,6-Trichlorophenol	EPA 8270E_6_(6/18)	
2,4-Dichlorophenol	EPA 8270E_6_(6/18)	
2,4-Dimethylphenol	EPA 8270E_6_(6/18)	
2,4-Dinitrophenol	EPA 8270E_6_(6/18)	
2,6-Dinitrotoluene (2,6-DNT)	EPA 8270E_6_(6/18)	
2-Chloronaphthalene	EPA 8270E_6_(6/18)	
2-Chlorophenol	EPA 8270E_6_(6/18)	
2-Methylnaphthalene	EPA 8270E_6_(6/18)	
2-Methylphenol (o-Cresol)	EPA 8270E_6_(6/18)	
2-Naphthylamine	EPA 8270E_6_(6/18)	
2-Nitroaniline	EPA 8270E_6_(6/18)	
2-Nitrophenol	EPA 8270E_6_(6/18)	
3,3'-Dichlorobenzidine	EPA 8270E_6_(6/18)	
3-Nitroaniline	EPA 8270E_6_(6/18)	
4,6-Dinitro-2-methylphenol	EPA 8270E_6_(6/18)	
4-Bromophenyl phenyl ether (BDE-3)	EPA 8270E_6_(6/18)	
4-Chloro-3-methylphenol	EPA 8270E_6_(6/18)	
4-Chloroaniline	EPA 8270E_6_(6/18)	

Matrix/Analyte	Method	Notes
Solid and Chemical Materials		
4-Chlorophenyl phenylether	EPA 8270E_6_(6/18)	
4-Methylphenol (p-Cresol)	EPA 8270E_6_(6/18)	
4-Nitroaniline	EPA 8270E_6_(6/18)	
4-Nitrophenol	EPA 8270E_6_(6/18)	
Acenaphthene	EPA 8270E_6_(6/18)	
Acenaphthylene	EPA 8270E_6_(6/18)	
Aniline	EPA 8270E_6_(6/18)	
Anthracene	EPA 8270E_6_(6/18)	
Azinphos-methyl (Guthion)	EPA 8270E_6_(6/18)	3
Benzidine	EPA 8270E_6_(6/18)	
Benzo(a)anthracene	EPA 8270E_6_(6/18)	
Benzo(a)pyrene	EPA 8270E_6_(6/18)	
Benzo(g,h,i)perylene	EPA 8270E_6_(6/18)	
Benzo(k)fluoranthene	EPA 8270E_6_(6/18)	
Benzo[b]fluoranthene	EPA 8270E_6_(6/18)	
Benzyl alcohol	EPA 8270E_6_(6/18)	
beta-BHC (beta-Hexachlorocyclohexane)	EPA 8270E_6_(6/18)	3
bis(2-Chloroethoxy)methane	EPA 8270E_6_(6/18)	
bis(2-Chloroethyl) ether	EPA 8270E_6_(6/18)	
bis(2-Chloroisopropyl) ether	EPA 8270E_6_(6/18)	
Butyl benzyl phthalate	EPA 8270E_6_(6/18)	
Carbazole	EPA 8270E_6_(6/18)	
Carbophenothion	EPA 8270E_6_(6/18)	
Chlorpyrifos	EPA 8270E_6_(6/18)	3
Chrysene	EPA 8270E_6_(6/18)	
Coumaphos	EPA 8270E_6_(6/18)	3
Demeton-s	EPA 8270E_6_(6/18)	
Di(2-ethylhexyl)adipate	EPA 8270E_6_(6/18)	
Di(2-ethylhexyl)phthalate	EPA 8270E_6_(6/18)	
Dibenz(a,h) anthracene	EPA 8270E_6_(6/18)	
Dibenzofuran	EPA 8270E_6_(6/18)	
Dichlorovos (DDVP, Dichlorvos)	EPA 8270E_6_(6/18)	3
Diethyl phthalate	EPA 8270E_6_(6/18)	
Dimethoate	EPA 8270E_6_(6/18)	3
Dimethyl phthalate	EPA 8270E_6_(6/18)	
Di-n-butyl phthalate	EPA 8270E_6_(6/18)	
Di-n-octyl phthalate	EPA 8270E_6_(6/18)	

Matrix/Analyte	Method	Notes
Solid and Chemical Materials		
Dioxathion	EPA 8270E_6_(6/18)	3,4
Disulfoton	EPA 8270E_6_(6/18)	3
EPN	EPA 8270E_6_(6/18)	
Famphur	EPA 8270E_6_(6/18)	
Fensulfothion	EPA 8270E_6_(6/18)	3
Fenthion	EPA 8270E_6_(6/18)	3
Fluoranthene	EPA 8270E_6_(6/18)	
Fluorene	EPA 8270E_6_(6/18)	
Hexachlorobenzene	EPA 8270E_6_(6/18)	
Hexachlorobutadiene	EPA 8270E_6_(6/18)	
Hexachlorocyclopentadiene	EPA 8270E_6_(6/18)	
Hexachloroethane	EPA 8270E_6_(6/18)	
Indeno(1,2,3-cd) pyrene	EPA 8270E_6_(6/18)	
Isophorone	EPA 8270E_6_(6/18)	
m,p Cresol	EPA 8270E_6_(6/18)	
Malathion	EPA 8270E_6_(6/18)	3
Methyl parathion (Parathion, methyl)	EPA 8270E_6_(6/18)	3
Mevinphos	EPA 8270E_6_(6/18)	3
Monocrotophos	EPA 8270E_6_(6/18)	3,4
Naled	EPA 8270E_6_(6/18)	3
Naphthalene	EPA 8270E_6_(6/18)	
Nitrobenzene	EPA 8270E_6_(6/18)	
n-Nitrosodimethylamine	EPA 8270E_6_(6/18)	
n-Nitroso-di-n-butylamine	EPA 8270E_6_(6/18)	
N-Nitroso-di-n-propylamine	EPA 8270E_6_(6/18)	
n-Nitrosodiphenylamine	EPA 8270E_6_(6/18)	
Parathion	EPA 8270E_6_(6/18)	3
Pentachlorophenol	EPA 8270E_6_(6/18)	
Phenanthrene	EPA 8270E_6_(6/18)	
Phenol	EPA 8270E_6_(6/18)	
Phorate	EPA 8270E_6_(6/18)	3
Phosmet (Imidan)	EPA 8270E_6_(6/18)	3,4
Pyrene	EPA 8270E_6_(6/18)	
Pyridine	EPA 8270E_6_(6/18)	
Sulfotepp	EPA 8270E_6_(6/18)	3
Terbufos	EPA 8270E_6_(6/18)	3
Tetrachlorvinphos (Stirophos, Gardona)	EPA 8270E_6_(6/18)	3

Matrix/Analyte	Method	Notes
Solid and Chemical Materials		
Diesel range organics (DRO)	WDOE NWTPH-Dx_(1997)	2
Gasoline range organics (GRO)	WDOE NWTPH-Gx_(1997)	2

Accredited Parameter Note Detail

(1) Accreditation is based in part on recognition of Florida Department of Health NELAP accreditation. (2) Analytical Methods for Petroleum Hydrocarbons, Publication No. ECY 97-602, June 1997. (3) Tributyl phosphate used for internal standard and normal 8270 surrogates used. (4) Accreditation is limited to water only. (5) Anatek Labs, Inc. SOP for determination of methamphetamine by HPLC-MS. (6) Approved for compliance testing only when holding time is met.(7) Method not approved for NPDES testing. (8)Accreditation based in part on recognition of Idaho Department of Health and Welfare accreditation. (9) Provisional accreditation pending submittal of acceptable Proficiency Testing (PT) results (WAC 173-50-110).(10) Interim accreditation pending the successful completion of an on-site audit to verify method capabilities (WAC 173-50-100).



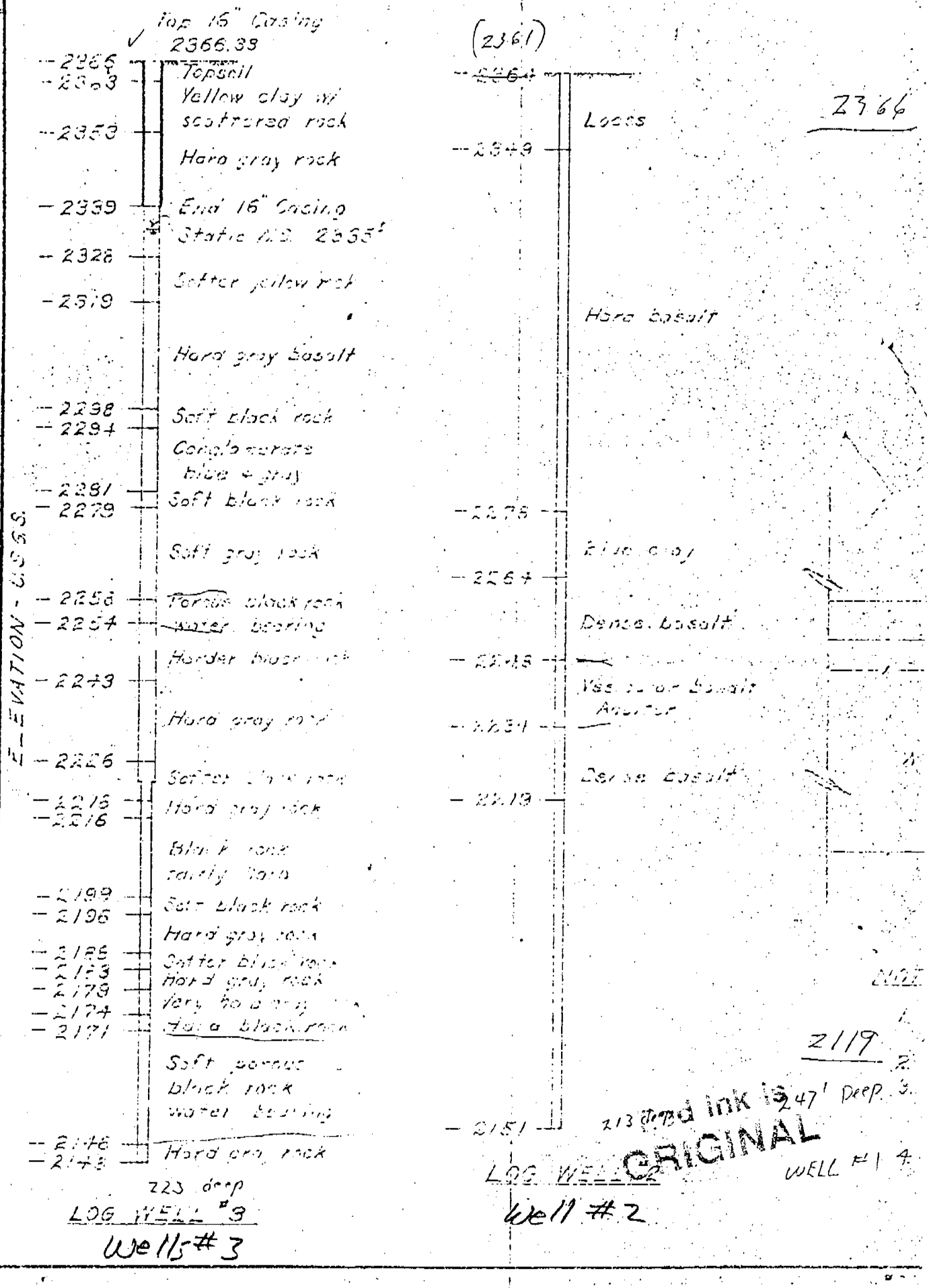
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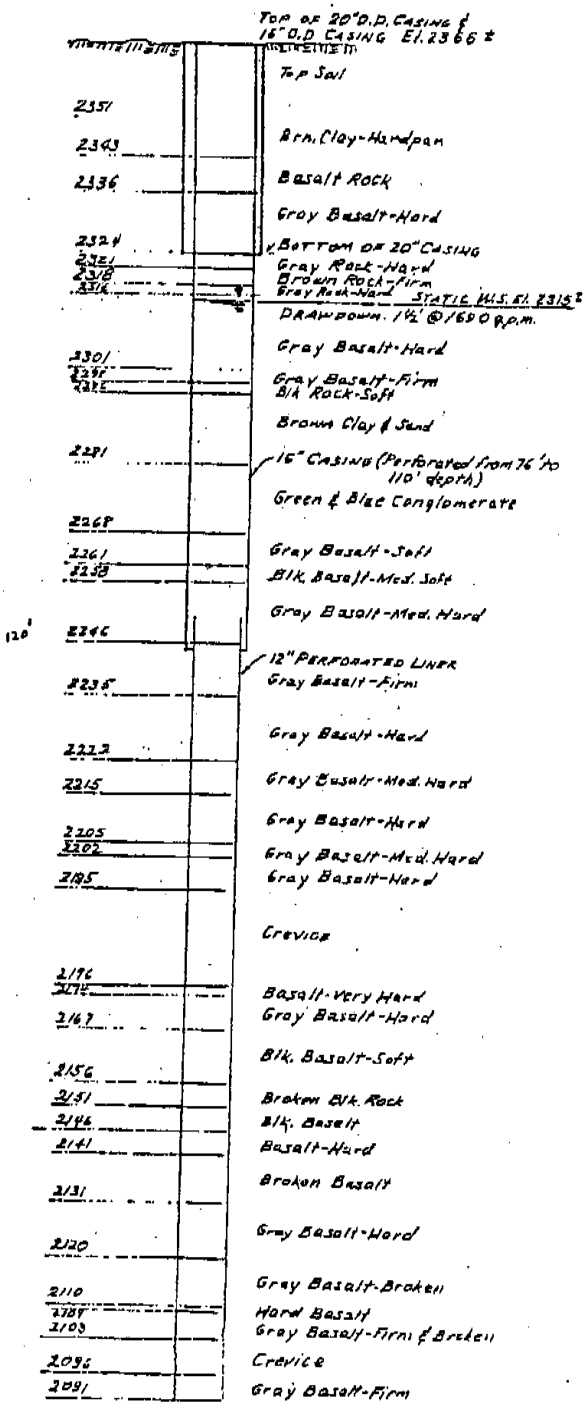
Authentication Signature
Rebecca Wood, Lab Accreditation Unit Supervisor

Date

APPENDIX C-2

WSU Well Logs


ELEVATION - USGS
Top 16" Casing
2366.38
2366
2363
Topsoil
Yellow clay w/ scattered rock
2353
Hard gray rock
2339
End 16" Casing
Static W.L. 2335'
2328
Softer yellow rock
2319
Hard gray basalt
2298
2294
Soft black rock
Conglomerate blue & gray
2281
2279
Soft black rock
Soft gray rock
2258
2254
Porous black rock water bearing
Harder black rock
2243
Hard gray rock
2226
Softer black rock
2216
2216
Hard gray rock
Black rock rarely hard
2199
2196
Soft black rock
Hard gray rock
2186
2183
2178
2174
2171
Softer black rock
Hard gray rock
very hard gray
Hard black rock
Soft porous black rock water bearing
2146
2143
Hard gray rock
225 deep
LOG WELL #3
Well #3
(2361)
2366
Loess
2349
Hard basalt
2278
Fine clay
2267
Dense basalt
2248
Vesicular basalt
2234
Dense basalt
2219
2119
213 deep
2151
Red ink is 247' Deep.
LOG WELL #2
Well #2
WELL #1
ORIGINAL



LOG OF WELL No. 4

Completed 4-3-63 by
HOLMAN DRILLING CORP.

NOTE: Depths & classifications given by Driller.

Log Well # 4

DWN.	WASHINGTON STATE UNIVERSITY PULLMAN, WASHINGTON DEPT. OF BUILDINGS & GROUNDS	SHEET	OF
TR'D.		DWG. NO.	3284
APP'D.			
DATE: 5-15-63		FILE NO.	UC 128
SCALE:			

STATE OF WASHINGTO
DEPARTMENT OF CONSERVATION AND DEVELOPMENT

Well #4 Appli. #6064

WELL LOG No. /

Date April 9, 1963

Record by Driller

Source Driller's Record

Location: State of WASHINGTON

County Whitman

Area

Map

¼ ¼ sec. 5 T. 14 N., R. 45 E. W.

Diagram of Section

Drilling Co. Holman Drilling Corporation

Address 3410 E. 9th, Spokane 31, Washington

Method of Drilling Date Nov. 29, 1962

Owner Washington State University

Address Pullman, Washington

Land surface, datum ft above below

Correlation	Material	Thickness (feet)	Depth (feet)
	(Transcribe driller's terminology literally but paraphrase as necessary, in parentheses. If material water-bearing, so state and record static level if reported. Give depths in feet below land-surface datum unless otherwise indicated. Correlate with stratigraphic column, if feasible. Following log of materials, list all casings, perforations, screens, etc.)		
	Top soil	15	15
	Brown clay	8	23
	Basalt, hard	45	68
	Brown sandy clay	17	85
	Green & blue, conglomerate	13	98
	Basalt, soft water bearing	10	108
	Basalt, medium hard	28	136
	Basalt, hard	63	199
	Basalt, soft	11	210
	Basalt, soft & fractured water bearing	10	220
	Basalt, medium hard fractured	15	235
	Basalt, hard very broken, water bearing	28	263
	Basalt, crevice, hard water bearing	7	270

Turn up

Sheet ... of ... sheets

APR 2 3 19[illegible]

PHYSICAL PL[illegible]			
CC	RT	TO	INIT
		DIR	
		A DIR	
		ENGR	
		WMC	
		PWR PLT	
		M/C	
		ADM	
Comments			
Respond			
Your Info/File			
Note & Dist			
Control File			
Pers. File			

App 6405

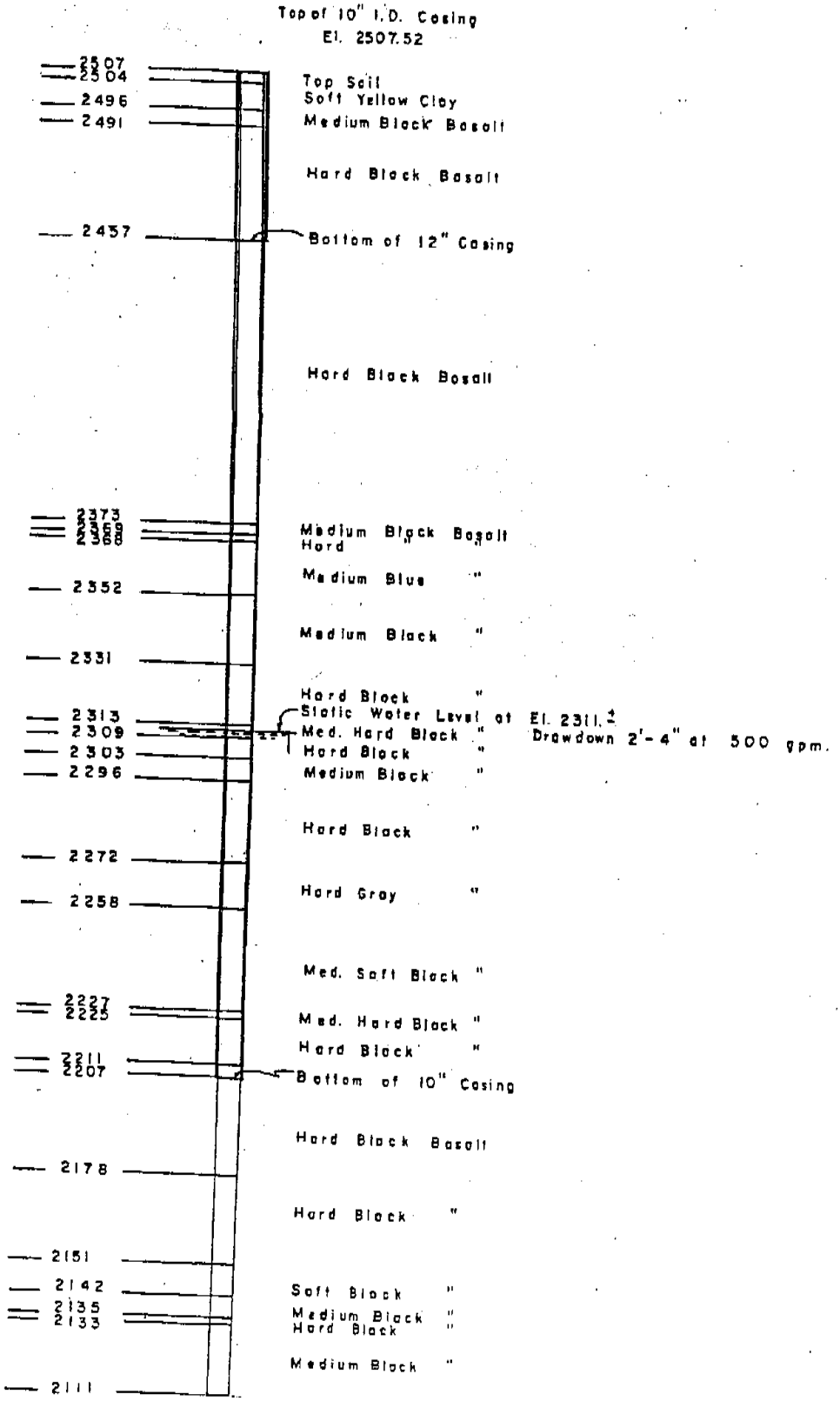
WELL LOG.—Continued

No. 1

CORRELATION	MATERIAL	THICKNESS (feet)	DEPTH (feet)
	Depth forward	———	
	Basalt, hard	5	275
	Casing: 20 O.D. from 0 to 40'		
	16 O.D. from +2 to 121.5'		
	12 I.D. from 116 to 263'		
	Perforated from 65 to 102'		
	206 to 261'		
	SWL: 30.88' on 4-8-63		
	Yields 1750 gpm with 1.22' DD after 6 hours		
	Instantaneous recovery		
	(April 8, 1963)		
	Pump: 175 hp, turbine		
	Pumped 1974 — ~~212 716 000~~ 279 725 000		

S. F. No. 7449—OS—6-61—2M.

LOG OF WELL NO. 5



(1) OWNER:
Name Washington State Dept. of
Address Pullman, Washington

(2) LOCATION OF WELL:
County Whitman
NE ¼ SW ¼ Section 36 T. 15 N. R. 45 E. W.M.
Bearing and distance from section or subdivision corner
500 feet north 50° west from southeast corner of NE1/4 SW 1/4 Sec. 36

(3) TYPE OF WORK (check):
New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐
If abandonment, describe material and procedure in Item 12.

(4) PROPOSED USE (check):
Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

(5) TYPE OF WELL:
Rotary ☐ Driven ☐
Cable ☒ Jetted ☐
Dug ☐ Bored ☐

(6) CASING INSTALLED:
12 " Diam. from +2 ft. to 30 ft. Gage Standard
10 " Diam. from +2 ft. to 30 ft. Gage Standard
" Diam. from ft. to ft. Gage
Threaded ☐ Welded ☐

(7) PERFORATIONS:
Perforated? ☐ Yes ☒ No
Type of perforator used
Size of perforations in by in
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(8) SCREENS:
Manufacturer's Name
Type
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(9) CONSTRUCTION:
Was well gravel packed? ☐ Yes ☐ No
Gravel placed from ft. to ft.
Was a surface seal provided? ☒ Yes ☐ No To what depth? 50 ft.
Material used in seal Bentonite Cement
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? Depth of strata
Method of sealing strata off

(10) WATER LEVELS:
Static level 196 ft. 7 " below land surface Date Jan-64
Artesian pressure lbs. per square inch Date
Water is controlled by (Cap, valve, etc.)

(11) WELL TESTS:
Was a pump test made? ☐ Yes ☐ No If yes, by whom?
gal/min with ft. drawdown after hrs.
gal/min with ft. drawdown after hrs.
Bailer test gal/min with ft. drawdown after hrs.
Airlift test gal/min with ft. drawdown after hrs.
Artesian flow Date
Temperature of water Was a chemical analysis made? ☐ Yes ☐ No

(12) WELL LOG:
Diameter of well 12 " x 10 in.
Depth drilled 396 ft. Depth of completed well 396 ft.
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Top Soil	0	3
Clay	3	11
Basalt Dark	11	139
Blue Clay	139	155
Basalt Dark	155	225
Lost Water at 180 ' hole		
sucking air		
Basalt Grey	225	249
Broken Basalt Dark	249	280
Basalt Dark	280	296
Dark Broken Basalt	296	300
Basalt Dark	300	365
Broken Basalt	365	372
Lost Cuttings 365 ' - 372 '		
Basalt Dark	372	396

Work started Sept. 16 1963 Completed Feb. 4 1964

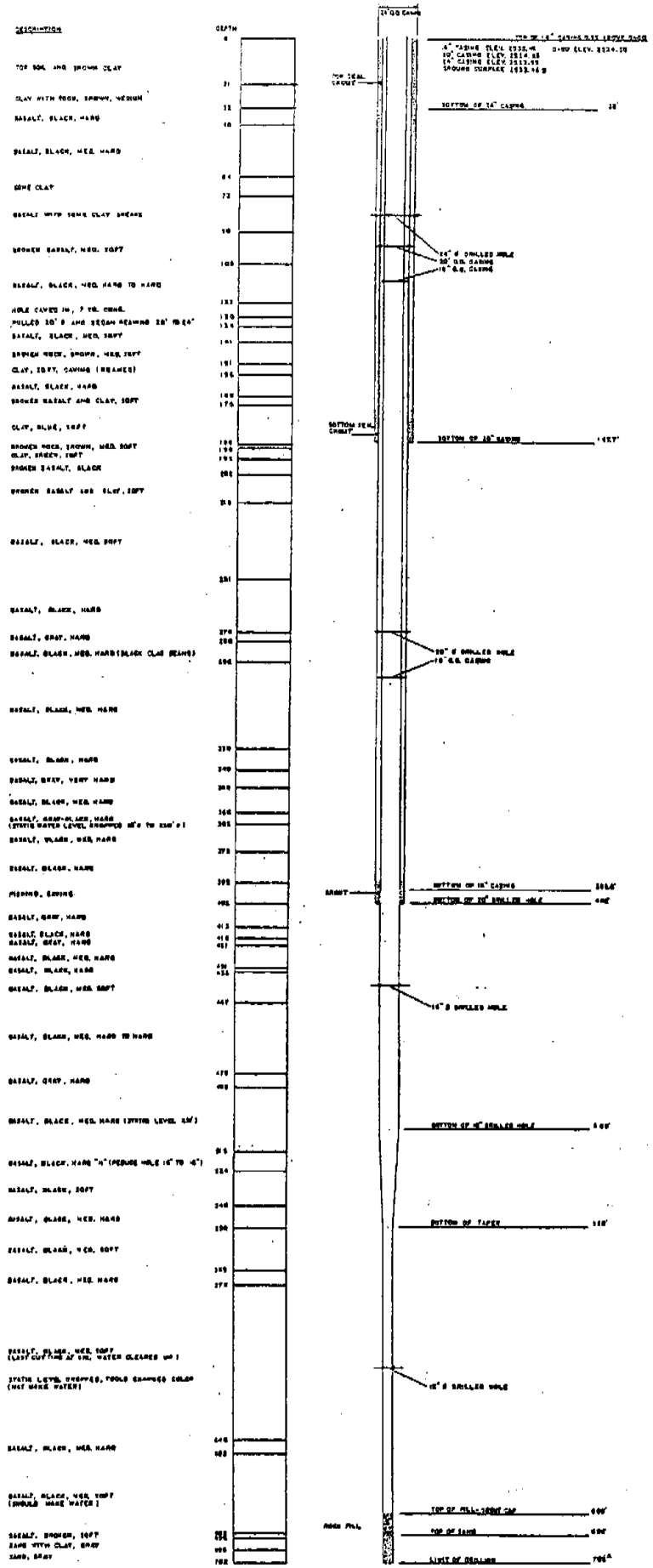
(13) PUMP:
Manufacturer's Name
Type

Well Driller's Statement:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Chas. Jungmann Drilling Co.
NAME By Chas. Jungmann (Person, firm, or corporation) (Type or print)
Address 115 Rees Ave. P. O. Box 423
Walla Walla, Washington
[Signed] Redink
223 02 119160 Well Driller
License No. Contractor Date February 20 1964

ORIGINAL

(USE ADDITIONAL SHEETS IF NECESSARY)

U. S. Reg. 1209—Rev. 1-62, 8-62—5M 75168



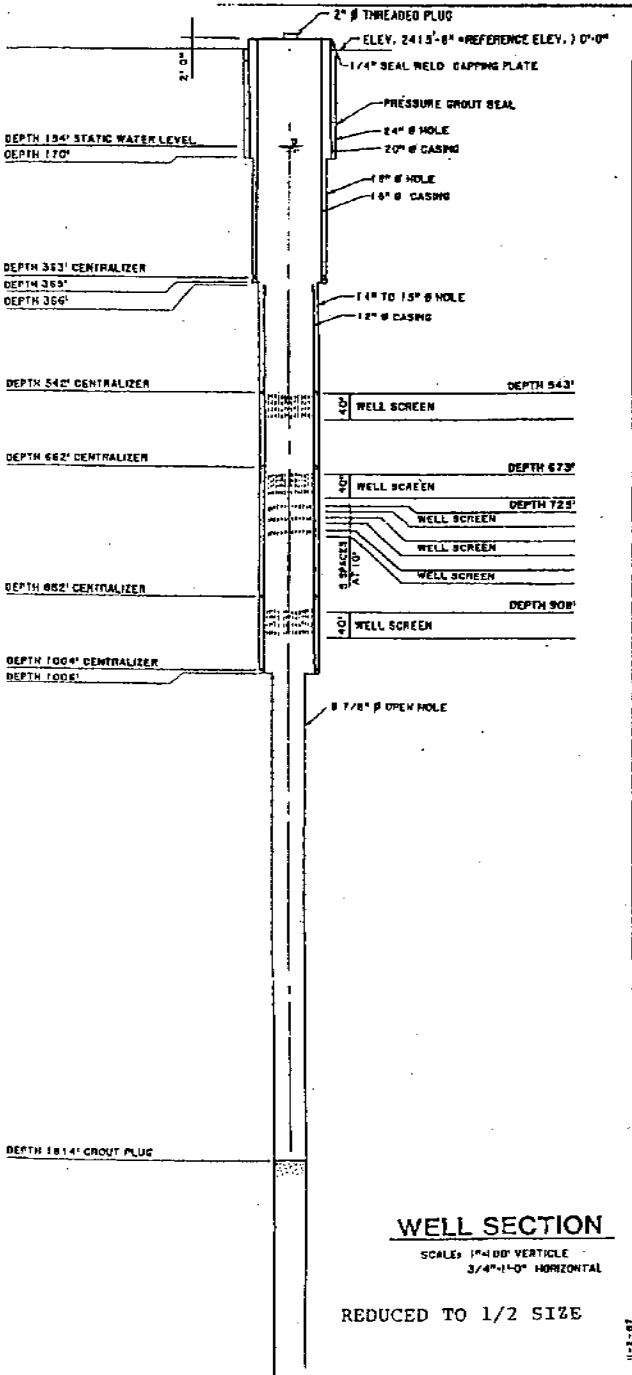
REDUCED TO 1/2 SIZE

W.S.U. PHYSICAL PLANT

VERTICAL SECTION WELL NO. 6

WASHINGTON STATE UNIVERSITY
PHYSICAL PLANT, WASHINGTON
DEPT. OF PHYSICAL PLANT

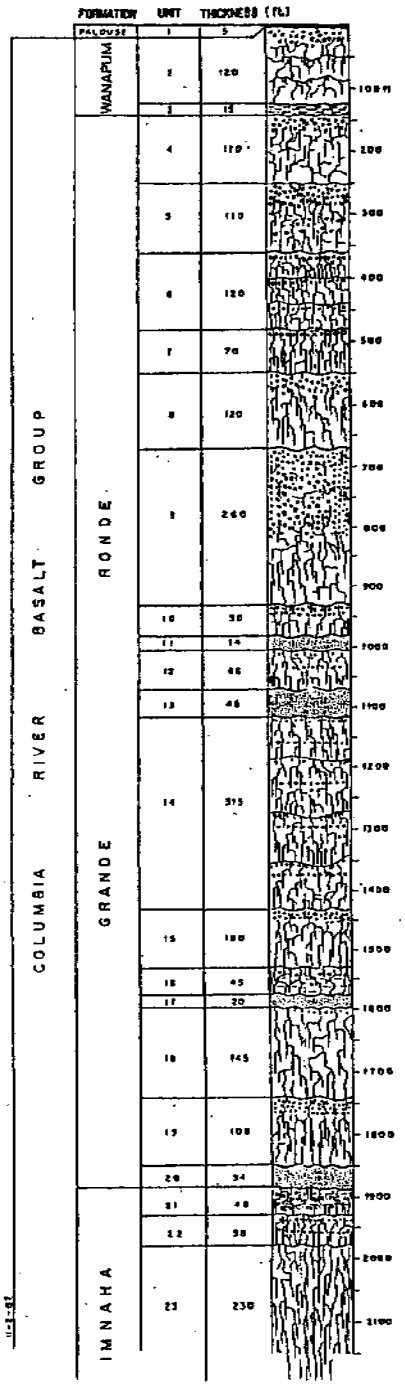
DRAWING NO. 4-432



WELL SECTION

SCALE: 1"=100' VERTICLE
3/4"=1'-0" HORIZONTAL

REDUCED TO 1/2 SIZE



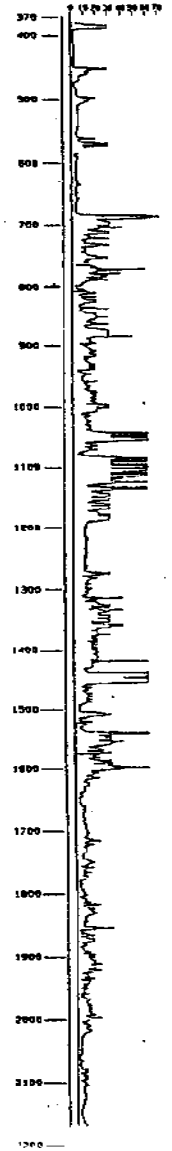
*LITHOGRAPHIC LOG W.S.U. WELL NO. 7

Unit No.	Description	Thickness (Ft.)	Interval (Ft.)
	Palouse Formation		
1	Loess	5	0-5
	Columbia River Basalt Group		
	Wanapum Formation		
	Priest Rapids Member		
2	Basalt, medium light gray, coarse-grained, plagioclase and olivine micro phenocrysts, finely vesicular at top.	120	5-125
3	Claystone and siltstone, greyish yellow, arenaceous with angular quartz and feldspar, poor sample.	15	125-140
	Grande Ronde Formation		
4	Basalt, dark gray, fine-grained, aphyric, interpreted as one flow, sample recovery poor.	110	140-250
5	Basalt, medium gray, fine-grained, aphyric, highly iron stained, interpreted as one flow with 40 ft scoriaceous top, basal 20 ft vesicular in places.	110	250-360
6	Basalt, medium gray to brownish gray, fine-grained, one flow or one flow with three-flow units, interpreted from alternating three dense and non-dense zones visible on the geophysics logs.	120	360-480
7	Basalt, medium dark gray, fine-grained, aphyric, one flow.	70	480-550
8	Basalt, medium dark gray, fine-grained, aphyric, upper 30 ft scoriaceous, represents one distinct flow.	120	550-670
9	Basalt, dark gray, fine-grained, aphyric, upper 100 ft vesicular, with dark gray green clay, vesicle fillings, approximat 20 ft soft red clayey red may represent topsoil, and/or many root material. Interpreted as thick flow with thick scoriaceous top containing many root fragments.	260	670-930
10	Basalt, sample not collected, neutron-neutron logs indicate thin flow unit similar to overlying flow.	30	930-960
11	Sandstone, silt and pepper, medium-grained, angular quartz and basalt grains, minor vesicovile, considerable sample loss, thickness interpreted from natural gamma log.	14	960-1004
12	Basalt, black, fine-grained, aphyric, vesicular in places.	66	1004-1070
13	Sand, yellowish-gray, coarse-grained, angular, weakly cemented, quartz and basalt grains.	45	1070-1115
14	Basalt, black, very-fine-grained, aphyric, pyrite in places, alternating dense and less dense zones, scoria zones in places, interpreted as several similar flows or flow units.	315	1115-1430
15	Basalt, dark-gray, fine-grained, aphyric, scoriaceous upper 20 ft.	100	1430-1530
16	Basalt, medium-gray, aphyric, vesicular with yellow-gray clay, vesicular in places, interpreted as weathered scoria.	45	1530-1573
17	Sand, light gray, coarse-grained, with vesicovile and basalt grains, poor sample.	20	1585-1591
18	Basalt, dark-gray, fine-grained, aphyric.	145	1595-1700
19	Basalt, greyish black, fine-grained, aphyric, interpreted as one flow from neutron-neutron log, with 25 ft scoriaceous top.	100	1700-1048
20	Sand, light gray, very coarse-grained, angular with minor amounts of feldspar, vesicovile and basalt grains.	21	1848-1862
21	Imnaha Formation		
	Basalt, dark gray, minor plagioclase phenocrysts with clay, light gray, soft drilling, in places clay controls small vesicles, unit interpreted as weathered flow top, simular textile material from overlying interval.	48	1862-1970
22	Basalt, dark gray, medium-grained, abundant plagioclase phenocrysts, alternating dense and less dense units, interpreted to be similar to underlying unit.	58	1930-1988
23	Basalt, dark gray, medium-grained, abundant plagioclase phenocrysts, neutron-neutron log indicates consistent density from 2065 to 2230 ft with less dense possible flow top from 1990 to 2210 ft.	230	1988-2218
24	Claystone, light greenish gray to yellowish gray, wood fragments.	15	2218-2233

* Lithology interpreted from a combination of geophysical logs, chip samples and drillers log by John Busch & Linda Hayden.

GEOLOGRAPH RECORD

PENETRATION RATE
FEET / HR.



WASHINGTON STATE UNIVERSITY
WATER WELL NO. 7
PLATE I
WELL CONSTRUCTION, GEOLOGY
AND GEOLOGRAPH INFORMATION

DRAWN BY: G.R.H. M.W.
CHECKED BY: M.W.
SCALE: AS NOTED
DATE: 11/11/87
JOB NO. 0939
SHEET PLATE I OF

Hart-Crowser Engineers
CONSULTING ENGINEERS
SEATTLE, WASH. SPOKANE, WASH. LEWISTON, IDAHO

RECEIVED
MAR 08 1988
WCHWRD

Well #8

Please print, sign and return to the Department of Ecology

138651

Water Well Report

Original – Ecology, 1st copy – owner, 2nd copy – driller

RECEIVED
SEP 17 2003

RECEIVED
SEP 22 2003
DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE

Construction/Decommission

☑ Construction
☐ Decommission *ORIGINAL INSTALLATION Notice of Intent Number* WE00919

Current Notice of Intent No. WE00919

Unique Ecology Well ID Tag No. AHG660

Water Right Permit No. G3-22065C

Property Owner Name Washington State University

Well Street Address Wilson Road and Hog Lane

City Pullman County Whitman

Location NW1/4-1/4 NW1/4 Sec 4 Twn 14 R 45 EWM or WWM ☑ circle one

Lat/Long (s, t, r still REQUIRED) Lat Deg _____ Lat Min/Sec _____

Long Deg _____ Long Min/Sec _____

Tax Parcel No. _____

PROPOSED USE: ☐ Domestic ☐ Industrial ☑ Municipal ☐ DeWater ☐ Irrigation ☐ Test Well ☐ Other _____

TYPE OF WORK: Owner's number of well (if more than one) campus well #8

☑ New well ☐ Reconditioned ☐ Deepened *Method:* ☐ Dug ☐ Bored ☐ Driven ☐ Cable ☑ Rotary ☐ Jetted

DIMENSIONS: Diameter of well 16 inches, drilled 812 ft.
Depth of completed well 812 ft.

CONSTRUCTION DETAILS

Casing installed: ☑ Welded 20" Diam. from 0 ft. to 66 ft.
☐ Liner installed 16" Diam. from 0 ft. to 812 ft.
☐ Threaded _____" Diam. from _____ ft. to _____ ft.

Perforations: ☐ Yes ☑ No
Type of perforator used _____
SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.

Screens: ☑ Yes ☐ No ☐ K-Pac Location _____
Manufacturer's Name See attached sheet for screen information
Type _____ Model No. _____
Diam. _____ Slot size _____ from _____ ft. to _____ ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel/Filter packed: ☑ Yes ☐ No ☐ Size of gravel/sand pea gravel
Materials placed from 285 ft. to 750 ft.

Surface Seal: ☑ Yes ☐ No To what depth? 280 ft.
Material used in seal neat cement
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

PUMP: Manufacturer's Name _____
Type: _____ H.P. _____

WATER LEVELS: Land-surface elevation above mean sea level _____ ft.
Static level 333 ft. below top of well Date 3-31-03
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (cap, valve, etc.)

WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? ☑ Yes ☐ No If yes, by whom? Layne of W
Yield: 2500 gal./min. with 100 ft. drawdown after 12 hrs.
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
2000	436	2005	337	2010	337
2015	337	2020	337	2025	337

Date of test 9/15/03
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water 53° Was a chemical analysis made? ☑ Yes ☐ No

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information indicate all water encountered. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
Tan clay	0	38
Clay with gravel	38	42
Brown clay	42	66
Black basalt	66	115
Grey basalt	115	223
Black basalt w/ green claystone	223	235
Green clay w/ green claystone	235	246
Broken black w/ green claystone	246	280
Black w/ grey basalt	280	345
Black w/ brown scoria	345	373
Black Basalt	373	455
Black w/ black scoria	455	465
Black Basalt	465	500
Black w/ brown scoria	500	514
Black basalt	514	528
Grey basalt	528	543
Black w/ brown scoria & green claystone	543	557
Grey basalt (hard)	557	578
Black w/ black scoria	578	595
Black basalt	595	642
Black basalt w/ green claystone minerals	642	686
Broken black basalt	686	691
Black basalt	691	719
Black w/ green claystone	719	754
Gravels and cobbles	754	758
Black basalt - fractured	758	759
Sand & gravels	759	762
Cemented gravels	762	801
Cemented gravels - tight	801	810
Cemented gravels	810	812

Start Date 2-26-03 Completed Date 7-03-03

WELL CONSTRUCTION CERTIFICATION: I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

Driller/Engineer/Trainee Name (Print) Robert Stalker
Driller/Engineer/Trainee Signature _____
Driller or trainee License No. 1789

Drilling Company Geo-Tech Explorations, Inc.
Address 19700 S.W. Teton Ave.
City, State, Zip Tualatin, OR 97062
Contractor's Registration No. 100CZ Date 9/15/03

If TRAINEE,
Driller's Licensed No. _____
Driller's Signature _____

Ecology is an Equal Opportunity Employer. ECY 050-1-20 (Rev 2/03)

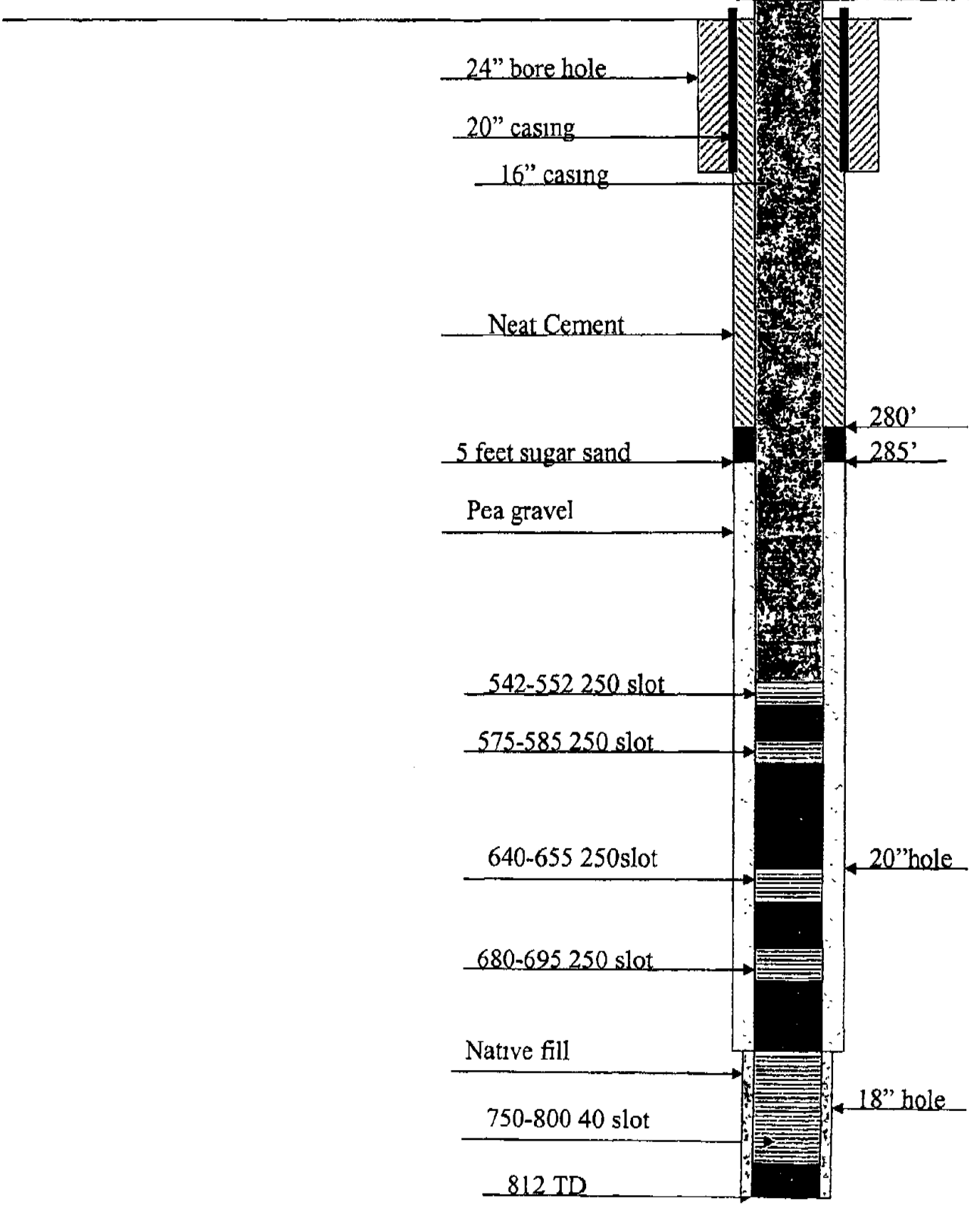
The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

The Dep. The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

138651

As Build for WSU # 8

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DEPARTMENT OF ECOLOGY
EASTERN REGIONAL OFFICE



The Dep The Department of Ecology does NOT Warranty the Data and/or the Information on this Well Report.

138651

Screen Information for WSU Well #8

Screens X Yes __ No __ K-Pac Location _____
Manufacturer s Name __Johnson Screens
Type 304 Stainless Model No 304

Diam 16 Slot size 250 from 542 ft to 552 ft

Diam 16 Slot size 250 from 575 ft to 585 ft

Diam 16 Slot size 250 from 640 ft to 655 ft

Diam 16 Slot size 250 from 680 ft to 695 ft

Diam 16 Slot size 40 from 750 ft to 800 ft

Diam _____ Slot size ____ from ___ ft to ___ ft

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SEP 2 2 2003
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EASTERN REGIONAL OFFICE

APPENDIX C-3

Pump Curves for Transfer Stations Pumps and Wells 6, 7, 8

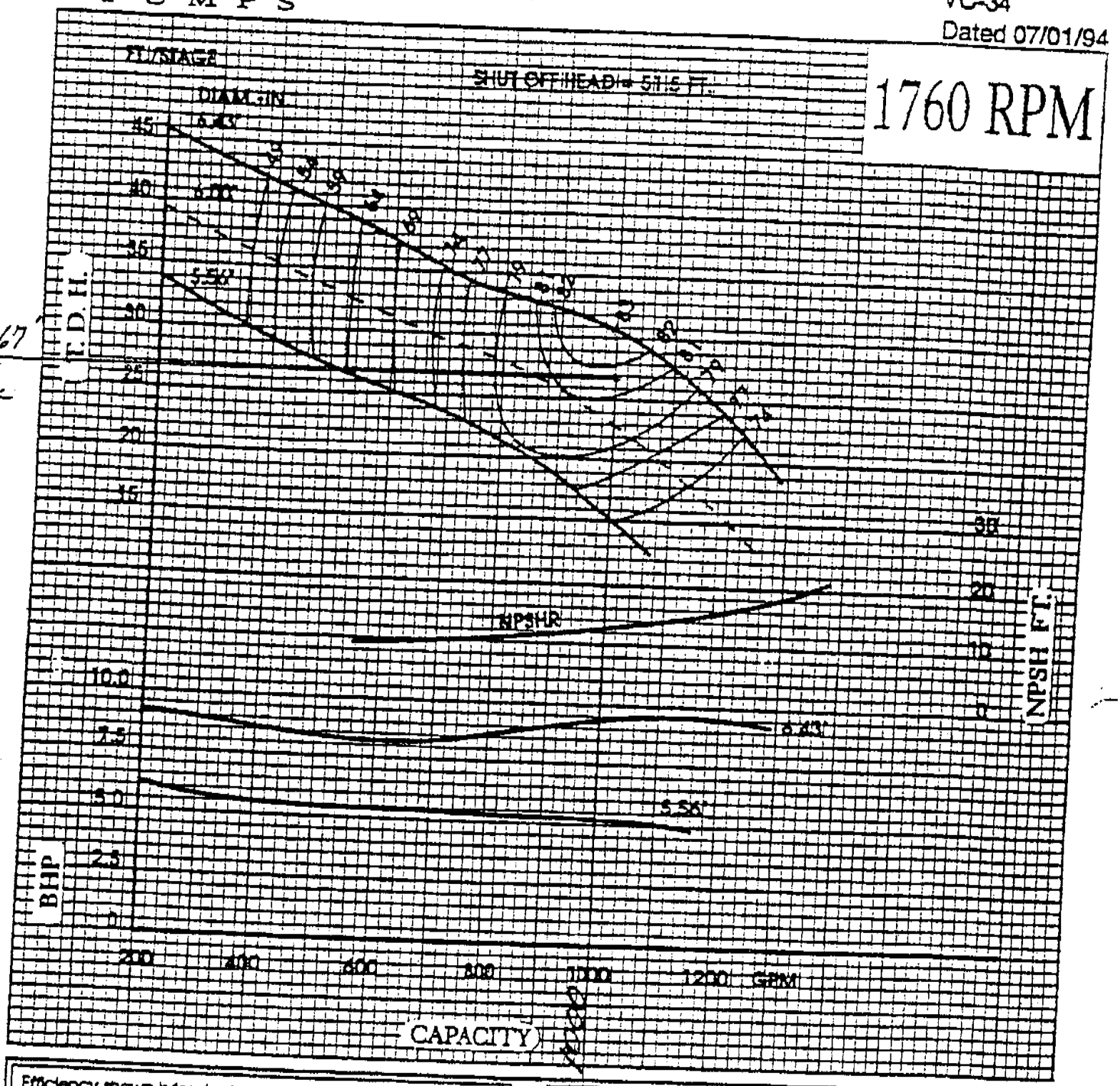
WSU Transfer Pump Station

VERTICAL TURBINE PUMP

MODEL 10 D-110

WDM PUMPS

VC-34
Dated 07/01/94



26.67 per stage

Efficiency shown is for 4 stages or more, with standard materials. For fewer stages change efficiency as shown.			
No. of stages.	Eff. change	No. of stages.	Eff. change
1	- 6.0	4	———
2	- 1.5	5	———
3	- 0.5	6	———

TECHNICAL DATA	LBS.
Bowl wt. each stage (lbs.)	62
Rotor wt. per stage (lbs.)	17
Bowl wt. first stage (lbs.)	177
Thrust factor	9.9
Max bowl horsepower	140
Impeller eye area (sq. inch.)	22.5

CUSTOMER: WSU
SERVICE:
DATE:

FLUID: H2O
CAPACITY: 1000
T. D. H.: 80

SP. GR.: 1.0
VISC.:
NPSHA:

EFF.: 81
BHP: 24.94
NPSHR: 13

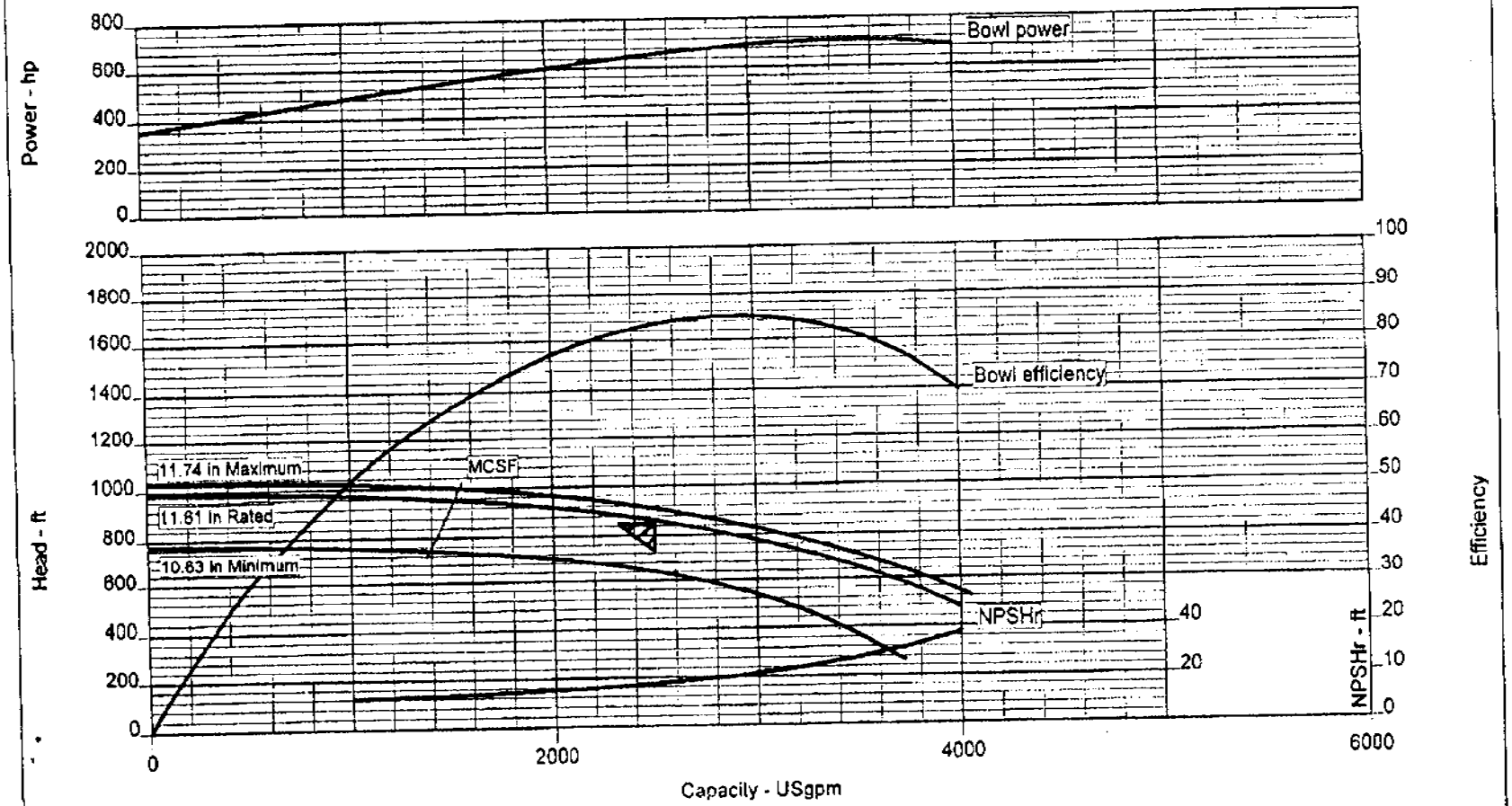
3 Stage 10 D 110 Product Lube

Well #8

Customer	:	FLOWSERVE Pump Division		Pump size & type	: 16EHM
Item number	: 00006			Based on curve no.	: EC-2392
Service	:			Number of stages	: 8
Vendor reference	: 9999-W0000	Capacity	: 2500.0 USgpm	Specific gravity	: 1.000
Date	: May 6, 2004	Head	: 850.00 ft	Pump speed	: 1775 rpm

CURVES ARE APPROXIMATE. PUMP IS GUARANTEED FOR ONE SET OF CONDITIONS: CAPACITY, HEAD, AND EFFICIENCY.

Bowl performance shown below is corrected for materials, viscosity and construction.



Bowl head of 661.5 ft corresponds with 850.0 ft head at discharge flange adjusted for elevation and friction losses.

Windows Hydraulic Selection V3.00, Output Module V2.36

Customer :

DICKERSON PUMP IRRIGATION CO., INC.

3627 E. Broadway, Spokane WA 99220-2823
Bert Kolbeck
Phone : (509) 534.2671
Fax : (509) 534.2616

WSU Well #6

Contact :
Project :
Phone : Fax :
Quote No. : US-2223-2 Page No : 1 Date : Tuesday, November 21, 2000

Pump Model: Peerless Vertical - 14LD 6 Stages
Nom. Speed: 1770 RPM, 60 Hz Electric
Market : Vertical Turbine Pump
Impeller No.: 2634706 / HC
Material Spec. Group: A - B: CIE; I: Brz = Standard

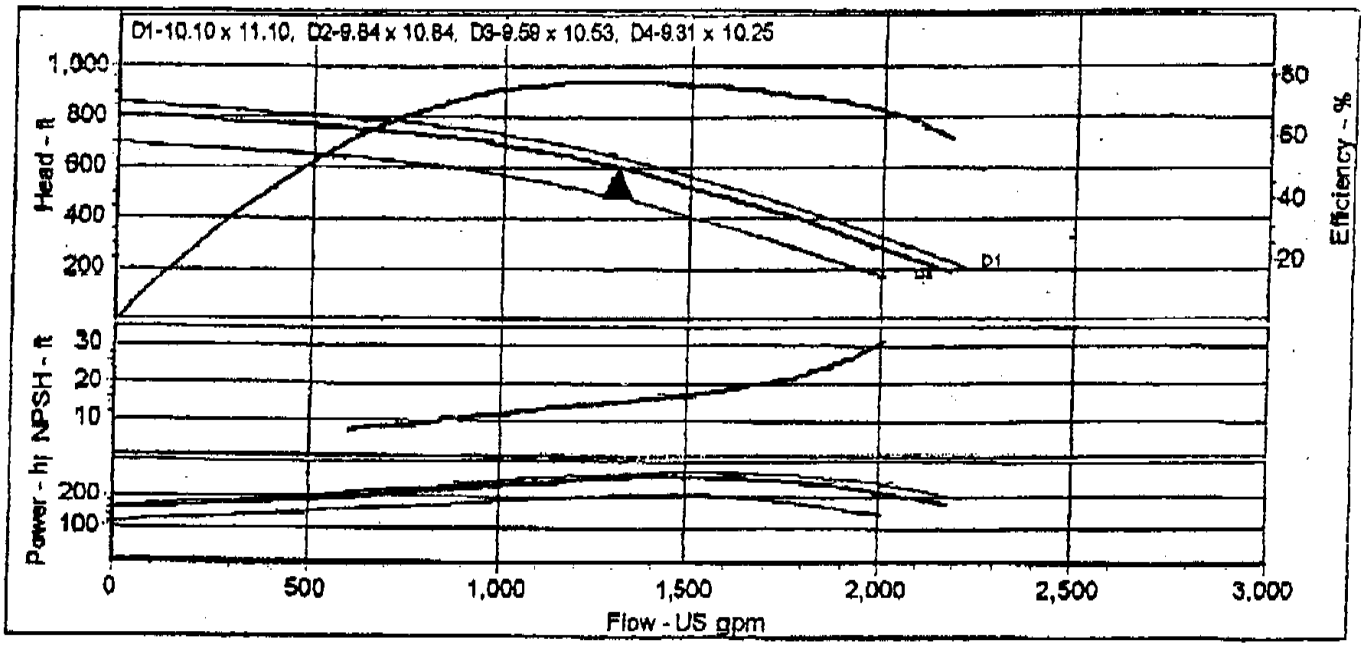
Item : 1
Your Ref. :

Fluid: Water
Viscosity: 0.988 cSt
Sp. Gravity: 0.998

Stage No.	Trim Status	Imp. Dia (inch) D2-in x D2-out
—	Full	—
—	Full	10.10 x 11.10
1 - 6	Trimmed P	9.95 x 10.96

Flow rate Q: 1300 US gpm
Discharge Head H: 900 ft
Efficiency 78.5 %
Power Required 250.86 hp
NPSH Required 16.032 ft

Performance curve according to BS5316 Class B No neg



Comments

For a guaranteed condition point, pump must be selected with Hydraulic Institute-Peerless Std. See Standard Hydraulic Performance document in RAPID for testing tolerances & contractual guarantees. Applies to 8-20 inch models.

Flow (US gpm)	Head (ft)	Pump Efficiency (%)	Power Required (hp)	NPSH Required (ft)	Thrust (lb)
0.0	817.69	0.0	156.64		10629.14
272.7	789.40	31.7	171.55		9368.55
545.4	762.81	55.4	189.77		8439.72
818.1	725.10	70.4	212.70	9.80	7590.50
1090.7	665.10	77.4	236.80	12.89	6828.91
1363.4	577.01	78.4	253.53	15.63	6482.99
1636.1	463.78	75.9	252.44	18.79	4179.54
1908.8	334.37	71.3	226.17	26.22	2780.20
2181.5	189.08	59.9	173.99		1326.40

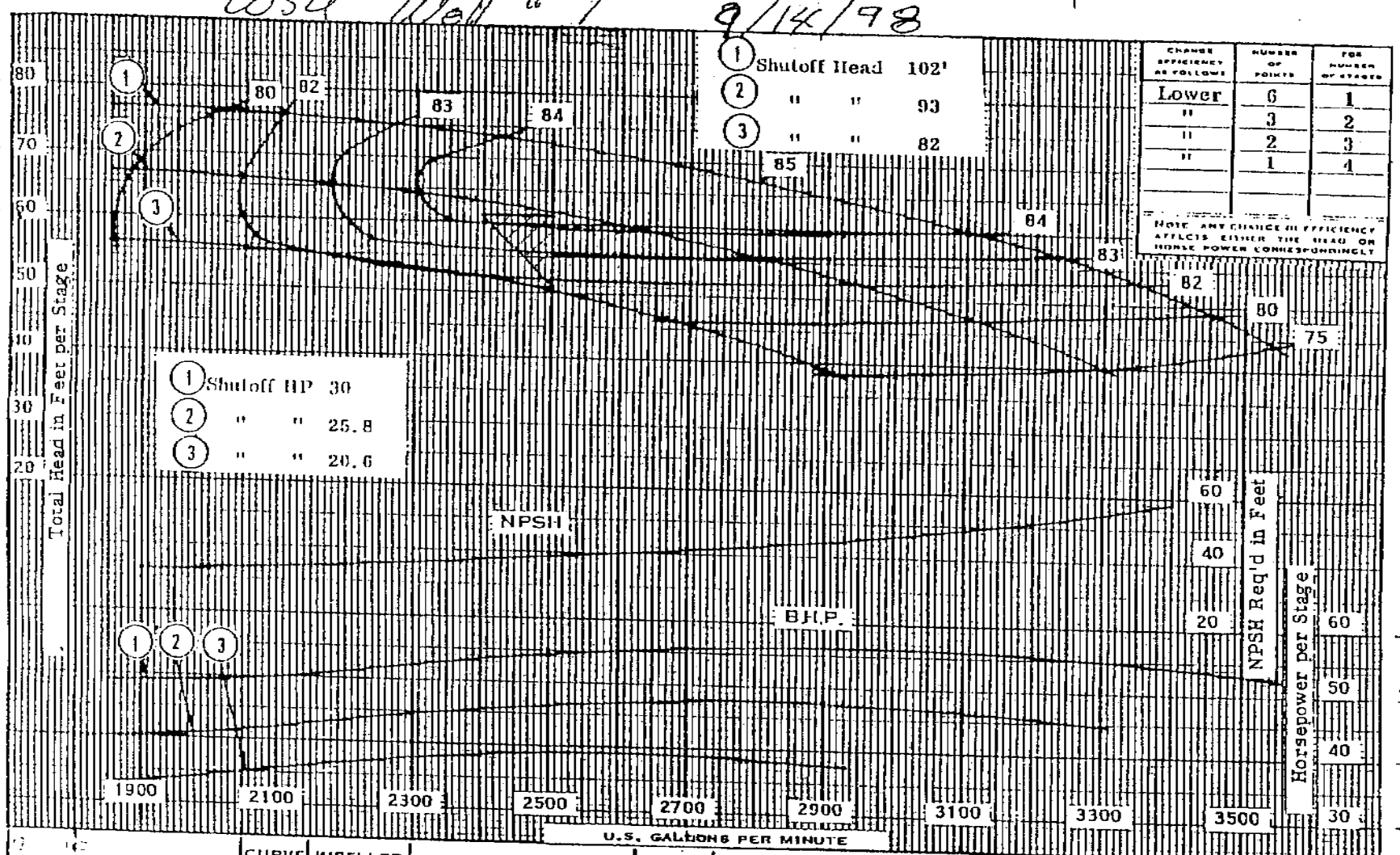
1005.1007.1008.

Sterling Fluid Systems - RAPID v5.70d - 7th July, 2000

PEERLESS

WSU Well #7 9/14/98

MAX OPER. DESIGN ?



Total Head in Feet for 5 Stages: 720, 630, 540, 450, 360, 270, 180

Horsepower for 5 Stages: 540, 450, 360, 270

HYDRAULIC PERFORMANCE WARRANTY	CURVE NO.	IMPELLER NO.	IMPELLER DIA.	TAKEN FROM
Guaranteed at designated point only, and contingent on:	1	V4400C-E	9 7/16" x 10 13/16"	27522
Proper flow to pump suction	2	V4400C-E	9 1/16" x 10 7/16"	
Proper submergence	3	V4400C-E	8 11/16" x 10 1/16"	
Fluid free of gas, air & abrasives	4			
Proper lateral setting of impeller				

Customer Dickerson Pump & Irrigation Co

Item W.S.U.

Peerless Ref. No:

Laboratory Performance — BOWL V4404D-E

SIZE 14 HXB — RPM 1760 — CURVE 2840509

PUMP DESCRIPTION: Driver US 450HP; Head 12 x 12 x 20; Column 12 x 2 3/16"

GUARANTEED BOWL ☑ FIELD ☐ PERFORMANCE: Capacity 2500 gpm: Head 550 ft. Eff 84 %; BHP 413

APPENDIX C-4

Hydrant Test Reports

Document Path: J:\221210 WSU Water System Plan\b_PLAN\zGIS\b_MXDs\Model Result Maps\Figure 0.5 - Hydrant Testing Plan.mxd



KELLER ASSOCIATES

Hydrant Test Plan

Water Master Plan

WASHINGTON STATE UNIVERSITY

Test No.: 1

0 125 250 500 Feet

FH-Q10-3

Airport Rd

J48

FH-Q11-1

Pullman Airport Rd

Test Round 1

Flow

Static

Modeled Pipe

High PZ

Low PZ

Document Path: J:\221210 WSU Water System Plan\b_PLAN\zGIS\b_MXDs\Model Result Maps\Figure 0.5 - Hydrant Testing Plan.mxd

KELLER ASSOCIATES

Hydrant Test Plan

Water Master Plan

WASHINGTON STATE UNIVERSITY

Test No.: 2

N

0 125 250 500 Feet

Document Path: J:\221210 WSU Water System Plan\b_PLAN\zGIS\b_MXDs\Model Result Maps\Figure 0.5 - Hydrant Testing Plan.mxd

NE Alfred Ln

NE Duncan Ln
Duncan Ln

NE Creston Ln

NE Lake St

NE Shaw St

NE Stadium Way

Flag Ln

NE Colorado St

K11-2L

K11-4L

JL-87

Test Round 1

Flow

Static

Modeled Pipe

High PZ

Low PZ

KELLER ASSOCIATES

Hydrant Test Plan

Water Master Plan

WASHINGTON STATE UNIVERSITY

Test No.: 3

Feet

0 125 250 500

Document Path: J:\22120 WSU Water System Plan\b_PLAN\zGIS\b_MXDs\Model Result Maps\Figure 0.5 - Hydrant Testing Plan.mxd

NE Colorado St

NE Stadium Way

NE South Fairway Rd

NE Cross Rd

NE Ellis Way

NE Wilson Rd

Wilson Rd

Quad Services Rd

NE Troy Ln

Grimes Way

Farm Way

FH-L13-1

FH-L13-6

FH-L13-3

Test Round 1

Flow

Static

Modeled Pipe

High PZ

Low PZ

KELLER ASSOCIATES

Hydrant Test Plan

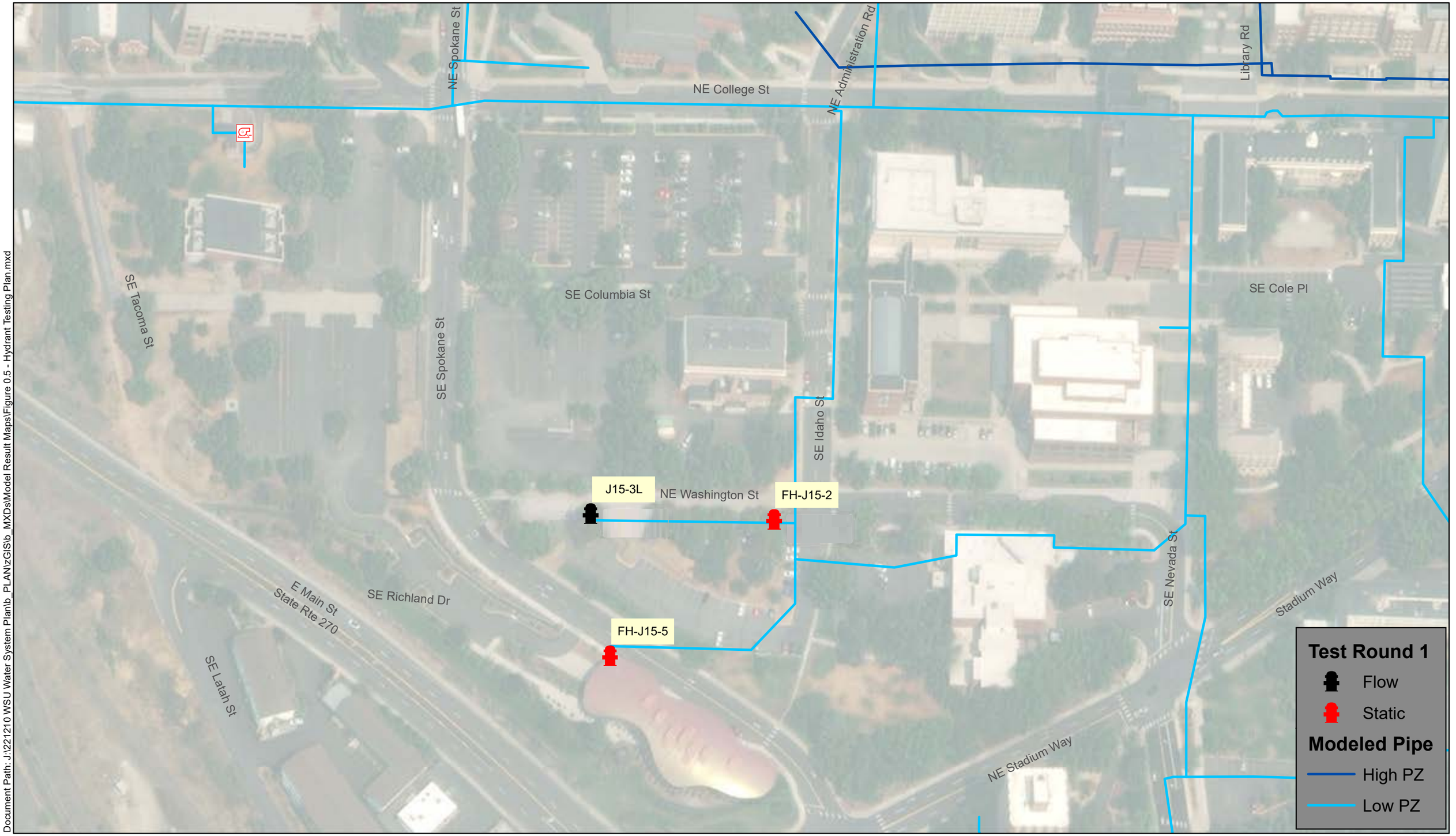
Water Master Plan

WASHINGTON STATE UNIVERSITY

Test No.: 4

N

0 125 250 500 Feet



Document Path: J:\221210 WSU Water System Plan\b_PLAN\zGIS\b_MXDs\Model Result Maps\Figure 0.5 - Hydrant Testing Plan.mxd

KELLER ASSOCIATES

Hydrant Test Plan

Water Master Plan

WASHINGTON STATE UNIVERSITY

Test No.: 5

0 125 250 500 Feet

Gauge Calibration Location:

Pressure Gauge A reading:

Pressure Gauge B reading:

Low Static = 60 psi
High Static = 86 psi
Actual Static = 63 psi @ 4:24 p.m.

Flow hydrant (if needed)

Low Static = 39 psi
High Static = 66 psi
Actual Static = 72 psi @ 4:34 p.m.

Low Static = 46 psi
High Static = 72 psi
Actual Static = 47 psi @ 4:04 p.m.

Low Static = 47 psi
High Static = 73 psi
Actual Static = 50 psi @ 4:15 p.m.

Low Static = 32 psi
High Static = 58 psi
Actual Static =

Couldn't locate a hydrant here.

This is the valve that is open between high/low zone

Low Static = 29 psi
High Static = 55 psi
Actual Static = 60 psi @ 4:40 p.m.

Low Static = 29 psi
High Static = 55 psi
Actual Static = 35 psi @ 4:53 p.m.

Low Static = 29 psi
High Static = 55 psi
Actual Static = 61 psi @ 4:58 p.m.

Low Static = 22 psi
High Static = 48 psi
Actual Static = 52 psi @ 5:07 p.m.

NE D St
NE Colorado St
NE B St
NE Linden St
NE Lynden St
NE Thatuna St
Service Dr
NE Campus St
Veterans Way
NE Spokane St
Library Rd
Wilson Rd
NE Troy Ln
WASHINGTON STATE
COUGARS
Maxar, Microsoft

Gauge Calibration Location:

Pressure Gauge A reading:

Pressure Gauge B reading:

NE D St

NE Colorado St

NE B St

NE Linden St NE Lynden St

NE Thatuna St

Service Dr

NE Campus St

WASHINGTON STATE COUGARS

Hydrant C SHOULD NOT SEE A DROP
Model Static = 55 psi
Model Residual = 55 psi
Actual Static =
Actual Residual =

Hydrant A
Model Static = 44 psi
Model Residual = 39 psi
Actual Static = 45 psi @ 2:30 p.m.
Actual Residual = 45 psi @ 2:35 p.m.

Veterans Way

Flow Hydrant
Flow = 25 psi @2:35

Hydrant B - SHOULD NOT SEE A DROP
Model Static = 55 psi
Model Residual = 55 psi
Actual Static = 56 psi @ 2:30 p.m.
Actual Residual = 57 psi @ 2:35 p.m.

NE Spokane St

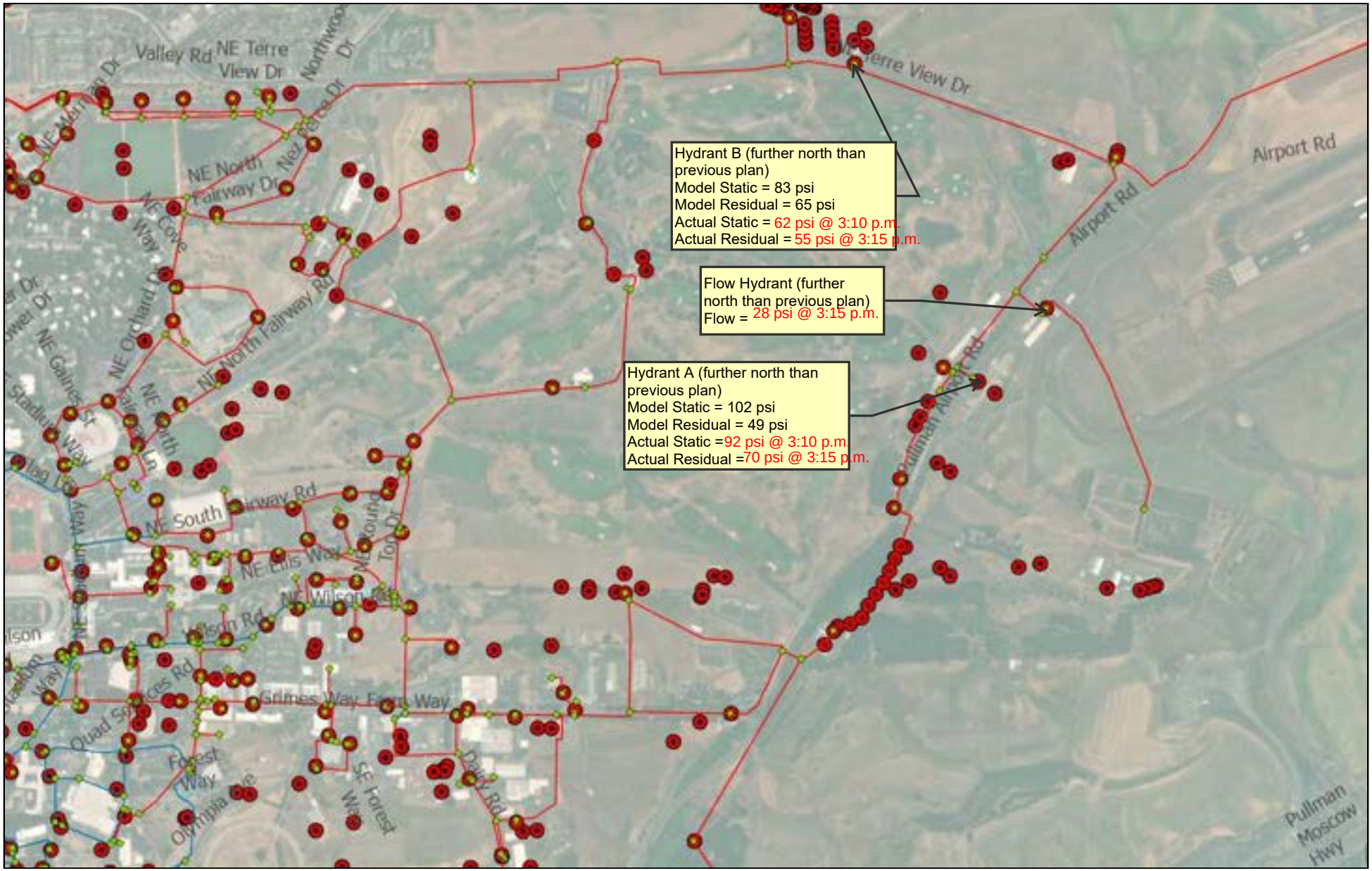
Wilson Rd NE Wilson Rd

Library Rd

NE Troy Ln

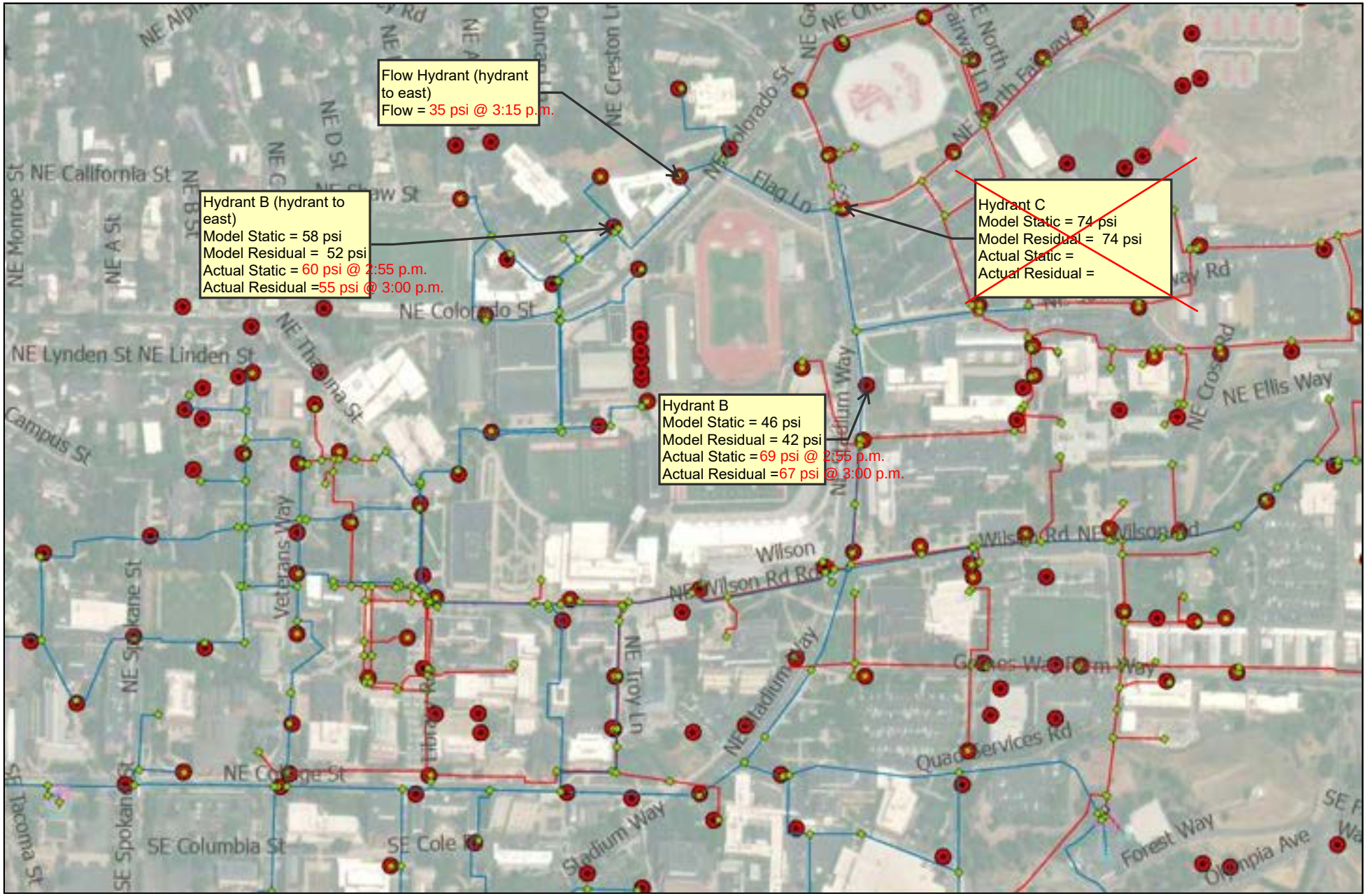
Maxar, Microsoft

Time of static reading:
Time of residual reading:

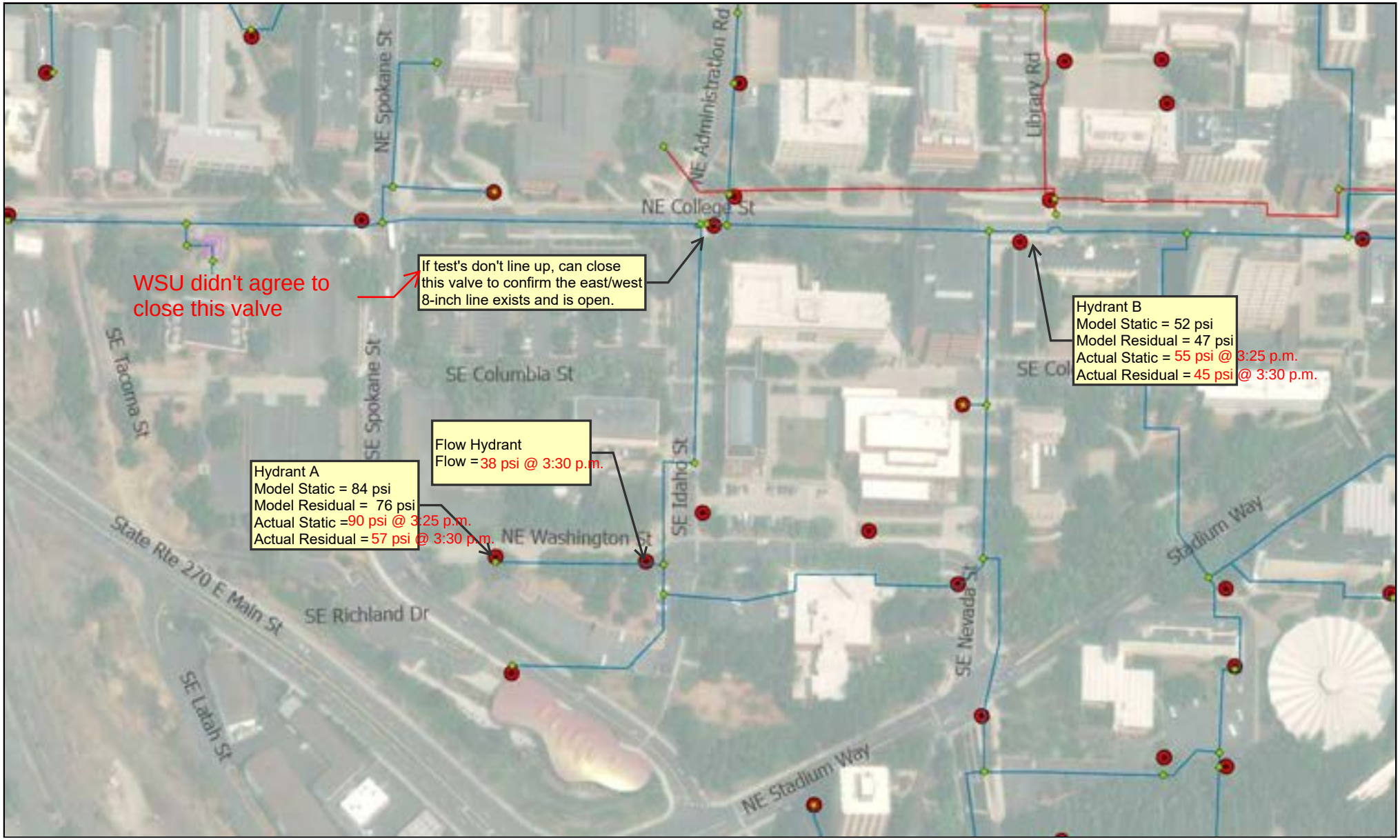


Time of static reading:
Time of residual reading:

29.1 ft at north fairway



Time of static reading:
Time of residual reading:



Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	Apr. 2022
Reviewed By:	

Calibration Results

Test 1 - High PZ

Flow Junction:	**JH-223**	
Parameter	**Field Test**	**Model**
Flow	964	

Pressure Node A:	N15-2H	
Parameter	**Field Test**	**Model**
Static (psi)	62	66
Residual (psi)	45	49
Difference (psi)	17	17

Pressure Node B:	N15-3H	
Parameter	**Field Test**	**Model**
Static (psi)	70	66
Residual (psi)	53	49
Difference (psi)	17	17

Boundary Conditions					
	Observed	**Modeled**		**Observed**	**Modeled**
Observatory Hill High Level (ft)			**Well #4**		
Static Level (ft) **Residual Level (ft)**	No Reading	19.5	**Static Flow (gpm)** **Residual Flow (gpm)**	Off	Off
Observatory Hill West Level (ft)			**Well #7**		
Static Level (ft) **Residual Level (ft)**	17.8	17.8	**Static Flow (gpm)** **Residual Flow (gpm)**	Off	Off
Fairway level (ft)			**Well #6**		
Static Level (ft) **Residual Level (ft)**	31.5	31.5	**Static Flow (gpm)** **Residual Flow (gpm)**	Off	Off
			Well #8		
			Static Flow (gpm) **Residual Flow (gpm)**	Off	Off

Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	Apr. 2022
Reviewed By:	

Calibration Results

Test 2 - High PZ

Flow Junction:	J48	
Parameter	**Field Test**	**Model**
Flow	1101	

Pressure Node A:	Q11-1H			Pressure Node B:	Q10-3H	
Parameter	**Field Test**	**Model**		**Parameter**	**Field Test**	**Model**
Static (psi)	105	103	2	**Static (psi)**	N/A	96
Residual (psi)	75	50	25	**Residual (psi)**	N/A	55
Difference (psi)	30	53	-23	**Difference (psi)**	N/A	41

Boundary Conditions						
	Observed	**Modeled**			**Observed**	**Modeled**
Observatory Hill High Level (ft)				**Well #4**		
Static Level (ft) **Residual Level (ft)**	No Reading	19.3		**Static Flow (gpm)** **Residual Flow (gpm)**	Off	Off
Observatory Hill West Level (ft)				**Well #7**		
Static Level (ft) **Residual Level (ft)**	17.7	17.7		**Static Flow (gpm)** **Residual Flow (gpm)**	Off	Off
Fairway level (ft)				**Well #6**		
Static Level (ft) **Residual Level (ft)**	31.3	31.3		**Static Flow (gpm)** **Residual Flow (gpm)**	Off	Off
				Well #8		
				Static Flow (gpm) **Residual Flow (gpm)**	Off	Off

Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	Apr. 2022
Reviewed By:	

Calibration Results

Test 3 - Low PZ

Flow Junction:	**K11-4L**	
Parameter	**Field Test**	**Model**
Flow	1126	

Pressure Node A:	K11-2L	
Parameter	**Field Test**	**Model**
Static (psi)	52	52
Residual (psi)	40	47
Difference (psi)	12	5

Pressure Node B:	JL-87	
Parameter	**Field Test**	**Model**
Static (psi)	62	58
Residual (psi)	55	53
Difference (psi)	7	5

Boundary Conditions					
	Observed	**Modeled**		**Observed**	**Modeled**
Observatory Hill High Level (ft)			**Well #4**		
Static Level (ft) **Residual Level (ft)**	No Reading	19.4	**Static Flow (gpm)** **Residual Flow (gpm)**	Off	Off
Observatory Hill West Level (ft)			**Well #7**		
Static Level (ft) **Residual Level (ft)**	17.7	17.7	**Static Flow (gpm)** **Residual Flow (gpm)**	Off	Off
Fairway level (ft)			**Well #6**		
Static Level (ft) **Residual Level (ft)**	31.4	31.4	**Static Flow (gpm)** **Residual Flow (gpm)**	Off	Off
			Well #8		
			Static Flow (gpm) **Residual Flow (gpm)**	Off	Off

Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	Apr. 2022
Reviewed By:	

Calibration Results

Test 4 - High PZ

Flow Junction:	**L13-6H**	
Parameter	**Field Test**	**Model**
Flow	1163	

Pressure Node A:	L13-1H	
Parameter	**Field Test**	**Model**
Static (psi)	70	67
Residual (psi)	63	59
Difference (psi)	7	8

Pressure Node B:	L13-3H	
Parameter	**Field Test**	**Model**
Static (psi)	62	64
Residual (psi)	55	57
Difference (psi)	7	7

Boundary Conditions					
	Observed	**Modeled**		**Observed**	**Modeled**
Observatory Hill High Level (ft)			**Well #4**		
Static Level (ft) **Residual Level (ft)**	No Reading	18.9	**Static Flow (gpm)** **Residual Flow (gpm)**	Off	Off
Observatory Hill West Level (ft)			**Well #7**		
Static Level (ft) **Residual Level (ft)**	17.6	17.6	**Static Flow (gpm)** **Residual Flow (gpm)**	Off	Off
Fairway level (ft)			**Well #6**		
Static Level (ft) **Residual Level (ft)**	30.9	30.9	**Static Flow (gpm)** **Residual Flow (gpm)**	Off	Off
			Well #8		
			Static Flow (gpm) **Residual Flow (gpm)**	Off	Off

Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	Apr. 2022
Reviewed By:	

Calibration Results

Test 5 - Low PZ

Flow Junction:	**J15-3L**	
Parameter	**Field Test**	**Model**
Flow	993	

Pressure Node A:	J15-2L	
Parameter	**Field Test**	**Model**
Static (psi)	80	77
Residual (psi)	42	54
Difference (psi)	38	23

Pressure Node B:	J15-5L	
Parameter	**Field Test**	**Model**
Static (psi)	92	89
Residual (psi)	63	65
Difference (psi)	29	24

Boundary Conditions					
	Observed	**Modeled**		**Observed**	**Modeled**
Observatory Hill High Level (ft)			**Well #4**		
Static Level (ft) **Residual Level (ft)**	No Reading	18.9	**Static Flow (gpm)** **Residual Flow (gpm)**	Off	Off
Observatory Hill West Level (ft)			**Well #7**		
Static Level (ft) **Residual Level (ft)**	17.50	17.5	**Static Flow (gpm)** **Residual Flow (gpm)**	Off	Off
Fairway level (ft)			**Well #6**		
Static Level (ft) **Residual Level (ft)**	30.90	30.9	**Static Flow (gpm)** **Residual Flow (gpm)**	Off	Off
			Well #8		
			Static Flow (gpm) **Residual Flow (gpm)**	Off	Off

Client: **Washington State University**
Project: **Water System Master Plan Update**
Project No.: **221210**

Fire Hydrant Flow Testing - Test #1 Dairy Road

Pressure Zone High

Flow Hydrant	**FH-N15-1**		Location:
Item	**Static**	**Residual**	
Time	-	13:19	
Pitot Reading (psi)	-	33	
Flow (gpm)	-	964	Refer to table below

Hydrant A	**FH-N15-3**		Location:
Item	**Static**	**Residual**	
Time	13:14	13:19	
Pressure (psi)	62	45	
Pressure Drop (psi)	17		

Hydrant B	**FH-N15-2**		Location:
Item	**Static**	**Residual**	
Time	13:18	13:19	
Pressure (psi)	70	53	
Pressure Drop (psi)	17		

Boundary Conditions		
Item	**Static**	**Residual**
Reservoir North Fairway Level (ft)	31.52	31.48
Reservoir Observartory Hill High Level (ft)	No Reading	No Reading
Reservoir Observartory Hill West Level (ft)	17.76	17.75
Well #4 (gpm)	off	off
Well #4 (psi)	off	off
Well #7 (gpm)	off	off
Well #7 (psi)	off	off
Well #6 (gpm)	off	off
Well #6 (psi)	off	off
Well #8 (gpm)	off	off
Well #8 (psi)	off	off
PRVs (open/closed)		
Beasley Observatory Hill Well 8		

Client: **Washington State University**
Project: **Water System Master Plan Update**
Project No.: **221210**

Fire Hydrant Flow Testing - Test #2 North Terre View

Pressure Zone High

Flow Hydrant	**FH-Q11-2**		Location:
Item	**Static**	**Residual**	
Time	-	13:54	
Pitot Reading (psi)	-	43	
Flow (gpm)	-	1101	Refer to table below

Hydrant A	**FH-Q11-1**		Location:
Item	**Static**	**Residual**	
Time	13:40	13:54	
Pressure (psi)	105	75	
Pressure Drop (psi)			

Hydrant B	**FH-Q10-3**		Location:
Item	**Static**	**Residual**	
Time	no pressure reading taken, faulty valve		
Pressure (psi)	no pressure reading taken, faulty valve		
Pressure Drop (psi)	no pressure reading taken, faulty valve		

Boundary Conditions		
Item	**Static**	**Residual**
Reservoir North Fairway Level (ft)	31.33	31.3
Reservoir Observartory Hill High Level (ft)	No Reading	No Reading
Reservoir Observartory Hill West Level (ft)	17.7	17.67
Well #4 (gpm)	off	off
Well #4 (psi)	off	off
Well #7 (gpm)	off	off
Well #7 (psi)	off	off
Well #6 (gpm)	off	off
Well #6 (psi)	off	off
Well #8 (gpm)	off	off
Well #8 (psi)	off	off
PRVs (open/closed)		
Beasley		
Observatory Hill		
Well 8		

	Start
Observatory #1	17.75
Observatory Elevated	31.48
Fairway	31.48

Client: **Washington State University**
Project: **Water System Master Plan Update**
Project No.: **221210**

Fire Hydrant Flow Testing - Test #3 Northside Residence

Pressure Zone Low

Flow Hydrant	**FH-K11-2**		Location:
Item	**Static**	**Residual**	
Time	-	14:10	
Pitot Reading (psi)	-	45	
Flow (gpm)	-	1126	Refer to table below

Hydrant A	**FH-K11-1**		Location:
Item	**Static**	**Residual**	
Time	14:04	14:10	
Pressure (psi)	56	40	
Pressure Drop (psi)			

Hydrant B	**FH-K11-4**		Location:
Item	**Static**	**Residual**	
Time	14:05	14:10	
Pressure (psi)	62	55	
Pressure Drop (psi)			

Boundary Conditions		
Item	**Static**	**Residual**
Reservoir North Fairway Level (ft)	31.36	31.11
Reservoir Observartory Hill High Level (ft)	No Reading	No Reading
Reservoir Observartory Hill West Level (ft)	17.65	17.64
Well #4 (gpm)	off	off
Well #4 (psi)	off	off
Well #7 (gpm)	off	off
Well #7 (psi)	off	off
Well #6 (gpm)	off	off
Well #6 (psi)	off	off
Well #8 (gpm)	off	off
Well #8 (psi)	off	off
PRVs (open/closed)		
Beasley Observatory Hill Well 8		

Client: **Washington State University**
Project: **Water System Master Plan Update**
Project No.: **221210**

Fire Hydrant Flow Testing - Test #4 Wilson Road

Pressure Zone overlap

Flow Hydrant	**FH-L13-6**		Location:
Item	**Static**	**Residual**	
Time	-	14:35	
Pitot Reading (psi)	-	48	
Flow (gpm)	-	1163	Refer to table below

Hydrant A	**FH-L13-1**		Location:
Item	**Static**	**Residual**	
Time	14:30	14:35	
Pressure (psi)	70	63	
Pressure Drop (psi)	7		

Hydrant B	**FH-L13-3**		Location:
Item	**Static**	**Residual**	
Time	14:30	14:35	
Pressure (psi)	62	55	
Pressure Drop (psi)	7		

Boundary Conditions		
Item	**Static**	**Residual**
Reservoir North Fairway Level (ft)	30.94	30.92
Reservoir Observartory Hill High Level (ft)	No Reading	No Reading
Reservoir Observartory Hill West Level (ft)	17.59	17.58
Well #4 (gpm)	off	off
Well #4 (psi)	off	off
Well #7 (gpm)	off	off
Well #7 (psi)	off	off
Well #6 (gpm)	off	off
Well #6 (psi)	off	off
Well #8 (gpm)	off	off
Well #8 (psi)	off	off
PRVs (open/closed)		
Beasley Observatory Hill Well 8		

Client: **Washington State University**
Project: **Water System Master Plan Update**
Project No.: **221210**

Fire Hydrant Flow Testing - Test #5 Multicultural Center

Pressure Zone Low

Flow Hydrant	**FH-J15-3**		Location:
Item	**Static**	**Residual**	
Time	-	14:58	
Pitot Reading (psi)	-	35	
Flow (gpm)	-	993	Refer to table below

Hydrant A	**FH-J15-2**		Location:
Item	**Static**	**Residual**	
Time	14:56	14:58	
Pressure (psi)	80	42	
Pressure Drop (psi)	38		

Hydrant B	**FH-J15-5**		Location:
Item	**Static**	**Residual**	
Time	14:56	14:58	
Pressure (psi)	92	63	
Pressure Drop (psi)	29		

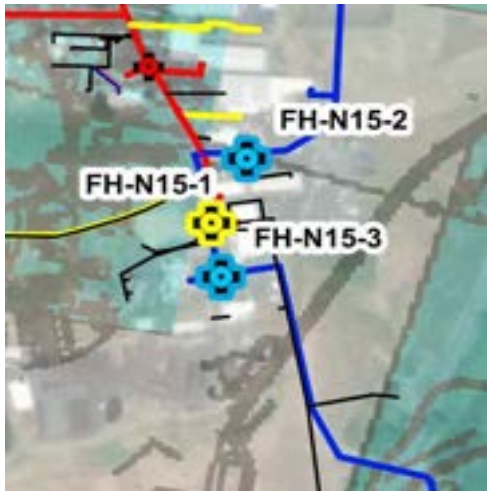
Boundary Conditions		
Item	**Static**	**Residual**
Reservoir North Fairway Level (ft)	30.95	30.81
Reservoir Observartory Hill High Level (ft)	No Reading	No Reading
Reservoir Observartory Hill West Level (ft)	17.53	17.52
Well #4 (gpm)	off	off
Well #4 (psi)	off	off
Well #7 (gpm)	off	off
Well #7 (psi)	off	off
Well #6 (gpm)	off	off
Well #6 (psi)	off	off
Well #8 (gpm)	off	off
Well #8 (psi)	off	off
PRVs (open/closed)		
Beasley Observatory Hill Well 8		

GIS Test 1
Location

Flow Node (FH-N15-1)			JH-223
Item	Model	Hydrant Test	
Static (psi)	-	-	
Flow (gpm)		964	
Residual (psi)	-	-	

Pressure Node A (FH-N15-3)			JH-128
Item	Model	Hydrant Test	Difference
Static (psi)		62	62
Residual (psi)	34.4	45	10.6
Pressure Drop (psi)	-34.4	17	51.4

Pressure Node B (FH-N15-3)			N15-3H
Item	Model	Hydrant Test	Difference
Static (psi)	47	70	23
Residual (psi)	37.3	53	15.7
Pressure Drop (psi)	9.7	17	7.3



GIS Test 2
Location

Flow Node (FH-Q11-2)		
Item	Model	Hydrant Test
Static (psi)	-	-
Flow (gpm)		1,101
Residual (psi)	-	-

Pressure Node A (FH-Q11-1)			
Item	Model	Hydrant Test	Difference
Static (psi)		105	105



Residual (psi)		75	75
Pressure Drop (psi)	0	30	30

Pressure Node B (FH-Q10-3)			
Item	**Model**	**Hydrant Test**	**Difference**
Static (psi)		No reading	
Residual (psi)		No reading	
Pressure Drop (psi)	0		



GIS Test 3
Location

Flow Node (FH-K11-2)		
Item	**Model**	**Hydrant Test**
Static (psi)	-	-
Flow (gpm)		1,126
Residual (psi)	-	-

Pressure Node A (FH-K11-1)			
Item	**Model**	**Hydrant Test**	**Difference**
Static (psi)		56	56
Residual (psi)		40	40
Pressure Drop (psi)	0	16	16

Pressure Node B (FH-K11-4)			
Item	**Model**	**Hydrant Test**	**Difference**
Static (psi)		62	62
Residual (psi)		55	55
Pressure Drop (psi)	0	7	7



GIS Test 4

Location

Flow Node (FH-L13-6)		
Item	**Model**	**Hydrant Test**
Static (psi)	-	-
Flow (gpm)		1,163
Residual (psi)	-	-

Pressure Node A (FH-L13-1)			
Item	**Model**	**Hydrant Test**	**Difference**
Static (psi)		70	70
Residual (psi)		63	63
Pressure Drop (psi)	0	7	7

Pressure Node B (FH-L13-3)			
Item	**Model**	**Hydrant Test**	**Difference**
Static (psi)		62	62
Residual (psi)		55	55
Pressure Drop (psi)	0	7	7



GIS Test 5
Location

Flow Node (FH-J15-3)		
Item	**Model**	**Hydrant Test**
Static (psi)	-	-
Flow (gpm)		993
Residual (psi)	-	-

Pressure Node A (FH-J15-2)			
Item	**Model**	**Hydrant Test**	**Difference**
Static (psi)		80	80
Residual (psi)		42	42
Pressure Drop (psi)	0	38	38

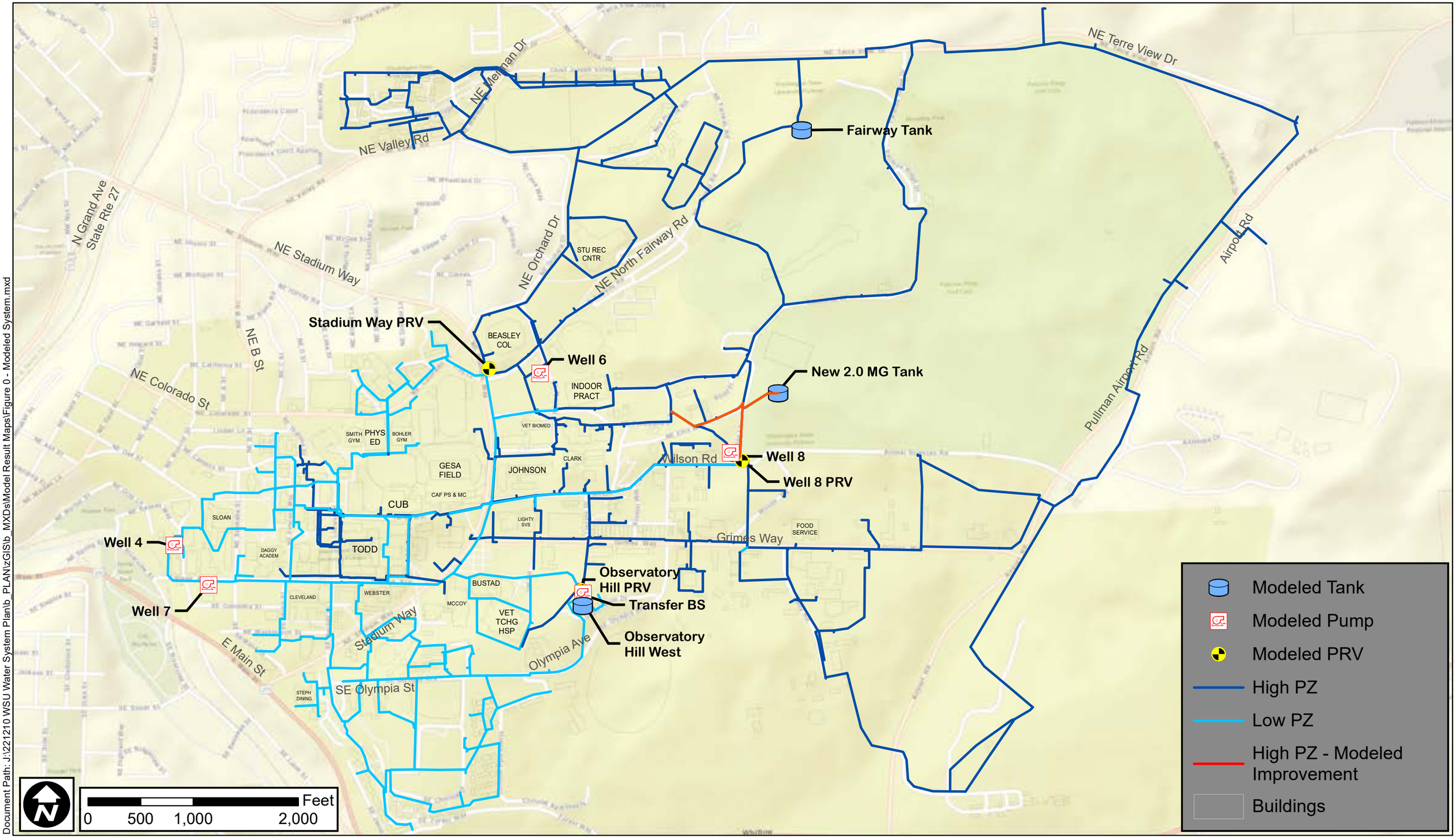


Pressure Node B (FH-J15-5)			
Item	**Model**	**Hydrant Test**	**Difference**
Static (psi)		92	92
Residual (psi)		63	63
Pressure Drop (psi)	0	29	29



APPENDIX C-5

Modeled Water System Exhibit



Document Path: J:\221210 WSU Water System Plan\b_PLAN\zGIS\b_MXDs\Model Result Maps\Figure 0 - Modeled System.mxd

KELLER ASSOCIATES

Modeled System

Water Master Plan

WASHINGTON STATE UNIVERSITY

Figure 1-4

APPENDIX C-6

Water Modeling Documentation

Model Documentation Summary - DRAFT

KA Project Number:	221210	**Project Start Date:**	Summer 2021
Client:	Washington State University	**Project Closeout Date:**	Summer 2022
Project Name:	Water Master Plan		
Project Engineer:	T. Buster	**Last Updated:**	April 2022
Keller Office:	Clarkston, WA		
Reviewed By:	A. Taylor	**Review Date:**	April 2022

MODEL HISTORY

Washington State University (Owner) contracted with Keller Associates (Keller) to complete a water master plan which included converting the City's existing hydraulic model to Innovyze's Infowater Pro 4.0 Update #3 modeling software. The model was developed by Trenton Buster, EI in Meridian, ID with oversight from Angela Taylor, PE in Clarkston, WA.

FACILITIES

The City's potable water system consists of four storage reservoirs, four modeled wells, control valves, two pressure zones, and pipelines ranging in diameter from 3-inch to 12-inches. A summary of the facilities is included below:

- **Pumping Facilities**
  - Well #4 – Located in the Low Pressure Zone (PZ) and has a reported pumping capacity of 1,500 gpm at 275 ft TDH. A recent pump curve for the well pump was not available, therefore, the pump was modeled with the reported design point from the 2015 Water Master Plan. This well primarily serves as a back-up and is not typically run as much as Well #7
  - Well #6 – Located in the High PZ. The pump is modeled with a pump curve provided from 2012 with a design point of 1,300 gpm at 615 ft TDH. This well generally serves as a back-up sources and does not typically run as much as Well #8.
  - Well #7 – Located in the Low PZ and has a reported capacity of 2,500 gpm at 550 ft TDH.
  - Well #8 – Located in the High PZ. The pump is modeled with a pump curve provided by the Owner from 2004 during the original construction of the well. The pump has a design point of 2,500 gpm at 860 ft TDH. This well is the primary source in the High PZ.
  - Transfer PS – Located near the Observatory Hill tanks, this station pumps water from the Low PZ into the High PZ in emergency circumstances. A pump curve was not available, therefore, the pump was modeled with it's design point of 1,000 gpm at 80 ft TDH.
- **Storage Reservoirs**
  - Observatory Hill Tank #1 (east) – Constructed in 1947, 2.0 MG, with overflow elevation of 2651.5. It is a square tank with a inner width of 114 ft. The first 13 feet are vertical sidewalls then from 12 to 0 the walls are slope 2H:1V. A storage curve was input to the model to account for varying cross sections with depth. This tank serves the Low PZ.
  - Observatory Hill Tank #2 (west) – Located at the same site as Observatory Hill Tank #1 and also with a storage volume of 2.0 MG. This tank is out of service and was not included in the model. This tank will likely be replaced.
  - Elevated Observation Tank – **This tank is scheduled to be demolished in 2023 or 2024. This tank was not active in any existing or future scenarios.** Located at the same site as

Observation Hill Tanks. This tank is elevated and has a base elevation of 2691.5 and serves the High PZ. This tank is only 100,000 gallons with a diameter of 28 feet. This tank floats on the Fairway Tank.

- Fairway Tank – 2.0 MG tank that serves the High PZ. It is a cylindrical tank with a diameter of 102 feet and a maximum depth of 32 feet.
- Future 2.0 MG Tank – A new 2.0 MG tank near the intersection of Round Top Drive and Ellis Way was in the design phase at the time of this model development. The existing system was modeled to include this future tank and the transmission upsizing proposed in the pre-design phase. The tank base will be at the same elevation as the Fairway Tank and will serve the High PZ.

  Note the transmission improvements with this tank project include upsizing existing 8-inch pipe along Hog Lane from just south of Well 8 up to Ellis Way and along Ellis Way heading west to Ferdinand Lane. These pipe improvements are denoted in the model in the pipe description.

- **Pressure Reducing Valves –** Three PRVs at separate locations were currently being constructed/installed at the time of this model development. The three PRV's were added to the model's existing system and were assumed to be active. Elevations were assigned from design drawings, however exact elevations should be confirmed and updated once installed. The Owner reported anticipated PRV settings, however, exact settings should be updated if modified once the PRVs are operational.
  - Observatory Hill PRV – Located near the Observatory Hill Tanks and Transfer Pump Station and had a reported setting of 7 psi.
  - Stadium Way PRV – Located along Stadium Way and had a reported setting of 44 psi.
  - Well 8 PRV – Located near Well 8 and had a reported setting of 24 psi.
- **Existing Reported Closed Pipes/Valves –** The operator reported the following closed pipes at boundaries between the High and Low PZs. These should be closed during existing scenario evaluations.

Closed Pipes at PZ Boundaries	
PH1006	
PL-57	
PH-1024	
PH-1032	

Facilities not modeled include the wells which are not used under day-to-day conditions. Facilities are activated in each scenario by queries based on the "Year of Installation" and "Year of Retirement"; see table below for query explanations:

Year of Installation = 2015	Model component from previous hydraulic model.
Year of Installation = 2021	Added in 2021 WMP Update
Year of Installation = 2022	Improvements to existing system (Priority 1, 5-year)
Year of Installation = 2027	Priority 1 Improvement
Year of Installation = 2041	Future Facility
Year of Retirement = 2100	No Planned Abandonment or Decommissioning
Year of Retirement = 2041	Facility to be Abandoned or Decommissioned within study period

WATER DEMANDS

Historical production data was used to establish planning criteria for evaluation of the system. The demand scenarios developed included average day demand (ADD), max day demand (MDD), MDD + Fire Flow (FF) reduced, and peak hour demand (PHD). A summary of the existing and projected demand scenarios is shown in the table below:

From Report	gpm			
Year	ADD	MDD	MDD+FF (reduced)	PHD
Current (5-year avg.)	868	2,595	2,176	4,305
2031	938	2,813	2,393	4,653
2041	1,042	3,104	2,685	5,118

The MDD+FF reduced scenario takes into consideration the Owner's ability to remotely turn off irrigation demands in the event of a fire flow event.

The top 10 largest water consumers from 2021 were assigned demands manually and are listed in the table below. The Owner's second largest reported user is identified in the consumption data as "Calsense Irrigation System". This is representative of numerous delivery points spread throughout the water system. For this reason, this demand was spread evenly across the demand junctions.

Top 10 users							
Number	Building Number	Name	2021 Usage	ADD (gpm)	MDD (gpm)	PHD (gpm)	PZ
1	0365K	GOLF COURSE-IRRIGATION PUMP HOUSE	58,063,446	0.00	224.01	371.54	High
2	0840	GRIMES WAY STEAM PLANT	35,031,013	66.65	199.28	330.53	High
3	0813	CHILLED WATER PLANT	23,435,603	44.59	133.32	221.12	Low
4	0850	EAST CAMPUS CHILLED WATER PLANT	21,896,600	41.66	124.56	206.60	High
5	0044	MCCOY HALL	8,356,000	15.90	47.54	78.84	High
6	0818	VETERINARY TEACHING HOSPITAL	5,382,023	10.24	30.62	50.78	Low
7	0167	SMALL ANIMAL HOLDING FACILITY	5,006,846	9.53	28.48	47.24	High
8	0082A	EASTLICK HALL	4,967,000	9.45	28.26	46.87	Low
9	0141H	LARGE ANIMAL QUARANTINE VETERINARY WORK FACILITY	4,572,700	8.70	26.01	43.14	High
10	0058	ENGINEERING TEACHING/RESEARCH LAB BUILDING	3,959,000	7.53	22.52	37.35	Low
		Total	170,670,231	214	865	1,434	-
		High PZ Total	132,926,605	142	650	1,078	-
		Low PZ total	37,743,626	72	215	356	-

The remaining demands under each scenario were assigned to junctions throughout the High and Low PZ. The High and Low PZ were split based on the historical well production within each zone. Within the last 5-years, the High PZ had an average of 56% of the total daily production and the Low PZ had an average of 44% of the total daily production. Demands were assigned using the observed split. A summary of the existing demand allocations is included below:

	Existing (2022)			
	Existing	Demand minus top 10	Number of Demand Junctions	Demand per Junction
High PZ (56% of total)	ADD	344	261	1.32
	MDD	804	261	3.08
	PHD	1,333	261	5.11
Low PZ (44% of total)	ADD	310	178	1.74
	MDD	927	178	5.21
	PHD	1,538	178	8.64

Future demands were assigned based on X, Y and Z. The demand types were assigned to various demand locations and the types are shown below.

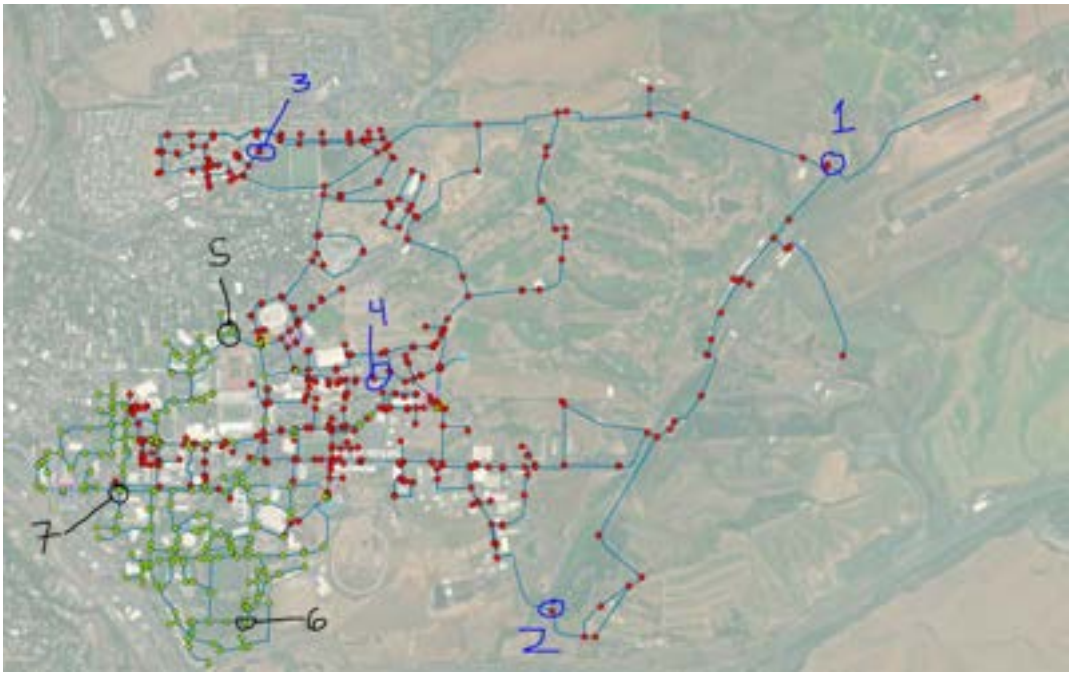
Demand Field	Description
Demand 1	Existing Uniform Demand
Demand 2	Top 10 User Demand
Demand 3	
Demand 4	
Demand 5	
Demand 6	
Demand 7	
Demand 8	
Demand 9	
Demand 10	

FIRE FLOW

Available was evaluated junctions adjacent to fire hydrants or building fire connections as documented in the Owner's GIS. Junctions adjacent to fire hydrants or building connections are denoted by the "HYDRANT" field which indicate whether it's a fire hydrant or not. Specific building fire flow requirements were input into the model fire flow hydrants nearest to the building to evaluate if the required fire flow demands can be met by the system. The corresponding building identification number is listed in the junction field "BUILDINGNO". Note, the input fire flow requirements take into consideration a 75% reduction for buildings which are sprinklered.

A buffer of 100-feet was created around each of the buildings with specific fire flow requirements and campus hydrants within that buffer were used as the hydrants that need to meet the fire flow demand. Because the High and Low PZ's are currently isolated, where buildings have both high and low PZ hydrants, the total AFF was calculated as the sum of the two zones. Assigned subsequent building ID's the same FF. Apartment complexes were evaluated more like zoning areas with the required fire flow needing to be met within a 100 foot buffer. A list of the building fire flow requirements, sprinkler inventory, and adjacent hydrants is included in the table below. Base fire flow requirements (e.g., for hydrants not directly adjacent to buildings with specific fire flows) was discussed with the fire marshal and should be a minimum of 3,000 gpm.

Washington DOH requires FF scenarios to be evaluated with fire and equalization storage depleted. The fire storage from the tanks will be distributed differently depending on where the fire flow event is within the water system. For this reason, extended period simulations were run to review the varying tank levels with fire events in different parts of the system. A 4,000 gpm demand for four hours was placed in seven different locations within the water system. The scenarios were modeled with all four wells off, but the Transfer BS was on during the FF events in the High PZ. The location of the simulations are shown below (High PZ junctions in red and Low PZ junctions in green):



The results of the simulation are as follows:

		Level after 4,000 gpm for 4 hours			
FF Scenario	Junction ID	Obs Tank	El Obs Tank	Fairway Tank	Future Tank
Start		15.5	0	29	29
1	R7-1H	13.3	inactive	20.3	17.5
2	J78	12.2		24.4	15.3
3	L7-1H	13.5		18.9	18.5
4	J62	13.15		23.6	14.5
5	K11-2L	11.1		23.8	17.7
6	K17-7L	9.9		24.7	18.9
7	J14-4L	10.4		24.4	18.3

% of Total Simulation Volume	Obs Tank	El Obs Tank	Fairway Tank	Future Tank
	15%	0%	37%	49%
	22%	0%	20%	58%
	13%	0%	42%	44%
	16%	0%	23%	61%
	30%	0%	22%	48%
	38%	0%	18%	43%
	35%	0%	20%	46%
avg	24%	0%	26%	50%

During fire events in the High PZ, the Observatory Hill Tank provides about 15%-20% of the fire storage versus when there is an event in the Low PZ, it provides 30%-40%. The New 2.0 MG Tank provides the most amount of fire storage in the High and Low PZ with an average of 50% between the seven fire flow simulations. The scenario for evaluating the existing system will use the average percentages between the seven scenarios to calculate the model tank level for each fire flow event.

Three fire flow scenarios were modeled and include 3,000 gpm, 4,000 gpm, and 5,000 gpm fire flow demands with their associates depleted fire storage tank levels. The fire demands were only placed on hydrants with their respective required fire flows. For example, all hydrants have a minimum fire flow demand of 3,000 gpm, but if they are adjacent to a building with a required fire flow of 4,000 gpm, then the demand was increased to 4,000 gpm and was only added to the 4,000 gpm FF scenario. The specific model setpoints, fire flow nodes, and critical search nodes are discussed in more detail in the next section.

MODEL SCENARIOS

- **Existing Model Scenarios**
  - 2022_ADD – This scenario is under existing average daily demand established in the WMP and the total system demand is equal to 868 gpm. This scenario was used to identify deficiencies in the system under average conditions and is useful in finding junctions over the recommended operating pressures. The boundary conditions were assigned to where the tank levels are just below the "off" setpoint for the wells. Well #8 and Well #7 are on under this scenario.
    - Established Boundary Conditions to check before running
      - Total Demand = 868 gpm
      - Well 4 = off
      - Well 6 = off
      - Well 7 = on
      - Well 8 = on
      - Transfer PS = off
      - Observation Hill Tank West Level = 19.5 ft (just before well off setpoint)
      - Fairway Tank Level = 31.6 ft (just before well off setpoint)
      - Future 2.0 MG Tank Level = 31.6 ft (same as Fairway Tank)
  - 2022_PHD – This scenario is under existing peak hour demands as established in the WMP and the total system is equal to 4,305 gpm. This scenario was used to identify pressures below 30 psi within the distribution system. The boundary conditions were assigned to where the tank levels are just above the "on" setpoint for the well pumps. For this reason, no well pumps are modeled as on.
    - Established Boundary Conditions to check before running
      - Total Demand = 868 gpm
      - Well 4 = off
      - Well 6 = off
      - Well 7 = off
      - Well 8 = off
      - Transfer PS = off
      - Observation Hill Tank West Level = 15.5 ft
      - Fairway Tank Level = 29.0 ft
      - Future 2.0 MG Tank Level = 29.0 ft
  - 2022_MDD_FF – This scenario is under existing maximum day demand however, the Owner has a system in place to automatically turn off irrigation sources when a fire flow event occurs. Based on historical irrigation usage, this would result in a reduction of MDD of approximately 420 gpm which results in a total MDD reduced demand of 2,176 gpm for this scenario.
    This scenario is run as a fire flow scenario where the hydrant junctions are evaluated to calculate the available fire flow while maintaining 20 psi at other junctions within the system. The 20 psi residual pressure does not need to be met on pump suction ends or on transmission pipelines directly below storage reservoirs. The scenario is set up to exclude these junctions.
    The fire flow simulation options should be set to run on all FF junctions (and only the hydrants should have FF demands) and the critical node search range should be limited to the domain (which should exclude junctions on suction side of pumps and transmission lines, and junctions served by individual boosters). Junctions which should not be included in the critical search range have a field "FF_SEARCH" set to "No". The remainder of the junctions which should be included will say "Yes".
    - 3000_GPM_REDUCED_MDD
      - Established Boundary Conditions to check before running
        - Total Demand = 2,176 gpm
        - Well 4 = on
        - Well 6 = on
        - Well 7 = on
        - Well 8 = on

        - Transfer PS = Controlled by DS junction
        - Observation Hill Tank West Level = 13.7 ft
        - Fairway Tank Level = 25.9 ft
        - Future 2.0 MG Tank Level = 23.1 ft
- 4000_GPM_REDUCED_MDD
    - Established Boundary Conditions to check before running
        - Total Demand = 2,176 gpm
        - Well 4 = on
        - Well 6 = on
        - Well 7 = on
        - Well 8 = on
        - Transfer PS = Controlled by DS junction
        - Observation Hill Tank West Level = 13.1 ft
        - Fairway Tank Level = 24.9 ft
        - Future 2.0 MG Tank Level = 21.2 ft
- 5000_GPM_REDUCED_MDD
    - Established Boundary Conditions to check before running
        - Total Demand = 2,176 gpm
        - Well 4 = on
        - Well 6 = on
        - Well 7 = on
        - Well 8 = on
        - Transfer PS = Controlled by DS junction
        - Observation Hill Tank West Level = 12.5 ft
        - Fairway Tank Level = 23.9 ft
        - Future 2.0 MG Tank Level = 19.2 ft

MODEL OPERATIONS AND SETPOINTS

Model setpoints and operational settings were assigned based on site visit and reported settings from the Owner's water operators.

- The 2022_ADD scenario sets the tanks to their maximum level before the wells would shut off.
- The 2022_MDD_FF scenario tank levels were assigned based on results from extended period simulations where a fire demand of 4,000 gpm was simulated for 4 hours at various areas within the water system. The 4,000 gpm demand was assigned to 7 different junctions throughout the system to observe how the tank levels varied with fire flows in different areas. The tank levels varied depending on where the fire demand was assigned. The average tank levels from the 7 fire simulations were used to assign the tank levels for the fire flow evaluations.
- The 2022_PHD scenario tank levels were calculated by assuming the tanks were at their bottom setpoint when peak hour hit and then the equalizing storage was depleted.

Storage Reservoirs:

	Initial Level (ft)			
Scenario	Observatory Hill West	Elevated Observatory Hill	Fairway	Future 2.0 MG
2022_ADD	19.5	inactive	31.6	31.6
2022_MDD_FF	-		-	-
4-Hour Event @ 3,000 gpm	*13.7*		*25.9*	*23.1*
4-hour Event @ 4,000 gpm	*13.1*		*24.9*	*21.2*
4-hour Event @ 5,000 gpm	*12.5*		*23.9*	*19.2*
2022_PHD	15.5		29.0	29.0
2042_ADD	19.5		31.6	31.6
2042_MDD_FF				
2042_PHD	15.5		29.0	29.0

Pumps

Scenario	Well 4	Well 6	Well 7	Well 8
2022_ADD	Off	Off	On	On
2022_MDD_FF	On	On	On	On
2022_PHD	Off	Off	Off	Off
2042_ADD	Off	Off	On	On
2042_MDD_FF	On	On	On	On
2042_PHD	Off	Off	Off	Off

APPENDIX C-7

Building Fire Flow Information

Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	Fall 2022
Reviewed By:	TJB

2022 MDD+FF RESULTS

Building Information					Model Results		
Facility No.	Building Short Name	Pressure Zone	Building Sprinklers?	Fire Flow Demand (gpm)	Max AFF (gpm)	Min AFF (gpm)	% Deficient[11]
0001	THOMPSON	Low	Yes	688	3,408	3,248	0%
0002	BRYAN	Both	Yes	813	2,784	971	0%
0003	FULMER-LAB	Both	Yes	1,750	3,394	1,041	0%
0003A	FULMER-ANNEX	Both	Yes	1,063	3,273	1,041	0%
0003B	FULMER-SYNTH	Both	Yes	875	3,273	3,273	0%
0003C	FULMER-VIF	Both	Yes	500	3,394	1,031	0%
0004	COLLEGE	High	No	3,250	2,722	1,018	-16%
0005	COMMONS	Low	No	4,000	3,529	2,404	-12%
0006	COMMUNITY/DD	Low	Yes	813	2,914	1,543	0%
0009	HOLL FIELDHS	Low	No	3,500	3,183	3,029	-9%
0011	BOHLER GYM	Low	Yes	1,313	3,183	3,176	0%
0011A	BOHLER ADDN	Low	Yes	1,313	3,461	3,029	0%
0012	SMITH GYM	Low	No	4,250	3,438	3,199	-19%
0014	HONORS HALL	Low	Yes	875	3,363	2,057	0%
0015	WASHINGTON	Low	Yes	1,063	3,253	2,256	0%
0016	MATH ANNEX	Low	No	1,500	3,469	3,458	0%
0018	NORTHSIDERES	Low	Yes	875	4,291	1,764	0%
0019	MCCROSKEY	Low	Yes	625	3,248	807	0%
0020	CARPENTER	Low	Yes	938	3,442	3,339	0%
0024	MORRILL	Low	No	2,250	3,458	3,408	0%
0025	KIMBROUGH	Low	Yes	1,063	3,199	807	0%
0027	COLLEGESTEAM	Low	No	2,500	3,630	3,562	0%
0030	WILMER-DAVIS	Both	Yes	1,063	2,914	792	0%
0031	PRES RESIDEN	Low	No	2,250	3,459	3,459	0%
0032	ABELSON	High	Yes	1,125	3,394	1,031	0%
0033A	GOERTZEN	Low	Yes	625	3,434	3,388	0%
0033E	MURROW	Both	No	4,000	3,408	1,018	-15%
0033W	JACKSON	Both	No	4,000	3,408	971	-15%
0034	STEVENS	Both	Yes	625	3,388	807	0%
0035	STIMSON	Both	Yes	813	3,394	1,041	0%
0036	TROY	Both	No	2,750	3,415	1,055	0%
0037	VANDOREN	Low	No	2,500	2,834	2,784	0%
0039	WALLER	Low	No	3,000	3,307	2,980	0%
0040	WILSON-SHORT	High	No	4,000	1,714	1,002	-57%
0042	OLYMPIA AVE	Low	Yes	750	2,916	1,294	0%
0044	MCCOY	Both	No	4,750	3,910	1,070	-18%
0045	WEGNER	Both	No	4,500	3,545	1,070	-21%
0054	L.J. SMITH	Both	No	3,500	4,171	1,385	0%
0055	TODD	High	Yes	1,500	3,273	1,031	0%
0056	DANA	Low	No	4,250	3,561	3,442	-16%
0057	THERM FLUIDS	Low	No	2,500	3,562	3,488	0%
0058	ENG TCH/RES	Low	Yes	1,250	3,562	3,485	0%
0060	WSU INCIN	High	Yes	750	1,240	1,181	0%
0062	HOLLAND LIB	Both	Yes	1,500	2,834	1,031	0%

Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	Fall 2022
Reviewed By:	TJB

2022 MDD+FF RESULTS

Building Information					Model Results		
Facility No.	Building Short Name	Pressure Zone	Building Sprinklers?	Fire Flow Demand (gpm)	Max AFF (gpm)	Min AFF (gpm)	% Deficient[11]
0062A	TERRELL LIB	Both	Yes	1,500	3,199	1,002	0%
0063	CUB	High	Yes	1,500	1,714	1,002	0%
0064	CHINOOK CNTR	Both	No	3,250	807	792	-75%
0065A	REGENT-STRNS	Low	Yes	1,313	3,674	1,764	0%
0066C	PP-MOTR POOL	High	No	1,500	2,698	1,889	0%
0066D	PP-GROUNDS	High	No	1,500	2,698	2,302	0%
0069	KRUEGL-MCALL	Low	No	4,250	2,450	2,187	-42%
0070	NEILL	Low	Yes	750	3,179	2,187	0%
0071	ALBRK LAB	Low	No	3,750	3,459	3,459	-8%
0072	COMAN	Low	No	2,750	2,047	2,047	-26%
0073	SCOTT	Low	Yes	688	2,047	2,047	0%
0074	DODGEN RSRCH	High	No	2,250	447	447	-80%
0076	JOHNSON	High	No	6,000	2,956	1,393	-51%
0078	SLOAN	Low	No	4,750	3,488	3,363	-27%
0078A	ELEC/MECH	Low	Yes	1,125	3,488	3,442	0%
0079	GANNON-GOLDS	Low	Yes	1,250	2,187	2,018	0%
0080	ROTUNDA	Low	Yes	688	2,359	1,636	0%
0081C	STREIT-PERHM	Low	Yes	1,438	4,291	1,207	0%
0082	HEALD	Low	No	4,250	3,469	1,031	-18%
0082A	EASTLICK	Both	Yes	1,188	3,469	1,031	0%
0083	ROGERS	Low	Yes	1,188	2,245	2,081	0%
0084	SCHNITZERART	High	Yes	1,500	1,232	1,063	-18%
0085A	MCCLSKY-OFF	High	No	1,500	1,808	1,750	0%
0086	CLEVELAND	Both	Yes	1,000	3,529	3,307	0%
0086A	EDUC ADDN	Low	Yes	625	3,529	3,253	0%
0087	ORTON	Low	Yes	1,188	2,081	1,884	0%
0088	WSU CHILDREN	Low	Yes	750	2,081	1,907	0%
0089	FOOD SERVICE	High	Yes	1,000	1,808	1,561	0%
0090	ENVIR HEALTH	High	No	1,750	1,101	1,101	-37%
0091	COOPER PUBL	High	Yes	688	3,011	2,698	0%
0092	FRENCH AD	High	No	3,500	2,828	1,243	-19%
0092A	LIGHTY SVS	High	Yes	1,125	2,828	1,393	0%
0093C	STEPH DINING	Low	No	3,500	2,256	2,256	-36%
0093E	STEPH EAST	Low	Yes	1,000	2,256	2,186	0%
0093N	STEPH NORTH	Low	Yes	1,000	2,256	2,256	0%
0093S	STEPH SOUTH	Low	Yes	938	2,256	2,256	0%
0094	JOHNSON TWR	High	No	2,000	1,063	1,055	-47%
0095	SMITH CENTER	Both	No	3,000	2,981	1,055	-1%
0096	PHYS ED	Low	Yes	1,188	3,461	3,176	0%
0098	MEATS LAB	High	No	1,750	2,846	2,717	0%
0099	CLARK	High	Yes	1,188	3,921	2,843	0%
0115	AG SEED HSE	High	No	3,500	3,657	3,642	0%
0120J	CF-STOR BLDG	Low	No	2,500	1,346	1,346	-46%
0122	PLANT CENTER	High	Yes	750	4,266	1,550	0%

Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	Fall 2022
Reviewed By:	TJB

2022 MDD+FF RESULTS

Building Information					Model Results		
Facility No.	Building Short Name	Pressure Zone	Building Sprinklers?	Fire Flow Demand (gpm)	Max AFF (gpm)	Min AFF (gpm)	% Deficient[1]
0138	ALUMNI CNTR	High	Yes	750	3,590	2,842	0%
0144	BEEF-FEEDLAB	High	No	3,500	1,354	1,349	-61%
0146	BEEF-BREED	High	No	2,250	854	854	-62%
0150	ENSMINGERPAV	High	No	2,500	4,052	2,956	0%
0175	FIRE ARTS	Both	No	3,500	1,240	1,184	-65%
0180A	STEF OFFICE	High	No	2,250	1,172	1,153	-48%
0321	BOILER BULK	Low	No	1,500	3,630	3,630	0%
0358A	RECEIVING	High	No	1,500	1,544	1,544	0%
0358B	SURPLUSSTORE	High	Yes	938	1,338	1,338	0%
0365	TENNIS CLHSE	High	No	1,500	2,387	2,387	0%
0650E	TERRACE-E	High	No	2,500	2,351	1,153	-6%
0660L	KAMIAK-L	High	No	2,750	2,351	1,830	-15%
0665U	STEPTOE-U	High	No	3,000	2,230	1,830	-26%
0675D	VALL CREST-D	High	No	3,500	6,652	3,456	0%
0676D	CHIEF JSPH-D	High	No	3,750	2,152	2,058	-43%
0677G	NEZ PERCE-G	High	No	2,000	2,685	2,048	0%
0678G	COLUMBIA-G	Low	No	1,750	1,767	1,346	0%
0679I	CHINOOK-I	Low	No	3,250	1,978	1,427	-39%
0680Q	YAKAMA VIL-Q	Low	Yes	750	2,041	1,580	0%
0801	WEBSTER	Low	Yes	1,125	3,273	2,187	0%
0803	DAGGY ACADEM	Low	Yes	1,125	3,469	3,339	0%
0805X	MCEACHERN-SV	Low	Yes	1,063	1,789	1,402	0%
0806	BEASLEY COL	High	No	6,000	4,245	3,400	-29%
0807	BUSTAD	Low	Yes	1,375	3,910	3,767	0%
0807A	ADBF	Low	Yes	1,125	4,171	4,171	0%
0808	HULBERT	High	No	3,500	3,600	3,590	0%
0809	AVERY	Both	Yes	625	3,248	807	0%
0810	OWEN LIBRARY	Both	No	5,000	3,394	1,041	-32%
0812	INFO TECH	High	No	4,500	1,934	1,232	-57%
0813	CHIL WTR PLT	Low	No	1,500	3,561	3,561	0%
0816	FOOD/NUTRITN	High	Yes	1,250	4,427	2,524	0%
0818	VET TCHG HSP	Low	Yes	1,313	3,910	1,335	0%
0819	STU REC CNTR	High	Yes	1,438	2,967	2,895	0%
0826	VOGEL PLANT	High	Yes	1,125	2,664	1,934	0%
0835	INDOOR PRACT	High	No	2,635	2,477	2,180	-6%
0836	BIOTECH/LSF	High	Yes	1,000	2,248	2,187	0%
0837	MCSVSSHP837	High	No	3,000	1,561	1,354	-48%
0839	COMPOST EQUI	High	No	1,500	1,181	1,181	-21%
0840	GRIMES STEAM	High	Yes	500	1,889	1,684	0%
0858	VET BIOMED	High	Yes	1,000	4,427	2,343	0%

1) Deficiency based on difference between maximum available fire flow and required fire flow.

Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	Fall 2022
Reviewed By:	TJB

2041 MDD+FF RESULTS

Building Information					Model Results		
Facility No.	Building Short Name	Pressure Zone	Building Sprinklers?	Fire Flow Demand (gpm)	Max AFF (gpm)	Min AFF (gpm)	% Deficient[11]
0001	THOMPSON	Low	Yes	688	3,408	3,248	0%
0002	BRYAN	Both	Yes	813	2,784	893	0%
0003	FULMER-LAB	Both	Yes	1,750	3,395	921	0%
0003A	FULMER-ANNEX	Both	Yes	1,063	3,273	921	0%
0003B	FULMER-SYNTH	Both	Yes	875	3,273	3,273	0%
0003C	FULMER-VIF	Both	Yes	500	3,395	911	0%
0004	COLLEGE	High	No	3,250	2,721	911	-16%
0005	COMMONS	Low	No	4,000	3,525	2,425	-12%
0006	COMMUNITY/DD	Low	Yes	813	2,913	1,543	0%
0009	HOLL FIELDHS	Low	No	3,500	3,182	3,029	-9%
0011	BOHLER GYM	Low	Yes	1,313	3,182	3,175	0%
0011A	BOHLER ADDN	Low	Yes	1,313	3,460	3,029	0%
0012	SMITH GYM	Low	No	4,250	3,437	3,198	-19%
0014	HONORS HALL	Low	Yes	875	3,362	2,057	0%
0015	WASHINGTON	Low	Yes	1,063	3,289	2,264	0%
0016	MATH ANNEX	Low	No	1,500	3,469	3,458	0%
0018	NORTHSIDERES	Low	Yes	875	4,290	1,764	0%
0019	MCCROSKEY	Low	Yes	625	3,248	746	0%
0020	CARPENTER	Low	Yes	938	3,442	3,339	0%
0024	MORRILL	Low	No	2,250	3,458	3,408	0%
0025	KIMBROUGH	Low	Yes	1,063	3,198	746	0%
0027	COLLEGESTEAM	Low	No	2,500	3,630	3,562	0%
0030	WILMER-DAVIS	Both	Yes	1,063	2,913	735	0%
0031	PRES RESIDEN	Low	No	2,250	2,459	2,459	0%
0032	ABELSON	High	Yes	1,125	3,395	911	0%
0033A	GOERTZEN	Low	Yes	625	3,434	3,388	0%
0033E	MURROW	Both	No	4,000	3,408	911	-15%
0033W	JACKSON	Both	No	4,000	3,408	893	-15%
0034	STEVENS	Both	Yes	625	3,388	746	0%
0035	STIMSON	Both	Yes	813	3,395	921	0%
0036	TROY	Both	No	2,750	3,415	931	0%
0037	VANDOREN	Low	No	2,500	2,833	2,784	0%
0039	WALLER	Low	No	3,000	3,324	3,002	0%
0040	WILSON-SHORT	High	No	4,000	1,714	887	-57%
0042	OLYMPIA AVE	Low	Yes	750	2,916	1,296	0%
0044	MCCOY	Both	No	4,750	3,911	991	-18%
0045	WEGNER	Both	No	4,500	3,545	991	-21%
0054	L.J. SMITH	Both	No	3,500	4,171	1,292	0%
0055	TODD	High	Yes	1,500	3,273	911	0%
0056	DANA	Low	No	4,250	3,561	3,442	-16%
0057	THERM FLUIDS	Low	No	2,500	3,562	3,488	0%
0058	ENG TCH/RES	Low	Yes	1,250	3,562	3,485	0%
0060	WSU INCIN	High	Yes	750	1,094	1,044	0%

Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	Fall 2022
Reviewed By:	TJB

2041 MDD+FF RESULTS

Building Information					Model Results		
Facility No.	Building Short Name	Pressure Zone	Building Sprinklers?	Fire Flow Demand (gpm)	Max AFF (gpm)	Min AFF (gpm)	% Deficient[11]
0062	HOLLAND LIB	Both	Yes	1,500	2,833	911	0%
0062A	TERRELL LIB	Both	Yes	1,500	3,198	887	0%
0063	CUB	High	Yes	1,500	1,714	887	0%
0064	CHINOOK CNTR	Both	No	3,250	746	735	-77%
0065A	REGENT-STRNS	Low	Yes	1,313	3,673	1,764	0%
0066C	PP-MOTR POOL	High	No	1,500	2,919	1,717	0%
0066D	PP-GROUNDS	High	No	1,500	2,919	1,996	0%
0069	KRUEGL-MCALL	Low	No	4,250	2,461	2,194	-42%
0070	NEILL	Low	Yes	750	3,186	2,192	0%
0071	ALBRK LAB	Low	No	3,750	3,459	3,459	-8%
0072	COMAN	Low	No	2,750	2,046	2,046	-26%
0073	SCOTT	Low	Yes	688	2,046	2,046	0%
0074	DODGEN RSRCH	High	No	2,250	400	400	-82%
0076	JOHNSON	High	No	6,000	2,764	1,393	-54%
0078	SLOAN	Low	No	4,750	3,488	3,362	-27%
0078A	ELEC/MECH	Low	Yes	1,125	3,488	3,442	0%
0079	GANNON-GOLDS	Low	Yes	1,250	2,192	2,022	0%
0080	ROTUNDA	Low	Yes	688	2,367	1,638	0%
0081C	STREIT-PERHM	Low	Yes	1,438	4,290	1,207	0%
0082	HEALD	Low	No	4,250	3,469	911	-18%
0082A	EASTLICK	Both	Yes	1,188	3,469	911	0%
0083	ROGERS	Low	Yes	1,188	2,253	2,087	0%
0084	SCHNITZERART	High	Yes	1,500	1,087	938	-28%
0085A	MCCLSKY-OFF	High	No	1,500	1,567	1,513	0%
0086	CLEVELAND	Both	Yes	1,000	3,525	3,324	0%
0086A	EDUC ADDN	Low	Yes	625	3,525	3,289	0%
0087	ORTON	Low	Yes	1,188	2,087	1,888	0%
0088	WSU CHILDREN	Low	Yes	750	2,087	1,912	0%
0089	FOOD SERVICE	High	Yes	1,000	1,567	1,352	0%
0090	ENVIR HEALTH	High	No	1,750	987	987	-44%
0091	COOPER PUBL	High	Yes	688	2,919	2,821	0%
0092	FRENCH AD	High	No	3,500	2,617	1,138	-25%
0092A	LIGHTY SVS	High	Yes	1,125	2,617	1,393	0%
0093C	STEPH DINING	Low	No	3,500	2,264	2,264	-35%
0093E	STEPH EAST	Low	Yes	1,000	2,264	2,194	0%
0093N	STEPH NORTH	Low	Yes	1,000	2,264	2,264	0%
0093S	STEPH SOUTH	Low	Yes	938	2,264	2,264	0%
0094	JOHNSON TWR	High	No	2,000	938	931	-53%
0095	SMITH CENTER	Both	No	3,000	2,981	931	-1%
0096	PHYS ED	Low	Yes	1,188	3,460	3,175	0%
0098	MEATS LAB	High	No	1,750	3,471	2,517	0%
0099	CLARK	High	Yes	1,188	3,821	2,764	0%
0115	AG SEED HSE	High	No	3,500	3,508	3,442	0%

Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	Fall 2022
Reviewed By:	TJB

2041 MDD+FF RESULTS

Building Information					Model Results		
Facility No.	Building Short Name	Pressure Zone	Building Sprinklers?	Fire Flow Demand (gpm)	Max AFF (gpm)	Min AFF (gpm)	% Deficient[1]
0120J	CF-STOR BLDG	Low	No	2,500	1,346	1,346	-46%
0122	PLANT CENTER	High	Yes	750	3,925	1,444	0%
0138	ALUMNI CNTR	High	Yes	750	3,414	2,732	0%
0144	BEEF-FEEDLAB	High	No	3,500	1,210	1,192	-65%
0146	BEEF-BREED	High	No	2,250	778	778	-65%
0150	ENSMINGERPAV	High	No	2,500	3,714	2,732	0%
0175	FIRE ARTS	Both	No	3,500	1,094	1,089	-69%
0180A	STEF OFFICE	High	No	2,250	1,046	1,030	-54%
0321	BOILER BULK	Low	No	1,500	3,630	3,630	0%
0358A	RECEIVING	High	No	1,500	1,343	1,343	-10%
0358B	SURPLUSSTORE	High	Yes	938	1,173	1,173	0%
0365	TENNIS CLHSE	High	No	1,500	2,358	2,358	0%
0650E	TERRACE-E	High	No	2,500	2,045	1,145	-18%
0660L	KAMIAK-L	High	No	2,750	2,045	1,816	-26%
0665U	STEPTOE-U	High	No	3,000	1,960	1,816	-35%
0675D	VALL CREST-D	High	No	3,500	5,934	3,219	0%
0676D	CHIEF JSPH-D	High	No	3,750	1,865	1,780	-50%
0677G	NEZ PERCE-G	High	No	2,000	2,360	1,909	0%
0678G	COLUMBIA-G	Low	No	1,750	1,771	1,346	0%
0679I	CHINOOK-I	Low	No	3,250	1,984	1,427	-39%
0680Q	YAKAMA VIL-Q	Low	Yes	750	2,047	1,581	0%
0801	WEBSTER	Low	Yes	1,125	3,273	2,192	0%
0803	DAGGY ACADEM	Low	Yes	1,125	3,469	3,339	0%
0805X	MCEACHERN-SV	Low	Yes	1,063	1,793	1,404	0%
0806	BEASLEY COL	High	No	6,000	3,248	3,005	-46%
0807	BUSTAD	Low	Yes	1,375	3,911	3,767	0%
0807A	ADBF	Low	Yes	1,125	4,171	4,171	0%
0808	HULBERT	High	No	3,500	3,414	3,311	-2%
0809	AVERY	Both	Yes	625	3,248	746	0%
0810	OWEN LIBRARY	Both	No	5,000	3,395	921	-32%
0812	INFO TECH	High	No	4,500	2,487	1,087	-45%
0813	CHIL WTR PLT	Low	No	1,500	3,561	3,561	0%
0816	FOOD/NUTRITN	High	Yes	1,250	4,313	2,477	0%
0818	VET TCHG HSP	Low	Yes	1,313	3,911	2,064	0%
0819	STU REC CNTR	High	Yes	1,438	2,599	2,531	0%
0826	VOGEL PLANT	High	Yes	1,125	2,487	2,408	0%
0835	INDOOR PRACT	High	No	2,635	2,454	2,165	-7%
0836	BIOTECH/LSF	High	Yes	1,000	2,408	2,103	0%
0837	MCSVSSHP837	High	No	3,000	1,352	1,210	-55%
0839	COMPOST EQUI	High	No	1,500	1,044	1,044	-30%
0840	GRIMES STEAM	High	Yes	500	1,717	1,551	0%
0858	VET BIOMED	High	Yes	1,000	4,313	2,343	0%

1) Deficiency based on difference between maximum available fire flow and required fire flow.

Asset	Description	Asset Type	Asset Grou	Status	Region	Facility	Property	Location
707938	D4012: FIRE PUMP | JOHNSON TOWER	SERIALIZED	D4012	ACTIVE	38	38-100-001	94	B0001
707939	D4012: FIRE PUMP | ANIMAL DISEASE BIOTECHNOLOGY FACILITY	SERIALIZED	D4012	ACTIVE	38	38-100-001	0807A	1000X
707940	D4012: FIRE PUMP | VETERINARY AND BIOMEDICAL RESEARCH BUILDING	SERIALIZED	D4012	ACTIVE	38	38-100-001	858	G0088A
707941	D4012: FIRE PUMP	SERIALIZED	D4012	INACTIVE	38	38-100-001	0812D	106
707942	D4012: FIRE PUMP | PACCAR ENVIRONMENTAL TECHNOLOGY BUILDING	SERIALIZED	D4012	ACTIVE	38	38-100-001	50	B0012
707943	D4012: FIRE PUMP | STEPHENSON NORTH	SERIALIZED	D4012	ACTIVE	38	38-100-001	0093N	112
707944	D4012: FIRE PUMP | STEPHENSON SOUTH	SERIALIZED	D4012	ACTIVE	38	38-100-001	0093S	112
707945	D4012: FIRE PUMP | STEPHENSON EAST	SERIALIZED	D4012	ACTIVE	38	38-100-001	0093E	112
707946	D4012: FIRE PUMP | ROGERS HALL	SERIALIZED	D4012	ACTIVE	38	38-100-001	83	165
707947	D4012: FIRE PUMP | ORTON HALL	SERIALIZED	D4012	ACTIVE	38	38-100-001	87	165
707948	D4012: FIRE PUMP | OLYMPIA STUDENT HOUSING	SERIALIZED	D4012	ACTIVE	38	38-100-001	42	B0025
707950	D4012: FIRE PUMP | WILMER- DAVIS HALL	SERIALIZED	D4012	ACTIVE	38	38-100-001	30	30
707951	D4012: FIRE PUMP | STREIT HALL	SERIALIZED	D4012	ACTIVE	38	38-100-001	0081A	13
707952	D4012: FIRE PUMP | MARTIN STADIUM COMPLEX	SERIALIZED	D4012	ACTIVE	38	38-100-001	0812S	
707953	D4012: FIRE PUMP | PERHAM HALL	SERIALIZED	D4012	ACTIVE	38	38-100-001	0081B	13
707960	D4012: FIRE PUMP | FULMER HALL - ANNEX	SERIALIZED	D4012	ACTIVE	38	38-100-001	0003A	
708864	D4012: FIRE PUMP | TODD HALL ADDITION	SERIALIZED	D4012	ACTIVE	38	38-100-001	0055A	161
709515	D4012: FIRE PUMP | STREIT- PERHAM HALL	SERIALIZED	D4012	ACTIVE	38	38-100-001	0081C	
710254	D20211: BACKFLOW PREVENTER (INTERIOR) | BACKFLOWS | COUGAR ATHLETIC FUND PREMIUM SEATING & MEDIA CNTR 0812A | PRESS BOX | FIRE PUMP RISER RC	SERIALIZED	D20211	ACTIVE	38	38-100-001	0716F	
710255	D20211: BACKFLOW PREVENTER (INTERIOR) | BACKFLOWS | COUGAR ATHLETIC FUND PREMIUM SEATING & MEDIA CNTR 0812A | PRESS BOX | FIRE PUMP RISER RC	SERIALIZED	D20211	ACTIVE	38	38-100-001	0716F	
800287	D4012: FIRE PUMP	SERIALIZED	D4012	INACTIVE	38	38-100-001	0003C	0010M
800368	D4012: FIRE PUMP | FULMER HALL-SYNTHESIS BUILDING	SERIALIZED	D4012	ACTIVE	38	38-100-001	0003B	B0002
800678	D4012: FIRE PUMP | WEBSTER PHYSICAL SCIENCES BUILDING	SERIALIZED	D4012	ACTIVE	38	38-100-001	801	B0018A
800862	D4012: FIRE PUMP | TERRELL LIBRARY	SERIALIZED	D4012	ACTIVE	38	38-100-001	0062A	P0222
801519	D4012: FIRE PUMP | SMITH CENTER FOR UNDERGRADUATE EDUCATION	SERIALIZED	D4012	ACTIVE	38	38-100-001	95	P0110
801558	D4012: FIRE PUMP | THOMPSON HALL	SERIALIZED	D4012	ACTIVE	38	38-100-001	1	0012B
801661	D4012: FIRE PUMP | KIMBROUGH MUSIC BLDG.	SERIALIZED	D4012	ACTIVE	38	38-100-001	25	B0030W
802117	D4012: FIRE PUMP | COUGAR FOOTBALL COMPLEX	SERIALIZED	D4012	ACTIVE	38	38-100-001	0812D	106
802130	D4012: FIRE PUMP | COMPTON UNION BLDG.	SERIALIZED	D4012	ACTIVE	38	38-100-001	63	L0010B
802314	D4012: FIRE PUMP | VETERINARY TEACHING HOSPITAL	SERIALIZED	D4012	ACTIVE	38	38-100-001	818	22
802540	D4012: FIRE PUMP | BUSTAD HALL	SERIALIZED	D4012	ACTIVE	38	38-100-001	807	36

Asset	Description	Asset Type	Asset Grou	Status	Region	Facility	Property	Location
800369	E1098: DOMESTIC WATER BOOSTER PUMP PKG - 2 PUMPS- RP -VALVES- TANK | FULMER HALL- SYNTHESIS BLDG.	SERIALIZED	E1098	ACTIVE	38	38-100-001	0003B	B0002
800370	E1098: DOMESTIC WATER BOOSTER PUMP - VERTICAL MULTISTAGE CENTRIFUGAL | FULMER HALL- SYNTHESIS BLDG.	SERIALIZED	E1098	ACTIVE	38	38-100-001	0003B	B0002
800371	E1098: DOMESTIC WATER BOOSTER PUMP - UNFIRED PRESSURE VESSEL EXPANSION TANK | FULMER HALL- SYNTHESIS BLDG.	SERIALIZED	E1098	ACTIVE	38	38-100-001	0003B	B0002
800372	E1098: DOMESTIC WATER BOOSTER PUMP PKG - UNFIRED PRESSURE VESSEL EXPANSION TANK | FULMER HALL- SYNTHESIS BLDG.	SERIALIZED	E1098	ACTIVE	38	38-100-001	0003B	B0002
800639	E1098: DOMESTIC WATER BOOSTER PUMP 2 | HOLLAND LIBRARY | 3RD & 4TH FLOORS	SERIALIZED	E1098	ACTIVE	38	38-100-001	62	B0010
800641	E1098: DOMESTIC WATER BOOSTER PUMP 1 | HOLLAND LIBRARY | 3RD & 4TH FLOORS	SERIALIZED	E1098	ACTIVE	38	38-100-001	62	B0010
800676	E1098: DOMESTIC WATER BOOSTER PUMP 2 | WEBSTER PHYSICAL SCIENCES BLDG.	SERIALIZED	E1098	ACTIVE	38	38-100-001	801	B0018A
800677	E1098: DOMESTIC WATER BOOSTER PUMP 1 | WEBSTER PHYSICAL SCIENCES BLDG.	SERIALIZED	E1098	ACTIVE	38	38-100-001	801	B0018A
800897	E1098: DOMESTIC WATER BOOSTER PUMP 1 | OWEN SCIENCE & ENGINEERING LIBRARY	SERIALIZED	E1098	ACTIVE	38	38-100-001	810	60
800898	E1098: DOMESTIC WATER BOOSTER PUMP 2 | OWEN SCIENCE & ENGINEERING LIBRARY	SERIALIZED	E1098	ACTIVE	38	38-100-001	810	60
801045	E1098: CL2-B BOOSTER PUMP - CHLORINE RECIRCULATION POOL PUMP | BOHLER GYMNASIUM	SERIALIZED	E1098	ACTIVE	38	38-100-001	11	0004SB
801046	E1098: CL2-A BOOSTER PUMP - CHLORINE RECIRCULATION POOL PUMP | BOHLER GYMNASIUM	SERIALIZED	E1098	ACTIVE	38	38-100-001	11	0004SB
801494	E1098: DOMESTIC CHILLED WATER BOOSTER PUMP 2 | FINE ARTS CENTER- ACADEMIC	SERIALIZED	E1098	ACTIVE	38	38-100-001	97	4097
801495	E1098: DOMESTIC CHILLED WATER BOOSTER PUMP #1 | FINE ARTS CENTER- ACADEMIC	SERIALIZED	E1098	ACTIVE	38	38-100-001	97	4097
801520	E1098: DOMESTIC WATER BOOSTER PUMP 1 OF3 | SMITH CENTER FOR UNDERGRADUATE EDUCATION	SERIALIZED	E1098	ACTIVE	38	38-100-001	95	P0110
801521	E1098: DOMESTIC WATER BOOSTER PUMP 1 3 OF 3 | SMITH CENTER FOR UNDERGRADUATE EDUCATION	SERIALIZED	E1098	ACTIVE	38	38-100-001	95	P0110
801522	E1098: DOMESTIC WATER BOOSTER PUMP 2OF3 | SMITH CENTER FOR UNDERGRADUATE EDUCATION	SERIALIZED	E1098	ACTIVE	38	38-100-001	95	P0110
801633	E1098: P-5 DW BOOSTER PUMP | CLARK HALL	SERIALIZED	E1098	ACTIVE	38	38-100-001	99	0011N
801642	E1098: DP-1 DOMESTIC COLD WATER BOOSTER PUMP 1 | FOOD SCIENCE HUMAN NUTRITION BLDG.	SERIALIZED	E1098	ACTIVE	38	38-100-001	816	G0010M
802122	E1098: DOMESTIC COLD WATER BOOSTER PUMP 1 | COUGAR FOOTBALL COMPLEX	SERIALIZED	E1098	ACTIVE	38	38-100-001	0812D	104
802123	E1098: DOMESTIC COLD WATER BOOSTER PUMP 2 | COUGAR FOOTBALL COMPLEX	SERIALIZED	E1098	ACTIVE	38	38-100-001	0812D	104
802124	E1098: DOMESTIC COLD WATER BOOSTER PUMP 3 | COUGAR FOOTBALL COMPLEX	SERIALIZED	E1098	ACTIVE	38	38-100-001	0812D	104
802126	E1098: DOMESTIC COLD WATER BOOSTER PUMP DP-1 PUMP 2 | FOOD SCIENCE HUMAN NUTRITION BLDG.	SERIALIZED	E1098	ACTIVE	38	38-100-001	816	G0010M
802389	E1098: DOMESTIC COLD WATER BOOSTER PUMP 2 | FOOD SCIENCE HUMAN NUTRITION BLDG.	SERIALIZED	E1098	ACTIVE	38	38-100-001	816	G0001
802390	E1098: DOMESTIC COLD WATER BOOSTER PUMP 1 | FOOD SCIENCE HUMAN NUTRITION BLDG.	SERIALIZED	E1098	ACTIVE	38	38-100-001	816	G0001
802533	E1098: WATER BOOSTER PUMP A-19 PUMP 1 | BUSTAD HALL	SERIALIZED	E1098	ACTIVE	38	38-100-001	807	36
802534	E1098: WATER BOOSTER PUMP A-19 PUMP 3 | BUSTAD HALL	SERIALIZED	E1098	ACTIVE	38	38-100-001	807	36
802535	E1098: DOMESTIC WATER BOOSTER PUMP A-19 PUMP 2 | BUSTAD HALL	SERIALIZED	E1098	ACTIVE	38	38-100-001	807	36
802660	E1098: PRESSURE BOOSTER SKID | DOMESTIC WATER BOOSTER PUMP STATION (2 PUMPS, SINGLE CONTROL) | ANIMAL SCIENCE LABORATORY BLDG.	SERIALIZED	E1098	ACTIVE	38	38-100-001	100	150
803581	E1098: DOMESTIC WATER BOOSTER PLANT (DUPLEX PUMPS) | VETERINARY TEACHING HOSPITAL	SERIALIZED	E1098	ACTIVE	38	38-100-001	818	22

APPENDIX C-8

Modeling Results Supporting Calculations

Client:	**Washington State University**
Project:	**Water Master Plan**
Project No.:	**221210**
Location:	Meridian Office
Date:	Jun-22
Completed By:	TJB

Existing Storage Calculations

Operational Storage[1]		
Low PZ HGL Range	**4**	**feet**
Low PZ Volume Per Vertical Foot	**97,200**	**gallons per foot**
Low PZ Operational Volume	**388,800**	**gallons**
High PZ HGL Range	**2.6**	**feet**
High PZ Volume Per Vertical Foot	**126,900**	**gallons per foot**
High PZ Operational Volume	**329,900**	**gallons**
Total Operating Volume	**719,000**	**gallons**
% of total storage	12%	

Peaking Storage[3]		
Peak Hourly Demand	**4,305**	**gpm**
MDD	**2,595**	**gpm**
Equilizing Storage	**256,500**	**gallons**

Standby Storage		
N	7,987	ERUs
Sbi	200	gpd/ERU
Td	2	days
Standby Storage Needed	3,194,800	gallons

Fire Storage		
Fire Demand	5,000	gpm
Duration	4	hours
Total Fire Storage	**1,200,000**	**gallons**

Total Storage Available	**6,100,000**	**gallons**
Total Storage Required	**5,370,300**	**gallons**
Storage Surplus / Deficiency	**729,700**	**gallons**

2031 Storage Calculations

Operational Storage[2]		
Total Operating Volume (gal)[3]	**719,000**	**gallons**
% of total storage[2]	12%	

Peaking Storage		
Peak Hourly Demand	**4,653**	**gpm**
MDD	**2,813**	**gpm**
Equilizing Storage	**276,000**	**gallons**

Standby Storage		
N	8,866	ERUs
Sbi	200	gpd/ERU
Td	2	days
Standby Storage Needed	3,546,400	gallons

Fire Storage		
Fire Demand	5,000	gpm
Duration	4	hours
Total Fire Storage	**1,200,000**	**gallons**

Total Storage Available	**6,100,000**	**gallons**
Total Storage Required[2]	**5,741,400**	**gallons**
Storage Surplus	**358,600**	**gallons**

2041 Storage Calculations

Operational Storage		
Total Operating Volume (gal)	**719,000**	**gallons**
% of total storage[4]	12%	

Peaking Storage		
Peak Hourly Demand	**5,118**	**gpm**
MDD	**3,104**	**gpm**
Equilizing Storage	**302,100**	**gallons**

Standby Storage		
N	9,740	ERUs
Sbi	200	gpd/ERU
Td	2	days
Standby Storage Needed	3,896,000	gallons

Fire Storage		
Fire Demand	5,000	gpm
Duration	4	hours
Total Fire Storage	**1,200,000**	**gallons**

Total Storage Available[4]	**6,100,000**	**gallons**
Total Storage Required[2]	**6,117,100**	**gallons**
Additional Storage Needed	**-17,100**	**gallons**

Notes:

1) Well #7 (Low PZ) turns on when the Observatory Hill PZ is at 15.5 feet and turns off at 19.5 feet. Well #8 (High PZ) turns on when the Fairway Tank is at 29 feet and off at 31.6 feet.

2) Assumes operational storage percent of total storage remains constant through 2041.

3) Calculated per Washington DOH Publication 331-123, Table 7-1 where equalizing storage is equal to (PHD - Qs)(150 min) where Qs is equal to the MDD. Cannot be less than zero.*

APPENDIX C-9

Modeling Results

IMPROVEMENT ALTERNATIVES

There were several deficiencies within the existing water system relating to low PHD pressures and limited AFF which were addressed in the capital improvement plan, however, additional alternatives could be considered to provide additional system benefits. The two deficiencies for which this section discusses alternatives for include the low pressures near Palouse Ridge Drive, and the low pressures in the Low PZ along Olympia Avenue and Wilson Drive.

1.1 PRESSURE ZONE BOUNDARY ALTERNATIVES

The water system consists of several areas where the High PZ and Low PZ boundaries are overlapping and where there are opportunities to simplify system operations. Specifically, there are areas which are currently served by the Low PZ and operating pressures are between 30 and 50 psi where they could be served from the High PZ where more desirable pressures can be achieved. Table 1 summarizes the hydraulic grade line (HGL) of the two pressure zones and their associated elevations which can be served while maintaining a range of 45 psi to 85 psi. The additional 5 psi was included to account for headloss from the reservoir to further parts of the zone. As seen in the table, the difference between the two PZ's HGL is only 63 feet (27 psi). Elevations between 2,514 ft and 2,543 feet could be served by either the Low or the High PZ.

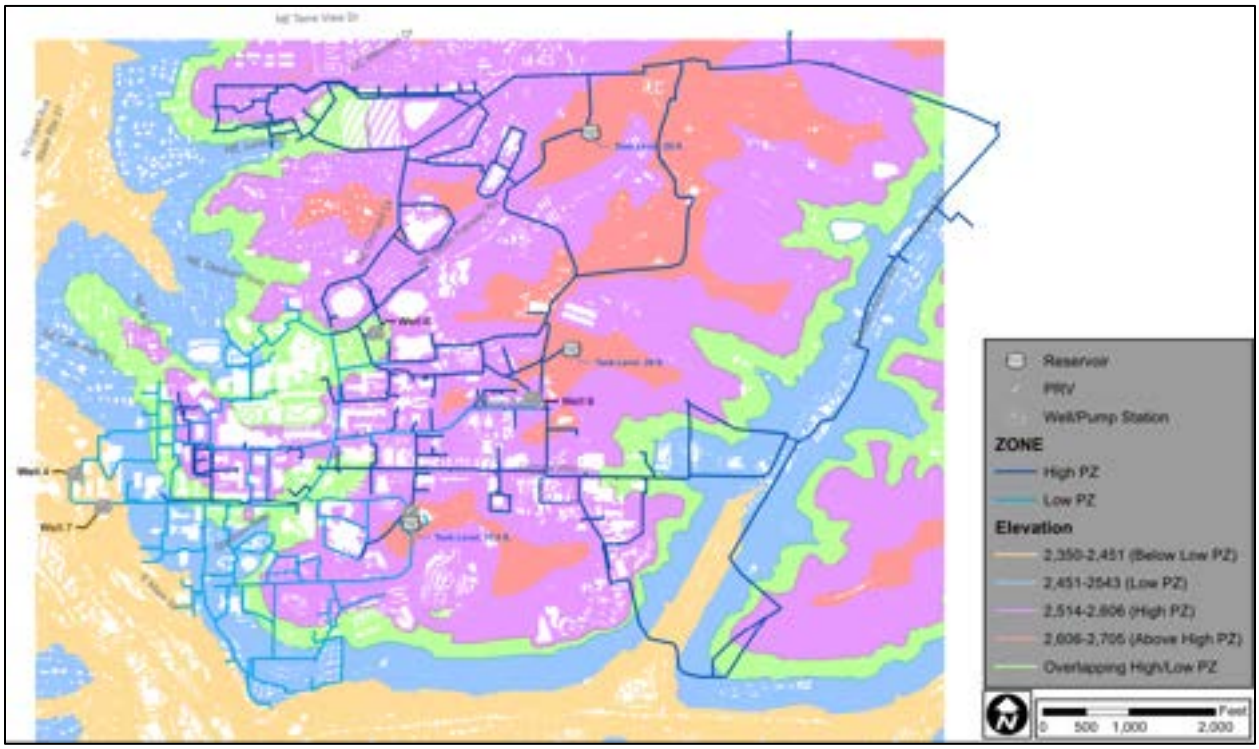
Figure 1 illustrates theoretical pressure service areas based on elevations. There is a large area (shown in red) which cannot be adequately served from the High PZ because the elevations are too high. Including these areas in the High PZ result in two challenges: 1) low pressures at these high elevations, and 2) the higher elevations severely restrict the available fire flows throughout the pressure zone. A new pressure zone should be considered to serve the existing connections within these areas and any future connections within the area.

As indicated in purple and green, the High PZ can serve majority of the water system with the exception of the most southwest areas which should remain on the Low PZ. There are some areas in the Low PZ which will have pressure over 85 psi, and the Owner could consider creating a new lower PZ, however, the wells are located in this area and would require parallel lines. Because this area is so small, individual pressure regulators can be utilized if pressures are unacceptably high.

TABLE 1: PRESSURE ZONE HYDRAULIC GRADES AND ELEVATIONS

Parameter	Low PZ	High PZ
Zone Hydraulic Grade (ft)[1]	2,647	2,710
Maximum Service Elevation (ft)[2]	2,543	2,606
Minimum Service Elevation (ft)[3]	2,451	2,514
1) Based on average reservoir operating levels in both PZs.		
2) Maximum service elevation based on maintaining a minimum of 45 psi.		
2) Minimum service elevation based on maintaining a maximum of 85 psi.		

FIGURE 1: PRESSURE ZONE BOUNDARIES BASED ON ELEVATION



1.1.1 NEW UPPER PRESSURE ZONE ALTERNATIVES

As discussed in previous sections, there are areas along Palouse Ridge Drive which experience operating pressure below 30 psi. This section discusses the improvements necessary to address low pressures along Palouse Ridge Drive and any future connections within the red area in Figure 1. This section also considers a "No Action" alternative to assess the impacts of not implementing improvements in this area.

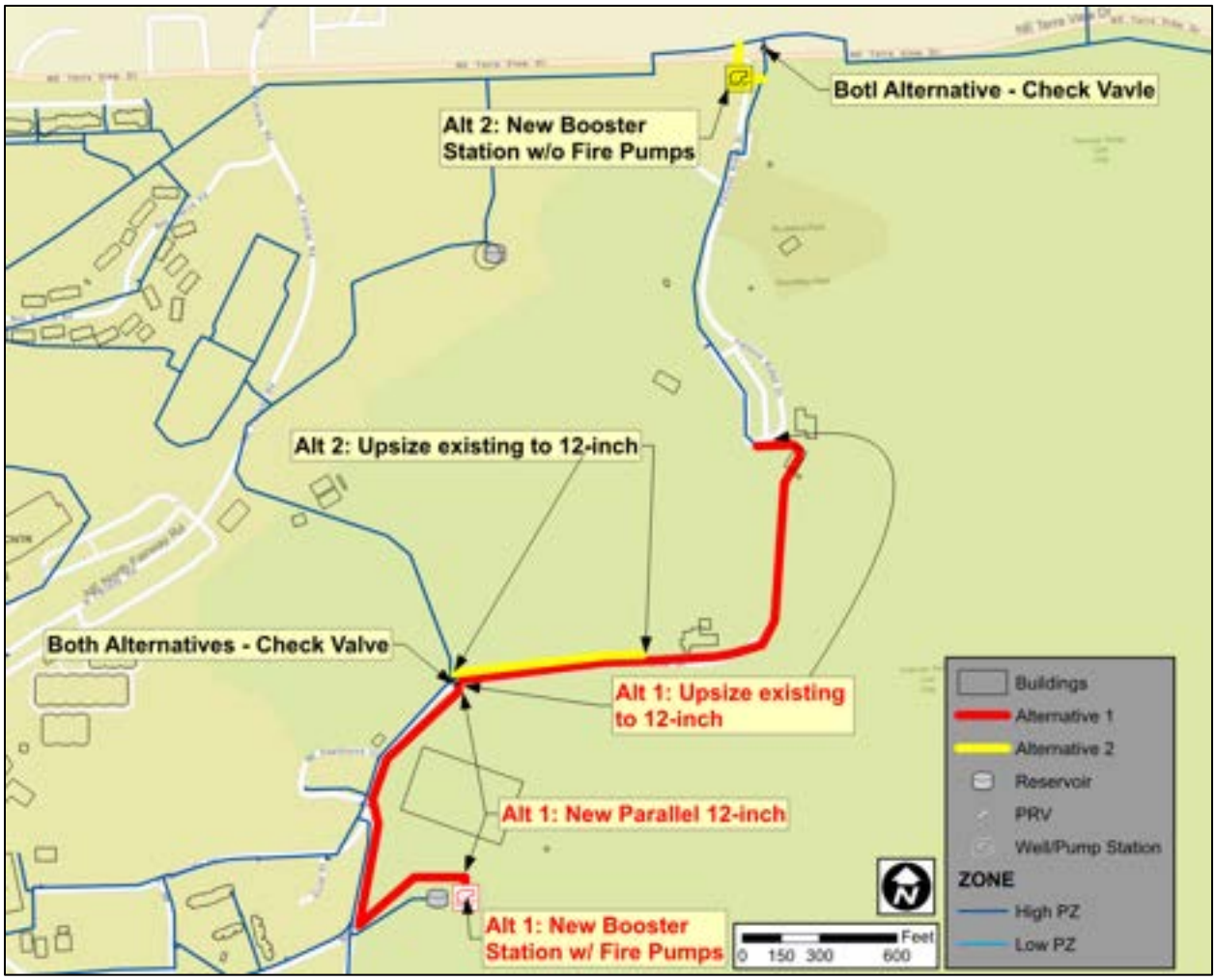
In general, raising pressures at higher elevations requires the creation of a new pressure zone with a higher hydraulic grade. The new zone would need to be supplied by an additional well/booster pump station dedicated to this service area. Storage for the zone could be provided by a new elevated tank or from the existing storage facilities via pumping. The highest elevation within the vicinity of the new pressure zone which a tank could be constructed is 2,705 feet and the highest elevation which must be served from the tank is located at 2,655 feet. This would result in only 20 psi of operating pressure when the tank is empty, unless an elevated tank is constructed. Additionally, the current and projected water demands within the new pressure zone are relatively small and do not warrant the need for a tank to provide operating or equalization storage. Also, water age and water quality concerns would exist with a tank that had little demand with corresponding turnover in the tank. For these reasons, only booster station alternatives are considered to address the low pressures. The alternatives considered are discussed below and illustrated in Figure 2 and are summarized below along with the No Action alternative.

- No Action – The no action alternative would result in continued system operation with pressures below 30 psi. This alternative is out of compliance with state regulations for PHD pressures and also would result in the need for individual booster pumps for any future connections in the higher elevations. This alternative does not result in creating a new pressure zone which leads to restricted fire flow throughout the High PZ because the pressures along Palouse Ridge Drive are often the first to drop below 20 psi during a fire flow event. Based on the model scenarios, approximately 30% of the fire flow junctions have restricted fire flow because of the low pressures along Palouse Ridge Drive. Specifically, the available fire flow around the Campus'

largest fire flow demand structure, Beasley Coliseum, is severely restricted by these junctions. The AFF around Beasley would increase from 1,600 gpm to almost 5,000 gpm if Palouse Ridge Drive was on another zone. Additionally, the building identified with the largest fire flow deficiency was the Dodgen Research Facility and only 24% of the required fire demand can be supplied under existing conditions.

- Alternative 1 – Construct a new booster station near the new 2.0 MG Reservoir site east of Round Top Drive. The booster station should contain a jockey pump, as well as additional pumps to handle the range of flows and fire flow requirements anticipated. This improvement also includes construction of a new 12-inch parallel line to NE Round Top Drive then north along NE Round Top Drive to where the pipes are looped (see Figure 3). The purpose of this parallel line is to maintain the looping between the Fairway Reservoir and the new 2.0 MG Reservoir while connecting the new booster station to the new higher-pressure zone. There are currently only two structures in this zone with specific building fire demands and for the purpose of this study, it was assumed these fire demands must be met. The exact sizing of the fire pumps should be evaluated during final design with input from the local fire authority on the fire flow required. The new PZ should be isolated near the intersection of NE Terre View Drive and Palouse Ridge Drive.
- Alternative 2 – Construct a new booster station near the intersection of Terre View Drive and Palouse Ridge Drive. This alternative only includes two or more small pumps in the booster station to maintain regular operating pressures during day-to-day conditions. The pumps should be sized to meet the PHD of the zone with one pump out of service to provide for system redundancy. As opposed to Alternative 1, which uses fire pumps to meet FF demands, this alternative utilizes check valves at the PZ boundaries which should be designed to open during a fire flow event so water from the High PZ can be supplied. However, unless pipelines larger than 12-inches are installed from the Fairway Tank and through the whole new Palouse Ridge PZ, the building specific fire flow demands cannot be met. If this alternative is pursued, the Owner should work with the fire authority to discuss other alternatives for addressing fire protection. One option could be to install fire sprinklers in these buildings which would reduce the required fire flow by up to 75% and then only minimal pipe upsizing would be required. This alternative assumes this is the case and the pipe upsizing shown in Figure 3.
- Recommendation – If these alternatives were to be pursued, it would be recommended to implement Alternative 1. This alternative provides the Owner with the most flexibility for expansion, improves pressures, and provides sufficient fire flow along Palouse Ridge Drive.

FIGURE 3: PALOUSE RIDGE DRIVE ALTERANTIVES



1.1.2 MODIFIED HIGH AND LOW PZ BOUNDARIES

As mentioned previously, the High PZ is capable of serving the majority of the water system while maintaining recommended operating pressures. This section discusses the improvements necessary to modify the pressure zone boundaries to more closely follow the service area elevation contours. A “No Action” alternative is also considered to assess the impacts to the water system if no pressure zone boundaries are modified.

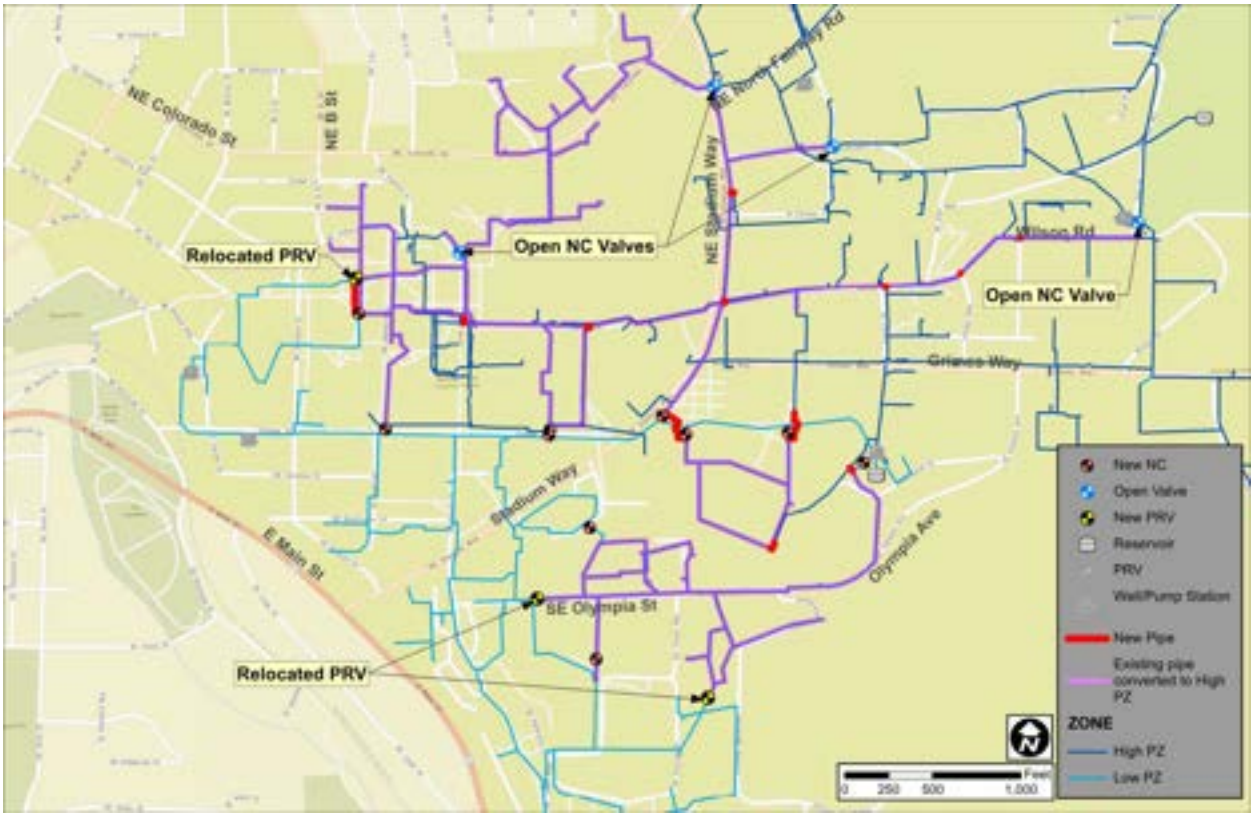
- No Action – The no action alternative would generally maintain the system operations the same as was identified during the existing system evaluation. The most significant deficiencies associated with this alternative are the pressures below 30 psi along Olympia Avenue in the Low PZ. Without modifying the High PZ boundary to encompass this service area, there is no alternative to booster these pressures while maintaining them on the Low PZ. Additional pressures below 30 psi are observed along Wilson Road from NE Round Top Drive past Glenn Terrel Mall. There is a parallel High PZ pipeline along the entire way, however, it is not clear as to which water services are served from the High and Low PZ. If no action is taken to add this part of the Low PZ to the High PZ, this alternative would consist of additional field investigation and documentation do identify if there are any services off of the Low PZ where pressures are below 30 psi. Other significant pressure deficiencies were not identified with the no action alternative, however, there are some fire flow restrictions. Similar to the restricted fire flow due to the low pressures in the Palouse Ridge area, the low pressures along Wilson Road

(specifically adjacent to Wilson-Short Hall) have a regional impact on available fire flow within the zone. Improving fire flow within the Low PZ is possible without modifying the pressure zone boundaries, however, would require an extensive amount of pipeline upsizing and looping projects.

- Alternative 1 – This alternative considers adjusting the High PZ boundary to serve the areas in purple and green (Figure 1 on page 1-2). Adjusting the zone boundary consists of closing many system valves (normally closed (NC) valves), relocating the three new PRVs, and installing approximately 900 feet of new pipeline for looping at several locations. The majority of the looping is recommended along Wilson Road where the High and Low PZs are currently in parallel. Looping these pipes significantly improves the available fire flow. A high-level review of the system improvements required are illustrated in Figure 4. This alternative and the illustrated improvements improve the available fire flow throughout the majority of the system with an average increase of around 700 gpm and a maximum increase of over 5,000 gpm additional AFF. The PRVs and looping are recommended so the Low PZ does not experience a decrease in AFF due to creation of dead end pipes and reduced looping. With the illustrated improvements, there are not any areas which see a decrease in AFF. Note, additional improvements are included in the capital improvement plan, on top of this alternative, in order to satisfy the required fire flow throughout the system. In summary, some of the benefits associated with this alternative are:
    - Simplified system operation by eliminating parallel lines serving different pressure zones
    - Raises area with low pressure to comply with state regulations and provide more desirable operating pressures
    - Regional increases in available fire flow throughout both pressure zones

  While there are many benefits to this alternative, the drawbacks were also considered. Raising service pressures in areas which have not seen higher pressures may result in increase leakage at water meters, water fixtures, and appliances. A second drawback to this alternative is the change in direction from the Owner's previous water system plan and capital improvement plan. The Owner is currently in the process of installing three PRV stations which were recommended during the previous planning efforts. Under this alternative, these PRVs would need to be re-located to the new recommended locations.

FIGURE 4: PRESSURE ZONE BOUNDARY IMPROVEMENTS



- Recommendation – The no action alternative is not a feasible alternative because of the low pressure along Olympia Avenue therefore, at a minimum, this service area should be added into the High PZ. Alternative 1 shows many benefits including improved operating pressures, improved fire flow, and simplified system operations, however, this alternative would require a course correction in ongoing capital projects as well as careful planning and preparation work needed to increase system pressures to large portions of WSU's service area. While Alternative 1 is a significant change in direction from previous studies, it is recommended that the Owner begin with implementing Alternative 1 as it provides better long-term benefits to the system than the no action alternative. The first step toward implementing this alternative would be to conduct a more detailed evaluation as to the specific service connections which would be affected, the condition of the new NC valves (e.g., if they are operational), development of an implementation strategy, and additional modeling and calibration efforts.

1.2 IMPROVEMENT RESULTS

This section illustrates the resulting PHD pressures and available fire flow if the recommended alternatives were to be implemented. Figure 5 shows the PHD pressures, Figure 6 shows the AFF under MDD+FF, and Figure 7 shows the increase in AFF from existing conditions to improved conditions.

FIGURE 5 – PHD PRESSURES WITH RECOMMENDED ALTERNATIVES



FIGURE 6 – MDD+FF WITH RECOMMENDED ALTERNATIVES

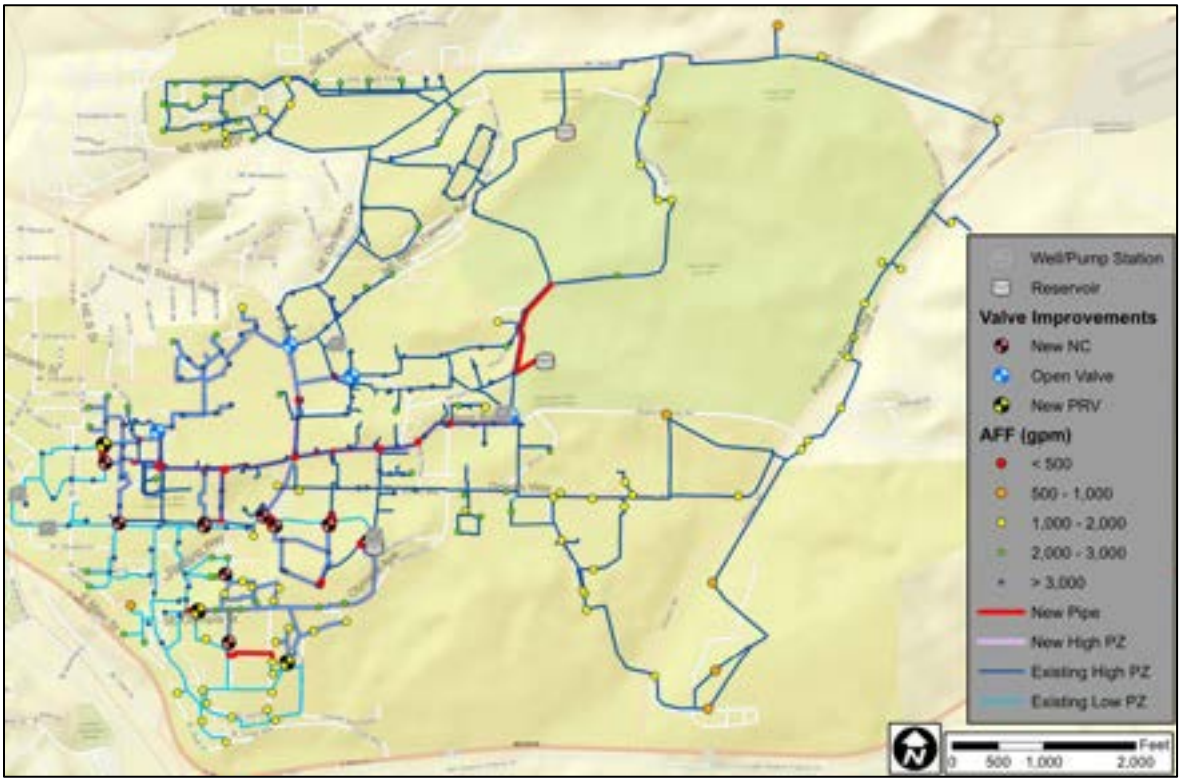
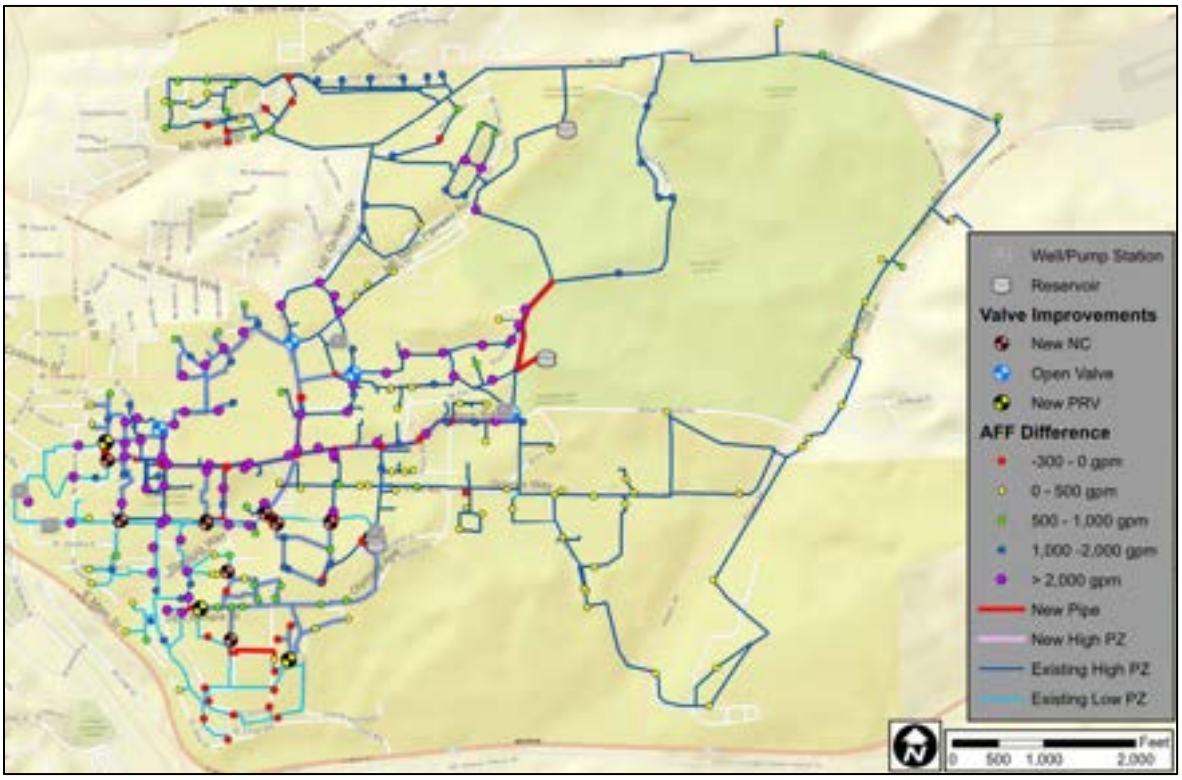
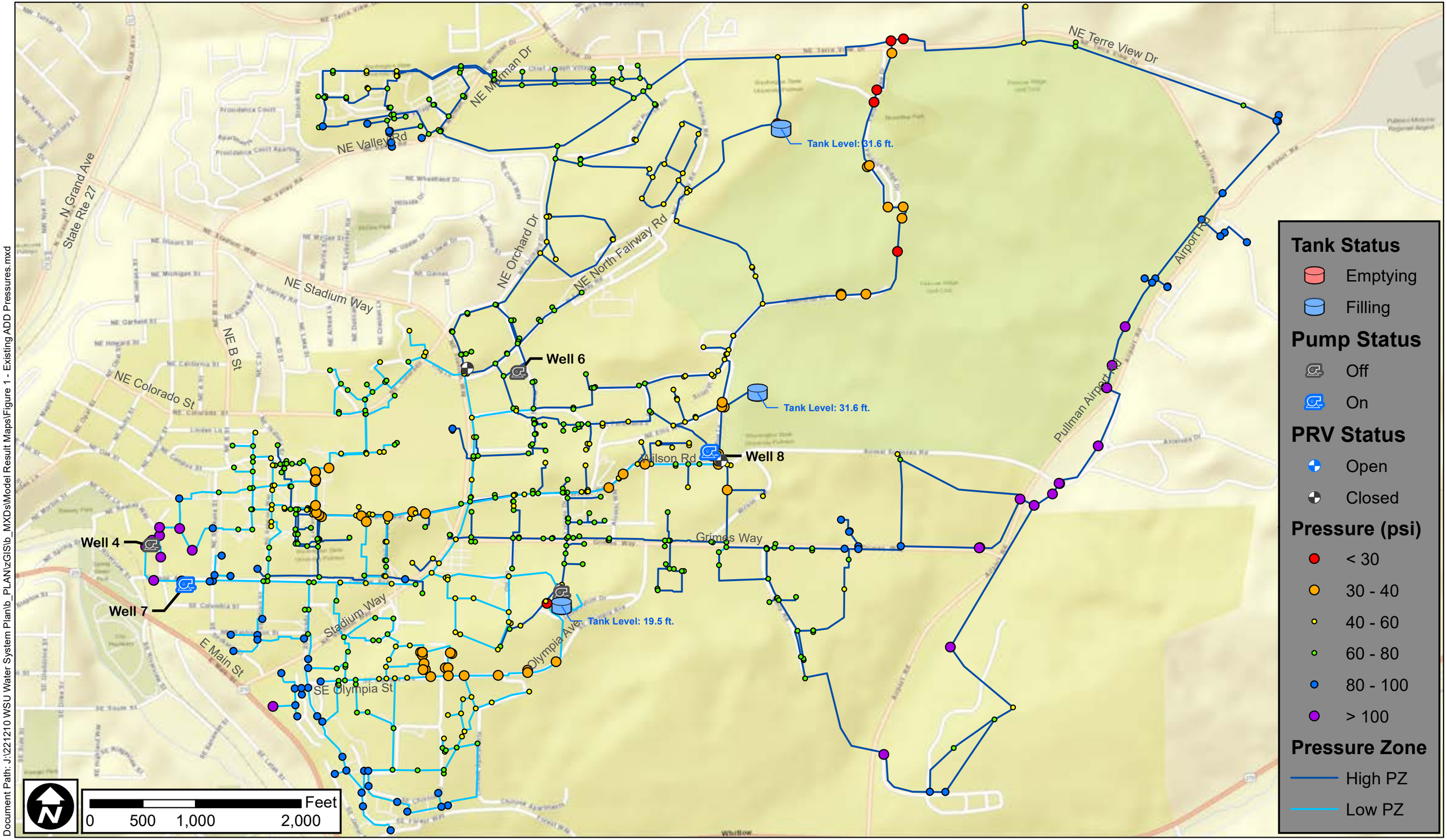


FIGURE 7 – IMPROVED MDD+FF WITH RECOMMENDED ALTERNATIVES



Document Path: J:\221210 WSU Water System Plan\b_PLAN\zGIS\b_MXDs\Model Result Maps\Figure 1 - Existing ADD Pressures.mxd



KELLER ASSOCIATES

Existing Average Day Demand - Pressure

Water Master Plan

WASHINGTON STATE UNIVERSITY

Figure 1

Document Path: J:\221210 WSU Water System Plan\b_PLAN\zGIS\b_MXDs\Model Result Maps\Figure 2 - Existing PHD Pressures.mxd

NE Terre View Dr
NE Merman Dr
NE Valley Rd
N Grand Ave
State Rte 27
NE Stadium Way
NE Orchard Dr
NE North Fairway Rd
Airport Rd
Pullman Airport Rd
NE B St
NE Colorado St
Wilson Rd
Grimes Way
Stadium Way
E Main St
SE Olympia St
Olympia Ave

Tank Level: 29 ft.
Tank Level: 29 ft.
Tank Level: 15.5 ft.

Well 6
Well 8
Well 4
Well 7

0 500 1,000 2,000 Feet

Tank Status
- Emptying
- Filling

PRV Status
- Open
- Closed

Pump Status
- Off
- On

Pressure (psi)
- < 30
- 30 - 40
- 40 - 60
- 60 - 80
- 80 - 100
- > 100

ZONE
- High PZ
- Low PZ

KELLER ASSOCIATES

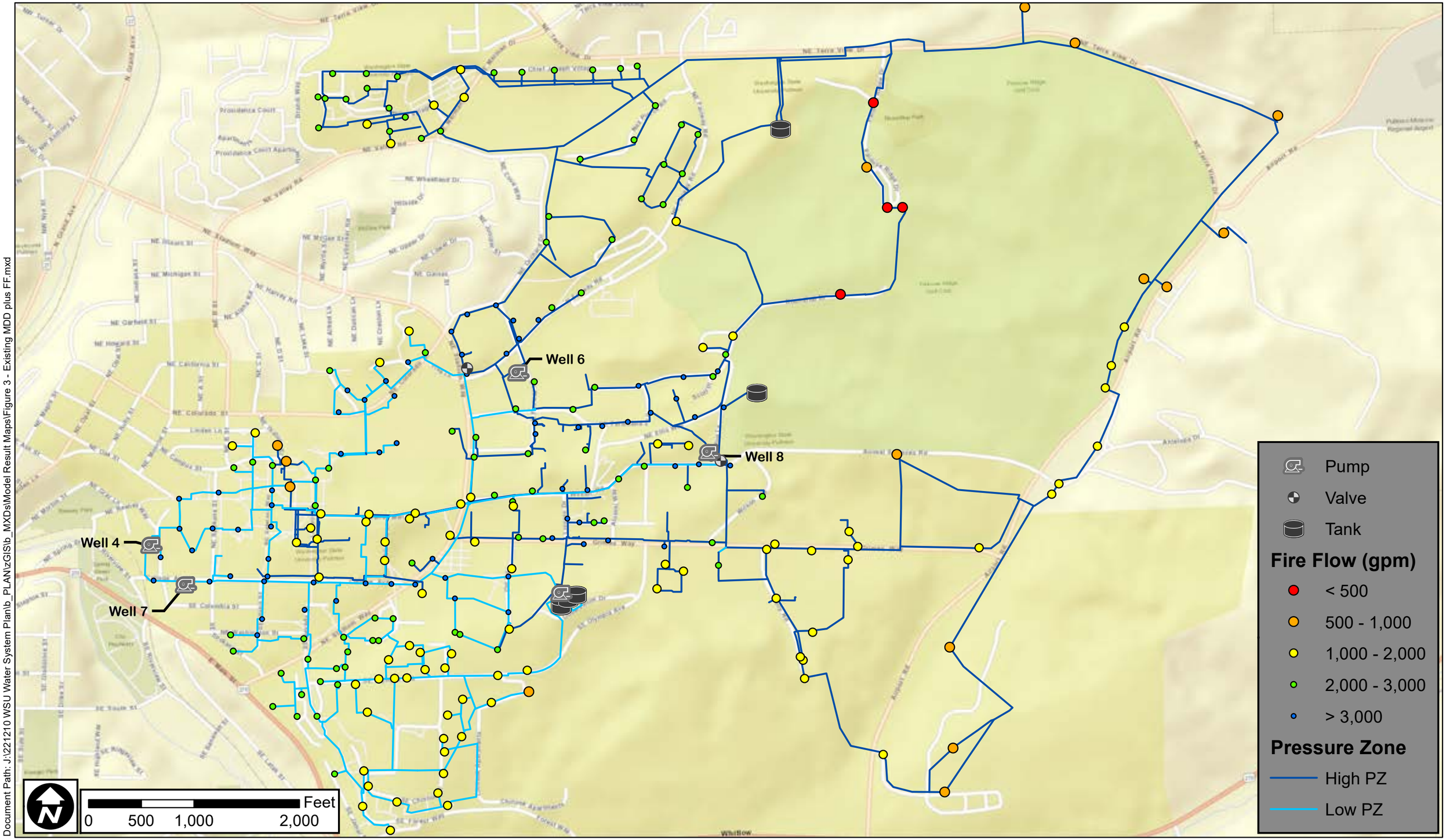
Existing Peak Hour Demand - Pressure

Water Master Plan

WASHINGTON STATE UNIVERSITY

Figure 2

Document Path: J:\221210 WSU Water System Plan\b_PLAN\zGIS\b_MXDs\Model Result Maps\Figure 3 - Existing MDD plus FF.mxd



KELLER ASSOCIATES

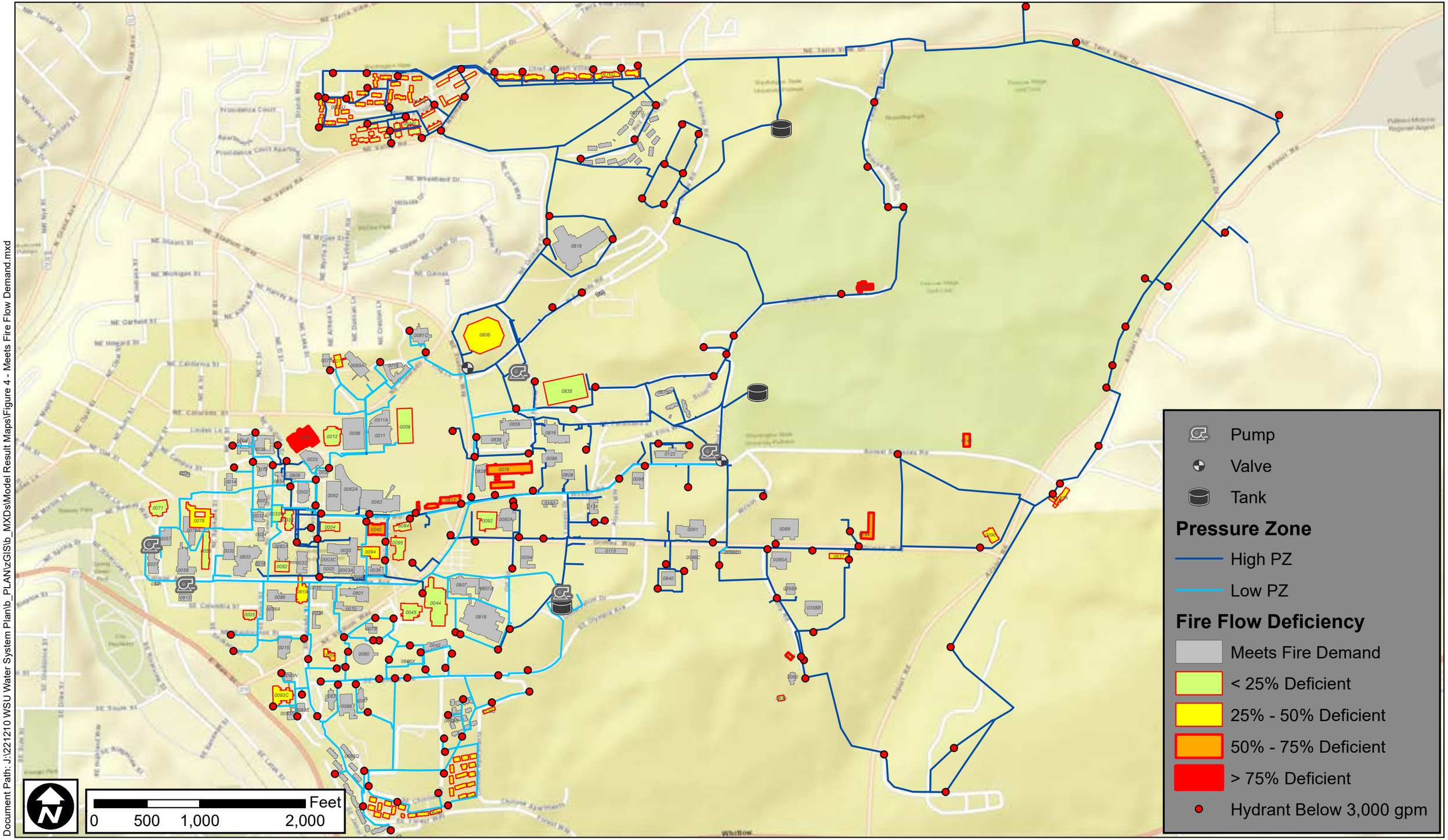
Existing MDD plus FF

Water Master Plan

WASHINGTON STATE UNIVERSITY

Figure 3

Document Path: J:\221210 WSU Water System Plan\b_PLAN\zGIS\b_MXDs\Model Result Maps\Figure 4 - Meets Fire Flow Demand.mxd



Available Fire Flow vs. Required Fire Flow, Existing MDD

Water Master Plan

Figure 4

Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	Fall 2022
Reviewed By:	TJB

2022 MDD+FF RESULTS

Building Information					Model Results		
Facility No.	Building Short Name	Pressure Zone	Building Sprinklers?	Fire Flow Demand (gpm)	Max AFF (gpm)	Min AFF (gpm)	% Deficient[11]
0001	THOMPSON	Low	Yes	688	3,408	3,248	0%
0002	BRYAN	Both	Yes	813	2,784	971	0%
0003	FULMER-LAB	Both	Yes	1,750	3,394	1,041	0%
0003A	FULMER-ANNEX	Both	Yes	1,063	3,273	1,041	0%
0003B	FULMER-SYNTH	Both	Yes	875	3,273	3,273	0%
0003C	FULMER-VIF	Both	Yes	500	3,394	1,031	0%
0004	COLLEGE	High	No	3,250	2,722	1,018	-16%
0005	COMMONS	Low	No	4,000	3,529	2,404	-12%
0006	COMMUNITY/DD	Low	Yes	813	2,914	1,543	0%
0009	HOLL FIELDHS	Low	No	3,500	3,183	3,029	-9%
0011	BOHLER GYM	Low	Yes	1,313	3,183	3,176	0%
0011A	BOHLER ADDN	Low	Yes	1,313	3,461	3,029	0%
0012	SMITH GYM	Low	No	4,250	3,438	3,199	-19%
0014	HONORS HALL	Low	Yes	875	3,363	2,057	0%
0015	WASHINGTON	Low	Yes	1,063	3,253	2,256	0%
0016	MATH ANNEX	Low	No	1,500	3,469	3,458	0%
0018	NORTHSIDERES	Low	Yes	875	4,291	1,764	0%
0019	MCCROSKEY	Low	Yes	625	3,248	807	0%
0020	CARPENTER	Low	Yes	938	3,442	3,339	0%
0024	MORRILL	Low	No	2,250	3,458	3,408	0%
0025	KIMBROUGH	Low	Yes	1,063	3,199	807	0%
0027	COLLEGESTEAM	Low	No	2,500	3,630	3,562	0%
0030	WILMER-DAVIS	Both	Yes	1,063	2,914	792	0%
0031	PRES RESIDEN	Low	No	2,250	3,459	3,459	0%
0032	ABELSON	High	Yes	1,125	3,394	1,031	0%
0033A	GOERTZEN	Low	Yes	625	3,434	3,388	0%
0033E	MURROW	Both	No	4,000	3,408	1,018	-15%
0033W	JACKSON	Both	No	4,000	3,408	971	-15%
0034	STEVENS	Both	Yes	625	3,388	807	0%
0035	STIMSON	Both	Yes	813	3,394	1,041	0%
0036	TROY	Both	No	2,750	3,415	1,055	0%
0037	VANDOREN	Low	No	2,500	2,834	2,784	0%
0039	WALLER	Low	No	3,000	3,307	2,980	0%
0040	WILSON-SHORT	High	No	4,000	1,714	1,002	-57%
0042	OLYMPIA AVE	Low	Yes	750	2,916	1,294	0%
0044	MCCOY	Both	No	4,750	3,910	1,070	-18%
0045	WEGNER	Both	No	4,500	3,545	1,070	-21%
0054	L.J. SMITH	Both	No	3,500	4,171	1,385	0%
0055	TODD	High	Yes	1,500	3,273	1,031	0%
0056	DANA	Low	No	4,250	3,561	3,442	-16%
0057	THERM FLUIDS	Low	No	2,500	3,562	3,488	0%
0058	ENG TCH/RES	Low	Yes	1,250	3,562	3,485	0%
0060	WSU INCIN	High	Yes	750	1,240	1,181	0%
0062	HOLLAND LIB	Both	Yes	1,500	2,834	1,031	0%

Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	Fall 2022
Reviewed By:	TJB

2022 MDD+FF RESULTS

Building Information					Model Results		
Facility No.	Building Short Name	Pressure Zone	Building Sprinklers?	Fire Flow Demand (gpm)	Max AFF (gpm)	Min AFF (gpm)	% Deficient[11]
0062A	TERRELL LIB	Both	Yes	1,500	3,199	1,002	0%
0063	CUB	High	Yes	1,500	1,714	1,002	0%
0064	CHINOOK CNTR	Both	No	3,250	807	792	-75%
0065A	REGENT-STRNS	Low	Yes	1,313	3,674	1,764	0%
0066C	PP-MOTR POOL	High	No	1,500	2,698	1,889	0%
0066D	PP-GROUNDS	High	No	1,500	2,698	2,302	0%
0069	KRUEGL-MCALL	Low	No	4,250	2,450	2,187	-42%
0070	NEILL	Low	Yes	750	3,179	2,187	0%
0071	ALBRK LAB	Low	No	3,750	3,459	3,459	-8%
0072	COMAN	Low	No	2,750	2,047	2,047	-26%
0073	SCOTT	Low	Yes	688	2,047	2,047	0%
0074	DODGEN RSRCH	High	No	2,250	447	447	-80%
0076	JOHNSON	High	No	6,000	2,956	1,393	-51%
0078	SLOAN	Low	No	4,750	3,488	3,363	-27%
0078A	ELEC/MECH	Low	Yes	1,125	3,488	3,442	0%
0079	GANNON-GOLDS	Low	Yes	1,250	2,187	2,018	0%
0080	ROTUNDA	Low	Yes	688	2,359	1,636	0%
0081C	STREIT-PERHM	Low	Yes	1,438	4,291	1,207	0%
0082	HEALD	Low	No	4,250	3,469	1,031	-18%
0082A	EASTLICK	Both	Yes	1,188	3,469	1,031	0%
0083	ROGERS	Low	Yes	1,188	2,245	2,081	0%
0084	SCHNITZERART	High	Yes	1,500	1,232	1,063	-18%
0085A	MCCLSKY-OFF	High	No	1,500	1,808	1,750	0%
0086	CLEVELAND	Both	Yes	1,000	3,529	3,307	0%
0086A	EDUC ADDN	Low	Yes	625	3,529	3,253	0%
0087	ORTON	Low	Yes	1,188	2,081	1,884	0%
0088	WSU CHILDREN	Low	Yes	750	2,081	1,907	0%
0089	FOOD SERVICE	High	Yes	1,000	1,808	1,561	0%
0090	ENVIR HEALTH	High	No	1,750	1,101	1,101	-37%
0091	COOPER PUBL	High	Yes	688	3,011	2,698	0%
0092	FRENCH AD	High	No	3,500	2,828	1,243	-19%
0092A	LIGHTY SVS	High	Yes	1,125	2,828	1,393	0%
0093C	STEPH DINING	Low	No	3,500	2,256	2,256	-36%
0093E	STEPH EAST	Low	Yes	1,000	2,256	2,186	0%
0093N	STEPH NORTH	Low	Yes	1,000	2,256	2,256	0%
0093S	STEPH SOUTH	Low	Yes	938	2,256	2,256	0%
0094	JOHNSON TWR	High	No	2,000	1,063	1,055	-47%
0095	SMITH CENTER	Both	No	3,000	2,981	1,055	-1%
0096	PHYS ED	Low	Yes	1,188	3,461	3,176	0%
0098	MEATS LAB	High	No	1,750	2,846	2,717	0%
0099	CLARK	High	Yes	1,188	3,921	2,843	0%
0115	AG SEED HSE	High	No	3,500	3,657	3,642	0%
0120J	CF-STOR BLDG	Low	No	2,500	1,346	1,346	-46%
0122	PLANT CENTER	High	Yes	750	4,266	1,550	0%

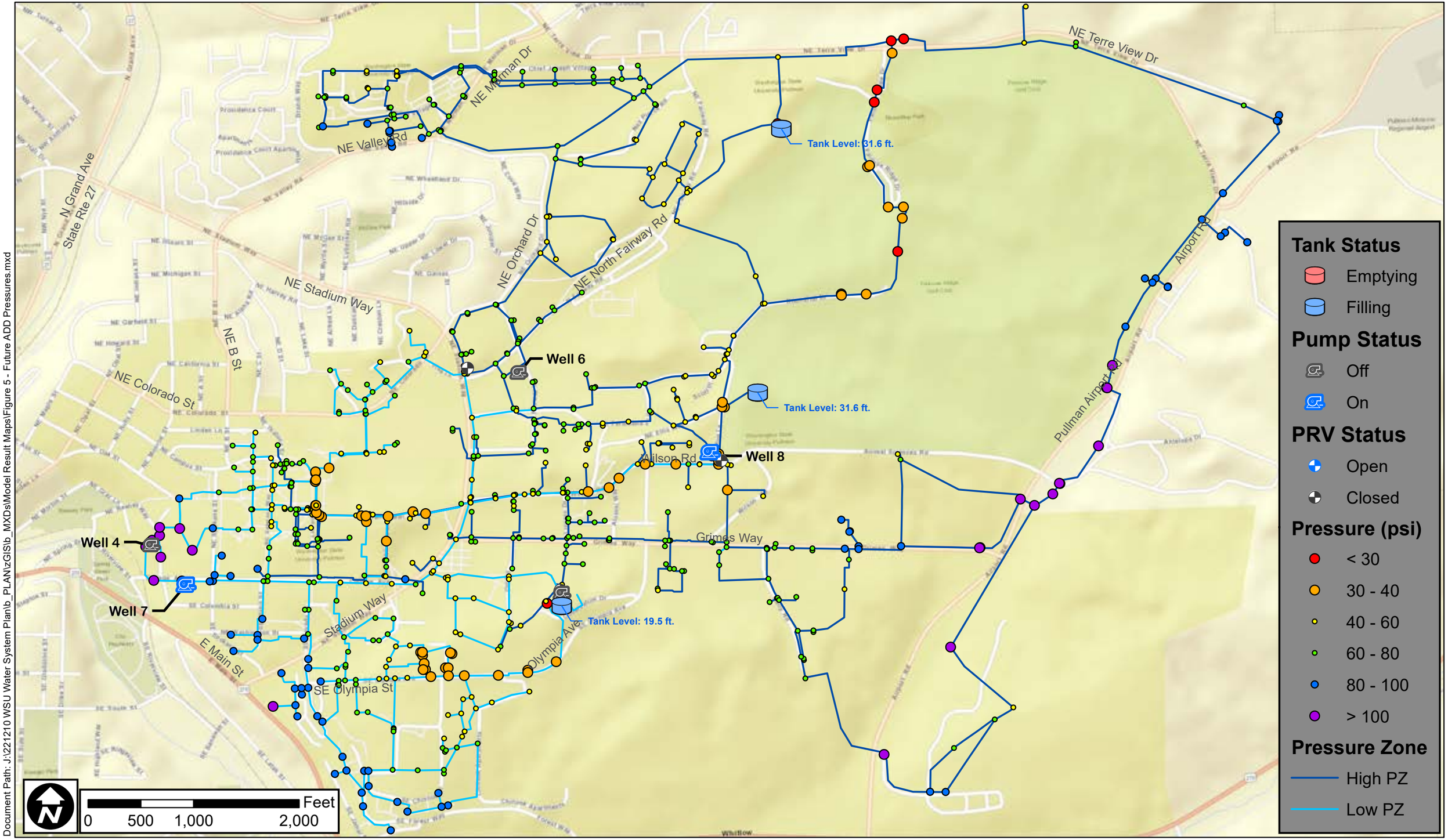
Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	Fall 2022
Reviewed By:	TJB

2022 MDD+FF RESULTS

Building Information					Model Results		
Facility No.	Building Short Name	Pressure Zone	Building Sprinklers?	Fire Flow Demand (gpm)	Max AFF (gpm)	Min AFF (gpm)	% Deficient[1]
0138	ALUMNI CNTR	High	Yes	750	3,590	2,842	0%
0144	BEEF-FEEDLAB	High	No	3,500	1,354	1,349	-61%
0146	BEEF-BREED	High	No	2,250	854	854	-62%
0150	ENSMINGERPAV	High	No	2,500	4,052	2,956	0%
0175	FIRE ARTS	Both	No	3,500	1,240	1,184	-65%
0180A	STEF OFFICE	High	No	2,250	1,172	1,153	-48%
0321	BOILER BULK	Low	No	1,500	3,630	3,630	0%
0358A	RECEIVING	High	No	1,500	1,544	1,544	0%
0358B	SURPLUSSTORE	High	Yes	938	1,338	1,338	0%
0365	TENNIS CLHSE	High	No	1,500	2,387	2,387	0%
0650E	TERRACE-E	High	No	2,500	2,351	1,153	-6%
0660L	KAMIAK-L	High	No	2,750	2,351	1,830	-15%
0665U	STEPTOE-U	High	No	3,000	2,230	1,830	-26%
0675D	VALL CREST-D	High	No	3,500	6,652	3,456	0%
0676D	CHIEF JSPH-D	High	No	3,750	2,152	2,058	-43%
0677G	NEZ PERCE-G	High	No	2,000	2,685	2,048	0%
0678G	COLUMBIA-G	Low	No	1,750	1,767	1,346	0%
0679I	CHINOOK-I	Low	No	3,250	1,978	1,427	-39%
0680Q	YAKAMA VIL-Q	Low	Yes	750	2,041	1,580	0%
0801	WEBSTER	Low	Yes	1,125	3,273	2,187	0%
0803	DAGGY ACADEM	Low	Yes	1,125	3,469	3,339	0%
0805X	MCEACHERN-SV	Low	Yes	1,063	1,789	1,402	0%
0806	BEASLEY COL	High	No	6,000	4,245	3,400	-29%
0807	BUSTAD	Low	Yes	1,375	3,910	3,767	0%
0807A	ADBF	Low	Yes	1,125	4,171	4,171	0%
0808	HULBERT	High	No	3,500	3,600	3,590	0%
0809	AVERY	Both	Yes	625	3,248	807	0%
0810	OWEN LIBRARY	Both	No	5,000	3,394	1,041	-32%
0812	INFO TECH	High	No	4,500	1,934	1,232	-57%
0813	CHIL WTR PLT	Low	No	1,500	3,561	3,561	0%
0816	FOOD/NUTRITN	High	Yes	1,250	4,427	2,524	0%
0818	VET TCHG HSP	Low	Yes	1,313	3,910	1,335	0%
0819	STU REC CNTR	High	Yes	1,438	2,967	2,895	0%
0826	VOGEL PLANT	High	Yes	1,125	2,664	1,934	0%
0835	INDOOR PRACT	High	No	2,635	2,477	2,180	-6%
0836	BIOTECH/LSF	High	Yes	1,000	2,248	2,187	0%
0837	MCSVSSHP837	High	No	3,000	1,561	1,354	-48%
0839	COMPOST EQUI	High	No	1,500	1,181	1,181	-21%
0840	GRIMES STEAM	High	Yes	500	1,889	1,684	0%
0858	VET BIOMED	High	Yes	1,000	4,427	2,343	0%

1) Deficiency based on difference between maximum available fire flow and required fire flow.

Document Path: J:\221210 WSU Water System Plan\b_PLAN\zGIS\b_MXDs\Model Result Maps\Figure 5 - Future ADD Pressures.mxd



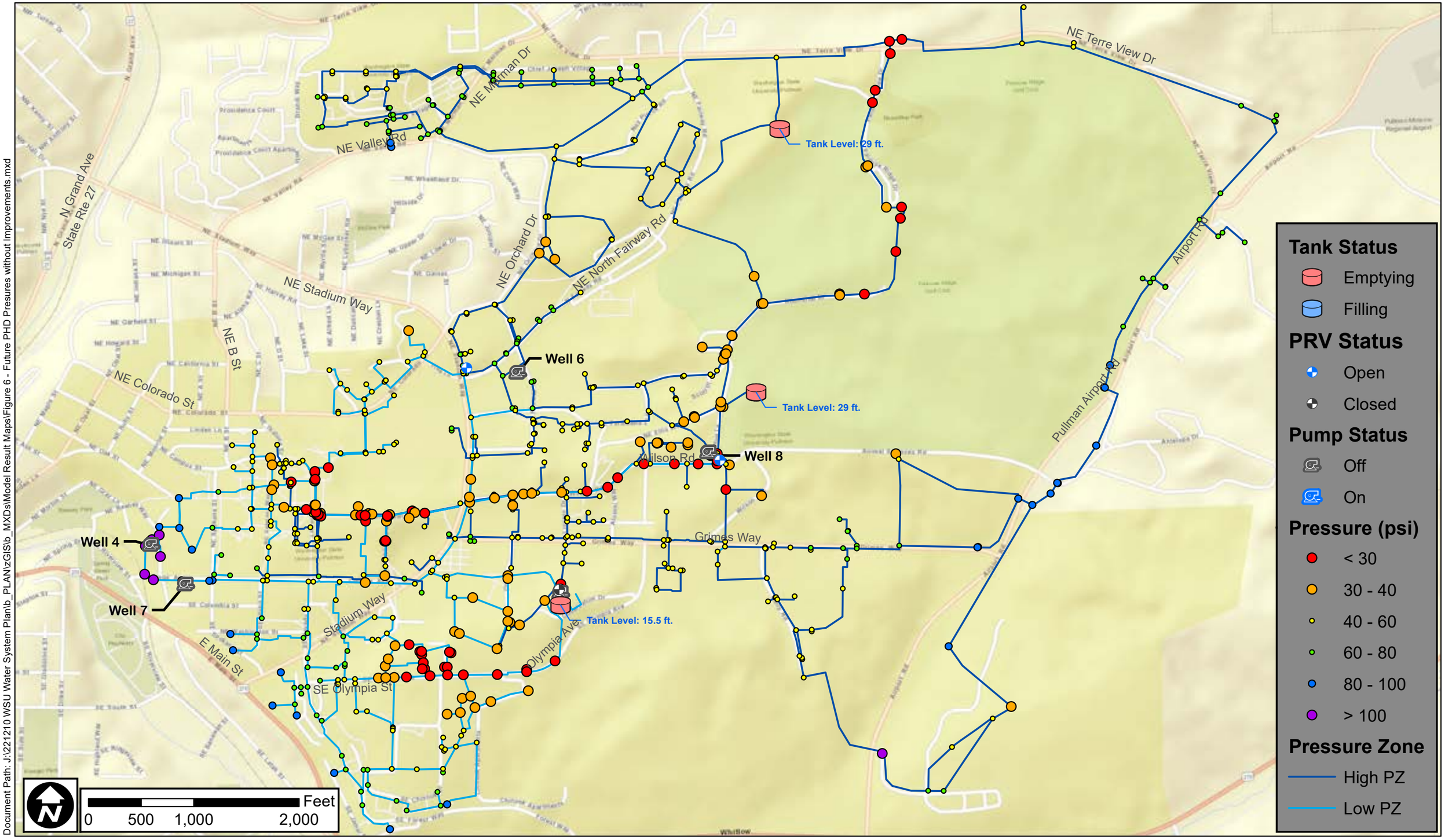
KELLER ASSOCIATES

Future Average Day Demand - No Improvements

Water Master Plan

WASHINGTON STATE UNIVERSITY

Figure 5



Document Path: J:\221210 WSU Water System Plan\b_PLAN\zGIS\b_MXDs\Model Result Maps\Figure 6 - Future PHD Presures without Improvements.mxd

KELLER ASSOCIATES

Future Peak Hour Demand - No Improvements

Water Master Plan

WASHINGTON STATE UNIVERSITY

Figure 6

Document Path: J:\221210 WSU Water System Plan\b_PLAN\zGIS\b_MXDs\Model Result Maps\Figure 7 - Future MDD plus FF without improvements.mxd

Well 6

Well 8

Well 4

Well 7

Pump
Valve
Tank

Fire Flow (gpm)
< 500
500 - 1,000
1,000 - 2,000
2,000 - 3,000
> 3,000

Pressure Zone
High PZ
Low PZ

Feet
0 500 1,000 2,000

KELLER ASSOCIATES

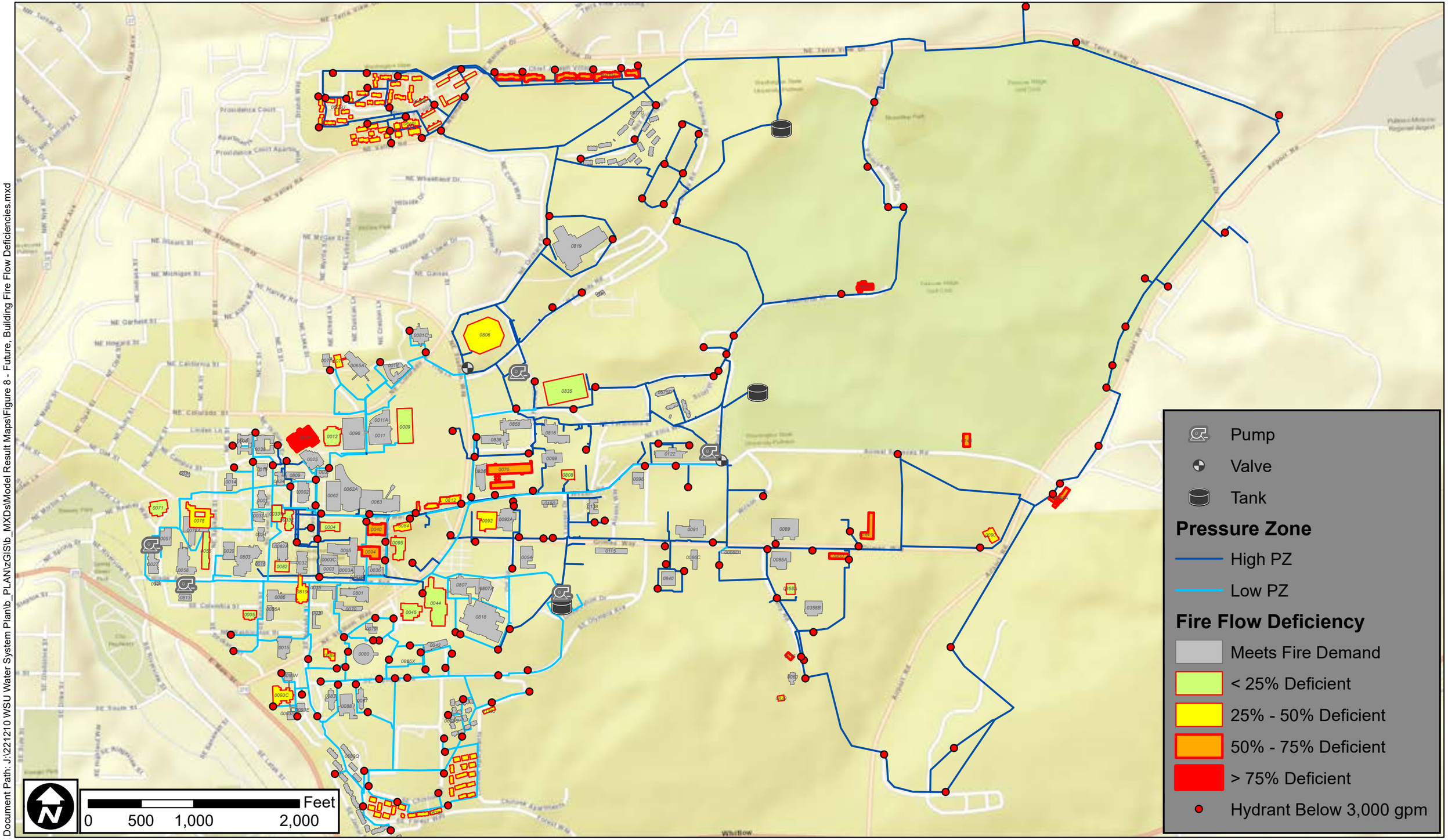
Future MDD plus FF - No Improvements

Water Master Plan

WASHINGTON STATE UNIVERSITY

Figure 7

Document Path: J:\221210 WSU Water System Plan\b_PLAN\zGIS\b_MXDs\Model Result Maps\Figure 8 - Future, Building Fire Flow Deficiencies.mxd



AFF vs Required FF, Future MDD - No Improvements

Water Master Plan

Figure 8

Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	Fall 2022
Reviewed By:	TJB

2041 MDD+FF RESULTS

Building Information					Model Results		
Facility No.	Building Short Name	Pressure Zone	Building Sprinklers?	Fire Flow Demand (gpm)	Max AFF (gpm)	Min AFF (gpm)	% Deficient[11]
0001	THOMPSON	Low	Yes	688	3,408	3,248	0%
0002	BRYAN	Both	Yes	813	2,784	893	0%
0003	FULMER-LAB	Both	Yes	1,750	3,395	921	0%
0003A	FULMER-ANNEX	Both	Yes	1,063	3,273	921	0%
0003B	FULMER-SYNTH	Both	Yes	875	3,273	3,273	0%
0003C	FULMER-VIF	Both	Yes	500	3,395	911	0%
0004	COLLEGE	High	No	3,250	2,721	911	-16%
0005	COMMONS	Low	No	4,000	3,525	2,425	-12%
0006	COMMUNITY/DD	Low	Yes	813	2,913	1,543	0%
0009	HOLL FIELDHS	Low	No	3,500	3,182	3,029	-9%
0011	BOHLER GYM	Low	Yes	1,313	3,182	3,175	0%
0011A	BOHLER ADDN	Low	Yes	1,313	3,460	3,029	0%
0012	SMITH GYM	Low	No	4,250	3,437	3,198	-19%
0014	HONORS HALL	Low	Yes	875	3,362	2,057	0%
0015	WASHINGTON	Low	Yes	1,063	3,289	2,264	0%
0016	MATH ANNEX	Low	No	1,500	3,469	3,458	0%
0018	NORTHSIDERES	Low	Yes	875	4,290	1,764	0%
0019	MCCROSKEY	Low	Yes	625	3,248	746	0%
0020	CARPENTER	Low	Yes	938	3,442	3,339	0%
0024	MORRILL	Low	No	2,250	3,458	3,408	0%
0025	KIMBROUGH	Low	Yes	1,063	3,198	746	0%
0027	COLLEGESTEAM	Low	No	2,500	3,630	3,562	0%
0030	WILMER-DAVIS	Both	Yes	1,063	2,913	735	0%
0031	PRES RESIDEN	Low	No	2,250	2,459	2,459	0%
0032	ABELSON	High	Yes	1,125	3,395	911	0%
0033A	GOERTZEN	Low	Yes	625	3,434	3,388	0%
0033E	MURROW	Both	No	4,000	3,408	911	-15%
0033W	JACKSON	Both	No	4,000	3,408	893	-15%
0034	STEVENS	Both	Yes	625	3,388	746	0%
0035	STIMSON	Both	Yes	813	3,395	921	0%
0036	TROY	Both	No	2,750	3,415	931	0%
0037	VANDOREN	Low	No	2,500	2,833	2,784	0%
0039	WALLER	Low	No	3,000	3,324	3,002	0%
0040	WILSON-SHORT	High	No	4,000	1,714	887	-57%
0042	OLYMPIA AVE	Low	Yes	750	2,916	1,296	0%
0044	MCCOY	Both	No	4,750	3,911	991	-18%
0045	WEGNER	Both	No	4,500	3,545	991	-21%
0054	L.J. SMITH	Both	No	3,500	4,171	1,292	0%
0055	TODD	High	Yes	1,500	3,273	911	0%
0056	DANA	Low	No	4,250	3,561	3,442	-16%
0057	THERM FLUIDS	Low	No	2,500	3,562	3,488	0%
0058	ENG TCH/RES	Low	Yes	1,250	3,562	3,485	0%
0060	WSU INCIN	High	Yes	750	1,094	1,044	0%

Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	Fall 2022
Reviewed By:	TJB

2041 MDD+FF RESULTS

Building Information					Model Results		
Facility No.	Building Short Name	Pressure Zone	Building Sprinklers?	Fire Flow Demand (gpm)	Max AFF (gpm)	Min AFF (gpm)	% Deficient[11]
0062	HOLLAND LIB	Both	Yes	1,500	2,833	911	0%
0062A	TERRELL LIB	Both	Yes	1,500	3,198	887	0%
0063	CUB	High	Yes	1,500	1,714	887	0%
0064	CHINOOK CNTR	Both	No	3,250	746	735	-77%
0065A	REGENT-STRNS	Low	Yes	1,313	3,673	1,764	0%
0066C	PP-MOTR POOL	High	No	1,500	2,919	1,717	0%
0066D	PP-GROUNDS	High	No	1,500	2,919	1,996	0%
0069	KRUEGL-MCALL	Low	No	4,250	2,461	2,194	-42%
0070	NEILL	Low	Yes	750	3,186	2,192	0%
0071	ALBRK LAB	Low	No	3,750	3,459	3,459	-8%
0072	COMAN	Low	No	2,750	2,046	2,046	-26%
0073	SCOTT	Low	Yes	688	2,046	2,046	0%
0074	DODGEN RSRCH	High	No	2,250	400	400	-82%
0076	JOHNSON	High	No	6,000	2,764	1,393	-54%
0078	SLOAN	Low	No	4,750	3,488	3,362	-27%
0078A	ELEC/MECH	Low	Yes	1,125	3,488	3,442	0%
0079	GANNON-GOLDS	Low	Yes	1,250	2,192	2,022	0%
0080	ROTUNDA	Low	Yes	688	2,367	1,638	0%
0081C	STREIT-PERHM	Low	Yes	1,438	4,290	1,207	0%
0082	HEALD	Low	No	4,250	3,469	911	-18%
0082A	EASTLICK	Both	Yes	1,188	3,469	911	0%
0083	ROGERS	Low	Yes	1,188	2,253	2,087	0%
0084	SCHNITZERART	High	Yes	1,500	1,087	938	-28%
0085A	MCCLSKY-OFF	High	No	1,500	1,567	1,513	0%
0086	CLEVELAND	Both	Yes	1,000	3,525	3,324	0%
0086A	EDUC ADDN	Low	Yes	625	3,525	3,289	0%
0087	ORTON	Low	Yes	1,188	2,087	1,888	0%
0088	WSU CHILDREN	Low	Yes	750	2,087	1,912	0%
0089	FOOD SERVICE	High	Yes	1,000	1,567	1,352	0%
0090	ENVIR HEALTH	High	No	1,750	987	987	-44%
0091	COOPER PUBL	High	Yes	688	2,919	2,821	0%
0092	FRENCH AD	High	No	3,500	2,617	1,138	-25%
0092A	LIGHTY SVS	High	Yes	1,125	2,617	1,393	0%
0093C	STEPH DINING	Low	No	3,500	2,264	2,264	-35%
0093E	STEPH EAST	Low	Yes	1,000	2,264	2,194	0%
0093N	STEPH NORTH	Low	Yes	1,000	2,264	2,264	0%
0093S	STEPH SOUTH	Low	Yes	938	2,264	2,264	0%
0094	JOHNSON TWR	High	No	2,000	938	931	-53%
0095	SMITH CENTER	Both	No	3,000	2,981	931	-1%
0096	PHYS ED	Low	Yes	1,188	3,460	3,175	0%
0098	MEATS LAB	High	No	1,750	3,471	2,517	0%
0099	CLARK	High	Yes	1,188	3,821	2,764	0%
0115	AG SEED HSE	High	No	3,500	3,508	3,442	0%

Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	Fall 2022
Reviewed By:	TJB

2041 MDD+FF RESULTS

Building Information					Model Results		
Facility No.	Building Short Name	Pressure Zone	Building Sprinklers?	Fire Flow Demand (gpm)	Max AFF (gpm)	Min AFF (gpm)	% Deficient[1]
0120J	CF-STOR BLDG	Low	No	2,500	1,346	1,346	-46%
0122	PLANT CENTER	High	Yes	750	3,925	1,444	0%
0138	ALUMNI CNTR	High	Yes	750	3,414	2,732	0%
0144	BEEF-FEEDLAB	High	No	3,500	1,210	1,192	-65%
0146	BEEF-BREED	High	No	2,250	778	778	-65%
0150	ENSMINGERPAV	High	No	2,500	3,714	2,732	0%
0175	FIRE ARTS	Both	No	3,500	1,094	1,089	-69%
0180A	STEF OFFICE	High	No	2,250	1,046	1,030	-54%
0321	BOILER BULK	Low	No	1,500	3,630	3,630	0%
0358A	RECEIVING	High	No	1,500	1,343	1,343	-10%
0358B	SURPLUSSTORE	High	Yes	938	1,173	1,173	0%
0365	TENNIS CLHSE	High	No	1,500	2,358	2,358	0%
0650E	TERRACE-E	High	No	2,500	2,045	1,145	-18%
0660L	KAMIAK-L	High	No	2,750	2,045	1,816	-26%
0665U	STEPTOE-U	High	No	3,000	1,960	1,816	-35%
0675D	VALL CREST-D	High	No	3,500	5,934	3,219	0%
0676D	CHIEF JSPH-D	High	No	3,750	1,865	1,780	-50%
0677G	NEZ PERCE-G	High	No	2,000	2,360	1,909	0%
0678G	COLUMBIA-G	Low	No	1,750	1,771	1,346	0%
0679I	CHINOOK-I	Low	No	3,250	1,984	1,427	-39%
0680Q	YAKAMA VIL-Q	Low	Yes	750	2,047	1,581	0%
0801	WEBSTER	Low	Yes	1,125	3,273	2,192	0%
0803	DAGGY ACADEM	Low	Yes	1,125	3,469	3,339	0%
0805X	MCEACHERN-SV	Low	Yes	1,063	1,793	1,404	0%
0806	BEASLEY COL	High	No	6,000	3,248	3,005	-46%
0807	BUSTAD	Low	Yes	1,375	3,911	3,767	0%
0807A	ADBF	Low	Yes	1,125	4,171	4,171	0%
0808	HULBERT	High	No	3,500	3,414	3,311	-2%
0809	AVERY	Both	Yes	625	3,248	746	0%
0810	OWEN LIBRARY	Both	No	5,000	3,395	921	-32%
0812	INFO TECH	High	No	4,500	2,487	1,087	-45%
0813	CHIL WTR PLT	Low	No	1,500	3,561	3,561	0%
0816	FOOD/NUTRITN	High	Yes	1,250	4,313	2,477	0%
0818	VET TCHG HSP	Low	Yes	1,313	3,911	2,064	0%
0819	STU REC CNTR	High	Yes	1,438	2,599	2,531	0%
0826	VOGEL PLANT	High	Yes	1,125	2,487	2,408	0%
0835	INDOOR PRACT	High	No	2,635	2,454	2,165	-7%
0836	BIOTECH/LSF	High	Yes	1,000	2,408	2,103	0%
0837	MCSVSSHP837	High	No	3,000	1,352	1,210	-55%
0839	COMPOST EQUI	High	No	1,500	1,044	1,044	-30%
0840	GRIMES STEAM	High	Yes	500	1,717	1,551	0%
0858	VET BIOMED	High	Yes	1,000	4,313	2,343	0%

1) Deficiency based on difference between maximum available fire flow and required fire flow.

APPENDIX D

Chapter 4

APPENDIX D-1

Conservation Meeting Notice and Publication

WSU Pullman 2022 water use efficiency goal setting public forum / Annual performance report now available

By Gene Patterson / EHS
June 15, 2022

Washington State University is hosting a public forum to obtain input on WSU's water conservation goals for the next six years. The public forum will be held at Lighty 401 on June 29 at 2 p.m.

In addition, the WSU Pullman 2022 Water Use Efficiency Annual Performance Report is available for review. The annual report describes WSU's current goals and progress in conserving drinking water on campus. The Washington State Department of Health requires that public water systems issue this annual report to the users of the system. To view the report, go to the WSU Environmental Health and Safety web page at ehs.wsu.edu/public-health/drinking-water-quality. Contact Jason Sampson at 509-335-3041 or sampsonj@wsu.edu for more details.

https://news.wsu.edu/announcements

Washington State University Public Water System
Water Use Efficiency Goal Setting
Public Input Meeting Minutes
June 29, 2022

The public input meeting was held in Pullman on campus at Lighty 401. Nobody from the public attended the meeting, therefore no meeting minutes were taken.

Washington State University Public Water System
Water Use Efficiency Goal Setting
Public Input Meeting Lighty 401 on June 29, 2022 at 1:00 PM
Public Sign-In Sheet

Name	Department / Organization	Address	Email	Phone
Angela Taylor	Keller Associates	733 6th St. St. A Clarkston, WA 99163	ataylor@kellerassociates.com	208-669-0232
Gene P. Hervin	WSU EHS	PO Box 641172, Pullman WA 99164	gp.hervin@wsu.edu	335-5510
Amy S. Waterman	WSU EHS	EHS	aspearman@wsu.edu x5384	
JEFF LANNIGAN	WSU FACILITIES	P.O. BOX 641150 PULLMAN WA 99164	lannigan@wsu.edu	509-335-7221

APPENDIX D-2

Water Board's Water System Plan Update Approval

APPENDIX D-3

DOH Metering Plan

WSU Pullman Water Metering Plan

FY16 $1.2 Million

1. The University determined that building 150 service meters are required to be fully metered, and comply with the Water Efficiency Rule. New additions to the facility roster since that determination was made have increased the target for compliance to 185 meters. The recent program for realigning the Pullman Airport runway, will take 25 facilities out of service permanently, reducing the total required meters to meet obligations at 160.
2. Total Facilities Services building service meters previously installed or in construction are 101.
3. Project completion: May 2016. This leaves a balance of 59 yet to be installed.
4. Cumulative meter installs for Facilities and Housing comprise 84% of the total square footage that have water services on campus.
5. Housing meter installations will be 100% complete by the end of 2016
6. Meters installed for irrigation provide 100% coverage of all irrigated acreage. This acreage totals approximately 255 acres. This includes:
   WSU Golf Course
   Eggert Organic Farm
   Tukey Orchard
   Playfields
7. General landscaping irrigation. Calsense irrigation controls comprise 137 individual zone controls with real time flow metering and monitoring. Incorporates analysis for stopping irrigation if heads are broken and monitors moisture levels. The irrigation project is considered complete.

17-19 Biennium meter projects: $1.0 Million

Facilities Services will implement two projects contingent upon available funding ($1million) to be completed in FY 18, completing the remaining 16% of meter coverage.

1. This project comprises 11 Building services. Project scope will include real time data acquisition through WSU Citect system. The buildings meters will be installed by contract.
2. 48 small vault type meter services. The smaller meters will be installed with university construction staff. They will be monitored via radio transmitter to a common collection point to determine real time flows.

At the completion of these efforts the university will have sufficient metering to meet the requirements of the metering mandate by the Washington Department of Health.

McCluskey Services Building, PO Box 641150, Pullman, WA 99164-1150
509-335-9000 • Fax: 509-335-9304

WASHINGTON STATE UNIVERSITY

Environmental Health & Safety
Risk Management

July 16, 2012

Danielle Russell
Washington State Department of Health
Eastern Drinking Water Regional Operations
16201 East Indiana Ave., Suite 1500
Spokane Valley, WA 99216-2830

Re: Washington State University PWS ID # 93200Q - Service Meter Installation

Dear Ms. Russell:

Per Andres Cervantes sanitary survey letter dated October 13, 2011, enclosed is a map showing the total number of service meters necessary with the rationale used to determine the meter locations and schedule. The schedule for completing the service meter installation (contingent on available funding) is as follows:

Year	# Meters Installed
2015	45
2016	60
2017	78
Total	183

Please contact me at 509-335-5510 if you have any questions.

Sincerely

Gene Patterson
Public Health Manager

cc: Andres Cervantes, DOH
Rob Corcoran
Dwight Hagihara
Ben Kovanda
Marty O'Malley

PO Box 641172, Pullman, WA 99164-1172
509-335-3041 • Fax: 509-335-4442 • ehs@wsu.edu • http://www.ehs.wsu.edu

MAP 01

MAP 02

MAP 03

MAP 04

MAP 05

MAP 06

MAP 07

MAP 08

MAP 09

LEGEND

KEY PLAN

WASHINGTON STATE UNIVERSITY

GC - DOMESTIC WATER

INDEX

SEE MAP 02

SEE MAP 04

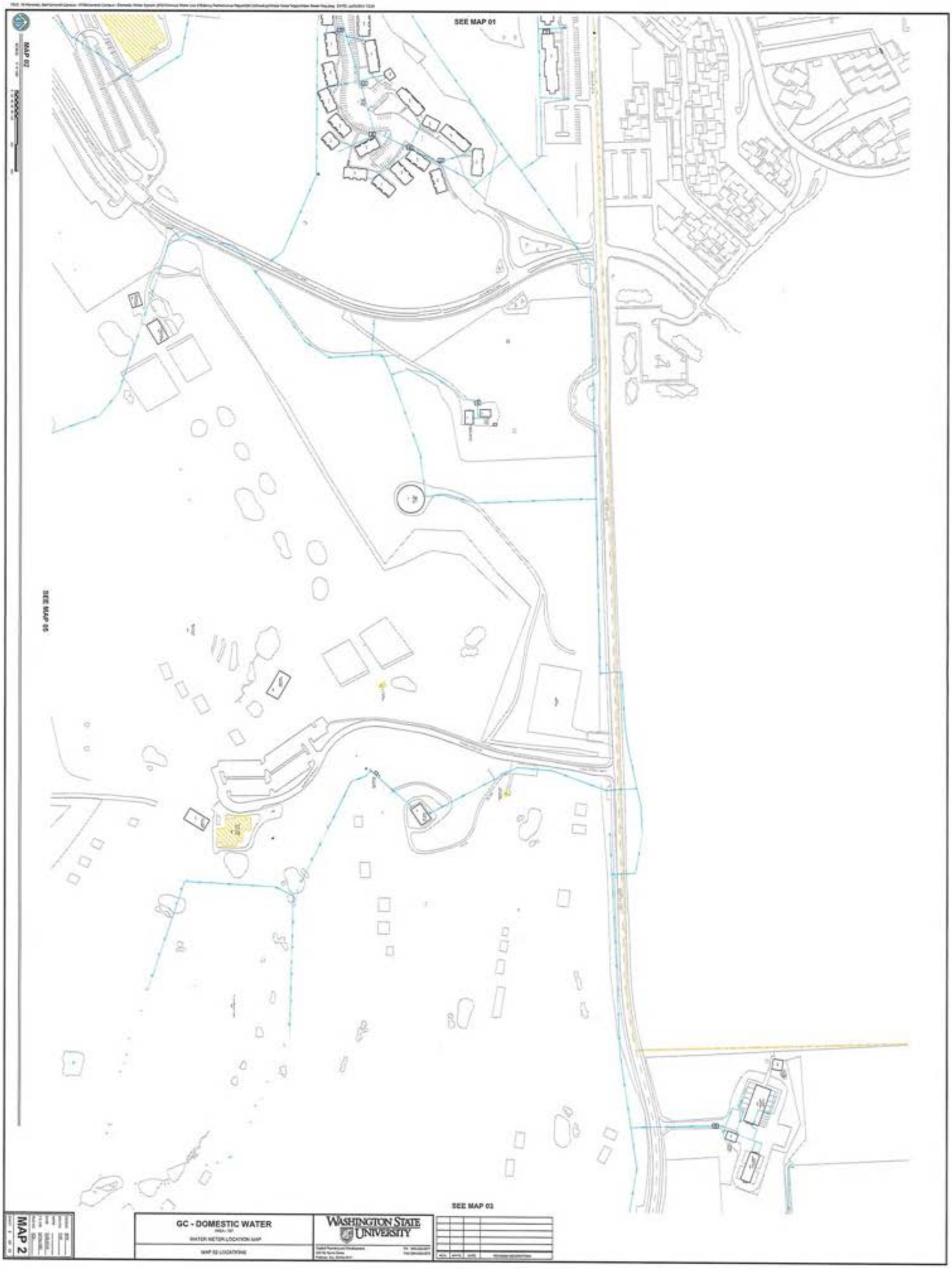
MAP 01

WASHINGTON STATE UNIVERSITY

GC - DOMESTIC WATER

WATER METER LOCATION MAP

MAP 1



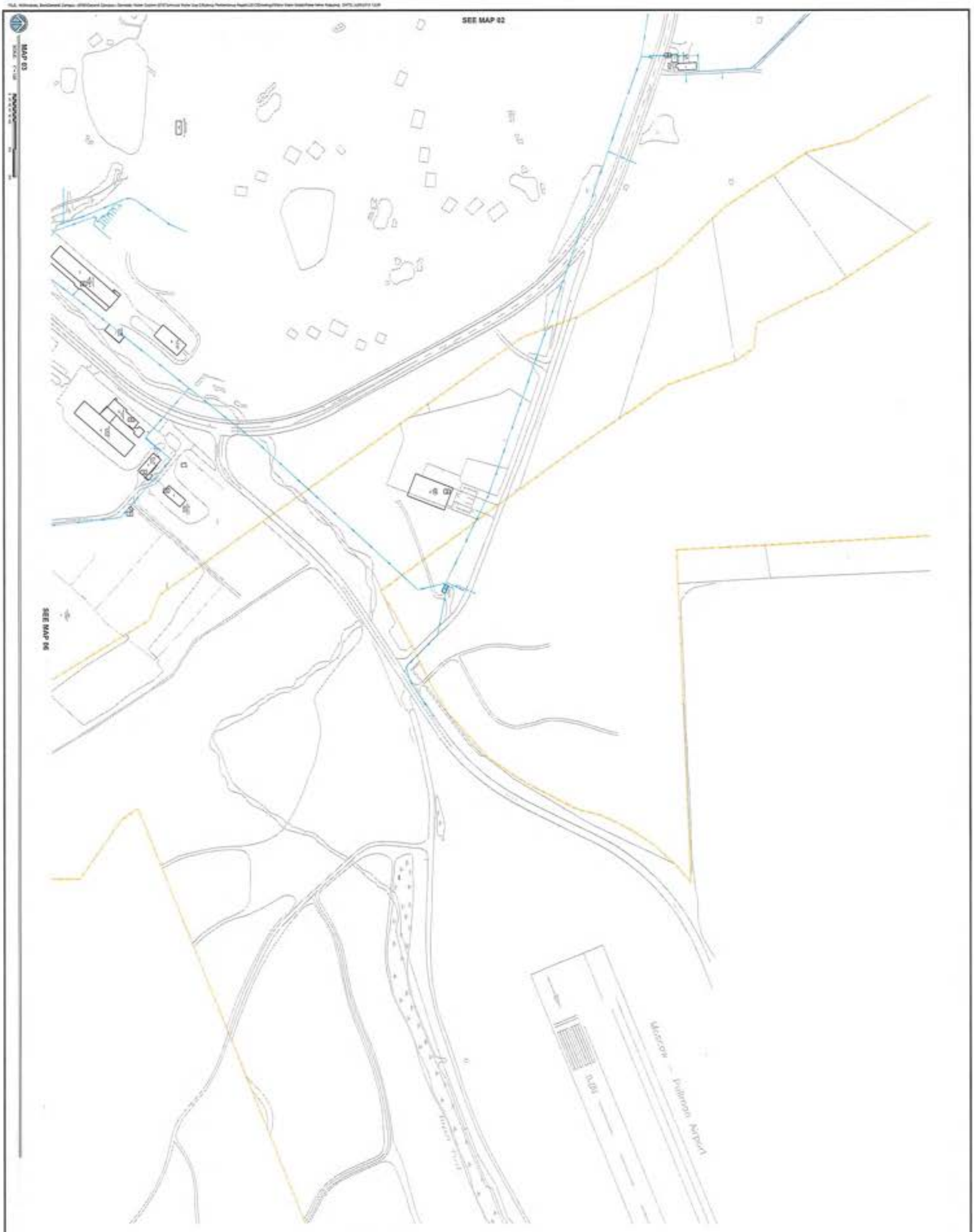
MAP 2

GC - DOMESTIC WATER

WATER METER LOCATION MAP

MAP 02 LOCATIONS

WASHINGTON STATE UNIVERSITY



MAP 3

GC - DOMESTIC WATER

WATER METER LOCATION MAP

MAP 03 LOCATIONS

WASHINGTON STATE UNIVERSITY

SEE MAP 01

SEE MAP 05

SEE MAP 07

MAP 04

WASHINGTON STATE UNIVERSITY

GC - DOMESTIC WATER

WATER METER LOCATION MAP

MAP 4

SEE MAP 02

SEE MAP 04

SEE MAP 06

SEE MAP 08

MAP 05

WASHINGTON STATE UNIVERSITY

GC - DOMESTIC WATER

MAP 5

SEE MAP 03

SEE MAP 05

SEE MAP 09

MAP 06

GC - DOMESTIC WATER

WATER METER LOCATION MAP

MAP LOCATIONS

WASHINGTON STATE UNIVERSITY

MAP 6

SEE MAP 04

SEE MAP 08

MAP 07

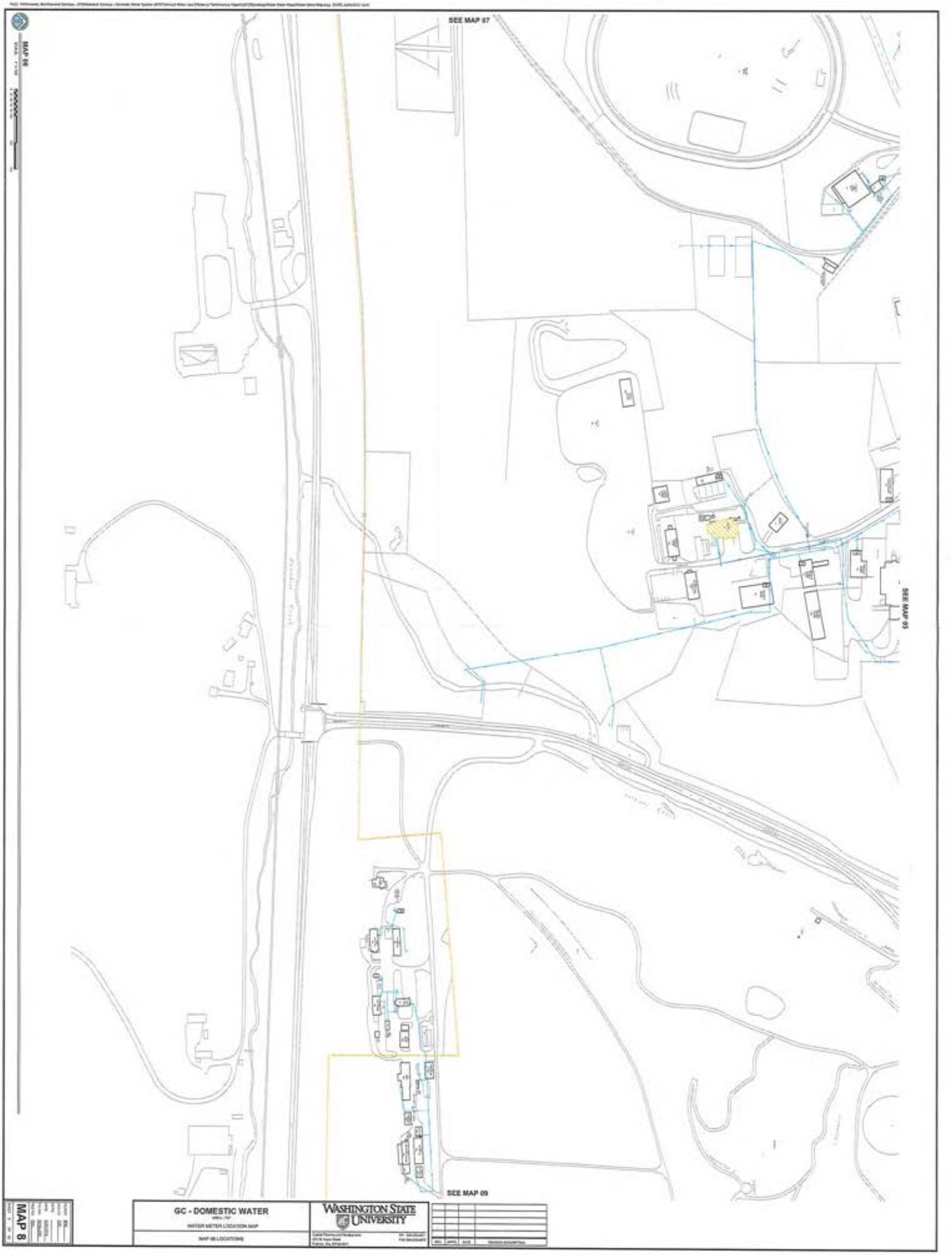
WASHINGTON STATE UNIVERSITY

GC - DOMESTIC WATER

WATER METER LOCATION MAP

MAP OF LOCATIONS

MAP 7



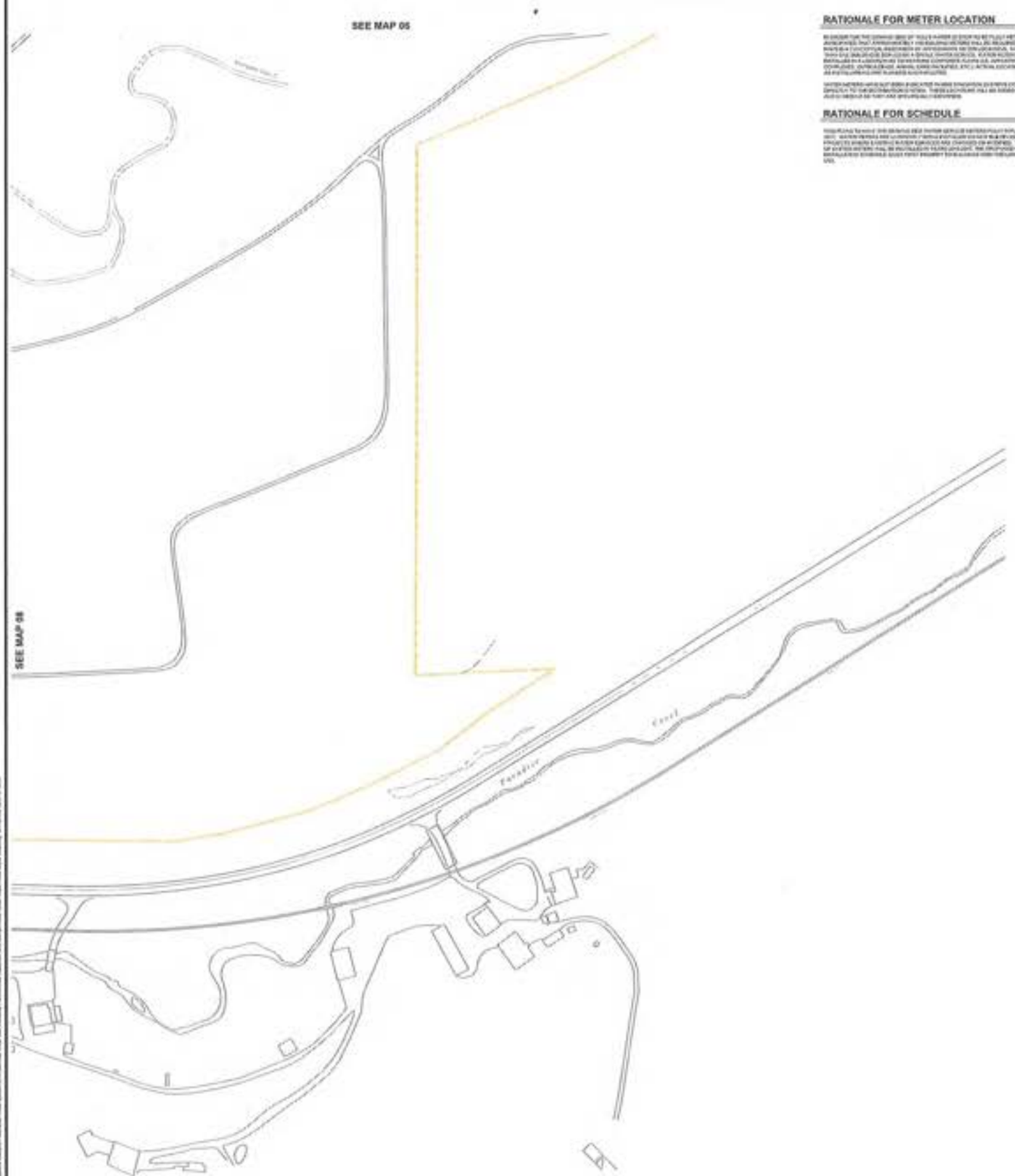
MAP 08

GC - DOMESTIC WATER

WATER METER LOCATION MAP

MAP 08 LOCATIONS

WASHINGTON STATE UNIVERSITY



RATIONALE FOR METER LOCATION

RATIONALE FOR SCHEDULE

BUILDING NO.	BUILDING	PLANNED SERVICE INSTALL HISTORICAL
31	REGISTER HALL	2003
166	AGRONOMY RESEARCH ANNEX	1997
115	AGRONOMY SEED HOUSE	2016
73	ALBERTSON HALL (CLASSROOMS)	2006
832	ALLEN CENTER FOR GLOBAL ANIMAL HEALTH	2007
0007A	ANIMAL DISEASE BIOTECHNOLOGY FACILITY	Existing
100	ANIMAL SCIENCE LABORATORY BUILDING	2016
0008C	ANTHROPOLOGY STORAGE BUILDING	1997
959	ARCHIE HALL	1958
183	BAILEY-BRATTON FIELD	2007
0012B	BAILEY-BRATTON FIELD SERVICES BUILDING	2017
856	BARLEY COLLEGIATE	1955
146	BEEF CATTLE BREEDING BARN	2007
828	BIOTECHNOLOGY/LIFE SCIENCES FACILITY	Existing
11	BOHLER STADIUM	2003
0013B	BOHLER STADIUM PLAZA RESTROOMS	2016
985	BOOKS I HEAD STORAGE BUILDING	2007
2	BRYAN HALL	2003
807	BUSTAD HALL	1955
31	CARPENTER HALL	2005
0520F	CARVER-FAHY FISH STORES BUILDING	2007
0520C	CARVER-FAHY STADIUM BAPTISM FACILITY	2007
0520	CARVER-FAHY STORAGE BUILDING	2007
144	CATTLE FEEDING LAB	2016
0144A	CATTLE FEEDING LAB - COMMODITY STORAGE	2007
141	CATTLE FEEDING LAB ANNEX	2007
0030L	CENTRAL BUILDING	Existing
0040A	CENTRAL STORES - WAREHOUSE A	2016
0040C	CHEMICAL STORES BLDG	2007
0650A	CHIEF JOSEPH VILLAGE - BUILDING A	2016
0650B	CHIEF JOSEPH VILLAGE - BUILDING B	2015
0650C	CHIEF JOSEPH VILLAGE - BUILDING C	2016
0650E	CHIEF JOSEPH VILLAGE - BUILDING E	2016
0650F	CHIEF JOSEPH VILLAGE - BUILDING F	2017
833	CHILLED WATER PLANT	2007
0650M	CHILLED WATER STORAGE FACILITY/USE	Existing
679	CHINOOK VILLAGE COMPLEX	2015
163	CITY OF PULLMAN - TRANSIT STATION	Existing
59	CLARK HALL	2003
89	CLEVELAND HALL	2003
37	COBALESCENCE AVENUE STEAM PLANT	2016
0037B	COBALESCENCE AVENUE STEAM PLANT ADDITION	2017
4	COMSTOCK HALL	2006
0020B	COMPUTER SCIENCE AND ENGINEERING	2016
670	COUGAR MAN VILLAGE COMPLEX	2016
5	COUGARMAN	2016
8	COUGARNORTH WALL	2006
60	COUGFTOSE GREEN BUILDING	Existing
0658	CONSOLIDATED STORAGE BUILDING	2017
91	COUPER PUBLICATIONS BUILDING	2016
103	CREVELING AVENUE	2016
0001	DAILEY HALL - ACADEMIC	2015
78	DANA HALL	2015
0019D	DEHYDRATED WATER PRODUCTION FACILITY	2007
79	DODGE'S RESEARCH FACILITY	2016
F	DUNCAN BUNKHOUSE	2016
0020	EAST CAMPUS BRIDGE WATER PLANT	Existing
0002A	EATON HALL	2005
0002A	EDUCATION ADDITION	Existing
0010A	ELECTRICAL/MECHANICAL ENGINEERING BLDG	2015
58	ENGINEERING LABORATORY BUILDING	2016
58	ENGINEERING TEACHING/RESEARCH LAB BUILDING	2016
0700	ERSKINEVEN PAVILION	Existing
070	ENTOMOLOGY GREENHOUSES	2007
0C11A	ENTOMOLOGY GREENHOUSES EVAPORATOR BUILDING	2007
0C10B	ENVIRONMENTAL HEALTH SERVICES BLDG	2007
0140E	FLUIDICS RESEARCH BARN	2007
840	FUNERAL/ANIMAL ANIMAL LAB	2016
0100A	FIRM SERVICES SHOP	2016
760	FEED PROCESSING, GRINDING AND STORAGE	2007
87	FINE ARTS CENTER - ACADEMIC	2005
858	FOOD SCIENCE/HUMAN NUTRITION BLDG (Phase 1)	Existing
858	FOOD SCIENCE/HUMAN NUTRITION BLDG (Phase 2)	Existing
89	FOOD SERVICE BUILDING	2015
90	FRENCH ADMINISTRATION BUILDING	2003
3	FRENTER HALL	2005
79	GRAHAM-COUGARMONY HALL	2015
700	GTC - ANIMATION	Existing
0030B	GENERAL STORAGE BLDG	2016
0040A	GLASS AND TRANSFORMER STORAGE BUILDING	2007
0027B	GOLDSWORTHY HALL	2006
0040L	GOW HOUSE (1981 BRIDGE)	Existing
0060P	GRAY LIBRARY, NORTH BOOKSTORE	Existing
0060S	GRAY COURT, SOUTH BOOKSTORE	Existing
0020B	GUEI COUNTRY FOR MAINTENANCE FACILITY	2007
848	GRAND WAY STEAM PLANT	2016
80	HALL KITCHEN	Existing
82	HEALEY HALL	2005
0700	HEITKEMPER VILLAGE TOWER	2007
67	HOLLAND LIBRARY	2005
0050A	HOLLAND PLAY AVENUE	2005
04	HOPKINS HALL	Existing
0120B	HORTICULTURE GREENHOUSE REPLACEMENT UNIT	2007
120	HORTICULTURE RESEARCH GREENHOUSE	2007
0085	HUBERT HALL	2005
0020	HUSBANDRY FACILITY	Existing
0C12N	IAC GREENHOUSE	2007
802	IAC PLANT SCIENCES FACILITY	2007
802	INFORMATION TECHNOLOGY BUILDING	2005
07	JEWETT OBSERVATORY	2007
76	JOHNSON HALL	2005
84	JOHNSON TOWER	2005
0000	KAMIAK APARTMENT COMPLEX	2005
23	KIMBROUGH MUSIC BUILDING	2005
0060B	KRUEGER HALL	2016
50	L.J. SMITH HALL	Existing
801	LABORATORY ANIMAL RESOURCES CENTER	Existing
120	LEWIS-BALDWIN CENTER	Existing
0007A	LIGHTY COLLEGE SCIENCES BUILDING	2016
056	MARKETING/LOGISTICS STORAGE BUILDING (FARMLIFT BOWES)-TEMPLEA GROUNDS OFFICE	2007
0060S	MUSIC	2007
0060M	HARVLEY SCIENCES COMPLEX-GRADING SHOP	2007
0060G	HARVLEY SCIENCES COMPLEX-GRADING STORAGE	2007
0060C	HARVLEY SCIENCES COMPLEX-ROTHER POOL	2007
0060A	HARVLEY SCIENCES COMPLEX-TENT GARAGE	2007
0060E	HARVLEY SCIENCES COMPLEX-WAREHOUSE	2007

BUILDING NO.	BUILDING	PLANNED SERVICE INSTALL HISTORICAL
0012S	OHARTER STADIUM COUPLER	Existing
0012A	OHARTER STADIUM EAST STAND	2007
0012C	OHARTER STADIUM NORTH STAND	2016
0012A	OHARTER STADIUM SOUTH STAND	2007
00	ONAN LEARNING CENTER	2007
0060B	ORCUSSEY SERVICES BUILDINGS	2005
837	SUCCUSSEY SERVICES SHOP ANNEX	2007
44	ORCUSSY HALL	2003
00	WATERSHED HALL	Existing
0100C	WEAGHORN RESEARCH CENTER - EAST	2016
0050A	WEAGHORN RESEARCH CENTER - NORTH	2016
0100U	WEAGHORN RESEARCH CENTER - SOUTH	2017
96	WEAT'S LABORATORY	2017
990	WSDC CONSTRUCTION ACCESS	Existing
172	WHEATBERRY TRACK	Existing
0012A	WHITEBERRY TRACK SERVICE BUILDING	2017
14	WILDRELL HALL	2016
000	WOOLEY PULLMAN APARTMENT - TERRACES	Existing
000	WOOLEY PULLMAN APARTMENT - MANOR HOUSE	Existing
0003D	WSUBROW COMMUNICATIONS CENTER EAST	2016
0050D	WSUBROW COMMUNICATIONS CENTER WEST	2016
00	WSU HALL	2003
0670A	WSU HOUSE VILLAGE - BUILDING B	2017
0670C	WSU HOUSE VILLAGE - BUILDING C	2016
0670E	WSU HOUSE VILLAGE - BUILDING E	2017
0670I	WSU HOUSE VILLAGE - BUILDING I	2016
0070J	WSU HOUSE VILLAGE - BUILDING M	2017
03	WORTHSIDE RESIDENCE HALL PROPOSED	2017
41	QUAMPA AVENUE STUDENT HOUSING	Existing
87	ZIMTERY HALL	2003
830	ZIMTERY SCIENCE & ENGINEERING (ZEMIN)	2005
0000E	PALOUSE RIDGE GOLF COURSE	Existing
0000H	PALOUSE RIDGE GOLF COURSE CLUBHOUSE	Existing
0003E	POMAIN WAY	2016
84	PHYSICAL EDUCATION BUILDING	2005
110	PLANT GROWTH CHAMBER	2016
130	PLANT SCIENCES GREENHOUSE	Existing
91	PRESIDENTS RESIDENCE	2017
0001A	PRESIDENTS RESIDENCE STUDENT CENTRAL	2017
001	RECREATION CENTER-BOWLING FACILITY	2017
017	RECTICERS FACILITY	2017
0060B	REGENTS HALL BARNARD HALL	2016
0060C	REGENTS HALL KILDEN DOB HALL	2016
0060A	REGENTS HALL STEARNS HALL	2016
83	REGISTRAR HALL	Existing
81	SAFETY BUILDING	2016
11	SCOTT STADIUM	Existing
0001A	SHOCK PHYSICS BUILDING	Existing
007	SMALL ANIMAL HOUSING FACILITY	2017
85	SMITH CENTER FOR UNDERGRADUATE EDUCATION	Existing
11	SMITH STADIUM	2003
830	SOUTH FAIRWAY PLAZA/B	2007
0010A	SOUTH FAIRWAY PLAZA/D RESTROOMS	2007
	STEPHEN GAYNES BIOLOGICAL SCIENCES	
0100G	GREENHOUSE	2007
0100A	STEPHEN GAYNES CHANCE & SHOP	2007
0060C	STEPHENSON DRYING HALL	2016
0060E	STEPHENSON EAST	2005
0060S	STEPHENSON NORTH	2003
0003G	STEPHENSON SOUTH	2003
005	STEPTOE VILLAGE COMPLEX	2005
04	STEVENS HALL	2016
05	STIMSON HALL	2016
0000A	STREET HALL	2016
0060D	STRUCTURAL/MECHANICAL HALL	2016
03	STUDENT BOOKSTORE	Existing
830	STUDENT RECREATION CENTER	Existing
005	SWANA CHAMBERS	2007
005	SYRINGA APARTMENT COMPLEX	2005
0001A	TERRELL LIBRARY	Existing
07	THOMAS HUGES RESEARCH BUILDING	2016
1	THOMPSON HALL	2016
05	TODD HALL	2003
0010A	TODD HALL ADDITION	2016
06	TROUT HALL	2016
0C17C	TUKEY HORT TEST WARMED HARDENING BUILDING	2007
000	TUKEY HORTICULTURE GREENHOUSES	2007
0C07F	TUKEY HORTICULTURE SUPPORT FACILITY	2007
0140A	USDA - PLANT SOILS, GREENHOUSE A	Existing
0C14B	USDA AGRICULTURE RESEARCH CENTER BUILDING	Existing
200	USDA BARLEY	Existing
180	USDA Cole Storage Facility	2016
0140G	USDA ISOLATION BLDG G	2007
1078	USDA GREENHOUSE 2	2016
0140A	USDA SOIL CONSERV SV-RESIDENCE	2007
0670A	VALLEY CREST VILLAGE - BUILDING A	2016
0670B	VALLEY CREST VILLAGE - BUILDING B	2017
0670C	VALLEY CREST VILLAGE - BUILDING C	2016
0670D	VALLEY CREST VILLAGE - BUILDING D	2017
0030A	VALLEY RIDGE PLAYFIELD	2017
01	VAN DOREN HALL	2017
0140D	VET SCIENCE SHELTER	2007
1000	VETERINARY ANIMAL HOUSING, BARN	2007
0140A	VETERINARY FARM STORAGE	2007
0C10B	VETERINARY TECHNICIAN SHELTER 2	2007
0140A	VETERINARY LARGE ANIMAL BARN	2007
850	VETERINARY MEDICAL RESEARCH BUILDING (HOUSING)	2007
0C09B	VETERINARY QUARANTINE FACILITY-B	Existing
08	VETERINARY STORAGE BUILDING 08	2007
809	VETERINARY TEACHING HOSPITAL	Existing
00	VOGLER HALL	2016
10	WASHINGTON BUILDING	Existing
0000A	WATER FILLING/MONITORING DEPT 1 - S. OF COLISEUM	2007
0000C	WATER FILLING/MONITORING DEPT 2 - N. OF CAMPUS PLANT	2007
872	WEBSTER PHYSICAL SCIENCES BUILDING	2016
05	WEGNER HALL	2005
1082	WILLIAM WORDEN WHITAKE SUCCESS FACILITY	2007
00	WILSON WARE HALL	2003
05	WOODY LIBERT HALL	2003
88	YOUTH DEVELOPMENT CENTER	2016
00	YOU GOVERNOR	Existing
800	YAKAMA VILLAGE COMPLEX	2003

(1) Installation of Wisconsin Meters are subject to availability of funding. Actual order completed may vary, but for planned purposes, WSU's intent is to meter the largest buildings and largest water users first.

WASHINGTON STATE UNIVERSITY

GC - DOMESTIC WATER
WATER METER LOCATION MAP
MAP 09 LOCATIONS

MAP 9

APPENDIX D-4

WSU Metering Plan 2018

WASHINGTON STATE UNIVERSITY | Facilities Services

January 11, 2018

Mike Dexel
Water Resources Policy Lead
Office of Drinking Water
Division of Environmental Public Health
PO Box 47822
Olympia, Washington 98504-7822

RE: WAC 246-290-496 Metering Requirements

Dear Mr. Dexel,

With regard to the recent notice issued by the Department of Health and the implied enforcement action, Washington State University (WSU) is actively engaged in efforts to complete installation of water meters to be in compliance with WAC 246-290-496(2)(c) and has been installing point-of-use meters since the ruling went into effect on January 1, 2007. The following summarizes progress to date, challenges encountered and a projected plan for 100% compliance in 2021.

Water Service Meter Installation – Progress to Date:

1. Water meters at each source well were already in-place when this rule went into effect.
2. WSU Design and Construction Standards were updated to require that water meters be installed on all new direct service connections prior to activation. Therefore, all new construction projects since 2007 include appropriate water metering.
3. Initial planning and design efforts determined that upgrades to the water meters associated with the campus landscape irrigation system should take priority due to high volume use and the potential for leaks. New controls, metering and instrumentation were installed in two separate phases that are now 100% metered:
    a. Phase 1 included meter installations in (43) locations from 2007 to 2009.
    b. Phase 2 included meter installations in (42) locations from 2012 to 2015.
4. Planning and engineering efforts have been on-going since 2007 to develop water meter implementation strategies, manage available funding and keep pace with ever-changing industry technology. This includes a combination of in-house design (engineering, maintenance, operations, etc.) and outside consulting with a goal to identify appropriate meter type, location and data acquisition technology for each water meter installation. In addition, WSU invested heavily in a Smart Grid utility project from 2010 to 2015 in order to comply with energy code requirements and to integrate/track all energy utilities (water, electric, steam, etc.). This project has provided the necessary foundation for networking, data acquisition and monitoring.
5. Upon completion of meter installations for the campus landscape irrigation system, the focus was shifted to water meter installations in major buildings on campus:
    a. Phase 3 included meter installations in (41) buildings in the campus core.

McCluskey Services Building, PO Box 641150, Pullman, WA 99164-1150
509-335-9000 | Fax: 509-335-9304

   b. Phase 4 is currently underway and includes plans for (55) additional water meters for the smaller campus buildings. See the "Projected Plan" section below for further detail.
6. WSU Student Housing and Dining Services are responsible for residence halls, dining centers, and apartments. To date Housing has completed meter installations at all residence halls and dining centers (17 locations).
   a. Phase 5 is currently underway and includes plans for (137) additional water meters for Housing apartment buildings and units. See the "Projected Plan" section below for further detail.
7. To date, WSU has a total of (249) point-of-use water meters installed throughout campus, (143) within buildings and another (106) for the irrigation system. Total expenses since 2007 exceed $3,000,000.
8. WSU's maintenance and operations group operates 24/7 and includes a utility plumbing team charged with locating and repairing water leaks. Depending on the complexity of a given situation or location, the utility plumbing team also engages outside leak detection agencies to ensure that leaks are fixed promptly and correctly. These efforts will continue indefinitely.
9. Results indicate reduced water consumption from 700 million gallons per year in the 1990s to 436 million gallons in 2016, with further reductions anticipated.

Water Service Meter Installation – Challenges:

1. WSU's metering program differs from a typical municipality because of the wide variety of water metering requirements and the need to meter more than just water use. Therefore, the water meter program must be coordinated with all other metering needs to maximize benefit and reduce costs. The meters installed thus far are compatible with the automated data acquisition system and an associated historian database, allowing meter data to be collected automatically and reported quickly and accurately. In addition, the labor required to manually read meter data each month can be avoided.
2. Funding constraints have been and continue to be a significant challenge for the metering program. Unlike a typical municipality, WSU is unable to pass metering expenses onto users. Instead, WSU must rely on State capital funding to support the metering program. Therefore, metering funding must compete against a $1.2 billion deferred maintenance backlog, among other requirements and legislative mandates (elevators, fire alarms, electrical, storm water, greenhouse gas emissions, asbestos and other needs dictated by state policy). Currently, the State of Washington has not passed the 17-19 capital budget, essentially freezing all funding since July of 2017. This has had a dramatic effect on Phase 4 of the metering project.

Water Service Meter Installation – Projected Plan for 100% Compliance:

1. The Phase 4 metering project includes plans to install the final (55) water meters at smaller campus buildings. WSU has allocated funds from the 17-19 capital budget to complete this installation and is in negotiations with the City of Lewiston to take possession of (121) surplus meters. Design efforts are currently on-going with plans to proceed with physical installations as soon as the capital budget has been approved by the State.
2. The Phase 5 meter project includes plans to install the final (137) Housing water meters at apartment buildings/units.

3. Pending availability of State capital funds in the 17-19 and 19-21 biennia, the target completion date for 100% compliance is June 30, 2021.

The summary above demonstrates WSU's steady and continuous progress towards compliance with WAC 246-290-496. We look forward to further dialogue with the Department of Health to assure the WAC requirements and WSU's metering efforts are appropriately aligned.

Respectfully,

Daniel S. Costello
Assistant Vice President, Facilities Services, Operations

APPENDIX D-5

Invoices to PBAC

INVOICE

IN ACCOUNT WITH:
JASON SAMPSON
WASHINGTON STATE UNIVERSITY
PO BOX 641150
PULLMAN, WA 99163-1150

REFERENCE:
PBAC FY2022
Administrative Assessment

MAIL PAYMENT TO:
KOREY WOODLEY
FACILITY MANAGEMENT
UNIVERSITY OF IDAHO
875 PERIMETER DRIVE MS 3301
MOSCOW, ID 83844-3301

CHARGE TO: 725PAD

DATE: 11/22/2021

Fiscal Year 7/1/2021 thru 6/30/2022 Palouse Basin Aquifer Committee annual administrative assessment fee, approved at PBAC meeting 6/17/2021

Current amount due	$27,000.00
TOTAL AMOUNT OF THIS INVOICE	$27,000.00

If you have any questions regarding this invoice, please call Korey Woodley at 208-885-6429.

I certify that the foregoing is just and correct; that the amount claimed is legally due after allowing all just credits, and that no part of the same has been paid.

APPROVED BY: Korey Woodley

KOREY WOODLEY, EXECUTIVE MANAGER
PALOUSE BASIN AQUIFER COMMITTEE

INVOICE

IN ACCOUNT WITH:
JASON SAMPSON
WASHINGTON STATE UNIVERSITY
PO BOX 641150
PULLMAN, WA 99163-1150

REFERENCE:
PBAC FY2022
Research Assessment

MAIL PAYMENT TO:
KOREY WOODLEY
FACILITY MANAGEMENT
UNIVERSITY OF IDAHO
875 PERIMETER DRIVE MS 3301
MOSCOW, ID 83844-3301

CHARGE TO: 725PRS

DATE: 11/22/2021

Fiscal Year 7/1/2021 thru 6/30/2022 Palouse Basin Aquifer Committee annual research assessment fee, approved at PBAC meeting 6/17/2021

Current amount due	$20,000.00
TOTAL AMOUNT OF THIS INVOICE	$20,000.00

If you have any questions regarding this invoice, please call Korey Woodley at 208-885-6429.

I certify that the foregoing is just and correct; that the amount claimed is legally due after allowing all just credits, and that no part of the same has been paid.

APPROVED BY: Korey Woodley

KOREY WOODLEY, EXECUTIVE MANAGER
PALOUSE BASIN AQUIFER COMMITTEE

APPENDIX E

Chapter 5

APPENDIX E-1

Wellhead Protection Program

Washington State University
Pullman Campus

Wellhead Protection Program
2021

Revised 2-16-22

Gene Patterson
Water Quality Manager
and
Amy Speargas-Whitman
Industrial Hygienist
Environmental Health and Safety

Daniel J. Cappellini
Wellhead Protection Specialists
Evergreen Rural Water of Washington

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III. Susceptibility Assessment

IV. Delineation

V. Time of Travel Map

VI. Potential Contaminant Source Inventory

VII. Contingency And Emergency Response Planning

VIII. Notification Memoranda and Letters

I. Introduction

This is the Wellhead Protection Program component of the WSU Water System Plan. This document outlines the Wellhead Protection Program WSU will use to identify, minimize, and manage the risks associated with the supply and quality of their groundwater resource.

II. Water Resources

WSU withdraws water from four wells (Well #4 [S04], Well #6 [S06], Well #7 [S08], and Well #8 [S09]). The following table describes individual well construction.

Well Number	Well Depth	First Open Interval	Static Water Level*
#4	275 ft	165 ft	120 ft
#6	702 ft	393 ft	295 ft
#7	1814 ft	512 ft	175 ft
#8	812 ft	542 ft	343 ft

*From Master Water File Test Well tables.

The aquifer is the Grande Ronde unit, the deepest and most productive unit of the Columbia Basin Basalt Group. Groundwater movement in the aquifer is estimated to be west through the well site. Details on well construction and aquifer material can be found in the well logs that are on file at WSU. Details on local geology can be found in USGS Water Resource Investigation Report 89-4103.

III. Susceptibility Assessment

Susceptibility is determined by conditions that affect the movement of groundwater, and thus contaminants, from the land surface into an aquifer. Susceptibility is a qualitative measure of how quickly and how far water originating at land surface must travel to enter the aquifer and reach a water source (well or spring). Confining units, well depth, construction and aquifer material are critical to susceptibility determinations.

In general, a confining unit is any earthen material that does not readily transmit water. Typically layers of clay or shale may act as confining units, depending on their thickness and

lateral extent. Likewise, wells constructed with good surface seals which penetrate deep bedrock aquifers also have low susceptibility. Wells are less susceptible to contamination when confining units are present because they impede the movement of contaminants from the land surface into underlying aquifers.

The original drilling records for the WSU source wells indicate some confining layers present above the aquifer. All wells indicate an aquifer guarded from surface infiltration by several significant sequences of hard basalt interbeded with clay. Subsequently, this confinement maintains artesian pressure in the aquifer, which is a clear indication that the production zone is hydraulically confined and resistant to direct gravitational recharge from the geology immediately above. Based on the information provided by the utility in the Ground Water Contamination Susceptibility Assessment Survey Form, the WA State Department of Health (DOH) has rated Well #6 [S06], Well #7 [S08], and Well #8 [S09] with low susceptibility and Well #4 [S04] with moderate susceptibility.

The Susceptibility Assessment is also used to classify the vulnerability of a water source. Vulnerability is composed of two factors: the physical susceptibility (as noted above) and the sources risk of exposure to contaminants. The risk of exposure to contaminants is determined by whether or not contaminants are used in the area, or detected in the water supply. DOH has issued a low vulnerability rating for all WSU source wells; likewise there is no evidence of impact to water quality within the aquifer from local land use.

IV. Delineation

Aquifer recharge occurs through infiltration of precipitation in areas where the aquifer lies at or near the surface, or where confining units are thin or absent, permitting further infiltration into the aquifer. Ideally, all land areas that contribute recharge to the aquifer would be targeted for the Wellhead Protection Program. Unfortunately, the identification of precise recharge areas for wells is a technical and time consuming process. Further, they can include vast areas, making them difficult to manage. This is particularly important when confronted with artesian conditions, local surface confinement, and high rates of horizontal groundwater movement:

precisely the case confronting this water system. To address these problems, WSU focuses its protection efforts near the wellheads.

Several different methods may be used to determine the Wellhead Protection Area. The most straightforward method accepted by the state is a calculated fixed radius (CFR). This method is also used within the Susceptibility Assessment, which is used to grant source water monitoring waivers.

The Wellhead Protection areas were delineated using this simple volumetric flow equation: $r = \sqrt{(Q) \times (t) / (\prod) \times (n) \times (H)}$ based on January to December 2021 pumping data.

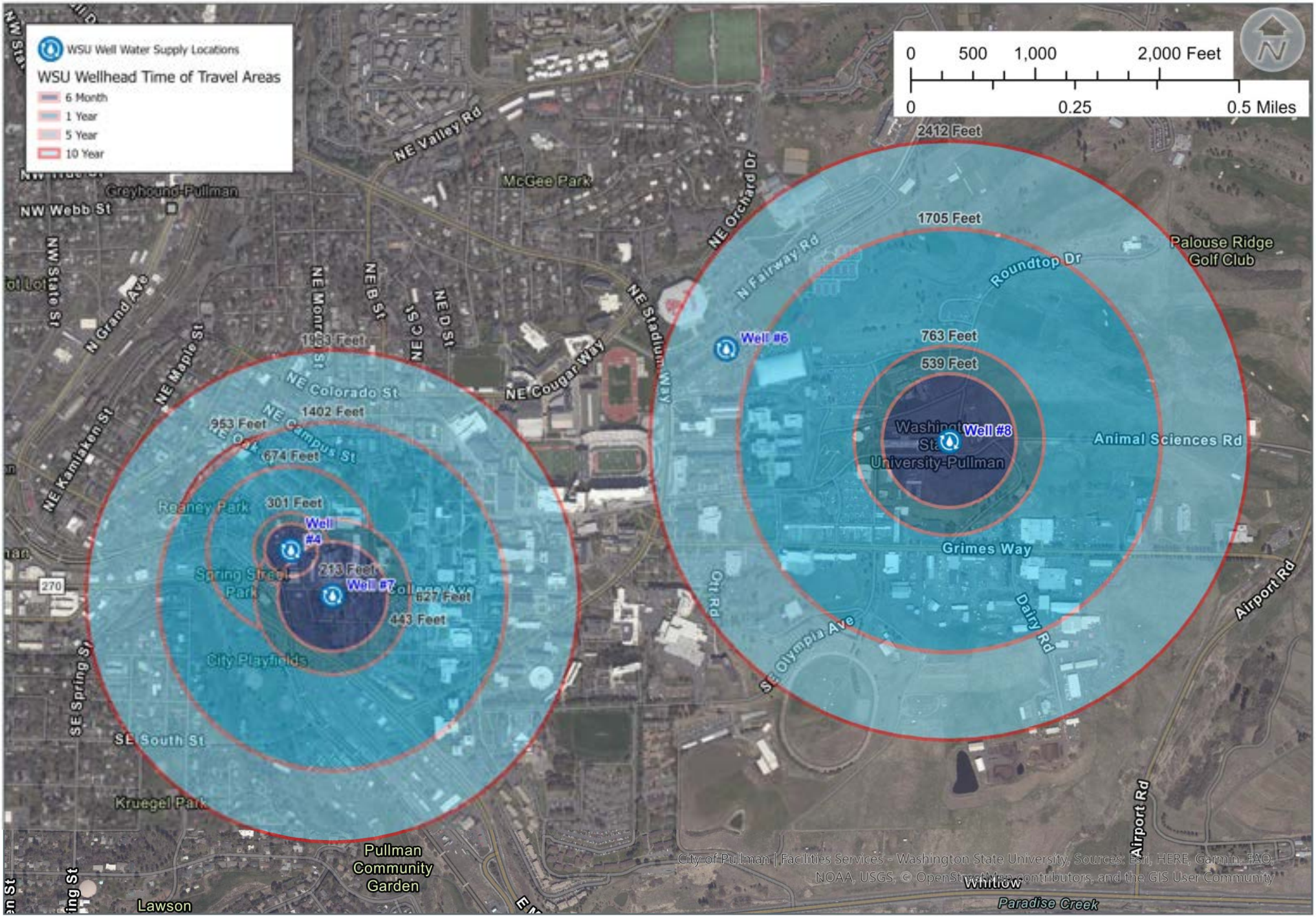
Parameter	WPP Zone	Well #4 (S04)	Well #6 (S06)	Well #7 (S08)	Well #8 (S09)
r = calculated radius of protection zone (ft)	6 month	213	12	443	539
	1 year	301	16	627	763
	5 year	674	37	1402	1705
	10 year	953	52	1983	2412
Q = pumping rate of well per year (cu. ft. / yr) *		627,098	1,872	19,021,871	40,197,877
t = time of travel (years)		0.5, 1, 5, 10	0.5, 1, 5, 10	0.5, 1, 5, 10	0.5, 1, 5, 10
Π = Pi		3.14	3.14	3.14	3.14
n = estimated porosity (if unknown 0.22)		0.22	0.22	0.22	0.22
H = Open interval or length of well screen (ft) (use 10 ft if open borehole or spring)		10 Well does not have screens/ louvers	10 Well does not have screens/ louvers	70	100

* gallons x 0.1337 = cubic feet

Using the information above, the six month, one, five, and ten-year groundwater time of travel zones were delineated and the corresponding Wellhead Protection Areas are shown on the accompanying Map, included as Figure 1. Once again, it is important to emphasize that Wellhead Protection Areas are useful planning tools, but do not represent precise groundwater

capture zones for the wells. A more accurate Wellhead Protection Area depiction would require more information and resources than are currently available. Furthermore, developing an awareness of the systems contamination potential is a higher priority at this time. Managing regional groundwater quality issues and land use oversight within multijurisdictional recharge areas is the responsibility of the WA State Department of Ecology (DOE). DOE will be notified of WSU's Wellhead Protection Areas and reminded of the role the agencies play in protecting WSU groundwater resources.

V. Time of Travel Map



WASHINGTON STATE UNIVERSITY

Wells Map
2021
WSU, Pullman Campus

Date: October 29, 2021

Facilities Services
Geographic Information System

VI. Potential Contaminant Source Inventory

A field survey was conducted within the Wellhead Protection Areas in 2007 to inventory potential sources of contamination and identified land use activities hazardous to groundwater quality. A water system volunteer and an Evergreen Rural Water groundwater specialist performed a visual inspection of these Wellhead Protection Areas to examine the extent of the potential hazards within the Areas. No significant changes in land use have occurred since 2007.

Sanitary Control Areas: The wells are located on land owned by WSU within the campus compound. WSU Facilities Services and Environmental Health & Safety maintain a close watch over activities in and around the wells to ensure there is no immediate threat of direct aquifer contamination via a well's casing. Well construction and aquifer characteristics provide ample protection to minimize potential threat immediately surrounding the wells.

The following Potential Contaminant Sources have been identified by WSU Environmental Health & Safety, however none of them are in 100 foot Sanitary Control Areas of the wells. WSU Grounds Shop, Housing grounds crew, and the Palouse Ridge Golf Club use Best Management Practices on playfields, landscaping, and the golf course to maintain irrigation, fertilizer, and pesticide application rates in order to minimize leaching into the local groundwater system. Therefore even though the playfields and landscaping are included as potential contaminant sources where they appear within the Wellhead Protection Areas, their risk to the WSU water sources has been minimized. As part of WSU's Wellhead Protection Program the ground crews have been notified with a reminder of the importance in their diligence with regard to this issue.

WSU Potential Contaminant Sources (none are in Sanitary Control Areas)
ADBF- above ground fuel tank for generator
Animal Sciences Lab 100 - above ground fuel tank for generator
Beasley Coliseum - above ground fuel tank for generator
Biosciences Lab - above ground fuel tank for generator
Global Animal Health (Allen Center) - above ground fuel tank for generator
Grimes Way Steam Plant - above ground fuel tank and underground fuel tanks
Grounds Shop – above ground used oil storage tank

Motor Pool - above ground used oil storage tank / petroleum contamination from previously removed underground storage tanks
Murrow - underground storage tank
Natural Grass Playfields and Landscaping / Golf Course
Olympia Ave Residence Hall – above ground fuel tank for generator
Plant Growth Center #122 - above ground fuel tank for generator
Public Safety - above ground fuel tank for generator
Rogers – above ground fuel tank for generator
Smith CUE - above ground fuel tank for generator
Vet Maintenance Shop - above ground used oil storage tank
Washington - underground fuel tank for generator
Webster - above ground fuel tank for generator

Notification: Local off-campus businesses received letters, and WSU departments and businesses on campus also received a memo regarding their potential impacts to groundwater quality. Overall, this education campaign provides the departments and businesses with information describing the risks and assistance available to them to assist with the Wellhead Protection Program. Copies of the memoranda and letters are included in Section VII.

Local Businesses Off-Campus			
Potential Contaminant Source	**Address**	**Phone Number**	**Type of Activity**
JMT Xpress Mart	485 E Main St.	334-2813	Gas Station
Pullman Shell	975 E. Main St.	334-1864	Gas Station
Spot Shop Cleaners	240 NE Kamiaken St.	332-5111	Dry Cleaners
Sun Rental	1105 SE Latah St.	332-2444	Fueling Tank

WSU Departments and On-Campus Businesses (none are in Sanitary Control Areas)
Animal Sciences
Facilities Services
Housing
Palouse Ridge Golf Club
Plant Introduction
Steffen Center
USDA-ARS
Vet Medicine ARU

VII. Contingency and Emergency Response Planning

A contingency plan is needed in the event of a prolonged power outage, contamination event, or natural disaster resulting in the partial or complete loss of source capacity. The contingency plan identifies the amount of water required to sustain the campus during an emergency, alternative sources of supply, and future sources of drinking water.

Short Term: WSU maintains 6,100,000 gallons of storage which could buffer against interruptions in supply for 2-5 days, depending on the season, without rationing. The campus would be limited to strict rationing if necessary. If a power outage were to occur, emergency power would be provided immediately by WSU in order to maintain key components of the water system. In the event of well pump failure, WSU currently has other wells equipped to maintain reservoir levels independently while repairs are being made. In addition, WSU has an intertie agreement with the City of Pullman.

Long Term: For long term disruptions in supply, such as complete well failure, WSU is in a good position. If a well were to fail, the system would rely on one or two of the other wells until repairs are completed or a new source well is developed. At least two of the wells are capable of individually providing an adequate supply of water independently. The system would be able to operate at full capacity until a replacement well could be brought on line. If one of the wells were contaminated, it is possible that the other wells would also become contaminated. WSU is prepared to develop new wells as needed to alleviate well contamination issues.

Emergency Preparedness: During an emergency, WSU will contact WHITCOM at 911 and the Emergency Management Coordinator for Whitman County at (509) 397-5606. If assistance cannot be provided locally, WSU will seek assistance for potable water on an emergency basis.

A hazardous spill response notice was sent to the following regulatory agencies. This notice informed them of the WSU wells and Wellhead Protection Areas and the potential for contamination to WSU's water supply. These agencies can use this information to evaluate whether changes in hazardous spill response measures, zoning, and planning are needed to protect the WSU water supply. Copies of the letters are included in Section VII.

Regulatory Agency	Address
City of Pullman Public Works	325 SE Paradise St. Pullman, WA 99163
Pullman Fire Department	620 S. Grand Ave. Pullman, WA 99163
WA Dept. of Ecology Eastern Regional Office	4601 N. Monroe, Spokane, WA 99205-1295
Whitman County Emergency Management	310 N. Main St., Suite 101 Colfax, WA 99111
Whitman County Public Works	P.O. Box 430 Colfax, WA 99111

Concluding Remarks: WSU is in a good position to continue providing safe and reliable drinking water to faculty, staff, students and visitors. In turn WSU is helping to ensure a reliable drinking water resource which they share with the local community and region. The WSU Pullman campus is fortunate to have Potential Contaminant Sources limited to facilities and infrastructure under its direct control and a handful of responsible local businesses. Training has been provided to WSU staff responsible for their respective campus assets. This plan serves the public interest as well as the community by protecting the drinking water supply at minimal cost while maintaining compliance with existing drinking water regulations.

VIII. Notification Memoranda and Letters

MEMORANDUM

To: Craig Cole, Facilities Services
John Fluegel, Steffen Center
Kris Johnson, Animal Sciences
Todd Lupkes, Palouse Ridge Golf Club
Fred Loaiza, Vet Medicine ARU
Mark LaBolle, Housing and Dining Maintenance
Richard Partain, USDA-ARS

From: Gene Patterson, WSU Environmental Health & Safety

Subject: WSU Wellhead Protection Program

Date: February 21, 2022

WSU Environmental Health & Safety has developed a Wellhead Protection Program required by the Washington Department of Health for the Pullman campus. The program helps public water systems protect local drinking water supplies. Wellhead protection requires a community effort to keep potential contaminants from being released near WSU drinking water wells.

The biggest threat to local water supplies is hazardous materials put onto the ground or into septic systems. All drinking water wells provide a direct pathway for contaminants to enter the groundwater, and therefore all hazardous materials should be used and disposed of responsibly.

Some examples of hazardous materials are:

- Household chemicals including all cleaners
- Paints, thinners, and other solvents
- Automotive fluids including motor oil, gasoline, antifreeze or similar products
- Fuel tanks
- Lawn and garden supplies including fertilizers and pesticides
- Animal and pet waste

Tips to avoid septic system trouble:

- DO NOT allow anyone to drive or park over any part of the system. Areas should be left undisturbed with only a mowed grass cover. In addition roots from nearby trees or shrubs may clog and damage drain pipes.
- DO NOT use commercial septic tank additives. These products usually do not help and some may hurt septic systems in the long run.
- DO NOT contaminate septic systems by pouring chemicals down the drain. They can kill the beneficial bacteria that treat wastewater and ultimately contaminate drinking water.

Please forward this information to applicable personnel in your areas, and thank you for following these guidelines to help protect WSU's water supplies. If you have any questions please contact me at 509-335-3041.

February 21, 2022

JMT Xpress Mart
485 E. Main St.
Pullman, WA 99163

Re: WSU Wellhead Protection Program

Dear JMT Xpress Mart:

Washington State University has a Wellhead Protection Program for the Pullman campus per Washington Department of Health WAC 246-290-135(3) regulations. The purpose of this Program is to protect the quality of the campus drinking water supply. As part of the Program, maps were prepared that show the areas around each campus drinking water well where a chemical spill on the ground may cause contamination of the well/aquifer. These areas are Wellhead Protection Areas (WPA).

The Program also requires an inventory of potential sources of groundwater contamination within these WPAs. The primary purpose of this letter is to notify you that your facility is located within WSU's WPA. Since your business or the activities conducted at your facility may involve the use of chemicals (e.g., gasoline, underground storage tanks, etc.), and the potential exists that a chemical spill from your facility may adversely impact the campus drinking water supply, please notify Washington State University immediately if a chemical spill occurs at your facility. All spills should be reported by dialing 911 and requesting that the Pullman Fire Department and WSU Environmental Health and Safety Department be contacted.

Please note that the groundwater aquifer that supplies WSU's wells also supply the City of Pullman's wells. Therefore, immediate notification of WSU in the event of a spill also assists the City of Pullman by protecting the water supply for the entire community. Thank you for assisting us in protecting WSU's water supply and groundwater at WSU. If you have any questions, please contact me at 509-335-3041.

Sincerely,

Gene Patterson
Water Quality Manager

February 21, 2022

Pullman Shell
975 E. Main St.
Pullman, WA 99163

Re: WSU Wellhead Protection Program

Dear Pullman Shell:

Washington State University has a Wellhead Protection Program for the Pullman campus per Washington Department of Health WAC 246-290-135(3) regulations. The purpose of this Program is to protect the quality of the campus drinking water supply. As part of the Program, maps were prepared that show the areas around each campus drinking water well where a chemical spill on the ground may cause contamination of the well/aquifer. These areas are Wellhead Protection Areas (WPA).

The Program also requires an inventory of potential sources of groundwater contamination within these WPAs. The primary purpose of this letter is to notify you that your facility is located within WSU's WPA. Since your business or the activities conducted at your facility may involve the use of chemicals (e.g., gasoline, underground storage tanks, etc.), and the potential exists that a chemical spill from your facility may adversely impact the campus drinking water supply, please notify Washington State University immediately if a chemical spill occurs at your facility. All spills should be reported by dialing 911 and requesting that the Pullman Fire Department and WSU Environmental Health and Safety Department be contacted.

Please note that the groundwater aquifer that supplies WSU's wells also supply the City of Pullman's wells. Therefore, immediate notification of WSU in the event of a spill also assists the City of Pullman by protecting the water supply for the entire community. Thank you for assisting us in protecting WSU's water supply and groundwater at WSU. If you have any questions, please contact me at 509-335-3041.

Sincerely,

Gene Patterson
Water Quality Manager

February 21, 2022

Spot Shop Cleaners
240 NE Kamiaken St.
Pullman, WA 99163

Re: WSU Wellhead Protection Program

Dear Spot Shop Cleaners:

Washington State University has a Wellhead Protection Program for the Pullman campus per Washington Department of Health WAC 246-290-135(3) regulations. The purpose of this Program is to protect the quality of the campus drinking water supply. As part of the Program, maps were prepared that show the areas around each campus drinking water well where a chemical spill on the ground may cause contamination of the well/aquifer. These areas are Wellhead Protection Areas (WPA).

The Program also requires an inventory of potential sources of groundwater contamination within these WPAs. The primary purpose of this letter is to notify you that your facility is located within WSU's WPA. Since your business or the activities conducted at your facility may involve the use of chemicals (e.g., gasoline, underground storage tanks, etc.), and the potential exists that a chemical spill from your facility may adversely impact the campus drinking water supply, please notify Washington State University immediately if a chemical spill occurs at your facility. All spills should be reported by dialing 911 and requesting that the Pullman Fire Department and WSU Environmental Health and Safety Department be contacted.

Please note that the groundwater aquifer that supplies WSU's wells also supply the City of Pullman's wells. Therefore, immediate notification of WSU in the event of a spill also assists the City of Pullman by protecting the water supply for the entire community. Thank you for assisting us in protecting WSU's water supply and groundwater at WSU. If you have any questions, please contact me at 509-335-3041.

Sincerely,

Gene Patterson
Water Quality Manager

February 21, 2022

Sun Rental
1105 SE Latah St.
Pullman, WA 99163

Re: WSU Wellhead Protection Program

Dear Sun Rental:

Washington State University has a Wellhead Protection Program for the Pullman campus per Washington Department of Health WAC 246-290-135(3) regulations. The purpose of this Program is to protect the quality of the campus drinking water supply. As part of the Program, maps were prepared that show the areas around each campus drinking water well where a chemical spill on the ground may cause contamination of the well/aquifer. These areas are Wellhead Protection Areas (WPA).

The Program also requires an inventory of potential sources of groundwater contamination within these WPAs. The primary purpose of this letter is to notify you that your facility is located within WSU's WPA. Since your business or the activities conducted at your facility may involve the use of chemicals (e.g., gasoline, underground storage tanks, etc.), and the potential exists that a chemical spill from your facility may adversely impact the campus drinking water supply, please notify Washington State University immediately if a chemical spill occurs at your facility. All spills should be reported by dialing 911 and requesting that the Pullman Fire Department and WSU Environmental Health and Safety Department be contacted.

Please note that the groundwater aquifer that supplies WSU's wells also supply the City of Pullman's wells. Therefore, immediate notification of WSU in the event of a spill also assists the City of Pullman by protecting the water supply for the entire community. Thank you for assisting us in protecting WSU's water supply and groundwater at WSU. If you have any questions, please contact me at 509-335-3041.

Sincerely,

Gene Patterson
Water Quality Manager

February 21, 2022

Mike Heston, Fire Chief
Pullman Fire Department
620 S. Grand Ave.
Pullman, WA 99163

Re: WSU Wellhead Protection Area

Dear Fire Chief Heston:

WSU has developed a Wellhead Protection Program (WPP) as required by the Washington Department of Health (DOH). As part of this program, WSU must provide wellhead protection information to agencies responsible for incident/spill response procedures. Using the results of the susceptibility assessment and the findings of the wellhead protection area inventory, local emergency responders are asked to evaluate whether changes in incident/spill response procedures are needed to better protect groundwater within WPAs. As stated in the DOH Wellhead Protection Program Guidance Document, "If a public water system's source water is determined to be vulnerable to surface activities, special procedures may need to be incorporated into local emergency response Programs."

DOH has given the WSU drinking water wells the following ratings:

Sources S06 (Well #6), S08 (Well #7), S09 (Well #8) Susceptibility Rating: Low
Source S04 (Well #4) Susceptibility Rating: Moderate

Thank you for your attention in this matter. If you have any questions or would like a copy of the WPP, please feel free to contact me at 335-3041.

Sincerely,

Gene Patterson
Water Quality Manager

February 21, 2022

Bill Tensfeld
Director, Emergency Management
310 N. Main St., Suite 101
Colfax, WA 99111

Re: WSU Wellhead Protection Area

Dear Mr. Tensfeld:

WSU has developed a Wellhead Protection Program (WPP) as required by the Washington Department of Health (DOH) for WSU. As part of this program, WSU must provide wellhead protection information to agencies responsible for incident/spill response procedures. Using the results of the susceptibility assessment and the findings of the wellhead protection area inventory, local emergency responders are asked to evaluate whether changes in incident/spill response procedures are needed to better protect groundwater within wellhead protection areas. As stated in the DOH Wellhead Protection Program Guidance Document, "If a public water system's source water is determined to be vulnerable to surface activities, special procedures may need to be incorporated into local emergency response Programs."

DOH has given the WSU drinking water wells the following ratings:

Sources S06 (Well #6), S08 (Well #7), S09 (Well #8) Susceptibility Rating: Low
Source S04 (Well #4) Susceptibility Rating: Moderate

Thank you for your attention in this matter. If you have any questions or would like a copy of the WPP, please feel free to contact me at 335-3041.

Sincerely,

Gene Patterson
Water Quality Manager

February 21, 2022

Washington Department of Ecology
Eastern Regional Office
4601 North Monroe
Spokane, WA 99205-1295

Re: WSU Pullman Wellhead Protection Area

Dear Department of Ecology:

As part of the Washington State University Wellhead Protection Program, WSU is required to provide notification of Wellhead Protection Areas (WPAs). Please keep in mind WSU's WPAs when inspecting and permitting the storage, use, and disposal of hazardous materials. It is worth mentioning that local geology (i.e. clay, deep bedrock) restricts surface contaminants from entering the aquifer near the well sites.

Sincerely,

Gene Patterson
Water Quality Manager

February 21, 2022

Art Garro
City of Pullman Public Works
325 SE Paradise St.
Pullman, WA 99163

Re: WSU Wellhead Protection Area

Dear Mr. Garro:

As part of the Washington State University Wellhead Protection Program, WSU is required to provide notification of Wellhead Protection Areas (WPAs) to local entities.

Please keep in mind WSU's WPAs when inspecting and permitting areas in the City that may impact groundwater in the area, and contact WSU if anything is found that may impact WSU's wells.

Sincerely,

Gene Patterson
WSU Water Quality Manager

APPENDIX F

Chapter 6

APPENDIX F-1

Water Quality Analysis Reports

Water Quality Monitoring Schedule

System: WASHINGTON STATE UNIVERSITY **PWS ID: 93200 Q** **Region: EASTERN**
Contact: Timothy R Leachman **Group: A - Comm** **County: WHITMAN**

NOTE: To receive credit for compliance samples, you must fill out laboratory and sample paperwork completely, send your samples to a laboratory accredited by Washington State to conduct the analyses, AND ensure the results are submitted to DOH Office of Drinking Water. There is often a lag time between when you collect your sample, when we credit your system with meeting the monitoring requirement, and when we generate the new monitoring requirement.

Coliform Monitoring Requirements

	Dec 2022	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023
Coliform Monitoring Population	25824	24290	24290	24290	24290	24290	10838	10838	25824	25824	25824	25824
Number of Routine Samples Required	30	25	25	25	25	25	10	10	30	30	30	30

- Collect samples from representative points throughout the distribution system.
- Collect required repeat samples following an unsatisfactory sample. In addition, collect a sample from each operating groundwater source.
- For systems that chlorinate, record chlorine residual (measured when the coliform sample is collected) on the coliform lab slip.

Chemical Monitoring Requirements

Distribution Monitoring

Test Panel/Analyte	*# Samples Required*	*Compliance Period*	*Frequency*	*Last Sample Date*	*Next Sample Due*	
Lead and Copper	30	Jan 2022 - Dec 2024	standard - 3 year	06/30/2021	Jun 2024	
Asbestos	0	Jan 2020 - Dec 2028	waiver - 9 year			
Total Trihalomethane (THM)	2	Jan 2022 - Dec 2022	reduced - 1 year	07/29/2022		
Halo-Acetic Acids (HAA5)	2	Jan 2022 - Dec 2022	reduced - 1 year	07/29/2022		

Water Quality Monitoring Schedule

Notes on Distribution System Chemical Monitoring

For *Lead and Copper*:
- Collect samples from the COLD WATER side of a KITCHEN or BATHROOM faucet that is used daily.
- Before sampling, make sure the water has sat unused in the pipes for at least 6 hours, but no more than 12 hours (e.g. overnight).
- If you are sampling from a faucet that has hot water, make sure cold water is the last water to run through the faucet before it sits overnight.
- If your sampling frequency is annual or every 3 years, collect samples between June 1 and September 30.

For *Asbestos:* Collect the sample from one of your routine coliform sampling sites in an area of your distribution system that has asbestos concrete pipe.

For *Disinfection Byproducts (HAA5 and THM):* Collect the samples at the locations identified in your Disinfection Byproducts (DBP) monitoring plan.

Source Monitoring

- Collect 'source' chemical monitoring samples from a tap after all treatment (if any), but before entering the distribution system.
- Washington State grants monitoring waivers for various test panels /analytes. Please note that we may require some monitoring as a condition of some waivers. We have granted complete waivers for dioxin, endothal, glyphosate, diquat, and insecticides.
- Nitrate, arsenic, iron, and other individual inorganics are included as part of a Complete Inorganic (IOC) analysis when it is collected.

Source S04 — *Power Plant Well #4 - AEH240* — *Well* — *Use - Permanent* — *Susceptility - Moderate*

Test Panel/Analyte	*# Samples Required*	*Compliance Period*	*Frequency*	*Last Sample Date*	*Next Sample Due*
Nitrate	1	Jan 2022 - Dec 2022	standard - 1 year	03/31/2022	
Complete Inorganic (IOC)	1	Jan 2020 - Dec 2028	waiver - 9 year	08/16/2018	Aug 2027
Iron	1	Jan 2020 - Dec 2022	standard - 3 year	06/28/2022	
Manganese	1	Jan 2020 - Dec 2022	standard - 3 year	06/28/2022	
Volatile Organics (VOC)	1	Jan 2020 - Dec 2025	waiver - 6 year	05/14/2020	
Herbicides	1	Jan 2014 - Dec 2022	waiver - 9 year	07/18/2018	
Pesticides	0	Jan 2020 - Dec 2022	waiver - 3 year	05/12/2009	
Soil Fumigants	0	Jan 2020 - Dec 2022	waiver - 3 year	08/19/1998	
Gross Alpha	1	Jan 2020 - Dec 2025	standard - 6 year	06/22/2021	
Radium 228	1	Jan 2020 - Dec 2025	standard - 6 year	06/22/2021	

Source S06 — *Coliseum Well #6 - AGG329* — *Well* — *Use - Permanent* — *Susceptility - Low*

Test Panel/Analyte	*# Samples Required*	*Compliance Period*	*Frequency*	*Last Sample Date*	*Next Sample Due*
Nitrate	1	Jan 2022 - Dec 2022	standard - 1 year	05/31/2022	

Water Quality Monitoring Schedule

Source Monitoring

- Collect 'source' chemical monitoring samples from a tap after all treatment (if any), but before entering the distribution system.
- Washington State grants monitoring waivers for various test panels /analytes. Please note that we may require some monitoring as a condition of some waivers. We have granted complete waivers for dioxin, endothal, glyphosate, diquat, and insecticides.
- Nitrate, arsenic, iron, and other individual inorganics are included as part of a Complete Inorganic (IOC) analysis when it is collected.

Source S06 *Coliseum Well #6 - AGG329* *Well* *Use - Permanent* *Susceptility - Low*

Test Panel/Analyte	# Samples Required	Compliance Period	Frequency	Last Sample Date	Next Sample Due
Complete Inorganic (IOC)	1	Jan 2020 - Dec 2028	waiver - 9 year	06/22/2016	Jun 2025
Iron	1	Jan 2020 - Dec 2022	standard - 3 year	06/28/2022	
Manganese	1	Jan 2020 - Dec 2022	standard - 3 year	06/28/2022	
Volatile Organics (VOC)	1	Jan 2020 - Dec 2025	waiver - 6 year	07/18/2018	Jul 2024
Herbicides	1	Jan 2014 - Dec 2022	waiver - 9 year	07/18/2018	
Pesticides	0	Jan 2020 - Dec 2022	waiver - 3 year	05/12/2009	
Soil Fumigants	0	Jan 2020 - Dec 2022	waiver - 3 year	08/04/2000	
Gross Alpha	1	Jan 2020 - Dec 2025	standard - 6 year	06/22/2021	
Radium 228	1	Jan 2020 - Dec 2025	standard - 6 year	06/22/2021	

Source S08 *Well #7 - AGG328* *Well* *Use - Permanent* *Susceptility - Low*

Test Panel/Analyte	# Samples Required	Compliance Period	Frequency	Last Sample Date	Next Sample Due
Nitrate	1	Jan 2022 - Dec 2022	standard - 1 year	03/30/2022	
Complete Inorganic (IOC)	1	Jan 2020 - Dec 2028	waiver - 9 year	04/14/2021	
Iron	1	Jan 2020 - Dec 2022	standard - 3 year	04/14/2021	
Manganese	1	Jan 2020 - Dec 2022	standard - 3 year	04/14/2021	
Volatile Organics (VOC)	1	Jan 2020 - Dec 2025	waiver - 6 year	07/18/2018	Jul 2024
Herbicides	1	Jan 2014 - Dec 2022	waiver - 9 year	07/18/2018	
Pesticides	0	Jan 2020 - Dec 2022	waiver - 3 year	05/12/2009	
Soil Fumigants	0	Jan 2020 - Dec 2022	waiver - 3 year	07/23/2002	
Gross Alpha	1	Jan 2020 - Dec 2025	standard - 6 year	06/09/2021	

Water Quality Monitoring Schedule

Source Monitoring

- Collect 'source' chemical monitoring samples from a tap after all treatment (if any), but before entering the distribution system.
- Washington State grants monitoring waivers for various test panels /analytes. Please note that we may require some monitoring as a condition of some waivers. We have granted complete waivers for dioxin, endothal, glyphosate, diquat, and insecticides.
- Nitrate, arsenic, iron, and other individual inorganics are included as part of a Complete Inorganic (IOC) analysis when it is collected.

Source S08	*Well #7 - AGG328*	*Well*	*Use - Permanent*	*Susceptility - Low*	
Test Panel/Analyte	*# Samples Required*	*Compliance Period*	*Frequency*	*Last Sample Date*	*Next Sample Due*
Radium 228	1	Jan 2020 - Dec 2025	standard - 6 year	06/09/2021	

Source S09	*Well #8*	*Well*	*Use - Permanent*	*Susceptility - Low*	
Test Panel/Analyte	*# Samples Required*	*Compliance Period*	*Frequency*	*Last Sample Date*	*Next Sample Due*
Nitrate	1	Jan 2022 - Dec 2022	standard - 1 year	03/30/2022	
Complete Inorganic (IOC)	1	Jan 2020 - Dec 2028	waiver - 9 year	08/16/2018	Aug 2027
Iron	1	Jan 2020 - Dec 2022	standard - 3 year	06/28/2022	
Manganese	1	Jan 2020 - Dec 2022	standard - 3 year	06/28/2022	
Volatile Organics (VOC)	1	Jan 2020 - Dec 2025	waiver - 6 year	06/28/2022	
Herbicides	1	Jan 2014 - Dec 2022	waiver - 9 year	03/26/2020	
Pesticides	0	Jan 2020 - Dec 2022	waiver - 3 year	08/14/2003	
Soil Fumigants	0	Jan 2020 - Dec 2022	waiver - 3 year	08/14/2003	
Gross Alpha	1	Jan 2020 - Dec 2025	standard - 6 year	06/09/2021	
Radium 228	1	Jan 2020 - Dec 2025	standard - 6 year	06/09/2021	

Water Quality Monitoring Schedule

Other Information

Other Reporting Schedules	*Due Date*
Measure chlorine residuals and submit monthly reports if your system uses continuous chlorination:	monthly
Submit Consumer Confidence Report (CCR) to customers and ODW (Community systems only):	07/01/2022
Submit CCR certification form to ODW (Community systems only):	10/01/2022
Submit Water Use Efficiency report online to ODW and to customers (Community and other municipal water systems only):	07/01/2022
Send notices of lead and copper sample results to the customers sampled:	30 days after you receive the laboratory results
Submit Certification of customer notification of lead and copper results to ODW:	90 days after you notify customers

Special Notes

Monitoring window for lead and copper is May through August.

Eastern Regional Water Quality Monitoring Contacts

For questions regarding chemical monitoring:	Stan Hoffman: (509) 329-2132: or Stan.Hoffman@doh.wa.gov
For questions regarding DBPs:	Stan Hoffman: (509) 329-2132 or Stan.Hoffman@doh.wa.gov
For questions regarding coliform bacteria and microbial issues:	Joseph Perkins: (509) 329-2134 or Joseph.Perkins@doh.wa.gov

Additional Notes

The information on this monitoring schedule is valid as of the date in the upper left corner on the first page. However, the information may change with subsequent updates in our water quality monitoring database as we receive new data or revise monitoring schedules. There is often a lag time between when you collect your sample and when we credit your system with meeting the monitoring requirement.

We have not designed this monitoring schedule to display all compliance requirements. The purpose of this schedule is to assist water systems with planning for most water quality monitoring, and to allow systems to compare their records with DOH ODW records. Please be aware that this monitoring schedule does not include constituents that require a special monitoring frequency, such as monitoring affiliated with treatment.

Any inaccuracies on this schedule will not relieve the water system owner and operator of the requirement to comply with applicable regulations.

If you have any questions about your monitoring requirements, please contact the regional office staff listed above.

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MBA0022
Address:	P.O. Box 641172	Project:	1/4/21 - Bacteria
	Pullman, WA 99164	Reported:	1/11/2021 13:30
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0022-01	Collect Date:	01/04/21 08:15	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Motor Pool 66A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02201

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MBA0022
Address:	P.O. Box 641172	Project:	1/4/21 - Bacteria
	Pullman, WA 99164	Reported:	1/11/2021 13:30
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0022-02	Collect Date:	01/04/21 08:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Hulbert 808				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02202

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MBA0022
Address:	P.O. Box 641172	Project:	1/4/21 - Bacteria
	Pullman, WA 99164	Reported:	1/11/2021 13:30
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0022-03	Collect Date:	01/04/21 08:40	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Beasley Coliseum 806				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02203

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0022
Address:	P.O. Box 641172	Project:	1/4/21 - Bacteria
	Pullman, WA 99164	Reported:	1/11/2021 13:30
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0022-04	Collect Date:	01/04/21 08:57	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Alumni Center 138				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02204

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0022
Address:	P.O. Box 641172	Project:	1/4/21 - Bacteria
	Pullman, WA 99164	Reported:	1/11/2021 13:30
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0022-05	Collect Date:	01/04/21 09:09	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	FSHN 816				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02205

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0022
Address:	P.O. Box 641172	Project:	1/4/21 - Bacteria
	Pullman, WA 99164	Reported:	1/11/2021 13:30
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0022-06	Collect Date:	01/04/21 09:24	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Northside Cafe 65A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02206

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0022
Address:	P.O. Box 641172	Project:	1/4/21 - Bacteria
	Pullman, WA 99164	Reported:	1/11/2021 13:30
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0022-07	Collect Date:	01/04/21 09:36	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	CUB 63				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02207

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0022
Address:	P.O. Box 641172	Project:	1/4/21 - Bacteria
	Pullman, WA 99164	Reported:	1/11/2021 13:30
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0022-08	Collect Date:	01/04/21 09:53	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Owen Science Library 810				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02208

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0022
Address:	P.O. Box 641172	Project:	1/4/21 - Bacteria
	Pullman, WA 99164	Reported:	1/11/2021 13:30
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0022-09	Collect Date:	01/04/21 10:03	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Crimson Bake Shop 93C				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02209

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0022
Address:	P.O. Box 641172	Project:	1/4/21 - Bacteria
	Pullman, WA 99164	Reported:	1/11/2021 13:30
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0022-10	Collect Date:	01/04/21 10:12	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	WSU Childrens Center 88				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02210

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0022
Address:	P.O. Box 641172	Project:	1/4/21 - Bacteria
	Pullman, WA 99164	Reported:	1/11/2021 13:30
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0022-11	Collect Date:	01/04/21 10:24	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Columbia 678F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02211

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0022
Address:	P.O. Box 641172	Project:	1/4/21 - Bacteria
	Pullman, WA 99164	Reported:	1/11/2021 13:30
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0022-12	Collect Date:	01/04/21 11:42	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook 679O				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02212

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/21 16:52	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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The results reported related only to the samples indicated.

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Client:	WSU EH & S	Work Order:	MBA0022
Address:	P.O. Box 641172	Project:	1/4/21 - Bacteria
	Pullman, WA 99164	Reported:	1/11/2021 13:30
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MBA0022

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208-

Due: 01/18/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 4 / 21 (Month / Day / Year)	8 : 15 ☒ AM ☐ PM	Wh. [illegible]

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# 5 3 2 0 0 9
System Name: WW

Contact Person: S[illegible]

Day Phone: (509) 335-3941	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW Golf
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patrick

Specific location where sample collected (address or sample site, and type of faucet): Motor Pool bbA

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 1-4-21 8.9 C IR-4 JM 12:50
Date Analyzed: 1/4/21 1652	Date Reported:
1 2 5 0 2 2 0 1 Sample Number (DOH number plus five digits)	Lab Use: MBA0022-01

DOH Form 4331-319 (revised 11/10)

MBA0022

Due: 01/18/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 4 / 21 (Month Day Year)	8 : 27 ☐ AM ☐ PM	Whitman

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# 6 3 2 0 0 9
System Name: WN

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Sanitarian

Specific location where sample collected (address or sample site, and type of faucet):
Hallmark Bldg

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL. E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code: MICR – 2720 8.9 C JM IR-4
Date and Time Received: 1-4-21 12:50

Date Analyzed: 1/4/21 1652
Date Reported:

1 2 5 0 2 2 0 2
Sample Number (DOH number plus five digits)

Lab Use: MBA0022-07

DOH Form 4331-319 (revised 11/13)

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 4 / 21 (Month Day Year)	8 : 40 ☐ AM ☐ PM	Whitman

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# 5 3 2 8 8 9
System Name: WJJ

Contact Person: Jonathan

Day Phone: (509 332-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJJ EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PA Hanson

Specific location where sample collected (address or sample site, and type of faucet): Beutler Col, Jason Bob

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free .10

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720	Date and Time Received: 1-4-21 8.9 C IR-4 JM 12:50
Date Analyzed: 1/4/21 1652	Date Reported:
1 2 5 0 2 2 0 3 Sample Number (DOH number plus five digits)	Lab Use: MBA0022-03

DOH Form 4331-318 (revised 11/10)

MBA0022

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Due: 01/18/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 4 / 21 (Month Day Year)	8 : 57 ☒ AM ☐ PM	Whitman

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# 53209
System Name: WW

Contact Person: Santori

Day Phone: (509) 335-3841	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW 1345
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Alumni Center BF

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free 0.1

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720	Date and Time Received: 1-4-21 8.9 C IR-4 IN 12:50
Date Analyzed: 1/4/21 1652	Date Reported:
1 2 5 0 2 2 0 4 (Sample Number (DOH number plus five digits))	Lab Use: MBA0022-04

DOH Form #331-318 (revised 11/12)

MBA0022

Anatek
1282 Al
Moscow
208-8

Due: 01/18/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 4 / 21 (Month Day Year)	9 : 09 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WW

Contact Person: Smithson

Day Phone: (509) 335-7041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EIS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
FSHN RR

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720	Date and Time Received: 1-4-21 8.9 C IR-4 JM 12:50
Date Analyzed: 1/4/21 1652	Date Reported:
1 2 5 0 2 2 0 5 Sample Number (DOH number plus five digits)	Lab Use: MBA0022-05

DOH Form #331-210 (revised 11-13)

MBA0022

Anatek
1282 Al
Moscov
208-8

Due: 01/18/21

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 4 / 21 (Month Day Year)	9 : 24 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 8 Q
System Name: WJ

Contact Person: Smithson

Day Phone: (509) 338-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJ EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevia

Specific location where sample collected (address or sample site, and type of faucet): North Lab Cafe Sink

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 1-4-21 8.9C IR-4 1M 12:50

Date Analyzed: 1/4/21 1652

Date Reported:

1 2 5 0 2 2 0 0
Sample Number (DOH number plus five digits)

Lab Use: MBA0022-06

DOH Form 4331-318 (revised 11/10)

MBA0022

Due: 01/18/21

Anatek
1282 Al
Mosco
208-

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 4 / 21 (Month Day Year)	9 : 36 ☒ AM ☐ PM	Whitman

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# 1 3 2 0 0 0
System Name: WSU

Contact Person: Patterson

Day Phone: (509) 335-3841 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): CUB 63

Special instructions or comments:

Type of Sample (must check only one box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 1-4-21
8.9 C IR-4 JM 12:50

Date Analyzed: 1/4/21 1652

Date Reported:

1 2 5 0 2 2 0 7
Sample Number (DOH number plus five digits)

Lab Use: MBA0022-07

DOH Form 4331-313 (revised 11/10)

MBA0022

Anatel
1282 A
Mosco
208-

CO.

Due: 01/18/21

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
1/4/21	9:53 ☒ AM ☐ PM	Whitman

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# 732000
System Name: WSU

Contact Person: Janitorial

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PaHarris

Specific location where sample collected (address or sample site, and type of faucet):
Owen Science Library R/O

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 1.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720
Date and Time Received: 1-4-21 8.9 C IR 4 JM 12:50

Date Analyzed: 1/4/21 1652
Date Reported:

12502208
Sample Number (DOH number plus five digits)

Lab Use: MBA0022-08

DOH Form 4331-319 (revised 11/10)

MBA0022

Anatek
1282 Al
Moscov
208-8

Due: 01/18/21

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 4 / 21 (Month Day Year)	10 : 03 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Jan Tinlin

Day Phone: (509) 335-3941 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hudson

Specific location where sample collected (address or sample site, and type of faucet):
Cashman Bake Shop 93C

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	1-4-21 8.9C IR-4 JM 12:50
Date Analyzed: 1/4/21 1652	Date Reported:
1 2 5 0 2 2 0 9 (Sample Number (DOH number plus five digits))	Lab Use: MBA0022-09

DOH Form #331-019 (revised 11/10)

MBA0022

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Due: 01/18/21

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 4 / 21 (Month / Day / Year)	10 : 12 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WJW

Contact Person: Jennifer

Day Phone: (509) 332-7041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): WJW Children's Center RF

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 0.3

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	1-4-20 8.9 C IR-4 JM 12:50
Date Analyzed: 1/4/21 1652	Date Reported:
1 2 5 0 2 2 1 0 (Sample Number (DOH number plus five digits))	Lab Use: MBA0022-10

DOH Form 4324-219 (revised 11/13)

MBA0022

Anatek
1282 Al
Mosco
208-

Due: 01/18/21

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 4 / 21 (Month Day Year)	10 : 24 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name:

Contact Person: Sanitarian

Day Phone: (509) 332-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Peterson

Specific location where sample collected (address or sample site, and type of faucet):
Columbia 67 F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 1.02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 1-4-2021 8.9 C IR-4 JM 12:50
Date Analyzed: 1/4/21 1652	Date Reported:
1 2 5 0 2 2 1 1 Sample Number (DOH number plus five digits)	Lab Use: MBA0022-11

DOH Form 4331-318 (revised 11/10)

MBA0022

Anatel
1282 A
Mosco
208-

Due: 01/18/21

COI

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 4 / 21 (Month Day Year)	11 : 42 ☒ AM ☐ PM	Whitman

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# 7 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Chinook 6790

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from DWFI

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720

Date and Time Received: 1-4-21
9.9 C IR-4 JM 12:50

Date Analyzed: 1/4/20 1652

Date Reported:

1 2 5 0 2 2 1 2
Sample Number (DOH number plus five digits)

Lab Use: MBA0022-12

DOH Form 4331-319 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MCA0051
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/11/2022 09:05
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0051-01	Collect Date:	01/04/22 10:07	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/22 12:48	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Owen Science Library 810				
Matrix:	Drinking Water				

Lab/Sample Number: 125-05101

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/22 16:30	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/22 16:30	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0051
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/11/2022 09:05
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0051-02	Collect Date:	01/04/22 10:33	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/22 12:48	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	CUB 63				
Matrix:	Drinking Water				

Lab/Sample Number: 125-05102

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/22 16:30	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/22 16:30	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0051
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/11/2022 09:05
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0051-03	Collect Date:	01/04/22 10:22	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/22 12:48	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Northside Cafe 65A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-05103

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/22 16:30	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/22 16:30	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0051
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/11/2022 09:05
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0051-04	Collect Date:	01/04/22 09:46	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/22 12:48	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Beasley Coliseum 806				
Matrix:	Drinking Water				

Lab/Sample Number: 125-05104

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/22 16:30	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/22 16:30	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0051
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/11/2022 09:05
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0051-05	Collect Date:	01/04/22 09:32	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/22 12:48	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	FSHN 816				
Matrix:	Drinking Water				

Lab/Sample Number: 125-05105

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/22 16:30	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/22 16:30	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0051
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/11/2022 09:05
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0051-06	Collect Date:	01/04/22 09:22	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/22 12:48	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Hulbert 808				
Matrix:	Drinking Water				

Lab/Sample Number: 125-05106

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/22 16:30	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/22 16:30	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MCA0051
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/11/2022 09:05
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0051-07	Collect Date:	01/04/22 09:10	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/22 12:48	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Alumni Center 138				
Matrix:	Drinking Water				

Lab/Sample Number: 125-05107

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/22 16:30	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/22 16:30	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0051
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/11/2022 09:05
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0051-08	Collect Date:	01/04/22 09:00	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/04/22 12:48	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Motor Pool 66A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-05108

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/4/22 16:30	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/4/22 16:30	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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Client:	Washington State University (EHS)	Work Order:	MCA0051
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/11/2022 09:05
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

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1282 Altu
Moscow,
208-88

MCA0051

Due: 01/18/22

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Date Sample Collected	Time Sample Collected	County
1 / 4 / 22 (Month Day Year)	10 : 07 ☑ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Smithson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Owen Science Library RTD

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free ____ OR

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
HC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 1-4-22 12:48 12 9 JRY
Date Analyzed: V 1/22 1630	Date Reported:
1 2 5 0 5 1 0 1 (Sample Number (DOH number plus five digits))	Lab Use: MCA0051-01

DOH Form 4321-310 (revised 11/10)

Anatel
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MCA0051

Due: 01/18/22

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Date Sample Collected	Time Sample Collected	County
1 / 4 / 22 (Month / Day / Year)	10:37 ☐ AM ☐ PM	Whitman

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# 4 3 2 0 0 4
System Name: WSU

Contact Person: Janitorial

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevjon

Specific location where sample collected (address or sample site, and type of faucet):
CUB 63

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count_____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform_____ /100mL

Method Code:	Date and Time Received: 12:9 IR4
MICR – 2720	1-4-22 12:48
Date Analyzed: 1/4/22 1630	Date Reported:
1 2 5 0 5 1 6 2	Lab Use: MCA0051-02
Sample Number (DOH number plus five digits)	

DOH Form 4331-219 (revised 11/15)

Anatek
1282 A
Mosco
208

MCA0051

Due: 01/18/22

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Date Sample Collected	Time Sample Collected	County
1 / 4 / 22 (Month Day Year)	10 : 22 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Jennifer Jin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PJ Hevia

Specific location where sample collected (address or sample site, and type of faucet): Northside Cafe 05A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 0.3

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
WE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code:	Date and Time Received: 12-9 IRL
MICR – 2720	1-4-22 12:48
Date Analyzed: V4/22 630	Date Reported:
1 2 5 0 5 1 0 3 (Sample Number (DOH number plus five digits))	Lab Use: MCA0051-03

DOH Form 4201-219 (revised 11/10)

Anatel
1282 A
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MCA0051

Due: 01/18/22

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
1 4 22	9:40 ☑ AM ☐ PM	Whitman

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# 6 3 2 0 0 9
System Name: WSU

Contact Person: Pawlowski

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH&S
PO Box 641776
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Peterson

Specific location where sample collected (address or sample site, and type of faucet): Bentley College Sink

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ☐ 01
Chlorine Residual: Total ____ Free 1

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
HC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received: 12.9 IR4
MICR – 2720	1-4-22 12:48
Date Analyzed: V 4/22 1630	Date Reported:
1 2 5 0 5 1 0 4 Sample Number (DOH number plus five digits)	Lab Use: MCA0051-CC1

DOH Form 4331-319 (revised 11/15)

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Due: 01/18/22

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Date Sample Collected	Time Sample Collected	County
1 / 4 / 22 (Month / Day / Year)	9 : 32 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Janitorial

Day Phone: (509) 335-7041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): FSHN RTB

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 0.7

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** HC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720	Date and Time Received: 12.9 IRL 1-4-22 12:48
Date Analyzed: 1/4/22 1630	Date Reported:
1 2 5 0 5 1 0 5 Sample Number (DOH number plus five digits)	Lab Use: MCA0051-05

DOH Form 4331 219 (revised 11/10)

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Due: 01/18/22

Date Sample Collected	Time Sample Collected	County
1 / 19 / 22 (Month / Day / Year)	8 : 22 ☑ AM ☐ PM	Whitman

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# 4 3 2 0 0 Q
System Name: WV

Contact Person: Sanitarian

Day Phone: (509) 335-3841 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WV EHJ
Po Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Hulbert BOF

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12.9 IRL
1-21-22 12:48

Date Analyzed: 1/4/22 1630

Date Reported:

1 2 5 0 5 1 0 5
Sample Number (DOH number plus five digits)

Lab Use: MCA0051-0[illegible]

DOH Form 4331-319 (revised 11/10)

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MCA0051

Due: 01/18/22

BACTE

Date Sample Collected	Time Sample Collected	County
1 / 3 / 22 (Month / Day / Year)	9 : 10 ☐ AM ☐ PM	Whitman

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# 4 3 2 0 0 Q
System Name: WJV

Contact Person: Janitorial

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJV Ents
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Janitorial

Specific location where sample collected (address or sample site, and type of faucet):
Alumni Center 136

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720	Date and Time Received: 12.9 INH 1-4-22 12:42
Date Analyzed: 1/4/22 1630	Date Reported:
1 2 5 0 5 1 0 7 Sample Number (DOH number plus five digits)	Lab Use: MCA-0051-07

DOH Form 4331 (10) (revised 11/10)

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MCA0051

Due: 01/18/22

Date Sample Collected	Time Sample Collected	County
1 / 4 / 22 (Month / Day / Year)	9 : 00 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WSU

Contact Person: [illegible]

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hardin

Specific location where sample collected (address or sample site, and type of faucet): Main Pool 66A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free .13

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 1-4-22 12:48 (12.9 I124)
Date Analyzed: 1/4/22 1630	Date Reported:
1 2 5 0 5 1 0 8 (Sample Number (DOH number plus five digits))	Lab Use: MCA0051-08

DOH Form 4331-210 (revised 11/10)

Anatek Labs, Inc.

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MCA0161
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/17/2022 15:03
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0161-01	Collect Date:	01/10/22 09:23	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/10/22 13:18	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	GWSP 840				
Matrix:	Drinking Water				

Lab/Sample Number: 125-16101

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	

Anatek Labs, Inc.

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MCA0161
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/17/2022 15:03
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0161-02	Collect Date:	01/10/22 09:34	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/10/22 13:18	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	WSU Childrens Center				
Matrix:	88 Drinking Water				

Lab/Sample Number: 125-16102

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0161
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/17/2022 15:03
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0161-03	Collect Date:	01/10/22 09:47	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/10/22 13:18	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Columbia 678F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-16103

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0161
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/17/2022 15:03
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0161-04	Collect Date:	01/10/22 10:00	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/10/22 13:18	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook 679O				
Matrix:	Drinking Water				

Lab/Sample Number: 125-16104

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0161
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/17/2022 15:03
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0161-05	Collect Date:	01/10/22 10:12	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/10/22 13:18	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Crimson Bakeshop 93C				
Matrix:	Drinking Water				

Lab/Sample Number: 125-16105

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0161
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/17/2022 15:03
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0161-06	Collect Date:	01/10/22 10:24	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/10/22 13:18	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Southside Cafe 80				
Matrix:	Drinking Water				

Lab/Sample Number: 125-16106

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0161
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/17/2022 15:03
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0161-07	Collect Date:	01/10/22 11:05	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/10/22 13:18	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Fine Arts 97				
Matrix:	Drinking Water				

Lab/Sample Number: 125-16107

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0161
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/17/2022 15:03
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0161-08	Collect Date:	01/10/22 10:53	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/10/22 13:18	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Streit-Perham 81C				
Matrix:	Drinking Water				

Lab/Sample Number: 125-16108

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0161
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	1/17/2022 15:03
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0161-09	Collect Date:	01/10/22 10:39	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/10/22 13:18	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Hillside Cafe 30				
Matrix:	Drinking Water				

Lab/Sample Number: 125-16109

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00	0			1/10/22 16:43	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, 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.

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Due: 01/24/22

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 10 / 22 (Month Day Year)	9 : 23 ☒ AM ☐ PM	Whitman

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# 4 3 2 6 9 Q
System Name: WSU

Contact Person: Janitorial

Day Phone: (509 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Arvin

Specific location where sample collected (address or sample site, and type of faucet):
GWJP BYO

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL. Fecal Coliform _____ /100mL. 9.1 JRH

Method Code: MICR – 2720	Date and Time Received: 1-10-22 13:18
Date Analyzed: 1/10/22 1643	Date Reported:
1 2 5 1 6 1 0 1 (Sample Number (DOH number plus five digits))	Lab Use: MCA0161-01

DOH Form 4331-219 (revised 11/13)

MCA0161

Due: 01/24/22

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 10 / 22 (Month Day Year)	8 : 34 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Jonathan

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Peterson

Specific location where sample collected (address or sample site, and type of faucet):
WSU Chinook Center

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 9TIRY 1-10-22 13:18
Date Analyzed: 1/10/22 1643	Date Reported:
1 2 5 / 6 1 0 2 (Sample Number (DOH number plus five digits))	Lab Use: MCA0161-02

DOH Form 4331-219 (revised 11/10)

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Due: 01/24/22

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 10 / 22 (Month Day Year)	9 : 47 ☒ AM ☐ PM	Whitmin

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# 4 3 2 0 0 4
System Name: WJ U

Contact Person: Whitmin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJU (EH)
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PHanson

Specific location where sample collected (address or sample site, and type of faucet):
Columbia 678 F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL. Fecal Coliform _____ /100mL.

Method Code:	Date and Time Received:
MICR – 2720	1-10 13:18
Date Analyzed: 1/10/22 1643	Date Reported:
1 2 5 1 6 1 0 3 (Sample Number (DOH number plus five digits))	Lab Use: MCA0161-03

DOH Form 4331-319 (revised 11/15)

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Due: 01/24/22

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
1 / 10 / 22	10 : 00 ☒ AM ☐ PM	Whitman

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# 9 7 2 0 0 9
System Name: WJU

Contact Person: Jennifer G.

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJU EAJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Chinook 6790

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ✓ No ____ 02
Chlorine Residual: Total ____ Free 1

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** WC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL

Method Code: MICR – 2720	Date and Time Received: 1-10 13:18 9.1 IRJ
Date Analyzed: 1/10/22 1643	Date Reported:
Sample Number (DOH number plus five digits): 1 2 5 1 0 1 04	Lab Use: MCA0161-04

DOH Form 4331-319 (revised 11/10)

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Due: 01/24/22

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Date Sample Collected	Time Sample Collected	County
1/18/22 (Month Day Year)	10:12 ☒ AM ☐ PM	Whitman

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# 93200 8
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-7041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harrison

Specific location where sample collected (address or sample site, and type of faucet): Commons Bike Shop 93C

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** MC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	1-10 13:18
Date Analyzed: 1/10/22 1643	Date Reported:
1 2 5 / 0 1 0 5 (Sample Number (DOH number plus five digits))	Lab Use: MCA0161-05

DOH Form 4331-319 (revised 11/10)

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Due: 01/24/22

Date Sample Collected	Time Sample Collected	County
1/10/22 (Month Day Year)	10:24 ☒ AM ☐ PM	Whitman

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# 7 3 2 8 0 0
System Name: WSU

Contact Person: Janitorial

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Sorority Cafe RO

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ✓ No ____
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 9, 1 IRA 1-10 13:18
Date Analyzed: 1/10/22 1643	Date Reported:
1 2 5 / 6 1 0 6 (Sample Number (DOH number plus five digits))	Lab Use: MCA0161-06

DOH Form #331-310 (revised 11/10)

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BACTERIA ANALYSIS

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Due: 01/24/22

Date Sample Collected	Time Sample Collected	County
1 10 / 22 (Month Day Year)	11 : 05 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 2
System Name: WJU

Contact Person: Secretary

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hayes

Specific location where sample collected (address or sample site, and type of faucet): Fine Art 97

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 1.05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
WC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL. E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code: MICR – 2720	Date and Time Received: 9/11 IBL 11/10 8:18
Date Analyzed: 11/10/22 1643	Date Reported:
1 2 5 6 1 0 7 Sample Number (DOH number plus five digits)	Lab Use: MCA0161-07

DOH Form 4331-319 (revised 11/10)

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MCA0161

Due: 01/24/22

Date Sample Collected	Time Sample Collected	County
1/10/22 (Month Day Year)	10:53 ☐ AM ☐ PM	Whitman

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# 53200
System Name: WJU

Contact Person: Sanitarian

Day Phone: (509) 332-7041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Street - Perham 81 C

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720	Date and Time Received: 1-10 13:18
Date Analyzed: 1/10/22 1643	Date Reported:
1 2 5 | 6 1 0 8 Sample Number (DOH number plus five digits)	Lab Use: MCA0161-08

9.1 JRH

DOH Form 4331-310 (revised 11/19)

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Due: 01/24/22

Date Sample Collected	Time Sample Collected	County
1 10 22 (Month Day Year)	10 : 39 ☐ AM ☐ PM	Whitman

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# 4 3 2 4 0 9
System Name: WU

Contact Person: S. Tivis on

Day Phone: (509) 335-3414	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harris

Specific location where sample collected (address or sample site, and type of faucet):
H. U. D. Cafe 30

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No 22
Chlorine Residual: Total ___ Free ___

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720	Date and Time Received: 1-10 13:18 9 1 IDEXX
Date Analyzed: 1/10/22 1643	Date Reported:
1 2 5 1 6 1 D 9 Sample Number (DOH number plus five digits)	Lab Use: MCA 0161-09

DOH Form 4331-219 (revised 11/10)

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Client:	WSU EH & S	Work Order:	MBA0190
Address:	P.O. Box 641172	Project:	1/11/21 - Bacteria
	Pullman, WA 99164	Reported:	1/14/2021 10:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0190-01	Collect Date:	01/11/21 08:51	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/11/21 12:36	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Dodgen Research Facility 74				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19001

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/11/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/11/21 16:25	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0190
Address:	P.O. Box 641172	Project:	1/11/21 - Bacteria
	Pullman, WA 99164	Reported:	1/14/2021 10:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0190-02	Collect Date:	01/11/21 08:35	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/11/21 12:36	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	GWSP 840				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19002

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/11/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/11/21 16:25	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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Client:	WSU EH & S	Work Order:	MBA0190
Address:	P.O. Box 641172	Project:	1/11/21 - Bacteria
	Pullman, WA 99164	Reported:	1/14/2021 10:21
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MBA0190

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Due: 01/25/21

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
1 / 11 / 21	8 : 51 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 2
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Dobson Research Facility 74

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free ___

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720	Date and Time Received: 1-11-21 8.2C IR-4 JM 12:36
Date Analyzed: 1/12/21 1625	Date Reported:
1 2 5 1 9 0 0 1 Sample Number (DOH number plus five digits)	Lab Use: MBA0190-01

DOH Form #331-219 (revised 11/19)

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MBA0190

Due: 01/25/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 11 / 21 (Month Day Year)	8 : 35 ☒ AM ☐ PM	Whitman

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# 6 3 2 0 0 9
System Name: WSU

Contact Person: Sam Taylor

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hwsn

Specific location where sample collected (address or sample site, and type of faucet):
GWSP 840

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free .01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ ~~Satisfactory~~ LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720	Date and Time Received: 1-11-21 9.2C IR-4 JH 12:36
Date Analyzed: 1/12/21 1625	Date Reported:
1 2 5 1 9 0 0 2 Sample Number (DOH number plus five digits)	Lab Use: MBA0190-02

DOH Form 4331-319 (revised 11/10)

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Client:	WSU EH & S	Work Order:	MBA0210
Address:	P.O. Box 641172	Project:	1/12/21 - Bacteria
	Pullman, WA 99164	Reported:	1/14/2021 09:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0210-01	Collect Date:	01/12/21 08:26	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/12/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Clark 99				
Matrix:	Drinking Water				

Lab/Sample Number: 125-21001

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0210
Address:	P.O. Box 641172	Project:	1/12/21 - Bacteria
	Pullman, WA 99164	Reported:	1/14/2021 09:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0210-02	Collect Date:	01/12/21 08:56	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/12/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Steptoe 665B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-21002

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0210
Address:	P.O. Box 641172	Project:	1/12/21 - Bacteria
	Pullman, WA 99164	Reported:	1/14/2021 09:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0210-03	Collect Date:	01/12/21 08:42	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/12/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chief Joe F8 676F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-21003

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0210
Address:	P.O. Box 641172	Project:	1/12/21 - Bacteria
	Pullman, WA 99164	Reported:	1/14/2021 09:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0210-04	Collect Date:	01/12/21 09:12	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/12/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Streit-Perham 81C				
Matrix:	Drinking Water				

Lab/Sample Number: 125-21004

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0210
Address:	P.O. Box 641172	Project:	1/12/21 - Bacteria
	Pullman, WA 99164	Reported:	1/14/2021 09:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0210-05	Collect Date:	01/12/21 09:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/12/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Hillside Cafe 30				
Matrix:	Drinking Water				

Lab/Sample Number: 125-21005

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0210
Address:	P.O. Box 641172	Project:	1/12/21 - Bacteria
	Pullman, WA 99164	Reported:	1/14/2021 09:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0210-06	Collect Date:	01/12/21 09:47	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/12/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Murrow 33E				
Matrix:	Drinking Water				

Lab/Sample Number: 125-21006

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0210
Address:	P.O. Box 641172	Project:	1/12/21 - Bacteria
	Pullman, WA 99164	Reported:	1/14/2021 09:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0210-07	Collect Date:	01/12/21 09:58	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/12/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Neill 70				
Matrix:	Drinking Water				

Lab/Sample Number: 125-21007

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0210
Address:	P.O. Box 641172	Project:	1/12/21 - Bacteria
	Pullman, WA 99164	Reported:	1/14/2021 09:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0210-08	Collect Date:	01/12/21 10:10	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/12/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Olympia 42				
Matrix:	Drinking Water				

Lab/Sample Number: 125-21008

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0210
Address:	P.O. Box 641172	Project:	1/12/21 - Bacteria
	Pullman, WA 99164	Reported:	1/14/2021 09:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0210-09	Collect Date:	01/12/21 10:23	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/12/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Southside Cafe 80				
Matrix:	Drinking Water				

Lab/Sample Number: 125-21009

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0210
Address:	P.O. Box 641172	Project:	1/12/21 - Bacteria
	Pullman, WA 99164	Reported:	1/14/2021 09:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0210-10	Collect Date:	01/12/21 10:44	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/12/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Fine Arts 97				
Matrix:	Drinking Water				

Lab/Sample Number: 125-21010

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBA0210
Address:	P.O. Box 641172	Project:	1/12/21 - Bacteria
	Pullman, WA 99164	Reported:	1/14/2021 09:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBA0210-11	Collect Date:	01/12/21 12:03	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/12/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Goertzen 33A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-21011

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			1/12/21 16:25	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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The results reported related only to the samples indicated.

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Client:	WSU EH & S	Work Order:	MBA0210
Address:	P.O. Box 641172	Project:	1/12/21 - Bacteria
	Pullman, WA 99164	Reported:	1/14/2021 09:42
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MBA0210

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208-

Due: 01/26/21

COI

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 12 / 21 (Month Day Year)	8 : 26 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WW

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW E45
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Clark 99

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free ____ OR

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
HES

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	1-12-21 8.8 CIR-4 12:55 JM
Date Analyzed: 1/12/21 1625	Date Reported:
1 2 5 2 1 0 0 1 (Sample Number (DOH number plus five digits))	Lab Use: MBA0210-01

DOH Form 4331-319 (revised 11/13)

MBA0210

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COLI
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 12 / 21 (Month Day Year)	8 : 55 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 2
System Name: WJV

Contact Person: Jim Carlson
Day Phone: 509 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJV EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Stayton B 665 B

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes Y No
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** HES

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	1-12-21 8.8C JR4 12:55 JM
Date Analyzed: 1/12/21 1625	Date Reported:
1 2 5 2 1 0 0 2 (Sample Number (DOH number plus five digits))	Lab Use: MBA0210-02

DOH Form #331-310 (revised 11/10)

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Due: 01/26/21

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 12 / 21 (Month / Day / Year)	8 : 42 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 4
System Name: WJV

Contact Person: Station

Day Phone: (509 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJV EHJ
PO Box 647172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevron

Specific location where sample collected (address or sample site, and type of faucet):
Chief Joe FF 676 F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ✓ No ____
Chlorine Residual: Total ____ Free 0.5

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
HES

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 1-12-21 8.8 C IR-4 12:55 JLM
Date Analyzed: 1/12/21 1625	Date Reported:
1 2 5 2 1 0 0 3 (Sample Number (DOH number plus five digits))	Lab Use: MBA0210-03

DOH Form 4331-319 (revised 11/10)

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 12 / 21 (Month Day Year)	9 : 12 ☑ AM ☐ PM	Whitman

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# 5 2 2 8 0 9
System Name: WJV

Contact Person: S. Harlan

Day Phone: (509) 335-3911 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJV EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harlan

Specific location where sample collected (address or sample site, and type of faucet):
Street - Perham 81C

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (SWI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
HES

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code:	Date and Time Received:
MICR – 2720	1-12-21 8.8C IR4 12:55 JM
Date Analyzed: 1/12/21 1625	Date Reported:
1 2 5 2 1 0 0 4 (Sample Number (DOH number plus five digits))	Lab Use: MBA0210-04

DOH Form 4331-319 (revised 11/10)

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 12 / 21 (Month Day Year)	9 : 27 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 Q
System Name: WW

Contact Person: Smith

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Utility Sink 30

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
HB

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 1-12-21 8:8C IR4 12:55 JM
Date Analyzed: 1/12/21 NJS	Date Reported:
1 2 5 2 1 0 0 5 (Sample Number (DOH number plus five digits))	Lab Use: MBA0210-05

DOH Form 4331-319 (revised 11/15)

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 12 / 21 (Month Day Year)	9 : 47 ☒ AM ☐ PM	Whitman

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# 7 3 2 0 0 9
System Name: WJV

Contact Person: Sanitarian
Day Phone: 509 335-3591 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJV EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvin

Specific location where sample collected (address or sample site, and type of faucet):
Murrow 33E

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .09

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** HES

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code:	Date and Time Received:
MICR – 2720	1-12-21 8.8 C JR-4 12:55 JM
Date Analyzed: 1/12/21 1025	Date Reported:
1 2 5 2 1 0 0 6 (Sample Number (DOH number plus five digits))	Lab Use: MBA0210-06

DOH Form 4331-319 (revised 11/10)

MBA0210

Due: 01/26/21

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COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
1 / 12 / 21	9 : 58 ☑ AM ☐ PM	Whitman

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# 7 3 2 0 0 8
System Name: WSU

Contact Person: Sullivan

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevin

Specific location where sample collected (address or sample site, and type of faucet):
Neill 70

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ ☐ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.2

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ ☐ **Satisfactory**
HES

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 1-12-21 88 C IR4 12:55 JM
Date Analyzed: 1/12/21 1625	Date Reported:
1 2 5 2 1 0 0 7 Sample Number (DOH number plus five digits)	Lab Use: MBA0210-07

DOH Form #331-313 (revised 11/10)

MBA0210

Anatek
1282 Al
Mosco
208-

Due: 01/26/21

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 12 / 21 (Month Day Year)	10 : 10 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64176
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Olympia 42

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — **DRINKING WATER RESULTS** — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** X
HEB

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	1-12-21 8.8 C IR-4 12:55 JM
Date Analyzed: 1/12/21 1025	Date Reported:
1 2 5 2 1 0 0 8 (Sample Number (DOH number plus five digits))	Lab Use: MBA0210-08

DOH Form 4331-319 (revised 11/10)

MBA0210

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Due: 01/26/21

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 12 / 21 (Month Day Year)	10 : 23 ☒ AM ☐ PM	Whitman

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# _____
System Name: WJO

Contact Person: [illegible]

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJO Elf
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevin

Specific location where sample collected (address or sample site, and type of faucet): Southside Cafe 80

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** HEB

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720	Date and Time Received: 1-12-21 8.8 C IR-F 12:55 JM
Date Analyzed: 1/12/21 1625	Date Reported:
1 2 5 2 1 0 0 9 Sample Number (DOH number plus five digits)	Lab Use: MBA0210-09

DOH Form #331-018 (revised 11/10)

MBA0210

Anatek
1282 Al
Moscov
208-8

Due: 01/26/21

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 12 21 (Month Day Year)	10 : 44 ☒ AM ☐ PM	Whitman

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# Y 3 2 0 0 9
System Name: WSU

Contact Person: Swanson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Info Auto 97

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No Y
Chlorine Residual: Total ___ Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** HES

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720	Date and Time Received: 1-12-21 8.8 C IR4 12:55 JM
Date Analyzed: 1/12/21 1625	Date Reported:
1 2 5 2 1 0 1 0 Sample Number (DOH number plus five digits)	Lab Use: MBA0210

DOH Form #331-310 (revised 11/10)

MBA0210

Anatek
1282 Al
Mosco
208-

Due: 01/26/21

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 12 / 21 (Month Day Year)	12:03 ~~AM~~ ~~PM~~	Whitman

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# 7 3 2 8 0 9
System Name: WJV

Contact Person: Sam Irvin

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJV Elks
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Basement 33A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free .01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other ___

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
X HES

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 1-12-21
8.8 C IR-4 12:55 JM

Date Analyzed: 1/12/21 1425

Date Reported:

1 2 5 2 1 0 1 1
Sample Number (DOH number plus five digits)

Lab Use: MBA0210-11

DOH Form 4331-319 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MCA0371
Address:	P.O. Box 641172	Project:	BCT
	Pullman, WA 99164	Reported:	1/25/2022 09:17
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0371-01	Collect Date:	01/18/22 09:13	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/18/22 12:51	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	McCluskey 85B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-37101

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			1/18/22 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00	0			1/18/22 16:35	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0371
Address:	P.O. Box 641172	Project:	BCT
	Pullman, WA 99164	Reported:	1/25/2022 09:17
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0371-02	Collect Date:	01/18/22 09:25	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/18/22 12:51	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Clark 99				
Matrix:	Drinking Water				

Lab/Sample Number: 125-37102

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			1/18/22 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00	0			1/18/22 16:35	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0371
Address:	P.O. Box 641172	Project:	BCT
	Pullman, WA 99164	Reported:	1/25/2022 09:17
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0371-03	Collect Date:	01/18/22 09:40	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/18/22 12:51	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chief Joe F8 676F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-37103

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			1/18/22 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00	0			1/18/22 16:35	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0371
Address:	P.O. Box 641172	Project:	BCT
	Pullman, WA 99164	Reported:	1/25/2022 09:17
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0371-04	Collect Date:	01/18/22 09:54	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/18/22 12:51	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Steptoe B 665B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-37104

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			1/18/22 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00	0			1/18/22 16:35	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0371
Address:	P.O. Box 641172	Project:	BCT
	Pullman, WA 99164	Reported:	1/25/2022 09:17
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0371-05	Collect Date:	01/18/22 10:17	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/18/22 12:51	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Goertzen 33A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-37105

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			1/18/22 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00	0			1/18/22 16:35	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0371
Address:	P.O. Box 641172	Project:	BCT
	Pullman, WA 99164	Reported:	1/25/2022 09:17
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0371-06	Collect Date:	01/18/22 10:29	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/18/22 12:51	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Murrow 33E				
Matrix:	Drinking Water				

Lab/Sample Number: 125-37106

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			1/18/22 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00	0			1/18/22 16:35	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCA0371
Address:	P.O. Box 641172	Project:	BCT
	Pullman, WA 99164	Reported:	1/25/2022 09:17
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0371-07	Collect Date:	01/18/22 10:43	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/18/22 12:51	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Neill 70				
Matrix:	Drinking Water				

Lab/Sample Number: 125-37107

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			1/18/22 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00	0			1/18/22 16:35	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, 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.

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MCA0371

Due: 02/01/22

Date Sample Collected	Time Sample Collected	County
1 / 18 / 22 (Month / Day / Year)	9 : 10 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Similarian
Day Phone: (509) 335-3641 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvison

Specific location where sample collected (address or sample site, and type of faucet): ~~Palouse Regional Facility~~ 74

Special instructions or comments: McClusky 8TB

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free ☐

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ ~~Satisfactory~~ WE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:	Date and Time Received: 12.3 JRH
MICR – 2720	1-8-22 12:51 TM
Date Analyzed: 1/18/22 1635	Date Reported:
1 2 5 3 7 1 0 1 (Sample Number (DOH number plus five digits))	Lab Use: MCA0371-01

DOH Form 4331-018 (revised 11/10)

MCA0371

Due: 02/01/22

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
1 18 22	9 : 25 ☒ AM ☐ PM	Whitman

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# 9 3 6 0 9 0
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvin

Specific location where sample collected (address or sample site, and type of faucet):
Clark 99

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 1-18-22 12:51 12.3 IRV TM
Date Analyzed: 1/18/22 1635	Date Reported:
1 2 5 3 7 1 0 2 Sample Number (DOH number plus five digits)	Lab Use: MCA0371-02

DOH Form 4331-318 (revised 11/10)

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MCA0371

Due: 02/01/22

BACT...

Date Sample Collected	Time Sample Collected	County
1 / 18 / 22 (Month Day Year)	9 : 40 ☑ AM ☐ PM	Whitman

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# 9 3 6 0 0 9
System Name: WSU

Contact Person: Sam Tavlin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Havlin

Specific location where sample collected (address or sample site, and type of faucet):
Chief Joe FB (75F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	1-18-22 12:51 TM 12.3 1124
Date Analyzed: 1/18/22 1635	Date Reported:
1 2 5 3 7 1 0 3 (Sample Number (DOH number plus five digits))	Lab Use: MCA0371-03

DOH Form 4331-219 (revised 11/10)

A
12
M

MCA0371

Due: 02/01/22

BAC

Date Sample Collected	Time Sample Collected	County
1 18 / 22 (Month Day Year)	9 : 54 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 2
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Stephen B 665 B

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ ~~Satisfactory~~
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code: MICR – 2720	Date and Time Received:
Date Analyzed: 1/18/22 1635	Date Reported:
1 2 5 3 7 1 0 4 (Sample Number (DOH number plus five digits))	Lab Use: 12.3 IRH 1-18-22 12:51 JM

DOH Form 4331-219 (revised 11/10)

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MCA0371

Due: 02/01/22

Date Sample Collected	Time Sample Collected	County
1 / 18 / 22 (Month Day Year)	10 : 17 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Scott Irvin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Goertzen 33A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720	Date and Time Received: 1-18-22 12:51 TM 12.3 PRH
Date Analyzed: 1/18/22 1635	Date Reported:
1 2 5 3 7 1 EH (Sample Number (DOH number plus five digits))	Lab Use: MCA0371 -05 EEVac 1/19/22

DOH Form 4331-219 (revised 11/10)

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MCA0371

Due: 02/01/22

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BACTE... ANALYSIS

Date Sample Collected	Time Sample Collected	County
1/18/22 (Month Day Year)	12:29 ☒ AM ☐ PM	Wh. Fran

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# 5 3 2 0 0 9
System Name: WJW

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Museum 33E

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
WE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100mL
Total Coliform ___ /100mL. Fecal Coliform ___ /100mL.

Method Code: MICR – 2720	Date and Time Received: 1-18-22 12:51 TM 12.3 IRV
Date Analyzed: 1/18/22 1635	Date Reported:
1 2 5 3 7 1 OK Sample Number (DOH number plus five digits)	Lab Use: MCA0371-046

DOH Form 4331-218 (revised 11/10)

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MCA0371

Due: 02/01/22

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
1 / 18 / 22 (Month Day Year)	10 : 43 ☐ AM ☐ PM	Whitman

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# 1 3 2 0 0 9
System Name: WW

Contact Person: P. Hevin

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevin

Specific location where sample collected (address or sample site, and type of faucet):
N 2.11 70

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 1-18-22 12:51 TH 12,3 EIRL
Date Analyzed: 1/18/22 1635	Date Reported:
1 2 5 3 7 1 0 7 (Sample Number (DOH number plus five digits))	Lab Use: MCA0371-07

DOH Form 4301-219 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MCA0554
Address:	P.O. Box 641172	Project:	Bacteria 1/25/22
	Pullman, WA 99164	Reported:	2/2/2022 14:26
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCA0554-01	Collect Date:	01/25/22 10:58	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	01/25/22 12:56	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Olympia 42				
Matrix:	Drinking Water				

Lab/Sample Number: 125-55401

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			1/25/22 14:25	ETL	SM 9223 B	
0003	E. coli	Absent		1.00			1/25/22 14:25	ETL	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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The results reported related only to the samples indicated.

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Client:	Washington State University (EHS)	Work Order:	MCA0554
Address:	P.O. Box 641172	Project:	Bacteria 1/25/22
	Pullman, WA 99164	Reported:	2/2/2022 14:26
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MCA0554

Due: 02/08/22

25 BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
1 / 24 / 22	10 : 5P ☐ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hodson

Specific location where sample collected (address or sample site, and type of faucet): Olympic 42

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
ER

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 1-25-22 1256
Date Analyzed: 1-25-22	Date Reported: 2-1-22
1 2 5 5 5 4 0 1 Sample Number (DOH number plus five digits)	Lab Use: MCA0554-01

DOH Form #331-319 (revised 11/10)

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Client:	WSU EH & S	Work Order:	MBB0008
Address:	P.O. Box 641172	Project:	2/1/21 - Bacteria
	Pullman, WA 99164	Reported:	2/3/2021 09:33
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0008-01	Collect Date:	02/01/21 08:30	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	LARC 811				
Matrix:	Drinking Water				

Lab/Sample Number: 125-00801

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0008
Address:	P.O. Box 641172	Project:	2/1/21 - Bacteria
	Pullman, WA 99164	Reported:	2/3/2021 09:33
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0008-02	Collect Date:	02/01/21 08:42	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Surplus Stores 358B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-00802

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0008
Address:	P.O. Box 641172	Project:	2/1/21 - Bacteria
	Pullman, WA 99164	Reported:	2/3/2021 09:33
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0008-03	Collect Date:	02/01/21 08:57	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Cooper Publications 91				
Matrix:	Drinking Water				

Lab/Sample Number: 125-00803

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0008
Address:	P.O. Box 641172	Project:	2/1/21 - Bacteria
	Pullman, WA 99164	Reported:	2/3/2021 09:33
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0008-04	Collect Date:	02/01/21 09:09	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Ag Seed House 115				
Matrix:	Drinking Water				

Lab/Sample Number: 125-00804

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0008
Address:	P.O. Box 641172	Project:	2/1/21 - Bacteria
	Pullman, WA 99164	Reported:	2/3/2021 09:33
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0008-05	Collect Date:	02/01/21 09:21	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	ADBF 807A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-00805

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0008
Address:	P.O. Box 641172	Project:	2/1/21 - Bacteria
	Pullman, WA 99164	Reported:	2/3/2021 09:33
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0008-06	Collect Date:	02/01/21 09:35	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Food Quality 815				
Matrix:	Drinking Water				

Lab/Sample Number: 125-00806

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0008
Address:	P.O. Box 641172	Project:	2/1/21 - Bacteria
	Pullman, WA 99164	Reported:	2/3/2021 09:33
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0008-07	Collect Date:	02/01/21 09:49	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook 679I				
Matrix:	Drinking Water				

Lab/Sample Number: 125-00807

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0008
Address:	P.O. Box 641172	Project:	2/1/21 - Bacteria
	Pullman, WA 99164	Reported:	2/3/2021 09:33
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0008-08	Collect Date:	02/01/21 10:04	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Commons 5				
Matrix:	Drinking Water				

Lab/Sample Number: 125-00808

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0008
Address:	P.O. Box 641172	Project:	2/1/21 - Bacteria
	Pullman, WA 99164	Reported:	2/3/2021 09:33
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0008-09	Collect Date:	02/01/21 10:16	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Abelson 32				
Matrix:	Drinking Water				

Lab/Sample Number: 125-00809

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0008
Address:	P.O. Box 641172	Project:	2/1/21 - Bacteria
	Pullman, WA 99164	Reported:	2/3/2021 09:33
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0008-10	Collect Date:	02/01/21 10:28	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	ETRL 58				
Matrix:	Drinking Water				

Lab/Sample Number: 125-00810

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MBB0008
Address:	P.O. Box 641172	Project:	2/1/21 - Bacteria
	Pullman, WA 99164	Reported:	2/3/2021 09:33
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0008-11	Collect Date:	02/01/21 10:41	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Avery 809				
Matrix:	Drinking Water				

Lab/Sample Number: 125-00811

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0008
Address:	P.O. Box 641172	Project:	2/1/21 - Bacteria
	Pullman, WA 99164	Reported:	2/3/2021 09:33
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0008-12	Collect Date:	02/01/21 10:50	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Terrell Library 62A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-00812

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/1/21 16:35	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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Client:	WSU EH & S	Work Order:	MBB0008
Address:	P.O. Box 641172	Project:	2/1/21 - Bacteria
	Pullman, WA 99164	Reported:	2/3/2021 09:33
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MBB0008

Anate
1282 A
Mosc
208

Due: 02/15/21

CO

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 1 / 21 (Month Day Year)	8:30 ☑ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: 509 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanna

Specific location where sample collected (address or sample site, and type of faucet):
LARC (PII)

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI.

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 2-1-21 12:50 1M 7.5 CIR 4

Date Analyzed: 2/1/21 1635

Date Reported:

1 2 5 0 0 8 0 1
Sample Number (DOH number plus five digits)

Lab Use: MBB0008-01

DOH Form #331-318 (revised 11/10)

MBB0008

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Due: 02/15/21

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 1 / 21 (Month Day Year)	8 : 42 ☒ AM ☐ PM	Whitman

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# 5 3 2 8 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Irvine Storage 3rd B

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 1.03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	2-1-21 12:50 JM 7.5 C IR-4
Date Analyzed: 2/1/21 1635	Date Reported:
1 2 5 0 0 8 0 2 (Sample Number (DOH number plus five digits))	Lab Use: MBB0008-02

DOH Form #331-019 (revised 11/10)

MBB0008

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Due: 02/15/21

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 1 / 21 (Month Day Year)	8 57 ☐ AM ☒ PM	Whitman

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# 9 3 2 0 0 9
System Name: WJW

Contact Person: Sam Harrison

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJW EHS
PO Box 641172
Pullman WA 99163

SAMPLE INFORMATION

Sample collected by (name): P. Harrison

Specific location where sample collected (address or sample site, and type of faucet):
Cougar Publ. Coll. Int. 91

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 2-1-21 12:50 JM 7.5C IR-4

Date Analyzed: 2/1/21 1635

Date Reported:

1 2 5 0 0 8 0 3
Sample Number (DOH number plus five digits)

Lab Use: MBB0008-03

DOH Form 4331-318 (revised 11/13)

MBB0008

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Due: 02/15/21

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 1 / 21 (Month Day Year)	9 : 09 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WJW

Contact Person: J. Hanlon

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJW C/O AJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanlon

Specific location where sample collected (address or sample site, and type of faucet):
Ag. Pest House #5

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.3

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 2-1-21 12:50 JM 7.5C IR-L

Date Analyzed: 2/1/21 1635

Date Reported:

1 2 5 0 0 8 0 4
Sample Number (DOH number plus five digits)

Lab Use: MBB0008-04

DOH Form 4331-319 (revised 11/10)

MBB0008

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Due: 02/15/21

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 1 / 21 (Month Day Year)	9 : 21 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Sam Harlan

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Sam Harlan

Specific location where sample collected (address or sample site, and type of faucet):
ADBF 807A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720

Date and Time Received: 2-1-21 12:50 JM 7.5 C IR-4

Date Analyzed: 2/1/21 1635

Date Reported:

1 2 5 0 0 8 0 5
Sample Number (DOH number plus five digits)

Lab Use: MBB0008-05

DOH Form #331-318 (revised 11/10)

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Due: 02/15/21

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 1 / 21 (Month Day Year)	9 35 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 6
System Name: WSU

Contact Person: S. Harrison
Day Phone: (509) 335-7041 Cell Phone: ( )
Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harrison

Specific location where sample collected (address or sample site, and type of faucet):
Food Quality RTS

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free .08

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 2-1-21
12:50 JM 7.5 C IR-4

Date Analyzed: 2/1/21 1635

Date Reported:

1 2 5 0 0 8 0 6
Sample Number (DOH number plus five digits)

Lab Use: MBB0008-06

DOH Form 4331-319 (revised 11/10)

MBB0008

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Due: 02/15/21

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 1 / 21 (Month Day Year)	9 : 49 ☐ AM ☐ PM	Whitman

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# 5 3 2 0 0 8
System Name: WJW

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJW EHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Hanson

Specific location where sample collected (address or sample site, and type of faucet): Chinook 679 I

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	2-1-21 12:50 JM 7.5C IR-4
Date Analyzed: 2/1/21 1635	Date Reported:
1 2 5 0 0 8 0 7 (Sample Number (DOH number plus five digits))	Lab Use: MBB0008-07

DOH Form 4331-318 (revised 11/10)

MBB0008

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Due: 02/15/21

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 1 / 21 (Month Day Year)	10:04 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 0
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pathan

Specific location where sample collected (address or sample site, and type of faucet): Common

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free 0.5

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other ___

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code: MICR – 2720	Date and Time Received: 2-1-21 12:50 TM 7.5 C IR-4
Date Analyzed: 2/1/21 1635	Date Reported:
1 2 5 0 0 8 0 8 (Sample Number (DOH number plus five digits))	Lab Use: MBB0008-08

DOH Form 4331-319 (revised 11/10)

MBB0008

Due: 02/15/21

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COLI

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2/1/21 (Month Day Year)	10:16 ☐ AM ☐ PM	Whitman

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# 1 3 2 4 0 9
System Name: WJW

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Abelson 32

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 2-1-21 12:50 JM 7.5 C IR4

Date Analyzed: 2/1/21 1635

Date Reported:

1 2 5 0 0 8 0 9
Sample Number (DOH number plus five digits)

Lab Use: MBB0008-09

DOH Form #331-019 (revised 11/10)

Anatek
1282 All
Moscov
208-8

MBB0008

Due: 02/15/21

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 1 / 21 (Month Day Year)	16 : 25 ☐AM ☐PM	Whitman

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# 1 3 2 9 0 0
System Name: WSU

Contact Person: Sam Irving

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pathevan

Specific location where sample collected (address or sample site, and type of faucet):
ETRL FB

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 2-1-21 12:50 JM 7.5 C IR 4
Date Analyzed: 2/1/21 1635	Date Reported:
1 2 5 0 0 8 1 0 Sample Number (DOH number plus five digits)	Lab Use: MBB0008-10

DOH Form #331-318 (revised 11/13)

MBB0008

Anatek
1282 All
Moscov
208-8

Due: 02/15/21

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 1 / 21 (Month Day Year)	10 : 41 ☐ AM ☒ PM	Whitman

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# 6 3 2 0 0 9
System Name: WJU

Contact Person: Sanitarian

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvison

Specific location where sample collected (address or sample site, and type of faucet): Avery BUG

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 2-1-21 12:50 7.5 C IR-4 IM
Date Analyzed: 2/1/21 1635	Date Reported:
1 2 5 0 0 8 1 1 Sample Number (DOH number plus five digits)	Lab Use: MBB0008-11

DOH Form 4331-319 (revised 11/10)

MBB0008

Anatek
1282 All
Moscov
208-8

Due: 02/15/21

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 1 / 21 (Month Day Year)	10 : 50 ☒ AM ☐ PM	Whitman

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# 6 3 2 0 0 0
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Terrell Library 62A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free ☒ OK

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	2-1-21 12:50 PM 7.5 C IR-4
Date Analyzed: 2/1/21 1635	Date Reported:
1 2 5 0 0 8 1 2 (Sample Number (DOH number plus five digits))	Lab Use: MBB0008-12

DOH Form #331-019 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MCB0023
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	2/8/2022 10:01
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCB0023-01	Collect Date:	02/01/22 09:38	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/22 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	LARC 811				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02301

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	
0003	E. coli	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCB0023
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	2/8/2022 10:01
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCB0023-02	Collect Date:	02/01/22 09:51	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/22 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Cooper Publications 91				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02302

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	
0003	E. coli	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCB0023
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	2/8/2022 10:01
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCB0023-03	Collect Date:	02/01/22 10:04	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/22 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Food Quality 815				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02303

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	
0003	E. coli	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCB0023
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	2/8/2022 10:01
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCB0023-04	Collect Date:	02/01/22 10:17	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/22 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	ADBF 807A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02304

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	
0003	E. coli	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCB0023
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	2/8/2022 10:01
Attn:	Gene Patterson		

Analytical Results Report

System ID#	932000Q	System Name:	Washington State University		
Reference Number:	MCB0023-05	Collect Date:	02/01/22 10:32	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/22 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook 6791				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02305

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	
0003	E. coli	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCB0023
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	2/8/2022 10:01
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCB0023-06	Collect Date:	02/01/22 00:00	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/22 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Nez Perce 677F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02306

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	
0003	E. coli	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCB0023
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	2/8/2022 10:01
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCB0023-07	Collect Date:	02/01/22 10:52	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/22 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	ETRL 58				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02307

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	
0003	E. coli	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCB0023
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	2/8/2022 10:01
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCB0023-08	Collect Date:	02/01/22 11:03	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/22 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Avery 809				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02308

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	
0003	E. coli	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MCB0023
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	2/8/2022 10:01
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MCB0023-09	Collect Date:	02/01/22 11:13	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/01/22 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Terrell Library 62A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02309

Coliform Bacteria

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	
0003	E. coli	Absent		1.00	0			2/1/22 16:30	ETL	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, 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.

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MCB0023

Due: 02/15/22

C

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 1 / 22 (Month Day Year)	9 : 35 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 Q
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH&S
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hamm

Specific location where sample collected (address or sample site, and type of faucet):
LARC 811

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
ER

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 9.2 IR 2-1-22 13:15 TM
Date Analyzed: 2-1-22 ER	Date Reported: 2-7-22
1 2 5 0 2 3 0 1 Sample Number (DOH number plus five digits)	Lab Use: MCB0023-01

DOH Form 4331-219 (revised 11/12)

A
12
M

MCB0023

Due: 02/15/22

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 1 / 22 (Month Day Year)	9 : 51 ☒ AM ☐ PM	Whitman

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# 6 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Cooper Public Hous 91

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 0.7

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
ER

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code:	Date and Time Received:
MICR – 2720	2-1-22 B:15 TM
Date Analyzed: 2-1-22 ER	Date Reported: 2-7-22
1 2 5 0 2 3 0 2 (Sample Number (DOH number plus five digits))	Lab Use: MCB0023-02

DOH Form 4301-018 (revised 11/10)

9.2 IRH

MCB0023

Due: 02/15/22

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 1 / 22 (Month / Day / Year)	10 : 04 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Patterson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Food Quality BIS

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free ☒ 0.3

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
ER

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100mL. Fecal Coliform ☐ /100ml.

Method Code: MICR – 2720	Date and Time Received: 9.2 IRU 2-1-22 13:15 TM
Date Analyzed: 2-1-22 ER	Date Reported: 2-7-22
1 2 5 02303 Sample Number (DOH number plus five digits)	Lab Use: MCB0023-03

DOH Form #331-318 (revised 11/10)

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Due: 02/15/22

Date Sample Collected	Time Sample Collected	County
2 / 1 / 22 (Month Day Year)	10 : 17 ☒ AM ☐ PM	Whitman

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# 4 3 2 8 0 0
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hansen

Specific location where sample collected (address or sample site, and type of faucet):
APBF R07A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
ER

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	2-2-22 13:15 TM
Date Analyzed: 2-1-22 ER	Date Reported: 2-7-22
1 2 5 0 2 3 0 4 (Sample Number (DOH number plus five digits))	Lab Use: MBC0023-04

DOH Form 4331-219 (revised 11/10)

MCB0023

Due: 02/15/22

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Date Sample Collected (Month Day Year)	Time Sample Collected	County
2 / 1 / 22	10 : 32 ☒ AM ☐ PM	Whitman

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# 6 3 2 0 0 Q
System Name: WW

Contact Person: Sh. Taylor

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHJ
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hayes

Specific location where sample collected (address or sample site, and type of faucet): Chinook 679 I

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
SR

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720

Date and Time Received: 9.2 IBH 2-1-22 13:15

Date Analyzed: 2-1-22 SR

Date Reported: 2-7-22

1 2 5 02365
Sample Number (DOH number plus five digits)

Lab Use: MCB0023-65

DOH Form 4331-319 (revised 11/10)

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Due: 02/15/22

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Date Sample Collected	Time Sample Collected	County
2 / 1 / 22 (Month Day Year)	____ : ____ ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sam Fevin

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU GHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevin

Specific location where sample collected (address or sample site, and type of faucet): ~~Fountain~~ Nez Perce 677F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
ER

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 9.2 IRL 2-1-22 1315
Date Analyzed: 2-1-22 ER	Date Reported: 2-7-22
Sample Number (DOH number plus five digits): 1 2 5 0 2 3 0 6	Lab Use: MCB0023-016

DOH Form #331-319 (revised 11/10)

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Due: 02/15/22

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Date Sample Collected	Time Sample Collected	County
2 / 1 / 22 (Month Day Year)	10 : 52 ☑ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sam Fortier

Day Phone: (509) 335-7041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
ETRL SP

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 0.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
ER

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 2-1-22 13:15 9.2 IR1
Date Analyzed: 2-1-22 ER	Date Reported: 2-7-22
1 2 5 0 2 3 0 7 Sample Number (DOH number plus five digits)	Lab Use: MCB0023-07

DOH Form 4331-318 (revised 11/13)

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Due: 02/15/22

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Date Sample Collected	Time Sample Collected	County
2 / 1 / 22 (Month Day Year)	11 : 03 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 A
System Name: WN

Contact Person: Swinton

Day Phone: (509 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WN DHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pattison

Specific location where sample collected (address or sample site, and type of faucet):
Avery Pod

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 0.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Construction/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
ER

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 9.2 IKM 2-1-22 13:15
Date Analyzed: 2-1-22 ER	Date Reported: 2-7-22
1 2 5 0 2 3 0 8 Sample Number (DOH number plus five digits)	Lab Use: MCB 0023-08

DOH Form 4331-319 (revised 11/10)

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Due: 02/15/22

Date Sample Collected	Time Sample Collected	County
2 / 1 / 22 (Month / Day / Year)	11:13 ☑ AM ☐ PM	Whitman

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# 4 3 2 0 0 Q
System Name: WSU

Contact Person: Sentivan

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Terrell Library 62A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.09

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
SR

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	2-1-22 13:15
Date Analyzed: 2-1-22 SR	Date Reported: 2-7-22
1 2 5 0 2 3 0 9	Lab Use: MCB0023-09
Sample Number (DOH number plus five digits)	

DOH Form 4331-319 (revised 11/10)

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MBB0199
Address:	P.O. Box 641172	Project:	2/9/21 - Bacteria
	Pullman, WA 99164	Reported:	2/16/2021 11:32
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0199-01	Collect Date:	02/09/21 08:04	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/09/21 13:09	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	McCluskey 85B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19901

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0199
Address:	P.O. Box 641172	Project:	2/9/21 - Bacteria
	Pullman, WA 99164	Reported:	2/16/2021 11:32
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0199-02	Collect Date:	02/09/21 08:17	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/09/21 13:09	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Lighty 92A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19902

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0199
Address:	P.O. Box 641172	Project:	2/9/21 - Bacteria
	Pullman, WA 99164	Reported:	2/16/2021 11:32
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0199-03	Collect Date:	02/09/21 08:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/09/21 13:09	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Vet Teaching Hospital 818				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19903

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0199
Address:	P.O. Box 641172	Project:	2/9/21 - Bacteria
	Pullman, WA 99164	Reported:	2/16/2021 11:32
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0199-04	Collect Date:	02/09/21 08:41	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/09/21 13:09	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Nez Perce 677F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19904

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0199
Address:	P.O. Box 641172	Project:	2/9/21 - Bacteria
	Pullman, WA 99164	Reported:	2/16/2021 11:32
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0199-05	Collect Date:	02/09/21 10:26	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/09/21 13:09	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Rogers 83				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19905

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MBB0199
Address:	P.O. Box 641172	Project:	2/9/21 - Bacteria
	Pullman, WA 99164	Reported:	2/16/2021 11:32
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0199-06	Collect Date:	02/09/21 10:47	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/09/21 13:09	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Wilson 40				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19906

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0199
Address:	P.O. Box 641172	Project:	2/9/21 - Bacteria
	Pullman, WA 99164	Reported:	2/16/2021 11:32
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0199-07	Collect Date:	02/09/21 11:00	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/09/21 13:09	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Eastlick 82A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19907

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0199
Address:	P.O. Box 641172	Project:	2/9/21 - Bacteria
	Pullman, WA 99164	Reported:	2/16/2021 11:32
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0199-08	Collect Date:	02/09/21 11:15	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/09/21 13:09	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Dana 56				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19908

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0199
Address:	P.O. Box 641172	Project:	2/9/21 - Bacteria
	Pullman, WA 99164	Reported:	2/16/2021 11:32
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0199-09	Collect Date:	02/09/21 11:33	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/09/21 13:09	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Animal Science Lab 100				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19909

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/9/21 16:47	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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Client:	WSU EH & S	Work Order:	MBB0199
Address:	P.O. Box 641172	Project:	2/9/21 - Bacteria
	Pullman, WA 99164	Reported:	2/16/2021 11:32
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MBB0199

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Due: 02/23/21

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 9 / 21 (Month Day Year)	8 : 04 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3641 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Peterson

Specific location where sample collected (address or sample site, and type of faucet):
Mc Cluskey FSB

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 1.07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code: MICR – 2720

Date and Time Received: 10.9°C IR-d 9FEB21 1309 MW

Date Analyzed: 2/9/21 1647

Date Reported:

1 2 5 1 9 9 0 1
Sample Number (DOH number plus five digits)

Lab Use: MBB0199-01

DOH Form 4331-219 (revised 11/10)

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 9 / 21 (Month Day Year)	8 : 17 ☒ AM ☐ PM	Whitman

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# 53200
System Name: WSU

Contact Person: Pentovim

Day Phone: (509 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Pentovim

Specific location where sample collected (address or sample site, and type of faucet):
Lighty Student Services 424

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GW1, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:
MICR – 2720

Date and Time Received: 2/9/21 1309 hrs. 9.9°C IR-4

Date Analyzed: 2/9/21 1647

Date Reported:

1 2 5 1 9 9 0 2
Sample Number (DOH number plus five digits)

Lab Use: MBB0199-02

DOH Form 4331-319 (revised 11/10)

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 9 / 21 (Month / Day / Year)	8 : 27 ☐ AM ☐ PM	Whitman

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# 5 3 2 9 0 0
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Evans

Specific location where sample collected (address or sample site, and type of faucet):
Vet Teaching Hospital 818

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
☐ **Unsatisfactory** Total Coliform Present **and** ☐ E.coli present ☐ E.coli absent ☐ Fecal coliform present ☐ Fecal coliform absent		☒ Satisfactory LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 10.9 9FEB21 1309 MS

Date Analyzed: 2/9/21 1647

Date Reported:

1 2 5 1 9 9 0 3
Sample Number (DOH number plus five digits)

Lab Use: MBB0199.03

DOH Form 4331-319 (revised 11/10)

MBB0199

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
2 / 9 / 21	1:41 ☐ AM ☒ PM	Whitman

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# 93200
System Name: WSU

Contact Person: Scientific

Day Phone: (509) 335-3941 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Arvin

Specific location where sample collected (address or sample site, and type of faucet): Nez Perce 677 F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 0.9C IR-4
9FEB21 1309 hrs.

Date Analyzed: 2/9/21 1641

Date Reported:

12519904
Sample Number (DOH number plus five digits)

Lab Use: MBB0199-04

DOH Form #331-319 (revised 11/10)

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 9 / 21 (Month Day Year)	10 : 26 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WA DHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Kamiak 83

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 10.9°C Iced
9FEB21 1309 hrs.

Date Analyzed: 2/9/21 1647

Date Reported:

1 2 5 1 9 9 0 5
Sample Number (DOH number plus five digits)

Lab Use: MBB0199-05

DOH Form 4331-319 (revised 11/10)

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 9 / 21 (Month Day Year)	10 : 47 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 Q
System Name: WJU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Wilson 40

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9FEB21 1309 KR-4

Date Analyzed: 2/9/21 1647

Date Reported:

1 2 5 1 9 9 0 6
Sample Number (DOH number plus five digits)

Lab Use: MBB0199-06

DOH Form 455-019 (revised 11/10)

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MBB0199

Due: 02/23/21

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
2 / 9 / 21	11 : 00 ☒ AM ☐ PM	Whitman

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# 5 3 2 V D Q
System Name: WSU

Contact Person: Pitman

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pitman

Specific location where sample collected (address or sample site, and type of faucet): Sutlick 82

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes Y No
Chlorine Residual: Total ___ Free 0Y

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 10.9°C CR-4
9-FEB-21 1300 hrs.

Date Analyzed: 2/9/21 1647

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 1 9 9 0 7

Lab Use: MBR0199-07

DOH Form 4331-319 (revised 11/13)

MBB0199

Due: 02/23/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 9 / 21 (Month Day Year)	11 : 15 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Smithson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PaHanson

Specific location where sample collected (address or sample site, and type of faucet): Perry 56

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 10.9 C 4 9FEB21 1309 hrs.

Date Analyzed: 2/9/21 1647

Date Reported:

1 2 5 1 9 9 0 8
Sample Number (DOH number plus five digits)

Lab Use: MBB0199 08

DOH Form #331-319 (revised 11/10)

MBB0199

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Due: 02/23/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 9 / 21 (Month Day Year)	11 : 33 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 1 0
System Name: WSU

Contact Person: Patterson

Day Phone: (509)335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Animal Science Lab 100

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 10.9°C/R4 9FEB21 1309 hrs.

Date Analyzed: 2/9/21 1647

Date Reported:

1 2 5 1 9 9 0 9
Sample Number (DOH number plus five digits)

Lab Use: MBB0199-09

DOH Form 4331-310 (revised 11/10)

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Client:	WSU EH & S	Work Order:	MBB0337
Address:	P.O. Box 641172	Project:	2/15/21 - Bacteria
	Pullman, WA 99164	Reported:	2/22/2021 12:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0337-01	Collect Date:	02/15/21 10:24	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/15/21 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Albrook Lab 71				
Matrix:	Drinking Water				

Lab/Sample Number: 125-33701

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/15/21 16:23	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/15/21 16:23	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0337
Address:	P.O. Box 641172	Project:	2/15/21 - Bacteria
	Pullman, WA 99164	Reported:	2/22/2021 12:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0337-02	Collect Date:	02/15/21 10:40	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/15/21 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Bryan 2				
Matrix:	Drinking Water				

Lab/Sample Number: 125-33702

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/15/21 16:23	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/15/21 16:23	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0337
Address:	P.O. Box 641172	Project:	2/15/21 - Bacteria
	Pullman, WA 99164	Reported:	2/22/2021 12:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0337-03	Collect Date:	02/15/21 10:55	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/15/21 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Biotech - Life Sciences 836				
Matrix:	Drinking Water				

Lab/Sample Number: 125-33703

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/15/21 16:23	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/15/21 16:23	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBB0337
Address:	P.O. Box 641172	Project:	2/15/21 - Bacteria
	Pullman, WA 99164	Reported:	2/22/2021 12:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBB0337-04	Collect Date:	02/15/21 11:12	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	02/15/21 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Steffen Center 180A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-33704

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			2/15/21 16:23	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			2/15/21 16:23	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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The results reported related only to the samples indicated.

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Client:	WSU EH & S	Work Order:	MBB0337
Address:	P.O. Box 641172	Project:	2/15/21 - Bacteria
	Pullman, WA 99164	Reported:	2/22/2021 12:42
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MBB0337

Due: 03/01/21

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
2/15/21	10:24 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Janitorial

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Allrock Lab 71

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL. Fecal Coliform _____ /100mL.

Method Code:	Date and Time Received:
MICR – 2720	2-15-21 12:25 JM 7.8 CIR 4
Date Analyzed: 2/15/21 1623	Date Reported:
1 2 5 3 3 7 0 1 Sample Number (DOH number plus five digits)	Lab Use: MBB0337-01

DOH Form #331-219 (revised 11/10)

MBB0337

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Due: 03/01/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 15 / 21 (Month / Day / Year)	10 : 40 ☒ AM ☐ PM	Whitman

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# 0 3 2 0 0 Q
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Bryan 2

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free .06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	2-15-21 12:25 JM 7.8C IR-4
Date Analyzed: 2/15/21 1623	Date Reported:
1 2 5 3 3 7 0 2 (Sample Number (DOH number plus five digits))	Lab Use: MBB0337-02

DOH Form 4331-313 (revised 11/13)

MBB0337

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Due: 03/01/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / 9 / 21 (Month / Day / Year)	10 : 55 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 9 0
System Name: WSU

Contact Person: Patterson

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
BioTech - Life Sciences P76

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 0.3

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	2-15-21 12:25 JM 1.8 C IR-4
Date Analyzed: 2/15/21 1623	Date Reported:
1 2 5 3 3 7 0 3 (Sample Number (DOH number plus five digits))	Lab Use: MBB0337-03

DOH Form 4331-319 (revised 11/10)

MBB0337

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Mosco
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Due: 03/01/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
2 / [illegible] / 21 (Month / Day / Year)	11 : 12 ☑ AM ☐ PM	Whitman

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# 5 3 2 0 0 [illegible]
System Name: [illegible] Bucca WSD

Contact Person: Santonio

Day Phone: (509) 338-3044 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHJ
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Stephen Center 180A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

X ☑ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	2-15-21 12:25 JM 7.8 C IR-4
Date Analyzed: 2/15/21 1623	Date Reported:
1 2 5 3 3 7 0 4 (Sample Number (DOH number plus five digits))	Lab Use: MBB0337-04

DOH Form 4331-215 (revised 11/10)

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Client:	WSU EH & S	Work Order:	MBC0020
Address:	P.O. Box 641172	Project:	Bacteria (03/01/2021)
	Pullman, WA 99164	Reported:	3/4/2021 10:18
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0020-02	Collect Date:	03/01/21 09:18	DOH Source #:	
Multiple Source Nos:		Sample Type:	Grab	County:	Whitman
Date Received:	03/01/21 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Yakima L709 (680L)				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02002

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0020
Address:	P.O. Box 641172	Project:	Bacteria (03/01/2021)
	Pullman, WA 99164	Reported:	3/4/2021 10:18
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0020-03	Collect Date:	03/01/21 09:33	DOH Source #:	
Multiple Source Nos:		Sample Type:	Grab	County:	Whitman
Date Received:	03/01/21 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Food Services 89				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02003

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0020
Address:	P.O. Box 641172	Project:	Bacteria (03/01/2021)
	Pullman, WA 99164	Reported:	3/4/2021 10:18
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0020-04	Collect Date:	03/01/21 09:44	DOH Source #:	
Multiple Source Nos:		Sample Type:	Grab	County:	Whitman
Date Received:	03/01/21 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Eggert Farm 147A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02004

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0020
Address:	P.O. Box 641172	Project:	Bacteria (03/01/2021)
	Pullman, WA 99164	Reported:	3/4/2021 10:18
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0020-05	Collect Date:	03/01/21 09:58	DOH Source #:	
Multiple Source Nos:		Sample Type:	Grab	County:	Whitman
Date Received:	03/01/21 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Valley Crest 675A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02005

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0020
Address:	P.O. Box 641172	Project:	Bacteria (03/01/2021)
	Pullman, WA 99164	Reported:	3/4/2021 10:18
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0020-06	Collect Date:	03/01/21 10:11	DOH Source #:	
Multiple Source Nos:		Sample Type:	Grab	County:	Whitman
Date Received:	03/01/21 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Student Rec Center 819				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02006

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0020
Address:	P.O. Box 641172	Project:	Bacteria (03/01/2021)
	Pullman, WA 99164	Reported:	3/4/2021 10:18
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0020-07	Collect Date:	03/01/21 10:25	DOH Source #:	
Multiple Source Nos:		Sample Type:	Grab	County:	Whitman
Date Received:	03/01/21 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Terrace 650E				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02007

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0020
Address:	P.O. Box 641172	Project:	Bacteria (03/01/2021)
	Pullman, WA 99164	Reported:	3/4/2021 10:18
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0020-08	Collect Date:	03/01/21 10:47	DOH Source #:	
Multiple Source Nos:		Sample Type:	Grab	County:	Whitman
Date Received:	03/01/21 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Smith Gym 12				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02008

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0020
Address:	P.O. Box 641172	Project:	Bacteria (03/01/2021)
	Pullman, WA 99164	Reported:	3/4/2021 10:18
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0020-09	Collect Date:	03/01/21 11:01	DOH Source #:	
Multiple Source Nos:		Sample Type:	Grab	County:	Whitman
Date Received:	03/01/21 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Information Technology 812				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02009

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0020
Address:	P.O. Box 641172	Project:	Bacteria (03/01/2021)
	Pullman, WA 99164	Reported:	3/4/2021 10:18
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0020-10	Collect Date:	03/01/21 11:01	DOH Source #:	
Multiple Source Nos:		Sample Type:	Grab	County:	Whitman
Date Received:	03/01/21 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Todd Addition 55A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02010

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0020
Address:	P.O. Box 641172	Project:	Bacteria (03/01/2021)
	Pullman, WA 99164	Reported:	3/4/2021 10:18
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0020-11	Collect Date:	03/01/21 11:25	DOH Source #:	
Multiple Source Nos:		Sample Type:	Grab	County:	Whitman
Date Received:	03/01/21 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Cleveland 86				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02011

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0020
Address:	P.O. Box 641172	Project:	Bacteria (03/01/2021)
	Pullman, WA 99164	Reported:	3/4/2021 10:18
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0020-12	Collect Date:	03/01/21 11:37	DOH Source #:	
Multiple Source Nos:		Sample Type:	Grab	County:	Whitman
Date Received:	03/01/21 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Washinton 15				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02012

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0020
Address:	P.O. Box 641172	Project:	Bacteria (03/01/2021)
	Pullman, WA 99164	Reported:	3/4/2021 10:18
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0020-13	Collect Date:	03/01/21 11:49	DOH Source #:	
Multiple Source Nos:		Sample Type:	Grab	County:	Whitman
Date Received:	03/01/21 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	French Ad 92				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02013

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			3/1/21 16:18	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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Client:	WSU EH & S	Work Order:	MBC0020
Address:	P.O. Box 641172	Project:	Bacteria (03/01/2021)
	Pullman, WA 99164	Reported:	3/4/2021 10:18
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

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Due: 03/15/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 1 / 21 (Month Day Year)	9 : 15 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 Q
System Name: WJV

Contact Person: Pam Fariss

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJV EHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pam Fariss

Specific location where sample collected (address or sample site, and type of faucet): Yakima 709 Bath

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total .02 Free ___

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other ___

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code: MICR – 2720

Date and Time Received: 12.9°C IR-4 3/4/21 1320 kso.

Date Analyzed: 3/1/21 1618

Date Reported: 3/4/21

1 2 5 0 2 0 0 2
Sample Number (DOH number plus five digits)

Lab Use: MBC0020-02

DOH Form 4331-219 (revised 11/10)

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Due: 03/15/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 1 / 21 (Month Day Year)	9 : 33 ☒ AM ☐ PM	Whitman

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# 9 3 2 V 0 Q
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Food Services 89

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12.9°C MAR 21 1320

Date Analyzed: 3/11/21 1618

Date Reported: 3/4/21

1 2 5 0 2 0 0 3
Sample Number (DOH number plus five digits)

Lab Use: MBC0020-03

DOH Form 4331-019 (revised 11/10)

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Due: 03/15/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 1 / 21 (Month Day Year)	9 : 44 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WW

Contact Person: Sam Watkins

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Harman

Specific location where sample collected (address or sample site, and type of faucet): Eggert Farm 147A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12.9°C IR-4 IMAR21, 1330 hrs.

Date Analyzed: 3/1/21 1618

Date Reported: 3/4/21

1 2 5 0 2 0 0 4
Sample Number (DOH number plus five digits)

Lab Use: MBC0020-04

DOH Form 4331-313 (revised 11/13)

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Due: 03/15/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 1 / 21 (Month Day Year)	9 : 55 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 0
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harsin

Specific location where sample collected (address or sample site, and type of faucet):
Valley Crest 675A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12.9°C IR-4
1MAR21 1329 MS.

Date Analyzed: 3/1/21 1618

Date Reported: 3/4/21

1 2 5 0 2 0 0 5
Sample Number (DOH number plus five digits)

Lab Use: MBC0020-05

DOH Form 4201-019 (revised 11/10)

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Due: 03/15/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 1 / 21 (Month Day Year)	10 : 11 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 6
System Name: WSU

Contact Person: Sam Herron

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pa Herron

Specific location where sample collected (address or sample site, and type of faucet):
Student Rec Center P19

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total 0.6 Free ___

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other ___

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code: MICR – 2720

Date and Time Received: 12.9°C Ref IMAR21 1320 hrs.

Date Analyzed: 3/1/21 1618

Date Reported: 3/4/21

1 2 5 0 2 0 0 6
Sample Number (DOH number plus five digits)

Lab Use: MBC0020-06

DOH Form 4331-319 (revised 11/10)

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Due: 03/15/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 1 / 21 (Month / Day / Year)	10 : 45 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 2
System Name: WSU

Contact Person: Pitterson

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pitterson

Specific location where sample collected (address or sample site, and type of faucet): Terrell Brot

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12.9°C IK+ IMAR21 1330 hrs.

Date Analyzed: 3/1/21 1618

Date Reported: 3/4/21

1 2 5 0 2 0 0 7
Sample Number (DOH number plus five digits)

Lab Use: MBC0020-07

DOH Form 4331-319 (revised 11/10)

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Due: 03/15/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 1 / 21 (Month Day Year)	10 : 47 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Herion

Specific location where sample collected (address or sample site, and type of faucet):
Smith Gym 12

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720

Date and Time Received: 12.9C IR-4 1MAR21 1320 MD

Date Analyzed: 3/1/21 1618

Date Reported: 3/4/21 A

1 2 5 0 2 0 0 8
Sample Number (DOH number plus five digits)

Lab Use: MBC0020-08

DOH Form 4331-219 (revised 11/10)

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MBC0020

Due: 03/15/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 1 / 21 (Month Day Year)	11 : 01 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 2
System Name: WSU

Contact Person: Sam Hardin

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Sam Hardin

Specific location where sample collected (address or sample site, and type of faucet): Information Technology PIT

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total .93 Free ____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12.9°C IL-d
MAR 21, 1320 hrs

Date Analyzed: 3/1/21 1618

Date Reported: 3/4/21 A

12502009
Sample Number (DOH number plus five digits)

Lab Use: MBC0020-09

DOH Form 4331-213 (revised 11/10)

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MBC0020

Due: 03/15/21

BACTE

Date Sample Collected	Time Sample Collected	County
3 / 1 / 21 (Month Day Year)	11 : 12 ☒ AM ☐ PM	Whitman

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# 6 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvey

Specific location where sample collected (address or sample site, and type of faucet): Todd Addition 354

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12.9C Rd
(2) 1MAR21 1300 hrs.

Date Analyzed: 3/11/21 1618

Date Reported: 3/4/21 (4)

1 2 5 0 2 0 1 6
Sample Number (DOH number plus five digits)

Lab Use: MBC0020-10

DOH Form 4331-213 (revised 11/10)

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BACTE

MBC0020

Due: 03/15/21

Date Sample Collected	Time Sample Collected	County
3 / 1 / 21 (Month / Day / Year)	11 : 25 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 0
System Name: WJV

Contact Person: Sam Farris

Day Phone: (509) 335-3941 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJV EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Cleveland Rd

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total .06 Free

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 1MAR21 1320

Date Analyzed: 3/1/21 1618

Date Reported: 3/4/21

Sample Number (DOH number plus five digits): 1 2 5 0 2 0 1 1

Lab Use: MBC0020-11

DOH Form 4021-319 (revised 11/10)

MBC0020

Due: 03/15/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 1 / 21 (Month Day Year)	11 : 37 ☒ AM ☐ PM	Whitman

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):
_7_ _3_ _2_ _0_ _0_ _9_

System Name: WSU

Contact Person: Patterson

Phone: (509) 335-3041 | Cell Phone: ( )

Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Washington 15

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.06

☐ Total coli – GWR source sample
☐ Ground Water-Surface, GWI, some springs

Name must provide Source Number from (WFI)

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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____

Sample Collected for Information Only
☐ Investigative _____ ☐ Constructions/Repairs _____ ☐ Other _____

LAB USE ONLY — **DRINKING WATER RESULTS** — **LAB USE ONLY**

☐ **Unsatisfactory**
☐ Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Total coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

Replacement Sample Required

☐ Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL. E.coli _____ /100mL.
Total Coliform _____ /100mL. Fecal Coliform _____ /100mL.

Lab Code: CR – 2720

Date and Time Received: 12.9°C Rcd 1 MAR 21 1380 hrs.

Analyzed: 3/1/21 1618

Date Reported: 3/4/21 LA

Sample Number (DOH number plus five digits): 5 0 2 0 1 2

Lab Use: MBC0020-12

DOH 331-219 (revised 11/13)

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MBC0020

Due: 03/15/21

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
3 / 1 / 21	11:29 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 0
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PeAnderson

Specific location where sample collected (address or sample site, and type of faucet):
Frank A1 92

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other _____

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL. E.coli _____ /100mL.
Total Coliform _____ /100mL. Fecal Coliform _____ /100mL.

Method Code: MICR – 2720	Date and Time Received: 12.9°C IL4 IMAR21 1320hrs.
Date Analyzed: 3/1/21 1618	Date Reported: 3/4/21
1 2 5 0 2 0 1 3 Sample Number (DOH number plus five digits)	Lab Use: MBC0020-43

DOH Form 4331-319 (revised 11/10)

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Client:	WSU EH & S	Work Order:	MBC0188
Address:	P.O. Box 641172	Project:	Bacteria (03/08/2021)
	Pullman, WA 99164	Reported:	3/15/2021 09:51
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0188-01	Collect Date:	03/08/21 08:33	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	03/08/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Central Receiving 358A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-18801

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	
0003	E. coli	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0188
Address:	P.O. Box 641172	Project:	Bacteria (03/08/2021)
	Pullman, WA 99164	Reported:	3/15/2021 09:51
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0188-02	Collect Date:	03/08/21 08:46	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	03/08/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	GWSP 840				
Matrix:	Drinking Water				

Lab/Sample Number: 125-18802

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	
0003	E. coli	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0188
Address:	P.O. Box 641172	Project:	Bacteria (03/08/2021)
	Pullman, WA 99164	Reported:	3/15/2021 09:51
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0188-03	Collect Date:	03/08/21 08:59	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	03/08/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Bustad 807				
Matrix:	Drinking Water				

Lab/Sample Number: 125-18803

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	
0003	E. coli	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0188
Address:	P.O. Box 641172	Project:	Bacteria (03/08/2021)
	Pullman, WA 99164	Reported:	3/15/2021 09:51
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0188-04	Collect Date:	03/08/21 09:11	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	03/08/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Meats Lab 98				
Matrix:	Drinking Water				

Lab/Sample Number: 125-18804

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	
0003	E. coli	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0188
Address:	P.O. Box 641172	Project:	Bacteria (03/08/2021)
	Pullman, WA 99164	Reported:	3/15/2021 09:51
Attn:	Gene Patterson		

Analytical Results Report

WSU

System ID#	93200Q	System Name:			
Reference Number:	MBC0188-05	Collect Date:	03/08/21 09:23	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	03/08/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Clark 99				
Matrix:	Drinking Water				

Lab/Sample Number: 125-18805

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	
0003	E. coli	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0188
Address:	P.O. Box 641172	Project:	Bacteria (03/08/2021)
	Pullman, WA 99164	Reported:	3/15/2021 09:51
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0188-06	Collect Date:	03/08/21 09:34	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	03/08/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Johnson 76				
Matrix:	Drinking Water				

Lab/Sample Number: 125-18806

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	
0003	E. coli	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0188
Address:	P.O. Box 641172	Project:	Bacteria (03/08/2021)
	Pullman, WA 99164	Reported:	3/15/2021 09:51
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0188-07	Collect Date:	03/08/21 09:47	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	03/08/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Bohler 11				
Matrix:	Drinking Water				

Lab/Sample Number: 125-18807

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	
0003	E. coli	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0188
Address:	P.O. Box 641172	Project:	Bacteria (03/08/2021)
	Pullman, WA 99164	Reported:	3/15/2021 09:51
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0188-08	Collect Date:	03/08/21 09:58	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	03/08/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Morrill 24				
Matrix:	Drinking Water				

Lab/Sample Number: 125-18808

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	
0003	E. coli	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0188
Address:	P.O. Box 641172	Project:	Bacteria (03/08/2021)
	Pullman, WA 99164	Reported:	3/15/2021 09:51
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0188-09	Collect Date:	03/08/21 10:10	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	03/08/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Carpenter 20				
Matrix:	Drinking Water				

Lab/Sample Number: 125-18809

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	
0003	E. coli	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0188
Address:	P.O. Box 641172	Project:	Bacteria (03/08/2021)
	Pullman, WA 99164	Reported:	3/15/2021 09:51
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0188-10	Collect Date:	03/08/21 10:32	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	03/08/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	SCUE 95				
Matrix:	Drinking Water				

Lab/Sample Number: 125-18810

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	
0003	E. coli	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MBC0188
Address:	P.O. Box 641172	Project:	Bacteria (03/08/2021)
	Pullman, WA 99164	Reported:	3/15/2021 09:51
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0188-11	Collect Date:	03/08/21 10:44	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	03/08/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Fulmer 3				
Matrix:	Drinking Water				

Lab/Sample Number: 125-18811

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	
0003	E. coli	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0188
Address:	P.O. Box 641172	Project:	Bacteria (03/08/2021)
	Pullman, WA 99164	Reported:	3/15/2021 09:51
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0188-12	Collect Date:	03/08/21 10:53	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	03/08/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Webster 801				
Matrix:	Drinking Water				

Lab/Sample Number: 125-18812

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	
0003	E. coli	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MBC0188
Address:	P.O. Box 641172	Project:	Bacteria (03/08/2021)
	Pullman, WA 99164	Reported:	3/15/2021 09:51
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MBC0188-13	Collect Date:	03/08/21 11:12	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	03/08/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Golf Course Clubhouse 365H				
Matrix:	Drinking Water				

Lab/Sample Number: 125-18813

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	
0003	E. coli	Absent		1.00			3/8/21 15:15	ETL	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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Client:	WSU EH & S	Work Order:	MBC0188
Address:	P.O. Box 641172	Project:	Bacteria (03/08/2021)
	Pullman, WA 99164	Reported:	3/15/2021 09:51
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

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Due: 03/22/21

BACTERIA ANALYSIS

Date Sample Collected (Month / Day / Year)	Time Sample Collected	County
3 / 8 / 21	8 : 33 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Smith arlen

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHT
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Central Receiving 3SFA

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .09

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
ER

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720	Date and Time Received: 3-8-21 10.7 C IR-4 JM 12:50
Date Analyzed: 3-8-21 15:25	Date Reported:
1 2 5 1 8 8 0 1 Sample Number (DOH number plus five digits)	Lab Use: MBC0188-01

DOH Form 4331-319 (revised 11/10)

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Due: 03/22/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 8 / 21 (Month / Day / Year)	8 : 46 ☐AM ☐PM	Whitman

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# 4 3 2 0 0 9
System Name: WW

Contact Person: Sanitarian

Day Phone: (509) 332-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW GHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
GWSP P40

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from DWS

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
82

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	3-8-21 10.7 C IR-4 JM 12:50
Date Analyzed: 3-8-21 15:25	Date Reported:
1 2 5 1 8 8 0 2 (Sample Number (DOH number plus five digits))	Lab Use: MBC0188-02

DOH Form 4331-319 (revised 11/10)

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Due: 03/22/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 8 / 21 (Month Day Year)	8 59 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian
Day Phone: (509) 335-3041 Cell Phone: ( )
Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Burt 2 807

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
GR

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	3-8-21 10.7 C JR-4 JM 12:50
Date Analyzed: 3-8-21 15:25	Date Reported:
1 2 5 1 8 8 0 3 (Sample Number (DOH number plus five digits))	Lab Use: MBC0188-03

DOH Form 4331-213 (revised 11/93)

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Due: 03/22/21

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
3 / 8 / 21	9 : 11 ☑ AM ☐ PM	Whitman

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# 5 3 2 0 0 6
System Name: WSU

Contact Person: Sam Patrick

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patrick

Specific location where sample collected (address or sample site, and type of faucet):
Math Lab 9F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
SR

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	3-8-21 10.7C IR-4 JM 12:50
Date Analyzed: 3-8-21 15:25	Date Reported:
1 2 5 1 8 8 0 4 Sample Number (DOH number plus five digits)	Lab Use: MBC0188-04

DOH Form #331-219 (revised 11/10)

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Due: 03/22/21

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
3 / 8 / 21	9 : 23 ☑ AM ☐ PM	Whitman

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# 9 3 2 0 0 0
System Name: WSU

Contact Person: S. Hutton

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Herron

Specific location where sample collected (address or sample site, and type of faucet):
Clarke 99

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .09

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
ER

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 3-8-21
10.7C IR4.1m 12:50

Date Analyzed: 3-8-21 15:25

Date Reported:

1 2 5 1 8 8 0 5
Sample Number (DOH number plus five digits)

Lab Use: MBC0188-05

DOH Form 4331-219 (revised 11/10)

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Due: 03/22/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 4 / 21 (Month / Day / Year)	9 : 34 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 6
System Name: WSU

Contact Person: Smithson

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Johnson 76

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
SR

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	3-8-21 10.7 C IR-4 JM 12:50
Date Analyzed: 3-8-21 15:25	Date Reported:
1 2 5 1 8 8 0 6 (Sample Number (DOH number plus five digits))	Lab Use: MBC0188-06

DOH Form 4331-219 (revised 11/15)

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Due: 03/22/21

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
3 / 8 / 21	9 : 47 ☒ AM ☐ PM	Whitman

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# 53200
System Name: WSU

Contact Person: Sullivan

Day Phone: (541) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PSullivan

Specific location where sample collected (address or sample site, and type of faucet):
Boiler 11

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free .82

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
ER

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720	Date and Time Received: 3-8-21 10.7 C JR JM 12:50
Date Analyzed: 3-8-21 15:25	Date Reported:
1 2 5 1 5 8 0 7 (Sample Number (DOH number plus five digits))	Lab Use: MBC0188-07

DOH Form 4331 (10) (revised 11/15)

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 8 / 21 (Month Day Year)	9 : 58 ☑ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WJU

Contact Person: Stuart Patterson
Day Phone: (509) 335-3041 Cell Phone: ( )
Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WJU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Merrill 24

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 0.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
ER

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	3-8-21 10.7 C IR4 JM 12:50
Date Analyzed: 3-8-21 15:25	Date Reported:
1 2 5 1 8 8 0 8 (Sample Number (DOH number plus five digits))	Lab Use: MBC0188-08

DOH Form 333-218 (revised 10/10)

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Due: 03/22/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 8 / 21 (Month / Day / Year)	10 : 10 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 Q
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pa Hevia

Specific location where sample collected (address or sample site, and type of faucet):
Carpenter 20

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** ER

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	3-8-21 10.7 C IR-4 JM 12:50
Date Analyzed: 3-8-21 15:25	Date Reported:
1 2 5 1 8 8 0 9 (Sample Number (DOH number plus five digits))	Lab Use: MBC0188-09

DOH Form 4331-319 (revised 11/10)

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208

MBC0188

Due: 03/22/21

CC

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 8 / 21 (Month Day Year)	10:32 ☐ AM ☒ PM	Whitman

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# 9 3 2 0 0 4
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PaHanson

Specific location where sample collected (address or sample site, and type of faucet):
SCUE 9T

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .10

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
ER

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 3-8-21
10.7 C JR-4 JM 12:30

Date Analyzed: 3-8-21 15:25

Date Reported:

1 2 5 1 8 8 1 6
Sample Number (DOH number plus five digits)

Lab Use: MBC0188-10

DOH Form 4331-210 (revised 11/10)

Anat
1282
Mosc
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C

MBC0188

Due: 03/22/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 4 / 21 (Month Day Year)	10:44 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 Q
System Name: WSU

Contact Person: Samantha

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patrick

Specific location where sample collected (address or sample site, and type of faucet):
Fulmer 3

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.5

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
ER

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	3-8-21 10.7 CJR JM 12:50
Date Analyzed: 3-8-21 15:25	Date Reported:
1 2 5 1 8 8 1 1 (Sample Number (DOH number plus five digits))	Lab Use: MBC0188-11

DOH Form #331-310 (revised 11/10)

Anat
1282
Mosc
20

MBC0188

Due: 03/22/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 5 / 21 (Month / Day / Year)	10 : 53 ☐ AM ☒ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3021 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Sanitarian

Specific location where sample collected (address or sample site, and type of faucet): Webster FO1

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 1.07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
SR

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL. E.coli _____ /100mL.
Total Coliform _____ /100mL. Fecal Coliform _____ /100mL.

Method Code: MICR – 2720

Date and Time Received: 3-8-21 10.7C IR-4.1M 12:50

Date Analyzed: 3-8-21 15:05

Date Reported:

1 2 5 1 8 8 1 2
Sample Number (DOH number plus five digits)

Lab Use: MBC0188-012

DOH Form 333-219 (revised 11/10)

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Due: 03/22/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
3 / 8 / 21 (Month Day Year)	11 : 12 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 4
System Name: WSU

Contact Person: Swanson

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Hevron

Specific location where sample collected (address or sample site, and type of faucet): Golf Course Clubhouse 36th

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 0.7

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
GR

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 3-8-21
10.7C IR+TM 12:50

Date Analyzed: 3-8-21 15:05

Date Reported:

1 2 5 | 8 8 1 3
Sample Number (DOH number plus five digits)

Lab Use: MBC0188-013

DOH Form 4331-219 (revised 11/10)

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Client:	WSU EH & S	Work Order:	MAD0079
Address:	P.O. Box 641172	Project:	Bacts 4/6/20
	Pullman, WA 99164	Reported:	4/21/2020 14:36
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0079-01	Collect Date:	04/06/20 09:31	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/06/20 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	LARC 811				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 07901**								
Microbiology										
	Total Coliform	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	
	E. coli	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0079-02	Collect Date:	04/06/20 09:42	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/06/20 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Creamery Annex 353				
Matrix:	Drinking Water				

Lab/Sample Number: 125 07902

Microbiology

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0079-03	Collect Date:	04/06/20 10:00	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/06/20 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Alumni Center 138				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 07903**								
Microbiology										
	E. coli	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0079-04	Collect Date:	04/06/20 10:15	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/06/20 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chief Joe F8				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 07904**								
Microbiology										
	E. coli	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0079-05	Collect Date:	04/06/20 10:28	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/06/20 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Large Animal Barn 160A				
Matrix:	Drinking Water				

Lab/Sample Number: 125 07905

Microbiology

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0079-06	Collect Date:	04/06/20 10:41	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/06/20 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	CUB 63				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 07906**								
Microbiology										
	Total Coliform	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	
	E. coli	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0079-07	Collect Date:	04/06/20 10:53	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/06/20 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Owen Science Library 810				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 07907**								
Microbiology										
	E. coli	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0079-08	Collect Date:	04/06/20 11:09	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/06/20 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Gannon-Goldsworthy 79				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 07908**								
Microbiology										
	E. coli	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0079-09	Collect Date:	04/06/20 11:21	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/06/20 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Crimson Bake Shop 93C				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 07909**								
Microbiology										
	E. coli	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0079-10	Collect Date:	04/06/20 11:34	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/06/20 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	WSU Childrens Center 88				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 07910**								
Microbiology										
	E. coli	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0079-11	Collect Date:	04/06/20 11:48	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/06/20 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Columbia Laundry 678F				
Matrix:	Drinking Water				

Lab/Sample Number: 125 07911

Microbiology

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0079-12	Collect Date:	04/06/20 11:59	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/06/20 13:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook 6790				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 07912**								
Microbiology										
	Total Coliform	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	
	E. coli	Absent		1.00			4/6/20 16:42	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis

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.

Anatel
1282 A
Mosco
208-

MAD0079

Due: 04/20/20

CO

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 / 6 / 20	9 : 31 ☑ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-2041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
LARC 111

Special instructions or comments: Women's Restroom

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Construction/Repairs ___ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 4-6-2020 13:20 13.5 CIR-2. JM

Date Analyzed: 4/6/20 1642

Date Reported:

1 2 5 0 7 9 0 1
Sample Number (DOH number plus five digits)

Lab Use: MAD0079.01

DOH Form 433-319 (revised 11/10)

Anatel
1282 A
Mosco
208-

MAD0079

Due: 04/20/20

COl

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 / 6 / 20	9 : 42 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 4
System Name: WSU

Contact Person: Patterson

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Cressman Annex 353

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .02

2. ☐ **Repeat Sample** (after unsat. routine)
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAR

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	4-6-2020 13:20 13.5 C IR-2 JM
Date Analyzed: 4/6/201642	Date Reported:
1 2 5 0 7 9 0 2 (Sample Number (DOH number plus five digits))	Lab Use: MAD0079-02

DOH Form 331-319 (revised 11/10)

Anatek
1282 Al
Mosco
208-

MAD0079

Due: 04/20/20

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4/6/20	10:00 ☒AM ☐PM	Whitman

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# 7 3 2 6 0 Q
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64116
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patricia

Specific location where sample collected (address or sample site and type of faucet):
Alumni Center IR

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐ OR
Chlorine Residual: Total ____ Free ____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 4-6-2020 13:20 13.5 C IR-2 JM

Date Analyzed: 4/6/20 1642

Date Reported:

1 2 5 0 7 9 0 3
Sample Number (DOH number plus five digits)

Lab Use: MAD0079-03

DOH Form 4301-019 (revised 11/10)

Anatel
1282 A
Mosco
208-

CO

MAD0079

Due: 04/20/20

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 / 6 / 20	10 : 15 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 4
System Name: WJV

Contact Person: Jon Hanson

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJV GHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of fauce(t): Chief Joe FB

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 4-6-2020 13:20 13.5 C IR-2 JM

Date Analyzed: 4/6/2016 42

Date Reported:

1 2 5 0 7 9 0 4
Sample Number (DOH number plus five digits)

Lab Use: MAD0079-04

DOH Form 4331-219 (revised 11/10)

Anate
1282 A
Moscc
208-

MAD0079

Due: 04/20/20

CO

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 / 6 / 20	10 : 28 ☐ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64172
Pullman, WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hansen

Specific location where sample collected (address or sample site, and type of faucet): Large Animal Barn 160A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes Y No
Chlorine Residual: Total ___ Free .08

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (DFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Construction/Repairs ___ Other ___

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code:	Date and Time Received:
MICR – 2720	4-6-2020 13:20 13.5 C IR-2 JM
Date Analyzed: 4/6/20 1642	Date Reported:
1 2 5 0 7 9 0 5 Sample Number (DOH number plus five digits)	Lab Use: MAD0079-05

DOH Form #331-310 (revised 11/13)

Anatek
1282 Al
Mosco
208-

MAD0079

Due: 04/20/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 6 / 20 (Month Day Year)	10 : 41 ☒ AM ☐ PM	Whitman

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# 7 3 2 0 0 Q
System Name: WSU

Contact Person: Janitorial

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PU Awin

Specific location where sample collected (address or sample site, and type of faucet): CUB 63

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720	Date and Time Received: 4-6-2020 13:20 13.5C ER JM
Date Analyzed: 4/6/20 1642	Date Reported:
1 2 5 0 7 9 0 6 Sample Number (DOH number plus five digits)	Lab Use: MAD0079-06

DOH Form 4331-018 (revised 11/13)

Anatek
1282 Alt
Moscow
208-8

MAD0079

Due: 04/20/20

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 6 / 20 (Month Day Year)	10 : 53 ☐ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172

SAMPLE INFORMATION

Sample collected by (name): P. Hardison

Specific location where sample collected (address or sample site, and type of faucet): Owen Science Library

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 0.9

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 4-6-2020 13:20 13.5C JR-2 JM
Date Analyzed: 4/6/20 1642	Date Reported:
1 2 5 0 7 9 0 7 Sample Number (DOH number plus five digits)	Lab Use: MAD0079-07

DOH Form #331-318 (revised 11/10)

MAD0079

Anatel
1282 A
Mosco
208-

Due: 04/20/20

COI

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 6 / 20 (Month Day Year)	11 : 09 ☒ AM ☐ PM	Whitm.

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# 2 3 2 0 0 9
System Name: WJV

Contact Person: Shuttam

Day Phone: (304) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJV EHJ
PO Box 6Y1172

SAMPLE INFORMATION

Sample collected by (name): Pat Hovis

Specific location where sample collected (address or sample site, and type of faucet):
Garage - Bellsworthy

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free 0.8

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	4-6-2020 13:20 13.5 C JR-2 JM
Date Analyzed: 4/6/20 1642	Date Reported:
1 2 5 0 7 9 0 8 (Sample Number (DOH number plus five digits))	Lab Use: MAD0079.08

DOH Form #331-319 (revised 11/10)

Anatek
1282 Al
Mosco
208-

MAD0079

Due: 04/20/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 6 / 20 (Month Day Year)	11 : 24 ☒ AM ☐ PM	Whitman

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# 6 3 2 0 0 9
System Name: WSU

Contact Person: Scott Brisson
Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Cruise Bldg Ship 93C

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free 1.10

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL. E.coli ___ /100mL.
Total Coliform ___ /100mL. Fecal Coliform ___ /100mL.

Method Code: MICR – 2720

Date and Time Received: 4-6-2020 13:20 13.5 C IR-2 JM

Date Analyzed: 4/6/20 1642

Date Reported:

1 2 5 0 7 9 0 9
Sample Number (DOH number plus five digits)

Lab Use: MAD0079-09

DOH Form 4331-319 (revised 11/10)

Anatek
1282 Al
Moscov
208-8

MAD0079

Due: 04/20/20

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 6 / 20 (Month Day Year)	11 : 34 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PeHavon

Specific location where sample collected (address or sample site, and type of faucet):
WSU Chiller Center SR

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 4-6-2020 13:20 13.5 C IR-2 JM

Date Analyzed: 4/6/20 1642

Date Reported:

1 2 5 0 7 9 1 0
Sample Number (DOH number plus five digits)

Lab Use: MAD0079.10

DOH Form 4331-319 (revised 11/13)

Anatek
1282 Al
Moscov
208-E

MAD0079

Due: 04/20/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 6 / 20 (Month Day Year)	11 : 48 ☐ AM ☒ PM	Whitman

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# 7 3 2 0 0 0
System Name: WSU

Contact Person: Janitorial

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hervas

Specific location where sample collected (address or sample site, and type of faucet): Columbia Laundry 6TH F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 4-6-2020 13:20 13.5 C IR-2 JM

Date Analyzed: 4/6/20 1642

Date Reported:

1 2 5 0 7 9 1 1
Sample Number (DOH number plus five digits)

Lab Use: MAD0079-11

DOH Form 4331-319 (revised 11/10)

Anatek
1282 Al
Moscov
208-8

MAD0079

Due: 04/20/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 / 6 / 20	11 : 59 ☑ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Person

Specific location where sample collected (address or sample site, and type of faucet): Chinook Country

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes Y No
Chlorine Residual: Total ___ Free .01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other ___

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ ~~Satisfactory~~ LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 4-6-2020 13:20 13.5 C IR-2 RM

Date Analyzed: 4/6/20 1642

Date Reported:

1 2 5 0 7 9 1 2
Sample Number (DOH number plus five digits)

Lab Use: MAD0079-12

DOH Form 4201-319 (revised 11/12)

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Client:	WSU EH & S	Work Order:	MAD0105
Address:	P.O. Box 641172	Project:	Bacts 4/7/20
	Pullman, WA 99164	Reported:	4/21/2020 14:45
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0105-01	Collect Date:	04/07/20 08:54	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/07/20 13:39	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Motor Pool 66A				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 10501**								
Microbiology										
	Total Coliform	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	
	E. coli	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0105-02	Collect Date:	04/07/20 09:10	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/07/20 13:39	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	French Ad 92				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 10502**								
Microbiology										
	E. coli	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0105-03	Collect Date:	04/07/20 09:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/07/20 13:39	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Orton 87				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 10503**								
Microbiology										
	E. coli	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0105-04	Collect Date:	04/07/20 09:41	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/07/20 13:39	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Wegner 45				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 10504**								
Microbiology										
	E. coli	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0105-05	Collect Date:	04/07/20 09:55	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/07/20 13:39	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Fine Arts 97				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 10505**								
Microbiology										
	E. coli	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0105-06	Collect Date:	04/07/20 10:09	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/07/20 13:39	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Neill 70				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 10506**								
Microbiology										
	E. coli	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0105-07	Collect Date:	04/07/20 10:25	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/07/20 13:39	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Daggy 803				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 10507**								
Microbiology										
	Total Coliform	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	
	E. coli	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0105-08	Collect Date:	04/07/20 10:36	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/07/20 13:39	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Thermal Fluids 57				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 10508**								
Microbiology										
	E. coli	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0105-09	Collect Date:	04/07/20 10:48	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/07/20 13:39	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Hillside Cafe 30				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 10509**								
Microbiology										
	E. coli	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0105-10	Collect Date:	04/07/20 10:59	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/07/20 13:39	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Van Doren 37				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 10510**								
Microbiology										
	E. coli	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0105-11	Collect Date:	04/07/20 11:12	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/07/20 13:39	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Northside Cafe 65A				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 10511**								
Microbiology										
	E. coli	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0105-12	Collect Date:	04/07/20 11:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/07/20 13:39	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Beasley Coliseum 806				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 10512**								
Microbiology										
	E. coli	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	

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System ID#	93200Q	System Name:	WSU		
Reference Number:	MAD0105-13	Collect Date:	04/07/20 11:48	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/07/20 13:39	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Steptoe 665B				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 10513**								
Microbiology										
	Total Coliform	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	
	E. coli	Absent		1.00			4/7/20 16:42	LAC	SM 9223 B	

Authorized Signature,



Justin Doty, Project Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis

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
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Moscov
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MAD0105

Due: 04/21/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 7 / 20 (Month Day Year)	8 : 54 ☐ AM ☐ PM	Whitman

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# 4 3 2 0 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hervin

Specific location where sample collected (address or sample site, and type of faucet):
Mott Pool 6 A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total 1.3 Free ____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI's

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
Use

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 14.3 C 7 APR 2020 1339 hr
Date Analyzed: 4/7/20 1642	Date Reported:
1 2 5 1 0 5 0 1 Sample Number (DOH number plus five digits)	Lab Use: MAD0105-01

DOH Form 4331-213 (revised 11/10)

Anatek
1282 Al
Moscow
208-8

MAD0105

Due: 04/21/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 7 / 20 (Month Day Year)	9 : 10 ☐ AM ☐ PM	Whitman

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# 1 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: 509 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvison

Specific location where sample collected (address or sample site, and type of faucet): ~~Eighty Student Services 92A~~

Special instructions or comments: French Al 92

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.34

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 14.3°C 4/8/20 1339
Date Analyzed: 4/7/20 1642	Date Reported:
1 2 5 1 0 5 0 2 Sample Number (DOH number plus five digits)	Lab Use: MAD0105-02

DOH Form 4331-318 (revised 11/13)

Anatek
1282 All
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208-8

MAD0105

Due: 04/21/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4/7/20	9:27 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 A
System Name: WSU

Contact Person: Sam Farrier

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Haven

Specific location where sample collected (address or sample site, and type of faucet): Orton R7

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total 1.3 Free ____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 14.3 C A-2
7 APR 2020 1339 hrs.

Date Analyzed: 4/7/20 1642

Date Reported:

1 2 5 1 0 5 0 3
Sample Number (DOH number plus five digits)

Lab Use: MAD0105-03

DOH Form 4331-319 (revised 11/10)

Anatek
1282 Al
Moscow
208-8

MAD0105

Due: 04/21/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 7 / 20 (Month Day Year)	9 : 41 ☒ AM ☐ PM	Whitman

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# Y 3 2 0 0 0 2
System Name: WSU

Contact Person: Santos

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Water 45

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free ____ OR

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 14.3°C CL-2
4/7/2020 1339

Date Analyzed: 4/7/20 1642

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 1 0 5 0 4

Lab Use: MAD0105-04

DOH Form 4331-318 (revised 11/10)

Anatek
1282 Al
Moscov
208-8

MAD0105

Due: 04/21/20

COL
BACTERIA

Date Sample Collected	Time Sample Collected	County
4 / 7 / 20 (Month Day Year)	9 : 55 ☐ AM ☐ PM	Wh. Tmon

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# 6 3 2 0 0 Q
System Name: WJO

Contact Person: S. Harris

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJO EHS
Po Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harris

Specific location where sample collected (address or sample site, and type of faucet): Fine Arts 97

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 4.3C 7 APR 2020 1332 LSD.

Date Analyzed: 4/7/20 1642

Date Reported:

1 2 5 1 0 5 0 5
Sample Number (DOH number plus five digits)

Lab Use: MAD0105-05

DOH Form 4331-319 (revised 11/10)

MAD0105

Anatek
1282 Al
Moscow
208-8

Due. 04/21/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 7 / 20 (Month Day Year)	10 : 09 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 2
System Name: WSU

Contact Person: Sam Taylor

Day Phone: (208) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hayes

Specific location where sample collected (address or sample site, and type of faucet): Neill 70

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code: MICR – 2720

Date and Time Received: 7 APR 2020 1339 hrs. 14.5°C

Date Analyzed: 4/7/20 1642

Date Reported:

1 2 5 1 0 5 0 6
Sample Number (DOH number plus five digits)

Lab Use: MAD0105-06

DOH Form 4331-818 (revised 11/10)

Anatek
1282 Al
Moscow
208-8

MAD0105

Due: 04/21/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 / 7 / 20	10 : 25 ☐AM ☐PM	Wh. Tuna

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Arvin

Specific location where sample collected (address or sample site, and type of faucet): D-937 B03

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 14.3C A-2
7/11/2020 1337 MD

Date Analyzed: 4/7/20 1642

Date Reported:

1 2 5 1 0 5 0 7
Sample Number (DOH number plus five digits)

Lab Use: MAD0105-07

DOH Form #331-319 (revised 11/10)

Anatek
1282 Al
Mosco
208-

MAD0105

Due: 04/21/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 / 7 / 20	10 : 36 ☒ AM ☐ PM	Wh. Kmin

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# 9 7 2 0 0 9
System Name: WSU

Contact Person: Sam Terrin

Day Phone: (509) 335-7041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Thermal Fluids 57

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total 12 Free

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
5
Public Systems must provide Source Number from DWFI

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml

Method Code: MICR – 2720

Date and Time Received: 14.3°C #2
7 APR 2020 1357 hrs.

Date Analyzed: 4/7/20 1642

Date Reported:

1 2 5 1 0 5 0 8
Sample Number (DOH number plus five digits)

Lab Use: MAD0105-08

DOH Form 4331-019 (revised 11/15)

Anatek
1282 All
Moscov
208-8

MAD0105

Due: 04/21/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 7 / 20 (Month Day Year)	10 : 45 ☑ AM ☐ PM	Wh. [illegible]

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# 5 3 2 0 0 4
System Name: WJV

Contact Person: [illegible]

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJV EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pitman

Specific location where sample collected (address or sample site, and type of faucet): H. Wing Cafe 30

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 0.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 14 APR 2020 1335 1.3°C

Date Analyzed: 4/7/20 1642

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 1 0 5 0 9

Lab Use: MAD0105-09

DOH Form 4231-319 (revised 11/15)

Anatek
1282 Al
Moscow
208-8

MAD0105

Due: 04/21/20

COL
BACTERI

Date Sample Collected	Time Sample Collected	County
4 7 '20 (Month Day Year)	10 : 59 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 8
System Name: WSU

Contact Person: S. Harlan

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU (EH)
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harlan

Specific location where sample collected (address or sample site, and type of faucet):
Van Doren 37

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 14.3 CH2 7/4/2020 1330hrs

Date Analyzed: 4/7/20 1642

Date Reported:

1 2 5 1 0 5 1 0
Sample Number (DOH number plus five digits)

Lab Use: MAD0105-10

DOH Form 4331-319 (revised 11/10)

MAD0105

Anatek
1282 Alt
Moscow
208-8

Due: 04/21/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 / 7 / 20	11:12 ☐ AM ☐ PM	Whitman

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# 7 3 2 0 0 Q
System Name: WSU

Contact Person: Sat Hanlon

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanlon

Specific location where sample collected (address or sample site, and type of faucet):
Northside Cafe bar

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐ 0.6
Chlorine Residual: Total ____ Free ____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number here (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 4/8/20 1339 14.3°C IL-2

Date Analyzed: 4/7/20 1642

Date Reported:

1 2 5 1 0 5 1 1
Sample Number (DOH number plus five digits)

Lab Use: MAD0105-11

DOH Form 4331-318 (revised 11/10)

MAD0105

Anate
1282 /
Mosc
208

Due: 04/21/20

CC

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4/7/20	11:27 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 0
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH&S
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Bexley Col. Seven 806

Special instructions or comments: Commissions Room IIP

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other ☐

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /mL E.coli ☐ /100mL
Total Coliform ☐ /100mL Fecal Coliform ☐ /100mL

Method Code: MICR – 2720

Date and Time Received: 14.3°C ok2 7APR2020 1339 MD

Date Analyzed: 4/7/20 1642 Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 1 0 5 1 2

Lab Use: MAD0105-12

DOH Form 453-018 (revised 11/10)

Anatek
1282 All
Moscov
208-8

MAD0105

Due: 04/21/20

COL
BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 7 20	11 45 ☐ AM ☐ PM	Whitman

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# 5 3 2 0 0 A
System Name: WSU

Contact Person: Janitorial

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Stevens B 665B

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from GWI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 4/7/2020 1339 4.3°C

Date Analyzed: 4/7/20 1642

Date Reported:

1 2 5 1 0 5 1 3
Sample Number (DOH number plus five digits)

Lab Use: MAD0105-13

DOH Form 4331-318 (revised 11/10)

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBD0311
Address:	P.O. Box 641172	Project:	4/12/21 - Bacteria
	Pullman, WA 99164	Reported:	4/19/2021 10:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0311-02	Collect Date:	04/12/21 09:15	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/12/21 13:45	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	LARC 811				
Matrix:	Drinking Water				

Lab/Sample Number: 125-31102

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBD0311
Address:	P.O. Box 641172	Project:	4/12/21 - Bacteria
	Pullman, WA 99164	Reported:	4/19/2021 10:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q MBD0311-03	System Name:	Washington State University (EHS)		
Reference Number:		Collect Date:	04/12/21 09:41	DOH Source #:	
Multiple Source Nos:	04/12/21 13:45	Sample Type:		County:	Whitman
Date Received:	Chief Joe F8 (676F)	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Drinking Water				
Matrix:					

Lab/Sample Number: 125-31103

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0311
Address:	P.O. Box 641172	Project:	4/12/21 - Bacteria
	Pullman, WA 99164	Reported:	4/19/2021 10:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0311-04	Collect Date:	04/12/21 09:26	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/12/21 13:45	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Creamery Annex 353				
Matrix:	Drinking Water				

Lab/Sample Number: 125-31104

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0311
Address:	P.O. Box 641172	Project:	4/12/21 - Bacteria
	Pullman, WA 99164	Reported:	4/19/2021 10:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0311-05	Collect Date:	04/12/21 09:53	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/12/21 13:45	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Large Animal Barn 160A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-31105

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0311
Address:	P.O. Box 641172	Project:	4/12/21 - Bacteria
	Pullman, WA 99164	Reported:	4/19/2021 10:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0311-06	Collect Date:	04/12/21 10:17	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/12/21 13:45	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	CUB 63				
Matrix:	Drinking Water				

Lab/Sample Number: 125-31106

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0311
Address:	P.O. Box 641172	Project:	4/12/21 - Bacteria
	Pullman, WA 99164	Reported:	4/19/2021 10:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0311-07	Collect Date:	04/12/21 10:30	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/12/21 13:45	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Owen Science Library 810				
Matrix:	Drinking Water				

Lab/Sample Number: 125-31107

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0311
Address:	P.O. Box 641172	Project:	4/12/21 - Bacteria
	Pullman, WA 99164	Reported:	4/19/2021 10:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q MBD0311-08	System Name:	Washington State University (EHS)		
Reference Number:		Collect Date:	04/12/21 10:58	DOH Source #:	
Multiple Source Nos:	04/12/21 13:45	Sample Type:		County:	Whitman
Date Received:	Crimson Bake Shop	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	93C				
Matrix:	Drinking Water				

Lab/Sample Number: 125-31108

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0311
Address:	P.O. Box 641172	Project:	4/12/21 - Bacteria
	Pullman, WA 99164	Reported:	4/19/2021 10:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0311-09	Collect Date:	04/12/21 11:09	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/12/21 13:45	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Columbia 678F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-31109

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0311
Address:	P.O. Box 641172	Project:	4/12/21 - Bacteria
	Pullman, WA 99164	Reported:	4/19/2021 10:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0311-10	Collect Date:	04/12/21 11:22	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/12/21 13:45	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook 679O				
Matrix:	Drinking Water				

Lab/Sample Number: 125-31110

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0311
Address:	P.O. Box 641172	Project:	4/12/21 - Bacteria
	Pullman, WA 99164	Reported:	4/19/2021 10:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0311-11	Collect Date:	04/12/21 10:46	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/12/21 13:45	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Wegner 45				
Matrix:	Drinking Water				

Lab/Sample Number: 125-31111

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/12/21 16:16	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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Client:	Washington State University (EHS)	Work Order:	MBD0311
Address:	P.O. Box 641172	Project:	4/12/21 - Bacteria
	Pullman, WA 99164	Reported:	4/19/2021 10:00
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

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MBD0311

Due: 04/26/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 12 / 21 (Month Day Year)	9 : 15 ☑ AM ☐ PM	Whitman

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# 5 3 2 0 0 4
System Name: WSU

Contact Person: Smithard m

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU Ellis
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
LARC #11

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 12 APR 21 1345 hrs

Date Analyzed: 4/12/21 1616

Date Reported:

1 2 5 3 1 1 0 2
Sample Number (DOH number plus five digits)

Lab Use: MBD0311-02

DOH Form 4331-319 (revised 11/03)

MBD0311

Anatel
1282 A
Mosco
208-

Due: 04/26/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 12 / 21 (Month Day Year)	9 : 41 ☒ AM ☐ PM	Whitman

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# 1 3 2 0 0 9
System Name: WSU

Contact Person: Sy. Ferris

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harris

Specific location where sample collected (address or sample site and type of faucet): Chief Jo's FF 676 F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:
MICR – 2720

Date and Time Received: 12 APR 21 16:36 JG

Date Analyzed: 4/12/21 1646

Date Reported:

1 2 5 3 1 1 0 3
Sample Number (DOH number plus five digits)

Lab Use: MBD0311 03

DOH Form 4331-319 (revised 11/10)

MBD0311

Anatel
1282 Al
Mosco
208-

Due: 04/26/21

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 / 12 / 21	9 : 24 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 0
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harlan

Specific location where sample collected (address or sample site, and type of faucet):
Creamery Annex 353

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12APR21 1345 hrs.

Date Analyzed: 4/12/21 16:16

Date Reported:

1 2 5 3 1 1 0 4
Sample Number (DOH number plus five digits)

Lab Use: MBD0311-04

DOH Form 4331-315 (revised 11/10)

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MBD0311

Due: 04/26/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 12 / 21 (Month Day Year)	9 : 53 ☑ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Jentzen

Day Phone: 509 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hendrix

Specific location where sample collected (address or sample site, and type of faucet): Large Animal Barn 160A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 4/12/21 1353 hrs.

Date Analyzed: 4/12/21 1616

Date Reported:

1 2 5 3 1 1 0 5
Sample Number (DOH number plus five digits)

Lab Use: MBD0311105

DOH Form #331-313 (revised 11/10)

Anatel
1282 A
Mosco
208-

MBD0311

Due: 04/26/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 12 / 21 (Month Day Year)	10 : 17 ☑ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
CUB 63

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12 APR 21 1345 MD

Date Analyzed: 4/12/21 1616

Date Reported:

1 2 5 3 1 1 0 6
Sample Number (DOH number plus five digits)

Lab Use: MBD0311.pdf

DOH Form 4331-318 (revised 11/10)

Anatel
1282 A
Mosco
208-

MBD0311

Due: 04/26/21

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 / 12 / 21	10 : 30 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 2
System Name: WSU

Contact Person: P. Harvin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvin

Specific location where sample collected (address or sample site, and type of faucet):
Owen Science Library RO

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 1.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12APR21 1345

Date Analyzed: 4/12/21 1616

Date Reported:

1 2 5 3 1 1 0 7
Sample Number (DOH number plus five digits)

Lab Use: MBD0311.07

DOH Form #331-319 (revised 11/10)

Anatel
1282 A
Mosco
208-

MBD0311

Due: 04/26/21

COI

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 12 / 21 (Month Day Year)	10 : 55 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 4
System Name: WV

Contact Person: Scott Jones

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WV EHT
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevia

Specific location where sample collected (address or sample site, and type of faucet): Crimson Bake Shop 93C

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐ OF
Chlorine Residual: Total ____ Free ____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 4/12/21 1345 hrs.

Date Analyzed: 4/12/21 1616

Date Reported:

1 2 5 3 1 1 0 8
Sample Number (DOH number plus five digits)

Lab Use: MBD0311-08

DOH Form 4331-219 (revised 11/15)

MBD0311

Anate
1282 A
Moscc
208-

Due: 04/26/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 12 / 21 (Month Day Year)	11 : 09 ☑ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: 509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Coleman 678 F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ✓ No ____
Chlorine Residual: Total ____ Free .06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12 APR 2021 1345 hrs.

Date Analyzed: 4/12/21 1616

Date Reported:

1 2 5 3 1 1 0 9
Sample Number (DOH number plus five digits)

Lab Use: MBD0311-09

DOH Form #331-310 (revised 11/10)

Anate
1282 A
Moscc
208

MBD0311

Due: 04/26/21

CO

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 12 / 21 (Month Day Year)	11 : 22 ☒ AM ☐ PM	Whitman

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# 4 5 2 0 0 9
System Name: WW

Contact Person: Samantha

Day Phone: (509) 335-7041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Arvin

Specific location where sample collected (address or sample site, and type of laucet): Chiawana 6790

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 1.02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12APR21 1355

Date Analyzed: 4/12/21 1616

Date Reported:

1 2 5 3 1 1 1 0
Sample Number (DOH number plus five digits)

Lab Use: MBD0311-10

DOH Form 4331-315 (revised 11/10)

MBD0311

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Mosco
208-

Due: 04/26/21

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12 **BACTERIA ANALYSIS**

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 / [illegible] / 21	10 : 46 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sam Farin

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Sam Farin

Specific location where sample collected (address or sample site, and type of faucet):
Newman 45

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 1.05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Construction/Repairs ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12 APR 21 8:45 am. No TCR'd

Date Analyzed: 4/12/21 1616

Date Reported:

1 2 5 3 1 1 1 1
Sample Number (DOH number plus five digits)

Lab Use: MBD0311-11

DOH Form 4331-219 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MBD0499
Address:	P.O. Box 641172	Project:	4/19/21
	Pullman, WA 99164	Reported:	5/3/2021 11:27
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0499-01	Collect Date:	04/19/21 08:31	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/19/21 12:38	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Motor Pool 66A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-49901

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0499
Address:	P.O. Box 641172	Project:	4/19/21
	Pullman, WA 99164	Reported:	5/3/2021 11:27
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0499-02	Collect Date:	04/19/21 08:42	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/19/21 12:38	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Lighty 92A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-49902

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0499
Address:	P.O. Box 641172	Project:	4/19/21
	Pullman, WA 99164	Reported:	5/3/2021 11:27
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0499-03	Collect Date:	04/19/21 08:54	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/19/21 12:38	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	WSU Childrens Center 88				
Matrix:	Drinking Water				

Lab/Sample Number: 125-49903

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0499
Address:	P.O. Box 641172	Project:	4/19/21
	Pullman, WA 99164	Reported:	5/3/2021 11:27
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0499-04	Collect Date:	04/19/21 09:05	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/19/21 12:38	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Gannon-Goldsworthy 79				
Matrix:	Drinking Water				

Lab/Sample Number: 125-49904

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0499
Address:	P.O. Box 641172	Project:	4/19/21
	Pullman, WA 99164	Reported:	5/3/2021 11:27
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0499-05	Collect Date:	04/19/21 09:18	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/19/21 12:38	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Fine Arts 97				
Matrix:	Drinking Water				

Lab/Sample Number: 125-49905

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0499
Address:	P.O. Box 641172	Project:	4/19/21
	Pullman, WA 99164	Reported:	5/3/2021 11:27
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0499-06	Collect Date:	04/19/21 09:30	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/19/21 12:38	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Neill 70				
Matrix:	Drinking Water				

Lab/Sample Number: 125-49906

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0499
Address:	P.O. Box 641172	Project:	4/19/21
	Pullman, WA 99164	Reported:	5/3/2021 11:27
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0499-07	Collect Date:	04/19/21 09:43	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/19/21 12:38	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Thermal Fluids 57				
Matrix:	Drinking Water				

Lab/Sample Number: 125-49907

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0499
Address:	P.O. Box 641172	Project:	4/19/21
	Pullman, WA 99164	Reported:	5/3/2021 11:27
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0499-08	Collect Date:	04/19/21 09:54	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/19/21 12:38	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Hillside Cafe 30				
Matrix:	Drinking Water				

Lab/Sample Number: 125-49908

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0499
Address:	P.O. Box 641172	Project:	4/19/21
	Pullman, WA 99164	Reported:	5/3/2021 11:27
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0499-09	Collect Date:	04/19/21 10:08	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/19/21 12:38	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Van Doren 37				
Matrix:	Drinking Water				

Lab/Sample Number: 125-49909

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0499
Address:	P.O. Box 641172	Project:	4/19/21
	Pullman, WA 99164	Reported:	5/3/2021 11:27
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0499-10	Collect Date:	04/19/21 10:21	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/19/21 12:38	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Northside Cafe 65A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-49910

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0499
Address:	P.O. Box 641172	Project:	4/19/21
	Pullman, WA 99164	Reported:	5/3/2021 11:27
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0499-11	Collect Date:	04/19/21 10:33	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/19/21 12:38	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Beasley Coliseum 806				
Matrix:	Drinking Water				

Lab/Sample Number: 125-49911

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBD0499
Address:	P.O. Box 641172	Project:	4/19/21
	Pullman, WA 99164	Reported:	5/3/2021 11:27
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0499-12	Collect Date:	04/19/21 10:58	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/19/21 12:38	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	EH&S 90				
Matrix:	Drinking Water				

Lab/Sample Number: 125-49912

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/19/21 16:16	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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Client:	Washington State University (EHS)	Work Order:	MBD0499
Address:	P.O. Box 641172	Project:	4/19/21
	Pullman, WA 99164	Reported:	5/3/2021 11:27
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

Anatek
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Mosco
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COL

MBD0499

Due: 05/03/21

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 / 19 / 21	8 31 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 2
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hansen

Specific location where sample collected (address or sample site, and type of faucet):
Water Pool 66A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes Y No
Chlorine Residual: Total 06 Free

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 19APR21 1238 hrs. 14.3C RA

Date Analyzed: 4/19/21 1646

Date Reported:

1 2 5 4 9 9 0 1
Sample Number (DOH number plus five digits)

Lab Use: MBD0499 01

DOH Form 4331-319 (revised 11/15)

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MBD0499

Due: 05/03/21

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 / 19 / 21	8:42 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WW

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PeHerron

Specific location where sample collected (address or sample site, and type of faucet): Lighty 12A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ___
Chlorine Residual: Total ___ Free 02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 14.3°C RH
19APR21 1238 hrs.

Date Analyzed: 4/19/21 1626

Date Reported:

1 2 5 4 9 9 0 2
Sample Number (DOH number plus five digits)

Lab Use: MBD0499-02

DOH Form #331-319 (revised 11/10)

MBD0499

Due: 05/03/21

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19

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 / 21	8:54 ☐ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sean Tarlyn

Day Phone: 509 335-3941 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hardja

Specific location where sample collected (address or sample site, and type of faucet): WSU Chemistry Center BF

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** UAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code: MICR – 2720

Date and Time Received: 14.3°C IR-f
19APR2021 1235hrs.

Date Analyzed: 4/19/21 1614

Date Reported:

1 2 5 4 9 9 0 3
Sample Number (DOH number plus five digits)

Lab Use: MBD0499-03

DOH Form #331-318 (revised 11/10)

MBD0499

Due: 05/03/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 19 / 21 (Month Day Year)	9 : 05 ☒ AM ☐ PM	Whitman

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# 4 3 2 8 0 0
System Name: WSU

Contact Person: Sam Taylor

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Hrsic

Specific location where sample collected (address or sample site, and type of faucet):
Gannon - Stillwell 79

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 1.11

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 14.3C IR-4
19APR2021 1238 hrs.

Date Analyzed: 4/19/21 1614

Date Reported:

1 2 5 4 9 9 0 4
Sample Number (DOH number plus five digits)

Lab Use: MBD0499-04

DOH Form 4331-319 (revised 11/10)

MBD0499

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Due: 05/03/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 19 / 21 (Month Day Year)	9 : 18 ☐ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevin

Specific location where sample collected (address or sample site, and type of faucet):
Fine Arts 97

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (DFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 14.3°C IR
19APR2021 1238 hrs.

Date Analyzed: 4/19/21 1616

Date Reported:

1 2 5 4 9 9 0 5
Sample Number (DOH number plus five digits)

Lab Use: MBD0499-05

DOH Form 4331-318 (revised 11/10)

MBD0499

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Due: 05/03/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 19 / 21 (Month Day Year)	9 : 20 ☑ AM ☐ PM	Whitman

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# 4 3 2 0 0 Q
System Name: WSU

Contact Person: Janitorial

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PA Hevron

Specific location where sample collected (address or sample site, and type of faucet): Well 70

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**
UAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 14 3°C Gd 19APR2021 1238 hrs.

Date Analyzed: 4/19/21 1616

Date Reported:

1 2 5 4 9 9 0 6
Sample Number (DOH number plus five digits)

Lab Use: MBD0499-06

DOH Form 4331-315 (revised 11/10)

MBD0499

Due: 05/03/21

Anate
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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 / 19 / 21	9 : 43 ☐ AM ☐ PM	Whitman

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# 5 3 2 8 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: ( )	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pa Hanson

Specific location where sample collected (address of sample site, and type of faucet): Thermal Fluids JT

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 1.06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Construction/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code: MICR – 2720

Date and Time Received: 14.3°C IR
14APR2021 1238 hrs

Date Analyzed: 4/14/21 1616

Date Reported:

1 2 5 4 9 9 0 7
Sample Number (DOH number plus five digits)

Lab Use: MBD0499-07

SOH Form #331-318 (revised 11/10)

MBD0499

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 19 / 21 (Month Day Year)	9 : 54 ☐ AM ☐ PM	Whitman

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# 4 3 2 0 0 0
System Name: WSU

Contact Person: Sullivan

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Hillside Coffee

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes Y No
Chlorine Residual: Total Free 0.5

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code:
MICR – 2720

Date and Time Received: 14.3°C
19 APR 2021 1235

Date Analyzed: 4/19/21 1616

Date Reported:

1 2 5 4 9 9 0 8
Sample Number (DOH number plus five digits)

Lab Use:
MBD-499.08

DOH Form 4331-219 (revised 11/15)

MBD0499

Anatel
1282 A
Mosco
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Due: 05/03/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 19 / 21 (Month Day Year)	10 : 0f ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 Q
System Name: WW

Contact Person: Janitorial

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Van Doren 37

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample
Chlorinated: Yes X No 23
Chlorine Residual: Total ___ Free ___

2. ☐ Repeat Sample (after unsat. routine)
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100mL. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 14.3°C Rd
19APR2021 1235 MS.

Date Analyzed: 4/19/21 1616

Date Reported:

1 2 5 4 9 9 0 9
Sample Number (DOH number plus five digits)

Lab Use: MBD0499.09

DOH Form 4331-319 (revised 11/15)

MBD0499

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Due: 05/03/21

CO

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4/19/21	10:21 ☑ AM ☐ PM	Whitman

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# 9 3 C 0 0 0
System Name: WSU

Contact Person: Sam Hess

Day Phone: (509 335-3041)	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): R. Hevsi

Specific location where sample collected (address or sample site, and type of faucet): Nurse's Cafe Grf

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes Y No ____
Chlorine Residual: Total ____ Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 14:35 19APR2021 BSB Mus.

Date Analyzed: 4/19/21 1616

Date Reported:

1 2 5 4 9 9 1 0
Sample Number (DOH number plus five digits)

Lab Use: MBD0499-10

DOH Form 4331-319 (revised 11/10)

MBD0499

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1282 A
Mosc
208

Due: 05/03/21

CO

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 19 / 21 (Month Day Year)	10 : 33 ☒ AM ☐ PM	Whitman

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# 6 3 2 0 0 6
System Name: WSU

Contact Person: Sam Fawin

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PeHorton

Specific location where sample collected (address or sample site, and type of faucet): Beasley College Town Pob

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ☐
Chlorine Residual: Total ☐ Free ☐

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Construction/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code: MICR – 2720

Date and Time Received: 14.3°C Rcd 19 APR 2021 1230 hrs.

Date Analyzed: 4/19/21 1646

Date Reported:

1 2 5 4 9 9 1 1
Sample Number (DOH number plus five digits)

Lab Use: MBD0499.11

DOH Form 4331-219 (revised 11/13)

Anatek
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208-

MBD0499

Due: 05/03/21

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
4 / 19 / 21 (Month Day Year)	10:55 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 2
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PA Harvey

Specific location where sample collected (address or sample site, and type of faucet): EHS 90

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 1.10

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /mL E.coli /100mL
Total Coliform /100mL Fecal Coliform /100mL

Method Code: MICR – 2720

Date and Time Received: 14.3°C JR-J
19APR2021 1238 hrs.

Date Analyzed: 4/19/21 1616

Date Reported:

1 2 5 4 9 9 1 2
Sample Number (DOH number plus five digits)

Lab Use: MBD0499.12

DOH Form 4201-318 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MBD0669
Address:	P.O. Box 641172	Project:	Bacteria (04/26/2021)
	Pullman, WA 99164	Reported:	5/4/2021 09:18
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0669-01	Collect Date:	04/26/21 08:32	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/26/21 12:52	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Alumni Center 138				
Matrix:	Drinking Water				

Lab/Sample Number: 125-66901

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/26/21 16:26	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/26/21 16:26	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0669
Address:	P.O. Box 641172	Project:	Bacteria (04/26/2021)
	Pullman, WA 99164	Reported:	5/4/2021 09:18
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0669-02	Collect Date:	04/26/21 10:29	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/26/21 12:52	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Orton 87				
Matrix:	Drinking Water				

Lab/Sample Number: 125-66902

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/26/21 16:26	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/26/21 16:26	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBD0669
Address:	P.O. Box 641172	Project:	Bacteria (04/26/2021)
	Pullman, WA 99164	Reported:	5/4/2021 09:18
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0669-03	Collect Date:	04/26/21 10:55	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	04/26/21 12:52	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Steptoe 665B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-66903

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			4/26/21 16:26	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			4/26/21 16:26	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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Client:	Washington State University (EHS)	Work Order:	MBD0669
Address:	P.O. Box 641172	Project:	Bacteria (04/26/2021)
	Pullman, WA 99164	Reported:	5/4/2021 09:18
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MBD0669

Due: 05/10/21

26 BA[illegible]

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 / 19 / 21	8 : 32 ☐ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WW

Contact Person: Sanitation

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvin

Specific location where sample collected (address or sample site, and type of faucet):
Alumni Center ISP

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from DWP)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	4-26-21 11.4 C JR-4 JM 12:52
Date Analyzed: 4/26/21 1626	Date Reported:
1 2 5 6 6 9 0 1 Sample Number (DOH number plus five digits)	Lab Use: MBD0669-01

DOH Form 4331-318 (revised 11/10)

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MBD0669

Due: 05/10/21

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 / 26 / 21	10 : 29 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Janitorial

Day Phone: (509 335-3041)	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Orton 87

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 1.1

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code:	Date and Time Received:
MICR – 2720	4-26-21 11.4C IR-4 JM 1252
Date Analyzed: 4/26/21 1626	Date Reported:
1 2 5 6 6 9 0 2 (Sample Number (DOH number plus five digits))	Lab Use: MBD0669-02

DOH Form 4331-319 (revised 11/10)

MBD0669

Due: 05/10/21

26

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
4 26 21	10:55 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 2
System Name: WSU

Contact Person: Stanton

Day Phone: (509) 335-3741 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevin

Specific location where sample collected (address or sample site, and type of faucet):
Stutzman B 665 D

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free .08

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E coli present ☐ E coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100mL
Total Coliform _____ /100mL. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 4-26-21
11.4 C IR-4 JLM 12:52

Date Analyzed: 4/26/21 1626

Date Reported:

1 2 5 6 6 9 0 3
Sample Number (DOH number plus five digits)

Lab Use: MBD0669-03

DOH Form 4331-918 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MBE0011
Address:	P.O. Box 641172	Project:	5/3/21 - Bacteria
	Pullman, WA 99164	Reported:	5/11/2021 08:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0011-01	Collect Date:	05/03/21 08:53	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/03/21 12:40	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	University Stores 358J				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01101

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0011
Address:	P.O. Box 641172	Project:	5/3/21 - Bacteria
	Pullman, WA 99164	Reported:	5/11/2021 08:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0011-02	Collect Date:	05/03/21 09:03	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/03/21 12:40	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Recycling Facility 357				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01102

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0011
Address:	P.O. Box 641172	Project:	5/3/21 - Bacteria
	Pullman, WA 99164	Reported:	5/11/2021 08:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0011-03	Collect Date:	05/03/21 09:13	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/03/21 12:40	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	McCluskey 85B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01103

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0011
Address:	P.O. Box 641172	Project:	5/3/21 - Bacteria
	Pullman, WA 99164	Reported:	5/11/2021 08:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0011-04	Collect Date:	05/03/21 09:25	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/03/21 12:40	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Cooper Publications 91				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01104

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0011
Address:	P.O. Box 641172	Project:	5/3/21 - Bacteria
	Pullman, WA 99164	Reported:	5/11/2021 08:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0011-05	Collect Date:	05/03/21 09:40	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/03/21 12:40	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Southside Cafe 80				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01105

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0011
Address:	P.O. Box 641172	Project:	5/3/21 - Bacteria
	Pullman, WA 99164	Reported:	5/11/2021 08:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0011-06	Collect Date:	05/03/21 09:51	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/03/21 12:40	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Terrell Library 62A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01106

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0011
Address:	P.O. Box 641172	Project:	5/3/21 - Bacteria
	Pullman, WA 99164	Reported:	5/11/2021 08:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0011-07	Collect Date:	05/03/21 10:05	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/03/21 12:40	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Commons 5				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01107

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0011
Address:	P.O. Box 641172	Project:	5/3/21 - Bacteria
	Pullman, WA 99164	Reported:	5/11/2021 08:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0011-08	Collect Date:	05/03/21 10:18	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/03/21 12:40	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	EE-ME 78A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01108

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0011
Address:	P.O. Box 641172	Project:	5/3/21 - Bacteria
	Pullman, WA 99164	Reported:	5/11/2021 08:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0011-09	Collect Date:	05/03/21 10:31	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/03/21 12:40	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Avery 809				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01109

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0011
Address:	P.O. Box 641172	Project:	5/3/21 - Bacteria
	Pullman, WA 99164	Reported:	5/11/2021 08:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0011-10	Collect Date:	05/03/21 10:43	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/03/21 12:40	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Thompson 1				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01110

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0011
Address:	P.O. Box 641172	Project:	5/3/21 - Bacteria
	Pullman, WA 99164	Reported:	5/11/2021 08:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0011-11	Collect Date:	05/03/21 10:57	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/03/21 12:40	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Outdoor Rec Rental Facility 365R				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01111

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0011
Address:	P.O. Box 641172	Project:	5/3/21 - Bacteria
	Pullman, WA 99164	Reported:	5/11/2021 08:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0011-12	Collect Date:	05/03/21 11:08	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/03/21 12:40	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Golf Course Clubhouse 365H				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01112

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/3/21 16:10	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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Client:	Washington State University (EHS)	Work Order:	MBE0011
Address:	P.O. Box 641172	Project:	5/3/21 - Bacteria
	Pullman, WA 99164	Reported:	5/11/2021 08:38
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MBE0011

Anatel
1282 A
Mosco
208-

Due: 05/17/21

CO

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 3 / 21 (Month / Day / Year)	8 : 53 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Stanton

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harris

Specific location where sample collected (address or sample site, and type of faucet): Wilson Bldg Storm 358 J

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free .09

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 5-3-21 13.9 C IR-4 JM 12:40
Date Analyzed: 5/3/21 1610	Date Reported:
1 2 5 0 1 1 0 1 Sample Number (DOH number plus five digits)	Lab Use: MBE0011-01

DOH Form #331-019 (revised 11/10)

MBE0011

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1282 A
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Due: 05/17/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 3 / 21 (Month Day Year)	9 : 03 ☑ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: S. Hutchins

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hutchins

Specific location where sample collected (address or sample site, and type of faucet):
Rural Utility Facility 357

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720	Date and Time Received: 5-3-21 13.9 C IR-f JM 12:40
Date Analyzed: 5/5/21 1010	Date Reported:
1 2 5 0 1 1 0 2 Sample Number (DOH number plus five digits)	Lab Use: MBE0011-02

DOH Form 4301-310 (revised 11/10)

MBE0011

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Due: 05/17/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 3 / 21 (Month Day Year)	9 : 13 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3941 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
McCluskey BFB

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes Y No
Chlorine Residual: Total Free 1.08

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 5-3-21
13.9 C IR-4 JM 12:40

Date Analyzed: 5/3/21 1610

Date Reported:

1 2 5 0 1 1 0 3
Sample Number (DOH number plus five digits)

Lab Use: MBE0011-03

DOH Form 4331-213 (revised 11/10)

MBE0011

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1282 A
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208-

Due: 05/17/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 3 / 21 (Month Day Year)	9 : 25 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 2
System Name: WSU

Contact Person: Jonathan

Day Phone: 509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Levin

Specific location where sample collected (address or sample site, and type of faucet):
Cooper Publications 91

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 5-3-21
139C IR4 JM 12:40

Date Analyzed: 5/3/21 1610

Date Reported:

1 2 5 0 1 1 0 4
Sample Number (DOH number plus five digits)

Lab Use: MBE0011-04

DOH Form 4331-318 (revised 11/10)

MBE0011

Anatel
1282 A
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208-

Due: 05/17/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 3 / 21 (Month Day Year)	9 : 40 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 6
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
South 312 Cafe RO

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____ 0.9
Chlorine Residual: Total ____ Free ____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	5-3-21 139 C JR-4 JM 12:40
Date Analyzed: 5/3/21 1610	Date Reported:
1 2 5 0 1 1 0 5 (Sample Number (DOH number plus five digits))	Lab Use: MBE0011-05

DOH Form 4331-319 (revised 11/13)

Anatel
1282 A
Mosco
208-

MBE0011

Due: 05/17/21

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
5 / 3 / 21	9 : 51 ☒ AM ☐ PM	Whitman

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# 5 3 2 8 0 A
System Name: WSU

Contact Person: P. Harvin

Day Phone: (509 335-7041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvin

Specific location where sample collected (address or sample site, and type of faucet):
Terrell Library 624

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No 13
Chlorine Residual: Total ___ Free ___

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720	Date and Time Received: 5-3-21 139 CIR-4 JM 12:40
Date Analyzed: 5/3/21 1610	Date Reported:
1 2 5 0 1 1 0 6 Sample Number (DOH number plus five digits)	Lab Use: MBE0011-06

DOH Form 4331-319 (revised 11/10)

MBE0011

Anatek
1282 Al
Mosco
208-

Due: 05/17/21

COI
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 3 / 21 (Month Day Year)	10 : 05 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Common 5

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free .11

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code:	Date and Time Received:
MICR – 2720	5-3-21 13.9 C IR-4.1 M 12:40
Date Analyzed: 5/3/21 1600	Date Reported:
1 2 5 0 1 1 0 7 (Sample Number (DOH number plus five digits))	Lab Use: MBE0011-07

DOH Form 4331-319 (revised 11/10)

MBE0011

Due: 05/17/21

Anatel
1282 A
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208-

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 3 / 21 (Month Day Year)	14 : 18 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 2
System Name: WSU

Contact Person: Patrick

Day Phone: (509) 335-3641 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hatrick

Specific location where sample collected (address or sample site, and type of faucet):
EE-ME 78A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 5-3-21
13.9 C IR4 JM 12:40

Date Analyzed: 5/3/21 1610

Date Reported:

1 2 5 0 1 1 0 8
Sample Number (DOH number plus five digits)

Lab Use: MBE pollock

DOH Form #331-219 (revised 11/10)

MBE0011

Anate
1282 A
Moscc
208-

Due: 05/17/21

CO

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 3 / 21 (Month Day Year)	10 : 31 ☒ AM ☐ PM	Whitman

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# 6 3 2 0 0 2
System Name: WW

Contact Person: Samantha

Day Phone: (509) 335-7041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW BHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harris

Specific location where sample collected (address or sample site, and type of faucet):
Avery 809

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GW, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	5-3-21 13.9C IR-4 JM 12:40
Date Analyzed: 5/3/21 1610	Date Reported:
1 2 5 0 1 1 0 9 (Sample Number (DOH number plus five digits))	Lab Use: MBE0011-09

DOH Form #331-319 (revised 11/13)

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MBE0011

Due: 05/17/21

CO
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 3 / 21 (Month / Day / Year)	10 : 47 ☒ AM ☐ PM	Whitman

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# 7 3 2 0 0 Q
System Name: WW

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW GHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Thompson 1

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .11

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	5-3-21 13.9 C IR-4 JM 12:40
Date Analyzed: 5/3/21 1610	Date Reported:
1 2 5 0 1 1 1 0 (Sample Number (DOH number plus five digits))	Lab Use: MBE0011-ID

DOH Form 4331-219 (revised 11/10)

MBE0011

Due: 05/17/21

Anatel
1282 A
Mosco
208-

CO

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 3 / 21 (Month Day Year)	10 : 57 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 4
System Name: WSU

Contact Person: Patterson

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Outdoor Rec Rental Facility 365R

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 1.2

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 5-3-21
139C JR-4 JM 12:40

Date Analyzed: 5/3/21 1610

Date Reported:

1 2 5 0 1 1 1 1
Sample Number (DOH number plus five digits)

Lab Use: MBE0011

DOH Form 4331-219 (revised 11/10)

Anate
1282 A
Mosco
208-

MBE0011

Due: 05/17/21

CO

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 3 / 21 (Month Day Year)	11 : 0P ☒ AM ☐ PM	Whitman

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# G 3 2 0 0 9
System Name: WJV

Contact Person: Patrick

Day Phone: (509) 332-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJV GHJ
PO Box 647172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patrick

Specific location where sample collected (address or sample site, and type of faucet): Golf Course Clubhouse 36TH

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 5-3-21 13.9C IR-4 JM 12:40
Date Analyzed: 5/3/21 1610	Date Reported:
1 2 5 0 1 1 1 2 Sample Number (DOH number plus five digits)	Lab Use: MBE0011-12

DOH Form 4331-219 (revised 11/10)

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAE0039
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	5/6/2020 13:46
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0039-01	Collect Date:	05/04/20 08:23	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/04/20 13:16	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	McCluskey 85B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03901

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Microbiology										
	Total Coliform	Absent		1.00			5/4/20 16:08	LAC	SM 9223 B	
	E. coli	Absent		1.00			5/4/20 16:08	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAE0039
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	5/6/2020 13:46
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0039-03	Collect Date:	05/04/20 10:04	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/04/20 13:16	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Recycling Facility 357				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03903

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Microbiology										
	Total Coliform	Absent		1.00			5/4/20 16:08	LAC	SM 9223 B	
	E. coli	Absent		1.00			5/4/20 16:08	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0039
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	5/6/2020 13:46
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0039-04	Collect Date:	05/04/20 10:29	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/04/20 13:16	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Southside Cafe 80				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03904

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Microbiology										
	Total Coliform	Absent		1.00			5/4/20 16:08	LAC	SM 9223 B	
	E. coli	Absent		1.00			5/4/20 16:08	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAE0039
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	5/6/2020 13:46
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0039-05	Collect Date:	05/04/20 10:44	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/04/20 13:16	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Commons 5				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03905

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Microbiology										
	Total Coliform	Absent		1.00			5/4/20 16:08	LAC	SM 9223 B	
	E. coli	Absent		1.00			5/4/20 16:08	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0039
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	5/6/2020 13:46
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0039-06	Collect Date:	05/04/20 10:58	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/04/20 13:16	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Avery 809				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03906

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Microbiology										
	Total Coliform	Absent		1.00			5/4/20 16:08	LAC	SM 9223 B	
	E. coli	Absent		1.00			5/4/20 16:08	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

MAE0039

Anatek
1282 Alt
Moscow
208-8

Due: 05/18/20

COLI

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 4 / 20 (Month / Day / Year)	8 : 23 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian
Day Phone: (509) 335-3044 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH&S
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pathogen

Specific location where sample collected (address or sample site, and type of faucet):
McCroskey 85 B

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ ~~☒~~ Satisfactory
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 4/30/2020 13:16 MD.

Date Analyzed: 5/4/2016:08

Date Reported:

1 2 5 0 3 9 0 1
Sample Number (DOH number plus five digits)

Lab Use: MAE0039-01

DOH Form 4331-210 (revised 11/10)

MAE0039

Due: 05/18/20

Anatek
1282 Alt
Moscow
208-8

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 4 / 20 (Month Day Year)	10 : 04 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sampling

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Recycling Facility 357

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free .106

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Construction/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /mL E.coli ☐ /100mL
Total Coliform ☐ /100mL Fecal Coliform ☐ /100mL

Method Code: MICR – 2720

Date and Time Received: 4/SC/R-2
4/14/2020 3:16 MS

Date Analyzed: 5/4/20 1608

Date Reported:

1 2 5 0 3 9 0 3
Sample Number (DOH number plus five digits)

Lab Use: MAE00 39.03

DOH Form 4331-310 (revised 11/10)

MAE0039

Anatek
1282 Al
Mosco
208-

Due: 05/18/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 4 20 (Month Day Year)	10:29 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: 509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
South S.2 Cafe SD

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 1.11

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code: MICR – 2720

Date and Time Received: 4.5C R-2
4MAY2020 1316 hrs.

Date Analyzed: 5/4/20 1608

Date Reported:

1 2 5 0 3 9 0 4
Sample Number (DOH number plus five digits)

Lab Use: MAE0039.04

DOH Form 4331-018 (revised 11/10)

MAE0039

Anatek
1282 Al
Moscow
208-8

Due: 05/18/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 4 / 20 (Month / Day / Year)	10 : 44 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 0
System Name: WSU

Contact Person: [illegible]

Day Phone: (509) 335-3841 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Commons F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 4.5 C 4/5/2020 13/6 Pbo.

Date Analyzed: 5/4/20 1608

Date Reported:

1 2 5 0 3 9 0 5
Sample Number (DOH number plus five digits)

Lab Use: MAE0039-05

DOH Form #331-278 (revised 10/10)

MAE0039

Anatek
1282 Al
Moscow
208-8

Due: 05/18/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 4 / 20 (Month Day Year)	10 : 58 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 2
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hansen

Specific location where sample collected (address or sample site, and type of faucet): Avery Bldg

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____ DP
Chlorine Residual: Total ____ Free ____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 4/MAY/2020 13:16hrs. 14.5C K2

Date Analyzed: 5/4/20 1608

Date Reported:

1 2 5 0 3 9 0 6
Sample Number (DOH number plus five digits)

Lab Use: MAE0039-06

DOH Form 4331-318 (revised 11/10)

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Client:	WSU EH & S	Work Order:	MAE0085
Address:	P.O. Box 641172	Project:	Bact 05/05
	Pullman, WA 99164	Reported:	5/14/2020 14:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0085-01	Collect Date:	05/05/20 09:19	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/05/20 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Cooper Publications 91				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08501

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			5/5/20 16:33	LAC	SM 9223 B	
	E. coli	Absent		1.00			5/5/20 16:33	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0085
Address:	P.O. Box 641172	Project:	Bact 05/05
	Pullman, WA 99164	Reported:	5/14/2020 14:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0085-02	Collect Date:	05/05/20 09:19	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/05/20 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Terrell Library 62A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08502

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			5/5/20 16:33	LAC	SM 9223 B	
	E. coli	Absent		1.00			5/5/20 16:33	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0085
Address:	P.O. Box 641172	Project:	Bact 05/05
	Pullman, WA 99164	Reported:	5/14/2020 14:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0085-03	Collect Date:	05/05/20 09:19	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/05/20 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Thompson 1				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08503

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			5/5/20 16:33	LAC	SM 9223 B	
	E. coli	Absent		1.00			5/5/20 16:33	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0085
Address:	P.O. Box 641172	Project:	Bact 05/05
	Pullman, WA 99164	Reported:	5/14/2020 14:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0085-04	Collect Date:	05/05/20 09:19	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/05/20 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Outdoor Rec Rental Fac 365R				
Matrix:	Facility				

Lab/Sample Number: 125-08504

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			5/5/20 16:33	LAC	SM 9223 B	
	E. coli	Absent		1.00			5/5/20 16:33	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0085
Address:	P.O. Box 641172	Project:	Bact 05/05
	Pullman, WA 99164	Reported:	5/14/2020 14:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0085-05	Collect Date:	05/05/20 09:19	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/05/20 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	EE-ME 78A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08505

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			5/5/20 16:33	LAC	SM 9223 B	
	E. coli	Absent		1.00			5/5/20 16:33	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0085
Address:	P.O. Box 641172	Project:	Bact 05/05
	Pullman, WA 99164	Reported:	5/14/2020 14:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0085-06	Collect Date:	05/05/20 09:19	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/05/20 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Nez Perce 677F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08506

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			5/5/20 16:33	LAC	SM 9223 B	
	E. coli	Absent		1.00			5/5/20 16:33	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0085
Address:	P.O. Box 641172	Project:	Bact 05/05
	Pullman, WA 99164	Reported:	5/14/2020 14:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0085-07	Collect Date:	05/05/20 09:19	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/05/20 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	EHS 90				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08507

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			5/5/20 16:33	LAC	SM 9223 B	
	E. coli	Absent		1.00			5/5/20 16:33	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

MAE0085

Anatel
1282 A
Mosco
208-

Due: 05/19/20

CO.

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 5 / 20 (Month Day Year)	9 : 19 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH&S
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Coogan Publications

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720	Date and Time Received: 5-5-20 12:50 16.0 C IR-2 JAM
Date Analyzed: 5/5/20 1633	Date Reported:
1 2 5 0 8 5 0 1 Sample Number (DOH number plus five digits)	Lab Use: MAE0085-01

DOH Form #331-310 (revised 11/10)

MAE0085

Anatek
1282 Al
Moscov
208-8

Due: 05/19/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 5 / 20 (Month / Day / Year)	9 : 33 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 2
System Name: WSU

Contact Person: Scott Fuller

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Arvson

Specific location where sample collected (address or sample site, and type of faucet):
Terrell Library 62A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .10

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
Use

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	5-5-20 12:50 16.0 C IR-2 JM
Date Analyzed: 5/5/20 1633	Date Reported:
1 2 5 0 8 5 0 2 (Sample Number (DOH number plus five digits))	Lab Use: MAE0085-02

DOH Form 4331-213 (revised 11/10)

MAE0085

Anatek
1282 All
Moscov
208-8

Due: 05/19/20

COL
BACTERIA ANALYSIS

Date Sample Collected: Month Day Year	Time Sample Collected: ☒ AM ☐ PM	County
5 / 5 / 20	9 : 55	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Pat Heron

Day Phone: (509 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Heron

Specific location where sample collected (address or sample site, and type of faucet):
Thompson

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .08

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other _____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 5-5-20 12:50 1.0 IR2 JM
Date Analyzed: 5/5/20 1633	Date Reported:
1 2 5 0 8 5 0 3 Sample Number (DOH number plus five digits)	Lab Use: MAE0085-03

DOH Form 4331-318 (revised 11/10)

MAE0085

Anatek
1282 Alt
Moscow
208-8

Due: 05/19/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 5 / 20 (Month Day Year)	10 : 17 ☒ AM ☐ PM	Whitman

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# 7 3 2 0 0 6
System Name: WW

Contact Person: Swanson

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EAJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Anderson

Specific location where sample collected (address or sample site, and type of faucet):
Out Door Rec Rental Fac 365R

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 5-5-2020 12:50 16.0 C IR-2 JM

Date Analyzed: 5/5/20 1633

Date Reported:

1 2 5 0 8 5 0 4
Sample Number (DOH number plus five digits)

Lab Use: MAE0085-04

DOH Form 4324-318 (revised 11/10)

MAE0085

Anatek I
1282 Alt
Moscow
208-8

Due: 05/19/20

COLI

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
5 / 1 / 20	10 : 41 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 4
System Name: WSU

Contact Person: J. Whitman

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
EE-ME 7FA

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free 1.03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Construction/Repairs ___ Other ___

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	5-5-20 12:50 16.0C IR2 JM
Date Analyzed: 5/5/20 1633	Date Reported:
1 2 5 0 8 5 0 5 Sample Number (DOH number plus five digits)	Lab Use: MAE0085-05

DOH Form 4201-219 (revised 11/10)

MAE0085

Anatek
1282 Al
Moscov
208-8

Due: 05/19/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
5 / 5 / 20	11 : 05 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Aevis

Specific location where sample collected (address or sample site, and type of faucet):
Nez Perce 677 F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free 1.05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other ___

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 5-5-20
12:50 16.0 C JR-2 JM

Date Analyzed: 5/5/20 1633

Date Reported:

1 2 5 0 8 5 0 6
Sample Number (DOH number plus five digits)

Lab Use: MAE0085-06

DOH Form 4331-313 (revised 11/10)

MAE0085

Anatek
1282 Alt
Moscow
208-8

Due: 05/19/20

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 7 / 20 (Month Day Year)	11 : 24 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WSU

Contact Person: Pat Davis

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Davis

Specific location where sample collected (address or sample site, and type of faucet):
EHS 50

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other ___

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	5-5-20 12:50 16.0 C IR-2 JM
Date Analyzed: 5/5/20 1633	Date Reported:
1 2 5 0 8 5 0 7 (Sample Number (DOH number plus five digits))	Lab Use: MAE0085-07

DOH Form 4331-319 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MBE0226
Address:	P.O. Box 641172	Project:	Bacteria (05/10/2021)
	Pullman, WA 99164	Reported:	5/17/2021 12:16
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0226-01	Collect Date:	05/10/21 08:09	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/10/21 12:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	USDA SCS 194C				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22601

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0226
Address:	P.O. Box 641172	Project:	Bacteria (05/10/2021)
	Pullman, WA 99164	Reported:	5/17/2021 12:16
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0226-02	Collect Date:	05/10/21 08:23	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/10/21 12:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Smith Ag Engineering 54				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22602

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0226
Address:	P.O. Box 641172	Project:	Bacteria (05/10/2021)
	Pullman, WA 99164	Reported:	5/17/2021 12:16
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0226-03	Collect Date:	05/10/21 08:36	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/10/21 12:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Vet Teaching Hospital 818				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22603

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0226
Address:	P.O. Box 641172	Project:	Bacteria (05/10/2021)
	Pullman, WA 99164	Reported:	5/17/2021 12:16
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0226-04	Collect Date:	05/10/21 08:54	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/10/21 12:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Olympia 42				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22604

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0226
Address:	P.O. Box 641172	Project:	Bacteria (05/10/2021)
	Pullman, WA 99164	Reported:	5/17/2021 12:16
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0226-05	Collect Date:	05/10/21 09:08	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/10/21 12:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Webster 801				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22605

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0226
Address:	P.O. Box 641172	Project:	Bacteria (05/10/2021)
	Pullman, WA 99164	Reported:	5/17/2021 12:16
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0226-06	Collect Date:	05/10/21 09:19	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/10/21 12:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	ETRL 58				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22606

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0226
Address:	P.O. Box 641172	Project:	Bacteria (05/10/2021)
	Pullman, WA 99164	Reported:	5/17/2021 12:16
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0226-07	Collect Date:	05/10/21 09:32	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/10/21 12:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Sloan 78				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22607

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0226
Address:	P.O. Box 641172	Project:	Bacteria (05/10/2021)
	Pullman, WA 99164	Reported:	5/17/2021 12:16
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0226-08	Collect Date:	05/10/21 09:43	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/10/21 12:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Jackson 33W				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22608

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0226
Address:	P.O. Box 641172	Project:	Bacteria (05/10/2021)
	Pullman, WA 99164	Reported:	5/17/2021 12:16
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0226-09	Collect Date:	05/10/21 09:55	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/10/21 12:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Kimbrough 25				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22609

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0226
Address:	P.O. Box 641172	Project:	Bacteria (05/10/2021)
	Pullman, WA 99164	Reported:	5/17/2021 12:16
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0226-10	Collect Date:	05/10/21 10:08	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/10/21 12:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Physical Education 96				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22610

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0226
Address:	P.O. Box 641172	Project:	Bacteria (05/10/2021)
	Pullman, WA 99164	Reported:	5/17/2021 12:16
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0226-11	Collect Date:	05/10/21 10:21	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/10/21 12:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Nez Perce 677F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22611

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBE0226
Address:	P.O. Box 641172	Project:	Bacteria (05/10/2021)
	Pullman, WA 99164	Reported:	5/17/2021 12:16
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0226-12	Collect Date:	05/10/21 10:35	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/10/21 12:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Vogel 826				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22612

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBE0226
Address:	P.O. Box 641172	Project:	Bacteria (05/10/2021)
	Pullman, WA 99164	Reported:	5/17/2021 12:16
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0226-13	Collect Date:	05/10/21 10:47	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/10/21 12:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Food Quality 815				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22613

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			5/10/21 16:29	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBE0226
Address:	P.O. Box 641172	Project:	Bacteria (05/10/2021)
	Pullman, WA 99164	Reported:	5/17/2021 12:16
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

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BACTE

MBE0226

Due: 05/24/21

Date Sample Collected	Time Sample Collected	County
5 / 10 / 21 (Month Day Year)	8 : 09 ☒ AM ☐ PM	Whitman

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# 9 3 2 6 0 0 9
System Name: WSU

Contact Person: Jim Hudson

Day Phone: (509) 335-3641 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PA Hudson

Specific location where sample collected (address or sample site, and type of faucet):
USDA JCS 194C

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Construction/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 5-10-21
13.7 C IR-4 JM 12:15

Date Analyzed: 5/10/21 1629

Date Reported:

1 2 5 2 2 6 0 1
Sample Number (DOH number plus five digits)

Lab Use: MBE0226-01

DOH Form 4331-319 (revised 11/10)

MBE0226

Due: 05/24/21

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
5 / 10 / 21	2:23 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WW

Contact Person: Dan Tarleton

Day Phone: (509) 332-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harrison

Specific location where sample collected (address or sample site, and type of faucet): Smith Ag Exhibit Facility SK

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.41

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	5-10-21 13.7 C IR-4 JM 12:15
Date Analyzed: 5/19/21 1629	Date Reported:
1 2 5 2 2 6 0 2	Lab Use: MBE0226-02
Sample Number (DOH number plus five digits)	

DOH Form 4331-219 (revised 11/13)

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Due: 05/24/21

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
5 / 10 / 21	8 : 36 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Patterson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Vet Teaching Hospital RIP

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.5

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	5-10-21 137 CIR4 JM 12:15
Date Analyzed: 5/10/21 1629	Date Reported:
1 2 5 2 2 6 0 3	Lab Use: MBE0226-03
Sample Number (DOH number plus five digits)	

DOH Form 4331-319 (revised 11/10)

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Due: 05/24/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5/10/21 (Month Day Year)	8:54 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WJV

Contact Person: Sam Turin

Day Phone: (509) 338-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJV GHJ
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hatin

Specific location where sample collected (address or sample site, and type of faucet): Olympic 42

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 1.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL. E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code: MICR – 2720

Date and Time Received: 5-10-21
137 C IR-4 JM 12:15

Date Analyzed: 5/10/21 1629

Date Reported:

1 2 5 2 2 6 0 4
Sample Number (DOH number plus five digits)

Lab Use: MBE0226-04

DOH Form 4331-219 (revised 11/10)

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Due: 05/24/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 10 / 21 (Month Day Year)	9 : 08 ☒ AM ☐ PM	Whitman

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# 5 3 2 8 0 0 K
System Name: WSU

Contact Person: Sam Irwin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Sam Irwin

Specific location where sample collected (address or sample site, and type of faucet):
White Boy

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 1.1

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 5-10-21 13.7 C IR-4 AM 12:15

Date Analyzed: 5/10/21 1629

Date Reported:

1 2 5 2 2 6 0 5
Sample Number (DOH number plus five digits)

Lab Use: MBE0226-05

DOH Form 4331-319 (revised 11/10)

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Due: 05/24/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 10 / 21 (Month Day Year)	9 : 19 ☑ AM ☐ PM	Whitman

Type of Water System (check only one box)
☑ Group A ☐ Other ☐ Group B

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# Y 3 2 0 0 6
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pullman

Specific location where sample collected (address or sample site, and type of faucet):
ETRL SF

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes Y No ____
Chlorine Residual: Total ____ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 5-10-21
13.7 C IR4 JM 12:15

Date Analyzed: 5/10/21 1629

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 2 2 6 0 6

Lab Use: MBE0226-06

DOH Form 4321-319 (revised 11/13)

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Due: 05/24/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 10 / 21 (Month Day Year)	9 : 32 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WN

Contact Person: Santorin

Day Phone: (509) 332-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WN EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Santorin

Specific location where sample collected (address or sample site, and type of faucet):
Dorm TF

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .0F

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720	Date and Time Received: 5-10-21 13:7 CIR JM 12:15
Date Analyzed: 5/10/21 1629	Date Reported:
1 2 5 2 2 6 0 7 Sample Number (DOH number plus five digits)	Lab Use: MBE0226-07

DOH Form 4331-219 (revised 11/15)

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MBE0226

Due: 05/24/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 10 / 21 (Month Day Year)	9 : 43 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WW

Contact Person: Sanitarian

Day Phone: (509) 332-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 642172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanan

Specific location where sample collected (address or sample site, and type of faucet): Jackson 33W

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received: 5-10-21
MICR – 2720	13.7 C IR4 JM 12:15
Date Analyzed: 5/10/21 1629	Date Reported:
1 2 5 2 2 6 0 8 (Sample Number (DOH number plus five digits))	Lab Use: MBE 0226-08

DOH Form 4331 (10) (revised 7/15)

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MBE0226

Due: 05/24/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5/10/21 (Month Day Year)	9 : 55 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Smithson

Day Phone: 509 335-3141 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Herron

Specific location where sample collected (address or sample site, and type of faucet):
Kitchen 2T

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 0.3

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 5-10-21
13.7 C IR 4 JM 12:15

Date Analyzed: 5/10/21 1629

Date Reported:

1 2 5 2 2 6 0 9
Sample Number (DOH number plus five digits)

Lab Use: MBE0226-09

DOH Form 422-018 (revised 11/10)

MBE0226

Due: 05/24/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 10 / 21 (Month Day Year)	10 : 08 ☒ AM ☐ PM	Whitman

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# 0 3 2 0 0 0
System Name: WSU

Contact Person: Pat Irwin

Day Phone: (509) 335-3841 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Irwin

Specific location where sample collected (address or sample site, and type of faucet):
Physical Education Bldg

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 0.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from DWS

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code: MICR – 2720

Date and Time Received: 5-10-21
13.7 C JR JM 12:15

Date Analyzed: 5/10/21 1629

Date Reported:

1 2 5 2 2 6 1 6
Sample Number (DOH number plus five digits)

Lab Use: MBE0226-10

DOH Form 4331-319 (revised 11/10)

Ar
12
Mc

MBE0226

Due: 05/24/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 10 / 21 (Month Day Year)	10 : 21 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3641 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Hevel

Specific location where sample collected (address or sample site, and type of faucet):
NE Perla 677F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 5-10-21 13:7C IR4 JM 12:15

Date Analyzed: 5/10/21 1629

Date Reported:

1 2 5 2 2 6 1 1
Sample Number (DOH number plus five digits)

Lab Use: MBE0226-11

DOH Form 4331-313 (revised 11/10)

MBE0226

Due: 05/24/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 10 / 21 (Month Day Year)	10 : 35 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Smith

Day Phone: (509) 335-7041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Smith

Specific location where sample collected (address or sample site, and type of faucet): Vet 824

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free 1.05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 5-10-21
13.7 C IR4 JM 12:15

Date Analyzed: 5/10/21 1629

Date Reported:

1 2 5 2 2 6 1 2
Sample Number (DOH number plus five digits)

Lab Use: MBE0226-12

DOH Form #331-019 (revised 11/10)

MBE0226

Due: 05/24/21

BA

Date Sample Collected	Time Sample Collected	County
5 / 10 / 21 (Month Day Year)	10 : 47 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Patrick

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH&S
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevin

Specific location where sample collected (address or sample site, and type of faucet): Fred Hall 815

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free .82

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code: MICR – 2720

Date and Time Received: 5-10-21 13.7C JR-T JM 12:15

Date Analyzed: 5/10/21 1629

Date Reported:

1 2 5 2 2 6 1 3
Sample Number (DOH number plus five digits)

Lab Use: MBE0226.13

DOH Form 4331-219 (revised 11/10)

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Client:	WSU EH & S	Work Order:	MAE0247
Address:	P.O. Box 641172	Project:	Bact 05/11
	Pullman, WA 99164	Reported:	5/14/2020 14:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0247-01	Collect Date:	05/11/20 08:41	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/11/20 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	USDA SCS 194C				
Matrix:	Drinking Water				

Lab/Sample Number: 125-24701

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	
	E. coli	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0247
Address:	P.O. Box 641172	Project:	Bact 05/11
	Pullman, WA 99164	Reported:	5/14/2020 14:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0247-02	Collect Date:	05/11/20 08:55	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/11/20 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	University Stores 358J				
Matrix:	Drinking Water				

Lab/Sample Number: 125-24702

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0247
Address:	P.O. Box 641172	Project:	Bact 05/11
	Pullman, WA 99164	Reported:	5/14/2020 14:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0247-03	Collect Date:	05/11/20 09:08	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/11/20 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Smith Ag Engineering 54				
Matrix:	Drinking Water				

Lab/Sample Number: 125-24703

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0247
Address:	P.O. Box 641172	Project:	Bact 05/11
	Pullman, WA 99164	Reported:	5/14/2020 14:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0247-04	Collect Date:	05/11/20 09:18	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/11/20 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Vet Teaching Hospital 818				
Matrix:	Drinking Water				

Lab/Sample Number: 125-24704

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0247
Address:	P.O. Box 641172	Project:	Bact 05/11
	Pullman, WA 99164	Reported:	5/14/2020 14:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0247-05	Collect Date:	05/11/20 09:32	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/11/20 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Olympia 42				
Matrix:	Drinking Water				

Lab/Sample Number: 125-24705

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0247
Address:	P.O. Box 641172	Project:	Bact 05/11
	Pullman, WA 99164	Reported:	5/14/2020 14:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0247-06	Collect Date:	05/11/20 09:49	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/11/20 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Webster 801				
Matrix:	Drinking Water				

Lab/Sample Number: 125-24706

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	
	E. coli	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0247
Address:	P.O. Box 641172	Project:	Bact 05/11
	Pullman, WA 99164	Reported:	5/14/2020 14:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0247-07	Collect Date:	05/11/20 10:13	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/11/20 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Jackson 33W				
Matrix:	Drinking Water				

Lab/Sample Number: 125-24707

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0247
Address:	P.O. Box 641172	Project:	Bact 05/11
	Pullman, WA 99164	Reported:	5/14/2020 14:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0247-08	Collect Date:	05/11/20 10:25	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/11/20 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Kimbrough 25				
Matrix:	Drinking Water				

Lab/Sample Number: 125-24708

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0247
Address:	P.O. Box 641172	Project:	Bact 05/11
	Pullman, WA 99164	Reported:	5/14/2020 14:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0247-09	Collect Date:	05/11/20 10:45	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/11/20 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Physical Education 96				
Matrix:	Drinking Water				

Lab/Sample Number: 125-24709

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0247
Address:	P.O. Box 641172	Project:	Bact 05/11
	Pullman, WA 99164	Reported:	5/14/2020 14:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0247-10	Collect Date:	05/11/20 11:03	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/11/20 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Vogel 826				
Matrix:	Drinking Water				

Lab/Sample Number: 125-24710

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0247
Address:	P.O. Box 641172	Project:	Bact 05/11
	Pullman, WA 99164	Reported:	5/14/2020 14:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0247-11	Collect Date:	05/11/20 11:13	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/11/20 13:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Food Quality 815				
Matrix:	Drinking Water				

Lab/Sample Number: 125-24711

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	
	E. coli	Absent		1.00			5/11/20 16:06	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

MAE0247

Due: 05/26/20

Anatek
1282 Alt
Moscow
208-8

COLI
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 11 / 20 (Month Day Year)	8 : 41 ☒ AM ☐ PM	Whitman

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# 6 3 2 0 0 9
System Name: WSU

Contact Person: Sabrina

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
USDA SCS 194 C

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: BSC 11/11/2020 1350

Date Analyzed: 5/11/20 1600

Date Reported:

1 2 5 24701
Sample Number (DOH number plus five digits)

Lab Use: MAE0247-01

DOH Form 430-310 (revised 6/10)

MAE0247

Due: 05/26/20

Anatek
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Moscov
208-8

COL
BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
5/11/20	1:55 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Jennifer Forbes

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Jennifer

Specific location where sample collected (address or sample site, and type of faucet): University Street SFAT

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.11

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAe

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 11MAY2020 1345 MD. 16.5 CR-2

Date Analyzed: 5/11/20 1606

Date Reported:

1 2 5 24702
Sample Number (DOH number plus five digits)

Lab Use: MAE0247-02

DOH Form 453-318 (revised 11/10)

MAE0247

Anatek
1282 Alt
Moscow
208-8

Due: 05/26/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 11 / 20 (Month Day Year)	9 : 08 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Janitorial

Day Phone: (509 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641178
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Smith Ag Engineering 54

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.0k

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 6.5C R-2
11MAY2020 BS hso.

Date Analyzed: 5/11/20 1606

Date Reported:

1 2 5 2 4 7 0 3
Sample Number (DOH number plus five digits)

Lab Use: MAE0247-03

DOH Form 4331-318 (revised 11/10)

MAE0247

Anatek
1282 All
Moscov
208-8

Due: 05/26/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 11 / 20 (Month Day Year)	9 : 15 ☒ AM ☐ PM	Whitman

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# 5 3 2 8 0 0
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Arson

Specific location where sample collected (address or sample site, and type of faucet):
Vet Toxicology Hospital RF

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 11MAY2020 1515 hrs. 5.5°C 1.2

Date Analyzed: 5/11/2016 06

Date Reported:

1 2 5 2 4 7 0 4
Sample Number (DOH number plus five digits)

Lab Use: MAE0247-04

DOH Form 4201-518 (revised 11/10)

MAE0247

Due: 05/26/20

Anatek
1282 Alt
Moscov
208-8

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 11 / 20 (Month Day Year)	9 : 32 ☐ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Smithson

Day Phone: (509) 335-2041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hoon

Specific location where sample collected (address or sample site, and type of faucet):
Olympia 42

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ☐
Chlorine Residual: Total ☐ Free DP

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from DOH

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code: MICR – 2720

Date and Time Received: 16.5°C R-2
11 MAY 2020 1315 MS

Date Analyzed: 5/11/20 1600

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 2 4 7 0 5

Lab Use: MAE0247-05

DOH Form #331-213 (revised 11/10)

MAE0247

Anatek
1282 Alt
Moscow
208-8

Due: 05/26/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 11 / 20 (Month Day Year)	9 : 49 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 2
System Name: WSU

Contact Person: Jim Hutton

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hutton

Specific location where sample collected (address or sample site, and type of faucet):
Webster 091

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL. E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code: MICR – 2720

Date and Time Received: 6.5°C IR2
11 MAY 2020 1345 hrs

Date Analyzed: 5/11/20 1604

Date Reported:

Lab Use: MAE0247-06

1 2 5 24706
Sample Number (DOH number plus five digits)

DOH Form 4331-318 (revised 11/10)

MAE0247

Anatek
1282 All
Moscov
208-8

Due: 05/26/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 11 / 20 (Month Day Year)	10 : 13 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 4
System Name: WJW

Contact Person: Jon Hanson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Jackson 33W

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 6.5C RJ
11/MAY/2020 1345hrs.

Date Analyzed: 5/11/20 1606

Date Reported:

1 2 5 2 4 7 0 7
Sample Number (DOH number plus five digits)

Lab Use: MAE0247-07

DOH Form 4201-218 (revised 11/10)

MAE0247

Anatek
1282 Al
Mosco
208-

Due: 05/26/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 11 / 20 (Month Day Year)	10:25 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WJV

Contact Person: Jentzen

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJV ETJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PHuson

Specific location where sample collected (address or sample site, and type of faucet):
Richards 2F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 16.5°C IR-2
11MAY2020 1315hrs.

Date Analyzed: 5/11/20 1600

Date Reported:

1 2 5 2 4 7 0 8
Sample Number (DOH number plus five digits)

Lab Use: MAE0247-08

DOH Form 4331-018 (revised 11/10)

MAE0247

Anatek
1282 Al
Moscow
208-8

Due: 05/26/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 11 / 20 (Month Day Year)	10:45 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Jonathan

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harrison

Specific location where sample collected (address or sample site, and type of faucet):
Physical Education 96

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☐ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐ 06
Chlorine Residual: Total ____ Free ____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 16-5 CM-2
11 MAY 2020 1315 MS.

Date Analyzed: 5/11/20 1600

Date Reported:

1 2 5 2 4 7 0 9
Sample Number (DOH number plus five digits)

Lab Use: MAE0247-09

DOH Form 4331-318 (revised 11/10)

MAE0247

Anatek
1282 Alt
Moscow
208-8

Due: 05/26/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
5 / 11 / 20	11 : 03 ☐ AM ☐ PM	Whitman

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# 1 3 2 0 0 4
System Name: WJV

Contact Person: Smithson

Day Phone: (541) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJV EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PaHanson

Specific location where sample collected (address or sample site, and type of faucet):
V0321 826

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL. E.coli _____ /100mL.
Total Coliform _____ /100mL. Fecal Coliform _____ /100mL.

Method Code: MICR – 2720

Date and Time Received: 11 MAY 2020 1315 hrs. 16.5 CR2

Date Analyzed: 5/11/20 1600

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 2 4 7 1 0

Lab Use: MAE0247-10

DOH Form 4331-218 (revised 11-03)

MAE0247

Anatek
1282 Alt
Moscow
208-8

Due: 05/26/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 11 / 20 (Month Day Year)	11 : 13 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 8
System Name: WJV

Contact Person: Sam Fortier

Day Phone: (509) 335-3241 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJV EHS
Po Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hamm

Specific location where sample collected (address or sample site, and type of faucet):
Food Quality PIS

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 11 MAY 2020 1315 hrs. 6.5C R-0

Date Analyzed: 5/11/2016 06

Date Reported:

1 2 5 2 4 7 1 1
Sample Number (DOH number plus five digits)

Lab Use: MAE0247-11

DOH Form #331-319 (revised 11/10)

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAE0264
Address:	P.O. Box 641172	Project:	Bact 05/12
	Pullman, WA 99164	Reported:	6/1/2020 12:28
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0264-01	Collect Date:	05/12/20 11:40	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/12/20 12:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	ETRL 58				
Matrix:	Drinking Water				

Lab/Sample Number: 125-26401

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			5/12/20 16:25	LAC	SM 9223 B	
	E. coli	Absent		1.00			5/12/20 16:25	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAE0264
Address:	P.O. Box 641172	Project:	Bact 05/12
	Pullman, WA 99164	Reported:	6/1/2020 12:28
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAE0264-02	Collect Date:	05/12/20 11:50	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	05/12/20 12:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Sloan 78				
Matrix:	Drinking Water				

Lab/Sample Number: 125-26402

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			5/12/20 16:25	LAC	SM 9223 B	
	E. coli	Absent		1.00			5/12/20 16:25	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a certified analyte

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The results reported related only to the samples indicated.

MAE0264

Due: 05/27/20

Anatek
1282 All
Moscov
208-8

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 12 / 20 (Month Day Year)	11 : 40 ☐ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Sunil Taylor

Day Phone: (509) 335-3641	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Taylor

Specific location where sample collected (address or sample site, and type of faucet):
ETRL

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 5-12-20 16:4 LIR-2 12:20 PM
Date Analyzed: 5/14/20 625	Date Reported:
1 2 5 2 6 4 0 1 Sample Number (DOH number plus five digits)	Lab Use: MAE0264-01

DOH Form 4331-319 (revised 11/10)

MAE0264

Anatek
1282 Alt
Moscow
208-8

Due: 05/27/20

COLI
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
5 / 12 / 20 (Month Day Year)	11 : 50 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Jon Hopkins

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patrick

Specific location where sample collected (address or sample site, and type of faucet): Bathroom Sink

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free ____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 5-12-20
16.4 C IRZ 12:20 JM

Date Analyzed: 5/12/20 1625

Date Reported:

1 2 5 2 6 4 0 2
Sample Number (DOH number plus five digits)

Lab Use: MAE0264-02

DOH Form 4331-319 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MBF0015
Address:	P.O. Box 641172	Project:	6/1/21 - Bacteria
	Pullman, WA 99164	Reported:	6/8/2021 11:45
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBF0015-01	Collect Date:	06/01/21 09:15	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/01/21 12:30	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Food Services 89				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01501

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBF0015
Address:	P.O. Box 641172	Project:	6/1/21 - Bacteria
	Pullman, WA 99164	Reported:	6/8/2021 11:45
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBF0015-02	Collect Date:	06/01/21 09:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/01/21 12:30	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Surplus Stores 385B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01502

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBF0015
Address:	P.O. Box 641172	Project:	6/1/21 - Bacteria
	Pullman, WA 99164	Reported:	6/8/2021 11:45
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBF0015-03	Collect Date:	06/01/21 09:38	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/01/21 12:30	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Meats Lab 98				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01503

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBF0015
Address:	P.O. Box 641172	Project:	6/1/21 - Bacteria
	Pullman, WA 99164	Reported:	6/8/2021 11:45
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBF0015-04	Collect Date:	06/01/21 09:48	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/01/21 12:30	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Valley Crest 675A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01504

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBF0015
Address:	P.O. Box 641172	Project:	6/1/21 - Bacteria
	Pullman, WA 99164	Reported:	6/8/2021 11:45
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBF0015-05	Collect Date:	06/01/21 10:00	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/01/21 12:30	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Terrace 650E				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01505

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBF0015
Address:	P.O. Box 641172	Project:	6/1/21 - Bacteria
	Pullman, WA 99164	Reported:	6/8/2021 11:45
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q MBF0015-06	System Name:	Washington State University (EHS)		
Reference Number:		Collect Date:	06/01/21 10:11	DOH Source #:	
Multiple Source Nos:	06/01/21 12:30	Sample Type:		County:	Whitman
Date Received:	Northside Residence 18	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Drinking Water				
Matrix:					

Lab/Sample Number: 125-01506

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBF0015
Address:	P.O. Box 641172	Project:	6/1/21 - Bacteria
	Pullman, WA 99164	Reported:	6/8/2021 11:45
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBF0015-07	Collect Date:	06/01/21 10:21	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/01/21 12:30	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Cleveland 86				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01507

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBF0015
Address:	P.O. Box 641172	Project:	6/1/21 - Bacteria
	Pullman, WA 99164	Reported:	6/8/2021 11:45
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBF0015-08	Collect Date:	06/01/21 10:34	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/01/21 12:30	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Washington 15				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01508

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBF0015
Address:	P.O. Box 641172	Project:	6/1/21 - Bacteria
	Pullman, WA 99164	Reported:	6/8/2021 11:45
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBF0015-09	Collect Date:	06/01/21 10:49	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/01/21 12:30	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Wilson 40				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01509

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBF0015
Address:	P.O. Box 641172	Project:	6/1/21 - Bacteria
	Pullman, WA 99164	Reported:	6/8/2021 11:45
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBF0015-10	Collect Date:	06/01/21 09:15	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/01/21 12:30	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	SCUE 95				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01510

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			6/1/21 16:46	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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The results reported related only to the samples indicated.

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Client:	Washington State University (EHS)	Work Order:	MBF0015
Address:	P.O. Box 641172	Project:	6/1/21 - Bacteria
	Pullman, WA 99164	Reported:	6/8/2021 11:45
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MBF0015

Due: 06/15/21

Anatek
1282 Al
Moscow
208-8

COL
BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
6 / 1 / 21	9 : 15 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Southam

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Peterson

Specific location where sample collected (address or sample site, and type of faucet):
Food Services 89

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** UAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	6-1-21 JM 14.8C JR4 12:30
Date Analyzed: 6/1/21 1646	Date Reported:
1 2 5 0 1 5 0 1 Sample Number (DOH number plus five digits)	Lab Use: MBF0015-01

DOH Form 4321-219 (revised 11/10)

MBF0015

Due: 06/15/21

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208-

CO

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
6 / 1 / 21 (Month Day Year)	9 : 27 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WW

Contact Person: Pam Fuller

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hansen

Specific location where sample collected (address or sample site, and type of faucet): Purple Hazel 358D

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 6-1-21 JM 14.8C IR-4 12:30
Date Analyzed: 6/1/21 1646	Date Reported:
1 2 5 0 1 5 0 2 Sample Number (DOH number plus five digits)	Lab Use: MBF0015-02

DOH Form 4331-319 (revised 11/13)

MBF0015

Due: 06/15/21

Anatel
1282 A
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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
6 / 1 / 21	9 : 38 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WJV

Contact Person: Jantzen

Day Phone: (509 332-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJV EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Meeker Lab

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .1 02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	6-1-21 JAN 14.8C IR-4 12:30
Date Analyzed: 6/1/21 1646	Date Reported:
1 2 5 0 1 5 0 3 Sample Number (DOH number plus five digits)	Lab Use: MBF0015-03

DOH Form 4331-219 (revised 11/13)

MBF0015

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Due: 06/15/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
6 / 1 / 21 (Month Day Year)	9 : 45 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 8
System Name: WSU

Contact Person: Patterson

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Valley Crest 6TPA

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 0.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
Ue

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	6-1-21 JM 14.8C JR 4 12:30
Date Analyzed: 6/1/21 1646	Date Reported:
1 2 5 0 1 5 0 4 (Sample Number (DOH number plus five digits))	Lab Use: MBF0015-04

DOH Form 4331-370 (revised 11/10)

MBF0015

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1282 A
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Due: 06/15/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
6 / 1 / 21 (Month / Day / Year)	10 : 00 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Terrell 670 E

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 0.9

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL. E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code: MICR – 2720

Date and Time Received: 6-1-21 JM 14:8 C IR4 12:30

Date Analyzed: 6/1/21 1646

Date Reported:

1 2 5 0 1 5 0 5
Sample Number (DOH number plus five digits)

Lab Use: MBF 0015 05

DOH Form 331-219 (revised 11/13)

MBF0015

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Due: 06/15/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
6 / 1 / 21 (Month / Day / Year)	10 : 11 ☑ AM ☐ PM	Whitman

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# 4 3 2 8 0 6
System Name: WSU

Contact Person: Santavica

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU GHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvison

Specific location where sample collected (address or sample site, and type of faucet): Northside Residence Hall

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720	Date and Time Received: 6-1-21 JM 1480 IR-4 12:50
Date Analyzed: 6/1/21 1644	Date Reported:
1 2 5 0 1 5 0 6 (Sample Number (DOH number plus five digits))	Lab Use: MBF0015-06

DOH Form 4331-219 (revised 11/10)

MBF0015

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Due: 06/15/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
6 / 1 / 21 (Month Day Year)	10 : 21 ☒ AM ☐ PM	Wh. [illegible]

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# 5 3 2 0 0 9
System Name: WW

Contact Person: Sanitarian

Day Phone: (509) 332-3614 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Cleveland Rd

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free .22

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Construction/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	JM 14.8 C IR 4 12:30
Date Analyzed: 6/8/21 1649	Date Reported:
1 2 5 0 1 5 0 7 (Sample Number (DOH number plus five digits))	Lab Use: MBF0015-07

DOH Form #331-310 (revised 11/10)

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MBF0015

Due: 06/15/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
6 / 1 / 21 (Month Day Year)	10 : 34 ☐AM ☐PM	Whitman

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# 4 3 2 0 0 A
System Name: WJV

Contact Person: Pat Hendrix

Day Phone: (509) 332-3044	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJV (EH)
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Hendrix

Specific location where sample collected (address or sample site, and type of faucet): Wishram Fire

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ___
Chlorine Residual: Total ___ Free 0.1

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other ___

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720	Date and Time Received: 6-1-21 JM 148C IR4 12:30
Date Analyzed: 6/1/21 1648p	Date Reported:
1 2 5 0 1 5 0 8 (Sample Number (DOH number plus five digits))	Lab Use: MBF0015-08

DOH Form #331-313 (revised 11/10)

MBF0015

Due: 06/15/21

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
6 / 1 / 21	10 : 49 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 4
System Name: WSU

Contact Person: Jennifer

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harris

Specific location where sample collected (address or sample site, and type of faucet):
Wilson 40

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .1 OK

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720	Date and Time Received: 6-1-21 JM M:8C IR-4 12:30
Date Analyzed: 6/2/21 1646	Date Reported:
1 2 5 0 1 5 0 9 Sample Number (DOH number plus five digits)	Lab Use: MBF0015-09

DOH Form 4331-319 (revised 11/10)

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MBF0015

Due: 06/15/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
6 / 1 / 21 (Month Day Year)	10 : 59 ☒ AM ☐ PM	Wh. Co.

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# 5 3 2 0 0 9
System Name: WW

Contact Person: Sam Patterson

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Patterson

Specific location where sample collected (address or sample site, and type of faucet):
STOVE PT

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Construction/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code: MICR – 2720

Date and Time Received: 6-1-21 JM 1480 IR4 12:30

Date Analyzed: 6/1/21 1646

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 0 1 5 1 0

Lab Use: MBF0015-10

DOH Form 4331-319 (revised 11/10)

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Client:	WSU EH & S	Work Order:	MAF0077
Address:	P.O. Box 641172	Project:	Bact 06/02
	Pullman, WA 99164	Reported:	6/8/2020 11:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAF0077-01	Collect Date:	06/02/20 08:41	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/02/20 12:53	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Food Services 89				
Matrix:	Drinking Water				

Lab/Sample Number: 125-07701

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	
	E. coli	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAF0077
Address:	P.O. Box 641172	Project:	Bact 06/02
	Pullman, WA 99164	Reported:	6/8/2020 11:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAF0077-02	Collect Date:	06/02/20 08:51	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/02/20 12:53	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Surplus Stores 358B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-07702

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAF0077
Address:	P.O. Box 641172	Project:	Bact 06/02
	Pullman, WA 99164	Reported:	6/8/2020 11:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAF0077-03	Collect Date:	06/02/20 09:39	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/02/20 12:53	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Meats Lab 98				
Matrix:	Drinking Water				

Lab/Sample Number: 125-07703

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAF0077
Address:	P.O. Box 641172	Project:	Bact 06/02
	Pullman, WA 99164	Reported:	6/8/2020 11:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAF0077-04	Collect Date:	06/02/20 09:45	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/02/20 12:53	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Valley Crest 675A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-07704

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAF0077
Address:	P.O. Box 641172	Project:	Bact 06/02
	Pullman, WA 99164	Reported:	6/8/2020 11:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAF0077-05	Collect Date:	06/02/20 09:59	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/02/20 12:53	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Golf Course Club House 365H				
Matrix:	Drinking Water				

Lab/Sample Number: 125-07705

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	
	E. coli	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAF0077
Address:	P.O. Box 641172	Project:	Bact 06/02
	Pullman, WA 99164	Reported:	6/8/2020 11:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAF0077-06	Collect Date:	06/02/20 10:12	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/02/20 12:53	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Terrill 650E				
Matrix:	Drinking Water				

Lab/Sample Number: 125-07706

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAF0077
Address:	P.O. Box 641172	Project:	Bact 06/02
	Pullman, WA 99164	Reported:	6/8/2020 11:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAF0077-07	Collect Date:	06/02/20 10:25	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/02/20 12:53	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Northside Residence 18				
Matrix:	Drinking Water				

Lab/Sample Number: 125-07707

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAF0077
Address:	P.O. Box 641172	Project:	Bact 06/02
	Pullman, WA 99164	Reported:	6/8/2020 11:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAF0077-08	Collect Date:	06/02/20 10:37	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/02/20 12:53	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Cleveland 86				
Matrix:	Drinking Water				

Lab/Sample Number: 125-07708

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAF0077
Address:	P.O. Box 641172	Project:	Bact 06/02
	Pullman, WA 99164	Reported:	6/8/2020 11:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAF0077-09	Collect Date:	06/02/20 10:47	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/02/20 12:53	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Washington 15				
Matrix:	Drinking Water				

Lab/Sample Number: 125-07709

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	E. coli	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	
	Total Coliform	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAF0077
Address:	P.O. Box 641172	Project:	Bact 06/02
	Pullman, WA 99164	Reported:	6/8/2020 11:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAF0077-10	Collect Date:	06/02/20 11:00	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/02/20 12:53	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Wilson 40				
Matrix:	Drinking Water				

Lab/Sample Number: 125-07710

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	
	E. coli	Absent		1.00			6/2/20 16:50	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

MAF0077

Anatek
1282 Alt
Moscow
208-8

Due: 06/16/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
6/2/20	8:41 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641173
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Food Services 89

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GW, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
☐ **Unsatisfactory** Total Coliform Present **and** ☐ E.coli present ☐ E.coli absent ☐ Fecal coliform present ☐ Fecal coliform absent		☒ **Satisfactory** X LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 13.9C 6/2/2020 1253 hrs.

Date Analyzed: 6/2/20 1650

Date Reported:

1 2 5 0 7 7 0 1
Sample Number (DOH number plus five digits)

Lab Use: MAF0077-01

DOH Form 4331-319 (revised 11/13)

MAF0077

Anatek
1282 Alt
Moscow
208-8

Due: 06/16/20

6/2/20

COL
BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
[illegible]	8 : 51 ☒ AM ☐ PM	Whitman

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# 5 3 2 3 0 9
System Name: WJ

Contact Person: Jon Hardin

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJ EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hardin

Specific location where sample collected (address or sample site, and type of faucet): ~~[illegible]~~ Sample Stand 35AB

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ✓ No ____
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720	Date and Time Received: 13.9°C 22 JUN 2020 1255 MS
Date Analyzed: 6/2/20 1650	Date Reported:
1 2 5 0 7 7 0 2 Sample Number (DOH number plus five digits)	Lab Use: MAF0077-02

DOH Form 4301-019 (revised 10/10)

MAF0077

Due: 06/16/20

Anatek
1282 Alt
Moscow
208-8

6/7/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
[illegible]	9:39 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 6
System Name: WJW

Contact Person: P. Hanson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): ~~ETRL~~ Martin Lab 9P

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free ☒ OP

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720	Date and Time Received: 13.9°C Ice-2 20JUN2020 1253 hrs
Date Analyzed: 6/22/20 1650	Date Reported:
1 2 5 0 7 7 0 3 Sample Number (DOH number plus five digits)	Lab Use: MAF0077-03

DOH Form 4331-310 (revised 11/13)

MAF0077

Anatek
1282 Alt
Moscow
208-8

Due: 06/16/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
6/2/20	9:45 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Janitorial

Day Phone: (Toll) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Irwin

Specific location where sample collected (address or sample site, and type of faucet): Valley Crest 675A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100mL
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 13.9°C R-2
6/4/2020 1253hrs

Date Analyzed: 6/2/20 1650

Date Reported:

1 2 5 0 7 7 0 4
Sample Number (DOH number plus five digits)

Lab Use: MAF0077-04

DOH Form 4331-310 (revised 11/15)

MAF0077

Anatek
1282 Alt
Moscow
208-8

Due: 06/16/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
6 2 /20	9:59 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WW

Contact Person: Sam Ewing
Day Phone: (509) 335-3841 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Golf Course Club House 36TH

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 1.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720

Date and Time Received: 13.9C IR-2 20JUN2020 1253 ND.

Date Analyzed: 6/2/20 1650

Date Reported:

1 2 5 0 7 7 0 5
Sample Number (DOH number plus five digits)

Lab Use: MAF0077-05

DOH Form #331-319 (revised 11/10)

MAF0077

Anatek
1282 Alt
Moscow
208-8

Due: 06/16/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
6 2 20 (Month Day Year)	10 : 12 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: 509335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hervin

Specific location where sample collected (address or sample site, and type of faucet):
Terrell 650 E

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720

Date and Time Received: 13.9C IR:2
20JUN2020 1253hrs.

Date Analyzed: 6/22/20 1650

Date Reported:

1 2 5 0 7 7 0 6
Sample Number (DOH number plus five digits)

Lab Use: MAF0077-06

DOH Form #331-019 (revised 11/10)

MAF0077

Anatek
1282 Alt
Moscov
208-8

Due: 06/16/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
6 2 /20	10 : 25 ☒ AM ☐ PM	Whitman

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# 7 3 2 0 0 Q
System Name: WSU

Contact Person: [illegible]

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Northside Rd S. Jones 18

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL. E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code: MICR – 2720

Date and Time Received: 3.9CR2
22 JUN 2020 1258 MD.

Date Analyzed: 6/22/20 1650

Date Reported:

1 2 5 0 7 7 0 7
Sample Number (DOH number plus five digits)

Lab Use: MAF0077-07

DOH Form 4331-319 (revised 11/10)

MAF0077

Anatek
1282 Alt
Moscov
208-8

Due: 06/16/20

COL
BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
6/2/20	10:37 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Paul Harris

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harris

Specific location where sample collected (address or sample site, and type of faucet): Cleveland 86

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720

Date and Time Received: 13-JUN-2020 1253 hrs.

Date Analyzed: 6/2/20 1650

Date Reported:

12507708
Sample Number (DOH number plus five digits)

Lab Use: MAF0077-08

DOH Form 4331-318 (revised 11/10)

MAF0077

Anatek
1282 Alt
Moscow
208-8

Due: 06/16/20

COLI

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
6 / 17 / 20 (Month Day Year)	10:47 ☒ AM ☐ PM	Whitman

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# 6 3 2 0 0 6
System Name: WSU

Contact Person: Smith Arish

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Arish

Specific location where sample collected (address or sample site, and type of faucet): Washington 15

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 1.07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /mL. E.coli ☐ /100mL.
Total Coliform ☐ /100mL. Fecal Coliform ☐ /100mL.

Method Code: MICR – 2720

Date and Time Received: 23 JUN 2020 1253 MD

Date Analyzed: 6/24/20 1650

Date Reported:

1 2 5 0 7 7 0 9
Sample Number (DOH number plus five digits)

Lab Use: MAF0077-09

DOH Form #331-318 (revised 11/10)

MAF0077

Anatek
1282 Alt
Moscow
208-8

Due: 06/16/20

COLI

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
6 2 20	11:00 ☐ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Schlitzer

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pa Aerin

Specific location where sample collected (address or sample site, and type of faucet):
Wilson 40

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free 1.05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other ___

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code: MICR – 2720

Date and Time Received: 13.9C Ki2
20Jun2020 1255hrs.

Date Analyzed: 6/22/20 1650

Date Reported:

1 2 5 0 7 7 1 0
Sample Number (DOH number plus five digits)

Lab Use: MAF0077-10

DOH Form #331-019 (revised 11/10)

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAG0111
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	7/21/2020 13:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAG0111-01	Collect Date:	07/07/20 11:11	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/07/20 12:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Student Rec Center 819				
Matrix:	Drinking Water				

Lab/Sample Number: 125-11101

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	
	E. coli	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAG0111
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	7/21/2020 13:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAG0111-02	Collect Date:	07/07/20 10:55	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/07/20 12:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Streit-Perham 81C				
Matrix:	Drinking Water				

Lab/Sample Number: 125-11102

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	
	E. coli	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAG0111
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	7/21/2020 13:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAG0111-03	Collect Date:	07/07/20 10:42	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/07/20 12:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Owen Science Library 810				
Matrix:	Drinking Water				

Lab/Sample Number: 125-11103

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	
	E. coli	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAG0111
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	7/21/2020 13:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAG0111-04	Collect Date:	07/07/20 10:31	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/07/20 12:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	CUB 63				
Matrix:	Drinking Water				

Lab/Sample Number: 125-11104

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	
	E. coli	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAG0111
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	7/21/2020 13:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAG0111-05	Collect Date:	07/07/20 10:20	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/07/20 12:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Wegner 45				
Matrix:	Drinking Water				

Lab/Sample Number: 125-11105

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	
	E. coli	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAG0111
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	7/21/2020 13:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAG0111-06	Collect Date:	07/07/20 10:09	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/07/20 12:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Gannon-Goldsworthy 79				
Matrix:	Drinking Water				

Lab/Sample Number: 125-11106

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	
	E. coli	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAG0111
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	7/21/2020 13:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAG0111-07	Collect Date:	07/07/20 09:23	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/07/20 12:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	WSU Childrens Center 88				
Matrix:	Drinking Water				

Lab/Sample Number: 125-11107

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	
	E. coli	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAG0111
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	7/21/2020 13:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAG0111-08	Collect Date:	07/07/20 09:12	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/07/20 12:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Columbia 678F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-11108

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	
	E. coli	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAG0111
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	7/21/2020 13:00
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAG0111-09	Collect Date:	07/07/20 08:56	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/07/20 12:20	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Alumni Center 138				
Matrix:	Drinking Water				

Lab/Sample Number: 125-11109

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	
	E. coli	Absent		1.00			7/7/20 16:38	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

MAG0111

Anatek
1282 Alt
Moscow
208-8

Due: 07/21/20

COLI BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7/7/20 (Month Day Year)	11:11 ☒ AM ☐ PM	Whitman

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# 5320008
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hansen

Specific location where sample collected (address or sample site, and type of faucet): Student Rec Center

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720	Date and Time Received: 7-7-20 JM 12:20 15.4 C IR
Date Analyzed: 7/7/20 1638	Date Reported:
1251 1101 Sample Number (DOH number plus five digits)	Lab Use: MAG0111-01

DOH Form 4331-319 (revised 07/10)

MAG0111

Anatek
1282 Al
Moscow
208-8

Due: 07/21/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
7/7/20	10:55 ☐AM ☒PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hansen

Specific location where sample collected (address or sample site, and type of faucet):
Street - Parham F/C

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL. Fecal Coliform _____ /100mL.

Method Code: MICR – 2720	Date and Time Received: 7-7-20 JM 12:20 15.4C IR
Date Analyzed: 7/7/20 1638	Date Reported:
1 2 5 1 1 1 0 2 Sample Number (DOH number plus five digits)	Lab Use: MAG0111-02

DOH Form #331-319 (revised 11/10)

MAG0111

Anatek
1282 Alt
Moscow
208-8

Due: 07/21/20

COLI
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7 / 1 / 20 (Month / Day / Year)	10 : 42 ☒ AM ☐ PM	Whitman

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# 1 3 2 0 0 8
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Owen Science Library

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 7-7-20 JM 12:20 15.4 CIR-2

Date Analyzed: 7/7/20 1638

Date Reported:

1 2 5 1 1 1 0 3
Sample Number (DOH number plus five digits)

Lab Use: MAG0111-03

DOH Form #331-318 (revised 11/10)

Anatek
1282 All
Moscov
208-8

MAG0111

Due: 07/21/20

COL
BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
7/7/20	10:31 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 Q
System Name: WN

Contact Person: Sam Tarvin

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WN GHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Sam Tarvin

Specific location where sample collected (address or sample site, and type of faucet): CUB 63

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.24

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 7-7-20 JM 12:20 15.4C #82
Date Analyzed: 7/7/20 1638	Date Reported:
1 2 5 1 1 1 0 4 Sample Number (DOH number plus five digits)	Lab Use: MAG0111-04

DOH Form 4331-018 (revised 11/13)

Anatel
1282 A
Mosco
208-

MAG0111

Due: 07/21/20

COI

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7 / 7 / 20 (Month / Day / Year)	10:20 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PS Harris

Specific location where sample collected (address or sample site, and type of faucet):
Wagner 45

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 7-7-20 JH 1220 154 C JE

Date Analyzed: 7/7/20 1638

Date Reported:

1 2 5 1 1 1 0 5
Sample Number (DOH number plus five digits)

Lab Use: MAG0111-05

DOH Form #331-219 (revised 11/15)

Anatek
1282 Alt
Moscow
208-8

MAG0111

Due: 07/21/20

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7 / 9 / 20 (Month Day Year)	10 : 09 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 0
System Name: WSU

Contact Person: Sullivan

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PA Harrison

Specific location where sample collected (address or sample site, and type of faucet): Gannon-Goiser Worthy 79

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	7-7-20 JM 12:20 15.4 CJR
Date Analyzed: 7/7/20 1638	Date Reported:
1 2 5 1 1 1 0 6 (Sample Number (DOH number plus five digits))	Lab Use: MAG0111-06

DOH Form 4331-319 (revised 11/13)

Anatek
1282 Al
Moscov
208-8

MAG0111

Due: 07/21/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7 / 6 / 20 (Month Day Year)	9 : 23 ☒ AM ☐ PM	Whitman

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# 7 3 2 0 V Q
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevron

Specific location where sample collected (address or sample site, and type of faucet): WSU Ch. Brain Center BF

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total 0.3 Free

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	7-7-20 JM 12:20 15 CIR-D
Date Analyzed: 7/7/20 1638	Date Reported:
1 2 5 1 1 1 0 7 (Sample Number (DOH number plus five digits))	Lab Use: MAG0111-07

DOH Form 4331-218 (revised 11/10)

Anatek
1282 Alt
Moscow
208-8

MAG0111

Due: 07/21/20

COLI
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7/7/20 (Month Day Year)	9:12 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Patterson

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Columbia Laundry 67F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free 0.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other ___

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code: MICR – 2720

Date and Time Received: 7-7-20 JM 12:20 15.4 IR=2

Date Analyzed: 7/7/20 1638

Date Reported:

1 2 5 1 1 1 0 8
Sample Number (DOH number plus five digits)

Lab Use: MAG0111-08

DOH Form 4331-318 (revised 11/10)

MAG0111

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Moscow
208-8

Due: 07/21/20

COLI
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7 / 8 / 20 (Month / Day / Year)	8 : 56 ☒ AM ☐ PM	Whitma

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# W 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: 509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patricia

Specific location where sample collected (address or sample site, and type of faucet): Alumni Center 134

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ ~~Satisfactory~~ LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 7-7-20 JM 12:20 15.4 CIR 2

Date Analyzed: 7/7/20 1638

Date Reported:

1 2 5 1 1 1 0 9
Sample Number (DOH number plus five digits)

Lab Use: MAG0111-09

DOH Form 4331-319 (revised 11/10)

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBG0306
Address:	P.O. Box 641172	Project:	Bacteria (07/12/2021)
	Pullman, WA 99164	Reported:	7/20/2021 09:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBG0306-01	Collect Date:	07/12/21 09:05	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/12/21 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Columbia 678F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30601

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			7/12/21 16:36	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			7/12/21 16:36	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBG0306
Address:	P.O. Box 641172	Project:	Bacteria (07/12/2021)
	Pullman, WA 99164	Reported:	7/20/2021 09:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBG0306-02	Collect Date:	07/12/21 09:16	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/12/21 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	WSU Children's Center 88				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30602

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			7/12/21 16:36	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			7/12/21 16:36	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBG0306
Address:	P.O. Box 641172	Project:	Bacteria (07/12/2021)
	Pullman, WA 99164	Reported:	7/20/2021 09:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBG0306-03	Collect Date:	07/12/21 09:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/12/21 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Wegner 45				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30603

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			7/12/21 16:36	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			7/12/21 16:36	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBG0306
Address:	P.O. Box 641172	Project:	Bacteria (07/12/2021)
	Pullman, WA 99164	Reported:	7/20/2021 09:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q MBG0306-04	System Name:	Washington State University (EHS)		
Reference Number:		Collect Date:	07/12/21 09:38	DOH Source #:	
Multiple Source Nos:	07/12/21 12:25	Sample Type:		County:	Whitman
Date Received:	Owen Science Library	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	810				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30604

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			7/12/21 16:36	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			7/12/21 16:36	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBG0306
Address:	P.O. Box 641172	Project:	Bacteria (07/12/2021)
	Pullman, WA 99164	Reported:	7/20/2021 09:42
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBG0306-05	Collect Date:	07/12/21 09:58	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/12/21 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Student Rec Center 819				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30605

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			7/12/21 16:36	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			7/12/21 16:36	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBG0306
Address:	P.O. Box 641172	Project:	Bacteria (07/12/2021)
	Pullman, WA 99164	Reported:	7/20/2021 09:42
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

Anatek
1282 Al
Mosco
208-

MBG0306

Due: 07/26/21

CO
BACTER

Date Sample Collected	Time Sample Collected	County
7/12/21 (Month Day Year)	9:05 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 0
System Name: WSU

Contact Person: Swanson

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Peterson

Specific location where sample collected (address or sample site, and type of faucet):
Columbia 678 F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free .10

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code:	Date and Time Received:
MICR – 2720	7-12-21 13.3 C IR-4 JM 12:25
Date Analyzed: 7/12/21 1636	Date Reported:
1 2 5 3 0 6 0 1 (Sample Number (DOH number plus five digits))	Lab Use: MBG0306-01

DOH Form #331-218 (revised 11/10)

Ana
128
Mos
2

MBG0306

Due: 07/26/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7 / 12 / 21 (Month Day Year)	9 : 16 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PJ Harris

Specific location where sample collected (address or sample site, and type of faucet): WSU Children's Center FF

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ☐ 02
Chlorine Residual: Total ____ Free 1

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	7-12-21 13:3 CJR-4 JM 12:25
Date Analyzed: 7/12/21 1656	Date Reported:
1 2 5 3 0 6 0 2 (Sample Number (DOH number plus five digits))	Lab Use: MBG0306-02

DOH Form 4331-219 (revised 11/13)

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MBG0306

Due: 07/26/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7 / 12 / 21 (Month Day Year)	9 : 27 ☒ AM ☐ PM	Whitman

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# 6 3 2 0 0 9
System Name: WJD

Contact Person: Scott Irvin

Day Phone: 509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJD Bills
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Irvin

Specific location where sample collected (address or sample site, and type of faucet):
Wagner 45

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free .06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from DWP)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	7-12-21 13.3 C IR-4 JM 12:25
Date Analyzed: 7/12/21 1636	Date Reported:
1 2 5 3 0 6 0 3 (Sample Number (DOH number plus five digits))	Lab Use: MBG0306 03

DOH Form 4331-319 (revised 11/10)

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MBG0306

Due: 07/26/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7 / 12 / 21 (Month Day Year)	9:38 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 A
System Name: WSU

Contact Person: Sam Tobin

Day Phone: 509 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hayes

Specific location where sample collected (address or sample site, and type of faucet): Owen Science Library RTD

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.09

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL. E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code: MICR – 2720	Date and Time Received: 7-12-21 13.3 C IR-4 JM 12:25
Date Analyzed: 7/12/21 1636	Date Reported:
1 2 5 3 0 6 0 4 (Sample Number (DOH number plus five digits))	Lab Use: MBG-0306-104

DOH Form 4331-219 (revised 11/10)

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Due: 07/26/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7/12/21 (Month Day Year)	9 : 53 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 0
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PSH Intern

Specific location where sample collected (address or sample site, and type of faucet): Student Rec Center 819

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	7-12-21 13.3 C IR-4 JM 12:25
Date Analyzed: 7/12/21 1636	Date Reported:
1 2 5 3 0 6 0 5 (Sample Number (DOH number plus five digits))	Lab Use: MBG0306:05

DOH Form #331-019 (revised 11/10)

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAG0334
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	7/21/2020 09:40
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAG0334-01	Collect Date:	07/13/20 10:08	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/13/20 12:36	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Steptoe 665B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-33401

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			7/14/20 10:52	LAC	SM 9223 B	
	E. coli	Absent		1.00			7/14/20 10:52	LAC	SM 9223 B	

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Due: 07/27/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7/13/20 (Month Day Year)	10:08 ☐ AM ☒ PM	Whitman

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# 5 3 2 0 0 2
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU GHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PaHerman

Specific location where sample collected (address or sample site, and type of faucet): Steptoe 661 B

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 0.2

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 7-13-20 1236 JM 14.7 C IR-2
Date Analyzed: 7/13/20 1620	Date Reported:
1 2 5 3 3 4 0 1 (Sample Number (DOH number plus five digits))	Lab Use: MAG0334-01

DOH Form 4331-319 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MBG0601
Address:	P.O. Box 641172	Project:	Bacteria (07/20/2021)
	Pullman, WA 99164	Reported:	7/27/2021 09:39
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBG0601-01	Collect Date:	07/19/21 08:55	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/19/21 12:45	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Alumni Center 138				
Matrix:	Drinking Water				

Lab/Sample Number: 125-60101

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			7/19/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			7/19/21 16:25	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBG0601
Address:	P.O. Box 641172	Project:	Bacteria (07/20/2021)
	Pullman, WA 99164	Reported:	7/27/2021 09:39
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBG0601-02	Collect Date:	07/19/21 09:12	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/19/21 12:45	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Gannon-Goldsworthy 79				
Matrix:	Drinking Water				

Lab/Sample Number: 125-60102

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			7/19/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			7/19/21 16:25	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBG0601
Address:	P.O. Box 641172	Project:	Bacteria (07/20/2021)
	Pullman, WA 99164	Reported:	7/27/2021 09:39
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBG0601-03	Collect Date:	07/19/21 09:26	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/19/21 12:45	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	CUB 63				
Matrix:	Drinking Water				

Lab/Sample Number: 125-60103

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			7/19/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			7/19/21 16:25	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBG0601
Address:	P.O. Box 641172	Project:	Bacteria (07/20/2021)
	Pullman, WA 99164	Reported:	7/27/2021 09:39
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBG0601-04	Collect Date:	07/19/21 09:41	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/19/21 12:45	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Streit-Perham 81C				
Matrix:	Drinking Water				

Lab/Sample Number: 125-60104

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			7/19/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			7/19/21 16:25	LAC	SM 9223 B	

Anatek Labs, Inc.

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Client:	Washington State University (EHS)	Work Order:	MBG0601
Address:	P.O. Box 641172	Project:	Bacteria (07/20/2021)
	Pullman, WA 99164	Reported:	7/27/2021 09:39
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBG0601-05	Collect Date:	07/19/21 09:54	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	07/19/21 12:45	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Steptoe 665B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-60105

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			7/19/21 16:25	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			7/19/21 16:25	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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Client:	Washington State University (EHS)	Work Order:	MBG0601
Address:	P.O. Box 641172	Project:	Bacteria (07/20/2021)
	Pullman, WA 99164	Reported:	7/27/2021 09:39
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

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MBG0601

Due: 08/02/21

19 BAC

Date Sample Collected	Time Sample Collected	County
7 / 19 / 21 (Month / Day / Year)	8 : 55 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sam Fortin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Alumni Center 134

Specific location where sample collected (address or sample site, and type of faucet): Patterson

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** MC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code:	Date and Time Received:
MICR – 2720	7-19-21 13.0 C IR 4 12:45 JM
Date Analyzed: 7/20/21 1625	Date Reported:
1 2 5 6 0 1 0 1 (Sample Number (DOH number plus five digits))	Lab Use: MBG0601-01

DOH Form 4331-319 (revised 11/10)

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MBG0601

Due: 08/02/21

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1 9 BACTE[illegible]

Date Sample Collected	Time Sample Collected	County
7 / [illegible] / 21 (Month / Day / Year)	9 : 12 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PaHarvin

Specific location where sample collected (address or sample site, and type of faucet):
Gamma - Gallowaythy 79

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ☐ OR
Chlorine Residual: Total ____ Free 1

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 7-19-21 13.0 c IR-4 12:45 JM

Date Analyzed: 7/19/21 1625

Date Reported:

1 2 5 6 0 1 0 2
Sample Number (DOH number plus five digits)

Lab Use: MBG0601-02

DOH Form 4331-319 (revised 11/10)

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MBG0601

Due: 08/02/21

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
7 19 21	9 : 26 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Jonathan

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Arvia

Specific location where sample collected (address or sample site, and type of faucet):
CUB 63

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ☐
Chlorine Residual: Total ☐ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code:	Date and Time Received: 7-19-21
MICR – 2720	130 C IR-4 12:45 JM
Date Analyzed: 7/19/21 625	Date Reported:
1 2 5 6 0 1 0 3	Lab Use: MBG0601-03
Sample Number (DOH number plus five digits)	

DOH Form 4331-319 (revised 11/10)

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MBG0601

Due: 08/02/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
7 19 21 (Month Day Year)	9:41 ☒ AM ☐ PM	Whitman

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# 9 3 2 6 0 6
System Name: WSU

Contact Person: Swanson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PeAverson

Specific location where sample collected (address or sample site, and type of faucet):
Streit-Perham PIC

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .41

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL. Fecal Coliform _____ /100mL.

Method Code: MICR – 2720	Date and Time Received: 7-19-21 13.0 C IR-4 12:45
Date Analyzed: 7/19/21 1625	Date Reported:
12560104 Sample Number (DOH number plus five digits)	Lab Use: MBG0601-04

DOH Form 4331-210 (revised 11/10)

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MBG0601

Due: 08/02/21

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19 BACTER...

Date Sample Collected	Time Sample Collected	County
7 / [illegible] / 21 (Month Day Year)	1 : 54 ☐ AM ☐ PM	Whitman

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# 5 3 2 1 0 9
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Sutherlin

Specific location where sample collected (address or sample site, and type of faucet):
Stevens 665 B

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code: MICR – 2720

Date and Time Received: 7-19-21
13.0 C IR-4 1245 JM

Date Analyzed: 7/19/21 1625

Date Reported:

1 2 5 6 0 1 0 5
Sample Number (DOH number plus five digits)

Lab Use: MBG0601-05

DOH Form 453-218 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MBH0031
Address:	P.O. Box 641172	Project:	Bacts 8/2
	Pullman, WA 99164	Reported:	8/10/2021 09:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0031-01	Collect Date:	08/02/21 08:57	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/02/21 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Cooper Publications 91				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03101

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0031
Address:	P.O. Box 641172	Project:	Bacts 8/2
	Pullman, WA 99164	Reported:	8/10/2021 09:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0031-02	Collect Date:	08/02/21 08:45	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/02/21 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Surplus Stores 358B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03102

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0031
Address:	P.O. Box 641172	Project:	Bacts 8/2
	Pullman, WA 99164	Reported:	8/10/2021 09:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0031-03	Collect Date:	08/02/21 09:09	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/02/21 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Public Safety 875				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03103

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0031
Address:	P.O. Box 641172	Project:	Bacts 8/2
	Pullman, WA 99164	Reported:	8/10/2021 09:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0031-04	Collect Date:	08/02/21 09:22	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/02/21 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	ADBF 807A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03104

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0031
Address:	P.O. Box 641172	Project:	Bacts 8/2
	Pullman, WA 99164	Reported:	8/10/2021 09:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0031-05	Collect Date:	08/02/21 09:42	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/02/21 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Food Quality 815				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03105

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0031
Address:	P.O. Box 641172	Project:	Bacts 8/2
	Pullman, WA 99164	Reported:	8/10/2021 09:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0031-06	Collect Date:	08/02/21 09:56	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/02/21 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Golf Course Clubhouse 365H				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03106

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0031
Address:	P.O. Box 641172	Project:	Bacts 8/2
	Pullman, WA 99164	Reported:	8/10/2021 09:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0031-07	Collect Date:	08/02/21 10:10	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/02/21 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Northside Residence 18				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03107

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0031
Address:	P.O. Box 641172	Project:	Bacts 8/2
	Pullman, WA 99164	Reported:	8/10/2021 09:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0031-08	Collect Date:	08/02/21 10:24	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/02/21 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Murrow 33E				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03108

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0031
Address:	P.O. Box 641172	Project:	Bacts 8/2
	Pullman, WA 99164	Reported:	8/10/2021 09:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0031-09	Collect Date:	08/02/21 10:34	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/02/21 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Avery 809				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03109

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0031
Address:	P.O. Box 641172	Project:	Bacts 8/2
	Pullman, WA 99164	Reported:	8/10/2021 09:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0031-10	Collect Date:	08/02/21 10:47	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/02/21 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	EE-ME 78A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03110

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0031
Address:	P.O. Box 641172	Project:	Bacts 8/2
	Pullman, WA 99164	Reported:	8/10/2021 09:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0031-11	Collect Date:	08/02/21 10:58	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/02/21 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Abelson 32				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03111

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0031
Address:	P.O. Box 641172	Project:	Bacts 8/2
	Pullman, WA 99164	Reported:	8/10/2021 09:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0031-12	Collect Date:	08/02/21 11:08	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/02/21 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Daggy 803				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03112

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0031
Address:	P.O. Box 641172	Project:	Bacts 8/2
	Pullman, WA 99164	Reported:	8/10/2021 09:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0031-13	Collect Date:	08/02/21 11:25	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/02/21 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Terrell Library 62A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03113

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	

Anatek Labs, Inc.

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Client:	Washington State University (EHS)	Work Order:	MBH0031
Address:	P.O. Box 641172	Project:	Bacts 8/2
	Pullman, WA 99164	Reported:	8/10/2021 09:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0031-14	Collect Date:	08/02/21 11:38	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/02/21 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Wilson 40				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03114

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/2/21 16:21	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBH0031
Address:	P.O. Box 641172	Project:	Bacts 8/2
	Pullman, WA 99164	Reported:	8/10/2021 09:31
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MBH0031

Due: 08/16/21

Date Sample Collected	Time Sample Collected	County
8 / 2 / 21 (Month Day Year)	8 : 57 ☒ AM ☐ PM	Whitman

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# 9 5 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PG Hanson

Specific location where sample collected (address or sample site, and type of faucet): Cooper Publications 91

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes Y No ____
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 15.0°C 4
2 AUG 21 1305

Date Analyzed: 8/2/21 8/21

Date Reported:

1 2 5 0 3 1 0 1
Sample Number (DOH number plus five digits)

Lab Use: MBH0031-001

DOH Form 4331-318 (revised 11/10)

MBH0031

Due: 08/16/21

Date Sample Collected	Time Sample Collected	County
8 / 2 / 21 (Month Day Year)	8:45 ☒ AM ☐ PM	Whitman

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# 93200 6
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Sanitarian

Specific location where sample collected (address or sample site, and type of faucet):
Surplus Store 358 B

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ☐
Chlorine Residual: Total ☐ Free 1.05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
WC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code: MICR – 2720

Date and Time Received: 2 AUG 21 1305 15.0°C Ref.

Date Analyzed: 8/2/21 1621

Date Reported:

1 2 5 0 3 1 0 2
Sample Number (DOH number plus five digits)

Lab Use: MBH0031-02

DOH Form 4331-319 (revised 11/10)

MBH0031

Due: 08/16/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8/2/21 (Month Day Year)	9:09 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WSU

Contact Person: Sam Harris

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Harris

Specific location where sample collected (address or sample site, and type of faucet): Public Safety B/S

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 0.9

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
WE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 8/4/2021 1505 MD

Date Analyzed: 8/2/21 1621

Date Reported:

1 2 5 0 3 1 0 3
Sample Number (DOH number plus five digits)

Lab Use: MBH0031-03

DOH Form 4331-319 (revised 11/10)

MBH0031

Due: 08/16/21

Date Sample Collected	Time Sample Collected	County
8 / 2 / 21 (Month Day Year)	9 : 22 ☐ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Stutterheim

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64472
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Stutterheim

Specific location where sample collected (address or sample site, and type of faucet): ADBF 807A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No____
Chlorine Residual: Total____ Free .09

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 15.0°C IR-4 2AUG2021 1305 MD.

Date Analyzed: 8/2/21 1621

Date Reported:

1 2 5 0 3 1 0 4
Sample Number (DOH number plus five digits)

Lab Use: MBH0031-04

DOH Form 4331 (10) (revised 11/10)

MBH0031

Due: 08/16/21

Date Sample Collected	Time Sample Collected	County
8/2/21 (Month Day Year)	9:42 ☒ AM ☐ PM	Whitman

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# 75200
System Name: WSU Sanitation

Contact Person:

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hansen

Specific location where sample collected (address or sample site, and type of faucet):
Food Quality Lab

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 1.2

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL. E.coli _____ /100mL.
Total Coliform _____ /100mL. Fecal Coliform _____ /100mL.

Method Code: MICR – 2720

Date and Time Received: 15.0°C IR4
2 AUG 2021 1305 LSA

Date Analyzed: 8/2/21 1621

Date Reported:

1 2 5 0 3 1 0 5
Sample Number (DOH number plus five digits)

Lab Use: MBH0031-05

DOH Form #331-318 (revised 11/10)

MBH0031

Due: 08/16/21

Date Sample Collected	Time Sample Collected	County
8 / 2 / 21 (Month Day Year)	9 : 35 ☒ AM ☐ PM	Whitman

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# 7 3 2 0 0 Q
System Name: WW

Contact Person: Sanitarian

Day Phone: (509) 335-7041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW (EH)
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Golf Course Clubhouse 36TH

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 2 AUG 2021 1335 hrs. 15.0°C
Date Analyzed: 8/2/21 1621	Date Reported:
1 2 5 0 3 1 0 6 (Sample Number (DOH number plus five digits))	Lab Use: MBH0031-06

DOH Form 4201-318 (revised 11/10)

MBH0031

Due: 08/16/21

Date Sample Collected	Time Sample Collected	County
8 / 2 / 21 (Month Day Year)	10 : 10 ☒ AM ☐ PM	Whitman

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# 7 3 2 0 0 6

System Name: WJ

Contact Person: Smithson

Day Phone: (509) 332-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJ EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Norkida Rd. Zone 1R

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** UE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 8-9-21 1305 KH

Date Analyzed: 8/2/21 1621

Date Reported:

1 2 5 0 3 1 0 7
Sample Number (DOH number plus five digits)

Lab Use: MBH0031-07

DOH Form 4331-318 (revised 11/10)

MBH0031

Due: 08/16/21

Date Sample Collected	Time Sample Collected	County
8 / 2 / 21 (Month Day Year)	10 : 24 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 4
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patrick

Specific location where sample collected (address or sample site, and type of faucet):
Murrow 33E

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 15.0°C KV
2 AUG 2021 1025 MS

Date Analyzed: 8/2/21 1621

Date Reported:

1 2 5 0 3 1 0 8
Sample Number (DOH number plus five digits)

Lab Use: MBH0031-08

DOH Form 430-319 (revised 11/10)

MBH0031

Due: 08/16/21

Date Sample Collected	Time Sample Collected	County
8 / 2 / 21 (Month Day Year)	10 : 24 ☑ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WSU

Contact Person: Patterson

Day Phone: (509) 335-3941	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Avery 809

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.8

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720	Date and Time Received: @ 2AUG21 0855hrs.
Date Analyzed: 8/2/21 1621	Date Reported:
1 2 5 0 3 1 0 9 Sample Number (DOH number plus five digits)	Lab Use: MBH0031-09

DOH Form 4331-319 (revised 11/10)

MBH0031

Due: 08/16/21

Date Sample Collected	Time Sample Collected	County
8 / 2 / 21 (Month Day Year)	10:47 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Swithrin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PeHavin

Specific location where sample collected (address or sample site, and type of faucet):
CE-ME 78A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free .06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 2AUG21 1505 KL4

Date Analyzed: 8/2/21 1621

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 0 3 1 1 0

Lab Use: MBH0031-10

DOH Form 8331-019 (revised 11/13)

MBH0031

Due: 08/16/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8 / 2 / 21 (Month Day Year)	10 : 58 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 Q
System Name: WN

Contact Person: Sanitation

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WN EHJ
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevin

Specific location where sample collected (address or sample site, and type of faucet): Nelson 32

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 2 AUG 21 1305 hrs. P.O. Clkd

Date Analyzed: 8/2/21 1621

Date Reported:

1 2 5 0 3 1 1 1
Sample Number (DOH number plus five digits)

Lab Use: MBH0031-11

DOH Form 4331-313 (revised 11/10)

MBH0031

Due: 08/16/21

Date Sample Collected	Time Sample Collected	County
8 / 2 / 21 (Month Day Year)	11 : 08 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 2
System Name: WSU

Contact Person: Pathavi

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pathavi

Specific location where sample collected (address or sample site, and type of faucet):
Neff 803

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.7

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720

Date and Time Received: 2AUG21 1305 15.0C

Date Analyzed: 8/2/21 1621

Date Reported:

1 2 5 0 3 1 1 2
Sample Number (DOH number plus five digits)

Lab Use: MBH0031-012

DOH Form 4331-318 (revised 11/10)

MBH0031

Due: 08/16/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8 / 2 / 21 (Month Day Year)	11 : 25 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Samantha

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Heron

Specific location where sample collected (address or sample site, and type of faucet):
Terrell Library 62A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.1

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
NC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 5.0°C Rd 2AUG21 1305 Rec.

Date Analyzed: 8/2/21 1621

Date Reported:

1 2 5 0 3 1 1 3
Sample Number (DOH number plus five digits)

Lab Use: MBH0031-013

DOH Form 4331-319 (revised 11/10)

MBH0031

Due: 08/16/21

Date Sample Collected	Time Sample Collected	County
8/2/21 (Month Day Year)	11:30 ☒ AM ☐ PM	Whitman

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# 5 3 0 2 0 0 9
System Name: WSU

Contact Person: Sean Irwin

Day Phone: (509) 335-3491	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Wilson 4D

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 2AUG21 1305 15.0°C
Date Analyzed: 8/2/21 1621	Date Reported:
1 2 5 0 3 1 1 4 Sample Number (DOH number plus five digits)	Lab Use: MBH0031-04

DOH Form #331-318 (revised 11/13)

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Client:	Washington State University (EHS)	Work Order:	MBH0303
Address:	P.O. Box 641172	Project:	Bacts 8/9
	Pullman, WA 99164	Reported:	8/17/2021 10:07
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0303-01	Collect Date:	08/09/21 11:07	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/09/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook 679O				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30301

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0303
Address:	P.O. Box 641172	Project:	Bacts 8/9
	Pullman, WA 99164	Reported:	8/17/2021 10:07
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0303-02	Collect Date:	08/09/21 10:56	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/09/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	McEachern 805N				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30302

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0303
Address:	P.O. Box 641172	Project:	Bacts 8/9
	Pullman, WA 99164	Reported:	8/17/2021 10:07
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0303-03	Collect Date:	08/09/21 10:44	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/09/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Johnson Tower 94				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30303

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0303
Address:	P.O. Box 641172	Project:	Bacts 8/9
	Pullman, WA 99164	Reported:	8/17/2021 10:07
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0303-04	Collect Date:	08/09/21 10:33	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/09/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Fine Arts 97				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30304

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0303
Address:	P.O. Box 641172	Project:	Bacts 8/9
	Pullman, WA 99164	Reported:	8/17/2021 10:07
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0303-05	Collect Date:	08/09/21 10:20	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/09/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Neill 70				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30305

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0303
Address:	P.O. Box 641172	Project:	Bacts 8/9
	Pullman, WA 99164	Reported:	8/17/2021 10:07
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0303-06	Collect Date:	08/09/21 10:10	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/09/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Bryan 2				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30306

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0303
Address:	P.O. Box 641172	Project:	Bacts 8/9
	Pullman, WA 99164	Reported:	8/17/2021 10:07
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0303-07	Collect Date:	08/09/21 09:54	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/09/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Morrill 24				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30307

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0303
Address:	P.O. Box 641172	Project:	Bacts 8/9
	Pullman, WA 99164	Reported:	8/17/2021 10:07
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0303-08	Collect Date:	08/09/21 09:48	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/09/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Commons 5				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30308

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0303
Address:	P.O. Box 641172	Project:	Bacts 8/9
	Pullman, WA 99164	Reported:	8/17/2021 10:07
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0303-09	Collect Date:	08/09/21 09:30	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/09/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Nez Perce 677F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30309

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0303
Address:	P.O. Box 641172	Project:	Bacts 8/9
	Pullman, WA 99164	Reported:	8/17/2021 10:07
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0303-10	Collect Date:	08/09/21 09:16	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/09/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Beasley Coliseum 806				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30310

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0303
Address:	P.O. Box 641172	Project:	Bacts 8/9
	Pullman, WA 99164	Reported:	8/17/2021 10:07
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0303-11	Collect Date:	08/09/21 09:00	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/09/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Dodgen Res Facility 74				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30311

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0303
Address:	P.O. Box 641172	Project:	Bacts 8/9
	Pullman, WA 99164	Reported:	8/17/2021 10:07
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0303-12	Collect Date:	08/09/21 08:44	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/09/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	FSHN 816				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30312

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0303
Address:	P.O. Box 641172	Project:	Bacts 8/9
	Pullman, WA 99164	Reported:	8/17/2021 10:07
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0303-13	Collect Date:	08/09/21 08:34	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/09/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Hulbert 808				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30313

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBH0303
Address:	P.O. Box 641172	Project:	Bacts 8/9
	Pullman, WA 99164	Reported:	8/17/2021 10:07
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0303-14	Collect Date:	08/09/21 08:23	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/09/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Vet Teaching Hospital 818				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30314

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0303
Address:	P.O. Box 641172	Project:	Bacts 8/9
	Pullman, WA 99164	Reported:	8/17/2021 10:07
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0303-15	Collect Date:	08/09/21 08:11	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/09/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	McCluskey 85B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30315

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBH0303
Address:	P.O. Box 641172	Project:	Bacts 8/9
	Pullman, WA 99164	Reported:	8/17/2021 10:07
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0303-16	Collect Date:	08/09/21 08:02	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/09/21 12:50	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Beef Feed Lab 144				
Matrix:	Drinking Water				

Lab/Sample Number: 125-30316

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			8/9/21 16:43	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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The results reported related only to the samples indicated.

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Client:	Washington State University (EHS)	Work Order:	MBH0303
Address:	P.O. Box 641172	Project:	Bacts 8/9
	Pullman, WA 99164	Reported:	8/17/2021 10:07
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MBH0303

Due: 08/23/21

Date Sample Collected	Time Sample Collected	County
8 / 9 / 21 (Month Day Year)	11 : 07 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Peterson Chinook

Specific location where sample collected (address or sample site, and type of faucet):
Chinook 679

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 8-9-21 JM 17.0 IR-4 12:50
Date Analyzed: 8/9/21 1643	Date Reported:
1 2 5 3 0 3 0 1 (Sample Number (DOH number plus five digits))	Lab Use: MBH0303-01

DOH Form #331-319 (revised 11/10)

MBH0303

Due: 08/23/21

Date Sample Collected	Time Sample Collected	County
8 / 9 / 21 (Month Day Year)	10 : 56 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Scott Revlin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Revlin

Specific location where sample collected (address or sample site, and type of faucet): McEuen POU

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 1.09

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720

Date and Time Received: 8-9-21 17.0 C IR-4 12:50

Date Analyzed: 8/9/21 1643

Date Reported:

1 2 5 3 0 3 0 2
Sample Number (DOH number plus five digits)

Lab Use: MBH0303-02

DOH Form #331-219 (revised 11/19)

MBH0303

Due: 08/23/21

Date Sample Collected	Time Sample Collected	County
8 / 9 / 21 (Month Day Year)	10 : 44 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WW

Contact Person: Sanitarian

Day Phone: (509) 335-3841 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Johnson Tower 94

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 8-9-21 JM 170 CIR-4 12:50
Date Analyzed: 8/9/21 1643	Date Reported:
1 2 5 3 0 3 0 3 Sample Number (DOH number plus five digits)	Lab Use: MBH0303-83

DOH Form 4331-319 (revised 11/10)

MBH0303

Due: 08/23/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8 / 9 / 21 (Month / Day / Year)	10 : 33 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Irwin

Specific location where sample collected (address or sample site, and type of faucet):
Fine Arts 97

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	8-9-21 AM 12:10 CIR4 12:50
Date Analyzed: 8/9/21 1643	Date Reported:
1 2 5 3 0 3 0 4 (Sample Number (DOH number plus five digits))	Lab Use: MBH0303-04

DOH Form 4331-318 (revised 11/15)

MBH0303

Due: 08/23/21

Date Sample Collected	Time Sample Collected	County
8 / 9 / 21 (Month / Day / Year)	10 : 20 ☒ AM ☐ PM	Whitman

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# 53200 9
System Name: WSU

Contact Person: ~~WSU EHS~~ Smith Eric
Day Phone: (509) 335-3941 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Well 70

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.01

2. ☐ Repeat Sample (after unsat. routine)
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ Sample Collected for Information Only
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ Replacement Sample Required

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720
Date and Time Received: 8-9-21 JHA 17.0 C IR4 12:50

Date Analyzed: 8/9/211643
Date Reported:

1 2 5 3 0 3 0 5
Sample Number (DOH number plus five digits)
Lab Use: MBH0303-05

DOH Form 4331-218 (revised 11/10)

MBH0303

Due: 08/23/21

Date Sample Collected	Time Sample Collected	County
8 / 9 / 21 (Month Day Year)	10 : 10 ☒ AM ☐ PM	Whitman

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# 1 3 2 0 0 Q
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pet Harris

Specific location where sample collected (address or sample site, and type of faucet):
Bryan 2

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.3

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL. E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code:	Date and Time Received:
MICR – 2720	8-9-21 AM 170 C IR-4 12:50
Date Analyzed: 8/9/21 1643	Date Reported:
1 2 5 3 0 3 0 6 (Sample Number (DOH number plus five digits))	Lab Use: MBH0303-06

DOH Form #331-318 (revised 11/10)

MBH0303

Due: 08/23/21

Date Sample Collected	Time Sample Collected	County
8 / 9 / 21 (Month / Day / Year)	9 54 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: WSU Sanitarian

Day Phone: 509 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patricia

Specific location where sample collected (address or sample site, and type of faucet):
Merrill 24

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free 1.09

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720	Date and Time Received: 8-9-21 JM 1120 C IR-4 12:50
Date Analyzed: 8/9/21 1643	Date Reported:
1 2 5 3 0 3 0 7 (Sample Number (DOH number plus five digits))	Lab Use: MBH0303-07

DOH Form 4331-318 (revised 11/10)

MBH0303

Due: 08/23/21

9

Date Sample Collected (Month Day Year)	Time Sample Collected	County
8 / 9 / 21	9:48 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WJW

Contact Person: Samantha

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJW EHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanna

Specific location where sample collected (address or sample site, and type of faucet):
Commons

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 8-9-21 JM 170 CIR4 12:50
Date Analyzed: 8/9/21 1643	Date Reported:
1 2 5 3 0 3 0 8 Sample Number (DOH number plus five digits)	Lab Use: MBH0303-08

DOH Form 4331-219 (revised 11/10)

MBH0303

Due: 08/23/21

Date Sample Collected	Time Sample Collected	County
8 / 9 / 21 (Month / Day / Year)	9 :30 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pathan

Specific location where sample collected (address or sample site, and type of faucet):
N 2 Perla 677F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	8-9-21 JM 1700 CIR-4 12:50
Date Analyzed: 8/9/21 1643	Date Reported:
1 2 5 3 0 3 0 9 (Sample Number (DOH number plus five digits))	Lab Use: EE MBH 0303-0009

DOH Form 4331-318 (revised 11/13)

MBH0303

Due: 08/23/21

Date Sample Collected	Time Sample Collected	County
8 / 9 / 21 (Month Day Year)	9 : 15 ☒ AM ☐ PM	Whitman

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# 6 3 2 0 0 9
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print bill name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Peterson

Specific location where sample collected (address or sample site, and type of faucet):
Bexley Coll Town POE

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 8-9-21 AM 17.0C IR-4 12:50

Date Analyzed: 8/9/21 1643

Date Reported:

1 2 5 3 0 3 1 0
Sample Number (DOH number plus five digits)

Lab Use: MBH0303-10

DOH Form 4331-319 (revised 11/10)

MBH0303

Due: 08/23/21

Date Sample Collected	Time Sample Collected	County
8 / 9 / 21 (Month Day Year)	9 : 00 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Dykstra Rec Facility TY

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 1.07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720	Date and Time Received: 8-9-21 JH9 17.0 C IR4 12:30
Date Analyzed: 8/9/21 1643	Date Reported:
1 2 5 3 0 3 1 1 (Sample Number (DOH number plus five digits))	Lab Use: MBH0303-11

DOH Form 4331-319 (revised 11/10)

MBH0303

Due: 08/23/21

Date Sample Collected	Time Sample Collected	County
8 / 9 / 21 (Month Day Year)	12 : 44 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WW

Contact Person: Saltzler

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172

SAMPLE INFORMATION

Sample collected by (name): P. Aarvin

Specific location where sample collected (address or sample site, and type of faucet):
FSHN F/C

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	8-9-21 JM 17.0 C IR-4 12:50
Date Analyzed: 8/9/21 1643	Date Reported:
1 2 5 3 0 3 1 2 (Sample Number (DOH number plus five digits))	Lab Use: MBH0303-12

DOH Form 4331-018 (revised 11/10)

MBH0303

Due: 08/23/21

Date Sample Collected	Time Sample Collected	County
8 / 9 / 21 (Month / Day / Year)	8 : 34 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Sam Terlson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Orchard Bar

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 8-9-21 JM 17.0C IR-4 12:30
Date Analyzed: 8/9/21 1643	Date Reported:
1 2 5 3 0 3 1 3 Sample Number (DOH number plus five digits)	Lab Use: MBH0303-13

DOH Form 4331-310 (revised 11/10)

MBH0303

Due: 08/23/21

Date Sample Collected	Time Sample Collected	County
8 / 9 / 21 (Month Day Year)	8 : 23 ☒AM ☐PM	Whitman

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# 9 3 2 0 0 0
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 334-6127 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64472
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patrick

Specific location where sample collected (address or sample site, and type of faucet):
Vet Teaching Hospital RF

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 8-9-21 JM 17.0 C IR-4 12:50
Date Analyzed: 8/9/21 1643	Date Reported:
1 2 5 3 0 3 1 4 (Sample Number (DOH number plus five digits))	Lab Use: MBH0303-14

DOH Form 4331-318 (revised 11/10)

MBH0303

Due: 08/23/21

Date Sample Collected	Time Sample Collected	County
8 / 9 / 21 (Month Day Year)	P : 11 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WW

Contact Person: Sanitarian

Day Phone: (509 335-7041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): McClusky RT B

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 8-9-21 JM 1700 IR-4 12:50
Date Analyzed: 8/9/21 1643	Date Reported:
1 2 5 3 0 3 15 Sample Number (DOH number plus five digits)	Lab Use: MBH0303-15

DOH Form #331-318 (revised 11/10)

MBH0303

Due: 08/23/21

Date Sample Collected	Time Sample Collected	County
8 / 9 / 21 (Month / Day / Year)	8 : 02 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 Q
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Hanson

Specific location where sample collected (address or sample site, and type of faucet): Boaf T-22 Lab 144

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL. E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code: MICR – 2720	Date and Time Received: 8-9-21 JM 17.0 C IR-4 12:50
Date Analyzed: 8/9/21 1643	Date Reported:
1 2 5 3 0 3 1 6 Sample Number (DOH number plus five digits)	Lab Use: MBH0303-16

DOH Form #331-318 (revised 11/13)

Anatek Labs, Inc.

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAH0230
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/20/2020 09:36
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0230-01	Collect Date:	08/10/20 08:38	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/10/20 13:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Surplus Stores 358B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-23001

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0230
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/20/2020 09:36
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0230-02	Collect Date:	08/10/20 08:52	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/10/20 13:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Cooper Publications 91				
Matrix:	Drinking Water				

Lab/Sample Number: 125-23002

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0230
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/20/2020 09:36
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0230-03	Collect Date:	08/10/20 09:03	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/10/20 13:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Public Safety 875				
Matrix:	Drinking Water				

Lab/Sample Number: 125-23003

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0230
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/20/2020 09:36
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0230-04	Collect Date:	08/10/20 09:15	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/10/20 13:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	ADBF 807A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-23004

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0230
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/20/2020 09:36
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0230-05	Collect Date:	08/10/20 09:29	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/10/20 13:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Food Quality 815				
Matrix:	Drinking Water				

Lab/Sample Number: 125-23005

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAH0230
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/20/2020 09:36
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0230-06	Collect Date:	08/10/20 09:43	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/10/20 13:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Golf Course Clubhouse 365H				
Matrix:	Drinking Water				

Lab/Sample Number: 125-23006

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0230
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/20/2020 09:36
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0230-07	Collect Date:	08/10/20 09:56	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/10/20 13:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Northside Residence 18				
Matrix:	Drinking Water				

Lab/Sample Number: 125-23007

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0230
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/20/2020 09:36
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0230-08	Collect Date:	08/10/20 10:09	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/10/20 13:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Murrow 33E				
Matrix:	Drinking Water				

Lab/Sample Number: 125-23008

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0230
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/20/2020 09:36
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0230-09	Collect Date:	08/10/20 10:21	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/10/20 13:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Avery 809				
Matrix:	Drinking Water				

Lab/Sample Number: 125-23009

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0230
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/20/2020 09:36
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0230-10	Collect Date:	08/10/20 10:50	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/10/20 13:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Commons 5				
Matrix:	Drinking Water				

Lab/Sample Number: 125-23010

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0230
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/20/2020 09:36
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0230-11	Collect Date:	08/10/20 11:04	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/10/20 13:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Terrell Library 62A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-23011

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0230
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/20/2020 09:36
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0230-12	Collect Date:	08/10/20 11:15	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/10/20 13:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Wilson 40				
Matrix:	Drinking Water				

Lab/Sample Number: 125-23012

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/10/20 16:06	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

MAH0230

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Moscow
208-8

Due: 08/24/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8/10/20 (Month Day Year)	P 3:38 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Surplus Stores 358 B

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL. E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code:	Date and Time Received:
MICR – 2720	8/10/20 13:10 18.9C IR-3 HS
Date Analyzed: 8/10/20 1600	Date Reported:
1 2 5 2 3 0 0 1 (Sample Number (DOH number plus five digits))	Lab Use: MAH0230-01

DOH Form 430-111 (revised 11/10)

MAH0230

Anatek
1282 Alt
Moscow
208-8

Due: 08/24/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8/10/20 (Month Day Year)	8:52 ☒ AM ☐ PM	Whitman

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# 5 3 2 8 0 0
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Cooper Publications 91

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample
Chlorinated: Yes ☒ No ☐ OP
Chlorine Residual: Total ___ Free 1

2. ☐ Repeat Sample (after unsat. routine)
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from DWFI

4. ☐ Sample Collected for Information Only
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ Unsatisfactory
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAE

☐ Replacement Sample Required

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code: MICR – 2720

Date and Time Received: 18.9°C IR-3
8/10/20 13:40 HS

Date Analyzed: 8/10/20 1600

Date Reported:

1 2 5 2 3 0 0 2
Sample Number (DOH number plus five digits)

Lab Use: MAH0230-02

DOH Form 4331-319 (revised 11/13)

MAH0230

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Due: 08/24/20

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
8/10/20	9:03 ☒ AM ☐ PM	Whitman

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# 5 3 2 8 0 9
System Name: WSU

Contact Person: Sivitanian
Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU GHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pathavin

Specific location where sample collected (address or sample site, and type of faucet): Public Safety 875

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free .06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other ___

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	8/10/20 13:10 HS 18.5C R-3
Date Analyzed: 8/10/20 1600	Date Reported:
1 2 5 2 3 0 0 3	Lab Use:
Sample Number (DOH number plus five digits)	MAH0230-03

DOH Form #331-318 (revised 11/10)

MAH0230

Due: 08/24/20

Anatek
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Moscow
208-8

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
8/10/20	9:15 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 2
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman, WA 99164

SAMPLE INFORMATION

Sample collected by (name): PAHerlin

Specific location where sample collected (address or sample site, and type of faucet):
ADBF 807A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .Ok

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 18.9 C IR3
8/10/20 13:10 HS

Date Analyzed: 8/10/20 Hcdp

Date Reported:

1 2 5 2 3 0 0 4
Sample Number (DOH number plus five digits)

Lab Use: MAH0230-04

DOH Form 4331-210 (revised 11/10)

MAH0230

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Due: 08/24/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8 / 10 / 20 (Month Day Year)	9 : 29 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 Q
System Name: WSU

Contact Person: Sarah Avis

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Sarah Avis

Specific location where sample collected (address or sample site, and type of faucet):
Food Quality PIT

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	8/10/20 13:10 18.9 CIR-3 HS
Date Analyzed: 8/10/20 1604	Date Reported:
1 2 5 2 3 0 0 5 (Sample Number (DOH number plus five digits))	Lab Use: MAH0230-05

DOH Form 4331-319 (revised 11/10)

MAH0230

Due: 08/24/20

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
8 / 10 / 20	9 : 43 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-7041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hansen

Specific location where sample collected (address or sample site, and type of faucet): Golf Course Clubhouse 3rd H

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total .13 Free

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 18-95R-3 8/10/20 13:10 HS

Date Analyzed: 8/10/20 1606

Date Reported:

1 2 5 2 3 0 0 6
Sample Number (DOH number plus five digits)

Lab Use: MAH0230-06

DOH Form #331-318 (revised 11/10)

MAH0230

Anatek
1282 All
Moscov
208-8

Due: 08/24/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8 / 10 / 20 (Month Day Year)	9 : 56 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Sanitarian

Specific location where sample collected (address of sample site, and type of faucet): North 52 Residence 18

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total 1.0 Free ____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from DWS

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 18.9C 1R-3 8/10/20 13:10 HS

Date Analyzed: 8/10/20 16:06

Date Reported:

1 2 5 2 3 0 0 7
Sample Number (DOH number plus five digits)

Lab Use: MAH0230-07

DOH Form 453-318 (revised 11/10)

MAH0230

Anatek
1282 All
Moscov
208-8

Due: 08/24/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8 / 10 / 20 (Month Day Year)	10 : 09 ☒ AM ☐ PM	Whitman

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# 1 3 2 0 0 9
System Name: WSU

Contact Person: Jan Finlay

Day Phone: (509 335-3041) Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hurst

Specific location where sample collected (address or sample site, and type of faucet):
Murrow 33E

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** ☒ DAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL. E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code: MICR – 2720

Date and Time Received: 19.9C IR3
8/10/20 13:10 HS

Date Analyzed: 8/10/2016 06

Date Reported:

1 2 5 2 3 0 0 8
Sample Number (DOH number plus five digits)

Lab Use: MAH0230-08

DOH Form 4331-319 (revised 11/10)

MAH0230

Anatek
1282 All
Moscov
208-8

Due: 08/24/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
8/10/20	10:21 ☒ AM ☐ PM	Whitman

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# 93200Q
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PuHerja

Specific location where sample collected (address or sample site, and type of faucet):
Avery B09

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total 0.4 Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Construction/Repairs ___ Other ___

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code:	Date and Time Received:
MICR – 2720	8/10/20 13:10 HS
Date Analyzed: 8/10/20 1600	Date Reported:
1 2 5 2 3 0 0 9 (Sample Number (DOH number plus five digits))	Lab Use: MAH0230-09

DOH Form 4331-310 (revised 11/10)

MAH0230

Anatek
1282 Alt
Moscov
208-8

Due: 08/24/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
8/10/20	10:50 ☑ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WJV

Contact Person: Sanitarian

Day Phone: (509) 332-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WJO EHJ
PO Box 647172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harrison

Specific location where sample collected (address or sample site, and type of faucet):
Columbia S

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ✓ No ____
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL. E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code:	Date and Time Received:
MICR – 2720	8/10/20 13:10
Date Analyzed: 8/10/20 kodp	Date Reported:
1 2 5 2 3 0 1 0 Sample Number (DOH number plus five digits)	Lab Use: MAH0230-10

18-9 C 12-3 HS

DOH Form 4331-219 (revised 11/13)

MAH0230

Anatek
1282 Alt
Moscow
208-8

Due: 08/24/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
8/10/20	11:04 ☒ AM ☐ PM	Wh.

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# 4 3 2 0 0 2
System Name: WSU

Contact Person: Sanitarian

Day Phone: 509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harris

Specific location where sample collected (address or sample site, and type of faucet):
Terrell Library 62A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free .12

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other ___

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 18.9 c IR-3
8/10/20 13:10 HS

Date Analyzed: 8/10/20 1606

Date Reported:

1 2 5 2 3 0 1 1
Sample Number (DOH number plus five digits)

Lab Use: MAH0230-11

DOH Form #331-318 (revised 11/10)

MAH0230

Anatek
1282 Alt
Moscov
208-8

Due: 08/24/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8 / 10 / 20 (Month Day Year)	11 : 15 ☑ AM ☐ PM	Whitman

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# 5 3 2 0 0 Q
System Name: WW

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Arvin

Specific location where sample collected (address or sample site, and type of faucet): W.J.C. 40

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes ☑ No ☐
Chlorine Residual: Total ☐ Free ☐ OP

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other ☐

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 8/10/20 13:10 18.9c IR-3 HS
Date Analyzed: 8/10/20 1606	Date Reported:
1 2 5 2 3 0 1 2 (Sample Number (DOH number plus five digits))	Lab Use: MAH0230-12

DOH Form 4331-319 (revised 11/10)

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Client:	WSU EH & S	Work Order:	MAH0281
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/20/2020 10:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0281-01	Collect Date:	08/11/20 10:34	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/11/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Abelson 32				
Matrix:	Drinking Water				

Lab/Sample Number: 125-28101

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/11/20 16:43	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/11/20 16:43	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAH0281
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/20/2020 10:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0281-02	Collect Date:	08/11/20 10:46	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/11/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Daggy 803				
Matrix:	Drinking Water				

Lab/Sample Number: 125-28102

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/11/20 16:43	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/11/20 16:43	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0281
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/20/2020 10:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0281-03	Collect Date:	08/11/20 11:03	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/11/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	EE-ME 78A 2nd Floor Restroom				
Matrix:	Drinking Water				

Lab/Sample Number: 125-28103

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/11/20 16:43	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/11/20 16:43	LAC	SM 9223 B	

MAH0281

Anatek
1282 Alt
Moscow
208-8

Due: 08/25/20

COLI

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
8/11/20	10:34 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 4
System Name: WSU

Contact Person: Sunitha

Day Phone: (509 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hudson

Specific location where sample collected (address or sample site, and type of faucet): Ablejon 32

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from DWS

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 15.6°C CR
11 AUG 2020 1305 Hrs.

Date Analyzed: 8/11/20 1643

Date Reported:

1 2 5 2 8 1 0 1
Sample Number (DOH number plus five digits)

Lab Use: MAH0281-01

DOH Form 4331-318 (revised 11/10)

MAH0281

Anatek
1282 Alt
Moscow
208-8

Due: 08/25/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8 / 11 / 20 (Month Day Year)	10 : 45 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitaria

Day Phone: 509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harris

Specific location where sample collected (address or sample site, and type of faucet): Daggy B03

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free .38

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from DOH

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL. E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code: MICR – 2720

Date and Time Received: 156 K-2 11AUG2020 LOS Mo.

Date Analyzed: 8/11/2016 43

Date Reported:

1 2 5 2 8 1 0 2
Sample Number (DOH number plus five digits)

Lab Use: MAH0281-02

DOH Form 4331-319 (revised 11/10)

MAH0281

Anatek
1282 Al
Moscov
208-8

Due: 08/25/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8 / 11 / 20 (Month Day Year)	11 : 03 ☒ AM ☐ PM	Whitman

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# 93280 0 9
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
EE-ME 78A

Special instructions or comments: 2nd Floor restroom

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free ___

2. ☐ **Repeat Sample (after unsat. routine)**
☐ Distribution System
☐ 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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other ___

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 1561 CKZ
11AUG2020 1305 hrs.

Date Analyzed: 8/11/20 1643

Date Reported:

1 2 5 2 8 1 0 3
Sample Number (DOH number plus five digits)

Lab Use: MAH0281-03

DOH Form 4331-319 (revised 11/10)

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Client:	WSU EH & S	Work Order:	MAH0465
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/26/2020 12:14
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0465-01	Collect Date:	08/17/20 08:05	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/17/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Beef Feed Lab 144				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46501

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAH0465
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/26/2020 12:14
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0465-02	Collect Date:	08/17/20 08:17	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/17/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Vet Teaching Hospital 818				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46502

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0465
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/26/2020 12:14
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0465-03	Collect Date:	08/17/20 08:28	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/17/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Hulbert 808				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46503

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0465
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/26/2020 12:14
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0465-04	Collect Date:	08/17/20 08:38	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/17/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	FSHN 816				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46504

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0465
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/26/2020 12:14
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0465-05	Collect Date:	08/17/20 08:51	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/17/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Dodgen Research Facility 74				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46505

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0465
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/26/2020 12:14
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0465-06	Collect Date:	08/17/20 09:10	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/17/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Beasley Coliseum 806				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46506

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0465
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/26/2020 12:14
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0465-07	Collect Date:	08/17/20 09:17	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/17/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Nez Perce 677F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46507

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0465
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/26/2020 12:14
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0465-08	Collect Date:	08/17/20 09:40	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/17/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Morrill 24				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46508

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0465
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/26/2020 12:14
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0465-09	Collect Date:	08/17/20 09:52	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/17/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Bryan 2				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46509

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0465
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/26/2020 12:14
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0465-10	Collect Date:	08/17/20 10:03	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/17/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Neill 70				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46510

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0465
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/26/2020 12:14
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0465-11	Collect Date:	08/17/20 10:16	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/17/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	McEachern 805N				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46511

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0465
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/26/2020 12:14
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0465-12	Collect Date:	08/17/20 10:29	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/17/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Fine Arts 97				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46512

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0465
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/26/2020 12:14
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0465-13	Collect Date:	08/17/20 10:40	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/17/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Johnson Tower 94				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46513

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0465
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/26/2020 12:14
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0465-14	Collect Date:	08/17/20 10:56	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/17/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook 679O				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46514

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAH0465
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	8/26/2020 12:14
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAH0465-15	Collect Date:	08/17/20 11:12	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	08/17/20 13:05	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	McCluskey 85B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46515

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	
	E. coli	Absent		1.00			8/21/20 15:13	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

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208-8

MAH0465

Due: 08/31/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
8/17/20	8:05 ☒ AM ☐ PM	Whitman

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# 93200Q
System Name: WSU

Contact Person: Jonathan

Day Phone: (509 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Beef Feed Lab 144

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 8-9-20 @ 1505 MG

Date Analyzed: 8/17/20 1626

Date Reported: 8-19-20 ER

Sample Number (DOH number plus five digits): 1 2 5 4 6 5 0 1

Lab Use: MAH0465-01

DOH Form 4331-819 (revised 11/10)

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208-8

MAH0465

Due: 08/31/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8 / 17 / 20 (Month Day Year)	8 : 17 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 6
System Name: WSU

Contact Person: Swetlana

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harman

Specific location where sample collected (address or sample site, and type of faucet): Vet Teaching Hospital SIF

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total 1.0 Free ____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 16.9°C 18 AUG 2020 1500 LAD.

Date Analyzed: 8/17/20 1606

Date Reported: 8-19-20 ER

1 2 5 4 6 5 0 2
Sample Number (DOH number plus five digits)

Lab Use: MAH0465-02

DOH Form #331-310 (revised 11/10)

MAH0465

Anatek
1282 Alt
Moscow
208-8

Due: 08/31/20

COLI

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
8 / 17 / 20	2P ☒ AM ☐ PM	Whitman

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# 5 3 2 8 0 0
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvin

Specific location where sample collected (address or sample site, and type of faucet): Hallwest POE

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 8/18/2020 1305 6.9 °C CR-4

Date Analyzed: 8/17/20 1646

Date Reported: 8-19-20 ER

Sample Number (DOH number plus five digits): 1 2 5 4 6 5 0 3

Lab Use: MAH0465-03

DOH Form 4331-310 (revised 11/10)

MAH0465

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1282 Alt
Moscov
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Due: 08/31/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8/17/20 (Month Day Year)	8:38 ☐ AM ☐ PM	Whitman

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# 4 5 2 0 0 Q
System Name: WJ

Contact Person: Sentorin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJ EHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P A Sentorin

Specific location where sample collected (address or sample site, and type of faucet):
FSHN 816

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code: MICR – 2720

Date and Time Received: 16.9°C AR-4
8/17/2020 1325 MS

Date Analyzed: 8/17/20 1646

Date Reported: 8-19-20 SEZ

1 2 5 4 6 5 0 4
Sample Number (DOH number plus five digits)

Lab Use: MAH0465-04

DOH Form 4331-313 (revised 11/13)

Anatek
1282 Alt
Moscow
208-8

MAH0465

Due: 08/31/20

COLI
BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
8/17/20	8 : 51 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 Q
System Name: WSU

Contact Person: Janitorial

Day Phone: 509 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvin

Specific location where sample collected (address or sample site, and type of faucet): Palouse Research Facility TY

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 1.05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720	Date and Time Received: 16.9°C R-4 8/18/2020 1305 MS.
Date Analyzed: 8/17/20 1616	Date Reported: 8-19-20 ETC
1 2 5 4 6 5 0 5 Sample Number (DOH number plus five digits)	Lab Use: MAH0465-05

DOH Form 4331-219 (revised 11/10)

MAH0465

Anatek
1282 Alt
Moscow
208-8

Due: 08/31/20

COLI
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8 / 17 / 20 (Month Day Year)	9:10 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Anderson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Bowley Coli Sewer 806

Special instructions or comments: Room 118

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ ~~Satisfactory~~ LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 16-9 CR-d
MAR 2020 1335

Date Analyzed: 8/18/20 1616

Date Reported: 8-19-20 852

1 2 5 4 6 5 0 6
Sample Number (DOH number plus five digits)

Lab Use: MAH0465-06

DOH Form 4331-319 (revised 11/13)

Anatek
1282 Alt
Moscow
208-8

MAH0465

Due: 08/31/20

COL
BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
8/17/20	9:17 ☒ AM ☐ PM	Whitman

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# 6 3 2 0 8 0
System Name: WSU

Contact Person: Smith

Day Phone: 509 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Heveron

Specific location where sample collected (address or sample site, and type of faucet):
Nez Perce 677F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720

Date and Time Received: 16.9°C ice
17 AUG 2020 1305 hrs

Date Analyzed: 8/17/20 1616

Date Reported: 8-19-20 ER

1 2 5 4 6 5 0 7
Sample Number (DOH number plus five digits)

Lab Use: MAH0465-07

DOH Form #331-310 (revised 11/10)

Anatek
1282 Alt
Moscov
208-8

MAH0465

Due: 08/31/20

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8 / 17 / 20 (Month Day Year)	9 : 40 ☒ AM ☐ PM	Wh. Pma.

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitation

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harrison

Specific location where sample collected (address or sample site, and type of faucet):
Merrill 24

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .10

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100mL Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 6.9°C IR-4
8/17/2020 1305 hrs.

Date Analyzed: 8/17/20 616

Date Reported: 8-19-20 SR

12546508
Sample Number (DOH number plus five digits)

Lab Use: MAH0465-08

DOH Form 4331-310 (revised 11/10)

MAH0465

Anatek
1282 Alt
Moscov
208-8

Due: 08/31/20

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8 / 17 / 20 (Month Day Year)	9 : 52 ☒ AM ☐ PM	Whitman

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# 6 3 2 0 0 0
System Name: WW

Contact Person: Patterson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EAS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Bryan 2

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 16 9C 14 17AUG2020 1305 MD

Date Analyzed: 8/17/20 1606

Date Reported: 8-19-20 BR

1 2 5 4 6 5 0 9
Sample Number (DOH number plus five digits)

Lab Use: MAH0465-09

DOH Form #331-219 (revised 11/13)

Anatek
1282 All
Moscov
208-8

MAH0465

Due: 08/31/20

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8 / 17 / 20 (Month Day Year)	10 : 03 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 0
System Name: WSU

Contact Person: Jennifer Ib

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Peterson

Specific location where sample collected (address or sample site, and type of faucet): Neill 70

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 19 9C IR-4
17 AUG 2020 1305 hrs

Date Analyzed: 8/17/20 1616

Date Reported: 8-19-20 CRZ

1 2 5 4 6 5 1 0
Sample Number (DOH number plus five digits)

Lab Use: MAH0465-10

DOH Form 4331-319 (revised 11/10)

MAH0465

Anatek
1282 Alt
Moscow
208-8

Due: 08/31/20

COL
BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
8/17/20	10:[illegible] ☒ AM ☐ PM	Whitman

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# 73200 9
System Name: WSU

Contact Person: Pat Hevron

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64472
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevron

Specific location where sample collected (address or sample site, and type of faucet):
McEachran POE N

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .95

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720

Date and Time Received: 16.9°C IR4
17 AUG 2020 1325 hrs.

Date Analyzed: 8/17/20 1616

Date Reported: 8-19-20 AR

1 2 5 4 6 5 1 1
Sample Number (DOH number plus five digits)

Lab Use: MAH0465-11

DOH Form 4331-219 (revised 11/10)

Anatek
1282 Alt
Moscov
208-8

MAH0465

Due: 08/31/20

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8/17/20 (Month Day Year)	10:29 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 6
System Name: WW Sanitation

Contact Person:
Day Phone: (509) 332-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Fire Arts 97

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 1.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 8/19/2020 6.9°C 1305 hrs.

Date Analyzed: 8/17/20 1616

Date Reported: 8-19-20 ER

Sample Number (DOH number plus five digits): 1 2 5 4 6 5 1 2

Lab Use: MAH0465-12

DOH Form #331-310 (revised 11/10)

MAH0465

Anatek
1282 Alt
Moscow
208-8

Due: 08/31/20

COLI
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8 / 17 / 20 (Month / Day / Year)	10 : 40 ☒ AM ☐ PM	Whitman

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# 54300Q
System Name: WN Pantata

Contact Person:
Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WN EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pathevin

Specific location where sample collected (address or sample site, and type of faucet):
Johnson Tower YY

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 1.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720

Date and Time Received: 17 AUG 2020 1305 16.9°C Rd

Date Analyzed: 8/17/20 1616

Date Reported: 8-19-20 SR

Sample Number (DOH number plus five digits): 1 2 5 4 6 5 1 3

Lab Use: MAH0465-13

DOH Form #331-318 (revised 11/13)

MAH0465

Due: 08/31/20

Anatek
1282 All
Moscov
208-8

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8/17/20 (Month Day Year)	10:56 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WJV

Contact Person: Jennifer

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJV EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): B. Aeva

Specific location where sample collected (address or sample site, and type of faucet): Chinook 6790

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
TAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL. E.coli _____ /100mL.
Total Coliform _____ /100mL. Fecal Coliform _____ /100mL.

Method Code: MICR – 2720

Date and Time Received: 17 AUG 2020 1305 MS

Date Analyzed: 8/17/20 WDG

Date Reported: 8-19-20 SR

Sample Number (DOH number plus five digits): 1 2 5 4 5 6 1 4

Lab Use: MAH0465-14

DOH Form 4331-219 (revised 11/10)

Anatek
1282 Alt
Moscov
208-8

MAH0465

Due: 08/31/20

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
8 17 / 20 (Month Day Year)	11 : 12 ☐ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: P. Harvin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH&S
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvin

Specific location where sample collected (address or sample site, and type of faucet):
McCluskey RR B

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720

Date and Time Received: 8/18/2020 1335hrs. 16.5°C IR-4

Date Analyzed: 8/17/20 1616

Date Reported: 8.19.20 SR

1 2 5 4 6 5 1 45
Sample Number (DOH number plus five digits)

Lab Use: MAH0465-15

DOH Form #331-018 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MBI0228
Address:	P.O. Box 641172	Project:	Bacts 9/7
	Pullman, WA 99164	Reported:	9/14/2021 11:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBI0228-01	Collect Date:	09/07/21 00:00	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/07/21 11:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Dana 56				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22801

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0228
Address:	P.O. Box 641172	Project:	Bacts 9/7
	Pullman, WA 99164	Reported:	9/14/2021 11:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBI0228-02	Collect Date:	09/07/21 08:23	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/07/21 11:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	SCUE 95				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22802

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0228
Address:	P.O. Box 641172	Project:	Bacts 9/7
	Pullman, WA 99164	Reported:	9/14/2021 11:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBI0228-03	Collect Date:	09/07/21 09:59	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/07/21 11:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Eggert Farm 147A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22803

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0228
Address:	P.O. Box 641172	Project:	Bacts 9/7
	Pullman, WA 99164	Reported:	9/14/2021 11:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBI0228-04	Collect Date:	09/07/21 07:45	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/07/21 11:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Terrece 650E				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22804

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0228
Address:	P.O. Box 641172	Project:	Bacts 9/7
	Pullman, WA 99164	Reported:	9/14/2021 11:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBI0228-05	Collect Date:	09/07/21 09:36	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/07/21 11:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Southside Cafe 80				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22805

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0228
Address:	P.O. Box 641172	Project:	Bacts 9/7
	Pullman, WA 99164	Reported:	9/14/2021 11:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBI0228-06	Collect Date:	09/07/21 08:48	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/07/21 11:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Goertzen 33A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22806

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0228
Address:	P.O. Box 641172	Project:	Bacts 9/7
	Pullman, WA 99164	Reported:	9/14/2021 11:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBI0228-07	Collect Date:	09/07/21 09:15	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/07/21 11:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Thermal Fluids 57				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22807

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0228
Address:	P.O. Box 641172	Project:	Bacts 9/7
	Pullman, WA 99164	Reported:	9/14/2021 11:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBI0228-08	Collect Date:	09/07/21 09:25	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/07/21 11:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Carpenter 20				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22808

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0228
Address:	P.O. Box 641172	Project:	Bacts 9/7
	Pullman, WA 99164	Reported:	9/14/2021 11:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBI0228-09	Collect Date:	09/07/21 08:37	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/07/21 11:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Cleveland 86				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22809

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0228
Address:	P.O. Box 641172	Project:	Bacts 9/7
	Pullman, WA 99164	Reported:	9/14/2021 11:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBI0228-10	Collect Date:	09/07/21 08:12	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/07/21 11:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	College 4				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22810

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0228
Address:	P.O. Box 641172	Project:	Bacts 9/7
	Pullman, WA 99164	Reported:	9/14/2021 11:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBI0228-11	Collect Date:	09/07/21 08:00	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/07/21 11:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Smith Ag Engineering 54				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22811

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0228
Address:	P.O. Box 641172	Project:	Bacts 9/7
	Pullman, WA 99164	Reported:	9/14/2021 11:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBI0228-12	Collect Date:	09/07/21 07:33	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/07/21 11:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Valley Crest 675A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22812

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0228
Address:	P.O. Box 641172	Project:	Bacts 9/7
	Pullman, WA 99164	Reported:	9/14/2021 11:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBI0228-13	Collect Date:	09/07/21 09:48	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/07/21 11:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Meats Lab 98				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22813

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0228
Address:	P.O. Box 641172	Project:	Bacts 9/7
	Pullman, WA 99164	Reported:	9/14/2021 11:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBI0228-14	Collect Date:	09/07/21 07:20	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/07/21 11:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	University Stores 358J				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22814

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0228
Address:	P.O. Box 641172	Project:	Bacts 9/7
	Pullman, WA 99164	Reported:	9/14/2021 11:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBI0228-15	Collect Date:	09/07/21 07:11	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/07/21 11:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Food Service 89				
Matrix:	Drinking Water				

Lab/Sample Number: 125-22815

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/7/21 16:42	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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The results reported related only to the samples indicated.

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Client:	Washington State University (EHS)	Work Order:	MBI0228
Address:	P.O. Box 641172	Project:	Bacts 9/7
	Pullman, WA 99164	Reported:	9/14/2021 11:38
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MBI0228

Due: 09/21/21

Date Sample Collected	Time Sample Collected	County
9 / 7 / 21 (Month Day Year)	___ : ___ ☒ AM ☒ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Justin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman, WA 99164

SAMPLE INFORMATION

Sample collected by (name): PJ Hanson

Specific location where sample collected (address or sample site, and type of faucet): Rice F6

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720	Date and Time Received: 9-7-21 14:7C IR-4 JM 11:10
Date Analyzed: 9/7/21 1642	Date Reported:
1 2 5 2 2 8 0 1 Sample Number (DOH number plus five digits)	Lab Use: MBI0228-01

DOH Form 4331-319 (revised 11/10)

MBI0228

Due: 09/21/21

BACTERIAL ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 7 / 21 (Month / Day / Year)	8 : 23 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Jon Tarvin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvin

Specific location where sample collected (address or sample site, and type of faucet):
SCUE 95

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform_____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9-7-21 14.7 C JR 4 JM 11:10

Date Analyzed: 9/7/21 1642

Date Reported:

1 2 5 2 2 8 0 2
Sample Number (DOH number plus five digits)

Lab Use: MBI0228

DOH Form 4331-318 (revised 11/10)

MBI0228

Due: 09/21/21

Date Sample Collected	Time Sample Collected	County
9 / 7 / 21 (Month Day Year)	9 : 59 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Smithson

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
P.O. Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pathson

Specific location where sample collected (address or sample site, and type of faucet):
Egert Farm 1474

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9-7-21
M.T.C JR & JM 11:10

Date Analyzed: 9/7/21 1642

Date Reported:

1 2 5 2 2 8 0 3
Sample Number (DOH number plus five digits)

Lab Use: MBI 0228-03

DOH Form 4331-219 (revised 11/10)

MBI0228

Due: 09/21/21

Date Sample Collected	Time Sample Collected	County
9/7/21 (Month Day Year)	7:41 ☒ AM ☐ PM	Whitman

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# 132 00 Q
System Name: WSU

Contact Person: Smithson

Day Phone: (509 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pi Hsu Jen

Specific location where sample collected (address or sample site, and type of faucet): Terrell 650E

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	9-7-21 14:7C IR-4 JM 11:10
Date Analyzed: 9/9/21 1642	Date Reported:
1 2 5 2 2 8 0 4 (Sample Number (DOH number plus five digits))	Lab Use: MBI0228-04

DOH Form 4331-318 (revised 11/12)

MBI0228

Due: 09/21/21

BACTERIAL ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
9 / 7 / 21	8 : 36 ☐ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: S. Hutson

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hutson

Specific location where sample collected (address or sample site, and type of faucet): Johnson Cafe RO

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	9-7-21 14:7C IR-4 JM 11:10
Date Analyzed: 9/7/21 1642	Date Reported:
1 2 5 2 2 8 0 5 Sample Number (DOH number plus five digits)	Lab Use: MBI0228-05

DOH Form 4331-319 (revised 11/10)

MBI0228

Due: 09/21/21

BACTERIAL ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 7 / 21 (Month Day Year)	8 : 45 ☐ AM ☐ PM	Whitman

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# 93200Q
System Name: CWSV

Contact Person: Scientists

Day Phone: (509) 335-3691	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WA DOH
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PA Hanson

Specific location where sample collected (address or sample site, and type of faucet): Goertzen 33A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.7

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9-7-21 14:7 C IR-4 JM 11:10

Date Analyzed: 9/7/21 1642

Date Reported:

1 2 5 2 2 8 0 6
Sample Number (DOH number plus five digits)

Lab Use: MBI 0228-06

DOH Form 4331-219 (revised 11/10)

MBI0228

Due: 09/21/21

Date Sample Collected	Time Sample Collected	County
9 / 7 / 21 (Month Day Year)	9 : 15 ☐ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WN

Contact Person: Dan Harden

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WN DOH
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harden

Specific location where sample collected (address or sample site, and type of faucet): Thermal Fluids 57

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.9

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720	Date and Time Received: 9-7-21 14.7C IR4 JM 11:10
Date Analyzed: 9/7/21 16:42	Date Reported:
1 2 5 2 2 8 0 7 (Sample Number (DOH number plus five digits))	Lab Use: MBI0228-07

DOH Form 4331-319 (revised 11/10)

MBI0228

Due: 09/21/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 7 / 21 (Month Day Year)	9 :25 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Carpenter 20

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720	Date and Time Received: 9-7-21 14.7 C IR-4 JM 11:10
Date Analyzed: 9/7/21 1642	Date Reported:
1 2 5 2 2 8 0 8 (Sample Number (DOH number plus five digits))	Lab Use: MBI 0228-08

DOH Form 4331-219 (revised 11/13)

MBI0228

Due: 09/21/21

Date Sample Collected	Time Sample Collected	County
9 / 7 / 21 (Month Day Year)	8 : 37 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WW

Contact Person: Janitorial

Day Phone: (509) 335-3641	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harris

Specific location where sample collected (address or sample site, and type of faucet): Cleveland Rd

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.5

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 9-7-21 14:7C IR4 JM 11:10
Date Analyzed: 9/7/21 1642	Date Reported:
1 2 5 2 2 8 0 9 (Sample Number (DOH number plus five digits))	Lab Use: MBI0228-09

DOH Form 4331-210 (revised 11/10)

MBI0228

Due: 09/21/21

Date Sample Collected	Time Sample Collected	County
9 / 7 / 21 (Month Day Year)	8 : 12 ☒ AM ☐ PM	Whitman

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# 7 3 2 0 0 Q
System Name: WSU

Contact Person: Smithson

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harris

Specific location where sample collected (address or sample site, and type of faucet): College 9

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 1.0P

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
NC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9-7-21 14:7 CJR-4 JM 11:10

Date Analyzed: 9/7/21 1642

Date Reported:

1 2 5 2 2 8 1 0
Sample Number (DOH number plus five digits)

Lab Use: MBI0228-10

DOH Form 4331-318 (revised 11/15)

MBI0228

Due: 09/21/21

Date Sample Collected	Time Sample Collected	County
9 / 7 / 21 (Month Day Year)	8 : 00 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: S. Hutton

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harrison

Specific location where sample collected (address or sample site, and type of faucet):
Smith Ag Engineering 54

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .104

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
NC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 9-7-21 14.7C IR-4 JM 11:10
Date Analyzed: 9/7/21 1642	Date Reported:
1 2 5 2 2 8 1 1 (Sample Number (DOH number plus five digits))	Lab Use: MBI.0228-11

DOH Form 4331-519 (revised 11/10)

MBI0228

Due: 09/21/21

Date Sample Collected	Time Sample Collected	County
9 / 7 / 21 (Month Day Year)	7 : 33 ☑ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3491	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pathak

Specific location where sample collected (address or sample site, and type of faucet): Valley Crest 675A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 1.06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**
NC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720	Date and Time Received: 9-7-21 M.T C IR 4 JM 11:10
Date Analyzed: 9/7/21 1642	Date Reported:
1 2 5 2 2 8 4 2 Sample Number (DOH number plus five digits)	Lab Use: MBI0228-12

DOH Form 4331-319 (revised 11/10)

MBI0228

Due: 09/21/21

Date Sample Collected	Time Sample Collected	County
9 / 7 / 21 (Month Day Year)	9 : 4P ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WV

Contact Person: Smithson

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WV EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Martin Lib 9P

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	9-7-2 14.7C IR4 JM 11:10
Date Analyzed: 9/7/21 1642	Date Reported:
1 2 5 2 2 8 1 3 (Sample Number (DOH number plus five digits))	Lab Use: MBI0228-13

DOH Form 4331-319 (revised 11/10)

MBI0228

Due: 09/21/21

Date Sample Collected	Time Sample Collected	County
9 / 7 / 21 (Month Day Year)	7 : 20 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sanitation

Day Phone: (509 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pathers

Specific location where sample collected (address or sample site, and type of faucet):
University Tower / 35FJ

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ Routine Distribution Sample
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .07

2. ☐ Repeat Sample (after unsat. routine)
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ Sample Collected for Information Only
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ Unsatisfactory
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
WC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	9-7-21 14:7 CIR-4 JM 11:10
Date Analyzed: 9/7/21 1642	Date Reported:
1 2 5 2 2 8 1 4 (Sample Number (DOH number plus five digits))	Lab Use: MBI0228-14

DOH Form 4331-219 (revised 11/13)

MBI0228

Due: 09/21/21

Date Sample Collected	Time Sample Collected	County
9 / 7 / 21 (Month Day Year)	7 : 11 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WW

Contact Person: Smithson

Day Phone: (509) 332-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P Harris

Specific location where sample collected (address or sample site, and type of faucet):
Food Service Bldg

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
5
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 9-7-21 14.7 C IR-4 JM 11:10
Date Analyzed: 9/7/21 1642	Date Reported:
1 2 5 2 2 8 1 5 Sample Number (DOH number plus five digits)	Lab Use: MBI-0228-15

DOH Form 4201-318 (revised 11/10)

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Client:	WSU EH & S	Work Order:	MAI0176
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	9/15/2020 09:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0176-01	Collect Date:	09/08/20 11:24	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/08/20 13:28	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Yakima L709 (680L)				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17601

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0176
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	9/15/2020 09:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0176-02	Collect Date:	09/08/20 11:13	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/08/20 13:28	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Eggert Farm 147A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17602

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0176
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	9/15/2020 09:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0176-03	Collect Date:	09/08/20 10:59	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/08/20 13:28	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Terrace 650E				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17603

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0176
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	9/15/2020 09:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0176-04	Collect Date:	09/08/20 10:35	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/08/20 13:28	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Goertzen 33A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17604

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0176
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	9/15/2020 09:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0176-05	Collect Date:	09/08/20 10:19	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/08/20 13:28	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Thermal Fluids 57				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17605

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0176
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	9/15/2020 09:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0176-06	Collect Date:	09/08/20 10:03	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/08/20 13:28	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Cleveland 86				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17606

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0176
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	9/15/2020 09:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0176-07	Collect Date:	09/08/20 10:46	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/08/20 13:28	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Southside Cafe 80				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17607

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0176
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	9/15/2020 09:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0176-08	Collect Date:	09/08/20 09:50	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/08/20 13:28	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	SCUE 95				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17608

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0176
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	9/15/2020 09:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0176-09	Collect Date:	09/08/20 09:50	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/08/20 13:28	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	College 4				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17609

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0176
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	9/15/2020 09:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0176-10	Collect Date:	09/08/20 09:26	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/08/20 13:28	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Info Tech 812				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17610

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0176
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	9/15/2020 09:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0176-11	Collect Date:	09/08/20 09:15	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/08/20 13:28	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Smith Ag Engineering 54				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17611

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0176
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	9/15/2020 09:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0176-12	Collect Date:	09/08/20 09:05	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/08/20 13:28	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Meats Lab 98				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17612

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0176
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	9/15/2020 09:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0176-13	Collect Date:	09/08/20 08:54	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/08/20 13:28	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	University Stores 358J				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17613

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAI0176
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	9/15/2020 09:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0176-14	Collect Date:	09/08/20 08:44	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/08/20 13:28	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Food Services 89				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17614

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/8/20 14:30	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

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MAI0176

Due: 09/22/20

Date Sample Collected	Time Sample Collected	County
9 / 8 / 20 (Month Day Year)	11 : 24 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 Q
System Name: WSU

Contact Person: Swanson

Day Phone: (509) 335-7041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Peterson

Specific location where sample collected (address or sample site, and type of faucet): Yakima 6 POE

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free OR

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative Construction/Repairs Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
Ute

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code:	Date and Time Received:
MICR – 2720	09/10/20 1328 16 oz FC-5
Date Analyzed: 9/8/20 1430	Date Reported:
1 2 5 1 7 0 1 (Sample Number (DOH number plus five digits))	Lab Use: MAI0176-01

DOH Form 4331-310 (revised 11/10)

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Due: 09/22/20

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
9 8 20	11 : 13 ☒ AM ☐ PM	Whitman

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# 4 3 2 6 0 9
System Name: WN

Contact Person: Sanitarian
Day Phone: (509) 331-3041 Cell Phone: ( )
Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WN EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): DeHaven

Specific location where sample collected (address or sample site, and type of faucet):
~~Goertzen 33A~~ Egget Farms D 1471

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 1.05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ ~~Satisfactory~~ LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /mL E.coli /100mL
Total Coliform /100mL. Fecal Coliform /100mL.

Method Code:	Date and Time Received:
MICR – 2720	09/8/20 1328 16.0C FR-5
Date Analyzed: 9/8/20 1430	Date Reported:
1 2 5 1 7 6 0 2 Sample Number (DOH number plus five digits)	Lab Use: MAI0176-02

DOH Form #331-318 (revised 11/10)

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Due: 09/22/20

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Date Sample Collected	Time Sample Collected	County
9 / 8 / 20 (Month Day Year)	10:59 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 6
System Name: WSU

Contact Person: Sanitarian
Day Phone: (509) 335-3041 Cell Phone: ( )
Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PG Hansen

Specific location where sample collected (address or sample site, and type of faucet): Jessica 6506

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free ☒ 0.5

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Construction/Repairs ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	09/9/20 1329 IKW IE-5
Date Analyzed: 9/8/20 1430	Date Reported:
1 2 5 1 7 4 0 3 (Sample Number (DOH number plus five digits))	Lab Use: MAI0176-03

DOH Form 4331-319 (revised 11/10)

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Due: 09/22/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 1 / 20 (Month Day Year)	10 : 35 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 0
System Name: WN

Contact Person: Jan Tarimon

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WN GHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Peterson

Specific location where sample collected (address or sample site, and type of faucet):
Goertzen 33A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free .11

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code:	Date and Time Received:
MICR – 2720	9/8/20 1323 KOL IR-5
Date Analyzed: 9/8/20 1430	Date Reported:
1 2 5 1 7 6 0 4 (Sample Number (DOH number plus five digits))	Lab Use: MAI0176-04

DOH Form 4331-519 (revised 11/10)

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Due: 09/22/20

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Date Sample Collected	Time Sample Collected	County
9 / 8 / 20 (Month Day Year)	10 : 19 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WSU

Contact Person: Sanitarian
Day Phone: (509) 335-3041 Cell Phone: ( )
Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Thomas Hall 57

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from SWPS

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 09/09/20 1328 KOC IR-5

Date Analyzed: 9/8/20 1430

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 1 7 6 0 5

Lab Use: MAI 0176-05

DOH Form 4331-318 (revised 11/10)

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Due: 09/22/20

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
9 / 8 / 20	10 : 46 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 Q
System Name: WN

Contact Person: WSU Sanitarian
Day Phone: (509) 335-3041 Cell Phone: ( )
Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WN EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PA Hanson

Specific location where sample collected (address or sample site, and type of faucet): Southside Cafe PS

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	09/09/20 828 1602 IE-5
Date Analyzed: 9/8/20 1430	Date Reported:
1 2 5 1 7 6 0 7 Sample Number (DOH number plus five digits)	Lab Use: MAI0176-07

DOH Form #331-310 (revised 11/10)

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Due: 09/22/20

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
9 / 8 / 20	9 : 50 ☒ AM ☐ PM	Whitman

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# 9 7 2 0 0 9
System Name: WSU

Contact Person: WSU Sanitarian
Day Phone: 509 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patrick

Specific location where sample collected (address or sample site, and type of faucet): SCUE 95

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	09/09/20 1328 KDE FR-S
Date Analyzed: 9/8/20 1430	Date Reported:
1 2 5 1 7 0 0 8 Sample Number (DOH number plus five digits)	Lab Use: MAI0176-08

DOH Form 4331-819 (revised 11/13)

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Due: 09/22/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 8 / 20 (Month Day Year)	9 : 38 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Patterson
Day Phone: (509 335-3044) Cell Phone: ( )
Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): College Y

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9/8/2020 1329 MOR JES

Date Analyzed: 9/8/20 1430 Date Reported:

1 2 5 1 7 6 0 9
Sample Number (DOH number plus five digits)

Lab Use: MAI0176-09

DOH Form #331-318 (revised 11/10)

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Due: 09/22/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 8 / 20 (Month Day Year)	9 : 26 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PeAterson

Specific location where sample collected (address or sample site, and type of faucet): Info Tech 812

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 0.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	09/8/20 1329 KOZ LR-5
Date Analyzed: 9/8/20 1430	Date Reported:
1 2 5 1 7 6 1 0 (Sample Number (DOH number plus five digits))	Lab Use: MAI0176-10

DOH Form 4331-319 (revised 11/10)

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Due: 09/22/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 8 / 20 (Month / Day / Year)	9 : 15 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian
Day Phone: (509) 335-3041 Cell Phone: ( )
Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Peterson

Specific location where sample collected (address or sample site, and type of faucet):
Smith Ag Engineering 54

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
Use

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL. E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code: MICR – 2720

Date and Time Received: 09/08/20 1328 WE IE-5

Date Analyzed: 9/8/20 1430

Date Reported:

1 2 5 1 7 6 1 1
Sample Number (DOH number plus five digits)

Lab Use: MAI0176-11

DOH Form 4331-319 (revised 11/13)

MAI0176

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Due: 09/22/20

CO.

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 8 / 20 (Month Day Year)	9 : 05 ☐ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: 509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Irvin

Specific location where sample collected (address or sample site, and type of faucet): Math Lab 9B

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☐ **Routine Distribution Sample**
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____ Free 0.2

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory** LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	09/09/20 1328 KCC IK-5
Date Analyzed: 9/8/20 1430	Date Reported:
1 2 5 1 7 6 1 2 (Sample Number (DOH number plus five digits))	Lab Use: MAI0176-12

DOH Form 4331-378 (revised 11/13)

MAI0176

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Due: 09/22/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 8 / 20 (Month Day Year)	8 : 44 ☑ AM ☐ PM	Whitman

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# 4 3 2 0 0 A
System Name: WSU

Contact Person: Sanitarian

Day Phone: 509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Hanson

Specific location where sample collected (address or sample site, and type of faucet): Food Services 89

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 1.03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 09/09/2020 1328 10.0C 50.5

Date Analyzed: 9/8/20 1430

Date Reported:

1 2 5 1 7 6 1 4
Sample Number (DOH number plus two digits)

Lab Use: MAI0176-14

DOH Form 4201-310 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MBI0408
Address:	P.O. Box 641172	Project:	Bacteria (09/13/2021)
	Pullman, WA 99164	Reported:	9/22/2021 13:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBI0408-01	Collect Date:	09/13/21 07:56	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/13/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Crimson Bake Shop 93C				
Matrix:	Drinking Water				

Lab/Sample Number: 125-40801

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0408
Address:	P.O. Box 641172	Project:	Bacteria (09/13/2021)
	Pullman, WA 99164	Reported:	9/22/2021 13:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBI0408-02	Collect Date:	09/13/21 08:07	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/13/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Rogers 83				
Matrix:	Drinking Water				

Lab/Sample Number: 125-40802

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0408
Address:	P.O. Box 641172	Project:	Bacteria (09/13/2021)
	Pullman, WA 99164	Reported:	9/22/2021 13:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBI0408-03	Collect Date:	09/13/21 08:19	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/13/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Yakima L709 (680L)				
Matrix:	Drinking Water				

Lab/Sample Number: 125-40803

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0408
Address:	P.O. Box 641172	Project:	Bacteria (09/13/2021)
	Pullman, WA 99164	Reported:	9/22/2021 13:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBI0408-05	Collect Date:	09/13/21 09:05	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/13/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Agronomy Seed House 115				
Matrix:	Drinking Water				

Lab/Sample Number: 125-40805

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0408
Address:	P.O. Box 641172	Project:	Bacteria (09/13/2021)
	Pullman, WA 99164	Reported:	9/22/2021 13:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBI0408-06	Collect Date:	09/13/21 09:18	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/13/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Info Tech 812				
Matrix:	Drinking Water				

Lab/Sample Number: 125-40806

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0408
Address:	P.O. Box 641172	Project:	Bacteria (09/13/2021)
	Pullman, WA 99164	Reported:	9/22/2021 13:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBI0408-07	Collect Date:	09/13/21 09:29	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/13/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Animal Science Lab 100				
Matrix:	Drinking Water				

Lab/Sample Number: 125-40807

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0408
Address:	P.O. Box 641172	Project:	Bacteria (09/13/2021)
	Pullman, WA 99164	Reported:	9/22/2021 13:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBI0408-08	Collect Date:	09/13/21 09:42	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/13/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Biotech-Life Sciences 836				
Matrix:	Drinking Water				

Lab/Sample Number: 125-40808

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0408
Address:	P.O. Box 641172	Project:	Bacteria (09/13/2021)
	Pullman, WA 99164	Reported:	9/22/2021 13:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBI0408-09	Collect Date:	09/13/21 09:57	DOH Source #:	
Multiple Source Nos:	09/13/21 12:35	Sample Type:		County:	Whitman
Date Received:	Student Rec Center 819	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Drinking Water				
Matrix:					

Lab/Sample Number: 125-40809

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0408
Address:	P.O. Box 641172	Project:	Bacteria (09/13/2021)
	Pullman, WA 99164	Reported:	9/22/2021 13:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBI0408-10	Collect Date:	09/13/21 10:11	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/13/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Northside Cafe 65A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-40810

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0408
Address:	P.O. Box 641172	Project:	Bacteria (09/13/2021)
	Pullman, WA 99164	Reported:	9/22/2021 13:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBI0408-11	Collect Date:	09/13/21 10:20	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/13/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Bohler 11				
Matrix:	Drinking Water				

Lab/Sample Number: 125-40811

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0408
Address:	P.O. Box 641172	Project:	Bacteria (09/13/2021)
	Pullman, WA 99164	Reported:	9/22/2021 13:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBI0408-12	Collect Date:	09/13/21 10:30	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/13/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Hillside Cafe 30				
Matrix:	Drinking Water				

Lab/Sample Number: 125-40812

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0408
Address:	P.O. Box 641172	Project:	Bacteria (09/13/2021)
	Pullman, WA 99164	Reported:	9/22/2021 13:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBI0408-13	Collect Date:	09/13/21 10:40	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/13/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Thompson 1				
Matrix:	Drinking Water				

Lab/Sample Number: 125-40813

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0408
Address:	P.O. Box 641172	Project:	Bacteria (09/13/2021)
	Pullman, WA 99164	Reported:	9/22/2021 13:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBI0408-14	Collect Date:	09/13/21 10:50	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/13/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Eastlink 82A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-40814

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0408
Address:	P.O. Box 641172	Project:	Bacteria (09/13/2021)
	Pullman, WA 99164	Reported:	9/22/2021 13:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBI0408-15	Collect Date:	09/13/21 11:01	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/13/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Albrook Lab 71				
Matrix:	Drinking Water				

Lab/Sample Number: 125-40815

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBI0408
Address:	P.O. Box 641172	Project:	Bacteria (09/13/2021)
	Pullman, WA 99164	Reported:	9/22/2021 13:21
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBI0408-16	Collect Date:	09/13/21 11:16	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/13/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Webster 801				
Matrix:	Drinking Water				

Lab/Sample Number: 125-40816

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			9/13/21 16:08	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBI0408
Address:	P.O. Box 641172	Project:	Bacteria (09/13/2021)
	Pullman, WA 99164	Reported:	9/22/2021 13:21
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

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208-8

MBI0408

Due: 09/27/21

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Date Sample Collected	Time Sample Collected	County
9 / 13 / 21 (Month Day Year)	7 : 56 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WN

Contact Person: Whitman

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WN EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PA Whitman

Specific location where sample collected (address or sample site, and type of faucet): ~~Scott PT~~ Crimson Bake Shop 936

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9-13-21 14.4 C IR-4 AM 12:35

Date Analyzed: 9/13/21 1608

Date Reported:

1 2 5 4 0 8 0 1
Sample Number (DOH number plus five digits)

Lab Use: MBI 0408-01

DOH Form 4331-318 (revised 11/10)

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Due: 09/27/21

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Date Sample Collected	Time Sample Collected	County
9 / 13 / 21 Month Day Year	P : 07 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WU

Contact Person: Students

Day Phone: (509) 335-3941 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WU EHS
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Students

Specific location where sample collected (address or sample site, and type of faucet): Room P3

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 9-13-21 14.4 C IR-4 JM 12:35
Date Analyzed: 9/13/21 1608	Date Reported:
1 2 5 4 0 9 0 2 Sample Number (DOH number plus five digits)	Lab Use: MBI0408-02

DOH Form 4331-215 (revised 11/10)

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Due: 09/27/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 7 / 21 (Month / Day / Year)	8 : 19 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 Q
System Name: WJV

Contact Person: Janitorial

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJV EHJ
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PA Harrison

Specific location where sample collected (address or sample site, and type of faucet):
Yakima L709 (CPVC)

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 0.7

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
VE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code: MICR – 2720	Date and Time Received: 9-13-21 14.4C IR-4 JM 12:35
Date Analyzed: 9/13/21 1608	Date Reported:
1 2 5 4 0 8 0 3 Sample Number (DOH number plus five digits)	Lab Use: MBI0408-03

DOH Form #331-318 (revised 11/10)

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Due: 09/27/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 13 / 21 (Month Day Year)	9 : 05 ☒ AM ☐ PM	Whitman

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# 5 3 3 6 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Agronomy Seed House 115

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ✓ No ____
Chlorine Residual: Total ____ Free .14

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9-13-21 14:4C JR-4 JM 12:35

Date Analyzed: 9/13/21 1608

Date Reported:

1 2 5 4 0 8 0 5
Sample Number (DOH number plus five digits)

Lab Use: MBI 0408.05

DOH Form 4331-319 (revised 11/10)

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Due: 09/27/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 11 / 21 (Month / Day / Year)	9 : 18 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 0
System Name: WW

Contact Person: Sanitarian

Day Phone: 509 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P Harvin

Specific location where sample collected (address or sample site, and type of faucet):
Info Tech 212

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	9-13-21 14.4 CIR-4 JM 12:35
Date Analyzed: 9/13/21 1608	Date Reported:
1 2 5 4 0 9 0 C (Sample Number (DOH number plus five digits))	Lab Use: MBI 0408-06

DOH Form #331-318 (revised 11/10)

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Due: 09/27/21

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Date Sample Collected	Time Sample Collected	County
9 / 13 / 21 (Month Day Year)	9 : 29 ☑ AM ☐ PM	Whitman

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# 9 3 2 0 0 A
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3941 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PG Harbor

Specific location where sample collected (address or sample site, and type of faucet): Animal Sciences Lab 108

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720
Date and Time Received: 9-13-21 14.4 CIR-4 JM 12:35

Date Analyzed: 9/13/21 1608
Date Reported:

1 2 5 4 0 8 0 7
Sample Number (DOH number plus five digits)

Lab Use: MBI 0408-07

DOH Form 4331-315 (revised 11/13)

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Due: 09/27/21

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Date Sample Collected (Month Day Year)	Time Sample Collected	County
9 / 13 / 21	9 : 42 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sinkevich

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU GHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PA Hevin

Specific location where sample collected (address or sample site, and type of faucet):
Biotech-Life Science 336

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.7

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** HC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 9-13-21 14.4 C JR-4 JM 1235
Date Analyzed: 9/13/21 1608	Date Reported:
1 2 5 4 0 8 0 3 Sample Number (DOH number plus five digits)	Lab Use: MBI 0408-03

DOH Form 4331-319 (revised 11/10)

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Due: 09/27/21

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Date Sample Collected	Time Sample Collected	County
9 / 13 / 21 (Month / Day / Year)	9 : 57 ☒ AM ☐ PM	Whitman

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# 5 3 2 8 0 4
System Name: WSU

Contact Person: P Hanson

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Student Rec Center

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9-13-21
14.4 C IR-4 JM 12:35

Date Analyzed: 9/13/21 1608

Date Reported:

1 2 5 4 0 8 0 9
Sample Number (DOH number plus five digits)

Lab Use: MBI0408-09

DOH Form 4331-318 (revised 11/10)

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Due: 09/27/21

Date Sample Collected	Time Sample Collected	County
9 / 13 / 21 (Month Day Year)	10 : 11 ☒ AM ☐ PM	Wa.th..

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# 4 3 2 0 0 4
System Name: WJN

Contact Person: S.h.tovic.

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJN GHJ
PO Box 64,1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hovic.

Specific location where sample collected (address or sample site, and type of faucet):
N. Hill. Cir bib

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total 0.3 Free

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720

Date and Time Received: 9-13-21
14:4C IR-4 PM 12:35

Date Analyzed: 9/13/21 1008

Date Reported:

1 2 5 4 0 8 1 6
Sample Number (DOH number plus five digits)

Lab Use: MBI 0408-ID

DOH Form 430-319 (revised 11/10)

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MBI0408

Due: 09/27/21

Date Sample Collected	Time Sample Collected	County
9 13 21 (Month Day Year)	10:20 ☒ AM ☐ PM	Whitman

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# 6 3 2 0 0 9
System Name: WJJ

Contact Person: P. Hayden

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJJ EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hayden

Specific location where sample collected (address or sample site, and type of faucet): Baldwin 11

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
WC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 9-13-21 14.4 C IR-4 JM 12:35
Date Analyzed: 9/13/21 1608	Date Reported:
1 2 5 4 0 8 1 1 (Sample Number (DOH number plus five digits))	Lab Use: MBI0408-11

DOH Form 453-218 (revised 11/10)

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Due: 09/27/21

Date Sample Collected	Time Sample Collected	County
9 / 13 / 21 (Month Day Year)	10 : 30 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sarah Irvin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hovis

Specific location where sample collected (address or sample site, and type of faucet): If. Library Cafe 30

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 2.2

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	9-13-21 14.4 C IR 4 1M 12:35
Date Analyzed: 9/13/21 1608	Date Reported:
1 2 5 4 0 8 1 2 Sample Number (DOH number plus five digits)	Lab Use: MBI0408-12

DOH Form 4331-219 (revised 11/10)

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MBI0408

Due: 09/27/21

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Date Sample Collected	Time Sample Collected	County
9 / 13 / 21 (Month Day Year)	10 : 40 ☒ AM ☐ PM	Whitman

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# 5 3 2 6 0 9
System Name: WJU

Contact Person: Scott Swim

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Thompson 1

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No 0.0
Chlorine Residual: Total ____ Free ____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	9-13-21 14.4 CIR-4 JH 12:35
Date Analyzed: 9/13/21 1608	Date Reported:
1 2 5 4 0 9 1 3 (Sample Number (DOH number plus five digits))	Lab Use: MBI0408-13

DOH Form 4331-019 (revised 11-13)

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Due: 09/27/21

Date Sample Collected	Time Sample Collected	County
9 / 13 / 21 (Month Day Year)	10 : 50 ☒ AM ☐ PM	Whitman

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# 9 7 2 0 0 9
System Name: WSU

Contact Person: S. Taylor

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hayes

Specific location where sample collected (address or sample site, and type of faucet): Eastlick P2A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 1.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code: MICR – 2720	Date and Time Received: 9-13-21 14:4 CIR-4 JM 12:35
Date Analyzed: 9/15/21 1608	Date Reported:
1 2 5 4 0 9 1 (Sample Number (DOH number plus five digits))	Lab Use: MBI0408-14

DOH Form 453-310 (revised 11/13)

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Due: 09/27/21

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Date Sample Collected	Time Sample Collected	County
9 / 13 / 21 (Month Day Year)	11 : 01 ☑ AM ☐ PM	Whit

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# 9 3 2 0 0 A
System Name: WJU

Contact Person: Sanitarian

Day Phone: (541) 332-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Arvin

Specific location where sample collected (address or sample site, and type of faucet):
Albrook Lab T1

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes ☑ No ☐
Chlorine Residual: Total ____ Free .01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (SFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**
UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9-13-21
14.4 C IR-4 JM 12:35

Date Analyzed: 9/13/21 1608

Date Reported:

1 2 5 4 0 8 1 9 5
Sample Number (DOH number plus five digits)

Lab Use: MBI0408-15

DOH Form 4331-313 (revised 11/13)

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MBI0408

Due: 09/27/21

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BACTEHIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 13 / 21 (Month Day Year)	11 : 15 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 6
System Name: WSU

Contact Person: Simpson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Watson 801

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720	Date and Time Received: 9-13-21 14:4 C JR-4 TM 12:35
Date Analyzed: 9/13/21 1008	Date Reported:
1 2 5 4 0 9 1 6 (Sample Number (DOH number plus five digits))	Lab Use: MBI 0408-16

DOH Form 4331-318 (revised 11/13)

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Client:	WSU EH & S	Work Order:	MAI0534
Address:	P.O. Box 641172	Project:	Bacteria (09-21-2020)
	Pullman, WA 99164	Reported:	9/29/2020 10:29
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0534-01	Collect Date:	09/21/20 08:41	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/21/20 13:27	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Agronomy Seed House 115				
Matrix:	Drinking Water				

Lab/Sample Number: 125-53401

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0534
Address:	P.O. Box 641172	Project:	Bacteria (09-21-2020)
	Pullman, WA 99164	Reported:	9/29/2020 10:29
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0534-02	Collect Date:	09/21/20 08:05	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/21/20 13:27	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Animal Science Lab 100				
Matrix:	Drinking Water				

Lab/Sample Number: 125-53402

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0534
Address:	P.O. Box 641172	Project:	Bacteria (09-21-2020)
	Pullman, WA 99164	Reported:	9/29/2020 10:29
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0534-03	Collect Date:	09/21/20 09:17	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/21/20 13:27	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Valley Crest 675A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-53403

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0534
Address:	P.O. Box 641172	Project:	Bacteria (09-21-2020)
	Pullman, WA 99164	Reported:	9/29/2020 10:29
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0534-04	Collect Date:	09/21/20 09:45	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/21/20 13:27	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Biotech - Life Sciences 836				
Matrix:	Drinking Water				

Lab/Sample Number: 125-53404

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0534
Address:	P.O. Box 641172	Project:	Bacteria (09-21-2020)
	Pullman, WA 99164	Reported:	9/29/2020 10:29
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0534-05	Collect Date:	09/21/20 10:29	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/21/20 13:27	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Student Rec Center 819				
Matrix:	Drinking Water				

Lab/Sample Number: 125-53405

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0534
Address:	P.O. Box 641172	Project:	Bacteria (09-21-2020)
	Pullman, WA 99164	Reported:	9/29/2020 10:29
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0534-06	Collect Date:	09/21/20 10:09	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/21/20 13:27	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Thompson 1				
Matrix:	Drinking Water				

Lab/Sample Number: 125-53406

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0534
Address:	P.O. Box 641172	Project:	Bacteria (09-21-2020)
	Pullman, WA 99164	Reported:	9/29/2020 10:29
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0534-07	Collect Date:	09/21/20 10:18	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/21/20 13:27	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Bohler 11				
Matrix:	Drinking Water				

Lab/Sample Number: 125-53407

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0534
Address:	P.O. Box 641172	Project:	Bacteria (09-21-2020)
	Pullman, WA 99164	Reported:	9/29/2020 10:29
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0534-08	Collect Date:	09/21/20 10:18	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/21/20 13:27	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Hillside Cafe 30				
Matrix:	Drinking Water				

Lab/Sample Number: 125-53408

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0534
Address:	P.O. Box 641172	Project:	Bacteria (09-21-2020)
	Pullman, WA 99164	Reported:	9/29/2020 10:29
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0534-09	Collect Date:	09/21/20 09:54	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/21/20 13:27	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Northside Cafe 65A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-53409

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0534
Address:	P.O. Box 641172	Project:	Bacteria (09-21-2020)
	Pullman, WA 99164	Reported:	9/29/2020 10:29
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0534-10	Collect Date:	09/21/20 10:39	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/21/20 13:27	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Eastlick 82A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-53410

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0534
Address:	P.O. Box 641172	Project:	Bacteria (09-21-2020)
	Pullman, WA 99164	Reported:	9/29/2020 10:29
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0534-11	Collect Date:	09/21/20 10:50	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/21/20 13:27	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Carpenter 20				
Matrix:	Drinking Water				

Lab/Sample Number: 125-53411

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0534
Address:	P.O. Box 641172	Project:	Bacteria (09-21-2020)
	Pullman, WA 99164	Reported:	9/29/2020 10:29
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0534-12	Collect Date:	09/21/20 11:04	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/21/20 13:27	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Dana 56				
Matrix:	Drinking Water				

Lab/Sample Number: 125-53412

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0534
Address:	P.O. Box 641172	Project:	Bacteria (09-21-2020)
	Pullman, WA 99164	Reported:	9/29/2020 10:29
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0534-13	Collect Date:	09/21/20 11:18	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/21/20 13:27	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Albrook Lab 71				
Matrix:	Drinking Water				

Lab/Sample Number: 125-53413

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0534
Address:	P.O. Box 641172	Project:	Bacteria (09-21-2020)
	Pullman, WA 99164	Reported:	9/29/2020 10:29
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0534-14	Collect Date:	09/21/20 11:32	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/21/20 13:27	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Crimson Bake Shop 93C				
Matrix:	Drinking Water				

Lab/Sample Number: 125-53414

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0534
Address:	P.O. Box 641172	Project:	Bacteria (09-21-2020)
	Pullman, WA 99164	Reported:	9/29/2020 10:29
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0534-15	Collect Date:	09/21/20 11:44	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/21/20 13:27	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Rogers 83				
Matrix:	Drinking Water				

Lab/Sample Number: 125-53415

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAI0534
Address:	P.O. Box 641172	Project:	Bacteria (09-21-2020)
	Pullman, WA 99164	Reported:	9/29/2020 10:29
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAI0534-16	Collect Date:	09/21/20 12:00	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	09/21/20 13:27	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Webster 801				
Matrix:	Drinking Water				

Lab/Sample Number: 125-53416

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			9/21/20 16:21	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

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BACTE.

MAI0534

Due: 10/05/20

Date Sample Collected	Time Sample Collected	County
9 21 / 20 (Month Day Year)	8 : 41 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WSU

Contact Person: Santorian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Peterson

Specific location where sample collected (address or sample site, and type of faucet):
Agronomy Lab Hose IIT

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total UT Free

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720

Date and Time Received: 9.9°C IR-4 @ 21SEP2020 1327 hrs.

Date Analyzed: 9/21/2016 2

Date Reported:

1 2 5 5 3 4 0 1
Sample Number (DOH number plus five digits)

Lab Use: MA10534-01

DOH Form #331-818 (revised 11/10)

Anate
1282 A
Mosc
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MAI0534

Due: 10/05/20

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
9 / 24 / 20	9 : 05 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sam Parlin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH S
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Animal Science Lab 100

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9.9°C Ice
21SEP2020 1320hrs

Date Analyzed: 9/21/20 621

Date Reported:

1 2 5 5 3 4 0 2
Sample Number (DOH number plus five digits)

Lab Use: MAI0534-02

DOH Form 4331-219 (revised 11/10)

Anate
1282 A
Mosc
208

MAI0534

Due: 10/05/20

CO

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9/21/20 (Month Day Year)	9:17 ☐ AM ☐ PM	Whitman

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# 53500Q
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Valley Crest 675 A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ___
Chlorine Residual: Total ___ Free 0.5

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code: MICR – 2720

Date and Time Received: 9.9°C R-4
21SEP2020 1327hrs

Date Analyzed: 9/21/20 KZ

Date Reported:

1 2 5 5 3 4 6 3
Sample Number (DOH number plus five digits)

Lab Use: MA16534.03

DOH Form 4331-219 (revised 11/10)

Anatel
1282 A
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COI

MAI0534

Due: 10/05/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 24 20 (Month Day Year)	9 : 30 ☒ AM ☐ PM	Whitman

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# 4 5 2 0 0 9
System Name: WSU

Contact Person: Scott Nelson

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): BioTech – Life Sciences B30

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free ____ n/a

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9.9°C IR-4 21SEP2020 1325hrs.

Date Analyzed: 9/21/20 1625

Date Reported:

1 2 5 5 3 4 0 4
Sample Number (DOH number plus five digits)

Lab Use: MAI0534-04

DOH Form #331-318 (revised 11/10)

Anate
1282 A
Mosc
208

MAI0534

Due: 10/05/20

CO

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 21 / 20 (Month Day Year)	9 : 45 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU GHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patrick

Specific location where sample collected (address or sample site, and type of faucet):
Student Rec Center 819

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9.9°C IR-4 21SEP2020 1322hrs.

Date Analyzed: 9/21/2016

Date Reported:

1 2 5 5 3 4 0 5
Sample Number (DOH number plus five digits)

Lab Use: MA10534.05

DOH Form 4331-919 (revised 11/10)

Anate
1282 A
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208-

MAI0534

Due: 10/05/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9/21/20 (Month Day Year)	10:29 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 4
System Name: WJV

Contact Person: Sylvia Van

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJV GHJ
Po Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Arvidson

Specific location where sample collected (address or sample site, and type of faucet):
Thompson

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720

Date and Time Received: 9.9°C IR-4
21SEP2020 1327hrs.

Date Analyzed: 9/21/20 1621

Date Reported:

1 2 5 5 3 4 0 6
Sample Number (DOH number plus five digits)

Lab Use: MAI0534-06

DOH Form 4331-018 (revised 11/10)

Anatel
1282 A
Mosco
208-

CO

MAI0534

Due: 10/05/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 21 / 20 (Month Day Year)	10 : 09 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 6
System Name: WSU

Contact Person: Sanitarian
Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Boiler 11

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** X LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL. E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code: MICR – 2720

Date and Time Received: 9.9°C IR-4 21SEP2020 1327 hrs.

Date Analyzed: 9/21/2016 21

Date Reported:

12553407
Sample Number (DOH number plus five digits)

Lab Use: MA10534-07

DOH Form 4331-219 (revised 11/10)

Anatel
1282 A
Mosco
208-

CO

MAI0534

Due: 10/05/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 2 / 20 (Month Day Year)	10 : 18 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Patterson

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Hillside Cafe 30

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.10

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
☐ **Unsatisfactory** Total Coliform Present **and** ☐ E.coli present ☐ E.coli absent ☐ Fecal coliform present ☐ Fecal coliform absent		☒ **Satisfactory** LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9.9°C IR4
9/5/2020 1327hrs.

Date Analyzed: 9/8/20 1621

Date Reported:

1 2 5 5 3 1 0 8
Sample Number (DOH number plus five digits)

Lab Use: MAI0534.08

DOH Form #331-319 (revised 11/10)

Anatek
1282 Al
Moscow
208-8

MAI0534

Due: 10/05/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 21 / 20 (Month Day Year)	9 : 54 ☒ AM ☐ PM	Whitman

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# 9 5 2 0 0 9
System Name: WSU

Contact Person: Sam Taylor

Day Phone: (509 335-3041) | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanna

Specific location where sample collected (address or sample site, and type of faucet): North S.U. Cafe 6FA

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.08

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 9.9°C IR
21SEP2020 1327hrs

Date Analyzed: 9/21/20 1621

Date Reported:

1 2 5 5 3 4 0 9
Sample Number (DOH number plus five digits)

Lab Use: MAI0534.09

DOH Form #331-019 (revised 11/10)

Anate
1282 A
Mosc
208

CO

MAI0534

Due: 10/05/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 21 / 20 (Month Day Year)	10 : 39 ☒ AM ☐ PM	Whitman

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# 53200Q
System Name: WJW

Contact Person: Smith

Day Phone: (509) 335-7041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevin

Specific location where sample collected (address or sample site, and type of faucet): Entrance RA

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 09

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 9.9°C IR-4
21 SEP 2020 1325 MS

Date Analyzed: 9/21/20 1621

Date Reported:

1 2 5 5 3 4 1 0
Sample Number (DOH number plus five digits)

Lab Use: MAI0534-10

DOH Form 4331-319 (revised 11/10)

Anatek
1282 Al
Mosco
208-

MAI0534

Due: 10/05/20

COL

21 BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 21 / 20 (Month Day Year)	10 : 50 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 8
System Name: WSU

Contact Person: Sanitarian
Day Phone: 509 335-3041 Cell Phone: ( )
Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PaAaron

Specific location where sample collected (address or sample site, and type of faucet): Carpenter 20

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 1.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /mL. E.coli /100mL.
Total Coliform /100mL. Fecal Coliform /100mL.

Method Code: MICR – 2720

Date and Time Received: 9.9°C IR-4
21 SEP 2020 1320 hrs.

Date Analyzed: 9/21/20 1621

Date Reported:

1 2 5 5 3 4 1 1
Sample Number (DOH number plus five digits)

Lab Use: MA10534.11

DOH Form 4331-319 (revised 11/10)

Anatel
1282 A
Mosco
208-
CO

MAI0534

Due: 10/05/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 21 / 20 (Month Day Year)	11 : 04 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sullivan

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU CAHNRS
PO Box 646172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Sullivan

Specific location where sample collected (address or sample site, and type of faucet):
Dana 56

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .19

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9.9°C IR-4
21SEP2020 1327hrs.

Date Analyzed: 9/21/20 KL

Date Reported:

1 2 5 5 3 4 1 2
Sample Number (DOH number plus five digits)

Lab Use: MA10534-12

DOH Form 4331-218 (revised 11/10)

Anatel
1282 A
Mosco
208-

COI

MAI0534

Due: 10/05/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 21 / 20 (Month Day Year)	11 : 18 ☒ AM ☐ PM	Whitman

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# 6 3 2 0 9 0
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509 335-2041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Albrook Lab 71

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.12

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9.9°C IR-4
21SEP2020 1327hrs.

Date Analyzed: 9/21/20 1621

Date Reported:

1 2 5 5 3 4 1 3
Sample Number (DOH number plus five digits)

Lab Use: MAI0534-13

DOH Form 4331-319 (revised 11/10)

Anatek
1282 Al
Moscow
208-8

MAI0534

Due: 10/05/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 21 / 20 (Month Day Year)	11:32 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 0
System Name: WSU

Contact Person: Pathavion

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pathavion

Specific location where sample collected (address or sample site, and type of faucet): Cochran Bike Shop 93C

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 9.9°C IR-4
21 SEP 2020 1327 hrs

Date Analyzed: 9/24/20 1621

Date Reported:

1 2 5 5 3 4 1 4
Sample Number (DOH number plus five digits)

Lab Use: MAI0534-14

DOH Form 4331-215 (revised 11/10)

Anatel
1282 A
Mosco
208-

MAI0534

Due: 10/05/20

COI
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 21 / 20 (Month Day Year)	11 : 44 ☒ AM ☐ PM	Whitman

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# 5 3 2 9 0 0
System Name: WSU

Contact Person: Pat Hanson

Day Phone: (509)335-3041	Cell Phone: ( )
Eve. Phone: (509) 335-3041	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Hanson

Specific location where sample collected (address or sample site, and type of faucet): Russell 89

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.09

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9.9°C IR-4 21 SEP 2020 1352 hrs.

Date Analyzed: 9/21/20 1621	Date Reported:
1 2 5 5 3 4 1 5 (Sample Number (DOH number plus five digits))	Lab Use: MA10534-15

DOH Form 4331-319 (revised 11/10)

Anatel
1282 A
Mosco
208-

MAI0534

Due: 10/05/20

COI

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
9 / 21 / 20 (Month Day Year)	12 : 00 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 8
System Name: WSU

Contact Person: Patterson

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641173
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Webster 801

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .09

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 9.9°C IR
21SEP2020, 0, 1327 hrs.

Date Analyzed: 9/21/20 k21

Date Reported:

1 2 5 5 3 4 1 6
Sample Number (DOH number plus five digits)

Lab Use: MA0534-16

DOH Form 4331-210 (revised 11/10)

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBJ0067
Address:	P.O. Box 641172	Project:	Bacts 10/4
	Pullman, WA 99164	Reported:	10/12/2021 10:37
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0067-01	Collect Date:	10/04/21 09:40	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/04/21 12:57	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Creamery Annex 353				
Matrix:	Drinking Water				

Lab/Sample Number: 125-06701

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBJ0067
Address:	P.O. Box 641172	Project:	Bacts 10/4
	Pullman, WA 99164	Reported:	10/12/2021 10:37
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0067-02	Collect Date:	10/04/21 09:55	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/04/21 12:57	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	GWSP 840				
Matrix:	Drinking Water				

Lab/Sample Number: 125-06702

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBJ0067
Address:	P.O. Box 641172	Project:	Bacts 10/4
	Pullman, WA 99164	Reported:	10/12/2021 10:37
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0067-03	Collect Date:	10/04/21 10:04	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/04/21 12:57	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Alumni Center 138				
Matrix:	Drinking Water				

Lab/Sample Number: 125-06703

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0067
Address:	P.O. Box 641172	Project:	Bacts 10/4
	Pullman, WA 99164	Reported:	10/12/2021 10:37
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0067-04	Collect Date:	10/04/21 10:14	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/04/21 12:57	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	ADBF 807A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-06704

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0067
Address:	P.O. Box 641172	Project:	Bacts 10/4
	Pullman, WA 99164	Reported:	10/12/2021 10:37
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0067-05	Collect Date:	10/04/21 10:24	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/04/21 12:57	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	French Ad 92				
Matrix:	Drinking Water				

Lab/Sample Number: 125-06705

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0067
Address:	P.O. Box 641172	Project:	Bacts 10/4
	Pullman, WA 99164	Reported:	10/12/2021 10:37
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0067-06	Collect Date:	10/04/21 10:36	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/04/21 12:57	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	CUB 63				
Matrix:	Drinking Water				

Lab/Sample Number: 125-06706

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0067
Address:	P.O. Box 641172	Project:	Bacts 10/4
	Pullman, WA 99164	Reported:	10/12/2021 10:37
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0067-07	Collect Date:	10/04/21 10:46	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/04/21 12:57	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Johnson Tower 94				
Matrix:	Drinking Water				

Lab/Sample Number: 125-06707

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0067
Address:	P.O. Box 641172	Project:	Bacts 10/4
	Pullman, WA 99164	Reported:	10/12/2021 10:37
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0067-08	Collect Date:	10/04/21 11:14	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/04/21 12:57	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chief Joe F8 676F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-06708

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0067
Address:	P.O. Box 641172	Project:	Bacts 10/4
	Pullman, WA 99164	Reported:	10/12/2021 10:37
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q MBJ0067-09	System Name:	Washington State University		
Reference Number:		Collect Date:	10/04/21 10:56	DOH Source #:	
Multiple Source Nos:	10/04/21 12:57	Sample Type:		County:	Whitman
Date Received:	WSU	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Childrens Center 88				
Matrix:	Drinking Water				

Lab/Sample Number: 125-06709

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0067
Address:	P.O. Box 641172	Project:	Bacts 10/4
	Pullman, WA 99164	Reported:	10/12/2021 10:37
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0067-10	Collect Date:	10/04/21 08:45	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/04/21 12:57	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Columbia 678F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-06710

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/4/21 16:02	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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Client:	Washington State University (EHS)	Work Order:	MBJ0067
Address:	P.O. Box 641172	Project:	Bacts 10/4
	Pullman, WA 99164	Reported:	10/12/2021 10:37
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MBJ0067

Due: 10/18/21

Date Sample Collected	Time Sample Collected	County
10 / 4 / 21 (Month Day Year)	9 : 40 ☑ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: S. Harjan

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU GHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harjan

Specific location where sample collected (address or sample site, and type of faucet):
Cranberry Annex 353

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes ✓ No ____
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 14.0 C IR-4 @ 4OCT21 1257 hrs.

Date Analyzed: 10/4/21 1602

Date Reported:

1 2 5 0 6 7 0 1
Sample Number (DOH number plus five digits)

Lab Use: MBJ0067-01

DOH Form 4201-310 (revised 11/10)

MBJ0067

Due: 10/18/21

Date Sample Collected	Time Sample Collected	County
10/4/21 (Month Day Year)	9 : 55 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3641 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvin

Specific location where sample collected (address or sample site, and type of faucet):
GWSP P40

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 14.0C 40ct21 1257

Date Analyzed: 10/4/21 1602

Date Reported:

1 2 5 0 6 7 0 2
Sample Number (DOH number plus five digits)

Lab Use: MBJ0067-02

DOH Form 4331-310 (revised 11/10)

MBJ0067

Due: 10/18/21

Date Sample Collected	Time Sample Collected	County
10 / 4 / 21 (Month Day Year)	10 : 04 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Smith Arlan

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harlan

Specific location where sample collected (address or sample site, and type of faucet):
Alumni Center DF

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 0.9

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 14.0°C Iced
4 OCT 21 1257

Date Analyzed: 10/4/21 1602

Date Reported:

1 2 5 0 6 7 0 3
Sample Number (DOH number plus five digits)

Lab Use: MBJ0067-03

DOH Form 4331-219 (revised 11/10)

MBJ0067

Due: 10/18/21

Date Sample Collected	Time Sample Collected	County
10/4/21 (Month Day Year)	10:14 ☒ AM ☐ PM	Whitman

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# 93200Q
System Name: WSU

Contact Person: Pattison

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pattison

Specific location where sample collected (address or sample site, and type of faucet):
ADBF 807 A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 1.07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 4.0°C IR-4
10CT21 1257hrs.

Date Analyzed: 10/4/21 1602

Date Reported:

12506704
Sample Number (DOH number plus five digits)

Lab Use: MBJ0067-04

DOH Form 4331-219 (revised 11/13)

MBJ0067

Due: 10/18/21

Date Sample Collected	Time Sample Collected	County
10/4/21 (Month Day Year)	10:24 ☒ AM ☐ PM	Whitman

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# 9 3 2 8 0 0
System Name: WV

Contact Person: Sanitarian

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WV EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
French AL 92

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 14.0°C K-4
4OCT21 1257 MSD

Date Analyzed: 10/4/21 1602

Date Reported:

1250 6705
Sample Number (DOH number plus five digits)

Lab Use: MBJ0067-05

DOH Form 4331-319 (revised 11/10)

MBJ0067

Due: 10/18/21

Date Sample Collected	Time Sample Collected	County
10 / 4 / 21 Month Day Year	10 : 30 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Janitorial

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 647172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
CUB 63

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No O
Chlorine Residual: Total____ Free____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 14.0 °C IR-4
40CT2021 1257 PST

Date Analyzed: 10/4/21 1602

Date Reported:

1 2 5 0 6 7 0 6
Sample Number (DOH number plus five digits)

Lab Use: MBJ0067-06

DOH Form 4331-318 (revised 11/10)

MBJ0067

Due: 10/18/21

Date Sample Collected	Time Sample Collected	County
10 / 4 / 21 (Month Day Year)	10 : 40 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Smithson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WA EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Johnson Tower 94

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 14.0 °C IR-4
4OCT21 1257 hrs.

Date Analyzed: 10/4/21 1602

Date Reported:

1 2 5 0 6 7 0 7
Sample Number (DOH number plus five digits)

Lab Use: MBJ0067-07

DOH Form 4331-319 (revised 11/10)

MBJ0067

Due: 10/18/21

Date Sample Collected	Time Sample Collected	County
10 / 4 / 21 (Month Day Year)	11 : 14 ☐AM ☐PM	Whitman

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# 54200 9
System Name: WSU

Contact Person: P. Harlan

Day Phone: (509) 335-3641 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harlan

Specific location where sample collected (address or sample site, and type of faucet): Chief Joe FF 676F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 14.0°C f-d
40CT21 1257 hrs.

Date Analyzed: 10/4/21 1602

Date Reported:

1 2 5 0 6 7 0 8
Sample Number (DOH number plus five digits)

Lab Use: MBJ0067-08

DOH Form 4331-019 (revised 11/10)

MBJ0067

Due: 10/18/21

Date Sample Collected	Time Sample Collected	County
10 / 4 / 21 (Month Day Year)	10 : 50 ☑ AM ☐ PM	Whitman

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# 4 3 2 0 0 4
System Name: WSU

Contact Person: Sanford

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH&S
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): WSU Chinook Center pp

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes ☑ No ☐
Chlorine Residual: Total ____ Free 0.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 14.0°C R4
4OCT21 1257hrs.

Date Analyzed: 10/4/21 1602

Date Reported:

1 2 5 0 6 7 0 9
Sample Number (DOH number plus five digits)

Lab Use: MBJ0067-09

DOH Form 4331-319 (revised 11/10)

MBJ0067

Due: 10/18/21

Date Sample Collected	Time Sample Collected	County
10 / 4 / 21 (Month Day Year)	8 : 45 ☐ AM ☐ PM	Whitman

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# 5 3 2 8 8 9
System Name: WSU

Contact Person: Pat Harvison

Day Phone: (509) 335-3641	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvison

Specific location where sample collected (address or sample site, and type of faucet): Columbia 678 F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 0.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** NC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 10/7/21 1257 hrs.

Date Analyzed: 10/4/21 1602

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 0 6 7 1 0

Lab Use: MBJ0067-10

DOH Form 4331-319 (revised 11/10)

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Client:	WSU EH & S	Work Order:	MAJ0081
Address:	P.O. Box 641172	Project:	10/5/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0081-01	Collect Date:	10/05/20 09:23	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/05/20 13:13	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Creamery Annex 353				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08101

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0081
Address:	P.O. Box 641172	Project:	10/5/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0081-02	Collect Date:	10/05/20 09:35	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/05/20 13:13	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	GWSP 840				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08102

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0081
Address:	P.O. Box 641172	Project:	10/5/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0081-03	Collect Date:	10/05/20 09:57	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/05/20 13:13	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Alumni Center 138				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08103

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0081
Address:	P.O. Box 641172	Project:	10/5/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0081-04	Collect Date:	10/05/20 10:20	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/05/20 13:13	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	ADBF 807A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08104

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0081
Address:	P.O. Box 641172	Project:	10/5/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0081-05	Collect Date:	10/05/20 10:08	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/05/20 13:13	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	French Ad 92				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08105

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0081
Address:	P.O. Box 641172	Project:	10/5/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0081-06	Collect Date:	10/05/20 10:33	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/05/20 13:13	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	CUB 63				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08106

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0081
Address:	P.O. Box 641172	Project:	10/5/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0081-07	Collect Date:	10/05/20 10:43	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/05/20 13:13	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Johnson Tower 94				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08107

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0081
Address:	P.O. Box 641172	Project:	10/5/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0081-08	Collect Date:	10/05/20 10:57	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/05/20 13:13	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chief Joe F8 (676F)				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08108

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0081
Address:	P.O. Box 641172	Project:	10/5/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0081-09	Collect Date:	10/05/20 11:09	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/05/20 13:13	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Streit-Perham 81C				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08109

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0081
Address:	P.O. Box 641172	Project:	10/5/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0081-10	Collect Date:	10/05/20 11:23	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/05/20 13:13	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Smith Gym 12				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08110

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0081
Address:	P.O. Box 641172	Project:	10/5/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0081-11	Collect Date:	10/05/20 11:41	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/05/20 13:13	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Owen Science Library 810				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08111

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0081
Address:	P.O. Box 641172	Project:	10/5/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0081-12	Collect Date:	10/05/20 08:49	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/05/20 13:13	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	WSU Childrens Center 88				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08112

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0081
Address:	P.O. Box 641172	Project:	10/5/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0081-13	Collect Date:	10/05/20 08:58	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/05/20 13:13	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	McEachern 805				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08113

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAJ0081
Address:	P.O. Box 641172	Project:	10/5/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0081-14	Collect Date:	10/05/20 09:08	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/05/20 13:13	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Columbia 678F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-08114

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/5/20 16:21	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

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Mosco
208-

MAJ0081

Due: 10/19/20

COI

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / 5 / 20 (Month Day Year)	9 : 23 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 4
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU GES
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Cremony Annex 353

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.9

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** HEB

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 13.3°C IR-4
05OCT2020 1513 MD

Date Analyzed: 10/5/20 10:24

Date Reported:

1 2 5 0 8 1 0 1
Sample Number (DOH number plus five digits)

Lab Use: MAJ0081-01

DOH Form 4331-219 (revised 11/10)

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1282 A
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MAJ0081

Due: 10/19/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / 5 / 20 (Month Day Year)	9 : 35 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
GWSP 840

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
HEB

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 13.3°C IR4
SOCT 2020 1313 hrs.

Date Analyzed: 10/5/21 10:21

Date Reported:

1 2 5 0 8 1 0 2
Sample Number (DOH number plus five digits)

Lab Use: MAJ0081-02

DOH Form 4331-319 (revised 11/10)

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MAJ0081

Due: 10/19/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / 5 / 20 (Month Day Year)	9 : 57 ☒ AM ☐ PM	Whitman

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# 7 3 2 0 0 9
System Name: WSU

Contact Person: Janitorial

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harrison

Specific location where sample collected (address or sample site, and type of faucet):
Alumni Center 13F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
HEB

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:
MICR – 2720

Date and Time Received: 13.3°C Rd
@ 5UCT2020 1313 Rec.

Date Analyzed: 10/5/20 1612

Date Reported:

1 2 5 0 8 1 0 3
Sample Number (DOH number plus five digits)

Lab Use:
MAJ0081-03

DOH Form 4331-319 (revised 11/13)

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MAJ0081

Due: 10/19/20

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
10 / 5 / 20	10 : 20 ☒ AM ☐ PM	Whitman

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# Y 3 2 0 0 0
System Name: WSU

Contact Person: Patrick

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patrick

Specific location where sample collected (address or sample site, and type of faucet):
ADBF 807A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ___ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
HEB

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720	Date and Time Received: 13.3°C IR-4 5OCT2020 1313 MS.
Date Analyzed: 10/6/20 1012	Date Reported:
1 2 5 0 8 1 0 4 Sample Number (DOH number plus five digits)	Lab Use: MAJ0081-04

DOH Form 4331-213 (revised 11/13)

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MAJ0081

Due: 10/19/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / 5 / 20 (Month Day Year)	10 : 08 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Patterson

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Patterson

Specific location where sample collected (address or sample site, and type of faucet): French Rd 92

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** X HES

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml, E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 13.3°C R-1
5OCT2020 1313 HRS.

Date Analyzed: 10/5/20 16:21

Date Reported:

1 2 5 0 8 1 0 5
Sample Number (DOH number plus five digits)

Lab Use: MAJ0081-05

DOH Form #331-019 (revised 11/13)

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208-

MAJ0081

Due: 10/19/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / 5 / 20 (Month Day Year)	10 : 33 ☒ AM ☐ PM	Whitman

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# 1 3 2 0 0 9
System Name: WSU

Contact Person: Smithson

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Peterson

Specific location where sample collected (address or sample site, and type of faucet):
CUB 63

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** HEZ

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 13.3°C R4 5 OCT 2020 1313 hrs.

Date Analyzed: 10/5/20 16:21

Date Reported:

12508106
Sample Number (DOH number plus five digits)

Lab Use: MAJ0081-06

DOH Form 4331-319 (revised 11/10)

Anatel
1282 A
Mosco
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MAJ0081

Due: 10/19/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / 1 / 20 (Month Day Year)	10 : 43 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 4
System Name: WSU

Contact Person: Peterson

Day Phone: 509 335 3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Peterson

Specific location where sample collected (address or sample site, and type of faucet): Johnson Tower 44

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** HEB

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code:	Date and Time Received:
MICR – 2720	13.3°C 5OCT2020 1343 hrs.
Date Analyzed: 10/5/20 10:21	Date Reported:
1 2 5 0 8 1 0 7 Sample Number (DOH number plus five digits)	Lab Use: MAJ0081-07

DOH Form 4331-319 (revised 11/10)

Anate
1282 A
Moscc
208-

MAJ0081

Due: 10/19/20

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
10 / 5 / 20	10 : 57 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WW

Contact Person: Patterson

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Chief Joe FP (676F)

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ✓ No ____
Chlorine Residual: Total ____ Free 1.07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
HES

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 13.3°C R4
@ 5OCT2020 1313 MD.

Date Analyzed: 10/5/20 1121

Date Reported:

1 2 5 0 8 1 0 8
Sample Number (DOH number plus five digits)

Lab Use: MAJ0081-08

DOH Form 4331-319 (revised 11/10)

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Due: 10/19/20

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
10/5/20	11:09 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WJU

Contact Person: Patterson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Straub - Durham RTC

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** HEB

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code: MICR – 2720	Date and Time Received: 13.3°C IR-4 OCT 2020 1313 Mo.
Date Analyzed: 10/5/20 1021	Date Reported:
1 2 5 0 8 1 0 9 Sample Number (DOH number plus five digits)	Lab Use: MAJ0081-09

DOH Form 4331-318 (revised 11/13)

Anatek
1282 Al
Moscov
208-8

MAJ0081

Due: 10/19/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10/5/20 (Month Day Year)	11:27 ☒ AM ☐ PM	Whitman

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# 5 2 0 0 0 0
System Name: WSU

Contact Person: Patterson

Day Phone: 509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU GHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Smith Gym (L2)

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
X HEO

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100mL
Total Coliform /100mL. Fecal Coliform /100mL

Method Code: MICR – 2720

Date and Time Received: 13.3°C Rcd @ 5OCT2020 1313hrs.

Date Analyzed: 10/5/20 16:21

Date Reported:

1 2 5 0 8 1 1 0
Sample Number (DOH number plus five digits)

Lab Use: MAJ0081-10

DOH Form #331-219 (revised 11/10)

Anatel
1282 A
Mosco
208-

MAJ0081

Due: 10/19/20

COI

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10/5/20 (Month Day Year)	11:41 ☒ AM ☐ PM	Whitman

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# 53200Q
System Name: WSU

Contact Person: Jack Fenton

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU GHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Fenton

Specific location where sample collected (address or sample site, and type of faucet): Owen Science Library RTO

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free DF

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** HES

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720

Date and Time Received: 133 CIR-4 @ 5OCT2020 1313 MO.

Date Analyzed: 10/5/20 1624

Date Reported:

1 2 5 0 8 1 1 1
Sample Number (DOH number plus five digits)

Lab Use: MAJ0081-11

DOH Form 453-319 (revised 11/12)

Anatek
1282 Al
Mosco
208-

MAJ0081

Due: 10/19/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 5 20 (Month Day Year)	8 : 49 ☒ AM ☐ PM	Whitma

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# 7 3 2 0 9 R
System Name: WV

Contact Person: Patrick

Day Phone: (509 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WV EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Patrick

Specific location where sample collected (address or sample site, and type of faucet): WV Children's Center

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 0Y

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** XHEB

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720

Date and Time Received: 13.3C IR-1
5OCT2020 1313hr.

Date Analyzed: 10/5/20 1021

Date Reported:

1 2 5 0 8 1 1 2
Sample Number (DOH number plus five digits)

Lab Use: MAJ0081-12

DOH Form 333-319 (revised 11/10)

Anatek
1282 Al
Moscov
208-8

MAJ0081

Due: 10/19/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / 5 / 20 (Month Day Year)	8 : 58 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 V G
System Name: WJO

Contact Person: Smith-Vela

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJO EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): McElhaven 805

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** X HEB

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 13.3°C Rd 5OCT2020 1313hrs.

Date Analyzed: 10/5/20 16:21

Date Reported:

1 2 5 0 8 1 1 3
Sample Number (DOH number plus five digits)

Lab Use: MAJ0081-13

DOH Form 4331-319 (revised 11/10)

Anatek
1282 Al
Mosco
208-

MAJ0081

Due: 10/19/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10/5/20 (Month Day Year)	9 : 08 ☐ AM ☐ PM	Whitman

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# 5 3 2 0 0 6
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3841 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Columbia 67FF

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** HEB

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 13.3°C IRd 5OCT 2020 1313 Mo.

Date Analyzed: 10/5/20 1621

Date Reported:

1 2 5 0 8 1 1 4
Sample Number (DOH number plus five digits)

Lab Use: MAJ0081-14

DOH Form #331-219 (revised 11/13)

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1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAJ0123
Address:	P.O. Box 641172	Project:	10/6/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:32
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0123-01	Collect Date:	10/06/20 12:31	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/06/20 13:14	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Gannon-Goldsworthy 79				
Matrix:	Drinking Water				

Lab/Sample Number: 125-12301

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/6/20 16:48	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/6/20 16:48	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0123
Address:	P.O. Box 641172	Project:	10/6/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:32
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0123-02	Collect Date:	10/06/20 12:17	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/06/20 13:14	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Orton 87				
Matrix:	Drinking Water				

Lab/Sample Number: 125-12302

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/6/20 16:48	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/6/20 16:48	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAJ0123
Address:	P.O. Box 641172	Project:	10/6/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:32
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0123-03	Collect Date:	10/06/20 12:01	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/06/20 13:14	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Murrow 33E				
Matrix:	Drinking Water				

Lab/Sample Number: 125-12303

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/6/20 16:48	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/6/20 16:48	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAJ0123
Address:	P.O. Box 641172	Project:	10/6/20 - Bacteria
	Pullman, WA 99164	Reported:	10/13/2020 09:32
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAJ0123-04	Collect Date:	10/06/20 11:46	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/06/20 13:14 Global	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Global Scholars 18A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-12304

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/6/20 16:48	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/6/20 16:48	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

Anat
1282
Mosc
208

MAJ0123

Due: 10/20/20

CC

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10/6/20 (Month Day Year)	12:31 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Shelton

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH&S
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Gannon - Goldsworthy [illegible] 79

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 16.0°C R-4 06 OCT 2020 1314 hrs.
Date Analyzed: 10/6/20 1648	Date Reported:
1 2 5 1 2 3 0 1 Sample Number (DOH number plus five digits)	Lab Use: MAJ0123-01

DOH Form 4331-219 (revised 11/10)

Anatel
1282 A
Mosco
208-

MAJ0123

Due: 10/20/20

CO

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10/6/20 (Month Day Year)	12:17 ☒ AM ☐ PM	Whitman

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# 93200
System Name: WSU

Contact Person: Jan Hartman

Day Phone: 509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 64472
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Hartman

Specific location where sample collected (address or sample site, and type of faucet):
Orton 87

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes Y No
Chlorine Residual: Total ___ Free .12

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other ___

LAB USE ONLY — **DRINKING WATER RESULTS** — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 6.0°C Ice
6 OCT 2020 1514 Mo.

Date Analyzed: 10/6/20 1648

Date Reported:

1 2 5 1 2 3 0 2
Sample Number (DOH number plus five digits)

Lab Use: MAJ0123-02

DOH Form 4331-310 (revised 11/10)

Anatel
1282 A
Mosco
208-

CO

MAJ0123

Due: 10/20/20

6

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / [illegible] / 20 (Month / Day / Year)	12 : 01 ☒ AM ☐ PM	Whitman

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# 53200 0 0 4
System Name: WSU

Contact Person: [illegible]

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Murrow 37E

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 16.0°C 13 OCT 2020

Date Analyzed: 10/16/20 1648

Date Reported:

1 2 5 1 2 3 0 3
Sample Number (DOH number plus five digits)

Lab Use: MAJ0123-03

DOH Form 453-318 (revised 11/10)

Anatel
1282 A
Mosco
208-

CO

MAJ0123

Due: 10/20/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / 6 / 20 (Month / Day / Year)	11 : 46 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 0
System Name: WSU

Contact Person: Santrujan

Day Phone: (509) 335-3094 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pathavjan

Specific location where sample collected (address or sample site, and type of faucet):
Global Scholars IPA

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ___
Chlorine Residual: Total ___ Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ ~~☐~~ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 16.0°C IR-4
6 OCT 2020 13:46 MS

Date Analyzed: 10/16/20 1648

Date Reported:

1 2 5 1 2 3 0 4
Sample Number (DOH number plus five digits)

Lab Use: MAJ0123-04

DOH Form 4331-319 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MBJ0370
Address:	P.O. Box 641172	Project:	Bacteria (10/12/2021)
	Pullman, WA 99164	Reported:	10/19/2021 10:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0370-01	Collect Date:	10/12/21 07:53	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/12/21 12:49	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	EHS 90				
Matrix:	Drinking Water				

Lab/Sample Number: 125-37001

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0370
Address:	P.O. Box 641172	Project:	Bacteria (10/12/2021)
	Pullman, WA 99164	Reported:	10/19/2021 10:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0370-02	Collect Date:	10/12/21 08:22	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/12/21 12:49	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Steffen Center 180A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-37002

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0370
Address:	P.O. Box 641172	Project:	Bacteria (10/12/2021)
	Pullman, WA 99164	Reported:	10/19/2021 10:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0370-03	Collect Date:	10/12/21 09:30	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/12/21 12:49	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	USDA SCS 194C				
Matrix:	Drinking Water				

Lab/Sample Number: 125-37003

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0370
Address:	P.O. Box 641172	Project:	Bacteria (10/12/2021)
	Pullman, WA 99164	Reported:	10/19/2021 10:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0370-04	Collect Date:	10/12/21 09:50	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/12/21 12:49	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Global Scholars 18A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-37004

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0370
Address:	P.O. Box 641172	Project:	Bacteria (10/12/2021)
	Pullman, WA 99164	Reported:	10/19/2021 10:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0370-05	Collect Date:	10/12/21 10:02	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/12/21 12:49	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Morrill 24				
Matrix:	Drinking Water				

Lab/Sample Number: 125-37005

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0370
Address:	P.O. Box 641172	Project:	Bacteria (10/12/2021)
	Pullman, WA 99164	Reported:	10/19/2021 10:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0370-06	Collect Date:	10/12/21 10:13	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/12/21 12:49	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Fulmer 3				
Matrix:	Drinking Water				

Lab/Sample Number: 125-37006

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0370
Address:	P.O. Box 641172	Project:	Bacteria (10/12/2021)
	Pullman, WA 99164	Reported:	10/19/2021 10:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0370-07	Collect Date:	10/12/21 10:28	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/12/21 12:49	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Washington 15				
Matrix:	Drinking Water				

Lab/Sample Number: 125-37007

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0370
Address:	P.O. Box 641172	Project:	Bacteria (10/12/2021)
	Pullman, WA 99164	Reported:	10/19/2021 10:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0370-08	Collect Date:	10/12/21 10:47	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/12/21 12:49	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Todd Addition 55A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-37008

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0370
Address:	P.O. Box 641172	Project:	Bacteria (10/12/2021)
	Pullman, WA 99164	Reported:	10/19/2021 10:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0370-09	Collect Date:	10/12/21 11:02	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/12/21 12:49	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Orton 87				
Matrix:	Drinking Water				

Lab/Sample Number: 125-37009

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0370
Address:	P.O. Box 641172	Project:	Bacteria (10/12/2021)
	Pullman, WA 99164	Reported:	10/19/2021 10:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0370-10	Collect Date:	10/12/21 11:14	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/12/21 12:49	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Gannon-Goldsworthy 79				
Matrix:	Drinking Water				

Lab/Sample Number: 125-37010

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/12/21 16:52	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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The results reported related only to the samples indicated.

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Client:	Washington State University (EHS)	Work Order:	MBJ0370
Address:	P.O. Box 641172	Project:	Bacteria (10/12/2021)
	Pullman, WA 99164	Reported:	10/19/2021 10:56
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

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MBJ0370

Due: 10/26/21

BAC

Date Sample Collected	Time Sample Collected	County
10/12/21 (Month Day Year)	7:53 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 2
System Name: WSU

Contact Person: Sam Harrison

Day Phone: (509 335-3041)	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harrison

Specific location where sample collected (address or sample site, and type of faucet):
EHS 90

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 11.8°C Ice-d
12 OCT 21 1249 hrs.

Date Analyzed: 10/12/21 1652

Date Reported:

1 2 5 3 7 0 0 1
Sample Number (DOH number plus five digits)

Lab Use: MBJ0370-01

DOH Form 4331-319 (revised 11/13)

MBJ0370

Due: 10/26/21

BA

Date Sample Collected	Time Sample Collected	County
10/12/21 (Month Day Year)	8:22 ☐ AM ☐ PM	Whitman

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# 5 3 2 0 0 2
System Name: WSU

Contact Person: Stephanie

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Stephen Center 180A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12 OCT 21 1249 hrs.

Date Analyzed: 10/12/21 1652

Date Reported:

1 2 5 3 7 0 0 2
Sample Number (DOH number plus five digits)

Lab Use: MBJ0370-02

DOH Form #331-319 (revised 11/15)

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MBJ0370

Due: 10/26/21

BACT

Date Sample Collected	Time Sample Collected	County
10/12/21 (Month Day Year)	9:30 ☑ AM ☐ PM	Whitman

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# 5 3 2 0 0 Q
System Name: WSU

Contact Person: Scott Swan

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevin

Specific location where sample collected (address or sample site, and type of faucet):
USDA JCS 194 C

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes Y No
Chlorine Residual: Total Free 1.02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720

Date and Time Received: 12OCT21 1248

Date Analyzed: 10/12/21 1652

Date Reported:

12537003
Sample Number (DOH number plus five digits)

Lab Use: MBJ0370-03

DOH Form 4331-349 (revised 11/13)

MBJ0370

Due: 10/26/21

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Date Sample Collected	Time Sample Collected	County
10/12/21 (Month Day Year)	9:50 ☑ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sean Horton

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Global Scholars IFA

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes X No ____ 09
Chlorine Residual: Total ____ Free ____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	20 OCT 21 1249 hrs.
Date Analyzed: 10/12/21 1652	Date Reported:
1 2 5 3 7 0 0 4 (Sample Number (DOH number plus five digits))	Lab Use: MBJ0370-04

DOH Form 453-310 (revised 11/10)

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MBJ0370

Due: 10/26/21

BACT

Date Sample Collected	Time Sample Collected	County
10/12/21 (Month Day Year)	10:02 ☒ AM ☐ PM	Whitman

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# 43200 Q
System Name: WSU

Contact Person: Sinclair

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hansen

Specific location where sample collected (address or sample site, and type of fauce(): Maxwell 24

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No 02
Chlorine Residual: Total ___ Free ___

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL. E.coli ___ /100mL.
Total Coliform ___ /100mL. Fecal Coliform ___ /100mL.

Method Code: MICR – 2720

Date and Time Received: 11.8.C 10CT2021 1244 MD

Date Analyzed: 10/12/21 1652

Date Reported:

1 2 5 3 7 0 0 5
Sample Number (DOH number plus five digits)

Lab Use: MBJ037005

DOH Form 4331-319 (revised 11/10)

MBJ0370

Due: 10/26/21

BA

Date Sample Collected (Month Day Year)	Time Sample Collected	County
10/12/21	10:13 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 6
System Name: WSU

Contact Person: Patricia

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH&S
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patricia

Specific location where sample collected (address or sample site, and type of faucet):
Pullman 3

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total 1.1 Free ☐

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /mL E.coli ☐ /100mL
Total Coliform ☐ /100mL Fecal Coliform ☐ /100mL

Method Code: MICR – 2720	Date and Time Received: 12 OCT 21 1124
Date Analyzed: 10/12/21 1652	Date Reported:
1 2 5 3 7 0 0 6 Sample Number (DOH number plus five digits)	Lab Use: MBJ0370-06

DOH Form #331-310 (revised 11/10)

A
1:
M

MBJ0370

Due: 10/26/21

BAC

Date Sample Collected	Time Sample Collected	County
10 / 12 / 21 (Month Day Year)	10 : 25 ☒ AM ☐ PM	Whitman

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# 1 3 2 0 0 9
System Name: WSU

Contact Person: Justin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pathan

Specific location where sample collected (address or sample site, and type of faucet):
Wilkinson 15

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
WC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12 OCT 21 1249 hrs

Date Analyzed: 10/12/21 1652

Date Reported:

1 2 5 3 7 0 0 7
Sample Number (DOH number plus five digits)

Lab Use: MB50370-07

DOH Form 4331-313 (revised 11/15)

MBJ0370

Due: 10/26/21

BA

Date Sample Collected	Time Sample Collected	County
10/12/21 (Month Day Year)	10:47 ☑ AM ☐ PM	Whitman

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# 93200
System Name: WSU

Contact Person: Jennifer

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EAL
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Evans

Specific location where sample collected (address or sample site, and type of faucet):
Todd Addition STA

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .09

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 10/12/21 1249 RS

Date Analyzed: 10/12/21 1652 Date Reported:

12537008
Sample Number (DOH number plus five digits)

Lab Use: MBJ0370-08

DOH Form #331-318 (revised 11/10)

Ar
12
Mc

MBJ0370

Due: 10/26/21

BAC

Date Sample Collected	Time Sample Collected	County
10/12/21 (Month Day Year)	11 : 02 ☑ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Jonathan

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patrick

Specific location where sample collected (address or sample site, and type of faucet):
Orton 87

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes Y No
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 11.8 GHT
12OCT21 1249 hrs.

Date Analyzed: 10/12/21 1652

Date Reported:

12537009
Sample Number (DOH number plus five digits)

Lab Use: MBJ0370-09

DOH Form 4331-319 (revised 11/10)

MBJ0370

Due: 10/26/21

BA

Date Sample Collected	Time Sample Collected	County
10/12/21 (Month Day Year)	11 : 14 ☑ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Jonathan

Day Phone: (541) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Compton Goldsworthy 79

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes Y No ____
Chlorine Residual: Total ____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 10CT21 1.3C Rel 12Hrs.

Date Analyzed: 10/12/21 1652

Date Reported:

1 2 5 3 7 0 1 0
Sample Number (DOH number plus five digits)

Lab Use: MBJ0370-b

DOH Form 4331-318 (revised 11/10)

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Client:	WSU EH & S	Work Order:	MAJ0484
Address:	P.O. Box 641172	Project:	10/19/20 - Bacteria
	Pullman, WA 99164	Reported:	10/27/2020 14:40
Attn:	Gene Patterson		

Analytical Results Report

System ID#	63200Q	System Name:	WSU		
Reference Number:	MAJ0484-01	Collect Date:	10/19/20 08:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/20 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Central Receiving 358A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-48401

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0484
Address:	P.O. Box 641172	Project:	10/19/20 - Bacteria
	Pullman, WA 99164	Reported:	10/27/2020 14:40
Attn:	Gene Patterson		

Analytical Results Report

System ID#	63200Q	System Name:	WSU		
Reference Number:	MAJ0484-02	Collect Date:	10/19/20 08:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/20 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Bustad 807				
Matrix:	Drinking Water				

Lab/Sample Number: 125-48402

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0484
Address:	P.O. Box 641172	Project:	10/19/20 - Bacteria
	Pullman, WA 99164	Reported:	10/27/2020 14:40
Attn:	Gene Patterson		

Analytical Results Report

System ID#	63200Q	System Name:	WSU		
Reference Number:	MAJ0484-03	Collect Date:	10/19/20 08:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/20 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Johnson 76				
Matrix:	Drinking Water				

Lab/Sample Number: 125-48403

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0484
Address:	P.O. Box 641172	Project:	10/19/20 - Bacteria
	Pullman, WA 99164	Reported:	10/27/2020 14:40
Attn:	Gene Patterson		

Analytical Results Report

System ID#	63200Q	System Name:	WSU		
Reference Number:	MAJ0484-04	Collect Date:	10/19/20 08:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/20 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Beasley Coliseum 806				
Matrix:	Drinking Water				

Lab/Sample Number: 125-48404

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0484
Address:	P.O. Box 641172	Project:	10/19/20 - Bacteria
	Pullman, WA 99164	Reported:	10/27/2020 14:40
Attn:	Gene Patterson		

Analytical Results Report

System ID#	63200Q	System Name:	WSU		
Reference Number:	MAJ0484-05	Collect Date:	10/19/20 08:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/20 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Steptoe 665B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-48405

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0484
Address:	P.O. Box 641172	Project:	10/19/20 - Bacteria
	Pullman, WA 99164	Reported:	10/27/2020 14:40
Attn:	Gene Patterson		

Analytical Results Report

System ID#	63200Q	System Name:	WSU		
Reference Number:	MAJ0484-06	Collect Date:	10/19/20 08:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/20 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Morrill 24				
Matrix:	Drinking Water				

Lab/Sample Number: 125-48406

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0484
Address:	P.O. Box 641172	Project:	10/19/20 - Bacteria
	Pullman, WA 99164	Reported:	10/27/2020 14:40
Attn:	Gene Patterson		

Analytical Results Report

System ID#	63200Q	System Name:	WSU		
Reference Number:	MAJ0484-07	Collect Date:	10/19/20 08:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/20 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Fulmer 3				
Matrix:	Drinking Water				

Lab/Sample Number: 125-48407

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0484
Address:	P.O. Box 641172	Project:	10/19/20 - Bacteria
	Pullman, WA 99164	Reported:	10/27/2020 14:40
Attn:	Gene Patterson		

Analytical Results Report

System ID#	63200Q	System Name:	WSU		
Reference Number:	MAJ0484-08	Collect Date:	10/19/20 08:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/20 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Washington 15				
Matrix:	Drinking Water				

Lab/Sample Number: 125-48408

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0484
Address:	P.O. Box 641172	Project:	10/19/20 - Bacteria
	Pullman, WA 99164	Reported:	10/27/2020 14:40
Attn:	Gene Patterson		

Analytical Results Report

System ID#	63200Q	System Name:	WSU		
Reference Number:	MAJ0484-09	Collect Date:	10/19/20 08:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/20 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Todd Auditorium 55A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-48409

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAJ0484
Address:	P.O. Box 641172	Project:	10/19/20 - Bacteria
	Pullman, WA 99164	Reported:	10/27/2020 14:40
Attn:	Gene Patterson		

Analytical Results Report

System ID#	63200Q	System Name:	WSU		
Reference Number:	MAJ0484-10	Collect Date:	10/19/20 08:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/20 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	USDA SCS 194C				
Matrix:	Drinking Water				

Lab/Sample Number: 125-48410

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAJ0484
Address:	P.O. Box 641172	Project:	10/19/20 - Bacteria
	Pullman, WA 99164	Reported:	10/27/2020 14:40
Attn:	Gene Patterson		

Analytical Results Report

System ID#	63200Q	System Name:	WSU		
Reference Number:	MAJ0484-11	Collect Date:	10/19/20 08:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/20 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Steffen Center 180A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-48411

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAJ0484
Address:	P.O. Box 641172	Project:	10/19/20 - Bacteria
	Pullman, WA 99164	Reported:	10/27/2020 14:40
Attn:	Gene Patterson		

Analytical Results Report

System ID#	63200Q	System Name:	WSU		
Reference Number:	MAJ0484-12	Collect Date:	10/19/20 08:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/20 12:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	EHS 90				
Matrix:	Drinking Water				

Lab/Sample Number: 125-48412

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
	Total Coliform	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	
	E. coli	Absent		1.00			10/19/20 16:35	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

MAJ0484

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Due: 11/02/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / 19 / 20 (Month Day Year)	8 : 27 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 6
System Name: WSU

Contact Person: Santamaria

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Control Receiving 3581

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 1.1

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 10-19-20 12:25 10.4 C IR-4 JM

Date Analyzed: 10/19/20 1635

Date Reported:

1 2 5 4 8 4 0 1
Sample Number (DOH number plus five digits)

Lab Use: MAJ0484-01

DOH Form 4301-018 (revised 11/10)

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MAJ0484

Due: 11/02/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / 19 / 20 (Month / Day / Year)	8 39 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 6
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Bustad 807

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 10-19-20 12:25 10.4 C IR4 JM

Date Analyzed: 10/19/20 1635

Date Reported:

1 2 5 4 8 4 0 2
Sample Number (DOH number plus five digits)

Lab Use: MAJ0484-02

DOH Form #331-310 (revised 11/10)

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MAJ0484

Due: 11/02/20

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
10 / 19 / 20	8 : 54 ☒ AM ☐ PM	Whitman

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# 1 3 2 0 0 0
System Name: WSU

Contact Person: Patterson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Johnson Rd

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 10-19-20 12:25 10.4 C IR-4 JM
Date Analyzed: 10/19/20 1635	Date Reported:
1 2 5 4 8 4 0 3 Sample Number (DOH number plus five digits)	Lab Use: MAJ0484-03

DOH Form 4331-219 (revised 11/10)

MAJ0484

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Due: 11/02/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / 19 / 20 (Month Day Year)	9 : 09 ☒ AM ☐ PM	Whitman

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# 5 3 2 8 0 0
System Name: WSU

Contact Person: Sanitarian
Day Phone: (509) 335-3041 Cell Phone: ( )
Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WA EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Bandy Coll. Rm Rob

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720
Date and Time Received: 10-19-20 12:25 10.4 C IR4 JM
Date Analyzed: 10/19/20 1635
Date Reported:

1 2 5 4 8 4 0 4
Sample Number (DOH number plus five digits)
Lab Use: MAJ0484-04

DOH Form 4331-219 (revised 1/13)

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 19 20 (Month Day Year)	9 : 24 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 A
System Name: WW

Contact Person: Patterson

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PH Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Stytes 665 B

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 10-19-20 12:25 10.4 C IR-4 JH

Date Analyzed: 10/19/20 1635

Date Reported:

1 2 5 4 8 4 0 5
Sample Number (DOH number plus five digits)

Lab Use: MAJ0484-05

DOH Form 4331-219 (revised 11/10)

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Due 11/02/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10/19/20 (Month Day Year)	9:39 ☒ AM ☐ PM	Whitman

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# 7 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: 509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hansen

Specific location where sample collected (address or sample site, and type of faucet):
Maxwell 24

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code:	Date and Time Received:
MICR – 2720	10-19-20 12:25 10.4 C IR4 JM
Date Analyzed: 10/19/20 1635	Date Reported:
1 2 5 4 8 4 0 5 (Sample Number (DOH number plus five digits))	Lab Use: MAJ0484-06

DOH Form #331-310 (revised 11/10)

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MAJ0484

Due: 11/02/20

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
10/19/20	9:49 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 6
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3941 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PA Hanson

Specific location where sample collected (address or sample site, and type of faucet): Fulmer 3

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	10-19-20 12:25 10.4C IR-4 JM
Date Analyzed: 10/19/20 1635	Date Reported:
1 2 5 4 8 4 0 7 (Sample Number (DOH number plus five digits))	Lab Use: MAJ0484-07

DOH Form 4331-319 (revised 11/10)

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MAJ0484

Due: 11/02/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10/19/20 (Month Day Year)	10:01 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 0 A
System Name: WSU

Contact Person: Sam Hartin

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pa Hartin

Specific location where sample collected (address or sample site, and type of faucet):
Washington 15

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 10-19-20
12:25 10.4 C IR-4 JH

Date Analyzed: 10/19/2016 35

Date Reported:

1 2 5 4 8 4 0 8
Sample Number (DOH number plus five digits)

Lab Use: MAJ0484-08

DOH Form 4331-219 (revised 11/13)

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MAJ0484

Due: 11/02/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10/19/20 (Month Day Year)	10:19 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Smith

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvin

Specific location where sample collected (address or sample site, and type of faucet):
Todd Athletic Fit

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes Y No ____
Chlorine Residual: Total ____ Free 1.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 10-19-20 12:25 10.4C IR-4 JM
Date Analyzed: 10/19/20 1635	Date Reported:
1 2 5 4 8 4 0 9 (Sample Number (DOH number plus five digits))	Lab Use: MAJ0484.09

DOH Form #331-319 (revised 11/10)

MAJ0484

Anate
1282 A
Mosco
208-

Due: 11/02/20

CO

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
10/19/20	10:47 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WW

Contact Person: Sanitarian

Day Phone: (509) 335-3041 Cell Phone: ( )
Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pitman

Specific location where sample collected (address or sample site, and type of faucet):
USDA BCS 194C

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	10-19-20 12:25 10 4C IR-4 JM
Date Analyzed: 10/19/20 1635	Date Reported:
1 2 5 4 8 4 1 0 (Sample Number (DOH number plus five digits))	Lab Use: MAJ0484-10

DOH Form 4321-219 (revised 11/10)

Anatel
1282 A
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208-

MAJ0484

Due: 11/02/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10/19/20 (Month Day Year)	10 : 54 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 8
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
GHS
PO Box 641192
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevsin

Specific location where sample collected (address or sample site, and type of faucet): Stadium Center 180A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 10-19-20 12:25 10.4 C IR & JH
Date Analyzed: 10/19/20 1635	Date Reported:
1 2 5 4 8 4 1 1 (Sample Number (DOH number plus five digits))	Lab Use: MAJ0484.11

DOH Form 4331-313 (revised 11/10)

Anate
1282 A
Moscc
208·

MAJ0484

Due: 11/02/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / 19 / 20 (Month Day Year)	11 : 13 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 8
System Name: WSU

Contact Person: Schlatter

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU GHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
EHS 90

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 10-19-20 12:25 104 CJR-F JM

Date Analyzed: 10/19/20 1635

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 4 8 4 1 2

Lab Use: MAJ0484-12

DOH Form 4331-919 (revised 11/13)

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Client:	Washington State University (EHS)	Work Order:	MBJ0599
Address:	P.O. Box 641172	Project:	Bacts 10/19
	Pullman, WA 99164	Reported:	10/27/2021 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0599-01	Collect Date:	10/19/21 08:37	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/21 12:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Bustad 807				
Matrix:	Drinking Water				

Lab/Sample Number: 125-59901

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0599
Address:	P.O. Box 641172	Project:	Bacts 10/19
	Pullman, WA 99164	Reported:	10/27/2021 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0599-02	Collect Date:	10/19/21 08:49	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/21 12:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Johnson 76				
Matrix:	Drinking Water				

Lab/Sample Number: 125-59902

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0599
Address:	P.O. Box 641172	Project:	Bacts 10/19
	Pullman, WA 99164	Reported:	10/27/2021 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0599-03	Collect Date:	10/19/21 09:07	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/21 12:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Beasley Coluseum 806				
Matrix:	Drinking Water				

Lab/Sample Number: 125-59903

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0599
Address:	P.O. Box 641172	Project:	Bacts 10/19
	Pullman, WA 99164	Reported:	10/27/2021 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0599-04	Collect Date:	10/19/21 09:23	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/21 12:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Steptoe 665B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-59904

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0599
Address:	P.O. Box 641172	Project:	Bacts 10/19
	Pullman, WA 99164	Reported:	10/27/2021 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0599-05	Collect Date:	10/19/21 09:39	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/21 12:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Streit-Perham 81C				
Matrix:	Drinking Water				

Lab/Sample Number: 125-59905

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0599
Address:	P.O. Box 641172	Project:	Bacts 10/19
	Pullman, WA 99164	Reported:	10/27/2021 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0599-06	Collect Date:	10/19/21 09:53	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/21 12:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Smith Gym 12				
Matrix:	Drinking Water				

Lab/Sample Number: 125-59906

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0599
Address:	P.O. Box 641172	Project:	Bacts 10/19
	Pullman, WA 99164	Reported:	10/27/2021 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0599-07	Collect Date:	10/19/21 10:08	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/21 12:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Murrow 33E				
Matrix:	Drinking Water				

Lab/Sample Number: 125-59907

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0599
Address:	P.O. Box 641172	Project:	Bacts 10/19
	Pullman, WA 99164	Reported:	10/27/2021 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0599-08	Collect Date:	10/19/21 10:19	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/21 12:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Owen Science Library 810				
Matrix:	Drinking Water				

Lab/Sample Number: 125-59908

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0599
Address:	P.O. Box 641172	Project:	Bacts 10/19
	Pullman, WA 99164	Reported:	10/27/2021 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0599-09	Collect Date:	10/19/21 10:32	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/21 12:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	McEachern 805N				
Matrix:	Drinking Water				

Lab/Sample Number: 125-59909

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBJ0599
Address:	P.O. Box 641172	Project:	Bacts 10/19
	Pullman, WA 99164	Reported:	10/27/2021 09:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBJ0599-10	Collect Date:	10/19/21 08:23	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	10/19/21 12:10	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Central Receiving 358A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-59910

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			10/19/21 17:29	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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The results reported related only to the samples indicated.

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Client:	Washington State University (EHS)	Work Order:	MBJ0599
Address:	P.O. Box 641172	Project:	Bacts 10/19
	Pullman, WA 99164	Reported:	10/27/2021 09:06
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MBJ0599

Due: 11/02/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10/18/21 (Month Day Year)	8:37 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3841	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Bus. 807

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free ____ OR

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
WAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL. E.coli ____ /100mL.
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code:	Date and Time Received:
MICR – 2720	10/19/21 1010 13.6 12.4
Date Analyzed: 10/19/21 1729	Date Reported:
1 2 5 5 9 9 0 1 (Sample Number (DOH number plus five digits))	Lab Use: MBJ0599901

DOH Form 4331-318 (revised 11/15)

MBJ0599

Due: 11/02/21

19

Date Sample Collected	Time Sample Collected	County
10/18/21 (Month Day Year)	8:49 ☒ AM ☐ PM	Whitman

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# 93200 9
System Name: WSU

Contact Person: Dahlstrom

Day Phone: (509) 335-3011 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hawkins

Specific location where sample collected (address or sample site, and type of faucet):
Johnson 76

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.3

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	10/19/21 1210 13.6 12.4
Date Analyzed: 10/19/21 1729	Date Reported:
1 2 5 5 9 9 0 2 (Sample Number (DOH number plus five digits))	Lab Use: MBJ0599-02

DOH Form 4331-319 (revised 11/10)

MBJ0599

Due: 11/02/21

19 BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / 18 / 21 (Month / Day / Year)	9 : 07 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sutherlin

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Sutherlin

Specific location where sample collected (address or sample site, and type of faucet):
Bayley Coliseum Pole

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.3

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ ~~Satisfactory~~ UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 10/19/21 1210 136 104
Date Analyzed: 10/19/21 1729	Date Reported:
1 2 5 5 9 9 0 3 Sample Number (DOH number plus five digits)	Lab Use: MBJ0599-03

DOH Form 453-318 (revised 11/10)

MBJ0599

Due: 11/02/21

19

Date Sample Collected	Time Sample Collected	County
10 / 18 / 21 (Month / Day / Year)	9 : 23 ☑ AM ☐ PM	Whitman

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# 5 3 2 0 0 8
System Name: WSU

Contact Person: Janitorial

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hawkins

Specific location where sample collected (address or sample site, and type of faucet): Stevens 665B

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes Y No
Chlorine Residual: Total ___ Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL. E.coli ___ /100mL.
Total Coliform ___ /100mL. Fecal Coliform ___ /100mL.

Method Code: MICR – 2720	Date and Time Received: 10/19/21 1910 13.6 12.4
Date Analyzed: 10/19/21 1729	Date Reported:
1 2 5 5 9 9 0 4 Sample Number (DOH number plus five digits)	Lab Use: MBJ0599-04

DOH Form 4331-378 (revised 11/10)

MBJ0599

Due: 11/02/21

19

Date Sample Collected	Time Sample Collected	County
10/19/21 (Month Day Year)	9:39 ☑ AM ☐ PM	Whitman

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# 52320 0 0 4
System Name: WW

Contact Person: Sanitarian

Day Phone: (541) 335-3841 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 647172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hardin

Specific location where sample collected (address or sample site, and type of faucet): Strait- Perham PTC

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes ☑ No ☐
Chlorine Residual: Total 1.06 Free 1

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	10/19/21 1310 13.6 10.4
Date Analyzed: 10/19/21 1729	Date Reported:
1 2 5 5 9 9 0 5 (Sample Number (DOH number plus five digits))	Lab Use: MBJ0990S

DOH Form 430-318 (revised 11/10)

MBJ0599

Due: 11/02/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10/18/21 (Month Day Year)	9:53 ☐AM ☐PM	Whitman

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# 93200
System Name: WSU

Contact Person: Jon Tarim

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Tarim

Specific location where sample collected (address or sample site, and type of faucet):
Smith Gym 2

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 0.3

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720

Date and Time Received: 10/19/21 1210 13.6 & 11.4

Date Analyzed: 10/19/21 1729

Date Reported:

1255906
Sample Number (DOH number plus five digits)

Lab Use: MBJ0599906

DOH Form 4301-018 (revised 11/10)

MBJ0599

Due: 11/02/21

19

Date Sample Collected	Time Sample Collected	County
10/ 19 /21 Month Day Year	: ☑ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Pat Harlan

Day Phone: (509) 332-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Harlan

Specific location where sample collected (address or sample site, and type of faucet):
Murrow 33E

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 0.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Construction/Repairs ___ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	10/19/21 1810 13.6 14.4
Date Analyzed: 10/19/21 1729	Date Reported:
1 2 5 5 9 9 0 7 Sample Number (DOH number plus five digits)	Lab Use: MBJ09 MBJ0599907

DOH Form 4331-319 (revised 11/10)

MBJ0599

Due: 11/02/21

Date Sample Collected	Time Sample Collected	County
10 / 19 / 21 (Month Day Year)	10 : 19 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WU

Contact Person: Patricia

Day Phone: (509 335-3044	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Patrick

Specific location where sample collected (address or sample site, and type of faucet): Owen Science Library #10

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free ____ OR

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL.

Method Code: MICR – 2720	Date and Time Received: 10/19/21 1210 & M4 (13.6)
Date Analyzed: 10/19/211729	Date Reported:
1 2 5 5 9 9 0 8 Sample Number (DOH number plus five digits)	Lab Use: MBJ059908

DOH Form 4301-218 (revised 11/13)

MBJ0599

Due: 11/02/21

1. ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / 14 / 21 (Month / Day / Year)	10:32 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 A
System Name: WSU

Contact Person: Smithson

Day Phone: (509) 335-3441	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Peterson

Specific location where sample collected (address or sample site, and type of faucet): McEachran Room

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ☐
Chlorine Residual: Total ☐ Free 1.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Construction/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code: MICR – 2720	Date and Time Received: 10/19/21 1810 & 13.6 124
Date Analyzed: 10/19/21 1729	Date Reported:
1 2 5 5 9 9 0 9 Sample Number (DOH number plus five digits)	Lab Use: MBJ059909

DOH Form 4201-313 (revised 11/10)

MBJ0599

Due: 11/02/21

19

Date Sample Collected	Time Sample Collected	County
10/19/21 (Month Day Year)	8 : 23 ☒ AM ☐ PM	Whitman

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# 5 3 2 6 0 Q
System Name: WSU

Contact Person: Sinitrin

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hovsin

Specific location where sample collected (address or sample site, and type of faucet):
Central Receiving 358 A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ☐
Chlorine Residual: Total ☐ Free ☐

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code: MICR – 2720	Date and Time Received: 10/19/21 1210 BC 13.6 10.4
Date Analyzed: 10/19/21 1729	Date Reported:
1 2 5 5 9 9 1 0 (Sample Number (DOH number plus five digits))	Lab Use: MBJ0599-10

DOH Form #331-313 (revised 11/13)

Anatek Labs, Inc.

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBK0021
Address:	P.O. Box 641172	Project:	Bacteria (11/01/2021
	Pullman, WA 99164	Reported:	11/9/2021 12:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0021-01	Collect Date:	11/01/21 08:57	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/01/21 13:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Surplus Stores 358B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02101

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0021
Address:	P.O. Box 641172	Project:	Bacteria (11/01/2021
	Pullman, WA 99164	Reported:	11/9/2021 12:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0021-02	Collect Date:	11/01/21 09:08	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/01/21 13:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Cooper Publications 91				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02102

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0021
Address:	P.O. Box 641172	Project:	Bacteria (11/01/2021
	Pullman, WA 99164	Reported:	11/9/2021 12:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0021-03	Collect Date:	11/01/21 09:31	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/01/21 13:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Golf Course Clubhouse 365H				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02103

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0021
Address:	P.O. Box 641172	Project:	Bacteria (11/01/2021
	Pullman, WA 99164	Reported:	11/9/2021 12:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0021-04	Collect Date:	11/01/21 09:45	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/01/21 13:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Information Technology 812				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02104

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0021
Address:	P.O. Box 641172	Project:	Bacteria (11/01/2021
	Pullman, WA 99164	Reported:	11/9/2021 12:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0021-05	Collect Date:	11/01/21 09:58	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/01/21 13:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Terrell Library 62A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02105

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0021
Address:	P.O. Box 641172	Project:	Bacteria (11/01/2021
	Pullman, WA 99164	Reported:	11/9/2021 12:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0021-06	Collect Date:	11/01/21 10:10	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/01/21 13:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	SCUE 95				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02106

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0021
Address:	P.O. Box 641172	Project:	Bacteria (11/01/2021
	Pullman, WA 99164	Reported:	11/9/2021 12:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0021-07	Collect Date:	11/01/21 10:22	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/01/21 13:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Webster 801				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02107

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0021
Address:	P.O. Box 641172	Project:	Bacteria (11/01/2021
	Pullman, WA 99164	Reported:	11/9/2021 12:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0021-08	Collect Date:	11/01/21 10:35	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/01/21 13:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Commons 5				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02108

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0021
Address:	P.O. Box 641172	Project:	Bacteria (11/01/2021
	Pullman, WA 99164	Reported:	11/9/2021 12:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0021-09	Collect Date:	11/01/21 10:49	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/01/21 13:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	ETRL 58				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02109

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0021
Address:	P.O. Box 641172	Project:	Bacteria (11/01/2021
	Pullman, WA 99164	Reported:	11/9/2021 12:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0021-10	Collect Date:	11/01/21 11:05	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/01/21 13:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Olympia 42				
Matrix:	Drinking Water				

Lab/Sample Number: 125-02110

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/1/21 16:26	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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Client:	Washington State University (EHS)	Work Order:	MBK0021
Address:	P.O. Box 641172	Project:	Bacteria (11/01/2021
	Pullman, WA 99164	Reported:	11/9/2021 12:31
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

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MBK0021

Due: 11/15/21

BACT...

Date Sample Collected	Time Sample Collected	County
11/1/21 (Month Day Year)	8:57 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 A
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat...

Specific location where sample collected (address or sample site, and type of faucet):
Sorority Street 3rd B

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
AE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code:	Date and Time Received:
MICR – 2720	11-1-21 1325 15.6
Date Analyzed: 11/2/21 1626	Date Reported:
1 2 5 0 2 1 0 1 (Sample Number (DOH number plus five digits))	Lab Use: MBK0021-01

DOH Form 4321-219 (revised 11/13)

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MBK0021

Due: 11/15/21

BACT

Date Sample Collected	Time Sample Collected	County
11 / 1 / 21 (Month Day Year)	9 : 05 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PA Hansen

Specific location where sample collected (address or sample site, and type of faucet): Cooper Publications 91

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
VAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received: 15.6
MICR – 2720	11-1-21 1325
Date Analyzed: 11/1/21 1626	Date Reported:
12502102 (Sample Number (DOH number plus five digits))	Lab Use: MBK0021-02

DOH Form 4331-319 (revised 11/10)

MBK0021

Due: 11/15/21

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
11 1 21	9 : 31 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 A
System Name: WJV

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJV EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patrician

Specific location where sample collected (address or sample site, and type of faucet):
Golf Course Clubhouse

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes Y No ____
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** AC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	11-1-21 1335 15.6
Date Analyzed: 11/1/21 1626	Date Reported:
1 2 5 0 2 1 0 3 Sample Number (DOH number plus five digits)	Lab Use: MBK0021-03

DOH Form 4331-219 (revised 11/13)

MBK0021

Due: 11/15/21

B

Date Sample Collected (Month Day Year)	Time Sample Collected	County
11 / 1 / 21	9 : 45 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 4
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Information Technology 812

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.8

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received: 15-6
MICR – 2720	11-1-21 1325
Date Analyzed: 11/1/21 1626	Date Reported:
1 2 5 0 2 1 0 4 (Sample Number (DOH number plus five digits))	Lab Use: MBK0021-04

DOH Form 4331-219 (revised 11/10)

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MBK0021

Due: 11/15/21

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Date Sample Collected (Month Day Year)	Time Sample Collected	County
11 / 1 / 21	9 :58 ☒ AM ☐ PM	Whitman

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# 53209
System Name: WSU

Contact Person: Whitman

Day Phone: 509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EES
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Wilson

Specific location where sample collected (address or sample site, and type of faucet):
Terrell Library 62A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 1.09

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other ___

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	11-1-21 1325 15.6
Date Analyzed: 11/1/21 1685	Date Reported:
1 2 5 0 2 1 0 5	Lab Use: MBK0021-05
Sample Number (DOH number plus five digits)	

DOH Form #331-210 (revised 11/10)

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MBK0021

Due: 11/15/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11 / 1 21 Month Day Year	10 : 10 ☒ AM ☐ PM	Whitman

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# 7 3 2 0 0 9
System Name: WSU

Contact Person: Sam Fraim

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH S
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
SCUE 95

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:	Date and Time Received: 15.6
MICR – 2720	11-1-21 1325 A
Date Analyzed: 11/1/21 1626	Date Reported:
1 2 5 0 2 1 0 6 Sample Number (DOH number plus five digits)	Lab Use: MBK0021-06

DOH Form 4331-018 (revised 11/10)

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Due: 11/15/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11 / 1 / 21 (Month Day Year)	10 : 22 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WN

Contact Person: S. Hovis

Day Phone: (509) 332-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH&S
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hovis

Specific location where sample collected (address or sample site, and type of faucet):
Webster 801

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
MC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 11-1-21 1335 15.6
Date Analyzed: 11/1/21 1626	Date Reported:
1 2 5 0 2 1 0 7 (Sample Number (DOH number plus five digits))	Lab Use: MBK0021-07

DOH Form 4331-319 (revised 11/10)

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MBK0021

Due: 11/15/21

BACT

Date Sample Collected	Time Sample Collected	County
11 / 1 / 21 (Month Day Year)	10 : 35 ☐ AM ☐ PM	Whitman

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# 7 3 2 0 0 9
System Name: WSU

Contact Person: Sanitation

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Ironwood 5

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ☐
Chlorine Residual: Total ____ Free 0.5

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	11-1-21 1525 15.6
Date Analyzed: 11/2/21 1626	Date Reported:
1 2 5 0 2 1 0 8 (Sample Number (DOH number plus five digits))	Lab Use: MBK0021-08

DOH Form #331-219 (revised 11/10)

A
12
M

MBK0021

Due: 11/15/21

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
11 / 1 / 21	10:49 ☒ AM ☐ PM	Whitman

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# 4 7 2 0 0 Q
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hayden

Specific location where sample collected (address or sample site, and type of faucet):
ETRL FP

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	11-1-21 1335 15.6
Date Analyzed: 11/1/21 1620	Date Reported:
1 2 5 0 2 1 0 9 (Sample Number (DOH number plus five digits))	Lab Use: MBK0021-09

DOH Form 4331-310 (revised 11/10)

MBK0021

Due: 11/15/21

BA

Date Sample Collected	Time Sample Collected	County
11 / 1 / 21 (Month Day Year)	11 : 05 ☑ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WJU

Contact Person: Sanitarian

Day Phone: (509) 335-3841 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJU Attn
PO Box 642172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Olympia 42

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	11-1-21 1325 15.6
Date Analyzed: 11/1/21 1626	Date Reported:
1 2 5 0 2 1 1 0 (Sample Number (DOH number plus five digits))	Lab Use: MBK0021-1D

DOH Form 4331-310 (revised 11/10)

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Client:	WSU EH & S	Work Order:	MAK0016
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2020)
	Pullman, WA 99164	Reported:	11/10/2020 10:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0016-01	Collect Date:	11/02/20 10:27	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/20 14:12	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Surplus Stores 358B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01601

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0016
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2020)
	Pullman, WA 99164	Reported:	11/10/2020 10:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0016-02	Collect Date:	11/02/20 10:42	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/20 14:12	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Cooper Publications 91				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01602

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0016
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2020)
	Pullman, WA 99164	Reported:	11/10/2020 10:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0016-03	Collect Date:	11/02/20 10:57	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/20 14:12	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Dodgen Research Facility 74				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01603

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0016
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2020)
	Pullman, WA 99164	Reported:	11/10/2020 10:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0016-04	Collect Date:	11/02/20 11:13	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/20 14:12	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Info Technology 812				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01604

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0016
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2020)
	Pullman, WA 99164	Reported:	11/10/2020 10:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0016-05	Collect Date:	11/02/20 11:29	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/20 14:12	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Terrell Library 62A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01605

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0016
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2020)
	Pullman, WA 99164	Reported:	11/10/2020 10:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0016-06	Collect Date:	11/02/20 12:00	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/20 14:12	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Webster 801				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01606

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAK0016
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2020)
	Pullman, WA 99164	Reported:	11/10/2020 10:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0016-07	Collect Date:	11/02/20 12:29	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/20 14:12	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Commons 5				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01607

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0016
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2020)
	Pullman, WA 99164	Reported:	11/10/2020 10:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0016-08	Collect Date:	11/02/20 12:41	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/20 14:12	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	ETRL 58				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01608

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAK0016
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2020)
	Pullman, WA 99164	Reported:	11/10/2020 10:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0016-09	Collect Date:	11/02/20 13:08	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/20 14:12	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Carpenter 20				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01609

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0016
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2020)
	Pullman, WA 99164	Reported:	11/10/2020 10:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0016-10	Collect Date:	11/02/20 13:21	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/20 14:12	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Avery 809				
Matrix:	Drinking Water				

Lab/Sample Number: 125-01610

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/20 16:17	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

Anate
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MAK0016

Due: 11/17/20

CO BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11 / 2 / 20 (Month / Day / Year)	10 : 27 ☒ AM ☐ PM	Whitman

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# 7 3 2 0 0 9
System Name: WSU

Contact Person: Whiteman

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S. Whiteman

Specific location where sample collected (address or sample site, and type of faucet):
Surplus Store 358 B

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total B Free 0.03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /mL. E.coli /100mL.
Total Coliform /100mL. Fecal Coliform /100mL.

Method Code: MICR – 2720

Date and Time Received: 11-02-20 14:12 JM 15.6 C JR-4

Date Analyzed:

Date Reported:

1 2 5 0 1 6 0 1
Sample Number (DOH number plus five digits)

Lab Use: MAK0016-01

DOH Form 4331-213 (revised 12/10)

MAK0016

Anate
1282 A
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208

Due: 11/17/20

CO

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11 / 2 / 20 (Month Day Year)	10 : 42 ☑ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Santonio

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S. Whiteman

Specific location where sample collected (address or sample site, and type of faucet): Cooper Publications 91

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count_____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform_____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 11-02-20 14:12 JM 15.6 C IR-4

Date Analyzed:

Date Reported:

1 2 5 0 1 6 0 2
Sample Number (DOH number plus five digits)

Lab Use: MAK0016-02

DOH Form 4301-219 (revised 11/10)

MAK0016

Anate
1282 A
Mosco
208-

Due: 11/17/20

CO

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
11 / 2 / 20	10 : 57 ☒ AM ☐ PM	Whitman

Type of Water System (check only one box)
☒ Group A ☐ Other ☐ Group B

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# 5 3 2 0 0 9
System Name: WSU

Contact Person: Jim Taylor

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S. Whiteman

Specific location where sample collected (address or sample site, and type of faucet):
Palouse Research Facility TY

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 0.05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other ___

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

JM

Method Code:	Date and Time Received:
MICR – 2720	11-02-20 14:12 JM 15.6C IR4
Date Analyzed:	Date Reported:
1 2 5 0 1 6 0 3	Lab Use: MAK00160 3
Sample Number (DOH number plus five digits)	

DOH Form 4331-213 (revised 11/10)

MAK0016

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Due: 11/17/20

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
11 / 2 / 20	11 : 13 ☒ AM ☐ PM	Whitman

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# 9 1 2 0 0 0
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-7041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S. Whiteman

Specific location where sample collected (address or sample site, and type of faucet): Fitz Technology 812

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 0.00

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code: MICR – 2720

Date and Time Received: 11-02-20 14:12 JM 15.6 C IR4

Date Analyzed:

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 0 1 6 0 4

Lab Use: MAK0016-04

DOH Form 4331-210 (revised 11/10)

MAK0016

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Due: 11/17/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11 / 2 / 20 (Month Day Year)	11 : 29 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Whitman

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S. Whiteman

Specific location where sample collected (address or sample site, and type of faucet): Terrell Library 62A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 0.02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count_____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform_____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	11-02-20 14:12 JM 15.6 C IR-4
Date Analyzed:	Date Reported:
1 2 5 0 1 6 0 5 (Sample Number (DOH number plus five digits))	Lab Use: MAK0016-05

DOH Form 4331-319 (revised 11/10)

MAK0016

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Due: 11/17/20

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
11 / 2 / 20	12.00 AM / PM	Whitman

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# 53200
System Name: WJU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S Whiteman

Specific location where sample collected (address or sample site, and type of faucet):
Webster RO1

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 0.11

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	11-02-20 14:12 JM 15.6 C IR4
Date Analyzed:	Date Reported:
1 2 5 0 1 6 0 6 Sample Number (DOH number plus five digits)	Lab Use: MAK0016

DOH Form 4331-219 (revised 11/10)

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MAK0016

Due: 11/17/20

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BACTE[illegible] ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
11/2/20	12:29 PM	Whitman

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# 9 3 2 0 0 9
System Name: WN

Contact Person: Sanitation

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S. Whiteman

Specific location where sample collected (address or sample site, and type of faucet):
Common 5

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 0.00

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 11-02-20 14:12 JM 15.6 C IR-4

Date Analyzed:

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 0 1 6 0 7

Lab Use: MAK0016-07

DOH Form 4331-210 (revised 11/10)

MAK0016

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Due: 11/17/20

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
11/2/20	12:41 AM/PM	Whitman

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# 5 3 2 0 0 4
System Name: WSU

Contact Person: Stanton

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S. Whiteman

Specific location where sample collected (address or sample site, and type of faucet):
ETRL 58

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 0.07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	11-02-20 14:12 JM 15.6 C R-4
Date Analyzed:	Date Reported:
12501608	Lab Use: MAK0016-08

Sample Number (DOH number plus five digits)

DOH Form 4331-219 (revised 11/10)

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Due: 11/17/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11/2/20 (Month Day Year)	1:08 ☒ AM ☐ PM	Whitman

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# 9 3 2 9 0 4
System Name: WSU

Contact Person: Smithwick

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S Whiteman

Specific location where sample collected (address or sample site, and type of faucet):
Carpenter 20

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes Y No
Chlorine Residual: Total ___ Free .002

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	11-02-20 14:12 JM 15.6°C IR-4
Date Analyzed:	Date Reported:
12501609 (Sample Number (DOH number plus five digits))	Lab Use: MAK0016-09

DOH Form 4331-210 (revised 07/10)

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Due: 11/17/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11/2/20 (Month Day Year)	1:21 ~~AM~~ ~~PM~~	Whitman

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# 93200
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S. Whiteman

Specific location where sample collected (address or sample site, and type of faucet):
Avery Dorm

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 0.08

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☐ **Satisfactory**

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 11-02-20 14:12 JM 15.6 C IR-4

Date Analyzed:

Date Reported:

1 2 5 0 1 6 1 0
Sample Number (DOH number plus five digits)

Lab Use: MAK0016-10

DOH Form 4331-318 (revised 11/15)

Anatek Labs, Inc.

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBK0052
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2021)
	Pullman, WA 99164	Reported:	11/9/2021 13:09
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0052-01	Collect Date:	11/02/21 09:49	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/21 12:54	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Large Animal Barn 160A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-05201

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/21 16:58	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/21 16:58	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0052
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2021)
	Pullman, WA 99164	Reported:	11/9/2021 13:09
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0052-02	Collect Date:	11/02/21 10:03	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/21 12:54	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Student Rec Center 819				
Matrix:	Drinking Water				

Lab/Sample Number: 125-05202

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/21 16:58	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/21 16:58	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0052
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2021)
	Pullman, WA 99164	Reported:	11/9/2021 13:09
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0052-03	Collect Date:	11/02/21 10:21	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/21 12:54	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Dodger Research Facility 74				
Matrix:	Drinking Water				

Lab/Sample Number: 125-05203

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/21 16:58	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/21 16:58	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0052
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2021)
	Pullman, WA 99164	Reported:	11/9/2021 13:09
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0052-04	Collect Date:	11/02/21 10:40	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/21 12:54	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Carpenter 20				
Matrix:	Drinking Water				

Lab/Sample Number: 125-05204

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/21 16:58	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/21 16:58	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBK0052
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2021)
	Pullman, WA 99164	Reported:	11/9/2021 13:09
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0052-05	Collect Date:	11/02/21 10:51	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/21 12:54	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Avery 809				
Matrix:	Drinking Water				

Lab/Sample Number: 125-05205

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/21 16:58	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/21 16:58	LAC	SM 9223 B	

Anatek Labs, Inc.

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Client:	Washington State University (EHS)	Work Order:	MBK0052
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2021)
	Pullman, WA 99164	Reported:	11/9/2021 13:09
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0052-06	Collect Date:	11/02/21 11:05	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/21 12:54	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Wegner 45				
Matrix:	Drinking Water				

Lab/Sample Number: 125-05206

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/21 16:58	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/21 16:58	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0052
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2021)
	Pullman, WA 99164	Reported:	11/9/2021 13:09
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0052-07	Collect Date:	11/02/21 11:16	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/21 12:54	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Food Quality 815				
Matrix:	Drinking Water				

Lab/Sample Number: 125-05207

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/21 16:58	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/21 16:58	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0052
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2021)
	Pullman, WA 99164	Reported:	11/9/2021 13:09
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0052-08	Collect Date:	11/02/21 11:28	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/02/21 12:54	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Motor Pool 66A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-05208

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/2/21 16:58	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/2/21 16:58	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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Client:	Washington State University (EHS)	Work Order:	MBK0052
Address:	P.O. Box 641172	Project:	Bacteria (11/02/2021)
	Pullman, WA 99164	Reported:	11/9/2021 13:09
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

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Mo
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MBK0052

Due: 11/16/21

BACT

Date Sample Collected	Time Sample Collected	County
11 / 2 / 21 (Month Day Year)	9 : 49 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 4
System Name: WV

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pathogen

Specific location where sample collected (address or sample site, and type of faucet): Lower Animal Barn 160A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 1.3

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code: MICR – 2720

Date and Time Received: 11/2/21 1254 hrs.

Date Analyzed: 11/2/21 1658

Date Reported:

1 2 5 0 5 2 0 1
Sample Number (DOH number plus five digits)

Lab Use: MBK0052-01

DOH Form 4331-219 (revised 11/10)

MBK0052

Due: 11/16/21

BAC

Date Sample Collected	Time Sample Collected	County
11 / 2 / 21 (Month / Day / Year)	10 : 03 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Lawrence

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hovis

Specific location where sample collected (address or sample site, and type of faucet): Student Rec Center 819

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 0.1

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 11/2/21 1658

Date Analyzed: 11/2/21 1658

Date Reported:

1 2 5 0 5 2 0 2
Sample Number (DOH number plus five digits)

Lab Use: MBK0052-02

DOH Form 4331-219 (revised 11/10)

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12
Mc

MBK0052

Due: 11/16/21

BACT[illegible] ANALYSIS

Date Sample Collected	Time Sample Collected	County
11/2/21 (Month Day Year)	10:21 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 Q
System Name: WSU

Contact Person: Sanitarian

Day Phone: 509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Dairy Research Facility 74

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** AC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 14.6°C R-4
3/NOV/21 1254 hrs.

Date Analyzed: 11/2/21 1658

Date Reported:

1 2 5 0 5 2 0 3
Sample Number (DOH number plus five digits)

Lab Use: MBK0052-03

DOH Form 4331-218 (revised 11/19)

MBK0052

Due: 11/16/21

BA(

Date Sample Collected	Time Sample Collected	County
11/2/21 (Month Day Year)	10:40 ☑ AM ☐ PM	Whitman

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# 9 3 2 U 0 4
System Name: WSU

Contact Person: Jan Hanlon

Day Phone: (509) 335-3841	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanlon

Specific location where sample collected (address or sample site, and type of faucet):
Carpenter 20

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 1.11

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720

Date and Time Received: 14.6°C IFA 2NOV21 1254hrs.

Date Analyzed: 11/2/21 1658

Date Reported:

12505204
Sample Number (DOH number plus five digits)

Lab Use: MBK0052-04

DOH Form 4331-210 (revised 11/10)

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MBK0052

Due: 11/16/21

BAC

Date Sample Collected	Time Sample Collected	County
11/2/21 (Month Day Year)	10:51 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): R. Arvin

Specific location where sample collected (address or sample site, and type of faucet):
Avery 809

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 2/10/21 14.6°C IR4 1254 hrs.

Date Analyzed: 11/2/21 1658

Date Reported:

1 2 5 0 5 2 0 5
Sample Number (DOH number plus five digits)

Lab Use: MBK0052-05

DOH Form 331-319 (revised 11/13)

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Due: 11/16/21

Date Sample Collected (Month Day Year)	Time Sample Collected	County
11/2/21	11:05 ☒ AM ☐ PM	Whitman

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# 0 3 2 0 0 Q
System Name: WSU

Contact Person: Smithson

Day Phone: (509) 335-3094 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PaHanson

Specific location where sample collected (address or sample site, and type of faucet):
Wegner 4R

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ☐
Chlorine Residual: Total ☐ Free 1.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code: MICR – 2720

Date and Time Received: 11/2/21 1254 4.6C RA

Date Analyzed: 11/2/21 1658

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 0 5 2 0 6

Lab Use: MBK0052-06

DOH Form 4331-319 (revised 11/15)

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MBK0052

Due: 11/16/21

Date Sample Collected	Time Sample Collected	County
11/2/21 (Month Day Year)	11 : 16 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Sam Tarvin
Day Phone: (509) 335-3049 Cell Phone: ( )
Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvin

Specific location where sample collected (address or sample site, and type of faucet):
Food Quad 1.17 BIF

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720

Date and Time Received: 14.6 C GWF-4
2 NOV 21 1254 MS

Date Analyzed: 11/2/21 1658

Date Reported:

1 2 5 0 5 2 0 7
Sample Number (DOH number plus five digits)

Lab Use: MBK0052-07

DOH Form 4331-319 (revised 11/10)

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MBK0052

Due: 11/16/21

Date Sample Collected	Time Sample Collected	County
11 / 2 / 21 (Month / Day / Year)	11 : 28 ☐ AM ☐ PM	Whitman

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# 6 3 2 0 0 6
System Name: WSU

Contact Person: Sam Irwin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Sam Irwin

Specific location where sample collected (address or sample site, and type of faucet):
Motor Pool Lab

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free ☐

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Construction/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code: MICR – 2720

Date and Time Received: 11/4 6°C JRS
2/NOV/21 1254 hrs.

Date Analyzed: 11/2/21 1658

Date Reported:

12505208
Sample Number (DOH number plus five digits)

Lab Use: MBK0052 08

DOH Form 4331-319 (revised 11/10)

Anatek Labs, Inc.

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAK0208
Address:	P.O. Box 641172	Project:	Bacteria (11-09-2020)
	Pullman, WA 99164	Reported:	11/16/2020 12:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0208-01	Collect Date:	11/09/20 09:16	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/09/20 12:56	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Wegner 45				
Matrix:	Drinking Water				

Lab/Sample Number: 125-20801

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0208
Address:	P.O. Box 641172	Project:	Bacteria (11-09-2020)
	Pullman, WA 99164	Reported:	11/16/2020 12:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0208-02	Collect Date:	11/09/20 09:16	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/09/20 12:56	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	SCUE 95				
Matrix:	Drinking Water				

Lab/Sample Number: 125-20802

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0208
Address:	P.O. Box 641172	Project:	Bacteria (11-09-2020)
	Pullman, WA 99164	Reported:	11/16/2020 12:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0208-03	Collect Date:	11/09/20 09:55	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/09/20 12:56	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Olympia 42				
Matrix:	Drinking Water				

Lab/Sample Number: 125-20803

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0208
Address:	P.O. Box 641172	Project:	Bacteria (11-09-2020)
	Pullman, WA 99164	Reported:	11/16/2020 12:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0208-04	Collect Date:	11/09/20 10:08	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/09/20 12:56	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Food Quality 815				
Matrix:	Drinking Water				

Lab/Sample Number: 125-20804

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0208
Address:	P.O. Box 641172	Project:	Bacteria (11-09-2020)
	Pullman, WA 99164	Reported:	11/16/2020 12:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0208-05	Collect Date:	11/09/20 10:23	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/09/20 12:56	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Nez Perce 677F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-20805

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0208
Address:	P.O. Box 641172	Project:	Bacteria (11-09-2020)
	Pullman, WA 99164	Reported:	11/16/2020 12:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0208-06	Collect Date:	11/09/20 10:36	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/09/20 12:56	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Golf Course Clubhouse 365H				
Matrix:	Drinking Water				

Lab/Sample Number: 125-20806

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0208
Address:	P.O. Box 641172	Project:	Bacteria (11-09-2020)
	Pullman, WA 99164	Reported:	11/16/2020 12:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0208-07	Collect Date:	11/09/20 10:50	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/09/20 12:56	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Motor Pool 66A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-20807

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0208
Address:	P.O. Box 641172	Project:	Bacteria (11-09-2020)
	Pullman, WA 99164	Reported:	11/16/2020 12:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0208-08	Collect Date:	11/09/20 11:43	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/09/20 12:56	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	McCluskey 85B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-20808

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0208
Address:	P.O. Box 641172	Project:	Bacteria (11-09-2020)
	Pullman, WA 99164	Reported:	11/16/2020 12:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0208-09	Collect Date:	11/09/20 12:00	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/09/20 12:56	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Student Rec Center 819				
Matrix:	Drinking Water				

Lab/Sample Number: 125-20809

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/9/20 16:39	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

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MAK0208

Due: 11/23/20

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
11 9 20	9 : 16 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Whitman

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WU GHS
PO Box Box 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Orlin

Specific location where sample collected (address or sample site, and type of faucet):
Wegner 45

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100mL. Fecal Coliform /100mL

Method Code: MICR – 2720

Date and Time Received: 8.6C IR-4
9NOV2020 1256hrs.

Date Analyzed: 11/9/20 1639

Date Reported:

1 2 5 2 0 9 0 1
Sample Number (DOH number plus five digits)

Lab Use: MAK0208-01

DOH Form #331-318 (revised 11/13)

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Due: 11/23/20

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
11 / 9 / 20	9 : 29 ☒ AM ☐ PM	Whitman

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# Y 3 2 0 0 0
System Name: WSU

Contact Person: Whitman

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PHuson

Specific location where sample collected (address or sample site, and type of faucet):
JCVE 9F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720	Date and Time Received: 9 Nov 2020 8.6 C 1845 1252 Pullman.
Date Analyzed: 11/9/20 1639	Date Reported:
1 2 5 2 0 9 0 2 Sample Number (DOH number plus five digits)	Lab Use: MAK0208-02

DOH Form #331-310 revised 11/15

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Due: 11/23/20

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Date Sample Collected (Month Day Year)	Time Sample Collected	County
11/10/20	9:55 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 6
System Name: WSU

Contact Person: Southwick

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevia

Specific location where sample collected (address or sample site, and type of faucet):
Olympia 42

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 8.6°C IR-4
9 Nov 2020 1256 hrs.

Date Analyzed: 11/9/20 1639

Date Reported:

1 2 5 2 0 9 0 3
Sample Number (DOH number plus five digits)

Lab Use: MAK0208-03

DOH Form #331-310 (revised 11/10)

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Due: 11/23/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11 / 9 / 20 (Month Day Year)	10 : 08 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 0
System Name: WSU

Contact Person: Swanson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Food Quality B15

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 8.6°C Cl-4 9NOV2020 1256hrs.

Date Analyzed: 11/9/20 1639

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 2 0 9 0 4

Lab Use: MAK0208-04

DOH Form 4331-318 (revised 11/10)

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Due: 11/23/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11 / 9 / 20 (Month Day Year)	10:23 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 1 Q
System Name: WSU

Contact Person: Swanson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU GHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Swanson

Specific location where sample collected (address or sample site, and type of faucet): Near Power 677F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ✓ No ____
Chlorine Residual: Total ____ Free 1.82

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 8.6°C Ref 9/10/2020 1256hrs.

Date Analyzed: 11/9/20 1639

Date Reported:

1 2 5 2 0 8 6 5
Sample Number (DOH number plus five digits)

Lab Use: MAK0208-05

DOH Form 4331-315 (revised 11/10)

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Due: 11/23/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11 / 2 / 20 (Month Day Year)	10 : 36 ☒ AM ☐ PM	Whitman

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# 3 2 2 0 0 2
System Name: WSU

Contact Person: Institute

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: (509) 335-3041	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name):

Specific location where sample collected (address or sample site, and type of faucet):
Golf Course Clubhouse 3rd H

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other _____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 8.6°C 9/4/2020 1256 hrs.

Date Analyzed: 11/9/20 1639

Date Reported:

1 2 5 2 0 8 6 6
Sample Number (DOH number plus five digits)

Lab Use: MAK0208-06

DOH Form 4331-319 (revised 11/10)

Anate
1282 A
Mosc
208

CC

MAK0208

Due: 11/23/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11 / 9 / 20 (Month Day Year)	10 : 50 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WW

Contact Person: Patterson

Day Phone: (509) 332-3911 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW CES
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Water Pool 661

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 0.5

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 11/9/2020 1256 hrs.

Date Analyzed: 11/9/20 1639

Date Reported:

1 2 5 2 0 8 0 7
Sample Number (DOH number plus five digits)

Lab Use: MAK0208-07

DOH Form 4331-318 (revised 11/10)

Anatel
1282 A
Mosco
208-

CO

MAK0208

Due: 11/23/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11 / 9 / 20 (Month Day Year)	11 : 42 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 4
System Name: WSU

Contact Person: Pullman

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pullman

Specific location where sample collected (address or sample site, and type of faucet):
McCluskey BJB

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 1.07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other ___

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 9 NOV 2020 8:56 AM

Date Analyzed: 11/9/20 1639

Date Reported:

1 2 5 2 0 8 0 8
Sample Number (DOH number plus five digits)

Lab Use: MAK0208-08

DOH Form 4331-818 (revised 11/10)

MAK0208

Anatel
1282 A
Mosco
208-
CO

Due: 11/23/20

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
11 / 9 / 20	12 : 00 ☑ AM ☐ PM	Whitman

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# 5 3 2 0 0 Q
System Name: WJU

Contact Person: Sam Fortin

Day Phone: (541) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Fortin

Specific location where sample collected (address of sample site, and type of faucet): Student Rec Center 879

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 1.08

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 8.6°C IR-4
9 Nov 2020 1256 hrs.

Date Analyzed: 11/9/20 1639

Date Reported:

1 2 5 2 0 8 0 9
Sample Number (DOH number plus five digits)

Lab Use: MAK0208-09

DOH Form 4331-219 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MBK0454
Address:	P.O. Box 641172	Project:	Bacteria 11/15/21
	Pullman, WA 99164	Reported:	11/23/2021 11:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0454-01	Collect Date:	11/15/21 10:45	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/15/21 12:51	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Lighty 92A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-45401

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/15/21 15:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/15/21 15:52	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0454
Address:	P.O. Box 641172	Project:	Bacteria 11/15/21
	Pullman, WA 99164	Reported:	11/23/2021 11:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0454-02	Collect Date:	11/15/21 10:32	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/15/21 12:51	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Vet Teaching Hospital 818				
Matrix:	Drinking Water				

Lab/Sample Number: 125-45402

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/15/21 15:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/15/21 15:52	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0454
Address:	P.O. Box 641172	Project:	Bacteria 11/15/21
	Pullman, WA 99164	Reported:	11/23/2021 11:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0454-03	Collect Date:	11/15/21 10:13	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/15/21 12:51	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Fine Arts 97				
Matrix:	Drinking Water				

Lab/Sample Number: 125-45403

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/15/21 15:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/15/21 15:52	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0454
Address:	P.O. Box 641172	Project:	Bacteria 11/15/21
	Pullman, WA 99164	Reported:	11/23/2021 11:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0454-04	Collect Date:	11/15/21 09:58	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/15/21 12:51	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Abelson 32				
Matrix:	Drinking Water				

Lab/Sample Number: 125-45404

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/15/21 15:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/15/21 15:52	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0454
Address:	P.O. Box 641172	Project:	Bacteria 11/15/21
	Pullman, WA 99164	Reported:	11/23/2021 11:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0454-05	Collect Date:	11/15/21 09:45	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/15/21 12:51	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	EE-ME 78A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-45405

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/15/21 15:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/15/21 15:52	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0454
Address:	P.O. Box 641172	Project:	Bacteria 11/15/21
	Pullman, WA 99164	Reported:	11/23/2021 11:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0454-06	Collect Date:	11/15/21 09:29	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/15/21 12:51	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Vogel 826				
Matrix:	Drinking Water				

Lab/Sample Number: 125-45406

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/15/21 15:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/15/21 15:52	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0454
Address:	P.O. Box 641172	Project:	Bacteria 11/15/21
	Pullman, WA 99164	Reported:	11/23/2021 11:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0454-07	Collect Date:	11/15/21 08:49	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/15/21 12:51	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Nez Perce 677F				
Matrix:	Drinking Water				

Lab/Sample Number: 125-45407

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/15/21 15:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/15/21 15:52	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0454
Address:	P.O. Box 641172	Project:	Bacteria 11/15/21
	Pullman, WA 99164	Reported:	11/23/2021 11:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0454-08	Collect Date:	11/15/21 09:14	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/15/21 12:51	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	McCluskey 85A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-45408

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/15/21 15:52	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/15/21 15:52	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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Client:	Washington State University (EHS)	Work Order:	MBK0454
Address:	P.O. Box 641172	Project:	Bacteria 11/15/21
	Pullman, WA 99164	Reported:	11/23/2021 11:48
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MBK0454

Due: 12/01/21

BACTERIA

Date Sample Collected	Time Sample Collected	County
11 / 15 / 21 (Month Day Year)	10 : 45 ☒ AM ☐ PM	Whitman

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# 5 3 2 9 8 4
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3641	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hansen

Specific location where sample collected (address or sample site, and type of faucet): Lighty 9LA

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 11/15/21 1251
Date Analyzed: 11/15/21 1152	Date Reported:
1 2 5 4 5 4 0 1 (Sample Number (DOH number plus five digits))	Lab Use: MBK0454-01

DOH Form #331-219 (revised 11/10)

MBK0454

Due: 12/01/21

Date Sample Collected	Time Sample Collected	County
11/12/21 (Month Day Year)	10 : 32 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Sanitation
Day Phone: (509 335-3041) Cell Phone: ( )
Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pitt Levis

Specific location where sample collected (address or sample site, and type of faucet): Vet Teaching Hospital RR

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	11-15-21 1251 A 12.4
Date Analyzed: 11/15/21 1552	Date Reported:
1 2 5 4 5 4 0 2 (Sample Number (DOH number plus five digits))	Lab Use: MBK0454-02

DOH Form 4331-319 (revised 11/10)

MBK0454

Due: 12/01/21

Date Sample Collected	Time Sample Collected	County
11/15/21 (Month Day Year)	10:13 ☒ AM ☐ PM	Whitman

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# 7 3 2 0 0 9
System Name: WW Sanitarian

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hatton

Specific location where sample collected (address or sample site, and type of faucet): Fine Arts 97

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 11-15-21 1251 A 11-3 IB-4
Date Analyzed: 11/15/21 1552	Date Reported:
1 2 5 4 5 4 0 3 Sample Number (DOH number plus five digits)	Lab Use: MBK0454-03

DOH Form 4331-310 (revised 11/10)

MBK0454

Due: 12/01/21

Date Sample Collected	Time Sample Collected	County
11 / 12 / 21 (Month Day Year)	9 58 ☑ AM ☐ PM	Whitman

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# 4 3 2 0 9 9
System Name: WN

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hansen

Specific location where sample collected (address or sample site, and type of faucet): Holden 32

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 11.3 11-15-21 1251 12.4
Date Analyzed: 11/15/21 1552	Date Reported:
1 2 5 4 5 4 0 4 (Sample Number (DOH number plus five digits))	Lab Use: MBK0454 04

DOH Form 4331-310 (revised 11/10)

MBK0454

Due: 12/01/21

Date Sample Collected	Time Sample Collected	County
11/14/21 (Month Day Year)	9:45 ☑ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sweetman

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Sweetman

Specific location where sample collected (address or sample site, and type of faucet):
EE-ME 78A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 11/15/21 1251
Date Analyzed: 11/15/21 1552	Date Reported:
1 2 5 4 5 4 0 5 (Sample Number (DOH number plus five digits))	Lab Use: MBK0454-05

DOH Form 4331-319 (revised 11/13)

MBK0454

Due: 12/01/21

ANALYSIS

Date Sample Collected	Time Sample Collected	County
11 15 / 21 (Month Day Year)	9 : 29 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 4
System Name: WJV

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJV EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Valve P26

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /mL. E.coli /100mL.
Total Coliform /100mL. Fecal Coliform /100mL.

Method Code:	Date and Time Received:
MICR – 2720	11-15-21 1251 A 11-3 12-4
Date Analyzed: 11/15/21 1552	Date Reported:
1 2 5 4 5 4 0 6 (Sample Number (DOH number plus five digits))	Lab Use: MBK0454-06

DOH Form 4331-219 (revised 11/13)

MBK0454

Due: 12/01/21

Date Sample Collected	Time Sample Collected	County
11 / 15 / 21 (Month Day Year)	8 : 49 ☐ AM ☐ PM	Whitman

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# 6 3 2 5 9 4
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PA Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Neill Public 677F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .08

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL. E.coli _____ /100mL.
Total Coliform _____ /100mL. Fecal Coliform _____ /100mL.

Method Code:	Date and Time Received:
MICR – 2720	11-15-21 1251 A 11-4
Date Analyzed: 11/15/21 1552	Date Reported:
1 2 5 4 5 4 0 7 (Sample Number (DOH number plus five digits))	Lab Use: MBK0454-07

DOH Form 4331-019 (revised 11/13)

MBK0454

Due: 12/01/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11 / 15 / 21 (Month Day Year)	9 : 14 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 2
System Name: WSU

Contact Person: Pat Harlan

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harlan

Specific location where sample collected (address or sample site, and type of faucet):
McCroskey FFA

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ✓ No ____
Chlorine Residual: Total ____ Free ____ OR

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	11-15-21 1251 & 11-3 11-4
Date Analyzed: 11/15/21 1552	Date Reported:
1 2 54 5 4 0 8 (Sample Number (DOH number plus five digits))	Lab Use: MBK0454-08

DOH Form 4331-219 (revised 11/15)

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Client:	WSU EH & S	Work Order:	MAK0385
Address:	P.O. Box 641172	Project:	11/16/20 - Bacteria
	Pullman, WA 99164	Reported:	11/23/2020 13:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q MAK0385-01	System Name:	WSU		
Reference Number:		Collect Date:	11/16/20 10:01	DOH Source #:	
Multiple Source Nos:	11/16/20 14:25 Large	Sample Type:		County:	Whitman
Date Received:	Large Animal Barn160A	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Drinking Water				
Matrix:					

Lab/Sample Number: 125-38501

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0385
Address:	P.O. Box 641172	Project:	11/16/20 - Bacteria
	Pullman, WA 99164	Reported:	11/23/2020 13:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0385-02	Collect Date:	11/16/20 10:25	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/16/20 14:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Clark 99				
Matrix:	Drinking Water				

Lab/Sample Number: 125-38502

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0385
Address:	P.O. Box 641172	Project:	11/16/20 - Bacteria
	Pullman, WA 99164	Reported:	11/23/2020 13:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0385-03	Collect Date:	11/16/20 10:43	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/16/20 14:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Vogel 826				
Matrix:	Drinking Water				

Lab/Sample Number: 125-38503

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0385
Address:	P.O. Box 641172	Project:	11/16/20 - Bacteria
	Pullman, WA 99164	Reported:	11/23/2020 13:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0385-04	Collect Date:	11/16/20 11:07	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/16/20 14:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Van Doren 37				
Matrix:	Drinking Water				

Lab/Sample Number: 125-38504

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0385
Address:	P.O. Box 641172	Project:	11/16/20 - Bacteria
	Pullman, WA 99164	Reported:	11/23/2020 13:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0385-05	Collect Date:	11/16/20 11:23	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/16/20 14:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	EE-ME 78A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-38505

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0385
Address:	P.O. Box 641172	Project:	11/16/20 - Bacteria
	Pullman, WA 99164	Reported:	11/23/2020 13:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0385-06	Collect Date:	11/16/20 11:40	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/16/20 14:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Abelson 32				
Matrix:	Drinking Water				

Lab/Sample Number: 125-38506

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0385
Address:	P.O. Box 641172	Project:	11/16/20 - Bacteria
	Pullman, WA 99164	Reported:	11/23/2020 13:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0385-07	Collect Date:	11/16/20 11:55	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/16/20 14:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Neill 70				
Matrix:	Drinking Water				

Lab/Sample Number: 125-38507

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0385
Address:	P.O. Box 641172	Project:	11/16/20 - Bacteria
	Pullman, WA 99164	Reported:	11/23/2020 13:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0385-08	Collect Date:	11/16/20 12:17	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/16/20 14:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Fine Arts 97				
Matrix:	Drinking Water				

Lab/Sample Number: 125-38508

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0385
Address:	P.O. Box 641172	Project:	11/16/20 - Bacteria
	Pullman, WA 99164	Reported:	11/23/2020 13:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0385-09	Collect Date:	11/16/20 12:38	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/16/20 14:25 Vet	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Teaching Hospital 818				
Matrix:	Drinking Water				

Lab/Sample Number: 125-38509

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAK0385
Address:	P.O. Box 641172	Project:	11/16/20 - Bacteria
	Pullman, WA 99164	Reported:	11/23/2020 13:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0385-10	Collect Date:	11/16/20 12:52	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/16/20 14:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Lighty Student Services 92A				
Matrix:		Drinking Water			

Lab/Sample Number: 125-38510

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAK0385
Address:	P.O. Box 641172	Project:	11/16/20 - Bacteria
	Pullman, WA 99164	Reported:	11/23/2020 13:56
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAK0385-11	Collect Date:	11/16/20 13:06	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/16/20 14:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	LARC 811				
Matrix:	Drinking Water				

Lab/Sample Number: 125-38511

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/16/20 16:36	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

MAK0385

Anatek
1282 Al
Moscov
208-8

Due: 12/03/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11 / 16 / 20 (Month Day Year)	10 : 01 ☑ AM ☐ PM	Wh. Fran

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# 5 3 2 0 0 4
System Name: WW

Contact Person: Swanson

Day Phone: 509 335-2041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 642172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson Spencer

Specific location where sample collected (address or sample site, and type of faucet): Lewis Arnold Bldg 1604

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes ✓ No ____
Chlorine Residual: Total ____ Free 0.05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720	Date and Time Received: 11-16-20 11:8 C JR-4 JM 14:25
Date Analyzed: 11/16/20 1630	Date Reported:
1 2 5 3 8 5 0 1 Sample Number (DOH number plus five digits)	Lab Use: MAK0385-01

DOH Form 4331-310 (revised 11/10)

MAK0385

Anatek
1282 Alt
Moscow
208-8

Due: 12/03/20

COLI
BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
11 16 20	10 : 25 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WW

Contact Person: Same

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S. Whiteman

Specific location where sample collected (address or sample site, and type of faucet): Clark 99

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 0.01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 11-16-20 11.8C IR-4 JM 14:25
Date Analyzed: 11/16/20 1636	Date Reported:
1 2 5 3 8 5 0 2 Sample Number (DOH number plus five digits)	Lab Use: MAK0385-02

DOH Form 4331-219 (revised 11/10)

MAK0385

Anatek
1282 Ali
Moscov
208-8

Due: 12/03/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
11/16/20	10:43 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WW

Contact Person: Sam Fevin

Day Phone: (509) 332-3441 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WWU GHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S. Whiteman

Specific location where sample collected (address or sample site, and type of faucet):
Vo7.1 826

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 0.01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	11-16-20 11:8 C JR-4 JM 14:25
Date Analyzed: 11/16/20 1636	Date Reported:
1 2 5 3 8 5 0 3 Sample Number (DOH number plus five digits)	Lab Use: MAK0385-03

DOH Form 4331-219 (revised 11/10)

MAK0385

Anatek
1282 Al
Mosco
208-

Due: 12/03/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11 / 16 / 20 (Month Day Year)	11 : 07 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 A
System Name: WSU

Contact Person: Sam Fadden
Day Phone: (509) 335-3041 Cell Phone: ( )
Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 642172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S. Whiteman

Specific location where sample collected (address or sample site, and type of faucet):
Van Doren 37

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 0.08

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count_____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform_____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	11-16-20 11 8 C IR-4 JM 1425
Date Analyzed: 11/16/20 1630	Date Reported:
1 2 5 3 8 5 0 4 (Sample Number (DOH number plus five digits))	Lab Use: MAK0385-04

DOH Form 4331-319 (revised) 11/10

MAK0385

Anatek
1282 Al
Moscow
208-8

Due: 12/03/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
11/20/20	11 : 23 ☒ AM ☐ PM	Whitman

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# 5 3 2 [illegible] [illegible] [illegible]
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S. Whiteman

Specific location where sample collected (address or sample site, and type of faucet):
EE-ME 78A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 0.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code:	Date and Time Received:
MICR – 2720	11-16-20 WSC IR-4 JAM 14:25
Date Analyzed: 11/16/2016 36	Date Reported:
1 2 5 3 8 5 0 5 Sample Number (DOH number plus five digits)	Lab Use: MAK0385-05

DOH Form 4201-219 (revised 11/10)

MAK0385

Anatek
1282 Al
Mosco
208-

Due: 12/03/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11/16/20 (Month Day Year)	11:40 ☒ AM ☐ PM	Whitman

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# 5 1 2 0 0 8
System Name: WJJ

Contact Person: Whitman

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJJ EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S. Whiteman

Specific location where sample collected (address or sample site, and type of faucet): Abelson 32

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 11-16-20 11:8 C IR4 JM 14:25

Date Analyzed: 11/16/20 KB

Date Reported:

1 2 5 3 8 5 0 6
Sample Number (DOH number plus five digits)

Lab Use: MAK0385-06

DOH Form 4331-919 (revised 11/10)

MAK0385

Anatel
1282 A
Mosco
208-

COI

Due: 12/03/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11 / 16 / 20 (Month Day Year)	11 : 55 ☐ AM ☐ PM	Whitman

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# 6 3 2 0 0 Q
System Name: WJW

Contact Person: Sam Fortin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJW EHS
PO Box 644172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S. Whiteman

Specific location where sample collected (address or sample site, and type of faucet):
No. 11 Tap

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	11-16-20 11:8C IR-4 AM 14:25
Date Analyzed: 11/19/20 1636	Date Reported:
1 2 5 3 9 5 0 7 (Sample Number (DOH number plus five digits))	Lab Use: MAK0385-07

DOH Form 4331-319 (revised 11/10)

MAK0385

Anatel
1282 A
Mosco
208-

Due: 12/03/20

COI

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11/16/20 (Month Day Year)	12:17 ☐ AM ☑ PM	Whitman

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# 75200
System Name: WSU

Contact Person: Sam Tsim

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EAS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S Whiteman

Specific location where sample collected (address or sample site, and type of faucet):
Fine Arts 97

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes 0.2 No____
Chlorine Residual: Total____ Free 0.02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 11-16-20 1118 CJR-4 JAN 14:25

Date Analyzed: 11/16/2016 36

Date Reported:

1 2 5 3 8 5 0 8
Sample Number (DOH number plus five digits)

Lab Use: MAK0385-08

DOH Form #331-310 (revised 11/10)

MAK0385

Anatel
1282 A
Mosco
208-

Due: 12/03/20

COI

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11/16/20 (Month Day Year)	12:38 ☐ AM ☑ PM	Whitman

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# 9 3 2 0 0 9
System Name: WW

Contact Person: Sanitarian

Day Phone: (509) 335-3411 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S. Whiteman

Specific location where sample collected (address or sample site, and type of faucet):
Vet Teaching Hospital FIP

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 0.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 11-16-20 118 CIR-4 JM 14:25

Date Analyzed: 11/16/20 1635

Date Reported:

1 2 5 3 8 5 0 9
Sample Number (DOH number plus five digits)

Lab Use: MAK0385-09

DOH Form 4331-319 (revised 11/10)

MAK0385

Anatek
1282 Al
Mosco
208-

Due: 12/03/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
11/16/20 (Month Day Year)	12:52 ☐ AM ☑ PM	Whitman

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# 4 3 2 0 0 8
System Name: WW

Contact Person: Whiteman

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S. Whiteman

Specific location where sample collected (address or sample site, and type of faucet): Utility Student Services 924

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 0.07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720	Date and Time Received: 11-16-20 11:8 C JR-4 JM 14:25
Date Analyzed: 11/16/2016 36	Date Reported:
1 2 5 3 8 5 1 0 Sample Number (DOH number plus five digits)	Lab Use: MAK0385-10

DOH Form 4331-318 (revised 11/10)

MAK0385

Anatek
1282 Al
Mosco
208-

Due: 12/03/20

COL

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
11/16/20	1:06 ☐ AM ☐ PM	Whitman

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# 4 3 2 0 0 2
System Name: WSU

Contact Person: Dr. Whiteman

Day Phone: 509) 335-3841	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Amy S. Whiteman

Specific location where sample collected (address or sample site, and type of faucet): LARC 811

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free DOS

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720	Date and Time Received: 11-16-20 11:8 C IR-4 JM 14:25
Date Analyzed: 11/19/2016:30	Date Reported:
1 2 5 3 8 5 1 1 Sample Number (DOH number plus five digits)	Lab Use: MAK0385-11

DOH Form #331-315 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MBK0472
Address:	P.O. Box 641172	Project:	Bact 11-16
	Pullman, WA 99164	Reported:	11/23/2021 12:04
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0472-01	Collect Date:	11/16/21 09:47	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/16/21 13:08	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Neill 70				
Matrix:	Drinking Water				

Lab/Sample Number: 125-47201

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/16/21 16:27	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/16/21 16:27	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0472
Address:	P.O. Box 641172	Project:	Bact 11-16
	Pullman, WA 99164	Reported:	11/23/2021 12:04
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0472-02	Collect Date:	11/16/21 10:12	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/16/21 13:08	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Clark 99				
Matrix:	Drinking Water				

Lab/Sample Number: 125-47202

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/16/21 16:27	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/16/21 16:27	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0472
Address:	P.O. Box 641172	Project:	Bact 11-16
	Pullman, WA 99164	Reported:	11/23/2021 12:04
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0472-03	Collect Date:	11/16/21 09:37	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/16/21 13:08	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Van Doren 37				
Matrix:	Drinking Water				

Lab/Sample Number: 125-47203

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/16/21 16:27	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/16/21 16:27	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBK0472
Address:	P.O. Box 641172	Project:	Bact 11-16
	Pullman, WA 99164	Reported:	11/23/2021 12:04
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBK0472-04	Collect Date:	11/16/21 09:21	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	11/16/21 13:08	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	LARC 811				
Matrix:	Drinking Water				

Lab/Sample Number: 125-47204

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			11/16/21 16:27	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			11/16/21 16:27	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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Client:	Washington State University (EHS)	Work Order:	MBK0472
Address:	P.O. Box 641172	Project:	Bact 11-16
	Pullman, WA 99164	Reported:	11/23/2021 12:04
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MBK0472

Due: 12/02/21

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
11 16 21	9 : 47 ☒ AM ☐ PM	Whitman

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# 5 3 2 8 0 8
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3941 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Henson

Specific location where sample collected (address or sample site, and type of faucet): Neill 70

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100mL
Total Coliform _____ /100mL. Fecal Coliform _____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	11-16 13:08 10.4
Date Analyzed: 11/16/21 1627	Date Reported:
1 2 5 4 7 2 0 1 Sample Number (DOH number plus five digits)	Lab Use: MBK0472-01

DOH Form #331-219 (revised 11/10)

MBK0472

Due: 12/02/21

Date Sample Collected	Time Sample Collected	County
11/16/21 (Month Day Year)	10 : 12 ☒ AM ☐ PM	Whitman

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# 9 3 2 6 4 9
System Name: WSU

Contact Person: Sam Torrison

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harrison

Specific location where sample collected (address or sample site, and type of faucet): Clark 99

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
WAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code:	Date and Time Received: TM FR-4
MICR – 2720	11-16 13:08 10.4
Date Analyzed: 11/16/21 1627	Date Reported:
1 2 5 4 7 2 0 2 (Sample Number (DOH number plus five digits))	Lab Use: MBK0472-02

DOH Form 4331-219 (revised 11/10)

MBK0472

Due: 12/02/21

[illegible] ANALYSIS

Date Sample Collected	Time Sample Collected	County
11/16/21 (Month Day Year)	9:37 ☐ AM ☒ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Sustrivin

Day Phone: (509 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harris

Specific location where sample collected (address or sample site, and type of faucet): Van Doren 37

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 1.03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count_____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform_____ /100mL

Method Code: MICR – 2720	Date and Time Received: 11-16 13:08 JR-4 10.4
Date Analyzed: 11/16/21 16:27	Date Reported:
1 2 5 4 7 2 0 3 (Sample Number (DOH number plus five digits))	Lab Use: MBK0472-03

DOH Form 4331-219 (revised 11/10)

MBK0472

Due: 12/02/21

Date Sample Collected	Time Sample Collected	County
11 / 16 / 21 (Month Day Year)	9 : 21 ☑ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WN

Contact Person: Switzer

Day Phone: (509) 332-3641	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WN EHS
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvin

Specific location where sample collected (address or sample site, and type of faucet): Lab RC Sink

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: TM IK-4 11-16 13:08 10.4
Date Analyzed: 11/16/21 1627	Date Reported:
1 2 5 47204 Sample Number (DOH number plus five digits)	Lab Use: MBK0472-04

DOH Form 4331-219 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MBL0176
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	12/14/2021 11:53
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0176-01	Collect Date:	12/06/21 08:29	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/06/21 13:11	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Food Services 89				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17601

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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Client:	Washington State University (EHS)	Work Order:	MBL0177
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	12/14/2021 11:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0177-01	Collect Date:	12/06/21 08:46	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/06/21 13:11	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	University Stores 358J				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17701

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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Client:	Washington State University (EHS)	Work Order:	MBL0180
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	12/14/2021 11:33
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0180-01	Collect Date:	12/06/21 08:58	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/06/21 13:11	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Bustad 807				
Matrix:	Drinking Water				

Lab/Sample Number: 125-18001

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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Client:	Washington State University (EHS)	Work Order:	MBL0181
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	12/14/2021 11:34
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0181-01	Collect Date:	12/06/21 09:19	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/06/21 13:11	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Terrace 650E				
Matrix:	Drinking Water				

Lab/Sample Number: 125-18101

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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Client:	Washington State University (EHS)	Work Order:	MBL0182
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	12/14/2021 11:35
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0182-01	Collect Date:	12/06/21 09:42	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/06/21 13:11	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Global Scholars 18A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-18201

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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Client:	Washington State University (EHS)	Work Order:	MBL0172
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	12/14/2021 11:26
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0172-01	Collect Date:	12/06/21 09:54	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/06/21 13:11	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Thompson 1				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17201

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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Client:	Washington State University (EHS)	Work Order:	MBL0174
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	12/14/2021 11:27
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0174-01	Collect Date:	12/06/21 10:05	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/06/21 15:23	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Kimbrough 25				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17401

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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Client:	Washington State University (EHS)	Work Order:	MBL0171
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	12/14/2021 11:25
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0171-01	Collect Date:	12/06/21 10:33	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/06/21 13:11	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Cleveland 86				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17101

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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Client:	Washington State University (EHS)	Work Order:	MBL0170
Address:	P.O. Box 641172	Project:	Bacteria
	Pullman, WA 99164	Reported:	12/14/2021 11:24
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0170-01	Collect Date:	12/06/21 10:50	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/06/21 13:11	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Wilson 40				
Matrix:	Drinking Water				

Lab/Sample Number: 125-17001

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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Client:	Washington State University (EHS)	Work Order:	MBL0169
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	12/14/2021 11:23
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q MBL0169-01	System Name:	Washington State University		
Reference Number:		Collect Date:	12/06/21 11:02	DOH Source #:	
Multiple Source Nos:	12/06/21 14:46 Smith	Sample Type:		County:	Whitman
Date Received:		Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Smith Ag Engineering 54				
Matrix:	Drinking Water				

Lab/Sample Number: 125-16901

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/6/21 16:34	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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The results reported related only to the samples indicated.

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MBL0176

Due: 12/20/21

Date Sample Collected	Time Sample Collected	County
12/6/21 (Month Day Year)	P : 29 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 1 0
System Name: WSU

Contact Person: Sarah Irvin

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU GHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Irvin

Specific location where sample collected (address or sample site, and type of faucet):
Food Services PF

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free PF

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
MC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12-6-21 1431 hrs.

Date Analyzed: 12/6/21 1634

Date Reported: 12-13-21 ER

1 2 5 1 7 6 0 1
Sample Number (DOH number plus five digits)

Lab Use: MBL0176-01

DOH Form 4331-319 (revised 11/10)

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MBL0177

Due: 12/20/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 6 / 21 (Month Day Year)	8 : 46 ☑ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harris

Specific location where sample collected (address or sample site, and type of faucet): University Storey 358

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 6 DEC 21 1311 PC RY

Date Analyzed: 12/6/21 1634

Date Reported:

1 2 5 / 7 7 0 1
Sample Number (DOH number plus five digits)

Lab Use: MBL0177-01

DOH Form 4331-219 (revised 11/10)

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MBL0180

Due: 12/20/21

Date Sample Collected	Time Sample Collected	County
12 / 6 / 21 Month Day Year	8 : [illegible] ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3841 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patrolling

Specific location where sample collected (address or sample site, and type of faucet): Bustle 807

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	6.0°C Rd 6 DEC 21 1311
Date Analyzed: 12/6/21 1634	Date Reported:
1 2 5 , 8 0 0 1 Sample Number (DOH number plus five digits)	Lab Use: MBL0180-01

DOH Form 4331-319 (revised 11/10)

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Due: 12/20/21

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Date Sample Collected	Time Sample Collected	County
12/6/21 (Month Day Year)	9 : 19 ☒ AM ☐ PM	Whitman

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# 93209Q
System Name: WSU

Contact Person: Patrick

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hatrick

Specific location where sample collected (address or sample site, and type of faucet):
Terrell 650E

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 6.0°C IR-4
6DEC21 1311 MS.

Date Analyzed: 12/6/21 1639

Date Reported:

1 2 5 1 8 1 0 1
Sample Number (DOH number plus five digits)

Lab Use: MBL0181-01

DOH Form 4331-318 (revised 11/10)

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Due: 12/20/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 6 / 21 (Month Day Year)	9 : 42 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH&S
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Sanitarian

Specific location where sample collected (address or sample site, and type of faucet):
Global Involvement 184

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
UC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 6 DEC 21 1311 MS. 6.0C

Date Analyzed: 12/6/21 1634

Date Reported:

Lab Use: EC

1 2 5 1 8 2 0 1
Sample Number (DOH number plus five digits)

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MBL0182-01

DOH Form 4321-313 (revised 11/15)

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Due: 12/20/21

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Date Sample Collected	Time Sample Collected	County
12 / [illegible] / 21 (Month Day Year)	9 :54 ☑ AM ☐ PM	Whitman

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# 9 3 2 8 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3641	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Thompson 1

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☑ **Routine Distribution Sample**
Chlorinated: Yes Y No
Chlorine Residual: Total Free 05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** WC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /mL. E.coli /100mL.
Total Coliform /100mL. Fecal Coliform /100mL.

Method Code: MICR – 2720

Date and Time Received: 6 6DEC21 6°C 1134 BH

Date Analyzed: 12/6/21 1634

Date Reported:

1 2 5 1 7 2 0 1
Sample Number (DOH number plus five digits)

Lab Use: MBL0172-01

DOH Form #331-319 (revised 11/10)

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MBL0174

Due: 12/21/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 6 / 21 (Month Day Year)	10 : 05 ☐ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PaAvion

Specific location where sample collected (address or sample site, and type of faucet): Kitchen sink 25

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .09

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** HC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 6.0°C Cl-4 @ 6DEC21 1311 hrs

Date Analyzed: 12/6/21 1039

Date Reported:

1 2 5 | 7 4 0 1
Sample Number (DOH number plus five digits)

Lab Use: MBL0174-01

DOH Form 4331-310 (revised 11/10)

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128
Mo

MBL0171

Due: 12/20/21

BACT

Date Sample Collected (Month Day Year)	Time Sample Collected	County
12 / 6 / 21	10:33 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 0
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Cleveland Rm

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ☐ /ml. E.coli ☐ /100ml.
Total Coliform ☐ /100ml. Fecal Coliform ☐ /100ml.

Method Code: MICR – 2720

Date and Time Received: 6.0°C Gel-4 21DEC6 1311

Date Analyzed: 12/6/21 1634

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 1 7 1 0 1

Lab Use: MBL0171-01

DOH Form 4331-219 (revised 11/15)

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MBL0170

Due: 12/20/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 6 / 21 (Month Day Year)	10:50 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 0
System Name: WSU

Contact Person: Sampling

Day Phone: (509) 335-3941	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU GHJ
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patton

Specific location where sample collected (address or sample site, and type of faucet):
Wilson 40

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .2 DY

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
WC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720

Date and Time Received: 6DEC21 1311 6.0°C

Date Analyzed: 12/6/21 1634

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 1 7 0 0 1

Lab Use: MBL0170-01

DOH Form 4301-319 (revised 11/10)

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MBL0169

Due: 12/21/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 8 / 21 (Month Day Year)	11 : 02 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 0
System Name: WSU

Contact Person: Smithson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hovis

Specific location where sample collected (address or sample site, and type of faucet):
Smith Ag Engineering 54

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
WAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL. E.coli _____ /100mL.
Total Coliform _____ /100mL. Fecal Coliform _____ /100mL.

Method Code: MICR – 2720

Date and Time Received: 6 DEC 21 1311 6.0 C

Date Analyzed: 12/6/21 1634

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 1 6 9 0 1

Lab Use: MBL0169-01

DOH Form #331-319 (revised 11/13)

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Client:	Washington State University (EHS)	Work Order:	MBL 0169-0172, 0174, 0176-0177,
Address:	P.O. Box 641172	Project:	Bact 0181-0182
	Pullman, WA 99164	Reported:	12/14/2021 11:23
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

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Client:	WSU EH & S	Work Order:	MAL0192
Address:	P.O. Box 641172	Project:	12/7/20 - Bacteria
	Pullman, WA 99164	Reported:	12/15/2020 10:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0192-01	Collect Date:	12/07/20 09:01	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/20 13:22	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Food Services 89				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19201

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0192
Address:	P.O. Box 641172	Project:	12/7/20 - Bacteria
	Pullman, WA 99164	Reported:	12/15/2020 10:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0192-02	Collect Date:	12/07/20 09:13	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/20 13:22	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Creamery Annex 353				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19202

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0192
Address:	P.O. Box 641172	Project:	12/7/20 - Bacteria
	Pullman, WA 99164	Reported:	12/15/2020 10:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0192-03	Collect Date:	12/07/20 09:29	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/20 13:22	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	University Stores 358J				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19203

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0192
Address:	P.O. Box 641172	Project:	12/7/20 - Bacteria
	Pullman, WA 99164	Reported:	12/15/2020 10:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0192-04	Collect Date:	12/07/20 12:14	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/20 13:22	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Meats Lab 98				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19204

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0192
Address:	P.O. Box 641172	Project:	12/7/20 - Bacteria
	Pullman, WA 99164	Reported:	12/15/2020 10:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0192-05	Collect Date:	12/07/20 09:47	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/20 13:22	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Smith Ag Engineering 54				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19205

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0192
Address:	P.O. Box 641172	Project:	12/7/20 - Bacteria
	Pullman, WA 99164	Reported:	12/15/2020 10:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0192-06	Collect Date:	12/07/20 10:01	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/20 13:22	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Bustad 807				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19206

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0192
Address:	P.O. Box 641172	Project:	12/7/20 - Bacteria
	Pullman, WA 99164	Reported:	12/15/2020 10:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0192-07	Collect Date:	12/07/20 10:15	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/20 13:22	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Terrace 650E				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19207

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0192
Address:	P.O. Box 641172	Project:	12/7/20 - Bacteria
	Pullman, WA 99164	Reported:	12/15/2020 10:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0192-08	Collect Date:	12/07/20 10:32	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/20 13:22	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Global Scholars 18A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19208

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0192
Address:	P.O. Box 641172	Project:	12/7/20 - Bacteria
	Pullman, WA 99164	Reported:	12/15/2020 10:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0192-09	Collect Date:	12/07/20 10:45	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/20 13:22	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Thompson 1				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19209

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0192
Address:	P.O. Box 641172	Project:	12/7/20 - Bacteria
	Pullman, WA 99164	Reported:	12/15/2020 10:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0192-10	Collect Date:	12/07/20 10:57	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/20 13:22	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Kimbrough 25				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19210

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0192
Address:	P.O. Box 641172	Project:	12/7/20 - Bacteria
	Pullman, WA 99164	Reported:	12/15/2020 10:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0192-11	Collect Date:	12/07/20 11:24	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/20 13:22	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Albrook Lab 71				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19211

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0192
Address:	P.O. Box 641172	Project:	12/7/20 - Bacteria
	Pullman, WA 99164	Reported:	12/15/2020 10:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0192-12	Collect Date:	12/07/20 11:11	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/20 13:22	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Dana 56				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19212

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0192
Address:	P.O. Box 641172	Project:	12/7/20 - Bacteria
	Pullman, WA 99164	Reported:	12/15/2020 10:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0192-13	Collect Date:	12/07/20 11:43	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/20 13:22	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Cleveland 86				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19213

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAL0192
Address:	P.O. Box 641172	Project:	12/7/20 - Bacteria
	Pullman, WA 99164	Reported:	12/15/2020 10:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0192-14	Collect Date:	12/07/20 11:55	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/20 13:22	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Wilson 40				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19214

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0192
Address:	P.O. Box 641172	Project:	12/7/20 - Bacteria
	Pullman, WA 99164	Reported:	12/15/2020 10:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0192-15	Collect Date:	12/07/20 12:34	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/20 13:22	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	EH&S 90				
Matrix:	Drinking Water				

Lab/Sample Number: 125-19215

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/20 16:39	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

MAL0192

Anatek
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208-8

Due: 12/21/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12/7/20 (Month Day Year)	9:01 ☒ AM ☐ PM	Whitman

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# 6 3 2 0 0 Q
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Arvin

Specific location where sample collected (address or sample site, and type of faucet):
Fuel Service 89

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free VR

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 13 DEC 2020 1322 hrs.

Date Analyzed: 12/7/20 1639

Date Reported:

1 2 5 1 9 2 0 1
Sample Number (DOH number plus five digits)

Lab Use: MAL0192-01

DOH Form 4201-318 (revised 11/10)

MAL0192

Anatek
1282 Alt
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208-8

Due: 12/21/20

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 7 / 20 (Month Day Year)	9 : 0 ☒ AM ☐ PM	Whitman

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# 7 5 2 0 0 0
System Name: WSU

Contact Person: Sanitation

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hovis

Specific location where sample collected (address or sample site, and type of faucet): Cranking Annex 353

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 0.3

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /ml. E.coli /100ml.
Total Coliform /100ml. Fecal Coliform /100ml.

Method Code: MICR – 2720

Date and Time Received: 7 DEC 2020 1322 hrs 3.0 °C IR

Date Analyzed: 12/7/20 1639

Date Reported:

1 2 5 1 9 2 0 2
Sample Number (DOH number plus five digits)

Lab Use: MAL0192-07

DOH Form 4301-319 (revised 11/10)

MAL0192

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Due: 12/21/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 17 20 (Month Day Year)	9 : 29 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 0
System Name: WSU

Contact Person: Sam Tuttle

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Ultrafiltration Room 358 J

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 15.0°C IR-4
@ 2DEC2020 1322 hrs.

Date Analyzed: 12/7/20 1639

Date Reported:

1 2 5 1 9 2 0 3
Sample Number (DOH number plus five digits)

Lab Use: MAL0192-03

DOH Form 4331-319 (revised 11/10)

MAL0192

Anate
1282 A
Mosc
208

Due: 12/21/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12/7/20 (Month Day Year)	12:14 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Whitman

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hawn

Specific location where sample collected (address or sample site, and type of faucet): Mat's Lab RF

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 13 DEC 2020 13:22

Date Analyzed: 12/7/20 16:39

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 1 9 2 0 4

Lab Use: MAL0192-04

DOH Form #331-018 (revised 11/15)

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Due: 12/21/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12/7/20 (Month Day Year)	9:47 ☒ AM ☐ PM	Whitman

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# 54320 Q
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevlin

Specific location where sample collected (address or sample site, and type of faucet): Smith Ag Engineering 54

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.09

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 13.0°C 7DEC2020 1332hrs.

Date Analyzed: 12/7/20 1639

Date Reported:

1 2 5 1 9 2 0 5
Sample Number (DOH number plus five digits)

Lab Use: MAL0192.05

DOH Form 4331-319 (revised 11/10)

MAL0192

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208-

Due: 12/21/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12/7/20 (Month Day Year)	10 : 01 ☒ AM ☐ PM	Wh. Twin

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# 4 3 2 0 0 Q
System Name: WJD

Contact Person: Sam Hardin

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hardin

Specific location where sample collected (address or sample site, and type of faucet): Bathr 107

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☐ **Routine Distribution Sample**
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____ Free 01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: ISOC Rcd 7DEC2020 1322 hrs.

Date Analyzed: 12/7/20 1639

Date Reported:

1 2 5 1 9 2 0 6
Sample Number (DOH number plus five digits)

Lab Use: MAL0192-06

DOH Form #331-018 (revised 11/10)

MAL0192

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Mosco
208-

Due: 12/21/20

CO

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
12/7/20	10:15 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 6
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Taylor 650 E

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 0.3

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☑ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 13.0°C RA
7DEC2020 1322 RD.

Date Analyzed: 12/7/20 1639

Date Reported:

1 2 5 1 9 2 0 7
Sample Number (DOH number plus five digits)

Lab Use: MAL0192-07

DOH Form 4331-018 (revised 11/10)

MAL0192

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Mosco
208-

Due: 12/21/20

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
12 / 7 / 20	10 : 32 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 6
System Name: WSU

Contact Person: Sam Terrin

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harris

Specific location where sample collected (address or sample site, and type of faucet): 61 N.1 Nelson 18A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 1.01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720	Date and Time Received: 15.0°C @ 7 DEC 2020 1322 hrs.
Date Analyzed: 12/7/2016 39	Date Reported:
1 2 5 1 9 2 0 8 Sample Number (DOH number plus five digits)	Lab Use: MAL0192-08

DOH Form 4331-319 (revised 11/10)

MAL0192

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1282 /
Mosc
208

Due: 12/21/20

CC

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12/7/20 (Month Day Year)	10:45 ☒ AM ☐ PM	Whitman

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# 53200

System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Thompson 1

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 1.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code: MICR – 2720

Date and Time Received: 13.0C IR-4
@ 7DEC2020 1322 hrs.

Date Analyzed: 12/7/20 1639

Date Reported:

1 2 5 1 9 2 0 9
Sample Number (DOH number plus five digits)

Lab Use: MAL 192-09

DOH Form 4321-219 (revised 11/13)

MAL0192

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Due: 12/21/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 7 / 20 (Month Day Year)	10:57 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Kimbrough 2F

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
X LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code: MICR – 2720

Date and Time Received: 13 DEC 2020 1322 hrs

Date Analyzed: 12/7/2039

Date Reported:

1 2 5 1 9 2 1 0
Sample Number (DOH number plus five digits)

Lab Use: MAL0192-10

DOH Form 4331-319 (revised 11/10)

Anatel
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MAL0192

Due: 12/21/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12/7/20 (Month Day Year)	11:24 ☒ AM ☐ PM	Whitman

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# 9320 0 0 Q
System Name: WSU

Contact Person: S. Whitman

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hovis

Specific location where sample collected (address or sample site, and type of faucet): Altwood Lab 71

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /mL. E.coli /100mL.
Total Coliform /100mL. Fecal Coliform /100mL.

Method Code: MICR – 2720

Date and Time Received: 4.2°C Ref
7 DEC 2020 1332 hrs.

Date Analyzed: 12/7/20 1639

Date Reported:

1 2 5 1 9 2 1 1
Sample Number (DOH number plus five digits)

Lab Use: MAL0192-11

DOH Form 4331-313 (revised 11/10)

MAL0192

Anatel
1282 A
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Due: 12/21/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 7 20 (Month Day Year)	11 : 11 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 6
System Name: WSU

Contact Person: S. Hanson

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Dana 5b

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.2

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 13.0°C IR-1
7DEC2020 1322 hrs.

Date Analyzed: 12/7/20 1639

Date Reported:

1 2 5 1 9 2 1 2
Sample Number (DOH number plus five digits)

Lab Use: MAL0192-12

DOH Form 4331-319 (revised 11/10)

MAL0192

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Due: 12/21/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 7 / 20 (Month Day Year)	11 : 43 ☒ AM ☐ PM	Whitman

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# 7 3 2 0 0 6
System Name: WSU

Contact Person: Smith-Wilson

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevron

Specific location where sample collected (address or sample site, and type of faucet): Clevel. 2 Rm

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ,04
Chlorine Residual: Total ____ Free ____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number/Name (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 13.0°C 14:4
7DEC2020 1322 PM

Date Analyzed: 12/7/20 1639

Date Reported:

1 2 5 1 9 2 1 3
Sample Number (DOH number plus five digits)

Lab Use: MAL0192-13

DOH Form 4331-219 (revised 11/10)

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MAL0192

Due: 12/21/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 7 / 20 (Month Day Year)	11:55 ☒ AM ☐ PM	Wh. Pm.

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# 5 3 2 0 0 8
System Name: WN

Contact Person: [illegible]

Day Phone: (509) 335-3841	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WN EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Wilson 40

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720	Date and Time Received: 13.0°C 14 2DEC2020 1322 WD.
Date Analyzed: 12/7/20 1639	Date Reported:
1 2 5 1 9 2 1 4 Sample Number (DOH number plus five digits)	Lab Use: MAL0192-14

DOH Form 4331-213 (revised 11/13)

MAL0192

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Mosco
208-

Due: 12/21/20

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
12/7/20	12:34 ☐ AM ☒ PM	Whitman

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# 9320 0 0 A
System Name: WSU

Contact Person: Scott Hein

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH&S
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hein

Specific location where sample collected (address or sample site, and type of faucet): EH&S 90

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 13.0°C IR
7DEC2020 1332hrs.

Date Analyzed: 12/7/2016 39

Date Reported:

1 2 5 1 9 2 1 5
Sample Number (DOH number plus five digits)

Lab Use: MAL0192-15

DOH Form 4331-210 (revised 11/10)

Anatek Labs, Inc.

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBL0205
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	12/14/2021 12:05
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0205-01	Collect Date:	12/07/21 09:53	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/21 13:00	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Creamery Annex 353				
Matrix:	Drinking Water				

Lab/Sample Number: 125-20501

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/21 16:33	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/21 16:33	LAC	SM 9223 B	

Anatek Labs, Inc.

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBL0205
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	12/14/2021 12:05
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0205-02	Collect Date:	12/07/21 10:07	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/21 13:00	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Meat Lab 98				
Matrix:	Drinking Water				

Lab/Sample Number: 125-20502

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/21 16:33	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/21 16:33	LAC	SM 9223 B	

Anatek Labs, Inc.

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Client:	Washington State University (EHS)	Work Order:	MBL0205
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	12/14/2021 12:05
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0205-03	Collect Date:	12/07/21 10:32	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/21 13:00	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Dana 56				
Matrix:	Drinking Water				

Lab/Sample Number: 125-20503

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/21 16:33	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/21 16:33	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBL0205
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	12/14/2021 12:05
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0205-04	Collect Date:	12/07/21 10:44	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/21 13:00	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Albrook Lab 71				
Matrix:	Drinking Water				

Lab/Sample Number: 125-20504

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/21 16:33	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/21 16:33	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBL0205
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	12/14/2021 12:05
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0205-05	Collect Date:	12/07/21 11:05	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/07/21 13:00	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	EH&S 90				
Matrix:	Drinking Water				

Lab/Sample Number: 125-20505

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/7/21 16:33	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/7/21 16:33	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBL0205
Address:	P.O. Box 641172	Project:	Bact
	Pullman, WA 99164	Reported:	12/14/2021 12:05
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

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MBL0205

Due: 12/21/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12/7/21 (Month Day Year)	9:53 ☒ AM ☐ PM	Whitman

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# 5 3 2 8 9 8
System Name: WJJ

Contact Person: [illegible]

Day Phone: (509) 332-3941	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WJJ [illegible]
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hovis

Specific location where sample collected (address or sample site, and type of faucet): [illegible] Room 353

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL. Fecal Coliform _____ /100mL.

Method Code: MICR – 2720	Date and Time Received: 8.3°C Rcd @ 7DEC21 1300 hrs
Date Analyzed: 12/7/21 1633	Date Reported:
1 2 5 2 0 5 0 1 (Sample Number (DOH number plus five digits))	Lab Use: MBL0205-01

DOH Form 4331-319 (revised 11/15)

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MBL0205

Due: 12/21/21

7

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 14 / 21 (Month Day Year)	10:07 ☒ AM ☐ PM	Whitman

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# 8 3 2 9 0 0
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU GHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hovis

Specific location where sample collected (address or sample site, and type of faucet):
Meat Lab 98

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 8.3C 14d
DEC 2021 200 hrs

Date Analyzed: 12/7/21 1633

Date Reported:

1 2 5 2 0 5 0 2
Sample Number (DOH number plus five digits)

Lab Use: MBL0205-02

DOH Form 4331-219 (revised 11/10)

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MBL0205

Due: 12/21/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 7 / 21 (Month Day Year)	10 : 32 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WJV

Contact Person: Jennifer

Day Phone: (509) 335-3641 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJV EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hewin

Specific location where sample collected (address or sample site, and type of faucet):
Dana SK

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 8.2°C IR-4
7 DEC 2021 1330 hrs.

Date Analyzed: 12/7/21 1633

Date Reported:

1 2 5 2 0 5 0 3
Sample Number (DOH number plus five digits)

Lab Use: MBL0205-03

DOH Form 4331-318 (revised 11/13)

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Due: 12/21/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12/ 6 /21 (Month Day Year)	10 : 44 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Sam Harris

Day Phone: (509 335- 3911) | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pathania

Specific location where sample collected (address or sample site, and type of faucet):
Albrook Lab 71

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 1.03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
we

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720

Date and Time Received: 7 DEC 2021 8:30 hrs.

Date Analyzed: 12/7/21 1633

Date Reported:

1 2 5 2 0 5 0 4
Sample Number (DOH number plus five digits)

Lab Use: MBL0205-04

DOH Form 4331-919 (revised 11/15)

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MBL0205

Due: 12/21/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12/7/21 (Month Day Year)	11:05 ☐ AM ☐ PM	Whitman

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# 53200
System Name: WSU

Contact Person: Sam Tavion

Day Phone: (509) 335-3841	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Havion

Specific location where sample collected (address or sample site, and type of faucet): EH&S 90

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .0P

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 7 DEC 2021 1300

Date Analyzed: 12/7/21 1633

Date Reported:

1 2 5 2 0 5 0 5
Sample Number (DOH number plus five digits)

Lab Use: MBL0205-05

DOH Form 4331-319 (revised 11/10)

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Client:	Washington State University (EHS)	Work Order:	MBL0425
Address:	P.O. Box 641172	Project:	Bacts 12/13
	Pullman, WA 99164	Reported:	12/20/2021 14:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0425-01	Collect Date:	12/13/21 10:52	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/13/21 13:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Eggert Farm 147A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-42501

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBL0425
Address:	P.O. Box 641172	Project:	Bacts 12/13
	Pullman, WA 99164	Reported:	12/20/2021 14:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0425-02	Collect Date:	12/13/21 10:38	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/13/21 13:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Johnson 76				
Matrix:	Drinking Water				

Lab/Sample Number: 125-42502

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBL0425
Address:	P.O. Box 641172	Project:	Bacts 12/13
	Pullman, WA 99164	Reported:	12/20/2021 14:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0425-03	Collect Date:	12/13/21 10:16	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/13/21 13:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Northside Residence 18				
Matrix:	Drinking Water				

Lab/Sample Number: 125-42503

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBL0425
Address:	P.O. Box 641172	Project:	Bacts 12/13
	Pullman, WA 99164	Reported:	12/20/2021 14:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0425-04	Collect Date:	12/13/21 10:03	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/13/21 13:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	College 4				
Matrix:	Drinking Water				

Lab/Sample Number: 125-42504

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBL0425
Address:	P.O. Box 641172	Project:	Bacts 12/13
	Pullman, WA 99164	Reported:	12/20/2021 14:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0425-05	Collect Date:	12/13/21 09:51	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/13/21 13:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Sloan 78				
Matrix:	Drinking Water				

Lab/Sample Number: 125-42505

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBL0425
Address:	P.O. Box 641172	Project:	Bacts 12/13
	Pullman, WA 99164	Reported:	12/20/2021 14:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0425-06	Collect Date:	12/13/21 09:39	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/13/21 13:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Daggy 803				
Matrix:	Drinking Water				

Lab/Sample Number: 125-42506

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBL0425
Address:	P.O. Box 641172	Project:	Bacts 12/13
	Pullman, WA 99164	Reported:	12/20/2021 14:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0425-07	Collect Date:	12/13/21 09:29	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/13/21 13:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Washington 15				
Matrix:	Drinking Water				

Lab/Sample Number: 125-42507

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBL0425
Address:	P.O. Box 641172	Project:	Bacts 12/13
	Pullman, WA 99164	Reported:	12/20/2021 14:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0425-08	Collect Date:	12/13/21 09:20	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/13/21 13:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Rogers 83				
Matrix:	Drinking Water				

Lab/Sample Number: 125-42508

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBL0425
Address:	P.O. Box 641172	Project:	Bacts 12/13
	Pullman, WA 99164	Reported:	12/20/2021 14:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0425-09	Collect Date:	12/13/21 08:45	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/13/21 13:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Recycling Facility 357				
Matrix:	Drinking Water				

Lab/Sample Number: 125-42509

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBL0425
Address:	P.O. Box 641172	Project:	Bacts 12/13
	Pullman, WA 99164	Reported:	12/20/2021 14:48
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0425-10	Collect Date:	12/13/21 09:06	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/13/21 13:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook 679I				
Matrix:	Drinking Water				

Lab/Sample Number: 125-42510

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/13/21 16:19	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-certified analyte

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The results reported related only to the samples indicated.

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Client:	Washington State University (EHS)	Work Order:	MBL0425
Address:	P.O. Box 641172	Project:	Bacts 12/13
	Pullman, WA 99164	Reported:	12/20/2021 14:48
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

Anatek I
1282 Alt
Moscow
208-8

MBL0425

Due: 12/28/21

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 13 / 21 (Month Day Year)	10 : 12 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Smith Patterson

Day Phone: (509) 335-3841	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EES
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Export Farm 147A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.2

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 12/13 13:35 JM 8.3 JKM
Date Analyzed: 12/13/21 16:19	Date Reported:
1 2 5 4 2 5 0 1 Sample Number (DOH number plus five digits)	Lab Use: MBL0425-01

DOH Form 4331-319 (revised 11/10)

Anatek
1282 Alt
Moscov
208-8

MBL0425

Due: 12/28/21

COL
BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12/13/21 (Month Day Year)	10:35 ☒ AM ☐ PM	Whitman

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# 54200
System Name: WW

Contact Person: Sa Whitman

Day Phone: (208) 332-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PaHanson

Specific location where sample collected (address or sample site, and type of faucet): Johnson 76

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____ .04
Chlorine Residual: Total ____ Free ____

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Construction/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	12/13 13:35 TM
Date Analyzed: 12/13/21 1619	Date Reported:
1 2 5 4 2 5 0 2 (Sample Number (DOH number plus five digits))	Lab Use: MBL0425-02

DOH Form 4321-318 (revised 11/10)

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MBL0425

Due: 12/28/21

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Date Sample Collected	Time Sample Collected	County
12/13/21 (Month Day Year)	10:16 ☑ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WW

Contact Person: Sanitarian

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 643172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pathvision

Specific location where sample collected (address or sample site, and type of faucet): Northside 18

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.5

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 8.3 IRY 12/13 13:35 TM
Date Analyzed: 12/13/21 1619	Date Reported:
1 2 5 4 2 5 0 3 Sample Number (DOH number plus five digits)	Lab Use: MBL0425-03

DOH Form A021-218 (revised 11/10)

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Due: 12/28/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 13 / 21 (Month Day Year)	10 : 03 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 0
System Name: WSU

Contact Person: Patterson

Day Phone: (509) 335-3641 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EAJ
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Coll-pa 4

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐ OF
Chlorine Residual: Total ____ Free 4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code:	Date and Time Received: 8.3 IC4
MICR – 2720	12/13 13:35 PM
Date Analyzed: 12/13/21 1619	Date Reported:
1 2 5 4 2 5 0 4 (Sample Number (DOH number plus five digits))	Lab Use: MBL0425-04

DOH Form #331-319 (revised 11/10)

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Due: 12/28/21

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Date Sample Collected (Month / Day / Year)	Time Sample Collected	County
12 / 13 / 21	9 : 51 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sullivan

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pittenger

Specific location where sample collected (address or sample site, and type of faucet):
Bloom 78

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 12/13 13:35 TM 12/13
Date Analyzed: 12/13/21 1619	Date Reported:
1 2 5 4 2 5 0 5 Sample Number (DOH number plus five digits)	Lab Use: MBL0425-05

DOH Form 4331-313 (revised 11/10)

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Due: 12/28/21

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
12/13/21	9:29 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WW

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Dorm 803

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
VAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100mL
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	12/13 13:35 TM
Date Analyzed: 12/13/21 1619	Date Reported:
1 2 5 4 7 5 0 6	Lab Use:
Sample Number (DOH number plus five digits)	MBL0425-06

DOH Form 4331-018 (revised 11/10)

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MBL0425

Due: 12/28/21

Date Sample Collected	Time Sample Collected	County
12 / 13 / 21 (Month Day Year)	9 : 29 ☒ AM ☐ PM	Whitman

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# 9 3 2 6 0 0
System Name: WSU

Contact Person: Smithson

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): Washington IS

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
X VAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720	Date and Time Received: 8.3 IRH 12/13 13:35 TM
Date Analyzed: 12/13/21 16:19	Date Reported:
1 2 5 4 2 5 0 7 Sample Number (DOH number plus five digits)	Lab Use: MBL0425-07

DOH Form 4331-319 (revised 11/10)

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
12 / 13 / 21	9 : 20 ☑ AM ☐ PM	Wh. Fran.

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sam Fuchs

Day Phone: (509) 335-3841 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 64 1172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Sam Fuchs

Specific location where sample collected (address or sample site, and type of faucet): Regent 83

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____ 0.6
Chlorine Residual: Total ____ Free 1

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** WE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100mL
Total Coliform ____ /100mL. Fecal Coliform ____ /100mL

Method Code:	Date and Time Received: 12/13 13:35 TH
MICR – 2720	
Date Analyzed: 12/13/21 KH	Date Reported:
1 2 5 4 2 5 0 8	Lab Use:
Sample Number (DOH number plus five digits)	MBL0425-08

DOH Form 4331-019 (revised 11/10)

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MBL0425

Due: 12/28/21

Date Sample Collected	Time Sample Collected	County
12/13/21 (Month Day Year)	8:45 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (541) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hansen

Specific location where sample collected (address or sample site, and type of faucet): Recycling Facility 357

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes Y No
Chlorine Residual: Total ____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 12/13 13:35 TM 8:3 JRH
Date Analyzed: 12/13/21 1619	Date Reported:
1 2 5 4 2 5 0 9 (Sample Number (DOH number plus five digits))	Lab Use: MBL0425-09

DOH Form 4331-319 (revised 11/10)

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MBL0425

Due: 12/28/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 13 / 21 (Month / Day / Year)	1 : 06 ☐ AM ☐ PM	Whitman

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# 9 38 200 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PA Avis

Specific location where sample collected (address or sample site, and type of faucet): Chinook 679 I

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .83

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** WE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100mL.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received: 8.3 IRM
MICR – 2720	12/13 13:35 TM
Date Analyzed: 12/13/21 1619	Date Reported:
1 2 5 4/2 5 1 0 Sample Number (DOH number plus five digits)	Lab Use: MBL0425-10

DOH Form 4331 (10) (revised 11/10)

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAL0440
Address:	P.O. Box 641172	Project:	12/14/20 - Bacteria
	Pullman, WA 99164	Reported:	12/22/2020 10:11
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0440-01	Collect Date:	12/14/20 08:12	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/14/20 12:42	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Recycling Facility 357				
Matrix:	Drinking Water				

Lab/Sample Number: 125-44001

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAL0440
Address:	P.O. Box 641172	Project:	12/14/20 - Bacteria
	Pullman, WA 99164	Reported:	12/22/2020 10:11
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0440-02	Collect Date:	12/14/20 08:24	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/14/20 12:42	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Public Safety 875				
Matrix:	Drinking Water				

Lab/Sample Number: 125-44002

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAL0440
Address:	P.O. Box 641172	Project:	12/14/20 - Bacteria
	Pullman, WA 99164	Reported:	12/22/2020 10:11
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0440-03	Collect Date:	12/14/20 08:40	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/14/20 12:42	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook 679I				
Matrix:	Drinking Water				

Lab/Sample Number: 125-44003

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0440
Address:	P.O. Box 641172	Project:	12/14/20 - Bacteria
	Pullman, WA 99164	Reported:	12/22/2020 10:11
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0440-04	Collect Date:	12/14/20 08:52	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/14/20 12:42	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Yakima L709 (680L)				
Matrix:	Drinking Water				

Lab/Sample Number: 125-44004

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0440
Address:	P.O. Box 641172	Project:	12/14/20 - Bacteria
	Pullman, WA 99164	Reported:	12/22/2020 10:11
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0440-05	Collect Date:	12/14/20 09:11	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/14/20 12:42	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Washington 15				
Matrix:	Drinking Water				

Lab/Sample Number: 125-44005

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0440
Address:	P.O. Box 641172	Project:	12/14/20 - Bacteria
	Pullman, WA 99164	Reported:	12/22/2020 10:11
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0440-06	Collect Date:	12/14/20 09:29	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/14/20 12:42	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Sloan 78				
Matrix:	Drinking Water				

Lab/Sample Number: 125-44006

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0440
Address:	P.O. Box 641172	Project:	12/14/20 - Bacteria
	Pullman, WA 99164	Reported:	12/22/2020 10:11
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0440-07	Collect Date:	12/14/20 09:41	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/14/20 12:42	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Jackson 33W				
Matrix:	Drinking Water				

Lab/Sample Number: 125-44007

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0440
Address:	P.O. Box 641172	Project:	12/14/20 - Bacteria
	Pullman, WA 99164	Reported:	12/22/2020 10:11
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0440-08	Collect Date:	12/14/20 09:53	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/14/20 12:42	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	College 4				
Matrix:	Drinking Water				

Lab/Sample Number: 125-44008

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0440
Address:	P.O. Box 641172	Project:	12/14/20 - Bacteria
	Pullman, WA 99164	Reported:	12/22/2020 10:11
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0440-09	Collect Date:	12/14/20 10:16	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/14/20 12:42	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Northside Residence 18				
Matrix:	Drinking Water				

Lab/Sample Number: 125-44009

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0440
Address:	P.O. Box 641172	Project:	12/14/20 - Bacteria
	Pullman, WA 99164	Reported:	12/22/2020 10:11
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0440-11	Collect Date:	12/14/20 10:42	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/14/20 12:42	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Valley Crest 675A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-44011

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	

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Client:	WSU EH & S	Work Order:	MAL0440
Address:	P.O. Box 641172	Project:	12/14/20 - Bacteria
	Pullman, WA 99164	Reported:	12/22/2020 10:11
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0440-12	Collect Date:	12/14/20 10:53	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/14/20 12:42	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Eggert Farm 147A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-44012

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/14/20 16:54	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

MAL0440

Due: 12/30/20

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COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 14 / 20 (Month Day Year)	8 : 12 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sanitarian

Day Phone: 509 335-3841 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Recycling Facility 357

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .14

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12-14-20
12:42 JM 6.6 C IR-4

Date Analyzed: 12/14/20 1654

Date Reported:

1 2 5 4 4 0 0 1
Sample Number (DOH number plus five digits)

Lab Use: MAL0440-01

DOH Form 4331-319 (revised 11/10)

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MAL0440

Due: 12/30/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12/14/20 (Month Day Year)	8:24 ☒ AM ☐ PM	Whitman

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# 43209 00
System Name: WSU

Contact Person: Patterson

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Public Safety 875

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ____ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	12-14-20 12:42 JM 66 C IR-4
Date Analyzed: 12/14/20 1654	Date Reported:
12540002 (Sample Number (DOH number plus five digits))	Lab Use: MAL0440-02

DOH Form 4331-319 (revised 11/10)

MAL0440

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Due: 12/30/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 14 / 20 (Month Day Year)	8 : 40 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 9
System Name: WSU

Contact Person: Sam Fricia

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH&S
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet): Chinook 679 I

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .01

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	12-14-20 12:42 JM 6-6 C IR-4
Date Analyzed: 12/14/20 16:54	Date Reported:
1 2 5 4 4 0 0 3 (Sample Number (DOH number plus five digits))	Lab Use: MAL0440-03

DOH Form 4331-319 (revised 11/10)

MAL0440

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Due: 12/30/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12/14/20 (Month Day Year)	8:52 ☒ AM ☐ PM	Whitman

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# 93400Q
System Name: WW

Contact Person: Sinthavin

Day Phone: 509 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WW EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Yakima L709

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free .02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 12-14-20 12:42 JM 6.6 C IR-4
Date Analyzed: 12/14/20 1654	Date Reported:
1 2 5 4 4 0 0 4 Sample Number (DOH number plus five digits)	Lab Use: MAL0440-04

DOH Form 4331-219 (revised 11/10)

MAL0440

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1282 Al
Mosco
208-

Due: 12/30/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12/14/20 (Month Day Year)	9:11 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 5
System Name: WW

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Patterson

Specific location where sample collected (address or sample site, and type of faucet):
Washington 15

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code: MICR – 2720

Date and Time Received: 12-14-20 12:42 JM 6.6 C IR-4

Date Analyzed: 12/14/20 1654

Date Reported:

1 2 5 4 4 0 0 5
Sample Number (DOH number plus five digits)

Lab Use: MAL0440-05

DOH Form 4331-219 (revised 11/10)

MAL0440

Due: 12/30/20

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 14 / 20 (Month Day Year)	9 : 29 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 4
System Name: WSU

Contact Person: Patterson

Day Phone: (509) 335-3041 Cell Phone: ( )

Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Patterson

Specific location where sample collected (address or sample site, and type of faucet): Sloan TF

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free .03

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count /mL E.coli /100mL
Total Coliform /100mL Fecal Coliform /100mL

Method Code: MICR – 2720

Date and Time Received: 12-14-20 12:42 JM bb C IR 4

Date Analyzed: 12/14/20 1659

Date Reported:

1 2 5 4 4 0 0 6
Sample Number (DOH number plus five digits)

Lab Use: MAL0440-06

DOH Form 4331-219 (revised 11/10)

MAL0440

Anatek
1282 Al
Mosco
208-

Due: 12/30/20

COI

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12/14/20 (Month Day Year)	9:41 ☐ AM ☐ PM	Whitman

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# 5 3 1 0 0 6
System Name: WJ

Contact Person: Sanitarian

Day Phone: (541) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJW GAU
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pat Irwin ~~Jackson 33W~~

Specific location where sample collected (address or sample site, and type of faucet):
Jackson 33 W

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 12-14-20 12:42 JM 6.6 C IR-4

Date Analyzed: 12/14/20 1654

Date Reported:

1 2 5 4 4 0 0 7
Sample Number (DOH number plus five digits)

Lab Use: MAL0440-07

DOH Form 4331-319 (revised 11/13)

MAL0440

Anatel
1282 A
Mosco
208-

Due: 12/30/20

CO

BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
12/14/20	8:53 ☒ AM ☐ PM	Whitman

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# 5 3 2 0 0 4
System Name: WSU

Contact Person: Student Name

Day Phone: 509 335 3841 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet): College 4

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 1.06

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal – Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /mL E.coli ___ /100mL
Total Coliform ___ /100mL Fecal Coliform ___ /100mL

Method Code: MICR – 2720

Date and Time Received: 12-14-20
12:42 JM 6.6 C IR-4

Date Analyzed: 12/14/20 1654

Date Reported:

1 2 5 4 4 0 0 8
Sample Number (DOH number plus five digits)

Lab Use: MAL0440-08

DOH Form 4331-219 (revised 11/10)

MAL0440

Anatel
1282 A
Mosco
208-

CO

Due: 12/30/20

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 14 / 20 (Month Day Year)	10 : 16 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 0
System Name: WSU

Contact Person: Sanitarian

Day Phone: (541) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Po Hsiao

Specific location where sample collected (address or sample site, and type of faucet): Northside Research 18

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 12-14-20 12:42 JM 6.6 C IR-4

Date Analyzed: 12/14/20 1654

Date Reported:

1 2 5 4 4 0 0 9
Sample Number (DOH number plus five digits)

Lab Use: MAL0440-09

DOH Form 4331-318 (revised 11/10)

MAL0440

Anatek
1282 Al
Mosco
208-

Due: 12/30/20

COL

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 14 / 20 (Month Day Year)	10 : 42 ☒ AM ☐ PM	Whitm

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# 5 3 2 0 0 4
System Name: WJO

Contact Person: P. Herdin

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJO EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Herdin

Specific location where sample collected (address or sample site and type of faucet): Valley Crest bTF A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.6

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL. E.coli _____ /100mL.
Total Coliform _____ /100mL. Fecal Coliform _____ /100mL.

Method Code: MICR – 2720

Date and Time Received: 12-14-20 12:42 JM 6.6 C IR-4

Date Analyzed: 12/14/20 1654

Date Reported:

1 2 5 4 4 0 1 1
Sample Number (DOH number plus five digits)

Lab Use: MAL0440-11

DOH Form #331-319 (revised 11/10)

MAL0440

Anatel
1282 A
Mosco
208-

Due 12/30/20

COI

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 14 20 (Month Day Year)	10:53 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 4
System Name: WJW

Contact Person: Sarah Hevin
Day Phone: (509) 335-3841 Cell Phone: ( )
Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WW EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hevin

Specific location where sample collected (address or sample site, and type of faucet):
Effluent From 147 A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free 0.4

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other ____

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code: MICR – 2720

Date and Time Received: 12-14-20
12:42 JM 6.6 C IR-4

Date Analyzed: 12/14/2054

Date Reported:

1 2 5 4 4 0 1 2
Sample Number (DOH number plus five digits)

Lab Use: MAL0440-12

DOH Form 4331-213 (revised 11/10)

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBL0461
Address:	P.O. Box 641172	Project:	Bacts 12/14
	Pullman, WA 99164	Reported:	12/21/2021 09:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0461-01	Collect Date:	12/14/21 10:15	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/14/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Valley Crest 675A				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46101

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/14/21 16:24	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/14/21 16:24	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBL0461
Address:	P.O. Box 641172	Project:	Bacts 12/14
	Pullman, WA 99164	Reported:	12/21/2021 09:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0461-02	Collect Date:	12/14/21 10:00	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/14/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Physical Education 96				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46102

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/14/21 16:24	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/14/21 16:24	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBL0461
Address:	P.O. Box 641172	Project:	Bacts 12/14
	Pullman, WA 99164	Reported:	12/21/2021 09:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0461-03	Collect Date:	12/14/21 09:44	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/14/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Jackson 33W				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46103

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/14/21 16:24	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/14/21 16:24	LAC	SM 9223 B	

Anatek Labs, Inc.

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBL0461
Address:	P.O. Box 641172	Project:	Bacts 12/14
	Pullman, WA 99164	Reported:	12/21/2021 09:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0461-04	Collect Date:	12/14/21 09:31	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/14/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Yakima L709-680L				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46104

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/14/21 16:24	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/14/21 16:24	LAC	SM 9223 B	

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Client:	Washington State University (EHS)	Work Order:	MBL0461
Address:	P.O. Box 641172	Project:	Bacts 12/14
	Pullman, WA 99164	Reported:	12/21/2021 09:38
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MBL0461-05	Collect Date:	12/14/21 09:17	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/14/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Public Safety 875				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46105

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/14/21 16:24	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/14/21 16:24	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBL0461
Address:	P.O. Box 641172	Project:	Bacts 12/14
	Pullman, WA 99164	Reported:	12/21/2021 09:38
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

Anatek
1282 Al
Mosco
208-

MBL0461

Due: 12/29/21

COI

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 14 / 21 (Month Day Year)	10 : 15 ☒ AM ☐ PM	Whitman

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# 5 3 2 8 0 0
System Name: WSU

Contact Person: Janitorial

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Paul Irwin

Specific location where sample collected (address or sample site, and type of faucet): Valley Crest 675A

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free .05

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	12/21 12:55 TM
Date Analyzed: 12/14/21 1624	Date Reported:
1 2 5 4 6 1 0 1 (Sample Number (DOH number plus five digits))	Lab Use: MBL0461-01

10.7 IRM

DOH Form 4331-219 (revised 11/10)

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MBL0461

Due: 12/29/21

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BACTE

Date Sample Collected	Time Sample Collected	County
12/14/21 (Month Day Year)	10:00 ☒ AM ☐ PM	Whitman

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# F32000
System Name: WSU

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Physical Education Bldg

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL. Fecal Coliform____ /100mL.

Method Code:	Date and Time Received: 10.7 IRH
MICR – 2720	12/14 12:55 TM
Date Analyzed: 12/14/21 1629	Date Reported:
1 2 5 4 6 1 0 2 (Sample Number (DOH number plus five digits))	Lab Use: MBL0461-02

DOH Form 4331-219 (revised 11/10)

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MBL0461

Due: 12/29/21

BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 14 / 21 (Month Day Year)	9 : 44 ☑ AM ☐ PM	Wh. Tuan

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# 5 3 2 0 0 4
System Name: WN

Contact Person: Sanitarian

Day Phone: (509) 335-3041 | Cell Phone: ( )
Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WN EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Jackson 33W

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free DP

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory** LAE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /mL E.coli ____ /100mL
Total Coliform ____ /100mL Fecal Coliform ____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	12/14 12:55 TM
Date Analyzed: 12/14/21 1629	Date Reported:
1 2 5 4 6 1 0 3 (Sample Number (DOH number plus five digits))	Lab Use: MBL0461-03

10.7 IR4

DOH Form 4331-219 (revised 11/10)

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MBL0461

Due: 12/29/21

Date Sample Collected	Time Sample Collected	County
12/14/21 (Month Day Year)	9:31 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 A
System Name: WSU

Contact Person: Smithson

Day Phone: 509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): PA Hanson

Specific location where sample collected (address or sample site and type of faucet):
Yakima L709 - 680L

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ____ Free 1.04

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
HE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code:	Date and Time Received:
MICR – 2720	12/14 12:55 TM
Date Analyzed: 12/14/21 1624	Date Reported:
1 2 5 4 6 1 0 4 (Sample Number (DOH number plus five digits))	Lab Use: MBL0461-21

10.7 IRH

DOH Form 4331-319 (revised 11/10)

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MBL0461

Due: 12/29/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12/14/21 (Month Day Year)	9:17 ☒ AM ☐ PM	Whitman

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# 53200 6
System Name:
WSU

Contact Person:

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P. Harvin

Specific location where sample collected (address or sample site, and type of faucet): Public Safety 875

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No ____
Chlorine Residual: Total ____ Free N/A

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ____ Constructions/Repairs ____ Other

LAB USE ONLY **DRINKING WATER RESULTS** **LAB USE ONLY**

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
WE

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720

Date and Time Received: 10.7 IRY 12/14 12:55 TM

Date Analyzed: 12/14/21 1624

Date Reported:

Sample Number (DOH number plus five digits): 1 2 5 4 6 1 0 5

Lab Use: MBL0461-05

DOH Form 4331-219 (revised 11/10)

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAL0462
Address:	P.O. Box 641172	Project:	Bacteria (12/15/2020)
	Pullman, WA 99164	Reported:	12/22/2020 09:32
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0462-01	Collect Date:	12/15/20 10:06	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/15/20 12:30	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Rogers 83				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46201

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/15/20 16:45	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/15/20 16:45	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAL0462
Address:	P.O. Box 641172	Project:	Bacteria (12/15/2020)
	Pullman, WA 99164	Reported:	12/22/2020 09:32
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0462-02	Collect Date:	12/15/20 10:21	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/15/20 12:30	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Daggy 803				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46202

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/15/20 16:45	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/15/20 16:45	LAC	SM 9223 B	

Anatek Labs, Inc.

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAL0462
Address:	P.O. Box 641172	Project:	Bacteria (12/15/2020)
	Pullman, WA 99164	Reported:	12/22/2020 09:32
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0462-03	Collect Date:	12/15/20 10:44	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/15/20 12:30	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Physical Education 96				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46203

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/15/20 16:45	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/15/20 16:45	LAC	SM 9223 B	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAL0462
Address:	P.O. Box 641172	Project:	Bacteria (12/15/2020)
	Pullman, WA 99164	Reported:	12/22/2020 09:32
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	WSU		
Reference Number:	MAL0462-04	Collect Date:	12/15/20 10:58	DOH Source #:	
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	12/15/20 12:30	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Johnson 76				
Matrix:	Drinking Water				

Lab/Sample Number: 125-46204

Coliform Bacteria

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0001	Total Coliform	Absent		1.00			12/15/20 16:45	LAC	SM 9223 B	
0003	E. coli	Absent		1.00			12/15/20 16:45	LAC	SM 9223 B	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	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.

MAL0462

Due: 01/04/21

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BACTERIA ANALYSIS

Date Sample Collected (Month Day Year)	Time Sample Collected	County
12/15/20	10:06 ☒ AM ☐ PM	Whitman

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# 93200Q
System Name: WJV

Contact Person: P. Hanson

Day Phone: (509) 335-3911 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WJV EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Rayen 83

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free .07

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative _____ Constructions/Repairs _____ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code:	Date and Time Received:
MICR – 2720	12-15-20 12:30 6.8C IR-4 JM
Date Analyzed: 12/15/20 1645	Date Reported:
1 2 5 4 6 2 0 1 Sample Number (DOH number plus five digits)	Lab Use: MAL0462-01

DOH Form 4331-310 (revised 11/10)

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MAL0462

Due: 01/04/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 15 / 20 (Month / Day / Year)	10 : 21 ☒ AM ☐ PM	Whitman

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# 4 3 2 0 0 9
System Name: WSU

Contact Person: Sam Ferguson

Day Phone: (509) 335-3041 | Cell Phone: ( )

Eve. Phone: ( ) | Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EH
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): P Anderson

Specific location where sample collected (address or sample site, and type of faucet): Bryan 803

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total Free 0

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative Constructions/Repairs Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count _____ /mL E.coli _____ /100mL
Total Coliform _____ /100mL Fecal Coliform _____ /100mL

Method Code: MICR – 2720

Date and Time Received: 12-15-20 12:30 6.8 C IR-4 JM

Date Analyzed: 12/15/20 1645

Date Reported:

1 2 5 4 6 2 0 2
Sample Number (DOH number plus five digits)

Lab Use: MAL0462-02

DOH Form 4331-319 (revised 11/10)

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Due: 01/04/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 / 14 / 20 (Month Day Year)	10 : 44 ☒ AM ☐ PM	Whitman

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# Y 3 2 0 0 9
System Name: WSU

Contact Person: Sam Torpin
Day Phone: (509) 335-3041 Cell Phone: ( )
Eve. Phone: ( ) Fax: ( )

Send results to: (Print full name, address and zip code)
WSU EHS
PO Box 641172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Pa Hanson

Specific location where sample collected (address or sample site, and type of faucet):
Physical Education 96

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes X No
Chlorine Residual: Total ___ Free 1.02

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from (WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ___ Constructions/Repairs ___ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present **and**
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ Satisfactory
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ___ /ml. E.coli ___ /100ml.
Total Coliform ___ /100ml. Fecal Coliform ___ /100ml.

Method Code: MICR – 2720
Date and Time Received: 12-15-20 12:30 6.8C IR-K JM

Date Analyzed: 12/15/20 1645
Date Reported:

1 2 5 4 6 0 3
Sample Number (DOH number plus five digits)
Lab Use: MAL0462-03

DOH Form 4331-319 (revised 11/15)

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MAL0462

Due: 01/04/21

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BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
12 15 20 (Month Day Year)	10 : 55 ☒ AM ☐ PM	Whitman

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# 9 3 2 0 0 9
System Name: WSU

Contact Person: Seltenrich

Day Phone: (509) 335-3041	Cell Phone: ( )
Eve. Phone: ( )	Fax: ( )

Send results to: (Print full name, address and zip code)
WSU GHS
PO Box 64172
Pullman WA 99164

SAMPLE INFORMATION

Sample collected by (name): Seltenrich

Specific location where sample collected (address or sample site, and type of faucet):
Johnson 76

Special instructions or comments:

Type of Sample (must check only **one** box of #1 through #4 listed below)

1. ☒ **Routine Distribution Sample**
Chlorinated: Yes ☒ No ☐
Chlorine Residual: Total ☐ Free 1.11

2. ☐ **Repeat Sample (after unsat. routine)**
Distribution System
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. ☐ E. coli – GWR source sample
Fecal –Surface, GWI, some springs
Other
S
Public Systems must provide Source Number from WFI)

4. ☐ **Sample Collected for Information Only**
Investigative ☐ Constructions/Repairs ☐ Other

LAB USE ONLY — DRINKING WATER RESULTS — LAB USE ONLY

☐ **Unsatisfactory**
Total Coliform Present and
☐ E.coli present ☐ E.coli absent
☐ Fecal coliform present ☐ Fecal coliform absent

☒ **Satisfactory**
LAC

☐ **Replacement Sample Required**

Sample not tested because:
☐ Sample too old (>30 hours)
☐ Improper container

Test unsuitable because:
☐ TNTC
☐ Turbid culture

Bacterial Density Results: Plate Count ____ /ml. E.coli ____ /100ml.
Total Coliform ____ /100ml. Fecal Coliform ____ /100ml.

Method Code: MICR – 2720	Date and Time Received: 12-15-20 12:30 6.8C IR-4 JM
Date Analyzed: 12/15/20 1645	Date Reported:
1 2 5 4 6 2 0 4 Sample Number (DOH number plus five digits)	Lab Use: MAL0462-04

DOH Form #331-313 (revised 11/13)

WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932009
OPERATOR: [signature] (Signature required upon submittal)		PHONE NO. 335-9345

MO / YR 4/17	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	*Was a bacteriological sample taken at the same time chlorine was tested?* NO	YES	RESULT	REMARKS
1	BOHLER	.08	10:00	X			
2	BOHLER	.08	10:00	X			
3	BOHLER	.09	8:30	X			
4	BOHLER	.10	8:00	X			
5	BOHLER	.10	8:10	X			
6	BOHLER	.10	6:50	X			
7	BOHLER	.13	6:45	X			
8	BOHLER	.11	10:00	X			
9	BOHLER	.10	10:00	X			
10	BOHLER	.18	8:03	X			
11	BOHLER	.11	8:10	X			
12	BOHLER	.10	9:00	X			
13	BOHLER	.09	9:30	X			
14	BOHLER	.08	9:35	X			
15	BOHLER	.10	10:00	X			
16	BOHLER	.10	10:00	X			
17	BOHLER	.10	8:45	X			
18	BOHLER	.13	10:30	X			
19	BOHLER	.10	1:10	X			
20	BOHLER	.09	8:30	X			
21	BOHLER	.08	8:20	X			
22	BOHLER	.08	10:00	X			
23	BOHLER	.08	10:00	X			
24	BOHLER	.07	9:05	X			
25	BOHLER	.08	10:10	X			
26	BOHLER	.10	9:10	X			
27	BOHLER	.05	6:45	X			
28	BOHLER	.09	10:27	X			
29	BOHLER	.08	10:00	X			
30	BOHLER	.08	10:00	X			
31							

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 93200Q
OPERATOR: Jim Schumer (Signature required upon submittal)		PHONE NO. 335-9345

MO / YR 4 / 17	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	*Was a bacteriological sample taken at the same time chlorine was tested?* NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.08	8:58	X			
2	STEFFEN CENTER	.08	10:00	X			
3	STEFFEN CENTER	.09	8:55	X			
4	STEFFEN CENTER	.06	8:25	X			
5	STEFFEN CENTER	.04	8:45	X			
6	STEFFEN CENTER	.11	10:45	X			
7	STEFFEN CENTER	.11	9:56	X			
8	STEFFEN CENTER	.10	10:00	X			
9	STEFFEN CENTER	.10	10:20	X			
10	STEFFEN CENTER	.05	8:50	X			
11	STEFFEN CENTER	.06	9:40	X			
12	STEFFEN CENTER	.08	9:10	X			
13	STEFFEN CENTER	.06	8:58	X			
14	STEFFEN CENTER	.06	9:05	X			
15	STEFFEN CENTER	.08	10:00	X			
16	STEFFEN CENTER	.08	10:00	X			
17	STEFFEN CENTER	.11	9:02	X			
18	STEFFEN CENTER	.07	10:05	X			
19	STEFFEN CENTER	.06	1:45	X			
20	STEFFEN CENTER	.10	9:22	X			
21	STEFFEN CENTER	.06	8:30	X			
22	STEFFEN CENTER	.08	10:00	X			
23	STEFFEN CENTER	.08	10:00	X			
24	STEFFEN CENTER	.05	9:20	X			
25	STEFFEN CENTER	.14	10:35	X			
26	STEFFEN CENTER	.05	9:50	X			
27	STEFFEN CENTER	.07	8:52	X			
28	STEFFEN CENTER	.10	10:48	X			
29	STEFFEN CENTER	.08	10:00	X			
30	STEFFEN CENTER	.08	10:00	X			
31							

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

WATER SYSTEM NAME: – WSU

COUNTY: *Whitman* ID# 932009

OPERATOR: Todd Kowalp (Signature required upon submittal) PHONE NO. 509-335-9000

MO / YR 4 / 18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	*Was a bacteriological sample taken at the same time chlorine was tested?* NO	YES	RESULT	REMARKS
1	BOHLER	.10	10:00	X			
2	BOHLER	.10	9:40	X			
3	BOHLER	.08	8:45	X			
4	BOHLER	.08	7:15	X			
5	BOHLER	.10	7:10	X			
6	BOHLER	.10	7:30	X			
7	BOHLER	.10	10:00	X			
8	BOHLER	.10	10:00	X			
9	BOHLER	.09	7:05	X			
10	BOHLER	.11	7:45	X			
11	BOHLER	.10	7:40	X			
12	BOHLER	.10	8:15	X			
13	BOHLER	.09	7:35	X			
14	BOHLER	.09	10:00	X			
15	BOHLER	.09	10:00	X			
16	BOHLER	.08	7:40	X			
17	BOHLER	.10	7:35	X			
18	BOHLER	.09	8:10	X			
19	BOHLER	.09	7:00	X			
20	BOHLER	.10	8:15	X			
21	BOHLER	.10	10:00	X			
22	BOHLER	.09	10:00	X			
23	BOHLER	.07	7:45	X			
24	BOHLER	.09	7:50	X			
25	BOHLER	.10	7:15	X			
26	BOHLER	.09	7:30	X			
27	BOHLER	.09	7:45	X			
28	BOHLER	.10	10:00	X			
29	BOHLER	.10	10:00	X			
30	BOHLER	.07	7:25	X			
31							

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WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932000
OPERATOR: Todd Kolmp	(Signature required upon submittal)	PHONE NO. 509-335-9200

MO / YR	SAMPLE POINT LOCATION	Free Chlorine ppm	TIME OF	*Was a bacteriological sample taken at the same time chlorine was tested?*			REMARKS
4/18	STREET ADDRESS		DAY	NO	YES	RESULT	
1	STEFFEN	.07	10:00	X			
2	STEFFEN	.08	9:10	X			
3	STEFFEN	.08	9:15	X			
4	STEFFEN	.08	7:14	X			
5	STEFFEN	.09	9:10	X			
6	STEFFEN	.07	8:00	X			
7	STEFFEN	.09	1:00	X			
8	STEFFEN	.09	1:90	X			
9	STEFFEN CENTER	.08	11:40	X			
10	STEFFEN	.09	11:45	X			
11	STEFFEN	.10	9:20	X			
12	STEFFEN	.09	9:15	X			
13	STEFFEN	.08	8:50	X			
14	STEFFEN	.08	1:00	X			
15	STEFFEN	.08	1:00	X			
16	STEFFEN	.07	9:30	X			
17	STEFFEN	.06	1:45	X			
18	STEFFEN	.07	9:00	X			
19	STEFFEN	.07	8:55	X			
20	STEFFEN	.07	9:00	X			
21	STEFFEN	.08	1:00	X			
22	STEFFEN	.08	1:00	X			
23	STEFFEN	.08	9:05	X			
24	STEFFEN	.07	9:55	X			
25	STEFFEN	.09	9:00	X			
26	STEFFEN	.10	8:55	X			
27	STEFFEN	.09	9:15	X			
28	STEFFEN	.08	1:00	X			
29	STEFFEN	.08	1:00	X			
30	STEFFEN	.03	9:00	X			
31							

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman APRIL 2019 ID# 93200 Q

OPERATOR: Tim Schwan (signature required upon submittal) PHONE NO 335-8545

MO / YR 4/19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER Gym	.11					
2	BOHLER GYM	.08	06:18	X			
3	BOHLER GYM	.06	06:15	X			
4	BOHLER GYM	.05	06:26	X			
5	BOHLER GYM	08	06:50	X			
6	BOHLER Gym	07	06:50	X			
7	BOHLER Gym	.11	06:50	X			
8	BOHLER Gym	08	08:50	X			
9	BOHLER GYM	.08	06:36	X			
10	BOHLER GYM	.05	1:38	X			
11	BOHLER GYM	.05	06:30	X			
12	BOHLER GYM	.05	06:38	X			
13	BOHLER Gym	09	08:39	X			
14	BOHLER Gym	07	08:39	X			
15	BOHLER Gym	08	08:39	X			
16	BOHLER GYM	.08	01:18	X			
17	BOHLER GYM	.05	06:22	X			
18	BOHLER GYM	.05	1:06	X			
19	BOHLER GYM	.05	09:03	X			
20	BOHLER Gym	08	10:22	X			
21	BOHLER Gym	.11	10:22	X			
22	BOHLER Gym	07	10:22	X			
23	BOHLER Gym	07	10:22	X			
24	BOHLER GYM	.05	12:31	X			
25	BOHLER GYM	.05	10:39	X			
26	BOHLER GYM	.08	06:19	X			
27	BOHLER Gym	08	09:17	X			
28	BOHLER Gym	.11	09:17	X			
29	BOHLER GM	.08	09:17	X			
30	BOHLER GYM	.05	07:39	X			
31							

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman APRIL 2019 ID# 93203 Q

OPERATOR: [signature] (signature required upon submittal) PHONE NO 335-9345

MO / YR 4/19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.22	13:45	X			
2	STEFFEN CENTER	.19	12:02	X			
3	STEFFEN CENTER	.06	08:59	X			
4	STEFFEN CENTER	.50	11:53	X			
5	STEFFEN CENTER	.31	12:16	X			
6	STEFFEN CENTER	.29	12:16	X			
7	STEFFEN CENTER	.18	12:10	X			
8	STEFFEN CENTER	.15	12:16	X			
9	STEFFEN CENTER	.25	10:31	X			
10	STEFFEN CENTER	.50	09:03	X			
11	STEFFEN CENTER	.25	12:51	X			
12	STEFFEN CENTER	.25	11:49	X			
13	STEFFEN CENTER	.16	12:33	X			
14	STEFFEN CENTER	.24	12:33	X			
15	STEFFEN CENTER	.13	12:33	X			
16	STEFFEN CENTER	.09	03:00	X			
17	STEFFEN CENTER	.18	09:11	X			
18	STEFFEN CENTER	.44	07:48	X			
19	STEFFEN CENTER	.05	08:51	X			
20	STEFFEN CENTER	.08	12:50	X			
21	STEFFEN CENTER	.08	12:50	X			
22	STEFFEN CENTER	.14	12:50	X			
23	STEFFEN CENTER	.12	12:50	X			
24	STEFFEN CENTER	.10	8:06	X			
25	STEFFEN CENTER	.10	8:15	X			
26	STEFFEN CENTER	.11	12:46	X			
27	STEFFEN CENTER	.16	12:40	X			
28	STEFFEN CENTER	.18	12:40	X			
29	STEFFEN CENTER	.14	12:40	X			
30	STEFFEN CENTER	.10	08:04	X			
31				X			

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman APRIL 2020 ID# 93200Q

OPERATOR: Tim Johnson (signature required upon submittal) PHONE NO 335-9345

MO / YR 4/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.07	9:05	X			
2	BOHLER GYM	.08	9:11	X			
3	BOHLER GYM	.07	11:55	X			
4	BOHLER GYM	.08	9:35	X			
5	BOHLER GYM	.07	9:45	X			
6	BOHLER GYM	.08	10:30	X			
7	BOHLER GYM	.08	9:30	X			
8	BOHLER GYM	.09	9:15	X			
9	BOHLER GYM	.08	9:10	X			
10	BOHLER GYM	.09	9:30	X			
11	BOHLER GYM	.09	9:15	X			
12	BOHLER GYM	.09	9:10	X			
13	BOHLER GYM	.08	9:11	X			
14	BOHLER GYM	.09	9:30	X			
15	BOHLER GYM	.09	9:10	X			
16	BOHLER GYM	.10	1:26	X			
17	BOHLER GYM	.10	2:06	X			
18	BOHLER GYM	.09	9:30	X			
19	BOHLER GYM	.08	9:15	X			
20	BOHLER GYM	.08	9:35	X			
21	BOHLER GYM	.07	9:12	X			
22	BOHLER GYM	.08	9:35	X			
23	BOHLER GYM	.07	9:30	X			
24	BOHLER GYM	.08	9:15	X			
25	BOHLER GYM	.08	9:30	X			
26	BOHLER GYM	.09	9:32	X			
27	BOHLER GYM	.07	9:15	X			
28	BOHLER GYM	.08	9:30	X			
29	BOHLER GYM	.08	9:35	X			
30	BOHLER GYM	.07	9:30	X			
31							

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman APRIL 2020 ID# 93200Q

OPERATOR: Tim Peckham (signature required upon submittal) PHONE NO 335-9345

MO / YR 4/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.05	11:55	X			
2	STEFFEN CENTER	.07	1:36	X			
3	STEFFEN CENTER	.05	8:57	X			
4	STEFFEN CENTER	.06	8:50	X			
5	STEFFEN CENTER	.05	7:55	X			
6	STEFFEN CENTER	.06	8:59	X			
7	STEFFEN CENTER	.05	7:53	X			
8	STEFFEN CENTER	.06	7:59	X			
9	STEFFEN CENTER	.05	7:56	X			
10	STEFFEN CENTER	.05	9:15	X			
11	STEFFEN CENTER	.06	9:05	X			
12	STEFFEN CENTER	.05	7:50	X			
13	STEFFEN CENTER	.05	7:45	X			
14	STEFFEN CENTER	.06	7:56	X			
15	STEFFEN CENTER	.05	11:52	X			
16	STEFFEN CENTER	.06	1:17	X			
17	STEFFEN CENTER	.09	2:21	X			
18	STEFFEN CENTER	.08	9:15	X			
19	STEFFEN CENTER	.07	8:20	X			
20	STEFFEN CENTER	.07	9:45	X			
21	STEFFEN CENTER	.05	9:49	X			
22	STEFFEN CENTER	.06	8:15	X			
23	STEFFEN CENTER	.05	8:10	X			
24	STEFFEN CENTER	.06	7:58	X			
25	STEFFEN CENTER	.07	8:00	X			
26	STEFFEN CENTER	.07	8:10	X			
27	STEFFEN CENTER	.06	8:05	X			
28	STEFFEN CENTER	.07	8:15	X			
29	STEFFEN CENTER	.06	8:20	X			
30	STEFFEN CENTER	.07	8:18	X			
31							

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WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman APRIL 2021 ID# 93200

OPERATOR: [signature] (signature required upon submittal) PHONE NO 335-9345

MO / YR 4/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.05	9:35	X			
2	BOHLER GYM	.06	9:10	X			
3	BOHLER GYM	.07	9:15	X			
4	BOHLER GYM	.08	9:05	X			
5	BOHLER GYM	.06	9:20	X			
6	BOHLER GYM	.05	2:00	X			
7	BOHLER GYM	.09	10:45	X			
8	BOHLER GYM	.06	9:47	X			
9	BOHLER GYM	.05	9:11	X			
10	BOHLER GYM	.06	9:12	X			
11	BOHLER GYM	.07	9:15	X			
12	BOHLER GYM	.08	9:20	X			
13	BOHLER GYM	.06	9:40	X			
14	BOHLER GYM	.05	12:04	X			
15	BOHLER GYM	.06	12:44	X			
16	BOHLER GYM	.05	10:10	X			
17	BOHLER GYM	.07	9:10	X			
18	BOHLER GYM	.09	9:15	X			
19	BOHLER GYM	.07	9:20	X			
20	BOHLER GYM	.08	9:05	X			
21	BOHLER GYM	.08	9:25	X			
22	BOHLER GYM	.09	10:22	X			
23	BOHLER GYM	.08	1:19	X			
24	BOHLER GYM	.07	10:30	X			
25	BOHLER GYM	.06	10:15	X			
26	Bohler Gym	.05	12:15	X			
27	Bohler Gym	.05	1:00	X			
28	BOHLER GYM	.08	10:17	X			
29	BOHLER GYM	.07	10:20	X			
30	BOHLER GYM	.06	10:30	X			
31							

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WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman APRIL 2021 ID# 93200

OPERATOR: [signature] (signature required upon submittal) PHONE NO 335-9345

MO / YR 4/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.10	7:41	X			
2	STEFFEN CENTER	.09	8:11	X			
3	STEFFEN CENTER	.10	8:15	X			
4	STEFFEN CENTER	.09	9:20	X			
5	STEFFEN CENTER	.09	7:55	X			
6	STEFFEN CENTER	.09	8:15	X			
7	STEFFEN CENTER	.08	10:25	X			
8	STEFFEN CENTER	.12	11:55	X			
9	STEFFEN CENTER	.09	8:59	X			
10	STEFFEN CENTER	.10	9:00	X			
11	STEFFEN CENTER	.09	7:55	X			
12	STEFFEN CENTER	.09	7:15	X			
13	STEFFEN CENTER	.09	7:28	X			
14	STEFFEN CENTER	.11	11:52	X			
15	STEFFEN CENTER	.11	7:24	X			
16	STEFFEN CENTER	.09	9:17	X			
17	STEFFEN CENTER	.12	1:41	X			
18	STEFFEN CENTER	.11	1:30	X			
19	Steffen Center	.13	1:00	X			
20	STEFFEN CENTER	.11	12:30	X			
21	STEFFEN CENTER	.10	7:05	X			
22	STEFFEN CENTER	.12	9:01	X			
23	STEFFEN CENTER	.11	9:03	X			
24	STEFFEN CENTER	.10	9:05	X			
25	STEFFEN CENTER	.12	8:10	X			
26	Steffen Center	.14	1:00	X			
27	Steffen Center	.12	1:10	X			
28	STEFFEN CENTER	.10	7:45	X			
29	STEFFEN CENTER	.12	7:27	X			
30	STEFFEN CENTER	.14	7:54	X			
31							

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COUNTY: *Whitman* | ID# 93200Q

OPERATOR: Todd Koup (Signature required upon submittal) | PHONE NO.

MO / YR 8/17	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	Bohler	.10		X			
2	Bohler	.16	10:33	X			
3	Bohler	.13	11:~~05~~	X			
4	Bohler	.18	16:17	X			
5	Bohler	.12	12:37	X			
6	Bohler	.10	12:37	X			
7	Bohler	.09	12:37	X			
8	BOHLER	.09	7:50	X			
9	BOHLER	.11	10:30	X			
10	BOHLER	.09	7:40	X			
11	BOHLER	.09	7:20	X			
12	BOHLER	.10	1:00	X			
13	BOHLER	.10	1:00	X			
14	BOHLER	.10	7:50	X			
15	BOHLER	.10	7:10	X			
16	BOHLER	.11	7:30	X			
17	BOHLER	.09	6:30	X			
18	BOHLER	.09	7:10	X			
19	BOHLER	.10	9:00	X			
20	BOHLER	.10	9:00	X			
21	BOHLER	.09	7:05	X			
22	BOHLER	.11	6:30	X			
23	BOHLER	.11	8:45	X			
24	BOHLER	.10	6:40	X			
25	BOHLER	.10	12:40	X			
26	BOHLER	.09	1:00	X			
27	BOHLER	.09	1:00	X			
28	BOHLER	.09	7:45	X			
29	BOHLER	.10	8:20	X			
30	BOHLER	.10	7:30	X			
31	BOHLER	.11	7:50	X			

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Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

COUNTY: *Whitman* | ID# 932006

OPERATOR: Todd Koupl (Signature required upon submittal) | PHONE NO.

MO / YR 8/17	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN	.10		X			
2	STEFFEN	.12	12:33	X			
3	STEFFEN	.11	13:50	X			
4	STEFFEN	08	14:25	X			
5	STEFFEN	08	1:15	X			
6	STEFFEN	12	1:15	X			
7	STEFFEN	.10	1:15	X			
8	STEFFEN	.15	10:10	X			
9	STEFFEN	.16	8:20	X			
10	STEFFEN	.14	10:28	X			
11	STEFFEN	.15	8:00	X			
12	STEFFEN	.14	10:00	X			
13	STEFFEN	.14	10:00	X			
14	STEFFEN	.15	9:10	X			
15	STEFFEN	.14	8:40	X			
16	STEFFEN	.14	12:05	X			
17	STEFFEN	.10	11:58	X			
18	STEFFEN	.11	10:54	X			
19	STEFFEN	.12	10:00	X			
20	STEFFEN	.12	10:00	X			
21	STEFFEN	.15	8:05	X			
22	STEFFEN	.09	8:10	X			
23	STEFFEN	.14	9:05	X			
24	STEFFEN	.09	11:40	X			
25	STEFFEN	.10	12:18	X			
26	STEFFEN	.11	10:00	X			
27	STEFFEN	.11	10:00	X			
28	STEFFEN	.13	8:01	X			
29	STEFFEN	.08	7:10	X			
30	STEFFEN	.14	10:45	X			
31	STEFFEN	.15	8:40	X			

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WATER SYSTEM NAME: WSU BOHLER GYM

COUNTY: Whitman | AUGUST 2018 | ID# ~~88S208~~ 93260Q

OPERATOR: Tim Packman (Signature required upon submittal) | PHONE NO.

MO / YR 8/18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.07	08:11	X			
2	BOHLER GYM	.05	07:29	X			
3	BOHLER Gym	.09	07:28	X			
4	BOHLER Gym	.11	07:33	X			
5	BOHLER Gym	.13	06:38	X			
6	BOHLER Gym	.10	10:15	X			
7	BOHLER Gym	.12	07:11	X			
8	BOHLER GYM	.10	07:06	X			
9	BOHLER GYM	.10	06:35	X			
10	BOHLER GYM	.09	06:34	X			
11	BOHLER GYM	.08	06:55	X			
12	BOHLER Gym	.07	07:31	X			
13	BOHLER Gym	.09	06:33	X			
14	BOHLER GYM	.08	06:46	X			
15	BOHLER GYM	.07	07:01	X			
16	BOHLER GYM	.05	08:13	X			
17	BOHLER GYM	.25	09:23	X			
18	BOHLER Gym	.12	09:17	X			
19	BOHLER Gym	.10	08:21	X			
20	BOHLER Gym	.16	09:12	X			
21	BOHLER GYM	.11	12:11	X			
22	BOHLER Gym	.11	08:45	X			
23	BOHLER GYM	.09	09:18	X			
24	BOHLER GYM	.09	07:53	X			
25	BOHLER Gym	.11	09:21	X			
26	BOHLER Gym	.08	09:21	X			
27	BOHLER Gym	07	09:21	X			
28	BOHLER GYM	.07	08:10	X			
29	BOHLER GYM	.07	09:22	X			
30	BOHLER GYM	.06	07:00	X			
31	BOHLER GYM	.05	10:40	X			

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

WATER SYSTEM NAME: WSU STEFFEN CENTER

COUNTY: Whitman AUGUST 2018 ID# ~~89520~~ 93260Q

OPERATOR: [signature] (Signature required upon submittal) PHONE NO. 335 9345

MO / YR 8/18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.05	09:03	X			
2	STEFFEN CENTER	.11	09:11	X			
3	STEFFEN CENTER	.13	09:18	X			
4	STEFFEN CENTER	.08	11:45	X			
5	STEFFEN CENTER	.01	10:16	X			
6	STEFFEN CENTER	.06	2:48	X			
7	STEFFEN CENTER	.16	1:17	X			
8	STEFFEN	.13	2:00	X			
9	STEFFEN CENTER	.12	3:09	X			
10	STEFFEN CENTER	.13	3:17	X			
11	STEFFEN CENTER	.12	10:33	X			
12	STEFFEN CENTER	.10	11:16	X			
13	STEFFEN CENTER	.11	09:45	X			
14	STEFFEN CENTER	.12	09:30	X			
15	STEFFEN CENTER	.11	12:45	X			
16	STEFFEN CENTER	.10	10:45	X			
17	STEFFEN CENTER	.12	2:57	X			
18	STEFFEN CENTER	.11	2:50	X			
19	STEFFEN CENTER	.16	12:18	X			
20	STEFFEN CENTER	.14	1:38	X			
21	STEFFEN CENTER	.13	1:37	X			
22	STEFFEN CENTER	.09	09:55	X			
23	STEFFEN CENTER	.07	08:06	X			
24	STEFFEN CENTER	.07	12:30	X			
25	STEFFEN CENTER	.09	1:23	X			
26	STEFFEN CENTER	.08	2:22	X			
27	STEFFEN CENTER	.09	3:00	X			
28	STEFFEN CENTER	.07	10:30	X			
29	STEFFEN CENTER	.07	09:48	X			
30	STEFFEN CENTER	.09	10:01	X			
31	STEFFEN CENTER	.08	01:30	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman AUGUST 2019 ID# 93200

OPERATOR: [signature] (signature required upon submittal) PHONE NO 335-9345

MO / YR 8 19	SAMPLE POINT LOCATION / STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	Bohler Gym	.11	11:38	X			
2	Bohler Gym	09	09:36	X			
3	Bohler Gym	.12	10:45	X			
4	Bohler Gym	.14	10:45	X			
5	Bohler Gym	.18	10:45	X			
6	Bohler Gym	.09	8:17	X			
7	Bohler Gym	.08	11:36	X			
8	BOHLER GYM	~~.53~~ .13	8:13	X			
9	BOHLER GYM	.09	12:22	X			
10	Bohler Gym	09	09:30	X			
11	Bohler Gym	.11	09:30	X			
12	Bohler Gym	.12	09:30	X			
13	BOHLER GYM	.09	10:26	X			
14	BOHLER GYM	.08	01:26	X			
15	BOHLER GYM	.05	12:55	X			
16	BOHLER GYM	.10	09:18	X			
17	Bohler Gym	.12	09:15	X			
18	Bohler Gym	.13	09:15	X			
19	Bohler Gym	.14	09:15	X			
20	BOHLER GYM	.10	09:45	X			
21	BOHLER GYM	.10	07:49	X			
22	BOHLER GYM	.05	12:00	X			
23	BOHLER GYM	.09	12:35	X			
24	Bohler Gym	.08	10:45	X			
25	Bohler Gym	09	10:45	X			
26	Bohler Gym	.11	10:45	X			
27	BOHLER GYM	.10	09:33	X			
28	BOHLER GYM	.10	11:45	X			
29	BOHLER GYM	.10	9:35	X			
30	BOHLER GYM	.09	03:21	X			
31	Bohler Gym	.13	10:30	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman AUGUST 2019 ID# 93200G

OPERATOR: Tim [illegible] (signature required upon submittal) PHONE NO 335-9345

MO / YR 8 19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.17	13:08	X			
2	STEFFEN CENTER	.14	11:45	X			
3	STEFFEN CENTER	.31	12:58	X			
4	STEFFEN CENTER	.28	12:58	X			
5	STEFFEN CENTER	.16	12:58	X			
6	STEFFEN CENTER	.15	2:17	X			
7	STEFFEN CENTER	.50	3:23	X			
8	STEFFEN CENTER	.15	07:44	X			
9	STEFFEN CENTER	.05	10:13	X			
10	STEFFEN CENTER	.09	12:45	X			
11	STEFFEN CENTER	.11	12:45	X			
12	STEFFEN CENTER	.13	12:45	X			
13	STEFFEN CENTER	.05	08:11	X			
14	STEFFEN CENTER	.10	12:16	X			
15	STEFFEN CENTER	.09	12:37	X			
16	STEFFEN CENTER	.10	1:46	X			
17	STEFFEN CENTER	.12	13:28	X			
18	STEFFEN CENTER	.17	13:28	X			
19	STEFFEN CENTER	.11	13:28	X			
20	STEFFEN CENTER	.09	07:41	X			
21	STEFFEN CENTER	.10	08:03	X			
22	STEFFEN CENTER	.08	11:46	X			
23	STEFFEN CENTER	.05	10:14	X			
24	STEFFEN CENTER	.11	10:05	X			
25	STEFFEN CENTER	.16	10:05	X			
26	STEFFEN CENTER	.15	10:05	X			
27	STEFFEN CENTER	.07	09:02	X			
28	STEFFEN CENTER	.11	09:12	X			
29	STEFFEN CENTER	.10	2:50	X			
30	STEFFEN CENTER	.09	2:11	X			
31	STEFFEN CENTER	.07	14:18	X			

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SHEET CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER - GYM WSU

COUNTY: Whitman AUGUST 2020 ID# 93200G

OPERATOR: [signature] (signature required upon submittal) PHONE NO 5-9345

MO / YR 8/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER - GYM	.10	12:30	X			
2	BOHLER GYM	.09	12:15	X			
3	BOHLER GYM	.09	12:20	X			
4	BOHLER GYM	.10	3:13	X			
5	BOHLER GYM	.10	12:22	X			
6	BOHLER GYM	.11	12:20	X			
7	BOHLER GYM	.13	12:30	X			
8	BOHLER GYM	.12	12:15	X			
9	BOHLER GYM	.11	12:20	X			
10	BOHLER GYM	.12	12:10	X			
11	BOHLER GYM	.13	11:54	X			
12	BOHLER GYM	.11	9:57	X			
13	BOHLER GYM	.13	10:39	X			
14	BOHLER GYM	.11	8:07	X			
15	BOHLER GYM	.12	12:05	X			
16	BOHLER GYM	.11	12:15	X			
17	BOHLER GYM	.11	12:10	X			
18	BOHLER GYM	.12	12:00	X			
19	BOHLER GYM	.12	11:50	X			
20	BOHLER GYM	.11	7:05	X			
21	BOHLER GYM	.10	7:03	X			
22	BOHLER GYM	.11	7:05	X			
23	BOHLER GYM	.10	7:10	X			
24	BOHLER GYM	.10	7:15	X			
25	BOHLER GYM	.09	7:09	X			
26	BOHLER GYM	.08	10:02	X			
27	BOHLER GYM	.09	11:51	X			
28	BOHLER GYM	.08	11:20	X			
29	BOHLER GYM	.09	11:50	X			
30	BOHLER GYM	.08	11:51	X			
31	BOHLER GYM	.07	9:00	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman AUGUST 2020 ID# 93200Q

OPERATOR: Tim Johnson (signature required upon submittal) PHONE NO 5-9345

MO / YR 8/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.10	8:00	X			
2	STEFFEN CENTER	.09	8:05	X			
3	STEFFEN CENTER	.09	7:55	X			
4	STEFFEN CENTER	.08	7:52	X			
5	STEFFEN CENTER	.09	8:05	X			
6	STEFFEN CENTER	.08	12:00	X			
7	STEFFEN CENTER	.09	7:50	X			
8	STEFFEN CENTER	.10	7:45	X			
9	STEFFEN CENTER	.09	8:00	X			
10	STEFFEN CENTER	.10	8:05	X			
11	STEFFEN CENTER	.09	8:10	X			
12	STEFFEN CENTER	.09	7:53	X			
13	STEFFEN CENTER	.09	12:54	X			
14	STEFFEN CENTER	.07	7:55	X			
15	STEFFEN CENTER	.06	8:01	X			
16	STEFFEN CENTER	.07	8:05	X			
17	STEFFEN CENTER	.06	8:09	X			
18	STEFFEN CENTER	.07	8:10	X			
19	STEFFEN CENTER	.06	12:52	X			
20	STEFFEN CENTER	.06	7:33	X			
21	STEFFEN CENTER	.05	7:30	X			
22	STEFFEN CENTER	.06	8:05	X			
23	STEFFEN CENTER	.05	8:10	X			
24	STEFFEN CENTER	.06	8:00	X			
25	STEFFEN CENTER	.06	8:10	X			
26	STEFFEN CENTER	.06	2:23	X			
27	STEFFEN CENTER	.06	10:31	X			
28	STEFFEN CENTER	.06	9:43	X			
29	STEFFEN CENTER	.07	8:15	X			
30	STEFFEN CENTER	.06	8:10	X			
31	STEFFEN CENTER	.07	9:05	X			

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WATER SYSTEM NAME: Bohler Gym WSU

COUNTY: Whitman Aug 2021 ID# 93200

OPERATOR: [signature] (signature required upon submittal) PHONE NO 335-9345

MO / YR 8/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	Bohler Gym	.07	10:05	X			
2	Bohler Gym	.07	7:00 am	X			
3	Bohler Gym	.08	10:30	X			
4	Bohler Gym	.07	6:12	X			
5	Bohler Gym	.07	10:23	X			
6	Bohler Gym	.07	9:14	X			
7	Bohler Gym	.06	10:15	X			
8	Bohler Gym	.09	10:05	X			
9	Bohler Gym	.08	9:10	X			
10	Bohler Gym	.09	12:06	X			
11	Bohler Gym	.07	9:45	X			
12	Bohler Gym	.07	7:30	X			
13	Bohler Gym	.13	10:00	X			
14	Bohler Gym	.12	9:35	X			
15	Bohler Gym	.11	10:01	X			
16	Bohler Gym	.09	12:20	X			
17	Bohler Gym	.10	10:05	X			
18	Bohler Gym	.06	9:28	X			
19	Bohler Gym	.09	10:15	X			
20	Bohler Gym	.09	10:04	X			
21	Bohler Gym	.09	12:15	X			
22	Bohler Gym	.08	12:30	X			
23	Bohler Gym	.08	12:30	X			
24	Bohler Gym	.09	12:00	X			
25	Bohler Gym	.11	12:32	X			
26	Bohler Gym	.10	12:32	X			
27	Bohler Gym	.08	12:45	X			
28	Bohler Gym	.10	10:00	X			
29	Bohler Gym	.11	9:45	X			
30	Bohler Gym	.10	10:00	X			
31	Bohler Gym	.10	10:15	X			

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WATER SYSTEM NAME: Steffen Center WSU

COUNTY: Whitman Aug 2021 ID# 93200

OPERATOR: [signature] (signature required upon submittal) PHONE NO 335-9345

MO / YR 8/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.12	8:05	X			
2	Steffen Center	.13	8:05am	X			
3	STEFFEN CENTER	.12	7:04	X			
4	STEFFEN CENTER	.15	8:05	X			
5	STEFFEN CENTER	.16	7:55	X			
6	STEFFEN CENTER	.17	8:01	X			
7	STEFFEN CENTER	.16	8:10	X			
8	STEFFEN CENTER	.15	7:45	X			
9	STEFFEN CENTER	.17	8:15	X			
10	STEFFEN CENTER	.20	1:51	X			
11	STEFFEN CENTER	.13	3:22	X			
12	STEFFEN CENTER	.13	7:46	X			
13	STEFFEN CENTER	.13	1:44	X			
14	STEFFEN CENTER	.12	8:05	X			
15	STEFFEN CENTER	.11	8:15	X			
16	Steffen Center	.10	10:45	X			
17	STEFFEN CENTER	.11	7:23	X			
18	STEFFEN CENTER	.13	8:17	X			
19	STEFFEN CENTER	.11	7:33	X			
20	STEFFEN CENTER	.09	12:11	X			
21	Steffen Center	.10	F:00	X			
22	Steffen Center	.12	1:30	X			
23	Steffen Center	.11	9:50	X			
24	STEFFEN CENTER	.11	10:23	X			
25	Steffen Center	.11	1:30	X			
26	Steffen Center	.12	1:15	X			
27	Steffen Center	.11	1:00	X			
28	Steffen Center	.14	12:30	X			
29	Steffen Center	.12	1:00	X			
30	Steffen Center	.10	9:00	X			
31	Steffen Center	.11	12:45	X			

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WATER SYSTEM NAME:	– WSU	
COUNTY: Whitman		ID# 93200Q
OPERATOR: Jim Buchanan (Signature required upon submittal)		PHONE NO. 335-9345

MO / YR 12/17	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine - ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER	.08	7:15	X			
2	BOHLER	.10	1:00	X			
3	BOHLER	.08	1:00	X			
4	BOHLER	.09	7:35	X			
5	BOHLER	.08	7:15	X			
6	BOHLER	.10	7:30	X			
7	BOHLER	.09	7:35	X			
8	BOHLER	.09	7:50	X			
9	BOHLER	.10	11:00	X			
10	BOHLER	.10	11:00	X			
11	BOHLER	.08	7:40	X			
12	BOHLER	.09	7:30	X			
13	BOHLER	.11	7:35	X			
14	BOHLER	.07	7:33	X			
15	BOHLER	.09	7:50	X			
16	BOHLER	.10	10:00	X			
17	BOHLER	.11	10:00	X			
18	BOHLER	.08	7:40	X			
19	BOHLER	.03	8:50	X			
20	BOHLER	.09	7:15	X			
21	BOHLER	.08	8:20	X			
22	BOHLER	.07	8:00	X			
23	BOHLER	.10	9:20	X			
24	BOHLER	.10	10:00	X			
25	BOHLER	.09	10:00	X			
26	BOHLER	.07	8:40	X			
27	BOHLER	.11	7:20	X			
28	BOHLER	.10	7:30	X			
29	BOHLER	.10	10:00	X			
30	BOHLER	.09	10:00	X			
31	BOHLER	.09	11:00	X			

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WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 93200Q
OPERATOR: [signature]	(Signature required upon submittal)	PHONE NO. 335-9315

MO / YR	SAMPLE POINT LOCATION	Free Chlorine - ppm	TIME OF	*Was a bacteriological sample taken at the same time chlorine was tested?*			REMARKS
12/17	STREET ADDRESS		DAY	NO	YES	RESULT	
1	STEFFEN	.10	8:15	X			
2	STEFFEN	.09	10:00	X			
3	STEFFEN	.09	10:00	X			
4	STEFFEN	.11	8:10	X			
5	STEFFEN	.10	8:15	X			
6	STEFFEN	.10	8:10	X			
7	STEFFEN	.08	8:37	X			
8	STEFFEN	.11	8:10	X			
9	STEFFEN	.10	10:00	X			
10	STEFFEN	.10	10:00	X			
11	STEFFEN	.07	11:45	X			
12	STEFFEN	.09	8:05	X			
13	STEFFEN	.10	8:10	X			
14	STEFFEN	.09	7:58	X			
15	STEFFEN	.09	8:55	X			
16	STEFFEN	.09	9:00	X			
17	STEFFEN	.09	9:00	X			
18	STEFFEN	.07	8:20	X			
19	STEFFEN	.10	8:15	X			
20	STEFFEN	.06	8:10	X			
21	STEFFEN	.03	8:45	X			
22	STEFFEN	.06	8:36	X			
23	STEFFEN	.08	8:40	X			
24	STEFFEN	.09	11:00	X			
25	STEFFEN	.09	11:00	X			
26	STEFFEN	.10	9:00	X			
27	STEFFEN	.10	9:10	X			
28	STEFFEN	.11	10:00	X			
29	STEFFEN	.09	10:00	X			
30	STEFFEN	.09	9:40	X			
31	STEFFEN	.09	8:30	X			

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WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman DECEMBER 2019 ID# 93200C

OPERATO.. (signature required upon submittal) PHONE NO

MO / YR	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.06	09:15	X			
2	BOHLER GYM	.08	09:15	X			
3	BOHLER GYM	.07	09:10	X			
4	BOHLER GYM	.07	09:10	X			
5	BOHLER GYM	.06	09:14	X			
6	BOHLER GYM	.07	1:37	X			
7	BOHLER GYM	.12	09:26	X			
8	BOHLER GYM	.06	09:40	X			
9	BOHLER GYM	.06	09:40	X			
10	BOHLER GYM	.07	09:10	X			
11	BOHLER GYM	.07	09:40	X			
12	BOHLER GYM	.07	3:17	X			
13	BOHLER GYM	.07	12:49	X			
14	BOHLER GYM	.06	09:25	X			
15	BOHLER GYM	.08	09:25	X			
16	BOHLER GYM	.08	09:25	X			
17	BOHLER GYM	.08	09:25	X			
18	BOHLER GYM	.06	06:23	X			
19	BOHLER GYM	.07	06:28	X			
20	BOHLER GYM	.06	06:33	X			
21	BOHLER GYM	.06	09:26	X			
22	BOHLER GYM	.06	09:20	X			
23	BOHLER GYM	.06	09:20	X			
24	BOHLER GYM	.07	09:10	X			
25	BOHLER GYM	.07	09:10	X			
26	BOHLER GYM	.08	09:20	X			
27	BOHLER GYM	.08	09:20	X			
28	BOHLER GYM	.08	09:20	X			
29	BOHLER GYM	.07	09:00	X			
30	BOHLER GYM	.07	09:00	X			
31	BOHLER GYM	.07	09:00	X			

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WATER SYSTEM NAME: STEPTOE CANYON WSU

COUNTY: Whitman DECEMBER 2016 | ID# 93203

OPERATOR: (signature required upon submittal) | PHONE NO

MO / YR	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.10	12:10	X			
2	STEFFEN CENTER	.09	12:00	X			
3	STEFFEN CENTER	.10	12:10	X			
4	STEFFEN CENTER	.10	12:00	X			
5	STEFFEN CENTER	1.46	3:00	X			
6	STEFFEN CENTER	.06	11:35	X			
7	STEFFEN CENTER	.13	09:11	X			
8	STEFFEN CENTER	.17	10:00	X			
9	STEFFEN CENTER	.17	10:10	X			
10	STEFFEN CENTER	.10	10:10	X			
11	STEFFEN CENTER	.08	09:23	X			
12	STEFFEN CENTER	.19	03:02	X			
13	STEFFEN CENTER	.21	12:29	X			
14	STEFFEN CENTER	.18	09:02	X			
15	STEFFEN CENTER	.15	10:15	X			
16	STEFFEN CENTER	.15	10:15	X			
17	STEFFEN CENTER	.15	10:12	X			
18	STEFFEN CENTER	.18	09:04	X			
19	STEFFEN CENTER	.15	09:45	X			
20	STEFFEN CENTER	.23	09:27	X			
21	STEFFEN CENTER	.26	09:06	X			
22	STEFFEN CENTER	.10	10:10	X			
23	STEFFEN CENTER	.10	10:10	X			
24	STEFFEN CENTER	.15	10:00	X			
25	STEFFEN CENTER	.15	10:00	X			
26	STEFFEN CENTER	.15	10:00	X			
27	STEFFEN CENTER	.15	10:12	X			
28	STEFFEN CENTER	.15	10:12	X			
29	STEFFEN CENTER	.15	10:00	X			
30	STEFFEN CENTER	.15	10:0	X			
31	STEFFEN CENTER	.12	10:00	X			

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman DEC. 2019 ID# 93203

OPERATOR: Tim Johnson (signature required upon submittal) PHONE NO 335-9345

MO / YR 12/19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.11	9:20	X			
2	BOHLER GYM	.10	9:30	X			
3	BOHLER GYM	.09	10:03	X			
4	BOHLER GYM	.10	09:05	X			
5	BOHLER GYM	.11	09:30	X			
6	BOHLER GYM	.12	9:58	X			
7	BOHLER GYM	.11	9:21	X			
8	BOHLER GYM	.10	9:30	X			
9	BOHLER GYM	.09	9:20	X			
10	BOHLER GYM	.08	10:23	X			
11	BOHLER GYM	.12	9:26	X			
12	BOHLER GYM	.11	09:00	X			
13	BOHLER GYM	.10	09:30	X			
14	BOHLER GYM	.09	09:21	X			
15	BOHLER GYM	.10	09:15	X			
16	BOHLER GYM	.09	09:11	X			
17	BOHLER GYM	.08	09:10	X			
18	BOHLER GYM	.11	09:33	X			
19	BOHLER GYM	.09	10:07	X			
20	BOHLER GYM	.10	09:47	X			
21	BOHLER GYM	.09	9:30	X			
22	BOHLER GYM	.10	9:15	X			
23	BOHLER GYM	.09	9:10	X			
24	BOHLER GYM	.09	9:00	X			
25	BOHLER Gym	08	13:11	X			
26	BOHLER Gym	.11	13:11	X			
27	BOHLER Gym	.11	13:11	X			
28	BOHLER Gym	.13	12:38	X			
29	BOHLER Gym	08	12:38	X			
30	BOHLER Gym	.10	12:38	X			
31	BOHLER Gym	.12	13:55	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman DEC. 2019 ID# 93200 G

OPERATOR: Tim Richman (signature required upon submittal) PHONE NO 335-9345

MO / YR 12/19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.09	8:00	X			
2	STEFFEN CENTER	.08	8:15	X			
3	STEFFEN CENTER	.06	11:53	X			
4	STEFFEN CENTER	.10	8:00	X			
5	STEFFEN CENTER	.09	1:01	X			
6	STEFFEN CENTER	.08	8:15	X			
7	STEFFEN CENTER	.09	8:01	X			
8	STEFFEN CENTER	.08	8:10	X			
9	STEFFEN CENTER	.09	8:22	X			
10	STEFFEN CENTER	.09	8:10	X			
11	STEFFEN CENTER	.11	10:09	X			
12	STEFFEN CENTER	.08	08:07	X			
13	STEFFEN CENTER	.09	08:15	X			
14	STEFFEN CENTER	.10	08:05	X			
15	STEFFEN CENTER	.11	08:10	X			
16	STEFFEN CENTER	.11	08:09	X			
17	STEFFEN CENTER	.13	12:09	X			
18	STEFFEN CENTER	.10	3:03	X			
19	STEFFEN CENTER	.11	12:53	X			
20	STEFFEN CENTER	.11	10:37	X			
21	STEFFEN CENTER	.10	9:10	X			
22	STEFFEN CENTER	.09	8:05	X			
23	STEFFEN CENTER	.10	8:15	X			
24	STEFFEN CENTER	.12	8:25	X			
25	STEFFEN CENTER	.16	16:38	X			
26	STEFFEN CENTER	.14	16:30	X			
27	STEFFEN CENTER	08	16:36	X			
28	STEFFEN CENTER	.11	11:17	X			
29	STEFFEN CENTER	.09	11:17	X			
30	STEFFEN CENTER	.12	11:17	X			
31	STEFFEN CENTER	.10	10:22	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman DEC. 2020 ID# 93200G

OPERATO... (signature required upon submittal) PHONE NO 335-9345

MO / YR 12/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.06	9:48	X			
2	BOHLER GYM	.06	11:55	X			
3	BOHLER GYM	.07	9:09	X			
4	BOHLER GYM	.08	10:15	X			
5	BOHLER GYM	.09	10:20	X			
6	BOHLER GYM	.08	10:10	X			
7	BOHLER GYM	.07	12:00	X			
8	BOHLER GYM	.08	10:15	X			
9	BOHLER GYM	.08	1:32	X			
10	BOHLER GYM	.11	9:48	X			
11	BOHLER GYM	.08	1:53	X			
12	BOHLER GYM	.09	9:50	X			
13	BOHLER GYM	.10	10:10	X			
14	BOHLER GYM	.08	10:30	X			
15	BOHLER GYM	.07	9:30	X			
16	BOHLER GYM	.06	9:21	X			
17	BOHLER GYM	.07	9:30	X			
18	BOHLER GYM	.06	9:15	X			
19	BOHLER GYM	.07	10:15	X			
20	BOHLER GYM	.08	10:30	X			
21	BOHLER GYM	.09	9:30	X			
22	BOHLER GYM	.10	9:45	X			
23	BOHLER GYM	.11	10:15	X			
24	BOHLER GYM	.10	10:10	X			
25	BOHLER GYM	.09	10:15	X			
26	BOHLER GYM	.08	10:20	X			
27	BOHLER GYM	.07	10:30	X			
28	BOHLER GYM	.07	10:15	X			
29	BOHLER GYM	.06	3:15	X			
30	BOHLER GYM	.05	10:19	X			
31	BOHLER GYM	.07	10:15	X			

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EMERGENCY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman DEC. 2020 ID# 93200G

OPERATOR: [signature] (signature required upon submittal) PHONE NO. 335-9345

MO / YR	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
12/20							
1	STEFFEN CENTER	.09	9:33	X			
2	STEFFEN CENTER	.08	9:31	X			
3	STEFFEN CENTER	.08	7:09	X			
4	STEFFEN CENTER	.09	7:53	X			
5	STEFFEN CENTER	.10	7:30	X			
6	STEFFEN CENTER	.09	7:45	X			
7	STEFFEN CENTER	.07	7:50	X			
8	STEFFEN CENTER	.06	8:53	X			
9	STEFFEN CENTER	.10	3:04	X			
10	STEFFEN CENTER	.09	10:46	X			
11	STEFFEN CENTER	.08	7:30	X			
12	STEFFEN CENTER	.08	7:45	X			
13	STEFFEN CENTER	.07	7:40	X			
14	STEFFEN CENTER	.07	7:55	X			
15	STEFFEN CENTER	.06	7:06	X			
16	STEFFEN CENTER	.08	7:21	X			
17	STEFFEN CENTER	.08	7:20	X			
18	STEFFEN CENTER	.07	7:29	X			
19	STEFFEN CENTER	.08	7:30	X			
20	STEFFEN CENTER	.09	7:15	X			
21	STEFFEN CENTER	.10	7:20	X			
22	STEFFEN CENTER	.09	7:45	X			
23	STEFFEN CENTER	.10	7:30	X			
24	STEFFEN CENTER	.09	8:00	X			
25	STEFFEN CENTER	.08	8:15	X			
26	STEFFEN CENTER	.09	8:05	X			
27	STEFFEN CENTER	.09	8:10	X			
28	STEFFEN CENTER	.10	8:20	X			
29	STEFFEN CENTER	.09	7:15	X			
30	STEFFEN CENTER	.08	8:00	X			
31	STEFFEN CENTER	.09	7:30	X			

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WATER SYSTEM NAME: Bohler Gym WSU

COUNTY: Whitman Dec 2021 ID# 93200G

OPERATOR: [signature] (signature required upon submittal) PHONE NO. 335-9345

MO / YR 12/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	Bohler Gym	.07	8:00	X			
2	Bohler Gym	.04	9:00	X			
3	Bohler Gym	.08	9:10	X			
4	Bohler Gym	.07	10:15	X			
5	Bohler Gym	.07	9:50	X			
6	Bohler Gym	.07	10:45	X			
7	Bohler Gym	.05	1:20	X			
8	Bohler Gym	.05	1:00	X			
9	Bohler Gym	.06	12:30	X			
10	Bohler Gym	.05	12:50	X			
11	Bohler Gym	.05	1:00	X			
12	Bohler Gym	.06	1:30	X			
13	Bohler Gym	.05	12:30	X			
14	Bohler Gym	.05	12:45	X			
15	Bohler Gym	.06	1:00	X			
16	Bohler Gym	.05	12:20	X			
17	Bohler Gym	.05	1:15	X			
18	Bohler Gym	.05	1:00	X			
19	Bohler Gym	.07	1:20	X			
20	Bohler Gym	.06	1:10	X			
21	Bohler Gym	.06	F:15	X			
22	Bohler Gym	.09	12:30	X			
23	Bohler Gym	.18	1:00	X			
24	Bohler Gym	.12	1:00	X			
25	Bohler Gym	.09	12:30	X			
26	Bohler Gym	.04	1:15	X			
27	Bohler Gym	.07	1:00	X			
28	Bohler Gym	.05	10:15	X			
29	Bohler Gym	.05	1:15	X			
30	Bohler Gym	.04	1:00	X			
31	Bohler Gym	.04	1:15	X			

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WATER SYSTEM NAME: Steffen Center WSU

COUNTY: Whitman Dec. 2021 ID# 93200

OPERATOR: Tim Shuman (signature required upon submittal) PHONE NO. 335-9345

MO / YR 12/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	Steffen Center	.08	7:00	X			
2	Steffen Center	.09	7:40	X			
3	Steffen Center	.09	8:05	X			
4	Steffen Center	.08	7:45	X			
5	Steffen Center	.08	8:00	X			
6	Steffen Center	.09	8:15	X			
7	Steffen Center	.09	7:30	X			
8	Steffen Center	.10	8:15	X			
9	Steffen Center	.14	8:00	X			
10	Steffen Center	.18	8:15	X			
11	Steffen Center	.16	8:00	X			
12	Steffen Center	.12	10:00	X			
13	Steffen Center	.09	11:30	X			
14	Steffen Center	.10	10:00	X			
15	Steffen Center	.03	2:00	X			
16	Steffen Center	.04	8:15	X			
17	Steffen Center	.04	8:00	X			
18	Steffen Center	.05	9:15	X			
19	Steffen Center	.05	8:30	X			
20	Steffen Center	.04	8:20	X			
21	Steffen Center	.05	12:30	X			
22	Steffen Center	.03	8:25	X			
23	Steffen Center	.03	8:20	X			
24	Steffen Center	.04	8:15	X			
25	Steffen Center	.03	8:00	X			
26	Steffen Center	.03	8:15	X			
27	Steffen Center	.03	8:30	X			
28	Steffen Center	.02	10:30	X			
29	Steffen Center	.02	12:30	X			
30	Steffen Center	.02	10:00	X			
31	Steffen Center	.02	9:30	X			

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WATER SYSTEM NAME: – WSU

COUNTY: *Whitman* ID# 93200G

OPERATOR: Todd Kamp (Signature required upon submittal) PHONE NO. 335-9345

MO / YR 2 / 17	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	*Was a bacteriological sample taken at the same time chlorine was tested?* NO	YES	RESULT	REMARKS
1	BOHLER	.08	10:05	X			
2	BOHLER	.07	8:30	X			
3	BOHLER	.07	3:15	X			
4	BOHLER	.09	10:00	X			
5	BOHLER	.09	10:00	X			
6	BOHLER	.08	10:25	X			
7	BOHLER	.08	8:05	X			
8	BOHLER	.08	8:41	X			
9	BOHLER	.07	8:00	X			
10	BOHLER	.08	6:20	X			
11	BOHLER	.08	10:00	X			
12	BOHLER	.09	10:00	X			
13	BOHLER	.09	8:27	X			
14	BOHLER	.08	8:10	X			
15	BOHLER	.08	9:04	X			
16	BOHLER	.09	8:24	X			
17	BOHLER	.08	12:41	X			
18	BOHLER	.08	10:00	X			
19	BOHLER	.09	10:00	X			
20	BOHLER	.07	7:04	X			
21	BOHLER	.07	7:54	X			
22	BOHLER	.08	7:45	X			
23	BOHLER	.08	8:10	X			
24	BOHLER	.08	7:37	X			
25	BOHLER	.09	10:00	X			
26	BOHLER	.09	10:00	X			
27	BOHLER	.09	7:50	X			
28	BOHLER	.09	8:15	X			
29							
30							
31							

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WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932009
OPERATOR: Todd Kemp	(Signature required upon submittal)	PHONE NO. 335-9345

MO / YR 2/17	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	*Was a bacteriological sample taken at the same time chlorine was tested?* NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.09	10:16	X			
2	STEFFEN CENTER	.10	12:05	X			
3	STEFFEN CENTER	.05	3:01	X			
4	STEFFEN CENTER	.08	10:00	X			
5	STEFFEN CENTER	.08	10:00	X			
6	STEFFEN CENTER	.06	7:40	X			
7	STEFFEN CENTER	.06	8:30	X			
8	STEFFEN CENTER	.05	9:36	X			
9	STEFFEN CENTER	.06	8:54	X			
10	STEFFEN CENTER	.08	9:03	X			
11	STEFFEN CENTER	.09	10:00	X			
12	STEFFEN CENTER	.09	10:00	X			
13	STEFFEN CENTER	.06	9:25	X			
14	STEFFEN CENTER	.08	9:30	X			
15	STEFFEN CENTER	.05	8:15	X			
16	STEFFEN CENTER	.04	9:00	X			
17	STEFFEN CENTER	.04	12:18	X			
18	STEFFEN CENTER	.08	10:00	X			
19	STEFFEN CENTER	.08	10:00	X			
20	STEFFEN CENTER	.10	10:30	X			
21	STEFFEN CENTER	.07	8:10	X			
22	STEFFEN CENTER	.07	8:22	X			
23	STEFFEN CENTER	.07	8:45	X			
24	STEFFEN CENTER	.06	8:06	X			
25	STEFFEN CENTER	.08	10:00	X			
26	STEFFEN CENTER	.07	10:00	X			
27	STEFFEN CENTER	.05	8:54	X			
28	STEFFEN CENTER	.08	8:50	X			
29							
30							
31							

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WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932006
OPERATOR: Todd Kompf	(Signature required upon submittal)	PHONE NO. 509-335-9545

MO / YR 2/18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	*Was a bacteriological sample taken at the same time chlorine was tested?* NO	YES	RESULT	REMARKS
1	BOHLER	.11	8:00	X			
2	BOHLER	.12	8:25	X			
3	BOHLER	.10	10:00	X			
4	BOHLER	.10	10:00	X			
5	BOHLER	.11	7:50	X			
6	BOHLER	.11	8:25	X			
7	BOHLER	.12	7:30	X			
8	BOHLER	.12	7:50	X			
9	BOHLER	.12	7:15	X			
10	BOHLER	.12	1:00	X			
11	BOHLER	.11	1:00	X			
12	BOHLER	.11	8:00	X			
13	BOHLER	.10	7:45	X			
14	BOHLER	.12	8:15	X			
15	BOHLER	.10	7:45	X			
16	BOHLER	.12	6:48	X			
17	BOHLER	.11	10:00	X			
18	BOHLER	.11	10:00	X			
19	BOHLER	.12	6:50	X			
20	BOHLER	.12	7:23	X			
21	BOHLER	.10	8:30	X			
22	BOHLER	.12	7:20	X			
23	BOHLER	.12	7:40	X			
24	BOHLER	.11	1:00	X			
25	BOHLER	.11	1:00	X			
26	BOHLER	.13	8:20	X			
27	BOHLER	.13	1:10	X			
28	BOHLER	.14	11:50	X			
29							
30							
31							

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932006
OPERATOR: Jodi Kompl	(Signature required upon submittal)	PHONE NO. 509-335-9345

MO / YR 2/18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	*Was a bacteriological sample taken at the same time chlorine was tested?* NO	YES	RESULT	REMARKS
1	STEFFEN	.08	9:00	X			
2	STEFFEN	.08	9:10	X			
3	STEFFEN	.09	9:00	X			
4	STEFFEN	.09	9:00	X			
5	STEFFEN	.10	11:50	X			
6	STEFFEN	.08	8:50	X			
7	STEFFEN	.08	11:50	X			
8	STEFFEN	.10	8:50	X			
9	STEFFEN	.08	8:00	X			
10	STEFFEN	.08	10:00	X			
11	STEFFEN	.08	10:00	X			
12	STEFFEN	.07	8:26	X			
13	STEFFEN	.09	8:10	X			
14	STEFFEN	.08	9:01	X			
15	STEFFEN	.08	8:30	X			
16	STEFFEN	.08	12:10	X			
17	STEFFEN	.08	10:00	X			
18	STEFFEN	.10	10:00	X			
19	STEFFEN	.09	9:20	X			
20	STEFFEN	.09	8:10	X			
21	STEFFEN	.08	8:15	X			
22	STEFFEN	.07	8:20	X			
23	STEFFEN	.07	8:15	X			
24	STEFFEN	.07	10:00	X			
25	STEFFEN	.06	10:00	X			
26	STEFFEN	.06	9:10	X			
27	STEFFEN	.07	8:20	X			
28	STEFFEN	.07	10:25	X			
29							
30							
31							

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman FEBRUARY 2019 ID# 93200Q

OPERATOR: Tim Gochnour (signature required upon submittal) PHONE NO 9345

MO / YR 2 19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.08	06:50	X			
2	BOHLER GYM	.11	11:50	X			
3	BOHLER GYM	.14	11:50	X			
4	BOHLER GYM	.07	12:17	X			
5	BOHLER GYM	.08	06:15	X			
6	BOHLER GYM	.07	07:15	X			
7	BOHLER GYM	.07	06:50	X			
8	BOHLER GYM	.18	02:08	X			
9	BOHLER GYM	.13	13:23	X			
10	BOHLER GYM	.11	13:23	X			
11	BOHLER GYM	.07	10:48	X			
12	BOHLER GYM	.08	09:49	X			
13	BOHLER GYM	.07	12:01	X			
14	BOHLER GYM	.05	06:24	X			
15	BOHLER GYM	.05	07:01	X			
16	BOHLER GYM	.08	9:17	X			
17	BOHLER GYM	.11	9:17	X			
18	BOHLER GYM	.12	11:33	X			
19	BOHLER GYM	.05	06:32	X			
20	BOHLER GYM	.06	06:22	X			
21	BOHLER GYM	.06	06:31	X			
22	BOHLER GYM	.05	06:43	X			
23	BOHLER GYM	.09	10:30	X			
24	BOHLER GYM	.11	10:30	X			
25	BOHLER GYM	.08	08:58	X			
26	BOHLER GYM	.06	06:28	X			
27	BOHLER GYM	.06	07:23	X			
28	BOHLER GYM	.06	06:44	X			
29							
30							
31							

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

DAILY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman FEBRUARY 2019 ID# 93200

OPERATOR: [signature] (signature required upon submittal) PHONE NO 9345

MO / YR 2/19.	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.38	09:42	X			
2	STEFFEN CENTER	.25	9:45	X			
3	STEFFEN CENTER	.19	9:45	X			
4	STEFFEN CENTER	.15	10:33	X			
5	STEFFEN CENTER	.31	09:11	X			
6	STEFFEN CENTER	.11	3:04	X			
7	STEFFEN CENTER	.14	3:01	X			
8	STEFFEN CENTER	.07	10:48	X			
9	STEFFEN CENTER	.38	08:35	X			
10	STEFFEN CENTER	.21	08:35	X			
11	STEFFEN CENTER	.38	9:10	X			
12	STEFFEN CENTER	.28	09:38	X			
13	STEFFEN CENTER	.50	10:30	X			
14	STEFFEN CENTER	.60	11:10	X			
15	STEFFEN CENTER	.50	12:30	X			
16	STEFFEN CENTER	.41	11:45	X			
17	STEFFEN CENTER	.32	11:45	X			
18	STEFFEN CENTER	.28	12:38	X			
19	STEFFEN CENTER	.11	03:25	X			
20	STEFFEN CENTER	.06	1:37	X			
21	STEFFEN CENTER	.06	1:00	X			
22	STEFFEN CENTER	.05	12:30	X			
23	STEFFEN CENTER	.16	11:50	X			
24	STEFFEN CENTER	.07	11:50	X			
25	STEFFEN CENTER	.09	10:45	X			
26	STEFFEN CENTER	.05	12:30	X			
27	STEFFEN CENTER	.05	1:05	X			
28	STEFFEN CENTER	.05	10:28	X			
29							
30							
31							

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman FEB. 2020 ID# 93203

OPERATOR: [signature] (signature required upon submittal) PHONE NO 335-9345

MO / YR 2/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.09	9:15	X			
2	BOHLER GYM	.08	9:30	X			
3	BOHLER GYM	.09	9:10	X			
4	BOHLER GYM	.10	9:07	X			
5	BOHLER GYM	.09	09:03	X			
6	BOHLER GYM	.10	12:21	X			
7	BOHLER GYM	.09	9:06	X			
8	BOHLER GYM	.10	9:10	X			
9	BOHLER GYM	.11	9:05	X			
10	BOHLER GYM	.10	9:15	X			
11	BOHLER GYM	.10	9:30	X			
12	BOHLER GYM	.09	10:20	X			
13	BOHLER GYM	.13	9:27	X			
14	BOHLER GYM	.10	10:33	X			
15	BOHLER GYM	.09	10:01	X			
16	BOHLER GYM	.10	10:30	X			
17	BOHLER GYM	.09	9:55	X			
18	BOHLER GYM	.10	9:48	X			
19	BOHLER GYM	.12	9:29	X			
20	BOHLER GYM	.11	12:03	X			
21	BOHLER GYM	.10	10:12	X			
22	BOHLER GYM	.09	10:15	X			
23	BOHLER GYM	.09	12:20	X			
24	BOHLER GYM	.10	10:30	X			
25	BOHLER GYM	.11	10:12	X			
26	BOHLER GYM	.15	3:02	X			
27	BOHLER GYM	.12	9:21	X			
28	BOHLER GYM	.12	12:00	X			
29	BOHLER GYM	.14	9:58	X			
30							
31							

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WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman FEB. 2020 ID# 93202Q

OPERATOR: [signature] (signature required upon submittal) PHONE NO. 335-9345

MO / YR 2/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.08	9:15	X			
2	STEFFEN CENTER	.07	8:07	X			
3	STEFFEN CENTER	.06	8:17	X			
4	STEFFEN CENTER	.07	1:53	X			
5	STEFFEN CENTER	.06	9:47	X			
6	STEFFEN CENTER	.07	7:49	X			
7	STEFFEN CENTER	.06	7:57	X			
8	STEFFEN CENTER	.08	8:01	X			
9	STEFFEN CENTER	.07	9:05	X			
10	STEFFEN CENTER	.08	7:57	X			
11	STEFFEN CENTER	.07	8:02	X			
12	STEFFEN CENTER	.06	7:55	X			
13	STEFFEN CENTER	.07	7:38	X			
14	STEFFEN CENTER	.06	1:01	X			
15	STEFFEN CENTER	.06	8:10	X			
16	STEFFEN CENTER	.07	8:05	X			
17	STEFFEN CENTER	.06	7:59	X			
18	STEFFEN CENTER	.06	8:00	X			
19	STEFFEN CENTER	.07	8:14	X			
20	STEFFEN CENTER	.06	10:49	X			
21	STEFFEN CENTER	.06	10:25	X			
22	STEFFEN CENTER	.07	7:50	X			
23	STEFFEN CENTER	.09	8:15	X			
24	STEFFEN CENTER	.10	8:05	X			
25	STEFFEN CENTER	.09	8:10	X			
26	STEFFEN CENTER	.09	7:59	X			
27	STEFFEN CENTER	.07	10:43	X			
28	STEFFEN CENTER	.06	11:46	X			
29	STEFFEN CENTER	.07	10:30	X			
30							
31							

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: Bohler Gym WSU

COUNTY: Whitman Feb 2021 ID# 93200G

OPERATOR: [signature] (signature required upon submittal) PHONE NO 335-9345

MO / YR 2/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.05	10:30	X			
2	BOHLER GYM	.06	11:90	X			
3	Bohler Gym	.04	11:45	X			
4	BOHLER GYM	.07	10:50	X			
5	BOHLER GYM	.05	10:30	X			
6	BOHLER GYM	.07	11:55	X			
7	BOHLER GYM	.06	10:35	X			
8	Bohler Gym	.05	9:45	X			
9	BOHLER GYM	.06	10.00	X			
10	BOHLER GYM	.05	10:15	X			
11	BOHLER GYM	.06	9:90	X			
12	BOHLER GYM	.07	9:10	X			
13	BOHLER GYM	.06	10:15	X			
14	BOHLER GYM	.05	10:10	X			
15	Bohler Gym	.03	7:20	X			
16	BOHLER GYM	.05	3:28	X			
17	BOHLER GYM	.06	10:15	X			
18	BOHLER GYM	.05	9:51	X			
19	BOHLER GYM	.06	10:04	X			
20	BOHLER GYM	.05	11:00	X			
21	BOHLER GYM	.05	8:30	X			
22	Bohler Gym	.05	10:30	X			
23	BOHLER GYM	.06	2:44	X			
24	BOHLER GYM	.06	9:22	X			
25	BOHLER GYM	.05	10:10	X			
26	BOHLER GYM	.06	9:25	X			
27	Bohler Gym	.05	10:15	X			
28	Bohler Gym	.06	11:15	X			
29							
30							
31							

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman FEB. 2021 ID# 93200Q

OPERATOR: [signature] (signature required upon submittal) PHONE NO. 335-9345

MO / YR 2/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.07	8:05	X			
2	STEFFEN CENTER	.08	9:10	X			
3	STEFFEN CENTER	.09	9:15	X			
4	STEFFEN CENTER	.10	7:50	X			
5	STEFFEN CENTER	.06	7:30	X			
6	STEFFEN CENTER	.07	7:55	X			
7	STEFFEN CENTER	.09	9:15	X			
8	STEFFEN CENTER	.07	9:20	X			
9	STEFFEN CENTER	.08	10:36	X			
10	STEFFEN CENTER	.07	9:15	X			
11	STEFFEN CENTER	.06	9:24	X			
12	STEFFEN CENTER	.07	7:53	X			
13	STEFFEN CENTER	.08	8:15	X			
14	STEFFEN CENTER	.09	8:20	X			
15	STEFFEN CENTER	.07	7:50	X			
16	STEFFEN CENTER	.06	10:37	X			
17	STEFFEN CENTER	.07	7:49	X			
18	STEFFEN CENTER	.07	8:07	X			
19	STEFFEN CENTER	.07	7:33	X			
20	STEFFEN CENTER	.06	8:15	X			
21	STEFFEN CENTER	.09	8:05	X			
22	STEFFEN CENTER	.08	9:20	X			
23	STEFFEN CENTER	.09	10:41	X			
24	STEFFEN CENTER	.08	9:03	X			
25	STEFFEN CENTER	.08	10:50	X			
26	STEFFEN CENTER	.09	9:11	X			
27	Steffen Center	.08	8:30	X			
28	Steffen Center	.09	9:15	X			
29							
30							
31							

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932009
OPERATOR:	(Signature required upon submittal)	PHONE NO.

MO / YR 1 / 17	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER	.05	10:00	X			
2	BOHLER	.05	10:00	X			
3	BOHLER	.07	9:42	X			
4	BOHLER	.03	12:10	X			
5	BOHLER	.06	9:45	X			
6	BOHLER	.03	9:20	X			
7	BOHLER	.05	10:00	X			
8	BOHLER	.05	10:00	X			
9	BOHLER	.02	10:50	X			
10	BOHLER	.03	9:40	X			
11	BOHLER	.03	9:45	X			
12	BOHLER	.05	9:56	X			
13	BOHLER	.03	9:40	X			
14	BOHLER	.05	10:00	X			
15	BOHLER	.05	10:00	X			
16	BOHLER	.05	10:00	X			
17	BOHLER	.04	9:10	X			
18	BOHLER	.08	8:42	X			
19	BOHLER	.08	12:50	X			
20	BOHLER	.07	10:05	X			
21	BOHLER	.08	10:00	X			
22	BOHLER	.08	10:00	X			
23	BOHLER	.09	9:40	X			
24	BOHLER	.08	8:50	X			
25	BOHLER	.07	9:55	X			
26	BOHLER	.07	10:01	X			
27	BOHLER	.08	8:22	X			
28	BOHLER	.08	10:00	X			
29	BOHLER	.09	10:00	X			
30	BOHLER	.08	10:42	X			
31	BOHLER	.08	9:30	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932009
OPERATOR:	(Signature required upon submittal)	PHONE NO.

MO / YR 1 / 17	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.06	10:00	X			
2	STEFFEN CENTER	.08	9:30	X			
3	STEFFEN CENTER	.08	9:00	X			
4	STEFFEN CENTER	.10	10:40	X			
5	STEFFEN CENTER	.07	10:50	X			
6	STEFFEN CENTER	.09	10:50	X			
7	STEFFEN CENTER	.09	10:60	X			
8	STEFFEN CENTER	.11	10:00	X			
9	STEFFEN CENTER	.10	9:46	X			
10	STEFFEN CENTER	.12	10:33	X			
11	STEFFEN CENTER	.12	12:45	X			
12	STEFFEN CENTER	.05	11:22	X			
13	STEFFEN CENTER	.06	10:01	X			
14	STEFFEN CENTER	10:00 → .06		X			
15	STEFFEN CENTER	10:00 → .07		X			
16	STEFFEN CENTER	10:00 → .07		X			
17	STEFFEN CENTER	10:45 → .07		X			
18	STEFFEN CENTER	.08	10:30	X			
19	STEFFEN CENTER	.06	1:50	X			
20	STEFFEN CENTER	.11	10:31	X			
21	STEFFEN CENTER	.11	10:00	X			
22	STEFFEN CENTER	.10	10:00	X			
23	STEFFEN CENTER	.09	10:22	X			
24	STEFFEN CENTER	.06	8:46	X			
25	STEFFEN CENTER	.08	10:34	X			
26	STEFFEN CENTER	.05	10:26	X			
27	STEFFEN CENTER	.07	8:45	X			
28	STEFFEN CENTER	.07	10:00	X			
29	STEFFEN CENTER	.07	10:00	X			
30	STEFFEN CENTER	.06	11:48	X			
31	STEFFEN CENTER	.05	12:18	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932009
OPERATOR: Todd Kolp	(Signature required upon submittal)	PHONE NO. 509-335-9345

MO / YR 1/13	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	*Was a bacteriological sample taken at the same time chlorine was tested?* NO	YES	RESULT	REMARKS
1	BOHLER	.09	10:20	X			
2	BOHLER	.06	8:15	X			
3	BOHLER	.07	7:50	X			
4	BOHLER	.08	7:45	X			
5	BOHLER	.08	10:15	X			
6	BOHLER	.09	1:00	X			
7	BOHLER	.07	1:00	X			
8	BOHLER	.09	7:45	X			
9	BOHLER	.11	7:50	X			
10	BOHLER	.10	8:15	X			
11	BOHLER	.11	7:59	X			
12	BOHLER	.11	8:15	X			
13	BOHLER	.11	10:00	X			
14	BOHLER	.09	10:00	X			
15	BOHLER	.10	9:00	X			
16	BOHLER	.10	8:20	X			
17	BOHLER	.11	8:15	X			
18	BOHLER	.10	7:50	X			
19	BOHLER	.09	10:40	X			
20	BOHLER	.10	1:00	X			
21	BOHLER	.10	1:00	X			
22	BOHLER	.09	10:15	X			
23	BOHLER	.11	8:10	X			
24	BOHLER	.12	9:20	X			
25	BOHLER	.12	8:35	X			
26	BOHLER	.10	1:30	X			
27	BOHLER	.11	1:00	X			
28	BOHLER	.11	1:00	X			
29	BOHLER	.10	7:40	X			
30	BOHLER	.12	7:35	X			
31	BOHLER	.12	7:45	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932006
OPERATOR: Todd-Kemp	(Signature required upon submittal)	PHONE NO. 509-335-9345

MO / YR 1/18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	*Was a bacteriological sample taken at the same time chlorine was tested?* NO	YES	RESULT	REMARKS
1	STEFFEN	.08	10:00	X			
2	STEFFEN	.07	9:01	X			
3	STEFFEN	.06	8:35	X			
4	STEFFEN	.06	8:20	X			
5	STEFFEN	.09	9:50	X			
6	STEFFEN	.10	10:00	X			
7	STEFFEN	.09	10:00	X			
8	STEFFEN	.09	8:10	X			
9	STEFFEN	.09	8:22	X			
10	STEFFEN	.07	8:55	X			
11	STEFFEN	.08	4:00	X			
12	STEFFEN	.09	8:45	X			
13	STEFFEN	.09	1:00	X			
14	STEFFEN	.08	1:00	X			
15	STEFFEN	.09	10:00	X			
16	STEFFEN	.09	7:50	X			
17	STEFFEN	.09	8:30	X			
18	STEFFEN	.10	9:50	X			
19	STEFFEN	.06	10:05	X			
20	STEFFEN	.09	1:00	X			
21	STEFFEN	.09	1:00	X			
22	STEFFEN	.09	9:10	X			
23	STEFFEN	.07	8:50	X			
24	STEFFEN	.06	8:30	X			
25	STEFFEN	.09	8:20	X			
26	STEFFEN	.10	8:40	X			
27	STEFFEN	.11	10:00	X			
28	STEFFEN	.11	10:00	X			
29	STEFFEN	.10	8:50	X			
30	STEFFEN	.10	9:25	X			
31	STEFFEN	.09	8:20	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman JANUARY 2019 ID# 93203Q

OPERATOR: Tim Gutzmann (signature required upon submittal) PHONE NO 9345

MO / YR 1/19.	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	Bohler Gym	.08	09:21	X			
2	BOHLER GYM	.06	03:23	X			
3	BOHLER GYM	.06	09:23	X			
4	BOHLER GYM	.05	10:35	X			
5	Bohler Gym	.10	16:55	X			
6	Bohler Gym	.09	10:21	X			
7	Bohler Gym	.08	9:33	X			
8	Bohler Gym	.08	10:40				
9	BOHLER GYM	.07	10:20	X			
10	BOHLER GYM	.07	08:04	X			
11	BOHLER GYM	.08	08:05	X			
12	Bohler Gym	.06	08:25	X			
13	Bohler Gym	.07	08:11	X			
14	Bohler Gym	.10	07:15	X			
15	BOHLER GYM	.09	06:41	X			
16	BOHLER GYM	.07	09:24	X			
17	BOHLER GYM	.06	07:06	X			
18	BOHLER GYM	.06	03:27	X			
19	Bohler Gym	.08	2:45	X			
20	Bohler Gym	.11	1:17	X			
21	Bohler Gym	.09	13:27	X			
22	BOHLER GYM	.06	06:28	X			
23	BOHLER GYM	.06	09:32	X			
24	BOHLER GYM	.06	07:32	X			
25	BOHLER GYM	.06	09:25	X			
26	Bohler Gym	.10	11:41	X			
27	Bohler Gym	.11	12:33	X			
28	Bohler Gym	.08	07:41	X			
29	BOHLER GYM	.06	07:10	X			
30	BOHLER GYM	.06	06:35	X			
31	BOHLER GYM	.15	06:32	X			

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

DAILY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman JANUARY 2019 ID# 93203

OPERATOR: [signature] (signature required upon submittal) PHONE NO 9345

MO / YR 1/19.	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.25	08:17	X			
2	STEFFEN CENTER	2.70	02:01	X			
3	STEFFEN CENTER	.46	09:08	X			
4	STEFFEN CENTER	.28	10:29	X			
5	STEFFEN CENTER	.11	18:20	X			
6	STEFFEN CENTER	.15	11:50	X			
7	STEFFEN CENTER	.17	12:17	X			
8	STEFFEN CENTER	.12	12:33				
9	STEFFEN CENTER	2.31	12:58	X			
10	STEFFEN CENTER	.11	09:37	X			
11	STEFFEN CENTER	.06	12:12	X			
12	STEFFEN CENTER	.08	11:05	X			
13	STEFFEN CENTER	.11	11:49	X			
14	STEFFEN CENTER	.27	10:17	X			
15	STEFFEN CENTER	.30	02:05	X			
16	STEFFEN CENTER	.29	10:00	X			
17	STEFFEN CENTER	.07	09:11	X			
18	STEFFEN CENTER	.06	08:54	X			
19	STEFFEN CENTER	.09	08:30	X			
20	STEFFEN CENTER	.11	08:15	X			
21	STEFFEN CENTER	.17	11:45	X			
22	STEFFEN CENTER	.21	08:53	X			
23	STEFFEN CENTER	.38	3:10	X			
24	STEFFEN CENTER	1.47	2:07	X			
25	STEFFEN CENTER	2.63	09:09	X			
26	STEFFEN CENTER	.19	11:10	X			
27	STEFFEN CENTER	.15	2:21	X			
28	STEFFEN CENTER	.22	1:19	X			
29	STEFFEN CENTER	.19	2:15	X			
30	STEFFEN CENTER	1.53	2:07	X			
31	STEFFEN CENTER	1.88	9:09	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: Bohler WSU

COUNTY: Whitman JAN. 2020 ID# 93200

OPERATOR: Tim Pachner (signature required upon submittal) PHONE NO. 335-9345

MO / YR 1 20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER - GYM	.09	9:35	X			
2	BOHLER GYM	.06	9:59	X			
3	BOHLER GYM	.09	9:30	X			
4	BOHLER GYM	.09	9:20	X			
5	BOHLER GYM	.06	9:15	X			
6	BOHLER GYM	.09	9:10	X			
7	BOHLER GYM	.08	12:00	X			
8	BOHLER GYM	.07	12:21	X			
9	BOHLER GYM	.09	10:20	X			
10	BOHLER GYM	.07	9:11	X			
11	BOHLER GYM	.10	10:30	X			
12	BOHLER GYM	.09	9:15	X			
13	BOHLER GYM	.10	9:20	X			
14	BOHLER GYM	.09	9:17	X			
15	BOHLER GYM	.08	12:42	X			
16	BOHLER GYM	.09	9:00	X			
17	BOHLER GYM	.09	10:08	X			
18	BOHLER GYM	.09	10:30	X			
19	BOHLER GYM	.08	10:15	X			
20	BOHLER GYM	.09	10:10	X			
21	BOHLER GYM	.09	9:15	X			
22	BOHLER GYM	.09	12:37	X			
23	BOHLER GYM	.09	12:51	X			
24	BOHLER GYM	.07	1:02	X			
25	BOHLER GYM	.09	9:10	X			
26	BOHLER GYM	.11	9:20	X			
27	BOHLER GYM	.10	9:11	X			
28	BOHLER GYM	.11	12:01	X			
29	BOHLER GYM	.12	9:09	X			
30	BOHLER GYM	.10	9:48	X			
31	BOHLER GYM	.09	12:34	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: Steffen Center WSU

COUNTY: Whitman JAN. 2020 ID# 93200

OPERATOR: Tim Jackson (signature required upon submittal) PHONE NO. 335-9345

MO / YR 1 20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.08	8:15	X			
2	STEFFEN CENTER	.07	8:20	X			
3	STEFFEN CENTER	.08	8:10	X			
4	STEFFEN CENTER	.06	8:15	X			
5	STEFFEN CENTER	.07	8:05	X			
6	STEFFEN CENTER	.08	8:10	X			
7	STEFFEN CENTER	.07	11:47	X			
8	STEFFEN CENTER	.06	1:02	X			
9	STEFFEN CENTER	.06	9:15	X			
10	STEFFEN CENTER	.07	1:37	X			
11	STEFFEN CENTER	.06	8:15	X			
12	STEFFEN CENTER	.05	8:10	X			
13	STEFFEN CENTER	.06	8:12	X			
14	STEFFEN CENTER	.07	10:32	X			
15	STEFFEN CENTER	.05	8:11	X			
16	STEFFEN CENTER	.06	8:06	X			
17	STEFFEN CENTER	.07	11:45	X			
18	STEFFEN CENTER	.06	8:15	X			
19	STEFFEN CENTER	.05	8:10	X			
20	STEFFEN CENTER	.07	8:16	X			
21	STEFFEN CENTER	.07	9:35	X			
22	STEFFEN CENTER	.06	7:53	X			
23	STEFFEN CENTER	.05	9:30	X			
24	STEFFEN CENTER	.05	7:24	X			
25	STEFFEN CENTER	.06	8:00	X			
26	STEFFEN CENTER	.07	9:15	X			
27	STEFFEN CENTER	.07	8:06	X			
28	STEFFEN CENTER	.06	8:05	X			
29	STEFFEN CENTER	.06	8:04	X			
30	STEFFEN CENTER	.06	10:23	X			
31	STEFFEN CENTER	.06	10:55	X			

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CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman JAN. 2021 ID# 93203

OPERATOR: [signature] (signature required upon submittal) PHONE NO 335-9345

MO / YR 1/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.09	10:15	X			
2	BOHLER GYM	.08	10:20	X			
3	BOHLER GYM	.09	9:30	X			
4	BOHLER GYM	.07	9:45	X			
5	BOHLER GYM	.06	10:05	X			
6	BOHLER GYM	.05	9:50	X			
7	BOHLER GYM	.06	9:46	X			
8	BOHLER GYM	.05	9:38	X			
9	BOHLER Gym	.08	10:00	X			
10	BOHLER Gym	.07	12:30	X			
11	BOHLER Gym	.08	11:30	X			
12	BOHLER Gym	.07	1:15	X			
13	BOHLER GYM	.05	2:13	X			
14	BOHLER GYM	.06	12:04	X			
15	BOHLER GYM	.05	11:22	X			
16	BOHLER Gym	.08	9:45	X			
17	BOHLER Gym	.06	2:00	X			
18	BOHLER Gym	.09	12:00	X			
19	Bohler Gym	.05	9:30	X			
20	Bohler Gym	.02	10:15	X			
21	BOHLER GYM	.06	12:30	X			
22	BOHLER Gym	.08	1:15	X			
23	BOHLER Gym	.07	12:30	X			
24	BOHLER Gym	.11	10:30	X			
25	BOHLER Gym	.09	10:45	X			
26	BOHLER Gym	.08	12:00	X			
27	BOHLER GYM	.04	3:23	X			
28	BOHLER GYM	.05	11:11	X			
29	BOHLER GYM	.06	1:35	X			
30	BOHLER Gym	.08	11:45				
31	BOHLER Gym	.06	12:00				

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CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman JAN. 2021 ID# 93200 G

OPERATOR: (signature required upon submittal) PHONE NO 335-9345

MO / YR 1/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.09	7:50	X			
2	STEFFEN CENTER	.08	7:45	X			
3	STEFFEN CENTER	.07	9:10	X			
4	STEFFEN CENTER	.08	8:20	X			
5	STEFFEN CENTER	.07	9:42	X			
6	STEFFEN CENTER	.07	10:38	X			
7	STEFFEN CENTER	.08	9:26	X			
8	STEFFEN CENTER	.09	8:15	X			
9	STEFFEN CENTER	.10	8:10	X			
10	STEFFEN CENTER	.09	8:05	X			
11	STEFFEN CENTER	.09	7:50	X			
12	STEFFEN CENTER	.08	7:45	X			
13	STEFFEN CENTER	.07	7:55	X			
14	STEFFEN CENTER	.08	8:01	X			
15	STEFFEN CENTER	.08	8:05	X			
16	STEFFEN CENTER	.09	7:55	X			
17	STEFFEN CENTER	.10	8:05	X			
18	STEFFEN CENTER	.09	8:10	X			
19	STEFFEN CENTER	.09	8:20	X			
20	STEFFEN CENTER	.09	7:45	X			
21	STEFFEN CENTER	.10	7:55	X			
22	STEFFEN CENTER	.11	8:01	X			
23	STEFFEN CENTER	.09	8:10	X			
24	STEFFEN CENTER	.08	8:15	X			
25	STEFFEN CENTER	.09	8:05	X			
26	STEFFEN CENTER	.10	8:20	X			
27	STEFFEN CENTER	.08	10:00	X			
28	STEFFEN CENTER	.09	1:23	X			
29	STEFFEN CENTER	.08	11:46	X			
30	STEFFEN CENTER	.07	8:05	X			
31	STEFFEN CENTER	.08	8:10	X			

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WATER SYSTEM NAME: Bohler Gym WSU

COUNTY: Whitman Jan 2022 ID# 93200

OPERATO.. signature required upon submittal) PHONE NO.

MO / YR	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.09	9:35	X			
2	BOHLER GYM	.11	10:15	X			
3	Bohler Gym	.04	9:20	X			
4	Bohler Gym	.04	9:30	X			
5	BOHLER GYM	.10	2:15	X			
6	Bohler Gym	.04	1:15	X			
7	Bohler Gym	.03	10:15	X			
8	BOHLER GYM	.09	11:38	X			
9	BOHLER GYM	.16	11:45	X			
10	Bohler Gym	.08	11:50	X			
11	BOHLER GYM	.08	12:48	X			
12	BOHLER GYM	.12	12:58	X			
13	Bohler Gym	.04	12:30	X			
14	BOHLER GYM	.17	1:10	X			
15	BOHLER GYM	.18	1:43	X			
16	BOHLER GYM	.06	2:15	X			
17	BOHLER GYM	.07	12:55	X			
18	Bohler Gym	.05	12:30	X			
19	BOHLER GYM	.16	2:08	X			
20	BOHLER GYM	.09	1:17	X			
21	Bohler Gym	.04	12:00	X			
22	BOHLER GYM	.06	11:10	X			
23	BOHLER GYM	.08	10:30	X			
24	BOHLER GYM	.06	10:49	X			
25	BOHLER GYM	.08	10:17	X			
26	BOHLER GYM	.11	9:25	X			
27	Bohler Gym	.04	9:20	X			
28	BOHLER GYM	.09	8:45	X			
29	BOHLER	.21	12:15	X			
30	BOHLER	.16	1:15	X			
31	Bohler Gym	.05	1:00	X			

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WATER SYSTEM NAME: Steffen Center WSU ID# 93200G

COUNTY: Whitman Jan 2022 PHONE NO. 335-4345

OPERATO... (signature required upon submittal)

MO / YR: 1/22	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.04	10:30	X			
2	STEFFEN CENTER	.02	9:48	X			
3	Steffen Center	.02	9:40	X			
4	Steffen Center	.02	10:00	X			
5	Steffen Center	.02	8:30	X			
6	STAFFEN CENTER	.01	9:25	X			
7	STAFFEN CENTER	.06	9:15	X			
8	STEFFEN CENTER	.06	9:00	X			
9	STEFFEN CENTER	.10	7:30	X			
10	Steffen Center	.02	9:15AM	X			
11	STEFFEN CENTER	.06	7:55	X			
12	Steffen Center	.02	7:30	X			
13	Steffen Center	.02	9:30	X			
14	Steffen Center	.02	9:30	X			
15	STEFFEN CENTER	.04	8:45	X			
16	STEFFEN CENTER	.04	8:45	X			
17	STEFFEN CENTER	.06	10:13	X			
18	Steffen Center	.02	10:00	X			
19	Steffen Center	.02	7:30	X			
20	Steffen Center	.01	10:00	X			
21	Steffen Center	.02	8:00	X			
22	STEFFEN CENTER	.06	8:45	X			
23	STEFFEN CENTER	.06	8:45	X			
24	Steffen Center	.01	8:00	X			
25	Steffen Center	.12	7:00	X			
26	STEFFEN CENTER	.10	9:15	X			
27	Steffen Center	.10	7:00	X			
28	STEFFEN CENTER	.12	9:35	X			
29	STEFFEN CENTER	.08	9:15	X			
30	STEFFEN CENTER	.11	8:55	X			
31	Steffen Center	.09	2:45	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932009
OPERATOR: Jim Johnson	(Signature required upon submittal)	PHONE NO. 335-9345

MO / YR 7/17	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	*Was a bacteriological sample taken at the same time chlorine was tested?* NO	YES	RESULT	REMARKS
1	BOHLER	.05	10:00	X			
2	BOHLER	.05	10:00	X			
3	BOHLER	.03	7:10	X			
4	BOHLER	.05	10:00	X			
5	BOHLER	.06	9:10	X			
6	BOHLER	.04	7:15	X			
7	BOHLER	.03	8:01	X			
8	BOHLER	.05	10:00	X			
9	BOHLER	.05	10:00	X			
10	BOHLER	.06	9:20	X			
11	BOHLER	.03	10:27	X			
12	BOHLER	.10	8:10	X			
13	BOHLER	.03	10:40	X			
14	BOHLER	.04	8:15	X			
15	BOHLER	.08	10:00	X			
16	BOHLER	.08	10:00	X			
17	BOHLER	.09	8:20	X			
18	BOHLER	.09	7:40	X			
19	BOHLER	.12	7:15	X			
20	BOHLER	.10	10:30	X			
21	BOHLER	.11	7:00	X			
22	BOHLER	.10	10:00	X			
23	BOHLER	.10	10:00	X			
24	BOHLER	.09	7:40	X			
25	BOHLER	.09	6:40	X			
26	BOHLER	.11	7:20	X			
27	BOHLER	.10	6:50	X			
28	BOHLER	.11	11:15	X			
29	BOHLER	.10	09:50	X			
30	BOHLER	.08	09:50	X			
31	BOHLER	.12	09:50	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932006
OPERATOR: Tim Eachman	(Signature required upon submittal)	PHONE NO. 335-9345

MO / YR 7/17	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	*Was a bacteriological sample taken at the same time chlorine was tested?* NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.15	10:00	X			
2	STEFFEN CENTER	.15	10:00	X			
3	STEFFEN CENTER	.13	9:30	X			
4	STEFFEN CENTER	.16	10:00	X			
5	STEFFEN CENTER	.16	10:00	X			
6	STEFFEN CENTER	.23	10:50	X			
7	STEFFEN CENTER	.15	12:00	X			
8	STEFFEN CENTER	.15	10:00	X			
9	STEFFEN CENTER	.15	10:00	X			
10	STEFFEN CENTER	.16	10:40	X			
11	STEFFEN CENTER	.16	10:30	X			
12	STEFFEN CENTER	.06	1:01	X			
13	STEFFEN CENTER	.21	11:00	X			
14	STEFFEN CENTER	.22	10:50	X			
15	STEFFEN CENTER	.21	10:00	X			
16	STEFFEN CENTER	.21	10:00	X			
17	STEFFEN CENTER	.20	10:55	X			
18	STEFFEN CENTER	.21	10:30	X			
19	STEFFEN CENTER	.20	8:00	X			
20	STEFFEN CENTER	.10	8:30	X			
21	STEFFEN CENTER	.21	10:50	X			
22	STEFFEN CENTER	.20	10:00	X			
23	STEFFEN CENTER	.20	10:00	X			
24	STEFFEN CENTER	.19	8:00	X			
25	STEFFEN CENTER	.13	9:45	X			
26	STEFFEN CENTER	.08	7:48	X			
27	STEFFEN CENTER	.19	7:18	X			
28	STEFFEN CENTER	.16	14:52	X			
29	STEFFEN CENTER	.15	13:00	X			
30	STEFFEN CENTER	.11	13:00	X			
31	STEFFEN CENTER	.15	13:00	X			

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WATER SYSTEM NAME: WSU BOHLER GYM

COUNTY: Whitman

ID# ~~89520~~ 93200Q

OPERATOR: [signature] (Signature required upon submittal)

PHONE NO. 335-9345

MO / YR 7 /18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.16	6:39	X			
2	BOHLER GYM	.12	7:15	X			
3	BOHLER	.05	6:53	X			
4	BOHLER	.07	8:10	X			
5	BOHLER	.08	6:45	X			
6	BOHLER GYM	.09	7:30	X			
7	BOHLER GYM	.11	10:00	X			
8	BOHLER GYM	.08	10:00	X			
9	BOHLER GYM	.18	10:00	X			
10	BOHLER GYM	.06	8:53	X			
11	BOHLER GYM	.08	9:25	X			
12	BOHLER GYM	.09	7:31	X			
13	BOHLER GYM	.09	6:45	X			
14	BOHLER GYM	.08	8:37	X			
15	BOHLER GYM	.09	10:00	X			
16	BOHLER GYM	.11	10:00	X			
17	BOHLER GYM	.06	10:00	X			
18	BOHLER GYM	.07	8:53	X			
19	BOHLER GYM	.07	9:17	X			
20	BOHLER GYM	.05	9:28	X			
21	BOHLER GYM	.08	10:00	X			
22	BOHLER GYM	.09	10:00	X			
23	BOHLER GYM	.07	10:00	X			
24	BOHLER GYM	.08	09:30	X			
25	BOHLER GYM	.08	16:45	X			
26	BOHLER GYM	.08	10:10	X			
27	BOHLER GYM	.08	8:35	X			
28	BOHLER	.11	10:00	X			
29	BOHLER	.18	10:00	X			
30	BOHLER	.09	10:00	X			
31	BOHLER GYM	.08	07:38	X			

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WATER SYSTEM NAME: WSU

COUNTY: *Whitman*

ID# ~~89520~~ 93600Q

OPERATOR: [signature] (Signature required upon submittal)

PHONE NO. 335 9345

MO / YR 7/18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	*Was a bacteriological sample taken at the same time chlorine was tested?* NO	YES	RESULT	REMARKS
1	STEFFEN	.12	09:15	X			
2	STEFFEN	.13	16:15	X			
3	STEFFEN	.16	05:25	X			
4	STEFFEN	.06	11:30	X			
5	STEFFEN	.16	12:18	X			
6	STEFFEN	.15	08:37	X			
7	STEFFEN	.08	10:00	X			
8	STEFFEN CENTER	.09	10:00	X			
9	STEFFEN CENTER	.11	10:00	X			
10	STEFFEN CENTER	.11	08:53	X			
11	STEFFEN	.12	09:21	X			
12	STEFFEN CENTER	.20	09:31	X			
13	STEPHEN CENTER	.10	11:44	X			
14	STEFFEN CENTER	.08	10:00	X			
15	STEFFEN CENTER	.07	10:00	X			
16	STEFFEN CENTER	.08	10:00	X			
17	STEFFEN CENTER	.07	05:53	X			
18	STEFFEN CENTER	.06	08:44	X			
19	STEFFEN CENTER	.07	01:31	X			
20	STEFFEN CENTER	.09	09:53	X			
21	STEFFEN	.11	10:00	X			
22	STEFFEN CENTER	.13	10:00	X			
23	STEFFEN CENTER	.10	10:00	X			
24	STEFFEN CENTER	.07	08:58	X			
25	STEFFEN CENTER	.09	09:06	X			
26	STEFFEN CENTER	.08	12:26	X			
27	STEFFEN CENTER	.08	1:00	X			
28	STEFFEN CENTER	.09	10:05	X			
29	STEFFEN CENTER	.10	10:00	X			
30	STEFFEN CENTER	.11	09:18	X			
31	STEFFEN CENTER	.13	09:02	X			

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman JULY 2019 ID# 93202Q

OPERATOR: [signature] (signature required upon submittal) PHONE NO 335-9345

MO / YR 7 19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.11	10:30	X			
2	BOHLER GYM	.06	12:39	X			
3	BOHLER GYM	.06	12:12	X			
4	BOHLER GYM	.14	12:15	X			
5	BOHLER GYM	.08	1:35	X			
6	BOHLER GYM	.12	09:15	X			
7	BOHLER GYM	.09	09:15	X			
8	BOHLER GYM	.10	09:15	X			
9	BOHLER GYM	.08	06:13	X			
10	BOHLER GYM	.06	09:52	X			
11	BOHLER GYM	.09	12:52	X			
12	BOHLER GYM	.10	09:16	X			
13	BOHLER GYM	.13	8:55	X			
14	BOHLER GYM	.15	8:55	X			
15	BOHLER GYM	.08	8:55	X			
16	BOHLER GYM	.11	7:35	X			
17	BOHLER GYM	.06	9:23	X			
18	BOHLER GYM	.12	8:55	X			
19	BOHLER GYM	.10	9:17	X			
20	BOHLER GYM	.07	11:38	X			
21	BOHLER GYM	.11	11:38	X			
22	BOHLER GYM	.13	11:38	X			
23	BOHLER GYM	.10	12:30	X			
24	BOHLER GYM	.14	13:45	X			
25	BOHLER GYM	.08	09:16	X			
26	BOHLER GYM	.06	11:00	X			
27	BOHLER GYM	.12	10:08	X			
28	BOHLER GYM	.10	10:08	X			
29	BOHLER GYM	.11	10:08	X			
30	BOHLER GYM	.13	9:37	X			
31	BOHLER GYM	.09	11:15	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman JULY 2019 ID# 93200Q

OPERATOR: Tim Pichman (signature required upon submittal) PHONE NO 335-9345

MO / YR 7 19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.14	08:35	X			
2	STEFFEN CENTER	.06	10:35	X			
3	STEFFEN CENTER	.10	10:34	X			
4	STEFFEN CENTER	.13	16:15	X			
5	STEFFEN CENTER	.16	11:50	X			
6	STEFFEN CENTER	.11	11:45	X			
7	STEFFEN CENTER	.06	11:45	X			
8	STEFFEN CENTER	.05	11:45	X			
9	STEFFEN CENTER	.09	09:53	X			
10	STEFFEN CENTER	.08	03:20	X			
11	STEFFEN CENTER	.10	03:26	X			
12	STEFFEN CENTER	.12	08:00	X			
13	STEFFEN CENTER	.16	10:30	X			
14	STEFFEN CENTER	.06	10:30	X			
15	STEFFEN CENTER	.11	10:30	X			
16	STEFFEN CENTER	.15	09:15	X			
17	STEFFEN CENTER	.21	9:38	X			
18	STEFFEN CENTER	.16	10:50	X			
19	STEFFEN CENTER	.13	11:45	X			
20	STEFFEN CENTER	.12	16:22	X			
21	STEFFEN CENTER	.16	10:22	X			
22	STEFFEN CENTER	.13	10:22	X			
23	STEFFEN CENTER	.12	14:16	X			
24	STEFFEN CENTER	.17	3:37	X			
25	STEFFEN CENTER	.06	12:55	X			
26	STEFFEN CENTER	.11	11:19	X			
27	STEFFEN CENTER	.12	09:33	X			
28	STEFFEN CENTER	.09	09:33	X			
29	STEFFEN CENTER	.07	09:33	X			
30	STEFFEN CENTER	.11	16:16	X			
31	STEFFEN CENTER	.05	09:06	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman JULY 2020 ID# 93200G

OPERATOR: Tim Parkinson (signature required upon submittal) PHONE NO 335-9345

MO / YR 7/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.09	10:32	X			
2	BOHLER GYM	.09	9:43	X			
3	BOHLER GYM	.09	9:30	X			
4	BOHLER GYM	.10	9:15	X			
5	BOHLER GYM	.09	9:20	X			
6	BOHLER GYM	.10	9:15	X			
7	BOHLER GYM	.11	9:08	X			
8	BOHLER GYM	.09	12:42	X			
9	BOHLER GYM	.09	2:10	X			
10	BOHLER GYM	.10	9:10	X			
11	BOHLER GYM	.09	9:15	X			
12	BOHLER GYM	.09	9:20	X			
13	BOHLER GYM	.09	9:10	X			
14	BOHLER GYM	.09	1:30	X			
15	BOHLER GYM	.09	9:26	X			
16	BOHLER GYM	.10	9:45	X			
17	BOHLER GYM	.11	9:42	X			
18	BOHLER GYM	.11	9:35	X			
19	BOHLER GYM	.10	9:20	X			
20	BOHLER GYM	.10	9:25	X			
21	BOHLER GYM	.10	9:03	X			
22	BOHLER GYM	.10	9:19	X			
23	BOHLER GYM	.09	9:26	X			
24	BOHLER GYM	.08	9:04	X			
25	BOHLER GYM	.09	9:30	X			
26	BOHLER GYM	.09	9:15	X			
27	BOHLER GYM	.10	12:00	X			
28	BOHLER GYM	.10	9:10	X			
29	BOHLER GYM	.09	9:05	X			
30	BOHLER GYM	.09	9:15	X			
31	BOHLER GYM	.10	9:30	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman JULY 2020 ID# 93200 G

OPERATOR: Tim Dimmel (signature required upon submittal) PHONE NO. 335-9345

MO / YR 7/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.14	12:39	X			
2	STEFFEN CENTER	.13	12:30	X			
3	STEFFEN CENTER	.11	12:05	X			
4	STEFFEN CENTER	.10	12:10	X			
5	STEFFEN CENTER	.09	12:11	X			
6	STEFFEN CENTER	.08	12:15	X			
7	STEFFEN CENTER	.07	12:00	X			
8	STEFFEN CENTER	.10	12:55	X			
9	STEFFEN CENTER	.09	12:59	X			
10	STEFFEN CENTER	.09	10:28	X			
11	STEFFEN CENTER	.09	9:05	X			
12	STEFFEN CENTER	.09	9:10	X			
13	STEFFEN CENTER	.08	8:15	X			
14	STEFFEN CENTER	.09	2:02	X			
15	STEFFEN CENTER	.11	10:34	X			
16	STEFFEN CENTER	.11	11:45	X			
17	STEFFEN CENTER	.12	11:53	X			
18	STEFFEN CENTER	.11	9:05	X			
19	STEFFEN CENTER	.11	8:10	X			
20	STEFFEN CENTER	.10	8:15	X			
21	STEFFEN CENTER	.09	7:58	X			
22	STEFFEN CENTER	.21	1:00	X			
23	STEFFEN CENTER	.26	9:47	X			
24	STEFFEN CENTER	.18	10:30	X			
25	STEFFEN CENTER	.16	8:05	X			
26	STEFFEN CENTER	.15	8:10	X			
27	STEFFEN CENTER	.15	8:15	X			
28	STEFFEN CENTER	.14	8:20	X			
29	STEFFEN CENTER	.13	8:05	X			
30	STEFFEN CENTER	.12	8:10	X			
31	STEFFEN CENTER	.10	8:15	X			

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WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman JULY 2021 ID# 93200

OPERATOR: [signature] (signature required upon submittal) PHONE NO. 335-9345

MO / YR 7/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.06	9:45	X			
2	BOHLER GYM	.07	9:30	X			
3	BOHLER GYM	.08	9:25	X			
4	BOHLER GYM	.07	9:45	X			
5	BOHLER GYM	.09	10:10	X			
6	BOHLER GYM	.07	9:40	X			
7	BOHLER GYM	.08	9:22	X			
8	BOHLER GYM	.07	9:12	X			
9	BOHLER GYM	.08	10:31	X			
10	BOHLER GYM	.09	10:00	X			
11	BOHLER GYM	.10	10:15	X			
12	BOHLER GYM	.09	9:30	X			
13	BOHLER GYM	.08	9:25	X			
14	BOHLER GYM	.08	9:21	X			
15	BOHLER GYM	.09	10:05	X			
16	BOHLER GYM	.08	9:30	X			
17	BOHLER GYM	.07	10:10	X			
18	BOHLER GYM	.08	9:15	X			
19	BOHLER GYM	.09	9:35	X			
20	BOHLER GYM	.08	6:05	X			
21	BOHLER GYM	.07	5:57	X			
22	BOHLER GYM	.12	9:14	X			
23	Bohler Gym	.07	12:35	X			
24	Bohler Gym	.08	10:00	X			
25	Bohler Gym	.06	9:00	X			
26	Bohler Gym	.07	1:00	X			
27	Bohler Gym	.06	12:30	X			
28	Bohler Gym	.06	12:45	X			
29	Bohler Gym	.07	12:50	X			
30	Bohler Gym	.06	12:50	X			
31	Bohler Gym	.07	1:15	X			

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WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman JULY 2021 ID# 93200

OPERATOR: [signature] (signature required upon submittal) PHONE NO. 335-9345

MO / YR 7/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.09	7:30	X			
2	STEFFEN CENTER	.10	8:05	X			
3	STEFFEN CENTER	.11	8:15	X			
4	STEFFEN CENTER	.12	8:11	X			
5	STEFFEN CENTER	.11	8:05	X			
6	STEFFEN CENTER	.10	7:11	X			
7	STEFFEN CENTER	.14	7:50	X			
8	STEFFEN CENTER	.11	7:59	X			
9	STEFFEN CENTER	.10	12:10	X			
10	STEFFEN CENTER	.12	8:15	X			
11	STEFFEN CENTER	.13	8:20	X			
12	STEFFEN CENTER	.11	8:10	X			
13	STEFFEN CENTER	.12	8:00	X			
14	STEFFEN CENTER	.10	8:15	X			
15	STEFFEN CENTER	.13	9:32	X			
16	STEFFEN CENTER	.13	8:15	X			
17	STEFFEN CENTER	.14	8:20	X			
18	STEFFEN CENTER	.15	8:30	X			
19	STEFFEN CENTER	.13	8:10	X			
20	STEFFEN CENTER	.12	8:08	X			
21	STEFFEN CENTER	.14	7:49	X			
22	STEFFEN CENTER	.11	2:49	X			
23	Steffen Center	.12	12:00	X			
24	Steffen Center	.11	12:20	X			
25	Steffen Center	.14	11:30	X			
26	Steffen Center	.11	12:00	X			
27	Steffen Center	.12	12:15	X			
28	Steffen Center	.13	12:00	X			
29	Steffen Center	.14	7:15	X			
30	Steffen Center	.12	8:00	X			
31	Steffen Center	.12	8:15	X			

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WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932009
OPERATOR: Jim Johnson	(Signature required upon submittal)	PHONE NO. 335-9345

MO / YR	SAMPLE POINT LOCATION	Free Chlorine - ppm	TIME OF	*Was a bacteriological sample taken at the same time chlorine was tested?*			REMARKS
6/17	STREET ADDRESS		DAY	NO	YES	RESULT	
1	BOHLER	.03	12:00	X			
2	BOHLER	.06	6:45	X			
3	BOHLER	.08	10:00	X			
4	BOHLER	.08	10:00	X			
5	BOHLER	.04	7:40	X			
6	BOHLER	.06	6:30	X			
7	BOHLER	.03	9:45	X			
8	BOHLER	.03	6:45	X			
9	BOHLER	.03	7:15	X			
10	BOHLER	.05	10:00	X			
11	BOHLER	.05	10:00	X			
12	BOHLER	.03	10:06	X			
13	BOHLER	.07	7:05	X			
14	BOHLER	.04	7:40	X			
15	BOHLER	.04	7:00	X			
16	BOHLER	.04	7:32	X			
17	BOHLER	.05	10:00	X			
18	BOHLER	.05	10:00	X			
19	BOHLER	.02	8:40	X			
20	BOHLER	.04	7:50	X			
21	BOHLER	.02	9:10	X			
22	BOHLER	.02	8:00	X			
23	BOHLER	.06	9:45	X			
24	BOHLER	.06	11:35	X			
25	BOHLER	.08	10:15	X			
26	BOHLER	.04	10:15	X			
27	BOHLER	.06	10:15	X			
28	BOHLER	.04	11:25	X			
29	BOHLER	.08	10:00	X			
30	BOHLER	.07	11:15	X			
31							

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WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932009
OPERATOR: [signature]	(Signature required upon submittal)	PHONE NO. 335-9345

MO / YR 6/17	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.11	11:48	X			
2	STEFFEN CENTER	.12	10:06	X			
3	STEFFEN CENTER	.12	10:00	X			
4	STEFFEN CENTER	.12	10:00	X			
5	STEFFEN CENTER	.12	8:15	X			
6	STEFFEN CENTER	.14	9:10	X			
7	STEFFEN CENTER	.18	9:20	X			
8	STEFFEN CENTER	.17	8:00	X			
9	STEFFEN CENTER	.15	10:12	X			
10	STEFFEN CENTER	.15	10:00	X			
11	STEFFEN CENTER	.15	10:00	X			
12	STEFFEN CENTER	.19	10:23	X			
13	STEFFEN CENTER	.19	9:20	X			
14	STEFFEN CENTER	.21	9:30	X			
15	STEFFEN CENTER	.21	8:20	X			
16	STEFFEN CENTER	.16	9:40	X			
17	STEFFEN CENTER	.16	10:00	X			
18	STEFFEN CENTER	.16	10:00	X			
19	STEFFEN CENTER	.15	8:30	X			
20	STEFFEN CENTER	.21	10:10	X			
21	STEFFEN CENTER	.17	10:45	X			
22	STEFFEN CENTER	.15	12:00	X			
23	STEFFEN CENTER	.16	14:00	X			
24	STEFFEN CENTER	.19	12:45	X			
25	STEFFEN CENTER	.22	13:20	X			
26	STEFFEN CENTER	.16	13:20	X			
27	STEFFEN CENTER	.15	13:20	X			
28	STEFFEN CENTER	.17	15:16	X			
29	STEFFEN CENTER	.21	13:56	X			
30	STEFFEN CENTER	.23	10:51	X			
31							

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WATER SYSTEM NAME:

COUNTY: Whitman

OPERATOR: [signature] (Signature required upon submittal)

~~ID# 895200~~ 93200 Q

PHONE NO. 338-9345

MO / YR 6 / 18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER	.05	7:50	X			
2	BOHLER	.08	11:15	X			
3	BOHLER	.16	11:15	X			
4	BOHLER	.10	11:15	X			
5	BOHLER	.09	16:28	X			
6	BOHLER	.06	1:25	X			
7	BOHLER	.05	12:26	X			
8	BOHLER	.05	10:45	X			
9	BOHLER	.07	2:40	X			
10	BOHLER	.08	2:40	X			
11	BOHLER	.07	2:40	X			
12	BOHLER	.10	3:18	X			
13	BOHLER	.05	3:19	X			
14	BOHLER	.06	9:09	X			
15	BOHLER	.05	6:34	X			
16	BOHLER	.11	10:47	X			
17	BOHLER	.09	10:47	X			
18	BOHLER	.08	10:15	X			
19	BOHLER	.05	10:29	X			
20	BOHLER	.06	3:46	X			
21	BOHLER	.06	9:05	X			
22	BOHLER	.05	9:05	X			
23	BOHLER	.07	9:17	X			
24	BOHLER	.06	9:17	X			
25	BOHLER	.08	9:17	X			
26	BOHLER	.07	9:10	X			
27	BOHLER	.08	9:49	X			
28	BOHLER	.07	9:10	X			
29	BOHLER	.11	0828	X			
30	BOHLER	.06	10:00	X			
31							

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME:

COUNTY: *Whitman*

~~ID# 895200~~ 932802

OPERATOR: TIM LACHMAN (Signature required upon submittal)

PHONE NO. 335-9345

MO / YR 6/18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	*Was a bacteriological sample taken at the same time chlorine was tested?* NO	YES	RESULT	REMARKS
1	STEFFEN	.05	8:00	X			
2	STEFFEN	.09	8:30	X			
3	STEFFEN	.07	9:00	X			
4	STEFFEN	.08	7:45	X			
5	STEFFEN	.05	9:00	X			
6	STEFFEN	.11	8:25	X			
7	STEFFEN	.16	0900	X			
8	STEFFEN	.08	16:17	X			
9	STEFFEN	.10	08:10	X			
10	STEFFEN	.09	7:41	X			
11	STEFFEN	.06	7:41	X			
12	STEFFEN	09	09:15	X			
13	STEFFEN	.13	11:15	X			
14	STEFFEN	.11	11:46	X			
15	STEFFEN	.06	2:04	X			
16	STEFFEN	.16	1:45	X			
17	STEFFEN CENTER	.08	2:15	X			
18	STEFFEN CENTER	.09	09:50	X			
19	STEFFEN CENTER	.08	12:50	X			
20	STEFFEN CENTER	.06	10:26	X			
21	STEFFEN CENTER	07	7:50	X			
22	STEFFEN CENTER	09	8:33	X			
23	STEFFEN CENTER	.11	9:16	X			
24	STEFFEN CENTER	.14	07:46	X			
25	STEFFEN CENTER	.12	1:30	X			
26	STEFFEN CENTER	.11	3:10	X			
27	STEFFEN CENTER	08	11:48	X			
28	STEFFEN CENTER	0.16	3:11	X			
29	" "	.12	12:48	X			
30	" "	.14	17:00	X			
31							

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman JUNE 2019 ID# 93200G

OPERATOR: Tim Peckham (signature required upon submittal) PHONE NO 509-335-9345

MO / YR 6/19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.08	10:48	X			
2	BOHLER GYM	.08	10:48	X			
3	BOHLER GYM	.10	10:48	X			
4	BOHLER GYM	.05	11:45	X			
5	BOHLER GYM	.05	01:54	X			
6	BOHLER GYM	.05	12:15	X			
7	BOHLER GYM	.05	09:35	X			
8	BOHLER GYM	07	09:22	X			
9	BOHLER GYM	09	09:22	X			
10	BOHLER GYM	05	09:22	X			
11	BOHLER GYM	.06	TD:01	X			
12	BOHLER GYM	.05	07:36	X			
13	BOHLER GYM	08	08:35	X			
14	BOHLER GYM	.05	06:05	X			
15	BOHLER GYM	.11	11:40	X			
16	BOHLER GYM	.09	11:40	X			
17	BOHLER GYM	.07	11:46	X			
18	BOHLER GYM	.06	09:12	X			
19	BOHLER GYM	.05	09:01	X			
20	BOHLER GYM	.04	10:30	X			
21	BOHLER GYM	.05	09:33	X			
22	BOHLER GYM	08	08:50	X			
23	BOHLER GYM	.10	08:50	X			
24	BOHLER GYM	.09	08:58	X			
25	BOHLER GYM	.06	06:26	X			
26	BOHLER GYM	.05	06:16	X			
27	BOHLER GYM	.06	04:07	X			
28	BOHLER GYM	.05	09:46	X			
29	BOHLER GYM	08	09:58	X			
30	BOHLER GYM	.08	09:58	X			
31							

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

DAILY CHLORINATION RETURN

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman JUNE 2019 ID# 93200Q

OPERATO.. [signature] (signature required upon submittal) PHONE NO 509 335-9345

MO / YR 6/19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.08	13:30	X			
2	STEFFEN CENTER	.10	13:30	X			
3	STEFFEN CENTER	.08	13:30	X			
4	STEFFEN CENTER	.05	09:58	X			
5	STEFFEN CENTER	.05	11:54	X			
6	STEFFEN CENTER	.05	11:49	X			
7	STEFFEN CENTER	.10	9:00	X			
8	STEFFEN CENTER	.11	13:10	X			
9	STEFFEN CENTER	.13	13:10	X			
10	STEFFEN CENTER	.07	13:10	X			
11	STEFFEN CENTER	.05	8:15	X			
12	STEFFEN CENTER	.10	8:45	X			
13	STEFFEN CENTER	.10	11:30	X			
14	STEFFEN CENTER	.10	8:58	X			
15	STEFFEN CENTER	.11	10:00	X			
16	STEFFEN CENTER	.09	10:00	X			
17	STEFFEN CENTER	.06	10:00	X			
18	STEFFEN CENTER	.10	12:26	X			
19	STEFFEN CENTER	.10	09:51	X			
20	STEFFEN CENTER	.10	10:14	X			
21	STEFFEN CENTER	.10	09:16	X			
22	STEFFEN CENTER	.13	14:15	X			
23	STEFFEN CENTER	.11	14:15	X			
24	STEFFEN CENTER	.10	14:15	X			
25	STEFFEN CENTER	.06	09:42	X			
26	STEFFEN CENTER	.08	11:43	X			
27	STEFFEN CENTER	.06	11:39	X			
28	STEFFEN CENTER	.10	09:10	X			
29	STEFFEN CENTER	.10	13:42	X			
30	STEFFEN CENTER	.13	13:42	X			
31							

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman JUNE 2020 ID# 93200G

OPERATOR: [signature] (signature required upon submittal) PHONE NO 335-9345

MO / YR 6/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.09	12:15	X			
2	BOHLER GYM	.06	12:30	X			
3	BOHLER GYM	.09	11:15	X			
4	BOHLER GYM	.10	11:20	X			
5	BOHLER GYM	.10	12:30	X			
6	BOHLER GYM	.09	12:15	X			
7	BOHLER GYM	.08	12:11	X			
8	BOHLER GYM	.08	12:05	X			
9	BOHLER GYM	.07	12:11	X			
10	BOHLER GYM	.06	3:17	X			
11	BOHLER GYM	.06	8:05	X			
12	BOHLER GYM	.07	7:59	X			
13	BOHLER GYM	.06	7:20	X			
14	BOHLER GYM	.09	7:30	X			
15	BOHLER GYM	.06	7:15	X			
16	BOHLER GYM	.07	7:07	X			
17	BOHLER GYM	.08	12:30	X			
18	BOHLER GYM	.07	12:10	X			
19	BOHLER GYM	.09	12:05	X			
20	BOHLER GYM	.06	11:15	X			
21	BOHLER GYM	.09	11:20	X			
22	BOHLER GYM	.08	12:05	X			
23	BOHLER GYM	.09	12:15	X			
24	BOHLER GYM	.10	12:10	X			
25	BOHLER GYM	.10	12:11	X			
26	BOHLER GYM	.09	12:30	X			
27	BOHLER GYM	.08	12:05	X			
28	BOHLER GYM	.07	12:10	X			
29	BOHLER GYM	.08	12:05	X			
30	BOHLER GYM	.09	9:35	X			
31							

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman June 2020 ID# 93200Q

OPERATOR: Tim Pelham (signature required upon submittal) PHONE NO 335-9345

MO / YR 6/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	Steffen Center	.10	10:30am	X			
2	STEFFEN CENTER	.11	9:15	X			
3	STEFFEN CENTER	.10	9:30	X			
4	STEFFEN CENTER	.11	9:20	X			
5	STEFFEN CENTER	.11	9:10	X			
6	STEFFEN CENTER	.10	9:05	X			
7	STEFFEN CENTER	.10	9:10	X			
8	STEFFEN CENTER	.10	9:01	X			
9	STEFFEN CENTER	.10	9:07	X			
10	STEFFEN CENTER	.18	7:38	X			
11	STEFFEN CENTER	.12	7:35	X			
12	STEFFEN CENTER	.08	7:21	X			
13	STEFFEN CENTER	.06	6:50	X			
14	STEFFEN CENTER	.07	6:49	X			
15	STEFFEN CENTER	.07	6:45	X			
16	STEFFEN CENTER	.06	6:42	X			
17	STEFFEN CENTER	.07	9:00	X			
18	STEFFEN CENTER	.08	9:02	X			
19	STEFFEN CENTER	.10	9:05	X			
20	STEFFEN CENTER	.11	9:10	X			
21	STEFFEN CENTER	.10	9:15	X			
22	STEFFEN CENTER	.09	9:20	X			
23	STEFFEN CENTER	.09	9:15	X			
24	STEFFEN CENTER	.08	9:10	X			
25	STEFFEN CENTER	.10	9:11	X			
26	STEFFEN CENTER	.11	9:08	X			
27	STEFFEN CENTER	.10	7:59	X			
28	STEFFEN CENTER	.08	9:00	X			
29	STEFFEN CENTER	.07	9:10	X			
30	STEFFEN CENTER	.07	8:05	X			
31							

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WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman JUNE 2021 ID# 93200

OPERATOR: [signature] (signature required upon submittal) PHONE NO 335-9345

MO / YR 6/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER - GYM	.07	10:41	X			
2	BOHLER GYM	.08	9:30	X			
3	BOHLER GYM	.09	9:45	X			
4	BOHLER GYM	.08	9:50	X			
5	BOHLER GYM	.09	10:00	X			
6	BOHLER GYM	.08	10:05	X			
7	BOHLER GYM	.09	9:45	X			
8	BOHLER GYM	.08	9:30	X			
9	BOHLER GYM	.08	2:06	X			
10	BOHLER GYM	.09	12:32	X			
11	BOHLER GYM	.07	1:07	X			
12	BOHLER GYM	.08	10:15	X			
13	BOHLER GYM	.07	10:20	X			
14	BOHLER GYM	.08	9:45	X			
15	BOHLER GYM	.09	10:05	X			
16	BOHLER GYM	.08	9:55	X			
17	BOHLER GYM	.07	9:30	X			
18	BOHLER GYM	.07	12:30	X			
19	BOHLER GYM	.08	11:50	X			
20	BOHLER GYM	.07	9:45	X			
21	BOHLER GYM	.08	9:55	X			
22	BOHLER GYM	.07	10:00	X			
23	BOHLER GYM	.08	9:28	X			
24	BOHLER GYM	.07	9:14	X			
25	BOHLER GYM	.06	9:15	X			
26	BOHLER GYM	.07	9:30	X			
27	BOHLER GYM	.08	9:45	X			
28	BOHLER GYM	.07	10:05	X			
29	BOHLER GYM	.06	9:55	X			
30	BOHLER GYM	.09	9:40	X			
31							

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WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman JUNE 2021 ID# 93200

OPERATOR: Tim Schauer (signature required upon submittal) PHONE NO 335-9345

MO / YR 6/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.13	6:45	X			
2	STEFFEN CENTER	.16	7:31	X			
3	STEFFEN CENTER	.17	7:43	X			
4	STEFFEN CENTER	.14	9:33	X			
5	STEFFEN CENTER	.15	7:45	X			
6	STEFFEN CENTER	.16	8:05	X			
7	STEFFEN CENTER	.15	8:10	X			
8	STEFFEN CENTER	.14	7:55	X			
9	STEFFEN CENTER	.15	3:04	X			
10	STEFFEN CENTER	.15	9:16	X			
11	STEFFEN CENTER	.16	7:54	X			
12	STEFFEN CENTER	.15	7:50	X			
13	STEFFEN CENTER	.17	7:51	X			
14	STEFFEN CENTER	.15	8:10	X			
15	STEFFEN CENTER	.16	8:11	X			
16	STEFFEN CENTER	.14	10:48	X			
17	STEFFEN CENTER	.15	9:01	X			
18	STEFFEN CENTER	.16	8:00	X			
19	STEFFEN CENTER	.15	9:20	X			
20	STEFFEN CENTER	.16	8:05	X			
21	STEFFEN CENTER	.14	7:55	X			
22	STEFFEN CENTER	.13	7:35	X			
23	STEFFEN CENTER	.13	8:13	X			
24	STEFFEN CENTER	.15	7:33	X			
25	STEFFEN CENTER	.12	8:21	X			
26	STEFFEN CENTER	.14	8:05	X			
27	STEFFEN CENTER	.15	8:15	X			
28	STEFFEN CENTER	.13	7:55	X			
29	STEFFEN CENTER	.12	7:34	X			
30	STEFFEN CENTER	.12	8:08	X			
31							

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WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932006
OPERATOR: Tim Forbes (Signature required upon submittal)		PHONE NO. 9345

MO / YR	SAMPLE POINT LOCATION	Free Chlorine ppm	TIME OF	*Was a bacteriological sample taken at the same time chlorine was tested?*			REMARKS
3 / 17	STREET ADDRESS		DAY	NO	YES	RESULT	
1	BOHLER	.07	8:21	X			
2	BOHLER	.08	7:55	X			
3	BOHLER	.09	9:15	X			
4	BOHLER	.09	10:00	X			
5	BOHLER	.09	10:00	X			
6	BOHLER	.09	8:01	X			
7	BOHLER	.07	6:30	X			
8	BOHLER	.09	9:00	X			
9	BOHLER	.08	8:34	X			
10	BOHLER	.09	9:15	X			
11	BOHLER	.08	10:00	X			
12	BOHLER	.08	10:00	X			
13	BOHLER	.06	9:01	X			
14	BOHLER	.08	7:20	X			
15	BOHLER	.07	7:45	X			
16	BOHLER	.05	7:36	X			
17	BOHLER	.08	8:15	X			
18	BOHLER	.08	10:00	X			
19	BOHLER	.08	10:00	X			
20	BOHLER	.07	9:45	X			
21	BOHLER	.11	7:50	X			
22	BOHLER	.06	8:15	X			
23	BOHLER	.08	7:48	X			
24	BOHLER	.06	8:01	X			
25	BOHLER	.08	10:00	X			
26	BOHLER	.08	10:00	X			
27	BOHLER	.06	6:50	X			
28	BOHLER	.07	8:16	X			
29	BOHLER	.08	12:42	X			
30	BOHLER	.07	9:10	X			
31	BOHLER	.07	6:50	X			

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WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932009
OPERATOR: Jim Pochman	(Signature required upon submittal)	PHONE NO. 9345

MO / YR	SAMPLE POINT LOCATION	Free Chlorine ppm	TIME OF	*Was a bacteriological sample taken at the same time chlorine was tested?*			REMARKS
3/17	STREET ADDRESS		DAY	NO	YES	RESULT	
1	STEFFEN CENTER	.09	8:47	X			
2	STEFFEN CENTER	.08	8:30	X			
3	STEFFEN CENTER	.05	8:50	X			
4	STEFFEN CENTER	.08	10:00	X			
5	STEFFEN CENTER	.08	10:00	X			
6	STEFFEN CENTER	.05	8:04	X			
7	STEFFEN CENTER	.11	9:05	X			
8	STEFFEN CENTER	.08	9:20	X			
9	STEFFEN CENTER	.04	9:36	X			
10	STEFFEN CENTER	.04	9:30	X			
11	STEFFEN CENTER	.08	10:00	X			
12	STEFFEN CENTER	.08	10:00	X			
13	STEFFEN CENTER	~~9:05~~ .05	9:33	X			
14	STEFFEN CENTER	.05	11:32	X			
15	STEFFEN CENTER	.05	8:00	X			
16	STEFFEN CENTER	.05	7:48	X			
17	STEFFEN CENTER	.08	8:30	X			
18	STEFFEN CENTER	.06	10:00	X			
19	STEFFEN CENTER	.06	10:00	X			
20	STEFFEN CENTER	.05	9:30	X			
21	STEFFEN CENTER	.04	9:15	X			
22	STEFFEN CENTER	.04	8:40	X			
23	STEFFEN CENTER	.05	9:10	X			
24	STEFFEN CENTER	.05	8:26	X			
25	STEFFEN CENTER	.08	10:00	X			
26	STEFFEN CENTER	.08	10:00	X			
27	STEFFEN CENTER	.07	8:45	X			
28	STEFFEN CENTER	.07	8:40	X			
29	STEFFEN CENTER	.04	12:20	X			
30	STEFFEN CENTER	.09	8:45	X			
31	STEFFEN CENTER	.07	7:12	X			

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WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 93200Q
OPERATOR: Todd Kouns	(Signature required upon submittal)	PHONE NO. 509-335-9000

MO / YR	SAMPLE POINT LOCATION	Free Chlorine - ppm	TIME OF	*Was a bacteriological sample taken at the same time chlorine was tested?*			REMARKS
3/18	STREET ADDRESS		DAY	NO	YES	RESULT	
1	BOHLER	.14	9:45	X			
2	BOHLER	.10	12:30	X			
3	BOHLER	.11	1:00	X			
4	BOHLER	.11	1:00	X			
5	BOHLER	.10	7:50	X			
6	BOHLER	.11	8:10	X			
7	BOHLER	.13	8:05	X			
8	BOHLER	.12	9:30	X			
9	BOHLER	.12	9:00	X			
10	BOHLER	.10	1:00	X			
11	BOHLER	.10	1:00	X			
12	BOHLER	.09	8:20	X			
13	BOHLER	.09	7:45	X			
14	BOHLER	.07	8:00	X			
15	BOHLER	.10	8:05	X			
16	BOHLER	.09	7:45	X			
17	BOHLER	.10	11:00	X			
18	BOHLER	.10	11:00	X			
19	BOHLER	.08	7:20	X			
20	BOHLER	.11	7:15	X			
21	BOHLER	.11	10:30	X			
22	BOHLER	.11	8:10	X			
23	BOHLER	.10	7:50	X			
24	BOHLER	.10	10:00	X			
25	BOHLER	.10	10:00	X			
26	BOHLER	.08	7:25	X			
27	BOHLER	.09	7:45	X			
28	BOHLER	.10	7:40	X			
29	BOHLER	.10	7:00	X			
30	BOHLER	.08	7:15	X			
31	BOHLER	.09	6:45	X			

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WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 93200Q
OPERATOR: Todd Kamp	(Signature required upon submittal)	PHONE NO. 509-335-9000

MO / YR: 3/18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	*Was a bacteriological sample taken at the same time chlorine was tested?* NO	YES	RESULT	REMARKS
1	STEFFEN	.07	10:15	X			
2	STEFFEN	.07	8:15	X			
3	STEFFEN	.08	10:00	X			
4	STEFFEN	.08	10:00	X			
5	STEFFEN	.06	8:20	X			
6	STEFFEN	.07	9:00	X			
7	STEFFEN	.07	9:10	X			
8	STEFFEN	.06	11:45	X			
9	STEFFEN	.07	12:05	X			
10	STEFFEN	.08	10:00	X			
11	STEFFEN	.08	10:00	X			
12	STEFFEN	.09	11:50	X			
13	STEFFEN	.07	11:45	X			
14	STEFFEN	.06	9:05	X			
15	STEFFEN	.08	8:55	X			
16	STEFFEN	.15	9:40	X			
17	STEFFEN	.09	10:00	X			
18	STEFFEN	.10	10:00	X			
19	STEFFEN	.07	9:05	X			
20	STEFFEN	.05	9:40	X			
21	STEFFEN	.07	8:55	X			
22	STEFFEN	.07	9:05	X			
23	STEFFEN	.06	8:55	X			
24	STEFFEN	.08	1:00	X			
25	STEFFEN	.08	1:00	X			
26	STEFFEN	.06	12:05	X			
27	STEFFEN	.06	8:50	X			
28	STEFFEN	.08	9:20	X			
29	STEFFEN	.07	8:01	X			
30	STEFFEN	.08	8:55	X			
31	STEFFEN	.09	10:00	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman MARCH 2019 ID# 93200Q

OPERATOR: Tim Johnson (signature required upon submittal) PHONE NO 335-9345

MO / YR 3/19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.06	09:33	X			
2	BOHLER GYM	.11	10:45	X			
3	BOHLER GYM	.09	10:45	X			
4	BOHLER	08	10:45	X			
5	BOHLER GYM	.06	06:23	X			
6	BOHLER GYM	.06	06:55	X			
7	BOHLER GYM	.06	06:50	X			
8	BOHLER GYM	.06	06:36	X			
9	BOHLER GYM	.11	10:45	X			
10	BOHLER GYM	.13	10:45	X			
11	BOHLER GYM	.09	10:45	X			
12	BOHLER GYM	.06	06:13	X			
13	BOHLER GYM	.11	06:30	X			
14	BOHLER GYM	.08	06:32	X			
15	BOHLER GYM	.06	12:53	X			
16	BOHLER GYM	07	8:57	X			
17	BOHLER GYM	.09	8:57	X			
18	BOHLER GYM	.12	8:57	X			
19	BOHLER GYM	.11	8:43	X			
20	BOHLER GYM	.06	06:21	X			
21	BOHLER GYM	.06	12:33	X			
22	BOHLER GYM	.06	09:32	X			
23	BOHLER GYM	.12	11:17	X			
24	BOHLER GYM	.10	11:17	X			
25	BOHLER GYM	.10	11:17	X			
26	BOHLER GYM	.06	06:27	X			
27	BOHLER GYM	.06	06:34	X			
28	BOHLER GYM	.06	1:40	X			
29	BOHLER GYM	.06	09:35	X			
30	BOHLER GYM	08	11:39	X			
31	BOHLER GYM	.11	11:39	X			

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

DAILY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman MARCH 2019 ID# 93200 G

OPERATOR: Tim Peckham (signature required upon submittal) PHONE NO 335-9345

MO / YR 3/19.	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.62	01:36	X			
2	STEFFEN CENTER	.37	12:40	X			
3	STEFFEN CENTER	.18	12:40	X			
4	STEFFEN CENTER	.22	12:40	X			
5	STEFFEN CENTER	.20	11:55	X			
6	STEFFEN CENTER	.24	11:39	X			
7	STEFFEN CENTER	.60	11:50	X			
8	STEFFEN CENTER	.72	10:30	X			
9	STEFFEN CENTER	.41	11:48	X			
10	STEFFEN CENTER	.36	11:48	X			
11	STEFFEN CENTER	.29	11:48	X			
12	STEFFEN CENTER	.83	11:51	X			
13	STEFFEN CENTER	.28	12:17	X			
14	STEFFEN CENTER	.94	1:31	X			
15	STEFFEN CENTER	.06	1:10	X			
16	STEFFEN CENTER	.09	13:18	X			
17	STEFFEN CENTER	.18	13:18	X			
18	STEFFEN CENTER	.27	13:18	X			
19	STEFFEN CENTER	.19	1:37	X			
20	STEFFEN CENTER	.07	10:31	X			
21	STEFFEN CENTER	.12	10:45	X			
22	STEFFEN CENTER	.16	11:50	X			
23	STEFFEN CENTER	.23	14:00	X			
24	STEFFEN CENTER	.19	14:00	X			
25	STEFFEN CENTER	.26	14:00	X			
26	STEFFEN CENTER	.16	11:47	X			
27	STEFFEN CENTER	.32	12:25	X			
28	STEFFEN CENTER	.16	1:30	X			
29	STEFFEN CENTER	.22	10:42	X			
30	STEFFEN CENTER	.17	10:48	X			
31	STEFFEN CENTER	.12	10:48	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman MARCH 2020 ID# 93200Q

OPERATOR: [signature] (signature required upon submittal) PHONE NO 335-9345

MO / YR 3/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.09	10:30	X			
2	BOHLER GYM	.10	12:00	X			
3	BOHLER GYM	.09	9:15	X			
4	BOHLER GYM	.09	9:06	X			
5	BOHLER GYM	.08	11:38	X			
6	BOHLER GYM	.08	9:15	X			
7	BOHLER GYM	.09	9:20	X			
8	BOHLER GYM	.10	9:30	X			
9	BOHLER GYM	.12	9:10	X			
10	BOHLER GYM	.14	9:43	X			
11	BOHLER GYM	.12	9:05	X			
12	BOHLER GYM	.13	12:09	X			
13	BOHLER GYM	.12	1:04	X			
14	BOHLER GYM	.11	10:30	X			
15	BOHLER GYM	.12	10:15	X			
16	BOHLER GYM	.11	9:35	X			
17	BOHLER GYM	.10	10:19	X			
18	BOHLER GYM	.11	9:52	X			
19	BOHLER GYM	.10	9:19	X			
20	BOHLER GYM	.10	1:48	X			
21	BOHLER GYM	.09	10:30	X			
22	BOHLER GYM	.10	10:05	X			
23	BOHLER GYM	.10	9:40	X			
24	BOHLER GYM	.11	9:01	X			
25	BOHLER GYM	.09	9:09	X			
26	BOHLER GYM	.09	12:12	X			
27	BOHLER GYM	.09	10:30	X			
28	BOHLER GYM	.10	11:30	X			
29	BOHLER GYM	.09	10:35	X			
30	BOHLER GYM	.09	9:30	X			
31	BOHLER GYM	.07	9:29	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman MARCH 2020 ID# 93200

OPERATOR: Tim Johnson (signature required upon submittal) PHONE NO 335-9345

MO / YR 3/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.06	9:10	X			
2	STEFFEN CENTER	.07	9:15	X			
3	STEFFEN CENTER	.06	9:02	X			
4	STEFFEN CENTER	.07	9:05	X			
5	STEFFEN CENTER	.08	9:18	X			
6	STEFFEN CENTER	.06	9:33	X			
7	STEFFEN CENTER	.07	8:15	X			
8	STEFFEN CENTER	.08	8:20	X			
9	STEFFEN CENTER	.07	8:10	X			
10	STEFFEN CENTER	.09	1:40	X			
11	STEFFEN CENTER	.08	5:51	X			
12	STEFFEN CENTER	.07	9:05	X			
13	STEFFEN CENTER	.06	1:23	X			
14	STEFFEN CENTER	.09	8:20	X			
15	STEFFEN CENTER	.08	8:10	X			
16	STEFFEN CENTER	.09	9:05	X			
17	STEFFEN CENTER	.050	12:53	X			
18	STEFFEN CENTER	.07	12:21	X			
19	STEFFEN CENTER	.07	9:36	X			
20	STEFFEN CENTER	.06	8:23	X			
21	STEFFEN CENTER	.07	8:20	X			
22	STEFFEN CENTER	.05	9:15	X			
23	Steffen Center	.04	11:30	X			
24	STEFFEN CENTER	.05	9:45	X			
25	STEFFEN CENTER	.05	10:04	X			
26	STEFFEN CENTER	.05	12:46	X			
27	STEFFEN CENTER	.05	9:02	X			
28	STEFFEN CENTER	.06	10:00	X			
29	STEFFEN CENTER	.05	9:10	X			
30	STEFFEN CENTER	.06	8:15	X			
31	STEFFEN CENTER	.05	9:52	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: Tula Young Hastings Farm – WSU

COUNTY: Whitman MARCH 2021 ID# 895200

OPERATOR: (signature required upon submittal) PHONE NO 335-9345

MO / YR 3/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BEEF CENTER	.04	6:15	X			
2	BEEF CENTER	.05	6:54	X			
3	BEEF CENTER	.06	6:16	X			
4	BEEF CENTER	.05	6:29	X			
5	BEEF CENTER	.05	6:27	X			
6	Beef Center	.06	6:30	X			
7	Beef Center	.05	6:20	X			
8	Beef Center	.05	6:45	X			
9	BEEF CENTER	.05	6:13	X			
10	BEEF CENTER	.05	6:20	X			
11	BEEF CENTER	.04	6:13	X			
12	BEEF CENTER	.05	6:19	X			
13	BEEF CENTER	.06	6:20	X			
14	BEEF CENTER	.05	6:15	X			
15	Beef Center	.04	6:30	X			
16	BEEF CENTER	.05	6:24	X			
17	BEEF CENTER	.07	6:15	X			
18	BEEF CENTER	.06	6:26	X			
19	BEEF CENTER	.05	7:13	X			
20	BEEF CENTER	.06	6:15	X			
21	BEEF CENTER	.07	6:30	X			
22	Beef Center	.05	6:45	X			
23	BEEF CENTER	.06	12:13	X			
24	BEEF CENTER	.05	5:54	X			
25	BEEF CENTER	.05	6:00	X			
26	BEEF CENTER	.05	1:11	X			
27	BEEF CENTER	.06	6:05	X			
28	BEEF CENTER	.07	6:10	X			
29	Beef Center	.05	6:15	X			
30	BEEF CENTER	.06	6:09	X			
31	BEEF CENTER	.05	5:59	X			

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[illegible] CHLORINATION REPORT

WATER SYSTEM NAME: Steffen Center WSU

COUNTY: Whitman March 2021 ID# 93200

OPERATOR: [illegible] (signature required upon submittal) PHONE NO. 335-9345

MO / YR 3/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	Steffen Center	.08	1:00	X			
2	STEFFEN CENTER	.07	8:09	X			
3	STEFFEN CENTER	.09	7:18	X			
4	STEFFEN CENTER	.07	7:53	X			
5	STEFFEN CENTER	.10	8:03	X			
6	STEFFEN CENTER	.09	7:50	X			
7	STEFFEN CENTER	.08	7:35	X			
8	Steffen Center	.07	10:00	X			
9	STEFFEN CENTER	.08	7:34	X			
10	STEFFEN CENTER	.10	7:30	X			
11	STEFFEN CENTER	.08	7:31	X			
12	STEFFEN CENTER	.08	7:23	X			
13	STEFFEN CENTER	.09	7:20	X			
14	STEFFEN CENTER	.08	7:15	X			
15	Steffen Center	.09	9:20am	X			
16	STEFFEN CENTER	.09	7:55	X			
17	STEFFEN CENTER	.11	3:27	X			
18	STEFFEN CENTER	.08	7:56	X			
19	STEFFEN CENTER	.09	8:03	X			
20	STEFFEN CENTER	.10	8:15	X			
21	STEFFEN CENTER	.09	8:30	X			
22	Steffen Center	.10	12:00	X			
23	STEFFEN CENTER	.09	7:50	X			
24	STEFFEN CENTER	.08	9:44	X			
25	STEFFEN CENTER	.09	7:29	X			
26	STEFFEN CENTER	.08	8:00	X			
27	STEFFEN CENTER	.09	8:15	X			
28	STEFFEN CENTER	.10	7:50	X			
29	STEFFEN CENTER	.09	7:30	X			
30	STEFFEN CENTER	.08	6:58	X			
31	STEFFEN CENTER	.10	8:02	X			

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CHLORINATION REPORT

WATER SYSTEM NAME: Bohler Gym WSU

COUNTY: Whitman March 2021 ID# 93200 G

OPERATOR: [signature] (signature required upon submittal) PHONE NO 509 335-9315

MO / YR 3/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	Bohler Gym	.08	8:00	X			
2	BOHLER GYM	.05	10:42	X			
3	BOHLER GYM	.05	1:52	X			
4	BOHLER GYM	.05	12:07	X			
5	BOHLER GYM	.05	10:06	X			
6	BOHLER GYM	.06	10:30	X			
7	BOHLER GYM	.05	10:15	X			
8	Bohler Gym	.08	7:30	X			
9	BOHLER GYM	.05	9:28	X			
10	BOHLER GYM	.06	9:15	X			
11	BOHLER GYM	.05	12:20	X			
12	BOHLER GYM	.06	1:44	X			
13	BOHLER GYM	.07	10:15	X			
14	BOHLER GYM	.06	10:30	X			
15	Bohler Gym	.13	12:40	X			
16	BOHLER GYM	.06	9:14	X			
17	BOHLER GYM	.07	9:30	X			
18	BOHLER GYM	.08	9:57	X			
19	BOHLER GYM	.06	3:17	X			
20	BOHLER GYM	.05	9:50	X			
21	BOHLER GYM	.06	9:55	X			
22	Bohler Gym	.05	9:10	X			
23	BOHLER GYM	.05	10:27	X			
24	BOHLER GYM	.05	9:54	X			
25	BOHLER GYM	.06	9:30	X			
26	BOHLER GYM	.07	9:10	X			
27	BOHLER GYM	.06	9:15	X			
28	BOHLER GYM	.05	10:00	X			
29	Bohler Gym	.08	12:00	X			
30	BOHLER GYM	.05	9:11	X			
31	BOHLER GYM	.06	10:59	X			

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WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932006
OPERATOR: TIM LEACHMAN	(Signature required upon submittal)	PHONE NO. 335 - 9345

MO / YR	SAMPLE POINT LOCATION	Free Chlorine - ppm	TIME OF	*Was a bacteriological sample taken at the same time chlorine was tested?*			REMARKS
5/17	STREET ADDRESS		DAY	NO	YES	RESULT	
1	BOHLER	.07	6:30	X			
2	BOHLER	.10	8:40	X			
3	BOHLER	.10	9:00	X			
4	BOHLER	.07	10:10	X			
5	BOHLER	.08	9:20	X			
6	BOHLER	.08	10:00	X			
7	BOHLER	.08	10:00	X			
8	BOHLER	.06	7:40	X			
9	BOHLER	.06	6:30	X			
10	BOHLER	.10	10:20	X			
11	BOHLER	.09	8:44	X			
12	BOHLER	.11	8:30	X			
13	BOHLER	.10	10:00	X			
14	BOHLER	.10	10:00	X			
15	BOHLER	.08	8:40	X			
16	BOHLER	.07	10:10	X			
17	BOHLER	.05	8:45	X			
18	BOHLER	.08	7:10	X			
19	BOHLER	.09	7:05	X			
20	BOHLER	.08	10:00	X			
21	BOHLER	.08	10:00	X			
22	BOHLER	.09	6:50	X			
23	BOHLER	.06	9:20	X			
24	BOHLER	.06	12:40	X			
25	BOHLER	.05	6:45	X			
26	BOHLER	.09	10:40	X			
27	BOHLER	.08	9:20	X			
28	BOHLER	~~10:00~~ .07	10:00	X			
29	BOHLER	~~10:00~~ .07	10:00	X			
30	BOHLER	.04	7:05	X			
31	BOHLER	.08	6:50	X			

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WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932000
OPERATOR: TIM LEACHMAN	(Signature required upon submittal)	PHONE NO. 335-9345

MO / YR	SAMPLE POINT LOCATION	Free Chlorine ppm	TIME OF	*Was a bacteriological sample taken at the same time chlorine was tested?*			REMARKS
5/17	STREET ADDRESS		DAY	NO	YES	RESULT	
1	STEFFEN CENTER	.13	10:05	X			
2	STEFFEN CENTER	.05	9:00	X			
3	STEFFEN CENTER	.06	9:45	X			
4	STEFFEN CENTER	.08	10:50	X			
5	STEFFEN CENTER	.07	9:30	X			
6	STEFFEN CENTER	.10	10:00	X			
7	STEFFEN CENTER	.10	10:00	X			
8	STEFFEN CENTER	.08	9:50	X			
9	STEFFEN CENTER	.07	8:45	X			
10	STEFFEN CENTER	.10	10:30	X			
11	STEFFEN CENTER	.06	9:10	X			
12	STEFFEN CENTER	.06	8:50	X			
13	STEFFEN CENTER	.06	10:00	X			
14	STEFFEN CENTER	.08	10:00	X			
15	STEFFEN CENTER	.08	9:10	X			
16	STEFFEN CENTER	.05	10:25	X			
17	STEFFEN CENTER	.09	8:55	X			
18	STEFFEN CENTER	.07	9:00	X			
19	STEFFEN CENTER	.06	8:53	X			
20	STEFFEN CENTER	.06	10:00	X			
21	STEFFEN CENTER	.08	10:00	X			
22	STEFFEN CENTER	.08	10:50	X			
23	STEFFEN CENTER	.06	8:05	X			
24	STEFFEN CENTER	.14	12:01	X			
25	STEFFEN CENTER	.11	7:42	X			
26	STEFFEN CENTER	.10	7:45	X			
27	STEFFEN CENTER	10'8	10:00	X			
28	STEFFEN CENTER	.08	10:00	X			
29	STEFFEN CENTER	.08	10:00	X			
30	STEFFEN CENTER	.07	10:15	X			
31	STEFFEN CENTER	.14	8:58	X			

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WATER SYSTEM NAME:

COUNTY: *Whitman*

ID# ~~895200~~ 93200Q

OPERATOR: Todd Kowt (Signature required upon submittal)

PHONE NO. 509 335-9000

MO / YR 5/18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	*Was a bacteriological sample taken at the same time chlorine was tested?* NO	YES	RESULT	REMARKS
1	BOHLER	.08	7:50	X			
2	BOHLER	.08	7:15	X			
3	BOHLER	.09	8:10	X			
4	BOHLER	.10	9:15	X			
5	BOHLER	.09	10:20	X			
6	BOHLER	.09	10:20	X			
7	BOHLER	.08	7:20	X			
8	BOHLER	.08	7:00	X			
9	BOHLER	.08	7:50	X			
10	BOHLER	.08	7:40	X			
11	BOHLER	.07	7:45	X			
12	BOHLER	.08	1:00	X			
13	BOHLER	.08	1:00	X			
14	BOHLER	.07	8:15	X			
15	BOHLER	.09	9:10	X			
16	BOHLER	.07	7:25	X			
17	BOHLER	.08	7:50	X			
18	BOHLER	.07	7:45	X			
19	BOHLER	.07	10:00	X			
20	BOHLER	.07	10:00	X			
21	BOHLER	.08	8:15	X			
22	BOHLER	.07	8:00	X			
23	BOHLER	.06	9:20	X			
24	BOHLER	.09	7:45	X			
25	BOHLER	.08	9:50	X			
26	BOHLER	.09	10:00	X			
27	BOHLER	.09	10:00	X			
28	BOHLER	.08	1:00	X			
29	BOHLER	.10	7:45	X			
30	BOHLER	.13	6:55	X			
31	BOHLER	.09	8:15	X			

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WATER SYSTEM NAME:

COUNTY: *Whitman*

ID# ~~385200~~ 93200Q

OPERATOR: Todd Kompf (Signature required upon submittal)

PHONE NO. 509-335-9000

MO / YR 5/18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN	.09	8:20	X			
2	STEFFEN	.09	8:15	X			
3	STEFFEN	.08	11:30	X			
4	STEFFEN	.09	8:15	X			
5	STEFFEN	.09	1:00	X			
6	STEFFEN	.09	1:00	X			
7	STEFFEN	.09	9:00	X			
8	STEFFEN	.08	7:45	X			
9	STEFFEN	.09	8:00	X			
10	STEFFEN	.08	9:40	X			
11	STEFFEN	.07	9:20	X			
12	STEFFEN	.08	10:00	X			
13	STEFFEN	.08	10:00	X			
14	STEFFEN	.09	11:45	X			
15	STEFFEN	.10	9:40	X			
16	STEFFEN	.10	9:50	X			
17	STEFFEN	.05	8:55	X			
18	STEFFEN	.06	8:15	X			
19	STEFFEN	.06	10:00	X			
20	STEFFEN	.06	10:00	X			
21	STEFFEN	.08	8:20	X			
22	STEFFEN	.05	8:45	X			
23	STEFFEN	.05	8:15	X			
24	STEFFEN	.04	8:50	X			
25	STEFFEN	.05	10:05	X			
26	STEFFEN	.06	1:00	X			
27	STEFFEN	.06	1:00	X			
28	STEFFEN	.05	1:00	X			
29	STEFFEN	.05	9:05	X			
30	STEFFEN	.06	10:15	X			
31	STEFFEN	.04	8:55	X			

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

EXHIBIT CHLORINATION RECORD

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman MAY 2019 ID# 93200

OPERATOR: (signature required upon submittal) PHONE NO:

MO / YR	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.05	12:16	X			
2	BOHLER GYM	.05	11:48	X			
3	BOHLER GYM	.05	12:15	X			
4	BOHLER GYM	.06	11:50	X			
5	BOHLER GYM	.05	10:30	X			
6	BOHLER GYM	.07	12:30	X			
7	BOHLER GYM	.05	09:45	X			
8	BOHLER GYM	.05	06:21	X			
9	BOHLER GYM	.05	09:12	X			
10	BOHLER GYM	.05	10:49	X			
11	BOHLER GYM	.06	09:30	X			
12	BOHLER GYM	.05	08:50	X			
13	BOHLER GYM	.07	07:30	X			
14	BOHLER GYM	.05	08:09	X			
15	BOHLER GYM	.05	09:04	X			
16	BOHLER GYM	.05	10:21	X			
17	BOHLER GYM	.05	09:04	X			
18	BOHLER GYM	.07	08:30	X			
19	BOHLER GYM	.05	10:30	X			
20	BOHLER GYM	.06	9:30	X			
21	BOHLER GYM	.05	09:43	X			
22	BOHLER GYM	.05	08:00	X			
23	BOHLER GYM	.05	07:49	X			
24	BOHLER GYM	.05	06:50	X			
25	BOHLER GYM	.07	06:14	X			
26	BOHLER GYM	.04	08:10	X			
27	BOHLER GYM	.05	09:30	X			
28	BOHLER GYM	.05	11:30	X			
29	BOHLER GYM	.05	06:25	X			
30	BOHLER GYM	.05	10:02	X			
31	BOHLER GYM	.07	12:30	X			

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman MAY 2019 ID# 93200 G

OPERATOR: (signature required upon submittal) PHONE NO

MO / YR	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.05	10:42	X			
2	STEFFEN CENTER	.08	10:45	X			
3	STEFFEN CENTER	.10	12:00	X			
4	STEFFEN CENTER	.09	12:01	X			
5	STEFFEN CENTER	.10	12:30	X			
6	STEFFEN CENTER	.08	10:30	X			
7	STEFFEN CENTER	.10	08:00	X			
8	STEFFEN CENTER	.10	07:36	X			
9	STEFFEN CENTER	.10	09:29	X			
10	STEFFEN CENTER	.05	07:54	X			
11	STEFFEN CENTER	.05	8:01	X			
12	STEFFEN CENTER	.10	12:01	X			
13	STEFFEN CENTER	.09	11:30	X			
14	STEFFEN CENTER	.05	08:19	X			
15	STEFFEN CENTER	.05	08:55	X			
16	STEFFEN CENTER	.05	12:20	X			
17	STEFFEN CENTER	.05	08:51	X			
18	STEFFEN CENTER	.10	10:30	X			
19	STEFFEN CENTER	.09	9:30	X			
20	STEFFEN CENTER	.08	9:01	X			
21	STEFFEN CENTER	.05	2:00	X			
22	STEFFEN CENTER	.05	2:50	X			
23	STEFFEN CENTER	.05	12:30	X			
24	STEFFEN CENTER	.05	12:15	X			
25	STEFFEN CENTER	.05	12:30	X			
26	STEFFEN CENTER	.08	1:30	X			
27	STEFFEN CENTER	.09	12:01	X			
28	STEFFEN CENTER	.10	12:20	X			
29	STEFFEN CENTER	.05	09:13	X			
30	STEFFEN CENTER	.10	08:18	X			
31	STEFFEN CENTER	.10	11:30	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman MAY 2020 ID# 93200

OPERATOR: [signature] (signature required upon submittal) PHONE NO. 335-9345

MO / YR 5/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.08	12:44	X			
2	BOHLER GYM	.08	10:30	X			
3	BOHLER GYM	.09	10:35	X			
4	BOHLER GYM	.08	10:15	X			
5	BOHLER GYM	.07	10:39	X			
6	BOHLER GYM	.07	10:05	X			
7	BOHLER GYM	.08	10:10	X			
8	BOHLER GYM	.07	10:14	X			
9	BOHLER GYM	.08	10:30	X			
10	BOHLER GYM	.07	10:35	X			
11	BOHLER GYM	.07	9:55	X			
12	BOHLER GYM	.08	10:15	X			
13	BOHLER GYM	.07	1:33	X			
14	BOHLER GYM	.07	8:12	X			
15	BOHLER GYM	.07	10:00	X			
16	BOHLER GYM	.08	10:15	X			
17	BOHLER GYM	.09	10:30	X			
18	BOHLER GYM	.08	10:20	X			
19	BOHLER GYM	.07	7:52	X			
20	BOHLER GYM	.09	12:11	X			
21	BOHLER GYM	.09	12:01	X			
22	BOHLER GYM	.07	12:15	X			
23	BOHLER GYM	.08	12:30	X			
24	BOHLER GYM	.07	12:25	X			
25	BOHLER GYM	.07	12:11	X			
26	BOHLER GYM	.07	12:15	X			
27	BOHLER GYM	.06	12:09	X			
28	BOHLER GYM	.06	7:26	X			
29	BOHLER GYM	.08	09:45	X			
30	BOHLER GYM	.11	08:15	X			
31	BOHLER GYM	.16	06:15	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman MAY 2020 ID# 93200

OPERATOR: [signature] (signature required upon submittal) PHONE NO 335-9345

MO / YR 5/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.10	3:11	X			
2	STEFFEN CENTER	.09	8:02	X			
3	STEFFEN CENTER	.09	8:05	X			
4	STEFFEN CENTER	.07	8:10	X			
5	STEFFEN CENTER	.06	11:48	X			
6	STEFFEN CENTER	.06	8:15	X			
7	STEFFEN CENTER	.05	8:20	X			
8	STEFFEN CENTER	.06	8:21	X			
9	STEFFEN CENTER	.07	8:15	X			
10	STEFFEN CENTER	.09	8:10	X			
11	STEFFEN CENTER	.08	8:15	X			
12	STEFFEN CENTER	.09	8:20	X			
13	STEFFEN CENTER	.08	10:48	X			
14	STEFFEN CENTER	.05	10:23	X			
15	STEFFEN CENTER	.07	9:51	X			
16	STEFFEN CENTER	.09	10:05	X			
17	STEFFEN CENTER	.12	10:10	X			
18	STEFFEN CENTER	.13	10:15	X			
19	STEFFEN CENTER	.15	10:32	X			
20	STEFFEN CENTER	.14	10:20	X			
21	STEFFEN CENTER	.14	10:25	X			
22	STEFFEN CENTER	.13	10:30	X			
23	STEFFEN CENTER	.12	10:35	X			
24	STEFFEN CENTER	.11	10:48	X			
25	STEFFEN CENTER	.12	10:25	X			
26	STEFFEN CENTER	.11	10:30	X			
27	STEFFEN CENTER	.10	10:35	X			
28	STEFFEN CENTER	.09	7:52	X			
29	STEFFEN CENTER	.12	16:15	X			
30	STEFFEN CENTER	.11	13:18	X			
31	STEFFEN CENTER	.16	13:18	X			

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WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman MAY 2021 ID# 93200

OPERATOR: [signature] (signature required upon submittal) PHONE NO 335-9345

MO / YR 5/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.09	9:15	X			
2	BOHLER GYM	.08	9:30	X			
3	BOHLER GYM	.07	10:15	X			
4	BOHLER GYM	.08	9:05	X			
5	BOHLER GYM	.07	9:20	X			
6	BOHLER GYM	.08	9:55	X			
7	BOHLER GYM	.06	12:58	X			
8	BOHLER GYM	.09	10:30	X			
9	BOHLER GYM	.06	10:05	X			
10	BOHLER GYM	.07	10:15	X			
11	BOHLER GYM	.07	9:05	X			
12	Bohler Gym	105	1:00	X			
13	BOHLER GYM	.06	9:00	X			
14	BOHLER GYM	.07	9:34	X			
15	BOHLER GYM	.06	9:15	X			
16	BOHLER GYM	.08	9:20	X			
17	BOHLER GYM	.07	10:15	X			
18	BOHLER GYM	.05	10:48	X			
19	BOHLER GYM	.08	9:50	X			
20	BOHLER GYM	.07	10:10	X			
21	BOHLER GYM	.06	10:05	X			
22	BOHLER GYM	.05	9:15	X			
23	BOHLER GYM	.07	9:30	X			
24	BOHLER GYM	.08	9:15	X			
25	BOHLER GYM	.09	9:20	X			
26	BOHLER GYM	.07	9:25	X			
27	BOHLER GYM	.06	10:10	X			
28	BOHLER GYM	.08	10:04		X	.08	
29	BOHLER GYM	.07	10:15	X			
30	BOHLER GYM	.08	11:20	X			
31	BOHLER GYM	.09	4:05	X			

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WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman MAY 2021 ID# 93200

OPERATOR: [signature] (signature required upon submittal) PHONE NO 332-9345

MO / YR 5/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.12	8:10	X			
2	STEFFEN CENTER	.13	7:55	X			
3	Steffen Center	.12	12:00	X			
4	STEFFEN CENTER	.10	9:15	X			
5	STEFFEN CENTER	.12	8:10	X			
6	STEFFEN CENTER	.13	8:15	X			
7	STEFFEN CENTER	.14	9:30	X			
8	STEFFEN CENTER	.13	8:05	X			
9	STEFFEN CENTER	.12	8:10	X			
10	STEFFEN CENTER	.11	7:55	X			
11	STEFFEN CENTER	.12	8:44	X			
12	STEFFEN CENTER	.11	7:03	X			
13	STEFFEN CENTER	.12	12:04	X			
14	STEFFEN CENTER	.14	7:19	X			
15	STEFFEN CENTER	.15	7:50	X			
16	STEFFEN CENTER	.12	7:45	X			
17	Steffen Center	.11	12:00	X			
18	STEFFEN CENTER	.11	7:42	X			
19	STEFFEN CENTER	.12	6:32	X			
20	STEFFEN CENTER	.13	6:59	X			
21	STEFFEN CENTER	.12	8:01	X			
22	STEFFEN CENTER	.13	8:15	X			
23	STEFFEN CENTER	.12	8:05	X			
24	STEFFEN CENTER	.11	7:45	X			
25	STEFFEN CENTER	.10	6:48	X			
26	STEFFEN CENTER	.11	7:50	X			
27	STEFFEN CENTER	.12	3:17	X			
28	STEFFEN CENTER	.15	12:44	X			
29	STEFFEN CENTER	.13	8:10	X			
30	STEFFEN CENTER	.12	8:05	X			
31	STEFFEN CENTER	.13	7:50	X			

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WATER SYSTEM NAME: – WSU

COUNTY: *Whitman* | ID# 932006

OPERATOR: Jim Pehan (Signature required upon submittal) | PHONE NO. 335-9345

MO / YR 11/17	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	*Was a bacteriological sample taken at the same time chlorine was tested?* NO	YES	RESULT	REMARKS
1	BOHLER	.07	8:10	X			
2	BOHLER	.11	12:15	X			
3	BOHLER	.11	7:40	X			
4	BOHLER	.12	1:00	X			
5	BOHLER	.12	1:00	X			
6	BOHLER	.10	7:45	X			
7	BOHLER	.09	6:50	X			
8	BOHLER	.10	7:30	X			
9	BOHLER	.10	7:25	X			
10	BOHLER	.09	8:10	X			
11	BOHLER	.10	1:00	X			
12	BOHLER	.10	1:00	X			
13	BOHLER	.09	7:40	X			
14	BOHLER	.10	7:15	X			
15	BOHLER	.11	12:40	X			
16	BOHLER	.11	7:12	X			
17	BOHLER	.11	8:45	X			
18	BOHLER	.10	1:00	X			
19	BOHLER	.10	1:00	X			
20	BOHLER	.07	7:45	X			
21	BOHLER	.07	7:10	X			
22	BOHLER	.08	7:30	X			
23	BOHLER	.09	9:30	X			
24	BOHLER	.09	10:00	X			
25	BOHLER	.10	10:00	X			
26	BOHLER	.08	1:00	X			
27	BOHLER	.08	7:15	X			
28	BOHLER	.08	7:20	X			
29	BOHLER	.10	7:40	X			
30	BOHLER	.08	11:45	X			
31							

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WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 932006
OPERATOR: [signature]	(Signature required upon submittal)	PHONE NO. 335-9345

MO / YR 11/17	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine .. ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN	.11	8:40	X			
2	STEFFEN	.04	12:30	X			
3	STEFFEN	.09	8:45	X			
4	STEFFEN	.10	10:00	X			
5	STEFFEN	.11	10:00	X			
6	STEFFEN	.09	8:40	X			
7	STEFFEN	.10	9:30	X			
8	STEFFEN	.08	8:20	X			
9	STEFFEN	.09	8:30	X			
10	STEFFEN	.10	9:15	X			
11	STEFFEN	.09	10:00	X			
12	STEFFEN	.09	10:00	X			
13	STEFFEN	.10	8:10	X			
14	STEFFEN	.08	9:30	X			
15	STEFFEN	.10	1:05	X			
16	STEFFEN	.09	8:25	X			
17	STEFFEN	.11	9:02	X			
18	STEFFEN	.09	10:00	X			
19	STEFFEN	.09	10:00	X			
20	STEFFEN	.10	8:50	X			
21	STEFFEN	.08	8:30	X			
22	STEFFEN	.10	9:01	X			
23	STEFFEN	.10	10:00	X			
24	STEFFEN	.11	10:00	X			
25	STEFFEN	.09	9:20	X			
26	STEFFEN	.08	9:30	X			
27	STEFFEN	.09	8:50	X			
28	STEFFEN	.11	8:10	X			
29	STEFFEN	.11	8:45	X			
30	STEFFEN	.09	8:10	X			
31							

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman 2018 NOVEMBER ID# 93200

OPERATO.. Jennifer Johnson (signature required upon submittal) PHONE NO 335-9345

MO / YR 11/18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.08	10:AM.	X			
2	BOHLER GYM	.07	10:21	X			
3	BOHLER GYM	.08	11:45	X			
4	BOHLER GYM	.11	10:15	X			
5	BOHLER GYM	.08	09:55	X			
6	BOHLER GYM	.08	11:46	X			
7	BOHLER GYM	.09	11:52	X			
8	BOHLER GYM	.08	09:43	X			
9	BOHLER GYM	.07	12:15	X			
10	BOHLER GYM	.10	11:38	X			
11	BOHLER GYM	.08	10:33	X			
12	BOHLER GYM	.07	11:48	X			
13	BOHLER GYM	.06	02:54	X			
14	BOHLER GYM	.06	08:05	X			
15	BOHLER GYM	.06	09:34	X			
16	BOHLER GYM	.06	01:23	X			
17	BOHLER GYM	.08	10:27	X			
18	BOHLER GYM	.08	10:27	X			
19	BOHLER GYM	.05	10:27	X			
20	BOHLER GYM	.05	11:55	X			
21	BOHLER GYM	.08	12:55	X			
22	BOHLER GYM	.09	09:50	X			
23	BOHLER GYM	.11	09:41	X			
24	BOHLER GYM	.10	08:55	X			
25	BOHLER GYM	.08	10:33	X			
26	BOHLER GYM	.09	11:50	X			
27	BOHLER GYM	.09	09:31	X			
28	BOHLER GYM	.07	09:53	X			
29	BOHLER GYM	.07	12:02	X			
30	BOHLER GYM	.07	12:56	X			
31							

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

WATER SYSTEM NAME: WSU

COUNTY: Whitman NOVEMBER 2018 ID# ~~89S208~~ 93260Q

OPERATOR: Jim Gohman (Signature required upon submittal) PHONE NO. 335 9345

MO / YR 11 /18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.07	08:04	X			
2	STEFFEN CENTER	.07	10:37	X			
3	STEFFEN CENTER	.08	09:27	X			
4	STEFFEN CENTER	.07	09:25	X			
5	STEFFEN CENTER	.07	09:15	X			
6	STEFFEN CENTER	.07	09:00	X			
7	STEFFEN CENTER	.05	1:30	X			
8	STEFFEN CENTER	.05	09:27	X			
9	STEFFEN CENTER	.18	09:02	X			
10	STEFFEN CENTER	.11	09:19	X			
11	STEFFEN CENTER	.10	09:55	X			
12	STEFFEN CENTER	.08	09:38	X			
13	STEFFEN CENTER	.06	09:25	X			
14	STEFFEN CENTER	.10	09:05	X			
15	STEFFEN CENTER	.10	09:19	X			
16	STEFFEN CENTER	.10	12:00	X			
17	STEFFEN CENTER	.12	09:17	X			
18	STEFFEN CENTER	.14	10:11	X			
19	STEFFEN CENTER	.09	09:12	X			
20	STEFFEN CENTER	.07	09:45	X			
21	STEFFEN CENTER	.08	09:53	X			
22	STEFFEN CENTER	.09	09:17	X			
23	STEFFEN CENTER	.11	11:55	X			
24	STEFFEN CENTER	.13	11:39	X			
25	STEFFEN CENTER	.09	09:53	X			
26	STEFFEN CENTER	.08	12:55	X			
27	STEFFEN CENTER	.06	12:40	X			
28	STEFFEN CENTER	.06	03:10	X			
29	STEFFEN CENTER	.06	11:47	X			
30	STEFFEN CENTER	.06	01:11	X			
31							

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman NOV. 2019 ID# 93200

OPERATOR: Tim Gardner (signature required upon submittal) PHONE NO. 335-9345

MO / YR 11/19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER - GYM	.11	09:56	X			
2	BOHLER GYM	.12	08:15	X			
3	BOHLER GYM	.18	08:15	X			
4	BOHLER GYM	.12	08:15	X			
5	BOHLER GYM	.11	1:30	X			
6	BOHLER GYM	.12	09:19	X			
7	BOHLER GYM	.11	09:54	X			
8	BOHLER GYM	.10	09:48	X			
9	BOHLER GYM	.11	08:15	X			
10	BOHLER GYM	.12	08:15	X			
11	BOHLER GYM	.10	08:15	X			
12	BOHLER GYM	.08	08:15	X			
13	BOHLER GYM	.09	10:21	X			
14	BOHLER GYM	.11	08:15	X			
15	BOHLER GYM	.09	09:58	X			
16	BOHLER GYM	.10	08:15	X			
17	BOHLER GYM	.11	08:15	X			
18	BOHLER GYM	.07	08:15	X			
19	BOHLER GYM	.08	08:15	X			
20	BOHLER GYM	.10	3:05	X			
21	BOHLER GYM	.09	11:48	X			
22	BOHLER GYM	.10	09:38	X			
23	BOHLER GYM	.08	08:15	X			
24	BOHLER GYM	.09	08:15	X			
25	BOHLER GYM	.10	08:15	X			
26	BOHLER GYM	.09	09:20	X			
27	BOHLER GYM	.09	09:13	X			
28	BOHLER GYM	.11	08:15	X			
29	BOHLER GYM	.10	08:15	X			
30	BOHLER GYM	.09	08:15	X			
31							

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

BACTERIOLOGICAL CHLORINATION RESULT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman NOV. 2019 ID# 93200Q

OPERATOR: Tim Pechuem (signature required upon submittal) PHONE NO 335-9345

MO / YR 11/19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.09	09:05	X			
2	STEFFEN CENTER	.06	08:15	X			
3	STEFFEN CENTER	.10	8:15	X			
4	STEFFEN CENTER	.10	8:15	X			
5	STEFFEN CENTER	.08	07:58	X			
6	STEFFEN CENTER	.06	08:17	X			
7	STEFFEN CENTER	.06	08:15	X			
8	STEFFEN CENTER	.07	08:08	X			
9	STEFFEN CENTER	.11	8:15	X			
10	STEFFEN CENTER	.10	8:15	X			
11	STEFFEN CENTER	.07	8:15	X			
12	STEFFEN CENTER	09	8:15	X			
13	STEFFEN CENTER	.08	08:53	X			
14	STEFFEN CENTER	08	8:15	X			
15	STEFFEN CENTER	.07	02:09	X			
16	STEFFEN CENTER	.09	8:15	X			
17	STEFFEN CENTER	.11	8:15	X			
18	STEFFEN CENTER	.12	8:15	X			
19	STEFFEN CENTER	09	8:15	X			
20	STEFFEN CENTER	.09	2:07	X			
21	STEFFEN CENTER	.08	7:25	X			
22	STEFFEN CENTER	.08	08:01	X			
23	STEFFEN CENTER	.11	8:15	X			
24	STEFFEN CENTER	.12	8:15	X			
25	STEFFEN CENTER	.10	8:15				
26	STEFFEN CENTER	.09	11:41	X			
27	STEFFEN CENTER	.13	08:03	X			
28	STEFFEN CENTER	.09	8:15	X			
29	STEFFEN CENTER	.11	8:15	X			
30	STEFFEN CENTER	.08	8:15	X			
31							

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman NOV: 2020 ID# 93200

OPERATOR: [signature] (signature required upon submittal) PHONE NO 9345

MO / YR 11/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.07	10:30	X			
2	BOHLER GYM	.07	10:15	X			
3	BOHLER GYM	.06	11:58	X			
4	BOHLER GYM	.07	7:06	X			
5	BOHLER GYM	.07	10:30	X			
6	BOHLER GYM	.06	7:12	X			
7	BOHLER GYM	.07	10:00	X			
8	BOHLER GYM	.08	10:10	X			
9	BOHLER GYM	.07	10:15	X			
10	BOHLER GYM	.08	10:05	X			
11	BOHLER GYM	.07	11:50	X			
12	BOHLER GYM	.06	8:20	X			
13	BOHLER GYM	.07	10:30	X			
14	BOHLER GYM	.06	11:45	X			
15	BOHLER GYM	.09	10:15	X			
16	BOHLER GYM	.07	10:20	X			
17	BOHLER GYM	.06	7:34	X			
18	BOHLER GYM	.07	10:00	X			
19	BOHLER GYM	.06	9:47	X			
20	BOHLER GYM	.07	10:05	X			
21	BOHLER GYM	.08	10:10	X			
22	BOHLER GYM	.09	10:15	X			
23	BOHLER GYM	.07	10:45	X			
24	BOHLER GYM	.06	10:39	X			
25	BOHLER GYM	.07	10:20	X			
26	BOHLER GYM	.07	11:15	X			
27	BOHLER GYM	.08	10:30	X			
28	BOHLER GYM	.09	11:05	X			
29	BOHLER GYM	.10	10:15	X			
30	BOHLER GYM	.09	11:01	X			
31							

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

FREE CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman NOV. 2020 ID# 93200 G

OPERATOR: [signature] (signature required upon submittal) PHONE NO 9345

MO / YR 11/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.10	8:01	X			
2	STEFFEN CENTER	.10	8:10	X			
3	STEFFEN CENTER	.09	10:20	X			
4	STEFFEN CENTER	.10	7:19	X			
5	STEFFEN CENTER	.09	7:03	X			
6	STEFFEN CENTER	.08	7:08	X			
7	STEFFEN CENTER	.09	7:30	X			
8	STEFFEN CENTER	.10	7:15	X			
9	STEFFEN CENTER	.09	7:20	X			
10	STEFFEN CENTER	.08	7:25	X			
11	STEFFEN CENTER	.08	8:30	X			
12	STEFFEN CENTER	.07	7:23	X			
13	STEFFEN CENTER	.07	1:06	X			
14	STEFFEN CENTER	.08	7:15	X			
15	STEFFEN CENTER	.07	7:20	X			
16	STEFFEN CENTER	.08	7:45	X			
17	STEFFEN CENTER	.08	7:49	X			
18	STEFFEN CENTER	.09	12:30	X			
19	STEFFEN CENTER	.09	12:24	X			
20	STEFFEN CENTER	.08	8:18	X			
21	STEFFEN CENTER	.09	7:30	X			
22	STEFFEN CENTER	.10	7:45	X			
23	STEFFEN CENTER	.09	7:25	X			
24	STEFFEN CENTER	.07	8:25	X			
25	STEFFEN CENTER	.08	7:31	X			
26	STEFFEN CENTER	.09	7:35	X			
27	STEFFEN CENTER	.10	7:45	X			
28	STEFFEN CENTER	.10	8:01	X			
29	STEFFEN CENTER	.09	7:30	X			
30	STEFFEN CENTER	.09	7:45	X			
31							

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WATER SYSTEM NAME: Bohler WSU

COUNTY: Whitman Nov. 2021 ID# 93200G

OPERATOR: [signature] (signature required upon submittal) PHONE NO 335-9345

MO / YR 11/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	Bohler Gym	.06	1:20	X			
2	Bohler Gym	.09	7:00	X			
3	Bohler GYM	.06	9:38	X			
4	Bohler Gym	.08	10:30	X			
5	Bohler Gym	.08	12:30	X			
6	Bohler Gym	.09	1:00	X			
7	Bohler Gym	.09	12:30	X			
8	Bohler Gym	.08	12:30	X			
9	Bohler Gym	.08	1:00	X			
10	Bohler Gym	.09	1:15	X			
11	Bohler Gym	.09	7:00	X			
12	Bohler Gym	.08	1:15	X			
13	Bohler Gym	.08	1:00	X			
14	Bohler Gym	.09	12:30	X			
15	Bohler Gym	.09	11:30	X			
16	Bohler Gym	.09	10:30	X			
17	Bohler Gym	.09	12:10	X			
18	Bohler Gym	.08	1:30	X			
19	Bohler Gym	.08	1:15	X			
20	Bohler Gym	.09	12:45	X			
21	Bohler Gym	.08	1:00	X			
22	Bohler Gym	.09	12:10	X			
23	Bohler Gym	.08	1:20	X			
24	Bohler Gym	Restart	12:30	X		.11	Supply wells turned off?
25	Bohler Gym	.08	1:15	X			
26	Bohler Gym	.09	1:00	X			
27	Bohler Gym	.09	1:00	X			
28	Bohler Gym	.08	1:15	X			
29	Bohler Gym	.05	1:00	X			
30	Bohler Gym	.05	12:00	X			
31							

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WATER SYSTEM NAME: Steffen Center WSU

COUNTY: Whitman Nov 2021 ID# 93200 G

OPERATOR: [signature] (signature required upon submittal) PHONE NO. 335-9345

MO / YR 11/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	Steffen Center	.08	10:15	X			
2	Steffen Center	.09	10:00	X			
3	Steffen Center	.10	8:00	X			
4	Steffen Center	.08	9:25	X			
5	STEFFEN CENTER	.11	11:05	X			
6	Steffen Center	.10	9:15	X			
7	Steffen Center	.12	9:00	X			
8	Steffen Center	.13	9:40	X			
9	Steffen Center	.11	9:00	X			
10	Steffen Center	.09	11:30	X			
11	Steffen Center	.09	10:15	X			
12	Steffen Center	.08	12:30	X			
13	Steffen Center	.09	9:00	X			
14	Steffen Center	.08	8:30	X			
15	Steffen Center	.07	12:10	X			
16	Steffen Center	.08	10:00				
17	Steffen Center	.09	11:55				
18	Steffen Center	.08	12:10				
19	Steffen Center	.09	8:00	X			
20	Steffen Center	.09	8:30	X			
21	Steffen Center	.10	9:00	X			
22	Steffen Center	.10	R				
23	Steffen Center	.08	12:15	X			
24	Steffen Center	.08	12:15	X			
25	Steffen Center	.09	9:00	X			
26	Steffen Center	.08	8:45	X			
27	Steffen Center	.09	9:00	X			
28	Steffen Center	.09	8:30	X			
29	Steffen Center	.08	8:00	X			
30	Steffen Center	.09	8:30	X			
31							

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WATER SYSTEM NAME: – WSU

COUNTY: *Whitman* | ID# 93200Q

OPERATOR: Jim Rochman (Signature required upon submittal) | PHONE NO. 335 - 9345

MO / YR 10/17	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	*Was a bacteriological sample taken at the same time chlorine was tested?* NO	YES	RESULT	REMARKS
1	BOHLER	.10	9:30	X			
2	BOHLER	.07	7:10	X			
3	BOHLER	.10	7:05	X			
4	BOHLER	.11	7:10	X			
5	BOHLER	.14	7:40	X			
6	BOHLER	.10	7:35	X			
7	BOHLER	.09	9:00	X			
8	BOHLER	.09	9:00	X			
9	BOHLER	.10	7:20	X			
10	BOHLER	.11	6:50	X			
11	BOHLER	.11	7:45	X			
12	BOHLER	.10	10:15	X			
13	BOHLER	.09	8:40	X			
14	BOHLER	.08	10:00	X			
15	BOHLER	.08	10:00	X			
16	BOHLER	.10	7:30	X			
17	BOHLER	.11	12:20	X			
18	BOHLER	.11	10:10	X			
19	BOHLER	.10	9:10	X			
20	BOHLER	.11	8:40	X			
21	BOHLER	.11	1:30	X			
22	BOHLER	.10	1:25	X			
23	BOHLER	.09	7:30	X			
24	BOHLER	.11	7:35	X			
25	BOHLER	.09	8:35	X			
26	BOHLER	.10	7:40	X			
27	BOHLER	.09	7:00	X			
28	BOHLER	.11	11:00	X			
29	BOHLER	.10	11:00	X			
30	BOHLER	.10	7:35	X			
31	BOHLER	.09	8:05	X			

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WATER SYSTEM NAME:	- WSU	
COUNTY: Whitman		ID# 932009
OPERATOR: Jim Pakkanen	(Signature required upon submittal)	PHONE NO. 335-9345

MO / YR 10/17	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine - ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN	10.00	.12	X			
2	STEFFEN	8.52	.13	X			
3	STEFFEN	.11	8:40	X			
4	STEFFEN	.05	8:50	X			
5	STEFFEN	.07	8:20	X			
6	STEFFEN	.07	8:40	X			
7	STEFFEN	.08	10:00	X			
8	STEFFEN	.08	10:00	X			
9	STEFFEN	.11	8:30	X			
10	STEFFEN	.14	7.45	X			
11	STEFFEN	.14	8:50	X			
12	STEFFEN	.10	1:00	X			
13	STEFFEN	.04	9:10	X			
14	STEFFEN	.09	1:00	X			
15	STEFFEN	.10	1:00	X			
16	STEFFEN	.10	8:10	X			
17	STEFFEN	.12	11:45	X			
18	STEFFEN	.11	10:32	X			
19	STEFFEN	.14	11:45	X			
20	STEFFEN	.07	10:40	X			
21	STEFFEN	.10	10:00	X			
22	STEFFEN	.10	10:00	X			
23	STEFFEN	.12	8:15	X			
24	STEFFEN	.10	8:30	X			
25	STEFFEN	.06	8:55	X			
26	STEFFEN	.09	9:00	X			
27	STEFFEN	.08	8:00	X			
28	STEFFEN	.09	11:30	X			
29	STEFFEN	.09	1:30	X			
30	STEFFEN	.03	9:15	X			
31	STEFFEN	.07	8:45	X			

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WATER SYSTEM NAME: WSU BOHLER GYM

COUNTY: Whitman OCTOBER 2019 ID# ~~89520~~ 93200Q

OPERATOR: [signature] (Signature required upon submittal) PHONE NO. 335-9375

MO / YR 10/19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.09					
2	BOHLER GYM	.09	10:11	X			
3	BOHLER GYM	.08	01:14	X			
4	BOHLER GYM	.08	08:14	X			
5	BOHLER GYM	.08	10:35	X			
6	BOHLER GYM	.11	10:36	X			
7	BOHLER GYM	16	10/30	X			
8	BOHLER GYM	09	10:37	X			
9	BOHLER GYM	.09	10:41	X			
10	BOHLER GYM	.07	12:12	X			
11	BOHLER GYM	.08	09:30	X			
12	BOHLER GYM	.09	10:26	X			
13	BOHLER GYM	08	11:15	X			
14	BOHLER GYM	.11	11:55	X			
15	BOHLER GYM	09	11:55	X			
16	BOHLER GYM	.07	06:10	X			
17	BOHLER GYM	.07	2:58	X			
18	BOHLER GYM	.06	07:35	X			
19	BOHLER GYM	.09	09:13	X			
20	BOHLER GYM	.11	09:13	X			
21	BOHLER GYM	09	11:15	X			
22	BOHLER GYM	08	11:48	X			
23	BOHLER GYM	.11	11:48	X			
24	BOHLER GYM	07	11:49	X			
25	BOHLER GYM	.07	06:29	X			
26	BOHLER GYM	.08	06:30	X			
27	BOHLER GYM	.11	08:33	X			
28	BOHLER GYM	.10	08:55	X			
29	BOHLER GYM	.10	09:11	X			
30	BOHLER GYM	.08	11:16	X			
31	BOHLER GYM	.08	12:13	X			

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WATER SYSTEM NAME: WSU STEFFEN CENTER

COUNTY: Whitman — OCTOBER 2018 — ID# ~~895200~~ 93200Q

OPERATOR: [signature] (Signature required upon submittal) — PHONE NO. 335-9345

MO / YR 10/18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.08	9:17	X			
2	STEFFEN CENTER	.07	9:30	X			
3	STEFFEN CENTER	.07	10:30	X			
4	STEFFEN CENTER	.08	10:00	X			
5	STEFFEN CENTER	.07	11:54	X			
6	STEFFEN CENTER	.11	10:58	X			
7	STEFFEN CENTER	.09	10:50	X			
8	STEFFEN CENTER	.08	10:58	X			
9	STEFFEN CENTER	.05	10:29	X			
10	STEFFEN CENTER	.07	9:30	X			
11	STEFFEN CENTER	.06	10:30	X			
12	STEFFEN CENTER	.07	10:00	X			
13	STEFFEN CENTER	07	12:18	X			
14	STEFFEN CENTER	.10	12:18	X			
15	STEFFEN CENTER	09	12:18	X			
16	STEFFEN CENTER	.06	12:30	X			
17	STEFFEN CENTER	.05	1:57	X			
18	STEFFEN CENTER	.07	12:04	X			
19	STEFFEN CENTER	.07	10:04	X			
20	STEFFEN CENTER	07	11:16	X			
21	STEFFEN CENTER	.08	11:18	X			
22	STEFFEN CENTER	08	11:19	X			
23	STEFFEN CENTER	.09	09:57	X			
24	STEFFEN CENTER	.07	09:41	X			
25	STEFFEN CENTER	.09	10:04	X			
26	STEFFEN CENTER	.08	10:39	X			
27	STEFFEN CENTER	.11	12:31	X			
28	STEFFEN CENTER	.09	12:30	X			
29	STEFFEN CENTER	.05	12:30	X			
30	STEFFEN CENTER	08	2:15	X			
31	STEFFEN CENTER	.09	1:50	X			

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BACTERIOLOGICAL CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman OCT. 2019 ID# 93200Q

OPERATOR: Tim Peterson (signature required upon submittal) PHONE NO 335-9345

MO / YR 10/19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.08	09:19	X			
2	BOHLER GYM	.09	10:30	X			
3	BOHLER GYM	.10	01:25	X			
4	BOHLER GYM	.09	12:06	X			
5	BOHLER GYM	.95	11:45	X			
6	BOHLER GYM	.11	11:45	X			
7	BOHLER GYM	.14	11:45	X			
8	BOHLER GYM	.17	13:18	X			
9	BOHLER GYM	.11	12:34	X			
10	BOHLER GYM	.11	1:06	X			
11	BOHLER GYM	.09	3:11	X			
12	BOHLER GYM	.17	10:10	X			
13	BOHLER GYM	.15	10:10	X			
14	BOHLER GYM	.08	10:10	X			
15	BOHLER GYM	.17	12:15	X			
16	BOHLER GYM	.21	11:45	X			
17	BOHLER GYM	.16	10:00	X			
18	BOHLER GYM	.09	12:48	X			
19	BOHLER GYM	.11	10:57	X			
20	BOHLER GYM	.13	09:48	X			
21	BOHLER GYM	.10	09:48	X			
22	BOHLER GYM	.09	09:41	X			
23	BOHLER GYM	.09	09:06	X			
24	BOHLER GYM	.12	09:21	X			
25	BOHLER GYM	.10	12:02	X			
26	BOHLER GYM	.12	09:50	X			
27	BOHLER GYM	.18	09:52	X			
28	BOHLER GYM	.14	09:58	X			
29	BOHLER GYM	.09	12:00	X			
30	BOHLER GYM	.12	1:53	X			
31	BOHLER GYM	.13	04:57	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman OCT. 2019 ID# 93200

OPERATOR: Tim Peckham (signature required upon submittal) PHONE NO 335-9345

MO / YR 10/19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.16	2:57	X			
2	STEFFEN CENTER	.16	08:56	X			
3	STEFFEN CENTER	.13	1:40	X			
4	STEFFEN CENTER	.11	08:13	X			
5	STEFFEN CENTER	.14	13:25	X			
6	STEFFEN CENTER	.16	13:25	X			
7	STEFFEN CENTER	.12	13:25	X			
8	STEFFEN CENTER	.16	12:17	X			
9	STEFFEN CENTER	.12	09:23	X			
10	STEFFEN CENTER	.09	08:19	X			
11	STEFFEN CENTER	.06	00:16	X			
12	STEFFEN CENTER	.11	14:22	X			
13	STEFFEN CENTER	.14	14:22	X			
14	STEFFEN CENTER	.17	14:22	X			
15	STEFFEN CENTER	.15	13:26	X			
16	STEFFEN CENTER	.16	14:51	X			
17	STEFFEN CENTER	.08	15:25	X			
18	STEFFEN CENTER	.06	10:41	X			
19	STEFFEN CENTER	.14	12:16	X			
20	STEFFEN CENTER	.16	12:16	X			
21	STEFFEN CENTER	.16	12:16	X			
22	STEFFEN CENTER	.15	09:09	X			
23	STEFFEN CENTER	.13	07:56	X			
24	STEFFEN CENTER	.09	08:05	X			
25	STEFFEN CENTER	.08	09:12	X			
26	STEFFEN CENTER	.12	12:33	X			
27	STEFFEN CENTER	.16	12:33	X			
28	STEFFEN CENTER	.11	12:33	X			
29	STEFFEN CENTER	.08	08:00	X			
30	STEFFEN CENTER	.10	03:28	X			
31	STEFFEN CENTER	.09	07:54	X			

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

WATER CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER - GYM WSU

COUNTY: Whitman OCT. 2020 ID# 93200

OPERATOR: Tim Pelman (signature required upon submittal) PHONE NO 335-9345

MO / YR 10/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.09	9:30	X			
2	BOHLER GYM	.08	9:38	X			
3	BOHLER GYM	.09	9:30	X			
4	BOHLER GYM	.06	9:25	X			
5	BOHLER GYM	.08	9:15	X			
6	BOHLER GYM	.07	7:33	X			
7	BOHLER GYM	.08	10:30	X			
8	BOHLER GYM	.06	10:41	X			
9	BOHLER GYM	.07	10:33	X			
10	BOHLER GYM	.08	10:75	X			
11	BOHLER GYM	.07	10:30	X			
12	BOHLER GYM	.08	10:15	X			
13	BOHLER GYM	.06	10:09	X			
14	BOHLER GYM	.07	5:56	X			
15	BOHLER GYM	.06	1:26	X			
16	BOHLER GYM	.06	10:20	X			
17	BOHLER GYM	.07	10:25	X			
18	BOHLER GYM	.08	10:15	X			
19	BOHLER GYM	.07	10:30	X			
20	BOHLER GYM	.06	12:44	X			
21	BOHLER GYM	.06	7:27	X			
22	BOHLER GYM	.05	7:32	X			
23	BOHLER GYM	.06	10:30	X			
24	BOHLER GYM	.07	10:15	X			
25	BOHLER GYM	.08	10:10	X			
26	BOHLER GYM	.07	10:20	X			
27	BOHLER GYM	.06	10:22	X			
28	BOHLER GYM	.07	9:23	X			
29	BOHLER GYM	.07	9:27	X			
30	BOHLER GYM	.06	9:18	X			
31	BOHLER GYM	.07	10:00	X			

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DAILY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman OCT 2020 ID# 93200G

OPERATO.. [signature] (signature required upon submittal) PHONE NO 335-9345

MO / YR	SAMPLE POINT LOCATION	Free Chlorine ppm	TIME OF	Was a bacteriological sample taken at the same time chlorine was tested?			REMARKS
10/20	STREET ADDRESS		DAY	NO	YES	RESULT	
1	STEFFEN CENTER	.09	10:36	X			
2	STEFFEN CENTER	.10	7:38	X			
3	STEFFEN CENTER	.09	10:15	X			
4	STEFFEN CENTER	.10	10:30	X			
5	STEFFEN CENTER	.10	10:25	X			
6	STEFFEN CENTER	.09	10:10	X			
7	STEFFEN CENTER	.08	1:30	X			
8	STEFFEN CENTER	.07	1:25	X			
9	STEFFEN CENTER	.10	6:58	X			
10	STEFFEN CENTER	.09	7:30	X			
11	STEFFEN CENTER	.10	7:45	X			
12	STEFFEN CENTER	.09	7:50	X			
13	STEFFEN CENTER	.10	7:47	X			
14	STEFFEN CENTER	.08	7:48	X			
15	STEFFEN CENTER	.10	8:12	X			
16	STEFFEN CENTER	.11	8:07	X			
17	STEFFEN CENTER	.10	8:15	X			
18	STEFFEN CENTER	.11	8:05	X			
19	STEFFEN CENTER	.10	8:10	X			
20	STEFFEN CENTER	.11	2:59	X			
21	STEFFEN CENTER	.10	9:51	X			
22	STEFFEN CENTER	.16	7:52	X			
23	STEFFEN CENTER	.15	7:55	X			
24	STEFFEN CENTER	.12	7:50	X			
25	STEFFEN CENTER	.10	7:30	X			
26	STEFFEN CENTER	.10	7:45	X			
27	STEFFEN CENTER	.08	7:47	X			
28	STEFFEN CENTER	.07	2:10	X			
29	STEFFEN CENTER	.08	9:45	X			
30	STEFFEN CENTER	.07	11:10	X			
31	STEFFEN CENTER	.08	11:00	X			

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

WATER SYSTEM NAME: Bohler WSU

COUNTY: Whitman Oct. 2021 ID# 93200

OPERATOR: [signature] signature required upon submittal) PHONE NO. 335-9345

MO / YR 10/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	Bohler Gym	.08	12:00	X			
2	Bohler Gym	.09	12:30	X			
3	Bohler Gym	.10	12:15	X			
4	Bohler Gym	.08	12:00	X			
5	Bohler Gym	.09	12:30	X			
6	Bohler Gym	.08	1:10	X			
7	Bohler Gym	.10	12:45	X			
8	Bohler Gym	.09	1:00	X			
9	Bohler Gym	.08	12:00	X			
10	Bohler Gym	.06	12:30	X			
11	Bohler Gym	.08	12:00	X			
12	Bohler Gym	.12	12:00	X			
13	Bohler Gym	.11	12:00	X			
14	Bohler Gym	.10	9:30	X			
15	Bohler Gym	.09	9:20	X			
16	Bohler Gym	.09	9:00	X			
17	Bohler Gym	.10	9:30	X			
18	Bohler Gym	.09	11:30	X			
19	Bohler Gym	.30	12:00	X			
20	Bohler Gym	.18	10:30	X			
21	Bohler Gym	.14	10:45	X			
22	Bohler Gym	.12	10:17	X			
23	Bohler Gym	.12	10:15	X			
24	Bohler Gym	.11	10:30	X			
25	Bohler Gym	.10	10:30	X			
26	Bohler Gym	.08	10:45	X			
27	Bohler Gym	.10	1:30	X			
28	Bohler Gym	.12	10:16	X			
29	Bohler Gym	.11	1:15	X			
30	Bohler Gym	.12	1:00	X			
31	Bohler Gym	.11	1:15	X			

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

WATER SYSTEM NAME: Steffen Center WSU

COUNTY: Whitman Oct. 2021 ID# 93200

OPERATOR: [signature] (signature required upon submittal) PHONE NO. 335-9345

MO / YR 10/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	Steffen Center	.12	8:05	X			
2	Steffen Center	.11	5:00	X			
3	Steffen Center	.11	1:15	X			
4	Steffen Center	.11	10:15	X			
5	Steffen Center	.10	1:00	X			
6	Steffen Center	.09	9:15	X			
7	Steffen Center	.10	1:15	X			
8	Steffen Center	.09	12:55	X			
9	Steffen Center	.10	1:00	X			
10	Steffen Center	.09	1:15	X			
11	Steffen Center	.10	1:00	X			
12	Steffen Center	.10	1:30	X			
13	Steffen Center	.10	1:30	X			
14	Steffen Center	.09	7:45	X			
15	Steffen Center	.09	7:30	X			
16	Steffen Center	.08	7:45	X			
17	Steffen Center	.09	7:30	X			
18	Steffen Center	.08	7:30	X			
19	Steffen Center	.09	10:45	X			
20	Steffen Center	.10	7:15	X			
21	STEFFEN CENTER	.08	9:30	X			
22	STEFFEN CENTER	.11	12:30	X			
23	Steffen Center	.12	9:45	X			
24	Steffen Center	.11	9:15	X			
25	Steffen Center	.12	12:00	X			
26	Steffen Center	.09	9:10	X			
27	Steffen Center	.09	9:00	X			
28	Steffen Center	.10	8:00	X			
29	Steffen Center	.10	8:50	X			
30	Steffen Center	.09	10:15	X			
31	Steffen Center	.10	10:20	X			

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WATER SYSTEM NAME: – WSU

COUNTY: Whitman | ID# 93200Q

OPERATOR: Jim Pochman (Signature required upon submittal) | PHONE NO. 335-9345

MO / YR 9/17	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine - ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER	.11	10:20	X			
2	BOHLER	.10	1:20	X			
3	BOHLER	.10	1:20	X			
4	BOHLER	.10	1:20	X			
5	BOHLER	.08	8:40	X			
6	BOHLER	.10	8:20	X			
7	BOHLER	.10	8:00	X			
8	BOHLER	.11	10:35	X			
9	BOHLER	.10	1:00	X			
10	BOHLER	.10	1:00	X			
11	BOHLER	.11	13:30	X			
12	BOHLER	.09	7:10	X			
13	BOHLER	.05	10:20	X			
14	BOHLER	.07	10:30	X			
15	BOHLER	.08	7:50	X			
16	BOHLER	.09	10:00	X			
17	BOHLER	.10	10:20	X			
18	BOHLER	.09	7:45	X			
19	BOHLER	.09	7:50	X			
20	BOHLER	.08	8:35	X			
21	BOHLER	.10	8:20	X			
22	BOHLER	.09	8:30	X			
23	BOHLER	.10	10:00	X			
24	BOHLER	.10	10:00	X			
25	BOHLER	.09	7:30	X			
26	BOHLER	.10	7:00	X			
27	BOHLER	.10	7:11	X			
28	BOHLER	.13	7:40	X			
29	BOHLER	.10	8:49	X			
30	BOHLER	.11	10:00	X			
31							

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WATER SYSTEM NAME:	– WSU	
COUNTY: *Whitman*		ID# 93200Q
OPERATOR: Jim Gehrman (Signature required upon submittal)		PHONE NO. 335 9345

MO / YR	SAMPLE POINT LOCATION	Free Chlorine - ppm	TIME OF	*Was a bacteriological sample taken at the same time chlorine was tested?*			REMARKS
9 17	STREET ADDRESS		DAY	NO	YES	RESULT	
1	STEFFEN	.03	11:50	X			
2	STEFFEN	.08	10:00	X			
3	STEFFEN	.08	10:50	X			
4	STEFFEN	.06	10:00	X			
5	STEFFEN	.06	8:45	X			
6	STEFFEN	.12	10:50	X			
7	STEFFEN	.15	10:48	X			
8	STEFFEN	.15	8:40	X			
9	STEFFEN	.16	10:00	X			
10	STEFFEN	.15	10:00	X			
11	STEFFEN	.14	13:03	X			
12	STEFFEN	.14	8:25	X			
13	STEFFEN	.16	10:45	X			
14	STEFFEN	.11	11:45	X			
15	STEFFEN	.12	9:50	X			
16	STEFFEN	.13	1:00	X			
17	STEFFEN	.13	1:00	X			
18	STEFFEN	.16	8:55	X			
19	STEFFEN	.15	8:00	X			
20	STEFFEN	.08	8:50	X			
21	STEFFEN	.10	8:40	X			
22	STEFFEN	.13	8:45	X			
23	STEFFEN	.10	1:00	X			
24	STEFFEN	.11	1:30	X			
25	STEFFEN	.09	9:55	X			
26	STEFFEN	.11	8:10	X			
27	STEFFEN	.12	8:45	X			
28	STEFFEN	.13	8:05	X			
29	STEFFEN	.10	10:15	X			
30	STEFFEN	.11	10:00	X			
31							

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: ERQChlorination@doh.wa.gov or Fax: 509-329-2104

WATER SYSTEM NAME: WSU BOHLER GYM

COUNTY: Whitman | SEPT. 2018 | ID# ~~00520~~ 93200Q

OPERATOR: [signature] (Signature required upon submittal) | PHONE NO. 9345

MO / YR 9 /18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	Bohler Gym	.12	08:45	X			
2	Bohler Gym	.09	08:45	X			
3	Bohler Gym	.10	08:45	X			
4	Bohler Gym	.08	08:00	X			
5	Bohler Gym	.07	07:20	X			
6	Bohler Gym	.09	09:30	X			
7	Bohler Gym	.08	10:20	X			
8	Bohler Gym	09	07:30	X			
9	Bohler Gym	.09	07:30	X			
10	Bohler Gym	.08	10:30	X			
11	Bohler Gym	.07	07:38	X			
12	Bohler Gym	.06	06:22	X			
13	Bohler Gym	.08	06:29	X			
14	Bohler Gym	.08	08:01	X			
15	Bohler Gym	.11	10:17	X			
16	Bohler Gym	.10	10:17	X			
17	Bohler Gym	08	10:17	X			
18	Bohler Gym	.08	12:26	X			
19	Bohler Gym	.07	10:14	X			
20	Bohler Gym	.10	9:11	X			
21	Bohler Gym	.07	12:37	X			
22	Bohler Gym	09	9:15	X			
23	Bohler Gym	.11	9:15	X			
24	Bohler Gym	.10	9:15	X			
25	Bohler Gym	.11	16:47	X			
26	Bohler Gym	.14	10:15	X			
27	Bohler Gym	.14	09:14	X			
28	Bohler Gym	.11	09:24	X			
29	Bohler Gym	.10	16:45	X			
30	Bohler Gym	.12	10:45	X			
31							

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WATER SYSTEM NAME: WSU STEFFEN CENTER

COUNTY: Whitman SEPT. 2018 ID# ~~895200~~ 93200Q

OPERATOR: [signature] (Signature required upon submittal) PHONE NO. 9345

MO / YR 9/18	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.11	0855	X			
2	STEFFEN CENTER	09	08:35	X			
3	STEFFEN CENTER	.16	9:55	X			
4	STEFFEN CENTER	.11	10:37	X			
5	STEFFEN CENTER	.06	09:21	X			
6	STEFFEN CENTER	.08	10:20	X			
7	STEFFFIN CENTER	.08	11:39	X			
8	STEFFEN CENTER	09	11:45	X			
9	STEFFEN CENTER	.06	11:50	X			
10	STEFFEN CENTER	.08	9:16	X			
11	STEFFEN CENTER	.08	10:25	X			
12	STEFFFIN CENTER	.07	09:25	X			
13	STEFFEN CENTER	.08	10:30	X			
14	STEFFFIN CENTER	.07	12:03	X			
15	STEFFFIN CENTER	.07	10:00	X			
16	STEFFEN CENTER	09	10:00	X			
17	STEFFEN CENTER	07	3:13	X			
18	STEFFFIN CENTER	.07	2:00	X			
19	STEFFFIN CENTER	.08	2:59	X			
20	STEFFEN CENTER	.09	9 A.M	X			
21	STEFFFIN CENTER	.08	3:46	X			
22	STEFFEN CENTER	09	9:17	X			
23	STEFFEN CENTER	.10	10:41	X			
24	STEFFEN CENTER	.08	7:53	X			
25	STEFFEN CENTER	.09	9:30	X			
26	STEFFFIN CENTER	.07	10:15	X			
27	STEFFFIN CENTER	.07	1:52	X			
28	STEFFEN CENTER	09	2:16	X			
29	STEFFEN CENTER	04	3:45	X			
30	STEFFEN CENTER	.11	08:15	X			
31							

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WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman SEPTEMBER 2019 ID# 93200G

OPERATOR Lisa Behrens (signature required upon submittal) PHONE NO 335-9345

MO / YR 9/19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.11	09:55	X			
2	BOHLER GYM	.09	11:57	X			
3	BOHLER GYM	.09	09:49	X			
4	BOHLER GYM	.09	11:43	X			
5	BOHLER GYM	.09	09:00	X			
6	BOHLER GYM	.10	08:45	X			
7	BOHLER GYM	.10	09:45	X			
8	BOHLER GYM	.08	09:45	X			
9	BOHLER GYM	.09	09:45	X			
10	BOHLER GYM	.11	11:19	X			
11	BOHLER GYM	.10	9:30	X			
12	BOHLER GYM	.11	09:17	X			
13	BOHLER GYM	.10	07:56	X			
14	BOHLER GYM	.12	10:40	X			
15	BOHLER GYM	.14	10:40	X			
16	BOHLER GYM	.10	10:40	X			
17	BOHLER GYM	.11	2:04	X			
18	BOHLER GYM	.13	09:13	X			
19	BOHLER GYM	.10	09:43	X			
20	BOHLER GYM	.09	09:58	X			
21	BOHLER GYM	.14	11:55	X			
22	BOHLER GYM	.16	11:55	X			
23	BOHLER GYM	.12	11:55	X			
24	BOHLER GYM	.11	09:05	X			
25	BOHLER GYM	.10	09:15	X			
26	BOHLER GYM	.10	07:51	X			
27	BOHLER GYM	.09	09:45	X			
28	BOHLER GYM	.08	08:45	X			
29	BOHLER GYM	.09	08:45	X			
30	BOHLER GYM	.11	08:45	X			
31							

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WATER CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman SEPTEMBER 2019 ID# 93200Q

OPERATOR: Tim Palmer (signature required upon submittal) PHONE NO 335-9345

MO / YR 9/19	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.14	14:10	X			
2	STEFFEN CENTER	.11	14:10	X			
3	STEFFEN CENTER	.08	08:00	X			
4	STEFFEN CENTER	.12	07:56	X			
5	STEFFEN CENTER	.13	08:12	X			
6	STEFFEN CENTER	.06	02:09	X			
7	STEFFEN CENTER	10	12:23	X			
8	STEFFEN CENTER	13	12:23	X			
9	STEFFEN CENTER	10	12:23	X			
10	STEFFEN CENTER	07	16:28	X			
11	STEFFEN CENTER	.09	7:04	X			
12	STEFFEN CENTER	.08	09:09	X			
13	STEFFEN CENTER	.12	08:09	X			
14	STEFFEN CENTER	08	14:09	X			
15	STEFFEN CENTER	06	14:09	X			
16	STEFFEN CENTER	.16	14:09	X			
17	STEFFEN CENTER	.12	07:52	X			
18	STEFFEN CENTER	.11	09:05	X			
19	STEFFEN CENTER	.10	0858	X			
20	STEFFEN CENTER	.09	12:04	X			
21	STEFFEN CENTER	.13	12:30	X			
22	STEFFEN CENTER	.11	12:30	X			
23	STEFFEN CENTER	.15	12:30	X			
24	STEFFEN CENTER	.11	8:00	X			
25	STEFFEN CENTER	.10	09:03	X			
26	STEFFEN CENTER	.08	09:03	X			
27	STEFFEN CENTER	.09	12:20	X			
28	STEFFEN CENTER	11	13:16	X			
29	STEFFEN CENTER	.12	13:16	X			
30	STEFFEN CENTER	.07	13:16	X			
31							

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

TIM 208 596 1965

DAILY CHLORINATION REPORT

WATER SYSTEM NAME: BOHLER GYM WSU

COUNTY: Whitman SEPTEMBER 2020 ID# 93200G

OPERATOR: Tim Johnson (signature required upon submittal) PHONE NO 9345

MO / YR 9/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	BOHLER GYM	.07	11:59	X			
2	BOHLER GYM	.08	10:25	X			
3	BOHLER GYM	.09	10:30	X			
4	BOHLER GYM	.08	10:15	X			
5	BOHLER GYM	.09	10:05	X			
6	BOHLER GYM	.10	10:20	X			
7	BOHLER GYM	.09	10:11	X			
8	BOHLER GYM	.08	10:12	X			
9	BOHLER GYM	.07	10:08	X			
10	BOHLER GYM	.08	1:58	X			
11	BOHLER GYM	.08	10:19	X			
12	BOHLER GYM	.09	10:20	X			
13	BOHLER GYM	.08	10:25	X			
14	BOHLER GYM	.09	10:30	X			
15	BOHLER GYM	.08	10:30	X			
16	BOHLER GYM	.07	10:34	X			
17	BOHLER GYM	.10	10:29	X			
18	Bohler GYM	.07	12:30	X			
19	BOHLER GYM	.08	10:05	X			
20	BOHLER GYM	.07	10:10	X			
21	Bohler GYM	.06	12:20	X			
22	BOHLER GYM	.06	9:27	X			
23	BOHLER GYM	.07	7:04	X			
24	BOHLER GYM	.08	9:05	X			
25	BOHLER GYM	.07	7:22	X			
26	BOHLER GYM	.07	9:10	X			
27	BOHLER GYM	.08	9:15	X			
28	BOHLER GYM	.07	9:05	X			
29	BOHLER GYM	.06	9:09	X			
30	BOHLER GYM	.05	10:32	X			
31							

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

DAILY CHLORINATION REPORT

WATER SYSTEM NAME: STEFFEN CENTER WSU

COUNTY: Whitman SEPTEMBER 2020 ID# 93200 G

OPERATOR: Tim Schuman (signature required upon submittal) PHONE NO 9345

MO / YR 9/20	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	STEFFEN CENTER	.07	10:45	X			
2	STEFFEN CENTER	.07	8:10	X			
3	STEFFEN CENTER	.08	9:05	X			
4	STEFFEN CENTER	.09	10:30	X			
5	STEFFEN CENTER	.10	10:35	X			
6	STEFFEN CENTER	.11	10:45	X			
7	STEFFEN CENTER	.10	10:40	X			
8	STEFFEN CENTER	.09	10:50	X			
9	STEFFEN CENTER	.10	10:49	X			
10	STEFFEN CENTER	.10	12:05	X			
11	STEFFEN CENTER	.10	12:33	X			
12	STEFFEN CENTER	.09	12:20	X			
13	STEFFEN CENTER	.10	12:15	X			
14	STEFFEN CENTER	.09	12:10	X			
15	STEFFEN CENTER	.09	12:05	X			
16	STEFFEN CENTER	.08	12:39	X			
17	STEFFEN CENTER	.11	11:52	X			
18	STEFFEN CENTER	.10	12:10	X			
19	STEFFEN CENTER	.11	12:15	X			
20	STEFFEN CENTER	.10	12:30	X			
21	STEFFEN CENTER	.09	12:09	X			
22	STEFFEN CENTER	.09	8:15	X			
23	STEFFEN CENTER	.10	7:24	X			
24	STEFFEN CENTER	.09	9:03	X			
25	STEFFEN CENTER	.08	8:04	X			
26	STEFFEN CENTER	.09	7:10	X			
27	STEFFEN CENTER	.08	7:05	X			
28	STEFFEN CENTER	.09	7:20	X			
29	STEFFEN CENTER	.10	7:14	X			
30	STEFFEN CENTER	.09	9:25	X			
31							

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

WATER SYSTEM NAME: Bohler WSU

COUNTY: Whitman Sept. 2021 ID# 93200

OPERATOR: Tim Phelan (signature required upon submittal) PHONE NO. 335-9345

MO / YR 9/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	Bohler Gym	.10	9:30	X			
2	Bohler Gym	.09	10:00	X			
3	Bohler GYM	.09	9:45	X			
4	Bohler GYM	.08	9:45	X			
5	Bohler GYM	.10	9:30	X			
6	Bohler GYM	.10	10:00	X			
7	Bohler Gym	.09	10:00	X			
8	Bohler Gym	.24	12:00	X			
9	Bohler Gym	.24	12:30	X			
10	Bohler Gym	.09	1:34	X			
11	Bohler Gym	.09	10:00	X			
12	Bohler Gym	.09	9:30	X			
13	Bohler Gym	.08	10:00	X			
14	" "	.09	1:20	X			
15	" "	.09	1:00	X			
16	" "	.09	1:00	X			
17	" "	.08	10:10	X			
18	Bohler GYM	.08	10:15	X			
19	Bohler GYM	.09	10:00	X			
20	Bohler Gym	.09	10:00	X			
21	Bohler Gym	.09	10:00	X			
22	Bohler GYM	.10	12:00	X			
23	Bohler GYM	.10	9:30	X			
24	Bohler Gym	.10	1:30	X			
25	Bohler Gym	.10	9:30	X			
26	Bohler Gym	.10	9:30	X			
27	Bohler Gym	.08	10:15	X			
28	Bohler Gym	.09	12:00	X			
29	Bohler Gym	.08	1:15	X			
30	Bohler Gym	.09	9:00	X			
31							

Please keep a copy for your records and send report by the 10th of the following month to: DOH 16201 E. Indiana Ave. Ste 1500, Spokane Valley WA 99216 or Email: EROChlorination@doh.wa.gov or Fax: 509-329-2104

WATER SYSTEM NAME: Steffen Center WSU

COUNTY: Whitman Sept. 2021 ID# 93200

OPERATOR: [signature] (signature required upon submittal) PHONE NO. 337-9345

MO / YR 9/21	SAMPLE POINT LOCATION STREET ADDRESS	Free Chlorine ppm	TIME OF DAY	Was a bacteriological sample taken at the same time chlorine was tested? NO	YES	RESULT	REMARKS
1	Steffen Center	.11	8:30am	X			
2	Steffen Center	.10	12:50pm	X			
3	Steffen Center	.12	1:15	X			
4	Steffen Center	.11	1:30	X			
5	Steffen Center	.11	1:30	X			
6	Steffen Center	.12	1:35	X			
7	Steffen Center	.12	1:30	X			
8	Steffen Center	.11	1:40	X			
9	Steffen Center	.11	1:20	X			
10	Steffen Center	.09	1:12	X			
11	Steffen Center	.11	7:00	X			
12	Steffen Center	.10	12:50	X			
13	Steffen Center	.11	8:20AM	X			
14	Steffen Center	.10	1:00PM	X			
15	" "	.11	8:00	X			
16	" "	.09	9:05	X			
17	" "	.10	9:30	X			
18	" "	.09	8:15	X			
19	" "	.10	8:30	X			
20	Steffen Center	.08	8:00	X			
21	Steffen Center	.13	1:15	X			
22	Steffen Center	.13	1:00	X			
23	Steffen Center	.11	1:00	X			
24	Steffen Center	.11	1:45	X			
25	Steffen Center	.10	1:30	X			
26	Steffen Center	.11	1:15	X			
27	Steffen Center	.11	1:00	X			
28	Steffen Center	.10	12:30	X			
29	Steffen Center	.16	8:00	X			
30	Steffen Center	.10	8:00	X			
31							

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Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 94212	Collect Date:	8/1/2017	DOH Source #:	S92
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	8/1/2017	Date Reported:	8/15/2017	Supervisor:	TGT
Date Analyzed:	8/2/2017				
County:	WHITMAN	Sample Location:	SURPLUS STORES 358B		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0027	Chloroform	ND	ug/L	0.5			EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5			EPA 524.3	SAT	
0029	Chlorodibromomethane	ND	ug/L	0.5			EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5			EPA 524.3	SAT	
	Total Trihalomethane	ND	ug/L			80	EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/15/2017

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - SM6251B

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 94213	Collect Date:	8/1/2017	DOH Source #:	S92
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	8/1/2017	Date Reported:	8/15/2017	Supervisor:	TGT
Date Analyzed:	8/8/2017				
County:	WHITMAN	Sample Location:	SURPLUS STORES 358B		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0411	Monochloroacetic acid	ND	ug/L	2			SM6251B	MAH	
0412	Dichloroacetic acid	ND	ug/L	1			SM6251B	MAH	
0413	Trichloroacetic acid	ND	ug/L	1			SM6251B	MAH	
0414	Monobromoacetic acid	ND	ug/L	1			SM6251B	MAH	
0415	Dibromoacetic acid	ND	ug/L	1			SM6251B	MAH	
0416	Total HAA(5)	ND	ug/L	--		60	SM6251B	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0417	Bromochloroacetic acid	ND	ug/L	1			SM6251B	MAH	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor: _____ **Date:** 8/15/2017

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0026; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 94214	Collect Date:	8/1/2017	DOH Source #:	S92
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	8/1/2017	Date Reported:	8/15/2017	Supervisor:	TGT
Date Analyzed:	8/2/2017				
County:	WHITMAN	Sample Location:	STREIT-PERHAM 81C		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0027	Chloroform	ND	ug/L	0.5			EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5			EPA 524.3	SAT	
0029	Chlorodibromomethane	ND	ug/L	0.5			EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5			EPA 524.3	SAT	
	Total Trihalomethane	ND	ug/L			80	EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor: _____ **Date:** 8/15/2017

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - SM6251B

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 94215	Collect Date:	8/1/2017	DOH Source #:	S92
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	8/1/2017	Date Reported:	8/15/2017	Supervisor:	TGT
Date Analyzed:	8/8/2017				
County:	WHITMAN	Sample Location:	STREIT-PERHAM 81C		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0411	Monochloroacetic acid	ND	ug/L	2			SM6251B	MAH	
0412	Dichloroacetic acid	ND	ug/L	1			SM6251B	MAH	
0413	Trichloroacetic acid	ND	ug/L	1			SM6251B	MAH	
0414	Monobromoacetic acid	ND	ug/L	1			SM6251B	MAH	
0415	Dibromoacetic acid	ND	ug/L	1			SM6251B	MAH	
0416	Total HAA(5)	ND	ug/L	--		60	SM6251B	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0417	Bromochloroacetic acid	ND	ug/L	1			SM6251B	MAH	

Notes: ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor: _____ **Date:** 8/15/2017

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - SM6251B

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 10019	Collect Date:	8/1/2018	DOH Source #:	S92
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	8/1/2018	Date Reported:	8/13/2018	Supervisor:	TGT
Date Analyzed:	8/10/2018				
County:	WHITMAN	Sample Location:	STREIT/PERHAM 81C		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0411	Monochloroacetic acid	ND	ug/L	2			SM6251B	MAH	
0412	Dichloroacetic acid	ND	ug/L	1			SM6251B	MAH	
0413	Trichloroacetic acid	ND	ug/L	1			SM6251B	MAH	
0414	Monobromoacetic acid	ND	ug/L	1			SM6251B	MAH	
0415	Dibromoacetic acid	ND	ug/L	1			SM6251B	MAH	
0416	HAA(5)	ND	ug/L	--		60	SM6251B	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0417	Bromochloroacetic acid	ND	ug/L	1			SM6251B	MAH	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor: _____ **Date:** 8/13/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
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Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 10019	Collect Date:	8/1/2018	DOH Source #:	S92
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	8/1/2018	Date Reported:	8/13/2018	Supervisor:	TGT
Date Analyzed:	8/2/2018				
County:	WHITMAN	Sample Location:	STREIT/PERHAM 81C		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0027	Chloroform	ND	ug/L	0.5			EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5			EPA 524.3	SAT	
0029	Dibromochloromethane	ND	ug/L	0.5			EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5			EPA 524.3	SAT	
	Total Trihalomethane	ND	ug/L			80	EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/13/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - SM6251B

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 10020	Collect Date:	8/1/2018	DOH Source #:	S92
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	8/1/2018	Date Reported:	8/13/2018	Supervisor:	TGT
Date Analyzed:	8/10/2018				
County:	WHITMAN	Sample Location:	SURPLUS STORES 358B		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0411	Monochloroacetic acid	ND	ug/L	2			SM6251B	MAH	
0412	Dichloroacetic acid	ND	ug/L	1			SM6251B	MAH	
0413	Trichloroacetic acid	ND	ug/L	1			SM6251B	MAH	
0414	Monobromoacetic acid	ND	ug/L	1			SM6251B	MAH	
0415	Dibromoacetic acid	ND	ug/L	1			SM6251B	MAH	
0416	HAA(5)	ND	ug/L	--		60	SM6251B	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0417	Bromochloroacetic acid	ND	ug/L	1			SM6251B	MAH	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/13/2018

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Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 10020	Collect Date:	8/1/2018	DOH Source #:	S92
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	8/1/2018	Date Reported:	8/13/2018	Supervisor:	TGT
Date Analyzed:	8/3/2018				
County:	WHITMAN	Sample Location:	SURPLUS STORES 358B		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0027	Chloroform	ND	ug/L	0.5			EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5			EPA 524.3	SAT	
0029	Dibromochloromethane	ND	ug/L	0.5			EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5			EPA 524.3	SAT	
	Total Trihalomethane	ND	ug/L			80	EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/13/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Login Report

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180801039
Order Date: 8/1/2018

Contact Name: GENE PATTERSON
Project Name: TTHM/HAA5

Comment:

Sample #: 180801039-001 **Customer Sample #:** STREIT/PERHAM 81C

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 8/1/2018
Quantity: 4 **Date Received:** 8/1/2018 12:37:00 PM **Time Collected:** 11:14 AM
Comment:

Test	Lab	Method	Due Date	Priority
HAA5 SM6251B	M	SM6251B	8/13/2018	***Normal (~10 Days)***
THM - TOTAL 524.3	M	EPA 524.3	8/13/2018	***Normal (~10 Days)***

Sample #: 180801039-002 **Customer Sample #:** SURPLUS STORES 358B

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 8/1/2018
Quantity: 4 **Date Received:** 8/1/2018 12:37:00 PM **Time Collected:** 11:26 AM
Comment:

Test	Lab	Method	Due Date	Priority
HAA5 SM6251B	M	SM6251B	8/13/2018	***Normal (~10 Days)***
THM - TOTAL 524.3	M	EPA 524.3	8/13/2018	***Normal (~10 Days)***

Customer Name:	WSU EH&S			**Order ID:**	180801039
	P.O. BOX 641172			**Order Date:**	8/1/2018
	PULLMAN	WA	99164		
Contact Name:	GENE PATTERSON			**Project Name:**	TTHM/HAA5
Comment:					

SAMPLE CONDITION RECORD

Samples received in a cooler?	No
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	26.2
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
Are VOC samples free of headspace?	N/A
Is there a trip blank to accompany VOC samples?	N/A
Labels and chain agree?	Yes
Total number of containers?	8

180801 039 WSEH Last Due 8/13/2018

1st SAMP 8/1/2018 1st RCVD 8/1/2018

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TTHM/HAA5

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	WSU Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 9164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected	8-1-18 11:14 AM
Sampler Name:	Gene Patterson
Sampler Signature:	

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☐ Single Well Source Number:_____
- ☑ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s_____
- ☐ Blended Sample (96) List source #'s_____

Receiving Check List

- ☒ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present:_____
- ☐ Custody Seals Present:_____
- ☒ Preservatives: NA HA HNO3 HCl

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☑ TTHM x2
- ☑ HAA5 x2
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Location:

Streit/Perham 81C

26.2 C IR2

Customer Signature		Received By	Julie Moore
Shipping/Delivery Date	8-1-18	Date Received	8-1-18 12:37

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Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	WSU Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 9164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected	8-1-18 11:20
Sampler Name:	Gene Patterson
Sampler Signature:	

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☐ Single Well Source Number: _____
- ☑ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☒ Received Intact ☐ No Headspace
- ☒ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☒ Preservatives: NA/AA NH4Cl

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☑ TTHM x 2
- ☑ HAA5 x
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Location:

Surplus Stores 358B

26.2 C IR2

Customer Signature		Received By	Julie L Moore
Shipping/Delivery Date	8-1-18	Date Received	8-1-18 12:37

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - SM6251B

System ID#:	93200Q	System Name:	WSU		
Lab/Sample Number:	125 26093	Collect Date:	8/1/2019	DOH Source #:	S92
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	8/1/2019	Date Reported:	8/13/2019	Supervisor:	TGT
Date Analyzed:	8/7/2019				
County:	WHITMAN	Sample Location: STREIT-PERHAM 81C/S92			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	509-335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0411	Monochloroacetic acid	ND	ug/L	2			SM6251B	MAH	
0412	Dichloroacetic acid	ND	ug/L	1			SM6251B	MAH	
0413	Trichloroacetic acid	ND	ug/L	1			SM6251B	MAH	
0414	Monobromoacetic acid	ND	ug/L	1			SM6251B	MAH	
0415	Dibromoacetic acid	ND	ug/L	1			SM6251B	MAH	
0416	HAA(5)	ND	ug/L	--		60	SM6251B	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0417	Bromochloroacetic acid	ND	ug/L	1			SM6251B	MAH	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

This report shall not be reproduced except in full, without the written approval of the laboratory.
The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/13/2019

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	93200Q	System Name:	WSU		
Lab/Sample Number:	125 26093	Collect Date:	8/1/2019	DOH Source #:	S92
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	8/1/2019	Date Reported:	8/13/2019	Supervisor:	TGT
Date Analyzed:	8/6/2019				
County:	WHITMAN	Sample Location: STREIT-PERHAM 81C/S92			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	509-335-3041			

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0027	Chloroform	ND	ug/L	0.5			EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5			EPA 524.3	SAT	
0029	Dibromochloromethane	ND	ug/L	0.5			EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5			EPA 524.3	SAT	
	Total Trihalomethane	ND	ug/L			80	EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/13/2019

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - SM6251B

System ID#:	93200Q	System Name:	WSU		
Lab/Sample Number:	125 26094	Collect Date:	8/1/2019	DOH Source #:	S92
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	8/1/2019	Date Reported:	8/13/2019	Supervisor:	TGT
Date Analyzed:	8/7/2019				
County:	WHITMAN	Sample Location:	SURPLUS STORES 358B/S92		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	509-335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0411	Monochloroacetic acid	ND	ug/L	2			SM6251B	MAH	
0412	Dichloroacetic acid	ND	ug/L	1			SM6251B	MAH	
0413	Trichloroacetic acid	ND	ug/L	1			SM6251B	MAH	
0414	Monobromoacetic acid	ND	ug/L	1			SM6251B	MAH	
0415	Dibromoacetic acid	ND	ug/L	1			SM6251B	MAH	
0416	HAA(5)	ND	ug/L	--		60	SM6251B	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0417	Bromochloroacetic acid	ND	ug/L	1			SM6251B	MAH	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

This report shall not be reproduced except in full, without the written approval of the laboratory.
The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/13/2019

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	93200Q	System Name:	WSU		
Lab/Sample Number:	125 26094	Collect Date:	8/1/2019	DOH Source #:	S92
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	8/1/2019	Date Reported:	8/13/2019	Supervisor:	TGT
Date Analyzed:	8/6/2019				
County:	WHITMAN	Sample Location: SURPLUS STORES 358B/S92			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	509-335-3041			

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0027	Chloroform	ND	ug/L	0.5			EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5			EPA 524.3	SAT	
0029	Dibromochloromethane	ND	ug/L	0.5			EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5			EPA 524.3	SAT	
	Total Trihalomethane	ND	ug/L			80	EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

This report shall not be reproduced except in full, without the written approval of the laboratory.
The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/13/2019

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Login Report

Customer Name: WSU
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 190801027
Order Date: 8/1/2019

Contact Name: ENVIRONMENTAL HEALTH & SAFETY

Project Name: TTHM/HAA

Comment:

Sample #: 190801027-001 **Customer Sample #:** STREIT-PERHAM 81C/S92

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 8/1/2019
Quantity: 4 **Date Received:** 8/1/2019 11:57:00 AM **Time Collected:** 9:40 AM
Comment:

Test	Lab	Method	Due Date	Priority
HAA5 SM6251B	M	SM6251B	8/13/2019	***Normal (~10 Days)***
THM - TOTAL 524.3	M	EPA 524.3	8/13/2019	***Normal (~10 Days)***

Sample #: 190801027-002 **Customer Sample #:** SURPLUS STORES 358B/S92

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 8/1/2019
Quantity: 4 **Date Received:** 8/1/2019 11:57:00 AM **Time Collected:** 9:25 AM
Comment:

Test	Lab	Method	Due Date	Priority
HAA5 SM6251B	M	SM6251B	8/13/2019	***Normal (~10 Days)***
THM - TOTAL 524.3	M	EPA 524.3	8/13/2019	***Normal (~10 Days)***

Customer Name: WSU

P.O. BOX 641172

PULLMAN WA 99164

Order ID: 190801027

Order Date: 8/1/2019

Contact Name: ENVIRONMENTAL HEALTH & SAFETY

Project Name: TTHM/HAA

Comment:

SAMPLE CONDITION RECORD

Samples received in a cooler?	Yes
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	19.9
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
Are VOC samples free of headspace?	Yes
Is there a trip blank to accompany VOC samples?	N/A
Labels and chain agree?	Yes
Total number of containers?	8

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190801 027 **WSUP** Last Due 8/13/2019
1st SAMP 8/1/2019 1st RCVD 8/1/2019
TTHM/HAA

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	**Water System #**	93200Q
SEND REPORT TO	Environmental Health & Safety	**Phone Number**	509-335-3041
ADDRESS	PO Box 641172	**Fax Number**	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	**County**	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected	8-1-19 / 9:40 AM
Sampler Name:	Gene Patterson
Sampler Signature:	

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☐ Single Well Source Number: _____
- ☑ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present _____
- ☐ Custody Seals Present _____
- ☐ Preservatives _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☑ TTHM X L
- ☑ HAA5 X L - U
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):
Streit-Perham 81C

19.9 C

Customer Signature		Received By	
Shipping/Delivery Date	8-1-19	Date Received	8-1-19 11:24

Gene Patterson

ANATEK LABS, INC - Multi-state Certified
☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 F
☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999

190801 027 **WSUP** Last Due 8/13/2019
1st SAMP 8/1/2019 1st RCVD 8/1/2019
TTHM/HAA

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 8-1-19 / 9:25 AM
Sampler Name: Gene Patterson
Sampler Signature: [signature]

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☐ Single Well Source Number: _____
- ☑ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☐ Preservatives _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☑ TTHM x 2
- ☑ HAA5 x 2
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):
Surplus Stores 358B

19.9 C

Customer Signature	[signature]	Received By	JLM
Shipping/Delivery Date	8-1-19	Date Received	8-1-19 11:26

Gene Patterson

Anatek Labs, Inc.

Sample Receipt and Preservation Form

190801 027 WSUP Last Due 8/13/2019
1st SAMP 8/1/2019 1st RCVD 8/1/2019

Client Name: WSU Project: TTHM/HAA

TAT: (Normal) RUSH: _____ days

Samples Received From: FedEx UPS USPS (Client) Courier Other: _____

Custody Seal on Cooler/Box: Yes (No) Custody Seals Intact: Yes No (N/A)

Number of Coolers/Boxes: 1 Type of Ice: Ice/Ice Packs (Blue Ice) Dry Ice None

Packing Material: Bubble Wrap Bags Foam/Peanuts (None) Other: _____

Cooler Temp As Read (°C): 19.9 Cooler Temp Corrected (°C): 19.9 Thermometer Used: IR-2

				Comments:
Samples Received Intact?	(Yes)	No	N/A	
Chain of Custody Present?	(Yes)	No	N/A	
Samples Received Within Hold Time?	(Yes)	No	N/A	
Samples Properly Preserved?	(Yes)	No	N/A	
VOC Vials Free of Headspace (<6mm)?	(Yes)	No	N/A	
VOC Trip Blanks Present?	Yes	No	(N/A)	
Labels and Chains Agree?	(Yes)	No	N/A	
Total Number of Sample Bottles Received: 8				

Chain of Custody Fully Completed?	(Yes)	No	N/A	
Correct Containers Received?	(Yes)	No	N/A	
Anatek Bottles Used?	(Yes)	No	Unknown	

Record preservatives (and lot numbers, if known) for containers below:

NH4Cl (1901) - HAA

MA/AA (1614) - TTHM

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

Received/Inspected By: Mann Date/Time: 8/1/19 1157

Anatek Labs, Inc.

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAG0787
Address:	P.O. Box 641172	Project:	DBP
	Pullman, WA 99164	Reported:	8/10/2020 12:45
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MAG0787-01	Collect Date:	07/27/20 10:00	DOH Source #:	92
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	07/27/20 12:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Streit-Perham 81C				
Matrix:	Drinking Water				

Lab/Sample Number: 125-78701

Haloacetic Acid (HAA5)

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0411	MCAA	ND	ug/L	2.00			8/3/20 23:46	RPR	SM 6251 B	
0414	MBAA	ND	ug/L	1.00			8/3/20 23:46	RPR	SM 6251 B	
0412	DCAA	ND	ug/L	1.00			8/3/20 23:46	RPR	SM 6251 B	
0413	TCAA	ND	ug/L	1.00			8/3/20 23:46	RPR	SM 6251 B	
0415	DBAA	ND	ug/L	1.00			8/3/20 23:46	RPR	SM 6251 B	
0416	Total HAA5	ND	ug/L	1.00		60	8/3/20 23:46	RPR	SM 6251 B	

Volatile Organic Compounds

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0027	Chloroform	ND	ug/L	0.500	0.5		7/28/20 22:44	TEC	EPA 524.3	
0028	Bromodichloromethane	ND	ug/L	0.500	0.5		7/28/20 22:44	TEC	EPA 524.3	
0029	Dibromochloromethane	ND	ug/L	0.500	0.5		7/28/20 22:44	TEC	EPA 524.3	
0030	Bromoform	ND	ug/L	0.500	0.5		7/28/20 22:44	TEC	EPA 524.3	
0031	Total Trihalomethane	ND	ug/L	0.500		80	7/28/20 22:44	TEC	EPA 524.3	

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	WSU EH & S	Work Order:	MAG0787
Address:	P.O. Box 641172	Project:	DBP
	Pullman, WA 99164	Reported:	8/10/2020 12:45
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University		
Reference Number:	MAG0787-02	Collect Date:	07/27/20 09:45	DOH Source #:	92
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	07/27/20 12:15	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Surplus Stores 358B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-78702

Haloacetic Acid (HAA5)

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0411	MCAA	ND	ug/L	2.00			8/4/20 0:19	RPR	SM 6251 B	
0414	MBAA	ND	ug/L	1.00			8/4/20 0:19	RPR	SM 6251 B	
0412	DCAA	ND	ug/L	1.00			8/4/20 0:19	RPR	SM 6251 B	
0413	TCAA	ND	ug/L	1.00			8/4/20 0:19	RPR	SM 6251 B	
0415	DBAA	ND	ug/L	1.00			8/4/20 0:19	RPR	SM 6251 B	
0416	Total HAA5	ND	ug/L	1.00		60	8/4/20 0:19	RPR	SM 6251 B	

Volatile Organic Compounds

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0027	Chloroform	ND	ug/L	0.500	0.5		7/28/20 23:19	TEC	EPA 524.3	
0028	Bromodichloromethane	ND	ug/L	0.500	0.5		7/28/20 23:19	TEC	EPA 524.3	
0029	Dibromochloromethane	ND	ug/L	0.500	0.5		7/28/20 23:19	TEC	EPA 524.3	
0030	Bromoform	ND	ug/L	0.500	0.5		7/28/20 23:19	TEC	EPA 524.3	
0031	Total Trihalomethane	ND	ug/L	0.500		80	7/28/20 23:19	TEC	EPA 524.3	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a certified analyte

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The results reported related only to the samples indicated.

MAG0787

Due: 08/10/20

ANATEK LABS, INC - Multi-state Certified, NELAC Ac

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☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EP

Washington Chain of Custody - Drinking Water Ana.

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected	7-27-20 / 10:0[illegible]
Sampler Name:	Gene Patterson
Sampler Signature:	[signature]

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☐ Single Well Source Number:_____
- ☑ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s_____
- ☐ Blended Sample (96) List source #'s_____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present:_____
- ☐ Custody Seals Present:_____
- ☐ Preservatives:_____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☑ TTHM
- ☑ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Location: Streit-Perham 81C

18.4 C IR 7

Customer Signature	[signature]	Received By	JDN
Shipping/Delivery Date	7-27-20	Date Received	7-27-20 12:15

Gene Patterson

Form COC07.00 - Eff 1 Mar 2015

MAG0787

Due 08/10/20

ANATEK LABS, INC - Multi-state Certified, NELAC Accr

☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 FAX 882-9246 EPA# ID

☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA#

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected	7-27-20 / 9:45
Sampler Name:	Gene Patterson
Sampler Signature:	GP

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☐ Single Well Source Number:_____
- ☑ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s_____
- ☐ Blended Sample (96) List source #'s_____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present:_____
- ☐ Custody Seals Present:_____
- ☐ Preservatives:_____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☑ TTHM x2
- ☑ HAA5 x2
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Location: Surplus Stores 358B

18.4 C IR-2

Customer Signature	GP
Shipping/Delivery Date	7-27-20
Received By	JM
Date Received	7-27-20 12:15

Gene Patterson

Form COC07.00 - Eff 1 Mar 2015

MAG0787

Due: 08/10/20

Anatek Labs, Inc.

Sample Receipt and Preservation Form

Client Name: WSU EH&S Project: *(apply Anatek sample label here)*

TAT: (Normal) RUSH: _____ days

Samples Received From: FedEx UPS USPS (Client) Courier Other: _____

Custody Seal on Cooler/Box: Yes (No) Custody Seals Intact: Yes No (N/A)

Number of Coolers/Boxes: 1 Type of Ice: (Ice/Ice Packs) Blue Ice Dry Ice None

Packing Material: (Bubble Wrap) Bags Foam/Peanuts None Other: _____

Cooler Temp As Read (°C): 20.4 Cooler Temp Corrected (°C): 8.4 Thermometer Used: IR-2

				Comments:
Samples Received Intact?	(Yes)	No	N/A	
Chain of Custody Present?	(Yes)	No	N/A	
Samples Received Within Hold Time?	(Yes)	No	N/A	
Samples Properly Preserved?	(Yes)	No	N/A	
VOC Vials Free of Headspace (<6mm)?	Yes	(No)	N/A	1 vial w/ headspace
VOC Trip Blanks Present?	Yes	No	(N/A)	
Labels and Chains Agree?	Yes	(No)	N/A	
Total Number of Sample Bottles Received: 4				

Chain of Custody Fully Completed?	(Yes)	No	N/A	
Correct Containers Received?	(Yes)	No	N/A	
Anatek Bottles Used?	(Yes)	No	Unknown	

Record preservatives (and lot numbers, if known) for containers below:

MAIAA (1920) → TTHM

NH4Cl (1931) → HAA

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

use time on chain

Received/Inspected By: _____ Date/Time: 7-27-20 12.25

Anatek Labs, Inc.

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Client:	Washington State University (EHS)	Work Order:	MBH0003
Address:	P.O. Box 641172	Project:	TTHM/HAA5
	Pullman, WA 99164	Reported:	8/13/2021 11:46
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0003-01	Collect Date:	07/30/21 10:18	DOH Source #:	92
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	07/30/21 11:31	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Surplus Stores 358B				
Matrix:	Drinking Water				

Lab/Sample Number: 125-00301

Haloacetic Acid (HAA5)

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0411	MCAA	ND	ug/L	2.00	2			8/6/21 5:42	SAT	SM 6251 B	
0412	DCAA	ND	ug/L	1.00	1			8/6/21 5:42	SAT	SM 6251 B	
0413	TCAA	ND	ug/L	1.00	1			8/6/21 5:42	SAT	SM 6251 B	
0414	MBAA	ND	ug/L	1.00	1			8/6/21 5:42	SAT	SM 6251 B	
0415	DBAA	ND	ug/L	1.00	1			8/6/21 5:42	SAT	SM 6251 B	
0416	Total HAA5	ND	ug/L	1.00	0		60	8/6/21 5:42	SAT	SM 6251 B	

Volatile Organic Compounds

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0027	Chloroform	ND	ug/L	0.500	0.5			8/4/21 0:30	TEC	EPA 524.3	
0028	Bromodichloromethane	ND	ug/L	0.500	0.5			8/4/21 0:30	TEC	EPA 524.3	
0029	Dibromochloromethane	ND	ug/L	0.500	0.5			8/4/21 0:30	TEC	EPA 524.3	
0030	Bromoform	ND	ug/L	0.500	0.5			8/4/21 0:30	TEC	EPA 524.3	
0031	Total Trihalomethane	ND	ug/L	0.500	0		80	8/4/21 0:30	TEC	EPA 524.3	

Anatek Labs, Inc.

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBH0003
Address:	P.O. Box 641172	Project:	TTHM/HAA5
	Pullman, WA 99164	Reported:	8/13/2021 11:46
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBH0003-02	Collect Date:	07/30/21 10:34	DOH Source #:	92
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	07/30/21 11:31	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Streit-Perham 81C				
Matrix:	Drinking Water				

Lab/Sample Number: 125-00302

Haloacetic Acid (HAA5)

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0411	MCAA	ND	ug/L	2.00	2			8/6/21 6:17	SAT	SM 6251 B	
0412	DCAA	ND	ug/L	1.00	1			8/6/21 6:17	SAT	SM 6251 B	
0413	TCAA	ND	ug/L	1.00	1			8/6/21 6:17	SAT	SM 6251 B	
0414	MBAA	ND	ug/L	1.00	1			8/6/21 6:17	SAT	SM 6251 B	
0415	DBAA	ND	ug/L	1.00	1			8/6/21 6:17	SAT	SM 6251 B	
0416	Total HAA5	ND	ug/L	1.00	0		60	8/6/21 6:17	SAT	SM 6251 B	

Volatile Organic Compounds

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0027	Chloroform	ND	ug/L	0.500	0.5			8/4/21 1:05	TEC	EPA 524.3	
0028	Bromodichloromethane	ND	ug/L	0.500	0.5			8/4/21 1:05	TEC	EPA 524.3	
0029	Dibromochloromethane	ND	ug/L	0.500	0.5			8/4/21 1:05	TEC	EPA 524.3	
0030	Bromoform	ND	ug/L	0.500	0.5			8/4/21 1:05	TEC	EPA 524.3	
0031	Total Trihalomethane	ND	ug/L	0.500	0		80	8/4/21 1:05	TEC	EPA 524.3	

Authorized Signature,



Justin Doty For Todd Taruscio, 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

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The results reported related only to the samples indicated.

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504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

Client:	Washington State University (EHS)	Work Order:	MBH0003
Address:	P.O. Box 641172	Project:	TTHM/HAA5
	Pullman, WA 99164	Reported:	8/13/2021 11:46
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

ANATEK LABS, INC - Multi-state Certified, NELAC Accred
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☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# W

MBH0003

Due: 08/13/21

Washington Chain of Custody - Drinking Water Analy

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type
- ☐ Before (B)
- ☑ After (A)
- ☐ Unknown (U)

Sample Purpose
- ☑ Compliance (C)
- ☐ Investigative (I)
- ☐ Other Purpose (B)

Date & Time Collected: 7-30-21 / 10:18 AM

Sampler Name: Gene Patterson

Sampler Signature: JL Pat

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)
- ☐ Single Well Source Number: _____
- ☑ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List
- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☐ Preservatives: _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☑ TTHM
- ☑ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):
Location: Surplus Stores 358B

22.4 IR-4

Customer Signature	JL Pat	Received By	Julie Moore
Shipping/Delivery Date	7-30-21	Date Received	7-30-21 11:20

Gene Patterson

MBH0003

Due: 08/13/21

ANATEK LABS, INC - Multi-state Certified, NELAC Accred

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☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# W

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected	7-30-21 / 10:34 AM
Sampler Name:	Gene Patterson
Sampler Signature:	

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☐ Single Well Source Number: _____
- ☑ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☐ Preservatives: _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☑ TTHM
- ☑ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Location: Streit-Perham 81C

Customer Signature	
Shipping/Delivery Date	7-30-21
Received By	
Date Received	07/30/21 11:31

Gene Patterson

Anatek Labs, Inc.

Sample Receipt and Preservation Form

MBH0003

Due: 08/13/21

Client Name: WSU FHDS Project:

TAT: (Normal) RUSH: _____ days

Samples Received From: FedEx UPS USPS (Client) Courier Other: _____

Custody Seal on Cooler/Box: Yes (No) Custody Seals Intact: Yes No (N/A)

Number of Coolers/Boxes: 1 Type of Ice: (Ice/Ice Packs) Blue Ice Dry Ice None

Packing Material: Bubble Wrap Bags (Foam/Peanuts) None Other: _____

Cooler Temp As Read (°C): 22.4 Cooler Temp Corrected (°C): _____ Thermometer Used: IR-4

				Comments:
Samples Received Intact?	(Yes)	No	N/A	
Chain of Custody Present?	(Yes)	No	N/A	
Samples Received Within Hold Time?	(Yes)	No	N/A	
Samples Properly Preserved?	(Yes)	No	N/A	
VOC Vials Free of Headspace (<6mm)?	Yes	No	(N/A)	
VOC Trip Blanks Present?	Yes	No	(N/A)	
Labels and Chains Agree?	(Yes)	No	N/A	
Total Number of Sample Bottles Received: _____				

Chain of Custody Fully Completed?	(Yes)	No	N/A	
Correct Containers Received?	(Yes)	No	N/A	
Anatek Bottles Used?	(Yes)	No	Unknown	

Record preservatives (and lot numbers, if known) for containers below:

MA/AA (2102) 4x 44mL Amber TTHM

NH_4CL (2103) - 4x 44mL Amber HAA

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

Received/Inspected By: _____ Date/Time: 07/30/21 11:31

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 8832839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

System ID#	93200Q	System Name:	WSU EH & S		
Reference Number:	MAC0284-04	Collect Date:	03/26/20 09:10	DOH Source #:	09
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	03/26/20 12:41	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Well #8				
Matrix:	Drinking Water				

Lab/Sample Number: 125 28404

Semivolatiles

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0037	2,4-D	ND	ug/L	0.100	0.1	70	4/1/20 2:06	MAH	EPA 515.4	
0038	2,4,5-TP (Silvex)	ND	ug/L	0.200	0.2	50	4/1/20 2:06	MAH	EPA 515.4	
0134	Pentachlorophenol	ND	ug/L	0.0400	0.04	1	4/1/20 2:06	MAH	EPA 515.4	
0135	2,4-DB	ND	ug/L	1.00	1.0		4/1/20 2:06	MAH	EPA 515.4	
0136	2,4,5-T	ND	ug/L	0.400			4/1/20 2:06	MAH	EPA 515.4	
0137	Dalapon	ND	ug/L	1.00	1	200	4/1/20 2:06	MAH	EPA 515.4	
0138	Dicamba	ND	ug/L	0.200	0.2		4/1/20 2:06	MAH	EPA 515.4	
0139	Dinoseb	ND	ug/L	0.200	0.2	7	4/1/20 2:06	MAH	EPA 515.4	
0140	Picloram	ND	ug/L	0.100	0.1	500	4/1/20 2:06	MAH	EPA 515.4	
0220	Bentazon	ND	ug/L	0.500	0.5		4/1/20 2:06	MAH	EPA 515.4	
0221	Dichlorprop	ND	ug/L	0.500	0.5		4/1/20 2:06	MAH	EPA 515.4	
0223	Acifluorofen	ND	ug/L	1.00	2.0		4/1/20 2:06	MAH	EPA 515.4	
0224	Chloramben	ND	ug/L	0.200	0.2		4/1/20 2:06	MAH	EPA 515.4	
0226	3,5-Dichlorobenzoic Acid	ND	ug/L	0.500	0.5		4/1/20 2:06	MAH	EPA 515.4	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis

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.

MAC0284

Due: 04/09/20

ANATEK LABS, INC - Multi-state Certified, NELAC Accredi

☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 FAX 882-9246 EPA# ID00(

☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 3-26-20 / 9:28 AM

Sampler Name: Gene Patterson

Sampler Signature: [signature]

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S06 (Well #6)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☐ Preservatives: _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☑ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature	[signature]	Received By	[signature]
Shipping/Delivery Date	3-26-20	Date Received	3/26/20 1241

Gene Patterson

Form COC07.00 - Eff 1 Mar 2015

ANATEK LABS, INC - Multi-state Certified, NELAC Accredi
☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 FAX 882-9246 EPA# ID000
☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA(

MAC0284

Due: 04/09/20

Washington Chain of Custody - Drinking Water Analysi

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected	3-26-20 / 9:44 AM
Sampler Name:	Gene Patterson
Sampler Signature:	[signature]

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

☑	Single Well Source Number: S08 (Well #7)
☐	Flowing Distribution (92)
☐	Standing Distribution (93) (Lead/Copper Distribution)
☐	Composite Sampling (95) List source #'s_____
☐	Blended Sample (96) List source #'s_____

Receiving Check List

☐ Received Intact ☐ No Headspace
☐ Labels & Chains Agree ☐ Temp: _____
☐ Ice/Ice-Packs Present: _____
☐ Custody Seals Present: _____
☐ Preservatives: _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☑ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature	[signature]	Received By	[signature]
Shipping/Delivery Date	3-26-20	Date Received	3/26/20 1241

MAC0284

Due: 04/09/20

ANATEK LABS, INC - Multi-state Certified, NELAC Accredi

☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 FAX 882-9246 EPA# ID00
☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# W/

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 3-26-20 / 9:07 / 7:10 AM

Sampler Name: Gene Patterson

Sampler Signature: Gene Patterson

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S09 (Well #8)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☐ Preservatives: _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☑ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☑ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature	Gene Patterson	Received By	
Shipping/Delivery Date	3-26-20	Date Received	3/26/20 1041

Gene Patterson

Form COC07.00 - Eff 1 Mar 2015

MAC0284

Due: 04/09/20

Anatek Labs, Inc.

Sample Receipt and Preservation Form

Client Name: INSU Project: *(apply Anatek sample label here)*

TAT: (Normal) RUSH: _____ days

Samples Received From: FedEx UPS USPS (Client) Courier Other: _____

Custody Seal on Cooler/Box: Yes (No) Custody Seals Intact: Yes No (N/A)

Number of Coolers/Boxes: 1 Type of Ice: Ice/Ice Packs (Blue Ice) Dry Ice None

Packing Material: Bubble Wrap Bags Foam/Peanuts (None) Other: _____

Cooler Temp As Read (°C): 11.8 Cooler Temp Corrected (°C): 9.8 Thermometer Used: IR-2

				Comments:
Samples Received Intact?	(Yes)	No	N/A	
Chain of Custody Present?	(Yes)	No	N/A	
Samples Received Within Hold Time?	(Yes)	No	N/A	
Samples Properly Preserved?	(Yes)	No	N/A	
VOC Vials Free of Headspace (<6mm)?	Yes	No	(N/A)	
VOC Trip Blanks Present?	Yes	No	(N/A)	
Labels and Chains Agree?	(Yes)	No	N/A	
Total Number of Sample Bottles Received: 4				

Chain of Custody Fully Completed?	(Yes)	No	N/A	
Correct Containers Received?	(Yes)	No	N/A	
Anatek Bottles Used?	(Yes)	No	Unknown	

Record preservatives (and lot numbers, if known) for containers below:

SS(169-22) → 515

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

Received/Inspected By: HS Date/Time: 3-26-20 12:05

Form F18.00 - Eff 8 Feb 2019

Herbicides

Anatek Labs, Inc.

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504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 515.4

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09211	Collect Date:	7/18/2018	DOH Source #:	S04
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/25/2018				
County:	WHITMAN	Sample Location:	S04 (WELL #4)		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0037	2,4-D	ND	ug/L	0.1	0.1	70	EPA 515.4	MAH	
0038	2,4,5-TP (Silvex)	ND	ug/L	0.2	0.2	50	EPA 515.4	MAH	
0134	Pentachlorophenol	ND	ug/L	0.04	0.04	1	EPA 515.4	MAH	
0137	Dalapon	ND	ug/L	1	1	200	EPA 515.4	MAH	
0139	Dinoseb	ND	ug/L	0.2	0.2	7	EPA 515.4	MAH	
0140	Picloram	ND	ug/L	0.1	0.1	500	EPA 515.4	MAH	

EPA Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0138	Dicamba	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0135	2,4-DB	ND	ug/L	1.0	1.0		EPA 515.4	MAH	
0136	2,4,5-T	ND	ug/L	0.4			EPA 515.4	MAH	
0220	Bentazon	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0221	Dichlorprop	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0223	Acifluorofen	ND	ug/L	2.0	2.0		EPA 515.4	MAH	
0225	DCPA (Acid Metabolites)	ND	ug/L	0.1	0.1		EPA 515.4	MAH	
0226	3,5-Dichlorobenzoic Acid	ND	ug/L	0.5	0.5		EPA 515.4	MAH	

State Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0224	Chloramben	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

Notes: ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

This report shall not be reproduced except in full, without the written approval of the laboratory.
The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/2/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL[NELAP]:E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL[NELAP]: E871099

Anatek Labs, Inc.

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504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 515.4

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09215	Collect Date:	7/18/2018	DOH Source #:	S06
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/25/2018				
County:	WHITMAN	Sample Location:	S06 (WELL #6)		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0037	2,4-D	ND	ug/L	0.1	0.1	70	EPA 515.4	MAH	
0038	2,4,5-TP (Silvex)	ND	ug/L	0.2	0.2	50	EPA 515.4	MAH	
0134	Pentachlorophenol	ND	ug/L	0.04	0.04	1	EPA 515.4	MAH	
0137	Dalapon	ND	ug/L	1	1	200	EPA 515.4	MAH	
0139	Dinoseb	ND	ug/L	0.2	0.2	7	EPA 515.4	MAH	
0140	Picloram	ND	ug/L	0.1	0.1	500	EPA 515.4	MAH	

EPA Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0138	Dicamba	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0135	2,4-DB	ND	ug/L	1.0	1.0		EPA 515.4	MAH	
0136	2,4,5-T	ND	ug/L	0.4			EPA 515.4	MAH	
0220	Bentazon	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0221	Dichlorprop	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0223	Acifluorofen	ND	ug/L	2.0	2.0		EPA 515.4	MAH	
0225	DCPA (Acid Metabolites)	ND	ug/L	0.1	0.1		EPA 515.4	MAH	
0226	3,5-Dichlorobenzoic Acid	ND	ug/L	0.5	0.5		EPA 515.4	MAH	

State Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0224	Chloramben	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

Notes: ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

This report shall not be reproduced except in full, without the written approval of the laboratory.
The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/2/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

Anatek Labs, Inc.

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504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 515.4

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09219	Collect Date:	7/18/2018	DOH Source #:	S08
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/25/2018				
County:	WHITMAN	Sample Location:	S08 (WELL #7)		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0037	2,4-D	ND	ug/L	0.1	0.1	70	EPA 515.4	MAH	
0038	2,4,5-TP (Silvex)	ND	ug/L	0.2	0.2	50	EPA 515.4	MAH	
0134	Pentachlorophenol	ND	ug/L	0.04	0.04	1	EPA 515.4	MAH	
0137	Dalapon	ND	ug/L	1	1	200	EPA 515.4	MAH	
0139	Dinoseb	ND	ug/L	0.2	0.2	7	EPA 515.4	MAH	
0140	Picloram	ND	ug/L	0.1	0.1	500	EPA 515.4	MAH	

EPA Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0138	Dicamba	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0135	2,4-DB	ND	ug/L	1.0	1.0		EPA 515.4	MAH	
0136	2,4,5-T	ND	ug/L	0.4			EPA 515.4	MAH	
0220	Bentazon	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0221	Dichlorprop	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0223	Acifluorofen	ND	ug/L	2.0	2.0		EPA 515.4	MAH	
0225	DCPA (Acid Metabolites)	ND	ug/L	0.1	0.1		EPA 515.4	MAH	
0226	3,5-Dichlorobenzoic Acid	ND	ug/L	0.5	0.5		EPA 515.4	MAH	

State Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0224	Chloramben	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor:  **Date:** 8/2/2018

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 515.4

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09211	Collect Date:	7/18/2018	DOH Source #:	S04
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/25/2018				
County:	WHITMAN	Sample Location: S04 (WELL #4)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0037	2,4-D	ND	ug/L	0.1	0.1	70	EPA 515.4	MAH	
0038	2,4,5-TP (Silvex)	ND	ug/L	0.2	0.2	50	EPA 515.4	MAH	
0134	Pentachlorophenol	ND	ug/L	0.04	0.04	1	EPA 515.4	MAH	
0137	Dalapon	ND	ug/L	1	1	200	EPA 515.4	MAH	
0139	Dinoseb	ND	ug/L	0.2	0.2	7	EPA 515.4	MAH	
0140	Picloram	ND	ug/L	0.1	0.1	500	EPA 515.4	MAH	

EPA Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0138	Dicamba	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0135	2,4-DB	ND	ug/L	1.0	1.0		EPA 515.4	MAH	
0136	2,4,5-T	ND	ug/L	0.4			EPA 515.4	MAH	
0220	Bentazon	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0221	Dichlorprop	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0223	Acifluorofen	ND	ug/L	2.0	2.0		EPA 515.4	MAH	
0225	DCPA (Acid Metabolites)	ND	ug/L	0.1	0.1		EPA 515.4	MAH	
0226	3,5-Dichlorobenzoic Acid	ND	ug/L	0.5	0.5		EPA 515.4	MAH	

State Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0224	Chloramben	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor: _____ **Date:** 8/2/2018

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 515.4

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09215	Collect Date:	7/18/2018	DOH Source #:	S06
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/25/2018				
County:	WHITMAN	Sample Location: S06 (WELL #6)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0037	2,4-D	ND	ug/L	0.1	0.1	70	EPA 515.4	MAH	
0038	2,4,5-TP (Silvex)	ND	ug/L	0.2	0.2	50	EPA 515.4	MAH	
0134	Pentachlorophenol	ND	ug/L	0.04	0.04	1	EPA 515.4	MAH	
0137	Dalapon	ND	ug/L	1	1	200	EPA 515.4	MAH	
0139	Dinoseb	ND	ug/L	0.2	0.2	7	EPA 515.4	MAH	
0140	Picloram	ND	ug/L	0.1	0.1	500	EPA 515.4	MAH	

EPA Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0138	Dicamba	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0135	2,4-DB	ND	ug/L	1.0	1.0		EPA 515.4	MAH	
0136	2,4,5-T	ND	ug/L	0.4			EPA 515.4	MAH	
0220	Bentazon	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0221	Dichlorprop	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0223	Acifluorofen	ND	ug/L	2.0	2.0		EPA 515.4	MAH	
0225	DCPA (Acid Metabolites)	ND	ug/L	0.1	0.1		EPA 515.4	MAH	
0226	3,5-Dichlorobenzoic Acid	ND	ug/L	0.5	0.5		EPA 515.4	MAH	

State Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0224	Chloramben	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor: _____ **Date:** 8/2/2018

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 515.4

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09219	Collect Date:	7/18/2018	DOH Source #:	S08
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/25/2018				
County:	WHITMAN	Sample Location: S08 (WELL #7)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0037	2,4-D	ND	ug/L	0.1	0.1	70	EPA 515.4	MAH	
0038	2,4,5-TP (Silvex)	ND	ug/L	0.2	0.2	50	EPA 515.4	MAH	
0134	Pentachlorophenol	ND	ug/L	0.04	0.04	1	EPA 515.4	MAH	
0137	Dalapon	ND	ug/L	1	1	200	EPA 515.4	MAH	
0139	Dinoseb	ND	ug/L	0.2	0.2	7	EPA 515.4	MAH	
0140	Picloram	ND	ug/L	0.1	0.1	500	EPA 515.4	MAH	

EPA Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0138	Dicamba	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0135	2,4-DB	ND	ug/L	1.0	1.0		EPA 515.4	MAH	
0136	2,4,5-T	ND	ug/L	0.4			EPA 515.4	MAH	
0220	Bentazon	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0221	Dichlorprop	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0223	Acifluorofen	ND	ug/L	2.0	2.0		EPA 515.4	MAH	
0225	DCPA (Acid Metabolites)	ND	ug/L	0.1	0.1		EPA 515.4	MAH	
0226	3,5-Dichlorobenzoic Acid	ND	ug/L	0.5	0.5		EPA 515.4	MAH	

State Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0224	Chloramben	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09213	Collect Date:	7/18/2018	DOH Source #:	S06
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/20/2018				
County:	WHITMAN	Sample Location:	S06 (WELL #6)		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0045	Vinyl Chloride	ND	ug/L	0.5	0.5	2	EPA 524.3	SAT	
0046	1,1-Dichloroethylene	ND	ug/L	0.5	0.5	7	EPA 524.3	SAT	
0047	1,1,1-Trichloroethane	ND	ug/L	0.5	0.5	200	EPA 524.3	SAT	
0048	Carbon Tetrachloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0049	Benzene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0050	1,2-Dichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0051	Trichloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0052	1,4-Dichlorobenzene	ND	ug/L	0.5	0.5	75	EPA 524.3	SAT	
0056	Methylene chloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0057	trans-1,2-Dichloroethylene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0060	cis-1,2-dichloroethylene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0063	1,2-Dichloropropane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0066	Toluene	ND	ug/L	0.5	0.5	1000	EPA 524.3	SAT	
0067	1,1,2-Trichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0068	Tetrachloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0071	Chlorobenzene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0073	Ethylbenzene	ND	ug/L	0.5	0.5	700	EPA 524.3	SAT	
0076	Styrene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0084	1,2-Dichlorobenzene	ND	ug/L	0.5	0.5	600	EPA 524.3	SAT	
0095	1,2,4-Trichlorobenzene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0160	Total Xylene	ND	ug/L	0.5	0.5	10000	EPA 524.3	SAT	
0074	m/p-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0075	o-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

EPA Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0031	Total Trihalomethane	ND	ug/L	--	--	80	EPA 524.3	SAT	
0027	Chloroform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0029	Dibromochloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0053	Chloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

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0054	Bromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0058	1,1-Dichloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0062	1,1-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0064	Dibromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0070	1,3-Dichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0072	1,1,1,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0078	Bromobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0079	1,2,3-Trichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0080	1,1,2,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0081	o-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0082	p-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0083	m-Dichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0154	1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT

State Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0065	cis-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0069	trans-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0085	Trichloroflouromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0086	Bromochloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0087	Isopropylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0088	n-Propylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0089	1,3,5-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0090	tert-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0091	1,2,4-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0092	sec-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0093	p-Isopropyltoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0094	n-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0096	Naphthalene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0097	Hexachlorobutadiene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0098	1,2,3-Trichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0427	EDB (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0428	DBCP (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0104	Dichlorodifluoromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
	methyl-t-butyl ether (MTBE)	ND	ug/L	0.5	70		EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	WA5393200	System Name:	WSU EH&S	
Lab/Sample Number:	125 09214	Collect Date:	7/18/2018	DOH Source #:
Multiple Source Nos:		Sample Type:		Sample Purpose:
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor: TGT
Date Analyzed:	7/25/2018			
County:	WHITMAN	Sample Location: S06 (WELL #6) Trip Blank		
Report To:	Address:	P.O. BOX 641172		
	City, State, ZIP	PULLMAN, WA 99164		
	Phone Number:	(509) 335-3041		

EPA Regulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0045	Vinyl Chloride	ND	ug/L	0.5	0.5	2	EPA 524.3	SAT	
0046	1,1-Dichloroethylene	ND	ug/L	0.5	0.5	7	EPA 524.3	SAT	
0047	1,1,1-Trichloroethane	ND	ug/L	0.5	0.5	200	EPA 524.3	SAT	
0048	Carbon Tetrachloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0049	Benzene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0050	1,2-Dichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0051	Trichloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0052	1,4-Dichlorobenzene	ND	ug/L	0.5	0.5	75	EPA 524.3	SAT	
0056	Methylene chloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0057	trans-1,2-Dichloroethylene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0060	cis-1,2-dichloroethylene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0063	1,2-Dichloropropane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0066	Toluene	ND	ug/L	0.5	0.5	1000	EPA 524.3	SAT	
0067	1,1,2-Trichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0068	Tetrachloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0071	Chlorobenzene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0073	Ethylbenzene	ND	ug/L	0.5	0.5	700	EPA 524.3	SAT	
0076	Styrene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0084	1,2-Dichlorobenzene	ND	ug/L	0.5	0.5	600	EPA 524.3	SAT	
0095	1,2,4-Trichlorobenzene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0160	Total Xylene	ND	ug/L	0.5	0.5	10000	EPA 524.3	SAT	
0074	m/p-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0075	o-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

EPA Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0031	Total Trihalomethane	ND	ug/L	--	--	80	EPA 524.3	SAT	
0027	Chloroform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0029	Dibromochloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0053	Chloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0054	Bromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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0058	1,1-Dichloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0062	1,1-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0064	Dibromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0070	1,3-Dichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0072	1,1,1,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0078	Bromobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0079	1,2,3-Trichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0080	1,1,2,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0081	o-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0082	p-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0083	m-Dichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0154	1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT

State Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0065	cis-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0069	trans-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0085	Trichloroflouromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0086	Bromochloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0087	Isopropylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0088	n-Propylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0089	1,3,5-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0090	tert-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0091	1,2,4-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0092	sec-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0093	p-Isopropyltoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0094	n-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0096	Naphthalene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0097	Hexachlorobutadiene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0098	1,2,3-Trichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0427	EDB (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0428	DBCP (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0104	Dichlorodifluoromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
	methyl-t-butyl ether (MTBE)	ND	ug/L	0.5	70		EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/2/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09217	Collect Date:	7/18/2018	DOH Source #:	S08
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/20/2018				
County:	WHITMAN	Sample Location: S08 (WELL #7)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0045	Vinyl Chloride	ND	ug/L	0.5	0.5	2	EPA 524.3	SAT	
0046	1,1-Dichloroethylene	ND	ug/L	0.5	0.5	7	EPA 524.3	SAT	
0047	1,1,1-Trichloroethane	ND	ug/L	0.5	0.5	200	EPA 524.3	SAT	
0048	Carbon Tetrachloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0049	Benzene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0050	1,2-Dichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0051	Trichloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0052	1,4-Dichlorobenzene	ND	ug/L	0.5	0.5	75	EPA 524.3	SAT	
0056	Methylene chloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0057	trans-1,2-Dichloroethylene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0060	cis-1,2-dichloroethylene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0063	1,2-Dichloropropane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0066	Toluene	ND	ug/L	0.5	0.5	1000	EPA 524.3	SAT	
0067	1,1,2-Trichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0068	Tetrachloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0071	Chlorobenzene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0073	Ethylbenzene	ND	ug/L	0.5	0.5	700	EPA 524.3	SAT	
0076	Styrene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0084	1,2-Dichlorobenzene	ND	ug/L	0.5	0.5	600	EPA 524.3	SAT	
0095	1,2,4-Trichlorobenzene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0160	Total Xylene	ND	ug/L	0.5	0.5	10000	EPA 524.3	SAT	
0074	m/p-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0075	o-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

EPA Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0031	Total Trihalomethane	ND	ug/L	--	--	80	EPA 524.3	SAT	
0027	Chloroform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0029	Dibromochloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0053	Chloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0054	Bromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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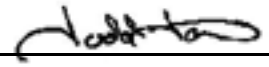
0058	1,1-Dichloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0062	1,1-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0064	Dibromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0070	1,3-Dichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0072	1,1,1,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0078	Bromobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0079	1,2,3-Trichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0080	1,1,2,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0081	o-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0082	p-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0083	m-Dichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0154	1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT

State Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0065	cis-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0069	trans-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0085	Trichloroflouromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0086	Bromochloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0087	Isopropylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0088	n-Propylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0089	1,3,5-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0090	tert-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0091	1,2,4-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0092	sec-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0093	p-Isopropyltoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0094	n-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0096	Naphthalene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0097	Hexachlorobutadiene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0098	1,2,3-Trichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0427	EDB (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0428	DBCP (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0104	Dichlorodifluoromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
	methyl-t-butyl ether (MTBE)	ND	ug/L	0.5	70		EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor:  **Date:** 8/2/2018

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Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	WA5393200	System Name:	WSU EH&S	
Lab/Sample Number:	125 09218	Collect Date:	7/18/2018	DOH Source #:
Multiple Source Nos:		Sample Type:		Sample Purpose:
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor: TGT
Date Analyzed:	7/25/2018			
County:	WHITMAN	Sample Location: S08 (WELL #7) Trip Blank		
Report To:	Address:	P.O. BOX 641172		
	City, State, ZIP	PULLMAN, WA 99164		
	Phone Number:	(509) 335-3041		

EPA Regulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0045	Vinyl Chloride	ND	ug/L	0.5	0.5	2	EPA 524.3	SAT	
0046	1,1-Dichloroethylene	ND	ug/L	0.5	0.5	7	EPA 524.3	SAT	
0047	1,1,1-Trichloroethane	ND	ug/L	0.5	0.5	200	EPA 524.3	SAT	
0048	Carbon Tetrachloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0049	Benzene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0050	1,2-Dichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0051	Trichloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0052	1,4-Dichlorobenzene	ND	ug/L	0.5	0.5	75	EPA 524.3	SAT	
0056	Methylene chloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0057	trans-1,2-Dichloroethylene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0060	cis-1,2-dichloroethylene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0063	1,2-Dichloropropane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0066	Toluene	ND	ug/L	0.5	0.5	1000	EPA 524.3	SAT	
0067	1,1,2-Trichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0068	Tetrachloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0071	Chlorobenzene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0073	Ethylbenzene	ND	ug/L	0.5	0.5	700	EPA 524.3	SAT	
0076	Styrene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0084	1,2-Dichlorobenzene	ND	ug/L	0.5	0.5	600	EPA 524.3	SAT	
0095	1,2,4-Trichlorobenzene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0160	Total Xylene	ND	ug/L	0.5	0.5	10000	EPA 524.3	SAT	
0074	m/p-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0075	o-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

EPA Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0031	Total Trihalomethane	ND	ug/L	--	--	80	EPA 524.3	SAT	
0027	Chloroform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0029	Dibromochloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0053	Chloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0054	Bromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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0058	1,1-Dichloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0062	1,1-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0064	Dibromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0070	1,3-Dichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0072	1,1,1,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0078	Bromobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0079	1,2,3-Trichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0080	1,1,2,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0081	o-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0082	p-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0083	m-Dichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0154	1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT

State Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0065	cis-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0069	trans-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0085	Trichloroflouromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0086	Bromochloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0087	Isopropylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0088	n-Propylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0089	1,3,5-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0090	tert-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0091	1,2,4-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0092	sec-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0093	p-Isopropyltoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0094	n-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0096	Naphthalene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0097	Hexachlorobutadiene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0098	1,2,3-Trichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0427	EDB (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0428	DBCP (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0104	Dichlorodifluoromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
	methyl-t-butyl ether (MTBE)	ND	ug/L	0.5	70		EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

This report shall not be reproduced except in full, without the written approval of the laboratory.
The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/2/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Inorganic Chemicals (IOC's) Analysis Report For Nitrates

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09216	Collect Date:	7/18/2018	DOH Source #:	S06
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/19/2018 9:12:00 PM				
County:	WHITMAN	Sample Location: S06 (WELL #6)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

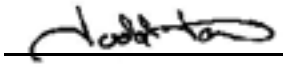
EPA Regulated Chemical

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst
0020	Nitrate - N	ND	mg/L	0.5	5	10	EPA 300.0	MER

NOTES:

SRL (State Reporting Level): Indicates the minimum reporting level required by WA-DOH
Trigger Level: DOH drinking water response level. Systems exceeding this level are required to take additional samples. Contact the DOH immediately.
MCL (Maximum Contaminant Level): SDWA maximum contaminant level. If exceeded, contact the DOH immediately.
ND (Not Detected): Indicates that the analysis was performed but the contaminant concentration is less than the SRL.

This report shall not be reproduced except in full, without the written approval of the laboratory.
The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor:  **Date:** 8/2/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Inorganic Chemicals (IOC's) Analysis Report For Nitrates

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09220	Collect Date:	7/18/2018	DOH Source #:	S07
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/20/2018 4:23:00 AM				
County:	WHITMAN	Sample Location: S07 (WELL #7)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated Chemical

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst
0020	Nitrate - N	ND	mg/L	0.5	5	10	EPA 300.0	MER

NOTES:

SRL (State Reporting Level): Indicates the minimum reporting level required by WA-DOH
Trigger Level: DOH drinking water response level. Systems exceeding this level are required to take additional samples. Contact the DOH immediately.
MCL (Maximum Contaminant Level): SDWA maximum contaminant level. If exceeded, contact the DOH immediately.
ND (Not Detected): Indicates that the analysis was performed but the contaminant concentration is less than the SRL.

This report shall not be reproduced except in full, without the written approval of the laboratory.
The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/2/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Login Report

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180719028
Order Date: 7/19/2018

Contact Name: GENE PATTERSON

Project Name: WA IOC / HERB / NO3 / VOC

Comment:

Sample #: 180719028-001 **Customer Sample #:** S04 (WELL #4)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 1 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:** 10:17 AM
Comment:

Test	Lab	Method	Due Date	Priority
HERBICIDES 515.4	M	EPA 515.4	7/30/2018	***Normal (~10 Days)***

Sample #: 180719028-002 **Customer Sample #:** S04 (WELL #4)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 1 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:** 10:16 AM
Comment:

Test	Lab	Method	Due Date	Priority
CYANIDE IN DW MOSCOW EPA	M	EPA 335.4	7/30/2018	***Normal (~10 Days)***
HARDNESS by EPA 200.8	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
ANTIMONY	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
ARSENIC	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
BARIUM	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
BERYLLIUM	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
CADMIUM	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
CHLORIDE	M	EPA 300.0	7/30/2018	***Normal (~10 Days)***
CHROMIUM	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
COLOR	M	SM 2120B	7/25/2018	***Normal (~10 Days)***
CONDUCTIVITY	M	SM 2510B	7/25/2018	***Normal (~10 Days)***
COPPER	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
FLUORIDE	M	EPA 300.0	7/30/2018	***Normal (~10 Days)***
IRON ICP	M	EPA 200.7	7/30/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180719028
Order Date: 7/19/2018

Contact Name: GENE PATTERSON

Project Name: WA IOC / HERB / NO3 / VOC

Comment:

MANGANESE	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
MERCURY-ICPMS	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
NICKEL	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
NITRATE/N	M	EPA 300.0	7/20/2018	***Normal (~10 Days)***
NITRATE+ NITRITE AS N	M	EPA 300.0	7/30/2018	***Normal (~10 Days)***
NITRITE/N	M	EPA 300.0	7/20/2018	***Normal (~10 Days)***
SELENIUM	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
SILVER	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
SODIUM ICP	M	EPA 200.7	7/30/2018	***Normal (~10 Days)***
SOLIDS - TDS	M	SM 2540C	7/25/2018	***Normal (~10 Days)***
SULFATE	M	EPA 300.0	7/30/2018	***Normal (~10 Days)***
THALLIUM	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
TURBIDITY	M	EPA 180.1	7/20/2018	***Normal (~10 Days)***
WA Complete IOC	M	N/A	7/18/2018	***Normal (~10 Days)***
ZINC	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***

Sample #: 180719028-003 **Customer Sample #:** S06 (WELL #6)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 3 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:** 9:34 AM
Comment:

Test	Lab	Method	Due Date	Priority
VOLATILES 524.3	M	EPA 524.3	7/30/2018	***Normal (~10 Days)***

Sample #: 180719028-004 **Customer Sample #:** S06 (WELL #6) Trip Blank

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 1 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:**
Comment:

Test	Lab	Method	Due Date	Priority
VOLATILES 524.3	M	EPA 524.3	7/30/2018	***Normal (~10 Days)***

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180719028
Order Date: 7/19/2018

Contact Name: GENE PATTERSON

Project Name: WA IOC / HERB / NO3 / VOC

Comment:

Sample #: 180719028-005 **Customer Sample #:** S06 (WELL #6)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 1 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:** 9:32 AM
Comment:

Test	Lab	Method	Due Date	Priority
HERBICIDES 515.4	M	EPA 515.4	7/30/2018	***Normal (~10 Days)***

Sample #: 180719028-006 **Customer Sample #:** S06 (WELL #6)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 1 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:** 9:37 AM
Comment:

Test	Lab	Method	Due Date	Priority
NITRATE/N	M	EPA 300.0	7/30/2018	***Normal (~10 Days)***

Sample #: 180719028-007 **Customer Sample #:** S08 (WELL #7)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 3 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:** 9:56 AM
Comment:

Test	Lab	Method	Due Date	Priority
VOLATILES 524.3	M	EPA 524.3	7/30/2018	***Normal (~10 Days)***

Sample #: 180719028-008 **Customer Sample #:** S08 (WELL #7) Trip Blank

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 1 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:**
Comment:

Test	Lab	Method	Due Date	Priority
VOLATILES 524.3	M	EPA 524.3	7/30/2018	***Normal (~10 Days)***

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180719028
Order Date: 7/19/2018

Contact Name: GENE PATTERSON

Project Name: WA IOC / HERB / NO3 / VOC

Comment:

Sample #: 180719028-009 **Customer Sample #:** S08 (WELL #7)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 1 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:** 9:54 AM
Comment:

Test	Lab	Method	Due Date	Priority
HERBICIDES 515.4	M	EPA 515.4	7/30/2018	***Normal (~10 Days)***

Sample #: 180719028-010 **Customer Sample #:** S07 (WELL #7)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 1 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:** 9:57 AM
Comment:

Test	Lab	Method	Due Date	Priority
NITRATE/N	M	EPA 300.0	7/30/2018	***Normal (~10 Days)***

SAMPLE CONDITION RECORD

Samples received in a cooler?	Yes
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	14.2
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
Are VOC samples free of headspace?	Yes
Is there a trip blank to accompany VOC samples?	Yes
Labels and chain agree?	Yes
Total number of containers?	14

180719 028 WSEH Last Due 7/30/2018

1st SAMP 7/18/2018 1st RCVD 7/18/2018

WA IOC / HERB / NO3 / VOC

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Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 7-18-18 10:17 AM

Sampler Name: Gene Patterson

Sampler Signature:

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S04 (well #4)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s
- ☐ Blended Sample (96) List source #'s

Receiving Check List

- ☒ Received Intact ☐ No Headspace
- ☒ Labels & Chains Agree ☐ Temp:
- ☒ Ice/Ice Packs Present:
- ☐ Custody Seals Present:
- ☒ Preservatives: Nothio

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☑ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature

Shipping/Delivery Date

Received By: 4.2°C IR-2

Date Received: 07/18/2018 1527 hrs

Gene Patterson

ANATEK LABS, INC - Multi-state Certified, NELAC Accredited

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☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA00169

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 7-18-18 / 9:39 am

Sampler Name: Gene Patterson

Sampler Signature: [signature]

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S06 (well #6)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s
- ☐ Blended Sample (96) List source #'s

Receiving Check List

- ☒ Received Intact
- ☒ No Headspace
- ☒ Labels & Chains Agree
- ☐ Temp:
- ☒ Ice/Ice Packs Present:
- ☐ Custody Seals Present:
- ☒ Preservatives: HNAA

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☑ VOC (VOC1) x2
- ☐ T-THM +1TTB
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature	[signature]	Received By	[signature] 14.2°C IR-2
Shipping/Delivery Date		Date Received	07/18/2018 1527 hrs.

Gene Patterson

ANATEK LABS, INC - Multi-state Certified, NELAC Accredited

☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 FAX 882-9246 EPA# ID00013
☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA00169

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 7-18-18 / 9:32 AM

Sampler Name: Gene Patterson

Sampler Signature: JL Patterson

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S06 (well #6)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☒ Received Intact → ☒ No Headspace
- ☒ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☐ Preservatives: N.A.

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☑ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature: JL Patterson

Shipping/Delivery Date:

Received By: [illegible] 1.4°C IR-2

Date Received: 07/18/2018 1527 hrs.

Gene Patterson

ANATEK LABS, INC - Multi-state Certified, NELAC Accredited

☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 FAX 882-9246 EPA# ID00013
☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA00169

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	EH&S - WSU Sanitarian	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☑	Before (B)	☑	Compliance (C)
☐	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 7-18-18 / 9:37 AM

Sampler Name: Gene Patterson

Sampler Signature: [signature]

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S06 (Well #6)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☑ Received Intact ☐ No Headspace
- ☑ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☐ Preservatives: _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☑ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Please bill:
WSU Utilities,
PO Box 641150,
Pullman, WA 99164-1150
attn: Greg Streva

Customer Signature: [signature]

Shipping/Delivery Date: _____

Received By: [signature] 14.2°C IR-2

Date Received: 02/18/2018 1527 hrs

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☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA00169

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 7-18-18 / 9:56 AM
Sampler Name: Gene Patterson
Sampler Signature:

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S08 (well #7)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s
- ☐ Blended Sample (96) List source #'s

Receiving Check List

- ☒ Received Intact ☒ No Headspace
- ☒ Labels & Chains Agree ☐ Temp:
- ☐ Ice/Ice Packs Present:
- ☐ Custody Seals Present:
- ☒ Preservatives: N/A

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☑ VOC (VOC1) x3 +TTB
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature		Received By	14.2°C IR-2
Shipping/Delivery Date		Date Received	07/18/2018 1527 hrs.

Gene Patterson

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☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA00169

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 7-18-18 / 9:54 AM

Sampler Name: Gene Patterson

Sampler Signature: [signature]

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S08 (well #7)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s
- ☐ Blended Sample (96) List source #'s

Receiving Check List

- ☒ Received Intact ☐ No Headspace
- ☒ Labels & Chains Agree ☐ Temp:
- ☒ Ice/Ice-Packs Present:
- ☐ Custody Seals Present:
- ☒ Preservatives: NaOH10

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☑ Herbicides (HERB1) X1
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

MEK

Customer Signature	[signature]	Received By	[signature] 14.2°C IR-2
Shipping/Delivery Date		Date Received	07/18/2018 1527 hrs.

Gene Patterson

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Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	EH&S - WSU Sanitarian	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☑	Before (B)	☑	Compliance (C)
☐	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected	7-18-18 9:57 AM
Sampler Name:	Gene Patterson
Sampler Signature:	

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S07 (Well #7)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s
- ☐ Blended Sample (96) List source #'s

Receiving Check List

- ☑ Received Intact ☐ No Headspace
- ☑ Labels & Chains Agree ☐ Temp:
- ☐ Ice/Ice Packs Present:
- ☐ Custody Seals Present:
- ☐ Preservatives:

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☑ Lead / Arsenic
- ☑ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Please bill:
WSU Utilities,
PO Box 641150,
Pullman, WA 99164-1150
attn: Greg Streva

Customer Signature		Received By	14.2°C IR-2
Shipping/Delivery Date		Date Received	07/18/2018 1527 hrs.

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Client:	Washington State University (EHS)	Work Order:	MBD0417
Address:	P.O. Box 641172	Project:	Well #6 & 7
	Pullman, WA 99164	Reported:	4/29/2021 07:59
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0417-02	Collect Date:	04/14/21 10:55	DOH Source #:	08
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	04/14/21 13:13	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Well #7				
Matrix:	Drinking Water				

Lab/Sample Number: 125-41702

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0004	Arsenic	ND	mg/L	0.00100	0.001	0.01	0.01	4/22/21 14:31	MYM	EPA 200.8	
0005	Barium	0.0667	mg/L	0.00100	0.1	2	2	4/22/21 14:31	MYM	EPA 200.8	
0006	Cadmium	ND	mg/L	0.00100	0.001	0.005	0.005	4/22/21 14:31	MYM	EPA 200.8	
0007	Chromium	ND	mg/L	0.00100	0.007	0.1	0.1	4/22/21 14:31	MYM	EPA 200.8	
0011	Mercury	ND	mg/L	0.000100	0.0002	0.002	0.002	4/22/21 14:31	MYM	EPA 200.8	
0012	Selenium	0.00165	mg/L	0.00100	0.002	0.05	0.05	4/22/21 14:31	MYM	EPA 200.8	
0110	Beryllium	ND	mg/L	0.000300	0.0003	0.004	0.004	4/22/21 14:31	MYM	EPA 200.8	
0111	Nickel	ND	mg/L	0.00100	0.005	--		4/22/21 14:31	MYM	EPA 200.8	
0112	Antimony	ND	mg/L	0.00100	0.003	0.006	0.006	4/22/21 14:31	MYM	EPA 200.8	
0113	Thallium	ND	mg/L	0.00100	0.001	0.002	0.002	4/22/21 14:31	MYM	EPA 200.8	
0116	Cyanide	ND	mg/L	0.0100	0.05	0.2	0.2	4/19/21 12:30	BKP	EPA 335.4	
0019	Fluoride	0.388	mg/L	0.100	0.2	2	4	4/14/21 17:19	MER	EPA 300.0	
0114	Nitrite-N	ND	mg/L	0.100	0.1	0.5	1	4/14/21 17:19	MER	EPA 300.0	
0020	Nitrate-N	ND	mg/L	0.100	0.5	5	10	4/14/21 17:19	MER	EPA 300.0	
0161	Total Nitrate/Nitrite	ND	mg/L	0.100	0.5	5	10	4/15/21 21:20	BKP	EPA 300.0	
0008	Iron	0.432	mg/L	0.0100	0.1	--	0.3	4/20/21 12:07	MYM	EPA 200.7	
0010	Manganese	0.0518	mg/L	0.00100	0.01	--	0.05	4/22/21 14:31	MYM	EPA 200.8	
0013	Silver	ND	mg/L	0.00100	0.1	--	0.1	4/22/21 14:31	MYM	EPA 200.8	
0021	Chloride	3.93	mg/L	0.100	20	--	250	4/14/21 17:19	MER	EPA 300.0	
0022	Sulfate	1.96	mg/L	0.100	50	--	250	4/15/21 21:20	BKP	EPA 300.0	
0024	Zinc	0.00785	mg/L	0.00100	0.2	--	5	4/22/21 14:31	MYM	EPA 200.8	
0014	Sodium	23.8	mg/L	0.100	5	--		4/20/21 12:07	MYM	EPA 200.7	
0015	Hardness	124	mg CaCO3/L	1.00	10	--		4/20/21 12:07	MYM	SM 2340 C	
0016	Conductivity	351	µmhos/cm @ 25°C	1.00	70	--	700	4/23/21 13:22	LAC	SM 2510 B	
0017	Turbidity	0.276	NTU	0.100	0.1	--		4/15/21 16:51	LAC	EPA 180.1	
0018	Color	ND @ pH 7.34	Color Units	5.00	15	--	15	4/15/21 16:55	LAC	SM 2120 B	
0026	TDS	252	mg/L	50.0	100	--	500	4/20/21 14:02	LAC	SM 2540 C	
0009	Lead	ND	mg/L	0.00100	0.001	--	0.015	4/22/21 14:31	MYM	EPA 200.8	
0023	Copper	0.0115	mg/L	0.00100	0.02	--	1.3	4/22/21 14:31	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBD0417
Address:	P.O. Box 641172	Project:	Well #6 & 7
	Pullman, WA 99164	Reported:	4/29/2021 07:59
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBD0417-01	Collect Date:	04/14/21 10:40	DOH Source #:	06
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	04/14/21 13:13	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Well #6				
Matrix:	Drinking Water				

Lab/Sample Number: 125-41701

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0020	Nitrate-N	ND	mg/L	0.100	0.5	5	10	4/14/21 16:36	MER	EPA 300.0	

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Client:	Washington State University (EHS)	Work Order:	MBD0417
Address:	P.O. Box 641172	Project:	Well #6 & 7
	Pullman, WA 99164	Reported:	4/29/2021 07:59
Attn:	Gene Patterson		

Authorized Signature,



Justin Doty For Todd Taruscio, 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
*	Not a certified analyte

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The results reported related only to the samples indicated.

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Client:	Washington State University (EHS)	Work Order:	MBD0417
Address:	P.O. Box 641172	Project:	Well #6 & 7
	Pullman, WA 99164	Reported:	4/29/2021 07:59
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

ANATEK LABS, INC - Multi-state Certified, NELAC A
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☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 E

MBD0417

Due: 04/28/21

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 4-14-21 / 10:40

Sampler Name: Gene Patterson

Sampler Signature: [signature]

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S06 (Well #6)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☐ Preservatives: _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☑ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature	[signature]	Received By	JM 9.7C JR-K
Shipping/Delivery Date	4-14-21	Date Received	4-14-21 13:10

Gene Patterson

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MBD0417

Due 04/28/21

Washington Chain of Custody - Drinking Water Ana

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected	4-14-21 / 10:55
Sampler Name:	Gene Patterson
Sampler Signature:	

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S08 (Well #7)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☐ Preservatives: _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☑ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature		Received By	JM 9.7C IR-4
Shipping/Delivery Date	4-14-21	Date Received	4-14-21 13:10

Gene Patterson

Anatek Labs, Inc.

Sample Receipt and Preservation Form

MBD0417

Due: 04/28/21

Client Name: WSU EH&S Project:

TAT: (Normal) RUSH: _____ days

Samples Received From: FedEx UPS USPS (Client) Courier Other: _____

Custody Seal on Cooler/Box: Yes (No) Custody Seals Intact: Yes No (N/A)

Number of Coolers/Boxes: 1 Type of Ice: (Ice/Ice Packs) Blue Ice Dry Ice None

Packing Material: Bubble Wrap Bags Foam/Peanuts (None) Other: _____

Cooler Temp As Read (°C): 9.7 Cooler Temp Corrected (°C): _____ Thermometer Used: IR-4

				Comments:
Samples Received Intact?	(Yes)	No	N/A	
Chain of Custody Present?	(Yes)	No	N/A	
Samples Received Within Hold Time?	(Yes)	No	N/A	
Samples Properly Preserved?	(Yes)	No	N/A	
VOC Vials Free of Headspace (<6mm)?	Yes	No	(N/A)	
VOC Trip Blanks Present?	Yes	No	(N/A)	
Labels and Chains Agree?	(Yes)	No	N/A	
Total Number of Sample Bottles Received: 3				

Chain of Custody Fully Completed?	(Yes)	No	N/A	
Correct Containers Received?	(Yes)	No	N/A	
Anatek Bottles Used?	(Yes)	No	Unknown	

Record preservatives (and lot numbers, if known) for containers below:

NaOH (200552) → CN → p250ml

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

DoC → p1L

Nitrate → p125ml

Received/Inspected By: CS Date/Time: 04/14/2021 1313

Form F19.00 - Eff 8 Feb 2019

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Inorganic Chemicals (IOC's) Analysis Report

System ID#:	93200Q	System Name:	WSU		
Lab/Sample Number:	125 25499	Collect Date:	7/23/2019	DOH Source #:	S08
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/23/2019	Date Reported:	12/17/2019	Supervisor:	TGT
Date Analyzed:	7/23/2019				
County:	WHITMAN	Sample Location: S08 (WELL #7)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	509-335-3041			

EPA Regulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0020	Nitrate-N	ND	mg/L	0.5	5	10	EPA 300.0	BKP	

EPA Regulated (Secondary)

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0008	Iron	0.0268	mg/L	0.1		0.3	EPA 200.7	MAM	
0010	Manganese	0.0554	mg/L	0.01		0.05	EPA 200.8	MAM	

ND = Not Detected at levels above the SRL
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 12/17/2019

Comments:

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Inorganic Chemicals (IOC's) Analysis Report

System ID#:	93200Q	System Name:	WSU		
Lab/Sample Number:	125 25498	Collect Date:	7/23/2019	DOH Source #:	S04
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/23/2019	Date Reported:	12/17/2019	Supervisor:	TGT
Date Analyzed:	7/23/2019				
County:	WHITMAN	Sample Location: S04 (WELL #4)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	509-335-3041			

EPA Regulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0020	Nitrate-N	ND	mg/L	0.5	5	10	EPA 300.0	BKP	

ND = Not Detected at levels above the SRL
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 12/17/2019

Comments:

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Inorganic Chemicals (IOC's) Analysis Report

System ID#:	93200Q	System Name:	WSU		
Lab/Sample Number:	125 25500	Collect Date:	7/23/2019	DOH Source #:	S06
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/23/2019	Date Reported:	12/17/2019	Supervisor:	TGT
Date Analyzed:	7/23/2019				
County:	WHITMAN	Sample Location: S06 (WELL #6)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	509-335-3041			

EPA Regulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0020	Nitrate-N	ND	mg/L	0.5	5	10	EPA 300.0	BKP	

EPA Regulated (Secondary)

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0008	Iron	1.50	mg/L	0.1		0.3	EPA 200.7	MAM	
0010	Manganese	0.166	mg/L	0.01		0.05	EPA 200.8	MAM	

ND = Not Detected at levels above the SRL
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 12/17/2019

Comments:

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Inorganic Chemicals (IOC's) Analysis Report

System ID#:	93200Q	System Name:	WSU		
Lab/Sample Number:	125 25499	Collect Date:	7/23/2019	DOH Source #:	S08
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/23/2019	Date Reported:	12/17/2019	Supervisor:	TGT
Date Analyzed:	7/23/2019				
County:	WHITMAN	Sample Location: S08 (WELL #7)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	509-335-3041			

EPA Regulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0020	Nitrate-N	ND	mg/L	0.5	5	10	EPA 300.0	BKP	

EPA Regulated (Secondary)

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0008	Iron	0.0268	mg/L	0.1		0.3	EPA 200.7	MAM	
0010	Manganese	0.0554	mg/L	0.01		0.05	EPA 200.8	MAM	

ND = Not Detected at levels above the SRL
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 12/17/2019

Comments:

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Inorganic Chemicals (IOC's) Analysis Report

System ID#:	93200Q	System Name:	WSU		
Lab/Sample Number:	125 25501	Collect Date:	7/23/2019	DOH Source #:	S09
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/23/2019	Date Reported:	12/17/2019	Supervisor:	TGT
Date Analyzed:	7/23/2019				
County:	WHITMAN	Sample Location: S09 (WELL #8)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	509-335-3041			

EPA Regulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0020	Nitrate-N	ND	mg/L	0.5	5	10	EPA 300.0	BKP	

ND = Not Detected at levels above the SRL
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

This report shall not be reproduced except in full, without the written approval of the laboratory.
The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 12/17/2019

Comments:

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Login Report

Customer Name: WSU
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 190723035
Order Date: 7/23/2019

Contact Name: ENVIRONMENTAL HEALTH & SAFETY
Project Name: WSU

Comment:

Sample #: 190723035-001 **Customer Sample #:** S04 (WELL #4)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/23/2019
Quantity: 1 **Date Received:** 7/23/2019 12:57:00 PM **Time Collected:** 10:41 AM
Comment:

Test	Lab	Method	Due Date	Priority
NITRATE/N	M	EPA 300.0	8/2/2019	***Normal (~10 Days)***

Sample #: 190723035-002 **Customer Sample #:** S08 (WELL #7)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/23/2019
Quantity: 3 **Date Received:** 7/23/2019 12:57:00 PM **Time Collected:** 10:23 AM
Comment: Per Gene, source ID should be S08 and not S07.
12/17/19 JDD

Test	Lab	Method	Due Date	Priority
IRON ICP	M	EPA 200.7	8/2/2019	***Normal (~10 Days)***
MANGANESE	M	EPA 200.8	8/2/2019	***Normal (~10 Days)***
NITRATE/N	M	EPA 300.0	8/2/2019	***Normal (~10 Days)***

Sample #: 190723035-003 **Customer Sample #:** S06 (WELL #6)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/23/2019
Quantity: 3 **Date Received:** 7/23/2019 12:57:00 PM **Time Collected:** 9:54 AM
Comment:

Test	Lab	Method	Due Date	Priority
IRON ICP	M	EPA 200.7	8/2/2019	***Normal (~10 Days)***
MANGANESE	M	EPA 200.8	8/2/2019	***Normal (~10 Days)***
NITRATE/N	M	EPA 300.0	8/2/2019	***Normal (~10 Days)***

Customer Name: WSU
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 190723035
Order Date: 7/23/2019

Contact Name: ENVIRONMENTAL HEALTH & SAFETY
Project Name: WSU

Comment:

Sample #: 190723035-003A **Customer Sample #:** METALS QC

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/23/2019
Quantity: 3 **Date Received:** 7/23/2019 12:57:00 PM **Time Collected:** 9:54 AM
Comment:

Test	Lab	Method	Due Date	Priority
IRON ICP		EPA 200.7	8/2/2019	***Normal (~10 Days)***
SODIUM ICP		EPA 200.7	8/2/2019	***Normal (~10 Days)***

Sample #: 190723035-004 **Customer Sample #:** S09 (WELL #8)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/23/2019
Quantity: 1 **Date Received:** 7/23/2019 12:57:00 PM **Time Collected:** 9:41 AM
Comment:

Test	Lab	Method	Due Date	Priority
NITRATE/N	M	EPA 300.0	8/2/2019	***Normal (~10 Days)***

SAMPLE CONDITION RECORD

Samples received in a cooler?	Yes
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	16.4
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	N/A
Are VOC samples free of headspace?	N/A
Is there a trip blank to accompany VOC samples?	N/A
Labels and chain agree?	Yes
Total number of containers?	8

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190723 035 WSUP Last Due 8/2/2019
1st SAMP 7/23/2019 1st RCVD 7/23/2019
WSU

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 7-23-19 / 10:41
Sampler Name: Gene Patterson
Sampler Signature:

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S04 (Well #4)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s
- ☐ Blended Sample (96) List source #'s

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp:
- ☐ Ice/Ice-Packs Present:
- ☐ Custody Seals Present:
- ☐ Preservatives

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☑ Nitrate 4.1 -01
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature		Received By	JM IR-2 16.4C
Shipping/Delivery Date	7-23-19	Date Received	7-23-19 12:40

Gene Patterson

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190723 035 **WSUP** Last Due 8/2/2019
1st SAMP 7/23/2019 1st RCVD 7/23/2019
WSU

Washington Chain of Custody - Drinking

WATER SYSTEM	Washington State University	**Water System #**	93200Q
SEND REPORT TO	Environmental Health & Safety	**Phone Number**	509-335-3041
ADDRESS	PO Box 641172	**Fax Number**	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	**County**	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 7-23-19 / 10:23 AM
Sampler Name: Gene Patterson
Sampler Signature:

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S07 (Well #7)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s_____
- ☐ Blended Sample (96) List source #'s_____

Receiving Check List

☐ Received Intact ☐ No Headspace
☐ Labels & Chains Agree ☐ Temp _____
☐ Ice/Ice-Packs Present: _____
☐ Custody Seals Present: _____
☐ Preservatives: _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☑ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):
Iron x1 -002
Manganese x1

Customer Signature		Received By	JM 16.4 C IR-2
Shipping/Delivery Date	7-23-19	Date Received	7-23-19 12:40

Gene Patterson

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190723 035 **WSUP** Last Due 8/2/2019
1st SAMP 7/23/2019 1st RCVD 7/23/2019
WSU

Washington Chain of Custody - Drinking Wat

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 7-23-19 / 9:54 AM
Sampler Name: Gene Patterson
Sampler Signature:

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S06 (Well #6)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s
- ☐ Blended Sample (96) List source #'s

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp:
- ☐ Ice/Ice-Packs Present:
- ☐ Custody Seals Present:
- ☐ Preservatives:

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☑ Nitrate ~~Y~~ (
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):
Iron X1
Manganese X1 -003

Customer Signature		Received By	JM 16.4 C IR-2
Shipping/Delivery Date	7-23-19	Date Received	7-23-19 12:40

Gene Patterson

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190723 035 WSUP Last Due 8/2/2019
1st SAMP 7/23/2019 1st RCVD 7/23/2019
WSU

Washington Chain of Custody - Drinking W

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type
- ☐ Before (B)
- ☑ After (A)
- ☐ Unknown (U)

Sample Purpose
- ☑ Compliance (C)
- ☐ Investigative (I)
- ☐ Other Purpose (B)

Date & Time Collected: 7-23-19 / 9:41 AM
Sampler Name: Gene Patterson
Sampler Signature:

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)
- ☑ Single Well Source Number: S09 (Well #8)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s
- ☐ Blended Sample (96) List source #'s

Receiving Check List
- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp:
- ☐ Ice/Ice Packs Present:
- ☐ Custody Seals Present:
- ☐ Preservatives:

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☑ Nitrate Y (annual)
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature		Received By	JM 16.4 C IR-2
Shipping/Delivery Date	7-23-19	Date Received	7-23-19 12:40

Gene Patterson

Anatek Labs, Inc.

Sample Receipt and Preservation Form

190723 035 WSUP Last Due 8/2/2019
1st SAMP 7/23/2019 1st RCVD 7/23/2019
WSU

Client Name: WSU Project:

TAT: ~~Normal~~ RUSH: _____ days

Samples Received From: FedEx UPS USPS (Client) Courier Other: _____

Custody Seal on Cooler/Box: Yes (No) Custody Seals Intact: Yes No (N/A)

Number of Coolers/Boxes: 1 Type of Ice: (Ice/Ice Packs) Blue Ice Dry Ice None

Packing Material: Bubble Wrap Bags Foam/Peanuts (None) Other: _____

Cooler Temp As Read (°C): 16.4 Cooler Temp Corrected (°C): 16.4 Thermometer Used: IR-2

				Comments:
Samples Received Intact?	(Yes)	No	N/A	
Chain of Custody Present?	(Yes)	No	N/A	
Samples Received Within Hold Time?	(Yes)	No	N/A	
Samples Properly Preserved?	Yes	No	(N/A)	
VOC Vials Free of Headspace (<6mm)?	Yes	No	(N/A)	
VOC Trip Blanks Present?	Yes	No	(N/A)	
Labels and Chains Agree?	(Yes)	No	N/A	
Total Number of Sample Bottles Received: 8				

Chain of Custody Fully Completed?	(Yes)	No	N/A	
Correct Containers Received?	(Yes)	No	N/A	
Anatek Bottles Used?	(Yes)	No	Unknown	

Record preservatives (and lot numbers, if known) for containers below:

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

Received/Inspected By: [signature] Date/Time: 7/23/19 1257

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Inorganic Chemicals (IOC's) Analysis Report

System ID#:	93200Q	System Name:	WSU		
Lab/Sample Number:	125 11008	Collect Date:	8/16/2018	DOH Source #:	S09
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	8/16/2018	Date Reported:	9/11/2018	Supervisor:	TGT
Date Analyzed:	8/22/2018				
County:	WHITMAN	Sample Location: S09 (WELL #8)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	509-335-3041			

EPA Regulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0004	Arsenic	ND	mg/L	0.001	0.01	0.01	EPA 200.8	HSW	
0005	Barium	0.0739	mg/L	0.1	2	2	EPA 200.8	HSW	
0006	Cadmium	ND	mg/L	0.001	0.005	0.005	EPA 200.8	HSW	
0007	Chromium	ND	mg/L	0.007	0.1	0.1	EPA 200.8	HSW	
0011	Mercury	ND	mg/L	0.0002	0.002	0.002	EPA 200.8	HSW	
0012	Selenium	ND	mg/L	0.002	0.05	0.05	EPA 200.8	HSW	
0110	Beryllium	ND	mg/L	0.0003	0.004	0.004	EPA 200.8	HSW	
0111	Nickel	ND	mg/L	0.005		0.1	EPA 200.8	HSW	
0112	Antimony	ND	mg/L	0.003	0.006	0.006	EPA 200.8	HSW	
0113	Thallium	ND	mg/L	0.001	0.002	0.002	EPA 200.8	HSW	
0116	Cyanide	ND	mg/L	0.05	0.2	0.2	EPA 335.4	RPU	
0019	Fluoride	0.491	mg/L	0.2	2	4	EPA 300.0	MER	
0114	Nitrite-N	ND	mg/L	0.1	0.5	1	EPA 300.0	MER	
0020	Nitrate-N	ND	mg/L	0.5	5	10	EPA 300.0	MER	
0161	Total Nitrate/Nitrite-N	ND	mg/L	0.5	5	10	EPA 300.0	MER	

EPA Regulated (Secondary)

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0008	Iron	0.274	mg/L	0.1		0.3	EPA 200.7	SDR	
0010	Manganese	0.0532	mg/L	0.01		0.05	EPA 200.8	HSW	
0013	Silver	ND	mg/L	0.1		0.1	EPA 200.8	HSW	
0021	Chloride	2.18	mg/L	20		250	EPA 300.0	MER	
0022	Sulfate	2.67	mg/L	50		250	EPA 300.0	MER	
0024	Zinc	0.00334	mg/L	0.2		5	EPA 200.8	HSW	

Comments:

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

Anatek File # 180816027-001

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State Regulated

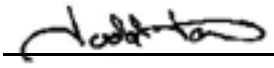
DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0014	Sodium	23.4	mg/L	5			EPA 200.7	SDR	
0015	Hardness(CaCO3)	112	mg CaCO3/L	10			EPA 200.7	SDR	
0016	Conductivity	315	µmhos/cm	70		700	SM 2510B	LAC	
0017	Turbidity	0.29	NTU	0.1			EPA 180.1	RPU	
0018	Color	ND @ pH 7.54	Color Units	15		15	SM 2120B	LAC	
0026	Total Dissolved Solids	207	mg/L	100		500	SM 2540C	RPU	

State Unregulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0009	Lead	ND	mg/L	0.001		0.015	EPA 200.8	HSW	
0023	Copper	ND	mg/L	0.02	--	1.3	EPA 200.8	HSW	
0015	Calcium	20.3	mg CaCO3/L				EPA 200.7	SDR	
0015	Magnesium	14.8	mg CaCO3/L				EPA 200.7	SDR	

ND = Not Detected at levels above the SRL
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor:  **Date:** 9/11/2018

Comments:

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Inorganic Chemicals (IOC's) Analysis Report

System ID#:	93200Q	System Name:	WSU		
Lab/Sample Number:	125 11009	Collect Date:	8/16/2018	DOH Source #:	S04
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	8/16/2018	Date Reported:	9/11/2018	Supervisor:	TGT
Date Analyzed:	8/22/2018				
County:	WHITMAN	Sample Location: S04 (WELL #4)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	509-335-3041			

EPA Regulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0004	Arsenic	ND	mg/L	0.001	0.01	0.01	EPA 200.8	HSW	
0005	Barium	0.115	mg/L	0.1	2	2	EPA 200.8	HSW	
0006	Cadmium	ND	mg/L	0.001	0.005	0.005	EPA 200.8	HSW	
0007	Chromium	ND	mg/L	0.007	0.1	0.1	EPA 200.8	HSW	
0011	Mercury	ND	mg/L	0.0002	0.002	0.002	EPA 200.8	HSW	
0012	Selenium	ND	mg/L	0.002	0.05	0.05	EPA 200.8	HSW	
0110	Beryllium	ND	mg/L	0.0003	0.004	0.004	EPA 200.8	HSW	
0111	Nickel	ND	mg/L	0.005		0.1	EPA 200.8	HSW	
0112	Antimony	ND	mg/L	0.003	0.006	0.006	EPA 200.8	HSW	
0113	Thallium	ND	mg/L	0.001	0.002	0.002	EPA 200.8	HSW	
0116	Cyanide	ND	mg/L	0.05	0.2	0.2	EPA 335.4	RPU	
0019	Fluoride	0.424	mg/L	0.2	2	4	EPA 300.0	MER	
0114	Nitrite-N	ND	mg/L	0.1	0.5	1	EPA 300.0	MER	
0020	Nitrate-N	ND	mg/L	0.5	5	10	EPA 300.0	MER	
0161	Total Nitrate/Nitrite-N	ND	mg/L	0.5	5	10	EPA 300.0	MER	

EPA Regulated (Secondary)

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0008	Iron	1.14	mg/L	0.1		0.3	EPA 200.7	SDR	
0010	Manganese	0.136	mg/L	0.01		0.05	EPA 200.8	HSW	
0013	Silver	ND	mg/L	0.1		0.1	EPA 200.8	HSW	
0021	Chloride	2.41	mg/L	20		250	EPA 300.0	MER	
0022	Sulfate	80.4	mg/L	50		250	EPA 300.0	MER	
0024	Zinc	0.00572	mg/L	0.2		5	EPA 200.8	HSW	

Comments:

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

Anatek File # 180816027-002

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State Regulated

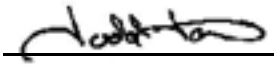
DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0014	Sodium	25.7	mg/L	5			EPA 200.7	SDR	
0015	Hardness(CaCO3)	176	mg CaCO3/L	10			EPA 200.7	SDR	
0016	Conductivity	464	µmhos/cm	70		700	SM 2510B	LAC	
0017	Turbidity	4.81	NTU	0.1			EPA 180.1	RPU	
0018	Color	ND @ pH 7.29	Color Units	15		15	SM 2120B	LAC	
0026	Total Dissolved Solids	122	mg/L	100		500	SM 2540C	RPU	

State Unregulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0009	Lead	ND	mg/L	0.001		0.015	EPA 200.8	HSW	
0023	Copper	0.00344	mg/L	0.02	--	1.3	EPA 200.8	HSW	
0015	Calcium	32.6	mg CaCO3/L				EPA 200.7	SDR	
0015	Magnesium	22.9	mg CaCO3/L				EPA 200.7	SDR	

ND = Not Detected at levels above the SRL
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor:  **Date:** 9/11/2018

Comments:

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
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Login Report

Customer Name: WSU
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180816027
Order Date: 8/16/2018

Contact Name: WSU EH&S

Project Name: WA IOC

Comment:

Sample #: 180816027-001 **Customer Sample #:** S09 (WELL #8)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 8/16/2018

Quantity: 2 **Date Received:** 8/16/2018 12:29:00 PM **Time Collected:** 9:16 AM

Comment:

Test	Lab	Method	Due Date	Priority
CYANIDE IN DW MOSCOW EPA	M	EPA 335.4	8/28/2018	***Normal (~10 Days)***
HARDNESS by EPA 200.7	M	EPA 200.7	8/28/2018	***Normal (~10 Days)***
ANTIMONY	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
ARSENIC	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
BARIUM	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
BERYLLIUM	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
CADMIUM	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
CHLORIDE	M	EPA 300.0	8/28/2018	***Normal (~10 Days)***
CHROMIUM	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
COLOR	M	SM 2120B	8/28/2018	***Normal (~10 Days)***
CONDUCTIVITY	M	SM 2510B	8/28/2018	***Normal (~10 Days)***
COPPER	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
FLUORIDE	M	EPA 300.0	8/28/2018	***Normal (~10 Days)***
IRON ICP	M	EPA 200.7	8/28/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
MANGANESE	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
MERCURY-ICPMS	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
NICKEL	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
NITRATE/N	M	EPA 300.0	8/28/2018	***Normal (~10 Days)***
NITRATE+ NITRITE AS N	M	EPA 300.0	8/28/2018	***Normal (~10 Days)***
NITRITE/N	M	EPA 300.0	8/28/2018	***Normal (~10 Days)***
SELENIUM	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
SILVER	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***

Customer Name: WSU
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180816027
Order Date: 8/16/2018

Contact Name: WSU EH&S

Project Name: WA IOC

Comment:

SODIUM ICP	M	EPA 200.7	8/28/2018	***Normal (~10 Days)***
SOLIDS - TDS	M	SM 2540C	8/28/2018	***Normal (~10 Days)***
SULFATE	M	EPA 300.0	8/28/2018	***Normal (~10 Days)***
THALLIUM	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
TURBIDITY	M	EPA 180.1	8/28/2018	***Normal (~10 Days)***
WA Complete IOC	M	N/A	8/28/2018	***Normal (~10 Days)***
ZINC	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***

Sample #: 180816027-002 **Customer Sample #:** S04 (WELL #4)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 8/16/2018

Quantity: 2 **Date Received:** 8/16/2018 12:29:00 PM **Time Collected:** 9:42 AM

Comment:

Test	Lab	Method	Due Date	Priority
CYANIDE IN DW MOSCOW EPA	M	EPA 335.4	8/28/2018	***Normal (~10 Days)***
HARDNESS by EPA 200.7	M	EPA 200.7	8/28/2018	***Normal (~10 Days)***
ANTIMONY	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
ARSENIC	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
BARIUM	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
BERYLLIUM	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
CADMIUM	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
CHLORIDE	M	EPA 300.0	8/28/2018	***Normal (~10 Days)***
CHROMIUM	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
COLOR	M	SM 2120B	8/28/2018	***Normal (~10 Days)***
CONDUCTIVITY	M	SM 2510B	8/28/2018	***Normal (~10 Days)***
COPPER	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
FLUORIDE	M	EPA 300.0	8/28/2018	***Normal (~10 Days)***
IRON ICP	M	EPA 200.7	8/28/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
MANGANESE	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
MERCURY-ICPMS	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
NICKEL	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
NITRATE/N	M	EPA 300.0	8/28/2018	***Normal (~10 Days)***
NITRATE+ NITRITE AS N	M	EPA 300.0	8/28/2018	***Normal (~10 Days)***
NITRITE/N	M	EPA 300.0	8/28/2018	***Normal (~10 Days)***
SELENIUM	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
SILVER	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***

Customer Name: WSU
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180816027
Order Date: 8/16/2018

Contact Name: WSU EH&S

Project Name: WA IOC

Comment:

SODIUM ICP	M	EPA 200.7	8/28/2018	***Normal (~10 Days)***
SOLIDS - TDS	M	SM 2540C	8/28/2018	***Normal (~10 Days)***
SULFATE	M	EPA 300.0	8/28/2018	***Normal (~10 Days)***
THALLIUM	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***
TURBIDITY	M	EPA 180.1	8/28/2018	***Normal (~10 Days)***
WA Complete IOC	M	N/A	8/28/2018	***Normal (~10 Days)***
ZINC	M	EPA 200.8	8/28/2018	***Normal (~10 Days)***

SAMPLE CONDITION RECORD

Samples received in a cooler?	N/A
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	14.2
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
Are VOC samples free of headspace?	N/A
Is there a trip blank to accompany VOC samples?	N/A
Labels and chain agree?	Yes
Total number of containers?	4

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180816 027 WSUP Last Due 8/28/2018
1st SAMP 8/16/2018 1st RCVD 8/16/2018
WA IOC

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	EH&S - WSU Sanitarian	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☑	Before (B)	☑	Compliance (C)
☐	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 8-16-18 / 9:16 AM
Sampler Name: Gene Patterson
Sampler Signature:

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: 509 (Well #8)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☑ Received Intact ☐ No Headspace
- ☑ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☑ Preservatives: NaOH

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☑ Washington Complete IOC x2
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):
14.2 C IR2

Customer Signature		Received By	Julie Moore
Shipping/Delivery Date	8-16-18	Date Received	8-16-18 12:29

180816 027 WSUP Last Due 8/28/2018
1st SAMP 8/16/2018 1st RCVD 8/16/2018
WA IOC

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Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	EH&S - WSU Sanitarian	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☑	Before (B)	☑	Compliance (C)
☐	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 8-16-18 / 9:42 AM
Sampler Name: Gene Patterson
Sampler Signature: [signature]

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S04 (Well #4)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☑ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☑ Preservatives: NaOH

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☑ Washington Complete IOC x2
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):
14.2 C IR2

Customer Signature	[signature]	Received By	Julie Moore
Shipping/Delivery Date	8-16-18	Date Received	8-16-18 12:29

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Inorganic Chemicals (IOC's) Analysis Report

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 94444	Collect Date:	7/19/2017	DOH Source #:	S04
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/19/2017	Date Reported:	8/7/2017	Supervisor:	TGT
Date Analyzed:	7/20/2017				
County:	WHITMAN	Sample Location:	WELL #4		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0020	Nitrate-N	ND	mg/L	0.5	5	10	EPA 300.0	MER	

ND = Not Detected at levels above the SRL
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/7/2017

Comments:

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Inorganic Chemicals (IOC's) Analysis Report

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 94445	Collect Date:	7/19/2017	DOH Source #:	S06
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/19/2017	Date Reported:	8/7/2017	Supervisor:	TGT
Date Analyzed:	7/20/2017				
County:	WHITMAN	Sample Location:	WELL #6		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0020	Nitrate-N	ND	mg/L	0.5	5	10	EPA 300.0	MER	

ND = Not Detected at levels above the SRL
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/7/2017

Comments:

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Inorganic Chemicals (IOC's) Analysis Report

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 94446	Collect Date:	7/19/2017	DOH Source #:	S08
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/19/2017	Date Reported:	8/7/2017	Supervisor:	TGT
Date Analyzed:	7/21/2017				
County:	WHITMAN	Sample Location:	WELL #7		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0020	Nitrate-N	ND	mg/L	0.5	5	10	EPA 300.0	MER	

ND = Not Detected at levels above the SRL
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/7/2017

Comments:

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Inorganic Chemicals (IOC's) Analysis Report

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 94447	Collect Date:	7/19/2017	DOH Source #:	S09
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/19/2017	Date Reported:	8/7/2017	Supervisor:	TGT
Date Analyzed:	7/21/2017				
County:	WHITMAN	Sample Location:	WELL #8		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0020	Nitrate-N	ND	mg/L	0.5	5	10	EPA 300.0	MER	

ND = Not Detected at levels above the SRL
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/7/2017

Comments:

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
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Inorganic Chemicals (IOC's) Analysis Report For Nitrates

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09216	Collect Date:	7/18/2018	DOH Source #:	S06
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/19/2018 9:12:00 PM				
County:	WHITMAN	Sample Location: S06 (WELL #6)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

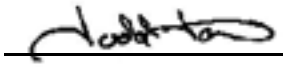
EPA Regulated Chemical

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst
0020	Nitrate - N	ND	mg/L	0.5	5	10	EPA 300.0	MER

NOTES:

SRL (State Reporting Level): Indicates the minimum reporting level required by WA-DOH
Trigger Level: DOH drinking water response level. Systems exceeding this level are required to take additional samples. Contact the DOH immediately.
MCL (Maximum Contaminant Level): SDWA maximum contaminant level. If exceeded, contact the DOH immediately.
ND (Not Detected): Indicates that the analysis was performed but the contaminant concentration is less than the SRL.

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The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor:  **Date:** 8/2/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Inorganic Chemicals (IOC's) Analysis Report For Nitrates

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09220	Collect Date:	7/18/2018	DOH Source #:	S08
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/20/2018 4:23:00 AM				
County:	WHITMAN	Sample Location: S08 (WELL #7)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated Chemical

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst
0020	Nitrate - N	ND	mg/L	0.5	5	10	EPA 300.0	MER

NOTES:

SRL (State Reporting Level): Indicates the minimum reporting level required by WA-DOH
Trigger Level: DOH drinking water response level. Systems exceeding this level are required to take additional samples. Contact the DOH immediately.
MCL (Maximum Contaminant Level): SDWA maximum contaminant level. If exceeded, contact the DOH immediately.
ND (Not Detected): Indicates that the analysis was performed but the contaminant concentration is less than the SRL.

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Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/2/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
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Client:	WSU EH & S	Work Order:	MAC0284
Address:	P.O. Box 641172	Project:	Well 6, 7, & 8
	Pullman, WA 99164	Reported:	4/9/2020 12:13
Attn:	Gene Patterson		

Analytical Results Report

System ID#		System Name:	WSU EH & S		
Reference Number:	MAC0284-01	Collect Date:	03/26/20 09:28	DOH Source #:	06
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	03/26/20 12:41	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Well #6				
Matrix:	Drinking Water				

Lab/Sample Number: 125 28401

Inorganics

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0020	Nitrate-N	ND	mg/L	0.100	5	10	3/26/20 20:13	BKP	EPA 300.0	

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System ID#	93200Q	System Name:	WSU EH & S		
Reference Number:	MAC0284-02	Collect Date:	03/26/20 09:44	DOH Source #:	08
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	03/26/20 12:41	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Well #7				
Matrix:	Drinking Water				

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
Lab/Sample Number:		**125 28402**								
Inorganics										
0020	Nitrate-N	ND	mg/L	0.100	5	10	3/26/20 20:41	BKP	EPA 300.0	

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System ID#	93200Q	System Name:	WSU EH & S		
Reference Number:	MAC0284-03	Collect Date:	03/26/20 09:09	DOH Source #:	09
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	03/26/20 12:41	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Well #8				
Matrix:	Drinking Water				

Lab/Sample Number: 125 28403

Inorganics

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0020	Nitrate-N	ND	mg/L	0.100	5	10	3/26/20 21:10	BKP	EPA 300.0	

MAC0284

Due: 04/09/20

ANATEK LABS, INC - Multi-state Certified, NELAC Accredi

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☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 3-26-20 / 9:28 AM

Sampler Name: Gene Patterson

Sampler Signature: [signature]

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S06 (Well #6)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☐ Preservatives: _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☑ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature	[signature]	Received By	[signature]
Shipping/Delivery Date	3-26-20	Date Received	3/26/20 1241

Gene Patterson

Form COC07.00 - Eff 1 Mar 2015

ANATEK LABS, INC - Multi-state Certified, NELAC Accredi
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☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA(

MAC0284

Due: 04/09/20

Washington Chain of Custody - Drinking Water Analysi

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected	3-26-20 / 9:44 AM
Sampler Name:	Gene Patterson
Sampler Signature:	[signature]

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

☑	Single Well Source Number: S08 (Well #7)
☐	Flowing Distribution (92)
☐	Standing Distribution (93) (Lead/Copper Distribution)
☐	Composite Sampling (95) List source #'s_____
☐	Blended Sample (96) List source #'s_____

Receiving Check List

☐ Received Intact ☐ No Headspace
☐ Labels & Chains Agree ☐ Temp: _____
☐ Ice/Ice-Packs Present: _____
☐ Custody Seals Present: _____
☐ Preservatives: _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☑ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature	[signature]	Received By	[signature]
Shipping/Delivery Date	3-26-20	Date Received	3/26/20 1241

MAC0284

Due: 04/09/20

ANATEK LABS, INC - Multi-state Certified, NELAC Accredi

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☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# W/

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 3-26-20 / 9:07 / 7:10 AM

Sampler Name: Gene Patterson

Sampler Signature: Gene Patterson

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S09 (Well #8)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☐ Preservatives: _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☑ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☑ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature	Gene Patterson	Received By	
Shipping/Delivery Date	3-26-20	Date Received	3/26/20 1041

Gene Patterson

Form COC07.00 - Eff 1 Mar 2015

MAC0284

Due: 04/09/20

Anatek Labs, Inc.

Sample Receipt and Preservation Form

Client Name: INSU Project: *(apply Anatek sample label here)*

TAT: (Normal) RUSH: _____ days

Samples Received From: FedEx UPS USPS (Client) Courier Other: _____

Custody Seal on Cooler/Box: Yes (No) Custody Seals Intact: Yes No (N/A)

Number of Coolers/Boxes: 1 Type of Ice: Ice/Ice Packs (Blue Ice) Dry Ice None

Packing Material: Bubble Wrap Bags Foam/Peanuts (None) Other: _____

Cooler Temp As Read (°C): 11.8 Cooler Temp Corrected (°C): 9.8 Thermometer Used: IR-2

				Comments:
Samples Received Intact?	(Yes)	No	N/A	
Chain of Custody Present?	(Yes)	No	N/A	
Samples Received Within Hold Time?	(Yes)	No	N/A	
Samples Properly Preserved?	(Yes)	No	N/A	
VOC Vials Free of Headspace (<6mm)?	Yes	No	(N/A)	
VOC Trip Blanks Present?	Yes	No	(N/A)	
Labels and Chains Agree?	(Yes)	No	N/A	
Total Number of Sample Bottles Received: 4				

Chain of Custody Fully Completed?	(Yes)	No	N/A	
Correct Containers Received?	(Yes)	No	N/A	
Anatek Bottles Used?	(Yes)	No	Unknown	

Record preservatives (and lot numbers, if known) for containers below:

SS(169-22) → 515

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

Received/Inspected By: HS Date/Time: 3-26-20 12:05

Form F18.00 - Eff 8 Feb 2019

Anatek Labs, Inc.

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Client:	Washington State University (EHS)	Work Order:	MBC0745
Address:	P.O. Box 641172	Project:	Nitrate
	Pullman, WA 99164	Reported:	4/1/2021 09:15
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBC0745-01	Collect Date:	03/30/21 10:49	DOH Source #:	04
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	03/30/21 13:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Well #4				
Matrix:	Drinking Water				

Lab/Sample Number: 125-74501

Inorganics

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0020	Nitrate-N	ND	mg/L	0.100	5	10	3/30/21 19:45	BKP	EPA 300.0	

Anatek Labs, Inc.

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Client:	Washington State University (EHS)	Work Order:	MBC0745
Address:	P.O. Box 641172	Project:	Nitrate
	Pullman, WA 99164	Reported:	4/1/2021 09:15
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBC0745-02	Collect Date:	03/30/21 10:16	DOH Source #:	S09
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	03/30/21 13:25	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Well #8				
Matrix:	Drinking Water				

Lab/Sample Number: 125-74502

Inorganics

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0020	Nitrate-N	ND	mg/L	0.100	5	10	3/30/21 20:06	BKP	EPA 300.0	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis
*	Not a state-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.

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Client:	Washington State University (EHS)	Work Order:	MBC0745
Address:	P.O. Box 641172	Project:	Nitrate
	Pullman, WA 99164	Reported:	4/1/2021 09:15
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

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MBC0745

Due: 04/13/21

Washington Chain of Custody - Drinking Water An

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected	3/30/2021 10:49
Sampler Name:	Gene Patterson
Sampler Signature:	

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S04 (Well #4)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s_____
- ☐ Blended Sample (96) List source #'s_____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present:_____
- ☐ Custody Seals Present:_____
- ☐ Preservatives:_____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☑ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature	[signature]	Received By	JHA 9.7 C IR-4
Shipping/Delivery Date	3-30-21	Date Received	3-30-21 12:50

Gene Patterson

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MBC0745

Due: 04/13/21

Washington Chain of Custody - Drinking Water An

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected	3/30/2021 10:16
Sampler Name:	Gene Patterson
Sampler Signature:	

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S09 (Well #8)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☐ Preservatives: _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☑ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature	[signature]	Received By	JM 9.7 C IR-4
Shipping/Delivery Date	3-30-21	Date Received	3-30-21 12:50

Gene Patterson

Anatek Labs, Inc.

Sample Receipt and Preservation Form

MBC0745

Due: 04/13/21

Client Name: WSU EH&S Project:

TAT: (Normal) RUSH: _____ days

Samples Received From: FedEx UPS USPS (Client) Courier Other: _____

Custody Seal on Cooler/Box: Yes (No) Custody Seals Intact: Yes No (N/A)

Number of Coolers/Boxes: 1 Type of Ice: Ice/Ice Packs (Blue Ice) Dry Ice None

Packing Material: Bubble Wrap (Bags) Foam/Peanuts None Other: _____

Cooler Temp As Read (°C): 9.7 Cooler Temp Corrected (°C): _____ Thermometer Used: IR-4

				Comments:
Samples Received Intact?	(Yes)	No	N/A	
Chain of Custody Present?	(Yes)	No	N/A	
Samples Received Within Hold Time?	(Yes)	No	N/A	
Samples Properly Preserved?	Yes	No	(N/A)	
VOC Vials Free of Headspace (<6mm)?	Yes	No	(N/A)	
VOC Trip Blanks Present?	Yes	No	(N/A)	
Labels and Chains Agree?	(Yes)	No	N/A	
Total Number of Sample Bottles Received: 2				

Chain of Custody Fully Completed?	(Yes)	No	N/A	
Correct Containers Received?	(Yes)	No	N/A	
Anatek Bottles Used?	(Yes)	No	Unknown	

Record preservatives (and lot numbers, if known) for containers below:

None

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

Milk → pH 5 ml <2

Received/Inspected By: _____ Date/Time: 03/30/21 1525

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Client: WSU EH & S
Address: P.O. Box 641172
Pullman, WA 99164
Attn: Gene Patterson

Work Order: MAE0395
Project: Well #4
Reported: 5/29/2020 12:08

Analytical Results Report

Sample Location: Well #4
Lab/Sample Number: MAE0395-01 Collect Date: 05/14/20 09:21
Date Received: 05/14/20 12:30 Collected By: Gene Patterson
Matrix: Drinking Water

Analyte	Result	Units	PQL	MCL	Analyzed	Analyst	Method	Qualifier
Inorganics								
Nitrate-N	ND	mg/L	0.100	10	5/14/20 19:11	BKP	EPA 300.0	
Volatiles								
methyl-t-butyl ether (MTBE)	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Chloroform	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Bromodichloromethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Dibromochloromethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Bromoform	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Total Trihalomethane	ND	ug/L	0.500	80	5/21/20 20:34	TEC	EPA 524.3	
Vinyl Chloride	ND	ug/L	0.500	2	5/21/20 20:34	TEC	EPA 524.3	
1,1 Dichloroethylene	ND	ug/L	0.500	7	5/21/20 20:34	TEC	EPA 524.3	
1,1,1 Trichloroethane	ND	ug/L	0.500	200	5/21/20 20:34	TEC	EPA 524.3	
Carbon Tetrachloride	ND	ug/L	0.500	5	5/21/20 20:34	TEC	EPA 524.3	
Benzene	ND	ug/L	0.500	5	5/21/20 20:34	TEC	EPA 524.3	
1,2 Dichloroethane	ND	ug/L	0.500	5	5/21/20 20:34	TEC	EPA 524.3	
Trichloroethene	ND	ug/L	0.500	5	5/21/20 20:34	TEC	EPA 524.3	
1-4 Dichlorobenzene (para-Dichlorobenzene)	ND	ug/L	0.500	75	5/21/20 20:34	TEC	EPA 524.3	
Chloromethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Bromomethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Methylene Chloride (Dichloromethane)	ND	ug/L	0.500	5	5/21/20 20:34	TEC	EPA 524.3	
trans-1,2 Dichloroethylene	ND	ug/L	0.500	100	5/21/20 20:34	TEC	EPA 524.3	
1,1-Dichloroethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
cis-1,2-Dichloroethylene	ND	ug/L	0.500	70	5/21/20 20:34	TEC	EPA 524.3	
1,1 Dichloropropene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,2-Dichloropropane	ND	ug/L	0.500	5	5/21/20 20:34	TEC	EPA 524.3	
Dibromomethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
cis-1,3-Dichloropropene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Toluene	ND	ug/L	0.500	1000	5/21/20 20:34	TEC	EPA 524.3	
1,1,2 Trichlorethane	ND	ug/L	0.500	5	5/21/20 20:34	TEC	EPA 524.3	
Tetrachloroethylene	ND	ug/L	0.500	5	5/21/20 20:34	TEC	EPA 524.3	
trans-1,3-Dichloropropene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,3 Dichloropropane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Chlorobenzene (Monochlorobenzene)	ND	ug/L	0.500	100	5/21/20 20:34	TEC	EPA 524.3	

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Analytical Results Report

(Continued)

Sample Location: Well #4
Lab/Sample Number: MAE0395-01 Collect Date: 05/14/20 09:21
Date Received: 05/14/20 12:30 Collected By: Gene Patterson
Matrix: Drinking Water

Analyte	Result	Units	PQL	MCL	Analyzed	Analyst	Method	Qualifier
Volatiles (Continued)								
1,1,1,2-Tetrachloroethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Ethylbenzene	ND	ug/L	0.500	700	5/21/20 20:34	TEC	EPA 524.3	
m/p Xylenes (MCL for total)	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
o-Xylene (MCL for total)	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Styrene	ND	ug/L	0.500	100	5/21/20 20:34	TEC	EPA 524.3	
Bromobenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,2,3-Trichloropropane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,1,2,2 Tetrachloroethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
o-Chlorotoluene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
p-Chlorotoluene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
m-Dichlorobenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1-2 Dichlorobenzene (ortho-Dichlorobenzene)	ND	ug/L	0.500	600	5/21/20 20:34	TEC	EPA 524.3	
Trichloroflouromethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Bromochloromethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Isopropylbenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
n-Propylbenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,3,5 Trimethylbenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
tert-Butylbenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,2,4 Trimethylbenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
sec-Butylbenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
p-isopropyltoluene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
n-Butylbenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,2,4-Trichlorobenzene	ND	ug/L	0.500	70	5/21/20 20:34	TEC	EPA 524.3	
Naphthalene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Hexachlorobutadiene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,2,3-Trichlorobenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
EDB	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
DBCP	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Dichlorodifluoromethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,3 Dichloropropene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Total Xylenes	ND	ug/L	0.500	10000	5/21/20 20:34	TEC	EPA 524.3	

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Analytical Results Report

(Continued)

Sample Location: Well #4 Trip Blank
Lab/Sample Number: MAE0395-02 Collect Date: 05/14/20 09:21
Date Received: 05/14/20 12:30 Collected By:
Matrix: Drinking Water

Analyte	Result	Units	PQL	MCL	Analyzed	Analyst	Method	Qualifier
Volatiles								
2-Butanone	ND	ug/L	2.50	0	5/21/20 23:30	TEC	EPA 524.3	
Acrolein	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Acrylonitrile	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Carbon disulfide	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
methyl-t-butyl ether (MTBE)	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
trans-1-4-Dichloro-2-butene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Chloroform	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Bromodichloromethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Dibromochloromethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Bromoform	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Vinyl Chloride	ND	ug/L	0.500	2	5/21/20 23:30	TEC	EPA 524.3	
1,1 Dichloroethylene	ND	ug/L	0.500	7	5/21/20 23:30	TEC	EPA 524.3	
1,1,1 Trichloroethane	ND	ug/L	0.500	200	5/21/20 23:30	TEC	EPA 524.3	
Carbon Tetrachloride	ND	ug/L	0.500	5	5/21/20 23:30	TEC	EPA 524.3	
Benzene	ND	ug/L	0.500	5	5/21/20 23:30	TEC	EPA 524.3	
1,2 Dichloroethane	ND	ug/L	0.500	5	5/21/20 23:30	TEC	EPA 524.3	
Trichloroethene	ND	ug/L	0.500	5	5/21/20 23:30	TEC	EPA 524.3	
1-4 Dichlorobenzene (para-Dichlorobenzene)	ND	ug/L	0.500	75	5/21/20 23:30	TEC	EPA 524.3	
Chloromethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Bromomethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Chloroethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Methylene Chloride (Dichloromethane)	ND	ug/L	0.500	5	5/21/20 23:30	TEC	EPA 524.3	
trans-1,2 Dichloroethylene	ND	ug/L	0.500	100	5/21/20 23:30	TEC	EPA 524.3	
1,1-Dichloroethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
2,2 Dichloropropane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
cis-1,2-Dichloroethylene	ND	ug/L	0.500	70	5/21/20 23:30	TEC	EPA 524.3	
1,1 Dichloropropene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,2-Dichloropropane	ND	ug/L	0.500	5	5/21/20 23:30	TEC	EPA 524.3	
Dibromomethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
cis-1,3-Dichloropropene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Toluene	ND	ug/L	0.500	1000	5/21/20 23:30	TEC	EPA 524.3	
1,1,2 Trichlorethane	ND	ug/L	0.500	5	5/21/20 23:30	TEC	EPA 524.3	
Tetrachloroethylene	ND	ug/L	0.500	5	5/21/20 23:30	TEC	EPA 524.3	
trans-1,3-Dichloropropene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,3 Dichloropropane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Chlorobenzene (Monochlorobenzene)	ND	ug/L	0.500	100	5/21/20 23:30	TEC	EPA 524.3	
1,1,1,2-Tetrachloroethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Ethylbenzene	ND	ug/L	0.500	700	5/21/20 23:30	TEC	EPA 524.3	
m/p Xylenes (MCL for total)	ND	ug/L	1.00	0	5/21/20 23:30	TEC	EPA 524.3	
o-Xylene (MCL for total)	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Styrene	ND	ug/L	0.500	100	5/21/20 23:30	TEC	EPA 524.3	

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Analytical Results Report

(Continued)

Sample Location: Well #4 Trip Blank
Lab/Sample Number: MAE0395-02 Collect Date: 05/14/20 09:21
Date Received: 05/14/20 12:30 Collected By:
Matrix: Drinking Water

Analyte	Result	Units	PQL	MCL	Analyzed	Analyst	Method	Qualifier
Volatiles (Continued)								
Bromobenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,2,3-Trichloropropane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,1,2,2 Tetrachloroethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
o-Chlorotoluene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
p-Chlorotoluene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
m-Dichlorobenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1-2 Dichlorobenzene (ortho-Dichlorobenzene)	ND	ug/L	0.500	600	5/21/20 23:30	TEC	EPA 524.3	
Trichloroflouromethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Bromochloromethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Isopropylbenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
n-Propylbenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,3,5 Trimethylbenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
tert-Butylbenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,2,4 Trimethylbenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
sec-Butylbenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
p-isopropyltoluene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
n-Butylbenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,2,4-Trichlorobenzene	ND	ug/L	0.500	70	5/21/20 23:30	TEC	EPA 524.3	
Naphthalene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Hexachlorobutadiene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,2,3-Trichlorobenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
EDB	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
DBCP	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Dichlorodifluoromethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,3 Dichloropropene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Total Xylenes	ND	ug/L	0.500	10000	5/21/20 23:30	TEC	EPA 524.3	
Surrogate: 1,2-Dichlorobenzene-d4	*102%*		*70-130*		*5/21/20 23:30*	*TEC*	*EPA 524.3*	
Surrogate: 4-Bromofluorobenzene	*101%*		*70-130*		*5/21/20 23:30*	*TEC*	*EPA 524.3*	
Surrogate: Toluene-d8	*101%*		*70-130*		*5/21/20 23:30*	*TEC*	*EPA 524.3*	

Authorized Signature,



Justin Doty, Project Manager

Anatek Labs, Inc.

1282 Alturas Drive - Moscow, ID 83843 - (208) 883-2839 - Fax (208) 8829246 - email moscow@anateklabs.com
504 E Sprague Ste. D - Spokane, WA 99202 - (509) 838-3999 - fax (509) 838-4433 - email spokane@anateklabs.com

PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis

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.

MAE0395

Due: 05/29/20

ANATEK LABS, INC - Multi-state Certified, NELAC Accredit

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☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA0

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected	5/14/2020 / 9:24 AM
Sampler Name:	Gene Patterson
Sampler Signature:	

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S04 (Well #4)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☐ Preservatives: _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☑ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☑ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

11.0 C +R-2

Customer Signature	
Shipping/Delivery Date	5-14-20
Received By	Julie Moore
Date Received	5-14-20 12:18

Gene Patterson

Form COC07.00 - Eff 1 Mar 2015

MAE0395

Due: 05/29/20

Anatek Labs, Inc.

Sample Receipt and Preservation Form

Client Name: WSU Project: *(apply Anatek sample label here)*

TAT: (Normal) RUSH: _____ days

Samples Received From: FedEx UPS USPS (Client) Courier Other: _____

Custody Seal on Cooler/Box: Yes (No) Custody Seals Intact: Yes No (N/A)

Number of Coolers/Boxes: Did not see Type of Ice: Ice/Ice Packs Blue Ice Dry Ice None

Packing Material: Bubble Wrap Bags Foam/Peanuts None Other: _____

Cooler Temp As Read (°C): 13.0 Cooler Temp Corrected (°C): 11.0 Thermometer Used: IR-2

				Comments:
Samples Received Intact?	(Yes)	No	N/A	
Chain of Custody Present?	(Yes)	No	N/A	
Samples Received Within Hold Time?	(Yes)	No	N/A	
Samples Properly Preserved?	(Yes)	No	N/A	
VOC Vials Free of Headspace (<6mm)?	(Yes)	No	N/A	
VOC Trip Blanks Present?	(Yes)	No	N/A	
Labels and Chains Agree?	(Yes)	No	N/A	
Total Number of Sample Bottles Received: 5				

Chain of Custody Fully Completed?	(Yes)	No	N/A	
Correct Containers Received?	(Yes)	No	N/A	
Anatek Bottles Used?	(Yes)	No	Unknown	

Record preservatives (and lot numbers, if known) for containers below:

MA/AA → 524

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

Received/Inspected By: HS Date/Time: 5-14-20 1230

Form F19.00 - Eff 8 Feb 2019

Anatek Labs, Inc.

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Client:	Washington State University (EHS)	Work Order:	MBF0388
Address:	P.O. Box 641172	Project:	DW Rads
	Pullman, WA 99164	Reported:	8/24/2021 13:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBF0388-01	Collect Date:	06/09/21 13:39	DOH Source #:	08
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/11/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Well #7				
Matrix:	Drinking Water				

Lab/Sample Number: 112-38801

Radionuclides

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0165	Gross alpha	<3.00 ± 0.343	pCi/L	3.00	3		15	8/10/21 1:34	AM	EPA 900.0	
0166	Radium 228	<1.00 ± 0.341	pCi/L	1.00	1		5	7/28/21 19:29	AM	EPA 904.0	

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Client:	Washington State University (EHS)	Work Order:	MBF0388
Address:	P.O. Box 641172	Project:	DW Rads
	Pullman, WA 99164	Reported:	8/24/2021 13:31
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBF0388-02	Collect Date:	06/09/21 13:16	DOH Source #:	09
Multiple Source Nos:		Sample Type:		County:	Whitman
Date Received:	06/11/21 12:55	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Well #8				
Matrix:	Drinking Water				

Lab/Sample Number: 112-38802

Radionuclides

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0165	Gross alpha	<3.00 ± 0.348	pCi/L	3.00	3		15	8/7/21 6:37	AM	EPA 900.0	
0166	Radium 228	<1.00 ± 0.345	pCi/L	1.00	1		5	7/28/21 19:30	AM	EPA 904.0	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

S7	Surrogate recovery was below laboratory and method acceptance limits. Potential matrix effect
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
RPD	Relative Percent Difference
%REC	Percent Recovery
Source	Sample that was spiked or duplicated.

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Client:	Washington State University (EHS)	Work Order:	MBF0711
Address:	P.O. Box 641172	Project:	DW Rads
	Pullman, WA 99164	Reported:	9/28/2021 14:54
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBF0711-01	Collect Date:	06/22/21 10:56	DOH Source #:	04
Multiple Source Nos:		Sample Type:	Before	County:	Whitman
Date Received:	06/23/21 13:03	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Well #4				
Matrix:	Drinking Water				

Lab/Sample Number: 112-71101

Radionuclides

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0165	Gross alpha	<3.00 ± 0.323	pCi/L	3.00 *MDA:3.00*	3		15	8/26/21 15:44	APM	EPA 900.0	R18
0166	Radium 228	<1.00 ± 0.342	pCi/L	1.00 *MDA:0.186*	1			9/1/21 16:09	APM	EPA 904.0	

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Client:	Washington State University (EHS)	Work Order:	MBF0711
Address:	P.O. Box 641172	Project:	DW Rads
	Pullman, WA 99164	Reported:	9/28/2021 14:54
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBF0711-02	Collect Date:	06/22/21 11:14	DOH Source #:	06
Multiple Source Nos:		Sample Type:	Before	County:	Whitman
Date Received:	06/23/21 13:03	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Well #6				
Matrix:	Drinking Water				

Lab/Sample Number: 112-71102

Radionuclides

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0165	Gross alpha	<3.00 ± 0.344	pCi/L	3.00 *MDA:3.00*	3		15	8/27/21 0:15	APM	EPA 900.0	R18
0166	Radium 228	<1.00 ± 0.343	pCi/L	1.00 *MDA:0.198*	1			9/1/21 16:09	APM	EPA 904.0	

Authorized Signature,



Justin Doty For Todd Taruscio, Laboratory Manager

R18	The RPD calculation for the sample Duplicate does not include the activity uncertainty. If included in the calculation, the RPD is within method acceptance limits.
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
RPD	Relative Percent Difference
%REC	Percent Recovery
Source	Sample that was spiked or duplicated.

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The results reported related only to the samples indicated.

MBF0388

Due: 06/25/21

ANATEK LABS, INC - Multi-state Certified, NELAC Accredi

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☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☑	Before (B)	☑	Compliance (C)
☐	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected	6-9-21 / 1:59 PM
Sampler Name:	Gene Patterson
Sampler Signature:	

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S08 (Well #7)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s_____
- ☐ Blended Sample (96) List source #'s_____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present:_____
- ☐ Custody Seals Present:_____
- ☐ Preservatives:_____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☑ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☑ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature	[signature]	Received By	Julie Moore 28 C IR-4
Shipping/Delivery Date	6-11-21	Date Received	6-11-21 12:40

MBF0388

Due: 06/25/21

ANATEK LABS, INC - Multi-state Certified, NELAC Accredi

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☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☑	Before (B)	☑	Compliance (C)
☐	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected	6-9-21 / 1:16 PM
Sampler Name:	Gene Patterson
Sampler Signature:	

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S09 (Well #8)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s_____
- ☐ Blended Sample (96) List source #'s_____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present:_____
- ☐ Custody Seals Present:_____
- ☐ Preservatives:_____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☑ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☑ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature	[signature]	Received By	Julie Moore 2.8 C IR-4
Shipping/Delivery Date	6-11-21	Date Received	6-11-21 12:40

MBF0388

Due: 06/25/21

Anatek Labs, Inc.

Sample Receipt and Preservation Form

Client Name: WSU - EHS Project:

TAT: (Normal) RUSH: _____ days

Samples Received From: FedEx UPS USPS (Client) Courier Other: _____

Custody Seal on Cooler/Box: Yes (No) Custody Seals Intact: Yes No (N/A)

Number of Coolers/Boxes: 1 Type of Ice: Ice/Ice Packs (Blue Ice) Dry Ice None

Packing Material: Bubble Wrap Bags Foam/Peanuts (None) Other: _____

Cooler Temp As Read (°C): 2.8 Cooler Temp Corrected (°C): _____ Thermometer Used: IR-4

				Comments:
Samples Received Intact?	(Yes)	No	N/A	
Chain of Custody Present?	(Yes)	No	N/A	
Samples Received Within Hold Time?	(Yes)	No	N/A	
Samples Properly Preserved?	Yes	No	(N/A)	
VOC Vials Free of Headspace (<6mm)?	Yes	No	(N/A)	
VOC Trip Blanks Present?	Yes	No	(N/A)	
Labels and Chains Agree?	(Yes)	No	N/A	
Total Number of Sample Bottles Received: 4				

Chain of Custody Fully Completed?	(Yes)	No	N/A
Correct Containers Received?	(Yes)	No	N/A
Anatek Bottles Used?	(Yes)	No	Unknown

Record preservatives (and lot numbers, if known) for containers below:

HNO_3 (2110) → Rads

↓

preserved in-house w/ 2 mL each HS

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

Rads → SPDA

pH (2002527)
cap (2002498) → pH < 2

Received/Inspected By: HS Date/Time: 6/11/21 12:55

MBF0711

Due: 07/08/21

ANATEK LABS, INC - Multi-state Certified, NELAC Accredi

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☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☑	Before (B)	☑	Compliance (C)
☐	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 6-22-21 / 10:58 PM

Sampler Name: Gene Patterson

Sampler Signature: [signature]

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S04 (Well #4)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s_____
- ☐ Blended Sample (96) List source #'s_____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present:_____
- ☐ Custody Seals Present:_____
- ☐ Preservatives:_____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☑ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☑ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature	[signature]	Received By	JM 4.8 C IR 4
Shipping/Delivery Date	6-22-21 6-23-21	Date Received	6-23-21 12:10

MBF0711

Due: 07/08/21

ANATEK LABS, INC - Multi-state Certified, NELAC Accredi

☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 FAX 882-9246 EPA# ID00(

☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☑	Before (B)	☑	Compliance (C)
☐	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 6-22-21 / 11:14 AM

Sampler Name: Gene Patterson

Sampler Signature:

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S06 (Well #6)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s_____
- ☐ Blended Sample (96) List source #'s_____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☐ Preservatives: _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☑ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☑ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature		Received By	JM 4.8 C IR-4
Shipping/Delivery Date	6-22-21 6-23-21	Date Received	6-23-21 12:10

Gene Patterson

Form COC07.00 - Eff 1 Mar 2015

MBF0711

Due: 07/08/21

Anatek Labs, Inc.

Sample Receipt and Preservation Form

Client Name: WSU EH&S Project:

TAT: (Normal) RUSH: _____ days

Samples Received From: FedEx UPS USPS (Client) Courier Other: _____

Custody Seal on Cooler/Box: Yes (No) Custody Seals Intact: Yes No (N/A)

Number of Coolers/Boxes: 1 Type of Ice: Ice/Ice Packs (Blue Ice) Dry Ice None

Packing Material: Bubble Wrap Bags Foam/Peanuts (None) Other: _____

Cooler Temp As Read (°C): 4.8 Cooler Temp Corrected (°C): _____ Thermometer Used: IR-4

				Comments:
Samples Received Intact?	(Yes)	No	N/A	
Chain of Custody Present?	(Yes)	No	N/A	
Samples Received Within Hold Time?	(Yes)	No	N/A	
Samples Properly Preserved?	(Yes)	No	N/A	
VOC Vials Free of Headspace (<6mm)?	Yes	No	(N/A)	
VOC Trip Blanks Present?	Yes	No	(N/A)	
Labels and Chains Agree?	(Yes)	No	N/A	
Total Number of Sample Bottles Received: 4				

Chain of Custody Fully Completed?	(Yes)	No	N/A	
Correct Containers Received?	(Yes)	No	N/A	
Anatek Bottles Used?	(Yes)	No	Unknown	

Record preservatives (and lot numbers, if known) for containers below:

HNO_3 (2110) → Rads

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

Rads → SPOA

Preserved in house w/ 3 mL each HNO_3 (2110) pH (2002327) pH < 2
cap (2002498)

Received/Inspected By: HS Date/Time: 6/23/21 1303

Form F19.00 - Eff 8 Feb 2019

Anatek Labs, Inc.

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Inorganic Chemicals (IOC's) Analysis Report For Lead And Copper

System ID#: WA5393200 System Name: WSU EH&S
DOH Source #: S93
Multiple Source Nos: Sample Type: A Sample Purpose: C
Date Received: 6/14/2018 Date Reported: 6/28/2018 Supervisor: TGT
Date Analyzed: 6/19/2018
County: WHITMAN
Report To: Address: P.O. BOX 641172
City, State, ZIP PULLMAN, WA 99164
Phone Number: (509) 335-3041

Lab Tracking #		Date Collected	Site/Location:	Analyte	Result	Units	Method	Analyst	Qualifier
125	07372	6/13/2018	YAKIMA L-703	Lead	ND	mg/L	EPA 200.8	HSW	
125	07372	6/13/2018	YAKIMA L-703	Copper	0.0421	mg/L	EPA 200.8	HSW	
125	07373	6/13/2018	YAKIMA M-713	Lead	0.00101	mg/L	EPA 200.8	HSW	
125	07373	6/13/2018	YAKIMA M-713	Copper	0.0316	mg/L	EPA 200.8	HSW	
125	07374	6/13/2018	COLUMBIA Q-51	Lead	ND	mg/L	EPA 200.8	HSW	
125	07374	6/13/2018	COLUMBIA Q-51	Copper	0.0223	mg/L	EPA 200.8	HSW	
125	07375	6/13/2018	COLUMBIA L-35	Lead	0.00102	mg/L	EPA 200.8	HSW	
125	07375	6/13/2018	COLUMBIA L-35	Copper	0.0326	mg/L	EPA 200.8	HSW	

Analyte	DOH#	SRL	AL
Lead	9	0.001 mg/L	0.015 mg/L
Copper	23	0.02 mg/L	1.3 mg/L

NOTES:

ND(Not Detected): Not Detected with the sensitivity of the instrument
SRL (State Reporting Level): Indicates the minimum reporting level required by WA-DOH
Numerical Entry: Detection at level indicated
AL (Federal Action Level) EPA maximum contaminant level. If exceeded, contact your regional DOH office for information.
Anatek Labs PQL for Lead and Copper is 0.001 mg/L.

This report shall not be reproduced except in full, without the written approval of the laboratory.
The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 6/28/2018

Anatek Labs, Inc.

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Login Report

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180614024
Order Date: 6/14/2018

Contact Name:
Project Name: LEAD / COPPER
Comment:

Sample #: 180614024-001 **Customer Sample #:** YAKIMA L-703

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/13/2018
Quantity: 1 **Date Received:** 6/14/2018 12:47:00 PM **Time Collected:** 2:31 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	6/26/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	6/26/2018	***Normal (~10 Days)***

Sample #: 180614024-002 **Customer Sample #:** YAKIMA M-713

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/13/2018
Quantity: 1 **Date Received:** 6/14/2018 12:47:00 PM **Time Collected:** 2:35 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	6/26/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	6/26/2018	***Normal (~10 Days)***

Sample #: 180614024-003 **Customer Sample #:** COLUMBIA Q-51

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/13/2018
Quantity: 1 **Date Received:** 6/14/2018 12:47:00 PM **Time Collected:** 2:46 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	6/26/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	6/26/2018	***Normal (~10 Days)***

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180614024
Order Date: 6/14/2018

Contact Name:

Project Name: LEAD / COPPER

Comment:

Sample #: 180614024-004 **Customer Sample #:** COLUMBIA L-35

Recv'd: ☑ **Matrix:** Drinking Water **Collector:**
Date Collected: 6/13/2018
Quantity: 1 **Date Received:** 6/14/2018 12:47:00 PM
Time Collected: 2:50 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	6/26/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	6/26/2018	***Normal (~10 Days)***

SAMPLE CONDITION RECORD

Samples received in a cooler?	Yes
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	7.7
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
Are VOC samples free of headspace?	N/A
Is there a trip blank to accompany VOC samples?	N/A
Labels and chain agree?	Yes
Total number of containers?	4

180614 024 WSEH Last Due 6/26/2018
1st SAMP 6/13/2018 1st RCVD 6/14/2018
LEAD / COPPER

Washington Chain of Custody - Lead Copper Analysis

WATER SYSTEM NAME	WSU	WATER SYSTEM #	93200Q
SEND REPORT TO	WSU EH&S	PHONE NUMBER	(509)335-3041
ADDRESS	PO BOX 641172	FAX NUMBER	(509)335-4442
CITY STATE ZIP	PULLMAN, WA 99164-1172	COUNTY	WHITMAN

Anatek Labs, Inc.

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EPA# ID00013

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F: 509.838.4433
spokane@anateklabs.com
EPA# WA00169

www.anateklabs.com

Sample Purpose ☑ Compliance (C) ☐ Investigative (I) ☐ Other Purpose (B)

DOH Source # Standing Distribution (93) (Lead/Copper Distribution)

Location Sample Taken	Date/Time	Location Sample Taken	Date/Time
1 Yakima L-703	6-13-18/2:31 pm	11	
2 Yakima M-713	6-13-18/2:35 pm	12	
3 Columbia Q-51	6-13-18/2:46 pm	13	
4 Columbia L-35	6-13-18/2:50 pm	14	
5		15	
6 MW3		16	
7		17	
8		18	
9		19	
10		20	

SEND BILL OR RECEIPT TO

Payment due with samples unless credit has been established

Payment Options
- ☐ Cash
- ☐ Bill
- ☐ Check # _____
- ☐ PO # _____
- ☐ Other _____

Amount $ _____ Received by _____

Shipper/Deliverer Signature

Shipping/Delivery Date 6-14-18

Received By

Date Received 6/14/18 1247 7.7 IR-2

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Inorganic Chemicals (IOC's) Analysis Report For Lead And Copper

System ID#: WA5393200 System Name: WSU EH&S
DOH Source #: S93
Multiple Source Nos: Sample Type: A Sample Purpose: C
Date Received: 6/21/2018 Date Reported: 7/5/2018 Supervisor: TGT
Date Analyzed: 6/26/2018
County: WHITMAN
Report To: Address: P.O. BOX 641172
City, State, ZIP PULLMAN, WA 99164
Phone Number: (509) 335-3041

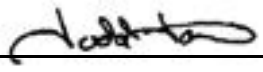
Lab Tracking #		Date Collected	Site/Location:	Analyte	Result	Units	Method	Analyst	Qualifier
125	07731	6/18/2018	YAKIMA E-637	Lead	0.0138	mg/L	EPA 200.8	HSW	
125	07731	6/18/2018	YAKIMA E-637	Copper	0.455	mg/L	EPA 200.8	HSW	
125	07732	6/18/2018	YAKIMA B-615	Lead	0.00287	mg/L	EPA 200.8	HSW	
125	07732	6/18/2018	YAKIMA B-615	Copper	0.168	mg/L	EPA 200.8	HSW	
125	07733	6/18/2018	YAKIMA A-608	Lead	0.00181	mg/L	EPA 200.8	HSW	
125	07733	6/18/2018	YAKIMA A-608	Copper	0.132	mg/L	EPA 200.8	HSW	
125	07734	6/18/2018	YAKIMA P-736	Lead	0.00157	mg/L	EPA 200.8	HSW	
125	07734	6/18/2018	YAKIMA P-736	Copper	0.123	mg/L	EPA 200.8	HSW	
125	07735	6/18/2018	YAKIMA Q-756	Lead	ND	mg/L	EPA 200.8	HSW	
125	07735	6/18/2018	YAKIMA Q-756	Copper	0.0896	mg/L	EPA 200.8	HSW	
125	07736	6/18/2018	YAKIMA G-649	Lead	0.0156	mg/L	EPA 200.8	HSW	
125	07736	6/18/2018	YAKIMA G-649	Copper	0.356	mg/L	EPA 200.8	HSW	
125	07737	6/18/2018	YAKIMA H-654	Lead	0.00188	mg/L	EPA 200.8	HSW	
125	07737	6/18/2018	YAKIMA H-654	Copper	0.148	mg/L	EPA 200.8	HSW	

Analyte	DOH#	SRL	AL
Lead	9	0.001 mg/L	0.015 mg/L
Copper	23	0.02 mg/L	1.3 mg/L

NOTES:

ND(Not Detected): Not Detected with the sensitivity of the instrument
SRL (State Reporting Level): Indicates the minimum reporting level required by WA-DOH
Numerical Entry: Detection at level indicated
AL (Federal Action Level) EPA maximum contaminant level. If exceeded, contact your regional DOH office for information.
Anatek Labs PQL for Lead and Copper is 0.001 mg/L.

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The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor:  **Date:** 7/5/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Login Report

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180621050
Order Date: 6/21/2018

Contact Name: GENE PATTERSON
Project Name: PB/CU

Comment:

Sample #: 180621050-001 **Customer Sample #:** YAKIMA E-637

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/18/2018
Quantity: 1 **Date Received:** 6/21/2018 9:03:00 AM **Time Collected:** 2:50 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***

Sample #: 180621050-002 **Customer Sample #:** YAKIMA B-615

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/18/2018
Quantity: 1 **Date Received:** 6/21/2018 9:03:00 AM **Time Collected:** 2:59 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***

Sample #: 180621050-003 **Customer Sample #:** YAKIMA A-608

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/18/2018
Quantity: 1 **Date Received:** 6/21/2018 9:03:00 AM **Time Collected:** 3:00 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180621050
Order Date: 6/21/2018

Contact Name: GENE PATTERSON
Project Name: PB/CU

Comment:

Sample #: 180621050-004 **Customer Sample #:** YAKIMA P-736

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/18/2018
Quantity: 1 **Date Received:** 6/21/2018 9:03:00 AM **Time Collected:** 3:14 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***

Sample #: 180621050-005 **Customer Sample #:** YAKIMA Q-756

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/18/2018
Quantity: 1 **Date Received:** 6/21/2018 9:03:00 AM **Time Collected:** 3:10 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***

Sample #: 180621050-006 **Customer Sample #:** YAKIMA G-649

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/18/2018
Quantity: 1 **Date Received:** 6/21/2018 9:03:00 AM **Time Collected:** 3:20 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***

Sample #: 180621050-007 **Customer Sample #:** YAKIMA H-654

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/18/2018
Quantity: 1 **Date Received:** 6/21/2018 9:03:00 AM **Time Collected:** 3:20 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***

Customer Name:	WSU EH&S			**Order ID:**	180621050
	P.O. BOX 641172			**Order Date:**	6/21/2018
	PULLMAN	WA	99164		
Contact Name:	GENE PATTERSON			**Project Name:**	PB/CU
Comment:					

SAMPLE CONDITION RECORD

Samples received in a cooler?	Yes
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	13.5
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
Are VOC samples free of headspace?	N/A
Is there a trip blank to accompany VOC samples?	N/A
Labels and chain agree?	Yes
Total number of containers?	7

Washington Chain of Custody - Lead Copper Analysis

180621 050 WSEH Last Due 7/3/2018
1st SAMP 6/18/2018 1st RCVD 6/21/2018
PB/CU

WATER SYSTEM NAME	Washington State University	WATER SYSTEM #	93200Q
SEND REPORT TO	WSU EH&S	PHONE NUMBER	(509)335-3041
ADDRESS	PO BOX 641172	FAX NUMBER	(509)335-4442
CITY STATE ZIP	PULLMAN, WA 99164-1172	COUNTY	WHITMAN

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EPA# ID00013

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F: 509.838.4433
spokane@anateklabs.com
EPA# WA00169

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Sample Purpose ☑ Compliance (C) ☐ Investigative (I) ☐ Other Purpose (B)

DOH Source # Standing Distribution (93) (Lead/Copper Distribution)

Location Sample Taken	Date/Time	Location Sample Taken	Date/Time
1 Yakima E-637	6-18-18/2:50 PM	11	
2 Yakima B-615	6-18-18/2:59 PM	12	
3 Yakima A-608	6-18-18/3:00 PM	13	
4 Yakima P-736	6-18-18/3:14 PM	14	
5 Yakima Q-756	6-18-18/3:10 PM	15	
6 Yakima G-649	6-18-18/3:20 PM	16	
7 Yakima H-654	6-18-18/3:20 PM	17	
8 MWBS		18	
9		19	
10		20	

SEND BILL OR RECEIPT TO

Payment due with samples unless credit has been established

Amount $ _____ Received by _____

Payment Options
- ☐ Cash
- ☐ Bill
- ☐ Check # _____
- ☐ PO # _____
- ☐ Other _____

Shipper/Deliverer Signature: [signature]
Shipping/Delivery Date: 6-21-18
Received By: Julie Moore
Date Received: 6-21-18 9:03am 13.5 IR2

Anatek Labs, Inc.

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504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

Inorganic Chemicals (IOC's) Analysis Report For Lead And Copper

System ID#:	WA5393200	System Name: WSU EH&S	
			DOH Source #: S93
Multiple Source Nos:		Sample Type: A	Sample Purpose: C
Date Received:	6/21/2018	Date Reported: 7/5/2018	Supervisor: TGT
Date Analyzed:	6/26/2018		
County:	WHITMAN		
Report To:	Address:	P.O. BOX 641172	
	City, State, ZIP	PULLMAN, WA 99164	
	Phone Number:	(509) 335-3041	

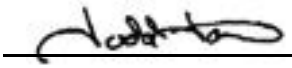
Lab Tracking #		Date Collected	Site/Location:	Analyte	Result	Units	Method	Analyst	Qualifier
125	07748	6/19/2018	STIMSON (BLDG 35) - KITCHENETTE 44	Lead	ND	mg/L	EPA 200.8	HSW	
125	07748	6/19/2018	STIMSON (BLDG 35) - KITCHENETTE 44	Copper	0.0628	mg/L	EPA 200.8	HSW	
125	07749	6/19/2018	FOOD SERVICES (BLDG 89) - RESTROOM 113	Lead	0.00163	mg/L	EPA 200.8	HSW	
125	07749	6/19/2018	FOOD SERVICES (BLDG 89) - RESTROOM 113	Copper	0.0560	mg/L	EPA 200.8	HSW	
125	07750	6/20/2018	EE-ME (BLDG 78A) BATHROOM BY RM 14	Lead	0.00168	mg/L	EPA 200.8	HSW	
125	07750	6/20/2018	EE-ME (BLDG 78A) BATHROOM BY RM 14	Copper	0.0786	mg/L	EPA 200.8	HSW	

Analyte	DOH#	SRL	AL
Lead	9	0.001 mg/L	0.015 mg/L
Copper	23	0.02 mg/L	1.3 mg/L

NOTES:

ND(Not Detected): Not Detected with the sensitivity of the instrument
SRL (State Reporting Level): Indicates the minimum reporting level required by WA-DOH
Numerical Entry: Detection at level indicated
AL (Federal Action Level) EPA maximum contaminant level. If exceeded, contact your regional DOH office for information.
Anatek Labs PQL for Lead and Copper is 0.001 mg/L.

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Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor:  **Date:** 7/5/2018

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Login Report

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180621055
Order Date: 6/21/2018

Contact Name:
Project Name: PB/CU
Comment:

Sample #: 180621055-001 **Customer Sample #:** STIMSON (BLDG 35) - KITCHENETTE 44

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/19/2018
Quantity: 1 **Date Received:** 6/21/2018 9:03:00 AM **Time Collected:** 3:10 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***

Sample #: 180621055-002 **Customer Sample #:** FOOD SERVICES (BLDG 89) - RESTROOM 113

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/19/2018
Quantity: 1 **Date Received:** 6/21/2018 9:03:00 AM **Time Collected:** 3:26 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***

Sample #: 180621055-003 **Customer Sample #:** EE-ME (BLDG 78A) BATHROOM BY RM 14

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/20/2018
Quantity: 1 **Date Received:** 6/21/2018 9:03:00 AM **Time Collected:** 1:13 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/3/2018	***Normal (~10 Days)***

Customer Name:	WSU EH&S			**Order ID:**	180621055
	P.O. BOX 641172			**Order Date:**	6/21/2018
	PULLMAN	WA	99164		
Contact Name:				**Project Name:**	PB/CU
Comment:					

SAMPLE CONDITION RECORD

Samples received in a cooler?	Yes
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	13.5
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
Are VOC samples free of headspace?	N/A
Is there a trip blank to accompany VOC samples?	N/A
Labels and chain agree?	Yes
Total number of containers?	3

180621 055 **WSEH** Last Due 7/3/2018
1st SAMP 6/19/2018 1st RCVD 6/21/2018
PB/CU

Washington Chain of Custody - Lead Copper Analysis

WATER SYSTEM NAME	Washington State University	WATER SYSTEM #	93200Q
SEND REPORT TO	WSU EH&S	PHONE NUMBER	(509)335-3041
ADDRESS	PO BOX 641172	FAX NUMBER	(509)335-4442
CITY STATE ZIP	PULLMAN, WA 99164-1172	COUNTY	WHITMAN

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spokane@anateklabs.com
EPA# WA00169

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Sample Purpose ☑ Compliance (C) ☐ Investigative (I) ☐ Other Purpose (B)

DOH Source # Standing Distribution (93) (Lead/Copper Distribution)

Location Sample Taken	Date/Time	Location Sample Taken	Date/Time
1 Stimson (Bldg 35) - kitchenette 44	6-19-18/3:10 PM	11	
2 Food Services (Bldg 89) - restroom 113	6-19-18/3:26 PM	12	
3		13	
4 EE-ME (Bldg 78A) - bathroom by Rm 14	6-20-18/1:13 PM	14	
5 MW BS		15	
6		16	
7		17	
8		18	
9		19	
10		20	

SEND BILL OR RECEIPT TO

Payment due with samples unless credit has been established

Amount $ _____ Received by _____

Payment Options
- ☐ Cash
- ☐ Bill
- ☐ Check # _____
- ☐ PO # _____
- ☐ Other _____

Shipper/Deliverer Signature: [signature]
Shipping/Delivery Date: 6-21-18
Received By: Julie Moore
Date Received: 6-21-18 903am 13.5 IR2

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Inorganic Chemicals (IOC's) Analysis Report For Lead And Copper

System ID#: WA5393200 System Name: WSU EH&S
DOH Source #: S93
Multiple Source Nos: Sample Type: A Sample Purpose: C
Date Received: 6/28/2018 Date Reported: 7/16/2018 Supervisor: TGT
Date Analyzed: 7/10/2018
County: WHITMAN
Report To: Address: P.O. BOX 641172
City, State, ZIP PULLMAN, WA 99164
Phone Number: (509) 335-3041

Lab Tracking #		Date Collected	Site/Location:	Analyte	Result	Units	Method	Analyst	Qualifier
125	08142	6/26/2018	CHINOOK A-6	Lead	0.00184	mg/L	EPA 200.8	HSW	
125	08142	6/26/2018	CHINOOK A-6	Copper	0.0530	mg/L	EPA 200.8	HSW	
125	08143	6/26/2018	CHINOOK P-69	Lead	0.00141	mg/L	EPA 200.8	HSW	
125	08143	6/26/2018	CHINOOK P-69	Copper	0.0734	mg/L	EPA 200.8	HSW	
125	08144	6/26/2018	CHINOOOK K-51	Lead	ND	mg/L	EPA 200.8	HSW	
125	08144	6/26/2018	CHINOOOK K-51	Copper	0.0181	mg/L	EPA 200.8	HSW	
125	08145	6/26/2018	CHINOOK J-46	Lead	ND	mg/L	EPA 200.8	HSW	
125	08145	6/26/2018	CHINOOK J-46	Copper	0.0655	mg/L	EPA 200.8	HSW	
125	08146	6/26/2018	CHINOOK L-57	Lead	ND	mg/L	EPA 200.8	HSW	
125	08146	6/26/2018	CHINOOK L-57	Copper	0.0162	mg/L	EPA 200.8	HSW	
125	08147	6/26/2018	CHINOOK N-64	Lead	ND	mg/L	EPA 200.8	HSW	
125	08147	6/26/2018	CHINOOK N-64	Copper	0.0223	mg/L	EPA 200.8	HSW	

Analyte	DOH#	SRL	AL
Lead	9	0.001 mg/L	0.015 mg/L
Copper	23	0.02 mg/L	1.3 mg/L

NOTES:

ND(Not Detected): Not Detected with the sensitivity of the instrument
SRL (State Reporting Level): Indicates the minimum reporting level required by WA-DOH
Numerical Entry: Detection at level indicated
AL (Federal Action Level) EPA maximum contaminant level. If exceeded, contact your regional DOH office for information.
Anatek Labs PQL for Lead and Copper is 0.001 mg/L.

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The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 7/16/2018

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Login Report

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180628064
Order Date: 6/28/2018

Contact Name: GENE PATTERSON
Project Name: LEAD COPPER

Comment:

Sample #: 180628064-001 **Customer Sample #:** CHINOOK A-6

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/26/2018
Quantity: 1 **Date Received:** 6/28/2018 1:45:00 PM **Time Collected:** 2:53 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***

Sample #: 180628064-002 **Customer Sample #:** CHINOOK P-69

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/26/2018
Quantity: 1 **Date Received:** 6/28/2018 1:45:00 PM **Time Collected:** 3:00 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***

Sample #: 180628064-003 **Customer Sample #:** CHINOOOK K-51

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/26/2018
Quantity: 1 **Date Received:** 6/28/2018 1:45:00 PM **Time Collected:** 3:05 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180628064
Order Date: 6/28/2018

Contact Name: GENE PATTERSON

Project Name: LEAD COPPER

Comment:

Sample #: 180628064-004 **Customer Sample #:** CHINOOK J-46

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/26/2018
Quantity: 1 **Date Received:** 6/28/2018 1:45:00 PM **Time Collected:** 3:11 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***

Sample #: 180628064-005 **Customer Sample #:** CHINOOK L-57

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/26/2018
Quantity: 1 **Date Received:** 6/28/2018 1:45:00 PM **Time Collected:** 3:12 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***

Sample #: 180628064-006 **Customer Sample #:** CHINOOK N-64

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 6/26/2018
Quantity: 1 **Date Received:** 6/28/2018 1:45:00 PM **Time Collected:** 3:20 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***

Customer Name: WSU EH&S

P.O. BOX 641172

PULLMAN WA 99164

Contact Name: GENE PATTERSON

Comment:

Order ID: 180628064

Order Date: 6/28/2018

Project Name: LEAD COPPER

SAMPLE CONDITION RECORD

Samples received in a cooler?	Yes
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	7.8
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
Are VOC samples free of headspace?	Yes
Is there a trip blank to accompany VOC samples?	Yes
Labels and chain agree?	Yes
Total number of containers?	6

180628 064 WSEH Last Due 7/11/2018
1st SAMP 6/26/2018 1st RCVD 6/28/2018
LEAD COPPER

Washington Chain of Custody - Lead Copper Analysis

WATER SYSTEM NAME	Washington State University	WATER SYSTEM #	93200Q
SEND REPORT TO	WSU EH&S	PHONE NUMBER	(509)335-3041
ADDRESS	PO BOX 641172	FAX NUMBER	(509)335-4442
CITY STATE ZIP	PULLMAN, WA 99164-1172	COUNTY	WHITMAN

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Sample Purpose ☑ Compliance (C) ☐ Investigative (I) ☐ Other Purpose (B)

DOH Source # Standing Distribution (93) (Lead/Copper Distribution)

Location Sample Taken	Date/Time	Location Sample Taken	Date/Time
1 Chinook A-6	6-26-18/2:53 PM	11	
2 Chinook P-69	6-26-18/3:00 PM	12	
3 Chinook K-51	6-26-18/3:05 PM	13	
4 Chinook J-46	6-26-18/3:11 PM	14	
5 Chinook L-57	6-26-18/3:12 PM	15	
6 Chinook N-64	6-26-18/3:20 PM	16	
7		17	
8		18	
9		19	
10		20	

SEND BILL OR RECEIPT TO

Payment due with samples unless credit has been established

Payment Options
- ☐ Cash
- ☐ Bill
- ☐ Check # _____
- ☐ PO # _____
- ☐ Other _____

Amount $ _____ Received by _____

Shipper/Deliverer Signature: L Pall
Shipping/Delivery Date: 6-28-18
Received By: Julie Moore
Date Received: 6-28-18 13:45 7.8 IR2

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Inorganic Chemicals (IOC's) Analysis Report For Lead And Copper

System ID#: WA5393200 System Name: WSU EH&S
DOH Source #: S93
Multiple Source Nos: Sample Type: A Sample Purpose: C
Date Received: 6/28/2018 Date Reported: 7/16/2018 Supervisor: TGT
Date Analyzed: 7/2/2018
County: WHITMAN
Report To: Address: P.O. BOX 641172
City, State, ZIP PULLMAN, WA 99164
Phone Number: (509) 335-3041

Lab Tracking #		Date Collected	Site/Location:	Analyte	Result	Units	Method	Analyst	Qualifier
125	08148	6/27/2018	CHINOOK Q-78	Lead	ND	mg/L	EPA 200.8	HSW	
125	08148	6/27/2018	CHINOOK Q-78	Copper	0.0251	mg/L	EPA 200.8	HSW	
125	08149	6/27/2018	COLUMBIA D-14	Lead	0.00319	mg/L	EPA 200.8	HSW	
125	08149	6/27/2018	COLUMBIA D-14	Copper	0.0822	mg/L	EPA 200.8	HSW	
125	08150	6/27/2018	COLUMBIA G-22	Lead	0.00218	mg/L	EPA 200.8	HSW	
125	08150	6/27/2018	COLUMBIA G-22	Copper	0.0843	mg/L	EPA 200.8	HSW	

Analyte	DOH#	SRL	AL
Lead	9	0.001 mg/L	0.015 mg/L
Copper	23	0.02 mg/L	1.3 mg/L

NOTES:

ND(Not Detected): Not Detected with the sensitivity of the instrument
SRL (State Reporting Level): Indicates the minimum reporting level required by WA-DOH
Numerical Entry: Detection at level indicated
AL (Federal Action Level) EPA maximum contaminant level. If exceeded, contact your regional DOH office for information.
Anatek Labs PQL for Lead and Copper is 0.001 mg/L.

This report shall not be reproduced except in full, without the written approval of the laboratory.
The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 7/16/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Login Report

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180628065
Order Date: 6/28/2018

Contact Name: GENE PATTERSON

Project Name: LEAD COPPER

Comment:

Sample #: 180628065-001 **Customer Sample #:** CHINOOK Q-78

Recv'd: ☑ **Matrix:** Drinking Water **Collector:**
Quantity: 1 **Date Received:** 6/28/2018 1:45:00 PM
Comment:

Date Collected: 6/27/2018
Time Collected: 3:09 PM

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***

Sample #: 180628065-002 **Customer Sample #:** COLUMBIA D-14

Recv'd: ☑ **Matrix:** Drinking Water **Collector:**
Quantity: 1 **Date Received:** 6/28/2018 1:45:00 PM
Comment:

Date Collected: 6/27/2018
Time Collected: 3:19 PM

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***

Sample #: 180628065-003 **Customer Sample #:** COLUMBIA G-22

Recv'd: ☑ **Matrix:** Drinking Water **Collector:**
Quantity: 1 **Date Received:** 6/28/2018 1:45:00 PM
Comment:

Date Collected: 6/27/2018
Time Collected: 3:25 PM

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/11/2018	***Normal (~10 Days)***

Customer Name: WSU EH&S

P.O. BOX 641172

PULLMAN WA 99164

Contact Name: GENE PATTERSON

Comment:

Order ID: 180628065

Order Date: 6/28/2018

Project Name: LEAD COPPER

SAMPLE CONDITION RECORD

Samples received in a cooler?	N/A
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	7.8
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
Are VOC samples free of headspace?	N/A
Is there a trip blank to accompany VOC samples?	N/A
Labels and chain agree?	Yes
Total number of containers?	3

180628 065 WSEH Last Due 7/11/2018
1st SAMP 6/27/2018 1st RCVD 6/28/2018
LEAD COPPER

Washington Chain of Custody - Lead Copper Analysis

WATER SYSTEM NAME	WSU	WATER SYSTEM #	93200Q
SEND REPORT TO	WSU EH&S	PHONE NUMBER	(509)335-3041
ADDRESS	PO BOX 641172	FAX NUMBER	(509)335-4442
CITY STATE ZIP	PULLMAN, WA 99164-1172	COUNTY	WHITMAN

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EPA# WA00169

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Sample Purpose ☑ Compliance (C) ☐ Investigative (I) ☐ Other Purpose (B)

DOH Source # Standing Distribution (93) (Lead/Copper Distribution)

Location Sample Taken	Date/Time	Location Sample Taken	Date/Time
1 Chinook Q-78	6-27-18/3:09 PM	11	
2 Columbia D-14	6-27-18/3:19 PM	12	
3 Columbia G-22	6-27-18/3:25 PM	13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

SEND BILL OR RECEIPT TO

Payment due with samples unless credit has been established

Amount $ _____ Received by _____

Payment Options
- ☐ Cash
- ☐ Bill
- ☐ Check # _____
- ☐ PO # _____
- ☐ Other _____

Shipper/Deliverer Signature: K Pon
Shipping/Delivery Date: 6-28-18
Received By: Julie Moore
Date Received: 6-28-18 13:45 7.8 IR2

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504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

Inorganic Chemicals (IOC's) Analysis Report For Lead And Copper

System ID#:	WA5393200	System Name:	WSU EH&S
			DOH Source #: S93
Multiple Source Nos:		Sample Type:	A
			Sample Purpose: C
Date Received:	7/3/2018	Date Reported:	7/17/2018
			Supervisor: TGT
Date Analyzed:	7/9/2018		
County:	WHITMAN		
Report To:	Address:	P.O. BOX 641172	
	City, State, ZIP	PULLMAN, WA 99164	
	Phone Number:	(509) 335-3041	

Lab Tracking #		Date Collected	Site/Location:	Analyte	Result	Units	Method	Analyst	Qualifier
125	08285	7/3/2018	NEZ PERCE B-5	Lead	0.00358	mg/L	EPA 200.8	HSW	
125	08285	7/3/2018	NEZ PERCE B-5	Copper	0.00314	mg/L	EPA 200.8	HSW	
125	08286	7/3/2018	NEZ PERCE G-25	Lead	0.00398	mg/L	EPA 200.8	HSW	
125	08286	7/3/2018	NEZ PERCE G-25	Copper	0.00363	mg/L	EPA 200.8	HSW	
125	08287	7/3/2018	NEZ PERCE Q-67	Lead	0.00376	mg/L	EPA 200.8	HSW	
125	08287	7/3/2018	NEZ PERCE Q-67	Copper	0.00703	mg/L	EPA 200.8	HSW	
125	08288	7/3/2018	NEZ PERCE S-81	Lead	0.00392	mg/L	EPA 200.8	HSW	
125	08288	7/3/2018	NEZ PERCE S-81	Copper	0.00572	mg/L	EPA 200.8	HSW	

Analyte	DOH#	SRL	AL
Lead	9	0.001 mg/L	0.015 mg/L
Copper	23	0.02 mg/L	1.3 mg/L

NOTES:

ND(Not Detected): Not Detected with the sensitivity of the instrument
SRL (State Reporting Level): Indicates the minimum reporting level required by WA-DOH
Numerical Entry: Detection at level indicated
AL (Federal Action Level) EPA maximum contaminant level. If exceeded, contact your regional DOH office for information.
Anatek Labs PQL for Lead and Copper is 0.001 mg/L.

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Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 7/17/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Login Report

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180703037
Order Date: 7/3/2018

Contact Name: GENE PATTERSON
Project Name: PB/CU

Comment:

Sample #: 180703037-001 **Customer Sample #:** NEZ PERCE B-5

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 7/3/2018
Quantity: 1 **Date Received:** 7/3/2018 3:00:00 PM **Time Collected:** 2:03 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/16/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/16/2018	***Normal (~10 Days)***

Sample #: 180703037-002 **Customer Sample #:** NEZ PERCE G-25

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 7/3/2018
Quantity: 1 **Date Received:** 7/3/2018 3:00:00 PM **Time Collected:** 2:08 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/16/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/16/2018	***Normal (~10 Days)***

Sample #: 180703037-003 **Customer Sample #:** NEZ PERCE Q-67

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 7/3/2018
Quantity: 1 **Date Received:** 7/3/2018 3:00:00 PM **Time Collected:** 2:16 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/16/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/16/2018	***Normal (~10 Days)***

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180703037
Order Date: 7/3/2018

Contact Name: GENE PATTERSON

Project Name: PB/CU

Comment:

Sample #: 180703037-004 **Customer Sample #:** NEZ PERCE S-81

Recv'd: ☑ **Matrix:** Drinking Water **Collector:**

Date Collected: 7/3/2018

Quantity: 1 **Date Received:** 7/3/2018 3:00:00 PM

Time Collected: 2:19 PM

Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/16/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/16/2018	***Normal (~10 Days)***

SAMPLE CONDITION RECORD

Samples received in a cooler?	Yes
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	19.4
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
Are VOC samples free of headspace?	N/A
Is there a trip blank to accompany VOC samples?	N/A
Labels and chain agree?	Yes
Total number of containers?	4

180703 037 **WSEH** Last Due 7/16/2018
1st SAMP 7/3/2018 1st RCVD 7/3/2018
PB/CU

Washington Chain of Custody - Lead Copper Analysis

WATER SYSTEM NAME	WSU	WATER SYSTEM #	93200Q
SEND REPORT TO	WSU EH&S	PHONE NUMBER	(509)335-3041
ADDRESS	PO BOX 641172	FAX NUMBER	(509)335-4442
CITY STATE ZIP	PULLMAN, WA 99164-1172	COUNTY	WHITMAN

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EPA# ID00013

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Spokane WA 99202
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F: 509.838.4433
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EPA# WA00169

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Sample Purpose ☑ Compliance (C) ☐ Investigative (I) ☐ Other Purpose (B)

DOH Source # Standing Distribution (93) (Lead/Copper Distribution)

Location Sample Taken	Date/Time	Location Sample Taken	Date/Time
1 Nez Perce B-5	7-3-18/2:03 PM	11	
2 Nez Perce G-25	7-3-18/2:08 PM	12	
3 Nez Perce Q-67	7-3-18/2:16 PM	13	
4 Nez Perce S-81	7-3-18/2:19 PM	14	
5 MWBS		15	
6		16	
7		17	
8		18	
9		19	
10		20	

SEND BILL OR RECEIPT TO

Payment due with samples unless credit has been established

Amount $ _____ Received by _____

Payment Options
- ☐ Cash
- ☐ Bill
- ☐ Check # _____
- ☐ PO # _____
- ☐ Other _____

Shipper/Deliverer Signature

Shipping/Delivery Date 7-3-18

Received By Julie Moore 15:00 19.4 IR2

Date Received 7-3-18

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Inorganic Chemicals (IOC's) Analysis Report For Lead And Copper

System ID#:	WA5393200	System Name:	WSU EH&S
			DOH Source #: S93
Multiple Source Nos:		Sample Type:	A
			Sample Purpose: C
Date Received:	7/5/2018	Date Reported:	7/17/2018
			Supervisor: TGT
Date Analyzed:	7/9/2018		
County:	WHITMAN		
Report To:	Address:	P.O. BOX 641172	
	City, State, ZIP	PULLMAN, WA 99164	
	Phone Number:	(509) 335-3041	

Lab Tracking #		Date Collected	Site/Location:	Analyte	Result	Units	Method	Analyst	Qualifier
125	08312	7/5/2018	NEZ PERCE A-4	Lead	0.00303	mg/L	EPA 200.8	HSW	
125	08312	7/5/2018	NEZ PERCE A-4	Copper	0.00385	mg/L	EPA 200.8	HSW	
125	08313	7/5/2018	NEZ PERCE K-44	Lead	0.00445	mg/L	EPA 200.8	HSW	
125	08313	7/5/2018	NEZ PERCE K-44	Copper	0.00653	mg/L	EPA 200.8	HSW	

Analyte	DOH#	SRL	AL
Lead	9	0.001 mg/L	0.015 mg/L
Copper	23	0.02 mg/L	1.3 mg/L

NOTES:

ND(Not Detected): Not Detected with the sensitivity of the instrument
SRL (State Reporting Level): Indicates the minimum reporting level required by WA-DOH
Numerical Entry: Detection at level indicated
AL (Federal Action Level) EPA maximum contaminant level. If exceeded, contact your regional DOH office for information.
Anatek Labs PQL for Lead and Copper is 0.001 mg/L.

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The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 7/17/2018

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Login Report

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180705031
Order Date: 7/5/2018

Contact Name: GENE PATTERSON
Project Name: LEAD COPPER

Comment:

Sample #: 180705031-001 **Customer Sample #:** NEZ PERCE A-4

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 7/5/2018
Quantity: 1 **Date Received:** 7/5/2018 3:32:00 PM **Time Collected:** 2:45 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/17/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/17/2018	***Normal (~10 Days)***

Sample #: 180705031-002 **Customer Sample #:** NEZ PERCE K-44

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** **Date Collected:** 7/5/2018
Quantity: 1 **Date Received:** 7/5/2018 3:32:00 PM **Time Collected:** 2:50 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/17/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/17/2018	***Normal (~10 Days)***

Customer Name: WSU EH&S

P.O. BOX 641172

PULLMAN WA 99164

Contact Name: GENE PATTERSON

Comment:

Order ID: 180705031

Order Date: 7/5/2018

Project Name: LEAD COPPER

SAMPLE CONDITION RECORD

Samples received in a cooler?	N/A
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	19.2
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
Are VOC samples free of headspace?	N/A
Is there a trip blank to accompany VOC samples?	N/A
Labels and chain agree?	Yes
Total number of containers?	2

180705 031 WSEH Last Due 7/17/2018
1st SAMP 7/5/2018 1st RCVD 7/5/2018
LEAD COPPER

Washington Chain of Custody - Lead Copper Analysis

WATER SYSTEM NAME	Washington State University	WATER SYSTEM #	93200Q
SEND REPORT TO	WSU EH&S	PHONE NUMBER	(509)335-3041
ADDRESS	PO BOX 641172	FAX NUMBER	(509)335-4442
CITY STATE ZIP	PULLMAN, WA 99164-1172	COUNTY	WHITMAN

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spokane@anateklabs.com
EPA# WA00169

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Sample Purpose ☑ Compliance (C) ☐ Investigative (I) ☐ Other Purpose (B)

DOH Source # Standing Distribution (93) (Lead/Copper Distribution)

Location Sample Taken	Date/Time	Location Sample Taken	Date/Time
1 Nez Perce A-3 changed location	7-5-18/2:45 PM	11	
2 Nez Perce K-44 to A-4 per	7-5-18/2:50 PM	12	
3 Gene P. - MM		13	
4 07/06/18		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

SEND BILL OR RECEIPT TO

Payment due with samples unless credit has been established

Payment Options
- ☐ Cash
- ☐ Bill
- ☐ Check # _____
- ☐ PO # _____
- ☐ Other _____

Amount $ _____ Received by _____

Shipper/Deliverer Signature: [signature]

Shipping/Delivery Date:

Received By: Julie Moore

Date Received: 7-5-18 15:32

19.2 IR2

180705 031 WSEH Last Due 7/17/2018
1st SAMP 7/5/2018 1st RCVD 7/5/2018
LEAD COPPER

Washington Chain of Custody - Lead Copper Analysis

WATER SYSTEM NAME	Washington State University	WATER SYSTEM #	93200Q
SEND REPORT TO	WSU EH&S	PHONE NUMBER	(509)335-3041
ADDRESS	PO BOX 641172	FAX NUMBER	(509)335-4442
CITY STATE ZIP	PULLMAN, WA 99164-1172	COUNTY	WHITMAN

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spokane@anateklabs.com
EPA# WA00169

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Sample Purpose ☑ Compliance (C) ☐ Investigative (I) ☐ Other Purpose (B)

DOH Source # Standing Distribution (93) (Lead/Copper Distribution)

Location Sample Taken	Date/Time	Location Sample Taken	Date/Time
1 Nez Perce A-4	7-5-18/2:45 PM	11	
2 Nez Perce K-44	7-5-18/2:50 PM	12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

SEND BILL OR RECEIPT TO

Payment due with samples unless credit has been established

Amount $ _____ Received by _____

Payment Options
- ☐ Cash
- ☐ Bill
- ☐ Check # _____
- ☐ PO # _____
- ☐ Other _____

Shipper/Deliverer Signature

Shipping/Delivery Date

Received By

Date Received

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Inorganic Chemicals (IOC's) Analysis Report For Lead And Copper

System ID#:	WA5393200	System Name: WSU EH&S	
			DOH Source #: S93
Multiple Source Nos:		Sample Type: A	Sample Purpose: C
Date Received:	7/18/2018	Date Reported: 8/1/2018	Supervisor: TGT
Date Analyzed:	7/23/2018		
County:	WHITMAN		
Report To:	Address:	P.O. BOX 641172	
	City, State, ZIP	PULLMAN, WA 99164	
	Phone Number:	(509) 335-3041	

Lab Tracking #	Date Collected	Site/Location:	Analyte	Result	Units	Method	Analyst	Qualifier
125 09207	7/17/2018	CHINOOK Y-116	Lead	ND	mg/L	EPA 200.8	HSW	
125 09207	7/17/2018	CHINOOK Y-116	Copper	0.0180	mg/L	EPA 200.8	HSW	

Analyte	DOH#	SRL	AL
Lead	9	0.001 mg/L	0.015 mg/L
Copper	23	0.02 mg/L	1.3 mg/L

NOTES:

ND(Not Detected): Not Detected with the sensitivity of the instrument
SRL (State Reporting Level): Indicates the minimum reporting level required by WA-DOH
Numerical Entry: Detection at level indicated
AL (Federal Action Level) EPA maximum contaminant level. If exceeded, contact your regional DOH office for information.
Anatek Labs PQL for Lead and Copper is 0.001 mg/L.

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The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/1/2018

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Login Report

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180719026
Order Date: 7/19/2018

Contact Name: GENE PATTERSON

Project Name: LEAD COPPER

Comment:

Sample #: 180719026-001 **Customer Sample #:** CHINOOK Y-116

Recv'd: ☑ **Matrix:** Drinking Water **Collector:**
Date Collected: 7/17/2018
Quantity: 1 **Date Received:** 7/18/2018 3:27:00 PM
Time Collected: 2:32 PM
Comment:

Test	Lab	Method	Due Date	Priority
COPPER	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***

SAMPLE CONDITION RECORD

Samples received in a cooler?	Yes
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	14.2
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
Are VOC samples free of headspace?	N/A
Is there a trip blank to accompany VOC samples?	N/A
Labels and chain agree?	Yes
Total number of containers?	1

180719 026 **WSEH** Last Due 7/30/2018

1st SAMP 7/17/2018 1st RCVD 7/18/2018

LEAD COPPER

Washington Chain of Custody - Lead Copper Analysis

WATER SYSTEM NAME	Washington State University	WATER SYSTEM #	93200Q
SEND REPORT TO	WSU EH&S	PHONE NUMBER	(509)335-3041
ADDRESS	PO BOX 641172	FAX NUMBER	(509)335-4442
CITY STATE ZIP	PULLMAN, WA 99164-1172	COUNTY	WHITMAN

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EPA# WA00169

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Sample Purpose ☑ Compliance (C) ☐ Investigative (I) ☐ Other Purpose (B)

DOH Source # Standing Distribution (93) (Lead/Copper Distribution)

Location Sample Taken	Date/Time	Location Sample Taken	Date/Time
1 Chinook Y-116	7-17-18/2:32 PM	11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

SEND BILL OR RECEIPT TO

Payment due with samples unless credit has been established

Payment Options
- ☐ Cash
- ☐ Bill
- ☐ Check # _____
- ☐ PO # _____
- ☐ Other _____

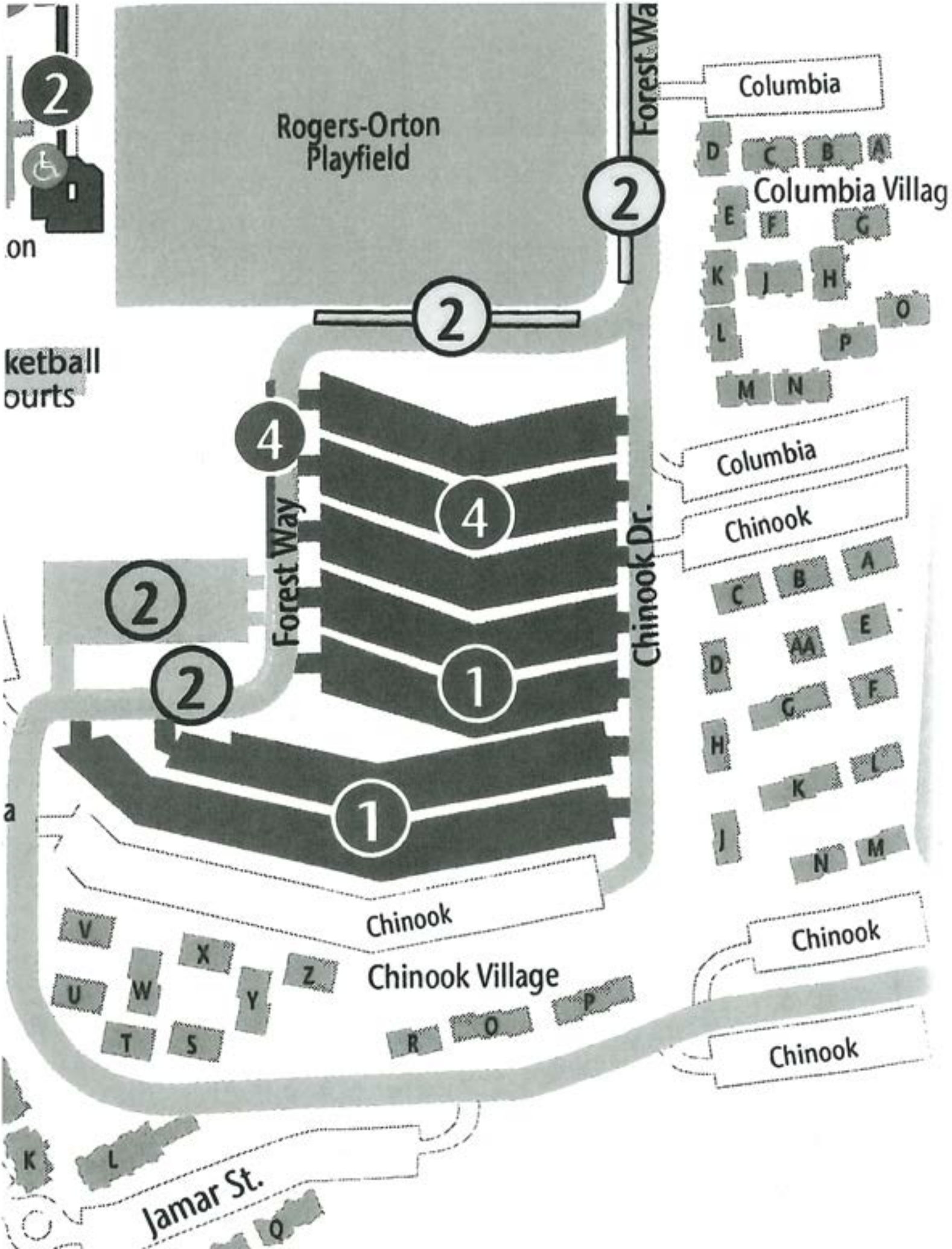
Amount $ _____ Received by _____

Shipper/Deliverer Signature: [signature]

Shipping/Delivery Date: 7-18-18

Received By: [signature] 14.2°C IR2

Date Received: 07/18/2018 1527 hrs.


Rogers-Orton Playfield
Forest Wa
Columbia
Columbia Villag
Columbia
Chinook
Forest Way
Chinook Dr.
Chinook
Chinook Village
Chinook
Chinook
Jamar St.
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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-01	Collect Date:	05/11/21 14:19	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook N66				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50201

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00373	mg/L	0.00100	0.001	--	0.015	5/26/21 12:02	MYM	EPA 200.8	
0023	Copper	0.0456	mg/L	0.00100	0.02	--	1.3	5/26/21 12:02	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-02	Collect Date:	05/11/21 14:23	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook J45				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50202

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00328	mg/L	0.00100	0.001	--	0.015	5/26/21 12:23	MYM	EPA 200.8	
0023	Copper	0.0463	mg/L	0.00100	0.02	--	1.3	5/26/21 12:23	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-03	Collect Date:	05/11/21 14:31	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook L57				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50203

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	ND	mg/L	0.00100	0.001	--	0.015	5/26/21 12:27	MYM	EPA 200.8	
0023	Copper	0.0241	mg/L	0.00100	0.02	--	1.3	5/26/21 12:27	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-04	Collect Date:	05/11/21 14:40	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook P69				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50204

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00355	mg/L	0.00100	0.001	--	0.015	5/26/21 12:32	MYM	EPA 200.8	
0023	Copper	0.0413	mg/L	0.00100	0.02	--	1.3	5/26/21 12:32	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-05	Collect Date:	05/11/21 14:42	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook Q73				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50205

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00710	mg/L	0.00100	0.001	--	0.015	5/26/21 12:36	MYM	EPA 200.8	
0023	Copper	0.0683	mg/L	0.00100	0.02	--	1.3	5/26/21 12:36	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-06	Collect Date:	05/11/21 14:50	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook A2				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50206

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	ND	mg/L	0.00100	0.001	--	0.015	5/26/21 12:41	MYM	EPA 200.8	
0023	Copper	0.00648	mg/L	0.00100	0.02	--	1.3	5/26/21 12:41	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-07	Collect Date:	05/11/21 14:56	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook Y116				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50207

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	ND	mg/L	0.00100	0.001	--	0.015	5/26/21 12:45	MYM	EPA 200.8	
0023	Copper	0.0816	mg/L	0.00100	0.02	--	1.3	5/26/21 12:45	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-08	Collect Date:	05/12/21 14:19	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Columbia D11				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50208

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00514	mg/L	0.00100	0.001	--	0.015	5/26/21 12:50	MYM	EPA 200.8	
0023	Copper	0.149	mg/L	0.00100	0.02	--	1.3	5/26/21 12:50	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-09	Collect Date:	05/12/21 15:28	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Columbia G21				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50209

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00410	mg/L	0.00100	0.001	--	0.015	5/26/21 12:54	MYM	EPA 200.8	
0023	Copper	0.123	mg/L	0.00100	0.02	--	1.3	5/26/21 12:54	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-10	Collect Date:	05/12/21 14:30	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Columbia L35				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50210

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00191	mg/L	0.00100	0.001	--	0.015	5/26/21 13:16	MYM	EPA 200.8	
0023	Copper	0.0426	mg/L	0.00100	0.02	--	1.3	5/26/21 13:16	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-11	Collect Date:	05/12/21 14:41	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Columbia Q52				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50211

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00748	mg/L	0.00100	0.001	--	0.015	5/26/21 13:20	MYM	EPA 200.8	
0023	Copper	0.170	mg/L	0.00100	0.02	--	1.3	5/26/21 13:20	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-12	Collect Date:	05/12/21 14:46	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Yakima A609				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50212

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00314	mg/L	0.00100	0.001	--	0.015	5/26/21 13:33	MYM	EPA 200.8	
0023	Copper	0.140	mg/L	0.00100	0.02	--	1.3	5/26/21 13:33	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-13	Collect Date:	05/12/21 14:54	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Yakima E638				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50213

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00112	mg/L	0.00100	0.001	--	0.015	5/26/21 13:37	MYM	EPA 200.8	
0023	Copper	0.0731	mg/L	0.00100	0.02	--	1.3	5/26/21 13:37	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-14	Collect Date:	05/13/21 14:19	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Yakima Q747				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50214

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00302	mg/L	0.00100	0.001	--	0.015	5/26/21 13:42	MYM	EPA 200.8	
0023	Copper	0.106	mg/L	0.00100	0.02	--	1.3	5/26/21 13:42	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-15	Collect Date:	05/13/21 14:21	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Yakima P745				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50215

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00247	mg/L	0.00100	0.001	--	0.015	5/26/21 13:46	MYM	EPA 200.8	
0023	Copper	0.158	mg/L	0.00100	0.02	--	1.3	5/26/21 13:46	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-16	Collect Date:	05/13/21 14:28	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Yakima M710				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50216

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00244	mg/L	0.00100	0.001	--	0.015	5/26/21 13:51	MYM	EPA 200.8	
0023	Copper	0.149	mg/L	0.00100	0.02	--	1.3	5/26/21 13:51	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-17	Collect Date:	05/13/21 14:39	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Yakima H654				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50217

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00378	mg/L	0.00100	0.001	--	0.015	5/26/21 13:55	MYM	EPA 200.8	
0023	Copper	0.217	mg/L	0.00100	0.02	--	1.3	5/26/21 13:55	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-18	Collect Date:	05/13/21 14:43	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Yakima G648				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50218

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	ND	mg/L	0.00100	0.001	--	0.015	5/26/21 13:59	MYM	EPA 200.8	
0023	Copper	0.207	mg/L	0.00100	0.02	--	1.3	5/26/21 13:59	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-19	Collect Date:	05/13/21 14:50	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Yakima D625				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50219

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00156	mg/L	0.00100	0.001	--	0.015	5/26/21 14:04	MYM	EPA 200.8	
0023	Copper	0.112	mg/L	0.00100	0.02	--	1.3	5/26/21 14:04	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-20	Collect Date:	05/17/21 14:30	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Nez Perce A1				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50220

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00598	mg/L	0.00100	0.001	--	0.015	5/26/21 14:26	MYM	EPA 200.8	
0023	Copper	0.00807	mg/L	0.00100	0.02	--	1.3	5/26/21 14:26	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-21	Collect Date:	05/17/21 14:34	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Nez Perce B8				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50221

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00535	mg/L	0.00100	0.001	--	0.015	5/26/21 14:48	MYM	EPA 200.8	
0023	Copper	0.0188	mg/L	0.00100	0.02	--	1.3	5/26/21 14:48	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-22	Collect Date:	05/17/21 14:44	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Nez Perce G23				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50222

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00800	mg/L	0.00100	0.001	--	0.015	5/26/21 15:01	MYM	EPA 200.8	
0023	Copper	0.0145	mg/L	0.00100	0.02	--	1.3	5/26/21 15:01	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-23	Collect Date:	05/17/21 14:43	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Nez Perce S80				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50223

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00371	mg/L	0.00100	0.001	--	0.015	5/26/21 15:05	MYM	EPA 200.8	
0023	Copper	0.0128	mg/L	0.00100	0.02	--	1.3	5/26/21 15:05	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
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Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-24	Collect Date:	05/17/21 14:47	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Nez Perce Q67				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50224

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00300	mg/L	0.00100	0.001	--	0.015	5/26/21 15:10	MYM	EPA 200.8	
0023	Copper	0.00839	mg/L	0.00100	0.02	--	1.3	5/26/21 15:10	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-25	Collect Date:	05/17/21 14:56	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Nez Perce L48				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50225

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00545	mg/L	0.00100	0.001	--	0.015	5/26/21 15:14	MYM	EPA 200.8	
0023	Copper	0.00633	mg/L	0.00100	0.02	--	1.3	5/26/21 15:14	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBE0502-26	Collect Date:	05/17/21 15:14	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	05/18/21 12:35	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Yakima K672				
Matrix:	Drinking Water				

Lab/Sample Number: 125-50226

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00258	mg/L	0.00100	0.001	--	0.015	5/26/21 15:18	MYM	EPA 200.8	
0023	Copper	0.180	mg/L	0.00100	0.02	--	1.3	5/26/21 15:18	MYM	EPA 200.8	

Authorized Signature,



Justin Doty For Todd Taruscio, 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

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Client:	Washington State University (EHS)	Work Order:	MBF0166
Address:	P.O. Box 641172	Project:	Lead/Copper
	Pullman, WA 99164	Reported:	6/11/2021 11:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBF0166-01	Collect Date:	06/03/21 14:30	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	06/04/21 12:32	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Food Service 29				
Matrix:	Drinking Water				

Lab/Sample Number: 125-16601

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	0.00112	mg/L	0.00100	0.001	--	0.015	6/9/21 21:18	MYM	EPA 200.8	
0023	Copper	0.138	mg/L	0.00100	0.02	--	1.3	6/9/21 21:18	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBF0166
Address:	P.O. Box 641172	Project:	Lead/Copper
	Pullman, WA 99164	Reported:	6/11/2021 11:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBF0166-02	Collect Date:	06/03/21 14:44	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	06/04/21 12:32	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Stimson 44				
Matrix:	Drinking Water				

Lab/Sample Number: 125-16602

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	ND	mg/L	0.00100	0.001	--	0.015	6/9/21 21:22	MYM	EPA 200.8	
0023	Copper	0.127	mg/L	0.00100	0.02	--	1.3	6/9/21 21:22	MYM	EPA 200.8	

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Client:	Washington State University (EHS)	Work Order:	MBF0166
Address:	P.O. Box 641172	Project:	Lead/Copper
	Pullman, WA 99164	Reported:	6/11/2021 11:06
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBF0166-03	Collect Date:	06/03/21 14:55	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	06/04/21 12:32	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	EE-ME 11				
Matrix:	Drinking Water				

Lab/Sample Number: 125-16603

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	ND	mg/L	0.00100	0.001	--	0.015	6/9/21 21:27	MYM	EPA 200.8	
0023	Copper	0.0688	mg/L	0.00100	0.02	--	1.3	6/9/21 21:27	MYM	EPA 200.8	

Authorized Signature,

Justin Doty For Todd Taruscio, Laboratory Manager

M3	Spike recovery value is unusable. Analyte concentration disproportionate to the spike level. Blank spike recovery acceptable.
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
RPD	Relative Percent Difference
%REC	Percent Recovery
Source	Sample that was spiked or duplicated.

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Client:	Washington State University (EHS)	Work Order:	MBG0038
Address:	P.O. Box 641172	Project:	Lead/Copper
	Pullman, WA 99164	Reported:	7/16/2021 10:13
Attn:	Gene Patterson		

Analytical Results Report

System ID#	93200Q	System Name:	Washington State University (EHS)		
Reference Number:	MBG0038-01	Collect Date:	06/30/21 14:07	DOH Source #:	93
Multiple Source Nos:		Sample Type:	After	County:	Whitman
Date Received:	07/01/21 11:32	Sample Purpose:	RC - Routine/Compliance Sample		
Sample Location:	Chinook K53				
Matrix:	Drinking Water				

Lab/Sample Number: 125-03801

Inorganics

DOH #	Analyte	Result	Units	LRL	SDRL	Trigger	MCL	Analyzed	Analyst	Method	Qualifier
0009	Lead	ND	mg/L	0.00100	0.001	--	0.015	7/9/21 17:08	MYM	EPA 200.8	
0023	Copper	0.0431	mg/L	0.00100	0.02	--	1.3	7/9/21 17:08	MYM	EPA 200.8	

Authorized Signature,

Justin Doty For Todd Taruscio, 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

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Client:	Washington State University (EHS)	Work Order:	MBE0502
Address:	P.O. Box 641172	Project:	Lead and Copper
	Pullman, WA 99164	Reported:	5/28/2021 09:43
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

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Client:	Washington State University (EHS)	Work Order:	MBF0166
Address:	P.O. Box 641172	Project:	Lead/Copper
	Pullman, WA 99164	Reported:	6/11/2021 11:06
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

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Client:	Washington State University (EHS)	Work Order:	MBG0038
Address:	P.O. Box 641172	Project:	Lead/Copper
	Pullman, WA 99164	Reported:	7/16/2021 10:13
Attn:	Gene Patterson		

Certifications

Code	Description	Facility	Number
DOE WA	Washington Department of Ecology	Anatek-Moscow, ID	C595

MBE0502

Due: 06/02/21

Washington Chain of Custody - Lead Copper Analysis

WATER SYSTEM NAME	Washington State University	WATER SYSTEM #	93200Q
SEND REPORT TO	WSU EH&S	PHONE NUMBER	(509)335-3041
ADDRESS	PO BOX 641172	FAX NUMBER	(509)335-4442
CITY STATE ZIP	PULLMAN, WA 99164-1172	COUNTY	WHITMAN

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F: 509.838.4433
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EPA# WA00169

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Sample Purpose ☑ Compliance (C) ☐ Investigative (I) ☐ Other Purpose (B)

DOH Source # Standing Distribution (93) (Lead/Copper Distribution)

Location Sample Taken	Date/Time	Location Sample Taken	Date/Time
1 Chinook N66	5-11-21 / 2:19 PM	11	
2 Chinook J45	5-11-21 / 2:23PM	12	
3 Chinook L57	5-11-21 / 2:31PM	13	
4 Chinook P69	5-11-21 / 2:40 PM	14	
5 Chinook Q73	5-11-21 / 2:42 PM	15	
6 Chinook A2	5-11-21 / 2:50 PM	16	
7 Chinook Y116	5-11-21 / 2:56 PM	17	
8		18	
9		19	
10		20	

SEND BILL OR RECEIPT TO

Payment due with samples unless credit has been established

Payment Options
- ☐ Cash
- ☐ Bill
- ☐ Check # _____
- ☐ PO # _____
- ☐ Other _____

Amount $ _____ Received by _____

Shipper/Deliverer Signature

Shipping/Delivery Date

Received By

Date Received

MBE0502

Due: 06/02/21

Washington Chain of Custody - Lead Copper Analysis

WATER SYSTEM NAME	WSU	WATER SYSTEM #	93200Q
SEND REPORT TO	WSU EH&S	PHONE NUMBER	(509)335-3041
ADDRESS	PO BOX 641172	FAX NUMBER	(509)335-4442
CITY STATE ZIP	PULLMAN, WA 99164-1172	COUNTY	WHITMAN

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Sample Purpose ☑ Compliance (C) ☐ Investigative (I) ☐ Other Purpose (B)

DOH Source # Standing Distribution (93) (Lead/Copper Distribution)

Location Sample Taken	Date/Time	Location Sample Taken	Date/Time
1 Columbia D11	5-12-21 / 2:19 PM	11	
2 Columbia G21	5-12-21 / 3:28 PM	12	
3 Columbia L35	5-12-21 / 2:30 PM	13	
4 Columbia Q52	5-12-21 / 2:41 PM	14	
5 Yakima A609	5-12-21 / 2:46 PM	15	
6 Yakima E638	5-12-21 / 2:54 PM	16	
7		17	
8		18	
9		19	
10		20	

SEND BILL OR RECEIPT TO

Payment due with samples unless credit has been established

Payment Options
- ☐ Cash
- ☐ Bill
- ☐ Check # _____
- ☐ PO # _____
- ☐ Other _____

Amount $ _____ Received by _____

Shipper/Deliverer Signature

Shipping/Delivery Date

Received By

Date Received

MBE0502

Due: 06/02/21

Washington Chain of Custody - Lead Copper Analysis

WATER SYSTEM NAME	Washington State University	WATER SYSTEM #	93200Q
SEND REPORT TO	WSU EH&S	PHONE NUMBER	(509)335-3041
ADDRESS	PO BOX 641172	FAX NUMBER	(509)335-4442
CITY STATE ZIP	PULLMAN, WA 99164-1172	COUNTY	WHITMAN

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EPA# WA00169

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Sample Purpose ☑ Compliance (C) ☐ Investigative (I) ☐ Other Purpose (B)

DOH Source # Standing Distribution (93) (Lead/Copper Distribution)

Location Sample Taken	Date/Time	Location Sample Taken	Date/Time
1 Yakima Q747	5-13-21 / 2:19 PM	11	
2 Yakima P745	5:13-21 / 2:21 PM	12	
3 Yakima M710	5-13-21 / 2:28 PM	13	
4 Yakima H654	5-13-21 / 2:39 PM	14	
5 Yakima G648	5-13-21/ 2:43 PM	15	
6 Yakima D625	5-13-21 / 2:50 PM	16	
7		17	
8		18	
9		19	
10		20	

SEND BILL OR RECEIPT TO

Payment due with samples unless credit has been established

Amount $ _____ Received by _____

Payment Options
- ☐ Cash
- ☐ Bill
- ☐ Check # _____
- ☐ PO # _____
- ☐ Other _____

Shipper/Deliverer Signature

Shipping/Delivery Date

Received By

Date Received

MBE0502

Due: 06/02/21

Washington Chain of Custody - Lead Copper Analysis

WATER SYSTEM NAME	WSU	WATER SYSTEM #	93200Q
SEND REPORT TO	WSU EH&S	PHONE NUMBER	(509)335-3041
ADDRESS	PO BOX 641172	FAX NUMBER	(509)335-4442
CITY STATE ZIP	PULLMAN, WA 99164-1172	COUNTY	WHITMAN

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Sample Purpose ☑ Compliance (C) ☐ Investigative (I) ☐ Other Purpose (B)

DOH Source # Standing Distribution (93) (Lead/Copper Distribution)

Location Sample Taken		Date/Time	Location Sample Taken	Date/Time
1 Nez Perce A1	2:30	5-17-21 / 2:30 PM	11	
2 Nez Perce B8	2:34	5-17-21 / 2:34 PM	12	
3 Nez Perce G23	2:43	5-17-21 / 2:44 PM	13	
4 Nez Perce S80	2:43	5-17-21 / 2:43 PM	14	
5 Nez Perce Q67	2:47	5-17-21 / 2:47 PM	15	
6 Nez Perce L48	2:56	5-17-21 / 2:56 PM	16	
7			17	
8 Yakima K672	3:14	5-17-21 / 3:14 PM	18	
9			19	
10			20	

SEND BILL OR RECEIPT TO

Payment due with samples unless credit has been established

Amount $ _____ Received by _____

Payment Options
- ☐ Cash
- ☐ Bill
- ☐ Check # _____
- ☐ PO # _____
- ☐ Other _____

Shipper/Deliverer Signature

Shipping/Delivery Date

Received By

Date Received

MBF0166

Due: 06/18/21

Washington Chain of Custody - Lead Copper Analysis

WATER SYSTEM NAME	WSU	WATER SYSTEM #	93200Q
SEND REPORT TO	WSU EH&S	PHONE NUMBER	(509)335-3041
ADDRESS	PO BOX 641172	FAX NUMBER	(509)335-4442
CITY STATE ZIP	PULLMAN, WA 99164-1172	COUNTY	WHITMAN

Sample Purpose ☑ Compliance (C) ☐ Investigative (I) ☐ Other Purpose (B)

DOH Source # Standing Distribution (93) (Lead/Copper Distribution)

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Location Sample Taken	Date/Time	Location Sample Taken	Date/Time
1 Food Service 29	6-3-21 / 2:30 PM	11	
2 Stimson 44	6-3-21 / 2:44 PM	12	
3 EE-ME 11	6-3-21 / 2:55 PM	13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

SEND BILL OR RECEIPT TO

Payment due with samples unless credit has been established

Amount $ _____ Received by _____

Payment Options
- ☐ Cash
- ☐ Bill
- ☐ Check # _____
- ☐ PO # _____
- ☐ Other _____

Shipper/Deliverer Signature: Pat

Shipping/Delivery Date: 6-4-21

Received By: JM 6.9 C IR-4

Date Received: 6-4-21 12:24

Form COC09.00 - Eff 1 Mar 2015

Page 1 of 1

Washington Chain of Custody - Lead Copper Analysis

MBG0038

Due: 07/16/21

WATER SYSTEM NAME	WSU	WATER SYSTEM #	93200Q
SEND REPORT TO	WSU EH&S	PHONE NUMBER	(509)335-3041
ADDRESS	PO BOX 641172	FAX NUMBER	(509)335-4442
CITY STATE ZIP	PULLMAN, WA 99164-1172	COUNTY	WHITMAN

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EPA# WA00169

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Sample Purpose ☑ Compliance (C) ☐ Investigative (I) ☐ Other Purpose (B)

DOH Source # Standing Distribution (93) (Lead/Copper Distribution)

Location Sample Taken	Date/Time	Location Sample Taken	Date/Time
1 Chinook K53	6-30-21 / 2:07 PM	11	
2		12	
3		13	
4		14	
5		15	
6		16	
7		17	
8		18	
9		19	
10		20	

SEND BILL OR RECEIPT TO

Payment due with samples unless credit has been established

Amount $ _____ Received by _____

Payment Options
- ☐ Cash
- ☐ Bill
- ☐ Check # _____
- ☐ PO # _____
- ☐ Other _____

Shipper/Deliverer Signature: [signature]

Shipping/Delivery Date: 7-1-21

Received By: [signature] 4.0°C IR-4

Date Received: 1 JUL 2021 1127 hrs

Form COC09.00 - Eff 1 Mar 2015

Anatek Labs, Inc.

Sample Receipt and Preservation Form

MBE0502

Due: 06/02/21

Client Name: WSU GH+S Project:

TAT: (Normal) RUSH: _____ days

Samples Received From: FedEx UPS USPS (Client) Courier Other: _____

Custody Seal on Cooler/Box: Yes (No) Custody Seals Intact: Yes No (N/A)

Number of Coolers/Boxes: 1 Type of Ice: (Ice/Ice Packs) Blue Ice Dry Ice None

Packing Material: Bubble Wrap Bags Foam/Peanuts (None) Other: _____

Cooler Temp As Read (°C): 3.6 Cooler Temp Corrected (°C): — Thermometer Used: IR-5

				Comments:
Samples Received Intact?	(Yes)	No	N/A	
Chain of Custody Present?	(Yes)	No	N/A	
Samples Received Within Hold Time?	(Yes)	No	N/A	
Samples Properly Preserved?	Yes	No	(N/A)	
VOC Vials Free of Headspace (<6mm)?	Yes	No	(N/A)	
VOC Trip Blanks Present?	Yes	No	(N/A)	
Labels and Chains Agree?	(Yes)	No	N/A	
Total Number of Sample Bottles Received: 26				

Chain of Custody Fully Completed?	(Yes)	No	N/A	
Correct Containers Received?	(Yes)	No	N/A	
Anatek Bottles Used?	(Yes)	No	Unknown	

Record preservatives (and lot numbers, if known) for containers below:

None

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

Pb/Cu 4pk x26

Received/Inspected By: _____ Date/Time: 05/18/21 1235

MBF0166

Due: 06/18/21

Anatek Labs, Inc.

Sample Receipt and Preservation Form

Client Name: WSU EH&S Project:

TAT: (Normal) RUSH: _____ days

Samples Received From: FedEx UPS USPS (Client) Courier Other: _____

Custody Seal on Cooler/Box: Yes (No) Custody Seals Intact: Yes No (N/A)

Number of Coolers/Boxes: 1 Type of Ice: Ice/Ice Packs (Blue Ice) Dry Ice None

Packing Material: Bubble Wrap Bags Foam/Peanuts (None) Other: _____

Cooler Temp As Read (°C): 6.9 Cooler Temp Corrected (°C): _____ Thermometer Used: IR-4

				Comments:
Samples Received Intact?	(Yes)	No	N/A	
Chain of Custody Present?	(Yes)	No	N/A	
Samples Received Within Hold Time?	(Yes)	No	N/A	
Samples Properly Preserved?	(Yes)	No	N/A	
VOC Vials Free of Headspace (<6mm)?	Yes	No	(N/A)	
VOC Trip Blanks Present?	Yes	No	(N/A)	
Labels and Chains Agree?	(Yes)	No	N/A	
Total Number of Sample Bottles Received: 5				

Chain of Custody Fully Completed?	(Yes)	No	N/A	
Correct Containers Received?	(Yes)	No	N/A	
Anatek Bottles Used?	(Yes)	No	Unknown	

Record preservatives (and lot numbers, if known) for containers below:

None

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

Pb/Cu → pH<3

Received/Inspected By: _____ Date/Time: 06/04/2021 1232

Form F19.00 - Eff 8 Feb 2019

Anatek Labs, Inc.

Sample Receipt and Preservation Form

MBG0038

Due: 07/16/21

Client Name: WSU Project:

TAT: (Normal) RUSH: _____ days

Samples Received From: FedEx UPS USPS (Client) Courier Other: _____

Custody Seal on Cooler/Box: Yes (No) Custody Seals Intact: Yes No (N/A)

Number of Coolers/Boxes: 1 Type of Ice: Ice/Ice Packs Blue Ice Dry Ice None

Packing Material: Bubble Wrap Bags Foam/Peanuts None Other: Didn't look inside

Cooler Temp As Read (°C): 4.0°C Cooler Temp Corrected (°C): _____ Thermometer Used: IR-4

				Comments:
Samples Received Intact?	(Yes)	No	N/A	
Chain of Custody Present?	(Yes)	No	N/A	
Samples Received Within Hold Time?	(Yes)	No	N/A	
Samples Properly Preserved?	Yes	No	(N/A)	
VOC Vials Free of Headspace (<6mm)?	Yes	No	(N/A)	
VOC Trip Blanks Present?	Yes	No	(N/A)	
Labels and Chains Agree?	(Yes)	No	N/A	
Total Number of Sample Bottles Received: 6				

Chain of Custody Fully Completed?	(Yes)	No	N/A	
Correct Containers Received?	(Yes)	No	N/A	
Anatek Bottles Used?	(Yes)	No	Unknown	

Record preservatives (and lot numbers, if known) for containers below:

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

Pb/Cu → pH L

Received/Inspected By: CS Date/Time: 07/01/2021 1132

Form F19.00 - Eff 8 Feb 2019

Lead and Copper Consumer Notice certification form

All Group A water systems that conduct lead and copper monitoring must provide individual sampling results to the persons at each sample location. (CFR 141.85 (d))

Notification of Results: The water system must provide the consumer notice as soon as possible, but no later than 30 days after learning the results.

Community water systems: You must provide individual sampling results to all residences for which you received lead and copper samples. In multi-unit structures, only notify each unit tested.

Nontransient noncommunity water systems (NTNCs): You must notify all consumers who use water from the sample tap, even if they do not receive a water bill. With prior approval from DOH, NTNC water systems can post the notice in public areas.

Certification to the state: DOH must receive a sample copy of one consumer notice and a signed certification form (below) within 90 days after the end of the monitoring period.

To meet this reporting requirement, you may:

- Use the DOH Consumer Notice Template.
- Use the applicable EPA Consumer Notice template.
- Prepare your own Consumer Notice in conjunction with the state.

If you choose to produce your own Consumer Notice, it must include all of the following:

1. The sample results of the tap tested.
2. An explanation of the health effects of lead.
3. Steps consumers can take to reduce exposure to lead in drinking water.
4. The water system's contact information.
5. The maximum contaminant level goal (MCLG) and action level for lead, and the definitions of these two terms.

If you are responsible for multiple water systems, you can send to the Office of Drinking Water:

- A list of the water systems you provided Consumer Notices to, with name and PWS ID number.
- Send one copy of the Consumer Notice you used.
- Send one completed certification form (below).

Lead and Copper Results: Consumer Notification Certification Form

The water system must complete this section. The signature below certifies that the notice contains all required elements.

Complete the following items (check all that apply):

X I emailed or posted all Consumer Notices to the water users at all of the lead and copper sampling locations within 30 days of receiving the lead and copper results from the laboratory.

☐ **(For NTNC systems ONLY)** Notice posted at _____ on ___/___/____ within 30 days of receiving the lead and copper results from the laboratory. (***Only By Department Approval***)

Washington State University	93200Q		
Water System	PWS ID		
_____		Water Quality Manager	7-16-21
Signature of owner or operator		Position	Date

Send a copy of the completed notice and this certification form to: Washington State Department of Health, Office of Drinking Water, Water Quality Section, PO Box 47822, Olympia WA 98504-7822 or fax to (360) 236-2252.

DOH Form 331-462-F

If you need this publication in alternate format, call (800) 525-0127. For TTY/TDD, call (800) 833-6388

CONSUMER NOTICE
Lead and Copper Water Sample Results

The WSU Water System, I.D. 93200Q is providing you with the lead and copper test results on the water sample collected at your location. Please share this notice with everyone who uses or drinks the water.

The results were:

Location	Lead (mg/L)	Copper (mg/L)
Chinook A2	ND	0.00648
Chinook J45	0.00328	0.0463
Chinook K53	ND	0.0431
Chinook L57	ND	0.0241
Chinook N66	0.00373	0.0456
Chinook P69	0.00355	0.0413
Chinook Q73	0.00710	0.0683
Chinook Y116	ND	0.0816
Columbia D11	0.00514	0.149
Columbia G21	0.00410	0.123
Columbia L35	0.00191	0.0426
Columbia Q52	0.00748	0.170
Nez Perce A1	0.00598	0.00807
Nez Perce B8	0.00535	0.0188
Nez Perce G23	0.00800	0.0145
Nez Perce L48	0.00545	0.00633
Nez Perce Q67	0.00300	0.00839
Nez Perce S80	0.00371	0.0128
Yakima A609	0.00314	0.140
Yakima D625	0.00156	0.112
Yakima E638	0.00112	0.0731
Yakima G648	ND	0.207
Yakima H654	0.00378	0.217
Yakima K672	0.00258	0.180
Yakima M710	0.00244	0.149
Yakima P745	0.00247	0.158
Yakima Q747	0.00302	0.106
Food Services 29	0.00112	0.138
Stimson 44	ND	0.127

* ND means Not Detected.

The maximum contaminant level goal (MCLG) is the level of a contaminant in drinking water below which there are no known or expected risks to health. MCLGs allow for a margin of safety. The action level is the concentration of a contaminant that, if exceeded, triggers treatment requirements or actions a water system must follow.

- The MCLG for lead is “0” and the action level is 0.015 mg/L.
- The MCLG and action level for copper is 1.3 mg/L.

The water system’s compliance with the Lead and Copper Rule (LCR) is calculated by using sample results collected from sites in our sampling pool. Your location’s lead or copper results may be higher or lower than the compliance calculation for the overall water system and does not

reflect our water system's compliance with the LCR. We will notify all water users if the lead or copper results from our water system exceed the action level.

For more information, please contact: Gene Patterson, water quality manager, WSU Environmental Health & Safety at (509) 335 – 3041 or PO Box 641172 Pullman, WA 99164 – 1172.

How Lead Gets Into Water

Lead in drinking water most often comes from water distribution lines or household plumbing rather than from the water system source. Plumbing sources can include lead pipes, lead solder, faucets, valves, and other components made of brass. Lead from other sources (such as lead-based paint and contaminated dust or soil) can increase a person's overall exposure, which adds to the effects of lead in water.

Potential Health Effects of Lead

The greatest risk of lead exposure is to infants, young children, and pregnant women. Lead can cause serious health problems if too much enters the body. Lead is stored in the bones and can be released later in life. Lead can cause damage to the brain and kidneys, interfere with production of red blood cells that carry oxygen, and may result in lowered IQ in children. During pregnancy, the child receives lead from the mother's bones, which may affect brain development. Low levels of lead can affect adults with high blood pressure or kidney problems.

How Copper Gets Into Water

Copper is a mineral and natural component in soils. In the correct amounts, it is an essential nutrient for humans and plants. In Washington State, most copper in drinking water comes from corrosion of household plumbing. Plumbing sources can include copper pipe and brass fixtures. Copper from plumbing corrosion can accumulate overnight.

Potential Health Effects of Copper

Although copper is an essential mineral in the diet, too much copper can cause health problems. Copper is widely distributed within the tissues of the body, but accumulates primarily in the liver and kidneys. A single dose of 15 mg of copper can cause nausea, vomiting, diarrhea, and intestinal cramps. Severe cases of copper poisoning have led to anemia and to disruption of liver and kidney functions. Individuals with Wilson's or Menke's diseases are at higher risk from copper exposure.

How you can reduce exposure:

- When your water has been sitting for several hours, flush the pipe by running the cold-water tap until the water is noticeably colder before using the water for drinking or cooking. **(The longer water has been sitting in the pipes, the more dissolved metals it may contain).**
- Use only cold water for drinking, cooking, and making baby formula. Hot water may contain higher levels of lead or copper.
- Frequently clean the filter screens and aerators in faucets to remove captured particles.
- If building or remodeling, only use "lead free" or low lead piping and materials. Avoid using copper piping or brass fixtures for locations where water will be consumed or used in food preparation (such as kitchen or bathroom sinks).

CONSUMER NOTICE
Lead and Copper Water Sample Results

The WSU Water System, I.D. 93200Q is providing you with the lead and copper test results on the water sample collected at your location. Please share this notice with everyone who uses or drinks the water.

The results were:

Location	Lead (mg/L)	Copper (mg/L)
EE-ME	ND	0.06880

* ND means Not Detected.

The maximum contaminant level goal (MCLG) is the level of a contaminant in drinking water below which there are no known or expected risks to health. MCLGs allow for a margin of safety. The action level is the concentration of a contaminant that, if exceeded, triggers treatment requirements or actions a water system must follow.

- The MCLG for lead is "0" and the action level is 0.015 mg/L.
- The MCLG and action level for copper is 1.3 mg/L.

The water system's compliance with the Lead and Copper Rule (LCR) is calculated by using sample results collected from sites in our sampling pool. Your location's lead or copper results may be higher or lower than the compliance calculation for the overall water system and does not reflect our water system's compliance with the LCR. We will notify all water users if the lead or copper results from our water system exceed the action level.

For more information, please contact: Gene Patterson, water quality manager, WSU Environmental Health & Safety at (509) 335 – 3041 or PO Box 641172 Pullman, WA 99164 – 1172.

How Lead Gets Into Water

Lead in drinking water most often comes from water distribution lines or household plumbing rather than from the water system source. Plumbing sources can include lead pipes, lead solder, faucets, valves, and other components made of brass. Lead from other sources (such as lead-based paint and contaminated dust or soil) can increase a person's overall exposure, which adds to the effects of lead in water.

Potential Health Effects of Lead

The greatest risk of lead exposure is to infants, young children, and pregnant women. Lead can cause serious health problems if too much enters the body. Lead is stored in the bones and can be released later in life. Lead can cause damage to the brain and kidneys, interfere with production of red blood cells that carry oxygen, and may result in lowered IQ in children. During pregnancy, the child receives lead from the mother's bones, which may affect brain development. Low levels of lead can affect adults with high blood pressure or kidney problems.

How Copper Gets Into Water

Copper is a mineral and natural component in soils. In the correct amounts, it is an essential nutrient for humans and plants. In Washington State, most copper in drinking water comes from corrosion of household plumbing. Plumbing sources can include copper pipe and brass fixtures. Copper from plumbing corrosion can accumulate overnight.

Potential Health Effects of Copper

Although copper is an essential mineral in the diet, too much copper can cause health problems. Copper is widely distributed within the tissues of the body, but accumulates primarily in the liver and kidneys. A single dose of 15 mg of copper can cause nausea, vomiting, diarrhea, and intestinal cramps. Severe cases of copper poisoning have led to anemia and to disruption of liver and kidney functions. Individuals with Wilson's or Menke's diseases are at higher risk from copper exposure.

How you can reduce exposure:

- When your water has been sitting for several hours, flush the pipe by running the cold-water tap until the water is noticeably colder before using the water for drinking or cooking. **(The longer water has been sitting in the pipes, the more dissolved metals it may contain).**
- Use only cold water for drinking, cooking, and making baby formula. Hot water may contain higher levels of lead or copper.
- Frequently clean the filter screens and aerators in faucets to remove captured particles.
- If building or remodeling, only use "lead free" or low lead piping and materials. Avoid using copper piping or brass fixtures for locations where water will be consumed or used in food preparation (such as kitchen or bathroom sinks).

Lead and Copper Consumer Notice certification form

All Group A water systems that conduct lead and copper monitoring must provide individual sampling results to the persons at each sample location. (CFR 141.85 (d))

Notification of Results: The water system must provide the consumer notice as soon as possible, but no later than 30 days after learning the results.

Community water systems: You must provide individual sampling results to all residences for which you received lead and copper samples. In multi-unit structures, only notify each unit tested.

Nontransient noncommunity water systems (NTNCs): You must notify all consumers who use water from the sample tap, even if they do not receive a water bill. With prior approval from DOH, NTNC water systems can post the notice in public areas.

Certification to the state: DOH must receive a sample copy of one consumer notice and a signed certification form (below) within 90 days after the end of the monitoring period.

To meet this reporting requirement, you may:

- Use the DOH Consumer Notice Template.
- Use the applicable EPA Consumer Notice template.
- Prepare your own Consumer Notice in conjunction with the state.

If you choose to produce your own Consumer Notice, it must include all of the following:

1. The sample results of the tap tested.
2. An explanation of the health effects of lead.
3. Steps consumers can take to reduce exposure to lead in drinking water.
4. The water system's contact information.
5. The maximum contaminant level goal (MCLG) and action level for lead, and the definitions of these two terms.

If you are responsible for multiple water systems, you can send to the Office of Drinking Water:

- A list of the water systems you provided Consumer Notices to, with name and PWS ID number.
- Send one copy of the Consumer Notice you used.
- Send one completed certification form (below).

Lead and Copper Results: Consumer Notification Certification Form

The water system must complete this section. The signature below certifies that the notice contains all required elements.

Complete the following items (check all that apply):

X I emailed all Consumer Notices to the water users at all of the lead and copper sampling locations within 30 days of receiving the lead and copper results from the laboratory.

☐ **(For NTNC systems ONLY)** Notice posted at _____ on ___ / ___ / ____ within 30 days of receiving the lead and copper results from the laboratory. (***Only By Department Approval***)

Washington State University	93200Q
Water System	PWS ID

Signature of owner or operator	Water Quality Manager Position	8-1-18 Date

Send a copy of the completed notice and this certification form to: Washington State Department of Health, Office of Drinking Water, Water Quality Section, PO Box 47822, Olympia WA 98504-7822 or fax to (360) 236-2252.

DOH Form 331-462-F

If you need this publication in alternate format, call (800) 525-0127. For TTY/TDD, call (800) 833-6388

CONSUMER NOTICE
Lead and Copper Water Sample Results

The WSU Water System, I.D. 93200Q, is providing you with the lead and copper test results on the water sample collected at your location. Please share this notice with everyone who uses or drinks the water.

Results: **WSU Housing Locations:**

Location	Lead (mg/L)	Copper (mg/L)
Yakima G-649	0.01560	0.3560
Yakima E-637	0.01380	0.4550
Nez Perce K-44	0.00445	0.00653
Nez Perce G-25	0.00398	0.00363
Nez Perce S-81	0.00392	0.00572
Nez Perce Q-67	0.00376	0.00703
Nez Perce B-5	0.00358	0.00314
Columbia D-14	0.00319	0.0822
Nez Perce A-4	0.00303	0.00385
Yakima B-615	0.00287	0.1680
Columbia G-22	0.00218	0.0843
Yakima H-654	0.00188	0.1480
Chinook A-6	0.00184	0.0530
Yakima A-608	0.00181	0.1320
Food Services Room 113	0.00163	0.0560
Yakima P-736	0.00157	0.1230
Chinook P-69	0.00141	0.0734
Columbia L-35	0.00102	0.0326
Yakima M-713	0.00101	0.0316
Yakima Q-756	ND	0.0896
Yakima L-703	ND	0.0421
Stimson kitchenette Rm 44	ND	0.0628
Columbia Q-51	ND	0.0223
Chinook Y-116	ND	0.0180
Chinook Q-78	ND	0.0251
Chinook N-64	ND	0.0223
Chinook L-57	ND	0.0162
Chinook K-51	ND	0.0181
Chinook J-46	ND	0.0655

* ND means not detected.

The maximum contaminant level goal (MCLG) is the level of a contaminant in drinking water below which there are no known or expected risks to health. MCLGs allow for a margin of safety. The action level is the concentration of a contaminant that, if exceeded, triggers treatment requirements or actions a water system must follow.

9/1/11

- The MCLG for lead is "0" and the action level is 15 ppb (or 0.015 mg/L).
- The MCLG and action level for copper is 1,300 ppb (or 1.3 mg/L).

The water system's compliance with the Lead and Copper Rule (LCR) is calculated by using sample results collected from sites in our sampling pool. Your location's lead or copper results may be higher or lower than the compliance calculation for the overall water system and does not reflect our water system's compliance with the LCR. We will notify all water users if the lead or copper results from our water system exceed the action level.

For more information, please contact: Gene Patterson .
(owner or operator)

at (509) 335 – 3041 or PO Box 641172 Pullman, WA 99164 – 1172 .
(phone number) (address)

This notice is sent to you by WSU Water System on 8-1-18 .

How Lead Gets Into Water

Lead in drinking water most often comes from water distribution lines or household plumbing rather than from the water system source. Plumbing sources can include lead pipes, lead solder, faucets, valves, and other components made of brass. Lead from other sources (such as lead-based paint and contaminated dust or soil) can increase a person's overall exposure, which adds to the effects of lead in water.

Potential Health Effects of Lead

The greatest risk of lead exposure is to infants, young children, and pregnant women. Lead can cause serious health problems if too much enters the body. Lead is stored in the bones and can be released later in life. Lead can cause damage to the brain and kidneys, interfere with production of red blood cells that carry oxygen, and may result in lowered IQ in children. During pregnancy, the child receives lead from the mother's bones, which may affect brain development. Low levels of lead can affect adults with high blood pressure or kidney problems.

How Copper Gets Into Water

Copper is a mineral and natural component in soils. In the correct amounts, it is an essential nutrient for humans and plants. In Washington State, most copper in drinking water comes from corrosion of household plumbing. Plumbing sources can include copper pipe and brass fixtures. Copper from plumbing corrosion can accumulate overnight.

Potential Health Effects of Copper

Although copper is an essential mineral in the diet, too much copper can cause health problems. Copper is widely distributed within the tissues of the body, but accumulates primarily in the liver and kidneys. A single dose of 15 mg of copper can cause nausea, vomiting, diarrhea, and intestinal cramps. Severe cases of copper poisoning have led to anemia and to disruption of liver and kidney functions. Individuals with Wilson's or Menke's diseases are at higher risk from copper exposure.

How you can reduce exposure:

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- Use only cold water for drinking, cooking, and making baby formula. Hot water may contain higher levels of lead or copper.
- Frequently clean the filter screens and aerators in faucets to remove captured particles.
- If building or remodeling, only use "lead free" or low lead piping and materials. Avoid using copper piping or brass fixtures for locations where water will be consumed or used in food preparation (such as kitchen or bathroom sinks).

CONSUMER NOTICE
Lead and Copper Water Sample Results

The WSU Water System, I.D. 93200Q, is providing you with the lead and copper test results on the water sample collected at your location. Please share this notice with everyone who uses or drinks the water.

Results:

Location	Lead (mg/L)	Copper (mg/L)
EE/ME bathroom by room 14	0.00168	0.0786

The maximum contaminant level goal (MCLG) is the level of a contaminant in drinking water below which there are no known or expected risks to health. MCLGs allow for a margin of safety. The action level is the concentration of a contaminant that, if exceeded, triggers treatment requirements or actions a water system must follow.

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- The MCLG and action level for copper is 1,300 ppb (or 1.3 mg/L).

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For more information, please contact: Gene Patterson
(owner or operator)

at (509) 335 -- 3041 or PO Box 641172 Pullman, WA 99164 – 1172.
(phone number) (address)

This notice is sent to you by Environmental Health & Safety Water System on 7-11-18.

How Lead Gets Into Water

Lead in drinking water most often comes from water distribution lines or household plumbing rather than from the water system source. Plumbing sources can include lead pipes, lead solder, faucets, valves, and other components made of brass. Lead from other sources (such as lead-based paint and contaminated dust or soil) can increase a person's overall exposure, which adds to the effects of lead in water.

Potential Health Effects of Lead

The greatest risk of lead exposure is to infants, young children, and pregnant women. Lead can cause serious health problems if too much enters the body. Lead is stored in the bones and can be released later in life. Lead can cause damage to the brain and kidneys, interfere with production of red blood cells that carry oxygen, and may result in lowered IQ in children. During pregnancy,

the child receives lead from the mother's bones, which may affect brain development. Low levels of lead can affect adults with high blood pressure or kidney problems.

How Copper Gets Into Water

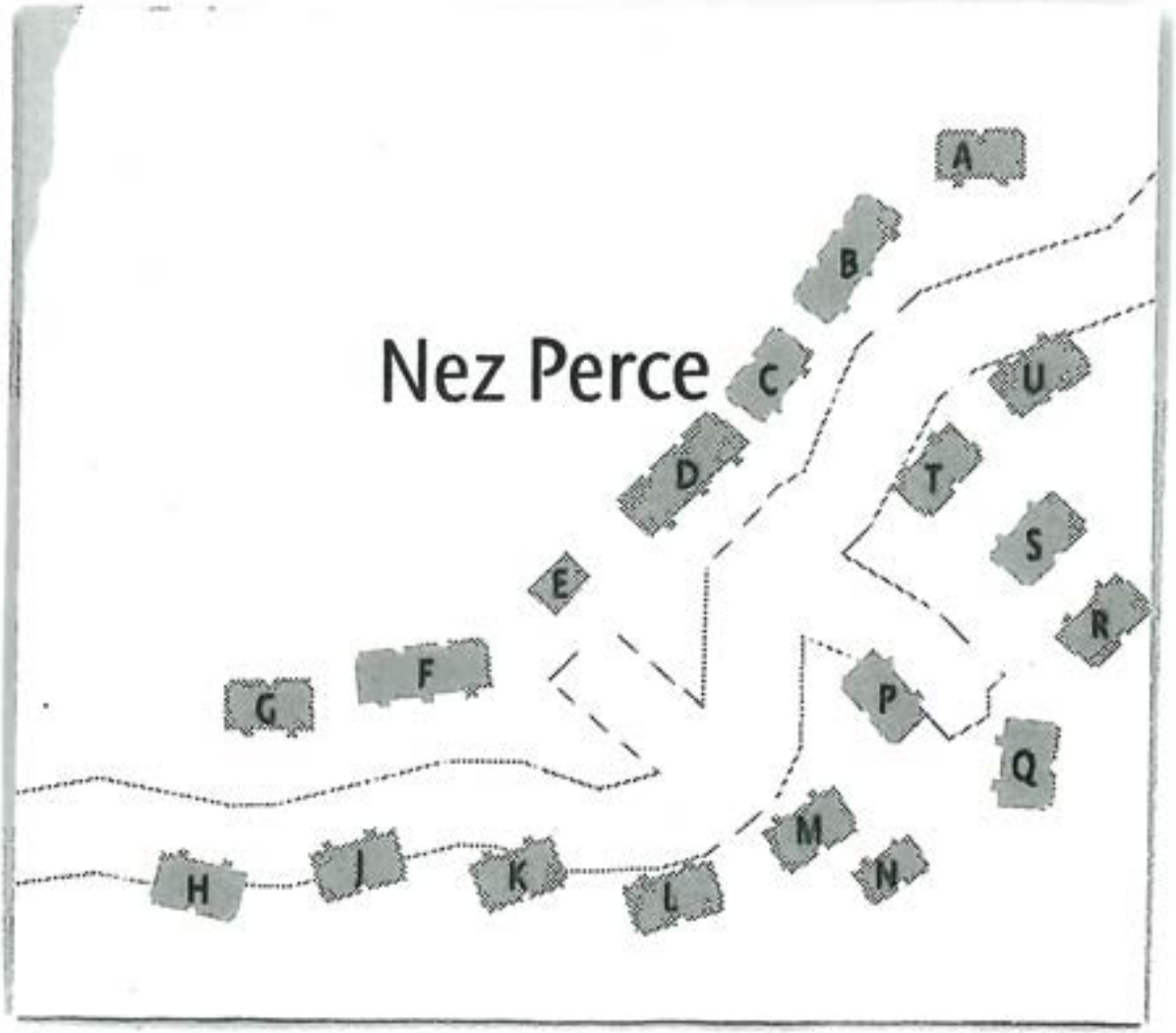
Copper is a mineral and natural component in soils. In the correct amounts, it is an essential nutrient for humans and plants. In Washington State, most copper in drinking water comes from corrosion of household plumbing. Plumbing sources can include copper pipe and brass fixtures. Copper from plumbing corrosion can accumulate overnight.

Potential Health Effects of Copper

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- Use only cold water for drinking, cooking, and making baby formula. Hot water may contain higher levels of lead or copper.
- Frequently clean the filter screens and aerators in faucets to remove captured particles.
- If building or remodeling, only use "lead free" or low lead piping and materials. Avoid using copper piping or brass fixtures for locations where water will be consumed or used in food preparation (such as kitchen or bathroom sinks).


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Pace Analytical Services, LLC
8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

February 10, 2020

Gene Patterson
Washington State University
100 Dairy Rd
Pullman, WA 99164

RE: Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526722

Dear Gene Patterson:
Enclosed are the analytical results for sample(s) received by the laboratory on January 28, 2020. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Aaron Crump

Aaron Crump
aaron.crump@pacelabs.com
(386) 672-5668
Project Manager

Enclosures

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, LLC.

Pace Analytical Services, LLC
8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

CERTIFICATIONS

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526722

Pace Analytical Services Ormond Beach

8 East Tower Circle, Ormond Beach, FL 32174
Alaska DEC- CS/UST/LUST
Alabama Certification #: 41320
Arizona Certification# AZ0819
Colorado Certification: FL NELAC Reciprocity
Connecticut Certification #: PH-0216
Delaware Certification: FL NELAC Reciprocity
Florida Certification #: E83079
Georgia Certification #: 955
Guam Certification: FL NELAC Reciprocity
Hawaii Certification: FL NELAC Reciprocity
Illinois Certification #: 200068
Indiana Certification: FL NELAC Reciprocity
Kansas Certification #: E-10383
Kentucky Certification #: 90050
Louisiana Certification #: FL NELAC Reciprocity
Louisiana Environmental Certificate #: 05007
Maryland Certification: #346
Michigan Certification #: 9911
Mississippi Certification: FL NELAC Reciprocity
Missouri Certification #: 236
Montana Certification #: Cert 0074
Nebraska Certification: NE-OS-28-14
New Hampshire Certification #: 2958
New Jersey Certification #: FL022
New York Certification #: 11608
North Carolina Environmental Certificate #: 667
North Carolina Certification #: 12710
North Dakota Certification #: R-216
Oklahoma Certification #: D9947
Pennsylvania Certification #: 68-00547
Puerto Rico Certification #: FL01264
South Carolina Certification: #96042001
Tennessee Certification #: TN02974
Texas Certification: FL NELAC Reciprocity
US Virgin Islands Certification: FL NELAC Reciprocity
Virginia Environmental Certification #: 460165
West Virginia Certification #: 9962C
Wisconsin Certification #: 399079670
Wyoming (EPA Region 8): FL NELAC Reciprocity

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Pace Analytical Services, LLC
8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

SAMPLE SUMMARY

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526722

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35526722001	**Well #4**	Drinking Water	01/27/20 09:59	01/28/20 10:30

REPORT OF LABORATORY ANALYSIS

This report shall not be reproduced, except in full,
without the written consent of Pace Analytical Services, LLC.

Pace Analytical Services, LLC
8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

SAMPLE ANALYTE COUNT

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526722

Lab ID	Sample ID	Method	Analysts	Analytes Reported
35526722001	**Well #4**	EPA 525.3	SWR	12
		EPA 530	CMB	5
		EPA 541	CMB	4
		EPA 200.8	SLG	2

REPORT OF LABORATORY ANALYSIS

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without the written consent of Pace Analytical Services, LLC.

Pace Analytical Services, LLC
8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

ANALYTICAL RESULTS

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526722

Sample: Well #4 **Lab ID: 35526722001** Collected: 01/27/20 09:59 Received: 01/28/20 10:30 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
525.3 UCMR4	Analytical Method: EPA 525.3 Preparation Method: EPA 525.3								
alpha-BHC	**0.0032U**	ug/L	0.0098	0.0032	1	02/02/20 08:06	02/02/20 19:06	319-84-6	N2
Chlorpyrifos	**0.0098U**	ug/L	0.030	0.0098	1	02/02/20 08:06	02/02/20 19:06	2921-88-2	N2
Dimethipin	**0.066U**	ug/L	0.20	0.066	1	02/02/20 08:06	02/02/20 19:06	55290-64-7	N2
Ethoprop	**0.0098U**	ug/L	0.030	0.0098	1	02/02/20 08:06	02/02/20 19:06	13194-48-4	N2
Merphos-Oxone	**0.023U**	ug/L	0.069	0.023	1	02/02/20 08:06	02/02/20 19:06	78-48-8	N2
Oxyfluorfen	**0.017U**	ug/L	0.049	0.017	1	02/02/20 08:06	02/02/20 19:06	42874-03-3	N2
Permethrin	**0.013U**	ug/L	0.039	0.013	1	02/02/20 08:06	02/02/20 19:06	52645-53-1	N2
Profenofos	**0.098U**	ug/L	0.30	0.098	1	02/02/20 08:06	02/02/20 19:06	41198-08-7	N2
Tebuconazole	**0.066U**	ug/L	0.20	0.066	1	02/02/20 08:06	02/02/20 19:06	107534-96-3	N2
Surrogates									
1,3-Dimethyl-2-nitrobenzene(S)	85	%	70-130		1	02/02/20 08:06	02/02/20 19:06	81209	
Benzo(a)pyrene-d12 (S)	87	%	70-130		1	02/02/20 08:06	02/02/20 19:06		
Triphenylphosphate (S)	93	%	70-130		1	02/02/20 08:06	02/02/20 19:06	115-86-6	
530 UCMR4 Semivolatiles	Analytical Method: EPA 530 Preparation Method: EPA 530								
Butylated Hydroxyanisole	**0.0096U**	ug/L	0.029	0.0096	1	02/06/20 15:56	02/07/20 09:47	25013-16-5	N2
Quinoline	**0.0065U**	ug/L	0.019	0.0065	1	02/06/20 15:56	02/07/20 09:47	91-22-5	N2
O-Toluidine	**0.0022U**	ug/L	0.0067	0.0022	1	02/06/20 15:56	02/07/20 09:47	95-53-4	N2
Surrogates									
Quinoline -d7 (S)	97	%	70-130		1	02/06/20 15:56	02/07/20 09:47	34071-94-8	
O-Toluidine-d9 (S)	114	%	50-130		1	02/06/20 15:56	02/07/20 09:47	194423-47-7	
541 UCMR4 Alcohols	Analytical Method: EPA 541 Preparation Method: EPA 541								
n-Butanol	**0.67U**	ug/L	2.0	0.67	1	01/29/20 08:39	01/30/20 03:39	71-36-3	N2
2-Methoxyethanol	**0.13U**	ug/L	0.40	0.13	1	01/29/20 08:39	01/30/20 03:39	109-86-4	N2
2-Propen-1-ol (Allyl alcohol)	**0.17U**	ug/L	0.50	0.17	1	01/29/20 08:39	01/30/20 03:39	107-18-6	N2
Surrogates									
n-Butanol-d10 (S)	84	%	70-130		1	01/29/20 08:39	01/30/20 03:39	34193-38-9	
200.8 MET ICPMS UCMR	Analytical Method: EPA 200.8 Preparation Method: EPA 200.8								
Germanium	**0.24J**	ug/L	0.30	0.10	1.25	02/05/20 04:49	02/06/20 14:08	7440-56-4	N2
Manganese	**174**	ug/L	6.4	2.1	20	02/05/20 04:49	02/06/20 14:22	7439-96-5	

REPORT OF LABORATORY ANALYSIS

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8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526722

QC Batch: 607598
QC Batch Method: EPA 200.8
Analysis Method: EPA 200.8
Analysis Description: 200.8 MET UCMR Drinking Water
Associated Lab Samples: 35526722001

METHOD BLANK: 3301296
Matrix: Water
Associated Lab Samples: 35526722001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Germanium	ug/L	0.10U	0.30	0.10	02/06/20 13:56	N2
Manganese	ug/L	0.13U	0.40	0.13	02/06/20 13:56	

LABORATORY CONTROL SAMPLE: 3301297

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Germanium	ug/L	0.3	0.31	103	50-150	N2
Manganese	ug/L	0.4	0.41	102	50-150	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3301298 3301299

Parameter	Units	35526313001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Germanium	ug/L	0.10U	0.3	0.3	0.39	0.39	109	111	0-200	1	20	N2
Manganese	ug/L	1.4	0.4	0.4	1.8	1.8	89	99	0-200	2	20	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3301300 3301301

Parameter	Units	35526722001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Germanium	ug/L	0.24J	5	5	5.3	5.5	102	106	0-200	4	20	N2
Manganese	ug/L	174	5	5	179	183	104	168	0-200	2	20	

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QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526722

QC Batch: 606824
QC Batch Method: EPA 525.3
Analysis Method: EPA 525.3
Analysis Description: 525.3 UCMR
Associated Lab Samples: 35526722001

METHOD BLANK: 3297738 Matrix: Water
Associated Lab Samples: 35526722001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
alpha-BHC	ug/L	0.0033U	0.010	0.0033	02/02/20 15:27	N2
Chlorpyrifos	ug/L	0.010U	0.030	0.010	02/02/20 15:27	N2
Dimethipin	ug/L	0.067U	0.20	0.067	02/02/20 15:27	N2
Ethoprop	ug/L	0.010U	0.030	0.010	02/02/20 15:27	N2
Merphos-Oxone	ug/L	0.023U	0.070	0.023	02/02/20 15:27	N2
Oxyfluorfen	ug/L	0.017U	0.050	0.017	02/02/20 15:27	N2
Permethrin	ug/L	0.013U	0.040	0.013	02/02/20 15:27	N2
Profenofos	ug/L	0.10U	0.30	0.10	02/02/20 15:27	N2
Tebuconazole	ug/L	0.067U	0.20	0.067	02/02/20 15:27	N2
1,3-Dimethyl-2-nitrobenzene(S)	%	89	70-130		02/02/20 15:27	
Benzo(a)pyrene-d12 (S)	%	88	70-130		02/02/20 15:27	
Triphenylphosphate (S)	%	96	70-130		02/02/20 15:27	

LABORATORY CONTROL SAMPLE: 3297739

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
alpha-BHC	ug/L	0.01	0.0078J	78	50-150	N2
Chlorpyrifos	ug/L	0.03	0.025J	84	50-150	N2
Dimethipin	ug/L	0.2	0.15J	76	50-150	N2
Ethoprop	ug/L	0.03	0.030J	99	50-150	N2
Merphos-Oxone	ug/L	0.07	0.070	100	50-150	N2
Oxyfluorfen	ug/L	0.05	0.044J	87	50-150	N2
Permethrin	ug/L	0.04	0.029J	72	50-150	N2
Profenofos	ug/L	0.3	0.30J	100	50-150	N2
Tebuconazole	ug/L	0.2	0.13J	65	50-150	N2
1,3-Dimethyl-2-nitrobenzene(S)	%			76	70-130	
Benzo(a)pyrene-d12 (S)	%			84	70-130	
Triphenylphosphate (S)	%			82	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3297745 3297746

Parameter	Units	35526724001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
alpha-BHC	ug/L	0.0032U	0.0097	0.0098	0.0086J	0.0047J	89	48	0-200		40	N2
Chlorpyrifos	ug/L	0.0096U	0.029	0.029	0.031	0.031	100	99	0-200	1	40	N2
Dimethipin	ug/L	0.064U	0.19	0.2	0.17J	0.16J	85	83	0-200		40	N2
Ethoprop	ug/L	0.0096U	0.029	0.029	0.022J	0.023J	74	80	0-200		40	N2
Merphos-Oxone	ug/L	0.022U	0.068	0.068	0.088	0.088	106	106	0-200	0	40	N2

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(386)672-5668

QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526722

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3297745 3297746

Parameter	Units	35526724001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Oxyfluorfen	ug/L	0.016U	0.049	0.049	0.058	0.058	119	118	0-200	0	40	N2
Permethrin	ug/L	0.012U	0.039	0.039	0.033J	0.033J	86	84	0-200		40	N2
Profenofos	ug/L	0.096U	0.29	0.29	0.37	0.37	128	126	0-200	1	40	N2
Tebuconazole	ug/L	0.064U	0.19	0.2	0.20	0.20	104	103	0-200	1	40	N2
1,3-Dimethyl-2-nitrobenzene(S)	%						83	87	70-130			
Benzo(a)pyrene-d12 (S)	%						77	77	70-130			
Triphenylphosphate (S)	%						93	91	70-130			

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QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526722

QC Batch: 608195
QC Batch Method: EPA 530
Analysis Method: EPA 530
Analysis Description: 530 UCMR4 Semivolatiles
Associated Lab Samples: 35526722001

METHOD BLANK: 3304579 Matrix: Water
Associated Lab Samples: 35526722001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Butylated Hydroxyanisole	ug/L	0.010U	0.030	0.010	02/07/20 08:36	N2
O-Toluidine	ug/L	0.0023U	0.0070	0.0023	02/07/20 08:36	N2
Quinoline	ug/L	0.0067U	0.020	0.0067	02/07/20 08:36	N2
O-Toluidine-d9 (S)	%	116	50-130		02/07/20 08:36	
Quinoline -d7 (S)	%	82	70-130		02/07/20 08:36	

LABORATORY CONTROL SAMPLE: 3304580

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Butylated Hydroxyanisole	ug/L	0.03	0.030J	100	50-150	N2
O-Toluidine	ug/L	0.007	0.0084	120	50-150	N2
Quinoline	ug/L	0.02	0.019J	96	50-150	N2
O-Toluidine-d9 (S)	%			105	50-130	
Quinoline -d7 (S)	%			81	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3304780 3304781

Parameter	Units	35526726001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Butylated Hydroxyanisole	ug/L	0.010U	0.12	0.11	0.12	0.11	97	97	0-200	7	40	N2
O-Toluidine	ug/L	0.0023U	0.029	0.027	0.031	0.028	106	104	0-200	9	40	N2
Quinoline	ug/L	0.0068U	0.082	0.076	0.079	0.073	96	95	0-200	8	40	N2
O-Toluidine-d9 (S)	%						103	101	50-130			
Quinoline -d7 (S)	%						101	99	70-130			

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QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526722

QC Batch: 605579
QC Batch Method: EPA 541
Analysis Method: EPA 541
Analysis Description: 541 UCMR4 Alcohols
Associated Lab Samples: 35526722001

METHOD BLANK: 3291277 Matrix: Water
Associated Lab Samples: 35526722001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
2-Methoxyethanol	ug/L	0.13U	0.40	0.13	01/29/20 21:26	N2
2-Propen-1-ol (Allyl alcohol)	ug/L	0.17U	0.50	0.17	01/29/20 21:26	N2
n-Butanol	ug/L	0.67U	2.0	0.67	01/29/20 21:26	N2
n-Butanol-d10 (S)	%	92	70-130		01/29/20 21:26	

LABORATORY CONTROL SAMPLE: 3291278

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
2-Methoxyethanol	ug/L	0.4	0.44	109	50-150	N2
2-Propen-1-ol (Allyl alcohol)	ug/L	0.5	0.39J	79	50-150	N2
n-Butanol	ug/L	2	2.0J	100	50-150	N2
n-Butanol-d10 (S)	%			92	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3291279 3291280

Parameter	Units	35526323001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
2-Methoxyethanol	ug/L	0.13U	0.4	0.4	0.48	0.48	120	119	0-200	0	40	N2
2-Propen-1-ol (Allyl alcohol)	ug/L	0.17U	0.5	0.5	0.45J	0.43J	91	85	0-200		40	N2
n-Butanol	ug/L	0.67U	2	2	2.2	2.2	89	87	0-200	2	40	N2
n-Butanol-d10 (S)	%						93	87	70-130			

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(386)672-5668

QUALIFIERS

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526722

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

ANALYTE QUALIFIERS

N2	The lab does not hold NELAC/TNI accreditation for this parameter but other accreditations/certifications may apply. A complete list of accreditations/certifications is available upon request.

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8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526722

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35526722001	**Well #4**	EPA 525.3	606824	EPA 525.3	606883
35526722001	**Well #4**	EPA 530	608195	EPA 530	608396
35526722001	**Well #4**	EPA 541	605579	EPA 541	605935
35526722001	**Well #4**	EPA 200.8	607598	EPA 200.8	607697

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WO# : 35526722

Pace Analytical
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/ Analytical Request Document

L DOCUMENT. All relevant fields must be completed accurately.

Page : 1 Of 1

Section A — Required Client Information:

Company: Washington State University UCMR4	Report To: Gene Patterson	Attention:	
Address: 100 Dairy Rd	Copy To:	Company Name:	Regulatory Agency
Pullman, WA 99164		Address:	
Email: gpatters@wsu.edu	Purchase Order #:	Pace Quote:	
Phone: 509-335-9564 Fax:	Project Name: UCMR4_SE1_Jan2020	Pace Project Manager: mehgan.hill@pacelabs.com	State / Location: WA
Requested Due Date:	Project #:	Pace Profile #: 12674	

ITEM #	SAMPLE ID (One Character per box. (A-Z, 0-9 / , -) Sample Ids must be unique)	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED START DATE	START TIME	END DATE	END TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other	Requested Analysis Filtered (Y/N) Y/N	Analyses Test: 200.8 metals - UCMR IV	EPA541 UCMR IV	EPA541 UCMR IV MS/MSD	EPA525.3 UCMR IV	EPA525.3 UCMR IV MS/MSD	EPA530 UCMR IV	EPA530 UCMR IV MS/MSD	TOC UCMR IV	EPA300.1 UCMR IV	EPA552.3 UCMR IV			Residual Chlorine (Y/N)	
1	Well #7	WT																	X	X		X		X								
2	Well #5	WT																	X	X		X		X								
3	Well #8	WT																	X	X		X		X								
4	Well #4	WT		1-22-20	9:49	1-22-20	9:59												X		X		X		X							Y	
5	Well #7 Raw	WT																									X	X				
6	Well #5 Raw	WT																									X	X				
7	Well #8 Raw	WT																									X	X				
8	Well #4 Raw	WT																									X	X				
9	DSMRT for Well #7	WT																											X			
10	DSMRT for Well #8	WT																											X			
11																																
12																																

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
UCMR4_SE1_Jan2020 PWS: WA5393200/ Washington State University		1/8/20	16:00							
	WJV	1-27-20	13:15		1-27-20	1034	2.9	Y	Y	Y

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: Gene Patterson

SIGNATURE of SAMPLER: DATE Signed: 1-27-20

TEMP in C | Received on Ice (Y/N) | Custody Sealed Cooler (Y/N) | Samples Intact (Y/N)

Pace Analytical	Document Name: Sample Condition Upon Receipt UCMR Document No.:	Document Revised: July 16, 2018 Issuing Authority: Pace Florida Quality Office

WO# : 35526722

SCUR) - UCMR 4

Project: PM: ADC **Due Date:** 02/25/20

Project Manager CLIENT: WSUUCMR4

Client:

Date and Initials of person:
Examining contents: [illegible]
Label:
Deliver:

Courier: ☑ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other

Shipping Method: ☐ First Overnight ☐ Priority Overnight ☑ Standard Overnight ☐ Ground ☐ Other

Billing: ☐ Recipient ☐ Sender ☐ Third Party ☐ Credit Card ☐ Unknown

Tracking # 1383 5653 5610

Custody Seal on Cooler/Box Present: ☑ Yes ☐ No **Seals intact:** ☑ Yes ☐ No **Ice:** (Wet) Blue Dry None

Packing Material: ☑ Bubble Wrap ☑ Bubble Bags ☐ None ☐ Other

		Comments:
Chain of Custody Present	☑Yes ☐ No	
Chain of Custody Filled Out	☑Yes ☐ No	
Relinquished Signature & Sampler Name COC	☑Yes ☐ No	
Samples Arrived within Hold Time	☑Yes ☐ No	
Sufficient Volume	☑Yes ☐ No	
Correct Containers Used	☑Yes ☐ No	
Containers Intact	☑Yes ☐ No	
Sample Labels match COC	☑Yes ☐ No	
Samples received within 48 hours of collection	☑Yes ☐ No	
If no, were samples kept ≤6°C after collection?	☐Yes ☐ No	Person contacted for verification:

Preservation Verification Date: 01/25/2020 Time: 1050 Initials: JRA

Temperature IR Gun ID: T337 CF (°C): 0

EPA 525.3 Temp°C 2.3 (Visual) 2.3 (Actual)

EPA 530 Temp°C 1.8 (Visual) 1.8 (Actual)

EPA 541 Temp°C 2.4 (Visual) 2.4 (Actual)

EPA 544 Temp°C_____(Visual) _____(Actual)

EPA 545 Temp°C_____(Visual) _____(Actual)

EPA 546 Temp°C_____(Visual) _____(Actual)

EPA 552.3 Temp°C_____(Visual) _____(Actual)

SM5310B Temp°C_____(Visual) _____(Actual)

EPA 300.0 Temp°C_____(Visual) _____(Actual)

	pH Strips:						Free Chlorine Strips*:						
Sample	545 pH ≤4.0	525.3 pH ≤4.0	530 pH 6-8	541 pH ≤3.0	544 pH 6.5-7.5	200.8 pH <2.0	525.3	530	541	544	545	546	552.3
Well #4		4/4 3	4/4 7	2/2 2.0		1.5	ND	ND	ND				

*(<0.1mg/L = ND)

Sample Condition Upon Receipt Form (SCUR) - UCMR 4

Sample	pH continued						Free Chlorine* continued						
	545 pH ≤4.0	525.3 pH ≤4.0	530 pH 6-8	541 pH ≤3.0	544 pH 6.5-7.5	200.8 pH <2.0	525.3	530	541	544	545	546	552.3

*(<0.1mg/L = ND)

Client Notification/ Resolution:

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: _____ Date: _____

Pace Analytical Services, LLC
8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

August 26, 2020

Gene Patterson
Washington State University
100 Dairy Rd
Pullman, WA 99164

RE: Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

Dear Gene Patterson:

Enclosed are the analytical results for sample(s) received by the laboratory on July 29, 2020. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Ormond Beach

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Aaron Crump

Aaron Crump
aaron.crump@pacelabs.com
(386) 672-5668
Project Manager

Enclosures

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Pace Analytical Services, LLC
8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

CERTIFICATIONS

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

Pace Analytical Services Ormond Beach
8 East Tower Circle, Ormond Beach, FL 32174
Alaska DEC- CS/UST/LUST
Alabama Certification #: 41320
Arizona Certification# AZ0819
Colorado Certification: FL NELAC Reciprocity
Connecticut Certification #: PH-0216
Delaware Certification: FL NELAC Reciprocity
Florida Certification #: E83079
Georgia Certification #: 955
Guam Certification: FL NELAC Reciprocity
Hawaii Certification: FL NELAC Reciprocity
Illinois Certification #: 200068
Indiana Certification: FL NELAC Reciprocity
Kansas Certification #: E-10383
Kentucky Certification #: 90050
Louisiana Certification #: FL NELAC Reciprocity
Louisiana Environmental Certificate #: 05007
Maryland Certification: #346
Michigan Certification #: 9911
Mississippi Certification: FL NELAC Reciprocity
Missouri Certification #: 236
Montana Certification #: Cert 0074
Nebraska Certification: NE-OS-28-14
New Hampshire Certification #: 2958
New Jersey Certification #: FL022
New York Certification #: 11608
North Carolina Environmental Certificate #: 667
North Carolina Certification #: 12710
North Dakota Certification #: R-216
Ohio DEP 87780
Oklahoma Certification #: D9947
Pennsylvania Certification #: 68-00547
Puerto Rico Certification #: FL01264
South Carolina Certification: #96042001
Tennessee Certification #: TN02974
Texas Certification: FL NELAC Reciprocity
US Virgin Islands Certification: FL NELAC Reciprocity
Virginia Environmental Certification #: 460165
West Virginia Certification #: 9962C
Wisconsin Certification #: 399079670
Wyoming (EPA Region 8): FL NELAC Reciprocity

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SAMPLE SUMMARY

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35566473001	**Well #7**	Drinking Water	07/28/20 12:58	07/29/20 11:20
35566473002	**Well #4**	Drinking Water	07/28/20 13:29	07/29/20 11:20
35566473003	**Well #7 Raw**	Drinking Water	07/28/20 13:08	07/29/20 11:20
35566473004	**Well #4 Raw**	Drinking Water	07/28/20 13:31	07/29/20 11:20
35566473005	**DSMRT for Well #7**	Drinking Water	07/28/20 11:37	07/29/20 11:20
35566473006	**DSMRT for Well #8**	Drinking Water	07/28/20 11:17	07/29/20 11:20

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SAMPLE ANALYTE COUNT

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

Lab ID	Sample ID	Method	Analysts	Analytes Reported
35566473001	**Well #7**	EPA 525.3	SWR	12
		EPA 530	CMB	5
		EPA 541	CMB	4
		EPA 200.8	SLG	2
35566473002	**Well #4**	EPA 525.3	SWR	12
		EPA 530	CMB	5
		EPA 541	CMB	4
		EPA 200.8	SLG	2
35566473003	**Well #7 Raw**	EPA 300.1	KLT	1
		SM 5310B	AGS	1
35566473004	**Well #4 Raw**	EPA 300.1	KLT	1
		SM 5310B	AGS	1
35566473005	**DSMRT for Well #7**	EPA 552.3	MMB	13
35566473006	**DSMRT for Well #8**	EPA 552.3	MMB	13

PASI-O = Pace Analytical Services - Ormond Beach

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ANALYTICAL RESULTS

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

Sample: Well #7 **Lab ID: 35566473001** Collected: 07/28/20 12:58 Received: 07/29/20 11:20 Matrix: Drinking Water

Parameters		Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
525.3 UCMR4		Analytical Method: EPA 525.3 Preparation Method: EPA 525.3 Pace Analytical Services - Ormond Beach								
alpha-BHC	U=Not Detected	**0.0035U**	ug/L	0.011	0.0035	1	08/04/20 17:58	08/05/20 16:04	319-84-6	N2
Chlorpyrifos		**0.011U**	ug/L	0.032	0.011	1	08/04/20 17:58	08/05/20 16:04	2921-88-2	N2
Dimethipin		**0.071U**	ug/L	0.21	0.071	1	08/04/20 17:58	08/05/20 16:04	55290-64-7	N2
Ethoprop		**0.011U**	ug/L	0.032	0.011	1	08/04/20 17:58	08/05/20 16:04	13194-48-4	N2
Merphos-Oxone		**0.024U**	ug/L	0.074	0.024	1	08/04/20 17:58	08/05/20 16:04	78-48-8	N2
Oxyfluorfen		**0.018U**	ug/L	0.053	0.018	1	08/04/20 17:58	08/05/20 16:04	42874-03-3	N2
Permethrin		**0.014U**	ug/L	0.042	0.014	1	08/04/20 17:58	08/05/20 16:04	52645-53-1	N2
Profenofos		**0.11U**	ug/L	0.32	0.11	1	08/04/20 17:58	08/05/20 16:04	41198-08-7	N2
Tebuconazole		**0.071U**	ug/L	0.21	0.071	1	08/04/20 17:58	08/05/20 16:04	107534-96-3	N2
Surrogates										
1,3-Dimethyl-2-nitrobenzene(S)		87	%	70-130		1	08/04/20 17:58	08/05/20 16:04	81209	
Benzo(a)pyrene-d12 (S)		118	%	70-130		1	08/04/20 17:58	08/05/20 16:04		
Triphenylphosphate (S)		94	%	70-130		1	08/04/20 17:58	08/05/20 16:04	115-86-6	
530 UCMR4 Semivolatiles		Analytical Method: EPA 530 Preparation Method: EPA 530 Pace Analytical Services - Ormond Beach								
Butylated Hydroxyanisole		**0.010U**	ug/L	0.030	0.010	1	08/07/20 08:37	08/07/20 19:47	25013-16-5	N2
Quinoline		**0.0068U**	ug/L	0.020	0.0068	1	08/07/20 08:37	08/07/20 19:47	91-22-5	N2
O-Toluidine		**0.0023U**	ug/L	0.0071	0.0023	1	08/07/20 08:37	08/07/20 19:47	95-53-4	N2
Surrogates										
Quinoline -d7 (S)		78	%	70-130		1	08/07/20 08:37	08/07/20 19:47	34071-94-8	
O-Toluidine-d9 (S)		109	%	50-130		1	08/07/20 08:37	08/07/20 19:47	194423-47-7	
541 UCMR4 Alcohols		Analytical Method: EPA 541 Preparation Method: EPA 541 Pace Analytical Services - Ormond Beach								
n-Butanol		**0.67U**	ug/L	2.0	0.67	1	08/13/20 08:36	08/13/20 19:04	71-36-3	N2
2-Methoxyethanol		**0.13U**	ug/L	0.40	0.13	1	08/13/20 08:36	08/13/20 19:04	109-86-4	N2
2-Propen-1-ol (Allyl alcohol)		**0.17U**	ug/L	0.50	0.17	1	08/13/20 08:36	08/13/20 19:04	107-18-6	N2
Surrogates										
n-Butanol-d10 (S)		84	%	70-130		1	08/13/20 08:36	08/13/20 19:04	34193-38-9	
200.8 MET ICPMS UCMR		Analytical Method: EPA 200.8 Preparation Method: EPA 200.8 Pace Analytical Services - Ormond Beach								
Germanium		**0.10U**	ug/L	0.30	0.10	1.25	08/05/20 04:21	08/08/20 11:23	7440-56-4	N2
Manganese		**54.7**	ug/L	3.2	1.1	10	08/05/20 04:21	08/08/20 11:33	7439-96-5	

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

Sample: Well #4 **Lab ID: 35566473002** Collected: 07/28/20 13:29 Received: 07/29/20 11:20 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
525.3 UCMR4	Analytical Method: EPA 525.3 Preparation Method: EPA 525.3 Pace Analytical Services - Ormond Beach								
alpha-BHC	**0.0034U**	ug/L	0.010	0.0034	1	08/04/20 17:58	08/05/20 16:26	319-84-6	N2
Chlorpyrifos	**0.010U**	ug/L	0.031	0.010	1	08/04/20 17:58	08/05/20 16:26	2921-88-2	N2
Dimethipin	**0.069U**	ug/L	0.20	0.069	1	08/04/20 17:58	08/05/20 16:26	55290-64-7	N2
Ethoprop	**0.010U**	ug/L	0.031	0.010	1	08/04/20 17:58	08/05/20 16:26	13194-48-4	N2
Merphos-Oxone	**0.024U**	ug/L	0.072	0.024	1	08/04/20 17:58	08/05/20 16:26	78-48-8	N2
Oxyfluorfen	**0.017U**	ug/L	0.051	0.017	1	08/04/20 17:58	08/05/20 16:26	42874-03-3	N2
Permethrin	**0.013U**	ug/L	0.041	0.013	1	08/04/20 17:58	08/05/20 16:26	52645-53-1	N2
Profenofos	**0.10U**	ug/L	0.31	0.10	1	08/04/20 17:58	08/05/20 16:26	41198-08-7	N2
Tebuconazole	**0.069U**	ug/L	0.20	0.069	1	08/04/20 17:58	08/05/20 16:26	107534-96-3	N2
Surrogates									
1,3-Dimethyl-2-nitrobenzene(S)	81	%	70-130		1	08/04/20 17:58	08/05/20 16:26	81209	
Benzo(a)pyrene-d12 (S)	109	%	70-130		1	08/04/20 17:58	08/05/20 16:26		
Triphenylphosphate (S)	84	%	70-130		1	08/04/20 17:58	08/05/20 16:26	115-86-6	
530 UCMR4 Semivolatiles	Analytical Method: EPA 530 Preparation Method: EPA 530 Pace Analytical Services - Ormond Beach								
Butylated Hydroxyanisole	**0.010U**	ug/L	0.030	0.010	1	08/07/20 08:37	08/07/20 20:10	25013-16-5	N2
Quinoline	**0.0068U**	ug/L	0.020	0.0068	1	08/07/20 08:37	08/07/20 20:10	91-22-5	N2
O-Toluidine	**0.0023U**	ug/L	0.0071	0.0023	1	08/07/20 08:37	08/07/20 20:10	95-53-4	N2
Surrogates									
Quinoline -d7 (S)	89	%	70-130		1	08/07/20 08:37	08/07/20 20:10	34071-94-8	
O-Toluidine-d9 (S)	101	%	50-130		1	08/07/20 08:37	08/07/20 20:10	194423-47-7	
541 UCMR4 Alcohols	Analytical Method: EPA 541 Preparation Method: EPA 541 Pace Analytical Services - Ormond Beach								
n-Butanol	**0.67U**	ug/L	2.0	0.67	1	08/13/20 08:36	08/13/20 19:29	71-36-3	N2
2-Methoxyethanol	**0.13U**	ug/L	0.40	0.13	1	08/13/20 08:36	08/13/20 19:29	109-86-4	N2
2-Propen-1-ol (Allyl alcohol)	**0.17U**	ug/L	0.50	0.17	1	08/13/20 08:36	08/13/20 19:29	107-18-6	N2
Surrogates									
n-Butanol-d10 (S)	85	%	70-130		1	08/13/20 08:36	08/13/20 19:29	34193-38-9	
200.8 MET ICPMS UCMR	Analytical Method: EPA 200.8 Preparation Method: EPA 200.8 Pace Analytical Services - Ormond Beach								
Germanium	**0.10U**	ug/L	0.30	0.10	1.25	08/05/20 04:21	08/08/20 11:24	7440-56-4	N2
Manganese	**138**	ug/L	6.4	2.1	20	08/05/20 04:21	08/08/20 11:33	7439-96-5	

REPORT OF LABORATORY ANALYSIS

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Ormond Beach, FL 32174
(386)672-5668

ANALYTICAL RESULTS

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

Sample: Well #7 Raw **Lab ID: 35566473003** Collected: 07/28/20 13:08 Received: 07/29/20 11:20 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
300.1 Oxihalide IC Anions 28d	Analytical Method: EPA 300.1 Pace Analytical Services - Ormond Beach								
Bromide	**33.4J**	ug/L	80.0	3.6	4		08/24/20 21:04	24959-67-9	
5310B TOC UCMR	Analytical Method: SM 5310B Pace Analytical Services - Ormond Beach								
Total Organic Carbon	**500U**	ug/L	1000	500	1		08/24/20 14:37	7440-44-0	

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ANALYTICAL RESULTS

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

Sample: Well #4 Raw **Lab ID: 35566473004** Collected: 07/28/20 13:31 Received: 07/29/20 11:20 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
300.1 Oxihalide IC Anions 28d	Analytical Method: EPA 300.1 Pace Analytical Services - Ormond Beach								
Bromide	**34.6J**	ug/L	80.0	3.6	4		08/24/20 21:47	24959-67-9	
5310B TOC UCMR	Analytical Method: SM 5310B Pace Analytical Services - Ormond Beach								
Total Organic Carbon	**500U**	ug/L	1000	500	1		08/24/20 15:24	7440-44-0	

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ANALYTICAL RESULTS

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

Sample: DSMRT for Well #7 **Lab ID: 35566473005** Collected: 07/28/20 11:37 Received: 07/29/20 11:20 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
552.3 UCMR4 Haloacetic Acids	Analytical Method: EPA 552.3 Preparation Method: EPA 552.3 Pace Analytical Services - Ormond Beach								
Bromochloroacetic Acid	**0.10U**	ug/L	0.30	0.10	1	08/04/20 10:52	08/06/20 10:56	5589-96-8	
Bromodichloroacetic Acid	**0.17U**	ug/L	0.50	0.17	1	08/04/20 10:52	08/06/20 10:56	71133-14-7	N2
Chlorodibromoacetic Acid	**0.10U**	ug/L	0.30	0.10	1	08/04/20 10:52	08/06/20 10:56	5278-95-5	N2
Dibromoacetic Acid	**0.10U**	ug/L	0.30	0.10	1	08/04/20 10:52	08/06/20 10:56	631-64-1	
Dichloroacetic Acid	**0.067U**	ug/L	0.20	0.067	1	08/04/20 10:52	08/06/20 10:56	79-43-6	
HAA9 Group	**0.67U**	ug/L	2.0	0.67	1	08/04/20 10:52	08/06/20 10:56		
Total Brominated HAAs	**0.67U**	ug/L	2.0	0.67	1	08/04/20 10:52	08/06/20 10:56		
Haloacetic Acids (Total)	**0.67U**	ug/L	2.0	0.67	1	08/04/20 10:52	08/06/20 10:56		
Monobromoacetic Acid	**0.10U**	ug/L	0.30	0.10	1	08/04/20 10:52	08/06/20 10:56	79-08-3	
Monochloroacetic Acid	**0.67U**	ug/L	2.0	0.67	1	08/04/20 10:52	08/06/20 10:56	79-11-8	
Tribromoacetic Acid	**0.67U**	ug/L	2.0	0.67	1	08/04/20 10:52	08/06/20 10:56	75-96-7	N2
Trichloroacetic Acid	**0.17U**	ug/L	0.50	0.17	1	08/04/20 10:52	08/06/20 10:56	76-03-9	
Surrogates									
2,3-Dibromopropanoic Acid (S)	84	%	70-130		1	08/04/20 10:52	08/06/20 10:56	600-05-5	

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ANALYTICAL RESULTS

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

Sample: DSMRT for Well #8 **Lab ID: 35566473006** Collected: 07/28/20 11:17 Received: 07/29/20 11:20 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
552.3 UCMR4 Haloacetic Acids	Analytical Method: EPA 552.3 Preparation Method: EPA 552.3 Pace Analytical Services - Ormond Beach								
Bromochloroacetic Acid	**0.10U**	ug/L	0.30	0.10	1	08/04/20 10:52	08/06/20 11:20	5589-96-8	
Bromodichloroacetic Acid	**0.17U**	ug/L	0.50	0.17	1	08/04/20 10:52	08/06/20 11:20	71133-14-7	N2
Chlorodibromoacetic Acid	**0.10U**	ug/L	0.30	0.10	1	08/04/20 10:52	08/06/20 11:20	5278-95-5	N2
Dibromoacetic Acid	**0.10U**	ug/L	0.30	0.10	1	08/04/20 10:52	08/06/20 11:20	631-64-1	
Dichloroacetic Acid	**0.067U**	ug/L	0.20	0.067	1	08/04/20 10:52	08/06/20 11:20	79-43-6	
HAA9 Group	**0.67U**	ug/L	2.0	0.67	1	08/04/20 10:52	08/06/20 11:20		
Total Brominated HAAs	**0.67U**	ug/L	2.0	0.67	1	08/04/20 10:52	08/06/20 11:20		
Haloacetic Acids (Total)	**0.67U**	ug/L	2.0	0.67	1	08/04/20 10:52	08/06/20 11:20		
Monobromoacetic Acid	**0.10U**	ug/L	0.30	0.10	1	08/04/20 10:52	08/06/20 11:20	79-08-3	
Monochloroacetic Acid	**0.67U**	ug/L	2.0	0.67	1	08/04/20 10:52	08/06/20 11:20	79-11-8	
Tribromoacetic Acid	**0.67U**	ug/L	2.0	0.67	1	08/04/20 10:52	08/06/20 11:20	75-96-7	N2
Trichloroacetic Acid	**0.17U**	ug/L	0.50	0.17	1	08/04/20 10:52	08/06/20 11:20	76-03-9	
Surrogates									
2,3-Dibromopropanoic Acid (S)	98	%	70-130		1	08/04/20 10:52	08/06/20 11:20	600-05-5	

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QUALIFIERS

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

ANALYTE QUALIFIERS

M0	Matrix spike recovery and/or matrix spike duplicate recovery was outside laboratory control limits.
N2	The lab does not hold NELAC/TNI accreditation for this parameter but other accreditations/certifications may apply. A complete list of accreditations/certifications is available upon request.
S0	Surrogate recovery outside laboratory control limits.

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QUALITY CONTROL DATA

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

QC Batch: 654163
QC Batch Method: EPA 200.8
Analysis Method: EPA 200.8
Analysis Description: 200.8 MET UCMR Drinking Water
Laboratory: Pace Analytical Services - Ormond Beach
Associated Lab Samples: 35566473001, 35566473002

METHOD BLANK: 3556193 Matrix: Water
Associated Lab Samples: 35566473001, 35566473002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Germanium	ug/L	0.10U	0.30	0.10	08/08/20 11:13	N2
Manganese	ug/L	0.13U	0.40	0.13	08/08/20 11:13	

LABORATORY CONTROL SAMPLE: 3556194

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Germanium	ug/L	0.3	0.21J	71	50-150	N2
Manganese	ug/L	0.4	0.52	131	50-150	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3556195 3556196

Parameter	Units	35564813001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Germanium	ug/L	0.10U	0.3	0.3	0.28J	0.30J	92	97	0-200		20	N2
Manganese	ug/L	1.1	0.4	0.4	1.5	1.5	94	98	0-200	1	20	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3556200 3556201

Parameter	Units	35566890008 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Germanium	ug/L	0.17J	5	5	5.0	5.0	96	97	0-200	1	20	N2
Manganese	ug/L	0.13J	5	5	4.6	4.8	89	93	0-200	4	20	

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8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

QUALITY CONTROL DATA

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

QC Batch: 654040
QC Batch Method: EPA 525.3
Analysis Method: EPA 525.3
Analysis Description: 525.3 UCMR
Laboratory: Pace Analytical Services - Ormond Beach
Associated Lab Samples: 35566473001, 35566473002

METHOD BLANK: 3555205 Matrix: Water
Associated Lab Samples: 35566473001, 35566473002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
alpha-BHC	ug/L	0.0033U	0.010	0.0033	08/05/20 08:44	N2
Chlorpyrifos	ug/L	0.010U	0.030	0.010	08/05/20 08:44	N2
Dimethipin	ug/L	0.067U	0.20	0.067	08/05/20 08:44	N2
Ethoprop	ug/L	0.010U	0.030	0.010	08/05/20 08:44	N2
Merphos-Oxone	ug/L	0.023U	0.070	0.023	08/05/20 08:44	N2
Oxyfluorfen	ug/L	0.017U	0.050	0.017	08/05/20 08:44	N2
Permethrin	ug/L	0.013U	0.040	0.013	08/05/20 08:44	N2
Profenofos	ug/L	0.10U	0.30	0.10	08/05/20 08:44	N2
Tebuconazole	ug/L	0.067U	0.20	0.067	08/05/20 08:44	N2
1,3-Dimethyl-2-nitrobenzene(S)	%	73	70-130		08/05/20 08:44	
Benzo(a)pyrene-d12 (S)	%	101	70-130		08/05/20 08:44	
Triphenylphosphate (S)	%	75	70-130		08/05/20 08:44	

LABORATORY CONTROL SAMPLE: 3555206

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
alpha-BHC	ug/L	0.01	0.0098J	98	50-150	N2
Chlorpyrifos	ug/L	0.03	0.028J	93	50-150	N2
Dimethipin	ug/L	0.2	0.15J	73	50-150	N2
Ethoprop	ug/L	0.03	0.021J	68	50-150	N2
Merphos-Oxone	ug/L	0.07	0.061J	87	50-150	N2
Oxyfluorfen	ug/L	0.05	0.052	105	50-150	N2
Permethrin	ug/L	0.04	0.027J	69	50-150	N2
Profenofos	ug/L	0.3	0.28J	95	50-150	N2
Tebuconazole	ug/L	0.2	0.14J	72	50-150	N2
1,3-Dimethyl-2-nitrobenzene(S)	%			84	70-130	
Benzo(a)pyrene-d12 (S)	%			119	70-130	
Triphenylphosphate (S)	%			85	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3555207 3555208

Parameter	Units	35564813001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
alpha-BHC	ug/L	0.0033U	0.04	0.04	0.033	0.030	84	76	0-200	11	40	N2
Chlorpyrifos	ug/L	0.0099U	0.12	0.12	0.10	0.099	87	84	0-200	5	40	N2
Dimethipin	ug/L	0.067U	0.8	0.79	0.68	0.65	85	82	0-200	5	40	N2
Ethoprop	ug/L	0.0099U	0.12	0.12	0.095	0.087	79	73	0-200	9	40	N2

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8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

QUALITY CONTROL DATA

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3555207 3555208

Parameter	Units	35564813001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Merphos-Oxone	ug/L	0.023U	0.28	0.28	0.23	0.23	81	82	0-200	0	40	N2
Oxyfluorfen	ug/L	0.017U	0.2	0.2	0.18	0.17	90	87	0-200	4	40	N2
Permethrin	ug/L	0.013U	0.16	0.16	0.11	0.11	67	71	0-200	4	40	N2
Profenofos	ug/L	0.099U	1.2	1.2	1.0	1.0	87	86	0-200	2	40	N2
Tebuconazole	ug/L	0.067U	0.8	0.79	0.63	0.63	78	80	0-200	1	40	N2
1,3-Dimethyl-2-nitrobenzene(S)	%						83	64	70-130			S0
Benzo(a)pyrene-d12 (S)	%						106	100	70-130			
Triphenylphosphate (S)	%						65	63	70-130			S0

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QUALITY CONTROL DATA

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

QC Batch: 654925
QC Batch Method: EPA 530
Analysis Method: EPA 530
Analysis Description: 530 UCMR4 Semivolatiles
Laboratory: Pace Analytical Services - Ormond Beach
Associated Lab Samples: 35566473001, 35566473002

METHOD BLANK: 3560678 Matrix: Water
Associated Lab Samples: 35566473001, 35566473002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Butylated Hydroxyanisole	ug/L	0.010U	0.030	0.010	08/07/20 17:49	N2
O-Toluidine	ug/L	0.0023U	0.0070	0.0023	08/07/20 17:49	N2
Quinoline	ug/L	0.0067U	0.020	0.0067	08/07/20 17:49	N2
O-Toluidine-d9 (S)	%	87	50-130		08/07/20 17:49	
Quinoline -d7 (S)	%	72	70-130		08/07/20 17:49	

LABORATORY CONTROL SAMPLE: 3560679

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Butylated Hydroxyanisole	ug/L	0.03	0.034	112	50-150	N2
O-Toluidine	ug/L	0.007	0.010	148	50-150	N2
Quinoline	ug/L	0.02	0.017J	83	50-150	N2
O-Toluidine-d9 (S)	%			119	50-130	
Quinoline -d7 (S)	%			81	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3560680 3560681

Parameter	Units	70139774030 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Butylated Hydroxyanisole	ug/L	<0.029	0.11	0.12	0.11	0.12	97	100	0-200	4	40	N2
O-Toluidine	ug/L	<0.0067	0.027	0.027	0.031	0.030	115	110	0-200	3	40	N2
Quinoline	ug/L	<0.019	0.076	0.077	0.078	0.074	103	96	0-200	6	40	N2
O-Toluidine-d9 (S)	%						108	108	50-130			
Quinoline -d7 (S)	%						90	84	70-130			

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QUALITY CONTROL DATA

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

QC Batch: 656595
QC Batch Method: EPA 541
Analysis Method: EPA 541
Analysis Description: 541 UCMR4 Alcohols
Laboratory: Pace Analytical Services - Ormond Beach
Associated Lab Samples: 35566473001, 35566473002

METHOD BLANK: 3570589 Matrix: Water
Associated Lab Samples: 35566473001, 35566473002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
2-Methoxyethanol	ug/L	0.13U	0.40	0.13	08/13/20 18:14	N2
2-Propen-1-ol (Allyl alcohol)	ug/L	0.17U	0.50	0.17	08/13/20 18:14	N2
n-Butanol	ug/L	0.67U	2.0	0.67	08/13/20 18:14	N2
n-Butanol-d10 (S)	%	84	70-130		08/13/20 18:14	

LABORATORY CONTROL SAMPLE: 3570590

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
2-Methoxyethanol	ug/L	0.4	0.23J	58	50-150	N2
2-Propen-1-ol (Allyl alcohol)	ug/L	0.5	0.40J	79	50-150	N2
n-Butanol	ug/L	2	1.3J	67	50-150	N2
n-Butanol-d10 (S)	%			84	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3570591 3570592

Parameter	Units	35566946001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
2-Methoxyethanol	ug/L	0.13U	0.4	0.4	0.22J	0.25J	56	63	0-200		40	N2
2-Propen-1-ol (Allyl alcohol)	ug/L	0.17U	0.5	0.5	0.37J	0.43J	74	85	0-200		40	N2
n-Butanol	ug/L	0.67U	2	2	1.4J	1.5J	68	74	0-200		40	N2
n-Butanol-d10 (S)	%						84	90	70-130			

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QUALITY CONTROL DATA

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

QC Batch: 653839
QC Batch Method: EPA 552.3
Analysis Method: EPA 552.3
Analysis Description: 5523 UCMR Haloacetic Acids
Laboratory: Pace Analytical Services - Ormond Beach
Associated Lab Samples: 35566473005, 35566473006

METHOD BLANK: 3554273 Matrix: Water
Associated Lab Samples: 35566473005, 35566473006

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Bromochloroacetic Acid	ug/L	0.10U	0.30	0.10	08/06/20 08:57	
Bromodichloroacetic Acid	ug/L	0.17U	0.50	0.17	08/06/20 08:57	N2
Chlorodibromoacetic Acid	ug/L	0.10U	0.30	0.10	08/06/20 08:57	N2
Dibromoacetic Acid	ug/L	0.10U	0.30	0.10	08/06/20 08:57	
Dichloroacetic Acid	ug/L	0.067U	0.20	0.067	08/06/20 08:57	
HAA9 Group	ug/L	0.67U	2.0	0.67	08/06/20 08:57	
Haloacetic Acids (Total)	ug/L	0.67U	2.0	0.67	08/06/20 08:57	
Monobromoacetic Acid	ug/L	0.10U	0.30	0.10	08/06/20 08:57	
Monochloroacetic Acid	ug/L	0.67U	2.0	0.67	08/06/20 08:57	
Total Brominated HAAs	ug/L	0.67U	2.0	0.67	08/06/20 08:57	
Tribromoacetic Acid	ug/L	0.67U	2.0	0.67	08/06/20 08:57	N2
Trichloroacetic Acid	ug/L	0.17U	0.50	0.17	08/06/20 08:57	
2,3-Dibromopropanoic Acid (S)	%	94	70-130		08/06/20 08:57	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3554275 3554276

Parameter	Units	35565990001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Bromochloroacetic Acid	ug/L	1.5	0.3	0.3	1.8	1.8	103	97	70-130	1	40	
Bromodichloroacetic Acid	ug/L	0.63	0.5	0.5	0.98	0.95	69	64	70-130	3	40	M0
Chlorodibromoacetic Acid	ug/L	0.54	0.3	0.3	0.77	0.76	78	75	70-130	1	40	
Dibromoacetic Acid	ug/L	2.1	0.3	0.3	2.4	2.4	105	91	70-130	2	40	
Dichloroacetic Acid	ug/L	0.83	0.2	0.2	1.1	0.93	117	54	70-130	13	40	M0
Monobromoacetic Acid	ug/L	0.10U	0.3	0.3	1.4	1.1	455	366	70-130	22	40	M0
Monochloroacetic Acid	ug/L	0.67U	2	2	1.6J	1.4J	79	72	70-130		40	
Tribromoacetic Acid	ug/L	0.67U	2	2	3.2	3.0	158	148	70-130	6	40	M0
Trichloroacetic Acid	ug/L	0.17U	0.5	0.5	0.78	0.75	156	150	70-130	4	40	M0
2,3-Dibromopropanoic Acid (S)	%						99	95	70-130			

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QUALITY CONTROL DATA

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

QC Batch: 660251
QC Batch Method: EPA 300.1
Analysis Method: EPA 300.1
Analysis Description: 300.1 UCMR Oxihalides IC Anions
Laboratory: Pace Analytical Services - Ormond Beach
Associated Lab Samples: 35566473003, 35566473004

METHOD BLANK: 3590371 Matrix: Water
Associated Lab Samples: 35566473003, 35566473004

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Bromide	ug/L	0.90U	20.0	0.90	08/24/20 15:16	

LABORATORY CONTROL SAMPLE: 3590372

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Bromide	ug/L	40	40.6	101	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3590373 3590374

Parameter	Units	35566373001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Bromide	ug/L	22.5J	160	160	179	182	98	99	80-120	1	20	

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QUALITY CONTROL DATA

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

QC Batch: 659715
QC Batch Method: SM 5310B
Analysis Method: SM 5310B
Analysis Description: 5310B TOC UCMR
Laboratory: Pace Analytical Services - Ormond Beach
Associated Lab Samples: 35566473003, 35566473004

METHOD BLANK: 3588140 Matrix: Water
Associated Lab Samples: 35566473003, 35566473004

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Total Organic Carbon	ug/L	500U	1000	500	08/24/20 14:09	

LABORATORY CONTROL SAMPLE: 3588141

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Total Organic Carbon	ug/L	20000	19900	100	90-110	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3588142 3588143

Parameter	Units	35566473003 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Total Organic Carbon	ug/L	500U	20000	20000	19300	19200	96	95	80-120	0	20	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3588144 3588145

Parameter	Units	35566473004 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Total Organic Carbon	ug/L	500U	20000	20000	21300	21300	105	105	80-120	0	20	

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: UCMR4_SE2_Jul2020
Pace Project No.: 35566473

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35566473001	**Well #7**	EPA 525.3	654040	EPA 525.3	654208
35566473002	**Well #4**	EPA 525.3	654040	EPA 525.3	654208
35566473001	**Well #7**	EPA 530	654925	EPA 530	655169
35566473002	**Well #4**	EPA 530	654925	EPA 530	655169
35566473001	**Well #7**	EPA 541	656595	EPA 541	656929
35566473002	**Well #4**	EPA 541	656595	EPA 541	656929
35566473005	**DSMRT for Well #7**	EPA 552.3	653839	EPA 552.3	654450
35566473006	**DSMRT for Well #8**	EPA 552.3	653839	EPA 552.3	654450
35566473001	**Well #7**	EPA 200.8	654163	EPA 200.8	654214
35566473002	**Well #4**	EPA 200.8	654163	EPA 200.8	654214
35566473003	**Well #7 Raw**	EPA 300.1	660251		
35566473004	**Well #4 Raw**	EPA 300.1	660251		
35566473003	**Well #7 Raw**	SM 5310B	659715		
35566473004	**Well #4 Raw**	SM 5310B	659715		

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CHAIN-OF

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WO# : 35566473

35566473

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Page : 1 Of 1

Section A
Required Client Information:

Company:	Washington State University UCMR4
Address:	100 Dairy Rd
	Pullman, WA 99164
Email:	gpatters@wsu.edu
Phone:	509-335-9564 Fax:
Requested Due Date:	

Section B
Required Project Information:

Report To:	Gene Patterson
Copy To:	
Purchase Order #:	
Project Name:	UCMR4_SE2_Jul2020
Project #:	

Attention:	
Company Name:	
Address:	
Pace Quote:	
Pace Project Manager:	aaron.crump@pacelabs.com
Pace Profile #:	12674

Regulatory Agency

State / Location: WA

ITEM #	SAMPLE ID (One Character per box. (A-Z, 0-9 / , -) Sample Ids must be unique)	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED START DATE	COLLECTED START TIME	COLLECTED END DATE	COLLECTED END TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other	Y/N	Analyses Test: 200.8 metals - UCMR IV	EPA541 UCMR IV	EPA541 UCMR IV MS/MSD	EPA525.3 UCMR IV	EPA525.3 UCMR IV MS/MS	EPA530 UCMR IV	EPA530 UCMR IV MS/MSD	TOC UCMR IV	EPA300.1 UCMR IV	EPA552.3 UCMR IV			Residual Chlorine (Y/N)	
1	Well #7	WT		7-24-20	9:54	7-24-20	9:54												X	X		X		X							
2	Well #6	WT			9:32		9:34												X	X		X		X							
3	Well #8	WT			9:02		9:04												X	X		X		X							
4	Well #4	WT			10:26		10:28												X		X		X		X							
5	Well #7 Raw	WT			9:57		10:04																			X	X				
6	Well #8 Raw	WT			9:14		9:16																			X	X				
7	Well #6 Raw	WT			9:37		9:38																			X	X				
8	Well #4 Raw	WT			10:30		10:31																			X	X				
9	DSMRT for Well #7	WT			8:36		8:37																						Y	0.05 mg/L	
10	DSMRT for Well #8	WT			8:17		8:17																						Y	0.04 mg/L	
11																															
12																															

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
UCMR4_SE2_Jul2020 PWS: WA5393200/ Washington State University Bottle kit	Hse	6/25/20	16:00				
Sample Refrigerated after collection	[signature]	7-24-20	14:00	[signature] pace	7/29/20	1120	

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: Gene Patterson

SIGNATURE of SAMPLER: [signature]

DATE Signed: 7.25.20

TEMP in C | Received on Ice (Y/N) | Custody Sealed Cooler (Y/N) | Samples Intact (Y/N)

Pace Container Order #659563

Addresses

Order By :		Ship To :		Return To:	
Company	Washington State University	Company	Washington State University UCMR4	Company	Pace Analytical Ormond Beach
Contact	Patterson, Gene	Contact	Patterson, Gene	Contact	Crump, Aaron
Email	gpatters@wsu.edu	Email	gpatters@wsu.edu	Email	aaron.crump@pacelabs.com
Address	100 Dairy Rd	Address	100 Dairy Rd	Address	8 East Tower Circle
Address 2		Address 2		Address 2	
City	Pullman	City	Pullman	City	Ormond Beach
State	WA Zip 99164	State	WA Zip 99164	State	FL Zip 32174
Phone	509-335-9564	Phone	509-335-9564	Phone	(386) 672-5668

Info

Project Name	UCMR4_SE2_Jul2020	**Due Date**	06/25/2020	**Profile**	12674	**Quote**	
Project Manager	Crump, Aaron	**Return Date**		**Carrier**	FedEx Ground	**Location**	WA

Trip Blanks

- [ ] Include Trip Blanks

Bottle Labels

- [ ] Blank
- [ ] Pre-Printed No Sample IDs
- [x] Pre-Printed With Sample IDs

Bottles

- [ ] Boxed Cases
- [x] Individually Wrapped
- [x] Grouped By Sample ID/Matrix

Return Shipping Labels

- [ ] No Shipper
- [x] With Shipper

COC Options

- [ ] Number of Blanks
- [x] Pre-Printed

Misc

- [x] Sampling Instructions
- [x] Custody Seal
- [ ] Temp. Blanks
- [ ] Coolers
- [ ] Syringes
- [ ] Extra Bubble Wrap
- [ ] Short Hold/Rush Stickers
- [ ] DI Water Liter(s)
- [ ] USDA Regulated Soils

# of Samples	Matrix	Test	Container	Total	# of	Lot #	Notes
4	WT	200.8 metals - UCMR IV	1-250mL plastic HNO3	4	0		
3	WT	EPA541 UCMR IV	1-125mL glass amber, Na sulfite, Na bisulfate	3	0		
1	WT	EPA541 UCMR IV MS/MSD	2-125mL glass amber, Na sulfite, Na bisulfate	2	0		
3	WT	EPA525.3 UCMR IV	2-1L amber glass - Ascorbic, EDTA C6H7K07	6	0		
1	WT	EPA525.3 UCMR IV MS/MSD	4-1L amber glass - Ascorbic, EDTA C6H7K07	4	0		
3	WT	EPA530 UCMR IV	2-1L Glass amber Trizma Ascorb EDTA C8H14N4O7	6	0		
1	WT	EPA530 UCMR IV MS/MSD	4-1L Glass amber Trizma Ascorb EDTA C8H14N4O7	4	0		
4	WT	TOC UCMR IV	3-40mL clear vial, HCl	12	0		
4	WT	EPA300.1 UCMR IV	1-250mL plastic, unpreserved	4	0		

Hazard Shipping Placard In Place : NO

LAB USE:

Ship Date :
Prepared By:
Verified By:

*Sample receiving hours are Mon-Fri 8:00am-6:00pm and Sat 10:00am-6:00pm unless special arrangements are made with your project manager.

*Pace Analytical reserves the right to return hazardous, toxic, or radioactive samples to you.

*Pace Analytical reserves the right to charge for unused bottles, as well as cost associated with sample storage/disposal.

*Payment term are net 30 days.

*Please include the proposal number on the chain of custody to insure proper billing.

Sample

UCMR4_SE2_Jul2020
PWS: WA5393200/ Washington State University

CLIENT USE (Optional):

Date Rec'd:
Received By:
Verified By:

Pace Container Order #659563

Addresses

Order By :		Ship To :		Return To:	
Company	Washington State University	Company	Washington State University UCMR4	Company	Pace Analytical Ormond Beach
Contact	Patterson, Gene	Contact	Patterson, Gene	Contact	Crump, Aaron
Email	gpatters@wsu.edu	Email	gpatters@wsu.edu	Email	aaron.crump@pacelabs.com
Address	100 Dairy Rd	Address	100 Dairy Rd	Address	8 East Tower Circle
Address 2		Address 2		Address 2	
City	Pullman	City	Pullman	City	Ormond Beach
State	WA Zip 99164	State	WA Zip 99164	State	FL Zip 32174
Phone	509-335-9564	Phone	509-335-9564	Phone	(386) 672-5668

Info

Project Name	UCMR4_SE2_Jul2020	**Due Date**	06/25/2020	**Profile**	12674	**Quote**	
Project Manager	Crump, Aaron	**Return Date**		**Carrier**	FedEx Ground	**Location**	WA

Trip Blanks

- [ ] Include Trip Blanks

Bottle Labels

- [ ] Blank
- [ ] Pre-Printed No Sample IDs
- [x] Pre-Printed With Sample IDs

Bottles

- [ ] Boxed Cases
- [x] Individually Wrapped
- [x] Grouped By Sample ID/Matrix

Return Shipping Labels

- [ ] No Shipper
- [x] With Shipper

COC Options

- [ ] Number of Blanks
- [x] Pre-Printed

Misc

- [x] Sampling Instructions
- [x] Custody Seal
- [ ] Temp. Blanks
- [ ] Coolers
- [ ] Syringes
- [ ] Extra Bubble Wrap
- [ ] Short Hold/Rush Stickers
- [ ] DI Water Liter(s)
- [ ] USDA Regulated Soils

# of Samples	Matrix	Test	Container	Total	# of	Lot #	Notes
2	WT	EPA552.3 UCMR IV	1-250mL amber glass w/NH4Cl	2	0		

Hazard Shipping Placard In Place : NO

*Sample receiving hours are Mon-Fri 8:00am-6:00pm and Sat 10:00am-6:00pm unless special arrangements are made with your project manager.

*Pace Analytical reserves the right to return hazardous, toxic, or radioactive samples to you.

*Pace Analytical reserves the right to charge for unused bottles, as well as cost associated with sample storage/disposal.

*Payment term are net 30 days.

*Please include the proposal number on the chain of custody to insure proper billing.

LAB USE:

Ship Date :	
Prepared By:	
Verified By:	
Tracking Num:	

Sample

UCMR4_SE2_Jul2020
PWS: WA5393200/ Washington State University

CLIENT USE (Optional):

Date Rec'd:	
Received By:	
Verified By:	

Internal

Pace Analytical	Document Name: Sample Condition Upon Receipt UCMR	Document Revised: July 16, 2018
		Issuing Authority: Pace Florida Quality Office

WO# : 35566473

PM: ADC Due Date: 08/26/20

CLIENT: WSUUCMR4

CUR) - UCMR 4

Project #

Project Manager:

Client:

Date and Initials of person:
Examining contents: JGI
Label:
Deliver:

Courier: ☑ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other

Shipping Method: ☐ First Overnight ☐ Priority Overnight ☑ Standard Overnight ☐ Ground ☐ Other

Billing: ☐ Recipient ☐ Sender ☐ Third Party ☐ Credit Card ☑ Unknown

Tracking # 1876 0256 (3597 3614)

Custody Seal on Cooler/Box Present: ☑ Yes ☐ No Seals intact: ☑ Yes ☐ No Ice: (Wet) Blue Dry None

Packing Material: ☑ Bubble Wrap ☑ Bubble Bags ☐ None ☐ Other

		Comments:
Chain of Custody Present	☐Yes ☑No	using preprinted blank
Chain of Custody Filled Out	☐Yes ☑No	
Relinquished Signature & Sampler Name COC	☐Yes ☑No	
Samples Arrived within Hold Time	☑Yes ☐No	7-28 sampling
Sufficient Volume	☑Yes ☐No	
Correct Containers Used	☑Yes ☐No	
Containers Intact	☑Yes ☐No	
Sample Labels match COC	☐Yes ☑No	
Samples received within 48 hours of collection	☑Yes ☐No	
If no, were samples kept ≤6°C after collection?	☐Yes ☐No	Person contacted for verification:

Preservation Verification Date: 7-29-20 Time: 1246 Initials: JGI

Temperature IR Gun ID: T-338 CF (°C): +0.3

EPA 525.3 Temp°C	(Visual)	(Actual)	2.1
EPA 530 Temp°C	4.4 (Visual)	4.7 (Actual)	0.6
EPA 541 Temp°C	1.9 (Visual)	2.2 (Actual)	1.1
EPA 544 Temp°C	(Visual)	(Actual)	
EPA 545 Temp°C	(Visual)	(Actual)	
EPA 546 Temp°C	(Visual)	(Actual)	
EPA 552.3 Temp°C	(Visual)	(Actual)	2.6
SM5310B Temp°C	1.3 (Visual)	1.6 (Actual)	2.1
EPA 300.0 Temp°C	2.0 (Visual)	2.3 (Actual)	1.0

	pH Strips:						Free Chlorine Strips*:						
Sample	545 pH ≤4.0	525.3 pH ≤4.0	530 pH 6-8	541 pH ≤3.0	544 pH 6.5-7.5	200.8 pH <2.0	525.3	530	541	544	545	546	552.3
well # 7	~~½~~ 4.0	½ 4.0	½ 7	2.0		1.0	ND	ND	ND				
well # 4	~~¼~~ 4.0	¼ 4.0	¼ 7	½ 2.0		1.0	ND	ND	ND				
DSMAT well #7													ND
DSMAT well #8													ND

*(<0.1mg/L = ND)

Sample Condition Upon Receipt Form (SCUR) - UCMR 4

Sample	pH continued						Free Chlorine* continued						
	545 pH ≤4.0	525.3 pH ≤4.0	530 pH 6-8	541 pH <3.0	544 pH 6.5-7.5	200.8 pH <2.0	525.3	530	541	544	545	546	552.3

*(<0.1mg/L = ND)

Client Notification/ Resolution:

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: _____ Date: _____

Sample Condition Upon Receipt Form (SCUR) - UCMR 4

Project #

Project Manager: 11:10

Client:

Date and Initials of person:
Examining contents: JGL
Label:
Deliver:

Courier: ☑ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other

Shipping Method: ☐ First Overnight ☐ Priority Overnight ☑ Standard Overnight ☐ Ground ☐ Other

Billing: ☐ Recipient ☐ Sender ☐ Third Party ☐ Credit Card ☑ Unknown

Tracking # 1836 0256 3603

Custody Seal on Cooler/Box Present: ☑ Yes ☐ No Seals intact: ☑ Yes ☐ No Ice: (Wet) Blue Dry None

Packing Material: ☑ Bubble Wrap ☑ Bubble Bags ☐ None ☐ Other

Melted

Comments:

Chain of Custody Present	☑Yes ☐ No	
Chain of Custody Filled Out	☑Yes ☐ No	
Relinquished Signature & Sampler Name COC	☑Yes ☐ No	
Samples Arrived within Hold Time	☑Yes ☐ No	
Sufficient Volume	☑Yes ☐ No	
Correct Containers Used	☑Yes ☐ No	
Containers Intact	☑Yes ☐ No	
Sample Labels match COC	☑Yes ☐ No	
Samples received within 48 hours of collection	☐Yes ☑ No	Separated from other 2 coolers
If no, were samples kept ≤6°C after collection?	☐Yes ☐ No Person contacted for verification:	

Preservation Verification Date: 7-30-20 Time: 1206 Initials: JGL

Temperature IR Gun ID: T-353 CF (°C): +0.1

EPA 525.3 Temp°C 14.2 (Visual) 14.3 (Actual)

EPA 530 Temp°C 14.3 (Visual) 14.4 (Actual) Cooler water at 13.8C

EPA 541 Temp°C 14.0 (Visual) 14.1 (Actual) No lower temps noted

EPA 544 Temp°C _____ (Visual) _____ (Actual)

EPA 545 Temp°C _____ (Visual) _____ (Actual)

EPA 546 Temp°C _____ (Visual) _____ (Actual)

EPA 552.3 Temp°C _____ (Visual) _____ (Actual)

SM5310B Temp°C 14.3 (Visual) 14.4 (Actual)

EPA 300.0 Temp°C 14.1 (Visual) 14.2 (Actual)

Sample	pH Strips: 545 pH <4.9	525.3 pH <4.0	530 pH 6-8	541 pH <3.0	544 pH 6.5-7.5	200.8 pH <2.0	Free Chlorine Strips*: 525.3	530	541	544	545	546	552.3

*(<0.1mg/L = ND)

Sample Condition Upon Receipt Form (SCUR) - UCMR 4

Sample	pH continued						Free Chlorine* continued						
	545 pH ≤4.0	525.3 pH ≤4.0	530 pH 6-8	541 pH ≤3.0	544 pH 6.5-7.5	200.8 pH <2.0	525.3	530	541	544	545	546	552.3

*(<0.1mg/L = ND)

Client Notification/ Resolution:

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: _____ Date: _____

Pace Analytical Services, LLC
8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

September 29, 2020

Gene Patterson
Washington State University
100 Dairy Rd
Pullman, WA 99164

RE: Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

Dear Gene Patterson:

Enclosed are the analytical results for sample(s) received by the laboratory on September 01, 2020. The results relate only to the samples included in this report. Results reported herein conform to the applicable TNI/NELAC Standards and the laboratory's Quality Manual, where applicable, unless otherwise noted in the body of the report.

The test results provided in this final report were generated by each of the following laboratories within the Pace Network:

- Pace Analytical Services - Ormond Beach

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Aaron Crump

Aaron Crump
aaron.crump@pacelabs.com
(386) 672-5668
Project Manager

Enclosures

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Pace Analytical Services, LLC
8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

CERTIFICATIONS

Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

Pace Analytical Services Ormond Beach
8 East Tower Circle, Ormond Beach, FL 32174
Alaska DEC- CS/UST/LUST
Alabama Certification #: 41320
Arizona Certification# AZ0819
Colorado Certification: FL NELAC Reciprocity
Connecticut Certification #: PH-0216
Delaware Certification: FL NELAC Reciprocity
Florida Certification #: E83079
Georgia Certification #: 955
Guam Certification: FL NELAC Reciprocity
Hawaii Certification: FL NELAC Reciprocity
Illinois Certification #: 200068
Indiana Certification: FL NELAC Reciprocity
Kansas Certification #: E-10383
Kentucky Certification #: 90050
Louisiana Certification #: FL NELAC Reciprocity
Louisiana Environmental Certificate #: 05007
Maryland Certification: #346
Michigan Certification #: 9911
Mississippi Certification: FL NELAC Reciprocity
Missouri Certification #: 236
Montana Certification #: Cert 0074
Nebraska Certification: NE-OS-28-14
New Hampshire Certification #: 2958
New Jersey Certification #: FL022
New York Certification #: 11608
North Carolina Environmental Certificate #: 667
North Carolina Certification #: 12710
North Dakota Certification #: R-216
Ohio DEP 87780
Oklahoma Certification #: D9947
Pennsylvania Certification #: 68-00547
Puerto Rico Certification #: FL01264
South Carolina Certification: #96042001
Tennessee Certification #: TN02974
Texas Certification: FL NELAC Reciprocity
US Virgin Islands Certification: FL NELAC Reciprocity
Virginia Environmental Certification #: 460165
West Virginia Certification #: 9962C
Wisconsin Certification #: 399079670
Wyoming (EPA Region 8): FL NELAC Reciprocity

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8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

SAMPLE SUMMARY

Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35574504001	**Well #6**	Drinking Water	08/31/20 12:54	09/01/20 11:00
35574504002	**Well #8**	Drinking Water	08/31/20 13:25	09/01/20 11:00
35574504003	**Well #6 Raw**	Drinking Water	08/31/20 12:45	09/01/20 11:00
35574504004	**Well #8 Raw**	Drinking Water	08/31/20 13:14	09/01/20 11:00

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Ormond Beach, FL 32174
(386)672-5668

SAMPLE ANALYTE COUNT

Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

Lab ID	Sample ID	Method	Analysts	Analytes Reported
35574504001	**Well #6**	EPA 525.3	CMB	12
		EPA 530	CMB	5
		EPA 541	CMB	4
		EPA 200.8	SLG	2
35574504002	**Well #8**	EPA 525.3	CMB	12
		EPA 530	CMB	5
		EPA 541	CMB	4
		EPA 200.8	SLG	2
35574504003	**Well #6 Raw**	EPA 300.1	KLT	2
		SM 5310B	AGS	1
35574504004	**Well #8 Raw**	EPA 300.1	KLT	2
		SM 5310B	AGS	1

PASI-O = Pace Analytical Services - Ormond Beach

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Pace Analytical Services, LLC
8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

ANALYTICAL RESULTS

Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

Sample: Well #6 **Lab ID: 35574504001** Collected: 08/31/20 12:54 Received: 09/01/20 11:00 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
525.3 UCMR4	Analytical Method: EPA 525.3 Preparation Method: EPA 525.3 Pace Analytical Services - Ormond Beach								
alpha-BHC U=Not Detected	**0.0034U**	ug/L	0.010	0.0034	1	09/09/20 15:00	09/12/20 19:34	319-84-6	N2
Chlorpyrifos	**0.010U**	ug/L	0.031	0.010	1	09/09/20 15:00	09/12/20 19:34	2921-88-2	N2
Dimethipin	**0.069U**	ug/L	0.20	0.069	1	09/09/20 15:00	09/12/20 19:34	55290-64-7	N2
Ethoprop	**0.010U**	ug/L	0.031	0.010	1	09/09/20 15:00	09/12/20 19:34	13194-48-4	N2
Merphos-Oxone	**0.024U**	ug/L	0.072	0.024	1	09/09/20 15:00	09/12/20 19:34	78-48-8	N2
Oxyfluorfen	**0.017U**	ug/L	0.051	0.017	1	09/09/20 15:00	09/12/20 19:34	42874-03-3	N2
Permethrin	**0.013U**	ug/L	0.041	0.013	1	09/09/20 15:00	09/12/20 19:34	52645-53-1	N2
Profenofos	**0.10U**	ug/L	0.31	0.10	1	09/09/20 15:00	09/12/20 19:34	41198-08-7	N2
Tebuconazole	**0.069U**	ug/L	0.20	0.069	1	09/09/20 15:00	09/12/20 19:34	107534-96-3	N2
Surrogates									
1,3-Dimethyl-2-nitrobenzene(S)	80	%	70-130		1	09/09/20 15:00	09/12/20 19:34	81209	
Benzo(a)pyrene-d12 (S)	76	%	70-130		1	09/09/20 15:00	09/12/20 19:34		
Triphenylphosphate (S)	88	%	70-130		1	09/09/20 15:00	09/12/20 19:34	115-86-6	
530 UCMR4 Semivolatiles	Analytical Method: EPA 530 Preparation Method: EPA 530 Pace Analytical Services - Ormond Beach								
Butylated Hydroxyanisole	**0.011U**	ug/L	0.032	0.011	1	09/08/20 14:15	09/11/20 20:10	25013-16-5	N2
Quinoline	**0.0071U**	ug/L	0.021	0.0071	1	09/08/20 14:15	09/11/20 20:10	91-22-5	N2
O-Toluidine	**0.0024U**	ug/L	0.0074	0.0024	1	09/08/20 14:15	09/11/20 20:10	95-53-4	N2
Surrogates									
Quinoline -d7 (S)	90	%	70-130		1	09/08/20 14:15	09/11/20 20:10	34071-94-8	
O-Toluidine-d9 (S)	84	%	50-130		1	09/08/20 14:15	09/11/20 20:10	194423-47-7	
541 UCMR4 Alcohols	Analytical Method: EPA 541 Preparation Method: EPA 541 Pace Analytical Services - Ormond Beach								
n-Butanol	**0.67U**	ug/L	2.0	0.67	1	09/04/20 08:31	09/05/20 06:37	71-36-3	N2
2-Methoxyethanol	**0.13U**	ug/L	0.40	0.13	1	09/04/20 08:31	09/05/20 06:37	109-86-4	N2
2-Propen-1-ol (Allyl alcohol)	**0.17U**	ug/L	0.50	0.17	1	09/04/20 08:31	09/05/20 06:37	107-18-6	N2
Surrogates									
n-Butanol-d10 (S)	82	%	70-130		1	09/04/20 08:31	09/05/20 06:37	34193-38-9	
200.8 MET ICPMS UCMR	Analytical Method: EPA 200.8 Preparation Method: EPA 200.8 Pace Analytical Services - Ormond Beach								
Germanium	**0.13J**	ug/L	0.30	0.10	1.25	09/17/20 04:16	09/19/20 09:19	7440-56-4	N2
Manganese	**66.2**	ug/L	3.2	1.1	10	09/17/20 04:16	09/19/20 09:58	7439-96-5	

REPORT OF LABORATORY ANALYSIS

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Pace Analytical Services, LLC
8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

ANALYTICAL RESULTS

Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

Sample: Well #8 **Lab ID: 35574504002** Collected: 08/31/20 13:25 Received: 09/01/20 11:00 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
525.3 UCMR4	Analytical Method: EPA 525.3 Preparation Method: EPA 525.3 Pace Analytical Services - Ormond Beach								
alpha-BHC	**0.0035U**	ug/L	0.011	0.0035	1	09/09/20 15:00	09/12/20 19:56	319-84-6	N2
Chlorpyrifos	**0.011U**	ug/L	0.032	0.011	1	09/09/20 15:00	09/12/20 19:56	2921-88-2	N2
Dimethipin	**0.072U**	ug/L	0.21	0.072	1	09/09/20 15:00	09/12/20 19:56	55290-64-7	N2
Ethoprop	**0.011U**	ug/L	0.032	0.011	1	09/09/20 15:00	09/12/20 19:56	13194-48-4	N2
Merphos-Oxone	**0.025U**	ug/L	0.075	0.025	1	09/09/20 15:00	09/12/20 19:56	78-48-8	N2
Oxyfluorfen	**0.018U**	ug/L	0.054	0.018	1	09/09/20 15:00	09/12/20 19:56	42874-03-3	N2
Permethrin	**0.014U**	ug/L	0.043	0.014	1	09/09/20 15:00	09/12/20 19:56	52645-53-1	N2
Profenofos	**0.11U**	ug/L	0.32	0.11	1	09/09/20 15:00	09/12/20 19:56	41198-08-7	N2
Tebuconazole	**0.072U**	ug/L	0.21	0.072	1	09/09/20 15:00	09/12/20 19:56	107534-96-3	N2
Surrogates									
1,3-Dimethyl-2-nitrobenzene(S)	84	%	70-130		1	09/09/20 15:00	09/12/20 19:56	81209	
Benzo(a)pyrene-d12 (S)	83	%	70-130		1	09/09/20 15:00	09/12/20 19:56		
Triphenylphosphate (S)	91	%	70-130		1	09/09/20 15:00	09/12/20 19:56	115-86-6	
530 UCMR4 Semivolatiles	Analytical Method: EPA 530 Preparation Method: EPA 530 Pace Analytical Services - Ormond Beach								
Butylated Hydroxyanisole	**0.010U**	ug/L	0.030	0.010	1	09/08/20 14:15	09/11/20 20:33	25013-16-5	N2
Quinoline	**0.0067U**	ug/L	0.020	0.0067	1	09/08/20 14:15	09/11/20 20:33	91-22-5	N2
O-Toluidine	**0.0023U**	ug/L	0.0071	0.0023	1	09/08/20 14:15	09/11/20 20:33	95-53-4	N2
Surrogates									
Quinoline -d7 (S)	85	%	70-130		1	09/08/20 14:15	09/11/20 20:33	34071-94-8	
O-Toluidine-d9 (S)	78	%	50-130		1	09/08/20 14:15	09/11/20 20:33	194423-47-7	
541 UCMR4 Alcohols	Analytical Method: EPA 541 Preparation Method: EPA 541 Pace Analytical Services - Ormond Beach								
n-Butanol	**0.67U**	ug/L	2.0	0.67	1	09/04/20 08:31	09/06/20 14:15	71-36-3	N2
2-Methoxyethanol	**0.13U**	ug/L	0.40	0.13	1	09/04/20 08:31	09/06/20 14:15	109-86-4	N2
2-Propen-1-ol (Allyl alcohol)	**0.17U**	ug/L	0.50	0.17	1	09/04/20 08:31	09/06/20 14:15	107-18-6	N2
Surrogates									
n-Butanol-d10 (S)	83	%	70-130		1	09/04/20 08:31	09/06/20 14:15	34193-38-9	
200.8 MET ICPMS UCMR	Analytical Method: EPA 200.8 Preparation Method: EPA 200.8 Pace Analytical Services - Ormond Beach								
Germanium	**0.12J**	ug/L	0.30	0.10	1.25	09/17/20 04:16	09/19/20 09:20	7440-56-4	N2
Manganese	**60.9**	ug/L	3.2	1.1	10	09/17/20 04:16	09/19/20 09:59	7439-96-5	

REPORT OF LABORATORY ANALYSIS

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(386)672-5668

ANALYTICAL RESULTS

Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

Sample: Well #6 Raw **Lab ID: 35574504003** Collected: 08/31/20 12:45 Received: 09/01/20 11:00 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
300.1 Oxihalide IC Anions 28d	Analytical Method: EPA 300.1 Pace Analytical Services - Ormond Beach								
Bromide	**36.3J**	ug/L	80.0	3.6	4		09/28/20 18:52	24959-67-9	
Surrogates									
Dichloroacetate (S)	98	%	90-115		4		09/28/20 18:52	79-43-6	
5310B TOC UCMR	Analytical Method: SM 5310B Pace Analytical Services - Ormond Beach								
Total Organic Carbon	**500U**	ug/L	1000	500	1		09/09/20 08:11	7440-44-0	

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ANALYTICAL RESULTS

Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

Sample: Well #8 Raw **Lab ID: 35574504004** Collected: 08/31/20 13:14 Received: 09/01/20 11:00 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
300.1 Oxihalide IC Anions 28d	Analytical Method: EPA 300.1 Pace Analytical Services - Ormond Beach								
Bromide	**25.9J**	ug/L	80.0	3.6	4		09/26/20 06:53	24959-67-9	
Surrogates									
Dichloroacetate (S)	94	%	90-115		4		09/26/20 06:53	79-43-6	
5310B TOC UCMR	Analytical Method: SM 5310B Pace Analytical Services - Ormond Beach								
Total Organic Carbon	**500U**	ug/L	1000	500	1		09/09/20 08:26	7440-44-0	

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QUALIFIERS

Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

ANALYTE QUALIFIERS

M1	Matrix spike recovery exceeded QC limits. Batch accepted based on laboratory control sample (LCS) recovery.
N2	The lab does not hold NELAC/TNI accreditation for this parameter but other accreditations/certifications may apply. A complete list of accreditations/certifications is available upon request.
S0	Surrogate recovery outside laboratory control limits.

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QUALITY CONTROL DATA

Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

QC Batch: 666009
QC Batch Method: EPA 200.8
Analysis Method: EPA 200.8
Analysis Description: 200.8 MET UCMR Drinking Water
Laboratory: Pace Analytical Services - Ormond Beach
Associated Lab Samples: 35574504001, 35574504002

METHOD BLANK: 3622488 Matrix: Water
Associated Lab Samples: 35574504001, 35574504002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Germanium	ug/L	0.10U	0.30	0.10	09/19/20 09:16	N2
Manganese	ug/L	0.13U	0.40	0.13	09/19/20 09:16	

LABORATORY CONTROL SAMPLE: 3622489

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Germanium	ug/L	0.3	0.30	101	50-150	N2
Manganese	ug/L	0.4	0.36J	91	50-150	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3622490 3622491

Parameter	Units	35574502001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Germanium	ug/L	0.10U	0.3	0.3	0.32	0.31	105	103	0-200	2	20	N2
Manganese	ug/L	0.13U	0.4	0.4	0.44	0.44	111	109	0-200	1	20	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3622492 3622493

Parameter	Units	35576746004 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Germanium	ug/L	0.10J	5	5	5.1	5.3	101	104	0-200	3	20	N2
Manganese	ug/L	85.6	5	5	92.8	94.1	144	170	0-200	1	20	

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QUALITY CONTROL DATA

Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

QC Batch: 663987
QC Batch Method: EPA 525.3
Analysis Method: EPA 525.3
Analysis Description: 525.3 UCMR
Laboratory: Pace Analytical Services - Ormond Beach
Associated Lab Samples: 35574504001, 35574504002

METHOD BLANK: 3611087 Matrix: Water
Associated Lab Samples: 35574504001, 35574504002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
alpha-BHC	ug/L	0.0033U	0.010	0.0033	09/12/20 17:22	N2
Chlorpyrifos	ug/L	0.010U	0.030	0.010	09/12/20 17:22	N2
Dimethipin	ug/L	0.067U	0.20	0.067	09/12/20 17:22	N2
Ethoprop	ug/L	0.010U	0.030	0.010	09/12/20 17:22	N2
Merphos-Oxone	ug/L	0.023U	0.070	0.023	09/12/20 17:22	N2
Oxyfluorfen	ug/L	0.017U	0.050	0.017	09/12/20 17:22	N2
Permethrin	ug/L	0.013U	0.040	0.013	09/12/20 17:22	N2
Profenofos	ug/L	0.10U	0.30	0.10	09/12/20 17:22	N2
Tebuconazole	ug/L	0.067U	0.20	0.067	09/12/20 17:22	N2
1,3-Dimethyl-2-nitrobenzene(S)	%	73	70-130		09/12/20 17:22	
Benzo(a)pyrene-d12 (S)	%	82	70-130		09/12/20 17:22	
Triphenylphosphate (S)	%	84	70-130		09/12/20 17:22	

LABORATORY CONTROL SAMPLE: 3611088

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
alpha-BHC	ug/L	0.01	0.0067J	67	50-150	N2
Chlorpyrifos	ug/L	0.03	0.033	109	50-150	N2
Dimethipin	ug/L	0.2	0.16J	78	50-150	N2
Ethoprop	ug/L	0.03	0.026J	86	50-150	N2
Merphos-Oxone	ug/L	0.07	0.060J	85	50-150	N2
Oxyfluorfen	ug/L	0.05	0.074	148	50-150	N2
Permethrin	ug/L	0.04	0.032J	79	50-150	N2
Profenofos	ug/L	0.3	0.28J	92	50-150	N2
Tebuconazole	ug/L	0.2	0.15J	77	50-150	N2
1,3-Dimethyl-2-nitrobenzene(S)	%			83	70-130	
Benzo(a)pyrene-d12 (S)	%			88	70-130	
Triphenylphosphate (S)	%			78	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3611089 3611090

Parameter	Units	35574304002 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
alpha-BHC	ug/L	0.0032U	0.038	0.038	0.026	0.028	68	74	0-200	9	40	N2
Chlorpyrifos	ug/L	0.0096U	0.11	0.12	0.10	0.10	87	89	0-200	3	40	N2
Dimethipin	ug/L	0.064U	0.77	0.77	0.61	0.63	79	82	0-200	3	40	N2
Ethoprop	ug/L	0.0096U	0.11	0.12	0.098	0.10	85	88	0-200	4	40	N2

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QUALITY CONTROL DATA

Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3611089 3611090

Parameter	Units	35574304002 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Merphos-Oxone	ug/L	0.022U	0.27	0.27	0.23	0.24	84	88	0-200	5	40	N2
Oxyfluorfen	ug/L	0.016U	0.19	0.19	0.18	0.19	96	97	0-200	2	40	N2
Permethrin	ug/L	0.012U	0.15	0.15	0.12	0.14	80	89	0-200	11	40	N2
Profenofos	ug/L	0.096U	1.1	1.2	1.0	1.0	88	89	0-200	2	40	N2
Tebuconazole	ug/L	0.064U	0.77	0.77	0.64	0.75	84	97	0-200	15	40	N2
1,3-Dimethyl-2-nitrobenzene(S)	%						80	80	70-130			
Benzo(a)pyrene-d12 (S)	%						79	78	70-130			
Triphenylphosphate (S)	%						65	72	70-130			S0

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QUALITY CONTROL DATA

Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

QC Batch: 663686
QC Batch Method: EPA 530
Analysis Method: EPA 530
Analysis Description: 530 UCMR4 Semivolatiles
Laboratory: Pace Analytical Services - Ormond Beach
Associated Lab Samples: 35574504001, 35574504002

METHOD BLANK: 3609059 Matrix: Water
Associated Lab Samples: 35574504001, 35574504002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Butylated Hydroxyanisole	ug/L	0.010U	0.030	0.010	09/11/20 17:02	N2
O-Toluidine	ug/L	0.0023U	0.0070	0.0023	09/11/20 17:02	N2
Quinoline	ug/L	0.0067U	0.020	0.0067	09/11/20 17:02	N2
O-Toluidine-d9 (S)	%	72	50-130		09/11/20 17:02	
Quinoline -d7 (S)	%	82	70-130		09/11/20 17:02	

LABORATORY CONTROL SAMPLE: 3609060

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Butylated Hydroxyanisole	ug/L	0.03	0.026J	88	50-150	N2
O-Toluidine	ug/L	0.007	0.0065J	93	50-150	N2
Quinoline	ug/L	0.02	0.018J	92	50-150	N2
O-Toluidine-d9 (S)	%			80	50-130	
Quinoline -d7 (S)	%			89	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3609061 3609062

Parameter	Units	35574502001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Butylated Hydroxyanisole	ug/L	0.0096U	0.029	0.029	0.035	0.026J	123	91	0-200		40	N2
O-Toluidine	ug/L	0.0022U	0.0067	0.0067	0.0080	0.0054J	119	80	0-200		40	N2
Quinoline	ug/L	0.0064U	0.019	0.019	0.027	0.020	131	92	0-200	31	40	N2
O-Toluidine-d9 (S)	%						68	64	50-130			
Quinoline -d7 (S)	%						83	85	70-130			

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QUALITY CONTROL DATA

Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

QC Batch: 662946
QC Batch Method: EPA 541
Analysis Method: EPA 541
Analysis Description: 541 UCMR4 Alcohols
Laboratory: Pace Analytical Services - Ormond Beach
Associated Lab Samples: 35574504001, 35574504002

METHOD BLANK: 3604808 Matrix: Water
Associated Lab Samples: 35574504001, 35574504002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
2-Methoxyethanol	ug/L	0.13U	0.40	0.13	09/04/20 21:11	N2
2-Propen-1-ol (Allyl alcohol)	ug/L	0.17U	0.50	0.17	09/04/20 21:11	N2
n-Butanol	ug/L	0.67U	2.0	0.67	09/04/20 21:11	N2
n-Butanol-d10 (S)	%	84	70-130		09/04/20 21:11	

LABORATORY CONTROL SAMPLE: 3604809

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
2-Methoxyethanol	ug/L	0.4	0.23J	58	50-150	N2
2-Propen-1-ol (Allyl alcohol)	ug/L	0.5	0.36J	71	50-150	N2
n-Butanol	ug/L	2	1.3J	66	50-150	N2
n-Butanol-d10 (S)	%			84	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3604810 3604811

Parameter	Units	35574167003 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
2-Methoxyethanol	ug/L	0.13U	0.4	0.4	0.23J	0.23J	57	57	0-200		40	N2
2-Propen-1-ol (Allyl alcohol)	ug/L	0.17U	0.5	0.5	0.36J	0.38J	72	77	0-200		40	N2
n-Butanol	ug/L	0.67U	2	2	1.4J	1.4J	68	69	0-200		40	N2
n-Butanol-d10 (S)	%						82	83	70-130			

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QUALITY CONTROL DATA

Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

QC Batch: 668533
QC Batch Method: EPA 300.1
Analysis Method: EPA 300.1
Analysis Description: 300.1 UCMR Oxihalides IC Anions
Laboratory: Pace Analytical Services - Ormond Beach
Associated Lab Samples: 35574504004

METHOD BLANK: 3637208 Matrix: Water
Associated Lab Samples: 35574504004

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Bromide	ug/L	0.90U	20.0	0.90	09/25/20 13:36	
Dichloroacetate (S)	%	96	90-115		09/25/20 13:36	

LABORATORY CONTROL SAMPLE: 3637209

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Bromide	ug/L	40	36.5	91	85-115	
Dichloroacetate (S)	%			94	90-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3637210 3637211

Parameter	Units	35574304003 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Bromide	ug/L	40.1J	160	160	158	157	74	73	80-120	0	20	M1
Dichloroacetate (S)	%						81	81	90-115			S0

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QUALITY CONTROL DATA

Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

QC Batch: 669016
QC Batch Method: EPA 300.1
Analysis Method: EPA 300.1
Analysis Description: 300.1 UCMR Oxihalides IC Anions
Laboratory: Pace Analytical Services - Ormond Beach
Associated Lab Samples: 35574504003

METHOD BLANK: 3639261 Matrix: Water
Associated Lab Samples: 35574504003

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Bromide	ug/L	0.90U	20.0	0.90	09/28/20 15:52	
Dichloroacetate (S)	%	94	90-115		09/28/20 15:52	

LABORATORY CONTROL SAMPLE: 3639262

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Bromide	ug/L	40	37.4	94	85-115	
Dichloroacetate (S)	%			94	90-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3639263 3639264

Parameter	Units	35574504003 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Bromide	ug/L	36.3J	160	160	191	188	97	95	80-120	2	20	
Dichloroacetate (S)	%						97	96	90-115			

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QUALITY CONTROL DATA

Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

QC Batch: 663626
QC Batch Method: SM 5310B
Analysis Method: SM 5310B
Analysis Description: 5310B TOC UCMR
Laboratory: Pace Analytical Services - Ormond Beach
Associated Lab Samples: 35574504003, 35574504004

METHOD BLANK: 3608840 Matrix: Water
Associated Lab Samples: 35574504003, 35574504004

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Total Organic Carbon	ug/L	500U	1000	500	09/09/20 05:39	

LABORATORY CONTROL SAMPLE: 3608841

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Total Organic Carbon	ug/L	20000	19100	96	90-110	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3608842 3608843

Parameter	Units	35574085008 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Total Organic Carbon	ug/L	500U	20000	20000	18500	18400	92	92	80-120	0	20	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3608844 3608845

Parameter	Units	35574047002 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Total Organic Carbon	ug/L	1640	20000	20000	19400	19300	89	88	80-120	0	20	

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: RC UCMR4_SE2_Jul2020
Pace Project No.: 35574504

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35574504001	**Well #6**	EPA 525.3	663987	EPA 525.3	664150
35574504002	**Well #8**	EPA 525.3	663987	EPA 525.3	664150
35574504001	**Well #6**	EPA 530	663686	EPA 530	663834
35574504002	**Well #8**	EPA 530	663686	EPA 530	663834
35574504001	**Well #6**	EPA 541	662946	EPA 541	663287
35574504002	**Well #8**	EPA 541	662946	EPA 541	663287
35574504001	**Well #6**	EPA 200.8	666009	EPA 200.8	666071
35574504002	**Well #8**	EPA 200.8	666009	EPA 200.8	666071
35574504003	**Well #6 Raw**	EPA 300.1	669016		
35574504004	**Well #8 Raw**	EPA 300.1	668533		
35574504003	**Well #6 Raw**	SM 5310B	663626		
35574504004	**Well #8 Raw**	SM 5310B	663626		

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WO# : 35574504

35574504

CHAIN-OF-CUSTODY / Analytical Request Document

The Chain-of-Custody is a LEGAL DOCUMENT. All relevant fields must be completed accurately.

Section A — Required Client Information:

Company:	Washington State University UCMR4
Address:	100 Dairy Rd
	Pullman, WA 99164
Email:	gpatters@wsu.edu
Phone:	509-335-9564 Fax:
Requested Due Date:	

Required Project Information:

Report To:	Gene Patterson
Copy To:	
Purchase Order #:	
Project Name:	RC UCMR4_SE2_Jul2020
Project #:	

Section C — Invoice Information:

Attention:	
Company Name:	
Address:	
Pace Quote:	
Pace Project Manager:	aaron.crump@pacelabs.com
Pace Profile #:	12674

Regulatory Agency:

State / Location: WA

SAMPLE ID
One Character per box.
(A-Z, 0-9 / , -)
Sample Ids must be unique

MATRIX	CODE
Drinking Water	DW
Water	WT
Waste Water	WW
Product	P
Soil/Solid	SL
Oil	OL
Wipe	WP
Air	AR
Other	OT
Tissue	TS

Requested Analysis Filtered (Y/N)

ITEM #	SAMPLE ID	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED START DATE	COLLECTED START TIME	COLLECTED END DATE	COLLECTED END TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other	Analyses Test Y/N	200.8 metals - UCMR IV	EPA541 UCMR IV	EPA541 UCMR IV MS/MSD	EPA525.3 UCMR IV	EPA525.3 UCMR IV MS/MSD	EPA530 UCMR IV	EPA530 UCMR IV MS/MSD	TOC UCMR IV	EPA300.1 UCMR IV	Residual Chlorine (Y/N)
1	Well #6	WT		8-31-20	9:49	8-31	9:54												X	X		X		X				
2	Well #8	WT		8-31-20	10:15	8-31	10:25												X		X		X		X				
3	Well #6 Raw	WT		8-31-20	9:43	8-31	9:45																			X	X		
4	Well #8 Raw	WT		8-31-20	10:11	8-31	10:14																			X	X		
5																													
6																													
7																													
8																													
9																													
10																													
11																													
12																													

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS			
RC UCMR4_SE2_Jul2020 PWS: WA5393200/ Washington State University		8/6/20	16:00	Gene Patterson / WSU	8-17-20	14:00				
Refrigerated after Sampling	Gene Patterson / WSU	8-31-20	17:30	TMA/Pace	9/1/20	1100	NA	Y	Y	Y

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: Gene Patterson

SIGNATURE of SAMPLER: Gene Patterson

DATE Signed: 8.31.20

TEMP in C	Received on Ice (Y/N)	Custody Sealed Cooler (Y/N)	Samples Intact (Y/N)

Pace Analytical	Document Name: Sample Condition Upon Receipt UCMR Document No.:	Document Revised: July 16, 2018 Issuing Authority: Pace Florida Quality Office

WO#: 35574504

UR) - UCMR 4

Project #
Project Manager:
Client:

PM: ADC Due Date: 09/30/20
CLIENT: WSUUCMR4

Date and Initials of person:
Examining contents: TMA
Label:
Deliver: L

Courier: ☒ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other
Shipping Method: ☐ First Overnight ☐ Priority Overnight ☒ Standard Overnight ☐ Ground ☐ Other
Billing: ☐ Recipient ☐ Sender ☐ Third Party ☐ Credit Card ☒ Unknown
Tracking # 1836 0258 9603
Custody Seal on Cooler/Box Present: ☐ Yes ☐ No Seals intact: ☐ Yes ☐ No Ice: (Wet) Blue Dry None
Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ None ☐ Other

		Comments:
Chain of Custody Present	☐Yes ☐ No	
Chain of Custody Filled Out	☐Yes ☐ No	
Relinquished Signature & Sampler Name COC	☐Yes ☐ No	
Samples Arrived within Hold Time	☐Yes ☐ No	
Sufficient Volume	☐Yes ☐ No	
Correct Containers Used	☐Yes ☐ No	
Containers Intact	☐Yes ☐ No	
Sample Labels match COC	☐Yes ☐ No	
Samples received within 48 hours of collection	☐Yes ☐ No	
If no, were samples kept ≤6°C after collection?	☐Yes ☐ No Person contacted for verification:	

Preservation Verification Date: 9/1/20 Time: 1139 Initials: TMA

Temperature IR Gun ID: T338 CF (°C): +0.3

EPA 525.3 Temp°C	1.0 (Visual)	1.3 (Actual)	1.4 ← cooler #2
EPA 530 Temp°C	1.9 (Visual)	2.2 (Actual)	2.6
EPA 541 Temp°C	2.1 (Visual)	2.4 (Actual)	1.6
EPA 544 Temp°C	(Visual)	(Actual)	
EPA 545 Temp°C	(Visual)	(Actual)	
EPA 546 Temp°C	(Visual)	(Actual)	
EPA 552.3 Temp°C	(Visual)	(Actual)	
SM5310B Temp°C	(Visual)	(Actual)	4.1
EPA 300.0 Temp°C	(Visual)	(Actual)	3.2

	pH Strips:						Free Chlorine Strips*:						
Sample	545 pH ≤4.0	525.3 pH ≤4.0	530 pH 6-8	541 pH ≤3.0	544 pH 6.5-7.5	200.8 pH <2.0	525.3	530	541	544	545	546	552.3
Well #6		2/2=4.0	2/2=7.0	2.5		2.0	ND	ND	ND				
Well #8		4/4=4.0	4/4=7.0	2/2=2.5		2.0	ND	ND	ND				

*(<0.1mg/L = ND)

Sample Condition Upon Receipt Form (SCUR) - UCMR 4

	pH continued						Free Chlorine* continued						
Sample	545 pH ≤4.0	525.3 pH ≤4.0	530 pH 6-8	541 pH ≤3.0	544 pH 6.5-7.5	200.8 pH <2.0	525.3	530	541	544	545	546	552.3

*(<0.1mg/L = ND)

Client Notification/ Resolution:

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: _____ Date: _____

Pace Analytical Services, LLC
8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

February 10, 2020

Gene Patterson
Washington State University
100 Dairy Rd
Pullman, WA 99164

RE: Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

Dear Gene Patterson:
Enclosed are the analytical results for sample(s) received by the laboratory on January 28, 2020. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Aaron Crump

Aaron Crump
aaron.crump@pacelabs.com
(386) 672-5668
Project Manager

Enclosures

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CERTIFICATIONS

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

Pace Analytical Services Ormond Beach

8 East Tower Circle, Ormond Beach, FL 32174
Alaska DEC- CS/UST/LUST
Alabama Certification #: 41320
Arizona Certification# AZ0819
Colorado Certification: FL NELAC Reciprocity
Connecticut Certification #: PH-0216
Delaware Certification: FL NELAC Reciprocity
Florida Certification #: E83079
Georgia Certification #: 955
Guam Certification: FL NELAC Reciprocity
Hawaii Certification: FL NELAC Reciprocity
Illinois Certification #: 200068
Indiana Certification: FL NELAC Reciprocity
Kansas Certification #: E-10383
Kentucky Certification #: 90050
Louisiana Certification #: FL NELAC Reciprocity
Louisiana Environmental Certificate #: 05007
Maryland Certification: #346
Michigan Certification #: 9911
Mississippi Certification: FL NELAC Reciprocity
Missouri Certification #: 236
Montana Certification #: Cert 0074
Nebraska Certification: NE-OS-28-14
New Hampshire Certification #: 2958
New Jersey Certification #: FL022
New York Certification #: 11608
North Carolina Environmental Certificate #: 667
North Carolina Certification #: 12710
North Dakota Certification #: R-216
Oklahoma Certification #: D9947
Pennsylvania Certification #: 68-00547
Puerto Rico Certification #: FL01264
South Carolina Certification: #96042001
Tennessee Certification #: TN02974
Texas Certification: FL NELAC Reciprocity
US Virgin Islands Certification: FL NELAC Reciprocity
Virginia Environmental Certification #: 460165
West Virginia Certification #: 9962C
Wisconsin Certification #: 399079670
Wyoming (EPA Region 8): FL NELAC Reciprocity

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Ormond Beach, FL 32174
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SAMPLE SUMMARY

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35526700001	**Well #8**	Drinking Water	01/27/20 08:41	01/28/20 10:30
35526700002	**Well #7 Raw**	Drinking Water	01/27/20 09:22	01/28/20 10:30
35526700003	**Well #8 Raw**	Drinking Water	01/27/20 08:32	01/28/20 10:30
35526700004	**Well #6 Raw**	Drinking Water	01/27/20 08:56	01/28/20 10:30
35526700005	**Well #4 Raw**	Drinking Water	01/27/20 08:48	01/28/20 10:30
35526700006	**DSMRT for Well #7**	Drinking Water	01/27/20 10:25	01/28/20 10:30
35526700007	**DSMRT for Well #8**	Drinking Water	01/27/20 10:41	01/28/20 10:30

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SAMPLE ANALYTE COUNT

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

Lab ID	Sample ID	Method	Analysts	Analytes Reported
35526700001	**Well #8**	EPA 525.3	SWR	12
		EPA 530	CMB	5
		EPA 541	CMB	4
		EPA 200.8	SLG	2
35526700002	**Well #7 Raw**	EPA 300.1	FGF	1
		SM 5310B	SA1	1
35526700003	**Well #8 Raw**	EPA 300.1	FGF	1
		SM 5310B	SA1	1
35526700004	**Well #6 Raw**	EPA 300.1	FGF	1
		SM 5310B	SA1	1
35526700005	**Well #4 Raw**	EPA 300.1	FGF	1
		SM 5310B	SA1	1
35526700006	**DSMRT for Well #7**	EPA 552.3	MMB	13
35526700007	**DSMRT for Well #8**	EPA 552.3	MMB	13

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ANALYTICAL RESULTS

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

Sample: Well #8 **Lab ID: 35526700001** Collected: 01/27/20 08:41 Received: 01/28/20 10:30 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
525.3 UCMR4	Analytical Method: EPA 525.3 Preparation Method: EPA 525.3								
alpha-BHC	**0.0032U**	ug/L	0.0096	0.0032	1	02/02/20 08:06	02/02/20 18:44	319-84-6	N2
Chlorpyrifos	**0.0096U**	ug/L	0.029	0.0096	1	02/02/20 08:06	02/02/20 18:44	2921-88-2	N2
Dimethipin	**0.064U**	ug/L	0.19	0.064	1	02/02/20 08:06	02/02/20 18:44	55290-64-7	N2
Ethoprop	**0.0096U**	ug/L	0.029	0.0096	1	02/02/20 08:06	02/02/20 18:44	13194-48-4	N2
Merphos-Oxone	**0.022U**	ug/L	0.067	0.022	1	02/02/20 08:06	02/02/20 18:44	78-48-8	N2
Oxyfluorfen	**0.016U**	ug/L	0.048	0.016	1	02/02/20 08:06	02/02/20 18:44	42874-03-3	N2
Permethrin	**0.012U**	ug/L	0.038	0.012	1	02/02/20 08:06	02/02/20 18:44	52645-53-1	N2
Profenofos	**0.096U**	ug/L	0.29	0.096	1	02/02/20 08:06	02/02/20 18:44	41198-08-7	N2
Tebuconazole	**0.064U**	ug/L	0.19	0.064	1	02/02/20 08:06	02/02/20 18:44	107534-96-3	N2
Surrogates									
1,3-Dimethyl-2-nitrobenzene(S)	87	%	70-130		1	02/02/20 08:06	02/02/20 18:44	81209	
Benzo(a)pyrene-d12 (S)	81	%	70-130		1	02/02/20 08:06	02/02/20 18:44		
Triphenylphosphate (S)	90	%	70-130		1	02/02/20 08:06	02/02/20 18:44	115-86-6	
530 UCMR4 Semivolatiles	Analytical Method: EPA 530 Preparation Method: EPA 530								
Butylated Hydroxyanisole	**0.0097U**	ug/L	0.029	0.0097	1	02/06/20 15:56	02/07/20 09:23	25013-16-5	N2
Quinoline	**0.0065U**	ug/L	0.019	0.0065	1	02/06/20 15:56	02/07/20 09:23	91-22-5	N2
O-Toluidine	**0.0022U**	ug/L	0.0068	0.0022	1	02/06/20 15:56	02/07/20 09:23	95-53-4	N2
Surrogates									
Quinoline -d7 (S)	99	%	70-130		1	02/06/20 15:56	02/07/20 09:23	34071-94-8	
O-Toluidine-d9 (S)	118	%	50-130		1	02/06/20 15:56	02/07/20 09:23	194423-47-7	
541 UCMR4 Alcohols	Analytical Method: EPA 541 Preparation Method: EPA 541								
n-Butanol	**0.67U**	ug/L	2.0	0.67	1	01/30/20 09:18	01/30/20 19:07	71-36-3	N2
2-Methoxyethanol	**0.13U**	ug/L	0.40	0.13	1	01/30/20 09:18	01/30/20 19:07	109-86-4	N2
2-Propen-1-ol (Allyl alcohol)	**0.17U**	ug/L	0.50	0.17	1	01/30/20 09:18	01/30/20 19:07	107-18-6	N2
Surrogates									
n-Butanol-d10 (S)	96	%	70-130		1	01/30/20 09:18	01/30/20 19:07	34193-38-9	
200.8 MET ICPMS UCMR	Analytical Method: EPA 200.8 Preparation Method: EPA 200.8								
Germanium	**0.14J**	ug/L	0.30	0.10	1.25	02/05/20 04:49	02/06/20 14:08	7440-56-4	N2
Manganese	**60.6**	ug/L	3.2	1.1	10	02/05/20 04:49	02/06/20 14:21	7439-96-5	

REPORT OF LABORATORY ANALYSIS

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8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

ANALYTICAL RESULTS

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

Sample: Well #7 Raw **Lab ID: 35526700002** Collected: 01/27/20 09:22 Received: 01/28/20 10:30 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
300.1 Oxihalide IC Anions 28d	Analytical Method: EPA 300.1								
Bromide	**31.3J**	ug/L	80.0	3.6	4		01/30/20 15:48	24959-67-9	
5310B TOC UCMR	Analytical Method: SM 5310B								
Total Organic Carbon	**500U**	ug/L	1000	500	1		02/04/20 20:44	7440-44-0	

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

Sample: Well #8 Raw **Lab ID: 35526700003** Collected: 01/27/20 08:32 Received: 01/28/20 10:30 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
300.1 Oxihalide IC Anions 28d	Analytical Method: EPA 300.1								
Bromide	**29.7J**	ug/L	80.0	3.6	4		01/30/20 16:31	24959-67-9	
5310B TOC UCMR	Analytical Method: SM 5310B								
Total Organic Carbon	**500U**	ug/L	1000	500	1		02/04/20 20:58	7440-44-0	

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

Sample: Well #6 Raw **Lab ID: 35526700004** Collected: 01/27/20 08:56 Received: 01/28/20 10:30 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
300.1 Oxihalide IC Anions 28d	Analytical Method: EPA 300.1								
Bromide	**41.6J**	ug/L	80.0	3.6	4		01/30/20 17:15	24959-67-9	
5310B TOC UCMR	Analytical Method: SM 5310B								
Total Organic Carbon	**500U**	ug/L	1000	500	1		02/04/20 21:42	7440-44-0	

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ANALYTICAL RESULTS

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

Sample: Well #4 Raw **Lab ID: 35526700005** Collected: 01/27/20 08:48 Received: 01/28/20 10:30 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
300.1 Oxihalide IC Anions 28d	Analytical Method: EPA 300.1								
Bromide	**29.6J**	ug/L	80.0	3.6	4		01/30/20 17:59	24959-67-9	
5310B TOC UCMR	Analytical Method: SM 5310B								
Total Organic Carbon	**500U**	ug/L	1000	500	1		02/04/20 22:00	7440-44-0	

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Ormond Beach, FL 32174
(386)672-5668

ANALYTICAL RESULTS

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

Sample: DSMRT for Well #7 **Lab ID: 35526700006** Collected: 01/27/20 10:25 Received: 01/28/20 10:30 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
552.3 UCMR4 Haloacetic Acids	Analytical Method: EPA 552.3 Preparation Method: EPA 552.3								
Bromochloroacetic Acid	**0.10U**	ug/L	0.30	0.10	1	02/04/20 07:55	02/05/20 11:18	5589-96-8	
Bromodichloroacetic Acid	**0.17U**	ug/L	0.50	0.17	1	02/04/20 07:55	02/05/20 11:18	71133-14-7	N2
Chlorodibromoacetic Acid	**0.10U**	ug/L	0.30	0.10	1	02/04/20 07:55	02/05/20 11:18	5278-95-5	N2
Dibromoacetic Acid	**0.10U**	ug/L	0.30	0.10	1	02/04/20 07:55	02/05/20 11:18	631-64-1	
Dichloroacetic Acid	**0.067U**	ug/L	0.20	0.067	1	02/04/20 07:55	02/05/20 11:18	79-43-6	
HAA9 Group	**0.67U**	ug/L	2.0	0.67	1	02/04/20 07:55	02/05/20 11:18		
Total Brominated HAAs	**0.67U**	ug/L	2.0	0.67	1	02/04/20 07:55	02/05/20 11:18		
Haloacetic Acids (Total)	**0.67U**	ug/L	2.0	0.67	1	02/04/20 07:55	02/05/20 11:18		
Monobromoacetic Acid	**0.10U**	ug/L	0.30	0.10	1	02/04/20 07:55	02/05/20 11:18	79-08-3	
Monochloroacetic Acid	**0.67U**	ug/L	2.0	0.67	1	02/04/20 07:55	02/05/20 11:18	79-11-8	
Tribromoacetic Acid	**0.67U**	ug/L	2.0	0.67	1	02/04/20 07:55	02/05/20 11:18	75-96-7	N2
Trichloroacetic Acid	**0.17U**	ug/L	0.50	0.17	1	02/04/20 07:55	02/05/20 11:18	76-03-9	
Surrogates									
2,3-Dibromopropanoic Acid (S)	119	%	70-130		1	02/04/20 07:55	02/05/20 11:18	600-05-5	

REPORT OF LABORATORY ANALYSIS

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ANALYTICAL RESULTS

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

Sample: DSMRT for Well #8 **Lab ID: 35526700007** Collected: 01/27/20 10:41 Received: 01/28/20 10:30 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
552.3 UCMR4 Haloacetic Acids	Analytical Method: EPA 552.3 Preparation Method: EPA 552.3								
Bromochloroacetic Acid	**0.10U**	ug/L	0.30	0.10	1	02/04/20 07:55	02/05/20 11:41	5589-96-8	
Bromodichloroacetic Acid	**0.17U**	ug/L	0.50	0.17	1	02/04/20 07:55	02/05/20 11:41	71133-14-7	N2
Chlorodibromoacetic Acid	**0.10U**	ug/L	0.30	0.10	1	02/04/20 07:55	02/05/20 11:41	5278-95-5	N2
Dibromoacetic Acid	**0.10U**	ug/L	0.30	0.10	1	02/04/20 07:55	02/05/20 11:41	631-64-1	
Dichloroacetic Acid	**0.067U**	ug/L	0.20	0.067	1	02/04/20 07:55	02/05/20 11:41	79-43-6	
HAA9 Group	**0.67U**	ug/L	2.0	0.67	1	02/04/20 07:55	02/05/20 11:41		
Total Brominated HAAs	**0.67U**	ug/L	2.0	0.67	1	02/04/20 07:55	02/05/20 11:41		
Haloacetic Acids (Total)	**0.67U**	ug/L	2.0	0.67	1	02/04/20 07:55	02/05/20 11:41		
Monobromoacetic Acid	**0.10U**	ug/L	0.30	0.10	1	02/04/20 07:55	02/05/20 11:41	79-08-3	
Monochloroacetic Acid	**0.67U**	ug/L	2.0	0.67	1	02/04/20 07:55	02/05/20 11:41	79-11-8	
Tribromoacetic Acid	**0.67U**	ug/L	2.0	0.67	1	02/04/20 07:55	02/05/20 11:41	75-96-7	N2
Trichloroacetic Acid	**0.17U**	ug/L	0.50	0.17	1	02/04/20 07:55	02/05/20 11:41	76-03-9	
Surrogates									
2,3-Dibromopropanoic Acid (S)	120	%	70-130		1	02/04/20 07:55	02/05/20 11:41	600-05-5	

REPORT OF LABORATORY ANALYSIS

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Ormond Beach, FL 32174
(386)672-5668

QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

QC Batch: 607598
QC Batch Method: EPA 200.8
Analysis Method: EPA 200.8
Analysis Description: 200.8 MET UCMR Drinking Water
Associated Lab Samples: 35526700001

METHOD BLANK: 3301296 Matrix: Water
Associated Lab Samples: 35526700001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Germanium	ug/L	0.10U	0.30	0.10	02/06/20 13:56	N2
Manganese	ug/L	0.13U	0.40	0.13	02/06/20 13:56	

LABORATORY CONTROL SAMPLE: 3301297

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Germanium	ug/L	0.3	0.31	103	50-150	N2
Manganese	ug/L	0.4	0.41	102	50-150	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3301298 3301299

Parameter	Units	35526313001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Germanium	ug/L	0.10U	0.3	0.3	0.39	0.39	109	111	0-200	1	20	N2
Manganese	ug/L	1.4	0.4	0.4	1.8	1.8	89	99	0-200	2	20	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3301300 3301301

Parameter	Units	35526722001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Germanium	ug/L	0.24J	5	5	5.3	5.5	102	106	0-200	4	20	N2
Manganese	ug/L	174	5	5	179	183	104	168	0-200	2	20	

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QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

QC Batch: 606824 Analysis Method: EPA 525.3
QC Batch Method: EPA 525.3 Analysis Description: 525.3 UCMR
Associated Lab Samples: 35526700001

METHOD BLANK: 3297738 Matrix: Water
Associated Lab Samples: 35526700001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
alpha-BHC	ug/L	0.0033U	0.010	0.0033	02/02/20 15:27	N2
Chlorpyrifos	ug/L	0.010U	0.030	0.010	02/02/20 15:27	N2
Dimethipin	ug/L	0.067U	0.20	0.067	02/02/20 15:27	N2
Ethoprop	ug/L	0.010U	0.030	0.010	02/02/20 15:27	N2
Merphos-Oxone	ug/L	0.023U	0.070	0.023	02/02/20 15:27	N2
Oxyfluorfen	ug/L	0.017U	0.050	0.017	02/02/20 15:27	N2
Permethrin	ug/L	0.013U	0.040	0.013	02/02/20 15:27	N2
Profenofos	ug/L	0.10U	0.30	0.10	02/02/20 15:27	N2
Tebuconazole	ug/L	0.067U	0.20	0.067	02/02/20 15:27	N2
1,3-Dimethyl-2-nitrobenzene(S)	%	89	70-130		02/02/20 15:27	
Benzo(a)pyrene-d12 (S)	%	88	70-130		02/02/20 15:27	
Triphenylphosphate (S)	%	96	70-130		02/02/20 15:27	

LABORATORY CONTROL SAMPLE: 3297739

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
alpha-BHC	ug/L	0.01	0.0078J	78	50-150	N2
Chlorpyrifos	ug/L	0.03	0.025J	84	50-150	N2
Dimethipin	ug/L	0.2	0.15J	76	50-150	N2
Ethoprop	ug/L	0.03	0.030J	99	50-150	N2
Merphos-Oxone	ug/L	0.07	0.070	100	50-150	N2
Oxyfluorfen	ug/L	0.05	0.044J	87	50-150	N2
Permethrin	ug/L	0.04	0.029J	72	50-150	N2
Profenofos	ug/L	0.3	0.30J	100	50-150	N2
Tebuconazole	ug/L	0.2	0.13J	65	50-150	N2
1,3-Dimethyl-2-nitrobenzene(S)	%			76	70-130	
Benzo(a)pyrene-d12 (S)	%			84	70-130	
Triphenylphosphate (S)	%			82	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3297745 3297746

Parameter	Units	35526724001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
alpha-BHC	ug/L	0.0032U	0.0097	0.0098	0.0086J	0.0047J	89	48	0-200		40	N2
Chlorpyrifos	ug/L	0.0096U	0.029	0.029	0.031	0.031	100	99	0-200	1	40	N2
Dimethipin	ug/L	0.064U	0.19	0.2	0.17J	0.16J	85	83	0-200		40	N2
Ethoprop	ug/L	0.0096U	0.029	0.029	0.022J	0.023J	74	80	0-200		40	N2
Merphos-Oxone	ug/L	0.022U	0.068	0.068	0.088	0.088	106	106	0-200	0	40	N2

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(386)672-5668

QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3297745 3297746

Parameter	Units	35526724001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Oxyfluorfen	ug/L	0.016U	0.049	0.049	0.058	0.058	119	118	0-200	0	40	N2
Permethrin	ug/L	0.012U	0.039	0.039	0.033J	0.033J	86	84	0-200		40	N2
Profenofos	ug/L	0.096U	0.29	0.29	0.37	0.37	128	126	0-200	1	40	N2
Tebuconazole	ug/L	0.064U	0.19	0.2	0.20	0.20	104	103	0-200	1	40	N2
1,3-Dimethyl-2-nitrobenzene(S)	%						83	87	70-130			
Benzo(a)pyrene-d12 (S)	%						77	77	70-130			
Triphenylphosphate (S)	%						93	91	70-130			

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QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

QC Batch: 608195
QC Batch Method: EPA 530
Analysis Method: EPA 530
Analysis Description: 530 UCMR4 Semivolatiles
Associated Lab Samples: 35526700001

METHOD BLANK: 3304579 Matrix: Water
Associated Lab Samples: 35526700001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Butylated Hydroxyanisole	ug/L	0.010U	0.030	0.010	02/07/20 08:36	N2
O-Toluidine	ug/L	0.0023U	0.0070	0.0023	02/07/20 08:36	N2
Quinoline	ug/L	0.0067U	0.020	0.0067	02/07/20 08:36	N2
O-Toluidine-d9 (S)	%	116	50-130		02/07/20 08:36	
Quinoline -d7 (S)	%	82	70-130		02/07/20 08:36	

LABORATORY CONTROL SAMPLE: 3304580

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Butylated Hydroxyanisole	ug/L	0.03	0.030J	100	50-150	N2
O-Toluidine	ug/L	0.007	0.0084	120	50-150	N2
Quinoline	ug/L	0.02	0.019J	96	50-150	N2
O-Toluidine-d9 (S)	%			105	50-130	
Quinoline -d7 (S)	%			81	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3304780 3304781

Parameter	Units	35526726001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Butylated Hydroxyanisole	ug/L	0.010U	0.12	0.11	0.12	0.11	97	97	0-200	7	40	N2
O-Toluidine	ug/L	0.0023U	0.029	0.027	0.031	0.028	106	104	0-200	9	40	N2
Quinoline	ug/L	0.0068U	0.082	0.076	0.079	0.073	96	95	0-200	8	40	N2
O-Toluidine-d9 (S)	%						103	101	50-130			
Quinoline -d7 (S)	%						101	99	70-130			

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QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

QC Batch: 605948
QC Batch Method: EPA 541
Analysis Method: EPA 541
Analysis Description: 541 UCMR4 Alcohols
Associated Lab Samples: 35526700001

METHOD BLANK: 3293040 Matrix: Water
Associated Lab Samples: 35526700001

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
2-Methoxyethanol	ug/L	0.13U	0.40	0.13	01/30/20 18:18	N2
2-Propen-1-ol (Allyl alcohol)	ug/L	0.17U	0.50	0.17	01/30/20 18:18	N2
n-Butanol	ug/L	0.67U	2.0	0.67	01/30/20 18:18	N2
n-Butanol-d10 (S)	%	92	70-130		01/30/20 18:18	

LABORATORY CONTROL SAMPLE: 3293041

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
2-Methoxyethanol	ug/L	0.4	0.37J	94	50-150	N2
2-Propen-1-ol (Allyl alcohol)	ug/L	0.5	0.26J	53	50-150	N2
n-Butanol	ug/L	2	1.6J	82	50-150	N2
n-Butanol-d10 (S)	%			71	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3293042 3293043

Parameter	Units	35526749001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
2-Methoxyethanol	ug/L	0.13U	1.6	1.6	1.0	1.7	64	105	0-200	49	40	N2,R1
2-Propen-1-ol (Allyl alcohol)	ug/L	0.17U	2	2	1.1	2.1	56	103	0-200	60	40	N2,R1
n-Butanol	ug/L	0.67U	8	8	4.3	8.1	54	102	0-200	62	40	N2,R1
n-Butanol-d10 (S)	%						51	99	70-130			S0

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QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

QC Batch: 607234
QC Batch Method: EPA 552.3
Analysis Method: EPA 552.3
Analysis Description: 5523 UCMR Haloacetic Acids
Associated Lab Samples: 35526700006, 35526700007

METHOD BLANK: 3299472
Matrix: Water
Associated Lab Samples: 35526700006, 35526700007

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Bromochloroacetic Acid	ug/L	0.10U	0.30	0.10	02/05/20 09:45	
Bromodichloroacetic Acid	ug/L	0.17U	0.50	0.17	02/05/20 09:45	N2
Chlorodibromoacetic Acid	ug/L	0.10U	0.30	0.10	02/05/20 09:45	N2
Dibromoacetic Acid	ug/L	0.10U	0.30	0.10	02/05/20 09:45	
Dichloroacetic Acid	ug/L	0.067U	0.20	0.067	02/05/20 09:45	
HAA9 Group	ug/L	0.67U	2.0	0.67	02/05/20 09:45	
Haloacetic Acids (Total)	ug/L	0.67U	2.0	0.67	02/05/20 09:45	
Monobromoacetic Acid	ug/L	0.10U	0.30	0.10	02/05/20 09:45	
Monochloroacetic Acid	ug/L	0.67U	2.0	0.67	02/05/20 09:45	
Total Brominated HAAs	ug/L	0.67U	2.0	0.67	02/05/20 09:45	
Tribromoacetic Acid	ug/L	0.67U	2.0	0.67	02/05/20 09:45	N2
Trichloroacetic Acid	ug/L	0.17U	0.50	0.17	02/05/20 09:45	
2,3-Dibromopropanoic Acid (S)	%	109	70-130		02/05/20 09:45	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3299474 3299475

Parameter	Units	35526361001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Bromochloroacetic Acid	ug/L	0.10U	0.3	0.3	0.26J	0.29J	88	96	70-130		40	
Bromodichloroacetic Acid	ug/L	0.17U	0.5	0.5	0.44J	0.72	88	144	70-130		40	M0
Chlorodibromoacetic Acid	ug/L	0.10U	0.3	0.3	0.29J	0.43	97	143	70-130		40	M0
Dibromoacetic Acid	ug/L	0.40	0.3	0.3	0.76	0.74	122	113	70-130	3	40	
Dichloroacetic Acid	ug/L	0.067U	0.2	0.2	0.54	0.53	271	267	70-130	1	40	M0
Monobromoacetic Acid	ug/L	0.10U	0.3	0.3	0.43	0.39	144	130	70-130	10	40	M0
Monochloroacetic Acid	ug/L	0.67U	2	2	0.93J	1.0J	47	52	70-130		40	M0
Tribromoacetic Acid	ug/L	0.67U	2	2	1.6J	2.0J	80	99	70-130		40	
Trichloroacetic Acid	ug/L	0.17U	0.5	0.5	0.71	0.70	141	140	70-130	1	40	M0
2,3-Dibromopropanoic Acid (S)	%						128	119	70-130			

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QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

QC Batch: 606337 Analysis Method: EPA 300.1
QC Batch Method: EPA 300.1 Analysis Description: 300.1 UCMR Oxihalides IC Anions
Associated Lab Samples: 35526700002, 35526700003, 35526700004, 35526700005

METHOD BLANK: 3295047 Matrix: Water
Associated Lab Samples: 35526700002, 35526700003, 35526700004, 35526700005

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Bromide	ug/L	0.90U	20.0	0.90	01/30/20 12:10	

LABORATORY CONTROL SAMPLE: 3295048

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Bromide	ug/L	40	40.6	101	85-115	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3295049 3295050

Parameter	Units	35526316002 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Bromide	ug/L	3.6U	160	160	166	170	104	106	80-120	2	20	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3295051 3295052

Parameter	Units	35526975004 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Bromide	ug/L	21.6J	80	80	101	100	99	98	80-120	1	20	

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QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

QC Batch: 606768 Analysis Method: SM 5310B
QC Batch Method: SM 5310B Analysis Description: 5310B TOC UCMR
Associated Lab Samples: 35526700002, 35526700003, 35526700004, 35526700005

METHOD BLANK: 3297509 Matrix: Water
Associated Lab Samples: 35526700002, 35526700003, 35526700004, 35526700005

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Total Organic Carbon	ug/L	500U	1000	500	02/04/20 16:11	

LABORATORY CONTROL SAMPLE: 3297510

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Total Organic Carbon	ug/L	20000	18900	95	90-110	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3297511 3297512

Parameter	Units	35525902007 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Total Organic Carbon	ug/L	500U	20000	20000	19200	19600	95	97	80-120	2	20	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3297513 3297514

Parameter	Units	35525902008 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Total Organic Carbon	ug/L	500U	20000	20000	19100	18800	95	94	80-120	1	20	

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QUALIFIERS

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

ANALYTE QUALIFIERS

M0	Matrix spike recovery and/or matrix spike duplicate recovery was outside laboratory control limits.
N2	The lab does not hold NELAC/TNI accreditation for this parameter but other accreditations/certifications may apply. A complete list of accreditations/certifications is available upon request.
R1	RPD value was outside control limits.
S0	Surrogate recovery outside laboratory control limits.

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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526700

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35526700001	**Well #8**	EPA 525.3	606824	EPA 525.3	606883
35526700001	**Well #8**	EPA 530	608195	EPA 530	608396
35526700001	**Well #8**	EPA 541	605948	EPA 541	606359
35526700006	**DSMRT for Well #7**	EPA 552.3	607234	EPA 552.3	607549
35526700007	**DSMRT for Well #8**	EPA 552.3	607234	EPA 552.3	607549
35526700001	**Well #8**	EPA 200.8	607598	EPA 200.8	607697
35526700002	**Well #7 Raw**	EPA 300.1	606337		
35526700003	**Well #8 Raw**	EPA 300.1	606337		
35526700004	**Well #6 Raw**	EPA 300.1	606337		
35526700005	**Well #4 Raw**	EPA 300.1	606337		
35526700002	**Well #7 Raw**	SM 5310B	606768		
35526700003	**Well #8 Raw**	SM 5310B	606768		
35526700004	**Well #6 Raw**	SM 5310B	606768		
35526700005	**Well #4 Raw**	SM 5310B	606768		

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WO# : 35526700

35526700

ytical Request Document

ENT. All relevant fields must be completed accurately.

Page : 1 Of 1

Section A — **Required Client Information:**

Company:	Washington State University UCMR4
Address:	100 Dairy Rd
	Pullman, WA 99164
Email:	gpatters@wsu.edu
Phone: 509-335-9564	Fax:
Requested Due Date:	

Section B — **Required Project Information:**

Report To:	Gene Patterson
Copy To:	
Purchase Order #:	
Project Name:	UCMR4_SE1_Jan2020
Project #:	

Invoice Information:

Attention:	
Company Name:	
Address:	
Pace Quote:	
Pace Project Manager:	meghan.hill@pacelabs.com
Pace Profile #:	12674

Regulatory Agency

State / Location: WA

ITEM #	SAMPLE ID (One Character per box. (A-Z, 0-9 / , -) Sample Ids must be unique)	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED START DATE	COLLECTED START TIME	COLLECTED END DATE	COLLECTED END TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other	Requested Analysis Filtered (Y/N) Y/N	Analysis Test: 200.8 metals - UCMR IV	EPA541 UCMR IV	EPA541 UCMR IV MS/MSD	EPA525.3 UCMR IV	EPA525.3 UCMR IV MS/MSD	EPA530 UCMR IV	EPA530 UCMR IV MS/MSD	TOC UCMR IV	EPA300.1 UCMR IV	EPA552.3 UCMR IV			Residual Chlorine (Y/N)	
1	Well #7	WT																	X	X		X		X					Y	
2	Well #6	WT																	X	X		X		X					Y	
3	Well #8	WT		1-27-20	8:33	1-27-20	9:41												X	X		X		X					Y	
4	Well #4	WT																	X		X		X		X					Y	
5	Well #7 Raw	WT		1-27-20	9:10	1-27-20	9:22																			X	X			N	
6	Well #6 Raw	WT		"	8:30	"	8:32																			X	X			N	
7	Well #5 Raw	WT		"	8:54	"	8:56																			X	X			N	
8	Well #4 Raw	WT		"	9:45	"	9:48																			X	X			N	
9	DSMRT for Well #7	WT		"		"	10:25																					X		Y	0.05 ppm Cl2
10	DSMRT for Well #8	WT		"		"	10:41																					X		Y	0.80 ppm Cl2
11																															
12																															

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
UCMR4_SE1_Jan2020 PWS: WA5393200/ Washington State University		1/8/20	16:00				
		1-27-20	17:00	AS/PACE	1/28/20	1030	
						T235	NA

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER:

SIGNATURE of SAMPLER:

DATE Signed: 1-27-20

TEMP in C	Received on Ice (Y/N)	Custody Sealed Cooler (Y/N)	Samples Intact (Y/N)
	Y	Y	Y

Pace Analytical	Document Name: Sample Condition Upon Receipt UCMR Document No.: F-FL-C-047-rev.03 page 1 of 2	Document Revised: July 16, 2018 Issuing Authority: Pace Florida Quality Office

WO#: 35526700

JR) - UCMR 4

Project # PM: ADC **Due Date:** 02/25/20

Project Manager: CLIENT: WSUUCMR4

Client:

Date and Initials of person:
Examining contents: ADA
Label: AA
Deliver:

Courier: ☑ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other

Shipping Method: ☐ First Overnight ☐ Priority Overnight ☑ Standard Overnight ☐ Ground ☐ Other

Billing: ☐ Recipient ☐ Sender ☐ Third Party ☐ Credit Card ☐ Unknown

Tracking # 1383 5053 5090

Custody Seal on Cooler/Box Present: ☑ Yes ☐ No Seals intact: ☑ Yes ☐ No Ice: (Wet) Blue Dry None

Packing Material: ☑ Bubble Wrap ☑ Bubble Bags ☐ None ☐ Other

Comments:

Chain of Custody Present	☑Yes ☐ No	
Chain of Custody Filled Out	☑Yes ☐ No	
Relinquished Signature & Sampler Name COC	☑Yes ☐ No	
Samples Arrived within Hold Time	☑Yes ☐ No	
Sufficient Volume	☑Yes ☐ No	
Correct Containers Used	☑Yes ☐ No	
Containers Intact	☑Yes ☐ No	
Sample Labels match COC	☑Yes ☐ No	
Samples received within 48 hours of collection	☑Yes ☐ No	
If no, were samples kept ≤6°C after collection?	☐Yes ☐ No	Person contacted for verification:

Preservation Verification Date: 01/28/2020 Time: 1044 Initials: JRA

Temperature IR Gun ID: T337 CF (°C): 1.0

EPA 525.3 Temp°C 2.3 (Visual) 2.3 (Actual)

EPA 530 Temp°C 1.4 (Visual) 1.4 (Actual)

EPA 541 Temp°C 3.1 (Visual) 3.1 (Actual)

EPA 544 Temp°C _____ (Visual) _____ (Actual)

EPA 545 Temp°C _____ (Visual) _____ (Actual)

EPA 546 Temp°C _____ (Visual) _____ (Actual)

EPA 552.3 Temp°C 5.7 (Visual) 5.7 (Actual)

SM5310B Temp°C 5.1 (Visual) 5.1 (Actual)

EPA 300.0 Temp°C 5.4 (Visual) 5.4 (Actual)

	pH Strips:						Free Chlorine Strips*:						
Sample	545 pH ≤4.0	525.3 pH ≤4.0	530 pH 6-8	541 pH ≤3.0	544 pH 6.5-7.5	200.8 pH <2.0	525.3	530	541	544	545	546	552.3
DSMCT for #7													ND
DSMCT for #8													ND
well #8		2/2=4	2/2=7	1/1=2		1/1=1							

*(<0.1mg/L = ND)

Sample Condition Upon Receipt Form (SCUR) - UCMR 4

Sample	pH continued						Free Chlorine* continued						
	545 pH ≤4.0	525.3 pH ≤4.0	530 pH 6-8	541 pH ≤3.0	544 pH 6.5-7.5	200.8 pH <2.0	525.3	530	541	544	545	546	552.3

*(<0.1mg/L = ND)

Client Notification/ Resolution:

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: _____ Date: _____

Pace Analytical Services, LLC
8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

February 06, 2020

Gene Patterson
Washington State University
100 Dairy Rd
Pullman, WA 99164

RE: Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526693

Dear Gene Patterson:
Enclosed are the analytical results for sample(s) received by the laboratory on January 28, 2020. The results relate only to the samples included in this report. Results reported herein conform to the most current, applicable TNI/NELAC standards and the laboratory's Quality Assurance Manual, where applicable, unless otherwise noted in the body of the report.

If you have any questions concerning this report, please feel free to contact me.

Sincerely,

Aaron Crump

Aaron Crump
aaron.crump@pacelabs.com
(386) 672-5668
Project Manager

Enclosures

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CERTIFICATIONS

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526693

Pace Analytical Services Ormond Beach

8 East Tower Circle, Ormond Beach, FL 32174
Alaska DEC- CS/UST/LUST
Alabama Certification #: 41320
Arizona Certification# AZ0819
Colorado Certification: FL NELAC Reciprocity
Connecticut Certification #: PH-0216
Delaware Certification: FL NELAC Reciprocity
Florida Certification #: E83079
Georgia Certification #: 955
Guam Certification: FL NELAC Reciprocity
Hawaii Certification: FL NELAC Reciprocity
Illinois Certification #: 200068
Indiana Certification: FL NELAC Reciprocity
Kansas Certification #: E-10383
Kentucky Certification #: 90050
Louisiana Certification #: FL NELAC Reciprocity
Louisiana Environmental Certificate #: 05007
Maryland Certification: #346
Michigan Certification #: 9911
Mississippi Certification: FL NELAC Reciprocity
Missouri Certification #: 236
Montana Certification #: Cert 0074
Nebraska Certification: NE-OS-28-14
New Hampshire Certification #: 2958
New Jersey Certification #: FL022
New York Certification #: 11608
North Carolina Environmental Certificate #: 667
North Carolina Certification #: 12710
North Dakota Certification #: R-216
Oklahoma Certification #: D9947
Pennsylvania Certification #: 68-00547
Puerto Rico Certification #: FL01264
South Carolina Certification: #96042001
Tennessee Certification #: TN02974
Texas Certification: FL NELAC Reciprocity
US Virgin Islands Certification: FL NELAC Reciprocity
Virginia Environmental Certification #: 460165
West Virginia Certification #: 9962C
Wisconsin Certification #: 399079670
Wyoming (EPA Region 8): FL NELAC Reciprocity

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SAMPLE SUMMARY

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526693

Lab ID	Sample ID	Matrix	Date Collected	Date Received
35526693001	**Well #7**	Drinking Water	01/27/20 09:29	01/28/20 10:30
35526693002	**Well #6**	Drinking Water	01/27/20 09:02	01/28/20 10:30

REPORT OF LABORATORY ANALYSIS

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SAMPLE ANALYTE COUNT

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526693

Lab ID	Sample ID	Method	Analysts	Analytes Reported
35526693001	**Well #7**	EPA 525.3	CMB	12
		EPA 530	CMB	5
		EPA 541	CMB	4
		EPA 200.8	SLG	2
35526693002	**Well #6**	EPA 525.3	SWR	12
		EPA 530	CMB	5
		EPA 541	CMB	4
		EPA 200.8	SLG	2

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ANALYTICAL RESULTS

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526693

Sample: Well #7 **Lab ID: 35526693001** Collected: 01/27/20 09:29 Received: 01/28/20 10:30 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
525.3 UCMR4	Analytical Method: EPA 525.3 Preparation Method: EPA 525.3								
alpha-BHC	**0.0034U**	ug/L	0.010	0.0034	1	02/02/20 08:06	02/02/20 18:01	319-84-6	N2
Chlorpyrifos	**0.010U**	ug/L	0.030	0.010	1	02/02/20 08:06	02/02/20 18:01	2921-88-2	N2
Dimethipin	**0.068U**	ug/L	0.20	0.068	1	02/02/20 08:06	02/02/20 18:01	55290-64-7	N2
Ethoprop	**0.010U**	ug/L	0.030	0.010	1	02/02/20 08:06	02/02/20 18:01	13194-48-4	N2
Merphos-Oxone	**0.023U**	ug/L	0.071	0.023	1	02/02/20 08:06	02/02/20 18:01	78-48-8	N2
Oxyfluorfen	**0.017U**	ug/L	0.051	0.017	1	02/02/20 08:06	02/02/20 18:01	42874-03-3	N2
Permethrin	**0.013U**	ug/L	0.041	0.013	1	02/02/20 08:06	02/02/20 18:01	52645-53-1	N2
Profenofos	**0.10U**	ug/L	0.30	0.10	1	02/02/20 08:06	02/02/20 18:01	41198-08-7	N2
Tebuconazole	**0.068U**	ug/L	0.20	0.068	1	02/02/20 08:06	02/02/20 18:01	107534-96-3	N2
Surrogates									
1,3-Dimethyl-2-nitrobenzene(S)	83	%	70-130		1	02/02/20 08:06	02/02/20 18:01	81209	
Benzo(a)pyrene-d12 (S)	83	%	70-130		1	02/02/20 08:06	02/02/20 18:01		
Triphenylphosphate (S)	98	%	70-130		1	02/02/20 08:06	02/02/20 18:01	115-86-6	
530 UCMR4 Semivolatiles	Analytical Method: EPA 530 Preparation Method: EPA 530								
Butylated Hydroxyanisole	**0.0098U**	ug/L	0.029	0.0098	1	01/30/20 15:28	01/31/20 13:40	25013-16-5	N2
Quinoline	**0.0065U**	ug/L	0.020	0.0065	1	01/30/20 15:28	01/31/20 13:40	91-22-5	N2
O-Toluidine	**0.0022U**	ug/L	0.0068	0.0022	1	01/30/20 15:28	01/31/20 13:40	95-53-4	N2
Surrogates									
Quinoline -d7 (S)	86	%	70-130		1	01/30/20 15:28	01/31/20 13:40	34071-94-8	
O-Toluidine-d9 (S)	111	%	50-130		1	01/30/20 15:28	01/31/20 13:40	194423-47-7	
541 UCMR4 Alcohols	Analytical Method: EPA 541 Preparation Method: EPA 541								
n-Butanol	**0.67U**	ug/L	2.0	0.67	1	01/29/20 08:39	01/30/20 02:30	71-36-3	N2
2-Methoxyethanol	**0.13U**	ug/L	0.40	0.13	1	01/29/20 08:39	01/30/20 02:30	109-86-4	N2
2-Propen-1-ol (Allyl alcohol)	**0.17U**	ug/L	0.50	0.17	1	01/29/20 08:39	01/30/20 02:30	107-18-6	N2
Surrogates									
n-Butanol-d10 (S)	91	%	70-130		1	01/29/20 08:39	01/30/20 02:30	34193-38-9	
200.8 MET ICPMS UCMR	Analytical Method: EPA 200.8 Preparation Method: EPA 200.8								
Germanium	**0.17J**	ug/L	0.30	0.10	1.25	02/05/20 04:49	02/06/20 14:05	7440-56-4	N2
Manganese	**57.8**	ug/L	3.2	1.1	10	02/05/20 04:49	02/06/20 14:19	7439-96-5	

REPORT OF LABORATORY ANALYSIS

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Ormond Beach, FL 32174
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ANALYTICAL RESULTS

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526693

Sample: Well #6 **Lab ID: 35526693002** Collected: 01/27/20 09:02 Received: 01/28/20 10:30 Matrix: Drinking Water

Parameters	Results	Units	PQL	MDL	DF	Prepared	Analyzed	CAS No.	Qual
525.3 UCMR4	Analytical Method: EPA 525.3 Preparation Method: EPA 525.3								
alpha-BHC	**0.0032U**	ug/L	0.0097	0.0032	1	02/02/20 08:06	02/02/20 18:22	319-84-6	N2
Chlorpyrifos	**0.0097U**	ug/L	0.029	0.0097	1	02/02/20 08:06	02/02/20 18:22	2921-88-2	N2
Dimethipin	**0.065U**	ug/L	0.19	0.065	1	02/02/20 08:06	02/02/20 18:22	55290-64-7	N2
Ethoprop	**0.0097U**	ug/L	0.029	0.0097	1	02/02/20 08:06	02/02/20 18:22	13194-48-4	N2
Merphos-Oxone	**0.022U**	ug/L	0.068	0.022	1	02/02/20 08:06	02/02/20 18:22	78-48-8	N2
Oxyfluorfen	**0.017U**	ug/L	0.049	0.017	1	02/02/20 08:06	02/02/20 18:22	42874-03-3	N2
Permethrin	**0.013U**	ug/L	0.039	0.013	1	02/02/20 08:06	02/02/20 18:22	52645-53-1	N2
Profenofos	**0.097U**	ug/L	0.29	0.097	1	02/02/20 08:06	02/02/20 18:22	41198-08-7	N2
Tebuconazole	**0.065U**	ug/L	0.19	0.065	1	02/02/20 08:06	02/02/20 18:22	107534-96-3	N2
Surrogates									
1,3-Dimethyl-2-nitrobenzene(S)	90	%	70-130		1	02/02/20 08:06	02/02/20 18:22	81209	
Benzo(a)pyrene-d12 (S)	83	%	70-130		1	02/02/20 08:06	02/02/20 18:22		
Triphenylphosphate (S)	96	%	70-130		1	02/02/20 08:06	02/02/20 18:22	115-86-6	
530 UCMR4 Semivolatiles	Analytical Method: EPA 530 Preparation Method: EPA 530								
Butylated Hydroxyanisole	**0.0096U**	ug/L	0.029	0.0096	1	01/30/20 15:28	01/31/20 14:04	25013-16-5	N2
Quinoline	**0.0064U**	ug/L	0.019	0.0064	1	01/30/20 15:28	01/31/20 14:04	91-22-5	N2
O-Toluidine	**0.0022U**	ug/L	0.0067	0.0022	1	01/30/20 15:28	01/31/20 14:04	95-53-4	N2
Surrogates									
Quinoline -d7 (S)	93	%	70-130		1	01/30/20 15:28	01/31/20 14:04	34071-94-8	
O-Toluidine-d9 (S)	120	%	50-130		1	01/30/20 15:28	01/31/20 14:04	194423-47-7	
541 UCMR4 Alcohols	Analytical Method: EPA 541 Preparation Method: EPA 541								
n-Butanol	**0.67U**	ug/L	2.0	0.67	1	01/29/20 08:39	01/30/20 03:16	71-36-3	N2
2-Methoxyethanol	**0.13U**	ug/L	0.40	0.13	1	01/29/20 08:39	01/30/20 03:16	109-86-4	N2
2-Propen-1-ol (Allyl alcohol)	**0.17U**	ug/L	0.50	0.17	1	01/29/20 08:39	01/30/20 03:16	107-18-6	N2
Surrogates									
n-Butanol-d10 (S)	89	%	70-130		1	01/29/20 08:39	01/30/20 03:16	34193-38-9	
200.8 MET ICPMS UCMR	Analytical Method: EPA 200.8 Preparation Method: EPA 200.8								
Germanium	**0.12J**	ug/L	0.30	0.10	1.25	02/05/20 04:49	02/06/20 14:07	7440-56-4	N2
Manganese	**67.7**	ug/L	3.2	1.1	10	02/05/20 04:49	02/06/20 14:19	7439-96-5	

REPORT OF LABORATORY ANALYSIS

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(386)672-5668

QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526693

QC Batch: 607598 Analysis Method: EPA 200.8
QC Batch Method: EPA 200.8 Analysis Description: 200.8 MET UCMR Drinking Water
Associated Lab Samples: 35526693001, 35526693002

METHOD BLANK: 3301296 Matrix: Water
Associated Lab Samples: 35526693001, 35526693002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Germanium	ug/L	0.10U	0.30	0.10	02/06/20 13:56	N2
Manganese	ug/L	0.13U	0.40	0.13	02/06/20 13:56	

LABORATORY CONTROL SAMPLE: 3301297

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Germanium	ug/L	0.3	0.31	103	50-150	N2
Manganese	ug/L	0.4	0.41	102	50-150	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3301298 3301299

Parameter	Units	35526313001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Germanium	ug/L	0.10U	0.3	0.3	0.39	0.39	109	111	0-200	1	20	N2
Manganese	ug/L	1.4	0.4	0.4	1.8	1.8	89	99	0-200	2	20	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3301300 3301301

Parameter	Units	35526722001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Germanium	ug/L	0.24J	5	5	5.3	5.5	102	106	0-200	4	20	N2
Manganese	ug/L	174	5	5	179	183	104	168	0-200	2	20	

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QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526693

QC Batch: 606824 Analysis Method: EPA 525.3
QC Batch Method: EPA 525.3 Analysis Description: 525.3 UCMR
Associated Lab Samples: 35526693001, 35526693002

METHOD BLANK: 3297738 Matrix: Water
Associated Lab Samples: 35526693001, 35526693002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
alpha-BHC	ug/L	0.0033U	0.010	0.0033	02/02/20 15:27	N2
Chlorpyrifos	ug/L	0.010U	0.030	0.010	02/02/20 15:27	N2
Dimethipin	ug/L	0.067U	0.20	0.067	02/02/20 15:27	N2
Ethoprop	ug/L	0.010U	0.030	0.010	02/02/20 15:27	N2
Merphos-Oxone	ug/L	0.023U	0.070	0.023	02/02/20 15:27	N2
Oxyfluorfen	ug/L	0.017U	0.050	0.017	02/02/20 15:27	N2
Permethrin	ug/L	0.013U	0.040	0.013	02/02/20 15:27	N2
Profenofos	ug/L	0.10U	0.30	0.10	02/02/20 15:27	N2
Tebuconazole	ug/L	0.067U	0.20	0.067	02/02/20 15:27	N2
1,3-Dimethyl-2-nitrobenzene(S)	%	89	70-130		02/02/20 15:27	
Benzo(a)pyrene-d12 (S)	%	88	70-130		02/02/20 15:27	
Triphenylphosphate (S)	%	96	70-130		02/02/20 15:27	

LABORATORY CONTROL SAMPLE: 3297739

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
alpha-BHC	ug/L	0.01	0.0078J	78	50-150	N2
Chlorpyrifos	ug/L	0.03	0.025J	84	50-150	N2
Dimethipin	ug/L	0.2	0.15J	76	50-150	N2
Ethoprop	ug/L	0.03	0.030J	99	50-150	N2
Merphos-Oxone	ug/L	0.07	0.070	100	50-150	N2
Oxyfluorfen	ug/L	0.05	0.044J	87	50-150	N2
Permethrin	ug/L	0.04	0.029J	72	50-150	N2
Profenofos	ug/L	0.3	0.30J	100	50-150	N2
Tebuconazole	ug/L	0.2	0.13J	65	50-150	N2
1,3-Dimethyl-2-nitrobenzene(S)	%			76	70-130	
Benzo(a)pyrene-d12 (S)	%			84	70-130	
Triphenylphosphate (S)	%			82	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3297745 3297746

Parameter	Units	35526724001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
alpha-BHC	ug/L	0.0032U	0.0097	0.0098	0.0086J	0.0047J	89	48	0-200		40	N2
Chlorpyrifos	ug/L	0.0096U	0.029	0.029	0.031	0.031	100	99	0-200	1	40	N2
Dimethipin	ug/L	0.064U	0.19	0.2	0.17J	0.16J	85	83	0-200		40	N2
Ethoprop	ug/L	0.0096U	0.029	0.029	0.022J	0.023J	74	80	0-200		40	N2
Merphos-Oxone	ug/L	0.022U	0.068	0.068	0.088	0.088	106	106	0-200	0	40	N2

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QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526693

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3297745 3297746

Parameter	Units	35526724001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Oxyfluorfen	ug/L	0.016U	0.049	0.049	0.058	0.058	119	118	0-200	0	40	N2
Permethrin	ug/L	0.012U	0.039	0.039	0.033J	0.033J	86	84	0-200		40	N2
Profenofos	ug/L	0.096U	0.29	0.29	0.37	0.37	128	126	0-200	1	40	N2
Tebuconazole	ug/L	0.064U	0.19	0.2	0.20	0.20	104	103	0-200	1	40	N2
1,3-Dimethyl-2-nitrobenzene(S)	%						83	87	70-130			
Benzo(a)pyrene-d12 (S)	%						77	77	70-130			
Triphenylphosphate (S)	%						93	91	70-130			

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

REPORT OF LABORATORY ANALYSIS

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8 East Tower Circle
Ormond Beach, FL 32174
(386)672-5668

QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526693

QC Batch: 606261 Analysis Method: EPA 530
QC Batch Method: EPA 530 Analysis Description: 530 UCMR4 Semivolatiles
Associated Lab Samples: 35526693001, 35526693002

METHOD BLANK: 3294574 Matrix: Water
Associated Lab Samples: 35526693001, 35526693002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
Butylated Hydroxyanisole	ug/L	0.010U	0.030	0.010	01/31/20 07:48	N2
O-Toluidine	ug/L	0.0023U	0.0070	0.0023	01/31/20 07:48	N2
Quinoline	ug/L	0.0067U	0.020	0.0067	01/31/20 07:48	N2
O-Toluidine-d9 (S)	%	120	50-130		01/31/20 07:48	
Quinoline -d7 (S)	%	86	70-130		01/31/20 07:48	

LABORATORY CONTROL SAMPLE: 3294575

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
Butylated Hydroxyanisole	ug/L	0.03	0.026J	87	50-150	N2
O-Toluidine	ug/L	0.007	0.0094	134	50-150	N2
Quinoline	ug/L	0.02	0.022	111	50-150	N2
O-Toluidine-d9 (S)	%			108	50-130	
Quinoline -d7 (S)	%			77	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3294576 3294577

Parameter	Units	35526318002 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
Butylated Hydroxyanisole	ug/L	0.0096U	0.029	0.029	0.028J	0.037	95	127	0-200		40	N2
O-Toluidine	ug/L	0.0022U	0.0069	0.0069	0.0079	0.012	115	176	0-200	42	40	N2,R1
Quinoline	ug/L	0.0064U	0.02	0.02	0.022	0.029	114	146	0-200	24	40	N2
O-Toluidine-d9 (S)	%						96	114	50-130			
Quinoline -d7 (S)	%						90	97	70-130			

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QUALITY CONTROL DATA

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526693

QC Batch: 605579 Analysis Method: EPA 541
QC Batch Method: EPA 541 Analysis Description: 541 UCMR4 Alcohols
Associated Lab Samples: 35526693001, 35526693002

METHOD BLANK: 3291277 Matrix: Water
Associated Lab Samples: 35526693001, 35526693002

Parameter	Units	Blank Result	Reporting Limit	MDL	Analyzed	Qualifiers
2-Methoxyethanol	ug/L	0.13U	0.40	0.13	01/29/20 21:26	N2
2-Propen-1-ol (Allyl alcohol)	ug/L	0.17U	0.50	0.17	01/29/20 21:26	N2
n-Butanol	ug/L	0.67U	2.0	0.67	01/29/20 21:26	N2
n-Butanol-d10 (S)	%	92	70-130		01/29/20 21:26	

LABORATORY CONTROL SAMPLE: 3291278

Parameter	Units	Spike Conc.	LCS Result	LCS % Rec	% Rec Limits	Qualifiers
2-Methoxyethanol	ug/L	0.4	0.44	109	50-150	N2
2-Propen-1-ol (Allyl alcohol)	ug/L	0.5	0.39J	79	50-150	N2
n-Butanol	ug/L	2	2.0J	100	50-150	N2
n-Butanol-d10 (S)	%			92	70-130	

MATRIX SPIKE & MATRIX SPIKE DUPLICATE: 3291279 3291280

Parameter	Units	35526323001 Result	MS Spike Conc.	MSD Spike Conc.	MS Result	MSD Result	MS % Rec	MSD % Rec	% Rec Limits	RPD	Max RPD	Qual
2-Methoxyethanol	ug/L	0.13U	0.4	0.4	0.48	0.48	120	119	0-200	0	40	N2
2-Propen-1-ol (Allyl alcohol)	ug/L	0.17U	0.5	0.5	0.45J	0.43J	91	85	0-200		40	N2
n-Butanol	ug/L	0.67U	2	2	2.2	2.2	89	87	0-200	2	40	N2
n-Butanol-d10 (S)	%						93	87	70-130			

Results presented on this page are in the units indicated by the "Units" column except where an alternate unit is presented to the right of the result.

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(386)672-5668

QUALIFIERS

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526693

DEFINITIONS

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to dilution of the sample aliquot.

ND - Not Detected at or above adjusted reporting limit.

TNTC - Too Numerous To Count

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit.

MDL - Adjusted Method Detection Limit.

PQL - Practical Quantitation Limit.

RL - Reporting Limit - The lowest concentration value that meets project requirements for quantitative data with known precision and bias for a specific analyte in a specific matrix.

S - Surrogate

1,2-Diphenylhydrazine decomposes to and cannot be separated from Azobenzene using Method 8270. The result for each analyte is a combined concentration.

Consistent with EPA guidelines, unrounded data are displayed and have been used to calculate % recovery and RPD values.

LCS(D) - Laboratory Control Sample (Duplicate)

MS(D) - Matrix Spike (Duplicate)

DUP - Sample Duplicate

RPD - Relative Percent Difference

NC - Not Calculable.

SG - Silica Gel - Clean-Up

U - Indicates the compound was analyzed for, but not detected.

N-Nitrosodiphenylamine decomposes and cannot be separated from Diphenylamine using Method 8270. The result reported for each analyte is a combined concentration.

Pace Analytical is TNI accredited. Contact your Pace PM for the current list of accredited analytes.

TNI - The NELAC Institute.

ANALYTE QUALIFIERS

N2	The lab does not hold NELAC/TNI accreditation for this parameter but other accreditations/certifications may apply. A complete list of accreditations/certifications is available upon request.
R1	RPD value was outside control limits.

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Ormond Beach, FL 32174
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QUALITY CONTROL DATA CROSS REFERENCE TABLE

Project: UCMR4_SE1_Jan2020
Pace Project No.: 35526693

Lab ID	Sample ID	QC Batch Method	QC Batch	Analytical Method	Analytical Batch
35526693001	**Well #7**	EPA 525.3	606824	EPA 525.3	606883
35526693002	**Well #6**	EPA 525.3	606824	EPA 525.3	606883
35526693001	**Well #7**	EPA 530	606261	EPA 530	606439
35526693002	**Well #6**	EPA 530	606261	EPA 530	606439
35526693001	**Well #7**	EPA 541	605579	EPA 541	605935
35526693002	**Well #6**	EPA 541	605579	EPA 541	605935
35526693001	**Well #7**	EPA 200.8	607598	EPA 200.8	607697
35526693002	**Well #6**	EPA 200.8	607598	EPA 200.8	607697

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WO# : 35526693

35526693

tical Request Document

IT. All relevant fields must be completed accurately.

Page : 1 Of 1

Section A — **Required Client Information:**

Company:	Washington State University UCMR4
Address:	100 Dairy Rd
	Pullman, WA 99164
Email:	gpatters@wsu.edu
Phone: 509-335-9664	Fax:
Requested Due Date:	

Section B — **Required Project Information:**

Report To:	Gene Patterson
Copy To:	
Purchase Order #:	
Project Name:	UCMR4_SE1_Jan2020
Project #:	

Attention:	
Company Name:	
Address:	
Pace Quote:	
Pace Project Manager:	mehgan.hill@pacelabs.com
Pace Profile #:	12674

Regulatory Agency: —

State / Location: WA

SAMPLE ID
One Character per box.
(A-Z, 0-9 / , -)
Sample Ids must be unique

MATRIX CODE: Drinking Water DW; Water WT; Waste Water WW; Product P; Soil/Solid SL; Oil OL; Wipe WP; Air AR; Other OT; Tissue TS

ITEM #	SAMPLE ID	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED START DATE	COLLECTED START TIME	COLLECTED END DATE	COLLECTED END TIME	SAMPLE TEMP AT COLLECTION	# OF CONTAINERS	Preservatives: Unpreserved	H2SO4	HNO3	HCl	NaOH	Na2S2O3	Methanol	Other	Y/N	Analyses Test: 200.8 metals - UCMR IV	EPA541 UCMR IV	EPA541 UCMR IV MS/MSD	EPA525.3 UCMR IV	EPA525.3 UCMR IV MS/MSD	EPA530 UCMR IV	EPA530 UCMR IV MS/MSD	TOC UCMR IV	EPA300.1 UCMR IV	EPA552.3 UCMR IV			Residual Chlorine (Y/N)	
1	Well #7	WT		1-27-20	9:24	1-27	9:29												X	X		X		X						1
2	Well #5	WT		"	9:54	"	9:02												X	X		X		X						1
3	Well #3	WT		"															X	X		X		X						1
4	Well #4	WT		"															X		X		X		X					
5	Well #7 Raw	WT		"																						X	X			
6	Well #5 Raw	WT		"																						X	X			
7	Well #3 Raw	WT		"																						X	X			
8	Well #4 Raw	WT		"																						X	X			
9	DSMRT for Well #7	WT																										X		
10	DSMRT for Well #3	WT																										X		
11																														
12																														

ADDITIONAL COMMENTS	RELINQUISHED BY / AFFILIATION	DATE	TIME	ACCEPTED BY / AFFILIATION	DATE	TIME	SAMPLE CONDITIONS
UCMR4_SE1_Jan2020 PWS: WA5393200/ Washington State University		1/8/20	16:00				
	WJ	1.27.20	13:00	AS/Pace	1-28-20	1020	4 4 4
						1330	NA

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: Gene Patterson

SIGNATURE of SAMPLER: Gene Patterson

DATE Signed: 1-27-20

TEMP in C	Received on Ice (Y/N)	Custody Sealed Cooler (Y/N)	Samples Intact (Y/N)
	Y	Y	Y

Pace Analytical	Document Name: Sample Condition Upon Receipt UCMR Document No.:	Document Revised: July 16, 2018 Issuing Authority: Pace Florida Quality Office

WO# : 35526693

JR) - UCMR 4

Project # PM: ADC Due Date: 02/25/20

Project Manager: CLIENT: WSUUCMR4

Client:

Date and Initials of person:
Examining contents: AS
Label: AS
Deliver:

Courier: ☑ Fed Ex ☐ UPS ☐ USPS ☐ Client ☐ Commercial ☐ Pace ☐ Other

Shipping Method: ☐ First Overnight ☐ Priority Overnight ☑ Standard Overnight ☐ Ground ☐ Other

Billing: ☐ Recipient ☐ Sender ☐ Third Party ☐ Credit Card ☐ Unknown

Tracking # 1383 5653 5679

Custody Seal on Cooler/Box Present: ☑ Yes ☐ No Seals intact: ☑ Yes ☐ No Ice: (Wet) Blue Dry None

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ None ☐ Other

Comments:

Chain of Custody Present	☑Yes ☐ No	
Chain of Custody Filled Out	☑Yes ☐ No	
Relinquished Signature & Sampler Name COC	☑Yes ☐ No	
Samples Arrived within Hold Time	☑Yes ☐ No	
Sufficient Volume	☑Yes ☐ No	
Correct Containers Used	☑Yes ☐ No	
Containers Intact	☑Yes ☐ No	
Sample Labels match COC	☑Yes ☐ No	
Samples received within 48 hours of collection	☑Yes ☐ No	
If no, were samples kept ≤6°C after collection?	☐Yes ☐ No	Person contacted for verification:

Preservation Verification Date: 01/25/2020 Time: 1040 Initials: JRA

Temperature IR Gun ID: T337 CF (°C): 1.0

EPA 525.3 Temp°C 3.3 (Visual) _____ (Actual)

EPA 530 Temp°C 2.3 (Visual) _____ (Actual)

EPA 541 Temp°C 4.4 (Visual) _____ (Actual)

EPA 544 Temp°C _____ (Visual) _____ (Actual)

EPA 545 Temp°C _____ (Visual) _____ (Actual)

EPA 546 Temp°C _____ (Visual) _____ (Actual)

EPA 552.3 Temp°C _____ (Visual) _____ (Actual)

SM5310B Temp°C _____ (Visual) _____ (Actual) 4.7 JRA

EPA 300.0 Temp°C _____ (Visual) _____ (Actual)

	pH Strips:						Free Chlorine Strips*:						
Sample	545 pH ≤4.0	525.3 pH ≤4.0	530 pH 6-8	541 pH ≤3.0	544 pH 6.5-7.5	200.8 pH <2.0	525.3	530	541	544	545	546	552.3
Well #7		212=4	212=7	111=2		111=1	ND	ND	ND				
Well #6		212=4	212=7	111=2		111=1	ND	ND	ND				

*(<0.1mg/L = ND)

Sample Condition Upon Receipt Form (SCUR) - UCMR 4

Sample	pH continued						Free Chlorine* continued						
	545 pH ≤4.0	525.3 pH ≤4.0	530 pH 6-8	541 pH ≤3.0	544 pH 6.5-7.5	200.8 pH <2.0	525.3	530	541	544	545	546	552.3

*(<0.1mg/L = ND)

Client Notification/ Resolution:

Person Contacted: _____ Date/Time: _____

Comments/ Resolution: _____

Project Manager Review: _____ Date: _____

Anatek Labs, Inc.

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504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 515.4

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09211	Collect Date:	7/18/2018	DOH Source #:	S04
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/25/2018				
County:	WHITMAN	Sample Location: S04 (WELL #4)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0037	2,4-D	ND	ug/L	0.1	0.1	70	EPA 515.4	MAH	
0038	2,4,5-TP (Silvex)	ND	ug/L	0.2	0.2	50	EPA 515.4	MAH	
0134	Pentachlorophenol	ND	ug/L	0.04	0.04	1	EPA 515.4	MAH	
0137	Dalapon	ND	ug/L	1	1	200	EPA 515.4	MAH	
0139	Dinoseb	ND	ug/L	0.2	0.2	7	EPA 515.4	MAH	
0140	Picloram	ND	ug/L	0.1	0.1	500	EPA 515.4	MAH	

EPA Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0138	Dicamba	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0135	2,4-DB	ND	ug/L	1.0	1.0		EPA 515.4	MAH	
0136	2,4,5-T	ND	ug/L	0.4			EPA 515.4	MAH	
0220	Bentazon	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0221	Dichlorprop	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0223	Acifluorofen	ND	ug/L	2.0	2.0		EPA 515.4	MAH	
0225	DCPA (Acid Metabolites)	ND	ug/L	0.1	0.1		EPA 515.4	MAH	
0226	3,5-Dichlorobenzoic Acid	ND	ug/L	0.5	0.5		EPA 515.4	MAH	

State Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0224	Chloramben	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/2/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 515.4

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09215	Collect Date:	7/18/2018	DOH Source #:	S06
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/25/2018				
County:	WHITMAN	Sample Location: S06 (WELL #6)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0037	2,4-D	ND	ug/L	0.1	0.1	70	EPA 515.4	MAH	
0038	2,4,5-TP (Silvex)	ND	ug/L	0.2	0.2	50	EPA 515.4	MAH	
0134	Pentachlorophenol	ND	ug/L	0.04	0.04	1	EPA 515.4	MAH	
0137	Dalapon	ND	ug/L	1	1	200	EPA 515.4	MAH	
0139	Dinoseb	ND	ug/L	0.2	0.2	7	EPA 515.4	MAH	
0140	Picloram	ND	ug/L	0.1	0.1	500	EPA 515.4	MAH	

EPA Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0138	Dicamba	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0135	2,4-DB	ND	ug/L	1.0	1.0		EPA 515.4	MAH	
0136	2,4,5-T	ND	ug/L	0.4			EPA 515.4	MAH	
0220	Bentazon	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0221	Dichlorprop	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0223	Acifluorofen	ND	ug/L	2.0	2.0		EPA 515.4	MAH	
0225	DCPA (Acid Metabolites)	ND	ug/L	0.1	0.1		EPA 515.4	MAH	
0226	3,5-Dichlorobenzoic Acid	ND	ug/L	0.5	0.5		EPA 515.4	MAH	

State Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0224	Chloramben	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/2/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 515.4

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09219	Collect Date:	7/18/2018	DOH Source #:	S08
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/25/2018				
County:	WHITMAN	Sample Location: S08 (WELL #7)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0037	2,4-D	ND	ug/L	0.1	0.1	70	EPA 515.4	MAH	
0038	2,4,5-TP (Silvex)	ND	ug/L	0.2	0.2	50	EPA 515.4	MAH	
0134	Pentachlorophenol	ND	ug/L	0.04	0.04	1	EPA 515.4	MAH	
0137	Dalapon	ND	ug/L	1	1	200	EPA 515.4	MAH	
0139	Dinoseb	ND	ug/L	0.2	0.2	7	EPA 515.4	MAH	
0140	Picloram	ND	ug/L	0.1	0.1	500	EPA 515.4	MAH	

EPA Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0138	Dicamba	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0135	2,4-DB	ND	ug/L	1.0	1.0		EPA 515.4	MAH	
0136	2,4,5-T	ND	ug/L	0.4			EPA 515.4	MAH	
0220	Bentazon	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0221	Dichlorprop	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0223	Acifluorofen	ND	ug/L	2.0	2.0		EPA 515.4	MAH	
0225	DCPA (Acid Metabolites)	ND	ug/L	0.1	0.1		EPA 515.4	MAH	
0226	3,5-Dichlorobenzoic Acid	ND	ug/L	0.5	0.5		EPA 515.4	MAH	

State Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0224	Chloramben	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/2/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09213	Collect Date:	7/18/2018	DOH Source #:	S06
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/20/2018				
County:	WHITMAN	Sample Location:	S06 (WELL #6)		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0045	Vinyl Chloride	ND	ug/L	0.5	0.5	2	EPA 524.3	SAT	
0046	1,1-Dichloroethylene	ND	ug/L	0.5	0.5	7	EPA 524.3	SAT	
0047	1,1,1-Trichloroethane	ND	ug/L	0.5	0.5	200	EPA 524.3	SAT	
0048	Carbon Tetrachloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0049	Benzene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0050	1,2-Dichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0051	Trichloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0052	1,4-Dichlorobenzene	ND	ug/L	0.5	0.5	75	EPA 524.3	SAT	
0056	Methylene chloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0057	trans-1,2-Dichloroethylene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0060	cis-1,2-dichloroethylene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0063	1,2-Dichloropropane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0066	Toluene	ND	ug/L	0.5	0.5	1000	EPA 524.3	SAT	
0067	1,1,2-Trichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0068	Tetrachloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0071	Chlorobenzene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0073	Ethylbenzene	ND	ug/L	0.5	0.5	700	EPA 524.3	SAT	
0076	Styrene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0084	1,2-Dichlorobenzene	ND	ug/L	0.5	0.5	600	EPA 524.3	SAT	
0095	1,2,4-Trichlorobenzene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0160	Total Xylene	ND	ug/L	0.5	0.5	10000	EPA 524.3	SAT	
0074	m/p-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0075	o-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

EPA Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0031	Total Trihalomethane	ND	ug/L	--	--	80	EPA 524.3	SAT	
0027	Chloroform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0029	Dibromochloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0053	Chloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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0054	Bromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0058	1,1-Dichloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0062	1,1-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0064	Dibromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0070	1,3-Dichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0072	1,1,1,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0078	Bromobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0079	1,2,3-Trichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0080	1,1,2,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0081	o-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0082	p-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0083	m-Dichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0154	1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT

State Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0065	cis-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0069	trans-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0085	Trichloroflouromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0086	Bromochloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0087	Isopropylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0088	n-Propylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0089	1,3,5-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0090	tert-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0091	1,2,4-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0092	sec-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0093	p-Isopropyltoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0094	n-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0096	Naphthalene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0097	Hexachlorobutadiene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0098	1,2,3-Trichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0427	EDB (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0428	DBCP (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0104	Dichlorodifluoromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
	methyl-t-butyl ether (MTBE)	ND	ug/L	0.5	70		EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor: _____ **Date:** 8/2/2018

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Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09217	Collect Date:	7/18/2018	DOH Source #:	S08
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/20/2018				
County:	WHITMAN	Sample Location: S08 (WELL #7)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0045	Vinyl Chloride	ND	ug/L	0.5	0.5	2	EPA 524.3	SAT	
0046	1,1-Dichloroethylene	ND	ug/L	0.5	0.5	7	EPA 524.3	SAT	
0047	1,1,1-Trichloroethane	ND	ug/L	0.5	0.5	200	EPA 524.3	SAT	
0048	Carbon Tetrachloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0049	Benzene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0050	1,2-Dichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0051	Trichloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0052	1,4-Dichlorobenzene	ND	ug/L	0.5	0.5	75	EPA 524.3	SAT	
0056	Methylene chloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0057	trans-1,2-Dichloroethylene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0060	cis-1,2-dichloroethylene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0063	1,2-Dichloropropane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0066	Toluene	ND	ug/L	0.5	0.5	1000	EPA 524.3	SAT	
0067	1,1,2-Trichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0068	Tetrachloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0071	Chlorobenzene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0073	Ethylbenzene	ND	ug/L	0.5	0.5	700	EPA 524.3	SAT	
0076	Styrene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0084	1,2-Dichlorobenzene	ND	ug/L	0.5	0.5	600	EPA 524.3	SAT	
0095	1,2,4-Trichlorobenzene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0160	Total Xylene	ND	ug/L	0.5	0.5	10000	EPA 524.3	SAT	
0074	m/p-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0075	o-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

EPA Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0031	Total Trihalomethane	ND	ug/L	--	--	80	EPA 524.3	SAT	
0027	Chloroform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0029	Dibromochloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0053	Chloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0054	Bromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

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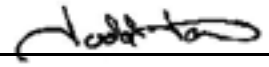
0058	1,1-Dichloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0062	1,1-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0064	Dibromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0070	1,3-Dichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0072	1,1,1,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0078	Bromobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0079	1,2,3-Trichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0080	1,1,2,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0081	o-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0082	p-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0083	m-Dichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0154	1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT

State Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0065	cis-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0069	trans-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0085	Trichloroflouromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0086	Bromochloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0087	Isopropylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0088	n-Propylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0089	1,3,5-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0090	tert-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0091	1,2,4-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0092	sec-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0093	p-Isopropyltoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0094	n-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0096	Naphthalene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0097	Hexachlorobutadiene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0098	1,2,3-Trichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0427	EDB (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0428	DBCP (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0104	Dichlorodifluoromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
	methyl-t-butyl ether (MTBE)	ND	ug/L	0.5	70		EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor:  **Date:** 8/2/2018

ENVIRONMENTAL HEALTH SERVICES
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RVJJ —
Dwight D
D

State of Washington
Department of Social and Health Services
Division of Health
Public Health Laboratories
1610 N.E. 150th St., Seattle, WA 98155
(206)361-2898

Lab Number	: 5400206,0207,0208	Customer	: Gene Patterson
Date collected	: 4/4/88	Address	: Environ. Health Serv.
Date Received	: 4/5/88	City	: Pullman
Date Tested	: 4/11/88 16:54	State, Zip	: WA, 99164-1172
Data File	: >1D11J::D4	County	: Whitman

Miscellaneous Sample Information : 5400206,0207,0208

System ID Number : 93200Q System Name : Wash. State Univ.

Non-Composited Samples

DSHS Source Number : N/A
Source Name : N/A

[redacted] Wells 1, 3 & 4, 5 & 6

Number of Sources Used in Composite : 3
DSHS Source #'s Composited : S01, S03, S04

Analysis of Individual Sources Necessary: NO

Analyst : JAC MS
Instrument : 1

Date of Report : 4-22-88
Analyst's Initials : JJ
Supervisor's Initials : RVJ

charge: 52.225

Results of Analysis by EPA Method 524

REGULATED COMPOUNDS

EPA Code #	Compound Name	MCL(ug/l)	* Amount (ug/l)	Compliance
2976	VINYL CHLORIDE	2	0.0	YES
2977	1,1-DICHLORDETHYLENE	7	0.0	YES
2981	1,1,1-TRICHLORDETHANE	200	0.0	YES
2982	CARBON TETRACHLORIDE	5	0.0	YES
2990	BENZENE	5	0.0	YES
2980	1,2-DICHLORDETHANE	5	0.0	YES
2984	TRICHLORDETHYLENE	5	0.0	YES
2969	P-DICHLORDBENZENE	75	0.0	YES

Red ink is ORIGINAL

*Note: An Amount of 0.0 ug/l indicates that the true concentration is less than the detection limit of the method (0.5 ug/l for all compounds).

Lab Number : 5400206,0207
Data File :)1D11J::04

Results of Analysis by EPA Method 524
(continued)

Unregulated Compounds

Monitoring Required

EPA Code #	Compound Name	*Amount (ug/l)
2210	CHLOROMETHANE	0.0
2214	BROMOMETHANE	0.0
2216	CHLOROETHANE	0.0
2964	METHYLENE CHLORIDE	0.0
2979	T-1,2,-DICHLOROETHYLENE	0.0
2978	1,1-DICHLOROETHANE	0.0
2416	2,2-DICHLOROPROPANE	0.0
2380	CIS-1,2-DICHLOROETHYLENE	0.0
2941	CHLOROFORM	0.0
2410	1,1-DICHLOROPROPENE	0.0
2983	1,2-DICHLOROPROPANE	0.0
2408	DIBROMOMETHANE	0.0
2943	BROMODICHLOROMETHANE	0.0
2991	TOLUENE	0.0
2985	1,1,2-TRICHLOROETHANE	0.0
2987	TETRACHLOROETHYLENE	0.0
2412	1,3-DICHLOROPROPANE	0.0
2944	CHLORODIBROMOMETHANE	0.0
2989	CHLOROBENZENE	0.0
2986	1,1,1,2-TETRACHLOROETHANE	0.0
2992	ETHYL BENZENE	0.0
2995	M/P-XYLENE	0.0
2997	O-XYLENE	0.0
2996	STYRENE	0.0
2942	BROMOFORM	0.0
2993	BROMOBENZENE	0.0
2414	1,2,3-TRICHLOROPROPANE	0.0
2988	1,1,2,2-TETRACHLOROETHANE	0.0
2965	O-CHLOROTOLUENE	0.0
2966	P-CHLOROTOLUENE	0.0
2967	M-DICHLOROBENZENE	0.0
2968	O-DICHLOROBENZENE	0.0

*Note: An Amount of 0.0 ug/l indicates that the true concentration is less than the detection limit of the method (0.5 ug/l for all compounds).

Lab Number : 5400206,0207
Data File : >1D11J::D4

Results of Analysis by EPA Method 524
(continued)

Unregulated Compounds

Discretionary

EPA Code #	Compound Name	*Amount (ug/l)
2218	TRICHLOROFLUOROMETHANE	0.0
2430	BROMOCHLOROMETHANE	0.0
2994	ISOPROPYLBENZENE	0.0
2998	N-PROPYLBENZENE	0.0
2424	1,3,5-TRIMETHYLBENZENE	0.0
2426	TERT-BUTYLBENZENE	0.0
2418	1,2,4-TRIMETHYLBENZENE	0.0
2428	SEC-BUTYLBENZENE	0.0
	P-ISOPROPYLTOLUENE	0.0
2422	N-BUTYLBENZENE	0.0
2378	1,2,4-TRICHLOROBENZENE	0.0
2248	NAPHTHALENE	0.0
2246	HEXACHLOROBUTADIENE	0.0
2420	1,2,3-TRICHLOROBENZENE	0.0

*Note: An Amount of 0.0 ug/l indicates that the true concentration is less than the detection limit of the method (0.5 ug/l for all compounds).

Monitoring - Drinking Water

Dwight D

State of Washington
Department of Social and Health Services
Division of Health
Public Health Laboratories
1610 N.E. 150th St., Seattle, WA 98155
(206)361-2898

Lab Number : 5400209
Date collected : 4/4/88
Date Received : 4/5/88
Date Tested : 4/08/88 19:52
Data File : >1008M::D4

Customer : Gene Patterson
Address : WSU Environ. Health Serv.- 1172
City : Pullman
State, Zip : WA, 99164-1172
County : Whitman

Miscellaneous Sample Information : 5400209

System ID Number : 93200Q System Name : Wash. State University

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Non-Composited Samples

DSHS Source Number : S05
Source Name [redacted]

Composited Samples

Number of Sources Used in Composite : N/A
DSHS Source #'s Composited : N/A

Analysis of Individual Sources Necessary: N/A

Analyst : JAC MS
Instrument : 1

Date of Report : 4/13/88
Analyst's Initials : JD
Supervisor's Initials : JPS

charge: # 200

Results of Analysis by EPA Method 524

REGULATED COMPOUNDS

EPA Code #	Compound Name	MCL(ug/l)	* Amount (ug/l)	Compliance
2976	VINYL CHLORIDE	2	0.0	YES
2977	1,1-DICHLOROETHYLENE	7	0.0	YES
2981	1,1,1-TRICHLOROETHANE	200	0.0	YES
2982	CARBON TETRACHLORIDE	5	0.0	YES
2990	BENZENE	5	0.0	YES
2980	1,2-DICHLOROETHANE	5	0.0	YES
2984	TRICHLOROETHYLENE	5	0.0	YES
2969	P-DICHLOROBENZENE	75	0.0	YES

*Note: An Amount of 0.0 ug/l indicates that the true concentration is less than the detection limit of the method (0.5 ug/l for all compounds).

Lab Number : 5400209
Data File : >1008M::D4

Results of Analysis by EPA Method 524
(continued)

Unregulated Compounds

Monitoring Required

EPA Code #	Compound Name	*Amount (ug/l)
2210	CHLOROMETHANE	0.0
2214	BROMOMETHANE	0.0
2216	CHLOROETHANE	0.0
2964	METHYLENE CHLORIDE	0.0
2979	T-1,2,-DICHLOROETHYLENE	0.0
2978	1,1-DICHLOROETHANE	0.0
2416	2,2-DICHLOROPROPANE	0.0
2380	CIS-1,2-DICHLOROETHYLENE	0.0
2941	CHLOROFORM	0.0
2410	1,1-DICHLOROPROPENE	0.0
2983	1,2-DICHLOROPROPANE	0.0
2408	DIBROMOMETHANE	0.0
2943	BROMODICHLOROMETHANE	0.0
2991	TOLUENE	0.0
2985	1,1,2-TRICHLOROETHANE	0.0
2987	TETRACHLOROETHYLENE	0.0
2412	1,3-DICHLOROPROPANE	0.0
2944	CHLORODIBROMOMETHANE	0.0
2989	CHLOROBENZENE	0.0
2986	1,1,1,2-TETRACHLOROETHANE	0.0
2992	ETHYL BENZENE	0.0
2995	M/P-XYLENE	0.0
2997	O-XYLENE	0.0
2996	STYRENE	0.0
2942	BROMOFORM	0.0
2993	BROMOBENZENE	0.0
2414	1,2,3-TRICHLOROPROPANE	0.0
2988	1,1,2,2-TETRACHLOROETHANE	0.0
2965	O-CHLOROTOLUENE	0.0
2966	P-CHLOROTOLUENE	0.0
2967	M-DICHLOROBENZENE	0.0
2968	O-DICHLOROBENZENE	0.0

*Note: An Amount of 0.0 ug/l indicates that the true concentration is less than the detection limit of the method (0.5 ug/l for all compounds).

Lab Number : 5400209
Data File : >1D08M::04

Results of Analysis by EPA Method 524
(continued)

Unregulated Compounds

Discretionary

EPA Code #	Compound Name	*Amount (ug/l)
2218	TRICHLOROFLUOROMETHANE	0.0
2430	BROMOCHLOROMETHANE	0.0
2994	ISOPROPYLBENZENE	0.0
2998	N-PROPYLBENZENE	0.0
2424	1,3,5-TRIMETHYLBENZENE	0.0
2426	TERT-BUTYLBENZENE	0.0
2418	1,2,4-TRIMETHYLBENZENE	0.0
2428	SEC-BUTYLBENZENE	0.0
	P-ISOPROPYLTOLUENE	0.0
2422	N-BUTYLBENZENE	0.0
2378	1,2,4-TRICHLOROBENZENE	0.0
2248	NAPHTHALENE	0.0
2246	HEXACHLOROBUTADIENE	0.0
2420	1,2,3-TRICHLOROBENZENE	0.0

*Note: An Amount of 0.0 ug/l indicates that the true concentration is less than the detection limit of the method (0.5 ug/l for all compounds).

State of Washington
Department of Social and Health Services
Division of Health
Public Health Laboratories
1610 N.E. 150th St., Seattle, WA 98155
(206)361-2898

Lab Number : 5400210
Date collected : 4/4/88
Date Received : 4/5/88
Date Tested : 4/08/88 20:29
Data File : >1D08N::D4

Customer : Gene Patterson
Address : WSU Environ. Health Serv.- 1172
City : Pullman
State, Zip : WA, 99164-1172
County : Whitman

Miscellaneous Sample Information : 5400210

System ID Number : 93200Q

System Name : Wash. State University

Non-Composited Samples

DSHS Source Number : S06
Source Name : [redacted]

Composited Samples

Number of Sources Used in Composite : N/A
DSHS Source #'s Composited : N/A

Analysis of Individual Sources Necessary: N/A

Analyst : JAC MS
Instrument : 1

Date of Report : 4/13/88
Analyst's Initials :
Supervisor's Initials :
charge : $7.20

Results of Analysis by EPA Method 524

REGULATED COMPOUNDS

EPA Code #	Compound Name	MCL(ug/l)	* Amount (ug/l)	Compliance
2976	VINYL CHLORIDE	2	0.0	YES
2977	1,1-DICHLOROETHYLENE	7	0.0	YES
2981	1,1,1-TRICHLOROETHANE	200	0.0	YES
2982	CARBON TETRACHLORIDE	5	0.0	YES
2990	BENZENE	5	0.0	YES
2980	1,2-DICHLOROETHANE	5	0.0	YES
2984	TRICHLOROETHYLENE	5	0.0	YES
2969	P-DICHLOROBENZENE	75	0.0	YES

*Note: An Amount of 0.0 ug/l indicates that the true concentration is less than the detection limit of the method (0.5 ug/l for all compounds).

Lab Number : 5400210
Data File : >1D08N::D4

Results of Analysis by EPA Method 524
(continued)

Unregulated Compounds

Monitoring Required

EPA Code #	Compound Name	*Amount (ug/l)
2210	CHLOROMETHANE	0.0
2214	BROMOMETHANE	0.0
2216	CHLOROETHANE	0.0
2964	METHYLENE CHLORIDE	0.0
2979	T-1,2,-DICHLOROETHYLENE	0.0
2978	1,1-DICHLOROETHANE	0.0
2416	2,2-DICHLOROPROPANE	0.0
2380	CIS-1,2-DICHLOROETHYLENE	0.0
2941	CHLOROFORM	0.0
2410	1,1-DICHLOROPROPENE	0.0
2983	1,2-DICHLOROPROPANE	0.0
2408	DIBROMOMETHANE	0.0
2943	BROMODICHLOROMETHANE	0.0
2991	TOLUENE	0.0
2985	1,1,2-TRICHLOROETHANE	0.0
2987	TETRACHLOROETHYLENE	0.0
2412	1,3-DICHLOROPROPANE	0.0
2944	CHLORODIBROMOMETHANE	0.0
2989	CHLOROBENZENE	0.0
2986	1,1,1,2-TETRACHLOROETHANE	0.0
2992	ETHYL BENZENE	0.0
2995	M/P-XYLENE	0.0
2997	O-XYLENE	0.0
2996	STYRENE	0.0
2942	BROMOFORM	0.0
2993	BROMOBENZENE	0.0
2414	1,2,3-TRICHLOROPROPANE	0.0
2988	1,1,2,2-TETRACHLOROETHANE	0.0
2965	O-CHLOROTOLUENE	0.0
2966	P-CHLOROTOLUENE	0.0
2967	M-DICHLOROBENZENE	0.0
2968	O-DICHLOROBENZENE	0.0

*Note: An Amount of 0.0 ug/l indicates that the true concentration is less than the detection limit of the method (0.5 ug/l for all compounds).

Lab Number : 5400210
Data File : >1D08N::D4

Results of Analysis by EPA Method 524
(continued)

Unregulated Compounds

Discretionary

EPA Code #	Compound Name	*Amount (ug/l)
2218	TRICHLOROFLUOROMETHANE	0.0
2430	BROMOCHLOROMETHANE	0.0
2994	ISOPROPYLBENZENE	0.0
2998	N-PROPYLBENZENE	0.0
2424	1,3,5-TRIMETHYLBENZENE	0.0
2426	TERT-BUTYLBENZENE	0.0
2418	1,2,4-TRIMETHYLBENZENE	0.0
2428	SEC-BUTYLBENZENE	0.0
	P-ISOPROPYLTOLUENE	0.0
2422	N-BUTYLBENZENE	0.0
2378	1,2,4-TRICHLOROBENZENE	0.0
2248	NAPHTHALENE	0.0
2246	HEXACHLOROBUTADIENE	0.0
2420	1,2,3-TRICHLOROBENZENE	0.0

*Note: An Amount of 0.0 ug/l indicates that the true concentration is less than the detection limit of the method (0.5 ug/l for all compounds).

Anatek Labs, Inc.

1282 Alturas Drive • Moscow, ID 83843 • (208) 883-2839 • Fax (208) 882-9246 • email moscow@anateklabs.com
504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09213	Collect Date:	7/18/2018	DOH Source #:	S06
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/20/2018				
County:	WHITMAN	Sample Location:	S06 (WELL #6)		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0045	Vinyl Chloride	ND	ug/L	0.5	0.5	2	EPA 524.3	SAT	
0046	1,1-Dichloroethylene	ND	ug/L	0.5	0.5	7	EPA 524.3	SAT	
0047	1,1,1-Trichloroethane	ND	ug/L	0.5	0.5	200	EPA 524.3	SAT	
0048	Carbon Tetrachloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0049	Benzene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0050	1,2-Dichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0051	Trichloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0052	1,4-Dichlorobenzene	ND	ug/L	0.5	0.5	75	EPA 524.3	SAT	
0056	Methylene chloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0057	trans-1,2-Dichloroethylene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0060	cis-1,2-dichloroethylene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0063	1,2-Dichloropropane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0066	Toluene	ND	ug/L	0.5	0.5	1000	EPA 524.3	SAT	
0067	1,1,2-Trichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0068	Tetrachloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0071	Chlorobenzene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0073	Ethylbenzene	ND	ug/L	0.5	0.5	700	EPA 524.3	SAT	
0076	Styrene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0084	1,2-Dichlorobenzene	ND	ug/L	0.5	0.5	600	EPA 524.3	SAT	
0095	1,2,4-Trichlorobenzene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0160	Total Xylene	ND	ug/L	0.5	0.5	10000	EPA 524.3	SAT	
0074	m/p-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0075	o-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

EPA Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0031	Total Trihalomethane	ND	ug/L	--	--	80	EPA 524.3	SAT	
0027	Chloroform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0029	Dibromochloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0053	Chloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C585
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

Anatek File # 180719028-003

Anatek Labs, Inc.

1282 Alturas Drive • Moscow, ID 83843 • (208) 883-2839 • Fax (208) 882-9246 • email moscow@anateklabs.com
504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

0054	Bromomethane	ND	ug/L	0.5	0.5	EPA 524.3	SAT
0058	1,1-Dichloroethane	ND	ug/L	0.5	0.5	EPA 524.3	SAT
0062	1,1-Dichloropropene	ND	ug/L	0.5	0.5	EPA 524.3	SAT
0064	Dibromomethane	ND	ug/L	0.5	0.5	EPA 524.3	SAT
0070	1,3-Dichloropropane	ND	ug/L	0.5	0.5	EPA 524.3	SAT
0072	1,1,1,2-Tetrachloroethane	ND	ug/L	0.5	0.5	EPA 524.3	SAT
0078	Bromobenzene	ND	ug/L	0.5	0.5	EPA 524.3	SAT
0079	1,2,3-Trichloropropane	ND	ug/L	0.5	0.5	EPA 524.3	SAT
0080	1,1,2,2-Tetrachloroethane	ND	ug/L	0.5	0.5	EPA 524.3	SAT
0081	o-Chlorotoluene	ND	ug/L	0.5	0.5	EPA 524.3	SAT
0082	p-Chlorotoluene	ND	ug/L	0.5	0.5	EPA 524.3	SAT
0083	m-Dichlorobenzene	ND	ug/L	0.5	0.5	EPA 524.3	SAT
0154	1,3-Dichloropropene	ND	ug/L	0.5	0.5	EPA 524.3	SAT

State Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0065	cis-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0069	trans-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0085	Trichloroflouromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0086	Bromochloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0087	Isopropylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0088	n-Propylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0089	1,3,5-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0090	tert-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0091	1,2,4-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0092	sec-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0093	p-Isopropyltoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0094	n-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0096	Naphthalene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0097	Hexachlorobutadiene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0098	1,2,3-Trichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0427	EDB (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0428	DBCP (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0104	Dichlorodifluoromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
	methyl-t-butyl ether (MTBE)	ND	ug/L	0.5	70		EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

This report shall not be reproduced except in full, without the written approval of the laboratory.

The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/2/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

Anatek Labs, Inc.

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504 E Sprague Ste. D • Spokane WA 99202 • (509) 838-3999 • Fax (509) 838-4433 • email spokane@anateklabs.com

Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09217	Collect Date:	7/18/2018	DOH Source #:	S08
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/20/2018				
County:	WHITMAN	Sample Location:	S08 (WELL #7)		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0045	Vinyl Chloride	ND	ug/L	0.5	0.5	2	EPA 524.3	SAT	
0046	1,1-Dichloroethylene	ND	ug/L	0.5	0.5	7	EPA 524.3	SAT	
0047	1,1,1-Trichloroethane	ND	ug/L	0.5	0.5	200	EPA 524.3	SAT	
0048	Carbon Tetrachloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0049	Benzene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0050	1,2-Dichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0051	Trichloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0052	1,4-Dichlorobenzene	ND	ug/L	0.5	0.5	75	EPA 524.3	SAT	
0056	Methylene chloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0057	trans-1,2-Dichloroethylene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0060	cis-1,2-dichloroethylene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0063	1,2-Dichloropropane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0066	Toluene	ND	ug/L	0.5	0.5	1000	EPA 524.3	SAT	
0067	1,1,2-Trichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0068	Tetrachloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0071	Chlorobenzene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0073	Ethylbenzene	ND	ug/L	0.5	0.5	700	EPA 524.3	SAT	
0076	Styrene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0084	1,2-Dichlorobenzene	ND	ug/L	0.5	0.5	600	EPA 524.3	SAT	
0095	1,2,4-Trichlorobenzene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0160	Total Xylene	ND	ug/L	0.5	0.5	10000	EPA 524.3	SAT	
0074	m/p-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0075	o-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

EPA Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0031	Total Trihalomethane	ND	ug/L	--	--	80	EPA 524.3	SAT	
0027	Chloroform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0029	Dibromochloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0053	Chloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0054	Bromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C585
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

Anatek File # 180719028-007

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0058	1,1-Dichloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0062	1,1-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0064	Dibromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0070	1,3-Dichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0072	1,1,1,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0078	Bromobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0079	1,2,3-Trichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0080	1,1,2,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0081	o-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0082	p-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0083	m-Dichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0154	1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT

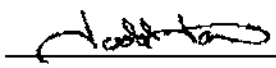
State Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0065	cis-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0069	trans-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0085	Trichlorofluoromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0086	Bromochloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0087	Isopropylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0088	n-Propylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0089	1,3,5-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0090	tert-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0091	1,2,4-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0092	sec-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0093	p-Isopropyltoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0094	n-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0096	Naphthalene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0097	Hexachlorobutadiene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0098	1,2,3-Trichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0427	EDB (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0428	DBCP (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0104	Dichlorodifluoromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
	methyl-t-butyl ether (MTBE)	ND	ug/L	0.5	70		EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

This report shall not be reproduced except in full, without the written approval of the laboratory.

The results reported relate only to the samples indicated.
Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor:  **Date:** 8/2/2018

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Client: WSU EH & S
Address: P.O. Box 641172
Pullman, WA 99164
Attn: Gene Patterson

Work Order: MAE0395
Project: Well #4
Reported: 5/29/2020 12:08

Analytical Results Report

Sample Location: Well #4
Lab/Sample Number: MAE0395-01 Collect Date: 05/14/20 09:21
Date Received: 05/14/20 12:30 Collected By: Gene Patterson
Matrix: Drinking Water

Analyte	Result	Units	PQL	MCL	Analyzed	Analyst	Method	Qualifier
Inorganics								
Nitrate-N	ND	mg/L	0.100	10	5/14/20 19:11	BKP	EPA 300.0	
Volatiles								
methyl-t-butyl ether (MTBE)	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Chloroform	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Bromodichloromethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Dibromochloromethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Bromoform	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Total Trihalomethane	ND	ug/L	0.500	80	5/21/20 20:34	TEC	EPA 524.3	
Vinyl Chloride	ND	ug/L	0.500	2	5/21/20 20:34	TEC	EPA 524.3	
1,1 Dichloroethylene	ND	ug/L	0.500	7	5/21/20 20:34	TEC	EPA 524.3	
1,1,1 Trichloroethane	ND	ug/L	0.500	200	5/21/20 20:34	TEC	EPA 524.3	
Carbon Tetrachloride	ND	ug/L	0.500	5	5/21/20 20:34	TEC	EPA 524.3	
Benzene	ND	ug/L	0.500	5	5/21/20 20:34	TEC	EPA 524.3	
1,2 Dichloroethane	ND	ug/L	0.500	5	5/21/20 20:34	TEC	EPA 524.3	
Trichloroethene	ND	ug/L	0.500	5	5/21/20 20:34	TEC	EPA 524.3	
1-4 Dichlorobenzene (para-Dichlorobenzene)	ND	ug/L	0.500	75	5/21/20 20:34	TEC	EPA 524.3	
Chloromethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Bromomethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Methylene Chloride (Dichloromethane)	ND	ug/L	0.500	5	5/21/20 20:34	TEC	EPA 524.3	
trans-1,2 Dichloroethylene	ND	ug/L	0.500	100	5/21/20 20:34	TEC	EPA 524.3	
1,1-Dichloroethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
cis-1,2-Dichloroethylene	ND	ug/L	0.500	70	5/21/20 20:34	TEC	EPA 524.3	
1,1 Dichloropropene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,2-Dichloropropane	ND	ug/L	0.500	5	5/21/20 20:34	TEC	EPA 524.3	
Dibromomethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
cis-1,3-Dichloropropene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Toluene	ND	ug/L	0.500	1000	5/21/20 20:34	TEC	EPA 524.3	
1,1,2 Trichlorethane	ND	ug/L	0.500	5	5/21/20 20:34	TEC	EPA 524.3	
Tetrachloroethylene	ND	ug/L	0.500	5	5/21/20 20:34	TEC	EPA 524.3	
trans-1,3-Dichloropropene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,3 Dichloropropane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Chlorobenzene (Monochlorobenzene)	ND	ug/L	0.500	100	5/21/20 20:34	TEC	EPA 524.3	

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Analytical Results Report

(Continued)

Sample Location: Well #4
Lab/Sample Number: MAE0395-01 Collect Date: 05/14/20 09:21
Date Received: 05/14/20 12:30 Collected By: Gene Patterson
Matrix: Drinking Water

Analyte	Result	Units	PQL	MCL	Analyzed	Analyst	Method	Qualifier
Volatiles (Continued)								
1,1,1,2-Tetrachloroethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Ethylbenzene	ND	ug/L	0.500	700	5/21/20 20:34	TEC	EPA 524.3	
m/p Xylenes (MCL for total)	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
o-Xylene (MCL for total)	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Styrene	ND	ug/L	0.500	100	5/21/20 20:34	TEC	EPA 524.3	
Bromobenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,2,3-Trichloropropane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,1,2,2 Tetrachloroethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
o-Chlorotoluene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
p-Chlorotoluene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
m-Dichlorobenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1-2 Dichlorobenzene (ortho-Dichlorobenzene)	ND	ug/L	0.500	600	5/21/20 20:34	TEC	EPA 524.3	
Trichloroflouromethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Bromochloromethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Isopropylbenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
n-Propylbenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,3,5 Trimethylbenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
tert-Butylbenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,2,4 Trimethylbenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
sec-Butylbenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
p-isopropyltoluene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
n-Butylbenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,2,4-Trichlorobenzene	ND	ug/L	0.500	70	5/21/20 20:34	TEC	EPA 524.3	
Naphthalene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Hexachlorobutadiene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,2,3-Trichlorobenzene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
EDB	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
DBCP	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Dichlorodifluoromethane	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
1,3 Dichloropropene	ND	ug/L	0.500	0	5/21/20 20:34	TEC	EPA 524.3	
Total Xylenes	ND	ug/L	0.500	10000	5/21/20 20:34	TEC	EPA 524.3	

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Analytical Results Report

(Continued)

Sample Location: Well #4 Trip Blank
Lab/Sample Number: MAE0395-02 Collect Date: 05/14/20 09:21
Date Received: 05/14/20 12:30 Collected By:
Matrix: Drinking Water

Analyte	Result	Units	PQL	MCL	Analyzed	Analyst	Method	Qualifier
Volatiles								
2-Butanone	ND	ug/L	2.50	0	5/21/20 23:30	TEC	EPA 524.3	
Acrolein	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Acrylonitrile	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Carbon disulfide	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
methyl-t-butyl ether (MTBE)	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
trans-1-4-Dichloro-2-butene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Chloroform	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Bromodichloromethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Dibromochloromethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Bromoform	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Vinyl Chloride	ND	ug/L	0.500	2	5/21/20 23:30	TEC	EPA 524.3	
1,1 Dichloroethylene	ND	ug/L	0.500	7	5/21/20 23:30	TEC	EPA 524.3	
1,1,1 Trichloroethane	ND	ug/L	0.500	200	5/21/20 23:30	TEC	EPA 524.3	
Carbon Tetrachloride	ND	ug/L	0.500	5	5/21/20 23:30	TEC	EPA 524.3	
Benzene	ND	ug/L	0.500	5	5/21/20 23:30	TEC	EPA 524.3	
1,2 Dichloroethane	ND	ug/L	0.500	5	5/21/20 23:30	TEC	EPA 524.3	
Trichloroethene	ND	ug/L	0.500	5	5/21/20 23:30	TEC	EPA 524.3	
1-4 Dichlorobenzene (para-Dichlorobenzene)	ND	ug/L	0.500	75	5/21/20 23:30	TEC	EPA 524.3	
Chloromethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Bromomethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Chloroethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Methylene Chloride (Dichloromethane)	ND	ug/L	0.500	5	5/21/20 23:30	TEC	EPA 524.3	
trans-1,2 Dichloroethylene	ND	ug/L	0.500	100	5/21/20 23:30	TEC	EPA 524.3	
1,1-Dichloroethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
2,2 Dichloropropane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
cis-1,2-Dichloroethylene	ND	ug/L	0.500	70	5/21/20 23:30	TEC	EPA 524.3	
1,1 Dichloropropene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,2-Dichloropropane	ND	ug/L	0.500	5	5/21/20 23:30	TEC	EPA 524.3	
Dibromomethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
cis-1,3-Dichloropropene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Toluene	ND	ug/L	0.500	1000	5/21/20 23:30	TEC	EPA 524.3	
1,1,2 Trichlorethane	ND	ug/L	0.500	5	5/21/20 23:30	TEC	EPA 524.3	
Tetrachloroethylene	ND	ug/L	0.500	5	5/21/20 23:30	TEC	EPA 524.3	
trans-1,3-Dichloropropene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,3 Dichloropropane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Chlorobenzene (Monochlorobenzene)	ND	ug/L	0.500	100	5/21/20 23:30	TEC	EPA 524.3	
1,1,1,2-Tetrachloroethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Ethylbenzene	ND	ug/L	0.500	700	5/21/20 23:30	TEC	EPA 524.3	
m/p Xylenes (MCL for total)	ND	ug/L	1.00	0	5/21/20 23:30	TEC	EPA 524.3	
o-Xylene (MCL for total)	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Styrene	ND	ug/L	0.500	100	5/21/20 23:30	TEC	EPA 524.3	

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Analytical Results Report

(Continued)

Sample Location: Well #4 Trip Blank
Lab/Sample Number: MAE0395-02 Collect Date: 05/14/20 09:21
Date Received: 05/14/20 12:30 Collected By:
Matrix: Drinking Water

Analyte	Result	Units	PQL	MCL	Analyzed	Analyst	Method	Qualifier
Volatiles (Continued)								
Bromobenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,2,3-Trichloropropane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,1,2,2 Tetrachloroethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
o-Chlorotoluene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
p-Chlorotoluene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
m-Dichlorobenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1-2 Dichlorobenzene (ortho-Dichlorobenzene)	ND	ug/L	0.500	600	5/21/20 23:30	TEC	EPA 524.3	
Trichloroflouromethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Bromochloromethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Isopropylbenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
n-Propylbenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,3,5 Trimethylbenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
tert-Butylbenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,2,4 Trimethylbenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
sec-Butylbenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
p-isopropyltoluene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
n-Butylbenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,2,4-Trichlorobenzene	ND	ug/L	0.500	70	5/21/20 23:30	TEC	EPA 524.3	
Naphthalene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Hexachlorobutadiene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,2,3-Trichlorobenzene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
EDB	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
DBCP	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Dichlorodifluoromethane	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
1,3 Dichloropropene	ND	ug/L	0.500	0	5/21/20 23:30	TEC	EPA 524.3	
Total Xylenes	ND	ug/L	0.500	10000	5/21/20 23:30	TEC	EPA 524.3	
Surrogate: 1,2-Dichlorobenzene-d4	*102%*		*70-130*		*5/21/20 23:30*	*TEC*	*EPA 524.3*	
Surrogate: 4-Bromofluorobenzene	*101%*		*70-130*		*5/21/20 23:30*	*TEC*	*EPA 524.3*	
Surrogate: Toluene-d8	*101%*		*70-130*		*5/21/20 23:30*	*TEC*	*EPA 524.3*	

Authorized Signature,



Justin Doty, Project Manager

Anatek Labs, Inc.

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PQL	Practical Quantitation Limit
ND	Not Detected
MCL	EPA's Maximum Contaminant Level
Dry	Sample results reported on a dry weight basis

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.

MAE0395

Due: 05/29/20

ANATEK LABS, INC - Multi-state Certified, NELAC Accredit

☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 FAX 882-9246 EPA# ID000
☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA0

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected	5/14/2020 / 9:24 AM
Sampler Name:	Gene Patterson
Sampler Signature:	

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S04 (Well #4)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☐ Received Intact ☐ No Headspace
- ☐ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☐ Preservatives: _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☑ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☑ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
    - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

11.0 C +R-2

Customer Signature	
Shipping/Delivery Date	5-14-20
Received By	Julie Moore
Date Received	5-14-20 12:18

Gene Patterson

Form COC07.00 - Eff 1 Mar 2015

MAE0395

Due: 05/29/20

Anatek Labs, Inc.

Sample Receipt and Preservation Form

Client Name: WSU Project: *(apply Anatek sample label here)*

TAT: (Normal) RUSH: _____ days

Samples Received From: FedEx UPS USPS (Client) Courier Other: _____

Custody Seal on Cooler/Box: Yes (No) Custody Seals Intact: Yes No (N/A)

Number of Coolers/Boxes: Did not see Type of Ice: Ice/Ice Packs Blue Ice Dry Ice None

Packing Material: Bubble Wrap Bags Foam/Peanuts None Other: _____

Cooler Temp As Read (°C): 13.0 Cooler Temp Corrected (°C): 11.0 Thermometer Used: IR-2

				Comments:
Samples Received Intact?	(Yes)	No	N/A	
Chain of Custody Present?	(Yes)	No	N/A	
Samples Received Within Hold Time?	(Yes)	No	N/A	
Samples Properly Preserved?	(Yes)	No	N/A	
VOC Vials Free of Headspace (<6mm)?	(Yes)	No	N/A	
VOC Trip Blanks Present?	(Yes)	No	N/A	
Labels and Chains Agree?	(Yes)	No	N/A	
Total Number of Sample Bottles Received: 5				

Chain of Custody Fully Completed?	(Yes)	No	N/A	
Correct Containers Received?	(Yes)	No	N/A	
Anatek Bottles Used?	(Yes)	No	Unknown	

Record preservatives (and lot numbers, if known) for containers below:

MA/AA → 524

Notes, comments, etc. (also use this space if contacting the client - record names and date/time)

Received/Inspected By: HS Date/Time: 5-14-20 1230

Form F19.00 - Eff 8 Feb 2019

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 515.4

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09211	Collect Date:	7/18/2018	DOH Source #:	S04
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/25/2018				
County:	WHITMAN	Sample Location: S04 (WELL #4)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0037	2,4-D	ND	ug/L	0.1	0.1	70	EPA 515.4	MAH	
0038	2,4,5-TP (Silvex)	ND	ug/L	0.2	0.2	50	EPA 515.4	MAH	
0134	Pentachlorophenol	ND	ug/L	0.04	0.04	1	EPA 515.4	MAH	
0137	Dalapon	ND	ug/L	1	1	200	EPA 515.4	MAH	
0139	Dinoseb	ND	ug/L	0.2	0.2	7	EPA 515.4	MAH	
0140	Picloram	ND	ug/L	0.1	0.1	500	EPA 515.4	MAH	

EPA Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0138	Dicamba	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0135	2,4-DB	ND	ug/L	1.0	1.0		EPA 515.4	MAH	
0136	2,4,5-T	ND	ug/L	0.4			EPA 515.4	MAH	
0220	Bentazon	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0221	Dichlorprop	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0223	Acifluorofen	ND	ug/L	2.0	2.0		EPA 515.4	MAH	
0225	DCPA (Acid Metabolites)	ND	ug/L	0.1	0.1		EPA 515.4	MAH	
0226	3,5-Dichlorobenzoic Acid	ND	ug/L	0.5	0.5		EPA 515.4	MAH	

State Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0224	Chloramben	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/2/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 515.4

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09215	Collect Date:	7/18/2018	DOH Source #:	S06
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/25/2018				
County:	WHITMAN	Sample Location: S06 (WELL #6)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0037	2,4-D	ND	ug/L	0.1	0.1	70	EPA 515.4	MAH	
0038	2,4,5-TP (Silvex)	ND	ug/L	0.2	0.2	50	EPA 515.4	MAH	
0134	Pentachlorophenol	ND	ug/L	0.04	0.04	1	EPA 515.4	MAH	
0137	Dalapon	ND	ug/L	1	1	200	EPA 515.4	MAH	
0139	Dinoseb	ND	ug/L	0.2	0.2	7	EPA 515.4	MAH	
0140	Picloram	ND	ug/L	0.1	0.1	500	EPA 515.4	MAH	

EPA Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0138	Dicamba	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0135	2,4-DB	ND	ug/L	1.0	1.0		EPA 515.4	MAH	
0136	2,4,5-T	ND	ug/L	0.4			EPA 515.4	MAH	
0220	Bentazon	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0221	Dichlorprop	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0223	Acifluorofen	ND	ug/L	2.0	2.0		EPA 515.4	MAH	
0225	DCPA (Acid Metabolites)	ND	ug/L	0.1	0.1		EPA 515.4	MAH	
0226	3,5-Dichlorobenzoic Acid	ND	ug/L	0.5	0.5		EPA 515.4	MAH	

State Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0224	Chloramben	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor: _____ **Date:** 8/2/2018

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Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Synthetic Organic Chemicals (SOC's) Analysis Report
EPA Test Method - EPA 515.4

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09219	Collect Date:	7/18/2018	DOH Source #:	S08
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/25/2018				
County:	WHITMAN	Sample Location: S08 (WELL #7)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0037	2,4-D	ND	ug/L	0.1	0.1	70	EPA 515.4	MAH	
0038	2,4,5-TP (Silvex)	ND	ug/L	0.2	0.2	50	EPA 515.4	MAH	
0134	Pentachlorophenol	ND	ug/L	0.04	0.04	1	EPA 515.4	MAH	
0137	Dalapon	ND	ug/L	1	1	200	EPA 515.4	MAH	
0139	Dinoseb	ND	ug/L	0.2	0.2	7	EPA 515.4	MAH	
0140	Picloram	ND	ug/L	0.1	0.1	500	EPA 515.4	MAH	

EPA Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0138	Dicamba	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

State Unregulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0135	2,4-DB	ND	ug/L	1.0	1.0		EPA 515.4	MAH	
0136	2,4,5-T	ND	ug/L	0.4			EPA 515.4	MAH	
0220	Bentazon	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0221	Dichlorprop	ND	ug/L	0.5	0.5		EPA 515.4	MAH	
0223	Acifluorofen	ND	ug/L	2.0	2.0		EPA 515.4	MAH	
0225	DCPA (Acid Metabolites)	ND	ug/L	0.1	0.1		EPA 515.4	MAH	
0226	3,5-Dichlorobenzoic Acid	ND	ug/L	0.5	0.5		EPA 515.4	MAH	

State Regulated

DOH #	Analytes	Result	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0224	Chloramben	ND	ug/L	0.2	0.2		EPA 515.4	MAH	

Notes:
ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor: _____ **Date:** 8/2/2018

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Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09213	Collect Date:	7/18/2018	DOH Source #:	S06
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/20/2018				
County:	WHITMAN	Sample Location:	S06 (WELL #6)		
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0045	Vinyl Chloride	ND	ug/L	0.5	0.5	2	EPA 524.3	SAT	
0046	1,1-Dichloroethylene	ND	ug/L	0.5	0.5	7	EPA 524.3	SAT	
0047	1,1,1-Trichloroethane	ND	ug/L	0.5	0.5	200	EPA 524.3	SAT	
0048	Carbon Tetrachloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0049	Benzene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0050	1,2-Dichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0051	Trichloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0052	1,4-Dichlorobenzene	ND	ug/L	0.5	0.5	75	EPA 524.3	SAT	
0056	Methylene chloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0057	trans-1,2-Dichloroethylene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0060	cis-1,2-dichloroethylene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0063	1,2-Dichloropropane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0066	Toluene	ND	ug/L	0.5	0.5	1000	EPA 524.3	SAT	
0067	1,1,2-Trichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0068	Tetrachloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0071	Chlorobenzene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0073	Ethylbenzene	ND	ug/L	0.5	0.5	700	EPA 524.3	SAT	
0076	Styrene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0084	1,2-Dichlorobenzene	ND	ug/L	0.5	0.5	600	EPA 524.3	SAT	
0095	1,2,4-Trichlorobenzene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0160	Total Xylene	ND	ug/L	0.5	0.5	10000	EPA 524.3	SAT	
0074	m/p-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0075	o-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

EPA Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0031	Total Trihalomethane	ND	ug/L	--	--	80	EPA 524.3	SAT	
0027	Chloroform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0029	Dibromochloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0053	Chloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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0054	Bromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0058	1,1-Dichloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0062	1,1-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0064	Dibromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0070	1,3-Dichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0072	1,1,1,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0078	Bromobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0079	1,2,3-Trichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0080	1,1,2,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0081	o-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0082	p-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0083	m-Dichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0154	1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT

State Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0065	cis-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0069	trans-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0085	Trichloroflouromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0086	Bromochloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0087	Isopropylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0088	n-Propylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0089	1,3,5-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0090	tert-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0091	1,2,4-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0092	sec-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0093	p-Isopropyltoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0094	n-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0096	Naphthalene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0097	Hexachlorobutadiene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0098	1,2,3-Trichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0427	EDB (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0428	DBCP (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0104	Dichlorodifluoromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
	methyl-t-butyl ether (MTBE)	ND	ug/L	0.5	70		EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
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MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Soil/solid results are reported on a dry-weight basis unless otherwise noted.

Lab Supervisor: _____ **Date:** 8/2/2018

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Volatile Organic Chemicals (VOC's) Analysis Report
EPA Test Method - EPA 524.3

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09217	Collect Date:	7/18/2018	DOH Source #:	S08
Multiple Source Nos:		Sample Type:	A	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/20/2018				
County:	WHITMAN	Sample Location: S08 (WELL #7)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0045	Vinyl Chloride	ND	ug/L	0.5	0.5	2	EPA 524.3	SAT	
0046	1,1-Dichloroethylene	ND	ug/L	0.5	0.5	7	EPA 524.3	SAT	
0047	1,1,1-Trichloroethane	ND	ug/L	0.5	0.5	200	EPA 524.3	SAT	
0048	Carbon Tetrachloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0049	Benzene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0050	1,2-Dichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0051	Trichloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0052	1,4-Dichlorobenzene	ND	ug/L	0.5	0.5	75	EPA 524.3	SAT	
0056	Methylene chloride	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0057	trans-1,2-Dichloroethylene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0060	cis-1,2-dichloroethylene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0063	1,2-Dichloropropane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0066	Toluene	ND	ug/L	0.5	0.5	1000	EPA 524.3	SAT	
0067	1,1,2-Trichloroethane	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0068	Tetrachloroethylene	ND	ug/L	0.5	0.5	5	EPA 524.3	SAT	
0071	Chlorobenzene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0073	Ethylbenzene	ND	ug/L	0.5	0.5	700	EPA 524.3	SAT	
0076	Styrene	ND	ug/L	0.5	0.5	100	EPA 524.3	SAT	
0084	1,2-Dichlorobenzene	ND	ug/L	0.5	0.5	600	EPA 524.3	SAT	
0095	1,2,4-Trichlorobenzene	ND	ug/L	0.5	0.5	70	EPA 524.3	SAT	
0160	Total Xylene	ND	ug/L	0.5	0.5	10000	EPA 524.3	SAT	
0074	m/p-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0075	o-Xylene (MCL for Total)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

EPA Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0031	Total Trihalomethane	ND	ug/L	--	--	80	EPA 524.3	SAT	
0027	Chloroform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0028	Bromodichloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0029	Dibromochloromethane	ND	ug/L	0.5	--		EPA 524.3	SAT	
0030	Bromoform	ND	ug/L	0.5	--		EPA 524.3	SAT	
0053	Chloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0054	Bromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	

Certifications held by Anatek Labs ID: EPA:ID00013; AZ:0701; FL(NELAP):E87893; ID:ID00013; MT:CERT0028; NM: ID00013;NV:ID00013; OR:ID200001-002; WA:C595
Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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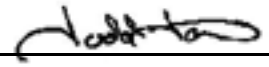
0058	1,1-Dichloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0062	1,1-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0064	Dibromomethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0070	1,3-Dichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0072	1,1,1,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0078	Bromobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0079	1,2,3-Trichloropropane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0080	1,1,2,2-Tetrachloroethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0081	o-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0082	p-Chlorotoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0083	m-Dichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT
0154	1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT

State Unregulated

DOH #	Analytes	Results	Units	SRL	Trigger	MCL	Method	Analyst	Qualifier
0065	cis-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0069	trans-1,3-Dichloropropene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0085	Trichloroflouromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0086	Bromochloromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0087	Isopropylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0088	n-Propylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0089	1,3,5-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0090	tert-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0091	1,2,4-Trimethylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0092	sec-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0093	p-Isopropyltoluene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0094	n-Butylbenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0096	Naphthalene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0097	Hexachlorobutadiene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0098	1,2,3-Trichlorobenzene	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0427	EDB (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0428	DBCP (Scan Confirm 504.1)	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
0104	Dichlorodifluoromethane	ND	ug/L	0.5	0.5		EPA 524.3	SAT	
	methyl-t-butyl ether (MTBE)	ND	ug/L	0.5	70		EPA 524.3	SAT	

ND = Not Detected within the sensitivity of the instrument
Numerical Entry = Detection at level indicated
SRL - Minimum reporting level for Washington DOH
MCL - EPA maximum contaminant level
Trigger - Washington DOH response level. If results exceed this level, contact the DOH

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Lab Supervisor:  **Date:** 8/2/2018

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Inorganic Chemicals (IOC's) Analysis Report For Nitrates

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09216	Collect Date:	7/18/2018	DOH Source #:	S06
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/19/2018 9:12:00 PM				
County:	WHITMAN	Sample Location: S06 (WELL #6)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

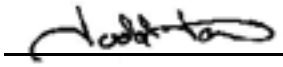
EPA Regulated Chemical

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst
0020	Nitrate - N	ND	mg/L	0.5	5	10	EPA 300.0	MER

NOTES:

SRL (State Reporting Level): Indicates the minimum reporting level required by WA-DOH
Trigger Level: DOH drinking water response level. Systems exceeding this level are required to take additional samples. Contact the DOH immediately.
MCL (Maximum Contaminant Level): SDWA maximum contaminant level. If exceeded, contact the DOH immediately.
ND (Not Detected): Indicates that the analysis was performed but the contaminant concentration is less than the SRL.

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Lab Supervisor:  **Date:** 8/2/2018

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Certifications held by Anatek Labs WA: EPA:WA00169; ID:WA00169; WA:C585; MT:Cert0095; FL(NELAP): E871099

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Inorganic Chemicals (IOC's) Analysis Report For Nitrates

System ID#:	WA5393200	System Name:	WSU EH&S		
Lab/Sample Number:	125 09220	Collect Date:	7/18/2018	DOH Source #:	S07
Multiple Source Nos:		Sample Type:	B	Sample Purpose:	C
Date Received:	7/18/2018	Date Reported:	8/2/2018	Supervisor:	TGT
Date Analyzed:	7/20/2018 4:23:00 AM				
County:	WHITMAN	Sample Location: S07 (WELL #7)			
Report To:	Address:	P.O. BOX 641172			
	City, State, ZIP	PULLMAN, WA 99164			
	Phone Number:	(509) 335-3041			

EPA Regulated Chemical

DOH #	Analyte	Result	Units	SRL	Trigger	MCL	Method	Analyst
0020	Nitrate - N	ND	mg/L	0.5	5	10	EPA 300.0	MER

NOTES:

SRL (State Reporting Level): Indicates the minimum reporting level required by WA-DOH
Trigger Level: DOH drinking water response level. Systems exceeding this level are required to take additional samples. Contact the DOH immediately.
MCL (Maximum Contaminant Level): SDWA maximum contaminant level. If exceeded, contact the DOH immediately.
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Login Report

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180719028
Order Date: 7/19/2018

Contact Name: GENE PATTERSON

Project Name: WA IOC / HERB / NO3 / VOC

Comment:

Sample #: 180719028-001 **Customer Sample #:** S04 (WELL #4)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 1 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:** 10:17 AM
Comment:

Test	Lab	Method	Due Date	Priority
HERBICIDES 515.4	M	EPA 515.4	7/30/2018	***Normal (~10 Days)***

Sample #: 180719028-002 **Customer Sample #:** S04 (WELL #4)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 1 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:** 10:16 AM
Comment:

Test	Lab	Method	Due Date	Priority
CYANIDE IN DW MOSCOW EPA	M	EPA 335.4	7/30/2018	***Normal (~10 Days)***
HARDNESS by EPA 200.8	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
ANTIMONY	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
ARSENIC	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
BARIUM	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
BERYLLIUM	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
CADMIUM	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
CHLORIDE	M	EPA 300.0	7/30/2018	***Normal (~10 Days)***
CHROMIUM	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
COLOR	M	SM 2120B	7/25/2018	***Normal (~10 Days)***
CONDUCTIVITY	M	SM 2510B	7/25/2018	***Normal (~10 Days)***
COPPER	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
FLUORIDE	M	EPA 300.0	7/30/2018	***Normal (~10 Days)***
IRON ICP	M	EPA 200.7	7/30/2018	***Normal (~10 Days)***
LEAD	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180719028
Order Date: 7/19/2018

Contact Name: GENE PATTERSON

Project Name: WA IOC / HERB / NO3 / VOC

Comment:

MANGANESE	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
MERCURY-ICPMS	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
NICKEL	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
NITRATE/N	M	EPA 300.0	7/20/2018	***Normal (~10 Days)***
NITRATE+ NITRITE AS N	M	EPA 300.0	7/30/2018	***Normal (~10 Days)***
NITRITE/N	M	EPA 300.0	7/20/2018	***Normal (~10 Days)***
SELENIUM	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
SILVER	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
SODIUM ICP	M	EPA 200.7	7/30/2018	***Normal (~10 Days)***
SOLIDS - TDS	M	SM 2540C	7/25/2018	***Normal (~10 Days)***
SULFATE	M	EPA 300.0	7/30/2018	***Normal (~10 Days)***
THALLIUM	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***
TURBIDITY	M	EPA 180.1	7/20/2018	***Normal (~10 Days)***
WA Complete IOC	M	N/A	7/18/2018	***Normal (~10 Days)***
ZINC	M	EPA 200.8	7/30/2018	***Normal (~10 Days)***

Sample #: 180719028-003 **Customer Sample #:** S06 (WELL #6)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 3 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:** 9:34 AM
Comment:

Test	Lab	Method	Due Date	Priority
VOLATILES 524.3	M	EPA 524.3	7/30/2018	***Normal (~10 Days)***

Sample #: 180719028-004 **Customer Sample #:** S06 (WELL #6) Trip Blank

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 1 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:**
Comment:

Test	Lab	Method	Due Date	Priority
VOLATILES 524.3	M	EPA 524.3	7/30/2018	***Normal (~10 Days)***

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180719028
Order Date: 7/19/2018

Contact Name: GENE PATTERSON

Project Name: WA IOC / HERB / NO3 / VOC

Comment:

Sample #: 180719028-005 **Customer Sample #:** S06 (WELL #6)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 1 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:** 9:32 AM
Comment:

Test	Lab	Method	Due Date	Priority
HERBICIDES 515.4	M	EPA 515.4	7/30/2018	***Normal (~10 Days)***

Sample #: 180719028-006 **Customer Sample #:** S06 (WELL #6)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 1 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:** 9:37 AM
Comment:

Test	Lab	Method	Due Date	Priority
NITRATE/N	M	EPA 300.0	7/30/2018	***Normal (~10 Days)***

Sample #: 180719028-007 **Customer Sample #:** S08 (WELL #7)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 3 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:** 9:56 AM
Comment:

Test	Lab	Method	Due Date	Priority
VOLATILES 524.3	M	EPA 524.3	7/30/2018	***Normal (~10 Days)***

Sample #: 180719028-008 **Customer Sample #:** S08 (WELL #7) Trip Blank

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 1 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:**
Comment:

Test	Lab	Method	Due Date	Priority
VOLATILES 524.3	M	EPA 524.3	7/30/2018	***Normal (~10 Days)***

Customer Name: WSU EH&S
P.O. BOX 641172
PULLMAN WA 99164

Order ID: 180719028
Order Date: 7/19/2018

Contact Name: GENE PATTERSON

Project Name: WA IOC / HERB / NO3 / VOC

Comment:

Sample #: 180719028-009 **Customer Sample #:** S08 (WELL #7)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 1 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:** 9:54 AM
Comment:

Test	Lab	Method	Due Date	Priority
HERBICIDES 515.4	M	EPA 515.4	7/30/2018	***Normal (~10 Days)***

Sample #: 180719028-010 **Customer Sample #:** S07 (WELL #7)

Recv'd: ☑ **Matrix:** Drinking Water **Collector:** GENE PATTERSON **Date Collected:** 7/18/2018
Quantity: 1 **Date Received:** 7/18/2018 3:27:00 PM **Time Collected:** 9:57 AM
Comment:

Test	Lab	Method	Due Date	Priority
NITRATE/N	M	EPA 300.0	7/30/2018	***Normal (~10 Days)***

SAMPLE CONDITION RECORD

Samples received in a cooler?	Yes
Samples received intact?	Yes
What is the temperature of the sample(s)? (°C)	14.2
Samples received with a COC?	Yes
Samples received within holding time?	Yes
Are all sample bottles properly preserved?	Yes
Are VOC samples free of headspace?	Yes
Is there a trip blank to accompany VOC samples?	Yes
Labels and chain agree?	Yes
Total number of containers?	14

180719 028 WSEH Last Due 7/30/2018

1st SAMP 7/18/2018 1st RCVD 7/18/2018

WA IOC / HERB / NO3 / VOC

ANATEK LABS, INC - Multi-state Certified, NEL

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☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 7-18-18 10:17 AM

Sampler Name: Gene Patterson

Sampler Signature:

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S04 (well #4)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s
- ☐ Blended Sample (96) List source #'s

Receiving Check List

- ☒ Received Intact ☐ No Headspace
- ☒ Labels & Chains Agree ☐ Temp:
- ☒ Ice/Ice Packs Present:
- ☐ Custody Seals Present:
- ☒ Preservatives: Nothio

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☑ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature

Shipping/Delivery Date

Received By: 4.2°C IR-2

Date Received: 07/18/2018 1527 hrs

Gene Patterson

ANATEK LABS, INC - Multi-state Certified, NELAC Accredited

☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 FAX 882-9246 EPA# ID00013
☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA00169

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 7-18-18 / 9:39 am

Sampler Name: Gene Patterson

Sampler Signature: [signature]

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S06 (well #6)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s
- ☐ Blended Sample (96) List source #'s

Receiving Check List

- ☒ Received Intact
- ☒ No Headspace
- ☒ Labels & Chains Agree
- ☐ Temp:
- ☒ Ice/Ice Packs Present:
- ☐ Custody Seals Present:
- ☒ Preservatives: HNAA

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☑ VOC (VOC1) x2
- ☐ T-THM +1TTB
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature	[signature]	Received By	[signature] 14.2°C IR-2
Shipping/Delivery Date		Date Received	07/18/2018 1527 hrs.

Gene Patterson

ANATEK LABS, INC - Multi-state Certified, NELAC Accredited

☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 FAX 882-9246 EPA# ID00013
☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA00169

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 7-18-18 / 9:32 AM

Sampler Name: Gene Patterson

Sampler Signature: JL Patterson

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S06 (well #6)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☒ Received Intact → ☒ No Headspace
- ☒ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☐ Preservatives: N.A.

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☑ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature: JL Patterson

Shipping/Delivery Date:

Received By: [illegible] 1.4°C IR-2

Date Received: 07/18/2018 1527 hrs.

Gene Patterson

ANATEK LABS, INC - Multi-state Certified, NELAC Accredited

☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 FAX 882-9246 EPA# ID00013
☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA00169

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	EH&S - WSU Sanitarian	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☑	Before (B)	☑	Compliance (C)
☐	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 7-18-18 / 9:37 AM

Sampler Name: Gene Patterson

Sampler Signature: [signature]

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S06 (Well #6)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s _____
- ☐ Blended Sample (96) List source #'s _____

Receiving Check List

- ☑ Received Intact ☐ No Headspace
- ☑ Labels & Chains Agree ☐ Temp: _____
- ☐ Ice/Ice-Packs Present: _____
- ☐ Custody Seals Present: _____
- ☐ Preservatives: _____

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☑ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Please bill:
WSU Utilities,
PO Box 641150,
Pullman, WA 99164-1150
attn: Greg Streva

Customer Signature: [signature]

Shipping/Delivery Date: _____

Received By: [signature] 14.2°C IR-2

Date Received: 02/18/2018 1527 hrs

ANATEK LABS, INC - Multi-state Certified, NELAC Accredited

☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 FAX 882-9246 EPA# ID00013
☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA00169

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 7-18-18 / 9:56 AM
Sampler Name: Gene Patterson
Sampler Signature:

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S08 (well #7)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s
- ☐ Blended Sample (96) List source #'s

Receiving Check List

- ☒ Received Intact ☒ No Headspace
- ☒ Labels & Chains Agree ☐ Temp:
- ☐ Ice/Ice Packs Present:
- ☐ Custody Seals Present:
- ☒ Preservatives: N/A

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☑ VOC (VOC1) x3 +TTB
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Customer Signature		Received By	14.2°C IR-2
Shipping/Delivery Date		Date Received	07/18/2018 1527 hrs.

Gene Patterson

ANATEK LABS, INC - Multi-state Certified, NELAC Accredited

☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 FAX 882-9246 EPA# ID00013
☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA00169

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	Environmental Health & Safety	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☐	Before (B)	☑	Compliance (C)
☑	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected: 7-18-18 / 9:54 AM

Sampler Name: Gene Patterson

Sampler Signature: [signature]

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S08 (well #7)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s
- ☐ Blended Sample (96) List source #'s

Receiving Check List

- ☒ Received Intact ☐ No Headspace
- ☒ Labels & Chains Agree ☐ Temp:
- ☒ Ice/Ice-Packs Present:
- ☐ Custody Seals Present:
- ☒ Preservatives: NaOH10

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☐ Lead / Arsenic
- ☐ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☑ Herbicides (HERB1) X1
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

MEK

Customer Signature	[signature]	Received By	[signature] 14.2°C IR-2
Shipping/Delivery Date		Date Received	07/18/2018 1527 hrs.

Gene Patterson

ANATEK LABS, INC - Multi-state Certified, NELAC Accredited

☐ 1282 Alturas Drive, Moscow ID 83843 (208)883-2839 FAX 882-9246 EPA# ID00013
☐ 504 E Sprague Ste D, Spokane WA 99202 (509)838-3999 FAX 838-4433 EPA# WA00169

Washington Chain of Custody - Drinking Water Analysis

WATER SYSTEM	Washington State University	Water System #	93200Q
SEND REPORT TO	EH&S - WSU Sanitarian	Phone Number	509-335-3041
ADDRESS	PO Box 641172	Fax Number	509-335-4442
CITY STATE ZIP	Pullman, WA 99164-1172	County	Whitman

Sample Type		Sample Purpose	
☑	Before (B)	☑	Compliance (C)
☐	After (A)	☐	Investigative (I)
☐	Unknown (U)	☐	Other Purpose (B)

Date & Time Collected	7-18-18 9:57 AM
Sampler Name:	Gene Patterson
Sampler Signature:	

Payment due with samples unless credit has been established.

DOH Source # (Check one and fill in where necessary)

- ☑ Single Well Source Number: S07 (Well #7)
- ☐ Flowing Distribution (92)
- ☐ Standing Distribution (93) (Lead/Copper Distribution)
- ☐ Composite Sampling (95) List source #'s
- ☐ Blended Sample (96) List source #'s

Receiving Check List

- ☑ Received Intact ☐ No Headspace
- ☑ Labels & Chains Agree ☐ Temp:
- ☐ Ice/Ice Packs Present:
- ☐ Custody Seals Present:
- ☐ Preservatives:

Check Desired Analyses

IOCs
- ☐ Lead / Copper
- ☑ Lead / Arsenic
- ☑ Nitrate
- ☐ Nitrite
- ☐ Washington Complete IOC
- ☐ Asbestos

VOCs & DBPs
- ☐ VOC (VOC1)
- ☐ TTHM
- ☐ HAA5
- ☐ TOC

RADs
- ☐ Gross Alpha
- ☐ Gross Beta
- ☐ RAD 226
- ☐ RAD 228

SOCs
- ☐ Phase II SOC
  - ☐ Semivolatiles (PEST1)
  - ☐ Herbicides (HERB1)
  - ☐ Carbamates (INSECT1)
  - ☐ Pesticides (PEST1)
  - ☐ EDB
- ☐ Phase V SOC
  - ☐ Diquat
  - ☐ Endothall
  - ☐ Glyphosate
- ☐ Dioxin

Other (specify):

Please bill:
WSU Utilities,
PO Box 641150,
Pullman, WA 99164-1150
attn: Greg Streva

Customer Signature		Received By	14.2°C IR-2
Shipping/Delivery Date		Date Received	07/18/2018 1527 hrs.

APPENDIX F-2

Coliform Sampling Plan



Coliform Monitoring Plan
Washington State University/
Tula Young Hastings Farm
Water Systems

Completed by: Marty O'Malley
Title: Environmental Health Specialist

Date: January 1, 1992
Revised: June 15, 2015

I. MAP: - (See Attached)

II. NARRATIVE:44

1. Water System Name: Washington State University
2. System ID number: 93200Q
3. Water Sources:

DOH SOURCE #	SOURCE NAME	SOURCE CATEGORY	DEPTH (Ft.)	LOCATION			
				1/4,1/4 Sec.	Sec #	TWP	Range
S01^	Steam Plant Well #1	Well	247	NE/SE	05	14N	45E
S02#	Steam Plant Well #2	Well	214	NE/SE	05	14N	45E
S03^	Steam Plant Well #3	Well	223	NE/SE	05	14N	45E
S04	**Steam Plant Well #4**	**Well**	**275**	**NE/SE**	**05**	**14N**	**45E**
S05^	Whitlow Well	Well	396	NE/SW	34	15N	45E
S06	**Coliseum Well**	**Well**	**702**	**NW/NW**	**04**	**14N**	**45E**
S07a^	69880V Pullman	intertie		NW/NE	05	14N	45E
S07b^	69880V Pullman	intertie		NE/NE	05	14N	45E
S07c^	69880V Pullman	intertie		NW/SW	33	15N	45E
S07d^	69880V Pullman	intertie		NE/SE	32	15N	45E
S08	**Well # 7**	**Well**	**1004**	**NE/SW**	**05**	**14N**	**45E**
S09	**Well # 8**	**Well**	**813**	**NE/NW**	**04**	**14N**	**45E**

^ = EMERGENCY ONLY # = Abandoned

4. Storage/Reservoirs:

Name	Building Number	Capacity (Gallons)
East Reservoir	308A	2,000,000
West Reservoir	308B	2,000,000
Elevated Tank	309	100,000
North Fairway Reservoir	317	2,000,000
Roundtop Reservoir +	320	100,000

+ = Provides water to the golf course irrigation system only.

5. Booster Station:

a. The booster station transfers water from the low zone to the high zone.

6. Treatment Facilities:

A. Gas Chlorination
1. Location: At well sites S01, S03, S04, S05, S06, S08 and S09.
2. Type of Treatment: Gas chlorination.
3. Purpose: Disinfection.

7. Total Population Served (2009):

a. Fall / Spring Semesters:

Full-time residential population	7,260
Regular non-residential users	12,909
Total	20,169

b. June - July:

Full-time residential population	447
Regular non-residential users	6,305
Total	6,752

8. Service Connections (from WFI):

Type	Number
Full time residential units	4,096
Institutional buildings:	~ 250
Total service connections:	4,346

9. Number of Zones (Elevation): 2 (High & Low)

10. Population Served by Each Zone:

The high zone provides about 60% of the total water pumped by the wells, with the low zone providing approximately 40% of the water. A significant amount of the water used by the high zone goes to the Steam Plant for steam production and summer irrigation.

11. Number of Service Connections Sampled in Each Zone:

a. Low Zone: 60 Buildings
b. High Zone: 49 Buildings

SERVICE CONNECTION SAMPLE LOCATIONS
BY BUILDING NAME

Per the Groundwater Rule, within 24 hours of notification of a positive coliform sample, the well(s) that were in operation on the day of the positive sample shall be sampled prior to chlorination while the well is running, along with the repeat samples.

Building	Number	Zone	Repeat Sample t Upstream	Repeat Sample t Downstream
ABELSON	32	LOW	Eastlick (82A)	Fulmer (3)
ADBF	807A	HIGH	VTH (818)	Bustad (807)
ALBROOK LAB	71	LOW	Kimbrough (25)	Thermal Fluids Lab (57)
ALUMNI CENTER	138	HIGH	Meats Lab (98)	Hulbert (808)
ANIMAL SCIENCES LABS	100	HIGH	Food Quality (815)	Hulbert (808)
AVERY	809	LOW	Kimbrough (25)	Wilmer Davis (30)
BEASLEY COLISEUM	806	HIGH	Streit – Perham (81C)	Student Rec Center (819)
BIOTECH/LIFE SCIENCES	836	HIGH	Plant/Bio Sci (826)	Beasley Coliseum (806)
BOHLER GYM	11	LOW	Physical Ed Bldg (96)	Hollingberry Fieldhouse (9)
BRYAN	2	LOW	Murrow-East (33E)	Van Doren (37)
BUSTAD	807	LOW	French Admin (92)	Wegner (45)*
CARPENTER	20	LOW	Morrill (24)	Dana (56)
CENTRAL RECEIVING	358A	HIGH	General Storage (358B)	McCluskey (85A)
CHIEF JOE APT. F	676F	HIGH	Chief Joe (676A)	Chief Joe (676H)
CHINOOK APT. AA	679AA	LOW	Chinook (679D)	Chinook (679E)
CHINOOK APT. BB	679BB	LOW	Chinook (679R)	Chinook (679Z)
CLARK	99	HIGH	Johnson (76)	Animal Science(100)
CLEVELAND	86	LOW	Cleveland Annex (86A)	Daggy (803)
COLLEGE	4	HIGH	Holland Library (62)	Todd (55)
COLUMBIA APT. F	678F	LOW	Columbia (678K)	Columbia (678C)
COMMONS	5	LOW	Washington (15)	Cleveland (86)
COMMUNICATION ADDITION	33A	LOW	Thompson (1)	Morrill (24)
COMPTON UNION BUILDING (CUB)	63	HIGH	Holland Library (62)	Information Tech (812)
COOPER PUBLICATIONS	91	HIGH	Motor Pool 66A	Meats Lab (98)
CREAMERY ANNEX	353	HIGH	McCluskey (85A)	General Storage (358B)
CRIMSON BAKE SHOP	93C	LOW	Stephenson S (93S)	Stephenson N (93N)
DAGGY	803	LOW	Cleveland (86)	Carpenter (20)
DANA	56	LOW	Carpenter (20)	Sloan (78)
DODGEN (NRC)	74	HIGH	Golf Club House (365H)	Valley Crest A (675A)
EASTLICK	82A	LOW	Heald (82)	Morrill (24)
EE/ME	78A	LOW	Carpenter(20)	Hydraulics Lab (364)
EGGERT FARM	147A	HIGH	Feed Prep (362)	EH&S (90)
ENG. TEACHING & RES. LAB (ETRL)	58	LOW	Eng. Laboratory(46)	Dana (56)
ENVIRONMENTAL HEALTH & SAFETY	90	HIGH	LARC (811)	GCMS (141G)
FARM SERVICES	103A	HIGH	GCMS (141G)	Large Animal Barn (160A)
FEED PREP	362	HIGH	LARC (811)	Food Services (89)
FINE ARTS	97	LOW	Safety (84)	French Ad (92)
FOOD QUALITY	815	HIGH	FHSN (816)	Beasley Coliseum (806)
FOOD SCIENCE HUMAN NUTRITION	816	HIGH	Food Quality(815)	Biotech (836)
FOOD SERVICES	89	HIGH	Feed Prep(362)	Cooper (91)
FRENCH ADMINISTRATION	92	LOW	Bustad (807)	Lighty (92A)
FULMER	3	HIGH	Webster (801)	Abelson(32)
GENERAL STORAGE	358B	HIGH	Recycling (357)	Creamery Annex (353)
GOLF COURSE CLUB HOUSE	365H	HIGH	Dodgen (74)	Large Animal Barn (160A)
GRIMES WAY STEAM PLANT	840	HIGH	Seed House(115)	Cooper Publications (91)
HEALD	82	LOW	Eastlick (82A)	Cleveland (86)
HILLSIDE CAFÉ & MARKET	30	LOW	Honors (14) *	Kimbrough (25)
HONORS	14	LOW	NA	NA
HOLLAND LIBRARY	62	HIGH	CUB (63)	College (4)
HULBERT	808	HIGH	Clark (99)	Alumni Center (138)
INCINERATOR	60	HIGH	NA	NA

INFORMATION TECHNOLOGY	812	HIGH	CUB (63)	Fine Arts (97)
JOHNSON	76	HIGH	Hulbert (808)	Information Tech (812)
JOHNSON TOWER	94	LOW	Safety (84)	Webster (801)
KIMBROUGH	25	LOW	Avery (809)	Van Doren (37)
LARC	811	HIGH	EH&S (90)	Food Services (89)
LARGE ANIMAL BARN	160A	HIGH	Golf Club House (365H)	Farm Services (103A)
LARGE ANIMAL TEACHING BARN	120L	HIGH	Columbia (687F)	Raptor Facility (120C)
LIGHTY STUDENT SERVICES	92A	LOW	French Admin (92)	Bustad (807)
MCCLUSKEY	85A	HIGH	Feed prep (362)	Motor Pool (66A)
MCCOY	44	LOW	Wegner (45) *	Bustad (807)
MCEACHERN GRADUATE RES	805	LOW	Orton (87)	Olympia (42)
MEATS LAB	98	HIGH	Cooper Publications (91)	Hulbert (808)
MORRILL	24	LOW	Carpenter (20)	Eastlick (82A)
MOTOR POOL	66A	HIGH	McCluskey (85A)	Cooper Publications (91)
MURROW-EAST	33E	LOW	Bryan (2)	Murrow-West (33W)
MURROW-WEST	33W	LOW	Murrow-East(33E)	Eastlick (82A)
NEILL	70	LOW	Webster (801)	Southside Café (80)
NEZ PERCE APT. F	677F	HIGH	Nez Perce (677B)	Nez Perce (677H)
NORTHSIDE CAFÉ & MARKET	65A	LOW	Coman (72)	Streit-Perham (81C)
OWEN SCIENCE LIBRARY	810	LOW	Neil (70)	Cleveland (86)
PALOUSE RIDGE CLUBHOUSE	365H	HIGH	Dodgen Res. Facility (74)	Large Animal Barn (160A)
PHYSICAL EDUCATION	96	LOW	Van Doren (37)	Bohler (11)
PLANT BIOSCIENCE 1	826	HIGH	French Admin (92)	Beasley Coliseum (806)
RECYCLING	357	LOW	University Stores (358J)	Creamery Annex (353)
ROGERS	83	LOW	WSU Children's (88)	Crimson Bake Shop (93C)
SAFETY	84	LOW	CUB (63)	Smith SCUE (95)
SCUE	95	LOW	Neill (70)	Fine Arts (97)
AGRONOMY SEED HOUSE	115	HIGH	Alumni Center (138)	GWSP (840)
SLOAN	78	LOW	Dana (56)	Honors (14)
SMITH AG. ENGINEERING	54	LOW	Seed House (115)	French Admin (92)
SMITH GYM	12	LOW	Van Doren (37)	Physical Ed Bldg (96)
SOUTHSIDE CAFÉ	80	LOW	McEachern (805)	Neill (70)
STEPTOE Apt. B	665B	HIGH	Steptoe (665S)	Steptoe (665L)
STREIT-PERHAM	81C	LOW	Northside Café (65A)	Beasley (806)
STUDENT REC CENTER	819	HIGH	Beasley Coliseum (806)	Nez Perce (677H)
TERRACE APT.	650E	HIGH	Terrace (654)	Terrace (658)
THERMAL FLUIDS RESEARCH CTR.	57	LOW	ETRL (46)	Albrook (71)
THOMPSON	1	LOW	Bryan (2)	Murrow-West (33W)
TODD	55	HIGH	Fulmer (3)	College (4)
UNIVERSITY STORES	358J	HIGH	General Storage (358B)	Incinerator (60)
USDA NRCS	195D	HIGH	NRCS (195A)	NRCS (195G)
VALLEY CREST Apt. A	675A	HIGH	Food Quality(815)	Valley Crest (675C)
VAN DOREN	37	LOW	Kimbrough (25)	Avery (809)
VET ANIMAL HOLDING BARN	169	HIGH	Seed House (115)	Lge An Teach Barn (120L)
VET TEACHING HOSPITAL	818	LOW	Smith (807)	ADBF (807A)
WEGNER	45	HIGH	NA	NA
WASHINGTON	15	LOW	Commons (5)	WSU Children's Center (88)
WEBSTER	801	LOW	Fulmer (3)	Neil (70)
WILSON	40	HIGH	CUB (63)	College (4)
WSU CHILDREN'S CENTER	88	LOW	McEachern (805)	Rogers (83)
YAKIMA Apt. D	680D	LOW	Yakima (680B)	Yakima (680F)

t = Building within 5 active service connections of building listed.
* = Building on dead-end line or otherwise not routinely sampled.

Monthly / Annual Sampling Schedule

JANUARY	FEBRUARY	MARCH	APRIL	MAY
Beasley Coliseum (806)	Food Quality (815)	Food Services (89)	Beasley Coliseum (806)	Avery (809)
Chief Joe Apt. F (676F)	General Storage (358B)	Todd (55)	Chief Joe Apt. F (676F)	Chinook Apt. B (679 BB)
McEachern (805)	Vet Teaching Hospital (818)	Eggert Farm (147A)	Lighty Student Services (92A)	Clark (99)
CUB (63)	Golf Course Clubhouse (365H)	Terrace Apts (650E)	CUB (63)	Commons (5)
Chinook Apt A (679AA)	Avery (809)	Washington (15)	Chinook Apt A (679AA)	Cooper Publications (91)
Creamery Annex (353)	Holland Library (62)	Information Technology (812)	Creamery Annex (353)	EE/ME (78A)
Northside Café (65A)	College (4)	Johnson Tower (94)	Northside Café (65A)	USDA SCS (195D)
Columbia Apts (678F)	Chinook (679 BB)	Cleveland (86)	Columbia Apts (678F)	Food Quality (815)
Southside Café (80)	ADBF (807A)	French Ad (92)	Southside Café (80)	University Stores (358J)
Owen Science Library (810)	Commons (5)	Valley Crest Apts (675A)	Owen Science Library (810)	Golf Course Clubhouse (365H)
Crimson Bake Shop (93C)	Abelson (32)	Farm Services (103A)	Crimson Bake Shop (93C)	Holland Library (62)
Alumni Center (138)	Cooper Publications (91)	Smith Gym (12)	Alumni Center (138)	McCluskey (85A)
TYH Farm (895200): County Shop	**TYH FARM: Dairy Center**	**TYH FARM (895200): Beef Center**	**TYH FARM (895200): County Shop**	**TYH FARM (895200): Dairy Center**
			Spillman Farm (829814)	**Palouse Cons. Field Station (39055 J)**
			Smoot Hill (807952)	**Central Ferry (121534) - Kurt Tetrick**
WSU Children's Center (88)	Safety (84)	Carpenter (20)	WSU Children's Center (88)	Murrow-East (33E)
Streit/Perham (81C)	EE/ME (78A)	Yakima Apt D (680D)	Streit/Perham (81C)	Nez Perce Apts (677F)
Hulbert (808)	Thermal Fluids (57)	Johnson (76)	Van Doren (37)	Physical Education (96)
Dodgen Res. Facility (74)	Communication Addition (33A)	Morrill (24)	LARC (811)	Plant Biosciences (826)
FSHN (816)	Eastlick (82A)	GWSP (840)	Motor Pool (66A)	Recycling (357)
EH&S (90)	McCluskey (85A)	Student Rec Center (819)	EH&S (90)	Safety (84)
Heald (82)	Bryan (2)	Webster (801)	McCoy (44)	Sloan (78)
Hillside Café (30)	Rogers (83)	Meats Lab (98)	Hillside Café (30)	Smith Ag Eng. (54)
Feed Prep (362)	Dana (56)	Central Receiving (358A)	Large Animal Barn (160A)	Thompson (1)
Fine Arts (97)	BioTech/Life Sciences (836)	Bustad (807)	Neill (70)	ETRL (58)
Neill (70)	Animal Science Lab (100)	Bohler (11)	Rogers (83)	Vet Animal Holding Barn (169)
Murrow-West (33W)	Agronomy Seed House (115)	Fulmer (3)	Kimbrough (25)	Vet Teaching Hospital (818)
Steptoe Apt. B (665B)	Nez Perce Apts (677F)	SCUE (95)	Steptoe Apt. B (665B)	Webster (801)

JUNE	JULY
Daggy (803)	Albrook Lab (71)
Meats Lab (98)	Alumni Center (138)
SCUE (95)	Beasley Coliseum (806)
General Storage (358B)	Chief Joe Apts F (676F)
Washington (15)	Chinook (679AA)
Cleveland (86)	Owen Science Library (810)
Information Technology (812)	Creamery Annex (353)
Terrace Apts (650E)	CUB (63)
Student Rec Center (819)	EH&S (90)
Wilson (40)	Todd (55)
Food Services (89)	Columbia Apts (678F)
Bohler (11)	Rogers (83)
Valley Crest Apts (675A)	Steptoe Apts (665B)
Yakima Apt D (680D)	Streit/Perham (81C)
Carpenter (20)	WSU Children's Center (88)
TYH FARM (895200): Beef Center	**TYH FARM (895200): County Shop**

AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Avery (809)	Carpenter (20)	Chinook (679AA)	Avery (809)	Carpenter (20)
Chinook (679 BB)	Cleveland (86)	Columbia Apts (678F)	Chinook (679 BB)	Cleveland (86)
ADBF (807A)	Eastlick (82A)	GWSP (840)	McCoy (44)	Smith Ag Eng. (54)
Commons (5)	SCUE (95)	Owen Science Library (810)	Commons (5)	Kimbrough (25)
Cooper Publications(91)	Meats Lab (98)	Alumni Center (138)	Cooper Publications (91)	Meats Lab (98)
EE/ME (78A)	Yakima Apt D (680D)	Streit/Perham (81C)	Motor Pool (66A)	Bohler (11)
Abelson (32)	College (4)	Johnson Tower (94)	ETRL (58)	Wilson (40)
Food Quality (815)	Food Services (89)	Beasley Coliseum (806)	Food Quality (815)	Food Services (89)
General Storage (358B)	University Stores (358J)	Chief Jo Apts F (676F)	General Storage (358B)	University Stores (358J)
Golf Course Clubhouse (365H)	Terrace Apts (650E)	CUB (63)	Golf Course Clubhouse (365H)	Terrace Apts (650E)
Holland Library (62)	Information Technology (812)	Creamery Annex (353)	Holland Library (62)	Information Technology (812)
Murrow-West (33W)	Southside Café (80)	French Ad (92)	SCUE (95)	Albrook Lab (71)
TYH FARM (895200): Dairy Center	**TYH FARM (895200): Beef Center**	**TYH FARM (895200): County Shop**	**TYH FARM (895200): Dairy Center**	**TYH FARM (895200): Beef Center**
Dodgen Res. Facility (74)	Crimson Bake Shop (93C)	Farm Services (103A)	LARC (811)	Murrow-East (33E)
Feed Prep (362)	Agronomy Seed House (115)	Fulmer (3)	Large Animal Barn (160A)	Physical Education (96)
Fine Arts (97)	Northside Café (65A)	Washington (15)	Lighty Student Services (92A)	Recycling Building (357)
McEachern (805)	Communication Addition (33A)	Morrill (24)	Webster (801)	USDA Soil Cons. Service (195D)
McCluskey (85A)	Student Rec Center (819)	EH&S (90)	McCluskey (85A)	Student Rec Center (819)
Heald (82)	Dana (56)	Central Receiving (358A)	Clark (99)	Sloan (78)
FSHN (816)	Animal Science Lab (100)	Eggert Farm (147A)	EE/ME (78A)	Thompson (1)
Nez Perce Apts (677F)	Valley Crest Apts (675A)	Steptoe Apts (665B)	Nez Perce Apts (677F)	Valley Crest Apts (675A)
Bryan (2)	Thermal Fluids (57)	Johnson (76)	Plant Biosciences (826)	Todd (55)
Safety (84)	Webster (801)	WSU Children's Center (88)	Safety (84)	Washington (15)
Hulbert (808)	BioTech/Life Sciences (836)	Bustad (807)	Van Doren (37)	Vet Animal Holding Barn (169)
Vet Teaching Hospital (818)	Bohler (11)	Rogers (83)	Vet Teaching Hospital (818)	Yakima Apt D (680D)
Neill (70)	Hillside Café (30)	Smith Gym (12)	Neill (70)	Daggy (803)

Sample Location / Number of Samples per Location / Pressure System List

High Pressure System	Low Pressure System
Abelson (2)	Chinook 679AA (4)
College (2)	Chinook 679BB (4)
CUB (4)	Columbia Apts 678F (4)
Fulmer (2)	Crimson Bake Shop (3)
Holland Library (4)	McEachern (2)
Incinerator (2)	Rogers (4)
Information Technology (4)	Southside Café (3)
Todd (3)	WSU Children's Center (4)
Wilson (2)	Yakima Apt D (4)
Agronomy Seed House (2)	Albrook Lab (2)
Central Receiving (2)	Carpenter (4)
Cooper Publications (4)	Cleveland (4)
Creamery Annex (4)	Commons (4)
Feed Prep (2)	Daggy (2)
Food Services (4)	Dana (2)
General Storage (4)	EE/ME (4)
GWSP (2)	ETRL (2)
McCluskey (4)	Owen Science Library (4)
Motor Pool (2)	Sloan (2)
Recycling Building (2)	Thermal Fluids (2)
University Stores (3)	Washington (4)
Vet Animal Holding Barn (2)	Webster (4)
Alumni Center (4)	Avery (4)
Animal Science Lab (2)	Bohler (4)
BioTech/Life Sciences (2)	Bryan (2)
Clark (2)	Communication Addition (2)
Food Quality (4)	Eastlick (2)
FSHN (2)	Heald (2)
Hulbert (2)	Hillside Café (3)
Johnson (2)	Kimbrough (2)
Meats Lab (4)	Morrill (2)
Plant Biosciences (2)	Murrow-East (2)
Valley Crest Apts 675A (4)	Murrow-West (2)
	Northside Café (3)
Beasley Coliseum (4)	Physical Education (2)
Chief Joe Apts F (4)	Smith Gym (2)
Dodgen Res. Facility (2)	Streit/Perham (4)
Golf Course Clubhouse (4)	Thompson (2)
Large Animal Barn (2)	Van Doren (2)
Nez Perce Apts 677F (4)	
Steptoe Apts 665B (4)	ADBF (2)
Student Rec Center (4)	Bustad (2)
Terrace Apts 650E (4)	Fine Arts (2)
	French Ad (2)
EH&S (4)	Johnson Tower (2)
Farm Services 103A (2)	Lighty Student Services (2)
Eggert Farm (2)	McCoy (2)
LARC (2)	Neill (4)
USDA Soil Conservation Service 195D (2)	Safety (4)
	SCUE (4)
	Smith Ag Eng. (2)
	Vet Teaching Hospital (4)

Building	Number	# Samples	Months Sampled
ABELSON	32	2	FEB, AUG
ADBF	807A	2	FEB, AUG
AGRONOMY SEED HOUSE	115	2	FEB, SEPT
ALBROOK LAB	71	2	JULY, DEC
ALUMNI CENTER	138	4	JAN, APR, JULY, OCT
ANIMAL SCIENCES LAB	100	2	FEB, SEPT
AVERY	809	4	FEB, MAY, AUG, NOV
BEASLEY COLISEUM	806	4	JAN, APR, JULY, OCT
BIOTECH/LIFE SCIENCES	836	2	FEB, SEPT
BOHLER GYM	11	4	MAR, JUNE, SEPT, DEC
BRYAN	2	2	FEB, AUG
BUSTAD	807	2	MAR, OCT
CARPENTER	20	4	MAR, JUNE, SEPT, DEC
CENTRAL RECEIVING	358A	2	MAR, OCT
CHIEF JOE Apt. F	676F	4	JAN, APR, JULY, OCT
CHINOOK Apt. AA	679AA	4	JAN, APR, JULY, OCT
CHINOOK Apt. BB	679BB	4	FEB, MAY, AUG, NOV
CLARK	99	2	MAY, NOV
CLEVELAND	86	4	MAR, JUNE, SEPT, DEC
COLLEGE	4	2	FEB, SEPT
COLUMBIA Apt. F	678F	4	JAN, APR, JUNE, OCT
COMMONS	5	4	FEB, MAY, AUG, NOV
COMMUNICATION ADDITION	33A	2	FEB, SEPT
COMPTON UNION BUILDING (CUB)	63	4	JAN, APR, JULY, OCT
COOPER PUBLICATIONS	91	4	FEB, MAY, AUG, NOV
CREAMERY ANNEX	353	4	JAN, APR, JULY, OCT
CRIMSON BAKE SHOP	93C	3	JAN, APR, SEPT
DAGGY	803	2	JUNE, DEC
DANA	56	2	FEB, SEPT
DODGEN RESEARCH FACILITY (NRC)	74	2	JAN, AUG
EASTLICK	82A	2	FEB, SEPT
EE/ME	78A	4	FEB, MAY, AUG, NOV
ENG. TEACHING RESEARCH LAB (ETRL)	58	2	MAY, NOV
ENVIRONMENTAL HEALTH AND SAFETY	90	4	JAN, APR, JULY, OCT
FARM SERVICES	103A	2	MAR, OCT
FEED PREP	362	2	JAN, AUG
FINE ARTS	97	2	JAN, AUG
FOOD QUALITY	815	4	FEB, MAY, AUG, NOV
FOOD SCIENCE & HUMAN NUT	816	2	JAN, AUG
FOOD SERVICES	89	4	MAR, JUNE, SEPT, DEC
FRENCH ADMINISTRATION	92	2	MAR, OCT
FULMER	3	2	MAR, OCT
GENERAL STORAGE	358B	4	FEB, JUNE, AUG, NOV
GOLF COURSE CLUBHOUSE	365H	4	FEB, MAY, AUG, NOV
EGGERT FARM	147A	2	MAR, OCT
GWSP	840	2	JAN, AUG
HEALD	82	2	JAN, AUG
HILLSIDE CAFÉ & MARKET	30	4	FEB, MAY, AUG, NOV

HOLLAND LIBRARY	62	4	FEB, MAY, AUG, NOV
HULBERT	808	2	JAN. AUG
INFORMATION TECHNOLOGY	812	4	MAR, JUNE, SEPT, DEC
JOHNSON	76	2	MAR, OCT
JOHNSON TOWER	94	2	APR, NOV
KIMBROUGH	25	2	APR, NOV
LARC	811	2	APR, NOV
LARGE ANIMAL BARN	160A	2	APR, NOV
LIGHTY STUDENT SERVICES	92A	2	APR, NOV
McCLUSKEY	85A	4	FEB, MAY, AUG NOV
McCOY	44	2	JAN, AUG
McEACHERN GRADUATE RESIDENCE	805	2	JAN, AUG
MEATS LAB	98	4	MAR, JUNE, SEPT, DEC
MORRILL	24	2	APR, NOV
MOTOR POOL	66A	2	MAY, DEC
MURROW-EAST	33E	2	JAN, AUG
MURROW-WEST	33W	2	MAR, OCT
NEILL	70	4	JAN, APR, AUG, NOV
NEZ PERCE Apt. F	677F	4	JAN, APR, SEPT
NORTHSIDE CAFÉ & MARKET	65A	3	JAN, APR, SEPT
OWEN SCIENCE LIBRARY	810	4	JAN, APR, JUL, OCT
PLANT BIOSCIENCE 1	826	2	MAY, NOV
PHYSICAL EDUCATION	96	2	MAY, DEC
RECYCLING BUILDING	357	2	MAY. DEC
ROGERS	83	4	JAN, APR, JULY, OCT
SAFETY	84	4	FEB, MAY, AUG, NOV
SCUE	95	4	MAR, JUNE, SEPT, DEC
SLOAN	78	2	MAY, DEC
SMITH AG. ENGINEERING	54	2	MAY, DEC
SMITH GYM	12	2	MAR, OCT
SOUTHSIDE CAFÉ	80	3	JAN, APR, SEPT
STEPTOE Apt. B	665B	4	JAN, APR, JULY, OCT
STREIT-PERHAM	81C	4	JAN, APR, JULY, OCT
STUDENT REC CENTER	819	4	MAR, JUNE, SEPT, DEC
TERRACE APT.	650E	4	MAR, JUNE, SEPT, DEC
THERMAL FLUIDS RESEARCH CTR.	57	2	FEB, SEPT
THOMPSON	1	2	MAY, DEC
TODD	55	2	MAR, JULY, DEC
UNIVERSITY STORES	358J	3	MAY, SEPT, DEC
USDA SOIL CONSERVATION SERVICE	195D	2	MAY, DEC
VALLEY CREST Apt. A	675A	4	MAR, JUNE, SEPT, DEC
VAN DOREN	37	2	MAR, JUNE, SEPT, DEC
VET ANIMAL HOLDING BARN	169	2	APR, NOV
VET TEACHING HOSPITAL	818	4	MAY, DEC
WASHINGTON	15	4	MAR, JUN, OCT, DEC
WEBSTER	801	4	MAR, MAY, SEPT, NOV
WILSON	40	2	JUNE, DEC
WSU CHILDREN'S CENTER	88	4	JAN, APR, JULY, OCT

YAKIMA APT. D	680D	4	MAR, JUNE, SEPT, DEC

Modifications to the Coliform Sampling Plan by Year

1996: Kamiak Apts. and the South Fairway I.M. Field have been deleted from sampling program. The Yakima Apt. Complex and the Vet Teaching Hospital have been added.

May 16, 1996: Clearance was received from DOH to lower the required number of samples in June and July to 10. The sampling plan was modified and the following sites dropped from routine sampling: Stevens, McCroskey, Community and Duncan Dunn. The following sites were added: Lighty Student Services and the Recycle Building.

September 24, 1996: Heritage House was removed from the sampling program (the building was torn down). Added were the new Engineering Teaching and Research Laboratory Building (ETRL).

October 16, 1998: The Anthropology Lab was removed from the sampling program (the building was torn down). Chem. Stores and the Steffen Center were removed because of problems gaining access to the buildings. Routine sampling to the East and West reservoirs was discontinued per WDOH recommendation. The following locations were added to the sampling program: D I Facility, ADBF, Plant Growth - WRC, ANIMAL SCIENCES LABS, Bohler Annex and Clark.

1999: Routine monitoring of the booster station was discontinued.

August 2000: Wells 1, 3 & 4 designated as emergency use only. Well # 2 abandoned.

January 2001: Spillman was removed from the sampling program (the building was torn down). Added in its place was the new Student Rec Center (SRC).

January 14, 2002: Removed the motor pool, it is on a dead end line. Added the Creamery annex (353) and the Center for Undergraduate Education (CUE) (# 95)

March 2004: Removed IBC greenhouse, replaced with Grimes Way Steam Plant.

December 2004: Added School of Communication addition, removed 2 sampling of the Pullman Memorial Hospital. Changed Pullman Memorial Hospital to Student Health.

September 2005: Changed Student Health to Washington Building.

October 2005: Removed golf course club house, replaced with SRC, replaced motor pool with creamery annex.

December 2005: Removed the DI Facility (no potable supply), CASP (shut down); renamed Wilmer/Davis to Hillside, Regents to Northside, new energy plant to Grimes Way Steam Plant; temporarily replaced Rotunda with Stephenson Down-under, CUB with Wilson.

August 2006: Central Stores and Compton Union Building were removed from February and PBS-1 and Streit-Perham were added. Central Stores was removed from April and Bustad was added. CUB was removed from May and PBS-1 was added. Central Stores was removed from July and McCoy was added. McCoy was deleted from October and PBS-1 was added.

December 2006: Saved to Public Health - Public folder. Revised the population summary in August 2006 and added to 2007 plan. The following were added to the Service Connection Sample Locations: Center for Undergraduate Education, Creamery Annex, Golf Course Maintenance Shop, Grimes Way Steam Plant and Large Animal Barn.

June 17, 2007: Discontinued fluoridation (started in 1998).

December 2007: Added Southside Café (opening in spring); Golf Course Clubhouse and CUB (opening in fall). Added summary below of samples/building/year.

August 2008: Changed pool sampling from monthly to quarterly (Feb, May, Aug and Nov)

January 2009: Added CUB back into schedule; revised scheduling for other buildings. Deleted Ad Annex. Dropped pool sampling.

July 2010: Added Biotech/Life Sciences, Motor Pool and Tennis Court Restrooms. Removed the Student Book Corporation and EH&S Treatment Facility. Revised schedule for other buildings. Added Building Section Tables and new Groundwater Rule.

December 2010: “Nez Perce E” was changed to “Nez Perce D”. “677E” was changed to 677D. Removed December Tennis Courts and replaced it with Alumni Center.

June 2011: Food Science Human Nutrition was changed to quarterly sampling and was removed from September and then added to July and October. Steptoe Apt. B was removed from January and the Rec Center was removed from Nov to accommodate the new quarterly sampling for Food Science and Human Nutrition and stay within the sampling limit per month.

July 2011: Orton was added to September to make 25 WSU water system samples in September.

August 2011: Van Doren replaced Beasley Coliseum in December.

Sept 2011: Honors moved to Sept from August and Murrow West moved to August from Sept.

Oct 2011: Bustad moved to Oct. from Nov., Heald moved to Nov. from October. Bustad moved from April to May. Heald moved from May to April.

Jan 2012 Communication addition was replaced with Daggy Hall in Jan. Plant Growth Center (122) was removed from May and Nov and replaced with Chinook Apt BB in May and Johnson hall in Nov. Chinook Apt BB was removed from Aug and put in Feb to spread out the samples at the location better. French Administration was moved from Feb to Aug. Chinook Apt. BB was removed from June and was replaced with Cleveland Hall. Alumni Center was deleted from Nov and added to Sept. Coman was deleted from Sept and added to Nov. Chinook Apt BB was removed from Dec and Yakima Apt was added to Dec. Stimson was added to Sept. Plant Growth Center was removed from the monitoring plan. In May it was replaced with Chinook BB. In November it was replaced with Johnson Hall.

Feb 2012: Changed Valley Crest B (no sample site) to Valley Crest A; changed upstream sample site to Food Quality Building.

June 2012: Plant Science Greenhouse 114 was changed to Meats Lab 98. Nez Perce D 677D was changed to Nez Perce F. Plant Science Greenhouse 114 was changed to McEachern Graduate Residence 805 in Jan. Plant Science Greenhouse 114 was changed to Columbia Apt.F678F for Oct. Changed the sample days for Chinook Apt. AA.

July 2012: Replaced Plant Science Greenhouse with Central Production-Stephenson for October and updated the table indicating the months and number of times sampled.
October 2012: Need to revise Central Stores since it has moved. NRCS replaced with Dodgen Research Facility (NRC).

December 2012: Alumni Ctr and EH&S moved from December to November. Clark and Palouse Ridge Maintenance Fac added to December.

May 2015: Replaced Golf Course Maint. Facility with Eggert Farm. Replaced McAllister with Neill. Swapped Neill in March for Webster in February. Swapped Neill in October with Washington in September. Changed University Stores in June to General Storage.

Water Facilities Inventory Form - Residential Units - Fall 2009

Residence Hall	# of Rooms
Coman	79
Community	60
Duncan Dunn	77
Gannon	154
Goldsworthy	152
Honors	69
McCroskey	46
McEachern	294
Olympia	138
Orton	256
Perham	162
Regents	264
Rogers	256
Scott	79
Stephenson East	170
Stephenson North	170
Stephenson South	156
Stevens	56
Stimson	123
Streit	162
Waller	93
Wilmer-Davis	133
22 Residence Halls	**3149Rooms**

Apartment Complex	Available Apts	# of Buildings
Chief Joseph	96	5
Chinook	124	24
Columbia	54	14
Kamiak	100	13
Nez Perce	96	18
Steptoe	200	22
Terrace	99	9
Valley Crest	48	3
Yakama	130	15
Total	947	123
	3149	22

Total # Rooms/Apts	**4096**	
Total # Buildings		**145**

Tula Young Hastings Farm
Coliform Monitoring Plan

WATER SYSTEM NAME				SYSTEM I.D. NUMBER
WSU Tula Young Hasting Farm				**895200**
PEAK POPULATION SERVED			**SERVICE CONNECTIONS**	
~ 65			9	
TYPE SYSTEM	**DOH SOURCE NUMBER**		**CATEGORY**	**WELL DEPTH**
NTNC	S01, S02, S03 wellfield		Wells	S01 - 594 ft S02 - 432 ft
TREATMENT	**TREATMENT PROCESS**	**PURPOSE**	**STORAGE**	**STORAGE CAPACITY**
Chlorine	Gas chlorination	Disinfection	Reservoir	50,000 gal

Sampling Information

NUMBER OF ROUTINE SAMPLES REQUIRED BY REGULATIONS:	NUMBER OF SAMPLES SITES NEEDED TO REPRESENT THE DISTRIBUTION SYSTEM:
1	6

	TYPE	SITE #	LOCATION
SAMPLE SITE GROUP	ROUTINE	1	County Shop
	REPEAT	2	Dairy Center Office
	REPEAT	4	Swine Center Residence
	REPEAT/Trigger*	-	Well sample while in operation
SAMPLE SITE GROUP	ROUTINE	2	Dairy Center Office
	REPEAT	5	Dairy Center Residence
	REPEAT	11	Whitman County Shop Building
	REPEAT/Trigger*	-	Well sample while in operation
SAMPLE SITE GROUP	ROUTINE	3	Beef Center Teaching Wing
	REPEAT	5	Dairy Center Residence
	REPEAT	2	Dairy Center Office
	REPEAT/Trigger*	-	Well sample while in operation

* Per the Groundwater Rule, within 24 hours of notification of a positive coliform sample, the well that was in operation on the day of the positive sample shall be sampled prior to chlorination while the well is running, along with three (3) repeat samples (original collection site that was positive and 2 additional sites. The well sample serves as a REPEAT and Source Trigger Sample).

For maximum coverage of different branches of the distribution system, a decision to rotate the required routine sample(s) among different sample sites may be made. It is recommended that ROUTINE sampling sites be tested about 4 times per year or more often.

ROTATION SCHEDULE

MONTH	SAMPLE SITE(S)	MONTH	SAMPLE SITE(S)
JANUARY	County Shop	**JULY**	County Shop
FEBRUARY	Dairy Center	**AUGUST**	Dairy Center
MARCH	Beef Center	**SEPTEMBER**	Beef Center
APRIL	County Shop	**OCTOBER**	County Shop
MAY	Dairy Center	**NOVEMBER**	Dairy Center
JUNE	Beef Center	**DECEMBER**	Beef Center

The month after a positive coliform sample, five (5) FOLLOW-UP samples must be submitted. Below are the sires for the FOLLOW-UP samples. Sites designated as other sampling sites may be also used as FOLLOW-UP sites. Also, list any sites which will be used with any FOLLOW-UP.

MONTH AFTER SAMPLE SITES

The month following a positive sample the following sites will be sampled: County Shop (#1); Dairy Center (#2); Beef Center (#3); Whitman County Shop Building (#14); and Beef Center Residence (#6). This will completely cover the entire water system.

Preparation Information

SYSTEM NAME	**DATE PLAN COMPLETED**	**DATES MODIFIED**
Tula Young Hastings Farm	1-24-92	1-31-14
NAME OF PLAN PREPARER	**POSITION**	**DAYTIME PHONE #**
Gene Patterson	Public Health Manager	(509)335-3041
STATE REVIEWER	**DATE LAST REVIEW**	

APPENDIX F-3

WSU Chlorine Safety Procedures

Rev. 6-28-07

A minimum of two persons trained in these procedures is required for all cylinder changes; one equipped with a two-way radio and standing in the open door of the chlorinator room observing the other changing cylinders. Both must be wearing long-sleeved shirts, impermeable gloves and non-vented chemical goggles for protection against possible liquid chlorine leaks. The cuffs of their long-sleeved shirts must be pulled down and buttoned over the gauntlets of the gloves. Increased safety is afforded by both wearing their full-face respirators, in which case the use of goggles is not required. The portable chlorine monitor must be turned "On" and be immediately at hand. In the case of the chlorinator enclosure at the Dairy Farm, which is located outside, the observer must be close enough to lend timely assistance.

Well #4 (Near the Coal Pile at the Energy Plant)

1. Call WHITCOM prior to entering the chlorinator room and give notice that you will be working on the system, as your entry will trigger an alarm at WHITCOM. Your work on the system could trigger a chlorine alarm at WHITCOM also.

2. Turn on the ventilation fan.

3. Make sure that the handle for opening and closing the cylinder valve is in place on the valve.

4. If a leak occurs while you are changing cylinders, and the concentration of chlorine in air reaches 1 part per million (ppm) the strobe light on the exterior of the chlorinator room will activate and the buzzer alarm in the interior of the room will sound. If the concentration reaches 3 ppm, the strobe will continue and the exterior horn will activate. Also, WHITCOM will receive the silent alarm via the dialer. WHITCOM will also receive a silent alarm when there is a power failure that affects the detector. You must check your hand-held or the on-site monitor to determine the concentration of gas to air. If either monitor indicates a gas concentration of between 0.5-9.9 ppm, don the full-face respirators prior to further attempts to find and repair the source of the leak. If it appears that your repair efforts are successful, use the ammonia solution for verification. The on-site and hand-held detectors should indicate dilution of the concentration of chlorine in the chlorinator room by the operation of the ventilation fan and the open door. If the leak is stopped call WHITCOM to give verification.

   If the concentration of chlorine increases to greater than or equal to 10 ppm while you are working and/or the leak cannot be fixed, shut off the ventilation fan, close the door, retreat to a safe location upwind and notify WHITCOM that the leak cannot be stopped. Remain in the area upwind to be available for lending **advisory** assistance to the HazMat Team when they arrive, if requested. If necessary the HazMat Team will respond with the cylinder containment vessel.

5. When an unwitnessed leak occurs, WHITCOM will receive the silent alarm at 3 ppm and will notify the HazMat Team and the Facilities Operations Dispatcher. The Dispatcher should then contact Water Treatment on-duty or on-call personnel. The Water Distribution Specialist is responsible for contacting qualified maintenance personnel to respond and assist in making repairs to the chlorine system for continued operation of the well pump. If the unwitnessed leak is less than 3 ppm the Facilities Operations Dispatcher will not know about it until someone calls in and reports that the strobe light and intermittent audible alarm have activated. The Dispatcher should then notify WHITCOM so that the HazMat team can respond, and also contact Water Treatment on-duty or on-call personnel. Upon your arrival, you must report to the HazMat team's Incident Commander. You must not enter the chlorinator or pump rooms on any alarm until the facility is cleared by the HazMat team.

6. The Water Distribution Specialist is responsible for notifying the vendor of the leaky valve or cylinder as soon as possible.

Well #6 (Beasley Parking Lot) and Well #7 (Uphill of the Energy Plant on College Avenue)

The same procedure as with **Well #4** above.

END

APPENDIX F-4

WSU Cross-Connection Control Program

WASHINGTON STATE UNIVERSITY

Environmental Health and Safety

May 12, 2008

Jeff Johnson
Washington State Department of Health
Office of Drinking Water
Eastern Regional Office
1500 W. 4th Ave., Suite 305
Spokane, WA 99204

Re: WSU Water Board Approval of Cross Connection Control Program

Dear Mr. Johnson:

The WSU Water Board and administration officially approved the Cross Connection Control Program that covers the WSU Pullman (#93200Q), Tula Young Hastings Farm (#895200) and Prosser (#93195H) Water Systems in October 2006.

Please contact the WSU Water Board at 509-335-3041 if you have any further questions.

Sincerely,

Dwight Hagihara
WSU Water Board Co-Chair

Ev Davis
WSU Water Board Co-Chair

cc: Rob Corcoran
Calvin George, Taylor Engineering
Gene Patterson
Gary Wells

RECEIVED
MAY 20 2008
FACILITIES OPERATIONS

PO Box 641172, Pullman, WA 99164-1172
509-335-3041 • Fax: 509-335-4442 • Emergency 911 • ehs@wsu.edu • www.ehs.wsu.edu

WSU DRINKING WATER, CROSS-CONNECTION CONTROL AND WATER CONSERVATION PROGRAM

Revised January 15, 2010

PURPOSE **2**

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PURPOSE

Washington State University (WSU) is responsible for planning, operating, sampling, maintaining and protecting University owned public drinking water systems and water supply connections to meet the requirements of WAC 246-290 through WAC 246-296, WAC 173-160 and WAC 51-56. WSU is also responsible for helping to ensure that the quality of water WSU facilities receive from non-WSU public water systems meets state and federal requirements.

AUTHORITY AND RESPONSIBILITY

The Water Board, comprised of staff from Facilities Operations, Environmental Health and Safety (EH&S), Housing and Dining Services, Capital Planning and Development, and Regional Campus and Research Unit (RCRU) representatives, has the ultimate authority and responsibility for all WSU water systems and facilities located around the state to meet all applicable regulations. The Water Board is also responsible for planning, constructing and repairing, operating, sampling, maintaining, and protecting WSU's public drinking water systems and water supply connections throughout the state to meet the requirements in WAC 246-290 through WAC 246-296, WAC 173-160 and WAC 51-56.

The Water Board must develop all policies, procedures, and this WSU Drinking Water, Cross-connection Control and Water Conservation Program document (hereinafter referred as the Program document) for more specific information. This Program document provides detailed planning, development, construction and repair, maintenance, sampling, monitoring, and operating procedures to ensure WSU drinking water systems are maintained and operated in a safe and cost effective manner. The most current version of this Program document is located on the WSU Environmental Health and Safety web site under drinking water at: http://www.ehs.wsu.edu/ph.asp.

The Water Board must coordinate with local administrative authorities of non-WSU water systems in all matters concerning cross-connection control (and other drinking water issues). The Water Board must document and describe such coordination, including delineation of responsibilities, in this Program document.

The Water Board must be co-chaired by the Facilities Operations and EH&S Directors. Regional Campus and Research Unit representatives may assign appropriate staff members to assist the board. The Water Board must meet at least annually. The Board must be comprised of the following positions:

Facilities Operations
Director
Director, Maintenance and Utilities Services
Water Distribution Manager
Water System Engineer

Environmental Health and Safety
Director
Public Health Manager
Facility Health and Safety Coordinator

AUTHORITY AND RESPONSIBILITY (cont.)

Housing and Dining Services
Director, Maintenance Services for Campus Life
Industrial Hygienist
Maintenance Coordinator

Capital Planning and Development
Director, Construction Service and Quality Assurance
Project Manager / Professional Engineer

Regional Campuses and Research Units
CAHNRS Business and Personnel Office Director
WSU Spokane – Facilities Operations Manager
WSU Tri-Cities – Environmental Health and Safety Officer
WSU Vancouver - Facilities Operations Manager

The Water Board

- Develops all drinking water programs, policies and procedures for WSU.
- Helps protect drinking water systems and water supply connections.
- Performs and enforces corrective actions.
- Ensures that qualified personnel are provided to develop and implement all applicable programs.
- Develops schedules for performing risk assessments.
- Develops a quality assurance program for backflow prevention assembly testing.
- Develops procedures for responding to water quality and backflow incidents.
- Provides educational programs for consumers about drinking water systems, conservation, cross-connection controls, etc.
- Coordinates with and notifies the Dept. of Health (DOH), local administrative and/or health authorities of any incidents, and documents the incidents.

Facilities Operations

- Operates and maintains all Group A and B water systems in Whitman County (excluding Palouse Conservation Field Station, operated by USDA, maintenance and repairs performed by Facilities Operations).
- Conducts limited monitoring of the drinking water system.

Facilities Operations (cont.)

- Coordinates master planning with the Infrastructure Master Planning Committee.

- Is responsible, along with Capital Planning, Development, and RCRU, for the design, plan and specification review, and construction of additions, modifications and new construction to WSU drinking water systems throughout the state.

- Provides bacteriological and chlorine disinfection water sampling for construction and repairs (or oversees the contractor that performs the sampling), with assistance from EH&S, RCRU, Housing and Dining Services and/or Capital Planning and Development. Facilities Operations or the contractor must provide the results to EH&S.

- Prior to water being used for drinking purposes, Facilities Operations must test all new backflow prevention assemblies in Whitman County and must obtain testing results from outside of Whitman County, and obtain satisfactory bacteriological sample results from repairs or maintenance. Facilities Operations (or the contractor if applicable) must provide bacteriological sample results to EH&S.

- Provides alternative drinking water sources if construction and/or maintenance require disruption of water services on a case by case basis.

- Prepares the annual Cross-connection control summary report and assists EH&S with the development and preparation of other regulatory reports as required.

Facilities Operations representative:

- A certified Water Distribution Manager 3 is in responsible charge of the daily operational activities of the water systems in Whitman County, and their treatment facilities and distribution systems that directly impact water quality and/or quantity of water as required per WAC 246-292.

Environmental Health and Safety (EH&S)

- Conducts bacteriological and chemical sampling for Whitman County water systems (excluding construction and repair samples) required by federal and state regulations, and assists Facilities Operations, Capital Planning and Development, RCRU and other WSU water systems around the state with their sampling responsibilities. Any required sampling for construction and repairs must be performed by the department or contractor making the repair. (Refer to the Construction and Repair section and the Sampling, Monitoring, Repair section below.).

- Investigates concerns regarding drinking water quality and performs sanitary surveys of drinking water systems, including wells, reservoirs, distribution systems and treatment facilities.

- **EH&S (cont.)**

- Reviews plans and specifications for new construction and remodels.

- Evaluates current and new regulations to help ensure WSU remains in compliance and maintains safe and healthy drinking water.

- Acts as the liaison with the Washington State Department of Health, Department of Ecology, local health departments or districts, and the EPA regarding regulatory compliance.

- Assists Facilities Operations with the development and preparation of various regulatory reports as required.

Capital Planning and Development (CPD)

- Coordinates with and receives approval from the Facilities Operations Cross-connection Control Specialist and Water Distribution Manager on water line maintenance and installation, backflow prevention assembly testing, connection of new equipment, etc.

- Prior to water being used for drinking purposes, Capital Planning and Development (CPD) must obtain satisfactory bacteriological sample results and must have Facilities Operations test backflow prevention assemblies from new construction or repairs in Whitman County. Outside of Whitman County, the contractor must test backflow prevention assemblies prior to water being used for drinking purposes. RCRU or the contractor must provide bacteriological sample results to EH&S and the contractor must provide backflow prevention assembly test results, certified Backflow Assembly Testers (BATs) names, certification and telephone numbers to Facilities Operations.

Housing and Dining Services

- Coordinates with and receives approval from the Facilities Operations Cross-connection Control Specialist and Water Distribution Manager on water line maintenance and installation, backflow prevention assembly testing, connection of new equipment, etc.

- Prior to water being used for drinking purposes, Housing and Dining Services must obtain satisfactory bacteriological sample and backflow prevention assembly testing results from new construction or repairs. Housing and Dining Services or the contractor must provide bacteriological sample results to EH&S and backflow prevention assembly testing results to Facilities Operations.

- Conducts maintenance on water lines and contracts with certified BATs to perform backflow prevention assembly testing. Housing and Dining Services must provide the certified BATs names, certification and telephone numbers to Facilities Operations if applicable.

Regional Campuses and Research Units (RCRU)

RCRU operates, maintains, and conducts limited monitoring of the drinking water systems located outside Whitman County, and coordinates water conservation efforts.

RCRU representatives:

- The RCRU Facilities Operations representative coordinates with and receives approval from the Facilities Operations Cross-connection Control Specialist and Water Distribution Manager on water line maintenance and installation, backflow prevention assembly testing, connection of new equipment, etc.

- A certified Water Distribution Manager is in responsible charge of the daily operational activities of the WSU Prosser - IAREC water system, as well as Group B systems at Roza, Othello, Royal Slope and Lind Research Units, and their treatment facilities and distribution systems that directly impact water quality and/or quantity of water as required per WAC 246-292.

- The RCRU CPD representative coordinates master planning with the Infrastructure Master Planning Committee.

- The RCRU Facilities Operations and CPD representatives are responsible for the design and construction of additions and modifications to WSU drinking water systems across the state (in addition to Facilities Operations and CPD), review of plans and specifications for new construction and remodels, and ensuring that additions, modifications, new construction, and remodels are in compliance with all regulations.

- The EH&S representative assists RCRU Facilities Operations with bacteriological and chemical sampling outside of Whitman County (excluding construction and repair samples) as required by federal and state regulations, and assists Facilities Operations and other WSU water systems around the state with their sampling responsibilities. Any required sampling for construction and repairs must be performed by the department or contractor making the repair.

- The RCRU Facilities Operations, CPD and/or EH&S representative must obtain satisfactory bacteriological sample and backflow prevention assembly testing results from new construction or repairs prior to water being used for drinking purposes. RCRU or the contractor must provide bacteriological sample results to EH&S and backflow prevention assembly testing results to Facilities Operations. Certified BATs hired or contracted by RCRU must provide their names, certification and telephone numbers to Facilities Operations.

- The RCRU Facilities Operations or CPD representative must provide alternative drinking water sources if construction and/or maintenance require disruption of water service on a case by case basis.

RCRU representatives (cont.):

- EH&S representative investigates concerns regarding drinking water quality and performs sanitary surveys of drinking water systems, including wells, reservoirs, distribution systems and treatment facilities.

- EH&S representative acts as the liaison with the Washington State Department of Health, Department of Ecology, and the EPA regarding regulatory compliance.

- EH&S representative develops and prepares various regulatory reports as required.

EH&S in Pullman evaluates current and new regulations to help ensure WSU remains in compliance and maintains safe and healthy drinking water.

Water System Users

Any WSU department (including Housing and Dining Services), organization, non-WSU entity, or person that connects equipment, installs piping, or makes changes to water systems must receive prior approval from Facilities Operations Utilities or RCRU. Changes to water systems include tying into any WSU fire hydrant (refer to Fire Hydrant / Water Line Use and Backflow Prevention by Contractors below).

The following are the organizational alignments specifying what WSU entity and / or purveyor is responsible for what systems, facilities, and their appropriate programs:

<u>Facilities Operation in Pullman, WA</u>
Pullman Campus
Central Ferry Research Farm
Palouse Conservation Field Station (operated by USDA)
Smoot Hill Biological Field Study Area
Spillman Farm
Tula Young Hastings Farm

<u>Housing and Dining Services</u>
Pullman Campus departmental facilities

<u>Prosser Irrigated Agriculture Research and Extension Center</u>
Prosser Research and Extension Center
Lind Dry Land Research Unit
Othello Research Unit
Royal Slope Columbia Basin Research Unit #2 (operated by private organization)
Roza Research Unit

Water System Users (cont.)

WSU Tri-Cities Regional Campus

Puyallup Research and Extension Center
Puyallup Research and Extension Center
Mount Vernon Research and Extension Center

Wenatchee Tree Fruit Research and Extension Center
Tree Fruit Research and Extension Center
Columbia View Orchard Research Unit
Colockum Multiple Use Research Unit
Smith Tract

WSU Spokane
Spokane Regional Campus
Intercollegiate Center for Nursing (ICN) - Spokane
SIRTI (non-WSU building but WSU oversees by contracting)

WSU Vancouver
Vancouver Regional Campus
Vancouver Research and Extension Unit

PROGRAM ELEMENTS

Construction, Cross-connection Control, Plan Review and Related Programs

Construction and Repair

Facilities Operations or Capital Planning and Development must submit project reports and construction documents for Group A and B new systems, extension of systems, and improvements to DOH for approval prior to commencing construction with the exception of the activities listed in WAC 246-290-125. Facilities Operations or Capital Planning and Development must provide copies of project reports and construction documents to the Water Distribution Manager and EH&S. Refer also to Plan Review section below.

Any required bacteriological sampling for construction and repairs must be performed by the department or contractor making the repair. Refer to the Sampling, Repair and Emergency Procedures section for more information.

Cross-connection Control

By elimination or control of existing cross-connections between potable and non-potable water systems, plumbing fixtures, and industrial piping systems (including reclaimed and/or reuse water), WSU can maintain safe drinking water supplies. Establishment of a Cross-connection Control Program helps WSU comply with WAC 246-290-490, WAC 246-291-270, WAC 51-56-0600 and Uniform Plumbing Code (UPC) regulations. WSU must adhere to WAC 246-290-490 and WAC 246-291-270 for premises isolation (water supply to buildings) and the UPC and WAC 51-56-0600 for in-premises isolation (internal building water distribution).

Required Personnel and Responsibilities:

Water Distribution Manager:

- Responsible charge of the daily operational activities of the water systems, treatment facilities and distribution systems that directly impact water quality and/or quantity of water as required per WAC 246-292.

Cross-connection Control Specialist (CCS):

- Develops and implements the cross-connection control program (WAC 246-290-490(3) (c) through (g), and (j)).
- Assesses the risk for each potential connection to the water supply, and determines degree of hazard, degree of acceptable risk, and reliability required of the backflow preventer (WAC 246-290-490(4)(a)(i)).
- Determines the kind of backflow preventer required for each connection assessed for risk (WAC 246-290-490(4) (a) (ii)).
- Inspects backflow preventer installations to ensure that protection is provided commensurate with the assessed degree of hazard (WAC 246-290-490(7) (a) (i)).
- Develops cross-connection control procedures related to initial evaluation prior to service being provided to a new connection (WAC 246-290-490(3) (c) (i)).
- Initially evaluates existing connections for proper risk assessment and the application of appropriate backflow preventer (WAC 246-290-490(3) (c) (ii).
- Periodically reevaluates (on a schedule acceptable to the DOH, or whenever there is a change in use of a premises) all service connections to ensure the application of proper backflow prevention (WAC 246-290-490(3) (c) (iii)).
- Must inspect air gaps installed in lieu of approved backflow prevention assemblies, or must inspect backflow prevention assemblies for correct installation and approval status (WAC 246-290-490(7)(a)(ii)).

Backflow Assembly Tester (BAT):

- Tests approved backflow assemblies for proper operation (WAC 246-290-490(7) (a) (iii)).
- Inspects and/or tests approved air gaps and approved backflow assemblies; 1)at the time of installation; 2) annually or more frequently thereafter, 3) whenever there is a backflow incident, and/or; 4) whenever an assembly is repaired, reinstalled or relocated, or an air gap is re-plumbed (WAC 246-290-490(7)(b)).

Water Board:

- Per WAC 246-290-490(3)(a), (b), (h) and (i), develops this Program document that establishes legal authority to implement a cross-connection control program, describes operating policies, develops and implement procedures for responding to backflow incidents and educates consumers on cross-connection control.

There are additional duties of CCS's and BAT's associated with backflow prevention devices, which are a lower priority and are not included in this document.

NOTE: It is important that BATs report unapproved assemblies or assembly installations, uncovered during annual inspections or incident evaluations to the CCS. In general, all inspection and testing reports generated by BATs should be reviewed by the CCS and the Water Distribution Manager.

Using the above state certified Cross-connection Control Specialists and Backflow Assembly Testers (either associated with the Pullman campus, or using their own certified maintenance personnel, or hired as independent contractors), each regional campus, research station, etc. is ultimately responsible for ensuring that their own water systems or water supply connections to facilities for cross-connections and backflow prevention assemblies are maintained, inspected, and tested, and that records of all maintenance, inspections, and testing are retained.

Definitions:

All definitions, hazards, equipment, procedures, and installation practices must either follow WAC 246-290 and / or the most recent edition of the *Cross-connection Control Manual - Accepted Procedure and Practice*.

All new backflow prevention assembly models that are installed on WSU property must be used either from the current approved backflow prevention assemblies list developed by the University of Southern California Foundation for Cross-connection Control and Hydraulic Research or must be listed or approved by other nationally recognized testing agencies (such as IAPMO, ANSI, or UL) acceptable to the local administrative authority. Such models are considered approved by the Department of Health (DOH). The current approved assemblies list is available from DOH upon request.

Approved air gap means a physical separation between the free-flowing end of a potable water supply pipeline and the overflow rim of an open or non-pressurized receiving vessel. To be an air gap approved by DOH, the separation must be at least:

- Twice the diameter of the supply piping measured vertically from the overflow rim of the receiving vessel, and in no case be less than one inch, when unaffected by vertical surfaces (sidewalls); and:

- Three times the diameter of the supply piping, if the horizontal distance between the supply pipe and a vertical surface (sidewall) is less than or equal to three times the diameter of the supply pipe, or if the horizontal distance between the supply pipe and intersecting vertical surfaces (sidewalls) is less than or equal to four times the diameter of the supply pipe and in no case less than one and one-half inches.

Approved atmospheric vacuum breaker means an AVB of a make, model, and size that is approved by DOH. AVBs that appear on the current approved backflow prevention assemblies list developed by the University of Southern California Foundation for Cross-connection Control and Hydraulic Research or that are listed or approved by other nationally recognized testing agencies (such as IAPMO, ANSI, or UL) acceptable to the local administrative authority are considered approved by DOH.

Approved backflow preventer means an approved air gap, an approved backflow prevention assembly, or an approved AVB. The terms "approved backflow preventer," "approved air gap," or "approved backflow prevention assembly" refer only to those approved backflow preventers relied upon by the purveyor for the protection of the public water system. The requirements of WAC 246-290-490 do not apply to backflow preventers installed for other purposes.

Approved backflow prevention assembly means an RPBA, RPDA, DCVA, DCDA, PVBA, or SVBA of make, model, and size that is approved by DOH. Assemblies that appear on the current approved backflow prevention assemblies list developed by the University of Southern California Foundation for Cross-connection Control and Hydraulic Research or other entity acceptable to DOH are considered approved by DOH.

Backflow means the undesirable reversal of flow of water or other substances through a cross-connection into the public water system or consumer's potable water system.

Backflow assembly tester means a person holding a valid BAT certificate issued in accordance with WAC 246-292.

Backpressure means a pressure (caused by a pump, elevated tank or piping, boiler, or other means) on the consumer's side of the service connection that is greater than the pressure provided by the public water system and which may cause backflow.

Backsiphonage means backflow due to a reduction in system pressure in the purveyor's distribution system and/or consumer's water system.

Cross-connection means any actual or potential physical connection between a public water system or the consumer's water system and any source of nonpotable liquid, solid, or gas that could contaminate the potable water supply by backflow.

Cross-connection control program means the administrative and technical procedures the purveyor implements to protect the public water system from contamination via cross-connections as required in WAC 246-290-490.

Cross-connection control specialist means a person holding a valid CCS certificate issued in accordance with WAC 246-292.

Cross-connection control summary report means the annual report that describes the status of the purveyor's cross-connection control program.

High health cross-connection hazard means a cross-connection which could impair the quality of potable water and create an actual public health hazard through poisoning or spread of disease by sewage, industrial liquids or waste.

In-premises protection means a method of protecting the health of WSU consumers served by the WSU building's potable water system, located within the WSU building by the installation of an approved air gap or backflow prevention assembly at the point of hazard, which is generally a plumbing fixture.

Local administrative authority means the local official, board, department, or agency authorized to administer and enforce the provisions of the Uniform Plumbing Code as adopted under chapter 19.27 RCW. The local administrative authority for all WSU water systems throughout the state is the WSU Water Board. For WSU premises or buildings that are served by a non-WSU water system, the local administrative authority is the water system purveyor that serves the WSU premises or buildings

Low health cross-connection hazard means a cross-connection that could cause an impairment of the quality of potable water to a degree that does not create a hazard to the public health, but does adversely and unreasonably affect the aesthetic qualities of such potable waters for domestic use.

Premises isolation means a method of protecting WSU public water systems by installation of approved air gaps or approved backflow prevention assemblies at or near the service connection or alternative location acceptable to the purveyor to isolate the building water system from the purveyor's distribution system.

Purveyor means a WSU department that operates a WSU public water system. Purveyor also means the authorized agents of WSU. For non-WSU water systems, the purveyor is the local administrative authority that operates the non-WSU water system.

Inspections and Surveys:

All responsible entities must have a certified Cross-connection Control Specialist inspect and survey their Group A water system facilities on an annual basis or after a backflow incident per WAC 246-290-490(7)(b). For Group B water systems and WSU facilities on non-WSU public water systems, all responsible entities must have a certified Cross-connection Control Specialist inspect and survey them as determined by the Water Board or after a backflow incident. Facilities where cross-connections are found must be prioritized and funded based on risk. The responsible entity must provide access to the results of their inspections and surveys to Facilities Operations and EH&S for performing assessments for Minor Capital Safety funding. When an existing cross-connection poses a high health or system hazard, the purveyor must shut off water service to the premises, equipment, etc. until the cross-connection has been eliminated or controlled by the installation of a proper backflow prevention assembly. The Cross-connection Control Specialist and EH&S must be notified as soon as possible whenever a high health cross-connection hazard is found and/or the water has been shut off. Existing cross-connections that do not pose a high health hazard will be eliminated or controlled by the installation of a proper backflow prevention assembly as funding

and time allows. Non-University entities, which own buildings or equipment serviced by a WSU water system, will be required to install a service meter and premises isolation or in-premises isolation (backflow prevention assemblies) as determined by the WSU Cross Connection Control Specialist.

Capital Planning and Development and Facilities Operations must inspect all new or remodeled construction involving water systems.

All backflow prevention assemblies and air gaps must be tested and/or inspected annually by a Washington State Certified Backflow Prevention Assembly Tester using Washington State approved field testing procedures. All new backflow prevention assemblies that have been installed must be tested prior to being placed into service. The Washington State Certified Backflow Prevention Assembly Tester must provide the results of testing to Facilities Operations in a timely manner.

When annual testing and documentation of backflow prevention assemblies show consistent annual failures, semi-annual tests to verify the assemblies meet design standards must be performed.

All facilities used by non-WSU organizations that are serviced by a WSU water system must comply with all elements of this program.

Fire Hydrant / Water Line Use and Backflow Prevention by Contractors:

Prior to contractors tying into fire hydrants or other water lines and using any water, they must install an approved and tested backflow prevention assembly. The contractor has two options: 1) install their own backflow prevention assembly and have a Facilities Operations Backflow Assembly Tester (BAT) inspect the assembly or; 2) check out an approved and tested assembly from Facilities Operations. In either case, the BAT must date, initial, and attach a green “Quality Control” tag must be attached to the assembly. The tag is to be displayed such that it is readily visible to interested authorities. If the contractor checked out an assembly from Facilities Operations, they must return the backflow prevention assembly in working order to Facilities Operations when they are done using the fire hydrant / water line. Failure to return the backflow prevention assembly, or if the assembly is not in working order, will result in the contractor being charged for it.

Signage of Non-Potable Water:

As required by the latest edition of the Uniform Plumbing Code (UPC), all faucets, hose bibs, etc., that supply non-potable water must have signs posted adjacent to them that state:

CAUTION: NONPOTABLE WATER
DO NOT DRINK

Per WAC 296-800-15030, all emergency showers and eyewashes using non-potable water must have signs posted adjacent to them that state water is non-potable.

Backflow Prevention Assembly Recordkeeping:

Facilities Operations must keep complete records on all dates of installations, inspections and results, recommended protection, locations of backflow prevention assemblies and air gaps in systems, testing and maintenance reports. Housing and Dining Services must maintain documentation on their respective facilities and forward a copy of such records to Facilities Operations after the completion of the certification inspections or on an annual basis, which ever occurs first. Regional campuses and research stations must maintain documentation on their respective campuses and research stations and forward a copy of such records to Facilities Operations after the completion of the certification inspections or on an annual basis, which ever occurs first. Backflow assembly test kits must be annually verified and documented for accuracy to plus or minus 0.2 full scales. Records must be made available to EH & S or the Washington State Department of Health upon request.

Risk Assessments and Prioritizing Cross-connection Control Improvements:

In order to address the elimination of cross-connections in WSU potable water systems, a prioritization of projects is required. This is necessary due to the number of cross-connections discovered each year and the amount of funding available.

An assessment of each cross-connection discovered must be performed in order to prioritize and establish funding for the project. Environmental Health and Safety and Facilities Operations must perform assessments of candidates for funding jointly.

The CCS performs the risk assessment based on WAC 246-290-490(4). Using Tables 8 and 9 from the WAC along with the most recent edition of the Cross-connection Control Manual - Accepted Procedure and Practice, the CCS must determine the degree of hazard, probability, and source of contamination associated with the cross-connection, and the number of people it could potentially affect. The following describes the criteria used to establish priorities for correction of cross-connections based on the premises isolation, in-premises isolation, degree of hazard, and number of people potentially affected:

Risk Assessment Hierarchy (1 being the highest priority, 5 being the lowest):

1. Premises Isolation of buildings with the greatest number of high health cross-connection hazards takes precedence over Premises Isolation of buildings with fewer high health cross-connection hazards. *
2. In-premises Isolation of buildings with the greatest number of high health cross-connection hazards takes precedence over In-premises Isolation of buildings with fewer high health cross-connection hazards. *
3. In-premises Isolation of buildings with the greatest number of occupants with the same amount of high health cross-connection hazards as another building takes precedence over the other building with fewer building occupants. *
4. Premises Isolation of buildings with the greatest number of low health cross-connection hazards takes precedence over Premises Isolation of buildings with fewer low health cross-connection hazards. *
5. In-premises Isolation of buildings with the greatest number of occupants with the same amount of low health cross-connection hazards as another building takes precedence over the other building with fewer building occupants. *

* In cases where two different types of cross-connection hazards exist, but both require the same type of backflow prevention assembly, the hazard that is more likely to result in

contaminated water must be prioritized higher. Example: RPBAs are required for cross-connections involving: a) chemical feed equipment plumbed directly into potable water lines, and; b) potable water that is not protected from laboratory water, where the potential for equipment to be plumbed directly into the laboratory water exists. Therefore, the chemical feed equipment would be prioritized higher, since it is plumbed into a potable water line and is pressurized, than a laboratory water line that only has the potential for equipment to be connected to it.

In the Manual, Table 4-1 lists each type of backflow prevention assembly with the level of protection it provides. Tables 4-2, 4-3 and 4-4 describe premises, facilities and fixtures, equipment and areas requiring backflow prevention with the appropriate assembly listed. Therefore, it must be assumed that if an air gap is required, it is a higher hazard than if a Reduced Pressure Backflow Assembly (RPBA) is required, etc.

Plan Review and Design Standards

All plan reviews and design standards for new or remodeled construction involving water systems must be submitted to and reviewed by Facilities Operations, the Certified Cross-connection Control Specialist, the certified Water Distribution Manager, EH&S, Housing and Dining Services (if applicable), and RCRU (if applicable). All plans and work prepared must meet Group A and B water system engineering requirements and design standards, as well as the local administrative authority if applicable. Plans must be prepared under the direction of a professional engineer licensed in Washington.

Water System Plans

The Pullman campus system is required to submit a revised water system plan every six (6) years to DOH, and small water system plans are also required for small Group A water systems (Tula Young Hastings Farm and WSU Prosser). Facilities Operations must be responsible for Whitman County water system plans and RCRU is responsible for the WSU Prosser plan.

Well Construction, Decommissioning, Maintenance, Source Approval and Interties

Facilities Operations and RCRU, with assistance from EH&S, must be responsible for obtaining source water approval, interties with other water systems, water rights, and the construction and decommissioning of all WSU wells, including agricultural, municipal, industrial, domestic or commercial wells.

Water System Modifications or Additions

Contact the Director of Architectural and Engineering Services and the Water Distribution Manager, both at Facilities Operations, regarding all modifications or additions to WSU drinking water systems.

Facilities Operations recommends that WSU Pullman departments submit requests for water system modifications or additions through the myFacilities website. See BPPM 80.45 at http://www.wsu.edu/%7Eforms/PDF/BPPM/80-45.pdf.

WSU Pullman departments unable to access or utilize the myFacilities website may submit requests for water system modifications or additions to Facilities Operations; telephone 335-9007.

Non-Pullman units are to contact Facilities Operations to submit requests for water system modifications or additions; telephone 335-9007.

All University departments, organizations, persons, or non-University entities must receive approval from Facilities Operations **before**:

- Connections to water lines. All new water system point of use connections must have a service meter and premises isolation or in-premises isolation (backflow prevention assemblies) as determined by the WSU Cross Connection Control Specialist. Additionally, Non-University entities will be required to install a service meter and premises isolation or in-premises isolation (backflow prevention assemblies) as determined by the WSU Cross Connection Control Specialist, and reimburses the University for water used. Facilities Operations Water Distribution Manager will only turn on the system water to new services after receiving certification of backflow prevention testing, and verifying the installation of appropriate metering and backflow prevention assemblies.
- Connecting equipment to water lines,
- Repairing or maintaining piping,
- Drilling a well, or
- Making any changes to water systems.

Sampling, Monitoring, Repairs, Emergency Procedures, Reporting and Recordkeeping Requirements

Sampling, Monitoring, Repairs and Emergency Procedures

Sampling and Monitoring:

EH&S, Facilities Operations and RCRU must be responsible for all bacteriological and chemical sampling (excluding construction and repair sampling) with assistance from the Water Distribution Manager on daily monitoring. For installation of new lines and systems, and repairs, Facilities Operations, Housing and Dining Services, RCRU and/or Capital Planning and Development is responsible for ensuring that chlorination meets the most recent AWWA standards, and that adequate bacteriological sampling results are obtained. All bacteriological

sampling results from construction or repair projects must be submitted to EH&S and RCRU prior to use of the water for drinking purposes. See below for bacteriological sampling procedures.

Repairs:

Required bacteriological sampling for repairs must be performed by the department making the repair. Depending upon the type of repair, the following procedures must be followed:

Repair where water pressure not lost:

In these cases (such as a hole in a line) where only a patch is needed, the patch and hole must be properly disinfected first; however bacteriological sampling is not required.

Repair where water pressure was lost:

In these cases (such as a broken line) proper disinfection of lines per the most current AWWA standards and bacteriological sampling must be required. Water service to buildings can be resumed prior to obtaining satisfactory bacteriological sampling results.

NSF-approved temporary hoses may also be used when service to a building is needed as soon as possible. The temporary hose must be properly disinfected before use. After repairs have been completed, the repaired section of waterline must be disinfected according to the most current AWWA standards, flushed and a satisfactory bacteriological sample results obtained prior to placing the line back into service.

In cases where unsatisfactory sample results are obtained, the disinfection procedure, flushing and bacteriological sampling must be repeated until satisfactory results are obtained.

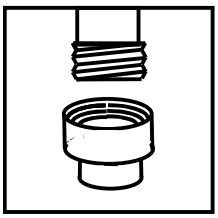
Bacteriological Sampling Procedures:

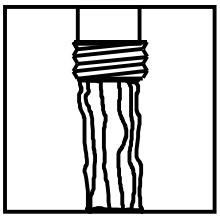
Samples must be delivered ASAP, but no later than 24 hours after being collected. EH&S or the laboratory can provide sample bottles and forms. Results are available approximately 24 hours after the laboratory has set up the sample.

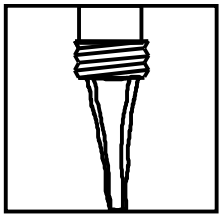
- Select a faucet or hose bib that is furthest from the point where chlorine was added to the line for disinfection.
- Remove any attachment from the faucet, including aerators, screens, washers, hose, and water filters. Once all attachments are removed, dry off the inside of the tap with paper towels.
- Disinfect the tap using a lighter, matches or bleach.
- Ensure a steady stream of <u>cold water only</u> has been running for at least five minutes. Before collecting the sample, turn the water down to a thin stream (about the width of a pencil) and let the water run one minute.
- With a black permanent marker fill out the sample bottle label with building name and tap location, room #, date and time.
- Remove the plastic seal on the cap.

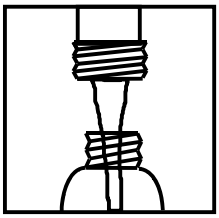
- To avoid contamination while taking the sample, hold the bottle near the bottom with one hand, hold the top of the cap with the other and then unscrew the cap. Do not: invert the cap, set the cap down, or touch any part of the cap that touches the bottle, or let anything touch the rim or inside of the cap. Do not touch the rim or inside of the bottle.
- There may be some liquid or powder in the sample bottle to neutralize the chlorine in the sample. Do not rinse it out.
- Hold the bottle under the constant stream of water, being careful not to touch the tap with the bottle.

Bacteriological Sampling Procedures (cont.):


Remove Attachments


Run 5 Minutes


Reduce Flow 1 Minute


Fill Bottle to Line

- Fill the bottle to the neck or indicated fill line, but do not dump any water out or allow the bottle to overflow.
- Remove the bottle from the water flow and replace the cap.
- Turn off the water and replace any attachments.
- If you feel the sample may have been contaminated, resample with a new bottle.
- If the sample(s) will not be delivered to the lab for more than three hours, store sample bottle(s) in a refrigerator or in a cooler with blue ice.

During normal business hours Monday through Thursday, samples with the completed forms must be delivered to:

Anatek Labs
1282 Alturas Drive
Moscow, ID 83483
Phone: 800-943-2839

In Moscow turn right on S Jackson St. (US 95 S or ID 8E)
Turn right onto Alturas Pkwy.
Turn left on Alturas Dr.
Anatek Labs is on the left.

On Friday, or after hours and weekends, samples and forms must be delivered to:

Whitman Hospital and Medical Center
1200 W Almota Rd.
Colfax, WA 99111
Phone: 509-397-3435

Emergency Procedures:

Departments must follow their emergency response plans and procedures.

Reporting, Public Notification and Recordkeeping

EH&S, Facilities Operations, Housing and Dining Services, Capital Planning and Development and RCRU must be responsible for all regulatory reporting and recordkeeping (excluding cross-connection control), and public notification in cases of water quality violations with assistance from the Water Distribution Manager. Facilities Operations, EH&S and RCRU is responsible for all cross-connection control recordkeeping.

Sanitary Surveys, Vulnerability Assessments, Emergency Response Plans and Wellhead Protection

Sanitary Surveys

A Qualified Sanitary Surveyor is required to perform Group A water system surveys, and EH&S and RCRU must be responsible for coordinating the surveys. Surveys are required every five (5) years.

Vulnerability Assessments and Emergency Response Plans

EH&S, Facilities Operations, Housing and Dining Services, RCRU and Public Safety must be responsible for vulnerability assessments and emergency response plans for their respective systems and facilities.

Wellhead Protection and Sanitary Control Areas

Facilities Operations, RCRU and EH&S must be responsible for maintaining wellhead protection and sanitary control areas around wellheads for Group A water systems responsible for maintaining wellhead. Group B water systems are not required to have a wellhead protection program, but are required to maintain sanitary control areas (100 foot radius) around wellheads. Facilities Operations and RCRU must ensure the wellhead protection program, when necessary, is incorporated into Water System Plans every six (6) years. EH&S and RCRU must ensure that the contaminant inventory list required for wellhead protection be updated every two (2) years with appropriate notification to regulatory and owner agencies.

Operating Permits and Water Works Operator Certification

All Group A water systems are required to have operating permits. In addition, the Pullman campus water system is required to have at least one certified Water Distribution Manager 3 (or 4) in responsible charge of the daily operational activities of the system. Smaller Group A water systems are required to have at least one certified Water Distribution Specialist.

Water Use Efficiency Rule and Water Conservation

In accordance with WAC 246-290, WSU must meet all Water Use Efficiency Rule requirements. These requirements, which include water conservation goals, are in WSU's most current Water System Plan.

Two representatives from WSU must serve on the Palouse Basin Aquifer Committee to promote water conservation at WSU facilities in Whitman County. For all other WSU water systems and facilities, the RCRU must promote water conservation at those locations.

APPENDIX F-5

Backflow Assembly Testing

Cross-Connection Control Activities (Blue)
Annual Summary Report (ASR) for 2021

PWS ID: **93200Q** PWS Name: **WASHINGTON STATE UNIVERSITY** County: **WHITMAN**

Part 1: Designated Cross-Connection Control Specialist (CCS) Information

CCS Name	Tim Leachman	CCS Phone	509-335-9345	CCS Cert. #	012145	BAT Cert. #	
CCS is: PWS owner or employee							

Part 2: Status of Cross-Connection Control (CCC) Program at End of 2021

Provide information about the status of your CCC Program at the end of the reporting year.

PWS has:			Program Plan Last Updated[3] 04/01/2016
	A written CCC Program Plan[1]	◉ Yes ○ No	
	CCC implementation activities[2]	◉ Yes ○ No	

[1] Enter "Yes" if PWS has **any** type of written CCC Program Plan, policies, or procedures. Written CCC Program Plan must be part of a Water System Plan (WSP) or Small Water System Management Program (SWSMP).

[2] Enter "Yes" if PWS implemented **any** CCC Program activities during the reporting year, such as establishing legal authority, conducting hazard evaluations, requiring installation of backflow assemblies to protect the PWS, requiring assembly testing, maintaining CCC records, or enforcing the PWS's or CCC Program requirements.

[3] PWS can update the CCC Program Plan at any time (independent of WSP or SWSMP update).

Provide information regarding PWS's specific CCC Program Elements

Program Element Number	Description of Element [See WAC 246-290-490(3)]	This Program Element is:	
		Included in Written Program Plan	Being Implemented or Is Completed
1	Legal Authority Established	◉ Yes ○ No	◉ Yes ○ No
2	Hazard Evaluation Procedures and Schedules	◉ Yes ○ No	◉ Yes ○ No
3	Procedures/Schedules for Ensuring Installation of Backflow Preventers	◉ Yes ○ No	◉ Yes ○ No
4	Certified CCS Provided	◉ Yes ○ No	◉ Yes ○ No
5	Backflow Preventer Inspection and Testing	◉ Yes ○ No	◉ Yes ○ No
6	Assembly Testing Quality Assurance/Quality Control (QA/QC) Program	◉ Yes ○ No	◉ Yes ○ No
7	Backflow Incident Response Procedures	○ Yes ◉ No	◉ Yes ○ No
8	Public Education Program	◉ Yes ○ No	◉ Yes ○ No
9	CCC Records	◉ Yes ○ No	◉ Yes ○ No
10	Reclaimed Water Permit	○ Yes ○ No ◉ N/A	○ Yes ○ No ◉ N/A

Part 3A: PWS Characteristics at End of 2021

Enter the number of connections (new and existing) served by the PWS by type.

Type of Service Connection	Number
Residential (As defined by PWS)	805
All Other (include dedicated fire lines, dedicated irrigation lines, and PWS-owned facilities such as water and wastewater treatment plants and pumping stations, parks, piers, and docks)	261
Total Number of Connections	1066

Part 3B: Cross-Connection Control for Severe and High-Hazard Premises and High-Hazard Dedicated Lines Served by the PWS

Answer the following questions carefully. These answers control your access to pages 2 and 3 for data entry.

1. Does your PWS serve any severe or high-hazard premises or any high-hazard dedicated fire or irrigation lines? ◉Yes ○No

2. Does PWS serve any high-hazard medical premises? ◉Yes ○No

- If you answer Yes to both questions, you must enter data in at least one row on page 2 and one row on page 3.
- If you answer Yes to Question 1 and No to Question 2, you must enter data on page 2 only.
- If you answer No to both questions, pages 2 and 3 will be grayed out to prevent data entry.

- Count only premises PWS serves water to.
- Report data as accurately as possible. **DOH currently bases CCC compliance actions on this information.**

Type of Severe or High-Hazard Premises or Dedicated Lines [WAC 246-290-490(4)(b)]	Number of Connections at end of 2021			
	A. Being Served Water by PWS[1]	B. With Premises Isolation by AG/RP[2]	C. With Column B AG Inspected or RP Tested[3]	D. Granted Exception from Premises Isolation
Agricultural (farms and dairies)	9	9	9	0
Beverage bottling plants (including breweries)				
Car washes	1	1	1	0
Chemical plants	3	3	3	0
Commercial laundries and dry cleaners				
Both reclaimed water and potable water provided				
Film processing facilities	1	1	1	0
Dedicated fire lines with chemical addition or using unapproved auxiliary supplies				
Food processing plants (including canneries, slaughter houses, rendering plants)	4	4	4	0
Hospitals, medical centers, medical, dental and veterinary clinics, mortuaries, nursing homes, etc., reported on Part 3C page 3 (totals imported from page 3)	9	6	6	0
Dedicated irrigation systems using purveyor's water supply and chemical addition[4]				
Laboratories	0	0	0	0
Metal plating industries				
Petroleum processing or storage plants	1	1	1	0
Piers and docks				
Radioactive material processing plants or nuclear reactors	1	1	1	
Survey access denied or restricted				
Wastewater lift/pump stations (non-residential only)	1	1	1	0
Wastewater treatment plants				
Unapproved auxiliary water supply interconnected with potable water supply				
Other				
air port	1	1	1	0
feed mill	1	1	1	0
Totals	32	29	29	0

[1] Count multiple connections or parallel installations to the same premises as **separate** connections.

[2] Count only connections with premises isolation AGs or RPs. Don't include connections with in-premises preventers only or connections with DCVAs or DCDAs installed for premises isolation. The number in Column B can't be larger than the number in Column A in the same row.

[3] Count only connections whose premises isolation preventers were inspected (AGs) or tested (RPs) during the reporting year.

[4] For example, dedicated irrigation lines to parks, playgrounds, golf courses, cemeteries, estates, etc.

[5] Premises with hazardous materials or processes (requiring isolation by AG or RP), such as aircraft and automotive manufacturers, pulp and paper mills, metal manufacturers, military bases, and wholesale customers that pose a high hazard to the PWS. May be grouped together in categories, for example:"Other manufacturing" or "Other commercial".

Part 3C: Cross-Connection Control for High-Hazard Medical Premises Served by the PWS

- Count only medical premises PWS serves water to.
- Don't count the same premises more than once. If you serve different medical category premises through a single connection, count the connection under the medical category you consider to pose the highest hazard to PWS.
- Report data as accurately as possible. **DOH currently bases CCC compliance actions on this information**

Type of High-Hazard Medical Premises [WAC 246-290-490(4)(b)]	Number of Connections at end of 2021			
	A. Being Served Water by PWS[1]	B. With Premises Isolation by AG/RP[2]	C. With Column B AG Inspected or RP Tested[3]	D. Granted Exception from Premises Isolation
Hospitals				
Hospitals (include psychiatric hospitals and alcohol and drug treatment centers)	1	1	1	0
Facilities for Treatment and Care of Patients Not Located in Hospitals Counted Above				
Same day surgery centers				
Out-patient clinics and offices	1	1	1	0
Alternative health out-patient clinics and offices				
Psychiatric out-patient clinics and offices				
Chiropractors with water-connected X-ray equipment				
Hospice care centers				
Childbirth centers				
Kidney dialysis centers				
Blood centers				
Dental clinics and offices				
Facilities for Housing Patients				
Nursing homes				
Assisted Living Facilities (formerly Boarding Homes)				
Residential treatment centers				
Other Medical-Related Facilities				
Mortuaries with embalming equipment				
Morgues and autopsy facilities (not in hospitals)	1	1	1	0
Veterinarian offices, clinics and hospitals	6	3	3	0
Totals	9	6	6	0

[1] Count multiple connections or parallel installations to the same premises as **separate** connections.

[2] Count only connections with premises isolation AGs or RPs. Don't include connections with in-premises preventers only or connections with DCVAs or DCDAs installed for premises isolation. The number in Column B can't be larger than the number in Column A in the same row.

[3] Count only connections with premises isolation AGs or RPs. Don't include connections with in-premises backflow preventers only or connections with premises isolation DCVAs or DCDAs isolation.

Part 4A: Backflow Preventer Inventory and Testing Information for 2021

- Complete all fields. Enter **zero (0)**, if no backflow preventers in a specific category.
- Count only backflow preventers relied on to protect the PWS.
- Count AVBs on *irrigation systems only*. Select No to AVB question above Table 2 if PWS doesn't track AVBs.
- Count multiple tests (or failures) for the same backflow preventer as one test (or failure) for that backflow preventer.
- For multiple service connections or parallel installations, count each assembly separately.
- Count RPDAs and DCDAs as ***single*** assemblies. Count the tests of the mainline assembly and bypass assembly as ***one test***. Count the failure of either the mainline or bypass assembly (or the failure of both) as ***one failure***. Count an entire detector assembly taken out of service as ***one assembly removed from service***.
- Count assemblies installed on dedicated fire or irrigation lines as **Premises Isolation Assemblies** in Table 1.

	Backflow Preventer Category and Inspection/Testing Information	Air Gap	RPBA	RPDA	DCVA	DCDA	PVBA	SVBA	AVB
Table 1: Premises Isolation Preventers (Include preventers isolating PWS-owned facilities)									
Existing Premises Isolation Backflow Preventers									
1	In service at beginning of 2021	0	176	2	113	1			
2	Inspected and/or tested in 2021[1]	0	176	2	113	1			
3	Failed inspection or test in 2021	0	18	0	8	0			
New Premises Isolation Backflow Preventers									
4	Installed in 2021[2]	0	0	0	1	0			
5	Inspected and/or tested in 2021[1]	0	0	0	1	0			
6	Failed inspection or test in 2021	0	0	0	0	0			
Premises Isolation Backflow Preventers (existing or new)									
7	Removed from service in 2021[3]	0	0	0	0	0			
Total Premises Isolation Preventers at End of 2021		0	176	2	114	1	0	0	0
	Does PWS track AVBs on irrigation systems? ○ Yes ◉ No								
Table 2: In-Premises Preventers (Include preventers within PWS-owned facilities)									
Existing In-Premises Backflow Preventers									
8	In service at beginning of 2021	22	571	0	154	0	52	9	unk
9	Inspected and/or tested in 2021[1]	0	571	0	154	0	52	9	unk
10	Failed inspection or test in 2021	0	48	0	4	0	0	0	unk
New In-Premises Backflow Preventers									
11	Installed in 2021[2]	0	16	0	4	0	0	1	unk
12	Inspected and/or tested in 2021[1]	0	16	0	4	0	0	1	unk
13	Failed inspection or test in 2021	0	0	0	0	0	0	0	unk
In-Premises Backflow Preventers (existing or new)									
14	Removed from service in 2021[3]	0	0	0	0	0	0	0	unk
Total In-Premises Preventers at End of 2021[4]		22	587	0	158	0	52	10	0
Grand Totals at End of 2021		22	763	2	272	1	52	10	0

[1] Initial and/or routine annual inspection (for proper installation and approval status) and/or test (for testable assemblies only, using DOH-approved USC field test procedures).

[2] Includes preventers installed on connections where backflow prevention was not previously required and any preventers that replaced those in service at the beginning of the reporting year. Replacement preventers may be of a different type than the originals.

[3] Existing or new preventers taken out of service, whether or not they were replaced by the same or a different type of preventer.

Part 4B: Other Implementation Activities in 2021

Complete all cells. Enter zero if not applicable.

Water Use Questionnaires	
Did your PWS send any water use questionnaires to customers during 2021?	○Yes ◉No

On-site Hazard Surveys				
Did your CCS conduct any on-site hazard surveys during 2021?				◉Yes ○No
	Service Connection Type			
	New	**Existing**	**Total**	
1. Number of connections surveyed for cross-connection hazards to PWS.	2	25	27	
2. Number of connections requiring backflow prevention to protect PWS.[1,2]	0	0	0	

New Exceptions to Premises Isolation	
Did your CCS grant any new premises isolation exceptions in 2021 to high-hazard premises?[3]	○Yes ◉No

CCC Enforcement Actions	
Did your PWS take any enforcement actions during 2021?[4]	○Yes ◉No

[1] Include services where either premises isolation or in-premises preventers were required to protect the PWS.

[2] Include existing services that need new, additional or higher level backflow prevention.

[3] Submit a completed DOH Exception Form (green) for each new exception granted in the reporting year.

[4] "Enforcement actions" means actions taken by the PWS (such as water shut-off, PWS installation or testing of backflow preventer, assessment of fines, etc.) when the customer fails to comply with the PWS's CCC requirements.

Part 5: Backflow Incidents and "Off-Normal" Events in 2021

	Backflow Incidents, Risk Factors, and Indicators during 2021	Number
Backflow Incidents during 2021		
1	Backflow incidents that contaminated the PWS[5].	0
2	Backflow incidents that contaminated the customer's drinking water system ***only***[5].	0
Risk Factors for Backflow during 2021		
3	Distribution main breaks per 100 miles of pipe.	4.00
4	Low pressure events (<20 psi in PWS distribution system).	0
5	Water outage events.	0
Indicators of Possible Backflow during 2021		
6	Total health-related complaints received by PWS.[6]	0
7	Received during BWA or PN events.[7]	0
8	Received during low pressure or water outage events.	0
9	Total aesthetic complaints (color, taste, odor, air in lines, etc.).	5
10	Received during BWA or PN events.[7]	0
11	Number of these complaints received during low pressure or water outage events.	0

[5] Purveyors must submit a Backflow Incident Report form for each backflow incident known to have contaminated the public water system. DOH is also interested in receiving incident report forms for backflow incidents that contaminated the customer's drinking water system only.

[6] Such as stomach ache, headache, vomiting, diarrhea, skin rashes, etc.

[7] **"BWA"** means **Boil Water Advisory** and **"PN"** means **Public Notification** for water quality reasons.

Part 6: Comments and Clarifications

- Enter comments to:
  - Explain or clarify information in this report.
  - Describe challenges faced or accomplishments made in this reporting year.
  - Share your goals and objectives for the coming reporting year.
- Delete comments that are no longer valid.

Part No.	Date Added	Comments
Pt 1	08-09-2016	as new buildings come on line, I have found contractors will cut corners including back flow preventers. constant monitoring is required to ensure assemblies are installed and tested correctly. in the past the contractor was responsible for testing the new installations and providing the test forms. in 2016 I am insisting wsu completes the initial testing of all new installations to ensure protection of the pws
Pt 1	05-26-2017	the city of Pullman is now the ahj and plumbing inspector. all new backflow inspections are submitted to the city of Pullman.
Pt 1	05-01-2018	in 2017 we purchased backflows and dedicated them to construction sites and building remodels. we found this proactive approach helped raise awareness of backflows and their role in public safety
Pt 1	05-25-2021	I recently took a promotion to supervisor, had one of the bats get the ccs certification. he is still learning the building inspection side of it but will be an asset to the program in the future
Pt 1	05-28-2021	Discovered the total number of connections was for the entire state as our ccs/bats toured the state every year. since they retired all WSU satellite campuses have their own ccs/bats. The number of connections now reflects the WSU Pullman campus only.
Pt 1	04-20-2022	The Covid definitely put a twist on the campus but we still managed take care of things. Lost a ccs and a bat to a hirer paying job, not having any luck finding replacements

Part 7: Report Certification and Contact Information

I, timothy r leachman , certify that the information in this form is true, complete and accurate to the best of my knowledge.

Last Saved	04/20/2022	**All ASR Forms Certified/Submitted**	04/20/2022

Designated CCS/CCC Program Manager[1]					
Name	Tim Leachman	**Title**	CCS	**CCS Cert #**	012145
Email Address	trleachman@wsu.edu	**Phone**	509-335-9345	**Phone Ext**	

PWS Manager[2]					
Name	Tim Leachman	**Title**	Utilities Supervisor	**Operator Cert #**	012145
Email Address	trleachman@wsu.edu	**Phone**	509-335-9345	**Phone Ext**	

[1] The CCS responsible for developing and implementing the PWS's CCC program (CCC Program Manager).

[2] The person the designated CCS/CCC Program Manager reports to or other manager having direct oversight of the CCC Program.

Cross-Connection Control Program Summary (Cream)
Annual Summary Report (ASR) for 2021

PWS ID: **93200Q** PWS Name: **WASHINGTON STATE UNIVERSITY** County: **WHITMAN**

Describe the characteristics of the PWS's Cross-Connection Control (CCC) Program at the end of 2021.

Part 1: CCC Program Characteristics

A. Type of Program Implemented

Type of Program	Check One
Premises isolation only.	○
Combination program: reliance on both premises isolation and in-premises prevention.	◉
In transition from a combination program to a premises isolation only program.	○

B. Coordination with Authority Having Jurisdiction (AHJ) on CCC Issues

Indicate the status of coordination with AHJs in your service area. The AHJ is the entity that enforces the Uniform Plumbing Code at the local level. The AHJ is usually your county or city building department. Don't list DOH as an AHJ.

AHJ #	Name of AHJ (City or County Building Department)[1]	PWS		AHJ Declined to Coordinate
		Coordinates with AHJ	Has Written Agreement with AHJ	
1	city of pullman	Yes ◉ No ○	Yes ◉ No ○	Yes ○ No ○

[1] Do not enter an individual's name.

C. Corrective/Enforcement Actions Available to the Purveyor

Type of Corrective Action/Enforcement Action	Indicate Whether Available	Most Often Used (Check One)
Purveyor denies or discontinues water service.	Yes ◉ No ○	○
Purveyor installs backflow assembly and bills customer.	Yes ◉ No ○	◉
Purveyor assesses fines (in addition to eliminating or controlling cross connection).	Yes ◉ No ○	○
Purveyor tests backflow assembly and bills customer.	Yes ◉ No ○	○

[1] Enter detailed description of other enforcement actions available to PWS. Don't enter "None", "Not Applicable", or "Not Available."

D. CCC Program Responsibilities
Do not include enforcement action related procedures or circumstances.

CCC Program Activity	Responsible Party (Check one per row)	
	Customer	Purveyor
Hazard Evaluation by DOH-certified CCS	○	◉
Backflow preventer (BP) ownership	○	◉
BP installation	○	◉
BP *initial* inspection (for proper installation - all BPs)	○	◉
BP *initial* test (for testable assemblies)	○	◉
BP *annual* inspection (Air Gaps and AVBs)	○	◉
BP *annual* test (for testable assemblies)	○	◉
BP maintenance and repair	○	◉

E. Backflow Prevention for Fire Protection Systems
Please remember to enter number of days allowed if you require retrofitting.

PWS coordinates with *AHJ* on CCC issues for fire sprinkler systems (FSSs)	Yes ○ No ○ N/A ◉
PWS coordinates with *local Fire Marshal* on CCC issues for FSSs.	Yes ◉ No ○ N/A ○
PWS ensures backflow prevention is installed before serving *new* connections with FSSs.	Yes ◉ No ○
PWS requires retrofits to *high*-hazard FSSs.	Yes ◉ No. of days allowed: 30 No ○ N/A ○
PWS requires retrofits to *low*-hazard FSSs.	Yes ◉ No. of days allowed: 30 No ○ N/A ○

F. Backflow Prevention for Irrigation Systems

Minimum level of backflow prevention required on irrigation systems *without* chemical addition.	Not Addressed ○ AVB ○ PV/SVBA ○ DCVA ◉ RPBA ○
PWS currently inspects AVBs upon *initial* installation.	Yes ◉ No ○ N/A ○
PWS currently inspects AVBs upon repair, reinstallation or relocation.	Yes ◉ No ○ N/A ○

G. Used Water

Does PWS prohibit, by ordinance, rules, policy, by-laws or agreement, the intentional return of used water (e.g. for heating or cooling) into the distribution system?	Yes ◉ No ○
If not prohibited at present, date plan to prohibit use.	N/A
Current number of service connections returning used water to distribution system.	0

H. Backflow Prevention for Unapproved Auxiliary Water Supplies[1] NOT Interconnected with PWS
Show the **minimum** backflow preventer and type of protection required for service connections having unapproved auxiliary water supplies *when they are NOT interconnected to the PWS.*

Existing **service connections.**	None ◉ DCVA ○ RPBA ○ AG ○
Type of protection required.	N/A ◉ In-premises prevention ○ Premises isolation ○
New **service connections.**	None ◉ DCVA ○ RPBA ○ AG ○
Type of protection required.	N/A ◉ In-premises prevention ○ Premises isolation ○

[1] An auxiliary water supply is any water supply on or available to customer's premises in addition to the purveyor's potable water supply.

I. Backflow Prevention for Tanker Trucks and Temporary Water Connections

Minimum **level of backflow prevention (installed on or associated with the truck) required for tanker trucks taking water from PWS.**	AG ○ DCVA ○ RPBA ◉ Not Specified ○ Tanker trucks not allowed ○
PWS requires tanker trucks to obtain water at designated fill sites each equipped with permanently installed backflow preventer(s).	Yes ◉ (Minimum preventer: DCVA ○ RPBA ◉) No ○ N/A ○ No sites provided ○
PWS currently accepts tanker trucks approved by other PWSs without further inspection or testing.	Yes ○ No ◉ N/A ○
Minimum **level of backflow prevention required for temporary water connections (e.g., for construction sites).**	AG ○ DCVA ○ RPBA ◉ Not specified ○ Temp. connections not allowed ○
PWS provides approved backflow preventer for temporary connections.	Yes ◉ No ○ N/A ○ (Temp. connections not allowed)
PWS requires testing each time the temporary connection backflow preventer is relocated.	Yes ◉ No ○ N/A ○ (Temp. connections not allowed)

J. Backflow Prevention for Non-Residential Connections

For each category shown, indicate whether PWS has non-residential connections of that type and the **minimum** level of ***premises isolation*** backflow prevention required (whether or not PWS currently has that type of customer).

Type of Connection	PWS has Customers of this Type	Minimum Premises Isolation Backflow Prevention Required
Commercial	Yes ◉ No ○	Not Required ○ DCVA ○ RPBA ◉
Industrial	Yes ◉ No ○	Not Required ○ DCVA ○ RPBA ◉
Institutional	Yes ◉ No ○	Not Required ○ DCVA ○ RPBA ◉

K. Backflow Prevention for Wholesale Customers

Indicate whether the PWS requires backflow prevention at interties with wholesale customers (other PWSs).

Type of Intertie	PWS has Customers of this Type	Minimum Backflow Prevention Required (if prevention is required, indicate minimum level).	
Existing	Yes ○ No ◉	Not specified / Not required ◉ Always required ○ Required only if purchaser's CCC program is inadequate ○	Minimum required (if applicable): DCVA ○ RPBA ○
New	Yes ○ No ◉	Not specified / Not required ◉ Always required ○ Required only if purchaser's CCC program is inadequate ○	Minimum required (if applicable): DCVA ○ RPBA ○

L. Exceptions to Mandatory Premises Isolation

PWS's written CCC Program Plan *allows* system to grant exceptions to mandatory premises isolation per WAC 246-290-490(4)(b)(iii)	Yes ○ No ◉ Doesn't Address ○
PWS currently grants new Exceptions.	Yes ○ No ◉
PWS granted Exceptions in past reporting years.	Yes ○ No ◉

Part 2: CCC Program Record-Keeping Software

Indicate the type or name of computer software the PWS uses to track CCC records.

BPMS ◉	**Cross-Track (BMI)** ○	**Tokay** ○	**XC2** ○	**Custom developed for or by PWS[1]** ○
Other non-CCC software (e.g. Excel) ○	**Other commercial CCC software (specify)** ○	**None Used** ○		

[1] Do not include commercial CCC software customized for PWS. If PWS uses customized commercial software, check the box for the appropriate commercial software name.

Part 3: Comments and Clarifications

- Enter comments to:
  - Explain or clarify information in this report.
  - Describe accomplishments made in this reporting year.
  - Identify challenges faced in this reporting year.
  - Share your goals and objectives for the coming reporting year.
- Delete comments that are no longer valid.

Part #	Date Added	Comment
General	05-25-2021	the wsu land deal went through, we had to reroute a 12 inch and a an 8 inch main. all suspected low psi were monitored while a booster pump was running. campus never got below 35 psi in any area.

Part 4: Report Certification and Contact Information

I,timothy r leachman, certify that the information in this form is true, complete and accurate to the best of my knowledge.

Last Saved	04/20/2022	**All ASR Forms Certified/Submitted**	04/20/2022

Designated CCS/CCC Program Manager[1]

Name	Tim Leachman	**Title**	CCS	**CCS Cert #**	012145
Email Address	trleachman@wsu.edu	**Phone**	509-335-9345	**Phone Ext**	

PWS Manager[2]

Name	Tim Leachman	**Title**	Utilities Supervisor	**Operator Cert #**	012145
Email Address	trleachman@wsu.edu	**Phone**	509-335-9345	**Phone Ext**	

[1] The CCS responsible for developing and implementing the PWS's CCC program (CCC Program Manager).

[2] The person the designated CCS/CCC Program Manager reports to or other manager having direct oversight of the CCC Program.

Backflow Prevention for Severe Health Hazard Facilities (Gray)
Annual Summary Report (ASR) for 2021

PWS ID: **93200Q** PWS Name: **WASHINGTON STATE UNIVERSITY** County: **WHITMAN**

Part 1: Backflow Prevention Status

- Describe the backflow prevention status at the end of the reporting year for each wastewater treatment plant and nuclear facility your system serves.
- If you serve more than one severe health hazard facility, click the "Add Facility" button to display another facility data entry box.
- If you serve more than one connection to the same facility, click the "Add Connection" button to display another connection row for that facility.
- You may add as many facilities and connections as needed.
- To update this form, you may delete facilities and connections which are no longer served.

Facility 1 of 1

Facility Name	dodgen research center
Physical Address	74 round top drive
City	pullman
Zip	99164
NPDES Permit#	
Facility Type	Nuclear Reactor
Facility Comments	

Facility 1 Connection 1 of 1

Connection Name	dodgen research center
Backflow Prevention Status	Premises Isolation RP and In-Plant Air Gap
Connection Comments	

Part 2: Report Certification and Contact Information

I,timothy r leachman, certify that the information in this form is true, complete and accurate to the best of my knowledge.

Last Saved	04/20/2022	**All ASR Forms Certified/Submitted**	04/20/2022

Designated CCS/CCC Program Manager[1]

Name	Tim Leachman	**Title**	CCS	**CCS Cert #**	012145
Email Address	trleachman@wsu.edu	**Phone**	509-335-9345	**Phone Ext**	

PWS Manager[2]

Name	Tim Leachman	**Title**	Utilities Supervisor	**Operator Cert #**	012145
Email Address	trleachman@wsu.edu	**Phone**	509-335-9345	**Phone Ext**	

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[2] The person the designated CCS/CCC Program Manager reports to or other manager having direct oversight of the CCC Program.

APPENDIX F-6

Cross Connection Hazard Locations List

FF #	Priority	Status	Location	Description	Group	Fund Cycle	1517 MCS Share	Other Share	Total	Running Balance	Proj Mgr
	1		0082 Heald Hall	Install In-Premises Isolation	CrossConnection	1517 MCS	25,000	0	25,000	25,000	
	2	DEFERRED	0358A RECEIVING & DELIVERY	Install Premises Isolation	CrossConnection	1517 MCS	30,000	0	30,000	55,000	
	3		0817 IBC PLANT GROWTH FACILITY	Replumb for cross connections	CrossConnection	1517 MCS	50,000	0	50,000	105,000	
	4		0815 FOOD QUALITY BLDG	Install In-Premises Isolation	CrossConnection	1517 MCS	30,000	0	30,000	135,000	
	5		0816 FOOD SCIENCE/HUMAN NUTRITION	Install In-Premises Isolation	CrossConnection	1517 MCS	30,000	0	30,000	165,000	
	6		0005 COMMONS	Install Premises Isolation	CrossConnection	1517 MCS	30,000	0	30,000	195,000	
	7		0033 MURROW ADDITION & WEST	Install Premises Isolation	CrossConnection	1517 MCS	25,000	0	25,000	220,000	
	8		0111 ENTOMOLOGY GREENHOUSES	Install Premises Isolation	CrossConnection	1517 MCS	25,000	0	25,000	245,000	

	9		0171A MOOBERRY TRACK SERVICES BLDG	Install Premises Isolation	CrossConnection	1517 MCS	25,000	0	25,000	270,000	
	10		0197 USDA ENDO DISEASE FARM - AREA	Install Premises Isolation	CrossConnection	1517 MCS	25,000	0	25,000	295,000	
	11		0412 SMOOT HILL COMPLEX	Install Premises Isolation	CrossConnection	1517 MCS	30,000	0	30,000	325,000	
	12		0012 SMITH GYMNASIUM	Install Premises Isolation	CrossConnection	1517 MCS	25,000	0	25,000	350,000	
	13		0371 AGR ENGR RESEARCH LAB BLDG - USDA	Install Premises Isolation	CrossConnection	1517 MCS	25,000	0	25,000	375,000	
	14		0086 CLEVELAND	Install Premises Isolation	CrossConnection	1517 MCS	25,000	0	25,000	400,000	
	15		0803 DAGGY HALL - ACADEMIC	Install Premises Isolation	CrossConnection	1517 MCS	25,000	0	25,000	425,000	
	16		0089 FOOD SERVICE BUILDING	Install Premises Isolation	CrossConnection	1517 MCS	25,000	0	25,000	450,000	

	17		0094 JOHNSON TOWER - WEST	Install Premises Isolation	CrossConnection	1517 MCS	25,000	0	25,000	475,000	
	18		0096 PHYSICAL EDUCATION BUILDING	Install Premises Isolation	CrossConnection	1517 MCS	25,000	0	25,000	500,000	
	19		0092 FRENCH ADMINISTRATION	Install Premises Isolation	CrossConnection	1517 MCS	25,000	0	25,000	525,000	
	20		0100 ANIMAL SCIENCE LAB BUILDING	Install In-Premise Isolation	CrossConnection	1517 MCS	25,000	0	25,000	550,000	
	21		0372 BAILEY FIELD	Install In-Premise Isolation	CrossConnection	1517 MCS	25,000	0	25,000	575,000	
	23		0078 SLOAN HALL	Install In-Premise Isolation	CrossConnection	1517 MCS	25,000	0	25,000	#REF!	
	24		0045 WEGNER	Install In-Premise Isolation	CrossConnection	1517 MCS	25,000	0	25,000	#REF!	
	25		0818 VETERINARY TEACHING HOSPITAL	Install In-Premise Isolation	CrossConnection	1517 MCS	25,000	0	25,000	#REF!	
	27		(1) 0358E Anthropology Storage Bldg; (2) 0808 Hulbert	Install Premise Isolation	CrossConnection	1517 MCS	30,000	0	30,000	#REF!	

	28		(1) 0138 Lewis Alumni Center; (2) 0092 Lighty	Install Premise Isolation	CrossConnection	1517 MCS	30,000	0	30,000	#REF!	
	29		(1) 0032 Science; (2) 0840 Grimes Way Steam Plant	Install In-Premise Isolation	CrossConnection	1517 MCS	30,000	0	30,000	#REF!	
	30		(1) 0404 Bryan; (2) 0111A Entomology Greenhouse Storage	Install In-Premise Isolation	CrossConnection	1517 MCS	25,000	0	25,000	#REF!	
	31		(1) 0110 Fertilizer Storage; (2) 0054 LJSmith; (3) 0055 Todd; (4) 0801 Webster; (5) 0097 Fine Arts	Install Premise Isolation	CrossConnection	1517 MCS	50,000	0	50,000	#REF!	

	32		(1) 0020 Carpenter; (2) 0009 Hollingbery Field House; (3) 0812 Info Tech	Install Premise Isolation	CrossConnection	1517 MCS	30,000	0	30,000	#REF!	
	33		(1) 0040 Wilson Hall; (2) 0814 Exp Animal Lab Bldg; (3) 0094 Johnson Tower; (4) 0811 LARC	Install Premise Isolation	CrossConnection	1517 MCS	50,000	0	50,000	#REF!	
	34		(1) 0817A IBC Greenhouse; 0118 Instructional Greenhouse; (3) 0098 Meats Lab; (4) 0122 Plant Growth Center; (5) - 109B USDA Plant Intro Headhouse B	Install In-Premise Isolation	CrossConnection	1517 MCS	50,000	0	50,000	#REF!	

	35		(1) 0182 Wildlife Biology Holding; (2) 0809 Avery; (3) 0035 Stimson	Install In-Premise Isolation	CrossConnection	1517 MCS	30,000	0	30,000	#REF!	
	36		(1) 0115 Agronomy Seed; (2) 0194C Entomology Res Lab; (3) 0113 Hort Greenhouses A, B, C; (4) 0143C Isolation Bldg; (5) 0114 Plant Sci Greenhouse	Install Premise Isolation	CrossConnection	1517 MCS	25,000	0	25,000	#REF!	
	37		(1) 0150 Ensminger Pavilion; (2) 0144 Cattle Feeding Lab; (3) 0145 Cattle Feeding Lab Annex; (4) 0004 College Hall	Install Premise Isolation	CrossConnection	1517 MCS	25,000	0	25,000	#REF!	

	38		(1) 0404 Ensminger Beef Cattle Center; (2) 0090 EHS bldg; (3) 0003C Fulmer Syn; (4) 0047 NeuroScience Bldg; (5) 0180 Steffen Center	Install In-Premise Isolation	CrossConnection	1517 MCS	25,000	0	25,000	#REF!	
	39		(1) 0166 Vet Maintenance; (2) 0140 Vet Res Large Animal; (3) 0068 Vet Storage Bldg; (4) 0362 Feed Prep;	Install In-Premise Isolation	CrossConnection	1517 MCS	25,000	0	25,000	#REF!	

	40		(1) 0166 Vet Maintenance; (2) 0140 Vet Res Large Animal; (3) 0068 Vet Storage Bldg; (4) 0362 Feed Prep;	Install In-Premise Isolation	CrossConnection	1517 MCS	25,000	0	25,000	#REF!	

APPENDIX F-7

Backflow Assembly List

List of Installations
By Facility Name and Address

Printed on: *12-Jul-2007*
Time: *11:14 AM*

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name:
Facility Address: 702, PULLMAN

Facility Type: LAWN IRRIGATION
Hazard Level: Low
Facility ID: 305
Account No: 305
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 2", DCVA	A022640	01-Jul-2008	Irrigation w/o Chemicals	NE LAWN PIT CLEVELAND	
Febco, 805Y, 2", DCVA		01-Jul-2008	Irrigation w/o Chemicals	NORTH FLAG LANE ISLAND FIRE PIT	
Febco, 805Y, 2", DCVA	AM5864	01-Jul-2008	Irrigation w/o Chemicals	PIT SOUTH OF REGENTS IN PARKING LOT BY HYDRANT	
Febco, 805Y, 2", DCVA	W5006	01-Jul-2005	Irrigation w/o Chemicals	LAWN BETWEEN A AND B PIT REGENTS	
Febco, 805Y, 2", DCVA	X3198	01-Jul-2005	Irrigation w/o Chemicals	NW LAWN PIT NE OF HYDRANT RENGENTS 65A	
Febco, 805Y, 2", DCVA	V1847	01-Jul-2006	Irrigation w/o Chemicals	SW PIT SE OF HYDRANT REGENTS A	
Febco, 850, 2", DCVA	H09603	01-Jul-2008	Irrigation w/o Chemicals	N LAWN WEST OF LOADING DOCK	
Rainbird, DCA200, 2", DCVA	80678	01-Jul-2008	Irrigation w/o Chemicals	S PIT LAWN AVERY	
Rainbird, DCA200, 2", DCVA	80427	01-Jul-2008	Irrigation w/o Chemicals	NORTH PIT THOMPSON	
Febco, 805Y, 2", DCVA	?	01-Jul-2008	Irrigation w/o Chemicals	BETWEEN WILMER DAVIS & DUNCON DUNN	
Hersey/Grinnell, FDC, 2", DCVA	83954	01-Jul-2008	Irrigation w/o Chemicals	NORTH PIT CLEVELAND	
Hersey/Grinnell, #2, 4", DCVA	82641	01-Jul-2008	Irrigation w/o Chemicals	WOMAN'S PLAY FIELD LAWN MECH ROOM BLDG 12 SMITH	
Febco, 805Y, 2", DCVA		01-Jul-2008	Irrigation w/o Chemicals	E LAWN BETWEEN SIDEWALK AND FENCE PRES. RES. 031	
Febco, 850U, 1/2", DCVA	H00965	01-Jul-2008	Irrigation w/o Chemicals	NORTH SHRUBS FINE ARTS	
Rainbird, DCA, 2", DCVA	68908	01-Jul-2008	Irrigation w/o Chemicals	EAST PIT LAWN BLDG. C REGENTS	
Febco, 805Y, 2", DCVA	167479	01-Jul-2008	Irrigation w/o Chemicals	NW CORNER NEXT TO STREET SMITH CENTER 95	
Febco, 805Y, 2", DCVA	A6524	01-Jul-2005	Irrigation w/o Chemicals	NW SECTION BY TRANE A/C UNIT COUGAR DEPOT	
Febco, 805Y, 2", DCVA	A5719	01-Jul-2008	Irrigation w/o Chemicals	S LAWN PIT FINE ARTS	
Toro, BDC, 4", DCVA	12492	01-Jul-2006	Irrigation w/o Chemicals	LAWN E SIDE OF TRACK BLDG 171	
Febco, 805, 2 1/2", DCVA	5787	01-Jul-2008	Irrigation w/o Chemicals	NORTH PIT CARPENTER FIELD BEHIND MORRILL	
Febco, 850, 2", DCVA	A07522	01-Jun-2008	Irrigation w/o Chemicals	SE CORNER OF WHITE HALL LAWN	
Rainbird, DCA200, 2", DCVA	80348	01-Jul-2008	Irrigation w/o Chemicals	SOUTH LAWN NEIL	
Rainbird, DCA200, 2", DCVA	80428	01-Jul-2008	Irrigation w/o Chemicals	NORTH LAWN SLOAN 078	
Febco, 805, 1", DCVA	19839	01-Jul-2008	Irrigation w/o Chemicals	MECH ROOM NEXT TO FIELD HOUSE REC. RENTAL	
Febco, 850, 1 1/2", DCVA	H01103	01-Jun-2008	Irrigation w/o Chemicals	SOUTH PARKING LOT ALONG STREET ACROSS FROM DAG	
Rainbird, 200, 2", DCVA		01-Jul-2007	Irrigation w/o Chemicals	NW PIT CARPENTER	
Febco, 805Y, 2", DCVA	T1466	01-Jul-2008	Irrigation w/o Chemicals	NE PIT LAWN REGENTS	
Febco, 805Y, 2", DCVA	A149117	01-Jul-2008	Irrigation w/o Chemicals	EAST LAWN FULMER SYN	
Rainbird, DCA200, 2", DCVA	80370	01-Jul-2008	Irrigation w/o Chemicals	WEST LAWN VIF	
Rainbird, DCA150, 2", DCVA	80031	01-Jul-2008	Irrigation w/o Chemicals	SW PIT IN LAWN COLLEGE	
Rainbird, 200, 2", DCVA	80716	01-Jul-2008	Irrigation w/o Chemicals	N PIT LAWN AVERY	
Rainbird, DCA200, 2", DCVA	80384	01-Jul-2008	Irrigation w/o Chemicals	SOUTH PIT BRYAN	
Febco, 805Y, 2", DCVA	BC0749	01-Jul-2008	Irrigation w/o Chemicals	NORTH OF SOUTH FIRE HYDRANT SPOKANE ST.PARKING L	
Hersey/Grinnell, FDC, 2", DCVA	83974	01-Jul-2008	Irrigation w/o Chemicals	W PIT LAWN HOLLAND LIBRARY	

Febco, 805Y, 2", DCVA	X3002	01-Jul-2008	Irrigation w/o Chemicals	PARKING SPRINKLERS MONROE ST.
Febco, 850, 2", DCVA	2H00305	01-Jul-2007	Irrigation w/o Chemicals	ACCESS ROAD WEST SIDE CENTER SLOAN&EEME
Hersey/Grinnell, FDC, 2", DCVA	83985	01-Jul-2008	Irrigation w/o Chemicals	NE LAWN PIT NORTH OF SIDEWALK CHILLER PLANT
Febco, 805Y, 2", DCVA		01-Jul-2006	Irrigation w/o Chemicals	SE DRIVEWAY SE CORNER 10' FROM SIDWALK PINE MANO
Febco, 805Y, 2", DCVA	A149056	01-Jul-2008	Irrigation w/o Chemicals	SE LAWN SHRUBS FULMER SYN
Febco, 805Y, 2", DCVA	A149700	01-Jul-2008	Irrigation w/o Chemicals	SW PIT LAWN McCROSKEY
Febco, 805Y, 2", DCVA	U9901	01-Jul-2008	Irrigation w/o Chemicals	SE PIT THOMPSON
Wilkins, 350, 3", DCVA	J15197	01-Jun-2008	Irrigation w/o Chemicals	S LAWN WEST LOADING DOCK
Wilkins, 950XL, 2", DCVA	873332	01-Jul-2008	Irrigation w/o Chemicals	SE CORNER PIT BOHLER
Rainbird, 200, 2", DCVA	779500	01-Jul-2008	Irrigation w/o Chemicals	SOUTH LAWN PARKING HOSPITAL
Febco, 805, 2 1/2", DCVA	B12515	01-Jul-2008	Irrigation w/o Chemicals	SOUTH OF SIDEWALK ABOVE SMITH GYM
Febco, 850, 3/4", DCVA	H00671	01-Jun-2008	Irrigation w/o Chemicals	WEST OF ARCH BEHIND PRES. RES.
Febco, 850UVB, 2", DCVA	H00933	01-Jul-2008	Irrigation w/o Chemicals	COMMONS MECH. RM. TUNNEL
Watts, 007M2QT, 1 1/2", DCVA	78189	01-Jul-2008	Irrigation w/o Chemicals	NE. SPRING AND COLLEGE, SKATE PARK

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name:
Facility Address: 703, PULLMAN

Facility Type: LAWN IRIGATION
Hazard Level: Low
Facility ID: 309
Account No: 309
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Hersey/Grinnell, FDC, 2", DCVA	84788	16-Jul-2004	Irrigation w/o Chemicals	ORTON PLAYFIELD SE	
Ames, 2000 SS, 4", DCVA	2AK1435	01-Aug-2007	Irrigation w/o Chemicals	PIT EAST OF DRIVEWAY OFF OLYMPIA AVE VET TEACHING	
Beeco, #2, 3", DCVA	89579	17-Jul-2005	Irrigation w/o Chemicals	SE PIT SW OF MAIN BLDG IN TREES STEPHEN 93C	
Febco, 850, 2", DCVA	H09477	01-Aug-2007	Irrigation w/o Chemicals	E LAWN NEED 2" OPERATING NUT WRENCH ORTEN HALL	
Hersey/Grinnell, FDC, 2", DCVA	84818	01-Aug-2007	Irrigation w/o Chemicals	GANNON N LAWN	
Febco, 805Y, 2", DCVA	A149709	01-Aug-2007	Irrigation w/o Chemicals	McCOY W LAWN	
Febco, 765, 1", PVBA	AD3427	15-Jul-2005	Irrigation w/o Chemicals	OUTSIDE HOSE BIBBS 3RD SUPPLY ROOM GRAD DORM	
Febco, 805Y, 2", DCVA	AB7533	01-Aug-2007	Irrigation w/o Chemicals	COLUMBIA LAUNDRY MECH ROOM	
Febco, 805Y, 2", DCVA	AB7527	01-Aug-2007	Irrigation w/o Chemicals	CHINOOK VILLAGE RECREATION BLDG. LAUNDRY	
Febco, 805Y, 2", DCVA	AB7698	01-Aug-2007	Irrigation w/o Chemicals	CHINOOK VILLAGE LOWER LAUNDRY	
Febco, 765, 2", PVBA		01-Aug-2005	Irrigation w/o Chemicals	3RD SUPPLY ROOM LAWN SPRINKLER GRAD DORM	
Hersey/Grinnell, FDC, 2", DCVA	81799	01-Aug-2006	Irrigation w/o Chemicals	ORTEN HALL NW LAWN	
Beeco, #2, 3", DCVA	89756	01-Aug-2007	Irrigation w/o Chemicals	SW PIT LOADING DOCK STEPHEN CENTER 93C	
Febco, 805Y, 2", DCVA	AM5981	01-Aug-2007	Irrigation w/o Chemicals	YAKIMA VILLAGE BETWEEN BLDG. G&H	
Rainbird, 200, 2", DCVA	779259	01-Aug-2007	Irrigation w/o Chemicals	McALLASTER SW PIT UNDER BRIDGEWALK	
Febco, 850, 2", DCVA	H08039	01-Aug-2005	Irrigation w/o Chemicals	PIT MAIN HALL WEST SIDE ISLAND STEPHEN CENTER 93C	
Hersey/Grinnell, FDC, 3/4", DCVA	88102	01-Aug-2007	Irrigation w/o Chemicals	OBSERVATION HILL PIT NEXT TO ROAD FEED HORSE PAS	
Hersey/Grinnell, FDC, 2", DCVA	84787	01-Aug-2007	Irrigation w/o Chemicals	ORTON PLAY FIELD NW	
Febco, 850, 3", DCVA	527	01-Aug-2007	Irrigation w/o Chemicals	ORTON PLAYFIELD PIT IN PLAYFIELD SW CORN	
Febco, 805Y, 2", DCVA		01-Aug-2006	Irrigation w/o Chemicals	CHILD CARE CENTER R.O. NW PIT	

List of Installations
By Facility Name and Address

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Wilkins, 950XL, 2", DCVA		01-Aug-2007	Irrigation w/o Chemicals	YAKIMA VILLAGE BETWEEN BLDG.P&N
Hersey/Grinnell, FDC, 2", DCVA	84832	01-Aug-2007	Irrigation w/o Chemicals	GOLDSWORTHY SW LAWN
Febco, 805Y, 1", DCVA	A014375	01-Aug-2007	LIVESTOCK WATER	VET TEACHING PIT OUTSIDE OF HORSE CORRALS ON OLY
Hersey/Grinnell, FDC, 2", DCVA	84834	01-Aug-2007	Irrigation w/o Chemicals	GOLDSWORTHY E LAWN BY BASKETBALL COURT
Hersey/Grinnell, FDC, 2", DCVA	84793	01-Aug-2007	Irrigation w/o Chemicals	DAY CARE CENTER R.O. DAY CARE AREA SE LAWN
Hersey/Grinnell, FDC, 2", DCVA	84825	01-Aug-2007	Irrigation w/o Chemicals	GANNON W LAWN
Hersey/Grinnell, FDC, 2", DCVA	85489	17-Jul-2006	Irrigation w/o Chemicals	ORTEN HALL N.W. OF SMALL LOADING DOCK
Febco, 825Y, 1", RPBA	217818	01-Aug-2007	Irrigation w/o Chemicals	MT. SHEEP PEN NORTH OF HIGHWAY 270
Febco, 850, 1 1/2", DCVA	H00466	01-Aug-2007	Irrigation w/o Chemicals	McALLISTER MECH. RM. SO. WALL

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name:
Facility Address: 704, PULLMAN

Facility Type: LAWN IRIGATION
Hazard Level: Low
Facility ID: 310
Account No: 310
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 2", DCVA	AH6787	01-Aug-2006	Irrigation w/o Chemicals	TENNIS COURTS RESTROOMS LAWN SPRINKLER EAST SI	
Wilkins, 550, 6", DCVA	W95756	01-Aug-2007	Fire Sprinkler w/o Chemical Addition	CREAMERY OUTSIDE PIT FIRE SPRINKLER SYSTEM	
Watts, 709, 3", DCVA	127584	01-Aug-2007	Irrigation w/o Chemicals	NEW INTERMURAL FIELD SOUTH FAIRWAY PIT SOUTH RES	
Watts, 700, 2", DCVA	804344	01-Aug-2007	Irrigation w/o Chemicals	JOHNSON HALL NE PIT LAWN	
Watts, 007M1QT, 2", DCVA	83597	01-Aug-2007	Irrigation w/o Chemicals	NEZ PIERCE OUTSIDE S LAWN SMALL BUILDING	
Febco, 850, 2", DCVA	H12154	01-Aug-2007	Irrigation w/o Chemicals	TRUFF FARM WEST VAULT /PUMP	
Watts, 709, 3", DCVA	102727	01-Aug-2007	Irrigation w/o Chemicals	VALLEY CREST E LAWN	
Febco, 850, 2", DCVA	H12153	01-Aug-2007	Irrigation w/o Chemicals	TURF FARM WEST SIDE PUMP	
Watts, 007M1QT, 2", DCVA	83608	01-Aug-2007	Irrigation w/o Chemicals	TERRACE APTS. SW OF BLDG. 800	
Watts, 007M1QT, 2", DCVA	86937	01-Jul-2007	Irrigation w/o Chemicals	EAST OF BLDG. 200 TERRACE APTS	
Febco, 860U, 3/4", RPBA	H00574	01-Aug-2007	LAB	TURF FARM REST RM.	
Watts, 007M1QT, 2", DCVA	86934	01-Aug-2007	Irrigation w/o Chemicals	TERRACE APTS. EASTSIDE S.E. BLDG. 100 #2	
Watts, 007M1QT, 2", DCVA	149896	01-Aug-2007	Irrigation w/o Chemicals	JOHNSON HALL SW PIT LAWN	
Febco, 765, 2", PVBA	05734	01-Aug-2007	Irrigation w/o Chemicals	GO;F COURSE 9TH TEE	
Watts, 007M1QT, 2", DCVA	84937	01-Aug-2007	Irrigation w/o Chemicals	STEPTOE VILLAGE NE A BLDG ON HILL FOR GARDENS	
Febco, 805Y, 2", DCVA		01-Aug-2007	Irrigation w/o Chemicals	BEASLEY COLISEUM S.OF SPACE #517	
Febco, 805Y, 2", DCVA	AM5897	01-Aug-2007	Irrigation w/o Chemicals	BEASLEY COLISEUM S PARKING LOT	
Watts, 007, 2", DCVA	06236	24-Jul-2005	Irrigation w/o Chemicals	SOUTH FAIRWAY RD. PARKING PIT NORTH SIDE	
Watts, 700, 2", DCVA	803539	01-Aug-2007	Irrigation w/o Chemicals	JOHNSON HALL SE PIT IN LAWN	
Watts, 007M1QT, 2", DCVA	87002	01-Aug-2007	Irrigation w/o Chemicals	TERRACE APTS. WESTSIDE S.E. BLDG. 100	
Febco, 850, 1 1/2", DCVA	H00483	01-Aug-2007	Irrigation w/o Chemicals	N. FAIRWAY RD. BEHIND FIRE HYDRANT	
Febco, 805Y, 2", DCVA	X4865	01-Aug-2005	Irrigation w/o Chemicals	BEASLEY COLISEUM E PARKING LOT	
Watts, 007M1QT, 2", DCVA	86932	01-Aug-2007	Irrigation w/o Chemicals	KAMIAK APTS. NW A BLDG	
Watts, 007M1QT, 2", DCVA	83740	01-Aug-2005	Irrigation w/o Chemicals	TERRACE APTS. E. OF BLDG. 600	
Watts, 007M1QT, 2", DCVA	835593	01-Aug-2007	Irrigation w/o Chemicals	KAMIAK APTS. SW F BLDG	

Febco, 805Y, 2", DCVA	W2319	01-Aug-2007	Irrigation w/o Chemicals	RM 115 CREAMERY BOILER ROOM LAWN SPRINKLER
Febco, 850, 1 1/2", DCVA	H00459	01-Aug-2007	Irrigation w/o Chemicals	ACROSS ST. FROM GOLF 365A ENTERANCE BY TRANSEFO
Rainbird, DCA, 2 1/2", DCVA	100265	01-Aug-2007	Irrigation w/o Chemicals	STEPTOE APTS. BUILDING F LEFT SIDE IN BACK OF LAUND
Febco, 850, 1 1/2", DCVA	H00468	01-Aug-2007	Irrigation w/o Chemicals	N. FAIRWAY RD. & COUNTRY RD. BUSS TURN AROUND
Febco, 805Y, 2", DCVA		01-Aug-2007	Irrigation w/o Chemicals	BASEBALL FIELD W PIT SCRUB BEDS
Febco, 850, 2", DCVA	H00904	01-Aug-2006	Irrigation w/o Chemicals	BEASLEY COLISEUM GO UNDER S OVERDOOR TO EXIT DO
Febco, 805, 2 1/2", DCVA	B1497	01-Feb-2007	Irrigation w/o Chemicals	FOOD&HUMANE NUTRITION B10 LAWN SPRINKLER LOWE
Ames, 2000 SS, 3", DCVA	V0307020PW	01-Aug-2007	Irrigation w/o Chemicals	VALLEY PLAYFIELD VAULT
Rainbird, 200, 2", DCVA	778628	01-Aug-2007	Irrigation w/o Chemicals	NRC S PIT
Watts, 007M1QT, 2", DCVA	83739	01-Aug-2007	Irrigation w/o Chemicals	TERRACE APT. S.E.YARD NEXT TO PARK BLDG. 800

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: ADBF
Facility Address: 807A 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 2
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 009M2-QT, 3/4", RPBA	138815	01-Oct-2007	INDUSTRIAL WATER	LOWER MECH INDUSTRIAL MAKE-UP	
Watts, 007, 3", DCVA	04258	01-Oct-2007	DOMESTIC COLD WATER	LOWER MECH ROOM BOTTOM DCW	
Watts, 009M2-QT, 2", RPBA	122524	01-Oct-2007	LAB COLD WATER	LOWER MECH BOTTOM LAB COLD WATER	
Watts, 009M2-QT, 2", RPBA	122516	01-Oct-2007	LAB COLD WATER	LOWER MECH TOP LAB COLD WATER	
Watts, 007, 3", DCVA	04264	01-Oct-2007	DOMESTIC COLD WATER	LOWER MECHANICAL	
Febco, 805YD, 6", DCVA	9608201108	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	BASEMENT MECH FIRE SPRINKLER NE CORNER	
Watts, 009M2-QT, 3/4", RPBA	142167	01-Oct-2006	INDUSTRIAL WATER	LOWER MECH INDUSTRIAL MAKE-UP WATER	
Febco, 825Y, 2", RPBA	A30523	01-Oct-2007	Irrigation w/o Chemicals	BASEMENT MECH LAWN SPRINKLER EAST WALL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: ADMIN ANNEX
Facility Address: 38 700, PULLMAN

Facility Type: ADMINASTRATION BLDG.
Hazard Level: High
Facility ID: 3
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	RH8771	01-Oct-2007	HEAT MAKEUP	MECH ROOM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: AGRONOMY SEED HOUSE
Facility Address: 115 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 290
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 3/4", RPBA	H21008	01-Oct-2007	LAB COLD WATER	RM. 102 N. E. CORNER	

List of Installations
By Facility Name and Address

Printed on: *12-Jul-2007*
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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: AIRPORT
Facility Address: 3200 AIRPORT COMPLEX NORTH, PULLMAN

Facility Type: AIRPORT
Hazard Level: Low
Facility ID: 4
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Wilkins, 950XL, 2", DCVA	2065870	01-Apr-2008	Fire Dept. Connection	TANK FILL, S.W.CORNER FIRE HOUSE	
Febco, 825Y, 3/4", RPBA	T7666	01-Apr-2008	Boiler Feed Lines	BOILER RM E. WALL	
Watts, 007M2, 2", DCVA	16660	01-Apr-2008	DOMESTIC COLD WATER	FIREHOUSE	
Febco, 805Y, 2", DCVA	???????	01-Apr-2008	Irrigation w/o Chemicals	IRRIGATION, E. SIDE N. ENTRANCE MIAN TERMINAL	
Febco, 870, 4", DCVA	9606181352	01-May-2008		BOILER RM N WALL	
Febco, 805Y, 2 1/2", DCVA	6073	01-Apr-2008	DOMESTIC COLD WATER	BOILER RM E WALL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: ALBROOK
Facility Address: 71 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 5
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 909, 1", RPBA	272250	01-Oct-2007	HEAT MAKEUP	UPPER PLATFORM BY SOUTH ROLL UP DOOR	
Rainbird, DCA200, 2", DCVA	88715	01-Oct-2007	Irrigation w/o Chemicals	SE WALL INSIDE OF ALBROOK GO IN DOOR BY CHILLER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: ALUMNI CENTER
Facility Address: 138 701, PULLMAN

Facility Type: LAWN IRIGATION
Hazard Level: Low
Facility ID: 6
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 709, 2", DCVA	107422	01-Jun-2008	Irrigation w/o Chemicals	LAWN SPRINKLER INSIDE MECH ROOM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: ANIMAL SCIENCE
Facility Address: 100 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 7
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 909M1QT, 1 1/4", RPBA	292669	01-Oct-2007	LAB	BASEMENT MECH LOWER LAB INDUSTRIAL WATER	
Febco, 805YD, 6", DCVA	95020716	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	BASEMENT MECH FIRE SPRINKLER	
Watts, 909, 1 1/2", RPBA	293456	01-Oct-2007	LAB	UPPER DOM. WATER	
Watts, 909M1QT, 1 1/4", RPBA	280645	01-Oct-2007	LAB	BASEMENT MECH UPPER LAB INDUSTRIAL WATER	
Watts, 009M2QT, 3/4", RPBA	88985	01-Oct-2007	Boiler Feed Lines	BASEMENT MECH HOT WATER HEAT MAKEUP	
Watts, 909, 1 1/2", RPBA	292774	01-Oct-2007	LAB	LOWER DOM COLD WATER SUPPLY	

List of Installations
By Facility Name and Address

Printed on: *12-Jul-2007*
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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: ARABIAN BARN
Facility Address: 140 701, PULLMAN

Facility Type: Livestock Facility
Hazard Level: Low
Facility ID: 9
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 1", DCVA	A033920	01-Jun-2008	LIVESTOCK WATER	RIGHT HAND SIDE OF DRIVEWAY PIT	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: ARBORETUM
Facility Address: 0 701, PULLMAN

Facility Type: LAWN IRIGATION
Hazard Level: Low
Facility ID: 10
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 3", DCVA	B7775	01-Jun-2008	Irrigation w/o Chemicals	WILSON ROAD/ELLIS WAY IRRIGATION	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: AVERY
Facility Address: 700 809, PULLMAN

Facility Type: School
Hazard Level: Low
Facility ID: 11
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 709, 3", DCVA	124839	01-Oct-2007	Premise Isolation	001 MAIN WATER LINE MECH ROOM	
Febco, 805Y, 2", DCVA	T1317	01-Oct-2007	Premise Isolation	ROOM 01 MAIN WATER MECH ROOM	
Watts, 709, 3", DCVA	124840	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	RM 001 HOSE RACK UNDER EXPANSION TANK BY DOOR	
Watts, 709, 3", DCVA	101908	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	JANITOR ROOM 1ST FLOOR HOSE RACK	
Febco, 825Y, 2", RPBA	V5666	01-Nov-2007	Boiler Feed Lines	RM 001 MECH ROOM HOT WATER MAKEUP	
Febco, 805YD, 3", DCVA	B9251	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	ROOM 01 MECH ROOM FIRE SPRINKLER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: BEAR PENS
Facility Address: 701, PULLMAN

Facility Type: LAWN IRIGATION
Hazard Level: Low
Facility ID: 14
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805YD, 3", DCVA		01-Jun-2008	Irrigation w/o Chemicals	SE CORNER LARGE OUTSIDE PEN	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: BEASLEY COLISEUM
Facility Address: 806 700, PULLMAN

Facility Type: GYM
Hazard Level: High
Facility ID: 16
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	BD2255	01-Oct-2007	CHILLED WATER MAKEUP	RM 53 WEST WALL BASEMENT MECH ROOM	

List of Installations
By Facility Name and Address

Printed on: *12-Jul-2007*
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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: BEAVER POND
Facility Address: 182 701, PULLMAN

Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 17
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 3/4", RPBA	246677	01-Jun-2008	LAB COLD WATER	BATHROOM	
Febco, 860, 2", RPBA	H03741	01-Jun-2008	LIVESTOCK WATER	VAULT WEST OF BLDG.182	
Febco, 825Y, 3/4", RPBA	238127	01-Jun-2008	BIO. LAB HOT WATER	BATHROOM LEFTHAND	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: BEEF BREEDING
Facility Address: 145 701, PULLMAN

Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 19
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 709, 2", DCVA	111532	01-Jun-2008	LIVESTOCK WATER	ANIMAL SCIENCE ROAD E IN PIT ANIM HUSBANDRY RD E	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: BEEF CENTER
Facility Address: 404A 705, TULA FARM

Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 21
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Wilkins, 975XL, 1", RPBA	1581184	01-Aug-2007	LAB HOT WATER	RM 106 MAIN BLDG IN BREEZEWAY LAB HW	
Hersey/Grinnell, FDC, 2", DCVA	83984	01-Aug-2007	LIVESTOCK WATER	RM 106 MAIN BLDG IN BREEZEWAY	
Febco, 825Y, 1", RPBA	X7130	01-Aug-2007	LAB COLD WATER	RM 106 LAB CW	
Febco, 825Y, 2", RPBA	AA4369	01-Aug-2007	DOMESTIC COLD WATER	RM 120 MECH MAIN CW LOWER	
Febco, 825Y, 2", RPBA	AA4341	01-Aug-2007	DOMESTIC COLD WATER	MECH ROOM 120 MAIN CW EAST UPPER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: BOHLER
Facility Address: 11 700, PULLMAN

Facility Type: GYM
Hazard Level: Low
Facility ID: 22
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 709, 4", DCVA	178124	01-Oct-2007	DOMESTIC COLD WATER	BASEMENT MECHANICAL RM.	
Air Gap, AG, 3", AG		01-Oct-2007	Pool/Spa	POOL TANK	
Watts, 007, 1/2", DCVA		01-Oct-2007	HEAT RECLAIM	BASEMENT MECH SKID UNIT	
Watts, 709, 4", DCVA		01-Oct-2007	GYM	BASEMENT MECH ROOM	
Watts, 009M2QT, 2", RPBA	117793	01-Oct-2007	HOT TUB	MEZZANINE LEVEL HOT TUB MAKEUP	
Watts, 009M2QT, 3/4", RPBA	147225	01-Oct-2007	HEAT RECLAIM	NE PENTHOUSE	
Watts, 009M2QT, 3/4", RPBA	160266	01-Oct-2007	HEAT RECLAIM	SE PENTHOUSE	
Ames, 400B, 2", RPBA	000194	01-Oct-2007	Pool/Spa	BASEMENT MECH ROOM POOL MAKEUP	
Watts, 009QT, 1", RPBA	136472	01-Oct-2007	Beverage Dispenser with CO2	RM 126 UNDER SINK	

Watts, 009M2QT, 3/4", RPBA	162100	01-Oct-2007	AUTO WASHER	LAUNDRYROOM

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: BOHLER ADDITION
Facility Address: 11A 700, PULLMAN

Facility Type: GYM
Hazard Level: Low
Facility ID: 24
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 007M1, 2", DCVA	42112	01-Oct-2007	Irrigation w/o Chemicals	RM 109 RCH ROOM NORTH OF ROLLUP DOOR IRRIGATION	
Watts, 709, 6", DCVA	250639	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	B95M	
Watts, 009QT, 1/2", RPBA	48923	01-Oct-2007	Film Processors	ROOM 197 DARK ROOM LOWER UNDER SINK	
Watts, 007M1, 2", DCVA	42134	01-Oct-2007	Premise Isolation	MECH ROOM UPPER DOM WATER NORTH OF ROLL UP DOO	
Watts, 007M1, 2", DCVA	42105	01-Oct-2007	Premise Isolation	MECH ROOM LOWER DOME WATER N OR ROLL UP DOOR	
Watts, 009QT, 1/2", RPBA	55489	01-Oct-2007	Film Processors	RM 197 DARK ROOM TOP UNDER SINK	
Watts, 009M2QT, 3/4", RPBA	85550	01-Oct-2007	HEAT MAKEUP	PENTHOUSE HW HEAT MAKEUP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: BOILER PLANT
Facility Address: 27 700, PULLMAN

Facility Type: BOILER PLANT
Hazard Level: High
Facility ID: 27
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860, 3", RPBA	1120346	01-Nov-2007	Boiler Feed Lines	BASEMENT EAST WALL BOTTOM	
Febco, 860, 3", RPBA	280818	01-Nov-2007	Boiler Feed Lines	BASEMENT WEST WALL BOTTOM	
Watts, 909, 3/4", RPBA	228912	01-Nov-2007	HEAT RECLAIM	MAINLEVEL BETWEEN #6 & #6 BOILER N OF GENERATOR	
Febco, 860, 3", RPBA	111121224	01-Nov-2007	Boiler Feed Lines	BASEMENT EAST WALL TOP	
Febco, 860, 2 1/2", RPBA	280957	01-Nov-2007	Boiler Feed Lines	BASEMENT WEST WALL TOP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: BOOKIE
Facility Address: 64 700, PULLMAN

Facility Type: Commercial
Hazard Level: High
Facility ID: 28
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 3/4", RPBA	AA4669	01-Nov-2007	CHILLED WATER MAKEUP	MECH RM B16 CHILLED WATER	
Febco, 825Y, 2", RPBA	AA3883	01-Nov-2007	CHILLED WATER MAKEUP	B 16 MECH ROOM COOLING TOWER	
Air Gap, AG, , AG		01-Nov-2007	GLYCOL SYSTEM	GLYCOL TANK SOUTH WALL MECH ROOM	
Ames, 2000 SE, 6", DCVA	2BKC190	01-Nov-2007	Fire Sprinkler w/o Chemical Addition	LOWER LEVEL NW CLOSET	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: BOTANY PLOT
Facility Address: 183 701, PULLMAN

Facility Type: GREENHOUSE LAB
Hazard Level: High
Facility ID: 29
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 3/4", RPBA	AG5563	01-Jun-2008	HOSE WATER	LEWIS PAINE GREENHOUSE WATER	

List of Installations
By Facility Name and Address

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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: BRYAN
Facility Address: 2 700, PULLMAN

Facility Type: CLASS ROOM FAC.
Hazard Level: Low
Facility ID: 30
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Wilkins, 350, 4", DCVA		01-Oct-2007	Fire Sprinkler w/o Chemical Addition	RM. 126 BASEMENT MECH. RM.	
Febco, 825Y, 3/4", RPBA	AG2288	01-Oct-2007	Boiler Feed Lines	RM 122 MECH ROOM HOT WATER MAKEUP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: BUSTAD
Facility Address: 807 700, PULLMAN

Facility Type: Laboratory
Hazard Level: Low
Facility ID: 32
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 850, 6", DCVA	9908201327	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	RM 36 NE WALL LOWER MECH ROOM FIRE LINE	
Febco, 765, 3/4", PVBA	AA3709	01-Oct-2007	BIO. LAB COLD WATER	270J UNDER SINK	
Febco, 765, 1/2", PVBA	16647	01-Oct-2007	Flushing Floor Drain	MECH ROOM FLOOR CLEANER BETWEEN FLOORS	
Watts, 909, 3", RPBA	203338	01-Oct-2007	LAB COLD WATER	RM 36 LAB COLD WATER	
Febco, 825Y, 1", RPBA	AA4874	01-Oct-2007	BIO. LAB COLD WATER	OUTSIDE PENTHOUSE EAST END BIOHAZARD SERVES 438	
Wilkins, 375, 2 1/2", RPBA	L26701	01-Oct-2007	LAB COLD WATER	RM 36	
Febco, 825Y, 1 1/2", RPBA	BD0348	01-Oct-2007	INDUSTRIAL WATER	LOWER MECH ROOM	
Febco, 860UBV, 3/4", RPBA	H01109	01-Oct-2007	BIO. LAB COLD WATER	CHEM WASTE STORAGE IN BREEZEWAY	
Febco, 825Y, 1", RPBA	AG2864	01-Oct-2007	BIO. LAB HOT WATER	OUTSIDE PENTHOUSE EAST END BIO LAB SERVES RM 438	
Febco, 765, 1/2", PVBA	16663	01-Oct-2007	Flushing Floor Drain	MECH ROOM FLOOR CLEANER BETWEEN FLOORS	
Febco, 765, 1/2", PVBA	16637	01-Oct-2007	Flushing Floor Drain	MECH ROOM FLOOR CLEANER BETWEEN FLOORS	
Febco, 765, 1/2", PVBA	16648	01-Oct-2007	Flushing Floor Drain	MECH ROOM FLOOR CLEANER BETWEEN FLOORS	
Febco, 765, 1/2", PVBA	16668	01-Oct-2007	Flushing Floor Drain	MECH ROOM FLOOR CLEANER BETWEEN FLOORS	
Febco, 765, 1/2", PVBA	16673	01-Oct-2007	Flushing Floor Drain	MECH ROOM FLOOR CLEANER BETWEEN FLOORS	
Febco, 765, 1/2", PVBA	16650	01-Oct-2007	Flushing Floor Drain	MECH ROOM FLOOR CLEANER BETWEEN FLOORS	
Febco, 765, 1/2", PVBA	16649	01-Oct-2007	Flushing Floor Drain	MECH ROOM FLOOR CLEANER BETWEEN FLOORS	
Febco, 765, 1/2", PVBA	16653	01-Oct-2007	Flushing Floor Drain	MECH ROOM FLOOR CLEANER BETWEEN FLOORS	
Febco, 765, 1/2", PVBA	16639	01-Oct-2007	Flushing Floor Drain	MECH ROOM FLOOR CLEANER BETWEEN FLOORS	
Febco, 765, 1/2", PVBA	16640	01-Oct-2007	Flushing Floor Drain	MECH ROOM FLOOR CLEANER BETWEEN FLOORS	
Watts, 909, 3", RPBA	168650	01-Nov-2007	LAB	RM 36 MAIN COLD WATER LINE LOWER	
Febco, 765, 1/2", PVBA	16625	01-Oct-2007	Flushing Floor Drain	MECH ROOM FLOOR CLEANER BETWEEN FLOORS	
Febco, 765, 1/2", PVBA	16634	01-Oct-2007	Flushing Floor Drain	MECH ROOM FLOOR CLEANER BETWEEN FLOORS	
Febco, 850, 3/4", DCVA	H66816	01-Oct-2007	Air Compressor	BASEMENT MECH. RM MED. AIR COMP.	
Febco, 765, 1/2", PVBA	16641	01-Oct-2007	Flushing Floor Drain	MECH ROOM FLOOR CLEANER BETWEEN FLOORS	
Febco, 765, 1/2", PVBA	16840	01-Oct-2007	Flushing Floor Drain	MECH ROOM FLOOR CLEANER BETWEEN FLOORS	
Febco, 765, 1/2", PVBA	16638	01-Oct-2007	Flushing Floor Drain	MECH ROOM FLOOR CLEANER BETWEEN FLOORS	
Febco, 825Y, 3/4", RPBA	BD5705	01-Oct-2007	HEAT MAKEUP	EAST MECH RM CW AND HW UPPER S WALL RM 104	

Febco, 765, 1/2", PVBA	16662	01-Oct-2007	Flushing Floor Drain	MECH ROOM FLOOR LEANER BETWEEN FLOORS
Watts, 909, 3", RPBA	168488	01-Nov-2007	LAB	RM 36
Febco, 825Y, 1 1/2", RPBA	BDO331	01-Oct-2007	INDUSTRIAL WATER	RM 36

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: BUTCH'S PARK
Facility Address: 0 701, PULLMAN

Facility Type: LAWN IRIGATION
Hazard Level: Low
Facility ID: 33
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 2", DCVA	AB7704	01-Jun-2008	Irrigation w/o Chemicals	NE PIT LAWN SPRINKLER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: CARPENTER
Facility Address: 20 700, PULLMAN

Facility Type: CLASS ROOM FAC.
Hazard Level: Low
Facility ID: 34
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805YD, 6", DCVA	B10181	01-Nov-2007	Fire Sprinkler w/o Chemical Addition	BASEMENT MECH ROOM FIRE SPRINKLER	
Febco, 825Y, 1", RPBA	AA6049	01-Nov-2007	HEAT MAKEUP	RM B HWH MAKEUP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: CARVER FARM
Facility Address: 120H 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 36
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	AA5019	01-Nov-2004	Water Softener	BUILDING H SOFT WATER UNITS	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: CATTLE FEEDING
Facility Address: 144 700, PULLMAN

Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 37
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 2", DCVA	AB7528	01-Nov-2007	LIVESTOCK WATER	RM 1 SOUTH WALL	
Febco, 765, 3/4", PVBA	69390	01-May-2007	LIVESTOCK WATER	RM 1 HSE BIBBS AND LAB	
Febco, 825Y, 2", RPBA	S6469	01-Nov-2007	LAB	RM 10 DOMESTIC COLD WATER MAIN	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: CATTLE REPRODUCTION
Facility Address: 145 700, PULLMAN

Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 38
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Hersey/Grinnell, FDC, 2", DCVA	165327	01-Nov-2007	LIVESTOCK WATER	WATERERS FOR CATTLE N WALL	

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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: CATTLE REPRODUCTION LAB BLD 144A
Facility Address: 144A 701, PULLMAN

Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 39
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Hersey/Grinnell, FDC, 2", DCVA	131921	01-Jun-2008	LIVESTOCK WATER	OUTSIDE CATTLE WATERERS IN WEST PIT	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: CENTER FOR UNDERGRADUATE EDUCAT
Facility Address: 095 700, PULLMAN

Facility Type: CLASS ROOM FAC.
Hazard Level: High
Facility ID: 40
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 909QT, 3/4", RPBA	495219	01-Dec-2007	HEAT MAKEUP	P103 HOT WATER MAKEUP	
Watts, 709, 2 1/2", DCVA	104869	01-Dec-2007	DOMESTIC COLD WATER	P110 TOP MAIN WATER	
Watts, 909M1QT, 2", RPBA	353626	01-Dec-2007	CHILLED WATER MAKEUP	600 E COOLING WATER MAKEUP	
Watts, 850, 6", DCVA	0011081331	01-Dec-2007	Fire Sprinkler w/o Chemical Addition	P110 FIRE MAIN	
Watts, 709, 2 1/2", DCVA	104571	01-Dec-2007	DOMESTIC COLD WATER	P110 BOTTOM MAIN WATER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: CENTRAL STORES
Facility Address: 360A WSU, PULLMAN, 700

Facility Type: DRY STOREAGE
Hazard Level: Low
Facility ID: 1
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Hersey/Grinnell, #2, 6", DCVA	303345	01-Nov-2007	Fire Sprinkler w/o Chemical Addition	WEST STORE ROOM WEST WALL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: CENTRAL FERRY GREENHOUSE USDA
Facility Address: 9110 710, CENTRAL FERRY

Facility Type: RESEARCH STATION
Hazard Level: High
Facility ID: 314
Account No: 314
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	RH6062	01-Aug-2005	Irrigation with Chemicals	EAST END GREENOUSE	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: CHIEF JOSEPH
Facility Address: 676 700, PULLMAN

Facility Type: FAMILY HOUSEING
Hazard Level: High
Facility ID: 42
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 009, 3/4", RPBA	52459	01-Nov-2007	HEAT MAKEUP	MECH ROOM UNIT "C"	
Watts, 009, 3/4", RPBA	53072	01-May-2007	HEAT MAKEUP	MECH ROOM UNIT "A"	
Watts, 009, 3/4", RPBA	53062	01-May-2007	HEAT MAKEUP	MECH ROOM UNIT "E"	
Watts, 009, 3/4", RPBA	52463	01-Nov-2007	HEAT MAKEUP	MECH ROOM UNIT "B"	

List of Installations
By Facility Name and Address

Printed on: *12-Jul-2007*
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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: CHIEF JOSEPH
Facility Address: 704, PULLMAN

Facility Type: Residential - Multi-Family
Hazard Level:
Facility ID: 43

Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 709M2, 3", DCVA	100848	01-Aug-2007		OUTSIDE MASTER PADLOCK	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: CHILD CARE (ROGERS/ORTON)
Facility Address: 88 700, PULLMAN

Facility Type: DAY CARE
Hazard Level: High
Facility ID: 44

Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Wilkins, 975XLU, 3/4", RPBA	1685511	01-Nov-2007	Dishwasher with Chemicals	KITHEN DISHWASHER	
Watts, 709, 4", DCVA	170958	01-Nov-2007	Fire Sprinkler w/o Chemical Addition	LOWER MECH ROOM RIE SPRINKLER WEST WALL	
Watts, 009M2, 3/4", RPBA	21818	01-Nov-2007	GLYCOL SYSTEM	MECH ROOM ICE MELTER SUPPLY E WALL	
Febco, 825Y, 2", RPBA	AK3838	01-Nov-2007	DAY CARE	MECH ROOM MAIN COM WATER S WALL TOP	
Watts, 009QT, 1/2", RPBA	24286	01-Nov-2007		RM 120 KITCH UNDER SINGLE SINK JUICE MACHINE	
Febco, 825Y, 2", RPBA	AK3839	01-Nov-2007	DAY CARE	MECH ROOM MAIN DOM WATER S WALL BOTTOM	
Febco, 805Y, 2", DCVA	AO9478	01-Nov-2007	DAY CARE	MECH NORTH WALL HW SUPPLY	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: CHILD CARE CENTER
Facility Address: 88 703

Facility Type:
Hazard Level: Low
Facility ID: 45

Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 2", DCVA	A149660	01-Aug-2007	Irrigation w/o Chemicals	CHILD CARE CENTER R. O. SW PIT	3 0

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: CHILLED WATER STORAGE TANK BUILDIN
Facility Address: 832A 701, PULLMAN

Facility Type: CHILLED WATER PLANT
Hazard Level: Low
Facility ID: 46

Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 2", DCVA		01-Jun-2008	Irrigation w/o Chemicals	LAWN SPRINKER SE OF CHILLED WATER TANK	
Watts, 909, 4", RPBA	177232	01-Jun-2008	CHILLED WATER MAKEUP	S WALL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: CHILLER PLANT
Facility Address: 813 700, PULLMAN

Facility Type: CHILLED WATER PLANT
Hazard Level: High
Facility ID: 49

Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	BH3702	01-May-2007	CHILLED WATER MAKEUP	NORTH WALL MIDDLE S.	
Febco, 825Y, 2", RPBA	BH3754	01-May-2007	CHILLED WATER MAKEUP	NORTH WALL MIDDLE N.	

Febco, 825Y, 2", RPBA	BH3772	01-May-2007	CHILLED WATER MAKEUP	NORTH WALL BOTTOM S.
Febco, 825Y, 2", RPBA	BH3789	01-Nov-2007	CHILLED WATER MAKEUP	NORTH WALL BOTTOM
Febco, 825Y, 2", RPBA	BH3756	01-May-2007	CHILLED WATER MAKEUP	NORTH WALL TOP

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: CLARK
Facility Address: 99 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 52
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	BB6819	01-May-2007	CHILLED WATER MAKEUP	PENTHOUSE MECH	
Febco, 825Y, 2", RPBA	BB6973	01-Nov-2007	CHILLED WATER MAKEUP	PENTHOUSE MECH	
Wilkins, 975, 3", RPBA	GL0372	01-Nov-2007	LAB COLD WATER	RM 11 MAIN LAB WATER	
Wilkins, 475, 4", RPBA	Q01254	01-Nov-2007	COOLING TOWER MAKEUP	RM. 11 SO. WALL	
Watts, 909, 4", RPBA	191185	01-May-2007	LAB	RM 11 LOWER MECH SOUTH WALL	
Wilkins, 350, 6", DCVA	J15333	01-Nov-2007	Fire Sprinkler w/o Chemical Addition	SO. WALL FIRE SYSTEM RM 11	
Hersey/Grinnell, FDC, 2", DCVA	84783	01-Nov-2007	Irrigation w/o Chemicals	MECH ROOM BASEMENT	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: CLEVELAND
Facility Address: 86 700, PULLMAN

Facility Type: CLASS ROOM FAC.
Hazard Level: Low
Facility ID: 54
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 850, 4", DCVA	F0402271139	01-Nov-2007	Fire Sprinkler w/o Chemical Addition	RM. 32	
Febco, 825Y, 1", RPBA	BG7020	01-Nov-2007	HEAT MAKEUP	BASEMENT MECH HW HEAT MAKEUP SOUTH WALL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: COLLEGE HALL
Facility Address: 4 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 55
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	BG4413	01-Nov-2007	BIO. LAB COLD WATER	RM 12H BOTTOM	
Febco, 805Y, 2", DCVA	W1359	01-Nov-2007	LAB COLD WATER	RM 12H EAST	
Febco, 805Y, 2", DCVA	W1370	01-Nov-2007	LAB COLD WATER	12 H WEST	
Febco, 825Y, 1", RPBA	AM8920	01-Nov-2007	BIO. LAB COLD WATER	12H TOP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: COMMONS
Facility Address: 5 700, PULLMAN

Facility Type: OFFICE BLDG.
Hazard Level: High
Facility ID: 58
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	A049652	01-Nov-2007	LAB COLD WATER	RM 18A LOWER COLD WATER SOUTH WALL	
Febco, 825Y, 1", RPBA	A049651	01-Nov-2007	LAB HOT WATER	18A UPPER HOT WATER SOUTH WALL	

List of Installations
By Facility Name and Address

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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: COMMUNITY
Facility Address: 6 700, PULLMAN

Facility Type: DORM
Hazard Level: Low
Facility ID: 59
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805YD, 4", DCVA	B17351	01-Dec-2007	Fire Sprinkler w/o Chemical Addition	STORAGE ROOM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: COOPER PUBLICATION
Facility Address: 91 700, PULLMAN

Facility Type: PRINTING FAC.
Hazard Level: High
Facility ID: 60
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	R7234	01-Dec-2007	DOMESTIC COLD WATER	RM 83 BUILDING SUPPLY SOUTH	
Febco, 805, 6", DCVA		01-Dec-2008	Fire Sprinkler w/o Chemical Addition	RM 4 SW CORNER FIRE SPRINKLER	
Febco, 825Y, 1 1/2", RPBA	R7367	01-Dec-2007	DOMESTIC COLD WATER	RM 83 BUILDING SUPPLY NORTH	
Febco, 825Y, 3/4", RPBA	R8208	01-Dec-2007	HEAT RECLAIM	RM 83 HOT WATER HEAT SUPPLY	
Febco, 825 YAR, 1", RPBA	N4055	01-Dec-2007	GLYCOL SYSTEM	RM 83 GLYCOL SYSTEM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: COOPER PUBLICATIONS BLDG 91
Facility Address: 091 701, PULLMAN

Facility Type: LAWN IRIGATION
Hazard Level: Low
Facility ID: 61
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Hersey/Grinnell, FDC, 1 1/2", DCVA	85450	01-Jun-2008	Irrigation w/o Chemicals	TUNNEL	
Hersey/Grinnell, FDC, 2", DCVA	85460	01-Jun-2008	Irrigation w/o Chemicals	PIT EAST OF SHRUBS	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: CREAMERY ANNEX
Facility Address: 353 701, PULLMAN

Facility Type: Laboratory
Hazard Level: Low
Facility ID: 63
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 850, 6", DCVA	9908271250	01-Jun-2008	Fire Sprinkler w/o Chemical Addition	MAIN FLOOR WEST WALL FIRE LINE	
Febco, 860, 1 1/2", RPBA	02681	01-Jun-2008	LAB	2ND FLOOR WEST WALL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: CUB
Facility Address: 63 700, PULLMAN

Facility Type: KITCHEN
Hazard Level: High
Facility ID: 64
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1 1/4", RPBA	288222	01-Dec-2006	REFRIGERATION COOLING WATER	B2 MECH ROOM MAKEUP ABOVE HEATING PUMPS	
Febco, 805Y, 2", DCVA	AH5581	01-Dec-2003	DOMESTIC COLD WATER	LOWER MECH ROOM MAIN DOMESTIC WATER CENTER	
Febco, 805Y, 2", DCVA	AH5572	01-Dec-2006	DOMESTIC COLD WATER	L MECH ROOM MAIN DOMESTIC WATER LOWER	

Febco, 825Y, 1", RPBA	RH2987	16-Nov-2002	Beverage Dispenser with CO2	TACO BELL UNDER COUNTER PEPSI MACHINE
Febco, 805Y, 2", DCVA	AH5559	01-Dec-2006	DOMESTIC COLD WATER	LOWER MECH ROOM MAIN DOM WATER TOP
Febco, 825Y, 1", RPBA	AG2337	01-Dec-2006	HEAT MAKEUP	RM 237
Febco, 825Y, 1", RPBA	AG2321	01-Dec-2006	HEAT MAKEUP	SB2 HWH SUPPLY UP LADDER ABOVE DOM. WATER

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: DAGGY
Facility Address: 803 700, PULLMAN

Facility Type: CLASS ROOM FAC.
Hazard Level: High
Facility ID: 67
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1 1/2", RPBA	BI2615	01-Dec-2006	CHILLED WATER MAKEUP	RM 371 MECH ROOM	
Hersey/Grinnell, 6CM, 2", RPBA	2474	01-Dec-2006	Irrigation w/o Chemicals	RM 147 MECH ROOM	
Febco, 825Y, 1 1/2", RPBA	BE4195	01-Dec-2006	CHILLED WATER MAKEUP	MECH ROOM CHILLED AND HW MAKEUP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: DANA HALL
Facility Address: 56 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 68
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 2", DCVA	144008	01-Dec-2007	DOMESTIC COLD WATER	BASEMENT MECH PREMISE ISOLATION COLD WATER	
Watts, 700, 3/4", DCVA	307893	01-Dec-2007	REFRIGERATION COOLING WATER	REFRIGERATION COMPRESSOR	
Watts, 909, 1 1/2", RPBA	80586	01-Dec-2007	LAB	B1 MAIN LINE LOWER	
Watts, 909, 1 1/2", RPBA	80736	01-Dec-2007	LAB	B1 MAIN LAB WATER UPPER	
Watts, 909, 3/4", RPBA	11369	01-Dec-2007	HEAT MAKEUP	RM B1 HW HEAT MAKUP	
Febco, 805Y, 2", DCVA	142764	01-Dec-2007	DOMESTIC COLD WATER	BASEMENT PREMISE ISOLATION BOTTOM COLD WATER	
Watts, 909, 3/4", RPBA	11368	01-Dec-2007	HEAT MAKEUP	RM 356 MECH ROOM HOT WATER HEAT MAKEUP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: DEER PEN 167
Facility Address: 167 701, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 69
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Hersey/Grinnell, FDC, 3/4", DCVA	88113	01-Jun-2008	LAB COLD WATER	MAIN DCW NORTH OF FENCE IN PIT	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: DEIONIZE PLANT
Facility Address: 358G 700, PULLMAN

Facility Type: DEIONIZATION PLANT
Hazard Level: High
Facility ID: 70
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	A105251	01-Feb-2008	LAB COLD WATER	MECH	

List of Installations
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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: DUNCAN DUNN
Facility Address: 7 700, PULLMAN

Facility Type: DORM
Hazard Level: Low
Facility ID: 71

Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 4", DCVA	B17200	01-Dec-2007	Fire Sprinkler w/o Chemical Addition	FIRE SPRINKLER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: EASTLICK
Facility Address: 82A 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 72

Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860, 1", RPBA	A03099	01-Jan-2004	BIO. LAB COLD WATER	CLOSET IN JANITOR RM ON LEVEL "B"	
Febco, 805Y, 2", DCVA	AB7544	01-Jan-2008	Irrigation w/o Chemicals	M2 LAWN SPRINKLER WEST WALL	
Febco, 825Y, 2", RPBA	AA7749	01-Jan-2008	BIO. LAB COLD WATER	B60M BIOHAZARD COLD WATER	
Febco, 860, 2", RPBA	A02990	01-Jan-2008	LAB COLD WATER	BASEMENT MECH TOP LAB CW WEST WALL	
Febco, 825Y, 3/4", RPBA	BG6921	01-Jan-2008	COOLING TOWER MAKEUP	RM 460 COOLING TOWER MAKEUP BOTTOM W WALL	
Febco, 825Y, 3/4", RPBA	BG6888	01-Jan-2008	GLYCOL SYSTEM	RM 460 GLYCOL MAKEUP W WALL TOP	
Febco, 825Y, 3/4", RPBA	AF6179	01-Jan-2008	GLYCOL SYSTEM	M2 GLYCOL HEAT RECOVERY MAKEUP WEST WALL	
Febco, 805Y, 2 1/2", DCVA	C5713	01-Jan-2008	Irrigation w/o Chemicals	M2 LAWN SPRINKLER	
Febco, 860, 2", RPBA	H00229	01-Jan-2008	LAB HOT WATER	M2 LAB HOT WATER UPPER	
Febco, 825Y, 2", RPBA	K9724	01-Jan-2008	LAB HOT WATER	M2 LOWER LAB HOT WATER	
Ames, 2000 SS, 6", DCVA	2610171	01-Jan-2007	Fire Sprinkler w/o Chemical Addition	LOWER MECH FIRE SPRINKLER SYSTEM	
Febco, 825, 3", RPBA	C7612	01-Jul-2007	LAB	M2 MAIN WATER EAST	
Febco, 825Y, 3/4", RPBA	AB0252	01-Jan-2008	BIO. LAB COLD WATER	M51S LAB FISH WATER ELEVATOR ROOM	
Febco, 825Y, 2", RPBA	K9433	01-Jan-2008	BIO. LAB HOT WATER	B60M LAB HOT WATER NORTH	
Febco, 860, 2", RPBA	A02708	01-Jan-2008	LAB COLD WATER	BASEMENT MECH BOTTOM LAB CW WEST WALL	
Febco, 825, 3", RPBA	07509	01-Jul-2007	LAB	M2 MAIN WATER WEST	
Febco, 805, 2", DCVA	06119	01-Jan-2004	Irrigation w/o Chemicals	M2 LAWN SPRINKLER LOWER MECH RM	
Febco, 825Y, 1", RPBA	AB1302	01-Jul-2007	BIO. LAB COLD WATER	B60 BIOHAZARD MECH ROOM EAST	
Febco, 860, 1 1/4", RPBA	A00211	01-Jan-2004	BIO. LAB HOT WATER	CLOSET IN JANITOR RM ON LEVEL "B"	
Febco, 860, 2", RPBA	A02340	01-Jan-2008	LAB COLD WATER	M2 MIDDLE LAB CW WEST WALL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: EDUCATION ADDITION
Facility Address: 086A 700, PULLMAN

Facility Type: CLASS ROOM FAC.
Hazard Level: High
Facility ID: 317

Account No: 317
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 3/4", RPBA	H27326	01-Nov-2007	HEAT MAKEUP	NORTH WALL basesment mech.rm.	
Wilkins, 350, 3", DCVA	J16491	01-Nov-2007	DOMESTIC COLD WATER	MAIN WATER BASEMENT MECH RM.	
Febco, 850, 4", DCVA	F0312011849	01-Nov-2007	Fire Sprinkler w/o Chemical Addition	FIRE SPRINKLER SYSTEM BASEMENT MECH. RM.	

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Febco, 805YB, 3/4", DCDA	H002097	01-Nov-2007	DOMESTIC COLD WATER	FIRE SPRINKLER SYSTEM BASEMENT MECH. RM.

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: EEME
Facility Address: 78A 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 73
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825, 2 1/2", RPBA	C4268	01-Jan-2009	DOMESTIC COLD WATER	RM2 MAIN WATER MIDDLE	
Febco, 825Y, 1", RPBA	D5451	01-Jul-2007	GLYCOL SYSTEM	GLYCOL MAKEUP GO THROUGH ROOM 205	
Febco, 825Y, 3/4", RPBA	B7144	01-Jul-2007	GLYCOL SYSTEM	GLYCOL HW SUPPLY LOWER	
Febco, 825Y, 1", RPBA	D4729	01-Jan-2008	GLYCOL SYSTEM	PENTHOUSE OUT ON ROOF LEVEL 3 SE CORNER GLYCOL	
Febco, 825Y, 1 1/2", RPBA	C4823	01-Jan-2008	LAB COLD WATER	RM 2 LAB WATER UPPER	
Febco, 825, 2 1/2", RPBA	C4269	01-Jan-2008	DOMESTIC COLD WATER	RM2 MAIN WATER LOWER	
Febco, 825Y, 1 1/2", RPBA	C4848	01-Jan-2006	LAB COLD WATER	RM 2 LAB WATER LOWER	
Kennedy, B2, 6", DCVA	E20400 E19775	01-Jan-2008	Fire Sprinkler w/o Chemical Addition	RM 2 FIRE SPRINKLER LINE	
Febco, 825, 2 1/2", RPBA	C4266	01-Jan-2008	Irrigation w/o Chemicals	RM2 LAWN SPRINKLERS UPPER	
Febco, 825Y, 1", RPBA	B15970	01-Jul-2005	COOLING TOWER MAKEUP	ROOF BY COOLING TOWER EEME 78A	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: ENDO DISEASE HORSE LAB
Facility Address: 197L 701, PULLMAN

Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 300
Account No: 300
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	005664	01-Jun-2008	LIVESTOCK WATER	S. WALL MECH. RM.	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: ENGINEERING LAB
Facility Address: 46 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 74
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 3/4", RPBA	A006960	01-Jan-2008	LAB COLD WATER	RM 59 EAST WALL CENTER OF ROOM	
Febco, 825Y, 2", RPBA	AJ9272	01-Jan-2008	LAB COLD WATER	BOTTOM TUNNEL	
Febco, 825Y, 2", RPBA	AJ9238	01-Jan-2008	LAB COLD WATER	TOP TUNNEL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: ENVIRONMENTAL HEALTH
Facility Address: 90 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 75
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	X5042	01-Jan-2008	LIVESTOCK WATER	B4 N WALL BEAR WATER	
Febco, 825Y, 2", RPBA	Y9912	01-Jan-2008	DOMESTIC COLD WATER	B4 MAIN WATER TOP NORTH WALL	
Febco, 825Y, 2", RPBA	W2531	01-Jan-2008	DOMESTIC COLD WATER	B4 MAIN WATER BOTTOM	

List of Installations
By Facility Name and Address

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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: ET QUARANTINE BLDG 165C
Facility Address: 165C 701, PULLMAN

Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 76
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860UBV, 2", RPDA	H00335	01-Jun-2008	LIVESTOCK WATER	HOT BOX ON ROUNDTOP ROAD	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: ETRL
Facility Address: 58 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 77
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 009M2QT, 1 1/2", RPBA	62990	01-Jan-2008	CHILLED WATER MAKEUP	CHILLED WATER HEAT EXCHANGER	
Watts, 909QT, 3/4", RPBA	432093	01-Jan-2008	CHILLED WATER MAKEUP	BASEMENT MECH CHILLED WATER MAKEUP TOP	
Febco, 825Y, 1", RPBA	24720	09-Jan-2003		RM 2	
Watts, 909QT, 1", RPBA	400473	01-Jan-2008	HEAT MAKEUP	BASEMENT MECH HWH MAKEUP BOTTOM (CENTER AISLE)	
Watts, 007M2QT, 2", DCVA	25786	01-Jan-2008	Irrigation w/o Chemicals	BASEMENT MECH IRRIGATION WEST WALL	
Watts, 007M1QT, 2", DCVA	37601	01-Jan-2008	DOMESTIC COLD WATER	BASEMENT MECH DOME CW UPPER CENTER AISLE	
Febco, 825Y, 3/4", RPBA	247020	01-Jan-2008	CHILLED WATER MAKEUP	RM. 2 CENTER WALL	
Watts, 007M1QT, 2", DCVA	37607	01-Jan-2008	DOMESTIC COLD WATER	BASEMENT MECH DOM CW BOTTOM CENTER AISLE	
Watts, 909, 4", RPBA	184747	01-Jul-2007	LAB COLD WATER	BASEMENT MECH LAB CW BOTTOM CENTER AISLE	
Watts, 009M2QT, 2", RPBA	677990	23-Apr-2003		LOWER MECH ROOM	
Watts, 007M1QT, 2", DCVA	37602	01-Jan-2008	DOMESTIC COLD WATER	BASEMENT MECH DOM CW MIDDLE CENTER AISLE	
Febco, 850, 6", DCVA	961213153	01-Jan-2008	Fire Sprinkler w/o Chemical Addition	BASEMENT MECH FIRE LINE SW WALL	
Watts, 909, 4", RPBA	186471	01-Jan-2008	LAB COLD WATER	BASEMENT MECH LAB CW TOP CENTER AISLE	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: EXPERIMENTAL ANIMAL LAB
Facility Address: 814 700, PULLMAN

Facility Type: Laboratory
Hazard Level: Low
Facility ID: 78
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 1 1/2", DCVA	Q6697	01-Jan-2008	Water Softener	RM 300 WATER CONDITIONER RENT HOUSE	
Febco, 825, 2 1/2", RPBA	4651	01-Jan-2008	LIVESTOCK WATER	RM 50 CHICK WATER	
Febco, 825, 2", RPBA		01-Jan-2008	LIVESTOCK WATER	RM 50 ANIMAL WATER TAKES KIT 905058	
Febco, 825, 3", RPBA	4651	01-Jan-2008	INDUSTRIAL WATER	RM 50 INDUSTRIAL WATER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: FARM WAY PLAY FIELD
Facility Address: 702, PULLMAN

Facility Type: LAWN IRIGATION
Hazard Level: Low
Facility ID: 79
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid

Rainbird, 200, 2", DCVA	779332	01-Jun-2006	Irrigation w/o Chemicals	SOUTH PIT LAWN IRRIGATION

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: FEED MILL
Facility Address: 362 700, PULLMAN

Facility Type: ANIMAL FEED MILL
Hazard Level: Low
Facility ID: 80
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 709, 3", DCVA	122551	01-Feb-2008	DOMESTIC COLD WATER	RM 105B MAIN DOM WATER	
Febco, 805YD, 4", DCVA	B2732	01-Feb-2008	Fire Sprinkler w/o Chemical Addition	RM 105B FIRE SPRINKLER	
Watts, 909, 3/4", RPBA	122089	01-Feb-2008	Water Softener	RM 105B SOFT WATER CONDITIONER MECH RM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: FIELD HOUSE
Facility Address: 9 700, PULLMAN

Facility Type: PRACTICE FAC.
Hazard Level: Low
Facility ID: 81
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 850, 4", DCVA	9608191421	01-Feb-2008	Fire Sprinkler w/o Chemical Addition	TRACK AREA SW CORNER FIRE MAIN	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: FINE ARTS
Facility Address: 097 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 82
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	R2401	01-Feb-2008	HEAT MAKEUP	PENTHOUSE HWH MAKEUP UPPER MECH ROOM	
Febco, 825Y, 3/4", RPBA	BD5704	01-Feb-2008	HEAT MAKEUP	ROOF TOP SE CORNER PIT CW AIR TANKS	
Febco, 825Y, 1", RPBA	BD1419	01-Feb-2008		4TH MECH EAST WALL ACROSS FROM HEAT EXCHANGER	
Febco, 825Y, 1", RPBA	BD1427	01-Feb-2008		4TH MECH EAST WALL ACROSS FROM HT EXCHANGER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: FOOD AND HUMAN NUTRITION
Facility Address: 816 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 84
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Wilkins, 575, 1 1/2", RPBA	Z18908	01-Aug-2007	LAB COLD WATER	G1 LAB CW TOP	
Watts, 909, 2 1/2", RPBA	103220	01-Aug-2007	DOMESTIC COLD WATER	G10M MAIN DCW LOWER	
Febco, 825Y, 1", RPBA	P4601	01-Aug-2007	INDUSTRIAL WATER	B10 INDUSTRIAL WATER	
Wilkins, 575, 3/4", RPBA	Z18902	01-Feb-2008	HEAT MAKEUP	G1 HWH INDUSTRIAL CW	
Wilkins, 575, 1 1/2", RPBA	Z15373	01-Aug-2007	LAB COLD WATER	G1 LAB CW BOTTOM	
Wilkins, 575, 2 1/2", RPBA	Z24198	01-Aug-2007	DOMESTIC COLD WATER	G1 MAIN CW TOP	
Wilkins, 575, 2 1/2", RPBA	Z24199	01-Feb-2008	DOMESTIC COLD WATER	G1 MAIN CW BOTTOM	
Febco, 805Y, 1", DCVA	V5390	01-Feb-2008		G20F WATER SUPPLY TO PRESSURE VALVE	
Watts, 800, 1/2", PVBA	Z2033	01-Aug-2007	VACUM PUMP	B10 VACUUM PUMP	

Watts, 909, 2 1/2", RPBA	103093	01-Aug-2007	DOMESTIC COLD WATER	G10M MAIN DCW UPPER

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: FOOD QUALITY (CREAMERY)
Facility Address: 615 700, PULLMAN

Facility Type: Food Processing Plant
Hazard Level: High
Facility ID: 85
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Wilkins, 575, 1 1/4", RPBA	Z01295	01-Feb-2007	LAB HOT WATER	RM 239 LAB HW TOP	
Febco, 825Y, 2", RPBA	A07895	01-Feb-2008	LAB COLD WATER	RM 103H NORTH WALL	
Watts, 800, 1/2", PVBA	M507017	01-Feb-2008	AUTO WASHER	RM 110 MILK CAN WASHER	
Wilkins, 575, 1", RPBA	Z16176	01-Feb-2008	LAB COLD WATER	RM 103J MILK LAB CW TO CLEAN BOILER	
Wilkins, 575, 1 1/4", RPBA	Z01303	01-Aug-2007	LAB COLD WATER	RM 239 LAB CW TOP	
Wilkins, 575, 1 1/4", RPBA	Z01297	01-Feb-2008	LAB HOT WATER	LAB HW BOTTOM RM 239	
Wilkins, 575, 3/4", RPBA	Z22490	01-Feb-2007	HEAT MAKEUP	RM 239 HWH MAKEUP	
Febco, 860, 3/4", RPBA	H02984	01-Feb-2008	CHILLED WATER MAKEUP	RM 119A N WALL ICE MACHINE ROOM	
Wilkins, 575, 1", RPBA	Z16177	01-Feb-2008	INDUSTRIAL WATER	RM 115 INDUSTRIAL CW	
Wilkins, 575, 1 1/4", RPBA	Z18384	01-Feb-2008	LAB COLD WATER	RM 239 LAB CW BOTTOM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: FOOD SERVICE
Facility Address: 089 700, PULLMAN

Facility Type: Government
Hazard Level: High
Facility ID: 86
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 3/4", RPBA	L4333	01-Aug-2007	COOLING TOWER MAKEUP	138A COOLING TOWER UPPER MECH ROOM I	
Watts, 909, 1", RPBA	123444	01-Feb-2008	INDUSTRIAL WATER	18A SPRAY BOOTH PAINT SHOP	
Febco, 825Y, 3/4", RPBA	L4499	01-Aug-2007	CHILLED WATER MAKEUP	138A CHILLED WATER UPPER MECH ROOM	
Febco, 805Y, 6", DCVA	C6870	01-Feb-2008	Fire Sprinkler w/o Chemical Addition	RM 26 FIRE SPRINKLER CARPENTER SHOP	
Febco, 805Y, 4", DCVA	C7793	01-Feb-2008	REFRIGERATION COOLING WATER	RM 15 REFRIG COMPRESSORS LOWER MECH ROOM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: FOOD SERVICE
Facility Address: 089 701, PULLMAN

Facility Type: LAWN IRIGATION
Hazard Level: Low
Facility ID: 87
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 2", DCVA	S1099	01-Jun-2008	Irrigation w/o Chemicals	S LAWN SPRINKLER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: FOX &DOG RUN
Facility Address: 198A 701, PULLMAN

Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 299
Account No: 299
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	P8657	01-Feb-2008	LIVESTOCK WATER	PIT	

List of Installations
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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: FRENCH AD.
Facility Address: 092 700, PULLMAN

Facility Type: ADMINASTRATION BLDG.
Hazard Level: High
Facility ID: 88
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	BJ5232	01-Feb-2006	COOLING TOWER MAKEUP	ELEV MACH ROOM ROOFTOP	
Febco, 825Y, 1", RPBA	PH6464	01-Feb-2006	COOLING TOWER MAKEUP	ROOFTOP ELEV MACH ROOM	
Hersey/Grinnell, FDC, 1 1/2", DCVA	85512	01-Jun-2008	Irrigation w/o Chemicals	MECH ROOM NW CORNER LAWN	
Febco, 825Y, 1", RPBA	W0525	01-Feb-2006	HEAT MAKEUP	MECH ROOM SE CORNER ABOVE CHILLER H&CHILL MAKEU	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: FULLMER
Facility Address: 3 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 89
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825, 4", RPBA	B45876A	01-Jul-2007	DOMESTIC COLD WATER	RM 24 TUNNEL LOWER	
Febco, 805Y, 1", DCVA	A012099	01-Jan-2008	Irrigation w/o Chemicals	HALL WAY LAWN IRRIG BEHIND CHEM STOREROOM	
Wilkins, 375, 2 1/2", RPBA	300857	01-Jan-2008	LAB COLD WATER	B2 MAIN LCW TOP EAST WALL	
Febco, 850, 6", DCVA	9510121337	01-Jan-2008	Fire Sprinkler w/o Chemical Addition	RM 10M OUSIDE MECH ROOM SOUTH SIDE VIF FIREMAIN	
Hersey/Grinnell, FDCII, 4", DCVA	304053	01-Jan-2008	Fire Sprinkler w/o Chemical Addition	B2 SPRINKLER SYSTEM	
Watts, 800, 1/2", PVBA	26343	01-Jan-2006	VACUM PUMP	BASEMENT VACUM PUMP SYN. BLDG. B2	
Febco, 825, 3", RPBA	B45876A	01-Jan-2008	LAB COLD WATER	RM 24 LCW	
Febco, 825Y, 2", RPBA	A2330	01-Jan-2008	LAB COLD WATER	RM 24 LCW	
Febco, 825Y, 1", RPBA	AL7995	01-Jan-2008	VACUM PUMP	RM 24 NW WALL MECH ROOM	
Febco, 825Y, 2", RPBA	A2331	01-Jan-2008	LAB COLD WATER	RM 24 LCW 66-77	
Febco, 825, 3", RPBA	B45876C	01-Jul-2007	LAB COLD WATER	RM 24 LCW-60	
Febco, 825Y, 2", RPBA	A2332	01-Jan-2008	LAB COLD WATER	RM 24 LCW 62-63	
Febco, 825, 3", RPBA	45876D	01-Jan-2008	LAB COLD WATER	RM 24 LAB COLD WATER	
Febco, 825Y, 3/4", RPBA	BJ3907	01-Jan-2008	INDUSTRIAL WATER	B2 INDUSTRIAL WATER SYN. BLDG	
Febco, 825, 4", RPBA	B45876B	01-Jan-2008	DOMESTIC COLD WATER	MAIN DW UPPER IN TUNNEL	
Febco, 825Y, 1 1/4", RPBA	AG1858	01-Jan-2008	LAB COLD WATER	B2 BASEMENT E WALL	
Febco, 825, 3", RPBA	B45876B	01-Jan-2008	LAB COLD WATER	RM 24 LCW-75 OLD FULMER L C	
Wilkins, 375, 2 1/2", RPBA	221320	01-Jan-2008	LAB COLD WATER	B2 BASEMENT E WALL BOTTOM	
Febco, 825Y, 2", RPBA	A2329	01-Jan-2008	LAB COLD WATER	RM 24 OLD FULMER LCW	
Febco, 825Y, 3/4", RPBA	BD9370	01-Jan-2008	CHILLED WATER MAKEUP	BASEMENT MECH CHILLED WATER MAKEUP SE WALL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: FULMER SYNTHESIS
Facility Address: 3 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 91
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid

Hersey/Grinnell, FRPII, 3/4", RPBA	39656	01-Jan-2008	HEAT MAKEUP	10M MECH ROOM SOUTH IN FRONT OF FULMER

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: GANNON
Facility Address: 079A 700, PULLMAN

Facility Type: DORM
Hazard Level: Low
Facility ID: 93
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805YD, 4", DCVA		01-Feb-2008	Fire Sprinkler w/o Chemical Addition	RM 04 N WALL	
Watts, 009, 3/4", RPBA	48067	01-Feb-2008	HEAT MAKEUP	RM 4 MECH ROOM HWH MAKEUP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: GEN SVS REC & DELIVERY
Facility Address: 358A 701, PULLMAN

Facility Type: DRY STOREAGE
Hazard Level:
Facility ID: 95
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	AA6439	01-Aug-2002		FOR FIRE HYDRANT USE	
Febco, 805, 4", DCVA	5731	01-Jun-2008	Fire Sprinkler w/o Chemical Addition	RM 2	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: GENERAL SERVICES CHEM. STORES
Facility Address: 385C 700, PULLMAN

Facility Type: CHEMICAL STORES
Hazard Level: High
Facility ID: 96
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	A111309	01-Mar-2008	BIO. LAB COLD WATER	HAZARD WASTE PROCESSING SOUTH WALL 110A	
Febco, 805, 4", DCVA	0923	01-Mar-2008	Fire Sprinkler w/o Chemical Addition	SPRINKLER	
Febco, 825Y, 1 1/2", RPBA	V8887	01-Mar-2008	CHEMICAL STOREAGE	RM 110 MAIN WATER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: GOAT BARN
Facility Address: 199E 701, PULLMAN

Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 98
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 709, 2", DCVA		01-Jun-2008	LIVESTOCK WATER	BUILDING 199E PIT SERVES BLDG 200	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: GOLDSWORTHY
Facility Address: 079B 700, PULLMAN

Facility Type: DORM
Hazard Level: Low
Facility ID: 99
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805YD, 4", DCVA		01-Feb-2008	Fire Sprinkler w/o Chemical Addition	RM 4 W MECH ROOM CENTER	
Watts, 009, 3/4", RPBA	48078	01-Feb-2008	HEAT MAKEUP	RM 4 HWH MAKEUP	

List of Installations
By Facility Name and Address

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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: GOLDSWORTHY
Facility Address: 79 700, PULLMAN

Facility Type: DORM
Hazard Level: High
Facility ID: 100
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 009, 3/4", RPBA	32203	01-Feb-2008	HEAT MAKEUP	RM 80X HWH MAKEUP CENTER MECH ROOM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: GR0UNDS PESTICIDE STORAGE
Facility Address: 66J 702, PULLMAN

Facility Type: CHEMICAL STOREAGE
Hazard Level: High
Facility ID: 294
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860UBV, 3/4", RPBA	HO1079	01-Jun-2008	HOSE WATER	PESTICIDE STORAGE TANK FILLER HOSE UNDER SINK	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: GREEN HOUSE 109
Facility Address: 109 700, PULLMAN

Facility Type: GREENHOUSE LAB
Hazard Level: High
Facility ID: 104
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	199312	01-Feb-2008	Fertilizer Injector	FERT PUMP WATER 1ST RM ON LEFT SEC 1	
Febco, 860U, 3/4", RPBA	H00521	01-Feb-2008	DEIONIZED WATER	DI TANKS N. END	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: GREENHOUSE 109B USDA 151
Facility Address: 109B 700, PULLMAN

Facility Type: GREENHOUSE LAB
Hazard Level: High
Facility ID: 301
Account No: 301
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Wilkins, 975XL, 3/4", RPBA	316095	01-May-2008	Irrigation with Chemicals	N.W. SREEN HOUSE PIT INSIDE	
Wilkins, 575, 3/4", RPBA	Z12414	01-Nov-2007	LAB COLD WATER	RM 6 E LAB COLDWATER	
Wilkins, 575, 3/4", RPBA	W70951	01-May-2008	LAB HOT WATER	RM 1 WEST LAB HOT WATER	
Wilkins, 575, 3/4", RPBA	W70955	01-May-2008	LAB HOT WATER	RM 1 WEST LAB HOT WATER	
Watts, 007M1 QT, 1", DCVA	205736	01-May-2008	LAB COLD WATER	POTTING SHED W.WALL	
Febco, 825Y, 3/4", RPBA	AU2370	01-May-2008	Irrigation with Chemicals	N.E. SREEN HOUSE	
Febco, 805Y, 1 1/2", DCVA	138021	01-May-2008	DOMESTIC COLD WATER	RM 3 MAIN CW MECH ROOM	
Wilkins, 575, 3/4", RPBA	W70941	01-May-2008	LAB COLD WATER	RM 6 E LAB COLD WATER	
Watts, 909, 1", RPBA	313995	01-May-2008	LAB COLD WATER	WEST GREENHOUSE LAB WATER	
Wilkins, 575, 3/4", RPBA	Z12419	01-Nov-2007	LAB COLD WATER	RM 1 WEST LAB COLD WATER	
Febco, 825Y, 3/4", RPBA	U6331	01-May-2008	Hot Water Tank	RM 3 HWH MAKEUP	
Wilkins, 575, 3/4", RPBA	Z16344	01-May-2008	LAB COLD WATER	RM 1 WEST LAB COLD WATER	
Wilkins, 975, 1", RPBA	064992	01-May-2008	Irrigation with Chemicals	EAST GREENHOUSE AG BLDG #151 NE CORNER	
Wilkins, 575, 3/4", RPBA	Z12412	01-Nov-2007	LAB HOT WATER	E LAB HOT WATER	

List of Installations
By Facility Name and Address

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Wilkins, 575, 3/4", RPBA	W70947	01-Nov-2007	LAB HOT WATER	RM 6 E LAB HOT WATER NW

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: GREENHOUSE 111
Facility Address: 111 700

Facility Type: GREENHOUSE LAB
Hazard Level: High
Facility ID: 195
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	AK1282	01-Feb-2008	LAB COLD WATER	RM 6X LAB WATER BOTTOM	
Febco, 825Y, 1", RPBA	AJ1177	01-Feb-2008	LAB COLD WATER	RM 6X LAB WATER TOP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: GREENHOUSE 114
Facility Address: 114 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 106
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 009, 3/4", RPBA	62715	01-Feb-2008	LAB COLD WATER	GREENHOUSE WEST RM 9A	
Febco, 825Y, 1", RPBA	T7724	01-Feb-2008	LAB	RM 23 GREENHOUSE WATER AND CHEMICAL	
Febco, 825Y, 1", RPBA	U4477	01-Aug-2007	LAB	RM B36 BY BASEMENT STAIR DOOR #38 TOP	
Watts, 700, 3/4", DCVA	?????????	01-Feb-2006	DEIONIZED WATER	DISTILLER RM 12	
Febco, 825Y, 1 1/2", RPBA	W4629	01-Feb-2008	LAB	RM 44B MAIN FOR GREENHOUSE	
Febco, 825Y, 1", RPBA	BH6084	01-Feb-2008	Fertilizer Injector	FETILIZER NW CORNER	
Febco, 825Y, 3/4", RPBA	BG7024	01-Aug-2007	REFRIGERATION COOLING WATER	RM B7 UPPER REFRIG COMPRESSOR NORTH WALL	
Watts, 700, 3/4", DCVA	404212	01-Feb-2008	LAB COLD WATER	GREENHOUSE WATER EAST RM 7A	
Hersey/Grinnell, FDC, 1", DCVA	86620	01-Feb-2008	LAB COLD WATER	5D GREENHOUSE WATER	
Febco, 825Y, 1", RPBA	Z6715	01-Feb-2008	Fertilizer Injector	RM 34A CHEM WATER TO GREENHOUSE	
Febco, 825Y, 1", RPBA	W0334	01-Aug-2007	LAB	RM 2D MAIN TO BUILDING	
Febco, 805Y, 1", DCVA	V7616	01-Feb-2008	LAB COLD WATER	GREENHOUSE WATER EAST	
Febco, 825Y, 1", RPBA	B1880	01-Feb-2008	LAB	RM 26A GREENHOUSE WATER	
Watts, 709, 3/4", DCVA	72688	01-Feb-2008	CHILLED WATER MAKEUP	RM 28A GREENHOUSE WATER AND CHILLED WATER	
Febco, 825Y, 1", RPBA	BH2910	01-Feb-2008	LAB	RM B34F TURN COMP OFF, NO H2O ON FLOOR,SHUT DOOR	
Febco, 825Y, 1", RPBA	AH3665	01-Feb-2008	LAB	RM 22A GREENHOUSE WATER	
Febco, 825Y, 3/4", RPBA	BG0339	01-Aug-2007	REFRIGERATION COOLING WATER	RM B7 LOWER REFIG COMPRESSOR NORTH WALL	
Watts, 700, 3/4", DCVA	304062	01-Feb-2008	Autoclave	RM 9 STERILIZERS	
Watts, 700, 3/4", DCVA	304609	01-Feb-2008	DEIONIZED WATER	RM 4 DEIONIZED MAKEUP	
Febco, 825Y, 3/4", RPBA	266182	01-Feb-2008	DEIONIZED WATER	RESTROON BLDG. 30	
Watts, 700, 3/4", DCVA	404157	01-Feb-2008	LAB COLD WATER	RM 7A GREENHOUSE WATER WEST	
Febco, 805Y, 3/4", DCVA	V5394	01-Feb-2008	SWAMP COOLER	BASEMENT B5 MAKEUP SWAMP COOLERS	
Febco, 825Y, 1", RPBA	X5682	01-Feb-2008	LAB	RM B36 BOTTOM BY BASEMENT STAIR DOOR #38	
Watts, 700, 3/4", DCVA		15-Feb-2003		RM B 36 DI TANKS WEST END PAST B34F	
Febco, 825Y, 1", RPBA	BG4394	01-Feb-2008	LAB COLD WATER	RM 5C WEST ROOM	
Febco, 860UBV, 3/4", RPBA	H00105	01-Feb-2008	LAB COLD WATER	GREENHOUSE WATER RM 12A	

Watts, 700, 3/4", DCVA	404796	01-Feb-2007	LAB	RM 22B GREENHOUSE WATER
Febco, 825Y, 1", RPBA	V4825	01-Aug-2007	LAB COLD WATER	RM 3 D MAIN S WALL

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: GREENHOUSE 114
Facility Address: 114 701, PULLMAN

Facility Type: LAWN IRIGATION
Hazard Level: Low
Facility ID: 107
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 2", DCVA	Z4643	01-Jun-2008	Irrigation w/o Chemicals	NORTH IN GRASS OF ALYMPIA AVE AND GRIMES WAY	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: GREENHOUSE 114-1B USDA
Facility Address: 114- 1B 700, PULLMAN

Facility Type: Laboratory
Hazard Level: Low
Facility ID: 112
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Wilkins, 975, 1", RPBA	064985	01-Aug-2007	DOMESTIC COLD WATER	USDA RESEARCH RM 101 CLOSET SW CORNER OF BLDG	
Wilkins, 975, 1", RPBA	064988	01-Aug-2007	DOMESTIC COLD WATER	GRIMES WAY AND QUAD SERVICES RD RM 101 BOTTOM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: GREENHOUSE 118
Facility Address: 118 700, PULLMAN

Facility Type: GREENHOUSE LAB
Hazard Level: High
Facility ID: 110
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	R6904	01-Feb-2008	LAB COLD WATER	DOUBLE GREENHOUSE NE OF CREAMERY	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: GREENHOUSE 119
Facility Address: 119 700, PULLMAN

Facility Type: GREENHOUSE LAB
Hazard Level: High
Facility ID: 111
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860, 1", RPBA	03802	01-Feb-2008	Fertilizer Injector	RM 2 WESTSIDE	
Febco, 860UBV, 2", RPBA	H00025	01-Feb-2008	DOMESTIC COLD WATER	GREENHOUSE 119 MECH. RM. TOP	
Febco, 825Y, 3/4", RPBA	BH8759	01-Feb-2007	HEAT MAKEUP	RM 2 ABOVE HEAT EXCHANGER	
Febco, 860UBV, 2", RPBA	A000004	01-Feb-2008	DOMESTIC COLD WATER	GREENHOUSE 119 MECH. RM. BOTTOM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: GRIMES WAY CENTRAL HEATING PLANT
Facility Address: 840 700, PULLMAN

Facility Type: BOILER PLANT
Hazard Level: Low
Facility ID: 287
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 850, 6", DCVA	0308260814	01-Feb-2008	Fire Sprinkler w/o Chemical Addition	FIRE MAIN SOUTH SIDE	
Febco, 860, 3/4", RPBA	H00523	01-Feb-2008	INDUSTRIAL WATER	FUEL STORAGE AREA	
Febco, 825Y, 6", RPBA	F0305010928	01-Feb-2008	Boiler Feed Lines	BOILER FEED EAST MID LEVEL	

Febco, 850, 2", DCVA	H08445	01-Feb-2008	DOMESTIC COLD WATER	NORTH MAIN DOOR BOTTOM
Febco, 850, 2", DCVA	HO9894	01-Feb-2008	DOMESTIC COLD WATER	NORTH WALL MAIN DOOR TOP

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: GRIMES WAY CENTRAL STEAM PLANT
Facility Address: 840, PULLMAN, 701

Facility Type: BOILER PLANT
Hazard Level: Low
Facility ID: 289
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 850, 1 1/2", DCVA	83656	01-Jun-2008	Irrigation w/o Chemicals	NORTH ENTRY JUMBO BOX	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: GROUNDS IRRIGATION SHOP
Facility Address: 66 701, PULLMAN

Facility Type: SHOP
Hazard Level: Low
Facility ID: 319
Account No: 319
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 850, 1 1/2", DCVA	H01536	01-Jun-2008	Irrigation w/o Chemicals	OUTSIDE SHOP IN PIT - NEED LIFT TRUCK FOR LID	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: HEALD
Facility Address: 082 700, PULLMAN

Facility Type: Laboratory
Hazard Level:
Facility ID: 114
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	AA9846	01-Feb-2008		B2 HWH AND CHILLED MAKEUP NE CORNER	
Febco, 860, 4", RPBA	F0404301434	01-Feb-2008	DOMESTIC COLD WATER	RM B2 BUILDING MAIN WATER	
Watts, 909, 3", RPBA	102582	01-Feb-2008		B2 BUILDING MAIN	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: HITCHCOCK RACETRACK
Facility Address: 169 703, PULLMAN

Facility Type: Livestock Facility
Hazard Level: Low
Facility ID: 116
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 605Y, 1", DCVA	AF3476	01-Aug-2007	Irrigation w/o Chemicals	HITCHCOCK TRACK EAST PASTURE ON BACK CORNER OF	
Febco, 825Y, 2", RPBA	R7035	01-Aug-2007	LIVESTOCK WATER	547	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: HOLLAND ANNEX
Facility Address: 62A 700, PULLMAN

Facility Type: CLASS ROOM FAC.
Hazard Level: Low
Facility ID: 118
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805, 6", DCVA	2089	01-Dec-2007	Fire Sprinkler w/o Chemical Addition	P222 SPRINKLER SYSTEM	
Watts, 007QT, 2", DCVA	13651	01-Feb-2008	DOMESTIC COLD WATER	B17 TAKE STAIRWELL IN P220 TO B17 DW SOUTH	
Watts, 007QT, 2", DCVA	10950	01-Mar-2008	DOMESTIC COLD WATER	B17 TAKE STAIRWELL IN P220 TO B17 D.W. NORTH	
Watts, 009QT, 1", RPBA	27888	01-Mar-2008	HEAT MAKEUP	RM 222 E WALL HWH MAKEUP	

Febco, 805Y, 2", DCVA	AG5155	01-Feb-2008	Irrigation w/o Chemicals	B17 TAKE STAIRWELL IN P220 TO B17 IRRIGATION
Watts, 009QT, 1 1/2", RPBA	26481	01-Mar-2008	INDUSTRIAL WATER	P220 CUB SIDE W WALL PARKING WASH

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA
Facility Name: HOLLAND(OLD)
Facility Address: 62 700, PULLMAN
Facility Type: CLASS ROOM FAC.
Hazard Level: High
Facility ID: 292
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	188763	01-Mar-2008	INDUSTRIAL WATER	S. W. CORNER NEXT TO TUNNEL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA
Facility Name: HULBERT
Facility Address: 808 700, PULLMAN
Facility Type: CLASS ROOM FAC.
Hazard Level: High
Facility ID: 121
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 3/4", RPBA	AG2253	01-Feb-2008	HEAT MAKEUP	RM 11 HWH AND MAKEUP LOWER LEVEL BEHIND AERCO H	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA
Facility Name: HULBERT HALL
Facility Address: 808
Facility Type:
Hazard Level: Low
Facility ID: 122
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Hersey/Grinnell, #2, 6", DCVA	303451	01-Feb-2008	Fire Sprinkler w/o Chemical Addition	G10M SPRINKER SYSTEM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA
Facility Name: I B C GREENHOUSE
Facility Address: 817 700, PULLMAN
Facility Type: GREENHOUSE LAB
Hazard Level: High
Facility ID: 123
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 909, 1 1/2", RPBA		01-Feb-2008	LAB COLD WATER	MAIN WATER E OF MEATS LAB RED BRICK GREENHOUSE	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA
Facility Name: IBC GREENHOUSE
Facility Address: 817A 700, PULLMAN
Facility Type: GREENHOUSE LAB
Hazard Level: High
Facility ID: 124
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 009, 3/4", RPBA	51293	01-Feb-2008	LAB COLD WATER	DIRECTLY ACROSS FROM MEAT LAB WEST END DCW	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA
Facility Name: INCINERATOR
Facility Address: 80 700, PULLMAN
Facility Type: BIO. WASTE DISPOSAL
Hazard Level: High
Facility ID: 127
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	A168408	01-Mar-2008	INDUSTRIAL WATER	BURNER ROOM PROCESS WATER	

Febco, 825Y, 1 1/4", RPBA	A115433	01-Mar-2008	Irrigation w/o Chemicals	MECH IRRIGATION
Febco, 825Y, 2", RPBA	A154762	01-Mar-2008	DOMESTIC COLD WATER	BUILDING SUPPLY BOTTOM
Febco, 850, 4", DCVA	9903221410	01-Mar-2008	Fire Sprinkler w/o Chemical Addition	FIRE SYSTEM
Febco, 825Y, 2", RPBA	A127572	01-Mar-2008	DOMESTIC COLD WATER	BUILDING SUPPLY TOP
Watts, 009QT, 1/2", RPBA	60617	01-Mar-2008	Chemical Feeder	WEST WALL CHEMICAL MAKEUP

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: INFORMATION TECH
Facility Address: 812 700, PULLMAN

Facility Type: CLASS ROOM FAC.
Hazard Level: High
Facility ID: 128
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 700, 2", DCVA		01-Mar-2007	Irrigation w/o Chemicals	E MECH HIGH BY STEAM TUNNEL ENTRANCE LAWN	
Febco, 825Y, 1", RPBA	V6899	01-Mar-2008	GLYCOL SYSTEM	B100 BASEMENT EAST	
Watts, 700, 2", DCVA	801622	01-Mar-2008	Irrigation w/o Chemicals	W MECH HIGH NORTH WALL LAWN	
Febco, 825Y, 1", RPBA	BH6273	01-Mar-2008	COOLING TOWER MAKEUP	RM 2000M COOLING TOWER MAKEUP LOWER WEST WALL	
Febco, 825Y, 1", RPBA	V7015	01-Mar-2008	COOLING TOWER MAKEUP	2000M COOLING TOWER MAKEUP W WALL UPPER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: ISOLATION BUILDING
Facility Address: 143C 701, PULLMAN

Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 315
Account No: 315
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860, 1", RPBA	H04432	01-Jul-2008	LIVESTOCK WATER	HOT BOX EAST SIDE	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: JOHNSON HALL
Facility Address: 076 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 130
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 909, 4", RPBA	209576	01-Mar-2008	DOMESTIC COLD WATER	B7 MAIN WATER EAST DOM.	
Hersey/Grinnell, FDC, 3/4", DCVA	81279	01-Mar-2008	REFRIGERATION COOLING WATER	RM 170 COMPRESSOR	
Watts, 909, 4", RPBA	209512	01-Mar-2008	DOMESTIC COLD WATER	B7 WEST MAIN DOM. WATER	
Hersey/Grinnell, FDC, 3/4", DCVA	81280	01-Mar-2008	REFRIGERATION COOLING WATER	RM 104A SW CORNER OF BUILDING REFRIG COMPRESSOR	
Watts, 009, 3", RPBA	18310	01-Mar-2008	LAB COLD WATER	EAST PENTHOUSE TOP	
Hersey/Grinnell, #2, 3", DCVA	84637	01-Mar-2008		B4 HOSE RACK	
Hersey/Grinnell, FDC, 3/4", DCVA	81290	01-Mar-2008	REFRIGERATION COOLING WATER	RM 21 LEFT COMPRESSOR	
Febco, 825Y, 1 1/4", RPBA	BF8312	01-Mar-2008	REFRIGERATION COOLING WATER	BASEMENT REFRIG COMPRESSORS WEST END BACK	
Febco, 825Y, 1 1/4", RPBA	BF8309	01-Mar-2008	REFRIGERATION COOLING WATER	BASEMENT WEST END REFIG COMPRESSORS	
Hersey/Grinnell, FDC, 3/4", DCVA	81281	01-Mar-2008	Sterilizer	RM 328 ON WALL E OF STERILIZER	
Febco, 825Y, 2", RPBA	AO48696	01-Mar-2008	LAB HOT WATER	RM 401 LAB H WATER TANK WEST	
Watts, 009, 2 1/2", RPBA	18776	01-Mar-2007	LAB COLD WATER	EAST PENTHOUSE BOTTOM	
Hersey/Grinnell, FDC, 3/4", DCVA	81291	01-Mar-2008	REFRIGERATION COOLING WATER	RM 21	

Febco, 825Y, 1 1/2", RPBA	BD0451	01-Mar-2008	LAB COLD WATER	WEST PENTHOUSE SOUTH WALL TOP
Hersey/Grinnell, FDC, 3/4", DCVA	81278	01-Mar-2005	REFRIGERATION COOLING WATER	RM 139 GROWTH CHAMBER COMPRESSOR
Crainline, A, 3", RPBA	265	19-Feb-2003		RM 402 LAB WATER EAST
Febco, 825Y, 1 1/2", RPBA	BD0428	01-Mar-2008	LAB COLD WATER	WEST PENTHOUSE SOUTH WALL BOTTOM
Hersey/Grinnell, FDC, 3/4", DCVA	81289	01-Mar-2008	REFRIGERATION COOLING WATER	RM 241 COMPRESSORS
Febco, 825YD, 2 1/2", RPBA	F0212111625	01-Mar-2008	LAB COLD WATER	WEST PENTHOUSE BOTTOM

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: JOHNSON HALL ANNEX
Facility Address: 76B 700, PULLMAN

Facility Type: CLASS ROOM FAC.
Hazard Level: High
Facility ID: 132
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 3/4", RPBA	PC6896	01-Mar-2008	HEAT MAKEUP	ANNEX LOWER MECH ROOM HALLWAY CENTER BY CONVE	
Febco, 825Y, 3/4", RPBA	BD6191	01-Mar-2008	REFRIGERATION COOLING WATER	C100 ANNEX UPPER MECH ROOM W WALL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: JOHNSON TOWER
Facility Address: 94 700, PULLMAN

Facility Type: Laboratory
Hazard Level: Low
Facility ID: 134
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805YD, 2 1/2", DCVA	B16991	15-Feb-2003	Fire Sprinkler w/o Chemical Addition	B1 HOSE RACK LINE	0
Ames, 2000 SS, 6", DCVA	2BJ0750	01-Mar-2008	Fire Sprinkler w/o Chemical Addition	LOWER MECH FIRE SPRINKLER NW CORNER	0
Febco, 825Y, 1", RPBA	Z7829	01-Mar-2008	CHILLED WATER MAKEUP	RM 900 CHILLED WATER MAKEUP	0
Febco, 825Y, 2", RPBA	T7597	01-Mar-2008	LAB COLD WATER	B7 LAB WATER TOP	0
Febco, 805Y, 2", DCVA	AF4613	01-Mar-2008	DOMESTIC COLD WATER	B1 DOM WATER PUMP EAST	0
Watts, 800, 1/2", PVBA	07007	01-Mar-2008	VACUM PUMP	B7 SW CORNER VACUUM PUMP	0
Febco, 825Y, 3/4", RPBA	AK9395	01-Mar-2008	HEAT MAKEUP	B7 HWH MAKEUP	0
Air Gap, AG, 2", AG		01-Mar-2008	TANK DRAIN	RM 900 TANK DRAIN	0
Febco, 825Y, 2", RPBA	T7560	01-Mar-2008	LAB COLD WATER	B7 LAB COLD WATER BOTTOM	0
Febco, 805Y, 2", DCVA	AF5193	01-Mar-2008	DOMESTIC COLD WATER	B1 DOM WATER PUMP WEST	0

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: JR SURGERGY VET LARGE ANIMAL
Facility Address: 141G 701, PULLMAN

Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 135
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 6", RPBA	C7040	01-Jun-2008	LAB	SE PIT	
Watts, 909, 2", RPBA	167979	01-Jun-2008	LAB COLD WATER	TACK ROOM	
Febco, 660UBV, 2", RPBA	H00702	01-Jun-2008	LIVESTOCK WATER	MAIN DCW EAST HOT BOX	

List of Installations
By Facility Name and Address

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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: KIMBROUGH
Facility Address: 025 700, PULLMAN

Facility Type: CLASS ROOM FAC.
Hazard Level: High
Facility ID: 137
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 3/4", RPBA	BG6974	01-Mar-2008	COOLING TOWER MAKEUP	BASEMENT MECH	
Watts, 909M1, 2", RPBA	328055	01-Mar-2008	DOMESTIC COLD WATER	B30 NW CORNER MIDDLE	
Watts, 909M1, 2", RPBA	328052	01-Mar-2008	DOMESTIC COLD WATER	B30 NORTHWEST CORNER TOP	
Febco, 850, 4", DCVA	9708181337	01-Mar-2008	Fire Sprinkler w/o Chemical Addition	B30 NW WALL	
Watts, 909M1, 2", RPBA	328053	01-Mar-2008	DOMESTIC COLD WATER	B30 NORTHWEST CORNER BOTTOM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: KNOTT DAIRY
Facility Address: 402 705, TULA FARM

Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 138
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	U6368	01-Aug-2007	Chemical Feeder	MECH ROOM SANITIZER	
Febco, 825Y, 3/4", RPBA	A247028	01-Aug-2007	Boiler Feed Lines	KNOTT DAIRY BOILER MAKEUP	
Febco, 805Y, 2", DCVA	A6473	01-Aug-2007	DOMESTIC COLD WATER	PIT WEST DAIRY RESIDENCE BY ROAD	
Wilkins, 975XLU, 1", RPBA	1627137	01-Aug-2007	Chemical Feeder	RM 13 SANITIZER	
Febco, 805Y, 2", DCVA	L9392	01-Aug-2007	LIVESTOCK WATER	NE PIT 2 MAN JOB TO LIFT LID	
Watts, 909, 1", RPBA	114091	01-Aug-2007	LIVESTOCK WATER	NW CORNER BULL BARN	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: KNOTT DAIRY
Facility Address: 402A 705, PULLMAN

Facility Type: Agricultural (farm/dairy)
Hazard Level:
Facility ID: 139
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Wilkins, 975XLU, 1", RPBA	2151099	01-Aug-2007		BASEMENT MECH. RM. DAIRY BARN	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: LAB ANIMAL RESEARCH
Facility Address: 811 701, PULLMAN

Facility Type: Laboratory
Hazard Level: Low
Facility ID: 140
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Hersey/Grinnell, FDC, 3/4", DCVA	83103	01-Jun-2006	Water Softener	RM 111 WATER SOFTNER N WALL	
Hersey/Grinnell, FRPII, 2", RPBA	83779	01-Jun-2006	DOMESTIC COLD WATER	RM 105 MAIN WATER LOWER	
Febco, 805Y, 1", DCVA	U7386	01-Jun-2006	Dishwasher with Chemicals	RM 111 SOUTH WALL WASHER	
Hersey/Grinnell, FDC, 3/4", DCVA	81305	01-Mar-2005	Dishwasher with Chemicals	RM 111 NORTH WALL SMALL WASHER	
Hersey/Grinnell, FDC, 1", DCVA	81654	01-Mar-2004	CAGE WASHER	RM 111 CAGE WASHER	

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List of Installations
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Hersey/Grinnell, FRPII, 2", RPBA	83819	01-Mar-2008	DOMESTIC COLD WATER	RM 105 MAIN WATER UPPER
, , ,				
Rainbird, DCA, 2 1/2", DCVA	85075	01-Mar-2008	Irrigation w/o Chemicals	SOUTH LAWN PIT SPRINKLER
Watts, 009M3, 3/4", RPBA	14952	01-Jun-2008	CHILLED WATER MAKEUP	N. WALL CHILLER MAKE-UP

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: LIGHTY STUDENT CENTER
Facility Address: 92A 700, PULLMAN

Facility Type: OFFICE BLDG.
Hazard Level: Low
Facility ID: 143
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805YD, 6", DCVA		01-Mar-2008	Fire Sprinkler w/o Chemical Addition	RM 100M NORTH WALL FIRE SYSTEM	
Febco, 825Y, 1", RPBA	Y3826	01-Mar-2008	HEAT MAKEUP	RM 100M MECH ROOM NORTH WALL HW HEAT	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: MAINT.MATERIALS STORAGE ADD.
Facility Address: 365A 701, PULLMAN

Facility Type: DRY STOREAGE
Hazard Level: Low
Facility ID: 298
Account No: 298
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 850U, 1", DCVA	H01104	01-Jun-2008	HOSE WATER	VAULT N.E. CORNER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: MARKLEY SERVICE 66B
Facility Address: 066B 701, PULLMAN

Facility Type: Car Wash
Hazard Level: High
Facility ID: 326
Account No: 326
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860UBV, 2", RPBA	HOO709	01-Jun-2008	CAR WASH	CAR WASH WEST WALL	
Febco, 850U, 3/4", DCVA	H02828	01-Jun-2008	SHOP	TIR3 SHOP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: MARTIN STADIUM S. SIDE
Facility Address: 812A 702, PULLMAN

Facility Type: STADIUM
Hazard Level: High
Facility ID: 145
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860U, 3/4", RPBA	H00068	01-Jul-2007	Beverage Dispenser with CO2	UNDERCOUNTER CENTER SOUTHWEST CONCESSION	
Febco, 860, 1/2", RPBA	?	01-Jul-2007	SOAP DISPENSER	RM. 3119 WEST WALL SOAP DISPENSER	
Febco, 860U, 3/4", RPBA	H00031	01-Jul-2007	Beverage Dispenser with CO2	UNDERCOUNTER WESTEND SE.CONCESSION	
Febco, 860U, 3/4", RPBA	H00028	01-Jul-2007	Beverage Dispenser with CO2	UNDERCOUNTER FE SE.CONCESSION RM. 3100	
Febco, 860U, 3/4", RPBA	H00506	01-Jul-2005	Beverage Dispenser with CO2	RM. 3118 SW. CONCESSION	
Febco, 825Y, 3/4", RPBA	A247025	01-Jul-2007	Beverage Dispenser with CO2	BEHIND MENS RM. SE. PLAZA	

List of Installations
By Facility Name and Address

Printed on: *12-Jul-2007*
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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: MATERIAL STORAGE
Facility Address: 356 701, PULLMAN

Facility Type: DRY STOREAGE
Hazard Level: Low
Facility ID: 147
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Wilkins, 950, 6", DCVA	A04973	01-Jun-2008	Fire Sprinkler w/o Chemical Addition	SW CORNER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: MATH LEARNING CENTER
Facility Address: 16 700, PULLMAN

Facility Type: OFFICE BLDG.
Hazard Level: High
Facility ID: 162
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	AF9265	01-Sep-2007	HEAT MAKEUP	RM 101 HWH MAKEUP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: MATIN STADIUM
Facility Address: 702, PULLMAN

Facility Type: STADIUM
Hazard Level: High
Facility ID: 323
Account No: 323
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860, 3/4", RPBA	A04743	01-Jul-2007	Beverage Dispenser with CO2	SW. CONCESSION STAND	.
Febco, 850, 1 1/2", DCVA	A05460	01-Jul-2007	DOMESTIC COLD WATER	SO. SIDE UNDER STAD. MARTIN	.
Febco, 860, 3/4", RPBA	A04866	01-Jul-2007	Beverage Dispenser with CO2	N.E. CORNER, MARTIN STAD.	.
Febco, 860U, 3/4", RPBA	H00566	01-Jul-2007	Beverage Dispenser with CO2	HW SIDE NE. CONCESSION, MARTIN STAD.	.
Febco, 860U, 3/4", RPBA	H00587	01-Jul-2007	Beverage Dispenser with CO2	HW SIDE CENTER NORTH CONCESSION, MARTIN STAD.	.
Febco, 860, 3/4", RPBA	AD5347	01-Jul-2007	Beverage Dispenser with CO2	S.E. CORNER, MARTIN STAD.	.
Febco, 860U, 1/2", RPBA	H00076	01-Jul-2007	Beverage Dispenser with CO2	NW. CONCESSION STAND	.
Watts, 009M2QT, 2", RPBA	51557	01-Jul-2007	CHILLED WATER MAKEUP	TUNNEL MARTIN STAD.	.

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: MCCLUSKEY
Facility Address: 085B 701, PULLMAN

Facility Type: FAC. OPS.
Hazard Level: High
Facility ID: 149
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 3/4", RPBA	a247054	01-Jun-2008	HOSE WATER	CARPENTER SHOP	
Febco, 825Y, 1", RPBA	BH6235	01-Jun-2008	COOLING TOWER MAKEUP	RM B8 SW CORNER COOLING TOWER PAINT TANK	
Febco, 850, 1 1/2", DCVA	H04152	01-Jun-2008	SHOP	PIT , S.E. CORNER	
Febco, 860, 3/4", RPBA	H13662	01-Jun-2008	Ice Machine	ROOFING SHOP ICE MACHINE	
Watts, 009M2QT, 1 1/2", RPBA	83907	01-Jun-2008	HOSE WATER	WEST WALL OF SHOP	
Watts, 957, 3", RPBA	HF1286	01-Jun-2008	TANK FILL	FIRE HYDANT FILL	
Febco, 825Y, 1", RPBA	BH6225	01-Jun-2008	HEAT MAKEUP	LOWER MECH B8 SOUTH BOTTOM WEST WALL	
Febco, 860, 2", RPBA	H10386	01-Jun-2008	TEMP. WATER HOOK-UP	GENERAL CAMPUS TEMP. WATER HOOK UP	

Rainbird, 700, 2", DCVA	804288	01-Jun-2008	Irrigation w/o Chemicals	E LAWN SPRINKLER

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: MCCOY
Facility Address: 44 700, PULLMAN

Facility Type: Veterinary Clinic
Hazard Level: High
Facility ID: 151
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 765, 1 1/2", PVBA	75547	01-Mar-2008	HOSE WATER	RM 171 HOSE RACK CENTER	
Febco, 765, 1 1/2", PVBA	75355	01-Mar-2008	HOSE WATER	RM 171 CLEANING HOSE RACK NORTH	
Febco, 850U, 3/4", DCVA	H02704	01-Mar-2008	Drinking Fountain	WEST BASEMENT NEXT TO TUNNEL	
Febco, 805, 2 1/2", DCVA	6035	01-Mar-2008	Fire Sprinkler w/o Chemical Addition	RM 2 FIRE SPRINKLER	
Febco, 765, 1 1/2", PVBA	74749	01-Mar-2008	HOSE WATER	RM 171 HOSE RACK SOUTH	
Febco, 825, 3", RPBA	B31611B	01-Mar-2008	LAB	BASEMENT DOM CW SUPPLY LOWER	
Febco, 765, 1", PVBA	09901	01-Mar-2008	LAB COLD WATER	RM 215 WEST LAB COLD	
Febco, 765, 1/2", PVBA		01-Mar-2008	HOSE WATER	RM 178	
Febco, 765, 3/4", PVBA	26231	01-Mar-2009	LAB HOT WATER	RM 214 LAB SOUTH COLD	
Febco, 825Y, 1 1/4", RPBA	R5440	01-Mar-2008	Water Softener	RM 2 SOFT WATER #2	
Febco, 805, 3/4", DCVA	26349	01-Mar-2008	REFRIGERATION COOLING WATER	RM 5 REFRIG COMPRESSOR	
Febco, 765, 1", PVBA		01-Mar-2008	LAB HOT WATER	RM 215 LAB HOT EAST	
Febco, 765, 1/2", PVBA	30944	01-Mar-2007	HOSE WATER	178A	
Febco, 765, 1/2", PVBA	30951	01-Mar-2008	HOSE WATER	RM 178A HOSE	
Watts, 009-M2QT, 3/4", RPBA	181149	01-Mar-2008	INDUSTRIAL WATER	PACKAGING INSTRUMENT PROCESS RM. 238	
Febco, 825, 3", RPBA	B31611C	01-Mar-2008	LAB	BASEMENT DCW SUPPLY UPPER	
Febco, 860UBV, 3/4", RPBA	H00518	01-Mar-2008	LAB COLD WATER	RM 184 MAKEUP WATER	
Febco, 765, 3/4", PVBA	27285	01-Mar-2008	LAB HOT WATER	RM 214 LAB NORTH HOT WATER	
Febco, 825Y, 1 1/4", RPBA	P5403	01-Mar-2008	Water Softener	RM 2 NORTH SOFT WATER #1	
Watts, 009-M2QT, 3/4", RPBA	172519	01-Mar-2008	INDUSTRIAL WATER	PACKAGING INSTRUMENT PROCESS RM.238	
Febco, 765, 1/2", PVBA	30090	01-Mar-2008	HOSE WATER	RM 176 HOSE RACK SURGICAL ROOM GOWNS REQUIRED	
Febco, 825Y, 3/4", RPBA	R3334	01-Mar-2008	Hot Water Tank	RM 2 HW MAKEUP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: MCCROSKEY
Facility Address: 19 700, PULLMAN

Facility Type: DORM
Hazard Level: High
Facility ID: 153
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 009QT, 1/2", RPBA	156996	01-Mar-2006	Ice Machine	ICE MACHINE	
Febco, 806YD, 4", DCVA	10482	01-Mar-2008	Fire Sprinkler w/o Chemical Addition	RM 23 FIRE SPRINKLER WEST WALL	
Watts, 909M1QT, 2", RPBA	366828	01-Mar-2008	DOMESTIC COLD WATER	MECH. RM. BASEMENT EAST	
Watts, 909M1QT, 2", RPBA	366834	01-Mar-2008	DOMESTIC COLD WATER	MECH. RM. BASEMENT EAST	
Watts, 009QT, 1/2", RPBA	149198	01-Mar-2008	HEAT MAKEUP	NE BASEMENT	

List of Installations
By Facility Name and Address

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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: MCEACHERN GRAD. DORM
Facility Address: 805 700, PULLMAN

Facility Type: DORM
Hazard Level: Low
Facility ID: 102
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 2", DCVA	BA8539	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	OUTSIDE CHASE #6 CENTER BUILDING N. MIDDLE	
Febco, 805Y, 2", DCVA	AL7058	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	OUTSIDE CHASE #7 CENTER BUILDING S. MIDDLE	
Febco, 805Y, 2", DCVA	BA8314	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	OUTSIDE CHASE #9 FRONT BUILDING. NORTH	
Watts, 009QT, 1 1/4", RPBA	21518	01-Oct-2007	COOLING TOWER MAKEUP	MECH ROOM EAST WALL COOLING TOWER	
Febco, 805Y, 2", DCVA	BA8531	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	CENTER BLDG. S. #8	
Febco, 850UBV, 1 1/2", DCVA	H00257	01-Oct-2006	Fire Sprinkler w/o Chemical Addition	OUTSIDE CHASE #4 E BUILDING BY PARKING LOT D6	
Febco, 850UBV, 2", DCVA	H00322	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	OUTSIDE CHASE #5 N CENTER BUILDING D9	
Febco, 850UBV, 1 1/2", DCVA	H00224	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	OUTSIDE CHASE #2 SE CENTER BUILDING	
Febco, 850UBV, 2", DCVA	H00330	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	OUTSIDE CHASE #1 UPPER UNITS D3	
Febco, 805Y, 2", DCVA	F2415	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	OUTSIDE CHASE #10 CENTER BUILDING S #10	
Watts, 009, 3/4", RPBA	38091	01-Oct-2007	HEAT MAKEUP	MECH ROOM HWH MAKEUP	
Febco, 805YD, 4", DCVA	9409020630	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	PIT SW CORNER SIDEWALK	
Febco, 805YD, 4", DCVA	9501250725	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	MECH ROOM BASEMENT CENTER FIRE SYSTEM	
Febco, 850UBV, 1 1/2", DCVA	H00232	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	OUTSIDE CHASE #3 NE UPPER BUILDING D10	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: MEATS LAB
Facility Address: 98 700, PULLMAN

Facility Type: Food Processing Plant
Hazard Level: High
Facility ID: 155
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1 1/2", RPBA	B12574	01-Mar-2008	DOMESTIC COLD WATER	MECH ROOM BOTTOM MAIN CW	
Febco, 805Y, 2", DCVA	X4941	01-Jun-2008	Irrigation w/o Chemicals	PIT NW	
Febco, 825Y, 1", RPBA	L6083	01-Mar-2008	COOLING TOWER MAKEUP	RM 109 MECH TOPSIDE COOLING TOWER MAKEUP	
Febco, 825Y, 1 1/2", RPBA	B12635	01-Mar-2008	DOMESTIC COLD WATER	MECH MAIN CW TOP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: MORRILL
Facility Address: 24 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 158
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Hersey/Grinnell, 6CM, 2", RPBA	71799	01-Mar-2008	LAB COLD WATER	RM 20A LAB CW BOTTOM	
Hersey/Grinnell, 6CM, 2", RPBA	70145	01-Mar-2008	LAB COLD WATER	RM 20A LAB COLD WATER TOP	
Febco, 825Y, 1", RPBA	W0325	01-Mar-2008	INDUSTRIAL WATER	20A INDUSTRIAL COLD WATER	

List of Installations
By Facility Name and Address

Printed on: 12-Jul-2007
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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: MOTOR POOL
Facility Address: 068C 701, PULLMAN

Facility Type: MOTOR POOL
Hazard Level: High
Facility ID: 160
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	BD8129	01-Jun-2006	TANK FILL	SWEEPER PORTABLE UNIT	
Febco, 805, 4", DCVA	B10060	01-Mar-2008	Fire Sprinkler w/o Chemical Addition	TIME ROOM SPRINKLER SYSTEM	
Febco, 825Y, 1", RPBA	BB5120	01-Jun-2004	TANK FILL	HEAVY EQUIPMENT PORTABLE UNI	
Febco, 825Y, 3/4", RPBA	BG6622	01-Jun-2006	HEAT MAKEUP	GARAGE MECH HOT WATER HEAT MAKEUP	
Febco, 850U, 2", DCVA	H01202	01-Jun-2006	SHOP	SHOP N.E.WALL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: MOTOR POOL GENERAL CAMPUS
Facility Address: 700 701

Facility Type:
Hazard Level: High
Facility ID: 161
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860, 2", RPBA	H12131	01-Jun-2006	TANK FILL	HEAVY EQUIPMENT	
Febco, 860, 2", RPBA	H11860	01-Jun-2006	TANK FILL	HEAVY EQUIPMENT	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: MURROW EAST
Facility Address: 33E 700, PULLMAN

Facility Type: CLASS ROOM FAC.
Hazard Level: High
Facility ID: 163
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	BH2970	01-Mar-2008	HEAT MAKEUP	RM 117C HW HEAT MAKEUP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: MURROW HALL ADDITION
Facility Address: 0033A 700, PULLMAN

Facility Type: CLASS ROOM FAC.
Hazard Level: Low
Facility ID: 291
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860, 1 1/2", RPBA	H02117	01-Mar-2008	DOMESTIC COLD WATER	BASEMENT MECH. RM.	
Febco, 860U, 3/4", RPBA	H06810	01-Mar-2008	HEAT MAKEUP	BASEMENT MECH. RM.	
Febco, 850, 3", DCVA	F0208051600	01-Mar-2008	Fire Sprinkler w/o Chemical Addition	BASEMENT MECH.RM.	
Febco, 860U, 1 1/2", RPBA	H02103	01-Mar-2007	DOMESTIC COLD WATER	BASEMENT MECH. RM.	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: MURROW WEST
Facility Address: 33W 700, PULLMAN

Facility Type: CLASS ROOM FAC.
Hazard Level: High
Facility ID: 164
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 909, 1", RPBA		01-Mar-2008	HEAT MAKEUP	RM 82 NORTH HOT WATER HEAT	

Febco, 825Y, 3/4", RPBA	V9425	01-Mar-2008	CHILLED WATER MAKEUP	RM 82 CHILLED WATER MAKEUP W WALL

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: NEIL
Facility Address: 070 700, PULLMAN

Facility Type: CLASS ROOM FAC.
Hazard Level: Low
Facility ID: 165
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805YD, 6", DCVA	B7188	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	8W FIRE SPRINKLER	
Febco, 825Y, 1", RPBA	V5252	01-Apr-2008	HEAT MAKEUP	RM 20 LOWER MECH ROOM BEHIND AIR HANDLER N WALL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: NEUROLOGIC SCIENCE CENTER
Facility Address: 047 700, PULLMAN

Facility Type: Laboratory
Hazard Level: Low
Facility ID: 295
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 850U, 1/2", DCVA	H00007	01-Apr-2007	Drinking Fountain	WEST WALL RM.20	
Febco, 825Y, 1 1/4", RPBA	H01310	01-Apr-2008	DOMESTIC COLD WATER	RM. 20 WEST WALL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: NUCLEAR RADIATION CENTER
Facility Address: 74 700, PULLMAN

Facility Type: Radioactive Plant
Hazard Level:
Facility ID: 170
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 2", DCVA	T7695	15-May-2003		3RD FLOOR EXIT NW CORNER OF BUILDING	
Febco, 825Y, 1", RPBA	BB5160	01-Mar-2008	Boiler Feed Lines	LOWER MECH BOILER ROOM	
Febco, 825Y, 3/4", RPBA	A235600	01-Mar-2008	POOL MAKEUP	PUMP ROOM	
Febco, 825Y, 3/4", RPBA	AF6175	01-Mar-2008	Boiler Feed Lines	LOWER MECH BOILER MAKEUP	
Febco, 860UBV, 1 1/2", RPBA	H00269	01-Mar-2008	RADIOACTIVE PLANT	BASEMENT MAIN DW LOWER	
Watts, 909, 1 1/2", RPBA	???????	01-Mar-2008	RADIOACTIVE PLANT	BASEMENT MAIN DW UPPER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: NURSING CENTER
Facility Address: SPOKANE 707, SPOKANE

Facility Type: CLASS ROOM FAC.
Hazard Level: Low
Facility ID: 171
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 774DCDA, 8", DCDA	1033480901	15-May-2003	Fire Sprinkler w/o Chemical Addition	FIRE MAIN VAULT	
Febco, 825Y, 1", RPBA	AA5350	05-Jun-2002	COOLING TOWER MAKEUP	BASEMENT MECH ROOM NEED 8380 ELEV KEY	
Watts, 007M2, 1", DCVA	05526	15-May-2003	Fire Sprinkler w/o Chemical Addition	FIRE MAIN VAULT	

List of Installations
By Facility Name and Address

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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: ORTON HALL
Facility Address: 087 700, PULLMAN

Facility Type: DORM
Hazard Level: High
Facility ID: 174
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 009M3QT, 3/4", RPBA	84828	01-Apr-2008	HEAT MAKEUP	RM 1302 HOT WATER HEAT	
Febco, 805YD, 4", DCVA	15559	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	RM 165 MECH ROOM FIRE SPRINKLER	
Watts, 009 RPZ, 3/4", RPBA	44776	01-Apr-2008	HEAT MAKEUP	LOWER MECH ROOM HWH MAKEUP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: OTHELLO
Facility Address: 2305 710, OTHELLO

Facility Type: Agricultural (farm/dairy)
Hazard Level:
Facility ID: 176
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 909, 1", RPBA	2915614	21-May-2002		OUTSIDE HOSE	
Air Gap, AG, 2", AG		21-May-2002		OUTSIDE HOSE BIBB	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: OWEN LIBRARY
Facility Address: 810 700, PULLMAN

Facility Type: LIBRARY
Hazard Level: High
Facility ID: 177
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Hersey/Grinnell, 12, 1", RPBA	14680	01-Apr-2008	HEAT MAKEUP	PENTHOUSE HW MAKEUP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: PERHAM
Facility Address: 818 700, PULLMAN

Facility Type: DORM
Hazard Level: Low
Facility ID: 178
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805YD, 4", DCVA		01-Apr-2008	Fire Sprinkler w/o Chemical Addition	SOUTH WALL FIRE	
Watts, 009, 3/4", RPBA	41117	01-Apr-2008	HEAT MAKEUP	RM 13 HWH MAKEUP NORTH BUILDING	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: PHYSICAL EDUCATION
Facility Address: 96 700, PULLMAN

Facility Type: GYM
Hazard Level: High
Facility ID: 179
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 909, 2", RPBA	81400	01-Apr-2004	Pool/Spa	B16	
Watts, 909, 2", RPBA	81366	01-Apr-2008	Pool/Spa	B16 LAWN AND POOL MAKEUP UPPER	
Febco, 825Y, 1", RPBA	M0865	01-Apr-2008	COOLING TOWER MAKEUP	RM 193 SW PENTHOUSE	
Watts, 909, 3/4", RPBA	11727	01-Apr-2008	HEAT MAKEUP	B16 CONDENSER HW MAKEUP CENTER	
Febco, 825Y, 1", RPBA	BD1374	01-Apr-2008	CHILLED WATER MAKEUP	RM 193 CHILLED WATER MAKEUP PENTHOUSE CENTER	

List of Installations
By Facility Name and Address

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Air Gap, AG, 2", AG		01-Apr-2008	TANK DRAIN	B18A TANK MAKEUP
Febco, 850, 6", DCVA	F0208011655	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	RM.16 WEST WALL

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: PLANT BIO-SCIENCE
Facility Address: 826 700, PULLMAN

Facility Type: Laboratory
Hazard Level: Low
Facility ID: 316

Account No: 316
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860, 4", RPBA	F050706081	01-Mar-2008	DOMESTIC COLD WATER	BASE. MECH. RM.B16 DOM. COLD WATER	
Febco, 805YB, 3/4", DCVA	H004359	01-Mar-2008	Fire Sprinkler w/o Chemical Addition	BASE. MECH RM.	
Febco, 856, 6", DCDA	F0312061001	01-Mar-2008	Fire Sprinkler w/o Chemical Addition	BASE. MECH. RM.	
Febco, 860, 2", RPBA	08210	01-Mar-2008	LAB COLD WATER	BASE. MECH. RM.	
Febco, 860, 1 1/4", RPBA	A01258	01-Mar-2008	HEAT MAKEUP	PENTHOUSE	
Febco, 860, 2", RPBA	H09422	01-Mar-2008	DOMESTIC COLD WATER	MAIM DOM. WATER RM. B16	
Febco, 860, 2", RPBA	H08224	01-Mar-2007	LAB COLD WATER	LAB COLD WATER WEST RM. B16	
Febco, 860, 1 1/4", RPBA	H00116	01-Mar-2008	DEIONIZED WATER	BASE. MECH. RM.	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: PLANT GROWTH CENTER
Facility Address: 122 700, PULLMAN

Facility Type: GREENHOUSE LAB
Hazard Level: High
Facility ID: 181

Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 800, 1/2", PVBA	09014	01-Apr-2008	HOSE WATER	RM G9 STORAGE BY ROLL UP DOOR	
Febco, 825Y, 2", RPBA	A006738	01-Apr-2008	LAB COLD WATER	1ST FLOOR MECH NON-POTABLE WATER TOP	
Febco, 825Y, 2", RPBA	A010757	01-Apr-2008	LAB COLD WATER	1ST FLOOR MECH NON-POTABLE WATER BOTTOM	
Febco, 805Y, 2", DCVA	021736	01-Apr-2008	DOMESTIC COLD WATER	1ST FLOOR MECH COM CW BOTTOM	
Febco, 805Y, 2", DCVA	A010110	01-Apr-2008	DOMESTIC COLD WATER	1ST FLOOR MECH DOM CW TOP	
Watts, 800, 1/2", PVBA	08346	01-Apr-2008	LAB	GROWTH CHAMBERS 1ST FLOOR WEST END	
Watts, 800, 1/2", PVBA	08738	01-Apr-2008	TRAP PRIMERS	1ST FLOOR MECH TRAP PRIMERS	
Watts, 800, 1/2", PVBA		01-Apr-2008	TRAP PRIMERS	UPSTAIRS RM 102 JANITOR ROOM	
Ames, 2000 SS, 4", DCVA	2BM0435	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	1ST FLOOR MECH FIRE SPRINKLER	
Watts, 800, 1/2", PVBA	08767	01-Apr-2008	TRAP PRIMERS	1ST FLOOR MECH SE WALL	
Febco, 825Y, 2", RPBA	A044737	01-Apr-2008	Fertilizer Injector	GROWTH CHAMBERS 1ST FLOOR EAST FERT. SYSTEM	
Watts, 800, 1/2", PVBA	09026	01-Apr-2008	TRAP PRIMERS	GROWTH CHAMBER BY FERTILIZER PUMP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: PONY BARN
Facility Address: 701, PULLMAN

Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 182

Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 709, 2", DCVA	91452	01-Jun-2008	LIVESTOCK WATER	BLDG 165D VET PIT BY FIRE HYDRANT OLD DAIRY RD	
Hersey/Grinnell, FDC, 3/4", DCVA	8125	01-Jun-2005	LIVESTOCK WATER	165B PIT TANKS BEHIND PONY BARN	

List of Installations
By Facility Name and Address

Printed on: *12-Jul-2007*
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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: PROSSER
Facility Address: HOPS BLDG 708, PROSSER

Facility Type: RESEARCH STATION
Hazard Level:
Facility ID: 186
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	A038270	18-Sep-2002		UNDER NORTH TABLE IN GREENHOUSE	
Watts, 909, 1", RPBA	124143	17-Sep-2002		MECH	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: PROSSER AUTO SHOP
Facility Address: PROSSER 2000 708, PROSSER

Facility Type:
Hazard Level:
Facility ID: 187
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	BK5091	17-Sep-2002		RM 48	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: PROSSER BOILER PLANT
Facility Address: PROSSER 2000 708, PROSSER

Facility Type:
Hazard Level:
Facility ID: 188
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 009M2QT, 1", RPBA	142211	18-Sep-2002		UPPER MECH BOILER MAKEUP	
Watts, 009M2QT, 1", RPBA	140166	17-Sep-2002		LOWER MECH CHILLED WATER MAKEUP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: PROSSER HAMILTON
Facility Address: PROSSER2000 708, PROSSER

Facility Type:
Hazard Level:
Facility ID: 189
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 009QT, 2", RPBA	07860	18-Sep-2002		GREENHOUSE SE CORNER BOTTOM RT KIT	
Watts, 009QT, 1", RPBA	23350	18-Sep-2002		JANITOR ROOM BETWEEN BATHROOM AND STORAGE HW	
Febco, 825Y, 1", RPBA	AG2501	18-Sep-2002		ROOM BETWEEN BATHROOM AND STORAGE LAB COLD W	
Watts, 009QT, 2", RPBA	14178	18-Sep-2002		GREENHOUSE SE CORNER TOP TAKES RT KIT	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: PROSSER HOPS BUILDING
Facility Address: PROSSER 2000 708, PROSSER

Facility Type:
Hazard Level:
Facility ID: 190
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	BK0546	17-Sep-2002		NW OF WTER TANK PUMP HOUSE	

List of Installations
By Facility Name and Address

Printed on: *12-Jul-2007*
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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: PROSSER PUMP HOUSE
Facility Address: PROSSER 2000 708, PROSSER

Facility Type:
Hazard Level:
Facility ID: 191
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 2", DCVA	AB7526	17-Sep-2002		NORTH PIT FEEDS USDA	
Febco, 805Y, 2", DCVA	AB7529	17-Sep-2002		SOUTH PIT FEED USDA	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: PROSSER WSU
Facility Address: PROSSER 2000 708, PROSSER

Facility Type:
Hazard Level:
Facility ID: 192
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Air Gap, AG, 2", AG		21-May-2002		TANK FILL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: RECYCLE
Facility Address: 357 701, PULLMAN

Facility Type: DRY STOREAGE
Hazard Level: Low
Facility ID: 193
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	BI1961	01-Jun-2008	DOMESTIC COLD WATER	LOADING DOCK SE CORNER	
Wilkins, 950, 4", DCVA	B09569	01-Jun-2008	Fire Sprinkler w/o Chemical Addition	LOADING DOCK SE CORNER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: REGENTS
Facility Address: 065 700, PULLMAN

Facility Type: DORM
Hazard Level: Low
Facility ID: 198
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 850, 4", DCVA	9505120809	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	RM 4 INSIDE WEST LOADING DOCK BLDG.	
Febco, 850, 4", DCVA	9505111423	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	LOWER MECH SW FIRE BLDG. C	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: REGENTS
Facility Address: 65 702, PULLMAN

Facility Type: KITCHEN
Hazard Level: Low
Facility ID: 196
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 2", DCVA	X3055	01-Jul-2008	Irrigation w/o Chemicals	INSIDE RM 65B MECH ROOM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: REGENTS
Facility Address: 65A 700, PULLMAN

Facility Type: KITCHEN
Hazard Level: Low
Facility ID: 197
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid

Febco, 860, 3/4", RPBA	HOO521	01-Apr-2008	Ice Machine	BASEMNT STORE RM. N. WALL ICE MACH.
Febco, 860, 1/2", RPBA	H00701	01-Apr-2008	Beverage Dispenser with CO2	N. KITCHEN POP MACH.
Febco, 860, 3/4", RPBA	H11596	01-Apr-2008	TRAP PRIMERS	N.KITCHEN TRAP PRIMER
Conbraco, SVB, 3/8", SVBA	U0535	01-Apr-2008	HOSE WATER	WEST HOSE REEL DISHWASHER RM.
Febco, 850, 4", DCVA	F0406161151	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	SOFTNER RM.
Febco, 860, 2", RPBA	H00344	01-Apr-2008	DOMESTIC COLD WATER	S. MOP RM. KITCHEN TOP
Febco, 860, 1 1/2", RPBA	H03643	01-Apr-2008	DOMESTIC COLD WATER	BASE. STORE RM. E. WALL COLD WATER BOTTOM
Wilkins, 975XL, 1 1/2", RPBA	2111995	01-Apr-2008	DOMESTIC HOT WATER	BASE. SOTRE RM. EAST WALL
Wilkins, 975XL, 1 1/2", RPBA	2091233	01-Apr-2008	DOMESTIC HOT WATER	S. MOP RM. KITCHEN BOTTOM
Watts, 009 RPZ, 3/4", RPBA	53071	01-Apr-2008	HEAT MAKEUP	C WING SOUTH MECH ROOM LOWER ENTRANCE HWH MAK
Febco, 860, 3/4", RPBA	H09403	01-Apr-2008	REFRIGERATION COOLING WATER	BASE. STORE RM. REF. COMPRESSORS
Febco, 860, 1/2", RPBA	H00728	01-Apr-2008	Beverage Dispenser with CO2	KITCHEN N. POP & ICE MACH.
Conbraco, SVB, 3/8", SVBA	UC764	01-Apr-2008	HOSE WATER	HOSE REEL POT COOKERS
Febco, 860, 1/2", RPBA	H00834	01-Apr-2008	Beverage Dispenser w/o CO2	KITCHEN NW. POP & ICE MACH.
Conbraco, SVB, 3/8", SVBA	UL955	01-Apr-2008	HOSE WATER	EAST HOSE REEL DISHWASHER RM.
Watts, 009 RPZ, 3/4", RPBA	33120	01-Apr-2007	SOAP DISPENSER	DINING LAUNDRY ROOM SOAP DISPENSER
Febco, 850UBV, 1 1/2", DCVA	H00268	01-Apr-2006	DOMESTIC COLD WATER	KITCHEN EAST RM G 25
Febco, 805Y, 2", DCVA	AB2192	01-Apr-2006	DOMESTIC COLD WATER	KITCHEN WEST RM 625
Febco, 805Y, 2", DCVA	U4583	01-Apr-2008	Hot Water Tank	DINING RM 602 HOT WATER TANK

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: RESEARCH TECH PARK (WOOD TECH)
Facility Address: 820 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 199
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 3/4", RPBA	BA0448	01-Apr-2008	Boiler Feed Lines	HW MAKEUP BOILER ROOM WEST WALL	
Febco, 805Y, 1", DCVA	K6208	01-Apr-2008	Irrigation w/o Chemicals	LARGE WOOD SHOP	
Febco, 825Y, 1", RPBA	L5774	01-Apr-2008	Hot Water Tank	SOUTH WOOD LAB HW HEATER MAKEUP SOUTH WALL	
Febco, 825Y, 2", RPBA	218617	01-Apr-2008	INDUSTRIAL WATER	WOOD PRESS	
Febco, 825Y, 3/4", RPBA	A219919	01-Apr-2008	LAB HOT WATER	BALCONY HW	
Febco, 825 YAR, 3/4", RPBA	RH2987	01-Mar-2008	Boiler Feed Lines	BOILER ROOM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: ROGERS
Facility Address: 083 700, PULLMAN

Facility Type: DORM
Hazard Level: High
Facility ID: 200
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 009, 3/4", RPBA	41127	01-May-2008	HEAT MAKEUP	RM 163 HWH MAKEUP L MECH ROOM	
Watts, 009 RPZ, 3/4", RPBA	38972	01-Apr-2008	HEAT MAKEUP	RM 1300 HWH MAKEUP	
Febco, 805YD, 4", DCVA	B13023	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	BASEMENT MECH RM UNDER HW TANKS	

List of Installations
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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: ROGERS FIELD
Facility Address: 10 702, PULLMAN

Facility Type: PRACTICE FAC.
Hazard Level: Low
Facility ID: 129
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Orion, BDC, 4", DCVA	21787	02-Jul-2003		NORTH PIT	2 0

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: ROYAL SLOPE
Facility Address: 2200 708, ROYAL SLOPE

Facility Type: RESEARCH STATION
Hazard Level:
Facility ID: 201
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 909, 1", RPBA	291496	21-May-2002		OUTSIDE HOSE	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: S.R.C.
Facility Address: 819 700, PULLMAN

Facility Type: GYM
Hazard Level: Low
Facility ID: 203
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Wilkins, 950, 2 1/2", DCVA	A06844	01-Apr-2008	DOMESTIC COLD WATER	SO. MECH. RM.	
Wilkins, 975, 3", RPBA	B28603	01-Apr-2008	POOL MAKEUP	SO. MECH. RM.	
Wilkins, 950, 2 1/2", DCVA	A06846	01-Apr-2008	DOMESTIC COLD WATER	SO. MECH. RM.	
Wilkins, 975XL, 1 1/2", RPBA	816906	01-Apr-2008	HEAT MAKEUP	SO. MECH. RM.	
Watts, 009QT, 1/2", RPBA	151382	01-Apr-2005	Beverage Dispenser w/o CO2	BELOW LATTE MACHINE RM141	
Febco, 850, 6", DCVA	908271255	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	SO. MECH. RM N. WALL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: SAFETY
Facility Address: 084 700, PULLMAN

Facility Type: ADMINASTRATION BLDG.
Hazard Level: High
Facility ID: 204
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 3/4", RPBA	BG6978	01-Apr-2008	HEAT MAKEUP	RM 22 HW HEAT MAKEUP WEST WALL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: SCIENCE HALL
Facility Address: 032 700, PULLMAN

Facility Type: Laboratory
Hazard Level: Low
Facility ID: 205
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Cla-Val, DC, 4", DCVA	CR111	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	B12 SPRINKLER SYSTEM	
Febco, 825YD, 2 1/2", RPBA	F0209271634	01-Apr-2008	LAB COLD WATER	B12 2ND FROM BOTTOM	
Febco, 825Y, 1", RPBA	BD1281	01-Apr-2008	HEAT MAKEUP	6TH MECH HW HEAT WEST WALL BOTTOM	
Febco, 825YD, 2 1/2", RPBA	F0209271635	01-Apr-2007	DOMESTIC COLD WATER	B12 TOP	

Febco, 765, 1", PVBA	AA8294	01-Apr-2008	VACUM PUMP	RM 600 VACUUM PUMP N WALL
Febco, 825Y, 1", RPBA	A237942	01-Apr-2008	HEAT MAKEUP	HWH MAKEUP 6TH FLR MECH ABOVE HWP 3&4
Febco, 825YD, 2 1/2", RPBA	F0209271631	01-Apr-2008	DOMESTIC COLD WATER	B12 2ND FROM TOP
Febco, 805Y, 3/4", DCVA	U3314	01-Apr-2008	Air Compressor	RM 141 AIR COMPRESSOR SMALL BLDG OUT E DOOR
Watts, 009QT, 1", RPBA	18846	01-Apr-2008	HEAT RECLAIM	B12
Rainbird, DCA200, 2", DCVA	80687	01-Apr-2008	Irrigation w/o Chemicals	B12 LOWER MECH ROOM
Watts, 009M2QT, 1 1/2", RPBA	67990	01-Apr-2007		RM. B 12
Febco, 805Y, 3/4", DCVA	U3263	01-Apr-2008	Air Compressor	RM 600 AIR COMPRESSOR
Watts, 909, 1", RPBA	360838	01-Apr-2008	LAB COLD WATER	6TH MECH WS 7TH FLOOR GREENHOUSE
Febco, 825YD, 2 1/2", RPBA	F0209271636	01-Apr-2008	LAB COLD WATER	B12 BOTTOM
Cla-Val, RP1, 2 1/2", RPBA	CP145	25-Apr-2003	DOMESTIC COLD WATER	B12 DCW 2ND FROM TOP
Febco, 765, 3/4", PVBA	AA3528	01-Apr-2007	VACUM PUMP	RM 600 VACUUM PUMP
Cla-Val, RP1, 2 1/2", RPBA	CP143	24-Apr-2003	LAB COLD WATER	B12 LCW BOTTOM
Cla-Val, RP1, 2 1/2", RPBA	CP144	24-Apr-2003	LAB COLD WATER	RM B12 LCW 2ND FROM BOTTOM
Febco, 825Y, 1", RPBA	AE6903	01-Apr-2008	COOLING TOWER MAKEUP	RM 600 WEST WALL TOP
Cla-Val, RP1, 2 1/2", RPBA	CP146	24-Apr-2003	DOMESTIC COLD WATER	B12 DCW TOP

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: SCOTT (COMAN)
Facility Address: 072 700, PULLMAN

Facility Type: DORM
Hazard Level: High
Facility ID: 206
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860, 3/4", RPBA	H00156	01-Apr-2005	HEAT MAKEUP	G2 CENTER MECH ROOM HWH	
Febco, 850, 4", DCVA	9505111424	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	MECH	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: SEED PLANT BLDG 115
Facility Address: 115 701, PULLMAN

Facility Type: LAWN IRIGATION
Hazard Level: Low
Facility ID: 207
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 2", DCVA	AJ2767	01-Jun-2008	Irrigation w/o Chemicals	PIT NORTH OF SEED PLANT	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: SEWER PUMP BLDG 167
Facility Address: 167 701, PULLMAN

Facility Type: Sewage Pump/Lift Station
Hazard Level: High
Facility ID: 208
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860U, 1/2", RPBA	H00007	01-Jun-2008	Sewage Equipment	MECH. RM.	
Watts, 909, 3/4", RPBA	94189	01-Jun-2007	Sewage Equipment	GRIMES WY AND AIRPORT PIT	
Febco, 860U, 1/2", RPBA	H0097	01-Jun-2008	Sewage Equipment	MECH. RM.	

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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: SLOAN
Facility Address: 078 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 210
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Hersey/Grinnell, FDC, 3/4", DCVA	81282	01-Apr-2008	LAB COLD WATER	RM 18 WEST WALL LAB WATER	
Watts, 709, 3/4", DCVA	80219	01-Jul-2008	Irrigation w/o Chemicals	INSIDE NEED BLDG KEY LAWN SRINKLER RM. 34 SLOAN	
Watts, 700, 3/4", DCVA	406364	01-Apr-2008	Water Softener	B6 WEST WALL SOFT WATER AND FISH TANK	
Watts, 700, 3/4", DCVA	308269	01-Apr-2008	WATER STILL	RM 400 HEAD OF STAIRS WEST WALL	
Watts, 909, 2", RPBA	81397	01-Apr-2008	DOMESTIC COLD WATER	B7 MAIN DW LOWER	
Febco, 825Y, 3/4", RPBA	BG7021	01-Apr-2008	REFRIGERATION COOLING WATER	RM 157	
Kennedy, B2, 6", DCVA	E19735 E19192	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	SB3 FIRE SPRINKLER SYSTEM	
Watts, 909, 1", RPBA	11392	01-Oct-2007	Hot Water Tank	B7 HW MAKEUP	
Watts, 909, 2", RPBA	81898	01-Oct-2007	DOMESTIC COLD WATER	B7 MAIN DW UPPER	
Febco, 805Y, 1", DCVA	A152539	01-Apr-2008	DEIONIZED WATER	RM. 310 D. I. WATER	
Watts, 909, 3/4", RPBA	411261	01-Apr-2008	LAB COLD WATER	PENTHOUSE MECH UPSTAIRS WEST WALL	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: SMITH AG
Facility Address: 054 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 212
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 009M2QT, 1", RPBA	108459	01-Apr-2008	LAB COLD WATER	RM 112 MAIN FLOOR MECH ROOM	
Watts, 009M2QT, 3/4", RPBA	192714	01-Apr-2008	LAB HOT WATER	RM 112 MECH ROOM MAIN FLOOR UPPER	
Hersey/Grinnell, DDCII, 4", DCVA	300392	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	RM 114 SERVES VIF	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: SMITH AG.
Facility Address: 702, PULLMAN

Facility Type: LAWN IRIGATION
Hazard Level: Low
Facility ID: 297
Account No: 297
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Wilkins, 950XL, 2", DCVA	785376	01-Jun-2008	Irrigation w/o Chemicals	NW CORNER SMITH AG.	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: SMITH GYM
Facility Address: 012 700, PULLMAN

Facility Type: GYM
Hazard Level: High
Facility ID: 214
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	AF0498	01-Apr-2008	POOL MAKEUP	B1 POOL MAKUP NORTH WALL	

List of Installations
By Facility Name and Address

Printed on: *12-Jul-2007*
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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: SMOOT HILL
Facility Address: 412 706, ALBION

Facility Type: RESEARCH STATION
Hazard Level: High
Facility ID: 216
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Air Gap, AG, 1", AG		01-Aug-2007	CHEMICAL MIX	NE CORNER OF BLDG. CONNECTED TO FROST FREE HYD.	
Hersey/Grinnell, FDC, 1", DCVA		01-Aug-2007	HOSE WATER	SMOOT HILL PIT UNDER TREE	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: SPILLMAN FARM
Facility Address: 401C 711, SPILLMAN FARM

Facility Type: Agricultural (farm/dairy)
Hazard Level: High
Facility ID: 218
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1 1/2", RPBA	B02117	01-Jul-2007	DOMESTIC COLD WATER	PUMP HOUSE	
Watts, 909, 2", RPBA	80164	01-Aug-2007	Irrigation with Chemicals	PUMP HOUSE	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: STEFFEN CENTER
Facility Address: 180A 700, PULLMAN

Facility Type: GREENHOUSE LAB
Hazard Level: High
Facility ID: 221
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	BE4183	01-Apr-2008	LAB COLD WATER	EAST GREENHOUSE BOTTOM	
Febco, 825Y, 2", RPBA	BJ6215	01-Apr-2008	LAB COLD WATER	EAST GREENHOUSE TOP	
Hersey/Grinnell, FDC, 3/4", DCVA	81258	01-Apr-2008	LAB COLD WATER	FIRST GREENHOUSE RM 122	
Watts, 009M2, 3/4", RPBA	129871	01-Apr-2008	Boiler Feed Lines	BOILER MAKEUP WATER MECH ROOM	
Hersey/Grinnell, FDC, 3/4", DCVA	81259	01-Apr-2008	LAB COLD WATER	RM 124 GREENHOUSE CW	
Hersey/Grinnell, FDC, 1", DCVA	81633	01-Apr-2008	DOMESTIC COLD WATER	RM 107 MAIN DCW SHOP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: STEFFEN CENTER FARM
Facility Address: 180 701, PULLMAN

Facility Type: Agricultural (farm/dairy)
Hazard Level: High
Facility ID: 322
Account No: 322
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860UBV, 2", RPBA	H00446	01-Jun-2006	Irrigation w/o Chemicals	TOP OF HILL ABOVE BEAVER POND	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: STEPHENSON DINING
Facility Address: 093C 700, PULLMAN

Facility Type: KITCHEN
Hazard Level: High
Facility ID: 223
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860UBV, 1 1/2", RPBA	H00215	01-Apr-2008	DOMESTIC HOT WATER	BASEMENT MECH. RM. HOT WATER WEST	
Watts, 009QT, 3/4", RPBA	53076	01-Oct-2007	HEAT MAKEUP	LOWER MECH EAST WALL	

Febco, 860UBV, 1 1/2", RPBA	H00199	01-Apr-2008	DOMESTIC HOT WATER	BASE..MECH .HOT WATER EAST
Febco, 860, 1/2", RPBA	H02763	01-Apr-2008	Ice Machine	RM. 116 ICE MACHINE
Watts, 009RPZ, 3/4", RPBA	44490	01-Oct-2004	SOAP DISPENSER	RM 13 HALLWAY MEN'S ROOM SOAP DISPENSER
Febco, 860, 1/2", RPBA	H02660	01-Apr-2008	GARBAGE DISPOSAL	N. WALL GARBAGE DISPOSAL
Febco, 860, 1/2", RPBA	H02736	01-Apr-2008	Ice Machine	KITCHEN ICE MACH.
Febco, 765, 3/4", PVBA	000000	01-Apr-2008	GARBAGE CAN WASHER	RM. 116 CAN WASHER

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: STEPHENSON EAST
Facility Address: 093E 700, PULLMAN

Facility Type: DORM
Hazard Level: Low
Facility ID: 225
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805, 2 1/2", DCVA	15174	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	RM 112 FIRE SPRINKLER	
Watts, 009RPZ, 3/4", RPBA	48066	01-Oct-2007	HEAT MAKEUP	RM 112 HWH MAKUP LOWER MECH ROOM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: STEPHENSON NORTH
Facility Address: 093N 700, PULLMAN

Facility Type: DORM
Hazard Level: High
Facility ID: 224
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 009RPZ, 3/4", RPBA	48079	01-Apr-2008	HEAT MAKEUP	RM 112 HWH MAKEUP	
Wilkins, 550, 2 1/2", DCVA	W102706	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	RM 112 SPRINKLER SYSTEM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: STEPHENSON SOUTH
Facility Address: 093S 700, PULLMAN

Facility Type: DORM
Hazard Level: Low
Facility ID: 226
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805, 2 1/2", DCVA	15173	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	RM 112 FIRE SPRINKLER	
Watts, 009RPZ, 3/4", RPBA	46596	01-Apr-2008	HEAT MAKEUP	RM 112 HWH	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: STEVENS HALL
Facility Address: 034 700, PULLMAN

Facility Type: DORM
Hazard Level: Low
Facility ID: 229
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 806YD, 3", DCVA	9482	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	KITCHEN FIRE SPRINKLER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: STIMSON
Facility Address: 035 700, PULLMAN

Facility Type: DORM
Hazard Level: Low
Facility ID: 230
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid

Febco, 805Y, 1 1/2", DCVA	H3709	01-Apr-2008	DOMESTIC COLD WATER	RM 33 MAIN CW UPPER
Ames, 2000 SS, 4", DCVA	0711B3	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	RM 33 FIRE LINE
Febco, 805Y, 1 1/2", DCVA	D3369	01-Apr-2008	DOMESTIC COLD WATER	RM 33 MAIN CW LOWER
Watts, 009QT, 3/4", RPBA	53087	01-Apr-2008	HEAT MAKEUP	RM 34 HWH MAKEUP

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: STOCK JUDGING PAVILON
Facility Address: 150 701, PULLMAN

Facility Type: Livestock Facility
Hazard Level: Low
Facility ID: 231
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 1", DCVA	158868	01-Jun-2008	Irrigation w/o Chemicals	SW WING IRRIGATION WATER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: STREIT
Facility Address: 81A 700, PULLMAN

Facility Type: DORM
Hazard Level: Low
Facility ID: 232
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805YD, 4", DCVA		01-Apr-2008	Fire Sprinkler w/o Chemical Addition	SOUTH WALL IN SOUTH BUILDING	
Watts, 009 RPZ, 3/4", RPBA	52466	01-Oct-2007	HEAT MAKEUP	RM 13 HWH MAKEUP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: STREIT PERHAM HALL
Facility Address: 81C 700, PULLMAN

Facility Type: DORM
Hazard Level: High
Facility ID: 234
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 3/4", RPBA	K2961	01-Apr-2008	HEAT MAKEUP	RM. 82	
Febco, 825Y, 1 1/4", RPBA	K4857	01-Apr-2008	REFRIGERATION COOLING WATER	RM 82	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: SURPLUS STORES
Facility Address: 358B 701, PULLMAN

Facility Type: DRY STOREAGE
Hazard Level: Low
Facility ID: 235
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 4", DCVA		01-Jun-2008	Fire Sprinkler w/o Chemical Addition	S WALL SPRINKLER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA

Facility Name: SWINE BARN (OLD)
Facility Address: 142E 701, PULLMAN

Facility Type: CHEMICAL STOREAGE
Hazard Level: High
Facility ID: 236
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 3/4", RPBA	BJ3784	01-Jun-2005	CHEMICAL STOREAGE	HAZARD WASTE COLD ROOM	

List of Installations
By Facility Name and Address

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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: SWINE CENTER
Facility Address: 405 705, TULA FARM

Facility Type: Livestock Facility
Hazard Level: Low
Facility ID: 237
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 1", DCVA	V7612	01-Aug-2007	DOMESTIC COLD WATER	NEW CORNER OUTSIDE OF TRAILER HWH PANEL	
Watts, 909, 1", RPBA	58017	01-Aug-2007	HOSE WATER	RM 126 SHOP	
Febco, 825Y, 1", RPBA	A105146	01-Aug-2007	LIVESTOCK WATER	UPSTAIRS MECH ROOM 202 SWINE WATERER	
Febco, 825Y, 1", RPBA	BH8770	01-Jun-2007	COOLING TOWER MAKEUP	RM 202 UPPER MECH SWAMP COOLERS	
Febco, 825Y, 2", RPBA	T7450	01-Aug-2007	DOMESTIC COLD WATER	RM 202 UPSTAIRS MECH ROOM SHUT OFF PANEL1 BRK26	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: THOMPSON
Facility Address: 001 700, PULLMAN

Facility Type: CLASS ROOM FAC.
Hazard Level: High
Facility ID: 242
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 3/4", RPBA	182152	01-Apr-2008	HEAT MAKEUP	RM 12B CENTER MECH ROOM	
Febco, 805Y, 2", DCVA	147397	01-Apr-2008	DOMESTIC COLD WATER	12B CENTER MECH ROOM	
Febco, 805Y, 2", DCVA	131831	01-Apr-2008	DOMESTIC COLD WATER	RM 12B CENTER MECH ROOM	
Febco, 850, 6", DCVA	9908201320	01-May-2008	Fire Sprinkler w/o Chemical Addition	RM 12B SOUTH WALL FIRE LINE	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: TODD
Facility Address: 55 700, PULLMAN

Facility Type: CLASS ROOM FAC.
Hazard Level: High
Facility ID: 244
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 009QT, 1", RPBA	28988	01-Apr-2008	HEAT MAKEUP	LOWER MECH ROOM NE CORNER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: TODD ANNEX
Facility Address: 55A 700, PULLMAN

Facility Type: CLASS ROOM FAC.
Hazard Level: Low
Facility ID: 245
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Hersey/Grinnell, #2, 6", DCVA	8017896	01-Apr-2008	Fire Sprinkler w/o Chemical Addition	BASEMENT MECH FIRE SPRINKLER SOUTH WALL	
Watts, 909, 1", RPBA	231100	01-Apr-2008	HEAT MAKEUP	BASEMENT MECH N WALL HOT WATER HEAT MAKEUP	
Watts, 909, 1 1/2", RPBA	200120	01-Apr-2008	DOMESTIC COLD WATER	BASEMENT MECH UPPER MAIN COLD WATER	
Febco, 860U, 1/2", RPBA	HOO99	01-Apr-2008	Beverage Dispenser w/o CO2	RM. 374 SE CORNER	
Watts, 909, 2", RPBA	185320	01-Apr-2008	DOMESTIC COLD WATER	BASEMENT MECH LOWER COLDWATER	
Febco, 825Y, 1", RPBA	V9467	01-Apr-2008	Dishwasher with Chemicals	270F DISHWASHER	

List of Installations
By Facility Name and Address

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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: TROY
Facility Address: 036 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 247
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	U5124	01-Apr-2008	HEAT MAKEUP	RM 12 MAKEUP HOTWATER HEAT	
Watts, 709, 2", DCVA	104196	01-Apr-2008	HOSE WATER	RM 6 MECH ROOM MAKEUP AND HOSE BIB	
Watts, 909, 1 1/2", RPBA	108700	01-Apr-2008	LAB COLD WATER	RM 6 LAB WATER LOWER	
Watts, 709, 3/4", DCVA	98371	01-Apr-2008	Water Softener	RM 3 S WALL FEEDS SOFTNER	
Watts, 909, 1 1/2", RPBA	127839	01-Apr-2008	LAB COLD WATER	RM 6 LAB WATER COLD UPPER	
Watts, 909, 3/4", RPBA	87655	01-Apr-2008	LAB HOT WATER	RM 12 LAB HOT WATER MAKEUP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: TUKEY HORTICULTURE
Facility Address: 121 701, PULLMAN

Facility Type: Agricultural (farm/dairy)
Hazard Level: High
Facility ID: 248
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Air Gap, AG, 2", AG	36243	01-Jun-2008	TANK FILL	LOWER LOT	
Air Gap, AG, 2", AG	36243	01-Jun-2008	TANK FILL	UPPER LOT	
Watts, 709, 2", DCVA	80248	01-Apr-2008	FARM SHOP	RM 108 MAIN DCW BACKROOM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: USDA
Facility Address: 197J 701, PULLMAN

Facility Type: SHOP
Hazard Level: High
Facility ID: 65
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Hersey/Grinnell, FDC, 1", DCVA	81632	01-May-2005	LIVESTOCK WATER	MINK PENS MECH SHOP AREA	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: USDA
Facility Address: 197M 701, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 251
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Hersey/Grinnell, FDC, 3/4", DCVA	81292	01-Jun-2005	Sterilizer	USDA BLDG #117 STERILIZER PUFFET CHEM LAB	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: USDA ALBION
Facility Address: 706, ALBION, USDA

Facility Type: RESEARCH STATION
Hazard Level: High
Facility ID: 252
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1 1/4", RPBA	AA5311	01-Aug-2007	LAB COLD WATER	ALBION USDA BLUE TOWER BUILDING NW WALL INSIDE LA	
Febco, 860, 3/4", RPBA	H15321	01-Aug-2007	HOSE WATER	ALBION USDA N WALL INSIDE GREENHOUSE	

List of Installations
By Facility Name and Address

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Watts, 909, 1", RPBA	225171	01-Aug-2007	LAB COLD WATER	ALBION USDA LAB WATER AND HOSE BIBB CHEMICAL BU
Hersey/Grinnell, FDC, 1", DCVA	81293	01-Aug-2007	HOSE WATER	ALBION SHOP WEST WALL

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: USDA BLDG 112
Facility Address: 197C 701, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 253
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 909, 1", RPBA	289782	01-Jun-2008	DOMESTIC COLD WATER	USDA BLDG #112 MAIN WATER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: USDA BLDG 113
Facility Address: 197D 701, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 254
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Hersey/Grinnell, FDC, 3/4", DCVA	81296	01-Jun-2005	REFRIGERATION COOLING WATER	USDA BLDG #113 MECH ROOM	
Hersey/Grinnell, FDC, 1 1/2", DCVA	83597	01-Jun-2005	LAB COLD WATER	USDA BLDG #113 MECH ROOM WATER CONDITIONER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: USDA ISOLATION
Facility Address: 196 701, PULLMAN

Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 321
Account No: 321
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	H07591	01-Jun-2008	LIVESTOCK WATER	OUTSIDE BLDG. 119-7	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: USDA PLANT INTRO
Facility Address: 196C 701, PULLMAN

Facility Type: Agricultural (farm/dairy)
Hazard Level: High
Facility ID: 255
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 3/4", RPBA	185515	01-Jun-2008	CHEMICAL STOREAGE	SO.WALL HOSE BIBB	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: USDA114
Facility Address: 197E 701, PULLMAN

Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 249
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	A218136	01-Jun-2005	LIVESTOCK WATER	USDA BLDG #114 MAIN WATER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: VET BLDG 160A
Facility Address: 160A 701, PULLMAN

Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 257
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid

Febco, 860UBV, 2", RPBA	HOO708	01-Jun-2008	LIVESTOCK WATER	MAIN DCW VET LG ANIMAL BARN PUMP HOUSE COUNTY R

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA
Facility Name: VET FARM SHOP BLDG 166A
Facility Address: 166A 701, PULLMAN
Facility Type: Agricultural (farm/dairy)
Hazard Level: High
Facility ID: 258
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 909, 3/4", RPBA	192265	01-Jun-2008	LIVESTOCK WATER	VET FARM SHOP AND DOG RUNS SOUTH	
Watts, 909, 3/4", RPBA	194449	01-Jun-2008	LIVESTOCK WATER	VET SHOP AND DOG RUNS PIT NORTH	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA
Facility Name: VET MAINT SHOP BLDG 166
Facility Address: 166 701, PULLMAN
Facility Type: MOTOR POOL
Hazard Level: High
Facility ID: 261
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1 1/2", RPBA	AG7969	01-Jun-2008	FARM SHOP	SHOP UNDER STAIRS	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA
Facility Name: VET QUARANTINE
Facility Address: 199G 701, PULLMAN
Facility Type: Livestock Facility
Hazard Level: High
Facility ID: 262
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 909, 3/4", RPBA	10932	01-Jun-2008	LIVESTOCK WATER	RM 15 MAIN WATER MECH ROOM	
Febco, 825Y, 1", RPBA	AB1338	01-Jun-2008	LIVESTOCK WATER	RM 15 MAIN WATER MECH ROOM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA
Facility Name: VET STORAGE
Facility Address: 068 700, PULLMAN
Facility Type: DRY STOREAGE
Hazard Level: High
Facility ID: 263
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1 1/4", RPBA	V1343	18-May-2006	REFRIGERATION COOLING WATER	RM 3A HWH COOLING TOWER AND REFRIG COMPRESSOR	
Febco, 805Y, 2", DCVA	J8255	20-May-2006	DOMESTIC COLD WATER	RM 1B MAIN DW QUONSET BEHIND WEGNER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA
Facility Name: VET TEACHING
Facility Address: 818 700, PULLMAN
Facility Type: VET TEACHING HOSPITAL
Hazard Level: High
Facility ID: 264
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825YD, 3", RPBA	9407281514	01-May-2008	LAB COLD WATER	RM 22 BASEMENT MECH WEST WALL LAB CW TOP	
Watts, 800M4QT, 3/4", PVBA	07037	01-May-2008	VACUM PUMP	RM 22 BASEMENT MECH VACUUM PUMP	
Febco, 825Y, 1 1/2", RPBA	BC2319	01-May-2008	INDUSTRIAL WATER	RM 22 BASEMENT MECH WEST WALL IND H20 TO PENTHOU	
Watts, 800, 1/2", PVBA	???	01-May-2008	EYE WASH	RM 1402 SINK EYEWASH	
Febco, 825Y, 1 1/2", RPBA	BC2548	01-May-2007	INDUSTRIAL WATER	BASEMENT MECH WEST WALL IND WATER TO PENTHOUSE	

Febco, 805Y, 3/4", DCVA	Y7669	01-May-2008	Irrigation w/o Chemicals	CHASE BETWEEN RESTROOMS 1700
Watts, 800, 1/2", PVBA	M523027	01-May-2008	EYE WASH	RM 1201 BARN AREA WEST WALL EYEWASH
Febco, 825YD, 3", RPBA	9407281512	01-May-2008	LAB COLD WATER	RM 22 BASEMENT MECH WEST WALL LAB CW BOTTOM
Febco, 825YD, 3", RPBA	16631	01-May-2008	DOMESTIC COLD WATER	BASEMENT MECH NORTH WALL MAIN CW
Watts, 800, 1/2", PVBA	????	01-May-2008	EYE WASH	RM 1701D PHARMACY WEST SINK EYEWASH
Watts, 800, 1/2", PVBA	?????	01-May-2008	EYE WASH	RM 1646B LAUNDRY ROOM NORTH SINK/EYEWASH
Watts, 800 CM, 1/2", PVBA	M518193	01-May-2008	EYE WASH	RM 45 EYEWASH EAST SINK
Febco, 805Y, 1 1/2", DCVA	AJ6771	01-May-2008	Hot Water Tank	BASEMENT MECH DOM HW MAKEUP BOTTOM
Febco, 825Y, 1", RPBA	BB5182	01-May-2008	Boiler Feed Lines	RM 13B BEHIND BOILER BOILER MAKEUP
Watts, 800, 1/2", PVBA	M517656	01-May-2008	EYE WASH	RM 47 EYEWASH SOUTH WALL
Watts, 800 CM, 1/2", PVBA	M512680	01-May-2008	EYE WASH	RM 045 EYEWASH SOUTH WALL
Ames, 2000 SS, 6", DCVA	2BJ0574	01-May-2008	Fire Sprinkler w/o Chemical Addition	RM 22 BASEMENT MECH NORTH WALL FIRE
Febco, 805Y, 1 1/2", DCVA	AK3022	01-May-2008	Hot Water Tank	BASEMENT MECH ROOM COM HW MAKEUP TOP
Watts, 800, 1/2", PVBA	M523034	01-May-2008	EYE WASH	RM 1111 SHUTOFF ACCROSS FROM RM 1211 IN HALL
Watts, 800, 1/2", PVBA	?	01-May-2008	EYE WASH	RM 1303G LARGE ANIMAL XRAY SINK/EYEWASH
Febco, 825YD, 3", RPBA	20234	01-May-2008	DOMESTIC COLD WATER	RM 22 BASEMENT MECH NORTH WALL MAIN CW
Watts, 800, 1/2", PVBA	M523044	01-May-2008		RM 1701 PHARMACY EAST WALL EYEWASH AT SINK
Watts, 800, 1/2", PVBA	??	01-May-2008	EYE WASH	RM 1303E LARGE ANIMAL AREA XRAY SINK
Watts, 800, 1/2", PVBA	H 523029	01-May-2008	EYE WASH	RM 1221 BARN AREA SINK/EYEWASH
Watts, 800, 1/2", PVBA	M523045	01-May-2008	EYE WASH	RM 1203 BARN AREA EAST WALL EYEWASH

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: VETERINARY MEDIDINE RESEARH BARN
Facility Address: 120L 700, PULLMAN

Facility Type: Veterinary Clinic
Hazard Level: High
Facility ID: 318

Account No: 318
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860UBV, 3/4", RPBA	H00589	01-May-2008	LIVESTOCK WATER	RM. 109 SOUTH WALL	
Febco, 850UBV, 2", DCVA	H00805	01-May-2008	DOMESTIC COLD WATER	RM.109 SO. WALL BACK BOTTOM	
Febco, 850UBV, 2", DCVA	H00795	01-May-2008	DOMESTIC COLD WATER	RM. 109 SO. WALL FRONT BOTTOM	
Febco, 860UBV, 2", RPBA	H00584	01-May-2008	LIVESTOCK WATER	RM. 109 SO. WALL BACK TOP	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: WALLER
Facility Address: 039 700, PULLMAN

Facility Type: DORM
Hazard Level: Low
Facility ID: 267

Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805YD, 4", DCVA	B17606	01-Jun-2008	Fire Sprinkler w/o Chemical Addition	RM 13	

List of Installations
By Facility Name and Address

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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: WASHINGTON BUILDING
Facility Address: 015 700, PULLMAN

Facility Type: Hospital
Hazard Level: Low
Facility ID: 115
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 850, 2", DCVA	267153	01-Mar-2008	Irrigation w/o Chemicals	ENTER THRU MATERIAL ROOM A BY ELEVATOR IN TUNNEL	
Febco, 835B, 1", RPBA	A205719	01-Mar-2008		MAKEUP WATER FOR COOLING TOWER	
Ames, 2000 SS, 6", DCVA		01-Mar-2008	Fire Sprinkler w/o Chemical Addition	O2 ROOM CRAWL SPACE	
Febco, 825, 2 1/2", RPBA	B26088A	01-Mar-2008	DOMESTIC COLD WATER	UPPER MAIN CW	
Febco, 860UBV, 2", RPBA	H00355	01-Mar-2008	DOMESTIC COLD WATER	MECH MAIN CW LOWER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: WEBSTER
Facility Address: 801 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 268
Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	AA7779	01-Nov-2007	LAB COLD WATER	RM 1300 SOUTH LABWATER 4TH - 13TH FLOOR	
Febco, 825Y, 1 1/2", RPBA	A008943	01-May-2008	ACID WASHDOWN	PENTHOUSE ACID WASH DOWN NE MECH ROOM	
Febco, 825Y, 3/4", RPBA	BC2922	01-May-2008	HEAT RECLAIM	RM 12 UNDER SUN DECK EAST MECH ROOM LOWER	
Febco, 825Y, 2", RPBA	BD2232	01-May-2008	COOLING TOWER MAKEUP	MECH PENTHOUSE EASTSIDE	
Febco, 850, 6", DCVA	0108201	01-Jun-2008	Fire Sprinkler w/o Chemical Addition	RM. 12 EAST MECH. RM.	
Febco, 805, 6", DCVA	9403161057	01-May-2008	Fire Sprinkler w/o Chemical Addition	B18A SW CORNER FIRE SYSTEM	
Febco, 825Y, 2", RPBA	AA7968	01-May-2008	LAB COLD WATER	B18B MAIN LAB WATER B-3 UPPER	
Febco, 825Y, 2", RPBA	R6984	01-May-2007	LAB COLD WATER	B18B LAWN AND LAB WATER B-3RD FLOOR	
Febco, 825Y, 2", RPBA	BD2262	01-May-2008	COOLING TOWER MAKEUP	PENTHOUSE MECH EASTSIDE	
Febco, 825Y, 2", RPBA	AA7714	01-Nov-2007	LAB COLD WATER	RM 1300 NORTH LAB WATER 4TH -13TH FLOOR	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: WEBSTER SHOCK PHYSICS
Facility Address: 801A 700, PULLMAN

Facility Type: Laboratory
Hazard Level: High
Facility ID: 303
Account No: 303
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 860, 3/4", RPBA	01866	01-Jun-2008	HEAT MAKEUP	RM. B2 SOUTH WALL	
Febco, 860, 3/4", RPBA	H06802	01-Jun-2008	HEAT MAKEUP	RM. G33 EAST WALL	
Febco, 850, 3", DCVA	0111151105	01-Jun-2008	DOMESTIC COLD WATER	RM. 2 BOTTOM	
Febco, 850, 3", DCVA	0111151114	01-Jun-2008	DOMESTIC COLD WATER	RM. B2 TOP	
Febco, 850, 2", DCVA	H04112	01-Jun-2008	HOSE WATER	RM. B2 NORTH WALL	
Febco, 860, 3", RPBA	0111131227	01-Jun-2008	LAB COLD WATER	RM. B2 TOP	
Febco, 860, 3", RPBA	0108081358	01-Jun-2008	LAB COLD WATER	RM. B2 BOTTOM	
Febco, 860, 3/4", RPBA	H05839	01-Jun-2008	TRAP PRIMERS	RM. G33 EAST WALL	
Febco, 850, 4", DCVA	0109170649	01-Jun-2008	Fire Sprinkler w/o Chemical Addition	RM. 2 FIRE SYSTOM	

List of Installations
By Facility Name and Address

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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: WEGNER
Facility Address: 045 700, PULLMAN

Facility Type: Laboratory
Hazard Level:
Facility ID: 269

Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Air Gap, AG, 2", AG		03-Jun-2003		STEMITT ORCHARD PLOT FILL STATION	
Febco, 825Y, 1 1/4", RPBA	BF8460	01-May-2008	CHILLED WATER MAKEUP	PENTHOUSE BACK IN CUBBY NE CORNER CHILLER MAKEU	
Wilkins, 975XLU, 1", RPBA	2170285XLU	01-May-2008	ACID WASHDOWN	RM 400 S PENTHOUSE HIGH BY SF1 SUPPLY FAN	
Watts, 009, 3/4", RPBA	64658	03-Jun-2003		COLUMBIA WELL HOUSE	
Febco, 825Y, 1", RPBA	H12463	01-May-2008	AUTO CLAVE	RM. G19G	
Febco, 825, 3", RPBA	C7611	01-May-2008	LAB COLD WATER	G 59 LAB WATER LOWER	
Febco, 825Y, 1", RPBA	BA1597	03-Jun-2003		WESTERN AVE WHITE HOT BOX	
Febco, 825Y, 1 1/4", RPBA	BF8426	01-May-2008	CHILLED WATER MAKEUP	PENTHOUSE CUBBY HOLE NE CORNER	
Watts, 909, 2", RPBA	241834	04-Jun-2003		MAIN COLDWATER LOWER MECH TOP	
Air Gap, AG, 2", AG		03-Jun-2003		COLUMBIA VIEW PLOTS FILL STATION	
Wilkins, 975XL, 1", RPBA	XLUW230113	01-May-2008	CAGE WASHER	G19 H E WALL BOTTOM	
Febco, 805Y, 1", DCVA		03-Jun-2003		PIT BY MAIL BOX ADRESS 1905 SPRINGWATER RD	
Watts, 909M1QT, 2", RPBA	234553	01-May-2008	LAB COLD WATER	G 59 LAB WATER UPPER	
Febco, 825Y, 1", RPBA	BA1585	03-Jun-2003		OUTSIDE WESTERN AVE WHITE HOT BOX	
Febco, 805, 4", DCVA	5854	01-May-2008	DOMESTIC COLD WATER	RM G 59 BUILDING DCW	
Febco, 835B, 1", RPBA	13216	01-May-2006	GUTTER CLEANER	G35C GUTTER CLEANER	
Febco, 825Y, 2", RPBA	BA5741	01-May-2008	CAGE WASHER	G 19 H E WALL TOP	
Air Gap, AG, 2", AG		03-Jun-2003		NEAR BLDG 54 FILL STATION	
Viking, E1 6, 6", DCVA	1406	01-May-2008	Fire Sprinkler w/o Chemical Addition	G59 FIRE SPRINKLER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: WENATCHEE
Facility Address: 3000 709, WENATCHEE

Facility Type: RESEARCH STATION
Hazard Level:
Facility ID: 270

Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 909, 2", RPBA	242841	04-Jun-2003		MAIN COLD WATER LOWER MECH. RM.	
Febco, 805Y, 1", DCVA		04-Jun-2003		RM 30 SW CEILING CW TO RM 150	
Febco, 805Y, 1", DCVA	BF8416	04-Jun-2003		MECH E WALL BEHIND GROWTH CHAMBERS	
Febco, 805Y, 1", DCVA		04-Jun-2003		RM 30 HW TO RM 150	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: WENATCHEE 1100
Facility Address: 3000 709, WENATCHEE

Facility Type: RESEARCH STATION
Hazard Level:
Facility ID: 272

Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	A219901	04-Jun-2003		TOP OF SPRINGWATER STREET PRESSURE WASHER	

List of Installations
By Facility Name and Address

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Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA
Facility Name: WENATCHEE AUTO SHOP
Facility Address: 3000 709, WENATCHEE
Facility Type: RESEARCH STATION
Hazard Level:
Account No:
Facility ID: 273
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	AM5797	04-Jun-2003		GREEN ROOF BLDG ON SPRINGWATER ST	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA
Facility Name: WENATCHEE BUILDING 50
Facility Address: 3000 709, WENATCHEE
Facility Type: RESEARCH STATION
Hazard Level:
Account No:
Facility ID: 274
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	BH6063	04-Jun-2003		MAIN CW	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA
Facility Name: WENATCHEE BUILDING 54
Facility Address: 3000 709, WENATCHEE
Facility Type: RESEARCH STATION
Hazard Level:
Account No:
Facility ID: 275
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 1", DCVA		03-Jun-2003		W END SPRINGWATER RD AT HOUSE BY GAS PUMPS	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA
Facility Name: WENATCHEE HOUSE
Facility Address: 3000 709, WENATCHEE
Facility Type: RESEARCH STATION
Hazard Level:
Account No:
Facility ID: 276
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 1", DCVA	Q5032	04-Jun-2003		LOWER MECH OVEN E WALL ABOVE AIR COMPRESSOR	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA
Facility Name: WENATCHEE USDA
Facility Address: 3000 709, WENATCHEE
Facility Type: RESEARCH STATION
Hazard Level:
Account No:
Facility ID: 277
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 2", RPBA	BC9234	04-Jun-2003		BASEMENT NE CORNER	
Febco, 825Y, 2", RPBA	BC9078	04-Jun-2003		BASEMENT NE CORNER	
Febco, 860, 1", RPBA	A12199	04-Jun-2003		BASEMENT MECH. RM.	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150 PULLMAN, WA
Facility Name: WENATCHEE USDA 1104
Facility Address: 3000 709, WENATCHEE
Facility Type: RESEARCH STATION
Hazard Level:
Account No:
Facility ID: 278
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Hersey/Grinnell, FRPII, 2", RPBA	83665	17-Aug-2002		RM 23 LOWER BUILDING WATER	

List of Installations
By Facility Name and Address

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Hersey/Grinnell, FRPII, , RPBA	14793	17-Aug-2002	MECH N END HWH MAKEUP	
Hersey/Grinnell, FRPII, 2", RPBA	83662	17-Aug-2002	RM 23 UPPER BUILDING WATER	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: WHITE
Facility Address: 014 700, PULLMAN

Facility Type: DORM
Hazard Level: Low
Facility ID: 279

Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 2", DCVA	A162954	01-May-2008	DOMESTIC COLD WATER	BASEMENT MECH. RM.	
Febco, 850, 6", DCVA	0011011332	01-May-2008	Fire Sprinkler w/o Chemical Addition	RM. 40A	
Febco, 825Y, 3/4", RPBA	A247073	01-May-2008	COOLING TOWER MAKEUP	PENTHOUSE THROUGH JAN. CLOSET	
Febco, 825Y, 3/4", RPBA	A247056	01-May-2008	HEAT MAKEUP	MECH.RM. BASEMENT	
Febco, 805Y, 2", DCVA	A162963	01-May-2008	DOMESTIC COLD WATER	BASEMENT MECH. RM.	

Customer Name: WHITMAN CO.
Mailing Address: PO BOX 430
COLFAX, WA 99111

Facility Name: WHITMAN CO. SHOP
Facility Address: 705, TULA FARM

Facility Type: MOTOR POOL
Hazard Level: Low
Facility ID: 312

Account No: 312
Customer ID 4

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 009, 2", RPBA	14941	01-May-2007	DOMESTIC COLD WATER	BATHROOM	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: WILMER DAVIS DINING CENTER
Facility Address: 30 700, PULLMAN

Facility Type: KITCHEN
Hazard Level: High
Facility ID: 282

Account No:
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Watts, 009, 3/4", RPBA	41018	01-Dec-2004	SOAP DISPENSER	OLD BAKERY SOAP DISPENSER	
Febco, 825Y, 3/4", RPBA	H18557	01-May-2008	DOMESTIC HOT WATER	RM 0001 SW CORNER 115H #80 DHW	
Febco, 805YD, 4", DCVA	B17883	01-Dec-2007	Fire Sprinkler w/o Chemical Addition	FIRE SPRINKLER	
Febco, 860, 2 1/2", RPBA	F030508123	01-May-2008	DOMESTIC COLD WATER	MECH RM BOTTOM DCW	
Febco, 825Y, 3/4", RPBA	H18927	01-May-2008	DOMESTIC HOT WATER	RM. 0001 #83 20H S W CORNER DHW	
Febco, 825Y, 3/4", RPBA	H18924	01-May-2008	DOMESTIC HOT WATER	RM 0001 SW CORNER 22H #82 DHW	
Febco, 825Y, 3/4", RPBA	H18928	01-May-2008	HEAT MAKEUP	MECH RM E WALL HWH	
Febco, 825Y, 3/4", RPBA	H18885	01-May-2008	DOMESTIC HOT WATER	S W RM0001 153 #84	
Febco, 860, 2 1/2", RPBA	F0303041018	01-May-2008	DOMESTIC COLD WATER	MECH RM TOP DCW	
Febco, 825Y, 3/4", RPBA	H18925	01-May-2008	DOMESTIC COLD WATER	RM 0001 SW CORNER 177C #77 DCW	
Febco, 825Y, 3/4", RPBA	H18896	01-May-2008	DOMESTIC COLD WATER	RM 0001 SW CORNER 177C #71	
Febco, 825Y, 3/4", RPBA	H18929	01-May-2008	DOMESTIC HOT WATER	RM 0001 SW C0ORNER POT WASHER #76 DHW	
Febco, 825Y, 3/4", RPBA	H18905	01-May-2008	DOMESTIC COLD WATER	RM 0001 SW CORNER 66C #75 DCW	
Febco, 825Y, 3/4", RPBA	HI8936	01-May-2008	DOMESTIC COLD WATER	RM 0001 SW CORNER #74 DCW	
Febco, 825Y, 3/4", RPBA	H18923	01-May-2008	DOMESTIC COLD WATER	RM 0001 SW CORNER 55C #73 DCW	
Febco, 825Y, 3/4", RPBA	H18432		DOMESTIC HOT WATER	RM 0001 SW CORNER 123H #81 DHW	

List of Installations
By Facility Name and Address

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Febco, 825Y, 3/4", RPBA	H18168	01-May-2008	Beverage Dispenser w/o CO2	RM 0001 SW CORNER 190C #72
Febco, 825Y, 3/4", RPBA	H18934	01-May-2008	Water Softener	RM 0001 SW CORNER S18 #63 SCW
Febco, 825Y, 3/4", RPBA	H18101	01-May-2008	DOMESTIC COLD WATER	RM 0001 SW CORNER 50C #70 DCW
Febco, 825Y, 3/4", RPBA	H18898	01-May-2008	DOMESTIC COLD WATER	RM 0001 SW CORNER 21C #69 DCW
Febco, 825Y, 3/4", RPBA	H18938	01-May-2008	DOMESTIC COLD WATER	RM 0001 SW CORNER 173C #68 DCW
Febco, 825Y, 3/4", RPBA	H18700	01-May-2008	DOMESTIC COLD WATER	RM 0001 SW CORNER 172C #67 DCW
Febco, 825Y, 3/4", RPBA	H18895	01-May-2007	DOMESTIC COLD WATER	RM 0001 SW CORNER 214C #66 DCW
Febco, 825Y, 3/4", RPBA	H18940	01-May-2008	DOMESTIC COLD WATER	RM 0001 SW C0RNER 20C #65 DCW
Febco, 825Y, 3/4", RPBA	H18926	01-May-2008	Water Softener	RM 0001 CORNER MAW1L #64 SCW
Febco, 825Y, 3/4", RPBA	H18689	01-May-2008	DOMESTIC COLD WATER	RM 0001 SW CORNER 16C #78 DCW
Febco, 825Y, 3/4", RPBA	H18935	01-May-2008	DOMESTIC COLD WATER	RM OOO1 SW CORNER 17C #79 DCW

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: WILSON HALL
Facility Address: 040 700, PULLMAN

Facility Type: ADMINASTRATION BLDG.
Hazard Level: High
Account No: 304
Facility ID: 304
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 825Y, 1", RPBA	S6960	01-Jun-2008	HEAT MAKEUP	RM 401A ATTIC WEST MAKEUP FOR HWH	
Febco, 825Y, 3/4", RPBA	BA0517	01-Jun-2008	HEAT MAKEUP	RM 1BA ON GROUND FLOOR EAST OF ELEV UP STEPS RM1	

Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: YAKIMA VILLAGE
Facility Address: 680 700, PULLMAN

Facility Type: FAMILY HOUSEING
Hazard Level: Low
Account No:
Facility ID: 284
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 805Y, 2", DCVA	AM5840	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	BUILDING H	
Febco, 805Y, 2", DCVA	AM5764	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	BUILDING P	
Febco, 805Y, 2", DCVA	AM5234	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	BUILDING M	
Febco, 805Y, 2", DCVA	AM5841	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	BUILDING E	
Febco, 805Y, 2", DCVA	AM5827	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	BUILDING K	
Febco, 805Y, 2", DCVA	AM5832	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	BUILDING G	
Febco, 805Y, 2", DCVA	AM8086	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	BUILDING Q	
Febco, 805Y, 2", DCVA	AL7296	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	BUILDING A	
Febco, 805Y, 2", DCVA	AL7285	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	BUILDING B	
Febco, 805Y, 2", DCVA	AM5808	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	BUILDING D	
Febco, 805Y, 2", DCVA	AM5826	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	BUILDING F	
Febco, 805Y, 2", DCVA	AK5915	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	BUILDING C	
Febco, 805Y, 2", DCVA	AM5842	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	BUILDING J	
Febco, 805Y, 2", DCVA	AL7295	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	BUILDING N	
Febco, 805Y, 2", DCVA	AM6288	01-Oct-2007	Fire Sprinkler w/o Chemical Addition	BUILDING L LAUNDRY ROOM	

List of Installations
By Facility Name and Address

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Customer Name: Washington State University
Mailing Address: FAC OPS 1150
PULLMAN, WA

Facility Name: YARD MORRILL
Facility Address: 000 702, PULLMAN

Facility Type: LAWN IRIGATION
Hazard Level: Low
Facility ID: 296
Account No: 296
Customer ID 1

Make, Model, Size, Type	Serial No	Test Due	Type of Hazard	Device Location	Page And Grid
Febco, 850, 2", DCVA	HOO325	01-Jul-2008	Irrigation w/o Chemicals	WEST LAWN NEXT TO 266431 IRRIGATION LID	

APPENDIX F-8

Drinking Water Complaint Form

Drinking Water Complaint Form

Date:

Time:

Location:

Contact:

Problem:

Results of Investigation:

Complaint form

APPENDIX F-9

Recorded Water Complaints

Drinking Water Complaints 2015 to Present

Date	Time (hours)	Location	Issue (indicate if after hours)	Recommendations / Actions
2015 to September 2017: No documented drinking water complaints.				
10/19/2017	0.33	WSU Children's Ctr	Drinking water Pb and Cu sampling	Will set up sampling of 16 faucets/fountains to comply with WAC 170-300-0235 .
1/26/2018	1	IT 2001N	Water has a smell after it sits over night	Took samples, checked for odor, but did not notice any. Submitted work request to have Fac Ops check the water. They installed a water filter.
4/11/2018	0.33	Engineering Lab Bldg 103A	Concern over potable water	Inspected area and created work request to find out where employees can obtain drinking water.
6/11/18	0.25	USDA Plant Introduction	Purchasing Water / Potable Water Question	USDA wanted to know if the water was potable and tested. Water was last tested 5-1-18 at Bldg 194C
6/19/18	0.5	Thermal Fluids	Potable Water Question	Sampled annually in September for bacteria. Inspected and confirmed sample location.
7/17/18	0.5	Lighty 360	Concern about breakroom water	Note by sink from Marty O'Malley stated to run water for 15 minutes in the morning. This was posted several years ago due to color in the water when the water stagnates in pipes over breaks. Staff in 360 did not want a water sample taken. Staff in 370 said that the water from their breakroom faucet also has color in it occasionally.
9/27/2018	0.33	Plant Intro 194C	Water smells like sulfur. USDA tested for iron bacteria and found 25 cfu/ml.	Inspected faucet and did not detect any sulfur odors. Emailed USDA back.

10/4/2018	0.33	Ferdinand's Creamery	Question on how much free chlorine in WSU water.	Provided free chlorine results at Ferdinand's for 2018 and offered to take a chlorine sample.
10/23/2018	0.25	PACCAR	Water hammer question	Referred to Utilities.
10/25/2018	0.5	Plant Intro 194C	USDA requested an iron test of the water (see 9-27 entry above)	Water was at 0 mg/L of iron.
2/7/2019	0.25	Housing and Dining Services	Question about backflow preventer testing	Referred them to FO
7/9/2019	0.5	Vet Teaching Hospital	Drinking water fountain taste complaint	Tested water for iron, hardness, pH, conductivity, and chlorine, and provided results
10/21/2019	0.5	Wegner	Drinking water sewer odor	Inspected drinking fountain and lab 329 but did not notice or taste any odors. People in the lab also have not noticed anything. Tested iron content at drinking fountain which was normal (0.5 mg/L).
10/30/2019	0.5	Housing Grounds Shop Bldg 380	Request to purchase bottled water	Determined building did not have a water source, request approved
11/6/2019	0.5	Field House 3rd Floor Rowing Team	Request to purchase bottled water	Determined 3rd floor does not have a water source, request approved
11/27/2019	0.33	Plant Intro 196A	Drinking water is cloudy	Checked the water, and due to construction in the area, air is in the water.
1/2/2020	0.33	Engineering Lab Building	Drinking Water Quality Question- conductivity, TSS	Provided most recent IOC well results.
7/1/2020	0.5	Vet-Biomed	Eye Wash water has a petroleum odor	Work order submitted to FO

7/14/2020	0.5	Golf Course Clubhouse	Chlorine taste in water	Smelled and tasted the water at the bar sink and pop machine. Both tasted fine. Tested the water for chlorine at the pop machine and found 0.03 ppm of free chlorine which is normal. Gave them a bottle to collect a sample next time they notice the problem and told them to call me.
8/6/2020	0.25	Golf Course Clubhouse	Water tastes like rubber	Water at "pop gun" in bar and at pop machine tasted fine and waitress agreed. Recommended they turn on faucets 1st thing in morning and run for 5 minutes to flush lines.
9/3/2021	0.5	Regents 225	Water is colored brown	Tested hot water in shower and bathroom sink for iron. Results were high initially (~ 1.7 mg/L) but after flushing the water for ~ 5 minutes the iron was down to 0.4 mg/L which is similar to drinking water. Scale sediment was also present initially but after flushing the faucet it went away. The RA also wanted lead and copper tested but we explained that we could take the sampled for her but she would need to pay for the sample. I also sent her Well #7 sample results from this summer with the iron at 0.432 mg/L.
10/12/2021	0.5	College 2nd Floor drinking fountain	Green particles in water	Work Order submitted in August but problem persists. Requested info from FO on what was done to the fountain.
11/4/2021	1.25	College	Green particles in water	FO decided to take a sample for copper to see if it was due to copper pipe corrosion in the fountain.

11/23/2021	0.25	College	Green particles in water	Copper sample came back below the AL so water safe to drink. Emailed results and removed sign on fountain.
1/20/2022	0.5	Rogers	Drinking Water Complaint	Gray scale particles in water fountain due to water line break at Orton. Checked water for iron which was normal. Recommended the water fountain be drained and flushed out to remove particles.
5/25/2022	0.5	Clark 299	Wanted to know if the water is potable in the room	Inspected area and determined that it used to be an old conference room with a stove and hood. Water is potable.

APPENDIX F-10

2021 Consumer Confidence Report

2021 Annual Drinking Water Quality Report
Washington State University Pullman Drinking Water System
(Public Water System #93200Q)

The U.S. Environmental Protection Agency (EPA) and the Washington Department of Health (WDOH) require that WSU Pullman's public drinking water system routinely provide an annual drinking water quality report to its consumers. This annual report explains where WSU Pullman's drinking water comes from, what it contains, and the sampling, testing, and treatment that is done to provide safe drinking water.

If future samples show that the drinking water is not safe to consume, EPA and WDOH requires that WSU notify consumers immediately.

Summary of the Report

EPA and WDOH require that public drinking water systems sample and analyze their water for:

- Microbial contaminants, such as bacteria (coliforms), which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.
- Inorganic Chemical contaminants (IOCs), such as salts, minerals and metals, which can be naturally-occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.
- Organic chemical contaminants, including Synthetic Organic Chemicals (SOCs), Volatile Organic Chemicals (VOCs), and Disinfection Byproducts, which can be by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, septic systems, and chlorine disinfection reacting with organic chemicals.
- Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.
- Radioactive contaminants, which can be naturally-occurring or be the result of oil and gas production and mining activities.
- Unregulated contaminants are those for which EPA has not established drinking water standards. The purpose of unregulated contaminant monitoring is to help EPA determine their occurrence in drinking water and potential need for future regulation.

The frequency and number of drinking water samples and tests for contaminants varies each year depending on the source of drinking water (groundwater vs. surface water sources [WSU Pullman has groundwater sources]), vulnerability of the sources to contamination, the size of the system, the type of distribution system piping (metal, plastic, asbestos/concrete), and previous sample results.

WSU chlorinates its drinking water daily to prevent microbial contamination. The chlorine levels are monitored continuously and WSU takes at least 295 chlorine and microbial samples each year.

The WDOH reduced the monitoring requirements for WSU for Inorganic Chemicals (IOCs), Synthetic Organic Chemicals (SOCs), and Volatile Organic Chemicals (VOCs) because WSU's wells are at a low to moderate risk of contamination.

The most recent SOCs (Herbicides) were obtained on 3-26-20. The most recent VOCs and Nitrates were obtained on 5-14-20. The most recent Disinfection Byproduct samples were obtained on 7-30-21. All contaminants listed above were Not Detected, and therefore not listed in the table below. WSU also sampled for unregulated contaminants in 2020 with the results listed below.

Sources of WSU's Drinking Water

The WSU water system is supplied by groundwater from the Palouse Basin Aquifer. Drinking water is pumped from four (4) groundwater sources (wells) on campus (well #4 [source S04], well #6 [source S06], well #7 [source S08], and well #8 [source S09]). The WSU water system is separate from the City of Pullman system except for four emergency interties. WDOH has Source Water Assessment Program data on the WSU water system which includes the susceptibility rating of potential contamination for each well on campus. For more information contact the WDOH at (509) 329-2100.

The table below displays reportable contaminants in the most recent samples required by the WDOH and EPA, the range of detections, typical sources of contamination, units of measurement, whether there was a violation, with a key and footnotes explaining the test results.

An Explanation of the Drinking Water Quality Table

Please note the following definitions:
Action Level: The concentration of a contaminant which, if exceeded, triggers treatment or other requirements that a water system must follow.
Maximum Contaminant Level (MCL): The highest level of a contaminant that is allowed in drinking water. MCLs are set as close to the MCLGs as feasible using the best available treatment technology.
Maximum Contaminant Level Goal (MCLG): The level of a contaminant in drinking water below which there is no known or expected risk to health. MCLGs allow for a margin of safety.
Maximum Residual Disinfectant Level (MRDL): The highest level of chlorine disinfectant allowed in the drinking water. There is convincing evidence that addition of a disinfectant is necessary for control of microbial contaminants.
Maximum Residual Disinfectant Level Goal (MRDLG): The level of chlorine disinfectant below which there is no known or expected risk to health. MRDLGs do not reflect the benefits of the use of disinfectants to control microbial contaminants.
Treatment Technique (TT): A required process intended to reduce the level of a contaminant in drinking water. The WSU system uses chlorine as the TT intended to reduce the level of microbial contaminants in the drinking water.

Contaminant [1]	Date Sampled	Range of Detections [2]	Unit	MCL	MCLG	Typical Source of Contaminant	Violation
Contaminants with Primary MCLs							
Barium	4-14-21	66.7	ppb	2000	2000	Erosion of natural deposits	No
Copper	5-11-21 to 6-30-21	6.33 – 217 [3]	ppb	AL = 1300	0	Corrosion of household plumbing systems; Erosion of natural deposits	No
Lead	5-11-21 to 6-30-21	ND – 8.0 [3]	ppb	AL = 15	0	Corrosion of household plumbing systems; Erosion of natural deposits	No
Fluoride	4-14-21	388	ppb	4000	4000	Erosion of natural deposits	No

Gross Alpha	6-9-21 6-22-21	<3± 0.323 to <3 ± 0.348	pCi/l	15	–	Erosion of natural deposits	No
Radium 228	6-9-21 6-22-21	<1± 0.341 to <1 ± 0.345	pCi/l	5	–	Erosion of natural deposits	No
Selenium	4-14-21	0.00165	ppm	50	50	Erosion of natural deposits	No
Contaminants with Secondary MCLs [5]							
Iron	4-14-21	0.432	ppm	0.3	NA	Erosion of natural deposits	No
Manganese	4-14-21	0.0518	ppm	0.05	NA	Erosion of natural deposits	No
Chloride	4-14-21	3.93	ppm	250	NA	Erosion of natural deposits	No
Sulfate	4-14-21	1.96	ppm	250	NA	Erosion of natural deposits	No
Zinc	4-14-21	0.00785	ppm	5	NA	Erosion of natural deposits	No
Conductivity	4-14-21	351	umhos/ cm	700	NA	Erosion of natural deposits	No
Total Dissolved Solids	4-14-21	252	ppm	500	NA	Erosion of natural deposits	No
Sodium	4-14-21	23.8	ppm	NA	NA	Erosion of natural deposits	No [4]
Unregulated Contaminants (UCMR4)							
Bromide	8-31-20	~ 0.0259 to 0.0363	ppm	NA	NA	Erosion of natural deposits	NA
Germanium	8-31-20	~ 0.00012 to 0.00013	ppm	NA	NA	Erosion of natural deposits	NA
Manganese	7-28-20 8-31-20	0.0547 to 0.0138	ppm	NA	NA	Erosion of natural deposits	NA
Daily Chlorination for Microbial Control							
Chlorine (Residual)	Daily	0 – 0.26	ppm	4 MRDL	2 MRDLG	Water additive to control microbes	No

Key:
AL = Action Level, the concentration of a contaminant which, if exceeded, triggers treatment or other requirements that a water system must follow
MCL = Maximum Contaminant Level
MCLG = Maximum Contaminant Level Goal
MRDL = Maximum Residual Disinfectant Level
MRDLG = Maximum Residual Disinfectant Level Goal
NA = Not Applicable
Key:
ND = Not Detected
pCi/l = picocuries per liter
ppb = parts per billion or micrograms per liter (ug/l)
ppm = parts per million or milligrams per liter (mg/l)
umhos/cm = micromhos per centimeter (a measure of conductivity)

Footnotes:
[1] Only the most recent samples with contaminants found in the water are listed.
[2] The lowest to highest detected contaminant levels from any well or distribution sample are reported.

[3] Thirty (30) samples were analyzed. None of the lead or copper samples were above the Action Level. The 90th percentile sample (out of every 10 samples, 9 were at or below this level) was 5.98 ppb for lead and 170 ppb for copper. This does not trigger treatment, more sampling or other sampling requirements. If present, elevated levels of lead can cause serious health problems, especially for pregnant women and young children. In Washington State, lead in drinking water comes primarily from materials and components used in household plumbing. The more time water has been sitting in pipes, the more dissolved metals, such as lead, it may contain. Elevated levels of lead can cause serious health problems, especially in pregnant women and young children. To help reduce potential exposure to lead, for any drinking water tap that has not been used for 6 hours or more, flush water through the tap until the water is noticeably colder before using for drinking or cooking. You can use the flushed water for watering plants, washing dishes, or general cleaning. Only use water from the cold-water tap for drinking, cooking, and especially for making baby formula. Hot water is likely to contain higher levels of lead. If you are concerned about lead in your water, you may wish to have your water tested. Information on lead in drinking water is available from EPA's Safe Drinking Water Hotline at 1-800-426-4791 or online at http://www.epa.gov/safewater/lead.

[4] The EPA has established a recommended level of 20 ppm for sodium as a level of concern for those consumers that may have daily sodium intake restrictions in their diets.

[5] Secondary MCLs are standards developed to protect the aesthetic qualities of drinking water and are not health based. Because they are not health based, they are not considered violations.

Unregulated Contaminants

WSU drinking water comes from groundwater, and is not required to sample for *Cryptosporidium* since it is usually found only in surface waters.

Additional Health Information

To ensure that tap water is safe to drink, the Department of Health and EPA prescribe regulations that limit the amount of certain contaminants in water provided by public water systems. The Food and Drug Administration (FDA) and the Washington Department of Agriculture regulations establish limits for contaminants in bottled water that must provide the same protection for public health.

Drinking water, including bottled water, may reasonably be expected to contain at least small amounts of some contaminants. The presence of contaminants does not necessarily indicate that water poses a health risk. More information about contaminants and potential health effects can be obtained by calling the EPA's Safe Drinking Water Hotline (800) 426-4791.

The sources of drinking water (both tap and bottled water) include rivers, lakes, streams, ponds, reservoirs, springs, and wells. As water travels over the surface of the land or through the ground, it dissolves naturally occurring minerals, and in some cases, radioactive material. Water can also pick up substances resulting from the presence of animals or from human activity. Contaminants that may be present in source water include:

- Microbial contaminants, such as viruses and bacteria (coliforms), which may come from sewage treatment plants, septic systems, agricultural livestock operations, and wildlife.
- Inorganic contaminants, such as salts, minerals and metals, which can be naturally-occurring or result from urban stormwater runoff, industrial or domestic wastewater discharges, oil and gas production, mining, or farming.
- Pesticides and herbicides, which may come from a variety of sources such as agriculture, urban stormwater runoff, and residential uses.

- Organic chemical contaminants, including SOCs and VOCs, which are by-products of industrial processes and petroleum production, and can also come from gas stations, urban stormwater runoff, and septic systems.
- Radioactive contaminants, which can be naturally-occurring or be the result of oil and gas production and mining activities.

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 / Center for Disease Control (CDC) guidelines on appropriate means to lessen the risk of infection by *Cryptosporidium* and other microbial contaminants are available from the Safe Drinking Water Hotline (800) 426-4791.

WSU is active in protecting the health and safety of students, faculty, staff and visitors of the University, and we will notify you immediately if the drinking water is not safe to consume.

For More Information

The WSU Water Board is responsible for ensuring that the water system conforms to all applicable regulations. If you are interested in attending a Water Board meeting, contact Environmental Health and Safety (EH&S) 335-3041 for the next meeting time and date.

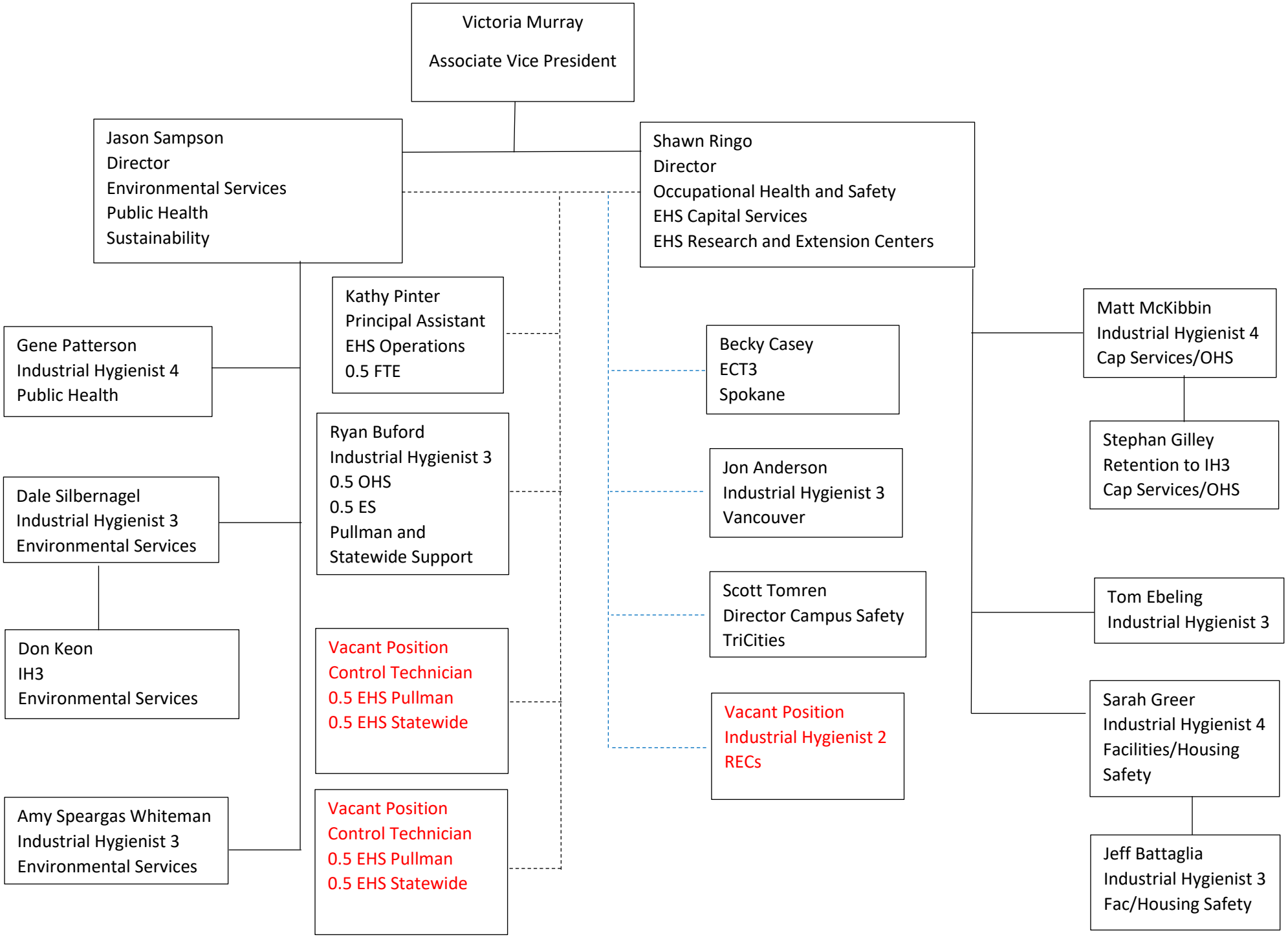
This report was prepared by EH&S, and is available at the WSU web sites below:

https://ehs.wsu.edu/public-health/drinking-water-quality/

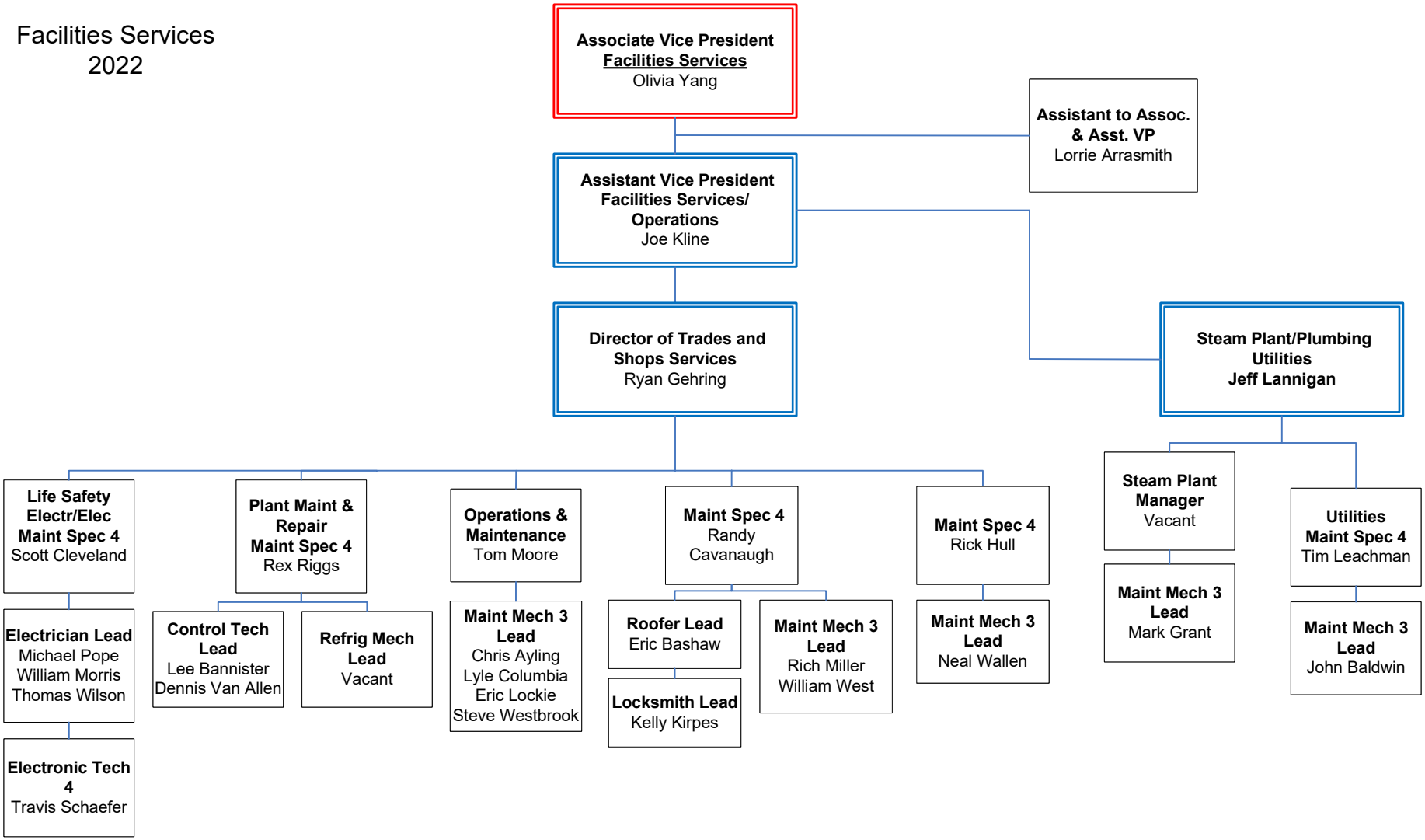
For more information about the WSU water system, please contact Gene Patterson at 509-335-3041, via email at gpatters@wsu.edu or the WSU Environmental Health and Safety web page at http://ehs.wsu.edu/. Additional information is available from EPA at http://water.epa.gov/drink/.

APPENDIX F-11

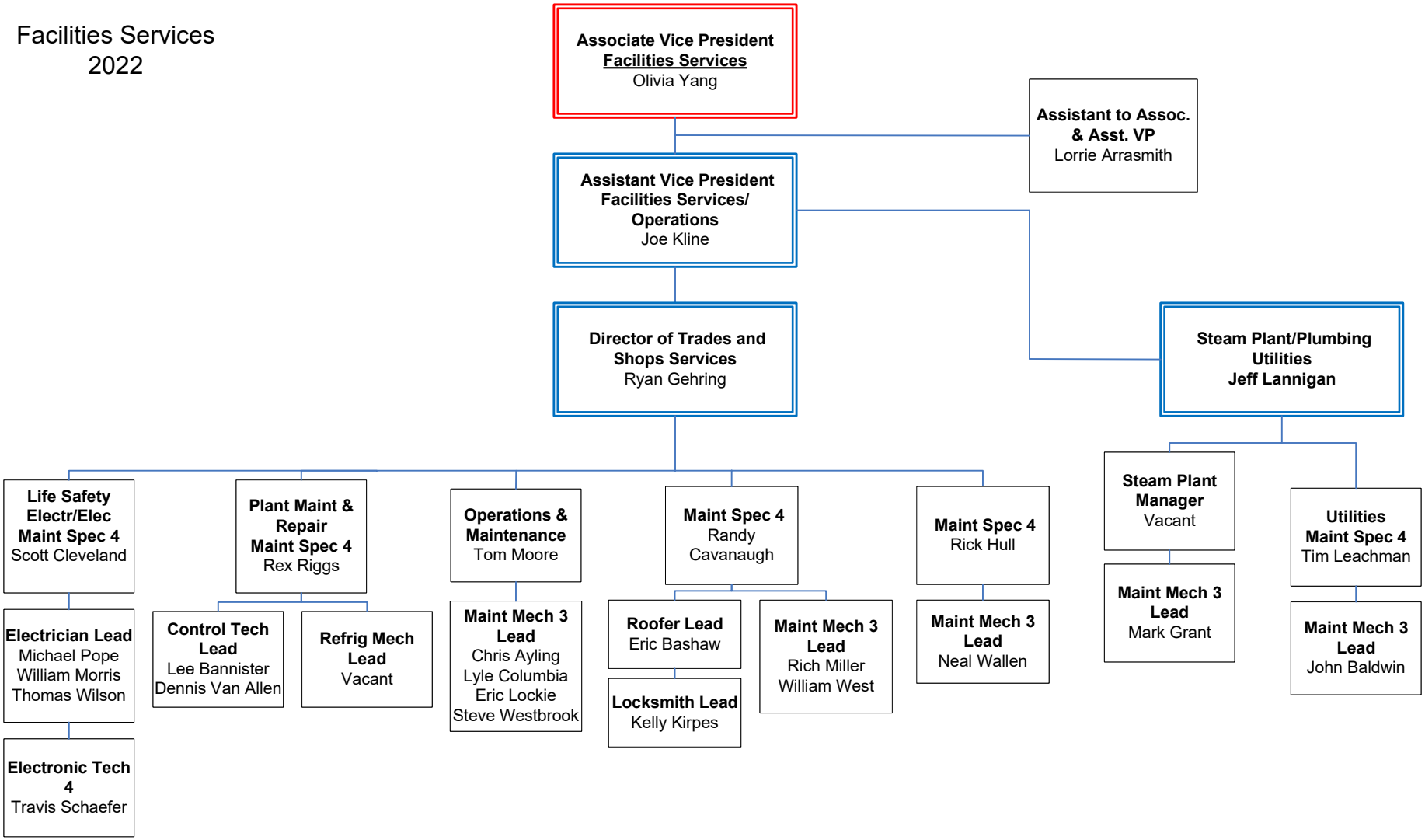
Facilities Operations Organization Charts


Victoria Murray
Associate Vice President
Jason Sampson
Director
Environmental Services
Public Health
Sustainability
Shawn Ringo
Director
Occupational Health and Safety
EHS Capital Services
EHS Research and Extension Centers
Kathy Pinter
Principal Assistant
EHS Operations
0.5 FTE
Gene Patterson
Industrial Hygienist 4
Public Health
Ryan Buford
Industrial Hygienist 3
0.5 OHS
0.5 ES
Pullman and
Statewide Support
Dale Silbernagel
Industrial Hygienist 3
Environmental Services
Don Keon
IH3
Environmental Services
Vacant Position
Control Technician
0.5 EHS Pullman
0.5 EHS Statewide
Amy Speargas Whiteman
Industrial Hygienist 3
Environmental Services
Vacant Position
Control Technician
0.5 EHS Pullman
0.5 EHS Statewide
Becky Casey
ECT3
Spokane
Jon Anderson
Industrial Hygienist 3
Vancouver
Scott Tomren
Director Campus Safety
TriCities
Vacant Position
Industrial Hygienist 2
RECs
Matt McKibbin
Industrial Hygienist 4
Cap Services/OHS
Stephan Gilley
Retention to IH3
Cap Services/OHS
Tom Ebeling
Industrial Hygienist 3
Sarah Greer
Industrial Hygienist 4
Facilities/Housing
Safety
Jeff Battaglia
Industrial Hygienist 3
Fac/Housing Safety

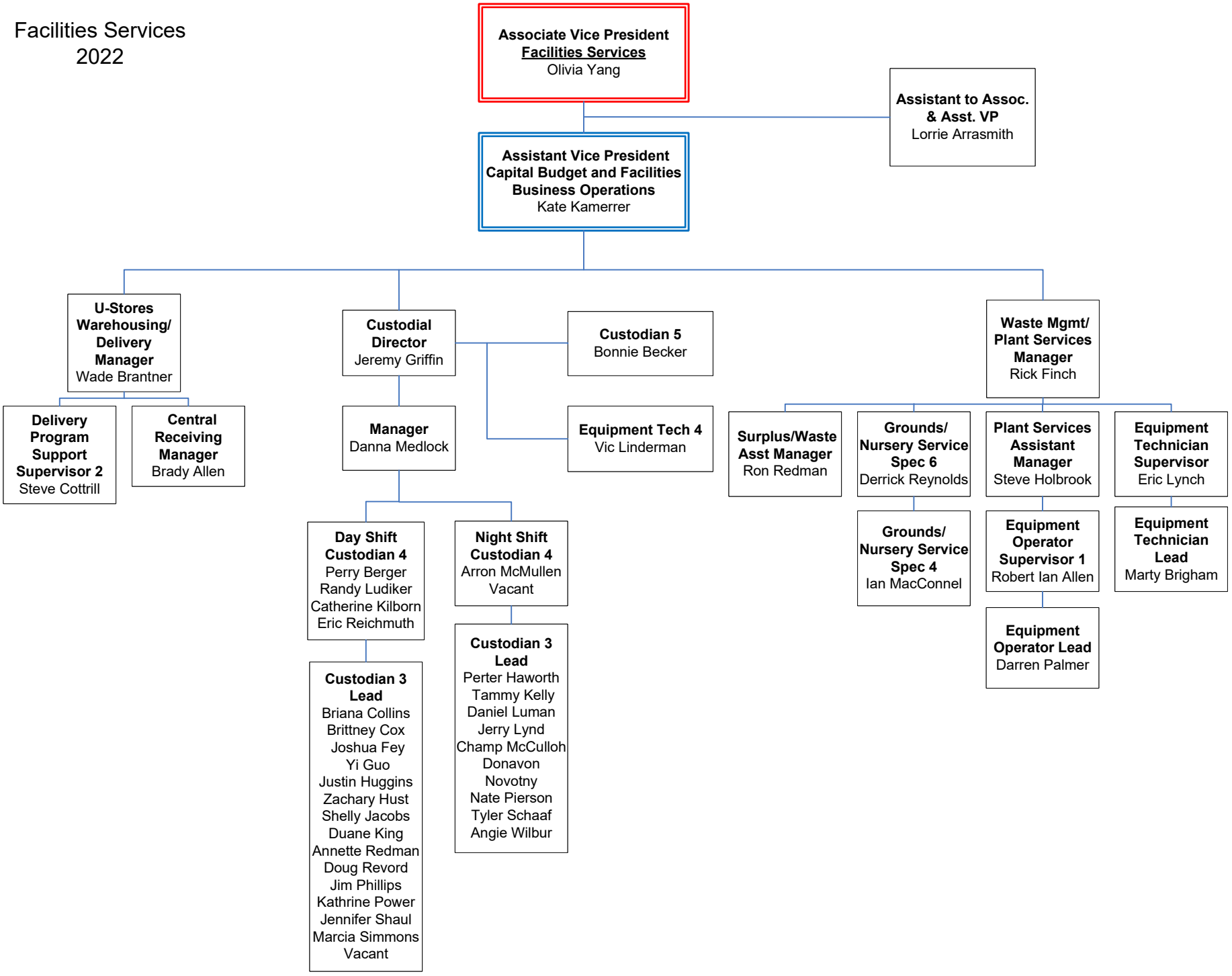
Facilities Services
2022



Facilities Services
2022



Facilities Services
2022



APPENDIX F-12

MSDS Chlorine Gas

Material Safety Data Sheet

Chlorine

Section 1. Chemical product and company identification

Product Name : Chlorine

Supplier : AIRGAS INC., on behalf of its subsidiaries
259 North Radnor-Chester Road
Suite 100
Radnor, PA 19087-5283
1-610-687-5253

Product use : Synthetic/Analytical chemistry.

MSDS# : 001015

Date of Preparation/Revision : **2/25/2007.**

In case of emergency : 1-866-734-3438

Section 2. Hazards identification

Physical state : Gas. (GREENISH-YELLOW GAS WITH SUFFOCATING ODOR)

Emergency overview : Danger!

MAY BE FATAL IF INHALED.
CAUSES SEVERE RESPIRATORY TRACT, EYE AND SKIN BURNS.
OXIDIZER.
CONTENTS UNDER PRESSURE.
CAUSES DAMAGE TO THE FOLLOWING ORGANS: LUNGS, RESPIRATORY TRACT, SKIN, EYE, LENS OR CORNEA.
Contact with combustible material may cause fire.

Do not get in eyes, on skin or clothing. Do not breathe gas. Do not puncture or incinerate container. Store in tightly closed container. Avoid contact with combustible materials. Use only with adequate ventilation. Wash thoroughly after handling.

Contact with rapidly expanding gases can cause frostbite.

Routes of entry : Inhalation,Dermal,Eyes

Potential acute health effects

Eyes : Severely corrosive to the eyes.

Skin : Severely corrosive to the skin.

Inhalation : Very toxic by inhalation. Severely corrosive to the respiratory system.

Ingestion : Ingestion is not a normal route of exposure for gases

Potential chronic health effects : **CARCINOGENIC EFFECTS** A4 (Not classifiable for human or animal.) by ACGIH.
MUTAGENIC EFFECTS Not available.
TERATOGENIC EFFECTS: Not available.

Medical conditions aggravated by overexposure : Repeated exposure to a highly toxic material may produce general deterioration of health by an accumulation in one or many human organs.

See toxicological Information (section 11)

Section 3. Composition, Information on Ingredients

Name	CAS number	% Volume	Exposure limits
Chlorine	7782-50-5	100	**ACGIH TLV (United States, 5/2004). Notes: 1996 Adoption Substances for which the TLV is higher than the OSHA Permissible Exposure Limit (PEL) and/or the NIOSH Recommended Exposure Limit (REL). See CFR 58(124) :36338-33351, June 30, 1993, for revised OSHA PEL. Refers to Appendix A -- Carcinogens.** STEL: 2.9 mg/m^3 15 minute(s). Form: All forms

STEL: 1 ppm 15 minute(s). Form: All forms
TWA: 1.5 mg/m^3 8 hour(s). Form: All forms
TWA: 0.5 ppm 8 hour(s). Form: All forms

NIOSH REL (United States, 6/2001).
CEIL: 1.45 mg/m^3 15 minute(s). Form: All forms
CEIL: 0.5 ppm 15 minute(s). Form: All forms

OSHA PEL (United States, 6/1993).
CEIL: 3 mg/m^3 Form: All forms
CEIL: 1 ppm Form: All forms

Section 4. First aid measures

No action shall be taken involving any personal risk or without suitable training.If fumes are still suspected to be present, the rescuer should wear an appropriate mask or a self-contained breathing apparatus.It may be dangerous to the person providing aid to give mouth-to-mouth resuscitation.

Eye contact : In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Get medical attention immediately.

Skin contact : In case of contact, immediately flush skin with plenty of water for at least 15 minutes while removing contaminated clothing and shoes. Wash clothing before reuse. Thoroughly clean shoes before reuse. Get medical attention immediately.

Frostbite : Try to warm up the frozen tissues and seek medical attention.

Inhalation : If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention immediately.

Ingestion : Do NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. Get medical attention immediately.

Section 5. Fire fighting measures

Flammability of the product : Non-flammable.

Fire fighting media and instructions : Use an extinguishing agent suitable for surrounding fires.

This material increases the risk of fire and may aid combustion. Contact with combustible material may cause fire.

Special protective equipment for fire-fighters : Fire fighters should wear appropriate protective equipment and self-contained breathing apparatus (SCBA) with a full facepiece operated in positive pressure mode.

Section 6. Accidental release measures

Personal precautions : Immediately contact emergency personnel. Eliminate all ignition sources. Keep unnecessary personnel away. Use suitable protective equipment (Section 8). Do not touch or walk through spilled material.

Environmental precautions : Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains and sewers.

Section 7. Handling and storage

Handling : Do not get in eyes, on skin or on clothing. Keep container closed. Use only with adequate ventilation. Store in tightly closed container. Avoid contact with combustible materials. Do not puncture or incinerate container. Wash thoroughly after handling. High pressure gas. Use equipment rated for cylinder pressure. Close valve after each use and when empty. Protect cylinders from physical damage; do not drag, roll, slide, or drop. Use a suitable hand truck for cylinder movement.

Storage : Keep container tightly closed. Keep container in a cool, well-ventilated area. Cylinders should be stored upright, with valve protection cap in place, and firmly secured to prevent falling or being knocked over. Cylinder temperatures should not exceed 52 °C (125 °F).

Section 8. Exposure Controls, Personal Protection

Engineering controls : Use only with adequate ventilation. If user operations generate dust, fumes, vapor or mist, use process enclosures, local exhaust ventilation, or other engineering controls to keep worker exposure to airborne contaminants below any recommended or statutory limits.

Personal protection

Eyes : Safety eyewear complying with an approved standard should be used when a risk assessment indicates this is necessary to avoid exposure to liquid splashes, mists or dusts.

Skin : Personal protective equipment for the body should be selected based on the task being performed and the risks involved and should be approved by a specialist before handling this product.

Respiratory : Use a properly fitted, air-purifying or air-fed respirator complying with an approved standard if a risk assessment indicates this is necessary.Respirator selection must be based on known or anticipated exposure levels, the hazards of the product and the safe working limits of the selected respirator.

The applicable standards are (US) 29 CFR 1910.134 and (Canada) Z94.4-93

Hands : Chemical-resistant, impervious gloves or gauntlets complying with an approved standard should be worn at all times when handling chemical products if a risk assessment indicates this is necessary.

Personal protection in case of a large spill : Full chemical resistant suit and self-contained breathing apparatus only by trained and authorized persons.

Product name

Chlorine

ACGIH TLV (United States, 5/2004). Notes: 1996 Adoption Substances for which the TLV is higher than the OSHA Permissible Exposure Limit (PEL) and/or the NIOSH Recommended Exposure Limit (REL). See CFR 58(124) :36338-33351, June 30, 1993, for revised OSHA PEL. Refers to Appendix A -- Carcinogens.
STEL: 2.9 mg/m^3 15 minute(s). Form: All forms
STEL: 1 ppm 15 minute(s). Form: All forms
TWA: 1.5 mg/m^3 8 hour(s). Form: All forms
TWA: 0.5 ppm 8 hour(s). Form: All forms
NIOSH REL (United States, 6/2001).
CEIL: 1.45 mg/m^3 15 minute(s). Form: All forms
CEIL: 0.5 ppm 15 minute(s). Form: All forms
OSHA PEL (United States, 6/1993).
CEIL: 3 mg/m^3 Form: All forms
CEIL: 1 ppm Form: All forms

Consult local authorities for acceptable exposure limits.

Section 9. Physical and chemical properties

Molecular weight : 70.9 g/mole

Molecular formula : Cl2

Boiling/condensation point : -33.88°C (-29°F)

Melting/freezing point : -101.11°C (-150°F)

Critical temperature : 143.9°C (291°F)

Vapor pressure : 85.3 psig

Vapor density : 2.4 (Air = 1)

Specific Volume (ft^3/lb) : 5.40541

Gas Density (lb/ft^3) : 0.185

Section 10. Stability and reactivity

Stability and reactivity : The product is stable.

Incompatibility with various substances : Extremely reactive or incompatible with reducing agents, combustible materials, organic materials, alkalis.

Hazardous decomposition products : These products are halogenated compounds, hydrogen chloride.

Section 11. Toxicological information

Toxicity data

Ingredient name	Test	Result	Route	Species
Chlorine	LC50	293 ppm (1 hour (s))	Inhalation	Rat
	LC50	137 ppm (1 hour (s))	Inhalation	Mouse

IDLH : 10 ppm

Chronic effects on humans : **CARCINOGENIC EFFECTS** A4 (Not classifiable for human or animal.) by ACGIH. Causes damage to the following organs: lungs, upper respiratory tract, skin, eye, lens or cornea.

Other toxic effects on humans : Hazardous in case of skin contact (irritant), of eye contact (irritant), of inhalation (lung irritant).

Specific effects

Carcinogenic effects : No known significant effects or critical hazards.

Mutagenic effects : No known significant effects or critical hazards.

Reproduction toxicity : No known significant effects or critical hazards.

Section 12. Ecological information

Ecotoxicity data

Ingredient name	Species	Period	Result
Chlorine	Oncorhynchus mykiss (LC50)	96 hour(s)	0.014 mg/l
	Oncorhynchus mykiss (LC50)	96 hour(s)	0.029 mg/l
	Oncorhynchus mykiss (LC50)	96 hour(s)	0.132 mg/l
	Oncorhynchus mykiss (LC50)	96 hour(s)	0.159 mg/l
	Oncorhynchus mykiss (LC50)	96 hour(s)	0.192 mg/l
	Oncorhynchus mykiss (LC50)	96 hour(s)	0.291 mg/l

Products of degradation : These products are halogenated compounds.

Toxicity of the products of biodegradation : The products of degradation are less toxic than the product itself.

Environmental fate : Not available.

Environmental hazards : Very toxic to aquatic organisms.

Toxicity to the environment : Not available.

Section 13. Disposal considerations

Product removed from the cylinder must be disposed of in accordance with appropriate Federal, State, local regulation.Return cylinders with residual product to Airgas, Inc.Do not dispose of locally.

Section 14. Transport information

Regulatory information	UN number	Proper shipping name	Class	Packing group	Label	Additional information
DOT Classification	UN1017	CHLORINE. Marine pollutant (Chlorine)	2.3	Not applicable (gas).		**Marine pollutant** Marine pollutant (P) **Reportable quantity** 10 lbs. (4.536 kg) **Limited quantity** Yes. **Packaging instruction** **Passenger Aircraft** Quantity limitation: Forbidden. **Cargo Aircraft** Quantity limitation: Forbidden. **Special provisions** 2, B9, B14, T50, TP19
TDG Classification	UN1017	CHLORINE. Marine pollutant (Chlorine)	2.3	Not applicable (gas).		**Marine pollutant** Marine pollutant (P) **Explosive Limit and Limited Quantity Index** 0 **ERAP Index** 500 **Passenger Carrying Ship Index** Forbidden **Passenger Carrying Road or Rail Index** Forbidden

Chlorine						
Mexico Classification	UN1017	CHLORINE. Marine pollutant (Chlorine)	2.3	Not applicable (gas).		-

Section 15. Regulatory information

United States

U.S. Federal regulations : TSCA 8(a) CAIR: Chlorine
TSCA 8(b) inventory: Chlorine

SARA 302/304/311/312 extremely hazardous substances: Chlorine
SARA 302/304 emergency planning and notification: Chlorine
SARA 302/304/311/312 hazardous chemicals: Chlorine
SARA 311/312 MSDS distribution - chemical inventory - hazard identification: Chlorine: Fire hazard, Sudden Release of Pressure, Immediate (Acute) Health Hazard

Clean Water Act (CWA) 307: No products were found.

Clean Water Act (CWA) 311: Chlorine

Clean air act (CAA) 112 accidental release prevention: Chlorine

Clean air act (CAA) 112 regulated flammable substances: No products were found.

Clean air act (CAA) 112 regulated toxic substances: Chlorine

SARA 313

		Product name	CAS number	Concentration
Form R - Reporting requirements	:	Chlorine	7782-50-5	100
Supplier notification	:	Chlorine	7782-50-5	100

SARA 313 notifications must not be detached from the MSDS and any copying and redistribution of the MSDS shall include copying and redistribution of the notice attached to copies of the MSDS subsequently redistributed.

State regulations : Pennsylvania RTK: Chlorine: (environmental hazard, generic environmental hazard)
Massachusetts RTK: Chlorine
New Jersey: Chlorine

Canada

WHMIS (Canada) : Class A: Compressed gas.
Class D-1A: Material causing immediate and serious toxic effects (VERY TOXIC).
Class E: Corrosive gas.

CEPA DSL: Chlorine

Section 16. Other information

United States

Label Requirements : MAY BE FATAL IF INHALED.
CAUSES SEVERE RESPIRATORY TRACT, EYE AND SKIN BURNS.
OXIDIZER.
CONTENTS UNDER PRESSURE.
CAUSES DAMAGE TO THE FOLLOWING ORGANS: LUNGS, RESPIRATORY TRACT, SKIN, EYE, LENS OR CORNEA.
CONTACT WITH OTHER MATERIAL MAY CAUSE FIRE.

Canada

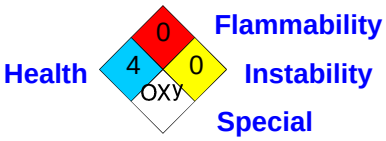
Label Requirements : Class A: Compressed gas.
Class D-1A: Material causing immediate and serious toxic effects (VERY TOXIC).
Class E: Corrosive gas.

Hazardous Material Information System (U.S.A.) :

Health	*	4
Fire hazard		0
Reactivity		0

Personal protection	C

National Fire Protection Association (U.S.A.) :



Notice to reader

To the best of our knowledge, the information contained herein is accurate. However, neither the above named supplier nor any of its subsidiaries assumes any liability whatsoever for the accuracy or completeness of the information contained herein.
Final determination of suitability of any material is the sole responsibility of the user. All materials may present unknown hazards and should be used with caution. Although certain hazards are described herein, we cannot guarantee that these are the only hazards that exist.

APPENDIX F-13

WSU Safety Policies and Procedures Manual

Washington State University
SAFETY POLICIES AND PROCEDURES MANUAL

PUBLIC HEALTH AND ENVIRONMENTAL QUALITY
6.50
Revised 6-08
Environmental Health and Safety
335-3041

Drinking Water Systems

PDF link

PURPOSE

The University is responsible for planning, operating, sampling, maintaining, and protecting University-owned public drinking water systems and water supply connections to meet federal, state, and local requirements. The University is also responsible for helping to ensure that the quality of water which WSU facilities receive from non-WSU public water systems meets state and federal requirements. (WAC Chapters 246-290 to -296, WAC 173-160, WAC 51-56)

REPORTING CONCERNS OR EMERGENCIES

Water Leaks or Lack of Service

Report water leaks or lack of service to the one of the following offices, as appropriate:

In Whitman County

In Whitman County, immediately contact Facilities Services, Operations at 509-335-9000.

Outside Whitman County

All other WSU locations are to immediately contact the local facilities maintenance organization.

Drinking Water Quality Concerns or Suspected Illnesses

Report drinking water quality concerns or suspected illnesses from drinking water immediately to Environmental Health and Safety (EH&S) for prompt investigation.

In Whitman County

For water systems within Whitman County, use the following contact telephone numbers:

During Regular Working Hours

Contact EH&S; telephone 509-335-3041.

During Off-Hours

Contact Facilities Services, Operations; telephone 509-335-9000.

Outside Whitman County

For all other water systems, use the following contact telephone numbers, as appropriate:

During Regular Working Hours

Contact Statewide EH&S Services-Regional Campuses and Research Units at or near the following locations; telephone:

- Spokane 509-358-7993
- Tri-Cities 509-372-7163
- Vancouver 360-546-9706
- Wenatchee 509-663-8181, ext. 230

To obtain EH&S telephone numbers for other statewide locations, go to the Statewide EH&S website at:

http://www.tricity.wsu.edu/BC-RS/statewide.asp

Select a location to obtain the telephone number for the EH&S representative assigned to the location.

During Off-Hours

Contact the local public water system or the Whitman County Communications Center (WHITCOM) Non-Emergency Response; telephone 509-332-2521. WHITCOM is able to assist by contacting the appropriate local agencies.

WSU Spokane

At WSU Spokane, contact Campus Security; telephone 509-358-7995. For emergencies, Campus Security must contact the City of Spokane Water Department; telephone 509-625-7800.

WATER SYSTEM MODIFICATIONS OR ADDITIONS

Contact the Architectural and Engineering Manager and the Water Distribution Manager, both at Facilities Services, Operations, regarding all modifications or additions to WSU drinking water systems.

Facilities Services, Operations recommends that WSU Pullman departments submit requests for water system modifications or additions through the myFacilities website. See BPPM 80.45. The myFacilities website is located at:

https://myfacilities.wsu.edu

WSU Pullman departments unable to access or utilize the myFacilities website may submit requests for water system modifications or additions to Facilities Services, Operations; telephone 335-9000.

Non-Pullman units are to contact facilities services, operations managers at their locations who submit requests for water system modifications or additions to Pullman Facilities Services, Operations; telephone 335-9000.

See also below.

All University departments, organizations, persons, or non-University entities must receive approval from Facilities Services, Operations **before**:

- Connecting equipment to water lines,
- Repairing or maintaining piping,
- Drilling a well, or
- Making any changes to water systems.

Connecting to Water Lines

Each new water system point of use connection must have a service meter and premises isolation or in-premises isolation (backflow prevention assemblies) as determined by the WSU Cross Connection Control Specialist.

Non-University entities are required to install service meters and premises isolation or in-premises isolation (backflow prevention assemblies) as determined by the WSU Cross Connection Control Specialist. Non-University entities must also reimburse the University for water used.

The Facilities Services, Operations Water Distribution Manager must receive certification of backflow prevention testing and verify the installation of appropriate metering and backflow prevention assemblies **prior** to turning on the system water to new services.

WATER BOARD

The Water Board is responsible for ensuring that University water systems and facilities conform to applicable regulations.

The board is comprised of staff or representatives from:

- Facilities Services, Operations,
- EH&S,
- Regional Campuses and Research Units (RCRU),
- Housing and Dining Services, and
- Facilities Services, Capital.

The Water Board is also responsible for coordinating the planning, operation, sampling, maintenance, and protection of the University's public drinking water systems and water supply connections throughout the state in order to meet state requirements. (WAC 246-290 through WAC 246-296, WAC 173-160, and WAC 51-56)

Program Document

The Water Board develops all policies and procedures in the WSU Drinking Water, Cross-connection Control, and Water Conservation Program (hereinafter referred to as the Program). The Program provides detailed planning, development, construction, maintenance, sampling, monitoring, and operating procedures to ensure that University drinking water systems are maintained and operated in a safe and cost-effective manner.

The most current version of the Program is located on the WSU Environmental Health and Safety Public Health website under drinking water. To view the Program, go to:

http://ehs.wsu.edu/

Select Public Health, then
Select Drinking Water Quality, then
Select Drinking Water Program.

Board Member Positions

The Water Board is co-chaired by the Facilities Services, Operations and EH&S directors. Regional Campus and Research Unit representatives assign appropriate staff members to serve on the board. The Water Board meets at least annually.

The Board is comprised of the following positions:

- Facilities Services, Operations

  Assistant Vice President
  Director, Maintenance and Utilities Services
  Water Distribution Manager
  Water System Engineer

- Environmental Health and Safety

  Director
  Public Health Manager
  Facility Health and Safety Coordinator

- Regional Campuses and Research Units (RCRU)

  WSU Spokane--Facility Services Director
  WSU Tri-Cities--Facilities Department Manager
  WSU Vancouver--Facilities Operations Director
  Director, CAHNRS Business and Personnel Office

- Facilities Services, Capital

  Director, Construction Service and Quality Assurance
  Project Manager / Professional Engineer

- Housing and Dining Services

  Director, Housing and Dining Maintenance Services
  Industrial Hygienist
  Maintenance Coordinator

RESPONSIBILITIES

Water Board

The Water Board:

- Develops all drinking water programs, policies, and procedures for WSU.

- Helps protect drinking water systems and water supply connections including, but not

limited to, establishing and enforcing cross-connection control programs.

- Performs and enforces corrective actions.
- Ensures that qualified personnel are provided to develop and implement all applicable programs.
- Develops schedules for performing risk assessments.
- Develops a quality assurance program for backflow prevention assembly testing.
- Develops procedures for responding to drinking water quality and backflow incidents.
- Provides educational programs for consumers about drinking water systems, conservation, cross-connection controls, etc.
- Coordinates with and notifies the Department of Health (DOH), local administrative and/or health authorities of any incidents, and documents the incidents.

Facilities Services, Operations

Facilities Services, Operations:

- Operates and maintains all Group A and B water systems located in Whitman County, excluding the Palouse Conservation Field Station, which is operated by the U.S. Department of Agriculture (USDA) and maintained and repaired by Facilities Services, Operations. See below for water system definitions.
- Conducts limited monitoring of the drinking water system.
- Provides a certified Water Distribution Manager who is responsible for the daily operational activities of the Whitman County water systems, treatment facilities, and distribution systems that directly impact water quality and/or quantity as required in accordance with WAC 246-292.
- Coordinates water conservation efforts.
- Coordinates master planning with the Infrastructure Master Planning Committee.

  NOTE: The committee is comprised of engineering staff from Facilities Services, Capital and Facilities Services, Operations.
- Is responsible, along with Facilities Services, Capital and RCRU, for the design and construction of additions and modifications to University drinking water systems throughout the state.

  The Utilities division of Facilties Services, Operations must review and approve all plans and specifications for new and remodeled construction.
- Provides bacteriological and chlorine disinfection water sampling for construction and repairs (or oversees the contractor that performs the sampling), with assistance from EH&S, Housing and Dining Services, RCRU, and/or Facilities Services, Capital.

Prior to water being used for drinking purposes, Facilities Services, Operations must:

Test all new backflow prevention assemblies (Whitman County),

Obtain backflow prevention assembly testing results from RCRU or contractors (outside of Whitman County), and

Obtain satisfactory bacteriological sample results from repairs or maintenance (Whitman County).

Facilities Services, Operations (or the contractor, if applicable) must provide the bacteriological sample results to EH&S.

- Provides alternative drinking water sources if construction and/or maintenance requires disruption of water service on a case by case basis.

Environmental Health and Safety (EH&S)

EH&S:

- Conducts bacteriological and chemical sampling for Whitman County water systems (excluding construction and repair samples), as required by federal and state regulations.

  NOTE: Facilities Services, Operations or the contractor performs sampling for water system construction and repairs. See above.

- Assists Facilities Services, Operations, RCRU, and contractors with sampling responsibilities for water systems at WSU locations around the state.

- Investigates concerns regarding drinking water quality and performs sanitary surveys of drinking water systems, including wells, reservoirs, distribution systems, and treatment facilities.

- Reviews plans and specifications for new construction and remodels.

- Evaluates current and new regulations to help ensure the University remains in compliance and maintains safe and healthy drinking water.

- Acts as the liaison with the Washington State Department of Health, Department of Ecology, local health departments and districts, and the Environmental Protection Agency (EPA) regarding regulatory compliance.

- Develops and prepares various regulatory reports as required.

Facilities Services, Capital

Facilities Services, Capital:

- Coordinates with and receives approval from the Facilities Services, Operations Cross-connection Control Specialist and Water Distribution Manager on water line maintenance and installation, backflow prevention assembly testing, connection of new equipment, etc.

  Prior to water being used for drinking purposes, Facilities Services, Capital must

obtain satisfactory bacteriological sample results and must have Facilities Services, Operations test backflow prevention assemblies from new construction or repairs in Whitman County. Outside of Whitman County, the contractor must test backflow prevention assemblies and obtain satisfactory bacteriological sample results prior to water being used for drinking purposes.

Facilities Services, Capital or the contractor, as applicable, must provide the bacteriological sample results to EH&S. The contractor must provide the backflow prevention assembly test results for operations outside of Whitman County, and the names, certfications, and telephone numbers of the certified backflow assembly testers (BATs) to Facilities Services, Operations.

Housing and Dining Services

Housing and Dining Services:

- Coordinates with and receives approval from the Facilities Services, Operations Cross-connection Control Specialist and Water Distribution Manager on water line maintenance and installation, backflow prevention assembly testing, connection of new equipment, etc.

- Conducts maintenance on water lines, and if a certified backflow assembly tester (BAT) and equipment is available, maintains backflow preventers for departmental facilities.

  Prior to water being used for drinking purposes, Housing and Dining Services must obtain satisfactory bacteriological sample and backflow prevention assembly testing results from new construction or repairs. Housing and Dining Services or the contractor must provide bacteriological sample and backflow prevention assembly testing results to EH&S. Certified BATs hired or contracted by Housing and Dining Services must provide their names, certifications, and telephone numbers to Facilities Services, Operations.

Regional Campuses and Research Units (RCRU)

The Regional Campuses and Research Units group (RCRU):

- Operates, maintains, and conducts limited monitoring of the drinking water systems located outside Whitman County, and coordinates water conservation efforts.

- Provides a certified Water Distribution Manager who is responsible for the daily operational activities of the following, as required in accordance with WAC 246-292:

  WSU Prosser Irrigated Agriculture Research and Extension Center (IAREC) water system;

  Group B systems at the Roza, Royal Slope, Lind, and Othello Research Units; and

  Associated treatment facilities and distribution systems that directly impact water quality and/or quantity.

  See below for water system definitions.

RCRU Representatives

RCRU representatives are responsible for the following:

- The RCRU Facilities Services, Capital representative coordinates master planning with the Infrastructure Master Planning Committee.

- The RCRU Facilities Services, Operations and Capital representatives, in coordination with Facilities Services, Operations, and Facilities Services, Capital, are responsible for the design and construction of additions and modifications to WSU drinking water systems across the state. RCRU Facilities Services, Operations and Capital representatives, Facilities Services, Operations, and Facilities Services, Capital review plans and specifications for new construction and remodels to ensure compliance with all regulations.

- The RCRU Facilities Services, Operations representative coordinates with and receives approval from the Facilities Services, Operations Cross-connection Control Specialist and Water Distribution Manager on water line maintenance and installation, backflow prevention assembly testing, connection of new equipment, etc.

- The RCRU Facilities Services, Operations and EH&S representatives provide bacteriological and chemical sampling for WSU water systems located outside Whitman County (excluding construction and repair samples) as required by federal and state regulations. The RCRU Facilities Services, Operations and EH&S representatives assist Facilities Services, Operations and managers of other WSU water systems across the state with sampling responsibilities. The department or the contractor which completes construction and/or repairs must perform any required sampling.

  Prior to water being used for drinking purposes, the RCRU Facilities Services, Operations and/or Capital, and/or EH&S representative must obtain satisfactory bacteriological sample and backflow prevention assembly testing results from new construction or repairs. RCRU or the contractor must provide the bacteriological sample results to EH&S and the backflow prevention assembly testing results to Facilities Services, Operations. Certified BATs hired or contracted by RCRU must provide their names, certifications, and telephone numbers to Facilities Services, Operations.

- The RCRU Facilities Services, Operations or the RCRU Facilities Services, Capital representative must provide alternative drinking water sources if construction and/or maintenance requires disruption of water service on a case by case basis.

- The RCRU EH&S representative investigates concerns regarding drinking water quality and performs sanitary surveys of drinking water systems, including wells, reservoirs, distribution systems, and treatment facilities.

- The RCRU EH&S representative acts as the liaison with the Washington State Department of Health, Department of Ecology, and the EPA regarding regulatory compliance.

- The RCRU EH&S representative develops and prepares various regulatory reports as required.

EH&S, WSU Pullman, evaluates current and new regulations to help ensure WSU remains in compliance with state and federal regulations and maintains safe and healthy drinking water.

Water System Users

Any University department, organization, non-University entity, or person that connects equipment, installs piping, or makes changes to University water systems must receive prior approval from Facilities Services, Operations.

For University water systems outside Whitman County, the departments, organization, non-University entities, or person must also contact RCRU for approval prior to connecting equipment, installing piping, or making changes.

Assigned Responsibilities

The Water Board may assign or reassign drinking water responsibilities to water system users (e.g., USDA Palouse Conservation Field Station). Such assignments and/or reassignments must be submitted in writing and maintained on file at EH&S.

PROGRAM ELEMENTS

The following summarizes each program element in this policy. Refer to the Program for more specific information on these program elements.

To view the Program, go to:

http://ehs.wsu.edu/

Select Public Health, then
Select Drinking Water Quality, then
Select Drinking Water Program.

Public Water Systems

WSU facilities receive water from either WSU-owned and operated Group A or Group B water systems or from non-WSU-owned public water systems.

Group A System

A Group A water system is a public water system that serves fifteen or more residential service connections **or** twenty-five or more people per day for 60 or more days per year.

For any new Group A systems that are developed, refer to WAC 246-290-020.

WSU-Owned and -Operated

The Group A water systems owned and operated by WSU are:

- WSU Pullman (Group A community)
- Tula Young Hastings Farm (Group A nontransient noncommunity)
- WSU Prosser—Irrigated Agricultural Research and Extension Center (Group A nontransient noncommunity)

Group B System

A Group B water system is a public water system that serves less than fifteen residential service connections **and** less than twenty-five people per day, or 25 or more people per day for less than sixty days per year.

For any new Group B systems that are developed, refer to WAC 246-291.

WSU-Owned and -Operated

The Group B water systems owned and operated by WSU are:

- Central Ferry Research Farm
- Colockum Multiple Use Research Unit
- Columbia View Orchard Research Unit
- Lind Dry Land Research Unit
- Othello Research Unit
- Palouse Conservation Field Station (operated by USDA)
- Smoot Hill Biological Field Study Area
- Spillman Farm
- Royal Slope Columbia Basin Research Unit #2 (operated by private organization)
- Roza Research Unit

Non-WSU-Owned Public Water Systems

The WSU facilities which receive water from non-WSU-owned public water systems are:

- WSU Spokane
- WSU Tri-Cities
- WSU Vancouver
- Intercollegiate Center for Nursing—Spokane
- Smith Tract--Spokane
- Spokane Intercollegiate Research and Technology Institute (SIRTI)
- WSU Mount Vernon Research and Extension Unit
- WSU Puyallup Research and Extension Unit
- WSU Vancouver Research and Extension Unit
- WSU Wenatchee TFREC

Construction, Cross-connection Controls, and Plan Review

Construction

Facilities Services, Operations, RCRU, and Facilities Services, Capital must submit project reports and construction documents to the Department of Health (DOH) for approval prior to commencing construction on:

- Group A and B water systems (see definitions above),
- Extension of systems, or
- Improvements.

Facilities Services, Operations or Facilities Services, Capital must also provide copies of project reports and construction documents to EH&S.

EXCEPTION: The Washington Department of Health (DOH) does not require project reports and construction documents be submitted for activities listed under WAC 246-290-125.

Refer also to the Plan Review section below.

Facilities Services, Operations, RCRU, and Facilities Services, Capital work with the owners of

non-WSU public water systems when planning construction or projects which may affect those systems.

During construction projects, Facilities Services, Capital notifies EH&S, Facilities Services, Operations, or RCRU for public notification if a water line is contaminated.

Cross-connection Control

The University maintains safe drinking water supplies by eliminating or controlling existing cross-connections between:

- Potable and non-potable water systems,
- Plumbing fixtures, and
- Industrial piping systems (including reclaimed and/or reuse water).

After new construction or repairs, and prior to water being used for drinking purposes, the department overseeing the project must obtain satisfactory backflow prevention assembly testing results, The department must provide these results to Facilities Services, Operations as soon as possible.

Departments and owners responsible for Group A water systems must have a certified cross-connection control specialist inspect and survey the water system facilities on an annual basis or after a backflow incident per WAC 246-290-490(7)(b).

For Group B water systems and WSU facilities on non-WSU public water systems, all responsible departments and owners must have a certified cross-connection control specialist inspect and survey them as determined by the Water Board or after a backflow incident.

The Water Board has established the Cross-connection Control Program in the Program document to comply with WAC 246-290-490, WAC 246-291-270, WAC 51-56-0600, and Uniform Plumbing Code (UPC) regulations.

WSU must adhere to WAC 246-290-490 and WAC 246-291-270 for premises isolation (water supply to buildings), and the UPC and WAC 51-56-0600 for in-premises isolation (internal building water distribution).

Plan Review and Design Standards

Facilities Services, Operations, a certified cross-connection control specialist, EH&S, Housing and Dining Services, RCRU, and Facilities Services, Capital must review all plans and design standards for new or remodeled construction involving water systems.

All plans and work must meet Group A and B water system engineering requirements and design standards, as well as the requirements of the local administrative authority, if applicable.

Plans must be prepared under the direction of a professional engineer licensed in Washington.

Water System Plans

The Pullman campus system is required to submit a revised water system plan every six years to DOH. Facilities Services, Operations is responsible for preparing and submitting this plan.

Small water system plans are required for small Group A water systems. (See definition above

under **Group A System**.) The RCRU, Facilities Services, Operations, Facilities Services, Capital, and EH&S are responsible for developing these plans for their respective systems.

Well Construction, Decommissioning, Maintenance, Source Approval, and Interties

Facilities Services, Operations and RCRU, with assistance from EH&S, are responsible for:

- Obtaining source water approval.
- Interties with other systems.
- Construction and decommissioning of all University wells, including agricultural, municipal, industrial, domestic, or commercial wells.
- Water rights.

  NOTE: The Real Estate Office, Finance and Administration, assists with applications for water rights.

Sampling, Monitoring, Repair, Reporting, and Recordkeeping

Sampling, Monitoring, and Repair

EH&S, Facilities Services, Operations, and RCRU are responsible for all bacteriological and chemical sampling (excluding construction and repair sampling). The Water Distribution Manager provides assistance with daily monitoring.

For repairs and installation of new lines and systems, Facilities Services, Operations, Housing and Dining Services, RCRU, and/or Facilities Services, Capital are responsible for:

- Ensuring chlorination meets the most recent American Water Works Association (AWWA) standards
- Obtaining adequate bacteriological sampling results

After new construction or repairs, and prior to water being used for drinking purposes, the department overseeing the project must obtain satisfactory results of bacteriological samples. The department must provide these results to EH&S as soon as possible.

Reporting, Public Notification, and Recordkeeping

EH&S, RCRU, Facilities Services, Operations, and Facilities Services, Capital are responsible for all regulatory reporting and recordkeeping (excluding cross-connection control), and public notification in cases of water quality violations. The Water Distribution Manager provides assistance with these functions.

Facilities Services, Operations, EH&S, and RCRU are responsible for all cross-connection control recordkeeping, in accordance with applicable records retention requirements. See BPPM 90.01.

Sanitary Surveys, Vulnerability Assessments, and Emergency Response Plans

Sanitary Surveys

A qualified sanitary surveyor is required to perform Group A water system surveys every five

years. EH&S is responsible for coordinating the surveys.

Vulnerability Assessments and Emergency Response Plans

EH&S, Facilities Services, Operations, Housing and Dining Services, RCRU, Facilities Services, Capital, and Public Safety are responsible for vulnerability assessments and emergency response plans for their respective systems and facilities.

Wellhead Protection and Sanitary Control Areas

Facilities Services, Operations, RCRU, Facilities Services, Capital, and EH&S are responsible for maintaining wellhead protection programs and sanitary control areas around wellheads for Group A water systems.

Group B water systems are not required to have wellhead protection programs. However, the University must maintain sanitary control areas (100 foot radius) around the wellheads.

Facilities Services, Operations and RCRU must ensure that their wellhead protection program for Group A systems is incorporated into the these water system plans every six years.

EH&S and RCRU must ensure that the contaminant inventory list required in their wellhead protection program for Group A systems is updated every two years with appropriate notification to regulatory and owner agencies.

Operating Permits and Water Works Operators Certifications

All Group A water systems are required to have operating permits. (WAC 246-294)

In addition, the Pullman campus water system is required to have at least one certified Water Distribution Manager 3 in responsible charge of the daily operational activities of the system. Smaller Group A water systems are required to have at least one certified Water Distribution Specialist. (WAC 246-292)

Water Conservation

Two representatives from WSU serve on the Palouse Basin Aquifer Committee to promote water conservation at University facilities in Whitman County. For all other University water systems and facilities, the RCRU promotes water conservation at those locations.

APPENDIX F-14

Lead and Copper Monitoring Plan

Lead and Copper Sample Plan / Locations
Revised 9-06

30 samples required every 3 years.

Chinook, Columbia and Nez Perce Apts. meet Tier 3 category requirements (multi-family residences constructed prior to 1983 with lead soldered copper pipes installed).

Yakima was constructed in the 1990s and has copper pipes but no lead solder. DOH instructed EH&S to sample these units anyway.

Stimson, EE/ME and Food Services buildings meet Tier 2 category requirements (constructed or remodeled after 1983 with lead soldered copper pipes installed).

Chinook Apts (126 units [31.3 % of total # apt]):	8
Columbia Apts (54 units [13.4 % of total # apt]):	4
Nez Perce Apts (96 units [23.8 % of total # apt]):	6
Yakima Apts (127 units [31.5 % of total # apt]):	9
Stimson	1
EE/ME	1
Food Services	1
Total	30

Lead and Copper Consumer Notice certification form

All Group A water systems that conduct lead and copper monitoring must provide individual sampling results to the persons at each sample location. (CFR 141.85 (d))

Notification of Results: The water system must provide the consumer notice as soon as possible, but no later than 30 days after learning the results.

Community water systems: You must provide individual sampling results to all residences for which you received lead and copper samples. In multi-unit structures, only notify each unit tested.

Nontransient noncommunity water systems (NTNCs): You must notify all consumers who use water from the sample tap, even if they do not receive a water bill. With prior approval from DOH, NTNC water systems can post the notice in public areas.

Certification to the state: DOH must receive a sample copy of one consumer notice and a signed certification form (below) within 90 days after the end of the monitoring period.

To meet this reporting requirement, you may:

- Use the DOH Consumer Notice Template.
- Use the applicable EPA Consumer Notice template.
- Prepare your own Consumer Notice in conjunction with the state.

If you choose to produce your own Consumer Notice, it must include all of the following:

1. The sample results of the tap tested.
2. An explanation of the health effects of lead.
3. Steps consumers can take to reduce exposure to lead in drinking water.
4. The water system's contact information.
5. The maximum contaminant level goal (MCLG) and action level for lead, and the definitions of these two terms.

If you are responsible for multiple water systems, you can send to the Office of Drinking Water:

- A list of the water systems you provided Consumer Notices to, with name and PWS ID number.
- Send one copy of the Consumer Notice you used.
- Send one completed certification form (below).

Lead and Copper Results: Consumer Notification Certification Form

The water system must complete this section. The signature below certifies that the notice contains all required elements.

Complete the following items (check all that apply):

X I emailed all Consumer Notices to the water users at all of the lead and copper sampling locations within 30 days of receiving the lead and copper results from the laboratory.

☐ **(For NTNC systems ONLY)** Notice posted at _____ on ___/___/____ within 30 days of receiving the lead and copper results from the laboratory. (***Only By Department Approval***)

Washington State University 93200Q
Water System PWS ID

Signature of owner or operator	Public Health Manager Position	7-30-15 Date

Send a copy of the completed notice and this certification form to: Washington State Department of Health, Office of Drinking Water, Water Quality Section,PO Box 47822, Olympia WA 98504-7822 or fax to (360) 236-2252.

DOH Form 331-462-F

If you need this publication in alternate format, call (800) 525-0127. For TTY/TDD, call (800) 833-6388

Sent 7-30-15

CONSUMER NOTICE
Lead and Copper Water Sample Results

The WSU Water System, I.D. 93200Q, is providing you with the lead and copper test results on the water sample collected at your location. Please share this notice with everyone who uses or drinks the water.

Results:

Location	Lead (mg/L)	Copper (mg/L)
Chinook A4	ND *	0.0123
Chinook J47	0.00287	0.0246
Chinook K51	0.00117	0.0344
Chinook L58	0.00154	0.0298
Chinook N64	ND	0.0131
Chinook P72	0.00112	0.0380
Chinook W105	ND	0.0212
Chinook Y118	0.00150	0.0417
Columbia D13	0.00259	0.0399
Columbia G19	0.00237	0.0684
Columbia L38	0.00171	0.0654
Columbia Q52	0.00262	0.0786
Nez Perce A1	0.00497	0.00522
Nez Perce B7	0.00491	0.0106
Nez Perce G21	0.00821	0.00432
Nez Perce L45	0.00422	0.00411
Nez Perce Q71	0.00400	0.00847
Nez Perce S83	0.00529	0.00365
Yakima A608	ND	0.108
Yakima H658	ND	0.0630
Yakima M718	0.00166	0.114
Yakima P737	0.00966	0.156
Yakima Q757	0.00411	0.138

* ND means none detected.

The maximum contaminant level goal (MCLG) is the level of a contaminant in drinking water below which there are no known or expected risks to health. MCLGs allow for a margin of safety. The action level is the concentration of a contaminant that, if exceeded, triggers treatment requirements or actions a water system must follow.

- The MCLG for lead is "0" and the action level is 15 ppb (or 0.015 mg/L).
- The MCLG and action level for copper is 1,300 ppb (or 1.3 mg/L).

The water system's compliance with the Lead and Copper Rule (LCR) is calculated by using sample results collected from sites in our sampling pool. Your location's lead or copper results may be higher or lower than the compliance calculation for the overall water system and does not

reflect our water system's compliance with the LCR. We will notify all water users if the lead or copper results from our water system exceed the action level.

For more information, please contact: Gene Patterson .
(owner or operator)

at (509) 335 – 3041 or PO Box 641172 Pullman, WA 99164 – 1172.
(phone number) (address)

This notice is sent to you by WSU Water System on 7/30/15 .

How Lead Gets Into Water

Lead in drinking water most often comes from water distribution lines or household plumbing rather than from the water system source. Plumbing sources can include lead pipes, lead solder, faucets, valves, and other components made of brass. Lead from other sources (such as lead-based paint and contaminated dust or soil) can increase a person's overall exposure, which adds to the effects of lead in water.

Potential Health Effects of Lead

The greatest risk of lead exposure is to infants, young children, and pregnant women. Lead can cause serious health problems if too much enters the body. Lead is stored in the bones and can be released later in life. Lead can cause damage to the brain and kidneys, interfere with production of red blood cells that carry oxygen, and may result in lowered IQ in children. During pregnancy, the child receives lead from the mother's bones, which may affect brain development. Low levels of lead can affect adults with high blood pressure or kidney problems.

How Copper Gets Into Water

Copper is a mineral and natural component in soils. In the correct amounts, it is an essential nutrient for humans and plants. In Washington State, most copper in drinking water comes from corrosion of household plumbing. Plumbing sources can include copper pipe and brass fixtures. Copper from plumbing corrosion can accumulate overnight.

Potential Health Effects of Copper

Although copper is an essential mineral in the diet, too much copper can cause health problems. Copper is widely distributed within the tissues of the body, but accumulates primarily in the liver and kidneys. A single dose of 15 mg of copper can cause nausea, vomiting, diarrhea, and intestinal cramps. Severe cases of copper poisoning have led to anemia and to disruption of liver and kidney functions. Individuals with Wilson's or Menke's diseases are at higher risk from copper exposure.

How you can reduce exposure:

- When your water has been sitting for several hours, flush the pipe by running the cold-water tap until the water is noticeably colder before using the water for drinking or cooking. **(The longer water has been sitting in the pipes, the more dissolved metals it may contain).**

- Use only cold water for drinking, cooking, and making baby formula. Hot water may contain higher levels of lead or copper.
- Frequently clean the filter screens and aerators in faucets to remove captured particles.
- If building or remodeling, only use "lead free" or low lead piping and materials. Avoid using copper piping or brass fixtures for locations where water will be consumed or used in food preparation (such as kitchen or bathroom sinks).

Sent to Mike Burt 6-3-15

CONSUMER NOTICE
Lead and Copper Water Sample Results

The WSU Water System, I.D. 93200Q, is providing you with the lead and copper test results on the water sample collected at your location. Please share this notice with everyone who uses or drinks the water.

Results:

Location	Lead (mg/L)	Copper (mg/L)
Yakima B613	ND*	0.0914
Yakima E638	ND	0.0819
Yakima G651	ND	0.0734
Yakima L701	0.00162	0.152
Stimson 44	ND	0.0331
Food Services 121	0.00273	0.131

* ND means none detected.

The maximum contaminant level goal (MCLG) is the level of a contaminant in drinking water below which there are no known or expected risks to health. MCLGs allow for a margin of safety. The action level is the concentration of a contaminant that, if exceeded, triggers treatment requirements or actions a water system must follow.

- The MCLG for lead is "0" and the action level is 15 ppb (or 0.015 mg/L).
- The MCLG and action level for copper is 1,300 ppb (or 1.3 mg/L).

The water system's compliance with the Lead and Copper Rule (LCR) is calculated by using sample results collected from sites in our sampling pool. Your location's lead or copper results may be higher or lower than the compliance calculation for the overall water system and does not reflect our water system's compliance with the LCR. We will notify all water users if the lead or copper results from our water system exceed the action level.

For more information, please contact: Gene Patterson.
(owner or operator)

at (509) 335 – 3041 or PO Box 641172 Pullman, WA 99164 – 1172 .
(phone number) (address)

This notice is sent to you by WSU Water System on 6/3/15 .

How Lead Gets Into Water

Lead in drinking water most often comes from water distribution lines or household plumbing rather than from the water system source. Plumbing sources can include lead pipes, lead solder, faucets, valves, and other components made of brass. Lead from other sources (such as lead-based paint and contaminated dust or soil) can increase a person's overall exposure, which adds to the effects of lead in water.

Potential Health Effects of Lead

The greatest risk of lead exposure is to infants, young children, and pregnant women. Lead can cause serious health problems if too much enters the body. Lead is stored in the bones and can be released later in life. Lead can cause damage to the brain and kidneys, interfere with production of red blood cells that carry oxygen, and may result in lowered IQ in children. During pregnancy, the child receives lead from the mother's bones, which may affect brain development. Low levels of lead can affect adults with high blood pressure or kidney problems.

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Copper is a mineral and natural component in soils. In the correct amounts, it is an essential nutrient for humans and plants. In Washington State, most copper in drinking water comes from corrosion of household plumbing. Plumbing sources can include copper pipe and brass fixtures. Copper from plumbing corrosion can accumulate overnight.

Potential Health Effects of Copper

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How you can reduce exposure:

- When your water has been sitting for several hours, flush the pipe by running the cold-water tap until the water is noticeably colder before using the water for drinking or cooking. **(The longer water has been sitting in the pipes, the more dissolved metals it may contain).**
- Use only cold water for drinking, cooking, and making baby formula. Hot water may contain higher levels of lead or copper.
- Frequently clean the filter screens and aerators in faucets to remove captured particles.
- If building or remodeling, only use "lead free" or low lead piping and materials. Avoid using copper piping or brass fixtures for locations where water will be consumed or used in food preparation (such as kitchen or bathroom sinks).

Email to Roanne
Answer EE Dept 6-4-15

CONSUMER NOTICE
Lead and Copper Water Sample Results

The WSU Water System, I.D. 93200Q,
is providing you with the lead and copper test results on the water sample collected at your location. Please share this notice with everyone who uses or drinks the water.

Results:

Location	Lead (mg/L)	Copper (mg/L)
EE/ME Bathroom Across from 120	0.00115	0.0328

The maximum contaminant level goal (MCLG) is the level of a contaminant in drinking water below which there are no known or expected risks to health. MCLGs allow for a margin of safety. The action level is the concentration of a contaminant that, if exceeded, triggers treatment requirements or actions a water system must follow.

- The MCLG for lead is "0" and the action level is 15 ppb (or .015 mg/L).
- The MCLG and action level for copper is 1,300 ppb (or 1.3 mg/L).

The water system's compliance with the Lead and Copper Rule (LCR) is calculated by using sample results collected from sites in our sampling pool. Your location's lead or copper results may be higher or lower than the compliance calculation for the overall water system and does not reflect our water system's compliance with the LCR. We will notify all water users if the lead or copper results from our water system exceed the action level.

For more information, please contact: Gene Patterson.
(owner or operator)

at (509) 335 – 3041 or PO Box 641172 Pullman, WA 99164 – 1172.
(phone number) (address)

This notice is sent to you by Environmental Health & Safety Water System on 6/3/15.

How Lead Gets Into Water

Lead in drinking water most often comes from water distribution lines or household plumbing rather than from the water system source. Plumbing sources can include lead pipes, lead solder, faucets, valves, and other components made of brass. Lead from other sources (such as lead-based paint and contaminated dust or soil) can increase a person's overall exposure, which adds to the effects of lead in water.

Potential Health Effects of Lead

The greatest risk of lead exposure is to infants, young children, and pregnant women. Lead can cause serious health problems if too much enters the body. Lead is stored in the bones and can be released later in life. Lead can cause damage to the brain and kidneys, interfere with production

of red blood cells that carry oxygen, and may result in lowered IQ in children. During pregnancy, the child receives lead from the mother's bones, which may affect brain development. Low levels of lead can affect adults with high blood pressure or kidney problems.

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Copper is a mineral and natural component in soils. In the correct amounts, it is an essential nutrient for humans and plants. In Washington State, most copper in drinking water comes from corrosion of household plumbing. Plumbing sources can include copper pipe and brass fixtures. Copper from plumbing corrosion can accumulate overnight.

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How you can reduce exposure:

- When your water has been sitting for several hours, flush the pipe by running the cold-water tap until the water is noticeably colder before using the water for drinking or cooking. **(The longer water has been sitting in the pipes, the more dissolved metals it may contain).**
- Use only cold water for drinking, cooking, and making baby formula. Hot water may contain higher levels of lead or copper.
- Frequently clean the filter screens and aerators in faucets to remove captured particles.
- If building or remodeling, only use "lead free" or low lead piping and materials. Avoid using copper piping or brass fixtures for locations where water will be consumed or used in food preparation (such as kitchen or bathroom sinks).

Lead and Copper Sampling Results by Lead - 2015

Location	Status (Vacant/Occupied?)	Crossover (Y/N)	Sample Date	Lead mg/L	Copper mg/L
Yakima P737	Vacant	N	7/2/2015	0.00966	0.156
Nez Perce G21	Vacant	N	7/2/2015	0.00821	0.00432
Nez Perce S83	Vacant	N	7/7/2015	0.00529	0.00365
Nez Perce A1	Vacant	N	7/2/2015	0.00497	0.00522
Nez Perce B7	Vacant	N	7/7/2015	0.00491	0.0106
Nez Perce L45	Vacant	N	7/9/2015	0.00422	0.00411
Yakima Q757	Vacant	N	7/2/2015	0.00411	0.138
Nez Perce Q71	Vacant	N	7/8/2015	0.004	0.00847
Chinook J47	Vacant	Y *	7/8/2015	0.00287	0.0246
Food Services 121	Occupied	N	5/14/2015	0.00273	0.131
Columbia Q52	Vacant	N	7/2/2015	0.00262	0.0786
Columbia D13	Vacant	N	7/2/2015	0.00259	0.0399
Columbia G19	Vacant	N	7/2/2015	0.00237	0.0684
Columbia L38	Vacant	N	7/7/2015	0.00171	0.0654
Yakima M718	Vacant	N	7/1/2015	0.00166	0.114
Yakima L701	Vacant	N	5/13/2015	0.00162	0.152
Chinook L58	Vacant	N	7/8/2015	0.00154	0.0298
Chinook Y118	Vacant	Y *	7/8/2015	0.0015	0.0417
Chinook K51	Vacant	N	7/8/2015	0.00117	0.0344
EE/ME 120	Occupied	N	5/14/2015	0.00115	0.0328
Chinook P72	Vacant	N	7/8/2015	0.00112	0.038
Chinook A4	Vacant	N	7/8/2015	ND	0.0123
Chinook N64	Vacant	N	7/8/2015	ND	0.0131
Chinook W105	Vacant	N	7/8/2015	ND	0.0212
Yakima A608	Vacant	N	6/30/2015	ND	0.108
Yakima B613	Vacant	N	5/13/2015	ND	0.063
Yakima E638	Vacant	N	5/13/2015	ND	0.0819
Yakima G651	Vacant	N	5/13/2015	ND	0.0734
Yakima H658	Vacant	N	7/1/2015	ND	0.063
Stimson 44	Vacant	N	5/14/2015	ND	0.0331

* Housing Notified

Chinook - 8 apts, Columbia - 4, Nez Perce - 6, Yakima - 9, Stimson - 1, Food Services - 1, EE/ME - 1

Federal Action Level (mg/L): Lead = 0.015 Copper = 1.3

Lead 90th Percentile (n 0.00497

Lead and Copper Sampling Results by Copper - 2015

Location	Status (Vacant/Occupied?)	Crossover (Y/N)	Sample Date	Lead mg/L	Copper mg/L
Yakima P737	Vacant	N	7/2/2015	0.00966	0.156
Yakima L701	Vacant	N	5/13/2015	0.00162	0.152
Yakima Q757	Vacant	N	7/2/2015	0.00411	0.138
Food Services 121	Occupied	N	5/14/2015	0.00273	0.131
Yakima M718	Vacant	N	7/1/2015	0.00166	0.114
Yakima A608	Vacant	N	6/30/2015	ND	0.108
Yakima B613	Vacant	N	5/13/2015	ND	0.0914
Yakima E638	Vacant	N	5/13/2015	ND	0.0819
Columbia Q52	Vacant	N	7/2/2015	0.00262	0.0786
Yakima G651	Vacant	N	5/13/2015	ND	0.0734
Columbia G19	Vacant	N	7/2/2015	0.00237	0.0684
Columbia L38	Vacant	N	7/7/2015	0.00171	0.0654
Yakima H658	Vacant	N	7/1/2015	ND	0.063
Chinook Y118	Vacant	Y *	7/8/2015	0.0015	0.0417
Columbia D13	Vacant	N	7/2/2015	0.00259	0.0399
Chinook P72	Vacant	N	7/8/2015	0.00112	0.038
Chinook K51	Vacant	N	7/8/2015	0.00117	0.0344
Stimson 44	Vacant	N	5/14/2015	ND	0.0331
EE/ME 120	Occupied	N	5/14/2015	0.00115	0.0328
Chinook L58	Vacant	N	7/8/2015	0.00154	0.0298
Chinook J47	Vacant	Y *	7/8/2015	0.00287	0.0246
Chinook W105	Vacant	N	7/8/2015	ND	0.0212
Chinook N64	Vacant	N	7/8/2015	ND	0.0131
Chinook A4	Vacant	N	7/8/2015	ND	0.0123
Nez Perce B7	Vacant	N	7/7/2015	0.00491	0.0106
Nez Perce Q71	Vacant	N	7/8/2015	0.004	0.00847
Nez Perce A1	Vacant	N	7/2/2015	0.00497	0.00522
Nez Perce G21	Vacant	N	7/7/2015	0.00821	0.00432
Nez Perce L45	Vacant	N	7/9/2015	0.00422	0.00411
Nez Perce S83	Vacant	N	7/7/2015	0.00529	0.00365

* Housing Notified

Chinook - 8 apts, Columbia - 4, Nez Perce - 6, Yakima - 9, Stimson - 1, Food Services - 1, EE/ME - 1

Federal Action Level (mg/L): Lead = 0.015 Copper = 1.3

Copper 90th Percentile (mg/L): 0.131

Drinking Water Lead and Copper Sampling Procedures

Lead and copper samples are being collected to determine the levels in WSU drinking water. The U.S. Environmental Protection Agency and WA State Department of Health (DOH) under the Lead and Copper Rule require this sampling effort.

The sample collection procedure are as follows:

1. Collect samples between May and August per the DOH Water Quality Monitoring Schedule.

2. Collect samples from a kitchen or bathroom faucet that does not have any faucets adjacent or close by the faucet preferably.

3. Avoid using single handle faucets if possible so that hot water bleed over does not need to be checked. If a single handle facet must be used, turn off the cold water valve under the sink, and turn on the cold water. If water comes out of the faucet then hot water is bleeding over into the cold water. Valve off the hot water and turn back on the cold water valve prior to flushing / sampling the faucet. Contact Housing of Facilities Services maintenance so that the faucet can be repaired/replaced.

4. If there is a water softener or point of use filter on the kitchen faucet, collect the sample from the bathroom faucet that is not attached to a water softener.

5. Do not remove the aerator prior to sampling.

6. Flush the cold water from the faucet for at least 5 minutes, then turn off. Post a sign over the sink stating do not use the sink today and to contact EHS with questions.

7. At least 6 hours after flushing the faucet, collect the sample. Samples must be collected between 6 and 12 hours after flushing. After labeling the sample bottle, place the open sample bottle below the faucet and then open the cold water faucet slowly. Fill the 1 liter sample bottle to the “shoulders” of the bottle, then turn off water. The 1st liter of water must be collected. If water is spilled or bypasses the bottle, the sample is invalid.

8. Tightly cap the sample bottle and place in a cooler with ice.

9. If any plumbing repairs or replacement has been done at the location since the previous sampling event, note this information on the label as provided.

10. The samples must be stored under refrigeration. The holding time for the samples is 6 months. Drop the samples off at Anatek for analysis.

Lead and Copper Consumer Notice certification form

All Group A water systems that conduct lead and copper monitoring must provide individual sampling results to the persons at each sample location. (CFR 141.85 (d))

Notification of Results: The water system must provide the consumer notice as soon as possible, but no later than 30 days after learning the results.

Community water systems: You must provide individual sampling results to all residences for which you received lead and copper samples. In multi-unit structures, only notify each unit tested.

Nontransient noncommunity water systems (NTNCs): You must notify all consumers who use water from the sample tap, even if they do not receive a water bill. With prior approval from DOH, NTNC water systems can post the notice in public areas.

Certification to the state: DOH must receive a sample copy of one consumer notice and a signed certification form (below) within 90 days after the end of the monitoring period.

To meet this reporting requirement, you may:

- Use the DOH Consumer Notice Template.
- Use the applicable EPA Consumer Notice template.
- Prepare your own Consumer Notice in conjunction with the state.

If you choose to produce your own Consumer Notice, it must include all of the following:

1. The sample results of the tap tested.
2. An explanation of the health effects of lead.
3. Steps consumers can take to reduce exposure to lead in drinking water.
4. The water system's contact information.
5. The maximum contaminant level goal (MCLG) and action level for lead, and the definitions of these two terms.

If you are responsible for multiple water systems, you can send to the Office of Drinking Water:

- A list of the water systems you provided Consumer Notices to, with name and PWS ID number.
- Send one copy of the Consumer Notice you used.
- Send one completed certification form (below).

Lead and Copper Results: Consumer Notification Certification Form

The water system must complete this section. The signature below certifies that the notice contains all required elements.

Complete the following items (check all that apply):

X I emailed all Consumer Notices to the water users at all of the lead and copper sampling locations within 30 days of receiving the lead and copper results from the laboratory.

☐ **(For NTNC systems ONLY)** Notice posted at _____ on ___ / ___ / ____ within 30 days of receiving the lead and copper results from the laboratory. (***Only By Department Approval***)

Washington State University	93200Q
Water System	PWS ID

Signature of owner or operator	Water Quality Manager Position	8-1-18 Date

Send a copy of the completed notice and this certification form to: Washington State Department of Health, Office of Drinking Water, Water Quality Section, PO Box 47822, Olympia WA 98504-7822 or fax to (360) 236-2252.

DOH Form 331-462-F

If you need this publication in alternate format, call (800) 525-0127. For TTY/TDD, call (800) 833-6388

CONSUMER NOTICE
Lead and Copper Water Sample Results

The WSU Water System, I.D. 93200Q, is providing you with the lead and copper test results on the water sample collected at your location. Please share this notice with everyone who uses or drinks the water.

Results: **WSU Housing Locations:**

Location	Lead (mg/L)	Copper (mg/L)
Yakima G-649	0.01560	0.3560
Yakima E-637	0.01380	0.4550
Nez Perce K-44	0.00445	0.00653
Nez Perce G-25	0.00398	0.00363
Nez Perce S-81	0.00392	0.00572
Nez Perce Q-67	0.00376	0.00703
Nez Perce B-5	0.00358	0.00314
Columbia D-14	0.00319	0.0822
Nez Perce A-4	0.00303	0.00385
Yakima B-615	0.00287	0.1680
Columbia G-22	0.00218	0.0843
Yakima H-654	0.00188	0.1480
Chinook A-6	0.00184	0.0530
Yakima A-608	0.00181	0.1320
Food Services Room 113	0.00163	0.0560
Yakima P-736	0.00157	0.1230
Chinook P-69	0.00141	0.0734
Columbia L-35	0.00102	0.0326
Yakima M-713	0.00101	0.0316
Yakima Q-756	ND	0.0896
Yakima L-703	ND	0.0421
Stimson kitchenette Rm 44	ND	0.0628
Columbia Q-51	ND	0.0223
Chinook Y-116	ND	0.0180
Chinook Q-78	ND	0.0251
Chinook N-64	ND	0.0223
Chinook L-57	ND	0.0162
Chinook K-51	ND	0.0181
Chinook J-46	ND	0.0655

* ND means not detected.

The maximum contaminant level goal (MCLG) is the level of a contaminant in drinking water below which there are no known or expected risks to health. MCLGs allow for a margin of safety. The action level is the concentration of a contaminant that, if exceeded, triggers treatment requirements or actions a water system must follow.

9/1/11

- The MCLG for lead is "0" and the action level is 15 ppb (or 0.015 mg/L).
- The MCLG and action level for copper is 1,300 ppb (or 1.3 mg/L).

The water system's compliance with the Lead and Copper Rule (LCR) is calculated by using sample results collected from sites in our sampling pool. Your location's lead or copper results may be higher or lower than the compliance calculation for the overall water system and does not reflect our water system's compliance with the LCR. We will notify all water users if the lead or copper results from our water system exceed the action level.

For more information, please contact: Gene Patterson .
(owner or operator)

at (509) 335 – 3041 or PO Box 641172 Pullman, WA 99164 – 1172 .
(phone number) (address)

This notice is sent to you by WSU Water System on 8-1-18 .

How Lead Gets Into Water

Lead in drinking water most often comes from water distribution lines or household plumbing rather than from the water system source. Plumbing sources can include lead pipes, lead solder, faucets, valves, and other components made of brass. Lead from other sources (such as lead-based paint and contaminated dust or soil) can increase a person's overall exposure, which adds to the effects of lead in water.

Potential Health Effects of Lead

The greatest risk of lead exposure is to infants, young children, and pregnant women. Lead can cause serious health problems if too much enters the body. Lead is stored in the bones and can be released later in life. Lead can cause damage to the brain and kidneys, interfere with production of red blood cells that carry oxygen, and may result in lowered IQ in children. During pregnancy, the child receives lead from the mother's bones, which may affect brain development. Low levels of lead can affect adults with high blood pressure or kidney problems.

How Copper Gets Into Water

Copper is a mineral and natural component in soils. In the correct amounts, it is an essential nutrient for humans and plants. In Washington State, most copper in drinking water comes from corrosion of household plumbing. Plumbing sources can include copper pipe and brass fixtures. Copper from plumbing corrosion can accumulate overnight.

Potential Health Effects of Copper

Although copper is an essential mineral in the diet, too much copper can cause health problems. Copper is widely distributed within the tissues of the body, but accumulates primarily in the liver and kidneys. A single dose of 15 mg of copper can cause nausea, vomiting, diarrhea, and intestinal cramps. Severe cases of copper poisoning have led to anemia and to disruption of liver and kidney functions. Individuals with Wilson's or Menke's diseases are at higher risk from copper exposure.

How you can reduce exposure:

- When your water has been sitting for several hours, flush the pipe by running the cold-water tap until the water is noticeably colder before using the water for drinking or cooking. **(The longer water has been sitting in the pipes, the more dissolved metals it may contain).**
- Use only cold water for drinking, cooking, and making baby formula. Hot water may contain higher levels of lead or copper.
- Frequently clean the filter screens and aerators in faucets to remove captured particles.
- If building or remodeling, only use "lead free" or low lead piping and materials. Avoid using copper piping or brass fixtures for locations where water will be consumed or used in food preparation (such as kitchen or bathroom sinks).

CONSUMER NOTICE
Lead and Copper Water Sample Results

The WSU Water System, I.D. 93200Q, is providing you with the lead and copper test results on the water sample collected at your location. Please share this notice with everyone who uses or drinks the water.

Results:

Location	Lead (mg/L)	Copper (mg/L)
EE/ME bathroom by room 14	0.00168	0.0786

The maximum contaminant level goal (MCLG) is the level of a contaminant in drinking water below which there are no known or expected risks to health. MCLGs allow for a margin of safety. The action level is the concentration of a contaminant that, if exceeded, triggers treatment requirements or actions a water system must follow.

- The MCLG for lead is "0" and the action level is 15 ppb (or .015 mg/L).
- The MCLG and action level for copper is 1,300 ppb (or 1.3 mg/L).

The water system's compliance with the Lead and Copper Rule (LCR) is calculated by using sample results collected from sites in our sampling pool. Your location's lead or copper results may be higher or lower than the compliance calculation for the overall water system and does not reflect our water system's compliance with the LCR. We will notify all water users if the lead or copper results from our water system exceed the action level.

For more information, please contact: Gene Patterson
(owner or operator)

at (509) 335 -- 3041 or PO Box 641172 Pullman, WA 99164 – 1172.
(phone number) (address)

This notice is sent to you by Environmental Health & Safety Water System on 7-11-18.

How Lead Gets Into Water

Lead in drinking water most often comes from water distribution lines or household plumbing rather than from the water system source. Plumbing sources can include lead pipes, lead solder, faucets, valves, and other components made of brass. Lead from other sources (such as lead-based paint and contaminated dust or soil) can increase a person's overall exposure, which adds to the effects of lead in water.

Potential Health Effects of Lead

The greatest risk of lead exposure is to infants, young children, and pregnant women. Lead can cause serious health problems if too much enters the body. Lead is stored in the bones and can be released later in life. Lead can cause damage to the brain and kidneys, interfere with production of red blood cells that carry oxygen, and may result in lowered IQ in children. During pregnancy,

the child receives lead from the mother's bones, which may affect brain development. Low levels of lead can affect adults with high blood pressure or kidney problems.

How Copper Gets Into Water

Copper is a mineral and natural component in soils. In the correct amounts, it is an essential nutrient for humans and plants. In Washington State, most copper in drinking water comes from corrosion of household plumbing. Plumbing sources can include copper pipe and brass fixtures. Copper from plumbing corrosion can accumulate overnight.

Potential Health Effects of Copper

Although copper is an essential mineral in the diet, too much copper can cause health problems. Copper is widely distributed within the tissues of the body, but accumulates primarily in the liver and kidneys. A single dose of 15 mg of copper can cause nausea, vomiting, diarrhea, and intestinal cramps. Severe cases of copper poisoning have led to anemia and to disruption of liver and kidney functions. Individuals with Wilson's or Menke's diseases are at higher risk from copper exposure.

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- Use only cold water for drinking, cooking, and making baby formula. Hot water may contain higher levels of lead or copper.
- Frequently clean the filter screens and aerators in faucets to remove captured particles.
- If building or remodeling, only use "lead free" or low lead piping and materials. Avoid using copper piping or brass fixtures for locations where water will be consumed or used in food preparation (such as kitchen or bathroom sinks).

APPENDIX G

Chapter 7

APPENDIX G-1

WSU Construction Standard Specifications

DIVISION 21 – FIRE SUPPRESSION
21 10 00 WATER-BASED FIRE SUPPRESSION SYSTEMS

PART 1 - GENERAL

1.01 SCOPE

A. The following standards and procedures apply to the design and installation of all wet pipe and dry pipe sprinkler systems. The design of fire suppression systems shall follow these guidelines, but the designer shall consult with WSU Engineering Services prior to beginning design work. The design of the Fire Sprinkler System shall be performed by a Fire Protection Engineer licensed in the State of Washington.

1.02 DESIGN ASPECTS FOR ALL BUILDINGS

A. All Fire Suppression System design and installation shall comply with the most current and adopted version of NFPA 13.

B. Contract Drawings for every new project and renovation shall include a complete riser diagram and shall show riser locations, main header location with details, and Fire Department Connection (FDC) location. Each floor of a multi-story building shall be shown on the riser diagram.

C. In multi-level buildings, floor control valve and drain shall be accessible from the floor level. A drain assembly shall be provided for every floor except penthouses less than 1000 square feet.

D. A Post Indicator Valve (PIV) shall be included in every new sprinklered building. The PIV should be located at least 20 feet from the building and shall be shown on the Contract Drawings and shall be at a minimum a 6 inch valve. All PIV locations must be reviewed and approved by the WSU Fire Marshall. All piping between the PIV and the building, including an approved back flow prevention assembly, shall be shown on the Contract Drawings.

1. Every new sprinkler system is to have a back flow prevention assembly.

2. Existing buildings which are being remodeled or renovated, with existing sprinkler systems not already having a PIV or back flow prevention assembly, shall have these items added to the system.

1.03 DESIGN FOR NEW BUILDINGS

A. The Consultant shall recommend a list of hazard classifications for the proposed facility, to be reviewed and approved by the Authority Having Jurisdiction (AHJ).

B. Designs shall be based primarily on Standard Response sprinklers. Specify Quick Response sprinklers only where required by code or where clearly advantageous based on the program.

PART 2 - PRODUCTS AND MATERIALS

2.01 GENERAL

A. Materials and Equipment: Where two or more pieces of equipment are required to perform interrelated functions, they shall be products of one manufacturer.

B. Approval Guides: Unless otherwise indicated, all products shall be listed in the latest publication of Approval Guides for Underwriters Laboratory for the service intended.

C. Acceptable Manufacturers of sprinkler specialties shall be one of the following (or equivalent):

1. Central

2. Grinnell

3. Reliable

4. Viking

2.02 PIPE

A. Schedule of Pipe: All pipe shall be ferrous, meet the requirements of the most current and adopted version of NFPA 13, Table 3-1.1.1 and be schedule 40 for pipe up to 2 inches. Schedule 10 may be used for pipe 2 1/2 inches and larger.

B. Piping, Buried: C900 PVC "Blue Brute" or ductile iron. See specific requirements in section 22 11 00 “Facility Water Distribution.”

C. Piping, Building Interior: Galvanized pipe and fittings shall be used between the building entrance and the fire sprinkler back flow prevention assembly.

D. Dry pipe systems, non-pressurized fire department pumper connection piping, and pipe located in corrosive environments shall meet the requirements of the most current and adopted version of NFPA 13, Table 3-1.1.1, be schedule 40 pipe, ferrous, and galvanized. No exceptions.

E. Rust Inhibitive Paint: All exposed threads on galvanized pipe are to be coated with rust inhibitive paint.

F. Pipe Identification and Labeling: Designer shall specify: “Pipe identification shall be in accordance with the most current standards of the National Fire Protection Agency (NFPA).”

2.03 FITTINGS AND COUPLINGS

A. Rust Inhibitive Paint: Grooved Fittings and couplings shall be coated with a rust inhibiting paint.

B. Threaded Fittings: Threaded fittings shall be cast iron or malleable, class 125 NPT, rated for 175 psi cold water working pressure, and shall conform to the most current and adopted versions of ANSI B16.4, ASTM 126 and ANSI B2.1.

C. Nipples: No close nipples will be permitted. For short pipe connections use standard short nipples.

D. Adjustable Nipples: Adjustable drop nipples may be used on flush or concealed type sprinklers only and must be of double o-ring seal design.

E. Thread-O-Lets: Shop welded Thread-O-Lets may be used where a certified welder is used, meeting the requirements of NFPA 13. Field-welded Thread-O-Lets shall not be accepted.

F. Grooved Fittings: 90 degree bends, 45 degree bends, tees, and reducers shall be malleable iron or ductile. The fittings shall be:

1. Gustin-Bacon
2. Gruvlok
3. Victaulic
4. Viega

G. Adapter Flanges: Adapter flanges (fittings) shall be cast iron/class 125 conforming to the most current and adopted version of ANSI B-16.1, with a rust inhibiting coating. The adapter flanges shall be:

1. Gustin-Bacon
2. Gruvlok
3. Victaulic
4. Viega

H. Grooved Couplings:

1. Grooved couplings and reducers shall be malleable or ductile iron conforming to the most current and adopted versions of ASTM A-47.

2. Coupling gasket shall be molded Elastomer (EPDM) per the most current and adopted version of ASTM D2000, Victaulic grade "E" (type A).

3. On dry pipe systems a "FlushSeal" or "Flush Gap" gasket shall be used.

4. Grooved couplings and reducers shall be of the same manufacturer as used for the grooved fittings.

I. Plain End Couplings: Plain end couplings (Roust-A-Bouts, Plainloks or similar couplings) may be used for modification of existing sprinkler systems, pending review by the WSU Fire Marshall. Plain end couplings shall not be acceptable for new sprinkler systems.

J. Hole Cut Outlets, New Systems: No hole cut outlets may be used on new sprinkler systems.

K. Hole Cut Outlets, Existing Systems: Hole cut bolted branch outlets couplings shall be used on existing sprinkler systems only in isolated locations as approved by the Owner. Hole cut outlets shall be a full bodied outlet.

1. Style 920 by Victaulic by Gruvlok

2. Gustin-Bacon

2.04 HANGERS AND SUPPORTS

A. Hangers: Provide hangers to support all piping in perfect alignment without sagging or interference, and permit free expansion and contraction.

B. Pipe Rings: Pipe rings to be zinc coated Grinnell figure 69 or approved equal.

C. Hanger Rods: Hanger rods to be electro-galvanized.

D. C-Clamps: All c-clamps (beam clamps) shall be equipped with earthquake retaining straps.

E. Riser Clamps: Riser clamps shall not protrude more than 2 inches beyond the edge of the hole. The riser clamps shall be UL listed, Grinnell Figure 261 or approved equal.

F. Concrete Anchors: Concrete expansion anchors shall be:

1. Hilti

2. Phillips

3. Rawl

4. ITW

G. Explosive Anchors: Explosive driven type fasteners are not permitted.

2.05 EARTHQUAKE BRACING

A. Earthquake bracing shall be with a pipe clamp and pipe with a swivel type anchor or similar to those illustrated in the most current and adopted version of NFPA 13.

2.06 VALVES

A. Outside Screw and Yoke (OSY) Valves: OSY valves shall be cast iron, flanged and rated for 175 psi, non-shock cold water working pressure.

B. Isolation/Control Valves: Sprinkler system, standpipe, and other above ground controlling valves shall be gear-operated slow-close butterfly valves with flag type indicator, cast iron lug body, bronze disc, EPDM crowned seat, stainless steel stem with bronze bushings, two internal single-pole, double-throw monitor switches, and locking chain supplied by the valve company.

1. Grinnell Series 8000FP or approved equal.

C. Supervised Valves 1 1/2 Inches and Smaller: Sprinkler controlling valves 1 1/2 inches and smaller shall be slow-close supervised butterfly valve:

1. Milwaukee Valve Company, model BB-SC.

D. Valves Controlling Sprinklers in Elevator Machine Room and Top of Elevator Shaft:

1. Sprinklers located in elevator machine rooms and at the top of the elevator shaft shall be controlled by a supervised butterfly control valve with normally closed contacts:

i. Milwaukee Valve Co., model BB-S02-R.

ii. Designer shall consult with WSU Environmental Health and Safety (EHS) if it is a high-rise building or high-rise building requirements are being applied to this project.

E. Drain Valves: Drain valves shall be UL Listed, screw-in bonnet bronze globe valves, rated to 175 psi non-shock cold water working pressure. Low point drain valves shall have a ¾ inch brass nipple with ¾ inch male hose threads and cap.

1. Nibco

2. United

F. Check Valves:

1. Grooved, iron body, bronze seat, stainless steel clapper with a replaceable rubber seal (a rubber seal integral with the seat is not acceptable), and 175 psi non-shock cold water working pressure.

2. Viking model D, Central model 90 or approved equal.

G. Provide a double check valve assembly including the two OSY gate valves. The assembly shall be an approved double check valve assembly conforming to the standards of the most current Washington State Department of Health Cross-Connection Control Program.

1. Febco

2. Watts

2.07 SPRINKLERS

A. Sprinklers: Provide ordinary temperature rated sprinklers with a ½ orifice. Areas subject to high temperatures exceeding 110 degrees Fahrenheit or as noted in the most current and adopted version of NFPA 13 shall have sprinklers rated for 212 degrees Fahrenheit or as required.

1. "I" occupancy in the required Quick Response sprinklers:

i. Reliable Model F1-FR

ii. Viking Model M.

iii. Flow control and extended coverage sprinklers shall only be specified after consultation and approval of the WSU Life Safety Department and EH&S.

2. Designer shall describe each sprinkler to be used for all areas of the project, including style (upright, pendent, sidewall, semi-recessed etc.); type (fusible link, solder, or frangible bulb); finish (white, brass, chrome, decorator color, etc.); and type and finish of any canopies or escutcheons when applicable. List at least three different manufacturers and model numbers for each type of sprinkler.

3. Recessed Sprinklers: Provide recessed sprinklers in all finished lay-in or plaster ceilings. Provide chrome sprinklers with a white escutcheon.

i. Reliable model F1 Recessed

ii. Viking Micromatic Model M with escutcheon model E-1

iii. Gem model F985

iv. Omega Sprinkler heads shall not be acceptable.

4. Recessed sprinklers may only be used in accordance with their listing or approval. They cannot be used in storage occupancies or occupancies involving special hazards such as flammable liquids.

B. Spare Sprinklers: Provide spare sprinklers and escutcheons for each type and style of sprinkler used in accordance with the most current and adopted version of NFPA 13 and proportioned based upon the number of each type and style of sprinkler used on the job. In no case should fewer than six of each type of sprinkler heads be provided. Spares of dry-pendent sprinklers are not required.

2.08 SPARE SPRINKLER CABINETS

A. Provide a spare sprinkler cabinet (or cabinets) to accommodate the required number of spare sprinklers and escutcheons. Include a wrench for each type of sprinkler in the cabinet.

2.09 SPRINKLER HEADGUARD

A. Provide UL Listed sprinkler headguards for sprinkler heads subject to mechanical damage or for any sprinkler of which any portion is at, or lower than, 7 feet above the floor.

2.10 FIRE DEPARTMENT CONNECTION

A. A properly labeled sign indicating "Auto Sprinkler" or "Auto Sprinkler / Standpipe" shall be provided as a part of the escutcheon or as a separate sign permanently affixed to the building, in accordance with NFPA 13. Lettering for the sign shall be a minimum one inch high. Choose either chrome or polished brass for the FDC and escutcheon.

B. Provide a fire department connection (FDC) with horizontal type connections, dual clapper, 2-1/2 inch inlets, with rocker lug caps, and chains.

2.11 BALL DRIP

A. Where feasible, provide a bronze ball drip for the fire department connection inside of the building and pipe to the nearest floor drain.

B. At locations where an interior ball drip is not feasible, provide an accessible manhole for servicing and maintaining the ball drip.

C. Ball drip location and details shall be reviewed and approved by WSU Engineering Services.

2.12 ROOF FIRE DEPARTMENT CONNECTION

A. Designer shall consult with WSU Engineering Services and EH&S on the requirements for a roof FDC.

B. Provide a wall-type indicator post and butterfly valve for the roof indicator post, with a two-way roof fire department connection with rocker lug caps and chains:

1. Potter-Roemer 5870 series

2.13 POST INDICATOR VALVE

A. Provide a post indicator valve (PIV) on the fire service water main into the building.

B. Post Indicator valves shall be Kennedy #641 or equal.

2.14 HOSE VALVE

A. Provide 2-1/2 inch polished brass hose valves with a cap and chain. Potter-Roemer model 4065 with model 4626 (cap and chain) or approved equal.

2.15 SIGHT DRAIN

A. Provide a single piece sight drain that conforms with the standards of NFPA 13.

2.16 PRESSURE GAUGE

A. Provide a 3-1/2 inch diameter, bourdon type pressure gauge, 0-300 pounds, 1/4 inch soft metal seat globe valve with arrangements for draining pipe between gage and valve, located near each main or floor control valve assembly on the main line or near each test location.

2.17 DRUM DRIP

A. Provide a cast iron drum drip at the low drain points on a dry system.

2.18 LINK SEALS

A. Provide link seals when underground pipe passes through an exterior wall or slab on grade. Flexible couplings or push-on joints located within 1 foot of each side of the wall must be included in the link seal installation (most current and adopted version of NFPA 13 4-5.4.3.4 exception No. 3).

2.19 WALL ESCUTCHEON

A. Provide plastic split ring type escutcheons and paint to match the wall. Escutcheons are only required with exposed pipe installations.

2.20 DRY PIPE ALARM VALVE

A. For dry systems only, provide a dry pipe alarm valve, trim package, accelerator and air maintenance device. All components shall be products of the same manufacturer. Preferred manufacturer: Viking model F-1.

2.21 AIR COMPRESSOR:

A. For dry systems, provide a tank-mounted air compressor sized to completely refill the system within 30 minutes. Minimum tank pressure shall be 60 psi.

1. Preferred manufacturer: Quincy. Alternatives require approval from WSU Engineering Services.

2.22 FIRE ALARM RELATED EQUIPMENT

A. Equipment in this section shall be provided, installed, and adjusted by the Sprinkler Contractor. Coordinate installation of fire sprinkler system with all other trades. Conduit, wiring, and terminations shall be by others.

B. Waterflow Switch: Potter VSR-F. No exceptions.

C. Valve Supervisor Switch: Potter OSYSU-A2 for OSY valves and Potter PIVSU-A for PIV valves. No exceptions. Butterfly isolation valves shall be equipped with two internal single-pole, double-throw monitoring switches.

D. Pressure Type Waterflow Switch, for dry systems only:

1. Potter PS10-2. No exceptions.

E. High-Low Air Pressure Monitoring Switch, for dry systems only:

1. Potter PS40-2. No exceptions.

F. Supervised Valves 1-1/2 Inches and Smaller: Slow-Close Supervised Butterfly valve from Milwaukee Valve Company, Model BB-SC. No exceptions.

2.23 SIGNS AND PLACARDS

A. Provide stamped metal hydraulic placards, labeled in accordance with the requirements of NFPA 13.

B. At the conclusion of the project, provide blank metal signs for all control, drain and test valves to the WSU Construction Manager. WSU Life Safety shall fill out these signs in accordance with the Fire Alarm Control Panel schedule.

2.24 PIPE THREAD SEALANT

A. Provide a brush-on pipe thread sealant with Teflon, Grinnell Tuff-Loc or approved equal.

PART 3 - EXECUTION

3.01 SHUTDOWN OF EXISTING SYSTEMS

A. Any shutdowns of existing water distribution systems, fire sprinkler systems, domestic water systems or fire alarm systems shall be approved by the WSU Construction Manager. Provide advance written notice at least 7 days prior to the shutdown.

3.02 CONNECTIONS

A. Fire mains and lead-ins shall be flushed thoroughly before connection is made to system piping, in accordance with NFPA 13.

3.03 PENETRATIONS

A. Required Clearance around Pipe:

1. Piping passing through fire rated assemblies, including fire rated gypsum wall board (GWB) assemblies shall be provided with clearance around the entire circumference of the pipe, as required by the most current and adopted version of NFPA 13.

2. Penetrations of walls, floors, or ceilings shall be made in a neat manner using properly sized hole saw or masonry/concrete coring as necessary.

B. Fire Rated Assemblies:

1. The annular space between the wall or pipe sleeve and the sprinkler pipe in fire rated assemblies shall be filled with UL classified firestopping

material in accordance with the manufacturer's recommendation and section 07 84 00.

C. Escutcheons: Split wall plates or escutcheons shall be installed where exposed piping or hangers pass through a finished floor, wall or ceiling and shall fit snugly, securely and cover the opening.

3.04 CONTROL VALVES

A. Install all control valves, supply valves and test valves in readily accessible locations, with the valve handle or wheel no higher than seven feet above the finished floor.

B. Design Consultant shall submit Floor Control Valve Assembly standard details no later than 50% Construction Drawings.

3.05 INSPECTOR'S TEST AND DRAINS

A. Provide inspector’s test valves for each floor of each system. The inspector's test assembly shall be piped to discharge to the WSU Sanitary Sewer system. Discharge shall be into a drain riser located adjacent to the system riser or to a drain for a remote inspectors test valve when provided (i.e., dry systems). The valve shall be readily accessible, at a location no higher than seven feet above finished floor.

B. Main Drains:

1. Designer shall coordinate with the plumbing drawings to indicate the appropriately sized floor drain where required.

2. Provide main drains at all system and floor control valves. Discharge into the WSU sanitary sewer system via floor drain with funnel. No sprinkler system drain line shall be piped directly into a drain; there shall be at least a ½ inch air gap between the pipe and the funnel/drain.

C. Auxiliary Drains: Provide auxiliary drains at all low points of the system, where the trapped section of pipe exceeds five gallons. As a minimum, the drain shall consist of a valve, a ¾ inch brass nipple with ¾ inch male hose threads, and cap. Locate auxiliary drains in unfinished areas without suspended ceiling wherever possible. In finished areas, with lathe and plaster or GWB locate the hose bib within six inches of an access panel, minimum 12" x 12". If located in bathrooms the panel is to be stainless steel.

3.06 GAUGES

A. Provide gauges at the main system riser and each floor control valve. Tap gauges from the main piping, not from the drain piping.

3.07 LAY-IN CEILINGS

A. Designer shall modify as required. For lay-in suspended acoustic ceilings, sprinklers shall be centered on the tiles (in both directions) and carefully aligned.

3.08 EARTHQUAKE BRACING

A. Install earthquake bracing in accordance with the most current and adopted version of NFPA 13.

3.09 INSPECTION, PUNCH LIST AND HYDROSTATIC TESTS

A. Partial System Test or Inspection:

1. Perform tests with the sprinklers installed in their final positions.

2. Where it is critical to the continuance of the project as a whole to cover portions of the piping with ceilings or walls prior to the completion of the entire system, partial testing of the system may be performed after receiving written approval from the WSU Project Manager. In this case, "partial" indicates an entire zone or floor of one system. A satisfactory partial test does not relieve the Contractor from performing all final testing procedures.

B. Preliminary Hydrostatic Test:

1. Perform a hydrostatic test, conforming to the requirements of the current and adopted version of NFPA 13, after the system has been fully installed and is ready for service, and prior to installation of suspended ceilings.

2. Take special precautions to detect and stop water leakage so that any water damage will be minimal.

C. Test of Fire Alarm Equipment:

1. Test the operation of the water flow, pressure, and supervisory switches.

2. When the Contractor has confirmed that the system is in complete operating condition in every respect, notify the Construction Coordinator in writing that the system has been inspected and tested the system and that it is ready for final inspection.

D. Final Hydrostatic Test and Inspection:

1. Final inspection of all phases of the Work shall be made by the Architect and Engineer, Fire Marshal, WSU Life Safety Department and the WSU Construction Manager.

2. Notify the WSU Construction Manager at least 14 days in advance of making the required tests, so that arrangements may be made for the presence of the Architect and Engineer, Fire Marshal, and WSU Life Safety representative to witness the tests.

3. The installing foreman or other representative of Contractor shall be present at this time to conduct any operating tests of alarm, drains or other system functions requested by the Architect and Engineer, Fire Marshall, or WSU Construction Manager.

4. Test the complete system for not less than 2 hours at a pressure of 200 psi (or 50 psi above static pressure, whichever is greater) without the addition of any water. Any leaks or drips shall be repaired immediately by the Contractor.

END OF SECTION

DIVISION 22 – DOMESTIC WATER PIPING
22 11 00 FACILITY WATER DISTRIBUTION

PART 1 - GENERAL

1.01 GENERAL REQUIREMENTS

A. Washington State University (Pullman campus) is served by both high elevation and low elevation water systems. The high elevation source is the North Fairway Reservoir. The low elevation sources are the Observatory Hill Reservoirs.

B. Refer to WSU utility record drawings for known existing conditions.

1.02 SPECIFIC DESIGN REQUIREMENTS

A. Design of the WSU public drinking water system shall meet the requirements of the most current editions of Chapters 246-290 WAC and the most current edition of the Washington State Department of Health (DOH) Water System Design Manual.

B. Service mains shall be sized to meet the larger demands of either the maximum hourly domestic or the combination of maximum day domestic plus fire flow. In all cases, the minimum service main size shall be 12 inches in diameter.

C. Yearly average domestic demands shall be the product of a 60 gallon per capita day usage and projected population densities. Maximum day rates shall be taken at 150 percent of this yearly average and the maximum hourly rate shall be set at 250 percent. System losses and unaccounted for usages shall be taken at 10 percent of the domestic demand.

D. For design purposes, line velocities shall not average more than 5 feet per second. Exceeding this velocity requires approval from WSU Engineering Services.

E. Mains shall be buried 60 inches below finished grade (to the top of the pipe).

F. Gate valves eight (8) inches and larger shall be installed in a standard vault.

G. Minimum size service branch lines from main shall be 6 inches to inside curb line; reductions may be made at that location if approved by WSU Engineering Services.

H. No saddle taps allowed for service connections. Branch lines tees will be used.

I. Reclaim water pipe shall be color-coded purple.

J. Pipe bedding shall be installed per Washington State University (WSU) Standard Drawing C552.

PART 2 - PRODUCTS

2.01 GENERAL

A. Distribution main shall be one of the following (or approved equal):

1. C900 PVC "Blue Brute"
2. For sleeves, use ductile iron.

B. Fittings shall be class 350 ductile iron per the most current and adopted version of AWWA A21.53.

C. Jointing shall be mechanical.

1. Preferred manufacturer: MegaLug

D. Valves:

1. Shall be flanged, iron body, bronze mounted double disc gate; over eight (8) inches, valves to have non-rising stems. Maximum operating pressure shall be not less than 175 psi for valves up to twelve (12) inches.
2. Shall be installed vertically in level lines and shall meet most current and adopted version of AWWA C500 specifications. Flanges shall be faced and drilled, ASA Class 235, for use with full face gaskets.

E. Shells, lugs, bolts, washers, and nuts shall be type 304 stainless steel.

F. Flanges shall be type 304 stainless steel or ductile iron, most current and adopted version of American Society for Testing and Materials (ASTM) ASTM 536-80, test rated at 200 psi, "Roman" Models SST or equal.

PART 3 - EXECUTION

3.01 GENERAL

A. Install thrust blocks in accordance with the design standards of the most current Water Agencies' Standards Design Guidelines for Water and Sewer Facilities and the manufacturer's recommendations.

B. Provide a Link-Seal assembly at the building penetration.

3.02 DISINFECTION

A. New or repaired public drinking water systems shall be disinfected prior to connection, in accordance with the standards of the most current Uniform

Plumbing Code as modified by Chapter 51-56 WAC, and in accordance with the most current version of ANSI/AWWA C651, “Disinfecting Water Mains.”

B. For installation of new lines and systems, the Contractor is responsible to ensure all chlorination is performed according to the most current version of ANSI/AWWA C651, and that adequate bacteriological sampling results are obtained from a WA State approved laboratory. Submit written documentation of chlorination and bacteriological sampling to the WSU Construction Manager, for review and approval by Environmental Health and Safety (EH&S) and the Water Distribution Manager, prior to placing new lines in service.

3.03 TESTING

A. Conduct pressure testing in accordance with the manufacturer’s recommendations. Contractor shall submit proposed pipe testing procedures to the WSU Construction Manager for review and approval by WSU Engineering Services.

B. No testing water or chlorinated water may be discharged into the sanitary or storm sewer system in accordance with the most current and adopted version of Washington Administrative Code (WAC) 173-201A. All chlorinated water shall either be treated to remove chlorine prior to discharge into sewers, or discharged into an area which does not impact storm drains or surface waters. If soil is the only contaminant, the wastewater may be discharged into the storm sewer catch basins provided they are protected using Best Management Practices (BMPs), per the requirements of WSU section 33 40 00 (Storm Drainage Utilities).

C. The Contractor shall notify the WSU Construction Manager in writing at least 48 hours prior to testing. The Contractor shall make all necessary testing and sampling arrangements, making all necessary arrangements with the WA State approved testing laboratory. The Construction Manager shall notify the following as to date and time of flushing and hydrostatic and bacteriological testing:

1. Facilities Services Water Distribution Manager
2. WSU Environmental Health and Safety
3. WSU Fire Department

END OF SECTION

DIVISION 31 – EARTHWORK
31 00 00 EARTHWORK

PART 1 - GENERAL

1.01 DESIGN CONSIDERATIONS (GEOTECHNICAL)

A. The Washington State University campus at Pullman, Washington is located near the eastern edge of the Columbia Plateau Geologic Province. The geologic substructure is characterized by a thick zone of basalt, of the Columbia River Group, which is as much as 5,000 to 10,000 feet thick in this area and consists of separate flows and occasional interlayers of sedimentary materials. Blanketing the basalt is a material commonly referred to as the "Palouse Loess". This soil consists of wind deposited clay and silt particles and usually classifies as CL or ML in the Unified Soil Classification System. It has a relatively low dry unit weight, is highly sensitive to moisture content changes and some phases are considered collapsible. The thickness of the Palouse Loess stratum varies throughout the campus from only several feet to 100 feet or more.

1. Native soils may only be used as structural fill upon the recommendation of the Geotechnical and Structural Engineers of Record, and with the specific approval of WSU Engineering Services and the WSU Project Manager.

B. For all new structures the Prime Consultant shall provide a Geotechnical Report, prior to Design Development, describing the condition of the native soils and any special considerations necessary during excavation and backfill operations.

C. If the excavation involves a surface area greater than 5,000 square feet, contact WSU Environmental Health and Safety (EH&S) for inspection and review of stormwater protection requirements.

1.02 EXCAVATION NOTIFICATION AND UTILITY LOCATIONS

A. At a minimum, Contractors shall at all times comply with the Excavation and Utility standards of RCW 19.122.

B. Pre-Design Surveys

1. Design Consultants shall note that the One-Number Locator Service is primarily intended for pre-excavation, not-predesign. WSU Utilities personnel can assist with utility locates to confirm essential pre-design survey work (see requirements below).

2. Consultants requiring locations of as-built campus utilities shall request access to Record Drawing archives and WSU Graphic Information Systems (GIS) through the WSU Project Manager.

3. Consultants are responsible for hiring a Survey Consultant to resolve additional information requirements above and beyond WSU Record Drawings and GIS data.

4. When essential to confirm pre-design survey work, Consultants may request WSU utility locates through the WSU Construction Manager (not the One-Number Locator Service).

C. Pre-Excavation Utility Locating Services: This case applies to pre-excavation utility locates only; not for utility shutdowns.

1. Pre-Excavation Meeting: Contractor shall schedule a Pre-Excavation Meeting through the WSU Construction Manager prior to contacting the One-Number Locator Service. This affords the opportunity to assess potential impacts of excavation and coordinate with WSU Facilities Services Operations and the appropriate public utilities.

2. Contractor shall request utility locations through the One-Number Locator Service (for public utilities such as Avista) and the WSU Construction Manager (for WSU Facilities Services personnel).

3. WSU Facilities Services personnel will mark utility locations (located utilities as well as available information on unlocatable utilities) per the standard procedures of RCW 19.122.

4. Standard utility marking colors:

   i. Red = Electrical

   ii. Yellow = Steam, Condensate, Gas, Oil, Petroleum

   iii. Orange = Telecommunications

   iv. Blue = Drinking Water

   v. Green = Sewer

   vi. Purple = Non-Drinking Water (including Chilled Water)

   vii. Pink = Survey Marks

   viii. White = Excavator Marks, Excavation Boundary

5. Contractors are responsible for maintaining accurate utility locations per the requirements of RCW 19.122.

D. Utility Shutdown Services:

1. Contractor shall request utility shutdowns through the WSU Construction Manager at least 10 working days in advance.

2. WSU Facilities Services cannot guarantee approving shutdowns on the requested date(s) (even when requested 10 working days in advance):

    i. Shutdowns require WSU personnel to exercise local valves and frequently to conduct temporary shutdowns (domestic water, steam lines, electrical, etc.) in order to verify existing conditions and confirm site isolation prior to the Contractor's requested shutdown and/or connections to new work.

    ii. Temporary utility shutdowns may affect ongoing research and other critical University functions, and require prior notification and coordination with faculty and staff in the affected locations.

1.03 DUMPSITE AND HAULING CONSIDERATIONS

A. Contractor shall perform excavation and hauling so as to provide the least impact to public safety, existing campus infrastructure, and daily university operations.

B. Contractor shall submit all proposed haul routes to the WSU Construction Manager for review and approval prior to commencement of hauling operations. Haul routes shall be selected to minimize the need to operate in the campus core, and to minimize the impact on students, faculty, and staff. The Contractor shall, when hauling over existing roadways, be responsible for maintenance during use of roadway and for restoration to original condition upon completion.

    1. Note that the lowest overhead clearance (and the maximum permissible height for trucks and equipment) on Stadium Way is 13'5" (Gannon-Goldsworthy pedestrian overpass).

C. Contractor trucks shall not exceed AASHTO HS20 design loads without specific approval from the WSU Construction Manager.

D. If the project requires a temporary access road to the site or to a University dumpsite, the Contractor shall establish, maintain and remove (if necessary) said access road. Maintenance shall continue during periods of bad weather so alternate dumpsites are not required. Contractor shall make provisions as necessary to ensure the uninterrupted flow of required University traffic.

E. Trucks shall be equipped with proper sidewalls and/or covers to ensure total containment of debris in transit to the dump site.

1.04 OTHER DESIGN CONSIDERATIONS AND PROJECT SPECIFICATION REQUIREMENTS

A. Tunnel Protection: Contractor shall take all necessary precautions for protecting the steam tunnels from equipment damage. Contractor shall not move or park any equipment or heavy loads over tunnel lids. Contractor shall not move or park any equipment or heavy loads over or adjacent to the University's steam tunnels without first providing necessary shoring and planking (approved by the Structural Engineer of Record) to distribute wheel loads and to prevent chipping of edges. Depending on the type of traffic, utility tunnels may require interior shoring and protection. The Engineer of Record shall recommend tunnel protection requirements during late design development or early construction development phase, to be approved by WSU Engineering Services.

B. Debris Disposal:

1. All demolition and construction debris shall be removed from site and disposed of in a legal landfill or other legal location.

2. Contractor shall not dispose of any construction debris in any University dumpsters unless contracted with WSU Waste Management for debris disposal.

3. Contractor is responsible for maintaining a written chain of custody for disposal of all hazardous and asbestos-containing materials, and shall furnish record copies to the WSU Construction Manager and Environmental Health and Services (EH&S). See also the requirements of Section 02 40 00 “Demolition and Structure Moving.”

C. Excess Earth Disposal:

1. Topsoil: If topsoil from an excavation is of acceptable quality (determined by WSU Facilities Services) it shall be retained in the WSU Topsoil Storage Yard. Contractor use of the Topsoil Storage Yard requires approval of the WSU Construction Manager and the Director of Plant Services.

   i. If Contractor is found to have placed unacceptable or unapproved material in the WSU Topsoil Storage Yard, Contractor shall be responsible for removing said materials and relocating to an acceptable disposal facility at the Contractor’s expense.

2. Contractor shall dispose of all other excess earth from excavation off campus in a legal fashion.

3. If excess earth from an excavation is removed under the provisions of an NPDES permit, stormwater protection provisions of the permit apply wherever the soil is deposited.

D. Blasting shall not be permitted under any circumstances. Typically specify mechanical removal or expansive breaking of rock.

E. Excavations shall be performed without destabilizing any adjacent building structure.

1.05 MAINTENANCE AND CORRECTION

A. Contractor shall make necessary repairs to pavement, sidewalks or other structures which may be damaged as a result of post-construction settlement for a period of five (5) years after substantial completion or acceptance of the work, whichever is earlier. Contractor shall confirm this via written warranty.

1.06 QUALITY ASSURANCE

A. WSU shall retain a Special Inspector to perform on-site observation and testing services. During the course of construction, the Inspector will advise the WSU Project Manager in writing, with copy to the Contractor, if any work does not appear to conform to the Contract Documents.

PART 2 - PRODUCTS

2.01 GENERAL

A. Local native soils are unsuitable for anything but landscape fill and embankments.

B. Structural fills have to be imported to campus. Locally, crushed basalt of various size is the primary aggregate source from several quarrying operations. Most structural fill applications can be provided from local quarries.

C. All rounded aggregates for drainage or other purposes have to be imported anywhere from 40 to 90 miles away. When design dictates the need for these types of aggregates, consider that their costs are significantly higher than locally quarried and crushed aggregates.

D. The use of Controlled Density Fill (CDF), a sand, cement, and water slurry capable of attaining over 100 psi, has proven to be an efficient method of backfill. Where compaction around utilities or tight structures is necessary, CDF may be a cost effective alternate to mechanically compacted fills. Specification of CDF is acceptable where it is compatible with design. Also consider the use of CDF in locations where vibration from compaction equipment may be detrimental to the University's operations.

PART 3 - EXECUTION

3.01 EXISTING UTILITIES

A. Confirmation of Utility Locations: The Contractor is responsible to maintain due diligence when performing work on the WSU campus, even after WSU Facilities Services and public utilities personnel have marked existing utility locations. All marked locations of existing utilities are approximate. The Contractor is responsible to verify correct utility locations via potholing, probing, or other means approved by the WSU Construction Manager.

B. Excavation Confirmation Code: During construction, all Contractors performing excavation work shall maintain a copy of the excavation confirmation code, issued by the One-number Locator Service (per RCW 19.122), at the project site.

C. Obstructions or Utilities Encountered during Excavation:

1. Contractor shall immediately notify the WSU Construction Manager in the event an underground obstruction or uncharted utility is encountered.

2. WSU Construction Manager shall coordinate with WSU Facility Information Resource Management (FIRM) to conduct on-site GPS surveys, while utilities remain exposed, for updating the WSU Graphic Information Systems (GIS).

D. Contractor is responsible for all costs for damage to utilities shown on the drawings or identified by locating process.

END OF SECTION

DIVISION 31 – EARTHWORK
31 23 00 EXCAVATION AND FILL
31 23 33 TRENCHING AND BACKFILLING

PART 1 - GENERAL

1.01 TRENCHING

A. References:

1. All trenching and shoring shall conform to the requirements of WAC 296-155, Part N.

2. Trenching, testing and backfilling of buried utilities shall conform to Division 7 of the current adopted edition of the Washington State Department of Transportation (WSDOT) Standard Specifications for Road, Bridge and Municipal Construction.

3. WSU Standard Detail Drawings:

   i. C 31 23 33 “Standard Utility Trench & Pipe Placement”

   ii. C 33 05 13 “Standard Manhole”

   iii. C 33 41 00 “Perforated Storm Drain Pipe Placement and Backfill”

4. Trenching and backfill operations shall also comply with WSU Design Standard 31 00 00 “Earthwork.”

PART 2 - PRODUCTS

2.01 CONTROLLED DENSITY FILL (CDF)

A. The use of Controlled Density Fill (CDF), a sand, cement, and water slurry capable of attaining over 100 psi, has proven to be an efficient method of backfill. Where compaction around utilities or tight structures is necessary, CDF may be a cost effective alternate to mechanically compacted fills. Specification of CDF is acceptable where it is compatible with design. Also consider the use of CDF in locations where vibration from compaction equipment may be detrimental to the University's operations.

PART 3 - EXECUTION

3.01 FIELD QUALITY ASSURANCE

A. WSU may retain a Special Inspector to perform on-site observation and testing services. During the course of construction, the Inspector will advise the WSU Project Manager in writing, with copy to the Contractor, if any work does not appear to conform to the Contract Documents.

3.02 TESTING AND BACKFILL PROCEDURES

A. Notification and Scheduling: The Contractor shall notify the WSU Construction Manager (CM) and submit testing procedures in writing at least 48 hours prior to testing.

B. Measuring and Recording: WSU CM shall coordinate with WSU Facility Information Resource Management (FIRM) to conduct on-site GPS surveys, while utilities remain exposed, for updating the WSU Geographic Information Systems (GIS). Contractor shall not completely backfill underground utilities until locations and depths have been observed and recorded by WSU FIRM staff.

C. Backfill and Compaction: Contractor shall not completely backfill underground utilities until the appropriate tests have been completed and observed by authorized WSU Facilities Services personnel. Contractor shall backfill pipe sufficiently to prevent movement of the pipe under pressure; joints and fittings shall remain exposed for inspection during pressure testing. Contractor shall ensure all required concrete thrust blocks are in place and sufficiently cured before testing.

1. See specific requirements for testing utilities in the WSU Design and Construction Standards for those particular utilities.

2. Contractor is responsible for properly securing, stabilizing, and securing all piping, fittings, and connections prior to and throughout testing procedures.

3.03 OVER EXCAVATION

A. Contractor shall correct, at no additional cost to WSU, when trench is over-excavated without authority or to stabilize a trench rendered unsuitable through negligence or improper operations.

END OF SECTION

DIVISION 32 – EXTERIOR IMPROVEMENTS
32 80 00 IRRIGATION

PART 1 - GENERAL

1.01 DESIGN REQUIREMENTS

A. Design shall be square or triangular spacing and head to head coverage.

B. Electrical Design: Consultant is responsible for informing the Electrical Engineer or coordinating the electrical design, with the requirements for the control system power during the design phase of the project.

C. Areas to be Irrigated: All planted areas adjacent to major buildings shall have automatic underground sprinkler systems. All new planting and turf is to be scheduled for irrigation unless specifically designed to thrive without supplementary watering.

D. System shall be designed with balanced precipitation rates within each zone and zoned to accommodate the horticultural requirements of different plant material, wind, terrain, site exposure and slope. (i.e., lawn vs. shrub or ground cover, sloped vs. flat, and northern vs. southern exposure.)

E. Pipe:

1. Design piping plans with 45 degree and 90 degree angles only.

2. Bends in pipe shall not exceed 18 degrees in 20 feet.

3. Install no more than two lines per trench.

4. When laying two lines in a trench, they shall be laid side by side and never stacked, with a minimum of 2–inches between lines.

5. Install fittings at least 6–inches apart.

F. Sleeving and Conduit:

1. Show required sleeving and conduit on Irrigation drawings. Coordinate with Prime Consultant and Civil Engineer to ensure cross-referencing with Architectural and Civil drawings.

G. Valves:

1. Isolation Valves: Provide main line isolation valves to divide the main line into manageable segments. Select locations to isolate major branches of the system or individual athletic fields where possible.

i. Isolation valves shall be installed in vertical Schedule 40 PVC pipe (minimum 6–inch diameter) within a 10–inch round valve box.

2. Check Valves: Provide check valves only on lateral lines for every 12 feet of elevation change.

3. Shrub zones and lawn zones shall have separate valves.

4. Each automatic valve shall be installed in a valve box.

5. Automatic valves shall be installed in-line, with no valves closer than 24–inches apart.

6. Provide unions on both sides of valves.

H. Sprinkler Heads:

1. Maximum sprinkler head height shall be 6–inches.

2. Sprinkler heads shall be installed on 3-way swing joints.

3. Sprinkler heads shall be located no closer than 3–inches from walkway or curb.

I. Winterization:

1. Design and install ¾ inch or 1 inch quick couplers to enable system "blow out."

2. Provide manual drain valves at all major low points in the system. When feasible, connect to the storm drainage system.

1.02 MAINTENANCE SCHEDULE

A. Consultant shall provide a schedule of proposed maintenance for approval by the WSU Grounds Department. Maintenance schedule shall include, but not be limited to:

1. Seasonal winterization and start-up of the system.

2. Monitoring and adjusting automatic controller scheduling.

3. Checking and adjusting elevation of valve boxes and irrigation heads.

B. The Contractor shall continue to be responsible for maintaining all irrigation systems and equipment for a period of 120 days after Landscaping Substantial Completion. See PART III – EXECUTION.

PART 2 - PRODUCTS

2.01 MATERIALS

A. Pipe:

1. Laterals: PVC Schedule 40

2. Main Lines: PVC Schedule 40

    i. High-Density Polyethylene (HDPE) shall not be used on mainlines.

3. Repair of existing galvanized steel pipe will typically require matching existing pipe in lieu of PVC. Clarify requirements with WSU Grounds Shop.

4. Quick Couplers: Schedule 40 galvanized steel, painted and wrapped

5. Swing Joints: All swing joints shall be Schedule 40, 90-degree street elbow (HDPE material) with Schedule 80 PVC nipples.

    i. Swing joints shall consist of the same size pipe as the inlet on the head.

    ii. Swing joints shall be made with pipe standard length of 6–inches (+/- 2–inches depending on site conditions).

    iii. All swing joints at end of line shall be installed on a PVC 90 degree slip thread Schedule 40 PVC elbow.

6. Sleeves: All pipe and wire installed under any paved surface (roads, walks, paths, curbs, walls, stairs, etc.) shall be sleeved.

    i. Schedule 40 PVC, minimum 6–inch diameter.

    ii. Specify service line polyethylene pipe in sleeve runs greater than 20 feet.

    iii. No glued fittings in a sleeve; only solid lines.

B. PVC Cement and Primer:

1. Primer: Weld-On P-70 Primer

2. Cement: Weld-On 711 PVC Solvent Cement, gray

C. Valves:

1. Valve - Auto Control:

    i. Acceptable Manufacturers: Rain Bird model PEB

2. Curb Stop Ball Valves:

i. Material: Bronze

ii. Acceptable Manufacturers:

1) Meuler
2) Ford

3. Check Valves:

i. Acceptable Manufacturers: King Brothers

4. Master Valves:

i. Acceptable Manufacturer: Rain Bird EFA/EFB, brass

D. Flow Meter:

1. Flow meter and the required dimensional straight pipe run shall be sized one pipe size smaller than the main line diameter.

2. Acceptable Manufacturer: Calsense FM series, brass

E. Vaults and Boxes:

1. Install no more than one valve per valve box.

2. Valve boxes shall be set with top at grade in lawns and 1–inch above grade in shrub zones.

3. Automatic valves between 1 – 2 inches:

i. Install in a Carson or Rain Bird Valve Box, 11 x 17 inches.

4. Automatic valves larger than 2–inches:

i. Install in a Jumbo Carson Valve Box, 14 x 21 inches.

5. Install Hose Bibs and Quick Couplers in 10–inch round Carson Valve Boxes**.**

F. Irrigation Heads:

1. Materials:

i. Plastic

ii. Stainless Steel

2. Provide additional spare heads of each model equal to 10 percent of the quantity to be installed.

3. Pre-Approved Manufacturers:

   i. Sprayheads:

      1) Rain Bird 1800 Series (without SAM or PRS)
      2) Hunter

   ii. Rotors:

      1) Hunter

G. Automatic Controller:

1. All controllers shall be Calsense ET2000e series with LR (internal local radio modem) and RRe (enhanced radio remote receiver board) components.

H. Automatic Controller Enclosure:

1. The controller shall be housed in a factory pre-assembled, UL-listed, weather proof, lockable, powder-coated steel enclosure (by Calsense) suitable for wall mounting or freestanding pedestal mounting.

   i. Wall mount: Specify stainless steel backboard (Calsense SSBP option); top of board shall be 6 feet above ground level.

   ii. Pedestal mount: Specify 38–inch height with flip top to provide easy access for programming from a standing position under normal installations.

   iii. Controller enclosure shall be mounted outdoors.

   iv. Enclosure shall come complete with lightning and surge protection.

   v. All terminals shall be factory labeled.

   vi. On/Off switch shall be provided to isolate controller along with GFI receptacle.

   vii. Optional radio antenna premounted and connected on SSE-R enclosure shall be included.

2. Ten year warranty on enclosure and Calsense installed equipment within shall be provided.

I. Control Wires:

1. All control wire shall be copper, type UF, single strand, UL approved for 24-50 volts, rated for direct burial.
    i. Lengths up to and including 1000 feet: #14
    ii. Lengths greater than 1000 feet: #12
2. Provide one spare wire to each valve group manifold.
3. Insulation colors on control wires:
    i. Positive: Red
    ii. Common: White
    iii. Spares: Orange
    iv. Flow Meter wire: Red and Black
    v. Master Valve wire: Yellow

J. Wire Splices:

1. Splices shall be made with Spears DS-400 or approved equivalent.
2. No splices allowed on flowmeter wiring.
3. No splices allowed in sleeves.
4. Any splice shall be protected in a 10–inch round valve box.

K. Pumps:

1. See technical requirements in Section 22 06 10 13 “Plumbing Pumps.”
2. Pumps shall be housed on a concrete pad above grade and protected from the elements in a weather-tight and insulated protective encasement or housing.
3. Pumps shall not be installed in a buried or below-grade vault or structure.

L. Backflow Prevention Assemblies:

1. See Section 33 12 13.13 “Water Supply Backflow Prevention Assemblies.”
2. Wherever possible, install Backflow Prevention Assemblies in the nearest adjacent building, preferably in the Mechanical Room.

3. When indoor installation is not feasible, install Backflow Prevention Assemblies in a concrete vault, 30 wide x 36 long x 32 high inches.

    i. Vaults shall be bottomless, with a minimum 6–inches of 5/8– inch minus gravel for drainage.

M. Quick Couplers and Hose Bibs:

1. All hose bibs shall be brass, with 45 degree angle.

    i. Pre-Approved Manufacturer: Champion HB2M

2. All quick couplers and hose bibs shall be put on 3-way swing joints.

3. Quick couplers for irrigating shall be 3/4–inch (Rainbird 33D).

4. Quick couplers for system winterization shall not exceed 1–inch (Rainbird 44D).

PART 3 - EXECUTION

3.01 QUALIFICATIONS

A. Irrigation Contractor/Installer shall be a company specializing in irrigation work, with a minimum 5 years of documented experience in irrigation installation of a similar nature.

3.02 INSTALLATION

A. Layout:

1. Contractor shall advise Consultant and WSU Project Manager of any discrepancies between drawings and actual ground measurements prior to beginning installation.

2. Contractor shall check correlation between heads and any trees, hydrants, signs, street lights, etc., and notify Project Representative of any potential conflict.

B. Pipe:

1. PVC pipe shall be snaked slightly in trenches.

2. Buried pipe depth:

    i. Main lines: 18–inches

    ii. Lateral lines: 12–inches

3. Backfill pipe with debris-free native soil.

4. Install fittings no closer than 6–inches apart.

5. Swing joints shall not be installed until after pressure tests.

6. Follow manufacturer's instructions for gluing of joints. Allow PVC joints to set up between gluing and application of water pressure per manufacturer's recommendation.

7. Weld PVC pipe in temperatures following manufacturer's recommendation.

8. In rainy or wet conditions, weld PVC pipe under cover.

C. Sleeves:

1. All sleeve locations shall be marked on new concrete using WSU Facilities Services concrete stamp for Irrigation Sleeve. Stamp is available at no charge to the Contractor for temporary use. Coordinate with WSU Construction Manager or WSU Grounds Staff.

D. Flow Meter:

1. Install per manufacturer's specifications.

2. Assembly includes flow meter and required runs of pipe before and after the meter.

3. Provide one extra orange wire in flowmeter / master valve harness.

E. Sprinkler Heads:

1. Use bottom inlet of sprinkler heads only.

2. All heads next to sidewalk or curbs shall be ½ – 1 inch below level of walk or curb.

3. All heads in the center of shrub beds shall be 1 - 1½ inches above final grade.

F. Wiring:

1. Contractor shall provide power to the controller locations.

2. Control wire shall be installed in rigid PVC conduit from the base of the controller to one foot below grade. Flowmeter and master valve wire shall be installed in rigid 1–inch PVC conduit. All other control wire shall be direct buried.

3. Lay wire in trenches under pipe.

4. All buried wires shall be taped into bundles (taped every 15 feet), except if installed in conduit or sleeve.

5. Provide a coil of wire minimum 24–inches long at valve.

6. Provide 24–inches of uncoiled wire inside controller cabinet.

7. Provide a 12–inch expansion and contraction loop at every valve box, corner, and every 100 feet of wire length in the trench.

8. There shall be no splices in the wire in new systems except at valves. Any spliced required occur to connect with existing systems must be first approved by the WSU Grounds Department.

3.03 FIELD QUALITY CONTROL

A. Pressure Testing: Pressure testing shall be observed by the WSU Construction Manager and WSU Grounds Staff as follows:

1. Contractor shall notify WSU Construction Manager at least 24 hours prior to pressure testing.

2. The Contractor shall use test equipment in good condition and test equipment shall have no leaks at couplings which might compromise test procedure.

3. After zone valves are installed, pressure test main at 100 psi. System will pass when it maintains test pressure for the 30 minute test period.

4. Any leaks will be corrected and the test will begin anew. The process will be complete when systems hold with no noticeable drop in pressure for 30 minutes.

5. Lateral Lines: With lateral tees capped, pressure test by pumping system to 100 psi. The system testing will be accepted when it maintains100 psi for 30 minutes with no noticeable drop in pressure.

6. Test shall be performed with all fittings, valves, connections, couplings and all other connection points exposed until the completion and acceptance of the pressure test.

B. Flushing System: Flushing shall be observed by the WSU Construction Manager and WSU Grounds Staff as follows:

1. All lines shall be flushed after swing joints are installed.

2. After all new irrigation piping and risers are in place and connected, all necessary division work has been completed and prior to installation of irrigation heads, all control valves shall be opened and a full head of water used to flush out the system completely. Flush until water flows clear and no debris is caught in a fine mesh strainer placed over each of several outlets - including all outlets at end of lines.

3. All heads shall be installed immediately after flushing.

C. Coverage Testing: Coverage testing shall be observed by the WSU Construction Manager and WSU Grounds Staff as follows:

1. Contractor shall notify the WSU Construction Manager at least 24 hours prior to the performance of the Coverage Test.

2. After system is 100 percent installed, a water coverage test will be performed to determine whether water coverage and operation of the system is adequate for planting, without areas of excessive flooding, dry spots, areas of insufficient overlap, or excessive over spray. If the WSU Construction Manager determines the system inadequate due to poor workmanship or materials, it shall be rejected or repaired at the Contractor's expense and both pressure and coverage tests repeated until accepted.

3.04 CLEAN UP

A. Area shall be kept reasonably free of debris at all times.

B. Upon completion, all debris and excess materials shall be removed and all walks and roadways shall be swept and washed. Contractor shall ensure sediments are not carried into the storm drain system.

3.05 120-DAY MAINTENANCE PERIOD

A. The Contractor shall continue to be responsible for maintaining all irrigation systems and equipment for a period of 120 days after Landscaping Substantial Completion.

B. The Contractor shall supply all labor, supervision, materials, and equipment to meet all specifications during this period. After completion of the Maintenance Period, the Contractor shall turn over management of the site to WSU Grounds, using a written agreement coordinated through the WSU CM.

3.06 WARRANTY PERFORMANCE

A. Throughout the one-year Landscaping Warranty Period (see Section 32 90 00 “Landscaping”), Contractor shall monitor and maintain the new irrigation

system in an operational and water-efficient condition. Contractor shall ensure balanced irrigation rates, no excessively wet or dry areas, and properly functioning equipment including pump, controller, backflow prevention, valves and heads.

END OF SECTION

DIVISION 32 – EXTERIOR IMPROVEMENTS
32 90 00 LANDSCAPING

PART 1 - GENERAL

1.01 SCOPE:

A. This document provides guidelines that shall be used for all WSU facilities that require Landscape Architectural (LA) design and construction services.

B. References: Project specifications and work execution shall comply with the most current edition of the following:

1. "American Standard for Nursery Stock" ANSI Z60.1, regarding:

i. Size

ii. Nomenclature

iii. Handling

2. ANSI A300

1.02 SCOPE OF WORK

A. Construction Documents shall include provisions for all material, labor, supervision, security, supplies, and equipment for a complete project. The Landscape Architect (LA) Designer shall develop requirements and specifications for the following:

1. Inspection of all plants and related materials. Inspection requirements shall address quality assurance at the source nurseries, upon delivery, during installation, throughout the warranty period, and at the end of warranty and final acceptance.

2. Staging plans for plants, materials, and equipment.

3. Stabilization of sensitive plant stocks at delivery.

4. Timely installation and maintenance.

5. Protection of plants (including existing trees and plants at the project site and adjacent areas), soils, and other plant related materials from contamination or damage.

1.03 DESIGN CONSIDERATIONS

A. Selection of Plant Materials:

1. The LA Designer shall submit a preliminary planting plan not later than the 50% Design Development document submittal. Plan shall be reviewed by the WSU Grounds Staff and LA Professional Staff, coordinated by the WSU PM. The plan shall include, but is not limited to:

i. A list of all plants intended to be used on site, identified by botanical and common names, including variety and their intended functions.

ii. The location of all plants on the Landscape Plan.

B. Safety:

1. Human health, safety, security, accessibility and welfare shall be the primary considerations in all Landscape Architecture design.

2. Visibility:

i. Landscaping shall not inhibit area lighting and visibility, or provide hiding places. Consideration shall be given to visibility requirements at vehicular traffic and pedestrian sight lines. Visibility shall not be inhibited by new planting or future growth.

3. Pedestrian Hazards:

i. Designs shall not allow buildup of ice or mud on constructed pedestrian surfaces. Ensure no unsafe conditions are created, especially in the winter when daily freeze/thaw cycles can create icy pedestrian surface conditions and/or damage constructed elements.

1) Design for management of surface flow from irrigation, precipitation, and ice/snowmelt.
2) Prevent surface flow or runoff from moving over any constructed pedestrian surface.
3) Pay particular attention to drainage next to stairs, especially those equipped with automatic snowmelt.

ii. Fruiting and cone-bearing trees and plants shall not be used near paved pedestrian surfaces. Their use is allowed in turf or grass-covered pedestrian areas, except for conifers bearing large cones (greater than 4–inches long) which can interfere with mowers.

4. Plant Placement:

   i. Obstructions and Damage: Do not site plant material next to building air exhausts or building air intakes. Do not site plants so that they block access to or function of emergency equipment, maintenance access or security equipment. Do not use species next to constructed surfaces that will develop root systems that will heave, crack or otherwise damage those surfaces.

   ii. Poisonous or Dangerous: Do not locate plants that pose physical or chemical hazards in the campus core, next to child care facilities, campus housing or in proximity to any pedestrian traffic. In areas adjacent to agricultural or veterinary livestock do not specify plants that pose a physical or chemical hazard to any animals.

   iii. Pest Management: Leave at least a three foot bare swath of ground around structures to minimize pest harborage and pests entering buildings.

C. Landscape Grading and Drainage:

1. Coordinate all landscape grading and drainage with civil designs. Components shall be compatible with existing campus grading and drainage systems (see Section 33 40 00 “Storm Drainage Utilities”) and approved by the WSU Project Manager and WSU Landscape Architect staff.

2. Slopes shall be carefully considered with regard to maintenance constraints, stormwater management, snow melt management, and human safety.

3. Drainage:

   i. Minimum grades shall ensure adequate surface drainage, with 25:1 (4%) being the preferred minimum in drainage areas.

ii. Where possible, use maximum grades of 3:1 (33%) or less. If grades steeper than 3:1 are required, consider using retaining walls.

D. Pedestrian Access and Circulation:

1. Pedestrian Desire Lines: The Designer shall identify pedestrian traffic paths and desire lines over all surfaces. Design pedestrian surfaces and plantings to facilitate traffic flow on these paths and desire lines.

2. Accessibility: To the extent possible on a given site, landscaped areas intended for public use shall be ADA accessible.

E. Maintenance Considerations:

1. Groundcover: Do not design large areas of ground cover plantings.

2. Protecting Fixtures:

i. In areas that will be maintained by lawnmowers or snow removal equipment, design the landscape furnishings and systems to protect components from maintenance equipment. Ensure an 8 foot wide area of access.

3. Plant Spacing:

i. Space plantings at 80% of the anticipated diameter of plants at maturity.

4. Planting Beds:

i. Planting beds shall be covered with Red Fir, medium course bark mulch within 24 hours of planting. Place to a maximum depth of 2–inches, ensuring placement is at least 1/2–inch below grade at walk edges. Keep bark mulch 3–inches away from plant stems.

ii. Do not specify weed control fabric in planting beds.

5. Lawn Mower Access:

i. Lawns, other planting, and constructed elements shall be designed to allow access by an 8 foot wide lawn mower. Design lawn edges with corners rounded at a radius not less than 5 1/2 feet.

ii. Mowed Surfaces

1) If a slope is to be planted as a lawn and machine mowed, then a 3:1 (33%) grade is the maximum grade that shall be allowed.
2) For surfaces that are to be machine mowed, round the tops and toes of slopes to ensure that an 8 foot wide mower deck does not contact the soil and cause damage.

iii. Mow-strips: Design concrete mow-strips where lawns abut vertical surfaces. See Section 32 17 00 “Paving Specialties.”

iv. Do not specify metal edging adjacent to lawn areas.

6. Snow Removal:

i. The Designer shall prepare a snow plowing route, stacking, and removal plan that includes provisions for conveyance of snow melt and ice formation away from buildings, traffic and pedestrian surfaces. Vertical elements such as trees, shrubs and light poles shall be set back a minimum of one foot from each side of maintained pedestrian surfaces. The Designer shall coordinate with WSU Grounds Staff and LA Professional Staff through the WSU PM.

ii. Design snow storage areas that do not produce pedestrian hazards.

iii. Automatic Snowmelt: See Sections 32 17 43 “Pavement Snow Melting Systems – Hydronic and Electric”.

1.04 QUALITY ASSURANCE

A. The Designer shall specify requirements for all submittals (including Safety Data Sheets) related to this section, to include but not be limited to: plants, grass seed and sod, soils, soil amendments, testing, mulch, fertilizers, chemicals and other items listed below.

B. Plant Material Inspection Certificates: Submit all inspection certificates that are required by law or by these specifications to accompany each shipment of plant materials.

C. Plant and Seed Bags Tags: Delivered plants and seed bags shall each have a legible label giving the common and botanical plant name in accordance with the "Standardized Plant Names", as issued by the "American Joint Committee on Horticulture Nomenclature". If plants are bundled or in multiple unit containers, one tag shall be placed on the bundle and shall additionally give the number of plants contained in the bundle or container.

D. Plant Condition: Plants shall be in vigorous health, relatively free of wounds or damage, and free of all pests and diseases. They shall conform to all size and form specifications. Measurements for making these determinations on B&B stock shall be taken from the top of root flair.

PART 2 - PRODUCTS AND MATERIALS

2.01 GENERAL

A. Chemical Usage: Contractor shall coordinate with the Facilities Services CM to notify those on the Chemical Sensitivity Notification List.

B. Plant Material Substitution: If a specified plant cannot be obtained, coordinate substitution through the WSU CM, for approval by the WSU Grounds Staff or LA Professional Staff.

PART 3 - EXECUTION

3.01 PROTECTION

A. Existing Trees and Plants

1. Existing plants designated to remain on the project site or adjacent to the project site shall be protected from all project activities, including chemical use and shut-off of irrigation.

2. The Contractor shall be responsible for the protection of existing plants. Existing trees shall have their "Critical Root Zone" (CRZ) protected from any construction disturbance. The CRZ is defined as a circle around the trunk that is one (1) foot in radius for every one (1) inch of trunk diameter measured 4-1/2 feet above grade (Diameter at Breast Height, DBH). In the case of trees with significant importance to the campus as determined by WSU Grounds or Landscape Architecture staff, the CRZ may be increased up to one and one-half (1.5) foot radius for every one (1) inch in DBH. In no case shall the CRZ be less than eight (8) feet. Exceptions need to be approved by WSU PM or CM prior to execution.

3. WSU will evaluate and establish a replacement value for all trees within the construction site prior to the start of construction activities. In addition, the WSU PM or CM shall document construction related damages and shall notify the WSU Grounds Staff or Landscape Architect Staff to assess tree damage. In general, any tree or other type of plant that has suffered damage that threatens its viable structure as a consequence of construction-related activities shall be considered for replacement. WSU

will determine whether Direct Replacement, Assessed Valuation, or a combination will be used.

i. Tree Valuation: The tree assessment and replacement value shall be established using the International Society of Arboriculture Guidelines and the WSU Tree Removal and Replacement Policy (see Appendix A of Section 32 93 43 “Trees”).

ii. Direct Replacement: Plants shall be replaced commensurate with their value. Replacement plants shall be installed using the same procedures, specifications, grading standards, and warranty as required for installation of new plants, at no cost to WSU.

iii. Assessed Valuation: The Contractor shall be assessed damages in accordance with established values in the WSU Tree Removal and Replacement Policy.

4. If Contractor damages areas outside the contract limit, the Contractor shall fully restore these areas to their original condition, at no cost to WSU.

B. Newly Planted Plants: Protection of newly planted plants shall be the sole responsibility of the Contractor. WSU will exercise its right to reject plantings that have been impacted or compromised.

C. Roots:

1. No equipment, material stockpiling, equipment/material wash-down or maintenance drainage, chemical dispersing or work shall be permitted within the CRZ. No fluids or chemicals (wet or dry) brought to the site shall be allowed to move into the CRZ by either surface flow, subsurface flow, or wind, unless intended for use within the CRZ and applied in accordance with the project specifications and manufacturer’s instructions.

2. Removal of Interfering Roots, Stems and Trimmings: Removal of interfering roots and branches shall be supervised by WSU Grounds Staff or LA Professional Staff.

3. Open trenches shall not be routed within the CRZ of plants that are to be preserved.

D. Water Stress: Contractor shall prepare a watering plan to ensure that all plants on site and in adjacent areas do not experience water stress.

E. Protective Fencing: Existing trees and plants whose CRZ is within the construction zone shall have their CRZ be fully enclosed by sturdy, immobile protective fencing that entirely encloses the CRZ of any protected trees. No construction activities, materials or waste storage, or parking shall take place within the CRZ.

F. Temporary Platforms within Protected Areas: If approved by the WSU CM and Grounds Staff or LA Professional Staff, the Contractor may build a temporary work platform over protected plants. The protective platform shall be designed to prevent soil compaction and to permit the passage of water and air to plant root systems by using minimum ground contact supports, bark mulch cushioning, and choosing equipment that minimizes footprint PSI. All protective measures shall be completed before any work is started within protected area.

3.02 CONSTRUCTION ACTIVITIES

A. Care of Landscape Areas: If at any time the Contractor judges that the protection of a tree or other plant type is incompatible with required work, the Contractor shall immediately notify the WSU CM and does no further work affecting the plants until the CM has issued clarification.

B. General Submittal Requirements: The Contractor shall ensure receipt, distribution, review and approval by the LA Designer and the WSU Grounds Staff or LA Professional Staff (through the WSU CM) of all submittals, including but not limited to: plants, chemicals, organic amendments, mulches, fertilizers, additives and other items addressed in this section. Contractor shall provide a site plan showing the Critical Root Zones of each existing tree to be preserved and the location of protective fencing. Submittals shall include all appropriate Safety Data Sheets (SDS).

C. Inspections of Planting and Seed Stocks

1. Inspections: Formal inspections shall be identified on the Contractor's Quality Assurance & Control Program checklist. The WSU Grounds Staff or LA Professional Staff shall notify the WSU CM of the inspection outcomes.

i. The first inspection shall be at the time of delivery of plants to the project site. The Contractor shall notify the WSU CM 48 hours prior to delivery on campus.

ii. The WSU Grounds Staff or LA Professional Staff shall monitor conditions – in conjunction with the WSU Construction Manager – and make on-site adjustments and corrections as plants are being installed.

iii. See details below for Landscaping Substantial Completion inspection.

2. Inspection Criteria: All plant and seed stocks shall meet or exceed the following, deliverable at the time of installation:

i. Accurately named and labeled.

ii. Be healthy, free of pests and disease, and well-formed.

iii. Be accompanied by inspection certificates required by law, certifying that plants have passed inspection for plant diseases and pest infestations. Inspection certificates shall be provided to the WSU CM.

3.03 PLANT MATERIALS PLANTING

A. Protection: Protect plants at all times during planting operations. Prevent roots from drying out. When materials detrimental to plant growth are encountered, such as hardpan, rubble fill, adverse drainage conditions, or obstructions, notify the WSU CM before planting. No planting shall be done during freezing weather or similarly unfavorable planting conditions.

B. Water Infiltration: Flood planting pits and ensure that local infiltration allows drainage of water from pit within 24 hours. If one or more pits do not drain within 24 hours, do not plant in the affected locations; immediately notify the WSU CM to determine alternatives.

C. Handling Plants Supplied as Balled and Burlap (B&B) Stock:

1. Installation:

i. Install plants so that the root flair is at or slightly above grade. Remove burlap, twine, wire supports, baskets, and other debris from the planting pit. Dispose legally off campus.
ii. Handle plants by root ball only and so as to prevent damage to roots or disturbance of root ball. Plant without delay.

2. Backfill and Watering:

i. Topsoil taken from the planting pits shall be used as backfill for the plant material.

ii. Planting pit diameter shall be at least twice that of the root ball.

iii. During backfilling, gently work topsoil in and around the root ball, filling all voids, and moistening soil as needed. Topsoil shall be in firm contact with entire top outer edge of root ball. When backfill is complete, water slowly and thoroughly until the root ball and backfill are saturated. If settling occurs in backfill, add topsoil to bring back to finish grade without delay.

3.04 LANDSCAPING SUBSTANTIAL COMPLETION

A. To determine Landscaping Substantial Completion, the Contractor, LA Designer, WSU CM, WSU Grounds staff, and WSU LA staff shall conduct an inspection of all Landscape Architecture elements. At completion of this inspection:

1. The WSU CM shall prepare a Punch List of all additional landscape requirements.

2. The Punch List shall include a list of all plants on watch list or designated for replacement along with scheduling of replacements.

B. The WSU CM shall publish in writing the date of Landscaping Substantial completion. The date of Landscape Substantial Completion shall:

1. Initiate the 90/120-day Maintenance Period by Contractor.

2. Initiate the start of the one-year warranty period for all plants (except trees).

3. Determine which Warranty Growing Seasons will constitute the two-season warranty period for trees (see Section 32 93 43 “Trees”).

3.05 90/120-DAY MAINTENANCE PERIOD

A. Landscaping (General): The Contractor shall continue to be responsible for a period of 90 days after Landscaping Substantial Completion for all landscaping elements (except for grass-seeded areas and hydroseed; see below).

B. Grasses (Seed and Hydroseed): The Contractor shall continue to be responsible for grass-seeded and hydroseed areas for a period of 120 days after Landscaping Substantial Completion.

C. The Contractor shall supply all labor, supervision, materials, and equipment to meet all specifications during this period. After completion of the Maintenance Period, the Contractor shall turn over management of the site to WSU Grounds, using a written agreement coordinated through the WSU CM.

3.06 OPERATIONS AND MAINTENANCE (O&M) MANUALS

A. Not later than 30 days after date of Landscaping Substantial Completion, the Contractor shall submit maintenance documents for all constructed elements, including O&M manuals, to the WSU CM for approval. At a minimum, these documents shall specify:

1. The end date the 90/120-day Maintenance Period and handover of landscaping maintenance to Grounds staff.

2. The scheduled dates for the one-year and two-year Warranty Final Inspections.

3. O&M requirements for all electrical, mechanical, and stormwater management systems.

4. Irrigation schedule

3.07 WARRANTY

A. Warranty Periods: Warranty on all landscape elements and plants (except trees), shall be one year from date of Landscaping Substantial Completion. For tree warranties, see Section 32 93 43 “Trees”.

B. Replacement of Plant Stocks during Warranty Period:

1. Replacement shall be as soon as general site and seasonal conditions allow.

2. Removed plants shall be replaced using direct replacement. All certifications, standards and grades that apply to original plant stocks shall apply to replacement plant stocks.

3. Scheduled inspections shall be conducted by the Contractor, WSU CM, WSU Grounds Staff, WSU LA Staff, and in select cases the LA Designer. WSU CM shall schedule and coordinate inspections.

i. Regular Ongoing Inspections: The WSU CM and Grounds Staff shall regularly conduct unscheduled inspections of the project site

throughout the 90/120-day Maintenance Period and the one and two-year Warranty Periods.

ii. First Year: A scheduled inspection of all Landscape Architecture elements shall be conducted prior to one year from the date of Landscaping Substantial Completion. Defects in materials and workmanship shall be the responsibility of the Contractor and covered under warranty. Damages from other causes shall be the responsibility of WSU.

iii. Second Year: Trees shall have a minimum of four inspections through the two-year Warranty Period, which encompasses two Warranty Growing Seasons. A final scheduled inspection of all trees shall be conducted just prior to two years from the date of Landscaping Substantial Completion. Defects in materials and workmanship shall be the responsibility of the Contractor and covered under warranty. Damages from other causes shall be the responsibility of WSU.

PART 4 - QUALITY (NOT APPLICABLE)

PART 5 - WARRANTY (NOT APPLICABLE)

PART 6 - TRAINING REQUIREMENTS (NOT APPLICABLE)

PART 7 - STOCK AND SPARE PARTS (NOT APPLICABLE)

PART 8 - PRE-INSTALL REQUIREMENTS (NOT APPLICABLE)

PART 9 - SPECIAL INSPECTIONS (NOT APPLICABLE)

PART 10 - SHOP DRAWINGS (NOT APPLICABLE)

PART 11 - SPECIAL INSTRUCTIONS OR PROVISIONS (NOT APPLICABLE)

END OF SECTION

DIVISION 32 – EXTERIOR IMPROVEMENTS
32 90 00 LANDSCAPING
32 92 00 TURF AND GRASSES

PART 1 - GENERAL

1.01 INTRODUCTION

A. Preferred Methods for Installation of Turf: On the Pullman, Tri-Cities and Spokane campuses, sod is the preferred method of turf installation. On the Vancouver campus seeding may be preferred. Preferred methods at other locations shall be developed in consultation with the Project Manager (PM) and WSU professional staff.

1.02 DESIGN CONSIDERATIONS

A. Fertilization Plan: The Designer shall require the Contractor to prepare a Fertilization plan that addresses the composition of fertilizers applied. The plan shall specify locations and timing relative to worksite scheduling. Designer shall use the results of soil analysis testing to determine the N-P-K levels of inorganic fertilizers to be used, the form of slow release nitrogen to be used, timing of applications and rates of application for each location. Coordinate maintenance applications with turf grow-in applications and with worksite staging plan.

B. Fertilization Time: Do not specify application rates greater than one pound of nitrogen per 1000 square feet per month.

PART 2 - PRODUCTS AND MATERIALS

2.01 SEED MIXES:

A. Turfgrass seed mix for the Pullman Campus:

i. 60% by weight Perennial Rye blend of three varieties
ii. 30% by weight Kentucky Bluegrass
iii. 10% by weight Magic Chewing Fescue

B. Prairie Grass / Native Grasses

1. Planned locations for “Prairie Grasses” or “Native Grasses” requires approval from WSU Grounds. These mixes may not be acceptable in some locations due to fire hazard.

2. Grassland LoGro Mix

i. 40% Perennial Ryegrass
ii. 40% Creeping Red Fescue
iii. 20% Hard Fescue

3. Noxious Plus Competitor Mix
    i. 50% two varieties of Fescue
    ii. 40% two varieties of Wheatgrass
    iii. 5% bluegrass
    iv. 5% Wild rye

4. Erosion Control Mix
    i. 80% 4 varieties of Fescue
    ii. 10% bluegrass
    iii. 10% Sterile Wheatgrass

2.02 HYDROSEEDING:

A. Submit hydroseed mulch, fertilization, application, and stabilization plan through the WSU Construction Manager for approval by WSU Grounds Staff or LA Professional Staff.

B. Hydroseed Mulch: Application rates, cellulose fiber, and soil binding agent (tackifier) shall comply with hydroseed mulch manufacturer's recommendations.

2.03 SOD:

A. Designer shall specify sod only from pre-approved turf farms.

B. Sod shall be in vigorous health, relatively free of damage, and free of all pests and diseases.

PART 3 - EXECUTION

3.01 CONSTRUCTION ACTIVITIES

A. General Area Preparation & Care

1. New grass to be placed on existing grade requires 6-inches or more of topsoil:

    i. Avoid loosening or damaging the root system of existing trees and shrubs.

    ii. If surface material is acceptable, topsoil shall be prepared from existing surface material that has been cleaned, ground, and blended to meet specifications.

        1) Acceptable surface material is uncompacted, unpolluted, free of all construction debris, and has a pH between 5.5 – 8.3.

iii. If surface material is not acceptable, it shall be removed to a depth of 6-inches or more, and replaced with new imported topsoil.

iv. In all cases, scarify the subgrade to a depth of 3-inches before placing topsoil.

v. After inspection of subgrade by the WSU Construction Manager or Grounds Staff, Contractor shall place and till the topsoil in 3-inch lifts. Fine grade and roll to a smooth, even surface. Feather topsoil into new and existing grades up to existing tree and shrub driplines.

2. In general, do not plant new grass under the dripline of existing trees or shrubs. When this is required, consult with WSU Grounds Supervisor for guidance.

3.02 QUALITY CONTROL:

1. Submittals and Inspections: Comply with requirements of Submittals and Inspections of Plant and Seed Stocks per Section 32 90 00 “Landscaping.”

i. Seed Mix: Shall be "certified" grade or better, with less than 1% weed content and less than 2.5% inert material content. Seed that has become wet, moldy, or otherwise damaged shall not be accepted.

ii. Sod: Contractor shall provide a minimum 30 square foot sample prior to sod approval.

iii. Hydroseed Tackifier: Only guar gum tackifiers shall be used. Polyacrylamide-based tackifiers are not acceptable.

iv. Fertilizer: A copy of each fertilizer certificate of composition shall accompany the Safety Data Sheet (SDS) for that material when it is provided to Designer, WSU PM/CM, and WSU professional staff. Each original certificate shall be attached to each container of commercial fertilizer delivered to site. The original certificate shall be delivered to the WSU CM, Grounds staff, or Landscape Architect (LA) Professional staff as the container is opened at the time and location of application.

2. Delivery, Storage and Handling: Deliver seed in original unopened containers. Store all materials in a manner that will prevent the deterioration of the seed or additives. Seed and additives are subject to inspection for conformity to specifications and approval by the Designer, WSU PM/CM, Grounds staff, and LA Professional staff.

3. Acceptance of Area to be Seeded: The Contractor shall notify the WSU CM not less than three working days in advance of any seeding operation for owner inspection of prepared area. Contractor shall not begin the work until areas have been reviewed and inspected by the WSU CM, Grounds staff, or LA Professional staff and corrected as necessary. Following corrective work, seeding of approved areas shall begin without delay.

3.03 PLANTING:

A. Mechanical Seeding (Not hydroseeding): Moisten prepared lawn areas before planting if soil is very dry and allow surface to dry before seeding. Do not create a muddy soil condition. Sow seed using a spreader or seeding machine at a rate specified. Distribute seed evenly over entire area by sowing equal quantities in two directions at right angles to each other. Roll lightly and water with a fine spray so as to ensure complete seed-to-soil contact.

B. Hydroseeding:

1. Field Quality Control:

i. Contractor is responsible for protecting all surfaces, trees, and plants adjacent to hydroseed operations.

ii. Equipment: Hydroseed equipment shall use pure water as the carrying agent utilizing a continuous built-in agitation system. Equipment with a gear pump is not acceptable.

iii. Apply Seed at Specified Rate and Coverage: Apply hydroseed slurry at the rate and area coverage specified. Prior to application, the WSU CM or LA Professional Staff must review and approve the specific boundaries of area(s) to receive each load of seed. Areas completed to finish grade and approved for installation shall be seeded only after approval.

iv. Fertilizer shall not be applied during hydroseed operations. Fertilization of soil shall be applied prior to seed operations in order to bring topsoil nutrients to acceptable levels; this shall be documented by post-amendment soil testing.

v. All slurry mixed in one load shall be delivered and applied.

vi. Owner On-site Sampling at Time of Application: Designer, PM or representative shall sample applied materials to determine whether minimum density of seed has been evenly applied. If uniform density

has not been achieved, Contractor shall re-seed or infill to achieve specifications.

vii. Owner Sampling of Germination: WSU LA Professional Staff shall sample germinated seed to determine that rate of application, germination, and mix of species meet specifications.

viii. Contractor shall provide all empty or partially filled sacks and labels to WSU LA Professional staff upon completion of application.

2. Hydroseed Application:

i. Application Rates: (Adjust rates as required by conditions.) The following rates are suggested for the Pullman campus:

1) Hydromulch: 2000 pounds per acre (40 pounds per 1000 square feet).
2) Soil Binding Agent (tackifier): 45 pounds per acre (1 pound per 1,000 square feet).
3) Seed and Fertilizer: Per project specifications.

ii. Hydroseed Application Timing:

1) The LA Designer shall specify when hydroseeding shall be done. This will vary depending on planting plan and site conditions. In general, seeding should be done from April 15 - June 15, or August 15 - October 1.
2) No seeding shall be done on weekends or legal holidays without prior written approval. All premium time to WSU staff shall be compensated back to WSU.
3) Hydroseed operations shall not be performed during windy conditions (sustained or gusts above 25 mph) or when soil is saturated or frozen.

C. Sod Application: Designer shall specify the following and Contractor shall coordinate in the Worksite Staging Plan.

1. Delivery of sod shall be only after there is enough prepared and approved space on site for at least one day's sod application.

2. Palletizing: During shipping, sod shall be well covered on all sides to prevent drying.

3. Installation of Sod: Water soil lightly to provide moist condition for root contact. Unroll or place mats in same direction each time. Keep sod sections tightly butted to prevent edges from drying out. Stagger sod

section joints in a running pattern, placing the long axis of the mat running horizontally along face of any slope. Start laying sod at the bottom of the slope and work up the slope. Roll without delay before watering. If necessary, use boards or plywood paths at least 24-inches wide to walk on, to protect sod already placed.

i. Sod final subgrade shall be one inch below the level of any adjacent paved surfaces.
ii. Allow a 2 foot radius space free of sod around each tree trunk, and fill space with bark mulch up to root flair.

4. Water and Protect: Apply irrigation within 30 minutes after installation. After sod is in place, water carefully to saturate soil to a depth of 6-inches, taking care to prevent erosion between or beneath sod units. Protect newly placed sod.

3.04 MAINTENANCE AND WARRANTY:

A. Maintenance Period: See Section 32 90 00 “Landscaping”.

B. Warranty Period: See Section 32 90 00 “Landscaping”.

END OF SECTION

DIVISION 33 – UTILITIES
33 05 00 COMMON WORK RESULTS FOR UTILTIES
33 05 26 UTILITY IDENTIFICATION

PART 1 - GENERAL

1.01 BURIED UTILITY MARKING AND IDENTIFICATION

A. All newly installed buried utilities shall be identifiable with continuous tracer wire and underground locator tape.

1. Pipe tracer wire shall be physically attached to buried pipes and run up from the top of valve through the valve box sleeve. Terminate tracer wire at valve boxes and other surface appurtenances (i.e., FDC, PIV, etc.)

i. No tracer wire splices permitted in runs 1000' or less. If required distance exceeds 1000', obtain approval from WSU Engineering Services before installing splices. Underground slice kits required.

ii. Tracer wire shall be listed for direct burial (i.e., HDPE-type tracer wire).

iii. Tracer wire shall be free of any abrasions or cuts on the exterior jacket.

iv. Route tracer wire in valve boxes in such a manner to prevent wire damage.

2. Underground locator tape shall be 2-inch wide tape identifying the corresponding utility (water, storm, sewer, electric, gas, etc.), buried two feet above the utility line.

i. Locator tape not required for electrical circuits <100 amps and <1000 volts.

ii. Coordinate with WSU Construction Manager for marking utilities buried < 2 ft deep.

B. Utility locations and depths shall be clearly identified and submitted on Record Drawings.

C. WSU Standard Detail Drawings:

1. C 31 23 33 "Standard Utility Trench & Pipe Placement"

2. C 33 05 13 "Standard Manhole"

3. C 33 41 00 "Perforated Storm Drain Pipe Placement and Backfill"

PART 2 - PRODUCTS

2.01 CONTROLLED DENSITY FILL

A. The use of Controlled Density Fill (CDF), a sand, cement, and water slurry capable of attaining over 100 psi, has proven to be an efficient method of backfill. Where compaction around utilities or tight structures is necessary, CDF may be a cost effective alternate to mechanically compacted fills. Specification of CDF is acceptable where it is compatible with design. Also consider the use of CDF in locations where vibration from compaction equipment may be detrimental to the University's operations.

1. When utilities lines are cast in CDF, CDF shall be dyed in accordance with standard marking colors for ease of future identification:

i. Red = Electrical

ii. Yellow = Steam, Condensate, Gas, Oil, Petroleum

iii. Orange = Telecommunications

iv. Blue = Drinking Water

v. Green = Sewer

vi. Purple = Non-Drinking Water (including Chilled Water)

PART 3 - EXECUTION

3.01 OBSTRUCTIONS OR UTILITIES ENCOUNTERED DURING EXCAVATION:

A. See procedures in Section 31 00 00 “Earthwork” when excavation reveals previously unknown or unlocatable utilities.

3.02 VALVE NUMBERING AND TAGGING

A. Install brass identification tags, stamped with the appropriate valve number, on all valve covers for domestic water and campus chilled water. Tag shape and number shall identify the appropriate utility:

1. Domestic Water tags shall be rectangular.

2. Chilled Water tags shall be round.

B. Coordinate through the WSU Construction Manager to obtain appropriate valve number sequences from WSU Utilities staff.

C. WSU Valve Numbering Format:

   i. Digits 1-2: Utility (High Pressure Water, Low Pressure Water, or Chilled Water)

   ii. Digits 3-5: Location per WSU 40-scale maps

   iii. Digits 6-7: Valve number sequence

   iv. Example: “WHL14-21” = Water (High Pressure), Map Sheet L14, Valve 21

END OF SECTION

DIVISION 33 – UTILITIES
33 10 00 WATER UTILITIES

PART 1 - GENERAL

1.01 GENERAL REQUIREMENTS

A. The WSU Pullman campus is independently supplied by groundwater wells with four emergency interties with the City of Pullman. These wells pump domestic water from the Grande Ronde Aquifer. The water network fed by these groundwater wells is divided into two pressure zones: high and low. Both zones are available for domestic water or fire protection. The transfer station at Observatory Hill pumps water from the low zone to the high zone, and multiple crossover valves throughout the campus are capable of connected the two zones when required. Several reservoirs throughout campus maintain pressure and provide fire flow storage. The following are critical components of the water system:

1. Two active wells supply the high zone (Wells 6 & 8)

2. Two active wells supply the low zone (Wells 4 & 7)

3. Two emergency wells (Wells 1 & 3)

4. Two reservoirs on the high zone: North Fairway Reservoir (2M gallons) and the Observatory Hill High Tank (100,000 gallons)

5. Two reservoirs on the low zone: Observatory Hill Reservoirs East and West (2M gallons each)

B. Connections to the two water zones shall be specifically engineered based on available site water pressures and project requirements. Designers and Contractors are responsible to confirm planned connections to the two zones with the WSU Construction Manager.

1. Designers shall reference the WSU Record Drawing archives and WSU Graphic Information Systems (GIS) for known existing conditions.

2. In order to verify available water pressure at the project site, WSU Facilities Services will furnish fire service flow test results measured at the nearest available fire hydrants.

1.02 SPECIFIC DESIGN REQUIREMENTS

A. Water system designs shall meet the requirements of the most current editions of Chapters 246-290 WAC and the Washington State Department of Health (DOH) Water System Design Manual.

B. The minimum diameter for service mains shall be 12 inches.

C. Mains shall be buried at least 48 inches below finished grade (to the top of the pipe).

D. Designers shall calculate yearly average domestic demand as the product of a 60 gallons per capita per day usage and projected population densities.

1. Calculate maximum daily rate as 150% of this yearly average

2. Calculate maximum hourly rate as 250% of this yearly average.

3. System losses and unaccounted for usages shall be taken at 10 percent of the domestic demand.

E. Designers shall size branch lines to meet either the maximum hourly domestic demand or a combination of maximum daily domestic demand plus fire flow – whichever is larger.

F. The minimum diameter for service branch lines from the mains shall be four (4) inches. For buildings requiring smaller service connections, Designers may plan reductions at the curb line.

G. For design purposes, line velocities shall not average more than 5 feet per second. Plans and designs that exceed this velocity require approval from WSU Engineering Services.

H. No saddle taps are allowed for service connections. Use branch lines tees.

I. Design pipe bedding per WSU Standard Detail Drawing C 31 23 33 “Standard Utility Trench & Pipe Placement.”

PART 2 - PRODUCTS

2.01 GENERAL

A. Distribution main shall be one of the following (or approved equal):

1. C900 or C905 PVC

2. For sleeves, use ductile iron.

B. Fittings shall be class 350 ductile iron per the most current and adopted version of AWWA A21.53.

C. Jointing shall be mechanical.

1. Pre-approved manufacturers (alternatives require approval by WSU Engineering Services):

i. MegaLug
ii. ROMAC RG-PVC

D. Valves:

1. Shall be flanged, iron body, bronze mounted double disc gate; over eight (8) inches, valves to have non-rising stems. Maximum operating pressure shall be not less than 175 psi for valves up to twelve (12) inches.

2. Shall be installed vertically in level lines and shall meet most current and adopted version of AWWA C500 specifications. Flanges shall be faced and drilled, ASA Class 235, for use with full face gaskets.

E. Flanges shall be type 304 stainless steel or ductile iron, per most current ASTM 536-80, test rated at 200 psi, "Roman" Models SST or equivalent.

PART 3 - EXECUTION

3.01 GENERAL

A. Design and install thrust blocks in accordance with the current Water Agencies' Standards Design Guidelines for Water and Sewer Facilities and the manufacturer's recommendations.

B. Provide a Link-Seal assembly at the building penetration.

3.02 DISINFECTION

A. New or repaired public drinking water systems shall be disinfected prior to connection, in accordance with the standards of the most current Uniform Plumbing Code as modified by Chapter 51-56 WAC, and in accordance with the most current version of ANSI/AWWA C651, "Disinfecting Water Mains."

B. For installation of new lines and systems, the Contractor is responsible to ensure all chlorination is performed according to the most current version of ANSI/AWWA C651, and that adequate bacteriological sampling results are obtained from a WA State approved laboratory. Before placing new lines in service, submit written documentation of chlorination and bacteriological testing results to the WSU Construction Manager for review and approval by Environmental Health and Safety (EH&S) and the Water Distribution Manager.

3.03 TESTING

A. Conduct pressure testing in accordance with the manufacturer's recommendations. Contractor shall submit proposed pipe testing procedures to the WSU Construction Manager for review and approval by WSU Engineering Services.

B. No testing water or chlorinated water may be discharged into the sanitary or storm sewer system in accordance with the most current and adopted version of Washington Administrative Code (WAC) 173-201A. All chlorinated water shall either be treated to remove chlorine prior to discharge into sewers, or discharged into an area which does not impact storm drains or surface waters. If soil is the only contaminant, wastewater may be discharged into the storm sewer catch basins provided they are protected using Best Management Practices (BMPs), per the requirements of WSU section 33 40 00 (Storm Drainage Utilities).

C. The Contractor shall notify the WSU Construction Manager in writing at least 48 hours prior to testing. The Contractor shall make all necessary testing and sampling arrangements, making all necessary arrangements with the WA State approved testing laboratory. The Construction Manager shall notify the following of the date and time for flushing, testing, and bacteriological sampling:

1. Facilities Services Water Distribution Manager
2. WSU Environmental Health and Safety
3. Pullman Fire Department (for Fire Suppression Water systems only)

END OF SECTION

DIVISION 33 - UTILITIES
33 12 13.13 WATER SUPPLY BACKFLOW PREVENTION ASSEMBLIES

PART 1 - GENERAL

1.01 DESIGN REQUIREMENTS

A. General:

1. Backflow prevention shall be provided on all domestic water systems connections except for plumbing fixtures.

B. Design Considerations:

1. At the water main entry to the building, design and install two premises isolation backflow prevention assemblies in parallel, to ensure continuous operations when a backflow prevention assembly must be maintained or repaired.

2. An air gap drain for a Reduced Pressure Backflow Prevention Assembly (RPBA) shall be used and run to the sanitary sewer.

3. Backflow Protection Assemblies shall be installed in a protected equipment space, preferably the mechanical room of the facility they are serving.

4. No backflow prevention assembly shall be installed more than five feet above finish floor.

PART 2 - PRODUCTS

2.01 PRE-APPROVED MANUFACTURERS

A. Select all backflow preventions assemblies from the current list approved for use by the Washington State Department of Health, or in the current USC list of approved backflow prevention assemblies. The following manufacturers are acceptable; any other manufacturer requires approval by the WSU Project Manager and Engineering Services:

1. Febco

2. Watts

PART 3 - EXECUTION

3.01 FIELD QUALITY CONTROL

A. Assemblies shall be designed and installed in strict accordance with manufacturer's recommendations with proper clearances for testing and servicing.

B. All water faucets and hose bibs on non-potable water shall have signs posted stating “Non-Potable Water. Do not drink.”

C. WSU Cross-Connection Control Specialists shall review and approve all installations of backflow prevention assemblies, per WAC 246-290-490.

1. Notify WSU Construction Manager and Cross-Connection Control Specialists at least 48 hours prior to backflow prevention assembly testing.

2. Provide copies of the backflow prevention assembly testing results to the WSU Construction Manager and Cross-Connection Control Specialists.

END OF SECTION

DIVISION 33 – UTILITIES
33 12 00 WATER UTILITY DISTRIBUTION EQUIPMENT
33 12 19 WATER UTILITY DISTRIBUTION FIRE HYDRANTS

PART 1 - GENERAL

1.01 DESIGN CRITERIA:

A. Hydrants shall be designed to 150 psi working pressure and 300 psi hydrostatic test pressure.

B. Maximum hydrant spacing shall be 300 feet. No hydrant shall be located closer than 40 feet to any building wall.

C. Drain rock shall be 1–1/2 inch washed drain field rock. There shall be a minimum of 12–inches of drain rock surrounding the hydrant.

D. Hydrant shall be installed on a 12 x 12 x 4 inches concrete pad.

PART 2 - PRODUCTS

2.01 MATERIALS

A. Hydrant:

1. Hydrant shall be Waterous Company Model WB-67 with two (2) 2–1/2 inch hose nozzles and one (1) 4–1/2 inch pumper nozzle.

2. The hydrant shall contain a flanged APE nozzle connection, 5–1/4 inch valve opening, a bronze seat ring, 1–1/2 inch pentagonal operating nuts (left opening) and standard nut nozzle caps with chains.

3. Outlet nozzle threads shall be National Standard Thread (NST) fire hose couplings.

B. Auxiliary Gate Valve and Box:

1. Hydrants shall be installed complete with auxiliary valve with adjustable height valve box.

C. Post Indicator Valve (PIV) shall be Kennedy #641 or approved equivalent.

PART 3 - EXECUTION

3.01 INSTALLATION

A. Install in accordance with standard detail C - XXXX and manufacturer's instructions.

END OF SECTION

APPENDIX H

Chapter 8

APPENDIX H-1

CIP Project Detail Sheets / Costs

Client:	Washington State University
Project:	Water Master Plan
Project No	221210
Location:	Meridian Office
Date:	Fall 2022
Reviewed By	SL

CIP Summary Table

Project ID#	Project Name	Project Trigger	Total Estimated Cost (2022 Dollars)
Priority 1 Improvements (2022-2027)			
1.1	Complete PSV Installation	Currently under construction	$303,000
1.2	Complete South High Reservoir Construction	Currently under construction	$6,683,000
1.3	Well Overhaul 2024	Preventative maintenance/replacement	$250,000
1.4	Dodgen Research Facility Sprinkler Retrofit	AFF over 75% deficient	$390,000
1.5	Olympia Student Housing Looping	Regional AFF improvements	$210,000
1.6	Well Overhaul 2026	Preventative maintenance/replacement	$250,000
1.7	Chinook Student Center FF Improvements	AFF over 75% deficient	$330,000
1.8	Library Road and College Street PRV	AFF below 1,000 gpm at multiple hydrants	$300,000
1.9	Fairway Road, Cross Road and Clark Hall Looping	Regional AFF improvements	$400,000
1.10	Round Top Drive to Fairway Tank Upsize	AFF below 1,000 gpm at multiple hydrants	$2,710,000
1.11	Finalize campus metering	Required DOH - Deadline was January 2017	$6,130,000
		Total Priority 1 Improvements (rounded)	**$17,956,000**
Priority 2 Improvements (2027-2032)			
2.1	Observatory Hill Reservoir Replacement	Conditions Replacement	$13,480,000
2.2	Well Overhaul 2028	Preventative maintenance/replacement	$250,000
2.3	Grimes Way Upsize and Looping	AFF over 50% deficient	$2,680,000
2.4	Well Overhaul 2030	Preventative maintenance/replacement	$250,000
2.5	Campus Street and B Street Looping and Upsizing	AFF below 2,000 gpm at multiple hydrants	$560,000
2.6	Yakama, Chinook, and Columbia Village Upsizing	AFF below 2,000 gpm at multiple hydrants	$2,260,000
2.7	Stadium Way Looping	AFF below 2,000 gpm at multiple hydrants	$390,000
2.8	Well Overhaul 2032	Preventative maintenance/replacement	$250,000
		Total Priority 2 Improvements (rounded)	**$20,120,000**
Priority 3 Improvements (2032-2042)			
3.1	Terre View Drive Upsize	AFF below required fire flow	$770,000
3.2	Well Overhaul 2034	Preventative maintenance/replacement	$250,000
3.3	Valley Road, and Garden Avenue Improved Looping	AFF below required fire flow	$790,000
3.4	Well Overhaul 2036	Preventative maintenance/replacement	$250,000
3.5	Wilson-Short Hall and Johnson Tower Upsizing	AFF below 3,000 gpm at two hydrants	$300,000
3.6	Airport Road Upsizing	AFF below 1,000 gpm at multiple hydrants	$4,070,000
3.7	Olympia Avenue Looping	AFF below 3,000 gpm at two hydrants	$280,000
3.8	Well Overhaul 2038	Preventative maintenance/replacement	$250,000
3.9	Colorado Street Upsizing	AFF below 3,000 gpm at multiple hydrants	$560,000
3.10	Well Overhaul 2040	Preventative maintenance/replacement	$250,000
3.11	Stadium Way Check Valves	AFF below required fire flow	$160,000
3.12	Stadium Way to Wilson Road Upsizing	AFF over 50% deficient	$730,000
3.13	Systemwide Hydrant Improvements	Hydrants below 3,000 gpm	$1,530,000
3.14	Well Overhaul 2042	Preventative maintenance/replacement	$250,000
		Total Priority 3 Improvements (rounded)	**$10,440,000**
		TOTALWATER SYSTEM IMPROVEMENTS COSTS (rounded)	***$48,516,000***

The cost estimate herein is based on our perception of current conditions at the project location. This estimate reflects our opinion of probable costs at this time and is subject to change as the project design matures. Keller Associates has no control over variances in the cost of labor, materials, equipment, services provided by others, contractor's methods of determining prices, competitive bidding or market conditions, practices or bidding strategies. Keller Associates cannot and does not warrant or guarantee that proposals, bids or actual construction costs will not vary from the costs presented herein.

Unit Items	Unit	Unit Price (2022)
PVC Pipe		
8-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	LF	$ 170
10-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	LF	$ 190
12-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	LF	$ 200
Connect to Existing Water Main (10" & 12" Tapping Saddle and Valve)	EA	$ 12,000
Connect to Existing Water Main (6" & 8" Tapping Saddle and Valve)	EA	$ 8,000
Valves and Control Structures		
PRV with Vault and backflow valve (6" valve and smaller)	EA	$ 30,000
Modify Existing PRV with backflow	EA	$ 10,000
8-inch Gate Valve - Includes Installation	EA	$ 8,000
6-inch Check Valve and Vault	EA	$ 25,000
New 6-inch Hydrant Assembly	EA	$ 8,000
Surface Repair		
Roadway Restoration (Full Lane)	LF	$ 90
Gravel Surface Repair	LF	$ 20
Soil Surface Repair, Seeding, and Stabilization	LF	$ 10
Control Valve Vault Site Restoration	LS	$ 3,000
Concrete Surface Repair (Sidewalk, Curb and Gutter)	LF	$ 100
ADA Ramp Reconstruction (Compliance)	EA	$ 5,000
Misc.		
Traffic Control w/o Flaggers	LF	$ 10
Traffic Control w/ Flaggers	LF	$ 12
WSU Specific		
Dodgen Research Building Sprinker Installation (sprinklers only)	SF	$ 7
Fire Booster Pump	EA	$ 30,000
Observatory Hill Reservoir West Demolition	LS	$ 1,000,000
New 2.0 MG Reservoir (tank, site work, yard piping, electrical, SCADA)	LS	$ 6,000,000
Biennial Well Overhaul	LS	$ 250,000
Standard Fees (Unless otherwise noted)		
Mobilization and Administration	%	10%
Bonding	%	3%
Contractor Overhead and Profit	%	15%
Prevailing Wages	%	0%
Contingency	%	30%
Engineering Design and Bid Phase Services	%	12%
Engineering - Construction Contract Administration	%	4%
Engineering -- Inspection	%	4%
Permitting & Environmental	LS	LS
Geotechnical Investigation	LS	LS
Surveying	LS	LS
Legal, Administrative, and Funding	%	2%

Client:	Washington State University
Project:	Water Master Plan
Project No.:	221210
Location:	Meridian Office
Date:	11/2/2022
Reviewed By:	

Priority	Implementation Timeline	Description
1	0-5 Years	► Address PHD pressures below 30 psi without individual booster pumps ► Improve available fire flow below 1,000 gpm within the main campus ► Improve available fire flow where building AFF is over 75% deficient ► Regional improvements to AFF (increased AFF at more than five hydrants) ► Completion of projects currently in design or under construction
2	5-10 Years	► Improve available fire flow below 2,000 gpm for multiple adjacent hydrants ► Improve available fire flow where building AFF is over 50% deficient ► Improve transmission bottlenecks
3	10-20 Years	► Improve overall distribution of flows throughout the system ► Improve available fire flow to meet minimum 3,000 gpm at all hydrants ► Improve available fire flow to meet building specific fire demands

Washington State University

Water Master Plan

Project Title: Complete PSV Installation Project Identifier: 1.1	**Location:** Stadium Way, Well 8 Site, and Observatory Hill
Need for Project: - Install pressure sustaining valves between the High and Low Pressure Zones Objective: - Complete installation of the control valves Design Considerations: - Assumes installation in-house	

General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
PSV Valve Installation	1	LS	$ 303,000	$ 303,000	
				Construction Subtotal	***$ 303,000***
				Total Project Costs (rounded)	**$ 303,000**

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Project Title: Complete South High Reservoir Construction

Project Identifier: 1.2

Location: Round Top Drive

Need for Project:
- New storage tank project is funded and currently in the design/construction phase

Objective:
- Add more storage to the High Pressure Zone

Design Considerations:
- **Assumes funding has been secured.**
- Exact alignment for new 12-inch pipe should be evaluated during design.



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
Assumes Funding has been secured	1	LS	$ 6,683,000	$ 6,683,000	
				Construction Subtotal	***$ 6,683,000***
				Total Project Costs (rounded)	**$ 6,683,000**

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Project Title: Well Overhaul 2024

Project Identifier: 1.3

Location: Well Site

Need for Project:
- Preventative maintenance and replacement of well components

General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
Biennial Well Overhaul	1	LS	$ 250,000	$ 250,000	
				Construction Subtotal	***$ 250,000***
				Total Project Costs (rounded)	**$ 250,000**

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Project Title: Dodgen Research Facility Sprinkler Retrofit

Project Identifier: 1.4

Location: Dodgen Research Facility

Need for Project:
-Dodgen Research Facility's AFF is more than 75% lower than required fire flow

Objective:
- Install building fire sprinklers which reduces the required fire flow demand.

Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
- Alternative improvements for creation of a new pressure zone should be considered. See Appendix X.2 for more details.
-Without creating a new pressure zone, the required fire flow at this facility cannot be met without building sprinklers.
-Coordinate with local fire authority for fire demand requirements.



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
Dodgen Research Building Sprinker Installation (sprinklers only)	24,100	SF	$ 7	$ 169,000	
Fire Booster Pump	1	EA	$ 30,000	$ 30,000	
				Construction Subtotal	***$ 199,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 20,000	
Bonding			3%	$ 5,000	
Contractor Overhead and Profit			15%	$ 30,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 60,000	
				Total Construction Subtotal	***$ 314,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			12%	$ 38,000	
Engineering - Construction Contract Administration			4%	$ 13,000	
Engineering -- Inspection			4%	$ 13,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ -	
Surveying			LS	$ -	
Legal, Administrative, and Funding			2%	$ 6,000	
				Total Project Costs (rounded)	**$ 390,000**

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Project Title: Olympia Student Housing Looping

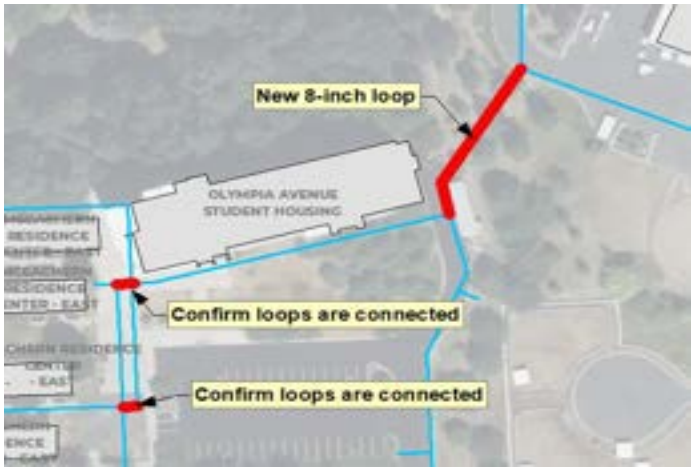
Project Identifier: 1.5

Location: Near Olympia Student Housing

Need for Project:
-Regional improvements to AFF in southern Low PZ
- GIS indicates pipes are not looped

Objective:
-Improve looping and distribution during fire flow event

Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
- Improves AFF at numerous hydrants which were below 2,000 gpm AFF.
- Costs assume loops are not connected.



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
8-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	190	LF	$ 170	$ 33,000	
Connect to Existing Water Main (6" & 8" Tapping Saddle and Valve)	6	EA	$ 8,000	$ 48,000	
Roadway Restoration (Full Lane)	30	LF	$ 90	$ 3,000	
Concrete Surface Repair (Sidewalk, Curb and Gutter)	60	LF	$ 100	$ 6,000	
ADA Ramp Reconstruction (Compliance)	1	EA	$ 5,000	$ 5,000	
Soil Surface Repair, Seeding, and Stabilization	100	LF	$ 10	$ 1,000	
Traffic Control w/o Flaggers	190	LF	$ 10	$ 2,000	
				Construction Subtotal	***$ 98,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 10,000	
Bonding			3%	$ 2,000	
Contractor Overhead and Profit			15%	$ 15,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 29,000	
				Total Construction Subtotal	***$ 154,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			20%	$ 31,000	
Engineering - Construction Contract Administration			4%	$ 6,000	
Engineering -- Inspection			4%	$ 6,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ -	
Surveying			LS	$ 10,000	
Legal, Administrative, and Funding			2%	$ 3,000	
				Total Project Costs (rounded)	**$ 210,000**

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Project Title: Well Overhaul 2026

Project Identifier: 1.6

Location: Well Site

Need for Project:
- Preventative maintenance and replacement of well components

General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
Biennial Well Overhaul	1	LS	$ 250,000	$ 250,000	
				Construction Subtotal	***$ 250,000***
				Total Project Costs (rounded)	**$ 250,000**

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Project Title: Chinook Student Center FF Improvements

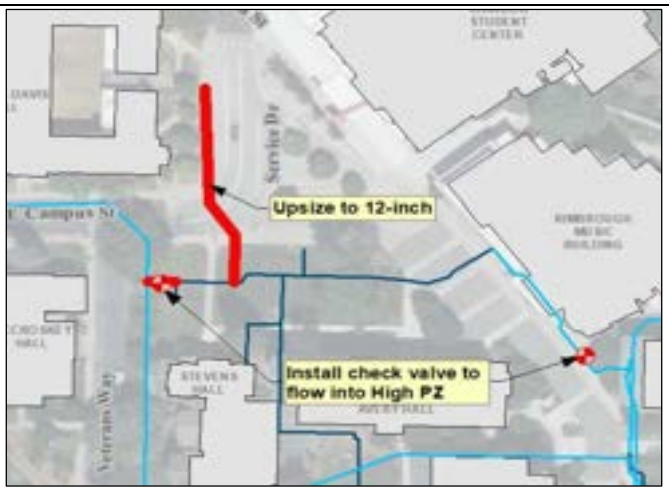
Project Identifier: 1.7

Location: Chinook Student Center

Need for Project:
- AFF at Chinook Student Center is 75% lower than required fire flow.
-AFF below 1,000 gpm at several hydrants within this area of the High PZ.

Objective:
- Install two check valve from the Low PZ to the High PZ to supplement flows in the High PZ during a fire flow event. Upsize existing pipe to reduce headloss during a fire flow event

Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
- Improves AFF at numerous hydrants which were below 1,000 gpm AFF.
- Install check valves with bypass if pressure zone boundaries are modified in the future.



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
8-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	30	LF	$ 170	$ 6,000	
12-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	190	LF	$ 200	$ 38,000	
6-inch Check Valve and Vault	2	EA	$ 25,000	$ 50,000	
Connect to Existing Water Main (6" & 8" Tapping Saddle and Valve)	4	EA	$ 8,000	$ 32,000	
Concrete Surface Repair (Sidewalk, Curb and Gutter)	100	LF	$ 100	$ 10,000	
Roadway Restoration (Full Lane)	60	LF	$ 90	$ 6,000	
Soil Surface Repair, Seeding, and Stabilization	60	LF	$ 10	$ 1,000	
Control Valve Vault Site Restoration	2	LS	$ 3,000	$ 6,000	
Traffic Control w/o Flaggers	220	LF	$ 10	$ 3,000	
				Construction Subtotal	***$ 152,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 15,000	
Bonding			3%	$ 4,000	
Contractor Overhead and Profit			15%	$ 23,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 46,000	
				Total Construction Subtotal	***$ 240,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			20%	$ 48,000	
Engineering - Construction Contract Administration			4%	$ 10,000	
Engineering -- Inspection			4%	$ 10,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ -	
Surveying			LS	$ 10,000	
Legal, Administrative, and Funding			2%	$ 5,000	
				Total Project Costs (rounded)	**$ 330,000**

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Project Title: Library Road and College Street PRV

Project Identifier: 1.8

Location: Library Road and College Street

Need for Project:
-AFF below 1,000 gpm at several hydrants in the west area of the High PZ
-AFF ~20% deficient at McCoy and Wegner Hall

Objective:
- Install an PRV with backflow between the High PZ and Low PZ to improve AFF in both Zones
- Install PRV to supplement Low PZ AFF
- Improves AFF at McCoy Hall and Wegner Hall by installing a hydrant on the Low PZ rather than High PZ

Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
8-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	230	LF	$ 170	$ 40,000	
PRV with Vault and backflow valve (6" valve and smaller)	1	EA	$ 30,000	$ 30,000	
New 6-inch Hydrant Assembly	1	EA	$ 8,000	$ 8,000	
Connect to Existing Water Main (10" & 12" Tapping Saddle and Valve)	3	EA	$ 12,000	$ 36,000	
Concrete Surface Repair (Sidewalk, Curb and Gutter)	50	LF	$ 100	$ 5,000	
Roadway Restoration (Full Lane)	180	LF	$ 90	$ 17,000	
Control Valve Vault Site Restoration	1	LS	$ 3,000	$ 3,000	
Traffic Control w/o Flaggers	180	LF	$ 10	$ 2,000	
				Construction Subtotal	***$ 141,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 14,000	
Bonding			3%	$ 4,000	
Contractor Overhead and Profit			15%	$ 21,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 42,000	
				Total Construction Subtotal	***$ 222,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			20%	$ 44,000	
Engineering - Construction Contract Administration			4%	$ 9,000	
Engineering -- Inspection			4%	$ 9,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ -	
Surveying			LS	$ 10,000	
Legal, Administrative, and Funding			2%	$ 4,000	
				Total Project Costs (rounded)	**$ 300,000**

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Project Title: Fairway Road, Cross Road and Clark Hall Looping

Project Identifier: 1.9

Location: Fairway Road, Cross Road & near Clark Hall

Need for Project:
-AFF below 1,000 gpm in several areas of the High PZ.
- Poor looping and distribution of flows during PHD.

Objective:
- Improve looping of the High PZ to improve transmission of flows and AFF throughout the west end of the High PZ.

Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
- Improves AFF at numerous hydrants which were below 1,000 gpm AFF.
- Alternative improvements should be considered. Modifications of pressure zones as discussed in Appendix X.2 would lower the priority of this project.



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
8-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	460	LF	$ 170	$ 79,000	
Connect to Existing Water Main (6" & 8" Tapping Saddle and Valve)	5	EA	$ 8,000	$ 40,000	
Connect to Existing Water Main (10" & 12" Tapping Saddle and Valve)	1	EA	$ 12,000	$ 12,000	
Concrete Surface Repair (Sidewalk, Curb and Gutter)	70	LF	$ 100	$ 7,000	
ADA Ramp Reconstruction (Compliance)	6	EA	$ 5,000	$ 30,000	
Roadway Restoration (Full Lane)	230	LF	$ 90	$ 21,000	
Soil Surface Repair, Seeding, and Stabilization	160	LF	$ 10	$ 2,000	
Traffic Control w/o Flaggers	460	LF	$ 10	$ 5,000	
				Construction Subtotal	***$ 196,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 20,000	
Bonding			3%	$ 5,000	
Contractor Overhead and Profit			15%	$ 29,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 59,000	
				Total Construction Subtotal	***$ 309,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			15%	$ 46,000	
Engineering - Construction Contract Administration			4%	$ 12,000	
Engineering -- Inspection			4%	$ 12,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ -	
Surveying			LS	$ 15,000	
Legal, Administrative, and Funding			2%	$ 6,000	
				Total Project Costs (rounded)	**$ 400,000**

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Project Title: Round Top Drive to Fairway Tank Upsize

Project Identifier: 1.10

Location: Roundtop Drive

Need for Project:
-AFF below 1,000 gpm in along Round Top Drive
- The Dodgen Research Center and Palouse Ridge Golf Club do not have adequate fire flow.

Objective:
- Upsize existing pipeline to provide over 1,000 gpm at hydrants along Round Top Drive.

Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
- Improves AFF at numerous hydrants which were below 1,000 gpm AFF.
- Alternatives for a new higher pressure zone discussed in Appendix X.2 are consistent with this project.



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
12-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	5,050	LF	$ 200	$ 1,010,000	
Connect to Existing Water Main (10" & 12" Tapping Saddle and Valve)	5	EA	$ 12,000	$ 60,000	
Concrete Surface Repair (Sidewalk, Curb and Gutter)	210	LF	$ 100	$ 21,000	
ADA Ramp Reconstruction (Compliance)	4	EA	$ 5,000	$ 20,000	
Gravel Surface Repair	2,300	LF	$ 20	$ 46,000	
Roadway Restoration (Full Lane)	2,540	LF	$ 90	$ 229,000	
Traffic Control w/o Flaggers	2,540	LF	$ 10	$ 26,000	
				Construction Subtotal	***$ 1,412,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 141,000	
Bonding			3%	$ 35,000	
Contractor Overhead and Profit			15%	$ 212,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 424,000	
				Total Construction Subtotal	***$ 2,224,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			10%	$ 222,000	
Engineering - Construction Contract Administration			4%	$ 89,000	
Engineering -- Inspection			4%	$ 89,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ -	
Surveying			LS	$ 40,000	
Legal, Administrative, and Funding			2%	$ 44,000	
				Total Project Costs (rounded)	**$ 2,710,000**

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Project Title: Finalize campus metering Project Identifier: 1.11	**Location:** Campus-wide
Need for Project: -DOH requires full metering of water systems. -Original deadline for full metering was January 2017. -84% of gross square footage currently metered, but still require an additional 137 meters for housing facilities and 55 for smaller buildings. Objective: - Continue momentum to gain funding for completing metering of Housing facilities and all smaller budilings on campus. Design Considerations: - Cluster metering may be approved by DOH for groups of housing to minimize the total number of meters necessary.	

General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
Water meters	216	EA	$ 15,000	$ 3,240,000	
				Construction Subtotal	***$ 3,240,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 324,000	
Bonding			3%	$ 81,000	
Contractor Overhead and Profit			15%	$ 486,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 972,000	
				Total Construction Subtotal	***$ 5,103,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			10%	$ 510,000	
Engineering - Construction Contract Administration			4%	$ 204,000	
Engineering -- Inspection			4%	$ 204,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ -	
Surveying			LS	$ -	
Legal, Administrative, and Funding			2%	$ 102,000	
				Total Project Costs (rounded)	**$ 6,130,000**

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Project Title: Observatory Hill Reservoir Replacement

Project Identifier: 2.1

Location: Existing Observatory Hill Reservoir

Need for Project:
-Reservoir is reaching the end of its useful life and should be replaced or repaired
Objective:
-Install 8-inch loop into High PZ and move hydrant along Stadium Way into the Low PZ.
Design Considerations:
- Detailed tank inspection should be conducted to decide if tank can be repaired or if it should be replaced.
- Costs assume full replacement of the existing tank with a new 2.0 MG welded steel tank.



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
Observatory Hill Reservoir West Demolition	1	LS	$ 1,000,000	$ 1,000,000	
New 2.0 MG Reservoir (tank, site work, yard piping, electrical, SCADA)	1	LS	$ 6,000,000	$ 6,000,000	
				Construction Subtotal	***$ 7,000,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 700,000	
Bonding			3%	$ 175,000	
Contractor Overhead and Profit			15%	$ 1,050,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 2,100,000	
				Total Construction Subtotal	***$ 11,025,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			12%	$ 1,323,000	
Engineering - Construction Contract Administration			4%	$ 441,000	
Engineering -- Inspection			4%	$ 441,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ -	
Surveying			LS	$ 20,000	
Legal, Administrative, and Funding			2%	$ 221,000	
				Total Project Costs (rounded)	**$ 13,480,000**

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Project Title: Well Overhaul 2028

Project Identifier: 2.2

Location: Well Site

Need for Project:
- Preventative maintenance and replacement of well components

General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
Biennial Well Overhaul	1	LS	$ 250,000	$ 250,000	
				Construction Subtotal	***$ 250,000***
				Total Project Costs (rounded)	**$ 250,000**

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Project Title: Grimes Way Upsize and Looping

Project Identifier: 2.3

Location: Grimes Way

Need for Project:
-AFF at Fine Arts Building, McCluskey Shop, Beef Breeding Barn, and Cattle Feeding Lab is 50% lower than required fire
Objective:
-Upsize existing pipes and improve looping.
Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
- Improves AFF at numerous hydrants near the Airport Road corridor.
-Consider trenchless installation methods such as pipe bursting for upsized pipe.



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
8-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	570	LF	$ 170	$ 97,000	
12-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	3,730	LF	$ 200	$ 746,000	
Connect to Existing Water Main (6" & 8" Tapping Saddle and Valve)	2	EA	$ 8,000	$ 16,000	
Connect to Existing Water Main (10" & 12" Tapping Saddle and Valve)	5	EA	$ 12,000	$ 60,000	
Concrete Surface Repair (Sidewalk, Curb and Gutter)	820	LF	$ 100	$ 82,000	
ADA Ramp Reconstruction (Compliance)	9	EA	$ 5,000	$ 45,000	
Roadway Restoration (Full Lane)	2,950	LF	$ 90	$ 266,000	
Soil Surface Repair, Seeding, and Stabilization	530	LF	$ 10	$ 6,000	
Traffic Control w/o Flaggers	4,300	LF	$ 10	$ 43,000	
				Construction Subtotal	***$ 1,361,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 136,000	
Bonding			3%	$ 34,000	
Contractor Overhead and Profit			15%	$ 204,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 408,000	
				Total Construction Subtotal	***$ 2,143,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			12%	$ 257,000	
Engineering - Construction Contract Administration			4%	$ 86,000	
Engineering -- Inspection			4%	$ 86,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ 20,000	
Surveying			LS	$ 40,000	
Legal, Administrative, and Funding			2%	$ 43,000	
				Total Project Costs (rounded)	**$ 2,680,000**

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Project Title: Well Overhaul 2030

Project Identifier: 2.4

Location: Well Site

Need for Project:
- Preventative maintenance and replacement of well components

General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
Biennial Well Overhaul	1	LS	$ 250,000	$ 250,000	
				Construction Subtotal	***$ 250,000***
				Total Project Costs (rounded)	**$ 250,000**

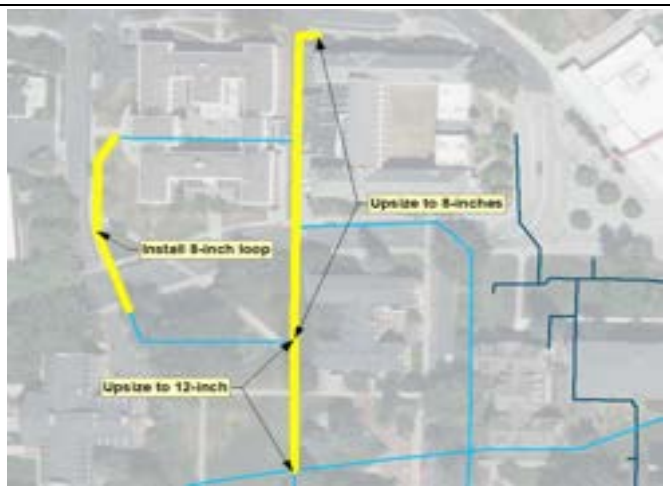
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Project Title: Campus Street and B Street Looping and Upsizing

Project Identifier: 2.5

Location: Campus Street and B Street

Need for Project:
-AFF below 2,000 gpm at multiple adjacent hydrants
Objective:
-Upsize existing pipes and improve looping.
Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
- Alternative improvements should be considered. Modifications of pressure zones as discussed in Appendix X.2 may reduce the total length of new pipe to upsize or install.
-Consider trenchless installation methods such as pipe bursting for upsized pipe.



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
8-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	610	LF	$ 170	$ 104,000	
12-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	160	LF	$ 200	$ 32,000	
Connect to Existing Water Main (6" & 8" Tapping Saddle and Valve)	4	EA	$ 8,000	$ 32,000	
Connect to Existing Water Main (10" & 12" Tapping Saddle and Valve)	2	EA	$ 12,000	$ 24,000	
Concrete Surface Repair (Sidewalk, Curb and Gutter)	200	LF	$ 100	$ 20,000	
ADA Ramp Reconstruction (Compliance)	5	EA	$ 5,000	$ 25,000	
Roadway Restoration (Full Lane)	300	LF	$ 90	$ 27,000	
Soil Surface Repair, Seeding, and Stabilization	270	LF	$ 10	$ 3,000	
Traffic Control w/o Flaggers	770	LF	$ 10	$ 8,000	
				Construction Subtotal	***$ 275,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 28,000	
Bonding			3%	$ 7,000	
Contractor Overhead and Profit			15%	$ 41,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 83,000	
				Total Construction Subtotal	***$ 434,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			12%	$ 52,000	
Engineering - Construction Contract Administration			4%	$ 17,000	
Engineering -- Inspection			4%	$ 17,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ 10,000	
Surveying			LS	$ 15,000	
Legal, Administrative, and Funding			2%	$ 9,000	
				Total Project Costs (rounded)	**$ 560,000**

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Project Title: Yakama, Chinook, and Columbia Village Upsizing

Project Identifier: 2.6

Location: South of Olympia Avenue

Need for Project:
-AFF below 2,000 gpm at multiple adjacent hydrants
Objective:
-Install 12-inch transmission to provide additional fire flow
Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
- Alternative improvements should be considered. Modifications of pressure zones as discussed in Appendix X.2 may reduce the total length of new pipe to upsize or install.



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
8-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	460	LF	$ 170	$ 79,000	
12-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	3,630	LF	$ 200	$ 726,000	
Connect to Existing Water Main (6" & 8" Tapping Saddle and Valve)	3	EA	$ 8,000	$ 24,000	
Connect to Existing Water Main (10" & 12" Tapping Saddle and Valve)	5	EA	$ 12,000	$ 60,000	
Concrete Surface Repair (Sidewalk, Curb and Gutter)	150	LF	$ 100	$ 15,000	
ADA Ramp Reconstruction (Compliance)	1	EA	$ 5,000	$ 5,000	
Roadway Restoration (Full Lane)	2,030	LF	$ 90	$ 183,000	
Soil Surface Repair, Seeding, and Stabilization	1,910	LF	$ 10	$ 20,000	
Traffic Control w/o Flaggers	4,090	LF	$ 10	$ 41,000	
				Construction Subtotal	***$ 1,153,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 115,000	
Bonding			3%	$ 29,000	
Contractor Overhead and Profit			15%	$ 173,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 346,000	
				Total Construction Subtotal	***$ 1,816,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			12%	$ 218,000	
Engineering - Construction Contract Administration			4%	$ 73,000	
Engineering -- Inspection			4%	$ 73,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ -	
Surveying			LS	$ 40,000	
Legal, Administrative, and Funding			2%	$ 36,000	
				Total Project Costs (rounded)	**$ 2,260,000**

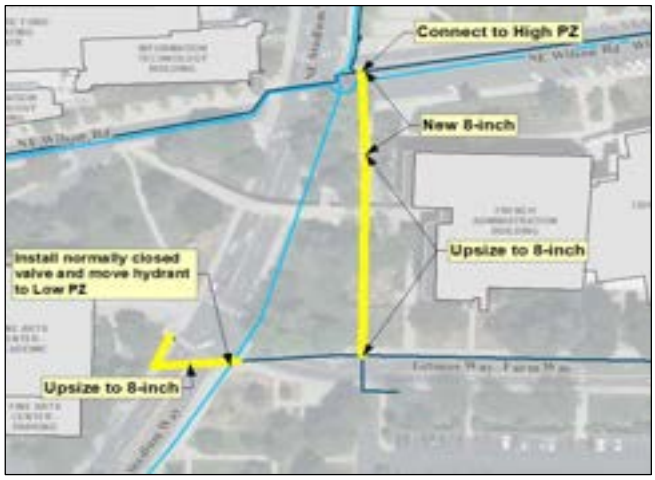
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Project Title: Stadium Way Looping

Project Identifier: 2.7

Location: Stadium Way

Need for Project:
-AFF below 2,000 gpm at multiple adjacent hydrants
Objective:
-Install 8-inch loop into High PZ and move hydrant along Stadium Way into the Low PZ.
Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
- Alternative improvements should be considered. Modifications of pressure zones as discussed in Appendix X.2 may reduce the total length of new pipe to upsize or install.
- Coordinate piping and surface repair on east side of Stadium Way with CIP 3.7 and 3.8



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
8-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	470	LF	$ 170	$ 80,000	
8-inch Gate Valve - Includes Installation	1	EA	$ 8,000	$ 8,000	
New 6-inch Hydrant Assembly	1	EA	$ 8,000	$ 8,000	
Connect to Existing Water Main (6" & 8" Tapping Saddle and Valve)	2	EA	$ 8,000	$ 16,000	
Connect to Existing Water Main (10" & 12" Tapping Saddle and Valve)	1	EA	$ 12,000	$ 12,000	
Concrete Surface Repair (Sidewalk, Curb and Gutter)	200	LF	$ 100	$ 20,000	
ADA Ramp Reconstruction (Compliance)	4	EA	$ 5,000	$ 20,000	
Roadway Restoration (Full Lane)	140	LF	$ 90	$ 13,000	
Soil Surface Repair, Seeding, and Stabilization	130	LF	$ 10	$ 2,000	
Traffic Control w/o Flaggers	470	LF	$ 10	$ 5,000	
				Construction Subtotal	***$ 179,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 18,000	
Bonding			3%	$ 4,000	
Contractor Overhead and Profit			15%	$ 27,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 54,000	
				Total Construction Subtotal	***$ 282,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			20%	$ 56,000	
Engineering - Construction Contract Administration			4%	$ 11,000	
Engineering -- Inspection			4%	$ 11,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ -	
Surveying			LS	$ 15,000	
Legal, Administrative, and Funding			2%	$ 6,000	
				Total Project Costs (rounded)	**$ 390,000**

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Project Title: Well Overhaul 2032

Project Identifier: 2.8

Location: Well Site

Need for Project:
- Preventative maintenance and replacement of well components

General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
Biennial Well Overhaul	1	LS	$ 250,000	$ 250,000	
				Construction Subtotal	***$ 250,000***
				Total Project Costs (rounded)	**$ 250,000**

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Project Title: Terre View Drive Upsize

Project Identifier: 3.1

Location: Terre View Drive and North Fairway Road

Need for Project:
-AFF at Chief Joseph Village below required fire flow
-Existing 8-inch pipe is cast iron
Objective:
-Upsize the existing pipe to improve AFF
Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
- Consider trenchless pipe installation method such as pipe bursting.



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
12-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	1,300	LF	$ 200	$ 260,000	
Connect to Existing Water Main (10" & 12" Tapping Saddle and Valve)	2	EA	$ 12,000	$ 24,000	
Roadway Restoration (Full Lane)	950	LF	$ 90	$ 86,000	
Soil Surface Repair, Seeding, and Stabilization	350	LF	$ 10	$ 4,000	
Traffic Control w/o Flaggers	1,300	LF	$ 10	$ 13,000	
				Construction Subtotal	***$ 387,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 39,000	
Bonding			3%	$ 10,000	
Contractor Overhead and Profit			15%	$ 58,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 116,000	
				Total Construction Subtotal	***$ 610,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			12%	$ 73,000	
Engineering - Construction Contract Administration			4%	$ 24,000	
Engineering -- Inspection			4%	$ 24,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ 10,000	
Surveying			LS	$ 15,000	
Legal, Administrative, and Funding			2%	$ 12,000	
				Total Project Costs (rounded)	**$ 770,000**

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Project Title: Well Overhaul 2034

Project Identifier: 3.2

Location: Well Site

Need for Project:
- Preventative maintenance and replacement of well components

General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
Biennial Well Overhaul	1	LS	$ 250,000	$ 250,000	
				Construction Subtotal	***$ 250,000***
				Total Project Costs (rounded)	**$ 250,000**

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Project Title: Valley Road, and Garden Avenue Improved Looping

Project Identifier: 3.3

Location: Valley Road and Garden Avenue

Need for Project:
-AFF below required fire flow for multiple buildings. Poorly looped 6-inch pipes
Objective:
-Install 8-inch loops and upsize to meet required fire flow demands.
Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
- Review GIS to confirm looping of parallel pipes.



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
8-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	1,120	LF	$ 170	$ 191,000	
Connect to Existing Water Main (6" & 8" Tapping Saddle and Valve)	13	EA	$ 8,000	$ 104,000	
Concrete Surface Repair (Sidewalk, Curb and Gutter)	80	LF	$ 100	$ 8,000	
ADA Ramp Reconstruction (Compliance)	4	EA	$ 5,000	$ 20,000	
Roadway Restoration (Full Lane)	640	LF	$ 90	$ 58,000	
Soil Surface Repair, Seeding, and Stabilization	400	LF	$ 10	$ 4,000	
Traffic Control w/o Flaggers	1,120	LF	$ 10	$ 12,000	
				Construction Subtotal	***$ 397,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 40,000	
Bonding			3%	$ 10,000	
Contractor Overhead and Profit			15%	$ 60,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 119,000	
				Total Construction Subtotal	***$ 626,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			12%	$ 75,000	
Engineering - Construction Contract Administration			4%	$ 25,000	
Engineering -- Inspection			4%	$ 25,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ -	
Surveying			LS	$ 25,000	
Legal, Administrative, and Funding			2%	$ 13,000	
				Total Project Costs (rounded)	**$ 790,000**

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Project Title: Well Overhaul 2036

Project Identifier: 3.4

Location: Well Site

Need for Project:
- Preventative maintenance and replacement of well components

General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
Biennial Well Overhaul	1	LS	$ 250,000	$ 250,000	
				Construction Subtotal	***$ 250,000***
				Total Project Costs (rounded)	**$ 250,000**

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Project Title: Wilson-Short Hall and Johnson Tower Upsizing

Project Identifier: 3.5

Location: NE Troy Lane

Need for Project:
-AFF below 3,000 gpm at two hydrants
Objective:
-Upsize existing 6-inch pipe to 8-inches to improve AFF
Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
- Alternative improvements should be considered. Modifications of pressure zones as discussed in Appendix X.2 may eliminate the need for this project.



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
10-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	370	LF	$ 190	$ 71,000	
Connect to Existing Water Main (10" & 12" Tapping Saddle and Valve)	2	EA	$ 12,000	$ 24,000	
Concrete Surface Repair (Sidewalk, Curb and Gutter)	60	LF	$ 100	$ 6,000	
Roadway Restoration (Full Lane)	310	LF	$ 90	$ 28,000	
Traffic Control w/o Flaggers	370	LF	$ 10	$ 4,000	
				Construction Subtotal	***$ 133,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 13,000	
Bonding			3%	$ 3,000	
Contractor Overhead and Profit			15%	$ 20,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 40,000	
				Total Construction Subtotal	***$ 209,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			20%	$ 42,000	
Engineering - Construction Contract Administration			4%	$ 8,000	
Engineering -- Inspection			4%	$ 8,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ -	
Surveying			LS	$ 20,000	
Legal, Administrative, and Funding			2%	$ 4,000	
				Total Project Costs (rounded)	**$ 300,000**

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Project Title: Airport Road Upsizing

Project Identifier: 3.6

Location: Airport Road

Need for Project:
-AFF below 1,000 gpm at multiple adjacent hydrants outside of Main Campus

Objective:
-Upsize existing pipes to 12-inch to improve fire flow.

Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
- Coordinate with local fire authority for fire requirements in this area.
- Consider interconnection with City of Pullman's pipeline along Terre View Drive to the Airport



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
12-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	8,640	LF	$ 200	$ 1,728,000	
Connect to Existing Water Main (10" & 12" Tapping Saddle and Valve)	4	EA	$ 12,000	$ 48,000	
Roadway Restoration (Full Lane)	2,420	LF	$ 90	$ 218,000	
Soil Surface Repair, Seeding, and Stabilization	6,220	LF	$ 10	$ 63,000	
Traffic Control w/ Flaggers	2,420	LF	$ 12	$ 30,000	
				Construction Subtotal	***$ 2,087,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 209,000	
Bonding			3%	$ 52,000	
Contractor Overhead and Profit			15%	$ 313,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 626,000	
				Total Construction Subtotal	***$ 3,287,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			12%	$ 394,000	
Engineering - Construction Contract Administration			4%	$ 131,000	
Engineering -- Inspection			4%	$ 131,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ -	
Surveying			LS	$ 60,000	
Legal, Administrative, and Funding			2%	$ 66,000	
				Total Project Costs (rounded)	**$ 4,070,000**

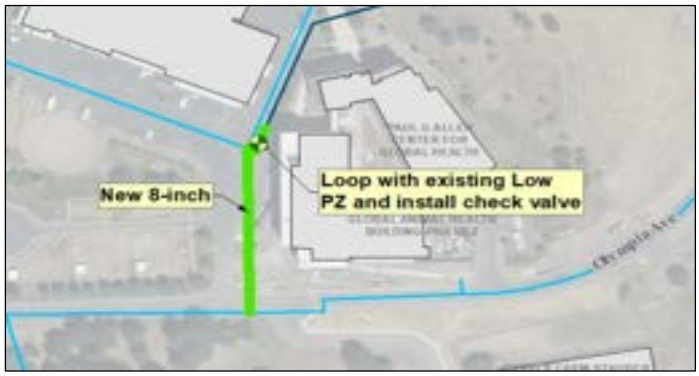
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Project Title: Olympia Avenue Looping

Project Identifier: 3.7

Location: Olympia Avenue

Need for Project:
-AFF below 3,000 gpm at two hydrants
Objective:
-Upsize existing 6-inch pipe to 8-inches to improve AFF
Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
- Alternative improvements should be considered. Modifications of pressure zones as discussed in Appendix X.2 may change the extent of this project.



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
8-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	280	LF	$ 170	$ 48,000	
Connect to Existing Water Main (6" & 8" Tapping Saddle and Valve)	3	EA	$ 8,000	$ 24,000	
6-inch Check Valve and Vault	1	EA	$ 25,000	$ 25,000	
Control Valve Vault Site Restoration	1	LS	$ 3,000	$ 3,000	
Concrete Surface Repair (Sidewalk, Curb and Gutter)	50	LF	$ 100	$ 5,000	
Roadway Restoration (Full Lane)	230	LF	$ 90	$ 21,000	
Traffic Control w/o Flaggers	280	LF	$ 10	$ 3,000	
				Construction Subtotal	***$ 129,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 13,000	
Bonding			3%	$ 3,000	
Contractor Overhead and Profit			15%	$ 19,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 39,000	
				Total Construction Subtotal	***$ 203,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			20%	$ 41,000	
Engineering - Construction Contract Administration			4%	$ 8,000	
Engineering -- Inspection			4%	$ 8,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ -	
Surveying			LS	$ 10,000	
Legal, Administrative, and Funding			2%	$ 4,000	
				Total Project Costs (rounded)	**$ 280,000**

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Project Title: Well Overhaul 2038

Project Identifier: 3.8

Location: Well Site

Need for Project:
- Preventative maintenance and replacement of well components

General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
Biennial Well Overhaul	1	LS	$ 250,000	$ 250,000	
				Construction Subtotal	***$ 250,000***
				Total Project Costs (rounded)	**$ 250,000**

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Project Title: Colorado Street Upsizing

Project Identifier: 3.9

Location: Cougar Way

Need for Project:
-AFF below 3,000 gpm at multiple hydrants
Objective:
-Upsize existing pipes to 12-inch to improve fire flow.
Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
- Alternative improvements for creation of a new pressure zone should be considered. See Appendix X.2 for more details.



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
12-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	850	LF	$ 200	$ 170,000	
Connect to Existing Water Main (10" & 12" Tapping Saddle and Valve)	3	EA	$ 12,000	$ 36,000	
Concrete Surface Repair (Sidewalk, Curb and Gutter)	230	LF	$ 100	$ 23,000	
ADA Ramp Reconstruction (Compliance)	1	EA	$ 5,000	$ 5,000	
Roadway Restoration (Full Lane)	370	LF	$ 90	$ 34,000	
Soil Surface Repair, Seeding, and Stabilization	250	LF	$ 10	$ 3,000	
Traffic Control w/o Flaggers	850	LF	$ 10	$ 9,000	
				Construction Subtotal	***$ 280,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 28,000	
Bonding			3%	$ 7,000	
Contractor Overhead and Profit			15%	$ 42,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 84,000	
				Total Construction Subtotal	***$ 441,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			12%	$ 53,000	
Engineering - Construction Contract Administration			4%	$ 18,000	
Engineering -- Inspection			4%	$ 18,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ -	
Surveying			LS	$ 20,000	
Legal, Administrative, and Funding			2%	$ 9,000	
				Total Project Costs (rounded)	**$ 560,000**

The cost estimate herein is based on our perception of current conditions at the project location. This estimate reflects our opinion of probable costs at this time and is subject to change as the project design matures. Keller Associates has no control over variances in the cost of labor, materials, equipment, services provided by others, contractor's methods of determining prices, competitive bidding or market conditions, practices or bidding strategies. Keller Associates cannot and does not warrant or guarantee that proposals, bids, or actual construction costs will not vary from the cost presented

Project Title: Well Overhaul 2040

Project Identifier: 3.10

Location: Well Site

Need for Project:
- Preventative maintenance and replacement of well components

General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
Biennial Well Overhaul	1	LS	$ 250,000	$ 250,000	
				Construction Subtotal	***$ 250,000***
				Total Project Costs (rounded)	**$ 250,000**

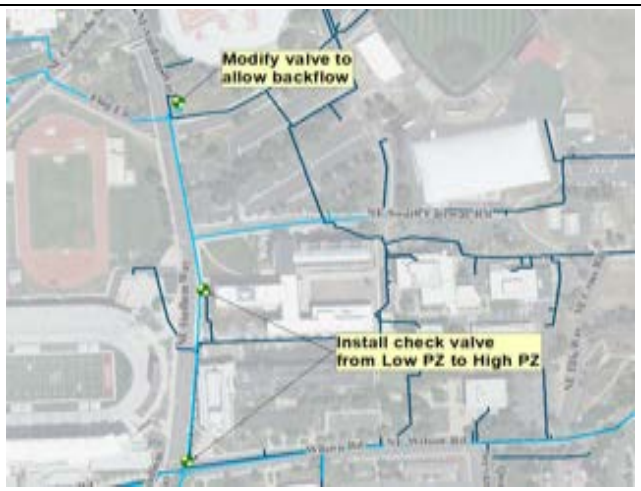
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Project Title: Stadium Way Check Valves

Project Identifier: 3.11

Location: Stadium Way

Need for Project:
-AFF at Beasley Performing Arts Colosseum and Johnson Hall is below the required fire flow
Objective:
-Allow for backflow from the Low PZ to supplement fire flow
Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
-Install check valves with bypass if pressure zone boundaries are modified in the future.
- Alternative improvements should be considered. Modifications of pressure zones as discussed in Appendix X.2 may eliminate the need for this project.
- Coordinate piping and surface repair on east side of Stadium Way with CIP 2.5 and 3.8



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
Modify Existing PRV with backflow	1	EA	$ 10,000	$ 10,000	
6-inch Check Valve and Vault	2	EA	$ 25,000	$ 50,000	
Control Valve Vault Site Restoration	1	LS	$ 3,000	$ 3,000	
Traffic Control w/o Flaggers	1	LS	$ 10,000	$ 10,000	
				Construction Subtotal	***$ 73,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 7,000	
Bonding			3%	$ 2,000	
Contractor Overhead and Profit			15%	$ 11,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 22,000	
				Total Construction Subtotal	***$ 115,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			20%	$ 23,000	
Engineering - Construction Contract Administration			4%	$ 5,000	
Engineering -- Inspection			4%	$ 5,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ -	
Surveying			LS	$ 5,000	
Legal, Administrative, and Funding			2%	$ 2,000	
				Total Project Costs (rounded)	**$ 160,000**

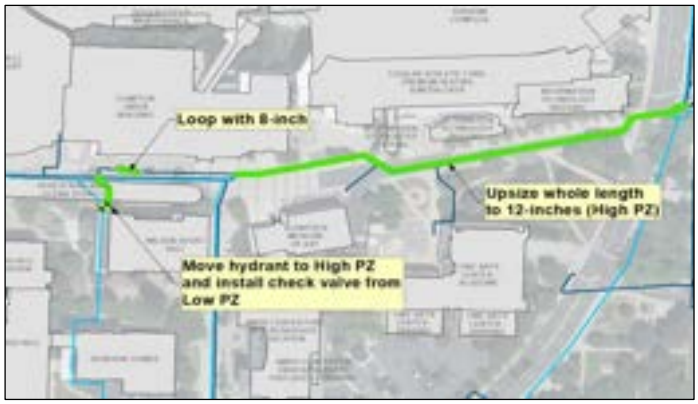
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Project Title: Stadium Way to Wilson Road Upsizing

Project Identifier: 3.12

Location: Wilson Road

Need for Project:
-AFF at Wilson Hall, Johnson Hall, Information Technology Building, and Johnson Tower lower than required fire flow
Objective:
-Upsize existing pipes and improve looping.
Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
- Alternative improvements should be considered. Modifications of pressure zones as discussed in Appendix X.2 may eliminate the need for this project.
- Coordinate piping and surface repair on east side of Stadium Way with CIP 2.5 and 3.7



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
8-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	100	LF	$ 170	$ 17,000	
12-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	800	LF	$ 200	$ 160,000	
Connect to Existing Water Main (6" & 8" Tapping Saddle and Valve)	3	EA	$ 8,000	$ 24,000	
Connect to Existing Water Main (10" & 12" Tapping Saddle and Valve)	2	EA	$ 12,000	$ 24,000	
6-inch Check Valve and Vault	1	EA	$ 25,000	$ 25,000	
New 6-inch Hydrant Assembly	1	EA	$ 8,000	$ 8,000	
Control Valve Vault Site Restoration	1	LS	$ 3,000	$ 3,000	
Concrete Surface Repair (Sidewalk, Curb and Gutter)	350	LF	$ 100	$ 35,000	
ADA Ramp Reconstruction (Compliance)	2	EA	$ 5,000	$ 10,000	
Roadway Restoration (Full Lane)	550	LF	$ 90	$ 50,000	
Traffic Control w/o Flaggers	900	LF	$ 10	$ 9,000	
				Construction Subtotal	***$ 365,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 37,000	
Bonding			3%	$ 9,000	
Contractor Overhead and Profit			15%	$ 55,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 110,000	
				Total Construction Subtotal	***$ 576,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			12%	$ 69,000	
Engineering - Construction Contract Administration			4%	$ 23,000	
Engineering -- Inspection			4%	$ 23,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ -	
Surveying			LS	$ 25,000	
Legal, Administrative, and Funding			2%	$ 12,000	
				Total Project Costs (rounded)	**$ 730,000**

The cost estimate herein is based on our perception of current conditions at the project location. This estimate reflects our opinion of probable costs at this time and is subject to change as the project design matures. Keller Associates has no control over variances in the cost of labor, materials, equipment, services provided by others, contractor's methods of determining prices, competitive bidding or market conditions, practices or bidding strategies. Keller Associates cannot and does not warrant or guarantee that proposals, bids, or actual construction costs will not vary from the cost presented

Project Title: Systemwide Hydrant Improvements

Project Identifier: 3.13

Location: Systemwide

Need for Project:
-Several hydrants below 3,000 gpm throughout the system
Objective:
-Upsize existing pipes to meet the fire flow requirements
Design Considerations:
- Additional hydrant testing should be conducted to assess available fire flow in this area.
- Improvements only consider hydrants with AFF less than 2,500 gpm.
- Alternative improvements should be considered. Modifications of pressure zones as discussed in Appendix X.2 may change the extent of the project.



General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
8-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	2,300	LF	$ 170	$ 391,000	
12-inch PVC Pipe - Excavation, Backfill, Valves, Fittings, Services	150	LF	$ 200	$ 30,000	
Connect to Existing Water Main (6" & 8" Tapping Saddle and Valve)	16	EA	$ 8,000	$ 128,000	
Connect to Existing Water Main (10" & 12" Tapping Saddle and Valve)	1	EA	$ 12,000	$ 12,000	
Concrete Surface Repair (Sidewalk, Curb and Gutter)	160	LF	$ 100	$ 16,000	
ADA Ramp Reconstruction (Compliance)	2	EA	$ 5,000	$ 10,000	
Roadway Restoration (Full Lane)	1,550	LF	$ 90	$ 140,000	
Soil Surface Repair, Seeding, and Stabilization	740	LF	$ 10	$ 8,000	
Traffic Control w/o Flaggers	2,450	LF	$ 10	$ 25,000	
				Construction Subtotal	***$ 760,000***
Additional Elements (estimated % of above)					
Mobilization and Administration			10%	$ 76,000	
Bonding			3%	$ 19,000	
Contractor Overhead and Profit			15%	$ 114,000	
Prevailing Wages			0%	$ -	
Contingency			30%	$ 228,000	
				Total Construction Subtotal	***$ 1,197,000***
Plans and Contract Documents					
Engineering Design and Bid Phase Services			12%	$ 144,000	
Engineering - Construction Contract Administration			4%	$ 48,000	
Engineering -- Inspection			4%	$ 48,000	
Permitting & Environmental			LS	$ -	
Geotechnical Investigation			LS	$ 20,000	
Surveying			LS	$ 40,000	
Legal, Administrative, and Funding			2%	$ 24,000	
				Total Project Costs (rounded)	**$ 1,530,000**

The cost estimate herein is based on our perception of current conditions at the project location. This estimate reflects our opinion of probable costs at this time and is subject to change as the project design matures. Keller Associates has no control over variances in the cost of labor, materials, equipment, services provided by others, contractor's methods of determining prices, competitive bidding or market conditions, practices or bidding strategies. Keller Associates cannot and does not warrant or guarantee that proposals, bids, or actual construction costs will not vary from the cost presented

Project Title: Well Overhaul 2042

Project Identifier: 3.14

Location: Well Site

Need for Project:
- Preventative maintenance and replacement of well components

General Line Item	Estimated Quantity	Unit	Unit Price	Item Cost (Rounded)	Total Cost (2022 Dollars)
Goods and Services					
Biennial Well Overhaul	1	LS	$ 250,000	$ 250,000	
				Construction Subtotal	***$ 250,000***
				Total Project Costs (rounded)	**$ 250,000**

The cost estimate herein is based on our perception of current conditions at the project location. This estimate reflects our opinion of probable costs at this time and is subject to change as the project design matures. Keller Associates has no control over variances in the cost of labor, materials, equipment, services provided by others, contractor's methods of determining prices, competitive bidding or market conditions, practices or bidding strategies. Keller Associates cannot and does not warrant or guarantee that proposals, bids, or actual construction costs will not vary from the cost presented

APPENDIX I

Chapter 9

APPENDIX I-1

Typical Invoices for Water Billings

Water usage in Fiscal Year 2022			$2.13/CCF			$2.13/CCF		$0.0056/gallon or $0.0208/GSF			$2.13/CCF	$2.13 for water, $3.36 for Sewer
Year/Month	Courtyard By Marriott Water usage (Gallons)	Water Usage in CCF	Billing	Marriot Residence Inn Water usage (Gallons)	Water usage in CCF	Billing	Housing water usage	Billing	Airport Actual charge (first 500 CF is free)	Meter fee	Total charge	CUB tenant (Water/Sewer) Total charge included meter fee
Jul-21	209000	279.41	$595.15	232000	310.16	$660.64	598,765	$23,911.90	1910	$91.95	$132.63	$500.39
Aug-21	262000	350.27	$746.07	388000	518.72	$1,104.87	2,897,239	$36,894.93	1600	$91.95	$126.03	$706.51
Sep-21	118000	157.75	$336.02	103000	137.70	$293.30	4,260,283	$44,594.15	1970	$91.95	$133.91	$612.90
Oct-21	187000	250.00	$532.50	261000	348.93	$743.22	4,273,907	$44,671.10	1610	$91.95	$126.24	$759.03
Nov-21	189000	252.67	$538.20	145000	193.85	$412.90	3,060,378	$37,816.43	1370	$91.95	$121.13	$708.52
Dec-21	96500	129.01	$274.79	163000	217.91	$464.16	2,304,572	$33,547.23	1940	$91.95	$133.27	$634.83
Jan-22	137000	183.16	$390.12	150000	200.53	$427.14	3,033,661	$37,665.52	1480	$91.95	$123.47	$704.94
Feb-22	179000	239.30	$509.72	171000	228.61	$486.94	3,591,884	$40,818.66	1580	$91.95	$125.60	$690.52
Mar-22	237000	316.84	$674.88	183000	244.65	$521.11	3,212,398	$38,675.12	1560	$91.95	$125.18	$1,019.37
Apr-22	190000	254.01	$541.04	274000	366.31	$780.24	3,762,740	$41,783.75	1560	$91.95	$125.18	$874.81
May-22	205000	274.06	$583.76	303000	405.08	$862.82	842,978	$25,291.35	1910	$91.95	$132.63	$775.96
Jun-22	234000	312.83	$666.34	189000	252.67	$538.20	504,734	$23,380.76	2260	$91.95	$140.09	$803.35
Grand Total	2243500	2999.33	$6,388.58	2562000	3425.13	$7,295.53	32,343,538	$429,050.90	20750	$1,103.40	$1,545.38	$8,791.11

WASHINGTON STATE UNIVERSITY

Facilities Operations

WSU Utility Account No: UT-10051

TO: **WSU GOLF - PALOUSE RIDGE GOLF COURSE**

FROM: **Phil Johnson, Engineering Manager**

DATE: **February 10, 2023**

SUBJECT: **Utility Billing for January 2023 Usage**

BASIS: **WSU Lease Agreement No. 16450**

Location (Service Type)	Current Meter Reading (Gallons *)	Previous Meter Reading (Gallons *)	Consumption
Irrigation Pond (Irrigation):	747,905,100	747,905,100	0
Clubhouse (Commercial):	8,781,701	8,768,693	13,008
N. Comfort Station (Commercial) 13:	33,537	33,537	0
S. Comfort Station (Commercial) 6:	24,432	24,432	0
Cart Barn/etc. (Commercial) :	6,297	6,297	0

		Total Monthly Use (Gallons):	**13,008**
		Last Months Calendar Year Total Use (Gallons):	44,156,401
		Current Calendar Year Total Use (gallons):	**44,169,409**
		Calendar Year "Free" Water Allowance (Gallons):	48,000,000
		Calendar Year Billable Water Use (Gallons):	0
		Calendar Year Billable Water Use (100 Cu. Ft.):	0.00
		Monthly Billable Water Use (100 Cu. Ft.):	**0.00**
Commercial Portion (100 Cu. Ft.):	0.00	Irrigation Portion(100 Cu. Ft.):	0.00
Commercial Rate per 100 Cu. Ft. :	$2.56	Irrigation Rate per 100 Cu. Ft. :	$5.27
Commercial Base Charge:	$0.00	Irrigation Base Water Charge:	$0.00
		Total Base Charge:	$0.00
		Water Meter Charges:	$0.00
	8.7%	WSU Administration Charge:	$0.00
		Total Water Charge:	**$0.00**

Note: Water and Sewer charges reflect City of Pullman's winter water rate (decrease) and meter fees (increase).

Itemized Water Meter Locations and Fees

Location	*Water Service Type*	*Size*	*Monthly Meter Fee*
Irrigation Pond	*Irrigation*	*4"*	*$250.15*
Clubhouse	*Commercial*	*2"*	*$91.95*
North Comfort Station	*Commercial*	*1"*	*$38.25*
South Comfort Station	*Commercial*	*1"*	*$38.25*
Cart Barn/Ball Washer/Entry Irr.	*Commercial*	*11/2"*	*$61.80*
	Total Monthly Meter Charge:		*$480.40*

McCluskey Services Building, PO Box 641150, Pullman, WA 99164-1150

Phone: (509) 335-9029 Fax: (509) 335-9304

For questions on billed energy usage or rates, please contact:

Phil Johnson (509-335-9029)

Note: Conversion Factors: 1.0 Cu Ft = 7.48 Gallons; 100 Cu Ft = 748 Gallons

Note: Per Amendment 2 of the Lease, the Palouse Ridge Golf Course will be assessed water charges for each service point in accordance with the City of Pullman rates when the annual calendar year usage exceeds 48 million gallons.

Note: City of Pullman water rates can be viewed at the web address below:

http://www.pullman-wa.gov/departments/finance/utility-billing

APPENDIX J

Chapter 9

APPENDIX J-1

SEPA Checklist, DNS, Affidavit of Publication

Determination of Nonsignificance (DNS)

Description of Proposal: *2022 Domestic Water System Plan Update for Washington State University Pullman is proposed replacement for the 2015 WSU Water System Plan and associated 2018 amendment including Spill Farm as a Satellite System. The Water System Plan describes physical elements for the systems as well as maintenance and operation aspects. The plan considers anticipated needs for the next 20 years with recommended improvements through the year 2032. The plan also includes proposed additions and improvements to the system to accommodate future growth.*

Proponent: *Facilities Services- Capital*
Washington State University
Pullman, Washington

Location: All planned water system improvements for the Pullman Campus will be within the City of Pullman and/or Whitman County.

Lead Agency: *Washington State University*

The Lead Agency for this proposal has determined that it does not have a probable significant adverse impact on the environment. An Environmental Impact Statement (EIS) is not required, as provided for in RCW 43.21C.030(2)(c). This decision was made following the review of a completed Environmental Checklist and other information on file with the lead agency. This information is available to the public on request.

___ There is no comment period for this DNS.

√ This DNS is issued under WAC 197-11-340(2); the lead agency will not act on this proposal for at least 14 days from the date listed below. Comments must be submitted in written form and be received by the Responsible Official designated below by 4:00 PM, April 28, 2022.

Position/Title: *Olivia Yang, Associate VP, Facilities Services*

Address: *Washington State University*
Facilities Services
Post Office Box 643611
Pullman, WA 99164-3611

Telephone: *(509) 335-9024*

Date: *March 29, 2022*

Signature: */s/Olivia Yang, Associate VP* _____

WAC 197-11-960 Environmental checklist

Environmental Checklist

WSU Pullman Water System Plan Update

Washington State University

Pullman, WA

A. Background

1. Name of proposed project, if applicable:
   WSU Pullman Water System Plan Update

2. Name of applicant:
   Washington State University

3. Address and phone number of applicant and contact person:
   Jason Sampson
   Washington State University
   P.O. Box 641150
   McCluskey Services Building
   Pullman, WA 99164

   509-335-9564

4. Date checklist prepared:
   March 21, 2022

5. Agency requesting checklist:
   Facilities Services, Washington State University

6. Proposed timing or schedule (including phasing, if applicable):
   This proposal is for the update to the 2015 Water System Plan and associated 2018 amendment including Spillman Farm as a Satellite System.

7. Do you have any plans for future additions, expansions, or further activity related to or connected with this proposal? If yes, explain
   Yes, this plan will be updated every ten years in accordance with State law with and update being completed as previously scheduled with the current Water System Plan expiration date, June 29, 2022.

8. List any environmental information you know about that has been prepared, or will be prepared, directly related to this proposal:
   NA

9. Do you know whether applications are pending for governmental approvals of other proposals directly affecting the property covered by your proposal? If yes, explain.

No

10. List any government approvals or permits that will be needed for your proposal, if known

Washington State Department of Health

11. Give brief, complete description of your proposal, including the proposed uses and the size of the project and site. There are several questions later in this checklist that ask you to describe certain aspects of your proposal. You do no need to repeat those answers on this page. (Lead agencies may modify this form to include additional specific information on project description.).

The water system plan describes all the physical elements of the WSU Pullman Group A domestic water system, in addition to it's operations, maintenance, and future growth. The plan is completed in accordance with State Law. Maintenance activities and future growth include new installation and replacement of buried water lines, work associated with the wells and all the varied construction activities required (digging of trenches, backfill, asphalt, concrete, etc).

12. Location of the proposal. Give sufficient information for a person to understand the precise location of your proposed project, including street address, if any, and section, township, and range, if known. If a proposal would occur over a range of area, provide the range or boundaries of the site(s). Provide a legal description, site plan, vicinity map, and topographic map, if reasonably available. While you should submit any plans required by the agency, you are not required to duplicate maps or detailed plans submitted with any permit applications related to this checklist.

WSU Pullman Campus and Spillman Farm Satellite System

B. Environmental Elements

1. Earth

a. General description of the site (circle one): Flat, rolling, hilly, steep slopes, mountainous, other

b. What is the steepest slope on the site (approximate percent slope)?

Large variation across campus from 0-30%

c. What general types of soils are found on the site (for example, clay, sand, gravel, peat, muck)? If you know the classification of agricultural soils, specify them and note any prime farmland.

Predominantly silty clay loac. (Latah silt loam, Naff silt loam, Palouse silt loam, Palouse-Thatuna silt loam, Thatuna silt loam, Tucannon silt loam)

d. Are there surface indications or history of unstable soils in the immediate vicinity? If so, describe.

Some soils in the area are poorly drained and susceptible to frost heaving.

e. Describe the purpose, type, and approximate quantities of any filling or grading proposed. Indicate source of fill.

NA-This project does not involve construction, it is a written plan.

f. Could erosion occur as a result of clearing, construction, or use? If so, generally describe.

NA-This project does not involve construction, it is a written plan.

g. About what percent of the site will be covered with impervious surfaces after project construction (for example, asphalt or building)?

It is anticipated approximately 30% of the site will be impervious once all phases are complete. This includes the building and gravel surrounding the site.

h. Proposed measures to reduce or control erosion, or other impacts to the earth, if any:

NA-This project does not involve construction, it is a written plan.

2. Air

a. What types of emissions to the air would result from the proposal (i.e., dust, automobile, odors, industrial wood smoke) during construction and when the project is completed? If any, generally describe and give approximate quantities if know.

NA-This project does not involve construction, it is a written plan.

b. Are there any off-site sources of emissions or odor that may affect your proposal? If so, generally describe.

There are no known sources of off-site emissions.

c. Proposed measures to reduce or control emissions or other impacts to air, if any:

NA-This project does not involve construction, it is a written plan.

3. Water

a. Surface

1) Is there any surface water body on or in the immediate vicinity of the site (including year-round and seasonal streams, saltwater, lakes, ponds, wetlands)? If yes, describe type and provide names. If appropriate, state what stream or river it flows into.

Yes, Airport Road Creek flows through the eastern part of the campus. Paradise Creek and South Fork of the Palouse River are in the immediate vicinity. Also, there are numerous wetland areas throughout the campus.

2) Will the project require any work over, in, or adjacent to (within 200 feet) the described waters? If yes, please describe and attach available plans.

NA-This project does not involve construction, it is a written plan.

3) Estimate the amount of fill and dredge material that would be placed in or removed from surface water or wetlands and indicate the area of the site that would be affected. Indicate the source of fill material.

NA

4) Will the proposal require surface water withdrawals or diversion? Give general description, purpose, and approximate quantities if known.

NA.

5) Does the proposal lie within a 100-year floodplain? If so, note location on the site plan.

Yes, some of the WSU Pullman campus water system is within the 100-year flood plains for Airport Road Creek and South Fork of the Palouse River.

6) Does the proposal involve any discharges of waste materials to surface waters? If so, describe the type of waste and anticipated volume of discharge.

No.

b. Ground

1) Will ground water be withdrawn, or will water be discharged to ground water? Give general description, purpose, and approximate quantities if known.

All water is drawn from wells. The average annual water use for the Pullman campus is approximately 470 million gallons.

2) Describe waste material that be discharged into the ground from septic tanks or other sources, if any (for example: Domestic sewage, industrial, containing the following chemicals…;agricultural: etc.). Describe the general size of the system, the number of such systems, the number of houses to be served (if applicable), or the number of animals or humans the system(s) are expected to serve.

No waste material of any kind will be discharged into the ground from septic tanks or other sources.

c. Water runoff (including stormwater):

1) Describe the source of runoff (including storm water) and method of collection and disposal, if any (include quantities, if known). Where will this water flow? Will this water flow into other waters? If so, describe.

NA

2) Could waste materials enter ground or surface water? If so, generally describe.

NA

d. Proposed measure to reduce or control surface, ground, and runoff water impacts, if any:

NA-This project does not involve construction, it is a written plan.

4. Plants

a. Check or circle types of vegetation found on the site:

x_____deciduous tree: alder, maple, aspen, other
x_____evergreen tree: fir, cedar, pine, other
X_____shrubs
X_____grass
x_____pasture
x_____crop or grain
x_____wet soil plants: cattail, buttercup, bulrush, skunk cabbage, other
x_____water plants: water lily, eelgrass, milfoil, other
_____other types of vegetation

b. What kind and amount of vegetation will be removed or altered?

Any of the above, on limited basis, can be affected by construction and/or repair of the WSU water systems. Extensive efforts will be made to avoid the loss of any trees. All affected areas will be restored to their natural state as closely as possible following this installation.

c. List threatened or endangered species known to be on or near the site.

No threatened or endangered plant species have been identified on or near the campus.

d. Proposed landscaping, use of native plants, or other measures to preserve or enhance vegetation on the site, if any:

Areas affected will be replanted. WSU construction standards and practices will be followed.

5. Animals

a. Circle any birds and animals which have been observed on or near the site or are known to be on or near the site:

birds: hawk, heron, eagle, songbirds, other: magpies, pheasants, geese, duck, owls, crows, quail
mammals: deer, bear, elk, beaver, other: muskrat, skunk, porcupine, rabbits, squirrels, mice, coyotes, and occasional moose
fish: salmon, trout, herring, shellfish, other: minnows

b. List any threatened or endangered species known to be on or near the site.

No threatened or endangered plant species have been identified on or near the campus.

c. Is the site part of a migration route? If so, explain.

Not known.

d. Proposed measures to preserve or enhance wildlife, if any:

There are no measures being proposed to preserve or enhance wildlife.

6. Energy and natural resources

a. What kinds of energy (electric, natural gas, oil, wood stove, solar) will be used to meet the completed project's energy needs? Describe whether it will be used for heating, manufacturing, etc.

Electric energy is used for pumping, lighting, and heating at well houses and pumping facilities.

b. Would your project affect the potential use of solar energy by adjacent properties? If so, generally describe.

No

c. What kinds of energy conservation features are included in the plans of this proposal? List other proposed measures to reduce or control energy impacts, if any:

Use of high efficiency motors associated with pumping. Also, water conservation efforts reduce water consumption rates. Reduced consumption rates will reduce pump energy requirements.

7. Environmental Health

a. Are there any environmental health hazards, including exposure to toxic chemicals, risk of fire and explosion, spill, or hazardous waste, that could occur as a result of this proposal?

Exposure to gaseous chlorine may occur at the wellhead chlorination facilities. Also, exposure to hypochlorite when disinfecting water lines is possible.

1) Describe special emergency services that might be required.

Emergency services may require police, fire, and Environmental Health and Safety personnel to respond if an accident occurs.

2) Proposed measures to reduce or control environmental health hazards, if any:

Measures to reduce hazards are alarm systems at each wellhead chlorinator and use of personal protective equipment in case of leaks and spills. An Interagency agreement is in place to ensure a timely and coordinated response.

b. Noise

1) What types of noise exist in the area which may affect your project (for example: traffic, equipment, operation, other)?

None.

2) What types and levels of noise would be created by or associated with the project on a short term or a long term basis (for example: traffic, construction, operations, other)? Indicate what hours noise would come from the site.

Short term noise may occur as a result of maintenance activities.

3) Proposed measure to reduce or control noise impacts, if any:

As necessary restricted maintenance hours can be stipulated.

8. Land and shoreline use

a. What is the current use of the site and adjacent properties?

WSU is a land grant university, which includes teaching and research in various areas of study. Use of adjacent properties varies due to a variety of owners.

b. Has the site been used for agriculture? If so, describe.

Yes, test fields, pastures, and animal research.

c. Describe any structures on the site.

Residence halls, apartments, laboratories, classrooms, office buildings, animal facilities, and other buildings requiring water.

d. Will any structures be demolished? If so, what?

Not as part of this plan.

e. What is the current zoning classification of the site?

The Pullman campus is zones as "WSU" by the City of Pullman and Spillman Farm as "agriculture" by Whitman County.

f. What is the current comprehensive plan designation of the site?

The Pullman campus is zones as "WSU" by the City of Pullman and Spillman Farm as "agriculture" by Whitman County.

g. If applicable, what is the current shoreline master program designation of the site?

NA

h. Has any part of the site been classified as an "environmentally sensitive" area? If so, specify.

Yes – Airport Road Creek on the Pullman Campus has been designated as a wetland.

i. Approximately how many people would reside or work in the completed project?

All the students, faculty, and staff at WSU. The plan includes population projections.

j. Approximately how many people would the completed project displace?

None

k. Proposed measures to avoid or reduce displacement impacts, if any:

NA

l. Proposed measures to ensure the proposal is compatible with existing and projected land use and plans, if any:

None

9. Housing

a. Approximately how many units would be provided, if any? Indicate whether high, middle, or low income housing.

No housing of any type is proposed to be built in conjunction with this project.

b. Approximately how many units, if any, would be eliminated? Indicate whether high, middle, or low income housing.

NA

c. Proposed measures to reduce or control housing impacts, if any:

NA

10. Aesthetics

a. What is the tallest height of any proposed structure(s), not including antennas; what is the principal exterior building material(s) proposed?

No structures are planned.

b. What views in the immediate vicinity would be altered or obstructed?

No views will be obstructed.

c. Proposed measures to reduce or control aesthetic impacts, if any:

Proper design and coordination with university designers and affected persons.

11. Light and glare

a. What type of light or glare will the proposal produce? What time of day would it mainly occur?

None.

b. Could light or glare from the finished project be a safety hazard or interfere with views?

No.

c. What existing off site sources of light or glare may affect your proposal?

None.

d. Proposed measures to reduce or control light and glare impacts, if any:

None.

12. Recreation

a. What designation and informal recreational opportunities are in the immediate vicinity?

All are available on the WSU campus.

b. Would the proposed project displace any existing recreational uses? If so, describer.

No.

c. Proposed measures to reduce or control impacts on recreation, including recreation opportunities to be provided by the project or applicant, if any

None.

13. Historic and cultural preservation

a. Are there any places or objects listed on, or proposed for, national, state, or local preservation registers known to be on or next to the site? If so, generally describe.

Yes, various structures on the WSU campus.

b. Generally describe any landmarks or evidence of historic, archaeological, scientific, or cultural importance known to be on or next to the site.

Not known

c. Proposed measures to reduce or control impacts, if any:

As required or where necessary, all proper codes and standards related to historic and cultural preservation will be followed should construction activities potentially impact historic or cultural sites. The first option to be considered will be relocation of water system away from the site.

14. Transportation

a. Identify public streets and highways serving the site, and describe proposed access to the existing street system. Show on site plans, if any.

Refer to site maps within the plan.

b. Is site currently served by public transit? If not, what is the approximate distance to the nearest transit stop?

Yes

c. How many parking spaces would the completed project have? How many would the project eliminate?

None

d. Will the proposal require any new roads or streets, or improvements to existing roads or streets, not including driveways? If so, generally describe (indicate whether public or private).

No

e. Will the project use (or occur in the immediate vicinity of) water, rail, or air transportation? If so, generally describe.

No

f. How many vehicular trips per day would be generated by the completed project? If known, indicate when peak volumes would occur.

NA

g. Proposed measures to reduce or control transportation impacts, if any:

NA

15. Public Services

a. Would the project result in the increased need for public services (for example: fire protection, police protection, health care, schools, other)? Is so, generally describe.

No

b. Proposed measures to reduce or control direct impacts on public services, if any.

None

16. Utilities

a. Circle utilities currently available at the site: **electricity, natural gas, water, refuse services,** telephone, **sanitary sewer**, septic system, other: computer lines, storm sewer, steam

b. Describe the utilities that are proposed for the project, the utility providing the service, and the general construction activities on the site or in the immediate vicinity which might be needed.

NA

C. Signature

The above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

Signature:----------

Jason Sampson, Director Environmental Health and Safety
Washington State University

Date submitted: 3/21/22

KELLER ASSOCIATES

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