

# SURFSIDE HOMEOWNERS ASSOCIATION

## WATER SYSTEM REPORT

### SEPTEMBER 2013



American Goldfinch  
Washington State Bird  
Commonly seen at the beach in October

#### Report on Water System Activities for September 2013

##### Water Production September 2013:

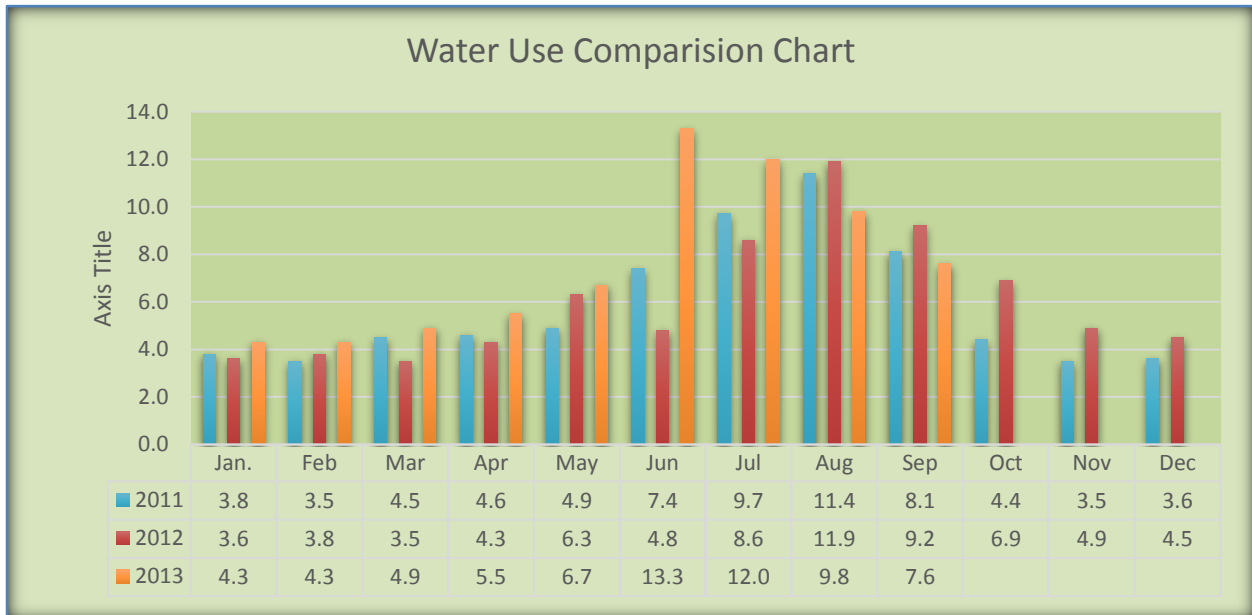
Pumped 7.6 million gallons from wells

Treated 7.1 million gallons

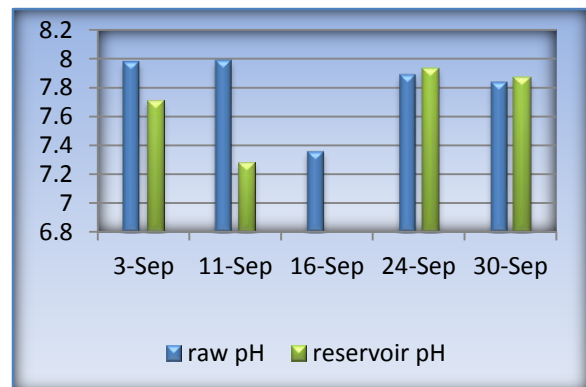
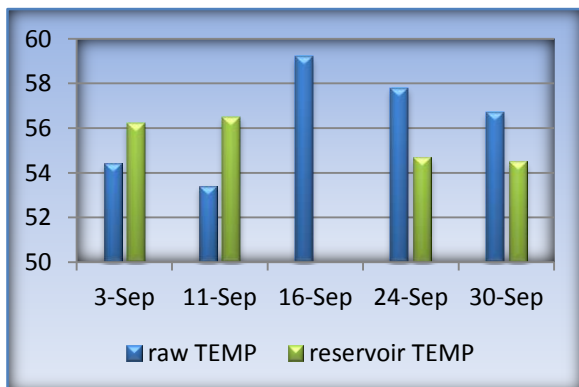
Used 0.5 million gallons backwashing filter and flushing water mains

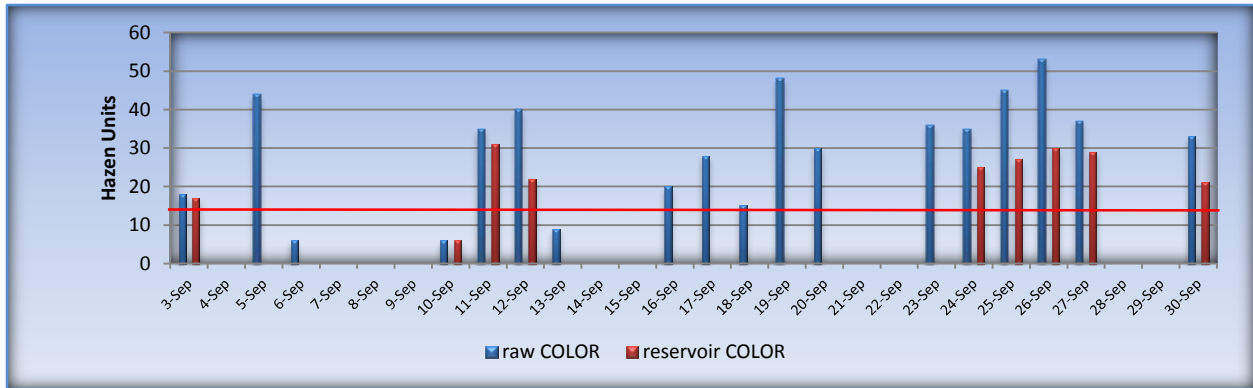
Pumped 7.1 million gallons into the distribution system

All DOH mandated water samples for September were submitted for analysis and tested negative for contaminants.

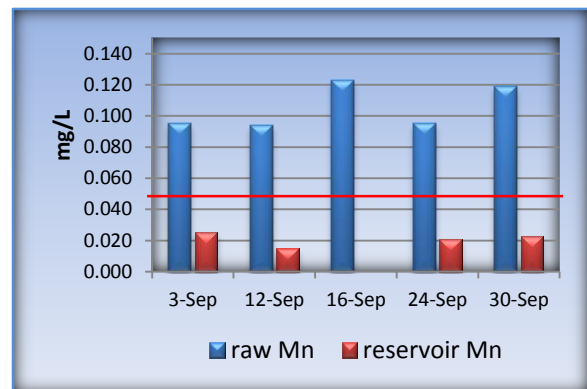
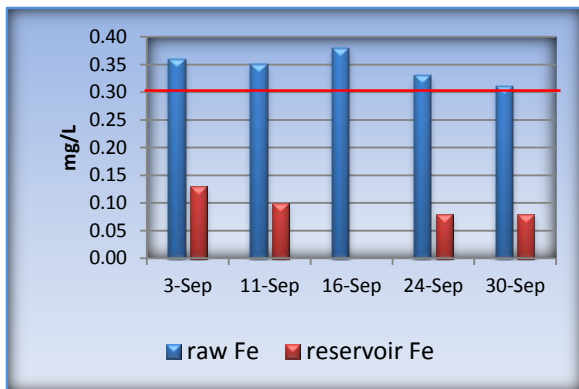


#### Water Quality for September:



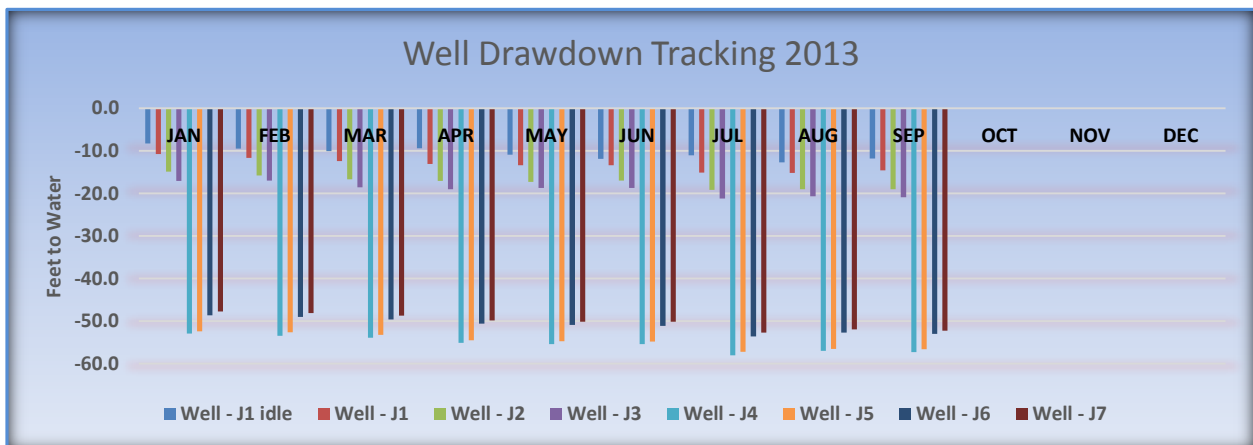


The color of the raw (well) water is regularly above the EPA SMCL of 15hu (Hazen Units). The 30hu level is for aesthetic purposes only. Color in water does not pose a health concern. Washington State has not set an SMCL for Color.



The red line in the charts represents the Secondary Maximum Contaminant Level (SMCL), as set by the Environmental Protection Agency (EPA), for iron (Fe) and manganese (Mn). The filters are removing a large percentage of the iron in the raw water and lowering the manganese levels to well below the SMCL.

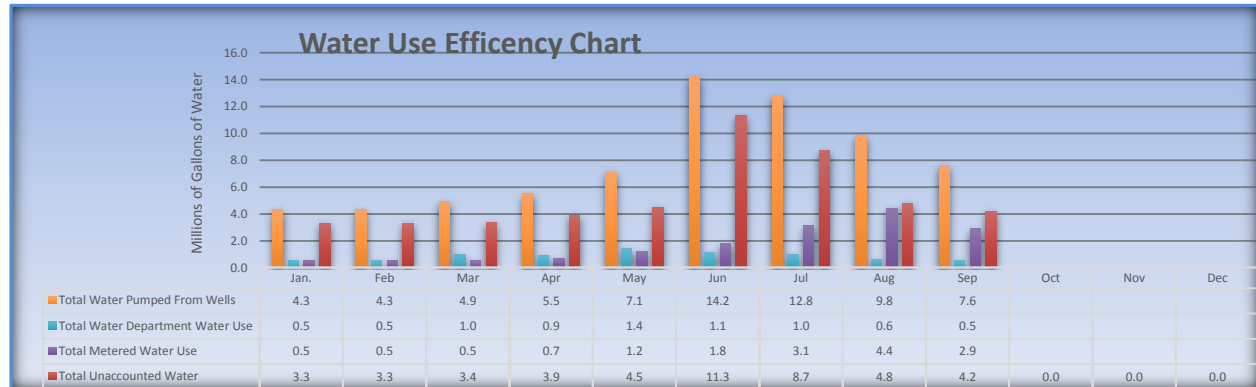
**Water Wells:**



We track the water levels in the wells during pumping and when wells are idle. J-1 Idle tells us what the static water level is at rest. We then measure the

drawdown of all the wells during pumping cycles. We measure from the top of the casing down to the top of the water on each well. We monitor the wells closely so that we can address any reduced yield before it becomes a major problem.

**Water Use Efficiency:**

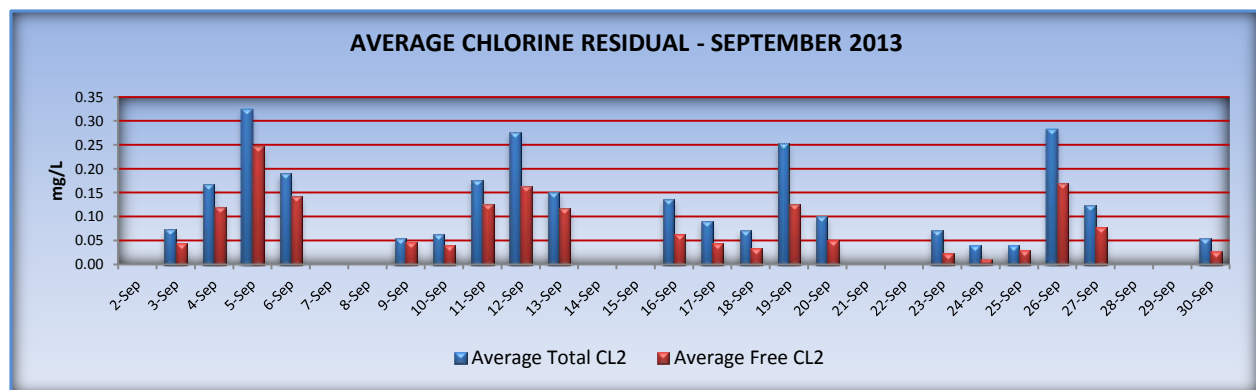


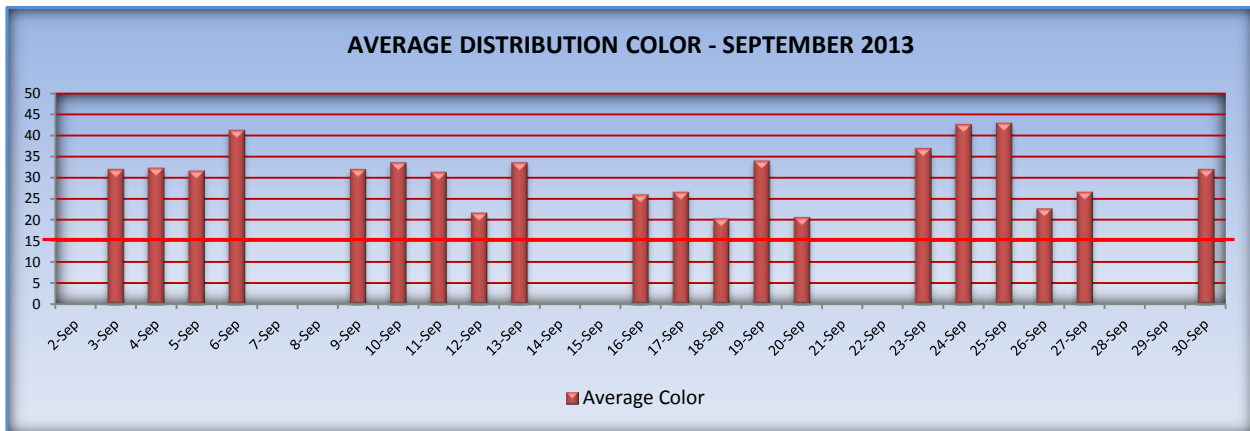
The Total Water Produced is the amount of water pumped from the wells each month. The Authorized Use includes water used to backwash the filters, water used to flush mains, and other uses for maintaining the water system. The Total Metered Water Use is the amount of water that is recorded by our new meters. September’s reading included 699 residential service meters and 6 commercial meters.

**Water Quality in Distribution:**

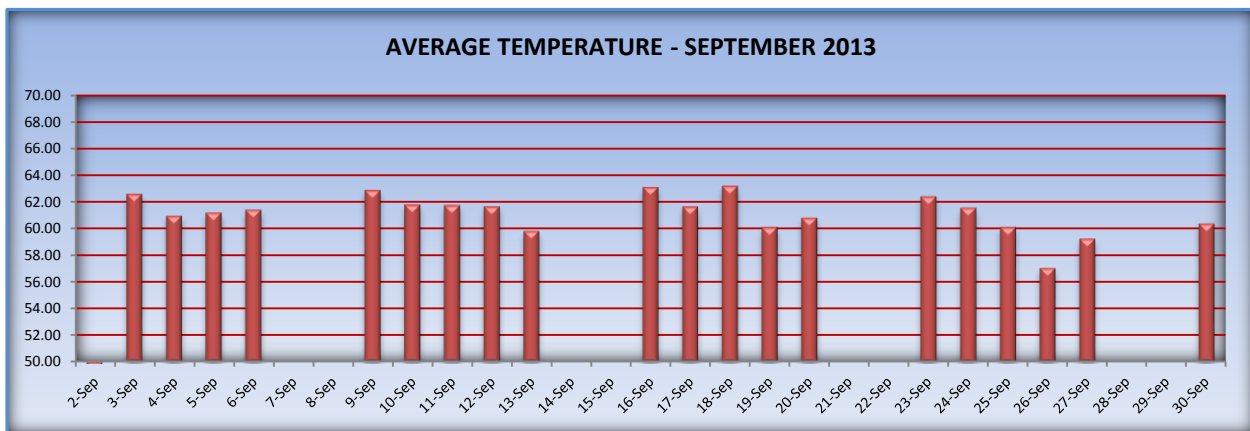
The Water Department regularly tests the water in the distribution system for quality purposes. Chlorine (Cl<sub>2</sub>) disinfection effectivity is best when the water is neutral (pH of 7.2). As water becomes more acidic (lower pH) or alkaline (higher pH) more chlorine will be needed to achieve the same chlorine disinfection effectivity.

The chlorine (Cl<sub>2</sub>) residual is being maintained at a low level (±.1 mg/L). We continue to adjust the Cl<sub>2</sub> feed rate to maintain the minimum effective free chlorine residual in the distribution system.





The color in the distribution system is consistently over the 15hu EPA established SMCL. People will start to notice a slight yellow tint to the water when the color is 15 HU. Below 15 it is hard for the eye to see the color. At thirty and above the water color is very noticeable.



The average distribution water temperature is important to monitor. When the water is warm disinfection byproducts will be elevated and chlorine will operate much more efficiently. The average water temperature in September was 61 degrees. The average water temperature in January was 48 degrees.

**Operations and Maintenance:**

**In September:**

**Main Breaks:**

No main breaks in September

**Services:**

The Water Department installed two (2) new services, moved one (1) service and repaired one (1) leaking service in September.

**Water Quality Complaints:**

The Water Department responded to zero (0) water color complaints in September.

**Requests for Water Main Locates:**

The Water Department responded to seventeen (17) requests for water main locates in September.

**Water Main Replacement (WMR) -**

No WMR work was completed in September the WMR project for 2013 will be completed in the months of October through December.

**Meter Installation Project -**

The 2013 Water Meter Installation Project is complete.

The Crew installed 385 3/4" meters and 2 1" meters for the Meter Installation Project in 2012. The Crew also installed 10 3/4" meters and 1 2" meter (Surfside INN second service) for new services in 2012.

The Crew installed 377 3/4" meters for the Meter Installation Project in 2013. The Crew has installed 11 3/4" meters in 2013 for new services to date.

In the first two years of the MIP project the Crew have metered 764 existing services and installed 12 meters on new services.

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**End of Report**



**Homeowners Association**  
 31402 H Street; Ocean Park, WA 98640  
 (360) 665-4171; (888)815-9446  
 www.surfsideonline.org

**WATER MAIN REPLACEMENT PROJECT  
 BUDGET TO DATE SEPTEMBER 2013**

**Revenue**

	Budget	Project to Date October	Percent of Budget
	2013	9/30/2013	2013
Water Main Replacment Assessment	148,356	142,095	96%
Other Income	0	0	
<b>Total Income</b>	<b>148,356</b>	<b>142,095</b>	<b>96%</b>

**Expenses**

<b>Laobor</b>	<b>54,060</b>	<b>37,566</b>	<b>69%</b>
Wages	35,700	26,067	
Employer Taxes	8,871	7,870	
Medical and Life Insurance	8,275	3,173	
Pension	1,214	456	
<b>Materials</b>	<b>92,634</b>	<b>77,612</b>	<b>84%</b>
Pipe, Hydrants, and Fittings	92,634	67,160	73%
Other Expences	0	10,452	
<b>Total Expenses</b>	<b>146,694</b>	<b>115,178</b>	<b>79%</b>
<b>Total Revenue</b>	<b>148,356</b>	<b>142,095</b>	<b>96%</b>
<b>Total Expenses</b>	<b>146,694</b>	<b>115,178</b>	<b>79%</b>
<b>Cash Increase Decrease</b>	<b>1,662</b>	<b>26,917</b>	<b>1620%</b>
<b>Cash At Beginning of Year</b>	<b>12,359</b>	<b>12,359</b>	
<b>Cash At End of Year</b>	<b>14,021</b>	<b>39,276</b>	<b>280%</b>



## Homeowners Association

31402 H Street; Ocean Park, WA 98640

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[www.surfsideonline.org](http://www.surfsideonline.org)

### METER INSTALLATION PROJECT BUDGET TO DATE SEPTEMBER 2013

#### Revenue

	Budget	Budget to Date	Percent of Budget Used
	2012-2016	5/31/2013	2012-2016
Meter Installation charge	1,023,500	731,491	71%
Other Income	0	0	
<b>Total Income</b>	<b>1,023,500</b>	<b>731,491</b>	<b>71%</b>

#### Expenses

<b>Laobor</b>	<b>158,349</b>	<b>71,084</b>	<b>45%</b>
Wages	104,569	47,703	
Employer Taxes	25,986	15,574	
Medical and Life Insurance	24,239	6,777	
Pension	3,555	1,030	
<b>Materials</b>	<b>845,403</b>	<b>334,642</b>	<b>40%</b>
Meters (HD supply)	386,317	165,373	
Appurtenances (HD Fowler)	459,086	93,329	
Other Expences	0	75,940	
<b>Total Expenses</b>	<b>1,003,752</b>	<b>405,726</b>	<b>40%</b>
<b>Total Revenue</b>	<b>1,023,500</b>	<b>731,491</b>	<b>71%</b>
<b>Total Expenses</b>	<b>1,003,752</b>	<b>405,726</b>	<b>40%</b>
<b>Cash Increase Decrease</b>	<b>19,748</b>	<b>325,765</b>	<b>1650%</b>
<b>Cash At Beginning of Project</b>	<b>0</b>	<b>0</b>	
<b>Cash At End of Project</b>	<b>19,748</b>	<b>325,765</b>	<b>1650%</b>

# SEPTEMBER

## WORK ORDER REPORT

**WMR**

Labor Hrs	
Ft. Installed	

**JWP**

Labor Hrs	
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**NEW SERVICES**

Labor Hrs	4.00
# of New Services	2

**M&O**

Labor Hrs	110.00
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**MIP**

Labor Hrs	310.50
# of Meters	96

**SERVICE CALLS**

Labor Hrs	18.00
# of Service Calls	2

**MAIN BREAKS**

	#1	#2	#3	#4	#5
Cost in Material					
Labor Hrs					
Date					
Time of Break					
Repair Time					

**LOCATES**

# of Locates	17
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NEW SERVICE			
Project no.	Date	Labor Hrs	REPORT
	30-Aug		19-01-02
	16-Sep	4.00	34311 I STREET

SERVICE CALLS			
Project no.	Date	Labor Hrs	REPORT
	3-Sep	12.00	SERVICE REPAIR AT 324TH & Q PL
	16-Sep	6.00	MOVED SERVICE AT 32900 G PL

MAIN BREAK			
Project no.	Date	Labor Hrs	REPORT



## 2013 WORK ORDER REPORT

YEAR-TO-DATE													
	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC	TOTAL
<b>MIP</b>													
Labor Hrs.	0.00	0.00	0.00	0.00	0.00	366.5	367.5	396.00	310.50				1440.50
# of Meter Install	0	0	0	0	0	92	99	98	96	1			386
<b>M&amp;O</b>													
Labor Hrs.	0.00	502.50	227.00	183.50	374.00	89.00	151.00	120.50	110.00				1757.50
<b>WMR</b>													
Ft. Installed	0	1160	1140	1300	0	0	0	0	0				3600
<b>JWP</b>													
Labor Hrs.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				0.00
<b>NEW SERVICES</b>													
# of New Services	1	1	0	0	3	0	4	0	2				11
<b>SERVICE CALLS</b>													
# of Service Calls	0	1	1	2	0	4	2	3	2				15
<b>MAIN BREAKS</b>													
Labor Hrs.	0.00	0.00	0.00	24.00	9.00	0.00	29.00	0.00	0.00				62.00
Repair Time (hrs)	0.0	0.0	0.0	8.0	3.0	0.0	5.3	0.0	0.0				16.25
# of Breaks	0	0	0	1	1	0	1	0	0				3
<b>LOCATES</b>													
# of Locates	11	8	4	13	7	8	7	12	17				87



**Pacific County**  
 Department of Community Development  
 PO Box 68, South Bend, WA 98586

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 9 / 3 / 2013 Month Day Year	Time Sample Collected 9:35 AM AM PM	County Pacific
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Type of Water System (check only one box)  
 Group A     Group B     Other \_\_\_\_\_

Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):  
 ID# 7 6 4 7 0 4  
 System Name: Seaside Homeowners Assoc.

Contact Person: Carl Gonzalez  
 Day Phone: (360) 665-4171    Cell Phone: (360) 783-2377  
 Eve. Phone: (360) 783-2373    FAX: (360) 665-5469

Send results to (Print full name, address and zip code)  
 1402 H St  
 Ocean Park, WA 98640

**SAMPLE INFORMATION**

Sample collected by (name): Art J. Reynolds  
 Specific location where sample collected: 30101 N Pl - 4' above in NE corner of house  
 Special instructions or comments:

Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample          Chlorinated: Yes <input checked="" type="checkbox"/> No _____          Chlorine Residual: Total <u>10</u> Free <u>05</u></p>	<p>2. Repeat Sample (after unsatisfactory routine)  <input type="checkbox"/> Distribution System  <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)          Unsatisfactory routine lab number: _____          Unsatisfactory routine collect date: _____/_____/_____          Chlorinated: Yes _____ No _____          Chlorine Residual: Total _____ Free _____</p>
<p>3. Raw Water Source Sample  <input type="checkbox"/> E. coli - GWR source sample  <input type="checkbox"/> Fecal - Surface, GWI, some springs  <input type="checkbox"/> Other          S _____</p>	

4.  Sample Collected for Information Only  
 Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

LAB USE ONLY	<b>DRINKING WATER RESULTS</b>	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent		<input checked="" type="checkbox"/> Satisfactory

Replacement Sample Required:  
 Sample too old (>30 hours)     TNTC     \_\_\_\_\_  
 Improper Container     Turbid culture

Bacterial Density Results: Plate Count \_\_\_\_\_ /ml. E. coli \_\_\_\_\_ /100ml.  
 Total Coliform \_\_\_\_\_ /100ml. Fecal Coliform \_\_\_\_\_ /100ml.

Method Code: MICR- 2 7 0 0	Date and Time Received 9/3/13 10:30
Date Analyzed: 9/3/13	Date Reported: 9/14/13
Sample Number (DOH number plus five digits) 137 1 2 3 2 3	Lab Use Only



**Pacific County**  
 Department of Community Development  
 PO Box 68, South Bend, WA 98586

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected 09/17/13 Month Day Year	Time Sample Collected 10:17 AM AM PM	County PACIFIC
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Type of Water System (check only one box)  
 Group A     Group B     Other \_\_\_\_\_

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):  
 ID# 864707

System Name:  
 COASTSIDE HOMEOWNERS ASSOCIATION

Contact Person: JILL JOYNER 360-283-2393

Day Phone: (360) 665-4171    Cell Phone: (360) 783-  
 Eve. Phone: (360) 783-2393    FAX: (360) 6785

Send results to (Print full name, address and zip code)  
 SHOA  
 1402 H ST.  
 OCEAN PARK WA 98640

**SAMPLE INFORMATION**

Sample collected by (name):  
 LAWRENCE HAMPTON

Specific location where sample collected: 1106 3091	Special instructions or comments: BRACKET AND RAIN
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Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes <input checked="" type="checkbox"/> No _____</p> <p>Chlorine Residual: Total 1.0 Free .01</p>	<p>2. Repeat Sample (after unsatisfactory routine)</p> <p><input type="checkbox"/> Distribution System</p> <p><input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number: _____</p> <p>Unsatisfactory routine collect date: _____ / _____ / _____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>3. Raw Water Source Sample</p> <p><input type="checkbox"/> E. coli – GWR source sample</p> <p><input type="checkbox"/> Fecal – Surface, GWI, some springs</p> <p><input type="checkbox"/> Other</p> <p>S        </p> <p>Public systems must provide source number from WFI</p>	

4.  Sample Collected for Information Only  
 Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

**LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY**

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input checked="" type="checkbox"/> Satisfactory
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Replacement Sample Required:

Sample too old (>30 hours)     TNTC     \_\_\_\_\_  
 Improper Container     Turbid culture

Bacterial Density Results: Plate Count \_\_\_\_\_ /ml. E. coli \_\_\_\_\_ /100ml.  
 Total Coliform \_\_\_\_\_ /100ml. Fecal Coliform \_\_\_\_\_ /100ml.

Method Code: MICR-2720    Date and Time Received: 7/17/13 10:50

Date Analyzed: 9/17/13    Date Reported: 7/16/13

Sample Number (DOH number plus five digits): 137-12363    Lab Use Only: \_\_\_\_\_



**Pacific County**  
 Department of Community Development  
 PO Box 68, South Bend, WA 98586

**COLIFORM BACTERIA ANALYSIS**

Date Sample Collected <u>09/24/2013</u> Month Day Year	Time Sample Collected <u>9:28</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <u>PACIFIC</u>
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Type of Water System (check only one box)  
 Group A     Group B     Other \_\_\_\_\_

Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):  
 ID# 964707

System Name:  
SURFSIDE COMPANIONS ASSOCIATION

Contact Person: Bill Gonzalez

Day Phone: ( 509 ) 665-4171      Cell Phone: ( 509 ) 983-3333  
 Eve. Phone: ( 509 ) 783-2393      FAX: ( 509 ) 665-6776

Send results to: (Print full name, address and zip code)  
SHCA  
31402 HS7  
COVINA PARK WA 98640

**SAMPLE INFORMATION**

Sample collected by (name):  
LAWRENCE HAMILTON

Specific location where sample collected: <u>1410 31474</u> <u>SPIGOT</u>	Special instructions or comments: <u>RAIN</u>
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Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>Chlorine Residual: Total <u>0.05</u> Free <u>0.04</u></p>	<p>2. Repeat Sample (after unsatisfactory routine)</p> <p><input type="checkbox"/> Distribution System</p> <p><input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number: _____</p> <p>Unsatisfactory routine collect date: _____/_____/____</p> <p>Chlorinated: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>3. Raw Water Source Sample</p> <p><input type="checkbox"/> E. coli - GWR source sample</p> <p><input type="checkbox"/> Fecal - Surface, GWI, some springs</p> <p><input type="checkbox"/> Other _____</p> <p><u>S</u> _____</p> <p><small>Public systems must provide source number from WFI</small></p>	

4.  Sample Collected for Information Only

Investigative \_\_\_\_\_ Construction / Repairs \_\_\_\_\_ Other \_\_\_\_\_

**LAB USE ONLY      DRINKING WATER RESULTS      LAB USE ONLY**

<input type="checkbox"/> Unsatisfactory Total Coliform Present and <input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform absent	<input checked="" type="checkbox"/> Satisfactory
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Replacement Sample Required:

Sample too old (>30 hours)     TNTC     \_\_\_\_\_  
 Improper Container     Turbid 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: 9/24/13      Date Reported: 9/25/13

Sample Number (DOH number plus five digits)  
127-12375      W304835F