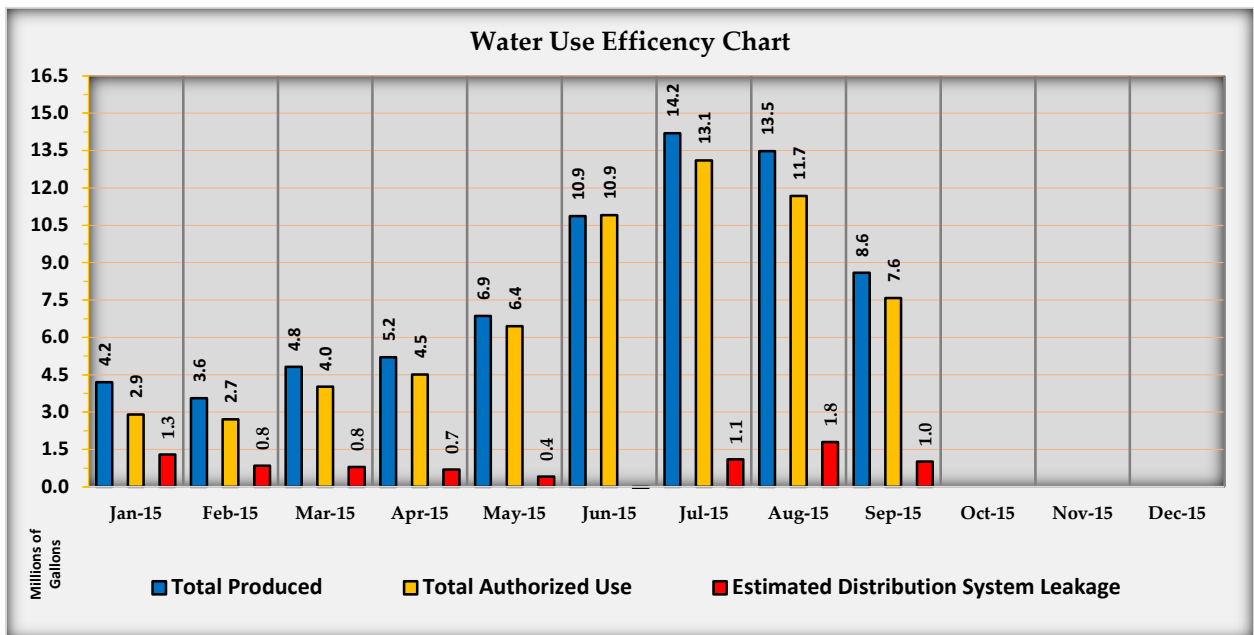# Surfside Water Department
Water System Manager's Report
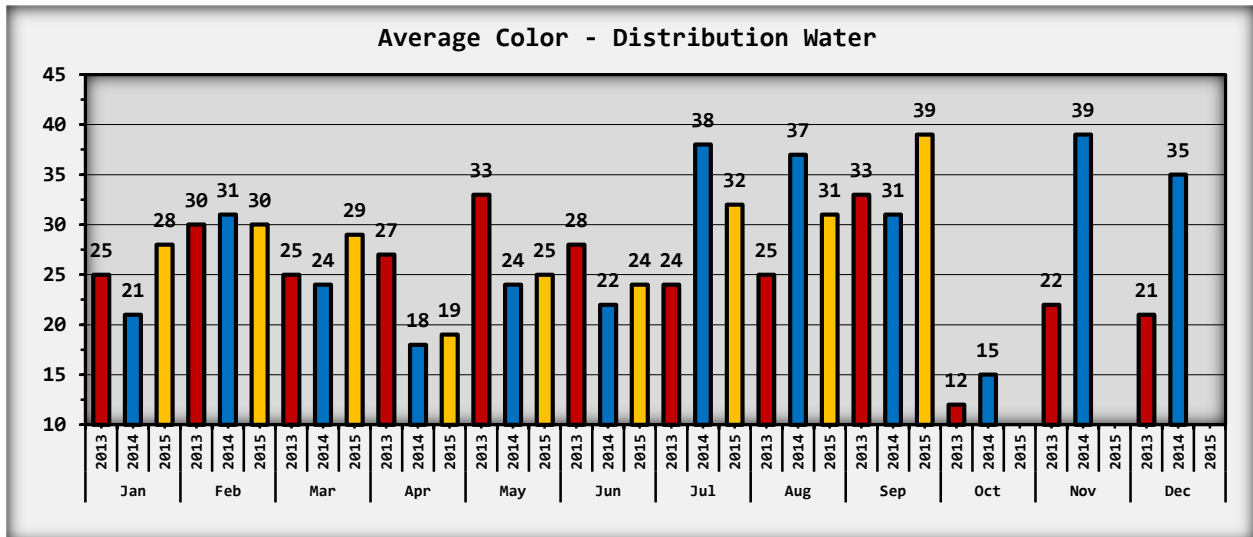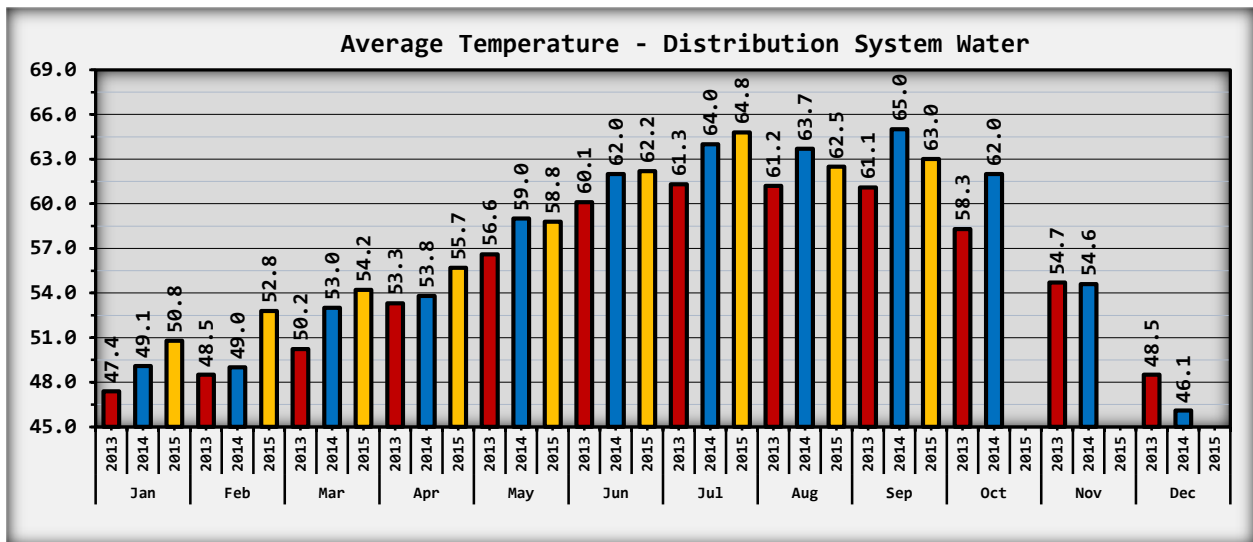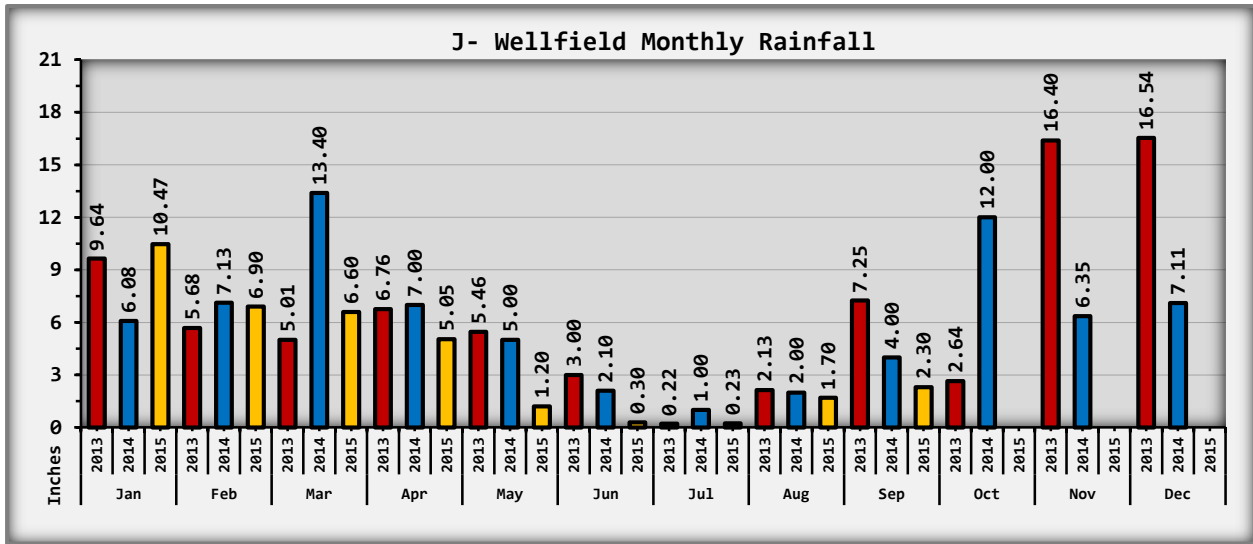
Report On Water System Operations For The Month Of:	September 2015

Meter Reading Period For This Report:	August 31, 2015	through	September 30, 2015

Total Water Pumped From Wells	8.593	mg[1]
Total Estimated Authorized Water Use	7.577	mg
Total Estimated Distribution System Leakage (DSL) Gallons	1.016	mg
Total Estimated DSL (Percentage of Total Water Pumped)	11.8%	pct
Total Water Use by Water Department	0.496	mg
Full Time Residential Metered Water Use	2.018	mg
Part-Time Residential Metered Water Use	2.345	mg
Estimated Full Time Residential Unmetered Water Use	0.949	mg
Estimated Part Time Residential Unmetered Water Use	0.846	mg
Commercial Metered Water Use	0.274	mg

Water Use Effiency Chart

[1] Million Gallons

J- Wellfield Monthly Rainfall

Inches

Month	2013	2014	2015
Jan	9.64	6.08	10.47
Feb	5.68	7.13	6.90
Mar	5.01	13.40	6.60
Apr	6.76	7.00	5.05
May	5.46	5.00	1.20
Jun	3.00	2.10	0.30
Jul	0.22	1.00	0.23
Aug	2.13	2.00	1.70
Sep	7.25	4.00	2.30
Oct	2.64	12.00	
Nov	16.40	6.35	
Dec	16.54	7.11	

Average Temperature - Distribution System Water

Month	2013	2014	2015
Jan	47.4	49.1	50.8
Feb	48.5	49.0	52.8
Mar	50.2	53.0	54.2
Apr	53.3	53.8	55.7
May	56.6	59.0	58.8
Jun	60.1	62.0	62.2
Jul	61.3	64.0	64.8
Aug	61.2	63.7	62.5
Sep	61.1	65.0	63.0
Oct	58.3	62.0	
Nov	54.7	54.6	
Dec	48.5	46.1	

Average Color - Distribution Water

Month	2013	2014	2015
Jan	25	21	28
Feb	30	31	30
Mar	25	24	29
Apr	27	18	19
May	33	24	25
Jun	28	22	24
Jul	24	38	32
Aug	25	37	31
Sep	33	31	39
Oct	12	15	
Nov	22	39	
Dec	21	35	

Water Main Replacement (WMR):

No work on WMR in June or September, 2015.

Meter Installation Project (MIP):

Installed 53 meters in Divisions 07, & Ocean Villa in September, 2015.

Metering Project to Date by Division:

Complete:

Division:.......................01	Division:...............Sunny Slopes
Division: 02	Division:.................Surf View
Division: 04	Division........................03
Division: 06	Division:.......................07
Division: 10	Division:...............Ocean Villa
Division: 11	**Working In:**
Division: 12	Division:.......................13
Division: 14	Division:.......................08
Division: 15	**Pending:**
Division: ....Ocean Crest	Division:.......................16
Division: ....Sea Dunes	Division:...............Ocean Woods

Water Main Breaks:

There were two water main breaks in September, 2015.

The first water main break occurred on Thursday, September 3, 2015 at 11:08 AM. Water was restored at 2:30 PM. The main break was a 4-inch asbestos cement water main located on 323rd Place off of N Place in Division 14. The crew responded to a report of water pooling on 323rd on Thursday September 3, 2015. While attempting to excavate for a leak repair the water main ruptured before being exposed. The soil around the water main break was dry and stable. The pipe did not show any significant loss of structural integrity. It appeared the water main terminated with a cap or plug that was not properly thrust protected.

The second water main break occurred on Saturday, September 5, 2015 at approximately 9:30 AM. Water was restored at 12:45 PM. The main break was a four inch asbestos cement water main abutting 30204 X Place near the intersection of X Place and Stackpole Road. The water main suffered a vertical straight separation. The soil around the water main was dry and stable. The

pipe did not show any significant loss of structural integrity. There was no readily apparent cause of the main break.

The main break occurred on the Labor Day Weekend. Surfside had a skeleton crew available for emergencies for the holiday weekend. Two Operators from North Beach Water District were called in to assist Surfside personnel in the repair of this water main break.

Water Main Leaks:

The Crew, with the assistance of attentive members, have found and repaired 14 water main leaks in 2015. They are listed below:

Date	Near	Gallon per Minute	Gallons per Year
February 26, 2015	1609 320th	10 gpm	5,256,000
March 6, 2015	30711 M Place	20 gpm	10,512,000
March 10, 2015	32011 K Place	20 gpm	10,512,000
March 17, 2015	31902 J Place	10 gpm	5,256,000
April 1, 2015	31305 N Place	15 gpm	7,884,000
April 6, 2015	33006 G Place	5 gpm	2,628,000
April 9, 2015	32217 R Place	15 gpm	7,884,000
April 27, 2015	30514 L Place	10 gpm	5,256,000
May 22, 2015	1106 309th	15 gpm	7,884,000
May 29, 2015	802 346th	1 gpm	525,600
June 2, 2015	1413 324th	10 gpm	5,256,000
June 10, 2015	1607 324th Place	10 gpm	5,256,000
June 10, 2015	30905 G Street	4 gpm	2,102,400
June 29, 2015	30209 O Place	10 gpm	5,256,000
July 8, 2015	33205 I Street	6 gpm	3,153,600
July 31, 2015	31400 I Street	7.5 gpm	3,942,000
September 10, 2015	1405 324th Street	8 gpm	4,204,800
September 24, 2015	812 341st Street	10 gpm	5,256,000
Totals		186.5 gpm	98,025,000

September 24, 2015 - 10 GPM

September 10, 2015 - 8 GPM

<u>**Water Quality Tests:**</u>

Coliform Samples:

Routine Sample September 21, 2015 – Passed (017-04571)

Routine Sample September 28, 2015 – Passed (017-08122)

Routine Sample September 28, 2015 – Passed (017-08123)

Routine Sample September 28, 2015 – Passed (017-08124)

Routine Sample September 28, 2015 – Failed (017-08121)

    Repeat Sample October 1, 2015 – GWR Well J-7 – Passed (017-09836)

    Repeat Sample October 1, 2015 – GWR Well J-5 – Passed (017-09837)

    Repeat Sample October 1, 2015 – GWR Well J-6 – Passed (017-09833)

    Repeat Sample October 1, 2015 – GWR Well J-4 – Passed (017-09832)

    Repeat Sample October 1, 2015 – Distribution – Passed (017-09831)

    Repeat Sample October 1, 2015 – Distribution – Passed (017-09834)

    Repeat Sample October 1, 2015 – Distribution – Passed (017-09835)

Nitrate Sample:

Routine Sample – September 9, 2015 – Distribution – Passed (K1509919)

Cross Connection Control Activity in September, 2015:

CCC Questionnaires Mailed 0
CCC Questionnaires Received 1
Cross Connection Service Calls 24
Backflow Assemblies Installed 2
Backflow Assemblies Tested 0
Compliance Letters Mailed 30
Investigation of Meters/Backflow Assemblies 9

Cross Connection Control Activity for 2015 to Date:

CCC Questionnaires Mailed 0
CCC Questionnaires Received 435
Cross Connection Service Calls 125
Backflow Assemblies Installed 14
Backflow Assemblies Tested 46
Compliance Letters Mailed 166
Investigation of Meters/Backflow Assemblies 77

Cross Connection Control Totals:

Installed Backflow Assemblies 65
Backflow Assemblies To Be Installed (based on returned questionnaires).......100
Compliant Backflow Assemblies (testing complete) 54
Non-Compliant Backflow Assemblies (scheduled to be tested)..................33
Questionnaires Mailed (first and second notices)..........................4000
Members Who Have Not Responded to Questionnaires 634

<u>Water System Activity September, 2015:</u>

Member Potential Leak Letters 00
Member Leaks New and Unresolved .... 113 No. of Resolved Leaks 56
Member Leaks Investigations by Crew: 18
Service Calls 06
Locates 02
New Services 00
Main Breaks 2

Water System Plan:

On September 4, 2015 Mark Mazeski and Teresa Walker, P.E. from the Office of Drinking Water provided comments on Surfside's Water System Plan and an invoice for $3,705.00 for Review of Project Report. They had very few comments regarding the plan. I have attached the comment letter to this report. Karl Johnson, Gray and Osborne is drafting a response to the comments now. I expect the response letter to be completed before the end of the month.

Chloroform Reduction Pilot Test:

Russ Porter, Gray and Osborne responded to Teresa Walkers comments on the Pilot Test Report on September 15, 2015. I have attached a copy of his response to this report. Teresa Walker indicated to me in a telephone conversation that this week that the Pilot Test would receive approval by the end of the month.

Disinfection By-product Maximum Contaminant Level (MCL) Violation:

In my May, 2015 Water System Manager's Report I report that Surfside exceeded the MCL for disinfection by-products in its distribution system for the first quarter of 2014. Consequently, the Office of Drinking Water (ODW) required Surfside to submit an Action Plan that would outline the steps Surfside is committed to taking to come into compliance with the disinfection by-product rule. The purpose of the Action Plan is to outline Surfside's plans, with timelines, for bringing the water system into compliance. In addition, the ODW see the Action Plan as a demonstration of Surfside's commitment to address the violations. The ODW noted that they would a bilateral agreement based on the Action Plan.

In my August, 2015 Water System Manager's Report I reported that the Action Plan was complete and submitted to the ODW along with the Disinfection by-product Reduction Pilot Test by Gray and Osborne.

On October 5, 2015 Surfside was issued a Notice of Violation from the ODW for violating WAC 246-290-125, 246-290-310(4)(b), and Title 40 CFR 141.64(b)(2), and 141.620(c). These codes require all community public water systems to meet current MCL standards for disinfection byproducts.

After the first quarter in 2015, Surfside's Locational Running Annual Average (LRAA) for TTHM was 80.5 Ug/L which exceeded the MCL standard of 80.0 Ug/L.

In addition to notifying Surfside of the violation of the MCL the notification included a sentence I do not agree with, specifically:

"Your water system is in violation of the DBP rule _and meets the State Significant Non-Complier (SSNC) trigger criteria_." There are two laws that deal with a water system being classified as a SSNC. WAC 246-290 – Group A Public Water Supplies and WAC 246-294 – Drinking Water Operating Permits.

WAC 246-290-010 (249) defines SSNC: *"means a system that is violating or has violated department rules, and the violations may create, or have created an imminent or a significant risk to human health.*

The violations include, but are not limited to:

(a) Repeated violations of monitoring requirements;

(b) Failure to address an exceedance of permissible levels of regulated contaminants;

(c) Failure to comply with treatment technique standards or requirements;

(d) Failure to comply with waterworks operator certification requirements; or

(e) Failure to submit to a sanitary survey."

Although WAC 246-290-010 (249) provides a definition for a SSNC, the term is not used in the rest of the Code witch is more than 150 pages of detailed water system operation administrative codes including no small amount of enforcement codes.

WAC 246-294-010 (20) defines SSNC: *"means a system that is violating or has violated department rules, and violations may create, or have created an imminent or a significant risk to human health. Such violations include, but are not limited to, repeat violations of monitoring requirements, failure to address exceedance of permissible levels of regulated contaminants, failure to comply with treatment technique standards or requirements, failure to comply with water works operator certification requirements, or failure to submit to a sanitary survey."*

WAC 246-294-040 Operating Permit Categories states in section (1) *"the department shall evaluate and place each system into one of the categories in subsection (2) of this section (Green, Yellow, Blue, Red)*

Surfside currently has a Green Operating Permit which means the water system is in substantial compliance with drinking water regulations. The department considers water systems in this category to be adequate for existing uses and adding new service connections up to the number the system is approved for in its water system plan.

How would a classification of a SSNC affect Surfside? If Surfside is classified as a SSNC the department would be legally obligated to change Surfside's Operating Permit from Green to Yellow or Red. If Surfside signs the Bilateral Compliance Agreement and complies with the terms of the agreement the department could place Surfside in the Yellow category. A change to the Yellow category would allow Surfside to continue to issue Water Adequacy Notices to Pacific County for members seeking building permits and to connect new water services to the water system. A change to Red category would mean that we could not add any new connections to the system.

The ODW has a criteria they use to determine if a water system has reached the level of being a SSNC that is not supported by Washington Administrative Code (WAC). That criteria is not published anywhere that I can find. I have asked Teresa Walker to share a copy of the department SSNC trigger criteria policy with me (see attached email). In doing so I also provided some of my observations regarding the definitions in the WAC and how they apply to Surfside. I will be working hard to keep Surfside's Operating Permit a category Green or no less than a Yellow.

--END OF REPORT --

MONTHLY WATER USE DATA REPORT

Month/Year	Name of Operator Reporting

Description	Cu. Ft.
Total Metered Water (TMW)	
Total Metered Commercial (TMC)	
Total Metered Residential[1] (TMR)	
Total Continuous Leak (TCL)	
Total Intermittent Leak (TIL)	
Total Serious Leak (Meter reports both abnormal water use pattern and high water use) (TSL) (1000+CUFT)	

Commercial Water Use Detail	Cu. Ft.	Rate	Charge
Washington State Parks (Great Day Deli)			
Washington State Parks (Surfside Golf Shop)			
Kaino Holdings Inc. (Lighthouse Reality)			
Surfside Mini Mall			
Surfside Condo #1 Owners (Surfside Inn Pool and Irrigation)			
Worldmark® by Wyndham (Surfside Inn Condominiums)			

Residential Water Use Detail	%TM[2]	TSIC[3]	TCF[4]	%TMR[1]
Total Unmetered Connections (estimated) (less estimated DSL[5])	✕			✕
Total Metered Connections[2] (TM)	✕			✕
Total Registered – 0 Cu. Ft. (0 gpd)				
Total Registered - 1 to 150 Cu. Ft. (0-37 gpd) Very Low Water Use				
Total Registered - 151 to 300 Cu. Ft. (37-75 gpd) Low Average Water Use				
Total Registered - 301 to 600 Cu. Ft. (75-150 gpd) Average Water Use				
Total Registered - 601 to 900 Cu. Ft. (150-225 gpd) High Average Use				
Total Registered - 901 to 1200 Cu. Ft. (225-300 gpd) High Water Use				
Total Registered - 1201 to 2400 Cu. Ft. (300-600 gpd) Very High Use				
Total Registered – ≥ Than 2401 Cu. Ft. (≥ 601 gpd) Extreme High Use				

_____   _____
Operator Signature   Date

_____   _____
Field Superintendent Signature   Date

_____   _____
Water System Manager Signature   Date

[3]-TSIC, means total services in the category. [4]-TCF means total cubic feet. [5]-DSL means Distribution System Leakage.

SEPTEMBER 2015 HIGH-MEDIAN WATER USE

ZERO USE AND COMMERCIAL ACCOUNTS EXCLUDED

ADDRESS	CU. FT.	GALLONS	GALLONS PER DAY	LEAK STATUS
34913 H PLACE	95	711	24	
30707 I STREET	95	711	24	
33407 J PLACE	96	718	24	
32806 I STREET	96	718	24	
806 324TH PLACE	96	718	24	
32512 G STREET	96	718	24	
705 336TH PLACE	97	726	24	
1400 320TH PLACE	97	726	24	Continuous Leak 8-14 Days
31102 J PLACE	97	726	24	
32401 G STREET	97	726	24	
32301 Q PLACE	98	733	24	
34208 I PLACE	98	733	24	
31301 I STREET	99	741	25	
30109 I STREET	99	741	25	
34707 I PLACE	99	741	25	
32400 J PLACE	99	741	25	
34608 F PLACE	99	741	25	
32706 J PLACE	100	748	25	
32307 K PLACE	100	748	25	
34905 J PLACE	100	748	25	
33501 G STREET	101	756	25	
35406 J PLACE	102	763	25	
32411 K PLACE	103	770	26	
34603 F PLACE	104	778	26	
33010 I STREET	105	785	26	
30403 G STREET	3418	25568	852	
1500 323ND PLACE	3447	25785	860	
30211 O PLACE	3512	26272	876	Intermittent Leak 22-34 Days
35313 I PLACE	3601	26937	898	
31012 H STREET	3644	27259	909	
35210 G STREET	3765	28164	939	
30707 G STREET	3941	29481	983	
1208 320TH PLACE	3958	29608	987	
808 345TH PLACE	4115	30782	1026	
32708 G STREET	4525	33849	1128	
34212 G STREET	4592	34351	1145	
708 OYSTERVILLE RD	5213	38996	1300	
33204 H PLACE	5216	39018	1301	
30910 O PLACE	5451	40776	1359	
30701 G STREET	6008	44943	1498	
912 338TH PLACE	6568	49132	1638	
35503 J PLACE	6955	52027	1734	
35506 G STREET	7803	58370	1946	
30715 G STREET	8050	60218	2007	Continuous Leak 35 Days
32310 K PLACE	8051	60226	2008	Continuous Leak 35 Days
31305 H STREET	8982	67190	2240	
31309 H STREET	9067	67826	2261	
31714 G STREET	9226	69015	2301	Continuous Leak 35 Days
34811 H PLACE	13380	100089	3336	
33707 I STREET	47480	355175	11839	Continuous Leak 22-34 Days

SEPTEMBER 2015 WATER LEAK REPORT

Continuous Leak

Address	Days of Leak	Gallons	Gallons per day	NO. OF MONTHS OF LEAK	Response due	Leak status
33707 I STREET	22-34 Days	355175	11839	2		10/8/15 LRG LEAK - SHUT OFF WATER
WORLDMARK 1005	35 Days	101974	3399	2		
31714 G STREET	35 Days	69015	2301	4	9/15/2015	NO RESPONSE
32310 K PLACE	35 Days	60226	2008	3		9/4/15 MEMBER IS AWARE OF LEAK
30715 G STREET	35 Days	60218	2007	4	9/15/2015	NO RESPONSE
35212 G STREET	8-14 Days	20265	675			
32210 K PLACE	35 Days	18200	607	5	9/15/2015	NO RESPONSE
32708 H PLACE	35 Days	14819	494	6	9/15/2015	NO RESPONSE
33611 J PLACE	35 Days	12994	433	2		
34500 J PLACE	35 Days	12193	406	2		
30706 H STREET	15-21 Days	10742	358			
32709 G STREET	35 Days	9627	321	4		
30406 I STREET	35 Days	8790	293	2		
29536 I STREET	22-34 Days	8027	268	2		
2006 320TH PLACE	35 Days	7047	235	3	9/15/2015	NO RESPONSE
32908 G PLACE	22-34 Days	6964	232			
30517 K PLACE	35 Days	6837	228	8		9/17/15 IRRIGATION LEFT ON
32201 G STREET	35 Days	6650	222	4	9/15/2015	NO RESPONSE
30800 H STREET	3-7 Days	6059	202			
31102 O PLACE	35 Days	5760	192	8	9/15/2015	NO RESPONSE
33210 I STREET	35 Days	5498	183	7	9/15/2015	NO RESPONSE
29518 H ST	22-34 Days	5087	170			
33612 J PLACE	35 Days	5057	169	6		
1100 322ND STREET	35 Days	4870	162	3	9/15/2015	NO RESPONSE
33015 J PLACE	35 Days	4473	149	5	9/15/2015	NO RESPONSE
33408 J PLACE	35 Days	4414	147	4		
817 325TH PLACE	22-34 Days	4354	145			
1602 320TH PLACE	35 Days	4339	145	3		
33415 I STREET	22-34 Days	4069	136			
30005 G STREET	15-21 Days	3987	133			
1301 322ND PLACE	1-2 Days	3673	122			
33210 G STREET	22-34 Days	3366	112			
35213 I STREET	35 Days	3276	109	2		
30505 L PLACE	35 Days	3232	108	4		8/26/15 SUSPECT TIMER ON SPRINKLER
33705 G STREET	8-14 Days	3142	105			
812 347TH PLACE	35 Days	3104	103	4	9/15/2015	NO RESPONSE
29805 K STREET	22-34 Days	3067	102	2		
1400 322ND PLACE	35 Days	2828	94	2		
33600 I STREET	35 Days	2439	81	4		8/13/15 MEMBER CAN'T FIND
35601 G STREET	35 Days	2431	81	2		
2005 324TH PLACE	35 Days	2424	81	3	9/15/2015	NO RESPONSE
800 324TH PLACE	35 Days	2184	73	2		
1901 322ND PLACE	3-7 Days	2132	71			

SEPTEMBER 2015 WATER LEAK REPORT

1813 324TH PLACE	35 Days	2042	68	4	9/15/2015	NO RESPONSE
30011 I STREET	22-34 Days	1863	62			
35405 J PLACE	35 Days	1638	55	4		
1411 324TH PLACE	35 Days	1578	53	4	9/15/2015	NO RESPONSE
30007 G STREET	35 Days	1159	39	2		
808 OYSTERVILLE RD	22-34 Days	1137	38	2		
1400 320TH PLACE	8-14 Days	726	24			

Intermittent Leak

Address	Days of Leak	Gallons	Gallons per day	NO. OF MONTHS OF LEAK	Response due	Leak status
30211 O PLACE	22-34 Days	26272	876	2		
32501 J PLACE	3-7 Days	15724	524			
31902 J PLACE	22-34 Days	14078	469	2		
31206 G STREET	15-21 Days	13465	449	4		
32909 J PLACE	22-34 Days	12956	432	4		8/13/15 SOAKER HOSE
2204 304TH PLACE	35 Days	12478	416	4		9/10/15 LEAK AT HOSE CALLED MEMBER
33609 G STREET	22-34 Days	9231	308	3		8/18/15 IRRIGATION
31206 J PLACE	35 Days	9186	306	3		
31710 H PLACE	8-14 Days	8715	290			
1405 324TH PLACE	35 Days	8670	289	8		9/10/15 REPAIRED - OUR LEAK
31805 J PLACE	15-21 Days	8580	286			
1304 322ND PLACE	22-34 Days	8520	284			
33406 G STREET	35 Days	6957	232	7	9/15/2015	NO RESPONSE
33105 H PLACE	22-34 Days	6740	225	4		
1301 321ST PLACE	22-34 Days	6575	219	3		
1915 322ND PLACE	15-21 Days	6433	214			
31004 J PLACE	35 Days	6284	209	2		
810 OYSTERVILLE RD	22-34 Days	6179	206			
1506 320TH PLACE	8-14 Days	5790	193			
GOLF SHOP 1009	22-34 Days	5678	189	3		
35305 G STREET	3-7 Days	4428	148			
32209 K PLACE	35 Days	4384	146	4		
30702 G PLACE	3-7 Days	3950	132			
32418 I STREET	1-2 Days	3748	125			
32912 G PLACE	8-14 Days	3449	115			
31004 O PLACE	22-34 Days	3434	114	2		
32400 G STREET	1-2 Days	3389	113			
30104 G STREET	35 Days	3179	106	4		8/13/15 LEAKY HOSE
30103 H STREET	35 Days	2858	95	4		
32210 N PLACE	8-14 Days	2558	85			
33200 G STREET	0 Days	2431	81			
33304 J PLACE	22-34 Days	2394	80	4		9/15/15 CAN'T FIND
34003 J PLACE	22-34 Days	2386	80	3		
30801 I STREET	35 Days	2274	76	4		
32606 G STREET	22-34 Days	1204	40	2		

SEPTEMBER 2015 WATER LEAK REPORT

33401 J PLACE	3-7 Days	501	17			
807 303RD PLACE	0 Days	202	7			
1605 320TH PLACE	15-21 Days	172	6			

MONTHLY WATER USE EFFICIENCY REPORT

Month/Year   **Name of Operator Reporting**

From:		To:		

Well	Total (Gal.)	Well	Total (Gal.)	Well	Total (Gal.)	Total
J-2		J-3		J-4		
J-5		J-6		J-7		

J-Well Field Total Water Pumped (TP)	TP	
Water Used to Backwash Filters	BWW	
Water Used for Unidirectional Flushing	UDF	
Water Used for Reactionary Flushing	RAF	
Water Used for Water Main Replacement Flushing	WMR	
Water Used or Lost for Water Main Breaks	WMB	
Residential Water Use	MRU	
Commercial Water Use	MCU	
Other Authorized Water Use	OAU	
Total Authorized Water Use (AU)	TAU	

FT-Metered[1]		PT-Metered[2]		FT-Unmetered[3]		PT-Unmetered[4]	

Total Water Use This Month by Full Time Metered Members	TFTM	
Average Water Use This Month per Full Time Metered Member	FTM	
Total Water Use This Month by Part Time Metered Members	TPTM	
Average Use This Month per Part Time Metered Member	PTM	
Estimated Total Use This Month by Full Time Unmetered Members	TFTU	
Estimated Average Use This Month per Full Time Unmetered Member	FTU	
Estimated Total Use This Month by Part Time Unmetered Members	TPTU	
Estimated Average Use This Month per Part Time Unmetered Member	PTU	
Estimated Distribution System Leakage (DSL) This Month (Gallons)	DSLG	
Estimated DSL (Percentage of Total Water Pumped)	DSLP	

10-9-15

_____   _____
Operator Signature   **Date**

_____   _____
Operator Signature   **Date**

_____   _____
Operator Signature   **Date**

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[1] Water use more than 1,500 gallons per month – Considered Full-Time
[2] Water use less than 1,500 gallons per month – Considered Part-Time
[3] Water Service without a meter that has a local address – Considered Full-Time
[4] Water Service without a meter that does not have a local address – Considered Part-Time

Monthly Water System Data Report

Month/Year	Name of Operator Reporting

Data	Reading	Unit	Target
Avg. Raw Water Iron (Fe)		mg/L	N/A
Avg. Finished Water Iron (Fe)		mg/L	≤ 0.3
Avg. Raw Water Manganese (Mn)		mg/L	N/A
Avg. Finished Water Manganese (Mn)		mg/L	≤ 0.05
Avg. Raw Water pH		pH	7.5-8.5
Avg. Finished Water pH		pH	7.2-7.8
Avg. Raw Water Color (HU)		HU	≤ 60
Avg. Finished Water Color (HU)		HU	≤ 15
Avg. Raw Water Temperature (°F)		°F	N/A
Avg. Finished Water Temperature (°F)		°F	N/A
Avg. Raw Water Ammonia (NH3)		mg/L	≤ 30
Avg. Finished Ammonia (NH3)		mg/L	≤ 15
Avg. Raw Water Silica (Sio2)		mg/L	≤ 70
Avg. Finished Silica (Sio2)		mg/L	≤ 70
Avg. Raw Water Tannin		mg/L	≤ 1
Avg. Finished Tannin		mg/L	≤ 0.5
Avg. Raw Water Conductivity (µhos/cm)		µhos/cm	≤ 800
Avg. Raw Water TDS		mg/L	≤ 400
Avg. Raw Water Chloride (Cl)		mg/L	≤ 250
Avg. Green Pipe Water Total Chlorine (CL2) (Treated Water)		mg/L	≤ 2.50 ≥ 1.70
Avg. Green Pipe Water Free Chlorine (CL2) (Treated Water)		mg/L	≤ 1.50 ≥ 0.50
Avg. Blue Pipe Water Total Chlorine (CL2) (Finished Water)		mg/L	≤ 1.20 ≥ 0.50
Avg. Blue Pipe Water Free Chlorine (CL2) (Finished Water)		mg/L	≤ 0.75 ≥ 0.20
Avg. Reservoir Water Total Chlorine (CL2) (Stored Water)		mg/L	≤ 0.80 ≥ 0.30
Avg. Reservoir Water Free Chlorine (CL2) (Stored Water)		mg/L	≤ 0.20 ≥ 0.05

Revision Date: 01/19/2015

Avg. Rechlorinated Water Total Chlorine (CL2)		mg/L	≤ 1.00 ≥ 0.50
Avg. Rechlorinated Water Free Chlorine (CL2)		mg/L	≤ 0.50 ≥ 0.30
Avg. Distribution Water Total Chlorine (CL2)		mg/L	≤ 0.80 ≥ 0.20
Avg. Distribution Water Free Chlorine (CL2)		mg/L	≤ 0.50 ≥ 0.05
Avg. Distribution Water Color (HU)		HU	≤ 15
Avg. Distribution Water Temperature (°F)		°F	N/A
Avg. Distribution Water pH		pH	7.2-7.8
Jar Test		mg/L	≤ 1.80 ≥ 1.20
J-1 Idle Measure from TOP		Ft/In.	N/A
J-1 Measure from TOP		Ft/In.	N/A
J-2 Measure from TOP		Ft/In.	N/A
J-3 Measure from TOP		Ft/In.	N/A
J-4 Measure from TOP		Ft/In.	N/A
J-5 Measure from TOP		Ft/In.	N/A
J-6 Measure from TOP		Ft/In.	N/A
J-7 Measure from TOP		Ft/In.	N/A
Rainfall		In.	N/A
Locates		N/A	N/A
Service Calls (contacts with members about water concerns)		N/A	N/A
New Service(s)		N/A	N/A
Water Main Breaks		N/A	N/A
		N/A	N/A
		N/A	N/A
		N/A	N/A
		N/A	N/A

10-9-15

_____   _____
Operator Signature   Date

_____   _____
Field Superintendent Signature   Date

_____   _____
Water System Manager Signature   Date

10/12/2015

MONTHLY ACTIVITY DATA REPORT

Month/Year	Name of Operator Reporting

Maintenance & Operation (M&O)		Employee	R-Hrs.
			OT Hrs.
Vender:	**Amount**	R-Hrs/Comp-Hrs	
		Gil	
		Aaron	
		Larry	
		April	
		Chris	
		Caleb	
		John	
		Total R Hrs.	
Total		**Total OT Hrs.**	

Water Main Replacement (WMR)		Employee	R-Hrs.
			OT Hrs.
Vender:	**Amount**	Gil	
		Aaron	
		Larry	
		April	
		Chris	
		Caleb	
		John	
		Total R Hrs.	
Total		**Total OT Hrs.**	

Meter Installation Project (MIP)		Employee	R-Hrs.
			OT Hrs.
Vender:	Amount	Gil	
		Aaron	
		Larry	
		April	
		Chris	
		Caleb	
		John	
		Total R Hrs.	
Total		Total OT Hrs.	

Common Property (L&B)		Employee	R-Hrs.
			OT Hrs.
Vender:	Amount	Gil	
		Aaron	
		Larry	
		April	
		Chris	
		Caleb	
		John	
		Total R Hrs.	
Total		Total OT Hrs.	

MONTHLY ACTIVITY DATA REPORT

Special Project:			Employee	R-Hrs.
				OT Hrs.
Vender:		**Amount**	Gil	
			Aaron	
			Larry	
			April	
			Chris	
			Caleb	
			John	
			Total R Hrs.	
	Total		**Total OT Hrs.**	

Description of Materials Used By Crew During Month	Amount	For

10-7-15

_____   _____
Reporting Operator Signature   **Date**

_____   _____
Field Superintendent Signature   **Date**

_____   _____
Water System Manager Signature   **Date**

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SR# K151057-001

Routine Sample

(ALS) Environmental
1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	
09 / 11 / 2015 Month Day Year	10 : 32 ☑AM ☐PM	County PACIFIC

Type of Water System (check only one box)   ☐ Private Household
☑ Group A   ☐ Group B   ☐ Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# 8 6 4 7 0 Y

System Name: SURFSIDE Homeowner's Association
Contact Person: Gil Gonzalez
Day Phone: (360)665-4171   Cell Phone: (360)783-2393
Eve. Phone: (360)783-2393   FAX: (360)665-6785
Email: water @ surfside online.org
Send results to: (Print full name, address and zip code)
SHOA
31402   HST.
Ocean Park   WA. 98640

SAMPLE INFORMATION

Sample collected by (name):
LAWRENCE HAMPTON

Specific location where sample collected: Special instructions or comments:
1407 314TH   WINDY &
                                                 SUNNY

Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

#1. ☑ Routine Distribution Sample
Chlorinated: Yes ✗ No _____
Chlorine Residual: Total .13 Free .05

#2. Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR)
(Population of 1,000 or less)

Unsatisfactory routine lab number:
0 1 7 - ___ ___ ___ ___ ___

#3. Raw Water Source Sample
☐ E.coli – GWR source sample
☐ Fecal –Surface, GWI, some springs
☐ Other

| S | | |
Public systems must provide source number from WFI

Unsatisfactory routine collect date:
_____ / _____ / _____
Chlorinated: Yes _____ No _____
Chlorine Residual: Total_____ Free_____

#4. ☐ Sample Collected for Information Only
Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY   DRINKING WATER RESULTS   LAB USE ONLY

☐ **Unsatisfactory** Total Coliform Present **and**	☑ Satisfactory
☐ E.coli present ☐ E.coli absent	

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- S M 9 2 2 2 3 b	Date, Time and Temp Received: 9/21/15 5:30
Date Analyzed 9 21 15 M	Date Reported: 9 22 15
Sample Number (DOH number plus five digits) 0 1 7 - 0 4 5 7 1	Lab Use Only: AM 9/23/15

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:
Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:
The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:
1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately
"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, **"TNC"** means bacteria are too numerous to count. **"Excess Debris"** means that particulates in the water interfere with the interpretation of test results, **"Turbid Culture"** means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:
Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.) Insufficient volume. (Sample must be at least 100 ml) If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:
Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

10/12/2015 **NatureSolv™** the environmentally responsible carbonless capsule

SR# K1510812-001

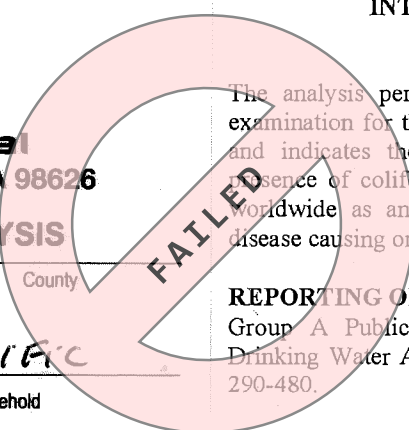# (ALS) Environmental
1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
09 12 2015 Month Day Year	11:47 ☒AM ☐PM	PACIFIC

Type of Water System (check only one box)   ☐ Private Household

☒ Group A   ☐ Group B   ☐ Other _____

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

ID# 8 6 4 7 0 Y

System Name: SURFSIDE HOMEOWNERS ASSOCIATION

Contact Person: GIL GONZALEZ

Day Phone: (360) 665-4171   Cell Phone: (360) 783-2393

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

Email: WATER@SURFSIDEONLINE.ORG

Send results to: (Print full name, address and zip code)

SHOA
31402 H ST.
OCEAN PARK WA. 98640

SAMPLE INFORMATION

Sample collected by (name):
LAURENCE HAMPTON

Specific location where sample collected:
30705 N PL.

Special instructions or comments:
WINDY

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 0.0

#3. Raw Water Source Sample

☐ E.coli – GWR source sample

☐ Fecal –Surface, GWI, some springs

☐ Other

	S		

Public systems 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:

0 1 7 - __ __ __ __ __

Unsatisfactory routine collect date:

____/____/____

Chlorinated: Yes ____ No ____

Chlorine Residual: Total____ Free____

#4. ☐ **Sample Collected for Information Only**

Investigative ____ Construction / Repairs ____ Other ____

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

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- S M 9 2 2 3 b   Date, Time and Temp Received: 9/29/15 0720 AM

Date Analyzed 9 29 15 m6   Date Reported: 9 30 15

Sample Number (DOH number plus five digits)
0 1 7 - 0 8 1 2 1   Lab Use Only: AH 9/30/15

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately
"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, **"TNC"** means bacteria are too numerous to count. **"Excess Debris"** means that particulates in the water interfere with the interpretation of test results, **"Turbid Culture"** means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:
Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)
Insufficient volume. (Sample must be at least 100 ml)
If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:
Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

NatureSolv™ the environmentally responsible carbonless capsule
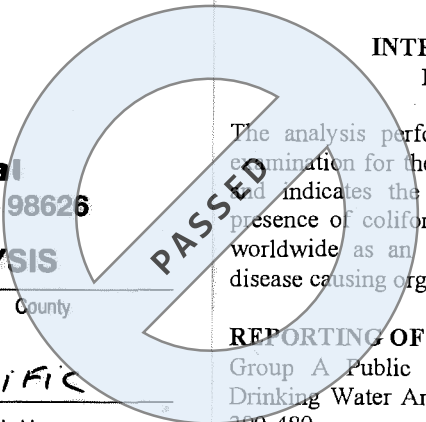
Routine Sample

SR# K1510812-002

(ALS) Environmental
1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

PASSED

INTERPRETATION OF RESULTS
FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:
Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:
The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

Date Sample Collected	Time Sample Collected	County
09 / 28 / 2015 Month Day Year	11 : 33 ☑AM ☐PM	PACIFIC

Type of Water System (check only one box)
☑ Group A ☐ Group B ☐ Private Household ☐ Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# 8 6 4 7 0 Y

System Name: SURFSIDE HOMEOWNERS ASSOCIATION
Contact Person: GIT GONZALEZ
Day Phone: (360) 665-4171   Cell Phone: (360) 783-2393
Eve. Phone: (360) 783-2393   FAX: (360) 665-6785
Email: WATER @ SURFSIDEONLINE. ORG
Send results to: (Print full name, address and zip code)
SHOA
31402 H ST.
OCEAN PARK WA. 98640

SAMPLE INFORMATION

Sample collected by (name):
LAWRENCE HAMPTON
Specific location where sample collected:
30316 X PL.

Special instructions or comments:
WINDY

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:
1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

#1. ☑ Routine Distribution Sample
Chlorinated: Yes ✗ No _____
Chlorine Residual: Total .01 Free 0.0

#2. Repeat Sample (after unsat. routine)
☐ Distribution System
☐ Source Groundwater Rule (GWR) (Population of 1,000 or less)

#3. Raw Water Source Sample
☐ E.coli – GWR source sample
☐ Fecal –Surface, GWI, some springs
☐ Other
| S | | |
Public systems must provide source number from WFI

Unsatisfactory routine lab number:
0 1 7 - __ __ __ __ __

Unsatisfactory routine collect date:
_____ / _____ / _____
Chlorinated: Yes _____ No _____
Chlorine Residual: Total_____ Free_____

#4. ☐ Sample Collected for Information Only
Investigative _____ Construction / Repairs _____ Other _____

TEST UNSUITABLE: Resample Immediately
"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, **"TNC"** means bacteria are too numerous to count. **"Excess Debris"** means that particulates in the water interfere with the interpretation of test results, **"Turbid Culture"** means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

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

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- 5 M 9 2 2 2 b	Date, Time and Temp Received: 9/29/15 0920 1
Date Analyzed 9 29 15 b	Date Reported: 9 30 15
Sample Number (DOH number plus five digits) 0 1 7 - 0 8 1 2 2	Lab Use Only AM 9/30/15

RESAMPLE:
Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.) Insufficient volume. (Sample must be at least 100 ml) If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:
Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

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SR# KI510812-003

(ALS) Environmental
1317 S. 13th Avenue • Kelso, WA 98626
COLIFORM BACTERIA ANALYSIS

PASSED

Date Sample Collected	Time Sample Collected	County
0 8 / 28 / 2015 Month Day Year	11 : 17 ☑AM ☐PM	PACIFIC

Type of Water System (check only one box) ☐ Private Household

☑ Group A ☐ Group B ☐ Other _____

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

ID# 8 6 4 7 0 Y

System Name: SURFSIDE HOMEOWNER'S ASSOCIATION

Contact Person: JiL JONZALEZ

Day Phone: (360) 665-4171   Cell Phone: (360) 783-2393

Eve. Phone: 360 7763-2393   FAX: (360) 665-6785

Email: WATER @SURFSIDEonLine.ORg

Send results to: (Print full name, address and zip code)

SHOA

31402 H ST.

Ocean PARK WA. 98640

SAMPLE INFORMATION

Sample collected by (name):

LAWRENCE HAMPTON

Specific location where sample collected:

1310 300TH PL.

Special instructions or comments:
☞ WINDY

Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

#1. ☑ **Routine Distribution Sample**

Chlorinated: Yes ✗ No _____

Chlorine Residual: Total .03 Free .02

#3. Raw Water Source Sample

☐ E.coli – GWR source sample

☐ Fecal –Surface, GWI, some springs

☐ Other

S		

Public systems 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:

0 1 7 - ___ ___ ___ ___ ___

Unsatisfactory routine collect date:

_____ / _____ / _____

Chlorinated: Yes _____ No _____

Chlorine Residual: Total_____ Free_____

#4. ☐ **Sample Collected for Information Only**

Investigative _____ Construction / Repairs _____ Other _____

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

☐ **Unsatisfactory** Total Coliform Present and   ☑ **Satisfactory**

☐ E.coli present   ☐ E.coli absent

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- S M 9 2 2 3 b	Date, Time and Temp Received: 9/29/15 0920 W
Date Analyzed 9 29 15 /b	Date Reported: 9 30 15
Sample Number (DOH number plus five digits) 0 1 7 - 0 8 1 2 3	Lab Use Only: A 9/30/15

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:
Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:
The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:
1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately
"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, **"TNC"** means bacteria are too numerous to count. **"Excess Debris"** means that particulates in the water interfere with the interpretation of test results, **"Turbid Culture"** means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:
Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)
Insufficient volume. (Sample must be at least 100 ml)
If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:
Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

NatureSolv™ the environmental responsible carbonless capsule

Routine Sample

SR# KI510812-004

(ALS) Environmental
1317 S. 13th Avenue • Kelso, WA 98626

~~PASSED~~

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
09 / 28 / 2015 Month / Day / Year	12:05 ☐ AM ☑ PM	PACIFIC

Type of Water System (check only one box)
☐ Private Household
☑ Group A   ☐ Group B   ☐ Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# 8 6 4 7 0 Y
System Name: SURFSIDE HOMEOWNER'S ASSOCIATION
Contact Person: GIL GONZALEZ
Day Phone: (360) 665-4171   Cell Phone: (360) 783-2393
Eve. Phone: (360) 783-2093   FAX: (360) 665-6785
Email: WATER@SURFSIDEONLINE.ORG
Send results to: (Print full name, address and zip code)
SHOA
31402 H ST.
OCEAN PARK. WA. 98640

SAMPLE INFORMATION

Sample collected by (name):
LAWRENCE HAMPTON

Specific location where sample collected:	Special instructions or comments:
1104 309 TH	WINDY

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 0.0

#3. Raw Water Source Sample
☐ E.coli – GWR source sample
☐ Fecal –Surface, GWI, some springs
☐ Other

	S		

Public systems 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:
0 1 7 - __ __ __ __ __

Unsatisfactory routine collect date:
_____ / _____ / _____
Chlorinated: Yes _____ No _____
Chlorine Residual: Total _____ Free _____

#4. ☐ **Sample Collected for Information Only**
Investigative _____ Construction / Repairs _____ Other _____

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

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- S M 9 2 2 3 b
Date, Time and Temp Received: 9/29/15 0920
Date Analyzed 9/29/15
Date Reported: 9/30/15
Sample Number (DOH number plus five digits): 0 1 7 - 0 8 1 2 4
Lab Use Only: AH 9/30/15

INTERPRETATION OF RESULTS
FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:
Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:
The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:
1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately
"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, **"TNC"** means bacteria are too numerous to count. **"Excess Debris"** means that particulates in the water interfere with the interpretation of test results, **"Turbid Culture"** means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:
Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)
Insufficient volume. (Sample must be at least 100 ml)
If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:
Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

Repeat Sample

SR# K1510983-001

PLEASE RUSH.
CALL REGARDLESS OF RESULTS
360-783-2393

COLIFORM BACTERIA ANALYSIS

PASSED

Date Sample Collected	Time Sample Collected	County
10 / 01 / 2015 Month Day Year	10 : 32 ☒ AM ☐ PM	PACIFIC

Type of Water System (check only one box) ☐ Private Household

☒ Group A   ☐ Group B   ☐ Other _____

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

ID# 8 6 4 7 0 Y

System Name: SURFSIDE HOMEOWNERS ASSOCIATION

Contact Person: GIL GONZALEZ

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

Email: WATER@SURFSIDE ONLINE.ORG

Send results to: (Print full name, address and zip code)
SHOA
31402   H ST.
OCEAN PARK   WA. 98640

SAMPLE INFORMATION

Sample collected by (name): LAWRENCE HAMPTON

Specific location where sample collected:

3070S NPL.

Special instructions or comments: BRIZEY

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_____

#3. Raw Water Source Sample

☐ E.coli – GWR source sample

☐ Fecal –Surface, GWI, some springs

☐ Other

| S | | |

Public systems 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:

0 1 7 - 0 8 1 2 1

Unsatisfactory routine collect date:

10 / 01 / 15

Chlorinated: Yes ☒ No _____

Chlorine Residual: Total .17 Free .12

#4. ☐ **Sample Collected for Information Only**

Investigative _____ Construction / Repairs _____ Other _____

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

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 SM9223B
MICR- _____

Date, Time and Temp Received: 10/1/15 1615 AM

Date Analyzed 10/1/15 QA

Date Reported: 10/2/15 QA

Sample Number (DOH number plus five digits) 0 1 7 - 0 9 8 3 1

Lab Use Only: AC 10/2/15

INTERPRETATION OF RESULTS
FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately

"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, **"TNC"** means bacteria are too numerous to count. **"Excess Debris"** means that particulates in the water interfere with the interpretation of test results, **"Turbid Culture"** means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.) Insufficient volume. (Sample must be at least 100 ml) If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

Repeat Sample

SR...

PLEASE CALL 360-783-2393 w/ RESULTS

1317 S. 13th Avenue • Kelso, WA 98626

K1510983-002

COLIFORM BACTERIA ANALYSIS

Date Sample Collected			Time Sample Collected		County
10 / 1 / 15			1:15 ☐ AM ☑ PM		PACIFIC
Month Day Year					

Type of Water System (check only one box)   ☐ Private Household

☑ Group A   ☐ Group B   ☐ Other _____

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

ID# 8 6 4 7 0 5

System Name: SURFSIDE H.O.A.

Contact Person: Gil Gonzalez

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

Email: WATER@SURFSIDEONLINE.ORG

Send results to: (Print full name, address and zip code)

SURFSIDE H.O.A.
31402 H STREET
OCEAN PARK, WA 98640

SAMPLE INFORMATION

Sample collected by (name): Gil Gonzalez

Specific location where sample collected: J-4 WELL 5-11

Special instructions or comments: FOGGIE, BREEZIE

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_____

#3. Raw Water Source Sample

☑ E.coli – GWR source sample

☐ Fecal –Surface, GWI, some springs

☐ Other

S | | | |

Public systems 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:

0 1 7 - __ __ __ __ __

Unsatisfactory routine collect date:

____ / ____ / ____

Chlorinated: Yes _____ No _____

Chlorine Residual: Total_____ Free_____

#4. ☐ Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

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

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- M 9223 B

Date Analyzed 10/1/15 Or

Sample Number (DOH number plus five digits): 0 1 7 - 0 9 8 3 2

Date, Time and Temp Received: 10/1/15 1615 Or

Date Reported: 10/2/15 Or

Lab Use Only: AJ 10/2/15

INTERPRETATION OF RESULTS
FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately

"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, **"'TNC"** means bacteria are too numerous to count. **"Excess Debris"** means that particulates in the water interfere with the interpretation of test results, **"Turbid Culture"** means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.) Insufficient Volume. (Sample must be at least 100 ml) If not tested, a new sample must be submitted for analysis.
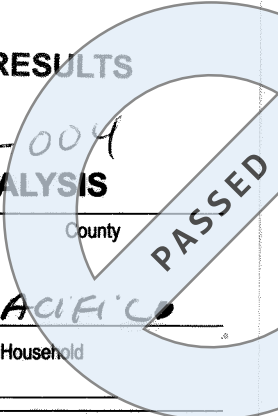
FOR ADDITIONAL INFORMATION:

Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

BRUNSWICK PRESS (713) 462-0600

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SR

PLEASE CALL
360-783-2393
w/ RESULTS

Repeat Sample

(ALS) Environmental
1317 S. 13th Avenue • Kelso, WA 98626

KIS10983-005

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / 1 / 15 Month / Day / Year	1:35 ☐ AM ☑ PM	PACIFIC

Type of Water System (check only one box)
☑ Group A ☐ Group B ☐ Private Household ☐ Other _____

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

ID# 8 6 4 7 0 9

System Name: SURFSIDE H.O.A.

Contact Person: G. Gonzalez

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

Email: WATER@SURFSIDEONLINE.ORG

Send results to: (Print full name, address and zip code)
SURFSIDE H.O.A.
31402 H STREET
OCEAN PARK, WA 98640

SAMPLE INFORMATION

Sample collected by (name): Gil Gonzalez

Specific location where sample collected: J-6 WELL 5-11

Special instructions or comments: FOGGY BREEZY

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____

#3. Raw Water Source Sample
☑ E.coli – GWR source sample
☐ Fecal –Surface, GWI, some springs
☐ Other

| S | | |

Public systems 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:
0 1 7 - ___ ___ ___ ___ ___

Unsatisfactory routine collect date:
___ ___/___ ___/___ ___

Chlorinated: Yes _____ No _____
Chlorine Residual: Total____ Free____

#4. ☐ Sample Collected for Information Only
Investigative _____ Construction / Repairs _____ Other _____

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

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-	3 M 9 2 2 2 0 B	Date, Time and Temp Received: 10/1/15 1615 AM
Date Analyzed 10/1/15 M		Date Reported: 10/2/15 M
Sample Number (DOH number plus five digits) 0 1 7 - 0 9 8 3 3		Lab Use Only: AS 10/2/15

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:
Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:
The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:
1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately
"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, **"TNC"** means bacteria are too numerous to count. **"Excess Debris"** means that particulates in the water interfere with the interpretation of test results, **"Turbid Culture"** means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:
Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)
Insufficient volume. (Sample must be at least 100 ml)
If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:
Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

Repeat Sample

SR# _____

PLEASE RUSH.
CALL REGARDLESS OF RESULTS
360-783-2393

K1510983-004

COLIFORM BACTERIA ANALYSIS

PASSED

Date Sample Collected	Time Sample Collected	County
10 / 01 / 2015 Month Day Year	10 : 55 ☒ AM ☐ PM	PACIFICO

Type of Water System (check only one box)   ☐ Private Household

☒ Group A   ☐ Group B   ☐ Other _____

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

ID# 8 6 4 7 0 Y

System Name: SURFSIDe Homeowners Association

Contact Person: Gil Gonzalez

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

Email: WATER @ SURFSIDE ODLine. ORg

Send results to: (Print full name, address and zip code)
SHOA
31402   HST.
OCEAN PARK   WA. 98640

SAMPLE INFORMATION

Sample collected by (name): LAWRENCE HAMPTON

Specific location where sample collected:

30901   N PL.

Special instructions or comments: BRizey

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 ____

#3. Raw Water Source Sample

☐ E.coli – GWR source sample

☐ Fecal –Surface, GWI, some springs

☐ Other

| S | | |

Public systems 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:

0 1 7 - 0 8 / 2 /

Unsatisfactory routine collect date:

10 / 1 / 15

Chlorinated: Yes ☒ No _____

Chlorine Residual: Total .17 Free .15

#4. ☐ **Sample Collected for Information Only**

Investigative _____ Construction / Repairs _____ Other _____

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

☐ **Unsatisfactory** Total Coliform Present **and**   ☒ **Satisfactory**

☐ E.coli present   ☐ E.coli absent

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- 9M9223M	Date, Time and Temp Received: 10/1/15 1615
Date Analyzed 10/1/15 PM	Date Reported: 10/2/15 PM
Sample Number (DOH number plus five digits) 0 1 7 - 0 9 8 3 4	Lab Use Only: A/ 10/2/15

INTERPRETATION OF RESULTS
FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:
Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:
The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:
1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.
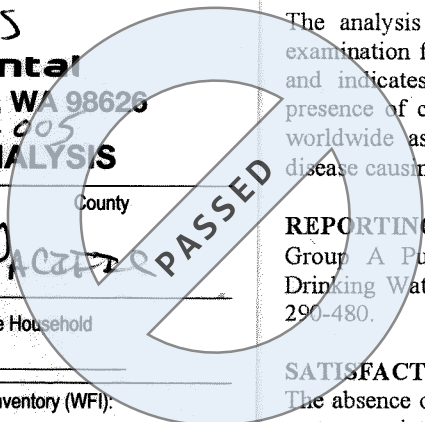
TEST UNSUITABLE: Resample Immediately
"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, **"TNC"** means bacteria are too numerous to count. **"Excess Debris"** means that particulates in the water interfere with the interpretation of test results, **"Turbid Culture"** means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:
Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)
Insufficient volume. (Sample must be at least 100 ml)
If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:
Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

NatureSolv™ the environmentally responsible carbonless capsule

Repeat Sample

SR# *(redacted)*

PLEASE CALL
360-783-2393
W/ RESULTS

K1510983-005

1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

PASSED

Date Sample Collected	Time Sample Collected	County
10 / 1 / 15 — Month / Day / Year	1:26 ☐ AM ☑ PM	PACIFIC

Type of Water System (check only one box)
☑ Group A   ☐ Group B   ☐ Private Household   ☐ Other

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# 8 4 4 7 0 4
System Name: SURFSIDE H.O.A.
Contact Person: Gil Gonzalez
Day Phone: (360) 783-2393   Cell Phone: (360) 783-2393
Eve. Phone: (360) 783-2393   FAX: ( )
Email: WATER@SURFSIDEONLINE.ORG
Send results to: (Print full name, address and zip code)
SURFSIDE H.O.A
31402 H STREET
OCEAN PARK, WA 98640

SAMPLE INFORMATION

Sample collected by (name): G.J Gonzalez

Specific location where sample collected:
J-5 WELL S-11

Special instructions or comments:
FOGGY BREEZY

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:
0 1 7 - __ __ __ __ __
Unsatisfactory routine collect date:
___/___/___
Chlorinated: Yes _____ No _____
Chlorine Residual: Total____ Free____

#3. Raw Water Source Sample
☑ E.coli – GWR 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
☒ **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- SM9223B
Date Analyzed 10/1/15 M
Sample Number (DOH number plus five digits)
0 1 7 - 0 9 8 3 5

Date, Time and Temp Received: 10/1/15 1615 M
Date Reported: 10/2/15 C
Lab Use Only: AJ 10/2/15

INTERPRETATION OF RESULTS
FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:
Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:
The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:
1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480
3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.
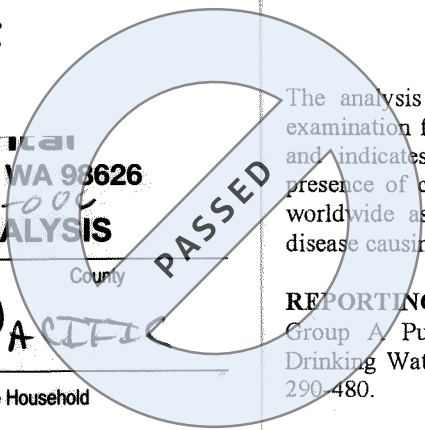
TEST UNSUITABLE: Resample Immediately
"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, **"TNC"** means bacteria are too numerous to count. **"Excess Debris"** means that particulates in the water interfere with the interpretation of test results, **"Turbid Culture"** means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:
Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)
Insufficient volume. (Sample must be at least 100 ml)
If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:
Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

10/12/2015   NatureSolv™ the environmentally responsible carbonless capsule

SR [redacted]

PLEASE CALL
360-783-2393
W/ RESULTS

~~(...) Environmental~~

1317 S. 13th Avenue, • Kelso, WA 98626

KIS10983-00C

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / 1 / 15	1:42 ☐AM ☑PM	PACIFIC
Month Day Year		

Type of Water System (check only one box)   ☐ Private Household
☑ Group A   ☐ Group B   ☐ Other _____

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

ID# 8 6 4 5 0 5

System Name: SURFSIDE H.O.A.

Contact Person: Gil Gonzalez

Day Phone: (360) 783-2393   Cell Phone: 860 783-2393

Eve. Phone: 360 783-2393   FAX: (   )

Email: WATER@SURFSIDEONLINE.ORG

Send results to: (Print full name, address and zip code)
SURFSIDE H.O.A.
31402 H STREET
OCEAN PARK, WA 98640

SAMPLE INFORMATION

Sample collected by (name): G. Gonzalez

Specific location where sample collected:
J-7 WELL 5-11

Special instructions or comments:
FOGGY
BREEZY

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_____

#3. Raw Water Source Sample
☑ E.coli – GWR source sample

☐ Fecal –Surface, GWI, some springs

☐ Other

S			

Public systems 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:

0 1 7 - __ __ __ __ __

Unsatisfactory routine collect date:
_____/_____/_____

Chlorinated: Yes _____ No _____

Chlorine Residual: Total_____ Free_____

#4. ☐ **Sample Collected for Information Only**

Investigative _____ Construction / Repairs _____ Other _____

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

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- 5M9223B	Date, Time and Temp Received: 10/1/15 1615 A
Date Analyzed 10/1/15 CM	Date Reported: 10/2/15 CM
Sample Number (DOH number plus five digits) 0 1 7 - 0 9 8 3 6	Lab Use Only: A 10/2/15

INTERPRETATION OF RESULTS
FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:
Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480.

SATISFACTORY RESULTS:
The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

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3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately
"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible, **"TNC"** means bacteria are too numerous to count. **"Excess Debris"** means that particulates in the water interfere with the interpretation of test results, **"Turbid Culture"** means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:
Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.)
Insufficient volume. (Sample must be at least 100 ml)
If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:
Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.
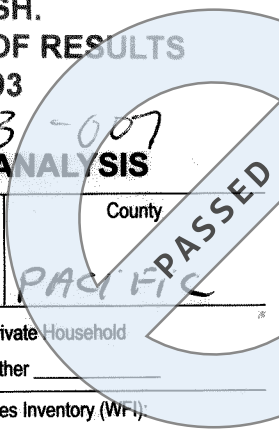
Repeat Sample

SR# _____

PLEASE RUSH.
CALL REGARDLESS OF RESULTS
360-783-2393

K1510983 -007

COLIFORM BACTERIA ANALYSIS

Date Sample Collected	Time Sample Collected	County
10 / 01 / 2015 Month Day Year	11:18 ☑AM ☐PM	PACIFIC

Type of Water System (check only one box) ☐ Private Household

☑ Group A   ☐ Group B   ☐ Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI)

ID# 8 6 4 7 0 Y

System Name: SURFSIDE HOMEOWNERS ASSOCIATION

Contact Person: GIL GONZALEZ

Day Phone: ( )

Cell Phone: (360) 783-2393

Eve. Phone: (360) 783-2393   FAX: ( )

Email: WATER @SURFSIDEONLINE.ORG

Send results to: (Print full name, address and zip code)
SHOA
03140Z H ST
OCEAN PARK WA. 98640

SAMPLE INFORMATION

Sample collected by (name): LAWRENCE HAMPTON

Specific location where sample collected: Special instructions or comments: BRIZEY

30611 N PL.

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____

#3. Raw Water Source Sample

☐ E.coli – GWR source sample
☐ Fecal –Surface, GWI, some springs
☐ Other

| S | | | |

Public systems 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:
0 1 7 - 0 8 1 2 1

Unsatisfactory routine collect date:
10 / 1 / 15

Chlorinated: Yes ✗ No _____

Chlorine Residual: Total .22 Free .09

#4. ☐ **Sample Collected for Information Only**

Investigative _____ Construction / Repairs _____ Other _____

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

Replacement Sample Required:

☐ Sample too old (>30 hours)   ☐ TNTC   ☐ _____

☐ Improper Container   ☐ Turbid culture

Bacterial Density Results: Plate Count_____/ml. E.coli_____/100ml.
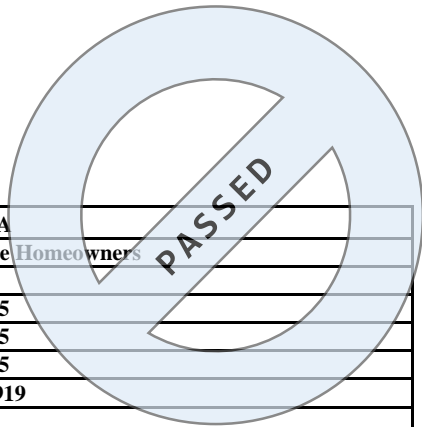
Total Coliform_____/100ml. Fecal Coliform_____/100ml.

Method Code: MICR- 5 M9223B	Date, Time, and Temp Received: 10/1/15 615
Date Analyzed 10/1/15 CL	Date Reported: 10/2/15 CL
Sample Number (DOH number plus five digits) 0 1 7 - 0 9 8 3 7	Lab Use Only: AN 10/2/15

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

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Insufficient volume. (Sample must be at least 100 ml)
If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:
Contact your local health department **OR** the laboratory where this sample was tested **OR** the Department of Health, Drinking Water Program Regional Office.

ALS Environmental
1317 South 13th Avenue
Kelso, WA 98626

LCR TEST PANEL

LEAD and/or COPPER

for the **State of Washington**

Distribution System- Report of Analyses

Routine Sample

PASSED

Lead and Copper Analyses (LCR)		System Group Type:	A
Water System ID Number:	**86470Y**	**System Name:**	**Surfside Homeowners**
Source: S93	(Distribution Samples)	**County:**	**Pacific**
Sample Purpose: (select appropriate box)		**Date Received:**	**09/09/15**
X	**RC- Routine/Compliance**	**Date Analyzed:**	**09/14/15**
	C- Confirmation	**Date Reported:**	**09/23/15**
	Investigative	**COMMENTS:**	**K1509919**
	Other(specify)		
Send Report To:	**Surfside Homeowners**	**Bill To:**	
	WA DOH		

(DOH#) Analyte	(0023) Copper	(0009) Lead
State Reporting Level (SRL)	0.02 mg/l	0.001 mg/l
Regulatory Action Level	1.3 mg/l	0.015 mg/l
Analytical Method/ Analyst's Initials	200.8/GJ	200.8/GJ

Lab Sample #	Date Collected	Sample Location	Copper mg/l	Lead mg/l
01799191	09/09/15	31211 N. Pl	0.463	<0.001
01799192	09/09/15	31006 O. Pl	0.391	0.001
01799193	09/09/15	806 325th	0.060	<0.001
01799194	09/09/15	30715 M. Pl	0.318	0.001
01799195	09/09/15	34003 J. Pl	0.142	0.003
01799196	09/09/15	31311 O. Pl	0.266	<0.001
01799197	09/09/15	30001 G. St	0.169	0.001
01799198	09/09/15	708 353rd	0.137	<0.001
01799199	09/09/15	33611 J. Pl	0.258	0.002
01791910	09/09/15	33701 J. Pl	0.048	0.002
01791911	09/09/15	35213 I. St	0.062	0.003

NOTES:

AL (Federal Action Levels): are 0.015 mg/L for Lead and 1.3 mg/L for Copper. If the compounds detected at concentration
in excess of this level, contact your regional DOH office for further information.
SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH).
MCL (Maximum contaminant Level): If the the contaminant amount exceeds the MCL, immediately contact your regional DOH office.
NA (Not Analyzed): in the amount column indicates this compound was not included in the current analysis.
ND (Not Detected): in the amount column indicates this compound was analyzed & not detected at a level greater than or
equal to the SRL.
<0.00X: indicates the compound was not detected in the sample. It also indicates that the laboratory used a method
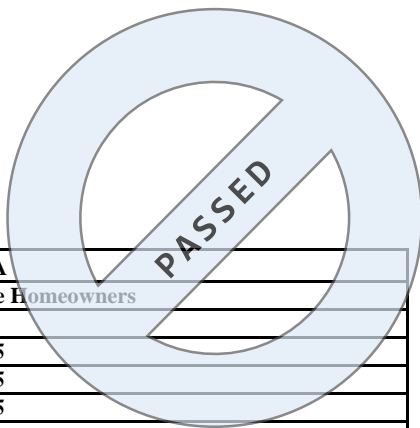detection level (lab mdl) lower than the SRL.

COMMENTS:

r:\drinkingh2o\cu_pb

ALS Environmental
1317 South 13th Avenue
Kelso, WA 98626

LCR TEST PANEL

LEAD and/or COPPER

for the **State of Washington**

Distribution System- Report of Analyses

PASSED

Lead and Copper Analyses (LCR)		System Group Type:	A
Water System ID Number:	**86470Y**	System Name:	**Surfside Homeowners**
Source: **S93**	(Distribution Samples)	County:	**Pacific**
Sample Purpose: (select appropriate box)		Date Received:	**09/09/15**
X	RC- Routine/Compliance	Date Analyzed:	**09/14/15**
	C- Confirmation	Date Reported:	**09/23/15**
	Investigative	COMMENTS:	**K1509919**
	Other(specify)		
Send Report To:	**Surfside Homeowners**	Bill To:	
	WA DOH		

(DOH#) Analyte	(0023) Copper	(0009) Lead
State Reporting Level (SRL)	0.02 mg/l	0.001 mg/l
Regulatory Action Level	1.3 mg/l	0.015 mg/l
Analytical Method/ Analyst's Initials	200.8/GJ	200.8/GJ

Lab Sample #	Date Collected	Sample Location	Copper mg/l	Lead mg/l
01791912	**09/09/15**	**30501 K. St**	**0.060**	**0.002**
01791913	**09/09/15**	**30100 X. Pl**	**0.005**	**<0.001**

NOTES:

AL (Federal Action Levels): are 0.015 mg/L for Lead and 1.3 mg/L for Copper. If the compounds detected at concentration in excess of this level, contact your regional DOH office for further information.

SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH).

MCL (Maximum contaminant Level): If the the contaminant amount exceeds the MCL, immediately contact your regional DOH office.

NA (Not Analyzed): in the amount column indicates this compound was not included in the current analysis.

ND (Not Detected): in the amount column indicates this compound was analyzed & not detected at a level greater than or equal to the SRL.

<0.00X: indicates the compound was not detected in the sample. It also indicates that the laboratory used a method detection level (lab mdl) lower than the SRL.

COMMENTS:

r:\drinkingh2o\cu_pb

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SOUTHWEST DRINKING WATER REGIONAL OPERATIONS
PO Box 47823, Olympia, Washington 98504-7823
TDD Relay 1-800-833-6388

September 4, 2015

Bill M. Neal, III
Post Office Box 618
Ocean Park, Washington 98640

Subject: Surfside Homeowners Association, ID #86470Y, Pacific County; Water System Plan,
             ODW Project #15-0601

Dear Mr. Neal:

Thank you for submitting the Water System Plan (WSP) for the above water system, received by the
Office of Drinking Water (ODW) on June 4, 2015. We have reviewed the WSP in accordance with the
pre-plan checklist, developed on March 27, 2014, and have the following comments that need to be
addressed before ODW can approve the WSP update:

Chapter 1 – Water System Description

1. Page 1-1, Scope of Work. The last sentence states that the State Environmental Policy Act
    (SEPA) requirements have been addressed. **Please include a copy of the SEPA Checklist and
    SEPA determination made by Pacific County.**

2. Page 1-2, Water Facilities Inventory (WFI) Form. **The WFI should be updated and signed.**

3. Page 1-28, Existing Service Area Characteristics. The Service Area Map is Figure 1-8. However,
    that map only shows the Surfside Water Service Area. **The WSP needs to show the Existing
    Service Area, Retail Service Area, and Future Service Area as well as the Water Rights Place
    of Use. Please show all of these areas and label them accordingly, on one map or separate
    maps.** Please see the enclosed fact sheet called "Municipal Water Suppliers Service Areas in
    Planning Documents" (DOH Publication #331-432).

4. Page 1-29, Zoning and Future Land Use. **The Local Government Consistency form should be
    referenced in this section and included here or in the Appendix.**

5. Page 1-34, Conditions of Service. The seventh bullet states, "Distribution of annual water quality
    and water use efficiency reports to all users of the water system." The Consumer Confidence
    Report is located in Appendix J. However, the water use efficiency reports to the consumers were
    not included. **Please include the water use efficiency reports that are sent to the consumers.**

Chapter 2 – Basic Planning Data

6. Page 2-7, Water System Connections History. The plan states that there are seven commercial
    connections. However, the WFI states there are only five commercial connections. **Please
    correct or clarify this discrepancy.**

Chapter 3 – Water System Analysis

7. Page 3-8, Table 3-2, Inorganic Chemical Sampling Results. The listed Water Quality data is five (5) years old. **Please update water quality data with the most recent sampling results.**

8. Page 3-12, Coliform Bacteria Monitoring. Both the Groundwater Rule and the Revised Total Coliform Rule (to be implemented in 2016) have impacts for groundwater systems, especially those with multiple wells. Please describe what impacts these Rules will have for this water system.

9. Page 3-39, Model Calibration. **Since the hydraulic model was calibrated using 2007 hydrant tests, please confirm that distribution pipe sizes did not change significantly between 2007 and 2015.**

10. Page 3-47, Table 3-23, Water System Capacity Limits. **Please clarify Note 3 for the Booster Pump Capacity and verify that this booster pump capacity of the maximum day demand plus fire flow (MDD+FF) is the installed booster pump capacity.**

Chapter 5 – Wellhead Protection Program

11. Page 5-13, Management Strategies. Three types of notifications are listed on Page 5-13 that are required under the Wellhead Protection Area (WHPA) program. 1) Notification to owners and operators of known or potential sources of contamination, including all lots with septic systems, 2) notification to regulatory agencies and local governments of the boundaries of the WHPA, and 3) notification to local emergency responders of the location of the WHPA are all required. **Please confirm that these letters have been sent out as well as provide examples of these letters and the list of names and addresses the letters were sent to.**

Chapter 8 – Improvement Program

12. Page 8-1, Treatment for DPB and Color Removal. Please comment on how the proposed treatment modifications may change the calculated treatment capacity in Table 3-23, Water System Capacity Limits.

Appendix I – Coliform Monitoring Plan

13. Part D. **Please list a Triggered Source sample site for Routine Sites X10, X11, and X12.**

14. Part H. **Please complete the "To Do List" so that each item can be checked in the affirmative category.**

Miscellaneous

15. **Please provide correspondence with any adjacent utilities and each local government with jurisdiction in order to assess consistency with ongoing and adopted planning efforts. See WAC 246-290-100(7).**

16. **Please provide the Surfside Homeowners Association Board action approving the WSP, minutes from the Board Meeting, and the minutes from the meeting with the consumers. See WAC 246-290-100(8).**

Bill M. Neal, III
September 4, 2015
Page 3

DEPARTMENT OF ECOLOGY

On June 5, 2015, a copy of this WSP was sent to the Department of Ecology (Ecology). Ecology has not issued comments on this WSP.

The Department's review of your WSP and design does not confer or guarantee any right to a specific quantity of water. Our review 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 represent, the number of approved connections may be reduced commensurate with the actual amount of water and your legal right to use it.

We ask that you submit three copies of the revised pages of the WSP. Please respond to all comments in the plan. To expedite the review of the revised WSP, please summarize the response to the comments and where each response is located (for example, page numbers, appendices, and so on).

Regulations establishing a schedule of fees for review of planning, engineering, and construction documents were adopted April 30, 2012 (WAC 246-290-990). An invoice for $3,705 is enclosed.

If you have any questions, please contact Mark Mazeski at (360) 236-3038 or Teresa Walker at (360) 236-3032.

Sincerely,

Mark J. Mazeski
Office of Drinking Water, Regional Planner

Teresa Walker, P.E.
Office of Drinking Water, Regional Engineer

Enclosures

cc: Karl Johnson, Gray and Osborne
        Mike Johnson, Gray and Osborne
        Pacific County Planning Division
        Pacific County Public Health Division
        Tammy Hall, Department of Ecology

10/12/2015

DOH Staff Name: Mark J. Mazeski **System Name:** Surfside Homeowners Association

Sublog Number: 15-0601 **County:** Pacific

Water System ID: 86470

Fixed Fee for Service

WATER SYSTEM PLANS

Project Type	Fee 1st Review	Fee 2nd Review	Approved? Number Hr 1st Review	Number Hr 2nd Review
(a)(1) Water system plan (new and updated plans) 1,000 to 9,999 Sevices	$3,705			
Total Water system plans	$3,705	$0	0	0

SATELLITE MANAGEMENT AGENCY (SMA) PLANS

Project Type	Fee 1st Review	Fee 2nd Review	Approved? Number Hr 1st Review	Number Hr 2nd Review
Total SMA	$0	$0	0	0

PROJECT REPORTS

Project Type	Fee 1st Review	Fee 2nd Review	Approved? Number Hr 1st Review	Number Hr 2nd Review
Total Project Reports	$0	$0	0	0

CONSTRUCTION DOCUMENTS

Project Type	Fee 1st Review	Fee 2nd Review	Approved? Number Hr 1st Review	Number Hr 2nd Review
Total Construction documents	$0	$0	0	0

EXISTING SYSTEM APPROVAL

Project Type	Fee 1st Review	Fee 2nd Review	Approved? Number Hr 1st Review	Number Hr 2nd Review
Total of Existing System approval	$0	$0	0	0

GROUP B AND OTHER EVALUATIONS AND APPROVALS

Project Type	Fee 1st Review	Fee 2nd Review	Approved? Number Hr 1st Review	No Number Hr 2nd Review
Total of Other evaluations and approvals	$0	$0	0	0
Total Fixed Fee for Service	**$3,705**	**$0**	**0**	**0**

Hourly fee for service	Fee	# Hr	System Size	
Total Invoice amount	**$3,705**	**$0**	**0**	**0**

			Total Invoices	Total Hours
	Summary		$3,705	0

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

Office of Drinking Water
INVOICE
Engineering, Planning, and Sanitary Survey Review Form

TO: WILLIAM (BILL) NEAL III
SURFSIDE HOMEOWNERS
31402 H STREET
OCEAN PARK WA 98640

Invoice Number	SW1388
Invoice Date	September 9, 2015
Billing Period	30 days SW

DATE	DESCRIPTION	QTY	COST	AMOUNT
6/4/15	REVIEW AND/OR APPROVAL OF PROJECT REPORT SURFSIDE HOMEOWNERS PACIFIC COUNTY WATER SYSTEM PLAN SUBMITTAL #: 15-0601	1	1	$3705.00
	DOH Share			-$0.00
	Total			$3705.00
	Payment due within 30 days. Interest shall accrue at 1% per month after 30 days.			

Make Checks Payable to Department of Health
Return Lower Portion to:
Department of Health
PO Box 1099
Olympia, WA 98507-1099

- - - - - ✂ - ✂ - - - - - - - - - - - - - - - - ✂ - - - - - - - -

Office of Drinking Water
Engineering, Planning, and Sanitary Survey Review Form

NAME	
SURFSIDE HOMEOWNERS	
INVOICE NUMBER	SW1388
INVOICE DATE	
9/9/2015	15-0601 SW
AMOUNT	
$3705.00	

DOH Form #331-332

Return to:
Department of Health
Revenue Section
PO Box 1099
Olympia, WA 98507-1099

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).

2 044129 00878

10/12/2015

From:	Russ Porter
To:	"Walker, Teresa (DOH)"
Cc:	"Phillips, Debbie (DOH)"; "Grimm, Regina (DOH)"; "Bill Neal"
Subject:	RE: surfside dbp pilot study Project No. 14-0104
Date:	Tuesday, September 15, 2015 4:20:23 PM
Attachments:	DBP Pilot Study Report.pdf

Teresa,

My responses to your comments on the Surfside pilot study are below. I have attached a pdf of the revised study and I will also send a hard copy for your files in the mail. Your comments are in italics and the response is after each comment.

1. *Distribution sampling for THMs in 2014 may not have been representative of actual THM levels. This is because the system performed aggressive flushing in sampling locations prior to sampling for THMs. In 2014 they were told to stop this practice. In 2015 the values for THMs increased significantly. Please use the most recent THM sampling values and revise Table 3.1 and note any other revisions to the data that higher THM values would require.*

The data from the first two quarters of 2015 have been added to Table 3.1. The ratio of MTTFP to compliance sample THMs for those two samples was approximately 0.3. The 0.3 value for the MTTFP:THM ratio is what has now been used throughout the revised report to predict THM values for water treated with carbon.

2. *Please comment on how you expect the reduction in MTTFP to correlate to a reduction in THMs? Do you expect with carbon filtration that THMs will drop below the MCL?*

It is expected that there is a direct correlation between UV 254 absorbance, and thus MTTFP, and distribution system THM values. This has been seen in other carbon installations that Gray & Osborne has designed. Given the relationship between the UV 254 absorbance after the carbon unit and after the ATEC unit, it would be expected that the THM level would be well below the MCL. The maximum UV absorbance seen from the pilot carbon unit was approximately 60 percent of that measured after the ATEC unit indicating that distribution system THMs would be expected to be about 60 µg/L at the highest given the distribution system THM level of approximately 100 µg/L measured during 2015 compliance sampling. After the biological activity was present and the post carbon unit UV absorbance decreased, the expected THM level would likely be closer to 30-45 µg/L. The conclusions on Page 3-7 have been modified to make this clearer.

3. *Were any actual THM values for post filtration taken and compared to either UV254 values or calculated MMFP results?   Could a simulated distribution system test be used for this purpose?*

The correlation between UV 254, MTTFP, and distribution system samples is based upon the data taken for compliance sampling in the distribution system and water samples taken after the ATEC filters. UV 254 data was taken frequently after the ATEC filters and one sample from the ATEC unit was sent to the lab for MTTFP along with the other MTTFP samples that were used for the relationship in Figure 3-2. The report conclusions for post-carbon levels are calculated from these

relationships. A simulated distribution system test could be used to confirm the possible reduction in THMs but we don't think it is necessary.

Please let me know if you have any further questions.
Russ Porter, P.E.
Gray & Osborne, Inc.
701 Dexter Ave N. Suite 200
Seattle WA, 98109
Ph(206)284-0860

From: Walker, Teresa (DOH) [mailto:Teresa.Walker@DOH.WA.GOV]
Sent: Monday, August 10, 2015 10:37 AM
To: rporter@g-o.com
Cc: Phillips, Debbie (DOH) <Debbie.Phillips@DOH.WA.GOV>; Grimm, Regina (DOH) <Regina.Grimm@DOH.WA.GOV>
Subject: surfside dbp pilot study Project No. 14-0104

Hi Russ,
I have reviewed the Surfside DBP pilot study along with Anna Vosa and have a few thoughts/questions:

1. Distribution sampling for THMs in 2014 may not have been representative of actual THM levels. This is because the system performed aggressive flushing in sampling locations prior to sampling for THMs. In 2014 they were told to stop this practice. In 2015 the values for THMs increased significantly. Please use the most recent THM sampling values and revise Table 3.1 and note any other revisions to the data that higher THM values would require.

2. Please comment on how you expect the reduction in MTTFP to correlate to a reduction in THMs? Do you expect with carbon filtration that THMs will drop below the MCL?

3. Were any actual THM values for post filtration taken and compared to either UV254 values or calculated MMFP results?   Could a simulated distribution system test be used for this purpose?

Teresa Walker, P.E., Regional Engineer
DOH Office of Drinking Water: SW Regional Operations, Environmental Health Division
Phone: 360-236-3032, Fax: 360-664-8058
After Hours Emergency Line: 877-481-4901
<<http://www.doh.wa.gov/ehp/dw/>>
Public Health - Always Working for a Safer and Healthier Washington

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

SOUTHWEST DRINKING WATER REGIONAL OPERATIONS

PO Box 47823, Olympia, Washington 98504-7823

TDD Relay 1-800-833-6388

```
In Re:                              )
                                    )
    Surfside Homeowners             )       NOTICE OF
    Pacific County                  )       VIOLATION
                                    )
    ID #86470 Y                     )
                                    )
_____)
```

To: Laura Frazier
     Surfside Homeowners Association
     31402 H Street
     Ocean Park, Washington   98640

     William Neal III
     Post Office Box 38
     Nahcotta, Washington   98637

                SUBJECT: Disinfection Byproducts (DBPs)
                Maximum Contaminant Level (MCL) Violation

     This Notice of Violation (NOV) is for failure to comply
with public water system regulations. See Washington
Administrative Code (WAC) 246-290-050(1).

     The Washington State Department of Health (Department)
notified you of what constitutes a violation on April 30, 2015.

STATEMENT OF VIOLATION

     WAC 246-290-025, 246-290-310(4)(b), and Title 40 Code of
Federal Regulations (CFR) 141.64(b)(2), and 141.620(c) require
Group A community public water systems to meet current MCL
standards for disinfection byproducts. After the first quarter
in 2015, your Locational Running Annual Average (LRAA) for TTHM
was 80.5 ug/l, which exceeds the MCL standard of 80.0 ug/l.
Your water system is in violation of the DBP rule and meets the
State Significant Non-Complier (SSNC) trigger criteria.

NOTICE OF VIOLATION   Page 1 of 3

If you believe this information is incorrect, please send a copy of your DBP sample results within fifteen (15) days of receipt of this notice to:

Gael Kantz
Office of Drinking Water
PO Box 47823
Olympia, Washington 98504-7823

REQUIRED ACTIONS

1. Quarterly Monitoring: You are required to continue to conduct quarterly monitoring for DBPs in accordance with WAC 246-290-300 and Title 40 CFR 141.625.

2. Public Notification (PN): You are required to notify your customers in accordance with Subpart A of Part 7 of chapter 246-290 WAC and to send a copy of the completed notice and certification to the Washington State Department of Health (Department) within 30 days from the date of this notice and every 90 days thereafter until compliance with the MCL is achieved. A PN template is enclosed; the mandatory PN language is bolded and in italics.

3. Mitigate DBP MCL exceedance: By September 17, 2018, demonstrate mitigation for the DBP MCL exceedance. Enclosed is a Bilateral Compliance Agreement (BCA). The BCA will allow your water system time to address DBP exceedances while maintaining your current operating permit category. Sign the enclosed BCAs, keep one copy for your records, and return one copy in the postage paid envelope by November 27, 2015.

CONSEQUENCES OF FAILURE TO TAKE REQUIRED ACTION

Failure to (1) enter into a BCA or (2) comply with its terms will cause your water system to become a state significant non-complier (SSNC) and the Department will designate your annual operating permit as red. See WAC 246-294-040. A category red permit may result in the denial of loans, building permits, and on-site sewage disposal permits for properties your system currently serves or plans to serve.

Continued failure to comply with the drinking water regulations will result in enforcement action by the Department or referral to the Environmental Protection Agency. The Department may also pursue legal remedies, which include civil

NOTICE OF VIOLATION

penalties of up to five thousand dollars ($5,000) per violation, per day, or in the case of a public health emergency, a penalty of not more than ten thousand dollars ($10,000) per violation, per day under authority of chapter 70.119A RCW. Each violation shall be a separate and distinct offense when determining the amount of penalty.

ADDITIONAL INFORMATION

You may request to extend the time period to achieve compliance for good cause by sending a written request to Gael Kantz at the address listed below within fifteen (15) days of the date of this notice. The Department will review the request and respond within fifteen (15) days of its receipt. The Department has no obligation to grant such requests.

Send all communications in connection with this notice to:

>Washington State Department of Health
>Southwest Regional Office
>PO Box 47823
>Olympia, Washington 98504-7823

For technical assistance, contact Teresa Walker, Regional Engineer, at (360) 236-3032 or write to the address listed above.

Referenced regulations can be found at:
CFR: http://www.ecfr.gov (browse for Title 40.141)
WAC: http://app.leg.wa.gov/wac/default.aspx?cite=246-290
RCW: http://app.leg.wa.gov/rcw/default.aspx?cite=70.119A

A Notice of Violation (NOV) is not a formal enforcement action, is not subject to appeal, and is a public record.

DATED this ___5___ day of October 2015, in Tumwater, Washington.

_____
Gael Kantz
Southwest Regional Compliance Program Manager

Enclosures

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SOUTHWEST DRINKING WATER REGIONAL OPERATIONS
PO Box 47823, Olympia, Washington 98504-7823
TDD Relay 1-800-833-6388

BILATERAL COMPLIANCE AGREEMENT
SURFSIDE HOMEOWNERS WATER SYSTEM AND
WASHINGTON STATE DEPARTMENT OF HEALTH

DOCKET #2015-BCA-0029

The following compliance agreement is hereby established between the Washington State Department of Health, Office of Drinking Water (hereafter, Department) and Surfside Homeowners Water System, ID #86470 Y, a Group-A Community water system in Pacific County (hereafter, Purveyor).

The purpose of this agreement is to keep the Purveyor in substantial compliance while they work on mitigating the Disinfection Byproducts (DBP) exceedance.

The Purveyor agrees to:

1. Disinfection Byproducts (DBPs) Monitoring. Continue conducting quarterly monitoring for DBPs in accordance with WAC 246-290-300 and Title 40 CFR 141. 625.

2. Public Notification. Continue notifying your customers every 90 days, in accordance with Subpart A of Part 7 of chapter 246-290 WAC that their drinking water exceeds DBP standards and send a copy of the completed notice and certification to the Department. Notification must be conducted until compliance with the maximum contaminant level (MCL) is achieved.

3. Mitigate DBP Maximum Contaminant Level (MCL) exceedance:

    a. By September 1, 2016, submit a project report and construction documents detailing the carbon treatment plant in accordance with WAC 246-290-110.

    b. By September 1, 2017, install the carbon treatment plant and provide construction completion report in accordance with WAC 249-290-120(5).

    c. By September 17, 2018, demonstrate compliance with the DBP drinking water standards.

The Department agrees to:

1. Respond to submittals. The Department shall review the Purveyor's submittals on the above items and develop any new agreements needed in response to those submittals.

2. <u>Defer any enforcement</u>. The Department shall defer any enforcement actions for this violation as long as the conditions of this agreement are being met.

3. <u>Mediation</u>. The Department shall intercede on behalf of the Purveyor with the United States Environmental Protection Agency (USEPA) for the violations addressed in this agreement as long as the conditions of this agreement are being met.

4. <u>Renegotiate agreement</u>. The Department agrees to renegotiate the level of activity of the schedules identified in this agreement if requested by the Purveyor.

5. <u>Terminate agreement</u>. The Department agrees to terminate this agreement if requested by the Purveyor.

It is understood that failure to comply with this agreement without reasons acceptable to the Department may result in the termination of this agreement and the issuance of a Notice of Correction or referral to the USEPA for enforcement. Failure to comply with a Notice of Correction may result in the imposition of penalties of up to $5000 per day, per violation.

All documents or reports required by this agreement, questions about compliance, and requests to modify this agreement shall be directed to Gael Kantz, Regional Compliance Manager, at PO Box 47823, Olympia, Washington 98504-7823.

Please include the docket number (2015-BCA-0029) in any submittals or correspondence regarding this BCA.

WASHINGTON STATE	**SURFSIDE HOMEOWNERS**
DEPARTMENT OF HEALTH	**REPRESENTATIVE**

Bonnie Waybright
_____
(*Signature*)

Bonnie Waybright, Regional Manager
_____
(*title*)

10-5-15
_____
(*date*)

(360) 236-3025
_____
(*phone*)

_____
(*Signature*)

_____
(*title*)

_____
(*date*)

_____
(*phone*)

BILATERAL COMPLIANCE AGREEMENT   Page 2 of 2

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SOUTHWEST DRINKING WATER REGIONAL OPERATIONS
PO Box 47823, Olympia, Washington 98504-7823
TDD Relay 1-800-833-6388

BILATERAL COMPLIANCE AGREEMENT
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WASHINGTON STATE DEPARTMENT OF HEALTH

DOCKET #2015-BCA-0029

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The purpose of this agreement is to keep the Purveyor in substantial compliance while they work on mitigating the Disinfection Byproducts (DBP) exceedance.

The Purveyor agrees to:

1. <u>Disinfection Byproducts (DBPs) Monitoring</u>. Continue conducting quarterly monitoring for DBPs in accordance with WAC 246-290-300 and Title 40 CFR 141. 625.

2. <u>Public Notification</u>. Continue notifying your customers every 90 days, in accordance with Subpart A of Part 7 of chapter 246-290 WAC that their drinking water exceeds DBP standards and send a copy of the completed notice and certification to the Department. Notification must be conducted until compliance with the maximum contaminant level (MCL) is achieved.

3. <u>Mitigate DBP Maximum Contaminant Level (MCL) exceedance</u>:

   a. By September 1, 2016, submit a project report and construction documents detailing the carbon treatment plant in accordance with WAC 246-290-110.

   b. By September 1, 2017, install the carbon treatment plant and provide construction completion report in accordance with WAC 249-290-120(5).

   c. By September 17, 2018, demonstrate compliance with the DBP drinking water standards.

The Department agrees to:

1. <u>Respond to submittals</u>. The Department shall review the Purveyor's submittals on the above items and develop any new agreements needed in response to those submittals.

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Please include the docket number (2015-BCA-0029) in any submittals or correspondence regarding this BCA.

WASHINGTON STATE DEPARTMENT OF HEALTH	SURFSIDE HOMEOWNERS REPRESENTATIVE

Bonnie Waybright
_____   _____
(Signature)   (Signature)

Bonnie Waybright, Regional Manager   _____
(title)   (title)

10-5-15
_____   _____
(date)   (date)

(360) 236-3025
_____   _____
(phone)   (phone)

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER
Disinfection Byproduct Levels Above Drinking Water Standards
Surfside Homeowners Water System (ID #86470) – Pacific County

Our water system recently violated a drinking water standard. Although this situation does not require that you take immediate action, as our customers, you have a right to know what happened, what you should do, and what we are doing to correct the situation.

We routinely monitor for the presence of drinking water contaminants. After four (4) quarters of sampling in 2014 and 2015, our system exceeds the maximum contaminant level (MCL) for Total Trihalomethanes (TTHMs). The MCL for TTHMs is 80 micrograms per liter (ug/L), while the average level of TTHMs in our water system over the last year was 80.5 ug/L.

What should I do?

- **You do not need to use an alternate (e.g., bottled) water supply.** However, if you have specific health concerns, consult your doctor.

What does this mean?

This is not an immediate risk. If it had been, you would have been notified immediately. However, you must consider the following health risks:

Total Trihalomethanes (TTHMs) – Some people who drink water containing trihalomethanes in excess of the MCL over many years may experience problems with their liver, kidneys, or central nervous system, and may have an increased risk of getting cancer.

What happened? What is being done?

[Describe corrective action.] We anticipate resolving the problem within [estimated time frame].

For more information, please contact _____ [Name] at _____ [Phone] or _____ [Mailing Address].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

Certification of PN Requirements

(To be completed by Water System)

This notice was:
- ☐ Mailed to all water users on _____ (date).
- ☐ Hand delivered to all water users on _____ (date).
- ☐ Published in newspaper. (copy attached).
- ☐ Posted at_____ on _____(date). *(BY DEPARTMENT APPROVAL ONLY.)*
- ☐ Other_____

SIGNATURE_____ DATED_____.

(SEND A COPY OF THIS COMPLETED PUBLIC NOTIFICATION TO: Regina Grimm, DRINKING WATER OPERATIONS;
PO Box 47823, Olympia, WA 98504-7823)

From:	Bill Neal
To:	Teresa Walker, Reginal Engineer
Cc:	Laura Frazier; James Flood
Subject:	Surfside HOA Water System
Date:	Friday, October 09, 2015 8:21:58 PM

Teresa,

Could you send me a copy of the "State Significant Non-Complier (SSNC) trigger criteria. I looked for it online and was not able to locate it on any of the DOH websites.

What I did find was a definition of a SSNC in WAC 246-290-010 (249) – Group A Public Water Supplies and another different albeit similar definition in WAC 246-294-010 (20) Drinking Water Operating Permits.

My concern is the Notice of Violation dated October 5, 2015 issued to Surfside states on page 1 that Surfside "*meets the State Significant Non-Complier (SSNC) trigger criteria.*" That sentence does not state that Surfside has been classified as a SSNC.

On reading the definitions in the above WAC's I would have to argue that the DBP violation has not and will not "*create an imminent or significant risk to human health.*" Please note the wording on your required notice to our customers for this violation, "*this is not an immediate risk. If it had been, you would have been notified immediately.*"

I agree that there is some evidence that exposure to high levels of DBP's poses an increased risk for health concerns but your own website states, "*Scientists have conducted studies on health effects of exposure to high levels of DBPs on laboratory animals. These studies have shown that several DBPs cause cancer in laboratory animals. In addition, some DBPs cause undesirable effects in the animals' growth and reproduction. It is, however, difficult to estimate how the results of these high dosage studies on laboratory animals can be applied to low dosage, long-term exposure for humans.*

Scientists have also studied the relationship between drinking chlorinated water and cancer rates. Some of these studies suggest an increased cancer risk to those using chlorinated drinking water, while others found no increased risk. Other studies that investigate whether chlorinated drinking water has an effect on reproduction and development also show inconsistent results. At the present time, the U.S. Environmental Protection Agency (EPA) does not believe there is enough evidence to state conclusively that DBPs cause these types of health effects. Research on the health effects of DBPs is not complete and the federal government continues funding research on this topic." Exposure to low levels of DBP's may poses an increased health risk but it appears that it is not conclusive.

Considering the above, it would be very difficult for a rational person to conclude this violation reaches the level of being an "*imminent or significant risk to human health*".

I would also have to argue that the violations have not been repeated and there certainly has not been a failure on Surfside's part to "*address the exceedance of permissible levels of regulated contaminants.*" Surfside has spent thousands of dollars on DBP reduction measures over the last five years. In 2010 Surfside hired Jerome W Morrissette & Associates, Inc. to address DBP exceedance violations. To address Bilateral Compliance Agreement No. 2010-BCA-0007, JWM & Assc. Submitted ODW Project #10-0303 on March 12, 2010 which included the installation of a KM_nO_4 saturator to reduce the chlorine dose required by the ATEC Iron removal filter. 2010-BCA-0007 also included the installation of 55 water main blow-offs to increase flushing of dead end water mains. With the reduced chlorine and increased flushing the DBP's reduced dramatically. The ODW terminated 2010-BCA-0007 on January 10, 2011 and approved ODW Project #10-0303 on July 14, 2011.

By July 2012 It became apparent that the flushing schedule and maintaining just a trace chlorine residual in the distribution system required to keep the DBP's below the MCL was not a viable long-term solution to Surfside's DBP problem. The DBP levels were creeping up to close to the MCL level for TTHM. Surfside subsequently hired Gray & Osborne to conduct a DBP reduction pilot study. Russ Prior P.E. was the project manager. Surfside was working proactively as there was no violation or bilateral agreement. Working under ODW Project #14-0104 Gray and Osborne started the DBP Reduction Pilot Study in April, 2014 and submitted a final report to the ODW for review in June 2015.

Considering the above, I do not see how any objective person could conclude that Surfside has "*failed to address the exceedance of permissible levels of regulated contaminants.*"

Surfside continues to be committed to the installation of a treatment plant that will be a reduce the DBP's too well below the MCL consistently and reliably. Considering the measures engineered by JWM & Assc. proved to be "not the answer", Surfside's Board of Trustees are understandably skeptical and want to proceed cautiously, prudently, and with deliberation.

After that long and overly wordy background my concern is this. Has or will Surfside's be classified as a SSCN and has or will their Operating Permit be changed to Red? As the Water System Manager I cannot accept a classification as a SSCN without a much better explanation how our actions equal the definition in the above referenced WAC's. In addition, I do not see how this violation could translate into an Operating Permit level below Yellow.

William "Bill" Neal
General Manager
North Beach Water District
bneal@northbeachwater.com
360.665.4144

DRINKING WATER OPERATING PERMITS

Chapter Listing

WAC Sections

246-294-001
Purpose.

This chapter implements chapter **70.119A** RCW and sets operating permit requirements to help assure Group A water systems provide safe and reliable drinking water to the public consistent with chapter **246-290** WAC, state board of health drinking water regulations and chapter **246-292** WAC, water works operator certification regulations.

[Statutory Authority: Chapter **70.119A** RCW. WSR 04-06-047, § 246-294-001, filed 3/1/04, effective 4/1/04; WSR 93-03-047 (Order 325), § 246-294-001, filed 1/14/93, effective 2/14/93.]

246-294-010
Definitions, abbreviations, and acronyms.

The definitions, abbreviations, and acronyms in this section apply throughout this chapter unless the context clearly indicates otherwise.

(1) **"Adequacy"** means an assessment, based upon evaluation of the department's records, of a water system's current ability to provide safe and reliable drinking water in accordance with applicable drinking water statutes and regulations.

(2) **"Community water system"** means any Group A water system:

(a) With fifteen or more services used by residents for one hundred eighty or more days within a calendar year, regardless of the number of people; or

(b) Regularly serving twenty-five or more residents for one hundred eighty or more days within the calendar year, regardless of the number of services.

(3) **"Department"** means the Washington state department of health.

(4) **"Drinking water regulations"** means the provisions of chapter **70.119A** RCW, chapter **246-290** WAC, state board of health drinking water regulations and chapter **246-292** WAC, water works operator certification regulations, that help assure Group A public water systems provide safe and reliable drinking water.

(5) **"Dwelling unit"** means a structure, or unit within a structure, with independent living facilities for one or more persons that include permanent provisions for living, sleeping, eating, cooking, and sanitation. A dwelling

unit includes, but is not limited to:

(a) A single family residence; or

(b) Each unit of an apartment building or multifamily building.

(6) **"EPA"** means the Environmental Protection Agency.

(7) **"ERU (equivalent residential unit)"** means a system-specific unit of measure used to express the amount of water consumed by a typical full-time single family residence.

(8) **"Group A water systems"** are defined as community and noncommunity water systems.

(a) Community water system means any Group A water system providing service to fifteen or more service connections used by year-round residents for one hundred eighty or more days within a calendar year, regardless of the number of people, or regularly serving at least twenty-five year-round (i.e., more than one hundred eighty days per year) residents.

(b) Noncommunity water system means a Group A water system that is not a community water system. Noncommunity water systems are further defined as:

(i) **Nontransient** (NTNC) water systems that provide service opportunity to twenty-five or more of the same nonresidential people for one hundred eighty or more days within a calendar year.

(ii) **Transient** (TNC) water systems that serve:

(A) Twenty-five or more different people each day for sixty or more days within a calendar year;

(B) Twenty-five or more of the same people each day for sixty or more days, but less than one hundred eighty days in a calendar year; or

(C) One thousand or more people for two or more consecutive days within a calendar year.

(9) **"MCL (maximum contaminant level)"** means the maximum permissible level of a contaminant in water the purveyor delivers to any public water system user, measured at the locations identified under WAC **246-290-300**, Table 3.

(10) **"Nonresident"** means a person having access to drinking water from a public water system who lives elsewhere. Examples include travelers, transients, employees, students, etc.

(11) **"Nonresidential service connection"** means a connection to a public water system that provides potable water including, but not limited to a:

(a) Commercial property;

(b) Industrial property;

(c) Civic property;

(d) Municipal property;

(e) Institutional property;

(f) School; or

(g) Other authorized use that provides potable water to a nonresidential population.

(12) **"NTNC"** means nontransient noncommunity.

(13) **"Owner"** means any agency, subdivision of the state, municipal corporation, firm, company, mutual or cooperative association, institution, partnership, or person or any other entity, that holds as property, a public water system.

(14) **"Public water system"** means any system, providing water for human consumption through pipes or other constructed conveyances, excluding a system serving only one single-family residence and a system with four or fewer connections all of which serve residences on the same farm. The term includes:

(a) Collection, treatment, storage, and/or distribution facilities under control of the purveyor and used primarily in connection with the system.

(b) Collection or pretreatment storage facilities not under control of the purveyor, but primarily used in connection with the system.

(15) **"Recreational service connection"** means a connection to a public water system that provides potable water to each:

(a) Campsite; or

(b) Recreational vehicle site.

(16) **"Resident"** means an individual living in a dwelling unit served by a public water system.

(17) **"Residential service connection"** means a connection to a public water system that provides potable water to a dwelling unit. When the service connection provides water to a residential population without clearly defined dwelling units, the following formulas are used to determine the number of residential service connections to be included on the WFI form:

Page 55 of 61

(a) Divide the average population served each day by two and one-half; or

(b) Using actual water use data, calculate the total ERUs represented by the service connection in accordance with department design guidance.

(c) The calculated number of services is not less than one.

(18) **"SMA (satellite management agency)"** means an individual, purveyor, or entity that is approved by the department in accordance with chapter 246-295 WAC to own or operate more than one public water system on a regional or county-wide basis, without the necessity for a physical connection between such systems.

(19) **"Service connection"** means a residential, nonresidential, or recreational service connection as defined in this section.

(20) **"SSNC (state significant noncomplier)"** means a system that is violating or has violated department rules, and violations may create, or have created an imminent or a significant risk to human health. Such violations include, but are not limited to, repeat violations of monitoring requirements, failure to address exceedance of permissible levels of regulated contaminants, failure to comply with treatment technique standards or requirements, failure to comply with water works operator certification requirements, or failure to submit to a sanitary survey.

(21) **"TNC"** means transient noncommunity.

(22) **"WFI (water facilities inventory)"** means the department form summarizing each public water system's characteristics.

[Statutory Authority: RCW 70.119A.110. WSR 12-05-079, § 246-294-010, filed 2/16/12, effective 3/18/12. Statutory Authority: Chapter 70.119A RCW. WSR 04-06-047, § 246-294-010, filed 3/1/04, effective 4/1/04; WSR 93-03-047 (Order 325), § 246-294-010, filed 1/14/93, effective 2/14/93.]

246-294-020
Applicability.

Owners of all Group A water systems shall obtain an annual operating permit from the department for each system owned. The operating permit shall be valid until the next renewal date in accordance with WAC 246-294-050. Any change in ownership of the permitted system shall require a new permit in accordance with WAC 246-294-060.

[Statutory Authority: Chapter 70.119A RCW. WSR 04-06-047, § 246-294-020, filed 3/1/04, effective 4/1/04; WSR 93-03-047 (Order 325), § 246-294-020, filed 1/14/93, effective 2/14/93.]

246-294-030
Application and issuance of operating permits.

(1) No person may operate and no owner shall permit the operation of a Group A water system unless the owner annually submits an application along with the required fee to the department and the department has issued an operating permit to the system owner. Any owner operating a system may continue to operate until the department takes final action on granting or denying the operating permit, in accordance with WAC 246-294-050.

(2) The department shall mail an application to water systems annually using a schedule that is based on the size and type of water system.

(3) In addition to the regularly scheduled issuance of annual operating permits, new or revised operating permits shall be required when:

(a) The owner of a new Group A system receives all required department approvals relating to water system operation (see WAC 246-294-030(4)); or

(b) Ownership of a Group A system changes (see WAC 246-294-060).

(4) The department may also issue a revised operating permit when there is a change in a systems compliance that necessitates a change to a different permit category.

(5) New Group A systems shall be sent operating permit applications at the time construction documents are submitted to the department for approval. The deadline for submitting the completed application and full payment to the department shall be the same date as:

(a) The *Construction Completion Report* required by WAC **246-290-120**(5); or

(b) The existing system as-built approval required by WAC **246-290-140**.

(6) Initial and renewal applications shall be based on information from the most recent WFIs on file with the department, and sent to owners on an annual basis. In the case of a SMA, the department will send a complete list of systems owned, along with the corresponding system identification numbers. The SMA shall verify the information, make corrections or additions and then return the list with the application.

(7) Upon receipt of the application, the owner or other legally authorized person shall:

(a) Complete portions of the form which need completing;

(b) Ensure that information on the form is accurate;

(c) Sign the form; and

(d) Return the application to the department within seventy days of the department's mailing date, accompanied by the applicable fee.

(8) The applicable fee shall be in the form of a check or money order made payable to the "Department of Health" or successor organization as designated by the department and mailed in accordance with the directions on the application.

(9) Systems which do not return operating permit applications along with the required fee by the deadline specified on the notice shall:

(a) Not be issued an operating permit; and

(b) Be subject to the enforcement provisions in WAC **246-294-090**.

(10) The department shall add an additional late charge to the applicable fee as listed in Table 2 of WAC **246-294-070** if the owner fails to return the completed application with applicable fee to the department within seventy days of the department's mailing date.

(11) The department shall review each submitted application. Any changes made on the application by the applicant shall be evaluated by the department and may result in an update of the system's WFI form, which would be reflected on the next renewal application.

(12) If after issuing an operating permit, the department determines that the permit holder has made false statements, the department may, in addition to taking other actions provided by law, revise both current and previously granted permit fee determinations and charge the owner accordingly.

(13) If the department discovers that an owner has been operating a system without an operating permit and such system is covered by the requirements of this chapter, the department may charge the owner an operating permit fee plus permit fees owed for each year, including late fees, since the effective date of this chapter.

[Statutory Authority: RCW **70.119A.110**. WSR 12-05-079, § 246-294-030, filed 2/16/12, effective 3/18/12. Statutory Authority: Chapter **70.119A** RCW. WSR 04-06-047, § 246-294-030, filed 3/1/04, effective 4/1/04; WSR 93-03-047 (Order 325), § 246-294-030, filed 1/14/93, effective 2/14/93.]

246-294-040
Operating permit categories.

(1) The department shall evaluate and place each system into one of the categories in subsection (2) of this section. Each permit shall clearly identify the category into which the system is placed.

(2) The department will use the criteria from drinking water regulations to evaluate systems and place them into the following operating permit categories:

(a) Category green. This category represents systems that are in substantial compliance with drinking water regulations. The department considers systems in this category as adequate for existing uses and adding new service connections up to the number of approved service connections.

(b) Category yellow. This category represents systems that are substantially in compliance with drinking water regulations, except that the system:

(i) Has been notified of the water system planning provisions of WAC **246-290-100** and has failed to satisfy

the requirements; and/or

(ii) Is a <mark>state significant noncomplier</mark> that has signed a compliance agreement with the department to resolve the violations and is acting in accordance with the compliance agreement.

The department considers systems in the yellow category as adequate for existing uses and new service connections up to the number of approved service connections unless otherwise limited by a compliance agreement.

(c) Category blue. This category represents systems that are substantially in compliance with drinking water regulations except that the system:

(i) Does not meet the design approval requirements of WAC **246-290-120** and **246-290-140**; or

(ii) Has exceeded the number of department approved service connections.

The department considers systems in this category as adequate for existing uses but are not considered adequate for adding new service connections.

(d) Category red. This category represents systems that are substantially out of compliance with drinking water regulations. The department will place a system in this category if it is:

(i) A <mark>state significant noncomplier</mark> and has not signed a compliance agreement with the department or has signed a compliance agreement but is not acting in accordance with the compliance agreement; or

(ii) In violation of a departmental order; or

(iii) Under a departmental order for violations that pose an imminent threat to public health.

The department considers systems in this category inadequate for existing uses and for additional service connections.

[Statutory Authority: Chapter **70.119A** RCW. WSR 04-06-047, § 246-294-040, filed 3/1/04, effective 4/1/04; WSR 93-03-047 (Order 325), § 246-294-040, filed 1/14/93, effective 2/14/93.]

246-294-050
Permit issuance.

(1) The department shall grant or deny the operating permit within one hundred twenty days of receiving a completed application and full payment.

(2) Issuance of an operating permit means that the owner may operate the permitted system until the date specified on the permit unless protection of the public health, safety, and welfare requires immediate response or the imposition of conditions.

(3) At the time of permit issuance, the department may impose permit conditions and compliance schedules that the department determines are necessary to ensure that the system will provide safe and reliable drinking water, consistent with the provisions of chapters **246-290** and **246-292** WAC.

(4) The department may modify an operating permit at any time based on review of the evaluation criteria in WAC **246-294-040**(2). If the department modifies a permit, the department will send the owner a revised permit with the same expiration date. The department will also notify the appropriate local jurisdiction of the change in status.

(5) The department may revoke an operating permit or deny an operating permit application if the department determines that the system operation constitutes or may constitute a public health hazard to consumers.

(6) When the department takes action to deny, condition, modify, or revoke an operating permit, the department shall follow the steps outlined in RCW **43.70.115**.

(7) An operating permit applicant may file an appeal under chapter **34.05** RCW, if the department denies, conditions, modifies, or revokes the operating permit. To appeal a department action, the owner shall submit to the department a written appeal within twenty-eight days of receiving the adverse notice.

The appeal shall state:

(a) The issue or issues and law involved; and

(b) The basis for appealing the department's decision.

(8) Any owner that requests a hearing under chapter **34.05** RCW may continue to operate the system until the department issues a final departmental decision, unless the department determines protection of the public health, safety, and welfare requires summary action.

[Statutory Authority: Chapter **70.119A** RCW. WSR 04-06-047, § 246-294-050, filed 3/1/04, effective 4/1/04; WSR 93-03-047 (Order 325), § 246-294-050, filed 1/14/93, effective 2/14/93.]

246-294-060
Transfer of ownership.

(1) A prospective new owner of a Group A water system may not take possession of the system without first obtaining a new operating permit.

(2) The department shall send an application to the prospective new owner when the department is notified of transfer of ownership in accordance with WAC **246-290-035**(2). The new owner shall proceed with the permit process under WAC **246-294-030**.

(3) The department shall not charge a fee for a new permit resulting from a change in ownership. The permit shall be effective from the date of issuance by the department until the next scheduled permit renewal date, at which time the department will charge a renewal fee.

(4) This section applies to the prospective owner, and the requirements of WAC **246-290-035**(2) apply to the owner transferring the system.

[Statutory Authority: Chapter **70.119A** RCW. WSR 04-06-047, § 246-294-060, filed 3/1/04, effective 4/1/04; WSR 93-03-047 (Order 325), § 246-294-060, filed 1/14/93, effective 2/14/93.]

246-294-070
Fees.

(1) The fees for Group A water system operating permits are authorized under RCW **70.119A.110** and are listed in Table 2.

TABLE 2
OPERATING PERMIT FEES

Classification	2012	2013	2014 and following years
Base fee for all water systems	$100.00	$100.00	$100.00
Per connection fee:			
14 or fewer services	$0.65	$0.98	$1.30
15 - 99 services	$0.63	$0.94	$1.25
100 - 499 services	$0.60	$0.90	$1.20
500 - 999 services	$0.58	$0.86	$1.15
1,000 - 9,999 services	$0.55	$0.83	$1.10
10,000 - 95,000 services	$0.53	$0.79	$1.05
95,001 or more services	$50,000.00 per year	$75,000.00 per year	$100,000.00 per year
SMA	Use the per connection fee amount above to calculate the fee based on total number of all	Use the per connection fee amount above to calculate the fee based on total number of all	Use the per connection fee amount above to calculate the fee based on total number of all

10/12/2015	service connections owned plus a $100 base fee	service connections owned plus a $100 base fee	service connections owned plus a $100 base fee
Late fee (late fee is charged seventy days after the department mails the renewal application)	Add 10% to applicable fee or $25.00, whichever is greater	Add 10% to applicable fee or $25.00, whichever is greater	Add 10% to applicable fee or $25.00, whichever is greater

(2) For purposes of determining the operating permit fee, service connections shall be counted as follows:

(a) For community water systems, the operating permit fee is based on the total number of residential service connections and nonresidential service connections.

(b) Nonresidential service connections are counted as one service connection for each property as defined in WAC **246-294-010**(11) regardless of how many buildings are on the property.

(3) For NTNC and TNC systems, owners shall pay the fee in Table 2 based on equivalent number of service connections. Population information used in calculating equivalent number of service connections shall come from the WFI. The department shall use the following formulas to determine equivalent number of service connections:

(a) For NTNC populations, divide the average population served each day by two and one-half; and

(b) For TNC populations, which include recreational service connections, divide the average population served each day by twenty-five.

[Statutory Authority: RCW **70.119A.110**. WSR 12-05-079, § 246-294-070, filed 2/16/12, effective 3/18/12. Statutory Authority: Chapter **70.119A** RCW. WSR 04-06-047, § 246-294-070, filed 3/1/04, effective 4/1/04; WSR 93-03-047 (Order 325), § 246-294-070, filed 1/14/93, effective 2/14/93.]

246-294-080
Public notification.

An owner issued a category red operating permit shall notify the water system users in accordance with WAC **246-290-71001**, **246-290-71003**, and **246-290-71004**.

[Statutory Authority: Chapter **70.119A** RCW. WSR 04-06-047, § 246-294-080, filed 3/1/04, effective 4/1/04; WSR 93-03-047 (Order 325), § 246-294-080, filed 1/14/93, effective 2/14/93.]

246-294-090
Enforcement.

The department may initiate appropriate enforcement actions if an owner is out of compliance with these rules or any applicable drinking water regulations. These actions may include any one or combination of the following:

(1) Issuance of informal letters instructing or requiring appropriate corrective measures; or

(2) Issuance of a compliance agreement or schedule; or

(3) Issuance of departmental orders requiring any person to apply for an operating permit as required by these rules and RCW **70.119A.110** or to comply with applicable drinking water regulations imposed as part of an operating permit; or

(4) Issuance of civil penalties for up to five thousand dollars per day per violation for failure to comply with departmental orders issued in accordance with subsection (3) of this section; or

(5) Legal action by the attorney general or local prosecutor.

[Statutory Authority: Chapter **70.119A** RCW. WSR 04-06-047, § 246-294-090, filed 3/1/04, effective 4/1/04; WSR 93-03-047 (Order 325), § 246-294-090, filed 1/14/93, effective 2/14/93.]

246-294-100
Severability.

If any provision of this chapter or its application to any person or circumstances is held invalid, the remainder of this chapter, or the application of the provision to other persons or circumstances, shall not be affected.

[Statutory Authority: Chapter **70.119A** RCW. WSR 93-03-047 (Order 325), § 246-294-100, filed 1/14/93, effective 2/14/93.]