



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

January 17, 2020

Rick Gray
North Beach Water
Post Office Box 618
Ocean Park, Washington 98640

Subject: North Beach Water, ID #630000, Pacific County; October and November 2019
Level 2 Assessment Response & Directive Letter

Dear Rick Gray:

Thank you for providing the Office of Drinking Water (ODW) with the completed Level 2 Assessments as required by the coliform Treatment Technique Triggers in October and November 2019. We find the assessments to be adequate. No likely cause was identified in either assessment that would lead to system wide contamination. Since no sanitary defects were identified, you must install and maintain disinfection treatment permanently to reduce bacteriological contamination risk in the distribution system.

By February 15, 2020, submit:

- Documentation that disinfection treatment has been installed at both the North and South wellfields. Disinfection reports documenting a detectable chlorine residual (0.2 milligrams per liter (mg/L) or greater) throughout the distribution system on the enclosed report.

By **May 31, 2020**, submit a project report and construction documents for the treatment that is installed at both treatment plants.

Please note that this letter replaces the previous directive letter issued on August 9, 2019, and eliminates the requirement for the Corrective Action Plan which was approved on October 28, 2019. A pilot study is not necessary at this point. Disinfection By-Product monitoring will indicate whether additional treatment will be necessary.



Rick Gray
January 17, 2020
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If you have any questions, please call me at (360) 236-3032 or by e-mail at teresa.walker@doh.wa.gov, or Nick Fitzgerald at (360) 236-3037 or by e-mail at nick.fitzgerald@doh.wa.gov.

Sincerely,



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

Enclosures

cc: Shawn Humphreys, Pacific County Community Development
Nick Fitzgerald, ODW
Charese Gainor, ODW
Gael Kantz, ODW



DISTRIBUTION CHLORINE RESIDUAL REPORT FORM

Water System Name North Beach Water		Month/Year	
County: Pacific	ID#: 63000.0	Report submitted by	
Treatment Plant #: 63000001 & 002		Operator Certificate#	
Requirements:		Telephone #	
Cl₂ Residual: 0.2 mg/L in distribution	Signature:		
Monitoring required: 5 days per week			

Date	Water Production Gallons or ft ³	Chlorine Solution Used		Treated Water Quality			
	Source Meter Reading	Tank Level (Gallons/Pounds)	Volume Used (Gallons/Pounds)	Distribution Cl ₂ Residual (mg/L)	Distribution Sample Location	Troubleshooting Notes Also record additional residual readings following a low or zero residual reading	Sampler Initial
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Total	0			0	← Total number of measurements collected		
Max				0.00			
Min				0.00			

Please keep a copy for your records and send report by the 10th of the following month to your Regional Office.
See instructions page.