

April 28, 2017 Sandra Bodamer King Water Co Po BOX 2243 Oak Harbor, WA 98277	West Beach Rd ID #17970	
	County:	Island
	System Type:	Group A Community
	Operating Permit Color:	Green
	Surveyor:	Virpi Salo-Zieman
	Inspection Date:	April 25, 2017

Thank you and Jim Patton for meeting with me to conduct a sanitary survey of this water system. Sanitary surveys are the Office of Drinking Water's (ODW) way to inspect public water systems through a field visit. ODW is also able to offer technical assistance to help utilities improve their system operations and ensure that public health is protected.

This report documents the findings of this survey. Your water system appears in good condition and significantly improved since the last survey in 2014. The improvements include coating of the reservoir roof, replacing the reservoir vent and water level cable system, resealing of the reservoir hatch, installation of a new iron and manganese treatment system, moving the back-up generator away from the sanitary control area, and installing a new well pump. This is quite the list of improvements in three years.

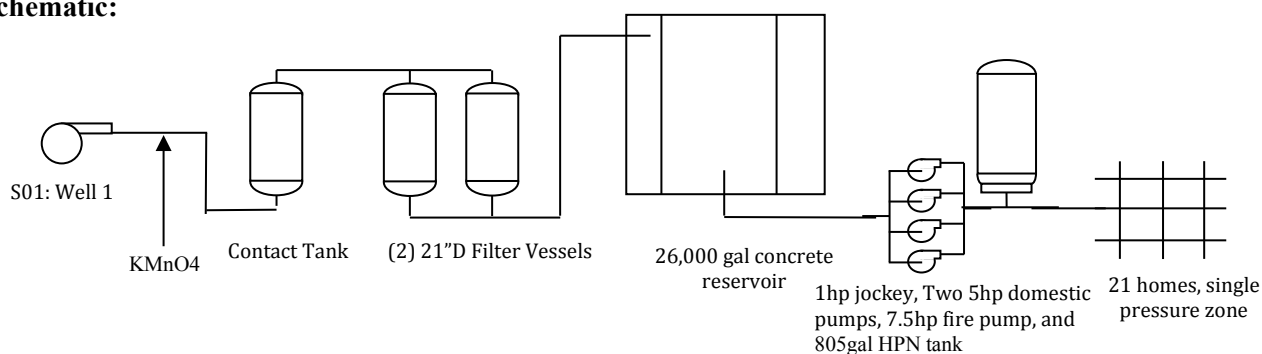
During this survey, I did not observe any significant deficiencies or findings that would need your immediate attention.

SYSTEM INFORMATION

West Beach Rd water system is located northwest of Coupeville, just north of Sierra Country Club and Seawest water systems. The system serves 21 residential connections and about 50 people and has been approved to serve 25 connections. The water system is an association governed by an elected board. The water system has maintained a contract with King Water Company to operate and maintain the water system.

Water is supplied by one well. Water is treated to remove iron and manganese and is then led to the system's 26,000 gallon reservoir from where it is pumped to all customers. The water demand in the system is typically less than 4,000gpd. Average daily demand was 178gpd/ERU in 2015 and 188gpd/ERU in 2016. The design values for the system are average day demand of 350gpd/ERU, maximum day demand of 800gpd/ERU and peak hourly demand of 73gpm. Additionally, the system is designed to provide residential fire flow. Water rights appear as 20gpm and 16 AFY.

Schematic:



SECTION 1: SOURCE

S00	Name	Description	Ecology Tag	SWI* Class
01	AGA969 well 1	Drilled in 1984, 287ft deep well with 1 st open interval at 282ft, 18' surface seal, Pumping capacity of 20gpm, well pump replaced in 2016		Very high

* SWI classification based on Island County Seawater Intrusion Code.

WELLHEAD	S01
	Yes No
System has well log	<input checked="" type="checkbox"/> <input type="checkbox"/>
*Wellcap sealed	<input checked="" type="checkbox"/> <input type="checkbox"/>
*Openings sealed	<input checked="" type="checkbox"/> <input type="checkbox"/>
*Vent screened	<input checked="" type="checkbox"/> <input type="checkbox"/>
Terminates 6" above grade	<input checked="" type="checkbox"/> <input type="checkbox"/>
*Protected from flooding	<input checked="" type="checkbox"/> <input type="checkbox"/>
Source meter	<input checked="" type="checkbox"/> <input type="checkbox"/>
**Raw water sample tap	<input checked="" type="checkbox"/> <input type="checkbox"/>
**Protected from unauthorized access	<input checked="" type="checkbox"/> <input type="checkbox"/>
Structure in good condition	<input checked="" type="checkbox"/> <input type="checkbox"/>
*SCA has no unmitigated contaminants	<input checked="" type="checkbox"/> <input type="checkbox"/>
**Protected from physical damage	<input checked="" type="checkbox"/> <input type="checkbox"/>
Frequency of routine site visit	2x/week
Frequency of source meter reading	2x/week

WELL PUMP EQUIPMENT	S01
	Yes No
*Functional and reliable pump and pump controls	<input checked="" type="checkbox"/> <input type="checkbox"/>
*Pump control valve or vacuum relief valve with a protected air gap at discharge	<input checked="" type="checkbox"/> <input type="checkbox"/>

WELL PUMP EQUIPMENT	S01
	Yes No
Generator available	<input checked="" type="checkbox"/> <input type="checkbox"/>
Generator has automatic startup	<input type="checkbox"/> <input checked="" type="checkbox"/>
Generator fuel source	gasoline

EMERGENCY SOURCES - none

SECTION 2: DISINFECTION – not practiced

SECTION 3: OTHER TREATMENTS

Potassium permanganate oxidation and greensand plus filtration. After permanganate addition, there is a 120-gallon contact tanks followed by twin 21” diameter filter vessels. The treatment is sized for 24gpm. Backwash takes place every 2,100gallons of treated water and includes 6 min backwash (at 13gpm/ft²), 45 min rinse cycle with potassium permanganate and 5min rinse. One filter remains in service while the other one is being backwashed. Backwash water is discharged on a little swale covered with river rocks near the road ditch.

Finished water is tested for iron and manganese on a weekly basis and the results have been variable, but remained below the MCLs. Higher results can be expected by the end of a filter run. The raw water is very high in iron and manganese.

#	Treatment Process	Chemical Added	Purpose	On WFI Yes No*	Location in system
1	Oxidation and filtration	Potassium permanganate	Iron and manganese removal	<input checked="" type="checkbox"/> <input type="checkbox"/>	Pump house

TREATMENT	1
	Yes No
*Operated & maintained properly	<input checked="" type="checkbox"/> <input type="checkbox"/>
*RPBA or air gap at water fill line to chemical tank	<input checked="" type="checkbox"/> <input type="checkbox"/>
**Post treatment sample tap	<input checked="" type="checkbox"/> <input type="checkbox"/>
Schematic of treatment facilities available	<input checked="" type="checkbox"/> <input type="checkbox"/>
Adequate testing equipment available and used	<input checked="" type="checkbox"/> <input type="checkbox"/>
Test kit calibrated and maintained properly	<input type="checkbox"/> <input type="checkbox"/>
Chemical feed proportional to flow	<input checked="" type="checkbox"/> <input type="checkbox"/>
**Approved chemicals used	<input checked="" type="checkbox"/> <input type="checkbox"/>

SECTION 4: DISTRIBUTION SYSTEM

One dead-end line of 6" PVC with three hydrants and blow-off at the end. System is designed to provide fire flow.

FEATURES	Yes No
Service area and facility map	<input checked="" type="checkbox"/> <input type="checkbox"/>
Minimum pressure requirements met	<input checked="" type="checkbox"/> <input type="checkbox"/>
Service meters - reading frequency (quarterly)	<input checked="" type="checkbox"/> <input type="checkbox"/>
Leak detection program	<input checked="" type="checkbox"/> <input type="checkbox"/>
Water system leakage (%)	4.7%
Number of breaks within last year	none
Main break response protocol	<input checked="" type="checkbox"/> <input type="checkbox"/>
Adequate valving for flushing and pipe repair	<input checked="" type="checkbox"/> <input type="checkbox"/>
Blow-offs on dead ends	<input checked="" type="checkbox"/> <input type="checkbox"/>
Routine flushing – frequency (quarterly)	<input checked="" type="checkbox"/> <input type="checkbox"/>
Routine valve exercise – frequency (quarterly)	<input checked="" type="checkbox"/> <input type="checkbox"/>

CROSS CONNECTION CONTROL (Community Systems)	Yes No
System has enabling authority	<input checked="" type="checkbox"/> <input type="checkbox"/>
Ongoing hazard inspections	<input checked="" type="checkbox"/> <input type="checkbox"/>
High hazards identified	<input checked="" type="checkbox"/> <input type="checkbox"/>
High hazards protected	<input checked="" type="checkbox"/> <input type="checkbox"/>
Annual testing	<input checked="" type="checkbox"/> <input type="checkbox"/>
System has installation standards	<input checked="" type="checkbox"/> <input type="checkbox"/>
CCS on staff or under contract	<input checked="" type="checkbox"/> <input type="checkbox"/>
Cross connections observed have been eliminated	<input checked="" type="checkbox"/> <input type="checkbox"/>

The cross connection control program is covered by the system bylaws and water service agreements. All customers have been surveyed. No need has been identified for a backflow prevention device in this community.

SECTION 5: FINISHED WATER STORAGE

Res	Reservoir Name	Description	Year Built	Volume
1	West Beach Rd	Octagonal concrete tank, roof was sealed in 2015, Last cleaning took place in October 2016, new hatch seal, vent and water level cable system.	1984	26,000gal

TOP OF RESERVOIR	Res #1
	Yes No
Hatch: Locked	<input checked="" type="checkbox"/> <input type="checkbox"/>
*Hatch: Watertight seal or gasket	<input checked="" type="checkbox"/> <input type="checkbox"/>
Hatch: Over-lapping cover	<input checked="" type="checkbox"/> <input type="checkbox"/>
*Screened air vent	<input checked="" type="checkbox"/> <input type="checkbox"/>
*Openings sealed/protected	<input checked="" type="checkbox"/> <input type="checkbox"/>

FEATURES	Res #1
	Yes No
Separate inlet/outlet	<input checked="" type="checkbox"/> <input type="checkbox"/>
Accessible drain outlet	<input checked="" type="checkbox"/> <input type="checkbox"/>
*Protected overflow outlet	<input checked="" type="checkbox"/> <input type="checkbox"/>
*Overflow connects to sanitary sewer with an air gap	<input checked="" type="checkbox"/> <input type="checkbox"/>
Operational water level gauge	<input checked="" type="checkbox"/> <input type="checkbox"/>
Bypass piping or isolation possibility	<input checked="" type="checkbox"/> <input type="checkbox"/>
**Protected from unauthorized entry	<input checked="" type="checkbox"/> <input type="checkbox"/>
Low level alarms	<input checked="" type="checkbox"/> <input type="checkbox"/>
Sample tap at outlet	<input checked="" type="checkbox"/> <input type="checkbox"/>

MAINTENANCE	Res #1
	Yes No
Frequency of interior cleaning and inspection	Annual
Frequency of appurtenance inspection	2x/week
Frequency of routine site visit	2x/week
**Structure in good condition	<input checked="" type="checkbox"/> <input type="checkbox"/>
Clear of excessive vegetation	<input checked="" type="checkbox"/> <input type="checkbox"/>

There is a red light outside the pump house that will lit if reservoir level is low.

SECTION 6: PRESSURE TANKS

Site	Location	Number and Size of Hydropneumatic Tanks	Number and size of Bladder Tanks
1	Pump house	(1) 805 gal	

HYDROPNEUMATIC	Site: 1
	Yes No
Pressure relief valve	<input checked="" type="checkbox"/> <input type="checkbox"/>
Pressure gauge	<input checked="" type="checkbox"/> <input type="checkbox"/>
Water level sight glass	<input checked="" type="checkbox"/> <input type="checkbox"/>

HYDROPNEUMATIC	Site: 1
	Yes No
Can be isolated	<input checked="" type="checkbox"/> <input type="checkbox"/>
**Oilless Air compressor	<input checked="" type="checkbox"/> <input type="checkbox"/>
**Structurally in good condition	<input checked="" type="checkbox"/> <input type="checkbox"/>

BUILDINGS/ENCLOSURE	Site: 1
	Yes No
Facility secure	<input checked="" type="checkbox"/> <input type="checkbox"/>
Structure in good condition	<input checked="" type="checkbox"/> <input type="checkbox"/>

SECTION 7: BOOSTER PUMPS AND FACILITIES

[back to top](#)

BPS	Name	Description	Capacity (gpm)
1	West Beach Rd	(1) 1hp Goulds pump, Jockey, set at 51psi/59psi (2) 5hp Goulds, rated 145gpm at 40 psi, in lead/lag, typical domestic flow and backwash, turns on at 50 psi and the second one at 45psi. (1) 7.5hp Goulds for fire flow, 35psi	

BOOSTER PUMPS	BPS 1
	Yes No
Number of pumps	4
Frequency of routine site visit	2x/week
Isolation valves	<input checked="" type="checkbox"/> <input type="checkbox"/>
Pressure gauge(s)	<input checked="" type="checkbox"/> <input type="checkbox"/>
Pressure relief valve	<input type="checkbox"/> <input checked="" type="checkbox"/>
Pump failure alarm	<input type="checkbox"/> <input checked="" type="checkbox"/>
*Functional pump and pump controls	<input checked="" type="checkbox"/> <input type="checkbox"/>
Protected from flooding	<input checked="" type="checkbox"/> <input type="checkbox"/>
Redundant pumps	<input checked="" type="checkbox"/> <input type="checkbox"/>
Equipment in good condition	<input checked="" type="checkbox"/> <input type="checkbox"/>
Generator available	<input checked="" type="checkbox"/> <input type="checkbox"/>
Generator has automatic startup	<input type="checkbox"/> <input checked="" type="checkbox"/>
Generator fuel source	gasoline

BUILDINGS/ENCLOSURE	BPS 1
	Yes No
Facility secure	<input checked="" type="checkbox"/> <input type="checkbox"/>
Structure in good condition	<input checked="" type="checkbox"/> <input type="checkbox"/>

There is a pressure relief valve on the side of the hydropneumatic tank.

SECTION 8: WATER QUALITY MONITORING AND REPORTING

All monitoring is current. The well water has elevated iron, manganese, TDS, and conductivity. The conductivity is around 800umhos/cm. Chlorides have remained low below 100mg/L. The treatment has been successful in removing iron and manganese. The results have been 0.14-0.25mg/L for iron and 0.012-0.046 mg/L for manganese.

Please refer to the Water Quality Monitoring Schedule for your monitoring requirements and status. If you have any questions on source monitoring, please contact Steve Hulsman at (253) 395-6777.

CHEMICAL	
Sample Point	Description
1	

CHEMICAL	Sample Point 1
	Yes No
Monitoring adequate	<input checked="" type="checkbox"/> <input type="checkbox"/>
ODW WQ data reviewed	<input checked="" type="checkbox"/> <input type="checkbox"/>
Sample collection sites correct	<input checked="" type="checkbox"/> <input type="checkbox"/>

COLIFORM	Yes No
Monitoring adequate	<input checked="" type="checkbox"/> <input type="checkbox"/>
Monitoring plan adequate	<input checked="" type="checkbox"/> <input type="checkbox"/>
Monitoring plan followed	<input checked="" type="checkbox"/> <input type="checkbox"/>
Number of violations since last survey	3

This system had an acute *E. coli* MCL violation/incident in 2014 of which special purpose investigation turned into a sanitary survey. After this incident, the system sealed the reservoir roof and replaced the treatment plant. In 2016, there were two additional treatment technique triggers (previous non-acute coliform violations), one in June and another in September. The level 1 and level 2 assessments identified deficiencies with the system's reservoir that have been addressed. If these incidents continue to occur, you may need to install continuous disinfection treatment as an additional barrier for health protection.

LEAD & COPPER	Yes No
Monitoring adequate	<input checked="" type="checkbox"/> <input type="checkbox"/>
Results below action level	<input checked="" type="checkbox"/> <input type="checkbox"/>
Optimal WQ Parameters achieved	N/A

Your next set of lead and copper samples are due this year.

SECTION 9: SYSTEM MANAGEMENT AND OPERATIONS

This system has an active board and appeared well managed and operated. Jim Patton has been the water manager for long time and maintains excellent records of the water system and communicates well with the community and the board. The pump house was organized and all critical information and equipment were posted or neatly placed in the pump house. The system also maintains a board for maintenance tasks that shows when they are due and when they were done. All the pipes are labeled and even the media or water levels in the tanks have been marked for future reference. This is very exemplary work!

PROJECT/PLANNING	Yes No
System approved	<input checked="" type="checkbox"/> <input type="checkbox"/>
Current WSP or SWSMP	<input checked="" type="checkbox"/> <input type="checkbox"/>
Year WSP or SWSMP approved	not
Emergency Response Plan	<input checked="" type="checkbox"/> <input type="checkbox"/>
Financial Plan (rate structure)	<input checked="" type="checkbox"/> <input type="checkbox"/>
Asset Inventory & Assessment	<input checked="" type="checkbox"/> <input type="checkbox"/>
Capital Improvement Plan	<input checked="" type="checkbox"/> <input type="checkbox"/>

REPORTING	Yes No	N/A
WFI reviewed and updated with purveyor	<input checked="" type="checkbox"/> <input type="checkbox"/>	---
Consumer Confidence Report - Community only	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Water Use Efficiency report - Municipal Water Suppliers	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Cross Connection Control annual report > 1000 conn	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>

OPERATOR CERTIFICATION

This system must maintain the services of WDS and WTPO1 certified operators. The system maintains a contract with King Water Company, an approved SMA in Island County.

Name of Operator	Certification Number	Certifications	Mandatory
Sandra Bodamer	013082	WDM2, WTPO2, CCS	<input checked="" type="checkbox"/>
Nathan Driscoll	013795	WTPO1	<input checked="" type="checkbox"/>

WDS-Water Distribution Specialist; WDM-Water Distribution Manager; WTPO-Water Treatment Plant Operator, BTO-Basic Treatment Operator; CCS-Cross Connection Specialist; BAT-Backflow Assembly Tester. If you have any questions or this information is inaccurate, please contact Operator Certification at (800) 525-2536.

OPERATIONS	Yes No
Operational records maintained	<input checked="" type="checkbox"/> <input type="checkbox"/>
Complaints followed up	<input checked="" type="checkbox"/> <input type="checkbox"/>
Complaints documented	<input checked="" type="checkbox"/> <input type="checkbox"/>
# of complaints recorded at ODW (since last survey)	none
Written operation and maintenance program	<input checked="" type="checkbox"/> <input type="checkbox"/>
Previous survey deficiencies/findings corrected, if no list below.	<input checked="" type="checkbox"/> <input type="checkbox"/>

May 8, 2017

As I noted above, this system has significantly improved since the last sanitary survey. The findings of the last survey as well as the defects identified in the level 1 and 2 coliform assessments have all been corrected.

CLOSING

Because this system has had coliform violations since the last survey, your next survey is due in 3 years.

The Drinking Water Regulations require that all Group A public water systems have a sanitary survey every 3-5 years. In order to receive credit for the survey, a sanitary survey fee must be paid. Enclosed is an invoice for \$510.00. Please remit your complete payment in the form of a check or money order within thirty days of the date of this letter in the enclosed envelope or send payment to: **DOH, Revenue Section, P.O. Box 1099, Olympia, WA 98507-1099.**

If you have any questions, please contact me at (253) 395-6761 or by e-mail at virpi.salo-zieman@doh.wa.gov.

Sincerely,

Virpi Salo-Zieman, P.E.
Office of Drinking Water, Regional Engineer

cc: Jim Patton, West Beach Rd
Island County Public Health



Pump house (reservoir behind)



Well enclosure



Well 1, Source 1



Contact tank (chem feed on the right)



Twin 21" D filters with individual control valves



Pot Perm saturators for filter regeneration



Reservoir hatch



Reservoir overflow



Reservoir level gauge



Backwash discharge



Pump station



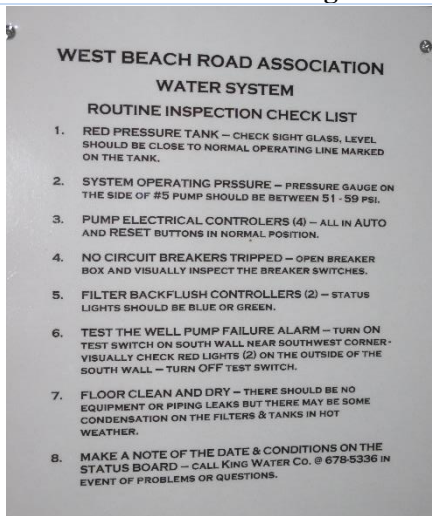
HPN tank, PRV on the back side



Backwash discharge



Red light for low reservoir level



Laminated checklists in the pump house



Equipment manuals in the pump house



New housing for the generator



Gasoline powered portable generator