Sanitary Survey / SPI Data

for: **RESORT AND MARINA**
DELMAR CARYL
P.O. BOX 1989
SEQUIM, WA 98382
(360) 683-7191

ID# 36421

CLALLAM COUNTY

Categ'y # : 13 QSS - LHJ
Local health jurisdication surveyors

Does this PWS meet threshold for routine DOH **No**

Next Survey: Due by: 1/1/2016
Assigned to: LHJ - CLALLAM COUNTY
Scheduled Date (set with PWS):

History:

Inspection Date	Inspection Type	Letter Date	Quarter Tallied	Surveyors	Comments
6/6/2013	QSS	9/20/2013	3 / 2013	LHJ - CLALLAM COUN BELINDA PERO	3 yr survey due to coliform violations since last survey.

Inspection Date	Inspection Type	Letter Date	Quarter Tallied	Surveyors	Comments
5/7/2009	QSS	6/8/2009	2 / 2009	LHJ - CLALLAM COUN BELINDA PERO	Moved up due to GWR implementation

Inspection Date	Inspection Type	Letter Date	Quarter Tallied	Surveyors	Comments
12/15/2004	QSS	12/29/2004	4 / 2004	LHJ - CLALLAM COUN JAMES C MCCAULEY	Jim asks that this be a joint survey due to questions as to construction certification status and the number of approved connections for this system

Pending Follow-Up Items:

Action Required	By When

Resolved Follow-Up Items:

Print Date: 11/18/2013

Sanitary Survey / SPI Data

for: **RESORT AND MARINA**
JIMMIE BLAYLOCK
PO BOX 1989
SEQUIM, WA 98382
(360) 683-7191

ID# 36421

CLALLAM COUNTY

Categ'y # : 13 QSS - LHJ
Local health jurisdication surveyors

Does this PWS meet threshold for routine DOH **No**

Next Survey: Due by: 1/1/2014
Assigned to: LHJ - CLALLAM COUNTY
Scheduled Date (set with PWS):

History:

Inspection Date	Inspection Type	Letter Date	Quarter Tallied	Surveyors	Comments
5/7/2009	QSS	6/8/2009	2 / 2009	LHJ - CLALLAM COUN BELINDA PERO	

Inspection Date	Inspection Type	Letter Date	Quarter Tallied	Surveyors	Comments
12/15/2004	QSS	12/29/2004	4 / 2004	LHJ - CLALLAM COUN JAMES C MCCAULEY	Jim asks that this be a joint survey due to questions as to construction certification status and the number of approved connections for this system

Inspection Date	Inspection Type	Letter Date	Quarter Tallied	Surveyors	Comments
12/19/1995	SPI	1/9/1996	1 / 1996	KARL JOHNSON	TNC; proj. review

Pending Follow-Up Items:

Action Required **By When**

Resolved Follow-Up Items:

Print Date: 6/11/2009

From: Solmar Water
To: Purtteman, Jester (DOH); DOH EPH DW SWRO Sanitary Surveys
Subject: Re: Resort & Marina ID# 364211, sanitary survey items
Date: Wednesday, September 7, 2016 9:00:37 AM

Hello Jester,
Attached are the photos from inside the reservoir. Thank you for seeing the humor in cleaning that cumbersome beast. Good pose name too. I was originally thinking, 'modified downward dog' but 'the cumbersome beast' sounds like it would get some good groans from people that like to be twisted into knots.
Best regards,
Kate

On Tue, Sep 6, 2016 at 3:30 PM, Purtteman, Jester (DOH) <jester.purtteman@doh.wa.gov> wrote:

> Thank you Kate,
>
> I think you should perhaps patent or trademark Truss-Yoga, that has "the next big thing" written all over it. Move over Hot Yoga! In any event, I consider that more or less all you can do without dynamite, and I am encouraged to hear you are meeting with Sequim. Let me know if there is any support I can provide.
>
> **Jester Purtteman, P.E.**
>
> Regional Engineer | Southwest Regional Office
>
> Washington State Department of Health | Office of Drinking Water
>
> P: 360.236.3036 | jester.purtteman@doh.wa.gov
> http://www.doh.wa.gov/ehp/dw/
> *Public Health - Always working for a safer and healthier Washington*
>
> **From:** Solmar Water [mailto:solmarwater@gmail.com]
> **Sent:** Tuesday, September 6, 2016 2:52 PM
> **To:** Purtteman, Jester (DOH) <jester.purtteman@doh.wa.gov>; DOH EPH DW SWRO Sanitary Surveys <SWRO.SanitarySurveys@DOH.WA.GOV>
> **Subject:** Resort & Marina ID# 364211, sanitary survey items
>
> Hello Jester,
>
> We have been working on mitigating to the best of our ability the Resort & Marina reservoir significant deficiencies. I will send pictures tomorrow.

a. The bird blocking has been inspected and repairs have been completed.

b. The entire reservoir was inspected for access points and repaired as needed.

c. We cleaned items over the open water as much as was physically feasible. Unfortunately, to clean it a person had to clean, not allow anything to drop and do yoga while standing on slanted trusses over open water or use an oil-free pressure washer which would flush all the dust and debris into the drinking water. We chose yoga on trusses.

d. A meeting with the water system owner and City of Sequim will be held in a few weeks. The water system owner and the City of Sequim are agreeable to the transfer. The City would like to avoid another Feasibility Study (Deytona Water System) though. We will work on a Corrective Action schedule during the meeting.

Observations

2. The new booster pump and calculations were included in the Water System Plan.

Cordially,

Kate O'Claire

contract operator















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The following documents have been scanned and stored on the S: drive under the water system name in the following folder:

ALL

-Scanned-

Scanned and saved on S: drive

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

SOUTHWEST DRINKING WATER REGIONAL OPERATIONS

P.O. Box 47823 Olympia, Washington 98504-7823

TDD Relay 1-800-833-6388

July 20, 2016	Resort and Marina ID #364211	
	County:	Clallam
Kate O'Claire Solmar Water Systems Post Office Box 1989 Sequim, Washington 98382	System Type:	Group A Community
	Operating Permit Color:	Green
	Surveyor:	Jester Purtteman
	Inspection Date:	June 20, 2016

Thank you for meeting with me to conduct a 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. Deficiencies that need your attention are summarized below. As you correct the items, send me documentation that demonstrates the items have been completed as directed. Include the system name, ID number, and the date the deficiencies were corrected. You can send them to me by e-mail at jester.purtteman@doh.wa.gov or by mail at PO Box 47823, Olympia, Washington 98504-7823.

If you are not able to correct these deficiencies, you must submit a Corrective Action Plan by the date assigned describing how and when the work will be completed.

SIGNIFICANT DEFICIENCIES* - BY SEPTEMBER 6, 2016

1. There are signs that the reservoir has openings that could allow contaminants to enter.
    a. **Check and as necessary, repair or reinstall all bird blocking around reservoir lid.**
    b. **Identify and seal any access points to the reservoir by rodents or other pests.**
    c. **Clean and disinfect pipes, walkway, trusses, and any appurtenances that are over open water.**
    d. Over the long term, the reservoir will continue to be vulnerable to contamination. **Prepare a sanitary inspection and cleaning program to mitigate the risk of exposure.**

SIGNIFICANT FINDINGS** - NONE OBSERVED

OBSERVATIONS

2. The domestic service portion of the original booster pump station (BPS) skid appears to have been replaced. No engineering report or approval was ever provided for the replacement. Per WAC 246-290-110, a project report must be submitted and approved prior to installation of any improvement. The submittal exception 246-290-125-1c does not apply, because a different pumping configuration was installed. **Please submit an engineering report for the new system.**

RECOMMENDATIONS

3. Seven of the system's eight sources do not have an active plan to be put into use. An emergency source is occasionally a reasonable thing to have for a system; however, seven (7) emergency sources with a combined capacity of nearly 10 times the active source capacity is excessive. **Please activate or decommission the unused sources in the system.**
4. The source meter is located over 1,000 feet from the wellhead. Any leakage in the system between the wellhead and the meter is unaccounted for. **Please consider installing the source meter near the wellhead for accurate water loss calculation.**
5. The reservoir is likely to be a significant ongoing liability to the system. The system is responsible for taking the actions necessary to provide safe and reliable drinking water. To achieve that with this reservoir, it is going to require an aggressive, continuous, sustained cleaning, and mitigation program. The system should consider identifying a present worth cost of the maintenance and determine whether construction of a new reservoir or intertie with the City of Sequim is cost effective.
6. The sole operating source for the system has a power cable over 2,000 feet in length that is sufficiently degraded, which means a slightly under-powered pump must be used in the well. If this power line failed, replacement could take a relatively long period of time and would leave the system without power service. The system should have power delivered closer to the well site, replace the current line with better wire, or add sources to improve reliability.
7. The chlorination building roof is covered in moss and in poor condition. **Please repair the roof and ensure the system is properly sealed.**

SYSTEM INFORMATION

The water system was approved August 30, 1984. The water system serves 23 residences, one marina, and one RV Park. The approval originally was for 19 connections; however, the water system plan (WSP) approved in June 2016 has increased this to 43. The only source currently in use is S02 Well #2, which is a groundwater well, with S01 Well #1 another groundwater well available as an emergency source. S02's submersible pump is controlled by float switches in the 150,000-gallon reservoir. Chlorine is added prior to the reservoir at a pump station located near the Marina. Water is fed to the lower pressure zone distribution pipes from the reservoir by gravity. Two booster pumps are used to deliver water from the reservoir tank to the upper pressure zone distribution and a high capacity pump is available for fire suppression. The backup well, S01, has a submersible pump controlled by float switches in the reservoir. SO1 has its own chlorination system.

The reservoir is an unusual design, with a large open top, valves located inside the tank, and a large area of roof structure over the top of that. Although thoroughly engineered and well constructed, the design is simply flawed, and results in a tank that is highly susceptible to premature failure, contamination problems, and is needlessly difficult to maintain. Elimination of the tank should be a very high priority.

SECTION 1: SOURCE

Source ID #	Name:	Description:	Ecology Tag #	Listed on WFI Yes	Listed on WFI No
01	Well 1	Emergency Well	AHM611	☒	☐
02	Well 2	Primary	AHM612	☒	☐
03	Well 3	Pre-Active	BBC887	☒	☐
04	Well 4	Pre-Active	BBC888	☒	☐
05	Well 5	Pre-Active	BBC889	☒	☐

Source ID #	Name:	Description:	Ecology Tag #	Listed on WFI Yes No
06	Well 6	Pre-Active	BBC890	☒ ☐
07	Well 7	Pre-Active	BBC891	☒ ☐
08	Well 8	Pre-Active	BBC892	☒ ☐

WELLHEAD	Source ID #1	Source ID #2	Source ID #3 Pre-Active Wellfield
	Yes No	Yes No	Yes No
System has well log	☒ ☐	☒ ☐	☒ ☐
*Wellcap sealed	☒ ☐	☒ ☐	☒ ☐
*Openings sealed	☒ ☐	☒ ☐	☒ ☐
*Vent screened	☒ ☐	☒ ☐	☐ ☒
Terminates 6" above grade	☒ ☐	☒ ☐	☒ ☐
*Protected from flooding	☒ ☐	☒ ☐	☒ ☐
Source meter	☒ ☐	☒ ☐	☐ ☒
Pressure gauge	☒ ☐	☒ ☐	☐ ☒
**Raw water sample tap	☒ ☐	☒ ☐	☐ ☒
Check valve	☒ ☐	☒ ☐	☐ ☒
**Protected from unauthorized access	☒ ☐	☒ ☐	☒ ☐
Structure in good condition	☒ ☐	☒ ☐	☒ ☐
*Sanitary control area has no unmitigated contaminants	☒ ☐	☒ ☐	☒ ☐
**Protected from physical damage	☒ ☐	☒ ☐	☒ ☐
Frequency of routine site visit	Weekly	6-Months	6-Months
Frequency of source meter reading	N/A	Daily	N/A

WELL PUMP EQUIPMENT	Source ID #	Source ID #	Source ID #3 Pre-Active Wellfield
	Yes No	Yes No	Yes No
*Functional and reliable pump and pump controls	☐ ☒	☒ ☐	☐ ☒
*Pump control valve or vacuum relief valve with a protected air gap at discharge	☐ ☒	☒ ☐	☐ ☒
Generator available	☐ ☒	☐ ☒	☐ ☒
Generator has automatic startup	☐ ☒	☐ ☒	☐ ☒
Generator fuel source			

EMERGENCY SOURCES

ID #	Name:	Description:	Ecology Tag #	Listed on WFI Yes No*	Disconnected Yes No*	Inspected Yes No*
01	Well 1	8-Inch		☒ ☐	☒ ☐	☒ ☐

This system has eight (8) potable wells, of which only one is used. A water right permit is in danger of lapsing because of the failure to continue developing the wellfield (S03). The wellfield likely taps the same source of water that feeds a small stream. The water right permit allows the wells to only be pumped until their pumping level approaches sea level. Because of this, the purveyor is concerned that the wells capacity may be overstated and has been hesitant to invest in the wells. Without these or other new sources of supply, the source capacity will become a significant limit for this system.

All of the wells in S03 (the wellfield) are in nearly identical configuration. They were drilled in the 1980s as part of a planned expansion of the community, which stalled and was never completed. The wells should be brought online or decommissioned since inactive sources pose a risk of contaminating aquifers. If the sources were used, they would provide valuable additional capacity and allow the system to exercise a greatly increased water right.

SECTION 2: DISINFECTION

Sodium hypochlorite is injected at a booster station located on the transmission line to the reservoir.

#	Site or Location	Treatment type and Chemical Used	Listed on WFI Yes	Listed on WFI No	CT Provided Yes	CT Provided No
1	Lower Pumphouse	Sodium Hypochlorite	☒	☐	☐	☒

CHEMICAL TREATMENT	1 Yes	1 No
Operated & maintained properly	☒	☐
*RPBA or air gap between the chemical tank and fill waterline	☒	☐
**Post treatment sample tap	☒	☐
Redundant equipment available	☒	☐
Schematic of treatment facilities available	☒	☐
Adequate chlorine residual test kit available	☒	☐
Test kit calibrated and maintained properly	☒	☐
Chemical feed proportional to flow	☒	☐
**Approved chemicals used	☒	☐

HYPOCHLORITE ADDITION	1 Yes	1 No
Hypochlorite concentration %	8%	
Feed solution concentration	2.66%	
Hypochlorite solution located in separate room	☐	☒

DISINFECTION COMPLIANCE	1 Yes	1 No
Disinfection required	☐	☒
CT required	☐	☒
Minimum CT met at all times	☐	☒
Peak flow used to calculate CT	☐	☒

DISINFECTION COMPLIANCE	1	
	Yes	No
Monthly report submitted	☒	☐
Residuals maintained in distribution system	☒	☐
Daily residuals recorded	☒	☐

The system was never required to achieve CT6 chlorination.

SECTION 3: OTHER TREATMENTS

This system has no other treatment.

SECTION 4: DISTRIBUTION SYSTEM

The distribution system is comprised largely of 8-inch and 10-inch PVC, with a 2-1/2-inch PVC transmission main from Well 2 to the utility shed and chlorination system. A 150,000-gallon reservoir floats off the far end of the gravity portion of the distribution system. A BPS provides pressure to homes near the reservoir's elevation, while the marina and RV Park are served by gravity.

FEATURES	Yes	No
Service area and facility map	☒	☐
Minimum pressure requirements met	☒	☐
Service meters (reading frequency **Residences Bi-Monthly, Marina Monthly, Resort Daily**)	☒	☐
Leak detection program	☒	☐
Water system leakage (%)	11%	
Adequate valving for flushing and pipe repair	☒	☐
Blow-offs on dead ends	☒	☐
Routine flushing (frequency **Annual**)	☒	☐
Routine valve exercise (frequency **Annual**)	☒	☐

CROSS CONNECTION CONTROL (Community Systems)	Yes	No
System has enabling authority	☒	☐
Ongoing hazard inspections	☒	☐
High hazards identified	☒	☐
High hazards protected	☒	☐
Annual testing	☒	☐
System has installation standards	☒	☐
CCS on staff or under contract	☒	☐
Cross connections observed have been eliminated	☒	☐

SECTION 5: FINISHED WATER STORAGE

A four chambered module reservoir floats off of the distribution system. The original two cells, holding a total of 75,000 gallons of water, were constructed sometime between 1984 and 1993, prior to the combination of the Marina and resort to form the new system. In 1996, during the combination of the two systems, two additional cells were constructed bringing the total storage volume to 150,000 gallons. The individual 37,500-gallon chambers may be isolated on a valve-by-valve basis for cleaning and maintenance. The reservoir is designed to be extended to 300,000 gross volume.

RESERVOIR	RESERVOIR NAME	DESCRIPTION	YEAR BUILT	TOTAL VOLUME (GAL)
1	Tank 1	Rectangular 150,000 Gallons	1985, 1997	150,000

TOP OF RESERVOIR	Res #1	
	Yes	No
**Hatch: Locked	☐	☒
*Hatch: Watertight seal or gasket	☐	☒
Hatch: Over-lapping cover	☐	☒
*Screened air vent	☐	☒
*Openings sealed/protected	☐	☒

FEATURES	Res #1	
	Yes	No
Separate inlet/outlet	☒	☐
Protected drain outlet	☐	☒
*Protected overflow outlet	☐	☒
*Overflow line discharges into a sanitary sewer with an air gap	☒	☐
Operational water level gauge	☐	☒
Bypass piping or isolation possibility	☐	☒
**Protected from unauthorized entry	☒	☐
Low level alarms	☒	☐
Sample tap at outlet	☒	☐

MAINTENANCE	Res #1
	Yes No
Frequency of structural and coating inspection	Weekly
Frequency of cleaning	As Needed
Frequency of appurtenance inspection	Weekly
Frequency of routine site visit	Weekly
**Structure in good condition	☒ ☐
Clear of excessive vegetation	☒ ☐

Overall, the reservoir is an unusual, creative, clever, well designed, and well-built, but suffers from a serious critical flaw; the reservoir has an un-sealable open surface. There is an enormous open maze of rafters, planks, and valve stem wheels elevated above the tank. The perimeter is approximately 100 linear feet of roofline that must all be held to an excruciatingly fine standard (sealed to 24-mesh) to prevent pests, and the operator has to walk across the surface of the water over planks to get to and operate the reservoir valves and appurtenances. Bird or mouse droppings show evidence that something has gotten into the reservoir ceiling and taken residence at least somewhat recently. The roof is simply unmaintainable, inspections of a surface that large is impractical and expensive, and not likely to be performed correctly over the long term. Valves are located under water in tanks that would have to be drained in order to service, and several valves outside of the tank area are installed under the thick concrete of the building foundation.

Overall, the reservoir is an unmaintainable public health hazard and should be replaced or eliminated as soon as possible. During the inspection, there were animal droppings, and it was clear that the reservoir needed additional maintenance. There were things floating on the surface and the entire structure was due for serious cleaning. Careful management and operation combined with aggressive maintenance and chlorination can do little more than delay the eventual serious failure of this water system because of this tank. The operator was very (and rightly) concerned about this tank, and should take pains to ensure that this reservoir maintains a significant chlorine residual until it can be replaced.

SECTION 6: PRESSURE TANKS

The system has one 120-gallon hydropneumatic tank.

Site	Location	# and size of Hydropneumatic Tanks	# and size of Bladder Tanks
1	Reservoir, Well 1, and Booster Station		One 120-Gallon, One 86-Gallon

BLADDER	Site: 1		Site: 1	
	Yes	No	Yes	No
Isolation valve	☒	☐	☒	☐
Pressure relief valve	☒	☐	☒	☐
Pressure gauge	☒	☐	☒	☐
In good condition	☒	☐	☒	☐

BUILDINGS/ENCLOSURE	Site: 1	
	Yes	No
**Facility secure	☒	☐
Structure in good condition	☒	☐

SECTION 7: BOOSTER PUMPS AND FACILITIES

The system has recently replaced the residential booster pump facilities. The fire pump remains online. No engineering report appears to have been submitted for the new configuration.

Facility	Name	Description	Total Capacity (gpm)
1	Booster Station		Between 80 and 800

The residential service pumps are capable of delivering over 80 gallons per minute (gpm); however, a fire pump installed on the system can push the total capacity over 750 gpm.

BOOSTER PUMPS	Facility 1	
	Yes	No
Number of pumps	3	
Frequency of routine site visit	Weekly	
Isolation valves	☒	☐
Pressure gauge(s)	☒	☐
Pressure relief valve	☒	☐
Pump failure alarm	☒	☐
*Functional pump and pump controls	☒	☐
Protected from flooding	☒	☐
Redundant pumps	☒	☐
Equipment in good condition	☒	☐
Generator available	☐	☒
Generator has automatic startup	☐	☒
Generator fuel source		

BUILDINGS/ENCLOSURE	Facility 1	
	Yes	No
**Facility secure	☒	☐
Structure in good condition	☒	☐

The BPS is unapproved. Engineering should be submitted as soon as practical.

SECTION 8: WATER QUALITY MONITORING AND REPORTING

All monitoring is current and satisfactory.

Refer to the Water Quality Monitoring Schedule for your monitoring requirements and status. If you have any questions on source monitoring, please contact Sophia Petro at (360) 236-3046.

CHEMICAL	
Sample Point	**Description**
1	Chlorination Station

CHEMICAL	Sample Point 1	
	Yes	No
Monitoring adequate	☒	☐
ODW WQ data reviewed	☒	☐
Sample collection sites correct	☒	☐

CHEMICAL	Sample Point 1
	Yes No
System has prior: ☐ Nitrate results above 5 mg/L ☐ Nitrite results above 0.5 mg/L ☐ Primary MCL ☐ Secondary MCL exceedance(s) ☐ Organic detections ☐ Other _____	

COLIFORM	Yes	No
Monitoring adequate	☒	☐
Monitoring plan adequate	☒	☐
Monitoring plan followed	☒	☐
# of violations since last survey	0	

LEAD & COPPER	Yes	No
Monitoring adequate	☒	☐
Results below action level	☒	☐

DISINFECTION BYPRODUCTS	Yes	No
Monitoring adequate	☒	☐
Monitoring plan adequate	☒	☐
Monitoring plan followed	☒	☐
Results satisfactory	☒	☐

SECTION 9: SYSTEM MANAGEMENT AND OPERATIONS

PROJECT/PLANNING	Yes	No
System approved	☒	☐
Current WSP/SWSMP	☒	☐
Year WSP/SWSMP approved	6/15/2016	
Emergency response plan	☒	☐

REPORTING	Yes	No	N/A
WFI reviewed and updated with purveyor	☒	☐	---
Consumer confidence report (Community only)	☒	☐	☐
Water use efficiency report (Municipal Water Suppliers)	☒	☐	☐
Cross connection control annual report (> 1000 conn)	☐	☐	☒

OPERATOR CERTIFICATION

This system is required to have **one** Water Distribution Manager 1 (WDM1) certified operator.

If you have any questions or this information is inaccurate, please contact Operator Certification at (800) 525-2536.

Name of Operator	Certification Number	Certifications	Mandatory Operator
Katie O'Claire	012971	WDM2	☒
Delmar A Carly	007461	WDM2	☐

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

OPERATIONS	Yes	No
Operational records maintained	☒	☐
Complaints followed up	☒	☐
Complaints documented	☒	☐
# of complaints recorded at ODW (since last survey)		
Operation and maintenance program	☒	☐
Previous survey deficiencies/findings corrected, if no list below.	☒	☐

CLOSING

Your next survey is due in **5 years**.

Regulations establishing a schedule of fees, including fees for sanitary surveys, were adopted April 30, 2012 (WAC 246-290-990). The amount due is $765. An itemized worksheet is enclosed with the invoice.

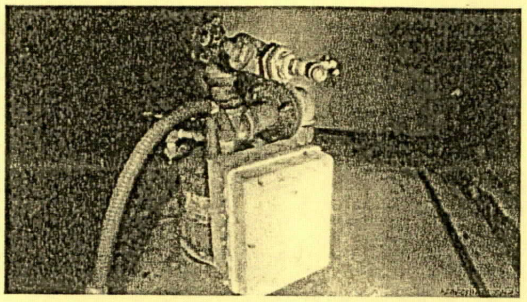
If you have any questions, please contact me at (360) 236-3036 or by e-mail at jester.purtteman@doh.wa.gov.

Sincerely,

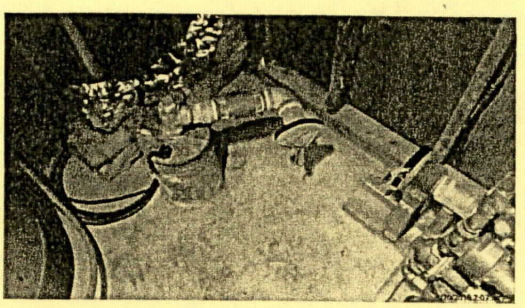
Jester Purtteman, P.E.
Office of Drinking Water, Regional Engineer

Enclosures

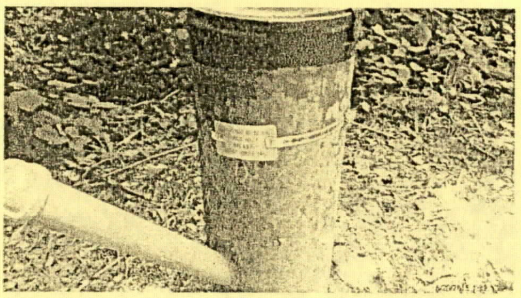
cc: West Bay Water Company, LLC
Clallam County Public Health
Corina Hayes, ODW
Denise Miles, ODW
Sophia Petro, ODW



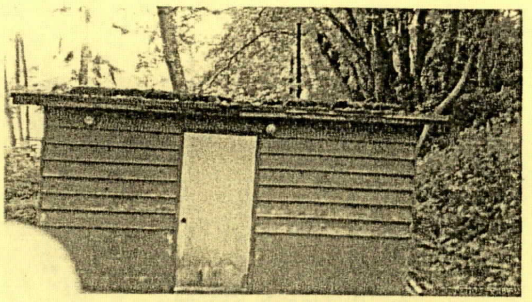
S02 Active



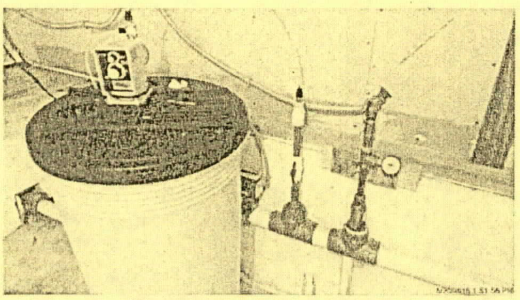
S01 Inactive



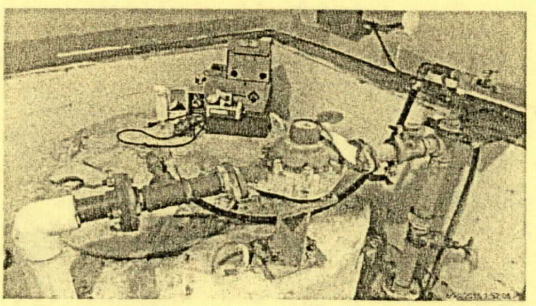
Typical S03 Wellhead



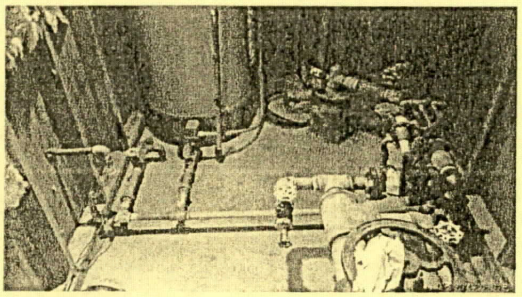
Chlorination Building



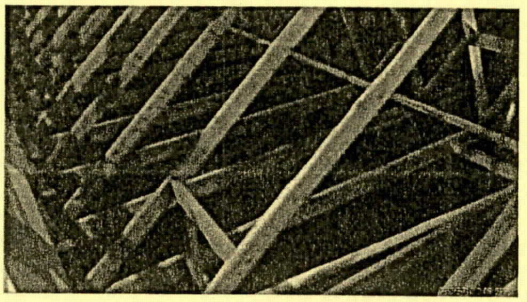
Hypochlorination Injection System



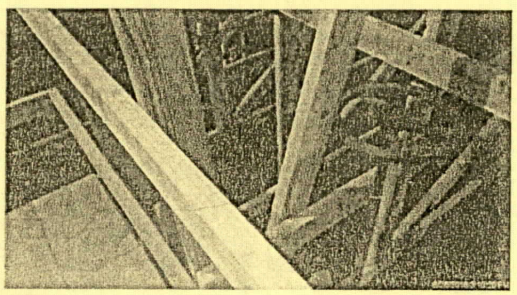
Source Meter



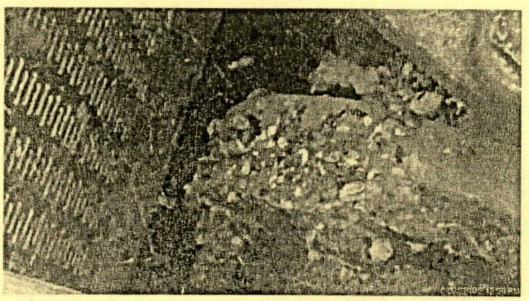
Disconnected S01



Trusses Over Water



Rising stem of a gate valve in the reservoir.



Pest (bird or rodent) on flange over water.

SANITARY SURVEY FEE WORKSHEET

Department of Health
Office of Drinking Water
Sanitary Survey Time Tracking

System Name Resort and Marina — PWS ID # 36421
County Clallam County
Surveyor Jester Purtteman — Date: 07/14/16

System over 10,000 Connections? NO

Department of Health Paid Costs	**Quantity Hours/Miles**				**Cost**
Survey program RO Coordination	1	$	102	$	102.00
Survey Program Administrative Support	1	$	102	$	102.00
Travel expenses (Mileage)	105		(# Miles) x ($.56/Mile)	$	35.35
Technical Assistance	1	$	102	$	102.00
Travel Time <10,000	2		102	$	204.00
Total Department of Health Costs to Perform All Surveys				$	545.35
Water System Paid Costs	**Hours**				
Scheduling, research, prep	1	$	102	$	102.00
Survey Field Work	1	$	102	$	102.00
Survey documentation – preparation of survey report to the purveyor	5.5	$	102	$	561.00
Additional Water System Paid Costs for systems serving 10,000 or more connections					
	Hours				
	0	$	-	$	-

NOTES:

Total Cost of Survey	$	1,310.35
Costs Covered by DOH	$	545.35
Invoice amount due (Less than 10,000 Connections)	**$**	**765.00**

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: Kate O'Claire
Solmar Water Systems
PO Box 1989
Sequim, Washington 98382

Invoice Number	**SW1631**
Invoice Date	July 26, 2016
Billing Period	30 days SW

DATE	DESCRIPTION	QUANTITY	COST	AMOUNT
6/20/2016	SURVEY FEE RESORT AND MARINA CLALLAM COUNTY PWS ID 364211 DATE OF SURVEY: 6/20/2016	1	1	$765.00
	Total			$765.00
	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	RESORT AND MARINA
INVOICE NUMBER	SW1631
INVOICE DATE	7/26/2016
AMOUNT	$765.00

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

DOH Form #331-332

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

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

February 6, 2014

Delmar Caryl
Resort and Marina
Post Office Box 1989
Sequim Washington 98382

Subject: Resort and Marina, ID #36421, Clallam County; Sanitary Survey Inspection

Dear Delmar Caryl:

Thank you for working with Belinda Pero to complete your Sanitary Survey. You should have received a copy of the completed report. Please use the information in this report to help you provide safe and reliable drinking water to your customers.

As you complete the items listed in the report, please send your verification to swro.sanitarysurveys@doh.wa.gov.

Regulations establishing a schedule of fees for conducting sanitary surveys were adopted in WAC 246-290-990. The total cost of this survey is $1,020. The Office of Drinking Water has used state and federal funds to pay $510 of this amount. An itemized invoice showing the remaining amount due of $510 is enclosed.

If you have questions about the report, please contact your surveyor. If you have any questions about the survey program, please contact Denise Miles or Arlene Hyatt at (360) 236-3030.

Sincerely,

Debbie Phillips
Office of Drinking Water

Enclosures

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: DELMAR CARYL
RESORT AND MARINA
P.O. BOX 1989
SEQUIM WA 98382

ATTN: ACCOUNTS PAYABLE DEPT

Invoice Number	SW989
Invoice Date	February 6, 2014
Billing Period	30 days SW

DATE	DESCRIPTION	QTY	COST	AMOUNT
2/6/2014	SURVEY FEE RESORT AND MARINA CLALLAM COUNTY PWS ID 36421 DATE OF SURVEY: 6/6/2013	1	1	$306.00
	DOH Share			$510.00
	Total			$510.00
	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	RESORT AND MARINA
INVOICE NUMBER	SW989
INVOICE DATE	February 6, 2014 SW
AMOUNT	$510.00

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

DOH Form #331-332

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

Clallam County Department of Health and Human Services

Environmental Health Services ♦ 223 East 4th Street, Suite 14 ♦ Port Angeles, WA 98362-3015
Tele: 360-417-2258 ♦ FAX: 360-417-2313

October 10, 2013

Louie Torres
1620 West 13th St.
Port Angeles, WA 98363

Subject: Resort and Marina Group A Water System, PWS ID #36421 1,
Clallam County, Group A Third Party Sanitary Survey Inspection Report

Dear Mr. Torres,

The survey inspection report letter of October 4, 2013 incorrectly stated "the system had a total coliform MCL violation or more than one total coliform monitoring violation".

The Resort and Marina water system has had no violations. Because this system has had no violations since the last survey, your next survey is due in 5 years.

If you have any questions regarding your Sanitary Survey Checklist Report, please call me at (360) 417-2334.

Sincerely,

Belinda M. Pero

cc: WA DOH Southwest Region Office of Drinking Water
water system file
Del Caryl, operator

Clallam County Department of Health and Human Services

Environmental Health Services ♦ 223 East 4th Street, Suite 14 ♦ Port Angeles, WA 98362-3015
Tele: 360-417-2258 ♦ FAX: 360-417-2313

RECEIVED
OCT 10 2013
Department Of Health
SW Drinking Water Operations

October 4, 2013

Louie Torres
1620 West 13th St.
Port Angeles, WA 98363

Subject: Resort and Marina Group A Water System, PWS ID #36421 1,
Clallam County, Group A Third Party Sanitary Survey Inspection Report

Dear Mr. Torres,

My sincere apologies to you for the delay of this report.

This letter and inspection report serve as a follow-up to the sanitary survey physical inspection of the water system facilities, records and operations performed on June 6, 2013. A copy of the completed Sanitary Survey Checklist Report is enclosed along with the photos taken. Office of Drinking Water (ODW) has reviewed the information collected during the sanitary survey and concurs with the findings.

As you complete the items noted below, please send verification of completion referencing the system name, PWS ID #, and date when the items were corrected to Denise Miles via email at SWRO.SanitarySurveys@doh.wa.gov or mail to DOH, Southwest Drinking Water Operations, Attn: Denise Miles, PO Box 47823, Olympia, Washington 98504-7823.

SIGNIFICANT DEFICIENCIES – None Found

OTHER DEFICIENCIES – Complete items 1 - 2 and send verification of completion by October 31, 2013.

1. Inspect S02 well #2 to verify if the well cap seal is adequate. Make repairs if needed.

2. Inspect S01 well #1to verify if small pipe on top of well head has an opening. If opening exist please plug.

Complete item 3 and 4 prior to the next sanitary survey.

3. Please develop a tracking system for the installed backflow prevention devices and their testing record, continue evaluating the need for further device installations in the system, and enforce annual testing requirement.

4. Your current operating permit is blue due to the number of active connections exceeding the number of approved connections and the system has only received a partial approval from the ODW. Please complete and submit a water system plan for ODW"s review and approval. For more information on the submittal requirements, you can contact Virpi Salo-Zieman at (360) 236-3037 or Corina Hayes at (360) 236-3031.

Recommendations

5. S02 well house is in need of housekeeping.

6. The report indicated the online capacity assessment has not been taken. The assessment includes 18 questions about your system. When you complete the online assessment, you'll get immediate feedback that provides tips and resources for improvement. We are using information from the assessment to target our limited technical assistance resources where we think they will be most beneficial. Please take the online assessment at www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/WaterSystemAssistance/CapacityDevelopment/CapacityAssessment.aspx

This system has total coliform MCL violation or more than one total coliform monitoring violation since the last survey. Because this system has had coliform violation(s) since the last survey, your next survey is due in 3 years.

ODW will send you an invoice in a separate mailing. The total cost of this survey is $1,020. ODW has used state and federal funds to pay $510 of this amount. The invoice you will be receiving will be for the remaining amount due of $510.

If you have any questions regarding your Sanitary Survey Checklist Report, please call me at (360) 417-2334.

Sincerely,

Belinda M. Pero

cc: WA DOH Southwest Region Office of Drinking Water
water system file
Del Caryl, operator

WASHINGTON STATE DEPARTMENT OF HEALTH
Group A Small Water System Sanitary Survey Checklist Report

System Name:	**Resort and Marina**			Survey Date:	**June 6, 2013**
PWS ID#:	**36421 1**	County:	**Clallam**	System Type:	**A Comm**
Persons Attending Inspection:		**Del Caryl, operator**			
		Katie O'Claire, operator			
Inspector's Name:	**Belinda Pero #508**				

PART A: SUMMARY OF INSPECTION FINDINGS & RECOMMENDATIONS

The following is a completed sanitary survey checklist and summary of inspection findings. Read the report carefully, as it describes deficiencies observed and recommendations for improvements. **You are responsible for correcting all deficiencies.** Bolded checklist questions represent potential **significant deficiencies** that may have a greater potential to affect the water system's capacity to serve safe and reliable water. The follow-up letter or report from your local health jurisdiction (LHJ) or Office of Drinking Water (ODW) surveyor will identify any significant deficiencies or other findings that must be promptly addressed. The ODW regional office serving your county is available to answer questions you may have about this survey.

Deficiencies observed during this survey:

Ensure S02 well cap is sealed

S02 well house could use some housekeeping

Please ensure S01 well #1 does not have opening at the small pipe on top

Need to confirm if a Cross Connection Control Evaluation has been completed. If not completed, perform a cross connection hazard survey, install any necessary backflow assemblies on identified hazards and ensure all assemblies are tested annuall.

Deficiencies that remain from the last sanitary survey:

Your current operating permit is blue due to the number of active connections exceeding the number of approved connections. Contact Virpi Salo-Vieman at (360) 236-3037 for requirements for a water system expansion approval.

Deficiencies corrected from current or previous survey:

none

PART B: GENERAL WATER SYSTEM DESCRIPTION

General description of the water system including facilities and operation, direction of flow (from source to distribution), how the controls function, storage, treatment if any, number of pressure zones and any significant changes.

The water system was approved August 30, 1984. The water system serves 23 residences, one marina, and one RV Park. The approval is for 19 connections. The main source S02 well #2 is a groundwater well, with S01 well #1 another groundwater well available as a backup. S02's submersible pump is controlled by float switches in the 150,000 gallon reservoir. Chlorine is added prior to the reservoir. Water is feed to the lower pressure zone distribution pipes from the reservoir by gravity. Three booster pumps working in sequence are used to deliver water from the reservoir tank to the upper pressure zone distribution. The back-up well S01 has a submersible pump controlled by float switches in the reservoir. SO1 has it own chlorination system.

PART C: OPERATIONS and MANAGEMENT

Describe the general level of planning and management documents developed by this water system and any recommendations for additional development, including system management practices and processes, water rates, etc.

Water System Plan in development (WSP).

WSP will need to be submitted to DOH as part of expansion approval submittal packet.

1. Community: Has the water system taken the online Capacity Assessment Survey?	☐ Y ■ N ☐ NA
2. Were water system records available for your review?	☐ Y ■ N
3. Has the water system developed and implemented a Small Water System Management Program (SWSMP) or a Water System Plan (WSP)?	☐ Y ☐ N ☐ Partial
Are the following documents developed and up-to-date? *If No or Partial, explain below.*	
Coliform Monitoring Plan	☐ Y ☐ N ☐ Partial
Cross-Connection Control Program (as per WAC 246-290-490)	☐ Y ☐ N ☐ Partial
Emergency Response Plan	☐ Y ☐ N ☐ Partial
Service Area and Facility Map	☐ Y ☐ N ☐ Partial
Operation and Maintenance Program	☐ Y ☐ N ☐ Partial
Source Water Protection Program	☐ Y ☐ N ☐ Partial
Component Inventory and Assessment	☐ Y ☐ N ☐ Partial
List of System Improvements	☐ Y ☐ N ☐ Partial
Operating Budget	☐ Y ☐ N ☐ Partial
4. Community: Are the rates adequate to cover operational costs and fund a reserve account?	■ Y ☐ N ☐ NA
5. Does the system plan to make capital improvements?	■ Y ☐ N ☐ Unk
6. Is there a backup operator available if regular one is not available? *If Yes, provide their contact info below.*	■ Y ☐ N
7. Were the water system's current and future water quality monitoring requirements reviewed?	■ Y ☐ N
8. Were water quality sample results and trends reviewed with the purveyor?	■ Y ☐ N
9. Does the system have emergency power? *If No, explain below.*	☐ Y ■ N
10. Does the system experience frequent power outages (>2 a yr)? *If Yes, explain below*	☐ Y ■ N
11. Does the system experience frequent water outages? *If Yes, explain below*	☐ Y ■ N
12. Does there appear to be adequate reliability provided for this system? *If No, explain below*	■ Y ☐ N ☐ Unk

Additional comments:
5. Expansion of water system. See cover letter
9. 150,000 gallon reservoir feeds distribution by gravity allowing for days worth of water during a power outage.

PART D: SOURCES (This page may be reproduced to add more sources)

13. Did you observe a source in operational readiness NOT listed on the WFI as an active permanent or seasonal source?	☐ Y ■ N
14. If Yes, has the source received written DOH approval?	☐ Y ☐ N ☐ Unk

Describe and evaluate the source facilities including maintenance, operations, sanitary and security observations and any major change made to the source such as deepening or reconstruction:

S02 is main well. S01 backup S01 well #1 was drilled 2/27/1984 under the owner name of Wayne Enterprises. 8" casing, depth of 262 feet with perforations 250' to 258'. S02 well #2 was drilled Nov. 1977 under the name Sequim Bay Land Partnership, 8" casing, 161' deep, perforations 121' to 125', screens 151'to 161'.
New well field is not connected to system.
S01 and S02 wells tagged by County in 2003, AHM611 & AHM612. Additonal well tag (BBC879) on S01 from when additional wells were drilled.

15. DOH Source Number:				SO # 2		SO # 1	
16 Source Name from the WFI				**Well #2**		**Well #1**	
17. Dept of Ecology Well Tag Number: (Use Well tag ID#, None or Not readable)				**AHM612**		**AMH611**	
18. Source Use:	P - Permanent	S - Seasonal	E - Emergency	**P**		**E**	
19. If this is an emergency source, is it physically disconnected? *If No or Unk, explain below*				☐ Y ☐ N ☐ Unk		☐ Y ■ N ☐ Unk	

20. What is the physical location of the source? Use references -cross street, address, directions to locate in the field or GPS

SO# 2	**Access way on west side of Whitefeather Way**
SO# 1	**NW corner bumpout on reservoir building 686 Spyglass Road**

21. Is the source a potential GWI source?	☐ Y ■ N ☐ Unk	☐ Y ■ N ☐ Unk
22. Turbine pumps: Is there a well pump control valve with no air gap and screen on the valve discharge pipe? *If Yes, explain below*	☐ Y ☐ N	☐ Y ☐ N
23 **Is the source pump and pump controls operational and adequate to prevent chronic water outages or premature pump failure?** *If No or Unk, explain below*	■ Y ☐ N ☐ Unk	■ Y ☐ N ☐ Unk
24. Does the pump cycle too frequently (ie more than once every 10 minutes?) *If Yes, explain below*	☐ Y ■ N	☐ Y ■ N
WELL		
25. Is the Sanitary Control Area (SCA) free of potential sources of contamination?	■ Y ☐ N	■ Y ☐ N
26. If the wellhead is located in a pit or vault, is it drained to daylight?	☐ Y ☐ N ■ NA	☐ Y ☐ N ■ NA
27. Does the top of the casing extend at least 6 inches above the floor or ground?	■ Y ☐ N	■ Y ☐ N
28. Is the wellhead protected from any obvious risk of being submerged?	■ Y ☐ N	■ Y ☐ N
29. Is there a watertight, sealed well cap with no unprotected openings? *If No or Unk, explain below*	■ Y ☐ N ☐ Unk	☐ Y ☐ N ■ Unk
30. Is the well casing free of any unprotected openings?	■ Y ☐ N	■ Y ☐ N
31. Is there a vent on the well?	■ Y ☐ N	■ Y ☐ N
32. If Yes, is the vent properly protected? (24 mesh screen or slots)	■ Y ☐ N	■ Y ☐ N
33. Are conduits and junction boxes sealed to prevent contaminant entry?	■ Y ☐ N	■ Y ☐ N
34. Is the well protected from physical damage by vehicles parked or driving nearby?	■ Y ☐ N	■ Y ☐ N
35. Is a raw water source sample tap located prior to system components?	■ Y ☐ N	■ Y ☐ N
36. Is the source metered?	■ Y ☐ N	■ Y ☐ N
37. If yes, is the source meter being read?	■ Y ☐ N	■ Y ☐ N
38. If yes, are the water production records maintained?	■ Y ☐ N	■ Y ☐ N
39. Is the wellhouse properly constructed and maintained?	■ Y ☐ N	■ Y ☐ N
40. Is there evidence of rodent infestation?	☐ Y ■ N	☐ Y ■ N
41. Is the wellhouse adequately protected from unauthorized access?	■ Y ☐ N	■ Y ☐ N
SPRING		
42. Is the springbox (structure, hatch, overflow) constructed to prevent the entry of contaminants or direct surface drainage? *If No or Unk, explain below*	☐ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk
43. Is the spring source metered?	☐ Y ☐ N	☐ Y ☐ N
44. Is there a raw water sample tap located prior to components?	☐ Y ☐ N	☐ Y ☐ N
45. Is the springhouse adequately protected from unauthorized access?	☐ Y ☐ N	☐ Y ☐ N
46. Is the area around the spring secured (fenced) to prevent unauthorized entry?	☐ Y ☐ N	☐ Y ☐ N

Source Comments: **S01 has Franklin 3 HP submersible pump controlled by Cla-Valve 79222-02 operated by reservoir floats. 29. Small pipe out of S01 may have opening. 39. Housekeeping of S02 well house needed. June 5, 2013 Canal Pump pulled submersible pump from S02 to examine, cleaned screens and replaced.**

PART E: TREATMENT: CHLORINATION	
47. Does the system regularly shock or batch chlorinate a source or reservoir? *If Yes or Unk, explain below*	☐ Y ■ N ☐ Unk
48. Has any chlorination treatment been discontinued since the last survey? *If Yes, explain below*	☐ Y ■ N
49. Is there continuous chlorination? *If No, skip the remainder of Part E*	■ Y ☐ N
50. Is continuous chlorination required for this system?	☐ Y ■ N ☐ Unk
51. Is the installed chlorination system approved by DOH?	☐ Y ■ N ☐ Unk
52. Is there a DOH requirement for CT6 Chlorine Contact Time?	☐ Y ■ N ☐ Unk
Describe and evaluate the treatment purpose and facilities including maintenance, operations, sanitary and security observations **Chlorination at purveyor choice. Each well has own chlorination system. S02 chlorination system inside valve / treatment building. S01 chlorinatin system inside S01 well room by reservoir. Each chlorination system consist of a chlorine solution tank, tubes, a chlorine feed pump and an inject port. Chlorine pump MiltoRoy P121-35**	
53. Is the installed chlorination noted on the WFI? If No, please update WFI and Notify Regional Engineer	■ Y ☐ N
54. Is the chlorination system operating properly?	■ Y ☐ N
55. Is there a water supply line plumbed directly into the chlorination solution tank without an air gap or reduced pressure backflow assembly (RPBA) on the supply line?	☐ Y ■ N ☐ Unk
56. Are the minimum free chlorine residuals maintained?	■ Y ☐ N ☐ Unk
57. Are free chlorine residuals monitored and recorded at least 5 days per week? - *If No or Unk, explain below*	■ Y ☐ N ☐ Unk
58. Are the free chlorine residual records submitted to DOH each month?	■ Y ☐ N ☐ Unk
59. Is the purveyor using an approved method to measure chlorine residuals? – *DPD, digital colorimeter or approved test strips - If No or Unk, explain below*	■ Y ☐ N ☐ Unk
60. Please measure the free chlorine residuals at one of these locations, if possible.	
Point of entry: 1.0 | Distribution system: 1.0 | Other location: 0.5	
61. Is there a pre-treatment sample tap?	■ Y ☐ N
62. Is there a post-treatment sample tap?	■ Y ☐ N
63. Do the chlorination chemicals meet NSF/ANSI Standard 61? - *household bleach exempted*	■ Y ☐ N ☐ Unk
64. Is a backup chemical feed pump or other critical spare parts readily available?	■ Y ☐ N ☐ Unk
Chlorination comments: **56. Residual of 1.0 maintained for homes. RV park 0.5 residual chlorine 57. Port of Port Angeles test for chlorine residual daily. 61. S02 well head tap would be pre-treatment tap. 62. S01 post-treatment tap is post reservoir tap.**	

PART F: TREATMENT: OTHER			
65. Is there any treatment other than chlorination in use? *If No, skip Part F*			☐ Y ■ N
66. Types of treatment installed:			
Treatment 1 (T1)		Treatment 2 (T2)	
Describe and evaluate the treatment purpose and facilities including maintenance, operations, sanitary and security observations **No other treatment.**			
Treatment Type		T1	T2
67. Is the installed treatment required?		☐ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk
68. Is the installed treatment approved by DOH?		☐ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk
69. Is there a water supply line plumbed directly into a chemical solution tank (e.g., fluoride saturator, sodium hydroxide solution tank) without an air gap or reduced pressure backflow assembly (RPBA) on the supply line?		☐ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk
70. Are primary contaminant treatment facilities (e.g., nitrate and arsenic) operating properly: *If No or Unk, explain below*		☐ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk
71. Is the installed treatment noted on the WFI? If No, please update WFI and notify Regional Engineer		☐ Y ☐ N	☐ Y ☐ N

72. Has any treatment been added or discontinued since the last survey? *If Yes or Unk, explain below*	☐ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk
Other Treatment comments:		

PART G: BOOSTER PUMPING FACILITIES and CONTROLS

73. Are there booster pumps present? *If No, skip Part G*	■ Y ☐ N

Describe and evaluate the pump facilities and controls including maintenance, operations, sanitary and security observations:

Pacoflo 9000 Water Booster System Model MIT 3.0/3.0 E-CN

Booster pumps are in side room off reservoir, Unimount 125, 3 HP.

A flow sensing pump runs the three booster pumps in sequence, north to south.

Very clean building.

	Booster Pump Station	
74. Does the pump cycle too frequently (ie more than once every 10 minutes?) *If Yes or Unk, explain below*	☐ Y ■ N ☐ Unk	☐ Y ☐ N ☐ Unk
75. Are pumps and pump controls operational and adequate to prevent chronic water outages or premature pump failure? *If Yes or Unk explain below*	■ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk
76. Is the pump house/pump station secure and in good condition? *If No, explain below*	■ Y ☐ N ☐ NA	☐ Y ☐ N ☐ NA

Booster Pump Facilities comments:

PART H: PRESSURE TANKS

77. Are there pressure tanks present? *If No, skip Part H*	■ Y ☐ N

Describe and evaluate the pressure tanks including maintenance, operational, sanitary and security observations:

Two pressure tanks.

Pressure tank for S01 is a Conaire 3802464 320ES that appears to be about 80 gallons.

Pressure tank for S02 is about 250 gallons.

78. For hydropneumatic tanks using an air compressor, is the compressor an oil-less type?	☐ Y ☐ N ■ NA
79. Are valves present to isolate pressure tanks for maintenance or repair?	☐ Y ■ N
80. Is there an ASME pressure relief valve (PRV) present?	■ Y ☐ N
81. Are the pressure tanks in good working condition? *If No or Unk, explain below*	■ Y ☐ N ☐ Unk

Pressure Tank comments:

PART I: WATER STORAGE TANKS

82. Is there a water storage tank? - *If No, skip Part I*	■ Y ☐ N

83. Select method used to verify the integrity of the following components: reservoir hatch, vent, overflow and drain.

- ■ Reservoir physically inspected during survey, photos enclosed.
- ☐ Review and discussion of maintenance records, purveyor has provided copies of these records and they are enclosed.
- ☐ Photos to be taken and mailed by purveyor, additional follow-up required by DOH.
- ☐ Purveyor unable or unwilling to document, additional follow-up required by DOH

Describe and evaluate the finished water storage facilities including volume, maintenance, configuration of the inlet/outlet piping, operational, sanitary and security observations:

Reservoir is above ground 150,000 gallon cement tank divided into four quadrants. Each quadrant can be used separately or together.

Hatch is door to catwalk above tanks.

Reservoir filled from 4 corners and discharged from the center bottom. The four valves to each quadrant were open but can be closed to work on quadrant.

Two float systems – one for S02 and one for the fire pump. Audible low water level alarm located at the lower valve/treatment building.

Reservoir Names		
84. Is the storage tank protected from unauthorized entry or vandalism? *If No or Unk, explain below*	■ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk
85. Is the access hatch constructed and sealed to prevent the entry of contaminants? *If No or Unk, explain below*	■ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk
86. If able to open hatch, is the stored water clear and free of visible contaminants? *If No, explain below*	■ Y ☐ N ☐ N/A	☐ Y ☐ N ☐ N/A
87. Is there a dedicated air vent on the storage tank?	■ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk
88. If Yes, is the air vent constructed to prevent the entry of contaminants? *If No or Unk, explain below*	■ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk
89. Is the overflow line protected to prevent contaminants from entering the tank? *If No or Unk, explain below*	■ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk
90. Does the overflow line discharge near ground level?	☐ Y ■ N ☐ Unk	☐ Y ☐ N ☐ Unk
91. Is the overflow line discharge area protected from potential erosion?	☐ Y ■ N ☐ Unk	☐ Y ☐ N ☐ Unk
92. Does the overflow line discharge into a storm or sewer drain or body of water?	☐ Y ■ N ☐ Unk	☐ Y ☐ N ☐ Unk
93. If yes, is there an air gap at the discharge of the overflow OR does the overflow drop at least 34 vertical feet measured from the overflow inlet to the ground surface?	☐ Y ☐ N	☐ Y ☐ N
94. When was the tank inspected last? *Explain above if necessary*	**2013**	
95. What is the tank cleaning frequency? *Explain above if necessary*	**As needed**	
96. Does the location of the inlet/outlet lines provide for good water turnover in the tank?	☐ Y ☐ N ■ Unk	☐ Y ☐ N ☐ Unk
97. Can the reservoir be isolated from the rest of the water system and be drained through a dedicated drain line?	■ Y ☐ N ☐ Unk	☐ Y ☐ N ☐ Unk
98. Does the storage tank need to be evaluated for replacement or repair?	☐ Y ■ N	☐ Y ☐ N

Water Storage Tank comments:

90. Overflow is through roof vents along top of wall.

94. Easy inspection from cat walk.

PART J: DISTRIBUTION SYSTEM

Describe and evaluate the distribution system including maintenance, operational, sanitary and security observations
Leak from S02 to valve / treatment building found and repaired June 2013.
8 inch PVC installed under road but well field not connected.
Great map of system.
Service meters on homes. Homes have access to separate irrigation water.

99. Is an adequate map of the distribution system maintained?	■ Y ☐ N ☐ Unk
100. Does the system provide adequate pressure throughout the distribution system? *If No, explain below*	■ Y ☐ N ☐ Unk
101. Community: Has the system completed an Annual Water Use Efficiency (WUE) report?	■ Y ☐ N ☐ NA
102. Community: If Yes, what is the Distribution System Leakage (DSL) percentage?	0%
103. Are proper procedures followed for disinfection of new construction or repairs?	■ Y ☐ N ☐ Unk
104. Are there blow-offs to flush the system?	■ Y ☐ N
105. Does the purveyor seasonally or annually flush the distribution system? *If Yes, describe above*	■ Y ☐ N ☐ Unk
106. Does the purveyor exercise the distribution system valves? *If Yes, describe above*	■ Y ☐ N ☐ Unk
107. Has a Cross Connection Control Hazard Evaluation been completed?	☐ Y ☐ N ■ Unk
108. Were any cross connections observed during the survey? *If Yes, explain below*	☐ Y ■ N
109. Is the system protected from high health hazard cross connections? If no, explain below	■ Y ☐ N ☐ NA
110. Were any of the following cross connections observed during the survey?	☐ Y ■ N
a. The end of a garden hose connected to the potable water system submerged in a pool, hot tub, watering trough, or other Non-potable body of water?	☐ Y ■ N
b. A sewage dump station without a reduced pressure backflow assembly (RPBA) on the water supply at the dump station?	☐ Y ■ N ☐ NA
111. Are backflow prevention assemblies or devices installed?	■ Y ☐ N ☐ Unk
112. If Yes, are the backflow assemblies tested on an annual basis and records maintained?	■ Y ☐ N ☐ Unk

Distribution comments:
107. Operator unsure if owner did CCC Hazard Evaluation.
111. Double check valve between system and RV Park.

PART K: OTHER

113. Has this water system received any significant customer complaints within the last 5 years?	☐ Y ■ N ☐ Unk
114. Describe purveyor's method of documenting and responding to customer complaints.	
115. Describe any tests performed during the inspection (such as chlorine residual, pressure, or temperature):	
116. Describe any simple repairs the purveyor completed during the inspection on page one.	
Other comments:	

PART L: FIELD NOTES AND SAFETY CONCERNS

NOTES:

Two well tags S01 One the County put on in 2003 AHM611 The other is from when they drilled the well field.

S01 not main well because poor water quality, manganese.

Water Right G2-28085

S02 well house needs cleaning

S02 leak? SO2 very wet – is this just condensation or a leak?

Well field S09 consist of S08, S07, S06, S05, S04, S03. They are all sealed and not connected. S03 is the eastern most well with S08 the western most. These wells were drilled 2/5/1988 under the name Wayne Enterprises, well log IDs 53854, 53855, 53856, 53867, 53858, 53859. No connections or pumps for these wells.

1996 Sequim Bay Resort #77601Y and John Wayne Marina #364211 combined into one water system, project #109510.

1997 Wellfield improvements, reservoir expansion and booster pump station, transmission piping approved #96-1212.

Blue operating permit active connections exceeds approved connections. Approved for 19 connections, 25 active connections.

Treatment building also know as valve house is located across from "2577" the Marina Driveway.

Name change 2007 - water system originally known as "Sequim Bay Resort and Marina".

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

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2
Updated: 10/31/2011
Printed: 10/7/2013
WFI Printed For: On-Demand
Submission Reason: Pop/Connect

RETURN TO: Southwest Regional Office, PO Box 47823, Olympia, WA, 98504

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
36421 1	RESORT AND MARINA	CLALLAM	A	Comm

6. PRIMARY CONTACT NAME & MAILING ADDRESS	7. OWNER NAME & MAILING ADDRESS	8. Owner Number 005283
DELMAR A. CARYL [OPERATOR] P.O. BOX 1989 SEQUIM, WA 98382	WAYNE ENTERPRISES LOUIS A. TORRES OLYMPIC DEVELOPMENT 1620 W 13TH ST PORT ANGELES, WA 98363-6804	TITLE: OWNERS REP
STREET ADDRESS IF DIFFERENT FROM ABOVE	**STREET ADDRESS IF DIFFERENT FROM**	
ATTN ADDRESS CITY STATE ZIP	ATTN ADDRESS CITY STATE ZIP	

9. 24 HOUR PRIMARY CONTACT INFORMATION	10. OWNER CONTACT INFORMATION
Primary Contact Daytime Phone: (360) 683-7191	Owner Daytime Phone: (360) 457-4320
Primary Contact Mobile/Cell Phone: (360) 460-2764	Owner Mobile/Cell Phone:
Primary Contact Evening Phone: (xxx) xxx-xxxx	Owner Evening Phone: (xxx) xxx-xxxx
Fax:(360) 452-5883 | E-mail: XXXXXX	Owner Fax Phone: | E-mail: XXXXXX

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

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

- ☐ Not applicable (Skip to #12)
- ☐ Owned and Managed
- ☒ Managed Only
- ☐ Owned Only

SMA NAME: SOLMAR WATER SYSTEM INC — SMA Number: 145

12. WATER SYSTEM CHARACTERISTICS (mark all that apply)

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

13. WATER SYSTEM OWNERSHIP (mark only one)				14. STORAGE CAPACITY (gallons)
☐ Association	☐ County	☒ Investor	☐ Special District	
☐ City / Town	☐ Federal	☐ Private	☐ State	150,000

- SEE NEXT PAGE FOR A COMPLETE LIST OF SOURCES -

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
36421 1	RESORT AND MARINA	CLALLAM	A	Comm

15	16	17	18										19			20	21						22	23	24			
	SOURCE NAME	INTERTIE	SOURCE CATEGORY										USE				TREATMENT						DEPTH		SOURCE LOCATION			
Source Number	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL	SPRING	SPRING FIELD	SPRING IN [illegible]	SEA WATER	SURFACE WATER	RANNEY / INF.	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	JWM 10951 / Well #1 AHM611 8"		X												X	Y		X					250	15	NE SW	27	30N	03W
S02	JWM 10951 / Well #2 AHM612 8"		X										X			Y		X					149	70	NW SE	27	30N	03W
S03	Pre-Active 07/31/2007 Well 1 of 6 [illegible]				X								X			N	X						35	10	NW SE	27	30N	03W
S04	Pre-Active 07/31/2007 Well 2 of 6 [illegible]				X								X			N	X						37	10	NW SE	27	30N	03W
S05	Pre-Active 07/31/2007 Well 3 of 6 [illegible]				X								X			N	X						33	10	NW SE	27	30N	03W
S06	Pre-Active 07/31/2007 Well 4 of 6 [illegible]				X								X			N	X						30	10	NW SE	27	30N	03W
S07	Pre-Active 07/31/2007 Well 5 of 6 [illegible]				X								X			N	X						34	10	NW SE	27	30N	03W
S08	Pre-Active 07/31/2007 Well 6 of 6 [illegible]				X								X			N	X						29	10	NW SE	27	30N	03W
S09	Pre-Active 07/31/2007 WF (S03, 4, 5, [illegible]			X									X			N	X						29	0	NW SE	27	30N	03W

S03 to S09 all still preactive

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
36421 1	RESORT AND MARINA	CLALLAM	A	Comm

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED CONNECTIONS
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	23	17
A. Full Time Single Family Residences (Occupied 180 days or more per year)	23		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services and/or Transient Accommodations (Campsites, RV sites, hotel/motel/overnight units)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	2	2	2
28. TOTAL SERVICE CONNECTIONS		25	19

29. FULL-TIME RESIDENTIAL POPULATION

A. How many residents are served by this system 180 or more days per ___? 57

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

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?	2000	2000	2000	4500	4500	6000	10000	10000	10000	6000	6000	2000
B. How many days per month is water accessible to the public?	~~20~~ 30	~~20~~ 30	~~20~~ 30	~~20~~ 30	~~20~~ 30	~~20~~ 30	~~20~~ 30	~~20~~ 30	~~20~~ 30	~~20~~ 30	~~20~~ 30	~~20~~ 30

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

35. Reason for Submitting WFI:

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

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

SIGNATURE: _____

DATE: _____

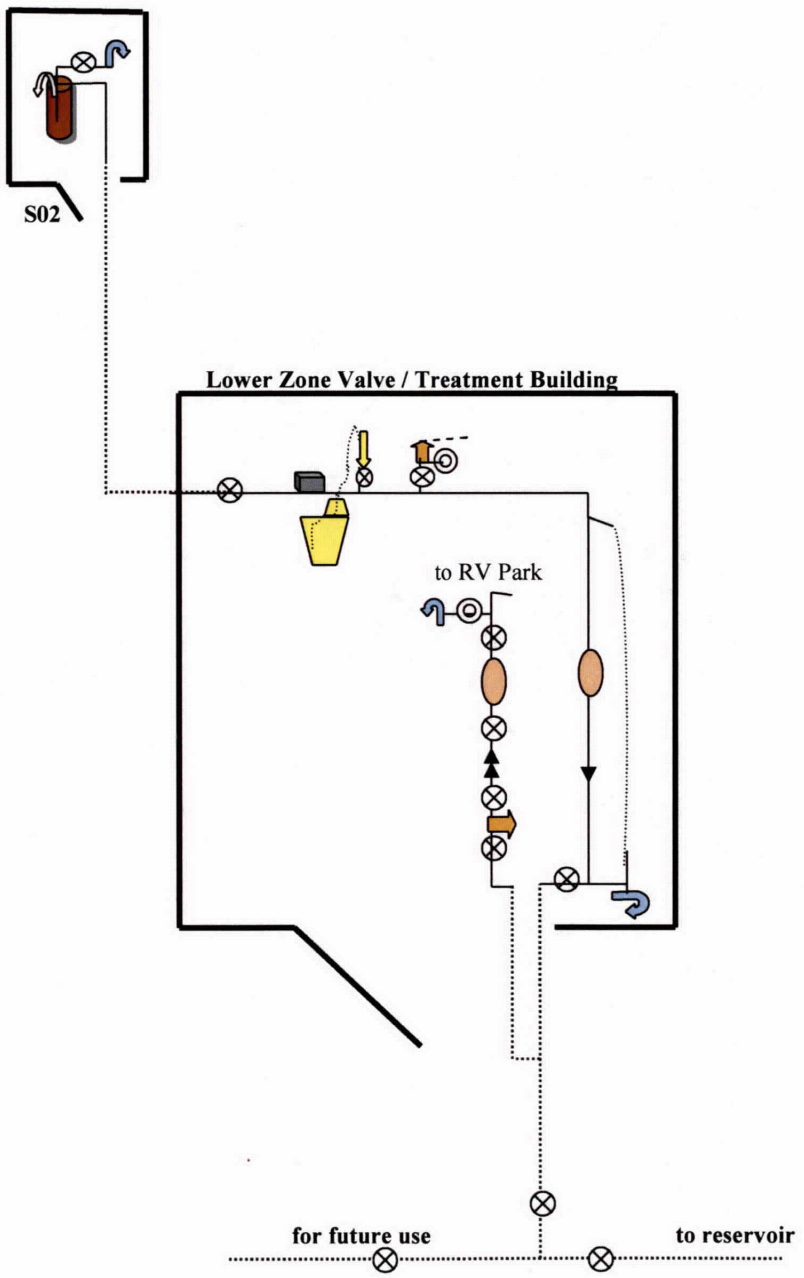
PRINT NAME: _____

TITLE: _____

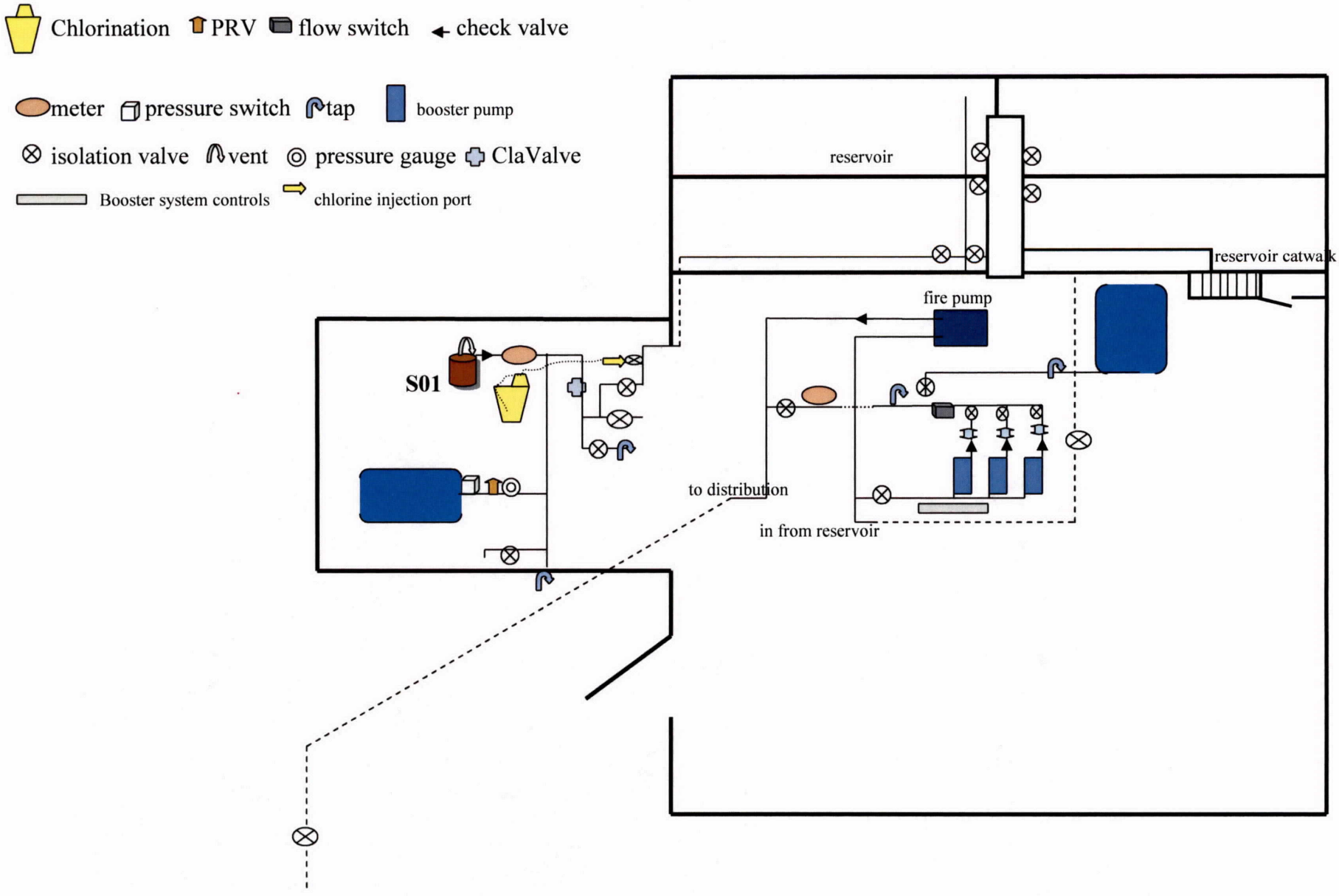
Resort and Marina #36421 **Survey June 6, 2013** **S02 well #2**

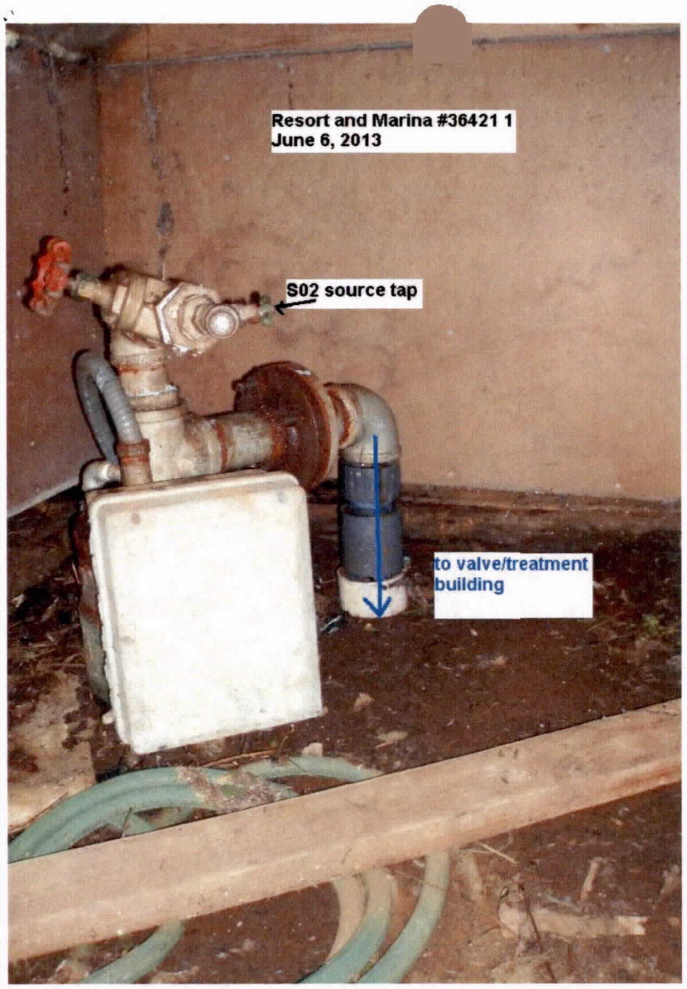
meter pressure switch PRV Chlorination chlorine injection port

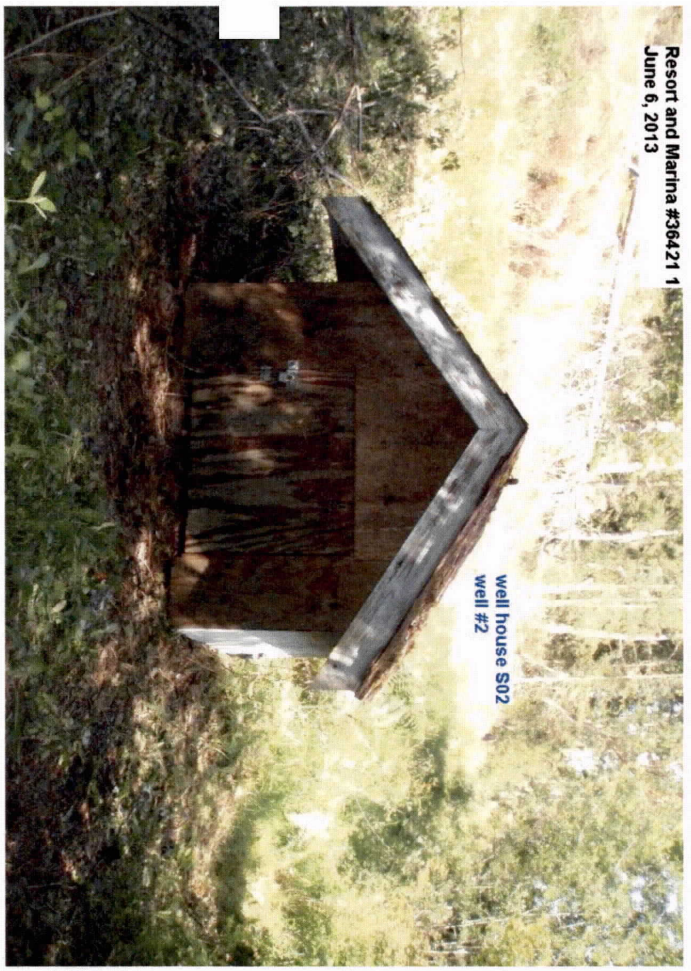
flow switch tap isolation valve vent check valve pressure gauge



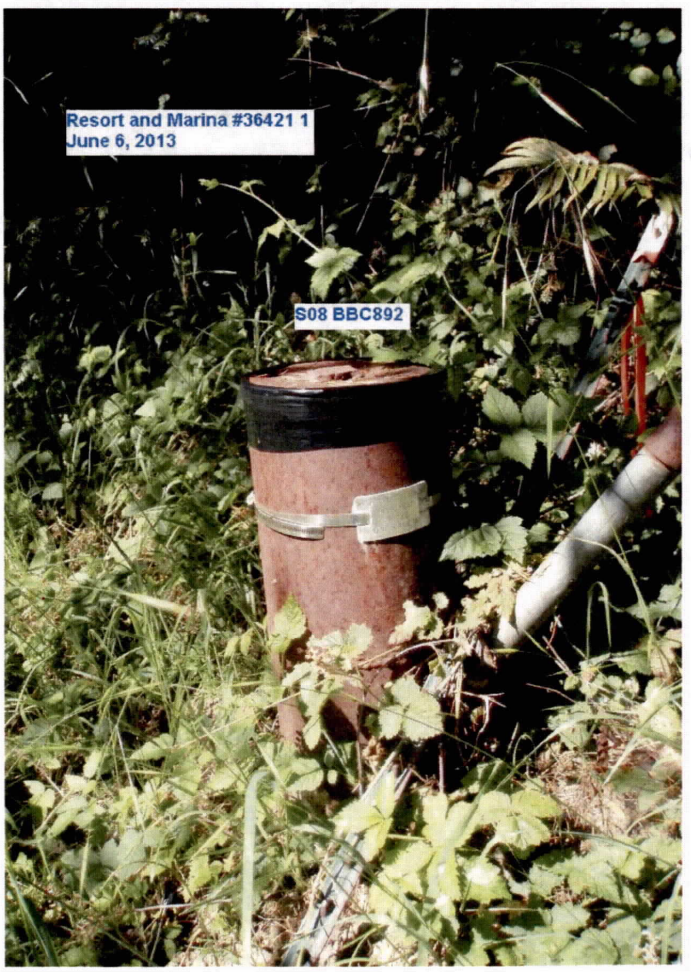
Resort and Marina #36421 **Survey June 6, 2013**
S01 well #1




Resort and Marina #36421 1
June 6, 2013
S02 source tap
to valve/treatment
building


Resort and Marina #36421 1
June 6, 2013
well house S02
well #2


Resort and Marina #36421 1
June 6, 2013
S02 source tap
vent
S02 tagged
AHM612


Resort and Marina #36421 1
June 6, 2013
S08 BBC892

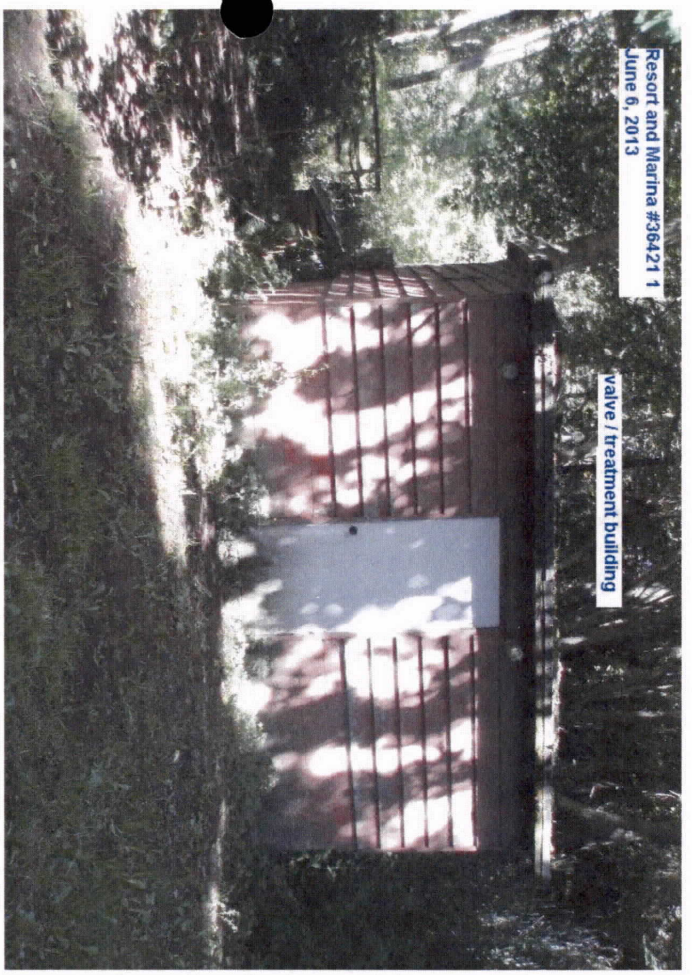

Resort and Marina #36421 1
June 6, 2013
S07 BBC891


Resort and Marina #36421 1
June 6, 2013
S06 BBC890


Resort and Marina #36421 1
June 6, 2013
S05 BBC889

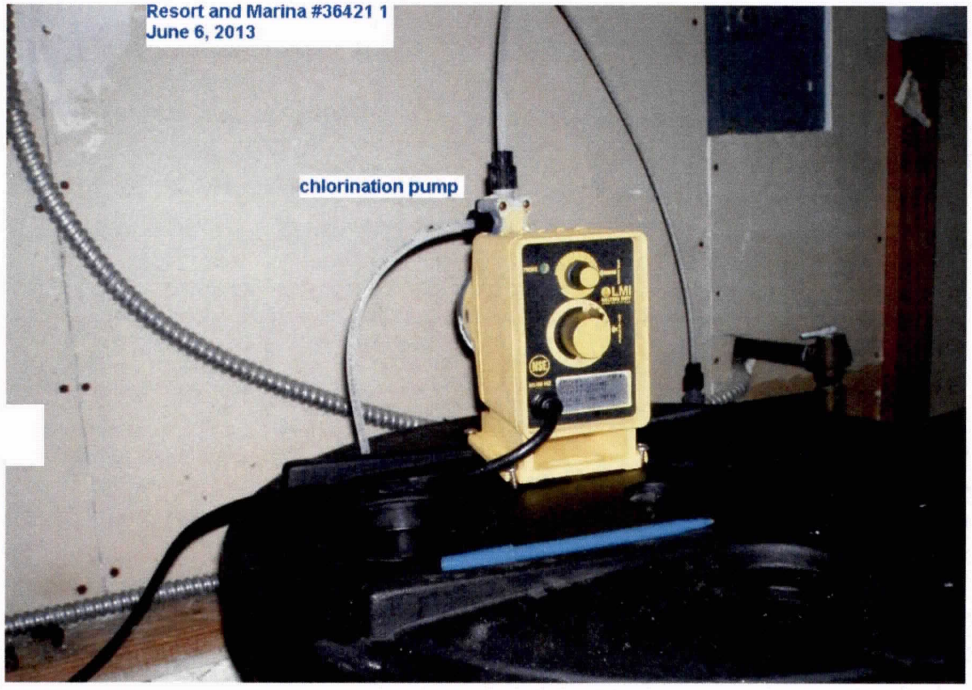

Resort and Marina #36421 1
June 6, 2013
S04 BBC888
10 inch
well casing

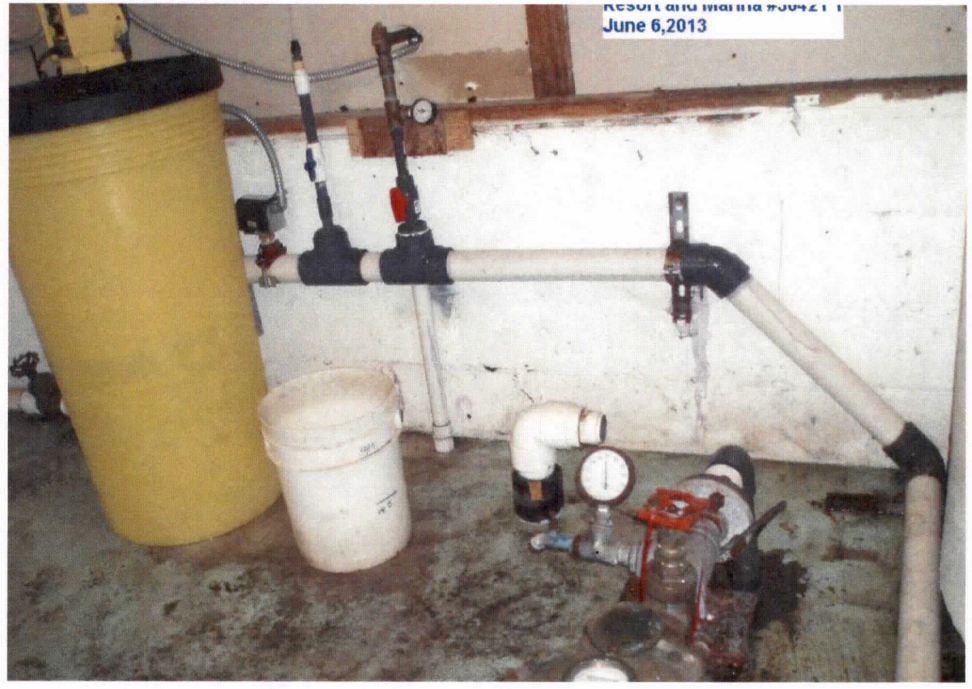

Resort and Marina #36421 1
June 6, 2013
S03 BBC887


Resort and Marina #36421 1
June 6, 2013
valve / treatment building

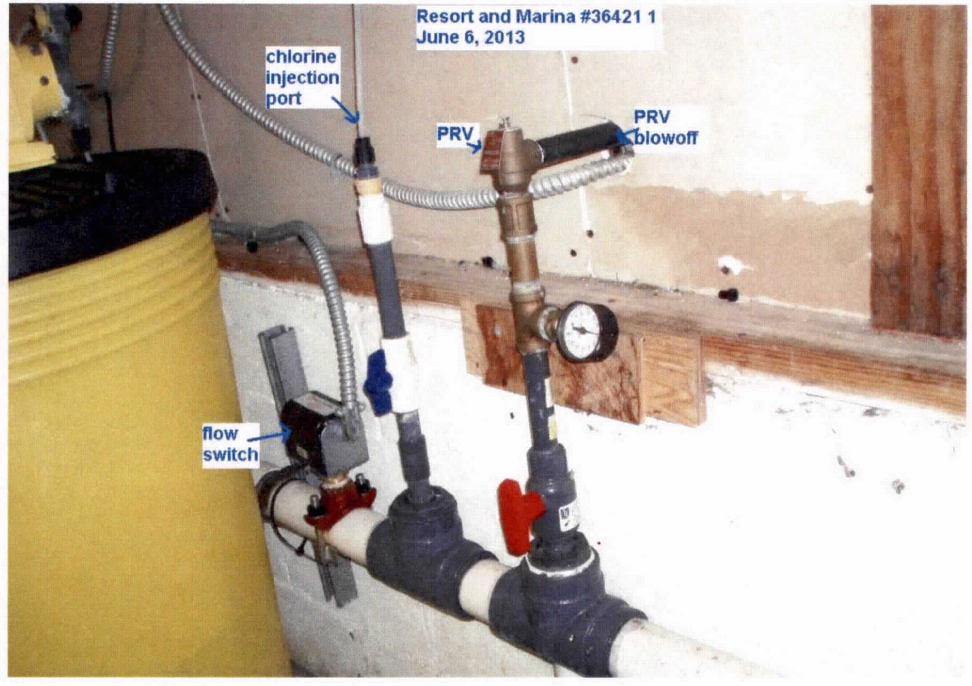

Resort and Marina #36421 1
June 6, 2013
treatment building
old tank not in use
spare pipe

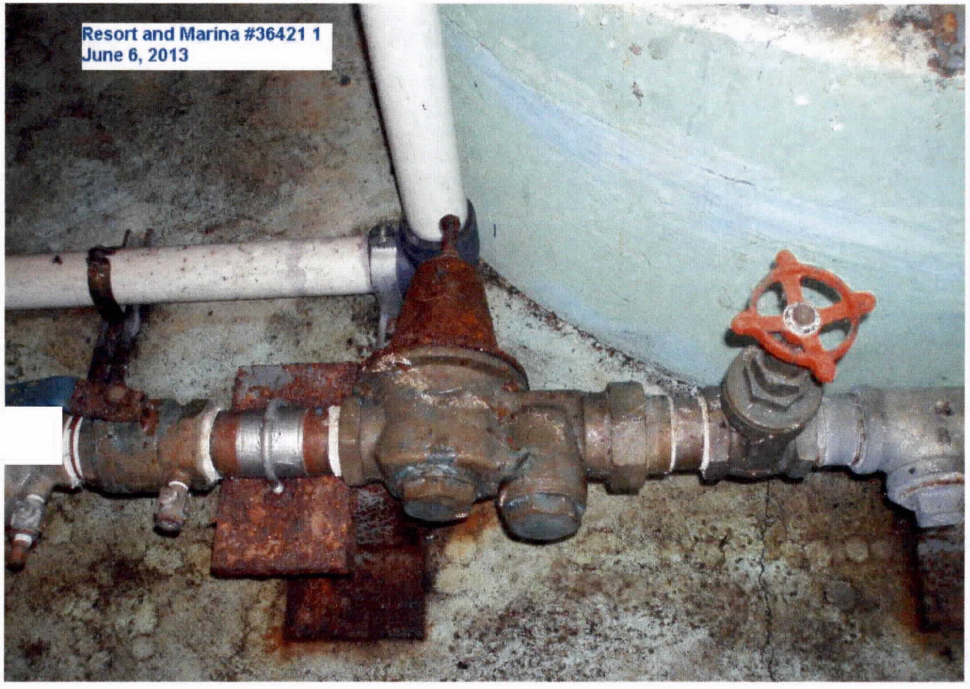

in from S02
Resort and Marina #36421 1
June 6, 2013


Resort and Marina #36421 1
June 6, 2013
chlorination pump


June 6,2013

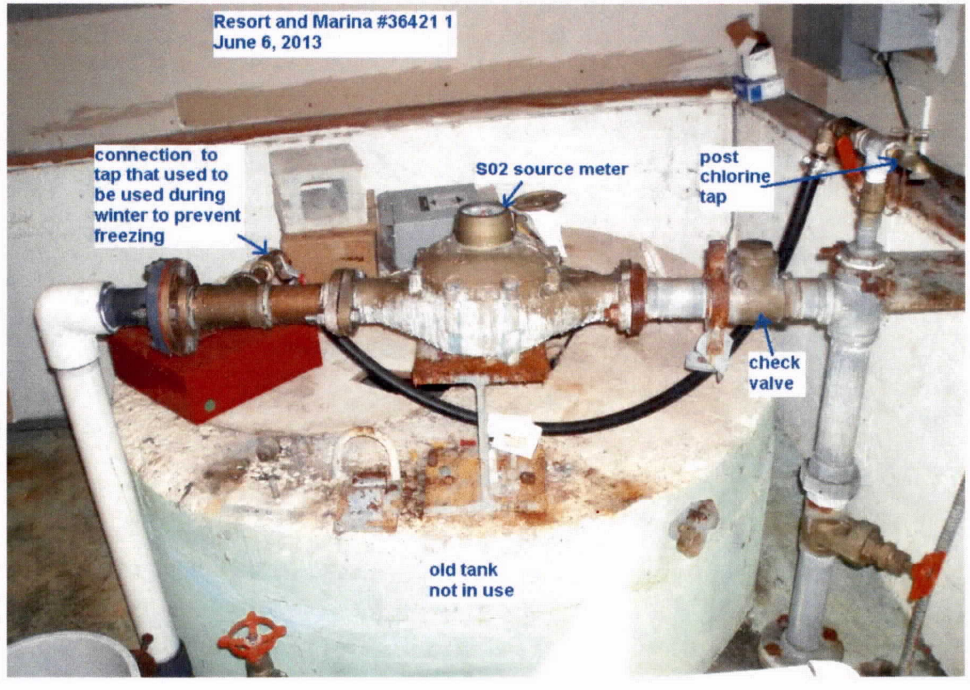

chlorination system
Resort and Marina #36421 1
June 6, 2013


Resort and Marina #36421 1
June 6, 2013
chlorine injection port
PRV
PRV blowoff
flow switch


Resort and Marina #36421 1
June 6, 2013

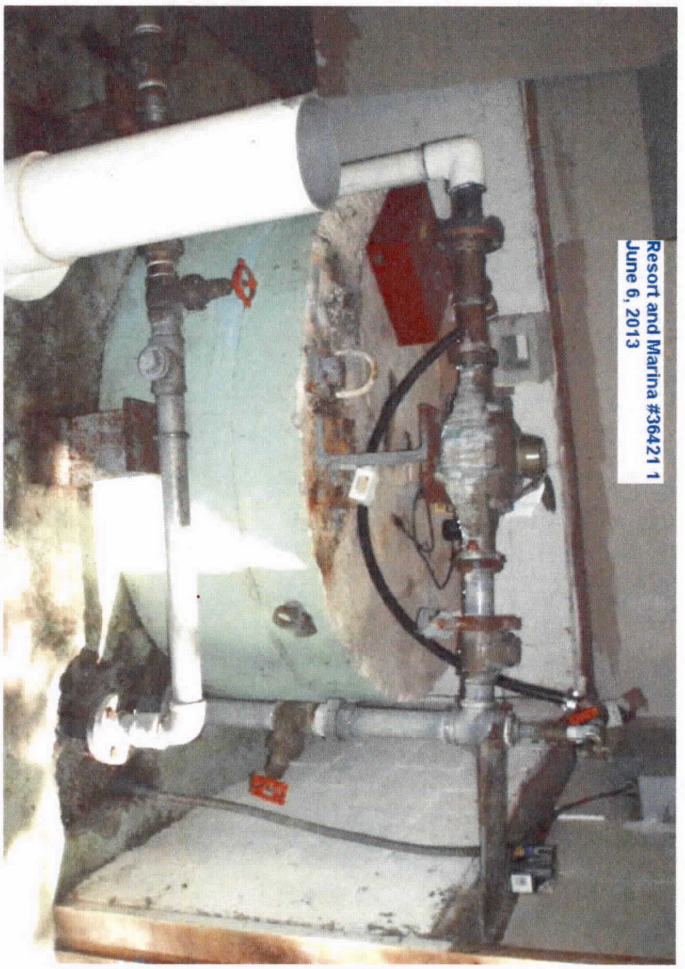

Resort and Marina #36421 1
June 6, 2013


Resort and Marina #36421 1
June 6, 2013

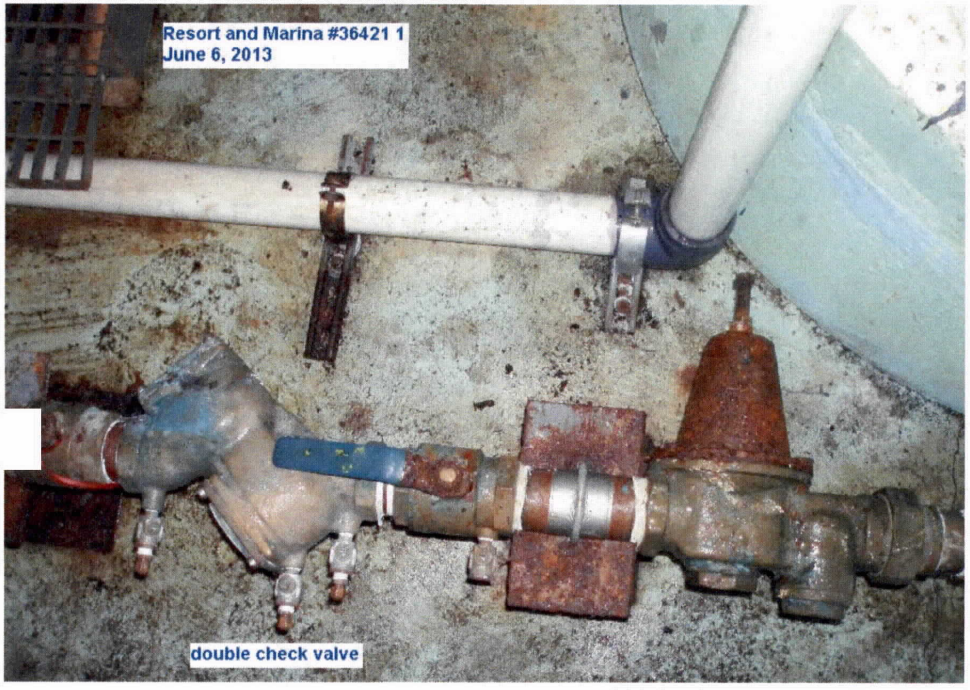

Resort and Marina #36421 1
June 6, 2013
connection to tap that used to be used during winter to prevent freezing
S02 source meter
post chlorine tap
check valve
old tank not in use


June 6, 2013

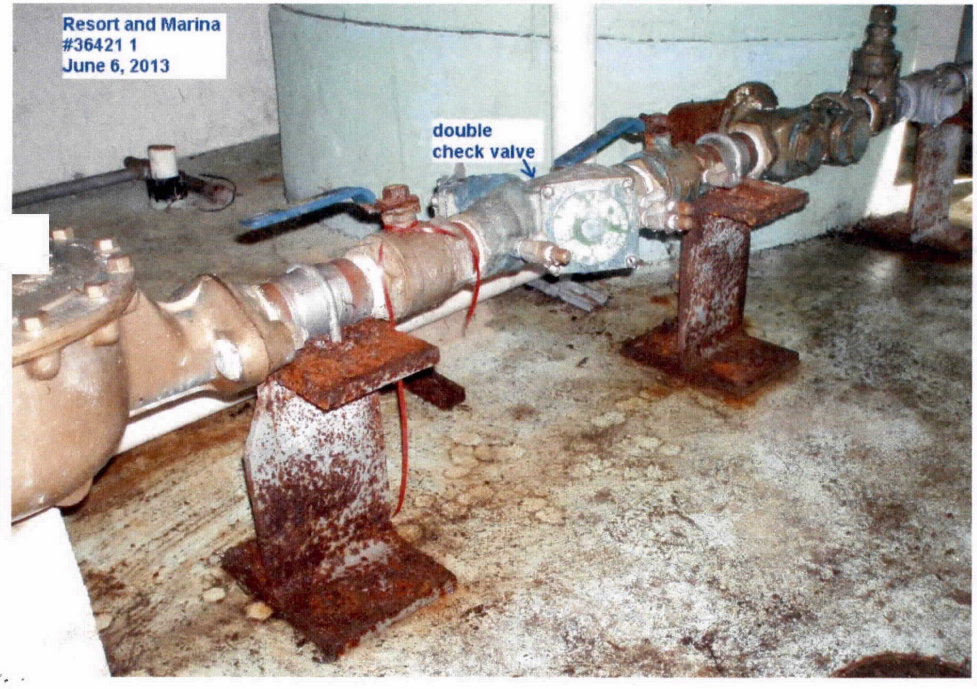

Resort and Marina #36421 1
June 6, 2013
to reservoir and distribution
loops back in to flow to RV Park

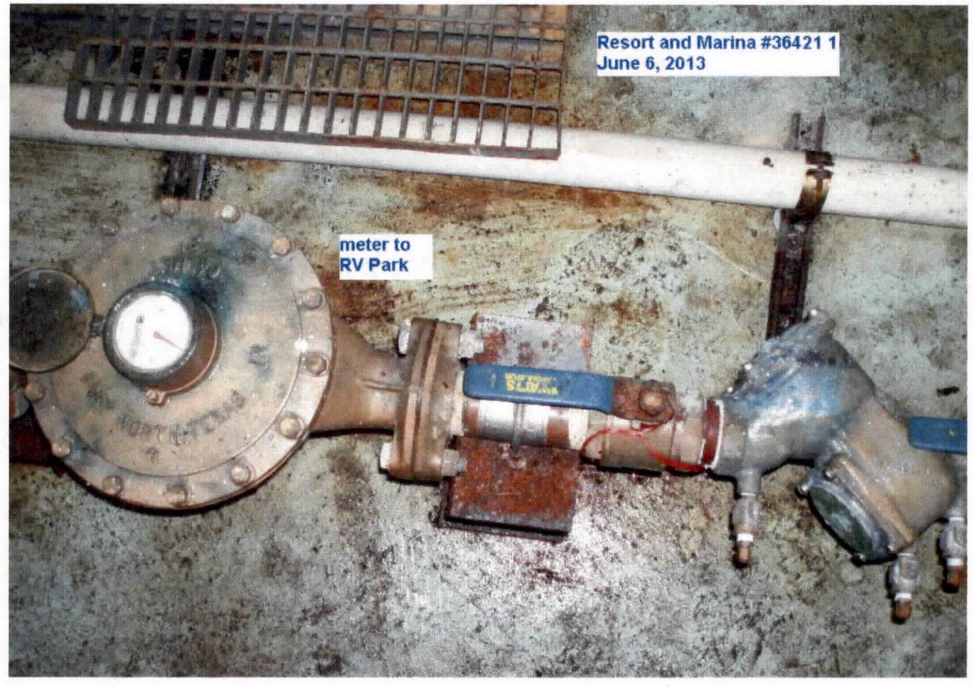

Resort and Marina #36421 1
June 6, 2013

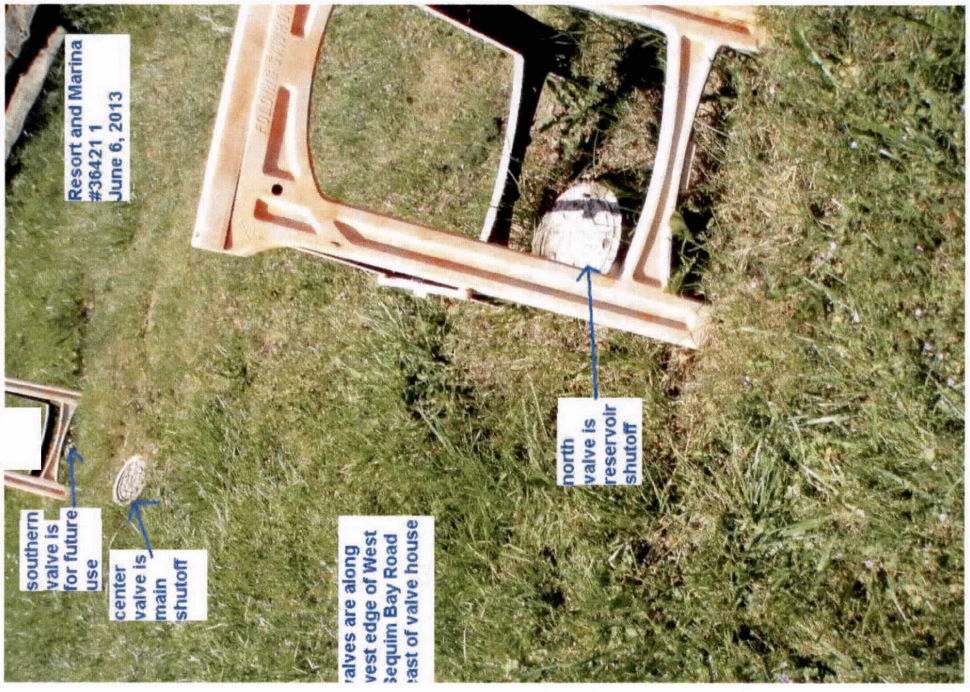

Resort and Marina
#36421 1
June 6, 2013

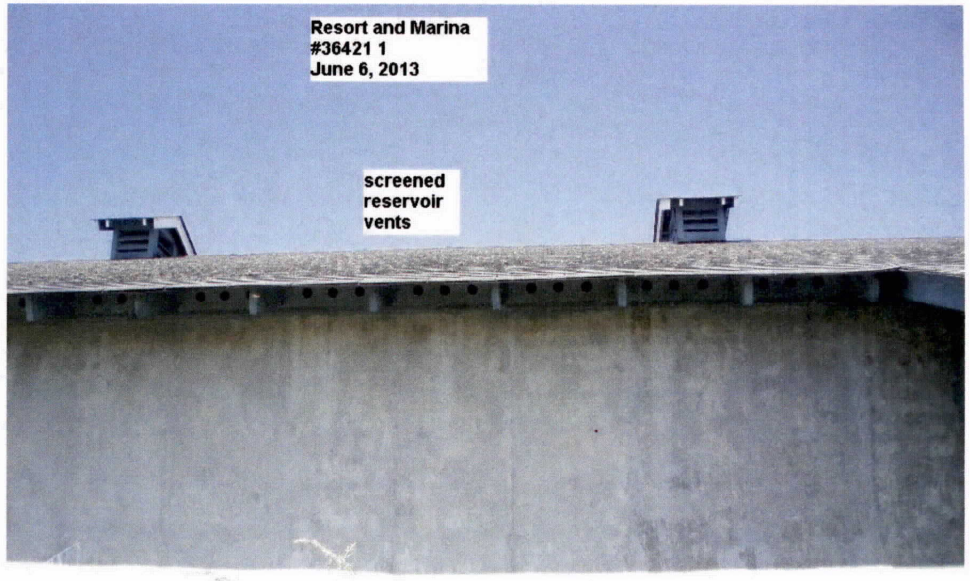

Resort and Marina #36421 1
June 6, 2013
double check valve

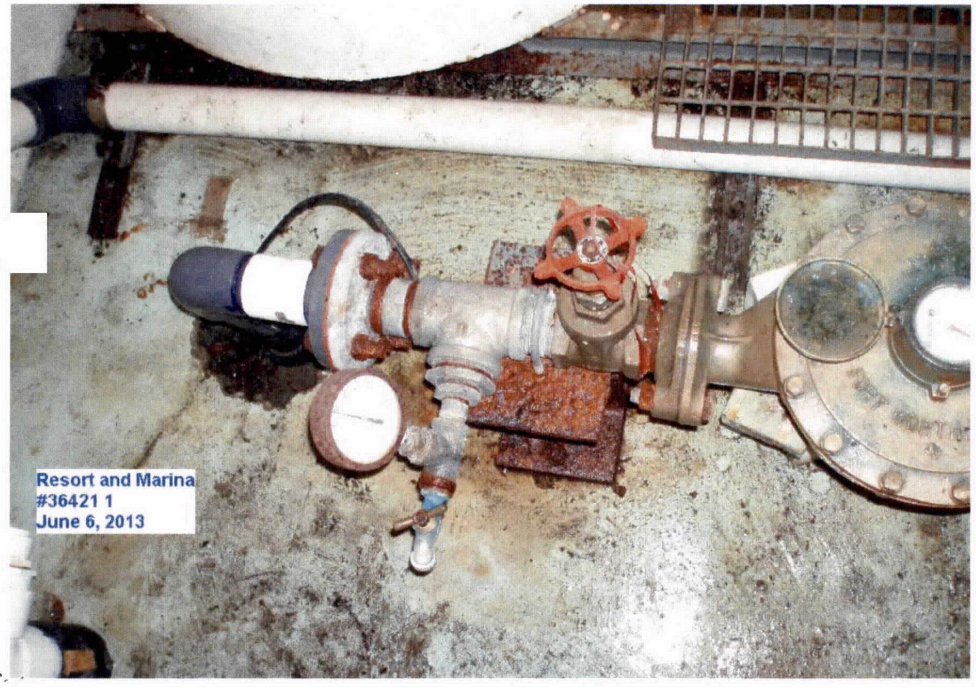

Resort and Marina #36421 1
June 6, 2013
to RV
park
tap
RV Park
meter


Resort and Marina
#36421 1
June 6, 2013
double
check valve


Resort and Marina #36421 1
June 6, 2013
meter to
RV Park

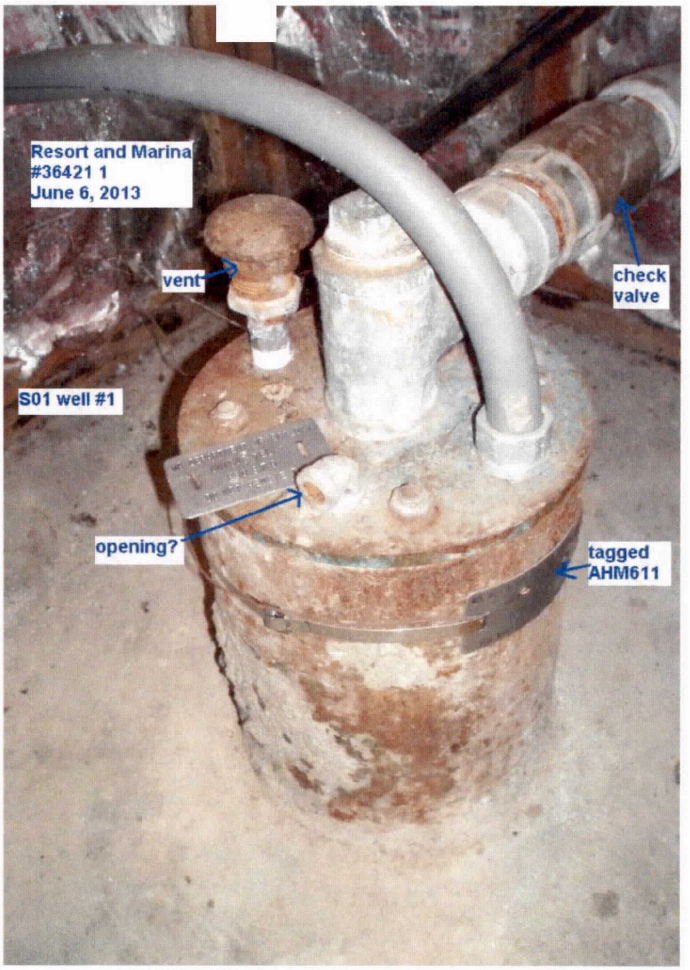

Resort and Marina
#36421 1
June 6, 2013
north valve is reservoir shutoff
center valve is main shutoff
southern valve is for future use

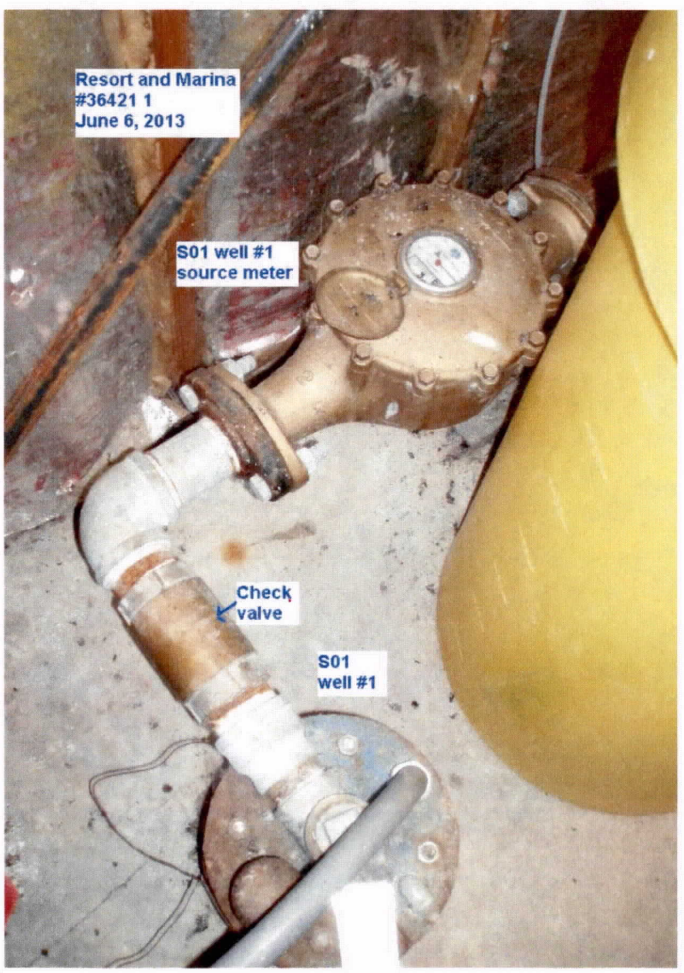

Resort and Marina
#36421 1
June 6, 2013
screened reservoir vents

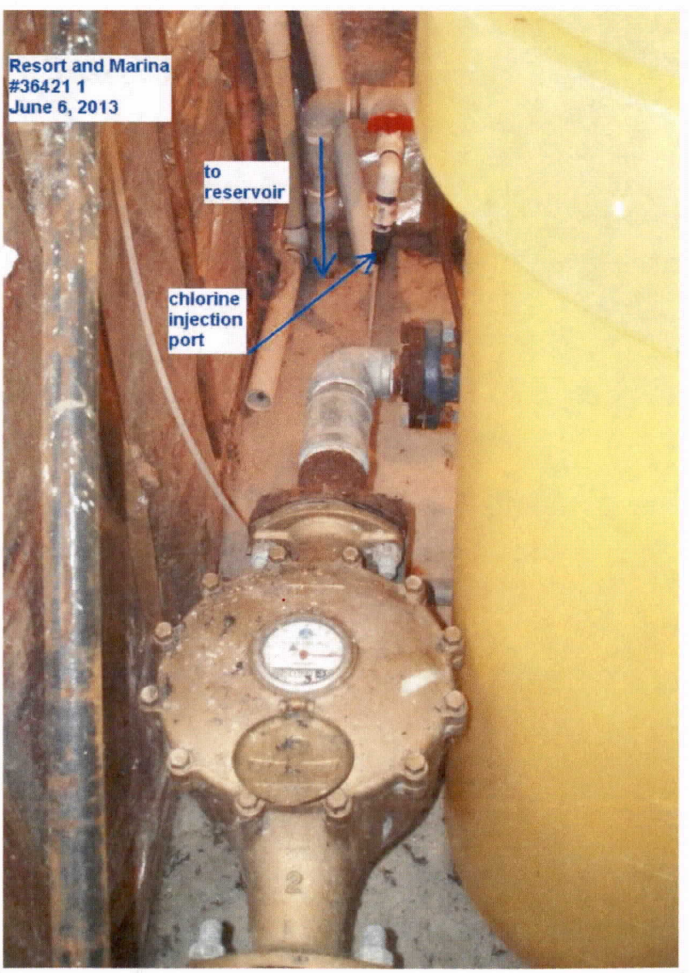

Resort and Marina
#36421 1
June 6, 2013

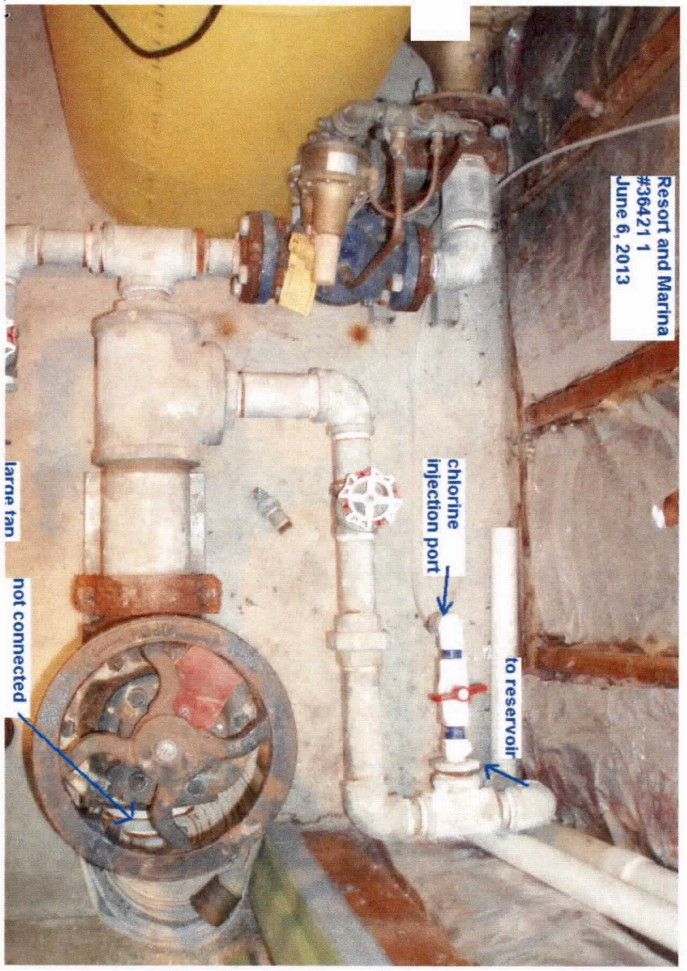

Resort and Marina
#36421 1
June 6, 2013
reservoir tank
S01 well house


Resort and Marina
#36421 1
June 6, 2013
S01 well/ pump room
S01 well behind chlorination tank


Resort and Marina
#36421 1
June 6, 2013
vent
check valve
S01 well #1
opening?
tagged AHM611


Resort and Marina
#36421 1
June 6, 2013
S01 well #1 source meter
Check valve
S01 well #1


Resort and Marina
#36421 1
June 6, 2013
to reservoir
chlorine injection port

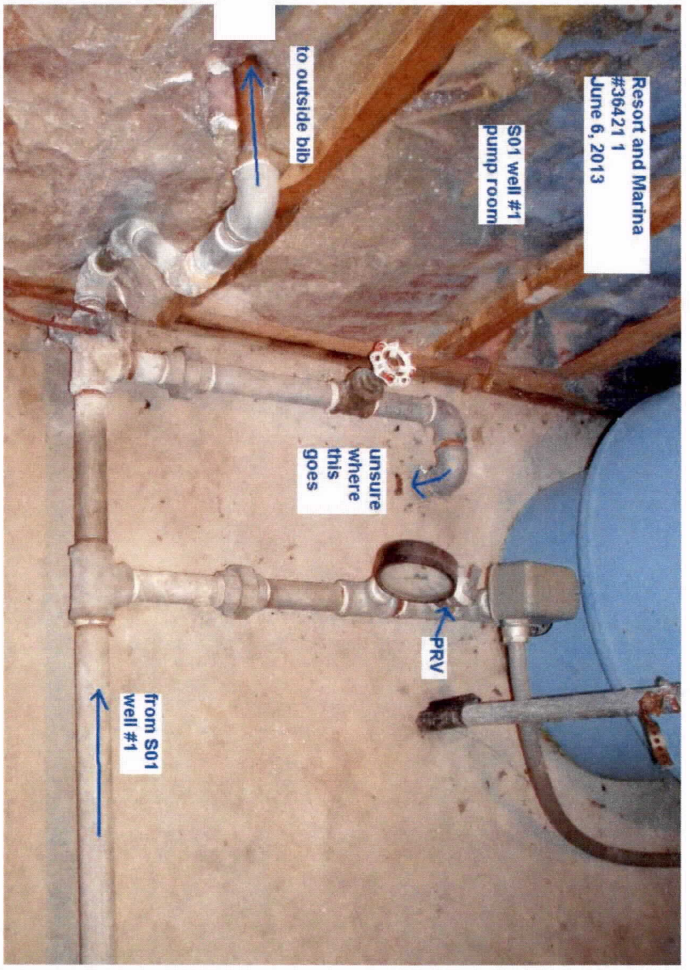

Resort and Marina
#36421 1
June 6, 2013
chlorine
injection port
to reservoir
not connected


Resort and Marina
#36421 1
June 6, 2013
to small
pressure tank

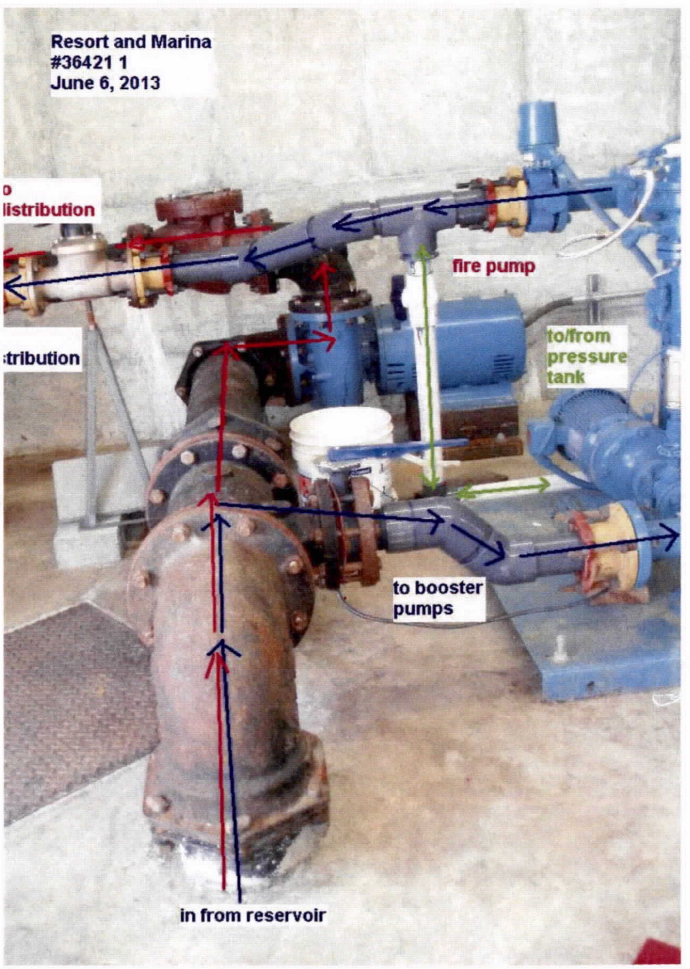

Resort and Marina
#36421 1
June 6, 2013

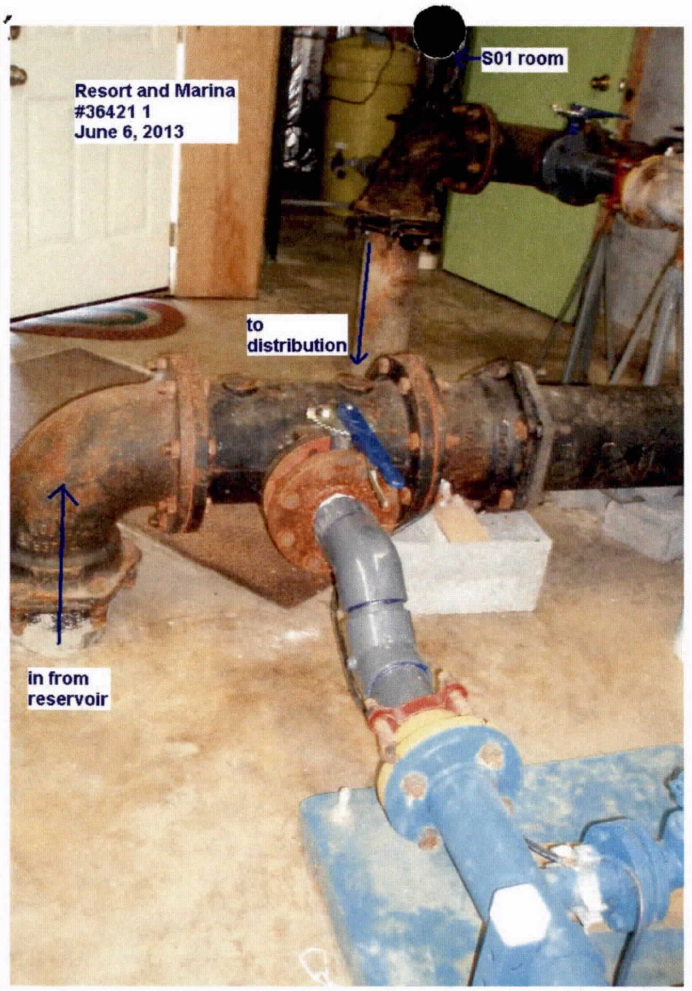

ClaValve for auto
start of S01
submersible pump
Resort and Marina #36421 1
June 6, 2013


and Marina #36421 1
June 6, 2013


Resort and Marina
#36421 1
June 6, 2013
to outside bib
S01 well #1
pump room
unsure
where
this
goes
PRV
from S01
well #1


Resort and Marina #36421 1
June 6, 2013

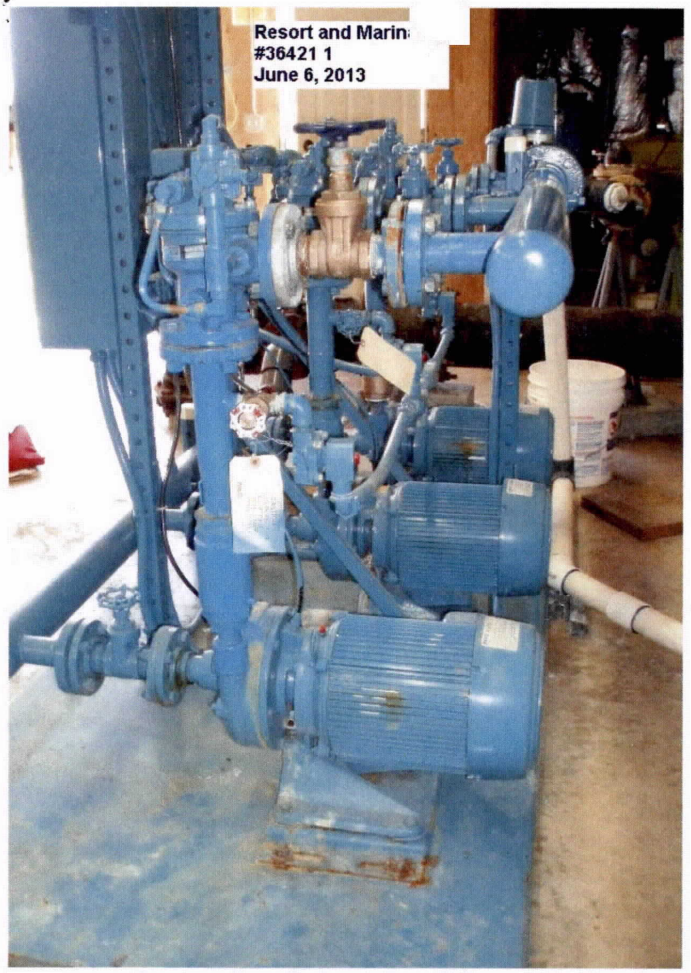

Resort and Marina
#36421 1
June 6, 2013
fire pump
to/from
pressure
tank
to booster
pumps
in from reservoir


S01 room
Resort and Marina
#36421 1
June 6, 2013
to
distribution
in from
reservoir


Resort and Marina
#36421 1
June 6, 2013


Resort and Marina
#36421 1
June 6, 2013


Resort and Marina
#36421 1
June 6, 2013
PACOFLO 9000
WATER BOOSTER SYSTEM


Resort and Marin
#36421 1
June 6, 2013


sort and Marina #36421 1
June 6, 2013

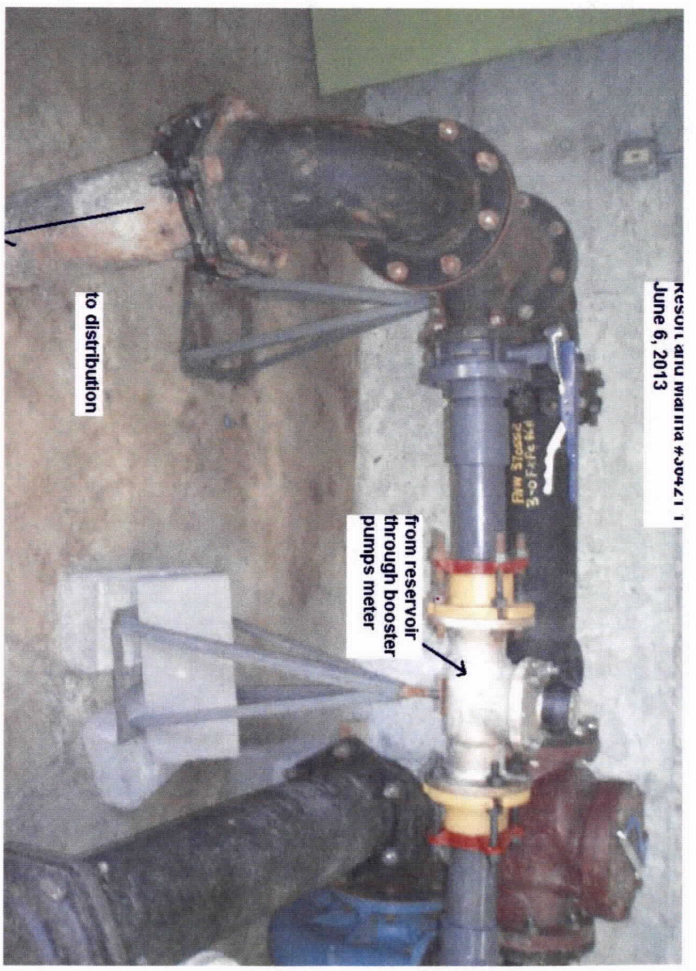

Resort and Marina
#36421 1
June 6, 203

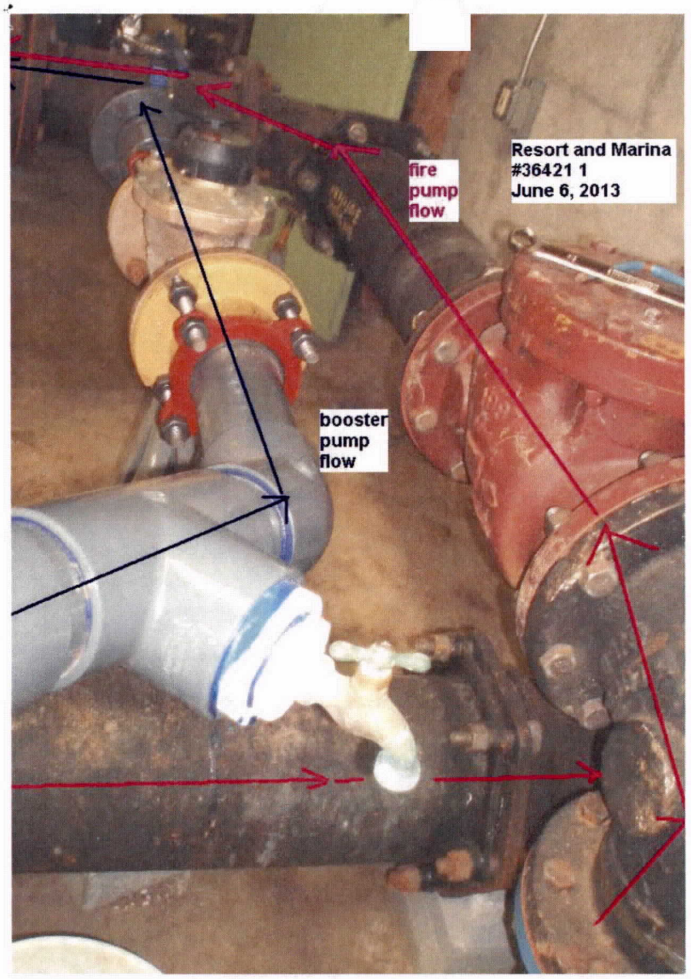

S01 well #1 room
Resort and Marina
#36421 1
June 6, 2013
fire pump

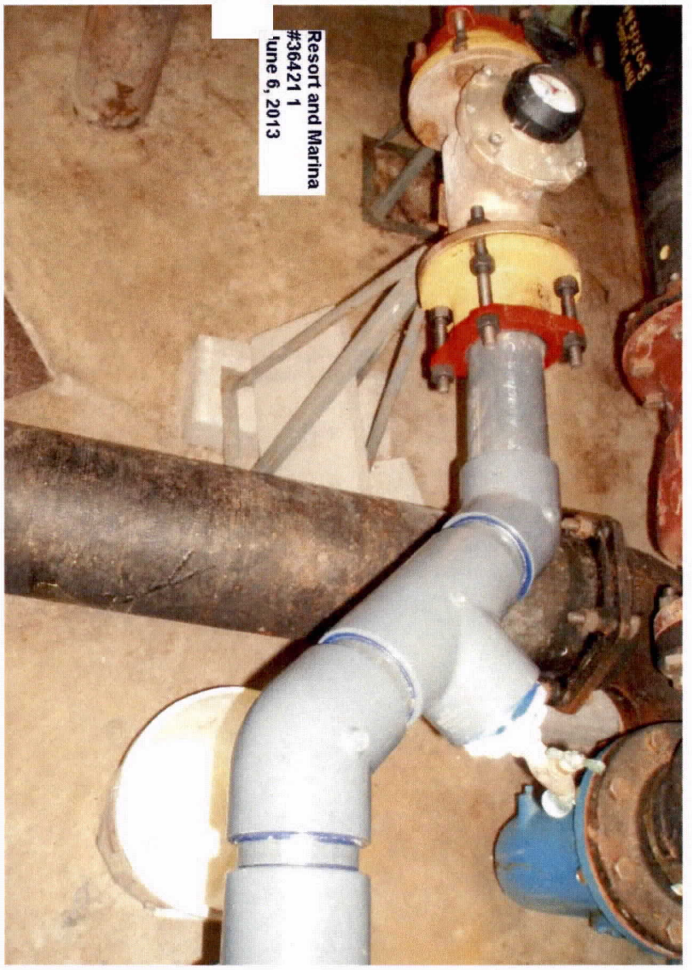

Resort and Marina
#36421 1
June 6, 2013


Resort and Marina
#36421 1
June 6, 2013

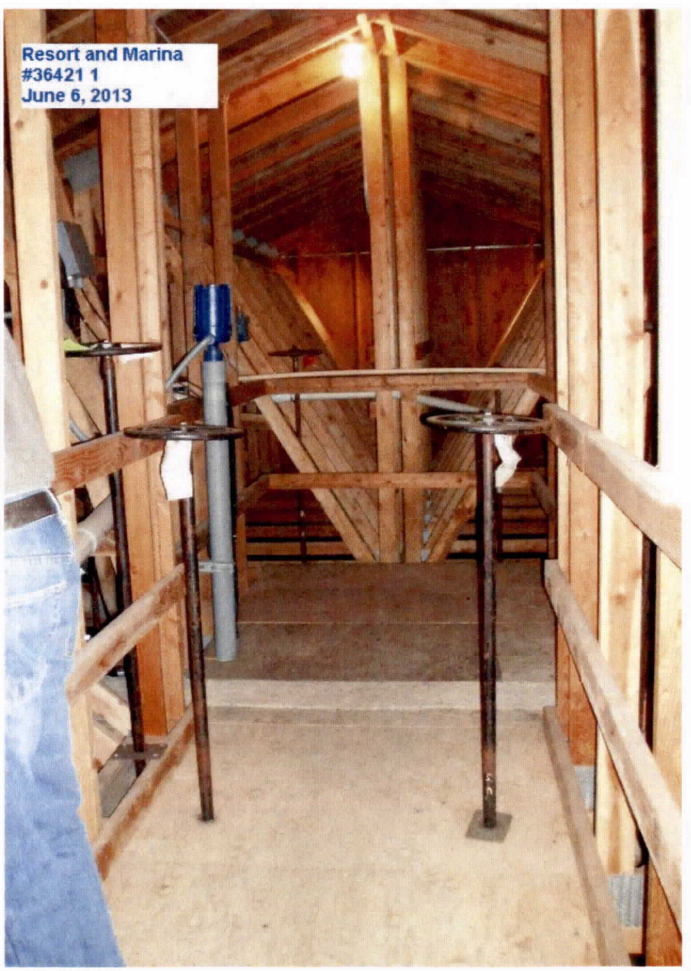

Resort and Marina
#36421 1
June 6, 2013


to distribution
from reservoir
through booster
pumps meter
June 6, 2013


Resort and Marina
#36421 1
June 6, 2013
fire
pump
flow
booster
pump
flow


Resort and Marina
#36421 1
June 6, 2013


Resort and Marina
#36421 1
June 6, 2013
Inside reservoir
building
valves to open or
close a reservoir
quadrant


Resort and Marina
#36421 1
June 6, 2013


Resort and Marina
#36421 1
June 6, 2013
fill pipes


Resort and Marina
#36421 1
June 6, 2013


reservoir water
Resort and Marina #36421 1
June 6, 2013

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

November 12, 2009

Wayne Enterprises
Olympic Development
1620 West 13th Street
Port Angeles, Washington 98363-6804

Subject: Resort And Marina, ID # 364211, Clallam County; Sanitary Survey Inspection on 5/7/2009

Dear Water System Owner:

Thank you for meeting with Belinda Pero for your sanitary survey.

Your report was prepared to assist you in providing safe and reliable drinking water. **As a reminder, it is your responsibility to correct any deficiencies noted in the report**.

Regulations establishing a schedule of fees for sanitary surveys and an invoice for $306.00 are enclosed.

I appreciate your assistance during this process. If you have any questions, please contact me at (360) 236-3028 or by e-mail at denise.miles@doh.wa.gov.

Sincerely,

Denise Miles

DENISE MILES
Office of Drinking Water, Sanitary Survey Program Manager

Enclosures

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: WAYNE ENTERPRISES
OLYMPIC DEVELOPMENT
1620 W 13TH ST
PORT ANGELES WA 983636804

Invoice Number	202489
Invoice Date	$306
Billing Period	30 DAYS SW

DATE	DESCRIPTION	QUANTITY	COST	AMOUNT
11/12/2009	REVIEW AND/OR APPROVAL OF PROJECT REPORT RESORT AND MARINA ID #364211, CLALLAM COUNTY SANITARY SURVEY: 5/7/2009	1		$306
	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	RESORT AND MARINA
INVOICE NUMBER	202489
INVOICE DATE	11/12/2009
AMOUNT	$306 SW

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

DOH Form #331-332

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

Clallam County Department of Health and Human Services

Environmental Health Services ♦ 223 East 4th Street, Suite 14 ♦ Port Angeles, WA 98362-3015
Tele: 360-417-2258 ♦ FAX: 360-417-2313

June 8, 2009

Louie Torres
1620 West 13th St.
Port Angeles, WA 98363

Subject: Resort and Marina Group A Water System, PWS ID #36421 1, Clallam County Group A Third Party Sanitary Survey Inspection Report

Dear Mr. Torres,

This letter and inspection report serve as a follow-up to the recent sanitary survey physical inspection of the water system facilities, records and operations performed on May 7, 2009. A copy of the completed Sanitary Survey Checklist Report is enclosed along with the photos taken. Please review the report carefully. It describes the results of the inspection.

Office of Drinking Water (ODW) has reviewed the information collected during the sanitary survey and concurs with the findings. If you need assistance from the ODW, please contact Denise Miles at (360) 236-3028.

Deficiencies Corrected Since the Last Sanitary Survey (Dec. 15, 2004)

1. Pressure relief valve present.
2. Water testing current.
3. Lower float alarm disconnected from emergency source, SO1, well #1.

Your current operating permit is blue. Contact Jozsef Bezovics at (360) 236-3034 for requirements to return your operating permit to green.

If you have any questions regarding your Sanitary Survey Checklist Report, please call me at (360) 417-2334.

Sincerely,

Belinda M. Pero

RECEIVED
JUN 11 2009
Department of Health
SW Drinking Water Operations

cc: WA DOH Southwest Region Office of Drinking Water
water system file
correspondence file
JW Blaylock, WS Operator

WASHINGTON STATE DEPARTMENT OF HEALTH

Group A Small Water System Sanitary Survey Checklist Report

System Name:	**Resort and Marina**	Survey Date:	**5/7/2009**
PWS ID#:	**36421 1**	County:	**Clallam**
PWS Representative Attending Inspection:	**Delmar Caryl**		
Other Persons Attending Inspection: **Louie Torres**			
Inspector's Name:	**Belinda Pero**	QSS ID#:	**508**

PART A: SUMMARY OF INSPECTION FINDINGS & RECOMMENDATIONS

The following is a completed sanitary survey checklist and summary of inspection findings. Read the report carefully, as it describes deficiencies observed and recommendations for improvements. **You are responsible for correcting all deficiencies.** Bolded checklist questions represent deficiencies that may have a greater potential to affect the water system's capacity to serve safe and reliable water. Department of Health Office of Drinking Water (DOH ODW) regional office serving your county is available to answer questions you may have about this survey. DOH ODW contact information can be found at http://www.doh.wa.gov/ehp/dw/.

Potential High Public Health Risk (HPHR) Deficiencies Observed

Deficiencies that may meet the criteria for potential HPHR are noted below. HPHR deficiencies are items DOH ODW has determined need immediate attention. DOH ODW will review and confirm potential HPHR deficiencies and notify you in writing if any immediate follow-up action is required.

☒	None observed.
☐	Susceptible sources with high risk sanitary control area threats.
☐	Inoperable treatment facilities, when treatment is required by DOH for primary acute contaminants (such as surface water, required disinfection, nitrate remediation).
☐	Newly discovered unfiltered surface water sources and/or unapproved groundwater sources in use with no water quality history and not listed on the WFI.
☐	Confirmed backflow incidents.
☐	Documented cases of fraudulent operation and/or reporting or willful neglect by the operator.
☐	Other cases based on professional judgment.

Brief description of potential HPHR deficiencies checked above:

RECEIVED
JUN 11 2009
Department of Health
SW Drinking Water Operations

Other Deficiencies Observed

Other deficiencies are items observed during the sanitary survey that **should be corrected as soon as feasible**. Inspectors will check on their completion at the next site visit.

Deficiencies corrected since the last sanitary survey:

1.	**Pressure relief valves present.**
2.	**Water testing current**
3.	**Lower float alarm disconnected from emergency source, SO1, well #1.**

Deficiencies that remain from the last sanitary survey:

1.	**Need Water System Plan submitted to DOH.**
2.	
3.	

Other deficiencies observed during this sanitary survey and recommendations for improvements:

1.	

DOH Group A Small Water System Sanitary Survey Checklist	PWS ID#:	36421 1	Survey Date:	5/7/2009

Other Deficiencies Observed (con't)

Other deficiencies observed during this sanitary survey and recommendations for improvements (con't):

2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	

DOH Group A Small Water System Sanitary Survey Checklist	PWS ID#:	36421 1	Survey Date:	5/7/2009

PART B: GENERAL DESCRIPTION OF WATER SYSTEM

1. General description of the water system including estimated total population and number of connections, direction of flow (from source to distribution), how the controls function, storage, treatment if any, and number of pressure zones.

This water system serves about 23 residential homes, a RV park and a marina. The source SO2 is groundwater well #2. A submersible pump is controled by float switches in the 150,000 gallon reservoir. Chlorine is added prior to the reservoir. Water is feed to the lower pressure zone distribution pipes from the reservoir by gravity. Three boosters pumps working in sequence are used to deliver water from the reservoir tank to the upper pressure zone distribution lines. SO1 is groundwater well, Well #1, available for emergenies. SO1 would be put on line manually.

System is in the process of updating their Water System Plan to include the expansion of hooking up to City of Sequim. Once this happens they will use the wellfield sources instead of SO2. SO2 will either be used as an emergency or irrigation well.

PART C: PLANNING & MANAGEMENT DOCUMENTS

2. Has the water system completed the following elements of a Small Water System Management Program (WAC 246-290-105)?

	Element 1: Water Facilities Inventory (WFI) Records	☐Yes ☐No ☐Partial
	Element 2: Water Quality Monitoring Program (including Coliform Monitoring Plan)	☐Yes ☐No ☐Partial
	Element 3: Consumer Confidence Report	☐Yes ☐No ☐Partial
	Element 4: Sanitary Survey Records	☐Yes ☐No ☐Partial
	Element 5: Annual Operating Permit Records	☐Yes ☐No ☐Partial
	Element 6: Cross-Connection Control Program (as per WAC 246-290-490)	**☐Yes ☐No ☐Partial**
	Element 7: Emergency Response Plan	**☐Yes ☐No ☐Partial**
	Element 8: Service Area and Facility Map	☐Yes ☐No ☐Partial
	Element 9: Operation and Maintenance Program	**☐Yes ☐No ☐Partial**
	Element 10: Wellhead Protection Program	☐Yes ☐No ☐Partial
	Element 11: Water Right Documentation	☐Yes ☐No ☐Partial
	Element 12: Record of Source Water Pumped	☐Yes ☐No ☐Partial
	Element 13: Water Usage Records	**☐Yes ☐No ☐Partial**
	Element 14: Water Conservation Program	☐Yes ☐No ☐Partial
	Element 15: Component Inventory and Assessment	☐Yes ☐No ☐Partial
	Element 16: List of System Improvements	☐Yes ☐No ☐Partial
	Element 17: Operating Budget	☐Yes ☐No ☐Partial
	Element 18: System Management Practices and Processes	☐Yes ☐No ☐Partial
3. Does the system have emergency power?		☐Yes ☒No

4. If yes to question #3, what type of emergency power is available:

☐ Generator, automatic switchover	☐ Portable with transfer switch	☐ Transfer switch only
☐ Generator, manual switchover	☐ Other:	

5. If yes to question #4, frequency of testing: ☐ Monthly ☐ Quarterly ☐ Annually ☐ Infrequently ☐ Never

6. Water system's current and future water quality monitoring plans were reviewed (check all that apply):

☐ Coliform monitoring plan	☐ D/DBP monitoring plan
☐ WQMR monitoring plan	☐ Other:

7. According to DOH records, the certified operator for this water system is: **JW Blaylock**

8. If the certified operator on record is not correct, who is the certified operator?

Instruct the operator to contact the DOH Operator Certification Program at 1-800-525-2536 to update their records.
Note: Transient Non-Community water systems are not typically required to have a certified operator.

9. Comments:

Water system records not available during survey.
Emergency power will be added with the design for the system development expansion.

DOH Group A Small Water System Sanitary Survey Checklist	PWS ID#:	36421 1	Survey Date:	5/7/2009

PART D: SOURCE FACILITIES (This page may be reproduced to add more sources)

10. DOH Source Number:						SO# 2	SO# 1	
11. Source Name from the WFI: (For example, North Well; Well #2; ABC334.)						Well #2	Well #1	
12. Dept of Ecology Well Tag Number: (Use Well tag ID#, None or Not readable)						AHM612	AHM611	
13. Source Use:	P - Permanent	S - Seasonal	E - Emergency			p	E	
14. If this is an emergency source, is it physically disconnected?						☐Yes ☐No ☐Unknown	☐Yes ☒No ☐Unknown	
15. What is the physical location of the source? Use references such as cross street, address or directions to locate in the field.								
SO# 2	access way on west side of Whitefeather Way							
SO# 1	684 Spyglass Lane - inside reservoir building							
16. Is the source listed on the Water Facilities Inventory (WFI) report?						☒Yes ☐No	☒Yes ☐No	
17. If no to question #16, indicate source type:								
SO#		☐ Groundwater	☐ Surface Water	☐ Spring	☐ Intertie			
SO#		☐ Groundwater	☐ Surface Water	☐ Spring	☐ Intertie			
18. Is the source more than 200 feet from surface water AND the top of first open interval is more than 50 feet deep? If no, the source is considered a potential groundwater under the influence of surface water (GWI) and will need additional review by DOH to confirm GWI status.						☒Yes ☐No ☐Unknown	☒Yes ☐No ☐Unknown	
19. Is source Sanitary Control Area (SCA) protected from any obvious biological or chemical sources of contaminants? (100 feet of wells and 200 feet of springs and surface water).						☒Yes ☐No	☒Yes ☐No	
20. If no to question #19, use the SCA drawing to locate and describe potential contaminants.								
21. Is the source protected from any obvious risk of being covered by floodwaters?						☒Yes ☐No	☒Yes ☐No	
22. Is the area immediately around the wellhead graded to prevent water from ponding around the casing?						☒Yes ☐No	☒Yes ☐No	
23. Is the well constructed with a pitless adaptor?						☐Yes ☒No	☐Yes ☒No	
24. Is there a properly constructed screened vent on the well cap?						☒Yes ☐No	☒Yes ☐No	
25. Is there a watertight, sealed well cap with no unprotected openings?						☒Yes ☐No	☒Yes ☐No	
26. Are conduits and junction boxes sealed to prevent contaminants from entering the well casing?						☒Yes ☐No	☒Yes ☐No	
27. Does the top of the casing extend at least 6 inches above the floor or ground?						☒Yes ☐No	☒Yes ☐No	
28. Is the top of the wellhead located above grade (not in a pit)?						☒Yes ☐No	☒Yes ☐No	
29. If no to question #28, is the pit drained to daylight and screened at the discharge end to prevent contaminants from entering?						☐Yes ☐No	☐Yes ☐No	
30. Is a raw water sampling tap provided at the source?						☒Yes ☐No	☒Yes ☐No	
31. Is the source metered?						☒Yes ☐No	☒Yes ☐No	
32. If the water system uses source meters, how often are the meters read:								
☒ Daily	☐ Weekly	☐ Monthly	☐ Quarterly	☐ Annually	☐ Infrequently	☐ Never		
33. Are well enclosures or buildings constructed or maintained to provide (check all that apply):								
☒ Lighting	☒ Venting	☒ Protection from freezing	☐ No storage of toxic or hazardous chemicals					
☐ Floor drain with screen at discharge end	☒ Locks to prevent unauthorized entry	☒ Protection from rodent infestation						
34. Are the sources protected from unauthorized access (check all that apply)?							☒Yes ☐No	
☐ Locked well cap	☐ Fenced w/ locked gate	☐ Signs	☐ Alarm system	☐ Telemetry				
35. Is water supplied from a spring source? If yes, answer questions #36 through #40.							☐Yes ☒No	
36. Is the spring enclosed by a structure with watertight seals to keep out surface water?							☐Yes ☐No	
37. Is the drain pipe on the collection box screened?							☐Yes ☐No	
38. Is the overflow pipe on the collection box screened?							☐Yes ☐No	
39. Is direct surface drainage diverted around or away from the spring?							☐Yes ☐No	
40. Is the area around the spring fenced to prevent unauthorized entry?							☐Yes ☐No	

41. Comments:

Emergency source separted from system with value and manual controls.

DOH Group A Small Water System Sanitary Survey Checklist	PWS ID#:	36421 1	Survey Date:	5/7/2009

PART E: SOURCE PUMPS AND PUMPING FACILITIES (This page may be reproduced to add more pumps)

42. DOH Source Number: 2

43. Pump Type:

☒ Submersible ☐ Jet ☐ Vertical or Deep Well Pump

☐ Other:

44. Pump make and model:

45. Pump capacity: HP: 3 GPM:

46. Indicate location of the pressure gauge: ☒ On suction line ☐ On discharge line ☐ Both ☐ Not present

47. Pressure reading: Pump Cut In (psi): Pump Cut Out (psi):

48. Pump Controls:

☒ Float Switches ☐ Pressure Switches ☐ Lead/Lag Controls ☐ Sequencers

☐ Run Hour Meters ☐ Pump Protector ☐ Manual ☐ Other:

49. Are backup pumps, motors or other critical spare parts kept on-site? ☐Yes ☒No ☐Unknown

50. Does the purveyor know where to obtain spare parts in an emergency? ☒Yes ☐No

51. Are pump records maintained? For example, drawdown; static level; pressure; pump run hours; amp; and repairs. ☒Yes ☐No

52. When was this pump installed? Date: 2006 ☐ Unknown

53. Is the pump enclosure or building constructed or maintained to provide (check all that apply):

☐ Lighting ☐ Venting ☐ Protection from freezing ☐ No storage of toxic or hazardous chemicals

☐ Floor drain with screen at discharge end ☐ Locks to prevent unauthorized entry ☐ Protection from rodent infestation

54. Comments:

PART E: SOURCE PUMPS AND PUMPING FACILITIES

55. DOH Source Number: 1

56. Pump Type:

☒ Submersible ☐ Jet ☐ Vertical or Deep Well Pump

☐ Other:

57. Pump make and model:

58. Pump capacity: HP: GPM:

59. Indicate location of the pressure gauge: ☐ On suction line ☐ On discharge line ☐ Both ☐ Not present

60. Pressure reading: Pump Cut In (psi): Pump Cut Out (psi):

61. Pump Controls:

☐ Float Switches ☐ Pressure Switches ☐ Lead/Lag Controls ☐ Sequencers

☐ Run Hour Meters ☐ Pump Protector ☒ Manual ☐ Other:

62. Are backup pumps, motors or critical spare parts kept on-site? ☐Yes ☒No

63. Does the purveyor know where to obtain spare parts in an emergency? ☒Yes ☐No

64. Are pump records maintained? For example, drawdown; static level; pressure; pump run hours; amp; and repairs. ☐Yes ☐No

65. When was this pump installed? Date: ☒ Unknown

66. Is the pump enclosure or building constructed or maintained to provide (check all that apply):

☐ Lighting ☐ Venting ☐ Protection from freezing ☐ No storage of toxic or hazardous chemicals

☐ Floor drain with screen at discharge end ☐ Locks to prevent unauthorized entry ☐ Protection from rodent infestation

67. Comments:

DOH Group A Small Water System Sanitary Survey Checklist	PWS ID#:	36421 1	Survey Date:	5/7/2009

PART F: SOURCE TREATMENT

Hypochlorination

68. DOH Source Number: **2 & 1**

69. Does the system have DOH approval to do periodic shock chlorination unrelated to any unsatisfactory coliform samples? If system is not shock chlorinating, skip question. ☐Yes ☒No ☐Unknown

70. If they do periodic shock chlorination, indicate frequency and reason for shock chlorination:

☐ Periodic shock chlorination ☐ Seasonal shock chlorination ☐ Reason:

71. Is there continuous chlorination at the source? ☒Yes ☐No

72. If the source is continuously chlorinated, identify the reasons for treatment (check all that apply):

☐ Unsatisfactory coliform samples	☐ DOH required disinfection	☐ GWI program requirement
☐ Hydrogen Sulfide	☐ Iron removal	☐ Manganese removal
☐ CT = 6 is required by DOH	☒ WS precautionary	☐ Other:

73. If Chlorine Contact Time (CT) is required by DOH, does the system provide a minimum CT of 6? ☐Yes ☐No

74. If DOH requires a free chlorine residual at the entry point, is it maintained at the required level?	Required residual level (mg/L):		☐Yes ☐No
75. If DOH requires a chlorine residual in the distribution system, is it maintained at the required level?	Required residual level (mg/L):		☐Yes ☐No

76. Is the chlorine disinfection system functioning properly? ☒Yes ☐No ☐ Unknown

77. If no to question #76, have they experienced any of the following problems in the last 2 months (check all that apply)?

☐ No chlorine residual (0.0 mg/L)	☐ Out of chlorine solution	☐ Hypochlorinator breakdown
☐ Less than minimum entry residual	☐ Chlorine overfeed incident	☐ Chlorine not proportional
☐ Less than minimum distribution residual	☐ Other:	

78. Chlorination Chemical:

☐ 5 1/4% chlorine bleach	☐ Chlorine dioxide	☐ Gas chlorine
☐ 12% sodium hypochlorite	☐ On-site chlorine generation	☐ Chloramines
☐ Calcium hypochlorite	☒ Other: **6%**	

79. Is a backup chemical feed pump or other critical spare parts kept on-site? ☒Yes ☐No

80. Are free chlorine residuals monitored and recorded at least 5 days per week? ☒Yes ☐No

81. Are monthly free chlorine residual records submitted to DOH by the 10th of each month? ☒Yes ☐No

82. Is the purveyor using an approved DPD free chlorine residual test kit and unexpired test chemicals? ☒Yes ☐No

83. Is the purveyor using proper testing procedures? ☒Yes ☐No

84. Please have the purveyor check the free chlorine residual and note test results in Part K, question #152.

85. Comments:

Chlorine residual not required by State. Residual usually kept around 0.6

Other Treatment

86. Are all types of active treatment noted on the WFI? ☒Yes ☐No

87. If no to question #86, identify the treatment process and objective using the blank source treatment form.

88. Has any treatment system listed on the WFI been discontinued? ☐Yes ☒No

89. If yes to question #88, are the unused facilities physically disconnected from the rest of the water system? ☐Yes ☐No

Treatment Plant

90. Is the treatment plant for the source associated with other sources? For example, blended or in a well field. ☐Yes ☒No

91. If yes to question #90, list all sources associated with this treatment plant:

92. Comments:

DOH Group A Small Water System Sanitary Survey Checklist	PWS ID#:	36421 1	Survey Date:	5/7/2009

PART G: BOOSTER PUMP STATIONS

93. Does the system have booster pump stations?						☒Yes ☐No
94. If yes to question #93, describe booster pumps:						
	BP Station # or Name:	**Unimount 125**	HP/GPM:	**3.0**	Location:	**reservoir building**
	BP Station # or Name:	**Unimount 125**	HP/GPM:	**3.0**	Location:	**reservoir building**
	BP Station # or Name:	**Unimount 125**	HP/GPM:	**3.0**	Location:	**reservoir building**

PART H: PRESSURE TANKS

95. Are there pressure tanks present? If no, skip to next section.				☒Yes ☐No
96. If yes to question #95, where are they located?	**reservoir building**			
97. Type of pressure tanks:	☒ Captive Air / Bladder Tank	☐ Hydropneumatic Tank	☐ Both	
98. Make and Model:				
99. Number and tank size (gals):	**for well #2 about 250 gallons, for well #1 about 80 gallon**			
100. Is there an operable pressure gauge on each pressure tank?				☒Yes ☐No
101. Is there a testable ASME pressure relief valve installed between the tank and any shutoff valve? (To protect against catastrophic failure from high vapor pressure, such as steam in case of fire.)				☒Yes ☐No
102. Is the air/water level adequate? For example, not waterlogged; no excessive pump cycling; or continuous runtime.				☒Yes ☐No
103. Can the tank be isolated with a shut-off valve for repairs or replacement?				☒Yes ☐No
104. Is there a drain line on each tank?				☒Yes ☐No
105. If a hydropneumatic pressure tank is used, how is the air/water level maintained?				
☐ Manual (such as a bicycle pump)	☐ Air compressor	☐ Snifter valve (Schrader valve)	Other:	
106. For hydropneumatic pressure tanks, is there an oil-less air compressor in service?				**☐Yes ☐No ☐ Unknown**

107. Comments:

Booster pumps work in sequence - north to south.

PART I: DISTRIBUTION SYSTEM

108. Is an adequate map of the distribution system maintained?				☒Yes ☐No ☐ Unknown
109. Do any pressure zones experience low pressure?				**☐Yes ☒No ☐ Unknown**
110. If yes to question #109, describe:				
111. Is the system designed to provide fire flow?				☒Yes ☐No
112. If yes to question #111, what is the designed flow rate? For example, 500 gpm for 30 minutes.	**750gpm for 60 minutes**			
113. Are proper procedures followed for disinfection of new construction or repairs?				**☒Yes ☐No**
114. Are there blow-offs to flush system?				☒Yes ☐No
115. Are valves periodically exercised?				☒Yes ☐No
116. If yes to question #115, frequency:	☐ Monthly	☐ Quarterly	☒ Annually	☐ Other:
117. Is there a flushing program?				☒Yes ☐No
118. If yes to question #117, frequency:	☐ Monthly	☐ Quarterly	☒ Annually	☐ Other:
119. Is the system protected from any obvious cross connections observed during the survey?				**☒Yes ☐No**
120. If no to question #119, describe:				
121. Is the system protected from any potential high health hazard cross connections requiring premises isolation per Table 9 of WAC 246-290-490?				**☒Yes ☐No**
122. If no to question #121, describe:				
123. Are backflow prevention assemblies used, such as reduced-pressure and double check valves.				**☒Yes ☐No**
124. If yes to question #123, are the backflow assemblies tested on an annual basis and records maintained?				**☒Yes ☐No**
125. Check the appropriate box that describes the system layout:	☐ Looped	☐ Branched with dead-ends	☒ Both	

126. Comments (Include general condition of distribution system, such as frequency of leaks and repairs.):

Lower section is older and needs water main repairs more often. Upper section in good shape.
Fire hydrants used for blow off and flushing.
There is a double check valve between system and RV park.
Service meters on homes. Homes has access to separate irrigation water.

DOH Group A Small Water System Sanitary Survey Checklist	PWS ID#:	36421 1	Survey Date:	5/7/2009

PART J: FINISHED WATER STORAGE

(This page may be reproduced to add more storage facilities)

127. Is there a non-pressurized storage tank? ☒Yes ☐No

128. If yes to question #127, identify storage tank type:

☐ Underground or partially buried ☒ Ground level ☐ Elevated ☐ Standpipe

129. Storage tank material:

☒ Concrete ☐ Concrete with wood roof ☐ Steel (welded or bolted) ☐ Plastic or fiberglass

☐ Wood stave ☐ Open reservoir ☐ Other:

130. Storage volume, in gallons: **150,000**

131. Is access to top of storage tank protected from unauthorized entry or vandalism? ☒Yes ☐No

132. Is the access hatch watertight with an over-lapping lip, framed opening, seal strip, etc.? ☐Yes ☐No

133. Is the access hatch locked? ☒Yes ☐No

134. Is there a dedicated air vent on the storage tank? ☒Yes ☐No

135. If yes to question #134, is the air vent screened with an intact non-corrodible mesh screen (24 mesh for ground level or 4 mesh for elevated tanks and standpipes)? ☒Yes ☐No

136. If unable to physically inspect the reservoir hatch or vent, select method used to document their condition:

☐ Review and discussion of maintenance records with purveyor.

☐ Photos to be taken and mailed by purveyor later.

☐ Purveyor unable to document, additional follow-up required.

137. Is the overflow line protected by a screen or flapper valve to prevent contaminants from entering or plugging line? ☒Yes ☐No

138. How does the overflow line discharge?

☐ Directly out of the side of the tank ☐ Near ground level directly on the ground ☐ Near ground level onto a splash plate

☐ Into a storm or sewer drain ☐ Into a body of water ☒ Other:

139. If the overflow line discharges into a storm/sewer drain or body of water, is there an approved backsiphonage protection used, such as an air gap or approved backflow preventer assembly? ☐Yes ☐No

140. Is there a separate drain line on the tank? ☒Yes ☐No

141. Is the drain line protected by a screen or flapper valve to prevent contaminants from entering or plugging line? ☒Yes ☐No

142. When was the tank inspected last?	☒ 1 yr or less	☐ 2-4 yrs	☐ 5-10 yrs	☐ Over 10 yrs	☐ Never	☐ Unknown
143. What is the tank cleaning frequency?	☐ Every year	☐ 2-4 yrs	☐ 5-10 yrs	☒ Over 10 yrs	☐ Never	☐ Unknown

144. How is the tank cleaned and disinfected?

chlorinated and drained

145. Does the location of the inlet/outlet lines provide for good water turnover in the tank? ☒Yes ☐No ☐Unknown

146. Can the tank be isolated from the system for repairs or cleaning? ☒Yes ☐No

147. Is there a water sampling tap provided at the tank outlet? ☐Yes ☐No

148. Comments:

Access to reservoir is from inside building - not a hatch.
Reservoir is filled at the four corners and discharges from the center bottom.

PART K: OTHER

149. Has this water system received any significant customer complaints within the last 5 years? ☐Yes ☒No ☐Unknown

150. Describe purveyor's method of documenting and responding to customer complaints:

Purveyor makes a site visit to investigate.

151. The water system's compliance status: ☒ Was reviewed with purveyor. ☐ Was not reviewed with purveyor.

152. Describe any tests you may have performed during the inspection (such as chlorine residual, pressure, or temperature):

none

153. Describe any simple repairs the purveyor may have performed during the inspection:

none

DOH Group A Small Water System Sanitary Survey Checklist	PWS ID#:	36421 1	Survey Date:	5/7/2009

PART L: PUBLICATIONS HANDED OUT DURING THE SURVEY OR SENT BY MAIL

☐ Coliform information packet	☐ Emergency disinfection fact sheet	☐ Certified Operator information
☐ Coliform health advisory packet	☐ Disinfection standards for water mains and wells	☐ Group A WAC 246-290
☐ Coliform monitoring plan	☐ SWSMP guide	☐ Regional office staff roster
☐ Nitrate information packet	☐ Cross Connection Control guide	☐ Tech Tips – Openings in Wellhead
☐ Nitrate health advisory packet	☐ Existing System Approval package	☐ Tech Tips – Reservoir Vents
☐ Monthly nitrate report form	☐ Wellhead Protection Program	☐ Tech Tips – Reservoir Hatches
☐ Sampling procedure forms	☐ Water Conservation Program	☐ Tech Tips – Troubleshooting Pressure Tanks
☐ Daily chlorination report form	☐ Preparing For A Sanitary Survey booklet	☐ Tech Tips – Chlorine CT For Small Systems
☐ Preventative Maintenance Program Guide for Small Systems	☐ Start-Up and Shut-down Assistance for Seasonal Non-Community Systems	
☐ Other:		

PART M: FIELD NOTES

Documents submitted with survey report:

☒ Reviewed and signed WFI	☒ Photographs labeled and attached or delivered electronically		☐ Well log
☒ Field system schematic	☐ Field SCA drawing	☐ Coliform monitoring plan	☐ Source treatment process form
☐ Other:			

Field Notes:

System operating under existing water system plan. Plan will be revised and submitted to DOH when all the development plans are coordinated with the City of Sequim.

Well field not in use at this time. Well field will be used instead of well #2 when the new development plans happen. Well #2 may remain for irrigation or emergency. Plans still being decided.

Original spring source totally disconnected.

Wire on Well #2 is to static meter.

Louie Torres unsure of number of active connections. He will verify then send in updated WFI to WA DOH.

Reservoir is filled to 150, 000 gallons but would hold more if filled to top. Reservoir has 4 quadrants that can be used independently. The reservoir has 3 floats for filling control. Plus a special float control for the fire fighting pump. Audible low water level alarm located at lower treatment building. Development plans include expansion of the reservoir to twice it's size with the new section being a mirror image of the existing.

Current water system permit status is blue.

DOH USE ONLY

DOH Reviewer:	
Review Date:	

Comments:

DOH Group A Small Water System Sanitary Survey Checklist	PWS ID#:	36421 1	Survey Date:	5/7/2009

PART N: SOURCE TREATMENT PROCESSES AND OBJECTIVES

If the system is practicing treatment not noted on the WFI, use this form to identify the treatment process and objectives. Check the treatment objective boxes that apply for each process selected. If needed, provide additional comments below to clarify selections.

Source Name		Source Number	

	Treatment Process	Treatment Objectives *									
		A	B	C	D	E	F	G	H	I	J
1	CHLORAMINES	☐						☐			
2	CHLORINATION, GASEOUS	☐			☐	☐	☐				
3	CHLORINATION, HYPOCHLORITE	☐			☐	☐	☐				
4	CHLORINE DIOXIDE	☐									
5	IODINATION	☐									
6	OZONATION	☐			☐	☐	☐	☐			
7	ULTRAVIOLET RADIATION	☐									
8	RAPID MIX/IN-LINE BLENDER		☐	☐		☐		☐	☐		
9	COAGULATION		☐	☐		☐		☐	☐		
10	FLOCCULATION		☐	☐		☐		☐	☐		
11	SEDIMENTATION		☐	☐	☐	☐		☐	☐		
12	FILTRATION, CARTRIDGE		☐								
13	FILTRATION, DIATOMACEOUS EARTH		☐								
14	FILTRATION, GREENSAND				☐						
15	FILTRATION, PRESSURE SAND		☐	☐	☐			☐	☐		
16	FILTRATION, RAPID SAND		☐	☐	☐	☐		☐	☐		
17	FILTRATION, SLOW SAND	☐	☐								
18	PH ADJUSTMENT		☐	☐	☐	☐		☐	☐	☐	
19	ION EXCHANGE			☐					☐		
20	LIME-SODA SOFTENING			☐				☐	☐		
21	AERATION/AIR STRIPPING				☐	☐	☐	☐			
22	PERMANGANATE				☐	☐	☐				
23	ACTIVATED CARBON, GRANULAR					☐	☐	☐	☐		
24	ACTIVATED CARBON, POWDERED					☐	☐	☐			
25	REVERSE OSMOSIS			☐	☐	☐		☐	☐		
26	DISTILLATION		☐	☐	☐	☐			☐		
27	ELECTRODIALYSIS								☐		
28	SEQUESTRATION			☐	☐				☐	☐	
29	CORROSION INHIBITORS - PHOSP/SILICA									☐	
30	FLUORIDATION										☐
31	REDUCING AGENTS - SULFUR COMPOUNDS					☐	☐				
32	SLUDGE TREATMENT		☐	☐	☐				☐		
33	OTHER PROCESSES/OBJECTIVES	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

* Treatment Objective Types:

A = DISINFECTION
B = PARTICULATE (TURBIDITY) REMOVAL
C = SOFTENING (HARDNESS REMOVAL)
D = IRON & MANGANESE REMOVAL
E = ORGANICS AND COLOR REMOVAL
F = TASTE/ODOR CONTROL & DECHLORINATION
G = DISINFECTON BY-PRODUCTS CONTROL
H = INORGANICS REMOVAL
I = CORROSION CONTROL
J = DENTAL HEALTH

Comments:

Group A Small Water System Sanitary Survey Checklist Report

PART P: WATER SYSTEM FACILITIES FIELD SCHEMATIC

Use the space below to sketch a simple schematic of the water system facilities. You may use the templates shown below to help build your schematic. The sketch should show location of sources, treatment, pressure tanks, booster pumps, storage tanks, and a simple representation of the distribution system. Include direction of flow (directional arrows) and brief description of how the controls function.

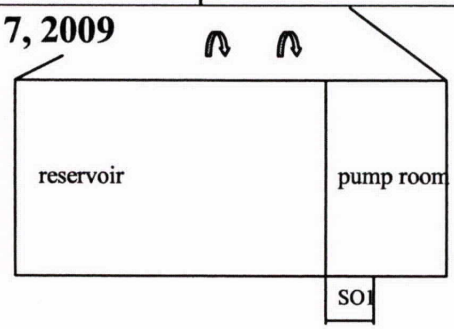
Source Name:	Well #1 & Well #2	Source Number:	SO1 & SO2

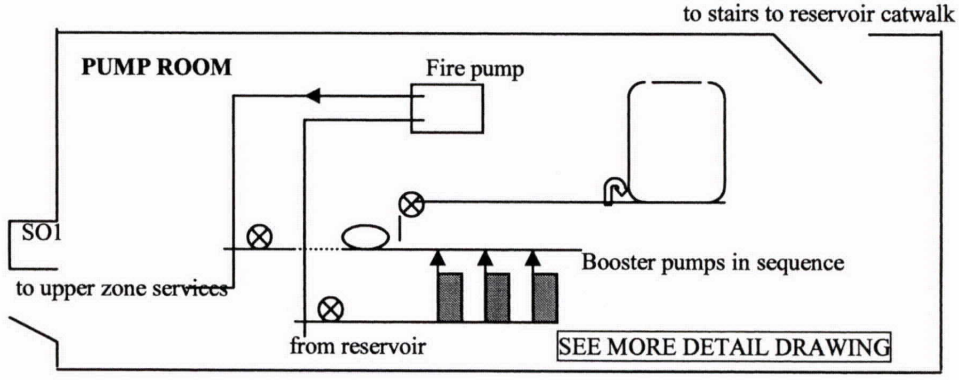
Resort and Marina #36421 **Survey on May 7, 2009**

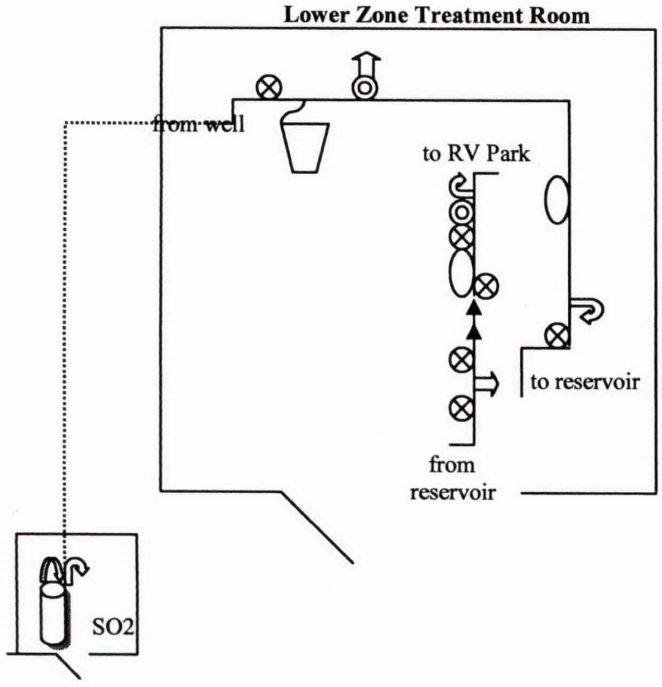
meter pressure switch PRV Chlorination

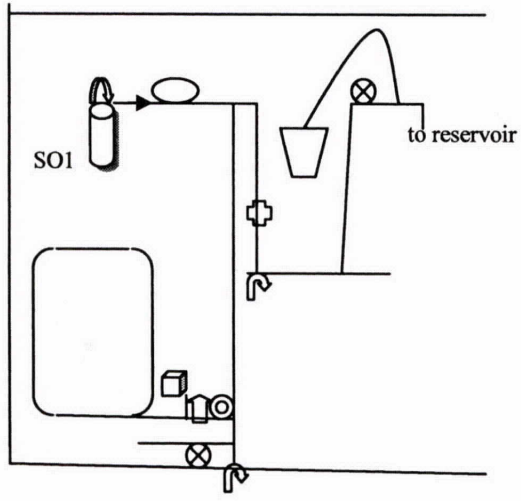
tap isolation valve vent check valve

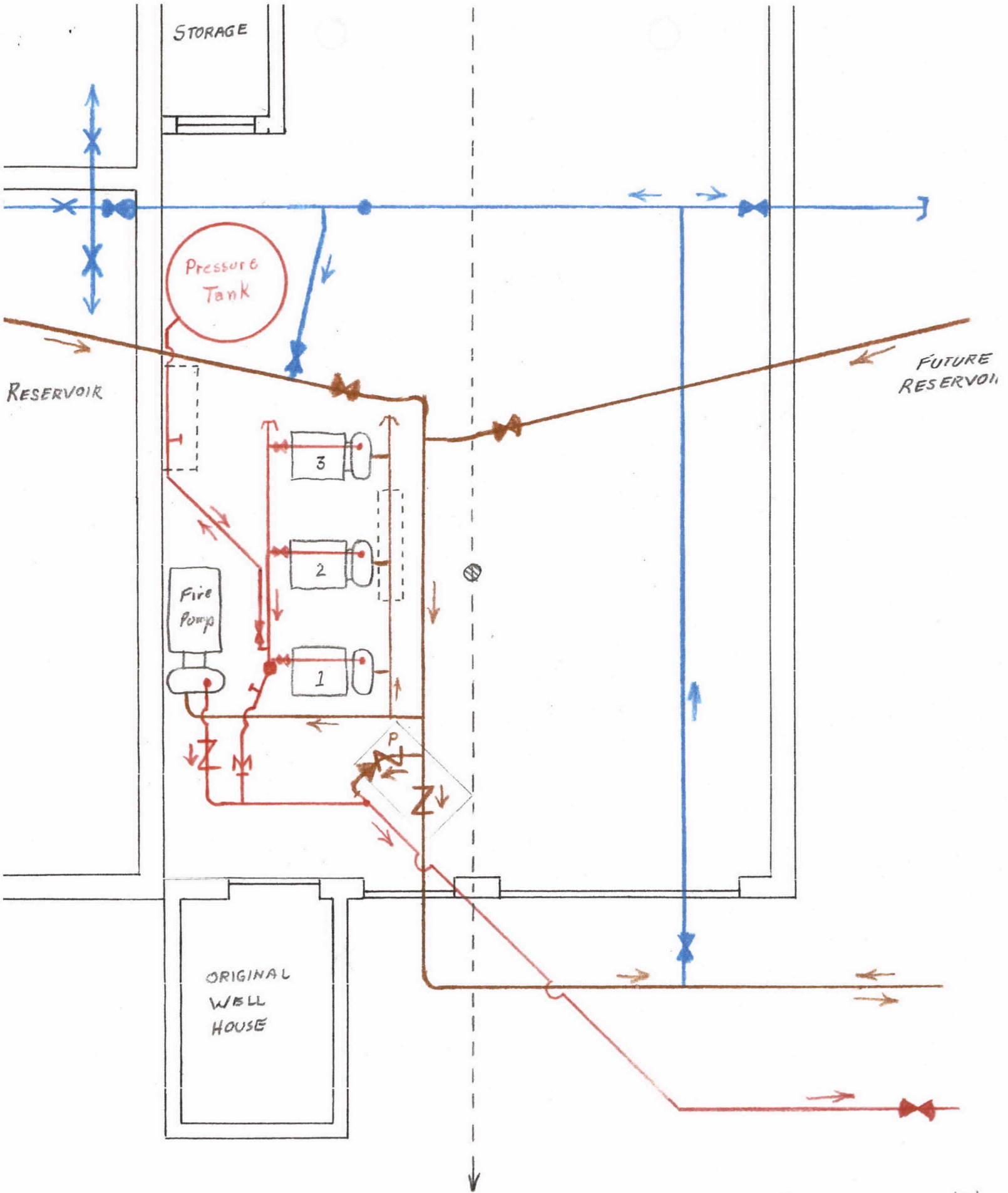
pressure gauge Cla Valve booster pump









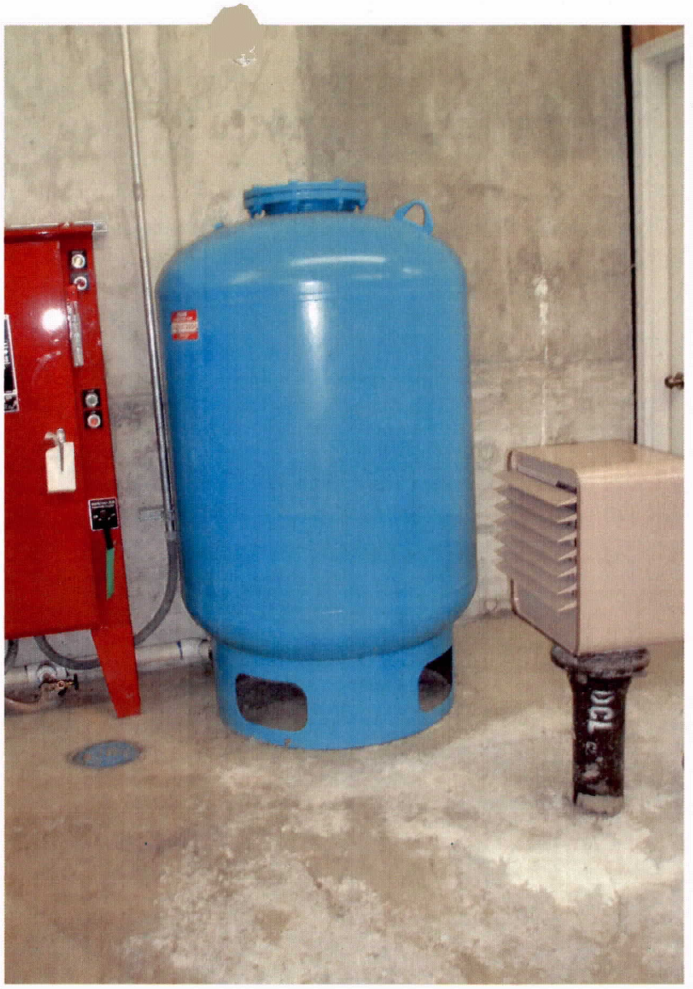


RECORD DRAWING

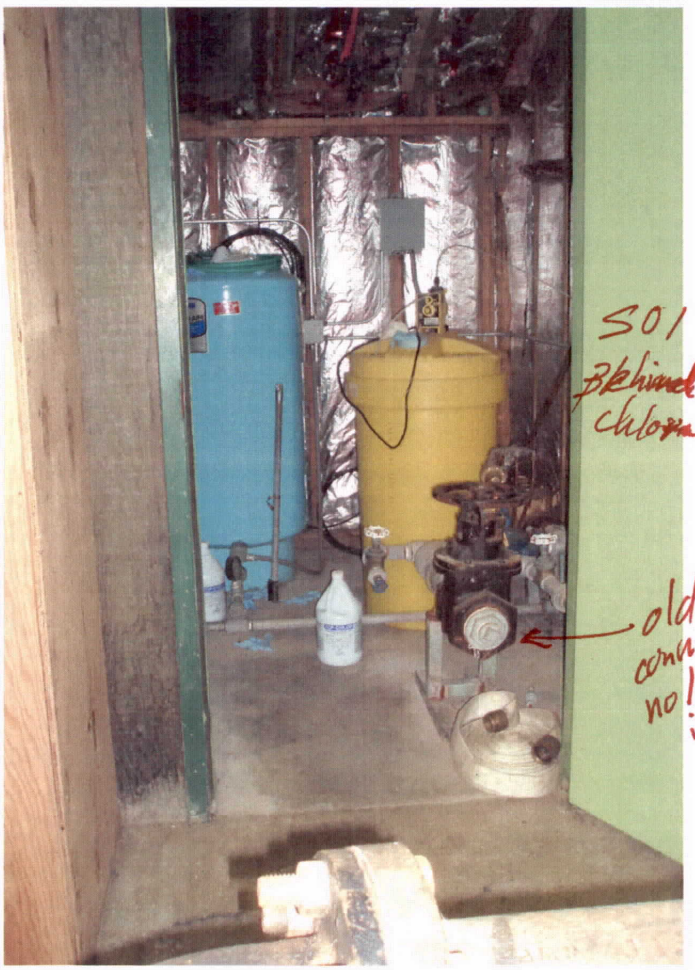
RESORT & MARINA WATER SYSTEM #36421

PUMP STATION





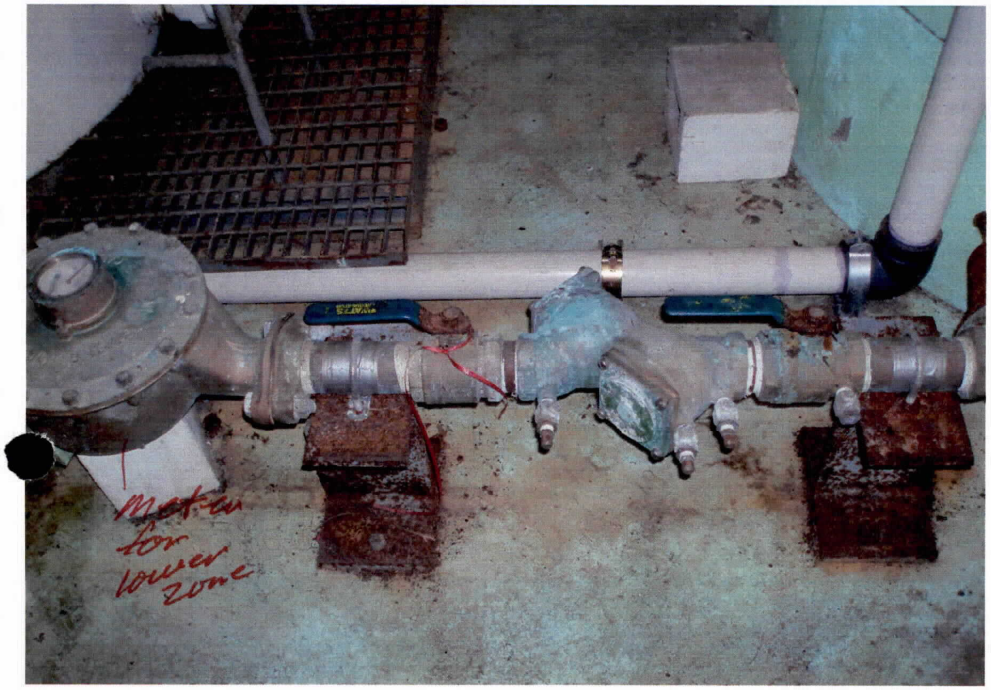




SO1
Behind
chlorinator

old
connection
no longer
in use

5/7/09 Resort at Marina #36421

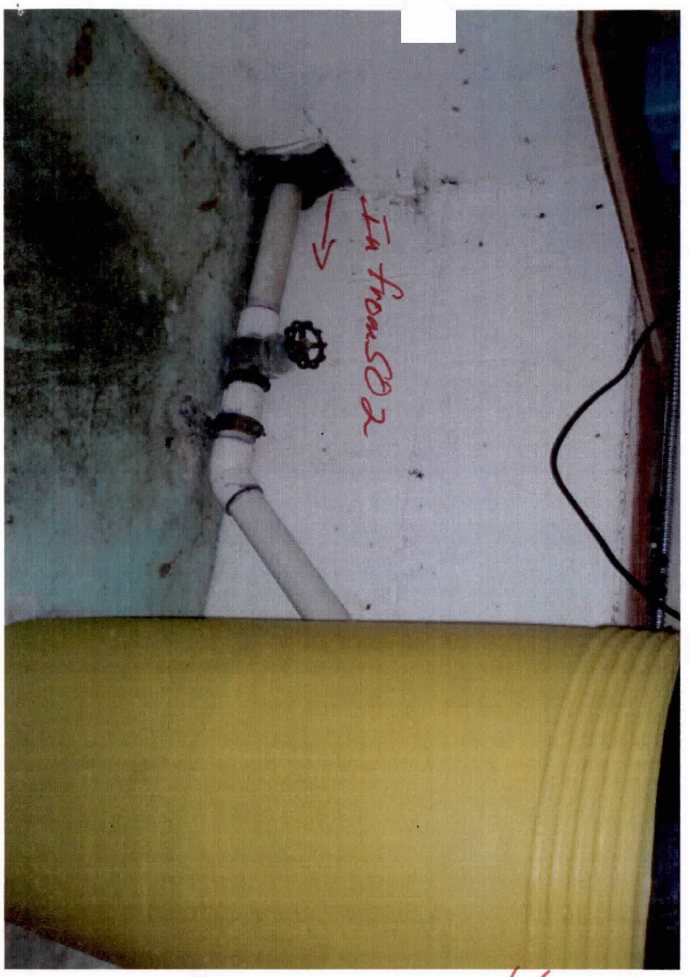


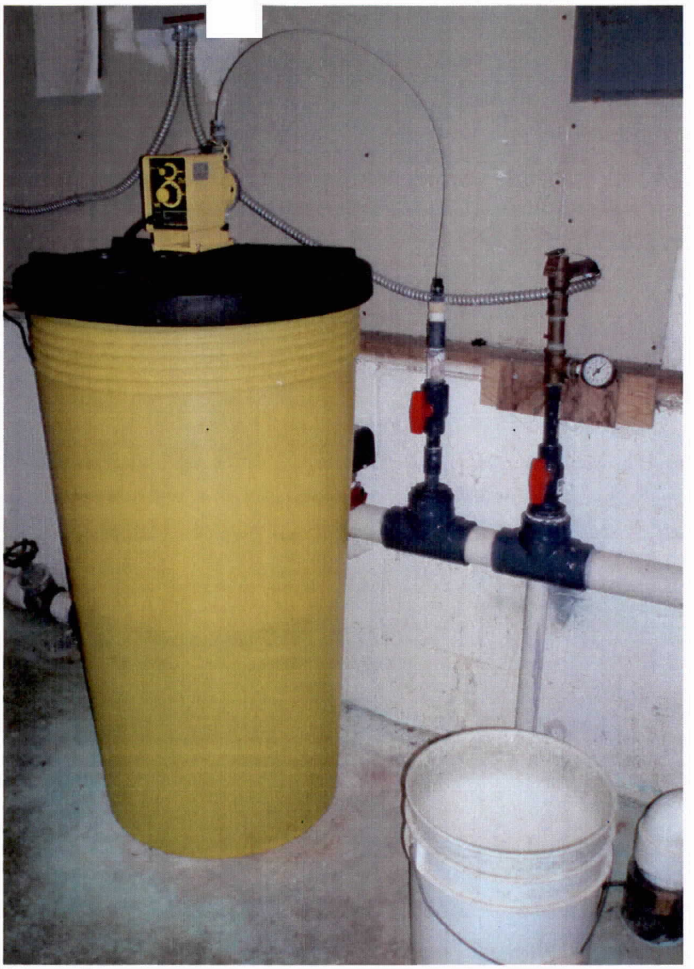




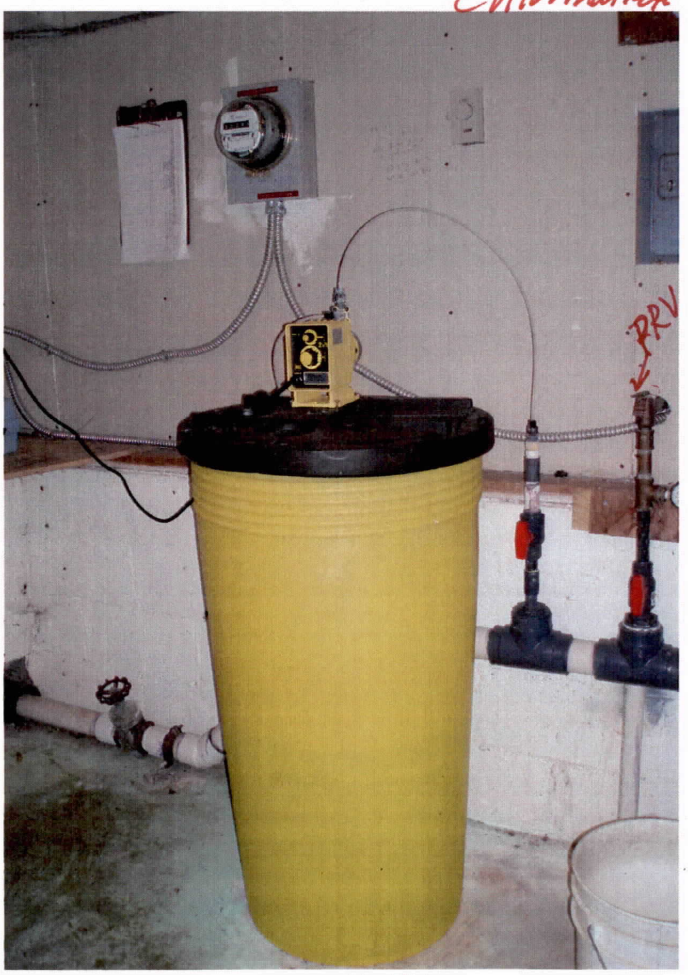


5/7/09 Resort K-Manka #36421



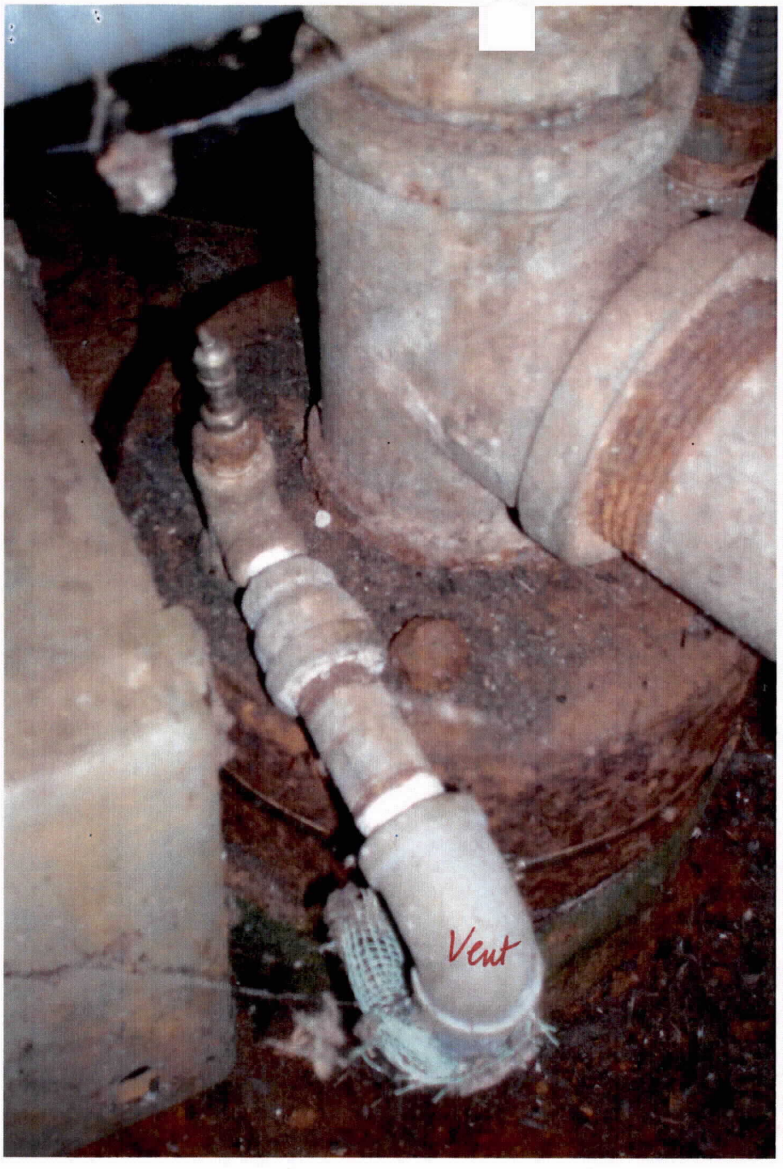


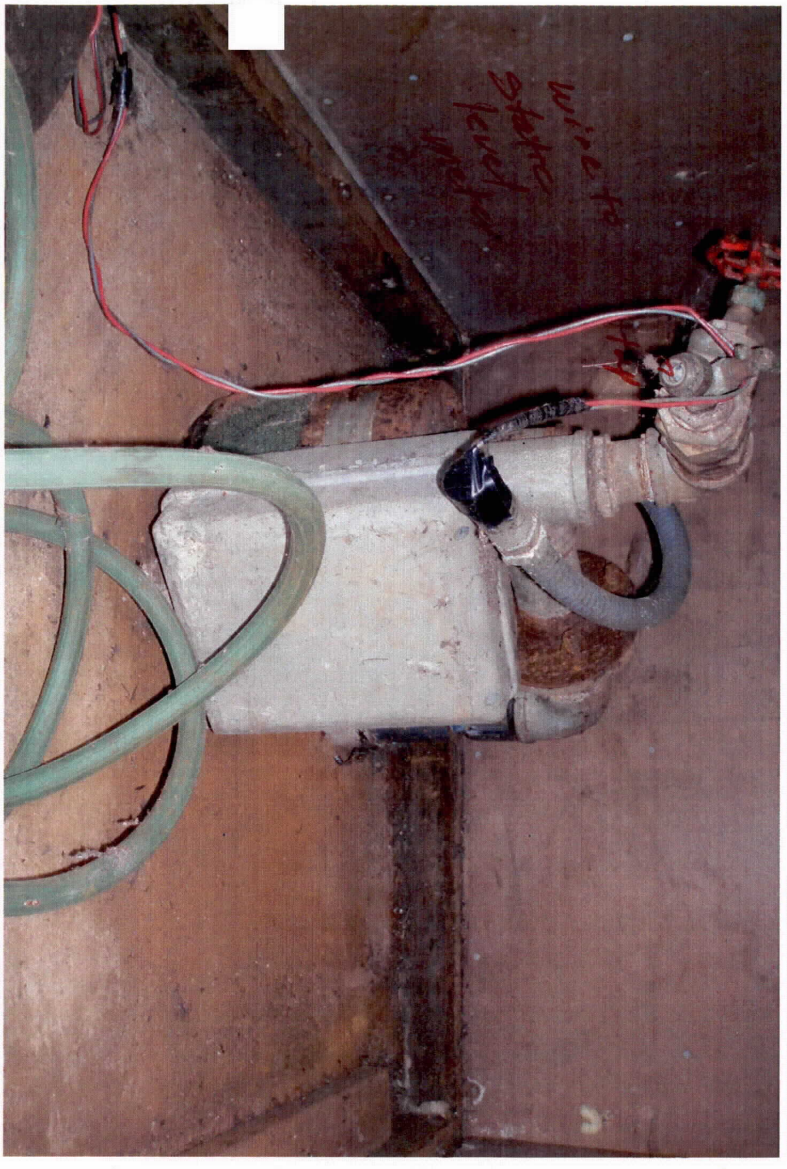
Chlorination Room





5/7/09 Resort & Marina #36421







5/7/09
Resort
+Marina
#3642

SO2 Enclosure

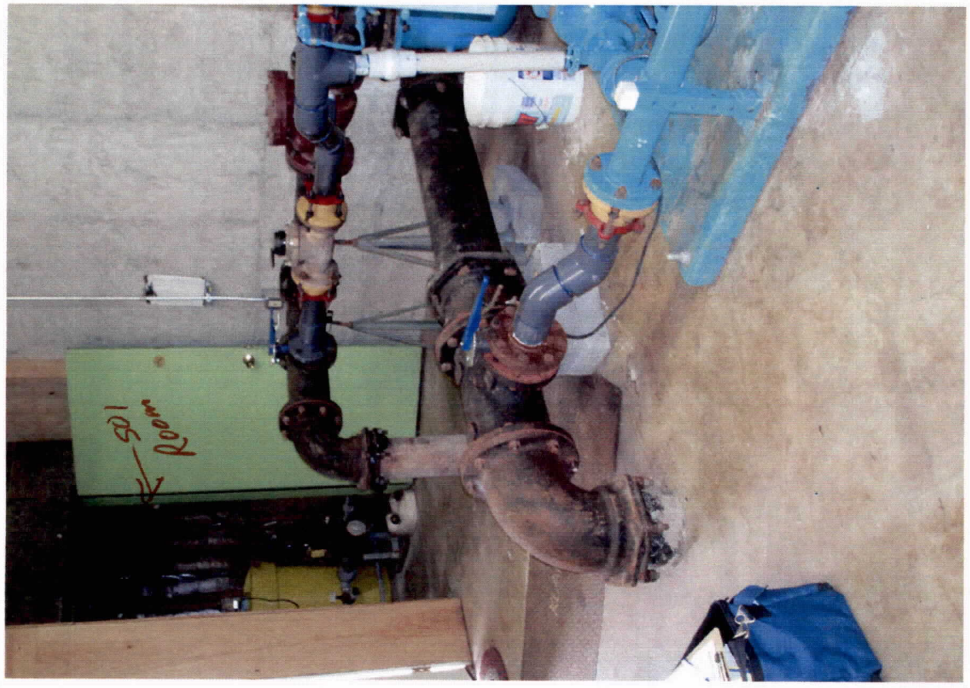


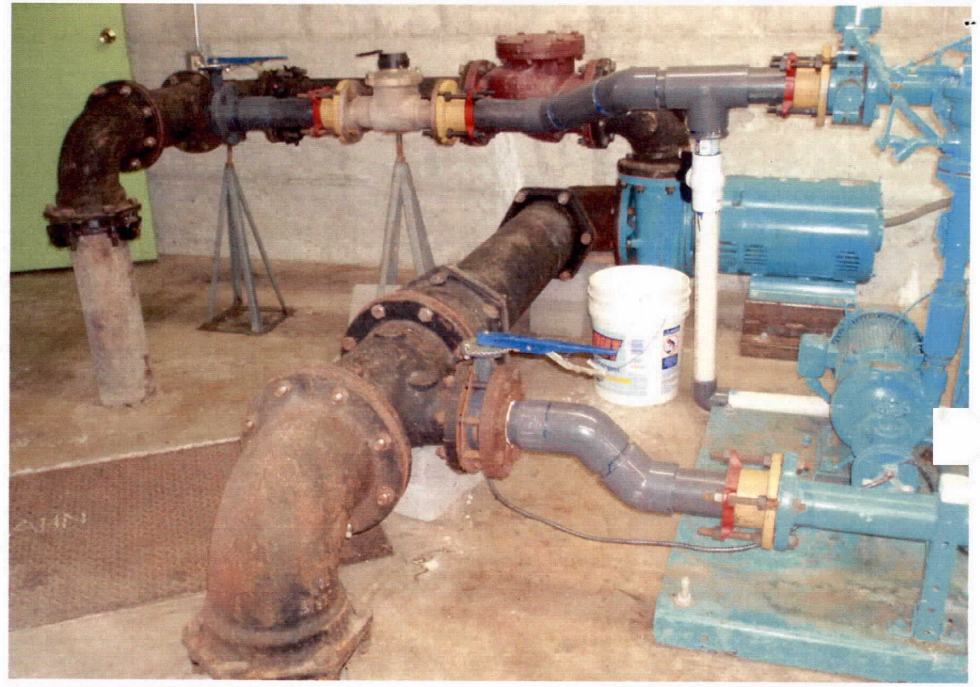


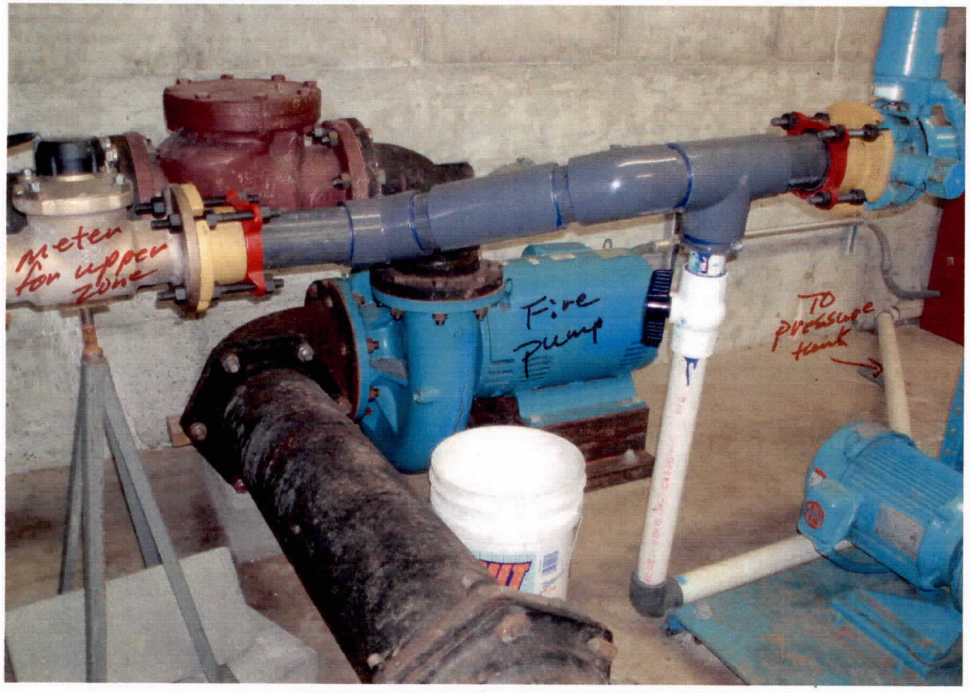




5/9/09 Resort + Marina #36421

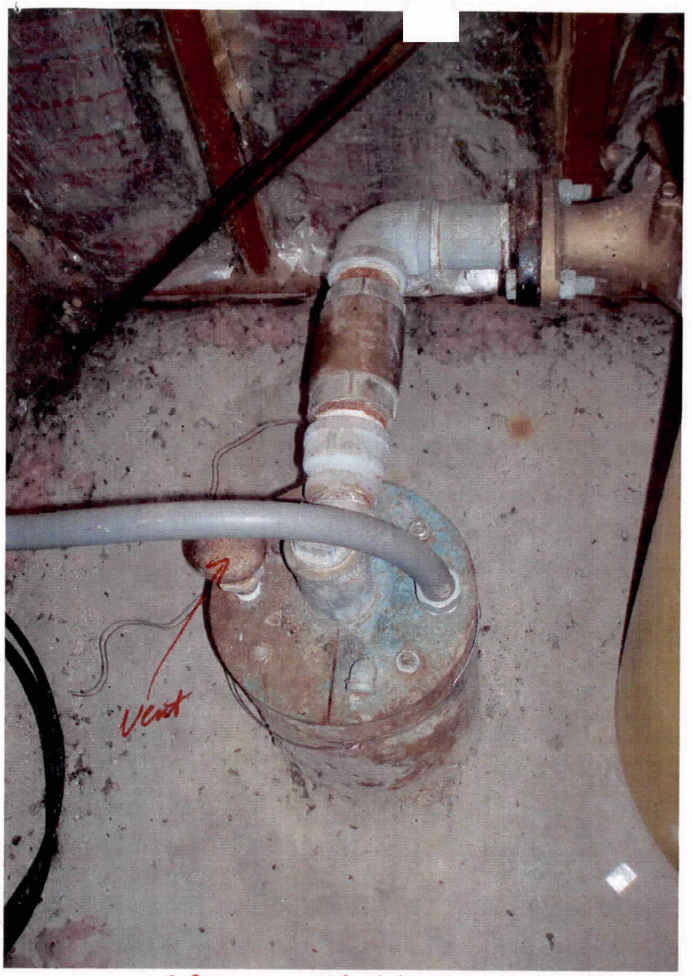








5/7/09 Resort & Marina #36421



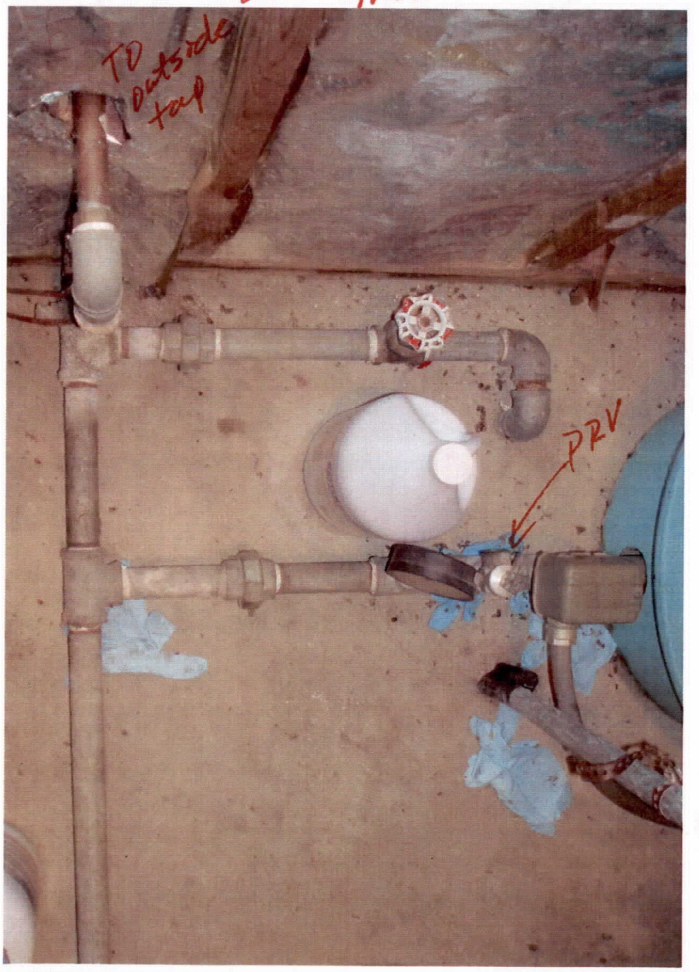
501 Well #1



501 Meter



501 behind chlorinator



5/7/09 Resort & Marina #36421

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 9, 2009

Jimmie Blaylock
Resort And Marina
Po Box 1989
Sequim, Washington 98382

Subject: Resort And Marina, ID #364211, Clallam County; Third Party Sanitary Survey Program

Dear Water System Manager:

The sanitary survey for the above system is due in 2009. Clallam County Environmental Health (CCEH) is now scheduling 2009 surveys. **Please call Belinda Pero by March 31, 2009, at (360) 417-2334 to schedule this inspection**.

A sanitary survey is a comprehensive field inspection and evaluation of system facilities, operation, water quality, and management. Washington State regulations require a survey of this type of system at least every five years. Enclosed is a Question and Answer Sheet on how you can prepare for your sanitary survey. **The surveyor will review your last sanitary survey report. If you need a copy, please contact me at the number or email below.**

There is an inspection fee for this required service. ODW will invoice you after receiving a copy of the inspection report from CCEH. The ESTIMATED cost is $306.

ODW hopes you will find the sanitary survey helpful to this system's management. If you have any questions, please contact me at (360) 236-3028 or email Denise.Miles@doh.wa.gov.

Sincerely,

Denise Miles

Denise Miles
Office of Drinking Water Sanitary Survey Program Manager

Enclosure

cc: Clallam County Environmental Health

QA/HPHR Review Form

PWS ID: 36421 | Suffix: 1 | Find Record

System Name: RESORT AND MARINA

County: CLALLAM

QA/HPHR Reviewer: James C. McCaule

QA/HPHR File Review is to be completed by DUE DATE below. EXCEPTION: If HPHR has been identified you have an additional week to do confirmation.

Date of Surve: 12/15/2004

Next Survey: 1/1/2009

File Review Due Date: 3/1/2005

RE Review Date: 3/7/2005

Regional Engineer QA Evaluation and Comment Section of QSS Inspection Report

Evaluate, Provide Comments and Assign Quality Level to the Sanitary Survey Inspection Report you have just reviewed.

High ☑

Medium ☐

Low ☐

QA Comments:

Belinda does a nice job of documenting all the details, but still keeps it brief. She highlights deficiencies as "Action Items".

REMEMBER: Please work with your QSS to develop best way to communicate your feedback back to them on an on-going basis!

Does this system Disinfect?

☑ Yes System Disinfects

☐ No System Does NOT Disinfect

Why is System Disinfecting: unknown

Is Disinfection Required for this System?

☐ YES Disinfection Required

☐ No Disinfection Required

☑ Unknown Disinfection Requirement

Does this system have a Potential GWI source?

☐ Potential GWI Source (Yes)

☑ Potential GWI Source (No)

General Comments:

No Potential HPHR Identified ☑

Yes Potential HPHR Identified ☐

Open HPHR Compliance Form

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SOUTHWEST DRINKING WATER OPERATIONS
2411 Pacific Avenue • PO Box 47823 • Olympia, Washington 98504-7823
(360) 664-0768 • FAX: (360) 664-8058
TDD Relay 1-800-833-6388

March 21, 2005

Louis Torres
Resort and Marina
1620 West 13th Street
Port Angeles, Washington 98363-6804

Dear Water System Manager:

SUBJECT: Resort and Marina, ID #364211, Clallam County; Sanitary Survey Inspection Report prepared by Belinda Pero on 12/15/2004

Thank you for taking the time to meet with Belinda Pero to show your water system and explain its operations. You should have received a copy of the completed Sanitary Survey Inspection Report from the inspector. Please read the report carefully as it describes the results of the inspection.

It is your responsibility to correct any deficiencies noted in the Sanitary Survey Inspection Report prepared by Belinda Pero. This report has been prepared to assist you in meeting the best practices that have been proven over time to assist water systems in providing safe and reliable drinking water.

By completing your Sanitary Survey Inspection, you have now met the regulatory requirement (WAC 246-290-300 (6) and -416 for a physical inspection of your facilities, records, and operations. Your water system will be due for another Sanitary Survey Inspection within five years. You will be contacted before the next Sanitary Survey Inspection and provided information on inspection procedures at that time.

Regulations establishing a schedule of fees for sanitary surveys were adopted May 1, 2002 (WAC 246-290-990 (3)(c)). An invoice for $297.00 is enclosed.

We appreciate your assistance and cooperation during the Sanitary Survey Inspection process. If you have questions about how to proceed, please contact me at (360) 664-2203.

Sincerely,

DENISE GRANT
Office of Drinking Water Sanitary Survey Program Manager

Enclosure

DOH SANITARY SURVEY FEE WORKSHEET

System Name	Resort and Marina	County:	Clallam
System ID:	364211		
Inspector:	Clallam County		
Date of Inspection:	12/15/2004		

< 10,000 Population				Actual	
BASIC SYSTEM FEE					
Includes one ground water source				$297.00	
ADDITIONAL GROUND WATER SOURCES					
Estimated # of permanent and seasonal sources	0	x	$49.50	$0.00	
Actual # of permanent and seasonal sources	0	x	$49.50		
SURFACE WATER / DETERMINED GWI SOURCES (Treated)					
Estimated		x	$297.00	$0.00	
Actual		x	$297.00		

TOTAL	$297.00	

* Source permanent or seasonal sources only (emergency sources not subject to fees).
* Additional purchased sources not subject to fees.
* Wellfield is considered one source.
* Only charge fee for those permanent or seasonal sources actually inspected, even though the pre-survey research and water quality discussions may have included additional sources.

PLEASE NOTE: THIS IS NOT A BILL.

The water system will receive an invoice for the actual fee amount after the survey has been completed.

3/14/2005

Washington State Department of Health

Division of Drinking Water
INVOICE
Water Plan Review

INVOICE NUMBER	100432
INVOICE DATE	3/18/05
BILLING PERIOD	30 DAYS SW

TO: LOUIS TORRES
RESORT AND MARINA
1620 W 13TH ST
PORT ANGELES WA 983636804

ATTN: ACCOUNTS PAYABLE DEPT

DATE	DESCRIPTION	QUANTITY	COST	AMOUNT
3/18/05	SURVEY FEE RESORT AND MARINA CLALLAM COUNTY PWS ID 36421 DATE OF SURVEY: 12/15/2004 Payment due within 30 days. Interest shall accrue at 1% per month after 30 days.	1		$297.00

Make Checks Payable to Department of Health

Return Lower Tear-off Portion to: Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Division of Drinking Water
Water Plan Review

NAME	RESORT AND MARINA
INVOICE NO.	100432
INVOICE DATE	March 18, 2005
AMOUNT	$297.00 SW

DOH 713-006P (2/91)

Revenue Section
P.O. Box 1099
Olympia, WA 98507-1099

2 044129 00878

Clallam County Department of Health and Human Services

Environmental Health Services ♦ 223 East 4th Street, Suite #14 ♦ Port Angeles, WA 98362-3015
Tele: 360-417-2258 ♦ FAX: 360-417-2313

December 29, 2004

Louis A. Torres
Resort and Marina Water System
1620 West 13th Street
Port Angeles, WA 98363-6804

SUBJECT: Resort and Marina Water System PWSID 36421
Clallam County
Third Party Sanitary Survey Inspection Report

Dear Water System Manager:

This letter and inspection report serves as a follow-up to the recent sanitary survey physical inspection of your water system facilities, records and operations.

Thank you for taking the time to meet with Denise Grant, Jim McCauley and me to show us your system and explain its operations. Enclosed you will find a copy of the completed Sanitary Survey Inspection Report. Please read the report carefully, as it describes observed deficiencies and recommendations to correct deficiencies found during the inspection. It is your responsibility to correct these deficiencies promptly.

A copy of this letter and inspection report is being forwarded to the appropriate Department of Health (DOH) staff for review. DOH will contact you if they identify any deficiencies of high public health risk to enquire on the status of correcting these deficiencies. Please contact Denise Grant at Southwest Regional Office of the Office of Drinking Water at (360) 664-2203, if you need their assistance.

If you have any questions regarding your Sanitary Survey Inspection Report, please call me at (360) 417-2334.

Sincerely,

Belinda M. Pero
Environmental Health Specialist

Enclosure: Sanitary Survey Inspection Report, Photos and Checklist

cc: SWRO Drinking Water Division

RECEIVED
DEC 30 2004
Department of Health
SW Drinking Water Operations

SANITARY SURVEY INSPECTION REPORT

Inspection Date: December 15, 2004

RECEIVED
DEC 30 2004
Department of Health
SW Drinking Water Operations

Water System Name: Resort and Marina
ID: 36421
County: Clallam
Owner: Wayne Enterprises
Attn: Olympic Development
1620 West 13th Street
Port Angeles, WA 98363-6804
Manager: Louis A. Torres

1. Persons Attending Inspection: Louis A. Torres of Olympic Development, Russ Feldman of Port of Port Angeles, Denise Grant of DOH, Jim McCauley of DOH, and Belinda Pero of Clallam County HHS

2. Purpose of the Inspection: Routine Sanitary Survey

3. General Description: The system is located off Highway 101 following the John Wayne Marina signs. The system is a Group A community water system that has two groundwater wells. Well #1 is the eastern well that is an emergency back up well. Well #2 is the western well used as the main source well which provides water to 17 homes, a Resort/RV Park, and a marina. A chlorination treatment shed is located in the lower central area near the marina. The remains of the old filtration treatment system are still present in the shed. A 150,000 gallon storage reservoir is located on the upper east hill by the residences.

   A set of 6 wells have been drilled in the lower western section, but are not connected to the system at this time. These are for future development plans.

4. List of Potential High Public Health Risk Deficiencies: **None observed.**

5. Additional Inspections Findings:

A. Sources: The main wellhead Well #1 is located inside a locked shed. The shed is on a high hillside with no danger of flooding. The wellhead is vented, has an isolation valve, and has a tap. The emergency Well #2 is inside the locked reservoir building. This wellhead has a screened vent and appears to have a good seal. Both wells are surrounded by a grass area that is larger than the needed 100 feet limit.

B. Distribution: The water system has 2 pressure zones. The upper zone has 3 booster pumps that alternately turn on to feed water into a pressure tank. These pumps are set at 45psi. The system does have a fire flow pump to respond to a large pressure loss.

Action Item: 1) Need to add ASME pressure relief valve between pressure tank and shut off valve.

C. Storage: A 150,000 reservoir is located on the upper portion of the property near the residences. The building appeared to be well maintained. All vents were screened and clean. The building was locked.

D. Water Quality: Coliform and nitrate tests were current. Lead and copper testing was completed on 1/2/04. VOC testing report now due. Well #1 the emergency well appears to be constantly connected as a backup well. The low float alarm in the reservoir tank is to be disconnected. This would eliminate the need to do water quality testing of the emergency well on a routine basis. Waiver option needs to be finalized for SOC parameters.

Action Items: 1) Assure VOC testing is current. 2) Disconnect low float alarm for emergency pump automatic start.

E. Operations and Maintenance: System looks to be in good working condition and is well maintained and operated. Manager of system needs to verify if system has a written Small Water System Management Program and a written Cross Connection Control Program.

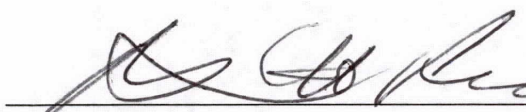
Action Items: 1) Confirm have written Small Water System Management Program and a written Cross Connection Control Program.

F. Tests: No samples taken at the time of the survey. Chlorination was well documented.

G. Water Supply Security: Wellheads, treatment, reservoir and pump facilities are in locked buildings.

H. Other: See attached checklist.

I. Photos: See attached photos.



Inspector Signature

12-29-04

Date

Belinda M. Pero
Environmental Health Specialist

WASHINGTON STATE DEPARTMENT OF HEALTH
Small Water System Sanitary Survey Checklist

1. Name of System Resort and Marina — 2. Survey Date: 12-15-04

3. PWS ID # 3 6 4 2 1 1 — 4. County _____ — 5. Phone # 360-457-4320

6. Contact Person Louis A. Torres

	S0 # 2		S0 # ___	
7a. DOH Source ID# / b. DOE unique well identifier number (if available)				
8. Is this for permanent or seasonal use?	☒P	☐S	☐P	☐S
9. Are there biological contaminants located within 100 ft. (i.e. sanitary sewer, drainfield, surface water, waste lagoon, manure pile, storm water, irrigation canal)?	☐Yes	☒No	☐Yes	☐No
10. Are there obvious chemical contaminant hazards located within 100 ft (i.e. gasoline, diesel fuel, pesticides)?	☐Yes	☒No	☐Yes	☐No
11. Is there a known or obvious risk of the wellhead being covered by flood water?	☐Yes	☒No	☐Yes	☐No
12a. Is there a sealed well cap?	☒Yes	☐No	☐Yes	☐No
b. Is there a properly constructed screened well vent?	☐Yes	☐No	☐Yes	☐No
13.a. Is the well located in a pit?	☐Yes	☒No	☐Yes	☐No
b. If yes, is the pit adequately drained?	☐Yes	☐No N/A	☐Yes	☐No
14. Is the distance from the floor or the ground to the top of the casing greater than 6"?	☒Yes	☐No	☐Yes	☐No
15. Is a water sampling tap provided at the wellhead?	☒Yes	☐No	☐Yes	☐No
16. Is the source metered?	☒Yes	☐No	☐Yes	☐No
17. Is this source chlorinated?	☒Yes	☐No	☐Yes	☐No
If yes, a. is chlorinator operational?	☒Yes	☐No	☐Yes	☐No
b. Are adequate records kept (i.e. chlorine residual at least 5 day per week; forms submitted to DOH and maintained by system, residual tested by approved method)?	☒Yes	☐No	☐Yes	☐No
c. Has there been a problem with chemical addition (i.e. maintaining adequate residual, run out of solution, overfeeding)?	☐Yes	☒No	☐Yes	☐No
18. Is a pressure tank being used?	☒Yes	☐No	☐Yes	☐No
If yes, a. Is there an ASME relief valve located between tank and shutoff valve?	☐Yes	☒No	☐Yes	☐No
b. Does it appear to be functioning/operating properly (i.e. does the well pump cycle more frequently than every 10 minutes)?	☐Yes	☐No N/A	☐Yes	☐No
19. Is there atmospheric storage?		☒Yes	☐No	
If yes, a. Are all openings secured (i.e. locked, tight over-lapping cover on access; screened vents and overflow or hinged flap)?		☒Yes	☐No	
20. Are there obvious cross connections (i.e. hose in stock trough, swimming pool)?		☐Yes	☒No	
21. Does system have Cross connection program acceptable to DOH (i.e. DOH letter)?		☒Yes	☐No	
22. a. Does system have a written coliform monitoring plan?		☒Yes	☐No	
b. If yes, is it adequate (i.e. at least 3 routine sites and 4 repeat sites/routine site, narrative and map)?		☒Yes	☐No	
23. Are proper procedures followed for disinfection and sampling of new construction and/or repairs?		☒Yes	☐No	
24. Is there a Small Water System Management Program in effect (WAC 246-290-410)?		☐Yes	☒No	
25. Please describe any other significant concerns or hazards on the back of this page		☐Yes	☐No	

☒ Reviewed / revised WFI attached ☒ Photographs labeled and attached

RECEIVED DEC 30 2004 Department of Health SW Drinking Water Operations

QSS Name (please print) Belinda Pena — Signature _____ — Date: 12-15-04

Distribution: Original - DOH **Canary** - Water System **Pink** - Qualified Sanitary Surveyor (QSS)

DOH Small Water System Sanitary Survey Checklist

Please describe below any other significant concerns or hazards observed during survey (i.e. existing source or storage facilities not listed on current WFI, to your knowledge were any items identified on the front of this form identified in a previous inspection, obvious leaks in distribution system, storage or pumping facilities, unlocked pumphouses, facilities at obvious risk from tampering or vandalism, observances relative to potential for GWI)

26 A. Need lead and copper levels tested once more for 2004. Due for VOC testing.

26 B. Best to disconnect low float alarm so original well is not being turned on automatedly. This would eliminate need for testing of original well water.

26 C. Need to add ASME pressure relief valve between pressure tank and shutoff valve.

26 D.

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

WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

Quarter: 2
Updated: 10/22/2001
Printed: 12/08/2004
WFI Printed For: On-demand
Submission Reason: Non-Periodic update

COPY

RETURN TO: Southwest Regional Office, PO Box 47823, Olympia, WA, 98504

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
36421 1	RESORT AND MARINA	CLALLAM	A	Comm

6. PRIMARY CONTACT NAME & MAILING ADDRESS

LOUIS A. TORRES [OWNERS REP]
ATTN OLYMPIC DEVELOPMENT
1620 W 13TH ST
PORT ANGELES, WA 98363-6804

STREET ADDRESS IF DIFFERENT FROM ABOVE

ATTN
ADDRESS
CITY STATE ZIP

7. OWNER NAME & MAILING ADDRESS **8. Owner Number** 005283

WAYNE ENTERPRISES
NEED PRIMARY CONTACT OWNER TITLE: OWNER ORG - PRIMAR
ATTN OLYMPIC DEVELOPMENT
1620 W 13TH ST
PORT ANGELES, WA 98363-6804

STREET ADDRESS IF DIFFERENT FROM ABOVE

ATTN
ADDRESS
CITY STATE ZIP

9. 24 HOUR PRIMARY CONTACT INFORMATION		10. OWNER CONTACT INFORMATION	
Primary Contact Daytime Phone: (360) 457-4320		Owner Daytime Phone: (360) 457-4320	
Primary Contact Mobile/Cell Phone:		Owner Mobile/Cell Phone:	
Primary Contact Evening Phone: (360) 457-8620		Owner Evening Phone:	
Fax:	E-mail:	Fax:	E-mail:

WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies.

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

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

SMA NAME: _____ SMA Number: _____

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)

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

13. WATER SYSTEM OWNERSHIP (mark only one)

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

14. STORAGE CAPACITY (gallons)

150,000

15	16	17	18 SOURCE CATAGORY										19 USE			20	21 TREATMENT						22	23	24 SOURCE LOCATION			
Source Number	SOURCE NAME LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER. Example: WELL #1 XYZ456 IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLORIDATION	IRRADIATION (UV)	OTHER	DEPTH TO FIRST OPEN INTERVAL (FEET)	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
S01	WAYNE WELL NO. 1		X												X		X						262	15	SE NW	27	30N	03W
S02	WAYNE WELL NO. 2 AHM612		X										X				X	X					161	70	SW SE	27	30N	03W

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
36421 1	RESORT AND MARINA	CLALLAM	A	Comm

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)	0	14	27
A. Full Time Single Family Residences (Occupied 180 days or *more* per year)	~~0~~ 17		
B. Part Time Single Family Residences (Occupied *less than* 180 days per year)	0		
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied *more than* 180 days/year	0		
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms that are occupied *less than* 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services (Campsites, RV Sites, Spigots, etc.)	0	0	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	2	2	2
28. TOTAL SERVICE CONNECTIONS		16	29

29. FULL-TIME RESIDENTIAL POPULATION

A. How many residents are served by this system 180 or *more* days per year? 31

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

31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?	145	145	160	260	280	300	510	510	510	280	260	145
B. How many days per month is water accessible to the public?	1	1	1	1	1	1	1	1	1	1	1	1

32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												

33. ROUTINE COLIFORM SCHEDULE * Requirement is exception from WAC 246-290	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1

35. Reason for Submitting WFI:

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

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

SIGNATURE: _____ DATE: 12-15-04

PRINT NAME: Belinda M. Perro TITLE: EHS



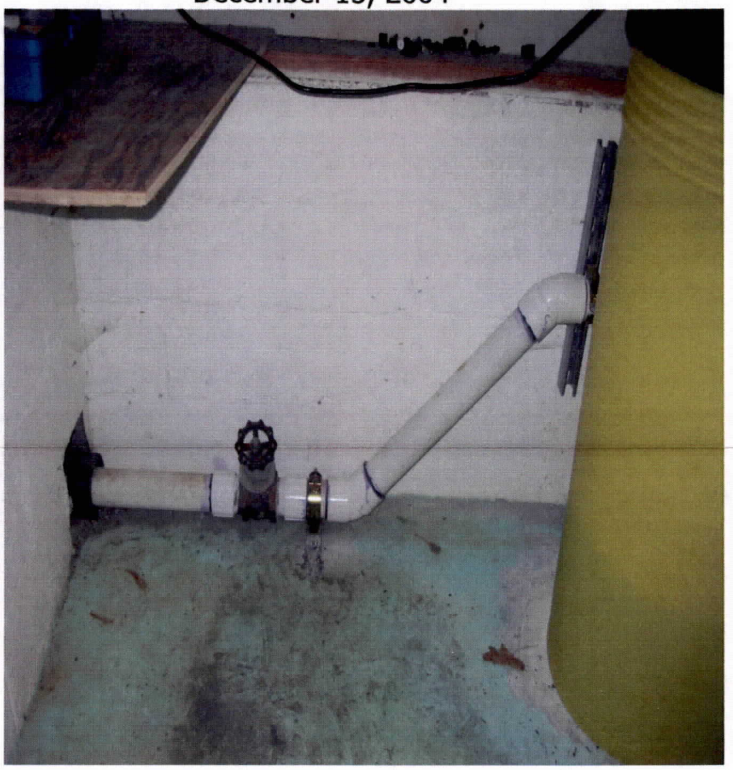
Wellhead # 2 shed



Wellhead #2

Resort and Marina Water System # 36421 December 15, 2004

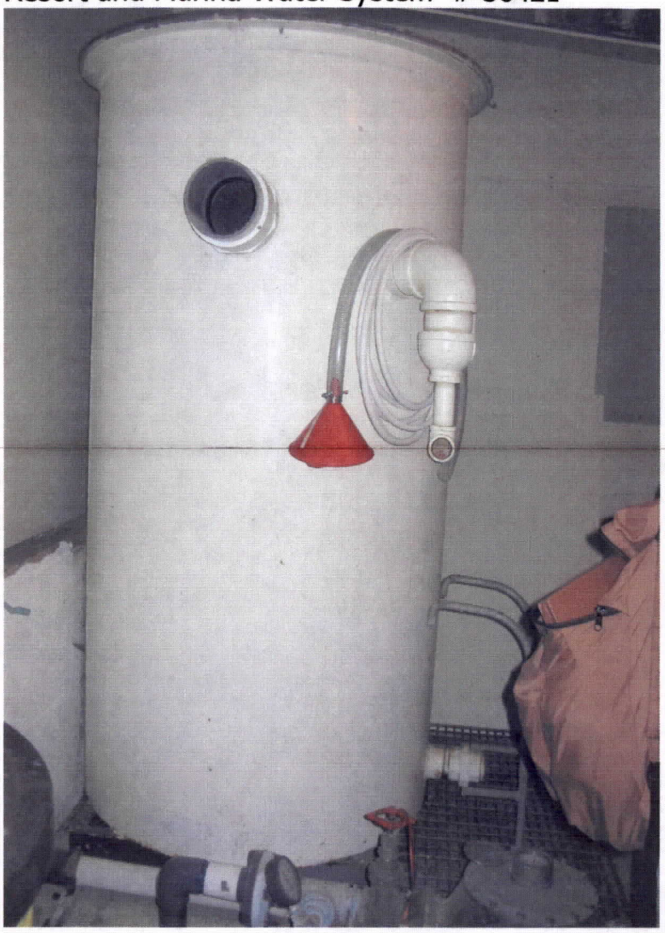








Chlorination unit in treatment building.







Old treatment tanks and current piping in treatment building



Emergency well #1 chlorination and pressure tank



Emergency wellhead #1

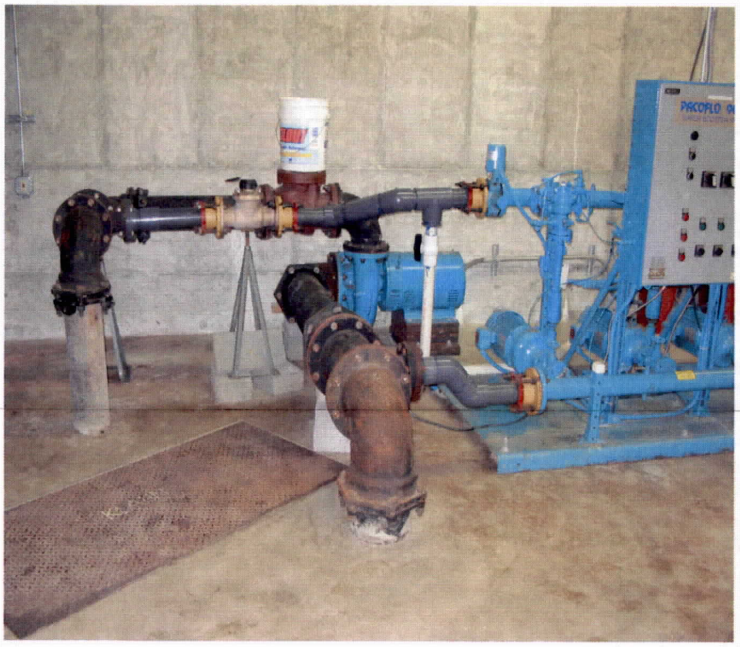




Plumbing connections for emergency well #1

Resort and Marina Water System # 36421

December 15, 2004





Pumps in Reservoir building

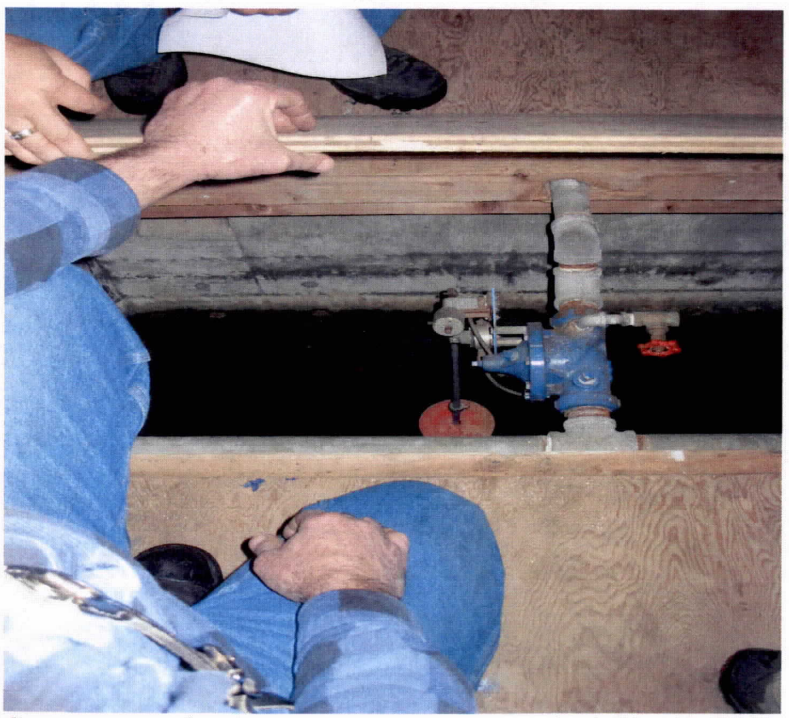


Pressure tank

Resort and Marina Water System # 36421 December 15, 2004



Rafters above water reservoir



Center pump for reservoir


W. on 101, RIGHT @ Whitefeather Way
meet at office @ SW cor of Whitefeather & W. Sequim Bay Rd
Joe: 1800 654 5545
mobile 460-1528
Louie Torres 457-4320
mobile 808-0820
Post-it® Fax Note 7671
Date 12/18/95 # of pages ▶ 1
To Karl Johnson
From Joe Donisi
Co./Dept. My phone #'s are on this pg.
Co.
Phone # or call Louie Torres / Inner Rep.
Phone #
Fax # meet you there at 1-2 pm
Fax #
OR if you call, I'll adjust
SEQUIM BAY RESORT & MARINA WATER SYSTEM
SEQUIM
MEET HERE @ OLYMPIC DEVELOPMENT PLANNING OFFICE
SEQUIM BAY LODGE REST./MOTEL
WASHINGTON HARBOR
Middle Ground
Klapot Pt.
Travis Spit
Marilyn Nelson County Park
PORT WILLIAMS
MILLER PENINSULA
TO BLYN (CASINO)
TO BLYN
NTI ENG. & SURVEY
360 452 8498
12/18/95 16:36
001

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SOUTHWEST DRINKING WATER OPERATIONS
2411 Pacific Ave • P.O. Box 47823 • Olympia, Washington 98504-7823
(360) 664-0768 • FAX (360) 664-8058
TDD Relay 1-800-833-6388

February 18, 2004

Resort and Marina
Louis A Torres
Attn Olympic Development
1620 West 13th Street
Port Angeles, Washington 983636804

Dear Water System Manager:

SUBJECT: Resort and Marina, PWS ID 36421, Clallam County; Third Party Sanitary Survey Program

Washington State Department of Health Office of Drinking Water (ODW) regulations for Group A public water systems (WAC 246-290-416) call for a routine sanitary survey for all Group A water systems once every five (5) years. A sanitary survey is a comprehensive inspection and evaluation of a water system facilities, operation, water quality monitoring and management. Regular sanitary surveys have long been recognized as an important part of protecting public drinking water, because they can help identify potential problems before significant health risks develop. In addition, many water system managers find the survey helpful for understanding how to improve their water systems, ensure they stay in compliance with state drinking water regulations and for meeting our surveyors face-to-face.

The survey is pre-arranged with the water system owner or manager by ODW or an authorized representative of ODW. Clallam County Department of Health (CCDOH) entered into an agreement with ODW to assist in conducting routine sanitary surveys of Group A water systems as an authorized representative of ODW in Clallam County.

This letter is intended to notify you that CCDOH is now scheduling surveys in 2004. Please contact Angela Mentroe as soon as possible or by April 16, 2004 at (360) 417-2334 to schedule a date and time for your inspection during the 2004 calendar year. Please be aware there will be an inspection fee for the survey. ODW will be sending you an invoice for this inspection, the ESTIMATED cost to you will be $288.00. This invoice will be sent after ODW receives a copy of the final inspection report submitted to you from CCDOH following the inspection.

We hope you will find sanitary surveys to be helpful in your water system management efforts. For your information, I am enclosing a copy of the "Small Water System Sanitary Survey Checklist" that CCDOH will use for your survey. Also enclosed is a booklet on "Preparing for a Sanitary Survey" and a Frequently Asked Questions (FAQ) on Sanitary Surveys that may help answer some on your questions.

If you should have any additional questions, please feel free to contact me at (360) 664-2203.

Sincerely,

DENISE GRANT
Office of Drinking Water Sanitary Survey Program Manager

Enclosures

cc: Clallam County Department of Health

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SOUTHWEST DRINKING WATER OPERATIONS
2411 Pacific Ave. • P.O. Box 47823 • Olympia, Washington 98504-7823 • (360) 664-0768
TDD Relay Service: 1-800-833-6388

January 9, 1996

Wayne Enterprises, Inc.
c/o Louis A. Torres
Olympic Development Planning
1620 West 13th Street
Port Angeles, WA 98363

Subject: Report of Recent Inspections of Sequim Bay Resort Water System, ID #77601Y and John Wayne Marina Water System, ID #364211, Clallam County

Dear Mr. Torres:

Enclosed are reports of my recent inspection of the subject water systems. For the moment we are continuing to treat them as two separate though interconnected systems. Once you complete the project I recently approved and submit project completion materials and revised water facilities inventory forms we will update our records to reflect this as one system.

Generally facilities looked good. Following is a summary of recommendations from the inspection reports:

Sequim Bay Resort Water System

The well enclosure needed cleaning out, and the well needs a proper screened, inverted vent. Be sure all other access ways into the well are sealed off.

John Wayne Marina Water System

The well needs a screened inverted vent. The well probe access hole and all other access ways into the well must be sealed off.

Old equipment in pump house which is no longer used should be removed.

Thanks for your time and the excellent tour of the water system facilities. If you have any questions please call me at (360) 753-2452.

Sincerely,

Karl Johnson

Karl Johnson, P.E.
WSDOH Regional Engineer
Southwest Drinking Water Operations

KWJ:clp
cc: NTI Engineering
City of Sequim
Clallam County Environmental Health

WATER SYSTEM INSPECTION REPORT

DOH SOUTHWEST DRINKING WATER OPERATIONS

January 8, 1996

WATER SYSTEM:	Sequim Bay Resort Water System
COUNTY/LOCATION:	City of Sequim, Clallam County
PWS ID#:	77601Y
INSPECTED BY:	Karl Johnson
ACCOMPANIED BY:	Louis Torres, Olympic Development Planning, Joe Donisi, NTI Engineering, Jeff Robb, Port of Port Angeles
DATE:	December 19, 1995
SYSTEM OWNER:	Wayne Enterprises, Inc.
SYSTEM MANAGER:	Louis Torres

APPROVAL STATUS:	Approved
OPERATING PERMIT STATUS:	Green

		ADEQUATE (YES/NO)	OBSERVATIONS/RECOMMENDATIONS
CAPACITY	Source	Yes	
	Storage	Yes	
	Distribution/ Connections Served	Yes	

WATER QUALITY	Coliform	Yes	
	Inorganics	Yes	
	Organics	Yes	
	Lead/Copper	N/A	
	Radionuclide	Yes	
	SWTR/GWI	N/A	
OPERATIONS & MANAGEMENT	Routine O&M	Okay	Well enclosure needed cleaning out.
	Complaints	None	
	Oper. Cert.	N/A	
	Safety	Okay	
	Cross-Connection	Okay	
FACILITIES	Source	Okay	Well needs a proper screened, inverted vent. All other access ways into the well (e.g. electrical conduit) must be sealed off to prevent entry of foreign material into the well.
	Storage	Okay	Uses John Wayne Marina Water System storage, ID #364211. Merger of systems recently approved.
	Distribution	Okay	
	Pumping	Okay	

	Hydropneumatic	N/A	
	Treatment	N/A	

WATER SYSTEM INSPECTION REPORT

DOH SOUTHWEST DRINKING WATER OPERATIONS

January 8, 1996

WATER SYSTEM:	John Wayne Marina Water System
COUNTY/LOCATION:	City of Sequim, Clallam County
PWS ID#:	364211
INSPECTED BY:	Karl Johnson
ACCOMPANIED BY:	Louis Torres, Olympic Development Planning, Joe Donisi, NTI Engineering, Jeff Robb, Port of Port Angeles
DATE:	December 19, 1995
SYSTEM OWNER:	Wayne Enterprises, Inc.
SYSTEM MANAGER:	Louis Torres

APPROVAL STATUS:	Approved`
OPERATING PERMIT STATUS:	Green

		ADEQUATE (YES/NO)	OBSERVATIONS/RECOMMENDATIONS
CAPACITY	Source	Yes	John Wayne Marina Water System well is limited in long term capacity. The system uses Sequim Bay Resort Water System well, ID #77601Y, as primary source. Merger of systems recently approved.
	Storage	Yes	

	Distribution/ Connections Served	Yes	
WATER QUALITY	Coliform	Okay	
	Inorganics	Okay	
	Organics	Okay	
	Lead/Copper	N/A	
	Radionuclide	Okay	
	SWTR/GWI	N/A	
OPERATIONS & MANAGEMENT	Routine O&M	Okay	
	Complaints	None	
	Oper. Cert.	N/A	
	Safety	Okay	
	Cross-Connection	Okay	
FACILITIES	Source	Okay	The well needs a screened inverted vent. The well probe access hole and all other access ways into the well (e.g. electrical conduit) must be sealed off to prevent entry of foreign material into the well. John Wayne Marina Water System well is limited in

			long term capacity. Sequim Bay Resort Water System well, ID #77601Y is used as primary source well. Merger of systems recently approved.
	Storage	Okay	
	Distribution	Okay	
	Pumping	Okay	Old equipment in pump house which is no longer used should be removed.
	Hydropneumatic	Okay	Only one house is on hydropneumatic system. All new development is on gravity pressure from storage tank.
	Treatment	N/A	