Westside Water Association (WWA) Source Approval Document for Back40A Well (SO10)

Table of Contents

Executive Summary

Westside Water Association (WWA) has a time bound opportunity to acquire the rights to a 284' deep well (Back 40A/SO10) of good water quality and significant capacity (>25 gpm). It is located in a geotechnically stable area and not susceptible to surface contamination. The proximity of SO10 to existing WWA infrastructure allows for straightforward integration using design patterns well proven with other sources. In particular, chlorination contact time is not required for this source. WWA needs to acquire this well because its current sources have the capacity (~65 gpm) to just meet member's water demand in the summer high-demand season without relying on its SO6 source with its 33 ppb Arsenic concentration.

Groundwater Source of Supply Checklist

Project Description

Principal Contact:	Doug Dolstad	County:	King
System Name:	Westside Water Association (WWA)	State ID:	94950-0
System Address:	PO Box 267 Vashon, WA 98070		
Phone:	(206) 715-3805		

Comments: This is an existing Group A Community water system. The system serves 222 single family residences and 5 non-residential connections. The system is approved by DOH for 228* connections. In 1999 there were 239 membership shares outstanding. This number included some "auxiliary" shares, a category that acknowledged more than one residence per connection on the same tax parcel. To rectify this oversubscription, the Board of WWA has repurchased unused shares and a number of the auxiliary shares have become inactive, bringing the number of shares WWA is obligated to fulfill to 233*.

The system is supplied by a spring, several well points and three wells. This Source Approval application is to add a fourth well to ensure adequate supply of high-quality water during peak summer usage.

*Officially DOH lists 227 approved connections for WWA but an additional connection was acknowledged by DOH in 2015 when WWA secured the right to acquire the "Anderson Well" (S07).

Source of Supply Analysis that justifies the need for a new or expanded source of supply and the alternative source options evaluated.

Calculated peak need	75 gpm	Based on 3-day average production data since 2016
Source Capacity (w/o blending)	65 gpm	
Source Capacity (w/ blending to 5 ppb As)	71gpm	

Based on the Westside Water Association (WWA) Small Water System Management Plan (currently being submitted to update the last plan which was submitted in 1996), WWA has a peak production capacity of 65 gpm without blending from the Canyon Well (SO6) with its 33 ppb Arsenic levels. Blending to 5 ppb As (the level approved by the Board of WWA) yields a production capacity of 71 gpm and blending to the DOH authorized level of 10 ppb yields a production capacity of 85 gpm. Over the past 4 years, three-day average peak demand has remained under 74 gpm and 7-day consumption has remained under 70 gpm. With 250,000 gallons of total storage capacity, WWA can use 100,000 gallons of its storage capacity as buffer in times of high usage and still maintain an adequate fire flow reserve capacity.

To serve its current 233 connections, WWA will need most of its reserve storage capacity to avoid turning on the canyon well based on recent historical consumption patterns. Because of the commitment of the WWA Board to provide the highest quaiity and safest possible drinking water, replacement of the “Canyon Well” source (SO6) is a high priority.

WWA receives about 6 requests for new shares per year and approximately 2 private wells are drilled within the service area per year. WWA is currently just meeting the water needs of the residents in its service area with its current water capacity during periods of high usage.

Alternatives to acquiring the Back 40A well are to continue exploring options to filter the As from the SO6 well (anion exchange/reverse osmosis) but the timeline for such a solution is at least a year out and involves much more intensive monitoring and operations than the Back 40A solution poses.

For the above reasons WWA requests DOH approval to add the Back40A well to its system.

Water right permit or certificate issued by the Department of Ecology that the Back40A Well will use plus a completed *Water Right Self-Assessment Form*

Water right number:	G1-28778	Water Right Volume:	130 gpm 150 ac-ft/yr

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY
Northwest Regional Office • 3190 160th Ave SE • Bellevue, WA 98008-5452 • 425-649-7000
711 for Washington Relay Service • Persons with a speech disability can call 877-833-6341

JUN 11 2014

Douglas Dolstad
Westside Water Association
PO Box 267
Vashon Island, WA 98070

Your address is in the **Kitsap** watershed

Re: TEMPORARY PERMIT for application G1-28778

Dear Mr. Dolstad:

BACKGROUND INFORMATION

On April 21 2014 Ecology received an application for a new water right from Westside Water Association of Vashon Island. The purpose of the application was to help resolve a long standing issue the association had been having with reliability and water quality from its spring sources associated with Shingle Mill Creek, which constitute the principle sources of the association's existing water rights portfolio (Table 1).

Table 2: Water Rights Held by Westside Water Association

File No.	Certificate No.	Priority Date	Qi (cfs)	Qa (af/yr)
S1-00526C	S1-00526C	02/18/1964	2.0	250
S1-*02339C	2743-A	06/21/1928	0.05	36.20
Total			**2.05**	**286.20**

Robert James, Regional Manager of the Drinking Water Program of the Washington State Department of Health wrote to Ecology on April 21, asking that Ecology expedite processing of this application under the provisions of Chapter 173-152 WAC.

PRELIMINARY EVALUATION OF APPLICATION

Application G1-28778 seeks to add two groundwater sources to Westside Water Association's system. Since Westside does not need additional Qi or Qa, this application will be allocated as a non-additive water right with respect to both Qi and Qa.

Before a Temporary permit may be issued under the provisions of RCW 90.03.250 the department must first be relatively certain that the four tests have been satisfied. In this particular

case, the report of examination has been completed and peer reviewed and is currently ready for 30-day public review.

DEPARTMENT OF ECOLOGY DECISION

This TEMPORARY PERMIT shall remain in effect during the pendency of application G1-28778 or until September 30, 2014, unless cancelled at an earlier date by Ecology.

This TEMPORARY PERMIT authorizes the Westside Water Association to operate the Anderson Well and the Canyon Well (Table 2) at a combined instantaneous rate (Qi) of 130 gallons per minute (gpm). Neither well may exceed 65 gpm. Their usage shall be limited to serving municipal purposes within the area served by Westside Water Association.

Table 2: Wells covered by the Temporary Permit

Source	Parcel	Twp	Rng	Sec	QQ Q	Latitude	Longitude
Anderson Well	2423029053	23N	02E	24	NE SE	47.4687 N	122.4839 W
Canyon Well	1923039023	23N	03E	19	SE SW	47.4643 N	122.4733 W

The Instantaneous pumping rate (Qi) and Annual quantity (Qa) associated with the Anderson Well and the Canyon Well are Non-Additive. This means that both quantities when utilized are deducted from existing Qi and Qa associated with other water rights in the Westside Water Association water rights portfolio (Table 1)

You have a right to appeal this action to the Pollution Control Hearing Board (PCHB) within 30 days of the date of receipt of this document. The appeal process is governed by Chapter 43.21B RCW and Chapter 371-08 WAC. "Date of receipt" is defined in RCW 43.21B.001(2).

To appeal, you must do the following within 30 days of the date of receipt of this document:

- File your appeal and a copy of this document with the PCHB (see addresses below). Filing means actual receipt by the PCHB during regular business hours.
- Serve a copy of your appeal and this document on Ecology in paper form - by mail or in person. (See addresses below.) Email is not accepted.

You must also comply with other applicable requirements in Chapter 43.21B RCW and Chapter 371-08 WAC.

Street Addresses	Mailing Addresses
Department of Ecology Attn: Appeals Processing Desk 300 Desmond Drive SE Lacey, WA 98503 Pollution Control Hearings Board Environmental Hearings Office 1111 Israel Road SW, Suite 301 Tumwater, WA 98501	Department of Ecology Attn: Appeals Processing Desk P.O. Box 47608 Olympia, WA 98504-7608 Pollution Control Hearings Board P.O. Box 40903 Olympia, WA 98504-0903

For additional information visit the Environmental Hearings Office Website: http://www.eho.wa.gov

To find laws and agency rules visit the Washington State Legislature Website: http://www1.leg.wa.gov/CodeReviser

Signed at Bellevue, Washington, this 11 day of June, 2014.

Jacqueline Klug
Section Manager
Water Resources Program

jk/dw/mc

Enclosure: Your Right to be Heard

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7012 3460 0000 2587 0353

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DOUG DOLSTAD
WESTSIDE WATER ASSOCIATION
Street, Apt. No.; or PO Box No. PO BOX 267
City, State, ZIP+4 VASHON ISLAND WA 98070

PS Form 3800, August 2006 See Reverse for Instructions

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- Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to: WR.DW G1-28778

DOUG DOLSTAD
WESTSIDE WATER ASSOCIATION
PO BOX 267
VASHON ISLAND WA 98070

COMPLETE THIS SECTION ON DELIVERY

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Bellevue, WA 98008

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JUN 16 2014
Department of Ecology - Northwest Regional Office

VASHON-MAURY ISLAND
BEACHCOMBER

Affidavit of Publication

Daralyn Anderson being first duly sworn, on oath disposes and says that she is the Publisher of The Vashon-Maury Island Beachcomber, a weekly newspaper. That said newspaper is published in the English language continually as a weekly paper on Vashon Island, King County, Washington, and is now and during all of said time was printed in an office maintained at aforementioned place of said newspaper.

Daralyn Anderson

That the annexed is a true copy of a Legal Notice by:

WESTSIDE WATER ASSOCIATION of VASHON

VL 085 NOTICE OF APPLICATION for NEW WATER RIGHT PERMIT

As it was published in regular issues (and not in supplement form) of said newspaper once a week for a period of **2** consecutive weeks, commencing on the **7th** day of **May, 2014**, and ending on the **14th** day of **May**, **2014**, both dates inclusive, and that such newspaper was regularly distributed to its readers during all of said period.

That the full amount of the fee charged for the foregoing publication in the amount of **$ 220.70**, which amount has been paid in full, or billed at the legal rate according to RCW 65.16.090.

Subscribed to and sworn before me this **30th** day of **May, 2014**

Patricia H. Seaman
Notary Public in and for the State of Washington
residing on Vashon Island, Washington

PATRICIA H. SEAMAN NOTARY PUBLIC STATE OF WASHINGTON COMMISSION EXPIRES JUNE 8, 2017

Appd OK
DR

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Legal Notices

STATE OF WASHINGTON DEPARTMENT OF ECOLOGY NOTICE OF

APPLICATION FOR A NEW WATER RIGHT PERMIT

TAKE NOTICE: That Westside Water Association of Vashon, Washington on April 21, 2014, has filed an application for a new groundwater permit numbered G1-28778. The applicant requests a Non-Additive allocation, meaning that it will not add to existing system pumping capacity or allocated consumptive use and seeks a groundwater right capable of providing an instantaneous rate of withdrawal of up to 130 gallons per minute. The proposed points of withdrawal are to be located within Section 24, Township 23N., Range 2E., W.M. and Section 19, Township 23N, Range 3E, W.M., both in King County. The proposed place of use is the service area of the Westside Association as described in the most recently approved Westside Water Association Small System Water Management Plan or as amended by the Department of Health.

No increase will be made to the instantaneous withdrawal rate or annual quantities currently allocated for Westside Water Association. Protests or objections to approval of this application must include a detailed statement of the basis for objections: protests must be accompanied by a fifty-dollar ($50.00) recording fee and filed with the Department of Ecology at the address shown below, within thirty (30) days from May 14, 2014.

DEPARTMENT OF ECOLOGY
CASHIERING OFFICE - NWRO-WR
PO BOX 5218
LACEY WA 98509-5128

Published in the Vashon-Maury Island Beachcomber on May 7, 14, 2014.
#VL-085

Legal Notices

STATE OF WASHINGTON DEPARTMENT OF ECOLOGY NOTICE OF

APPLICATION FOR A NEW WATER RIGHT PERMIT

TAKE NOTICE: That Dockton Water Association of Vashon, Washington on February 14, 2014, has filed an application for a new groundwater permit numbered G1-28771. The applicant seeks a Non-Additive groundwater right capable of providing an instantaneous rate of withdrawal of up to 144 gallons per minute. The proposed point of withdrawal is to be located in the SE1/4 NW1/4, Section 29, Township 22N., Range 3E., W.M. in King County. The proposed place of use is the service area of the Dockton Water Association as described in the most recently approved Dockton Water Association Water System Plan.

The request here is to utilize water previously allocated under surface water rights from Dockton Springs through a groundwater permit issued under this groundwater code (RCW 90.44).

No increase will be made to the instantaneous withdrawal rate or annual quantities currently allocated for Dockton Springs.

Protests or objections to approval of this application must include a detailed statement of the basis for objections: protests must be accompanied by a fifty-dollar ($50.00) recording fee and filed with the Department of Ecology at the address shown below, within thirty (30) days from May 14, 2014.

DEPARTMENT OF ECOLOGY
CASHIERING OFFICE - NWRO-WR
PO BOX 5218
LACEY WA 98509-5128

Published in the Vashon-Maury Island Beachcomber on May 7, 14, 2014.
#VL-084

REQUEST FOR PROPOSALS PUBLIC TRANSPORTATION SERVICES

Vashon Island School District No. 402 is seeking sealed proposals from qualified and experienced firms for providing pupil transportation services for 3 years with an option of two additional 1 year periods. The contract will begin with the 2014-2015 school year. In order to be considered, a firm must have at least 5 years experience in providing pupil transportation services to a district at least the size and routing complexity of the Vashon Island School District. Interested firms must obtain proposal documents from the district administration office located at 9309 S. W. Cemetery Road, #366, Vashon Island, WA 98070 or by calling (206) 463-8534. Each firm submitting a proposal must attend a pre-bid conference with district personnel on May 21, 2014 at 1:00PM. Additionally, each proposal must meet the requirements and contain all information called for in the district proposal documents. Proposals that do meet these requirements will not be considered. Sealed proposals must be received at the district administration office located at 9309 S. W. Cemetery Road, Vashon Island, WA 98070 via mail or hand delivery no later than 10:00 A.M., June 11, 2014 in order to be considered. Proposals submitted after this time and date or proposals submitted via Facsimile will not be considered. Proposals will be opened at 10:00 A.M., June 11, 2014 at the above address. A representative from any company submitting a proposal or the general public may attend the opening. Proposals must be in a sealed envelope or envelopes or completely wrapped and sealed and marked plainly "Pupil Transportation Proposal" on the outside. Any proposal may be withdrawn up to the time and date scheduled for the opening. After the time scheduled for the proposal opening, no proposal may be withdrawn for sixty days. The district reserves the right to reject any or all proposals and waive any irregularities in any proposal or in the proposal process. The district also reserves the right to select any proposal that the district believes is in the best interest of the district, which may not represent the lowest bid submitted. Questions may be addressed to Donna Donnelly at (206) 463-8534 or ddonnelly@vashonsd.org.

Michael Soltman, Superintendent
Vashon Island School District #402

Published in the Vashon-Maury Island Beachcomber on May 7 and 14, 2014.
#VL-087

Public Notice:

King County Parks is required by the Washington State Noxious Weed Law (RCW 17.10) to control Class A, B, and C noxious weeds on its properties. Noxious weeds are non-native plants that are highly destructive, difficult to control or eliminate, and some are poisonous to humans and livestock. In addition, invasive weeds will be controlled at restoration projects to allow establishment of native plants. King County parks where control could occur this year are Maury Island Marine Park, Maury Island Natural Area, Island Center Forest, Dockton Park, and Dockton Forest. Control, utilizing an integrated Pest Management (IPM) program, will include mechanical removal as well as spot-spray or wick treatment of spotted knapweed, tansy ragwort, perennial pepperweed, or blackberries with either triclopyr (Garlon 3A) or glyphosate (Round-Up) anywhere between late spring and early fall. Herbicide applications are made by licensed technicians using carefully-controlled amounts and following all federal, state, and local regulations. Records are kept of all herbicide applications and the amount of herbicide that is used is reported annually to the public. King County Parks Signs will be posted at the entrance to the park during periods of treatment and at Maury Island Marine Park along the beach at the park boundaries closest to the shoreline communities. If you have any questions please contact David Sizemore at 206-205-7541.

Published in the Vashon-Maury Island Beachcomber on May 7, 2014.
#VL-086

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Joseph Van Os Photo Safaris, PO Box 855, Vashon, WA, 98070.
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Employment General

Admin Assistant

3 hrs/wk. Reliable, detail-oriented person needed for small conservation non-profit. Must have good oral & written comm skills, computer skills (Word, Excel, database), and live on Vashon. Own laptop a plus. $13/hr. Send resume and cover letter by May 12 to:
assist@tompotika.org.

Vashon Park District

The Vashon Park District
REQUEST FOR QUALIFICATIONS
Seeking
ACCOUNTING SERVICES CONTRACTOR

for financial statement and tax prep, audit, and cash management. Quickbooks and government accounting required. Submit RFQ by May 21 to
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EOE

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Water Right Self-Assessment Form for Water System Plan

Mouse-over any link for more information. Click on any link for more detailed instructions.

Water Right Permit, Certificate, or Claim # *If water right is interruptible, identify limitation in yellow section below	WFI Source # If a source has multiple water rights, list each water right on separate line	Existing Water Rights: Qi= Instantaneous Flow Rate Allowed (GPM or CFS); Qa= Annual Volume Allowed (Acre-Feet/Year); This includes wholesale water sold				Current Source Production – Most Recent Calendar Year: Qi = Max Instantaneous Flow Rate Withdrawn (GPM or CFS); Qa = Annual Volume Withdrawn (Acre-Feet/Year); This includes wholesale water sold				10-Year Forecasted Source Production (determined from WSP): This includes wholesale water sold				20-Year Forecasted Source Production (determined from WSP): This includes wholesale water sold			
		Primary Qi Maximum Rate Allowed	Non-Additive Qi Maximum Rate Allowed	Primary Qa Maximum Volume Allowed	Non-Additive Qa Maximum Volume Allowed	Total Qi Maximum Instantaneous Flow Rate Withdrawn	Current Excess or (Deficiency) Qi	Total Qa Maximum Annual Volume Withdrawn	Current Excess or (Deficiency) Qa	Total Qi Maximum Instantaneous Flow Rate in 10 Years	10-Year Forecasted Excess or (Deficiency) Qi	Total Qa Maximum Annual Volume in 10 Years	10-Year Forecasted Excess or (Deficiency) Qa	Total Qi Maximum Instantaneous Flow Rate in 20 Years	20-Year Forecasted Excess or (Deficiency) Qi	Total Qa Maximum Annual Volume in 20 Years	20-Year Forecasted Excess or (Deficiency) Qa
Permits 1 G1-28778	SO6 (Canyon Well), SO9 Anderson Well Field = (SO7+ SO8),		130 gpm		150 ac-ft	49.5 gpm	80.5 gpm	33.28 ac-ft	116.7 ac-ft	75 gpm	55 gpm	39 ac-ft	111 ac -ft	90 gpm	45 gpm	44.82 ac-ft	105.18 ac-ft
2 S100526C	SO1, (Sand spring), SO3, (Well points 1-9) SO4, (Shinglemill Creek, SO5 (Wells, 1-9)	2 cfs (897.6 gpm)		250		31	866.6	12.79	237.21	25	872.6	12	238	25	872.69	12	238
3 S1-02339C	SO1, (Sand spring), SO3, (Well points 1-9) SO4, (Shinglemill Creek, SO5 (Wells, 1-9)	0.05 cfs (22.4 gpm)		36.2		2.0	20.4	3.23	32.97	2	20.4	3.23	32.97	2	20.4	3.23	0.24
4																	
5																	
6																	
	TOTALS =	2.05 cfs (222 gpm)		286.2		82.5	139.5	49.3	236.9	102	120	54.33	231.87	117	105	60.05	226.15
Column Identifiers for Calculations:		A		B		C	=A-C	D	=B-D	E	= A-E	F	=B-F	G	=A-G	H	=B-H

PENDING WATER RIGHT APPLICATIONS: Identify any water right applications that have been submitted to Ecology.

Application Number	New or Change Application?	Date Submitted	Quantities Requested			
			Primary Qi	Non-Additive Qi	Primary Qa	Non-Additive Qa

INTERTIES: Systems receiving wholesale water complete this section. Wholesaling systems must include water sold through intertie in the current and forecasted source production columns above.

Name of Wholesaling System Providing Water	Quantities Allowed In Contract		Expiration Date of Contract	Currently Purchased: Current quantity purchased through intertie				10-Year Forecasted Purchase: Forecasted quantity purchased through intertie				20-Year Forecasted Purchase: Forecasted quantity purchased through intertie			
	Maximum Qi Instantaneous Flow Rate	Maximum Qa Annual Volume		Maximum Qi Instantaneous Flow Rate	Current Excess or (Deficiency) Qi	Maximum Qa Annual Volume	Current Excess or (Deficiency) Qa	Maximum Qi 10-Year Forecast	Future Excess or (Deficiency) Qi	Maximum Qa 10-Year Forecast	Future Excess or (Deficiency) Qa	Maximum Qi 20-Year Forecast	Future Excess or (Deficiency) Qi	Maximum Qa 20-Year Forecast	Future Excess or (Deficiency) Qa
1															
2															
3															
TOTALS =															
Column Identifiers for Calculations:	A	B		C	=A-C	D	=B-D	E	=A-E	F	=B-F	G	=A-G	H	=B-H

A complete listing of all WWA water rights follows in the Water Right Self Assessment form.

Copies of legal documents (easements or covenants for the sanitary control area (WAC 246-290-135). See DOH 331-453 and DOH 331-048.

Protective Well Covenant: Instrument 20200318000024 Recorded 5/18/2020.

Instrument Number: 20200518000024 Document:COV Rec: $104.50 Page-1 of 2
Record Date:5/18/2020 8:09 AM
Electronically Recorded King County, WA

Return Address:

Back Forty Farm, LLC
16050 Crescent DR SW
Vashon, WA 98070

DECLARATION OF COVENANT
INDIVIDUAL WATER SUPPLY

Reference numbers of related documents:
On page ___ of document

Grantors(s) (Last, First, Middle Initial):
1. Back Forty Farm, LLC
2.
3.
Additional names on page ____ of document

Grantee(s) (Last, First Middle Initial):
1. Back Forty Farm, LLC
2.
3.
Additional names on page ____ of document

Legal Description:
1. Abbreviated form (lot, block, plat name, section-township-range)

NW 1/4 OF SE 1/4 OF SE 1/4 LESS CO ROAD

Assessor's Property Tax Parcel Account Numbers:

242302-9038

Know all men by these presents that I (we) the undersigned, owner ____ in fee simple of the land described herein, hereby declare this covenant and place same on record.

I (we), am (are) the owner in fee simple of (an interest in) the following described real estate situated in **King** County, State of Washington, to wit: **(INCLUDE LEGAL, PARCEL NUMBER & ADDRESS)**

NW 1/4 OF SE 1/4 OF SE 1/4 LESS CO ROAD

Parcel Number 242302-9038

on which I (we) own and operate a well and waterworks supplying water for private domestic use located on said real estate, to wit:

100' SOUTH OF THE NORTH PROPERTY LINE AND 254' WEST OF THE EAST PROPERTY LINE

and am (are) required to keep the water supplied from said well potable.

It is the purpose of these grants and covenants to prevent certain practices herein-after enumerated in the use of said land, which might contaminate said water supply.

Instrument Number: 20200518000024 Document:COV Rec: $104.50 Page-2 of 2
Record Date:5/18/2020 8:09 AM King County, WA

1. I (We) covenant for myself (selves), and for any future purchasers, successors or assignees that this well is to be utilized solely for irrigation purposes and is not to be connected to any potable water supplies.
2. All original minimum setback distances will apply to this well, including 100 feet from septic drainfields and other potential sources of contamination per WAC 173.160.171 or its successor.
3. This well will be utilized to irrigate not more than one-half acre in area of lawn or non-commercial garden as per RCW 90.44.050.

This covenant shall run with the land and shall be binding on all parties having or acquiring any right, title, or interest in the land described herein or any part thereof, as long as said well or waterworks is used for the purpose of furnishing irrigation water to the above real property described earlier in this document.

DATED May 12, 2020

Grantor

Grantor

Eric Seidenberger

Print Name (AS MANAGER OF BACK FORTY FARM, LLC)

Print Name

State of Washington
County of King)

I, the undersigned, a Notary Public in and for the above named County and State, do hereby certify that on this 12 day of May, 2020, personally appeared before me Eric Seidenberger to me known to be the individual(s) described in and who executed the within instrument, and acknowledge that he (they) signed and sealed the same as his free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written.

Notary Public residing at: Seattle, WA

Printed Name: Jean-Pierre Newsome

My Commission Expires: 9/9/2023

JEAN-PIERRE NEWSOME
Notary Public
State of Washington
License Number 115566
My Commission Expires
September 09, 2023

An easement to run the piping through the Michael Pankratz/Cindy Phillips property to the steel tank will be secured once a final agreement has been signed with the Back Forty LLC.

Water Quality test results for each source

IOC and SOC panels for the Back40A well source show only Manganese (Mn) above the secondary MCL. WWA intends to blend the Back40A water with other sources having low Mn levels. The blended water will be below the secondary MCL of 0.05 mg/L. WWA will monitor the effects of chlorination on the Back 40A well water with respect to the precipitation of MnO_2 and any impacts on taste or aesthetics of the water. The Association is prepared to add filtration of this source if required by this monitoring effort.

Spectra Labs - Kitsap, LLC (Port Orchard)
1786 SE Mile Hill Dr.
Port Orchard, WA 98366
Phone: (360) 443-7845
JessicaD@spectra-lab.com
www.spectra-lab.com

Spectra Labs - Kitsap, LLC (Port Orchard) received samples from Westside Water on Wednesday, July 22, 2020 at 1:20 pm. Unless otherwise noted, all samples were received in good condition and were tested in accordance with the laboratory's quality control procedures. A summary of the samples received are outlined below.

Sample No.	Description	Location	Sampled
114979-01	Westside Water	Sampel Tap @ Well Head, Back 40 Well	07/22/2020 11:10

This report package contains laboratory sample results and any attachments listed below. If you have any questions please call (360) 443-7845 or email us at JessicaD@spectra-lab.com.

SPECTRA Laboratories - Kitsap

...Where experience matters

1786 SE Mile Hill Dr.
Port Orchard, WA 98366
(360) 443-7845

IOC TEST PANEL
Complete or Selected Inorganics

System ID No:	94950	System Group Type:	A
Sample Number:	225-97901	System Name:	Westside Water
Sample Location:	Sampel Tap @ Well Head, Back 40 Well	County:	King
		Sampler:	IWM
Source Number(s):		Sampler Phone No:	
Sample Purpose:	Investigative	Date Collected:	7/22/2020
Sample Composition:	Single Source	Date Received:	7/22/2020
Sample Type:	DW: Untreated	Date Reported:	8/5/2020
Send Report to: Doug Dolstad Island Water Management		Bill to: Westside Water Stacey Sampson PO Box 267 Vashon, WA 98070	

DOH #	Analyte	Results	Qual.	Units	SDRL	PQL	Trigger	MCL	Exceeds MCL	Method	Analyst	Analysis Date
0110	Beryllium	ND	—	mg/L	0.0003	0.0001	0.004	0.004		EPA 200.8	SK	7/27/2020
0007	Chromium	ND	—	mg/L	0.007	0.001	0.1	0.1		EPA 200.8	SK	7/27/2020
0010	Manganese	0.066	---	mg/L	0.01	0.001	---	0.05[1]	YES	EPA 200.8	SK	7/27/2020
0111	Nickel	ND	—	mg/L	0.005	0.001	—	—		EPA 200.8	SK	7/27/2020
0023	Copper	ND	—	mg/L	0.02	0.001	1.3	—		EPA 200.8	SK	7/27/2020
0024	Zinc	ND	—	mg/L	0.2	0.00	---	5[1]		EPA 200.8	SK	7/27/2020
0004	Arsenic	0.005	—	mg/L	0.001	0.001	0.01	0.010		EPA 200.8	SK	7/27/2020
0012	Selenium	ND	—	mg/L	0.002	0.002	0.05	0.05		EPA 200.8	SK	7/27/2020
0013	Silver	ND	—	mg/L	0.1	0.00	---	0.1[1]		EPA 200.8	SK	7/27/2020
0006	Cadmium	ND	—	mg/L	0.001	0.001	0.005	0.005		EPA 200.8	SK	7/27/2020
0112	Antimony	ND	—	mg/L	0.003	0.002	0.006	0.006		EPA 200.8	SK	7/27/2020
0005	Barium	ND	—	mg/L	0.1	0.0	2	2		EPA 200.8	SK	7/27/2020
0113	Thallium	ND	—	mg/L	0.001	0.001	0.002	0.002		EPA 200.8	SK	7/27/2020
0009	Lead	ND	—	mg/L	0.001	0.001	0.015	---		EPA 200.8	SK	7/27/2020
0116	Cyanide	ND	—	mg/L	0.05	.05	0.2	0.2		SM4500 CN E	118	7/27/2020
0008	Iron	0.15	—	mg/L	0.1	.10	—	0.3[1]		EPA 200.7	010	7/23/2020
0011	Mercury	ND	—	mg/L	0.0002	.0002	0.002	0.002		SM 3112 B	010	7/23/2020
0019	Fluoride	ND	—	mg/L	0.2	.2	2	4.0[1]		SM 4500 F C	118	7/27/2020
0114	Nitrite-N	ND	—	mg/L	0.1	0.005	0.1	0.5		SM 4500 NO2 B	SK	7/23/2020
0161	Nitrate/Nitrite (Total)	ND	—	mg/L	0.5	0.005	5	10.0		S.Easy(1-Reagent)	SK	7/23/2020
0020	Nitrate-N	ND	—	mg/L	0.5	0.5	5	10.0		S.Easy(1-Reagent)	SK	7/23/2020
0021	Chloride	ND	—	mg/L	20	1.0	—	250[1]		EPA 300.0	010	7/23/2020
0022	Sulfate	ND	—	mg/L	50	1.0	---	250[1]		EPA 300.0	010	7/23/2020
0014	Sodium	7.3	—	mg/L	5	5	—	—		EPA 200.7	010	7/23/2020
0015	Hardness as CaCO3	119.0	—	mg/l as CaCO3	10	10	—	—		SM 2340 B	010	7/23/2020
0016	Conductivity	271	—	µmhos/cm	70	70	---	700		SM 2510 B	010	7/24/2020
0017	Turbidity	0.55	—	NTU	0.1	0.1	—	—		EPA 180.1	010	7/22/2020
0018	Color	ND	—	Color Unit	15	5	—	15		SM 2120 B	010	7/22/2020

SPECTRA Laboratories - Kitsap

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1786 SE Mile Hill Dr.
Port Orchard, WA 98366
(360) 443-7845

IOC TEST PANEL
Complete or Selected Inorganics

System ID No:	94950	System Group Type:	A
Sample Number:	225-97901	System Name:	Westside Water
Sample Location:	Sampel Tap @ Well Head, Back 40 Well	County:	King
		Sampler:	IWM
Source Number(s):		Sampler Phone No:	
Sample Purpose:	Investigative	Date Collected:	7/22/2020
Sample Composition:	Single Source	Date Received:	7/22/2020
Sample Type:	DW: Untreated	Date Reported:	8/5/2020
Send Report to: Doug Dolstad Island Water Management		Bill to: Westside Water Stacey Sampson PO Box 267 Vashon, WA 98070	

DOH #	Analyte	Results	Qual.	Units	SDRL	PQL	Trigger	MCL	Exceeds MCL	Method	Analyst	Analysis Date

Sample_Number: 114979-01

NOTES:

***Confirmation**	Include the original lab number, sample number, and collection date of original sample in either lab or sampler comments section.
SDRL:	(State Detection Reporting Limit) The minimum reportable detection of an analyte as established by the department..
Trigger Level:	DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact your DOH drinking water regional office for further information.
MCL:	(Maximum Contaminant Level) If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.
NA:	(Not Analyzed) In the results column, indicates this compound was not included in the current analysis.
ND:	(Not Detected) In the results column, indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.
< (0.00x):	The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).
mg/L:	milligrams per liter or parts per million.
NTU:	nephelometric turbidity units (a measure of water clarity).
µmhos/cm:	Micro ohms per centimeter (a measure of the ability of the water to conduct electricity). One micro ohm per centimeter is equivalent to one micro siemen per centimeter (uS/cm).
--:	No existing trigger or MCL value.
1:	Secondary MCL (Established for aesthetic purposes, not health based).

Lab Qualifiers Comments:

010: Analysis performed by Spectra Laboratories-Kitsap, LLC Lab-Sample#: 010-627

118: Analysis performed by Spectra Laboratories, LLC Lab-Sample#: 118-40362

Approved By 

SPECTRA Laboratories - Kitsap
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Spectra Labs - Kitsap, LLC (Port Orchard)
1786 SE Mile Hill Dr.
Port Orchard, WA 98366
Phone: (360) 443-7845
JessicaD@spectra-lab.com
www.spectra-lab.com

Spectra Labs - Kitsap, LLC (Port Orchard) received samples from Westside Water on Wednesday, July 22, 2020 at 1:20 pm. Unless otherwise noted, all samples were received in good condition and were tested in accordance with the laboratory's quality control procedures. A summary of the samples received are outlined below.

Sample No.	Description	Location	Sampled
114978-02	Westside Water	Sample Tap @ Well Head, Back 40 Well	07/22/2020 18:00

This report package contains laboratory sample results and any attachments listed below. If you have any questions please call (360) 443-7845 or email us at JessicaD@spectra-lab.com.

Attachments

01) VOC Report

SPECTRA Laboratories - Kitsap

...Where experience matters

1786 SE Mile Hill Dr.
Port Orchard, WA 98366
(360) 443-7845

IOC TEST PANEL
Complete or Selected Inorganics

System ID No:	94950	System Group Type:	A
Sample Number:	225-97802	System Name:	Westside Water
Sample Location:	Sample Tap @ Well Head, Back 40 Well	County:	King
		Sampler:	IWM
Source Number(s):		Sampler Phone No:	
Sample Purpose:	Investigative	Date Collected:	7/22/2020
Sample Composition:	Single Source	Date Received:	7/22/2020
Sample Type:	DW: Untreated	Date Reported:	8/6/2020
Send Report to:		Bill to:	
Doug Dolstad Island Water Management		Westside Water Stacey Sampson PO Box 267 Vashon, WA 98070	

DOH #	Analyte	Results	Qual.	Units	SDRL	PQL	Trigger	MCL	Exceeds MCL	Method	Analyst	Analysis Date
---	Hydrogen Sulfide	0.04	---	mg/L	---	0.005	---	---		SM 4500-S2 D	010	7/24/2020

NOTES: Sample_Number: 114978-02

***Confirmation**	Include the original lab number, sample number, and collection date of original sample in either lab or sampler comments section.
SDRL:	(State Detection Reporting Limit) The minimum reportable detection of an analyte as established by the department..
Trigger Level:	DOH drinking water response level. Systems with compounds detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact your DOH drinking water regional office for further information.
MCL:	(Maximum Contaminant Level) If the contaminant amount exceeds the MCL, please contact your regional DOH office to determine follow-up actions.
NA:	(Not Analyzed) In the results column, indicates this compound was not included in the current analysis.
ND:	(Not Detected) In the results column, indicates this compound was analyzed and not detected at a level greater than or equal to the SDRL.
< (0.00x):	The compound was not detected in the sample at or above the concentration indicated (usually the lab method reporting limit).
mg/L:	milligrams per liter or parts per million.
NTU:	nephelometric turbidity units (a measure of water clarity).
µmhos/cm:	Micro ohms per centimeter (a measure of the ability of the water to conduct electricity). One micro ohm per centimeter is equivalent to one micro siemen per centimeter (uS/cm).
--:	No existing trigger or MCL value.
1:	Secondary MCL (Established for aesthetic purposes, not health based).

Lab Qualifiers Comments:

010: Analysis performed by Spectra Laboratories-Kitsap, LLC Lab-Sample#: 010-648

Approved By

Jessica Donaldson
Laboratory Manager

SPECTRA Laboratories - Kitsap
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Spectra Labs - Kitsap, LLC (Port Orchard)
1786 SE Mile Hill Dr.
Port Orchard, WA 98366
Phone: (360) 443-7845
JessicaD@spectra-lab.com
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Spectra Labs - Kitsap, LLC (Port Orchard) received samples from Westside Water on Wednesday, July 22, 2020 at 1:20 pm. Unless otherwise noted, all samples were received in good condition and were tested in accordance with the laboratory's quality control procedures. A summary of the samples received are outlined below.

Sample No.	Description	Location	Sampled
114984-01	Westside Water	Back 40 Well, at Well Head, 11705 SW 156th	07/22/2020 11:50

This report package contains laboratory sample results and any attachments listed below. If you have any questions please call (360) 443-7845 or email us at JessicaD@spectra-lab.com.

Attachments

01) Bacteria

1786 SE Mile Hill Dr.
Port Orchard, WA 98366

SPECTRA Laboratories - Kitsap
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COLIFORM BACTERIA ANALYSIS FORM

Date Sample Collected	Time Sample Collected	County
7 / 22 / 2020 (Month / Day / Year)	11 : 50 ☐ AM ☐ PM	KING

Type of Water System (check only one box)
☒ Group A ☐ Group B ☐ Other_____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
ID# 9 4 9 5 0 0

System Name: WESTSIDE WATER ASSOCIATION

Contact Person: ISLAND WATER MANAGEMENT, INC -- DOUG

Day Phone: ( ) 206-715-3805 | Cell Phone: ( ) SAME

Email: Billing inquiries: 206-567-4568 *2

Send results to: (Print full name, address and zip code or e-mail)

IWM.1@JUNO.COM

(Reference "WWA Bact-T" in email Subject line please)

SAMPLE INFORMATION

Sample collected by (name): IWM/DPD

Specific location where sample collected:
Back 40 WELL
At well head, 11705 SW 156th

Special instructions or comments:
New Source Approval

Type of Sample (select only one type of sample from types 1 through 5 below)

1. ☐ **Routine Distribution Sample (A/P)**
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____ Free____

2. ☐ **Repeat Sample (A/P)**
(from distribution system after unsat. routine)
Unsatisfactory routine lab number:
____ ____ ____ - ____ ____ ____ ____ ____
Unsatisfactory routine collect date:
_____/_____/_____
Chlorinated: Yes_____ No_____
Chlorine Residual: Total____ Free____

3. **Ground Water Rule Source Sample**
S | | |
☐ Triggered (A/P)
☐ Assessment (A/P)

4. **Surface or GWI Raw Source Water Sample** (Enumeration)
☐ *E. coli* ☐ Fecal Filtered Yes ☐ No ☐
S | | |

5. ☒ Sample Collected for **Information Only:** New Source Approval

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

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

☒ **Satisfactory**

Bacterial Density Results: Total Coliform_____ mpn /100ml. *E.coli*_____ mpn/100ml.
Fecal Coliform_____ cfu /100ml. HPC_____ /1 ml.

Replacement Sample Required: ☐ TNTC ☐ Sample too old
☐ Sample Volume ☐ Damaged Container ☐ _____

Date/Time Received:	Lab Reference Number
JUL 22 2020 1300	114984-01
Receipt Temp C°: 16.8	Method Code: SM9223B or SM9222D
Date Reported to DOH 7/23/20	Lab Use Only:
DOH Lab-Sample# 225- 98401	

DOH Form #331-319 (effective 06/17) - If you need this publication in an alternative format, call 800.525.0127 (TDD/TTY call 711).
This and other publications are available at www.doh.wa.gov/drinkingwater.

SPECTRA Laboratories - Kitsap
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Spectra Labs - Kitsap, LLC (Port Orchard)
1786 SE Mile Hill Dr.
Port Orchard, WA 98366
Phone: (360) 443-7845
JessicaD@spectra-lab.com
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Spectra Labs - Kitsap, LLC (Port Orchard) received samples from Westside Water on Wednesday, July 22, 2020 at 1:20 pm. Unless otherwise noted, all samples were received in good condition and were tested in accordance with the laboratory's quality control procedures. A summary of the samples received are outlined below.

Sample No.	Description	Location	Sampled
114978-01	Westside Water	Sample Tap @ Well Head, Back 40 Well	07/22/2020 11:10

This report package contains laboratory sample results and any attachments listed below. If you have any questions please call (360) 443-7845 or email us at JessicaD@spectra-lab.com.

Attachments

01) Herb/ Pest

eurofins | Eaton Analytical
750 Royal Oaks Drive, Suite 100, Monrovia, CA 91016 / Tel: 626-386-1100 / Lab ID No. – C838

Herbicides

Report of Analysis

Date Collected: (MM/DD/YY) 07/22/20	System Group Type: (circle one) [A] B Other:
Water System ID Number: 94950	System Name: Westside Water
Lab Number / Sample Number: 094-40234	County: King
Sample Location: Sample Tap @ Well Head, Back 40 Well	Source Number(s): (list all sources if blended or composited) NA Source approval data
Sample Purpose: (check appropriate box) ☐ RC – Routine/Compliance (satisfies monitoring requirements) ☐ C – Confirmation (confirmation of chemical result)* ☒ I – Investigative (does not satisfy monitoring requirements) ☐ O – Other (specify – does not satisfy monitoring requirements)	Date Received: (MM/DD/YY) 07/24/20 Date Analyzed: (MM/DD/YY) 07/29/20 Date Reported: (MM/DD/YY) 08/10/20 COMMENTS:EEA Folder 883490 Spectra # 114978-01
Sample Composition: (check appropriate box) ☒ S – Single Source ☐ B – Blended (list source numbers in "Source Numbers" field) ☐ C – Composite (list source numbers in "Source Numbers" field) ☐ D – Distribution Sample	Sample Type: (check one) ☒ Pre-treatment/Untreated (Raw) ☐ Post-treatment (Finished) ☐ Unknown or Other Sample Collected by: (name)
Send Report to: Spectra Laboratories – Kitsap, LLC 1786 SE Mile Hill Dr. Port Orchard, WA 98366	Bill to: (client name) Spectra Laboratories – Kitsap, LLC 1786 SE Mile Hill Dr. Port Orchard, WA 98366

ANALYTICAL RESULTS

DOH #	ANALYTE	DATA QUALIFIER	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD / INITIALS
0137	Dalapon		ND	1	1	200	µg/L		515.4/O2TX
0037	2,4 – D		ND	0.1	0.1	70	µg/L		515.4/O2TX
0038	2,4,5- TP (Silvex)		ND	0.2	0.2	50	µg/L		515.4/O2TX
0134	Pentachlorophenol		ND	0.04	0.04	1	µg/L		515.4/O2TX
0139	Dinoseb		ND	0.2	0.2	7	µg/L		515.4/O2TX
0140	Picloram		ND	0.1	0.1	500	µg/L		515.4/O2TX
0138	Dicamba		ND	0.2	0.2	--	µg/L	--	515.4/O2TX
0135	2,4 DB		ND	1	1	--	µg/L	--	515.4/O2TX
0136	2,4,5 T		ND	0.4	0.4	--	µg/L	--	515.4/O2TX
0220	Bentazon		ND	0.5	0.5	--	µg/L	--	515.4/O2TX
0221	Dichlorprop		ND	0.5	0.5	--	µg/L	--	515.4/O2TX
0223	Acifluorfen		ND	2	2	--	µg/L	--	515.4/O2TX
0225	DCPA (Acid Metabolites)		ND	0.1	0.1	--	µg/L	--	515.4/O2TX
0226	3,5 - Dichlorobenzoic Acid		ND	0.5	0.5	--	µg/L	--	515.4/O2TX

***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either comment section.

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

RESULT: The laboratory reported result.

SDRL (State Detection Reporting Limit): The minimum reportable detection of an analyte as established by the department.

TRIGGER: The department's drinking water response level. Systems with contaminants detected at concentrations in excess of this level may be required to take additional samples or monitor more frequently. Please contact the department's drinking water regional office in your area for further information.

µg/L: micrograms per liter. **Lab Comments**:

eurofins | Eaton Analytical
750 Royal Oaks Drive, Suite 100, Monrovia, CA 91016 / Tel: 626-386-1100 / Lab ID No. – C838

General Pesticides

Report of Analysis

Date Collected: (MM/DD/YY) 07/22/20	System Group Type: (circle one) [A] B Other:
Water System ID Number: 94950	System Name: Westside Water
Lab Number / Sample Number: 094-40234	County: King
Sample Location: Sample Tap @ Well Head, Back 40 Well	Source Number(s): (list all sources if blended or composited) NA Source approval data
Sample Purpose: (check appropriate box) ☐ RC – Routine/Compliance (satisfies monitoring requirements) ☐ C – Confirmation (confirmation of chemical result)* ☒ I – Investigative (does not satisfy monitoring requirements) ☐ O – Other (specify – does not satisfy monitoring requirements)	Date Received: (MM/DD/YY) 07/24/20 Date Analyzed: (MM/DD/YY) 07/30/20, 08/05/20 Date Reported: (MM/DD/YY) 08/10/20 COMMENTS:EEA Folder 883490 Spectra # 114978-01
Sample Composition: (check appropriate box) ☒ S – Single Source ☐ B – Blended (list source numbers in "Source Numbers" field) ☐ C – Composite (list source numbers in "Source Numbers" field) ☐ D – Distribution Sample	Sample Type: (check one) ☒ Pre-treatment/Untreated (Raw) ☐ Post-treatment (Finished) ☐ Unknown or Other Sample Collected by: (name)
Send Report to: Spectra Laboratories – Kitsap, LLC 1786 SE Mile Hill Dr. Port Orchard, WA 98366	Bill to: (client name) Spectra Laboratories – Kitsap, LLC 1786 SE Mile Hill Dr. Port Orchard, WA 98366

ANALYTICAL RESULTS

DOH #	ANALYTE	DATA QUALIFIERS	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0033	Endrin		ND	0.01	0.01	2	µg/L		505/LRL
0034	Lindane (BHC - gamma)		ND	0.02	0.02	0.2	µg/L		505/LRL
0035	Methoxychlor		ND	0.1	0.1	40	µg/L		505/LRL
0036	Toxaphene		ND	1	1	3	µg/L		505/LRL
0117	Alachlor		ND	0.2	0.2	2	µg/L		505/LRL
0119	Atrazine		ND	0.1	0.1	3	µg/L		525.2/JWC
0120	Benzo (a) pyrene		ND	0.02	0.02	0.2	µg/L		525.2/JWC
0122	Chlordane (total)		ND	0.2	0.2	2	µg/L		505/LRL
0124	Di (2-ethylhexyl) adipate		ND	0.6	0.6	400	µg/L		525.2/JWC
0125	Di (2-ethylhexyl) phthalate		ND	0.6	0.6	6	µg/L		525.2/JWC
0126	Heptachlor		ND	0.04	0.04	0.4	µg/L		505/LRL
0127	Heptachlor epoxide		ND	0.02	0.02	0.2	µg/L		505/LRL
0128	Hexachlorobenzene		ND	0.1	0.1	1	µg/L		525.2/JWC
0129	Hexachlorocyclopentadiene		ND	0.1	0.1	50	µg/L		525.2/JWC
0133	Simazine		ND	0.07	0.07	4	µg/L		525.2/JWC
0118	Aldrin		ND	0.1	0.1	--	µg/L		505/LRL
0121	Butachlor		ND	0.1	0.1	--	µg/L		525.2/JWC
0123	Dieldrin		ND	0.1	0.1	--	µg/L		505/LRL
0130	Metolachlor		ND	0.1	0.1	--	µg/L		525.2/JWC
0131	Metribuzin		ND	0.1	0.1	--	µg/L		525.2/JWC
0132	Propachlor		ND	0.1	0.1	--	µg/L		525.2/JWC

DOH #	ANALYTE	DATA QUALIFIERS	RESULTS	SDRL	TRIGGER	MCL	UNITS	EXCEEDS MCL? (X if Yes)	METHOD/ INITIALS
0254	Fluorene		ND	0.2	0.2	--	µg/L		525.2/JWC
0173	Arochlor 1221[1]		ND	20	20	--	µg/L		505/LRL
0174	Arochlor 1232[1]		ND	0.5	0.5	--	µg/L		505/LRL
0175	Arochlor 1242[1]		ND	0.3	0.3	--	µg/L		505/LRL
0176	Arochlor 1248[1]		ND	0.1	0.1	--	µg/L		505/LRL
0177	Arochlor 1254[1]		ND	0.1	0.1	--	µg/L		505/LRL
0178	Arochlor 1260[1]		ND	0.2	0.2	--	µg/L		505/LRL
0179	Bromacil		ND	0.1	0.1	---	µg/L		525.2/JWC
0180	Arochlor 1016[1]		ND	0.08	0.08	--	µg/L		505/LRL
0190	Terbacil		ND	0.1	0.1	--	µg/L		525.2/JWC
0208	EPTC		ND	0.1	0.1	--	µg/L		525.2/JWC
0218	Molinate		ND	0.1	0.1	--	µg/L		525.2/JWC
0232	4,4 DDD		ND	0.1	0.1	--	µg/L		525.2/JWC
0233	4,4 DDE		ND	0.1	0.1	--	µg/L		525.2/JWC
0234	4,4 DDT		ND	0.1	0.1	--	µg/L		525.2/JWC
0243	Trifluralin		ND	0.1	0.1	--	µg/L		525.2/JWC
0244	Acenaphthylene		ND	0.2	0.2	--	µg/L		525.2/JWC
0246	Anthracene		ND	0.2	0.2	--	µg/L		525.2/JWC
0247	Benzo (a) anthracene		ND	0.2	0.2	--	µg/L		525.2/JWC
0248	Benzo (b) fluoroanthene		ND	0.2	0.2	--	µg/L		525.2/JWC
0250	Benzo (k) fluoranthene		ND	0.2	0.2	--	µg/L		525.2/JWC
0251	Chrysene		ND	0.2	0.2	--	µg/L		525.2/JWC
0253	Fluoranthene		ND	0.2	0.2	--	µg/L		525.2/JWC
0256	Phenanthrene		ND	0.2	0.2	--	µg/L		525.2/JWC
0257	Pyrene		ND	0.2	0.2	--	µg/L		525.2/JWC
0258	Benzyl butyl phthalate		ND	1.0	1.0	--	µg/L		525.2/JWC
0259	Di-n-butyl phthalate		ND	1.0	1.0	--	µg/L		525.2/JWC
0260	Diethyl phthalate		ND	1.0	1.0	--	µg/L		525.2/JWC
0261	Dimethyl phthalate		ND	1.0	1.0	--	µg/L		525.2/JWC

NOTES:

***Confirmation:** Include the original lab number, sample number, and collection date of original sample in either comment section.

--No existing value.

[1]If detected using Method 505, 508, or 508.1, sample must be reanalyze using Method 508A to quantify PCBs (as decachlorobiphenyl).

ANALYTE: The name of the analyte being tested for.

DATA QUALIFIER: A symbol or letter to denote additional information about the result.

DOH#: Department assigned analyte number.

EXCEEDS MCL (Maximum Contaminant Level): Marked if the contaminant amount exceeds the MCL under chapters 246-290 and 246-291 WAC. Please contact the department's drinking water regional office in your area to determine follow-up actions.

METHOD/INITIALS: Analytical method used. / Initials of the analyst that performed the analysis.

RESULT: The laboratory reported result.

SDRL (State Detection Reporting Limit): The minimum reportable detection of an analyte as established by the department.

COMMENTS:

Radionuclide samples have been submitted and a report is to come.

Assess potential effects of the new source of supply on water quality in the distribution system, especially with respect to corrosion and compliance with the Lead and Copper Rule (WAC 246-290-110(4)(d)).

No predicted impact as the water quality is essentially the same as other sources of water.

Assess adequacy of each reservoir overflow capacity to safely discharge the total possible flow to the reservoir (all sources, booster pump station discharges and flow through PRVs) to ensure the structural integrity of each reservoir in the event of control system failure.

Herrin control pressure switch in coordination with other sources. The steel tank can overflow through an integral overflow port without impact on the structural integrity of the reservoir and that overflow discharges through an air gap to a King County roadside ditch.

Well site inspection that DOH or the local health jurisdiction did.

Eastgate Environmental Health Services
14350 SE Eastgate Way
Bellevue, WA 98007-6458
206-477-8050 Fax 206-296-9792
TTY relay: 711
www.kingcounty.gov/health

Public Health
Seattle & King County

February 20, 2020

Rocky Anderson
ADC Wastewater Eng.
729 Court C
Tacoma, WA 98402

Re: Onsite Sewage System Approval with Off Site Individual Potable Well Approval Letter

Address: **11815 SW 156TH ST** **Activity: ON0209441**
Parcel No: **242302-9105**
Owner: **SEIDENBERGER**
Designer: **Rocky Anderson**

CAUTION: **This Approval does NOT demonstrate legal "available water" per Chapters RCW19.27.097 and RCW 58.17.010.**

Dear Rocky:

The request for the use of the **Offsite Individual Potable Well located on the adjacent parcel 242302-9038 has been Approved.** The ***individual private*** domestic water supply located on parcel 242302-9038 has been **approved** to serve the proposed single-family residence (SFR) located on parcel 242302-9105 per the KCHD policy and procedure dated July 12, 2001.

Please be advised that review of this application for a permit-exempt well is consistent with Board of Health Title 13, 13.04.07 B and Title 12, 12.24.010. This review is based on minimum lot size requirements, well head protection, minimum water quality standards, and minimum water quantity requirements as specified in Titles 12 and 13.

Per the policy and procedure; All copies of the documents must be recorded on the title of each parcel involved and copy required with stub-out release and prior to issuance of installation permit.

- INDIVIDUAL WELL COVENANT (RECORDED ON PARCEL 242302-9038)
- IRRIGATION COVENANT (FOR PARCEL 242302-9105)
- OFF-SITE WELL AGREEMENT,
- DECLARATION OF WATER WELL EASEMENT,
- OWNER'S STATEMENT (RECORDED ON BOTH PARCELS 242302-9038 and 242302-9105

Any new or revised application submittal, including any resubmittal of a previously approved application that has expired, must be accompanied by the application review fee in effect at the time of submittal. Each application will be reviewed for conformance with rules and regulations in effect at the time of submittal.

If you have any questions, please contact me at (206) 477-8025 between the hours of 8:00 AM and 5:00 PM or leave a message on my voice mail.

Sincerely,

Liana Criscuolo

Liana Criscuolo, REHS
Health and Environmental Investigator III
Community Environmental Health

liana.criscuolo@kingcounty.gov
(206) 477-8025

Susceptibility assessment, wellhead protection area (WHPA) delineation, and contaminant inventory within the WHPA (WAC 246-290-130 and -135). See DOH 331-274-F.

See Ground Water Contamination Susceptibility Assessment Survey Form (DOH 331-274).

Ground Water Contamination Susceptibility Assessment Survey Form

Complete **one** form for **eac**h ground water source (well, wellfield, spring) used in your water system (photocopy as necessary).

PART I: System Information

Well owner/manager: Westside Water Association/Island Water Management (Doug Dolstad)

Water system name: Westside Water Association

County: King

Water system ID number: 94950-0 Source number: SO10

Well depth: 284 feet

Source name: Back40A

WA well identification tag number: BAH638 _____ _____ - _____
_____ _____

Well not tagged

Number of connections: 233 Population served: 520

Township: 23N Range: 2E

Section: 24 ¼ ¼ Section: SE/SE

Latitude/longitude (if available): 47.465111 (47° 27' 54.3996" N) / 122.485358 (122° 29' 7.2888" W)

How was latitude/longitude determined?

_____Global positioning device_____survey_____topographical map
_____other: Google Earth against landmarks/driller's log

*Please refer to the instructions for details and explanations of all questions in Parts II through V.

PART II: Well Construction and Source Information

1) Date well originally constructed: 08/30/2019 month/day/year

last reconstruction: N/A___/___/___month/day/year

Information unavailable

2) Well driller: Arcadia Drilling Inc.
PO BOX 790
Shelton, WA 98584

☐ Well driller unknown

3) Type of well: ☐Drilled: ☑ rotary ☐bored ☐cable (percussion) ☐Dug

___ other: ☐ spring(s) ☐ lateral collector (Ranney)

☐ driven ☐ jetted other: ____

4) Well report available ☑ Yes (attach copy to form) No

5) Average pumping rate: 25 (gallons/min)

Source of information 30 hour Pumping Test (7/19/2020 – 7/21/2120)
If not documented, how was pumping rate determined?__
☐ Pumping rate unknown

6) Is this source treated?

If so, what type of treatment:

☑ disinfection ☐ filtration ☐ carbon ☐ filter ☐ air stripper ☐ other

Purpose of treatment (describe materials to be removed or controlled by treatment):

Taste and odor and to maintain distribution chlorination residual

7) If source is chlorinated, is a chlorine residual maintained: ☑ Yes No

Residual level: 0.6 ppm (At the point closest to the source.)

Residual level: 0.3 ppm (At the furthest extent of the distribution system.)

PART III: Hydrogeologic Information

1) Depth to top of open interval: [check one]

<20 ft 20-50ft 50-100ft 100-200ft ☑ >200ft

information unavailable

2) Depth to ground water (static water level):

<20ft 20-50ft 50-100ft ☑ >100ft

flowing well/spring (artesian)

How was water level determined?

well log ☑ other pressure transducer

depth to groundwater unknown

3) If source is a flowing well or spring, what is the confining pressure:

_____psi (pounds per square inch) **or**

_____feet above wellhead

4) If source is a flowing well or spring, is there a surface impoundment, reservoir, or catchment associated with this source: ☐Yes ☐No

5) Wellhead elevation (height above mean sea level): 384 feet

How was elevation determined? ☑ topographic map ☐Drilling/Well Log altimeter

other:_____

information unavailable

6) Confining layers: (This can be completed only for those sources with a drilling log, well log or geologic report describing subsurface conditions. Please refer to assistance package for example.)

Yes evidence of a confining layer in well log

_____no evidence of a confining layer in well log

If there is evidence of a confining layer, is the depth to groundwater more than 20 feet above the **bottom** of the **lowest confining layer**? ☑ Yes No

information unavailable

7) Sanitary setback:

< 100ft* ☑ 100-120ft 120-200 ft >200ft

* If less than 100ft, describe the site conditions:

8) Wellhead construction:

☑ wellhead enclosed in a wellhouse

☐ controlled access (describe): _____

☐ other uses for wellhouse (describe): _____

_____ ☐ no wellhead control

9) Surface seal:

- ☐ 18 ft
- ☑ >18 ft
- ☐ <18 ft (no Department of Ecology approval)
- ☐ <18 ft (Approved by Ecology, include documentation)
- ☐ depth of seal unknown
- ☐ no surface seal

10) Annual rainfall (inches per year):

☐ <10 in/yr ☐ 10-25 in/yr ☑ >25 in/yr

PART IV: Mapping Your Ground Water Resource

1) Annual volume of water pumped: 843150 (cubic feet)

How was this determined?

meter

☑ estimated: ☑ pumping rate (12 gpm)

☐ pump capacity (_____)

☐ other:_____

2) "Calculated Fixed Radius" estimate of ground water movement:
(see Instruction Packet)

$r=[(Qt)/(\pi\eta H)_{0.5}$

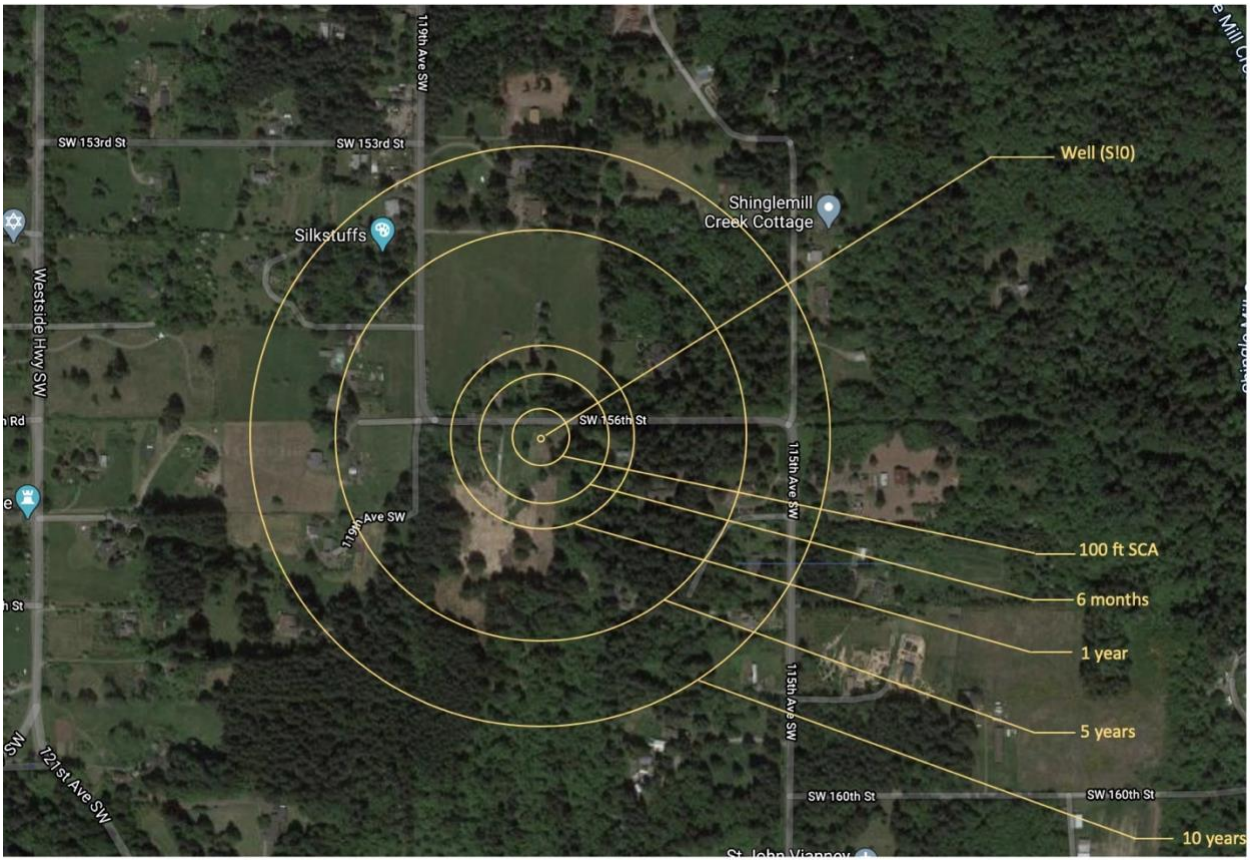
η (porosity) assumed at 0.25

6-month ground water travel time:	232	feet
1-year ground water travel time:	328	feet
5-year ground water travel time:	733	feet
10-year ground water travel time:	1037	feet

Information available on length of screened/open interval?

☑ Yes ☐ No

Length of screened/open interval: 10 feet



3) Is there a river, lake, pond, stream, or other obvious surface water body within the 6- month time of travel boundary?

☐ Yes ☑ No (mark and identify on map)

4) Is there a stormwater and/or wastewater facility, treatment lagoon, or holding pond located within the 6-month time of travel boundary?

☐ Yes ☑ No (mark and identify on map)

Comments: _____

_____

_____

_____

_____

PART V: Assessment of Water Quality

1) **Regional sources of risk to ground water**:

Please indicate if any of the following are present within a circular area around your water source having a radius up to and including the five-year ground water travel time. If you do not know if one of the following is present, mark the "unknown" space.

	6-month	**1-year**	**5-year**	**unknown**
· likely pesticide application	_____	_____	_____	_____
· stormwater injection wells	_____	_____	_____	_____
· other injection wells	_____	_____	_____	_____
· abandoned ground water well	_____	_____	_____	_____
· landfills, dumps, disposal areas	_____	_____	_____	_____
· known hazardous materials clean-up site	_____	_____	_____	_____
· water system(s) with known quality problems	_____	_____	_____	_____
· population density >1 house/acre	_____	_____	_____	_____
· residences commonly have septic tanks	_____	**___Y__**	**__Y___**	_____
· Wastewater treatment lagoons	_____	_____	_____	_____
· sites used for land application of waste	_____	_____	_____	_____

Mark and identify on map any of the risks listed above which are located within the 6-month time of travel boundary. (Please include a map of the wellhead and time of travel areas with this form. Please locate and mark any of the following.)

If other recorded or potential sources of groundwater contamination exist within the ten-year time of travel circular zone around your water supply, please describe:

_____ none – Ecology's Facility/Site Interaction Database was queried, and no interactions were found within any of the travel time boundaries delineated under Part IV.

2) **Source-specific water quality records**: For each type of test below, mark the row that applies to the sample results for this source. Consider all the sample results from the past 12 years. (MCLs are noted next to the specific test or listed in assistance package.)

A. **Nitrate:** (Nitrate MCL = 10 mg/l)

Results greater than MCL ☐

<2 mg/liter nitrate ☑

2-5 mg/liter nitrate ☐

<5 mg/liter nitrate ☐

Nitrate sampling records unavailable ☐

B. **VOCs:** (VOC detection level is 0.5 ug/l or 0.0005 mg/l)

Results greater than MCL or SAL ☐

VOCs detected at least once ☐

VOCs never detected ☑

VOC sampling records unavailable ☐

C. **EDB/DBCP:**

(EDB MCL = 0.05 ug/l or 0.00005 mg/l. DBCP MCL = 0.2 ug/l or 0.0002 mg/l.)

☐ EDB/DBCP detected below MCL at least once

☐ EDB/DBCP detected above MCL at least once

☐ EDB/DBCP never detected

☐ EDB/DBCP tests required but not yet completed

☐ EDB/DBCP tests not required

D. **Other SOCs (Pesticides):**

☐ Other SOCs detected
(pesticides and other synthetic organic chemicals)

☑ Other SOC tests performed but none detected
(list test methods in comments)

☐ Other SOC tests not performed

If any SOCs in addition to EDB/DBCP were detected, please identify and date. If other SOC tests were performed, but no SOCs detected, list test methods here: EPA methods 505, 525.2, and 515.4

E. **Bacterial contamination:**

Any bacterial detection(s) in the past 3 years in samples taken from the source (not distribution sampling records)? No (new source)

Has source (in past 3 years) had a bacteriological contamination problem found in distribution samples that was attributed to the source? No (new source).

Source sampling records for bacteria unavailable _____

PART VI: Geographic or Hydrologic Factors Contributing to a Non-Circular Zone of Contribution

The following questions will help identify those ground water systems which may not be accurately represented by the calculated fixed radius (CFR) method described in Part IV. For these sources, the CFR areas should be used as a preliminary delineation of the critical time of travel zones for that source. As a system develops its Wellhead Protection Plan for these sources, a more detailed delineation method should be considered.

1) Is there evidence of obvious hydrologic boundaries within the 10-year time of travel zone of the CFR? (Does the largest circle extend over a stream, river, lake, up a steep hillside, and/or over a mountain or ridge?)

☐ Yes ☑ No

Describe with references to map produced in Part IV:

2) Aquifer Material:

A) Does the drilling log, well log or other geologic/engineering reports identify that the well is located in an area where the underground conditions are identified as fractured rock and/or basalt terrain?

☐ Yes ☑ No

B) Does the drilling log, well log or other geologic/engineering reports indicate that the well is located in an area where the underground conditions are primarily identified as coarse sand and gravel?

☐ Yes ☑ No

3) Is the source located in an aquifer with a high horizontal flow rate? (These can include sources located on flood plains of large rivers, artesian wells with high water pressure, and/or shallow flowing wells and springs.)

☐ Yes ☑ No

4) Are there other high capacity wells (agricultural, municipal and/or industrial) located within the CFRs?

a) Presence of ground water extraction wells removing more than approximately 500 gal/min within…

	YES	NO	unknown
<6-month travel time	_____	☑ ___	_____
6 month—1 year travel time	_____	☑ ___	_____

1—5 year travel time	_____	☑	_____
5—10 year travel time	_____	☑	_____

b) Presence of ground water recharge wells (dry wells) or heavy irrigation within…

	YES	NO	unknown
<1-year travel time	_____	☑	_____
1—5 year travel time	_____	☑	_____
5—10 year travel time	_____	☑	_____

Please identify or describe additional hydrologic or geographic conditions that you believe may affect the shape of the zone of contribution for this source. Where possible, reference them to locations on the map produced in Part IV.

Chlorination System

WWA believes that the Back 40A, a deep well (274 feet to the upper open interval) in a confined aquifer, is not required to provide CT6 chlorination protection. The injection point will use a similar LMI pump to that used for the Canyon Well Points and the Anderson Well field and will be located near the base of the steel tank on SW 156th St.

Report on the evaluation of a potential groundwater under the direct influence of surface water source. See WAC 246-290-135.

Depth of Well:	284 ft	Static Water Level:	163 ft
Depth of Impermeables:	Primary confining unit consists of 90 feet of silt (143 to 233 feet below ground surface)	Open Interval:	274 to 284 ft

Comments: The depth, confining conditions, and separation of this well from surface waters preclude considerations as a groundwater source under the influence of surface water.

Westside Water Association
HYPOCHLORINATION SYSTEM
PROJECT REPORT

System Description

Westside Water Association is a community Group A water system located at the northwest corner of Vashon Island, King County, Washington. The system is owned by Westside Water Association and operated by Island Water Management, Inc. The primary system contact is Doug Dolstad of IWM, Inc.

11205 SW Corbin Beach Road #2
Vashon, WA 98070
(206) 715 3805

A chlorination system will be installed on the newly acquired well that the Association intends to add to its system (SO10). The estimated capacity of the well is 25 gpm. The water from the well will be pumped directly into the steel tank reservoir on 156th St SW. Well pump control by a Herrin 1664 level controller as described elsewhere in this Source Approval Report.

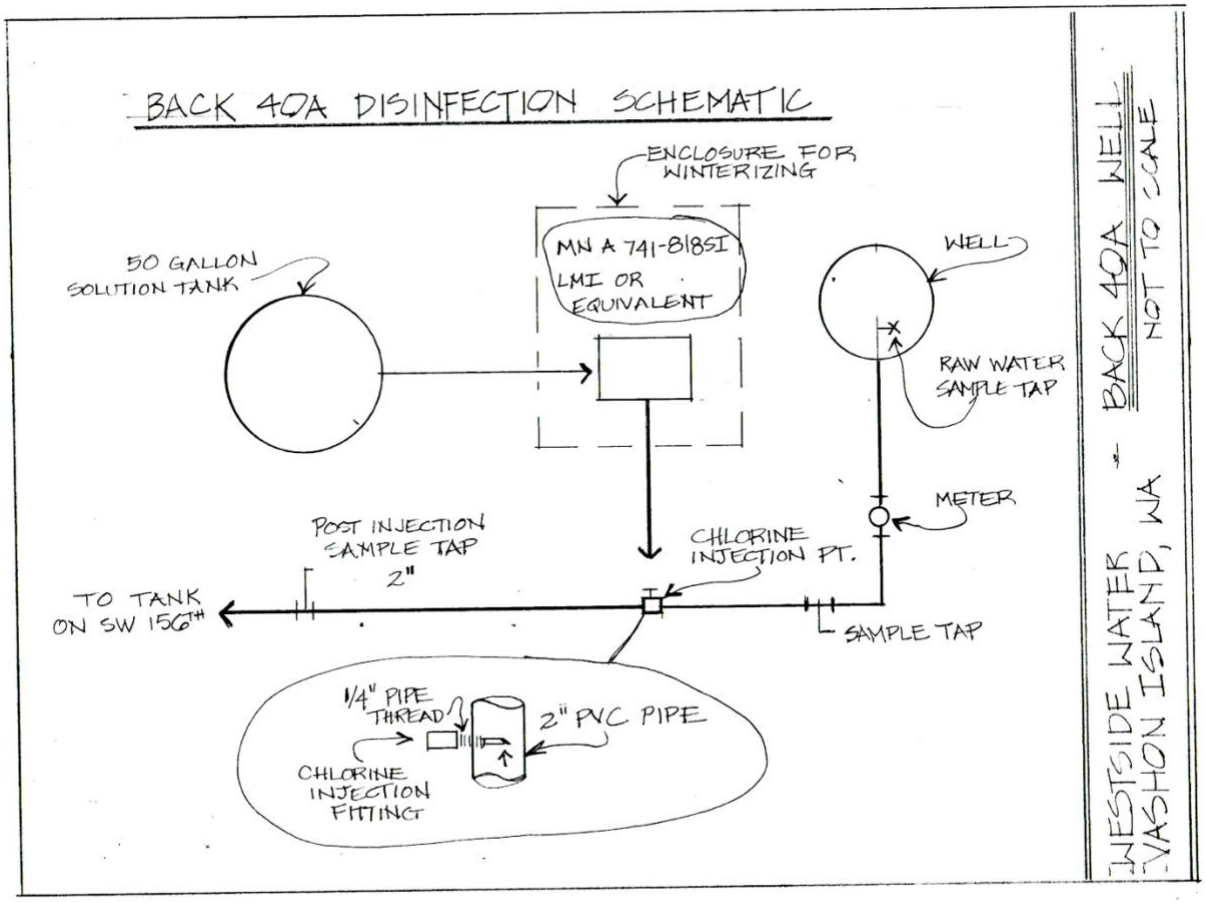
Description of the Problem

The system is currently supplied by a spring, well points and three wells that enter the storage tank at SW 156th from a different direction in a dedicated transmission line. All of the water from these sources is chlorinated. The purposes of hypochlorination for the Back40A well are twofold.

1. To maintain a constant free chlorine residual in the distribution system equivalent to the concentration maintained from the other sources. CT6 is not required for this source and maintaining the chlorination concentration at its current levels from the other sources ensures that any contribution to CT6 by the steel tank will be maintained with the addition of the Back 40A well, and,
2. To address any potential taste and odor issues arising from the Back40A Well

Solution Approach

The primary solution is to install continuous chlorination. This approach will involve the injection of sodium hypochlorite solution just prior to the water entering the steel storage tank. See schematic below



Sizing

For most sizing calculations and explanations see the attached checklist and worksheet. Water usage is estimated to average 12 gpm on an annual basis. Summer time usage (May through September) will increase to 18 gpm with non-summer time usage at 6 gpm. All new equipment will be sized appropriately for the system and will not have an impact on the rest of the system.

Recommended Modifications

N/A

Injection Point

The injection point shall consist of a check-valve type solution injector with a nozzle that extends into the middle of the fill pipe. The trimmed side of the nozzle will be installed facing upstream.

Sample Taps

Two sample taps will be installed. One at the well head and one immediately downstream of the chlorine injection point.

Solution Mixing

The hypochlorite solution shall be mixed according to the following:

3 gallons of	12.50%	Hypochlorite is added to a	30 gallon solution tank
6 gallons of	6.00%	Hypochlorite is added to a	30 gallon solution tank

If it is observed that the solution is not used within 60 days, the old solution will be discarded and a new solution prepared.

In an emergency, plain, unscented household bleach solution will be used. This option will only be used in an emergency situation in which the regular sodium hypochlorite is not available and will be discontinued as soon as the 12.5% hypochlorite solution is again available.

Only fresh solution will be used. Most sodium hypochlorite contains an expiration date. No solution will be used that is past the expiration date. If there is some doubt as to the age of the solution, it will be discarded and a fresh solution obtained.

Operation and Maintenance

The primary points of interest are to ensure that the injection pumps are functioning and adjusted properly and that sufficient solution is maintained in the solution tanks.

Injection Point Operation and Adjustment

Operation of the pump can be confirmed by observing that solution is moving through the feed line when the pump is running. This may be observed during well pump operation by shining the beam of a flashlight through the translucent feed line. Further confirmation can be obtained by taking a chlorine residual reading at the sample tap downstream from the injection point.

Proper adjustment of the chlorine injection pumps can be quantified by measuring chlorine residuals at points distant from the reservoir. The residual at all points shall be no less than 0.3 ppm.

The target chlorine residual for this system is to be maintained at or above 0.6 ppm
The compliance chlorine residual is to be maintained above NA ppm

FORM COMPLETED BY:

Print Name Date

Signature

Engineering Calculations

Table 1 shows information about the planned onsite bulk hypochlorite system for the Back40A Well relevant to the project calculations.

Table 1
Summary of Existing Onsite Bulk Hypochlorite System

Sodium Hypochlorite Dosage		Current Metering Pump Setting	Average Daily Use	Tank Refill Frequency	Metering Pump Make and Model	Required Metering Pump Capacity	Solution Tank Size
Strength (%)	Target Dose (ppm)	(gph)	(gal)	(days)		(gph)	(gal)
12.5	0.6	0.03	0.72	36	LMI A151-928SI	0-2.0	30

Existing chlorine residuals in the system were estimated to be 0.3 ppm. A target residual of 0.6 ppm was set for water leaving the pump station, and assuming a residual of 0.3 ppm at the farthest customer, the chlorine demand was estimated to be 0.3 ppm.

4.3.1 Total Pump Output

Calculate the **approximate** output of the pump as follows:

When converting between different units, remember these conversion factors:

1 Gallon = 3.785 Liters

1 Day = 1,440 Minutes

240 SPM = 14,400 SPH

PUMP OUTPUT = MAX PUMP OUTPUT x % SPEED x % STROKE

Example: A151-928SI

Use Max Output (from dataplate on side of pump) = 1 GPH (1 gallon per hour).

If the pump is set at 60% speed and 70% stroke length, the approximate pump output is:

1.0 x 0.60 x 0.70 = 0.42 GPH.

Multiply by 24 (hours in one day) to calculate in gallons per day. If pump is not equipped with speed adjustment, calculate by **Max Pump Output x % Stroke** only.

4.3.2 Calibration in Internal Mode

Once installation is complete and the approximate output has been determined, the pump should be calibrated to adjust speed and stroke for your actual desired output. (Calibration cylinders may be purchased from your local LMI distributor, ref. publication 1798.)

1. Be sure the pump is primed, and discharge tubing and Injection Check Valve are installed as they would be in normal service (i.e., including factors such as injection pressure, fluid viscosity, and suction lift).
2. Place the Foot Valve in a graduated container with a volume of 1000 ml or more.
3. Plug in and switch pump to Internal Mode. Pump until all the air is exhausted from the suction line and head.
4. Turn the pump off. Refill graduated container to a level starting point.
5. Using a stopwatch or timer, turn the pump on for a measured amount of time (120 pump strokes minimum). The longer the time period, the more confident you can be of the results. Be sure to count the number of strokes during the calibration period when making comparisons.
6. Turn the pump off. Note the time elapsed in relation to volume displaced in the graduate. Now, calculate the output in the time unit you choose (minutes, hours, days, etc.).
7. If the output is too low or too great, use the Stroke Adjustment Knob and/or the Speed Adjustment Knob to fine-tune the amount of flow, estimating required correction and repeat steps 1-7.

Update the Wellhead Protection Plan (WHPP). See DOH 331-018 and 331-106.

The Wellhead Protection Plan is updated in the Small Water System Management Plan. An extract follows:

Wellhead Protection Plan

The Association owns 40 acres of the watershed around the Canyon source and has a Covenanted Sanitary Control Area for SO9 and the Back 40 well. There are significant development restrictions and limitations imposed by King County on adjacent lands. 5-acre zoning predominates. The watershed itself is remarkably intact and undisturbed. One branch of the Shinglemill Creek basin originates in Vashon town center. The Vashon Groundwater Coalition has worked with area merchants to put in place programs to reduce contamination from this source. Since WWA does not use Shinglemill Creek itself as a water source, it is not vulnerable to even the low concentrations of upstream contamination.

The Anderson Well field and the Canyon pump house have locks on the buildings. The Anderson 2 and the Back 40A wellheads have vertical sewer pipe riser protective enclosures with sealed and bolted heavy duty plastic sewer lid tops.

Well log including unique well identification tag number, surface seal, depth to open interval or top of screened interval, overall depth from well the top of the casing, and elevation of top of casing.

WATER WELL REPORT

DEPARTMENT OF ECOLOGY State of Washington

Type of Work:
☒ Construction
☐ Decommission ⟹ Original installation NOI No. _____

Proposed Use: ☒ Domestic ☐ Industrial ☐ Municipal ☐ Dewatering ☐ Irrigation ☐ Test Well ☐ Other _____

Construction Type: ☒ New well ☐ Alteration ☐ Deepening ☐ Other _____
Method: ☐ Driven ☐ Jetted ☐ Cable Tool ☐ Dug ☒ Air- ☐ Mud-Rotary

Dimensions: Diameter of boring 6 in., to 284 ft.
Depth of completed well 284 ft.

Construction Details:

Casing	Liner	Diameter	From	To	Wall Thickness	Steel	PVC	Welded	Thread
☒	☐	6 in.	0	276	.250 in.	☒	☐	☒	☐
☐	☐	____ in.	____	____	____ in.	☐	☐	☐	☐
☐	☐	____ in.	____	____	____ in.	☐	☐	☐	☐
☐	☐	____ in.	____	____	____ in.	☐	☐	☐	☐

Perforations: ☐ Yes ☒ No Type of perforator used _____
No. of perforations ____ Size of perforations ____ in. by ____ in.
Perforated from ____ ft. to ____ ft. below ground surface

Screens: ☒ Yes ☐ No ☒ K-Packer ⟹ Depth 273 ft.
Manufacturer's Name Alloy Machine Works
Type Stainless slotted Model No. _____
Diameter 5" Slot size .016 in. from 274 ft. to 279 ft.
Diameter 5" Slot size .010 in. from 279 ft. to 284 ft.

Sand/Filter pack: ☐ Yes ☒ No Size of pack material ____ in.
Materials placed from ____ ft. to ____ ft.

Surface Seal: ☒ Yes ☐ No To what depth? 28 ft.
Material used in seal Bentonite Chips
Did any strata contain unusable water? ☐ Yes ☒ No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

Pump: Manufacturer's Name _____ Type: _____
H.P. ____ Pump intake depth: ____ ft. Designed flow rate: ____ gpm

Water Levels: Land-surface elevation above mean sea level 421 ft.
Stick-up of top of well casing 1 ft. above ground surface
Static water level 163 ft. below top of well casing Date 8/28/19
Artesian pressure ____ lbs. per square inch Date _____
Artesian water is controlled by _____ (cap, valve, etc.)

Well Tests:
Was a pumping test performed? ☒ No ☐ Yes ⟹ by whom? _____
Yield ____ gpm with ____ ft. drawdown after ____ hrs.
Yield ____ gpm with ____ ft. drawdown after ____ hrs.
Yield ____ gpm with ____ ft. drawdown after ____ hrs.

Recovery data (time = zero when pump is turned off – water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of pumping test _____
Bailer test ____ gpm with ____ ft. drawdown after ____ hrs.
Air test 20 gpm with stem set at 260 ft. for 1 hrs. Date 8/28/19
Artesian flow ____ gpm
Temperature of water 48 °F Was a chemical analysis made? ☐ Yes ☒ No

Notice of Intent No. WE35643
Unique Ecology Well ID Tag No. BAH638
Site Well Name (if more than one well): _____
Water Right Permit/Certificate No. _____
Property Owner Name Back Forty Farm LLC (Melissa Mohr)
Well Street Address 11805 SW 156th Street
City Vashon County King
Tax Parcel No. 2423029038
Was a variance approved for this well? ☐ Yes ☒ No
If yes, what was the variance for? _____

Location (see instructions on page 2): ☒ WWM or ☐ EWM
SE ¼-¼ of the SE ¼; Section 24 Township 23N Range 2E
Latitude (Example: 47.12345) 47.465205
Longitude (Example: -120.12345) -122.485567

Driller's Log/Construction or Decommission Procedure
Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each layer penetrated, with at least one entry for each change of information. Use additional sheets if necessary.

Material	From	To
Brown sandy loam	0	3
Brown silty sand and gravel	3	55
Brown fine to medium sand few gravels	55	69
Multicolored gravel, medium, gray sand, loose	69	94
Gray medium sand	94	101
Multicolored gravel, coarse brown sand, loose	101	115
Brown silty sand and gravel	115	131
Brown fine silty sand	131	136
Brown siltbound sand and gravel tight	136	143
Gray silt	143	233
Gray sticky clay with lenses of silt	233	275
Gray medium to course sand, water	275	280
Gray fine sand, water	280	283
Gray silty clay	283	284

Start Date 8/23/19 Completed Date 8/28/19

WELL CONSTRUCTION CERTIFICATION: I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

☒ Driller ☐ Trainee ☐ PE – Print Name Joshua Koepp
Signature
License No. 2874
IF TRAINEE: Sponsor's License No.
Sponsor's Signature

Drilling Company Arcadia Drilling Inc.
Address PO Box 1790
City, State, Zip Shelton, WA 98584
Contractor's Registration No. ARCADDI098K1 Date 8/30/19

Note that this Well Report has an error in the Lat/Long numbers. The Latitude at 47.465205 (47° 27' 54.738" N) is correct. However, the Longitude value at -122.485567 (-122° 29' 8.0412") is incorrect and should be -122° 29' 7" (off by about 150 feet to the west of the actual well site).

The reported ground surface elevation of 421 feet is also incorrectly reported and should instead be 384 feet.

DOH well pumping test results following procedures in Appendix E.

A 24-hour pumping test was conducted during the period 7/19/20 through 7/21/20 using the DOH specified method of data gathering (paired pressure transducers installed 24 hours prior to the test to record antecedent conditions and recording data at 30 second intervals). Water column height above the pump was measured at flows of 31.8 and 29 gpm, and the water level recovered to within 90% of static conditions within minutes [AA1] of pump shutdown. The drawdown curves for these respective flows were extrapolated to predict a maintained pump submergence of 21.7 feet at a pumping rate of 25 gpm for the anticipated duration of continuous pumping. The well screens installed in the Back 40 Well correspond to a low entrance velocity (approximately 0.026 feet per second , minimizing risks to long-term well efficiency losses.

Following submission of the 24-hour pumping test data to the DOH regional hydrogeologist the following e-mail approval was received from DOH:

From: Howe, Sheryl (DOH)
Sent: Monday, August 3, 2020 8:18 AM
To: Island Water Management Inc
Cc: Mehinagic, Denis (DOH)
Subject: RE: WWA-Back 40 pump test data

Doug –

I looked at the data you provided from the 24-hour pump test completed, plotted the data on a semi-log plot and reviewed the data with another hydrogeologist.

Based on our review and discussion, this well can be approved for 30 gpm. I also recommend continued monthly monitoring of all wells to help operate your system in an optimal manner.

Please let me know if I can be of any additional assistance. Thank you and be well.

Sheryl

WWA performs a monthly recovery test on the Anderson 2 well and will do the same for the Back40A well.

Source pump control logic and pump cycle protection.

The Back40A Well pumps water directly to the bolted steel 150,000 gallon storage tank on SW 156th. Once the water has received chlorination it will be pumped via a dedicated 4” steel infill line that will be installed external to the tank with the water entering into the tank ~5’ below the top of the tank. A check valve will be installed in this new line. The description and details of the transmission line are attached.

The well pump will be controlled by a high-sensitivity pressure switch in conjunction with a time On/Off controller (Herrin 1644). The Herrin controller works the same as the Herrin controller at SO9. A telecommunication circuit sends a “call for water” to the Canyon Pump Station where sources SO1, SO3, & SO6 collectively gather. The Herrin pressure switch will be set to initiate the Back 40A well pump when the tank shows a deficit of roughly 22,000 gallons. This represents approximately an 8’ height differential. Standard operating procedure will be to have a “time on” of 6 hrs and a “time off” (rest period) of 45’. The actual rest period is likely to be longer as the need for water is satisfied from other sources.

Alarm conditions.

Not Applicable. The system is monitored daily.

Natural and geotechnical hazards analysis of the well site and well house building.

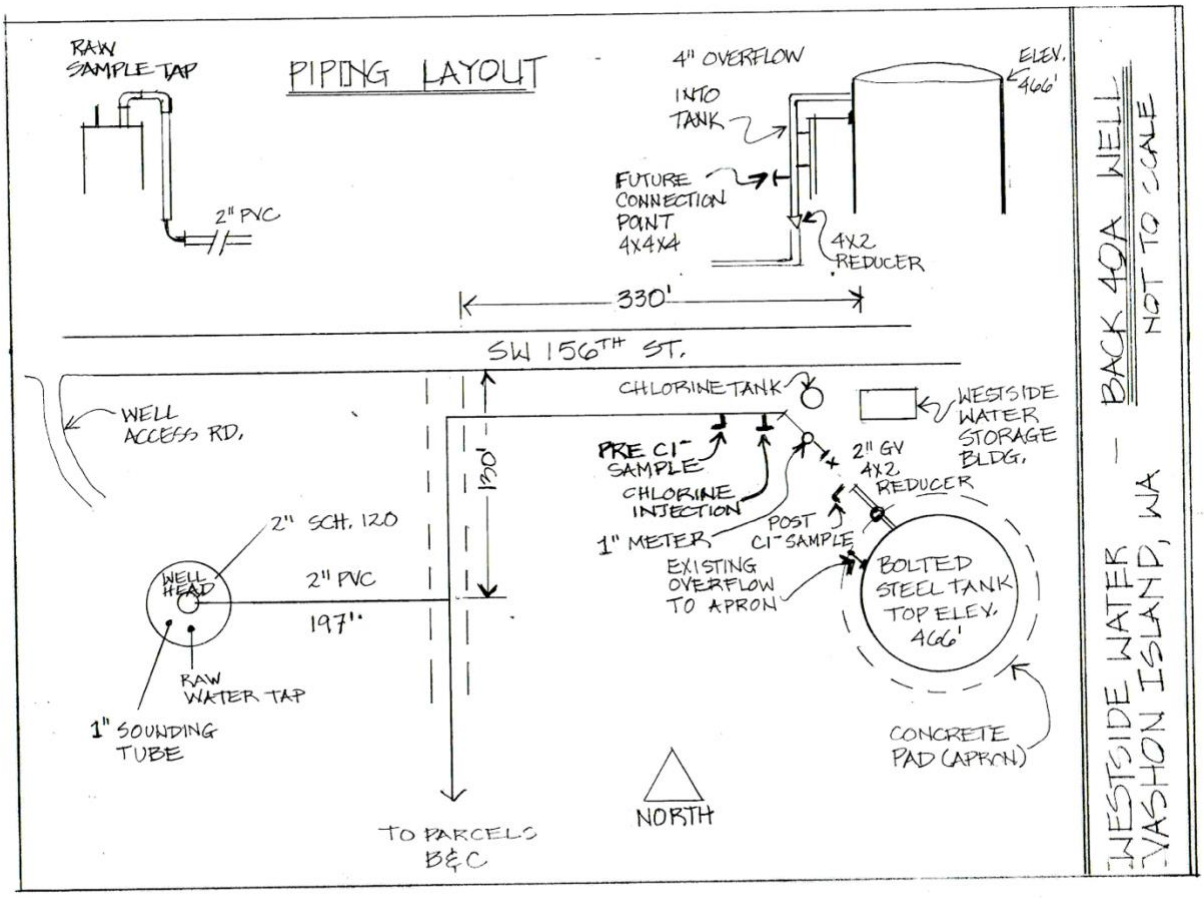
The Back 40A well site is in a gently sloping field with no geotechnical features to indicate any hazard. All of Vashon Island lies near major earthquake fault lines and is thus potentially susceptible to damage from a major earthquake.

Construction Documents

Site piping plans including:

- Source meter set according to manufacturer’s minimum required upstream and downstream pipe configuration.
- Valves (i.e., isolation, check, well pump control, air/vacuum, pressure relief). Show screen secured on each valve discharge outlet.
- Sample taps for raw and finished water.
- Location, size, type and class of pipe.

Description: a 2” Sch 40 PVC transmission line runs from the well head in an easterly direction to the western edge of a new N-S driveway on the Back Forty property, thence north to about 10’ South of the KC Right Of Way on SW 156th St, thence EAST again through an easement on private property (parcel 2423029247) thence to the WWA property housing the 150,000 gallon bolted steel tank. Chlorine is injected prior to water entering the tank at a chlorine injection point near the WWA storage building on the same WWA property. From the injection point water flows into the steel tank through a new external line to a port located Appx 10' from the top of the tank.

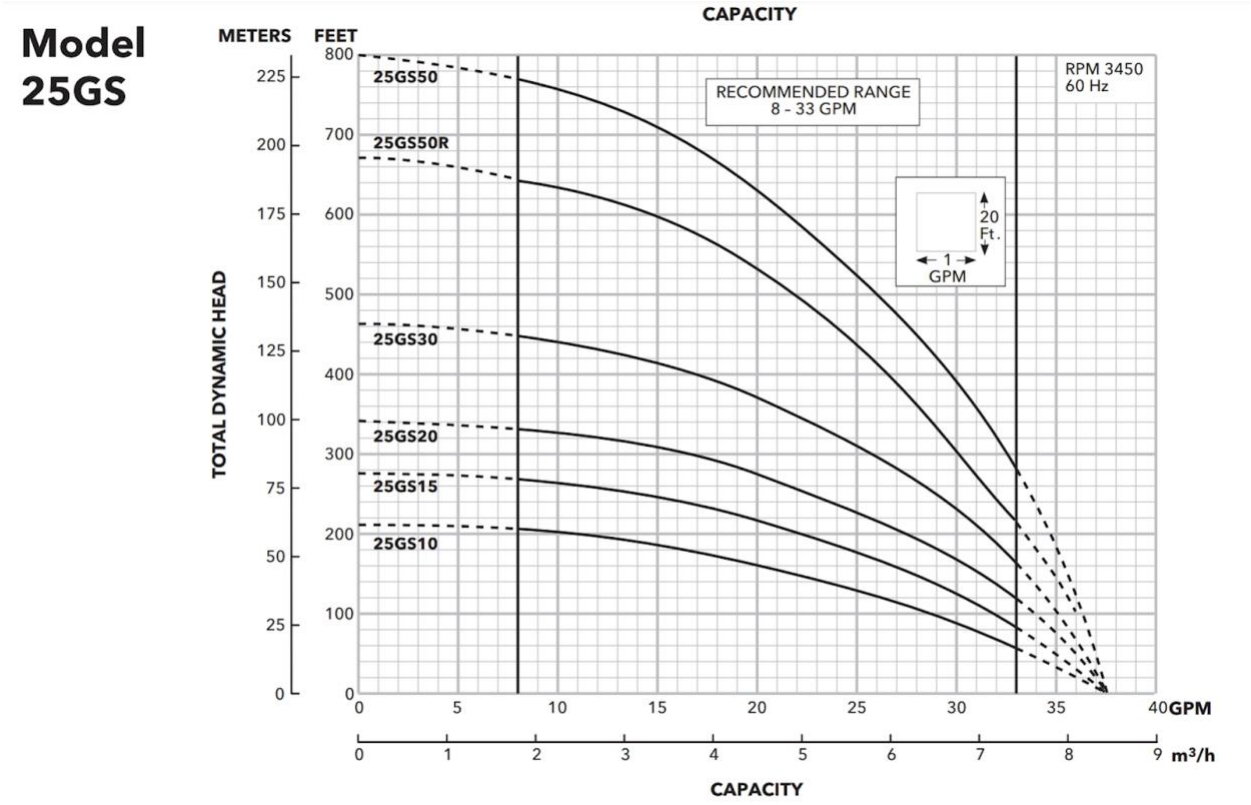


Pumping equipment specifications including:

- Horsepower, GPM, head, pump controls, and alarm system.
- Specific pump curve being used and operation range of head and flow conditions clearly indicated on pump curve.
- Narrative discussion of ability of the source and pumping system to supply peak daily water volumes.

1. Goulds 25GS50412 5 hp., 230 v (including well pump control box)
2. 260 ft. - 2 in. sch 120 well pipe with stainless steel couplings
3. 270 ft. - #8/3 with ground flat jacket submersible cable
4. 2 - 2 in. Flomatic envirocheck brass check valves (@100 and 240 ft.)
5. 5 – deluxe torque arrestors (2 @ pump, 1 @ 240 ft., the rest evenly spaced to the top)
6. 285 ft +/- 1 in. sounding tube
7. Simmons steel well seal machined to allow 1 in. sounding tube access

The existing submersible well pump provides a flow of >25 gpm against 317 feet of head (20 feet of water in column above the pump vs. 263 feet from pump to surface and 71 feet from the surface to the top of the 150,000 gallon steel tank.



Adequacy of WWA system to meet peak daily water demand

WWA has established its maximum ERU value at 500 gpd/connection based on historical usage patterns. 500 gpd/connection equates to an 80.9 gpm consumption rate. WWA believes that the three-day average value for production is most indicative of peak consumption and thus the peak values observed over the past four years equate to an ERU of 460 gpd/connection -- picking 500 gpd as our metric provides some conservativism. A summary of the supply/demand situation for WWA is shown in the table below. This table includes the Back 40A well as part of the supply side and shows that at the established maximum ERU, WWA could service up to 255 connections without any blending of the SO6 (Canyon) well with its elevated As levels.

	# of connections								
GPD/connection	228	233	240	245	250	255	260	270	280
300	47.5	48.5	50.0	51.0	52.1	53.1	54.2	56.3	58.3
350	55.4	56.6	58.3	59.5	60.8	62.0	63.2	65.6	68.1
400	63.3	64.7	66.7	68.1	69.4	70.8	72.2	75.0	77.8
450	71.3	72.8	75.0	76.6	78.1	79.7	81.3	84.4	87.5
500	79.2	80.9	83.3	85.1	86.8	88.5	90.3	93.8	97.2
550	87.1	89.0	91.7	93.6	95.5	97.4	99.3	103.1	106.9
600	95.0	97.1	100.0	102.1	104.2	106.3	108.3	112.5	116.7
650	102.9	105.2	108.3	110.6	112.8	115.1	117.4	121.9	126.4

		gpm		As conc		
Sources		ind	cum	ind	cum	current
A2		35	35.0	2	2	
A1		15	50.0	2	2	proposed
Well Points		20	70.0	2	2	
interference losses		-5	65.0	2	2	
Back 40A		25	90.0	4.3	2.6	
SO6 Blending (@%)	5	4.5	94.5	33	4.1	
	10	4.5	99.0	33	5.4	
	15	4.5	103.5	33	6.6	
	30	13.5	117.0	33	9.6	

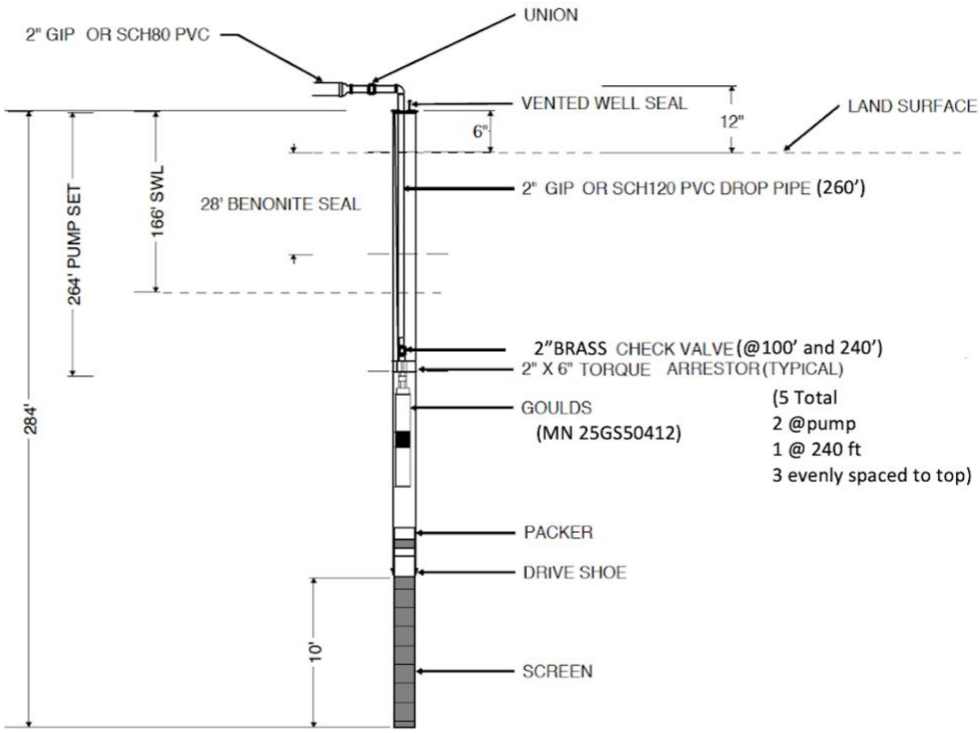
As this table may be an unconventional way to view supply vs demand, here is an explanation. The supply side is the lower part of the figure with the sources, their contribution and their Arsenic concentrations. A cumulative (cum) column adds the flow contributions and calculates the resulting Arsenic concentrations. The individual source values for A2, A1 and the Well Points are accurate for each measured alone, however when they are all on there is some interference that reduces the total production by 5 gpm. So, with the Back 40A well and without blending, WWA has a production capacity of 90 gpm and with blending up to 8% with the SO6 (Canyon Well) source to a maximum capacity of 97 gpm while keeping the combined As concentration below 5%.

The top table shows the number of potential connections in columns against values for the maximum ERU in the rows. Each intersection between the number of connections and ERU shows the calculated average flow (in gpm) required to fulfill that connection. The cell coloring then maps that flow back to the WWA supply table. The light green coloration shows WWA capacity with the Back 40A well addition but without reliance on any blending. The red cells indicate connection/ERU combinations that WWA cannot satisfy. Other colors indicate cases where blending is required for WWA to be able to meet the condition.

Consistent with the analysis presented above, WWA is requesting that DOH increase the number of approved shares from 228 to 235 based on a signed acquisition agreement with Back Forty LLC. This request retains considerable margin in both ERU and # of connections.

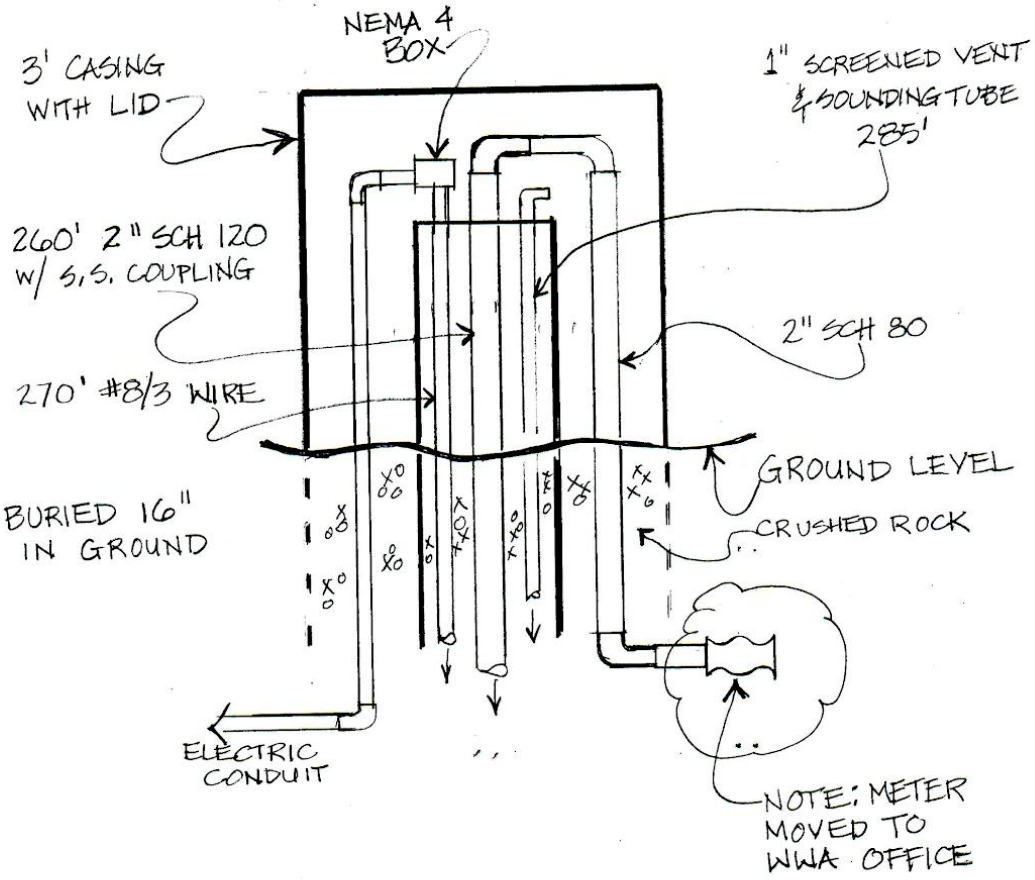
Well construction details, including general design and construction standards, casing specifications, general sealing requirements and material specifications, adequately sized and screened inverted well casing vent constructed to prevent entry of contaminants, and access port for measuring water level. See Policy M.01 for information on well caps.

See also Well Driller's Log.



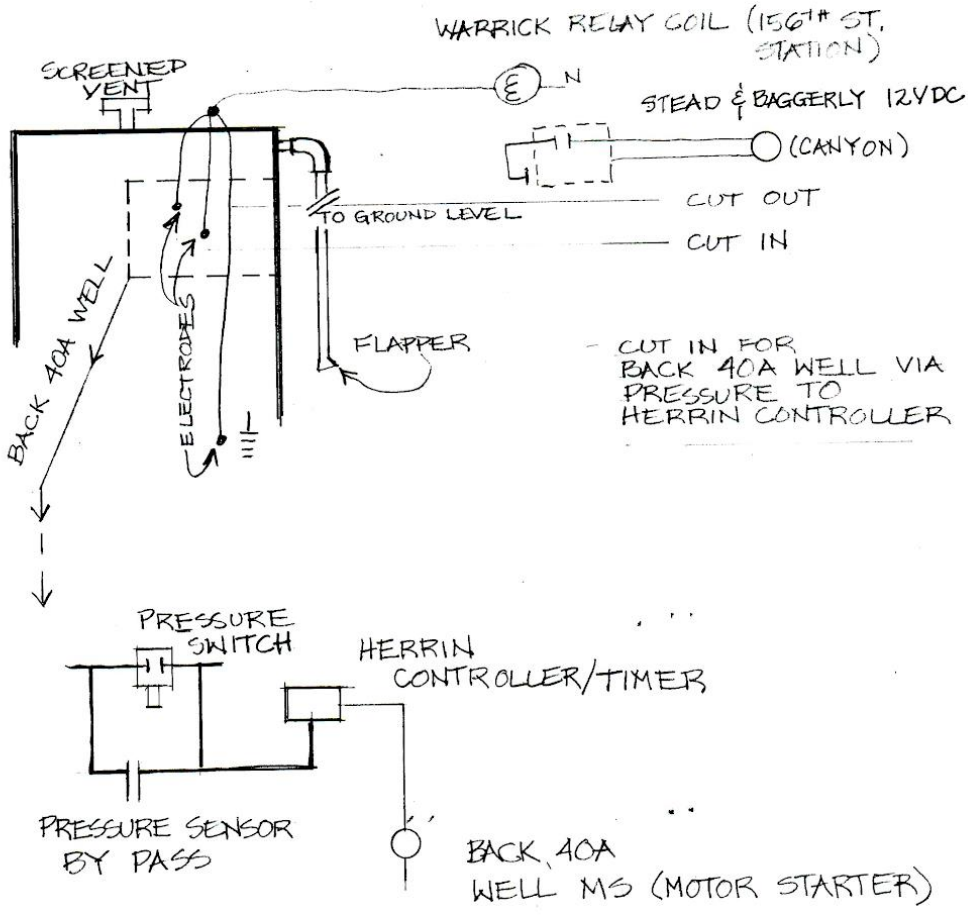
SYSTEM: SO10	OWNER: WESTSIDE WATER
FILE NUMBER:	FILE NAME: Back 40A Well Schematic
SHEET NAME:	
DATE: AUGUST 2, 2020	SCALE: NTS

BACK 40A WELL HEAD ENCLOSURE



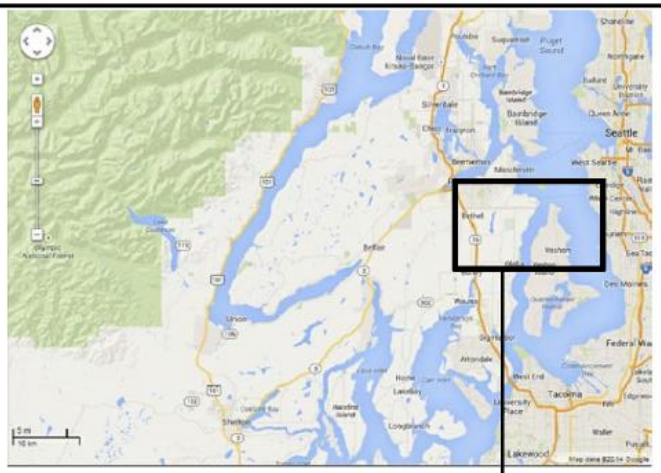
WESTSIDE WATER — BACK 40A WELL
VASHON ISLAND, WA
NOT TO SCALE

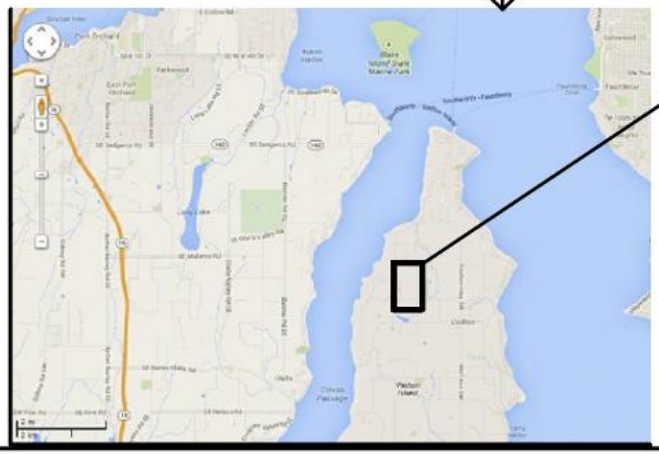
RESERVOIR CONTROL SYSTEM

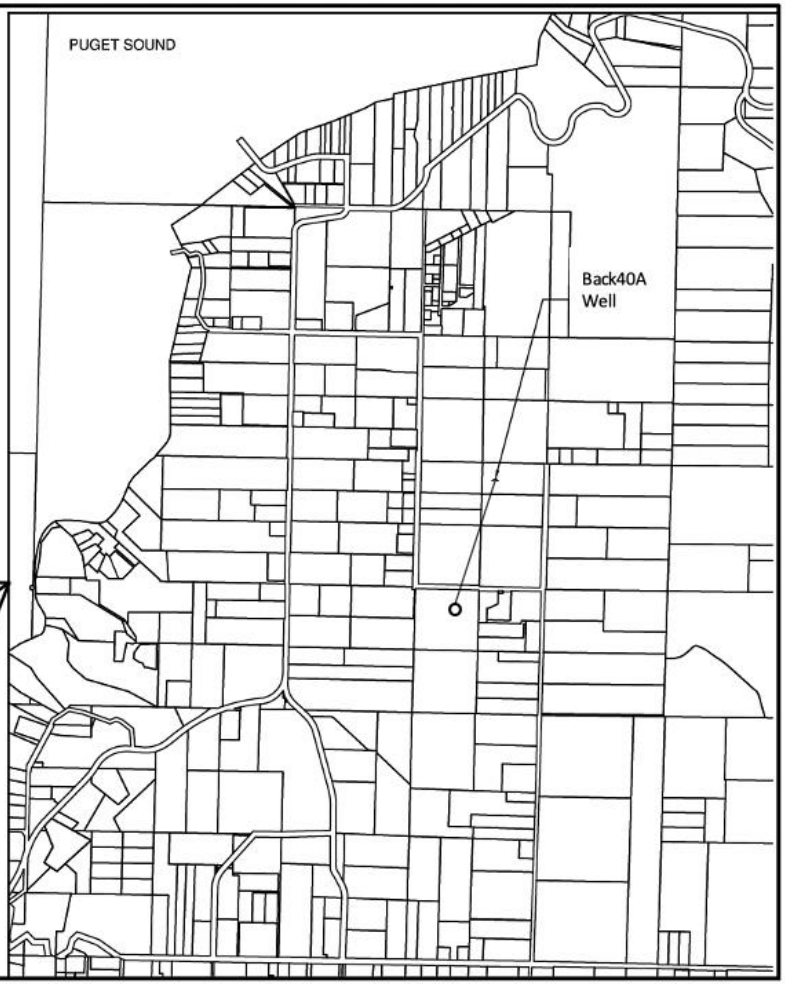


WESTSIDE WATER — BACK 40A WELL
VASHON ISLAND, WA
NOT TO SCALE

Map of the site and vicinity drawn to scale, including well location (township, range, and latitude-longitude), pump house, water lines, site topography, sanitary protection area, and location of potential sources of contamination including septic systems, sanitary sewers, buildings, roads, and driveways.







SITE INFORMATION PROVIDED BY: THE CLIENT AND BY SITE INSPECTION
THIS IS NOT A SURVEY. PROPERTY LINES AND ELEVATIONS SHOWN ARE BASED UPON THE AVAILABLE INFORMATION IS APPROXIMATE ONLY.

DRAWN BY:	
CHECKED BY:	
REVISION	
DESCRIPTION	DATE

SYSTEM: WESTSIDE WATER ASSOCIATION WATER SYSTEM

FILE NO. 160307	FILE NAME SITE MAP
DATE	SCALE 1"=~1,800'

Well house details

Only the well head, electrical connection, sampling port and sounding tube are located at the well site. The chlorination point will be next to the existing office adjacent to the steel storage tank on SW 156th St. The protective structure at the well head will be similar to that built for the

Anderson 2 well (see image below) and will consist of a vertically oriented sewer riser casing 2’ in diameter and 30” tall with a high quality plastic sewer lid bolted to a flange on the sewer pipe.

Building equipment and instrument layout demonstrating adequate clearance to safely enter, operate, and maintain all well house components.

The hypochlorite reservoir will be mounted on a platform adjacent to the outside of the existing office building on SW 156th St (picture of structure below). All plumbing will reside on the exterior of the structure and be mounted on existing concrete foundation piers.

Water Facilities Inventory Form

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: 01/02/2020

Printed: 7/28/2020
WFI Printed For: On-Demand
Submission Reason: Contact Update

RETURN TO: Central Services - WFI, PO Box 47822, Olympia, WA, 98504-7822

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
94950 0	WESTSIDE WATER ASSN	KING	A	Comm

6. PRIMARY CONTACT NAME & MAILING ADDRESS	7. OWNER NAME & MAILING ADDRESS
DOUGLAS P. DOLSTAD [MANAGER] ISLAND WATER MANAGEMENT INC 11205 SW CORBIN BEACH ROAD #2 VASHION ISLAND, WA 98070	WEST SIDE WATER ASSN JEFF THURLOW PO BOX 267 VASHON, WA 98070 PRESIDENT
STREET ADDRESS IF DIFFERENT FROM ABOVE	**STREET ADDRESS IF DIFFERENT FROM ABOVE**
ATTN	ATTN
ADDRESS	ADDRESS 11605 SW 156TH
CITY STATE ZIP	CITY VASHON ISLAND STATE WA ZIP 98070

9. 24 HOUR PRIMARY CONTACT INFORMATION		10. OWNER CONTACT INFORMATION	
Primary Contact Daytime Phone: (206) 715-3805		Owner Daytime Phone: (206) 994-0464 x6	
Primary Contact Mobile/Cell Phone: (206) 715-3805		Owner Mobile/Cell Phone:	
Primary Contact Evening Phone: (xxx)-xxx-xxxx		Owner Evening Phone:	
Fax:	E-mail: xxxxxxxxxxxxxxxxxxxx	Fax: (206) 567-4568	E-mail: xxxxxxxxxxxxxxxxxxxx

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	[ ] Hospital/Clinic	[x] Residential
[x] Commercial / Business	[ ] Industrial	[ ] School
[ ] Day Care	[ ] Licensed Residential Facility	[ ] Temporary Farm Worker
[ ] Food Service/Food Permit	[x] Lodging	[x] Other (church, fire station, etc.):
[ ] 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)
[x] Association	[ ] County	[ ] Investor	[ ] Special District	
[ ] City / Town	[ ] Federal	[ ] Private	[ ] State	259,000

- 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
94950 0	WESTSIDE WATER ASSN	KING	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 FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIELD	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	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	SAND					X							X			N		X				X		5	SW NE	03	19N	23E
S02	JACK (GWI)					X									X	N		X						15	SW NE	03	19N	23E
S03	WELLFIELD - DRIVEN WELLS 1-9			X									X			N		X				X	25	45	SE SW	19	23N	03E
S04	SHINGLEMILL CREEK / SPRING									X					X	N		X						210	SW NE	03	19N	23E
S05	Wells 1-9				X								X			N		X				X	25	0			00N	00E
S06	CANYON WELL (AHM851)		X										X			Y		X				X	290	65	SE SW	19	23N	03E
S07	Anderson Well				X								X			Y		X					143	23	NE SE	24	23N	02E
S08	Anderson Well #2 BNJ285				X								X					X					138	50	SW NE	24	23N	02E
S09	Anderson Wellfield			X									X			Y		X					138	65	SE NE	24	23N	02E

WATER FACILITIES INVENTORY (WFI) FORM - Continued

1. SYSTEM ID NO.	2. SYSTEM NAME	3. COUNTY	4. GROUP	5. TYPE
94950 0	WESTSIDE WATER ASSN	KING	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?)		220	227
A. Full Time Single Family Residences (Occupied 180 days or more per year)	209		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	11		
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)	2	2	0
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, etc.	3	3	0
28. TOTAL SERVICE CONNECTIONS		225	227

29. FULL-TIME RESIDENTIAL POPULATION

A. How many residents are served by this system 180 or more days per year? 520

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?					10	22	22	22	10			
B. How many days per month are they present?					5	20	20	20	5			

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?	550	550	550	550	800	800	800	800	600	550	550	550
B. How many days per month is water accessible to the public?	31	28	31	30	31	30	31	31	30	31	30	31

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

34. NITRATE SCHEDULE	QUARTERLY	ANNUALLY	ONCE EVERY 3 YEARS
(One Sample per source by time period)			

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: _____

Water Facilities Inventory (WFI)

Report Create Date:	7/28/2020		
Water System Id(s):	94950		
Print Data on Distribution Page:	ALL		
Print Copies For:	DOH Copy		
Water System Name:	ALL		
County:	-- Any --		
Region:	ALL		
Group:	ALL		
Type:	ALL		
Permit Renewal Quarter:	ALL		
Water System Is New:	ALL		
Water System Status:	ALL		
Water Status Date From:	ALL	**To**	ALL
Water System Update Date	ALL	**To**	ALL
Owner Number:	ALL		
SMA Number:	ALL		
SMA Name:	ALL		
Active Connection Count From:	ALL	**To:**	ALL
Approved Connection Count	ALL	**To:**	ALL
Full-Time Population From:	ALL	**To:**	ALL
Water System Expanding	ALL		
Source Type:	ALL		
Source Use:	ALL		
WFI Printed For:	On-Demand		