



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
 SOUTHWEST DRINKING WATER OPERATIONS
 P.O. Box 47823 Olympia, Washington 98504-7823
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SANITARY SURVEY REPORT

March 17, 2025 Rodney Cecil City of Winlock Post Office Box 777 Winlock, Washington 98596	City of Winlock ID #97500C	
	County:	Lewis
	System Type:	Community
	Operating Permit Color:	Green
	Surveyor:	Steve Deem Phyo Kyaw
	Water System Attendees:	Rodney Cecil James Agren
	Inspection Date:	February 28, 2025

This report is in follow up to my inspection of the City of Winlock (City) water system on February 28, 2025. My inspection was part of the Department’s routine sanitary survey program. The purpose of this program is to inspect water system facilities and their operations and maintenance programs to ensure compliance with drinking water regulations and to help ensure that safe and reliable water is delivered to users. I appreciate the time spent with you and James showing me and Phyo the water system. Please check this report for accuracy.

The water system is well operated and maintained. You and the City are doing a good job.

As you implement the observations and recommendations, please send me documentation that demonstrates the items have been completed. Include the system name, ID number, item #, and the date the deficiencies were corrected. You can send them to Phyo Kyaw by e-mail at phyo.kyaw@doh.wa.gov or by mail at PO Box 47823, Olympia, Washington 98504-7823.

SIGNIFICANT DEFICIENCIES* - NONE

SIGNIFICANT FINDINGS - NONE**

OBSERVATIONS

1. We discussed the City’s coliform monitoring plan (CMP) must be updated, WAC 245-290-300 (3)(b). An additional sampling site located in the older downtown area should be included as a routine sampling location. Repeat sampling locations for each routine sampling site should be verified. We encourage you to use a meter setter sampling device for your repeat sampling sites to eliminate issues associated with accessing customer property, lost control of water quality on private property, and compensation issues associated with flushing customer service lines. **Submit to the Office of Drinking Water (ODW) when complete.**
2. Sampling Standard Operating Procedures (SOP) must be developed and tested for repeat sampling sites once the meter setter device has been obtained. Consider collecting coliform samples from the new

meter setter testing device, label samples “engineering”, and submit to a certified lab to verify the testing stations are functional, WAC 246-290-300 (3). **Submit to ODW when it is complete.**

3. Intrusion alarms should be installed on all storage tank hatches and tested every three to six months during routine inspection visits to the top of the tanks, WAC 246-290-415 (9). **Notify ODW when it is installed.**
4. We were surprised to find a seasonal creek flowing approximately 20 feet from Well S01 (Eureka #1). As you know, S01 is quite shallow with a reported depth to the first open interval of 55 feet. As we discussed, recent studies have shown that viruses, bacteria, and protozoa can travel further through soil and aquifers than we have assumed in the past. The City should collect heterotrophic plate count (HPC) samples from the well each month before any treatment to establish a baseline for microbial activity in the well, WAC 246-290-300 (1)(a). **Share results with ODW after one year.**
5. Include free chlorine residual testing at the well sites following chlorine injection to understand and document disinfection treatment performance, WAC 246-290-300(1)(a).

RECOMMENDATIONS

6. Intrusion alarms on all pump house facilities is a low cost early warning security feature that should be installed.
7. We discussed potential water stratification and resulting stagnation that can result from operating your storage tanks with a very small drawdown and fill range – currently four (4) feet. Consider increasing the band on operation. You also correctly suggested an alternative of installing continuous mixers in the tanks.
8. We were surprised to find a lot of coarse sand in the 603 storage tanks overflow and drainpipe (inside the closed flapper valve). Backflow through the flapper valve seems unlikely. Consider inspecting the pipe for damage that may have occurred during the construction (still underway) associated with the new development.

SYSTEM INFORMATION

The City’s water system uses five groundwater wells all located east of downtown. Well S05 pumps into the City’s reservoirs. The remaining wells pump directly into the distribution system. All wells are chlorinated (S10 is not in the 2020 water system plan (WSP)). The treatment goal is 0.2 milligrams per liter (mg/L) at the distribution ends.

The City operates two reservoirs, located at the well 603 site. Both reservoirs are cast-in-place concrete, 26 feet in diameter by 75 feet tall, with a nominal capacity of 298,000 gallons each. The ground elevation at the reservoir site based on reservoir plan sheets is 459 feet, making the top of wall at an elevation of 534 feet. The reservoir overflows are 6 inches below the top of the reservoir walls, making the reservoir overflow elevation 533.5 feet and volume to overflow 296,000 gallons per reservoir. A third reservoir is located at the Cardinal Glass site. This reservoir is owned by Cardinal Glass, but by agreement with the City, up to 120,000 gallons of the 500,000-gallon capacity of the Cardinal Glass reservoir is available for use by the City. Water is pumped to the Cardinal Glass facility and pressure-reducing valves connect from the Cardinal Glass transmission main to the City’s 603 Reservoir Gravity Pressure Zone, so if the pressure in the gravity pressure zone should drop sufficiently, the pressure reducing valves would open partially to allow flow from the Cardinal Glass water transmission line back to the gravity pressure zone.

The City’s water system operates on five pressure zones. The lowest elevation is at the south end of downtown Winlock and is about 260 feet mean sea level (MSL). In the City’s future service areas to the east and north,

elevations vary between 450 and 480 ft. MSL. The Cardinal Glass facility is at an elevation of approximately 470 feet.

The distribution system consists of a variety of pipe materials and sizes, including Asbestos Cement (AC), Polyethylene (PE), High Density Polyethylene (HDPE), Polyvinyl Chloride (PVC), Cast Iron (CI), Ductile Iron (DI), Galvanized, Steel and Other, and sizes from less than 2-inches to 14-inches. A summary of pipe by size and material, estimated from system Computer-Aided Design (CAD) drawings, is shown in Table 1-5. The largest pipe size component by length is a 10-inch pipe at 29.1 percent, largely driven by the long 10-inch pipeline extension to Cardinal Glass. The second largest component is 8-inch piping at 27.3 percent. By material, the largest portion of the system is comprised of PVC pipe at 47.5 percent, followed by HDPE and PE at 18.7 percent, again largely driven by the 10-inch HDPE pipeline to Cardinal Glass. The total estimated pipe length is 96,125 feet, which is 18.2 miles of water main.

SECTION 1: SOURCE

This system uses groundwater wells. All wells have sodium hypochlorite (NaOCl) injected into the discharge piping as a secondary disinfectant. Operators dilute 12.5 percent feed stock by adding 2 gallons of 12.5 percent NaOCl to 40 gallons of water (approximately 0.08 percent solution). To increase chlorine residuals, operators increase the solution concentration by adding 3 gallons of 12.5 percent NaOCl to 40 gallons of water.

Source ID #	Name:	Description:	Ecology Tag #	Depth to first open interval (ft)	Listed on WFI		Pump capacity (GPM)
					Yes	No	
S01	Eureka #1	Groundwater well	AFM908	55	<input checked="" type="checkbox"/>	<input type="checkbox"/>	210
S05	Well #603	Groundwater well	AFM905	119	<input checked="" type="checkbox"/>	<input type="checkbox"/>	200 (75 extended?)
S08	Eureka #3	Groundwater well	AFM904	150	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50
S09	Baichtel #2	Groundwater well	AET197	138	<input checked="" type="checkbox"/>	<input type="checkbox"/>	125
S10	SR505	Groundwater well	BKL480	170	<input checked="" type="checkbox"/>	<input type="checkbox"/>	125

WELLHEAD	Source #S01		Source #S05		Source #S08		Source #S09		Source #S10	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
System has well log	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Well cap sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Openings sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Vent screened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Terminates 6" above grade	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Protected from flooding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Source meter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
**Raw water sample tap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Check valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
**Protected from unauthorized access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Structure in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELLHEAD	Source #S01	Source #S05	Source #S08	Source #S09	Source #S10
	Yes No	Yes No	Yes No	Yes No	Yes No
Sanitary control area free of contaminants (*If no, is there an approved mitigation plan for the contaminant identified)	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
**Protected from physical damage	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Frequency of routine site visit	daily	daily	daily	daily	Daily
Frequency of source meter reading	daily	daily	daily	daily	daily

WELL PUMP EQUIPMENT	Source ID #S01	Source ID #S05	Source ID #S08	Source ID #S09	Source ID #S10
	Yes No	Yes No	Yes No	Yes No	Yes No
*Functional and reliable pump and pump controls	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
*Pump control valve or vacuum relief valve with a protected air gap at discharge	N/A	N/A	N/A	N/A	NA
Generator available	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Generator has automatic startup	N/A	<input checked="" type="checkbox"/> <input type="checkbox"/>	N/A	N/A	N/A
Generator fuel source	N/A	diesel	N/A	N/A	N/A

EMERGENCY SOURCES

This system has no active emergency sources.

SECTION 2: DISINFECTION

NaOCl is injected at the source well discharges for voluntary and secondary disinfection. Chemical feed pumps are adjusted to be proportional to constant-rate well discharge.

#	Site or Location	Treatment type and Chemical Used	Listed on WFI		CT Provided		Approved by ODW	
			Yes	No	Yes	No	Yes	No
1	Eureka #1	Disinfection, NaOCl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Well 603	Disinfection, NaOCl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	Eureka #3	Disinfection, NaOCl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Baichtel #2	Disinfection, NaOCl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	S10	Disinfection, NaOCl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CHEMICAL TREATMENT	1	2	3	4	5
	Yes No	Yes No	Yes No	Yes No	Yes No
Operated & maintained properly	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
*RPBA or air gap between the chemical tank and fill waterline	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>

CHEMICAL TREATMENT	1		2		3		4		5	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
**Post treatment sample tap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Redundant equipment available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Schematic of treatment facilities available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Adequate chlorine residual test kit available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Test kit calibrated and maintained properly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chemical feed proportional to flow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
**Approved chemicals used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

HYPOCHLORITE ADDITION	1	2	3	4	5
	Hypochlorite concentration %	12.5	12.5	12.5	12.5
Feed solution concentration	.08	.08	.08	.08	.08
Hypochlorite solution located in separate room	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>

DISINFECTION COMPLIANCE	1		2		3		4		5	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Disinfection required	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CT required	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Minimum CT always met	N/A		N/A		N/A		N/A		N/A	
Peak flow used to calculate CT	N/A		N/A		N/A		N/A		N/A	
Monthly report submitted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Residuals maintained in distribution system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Daily residuals recorded	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SECTION 3: OTHER TREATMENTS

This system does not use other treatments.

SECTION 4: DISTRIBUTION SYSTEM

Aging distribution pipes are currently undergoing upgrades, which includes significant effort to replace sections of main prone to water loss.

FEATURES	Yes	No
Service area and facility map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Minimum pressure requirements met	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Service meters (reading frequency bimonthly)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Leak detection program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water system leakage (%)	22	

FEATURES	Yes	No
Adequate valving for flushing and pipe repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Blow-offs on dead ends	<input type="checkbox"/>	<input type="checkbox"/>
Routine flushing (frequency annual)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Routine valve exercise (frequency annual)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CROSS CONNECTION CONTROL (Community Systems) System < 1,000 connections	Yes	No
System has enabling authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ongoing hazard inspections	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High hazards identified	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High hazards protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Annual testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System has installation standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CCS on staff or under contract	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cross connections observed have been eliminated	N/A	

The City implements a novel and apparently successful backflow device testing approach. The City identified a single testing company, and offered its customers devices that give them the ability to commit to an outside testing company for annual testing. The outside company contacts customers and performs annual testing at a set cost. The outside company then sends the results to the City for compliance documentation. The City does not have to track and notify customers to conduct required annual testing. Customers do not have to find and schedule testing or run the risk of fines for non-compliance.

SECTION 5: FINISHED WATER STORAGE

Reservoir	Reservoir Name	Description	Year Built	Total Volume (Gal)
1	East	Ground level concrete	1988	300,000
2	West	Ground level concrete	1988	300,000
3	Cardinal Glass	Elevated steel	2009	500,000
4	Gateway		2023	264,000

TOP OF RESERVOIR	Res #1		Res #2		Res #3		Res#4	
	Yes	No	Yes	No	Yes	No	Yes	No
**Hatch: Locked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Hatch: Watertight seal or gasket	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hatch: Over-lapping cover	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Screened air vent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Openings sealed/protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FEATURES	Res #1	Res #2	Res #3	Res#4
	Yes No	Yes No	Yes No	Yes No
Separate inlet/outlet	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Protected drain outlet	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
*Protected overflow outlet	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
*Overflow line discharges into a sanitary sewer with an air gap	N/A	N/A	N/A	N/A
Operational water level gauge	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Bypass piping or isolation possibility	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
**Protected from unauthorized entry	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Low level alarms	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Sample tap at outlet	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>

MAINTENANCE	Res #1	Res #2	Res #3	Res #4
	Yes No	Yes No	Yes No	Yes No
Frequency of structural and coating inspection	5 years	5 years	5 years	5 years
Frequency of cleaning	As needed	As needed	As needed	As needed
Frequency of routine site visit	daily	daily	monthly	daily
**Structure in good condition	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Clear of excessive vegetation	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>

SECTION 6: PRESSURE TANKS

Site	Location	# and size of Bladder Tanks
1	Well 603 Booster Station	1

BLADDER	Site: 1
	Yes No
Isolation valve	<input checked="" type="checkbox"/> <input type="checkbox"/>
Pressure relief valve	<input type="checkbox"/> <input checked="" type="checkbox"/>
Pressure gauge	<input checked="" type="checkbox"/> <input type="checkbox"/>
In good condition	<input checked="" type="checkbox"/> <input type="checkbox"/>

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

SECTION 7: BOOSTER PUMPS AND FACILITIES

Facility	Name	Description	Total Capacity (gpm)
1	Eureka 1	Booster pump station	1600
2	603 Facility	Booster pump station	1840

BOOSTER PUMPS	Facility 1		Facility 2	
	Yes	No	Yes	No
Number of pumps	2		6	
Frequency of routine site visit	As needed		daily	
Isolation valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure gauge(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure relief valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pump failure alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Functional pump and pump controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Protected from flooding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Redundant pumps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator has automatic startup	N/A		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator fuel source	N/A		diesel	

BUILDINGS/ENCLOSURE	Facility 1		Facility 2	
	Yes	No	Yes	No
**Facility secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Structure in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SECTION 8: WATER QUALITY MONITORING AND REPORTING

All monitoring is current and satisfactory.

Refer to the Water Quality Monitoring Schedule for your monitoring requirements and status. If you have any questions on source monitoring, please contact Sophia Petro by phone at (564) 669-0856.

CHEMICAL	
Sample Point	Description
1	Entries to distribution at source wells.

CHEMICAL	Sample Point 1
	Yes No
Monitoring adequate	<input checked="" type="checkbox"/> <input type="checkbox"/>
ODW WQ data reviewed	<input checked="" type="checkbox"/> <input type="checkbox"/>
Sample collection sites correct	<input checked="" type="checkbox"/> <input type="checkbox"/>
System has prior:	
<input type="checkbox"/> Nitrate results above 5 mg/L <input checked="" type="checkbox"/> Nitrite results above 0.5 mg/L – S10 3.5 mg/L <input type="checkbox"/> Primary MCL <input type="checkbox"/> Secondary MCL exceedance(s) <input type="checkbox"/> Organic detections <input type="checkbox"/> Other <u>Enter Other</u>	

COLIFORM	Yes No
Monitoring adequate	<input type="checkbox"/> <input type="checkbox"/>
Monitoring plan adequate	Needs update
Monitoring plan followed	<input checked="" type="checkbox"/> <input type="checkbox"/>
# of Treatment Technique Triggers (TTT)	0
# of Treatment Technique Violations (TTV)	0
# of Coliform Monitoring Violations	0
# of <i>E. coli</i> MCL Violations	0

Monthly samples increased to four (4) samples / month.

LEAD & COPPER	Yes No
Monitoring adequate	<input checked="" type="checkbox"/> <input type="checkbox"/>
Monitoring plan adequate	<input checked="" type="checkbox"/> <input type="checkbox"/>
Monitoring plan followed	<input checked="" type="checkbox"/> <input type="checkbox"/>
Results below action level	<input checked="" type="checkbox"/> <input type="checkbox"/>

DISINFECTION BYPRODUCTS	Yes No
Monitoring adequate	<input checked="" type="checkbox"/> <input type="checkbox"/>
Monitoring plan adequate	Not reviewed
Monitoring plan followed	<input checked="" type="checkbox"/> <input type="checkbox"/>
Results satisfactory	<input checked="" type="checkbox"/> <input type="checkbox"/>

SECTION 9: SYSTEM MANAGEMENT AND OPERATIONS

PROJECT/PLANNING	Yes	No
System approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Current WSP/SWSMP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Year WSP/SWSMP approved	2020	
Emergency response plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REPORTING	Yes	No	N/A
WFI reviewed and updated with purveyor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	---
Consumer confidence report (Community only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water use efficiency report (Municipal Water Suppliers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross connection control annual report (> 1000 conn)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

OPERATOR CERTIFICATION

This system is required to have WDM 2 certified operators.

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

Name of Operator	Certification Number	Certifications	Mandatory Operator
Rodney Cecil	012964	WDM 2, CCS	<input checked="" type="checkbox"/>
James Agren	15461	WDM 1	
Josh Morhous	16130	WDM 1 - IT	

WDS-Water Distribution Specialist; WDM-Water Distribution Manager; WTPO-Water Treatment Plant Operator, BTO-Basic Treatment Operator; CCS-Cross Connection Specialist; BAT-Backflow Assembly Tester

OPERATIONS	Yes	No
Operational records maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Complaints followed up	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Complaints documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>
# of complaints recorded at ODW (since last survey)	0	
Operation and maintenance program	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Current survey has significant deficiencies identified	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Previous survey deficiencies/findings corrected, if no list below	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CLOSING

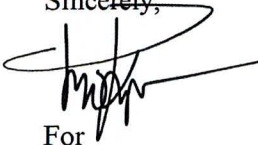
Your system qualifies for the reduced frequency of sanitary surveys under WAC 246-290-416. Your next survey is due in 5 years.

March 17, 2025

Regulations establishing a schedule of fees, including fees for sanitary surveys, were adopted March 18, 2012 (WAC 246-290-990). The amount due is \$765.00. An itemized worksheet is enclosed with the invoice.

If you have any questions, please contact your regional engineering contact, Phyo Kyaw, by phone at (564-669-3849) or by e-mail at phyo.kyaw@doh.wa.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'Steve Deem', with a large, sweeping flourish extending to the right.

For
Steve Deem, P.E.
Office of Drinking Water, Engineering Technical Services

Enclosures

cc: Lewis County Public Health & Social Services
Phyo Kyaw, ODW



Eureka #1 Well House and Seasonal Creek



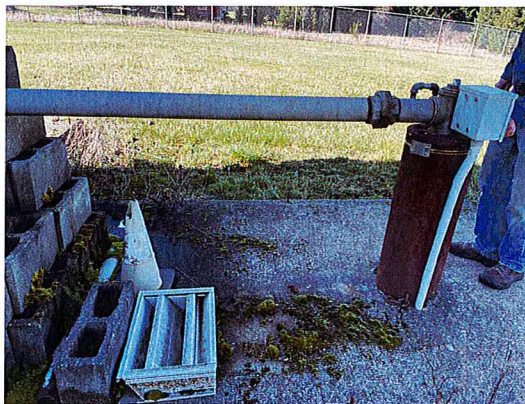
East and West Reservoirs



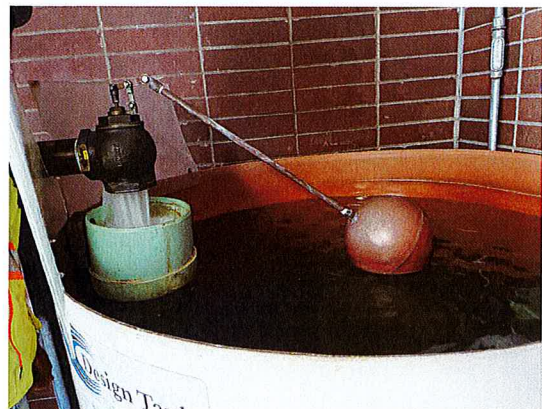
SR505 Well House Interior



Eureka Booster Pumps



Baichtel #2 Well



Air Gap at waste water treatment plant (WWTP)