

Appendix J
Water Quality Monitoring

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**SAMMAMISH PLATEAU WATER & SEWER DISTRICT
KING COUNTY, WASHINGTON**

RESOLUTION NO. 4780

RESOLUTION OF THE BOARD OF COMMISSIONERS OF SAMMAMISH
PLATEAU WATER AND SEWER DISTRICT, KING COUNTY, WASHINGTON,
AUTHORIZING AND ADOPTING

DRINKING WATER QUALITY POLICY STATEMENT

WHEREAS, the Sammamish Plateau Water and Sewer District is an RCW Washington Title 57 Water-Sewer District serving portions of the Cities of Sammamish and Issaquah, and unincorporated King County; and

WHEREAS, the quality of the drinking water the District provides its customers is paramount; and

WHEREAS, the District Board of Commissioners has determined the need to adopt a Drinking Water Quality Policy Statement to establish Board policy in relation to drinking water standards, groundwater and aquifer protection, and outreach and transparency; and

WHEREAS, said Drinking Water Quality Policy Statement is attached to this Resolution as Exhibit A; now, therefore,

BE IT RESOLVED, by the Board of Commissioners of Sammamish Plateau Water & Sewer District, King County, Washington, as follows:

1. The Board of Commissioners of Sammamish Plateau Water and Sewer District hereby adopts the Drinking Water Quality Policy Statement (Exhibit A).

ADOPTED by the Board of Commissioners of Sammamish Plateau Water and Sewer District, King County, Washington, at a regular open public meeting held on the day 7th of May 2018.

**Individual Commissioner's
Vote on this Resolution:**

Approved:	<u> ✓ </u>
Opposed:	<u> </u>
Abstained:	<u> </u>
Absent:	<u> </u>
Approved:	<u> ✓ </u>
Opposed:	<u> </u>
Abstained:	<u> </u>
Absent:	<u> </u>
Approved:	<u> MP </u>
Opposed:	<u> </u>
Abstained:	<u> </u>
Absent:	<u> </u>
Approved:	<u> H </u>
Opposed:	<u> </u>
Abstained:	<u> </u>
Absent:	<u> </u>

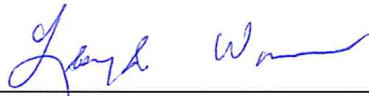

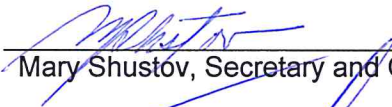

	_____
Lloyd Warren, President and Commissioner	
	_____
Mahbubul Islam, Vice President and Commissioner	
	_____
Mary Shustov, Secretary and Commissioner	
	_____
Tom Harman, Commissioner	

EXHIBIT A

DRINKING WATER QUALITY POLICY STATEMENT

Sammamish Plateau Water and its customers derive its drinking water from a combination of surface water and groundwater resources. In 2017, the District provided approximately 1.9 billion gallons of water to meet the needs of its customers. Approximately 81% (1.54 billion gallons) were pumped from the District's independent groundwater wells, and approximately 19% (0.36 billion gallons) came from the regional (CWA/SPU) surface water supply. The District is fortunate to have secured a diverse and long term water supply for current and future needs. However, protecting the quality of the water provided to our customers is paramount to the District's Board of Commissioners. This is particularly relevant to our ground water resources which, unlike regional surface water, are directly under the purview of the District. In recognition of the District's responsibility to its customers, the Board has established the following policies in regards to managing and preserving drinking water quality on behalf of its ratepayers:

- Drinking Water Standards:

Drinking water quality standards are established nationally by the United States Environmental Protection Agency (USEPA), and at the state level by the Washington Department of Health (WDOH). Standards are established on the basis of best available science, and may change over time. The District recognizes the authority of these agencies and is committed to conducting all testing and monitoring to ensure, where possible, that the quality of its water meets or exceeds state and federal standards. It is further recognized that water quality and standards evolve over time. An example is the EPA's unregulated contaminant monitoring reporting for compounds of an evolving nature which may impact drinking water. The District will defer to the USEPA and WDOH for evolving standards, while exercising diligence within this guidance to identify and mitigate adverse impacts to water quality which may pose health risks to its customers. It is anticipated that with advances in laboratory testing, and the further identification of potential contaminants, additional water sampling and treatment considerations may be required. It should also be noted that the District is solely responsible for maintaining compliance with water quality standards for its groundwater resources, and that the City of Seattle and the Cascade Water Alliance bear responsibility for policy and compliance as it relates to surface water from the regional supply system. As a matter of exercising ongoing diligence, the District will consider future exceeding state and/or federal drinking water standards after evaluating health impacts, treatment and/or mitigation options, and costs.

- Groundwater and Aquifer Protection

The District recognizes the value of its groundwater resources and the need to preserve groundwater and the aquifer which supports it as sustainable resources. As such the District will engage in proactive aquifer and water quality monitoring. The District will maintain data on groundwater levels within the aquifer, and monitor the water quality background of raw groundwater. Understanding the fluctuations in groundwater levels provides informative data regarding seasonal changes in groundwater depth, and supports water rights management, and long term changes in the aquifer which may affect groundwater supply. Background water quality monitoring supports a proactive approach in assessing water quality trends, including supply management affecting water quality.

Land use and development impacts, particularly stormwater management, pose unique risks to the long-term health of the aquifer. A lack of clearly aligned ordinances and administrative codes, meant to protect groundwater, pose unique challenges and political dynamics. Since land use and stormwater management fall under the jurisdiction of other units of government, the District will be an advocate for groundwater interests and sustainability with land use and stormwater management agencies. The District will monitor the codes and policies of the local land use agencies, and collaborate with those agencies on codes and initiatives which provide long term aquifer protection. The District will also collaborate with other water purveyors to advance county and state regulations and polices intended to protect groundwater and the aquifer from adverse impacts of development, stormwater management, and reclaimed water.

- Outreach and Transparency

The District's efforts to protect the aquifer and its groundwater resources will be based upon full transparency, and will include regular outreach to inform its customers. Outreach will be implemented through the District's annual communications plan objectives, which has identified water stewardship and transparency as key message themes. In conjunction with its outreach program, the District will also engage its customers to solicit feedback and conversation regarding water quality, including enhancing the quality of drinking water above state and/or federal standards.

In adopting this Drinking Water Quality Policy Statement, the Board of Commissioners recognizes the evolving and dynamic environment within which a public water utility operates. In meeting the primary needs and interests of those it serves, the District will continue to be an advocate and steward for its customers and drinking water quality, while conducting business in an open, transparent, and engaging manner.



Coliform Monitoring Plan

*Meets the requirements of the 2016 Revised Total Coliform Rule
Revised November 6, 2017*

Introduction and Objectives

Sammamish Plateau Water and Sewer District (the District) developed this Coliform Monitoring Plan (Plan) as part of its most recent Water Comprehensive Plan Update. This Plan has been developed to meet requirements in the Washington Administrative Code (WAC) 246-290 that apply to Group A Public Water Systems.

On April 1, 2016, the U.S. Environmental Protection Agency (EPA) revised the 1989 Total Coliform Rule. The Washington Department of Health (DOH) will implement the rule, which will continue to protect public health by ensuring the quality of the drinking water distribution system by monitoring for the presence of bacteria. Group A water systems finding microbial contamination must find and fix problems that allow contamination to enter a system. Under the Revised Total Coliform Rule (RTCR), if a water system has unsatisfactory coliform sample results, water suppliers must submit a water system assessment report to DOH and immediately correct the problem.

While drinking water systems do not have the ability to evaluate the microbial quality of all water in all locations of their distribution system in a cost-effective manner, a coliform monitoring program allows systems to evaluate water quality in many locations throughout their system on a monthly basis.

This Plan has been developed to meet the following objectives:

- To meet the 2016 DOH Revised Total Coliform Rule (RTCR) standards.
- To ensure representative routine coliform sampling.
- To establish repeat sampling sites both upstream and downstream of the routine sites.
- To provide documentation of how the District conducts coliform sampling.

- To enhance the District's water quality monitoring.

System Information

Sammamish Plateau Water and Sewer District (Water System ID# 409009) is located in King County, Washington. This special purpose district public water supply system serves 63,148 customers (as of December 2016) via groundwater sources and interties, as well as surface water from regional and adjacent purveyors. Table 1 lists each source, type of use, treatment, and capacity, as presented in the Water Facilities Inventory. The District also has two interties with Northeast Sammamish Sewer and Water District and two interties with Cascade Water Alliance for the purposes of drinking water supply.

Table 1. The District's Groundwater Sources of Supply and Treatment

Groundwater Supply Source	Type	Treatment	Capacity (gpm)
Well 1R	Permanent	Corrosion Control, Fluoridation, Chlorination	500
Well 2.1	Permanent	Mn Filtration, Corrosion Control, Fluoridation, Chlorination	300
Well #2.2	Permanent	Mn Filtration, Corrosion Control, Fluoridation, Chlorination	500
Well #4R	Permanent	Mn Filtration, Ferric Chloride, Fluoridation, Chlorination	1450/1800
Well #7	Permanent	Corrosion Control, Fluoridation, Chlorination	2,000
Well #8	Permanent		3,200
Well #9	Seasonal		2,200
Well #10	Permanent	Corrosion Control, Fluoridation, Chlorination	500
Well #11.1	Permanent	Mn Filtration, Ferric Chloride, Fluoridation, Chlorination	389
Well #11.2	Permanent		1,450/1,600
Well #12R	Permanent	Mn Filtration, Fluoridation, Chlorination	200
Well #13R	Permanent	Mn Filtration, Fluoridation, Chlorination	260

The District's distribution system is separated into two hydraulically separate zones, the Plateau Zone and Cascade View Zone. No piping connects these zones.

Plateau Zone: As of 2016, this zone served 17,498 service connections. The District utilizes six storage tanks: a 3 million gallon (MG) tank, a 2 MG tank, two 4 MG tanks, a 7 MG tank, and a 2.25 MG tank. The Plateau Zone is divided into five major pressure zones that includes several smaller zones created to serve areas with variable topography. Additionally, 5 booster pump stations and 41 pressure-reducing valves serve this area.

Cascade View Zone: As of 2016, this zone served 705 service connections. The District utilizes two storage tanks: a 600,000-gallon tank and 275,000-gallon tank. The Cascade View Zone is divided into three primary pressure zones and two smaller zones. Additionally, two booster pump stations and five pressure-reducing valves serve this area.

The District also receives surface water from the Cascade Water Alliance (CWA) through two regional interties:

- CWA Regional North intertie located at 24398 NE 80th Street, Redmond in the Cascade View Zone (Sample Station 62.) Water is wheeled through the City of Redmond system.
- CWA Regional South connection located at 940 1st Avenue NE in Issaquah, serving the Plateau Zone (Sample Station 63.)

The District both provides water to and receives water from Northeast Sammamish Sewer and Water District (NESSWD) during typical operations. Both utilities share a 3 million gallon tank. The District will need to coordinate with that supply system during a contamination event. NESSWD does not currently chlorinate their water supply.

The District has emergency interties with the Northeast Sammamish Sewer and Water District, Union Hill Water Association, Ames Lake Water Association and the City of Issaquah.

Coliform Monitoring Requirements

The following subsections outline the coliform monitoring requirements that apply to the District.

Required Minimum Number of Samples

As of the end of 2016, the District served a population estimated to be around 63,148. According to WAC 246-290-300, the District is required to collect at least 70 coliform samples throughout their distribution system each month.

Routine Sample Locations and Schedule

The Revised Total Coliform Rule requires routine coliform samples be collected from representative points in the distribution system at regular weekly time intervals. The District collects coliform samples that are analyzed in a state certified laboratory for the presence or

absence of total coliform. A satisfactory test indicates that no coliform are present. An unsatisfactory test shows positive for the presence of coliform bacteria. Further testing is conducted on unsatisfactory samples to determine whether fecal coliform or *E. coli* are present.

The District collects a single sample at 70 unique sites each month. The District has developed a routine of sampling 17-18 coliform sites weekly. The District collects all routine monthly samples at its dedicated sampling stations. Table 2 in Section D and the maps in Section I both indicate which week of each month samples are collected at a given site. The samples in each weekly group are distributed geographically throughout the District's distribution system in order to provide a snapshot of bacterial and water quality conditions throughout the system on a weekly basis. In addition to coliform, the sites are sampled for chlorine residuals, and selected sites are sampled for disinfection by-products quarterly.

The sampling locations are shown on the attached map in Section I, "Overall TCR Sampling Map." Four additional maps are attached that show the coliform samples collected during each weekly routine.

Repeat Sample Site Selection

The District has designated specific sites for repeat sample collection. The District will attempt to use these locations for repeat collection. If one of these sites is unavailable, the District will use an alternate site that still meets the repeat sampling criteria. Upstream and downstream repeat sample locations for each coliform site are also listed in Table 2 and are presented on each weekly coliform monitoring map.

The District is required to take **three repeat samples** within 24 hours for every coliform-positive routine sample. The samples must come from the following locations:

- The same tap as the original unsatisfactory routine sample.
- An active service within five active connections upstream from the original routine sample location.
- An active service within five active connections downstream from the original routine sample location.

Triggered Groundwater Monitoring Plan

In the event of a positive coliform sample, the District will need to follow actions outlined in its Triggered Ground Water Monitoring Plan, revised in September 2017. The Groundwater Rule requires the collection of triggered source samples within 24 hours when a routine sample is unsatisfactory if all or a part of the water supply comes from a groundwater source. The Groundwater Rule requires operators to collect samples from every source that was in use when the routine sample was collected. If water suppliers continuously disinfect all of their groundwater sources and perform compliance monitoring as defined by the Groundwater Rule, they do not need to collect triggered source samples.

Triggered source water monitoring, either through triggered monitoring or state directed assessment monitoring, will be required to test for the presence of *E. coli*. Source water monitoring is required when one of the system's routine distribution samples collected under the RTCR is total coliform positive. See the District's Triggered Ground Water Monitoring Plan for more information.

Coliform MCL Violations

There are two types of maximum contaminant level (MCL) violations that can occur, as defined by the Revised Total Coliform Rule. These include non-acute and acute (*E. coli*) MCL violations.

Non-Acute Maximum Contaminant Level (MCL) Violations

The presence of total coliform bacteria in a water sample generally indicates contamination from the environment, particularly from the soil. It is possible that disease-causing organisms could be present as well. If only total coliform bacteria are detected in drinking water, the source is probably environmental, and fecal contamination is not likely. However, if environmental contamination can enter the system, there may also be a way for pathogens to enter the system.

Treatment Technique Trigger Assessments are now required whenever total coliform is found in a water sample. A Level 1 assessment must be completed and delivered to DOH within **30 days** after a treatment trigger occurs. A Level 1 Assessment is required when:

- Two or more total coliform-present samples are taken in one month
- A water system fails to collect three repeat samples for every total coliform-present routine sample

E. coli (Acute) Maximum Contaminant Level (MCL) Violations

An *E. coli* (Acute) Maximum Contaminant Level (MCL) violation occurs if a routine sample and at least one related repeat sample both have coliform bacteria present and one of the samples is positive for the presence of *E. coli* or fecal coliform bacteria. If this occurs, contamination is confirmed in the water supply.

There are four ways a water system can have an *E. coli* MCL:

1. A total coliform-positive repeat sample follows an *E. coli* positive routine sample.
2. An *E. coli* positive repeat sample follows a total coliform-positive routine sample.
3. The lab fails to test a total coliform-positive repeat sample for *E. coli*.
4. The water utility fails to take three repeat samples following an *E. coli* positive routine sample.

If an *E. coli* MCL violation occurs, the District needs to take the following actions:

- Contact the Department of Health regional office as soon as possible to discuss public notification, follow-up requirements, and steps to take to resolve the problem.

- Public notification is required within 24 hours. Due to the public health risk, a boil-water advisory will typically be issued in response to an acute MCL violation.

If the above conditions are met, a Level 2 Assessment must be completed along with public notification of an *E. coli* MCL violation.

Level Assessments

A treatment technique trigger is a situation that requires a water system to take action. The Revised Total Coliform Rule requires water systems to conduct an assessment to find and fix any sanitary defects whenever a treatment technique trigger occurs. There are two assessment levels based on the severity and frequency of the problem. Water suppliers must complete a Level 1 or Level 2 Assessment and send it to the Department of Health within 30 days of a treatment trigger. Both levels evaluate the entire system from the sample collection site to the source of supply. **NOTE: Water system operators should not wait for DOH notification to begin an assessment.**

Level 1 Assessment Triggers

A Level 1 Assessment can be completed by any state certified water operator when one of these treatment techniques occurs:

- Two or more total coliform-present samples are taken in one month
- The public water system fails to collect three repeat samples for every total coliform-present routine sample

Level 2 Assessment Triggers

A Level 2 Assessment is more complex and requires a person with state-required qualifications, such as a certified operator with a Water Distribution Manager 2 certification or higher, a professional engineer, or a state or local health department staff member. Triggers include:

- An *E. coli* MCL violation
- A second Level 1 treatment trigger within a rolling 12-month period

Level Assessment Templates are provided as part of this Monitoring Plan. To use electronic versions of the Level 1 and Level 2 Assessment documents, go to the [Washington Department of Health Revised Total Coliform Rule page](#).

Other Types of Violations

In addition to non-acute and acute violations, DOH indicates that there are two other violation types:

- Major Repeat Violation – Includes failing to collect repeat samples in response to an unsatisfactory routine sample. Tier 3 public notification is required. For this type of notification, the District must communicate the violation to customers within 12 months of the violation, which could be included in the Consumer Confidence Report, also known as the Water Quality Report, if it is issued within 12 months.

- Monitoring Violation – Includes neglecting to collect any coliform sample. Tier 3 public notification is required. For this type of notification, the District must communicate the violation to customers within 12 months of the violation, which could be included in the Consumer Confidence Report (if it is issued within 12 months).

Department of Health and Public Notification

Public notification timing and distribution requirements depend on the level of threat associated with the violation or event. Public notification rules, including the following, are in Group A Public Water Supplies: Chapter 246-290 WAC (DOH 331-010). See Part 7, Reporting, Subpart A. This section includes:

- A list of violations and situations that require 24-hour notification.
- Simplified health effects language.
- Standard language for monitoring violations.

Tier 1: Acute health concerns such as *E. coli* MCL violations require public notification within 24 hours. ([See Emergency Publications for Water Systems.](#))

Tier 2: Chronic health concerns require public notification within 30 days (such as a failure to take corrective action within 120 days of notification).

Tier 3: Reporting and monitoring violations require public notification in the annual CCR or by another method.

E. coli (Acute) Tier 1 violation

Sammamish Plateau Water will notify DOH NW Office of Drinking Water Operations as soon as being told of positive fecal coliform or *E. coli* sample. When an acute MCL is detected, the District must provide public notice as soon as possible but within 24 hours to the customers served. The District will use one or more of the following methods to deliver notice to the customers.

1. Media releases to broadcast networks (radio and television)
2. District website
3. District social media sites
4. “Boil Water” sign panels posted on District water advisory signs at all entrances to the District’s service area.
5. Post multilingual notices in various locations, including city halls, libraries and shopping centers. Notices are printed in the top seven languages spoken in Sammamish and an image of a boiling water kettle. See example in Section J.
6. Work with Seattle/King County Department of Health regarding informational postings at restaurants.

A copy of this notice and certification that all public notice requirements have been met shall be sent to DOH NW Drinking Water Operations within 10 days from the day notice was issued.

Public notification is also required within 30 days when a:

- Water system fails to conduct a required Level 1 or Level 2 Assessment within 30 days of learning about the treatment technique trigger.
- Water system fails to correct a sanitary defect identified in a Level 1 or Level 2

- Assessment within 30 days of learning about the treatment technique trigger.
- Seasonal system fails to complete state-approved startup procedures before providing water to customers.

Source Water *E. coli* Response

Interaction with Wholesale Suppliers

Because the District provides water to and receives water from Northeast Sammamish Sewer and Water District during typical operations due to a shared tank, the District will need to coordinate with that supply system:

- The District will be required to report a positive RTCR sample to Northeast Sewer and Water District within 24 hours of being notified of the positive sample by the water quality laboratory.
- If the District is notified by Northeast Sewer and Water District that additional source water monitoring results are *E. coli* positive, Sammamish Plateau Water must:
 - Consult with DOH and follow their recommended corrective actions.
 - Notify District customers with a Tier 1 Public Notice within 24 hours.
 - Notify District customers with a special notice in the next Consumer Confidence Report.
- The District will sample all of the supply sources that were in operation on the date the positive RTCR sample(s) was collected. The connections with these systems are through the Plateau operating zone. The District will need to conduct triggered monitoring only at operating sources serving the Plateau zone. These include the following: Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), and Well 11.2 (S12).
- If results of triggered source water monitoring are positive for the presence of *E. coli*, the District must:
 - Notify all consecutive systems served by source(s) testing positive for *E. coli* within 24 hours of the sample result.
 - Conduct source sampling as directed by the Department of Health.
 - Notify the public with a Tier 1 Public Notice within 24 hours.
 - Notify the public with a special notice in the next Consumer Confidence Report.

Wholesale Suppliers Contact Information

The District may need to contact these utilities if coliform is detected in its system. This depends on where the positive sample was collected and what connections are active at the time of the contamination incident:

Northeast Sammamish Sewer and Water District: 425-868-1144 (24 hours per day)

City of Issaquah: 425-837-3470 (normal business hours); 425-837-3200 (after business hours)

Cascade Water Alliance: (425) 493-0930

Seattle Public Utilities (206) 386-1800 (24-hour emergency number)

City of Redmond Water Operations (425) 556-2800 (24-hour emergency number)

Union Hill Water Association (425) 497-1812 (24-hour emergency number)

Ames Lake Water Association (425) 222-7003 (24-hour emergency number)

If the District receives notification of a positive coliform sample experienced by a system served by an active emergency intertie, such as the Union Hill Water Association or Ames Lake Water Association in the Cascade View zone, the District will conduct sampling of sources serving the operating zone that is connected to the emergency intertie.

In the event that triggered source water monitoring is required, such as when a positive total coliform sample result is discovered, SPW personnel shall work closely with personnel from any affected agencies to take source water samples. Source (raw water) samples will be checked for *E. coli*. If *E. coli* is present in any source sample:

1. The District will immediately notify DOH and the agencies listed above.
2. Each agency will take action as per their procedures, which should include:
 - Securing and disinfection of the affected well,
 - Increasing chlorination throughout the system.
 - Public notification for all affected agencies to their customers within 24 hours.
3. District personnel will:
 - Initiate DOH and public notification for SPW customers within 24 hours.
 - Secure all active interties and pumping from SPW sources until the contaminated well is off line, and, chlorine levels can be checked.
 - Check and monitor free chlorine levels.
 - If free chlorine at the CWA interties and source connections is above 0.2 ppm, pumping may resume.
 - If free chlorine is below 0.2 ppm, install emergency portable chlorination equipment to raise chlorine levels to 0.2 ppm or higher before pumping or intertie operation is restored.
 - Continue checking chlorine levels and utilizing treatment plant chlorination until issues with the source water have been resolved and source water is verified to be satisfactory.

Month Following Unsatisfactory Samples

Per the WAC 246-290, the District is not required to collect additional samples during a month following positive coliform sample results.

Preparation Information

The Water Superintendent is responsible for overseeing preparation, review, and updates to the District's Coliform Monitoring Plan. This Plan will be reviewed and updated every six to ten years, coinciding with Water System Plan updates, or as needed if the District adds additional sampling sites due to an increase in the population served.



RTCR Level 1 Assessment Guidance Template

331-569, March 2016 For an electronic version, go to [DOH RTCR web page](#)

Eastern Region	16201 East Indiana Avenue, Suite 1500 Spokane Valley, WA 99216	Phone: 509.329.2100 Fax: 509.329.2104 Email: mark.steward@doh.wa.gov
Northwest Region	20425 72nd Ave. South, Suite 310 Kent, WA 98032-2358	Phone: 253.395.6750 Fax: 253.395.6760 Email: dw.nwro@doh.wa.gov
Southwest Region	PO Box 47823 Olympia, WA 98504-7823	Phone: 360-236-3030 Fax: 360-664-8058 Email: swro.coli@doh.wa.gov

Send your assessment to:

Water System Name: Sammamish Plateau Water & Sewer District	County: King	Water System ID #: 409000
Operator in Responsible Charge (ORC): John Anderson	ORC Phone: 425-392-6256	Water System Mailing Address: 1510 228 th Avenue SE Sammamish, WA 98045
ORC Address, City, State: 1510 228 th Avenue SE, Sammamish, WA 98075		
Assessor Name:		
Assessor Address, City, State, Zip:		
Date(s) Assessment Completed:		

Your water system exceeded a treatment technique trigger for the Revised Total Coliform Rule. Assess the water system's condition and operation using this *Level 1 Assessment Template* as a guide.

Part A: Respond to each item below. Identify corrective actions taken to address the issue(s) found.

Part B: Summarize your findings and include an action plan with timetable for corrective actions not yet taken.

For parts A and B, include additional information (photos or other documentation) as needed to depict assessment findings and corrective actions that have been completed. All assessment elements listed in this template must be addressed in your assessment. Systems with multiple facilities such as wells or storage tanks may need to provide additional pages.

Within 30 days of learning of the treatment technique trigger, submit completed assessment documentation to [your regional office](#) and keep a copy in your water system files.

Part A: Assessment		Corrective action needed?	Corrective action(s) taken & date taken
1. Site and Sampling Protocol 1a. Do you have a written coliform monitoring plan & sampling procedure that ensures samples are representative of the distribution system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part A: Assessment	Corrective action(s) taken & date taken	Corrective action needed?	Corrective action taken
1b. Have there been any changes in sampling conditions or procedures that may have contributed to the treatment technique trigger? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1c. Inspect the sampling sites: <ul style="list-style-type: none"> - Are the sampling locations free of potential sources of contamination? - Are the sampling taps in good condition? - Other: (describe) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Distribution 2a. Do you have procedures in place to ensure proper maintenance of the distribution system, including: <ul style="list-style-type: none"> - Appropriate pipe replacement and repair procedures - Replacement and repair of other distribution system components - Regular flushing program - Routine vault inspections - Fully implemented <u>cross connection control</u> program - Maintain positive pressure in all parts of the distribution system 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
2b. Has there been any recently reported low pressure (<20 PSI) or <u>complete loss of pressure</u> in the distribution system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2c. Have there been any changes in distribution conditions or operations that may have contributed to the treatment technique trigger? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2d. Inspect the distribution system: <ul style="list-style-type: none"> - Are there any visible line breaks or leaks? - Are there any observed unprotected cross connections? - Is there any evidence of <u>vandalism or other security breaches</u>? - Other: (describe) 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Storage Facilities 3a. Does your water system have a water storage tank? <i>If no, skip to Section 4.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3b. Do you have procedures in place for periodic inspection and maintenance of the exterior and interior of each storage facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part A: Assessment	Corrective action needed?	Corrective action(s) taken & date taken
3c. Have there been any changes in storage conditions or operations that may have contributed to the treatment technique trigger? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3d. Inspect the storage facilities: <ul style="list-style-type: none"> - Does the tank have any cracks or other openings? - Is the reservoir roof free of any unprotected openings? - Is the access hatch constructed and sealed to keep contaminants out? - If there is an air vent on the storage tank, is it constructed to prevent the entry of contaminants? - Is the overflow line constructed to prevent contaminants from entering the tank? - If the overflow line discharges into a storm drain, to surface water, or directly into a sanitary sewer, is it protected by a proper air gap? - Is there any evidence of vandalism or other security breaches? - Other: (describe) _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Source--Groundwater		
4a. Does your water system have a well or spring? If no, skip to Section 6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4b. Do you comply with Sanitary Control Area requirements (WAC 246-290-135(2))?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4c. Have there been any changes in source conditions or operations that may have contributed to the treatment technique trigger? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4d. Inspect the source facilities: <ul style="list-style-type: none"> - Is the sanitary control area free of all potential sources of contamination? - Is the wellhead or spring box above grade with no potential for flooding? - Is the pressure tank waterlogged? - Is the well cap sealed and watertight, and the well casing free of unprotected openings? - (For springs) Is the spring box (structure, hatch, and overflow) free of any unprotected openings? - Other: (describe) _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part A: Assessment		Corrective action needed?	Corrective action(s) taken & date taken
5. Treatment--Groundwater			
5a. Is any source <u>continuously treated with a disinfectant</u> ? If no, skip to Section 6.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5b. Do you have procedures in place for proper operation and maintenance of disinfection treatment facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5c. Have there been any changes in treatment equipment or process that may have contributed to the treatment technique trigger? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5d. Inspect the treatment facilities:			
- Is the treatment system operating properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
- Is there any evidence of vandalism or other security breaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
- Other: (describe) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Source—Surface Water Supply (watershed)			
6a. Does your water system have a surface water supply? If no, skip to Section 8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6b. Do you comply with Watershed Control Program requirements (WAC 246-290-135(4))?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6c. Have there been any changes within the watershed or in raw water conditions that may have contributed to the treatment technique trigger? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6d. Inspect the surface water intake/headworks:			
- Is there evidence of problems at the intake?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
- Is there evidence of vandalism or other security breaches at the intake?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
- Other: (describe) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Treatment—Surface Water			
7a. Do you have procedures in place for proper operation and maintenance of surface water treatment facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7b. Have there been any changes in treatment equipment or process that may have contributed to the treatment technique trigger? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part A: Assessment		Corrective action(s) taken & date taken
7c. Inspect the treatment facilities: - Is the treatment system operating properly? - Is there any evidence of vandalism or other security breaches? - Other: (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Corrective action needed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Other assessment activities (describe):		

Part B. Assessment Summary and Action Plan with Timetable for corrective actions not yet taken

ASSESSOR: CHECK HERE if you did not identify any issues that may have directly or indirectly caused or contributed to entry of coliform bacteria into the system.

Corrective Actions Completed: ASSESSOR: Summarize the issues found and the corrective actions that have been completed and date completed

Describe issue found	Describe corrective action taken and date completed

Corrective Actions Not Completed: ASSESSOR: Describe the issues for which corrective actions have not yet been completed. Provide an action plan with timetable for completion.

Describe issue found	Describe planned corrective action and timetable for completion.

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Print Name of Assessor: _____ Signature of Assessor: _____ Date: _____

OFFICE OF DRINKING WATER USE ONLY

Regional Office Reviewer: _____ Date of Review: _____

Assessment sufficient? Yes No

Likely cause determined? Yes No

Sanitary defect(s) identified? Yes No

Corrective actions completed? Yes No

Corrective action plan included? Yes No

Corrective action plan approved? Yes No

Comments:



RTCR Level 2 Assessment Guidance Template

331-570, March 2016 For an electronic version go to [DOH RTCR web page](#)

Send your
assessment to:

Eastern Region 16201 East Indiana Avenue, Suite 1500 Spokane Valley, WA 99216	Phone: 509.329.2100 Fax: 509.329.2104 Email: mark.steward@doh.wa.gov
Northwest Region 20425 72nd Ave. South, Suite 310 Kent, WA 98032-2358	Phone: 253.395.6750 Fax: 253.395.6760 Email: dw.nwro@doh.wa.gov
Southwest Region PO Box 47823 Olympia, WA 98504-7823	Phone: 360-236-3030 Fax: 360-664-8058 Email: swro.coli@doh.wa.gov

Water System Name: Sammamish Plateau Water and Sewer District	County: King	Water System ID #: 409009
Operator in Responsible Charge (ORC): John Anderson	ORC Phone: (425) 392-6256	Water System Mailing Address: 1510 228 th Avenue SE Sammamish, WA 98075
ORC Address, City, State: 1510 228 th Avenue SE, Sammamish, WA 98075	Assessor is: <input type="checkbox"/> WDM-2, 3, or 4 <input type="checkbox"/> Engineer <input type="checkbox"/>	
Assessor Name:		
Assessor Address, City, State, Zip:		
Date(s) Assessment Completed:		

Your water system exceeded a treatment technique trigger for the Revised Total Coliform Rule. Assess the water system's condition and operation using this *Level 2 Assessment Template* as a guide.

Part A: Respond to each item below. Identify corrective actions taken to address the issue(s) found.

Part B: Summarize your findings and include an action plan with timetable for corrective actions not yet taken.

For parts A and B, include additional information (photos or other documentation) as needed to depict assessment findings and corrective actions that have been completed. All assessment elements listed in this template must be addressed in your assessment. Systems with multiple facilities such as wells or storage tanks may need to provide additional pages.

Within 30 days of learning of the treatment technique trigger, submit completed assessment documentation to [your regional office](#) and keep a copy in your water system files.

Part A: Assessment		Corrective action needed?	Corrective action(s) taken & date taken
1. Site and Sampling Protocol			
1a. Do you have a written coliform monitoring plan & sampling procedure that ensures samples are representative of the distribution system?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1b. Do you have a program in place that ensures that all sample collectors are trained before being allowed to collect compliance samples?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part A: Assessment		Corrective action needed?	Corrective action(s) taken & date taken
1c. Do you regularly monitor the condition of each routine and repeat sample site to ensure that no site will contaminate the sample?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1d. Was the sample collected by a trained, qualified person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1e. Did the sampler follow your monitoring plan and sampling procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1f. Was the sample collected representative of the water in the distribution system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1g. Have there been any changes in sampling conditions or procedures that may have contributed to the treatment technique trigger? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1h. Inspect the sampling sites: <ul style="list-style-type: none"> - Are the sampling locations free of potential sources of contamination? - Are the sampling taps in good condition? - Other: (describe) _____ 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Distribution			
2a. Do you have procedures in place to ensure proper maintenance of the distribution system, including: <ul style="list-style-type: none"> - Appropriate pipe replacement and repair procedures - Replacement and repair of other distribution system components - Regular flushing program - Routine vault inspections - Fully implemented cross connection control program - Maintain positive pressure in all parts of the distribution system 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
2b. Following work done on the water system and following any pressure loss event, do you collect investigative coliform samples?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2b. Has there been any recently reported low pressure (<20 PSI) or complete loss of pressure in the distribution system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2c. Have there been any recent repairs or new construction in the distribution system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2d. Are there any known pipe leaks that have not yet been repaired?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part A: Assessment	Corrective action needed?	Corrective action(s) taken & date taken
2e. Has there been any recent use of fire hydrants such as hydrant maintenance or utility/FD flushing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2f. If there are there any air-vacuum relief valve vaults in the distribution system, are any flooded?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
2g. Has there been any recent report of a cross connection incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2h. Have there been any off-normal events, such as discolored water, odd taste, or smell?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2i. Have there been any other changes in distribution conditions or operations that may have contributed to the treatment technique trigger? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2j. Inspect the distribution system: - Are there any visible line breaks or leaks? - Are there any observed unprotected cross connections? - Is there any evidence of vandalism or other security breaches ? - Other: (describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Storage Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3a. Does your water system have a water storage tank? If no, skip to Section 4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b. Do you have procedures in place for periodic inspection and cleaning of the interior of each storage facility including vent, roof hatch, and overflow?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3c. Has there been any recent work done on a storage facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3d. Are all storage facilities secured from unauthorized entry and vandalism?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3e. Have there been any other changes in storage conditions or operations that may have contributed to the treatment technique trigger? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part A: Assessment	Corrective action(s) taken & date taken	Corrective action needed?	Corrective action taken
<p>3f. Inspect the storage facilities:</p> <ul style="list-style-type: none"> - Does the tank have any cracks or other openings? - Is the reservoir roof free of any unprotected openings? - Is the access hatch constructed and sealed to keep contaminants out? - If there is an air vent on the storage tank, is it constructed to prevent the entry of contaminants? - Is the overflow line constructed to prevent contaminants from entering the tank? - If the overflow line discharges into a storm drain, to surface water, or directly into a sanitary sewer, is it protected by a proper air gap? - Is there any evidence of vandalism or other security breaches? - Other: (describe) _____ 		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<p>4. Source--Groundwater</p> <p>4a. Does your water system have a well or spring? If no, skip to Section 6.</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4b. Do you comply with Sanitary Control Area requirements (WAC 246-290-135(2)?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4c. Are all sources protected from fecal contamination by appropriate placement and construction?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4d. Have any unapproved sources recently been used?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4e. Have there been any recent land use changes observed within a source sanitary control area, such as construction, farming, or dumping in the last month?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4f. Has there been any standing water, heavy precipitation, or flooding around a source in the last month?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4g. Has there been any recent work done on a well or spring box?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4h. Has there been any recent failure of a source pump?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4i. Has there been any recent maintenance performed on a source pump or other source component?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4j. Are the source facilities secured from unauthorized entry and vandalism?</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4k. Have there been any other changes in source conditions or operations that may have contributed to the treatment technique trigger? Describe:</p>		<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Part A: Assessment	Corrective action needed?	Corrective action taken
<p>4l. Inspect the source facilities:</p> <ul style="list-style-type: none"> - Is the sanitary control area free of all potential sources of contamination? - Is the wellhead or spring box above grade with no potential for flooding? - Is the pressure tank water logged? - Is the well cap sealed and watertight, and the well casing free of unprotected openings? - (For springs) Is the spring box (structure, hatch, and overflow) free of any unprotected openings? - Is there any evidence of vandalism or other security breaches? - Other: (describe) _____ 	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Treatment--Groundwater</p>		
<p>5a. Is any source continuously treated with a disinfectant? If no, skip to Section 6.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5b. Do you have procedures in place for proper operation and maintenance of disinfection treatment facilities?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5c. If a disinfection residual should be continuously maintained throughout the distribution system, was the measured free chlorine residual at the time of coliform sample collection below 0.2 mg/L?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5d. Have there been any recent interruptions in any treatment process?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5e. Has there been any recent maintenance performed on any treatment component?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5f. Have there been any other changes in treatment equipment or process that may have contributed to the treatment technique trigger? Describe:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5g. Inspect the treatment facilities:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Source—Surface Water Supply (watershed)</p>		
<p>6a. Does your water system have a surface water supply? If no, skip to Section 8.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6b. Do you comply with Watershed Control Program requirements (WAC 246-290-135(4)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Part A: Assessment		Corrective action needed?	Corrective action(s) taken & date taken
6c. Has there been any recent spikes in raw water turbidity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6d. Have there been any land use changes within the watershed, such as logging, construction, or different farming practices in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6e. Have there been any other changes within the watershed or in raw water conditions that may have contributed to the treatment technique trigger? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6f. Inspect the surface water intake/headworks: - Is there evidence of problems at the intake? - Is there evidence of vandalism or other security breaches at the intake? - Other: (describe) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Treatment—Surface Water			
7a. Do you have procedures in place for proper operation and maintenance of surface water treatment facilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7b. Have there been any recent interruptions in any part of the filtration or disinfection treatment process?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7c. Are filtration and disinfection treatment facilities properly operated and maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7d. Has there been any maintenance performed on any treatment component in the past month?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7e. Have there been any problems with a treatment process in the past month, such as high finished water turbidity, disinfection inactivation ratio <1, or changes in coagulation practices or filtration rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7f. Have there been any other changes in treatment equipment or process that may have contributed to the treatment technique trigger? Describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part A: Assessment		Corrective action needed?	Corrective action(s) taken & date taken
7g. Inspect the treatment facilities: - Is the treatment system operating properly? - Is there any evidence of vandalism or other security breaches? - Other: (describe) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Other assessment activities (describe): _____			

Part B. Assessment Summary and Action Plan with Timetable for corrective actions not yet taken

ASSESSOR: CHECK HERE if you did not identify any issues that may have directly or indirectly caused or contributed to entry of coliform bacteria into the system.

Corrective Actions Completed: ASSESSOR: Summarize the issues found and the corrective actions that have been completed and date completed.
A.

Describe issue found	Describe corrective action taken and date completed

Corrective Actions Not Completed: ASSESSOR: Describe the issues for which corrective actions have not yet been completed. **Provide an action plan with timetable for completion.**

Describe issue found	Describe planned corrective action and timetable for completion.

Print Name of Assessor: _____ Signature of Assessor: _____ Date: _____

OFFICE OF DRINKING WATER USE ONLY

Regional Office Reviewer: _____ Date of Review: _____

Assessment sufficient? Yes No Likely cause determined? Yes No Sanitary defect(s) identified? Yes No

Corrective actions completed? Yes No Corrective action plan included? Yes No Corrective action plan approved? Yes No

Comments: _____

Coliform Monitoring Plan for Sammamish Plateau Water and Sewer District

A. System Information

Water System Name Sammamish Plateau Water	County King	System I.D. Number 409009
Name of Plan Preparer John Anderson	Position Water Superintendent	Daytime Phone 425-392-6256
Sources: DOH Source Number, Source Name, Well Depth, and Pumping Capacity (Note: only active sources are listed.)	S01, Well 1R, 128 feet, 500 gpm S06, Well 7, 83 feet, 2000 gpm S07, Well 8, 105 feet, 3200 gpm S11, Well 10, 135 feet, 500 gpm S12, Well 11.2, 785 feet, 1450/1600 gpm S13, Well 9, 222 feet, 2200 gpm S14, Well 11.1, 409 feet, 389 gpm S16, Well 12R, 138 feet, 200 gpm S17, Well 4R, 657 feet, 1450/1800 gpm S18, Well 2.1, 96 feet, 300 gpm S18, Well 2.2, 96 feet, 500 gpm S19, Cascade Water Alliance Interties (North and South) S20, NE Sammamish Intertie S21, Issaquah Intertie S22, Union Hill Intertie, Cascade View Zone S23, Ames Lake Intertie, Cascade View Zone S24, Well 13R, 795 feet, 260 gpm	

Storage: List and Describe	3 Million Gallon (MG) Tank, Plateau 700 Zone Section 36 East Tank, 4 MG, Plateau 550 Zone Section 36 West Tank, 4 MG, Plateau 550 Zone 2 MG Tank, Plateau 650 Zone 7 MG Tank, Plateau 650 Zone 297 Tank, 2.25 MG, Plateau 297 Zone Well 12 Tank, 600,000 gallons, Cascade View 730 Zone Well 13 Tank, 275,000 gallons, Cascade View 730 Zone
Treatment: Source Number & Process	S01: Well 1R, Sodium hydroxide, chlorination, fluoridation S02, S15, S18: Well 2.1 and 2.2, sodium hydroxide, chlorination, fluoridation, manganese filtration. S17, S14, and S12: Wells 4R, 11.1 and 11.2, manganese filtration, chlorination, fluoridation (to 650 zone only), ferric chloride for coagulation. S06, S07, S13: Wells 7, 8 and 9, sodium hydroxide, chlorination, fluoridation Section 36 tanks: chlorination and fluoridation S16: Well 12R, manganese filtration, chlorination, fluoridation. S24: Well 13R, manganese filtration, chlorination, fluoridation.
Pressure Zones: Number and name	Plateau Pressure Zones: 297, 310, 375, 390, 400 BROD, 400 WAV, 450, 450WAK, 466, 475, 475PH, 475 SAMSUN, 499, 510, 540, 550, 550 ALD, 566, 590, 650, 700, 700 SH, 700 BC. Cascade View Pressure Zones: 550 CV, 590 CV, 642, 650 CV, 730
Population by Pressure Zone	Plateau Zone: 61,105 Cascade View Zone: 2,043 Total Population Served: 63,148 (as of 12/31/2017)
Number of Routine Samples Required Monthly by Regulation:	70
Number of Sample Sites Needed to Represent the Distribution System:	<u>70</u>
*Request DOH Approval of Triggered Source Monitoring Plan?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

*If approval is requested a fee will be charged for the review.

B. Laboratory Information

Laboratory Name Seattle Public Utilities Water Quality Lab	Office Phone: 206-684-7834 After Hours Phone: 206-684-7407 Microbiology Lab
Address 800 South Stacy Street, Seattle, WA 98134	Cell Phone - - Email
Hours of Operation 8 am – 5 pm Monday – Friday	
Contact Name Winsome Robinson-Williams, Microbiology Supervisor, 206-615-1353 Wylie Harper, Division Director, 206-684-7880	
Emergency Laboratory Name Water Management Laboratories, Inc.	Office Phone 253-531-3121 After Hours Phone 253-841-0732
Address 1515 80th Street E., Tacoma, WA 98404	Emergency Cell Phone 1: 253-312-1651 Emergency Cell Phone 2: 253-691-6691 Email
Hours of Operation 8 am – 5 pm Monday - Friday	
Contact Name Christa Garrettson	
Emergency Laboratory Name AmTest Laboratories	Office Phone (also after hours number): 425-885-1664
Address 13600 NE 126 th Place #C, Kirkland, WA 98034	Emergency Cell Phone: Email customerservice@amtestlab.com
Hours of Operation 7 am – 5 pm	
Contact Name Aaron Young, Lab/Project Manager, aarony@amtestlab.com	

C. Wholesaling of Groundwater

	Yes	No
We are a consecutive system and receive groundwater from another water system through a shared joint tank:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, Water System Name: NE Sammamish Sewer and Water District Contact Name: Laura Keough Telephone Numbers Office 425-868-1144 After Hours 425-868-1144		
We provide groundwater to another public water systems through a shared joint tank:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, Water System Name: NE Sammamish Sewer and Water District Contact Name: Laura Keough Telephone Numbers Office 425-868-1144 After Hours 425-868-1144		
If yes, Water System Name: Contact Name: Telephone Numbers Office - - After Hours - -		
If yes, Water System Name: Contact Name: Telephone Numbers Office - - After Hours - -		
If yes, Water System Name: Contact Name: Telephone Numbers Office - - After Hours - -		
Contact Name: Telephone Numbers Office - - After Hours - -		

D. Routine, Repeat, and Triggered Source Sample Locations

Table 2: Routine, Repeat and Triggered Source Sample Locations and Weekly Rotation Schedule					
Week	ID No.	Routine Sample Site Location	Upstream Repeat Site	Downstream Repeat Site	Groundwater Sources for Triggered Sample Sites
1	3	25920 NE 29 th PI	25906 NE 29 th PI	25936 NE 29 th PI	Well 12 (S16), Well 13 (S24), CWA North Intertie (S19)
1	6	1639 209 th PI NE	1651 209 th PI NE	1633 209 th PI NE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
1	7	22202 NE 12 th PI	1139 NE 22 nd PI	22212 NE 12 th PI	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
1	11	407 238 th Ave NE	421 238 th Ave NE	408 238 th Ave NE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
1	21	19605 SE 23 rd St	19615 SE 23 rd St	19543 SE 23 rd St	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
1	25	25005 SE 24 th St	24640 SE 24 th St	2322 SE 24 th St	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
1	29	2214 275 th Ct SE	2206 275 th Ct SE	2228 275 th Ct SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
1	34	4210 244 th PI SE	4187 244 th PI SE	4430 SE 42 nd PI	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)

Table 2: Routine, Repeat and Triggered Source Sample Locations and Weekly Rotation Schedule

Week	ID No.	Routine Sample Site Location	Upstream Repeat Site	Downstream Repeat Site	Groundwater Sources for Triggered Sample Sites
1	37	4708 227 th PI SE	4714 227 th PI SE	4702 227 th PI SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
1	38	5408 248 th PI SE	5420 247 th PI SE	5510 248 th PI SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
1	39	22664 SE 56 th Ave	5218 229 TH Ave SE	22621 SE 56 th St	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
1	44	214 th Ave SE & SE 5 th Pl	530 214 th Ave SE	21410 SE 5 th Pl	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
1	54	1434 241 st PI SE	1428 242 nd Ave SE	1610 242 nd Ave SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
1	56	2637 231 st PI SE	2640 231 st PI SE	2631 231 st PI SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
1	65	4014 251 st PI SE	4002 252 nd Ave SE	4019 251 st PI SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
1	66	3416 221 st Ave SE	3400 221 st Ave SE	3424 221 st Ave SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)

Table 2: Routine, Repeat and Triggered Source Sample Locations and Weekly Rotation Schedule

Week	ID No.	Routine Sample Site Location	Upstream Repeat Site	Downstream Repeat Site	Groundwater Sources for Triggered Sample Sites
1	77	609 216 th Ave NE	418 216 th Ave NE	632 216 th Ave NE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
2	2	5524 264 th Ave NE	5612 264 th Ave NE	5510 264 th Ave NE	Well 12 (S16), Well 13 (S24), CWA North Intertie (S19)
2	4	24010 NE 30 th PI	24042 NE 30 th PI	24002 NE 30 th PI	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
2	8	1806 229 th Ave NE	1812 229 th Ave NE	1736 228 th Ave NE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
2	12	410 228 th Ave NE	410 228 th Ave NE	706 228 th Ave NE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
2	14	20928 SE 3 rd Way	21009 SE 3 rd Way	20920 SE 3 rd Way	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
2	17	24415 SE 4 th PI	24416 SE 4 th PI	24421 SE 4 th PI	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
2	19	1510 228 th Ave SE	1515 228 th Ave SE	1517 228 th Ave SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
2	23	2814 217 th Ave SE	2808 217 th Ave SE	2820 217 th Ave SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)v

Table 2: Routine, Repeat and Triggered Source Sample Locations and Weekly Rotation Schedule

Week	ID No.	Routine Sample Site Location	Upstream Repeat Site	Downstream Repeat Site	Groundwater Sources for Triggered Sample Sites
2	24	2847 241 st Ave SE	2837 241 st Ave SE	2861 241 st Ave SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
2	30	4138 205 th Ave SE	4139 205 th Ave SE	4130 205 th Ave SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
2	35	4040 262 nd PI SE	26221 SE 40 th PI	4032 262 nd PI SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
2	41	2311 259 th PI SE	2317 259 th PI SE	2219 259 th PI SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
2	49	6503 E Lake Sammamish Pkwy SE	6415 E Lake Sammamish Pkwy SE	6420 East Lake Sammamish Pkwy SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
2	52	5150 236 th Ave SE	4995 236 th Ave SE	23590 SE 52 nd St	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
2	67	2905 204 th Ave SE	2829 204 th Ave SE	2915 204 th Ave SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
2	68	20621 NE 8 th St	20627 NE 8 th St	20609 NE 8 th St	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)

Table 2: Routine, Repeat and Triggered Source Sample Locations and Weekly Rotation Schedule

Week	ID No.	Routine Sample Site Location	Upstream Repeat Site	Downstream Repeat Site	Groundwater Sources for Triggered Sample Sites	
	2	72	23944 SE 41 st St	4054 239 th PI SE	4060 239 th PI SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
	2	78	21214 SE 40 th St	21219 SE 40 th	21200 SE 40 th PL	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
	3	5	2404 NE 244 th PI	2403 245 th PI NE	2416 244 th PI NE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
	3	10	2575 E Plateau Dr SE	25855 NE 4 th PL	25625 E Plateau Dr.	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
	3	15	21828 SE 1 st St	21838 SE 1 st St	21827 SE 1 st St	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
	3	18	19820 SE 8 th St	19818 SE 8 th St	19824 SE 8 th St	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
	3	22	19636 SE 29 th St	19640 SE 29 th St	19632 SE 29 th St	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
	3	27	3030 E Beaver Lake Dr SE	2830 East Beaver Lake Dr SE	25704 SE 31 st PI SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)

Table 2: Routine, Repeat and Triggered Source Sample Locations and Weekly Rotation Schedule

Week	ID No.	Routine Sample Site Location	Upstream Repeat Site	Downstream Repeat Site	Groundwater Sources for Triggered Sample Sites
3	32	4126 220 th PI SE	4125 220 th PI SE	3727 220 th PI SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
3	45	270 th Ave SE & SE 11 th St	1101 270 ^h PI SE	1103 272 th PI SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
3	46	Trossachs Blvd. & SE 24 th Ave.	27187 27 th St.	2206 SE 22 nd Way	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
3	47	1931 249 th PI SE	2002 249 th PI SE	1927 249 th PI SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
3	48	1537 E. Lk Samm Pkwy NE	1715 E. Lk Samm Pkwy. NE	1560 E. Lk Samm Pkwy NE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
3	55	4644 238 th Way SE	4634 238 th Way SE	4652 238 th Way SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
3	57	3609 212 th PI SE	3605 212 th PI SE	3606 212 th PI SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
3	58	21341 SE 13 th PI	21326 SE 13 th PI	21520 SE 13 th PI	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)

Table 2: Routine, Repeat and Triggered Source Sample Locations and Weekly Rotation Schedule

Week	ID No.	Routine Sample Site Location	Upstream Repeat Site	Downstream Repeat Site	Groundwater Sources for Triggered Sample Sites
3	59	1514 235 th Ave SE	1630 235 th Ave SE	1502 235 th Ave SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
3	60	24213 SE 37 th PI	24207 SE 37 th PI	24303 SE 37 th PI	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
3	64	8513 255 th Ave NE	8407 255 th Ave NE	8535 255 th Ave NE	Well 12 (S16), Well 13 (S24), CWA North Intertie (S19)
3	71	1838 236 th Ave NE	23530 NE 17 th PI	1911 236 th Ave NE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
4	1	2308 E Lake Sammamish PI SE	2311 East Lake Sammamish PI SE	2221 East Lake Sammamish PI SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
4	9	823 258 th Ave NE	815 258 th Ave NE	1004 258 th Ave NE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
4	13	230 211 th PI NE	214 211 th PI NE	236 211 th PI NE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
4	20	2030 212 th Ave SE	2205 212 th Ave SE	1904 212 th Ave SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
4	26	3045 249 th Ave SE	3044 249 th Ave SE	3037 249 th Ave SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)

Table 2: Routine, Repeat and Triggered Source Sample Locations and Weekly Rotation Schedule

Week	ID No.	Routine Sample Site Location	Upstream Repeat Site	Downstream Repeat Site	Groundwater Sources for Triggered Sample Sites
4	28	2917 266 th Ave SE	2819 266 th Ave SE	2922 266 th Ave SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
4	33	3725 Providence Point Dr SE	3710 Providence Point Dr. SE	3727 Providence Point Dr. SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
4	36	4606 247 th PI SE	4561 247 th PI SE	4612 247 th PI SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
4	40	SE 44 th and 232 nd Ct SE	23209 SE 44 th St	4305 SE Issaquah-Pine Lake Rd.	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
4	42	222 238 th Ave SE	218 238 th Ave SE	23808 SE 2 nd PI	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
4	43	21838 NE 18 th Way	21903 NE 18 th Way	21822 NE 18 th St	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
4	50	23425 SE Black Nugget Rd	23205 SE Black Nugget Rd	23425 SE Black Nugget Rd (Club house)	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
4	51	NE 8 th PI & 233 rd Ave NE	817 233 rd Ave NE	23306 NE 8 th PI	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
4	53	25913 NE 27 th Dr	25923 NE 27 th Dr	25901 NE 25 th St	Well 12 (S16), Well 13 (S24), CWA North Intertie (S19)

Week	ID No.	Routine Sample Site Location	Upstream Repeat Site	Downstream Repeat Site	Groundwater Sources for Triggered Sample Sites
4	69	265th Ave SE & Belvedere Way	1932 SE Belvedere Way	1901 264 th PI SE	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
4	70	21606 SE 16 th PI	21520 SE 16 th PI	21616 SE 16 th PI	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)
4	73	23039 SE 37 th St	23023 SE 37 th St	23307 SE 37 th St	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)

Important Notes for Sample Collector:

SPWSD STANDARD OPERATING PROCEDURE COLLECTING MONTHLY BACTERIOLOGICAL SAMPLES

1. Use the weekly sample schedule to determine for which week of the month you are taking samples.
2. It is best to collect routine samples at the beginning of the week. Many labs do not accept samples at the end of the week or on weekends. Even if your lab does accept samples, it is often hard for a water system to respond adequately to sample results on a Friday afternoon or weekend. Avoid collecting routine coliform samples during weeks that contain major holidays or staff vacations unless you know trained staff and your laboratory are able to respond to unsatisfactory sample results.
3. Access the monthly sample folder on one of the Tough-pads.
 - Ensure that all network drives are connected and synchronize updates in the monthly sample folder.
4. Collect all the necessary materials, paperwork and testing equipment you will need to complete the sampling process. The list includes the following:
 - Tough-pad with updated weekly sample folder
 - Cooler
 - Bac-t disinfectant spray
 - Chlorine testing kit (make sure that batteries are good and that you have sufficient total and free chlorine packets.)
 - 7-9 bacteriological sample bottles (250 MI or 8 oz., marked on bottom)
 - Water management paperwork for Water Bacteriological Analysis; should be pre-populated

- with generic Sammamish Plateau Water information and have four carbon copies. (white, blue, green, yellow)
- Hand pump with hose and appropriate attachment to remove water after sample completion.
 - 7-10 rubber bands
 - Thin point sharpie (for writing on bottles)
 - Ball point pen
5. Drive to appropriate sample location based on that week's testing sites. Make sure the sampling station is clear from obstructions such as shrubs. Make sure the station is clean. Unlock using the 2402 key and open the door, making sure that the number written on inside of door matches the number on corresponding sample site on tough-pad sample sheet.
 6. If the weather is windy or rainy, ensure that the sample can be taken without potentially contaminating the sample (e.g. protect the station with your coat or an umbrella.)
 7. Spray Bac-T disinfectant spray on the main spigot and copper line in the sample station.
 8. Turn on the water and allow water to run hard for 5 minutes.
 9. Turn down the water down and allow it to run smoothly so samples can be taken with no splashing.
 10. Take chlorine (both total and free) samples to gather the complete distribution system chlorine sample and mark the numbers on the sample sheet on the Tough-pad. Rinse out the glass chlorine sample bottles to remove chemicals and keep the glass clear.
 11. Fill out the label on the bottle with a Sharpie pen. Include date, time, sample location and that the sample is being done for SPWSD.
 12. There is liquid in bottle to neutralize any chlorine that may be present. Do not rinse this out.
 13. To avoid contamination while taking sample, follow these steps;
 - Hold bottle near the bottom with one hand while the other hand unscrews the cap.
 - Do not set the cap down, touch any part of cap that touches bottle, or let anything touch the rim or inside of the cap.
 14. Hold the bottle under a smooth stream of water, being careful not to let bottle touch the sample tap. Fill to the shoulder of the bottle. **DO NOT OVERFILL!** Remove the bottle from the stream and immediately replace the cap.
 15. Complete the water bacteriological analysis paperwork. Information needed will include:
 - Date sample was collected
 - Time collected (**the time on the bottle and paperwork must be the same!**)
 - Specific location where the sample was taken (example: Sample station # 00.)
 - Who collected the sample
 - Make sure the "Routine Drinking Water with Chlorinated" box is checked and include your total and free sample readings.
 16. Dry off the bottle and review the information written on bottle and paperwork to ensure that the information is the same. Pay particular attention to where and when the sample was taken.
 17. Roll paperwork around corresponding bottle and secure it with a rubber band.
 18. Place the completed sample with paperwork attached into the cooler for safe keeping and to control the sample temperature.
 19. During cold weather months, use a small hand pump to remove water from the copper line. This will prevent the line from freezing.

20. Close the door and make sure the lock is secure.
21. Clean up any mess around sample location and secure the truck.
22. Repeat step 4 and drive to the next sample location.
23. After completion of all weekly bacteriological samples, place all samples into one cooler and deliver the samples to the lab within 30 hours of collection.
24. Fill out your time in the Maintenance Connection software and include labor hours and truck used. In the task section of your work order, find the sample location by week, mark it off as completed, and write your initials.

Washington Department of Health Coliform Sampling Procedure

The following text provides general information on how to collect a coliform sample. The Department of Health recommends that you collect your sample using the following steps. If instructions from your laboratory are different, you should follow the steps listed here. Generally, the sample kit contains:

- A sample bottle
- A lab form
- A rubber band

The general sampling procedure for coliform monitoring is as follows:

Step One

Routine and repeat samples should be collected from sites throughout the distribution system in according with your Coliform Monitoring Plan.

Choose a sample tap that represent the water in your distribution system. Avoid poor sample sites such as swivel faucets, hot and cold mixing faucets with a single lever, leaky or spraying faucets, drinking fountains, janitorial sinks, frost-free hose bibs, and faucets below or near ground level

Step Two

Remove any attachments form the faucet, including aerators, screens, washers, hoses and water filters. If you choose to disinfect the sample site prior to sample collection, be sure to thoroughly flush until all disinfectant is removed.

Step Three

Turn on the cold water only and let it run with a steady stream for at least five minutes. Before collecting the sample, turn the water down to a thin stream (about the width of a pencil) then let the water run one minute. If the system is chlorinated, measure the chlorine residual and note the results on the lab slip. Water conservation tip: The flushed water may be saved in a bucket to be used later.

Step Four

There may be some liquid or powder in the sample bottle to neutralize any chlorine that may be present. Do not rinse it out.

Step Five

To avoid contamination while taking the sample, hold the bottle near the bottom with one hand, hold the top of the cap with the other, and then unscrew the cap. Do not set the cap down, touch any part of the cap that touches the bottle, or let anything touch the rim or inside the cap.

Correct Completion of a Washington State Department of Health Coliform Lab Slip

This information is a refresher for water system operators on the correct way to fill out the lab slip that is submitted with coliform samples.

Note: Use this information only when filling out the Washington Department of Health Water Bacteriological Analysis slips to send to Water Management Laboratories, Inc. If you are submitting samples to Seattle Public Utilities for bacteriological samples, use their form instead.

All parts of the lab slip are important. *The Department of Health will not accept the sample result if there is missing or incomplete information regarding date, time, system ID number, system name, or type of sample. Be sure to fill out every box.*

Date Collected and Time Collected: Refer to collection of the sample.

County Name: The county where the system is located.

Type of System: Check "Public."

If Public System, Complete: Include all six characters of System ID Number, in the correct order.

Circle Group: Circle if system is a "Group A" or "Group B" system.

Name of System: As it is shown on DOH records such as the Water Facilities Inventory (WFI) form for your system.

Specific Location Where Sample Was Collected: This should include the address and the type of faucet from which the sample was collected. For example: "Bathroom faucet at 123 Ivy Lane."

Telephone Number - Day and Evening: Day and evening phones where the sample collector or the system owner/manager can be contacted.

Sample Collected By: The name of the person collecting the sample.

Name of System Owner/Manager: The name of the person responsible for operating the system.

Source Type: Check which type of source supplies the water system.

Send Report To: Name and address where the lab should send the water system's copy of the results. *(Note: The lab also sends a copy of the results to DOH, so you generally don't have to.)*

Type of Sample: Check ONLY ONE box in the left hand column of this section. The different types of samples are:

- **Routine** samples are those collected for compliance with the monthly sampling requirements. To the right of the Routine box: If the system is serving treated water, check the appropriate boxes for indicate the type of treatment The chlorine residual should be recorded each time a coliform sample is collected form a system that treats its water with chlorine.
- **Repeat** samples are collected immediately after a Routine sample is found to be

unsatisfactory. To receive credit for repeat samples, you must enter the lab number of the original unsatisfactory Routine sample and the date the Routine sample was collected. The lab can give you this information when they notify you of the Routine sample results. Note: If your system is treated with chlorine, measure the chlorine residual when each repeat sample is collected and write the residual in the space adjacent to the Routine Box.

- **Raw source water** samples should include the two-digit source number that is found on your Water Facilities Inventory (WFI.) This type of sample is collected from the source prior to treatment and is required for systems using surface water sources.
- **New construction/repairs** or **Other** types of samples will not count for compliance. **Other** types should be used for investigative or engineering samples.

Remarks: Note any special instructions that you have for the lab.

(Lab Use Only) Drinking Water Results: Don't enter anything in this section.

Water Management Laboratories Bacteriological Sampling Procedure How to Take a Water Sample

Always thoroughly clean the faucet and/ or tap with a solution of 10% bleach (unscented) to 90% water in a spray bottle. Avoid using a kitchen tap. If you must use one, remove the faucet aerator screen and disinfect the faucet with a bleach/water solution. When using an outside tap, make sure it is clean and not obstructed by shrubs or other plants. Never take a sample from a garden hose. Avoid sampling during strong winds. Do not remove the cap from the sample bottle until immediately before taking the sample.

1. Disinfect tap with the bleach/water mixture.
2. Turn on the water. Let it run hard for 5 minutes.
3. Repeat steps 1 and 2. Then turn the flow down until there is a smooth stream with no splashing. Let water run for 2 minutes.
4. Uncap the bottle and fill it to the shoulder. Place the cap back on the bottle.

Sample must be kept cold by placing in a cooler or a refrigerator. Deliver the sample to the lab within 30 hours from the time it is taken. The lab will not accept samples after 5:00 p.m. without prior arrangements.

Seattle Public Utilities Water Testing Protocol

District staff must use the Seattle Public Utilities Chain of Custody Record whenever submitting samples to Seattle's Water Quality Laboratory for analysis. A copy of this document is attached at the end of this document.

E. Reduced Triggered Source Monitoring Justification (add sheets as needed):

Refer to Sammamish Plateau Water and Sewer District's Triggered Ground Water Monitoring Plan for more information.

F. Routine Sample Rotation Schedule

See Section D, Table 2: Routine, Repeat and Triggered Source Sample Locations and Weekly Rotation Schedule

G. Level 1 and Level 2 Assessment Contact Information

Name John Anderson, Water Superintendent	Office Phone 425-295-3226 After Hours Phone 425-495-6527
Address 1510 228th Avenue SE, Sammamish WA 98075	Email: john.anderson@spwater.org
Name Scott Jonas, Operations Manager	Office Phone 425-295-3226 After Hours Phone 425-495-6528
Address 1510 228th Avenue SE, Sammamish WA 98075	Email: scott.jonas@spwater.org

H. *E. coli*-Present Response Plan

Distribution System <i>E. coli</i> Response Checklist				
Background Information	Yes	No	N/A	To Do List
We inform staff members about activities within the distribution system that could affect water quality.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We document all water main breaks, construction & repair activities, and low pressure and outage incidents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can easily access and review documentation on water main breaks, construction & repair activities, and low pressure and outage incidents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our Cross-Connection Control Program is up-to-date.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We test all cross-connection control devices annually as required, with easy access to the proper documentation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We routinely inspect all treatment facilities for proper operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We identified one or more qualified individuals who are able to conduct a Level 2 assessment of our water system.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We have procedures in place for disinfecting and flushing the water system if it becomes necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can activate an emergency intertie with an adjacent water system in an emergency.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have a map of our service area boundaries.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have consumers who may not have access to bottled or boiled water.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a sufficient supply of bottled water immediately available to our customers who are unable to boil their water.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have identified the contact person at each day care, school, medical facility, food service, and other customers who may have difficulty responding to a Health Advisory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
We have messages prepared and translated into different languages to ensure our consumers will understand them.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have the capacity to print and distribute the required number of notices in a short time period.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Direction	Yes	No	N/A	To Do List
We have discussed the issue of <i>E. coli</i> -present sample results with our policy makers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If we find <i>E. coli</i> in a routine distribution sample, the policy makers want to wait until repeat test results are available before issuing advice to water system customers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Potential Public Notice Delivery Methods	Yes	No	N/A	To Do List
It is feasible to deliver a notice going door-to-door.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have a list of all of our customers' addresses.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have a list of customer telephone numbers or access to a Reverse 9-1-1 system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
We have a list of customer email addresses.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We encourage our customers to remain in contact with us using social media.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have an active website we can quickly update to include important messages.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our customers drive by a single location where we could post an advisory and expect everyone to see it.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We need a news release to supplement our public notification process.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Distribution System *E. coli* Response Plan

If we have *E. coli* in our distribution system we will immediately:

1. Call DOH at the Northwest Regional Office in Kent.
Coliform Program: 253-395-6775, Main Office: 253-395-6750.
2. Contact NE Sammamish Sewer and Water District at 425-868-1144 (24 hour emergency number); the City of Issaquah at 425-837-3470 (normal business hours) or 425-837-3200 (after business hours); Union Hill Water Association (425) 497-1812 (24-hour emergency number); Ames Lake Water Association (425) 222-7003 (24-hour emergency number); Redmond Water Operations (425) 556-2800 (24 hour emergency number); Cascade Water Alliance (425) 493-0930; and Seattle Public Utilities (206) 386-1800 (24-hour emergency number).
3. Collect three repeat and triggered source samples as outlined in Part D. Collect additional investigative samples as necessary.
4. Send the total coliform positive sample to a certified laboratory for analysis for fecal coliform or *E.coli*. Collect repeat samples as identified in part D. Collect additional investigative samples as necessary or as directed by DOH.
5. Inspect water system facilities, including treatment station for proper operation.
6. Interview staff to determine whether or not anything unusual was happening in the water system service area, especially since the previous month's samples.
7. Review Cross Connection Control Program status.
8. Review new construction activities, water main breaks and pressure outages that may have occurred during the previous months.
9. Wait for repeat sample results.
10. Discuss with DOH whether to issue a Public Health Advisory/Boil Water notice based on the findings of steps 3-6. If necessary, prepare and issue the Health Advisory (HA) and other public notification materials. Templates are available in the District's Emergency Response Plan.
11. Increase chlorine dose at treatment facilities throughout the system to 1.0 mg/l.
12. Flush affected portions of the distribution system.
13. Respond appropriately to satisfactory repeat results: Lift Health Advisory if one was issued.
14. If repeat sample is unsatisfactory, issue an HA if one has not already been issued. Host DOH staff for a water system inspection and respond accordingly to inspection findings.
15. Send media releases to broadcast networks (radio and television)
16. Post information on District website.
17. Post on District social media sites.
18. Post "Boil Water" sign panels on District water advisory signs at all entrances to the District's service area.
19. Post multilingual notices in various locations such as city halls, libraries and shopping centers. Notices are printed in the top seven languages spoken in Sammamish and an image of a boiling water kettle. See example in Section J.
20. Work with Seattle/King County Department of Health regarding informational postings at restaurants.

***E. coli*-Present Triggered Source Sample Response Checklist –
All Sources**

Background Information	Yes	No	N/A	To Do List
We review our sanitary survey results and respond to any recommendations affecting the microbial quality of our water supply.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We address any significant deficiencies identified during a sanitary survey.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are contaminant sources within our Wellhead Protection Area that could affect the microbial quality of our source water, and if yes, we can eliminate them.	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
We routinely inspect our well site(s).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have a good raw water sample tap installed at each source.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After we complete work on a source, we disinfect the source, flush, and collect an investigative sample.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Notice	Yes	No	N/A	To Do List
We discussed the requirement for immediate public notice of an <i>E. coli</i> -present source sample result with our water system's governing body (board of directors or commissioners) and received direction from them on our response plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
We discussed the requirement for immediate public notice of an <i>E. coli</i> -present source sample result with our wholesale customers and encouraged them to develop a response plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
We have prepared templates and a communications plan that will help us quickly distribute our messages.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***E. coli*-Present Triggered Source Sample Response Checklist –
All Sources**

Alternate Sources	Yes	No	N/A	To Do List
We can stop using this source and still provide reliable water service to our customers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We have an emergency intertie with a neighboring water system that we can use until corrective action is complete (perhaps for several months).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can provide bottled water to all or part of the distribution system for an indefinite period.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can quickly replace our existing source of supply with a more protected new source.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Treatment	Yes	No	N/A	To Do List
This source is continuously chlorinated, and our existing facilities can provide 4-log virus treatment (CT = 6) before the first customer. If yes, at what concentration? 2.0 mg/L	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can quickly introduce chlorine into the water system and take advantage of the existing contact time to provide 4-log virus treatment to a large portion of the distribution system.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can reduce the production capacity of our pumps or alter the configuration of our storage quantities (operational storage) to increase the amount of time the water stays in the system before the first customer to achieve CT = 6.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We can alter the demand for drinking water (maximum day or peak hour) through conservation messages to increase the time the water is in the system prior to the first customer in order to achieve 4-log virus treatment with chlorine.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***E. coli*-Present Triggered Source Sample Response Plan – Plateau Zone
Sources (Wells 1R, 2.1, 2.2, 4R, 7, 8, 9, 10, 11.1 and 11.2)**

If we have *E. coli* in a Plateau Zone source we will immediately:

1. Call DOH at the Northwest Regional Office in Kent.
Coliform Program: 253-395-6775, Main Office: 253-395-6750.
2. Contact NE Sammamish Sewer and Water District at 425-868-1144 (24 hour emergency number); the City of Issaquah at 425-837-3470 (normal business hours) or 425-837-3200 (after business hours); Cascade Water Alliance (425) 493-0930, and Seattle Public Utilities (206) 386-1800 (24-hour emergency line.)
3. Collect additional repeat and triggered source samples as directed by DOH. Collect additional investigative samples as necessary.
4. Send the total coliform positive sample to a certified laboratory for analysis for fecal coliform or *E.coli*. Collect repeat samples as identified in Section D. Collect additional investigative samples as necessary or as directed by DOH.
5. Inspect water system facilities, including treatment station for proper operation.
6. Interview staff to determine whether or not anything unusual was happening in the water system service area, especially since the previous month's samples.
7. Review Cross Connection Control Program status.
8. Review new construction activities, water main breaks and pressure outages that may have occurred during the previous months.
9. Send media releases to broadcast networks (radio and television)
10. Post information on District website.
11. Post on District social media sites.
12. Post "Boil Water" sign panels on District water advisory signs at all entrances to the District's service area.
13. Post multilingual notices in various locations such as city halls, libraries and shopping centers. Notices are printed in the top seven languages spoken in Sammamish and an image of a boiling water kettle. See example in Section J.
14. Work with Seattle/King County Department of Health regarding informational postings at restaurants.

***E. coli*-Present Triggered Source Sample Response Plan – Cascade View Zone Sources(Wells 12R and 13R)**

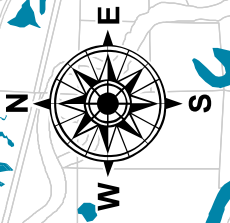
If we have *E. coli* in a Cascade View Zone source we will immediately:

1. Call DOH at the Northwest Regional Office in Kent.
Coliform Program: 253-395-6775, Main Office: 253-395-6750.
2. Contact Union Hill Water Association (425) 497-1812 (24-hour emergency number); Ames Lake Water Association (425) 222-7003 (24-hour emergency number); Redmond Water Operations (425) 556-2800; Cascade Water Alliance (425) 493-0930, and Seattle Public Utilities (206) 386-1800 (24-hour emergency line.)
3. Collect additional repeat and triggered source samples as directed by DOH. Collect additional investigative samples as necessary.
4. Send the total coliform positive sample to a certified laboratory for analysis for fecal coliform or *E.coli*. Collect repeat samples as identified in Section D. Collect additional investigative samples as necessary or as directed by DOH.
5. Inspect water system facilities, including treatment station for proper operation.
6. Interview staff to determine whether or not anything unusual was happening in the water system service area, especially since the previous month's samples.
7. Review Cross Connection Control Program status.
8. Review new construction activities, water main breaks and pressure outages that may have occurred during the previous months.
9. Send media releases to broadcast networks (radio and television)
10. Post information on District website.
11. Post on District social media sites.
12. Post "Boil Water" sign panels on District water advisory signs at all entrances to the District's service area.
13. Post multilingual notices in various locations such as city halls, libraries and shopping centers. Notices are printed in the top seven languages spoken in Sammamish and an image of a boiling water kettle. See example in Section J.
14. Work with Seattle/King County Department of Health regarding informational postings at restaurants.

I. System Maps

- Overall TCR Sampling Map
- Week 1 Sample Stations, including Before (Upstream) and After (Downstream) Sampling Locations
- Week 2 Sample Stations, including Before (Upstream) and After (Downstream) Sampling Locations
- Week 3 Sample Stations, including Before (Upstream) and After (Downstream) Sampling Locations
- Week 4 Sample Stations, including Before (Upstream) and After (Downstream) Sampling Locations

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Cascade View Zone

Plateau Zone

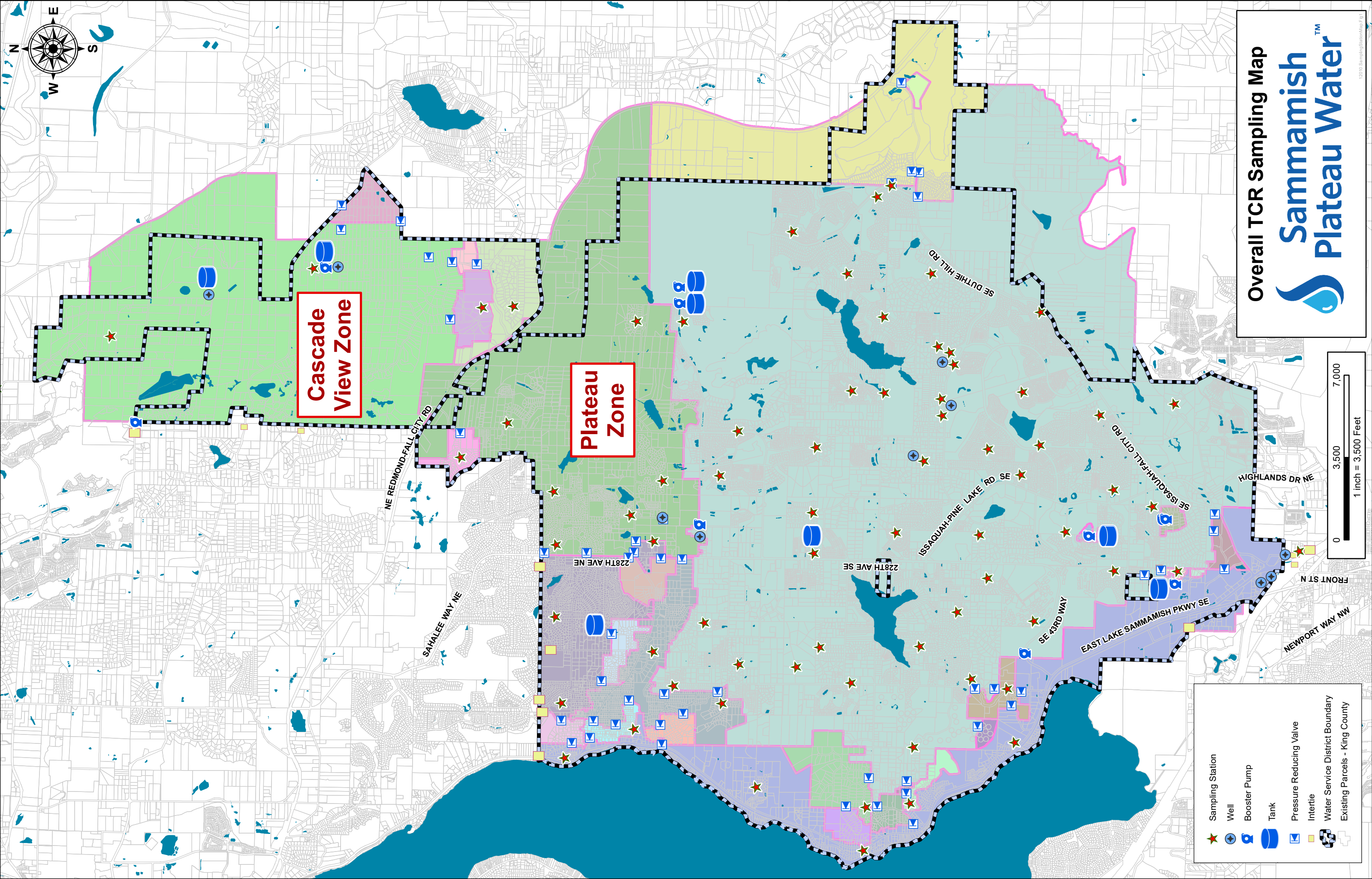
- Sampling Station
- Well
- Booster Pump
- Tank
- Pressure Reducing Valve
- Intertie
- Water Service District Boundary
- Existing Parcels - King County

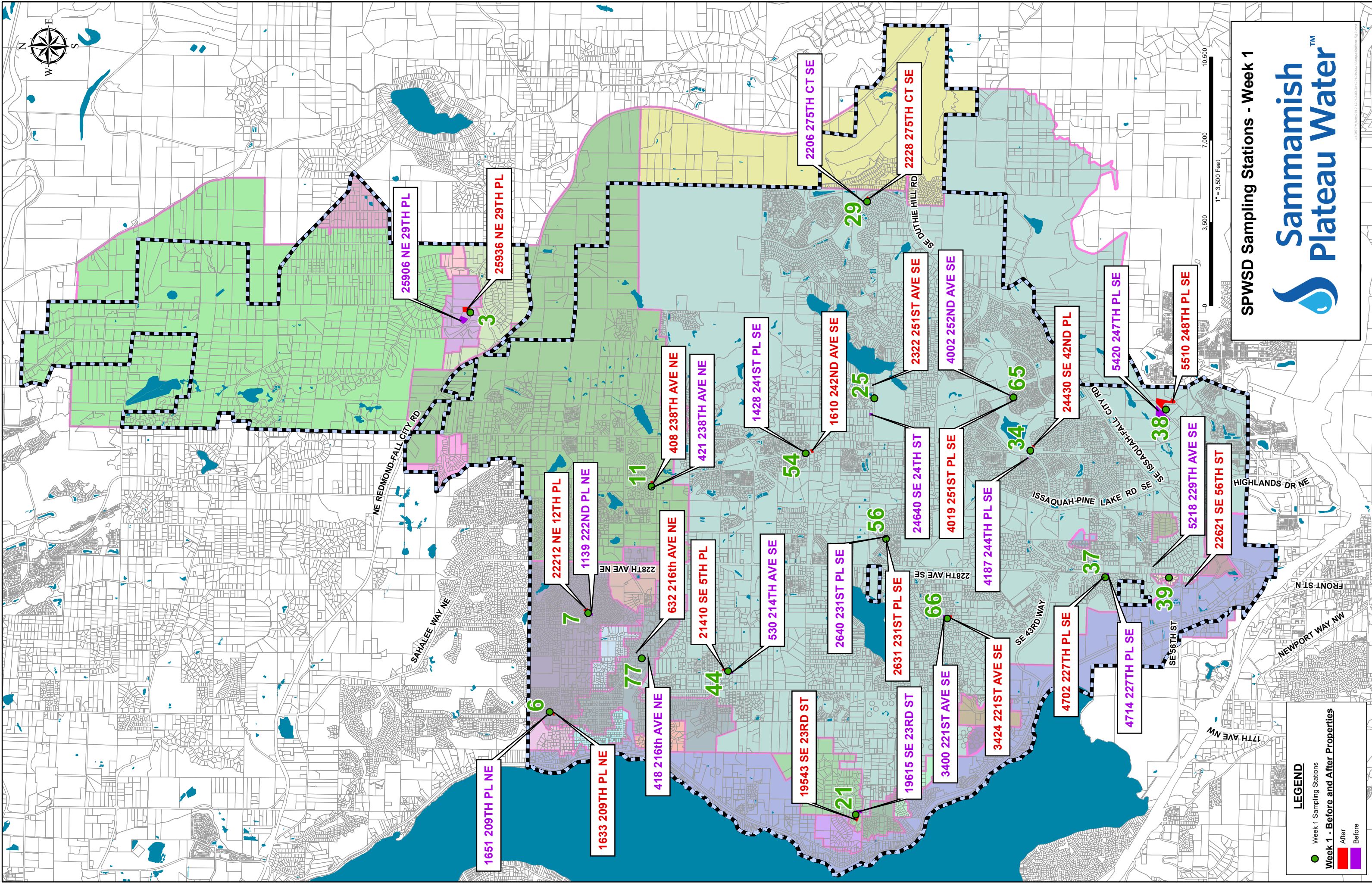


Overall TCR Sampling Map

Sammamish Plateau Water™

12010 SamplingStationMap.Fg





SPWSD Sampling Stations - Week 1

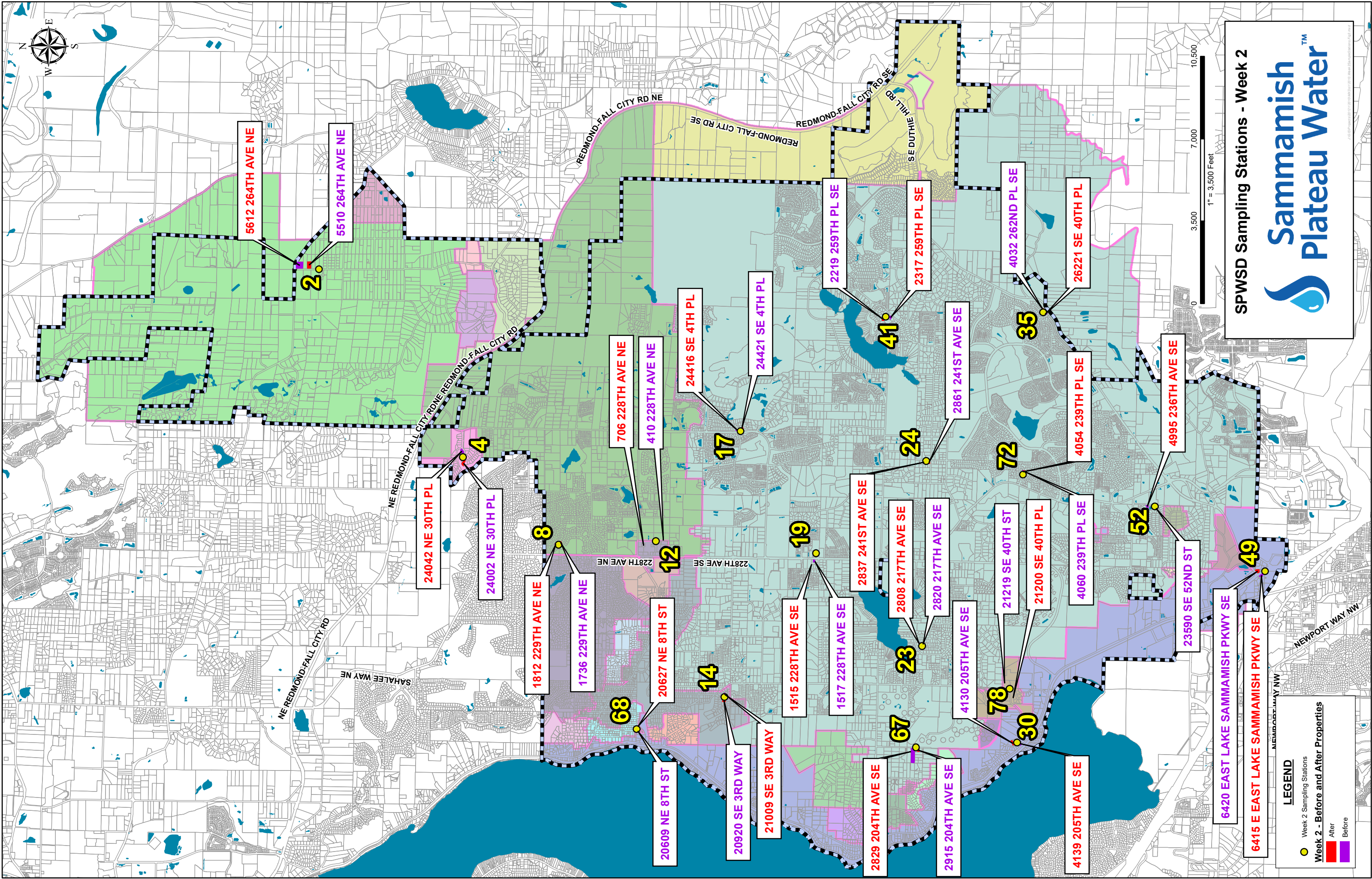


LEGEND

- Week 1 Sampling Stations
- Week 1 - Before and After Properties
- After (Green)
- Before (Purple)



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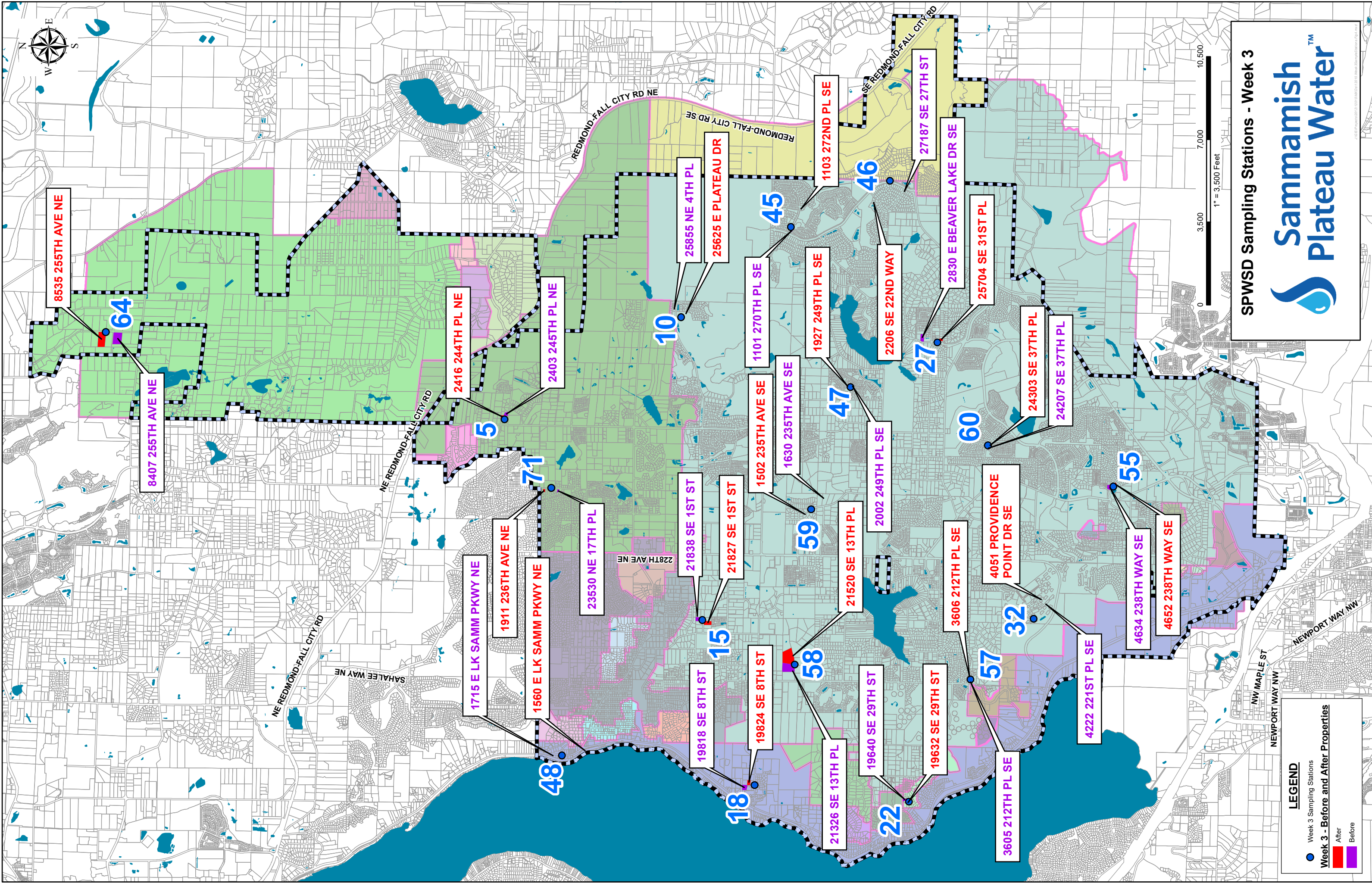
SPWSD Sampling Stations - Week 2



LEGEND

- Week 2 Sampling Stations
- Week 2 - Before and After Properties
 - After (Red)
 - Before (Purple)

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SPWSD Sampling Stations - Week 3



LEGEND

- Week 3 Sampling Stations
- Week 3 - Before and After Properties
 - After (Blue)
 - Before (Purple)



**CASCADE
VIEW
ZONE**

**PLATEAU
ZONE**

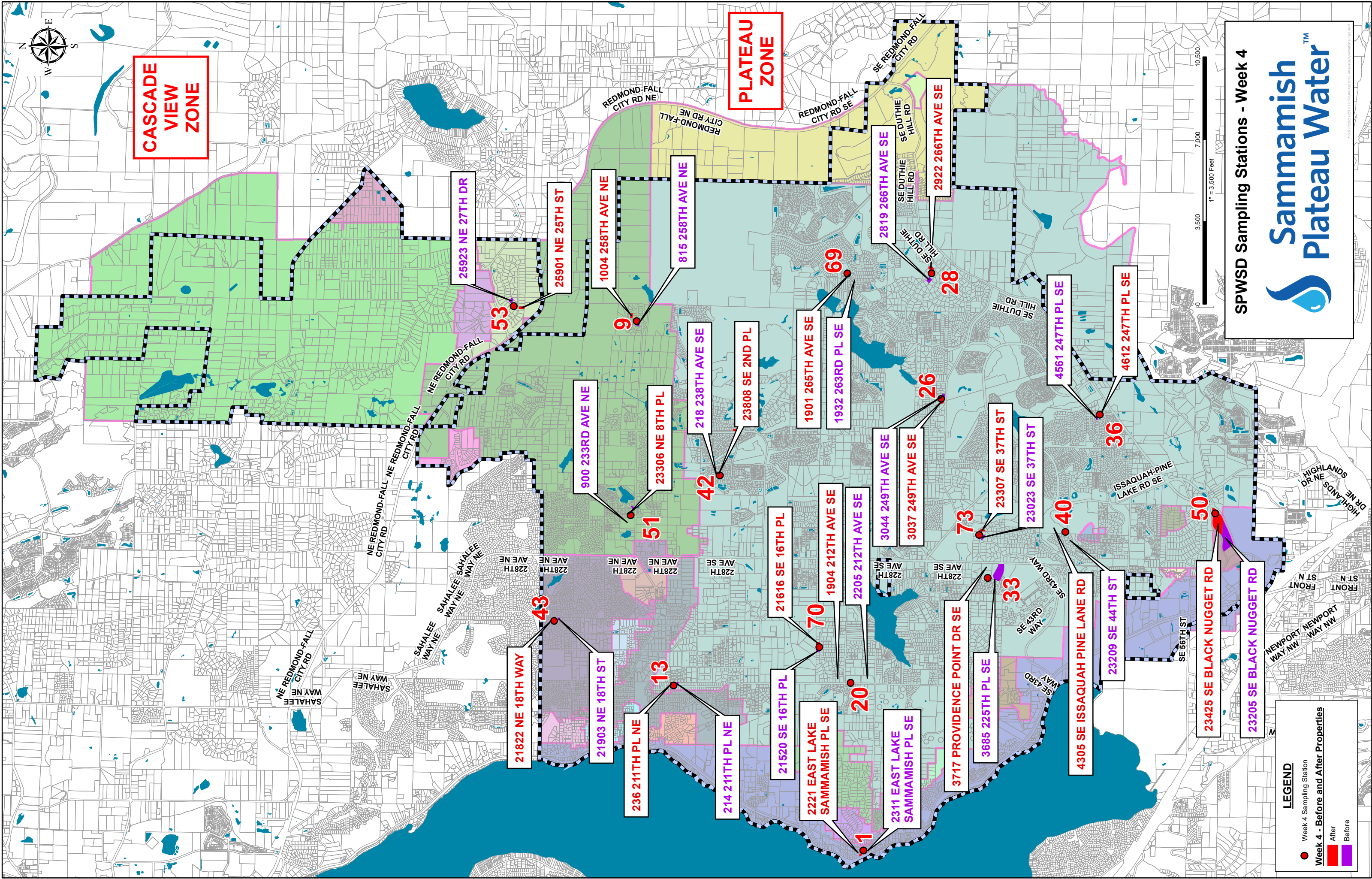
SPWSD Sampling Stations - Week 4



LEGEND

- Week 4 Sampling Station
- Week 4 - Before and After Properties
- After
- Before

0 3,500 7,000 10,500
1" = 3,500 Feet



J. Additional information

- Seattle Public Utilities Water Quality Laboratory Routine Sampling Record (Week 1 shown as an example.)
- Sammamish Plateau Water Boil Water Advisory Notice

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SEATTLE PUBLIC UTILITIES

Water Quality Laboratory
 800 S. Stacy St. Seattle, WA 98134

Page 1 of 2
 Phone: (206) 684-7834 FAX: (206) 684-4133

DATE

Name: Sammamish Plateau WSD		RWIS ID # 40900	
Address: 1510 228th Ave SE		Source #	
Sammamish WA 98075		<input type="checkbox"/> New Main <input type="checkbox"/> Main Break <input type="checkbox"/> Cust. Call	
Telephone: 425-392-6256		<input type="checkbox"/> Repeal <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Other	
Fax: 425-391-5389			
Submitter: _____ Signature(s): _____			
Sample Date	Sampler	Location	Lab Sample #
		SPWSD-3 25920 NE 29TH PL	
		SPWSD-6 1639 209TH PL NE	
		SPWSD-7 22202 NE 12TH PL	
		SPWSD-11 407 238TH AVE NE	
		SPWSD-21 19605 SE 23RD ST	
		SPWSD-25 25005 SE 24TH ST	
		SPWSD-29 2214 275TH CT SE	
		SPWSD-34 4210 244TH PL SE	
		SPWSD-37 4708 227TH PL SE	
		SPWSD-38 5408 248TH PL SE	

COMMENTS:

Total # of containers: _____ °
 Travel Temp: _____ °

Relinquished by: _____	Received by: _____
(signature)	(signature)
Date/Time	Date/Time
TC- Total Coliform EC- E. Coli	Results sent by: Date/Time:
FC- Fecal Coliform HPC- Heterotrophic Plate	P/A- Presence/Absence MPN- Most Probable Number
	F axed <input type="checkbox"/> E- mail <input type="checkbox"/>

SEATTLE PUBLIC UTILITIES

Water Quality Laboratory
 800 S. Stacy St. Seattle, WA 98134

Page 2 of 2
 Phone: (206) 684-7834 FAX: (206) 684-4133

DATE

Name: Sammamish Plateau WSD Address: 1510 228th Ave SE Sammamish WA 98075 Telephone: 425-392-6256 Fax: 425-391-5389		PWS ID # 40900 Source # _____ Repeat <input type="checkbox"/> New Main <input type="checkbox"/> Routine <input checked="" type="checkbox"/> Main Break <input type="checkbox"/> Other <input type="checkbox"/> Cust. Call <input type="checkbox"/>		Signature(s): _____ Lab Sample # _____	
Sample Date	Sampler	Location	Field Chlorine	Field Temperature	Other
		SPWSD-39 22664 SE 56TH AVE			
		SPWSD-44 214TH AVE SE & SE 5TH PL			
		SPWSD-54 1434 241ST PL SE			
		SPWSD-56 2637 231ST PL SE			
		SPWSD-65 4014 251ST PL SE			
		SPWSD-66 3416 221ST AVE SE			
		SPWSD-77 609 216TH AVE SE			
COMMENTS:					
Total # of containers: _____ ° Travel Temp: _____ C					

Ratified by:		Received by:	
(signature)	(printed name)	(signature)	(printed name)
TC- Total Coliform EC- E. Coli	FC- Fecal Coliform HPC- Heterotrophic Plate	Faxed <input type="checkbox"/> E-mail <input type="checkbox"/>	Results sent by: _____ Date/Time: _____
P/A- Presence/Absence MPN- Most Probable Number		Date/Time: _____	

BOIL WATER ADVISORY NOTICE



Date: _____

Contact: _____

BOIL YOUR WATER BEFORE USING!

WHAT HAPPENED? The staff at the Sammamish Plateau Water and Sewer District (state water system ID #409009) takes water samples from 70 sampling stations located throughout the service area. We took water samples on [insert date], and on [insert date] we received a test result from a water sample that showed fecal coliform bacteria, or *E. coli* in the water. We took follow up samples on [insert date] as required by the Washington Department of Health, and the test results on [insert date] still showed the bacteria in the water.

WHAT SHOULD YOU DO? DO NOT DRINK THE WATER WITHOUT BOILING IT FIRST. Bring all water to a full boil, let it boil for one minute, and let it cool before using, or use bottled water. Boiled or bottled water should be used for drinking, making ice, brushing teeth, washing dishes, and food preparation **until further notice**. Boiling kills bacteria and other organisms in the water.

Fecal coliforms and E. coli are bacteria whose presence indicates that the water may be contaminated with human or animal wastes. Microbes in these wastes can cause diarrhea, cramps, nausea, headaches, or other symptoms. They may pose a special health risk for infants, young children, and people with severely compromised immune systems. These bacteria can make you sick, especially for people with weakened immune systems. If you experience any of these symptoms and they persist, you may want to seek medical advice. People at increased risk should seek advice about drinking water from their health care providers.

WHAT CAUSED THE PROBLEM? We do not know the cause of the contamination at this time. [or identify cause if known.] Bacterial contamination can occur when increased runoff enters the drinking water source, for example, following heavy rains. It can also happen due to a break in the distribution system lines, damage during construction, a faulty backflow assembly or an issue during the water treatment process, among others.

WHAT IS THE DISTRICT DOING TO RESOLVE THE PROBLEM? We have flushed our water system and added additional chlorine to clear out the bacteria. We have increased the number of water samples as required by Department of Health regulations. [add any additional treatment information here.] We will inform you when tests are clear of bacteria and you no longer need to boil your water. We anticipate resolving the problem by [add estimated time frame].

For more information, please contact our Customer Service Department at (425) 392-6256 or visit our website at www.spwater.org. General guidelines on ways to lessen the risk of infection by microbes are available from the EPA Safe Drinking Water Hotline at (800) 426-4791.

Boil your water before using.



將水煮開後才
使用。

Chinese

Haga hervir el agua
antes de usarla.

Spanish

पानी इसतेमाल करने से
पहिले उबाल लें।

Hindi

水は使用する前
に煮沸してくだ
さい。

Japanese

사용하기 전에 물을
끓이십시오.

Korean

Pakuluin ang inyong
tubig bago
gagamitin.

Tagalog (Filipino)

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

Sammamish Plateau Water and Sewer District Triggered Ground Water Monitoring Plan

Revised 9/20/2017

1.0 INTRODUCTION AND OBJECTIVES

The United State Environmental Protection Agency (EPA) developed the Ground Water Rule (GWR) to increase protection for consumers of public drinking water systems that rely on ground water sources. The GWR ensures that these systems take corrective actions to eliminate sources of contamination or to remove or inactivate pathogens from drinking water sources. The major components of the GWR are:

- Periodic sanitary surveys of ground water systems addressing eight specific sanitary survey elements to evaluate the system for the presence of significant deficiencies.
- Source water monitoring either through triggered monitoring or State-directed assessment monitoring to test for the presence of one of three fecal indicators (in Washington State, the indicator is *E. coli*).
- Requirements to correct significant deficiencies and eliminate or treat for fecal contamination through specific corrective actions.
- Compliance monitoring to ensure that treatment technologies installed to treat drinking water reliably achieve at least 4-log treatment of viruses via inactivation, removal, or a combination of these.

The GWR requires ground water systems that provide less than 4-log removal or inactivation of viruses, or do not conduct compliance monitoring of treatment to demonstrate disinfection performance, to conduct monitoring for the presence of a fecal indicator at the source when total coliform bacteria are detected in the distribution system. Triggered monitoring is designed to allow systems and States to identify and correct any public health risks from fecal contamination found at the source.

This Triggered Ground Water Monitoring Plan (Plan) has been developed by Sammamish Plateau Water and Sewer District (District) to conduct triggered monitoring in a manner that meets the GWR requirements. This Plan establishes what sources will be monitored in response to notification that a positive coliform sample has occurred, and when consumers and consecutive or wholesale systems need to be notified. This Plan was revised in 2017 in conjunction with the revisions of the District's Coliform Monitoring Plan to meet the requirements of the Revised Total Coliform Rule (RTCR), updated by the U.S Environmental Protection Agency (EPA) and the Washington Department of Health in 2016.

2.0 APPROACH

As a water system with multiple ground water sources as well as surface water supplies, the District evaluated which GWR compliance strategy would work best: compliance monitoring or triggered monitoring. The District estimated the contact time obtained prior to the first customer's service connection, and reviewed this information and the logistics associated with meeting compliance

monitoring requirements. After review, the District determined that the optimal GWR compliance path is to plan to conduct triggered monitoring at representative sources when total coliform is found in bacterial samples collected under the Revised Total Coliform Rule (RTCR) promulgated by the Washington Department of Health in April 2016. The District’s Coliform Monitoring Plan, documenting monthly monitoring in compliance with the RTCR, was updated in September 2017 to include the revisions.

This Plan details the District’s representative, triggered monitoring approach. EPA regulations and guidelines, including the *Ground Water Rule Triggered and Representative Source Water Monitoring Guidance Manual* (2009) were used to develop this Plan.

3.0 SYSTEM INFORMATION

The District is located in King County, Washington. This special purpose district public water supply system serves 63,148 customers (as of December 2016) via ground water sources and interties with regional and adjacent purveyors. Table 1 lists each of the District’s sources, type of use, treatment, and capacity, as presented in the 2016 Water Facilities Inventory. The District also has two interties with Northeast Sammamish Sewer and Water District, which is also a groundwater purveyor, and multiple emergency connections with adjacent water suppliers. The District has two interties with Cascade Water Alliance (North and South connections) that provide regional surface water from Seattle Public Utilities. Information on these connections is included in Table 2.

Table 1. The District’s Sources of Supply and Treatment

Groundwater Supply Source	Type	Treatment	Capacity (gpm)
Well 1R	Permanent	Corrosion Control, Fluoridation, Chlorination	500
Well 2.1	Permanent	Mn Filtration, Corrosion Control, Fluoridation, Chlorination	300
Well #2.2	Permanent	Mn Filtration, Corrosion Control, Fluoridation, Chlorination	500
Well #4R	Permanent	Mn Filtration, Ferric Chloride, Fluoridation ¹ , Chlorination	1450/1800
Well #7	Permanent	Corrosion Control, Fluoridation, Chlorination	2,000
Well #8	Permanent	Corrosion Control, Fluoridation, Chlorination	3,200
Well #9	Seasonal	Corrosion Control, Fluoridation, Chlorination	2,200
Well #10	Permanent	Corrosion Control, Fluoridation, Chlorination	500
Well #11.1	Permanent	Mn Filtration, Ferric Chloride, Fluoridation ¹ , Chlorination	389

Well #11.2	Permanent	Mn Filtration, Ferric Chloride, Fluoridation ¹ , Chlorination	1,450/1,600
Well #12R	Permanent	Mn Filtration, Fluoridation, Chlorination	200
Well #13R	Permanent	Mn Filtration, Fluoridation, Chlorination	260

¹No fluoride reaches the 500 or 700 Pressure Zones

Table 2. Interties and Regional Supply Connections to the District's Distribution System

Utility	Number of Connections	Does the District Provide and/or Receive Water?	Plateau or Cascade View Zone?	Reaches These Pressure Zones ¹	Most Likely Receives Water From...
Permanent Connections					
Cascade Water Alliance – North Regional Connection	1	Receiving	Cascade View	730 Zone	Surface water wheeled through City of Redmond system in Redmond Ridge
Cascade Water Alliance – South Regional Connection	1	Receiving	Plateau	297 Zone	Surface water wheeled through Bellevue-Issaquah Pipeline in Issaquah (surface water)
N.E. Sammamish Sewer and Water District	1	Either way	Plateau	700 Zone	Ground water wells
Emergency Connections					
N.E. Sammamish Sewer and Water District	1	Either way	Plateau	297 Zone	Ground water wells
N.E. Sammamish Sewer and Water District	3	Either way	Plateau	700 Zone	Ground water wells
Ames Lake Water Association	1	Providing	Cascade View	730 Zone	Ground water wells
Union Hill Water Association	2	Providing	Cascade View	730 Zone	Ground water wells

Utility	Number of Connections	Does the District Provide and/or Receive Water?	Plateau or Cascade View Zone?	Reaches These Pressure Zones ¹	Most Likely Receives Water From...
Issaquah	2	Either way	Plateau	297 Zone	Surface and well water

¹ From 2010 Draft Water System Plan, Table 6-5.

Note: Shading of rows denotes interties to surface only water supplies.

As shown in Table 1, the District provides some disinfection for each ground water source. While some sources may meet the criteria for conducting compliance monitoring, the District has determined that conducting representative, triggered monitoring was the best option for the District for compliance with the GWR.

For GWR compliance, the District will need to work with suppliers that provide ground water and consecutive systems receiving water from the District’s ground water sources. As shown in Table 2, during typical operations, the District receives ground water from the Northeast Sammamish Sewer and Water District and provides ground water to the same system. Additionally, the District will need to take into account any active emergency connections when conducting triggered source water monitoring. Table 2 shows that Cascade Water Alliance connections provide only surface water to the District. During conversations with Seattle Public Utilities (SPU) about their Riverton Heights well field, both parties determined that there is no possibility of that well water getting into the District’s distribution system through the Cascade Water Alliance connections.

3.1 Hydraulically Separate Zones

The District’s distribution system is separated into two hydraulically separate zones, the Plateau Zone and Cascade View Zone.

Plateau Zone: As of 2016, this zone served nearly 61,105 people at about 17,498 service connections. There are six storage tanks present: 3.0 MG Tank, 2 MG Tank, two 4 MG tanks, 7.0 MG Tank, and 2.25 MG Tank. The Plateau Zone is divided into five major pressure zones that include several smaller zones created to serve areas with variable topography. Additionally, 5 booster pump stations and 41 pressure-reducing valves serve this area.

Cascade View Zone: As of 2016, this zone served about 2,043 people at about 705 service connections. Two storage tanks are in use: 600,000-gallon tank and 275,000-gallon tank. The Cascade View Zone is divided into three primary pressure zones and two smaller zones. Additionally, two booster pump stations and five pressure-reducing valves serve this area.

4.0 REPRESENTATIVE MONITORING

This section of the Plan establishes which sources will be considered representative of each RTCR monitoring location. Conducting representative monitoring allows the District to reduce the number of

samples collected for triggered monitoring. Additionally, this can minimize notification of other systems under GWR requirements.

4.1 Basic Requirements

These are the basic requirements for conducting representative triggered monitoring under the GWR:

- The plan outlining representative sources must be submitted and approved by DOH prior to implementation.
- Systems can reduce the number of sampling sites by:
 - Establishing which sources provide water to each RTCR sampling location (and to consecutive systems). As a result, when the system obtains a positive RTCR sample, the District would collect triggered monitoring samples only at the sources which provide water to the RTCR sampling site as described in the DOH-approved plan and which were in use during sampling. This same concept would be applied to connections to consecutive systems. If a consecutive system obtains a positive RTCR sample, the system would be required to monitor only those sources that provide water to the consecutive system and were operating when the sample was collected, instead of collecting samples at each source.
 - Determining that one or more wells represent multiple wells in the same hydrogeological setting. As a result, when the system obtains a positive RTCR sample, triggered monitoring samples would be collected only at wells representing different hydrogeological conditions, instead of collecting samples at each well source.

4.2 The District's Ground Water Sources Representing Coliform Monitoring Locations

With respect to developing this Plan, the District has determined that monitoring efforts would be most efficient if representative monitoring is used. To determine which sources to monitor at each coliform site, the following were considered:

- Map of the distribution system indicating points of entry and RTCR sampling sites
- Source types, level of treatment for each source (at the point of entry), type of supply (permanent, seasonal, emergency, etc.)
- Connections to other systems, indicating whether these feed water to other systems, accept water from other systems, or both
- Data linking RTCR monitoring locations to particular ground water sources (hydraulic, operational, water quality, etc.)
- Data linking connections to consecutive systems to particular ground water sources (hydraulic, operational, water quality, hydraulic model, etc.)

An analysis of movement of water through the District's drinking water supply system and operational flexibility has indicated that it is necessary to assume that water from each of the sources can move throughout many areas of the operating zone it supplies. However, as described above, the Cascade View and Plateau Zones are not connected hydraulically. Therefore, sources serving the Cascade View Zone will be monitored, and the District response to positive coliform samples in the Cascade View Zone distribution system will be conducted per GWR requirements for that zone. Additionally, sources serving

the Plateau Zone will be monitored, and the District response to positive coliform samples in the Plateau Zone distribution system will be conducted per GWR requirements for that specific zone. This will also be true with respect to wholesale and consecutive systems. The District will only issue public notifications to residents with systems linked to the operating zone serving the RTCR site that exhibit a positive coliform sample. Table 3 in Section 4.4 provides details.

4.3 The District's Wells Representing Other Wells in the Same Hydrogeological Setting

The following information was considered by the District and others to determine if a few of the District's sources could be combined according to hydrogeological properties:

- Well locations including proximity to other wells.
- Well construction details for each well, including depth, grouting, sanitary seal, and screened intervals.
- Water chemistry analysis results demonstrating similarities or differences among wells or vulnerability of wells to contamination.
- Aquifer information and other hydrogeological studies, as appropriate.

The following wells were identified as being in the same hydrogeological setting:

- Wells 2.1 and 2.2, which have been designated as a wellfield (S18) by DOH. In the technical review of these wells, the following were found (CDM, 2004):
 - Wells 2.1 and 2.2 meet requirements for DOH wellfield designation.
 - The wells share a water right certificate and meet requirements pertaining to construction or replacement of wells.
 - 24-hour pumping test data indicate that Wells 2.1 and 2.2 are hydraulically connected.
 - With the exception of manganese, water quality data indicate a relative homogeneity of water quality constituents in samples drawn from each well.

This GWR Plan treats Wells 2.1 and 2.2 as a single source. When the system experiences a positive RTCR sample in the Plateau Zone of their system, one sample will be collected to represent Wells 2.1 and 2.2 before treatment. It should be noted, however, that if a significant deficiency is found, it is probable that all wells within a designated wellfield will require treatment/corrective action.

4.4 Identification of Which Sources Contribute to Each RTCR Site

Table 3 details the sources that serve each RTCR site.

Table 3. Sources of Supply Associated with the RTCR

Source of Supply	RTCR Sampling Sites Served by Source	Operating Zone
Well Sources		
Well 1 (SO1), Wells 2.1 and 2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12)	1, 4, 5, 6, 7, 8, 9, 10, 11, 12,13, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 54, 55, 56, 57, 58, 59, 60, 65, 66, 67, 68, 69, 70, 71, 72, 73	Plateau Zone
Well 12 (S16), Well 13 (S24)	2, 3, 53, 64	Cascade View Zone
Ground Water Interties		
N.E. Sammamish Sewer and Water District ¹	1, 4, 5, 6, 7, 8, 9, 10, 11, 12,13, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 54, 55, 56, 57, 58, 59, 60, 65, 66, 67, 68, 69, 70, 71, 72, 73	Plateau Zone
Surface Water Supply Sources		
Cascade Water Alliance – North Regional Connection (wheeled through City of Redmond system)	2, 3, 53, 64	Cascade View Zone
Cascade Water Alliance – South Regional Connection	1, 4, 5, 6, 7, 8, 9, 10, 11, 12,13, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 54, 55, 56, 57, 58, 59, 60, 65, 66, 67, 68, 69, 70, 71, 72, 73	Plateau Zone
Emergency Interties		
N.E. Sammamish Sewer and Water District ¹	1, 4, 5, 6, 7, 8, 9, 10, 11, 12,13, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 54, 55, 56, 57, 58, 59, 60, 65, 66, 67, 68, 69, 70, 71, 72, 73	Plateau Zone
Ames Lake Water Association ²	2, 3, 53, 64	Cascade View Zone
Union Hill Water Association ²	2, 3, 53, 64	Cascade View Zone
City of Issaquah ¹	1, 4, 5, 6, 7, 8, 9, 10, 11, 12,13, 14, 15, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 54, 55, 56, 57, 58, 59, 60, 65, 66, 67, 68, 69, 70, 71, 72, 73	Plateau Zone

¹ Provides water to and receives water from the District.

² Receives water from the District.

5.0 TRIGGERED GROUND WATER MONITORING

This section of the plan details the District's implementation of triggered monitoring as required by the GWR.

5.1 Basic Requirements

These are the basic requirements for triggered monitoring in the GWR:

- Within 24 hours of notification of a positive RTCR sample by the laboratory, the District must collect a source water sample at each representative source that was in operation when the RTCR sample was collected.
- In Washington State, source water triggered monitoring samples are collected to test for the presence of *E. coli*.
- Samples must be collected at each source (assuming the source is accessible) prior to treatment. The District will collect samples at sample taps that have been installed at each source prior to treatment for triggered sample collection.
- The District must conduct triggered monitoring in response to notification of positive RTCR samples within the distribution system of consecutive systems served by the District.

5.2 RTCR Sample Invalidation

It is possible for DOH to invalidate RTCR sample results or *E. coli* samples on a case-by-case basis. The District may be interested in this option if it appears clear to the District that, for example, the positive RTCR result was caused by distribution system conditions. However, it is important to note that the 24-hour deadline does not leave much time for invalidation to occur prior to collecting triggered monitoring samples. The District will most likely need to plan to conduct triggered sampling and other actions regardless of an appearance that the sample result was not caused by source water conditions.

5.3 Follow-up if a triggered monitoring sample tests positive for the presence of *E. coli*

The following actions will be implemented if the District receives a triggered monitoring sample that tests positive for *E. coli*:

- As determined by DOH, the District will be required to implement corrective action or to collect three additional samples at each source that sampled positive for *E. coli* (or as described in the Representative Triggered Monitoring Plan) within 24 hours of positive *E. coli* sample.
- The District must issue a Tier 1 Public Notice to customers within 24 hours.
- The District must notify DOH within 24 hours.
- The District must include a special notice in their next Consumer Confidence (Water Quality) Report.

5.4 Interaction with Wholesale Suppliers

Because the District both provides water to and receives water from Northeast Sammamish Sewer and Water District (NESSWD) during typical operations due to a shared tank, the District will need to coordinate with that supply system:

- The District will be required to report a positive RTCR sample to NESSWD within 24 hours of being notified of the positive sample by the water quality laboratory.
- If the District is notified by NESSWD that additional source water monitoring results are *E. coli* positive, the District must:
 - Notify SPWSD customers with a Tier 1 Public Notice within 24 hours.
 - Notify SPWSD customers with a special notice in the next Consumer Confidence Report.
 - Consult with DOH and follow their recommended corrective actions.

Additionally, if an emergency intertie is online and the District is receiving ground water from another system during RTCR sampling, that system will also be notified. See Table 3 for details on emergency interties.

5.4.1 Wholesale Suppliers Contact Information

The District may need to contact these utilities if they detect coliform in their system. This depends on where the positive sample was collected (detailed below) and what connections are active:

Northeast Sammamish Sewer and Water District: 425-868-1144 (24 hours per day)

City of Issaquah: 425-837-3470 (normal business hours); 425-837-3200 (after business hours)

Cascade Water Alliance: (425) 493-0930

Seattle Public Utilities (206) 386-1800 (24-hour emergency number)

City of Redmond Water Operations (425) 556-2800 (24-hour emergency number)

Union Hill Water Association (425) 497-1812 (24-hour emergency number)

Ames Lake Water Association (425) 222-7003 (24-hour emergency number)

5.5 Interaction with Consecutive Systems

Because the District provides ground water to Northeast Sammamish Sewer and Water District during typical operations, the District will be notified by this system if they observe a positive RTCR sample. In response, the District will need to:

- Sample all of the supply sources that were in operation on the date the positive RTCR sample(s) was collected. As shown in Table 3, the connections with these systems are through the Plateau operating zone. The District will need to conduct triggered monitoring only at operating sources serving the Plateau zone (also shown in Table 3).
- If results of triggered source water monitoring are positive for the presence of *E. coli*, the District must:

- Notify all consecutive systems served by source(s) testing positive for *E. coli* within 24 hours of the sample result.
- Notify DOH, and if not required to take corrective action, collect three additional source water samples within 24 hours.
- Notify the public with a Tier 1 Public Notice within 24 hours.
- The District must notify the public with a special notice in the next Consumer Confidence Report.

Additionally, if the District receives notification of a positive coliform sample experienced by a system served by an active emergency intertie, the District will conduct sampling of sources serving the operating zone that is connected to the emergency intertie (see Table 3).

5.6 The District’s Triggered Monitoring Plan

Table 4 provides details for triggered monitoring the District will need to conduct in response to a positive RTCR sample.

Table 4. GWR Triggered Monitoring Details

RTCR site	Operating Zone	Conduct Triggered Monitoring at these Sources....	Consecutive/Wholesale System Involved
1 2308 E Lk Samm Pl SE	Plateau	Well 1 (S01), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
2 5524 264 th Ave NE	Cascade View	Well 12 (S16), Well 13 (S24), CWA North Intertie (S19)	<i>Emergency: Union Hill Water Association, Ames Lake Water Association, CWA North Intertie, Redmond</i>
3 25920 NE 29 th Pl	Cascade View	Well 12 (S16), Well 13 (S24), CWA North Intertie (S19)	<i>Emergency: Union Hill Water Association, Ames Lake Water Association, CWA North Intertie, Redmond</i>
4 24010 NE 30 th Pl	Plateau	Well 1 (S01), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>

RTCR site	Operating Zone	Conduct Triggered Monitoring at these Sources....	Consecutive/Wholesale System Involved
5 2404 NE 244 th PI	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
6 1639 209 th PI NE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
7 22202 NE 12 th PI	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
8 1806 229 th Ave NE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
9 823 258 th Ave NE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
10 2575 E. Plateau Dr. SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
11 407 238 th Ave NE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>

RTCR site	Operating Zone	Conduct Triggered Monitoring at these Sources....	Consecutive/Wholesale System Involved
12 410 228 th Ave NE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
13 230 211 th PI NE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
14 20928 SE 3 rd Way	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
15 21828 SE 1 st St	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
16 Sample Station not assigned at this time			
17 24415 SE 4 th PI	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
18 19820 SE 8 th St	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>

RTCR site	Operating Zone	Conduct Triggered Monitoring at these Sources....	Consecutive/Wholesale System Involved
19 1510 228 th Ave SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
20 2030 212 th Ave. SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
21 19605 SE 23 rd St	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
22 19636 SE 29 th St	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
23 2814 217 th Ave SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
24 2847 241 st Ave SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
25 25005 SE 24 th St	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>

RTCR site	Operating Zone	Conduct Triggered Monitoring at these Sources....	Consecutive/Wholesale System Involved
26 3045 249 th Ave SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
27 3030 E Beaver Lake Dr SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
28 2917 266 th Ave Se	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
29 2214 275 th Ct SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
30 4138 205 th Ave SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
31 Sample Station not assigned at this time			
32 4126 220 th PI SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>

RTCR site	Operating Zone	Conduct Triggered Monitoring at these Sources....	Consecutive/Wholesale System Involved
33 3725 Providence Point Dr SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
34 4210 244 th PI SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
35 4040 262 nd PI SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
36 4606 247 th PI SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
37 4708 227 th Ave SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
38 5408 248 th PI SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
39 22664 SE 56 th Ave.	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>

RTCR site	Operating Zone	Conduct Triggered Monitoring at these Sources....	Consecutive/Wholesale System Involved
40 SE 44 th and 232 nd Ct. SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
41 2311 259 th PI SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
42 222 238 th Ave SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
43 21838 NE 18 th Way	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
44 214 th and SE 5 th	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
45 270 th Ave SE and SE 11 th	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
46 Trossachs Blvd. & SE 24 th Ave.	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>

RTCR site	Operating Zone	Conduct Triggered Monitoring at these Sources....	Consecutive/Wholesale System Involved
47 1931 249 th PI SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
48 1537 E. Lk. Samm. Pkwy SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
49 6503 E Lk Samm Pkwy SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
50 23425 SE Black Nugget Rd	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
51 NE 8 th PI and 233 rd Ave NE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
52 5150 236 th Ave SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
53 25913 NE 27 th Dr	Cascade View	Well 12 (S16), Well 13 (S24), CWA North Intertie (S19)	<i>Emergency: Union Hill Water Association, Ames Lake Water Association, CWA North Intertie, Redmond</i>

RTCR site	Operating Zone	Conduct Triggered Monitoring at these Sources....	Consecutive/Wholesale System Involved
54 1434 241 st PI SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
55 4644 238 th Way SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
56 2637 231 st PI SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
57 3609 212 th PI SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
58 21341 SE 13 th PI	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
59 1514 235 th Ave. SE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
60 24213 SE 37 th PI	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>

RTCR site	Operating Zone	Conduct Triggered Monitoring at these Sources....	Consecutive/Wholesale System Involved
61 Sample Station not assigned at this time			
62 Sample Station not assigned at this time			
63 Sample Station not assigned at this time			
64 8513 255 th Ave NE	Cascade View	Well 12 (S16), Well 13 (S24), CWA North Intertie (S19)	<i>Emergency: Union Hill Water Association, Ames Lake Water Association, CWA North Intertie, Redmond</i>
65 4014 251 st Pl SE	Plateau	Well 1 (S01), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
66 3416 221 st Ave SE	Plateau	Well 1 (S01), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
67 2905 204 th Ave SE	Plateau	Well 1 (S01), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
68 20621 NE 8 th St	Plateau	Well 1 (S01), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
69 265 th Ave Se and Belvedere Way	Plateau	Well 1 (S01), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>

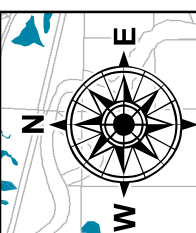
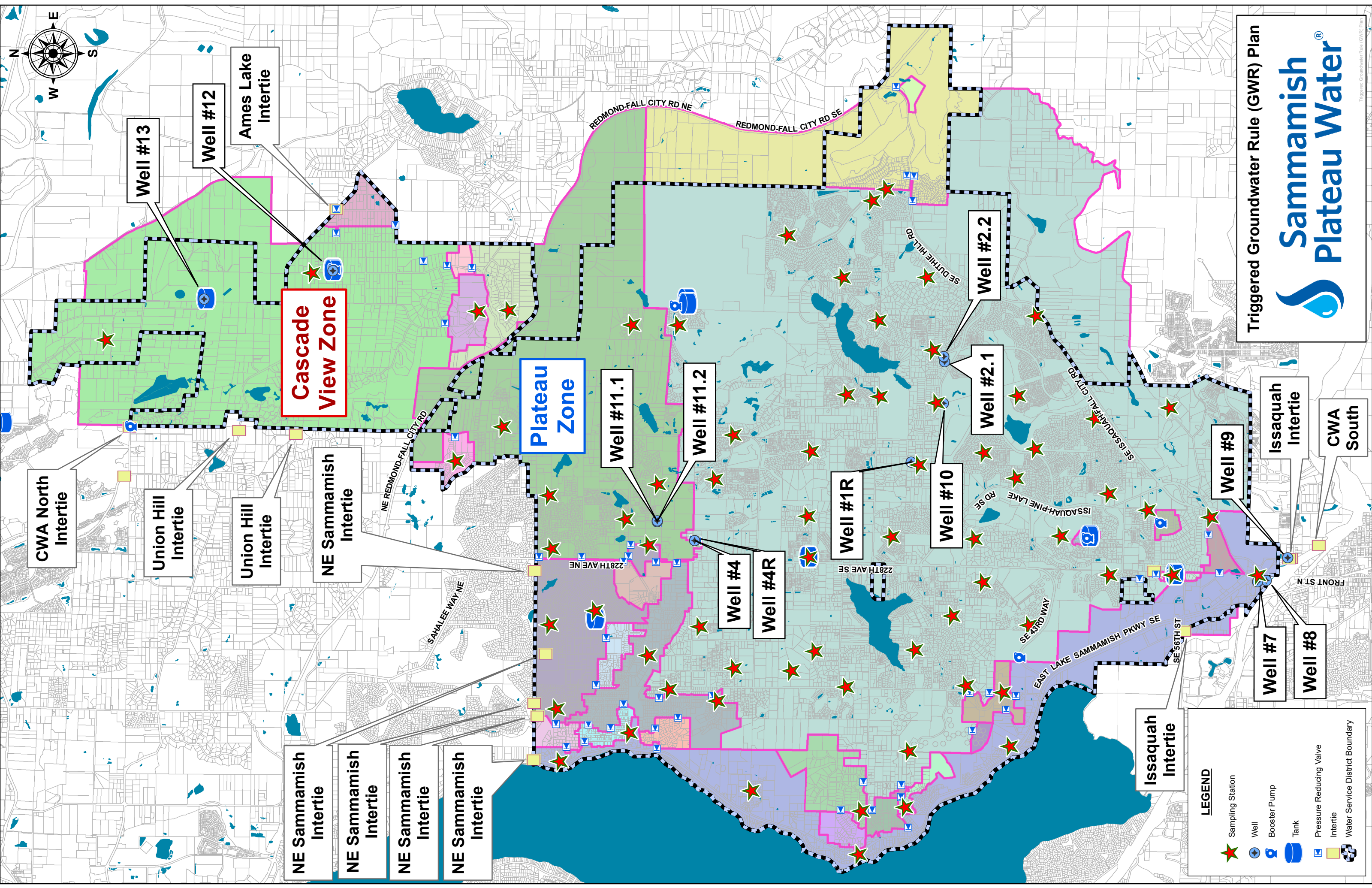
RTCR site	Operating Zone	Conduct Triggered Monitoring at these Sources....	Consecutive/Wholesale System Involved
70 21606 SE 16 th Pl	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
71 1838 236 th Ave NE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
72 23944 SE 41 st St	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
73 23039 SE 37 th St	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>
74 Sample Station not assigned at this time			
75 Sample Station not assigned at this time			
76 Sample Station not assigned at this time			
77 609 216 th Ave NE	Plateau	Well 1 (SO1), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (SO6), Well 8 (SO7), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>

RTCR site	Operating Zone	Conduct Triggered Monitoring at these Sources....	Consecutive/Wholesale System Involved
78 21214 SE 40 th St.	Plateau	Well 1 (S01), Well 2.1/2.2 (S18), Well 4 (S17), Well 7 (S06), Well 8 (S07), Well 9 (S13), Well 10 (S11), Well 11.1 (S14), Well 11.2 (S12), CWA South Intertie (S19)	N.E. Sammamish Sewer and Water District <i>Emergency: N.E. Sammamish Sewer and Water District, Issaquah, CWA South Intertie</i>

6.0 PREPARATION INFORMATION

The Water Superintendent is responsible for overseeing preparation, review, and updates to the District's Triggered Ground Water Monitoring Plan. This Plan will be reviewed and updated every 6 years, coinciding with updates to the Revised Total Coliform Monitoring Plan.

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LEGEND

- ★ Sampling Station
- ⊕ Well
- ⊕ Booster Pump
- ⊕ Tank
- ⊕ Pressure Reducing Valve
- ⊕ Intertie
- ⊕ Water Service District Boundary

CWA North Intertie

Union Hill Intertie

Union Hill Intertie

NE Sammamish Intertie

NE Sammamish Intertie

NE Sammamish Intertie

NE Sammamish Intertie

NE Sammamish Intertie

Well #12

Ames Lake Intertie

Well #13

Cascade View Zone

Plateau Zone

Well #11.1

Well #11.2

Well #4

Well #4R

Well #1R

Well #10

Well #2.1

Well #2.2

Well #9

Well #7

Well #8

Issaquah Intertie

CWA South

Issaquah Intertie

REDMOND-FALL CITY RD NE

REDMOND-FALL CITY RD SE

SE DUTCH HILL RD

SE ISSAQUAH HILL CRTY RD

ISSAQUAH-PINE LAKE RD SE

SE 43RD WAY

EAST LAKE SAMMAMISH PKWY SE

SE 56TH ST

228TH AVE NE

228TH AVE SE

FRONT ST N

SAHALEE WAY NE

NE REDMOND-FALL CITY RD

Standard Monitoring Plan Entry

I. IDSE General Information

*PWS ID

*PWS Name

*PWS Address

*City

*State

*Zip

*Population Served

*System Type

*Source Water Type

*Buying / Selling Relationships

C. PWS Operations

Residual Disinfectant Type

Chlorine

Chloramines

Other

Number of Disinfected Sources

Surface

Ground

GWUDI

Purchased

D. Contact Person

*Contact Name

Title

Phone Number

ext.

Fax

E-mail Address

Standard Monitoring Plan Entry

II. IDSE Requirements

A. Number of Required Standard Monitoring Sites

High TTHM	5
High HAA5	4
Near Entry Point Sites	3
Average Residence Time Sites	4
Total	16

Note: If you have fewer entry points than required near entry point sites, you will sample at more TTHM and/or HAA5 sites, but your total number of sites will not change. See chapter 7 step 2 of the IDSE Guidance Manual for more information.

B. Schedule

Schedule 1

C. Required Standard Monitoring Frequency

During peak historical month (1 monitoring period)

Every 90 days (4 monitoring periods)

Every 60 days (6 monitoring periods)

Standard Monitoring Plan Entry

III. Selecting Standard Monitoring Sites

A. Data Evaluated Check each box corresponding to the data that you used to select each type of standard monitoring site.

Data Type	Near Entry Point	Average Residence Time	Type of Site	High TTHM	High HAA5
-----------	------------------	------------------------	--------------	-----------	-----------

System Configuration:

Pipe layout, locations of storage facilities

Locations of sources and consecutive system entry points

Pressure zones

Information on population density

Locations of large customers

Water Quality and Operational Data:

Disinfectant residual data

Stage 1 DBP data

Other DBP data

Microbial monitoring data

Tank levels data, pump run times

Customer billing records

Advanced Tools:

Water distribution system model

Tracer study

B. Summary of Data.* Provide a summary of data you relied on to justify standard monitoring site selection.

District sources include groundwater, year round, from 12 currently operating groundwater wells and treated surface water from a regional wholesaler (Cascade Water Alliance) that is used seasonally from November 1- April 30. Currently, treated surface water only enters the District's northern service area called the Cascade View Zone, but in the near future the District plans to operate a south intertie with the regional wholesaler and introduce treated surface water into their southern service area called the Plateau Zone. IDSE site selection relied on two years (2004-2005) of monthly disinfection residual data from 60 disinfection sampling sites established for Stage 1 monitoring. These sites are dedicated and secure sample collection stations that tap the District's distribution system throughout their service area. Population density, 2005 Stage 1 DDBP data, pipe layout, locations of our wholesaler system entry points, and pressure zones were also evaluated. Chlorine residual data from June, July and August were tabulated and evaluated for system range (0.0 to 0.24 mg/l) and system average (0.08 mg/l). During selection, sites were identified with levels close to this average for average residence time sites and with high residuals (elevated above 0.1 mg/L) for high HAA5. For high TTHM, site selections were based primarily on population and distribution system knowledge to determine older pipes with dead end lines where longer residence times are expected in addition to Stage 1 TTHM data. During the selection process, a plot was prepared of all candidate sites and system pressure zone boundaries, including existing Stage 1 sites, to ensure that Stage 2 IDSE sites were spatially distributed and hydraulically diverse.

Standard Monitoring Plan Entry

IV. Justification of Standard Monitoring Sites *

You are required to complete this section in its entirety before submitting the Plan.

#	Standard Monitoring Site ID	Site Type	Justification
1	Near Point	Entry	This is the entry point of regional wholesale surface water from Cascade Water Alliance/Seattle Public Utilities (CWA/SPU) into the northern part of the distribution system referred to as the Cascade View Zone. This station is located prior to the first group of customers. Entry of surface water into the distribution system is normally seasonal (November 1 through April 30). As a result of this seasonal use, sample collection from this station will represent a blend of groundwater/surface water during the early part of May, becoming predominantly groundwater in the summer/fall months prior to November 1st.
2	Near Point	Entry	This is an entry point into three major pressure distribution zones from the District's deep wellfield treatment facility. The sample station will be located downstream of treatment. The deep groundwater source has a greater amount of organic content compared to the District's shallower aquifer sources.
3	Near Point	Entry	This is the entry point of regional wholesale surface water (CWA/SPU) into the southern part of the distribution system. This station is located prior to the first group of customers. Entry of surface water will initially be seasonal (November 1 through April 30). As a result of this seasonal use, sample collection from this station will represent a blend of groundwater/surface water during the early part of May, becoming predominantly groundwater in the summer/fall months prior to November 1st. To-date, this regional intertie has been dormant, but is expected to be active in 2006.
4	Average Residence Time	Entry	Represents average residence time in the northwestern part of the plateau system. In the summer months, this station has chlorine residuals that are close to our calculated system-wide average of 0.08mg/l. The sample station site taps an 8-inch water main.
5	Average Residence Time	Entry	Represents average residence time in the central part of the plateau system. In the summer months, this station has chlorine residuals that are close to our calculated system-wide average of 0.08mg/l. This sample site taps an 8-inch ductile iron water main.
6	Average Residence Time	Entry	Represents average residence time in the southern part of the plateau system. In the summer months, this station has chlorine residuals that are close to our calculated system-wide average of 0.08 mg/l. The sample station site taps an 8-inch ductile iron water main.
7	Average Residence Time	Entry	Represents average residence time in the southwestern part of the plateau system. In the summer months, this station has chlorine residuals that are close to our calculated system-wide average of 0.08 mg/l. The site is located near and upstream of a booster station and an emergency operated PRV. This sample site taps an 8" ductile-iron water main.

- 8 High TTHM This station represents high TTHM levels in the northern service area (Cascade View). It is located at a dead end line with low customer population. This is a new station but it is expected to have low chlorine residuals and high TTHM levels due to its location within a distribution system dead end, and within a sparsely populated area. The site receives seasonal surface water from the north regional intertie and close to consistently recorded high TTHM Stage 1 sampling sites.
- 9 High TTHM This station represents high TTHM levels in the northwestern portion of the Plateau system. Summer chlorine residuals at this location are generally very low. It is located near a 3 million gallon storage tank. The site is in a location of older distribution pipe within the 700 pressure zone.
- 10 High TTHM This station represents high TTHM levels. Summer chlorine residuals at this location are generally low. The site is also at the dead end location of the 650 pressure zone and receives some water from deep groundwater sources that have greater organic content than the shallower aquifer sources.
- 11 High TTHM This station represents high TTHM levels in the central portion of the Plateau system. Summer chlorine residuals at this location are generally low. The site is located in an area under construction that is planned to be built out and populated in two to three years. Until then, distribution in this area is expected to have longer residence times.
- 12 High TTHM This station represents high TTHM levels in the eastern portion of the Plateau system. Summer chlorine residuals at this location are generally very low. It is located in a service area with older distribution pipe. The site is also located at a dead end in the distribution. The area occasionally receives booster chlorinated water (during the summer) from two 4 million gallon storage tanks.
- 13 High HAA5 This station represents high HAA5 levels in the northeastern portion of the Plateau system. It is located in a service area with older distribution pipe. Summer chlorine residuals at this location are generally above the system average of 0.08mg/L. The site is also located near a booster chlorination site and two 4 million gallon tanks.
- 14 High HAA5 This station represents high HAA5 levels in the western portion of the Plateau system. Summer chlorine residuals at this location are generally well above the system average of 0.08 mg/L. The site is located along a main north-south transmission pipeline for the plateau service area. Water in this main line is expected to have low residence time.
- 15 High HAA5 This station represents high HAA5 levels in the central portion of the Plateau system. Summer chlorine residuals at this location are generally well above the system average of 0.08 mg/ L. The site is located along a main north-system transmission pipeline and in an area of dense population for the service area. Water in this main line is expected to have a low residence time.
- 16 High HAA5 This station represents high HAA5 levels in the southern portion of the Plateau system. Summer chlorine residuals at this location are generally well above the system average of 0.08 mg/l. The site is located near a major transmission tank for the plateau service area. Water in this area is expected to have a low residence time.

1 Verify that site IDs match IDs in Section IV and on your distribution system schematic (See Section VII of this form).

Standard Monitoring Plan Entry

V. Peak Historical Month and Standard Monitoring Dates

A. *Peak Historical Month

B. If multiple Sources, Source Used to Determine Peak Historical Month (enter "N/A" if only one source in your system):

Based on Stage 1 TTHM data.

C. *Peak Historical Month Based On (check all that apply):

High TTHM

Warmest water temperature

High HAA5

If you used other information to select your peak historical month, explain here:

D. Proposed Standard Monitoring Dates

You are required to complete this section in its entirety before submitting the Plan.

Standard Monitoring Site ID (from map)*	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6

Projected Sampling Date (day or week)**

* Site IDs should match IDs on your distribution system schematic (See Section VII).
** period = monitoring period. Complete for the number of periods from Section II.C.

Standard Monitoring Plan Entry

VI. Planned Stage 1 DBPR Compliance Monitoring Schedule

If you are a consecutive system that is not required to conduct Stage 1 DBPR compliance monitoring, enter none under Stage 1 DBPR Monitoring Site ID and none under Period 1.

Stage 1 DBPR Monitoring Site ID
(from map)¹

Projected Sampling Date (date or week)²

Period 1

Period 2

Period 3

Period 4

1 Verify that site IDs match IDs on your distribution system schematic (See Section VII of this form). Add additional monitoring sites if you are required to monitor at more than 8 Stage 1 DBPR sites.

2 period = monitoring period. Complete for the number of periods in which you must conduct Stage 1 DBPR monitoring during IDSE monitoring. Can list exact date or week (e.g., week of 7/9/07)

Standard Monitoring Plan Entry

VII & VIII Schematic & Attachments

The following is a list of attachments that have already been submitted.

File Name	Date Uploaded
Distribution System Schematic	2006-09-27 10:58:12.0

If you prefer to send attachments via mail or e-mail, please check the box for "Sending attachments by mail". You may mail your attachments to one of the following addresses:

Mailing Address:

STAGE2 DBPR
US EPA-IPMC
PO Box 98
Dayton, OH 45401-0098

E-mail Address:

stage2mdbp@epa.gov

Sending Attachments by Mail

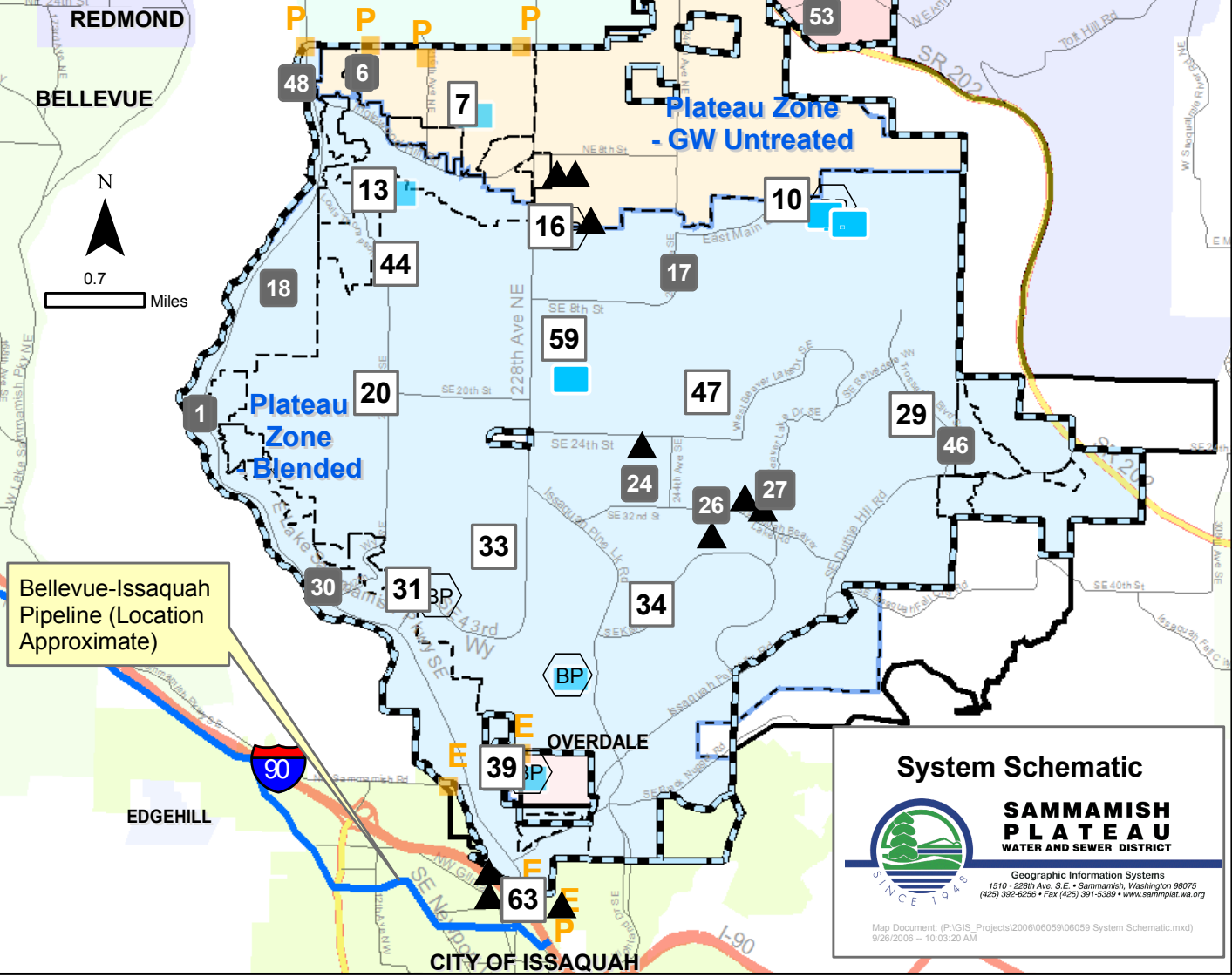
Enter a description of the items that will be mailed.

Legend


- 8 IDSE Monitoring Stations
- 4 Stage 1 Monitoring Stations
- BP Booster Pump Stations
- ▲ Wells
- Storage Tanks
- Interties (P=Permanent, E=Emergency)
- Current District Corporate Boundary
- Major Supply Pipelines - Approximate Locations
- Future Water Service Area Boundary
- Pressure Zone Boundaries
- Treatment Areas**
- Blended
- Segregated_CI_F
- Segregated_Min_CI_No_F

Seattle Tolt River Pipeline (Location Approximate)

Bellevue-Issaquah Pipeline (Location Approximate)



System Schematic



SAMMAMISH PLATEAU
WATER AND SEWER DISTRICT

Geographic Information Systems
1510 - 228th Ave. S.E. • Sammamish, Washington 98075
(425) 392-6255 • Fax (425) 391-5389 • www.sammplatwa.org

Map Document: (P:\GIS_Projects\2006\06059\06059 System Schematic.mxd)
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**Stage 1 Disinfectants and
Disinfection Byproducts Rule
Identified Treatment Plants and Monitoring Plan
Sammamish Plateau Water and Sewer District
Sammamish, Washington**

May 16, 2005

Prepared For:
Washington State Department of Health
Northwest Regional Office

Prepared By:
SAMMAMISH PLATEAU WATER AND SEWER DISTRICT

and

CDM

11811 NE 1st Street, Suite 201
Bellevue, Washington 98005

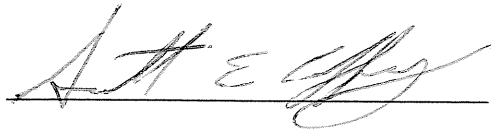
CDM Project No. 19936-42969

A Report Prepared For:

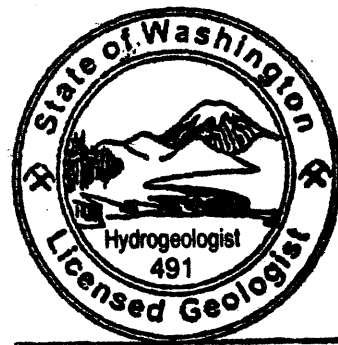
Sammamish Plateau Water and Sewer District

**Stage 1 Disinfectants and Disinfection Byproducts Rule
Identified Treatment Plants and Monitoring Plan
Sammamish Plateau Water and Sewer District
Sammamish, Washington**

May 16, 2005



Scott E. Coffey, L.H.G
Project Hydrologist



Scott E. Coffey

CDM

11811 N.E. 1st Street, Suite 201
Bellevue, Washington 98005

CDM Project No. 19936-42969

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Section 1

Introduction

This report presents information for Sammamish Plateau Water and Sewer District (System ID No. 409009) as required under the Federal Stage I Disinfectants and Disinfection Byproducts (DDBP) Rule and incorporated into Washington State Department of Health (DOH) drinking water regulations on April 27, 2003. The report is divided into two parts:

Part 1 - Identification of Treatment Plants

Part 2 - DDBP Monitoring Plan

Part 1

Identification of Treatment Plants

Part 1 of this report provides a brief overview of the regulatory framework of the Stage 1 DDBP rule, Sammamish Plateau Water and Sewer District's (District) water supply system, and a presentation of parameters as specified in DOH publication #331-235 used to demonstrate the grouping of individual wells within selected treatment plants.

Regulatory Overview

The Safe Drinking Water Act (SDWA), now administered by the Environmental Protection Agency (EPA), was enacted over 25 years ago to regulate the public water industry and to safeguard the public health. Many of the waterborne diseases common over 100 years ago have been eliminated with the introduction of chemical disinfection. Disinfectants such as chlorine and ozone are effective in inactivating many microorganisms in our public drinking water.

Despite the numerous benefits of disinfection, several studies have indicated there is an association between the byproducts created when disinfectants combine with organic matter in water and the development of cancer in laboratory animals. In 1996 amendments to the SDWA direct the EPA to regulate the creation of disinfection byproducts.

The District's identification of Treatment Plants and DDBP Monitoring Plan presented in this report is in compliance with the Code of Federal Regulations, Title 40, Chapter 1, Section 132, Paragraph (f).

System Overview

The District's water supply system is experiencing considerable growth and change. At the time of this report, the system is currently comprised of 14 operating groundwater wells that tap four distinct aquifer zones. The wells are over 100 feet in depth and, as demonstrated through pumping tests and water quality sampling, are out of the direct influence of surface water.

Figure 1 shows the locations of the District's active production wells and service area boundary.

Recently, the District became a member of the Cascade Water Alliance (CWA), a group comprised of eight municipalities and districts that have joined together to provide water supply to meet current and future demands. In the near future, the District is preparing to purchase water from CWA in order to meet peak demand in the summer months. The source of this water will be from Seattle Public Utilities (SPU) Tolt Reservoir Supply (System ID No. 77050Y, Source No. S02). Tolt water is surface water that SPU treats through the process of ozone disinfection, filtration, and

chlorination. SPU adds fluoride for dental health and Lime/CO₂ for pH adjustment to minimize corrosion.

When connected to this source, the District will blend it with their existing groundwater sources. **Figure 1** shows the locations of the north and south connections to this regional surface water source. The connections are currently under construction and expected to be online around spring of 2005.

Until recently, the District operated their production wells without any treatment. In 2004, the District began chlorinating their groundwater sources and adding fluoride, regardless of the well's depth, quality and separation from surface water influence. The District currently implements this in an effort to maintain consistency in taste and quality within the distribution system when the treated surface water blends with the groundwater sources in 2005.

The multiple groundwater sources each have their own treatment system. **Table 1** provides a summary of treatment at each of the District's ground and surface water sources. The table indicates that, apart from the low chlorine & fluoride free area supplied by District wells 4, 4R, 11.1, and 11.2, the treatment process will be similar at all of the groundwater sources. **Appendix A** presents the DOH source treatment forms detailing the treatment processes in place at each production well.

Table 1 - District Source Treatment Summary

Well	DOH Source #	Source Treatment				
		Chlorination	pH adjustment	Fluoridation	Filtration	Ozonation
1R	S01	x	x	x		
2.1 ⁽¹⁾	S02	x	x	x	x	
2.2 ⁽¹⁾	S15	x	x	x	x	
10	S11	x	x	x		
7 ⁽¹⁾	S06	x	x	x		
8 ⁽¹⁾	S07	x	x	x		
9 ⁽¹⁾	S13	x	x	x		
SPU South	77050Y - S02	x	x	x	x	x
4	S04	x ⁽²⁾				
4R	S17	x ⁽²⁾	x			
11.1 ⁽¹⁾	S14	x ⁽²⁾				
11.2 ⁽¹⁾	S12	x ⁽²⁾				
12R	S16	x		x	x	
13	S09	x		x	x	
14	S10	x		x		
SPU North	77050Y - S02	x	x	x	x	x

Notes:

- (1) - Sources are blended and treated at one treatment plant location prior to distribution
- (2) - Low chlorine dose for taste and odor control

Source Grouping

Although the District has 14 actively treated groundwater sources, many of these wells tap the same aquifer and can expect to present similar reactions to disinfection and the formation of Disinfection Byproducts (DBPs). The text below presents DOH criteria used to group these 14 wells and future blending of SPU Tolt surface water into the following three Treatment Plants:

Treatment Plant 1 (TP1) Plateau and Cascade View Shallow/Zone II Aquifer blended with SPU water

Treatment Plant 2 (TP2) Intermediate Zone III/Deep Zone IV Aquifers blended with SPU water

Treatment Plant 3 (TP3) Valley Aquifer System blended with SPU water

Well Construction

Table 2 provides a summary of well construction information for each of the District production wells in addition to the designated aquifer (discussed below) each well taps. Complete well log reports for each of the District's wells are included in Appendix B.

Table 2 - District Production Well Construction Data

Well	Location	Year Constructed	Wellhead Elevation (ft-msl)	Completion Depth (ft)	Screen Diameter (inches)	Pumping Capacity (gpm)	Aquifer Zone
1R	24100 SE 28th Street	1984	465	137-147	12	500	II
2	25400 SE 31st Place	1968	414	96-116	12	500	II
2.2	25401 SE 31st Place	1996	414	150-175	16	500	II
4	23050 Main Street	1970	352	390-400	12	750	IV
4R	23050 Main Street	2004	352	710-845	12	- ⁽¹⁾	IV
7	6503 East Lake Sammamish Parkway	1984	70	83-147	14	2,000	Valley B
8	6651 East Lake Sammamish Parkway	1984	73	105-179	14	3,500	Valley B
9	940 1st AVE NE	1991	75.5	194-219	24	2,300	Valley C
10	25025 SE 32nd Street	1993	418	135-183	10	700	II
11.1	400 228th AVE SE	1993	355	409-486	6	500	III
11.2	400 228th AVE SE	1993	355	655-880	8	2000	IV
12R	26410 NE 50th Street	1999	645	135-169	12	220	II
13	26002 NE 70th Street	1990	665	865-944	6	170	IV
14	26120 NE 36th Place	1990	475	305-328	8	100	III

Notes;

1 - Pump not installed yet. Pumping test indicates well can sustain a yield of 2,000gpm

Hydrogeology

Several geologic maps and reports describe the surface and subsurface geology tapped by the District's production wells. The USGS Water Resources Investigation Report 94-4082 (USGS, 1995) Geohydrology and Ground-Water Quality of East King County, describes the study area to consist primarily of unconsolidated glacial and interglacial deposits.

The USGS report and investigations conducted by the District indicate the District wells tap the following two distinct aquifer systems:

- 1 - Plateau & Cascade View Aquifer System
- 2 - Issaquah Valley Aquifer System

Plateau & Cascade View Aquifer System

Figure 2 is a schematic cross section showing hydrostratigraphic units for the Plateau and Cascade View aquifer system.

Four of the units are designated aquifer zones. These zones are comprised of saturated to partially saturated permeable sand and gravel deposits designated by Roman Numerals, with "I" being the shallowest and "IV" the deepest. Separating these aquifer units are three intervening aquitards of lower permeable sediments that are predominantly clay and silt. These units overlie Tertiary Bedrock comprised predominantly of siltstone, sandstone, and conglomerate. **Table 3** describes these aquifers and the intervening aquitards in detail.

The two uplands (Plateau and Cascade View) share similar stratigraphy, but are separated topographically by Evans and Patterson Creek valleys. The schematic illustrates where these stream valleys truncate the shallower aquifer zones designated I and II.

The District's production wells in this aquifer system tap zones II, III, and IV. There are no District wells completed in Zone I because the aquifer is unconfined in areas, and locally in direct hydraulic connection to Plateau wetlands and surface waters. The aquifer and aquitard geometries are shown with District well locations by east-west (**Figure 3**) and northwest-southeast (**Figure 4**) cross sections through the District's Plateau and Cascade View areas.

Hydraulic Connection

Water level records from monitoring wells completed with multiple piezometers, such as those in PT-3, indicate a significant hydraulic separation between Aquifer Zone II and the deeper zones III and IV (**Figure 5**). Water level records in monitoring wells completed in both zone III and IV, such as Well 6 show some hydraulic connection (**Figure 6**).

Table 3 - Characteristics of Geohydrologic Units in the Plateau and Cascade View Aquifer System

Geohydrologic Unit	Geohydrologic Unit Label	Aquifer/Aquitard Zone	Lithologic Characteristics	Location	Hydrologic Characteristics
Alluvium	Qal	-	Consists of unconsolidated silt, sand, and gravel deposited by streams and along lake shores since the end of the Vashon Glaciation. These deposits may range from 1 to 30 or more feet thick.	Snoqualmie and Evans/Patterson Creek Valley and along the Lake Sammamish shoreline.	Highly variable permeability, ranging from moderate to high.
Vashon Recessional Outwash	Qvr	Zone I	Comprises highly permeable unconsolidated sand and gravel deposited by retreating ice of the Vashon Glaciation. These deposits may be up to 70 feet thick in some areas of the Plateau.	Inglewood Channel, North Fork Valley, Central Portions of the Sammamish Plateau and Ames Lake area	Aquifer where saturated, mostly unconfined. Perched conditions occur locally. Examples - Ames, Beaver, Pine & Yellow Lakes
Vashon Till	Qvt	Aquitard	Low permeable, highly consolidated, silty gravel and sandy silt, locally referred to as hardpan. Deposited at the base of the Vashon Ice sheet and compressed by the weight of the overlying glacier. This unit is typically 10 to 30 feet thick and rarely more than 50 feet thick.	It is present at ground surface across much of the upland areas in the model and underlies the recessional outwash in some places on the Plateau.	Confining bed, but can slowly transmit some water vertically and horizontally
Vashon Advance Outwash	Qva	Zone II	Moderately permeable, highly consolidated, silty sand and gravel deposited by meltwater of the advancing Vashon Ice Sheet. The Advance Outwash was compacted after deposition by the overlying glacier. It is commonly 100 to 200 feet thick and can be separated by a discontinuous blue-gray silt that ranges between 10 to 30 feet thick.	Vashon Advance Outwash underlies most of the uplands including, the Plateau and Cascade View/Ames Lake areas. This unit outcrops along the steep slopes around the margins of the upland areas.	Principal aquifer in terms of use. Groundwater mostly confined by the overlying Till

Table 3 - Characteristics of Geohydrologic Units in the Plateau and Cascade View Aquifer System (cont.)

Geohydrologic Unit	Geohydrologic Unit Label	Aquifer/Aquitard Zone	Lithologic Characteristics	Location	Hydrologic Characteristics
Transitional Beds	Q(A)f / Qtb	Aquitard	Low permeable silt and clay beds typically deposited in lakes prior to the Vashon Glaciation. The transition beds are as thick as 150 feet in the model area.	The transition beds outcrop on the steep slopes along the upland areas where they underlie the Vashon Advance Outwash.	Confining bed, but can yield and transmit water
Olympia Beds	Q(A)c / Qol	Zone III	Moderately permeable sands and gravels interbedded with silt and were deposited by streams during non-glacial times. Formation thickness, where exposed in the upland edges, can be greater than 100 feet.	They outcrop on the steep slopes of the upland areas and extend beneath the uplands and alluvium in the valleys. Known in some areas as the "Sea Level" aquifer because it is commonly present at this elevation	Principal aquifer in terms of use. Groundwater is confined.
Lower fine-grained unit	Q(B)f	Aquitard	Clay, silt, and till with some sand and gravel. Formation thickness can be greater than 200 feet thick	Present beneath the sea level aquifer (Zone III). Believed to underlie Lake Sammamish in most areas.	Confining bed, but can yield and transmit water
Lower coarse-grained unit	Q(B)c	Zone IV upper	Sand and gravel with minor clay and silt. Formation thickness is between 100 and 200 feet in most areas.	Present under central portions of the Sammamish Plateau and north to Union Hill, Cascade View, and Ames Lake areas.	An aquifer where saturated. Groundwater is confined. Tapped by few wells. Known wells are SPWSD 4, and 5
Deepest unconsolidated and undifferentiated deposits	Q(C)	Zone IV lower	Unconsolidated deposits of largely unknown lithology. Formation thickness where found is greater than 200 feet thick	Present under central portions of the Sammamish Plateau and north to Union Hill, Cascade View, and Ames Lake areas.	Hydraulically connected to Zone IV upper. Unit encountered in few wells - NE Samm TW-1, SPWSD 6.2 and 11.2,
Tertiary Bedrock	Br	Base/Boundary	Adesite with minor amounts of basalt and diorite, and some sandstone, siltstone, and conglomerate.	Present at the surface along the eastern (Cascade foothills) and southern (Grand Ridge) boundaries	Water contained in fractures and joints, but most well yields are relatively small.

Table modified from USGS Water Resources Investigations Report 94-4082

Due to the significant hydraulic separation between Zone II and the deeper aquifer zones (III & IV), Zone II wells are grouped into one treatment plant (TP1) for DBP monitoring. Because of their demonstrated hydraulic connection and water quality similarities (demonstrated below), district wells completed in aquifer Zones III and IV will be included into Treatment Plant 2 (TP2) for DBP monitoring.

Valley Aquifer System

During the last glacial advance (between 20,000 and 10,000 years ago), ice entered the Sammamish Valley from the north, reversed the drainage and enlarged ancestral Lake Sammamish. High-energy streams seasonally entered the valley from the east through meltwater channels, such as Inglewood and North Fork channels, and built coarse-grained sand and gravel deltas into the lake. These sediments are interbedded with finer-grained lake silts deposited during cold-season low runoff. These silt layers confine groundwater, acting as aquitards that separate the coarse-grained highly productive aquifers of the valley aquifer system.

The District wells completed in the Issaquah Valley Aquifer System tap zones designated A, B and C. **Figure 7** shows these zones and the District's well completions in a north-south cross section.

The aquitard layers within the Valley Aquifer System are not as thick or extensive as those within the Plateau and Cascade View Aquifer System. As a result, the aquitards provide some hydraulic separation, but allow a greater degree of communication between each of the three zones.

Hydraulic Connection

Figure 8 shows over ten years of water level records for monitoring well VT-1 which the cross-section (**Figure 7**) illustrates has completions in all three valley aquifer zones.

Seasonal water level fluctuations recorded for all three aquifer zones are similar which verify their hydraulic connection. Because of this hydraulic connection and the water quality similarities between each of the aquifer zones (demonstrated below), all three zones are considered as one aquifer and will be represented by Treatment Plant 3 (TP3) for DBP sampling purposes.

Water Quality

The following tables (**Tables 4 through 6**) show water quality parameters specific to those outlined in DOH PUB #331-235 used to support grouping the District's groundwater wells into the three treatment plants identified above. Parameters showing similar levels between the well groupings are highlighted in yellow.

Table 4 - Water Quality Data for Sources Included in Treatment Plant 1

Well	DOH Source #	Aquifer Zone	Temperature Annual Range (Celsius)	pH range	Specific Conductivity (umhos/cm)	Calcium (mg/L)	Magnesium (mg/L)	Iron (mg/L)	Manganese (mg/L)	Sodium (mg/L)	Sulfate (mg/L)	Hardness (mg/L as CaCO ₃)	Chloride (mg/L)	TOC (mg/L)
1R	S01	II	10.0 - 11.1	6.6-7.1	155	19.2	11	ND	ND	6.5	ND	82	ND	0.7
2.1	S02	II	10.2 - 11.1	6.6-7.1	160	21.6	10	ND	0.034	8.1	7.9	65	5.7	NA
2.2	S15	II	9.8 - 11.1	6.6-7.1	165.5	15	4.8	ND	0.086	5	8	70	3	NA
10	S11	II	10.2 - 11.1	7.0-8.3	130	15.2	5.4	ND	ND	4.3	ND	60	ND	NA
12R	S16	II	9.7-11.0	6.6-7.0	154	23	8.5	ND	0.135	8.2	26.3	90	ND	NA
SPU	?	-	5.0-20	7.9-8.3	67.3	28.2	0.4	0.014	ND	1.11	1.4	29.9	2.5	1.08

Notes
 1 - Water Quality results collected from Table 3-5 of SPWSD Comprehensive Plan and additional samples collected from 1994 through 2004 for ASR pilot testing.
 - Water Quality results showing similarities within designated treatment plant group
 NA - Not Analyzed

Table 5 - Water Quality Data for Sources Included in Treatment Plant 2

Well	DOH Source #	Aquifer Zone	Temperature Annual Range (Celsius)	pH	Specific Conductivity (umhos/cm)	Calcium (mg/L)	Magnesium (mg/L)	Iron (mg/L)	Manganese (mg/L)	Sodium (mg/L)	Sulfate (mg/L)	Hardness (mg/L as CaCO ₃)	Chloride (mg/L)	TOC (mg/L)
4	S04	IV	9.2 - 11.7	7.3-8.2	146	18	4.2	ND	0.05	7.4	ND	61	ND	NA
4R	S17	IV	9.2 - 11.7	7.3-8.2	156	18	3.8	ND	0.03	6	ND	61	ND	NA
11.1	S14	III	10.1-12	7.0-7.8	162	19	5.7	0.25	ND	6.7	3.6	77	2.3	NA
11.2	S12	IV	10-11.7	7.5-8.6	148	18	6	ND	0.03	6.7	1	70	2	NA
13	S09	IV	NA	7.8-8.4	155	17	5.8	ND	0.05	9.6	ND	67.5	ND	NA
14	S10	III	NA	7.6	140	11	4.4	ND	0.05	6.8	21	45	ND	NA
SPU	?	-	5.0-20	7.9-8.3	67.3	28.2	0.4	0.014	ND	1.11	1.4	29.9	2.5	1.08

Notes
 1 - Water Quality results collected from Table 3-5 of SPWSD Comprehensive Plan and additional samples collected from 1994 through 2004 for ASR pilot testing.
 - Water Quality results showing similarities within designated treatment plant group
 NA - Not Analyzed

Table 6 - Water Quality Data for Sources Included in Treatment Plant 3

Well	DOH Source #	Aquifer Zone	Temperature Annual Range (Celsius)	pH	Specific Conductivity (umhos/cm)	Calcium (mg/L)	Magnesium (mg/L)	Iron (mg/L)	Manganese (mg/L)	Sodium (mg/L)	Sulfate (mg/L)	Hardness (mg/L as CaCO ₃)	Chloride (mg/L)	TOC (mg/L)
7	S06	Valley B	9.8-13.9	6.5-6.9	170	15	6.5	ND	ND	8.2	8.7	73	ND	NA
8	S07	Valley B	10.1-13.9	6.4-7.0	180	15	7	ND	ND	9.7	7.7	76	ND	NA
9	S13	Valley C	10.1-13.9	6.5-7.1	160	16	5.4	ND	ND	8.5	7	68	ND	NA
SPU	?	-	5.0-20	7.9-8.3	67.3	28.2	0.4	0.014	ND	1.11	1.4	29.9	2.5	1.08

Notes
 1 - Water Quality results collected from Table 3-5 of SPWSD Comprehensive Plan and additional samples collected from 1994 through 2004 for ASR pilot testing.
 - Water Quality results showing similarities within designated treatment plant group
 NA - Not Analyzed

The tables generally indicate the wells grouped into the three treatment plants draw from the same aquifer, or aquifers with similar water characteristics. Given the similarities shown in natural water quality it is likely that the grouped wells will have similar reaction to treatment and blending with SPU surface water in the formation of DBPs.¹

Treatment Plant Identification

Table 7 lists the District’s production wells that currently supply their service area including the SPU connection proposed to blend with these sources in the future. Based on the District’s distribution system and the criteria addressed above, the table identifies the source groups for each of the three identified Treatment Plants. DDBP monitoring for these treatment plants is describe in the following section and will provide the best representation of DBP formation from the treated groundwater and

¹ Some exceptions are due to localized water quality characteristics.

surface water sources managed by the District under the Stage I DDBP rule (40 CFR 141.132(b)).

Table 7 – SPWSD System Sources and Associated Treatment Plants

Well	DOH Source #	Aquifer Zone ⁽²⁾	Treatment Plant ⁽³⁾
1R	S01	Shallow (Zone II)	TP-1
2.1	S02		
2.2	S15		
10	S11		
12R	S16		
4	S04	Deep (Zone IV)	TP-2
4R	S17	Intermediate (Zone III)	
11.1 ⁽¹⁾	S14	Deep (Zone IV)	
11.2 ⁽¹⁾	S12	Intermediate (Zone III)	
13	S09		
14 ⁽⁴⁾	S10		
7 ⁽²⁾	S06	Valley Aquifer System	TP-3
8 ⁽²⁾	S07		
9 ⁽²⁾	S13		
SPU South	(77050Y-S02)		TP-1 & TP-2 ⁽⁵⁾
SPU North	(77050Y-S02)		TP-1 & TP-3 ⁽⁵⁾

Notes:

- (1) - Sources are blended and treated at one treatment plant location prior to distribution
- (2) - Known productive hydrostratigraphic zones that comprise the Plateau and Valley Aquifer systems
- (3) - Designated Treatment Plants based on similarities in Well Construction, Geology and Water Quality
- (4) - Well 14 is rarely pumped, a majority of it's water rights were transferred to other nearby, more productive wells
- (5) - SPU water will be blended with groundwater sources grouped into the identified treatment plants

Part 2

DDBP Monitoring Plan

System Name: Sammamish Plateau Water & Sewer District
PWSID#: 409009
Type of System: Groundwater and future SPU Tolt Surface Water
Population of System: >10,000
Date: 12/22/04
Completed by: SPWSD & CDM

The District' DDBP monitoring plan is maintained and available for review by DOH and the general public. The plan complies with the requirements outlined in the Code of Federal Regulations, Title 40, Chapter 1, Section 132, Paragraph (f) which includes the following:

- Specific locations and schedules for collecting the DDBP parameters that represent the entire distribution system.
- A description on how the compliance is calculated with regard to treatment technique, maximum contaminant levels (MCLs) and maximum residual disinfectant levels (MRDLs).

Part 1 above presents the information and analysis for grouping District well sources and future SPU surface water blending into three identified treatment plants. **Table 8** presents a summary of these treatment plants and associated wells. Treated SPU Tolt surface water will blend with all of the well groups and shows as a source for all three treatment plants.

Table 8 - Treatment Plant Sources

Treatment Plant	Sources
TP1	1(S01), 2.1(S02), 2.2 (S15), 10 (S11), 12R (S16) & SPU Tolt Water
TP2	4(S04), 4R(S17), 11.1(S14), 11.2(S12), 13(S09), 14(S10) & SPU Tolt Water
TP3	7(S06), 8(S07), 9(S13) & SPU Tolt Water

Disinfection Monitoring and Compliance

- The District and CWA/SPU, when connected, will work together to ensure compliance with sample collection, analysis, and report submittal to DOH. SPU will continue to analyze and report sampling results to DOH before the Tolt water is delivered to the District's service connection.

- **Figure 9** shows the locations of the District’s current coliform sampling stations. The District will monitor the 60 stations over a one month period. Each week the District samples a select group of the 60 stations based on the following color code on the map:

- Green – Week 1
- Yellow – Week 2
- Blue – Week 3
- Red – Week 4

As shown, the station groups are widely distributed throughout the District’s service area for representative system sampling every week.

For disinfection monitoring, the District will analyze chlorine residuals and pH levels in the field when each of the coliform samples are collected. The District will tabulate and submit this field data using the DOH Distribution System Report Form with the laboratory coliform results to DOH within 10 days of the end of the reporting month. An example of this form is included in **Appendix B**.

Maximum contaminant level (MCL) compliance of disinfection residuals will be based on a running annual average (RAA) over the past 12 months. MRDL for chlorine and chloramines is 4.0 mg/L. However, the District expects to maintain a residual no more than 0.2 mg/L.

Byproduct Monitoring and Compliance

As with the Disinfection monitoring, SPU will continue to analyze and report sampling results to DOH for MCL compliance of Total Trihalomethanes (TTHM), the five Haloacetic Acids (HAA5), and Bromate formation before delivering Tolt water to the District’s service connection. The District will sample for TTHM, HAA5, Bromide, and TOC quarterly at the sampling stations shown on **Figure 9** for each treatment plant. **Table 9** lists the Treatment plants and the representative sample stations where DBP monitoring will occur.

Table 9 – DBP Monitoring Stations and Schedule

Treatment Plant	TTHM & HAA5 Sampling Station ⁽¹⁾	Residence	Sampling Schedule
TP1	24	Average	Quarterly - Jan, April, July, Oct
	26	Average	Quarterly - Jan, April, July, Oct
	27	Average	Quarterly - Jan, April, July, Oct
	46	Maximum	Quarterly - Jan, April, July, Oct
TP2	2	Maximum	Quarterly - Jan, April, July, Oct
	6	Average	Quarterly - Jan, April, July, Oct
	3	Average	Quarterly - Jan, April, July, Oct
	17	Average	Quarterly - Jan, April, July, Oct
TP3	53	Maximum	Quarterly - Jan, April, July, Oct
	1	Average	Quarterly - Jan, April, July, Oct
	18	Average	Quarterly - Jan, April, July, Oct
	30	Average	Quarterly - Jan, April, July, Oct
	48	Maximum	Quarterly - Jan, April, July, Oct

Notes:

1 - See figure 9 for sampling station location

As discussed in Part 1, the District expects DBP formation for Well 12, completed in the shallow aquifer in the Cascade View area, to be similar and represented by the stations supplied by wells completed in the shallow aquifer on the Plateau. However, the District will collect an extra sample representing maximum residence time (MRT) for Treatment Plant 1 (TP1) in this area to cover possible differences in reaction to treatment and future blending of SPU surface water from the north connection. The sampling station (Station #2) is located at the Well 12R storage tank.

The District will summarize and submit analytical results of the 13 samples to DOH in quarterly reports that will include:

- Sample date and location for DBP results
- Quarterly arithmetic average
- Running annual averages for HAA5 and TTHM based on the previous four quarters for each source (RAA of quarterly averages that exceed the MCL are in violation)
- Whether or not results exceed the MCL for each DDBP parameter as shown on **Table 10**.

Table 10 - MRDLs and MCLs for the Stage 1 D/DBP Rule

Disinfectant	MRDL	MCL	MCLGs	Based on
Chlorine	4.0 mg/L			Running Annual Average
Disinfectant Byproduct				
HAA5		0.060 mg/L		Running Annual Average
Monochloroacetic acid			-	
Dichloroacetic acid			0.00	
Trichloroacetic acid			0.30 mg/L	
Monobromoacetic acid			-	
Dibromoacetic acid			-	
TTHM		0.080 mg/L		Running Annual Average
Bromodichloromethane				
Dibromochloromethane				
Tribromomethane (Bromoform)				
Trichloromethane (Chloroform)				
Bromate		0.010 mg/L	0.00	Running Annual Average

Notes:
 MRDL - Maximum Residual Disinfectant Level
 MCL - Maximum Contaminant Level
 MCLGs - Maximum Contaminant Level Goals

Reduced Monitoring Qualifications

For conservative purposes and until more sophisticated modeling of the distribution system is performed, the District will consider surface water to be present within the system to some degree throughout the year and will comply with the reduced monitoring criteria for surface water sources, even though the source water present in the Distribution system during the late spring, summer and early fall seasons will be mainly groundwater.

Table 11 shows the criteria necessary for the Department of Health to consider the District qualified for reduced monitoring. If the District meets these criteria they may apply to reduce DBP monitoring to 1 sample, per treatment plant, per year. This will reduce monitoring efforts from 52 samples collected annually for both THM and HAA5 to 13.

Table 11 also shows TOC monitoring and reduction criteria. The District will collect monthly treated source water TOC (a DBP precursor) and Bromate, a potential DBP contaminant created from SPU ozone treatment. The District will obtain both TOC and Bromide levels from Seattle Public Utilities for calculating running annual averages and quarterly samples at each of the two interties to determine if they qualify for reduced TOC and Bromate monitoring.

Table 11 – Reduced Monitoring

Parameter	Criteria	Standard Monitoring Frequency	Reduced Frequency
Chlorine Residuals	No Reductions Allowed	Monthly	Not Applicable
TTHM and HAA5	< or = 50% MCLs (RAA) & TOC < or = 4.0 mg/L (RAA)	4/plant/QTR (TTHM & HAA5)	1/plant/QTR
TOC	TOC < 1.0 mg/L 1YR TOC < 2.0 mg/L 2 YRS	Monthly (RAA) (obtained from SPU) Checked Quarterly at Interties	1/plant/QTR
Bromate	Bromide < 0.05 mg/L 1YR	Monthly (RAA) (obtained from SPU) Checked Quarterly at Interties	1/plant/QTR

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Washington State Department of Health
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Attention: Jolyn Leslie, PE, Regional Engineer

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Sammamish Plateau Water and Sewer District
1510 228th Ave SE
Sammamish, WA 98027

Attention: Ron Little, PE, Manager

Figures

Sammamish Plateau Water and Sewer District

SPU NORTH

FIGURE 4 CROSS SECTION

Redmond Fall City Rd
Sahalee Wy NE

E Lake Sammamish Pky NE

Lake Sammamish

SR 202

FIGURE 3 CROSS SECTION

SE 43rd Wy
SE Newkirk Way

FIGURE 7 CROSS SECTION

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13 S09

12R S16

14 S10

11.2 S12

11.1 S14

4R S17

4 S04

1R S01

2.2 S15

2.1 S02

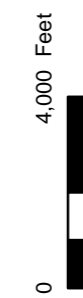
10 S11

7 S06

8 S07

9 S13

SPU SOUTH



Legend

- District Boundary
- Source Locations
- Intertie
- Well

Figure 1
District Sources Treatment Locations

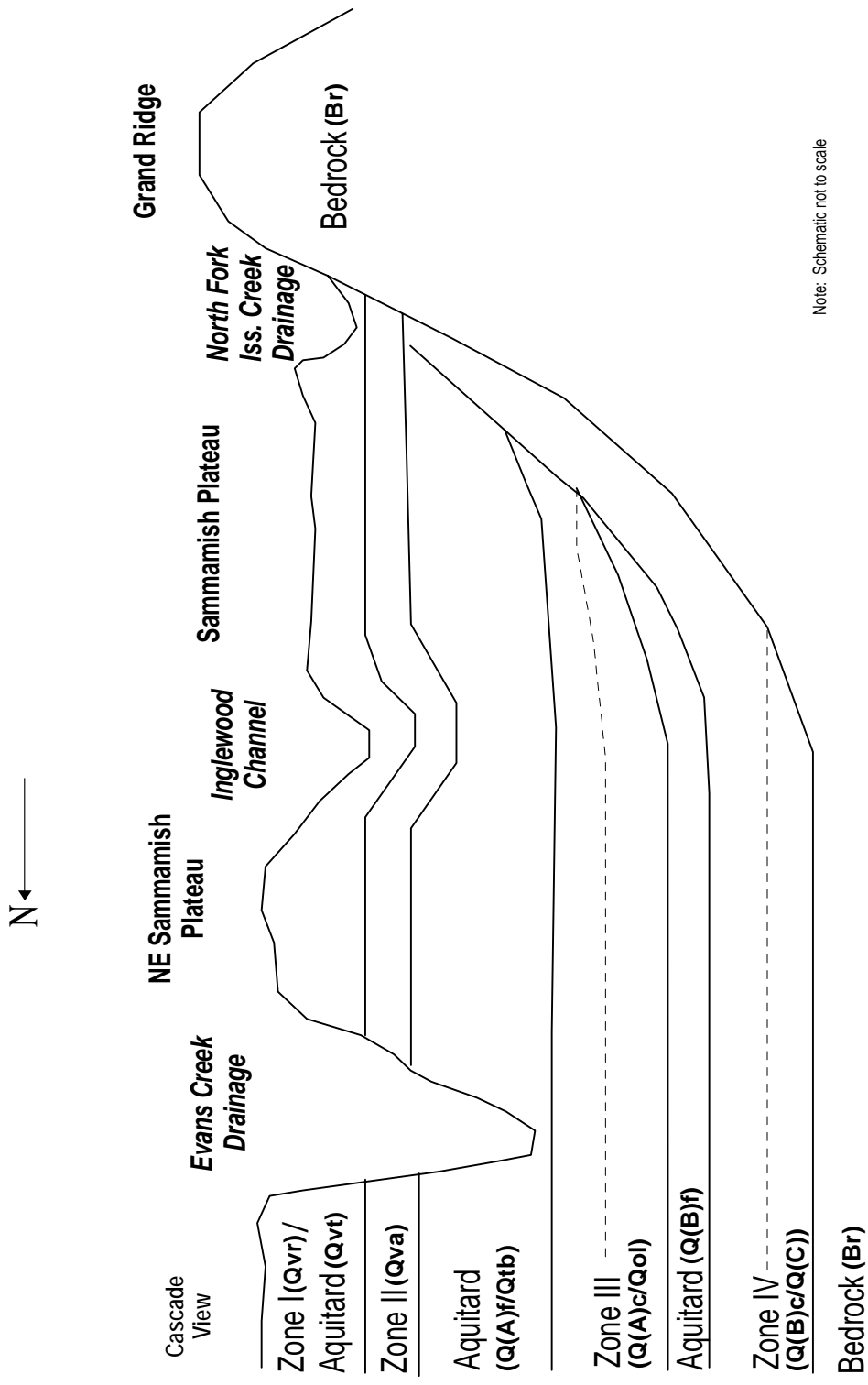
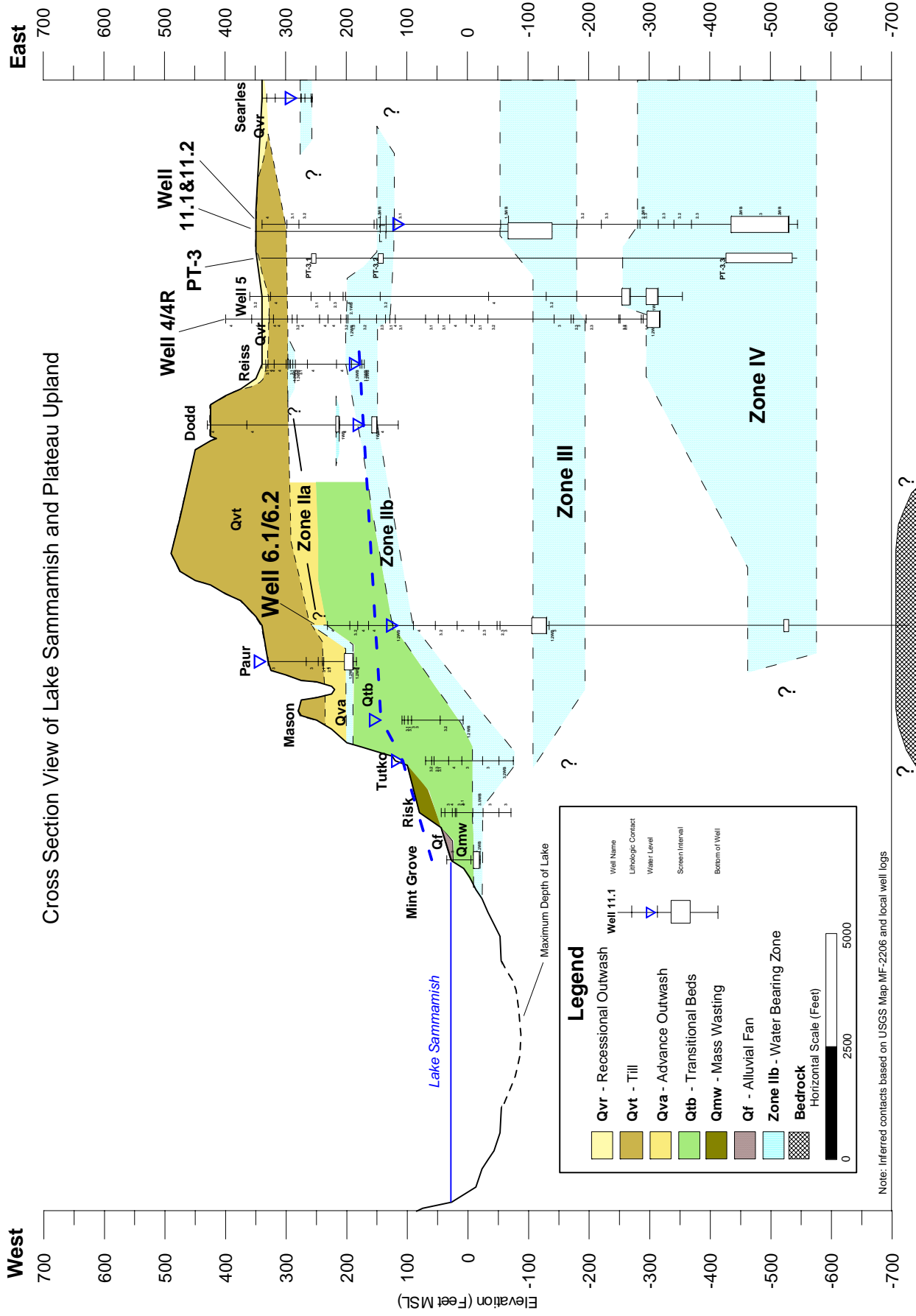


Figure 2
Schematic Cross Section
Plateau and Cascade View Aquifer System



Note: Inferred contacts based on USGS Map MF-2206 and local well logs

Figure 3
West - East Plateau Cross Section

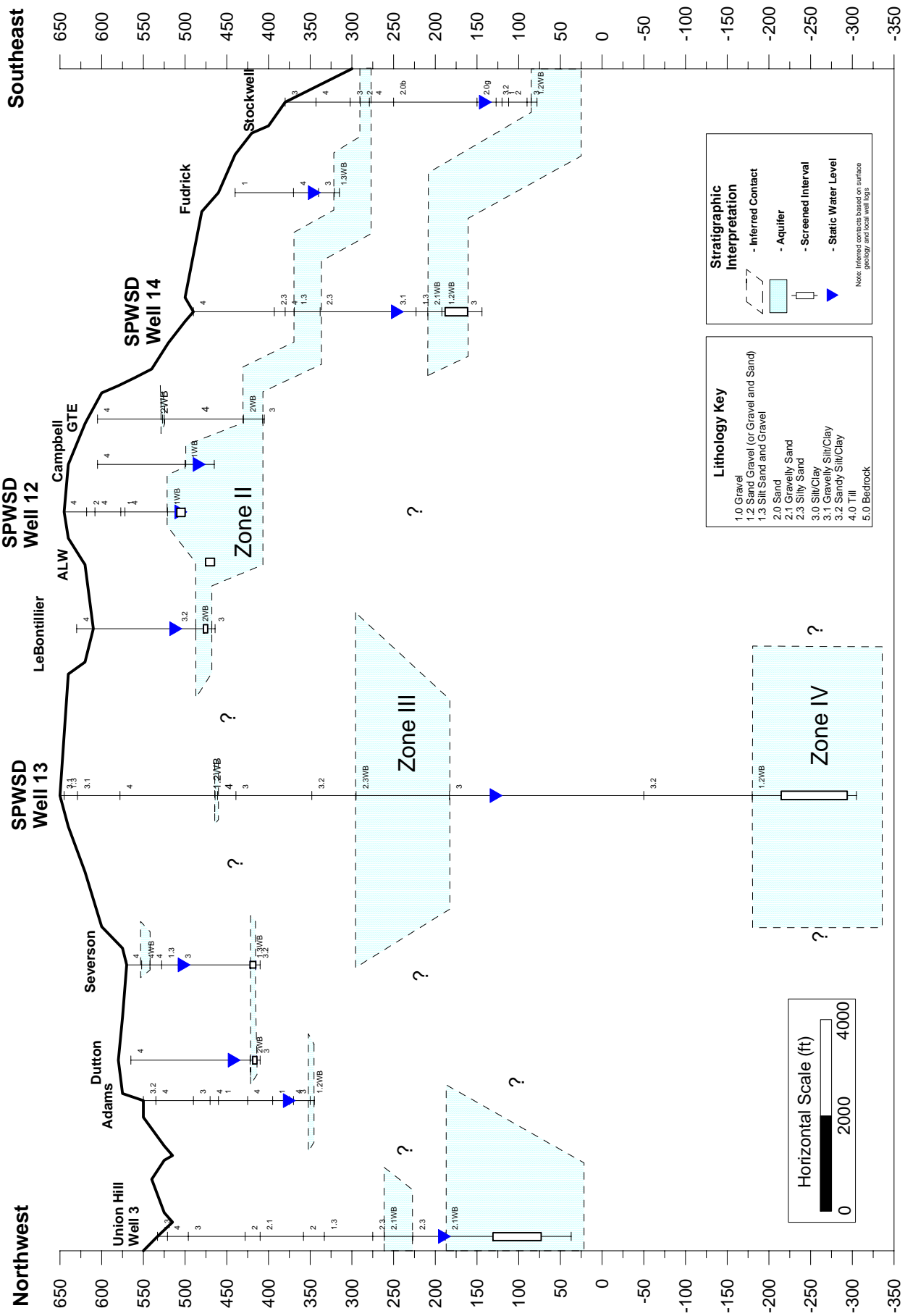


Figure 4
Northwest-Southeast
Cascade View Cross Section

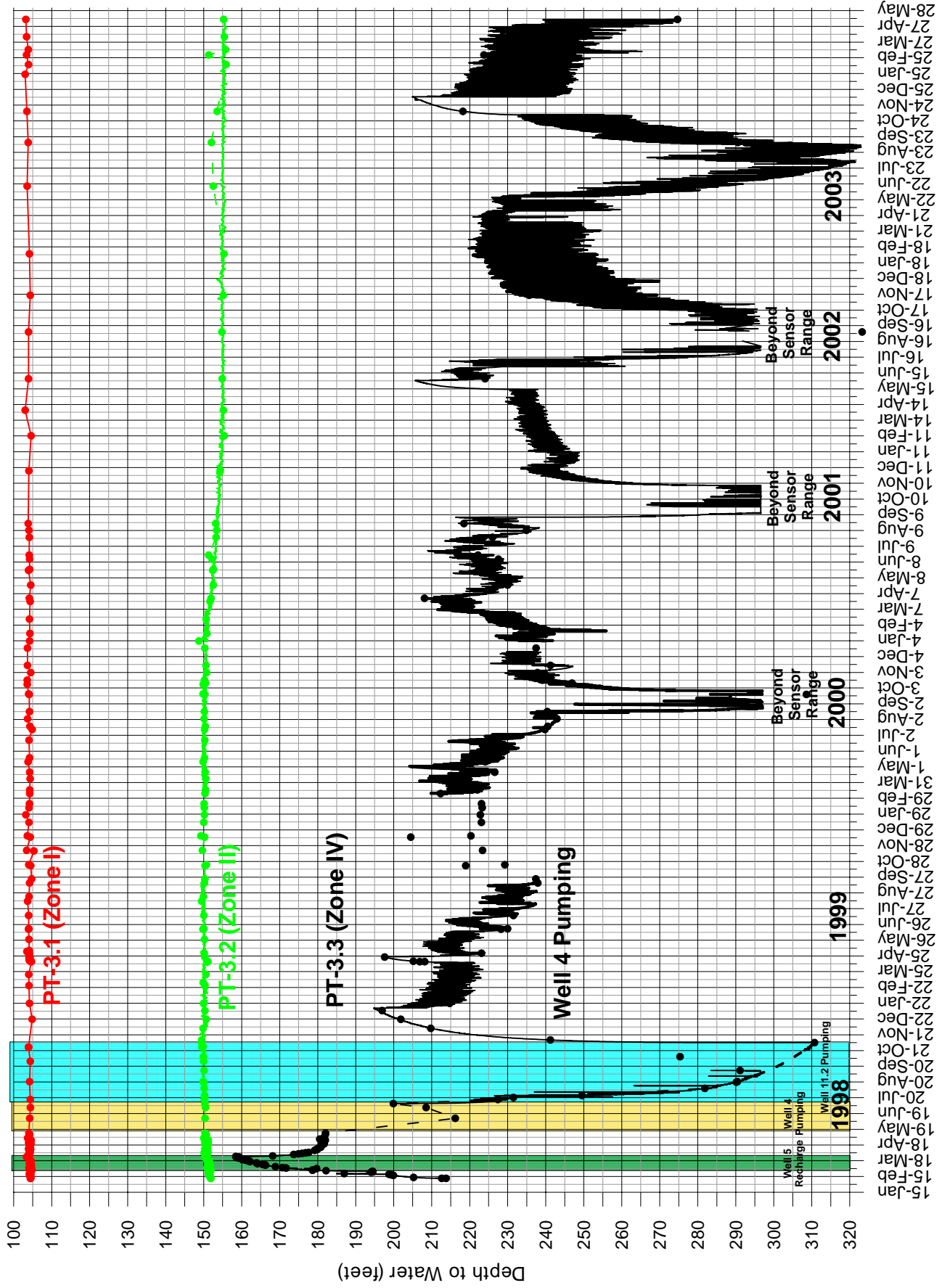


Figure 5
PT-3 Long-Term Hydrograph

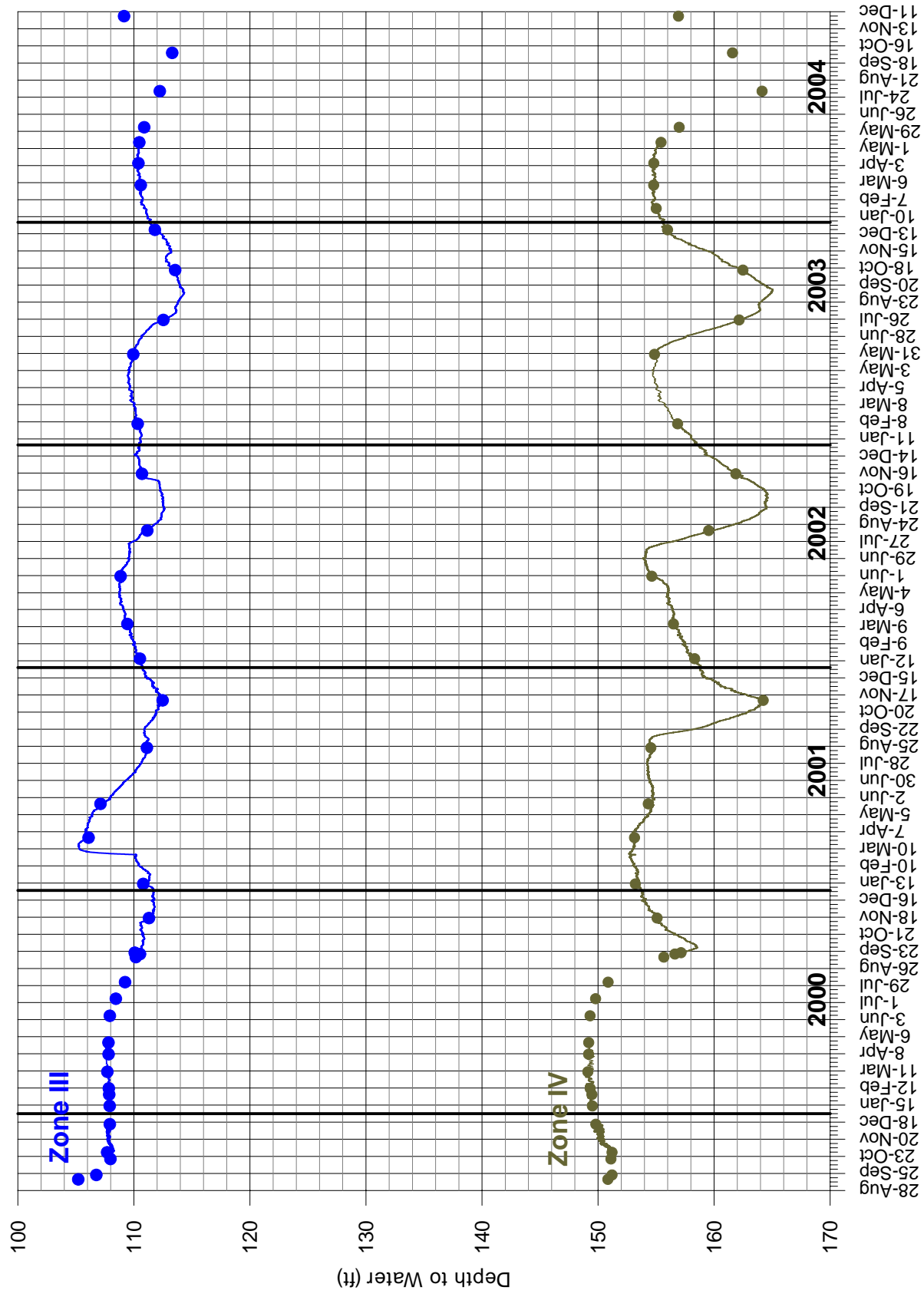


Figure 6
Well 6 Long-Term Hydrograph



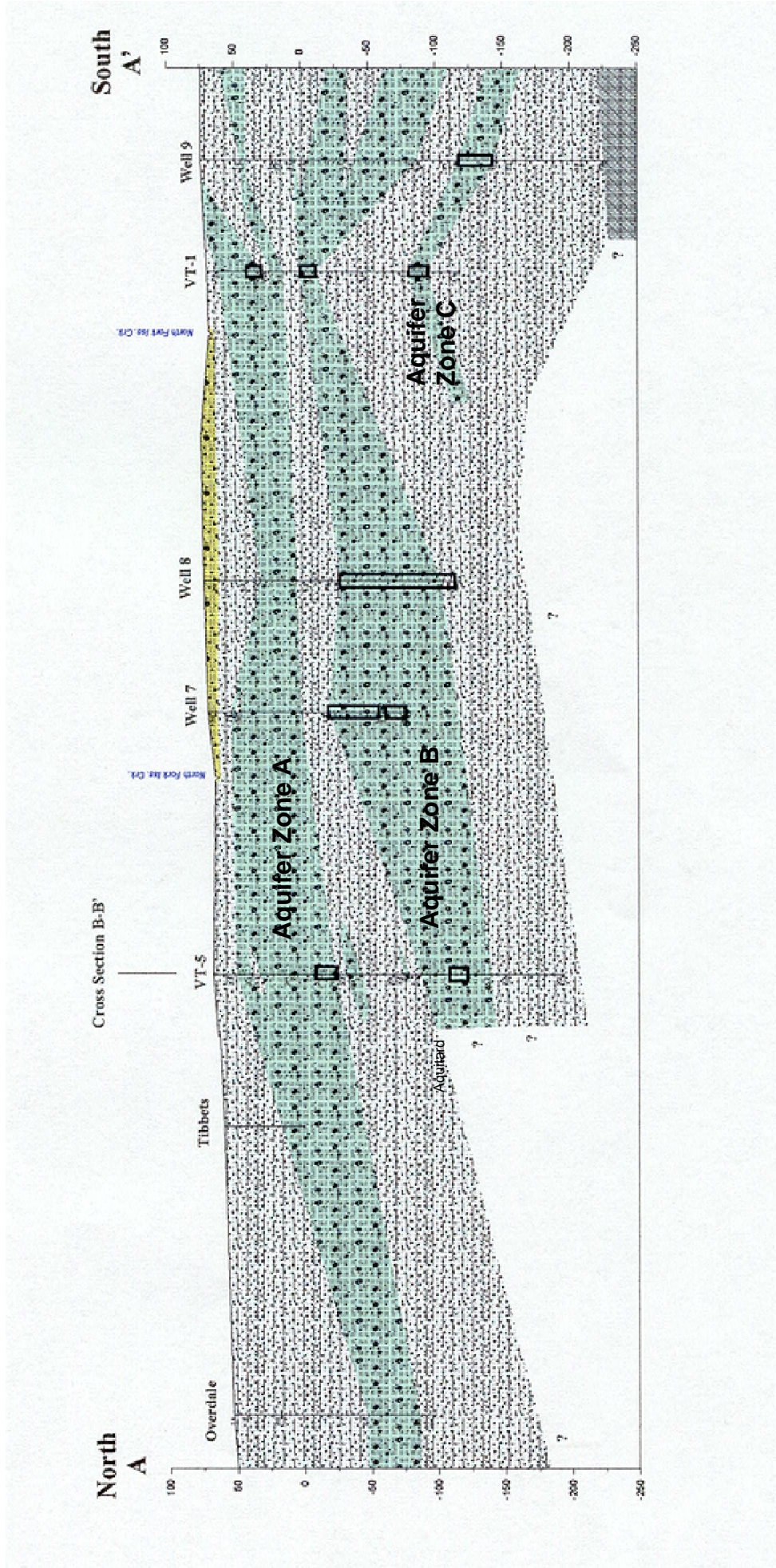


Figure 7
North-South
Valley Aquifer System Cross Section

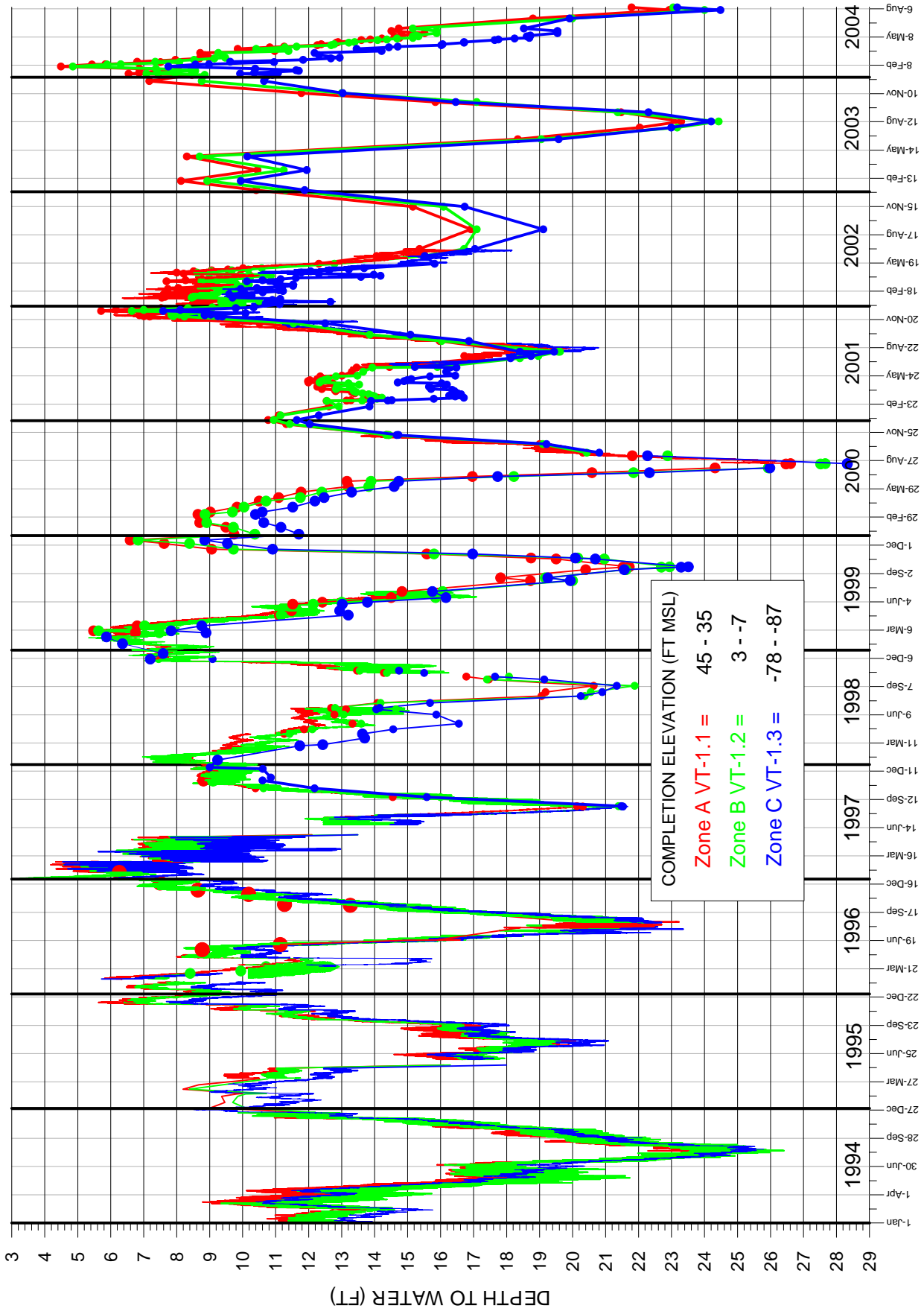
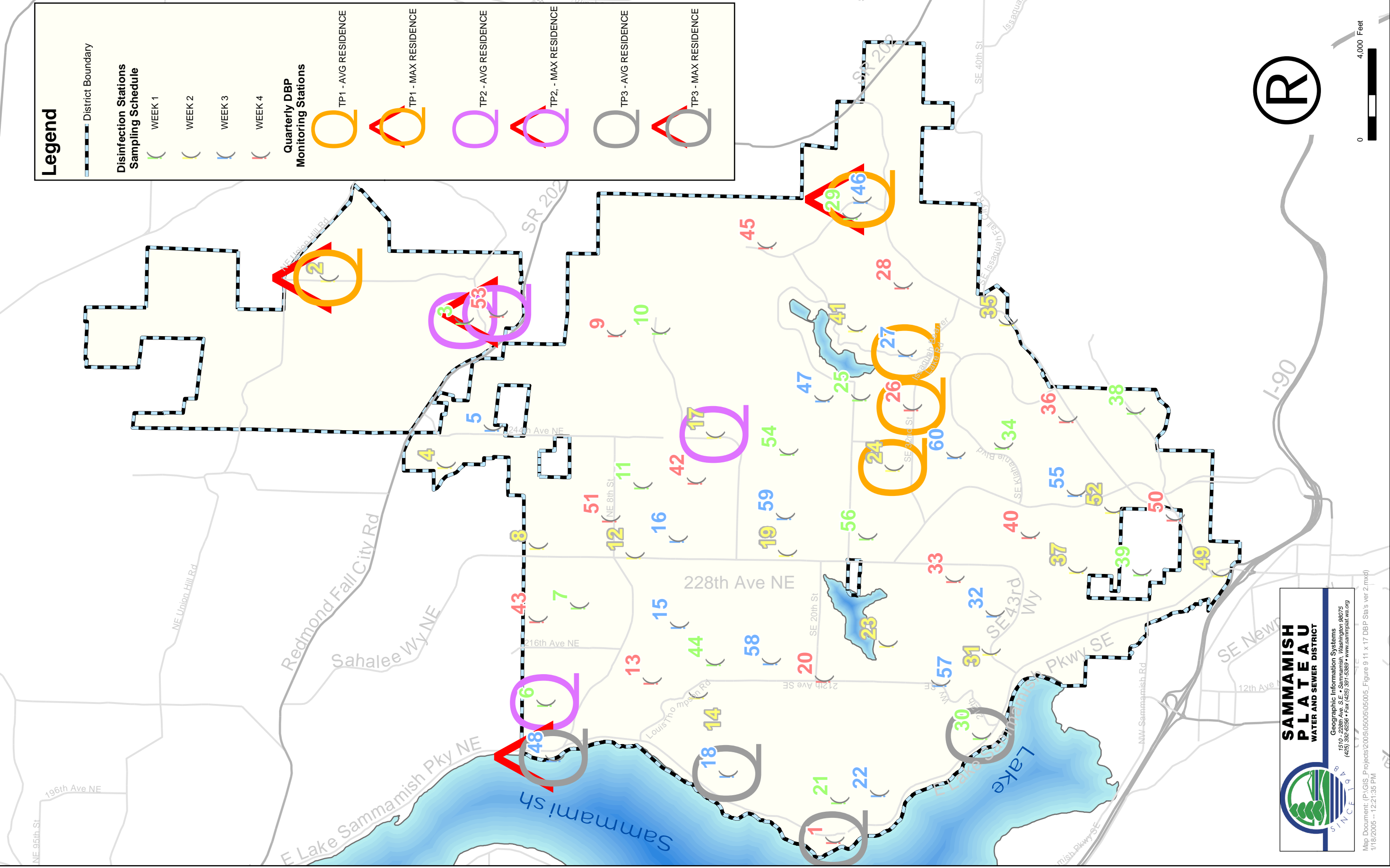


Figure 8
VT-1 Long-Term Hydrograph

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Sammamish Plateau Water and Sewer District



Legend

- District Boundary

Disinfection Stations Sampling Schedule

- WEEK 1
- WEEK 2
- WEEK 3
- WEEK 4

Quarterly DBP Monitoring Stations

- TP1 - AVG RESIDENCE
- TP1 - MAX RESIDENCE
- TP2 - AVG RESIDENCE
- TP2 - MAX RESIDENCE
- TP3 - AVG RESIDENCE
- TP3 - MAX RESIDENCE

SAMMAMISH PLATEAU WATER AND SEWER DISTRICT

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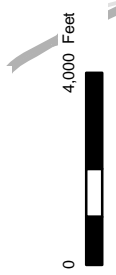
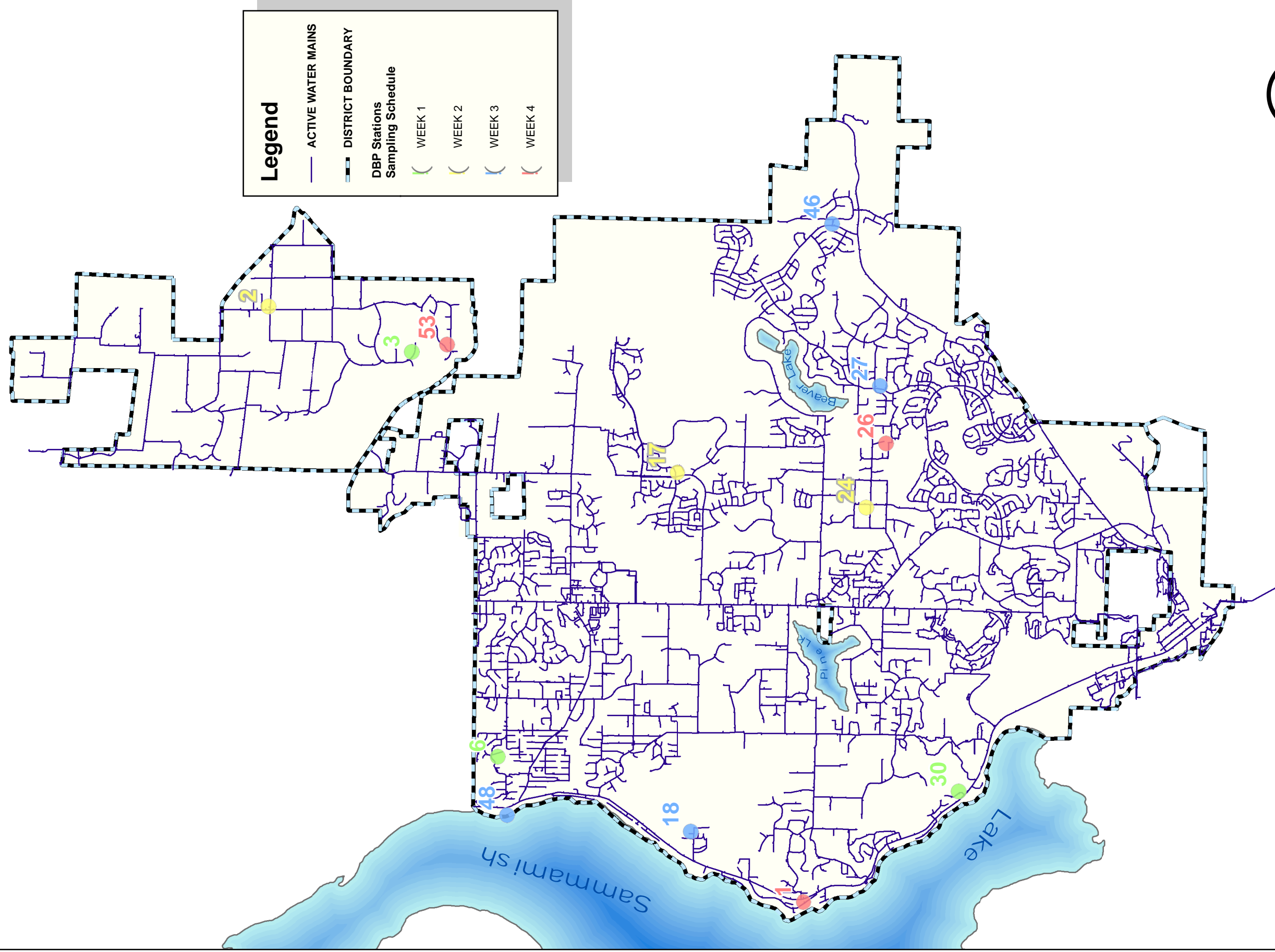


Figure 9
DBP Monitoring Stations and Schedules

Sammamish Plateau Water and Sewer District



Legend

- ACTIVE WATER MAINS
- - - DISTRICT BOUNDARY

DBP Stations Sampling Schedule

- () WEEK 1
- () WEEK 2
- () WEEK 3
- () WEEK 4

SAMMAMISH PLATEAU WATER AND SEWER DISTRICT

Geographic Information Systems
 4510 - 2nd Avenue, Suite 200
 (425) 392-6250 • Fax (425) 391-5889 • www.sammplatwa.org



Map Document: (P:\GIS_Projects\2005\05050505005_Figure 10 11 x 17 DBP Sta's ver2.mxd)
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Figure 10
DBP Monitoring Stations and Water Mains

Appendix A

DOH Source Treatment Forms

Source Treatment – Sammamish Plateau

Source Name: Well 4R

Source Number: (S15)

Process	A	B	C	D	E	F	G	H	I	J
CHLORAMINES										
CHLORINATION, GASEOUS										
CHLORINATION, HYPOCHLORITE	X			X						On-Site Electrolytic Chlorination up to 0.8%
CHLORINE DIOXIDE										
IODINATION										
OZONATION										
ULTRAVIOLET RADIATION										
RAPID MIX/IN-LINE BLENDER										
COAGULATION										
FLOCCULATION										
SEDIMENTATION										
FILTRATION, CARTRIDGE										
FILTRATION, DIATOMACEOUS EARTH										
FILTRATION, GREENSAND										
FILTRATION, PRESSURE SAND				X				X		Post Chlorination
FILTRATION, RAPID SAND										
FILTRATION, SLOW SAND										
PH ADJUSTMENT										
ION EXCHANGE										
LIME-SODA SOFTENING										
AERATION/AIR STRIPPING										
PERMANGANATE										
ACTIVATED CARBON, GRANULAR										
ACTIVATED CARBON, POWDERED										
REVERSE OSMOSIS										
DISTILLATION										
ELECTRODIALYSIS										
SEQUESTRATION										
CORROSION INHIBITORS - PHOSP/SILICA										
FLUORIDATION										
REDUCING AGENTS - SULFUR COMPOUNDS										
SLUDGE TREATMENT										
OTHER PROCESSES/OBJECTIVES										
A = DISINFECTION										
B = PARTICULATE (TURBIDITY) REMOVAL										
C = SOFTENING (HARDNESS REMOVAL)										
D = IRON & MANGANESE REMOVAL										
E = ORGANICS AND COLOR REMOVAL										
F = TASTE/ODOR CONTROL & DECHLORINATION										
G = DISINFECTON BY-PRODUCTS CONTROL										
H = INORGANICS REMOVAL										
I = CORROSION CONTROL										
J = DENTAL HEALTH										

Source Treatment – Sammamish Plateau

Source Name: Well 11.1

Source Number: (S17)

Process	A	B	C	D	E	F	G	H	I	J
CHLORAMINES										
CHLORINATION, GASEOUS										
CHLORINATION, HYPOCHLORITE						X				
CHLORINE DIOXIDE										
IODINATION										
OZONATION										
ULTRAVIOLET RADIATION										
RAPID MIX/IN-LINE BLENDER										
COAGULATION										
FLOCCULATION										
SEDIMENTATION										
FILTRATION, CARTRIDGE										
FILTRATION, DIATOMACEOUS EARTH										
FILTRATION, GREENSAND										
FILTRATION, PRESSURE SAND										
FILTRATION, RAPID SAND										
FILTRATION, SLOW SAND										
PH ADJUSTMENT										
ION EXCHANGE										
LIME-SODA SOFTENING										
AERATION/AIR STRIPPING										
PERMANGANATE										
ACTIVATED CARBON, GRANULAR										
ACTIVATED CARBON, POWDERED										
REVERSE OSMOSIS										
DISTILLATION										
ELECTRODIALYSIS										
SEQUESTRATION										
CORROSION INHIBITORS - PHOSP/SILICA										
FLUORIDATION										
REDUCING AGENTS - SULFUR COMPOUNDS										
SLUDGE TREATMENT										
OTHER PROCESSES/OBJECTIVES										
A = DISINFECTION										
B = PARTICULATE (TURBIDITY) REMOVAL										
C = SOFTENING (HARDNESS REMOVAL)										
D = IRON & MANGANESE REMOVAL										
E = ORGANICS AND COLOR REMOVAL										
F = TASTE/ODOR CONTROL & DECHLORINATION										
G = DISINFECTON BY-PRODUCTS CONTROL										
H = INORGANICS REMOVAL										
I = CORROSION CONTROL										
J = DENTAL HEALTH										

For H2S
Removal;
On-Site
Electrolytic
Chlorination
up to 0.8%

Source Treatment – Sammamish Plateau

Source Name: Well 11.2

Source Number: (S12)

Process	A	B	C	D	E	F	G	H	I	J
CHLORAMINES										
CHLORINATION, GASEOUS										
CHLORINATION, HYPOCHLORITE					X					
CHLORINE DIOXIDE										
IODINATION										
OZONATION										
ULTRAVIOLET RADIATION										
RAPID MIX/IN-LINE BLENDER										
COAGULATION										
FLOCCULATION										
SEDIMENTATION										
FILTRATION, CARTRIDGE										
FILTRATION, DIATOMACEOUS EARTH										
FILTRATION, GREENSAND										
FILTRATION, PRESSURE SAND										
FILTRATION, RAPID SAND										
FILTRATION, SLOW SAND										
PH ADJUSTMENT										
ION EXCHANGE										
LIME-SODA SOFTENING										
AERATION/AIR STRIPPING										
PERMANGANATE										
ACTIVATED CARBON, GRANULAR										
ACTIVATED CARBON, POWDERED										
REVERSE OSMOSIS										
DISTILLATION										
ELECTRODIALYSIS										
SEQUESTRATION										
CORROSION INHIBITORS - PHOSP/SILICA										
FLUORIDATION										
REDUCING AGENTS - SULFUR COMPOUNDS										
SLUDGE TREATMENT										
OTHER PROCESSES/OBJECTIVES										
A = DISINFECTION										
B = PARTICULATE (TURBIDITY) REMOVAL										
C = SOFTENING (HARDNESS REMOVAL)										
D = IRON & MANGANESE REMOVAL										
E = ORGANICS AND COLOR REMOVAL										
F = TASTE/ODOR CONTROL & DECHLORINATION										
G = DISINFECTON BY-PRODUCTS CONTROL										
H = INORGANICS REMOVAL										
I = CORROSION CONTROL										
J = DENTAL HEALTH										

For H2S
removal;
On-Site
Electrolytic
Chlorination
up to 0.8%

Source Treatment – Sammamish Plateau

Source Name: Well 8

Source Number: (S07)

Process	A	B	C	D	E	F	G	H	I	J
CHLORAMINES										
CHLORINATION, GASEOUS										
CHLORINATION, HYPOCHLORITE		X								
										On-Site Electrolytic Chlorination up to 0.8%
CHLORINE DIOXIDE										
IODINATION										
OZONATION										
ULTRAVIOLET RADIATION										
RAPID MIX/IN-LINE BLENDER										
COAGULATION										
FLOCCULATION										
SEDIMENTATION										
FILTRATION, CARTRIDGE										
FILTRATION, DIATOMACEOUS EARTH										
FILTRATION, GREENSAND										
FILTRATION, PRESSURE SAND										
FILTRATION, RAPID SAND										
FILTRATION, SLOW SAND										
PH ADJUSTMENT								X		NaOH
ION EXCHANGE										
LIME-SODA SOFTENING										
AERATION/AIR STRIPPING										
PERMANGANATE										
ACTIVATED CARBON, GRANULAR										
ACTIVATED CARBON, POWDERED										
REVERSE OSMOSIS										
DISTILLATION										
ELECTRODIALYSIS										
SEQUESTRATION										
CORROSION INHIBITORS - PHOSP/SILICA										
FLUORIDATION										Operating X Last Quarter of 2004
REDUCING AGENTS - SULFUR COMPOUNDS										
SLUDGE TREATMENT										
OTHER PROCESSES/OBJECTIVES										
A = DISINFECTION										
B = PARTICULATE (TURBIDITY) REMOVAL										
C = SOFTENING (HARDNESS REMOVAL)										
D = IRON & MANGANESE REMOVAL										
E = ORGANICS AND COLOR REMOVAL										
F = TASTE/ODOR CONTROL & DECHLORINATION										
G = DISINFECTON BY-PRODUCTS CONTROL										
H = INORGANICS REMOVAL										
I = CORROSION CONTROL										
J = DENTAL HEALTH										

Source Treatment – Sammamish Plateau

Source Name: Well 12R

Source Number: (S16)

Process	A	B	C	D	E	F	G	H	I	J
CHLORAMINES										
CHLORINATION, GASEOUS										
CHLORINATION, HYPOCHLORITE	X			X						
CHLORINE DIOXIDE										
IODINATION										
OZONATION										
ULTRAVIOLET RADIATION										
RAPID MIX/IN-LINE BLENDER										
COAGULATION										
FLOCCULATION										
SEDIMENTATION										
FILTRATION, CARTRIDGE										
FILTRATION, DIATOMACEOUS EARTH										
FILTRATION, GREENSAND										
FILTRATION, PRESSURE SAND				X			X			
FILTRATION, RAPID SAND										
FILTRATION, SLOW SAND										
PH ADJUSTMENT										
ION EXCHANGE										
LIME-SODA SOFTENING										
AERATION/AIR STRIPPING										
PERMANGANATE										
ACTIVATED CARBON, GRANULAR										
ACTIVATED CARBON, POWDERED										
REVERSE OSMOSIS										
DISTILLATION										
ELECTRODIALYSIS										
SEQUESTRATION										
CORROSION INHIBITORS - PHOSP/SILICA										
FLUORIDATION										X
REDUCING AGENTS - SULFUR COMPOUNDS										
SLUDGE TREATMENT										
OTHER PROCESSES/OBJECTIVES										
A = DISINFECTION										
B = PARTICULATE (TURBIDITY) REMOVAL										
C = SOFTENING (HARDNESS REMOVAL)										
D = IRON & MANGANESE REMOVAL										
E = ORGANICS AND COLOR REMOVAL										
F = TASTE/ODOR CONTROL & DECHLORINATION										
G = DISINFECTON BY-PRODUCTS CONTROL										
H = INORGANICS REMOVAL										
I = CORROSION CONTROL										
J = DENTAL HEALTH										

On-Site
Electrolytic
Chlorination
up to 0.8%

Post
Chlorination

Appendix B

Well Logs & Distribution System Report Form

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. _____
UNIQUE WELL I.D. #AAD 358

Water Right Permit No. G1-00342C

(1) OWNER: Name Sammamish Plateau Water and Sewer District Address 1510 228th ave SE, Issaquah, WA 98027

(2) LOCATION OF WELL: County King NE 1/4 NE 1/4 Sec. 10 T. 24 N. R. 6E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 2810 241st Ave SE

(3) PROPOSED USE: Domestic Industrial Municipal
 Irrigation Test Well Other
 DeWater

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

(4) TYPE OF WORK: Owner's number of well (if more than one) 1R

MATERIAL	FROM	TO
<u>Topsoil, Brown sand, Gravel, cobbles, clay silt</u>	0	3
<u>Gravel, Brown Sand, Clay</u>	3	17
<u>Brown Sand, Gravel, Clay</u>	17	23
<u>Gravel, Sand, Clay</u>	23	25
<u>Gravel, Sand, Clay Layers</u>	25	27
<u>Gravel, Sand, Cobbles, Grey Clay, minor silt</u>	27	70
<u>Sand, Gravel, Grey Clay, Minor Silt</u>	70	80
<u>Cemented Gravel and Sand, Grey</u>		
<u>Clay, some cobbles, minor silt</u>	80	118
<u>Sand, Gravel, cobbles, Clean, water bearing</u>	118	128
<u>Sand, Gravel, Cobbles, Clay, Silt, Dirty</u>	128	138
<u>Sand, Gravel, Minor Clay, Silt, Clean</u>	138	143
<u>Gravel, Sand, Cobbles, Clean</u>	143	149
<u>Gravel, Sand, Blue Clay Layers</u>	149	150
<u>Blue Clay, Silt, Sand</u>	150	159

(4) TYPE OF WORK: Abandoned New well Method: Dug Bored
 Deepened Cable Driven
 Reconditioned Rotary Jetted

(5) DIMENSIONS: Diameter of well 12 inches.
 Drilled 159 feet. Depth of completed well 155 ft.

(6) CONSTRUCTION DETAILS:
 Casing installed: 12 Diam. from +2.2 ft. to 136 ft.
 Welded Diam. from _____ ft. to _____ ft.
 Liner installed
 Threaded Diam. from _____ ft. to _____ ft.

Perforations: Yes No
 Type of perforator used _____
 SIZE of perforations _____ in. by _____ in.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

Screens: Yes No
 Manufacturer's Name UCP Johnson
 Type Telescopic Model No. 304 SS
 Diam. 12 in. Slot size .100 from 137 ft. to 147 ft.
 Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes No Size of gravel _____
 Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes No To what depth? 33 ft.
 Material used in seal Cement
 Did any strata contain unusable water? Yes No
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
 Type: _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation 471.57 ft.
 Static level 117.8 ft. below top of well Date 3/14/84
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes No If yes, by whom? Carr/Associates
 Yield: 610 gal./min. with 12.2 ft. drawdown after 6 hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
 Time Water Level Time Water Level Time Water Level

Date of test 3/14/84
 Bailor test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes No

Work started 2/23/84, 19. Completed March, 1984

WELL CONSTRUCTOR 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.

NAME Armstrong Drilling (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
 Address Puyallup, Washington
 (Signed) _____ License No. _____
 Contractor's Registration No. _____ Date _____, 19____

(USE ADDITIONAL SHEETS IF NECESSARY)



WATER WELL REPORT

Start Card No. W 16281

UNIQUE WELL I.D. # AAD383

STATE OF WASHINGTON

Water Right Permit No. _____

(1) OWNER: Name Sammish Plateau Water and Sewer District Address 1510 228th Avenue SE, Issaquah, WA 98029

(2) LOCATION OF WELL: County King NW SE Sec. 11 T. 24 N., R. 6E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) 3401 East Beaver Lake Drive

(3) PROPOSED USE: Domestic Industrial Municipal
 Irrigation Test Well Other
 DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) 2.2
 Abandoned New well Method: Dug Bored
 Deepened Cable Driven
 Reconditioned Rotary Jetted

(5) DIMENSIONS: Diameter of well 16 inches.
 Drilled 182 feet. Depth of completed well 180 ft.

(6) CONSTRUCTION DETAILS:
 Casing installed: 16 • Diam. from +2 ft. to 149 ft.
 Welded • Diam. from _____ ft. to _____ ft.
 Liner installed • Diam. from _____ ft. to _____ ft.
 Threaded

Perforations: Yes No
 Type of perforator used _____
 SIZE of perforations _____ in. by _____ in.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

Screens: Yes No
 Manufacturer's Name Johnson
 Type 304 Stainless Model No. TS
 Diam. 16" Variable Slot size 0.030 to 0.050 from 0.050 to 150 ft. to 155 ft.
 Diam. 16" Slot size 0.050 from 155 ft. to 170 ft.
 Diam. 16" Slot size 0.050 from 170 ft. to 175 ft.
 Gravel packed: Yes No Size of gravel _____
 Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes No To what depth? 32 ft.
 Material used in seal Cement/Bentonite
 Did any strata contain unusable water? Yes No
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
 Type: _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation above mean sea level approx. 417 ft.
 Static level 63.8 ft. below top of well Date 5-9-96
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes No if yes, by whom? AGI
 Yield: 500 gal./min. with 44.59 ft. drawdown after 24 hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
1 min	84.65	5 min	80.50	60 min	66.67
2 min	83.10	10 min	77.32	125 min	64.98
3 min	82.18	20 min	73.11	203 min	64.56

Date of test 5-20 to 21-96
 Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water 51°F Was a chemical analysis made? Yes No

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION
 Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
Fill material	0	8
Yellow silty sand grading from fill-clay	8	23
Tan-gray silt-bound sand and gravel	23	68
Brown coarse sand w/gravel increasing w/dth	68	78
Gray-tan Till	78	96
Gray sand & gravel w/large cobbles, w-bearing	96	103
Gray Till	103	114
Gray to brwn coarse sand & gravel, w-bearing	114	132
Gray fine to medium coarse sand w/silt	132	147
Gray coarse sand & gravel, water-bearing	147	175
Gray silty clay w/little gravel	175	182

Work started April 16, 1996 19. Completed May 9, 19 96

WELL CONSTRUCTOR 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.

NAME Holt Drilling 10621 Todd Road East
 (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address Puyallup, WA 98372

(Signed) Randy Holt License No. 1099
 (WELL DRILLER)

Contractor's Registration No. H017160870J Date 7-9, 19 96

(USE ADDITIONAL SHEETS IF NECESSARY)



WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. _____

UNIQUE WELL I.D. # ABR035

Water Right Permit No. G1-23022C

(1) OWNER: Name Jammamish Plateau Water District Address 1510 228th AVE JE, Issaquah, WA 98027

LOCATION OF WELL: County King NW 1/4 SW 1/4 Sec 34 T. 25 N., R. 6 E.

(2a) STREET ADDRESS OF WELL (or nearest address) _____

(3) PROPOSED USE: Domestic Industrial Municipal
 Irrigation Test Well Other
 DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) 4
Abandoned New well Method: Dug Bored
Deepened Cable Driven
Reconditioned Rotary Jetted

(5) DIMENSIONS: Diameter of well 12 inches.
Drilled 717 feet. Depth of completed well 717 feet.

(6) CONSTRUCTION DETAILS:
Casing installed: 12 " Diam. from 0 ft. to 650 ft.
Welded " Diam. from _____ ft. to _____ ft.
Liner installed
Threaded " Diam. from _____ ft. to _____ ft.

Perforations: Yes No
Type of perforator used _____
SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes No
Manufacturer's Name WOP Johnson
Type Stainless Steel Model No. _____
Diam. 7 in Slot size 100 from 650 ft. to 717 ft.
Diam. _____ Slot size _____ from _____ ft. to _____ ft.

Gravel packed: Yes No Size of gravel _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes No To what depth? 20 ft.
Material used in seal Cement
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
Type: _____ H.P.

(8) WATER LEVELS: Land-surface elevation above mean sea level 349 ft.
Static level 200 ft. below top of well Date 1/25/95
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No if yes, by whom? AGI
Yield: 400 gal./min. with 71 ft. drawdown after 4 hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)					
Time	Water Level	Time	Water Level	Time	Water Level
1.5 min	229.66	4	223.04	10	220.25
2	227.50	5	222.02	15	219.57
3	224.54	7	220.95	30	218.79

Date of test _____

Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Airstest _____ gal./min. with stem set at _____ ft. for _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes No

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
Top Soil	0	3
Hardpan & Boulders	3	43
Sand Cemented & Gravel	43	72
Clay, yellow, gravel & Sand	72	79
Hardpan Brown	79	110
clay & sand, yellow	110	118
Hardpan Brown	118	155
Clay, bn, gravel & sand	155	169
gravel, sand & grey clay	169	190
Clay (bn) fine sand & gravel	190	199
gravel, coarse sand & some water	199	202
gravel, sand & clay grey	202	221
Clay, grey & fine sand	221	249
Sand course to fine & grey clay	249	264
Rock, gravel & grey clay	264	271
Clay, sand & gravel	330	357
Clay, grey sand & gravel	357	370
Sand, cemented & gravel	370	380
grey clay & gravel	380	397
Sand, cemented & gravel	397	411
Grey clay, some sand & gravel	411	433
Clay, grey & fine sand	433	542
Clay, dry grey	542	570
Sand, fine sand & grey clay	570	574
grey clay	574	595
fine to coarse sand and grey clay	595	649
Clay, grey sand	649	657
Sand, grey clay	657	686
Gravel, grey clay & sand	686	689
Sand, cemented & gravelly clay	689	696
Sand and Gravel, W.P.	696	717
Sand, gravel, cemented	271	280
Rock, gravel, grey clay	280	330

Work started _____, 19____. Completed March 23, 1990

WELL CONSTRUCTOR 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.

NAME Richardson Well Drilling Co. Inc.
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address P.O. Box 2266, Tacoma WA 98444

(Signed) _____ License No. _____
(WELL DRILLER)

Contractor's Registration No. _____ Date _____, 19____

(USE ADDITIONAL SHEETS IF NECESSARY)





Water Well Report

Original - Ecology, 1st copy - owner, 2nd copy - driller

Construction/Decommission

- Construction
 Decommission *ORIGINAL INSTALLATION Notice of Intent Number* _____

Current Notice of Intent No. W07244
 Unique Ecology Well ID Tag No. AAS 270
 Water Right Permit No. _____
 Property Owner Name Samamish Plateau Water & Sewer District
 Well Street Address 23001 Main St

PROPOSED USE: Domestic Industrial Municipal
 DeWater Irrigation Test Well Other _____

TYPE OF WORK: Owner's number of well (if more than one) 4R
 New well Reconditioned Method: Dug Bored Driven
 Deepened Cable Rotary Jetted

DIMENSIONS: Diameter of well 20x12 inches, drilled 1207 ft.
 Depth of completed well 854 ft.

City Samamish, WA County King
 Location NW1/4-1/4 SW1/4 Sec 34 Twn 25N R 6 EWM or WWM circle one
 Lat/Long (s, t, r) Lat Deg _____ Lat Min/Sec _____
 still REQUIRED) Long Deg _____ Long Min/Sec _____
 Tax Parcel No. 1241100011

CONSTRUCTION DETAILS
 Casing Welded 20 " Diam from +3.5 ft. to 695 ft.
 Installed: Liner installed _____ Diam from _____ ft. to _____ ft.
 Threaded _____ " Diam from _____ ft. to _____ ft.

CONSTRUCTION OR DECOMMISSION PROCEDURE
 Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information indicate all water encountered (USE ADDITIONAL SHEETS IF NECESSARY)

Perforations: Yes No
 Type of perforator used _____
 SIZE of perms _____ in by _____ in. and no. of perms _____ from _____ ft. to _____ ft.
 Screens: Yes No K-Pac Location _____
 Manufacturer's Name Alloy
 Type 304SS Model No _____
 Diam 12RS Slot size 0.50 from _____ ft. to _____ ft.
 Diam _____ Slot size _____ from _____ ft. to _____ ft.

MATERIAL	FROM	TO
See attached formation log		
**Screen Assembly		
12" x 250 SS blank w/MNPT on top	636	657
12" screen	657	667
12" x 250 SS blank	667	709
12" screen	709	729
12" x 250 SS blank	729	779
12" screen	779	844
12" x 250 SS blank w/SS plate bottom	844	854

Gravel/Filter packed: Yes No Size of gravel/sand CSST Bx12
 Materials placed from 636 ft. to 858 ft.
 Surface Seal: Yes No To what depth? 695 ft.
 Material used in seal cement grout
 Did any strata contain unusable water? Yes No
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

Non-producing 8" pilot borehole below filter pack and screen assembly was backfilled with pea gravel

PUMP: Manufacturer's Name _____ H.P. _____
 Type _____
 WATER LEVELS: Land-surface elevation above mean sea level -350 ft.
 Static level 217 ft. below top of well Date 3/18/04
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (cap, valve, etc)

WELL TESTS: Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes No If yes, by whom? SEI
 Yield 2000 gal./min. with 60 ft. drawdown after 1 hrs.
 Yield 2000 gal./min. with 75 ft. drawdown after 4 hrs.
 Yield 2000 gal./min. with 75 ft. drawdown after 7 hrs.
 Recovery data (time taken as zero when pump turned off) (water level measured from _____ ft. to _____ ft.)

Time	Water Level	Time	Water Level	Time	Water Level
<u>2</u>	<u>29</u>	<u>10</u>	<u>18</u>	<u>20</u>	<u>13</u>
<u>5</u>	<u>23</u>	<u>15</u>	<u>15</u>	<u>30</u>	<u>11</u>

Date of test 3/8/04
 Bailor test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water -53F Was a chemical analysis made? Yes No

Start Date 10/20/03 Completed Date 3/18/04

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/Engineer/Trainee Name (Print) Stephen J Schneider
 Driller/Engineer/Trainee Signature [Signature]
 Driller or trainee License No. 0643

Drilling Company Schneider Equipment, Inc
 Address 21881 River Road NE
 City, State, Zip St. Paul, OR 97137

IF TRAINEE,
 Driller's Licensed No. _____
 Driller's Signature _____

Contractor's
 Registration No. SCHNEI*226LG Date 4/14/04
 Ecology is an Equal Opportunity Employer ECV 050-1-20 (Rev 2/03)

Samammish Plateau Water & Sewer District - Well 4R

by Schneider Drilling Co.

Start Card #W07244 Label #AAS 270

<u>FM</u>	<u>TO</u>	<u>DESCRIPTION</u>
0	11	Brown sand & gravel w/ cobbles and silt
11	27	Orange-brown (oxidized) sand & gravel w/ trace silt
27	79	Brown gravel & sand w/ cobbles
79	91	Brown-yellow, silty gravel w/ sand
91	102	Black-gray, coarse gravel and cobbles
102	119	Brown-orange (oxidized), silty sand & gravel
119	126	Tan-yellow, silty clay w/ coarse gravel & sand
126	135	Brown-tan sand & gravel w/ some silt & trace clay
135	138	Tan-yellow, silty clay w/ coarse gravel & sand
138	155	Brown-tan sand & gravel w/ some silt & clay
155	168	Tan-yellow, silty, clayey gravel w/ coarse sand
168	191	Brown-tan gravel w/ sand, silt, & trace clay, basalt
191	208	Dark yellow-brown, clayey gravel w/ sand
208	214	Gray-brown sand & gravel w/ silt & trace clay
214	219	Tan-yellow, silty clay w/ gravel & sand
219	237	Gray-drk gray-brown, silty sand & gravel w/ clay & wood chips
237	263	Gray, silty sand & gravel w/ dark brown silty clay
263	334	Gray, coarse gravel & sand w/ some silt
334	356	Brown-yellow, silty gravel w/ sand
356	375	Gray-green, silty sand w/ gravel, trace clay
375	395	Olive-gray, silty gravel w/ sand & some clay
395	405	Brown-yellow, silty gravel w/ sand & clay
405	421	Gray gravel & some sand w/ clay
421	438	Brown, silty gravel w/ sand
438	445	Brown-yellow, silt w/ gravel & sand
445	455	Dark gray-green, silty gravel
455	545	Dark gray, silt w/ gravel & clay
545	606	Brown-gray clay w/ silt
606	642	Gray clay w/ sand
642	678	Gray, clayey, sand
678	695	Gray-green, clayey gravel w/ sand & silt

WATER WELL REPORT

STATE OF WASHINGTON

Application No. _____
Permit No. G1-25428

(1) OWNER: Name KING COUNTY WATER DISTRICT 82 Address 1510 228th SE
(2) LOCATION OF WELL: County KING — NE 1/4 NE 1/4 Sec. 28 T. 24 N. R. 6 W.M.
bearing and distance from section or subdivision corner Unique ID # AAD371

(3) PROPOSED USE: Domestic Industrial Municipal
Irrigation Test Well Other

(4) TYPE OF WORK: Owner's number of well (if more than one) 7
New well Method: Dug Bored
Deepened Cable Driven
Reconditioned Rotary Jetted

(5) DIMENSIONS: Diameter of well 16 inches.
Drilled 151 ft. Depth of completed well 151 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 16" Diam. from 0 ft. to 82.6 ft.
Threaded " Diam. from _____ ft. to _____ ft.
Welded " Diam. from _____ ft. to _____ ft.
Perforations: Yes No
Type of perforator used _____
SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes No
Manufacturer's Name HOP JOHNSON
Type 304 SS Model No. _____
Diam. 14 P Slot size .100 from 82.6 ft. to 103 ft.
Diam. _____ Slot size .100 from 103 ft. to 123.6

Gravel packed: Yes No Size of gravel: .060 136.7-146.9
Gravel placed from XX ft. to _____ ft.

Surface seal: Yes No To what depth? 80 ft.
Material used in seal _____
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
Type: _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation _____ ft.
above mean sea level. _____ ft.
Static level 6.17 ft. below top of well Date 3/17/84
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? Driller
Yield: 1952 gal/min. with 37.9 ft. drawdown after 24 hrs.

" " " " " "
" " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test 3/17/84
Jailer test _____ gal/min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water 56 F Was a chemical analysis made? Yes No

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Fill, wood, clay, gravel, silt	0	6
Gravel, sand, clay, silt	6	17
Gravel, brown sand	17	20
Brown clay, sand	20	24
Brown sand, gravel, clay, silt	24	65
Brown sand, clay, silt	65	69
Brown sand, gravel, clay, silt	69	85
Brown sand, gravel, clay, silt, WATER BEARING	85	90
Gravel, cobbles, brown sand, clay, silt	90	130
Brown sand, gravel	130	133
Brown sand, gravel, layers, clay	133	136
Sand, gravel, clay, silt, WATER BEARING	136	148
Brown clay, sand, some gravel	148	151

Work started Feb. 28, 1984. Completed Mar. 18, 1984

WELL DRILLER'S STATEMENT:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME Hokkaido Drilling & Dev. Corp.
(Person, firm, or corporation) (Type or print)

Address R.O. Box 100, Graham, WA

[Signed] [Signature] (Well Driller)

License No. 0492 Date April 10, 1984

(1) OWNER: Name KING COUNTY WATER DISTRICT Address #82 1510 228 th SE

(2) LOCATION OF WELL: County KING NE 1/4 NE 1/4 Sec 28 T 24 N. R 6 E W
 Unique ID # AAD373

bearing and distance from section or subdivision corner

(3) PROPOSED USE: Domestic Industrial Municipal
 Irrigation Test Well Other

(4) TYPE OF WORK: Owner's number of well (if more than one) 8
 New well Method: Dug Bored
 Deepened Cable Driven
 Reconditioned Rotary Jetted

(5) DIMENSIONS: Diameter of well 16 inches.
 Drilled 190 ft. Depth of completed well 188 ft.

(6) CONSTRUCTION DETAILS:
 Casing installed: 16 " Diam. from +2.0 ft. to 105 ft.
 Threaded " Diam. from 120 ft. to 125 ft.
 Welded " Diam. from 135 ft. to 145 ft.
 Perforations: Yes No 165 - 170
179 - 189
 Type of perforator used _____
 SIZE of perforations _____ in. by _____ in.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

Screens: Yes No
 Manufacturer's Name UOP-JOHNSON 304-SS
 Type 16T Model No. _____
 Diam. 16T Slot size .060 from 105 ft. to 120 ft.
 Diam. _____ Slot size _____ from 125 ft. to 135 ft.
145-165, 170-179

Gravel packed: Yes No Size of gravel: _____
 Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes No To what depth? 80 ft.
 Material used in seal Cement/Bentonite
 Did any strata contain unusable water? Yes No
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
 Type: _____ HP _____

(8) WATER LEVELS: Land-surface elevation + 72
 above mean sea level. Date 8/27/84
 Static level 12.6 ft. below top of well Date _____
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes No If yes, by whom? Driller
 Yield: 1977 gal./min. with 22 ft. drawdown after 4 hrs.
 " " " " " "
 " " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test _____
 Bailor test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes No

(10) WELL LOG:
 Formation: Describe by color, character, size of material and structure, etc show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation

MATERIAL	FROM	TO
Fill, w/bark, roots, sand, cbls	0	11
D. Brown sand, gravel, silt, clay	11	14
D. Brown clay, minor gravel	14	17
Brown sand, gravel, silt, clay	17	32
Grey clay	32	34
Brown-blue sand, gravel, silt wood, peat	34	42
Clean sand, gravel	42	69
Dirty sand, gravel, layers grey clay	69	79
Grey silty clay	79	95
Sand, gravel, in brown clay binder	95	102
Sand, gravel, some cobbles varying amounts of fines	102	178
Brown silty sand, gravel	178	190

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 MAY 2 1985

DEPARTMENT OF ECOLOGY
 NORTHWEST REGION

Work started 8/6/84, 19____, Completed 8/29/84, 19____

WELL DRILLER'S STATEMENT:
 This well was drilled under my jurisdiction and this report true to the best of my knowledge and belief.

NAME Hokkaido Drilling & Developing
 (Person, firm, or corporation) (Type or print)
 Address Graham, WA

[Signed] Bob Cooper
 (Well Driller)

License No. 1239 Date 9/12, 19____

WATER WELL REPORT

Start Card No. 062368

STATE OF WASHINGTON

Water Right Permit No. GI-27166

(1) OWNER: Name Sammamish Plateau Water Dist. Address 1510 228th Ave SE, Issaquah, WA

(2) LOCATION OF WELL: County King NE 1/4 SW 1/4 Sec 17 T 24 N. R 6E W.M. 9801

(2a) STREET ADDRESS OF WELL (or nearest address)

(3) PROPOSED USE: Domestic Industrial Municipal
 Irrigation Test Well Other
 DeWater

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
Topsoil	0	5
Sand & Gravel, gray-tan, cmnt	5	34
Sand & Gravel, Loose, drv	34	36
Till, Cemented Silt & Cbls	36	70
Sand, brown, claybound	70	75
Sand & Grvl, Brn-Grv, W-R	75	97
Clay w/sand, bluish-arg, lean	97	123
Sandy Gravel, olive-grv, W-B	123	160
Silt w/peat & grbl, olive-grv	160	169
Grvl w/sand-peat-silt, ol-grv	169	175
Sabd w/silt, grvly, olive-blk	175	193

(4) TYPE OF WORK: Owner's number of well (if more than one) 10

Abandoned New well Method: Dug Bored
 Deepened Cable Driven
 Reconditioned Rotary Jetted

(5) DIMENSIONS: Diameter of well 12 inches.
 Drilled 194 feet. Depth of completed well 193 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 12 Diam. from +2.5 ft. to 135 ft.
 Weilded Diam. from _____ ft. to _____ ft.
 Liner installed Diam. from _____ ft. to _____ ft.
 Threaded Diam. from _____ ft. to _____ ft.

Perforations: Yes No
 Type of perforator used _____
 SIZE of perforations _____ in. by _____ in.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

Screens: Yes No
 Manufacturer's Name _____
 Type 304 Stainless Model No. _____
 Diam. 10 Slot size 0.030 from 135 ft. to 155 ft.
 Diam. _____ Slot size _____ from 173 ft. to 183 ft.

Gravel packed: Yes No Size of gravel _____
 Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes No To what depth? 65 ft.
 Material used in seal Bent/Grvl 65-55; Cmnt 55-0
 Did any strata contain unusable water? Yes No
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
 Type: _____ H.P.

(8) WATER LEVELS: Land-surface elevation Approx 420 ft.
 Static level 67.23 BGS ft. below top of well Date 8/23/93
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes No If yes, by whom? Carr/AGI
 Yield: 508 gal./min. with 3.8 ft. drawdown after 24 hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
1	79.20	10	83.27	30	80.30
2	85.00	15	82.36	60	77.70
5	84.37	20	81.58	90	76.07

Date of test 8/24-25/93

Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water 8°C Was a chemical analysis made? Yes No

Work started 7/5/93, 19. Completed 8/25, 19 93

WELL CONSTRUCTOR 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.

NAME: Armstrong Drilling, Inc.
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
10715 66th Avenue East
 Address Duvall, WA 98271

(Signed) [Signature] License No. 0012
(WELL DRILLER)
 Contractor's Registration No. ARMSPDI136NC Date 9-16, 19 93

(USE ADDITIONAL SHEETS IF NECESSARY)



WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. _____

UNIQUE WELL I.D. # AAD381

Water Right Permit No. G1-26573

(1) OWNER: Name Sammamish Plateau Water and Sewer District Address 1510 228th Ave SE, Issaquah, WA 98027

(2) LOCATION OF WELL: County King NW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec 34 T 25 N., R. 6E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) Lake Washington School Dist. #414, Redmond, WA

(3) PROPOSED USE: Domestic Industrial Municipal
 Irrigation Test Well Other
 DeWater

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

(4) TYPE OF WORK: Owner's number of well 11.1
(If more than one)

Abandoned New well Method: Dug Bored
 Deepened Cable Driven
 Reconditioned Rotary Jetted

MATERIAL	FROM	TO
Hard pan	0	41
Brown Siltybound Sands and Gravels	41	90
Brownish-Orange Siltybound sands and Gravels	90	112
Brown Siltybound Sands and Gravels	112	115
Brown Siltybound Sands and Gravels with Cobbles	115	137
Brown Siltybound Sands and Gravels	137	156
Brown sands and Gravels with Silt, WB	156	180
Brown sands and Gravels, Water Bearing	180	201
Brown Sands and Gravels with Silt	201	204
Brown sands and Gravels with trace Silt	204	210
Brown Siltybound Sands and Gravels	210	220
Gray Silty Sands with few Gravels	220	241
Silty Sands and Gravels	241	251
Brownish-Gray Silty Sands and Gravels	251	291
Silty sands, Gravels and Cobbles	291	305
Silty Sands, Gravels and with few Cobbles	305	321
Tan Silty Sands and Gravels Water Bearing	321	351
Tan Silty Sands and Gravels	351	363
Tan Siltybound sands and Gravels	363	375
Tan Siltybound Sands and Gravels with Cobbles	375	390
Tan Silty sands, Gravels and Cobbles; WB	390	410
Tannish Sands and Gravels	410	423
Tan Silty sands and Gravels	423	429
Tannish Sands and Gravels	429	434
Tan Silty Sands, Gravels and Cobbles	434	464
Tannish Sands and Gravels	464	489
Gray Sands and Cobbles	489	499

(5) DIMENSIONS: Diameter of well 10 inches.
 Drilled 499 feet. Depth of completed well 491 ft.

(6) CONSTRUCTION DETAILS:

Casing installed: 16 • Diam. from 0 ft. to 186 ft.
 Welded 16 • Diam. from 212 ft. to 219 ft.
 Liner installed
 Threaded 10 • Diam. from +2.2 ft. to 409 ft.

Perforations: Yes No
 Type of perforator used _____
 SIZE of perforations _____ in. by _____ in.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

Screens: Yes No
 Manufacturer's Name Johnson
 Type 304 Stainless Model No. P.S.
 Diam. 6 inch Slot size 0.35 from 409 ft. to 419 ft.
 Diam. _____ Slot size _____ from 426 ft. to 431 ft.
 _____ Slot size _____ from 461 ft. to 486 ft.

Gravel packed: Yes No Size of gravel CSS 8-12
 Gravel placed from 377 ft. to 491 ft.

Surface seal: Yes No To what depth? 43 ft.
 Material used in seal Cement
 Did any strata contain unusable water? Yes No
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
 Type: _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation above mean sea level 360 ft.
 Static level 230 ft. below top of well Date 7/21/93
 Artesian pressure _____ lbs. per square inch Date _____
 Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes No If yes, by whom? _____
 Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.
 " " " " " "
 " " " " " "

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test _____
 Bailor test _____ gal./min. with _____ ft. drawdown after _____ hrs.
 Alrtest _____ gal./min. with stem set at _____ ft. for _____ hrs.
 Artesian flow _____ g.p.m. Date _____
 Temperature of water _____ Was a chemical analysis made? Yes No

Work started 4/28/93, 19. Completed 8/9/93, 19.

WELL CONSTRUCTOR 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.

NAME Holt Drilling, Inc.
 (PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)
 Address 10621 Todd Road East, Puyallup, WA 98372
 (Signed) _____ License No. _____
 (WELL DRILLER)
 Contractor's Registration No. HOLDI*13606 Date _____, 19____

(USE ADDITIONAL SHEETS, IF NECESSARY)

WATER WELL REPORT

Start Card No. _____

STATE OF WASHINGTON

UNIQUE WELL I.D. # AAD382

Water Right Permit No. GL-26572

(1) OWNER: Name Sammish Plateau Water and Sewer District Address 1510 228th Ave SE, Issaquah, WA 98027

(2) LOCATION OF WELL: County King NW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec 34 T 25 N., R. 6E W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) Lake Washington School Dist. No. 414, Redmond, WA

(3) PROPOSED USE: Domestic Industrial Municipal
 Irrigation Test Well Other
 DeWater

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION
Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

(4) TYPE OF WORK: Owner's number of well (if more than one) 11.2
Abandoned New well Method: Dug Bored
Deepened Cable Driven
Reconditioned Rotary Jetted

MATERIAL	FROM	TO
Hardpan	0	41
Siltbound Gravels, Brown	41	61
Siltbound Sands and Gravels, Brown	61	82
Siltbound Sands and Gravels, Redish-Brown	82	112
Siltbound Sands and Gravels, Brown	112	170
Siltbound Sands and Gravels, Brown; WB	170	185
Loose Sands and Gravels, WB	185	200
Sands and Gravels with trace Silt	200	205
Sands and Gravels with Silt	205	212
Sands, Gravels, and Cobbles	212	219
Silty Clay with Peat and Gravels	219	228
Siltbound Sands	228	233
Siltbound Sands and Gravels	233	278
Siltbound Gravels and Cobbles	278	296
Siltbound Sands, Gravels and Cobbles	296	323
Siltbound Sands and Gravels	323	358
Siltbound Sands, Gravels and Cobbles	358	369
Siltbound Sands and Gravels	369	394
Silty Sands, Gravels and Cobbles	394	417
Sands and Gravels with trace of Silt	417	434
Silty Sands, Gravels and Cobbles	434	465
Sands and Gravels	465	471
Siltbound Sands and Gravels	471	475
Loose Sands with trace Gravels	475	494
Fine Sands with Trace Gravels and Cobbles	494	505
Fine Silty Sands with trace Gravels and Cobbles	505	520
Siltbound Sands, Grey	520	560

(5) DIMENSIONS: Diameter of well 16 inches.
Drilled 885 feet. Depth of completed well 884 ft.

(6) CONSTRUCTION DETAILS:
Casing installed: 24 * Diam. from 0 ft. to 352 ft.
Welded 20 * Diam. from 0 ft. to 630 ft.
Liner installed
Threaded 16 * Diam. from +2.0 ft. to 705 ft.

Perforations: Yes No
Type of perforator used _____
SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes No
Manufacturer's Name Johnson
Type 304 Stainless Model No. PS
Diam. 8 inch Slot size .030 from 785 ft. to 821 ft.
Diam. 8 inch Slot size .030 from 839 ft. to 880 ft.

Gravel packed: Yes No Size of gravel CSS 8-12
Gravel placed from 648 ft. to 884 ft.

Surface seal: Yes No To what depth? 43 ft.
Material used in seal Cement
Did any strata contain unusable water? Yes No
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
Type: _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation above mean sea level 360 ft.
Static level 235 ft. below top of well Date 8/6/93
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap, valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? _____
Yield: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)
Time Water Level Time Water Level Time Water Level

Date of test _____
Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes No

Continued on next form pages
Note: Final development and testing has not been done as of completion date.
Work started 4/7/93, 19. Completed 8/6/93, 19.

WELL CONSTRUCTOR 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.

NAME Holt Drilling, Inc.
(PERSON, FIRM, OR CORPORATION) (TYPE OR PRINT)

Address 10621 Todd Road East, Puyallup, WA 98372

(Signed) _____ License No. _____
(WELL DRILLER)

Contractor's Registration No. H0001*13605 Date _____, 19____

(USE ADDITIONAL SHEETS IF NECESSARY)



SPWSD well 12

X-576,245

Y-5,277,882

Z-650

Drilling Co. ...
 Method of Drilling ...
 Owner: Ames Lake Water Co.
 Address: 920 Union St., Seattle

Case	Material	Feet	Feet
	Top soil	2	2
	Hardpan & some gravel	21	23
	Clay gravel & some sand		27
	Clay		37
	Gr. sand with very little sediment	9	57
	Gravel, sand clay in alternating layers, gray-brn.	31	68
	Gravel, very hard	5	73
	Gravel with blue clay mix.	35	108
	Very hard hardpan & gravel	3	111
	" " " " "	13	124
	Very coarse gravel	21	145
PUMP TEST:			
Dim. 145'x8"			
SWL: 120 ft.			
DD: 5 ft.			

5
 4400
 2000
 1230
 ↑
 4400
 ↓
 1000

Turn up

(over)

Sheet _____ of _____ sheets

SPWSD well 13
WATER WELL REPORT

Application No. **01111**

STATE OF WASHINGTON

Permit No. _____

(1) OWNER: Name Cascade View Developers Assoc. Address 16 Wembley Lane, Mercer Island, WA
 (2) LOCATION OF WELL: County KING SW $\frac{1}{4}$ NW $\frac{1}{4}$ Sec. 12E T. 25N, R. 6E W.M.
 Bearing and distance from section or subdivision corner 2540'S, 100'E of NW corner of Section 12

(3) PROPOSED USE: Domestic Industrial Municipal
 Irrigation Test Well Other

(4) TYPE OF WORK: Owner's number of well (if more than one) _____
 New well Method: Dug Bored
 Deepened 0-747 Cable Driven
 Reconditioned 787-955 Rotary Jetted

(5) DIMENSIONS: Diameter of well 6 inches.
 Drilled 955 ft Depth of completed well 954 ft.

(6) CONSTRUCTION DETAILS:
 Casing installed: 12" Diam. from +1 ft. to 477 ft.
 Threaded 8" Diam. from +1 ft. to 787 ft.
 Welded 6" Diam. from +2.7 ft. to 865 ft.

Perforations: Yes No
 Type of perforator used _____
 SIZE of perforations _____ in. by _____ in.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

Screens: Yes No Johnson
 Manufacturer's Name _____
 Type Stainless Steel Model No. _____
 Diam. 6" Slot size 20 from 865 ft. to 875 ft.
 Diam. 6" Slot size 20 from 882.5 ft. to 887.3 ft.
 Diam. 6" Slot size 20 from 917 ft. to 915 ft.
 Diam. 6" Slot size 60 from 929 ft. to 944 ft.

Gravel packed: Yes No Size of gravel _____
 Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes No To what depth? 20 ft.
 Material used in seal ben-tonite
 Did any strata contain unusable water? Yes No
 Type of water? _____ Depth of strata _____
 Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
 Type _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation ~640 fpc above mean sea level _____ ft.
 Static level 523.0 ft. below top of well Date 7/30/90
 Artesian pressure _____ lbs per square inch Date _____
 Artesian water is controlled by _____ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
 Was a pump test made? Yes No If yes, by whom? R+N
 Yield: 180 gal. min. with 52.35 ft. drawdown after 24 hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
1	533.9	12	529.6	82	527.8
3	531.2	25	528.85	120	527.35
6	530.4	42	528.4	1660	524.63

Date of test 7/30 - 7/31/90
 Bailer test _____ gal. min. with _____ ft. drawdown after _____ hrs.
 Artesian flow _____ gpm Date _____
 Temperature of water 51.5° Was a chemical analysis made? Yes No

(10) WELL LOG:
 Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL	FROM	TO
Bwn silt with gravel	3100	0
Bwn silty sand and gul	2130	5
Lt. bwn silty sand and gul		11
Gravelly gray silt	1300	21
Sand and gul in gray silt matrix		40
V. compact sand, gul, cobbles, boulders	4000	
in silt and clay matrix, fill	72	186
Sand and gul, water	210W	186
Sand and gravel in silt matrix, fill	72	189
Gray silt and silty clay	3000	211
Silt with sand seams, seepage	320W	302
Silt and sand, minor water, laminated		355
Gray silt	3000	467
Silt with sandy silt layers, seepage	320W	520
Sandy silt, becomes clayey + gul downward		600
Gray silt and clay	3000	640
Sandy silt, seepage	320W	700
Silty sand, woody, minor water		790
Sand and gul, silty, woody, water		830
Sand and gul	213W	
Gravelly sand lagged with sand + gul, occ. matrix, water	213W	870
Gravelly sand with silt matrix, woody, water		910
Sand + gul to sandy gul, water	210W	925
		955

To be sold to King County WD 122 in late 1990

Prepared by Robinson & Noble, Inc.
RECEIVE
X - 575 - 3
U - 5279 - 3
2 - 642
AUG 6 1990
 DEPT. OF ECOLOG

Work started May 3 1990 Completed July 31 1990

WELL DRILLER'S STATEMENT:
 This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME DELKE DRILLING, INC.
 (Person, firm, or corporation) (Type or print)
 Address 4312 166th Ave. E., Sumner 98341
 [Signed] Dev. P. M. Delke
 (Well Driller)
 License No. 0837 Date 8/14 1990



DOH DISTRIBUTION SYSTEM REPORT FORM

Instructions on back

1. System Name : _____

System ID# _____
Reporting Month/Year ____/____

Date	Disinfection Residuals			Lead/Copper Water Quality Parameters		
	2. # Sites Sampled	3. Lowest residual (mg/l)	4. # Samples Residual Not Detected	5. Sites Sampled (1-10)	6. Sites with daily pH values ¹ below	7. Notes
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28						
29						
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31						
Totals						

¹The daily value is calculated by averaging all of the results measured at the sampling site during the day.

8. Reported By _____ Date _____

Title _____ Operator Certification # _____

Signature _____

Return completed report to DOH Regional Office within 10 days of the end of the reporting month.



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