

Exhibit No. _____ (DMP-32)
Docket No. UW-060343
Witness: Derek M. Pell

**BEFORE THE WASHINGTON UTILITIES AND TRANSPORTATION
COMMISSION**

**WASHINGTON UTILITIES AND
TRANSPORTATION COMMISSION,**

Complainant,

v.

ILIAD WATER SERVICE, INC.,

Respondent.

DOCKET NO. UW-060343

**EXHIBIT TO
RESPONSE TESTIMONY OF**

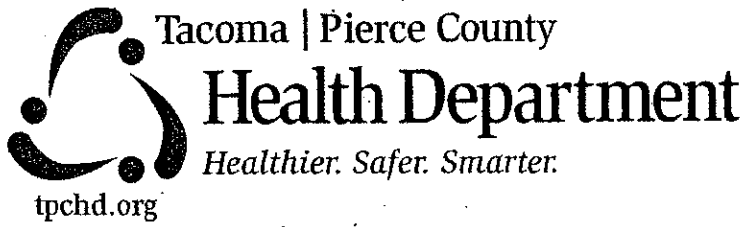
**DEREK M. PELL
Assistant Manager, NW Office of Drinking Water
Washington State Department of Health**

**ON BEHALF OF STAFF OF
WASHINGTON UTILITIES AND
TRANSPORTATION COMMISSION**

*Letter dated January 11, 2005 (2006) from Tacoma/Pierce County
Health Department to David Dorland*

October 4, 2006

File (P)



Governed by a local Board of Health

January 11, 2005 *2006*

Iliad Water Services INC
Attn: Dave Dorland
PO BOX 20098
Seattle, WA 98102

RE: Third Party Sanitary Survey for:
Alder Lake Community Water System, ID # 26995H

Dear Mr. Dorland:

This letter serves as a follow-up to the visit made by the Tacoma-Pierce County Health Department (TPCHD) to the above referenced water systems on **December 28th, 2005.**

Under a contract with the Washington State Department of Health (WDOH), the TPCHD conducted the sanitary survey of your water system. Thank you for meeting with me and showing me the system.

The purpose of this survey is to identify any immediate health concerns, assess the operation, maintenance and management of the water system and provide any educational information as needed. Enclosed is a copy of my survey report with my *recommendations*. The recommendations are given to improve the sanitary protection and to insure the provisions of the Drinking Water Regulations are being met.

A few recommendations to start on immediately:

- Install the approved permanent disinfection system which is required by the Washington State Department of Health - NWRO
- Contact Ingrid Salmon (253) 395-6772 regarding Bilateral Compliance Agreement

Please review this information and begin to implement the corrections as soon as possible. I would appreciate a contact from you indicating your plan and time frame in completing the recommended items within 60 days. As my survey was done under contract with the WDOH please also send a copy of your plan of action to Brian Boye at the NW Drinking Water Operations, 20435 -72nd Ave S, Suite 200, Kent WA 98032
Completion of this report means that your water system has met the requirement of WAC 246-290-416.

Please contact me at 253-798-6530 if you have any questions or concerns regarding this report.

Sincerely,

Richard Hoesch
Environmental Health Specialist II
ENVIRONMENTAL HEALTH PROGRAM

Cc: Brian Boye
Steve Landis

RECEIVED

JAN 17 2006

DEPARTMENT OF HEALTH
NW DRINKING WATER