

Exhibit No. \_\_\_\_\_ (DMP-5)  
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 12, 2001 from David Dorland to DOH*

**October 4, 2006**

# ILIAD, INC.

January 12, 2001

Department of Health  
Northwest Operations  
20435 72<sup>nd</sup> Ave S, Suite 200, K17-12  
Kent, WA 98032-2358

RECEIVED

JAN 17 2001

NW DRINKING WATER

Attn: Derek Pell, P.E.

Re: Alderlake Water System, ID#26995H Pierce County

Dear Derek:

In response to your letter of 12/19/00 concerning the above project, we offer the following:

1. (5) five routine bacteriological samples are being collected per month. As of to date 4 samples have been collected. Copies attached.
2. As of 1/12/01 we have filled our reservoir (4) four times with the Town of Eatonville's water. Each time a chlorine residual has been performed with a residual of 1.5 ppm.
3. Enclosed notice sent to our water customers concerning the trucked water.
4. The south well was deepened to 100' feet by Oelke well drilling on January 3<sup>rd</sup> and 4<sup>th</sup>, 2001. The well pump was set and a 4-hour pump test and recovery test was performed on January 5, 2001. Upon completing the well test a bacteria, IOC and VOC sample was taken and submitted to Laucks Lab and the results are as follows:
  - a) Well pump test produced 40 gpm @ 226 TDH, attached.
  - b) Well report, attached.
  - c) Bacteria was satisfactory, attached.
  - d) IOC, attached.VOC - ~~promised by Friday, 1/19/01.~~ Attached.
5. A professional engineer has been contracted to provide a design for the installation of a disinfection facility (hypo chlorination), schedule will be forthcoming.

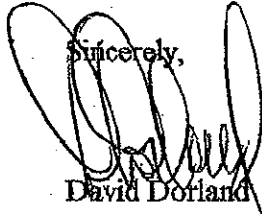
6. We have contacted Mr. Jim Nelson with DOH. The first M.P.A. monitoring test is set for February 26, 2001.

We would appreciate your review of the above matter.

We would like your approval to place the south deepened well on line.

Please advise.

Sincerely,



David Dorland

WATER WELL REPORT

STATE OF WASHINGTON

Start Card No. W136108  
Unique Well I.D. # 424604  
Water Right Permit No.

(1) OWNER: Name ILLIAD INC Address P. O. BOX 26098 SEATTLE, WA 98102-

(2) LOCATION OF WELL: County PIERCE - SE 1/4 NW 1/4 Sec 23 T 15 N., R 4E W1

(2a) STREET ADDRESS OF WELL (or nearest address) ALDEN LAKE WATER SYSTEM,

(3) PROPOSED USE: OTHER USE (10) WELL LOG

(4) TYPE OF WORK: Owner's Number of well (if more than one) Method: CABLE  
DEEMED

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 in formation.

(5) DIMENSIONS: Diameter of wall 6 inches  
Bored 103 ft. Depth of completed well 100 ft.

MATERIAL	FROM	TO
BROWN SILTY SANDY TOPSOIL	0	9
W/ BOULDERS	0	9
BROWN SILTY SANDY GRAVEL	9	15
W/ BOULDERS	9	15
GRAY BROWN SILTY SANDY GRAVEL	15	25
GRAY SILTY GRAVEL & ROCKS	15	25
BROWN SANDY SILTY GRAVEL	25	40
GRAY SILTY TIGHT GRAVEL	40	53
BROWN SILTY SAND ANGULAR GRAVEL	40	53
COARSE GRAVEL SOME WATER	53	78
GRAY SILTY TIGHT GRAVEL	78	82
CLEAN GRAVEL SOME SAND	82	95
	95	103

(6) CONSTRUCTION DETAILS: Casing installed: 6" Dia. from #1 ft. to 100 ft. Method: WELDED

Perforations: NO  
Type of perforator used  
SIZE of perforations  
perforations from ft. to ft. in. by in.  
perforations from ft. to ft.  
perforations from ft. to ft.

Screens: NO  
Manufacturer's Name  
Type  
Diam. slot size from ft. to ft.  
Diam. slot size from ft. to ft.

Gravel packed: NO  
Gravel placed from ft. to ft. Size of gravel

Surface seal: YES To what depth? 18 ft.  
Material used in seal BENTONITE CLAY  
Did any strata contain unusable water? NO  
Type of water? Depth of strata ft.  
Method of sealing strata off N/A

(7) PUMP: Manufacturer's Name Type N/A H.P.

(8) WATER LEVELS: Land-surface elevation above mean sea level ... ft.  
Static level 73.75 ft. below top of well Date 01/04/01  
Artesian Pressure lbs. per square inch Date  
Artesian water controlled by N/A

Work started 12/20/00 Completed 01/04/01

(9) WELL TESTS: Drawdown is amount water level is lowered below static level.

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.

Has a pump test made? NO If yes, by whom?  
Yield: gal./min with ft. drawdown after hrs.

Recovery data  
Time Water Level Time Water Level Time Water Level

NAME ORLKE DRILLING, INC.  
(Person, firm, or corporation) (Type or print)  
ADDRESS 4312-160 AVE E SUMNER, WA  
[SIGNED] License No. 379 ROGER ORLKE  
Contractor's Registration No. ORLKEDI 1360C Date 01/15/01

Date of test 1/1  
Bailer test gal./min. ft. drawdown after hrs.  
Air test 30 gal./min. w/ stem set at 100 ft. for 1 hrs.  
Artesian flow g.p.s. Date  
Temperature of water Was a chemical analysis made? NO

Laucks Testing Laboratories, Inc.  
940 S. Harney Seattle, WA 98108

### WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY  
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR 12 / 20 / 00	TIME COLLECTED HOUR MIN 10 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Pierce
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (Serves only 1 residence)		IF PUBLIC SYSTEM, COMPLETE I.D. No. 269954 CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B

NAME OF SYSTEM  
*Alder lake*

SPECIFIC LOCATION WHERE SAMPLE COLLECTED <i>Well n/b</i>	TELEPHONE NO. DAY (206) 282-9200
---	-------------------------------------

SAMPLE COLLECTED BY: (Name) <i>Steve Landis</i>	SYSTEM OWNER/MGR.: (Name)
--	---------------------------

SOURCE TYPE:  GROUND WATER UNDER SURFACE INFLUENCE  
 SURFACE  WELL or WELL FIELD  SPRING  PURCHASED or INTERTIE  COMBINATION or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)  
*Laucks, Inc*  
*PO Box 20078*  
*Seattle* WASHINGTON *98102*

TYPE OF SAMPLE (check only one in this column)

<input type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: Total Free)
<input type="checkbox"/> REPEAT SAMPLE (previous coliform presence)	<input type="checkbox"/> Filtered
	<input type="checkbox"/> Unfiltered or Other
<input type="checkbox"/> RAW SOURCE WATER	Source # <i>S 03</i>
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input type="checkbox"/> Total Coliform
<input checked="" type="checkbox"/> OTHER (Specify) <i>Engineering</i>	<input type="checkbox"/> Fecal Coliform

REMARKS:

(LAB USE ONLY) DRINKING WATER RESULTS

<input type="checkbox"/> UNSATISFACTORY, Coliforms present	<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent
REPEAT SAMPLES REQUIRED: <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	

OTHER LABORATORY RESULTS

TOTAL COLIFORM *A* /100 ml E. COLI *A* /100 ML  
 FECAL COLIFORM *A* /100 ml PLATE COUNT *A* /ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:  Sample too old  Wrong container  Incomplete

TEST UNSUITABLE BECAUSE:  Confluent growth  TNTC  Turbid culture  Excess debris

DEC 28 2000

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) <i>173634</i>	DATE, TIME RECEIVED <i>12/20/2000 12:00</i>	RECEIVED BY <i>APW</i>
DATE REPORTED <i>12/21</i>	LABORATORY <i>458</i>	

Laucks Testing Laboratories, Inc.  
940 S. Harney Seattle, WA 98108

### WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY  
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR 12 / 18 / 00	TIME COLLECTED HOUR MIN 4 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	COUNTY NAME Pierce
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (Serves only 1 residence)		IF PUBLIC SYSTEM, COMPLETE I.D. No. 269954 CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B

NAME OF SYSTEM  
*Alder lake*

SPECIFIC LOCATION WHERE SAMPLE COLLECTED	TELEPHONE NO. DAY (206) 282-9200
--	-------------------------------------

SAMPLE COLLECTED BY: (Name) <i>Steve Landis</i>	SYSTEM OWNER/MGR.: (Name)
--	---------------------------

SOURCE TYPE:  GROUND WATER UNDER SURFACE INFLUENCE  
 SURFACE  WELL or WELL FIELD  SPRING  PURCHASED or INTERTIE  COMBINATION or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)  
*Laucks, Inc*  
*PO Box 20078*  
*Seattle* WASHINGTON *98102*

TYPE OF SAMPLE (check only one in this column)

<input checked="" type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: Total Free)
<input type="checkbox"/> REPEAT SAMPLE (previous coliform presence)	<input type="checkbox"/> Filtered
	<input checked="" type="checkbox"/> Unfiltered or Other <i>Engineering</i>
<input type="checkbox"/> RAW SOURCE WATER	Source # <i>S 03</i>
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input type="checkbox"/> Total Coliform
<input type="checkbox"/> OTHER (Specify)	<input type="checkbox"/> Fecal Coliform

REMARKS:

(LAB USE ONLY) DRINKING WATER RESULTS

<input type="checkbox"/> UNSATISFACTORY, Coliforms present	<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent
REPEAT SAMPLES REQUIRED: <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	

OTHER LABORATORY RESULTS

TOTAL COLIFORM *A* /100 ml E. COLI *A* /100 ML  
 FECAL COLIFORM *A* /100 ml PLATE COUNT *A* /ml

ANOTHER SAMPLE REQUIRED

SAMPLE NOT TESTED BECAUSE:  Sample too old  Wrong container  Incomplete

TEST UNSUITABLE BECAUSE:  Confluent growth  TNTC  Turbid culture  Excess debris

DEC 22 2000

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) <i>08173584</i>	DATE, TIME RECEIVED <i>12/18/2000 12:40</i>	RECEIVED BY <i>APW</i>
DATE REPORTED <i>12/19</i>	LABORATORY	

**Laucks Testing Laboratories, Inc.**  
940 S. Harney Seattle, WA 98108

**Laucks Testing Laboratories, Inc.**  
940 S. Harney Seattle, WA 98108

**WATER BACTERIOLOGICAL ANALYSIS**

**WATER BACTERIOLOGICAL ANALYSIS**

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY  
If instructions are not followed, sample will be rejected.

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY  
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR 01/08/01			TIME COLLECTED HOUR MIN 9:00 <input type="checkbox"/> AM <input type="checkbox"/> PM			COUNTY NAME Pierce		
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)			IF PUBLIC SYSTEM, COMPLETE: I.D. No. 26995H			CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B		

DATE COLLECTED MONTH DAY YEAR 01/03/01			TIME COLLECTED HOUR MIN 7:00 <input type="checkbox"/> AM <input type="checkbox"/> PM			COUNTY NAME Pierce		
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL (serves only 1 residence)			IF PUBLIC SYSTEM, COMPLETE: I.D. No. 26995H			CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B		

NAME OF SYSTEM  
Alderlake

NAME OF SYSTEM  
Alderlake

SPECIFIC LOCATION WHERE SAMPLE COLLECTED  
lot #2

SPECIFIC LOCATION WHERE SAMPLE COLLECTED  
lot #2

TELEPHONE NO.  
DAY (206) 282-4200  
EVENING ( )

TELEPHONE NO.  
DAY (206) 282-4200  
EVENING ( )

SAMPLE COLLECTED BY: (Name)  
Steve Landis

SAMPLE COLLECTED BY: (Name)  
Steve Landis

SOURCE TYPE:  GROUND WATER UNDER SURFACE INFLUENCE  
 SURFACE  WELL or WELL FIELD  SPRING  PURCHASED or INTERTIE  COMBINATION or OTHER

SOURCE TYPE:  GROUND WATER UNDER SURFACE INFLUENCE  
 SURFACE  WELL or WELL FIELD  SPRING  PURCHASED or INTERTIE  COMBINATION or OTHER

SEND REPORT TO: (Print Full Name, Address and Zip Code)  
Spad Inc  
PO Box 20098  
Seattle WASHINGTON 98102

SEND REPORT TO: (Print Full Name, Address and Zip Code)  
Spad Inc  
PO Box 20098  
Seattle WASHINGTON 98102

TYPE OF SAMPLE (check only one in this column)	
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: Total Free)
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	<input type="checkbox"/> Filtered
	<input type="checkbox"/> Untreated or Other
<input type="checkbox"/> RAW SOURCE WATER Source # <u>S</u>	<input type="checkbox"/> Total Coliform
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input type="checkbox"/> Fecal Coliform
<input checked="" type="checkbox"/> OTHER (Specify) <u>Compliance</u>	

TYPE OF SAMPLE (check only one in this column)	
<input type="checkbox"/> ROUTINE DRINKING WATER check treatment	<input type="checkbox"/> Chlorinated (Residual: Total Free)
<input type="checkbox"/> REPEAT SAMPLE Previous coliform presence	<input type="checkbox"/> Filtered
	<input type="checkbox"/> Untreated or Other
<input type="checkbox"/> RAW SOURCE WATER Source # <u>S</u>	<input type="checkbox"/> Total Coliform
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS	<input type="checkbox"/> Fecal Coliform
<input checked="" type="checkbox"/> OTHER (Specify) <u>Compliance</u>	

REMARKS:  
10/8/20 435994

REMARKS:  
10/8/20 435994

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY: Coliforms present	<input checked="" type="checkbox"/> SATISFACTORY: Coliforms absent
REPEAT SAMPLES REQUIRED: <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	

(LAB USE ONLY) DRINKING WATER RESULTS	
<input type="checkbox"/> UNSATISFACTORY: Coliforms present	<input checked="" type="checkbox"/> SATISFACTORY: Coliforms absent
REPEAT SAMPLES REQUIRED: <input type="checkbox"/> E. Coli present <input type="checkbox"/> E. Coli absent <input type="checkbox"/> Fecal present <input type="checkbox"/> Fecal absent	

OTHER LABORATORY RESULTS  
TOTAL COLIFORM    /100 ml      E. COLI    /100 ML  
FECAL COLIFORM    /100 ml      PLATE COUNT    /ml

OTHER LABORATORY RESULTS  
TOTAL COLIFORM A /100 ml      E. COLI A /100 ML  
FECAL COLIFORM    /100 ml      PLATE COUNT    /ml

ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris

ANOTHER SAMPLE REQUIRED	
SAMPLE NOT TESTED BECAUSE: <input type="checkbox"/> Sample too old <input type="checkbox"/> Wrong container <input type="checkbox"/> Incomplete form	TEST UNSUITABLE BECAUSE: <input type="checkbox"/> Confluent growth <input type="checkbox"/> TNTC <input type="checkbox"/> Turbid culture <input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) <u>08173822</u>	DATE, TIME RECEIVED <u>1/8/01 12:50</u>	RECEIVED BY <u>OPW</u>
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LAB NO. (7 DIGITS) <u>08173762</u>	DATE, TIME RECEIVED <u>1/18/01 9:35</u>	RECEIVED BY <u>OPW</u>
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DATE REPORTED <u>1/9</u>	LABORATORY <u>133-2</u>
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DATE REPORTED <u>1/5</u>	LABORATORY <u>057</u>
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### WATER BACTERIOLOGICAL ANALYSIS

SAMPLE COLLECTION: READ INSTRUCTIONS ON BACK OF GOLDENROD COPY.  
If instructions are not followed, sample will be rejected.

DATE COLLECTED MONTH DAY YEAR 01 / 08 / 01			TIME COLLECTED 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		COUNTY NAME Pierce
TYPE OF SYSTEM <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> INDIVIDUAL <small>(Service only, 1 residence)</small>			IF PUBLIC SYSTEM, COMPLETE I.D. No. 26995H CIRCLE GROUP <input checked="" type="radio"/> A <input type="radio"/> B		
NAME OF SYSTEM Alderlake					
SPECIFIC LOCATION WHERE SAMPLE COLLECTED New South Well				TELEPHONE NO. DAY 206-282-4200 EVENING ( )	
SAMPLE COLLECTED BY (Name) Steve Landis			SYSTEM OWNER/MGR. (Name)		
SOURCE TYPE: <input type="checkbox"/> GROUND WATER UNDER SURFACE INFLUENCE <input type="checkbox"/> SURFACE <input type="checkbox"/> WELL or WELL FIELD <input type="checkbox"/> SPRING <input type="checkbox"/> PURCHASED or INTERMEDIATE <input type="checkbox"/> COMBINATION or OTHER					
SEND REPORT TO: (Print Full Name, Address and Zip Code) Chad, Inc Po Box 2009X Seattle WASHINGTON 98102					

TYPE OF SAMPLE (check only one in this column)					
<input type="checkbox"/> ROUTINE DRINKING WATER <small>check treatment</small>	<input type="checkbox"/> Chlorinated (Residual: Total Free)	<input type="checkbox"/> Filtered	<input type="checkbox"/> Untreated or Other		
<input type="checkbox"/> REPEAT SAMPLE <small>Previous coliform presence</small>	Lab # _____	Date: ____/____/____			
<input type="checkbox"/> RAW SOURCE WATER	Source # S 03	<input type="checkbox"/> Total Coliform			
<input type="checkbox"/> NEW CONSTRUCTION or REPAIRS		<input type="checkbox"/> Fecal Coliform			
<input type="checkbox"/> OTHER (Specify)					

REMARKS:

(LAB USE ONLY) DRINKING WATER RESULTS			
<input type="checkbox"/> UNSATISFACTORY, Coliforms present		<input checked="" type="checkbox"/> SATISFACTORY, Coliforms absent	
REPEAT SAMPLES REQUIRED	<input type="checkbox"/> E. Coli present	<input type="checkbox"/> E. Coli absent	
	<input type="checkbox"/> Fecal present	<input type="checkbox"/> Fecal absent	
OTHER LABORATORY RESULTS			
TOTAL COLIFORM _____ /100 ml	E. COLI _____ /100 ml		
FECAL COLIFORM _____ /100 ml	PLATE COUNT _____ /ml		
ANOTHER SAMPLE REQUIRED?			
SAMPLE NOT TESTED BECAUSE		TEST UNSUITABLE BECAUSE	
<input type="checkbox"/> Sample too old	<input type="checkbox"/> Wrong container	<input type="checkbox"/> Incomplete form	<input type="checkbox"/> Confluent growth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TNTC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Turbid culture
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Excess debris

SEE REVERSE SIDE OF GREEN COPY FOR EXPLANATION OF RESULTS

LAB NO. (7 DIGITS) 08173821	DATE, TIME RECEIVED 1/8/01 12:50	RECEIVED BY JPCW
DATE REPORTED 1/9	LABORATORY	

NOTICE TO WATER SYSTEM USERS  
GROUNDWATER UNDER THE INFLUENCE OF SURFACE WATER  
DISINFECTED SOURCE - 12/29/00  
date

The Alderlake Well water supply source of Alderlake

Water System, ID# 26995H in Pierce County, has been designated by the Washington State Department of Health as groundwater under the direct influence of surface water. This designation means that the untreated source has a high risk of contamination by microbiological organisms associated with surface water.

If water is inadequately treated, microbiological contaminants in that water may cause disease at certain levels of exposure. The United States Environmental Protection Agency (EPA) has set enforceable requirements for treating drinking water to reduce the risk of adverse health effects. Treatment such as filtering and disinfecting the water removes or destroys microbiological contaminants. Drinking water which is treated to meet EPA requirements is associated with little to none of this risk and should be considered safe.

- To continue to use this source, the water purveyor must take steps to ensure that EPA treatment requirements are met. The following steps have been or are being taken at this time: Letter attached.
- The trucked water supply has a free chlorine residual of 1.5 ppm in the system. The available chlorine and flushing will help address any potential contamination incident.
- The water company is increasing Coliform monitoring to Five (5) samples per month during the period in which the system is supplied by trucked water.

At this time consumers are advised to consult their physicians for advice on whether special precautions are necessary before consuming this water. Users may wish to boil all water for consumption at a rolling boil for 3 to 5 minutes or seek an alternate approved source of water.

Water System users with questions should contact:

D. Dorland 206-282-4200  
manager's name day phone

(To be completed by water system)

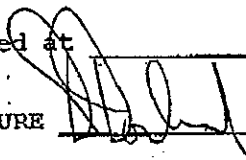
This notice was:

Mailed to all water users on 1/2/2001 (date)

Hand delivered to all water users on \_\_\_\_\_ (date)

Published in the newspaper (copy attached).

Posted at \_\_\_\_\_ on \_\_\_\_\_ (date) (BY DEPARTMENT APPROVAL ONLY)

SIGNATURE  DATED 1/2/2001

Send a copy of this completed public notification form to: Department Of Health, Northwest Drinking Water Operations, 1511 3rd Avenue, Suite 719, Seattle, Washington 98101-1632



ALDERLAKE WATER COMPANY  
P.O. BOX 20429  
SEATTLE, WA 98102  
1-800-928-3750

December 29, 2000

Dear Water Customers:

The Alderlake Water System source went dry as a result of a historic low water level in Alderlake.

We are temporarily trucking water to our on site reservoir from the town of Eatonville water supply. The town of Eatonville may be incompletely treating groundwater that has been determined by the Department of Health to be "ground water under the influence of surface water." This means that the Eatonville water may be at a higher risk to contain surface water pathogens, such as Giardia and Cryptosporidium, than a completely treated surface water or protected groundwater supply.

The following steps are being taken at this time:

1. Contracting a well driller to deepen our well below the Alderlake low water level.
2. The Eatonville water is chlorinated and will help with any possible water contamination with the trucked water supply.
3. Increase our Coliform monitoring to five (5) samples per month.
4. We will be hiring a professional engineer to submit a design to the Department of Health for approval of installation for disinfection facilities.

Sincerely,  
Alderlake Water Company

**INORGANICS CHEMICALS (IOCS) REPORT FOR SAMPLE 0101117-01**

System ID No.: 26995H System Name: ALDERLAKE  
 Lab Sample No.: \_\_\_\_\_ Date Collected: 01/05/01 DOH Source No.: 503  
 Multiple Source Nos.: \_\_\_\_\_ Sample Type: B Purpose: C  
 Date Received: 01/05/01 Date Reported: 01/15/01 Supervisor: EG  
 Date Digested: 01/05/01 Date Analyzed: 01/11/01 Analyst: N/A  
 County: PIERCE Group: A  
 Sample Location: Alderlake Well  
 Send Report To: Ilwad, Inc. Bill To: Ilwad, Inc.

SOI  
 Sample collected same day as SOI deepened. see date on well log -  
 -D. Fall

DOH #	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL	METHOD/ANALYST
***** EPA REGULATED *****							
4	Arsenic	ND	MG/L	0.010	0.050	0.050	EPA 200.8/HN
5	Barium	ND	MG/L	0.10	2.0	2.0	EPA 200.7/DS
6	Cadmium	ND	MG/L	0.0020	0.0050	0.0050	EPA 200.7/DS
7	Chromium	ND	MG/L	0.010	0.10	0.10	EPA 200.7/DS
11	Mercury	ND	MG/L	0.0005	0.0020	0.0020	EPA 245.1/EC
12	Selenium	ND	MG/L	0.0050	0.050	0.050	EPA 200.8/HN
110	Beryllium	ND	MG/L	0.0010	0.0040	0.0040	EPA 200.8/HN
111	Nickel	ND	MG/L	0.040	0.10	0.10	EPA 200.8/HN
112	Antimony	ND	MG/L	0.0050	0.0060	0.0060	EPA 200.8/HN
113	Thallium	ND	MG/L	0.0020	0.0020	0.0020	EPA 200.8/HN
116	Cyanide	ND	MG/L	0.050	0.20	0.20	SM 4500CN E/CN
19	Fluoride	ND	MG/L	0.20	2.0	4.0	EPA 300.0/DP
134	Nitrite - N	ND	MG/L	0.50	0.50	1.0	EPA 300.0/DP
20	Nitrate - N	1.5	MG/L	0.50	5.0	10	EPA 300.0/DP
161	Total Nitrate / Nitrite	1.5	MG/L	0.50	5.0	10	EPA 300.0/DP
** EPA REGULATED (secondary) **							
8	Iron	0.70**	MG/L	0.10	0.30	0.30	EPA 200.7/DS
10	Manganese	0.015	MG/L	0.010	0.050	0.050	EPA 200.7/DS
13	Silver	ND	MG/L	0.010	0.050	0.050	EPA 200.8/HN
21	Chloride	ND	MG/L	20	250	250	EPA 300.0/DP
22	Sulfate	ND	MG/L	20	250	250	EPA 300.0/DP
24	Zinc	ND	MG/L	0.20	5.0	5.0	EPA 200.7/DS
***** STATE REGULATED *****							
14	Sodium	ND	MG/L	5.0			EPA 200.7/DS
15	Hardness	40	MG/L	10			SM 2340B/DS
16	Conductivity	110.	UMHOS/C	10	700	700	SM 2510R/NS
17	Turbidity	1.0	NTU	0.10	1.0	1.0	EPA 180.1/NS
18	Color	5.	COLOR	5.0	15	15	SM 2120B/NS
26	Total Dissolved Solids (TDS)	NA					
***** STATE UNREGULATED *****							
9	Lead	0.0056	MG/L	0.0020		0.015*	EPA 200.8/HN
23	Copper	ND	MG/L	0.20		1.3*	EPA 200.8/HN
** OTHER (optional) **							
171	Orthophosphate	NA					
172	Silica	NA					
402	Aluminum	NA					
403	Alkalinity	NA					
404	Magnesium	3.0	MG/L	0.10			EPA 200.7/DS
405	Calcium	11.	MG/L	0.50			EPA 200.7/DS

**NOTES:**

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INORGANICS CHEMICALS (IOCS) REPORT FOR SAMPLE 0101117-01

System ID No.: 26495H System Name: ALDERLAKE  
 Lab Sample No.: \_\_\_\_\_ Date Collected: 01/05/01 DOH Source No: S01  
 Multiple Source Nos.: \_\_\_\_\_ Sample Type: B Purpose: C  
 Date Received: 01/05/01 Date Reported: 01/16/01 Supervisor: PS  
 Date Digested: \_\_\_\_\_ Date Analyzed: \_\_\_\_\_ Analyst: N/A  
 County: PIERCE Group: A  
 Sample Location: Alderlake Well  
 Send Report To: Ilwad, Inc. Bill To: Ilwad, Inc.

DOH #	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL	METHOD/ANALYST
		* * * * * EPA REGULATED * * * * *					
4	Arsenic	NA					
5	Barium	NA					
6	Cadmium	NA					
7	Chromium	NA					
11	Mercury	NA					
12	Selenium	NA					
110	Beryllium	NA					
111	Nickel	NA					
112	Antimony	NA					
113	Thallium	NA					
118	Cyanide	NA					
19	Fluoride	NA					
114	Nitrite - N	NA					
20	Nitrate - N	NA					
161	Total Nitrate / Nitrite	NA					
		* * EPA REGULATED (secondary) * *					
8	Iron	NA					
10	Manganese	NA					
13	Silver	NA					
21	Chloride	NA					
22	Sulfate	NA					
24	Zinc	NA					
		* * * * * STATE REGULATED * * * * *					
14	Sodium	NA					
15	Hardness	NA					
16	Conductivity	NA					
17	Turbidity	NA					
18	Color	NA					
26	Total Dissolved Solids (TDS)	NA					
		* * * * * STATE UNREGULATED * * * * *					
9	Lead	NA					
23	Copper	NA					
		* * * OTHER (optional) * * *					
171	Orthophosphate	NA					
172	Silica	NA					
402	Aluminum	NA					
403	Alkalinity	NA					
404	Magnesium	NA					
405	Calcium	NA					

**NOTES:**

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VOLATILE ORGANIC CHEMICALS (VOCs) ANALYSIS REPORT  
 EPA TEST METHOD - 524.2  
 For Sample 010117-01

System ID No.: \_\_\_\_\_ System name: \_\_\_\_\_  
 Lab/Sample No.: \_\_\_\_\_ Date Collected: 01/05/01 DOH Source No.: \_\_\_\_\_  
 Multiple Source Nos.: \_\_\_\_\_ Sample Type: \_\_\_\_\_ Sample Purpose: E  
 Date Received: 01/05/01 Date Reported: 01/15/01 Supervisor: MC  
 Date Analyzed: 01/09/01 Analyst: JM  
 County: \_\_\_\_\_ Group: \_\_\_\_\_  
 Sample Location: Alderlake Well  
 Send Report To: Iliad, Inc. Bill To: Iliad, Inc.

DOH#	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL	EXCEEDS
		EPA REGULATED			Trigger? MCL?		
45	Vinyl Chloride	ND	ug/L	0.5	0.5	2.0	
46	1,1-Dichloroethylene	ND	ug/L	0.5	0.5	7.0	
47	1,1,1-Trichloroethane	ND	ug/L	0.5	0.5	200	
48	Carbon Tetrachloride	ND	ug/L	0.5	0.5	5.0	
49	Benzene	ND	ug/L	0.5	0.5	5.0	
50	1,2-Dichloroethane	ND	ug/L	0.5	0.5	5.0	
51	Trichloroethylene	ND	ug/L	0.5	0.5	5.0	
52	1,4-Dichlorobenzene	ND	ug/L	0.5	0.5	75	
56	Dichloromethane	ND	ug/L	0.5	0.5	5.0	
57	trans-1,2-Dichloroethylene	ND	ug/L	0.5	0.5	100	
60	cis-1,2-Dichloroethylene	ND	ug/L	0.5	0.5	70	
63	1,2-Dichloropropane	ND	ug/L	0.5	0.5	5.0	
66	Toluene	ND	ug/L	0.5	0.5	1000	
67	1,1,2-Trichloroethane	ND	ug/L	0.5	0.5	5.0	
68	Tetrachloroethylene	ND	ug/L	0.5	0.5	5.0	
71	Chlorobenzene	ND	ug/L	0.5	0.5	100	
73	Ethylbenzene	ND	ug/L	0.5	0.5	700	
76	Styrene	ND	ug/L	0.5	0.5	100	
84	1,2-Dichlorobenzene	ND	ug/L	0.5	0.5	600	
89	1,2,4-Trichlorobenzene	ND	ug/L	0.5	0.5	70	
160	Total Xylenes	ND	ug/L	0.5	0.5	10000	
74	m/p-Xylenes (MCL For Total)	ND	ug/L	0.5	0.5		
75	o-Xylene (MCL For Total)	ND	ug/L	0.5	0.5		
		EPA UNREGULATED					
27	Chloroform	ND	ug/L	0.5	0.5		
28	Bromodichloromethane	ND	ug/L	0.5	0.5		
29	Chlorodibromomethane	ND	ug/L	0.5	0.5		
30	Bromoform	ND	ug/L	0.5	0.5		
53	Chloromethane	ND	ug/L	0.5	0.5		
54	Bromomethane	ND	ug/L	0.5	0.5		
55	Chloroethane	ND	ug/L	0.5	0.5		

Sample: 010117-01

DOM#	ANALYTES	RESULTS	UNITS	SRL	TRIGGRT	MCL	EXCEEDS
		EPA UNREGULATED (Continued)					TRIGGER? MCL?
58	1,1-Dichloroethane	ND	ug/L	0.5	0.5		
59	2,2-Dichloropropane	ND	ug/L	0.5	0.5		
62	1,1-Dichloropropane	ND	ug/L	0.5	0.5		
64	Dibromomethane	ND	ug/L	0.5	0.5		
70	1,1-Dichloropropane	ND	ug/L	0.5	0.5		
72	1,1,1,1-Tetrachloroethane	ND	ug/L	0.5	0.5		
78	Bromobenzene	ND	ug/L	0.5	0.5		
79	1,2,3-Trichloropropane	ND	ug/L	0.5	0.5		
80	1,1,2,2-Tetrachloroethane	ND	ug/L	0.5	0.5		
81	o-Chlorotoluene	ND	ug/L	0.5	0.5		
82	p-Chlorotoluene	ND	ug/L	0.5	0.5		
83	m-Dichlorobenzene	ND	ug/L	0.5	0.5		
151	1,3-Dichloropropene	ND	ug/L	0.5	0.5		
		STATE UNREGULATED					
65	cis-1,3-Dichloropropane	ND	ug/L	0.5	0.5		
69	trans-1,3-Dichloropropene	ND	ug/L	0.5	0.5		
85	Fluorotrichloromethane	ND	ug/L	0.5	0.5		
86	Bromochloromethane	ND	ug/L	0.5	0.5		
87	Isopropylbenzene	ND	ug/L	0.5	0.5		
88	n-Propylbenzene	ND	ug/L	0.5	0.5		
89	1,3,5-Trimethylbenzene	ND	ug/L	0.5	0.5		
90	tert-Butylbenzene	ND	ug/L	0.5	0.5		
91	1,2,4-Trimethylbenzene	ND	ug/L	0.5	0.5		
92	sec-Butylbenzene	ND	ug/L	0.5	0.5		
93	p-Isopropyltoluene	ND	ug/L	0.5	0.5		
94	n-Butylbenzene	ND	ug/L	0.5	0.5		
96	Naphthalene	ND	ug/L	0.5	0.5		
97	Hexachlorobutadiene	ND	ug/L	0.5	0.5		
98	1,2,3-Trichlorobenzene	ND	ug/L	0.5	0.5		
102	EDB (Scan Confirm by 504.1	ND	ug/L	0.5	0.5		
103	DBCP (Scan Confirm By 504.1	ND	ug/L	0.5	0.5		
162	Dichlorodifluoromethane	ND	ug/L	0.5	0.5		

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**Comments:**

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Well Pump Test Report  
for the South Well (SO-1)  
ALDERLAKE WATER SYSTEM  
ID# 26995H, Pierce County

ILIAD, INC.  
WELL TEST FORM

DATE 1/5/01  
BY: Robert Overhus

LOCATION: South Well Alderlake Water System (SO-1)

## 4 HOUR TEST

TIME OF DAY (HR./MIN.)	PUMPING TIME (MIN.)	PUMP RATE (GPM)	DRAW DOWN (FT.)	DEPTH OF WATER (FT.)
11:20 AM	0	0	0	74' 3"
11:22	2 min.	40 GPM	11"	75' 2"
11:23	3 min.	40 GPM	11"	75' 2"
11:24	4 min.	40 GPM	11½"	75' 2½"
11:25	5 min.	40 GPM	12½"	75' 3½"
11:26	6 min.	40 GPM	13"	75' 4"
11:30	10 min.	40 GPM	1' 3½"	75' 6½"
11:35	15 min.	40 GPM	1' 5"	75' 8"
11:40	20 min.	40 GPM	1' 7"	75' 10"
11:45	25 min.	40 GPM	1' 9"	76' 0"
12:05 PM	45 min.	40 GPM	2' 2"	76' 5"
12:25	1 hr 5 min	40 GPM	2' 7"	76' 10"
12:45	1 hr 25 min.	40 GPM	2' 7"	76' 10"
1:15	1 hr 55 min.	40 GPM	2' 7"	76' 10"
1:45	2 hr. 25 min.	40 GPM	2' 6-¾"	76' 9-¾"
2:15	2 hr 55 min.	40 GPM	2' 7"	76' 10"
2:45	3 hr 25 min.	40 GPM	2' 7"	76' 10"
3:25	4 hr 5 min.	40 GPM	2' 7"	76' 10"

