

**BEFORE THE WASHINGTON
UTILITIES & TRANSPORTATION COMMISSION**

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION,

Complainant,

v.

CASCADIA WATER, LLC.

Respondent.

DOCKET UW-240151

**SCOTT DUREN
ON BEHALF OF THE
WASHINGTON STATE OFFICE OF THE ATTORNEY GENERAL
PUBLIC COUNSEL UNIT**

EXHIBIT SD-4

Cascadia's Response to WCAW Data Request No. 53,

with Attachment 1

January 22, 2025



Rates & Regulatory Affairs

UW-240151

Cascadia Water LLC Proposed General Rate Case

Data Request Response

Date of Response: 9/25/2024

Responder/Witness: Culley Lehman

Request No.: UW-240151 WCAW DR 53

Please produce all documents by which DOH approved the improvements for this project.

Response:

The approval letter from DOH for the CAL project is provided as UW-240151 WCAW DR 53 Attachment 1.

Attachment 1



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
NORTHWEST DRINKING WATER REGIONAL OPERATION
PO BOX 47800, M/S: K17-12
OLYMPIA WA 98504

August 31, 2022

CULLEY LEHMAN
CAL WATERWORKS
CULLEY@CASCADIAWATER.COM

Subject: CAL Waterworks, ID #31040
Island County
Booster Pump Station and Reservoir Replacement
Submittal #22-0710

Dear Mr. Lehman:

The referenced submittal received in this office on July 27, 2022, along with supplemental information received on August 26, 2022, has been reviewed and, in accordance with the provisions of WAC 246-290, is hereby **APPROVED**. The approval issued herein is only valid as it relates to current standards outlined in WAC 246-290, effective April 9, 2022. Future revisions in the rules may be more stringent and require facility modifications or corrective action.

Design Summary: This project includes demolition of the existing 40,000-gallon reservoir and construction of a 79,400-gallon reinforced circular concrete reservoir to serve 193 ERUs for future growth, replacement of the pumphouse, booster pumps, pressure tanks, and providing a loop in the distribution. The two (2) temporary tanks shall have NSF approval and be properly vented. The existing pumphouse will be replaced and the booster pumps updated with four (4) 10-hp booster pumps and two (2) 317-gal pressure tanks for pressure zone #1 and two (2) 3-hp booster pumps and two (2) 264-gal pressure tanks for pressure zone #2. Approximately 150' of 6" water main will be installed to loop the main along East Harbor Road between Beachwood Drive and Harbor Sands Lane to address deficiencies in the distribution system.

This water system design remains approved to serve 146 Equivalent Residential Units, 120 connections in CAL Waterworks service area and one wholesale customer, Goss Lakeridge Acres #22070, with 26 lots.

As required in WAC 246-290-120(5) within sixty days following the completion of and prior to the use of this project or portions thereof, the enclosed construction completion report must be completed by a professional engineer and returned to this department.

CAL Waterworks
August 31, 2022
Page 2

WAC 246-290-120(8) provides that if construction of the project has not been started within two years of the date of this letter, this approval will become null and void unless you take action at that time to arrange for an extension of the approval in the manner prescribed.

The department's approval of this project does not confer or guarantee any right to a specific quantity of water. The approved number of service connections is based on your representation of available water quantity. If the Washington Department of Ecology, a local planning agency, or other authority responsible for determining water rights and water system adequacy determines that you have use of less water than you represented, the number of approved connections may be reduced commensurate with the actual amount of water and your legal right to use it.

Nothing in this approval shall be construed as satisfying other applicable federal, state, or local statutes, ordinances, and regulations.

Regulations establishing a schedule of fees for review of planning, engineering, and construction documents have been adopted March 30, 2012 (WAC 246-290-990). An itemized invoice showing the amount due of **\$947.00** is enclosed. Please remit your complete payment in the form of a check or money order within 30 days of the date of this letter to: **WDOH, Revenue Section, PO Box 1099, Olympia, WA 99507-100.**

If you have any questions or comments, contact me at (206) 601-1637 or bob.James@doh.wa.gov.

Sincerely,



Robert E. James, PE
Regional Engineer
N.W. Drinking Water Operations

Enclosures:
Invoice

ecc: Aneta Hupfauer, Island County Health Department
Alexis Medina, DOH
Robert Bennion, DCG Engineering



Office of Drinking Water
INVOICE
 Engineering, Planning, and Sanitary Survey Review Form

TO: CULLEY LEHMAN
 CAL WATERWORKS
 PO BOX 549
 FREELAND WA 98249

Invoice Number	N03956	
Invoice Date	August 31, 2022	
Billing Period	30 days	NW

DATE	DESCRIPTION	QTY	COST	AMOUNT
8/31/2022	REVIEW AND/OR APPROVAL OF PROJECT REPORT CAL WATERWORKS ISLAND COUNTY REPLACE RESERVOIR, PUMPHOUSE & BOOSTER PUMPS SUBMITTAL #: 22-0710	1	1	\$947.00
	Total			\$947.00
Payment due within 30 days. Interest shall accrue at 1% per month after 30 days.				

Make Checks Payable to Department of Health
Return Lower Portion to:
 Department of Health
 PO Box 1099
 Olympia, WA 98507-1099

Office of Drinking Water
 Engineering, Planning, and Sanitary Survey Review Form

NAME	CAL WATERWORKS	
INVOICE NUMBER	N03956	
INVOICE DATE	8/31/2022	22-0710 NW
AMOUNT	\$947.00	

Return to:
 Department of Health
 Revenue Section
 PO Box 1099
 Olympia, WA 98507-1099

DOH Form #331-332

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388).

CONSTRUCTION COMPLETION REPORT FORM

In accordance with WAC 246-290-120 (5), a **Construction Completion Report** is required for all approved construction projects. Purveyors **must** submit a Construction Completion Report to the Office of Drinking Water (ODW) within sixty (60) days of completion and before use of any water system facility. This includes any source, water quality treatment, storage tanks, booster pump facilities, and distribution projects.

Please type or print legibly in ink:

CAL Waterworks Name of Water System	DOH System ID No.: <u>31040</u>
Culley Lehman Name of Purveyor (Owner or System Contact)	DOH Project No.: <u>22-0710</u> (if applicable)
culley@cascadiawater.com Mailing Address	Date Construction Documents
City _____ State _____ Zip _____	Approved by DOH <u>8/31/2022</u> (If applicable)

PROJECT NAME AND DESCRIPTIVE TITLE: BPS & Reservoir Replacement

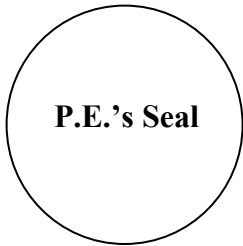
CHECK ONE: Entire Project Completed. Description of Portions Completed.

PROFESSIONAL ENGINEER'S ACKNOWLEDGMENT *(Complete items below—Attach additional sheets as needed)*

The undersigned professional engineer (PE), or their authorized agent, has inspected the above-described project which, as to layout, size and type of pipe, valves and materials, reservoir and other designed physical facilities, has been constructed and is substantially completed in accordance with construction documents reviewed by the purveyor's engineer or approved by the DOH. In the opinion of the undersigned engineer, the installation, physical testing procedures, water quality tests, and disinfection practices were carried out in accordance with state regulations and principles of standard engineering practice.

I have reviewed the disinfection procedures , pressure test results , and results of the bacteriological test(s) for this project and certify that they comply with the requirements of the construction standards/specifications approved by the DOH. (Check all boxes that apply that are consistent with the nature of the project.)

This project changes the physical capacity of the system to serve consumers. The system is now able to serve _____ equivalent residential units (ERUs.) Not applicable



Date Signed

Name of Engineering Firm

Name of PE Acknowledging Construction

Mailing Address

City _____ State _____ Zip _____

Engineer's Signature

State/Federal Funding Type (if any) _____

Please return completed form to DOH regional office checked below.

- | | | |
|--|---|--|
| <input type="checkbox"/> NWRO Drinking Water
Department of Health
20435 72 nd Ave. S, Ste 200
Kent, WA 98032-2358
(253) 395-6750 | <input type="checkbox"/> SWRO Drinking Water
Department of Health
PO Box 47823
Olympia, WA 98504-7823
(360) 236-3030 | <input type="checkbox"/> ERO Drinking Water
Department of Health
1500 W. Fourth Ave, Suite 305
Spokane, WA 99201
(509) 456-3115 |
|--|---|--|

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388).

The purveyor must attach a completed Water Facilities Inventory (WFI) form in accordance with WAC 246-290-120(6), if applicable. Contact the regional office in your area for WFI forms or additional Construction Completion Report forms.