

Exhibit No. \_\_\_\_\_ (DMP-13)  
Docket No. UW-060343  
Witness: Derek M. Pell

**BEFORE THE WASHINGTON UTILITIES AND TRANSPORTATION  
COMMISSION**

**WASHINGTON UTILITIES AND  
TRANSPORTATION COMMISSION,**

**DOCKET NO. UW-060343**

**Complainant,**

**v.**

**ILIAD WATER SERVICE, INC.,**

**Respondent.**

**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 31, 2002 from DOH to Derek Dorland*

**October 4, 2006**



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

20435 72nd Ave. S., Suite 200, K17-12 • Kent, Washington 98032-2358

January 31, 2002

DEREK DORLAND  
ALDER LAKE COMMUNITY WATER SYSTEM  
PO BOX 20429  
SEATTLE WA 98102

Subject: Alder Lake Water System (ID#26995H) Pierce County  
Hydraulic Connection w/ Surface Water  
Disinfection CT=6 for Wells #1 & #2 (40gpm + 40gpm)  
2,100' of 3" Dedicated Well to Storage Main  
Submittal #01-0618

Dear Mr. Dorland:

The project report and the revised construction documents for the above project (received in this office on May 30 and December 19, 2001), have been reviewed and, in accordance with the provisions of WAC 246-290 are hereby APPROVED.

**PROVIDED** That: Continuous chlorination of these sources is required. Disinfection contact time is provided by 2,100 feet of 3-inch diameter dedicated fill line (770 gallons) along with 10% of the available standby storage volume (1,305 gallons). A minimum free chlorine residual of at least 0.2 mg/L must be maintained throughout the distribution system at all times.

As required in WAC 246-290-120(5) within sixty days following the completion of and prior to the use of the above project or portions thereof, the enclosed construction report must be completed by a professional engineer and returned to this department. In addition, complete and submit the enclosed Pressure, Leakage, and Bacteriological Test Report form for applicable portions of this project.

Please submit a revised WFI form to reflect this addition once the project is certified by the engineer.

The approval issued herein is only valid as it relates to current standards outlined in WAC 246-290, revised April 1999. Future revisions in the rules may be more stringent and require facility modifications or corrective action. Nothing in this approval shall be construed as satisfying other applicable federal, state, or local statutes, ordinances and regulations.

Please give me a call at (253) 395-6763 if you have any questions or concerns.

Sincerely,

Derek M. Pell, PE  
Regional Engineer  
NW Drinking Water Operations

cc: John McDonnell, PE – Western Engineers Inc.  
Dave Dorland – Iliad Inc.  
Jim Ward – UTC  
Tacoma Pierce County Health Department

