

# WATER FACILITIES INVENTORY (WFI) FORM

ONE FORM PER SYSTEM

RETURN TO: Southwest Regional Office POB 87423 Olympia WA 98504-7823

1. SYSTEM ID NO. <b>2356</b>	2. SYSTEM NAME <b>PRAIRIE RIDGE 605</b>	3. COUNTY <b>Thurston</b>	4. GROUP <b>Group A</b>	5. TYPE <b>Comm</b>
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6. PRIMARY CONTACT NAME & MAILING ADDRESS <b>PUD No1 of Thurston County</b> <b>Kimberly S. Gubbe [Compliance Director]</b> <b>1230 Ruddell Rd SE</b> <b>Lacey, WA 98503</b>		7. OWNER NAME & MAILING ADDRESS <b>PUD NO 1 of Thurston County</b> <b>John G. Weidenfeller [General Manager]</b> <b>1230 Ruddell Rd. SE</b> <b>Lacey, WA 98503</b>		8. Owner Number:
STREET ADDRESS IF DIFFERENT FROM ABOVE		STREET ADDRESS IF DIFFERENT FROM ABOVE		
ATTN		ATTN		
ADDRESS		ADDRESS		
CITY	STATE	ZIP	CITY	STATE
				ZIP

9. 24 HOUR PRIMARY CONTACT INFORMATION		10. OWNER CONTACT INFORMATION	
Primary Contact Daytime Phone: <b>(360) 357-8783 x 125</b>		Owner Daytime Phone: <b>(360) 357-8783</b>	
Primary Contact Evening Phone: <b>(360) 688-0827</b>		Owner Evening Phone: <b>(360) 791-1739</b>	
Primary Contact Mobile/Cell Phone:		Owner Mobile/Cell Phone:	
Fax: <b>(360) 357-1172</b>	E-mail: <b>kgubbe@thurstonpud.org</b>	Fax: <b>(360) 357-1172</b>	E-Mail:

WAC 246-290-420() requires that water systems provide 24-hour contact information for emergencies.

11. SATELLITE MANAGEMENT AGENCY – SMA (check only one)	
<input type="checkbox"/> Not applicable (Skip to #12) <input checked="" type="checkbox"/> Owned and Managed <input type="checkbox"/> Managed Only <input type="checkbox"/> Owned Only	
SMA NAME: <b>PUD No1 of Thurston County</b>	SMA Number: <b>147</b>

12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)		
<input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial / Business <input type="checkbox"/> Day Care <input type="checkbox"/> Food Service/Food Permit <input type="checkbox"/> 1,000 or more person event for 2 or more days per year	<input type="checkbox"/> Hospital/Clinic <input type="checkbox"/> Industrial <input type="checkbox"/> Licensed Residential Facility <input type="checkbox"/> Lodging <input type="checkbox"/> Recreational / RV Park	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> School <input type="checkbox"/> Temporary Farm Worker <input type="checkbox"/> Other (church, fire station, etc.):

13. WATER SYSTEM OWNERSHIP (mark only one)		14. STORAGE CAPACITY (gallons)
<input type="checkbox"/> Association <input type="checkbox"/> City / Town <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Investor <input type="checkbox"/> Private <input checked="" type="checkbox"/> Special District <input type="checkbox"/> State		<b>76,300</b>

15.	16. SOURCE NAME	17. INTERTIE	18. SOURCE CATEGORY										19. USE	20.	21. TREATMENT					22. DEPTH	23.	24. SOURCE LOCATION						
SOURCE NUMBER	LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.  Example: WELL #1 XYZ456  IF SOURCE IS PURCHASED OR INTERTIED, LIST SELLER'S NAME Example: SEATTLE	INTERTIE SYSTEM ID NUMBER	WELL	WELL FIELD	WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN	SEA WATER	SURFACE WATER	RANNEY / INF. GALLERY	OTHER	PERMANENT	SEASONAL	EMERGENCY	SOURCE METERED	NONE	CHLORINATION	FILTRATION	FLUORIDATION	IRRADIATION (UV)	OTHER	OPEN INT ( FEET )	CAPACITY (GALLONS PER MINUTE)	1/4, 1/4 SECTION	SECTION NUMBER	TOWNSHIP	RANGE
<b>S01</b>	<b>PR Well #1 WW AKY156</b>				X								X			Y		X					164	55	NW NE	34	19N	01W
<b>S02</b>	<b>PR Well #2 WW AAE334</b>				X								X			Y		X					170	82	NW NE	34	19N	01W
<b>S03</b>	<b>PR WF (S01 &amp; S02)</b>			X									X			Y		X					164	137	NW NE	34	19N	01W
<b>S04</b>	<b>HA WELL #1 (AGN780)</b>		X										X			Y		X					120	55	SW SE	34	19N	01W

S05	HA WELL #2 (ALG212)		X								X		Y		X				144	68	SW SE	34	19N	01W
S06	TP WELL #1 (AHF013)		X								X		Y		X				280	80	NW NE	03	18N	01W
S07	INTERTIE #1 – CITY OF LACEY										X		X	N	X					1000	SW SE	34	19N	01W

<p><i>If this water system serves 100 OR MORE single-family residences, please enter the total number of service connections on line 25, then skip to lines 29, 35 and 36.</i></p> <p><i>If this water system serves LESS THAN 100 single-family residences, complete entire form.</i></p>	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED CONNECTIONS
<b>25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)</b>			
A. Full Time Single Family Residences (Occupied 180 days or more per year)	303		
B. Part Time Single Family Residences (Occupied less than 180 days per year)			
<b>26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)</b>			
A. Apartment Buildings, condos, duplexes, barracks, dorms			
B. Full Time Residential Units in Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year			
C. Part Time Residential Units in Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year			
<b>27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)</b>			
A. Recreational Services (Campsites, RV Sites, Spigots, etc.)			
B. Institutional, Commercial or Industrial Services			
<b>28. TOTAL SERVICE CONNECTIONS</b>			

<b>29. FULL-TIME RESIDENTIAL POPULATION</b>
A. How many residents are served by this system 180 or more days per year? 778

<b>30. PART-TIME RESIDENTIAL POPULATION</b>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?												
B. How many days per month are they present?												
<b>31. TEMPORARY &amp; TRANSIENT USERS</b>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month are they present?												
<b>32. REGULAR NON-RESIDENTIAL USERS</b>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students, daycare children and/or employees are present each month?												
B. How many days per month are they present?												

<b>33. ROUTINE COLIFORM SCHEDULE</b>	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
	1	1	1	1	1	1	1	1	1	1	1	1
<b>34. GROUP B NITRATE SCHEDULE</b>	QUARTERLY				ANNUALLY				ONCE EVERY 3 YEARS			
<i>This will be suppressed for all Group A systems</i>												

<b>35. Reason for Submitting WFI:</b> <i>(To be completed by system submitting form – not a Sentry feed)</i>
<input checked="" type="checkbox"/> Update-Change <input type="checkbox"/> Update-No Change <input type="checkbox"/> Inactivate <input type="checkbox"/> Re-Activate <input type="checkbox"/> Name change <input type="checkbox"/> New System <input type="checkbox"/> Other _____

<b>36. I certify that the information stated on this WFI form is correct to the best of my knowledge.</b>	
SIGNATURE: <u>Douglas Piehl</u>	DATE: <u>10/15/2025</u>
PRINT NAME: <u>Douglas Piehl</u>	TITLE: <u>District Engineer</u>

**STATE OF WASHINGTON**  
**Public Water System**  
**Operating Permit**

The Department of Health Office of Drinking Water issues a permit to operate:

PRAIRIE RIDGE 605 (ID# 02356 W )

to owner: PUD No 1 of Thurston County County: THURSTON

PUD No 1 of Thurston County  
1230 Ruddell Rd. SE.  
Lacey, WA 98503

This Permit is valid through: 31 May 2026

**PERMIT CATEGORY:** \*\*\*\* Green \*\*\*\*

The permit category may be modified or the permit revoked subject to water system compliance with applicable State of Washington drinking water rules and regulations and the following statements.

The system operating permit color category is based on information on file with the Department at the time this permit was printed.

System is substantially in compliance with applicable drinking water requirements



**STATE OF WASHINGTON**  
**Public Water System**  
**Operating Permit**

The Department of Health Office of Drinking Water issues a permit to operate:

HAWK ACRES 607 (ID# 31845 T )

to owner: PUD No 1 of Thurston County County: THURSTON

PUD No 1 of Thurston County  
1230 Ruddell Rd. SE.  
Lacey, WA 98503

This Permit is valid through: 31 May 2026

**PERMIT CATEGORY:** \*\*\*\* Green \*\*\*\*

The permit category may be modified or the permit revoked subject to water system compliance with applicable State of Washington drinking water rules and regulations and the following statements.

The system operating permit color category is based on information on file with the Department at the time this permit was printed.

System is substantially in compliance with applicable drinking water requirements



**STATE OF WASHINGTON**  
**Public Water System**  
**Operating Permit**

The Department of Health Office of Drinking Water issues a permit to operate:

TOLMIE PARK 239 (ID# 88667 P )

to owner: PUD No 1 of Thurston County County: THURSTON

PUD No 1 of Thurston County  
1230 Ruddell Rd. SE.  
Lacey, WA 98503

This Permit is valid through: 31 May 2026

**PERMIT CATEGORY:** \*\*\*\* Green \*\*\*\*

The permit category may be modified or the permit revoked subject to water system compliance with applicable State of Washington drinking water rules and regulations and the following statements.

The system operating permit color category is based on information on file with the Department at the time this permit was printed.

System is substantially in compliance with applicable drinking water requirements





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
OFFICE OF DRINKING WATER  
P.O. Box 47822 • Olympia, WA 98504

Tel: (360) 236-3100 • Fax: (360) 236-2253 • 711 Washington Relay Service

August 11, 2025

PUD No 1 of Thurston County  
Prairie Ridge 605  
1230 Ruddell Road Southeast  
Lacey, Washington 98503

Subject: Prairie Ridge 605, ID #02356W, Thurston County; Routine Sanitary Survey Inspection  
Report – Survey Date: July 10, 2025

This letter includes the information collected during the routine sanitary survey of your water system on July 10, 2025. Thank you to Jason Choate for meeting with me.

The purpose of the sanitary survey is to assess your water system's facilities, operations and maintenance, and discuss ideas to help ensure the drinking water system will continue to provide safe and reliable drinking water for years to come. These inspections are required by the drinking water regulations (WAC 246-290) every 3-5 years. We covered the 8 Environmental Protection Agency (EPA) elements of a sanitary survey described in 40 CFR 142.16 during this inspection.

Items identified in your water system facilities or operations that need your immediate attention are listed below as **Significant Deficiencies** or **Significant Findings**. Significant Deficiencies, if left unaddressed, have the potential of causing an immediate or potential risk to the health of the water system customers. A Significant Finding is a problem that imparts a serious but less direct public health threat than a significant deficiency. If left unaddressed, a significant finding creates a risk to the physical safety, security or reliability of the public water supply.

**Significant Deficiencies: Immediate or potential significant public health risks.**

1. No significant deficiencies were observed.

**Significant Findings: Serious items in your facilities or operations that need immediate attention.**

2. No significant findings were observed.

**Observations – Your system does not meet the following regulatory requirements:**

3. According to [WAC 246-290-451 \(7\)\(c\)](#): Submit monthly water treatment reports to the Office of Drinking Water (ODW) using a department-approved form by the tenth day of the following month.
4. Prairie Ridge 605 is on a 3-year reduced monitoring schedule for Disinfection Byproducts. With regards to selecting locations for Disinfection Byproducts please see [40 CFR 141.623 -- Reduced monitoring](#):  
1 Total Trihalomethane (TTHM) and 1 HAA5 (Halo Acetic Acids) sample: one at the location and during the quarter with the highest TTHM single measurement, one at the location and during the quarter with the highest HAA5 single measurement; 1 dual sample set each year if the highest TTHM and HAA5 measurements occurred at the same location and quarter.

Prairie Ridge 605 should develop a Disinfection Byproduct Monitoring plan. According to [40 CFR 141.622 -- Subpart V monitoring plan](#) (a)(1):

You must develop and implement a monitoring plan to be kept on file for State and public review. The monitoring plan must contain the elements in [paragraphs \(a\)\(1\)\(i\) through \(a\)\(1\)\(iv\)](#) of this section and be complete no later than the date you conduct your initial monitoring under this subpart.

(i) Monitoring locations;

(ii) Monitoring dates;

(iii) Compliance calculation procedures; and

(iv) Monitoring plans for any other systems in the combined distribution system if the State has reduced monitoring requirements under the State authority in [§ 142.16\(m\)](#).

A Disinfection Byproduct Monitoring plan template can be found here: [331-464-F.xlsx](#)

**Recommendations** – To improve your technical, managerial, or financial capacity:

5. We recommend that every water utility plans for the loss of power supply. Even during a power outage, a utility should be capable of maintaining a minimum level of service to its customers.

**Next Steps:** Significant Deficiencies and Findings are assigned a 30 day due date for ground water. If you are not able to complete the work by the assigned date, you **MUST** submit a Corrective Action Plan describing how and when you will complete the work. Failure to respond by the assigned date will result in further compliance actions in accordance with WAC 246-290-050.

Please include your water system name, water system ID number, correction item #, and the date when you correct the deficiencies. Please label your photos. All responses should be sent to me by e-mail at: [aasya.abdenmour@doh.wa.gov](mailto:aasya.abdenmour@doh.wa.gov).

**Fees:** Submit your sanitary survey payment by the date listed on the enclosed invoice. Regulations establishing a schedule of fees for sanitary surveys have been adopted by WAC 246-290-990(3)(c).

**Additional Information:** For more detailed information regarding your routine sanitary survey, please review the **Sanitary Survey Form** and **Invoice**. Helping you ensure a safe and reliable drinking water supply is our highest priority. Please contact me if you have any questions or concerns.

Sincerely,



Aasya Abdenmour, E.I.T.  
Office of Drinking Water, ODW Engineer

Enclosures

cc: James (Jim) Campbell, Thurston PUD  
Kimberly Gubbe, Compliance Director, Thurston PUD  
Jason Choate, Field Tech 2, Thurston PUD  
Thurston County Public Health & Social Services  
Denise Miles, ODW Sanitary Survey Program Manager

**Office of Drinking Water**  
**Sanitary Survey Evaluation Form B**

Prairie Ridge 605, ID #02356W

County:	Thurston
System Type:	Community
Operating Permit Color:	Green
Surveyor(s):	Aasya Abdenmour
Water System Attendees:	Jason Choate
Inspection Date:	July 10, 2025

## INTRODUCTION

The following is a completed sanitary survey evaluation and summary of inspection findings. The cover letter documents any significant deficiencies or significant findings that must be corrected. The cover letter also summarizes observations, recommendations, and referrals, as applicable, concerning compliance with certain rules and offering recommendations you can use to make improvements to the operation and management of your water system.

## PART A: SUMMARY OF SIGNIFICANT DEFICIENCIES AND SIGNIFICANT FINDINGS

Bolded items with one asterisk (\*) represent significant deficiencies that, if left uncorrected, create a significant public health risk. Bolded items with two asterisks (\*\*) represent significant findings that, if left uncorrected, create a significant risk to the physical safety, security, or reliability of the public drinking water supply. In addition, there may be other issues identified by the surveyor that are classified as a significant finding requiring corrective action.

Please see the cover letter for a summary of the findings, observations, and recommendations for this sanitary survey.

## PART B: GENERAL WATER SYSTEM DESCRIPTION

The Prairie Ridge 605 water system is a Group A community water system owned, operated, and managed by Public Utility District No 1 of Thurston County (Thurston PUD). The water system serves a residential area in northern Thurston County. Prairie Ridge 605 is a disinfected groundwater system made up of 2 wells, 2 reservoirs, and a pump house, which also houses the pump controls, pressure tank, booster pumps, and treatment (in a separate room). Prairie Ridge 605 is approved for 116 connections and currently has 102 active connections. All connections are single-family residences.

## PART C: OPERATIONS, MANAGEMENT, WATER QUALITY AND REPORTING

Prairie Ridge 605 has been owned, managed, and operated by Thurston PUD since 2010. The system does not need to submit an updated Small Water System Management Program (SWSMP) to the Office of Drinking Water (ODW) for review and approval at this time, but it should be kept up to date and available for review on request during your sanitary survey. Thurston PUD is planning to submit a Water System Plan (WSP) Part B to consolidate Tolmie Park 239 and Hawk Acres 607 water systems under Prairie Ridge 605 water system.

APPROVAL AND PLANNING STATUS	Yes No
System capacity approved	<input checked="" type="checkbox"/> <input type="checkbox"/>
Planning requirement for this system	SWSMP
If over 1,000 connections, year WSP expires	N/A



APPROVAL AND PLANNING STATUS	Yes No
If SWSMP is required, system is maintaining and implementing required elements	<input checked="" type="checkbox"/> <input type="checkbox"/>

OPERATIONS AND RECORDKEEPING	Yes No
Previous survey deficiencies/findings corrected, if no list below	<input checked="" type="checkbox"/> <input type="checkbox"/>
WFI reviewed and updated with purveyor	<input checked="" type="checkbox"/> <input type="checkbox"/>
Operational records maintained	<input checked="" type="checkbox"/> <input type="checkbox"/>
Consumer confidence report completed and submitted (Community only)	<input checked="" type="checkbox"/> <input type="checkbox"/>
Complaints followed up	<input checked="" type="checkbox"/> <input type="checkbox"/>
Complaints documented	<input checked="" type="checkbox"/> <input type="checkbox"/>
# of complaints recorded at ODW (since last survey)	0
Operation and maintenance program	<input checked="" type="checkbox"/> <input type="checkbox"/>
Emergency response plan	<input checked="" type="checkbox"/> <input type="checkbox"/>

Refer to the Water Quality Monitoring Schedule for your monitoring requirements and status. If you have any questions on source monitoring, please contact Sophia Petro by phone at (564) 669-0856. Prairie Ridge has a history of a coliform positive. The system requires 1 routine coliform sample each month. Two years of bacteriological data were reviewed and there were no Total Coliform positives, except for October of 2023. In October they had a positive E. coli sample, repeat samples also showed E. coli presence. An investigation and a Level 2 assessment were completed, but the E. coli source was never identified. The system has been implementing continuous disinfection since the E. coli positive event.

Prairie Ridge 605 is on a 3-year reduced monitoring schedule for Disinfection Byproducts. With regards to selecting locations for Disinfection Byproducts please see [40 CFR 141.623 -- Reduced monitoring](#):

1 Total Trihalomethane (TTHM) and 1 HAA5 (Halo Acetic Acids) sample: one at the location and during the quarter with the highest TTHM single measurement, one at the location and during the quarter with the highest HAA5 single measurement; 1 dual sample set each year if the highest TTHM and HAA5 measurements occurred at the same location and quarter.

Prairie Ridge 605 should develop a Disinfection Byproduct Monitoring plan. According to the [40 CFR 141.622 -- Subpart V monitoring plan](#) (a)(1):

You must develop and implement a monitoring plan to be kept on file for State and public review. The monitoring plan must contain the elements in [paragraphs \(a\)\(1\)\(i\) through \(a\)\(1\)\(iv\)](#) of this section and be complete no later than the date you conduct your initial monitoring under this subpart.

(i) Monitoring locations;

(ii) Monitoring dates;

(iii) Compliance calculation procedures; and

(iv) Monitoring plans for any other systems in the combined distribution system if the State has reduced monitoring requirements under the State authority in [§ 142.16\(m\)](#).

A Disinfection Byproduct Monitoring plan template can be found here: [331-464-F.xlsx](#)

SOURCE ID #	SOURCE MONITORING LOCATIONS	Sampling site in correct location?
		Yes No
S03	Post Treatment Sample Tap	<input checked="" type="checkbox"/> <input type="checkbox"/>

SOURCE MONITORING RESULTS REVIEW	All Required Sampling is Current?	Results Below MCLs or SALs?	Unaddressed WQ Issue?
	Yes No	Yes No	Yes No
Nitrate	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Arsenic	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Manganese	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Other IOCs (secondary standards)	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
PFAS	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
RADs	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
SOCs	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
VOCs	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>

COLIFORM	Yes No
System has a coliform plan	<input checked="" type="checkbox"/> <input type="checkbox"/>
Monitoring plan followed	<input checked="" type="checkbox"/> <input type="checkbox"/>
# of Treatment Technique Violations (TTV) since last survey	<input type="checkbox"/> <input checked="" type="checkbox"/>
# of <i>E. coli</i> MCL Violations since last survey	<input checked="" type="checkbox"/> <input type="checkbox"/>
Evidence of coliform problems need to be addressed	<input type="checkbox"/> <input checked="" type="checkbox"/>

LEAD & COPPER	Yes No
System has LCR monitoring plan (per criteria in 331-111)	<input checked="" type="checkbox"/> <input type="checkbox"/>
Monitoring plan is followed	<input checked="" type="checkbox"/> <input type="checkbox"/>
Lead results below action level	<input checked="" type="checkbox"/> <input type="checkbox"/>
Copper results below action level	<input checked="" type="checkbox"/> <input type="checkbox"/>
Lead Service Line Inventory Completed and Submitted	<input checked="" type="checkbox"/> <input type="checkbox"/>
If system has corrosion control treatment, have target treatment parameters and OWQPs been specified	N/A
Does system maintain WQP records	<input type="checkbox"/> <input checked="" type="checkbox"/>

DISINFECTION BYPRODUCTS	Yes No
Monitoring plan adequate	<input type="checkbox"/> <input checked="" type="checkbox"/>
Monitoring plan followed	<input type="checkbox"/> <input checked="" type="checkbox"/>
Results consistently below MCLs	<input checked="" type="checkbox"/> <input type="checkbox"/>
If ozone is used, bromate samples collected at the correct frequency	N/A
If a SW source, TOC samples are collected to qualify for reduced monitoring	N/A
If a SW source with conventional treatment, is system completing DBP precursor monitoring and reporting	N/A
Evidence of DBP issues that need to be addressed	N/A

## PART D: SOURCES

The Prairie Ridge 605 water system is supplied by 2 8-inch cased wells: S01 and S02. S01 and S02 make up the wellfield (S03), which feeds into the reservoirs. S01's depth is 164 feet and S02's depth is 170 feet. The wells have a production rate of 55 gallons per minute (gpm) and 82 gpm respectively. The wells do not have individual source meters, but the wellfield is metered. The wells operate in a lead and lag configuration, the well pumps alternate lead status every time they are called on.

S01 and S02 are each protected in a wooden doghouse enclosure, fastened to a concrete pad. Adjacent to the enclosures is the Pump House, where pump controls, pressure tank, booster pumps, and treatment are located. The wellhead enclosures and pump house have individual locks.

In response to loss of electricity, there is no back-up power. We recommend that every water utility plans for the loss of power supply. Even during a power outage, a utility should be capable of maintaining a minimum level of service for its customers.

Source ID #	Name:	SOURCE TYPE				Flowrate (gpm)	Approved by ODW	Part of Well field
		GW	Spring	SW (GWI)	Intertie			
S01	Well #1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	55	Yes	Yes
S02	Well #2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	82	Yes	Yes

WELLHEAD	Source ID S01		Source ID S02	
	Yes	No	Yes	No
System has well log	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Wellcap sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Openings sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Vent screened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Terminates 6" above grade	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Protected from flooding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Source meter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
**Raw water sample tap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Check valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
**Protected from unauthorized access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Structure in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sanitary control area free of contaminants (*If no, is there an approved mitigation plan for the contaminant identified)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
**Protected from physical damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Frequency of routine site visit	2x/week			
Frequency of source meter reading	Monthly			

WELL PUMP EQUIPMENT	Source ID S01		Source ID S02	
	Yes	No	Yes	No
*Functional and reliable pump and pump controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Pump control valve or vacuum relief valve with a protected air gap at discharge	N/A		N/A	

WELL PUMP EQUIPMENT	Source ID S01	Source ID S02
	Yes No	Yes No
Generator available	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Generator has automatic startup	N/A	N/A
Generator fuel source	N/A	N/A

## PART E: DISINFECTION

Prairie Ridge 605 has a history of coliform hits. In October of 2023 they had a positive E. coli sample and repeat samples also showed E. coli presence. An investigation and a Level 2 assessment were completed, but the source of contamination was never identified. The system has been implementing temporary continuous disinfection since the E. coli positive event. In July of 2025, Prairie Ridge 605's disinfection project was approved by ODW. Thurston PUD has submitted a construction completion report and is awaiting final approval from ODW. Disinfection is required to achieve a 0.20 milligrams per liter (mg/L) free chlorine residual to meet the Total Coliform Rule requirements.

The system disinfects by injecting liquid sodium hypochlorite. The sodium hypochlorite solution tank is made up of a 1:9 ratio of 12.5% sodium hypochlorite to water. The chlorine solution is kept in the Pump House, but in a separate room. Free chlorine is measured daily using a Hach Pocket Colorimeter. To check contact time (CT), Thurston PUD and ODW took side-by-side free chlorine grabs. We got 0.76 mg/L and 0.96 mg/L respectively.

According to the [WAC 246-290-451 \(7\)\(c\)](#): Submit monthly water treatment reports to the department using a department-approved form by the 10 day of the following month.

#	Site or Location	Treatment type and Chemical Used	Listed on WFI	CT Provided	Approved by ODW
			Yes No	Yes No	Yes No
1	Pump House	Sodium Hypochlorite	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>

CHEMICAL TREATMENT	1
	Yes No
Operated & maintained properly	<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>*RPBA or air gap between the chemical tank and fill waterline</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>**Post treatment sample tap</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Redundant equipment available	<input type="checkbox"/> <input checked="" type="checkbox"/>
Schematic of treatment facilities available	<input checked="" type="checkbox"/> <input type="checkbox"/>
Adequate chlorine residual test kit available	<input checked="" type="checkbox"/> <input type="checkbox"/>
Test kit calibrated and maintained properly	<input checked="" type="checkbox"/> <input type="checkbox"/>
Chemical feed proportional to flow	<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>**Approved chemicals used</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>

HYPOCHLORITE ADDITION	1
	Yes No
Hypochlorite concentration %	12.5
Feed solution concentration	1:9
Hypochlorite solution located in separate room	<input checked="" type="checkbox"/> <input type="checkbox"/>

DISINFECTION COMPLIANCE	1
	Yes No
Disinfection required	<input checked="" type="checkbox"/> <input type="checkbox"/>
CT required	<input type="checkbox"/> <input checked="" type="checkbox"/>
Minimum CT met at all times	N/A
Peak flow used to calculate CT	N/A
Monthly report submitted	<input checked="" type="checkbox"/> <input type="checkbox"/>
Residuals maintained in distribution system	<input checked="" type="checkbox"/> <input type="checkbox"/>
Daily residuals recorded	<input checked="" type="checkbox"/> <input type="checkbox"/>

#### PART F: OTHER TREATMENT

Prairie Ridge 605 water system does not have other treatment installed.

#### PART G: BOOSTER PUMPING FACILITIES AND CONTROLS

Prairie Ridge 605 has booster pumps located in the Pump House. The booster pumps assist in taking water from the reservoir to the distribution system. There is a total of 3 variable frequency drive (VFD) booster pumps. One 3-horsepower (hp) jockey pump and two 5-hp main pumps. The VFD pumps are set to lead and lag configuration to maintain a discharge pressure of 60 pounds per square inch (psi). The assigned lead pump is alternated daily. The VFD pumps are successfully maintaining the system's demands.

Facility	Name	Description	BPS Size (gpm)
1	Pump House	1 3-hp pump, 2 5-hp pumps	256

BOOSTER PUMPS	Facility 1
	Yes No
Number of pumps	3
Frequency of routine site visit	2x/week
Isolation valves	<input checked="" type="checkbox"/> <input type="checkbox"/>
Pressure gauge(s)	<input checked="" type="checkbox"/> <input type="checkbox"/>
Pressure relief valve	<input checked="" type="checkbox"/> <input type="checkbox"/>
Pump failure alarm	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>*Functional pump and pump controls</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Protected from flooding	<input checked="" type="checkbox"/> <input type="checkbox"/>
Redundant pumps	<input checked="" type="checkbox"/> <input type="checkbox"/>
Equipment in good condition	<input checked="" type="checkbox"/> <input type="checkbox"/>
Generator available	<input type="checkbox"/> <input checked="" type="checkbox"/>
Generator has automatic startup	N/A
Generator fuel source	N/A

BUILDINGS/ENCLOSURE	Facility 1
	Yes No
<b>**Facility secure</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>

BUILDINGS/ENCLOSURE	Facility 1
	Yes No
Structure in good condition	<input checked="" type="checkbox"/> <input type="checkbox"/>

## PART H: PRESSURE TANKS

Prairie Ridge 605 has a single bladder tank in the Pump House to ensure a soft start for the booster pumps. The tank was newly installed in December of 2023, it was last serviced in May of 2025, and charged to 36 psi. The bladder tank is equipped with a PRV and an isolation valve according to the state Department of Labor and Industries (L&I) and ODW standard. The bladder tank showed no sign of water logging.

Site	Location and Controls	# and size of Bladder Tanks
1	Pump House	1, 81 gallons

BLADDER	Site: 1
	Yes No
Isolation valve	<input checked="" type="checkbox"/> <input type="checkbox"/>
Pressure relief valve	<input checked="" type="checkbox"/> <input type="checkbox"/>
Pressure gauge	<input checked="" type="checkbox"/> <input type="checkbox"/>
In good condition	<input checked="" type="checkbox"/> <input type="checkbox"/>

BUILDINGS/ENCLOSURE	Site: 1
	Yes No
**Facility secure	<input checked="" type="checkbox"/> <input type="checkbox"/>
Structure in good condition	<input checked="" type="checkbox"/> <input type="checkbox"/>

## PART I: FINISHED WATER STORAGE

Prairie Ridge 605 has 2 concrete reservoirs located next to the Pump House. The reservoir is equipped with floats that call on the well pumps. The reservoirs are plumbed parallel and share an overflow and drain line. There is still a small flow exiting the overflow line, this should be investigated and repaired.

Reservoir/Tank	Name	Description	Year Built	Volume (Gal)
1	Reservoir #1	30 feet x 10 feet, closest to the Pump House		50,000
2	Reservoir #2	20 feet by 10 feet		25,000

TOP OF RESERVOIR	Res #1	Res #2
	Yes No	Yes No
**Hatch: Locked	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
*Hatch: Watertight seal or gasket	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Hatch: Over-lapping cover	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
*Screened air vent	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
*Openings sealed/protected	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>

FEATURES	Res #1	Res #2
	Yes No	Yes No
Separate inlet/outlet	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>

FEATURES	Res #1	Res #2
	Yes No	Yes No
Protected drain outlet	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>*Protected overflow outlet</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>*Overflow line discharges into a sanitary sewer with an air gap</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Operational water level gauge	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Bypass piping or isolation possibility	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>**Protected from unauthorized entry</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Low level alarms	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Sample tap at outlet	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>

MAINTENANCE	Res #1	Res #2
	Yes No	Yes No
Frequency of structural and coating inspection	Every 4 years	Every 4 years
Frequency of cleaning	Every 4 years	Every 4 years
Frequency of appurtenance inspection	Biannually	Biannually
Frequency of routine site visit	2x/week	2x/week
<b>**Structure in good condition</b>	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Clear of excessive vegetation	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>

## PART J: DISTRIBUTION SYSTEM

Prairie Ridge 605's distribution lines include pipe sizes ranging from 2.5-inch to 6-inch. The pipe material is primarily polyvinyl chloride. The system performs routine flushing and valve exercises annually. Prairie Ridge 605 uses radio transmission to perform its monthly service meter readings. There are some meters that are not equipped with a radio, those are read manually. In 2024, the distribution system leakage (DSL) was 1.9%, with a 3-year annual average of 5.9%. The water system has been able to stay below their goal of less than 250 gallons per day per connection. Currently, the average household consumption is 234 gallons per day.

FEATURES	Yes No
Service area and facility map	<input checked="" type="checkbox"/> <input type="checkbox"/>
Adequate valving for flushing and pipe repair	<input checked="" type="checkbox"/> <input type="checkbox"/>
Blow-offs on dead ends	<input checked="" type="checkbox"/> <input type="checkbox"/>
Minimum pressure requirements met	<input checked="" type="checkbox"/> <input type="checkbox"/>
Service fully metered (reading frequency #)	<input checked="" type="checkbox"/> <input type="checkbox"/>
Water use efficiency report submitted (Municipal Water Suppliers)	<input checked="" type="checkbox"/> <input type="checkbox"/>
Water system leakage (%)	5.9
Leak detection program implemented	<input checked="" type="checkbox"/> <input type="checkbox"/>
Routine flushing (frequency annually)	<input checked="" type="checkbox"/> <input type="checkbox"/>
Routine valve exercise (frequency annually)	<input checked="" type="checkbox"/> <input type="checkbox"/>

## PART K: CROSS CONNECTION CONTROL

For Cross Connection Control, customers are responsible for reporting their annual test results for any backflow devices installed. Prairie Ridge 605 currently has 32 backflow preventers in their system. All devices were tested in 2024 and Thurston PUD is currently awaiting the test results for 2025.

CROSS CONNECTION CONTROL	Yes No
Cross connection control annual reports submitted (> 1000 conn)	N/A
System has enabling authority	<input checked="" type="checkbox"/> <input type="checkbox"/>
Ongoing hazard inspections	<input checked="" type="checkbox"/> <input type="checkbox"/>
High hazards identified	<input type="checkbox"/> <input checked="" type="checkbox"/>
High hazards protected	N/A
Annual testing	<input checked="" type="checkbox"/> <input type="checkbox"/>
System has installation standards	<input checked="" type="checkbox"/> <input type="checkbox"/>
CCS on staff or under contract	<input checked="" type="checkbox"/> <input type="checkbox"/>
Cross connections observed have been eliminated	<input checked="" type="checkbox"/> <input type="checkbox"/>
<b>*Hose connected to potable water supply and submerged in a non-potable body of water</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>
<b>*Sewage dump station without a properly installed reduced pressure principle backflow assembly (RPBA) on the water supply line</b>	<input type="checkbox"/> <input checked="" type="checkbox"/>

## PART L: OPERATOR

This system is required to have 1 certified operator with a minimum level of WDS. They are currently in compliance with this requirement.

If you have any questions or this information is inaccurate, please contact Operator Certification at (800) 525-2536.

Name of Operator	Certification Number	Certifications	Mandatory Operator
James Campbell	010679	WTPO1, WDM2, CCS	<input checked="" type="checkbox"/>

WDS-Water Distribution Specialist; WDM-Water Distribution Manager; WTPO-Water Treatment Plant Operator, BTO-Basic Treatment Operator; CCS-Cross Connection Specialist; BAT-Backflow Assembly Tester

-End of Report-





Reservoir #1.



Reservoir #1 intact hatch seal.



Reservoir #1 hatch lid and lock.



Reservoir #1 intact vent screen.



Reservoir #2.



Reservoir #2 intact hatch seal.



Reservoir #2 hatch.



Reservoir #2 intact vent screen.



Pump House.



S01.



S01 well vent screen intact.



S01 wellhead enclosure.





S02 wellhead enclosure.



S02.



Chlorine room.



Pump controls.



Pressure tank.



Combined overflow.



STATE OF WASHINGTON  
**DEPARTMENT OF HEALTH**  
SOUTHWEST DRINKING WATER OPERATIONS  
P.O. Box 47823 Olympia, Washington 98504-7823  
PHONE (360) 236-3030 FAX (360) 236-3029

**SANITARY SURVEY REPORT**

Sanitary surveys are the Office of Drinking Water's (ODW) way to inspect public water systems through a field visit. We are also able to offer technical assistance to help improve system operations and ensure public health is protected.

This report documents the findings for the following water system.

June 5, 2025  Kimberly Gubbe Hawk Acres 607 1230 Ruddell Road Southeast Lacey, Washington 98503	Hawk Acres 607 ID #31845T	
	County:	Thurston
	System Type:	Community
	Operating Permit Color:	Green
	Surveyor:	Aasya Abdenmour
	Water System Attendees:	Jaso Choate
	Inspection Date:	May 14, 2025

Significant Deficiencies and Findings are assigned a due date. If you are not able to complete the work by the assigned date, you **MUST** submit a Corrective Action Plan describing how and when you will complete the work. Failure to respond by the date below will result in further compliance actions in accordance with WAC 246-290-050.

As you correct the items, send me documentation that demonstrates the items have been completed as directed. Include the system name, ID number, item #, and the date the deficiencies were corrected. You can send them to me by e-mail at [aasya.abdenmour@doh.wa.gov](mailto:aasya.abdenmour@doh.wa.gov) or by mail at PO Box 47823, Olympia, Washington 98504-7823.

**SIGNIFICANT DEFICIENCIES\* BY JULY 5, 2025**

1. Repair and seal any openings in the electrical conduits and junction boxes connected to the well casing as needed to keep insects, rodents, or other contaminants out of the public drinking water supply.

**SIGNIFICANT FINDINGS\*\***

2. No significant findings were found.

**OBSERVATIONS**

3. WAC 246-290-200 requires the application of good engineering criteria in the construction of public water systems. The state Department of Labor and Industries (L&I) and ODW agree that an adequately sized ASME Section VIII pressure relief valve (PRV) must be installed in the water piping adjacent to each pressure tank. When installing a PRV, be sure there is no isolation valve between the PRV and the pressure tank.

## RECOMMENDATIONS

4. We recommend installing isolation valves on each pressure tank during the next scheduled shutdown of the water system. These valves will allow you to repair or replace each tank without needing to shut down the water system and interrupt water service.

## SYSTEM INFORMATION

The Hawk Acres 607 water system is a Group A community water system owned, operated, and managed by Public Utility District No 1 of Thurston County (Thurston PUD). The water system serves a residential area in the northeastern region of Thurston County. Hawk Acres 607 is a groundwater system served by two wells. There is no installed treatment.

Hawk Acres 607 is approved for 136 connections and currently is at full capacity with all connections being single-family residences.

### SECTION 1: SOURCE

Hawk Acres 607's water is supplied by two wells: S01 and S02, located approximately ten feet apart and are both fitted with variable frequency drive (VFD) controlled pumps. S01's depth is 180 feet and has a production rate of 55 gallons per minute (gpm). S02's depth is 160 feet and has a production rate of 68 gpm.

The well site is located on a private residence property. Thurston PUD has worked hard to maintain a good relationship with the property owner; the owner is educated on possible contaminants that could be introduced to the wells reduced 75-foot Sanitary Control Area (SCA). There are also covenants in place.

Each wellhead is protected in a Rubbermaid enclosure, fastened to a concrete pad. Adjacent to the wells is a pump house, which houses the pump controls and the pressure tank. The wellhead enclosures and pump house have individual locks. The site also included a propane tank and backup generator.

The well site is visited every two weeks. The source meter is read on those visits. There is no backup power available for the system. The wells are set to a lead-lag configuration, and called on based on the system demands and to maintain a discharge pressure of 55 pounds per square inch (psi). The lead pump alternates every twenty-four hours.

Source ID #	Name:	Description:	Ecology Tag #	Listed on WFI		Approved by ODW	
				Yes	No	Yes	No
S01	Well #1	6-inch casing, 55 gpm	AGN780	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S02	Well #2	6-inch casing, 68 gpm	ALG212	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WELLHEAD	Source ID #S01		Source ID #S02	
	Yes	No	Yes	No
*Wellcap sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Openings sealed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Vent screened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELLHEAD	Source ID #S01		Source ID #S02	
	Yes	No	Yes	No
*Protected from flooding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
**Raw water sample tap	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
**Protected from unauthorized access	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Structure in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sanitary control area free of contaminants (*If no, is there an approved mitigation plan for the contaminant identified)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
**Protected from physical damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL PUMP EQUIPMENT	Source ID #		Source ID #	
	Yes	No	Yes	No
*Pump control valve or vacuum relief valve with a protected air gap at discharge	N/A		N/A	
Generator available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator has automatic startup	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Backup power is available for the wells; this is supplied by a propane generator. The generator runs an auto-exercise once a week and is maintained annually. S01's well vent screen was intact; however, the junction box appears to have a slit opening. Please seal any openings in electrical conduits and junction boxes connected to the well casing. This keeps insects and other contaminants out of the water system. S02's junction box and conduit was sealed and the vent's screen was intact.

## SECTION 2: DISINFECTION

Hawk Acres 607 water system does not have disinfection treatment installed.

## SECTION 3: OTHER TREATMENTS

Hawk Acres 607 water system does not have other treatment installed.

## SECTION 4: DISTRIBUTION SYSTEM

Hawk Acres 607's transmission and distribution lines include sizes ranging from two to six-inch piping. The pipe material is primarily polyvinyl chloride, with some asbestos cement. The distribution system does not include hydrants, but has multiple blow-offs installed. The system performs routine distribution flushing and valve exercises every six months.

FEATURES	Yes	No
Service area and facility map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Service meters (reading frequency monthly)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water system leakage (%)	4.6	

<b>CROSS CONNECTION CONTROL (Community Systems)</b>	<b>Yes</b>	<b>No</b>
System has enabling authority	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High hazards identified	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High hazards protected	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Annual testing	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CCS on staff or under contract	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cross connections observed have been eliminated	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Hawk Acres 607 uses radio transmission to perform its monthly service meter readings. There are some meters that are not equipped with a radio, those are read manually. In 2024, the distribution system leakage (DSL) was 2.0 percent with a three-year running average of 4.6 percent. When reviewing the consumption data provided by the system, there were reports of a DSL with negative values. This was brought to the attention of Thurston PUD, who will further investigate this. The ODW publication 331-585: [Data Validation: Improve Your Annual WUE Report](#) was provided for guidance.

The water system has been able to stay below their goal of less than 250 gallons per day per connection. Currently, the average household consumption is 135 gpd.

For Cross Connection Control, customers are responsible for reporting their annual test results for any backflow devices installed. As of May 2, 2025, Thurston PUD received the results of 111 out of 135 surveys. No backflow assemblies were found in Thurston PUD records for this system. Planning and compliance staff are currently allocating additional time to locate potential cross-connection control hazards for Hawk Acres 607.

## SECTION 5: FINISHED WATER STORAGE

Hawk Acres 670 water system does not have finished water storage.

## SECTION 6: PRESSURE TANKS

Hawk Acres 607 has a bladder tank in the pump house to ensure a soft start their well pumps.

<b>Site</b>	<b>Location</b>	<b># and size of Bladder Tanks</b>
1	Pump house	1, 44 gallons

<b>BLADDER</b>	<b>Site: 1</b>
	<b>Yes No</b>
Isolation valve	<input type="checkbox"/> <input checked="" type="checkbox"/>
Pressure relief valve	<input type="checkbox"/> <input checked="" type="checkbox"/>
Pressure gauge	<input checked="" type="checkbox"/> <input type="checkbox"/>
In good condition	<input checked="" type="checkbox"/> <input type="checkbox"/>

BUILDINGS/ENCLOSURE	Site: 1
	Yes No
**Facility secure	<input checked="" type="checkbox"/> <input type="checkbox"/>
Structure in good condition	<input checked="" type="checkbox"/> <input type="checkbox"/>

All pressure tanks greater than 37.5 gallons gross volume must have a properly sized and installed ASME Section VIII PRV. PRV's protect a pressure vessel from over-pressurization because of a failure in the pump control system, or intense heating of the water (like during a fire), and pressure surge.

An isolation valve for the bladder tank was not observed, which makes maintenance difficult.

## SECTION 7: BOOSTER PUMPS AND FACILITIES

Hawk Acres 607 does not have any booster pumps or facilities.

## SECTION 8: WATER QUALITY MONITORING AND REPORTING

Refer to the Water Quality Monitoring Schedule for your monitoring requirements and status. If you have any questions on source monitoring, please contact Sophia Petro by phone at (564) 669-0856.

CHEMICAL	
Sample Point	Description
1	S01 Raw Water Sample Tap
2	S02 Raw Water Sample Tap

CHEMICAL	Sample Point 1	Sample Point 2
	Yes No	Yes No
Monitoring adequate	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
ODW WQ data reviewed	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
Sample collection sites correct	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
System has prior: <ul style="list-style-type: none"> <li><input type="checkbox"/> Nitrate results above 5 mg/L</li> <li><input type="checkbox"/> Nitrite results above 0.5 mg/L</li> <li><input type="checkbox"/> Primary MCL</li> <li><input type="checkbox"/> Secondary MCL exceedance(s)</li> <li><input type="checkbox"/> Organic detections</li> <li><input type="checkbox"/> Other <u>Enter Other</u></li> </ul>		

COLIFORM	Yes No
Monitoring adequate	<input checked="" type="checkbox"/> <input type="checkbox"/>
Monitoring plan adequate	<input checked="" type="checkbox"/> <input type="checkbox"/>
Monitoring plan followed	<input checked="" type="checkbox"/> <input type="checkbox"/>



<b>COLIFORM</b>	<b>Yes No</b>
# of Treatment Technique Violations (TTV)	0
# of <i>E. coli</i> MCL Violations	0

<b>LEAD &amp; COPPER</b>	<b>Yes No</b>
Monitoring adequate	<input checked="" type="checkbox"/> <input type="checkbox"/>
Monitoring plan adequate	<input checked="" type="checkbox"/> <input type="checkbox"/>
Monitoring plan followed	<input checked="" type="checkbox"/> <input type="checkbox"/>
Results below action level	<input checked="" type="checkbox"/> <input type="checkbox"/>

Hawk Acres 607 requires one routine coliform sample each month. Two years of bacteriological data were reviewed and there were no Total Coliform positives.

Hawk Acres 607 has a Lead and Copper Monitoring Plan; sample sites include Tier 3 and Representative Samples. Their Lead Service Line Inventory has been completed and turned into ODW for review.

## SECTION 9: SYSTEM MANAGEMENT AND OPERATIONS

Hawk Acres 607 is managed and operated by Thurston PUD. Thurston PUD is planning to submit a Water System Plan (WSP) Part B to consolidate Tolmie Park 239 and Hawk Acres 607 water systems under Prairie Ridge 605 water system.

<b>PROJECT/PLANNING</b>	<b>Yes No</b>
System approved	<input checked="" type="checkbox"/> <input type="checkbox"/>
Current WSP/SWSMP	<input type="checkbox"/> <input checked="" type="checkbox"/>
Year WSP/SWSMP approved	2011

<b>REPORTING</b>	<b>Yes No</b>	<b>N/A</b>
WFI reviewed and updated with purveyor	<input checked="" type="checkbox"/> <input type="checkbox"/>	---
Consumer confidence report (Community only)	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Water use efficiency report (Municipal Water Suppliers)	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>
Cross connection control annual report (> 1000 conn)	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/>

## OPERATOR CERTIFICATION

This system is required to have one certified operator with a minimum level of WDS. They are currently in compliance with this requirement.

If you have any questions or this information is inaccurate, please contact Operator Certification by e-mail at [dwopcert@doh.wa.gov](mailto:dwopcert@doh.wa.gov).

Name of Operator	Certification Number	Certifications	Mandatory Operator
James Campbell	010679	WTPO1, WDM2, CCS	<input checked="" type="checkbox"/>

WDS-Water Distribution Specialist; WDM-Water Distribution Manager; WTPO-Water Treatment Plant Operator, BTO-Basic Treatment Operator; CCS-Cross Connection Specialist; BAT-Backflow Assembly Tester

OPERATIONS	Yes	No
Operational records maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Current survey has significant deficiencies identified	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Previous survey deficiencies/findings corrected, if no list below	N/A	

The previous survey did not have any significant deficiencies or findings. This current survey has one significant deficiency identified.

## CLOSING

Your system has significant deficiencies identified in this current survey. You can qualify for the reduced frequency under WAC 246-290-416 of once every 5 years, if all the identified significant deficiencies are addressed by the due date in this report.

Regulations establishing a schedule of fees, including fees for sanitary surveys, were adopted March 18, 2012 (WAC 246-290-990). The amount due is \$561. An itemized worksheet is enclosed with the invoice.

If you have any questions, please contact me by phone at (564) 669-9792 or by e-mail at [aasya.abdenmour@doh.wa.gov](mailto:aasya.abdenmour@doh.wa.gov).

Sincerely,



Aasya Abdenmour, E.I.T.  
Office of Drinking Water, Regional Engineering Staff

Enclosures

cc: Jason Choate, PUD No 1 of Thurston County  
PUD No 1 of Thurston County  
Thurston County Public Health & Social Health Services



S01.



S02.



S01 enclosure.



S01 junction box, with an opening.



S01 well vent intact.



S02 well vent intact.





Pump house.



Bladder tank.



Pump controls.



Propane tank.



Back-up generator.



Capped off pipe at the pump house, can be used for flushing.



STATE OF WASHINGTON  
**DEPARTMENT OF HEALTH**  
SOUTHWEST DRINKING WATER OPERATIONS  
P.O. Box 47823 Olympia, Washington 98504-7823  
PHONE (360) 236-3030 FAX (360) 236-3029

### SANITARY SURVEY REPORT

Sanitary surveys are the Office of Drinking Water's (ODW) way to inspect public water systems through a field visit. We are also able to offer technical assistance to help improve system operations and ensure public health is protected.

This report documents the findings for the following water system.

May 30, 2025  Kimberly Gubbe Tolmie Park 239 1230 Ruddell Road Southeast Lacey, Washington 98503	Tolmie Park 239 ID #88667P	
	County:	Thurston
	System Type:	Community
	Operating Permit Color:	Green
	Surveyor:	Aasya Abdenmour
	Water System Attendees:	Jason Choate
	Inspection Date:	May 14, 2025

Significant Deficiencies and Findings are assigned a due date. If you are not able to complete the work by the assigned date, you **MUST** submit a Corrective Action Plan describing how and when you will complete the work. Failure to respond by the date below will result in further compliance actions in accordance with WAC 246-290-050.

As you correct the items, send me documentation that demonstrates the items have been completed as directed. Include the system name, ID number, item #, and the date the deficiencies were corrected. You can send them to me by e-mail at [aasya.abdenmour@doh.wa.gov](mailto:aasya.abdenmour@doh.wa.gov) or by mail at PO Box 47823, Olympia, Washington 98504-7823.

#### SIGNIFICANT DEFICIENCIES\*

1. Remove the portable toilet to a distance greater than 100 feet from Well #1 (S01). **This was corrected on May 20, 2025. Thank you, Thurston PUD, for being proactive, moving the portable toilet, and supplying pictures.**

#### SIGNIFICANT FINDINGS\*\*

2. No significant findings were found.

#### OBSERVATIONS

3. WAC 246-290-200 requires the application of good engineering criteria in the construction of public water systems. The state Department of Labor and Industries (L&I) and ODW agree that an adequately sized ASME Section VIII pressure relief valve

(PRV) must be installed in the water piping adjacent to each pressure tank. When installing a PRV, be sure there is no isolation valve between the PRV and the pressure tank.

## RECOMMENDATIONS

4. We recommend that every water utility plans for the loss of power supply. Even during a power outage, a utility should be capable of maintaining a minimum level of service for its customers.

## SYSTEM INFORMATION

The Tolmie Park 239 water system is a Group A community water system owned, operated, and managed by Public Utility District No 1 of Thurston County (Thurston PUD). The water system serves a residential area in the northeastern region of Thurston County. Tolmie Park 239 is a groundwater system made up of a single well, two plastic reservoirs, and a booster station. There is no installed treatment.

Tolmie Park 239 is approved for 67 connections and currently has 65 active connections. All of the connections are single-family residences.

## SECTION 1: SOURCE

Tolmie Park 239's water is supplied by a single well: S01, that is fitted with two five-horsepower (hp) pumps. Only one well pump is wired and utilized, the second pump is available for redundancy if the first pump goes out or requires maintenance. S01's depth is 280 feet and has a production rate of 80 gallons per minute (gpm). The well is called on based on floats in the reservoirs.

The well head is in a Rubbermaid enclosure, fastened to a concrete pad. Adjacent to the well is the pump house, which houses the pump controls, reservoirs, and booster pumps. There is a locked chain-link fence surrounding the well head and pump house, the well head enclosure and pump house have individual locks.

The well site is visited every two weeks. The source meter is read on those visits. There is no backup power available for the system.

Source ID #	Name:	Description:	Ecology Tag #	Listed on WFI		Approved by ODW	
				Yes	No	Yes	No
S01	Well #1	8-inch casing, 80 gpm	AHF013	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELLHEAD	Source ID #S01
	Yes No
*Wellcap sealed	<input checked="" type="checkbox"/> <input type="checkbox"/>

WELLHEAD	Source ID #S01	
	Yes	No
*Openings sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Vent screened	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Protected from flooding	<input checked="" type="checkbox"/>	<input type="checkbox"/>
**Raw water sample tap	<input type="checkbox"/>	<input type="checkbox"/>
**Protected from unauthorized access	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Structure in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sanitary control area free of contaminants (*If no, is there an approved mitigation plan for the contaminant identified)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
**Protected from physical damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL PUMP EQUIPMENT	Source ID #S01	
	Yes	No
*Pump control valve or vacuum relief valve with a protected air gap at discharge	N/A	
Generator available	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Generator has automatic startup	<input type="checkbox"/>	<input checked="" type="checkbox"/>

The well vent's mesh is intact, and the junction box is adequately sealed. There is a portable toilet that may be located within S01's 100-foot sanitary control area (SCA). This is noted as a significant deficiency. The system should confirm the distance of the toilet with respect to the well. If it is within the SCA, it should be removed.

## SECTION 2: DISINFECTION

Tolmie Park 239 water system does not have disinfection treatment installed.

## SECTION 3: OTHER TREATMENTS

Tolmie Park 239 water system does not have other treatment installed.

## SECTION 4: DISTRIBUTION SYSTEM

Tolmie Park 239's transmission and distribution lines include sizes ranging from two and a half-inch to four-inch piping. The pipe material is primarily C-200 polyvinyl chloride. The distribution system does not include hydrants, but has multiple blow-offs installed. The system performs routine distribution flushing and valve exercises every six months.

FEATURES	Yes	No
Service area and facility map	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FEATURES	Yes No
Service meters (reading frequency monthly)	<input checked="" type="checkbox"/> <input type="checkbox"/>
Water system leakage (%)	7.4

CROSS CONNECTION CONTROL (Community Systems)	Yes No
System has enabling authority	<input checked="" type="checkbox"/> <input type="checkbox"/>
High hazards identified	<input type="checkbox"/> <input checked="" type="checkbox"/>
High hazards protected	<input type="checkbox"/> <input checked="" type="checkbox"/>
Annual testing	<input checked="" type="checkbox"/> <input type="checkbox"/>
CCS on staff or under contract	<input checked="" type="checkbox"/> <input type="checkbox"/>
Cross connections observed have been eliminated	<input checked="" type="checkbox"/> <input type="checkbox"/>

Tolmie Park 239 uses radio transmission to perform its monthly service meter readings. There are some meters that are not equipped with a radio, those are read manually. In 2023, the distribution system leakage (DSL) was 1.5 percent with a three-year running average of 7.4 percent. When reviewing the consumption data provided by the system, there were reports of a DSL with negative values. This was brought to the attention of Thurston PUD who will further investigate this. The ODW publication 331-585: [Data Validation: Improve Your Annual WUE Report](#) was provided for guidance.

The water system has been able to stay below their goal of less than 250 gallons per day per connection. Currently, the average household consumption is 141 gallons per day. Thurston PUD attributes this success to proactive education with customers through their notice system and consumer confidence report.

For Cross Connection Control, customers are responsible for reporting their annual test results for any backflow devices installed. As of May 2, 2025, Thurston PUD received the results of 44 out of 65 surveys. No backflow assemblies were found in Thurston PUD records for this system. Planning and compliance staff are currently allocating additional time to locate potential cross connection control hazards for Tolmie Park 239.

## SECTION 5: FINISHED WATER STORAGE

Tolmie Park 239 has two water storages located in the pump house. The reservoirs are plastic and do not have a designated overflow or drain. Installed valves allow the reservoirs to be individually isolated from the distribution system.



Reservoir	Reservoir Name	Description	Year Built	Total Volume (Gal)
1	Original Reservoir	Blue Tank	N/A	2600
2	New Reservoir	White Norwesco Tank	N/A	500

TOP OF RESERVOIR	Res #1		Res #2	
	Yes	No	Yes	No
**Hatch: Locked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
*Hatch: Watertight seal or gasket	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hatch: Over-lapping cover	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Screened air vent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Openings sealed/protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

FEATURES	Res #1		Res #2	
	Yes	No	Yes	No
Protected drain outlet	N/A		N/A	
*Protected overflow outlet	N/A		N/A	
*Overflow line discharges into a sanitary sewer with an air gap	N/A		N/A	
**Protected from unauthorized entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

MAINTENANCE	Res #1		Res #2	
	Yes	No	Yes	No
Frequency of cleaning	As needed		As needed	
Frequency of routine site visit	Every two weeks		Every two weeks	
**Structure in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

The reservoirs are on an “as needed” cleaning schedule. The inside of the reservoir is inspected every six months. Both reservoir hatches do not have a gasket included in the design, and only Reservoir #2’s hatch has an over-lapping cover. However, the risk is minimal because of the reservoirs being in a roofed enclosure.

## SECTION 6: PRESSURE TANKS

Tolmie Park 239 has a bladder tank in the Pump House to ensure a soft start for the booster pumps.

Site	Location	# and size of Bladder Tanks
1	Pump House	1, 81 gallons

<b>BLADDER</b>	<b>Site: 1</b>	
	<b>Yes</b>	<b>No</b>
Isolation valve	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pressure relief valve	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pressure gauge	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>BUILDINGS/ENCLOSURE</b>	<b>Site: 1</b>	
	<b>Yes</b>	<b>No</b>
**Facility secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Structure in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>

While the bladder tank does have an isolation valve, it is missing a PRV. A PRV should be installed between the tank and its respective isolation valve. The bladder tank was installed in 2018 and is maintained annually. It did not show signs of waterlogging.

## SECTION 7: BOOSTER PUMPS AND FACILITIES

Tolmie Park 239 has booster pumps located in the pump house. The booster pumps assist in taking water from the reservoir to the distribution system.

There is a total of two variable frequency drive (VFD) booster pumps. The VFD pumps are set to a lead and lag configuration to maintain a discharge pressure of 60 pounds per square inch (psi). The assigned lead pump is alternated annually. The VFD pumps are successfully maintaining the system's demands.

<b>Facility</b>	<b>Name</b>	<b>Description</b>	<b>Total Capacity (gpm)</b>
1	Pump House	Two 3-hp Goulds pumps	

<b>BOOSTER PUMPS</b>	<b>Facility 1</b>	
	<b>Yes</b>	<b>No</b>
Number of pumps	2	
Pressure relief valve	<input type="checkbox"/>	<input checked="" type="checkbox"/>
*Functional pump and pump controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Generator available	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Generator has automatic startup	<input type="checkbox"/>	<input checked="" type="checkbox"/>

BUILDINGS/ENCLOSURE	Facility 1	
	Yes	No
**Facility secure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Structure in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>

In response to loss of power, there is no back up power available.

## SECTION 8: WATER QUALITY MONITORING AND REPORTING

Refer to the Water Quality Monitoring Schedule for your monitoring requirements and status. If you have any questions on source monitoring, please contact Sophia Petro by phone at (564) 669-0856.

CHEMICAL	
Sample Point	Description
1	S01 Sample Point
2	Pump house before distribution

CHEMICAL	Sample Point 1		Sample Point 2	
	Yes	No	Yes	No
Monitoring adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ODW WQ data reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sample collection sites correct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System has prior: <input type="checkbox"/> Nitrate results above 5 mg/L <input type="checkbox"/> Nitrite results above 0.5 mg/L <input type="checkbox"/> Primary MCL <input type="checkbox"/> Secondary MCL exceedance(s) <input type="checkbox"/> Organic detections <input checked="" type="checkbox"/> Other PFOS detection				

COLIFORM	Yes	No
Monitoring adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring plan adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring plan followed	<input type="checkbox"/>	<input checked="" type="checkbox"/>
# of Treatment Technique Violations (TTV)	0	
# of <i>E. coli</i> MCL Violations	0	

<b>LEAD &amp; COPPER</b>	<b>Yes</b>	<b>No</b>
Monitoring adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring plan adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring plan followed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Results below action level	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tolmie Park 239 requires one routine coliform sample each month. Two years of bacteriological data were reviewed and there was one Total Coliform positive in June of 2024. All repeat samples returned satisfactory and the Coliform Monitoring Plan (CMP) was followed for repeat sites. The routine coliform sample results received by ODW include a fourth sampling point, which is not included in CMP. When asked about this, Thurston PUD informed us that they update the CMP every five years at the time of sanitary surveys, they chose to remove the fourth sampling spot as of May 2025.

Tolmie Park 239 has a Lead and Copper Monitoring Plan, sample sites include Tier 1 and Representative Samples. Their Lead Service Line Inventory has been completed and turned into ODW for review.

A per- and polyfluoroalkyl substances (PFAS) test done in 2022, showed S01 had a presence of perfluorooctanesulfonic acid (PFOS) at 2.9 parts per trillion (ppt). The EPA's Maximum Contaminant Level (MCL) for PFOS is 4.0 ppt.

## SECTION 9: SYSTEM MANAGEMENT AND OPERATIONS

Tolmie Park 239 is managed and operated by Thurston PUD. Thurston PUD is planning to submit a Water System Plan (WSP) Part B to consolidate Tolmie Park 239 and Hawk Acres 607 water systems under Prairie Ridge 605 water system.

<b>PROJECT/PLANNING</b>	<b>Yes</b>	<b>No</b>
System approved	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Current WSP/SWSMP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Year WSP/SWSMP approved	1997	

<b>REPORTING</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
WFI reviewed and updated with purveyor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	---
Consumer confidence report (Community only)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water use efficiency report (Municipal Water Suppliers)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross connection control annual report (> 1000 conn)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## OPERATOR CERTIFICATION

This system is required to have one certified operator with a minimum level of WDS. They are currently in compliance with this requirement.

If you have any questions or this information is inaccurate, please contact Operator Certification by e-mail at [dwopcert@doh.wa.gov](mailto:dwopcert@doh.wa.gov).

Name of Operator	Certification Number	Certifications	Mandatory Operator
James Campbell	010679	WTPO1, WDM2, CCS	<input checked="" type="checkbox"/>

WDS-Water Distribution Specialist; WDM-Water Distribution Manager; WTPO-Water Treatment Plant Operator, BTO-Basic Treatment Operator; CCS-Cross Connection Specialist; BAT-Backflow Assembly Tester

OPERATIONS	Yes	No
Operational records maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Current survey has significant deficiencies identified	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Previous survey deficiencies/findings corrected, if no list below	<input checked="" type="checkbox"/>	<input type="checkbox"/>

All significant deficiencies and findings from the previous survey were corrected. This current survey had one significant finding identified, but it was corrected by the system before this report was completed

## CLOSING

Your system qualifies for the reduced frequency of sanitary surveys under WAC 246-290-416. Your next survey is due in 5 years.

Regulations establishing a schedule of fees, including fees for sanitary surveys, were adopted March 18, 2012 (WAC 246-290-990). The amount due is \$612. An itemized worksheet is enclosed with the invoice.

If you have any questions, please contact me by phone at (564) 669-9792 or by e-mail at [aasya.abdenmour@doh.wa.gov](mailto:aasya.abdenmour@doh.wa.gov).

Sincerely,



Aasya Abdenmour, E.I.T.  
Office of Drinking Water, Regional Engineering Staff

Enclosures

cc: PUD No 1 of Thurston County  
Jason Choate, PUD No 1 of Thurston County  
Thurston County Public Health & Social Health Services



Well site, includes pump house and well head.



Screened drains.



Rubbermaid enclosure for S01 well head.



S01 well head.



S01 junction box, conduit sealed.



S01 vent screened.





Reservoir #2.



Reservoir #2's hatch.



Reservoir #2's screened vent.



Reservoir #1.



Reservoir #1's screened vent.



Piping out to distribution.



Bladder tank.



Bladder tank's isolation valve, no PRV.



Pressure gauge at booster pump discharge.



VFD booster pump.



Pump controls.



Reservoir #1's hatch.