



**PURAL**

WATER SPECIALTY CO., INC.

C 19053

Commercial Properties  
1962 B Wells St.  
Wailuku, HI 96793

11/30/2016

Attn: Debbie Anthony

**SUBJECT: MONTHLY WATER SYSTEM REPORT WEST KUIAHA  
MEADOWS WATER SYSTEM**

Dear Debbie,

We are submitting to you a monthly Operations & Maintenance Status report for the period ending November 30, 2016.

**Water Quality:**

Satisfactory

**Sampling Conducted:**

Monthly Bacti tests and Well Chlorides readings.

**Discrepancies:**

Hard bound log book was not provided by previous water system operator. Well and tank area showed evidence of deterioration due to lack of maintenance. Revamp work will be ongoing.

**Maintenance:**

Daily, monthly services conducted.

**Corrective Maintenance:**

- Providing minor maintenance in well and tank area.

**Notes/Remarks:**

Pural start of contract was on 2/1/2016.

Updated and transmitted pumping reports to DLNR. Providing monthly flowmeter readings to Commercial Properties.


\*Pural recommends that all lots install a backflow device for each of the domestic and irrigation connection and should be tested yearly to protect water system from possible contamination resulting from:

*Backpressure* – A pressure that can cause water to backflow back into the source water supply when the user's water system is at a higher pressure than the water system's pressure.

*Backflow* – A reverse flow condition, created by a difference in water pressures, which causes water to flow back into the distribution pipes of the potable water supply from any source other than the intended source.

Should you have any questions, please call me or Efren Ugalino at 242-7299.

Sincerely,



for Eric Okazaki  
Vice President, Operations

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: West Kula

DATE: 11/1/16

WEEKLY SYSTEM CHECK WK-1 WK-2 WK-3 WK-4

OPERATOR: DANSON A.

1. Provide site check and monitoring. Visual inspection to include, but not limited to:

- A.  Well head above ground piping and components.
- B.  Electrical components of the water system.
- C.  Potable transmission and distribution waterlines
- D.  Non-Potable transmission and distribution waterlines.
- E.  Buildings related to water system.
- F.  Chlorinator.
- G.  Water reservoirs or storage tanks.
- H.  Pumping systems.
- I.  Non Potable/irrigation meter readings.

2. Maintaining chlorinating system according to State Department of Health and manufacturers recommended practices. Distribution monitoring will be done to include but not limited to:

- A.  Testing of chlorine residual at potable tank and within distribution system. Log readings.
- B.  Adjust chlorine feeder as needed.
- C.  Check Sodium Hypochlorite levels in storage tanks, replenish as needed.
- D.  Check condition and operational status of chlorination equipment, clean chlorine lines, valves and fittings as required.

3. Well pumping systems, the following will be done:

- A.  Read well out flow meter and log.
- B.  Check well pump operational status.
- C.  Check pressure readings and log.
- D.  Note and log reservoir/storage tank levels.

4. GAC Systems (Where applicable)

- A.  Check operational status.
- B.  Check back washing cycle.
- C.  Inspect GAC system for leaks.
- D.  Note and log pressures, settings and flows.

5. Back Up Generator/ Fire Pump (Where applicable)

- A.  Check fuel and oil levels, report low fuel levels to client.
- B.  Record generator readings in system log.
- C.  Check Operational Status.

6.  Initiate and log work done in a bound journal and maintained on site. Logging shall detail the maintenance task that was done.

7.  Provide general housekeeping to tanks, tank sites, well sites, and buildings related to the water system.

MONTHLY

1.  Provide monthly bacteriological sampling and test results, repeat as needed.

2.  Provide well flows and parameters to include but not limited to: Chlorides, Turbidity, PH, Conductivity, Salinity, and Temperature.

3.  Residential and irrigation meter readings (Where applicable)

4.  Visual inspection of distribution system air release valves (ARV) and pressure regulating valves (PRV) located in manholes and vaults in or along roadway.

REMARKS: Monthly parameter reads and meter reads.

SUPERVISOR REVIEW: \_\_\_\_\_

DATE: \_\_\_\_\_

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: WEST KUIAHA DATE: 11/7/16

WEEKLY SYSTEM CHECK WK-1  WK-2  WK-3  WK-4  OPERATOR: D. P.

1. Provide site check and monitoring. Visual inspection to include, but not limited to:
  - A.  Well head above ground piping and components.
  - B.  Electrical components of the water system.
  - C.  Potable transmission and distribution waterlines
  - D.  Non-Potable transmission and distribution waterlines.
  - E.  Buildings related to water system.
  - F.  Chlorinator.
  - G.  Water reservoirs or storage tanks.
  - H.  Pumping systems.
  - I.  Non Potable/irrigation meter readings.
  
2. Maintaining chlorinating system according to State Department of Health and manufacturers recommended practices. Distribution monitoring will be done to include but not limited to :
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REMARKS: \_\_\_\_\_  
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\_\_\_\_\_

SUPERVISOR REVIEW: \_\_\_\_\_

DATE: \_\_\_\_\_

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: West Kula DATE: 11/14/16

WEEKLY SYSTEM CHECK WK-1 WK-2 WK-3 WK-4 OPERATOR: SAMSON J.

1. Provide site check and monitoring. Visual inspection to include, but not limited to:

- A.  Well head above ground piping and components.
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REMARKS: Changed out old C12 pump hose.  
\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR REVIEW: \_\_\_\_\_

DATE: \_\_\_\_\_



MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: West Kuiaha DATE: 11/22/16

WEEKLY SYSTEM CHECK WK-1 WK-2 (WK-3) WK-4 OPERATOR: DARREN H.

1. Provide site check and monitoring. Visual inspection to include, but not limited to:
  - A.  Well head above ground piping and components.
  - B.  Electrical components of the water system.
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  - D.  Non-Potable transmission and distribution waterlines.
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REMARKS: Bac-T samples to DOH, pulled weeds.

SUPERVISOR REVIEW: \_\_\_\_\_

DATE: \_\_\_\_\_

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: West Kaiaha DATE: 11/28/16

WEEKLY SYSTEM CHECK WK-1 WK-2 WK-3 WK-4 OPERATOR: Christian

1. Provide site check and monitoring. Visual inspection to include, but not limited to:

- A.  Well head above ground piping and components.
- B.  Electrical components of the water system.
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REMARKS: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR REVIEW: \_\_\_\_\_

DATE: \_\_\_\_\_

# Sample Collection & Reservation System

Navigate To

## Sample Detail

Initiated

Awaiting Analysis

Analysis Complete

**Water System:**

HI0000252 - WEST KUIAHA MEADOWS

**Facility:**

DS252 - WEST KUIAHA MEADOWS DISTRIBUTION SYSTEM

**Sampling Point:**

TC002 - R-STANDPIPE #4 (UTC003,DTC004)

**SCRS #:**

252-TC002-1611-001

**COC #:**

252-1611-001

**Monitoring:**

Total Coliform Bacteria: 1 Routine every 1 Month

**Sampler Name:**

Danson Aquino

**Sample Type:**

Routine

**Scheduled Sample Date:**

11/22/2016

**Sample Date/Time:**

11/22/2016 8:15 AM

**Collection Remarks:**

**Lab Received Date/Time:**

11/22/2016 9:40 AM

**Lab Comments:**

#393

**Cl Reading:**

0.62 (mg/L) Free

**Sample Results:**

**Test Type :** Colisure

**Lab Results Completed Date :** 12/5/2016

**Lab Comments :**

Contaminant	Result
Total Coliforms	Negative
E. coli	Negative

View Scanned COC



**State of Hawaii**  
**COMMISSION ON WATER RESOURCE MANAGEMENT**  
 Department of Land and Natural Resources  
**MONTHLY GROUND WATER USE REPORT**

**For Official Use Only:**

Name: West Kuaiaha Meadows  
 Company: c/o Commercial Properties (Ms. Mary Jane Kramer)  
 Address: 1962 B Wells Street  
Waituku, Maui, HI 96793  
 Telephone No.: (808) 243-8600 Email: \_\_\_\_\_  
 Report Month: November Year: 2016

**INSTRUCTIONS: Please TYPE OR PRINT CLEARLY. Complete this form to report total monthly ground water use, and, if required, other information from each of your well sources.**  
 Mail to: Commission on Water Resource Management, P.O. Box 621, Honolulu, HI 96809. Fax to: (808) 587-0219. For assistance, please call (808) 587-0225.

State Well No.	Well Name	Period Begin Date (mm/dd/yy)	Period End Date (mm/dd/yy)	Quantity Pumped (Gallons)	Chloride (PPM)	Date (Chlorides)	Conductivity (uS/cm)	Date (Conductivity)	Temp. (°C or °F)	Non-Pumping Water Level (ft. above msl)*	Date (Water Level)	Time (Water Level)
6-5418-02	Kuaiaha-Smith	7/1/16	7/31/16	131,580	70	7/5/16	N/A	N/A	75 °F	N/A	N/A	N/A
6-5418-02	Kuaiaha-Smith	8/1/16	8/31/16	85,260	70	8/22/16	N/A	N/A	74 °F	N/A	N/A	N/A
6-5418-02	Kuaiaha-Smith	9/1/16	9/30/16	0	65	9/27/16	N/A	N/A	75 °F	N/A	N/A	N/A
6-5418-02	Kuaiaha-Smith	10/1/16	10/31/16	0	40	10/24/16	N/A	N/A	72 °F	N/A	N/A	N/A
6-5418-02	Kuaiaha-Smith	11/1/16	11/30/16	0	76	11/1/16	N/A	N/A	75 °F	N/A	N/A	N/A

\* Measurement should be taken while pump is NOT running just prior to a pumping cycle; if measurement is taken while pump is running, please indicate so.

Other comments or additional information (e.g., how pumpage amounts were determined, meter, weir or estimated, etc.):

**Note: November 2016 – Well meter still broken. A replacement is on order.**

Submitted by (print): Maleeyah Machado Title: Engineer

For electronic submissions:  
 By checking this box, I understand and affirm that the information provided herein is accurate and true to the best of my knowledge. Date: 12/1/16

For hardcopy submissions:  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_