

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

WATER SYSTEM: West Kujaha	DATE: 11 11 16
WEEKLY SYSTEM CHECK WK-1 WK-2 WK-3 WK-4	OPERATOR: DUNSON A.
1. Provide site check and monitoring. Visual inspectio  A. Well head above ground piping and  B. Electrical components of the water  C. Potable transmission and distribution  D. Non-Potable transmission and distribution  E. Buildings related to water system.  F. Chlorinator.  G. Water reservoirs or storage tanks.  H. Pumping systems.  I. Non Potable/irrigation meter reading	components. system. on waterlines ibution waterlines.
2. Maintaining chlorinating system according to State	Department of Health and
manufacturers recommended practices. Distribution m but not limited to	nonitoring will be done to include
A Testing of chlorine residual at potable system. Log readings.  B Adjust chlorine feeder as needed.  C Check Sodium Hypochlorite levels in	storage tanks, replenish as needed
<ul> <li>D. Check condition and operational state</li> <li>chlorine lines, valves and fittings as required.</li> </ul>	tus of chlorination equipment, clean
A. Read well out flow meter and log. B. Check well pump operational status. C. Check pressure readings and log. Note and log reservoir/storage tank l	evels.
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 for the second generator readings in system C Check Operational Status.	uel levels to client. log.
6. Initiate and log work done in a bound journal and detail the maintenance task that was done.	maintained on site. Logging shall

Provide general housekeeping to tanks, rank sites, well sites, and buildings related to the water system.
MONTHLY
1 Provide monthly bacterialogical 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 parametr reads and meter reads.
- -
SUPERVISOR REVIEW: DATE:

WATER SYSTEM: WBST KWAHA	DATE:	11/7/16
WEEKLY SYSTEM CHECK WK-1 (WK-2) WK-3 WK-4 OPERATOR:_	D. P.	
<ol> <li>Provide site check and monitoring. Visual inspection to include, but A Well head above ground piping and components.</li> <li>B Electrical components of the water system.</li> <li>C Potable transmission and distribution waterlines</li> <li>D Non-Potable transmission and distribution waterlines.</li> <li>E Buildings related to water system.</li> <li>F Chlorinator.</li> <li>G Water reservoirs or storage tanks.</li> <li>H Pumping systems.</li> <li>I Non Potable/irrigation meter readings.</li> </ol>		ed to:
<ol> <li>Maintaining chlorinating system according to State Department of manufacturers recommended practices. Distribution monitoring will be but not limited to:         <ul> <li>A Testing of chlorine residual at potable tank and with system. Log readings.</li> <li>B Adjust chlorine feeder as needed.</li> <li>C Check Sodium Hypochlorite levels in storage tanks, D Check condition and operational status of chlorination chlorine lines, valves and fittings as required.</li> </ul> </li> </ol>	ne done to hin distribu replenish a	include ution as needed.
<ul> <li>3. Well pumping systems, the following will be done:</li> <li>A Read well out flow meter and log.</li> <li>B Check well pump operational status.</li> <li>C Check pressure readings and log.</li> <li>D Note and log reservoir/storage tank levels.</li> </ul>		
<ul> <li>4. GAC Systems (Where applicable)</li> <li>A Check operational status.</li> <li>B Check back washing cycle.</li> <li>C Inspect GAC system for leaks.</li> <li>D Note and log pressures, settings and flows.</li> </ul>		
5. Back Up Generator/ Fire Pump (Where applicable)  A Check fuel and oil levels, report low fuel levels to cl  B Record generator readings in system log.  C Check Operational Status.	ient.	
6Initiate and log work done in a bound journal and maintained or detail the maintenance task that was done.	n site. Log	ging shall

7. Provide general housekeeping to tanks tank sites, well sites, and buildings related to the water system.
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REMARKS:
NEWIGNES.
CHREDVISOR REVIEW.

WATER SYSTEM: NOT KUJAHA	DATE: 11/14/16
WEEKLY SYSTEM CHECK WK-1 WK-2 WK-3 WK-4	OPERATOR: DANSON J.
1. Provide site check and monitoring. Visual inspection  A. Well head above ground piping and of the water state of the water s	components. ystem. I waterlines oution waterlines.
<ol> <li>Maintaining chlorinating system according to State Description and particles. Distribution method not limited to:         <ul> <li>A. Testing of chlorine residual at potable system. Log readings.</li> <li>B. Adjust chlorine feeder as needed.</li> <li>C. Check Sodium Hypochlorite levels in some chlorine lines, valves and fittings as required.</li> </ul> </li> </ol>	enitoring will be done to include tank and within distribution torage tanks, replenish as needed.
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 leg.	vels.
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4 Visual inspection of distribution system air re regulating valves (PRV) located in manholes and vault	
REMARKS: Change I at old C12 pung h	psc.
SUPERVISOR REVIEW:	DATE:

WATER SYSTEM: WEST KUNCHA	DATE: 11/22 16
WEEKLY SYSTEM CHECK WK-1 WK-2 WK-3 WK-4	OPERATOR: DONGM H.
1. Provide site cleck and monitoring. Visual inspection  A. Well head above ground piping and a ground pip	components. ystem. n waterlines oution waterlines.
<ol> <li>Maintaining chlorinating system according to State I manufacturers recommended practices. Distribution mo but not limited to</li> </ol>	onitoring will be done to include
A Testing of chlorine residual at potable system. Log readings.  B Adjust chlorine feeder as needed.  C Check Sodium Hypochlorite levels in some chlorine lines, valves and fittings as required.	torage tanks, replenish as needed
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5. Back Up Generator/ Fire Pump (Where applicable)  A Check fuel and oil levels, report low fuels.  B Record generator readings in system to C Check Operational Status.	el levels to client. Pg.
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REMARKS: BAC-T SAMPLES to DOH, PO	Med weds.
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SUPERVISOR REVIEW:	DATE:

WATER :	SYSTEM:	West	Kuiaha		DATE: 11/28/16
WEEKLY	SYSTEM CHEC	KWK-1 W	K-2 WK-3 WK-	OPERATOR:_	DATE: 11/28/16 Ohristian
1. Provid	A. We B. Elec C. Pota D. Nor E. Build F. Chlo G. Wate H. Pum	Il head abo trical comp able transn -Potable tr dings relate rinator. er reservoi	ve ground piping onents of the value of the	ibution waterlines I distribution waterli em. nks.	
manufact	urers recomm nited to ://	ended pra	ctices. Distribut	State Department o	be done to include
system. L	B. Adjust Chec	st chlorine k Sodium F k conditior	feeder as neede lypochlorite lev	els in storage tanks, al status of chlorinat	replenish as needed. tion equipment, clean
3. Well pu	A. Read B. Check C. Check	well out flook well pum pressure i	wing will be do ow meter and k p operational st readings and log servoir/storage	og. ratus. g.	
	stems (Where A Check B Check C Inspec D Note	operation back wash t GAC syst	al status. ning cycle.	s and flows.	
	A Check	fuel and o d generato	r readings in sy.	low fuel levels to cli	ent.
6. Initial detail the n	ate and log wo	rk done in isk that wa	a bound journa	l and maintained or	site. Logging shall

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REMARKS:
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SUPERVISOR REVIEW: DATE:

# Sample Collection & Reservation System

Welcome Maleeyah Machado Edit Logout

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

Negative

View Scanned COC

E. coli



# State of Hawaii

For Official Use Only:

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

West Kuiaha Meadows	I
Name:	

Company: c/o Commercial Properties (Ms. Mary Jane Kramer)

1962 B Wells Street Address: Wailuku, Maui, HI 96793

2016 Year: Email: Telephone No.: (808) 243-8600

November Report Month: 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.

		1		,		
Water (Water Level)	N/A	N/A	N/A	N/A	N/A	
Date (Water Level)	N/A	N/A	N/A	N/A	N/A	
Non-Pumping Water Level (ft. above msl)*	N/A	N/A	N/A	N/A	N/A	
	75℃	74%	75年	72℃	75 平	
(Conductivity)	N/A	N/A	N/A	N/A	N/A	
Conductivity (u.S.cm)	N/A	N/A	N/A	N/A	N/A	
(Chordes)	2/2/16	8/22/16	9/27/16	10/24/16	11/1/16	
Chloride (PPM)	70	7.0	65	40	9/	
Quantity Pumped (gallons)	131,580	85,260	0	0	0	Activities at the party of the
Period End Date (mm/dd/yy)	7/31/16	8/31/16	9/30/16	10/31/16	11/30/16	
Period Begin Date (mm/dd/yy)	7/1/16	8/1/16	9/1/16	10/1/16	11/1/16	
Well Name	Kuiaha-Smith	Kuiaha-Smith	Kuiaha-Smith	Kuiaha-Smith	Kuiaha-Smith	
State Well. No.	6-5418-02	6-5418-02	6-5418-02	6-5418-02	6-5418-02	

\* 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.

For hardcopy submissions:

Signature:

Date: 12/1/16

Date:

GWUR-MON FORM (04/01/2013)