# PURAL

WATER SPECIALTY CO., INC
C 19053

Hawaiiana Management Co., Ltd.
1305 North Holopono Street,
Suite 3A
Kihei, HI 96753

11/15/2019

Attn: Carol S. Gentz

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

Dear Carol,

We are submitting to you a monthly Operations & Maintenance Status report for the period ending Aug 31st, 2019.

**Water Quality:**
Satisfactory

**Sampling Conducted:**
Monthly Bacti sampling.
Monthly well parameters and chloride readings are submitted to DLNR/CWRM

**Discrepancies:**
Stand pipe #3 reported corrosion near wharf head. Will look into pricing for repairs.

**Maintenance:**
Monthly services conducted. Re occurring- clearing standing water from meter boxes.

**Corrective Maintenance:**
- Providing minor maintenance in well and tank area.

**Notes/Remarks:**
*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:

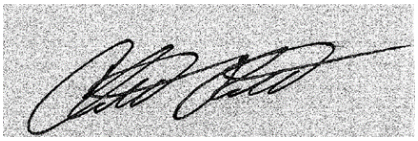
On a site visit to the tank/well site, new booster pump bladder tanks (3) was found to be installed.

*Backpressure* -A pressure that can cause water to back flow 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 at 242-7299.

Sincerely



Christian Rosenthal
**Maui County Team Leader**

Maui: J 955 Vineyard Street, Wailuku, HI 96793 Phone: (808) 242-7299 Fax: (808)244-8878
Toll Free: (800) 28 J-9568
Oahu: 99-J J 35 Iwaena Street, Aiea, HI 9670 J Phone: (808) 488-8434 Fax: (808) 484-J 9 J 7

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: West Kuiaha DATE: 9/4/2019

WEEKLY SYSTEM CHECK (WK-1) WK-2 WK-3 WK-4 OPERATOR: DP

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 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:_____

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SUPERVISOR REVIEW:_____ DATE:_____

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: West Kuiaha DATE: 9/9/19

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SUPERVISOR REVIEW:_____ DATE:_____

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: West Kuiaha DATE: 9/17/2019

WEEKLY SYSTEM CHECK WK-1 WK-2 (WK-3) WK-4 OPERATOR: WD

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SUPERVISOR REVIEW:_____ DATE:_____

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: West Kuiaha DATE: 9/24/2019

WEEKLY SYSTEM CHECK WK-1 WK-2 WK-3 (WK-4) OPERATOR: WD

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REMARKS:_____

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SUPERVISOR REVIEW:_____ DATE:_____

Hawaii State Department of Health, Environmental Health Administration

# 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-TC002-1909-001

**COC #:**
252-1909-001

**Monitoring:**
Total Coliform Bacteria: 1 Routine every 1 Month

**Sampler Name:**
Daniel Martinez

**Sample Type:**
Routine

**Scheduled Sample Date:**
9/17/2019

**Sample Date/Time:**
9/17/2019 8:20 AM

**Collection Remarks:**

**Lab Received Date/Time:**
9/17/2019 10:40 AM

**Lab Comments:**
#313

**Cl Reading:**
0.29 (mg/L) Free

**Sample Results:**
**Test Type :** Colisure
**Lab Results Completed Date :** 9/18/2019
**Lab Comments :**

| Contaminant | Result |
|---|---|
| Total Coliforms | Negative |
| E. coli | Negative |

# 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 Kuiaha Meadows
Company: c/o JS Management, Inc. (Ms. Mary Jane Kramer)
Address: 1962 B Wells Street
Wailuku, Maui, HI 96793

**Telephone No.:** (808) 243-8600 **Email:**

**Report Month:** September **Year:** 2019

**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 source.**
**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 (µSiem) | Date (Conductivity) | Temp. (°C or °F) | Non Pumping Water Level (ft above msl)* | Date (Water Level) | Time (Water Level) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6-5418-02 | Kuiaha-Smith | 7/1/19 | 7/31/19 | 189,240 | 44 | 7/23/19 | N/A | N/A | 70°F | N/A | N/A | N/A |
| 6-5418-02 | Kuiaha-Smith | 8/1/19 | 8/31/19 | 178,830 | 52 | 8/27/19 | N/A | N/A | 71°F | N/A | N/A | N/A |
| 6-5418-02 | Kuiaha-Smith | 9/1/19 | 9/30/19 | 138,220 | 59 | 9/24/19 | N/A | N/A | 76°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.):

**Submitted by** (print): Maleeyah Machado **Title:** Engineer

**For electronic submissions:**

[X] *By checking this box, I understand and affirm that the information provided herein is accurate and true to the best of my knowledge.*

**Date:** 10/1/19

**For hardcopy submissions:**

**Signature:** **Date:**

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: West Kuiaha DATE: 10/1/2019

WEEKLY SYSTEM CHECK (WK-1) WK-2 WK-3 WK-4 OPERATOR: WD

1. Provide site check and monitoring. Visual inspection 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 Kuiaha DATE: 10/8/2019

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REMARKS:_____

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SUPERVISOR REVIEW:_____ DATE:_____

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: West Kuiaha DATE: 10/15/19

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REMARKS:_____

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SUPERVISOR REVIEW:_____ DATE:_____

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: West Kuiaha DATE: 10/21/2019

WEEKLY SYSTEM CHECK WK-1 WK-2 WK-3 (WK-4) OPERATOR: Race Hozaki

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REMARKS: Check chlorine pump suction line/bleed air.
Tank vent and hatch inspection

SUPERVISOR REVIEW:_____ DATE:_____

MAUI WATER SYSTEMS CHECKLIST

WATER SYSTEM: West Kuiaha DATE: 10/29/2019

WEEKLY SYSTEM CHECK WK-1 WK-2 WK-3 WK-4 (WK-5) OPERATOR: Daniel

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   - 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 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: Check chlorine pump suction line/bleed air.
Tank vent and hatch inspection

SUPERVISOR REVIEW:_____ DATE:_____

Hawaii State Department of Health, Environmental Health Administration

# 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-TC002-1910-001

**COC #:**
252-1910-001

**Monitoring:**
Total Coliform Bacteria: 1 Routine every 1 Month

**Sampler Name:**
Daniel Martinez

**Sample Type:**
Routine

**Scheduled Sample Date:**
10/15/2019

**Sample Date/Time:**
10/15/2019 8:30 AM

**Collection Remarks:**

**Lab Received Date/Time:**
10/15/2019 10:43 AM

**Lab Comments:**
353

**Cl Reading:**
0.29 (mg/L) Free

**Sample Results:**
**Test Type :** Colisure
**Lab Results Completed Date :** 10/16/2019
**Lab Comments :**

| Contaminant | Result |
|---|---|
| Total Coliforms | Negative |
| E. coli | Negative |

# 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 Kuiaha Meadows
Company: c/o Hawaiiana Management (Carol S. Gentz)
Address: 1305 North Holopono Street, Suite 3A
Kihei, HI 96753

**Telephone No.:** (808) 281-2556 **Email:** carolg@hmcmgt.com

**Report Month:** October **Year:** 2019

**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 source.**
**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 (µSiem) | Date (Conductivity) | Temp. (°C or °F) | Non Pumping Water Level (ft above msl)* | Date (Water Level) | Time (Water Level) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6-5418-02 | Kuiaha-Smith | 7/1/19 | 7/31/19 | 189,240 | 44 | 7/23/19 | N/A | N/A | 70°F | N/A | N/A | N/A |
| 6-5418-02 | Kuiaha-Smith | 8/1/19 | 8/31/19 | 178,830 | 52 | 8/27/19 | N/A | N/A | 71°F | N/A | N/A | N/A |
| 6-5418-02 | Kuiaha-Smith | 9/1/19 | 9/30/19 | 138,220 | 59 | 9/24/19 | N/A | N/A | 76°F | N/A | N/A | N/A |
| 6-5418-02 | Kuiaha-Smith | 10/1/19 | 10/31/19 | 177,250 | 48 | 10/29/19 | N/A | N/A | 74°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.):

**Submitted by** (print): Maleeyah Machado **Title:** Engineer

**For electronic submissions:**

[X] *By checking this box, I understand and affirm that the information provided herein is accurate and true to the best of my knowledge.*

**Date:** 11/5/19

**For hardcopy submissions:**

**Signature:** _____ **Date:** _____