

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

2

WATER SYSTEM:	West Kuiaha	DATE: <u>9/4/2019</u>
WEEKLY SYSTEM	CHECKWK-1) WK-2 WK-3 WK-4	OPERATOR: DP
A. <u> </u>	neck and monitoring. Visual inspect Well head above ground piping ar Electrical components of the wate Potable transmission and distribu Non-Potable transmission and dis	nd components. er system. tion waterlines
E. <u> </u>	Buildings related to water system. Chlorinator.	
H. <u> </u>	Water reservoirs or storage tanks. Pumping systems.	
. I•	Non Potable/irrigation meter reac	ings.
manufacturers red but not limited to		monitoring will be done to include
A ✓ system. Log readi	Testing of chlorine residual at potangs.	able tank and within distribution
	Adjust chlorine feeder as needed.	
D	Check Sodium Hypochlorite levels Check condition and operational s e lines, valves and fittings as require	in storage tanks, replenish as needed. tatus of chlorination equipment, clean ed.
3. Well pumping s	systems, the following will be done:	
	Read well out flow meter and log.	
	Check well pump operational statu	s.
	Check pressure readings and log.	
D. <u> </u>	Note and log reservoir/storage tar	k levels.
4. GAC Systems (V	Vhere applicable)	
· · · · · · · · · · · · · · · · · · ·	Check operational status.	
	Check back washing cycle.	
	Inspect GAC system for leaks.	
D	Note and log pressures, settings ar	nd flows.
5. Back Up Genera	ator/ Fire Pump (Where applicable)	
	Check fuel and oil levels, report lov	v fuel levels to client.
	Record generator readings in syste	
	Check Operational Status.	-

7 Provide general housekeeping to tanks, tan related to the water system.	k sites, well sites, and buildings
MONTHLY	
1 Provide monthly bacterialogical sampling and	l test results, repeat as needed.
2 Provide well flows and parameters to include PH, Conductivity, Salinity, and Temperature.	e but not limited to: Chlorides, Turbidity,
3 Residential and irrigation meter readings	(Where applicable)
4 Visual inspection of distribution system air rel regulating valves (PRV) located in manholes and vault	
REMARKS:	·
SUPERVISOR REVIEW:	DATE:

WATER SYSTEM:	West Kuiaha	DATE: <u>9/9/19</u>
WEEKLY SYSTEM	CHECK WK-1 WK-2 WK-3 WK-4	OPERATOR: Daniel
A	weck and monitoring. Visual inspect Well head above ground piping an Electrical components of the wate Potable transmission and distribu Non-Potable transmission and dis Buildings related to water system Chlorinator. Water reservoirs or storage tanks.	nd components. er system. tion waterlines tribution waterlines.
	Pumping systems.	
	Non Potable/irrigation meter reac	lings.
manufacturers red but not limited to A	: Testing of chlorine residual at potangs. Adjust chlorine feeder as needed. Check Sodium Hypochlorite levels	monitoring will be done to include able tank and within distribution in storage tanks, replenish as needed. tatus of chlorination equipment, clean
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REMARKS:	·
SUPERVISOR REVIEW:	DATE:

WATER SYSTEM:	West Kuiaha	DATE: <u>9/17/2019</u>
WEEKLY SYSTEM	CHECK WK-1 WK-2 WK-3 WK-4	OPERATOR: WD
A.	meck and monitoring. Visual inspection Well head above ground piping and Electrical components of the water Potable transmission and distributi Non-Potable transmission and distributi Buildings related to water system. Chlorinator. Water reservoirs or storage tanks. Pumping systems. Non Potable/irrigation meter reading	d components. r system. on waterlines ribution waterlines.
manufacturers red but not limited to A. \checkmark system. Log readi B. \checkmark C. \checkmark D. \checkmark	Testing of chlorine residual at potalings. Adjust chlorine feeder as needed. Check Sodium Hypochlorite levels in	monitoring will be done to include ble tank and within distribution n storage tanks, replenish as needed. atus of chlorination equipment, clean
A. <u> </u>	systems, the following will be done: Read well out flow meter and log. Check well pump operational status Check pressure readings and log. Note and log reservoir/storage tank	
B C	where applicable) Check operational status. Check back washing cycle. Inspect GAC system for leaks. Note and log pressures, settings and	d flows.
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REMARKS:	·
SUPERVISOR REVIEW:	DATE:

WATER SYSTEM:_	West Kuiaha	DATE: 9/24/2019
WEEKLY SYSTEM	CHECK WK-1 WK-2 WK-3 WK-4	OPERATOR: WD
A	eck and monitoring. Visual inspecti Well head above ground piping an	d components.
	Electrical components of the wate Potable transmission and distribut	
D	Non-Potable transmission and dist	ribution waterlines.
	Buildings related to water system.	
	Chlorinator. Water reservoirs or storage tanks.	
H. <u> </u>	Pumping systems.	
	Non Potable/irrigation meter read	ings.
2. Maintaining ch	nlorinating system according to Stat	e Department of Health and
manufacturers rec	ommended practices. Distribution	monitoring will be done to include
but not limited to	: Testing of chlorine residual at pota	ble tank and within distribution
system. Log readir	ngs.	are tarm and within artificial
	Adjust chlorine feeder as needed.	
D. <u> </u>	Check condition and operational st	n storage tanks, replenish as needed. atus of chlorination equipment, clean
chlorine	e lines, valves and fittings as require	d.
3. Well pumping sy	ystems, the following will be done:	
A	Read well out flow meter and log.	
	Check well pump operational statu	S.
	Check pressure readings and log. Note and log reservoir/storage tan	k levels
4. GAC Systems (W	. , ,	
	Check operational status. Check back washing cycle.	
C	Inspect GAC system for leaks.	
D	Note and log pressures, settings an	d flows.
5. Back Up Genera	tor/ Fire Pump (Where applicable)	
	Check fuel and oil levels, report low	
	Record generator readings in syste: Check Operational Status.	m log.
<u> </u>	oncon operational status.	
6. ✓ Initiate and I	og work done in a bound iournal a	nd maintained on site. Logging shall

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REMARKS:	·
SUPERVISOR REVIEW:	DATE:

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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 MEADO	OWS	
Facility: DS252 - WEST KUIAHA MEADOWS	DISTRIBUTION SYSTEM	
Sampling Point: TC002 - R-STANDPIPE #4 (UTC003	3,DTC004)	
SCRS #: 252-TC002-1909-001		
COC #: 252-1909-001		
Monitoring: Total Coliform Bacteria: 1 Routine e	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, Lab Comments:	/18/2019	
Contaminant		Result
Total Coliforms		Negative
I and the second		Negative

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

Name:	West Kuiaha Meadows		
Company:	c/o JS Management, Inc. (M	ls. Mary Jane Kramer)	
Address:	1962 BWells Street		
	Wailuku, Maui, HI 96793		
Telephone	No. : (808) 243-8600	Email:	
Report Mor	nth: September	Year: 2019	
	titi Ooptonioo.		

For Official Use Only:							

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 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.

, meter, weir or estimated, etc.):	
Title: Engineer	
Date: <u>10/1/19</u>	
Date:	GWUR-MON FORM (04/01/2013)
	meter, weir or estimated, etc.): Title: Engineer Date: 10/1/19

WATER SYS	STEM:_	West Kuiaha	DATE: 10/1/2019
WEEKLY SYS	STEM C	CHECK WK-1 WK-2 WK-3 WK-4 OPERA	OR: WD
, E C E F C C	A.	eck and monitoring. Visual inspection to inclu Well head above ground piping and compon Electrical components of the water system. Potable transmission and distribution waterl Non-Potable transmission and distribution waterl Buildings related to water system. Chlorinator. Water reservoirs or storage tanks. Pumping systems. Non Potable/irrigation meter readings.	ents. ines
manufacture but not limit	ers reco ted to :	lorinating system according to State Departnormended practices. Distribution monitorin Testing of chlorine residual at potable tank a	g will be done to include
system. Log			id within distribution
C D	<u> </u>	Adjust chlorine feeder as needed. Check Sodium Hypochlorite levels in storage Check condition and operational status of ch lines, valves and fittings as required.	tanks, replenish as needed. orination equipment, clean
3. Well pum	iping sy	stems, the following will be done:	
		Read well out flow meter and log.	
		Check well pump operational status.	
		Check pressure readings and log.	
U	·	Note and log reservoir/storage tank levels.	
A. B. C.	((here applicable) Check operational status. Check back washing cycle. nspect GAC system for leaks. Note and log pressures, settings and flows.	
A. B.	(f	cor/ Fire Pump (Where applicable) Check fuel and oil levels, report low fuel level Record generator readings in system log. Check Operational Status.	s to client.

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3 Residential and irrigation meter readings	(Where applicable)
4 Visual inspection of distribution system air rel regulating valves (PRV) located in manholes and vault	
REMARKS:	·
SUPERVISOR REVIEW:	DATE:

WATER SYSTEM: West Kuiaha	DATE: 10/8/2019
WEEKLY SYSTEM CHECK WK-1 WK-2 WK-3 WK-4 OPERA	TOR: WD
 Provide site check and monitoring. Visual inspection to include A. ✓ Well head above ground piping and components. B. ✓ Electrical components of the water system. C. ✓ Potable transmission and distribution water. D. Non-Potable transmission and distribution water. E. ✓ Buildings related to water system. F. ✓ Chlorinator. G. ✓ Water reservoirs or storage tanks. H. ✓ Pumping systems. I. Non Potable/irrigation meter readings. 	ients. lines
2. Maintaining chlorinating system according to State Department of the State	g will be done to include
A. ✓ Testing of chlorine residual at potable tank a	nd within distribution
system. Log readings.	
B. M. <a< td=""><td>tanka vanlanish na maadad</td></a<>	tanka vanlanish na maadad
D Check condition and operational status of check chlorine lines, valves and fittings as required.	lorination equipment, clean
3. Well pumping systems, the following will be done:	
A Read well out flow meter and log.	
B. 🗸 Check well pump operational status.	
C. $\sqrt{}$ 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 leve	ls to client
B Record generator readings in system log.	is to chefft.
C Check Operational Status.	

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REMARKS:	·
SUPERVISOR REVIEW:	DATE:

WATER SYSTEM: West Kuiaha	DATE: 10/15/19
WEEKLY SYSTEM CHECK WK-1 WK-2 WK-3	WK-4 OPERATOR: <u>Daniel</u>
1. Provide site check and monitoring. Visua A Well head above ground B Electrical components of C Potable transmission and D Non-Potable transmission E Buildings related to water F Chlorinator. G Water reservoirs or storage H Pumping systems. I Non Potable/irrigation means	piping and components. the water system. distribution waterlines n and distribution waterlines. r system. ge tanks.
i Non Fotable/Inigation me	rer readings.
system. Log readings. B. \checkmark Adjust chlorine feeder as r C. \checkmark Check Sodium Hypochlorit	tribution monitoring will be done to include al at potable tank and within distribution needed. te levels in storage tanks, replenish as needed. ational status of chlorination equipment, clean
 Well pumping systems, the following will k A.	and log. nal status. nd log.
 4. GAC Systems (Where applicable) A Check operational status. B Check back washing cycle. C Inspect GAC system for lead on the control of the control	aks.
5. Back Up Generator/ Fire Pump (Where app A Check fuel and oil levels, ro B Record generator readings C Check Operational Status.	eport low fuel levels to client.

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REMARKS:	
SUPERVISOR REVIEW:	DATE:

WATER SYSTEM:_	West Kuiaha		_ DATE:10/21/2019
WEEKLY SYSTEM	CHECK WK-1 WK-2 WK-3	/K-4) OPERATOR:_	Race Hozaki
A	eck and monitoring. Visual i Well head above ground pi Electrical components of th Potable transmission and d Non-Potable transmission a Buildings related to water s Chlorinator. Water reservoirs or storage Pumping systems. Non Potable/irrigation metal	ping and components. The water system. This istribution waterlines This istribution waterlines This is is is in this is is in this in this is in this in this is in this is in this in this in this is in this in this in this is in this	
manufacturers red but not limited to A	Testing of chlorine residual	bution monitoring will at potable tank and wit eded. levels in storage tanks, ional status of chlorina	be done to include thin distribution replenish as needed.
A. <u> </u>	ystems, the following will be Read well out flow meter ar Check well pump operation Check pressure readings and Note and log reservoir/stora	nd log. al status. d log.	
B C	/here applicable) Check operational status. Check back washing cycle. Inspect GAC system for leak Note and log pressures, sett		
A B	tor/ Fire Pump (Where appli Check fuel and oil levels, rep Record generator readings in Check Operational Status.	ort low fuel levels to cl	lient.
6. ✓ Initiate and	log work done in a bound jo	urnal and maintained o	on site. Logging shall

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REMARKS: Check chlorine pump suct Tank vent and hatch inspe	ion line/bleed air.
SUPERVISOR REVIEW:	DATE:

WATER SYSTEM:	West Kuiaha	DATE:_	10/29/2019
WEEKLY SYSTEM C	HECK WK-1 WK-2 WK-3 WK-4 WK-5 PERATOR:_	Da	niel
A \forall B \forall C \forall F \forall G \forall F	eck and monitoring. Visual inspection to include, but Well head above ground piping and components. Electrical components of the water system. Potable transmission and distribution waterlines Non-Potable transmission and distribution waterling Buildings related to water system. Chlorinator. Water reservoirs or storage tanks. Pumping systems. Non Potable/irrigation meter readings.		nited to:
manufacturers record but not limited to: A	lorinating system according to State Department of ommended practices. Distribution monitoring will be a considerable tank and witings. Adjust chlorine feeder as needed. Check Sodium Hypochlorite levels in storage tanks, Check condition and operational status of chlorinat lines, valves and fittings as required.	oe done hin distr replenis	to include ibution h as needed.
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B C C I	here applicable) Check operational status. Check back washing cycle. nspect GAC system for leaks. Note and log pressures, settings and flows.		
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SUPERVISOR REVIEW:	DATE:

SCRS Page 1 of 1

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 MEADO	ows	
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 e	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 Lab Comments:	0/16/2019	
Contaminant		Result
Total Coliforms		Negative
		Negative

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

Tor Official Ose Offiy.

For Official Use Only

Name: West Kuiaha Meadows

c/o Hawaiiana Management (Carol S. Gentz) Company:

1305 North Holopono Street, Suite 3A Address:

Kihei, HI 96753

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

Year: 2019 Report Month: October

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 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: By checking this box, I understand and affirm that the information provided herein is accurate and true to the best of my knowledge.	Date: <u>11/5/19</u>							
For hardcopy submissions:								
Signature:	Date:	GWUR-MON FORM (04/01/2013)						