



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 survey was conducted remotely with the help of Mason County Public Utility District 1 (PUD) staff. Prior to the survey, the PUD staff took videos of the facilities. To conduct the survey, we met virtually using MS Teams. This report documents the findings of the survey. The videos of the facilities were submitted to ODW and have been saved for future reference.

October 29, 2021  Brandy Milroy Mason County Public Utility District #1 21971 Highway 101 Shelton, Washington 98584	<b>Treasure Island Country Club</b> <b>ID #89150</b>	
	County:	Mason
	System Type:	Community
	Operating Permit Color:	Green
	Surveyor:	Regina N. Grimm
	Water System Attendees:	Brandy Milroy
	Inspection Date:	July 2, 2021

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 [regina.grimm@doh.wa.gov](mailto:regina.grimm@doh.wa.gov) or by mail at PO Box 47823, Olympia, Washington 98504-7823.

**SIGNIFICANT DEFICIENCIES\* - NONE WERE IDENTIFIED**

**SIGNIFICANT FINDINGS\*\* - NONE WERE IDENTIFIED**

**OBSERVATIONS**

1. The system’s coliform monitoring plan needs to be updated to the current form and ensure the sample sites are consistent with what is identified in the plan.

**RECOMMENDATIONS**

2. With the change in management from Mason PUD to Northwest Water Systems, I recommend reviewing the status of the cross connection control program. Much of the systems program was

implemented under the PUD's umbrella plan, so some of the elements of the cross-connection program will need to be transferred to the new operator.

- The small was system management program (SWSMP) was not reviewed as part of this survey. If the system does not have one already, they should assemble one and keep it updated with current documentation.

### SYSTEM INFORMATION

This system is a privately owned community water system approved to serve 255 service connections (250 single family homes and 5 connections classified as non-residential). The water system's facilities include three groundwater wells, one storage tank, and the distribution system. The water system is pressurized by a new booster station that was brought into service in 2021.

### SECTION 1: SOURCE

This system has three sources serving the community. All three sources are housed in cinderblock houses that are well maintained. The wells are called by floats in the reservoir. Wells #2 and #3 are pumped directly to distribution prior to filling the standpipe. Well #1 pumps directly to the reservoir through a dedicated 4-inch line. No deficiencies were noted.

Source ID #	Name:	Description:	Ecology Tag #	Listed on WFI		Approved by ODW	
				Yes	No	Yes	No
S01	Well #1	8" casing drilled to 168'	BBN072	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S02	Well #2	8" casing drilled to 227'	BBN073	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S03	Well #3	8" casing drilled to 191'	BBN074	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELLHEAD	Source ID # S01		Source ID # S02		Source ID # S03	
	Yes	No	Yes	No	Yes	No
*Wellcap sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
*Vent screened	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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)	Yes		Yes		Yes	
**Protected from physical damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

WELL PUMP EQUIPMENT	Source ID # S01	Source ID # S02	Source ID # S03
	Yes No	Yes No	Yes No
*Pump control valve or vacuum relief valve with a protected air gap at discharge	N/A	N/A	N/A
Generator available	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
Generator has automatic startup	<input checked="" type="checkbox"/> <input type="checkbox"/>	N/A	N/A

**SECTION 2: DISINFECTION**

This system does not provide disinfection treatment.

**SECTION 3: OTHER TREATMENTS**

This system does not provide other treatment.

**SECTION 4: DISTRIBUTION SYSTEM**

The system has a looped distribution system that is pressurized by the new booster station (previously the system was gravity fed and some parts of the distribution system did not have adequate pressure). The distribution piping is 73 percent galvanized steel and 27 percent asbestos cement ranging in size from 2 inches to 6 inches. The distribution lines are older and original to the system. They do not currently have plans for major distribution line replacements.

They are currently meeting the distribution leakage target of below 10 percent leakage (2020 leakage was 837 percent). Some major leaks were repaired in 2020 and 2021, which has helped to reduce the distribution leakage percentage.

FEATURES	Yes No
Service area and facility map	<input checked="" type="checkbox"/> <input type="checkbox"/>
Service meters (reading frequency is quarterly)	<input checked="" type="checkbox"/> <input type="checkbox"/>
Water system leakage (%)	8.7%

CROSS CONNECTION CONTROL	Yes No
System has enabling authority (don't know)	<input checked="" type="checkbox"/> <input type="checkbox"/>
High hazards identified	<input checked="" type="checkbox"/> <input type="checkbox"/>
High hazards protected	<input checked="" type="checkbox"/> <input 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	None observed

**SECTION 5: FINISHED WATER STORAGE**

The system has one storage reservoir to serve the community. Prior to the installation of the booster station, the community was gravity fed from the reservoir, which required maintaining a high level of storage in the tank to keep pressures as high as possible. The community had a seismic assessment of the tank done that showed the tank is not sufficiently protected to withstand earthquakes. This change has reduced the nominal storage volume to approximately 70,000 gallons instead of 150,000 gallons. The maximum water elevation setpoint was reduced to 30 feet.

Reservoir	Reservoir Name	Description	Year Built	Total Volume (Gal)
1	Reservoir	Steel standpipe	1967	70,000 gal (lowered from 150,000 gal due to setpoint limiting fill height.)

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

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

MAINTENANCE	Res #1	
	Yes	No
Frequency of cleaning	Last cleaned in 2021.	
Frequency of routine site visit	Monthly	
**Structure in good condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**SECTION 6: PRESSURE TANKS**

Site	Location	# and size of Bladder Tanks
1	Booster Station	3, 119-gallon

<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 checked="" type="checkbox"/>	<input 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"/>

### SECTION 7: BOOSTER PUMPS AND FACILITIES

The system has a new booster pump station installed at the reservoir site that was installed in 2021. The minimum operating pressure setting is 40 psi and maximum is 60 psi. The station has four pumps that operate alternate cycling, with the low hour pump starting first. Three of the four pumps operate simultaneously (fourth is a backup for redundancy) and they rotate the lead pump with the low hour pump starting first.

The pump station is equipped with a pressure relief valve that allows for filling of the reservoir in the instance that Well #2 and Well #3 pumps are cycled on and the system demand decreases. The pressure relief valve setting is 62 psi.

<b>Facility</b>	<b>Name</b>	<b>Description</b>	<b>Total Capacity (gpm)</b>
1	Booster Station	Located in new masonry block building adjacent to reservoir. Equipped with four pumps that supply 150 gpm each.	150 gpm

<b>BOOSTER PUMPS</b>	<b>Facility 1</b>	
	<b>Yes</b>	<b>No</b>
Number of pumps	4	
Pressure relief valve	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
Generator has automatic startup	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>BUILDINGS/ENCLOSURE</b>	<b>Facility 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"/>

**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 at (360) 236-3046.

CHEMICAL	
Sample Point	Description
1	Sample tap at well_ no treatment provided
2	Sample tap at well_ no treatment provided
3	Sample tap at well_ no treatment provided

CHEMICAL	Sample Point 1		Sample Point 2		Sample Point 3	
	Yes	No	Yes	No	Yes	No
Monitoring adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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 type="checkbox"/> Other						

COLIFORM	Yes	No
Monitoring adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring plan adequate	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Monitoring plan followed	<input type="checkbox"/>	<input checked="" type="checkbox"/>
# of Treatment Technique Violations (TTV)	None	
# of <i>E. coli</i> MCL Violations	None	

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

**SECTION 9: SYSTEM MANAGEMENT AND OPERATIONS**

The operator said that the system has a small water system management program (SWSMP), but it was not reviewed as part of the survey. Please ensure the SWSMP is kept up to date including preparing an updated coliform monitoring plan.

<b>PROJECT/PLANNING</b>	<b>Yes No</b>
System approved	<input checked="" type="checkbox"/> <input type="checkbox"/>
Current WSP/SWSMP	<input type="checkbox"/> <input type="checkbox"/>
Year WSP/SWSMP approved	Does not have an approved plan.

<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 Water Distribution Manager (WDM) certification. If you have any questions or this information is inaccurate, please contact Operator Certification at (800) 525-2536. (These operators have changed since the survey was conducted. As of the date of this report their new certified operator is provided by Northwest Water Systems.)

<b>Name of Operator</b>	<b>Certification Number</b>	<b>Certifications</b>	<b>Mandatory Operator</b>
Tyrone Goos	007390	WDM2, CCS	<input checked="" type="checkbox"/>
Brandy Milroy	012936	WDM1	<input 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

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

**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 \$510. An itemized worksheet is enclosed with the invoice.

If you have any questions, please contact me at (360) 236-3035 or by e-mail at [regina.grimm@doh.wa.gov](mailto:regina.grimm@doh.wa.gov).

Sincerely,



Regina N. Grimm, P.E.  
Office of Drinking Water, Regional Engineer

Enclosures

cc: Stephanie Hahn, Treasure Island Community Club  
Jeff Wilmoth, Mason County Public Health  
Kevin Odegard, Northwest Water Systems (current operator)



Note:

Photos have not been included with this report. Videos of the facilities were provided by Mason PUD as part of the virtual survey and they are saved on the ODW share drive for reference.

STATE OF WASHINGTON  
Department of Health  
OFFICE OF DRINKING WATER  
SANITARY SURVEY INSPECTION

**INVOICE**

TREASURE ISLAND COUNTRY CLUB  
INC.  
TREASURE ISLAND COUNTRY CLUB  
PO BOX 364  
GIG HARBOR, WA 98335

WS ID: 89150  
Invoice No: 47327  
Invoice Date: 11/01/2021  
Due Date: 12/16/2021

WS NAME: TREASURE ISLAND COUNTRY CLUB SURVEY DATE: 07/02/2021

DESCRIPTION	QTY	COST	AMOUNT
Scheduling, Research, Prep	1.00	x \$102.00	\$102.00
Survey Field Work	1.00	x \$102.00	\$102.00
Survey Documentation	3.00	x \$102.00	\$306.00
		<b>Total Amount Due</b>	<b>\$510.00</b>

- Make checks payable to Department of Health, Federal ID #91-1444603.**
- For billing questions, please contact Southwest Drinking Water Regional Operations at (360) 236-3030.
- This invoice is issued in accordance with WAC 246-290-990(3)(c)(iii).
- For persons with disabilities, this document is available on request in other formats. To submit a request, please call 711 Washington Relay Service.

Please return the bottom portion of this invoice with your check.

Invoice Number: 47327  
**INVOICE AMOUNT: \$510.00**

Invoice Date: 11/01/2021  
**Invoice Due Date: 12/16/2021**

WS Name: TREASURE ISLAND COUNTRY CLUB

WS ID: 89150

Reference: SANITARY SURVEY INSPECTION PERFORMED ON 07/02/2021

Please remit to:  
**ACCOUNTS RECEIVABLE  
SANITARY SURVEY PROGRAM  
DEPARTMENT OF HEALTH  
PO BOX 1099  
OLYMPIA, WA 98507-1099**

## SANITARY SURVEY FEE WORKSHEET

Department of Health Office of Drinking Water Sanitary Survey Time Tracking				
System Name	Treasure Island Country Club	PWS ID # 89150 8		
County	Mason County			
Surveyor	Regina Grimm	Date: 07/02/21		
System over 10,000 Connections?	NO			
		Quantity	Cost	
Department of Health Paid Costs		Hours/Miles		
Survey program RO Coordination	1	\$	102	\$ 102.00
Survey Program Administrative Support	1	\$	102	\$ 102.00
Travel expenses (Mileage)	0		(# Miles) x (\$.56/Mile)	\$ -
Technical Assistance	0	\$	102	\$ -
Travel Time <10,000	0		102	\$ -
Total Department of Health Costs to Perform All Surveys				\$ 204.00
Water System Paid Costs		Hours		
Scheduling, research, prep	1	\$	102	\$ 102.00
Survey Field Work	1	\$	102	\$ 102.00
Survey documentation – preparation of survey report to the purveyor	3	\$	102	\$ 306.00
Additional Water System Paid Costs for systems serving 10,000 or more connections				
		Hours		
		0	\$	-
NOTES:	Total Cost of Survey			\$ 714.00
	Costs Covered by DOH			\$ 204.00
	Invoice amount due (Less than 10,000 Connections)			\$ 510.00