



State of Washington

## DEPARTMENT OF HEALTH

NORTHWEST DRINKING WATER REGIONAL OPERATIONS  
20425 72nd Avenue South, Suite 310 • Kent Washington 98032-2388

NOVEMBER 23, 2021

KEVIN COOK  
LWWSO-EAGLERIDGE  
1220 LAKEWAY DRIVE  
BELLINGHAM WA 98229

Subject: LWWSO Eagleridge (ID#08118)  
Whatcom County  
Booster Conversion Project - **Approval**  
Submittal #21-0811

Dear Kevin Cook:

Thank you for submitting the project report and construction documents for the proposed LWWSO - Eagleridge Booster Conversion project. The documents were prepared by your engineer, Brian Smith, PE and received in our office on August 20, 2021.

The project report and construction documents for the above project, were reviewed and, in accordance with the provisions of WAC 246-290 are hereby **APPROVED**. The approval issued herein is only valid as it relates to current standards outlined in WAC 246-290. Future revisions in the rules may be more stringent and require facility modifications or corrective action.

It is acknowledged that the Booster Conversion project is included in the District's 2018 Water System Plan (approved October 3, 2018).

### **Design Summary:**

This project will modify the existing LWWSO - Eagleridge Booster Pump Station, located on North Shore Drive next to the intertie with the City of Bellingham. The project includes:

- Retrofitting the existing fire pump control valves to add pressure reducing function and to better regulate pressure.
- Removing the existing domestic booster pumps at the LWWSO - Eagleridge Booster Pump Station. Bellingham increased pressure at the intertie and the domestic booster pumps are no longer needed.

This project will not change the physical capacity of the system.



As required in WAC 246-290-120(5) within sixty days following the completion of and prior to the use of the above project or portions thereof, the enclosed construction report must be completed by a professional engineer and returned to this department. In addition, complete and submit the enclosed Pressure, Leakage, and Bacteriological Test Report form for applicable portions of this project.

*The department's approval of your water system design does not confer or guarantee any right to a specific quantity of water. The approved number of service connections is based on your representation of available water quantity. If the Washington Department of Ecology, a local planning agency, or other authority responsible for determining water rights and water system adequacy determines that you have use of less water than you represented, the number of approved connections may be reduced commensurate with the actual amount of water and your legal right to use it.*

Regulations establishing a schedule of fees for review of planning, engineering, and construction documents have been adopted (WAC 246-290-990). The total cost is \$589.00. An itemized invoice for the review of this project has been sent to the primary contact on file for your water system. Please remit complete payment in the form of a check or money order within thirty days of the date of this letter in the enclosed envelope or mail payment to: **WSDOH, Revenue Section, PO Box 1099, Olympia WA 99507-1099.**

WAC 246-290-120(8) provides that if construction of the project has not been started within two years of the date of this letter, this approval will become null and void unless you take action at that time to arrange for an extension of the approval in the manner prescribed.

Nothing in this approval shall be construed as satisfying other applicable federal, state, or local statutes, ordinances and regulations.

Sincerely,



Laura McLaughlin, PE  
Regional Engineer  
NW Office of Drinking Water

Enclosures: Construction completion report form  
Invoice

cc: Laurette Rasmussen, Whatcom County Health  
Brian Smith, PE, Wilson Engineering  
Justin Clary, LWWSO



Office of Drinking Water  
**INVOICE**

Engineering, Planning, and Sanitary Survey Review Form

TO: KEVIN COOK  
LWWSO - EAGLERIDGE  
1220 LAKEWAY DRIVE  
BELLINGHAM WA 98229

Invoice Number	<b>N03877</b>	
Invoice Date	November 23, 2021	
Billing Period	30 days	NW

DATE	DESCRIPTION	QTY	COST	AMOUNT
11/23/21	REVIEW AND/OR APPROVAL OF PROJECT REPORT LWWSO - EAGLERIDGE WHATCOM COUNTY BOOSTER PUMP CONVERSION SUBMITTAL #: 21-0811	1	1	\$589.00
	<b>Total</b>			<b>\$589.00</b>
Payment due within 30 days. Interest shall accrue at 1% per month after 30 days.				

**Make Checks Payable to Department of Health**

**Return Lower Portion to:**

Department of Health  
PO Box 1099  
Olympia, WA 98507-1099

Office of Drinking Water  
Engineering, Planning, and Sanitary Survey Review Form

NAME	LWWSO - EAGLERIDGE	
INVOICE NUMBER	<b>N03877</b>	
INVOICE DATE	11/23/2021	21-0811 NW
AMOUNT	<b>\$589.00</b>	

DOH Form #331-332

**Return to:**  
Department of Health  
Revenue Section  
PO Box 1099  
Olympia, WA 98507-1099

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TTY 1-800-833-6388).

NO 2877

DOH Staff Name: McLaughin, Laura  
 Sublog Number: 21-0811  
 Water System ID: 08118

System Name: LWSD - Eagleridge  
 County: Whatcom

Fixed Fee for Service

**WATER SYSTEM PLANS**

Project Type	Fee 1st Review	Fee 2nd Review	Approved?	
			Number Hr 1st Review	Number Hr 2nd Review
Total Water system plans	\$0	\$0	0	0

**SATELLITE MANAGEMENT AGENCY (SMA) PLANS**

Project Type	Fee 1st Review	Fee 2nd Review	Approved?	
			Number Hr 1st Review	Number Hr 2nd Review
Total SMA	\$0	\$0	0	0

**PROJECT REPORTS**

Project Type	Fee 1st Review	Fee 2nd Review	Approved?	
			Number Hr 1st Review	Number Hr 2nd Review
(d)(4) System modifications including new source <100 Services	\$348		2.0	
Total Project Reports	\$348	\$0	2	0

**CONSTRUCTION DOCUMENTS**

Project Type	Fee 1st Review	Fee 2nd Review	Approved?	
			Number Hr 1st Review	Number Hr 2nd Review
(f)(5) System modifications <100 Services	\$241		1.0	
Total Construction documents	\$241	\$0	1	0

**EXISTING SYSTEM APPROVAL**

Project Type	Fee 1st Review	Fee 2nd Review	Approved?	
			Number Hr 1st Review	Number Hr 2nd Review
Total of Existing System approval	\$0	\$0	0	0

**GROUP B AND OTHER EVALUATIONS AND APPROVALS**

Project Type	Fee 1st Review	Fee 2nd Review	Approved?	
			Number Hr 1st Review	Number Hr 2nd Review
Total of Other evaluations and approvals	\$0	\$0	0	0

<b>Total Fixed Fee for Service</b>	<b>\$589</b>	<b>\$0</b>	<b>3</b>	<b>0</b>
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Hourly fee for service	Fee	# Hr	System Size	
<b>Pay This Invoice Amount For This Review</b>	<b>\$589</b>	<b>0.0</b>	<b>3</b>	<b>0</b>

Summary	Total for All Project Invoices		Total for All Project Hours	
		\$589	3	

## Construction Completion Report

In accordance with WAC 246-290-120 (5), a **Construction Completion Report** is required for all approved construction projects. Purveyors **must** submit a Construction Completion Report to the Office of Drinking Water (ODW) within sixty (60) days of completion and before use of any water system facility. This includes any source, water quality treatment, storage tanks, booster pump facilities, and distribution projects.

*Please type or print legibly in ink:*

<b>LWWSO - EAGLERIDGE</b>	DOH System ID No.: <b>08118</b>
Name of Water System	
<b>KEVIN COOK</b>	DOH Project No.: <b>21-0811</b>
Name of Purveyor (Owner or System Contact)	(if applicable)
<b>1220 LAKEWAY DRIVE</b>	Date Construction Documents
Mailing Address	Approved by DOH <b>11/23/2021</b>
<b>BELLINGHAM, WA 98229</b>	(If applicable)
City	State
	Zip

**Project Name and Descriptive Title: BOOSTER PUMP CONVERSION**

**CHECK ONE:**  Entire Project Completed.       Description of Portions Completed.

**PROFESSIONAL ENGINEER'S ACKNOWLEDGMENT** *(Complete items below—Attach additional sheets as needed)*

The undersigned professional engineer (PE), or their authorized agent, has inspected the above-described project which, as to layout, size and type of pipe, valves and materials, reservoir and other designed physical facilities, has been constructed and is substantially completed in accordance with construction documents reviewed by the purveyor's engineer or approved by the DOH. In the opinion of the undersigned engineer, the installation, physical testing procedures, water quality tests, and disinfection practices were carried out in accordance with state regulations and principles of standard engineering practice.

I have reviewed the disinfection procedures , pressure test results , and results of the bacteriological test(s)  for this project and certify that they comply with the requirements of the construction standards/specifications approved by the DOH. (Check all boxes that apply that are consistent with the nature of the project.)

This project changes the physical capacity of the system to serve consumers. The system is now able to serve    equivalent residential units (ERUs.)  Not applicable



Date Signed
Name of Engineering Firm
Name of PE Acknowledging Construction
Mailing Address
City
State
Zip
Engineer's Signature
State/Federal Funding Type (if any) _____

*Please return completed form to DOH regional office checked below.*

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> <b>NWRO Drinking Water</b><br>Department of Health<br>20425 72 <sup>nd</sup> Ave. S, Ste 310<br>Kent, WA 98032-2358<br>(253) 395-6750 | <input type="checkbox"/> <b>SWRO Drinking Water</b><br>Department of Health<br>PO Box 47823<br>Olympia, WA 98504-7823<br>(360) 236-3030 | <input type="checkbox"/> <b>ERO Drinking Water</b><br>Department of Health<br>16201 E Indiana Ave, Suite 1500<br>Spokane Valley, WA 99216<br>(509) 329-2100 |
|---|---|---|

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**The purveyor must attach a completed Water Facilities Inventory (WFI) form in accordance with WAC 246-290-120(6), if applicable. Contact the regional office in your area for WFI forms or additional Construction Completion Report forms.**