



202006240064

06/24/2020 02:58 PM Pages: 1 of 5 Fees: \$107.50
Skagit County Auditor

DRINKING WATER SYSTEM STATUS REPORT

I, the undersigned property owner, in making an application for a Skagit County building permit involving a single-family residence acknowledge that this Report is being signed, notarized and recorded in compliance with Skagit County Code Section 12.48.270. The drinking water source for this residence is an alternative source (S.C.C. 12.48.030).

1. I acknowledge and agree that this Report is binding on all my heirs and/or successors and agree not to hold the County harmless from any and all claims, damages, costs or expenses that are incurred whether personal injury or property damage that are water quantity, water quality or a result of the use of this alternative source.
2. Water systems with filed Status Reports will not be used as justification for the creation of new lots. Land subdivisions require either drilled wells or connections to an approved public system.
3. Future buyers should beware that the drinking water source for this residential building is provided by rainwater catchment. The Skagit County Health Department considers rainwater catchment as an alternative water source. This source requires continuous filtration and disinfection on all plumbing to be consistently sanitary. This water system was designed by Northwest Rain Solutions (CJ Huxford and Matthew Kulp) and approved by Harvill A. Freeland III, P.E. (professional engineer).
4. Attached to this Status Report are 4 pages (12, 13, 19 and 20) of the required Operation and Maintenance Schedule provided by the Engineer.
5. If substantial additional water is needed, the applicant agrees to install additional catchment and/or storage. All purchased or hauled water must come from a Department of Health approved Public Water System and be hauled by trucking approved to haul potable water.
6. I agree to record this Report with the Skagit County Auditor's Office for the purpose of it being made a part of the record of title. We have no objection nor will we make any claim against Skagit County as a consequence of this recording.
7. Specific drinking water system information for this lot may be on file at the Skagit County Department of Health or at the Skagit County Permit Center in the water files. (WA19-0083)

LEGAL DESCRIPTION: 5.0acres; Lot 2 of SP97-057; SE1/4 of SW1/4 of Sec 32 R4 T33

SITE ADDRESS: 19413 County Line Road, Stanwood, WA 98292

LOCATION: P#112709 & ASSESSOR'S ACCOUNT NO: 330432-3-012-0200

WATER FILE: WA19-0083 Building Permit: BP19-0723

OWNER (PRINT NAME): Melissa and Shea Alexander

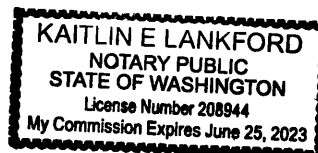
MAILING ADDRESS: 26910 - 92nd Ave NW C-5 #135, Stanwood, WA 98292

OWNER (SIGNATURE) Melissa Alexander

Subscribed and sworn to me this 23rd day of June, 2020
USA

Notary Public in and for the State of Washington.

Kaitlin E Lankford Residing at Burlington



1x230V Supply Power Flow Rate Selection Chart

PSI Boost	0-15 GPM	0-25 GPM	0-35 GPM
20 psi	CMBE 1-44	CMBE 3-93	CMBE 3-93
25 psi	CMBE 1-44	CMBE 3-93	CMBE 3-93
30 psi	CMBE 1-44	CMBE 3-93	CMBE 3-93
35 psi	CMBE 1-44	CMBE 3-93	CMBE 3-93
40 psi	CMBE 1-44	CMBE 3-93	CMBE 3-93
45 psi	CMBE 1-44	CMBE 3-93	CMBE 3-93
50 psi	CMBE 1-99	CMBE 3-93	CMBE 3-93
55 psi	CMBE 1-99	CMBE 3-93	CMBE 3-93
60 psi	CMBE 1-99	CMBE 3-93	CMBE 3-93
65 psi	CMBE 1-99	CMBE 3-93	CMBE 3-93
70 psi	CMBE 3-93	CMBE 3-93	CMBE 3-93
75 psi	CMBE 3-93	CMBE 3-93	CMBE 3-93
80 psi	CMBE 3-93	CMBE 3-93	CMBE 3-93

- Grundfos CBME Booster Series: *CBME 3-93* (230 volt)

Pump House: a pump house shall be installed. The pump house foundation shall be an elevation so that the pump is located below the cistern's specified low water level. This ensures that the pump will always be gravity fed and not have to perform vertical suction. The pump house shall be insulated and heated to ensure the filters, pumps and/or pipelines will not freeze during the winter.

Float Switch: A float switch shall be installed in the cistern to automatically turn the pump off when water reaches a specified low level. This helps protect the pump from dry running.

All electrical work shall be completed by a licensed electrician

Operations & Maintenance

The following section lists typical inspection and maintenance requirements. Additional maintenance procedures may be recommended by the product manufacturer's Owners Manuals. An inspection and maintenance check list is provided in Appendix C.

Rainwater Prefilters & Storage:

- **Pre-Filter & Roof:**
 - o Clean *quarterly*, or as needed. Special attention may be required in the early Spring and Fall.
- **Storage Tank:**
 - o Drain, clean, disinfect *every four-five years*, or as needed. It is recommended to perform draining procedures in the fall season which is typically the beginning of the rainy season.

Water Treatment

- Water testing (fecal coliform, zinc, copper): *quarterly*

- 20 micron pleated sediment filter is recommended to be changed *twice per year*, or as needed
- 1 micron sediment filter is recommended to be changed *once per year*, or as needed
- GAC filter is recommended to be changed *bi-annually, or as needed*
- UV bulb **must** be changed **every two years**, after the installation of the UV unit

Pumping & Distribution

- Test and inspect pressure at gauge: *quarterly*
- Inspect pump, piping, and connections: *annually*

Appendix C – Maintenance Worksheet

System location:

Operator:

Location of records:

Frequency

Water Testing: quarterly

Filtration: Semi-annually

Pump:

Filters:

Date: _____

1)	Catchment surface: Free of debris?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2)	Gutters and Downspouts			
	a) Gutters			
	i) Cleaned and void of debris	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	ii) Flowing to downspouts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	b) Downspouts			
	i) Intact and straight:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	iii) Downspout filters cleaned:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3)	Storage Tanks			
	a) Piping intact:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	b) Covers/lids in place:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	c) Basket screens clean:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	d) Tank valve box clean of debris and valves are visible:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	e) Overflow leaking:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4)	Conveyance Drain Emitter & Bypass			
	a) Piping, valves functioning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	b) Bypass Opened	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	c) Conveyance Drain Emitter Cleaned	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	d) Box clear of debris, valves easily visible	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

(19)

5)	Pump			
a)	Piping intact, secured	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b)	Maintaining pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c)	Valves open/close freely	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6)	Sediment filter:			
a)	Turn off pump valve and drain filter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b)	Change filters (if needed):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c)	Piping intact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7)	Ultra Violet Unit:			
a)	Piping intact	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b)	Replace bulb (after 365 days from install/replacement)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c)	Flush system after replacing bulb	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d)	Sterilize unit & Connected piping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8)	Water Testing: Fecal and Total Coliform			
a)	Pre-Filtration	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b)	Post Filtration/Treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Additional/Optional Testing: PH, Pesticides, Zinc, Copper, ect.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

(26)