



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
NORTHWEST DRINKING WATER REGIONAL OPERATIONS
PO BOX 47800 ATTN: MS K17-12 OLYMPIA, WA 98504-7800

December 6, 2022

James X. Kelly, P.E.
City of Arlington
JKELLY@ARLINGTONWA.GOV

Subject: City of Arlington, ID#02950
Snohomish County
Haller Wellfield Improvements
Submittal #22-0905

Dear James Kelly:

The source approval for the above project received in this office on September 28, 2022 has been reviewed and in accordance with the provisions of WAC 246-290 is **APPROVED**. The approval issued herein is based on conformance with current standards outlined in WAC 246-290, last updated March 9, 2022. Future changes in the rules may be more stringent and require facility modification or corrective action.

Project Summary:

The City of Arlington plans to drill two new wells near the existing Haller wells (wells 2 and 3). Water quality is expected to be similar to existing wells, as demonstrated by the two test wells drilled. The proposed maximum pump rate and minimum pump rate for both new wells will be 800- and 430-gpm, respectively. With existing and new well pumps, maximum pumping capacity would be 3,500-gpm.

We look forward to reviewing the future submittal for new source approval once the wells have been drilled in accordance with WAC 246-290-130.

This water system will remain approved to serve an unspecified number of equivalent residential units (ERUs) with physical capacity and water right limitations considered.

The department's approval the proposed new well 4 and 5 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.

WAC 246-290-120 (8) provides that this approval is in effect for two years, unless the Department determines a need to withdraw the approval. An extension of the approval may be

obtained by submitting a status report and a written schedule for completion. Extensions may be subject to additional terms and conditions imposed by the Department.

Regulations establishing a schedule of fees for review of planning, engineering and construction documents have been adopted March 30, 2012 (WAC 246-290-990). The total cost for this review is \$2,125. An itemized invoice is being sent to the Department of Health primary contact for your water system. Please remit your 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 send payment to: **WDOH, Revenue Section, PO Box 1099, Olympia WA 99507-1099.**

Sincerely,



John Ryding, PE

Assistant Regional Office Manager

Office of Drinking Water

Washington State Department of Health

John.Ryding@doh.wa.gov

360-236-3165

Enclosure/s

ecc: Snohomish Health Department
PJ Wilkerson, Alexis Medina – DOH
Lynn Stevens, P.E., Brown and Caldwell
William Cochinella, City of Arlington



Office of Drinking Water
INVOICE

Engineering, Planning, and Sanitary Survey Review Form

TO: WILLIAM COCHINELLA
ARLINGTON CITY OF
154 W COX AVE
ARLINGTON WA 98223

Invoice Number	N03984	
Invoice Date	December 7, 2022	
Billing Period	30 days	NW

DATE	DESCRIPTION	QTY	COST	AMOUNT
12/7/22	REVIEW AND/OR APPROVAL OF PROJECT REPORT ARLINGTON CITY OF SNOHOMISH COUNTY HALLER WELLFIELD IMPROVEMENTS SUBMITTAL #: 22-0905	1	1	\$2125.00
	Total			\$2125.00
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	ARLINGTON CITY OF	
INVOICE NUMBER	N03984	
INVOICE DATE	12/7/2022	22-0905 NW
AMOUNT	\$2125.00	

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

DOH Form #331-332

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).