



GENERAL MANAGER'S REPORT

Report on Water System Operations for the Month of: April, 2014

The Metering Period for this report begins on:

March 4, 2014 and ends on April 4, 2014.

The Billing Period for this report is for the:

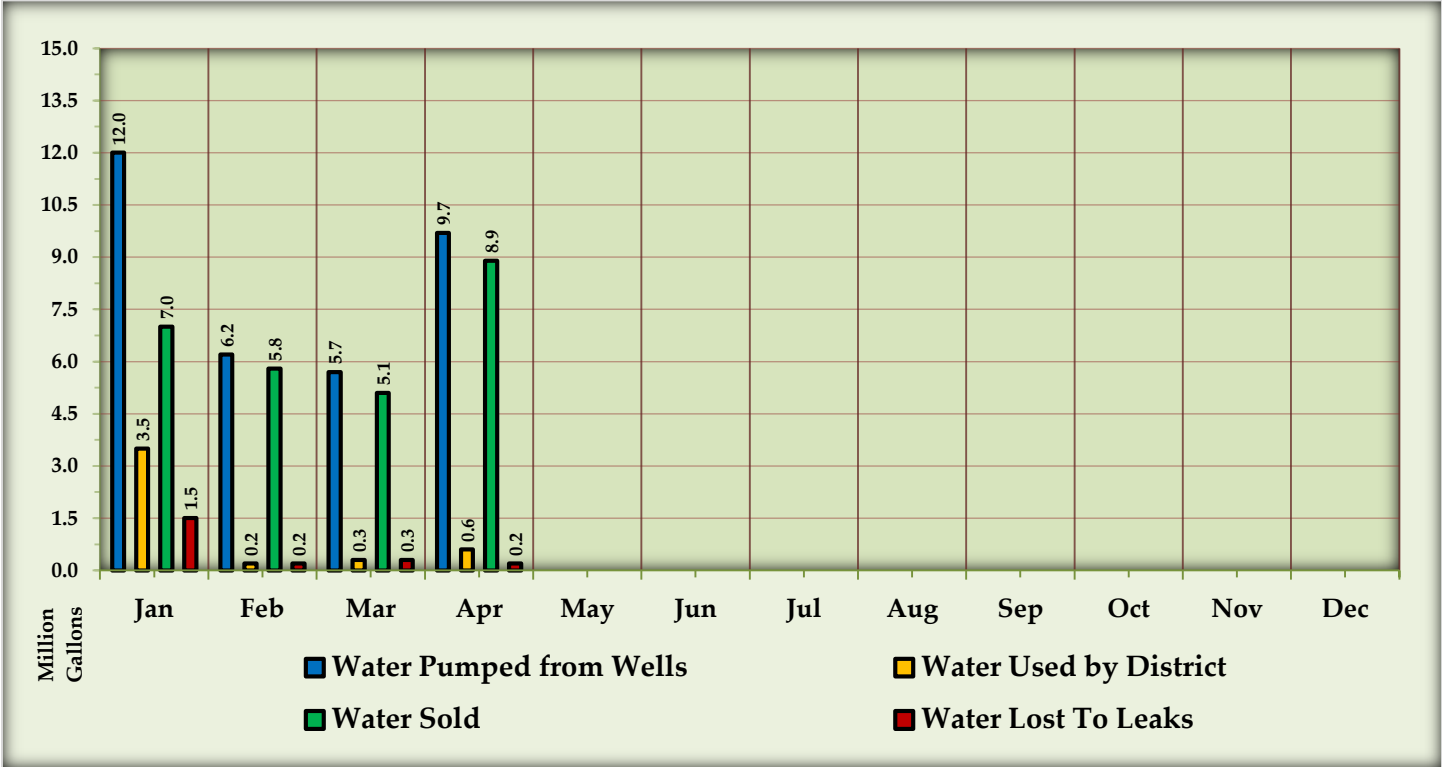
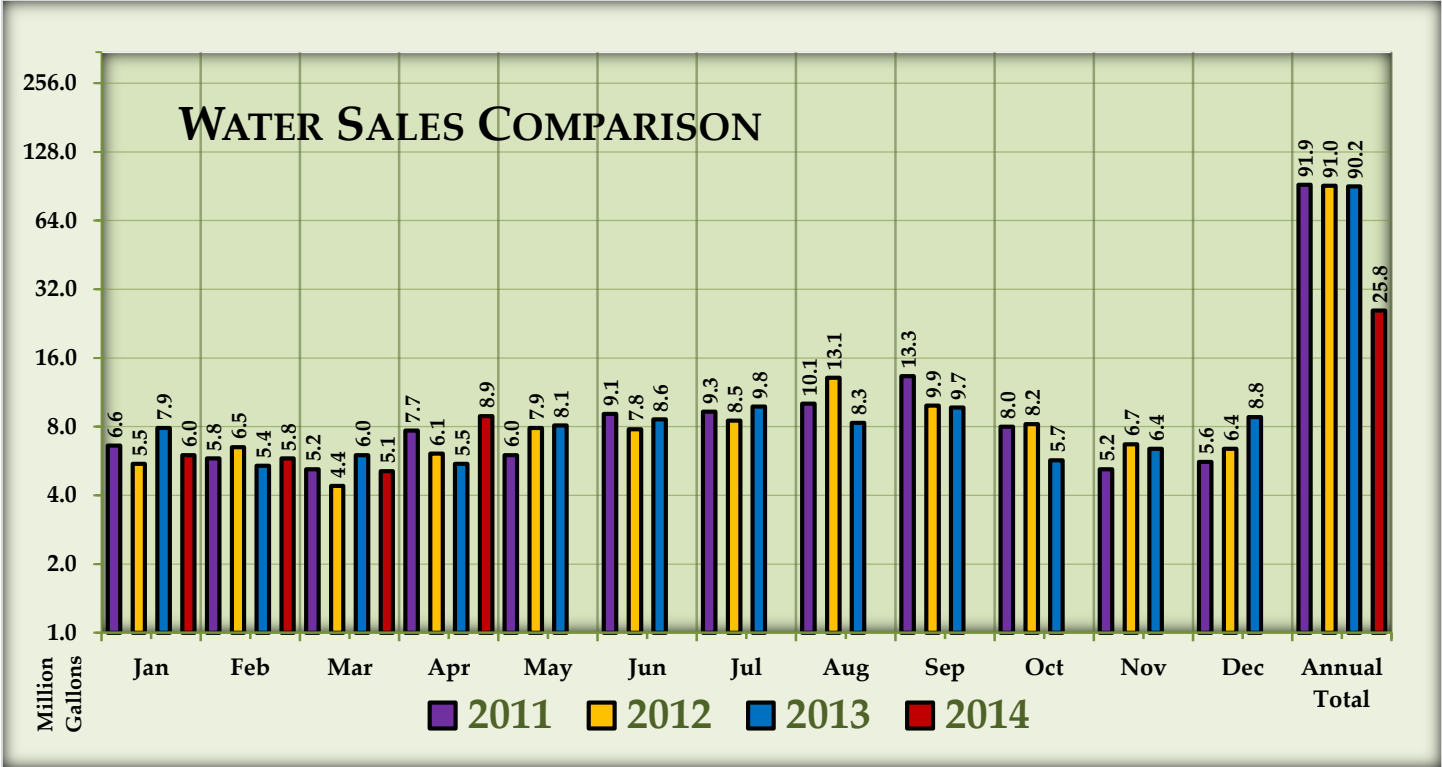
March 15, 2014 through April 15, 2014.

The Activity Period for this report is for the:

April 1, 2014 through April 31, 2014.

Water pumped from all wells in Metering Period	9.7 mg ¹
Water used by District in Metering Period	0.6 mg
Water sold in Metering Period	8.9 mg
Water lost to leaks in Metering Period	0.2 mg
Percent of water lost in Metering Period	2.1%
<hr/>	
Water pumped from all wells in 2014 to date	33.6 mg
Water used by the District in 2014 to date	4.6 mg
Water sold in 2014 to date	26.8 mg
Water lost to leaks in 2014 to date	2.2 mg
Percent of water lost in 2014 to date	6.5%
<hr/>	
Accounts billed for water in billing period (\$132,323)	2,675
Accounts billed a late fee in billing period (\$2,539)	285
Accounts 60 days past due in billing period (\$3,440)	69
Accounts secured with a lien (\$26,588)	27
Accounts locked off for nonpayment in billing period (\$550)	11
<hr/>	
Water quality complaints responded to in Activity Period	00
Locates requests in Activity Period	35
Number of customer valves installed in Activity Period	01

¹ Million Gallons



Water Quality Report:

The DOH released the 2014 "Water Quality Monitoring Schedule" on May 8, 2014. The 2014 Water Quality Monitoring Schedule increased the number of monthly coliform bacteria samples NBWD is required to take. Prior to May of 2013 NBWD collected five coliform bacteria a month. Beginning in May of 2014 NBWD will need to collect Six samples January through April, eight samples in May, nine samples June through September, eight samples in October and seven samples in November and December. NBWD will also need to submit a new coliform monitoring plan to be in compliance with DOH requirements. Gray and Osborne will include a Coliform Monitoring Plan In the WSP work. The additional work will add \$5,000 to the project.

Five coliform bacteria samples were collected from the distribution system submitted to a certified laboratory in April, 2014.

Five Samples tested satisfactory.

The Environmental Protection Agency (EPA) regulates disinfection byproducts in drinking water. NBWD tests for bromate (BrO_3^-) every month. The treatment plant uses ozone (O_3) as an oxidant to remove iron, manganese, and color. One of NBWD's raw water benign constituents is bromide (Br^-). If the dose of ozone is too high then the extra ozone not used to oxidize iron, manganese, and color will convert bromide to bromate ($\text{Br}^- + \text{O}_3 \rightarrow \text{BrO}_3^-$). According to the EPA, some people who drink water containing bromate in excess of the maximum contaminant level (MCL) of 0.010 mg/l have an increased risk of getting cancer.

NBWD tests for bromate once a month.

Test one result <0.005 mg/L (satisfactory)

In addition to federal and state mandated water quality tests The Treatment Plant Operator (TPO) monitors the water quality at the treatment plant and in the distribution system. The reasons for the extra water quality monitoring is to monitor the quality of the our source water, verify the treatment plant is operating at peak efficiency, and maintain the highest quality water possible is being delivered to our ratepayers. The water quality monitoring is part of the operation and maintenance plan.

In the treatment plant the raw water (well water) quality is tested regularly to monitor seasonal, inter-annual, and historical fluctuations. The TPO monitors eight constituents of the raw water. They are iron (Fe), manganese (Mn), color (Clr), pH, temperature (F°), tannic acid (Ta), silica (SiO_2), ammonia (NH_3). The treatment plant is designed to remove iron, manganese, and color. The TPO monitors iron, manganese, and color to

establish a baseline for removal efficiency of the treatment plant and to record raw water historical quality fluctuations. The TPO test for pH, temperature, tannic acid, silica, and ammonia because fluctuations in these constituents require adjustments to the operation protocols in the treatment plant and affect the quality of the finished water.

The TPO tests the finished water (post treatment) before it goes to storage for the same constituents at the raw water. All of this data is recorded every day. The general manager reviews the data regularly with the TPO to discuss trends and review operation protocols.

In the distribution system the TPO regularly tests for five drinking water constituents but may test for others based on conditions. The TPO regularly tests for color, temperature, pH, taste, and odor,. The TPO bases his need for reactionary water main flushing on the results of these tests.

If the color is between 15hu and 30hu the water main will be scheduled for a flush within the next week. If the color is above 30hu it will be scheduled for a flush within the next 24 hours.

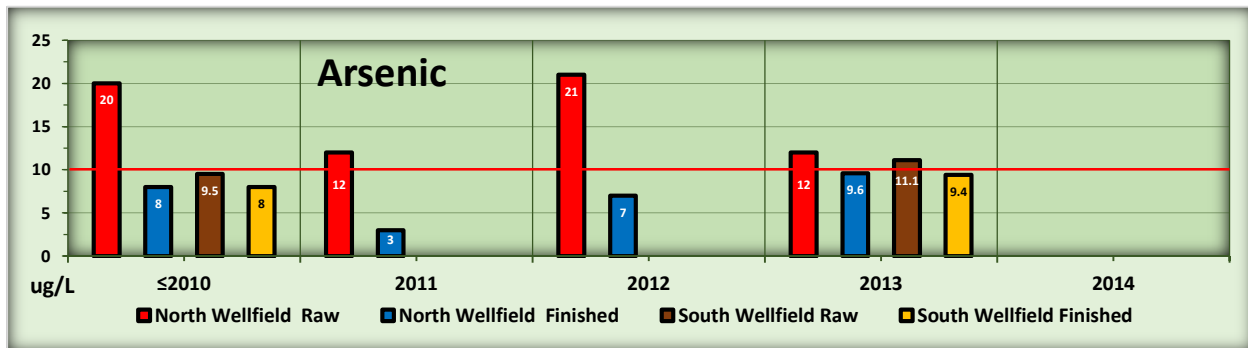
If the temperature is above 60°F the water main will be scheduled for a flush within the next week. If the water temperature is above 65°F it will be scheduled for a flush within the next 24 hours.

If the pH is below 6.8 or above 8.5 the water main will be scheduled for a flush within the next 24 hours.

If the TPO detects a taste or odor condition the water main will be scheduled for a flush within the next 24 hours.

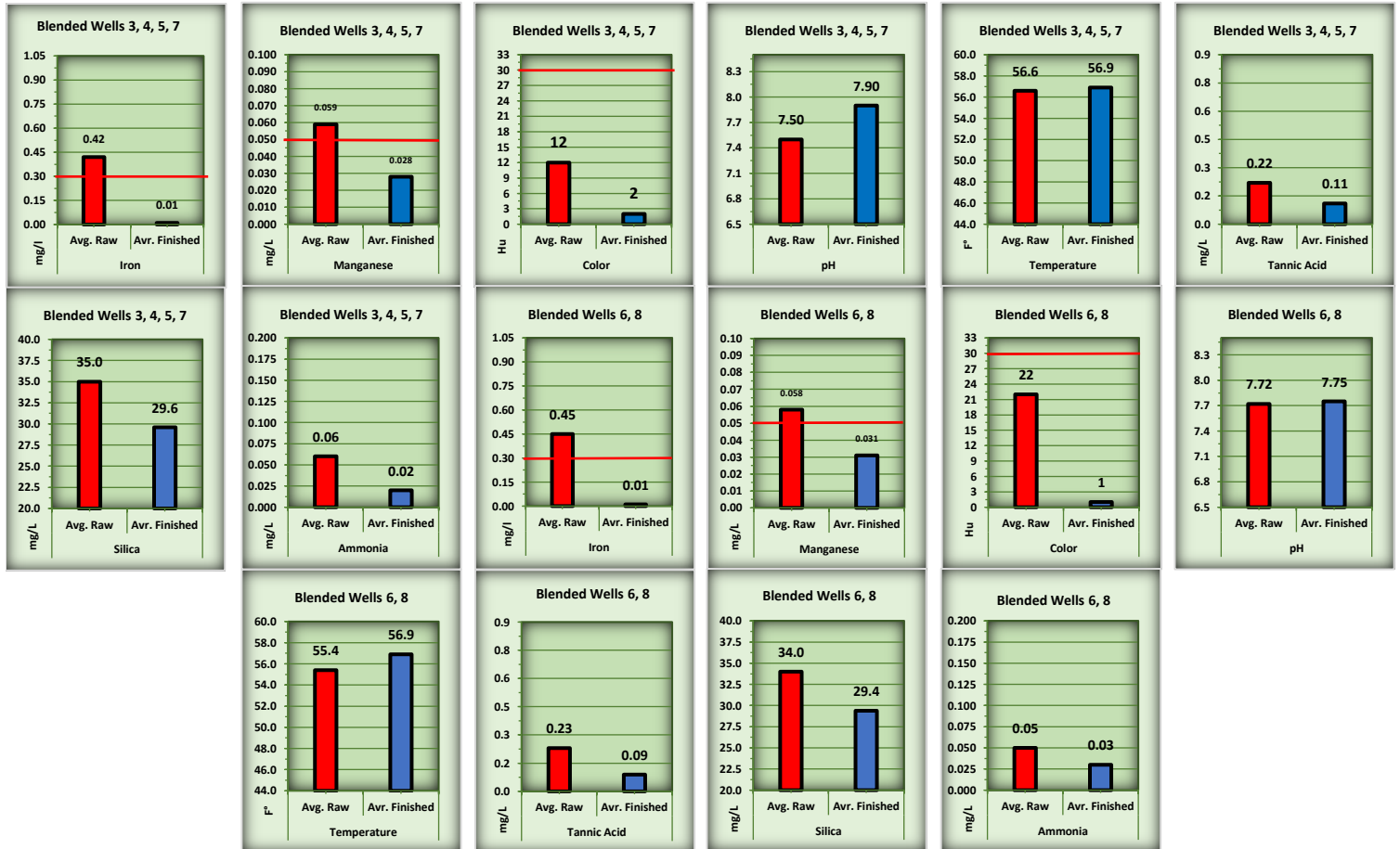
NBWD is scheduled to test for the following contaminants during 2014:

Arsenic: Raw Water arsenic levels are slightly above the MCL (10 ug/L²). The Treatment Plant reduces the residuals to below the MCL as the chart below indicates:

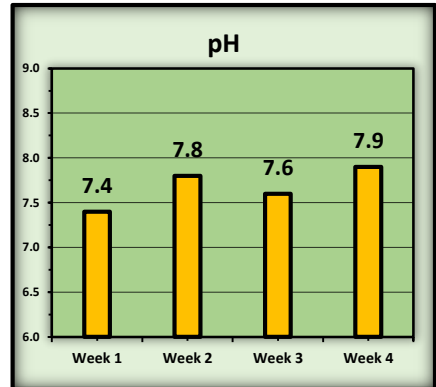
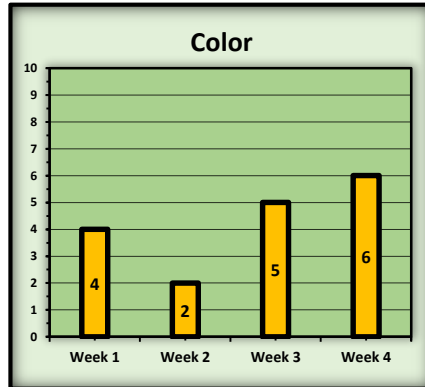
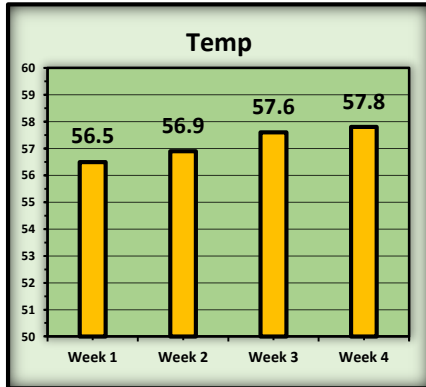


² Ug/L means: micrograms per liter or part per billion. There are 100,000 drops of water in a gallon. One drop of Arsenic in 1,000 gallons would be approximately 10 ug/L.

Treatment Plant Water Quality Report				Iron		Manganese		Color		pH		Temperature		Tannic Acid		Silica		Ammonia	
Apr-14				Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished
Well Source	Status	Gallons Pumped																	
Blended #1	S03	Back up	-	0.42	0.01	0.059	0.028	12	2	7.50	7.90	56.6	56.9	0.22	0.11	35.0	29.6	0.06	0.02
	S04	Active	3,519,600																
	S05	Active	1,313,400																
	S08	Back up	-																
Blended #2	S07	Active	2,942,600	0.45	0.01	0.058	0.031	22	1	7.72	7.75	55.4	56.9	0.23	0.09	34.0	29.4	0.05	0.03
	S09	Active	1,875,600																
Blended #3	S01	Back up	-																
	S02	Back up	-																
Blended #4	S10	Off line	-																
	S11	Off line	-																
	S12	Off line	-																



Distribution Water Quality:



DWSRF Projects:

Project 129 - Supply and Treatment Project. Gray and Osborne is working on plans and specifications for the South Well Field and the Wiegardt Well Field. Plans and specifications will be ready for bidding in the September. The Work will be completed in December - March The North and South Well Fields will on line for the spring and summer of 2015. Bid documents for the North Well Field improvements will be issued in the late summer of 2015. The work will be completed in the fall and winter of 2015-2016.

DM-952-129 DWSRF Original Contract Award	\$2,190,631	Award Budget	Award Budget Remaining	Award Earned Forgiveness Amount
Loan Fee	\$ -	\$ 2,190,631	\$ 2,190,631	\$ 657,189
Friday, July 12, 2013	Request #: 1	\$ 20,236	\$ 2,170,395	\$ 6,071
Wednesday, July 31, 2013	Request #: 2	\$ 22,808	\$ 2,147,587	\$ 6,842
Tuesday, August 6, 2013	Request #: 3	\$ 2,553	\$ 2,145,034	\$ 766
Friday, August 30, 2013	Request #: 4	\$ 38,679	\$ 2,106,356	\$ 11,604
Monday, September 30, 2013	Request #: 5	\$ 46,751	\$ 2,059,605	\$ 14,025
Monday, November 4, 2013	Request #: 6	\$ 9,134	\$ 2,050,471	\$ 2,740
Monday, December 2, 2013	Request #: 7	\$ 4,053	\$ 2,046,418	\$ 1,216
Tuesday, January 7, 2014	Request #: 8	\$ 59,356	\$ 1,987,062	\$ 17,807
Monday, February 3, 2014	Request #: 9	\$ 38,558	\$ 1,948,504	\$ 11,567
Wednesday, March 5, 2014	Request #: 10	\$ 22,909	\$ 1,925,595	\$ 6,873
Monday, April 7, 2014	Request #: 11	\$ 39,451	\$ 1,886,145	\$ 11,835
Thursday, May 8, 2014	Request #: 12	\$ 13,061	\$ 1,873,083	\$ 3,918
Monday, May 19, 2014	Totals:	\$ 317,548	\$ 1,873,083	\$ 95,264

Project 121 - Water Main Project.

There was no action on the Water Main Project in April, 2014. We are still waiting on a mitigation plan from WSDOT for the Tree on the SW Corner of U Street and Bay Avenue. We are still waiting for a letter from Pacific County Public Works accepting the restoration work in the Right-of-ways by Big River Construction.

DM 12-952-121 DWSRF Original Contract Award	\$ 891,123	Award Budget	Award Budget Remaining
Loan Fee	\$ 8,823	\$ 882,300	\$ 882,300
Friday, July 12, 2013	Request #: 1	\$ 34,387	\$ 847,913
Thursday, August 8, 2013	Request #: 2	\$ 12,999	\$ 834,915
Monday, September 30, 2013	Request #: 3	\$ 19,506	\$ 815,408
Monday, November 4, 2013	Request #: 4	\$ 9,126	\$ 806,282
Friday, December 20, 2013	Request #: 5	\$ 8,347	\$ 797,935
Friday, January 3, 2014	Request #: 6	\$ 86,632	\$ 711,303
Monday, February 3, 2014	Request #: 7	\$ 177,502	\$ 533,800
Thursday, March 6, 2014	Request #: 8	\$ 141,546	\$ 392,254
Monday, April 7, 2014	Request #: 9	\$ 130,589	\$ 261,665
Thursday, May 8, 2014	Request #: 10	\$ 12,605	\$ 249,060
Monday, May 19, 2014	Totals:	\$ 633,240	\$ 249,060

Water Revenue Bond Project Fund:

No funds were expended for the Water Revenue Bond Project Fund in April.

Bond Project Fund - Opened July 18, 2013		\$ 1,162,393	Balance
Date	Description		
1-Sep-14	Reimbursement for bond issuance expense	(\$25,775.00)	\$ 1,136,617.64
1-Dec-14	Reimbursement for Wiegardt Property Purchase	(\$116,874.39)	\$ 1,019,743.25
1-Dec-14	Reimbursement for Driftmier Architects, P.S.	(\$1,606.56)	\$ 1,018,136.69
1-Jan-14	Reimbursement for Driftmier Architects, P.S.	(\$4,775.45)	\$ 1,013,361.24
1-Feb-14	Reimbursement for Driftmier Architects, P.S.	(\$535.46)	\$ 1,012,825.78

245th Street Water Main Loop Project:

We are still waiting on WSDOT to issue the permit for the crossing of SR 101.

Water System Plan:

Gray and Osborne has been working on the plan for a couple of months. I hope to have some draft elements of the plan for review soon. I should have some draft planning elements for review in the near early June.

I attended two meetings associated with the WSP. One with the Gray and Osborne engineer Mike Johnson and one with the Gray & Osborne engineer Mike Johnson and DOH engineers Teresa Walker and Mike Mazeski. The pre-planning meeting (March 27, 2014 in Olympia) was pivotal. The DOH provided a Mike Johnson and the District to work from in preparing the WSP. The checklist and discussion included encouragement that the District be comprehensive and organized in the planning documents submitted to the DOH. Karen Klocke and Teresa Walker reviewed the 2008 WSP. In February 11, 2008 they responded to the WSP submittal by letter requiring more concise information on twenty nine points before they could approve the plan. After many delays and marginal compliance from the PDA and its engineer on the requests for more detailed data the plan received final approval on November 11, 2008. Teresa expressed a desire to have a more professional comprehensive plan submitted by the District this time around. I assured her that was the District's goal also.

Rate Study:

FCS group has been collecting data from Jack and myself for several weeks. Jack and I had a conference with Angie Sanchez Virnoche and Catherine Otten from FCS via the telephone on Tuesday May 6, 2014. Task one: Data Collection and Validation and Task Two: Revenue Requirements are being worked on now.

Safety Meeting Minutes:

North Beach Water District staff meet for their monthly Safety meeting on the first Monday of the Month.

Attachments:

- o Water Sample Results
 - o Coliform Bacteria Sample Results
 - o Bromate
- o DOC Vender Distribution Form for DM12-952-129 (Supply and Treatment Project)
- o DOC Vender Distribution Form for DM12-952-121 (Water Main Project)

- o 2014 Water Quality Monitoring Report
- o Water System Plan Checklist - March 27, 2014
- o February 11, 2008 letter from DOH to RD Williams Re: Water System Plan
- o April, 11 2008 letter from Thomas J. Frare, PE to DOH Re: Response to DOH February, 11 2008 letter
- o November 12, 2008 letter from DOH to RD Williams Re: Water System Plan Approval
- o Surfside November/December Report

End of Report

SR# K1403250-001



ALS Environmental
1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

Date Sample Collected <u>4/1/14</u> Month Day Year	Time Sample Collected <u>2:00</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <u>Pacific</u>
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REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480

Type of Water System (check only one box)

Group A Group B Private Household Other _____

SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):

ID# 63000C

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

System Name: North Beach Water

Contact Person: William Neal

Day Phone: 360-665-4194 Cell Phone: 360-244-0668

Eve. Phone: 360-244-0668 FAX: 360-665-4641

Send results to: (Print full name, address and zip code)
PO Box 618
Ocean Park, WA 98640

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

SAMPLE INFORMATION

Sample collected by (name): Nick Morrison

Specific location where sample collected: <u>NSS#8</u> <u>1719 264th PL Ocean Park WA</u>	Special instructions or comments:
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When fecal coliforms or E. coli are reported present in a sample, the IMMEDIATE ACTION REQUIRED by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480.
3. Publicly notify the users of public water systems as specified in WAC 246-290-490.
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

<p><input checked="" type="checkbox"/> #1. Routine Distribution Sample</p> <p>Chlorinated: Yes _____ No <input checked="" type="checkbox"/></p> <p>Chlorine Residual: Total _____ Free _____</p>	<p><input type="checkbox"/> #2. Repeat Sample (after unsat. routine)</p> <p><input type="checkbox"/> Distribution System</p> <p><input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number: <u>017</u></p> <p>Unsatisfactory routine collect date: _____/_____/_____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p><input type="checkbox"/> #3. Raw Water Source Sample</p> <p><input type="checkbox"/> E. coli - GWR source sample</p> <p><input type="checkbox"/> Fecal - Surface, GWI, some springs</p> <p><input type="checkbox"/> Other</p> <p><u>S</u> _____</p> <p>Public systems must provide source number from WFI</p>	

TEST UNSUITABLE: Resample immediately

"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible. "TNC" means bacteria are too numerous to count. "Excess Debris" means that particulates in the water interfere with the interpretation of test results. "Turbid Culture" means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.) Insufficient volume. (Sample must be at least 100 ml) If not tested, a new sample must be submitted for analysis.

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		

FOR ADDITIONAL INFORMATION:

Contact your local health department OR the laboratory where this sample was tested OR the Department of Health, Drinking Water Program Regional Office.

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

Regional DOH - (360) 236-3030
Cowlitz County - (360) 414-5599
Lewis County - (800) 562-6130
Pacific County - (360) 875-9356

Bacterial Density Results: Plate Count _____/ml. E. coli _____/100ml.

Total Coliform _____/100ml. Fecal Coliform _____/100ml.

Method Code: <u>SM9223B</u>	Date, Time and Temp Received: <u>4/2/14 1240 PM</u>
MIQR- _____	Date Reported: <u>04/05/14</u>
Date Analyzed: <u>04/02/14</u>	Lab Use Only: <u>4/2/14</u>
Sample Number (DOH number plus five digits): <u>017-32521</u>	

SR# K1403252-002



ALS Environmental
1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 4 / 1 / 14 Month Day Year	Time Sample Collected 1:50 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Pacific
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Type of Water System (check only one box)

Group A Group B Private Household Other _____

Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):

ID# 630000C

System Name: North Beach Water

Contact Person: William Neal

Day Phone: 360-665-4111 Cell Phone: 360-244-0068

Eve. Phone: 360-244-0068 FAX: 360-665-4641

Send results to: (Print full name, address and zip code)
Po Box 618
Ocean Park, WA 98610

SAMPLE INFORMATION

Sample collected by (name): Nick Morrison

Specific location where sample collected: NSS #1
26200 Sandridge Rd Ocean Park

Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

<p>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes _____ No <input checked="" type="checkbox"/></p> <p>Chlorine Residual: Total _____ Free _____</p>	<p>#2. Repeat Sample (after unsat. routine)</p> <p><input type="checkbox"/> Distribution System</p> <p><input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number: <u>017</u></p> <p>Unsatisfactory routine collect date: _____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>#3. Raw Water Source Sample</p> <p><input type="checkbox"/> E. coli - GWR source sample</p> <p><input type="checkbox"/> Fecal - Surface, GWI, some springs</p> <p><input type="checkbox"/> Other</p> <p><u>S</u> _____</p> <p>Public systems must provide source number from WFI</p>	

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent		

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E. coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: <u>3849223B</u>	Date, Time and Temp Received: <u>4/2/14 12:40 PM</u>
MICR- _____	Date Reported: <u>04/05/14</u>
Date Analyzed: <u>04/02/14</u>	Lab Use Only: <u>4/2/14</u>
Sample Number (DOH number plus five digits): <u>017-32522</u>	

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480

SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480.
3. Publicly notify the users of public water systems as specified in WAC 246-290-480.
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately

"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible. "TNC" means bacteria are too numerous to count. "Excess Debris" means that particulates in the water interfere with the interpretation of test results. "Turbid Culture" means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.) Insufficient volume. (Sample must be at least 100 ml) If not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

Contact your local health department OR the laboratory where this sample was tested OR the Department of Health, Drinking Water Program Regional Office.

Regional DOH - (360) 236-3030
Cowlitz County - (360) 414-5599
Lewis County - (800) 562-6130
Pacific County - (360) 875-9356

SR# K1403262-003



ALS Environmental
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COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>4 / 1 / 14</u> Month Day Year	Time Sample Collected <u>2:35</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <u>Pacific</u>
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Type of Water System (check only one box) Private Household
 Group A Group B Other _____

Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):
 ID# 63000C

System Name: North Beach Water

Contact Person: William Neal

Day Phone: (360)-665-4144 Cell Phone: (360)-244-0668

Eve. Phone: (360)-244-0068 FAX: (360)-665-4641

Send results to: (Print full name, address and zip code)
PO Box 618
Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): Nick Morrison

Specific location where sample collected: VSS #10
1212 24th PL Ocean Park WA

Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

#1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No <input checked="" type="checkbox"/> Chlorine Residual: Total _____ Free _____	#2. Repeat Sample (after unsat. routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: <u>0 1 7 -</u> Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____

#4. Sample Collected for Information Only
 Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> <i>E. coli</i> present	<input type="checkbox"/> <i>E. coli</i> absent	

Replacement Sample Required:
 Sample too old (>30 hours) TNTC _____
 Improper Container Turbid culture

Bacterial Density Results: Plate Count _____ /ml. *E. coli* _____ /100ml.
 Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: <u>SM9223B</u>	Date, Time and Temp Received: <u>4/2/14 1240 SUC</u>
Date Analyzed: <u>04/02/14</u>	Date Reported: <u>04/05/14</u>
Sample Number (DOH number plus five digits): <u>0 1 7 - 32523</u>	Lab Use Only: <u>4/2/14</u>

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480

SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or *E. coli* are reported present in a sample, the **IMMEDIATE ACTION REQUIRED** by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480.
3. Publicly notify the users of public water systems as specified in WAC 246-290-480.
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample immediately

"Confluent Growth" means bacteria have grown into a continuous mass which makes counting impossible. "TNC" means bacteria are too numerous to count. "Excess Debris" means that particulates in the water interfere with the interpretation of test results. "Turbid Culture" means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.) insufficient volume. (Sample must be at least 100 ml) if not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

Contact your local health department OR the laboratory where this sample was tested OR the Department of Health, Drinking Water Program Regional Office.

Regional DOH - (360) 236-3030
Cowlitz County - (360) 414-5599
Lewis County - (800) 562-6130
Pacific County - (360) 875-9356



ALS Environmental

1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>4</u> / <u>1</u> / <u>14</u> Month Day Year	Time Sample Collected <u>2</u> : <u>20</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <u>Pacific</u>
--	--	--------------------------

Type of Water System (check only one box) Private Household
 Group A Group B Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
 ID# 63000C

System Name: North Beach Water

Contact Person: William Neal

Day Phone: (360)-665-4144 Cell Phone: (360)-244-0068

Eve. Phone: (360)-244-0068 FAX: (360)-665-4144

Send results to: (Print full name, address and zip code)
P.O. Box 618
Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): Nick Morrison

Specific location where sample collected: N55 #9
27900 0 St Ocean Park WA

Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

<p>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes _____ No <input checked="" type="checkbox"/></p> <p>Chlorine Residual: Total _____ Free _____</p>	<p>#2. Repeat Sample (after unsat. routine)</p> <p><input type="checkbox"/> Distribution System</p> <p><input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number: <u>0 1 7 -</u></p> <p>Unsatisfactory routine collect date: _____ / _____ / _____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>#3. Raw Water Source Sample</p> <p><input type="checkbox"/> E.coli – GWR source sample</p> <p><input type="checkbox"/> Fecal – Surface, GWI, some springs</p> <p><input type="checkbox"/> Other</p> <p><u>S</u> _____</p> <p>Public systems must provide source number from WFI</p>	

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent		

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.

Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: <u>3m9223B</u>	Date, Time and Temp Received: <u>4/12/14 1240 PM</u>
MICR- _____	Date Analyzed: <u>04/02/14</u>
Date Analyzed: <u>04/02/14</u>	Date Reported: <u>04/05/14</u>
Sample Number (DOH number plus five digits): <u>0 1 7 - 32524</u>	Lab Use Only: <u>4/12/14</u>

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480

SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

When fecal coliforms or E. coli are reported present in a sample, the IMMEDIATE ACTION REQUIRED by a Public System is:

1. Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
2. Submit repeat samples as specified in WAC 246-290-480.
3. Publicly notify the users of public water systems as specified in WAC 246-290-480.
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample Immediately
“Confluent Growth” means bacteria have grown into a continuous mass which makes counting impossible. “TNC” means bacteria are too numerous to count. “Excess Debris” means that particulates in the water interfere with the interpretation of test results. “Turbid Culture” means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:

Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.) Insufficient volume. (Sample must be at least 100 ml) if not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:

Contact your local health department OR the laboratory where this sample was tested OR the Department of Health, Drinking Water Program Regional Office.

Regional DOH - (360) 236-3030
Cowlitz County - (360) 414-5599
Lewis County - (800) 562-6130
Pacific County - (360) 875-9356

SR# K1403252-005



ALS Environmental
1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 4/11/14 Month Day Year	Time Sample Collected 1:30 PM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Pacific
--	--	-------------------

Type of Water System (check only one box)
 Group A Group B Private Household Other _____

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
 ID# 630000C

System Name: North Beach Water

Contact Person: William Yeal

Day Phone: (360)-665-4144 Cell Phone: (360) 244-0068
 Eve. Phone: (360)-244-0068 FAX: (360)-665-4641

Send results to: (Print full name, address and zip code)
P.O. Box 618
Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): Nick Morrison

Specific location where sample collected: VSS #6 3314 281st St Ocean Park
 Special instructions or comments:

Type of Sample (MUST CHECK ONLY ONE BOX OF #1 THROUGH #4 LISTED BELOW)

<p>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes _____ No <input checked="" type="checkbox"/></p> <p>Chlorine Residual: Total _____ Free _____</p>	<p>#2. Repeat Sample (after unsat. routine)</p> <p><input type="checkbox"/> Distribution System</p> <p><input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less)</p> <p>Unsatisfactory routine lab number: <u>017</u></p> <p>Unsatisfactory routine collect date: _____/_____/_____</p> <p>Chlorinated: Yes _____ No _____</p> <p>Chlorine Residual: Total _____ Free _____</p>
<p>#3. Raw Water Source Sample</p> <p><input type="checkbox"/> E.coli – GWR source sample</p> <p><input type="checkbox"/> Fecal – Surface, GWI, some springs</p> <p><input type="checkbox"/> Other</p> <p><u>S</u> _____</p> <p>Public systems must provide source number from WFI</p>	

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

LAB USE ONLY	DRINKING WATER RESULTS	LAB USE ONLY
<input type="checkbox"/> Unsatisfactory Total Coliform Present and		<input checked="" type="checkbox"/> Satisfactory
<input type="checkbox"/> E.coli present <input type="checkbox"/> E.coli absent		

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

Bacterial Density Results: Plate Count _____ /ml. E.coli _____ /100ml.
 Total Coliform _____ /100ml. Fecal Coliform _____ /100ml.

Method Code: <u>SM9223B</u>	Date, Time and Temp Received: <u>4/2/14 1240 hr</u>
MICR- _____	Date Reported: <u>04/05/14</u>
Date Analyzed: <u>04/02/14</u>	Lab Use Only: <u>W/11M</u>
Sample Number (DOH number plus five digits): <u>017-32525</u>	

INTERPRETATION OF RESULTS FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of coliform organisms in the water and indicates the bacteriological quality of the sample. The presence of coliform organisms is used by health organizations worldwide as an indicator for the possible presence of other disease causing organisms.

REPORTING OF RESULTS:

Group A Public Water Systems must report the results of Drinking Water Analysis to the State as specified in WAC 246-290-480

SATISFACTORY RESULTS:

The absence of coliforms from any sample is satisfactory. Proper system maintenance and bacteriological monitoring should be continued routinely to insure the safety of the water supply.

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

The presence of coliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. Unsatisfactory samples should be investigated IMMEDIATELY and repeat samples submitted. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

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3. Publicly notify the users of public water systems as specified in WAC 246-290-480
4. Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

TEST UNSUITABLE: Resample immediately
“Confluent Growth” means bacteria have grown into a continuous mass which makes counting impossible. “TNC” means bacteria are too numerous to count. “Excess Debris” means that particulates in the water interfere with the interpretation of test results. “Turbid Culture” means overgrowth of other bacteria can interfere with coliform analysis. If any box indicating an unsuitable test is checked, the presence of coliform bacteria could not be determined and a new sample must be obtained for testing.

RESAMPLE:
Sample too old. (Sample to be tested must be received within 30 hours). Not in proper container. (Bottle to be used for testing must be purchased from a certified lab within 6 months.) insufficient volume. (Sample must be at least 100 ml) if not tested, a new sample must be submitted for analysis.

FOR ADDITIONAL INFORMATION:
Contact your local health department OR the laboratory where this sample was tested OR the Department of Health, Drinking Water Program Regional Office.

Regional DOH - (360) 236-3030
Cowlitz County - (360) 414-5599
Lewis County - (800) 562-6130
Pacific County - (360) 875-9356



ALS Environmental
 1317 South 13th Avenue
 Kelso, WA 98626
BROMATE TEST PANEL
(Bromate by EPA Methods 300.1)
for the State of Washington
REPORT OF ANALYSIS

Date Collected: (MM/DD/YY) 04/01/14	System Group Type: (A,B,Other): A
Water System ID Number: 63000C	System Name: North Beach water
Lab Sample Number: 01732771	County: Pacific
Sample Location: 2212 272nd St Ocean Park	Source Number(s): S06
Sample Purpose: Select One	Date Received: 04/02/14
<input checked="" type="checkbox"/> RC- Routine/Compliance	Date Analyzed: 04/02/14
<input type="checkbox"/> C- Confirmation	Date Reported: 04/11/14
<input type="checkbox"/> Investigative	Comments: K1403277-001
<input type="checkbox"/> Other(specify)	
Sample Composition: Select One	Sample Type: (Select One)
<input checked="" type="checkbox"/> S- Single Source	<input type="checkbox"/> Pre-Treatment/Raw
<input type="checkbox"/> B- Blended (List multiple source numbers)	<input checked="" type="checkbox"/> Post-Treatment/Finished
<input type="checkbox"/> C- Composite	<input type="checkbox"/> Unknown
<input type="checkbox"/> D- Distribution sample	Sample Collected by: Nick Morrison
Send Report to: North Beach Water	Phone Number: 360-244-0068
	Bill to: Same

DOH #	ANALYTES	RESULTS	UNITS	SRL	TRIGGER	MCL		Method	Analyst
0419	BROMATE	<0.005	mg/L	0.005	0.005	0.010		300.1	NB

NOTES:

SRL (State Reporting Level): indicates the minimum reporting level required by the Washington Department of Health (DOH).

Trigger Level: DOH Drinking Water Response Level. Systems with compounds detected at concentrations in excess of this level are required to take additional samples. Contact your regional DOH office for further information.

MCL (Maximum Contaminant Level): If the contaminant amount exceeds the MCL, immediately contact your regional DOH office.

NA (Not Analyzed): in the results column indicates this compound was not included in the current analysis.

ND (Not Detected): in the results column indicates this compound was analyzed and not detected at a level greater than or equal to the SRL.

<(0.00X): indicates the compound was not detected in the sample at or above the concentration indicated.

(lab mdl) lower than the SRL.

Comments: _____



WASHINGTON STATE
DEPARTMENT OF COMMERCE

Form
A19-1A

VOUCHER DISTRIBUTION
DEPARTMENT OF COMMERCE
PO BOX 42525
OLYMPIA, WA 98504-2525

AGENCY NUMBER

Short Code

Commerce Contract Number

1030

DM12-952-129

VENDOR OR CLAIMANT (Warrant is to be payable to:)

North Beach Water District
PO Box 618
Ocean Park WA, 98640

INSTRUCTIONS TO VENDOR OR CLAIMANT:

Submit this form to claim payment for materials, merchandise, or services.
Show complete detail for each item.

Vendor's Certificate: The individual signing this voucher below warrants they have the authority to do so as authorized and on the behalf of the entity identified in the Vendor/Client section. The individual signing below certifies under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.

Contact Person: Jack McCarty
Phone: (360) 665-4144
Contract Period: 11/29/2012 - 11/29/2036
Report Period: 5/1/2013 - 6/25/2013

By:

[Signature]



(SIGN IN BLUE INK)

General Manager
(TITLE)

7-12-13
(DATE)

Original Contract Amount		\$2,190,631			
Loan Fee (if any)		\$0			
Date	DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract Amount	\$2,190,631			\$2,190,631
	Request #1				
5/1/2013	Invoice 13224.01-1 / Gray & Osborne, Inc / Wellfield Drilling & Testing			\$279.18	
5/28/2013	Invoice 13224.01-2 / Gray & Osborne, Inc / Wellfield Drilling & Testing			\$348.88	
6/25/2013	Invoice 13224.01-3 / Gray & Osborne, Inc / Wellfield Drilling & Testing			\$1,602.87	
5/1/2013	Invoice 13224.02-2 / Gray & Osborne, Inc / Supply & Treatment Project			\$2,731.20	
5/28/2013	Invoice 13224.02-3 / Gray & Osborne, Inc / Supply & Treatment Project			\$11,220.71	
6/25/2013	Invoice 13224.02-4 / Gray & Osborne, Inc / Supply & Treatment Project			\$4,053.17	
Totals				\$20,236.01	\$2,170,395

Match: Year / Dollars / Coding				PROGRAM APPROVAL (The individual signing this voucher warrants they have the authority to sign this voucher)				DATE	
DOC DATE		CURRENT DOC. NO.		REFERENCE DOC NO.		VENDOR NUMBER and SUFFIX SWV0110176 00			
ACCOUNT NO.				ASD NUMBER 27010		VENDOR MESSAGE			
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB OBJ	GL	ACCT	SUBSID	AMOUNT	INVOICE
									DM12-952-129
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT							DATE		WARRANT TOTAL
ACCOUNTING APPROVAL FOR PAYMENT							DATE		

 WASHINGTON STATE DEPARTMENT OF COMMERCE			AGENCY NUMBER 1030			Short Code			Commerce Contract Number DM12-952-129		
Form A19-1A			VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 98504-2525								
VENDOR OR CLAIMANT (Warrant is to be payable to): North Beach Water District PO Box 618 Ocean Park WA, 98640						INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item. Vendor's Certificate: The individual signing this voucher below warrants they have the authority to do so as authorized and on the behalf of the entity identified in the Vendor/Client section. The individual signing below certifies under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.					
Contact Person: Phone: Contract Period Report Period			Jack McCarty (360) 665-4144 11/29/2012 - 11/29/2036 6/1/2012 - 7/3/2013			By:  (SIGN IN BLUE INK)			General Manager (TITLE) 7/31/2013 (DATE)		
Original Contract Amount			\$2,190,631			Loan Fee (if any)			\$0		
Date	DESCRIPTION			Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance				
	Net Contract Amount			\$2,190,631	\$20,236.01		\$2,170,395				
	Request #2										
	See Attached Invoice List										
				Totals		\$22,807.88	\$2,147,587				

Match: Year / Dollars / Coding				PROGRAM APPROVAL (the individual signing this voucher warrants they have the authority to sign this voucher)					DATE	
DOC DATE		CURRENT DOC. NO.		REFERENCE DOC. NO.		VENDOR NUMBER and SUFFIX SWV0110176 00				
ACCOUNT NO.				ASD NUMBER		VENDOR MESSAGE				
				27010						
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL	ACCT	SUBSID	AMOUNT	INVOICE	
									DM12-952-129	
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT							DATE		WARRANT TOTAL	
ACCOUNTING APPROVAL FOR PAYMENT							DATE			



**WASHINGTON STATE
DEPARTMENT OF COMMERCE**

Form
A19-1A

VOUCHER DISTRIBUTION
DEPARTMENT OF COMMERCE
PO BOX 42525
OLYMPIA, WA 98504-2525

AGENCY NUMBER 1030	Short Code	Commerce Contract Number DM12-952-129
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VENDOR OR CLAIMANT (Warrant is to be payable to):

 North Beach Water District
 PO Box 618
 Ocean Park WA, 98640

INSTRUCTIONS TO VENDOR OR CLAIMANT:
 Submit this form to claim payment for materials, merchandise, or services.
 Show complete detail for each item.

 Vendor's Certificate: The individual signing this voucher below warrants they have the authority to do so as authorized and on the behalf of the entity identified in the Vendor/Client section. The individual signing below certifies under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.

Contact Person: **Jack McCarty**
 Phone: **(360) 665-4144**
 Contract Period: **11/29/2012 - 11/29/2036**
 Report Period: **7/1/2013 - 8/29/2013**

By: 
 General Manager
 (TITLE)
 8/30/2013
 (DATE)

Original Contract Amount			\$2,190,631		
Loan Fee (if any)			\$0		
Date	DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract Amount	\$2,190,631	\$45,596.62		\$2,145,034
	Request #4				
8/5/2013	Invoice # 13-757 / Robinson Noble / New Well Testing Consultant			\$79.00	
8/30/2013	Invoice # 13-821 / Robinson Noble / New Well Testing Consultant			\$13,950.40	
8/24/2013	Bison Well Drilling & Septic / Drilling Of New Well			\$24,649.42	
Totals				\$38,678.82	\$2,106,356

Match: Year / Dollars / Coding				PROGRAM APPROVAL (The individual signing this voucher warrants they have the authority to sign this voucher)				DATE			
DOC DATE				CURRENT DOC. NO.		REFERENCE DOC NO.		VENDOR NUMBER and SUFFIX SWV0110176 00			
ACCOUNT NO.				ASD NUMBER 27010		VENDOR MESSAGE					
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL	ACCT	SUBSID	AMOUNT	INVOICE		
									DM12-952-129		
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT							DATE		WARRANT TOTAL		
ACCOUNTING APPROVAL FOR PAYMENT							DATE				



WASHINGTON STATE
DEPARTMENT OF COMMERCE

Form
A19-1A

VOUCHER DISTRIBUTION
DEPARTMENT OF COMMERCE
PO BOX 42525
OLYMPIA, WA 98504-2525

AGENCY NUMBER

Short Code

Commerce Contract Number

1030

DM12-952-129

VENDOR OR CLAIMANT (Warrant is to be payable to:)

North Beach Water District
PO Box 618
Ocean Park WA, 98640

INSTRUCTIONS TO VENDOR OR CLAIMANT:

Submit this form to claim payment for materials, merchandise, or services.
Show complete detail for each item.

Vendor's Certificate: The individual signing this voucher below warrants they have the authority to do so as authorized and on the behalf of the entity identified in the Vendor/Client section. The individual signing below certifies under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.

Contact Person: Jack McCarty
Phone: (360) 665-4144
Contract Period: 11/29/2012 - 11/29/2036
Report Period: 8/19/2013 - 9/24/2013

By:

(SIGN IN BLUE INK)

General Manager
(TITLE)

9/30/2013
(DATE)

Original Contract Amount		\$2,190,631			
Loan Fee (if any)		\$0			
Date	DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance
Net Contract Amount		\$2,190,631	\$84,275.44		\$2,106,356
Request #5					
8/19/2013	Invoice #13224.01-5 / Gray & Osborne / Well Drilling & Testing			\$2,541.06	
9/17/2013	Invoice #13224.01-6 / Gray & Osborne / Well Drilling & Testing			\$898.79	
8/19/2013	Invoice #13224.02-6 / Gray & Osborne / Supply & Treatment Project			\$270.09	
9/17/2013	Invoice #13224.02-7 / Gray & Osborne / Supply & Treatment Project			\$3,458.34	
9/18/2013	Invoice #13-903 / Robinson Noble / Well Drilling & Testing			\$5,912.60	
9/24/2013	Bison Well Drilling & Septic / Drilling Of New Well			\$33,669.85	
Totals				\$46,750.73	\$2,059,605

Match: Year / Dollars / Coding				PROGRAM APPROVAL (The individual signing this voucher warrants they have the authority to sign this voucher)				DATE	
DOC DATE		CURRENT DOC. NO.		REFERENCE DOC. NO.		VENDOR NUMBER and SUFFIX SWV0110176 00			
ACCOUNT NO.				ASD NUMBER 27010		VENDOR MESSAGE			
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB OBJ	GL	ACCT	SUBSID	AMOUNT	INVOICE
									DM12-952-129
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT								DATE	
ACCOUNTING APPROVAL FOR PAYMENT								DATE	
								WARRANT TOTAL	



WASHINGTON STATE
DEPARTMENT OF COMMERCE

Form
A19-1A

VOUCHER DISTRIBUTION
DEPARTMENT OF COMMERCE
PO BOX 42525
OLYMPIA, WA 98504-2525

AGENCY NUMBER

Short Code

Commerce Contract Number

1030

DM12-952-129

VENDOR OR CLAIMANT (Warrant is to be payable to:)


North Beach Water District
PO Box 618
Ocean Park WA, 98640

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Contact Person: **Jack McCarty**
Phone: **(360) 665-4144**
Contract Period: **11/29/2012 - 11/29/2036**
Report Period: **10-14-2013 thru 10-18-2013**

By: 
General Manager (SIGN IN BLUE INK) 11/4/2013
(TITLE) (DATE)

Original Contract Amount		\$2,190,631			
Loan Fee (if any)		\$0			
Date	DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract Amount	\$2,190,631	\$131,026.17		\$2,059,605
	Request #6				
10/14/2013	Water Management Laboratories / Invoice #125396 / Well Water Tests			\$1,727.00	
10/25/2013	Water Management Laboratories / Invoice #125396 / Well Water Tests			\$140.00	
10/15/2013	Gray & Osborne / Invoice #13224.02-8 / Supply & Treatment Project			\$1,105.70	
10/15/2013	Gray & Osborne / Invoice #13224.01-7 / Drilling & Testing			\$1,509.81	
10/18/2013	Robinson Noble / Invoice #13-994 / Hydro Consultant For New Well Test			\$4,651.65	
Totals				\$9,134.16	\$2,050,471

Match: Year / Dollars / Coding				PROGRAM APPROVAL (The individual signing this voucher warrants they have the authority to sign this voucher)				DATE	
DOC DATE		CURRENT DOC. NO.		REFERENCE DOC. NO.		VENDOR NUMBER and SUFFIX SWV0110176 00			
ACCOUNT NO.				ASD NUMBER 27010		VENDOR MESSAGE			
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB OBJ	GL	ACCT	SUBSID	AMOUNT	INVOICE
									DM12-952-129
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT							DATE		WARRANT TOTAL
ACCOUNTING APPROVAL FOR PAYMENT							DATE		



WASHINGTON STATE
DEPARTMENT OF COMMERCE

Form
A19-1A

VOUCHER DISTRIBUTION
DEPARTMENT OF COMMERCE
PO BOX 42525
OLYMPIA, WA 98504-2525

AGENCY NUMBER

Short Code

Commerce Contract Number

1030

DM12-952-129

VENDOR OR CLAIMANT (Warrant is to be payable to:)

North Beach Water District
PO Box 618
Ocean Park WA, 98640

INSTRUCTIONS TO VENDOR OR CLAIMANT:

Submit this form to claim payment for materials, merchandise, or services.
Show complete detail for each item.

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Contact Person: Jack McCarty
Phone: (360) 665-4144
Contract Period: 11/29/2012 - 11/29/2036
Report Period: 12-10-2013 thru 1-3-2014

By: 
(SIGN IN BLUE INK)
General Manager (TITLE) 1/7/2014 (DATE)

Original Contract Amount		\$2,190,631			
Loan Fee (if any)		\$0			
Date	DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract Amount	\$2,190,631	\$144,212.90		\$2,046,418
	Request #8				
12/10/2013	Gray & Osborne / Invoice #13224.01-9 / Drilling & Testing			\$425.04	
12/10/2013	Gray & Osborne / Invoice #13224.02-10 / Supply & Treatment Project			\$2,979.39	
12/13/2013	Bison Well Drilling & Septic / Progress Estimate #3 / New Well Drilling			\$43,346.81	
1/3/2014	Bison Well Drilling & Septic / Progress Estimate #4 / New Well Drilling			\$12,134.85	
12/17/2013	Robinson Noble / Invoice #13-1154 / Hydro Consultant For New Well			\$470.00	
Totals				\$59,356.09	\$1,987,062

Match: Year / Dollars / Coding				PROGRAM APPROVAL (The individual signing this voucher warrants they have the authority to sign this voucher)				DATE	
DOC DATE		CURRENT DOC. NO.		REFERENCE DOC NO.		VENDOR NUMBER and SUFFIX SWV0110176 00			
ACCOUNT NO.				ASD NUMBER 27010		VENDOR MESSAGE			
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL	ACCT	SUBSID	AMOUNT	INVOICE
									DM12-952-129
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT							DATE		WARRANT TOTAL
ACCOUNTING APPROVAL FOR PAYMENT							DATE		



WASHINGTON STATE
DEPARTMENT OF COMMERCE

Form
A19-1A

VOUCHER DISTRIBUTION
DEPARTMENT OF COMMERCE
PO BOX 42625
OLYMPIA, WA 98504-2625

AGENCY NUMBER 1030	Short Code	Commerce Contract Number DM12-952-129
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VENDOR OR CLAIMANT (Warrant is to be payable to:)


North Beach Water District
PO Box 618
Ocean Park WA, 98640

INSTRUCTIONS TO VENDOR OR CLAIMANT:

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Contact Person: **Jack McCarty**
Phone: **(360) 665-4144**
Contract Period: **11/29/2012 - 11/29/2036**
Report Period: **01/07/2014 - 02/03/2014**

By: 
General Manager (SIGN IN BLUE INK)
(TITLE) **2/3/2014** (DATE)

Original Contract Amount	\$2,190,631				
Loan Fee (if any)	\$0				
Date	DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract Amount	\$2,190,631	\$203,568.99		\$1,987,062
	Request #9				
1/7/2014	Robinson Noble / Invoice #14-048 / New Well Design			\$932.00	
1/7/2014	Gray & Osborne / Invoice #13224.01-10 / Drilling & Testing			\$695.13	
1/7/2014	Gray & Osborne / Invoice #13224.02-11 / Drilling & Testing			\$230.23	
2/3/2014	Bison Well Drilling / Progress Estimate #5 / Well Drilling			\$36,700.60	
Totals				\$38,557.96	\$1,948,504

Match: Year / Dollars / Coding				PROGRAM APPROVAL (the individual signing this voucher warrants they have the authority to sign this voucher)				DATE	
DOC DATE		CURRENT DOC. NO.		REFERENCE DOC NO.		VENDOR NUMBER and SUFFIX SWV0110176 00			
ACCOUNT NO.				ASD NUMBER 27010		VENDOR MESSAGE			
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL	ACCT	SUBSID	AMOUNT	INVOICE
									DM12-952-129
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT							DATE		WARRANT TOTAL
ACCOUNTING APPROVAL FOR PAYMENT							DATE		



WASHINGTON STATE
DEPARTMENT OF COMMERCE

Form
A19-1A

VOUCHER DISTRIBUTION
DEPARTMENT OF COMMERCE
PO BOX 42525
OLYMPIA, WA 98504-2525

AGENCY NUMBER

Short Code

Commerce Contract Number

1030

DM12-952-129

VENDOR OR CLAIMANT (Warrant is to be payable to:)

North Beach Water District
PO Box 618
Ocean Park WA, 98640

INSTRUCTIONS TO VENDOR OR CLAIMANT:

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Contact Person:

Jack McCarty
(360) 665-4144

Phone:

Contract Period

11/29/2012 - 11/29/2036

Report Period

4/1/2014 - 5/5/2014

By:

(SIGN IN BLUE INK)

General Manager
(TITLE)

5/6/2014
(DATE)

Original Contract Amount		\$2,190,631			
Loan Fee (if any)		\$0			
Date	DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract Amount	\$2,190,631	\$304,486.49		\$1,886,145
	Request #12				
4/1/2014	Invoice #13224.02-12 / Gray & Osborne / Supply & Treatment Project			\$4,264.09	
4/1/2014	Invoice #13224.01-13 / Gray & Osborne / Drilling & Testing Project			\$2,951.74	
4/3/2014	Invoice #14-304 / Robinson Noble / Wellfield Development			\$2,494.50	
4/7/2014	Invoice #51-254666-0 / ALS Environmental / New Well Water Sampling			\$755.00	
4/8/2014	Invoice #51-255774-0 / ALS Environmental / New Well Water Sampling			\$1,841.00	
4/14/2014	Invoice #51-256106-0 / ALS Environmental / New Well Water Sampling			\$755.00	
Totals				\$13,061.33	\$1,873,083

Match: Year / Dollars / Coding				PROGRAM APPROVAL (The individual signing this voucher warrants they have the authority to sign this voucher)				DATE	
DOC DATE		CURRENT DOC. NO.		REFERENCE DOC NO.		VENDOR NUMBER and SUFFIX SWV0110176 00			
ACCOUNT NO.				ASD NUMBER		VENDOR MESSAGE			
				27010					
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL	ACCT	SUBSID	AMOUNT	INVOICE
									DM12-952-129
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT							DATE		WARRANT TOTAL
ACCOUNTING APPROVAL FOR PAYMENT							DATE		



WASHINGTON STATE
DEPARTMENT OF COMMERCE

Form
A19-1A

VOUCHER DISTRIBUTION
DEPARTMENT OF COMMERCE
PO BOX 42525
OLYMPIA, WA 98504-2525

AGENCY NUMBER

Short Code

Commerce Contract Number

1030

DM12-952-121

VENDOR OR CLAIMANT (Warrant is to be payable to:)


North Beach Water District
PO Box 618
Ocean Park WA, 98640

INSTRUCTIONS TO VENDOR OR CLAIMANT:

Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item.

Vendor's Certificate: The individual signing this voucher below warrants they have the authority to do so as authorized and on the behalf of the entity identified in the Vendor/Client section. The individual signing below certifies under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.

Contact Person: **Jack McCarty**
Phone: **(360) 665-4144**
Contract Period: **11-29-2012 thru 11-29-2036**
REPORT PERIOD: **12-10-2013 thru 1-3-2014**

By: 
General Manager (SIGN IN BLUE INK)
(TITLE) **1/3/2014** (DATE)


Original Contract Amount		\$891,123			
Loan Fee (if any)		\$8,823			
Date	DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract Amount	\$882,300	\$84,364.94		\$797,935
	Request #6				
12/10/2013	Gray & Osborne / Invoice #13223.00-10 / Water Line Replacement Project			\$875.16	
12/10/2013	Gray & Osborne / Invoice #13223.01-1 / Water Main Project			\$2,638.92	
1/3/2014	Big River Excavating / Progress Estimate #1 / Water Main Project			\$83,118.17	
Totals				\$86,632.25	\$711,303

Match: Year / Dollars / Coding					PROGRAM APPROVAL (The individual signing this voucher warrants they have the authority to sign this voucher)					DATE	
DOC DATE			CURRENT DOC. NO.		REFERENCE DOC. NO.			VENDOR NUMBER and SUFFIX SWV0110176 00			
ACCOUNT NO.					ASD NUMBER			VENDOR MESSAGE			
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL	ACCT	SUBSID	AMOUNT	INVOICE		
									DM12-952-121		
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT							DATE		WARRANT TOTAL		
ACCOUNTING APPROVAL FOR PAYMENT							DATE				

	WASHINGTON STATE DEPARTMENT OF COMMERCE	
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Form A19-1A VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 98504-2525	AGENCY NUMBER 1030	Short Code	Commerce Contract Number DM12-952-121
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VENDOR OR CLAIMANT (Warrant is to be payable to:) North Beach Water District PO Box 618 Ocean Park WA, 98640	INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item. Vendor's Certificate: The individual signing this voucher below warrants they have the authority to do so as authorized and on the behalf of the entity identified in the Vendor/Client section. The individual signing below certifies under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.
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Contact Person:	Jack McCarty		
Phone:	(360) 665-4144		
Contract Period	11-29-2012 thru 11-29-2036		
REPORT PERIOD	01/03/2014 - 02/03/2014		
		By:	
		General Manager	(SIGN IN BLUE INK)
		(TITLE)	2/3/2014 (DATE)

Original Contract Amount	\$891,123
Loan Fee (if any)	\$8,823

Date	DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract Amount	\$882,300	\$170,997.19		\$711,303
	Request #7				
1/7/2014	Gray & Osborne / Invoice #13223.01-2 / Water Main Project			\$15,295.38	
1/3/2014	Big River Construction / Progress Estimate #1 / Retainage			\$4,042.71	
2/3/2014	Big River Construction / Progress Estimate #2 / Water Main Project			\$158,164.24	
Totals				\$177,502.33	\$533,800

Match: Year / Dollars / Coding				PROGRAM APPROVAL (The individual signing this voucher warrants they have the authority to sign this voucher)				DATE	
DOC DATE		CURRENT DOC. NO.		REFERENCE DOC NO.		VENDOR NUMBER and SUFFIX SWV0110176 00			
ACCOUNT NO.				ASD NUMBER		VENDOR MESSAGE			
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL	ACCT	SUBSID	AMOUNT	INVOICE
									DM12-952-121
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT							DATE		WARRANT TOTAL
ACCOUNTING APPROVAL FOR PAYMENT							DATE		



WASHINGTON STATE
DEPARTMENT OF COMMERCE

AGENCY NUMBER	Short Code	Commerce Contract Number
1030		DM12-952-121

Form
A19-1A

VOUCHER DISTRIBUTION
DEPARTMENT OF COMMERCE
PO BOX 42525
OLYMPIA, WA 98504-2525

VENDOR OR CLAIMANT (Warrant is to be payable to:)

North Beach Water District
PO Box 618
Ocean Park WA, 98640

INSTRUCTIONS TO VENDOR OR CLAIMANT:
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Contact Person:	Jack McCarty	By: <i>Jack McCarty</i> (SIGN IN BLUE INK)
Phone:	(360) 665-4144	
Contract Period	11-29-2012 thru 11-29-2036	General Manager (TITLE) 3/6/2014 (DATE)
REPORT PERIOD	2/4/2014 - 3/6/2014	

Original Contract Amount	\$891,123				
Loan Fee (if any)	\$8,823				
Net Contract Amount	\$882,300				
Date	DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Request #8				
2/4/2014	Invoice #13223.01-3 / Gray & Osborne / Water Main Project Management		\$348,499.52	\$27,712.88	\$533,800
3/6/2014	Progress Estimate #3 / Big River Excavating / Water Main Installation			\$113,833.51	
Totals				\$141,546.39	\$392,254

Match: Year / Dollars / Coding			PROGRAM APPROVAL (The individual signing this voucher warrants they have the authority to sign this voucher)			DATE		
DOC DATE	CURRENT DOC. NO.		REFERENCE DOC. NO.		VENDOR NUMBER and SUFFIX SWV0110176 00			
ACCOUNT NO.			ASD NUMBER		VENDOR MESSAGE			
TRANS CODE	MASTER	INDEX	SUB OBJ	GL	ACCT	SUBSD	AMOUNT	INVOICE
								DM12-952-121
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT						DATE	WARRANT TOTAL	
ACCOUNTING APPROVAL FOR PAYMENT						DATE		



WASHINGTON STATE
DEPARTMENT OF COMMERCE

Form
A19-1A

VOUCHER DISTRIBUTION
DEPARTMENT OF COMMERCE
PO BOX 42525
OLYMPIA, WA 98504-2525

AGENCY NUMBER	Short Code	Commerce Contract Number
1030		DM12-952-121

VENDOR OR CLAIMANT (Warrant is to be payable to:)

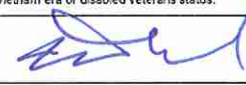
North Beach Water District
PO Box 618
Ocean Park WA, 98640

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Contact Person:	Jack McCarty
Phone:	(360) 665-4144
Contract Period	11-29-2012 thru 11-29-2036
REPORT PERIOD	4/1/2014 - 5/5/2014

By: 
(SIGN IN BLUE INK)
General Manager (TITLE) 5/6/2014 (DATE)

Original Contract Amount		\$891,123			
Loan Fee (if any)		\$8,823			
Date	DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract Amount	\$882,300	\$620,635.12		\$261,665
	Request #10				
4/1/2014	Invoice #13223.01-5 / Gray & Osborne / Water Main Project			\$12,605.25	
Totals				\$12,605.25	\$249,060

Match: Year / Dollars / Coding					PROGRAM APPROVAL (The individual signing this voucher warrants they have the authority to sign this voucher)					DATE	
DOC DATE		CURRENT DOC. NO.			REFERENCE DOC. NO.			VENDOR NUMBER and SUFFIX SWV0110176 00			
ACCOUNT NO.					ASD NUMBER			VENDOR MESSAGE			
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL	ACCT	SUBSID	AMOUNT	INVOICE		
									DM12-952-121		
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT								DATE		WARRANT TOTAL	
ACCOUNTING APPROVAL FOR PAYMENT								DATE			



Water Quality Monitoring Schedule

System: NORTH BEACH WATER
Contact: William M Neal III

PWS ID: 63000 C
Group: A - Comm

Region: SOUTHWEST
County: PACIFIC

NOTE: To receive credit for compliance samples, you must fill out laboratory and sample paperwork completely, send your samples to a laboratory accredited by Washington State to conduct the analyses, AND ensure the results are submitted to DOH Office of Drinking Water. There is often a lag time between when you collect your sample, when we credit your system with meeting the monitoring requirement, and when we generate the new monitoring requirement.

Coliform Monitoring Requirements

	May 2014	Jun 2014	Jul 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015	Feb 2015	Mar 2015	Apr 2015
Coliform Monitoring Population	7229	7847	7636	7646	8093	6792	5823	6319	5232	5284	5741	6790
Number of Routine Samples Required	8	9	9	9	9	8	7	7	6	6	6	8

- Collect samples from representative points throughout the distribution system.
- Collect required repeat samples following an unsatisfactory sample. In addition, collect a sample from each operating groundwater source.
- Collect no less than 5 routine samples in the month following one or more unsatisfactory samples, in accordance with your system's Coliform Monitoring Plan.
- For systems that chlorinate, record chlorine residual (measured when the coliform sample is collected) on the coliform lab slip.

Chemical Monitoring Requirements

Distribution Monitoring

<u>Test Panel/Analyte</u>	<u># Samples Required</u>	<u>Compliance Period</u>	<u>Frequency</u>	<u>Last Sample Date</u>	<u>Next Sample Due</u>
Lead and Copper	20	Jan 2012 - Dec 2014	standard - 3 year	09/28/2011	Sep 2014
Asbestos	1	Jan 2011 - Dec 2019	standard - 9 year	09/15/2010	Sep 2019
Total Trihalomethane (THM)	2	Jan 2014 - Dec 2014	Initial - Annually	08/17/2010	Aug 2014
Halo-Acetic Acids (HAA5)	2	Jan 2014 - Dec 2014	Initial - Annually	08/17/2010	Aug 2014

Notes on Distribution System Chemical Monitoring

- For Lead and Copper:*
- Collect samples from indoor faucets after the water has sat unused in the pipes for at least 6 hours, but no more than 12 hours.
 - Flush sample faucets with cold water the evening prior to collecting the sample.
 - If your sampling frequency is annual or once every 3 years, collect samples between June 1 and September 30.

For Asbestos: Collect the sample from one of your routine coliform sampling sites in an area of your distribution system that has asbestos concrete pipe.
Asbestos:

For Disinfection Byproducts (HAA5 and THM): Collect the samples at the locations identified in your Disinfection Byproducts (DBP) monitoring plan.

Source Monitoring

- Collect 'source' chemical monitoring samples from a tap after all treatment (if any), but before entering the distribution system.
- Washington State grants monitoring waivers for various test panels or analytes. Please note that we may require some monitoring as a condition of some waivers. We have granted complete waivers for dioxin, endothal, glyphosate, diquat, and insecticides.
- If "R&C" is listed in a monitoring requirement's frequency, the requirements are based on detections which are reliably and consistently below the health standard.

Source S06*	NORTH WF (SO1,2,3,4,5 & 7,8 & 9)	Well Field	Use - Permanent	Susceptibility - High	
<u>Test Panel/Analyte</u>	<u># Samples Required</u>	<u>Compliance Period</u>	<u>Frequency</u>	<u>Last Sample Date</u>	<u>Next Sample Due</u>
Nitrate	1	Jan 2014 - Dec 2014	standard - 1 year	12/12/2013	May 2014
Complete Inorganic (IOC)	1	Jan 2011 - Dec 2019	waiver - 9 year	04/18/2012	
Volatile Organics (VOC)	1	Jan 2014 - Dec 2019	waiver - 6 year	10/05/2010	Oct 2016
Herbicides	1	Jan 2014 - Dec 2022	waiver - 9 year	06/15/2009	Jun 2018
Pesticides	0	Jan 2014 - Dec 2016	waiver - 3 year	06/15/2009	
Soil Fumigants	0	Jan 2014 - Dec 2016	waiver - 3 year		
Gross alpha	1	Jan 2014 - Dec 2019	standard - 6 year	05/17/2010	May 2016
Radium 228	1	Jan 2014 - Dec 2019	standard - 6 year	05/17/2010	May 2016

Source S10*	SOUTH WELL #1 20051/PWC S01 AGP154	Well	Use - Permanent	Susceptibility - High	
<u>Test Panel/Analyte</u>	<u># Samples Required</u>	<u>Compliance Period</u>	<u>Frequency</u>	<u>Last Sample Date</u>	<u>Next Sample Due</u>
Nitrate	1	Jan 2014 - Dec 2014	standard - 1 year	06/26/2012	May 2014
Complete Inorganic (IOC)	1	Jan 2014 - Dec 2016	standard - 3 year	07/21/2010	Mar 2015
Volatile Organics (VOC)	1	Jan 2014 - Dec 2019	waiver - 6 year	06/15/2009	Jun 2015
Herbicides	1	Jan 2014 - Dec 2016	waiver - 3 year	01/08/2002	Sep 2015
Pesticides	0	Jan 2014 - Dec 2016	waiver - 3 year	01/08/2002	
Soil Fumigants	0	Jan 2014 - Dec 2016	waiver - 3 year		

Source S10*	SOUTH WELL #1 20051/PWC S01 AGP154	Well	Use - Permanent	Susceptibility - High
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<u>Test Panel/Analyte</u>	<u># Samples Required</u>	<u>Compliance Period</u>	<u>Frequency</u>	<u>Last Sample Date</u>	<u>Next Sample Due</u>
Radium 228	1	Jan 2014 - Dec 2019	standard - 6 year	10/26/2009	Jun 2015

Source S11*	SOUTH WELL #2 20051/PWC S02 AGP155	Well	Use - Permanent	Susceptibility - Moderate
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<u>Test Panel/Analyte</u>	<u># Samples Required</u>	<u>Compliance Period</u>	<u>Frequency</u>	<u>Last Sample Date</u>	<u>Next Sample Due</u>
Nitrate	1	Jan 2014 - Dec 2014	standard - 1 year	12/12/2013	May 2014
Complete Inorganic (IOC)	1	Jan 2011 - Dec 2019	waiver - 9 year	04/19/2010	Apr 2019
Volatile Organics (VOC)	1	Jan 2014 - Dec 2019	waiver - 6 year	06/15/2009	Jun 2015
Herbicides	1	Jan 2014 - Dec 2016	standard - 3 year	01/08/2002	Jun 2015
Herbicides	1	Jan 2014 - Dec 2016	standard - 3 year	01/08/2002	Jul 2016
Pesticides	0	Jan 2014 - Dec 2016	waiver - 3 year	01/08/2002	
Soil Fumigants	0	Jan 2014 - Dec 2016	waiver - 3 year		
Gross alpha	1	Jan 2014 - Dec 2019	standard - 6 year	04/20/2009	Apr 2015
Radium 228	1	Jan 2014 - Dec 2019	standard - 6 year	12/17/2012	Apr 2015

* Because this source is treated with ozone, you must monitor for bromate at entry to distribution at the frequency listed in your DBP Monitoring

Generated on: 05/19/2014

Other Information

Other Reporting Schedules	Due Date
Submit Consumer Confidence Report (CCR) to customers and ODW (Community systems only):	07/01/2014
Submit CCR certification form to ODW (Community systems only):	10/01/2014
Submit Water Use Efficiency report online to ODW (Community and other municipal water systems only):	07/01/2014
Send notices of lead and copper sample results to the customers sampled:	30 days after you receive the laboratory results
Submit Certification of customer notification of lead and copper results to ODW:	90 days after end of monitoring period

Special Notes

None

Southwest Regional Water Quality Monitoring Contacts

- For questions regarding chemical monitoring: Sophia Petro: (360) 236-3046 or sophia.petro@doh.wa.gov
- For questions regarding DBPs: Regina Grimm, p.e.: (360) 236-3035 or regina.grimm@doh.wa.gov
- For questions regarding coliform bacteria and microbial issues: Sandy Brentlinger: (360) 236-3044 or sandy.brentlinger@doh.wa.gov

Additional Notes

The information on this monitoring schedule is valid as of the date in the upper left corner on the first page. However, the information may change with subsequent updates in our water quality monitoring database as we receive new data or revise monitoring schedules. There is often a lag time between when you collect your sample and when we credit your system with meeting the monitoring requirement.

We have not designed this monitoring schedule to display all compliance requirements. The purpose of this schedule is to assist water systems with planning for most water quality monitoring, and to allow systems to compare their records with DOH ODW records. Please be aware that this monitoring schedule does not include constituents that require a special monitoring frequency, such as monitoring affiliated with treatment.

Any inaccuracies on this schedule will not relieve the water system owner and operator of the requirement to comply with applicable regulations.

If you have any questions about your monitoring requirements, please contact the regional office staff listed above.

Department of Health, Office of Drinking Water
Southwest Drinking Water Operations
Pre-Plan meeting

Water System: North Beach Water District ID #63000

Date: March 27, 2014

Water System Plan Expiration Date: January 5, 2015

Operating Permit Color: Green

Water System Plan Submittal Date: October 1, 2014

Attendees: Bill Neal, Michael Johnson, Teresa Walker, Mark Mazeski

The purpose of this Pre-Plan is to:

1. Determine the scope and level of detail of the WSP update.
2. Establish a schedule for submittal of the WSP update.

Water System Plan Format:

The following sections refer to information that needs to be included in the WSP and provides a proposed outline. You may choose a different format, but all of the elements identified below must be included.

Water System Plan (WSP) Checklist

<i>√Required</i>	<i>Content Description</i>	<i>WSP Page #</i>
Chapter 1	Description of Water System	
(√)	Updated WFI, signed and dated	_____
(√)	Ownership and management	_____
(√)	System history and background	_____
(√)	Inventory of existing facilities	_____
(√)	Description of and discussion about related plans: groundwater management plan, WIRA and County land use plans & zoning.	_____
(√)	Service Area Maps: clearly identifying existing, retail and future service areas. <ul style="list-style-type: none"> • <i>This is often missing from first submissions, but is a very important element of a WSP. These maps or map should clearly show the existing, retail, and future service areas and water rights place of use. This can be depicted on one map if properly labeled.</i> • <i>Please see Publication DOH 331-432</i> 	_____
(√)	Policies: Service area, SMA, conditions of service, annexation <ul style="list-style-type: none"> • <i>Please see Publication DOH 331-438</i> • <i>Are new wells allowed in Service area?</i> 	_____
(√)	Duty to serve requirement: procedures, conditions, appeals <ul style="list-style-type: none"> • <i>Please review Timely and Reasonable Water Service, Publications DOH 331-366 and DOH 331-444</i> • <i>How does the Water District determine if it has capacity to serve new connections?</i> 	_____
(√)	Consistency from local planning agency (LGC checklist) <ul style="list-style-type: none"> • <i>Please have the LGC checklist completed by the Pacific County Community Development Department.</i> 	_____

<p>Chapter 2</p> <p>(√)</p> <p>(√)</p> <p>(√)</p> <p>(√)</p> <p>(√)</p>	<p>Planning Data</p> <ul style="list-style-type: none"> • Demand analysis based on water use • Include analysis of population, service connections & ERUs • Source and service meter data (preferably three or more, typically 6 years). Provide monthly and annual production and consumption totals. • Provide usage by customer class. Analyze industrial and commercial demands separate from the residential demand and multifamily structures separate from the single family residences. • Define ERU • Provide data and assumptions (including DSL) for calculating MDD, PHD and ADD • Demand analysis per pressure zone and the whole system • Consider also water supplied to other systems • Include seasonal variations in consumption by customer class <p>Provide 6 & 20 year projections for population, service connections, & ERUs</p> <ul style="list-style-type: none"> • Provide 6 & 20 year projections for demand forecasts with and without expected efficiency savings (conservation) <p>Interties – discussion of all existing and proposed interties and copies of agreements</p> <p>Provide 6 & 20 year projections for land use and zoning</p> <p>Distribution System Leakage percentage and volume</p>
<p>Chapter 3</p> <p>(√)</p> <p>(√)</p> <p>(√)</p> <p>(√)</p> <p>(√)</p> <p>(√)</p>	<p>System Analysis</p> <p>Provide assumptions and basis of analysis</p> <ul style="list-style-type: none"> • System design standards • Policies on operations and expected level of service (such as standby storage, pumping restrictions and emergency back-up power) • Fire flow requirements and if nesting is allowed. Provide confirmation from the local fire authority. <p>System inventory and description</p> <p>Capacity analysis (legal and physical capacity)</p> <ul style="list-style-type: none"> • Limiting factor analysis (WSDM worksheet 6-1) • Analysis per pressure zone and the whole system • Water rights analysis- include water right self-assessment forms for existing, 6 & 20-year projections, including copies of water right certificate(s) • consider source, pumping, treatment, storage, and distribution <p>Hydraulic analysis of distribution system.</p> <ul style="list-style-type: none"> • Describe the model used • Evaluate the system based on PHD and MDD + Fire flow • Evaluate the current conditions, and 6- and 20-year planning periods • Check minimum pressures and maximum velocities • Include assumptions of model, pressure zone boundary conditions, and a summary of model input information. Storage assumptions should be based on minimum reservoir levels. • Include verification and calibration methods and results. • Summary of system deficiencies <p>Analysis of possible improvement projects</p>
<p>Chapter 4</p> <p>(√)</p>	<p>Water Use Efficiency Program</p> <p>Water Use Efficiency (WUE) Program per WAC 246-290-810</p> <p><i>Please review the 2011 and 2012 WUE Annual Performance Reports.</i></p> <p><i>2011 = 9 million gallons produced</i></p> <p><i>2012 = 117 million gallons produced</i></p> <p><i>Please verify which numbers are correct so that reporting form can be corrected.</i></p> <ul style="list-style-type: none"> • Describe the current WUE program • Describe WUE goal & document public adoption process • Describe measures that will be implemented to achieve the goal & include

	<ul style="list-style-type: none"> • schedule & costs in the budget (2,500 – 9,999 = 6 measures) • Describe process used to evaluate the WUE measures you did not implement • Describe yearly consumer education • Estimate projected water savings from selected measures • Describe process that will be used to determine effectiveness of the program • Estimate water saved from efficiency measures over the past 6 years • Quantitative evaluation of measures to determine if they are cost-effective, include marginal costs of water production • Evaluate measures for cost-effectiveness if shared with other systems • Quantitative or qualitative evaluation of measures to determine if they are cost-effective from the societal perspective 	_____
(√)	Source & Service Meters - or schedule w/activities to minimize leakage <ul style="list-style-type: none"> • <i>Is the water system fully metered? Parks? Community Buildings?</i> • <i>Is regular meter replacement schedule in place? 10% per year?</i> • <i>Are meter replacement costs in budget?</i> 	_____
(√)	Water Loss Action Control Plan WAC 246-290-820 (<i>required if DSL is over 10%, what is the DSL for 2013?</i>)	_____
(√)	Water supply characteristics, description & discussion on effect of water use	_____
(√)	Source of supply analysis and evaluation of supply alternatives	_____
(√)	Explore reclaimed water opportunities★	_____
Chapter 5	Source Water Protection	
(√)	Wellhead protection program 2 year update (contaminant inventory, letters and map)	_____
(√)	Analysis and discussion of Water Quality <ul style="list-style-type: none"> • <i>Please do not include printouts of testing data. These are available online so they do not need to be in the plan.</i> 	_____
Chapter 6	Operation and Maintenance Program	
(√)	Water system management and personnel	_____
(√)	Routine operating procedures and preventive maintenance <ul style="list-style-type: none"> • Standard Operating Procedures 	_____
(√)	Water quality sampling procedures & program <ul style="list-style-type: none"> • <i>Show compliance with new groundwater rule.</i> 	_____
(√)	Coliform monitoring plan , including maps (and triggered source monitoring plan) <ul style="list-style-type: none"> • <i>Please use the new CMP template at this site:</i> http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/Contaminants/Coliform.aspx 	_____
(√)	Emergency response plan <ul style="list-style-type: none"> • Water system contacts • Vendor Contacts (Equipment replacement, water haulers, etc.) • Example notices (water outages, BWA, coliform MCL, emergency conservation) • Emergency government officials contact info (ODW, State and County Emergency Operations Centers) • List of emergency sources and interties • Emergency response planning activities to ensure preparedness 	_____
(√)	Water shortage plan and service reliability (WAC 246-290-420)	_____
(√)	Cross-connection control program <ul style="list-style-type: none"> • <i>What is the status of implementing Cross Connection Control Program?</i> • <i>Does CCC ordinance provide for shutting off water if appropriate back flow devices are not installed or maintained/tested?</i> 	_____
(√)	Recordkeeping, reporting, and customer complaint program	_____
(√)	Summary of O&M deficiencies	_____

Chapter 7	Distribution Facilities Design and Construction Standards	
(√)	Standard construction specification for distribution mains	_____
Chapter 8	Improvement Program	
(√)	Capital improvement schedule for 6 and 20 years	_____
	<ul style="list-style-type: none"> • Include inventory and assessment of existing system components • <i>What projects in the 2007 CIP (approved in 2009) were completed?</i> • <i>What new projects are on the horizon?</i> 	_____
Chapter 9	Financial Program	
(√)	i. Summary of past Income and Expenses (at least 2 years) <i>(This should be based upon the 2013 budget information or 2014 if that is available.)</i>	_____
(√)	ii. A one year operational budget for systems serving one thousand or more connections is required. However, a six-year balanced operational budget is highly recommended <i>(this works well with the 6-year CIP);</i>	_____
(√)	iii. A plan for collecting the revenue necessary to maintain cash flow stability and to fund the capital improvement program and emergency improvements; (Existing and future loan payments need to be included in the budget. For example, if part of the CIP will be paid by loan, those payments should be included in budget.) and	_____
(√)	iv. An evaluation that has considered: <ul style="list-style-type: none"> A. The affordability of water rates; and B. The feasibility of adopting and implementing a rate structure that encourages water demand efficiency. 	_____
Chapter 10	Miscellaneous Documents	
(√)	Meeting of the consumers (may be combined with WUE public meeting). <ul style="list-style-type: none"> • Date, agenda, meeting minutes • <i>For the WUE public meeting, the agenda item must specifically state that the Water Use Efficiency Goal will be discussed.</i> • <i>The Water District may post notice on DOH website in order to meet public meeting notice requirements for WUE program. See right hand column on the following webpage:</i> • http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/WaterSystemDesignandPlanning/WaterUseEfficiency.aspx 	_____
(√)	County/Adjacent Utility Correspondence	_____
(√)	State Environmental Policy Act (SEPA) Determination is required <i>Based upon the pre-plan meeting the Water District will complete the SEPA process. Please provide a copy of the Final SEPA determination along with copies of public notice.</i>	_____
(√)	Agreements: franchise, wheeling, mutual aid, inter-local and other agreements (if any exist)	_____

Submittal Process

Here are some items the Office of Drinking Water (ODW) must have with your submittal:

1. A complete Water System Plan Submittal Form, current Water Facilities Inventory Form (WFI) signed and dated along with existing, 6 and 20 year Water Rights Self-Assessment Forms.
2. Three (3) copies of the WSP are required – two for ODW use and one to be routed to the Department of Ecology (Ecology).
 - Three-ring binders are preferable to comb binders as it allows for page revisions to be added in the draft.
 - Tabbed chapters are preferred for ease of review.

3. ODW will complete the WSP review within 90-days from the date of complete submittal.
 - ODW will conduct a detailed review and if necessary, issue a comment letter.
 - If the system is not responsive to our comments, the project can be cancelled and returned to the purveyor.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SOUTHWEST DRINKING WATER REGIONAL OPERATIONS
PO Box 47823, Olympia, Washington 98504-7823
TDD Relay 1-800-833-6388

February 11, 2008

R. D. Williams
Ocean Park Water Company
Post Office Box 618
Ocean Park, Washington 98640

Subject: Ocean Park Water Company, ID #63000, Pacific County; North Beach Water System Plan, ODW Project #07-1202

Dear R. D. Williams;

Thank you for submitting the Water System Plan (WSP) for the North Beach Water System (NBWS). Planning is a critical activity for all water utilities. The principal goal of this WSP is to help the NBWS maintain the technical, managerial, and financial capacity, and remain in compliance with all applicable local, state, and federal regulations. This WSP is a tool for you to identify and plan to meet its challenges and to identify many of its general system policies.

Prior to approval, the following comments must be addressed. **Response to these comments must be received by the Office of Drinking Water (ODW) prior to May 1, 2008.**

1. Page 4, Summary. **Under the Recommended Water System Improvement Plan, the subject of a rate study to balance the budget should be included.**
2. Page 4, section 1.2.1, History. The previous owner of the Pacific Water Co. was Phillip Leach, Water Treatment Plant Operator 4. **Please reference him in the history because his name is associated with many documents for this system.**
3. Page 5, 3rd paragraph. **Please revise this section to state, "the two utilities will be merged with the approved Water System Plan."** They were intertied, not merged, in 2006.
4. Page 6, section 1.2.2. The approved ODW water system name is Oysterville (not HVO). **Please revise.**
5. Page 14, section 1.7.4, and Page 86, section 4.3.3. **Please list the 13 small water systems that are within the NBWS Service Area.**
6. Page 15, section 1.7.5, and Page 127. The design standards need to be included in this WSP. **Please include a copy in the revised WSP.**



7. Page 18, Exhibit 1-1. **Please revise the service area map to include a legend showing the existing and future service areas, and clarify the delineation of these areas on the map by labeling boundary roads. It is not clear what the extents of the heavy bold dashed line are.**
8. Page 24. The WSP Consistency Statement Checklist must be signed and dated by the Pacific County planner prior to WSP approval. **Please submit a copy of the signed and dated checklist in the revised WSP.**
9. Page 28, section 2.3.1. The term "Unaccounted for water" has been revised with the passage of the Water Use Efficiency Rule. Non-metered uses such as hydrant flushing, fire fighting, and park watering should be estimated and included with authorized consumption. The remainder is now called "distribution system leakage" and the new standard is 10 percent. Please revise this section to reflect this change.
10. Page 32, Exhibit 2-2-Distribution Leakage. There has been a steady gain over the past 6 years in the percent of distribution leakage. It has gone from 0.4 percent to 25.9 percent. It does not appear it is appropriate for this system to average their water loss to 11 percent over the past 6 years. **Please include 2007 leakage numbers in the revised WSP, and explain why the trend is going upwards and what actions will be taken to meet the new leakage standard of 10 percent.**
11. Page 40, Lead and Copper Rule. According to ODW records, required testing was not completed in 2006-2007. Lead/cooper testing must be conducted and results should be included in this WSP.
12. Page 45, section 3.3.3, Summary of Source Improvements. **Please explain if the application for the additional point of withdrawal at the south wellfield has been completed in the revised WSP.**
13. Page 58, section 3.3.18. **Please note the Coordinated Water System Plan was never adopted by Pacific County.**
14. Page 57, section 3.3.16. To maintain an "Unspecified" approval, the hydraulic model must be calibrated to evaluate the distribution capacity. Please refer to Table 8-1 in the Water System Design Manual. **Please revise the hydraulic model using a calibrated model and analyze the distribution capacity for this system.**
15. Page 57, section 3.3.16. The hydraulic model information is incomplete. **Please provide a map showing nodes analyzed of the hydraulic model and include a table of the hydraulic model results including description of various scenarios analyzed, including peak hour demand and maximum day demand for the current and six year demands, with and without fire flow, nodes with corresponding pressures, and reservoir levels for which the model was run.**
16. Page 72, exhibit 3-10. **Please include the distribution capacity from the hydraulic analysis in this table.**
17. Page 74, section 4. **Please include a description of the Water Use Efficiency Rule requirements and how NBWS plans to implement these.**

18. Page 76. Water Use Efficiency limits distribution leakage water to 10 percent, not 20 percent. **Please revise and include a description to show how NBWS intends to meet this goal.**
19. Page 95, section 6.2.1. Both Ocean Park and Pacific Water Company had plant ratings, and both were rated as Class 2 plants, requiring a WTPO 2 level of certification for operation. **Please revise this section to show those requirements.**
20. Page 97, section 6.3.2. Alarms are recommended for filtration plants. **Please describe the type of filters in the plant, what alarms, if any, are set, and the alarm response.**
21. Page 103, Regulatory Requirements. **Please explain what effect the newly promulgated Ground Water Rule is likely to have on this system.**
22. Page 110, ODW Notification. The wrong telephone number is listed in this WSP. **Please change the phone number to (360) 236-3030.**
23. Page 118, exhibit 6-1, Organizational Chart. The flow chart is out of date. Many of the people listed on the chart are no longer working for this system. **Please update the flow chart to show current employees and their ratings.**
24. Page 123, Exhibit 6-5, Emergency Call-Up Roster. The telephone number for ODW is incorrect. It should be (360) 236-3030. In addition, the plan should include the Department of Ecology's (Ecology) Spill Response number of (360) 407-6300. **Please include this information in the revised WSP.**
25. Page 125, Public Notification, and Appendix C, Coliform Monitoring Plan. The Environmental Protection Agency has specific language that must be used for notification of exceedances. **Please see the information in the enclosed red and teal folders, and include it in the revised WSP.**
26. Page 142, Exhibit 9-3, Expense/Revenue Requirements. It appears there are five years of negative balance in the expense/revenue worksheet. **Please explain how this system can be feasible and viable if there is a negative balance for five years.**
27. Preparation Information. The date is incorrect in the plan—the plan was prepared November 2007, not 2008. **Please revise.**
28. **Appendix D- Section V-1.** The 2006 Sanitary Survey found deficiencies in the Sanitary Control Area for both Pacific Water Co and Ocean Park. **Please describe how these will be addressed or mitigated in the future.**
29. Water Facilities Inventory Form (WFI). The WFI shows that this water system is investor owned. **Please submit a WFI that shows this system is a special district.**

Ecology has sent the enclosed comment letter regarding the NBWS WSP on January 14, 2008. The water rights assessment was consistent with Ecology's records; however, Ecology asked for clarification on how this system is operating the wells to stay within the authorized water rights.

Because Ecology has jurisdiction with respect to water rights determinations, ODW's approval of this WSP will not provide any guarantee and should not be considered to provide any guarantee concerning legal use of water or subsequent water rights decisions by Ecology. Depending on Ecology's future actions on this system's water rights, additional planning or other

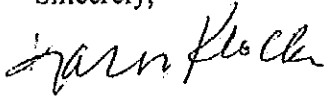
R. D. Williams
February 11, 2008
Page 4

submittals may be required by ODW. Questions concerning water rights or any uncertainties or discrepancies concerning water rights issues should be directed to Ecology.

Regulations establishing a schedule of fees for review of planning, engineering, and construction documents were adopted August 13, 2007, (WAC 246-290-990). An itemized invoice for \$3,909 is enclosed.

If you have any questions, please contact Karen Klocke at (360) 236-3031 or Teresa Walker at (360) 236-3032.

Sincerely,



KAREN KLOCKE
Office of Drinking Water Regional Planner



TERESA WALKER, P.E.
Office of Drinking Water Regional Engineer

Enclosures

cc: Thomas J. Frare, TJF & Associates
Pacific County Health Department
Pacific County Department of Community Development
Deb Hunemuller, Ecology
Bonnie Waybright, ODW



April 11, 2008

Karen Klocke, Regional Planner
Teresa Walker, PR, Regional Engineer
Office of Drinking Water
Washington State Department of Health
Southwest Regional Office
P.O. Box 47823
Olympia, WA 98504-7823

**SUBJECT: Response to ODW Comments on the Water System Plan
Ocean Park Water Company, ID#63000, Pacific County;
North Beach Water System Plan, ODW Project #07-1202**

On behalf of North Beach Water (NBW), we are providing this response to the Office of Drinking Water (ODW) regarding the 2007 Water System Plan. Where appropriate we have included replacement pages for the three copies of the water plan sent to your office.

Following are the ODW comments in *italics* followed by NBW's response:

1. *Page 4, Summary. Under the Recommended Water System Improvement Plan, the subject of a rate study to balance the budget should be included.*

Page 4 of the Summary has been modified to clarify that the purpose of the rate study was to ensure a balanced budget. Replacement pages (4, 5, 6) of Summary have been included.

2. *Page 4, section 1.2.1, History. The previous owner of the Pacific Water Co. was Phillip Leach, Water Treatment Plant Operator 4. Please reference him in the history because his name is associated with many documents for this system.*

Page 4 of Section 1 has been modified to show that Phillip Leach was the majority stockholder of Pacific Water Co. Replacement pages for all of Section 1, pages 1-17, and the table of contents for the WSP have been included.

3. *Page 5, 3rd paragraph. Please revise this section to state, "the two utilities will be merged with the approved Water System Plan." They were intertied, not merged, in 2006.*

Karen Klocke/Teresa Walker, P.E.

April 11, 2008

Page 2

Page 5 of Section 1 has been modified to indicate that the two utilities will be merged with the approved Water System Plan. Replacement pages for all of Section 1, pages 1-17, have been included.

4. *Page 6, section 1.2.2. The approved ODW water system name is Oysterville (not HVO). Please revise.*

Page 6 of Section 1 has been revised. Replacement pages for all of Section 1, pages 1-17, have been included.

5. *Page 14, section 1.7.4, and page 86, section 4.3.3. Please list the 13 small water systems that are within the NBWS Service Area.*

There are actually 15 small water systems within NBWS Service Area including PWC and OPWC. The WSP has been revised to include the names of the systems. Replacement pages for all of Section 1, pages 1-17, and page 86 of Section 4 have been included.

6. *Page 15, section 1.7.5, and Page 127. The design standards need to be included in this WSP. Please include a copy in the revised WSP.*

A copy of the design standards are included as Appendix G and an attachment to the WSP. The language in the WSP as been edited as appropriate. Replacement pages for all of Section 1, pages 1-17, page 127 of Section 7, and Appendix G, Design Standards, have been included.

7. *Page 18, Exhibit 1-1. Please revise the service area map to include a legend showing the existing and future service areas, and clarify the delineation of these areas on the map by labeling boundary roads. It is not clear what the extents of the heavy bold dashed line are.*

Exhibit 1-1 has been revised to include boundary roads. A replacement for Page 18 is included.

8. *Page 24. The WSP Consistency Statement Checklist must be signed and dated by the Pacific County planner prior to WSP approval. Please submit a copy of the signed and dated checklist in the revised WSP.*

Karen Klocke/Teresa Walker, P.E.

April 11, 2008

Page 3

The signed and dated WSP Consistency Statement Checklist is included as Exhibit 1-5. A replacement page 24 is included.

9. *Page 28, section 2.3.1. The term "Unaccounted for water" has been revised with the passage of the Water Use Efficiency Rule. Non-metered uses such as hydrant flushing, fire fighting, and park watering should be estimated and included with authorized consumption. The remainder is now called "distribution system leakage" and the new standard is 10 percent. Please revise this section to reflect this change.*

Section 2.3.1 has been revised as suggested above. Replacement pages (28-30) of Section 2 have been included.

10. *Page 32, Exhibit 2-2-Distribution Leakage. There has been a steady gain over the past 6 years in the percent of distribution leakage. It has gone from 0.4 percent to 25.9 percent. It does not appear it is appropriate for this system to average their water loss to 11 percent over the past 6 years. Please include 2007 leakage numbers in the revised WSP, and explain why the trend is going upwards and what actions will be taken to meet the new leakage standard of 10 percent.*

Exhibit 2-2 and the text in Section 2 have been revised to reflect the requirements in the Water Efficiency Rule. The plan was submitted to ODW in November of 2007. In order to do that the plan was developed in 2006 and 2007 using 2006 and prior usage figures which is common practice. Averaging the water loss was done only to emphasize the increase in the losses. As explained in the WSP the actual cause of the water loss is not know therefore it is impossible to explain the trend. The WSP clearly outlines a process to identify the source of the losses and a strategy for follow up. Using 2007 leakage numbers would not change the outcome or direction for determining the course of action. We are therefore not including 2007 leakage numbers. A replacement page 32 is included.

11. *Page 40, Lead and Copper Rule. According to ODW records, required testing was not completed in 2006-2007. Lead/copper testing must be conducted and results should be included in this WSP.*

We understand that the lead and copper testing must be completed. Under the new management there is a commitment to bring the Utility into compliance with the testing requirements. Lead and copper testing will be completed in 2008. Including the results

Karen Klocke/Teresa Walker, P.E.

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Page 4

in the WSP would delay completion of the plan. Therefore, the results of the latest lead and copper testing are not being submitted with the response.

12. *Page 45, section 3.3.3, Summary of Source Improvements. Please explain if the application for the additional point of withdrawal at the south wellfield has been completed in the revised WSP.*

The application for the additional point of withdrawal at the south wellfield has not been submitted. No change was made to the plan because it clearly states "Apply for" which indicates the status.

13. *Page 58, section 3.3.18. Please note the Coordinated Water System Plan was never adopted by Pacific County.*

Page 58 has been modified to state that the Coordinated Water System Plan was never adopted by Pacific County. A replacement page (58) has been included.

14. *Page 57, section 3.3.16. To maintain an "Unspecified" approval, the hydraulic model must be calibrated to evaluate the distribution capacity. Please refer to Table 8-1 in the Water System Design Manual. Please revise the hydraulic model using a calibrated model and analyze the distribution capacity for this system.*

As stated in our review meeting at the ODW office, the model results was compared to actual field conditions but hydrant flow testing was not performed. The hydrant flow testing was not performed because of water quality issues, the limited number of fire hydrants in the system and that the current system for the most part does not support fire flow. As per Teresa Walker's email of March 6, 2008, with the additional explanation provided at the meeting, no additional information is needed to satisfy the modeling requirements. The section was modified to indicate the level of calibration. A replacement page (57) has been included.

15. *Page 57, section 3.3.16. The hydraulic model information is incomplete. Please provide a map showing nodes analyzed of the hydraulic model and include a table of the hydraulic model results including description of various scenarios analyzed, including peak hour demand and maximum day demand for the current and six years demands, with and without fire flow, nodes with corresponding pressures, and reservoir levels for which the model was run.*

Karen Klocke/Teresa Walker, P.E.

April 11, 2008

Page 5

As per Teresa Walker's email of March 6, 2008, with the additional explanation provided at the meeting, no additional information is needed to satisfy the modeling requirements. The section was modified to indicate the level of calibration. A replacement page (57) has been included.

16. *Page 72, exhibit 3-10. Please include the distribution capacity from the hydraulic analysis in this table.*

As per Teresa Walker's email of March 6, 2008, with the additional explanation provided at the meeting, no additional information is needed to satisfy the modeling requirements. Exhibit 3-10 was not modified.

17. *Page 74, section 4. Please include a description of the Water Use Efficiency Rule requirements and how NBWS plans to implement these.*

Section 4.1 has been modified to describe the Water Use Efficiency Rule requirements and the plan to implement the requirements. Replacement pages for all of Section 4, pages 73-86, have been included.

18. *Page 76. Water Use Efficiency limits distribution leakage to 10 percent, not 20 percent. Please revise and include a description to show how NBWS intends to meet this goal.*

Section 4.1 has been modified to describe the Water Use Efficiency Rule requirements and to clarify the 10 percent limit on distribution leakage. It also describes NBWS' approach to meeting the goal. Replacement pages for all of Section 4, pages 73-86, have been included.

19. *Page 95, section 6.2.1. Both Ocean Park and Pacific Water Company had plant ratings, and both were rated as Class 2 plants, requiring a WTPO 2 level of certification for operation. Please revise this section to show those requirements.*

Section 6.2.1 has been modified to indicate that a WTPO 2 certificate is required for operation. Replacement pages for all of Section 6, pages 91-117, have been included.

20. *Page 97, section 6.3.2. Alarms are recommended for filtration plants. Please describe the type of filters in the plant, what alarms, if any, are set, and the alarm response.*

Karen Klocke/Teresa Walker, P.E.

April 11, 2008

Page 6

The type of filters in the plant and the limited alarm system are clearly described in Section 6.3.2 Water Filter Plant, Sections 3.3.4 Iron and Manganese Treatment System and 3.3.13 Telemetry System. No changes were made to the WSP.

21. *Page 103, Regulatory Requirements. Please explain what effect the newly promulgated Ground Water Rule is likely to have on this system.*

Page 104 has been modified to explain the potential effects of the GWR which include the need to correct the deficiencies noted in the most recent sanitary survey and implementation of a Cross Connection Control Program. Replacement pages for all of Section 6, pages 91-117, have been included.

22. *Page 110, ODW Notification. The wrong telephone number is listed in this WSP. Please change the phone number to (360) 236-3030.*

The phone number has been changed. Replacement pages for all of Section 6, pages 91-117, have been included.

23. *Page 118, exhibit 6-1, Organizational Chart. The flow chart is out of date. Many of the people listed on the chart are no longer working for this system. Please update the flow chart to show current employees and their ratings.*

The flow chart has been updated. A replacement Exhibit 6-1, page 118, has been included.

24. *Page 123, Exhibit 6-5, Emergency Call-Up Roster. The telephone number for ODW is incorrect. It should be (360) 236-3030. In addition, the plan should include the Department of Ecology's (Ecology) Spill Response number of (360) 407-6300. Please include this information in the revised WSP.*

The Emergency Call-Up Roster has been modified as suggested. A replacement Exhibit 6-5, page 123, has been included.

25. *Page 125, Public Notification and Appendix C, Coliform Monitoring Plan. The Environmental Protection Agency has specific language that must be used for notification of exceedances. Please see the information in the enclosed red and teal folders, and include it in the revised WSP.*

Karen Klocke/Teresa Walker, P.E.

April 11, 2008

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Page 125-126 have been deleted from the plan. Page 124 has been modified to reference the red and teal folders supplied by ODW. A replacement Exhibit 6-6, page 124, has been included. The red and teal folders have not been included with the replacement pages submitted to ODW because they are ODW documents. However, they are included in the updated WSP on file at NBW and all other updated WSPs.

26. *Page 142, Exhibit 9-3, Expense/Revenue Requirements. It appears there are five years of negative balance in the expense/revenue worksheets. Please explain how this system can be feasible and viable if there is a negative balance for five years.*

Exhibit 9-3 was provided in the plan to show the deficit if the programs were implemented without a rate increase. Exhibits 9-5 and 9-6 show the rate increases required to balance the budget under the two funding options (PWTF Loans or Revenue Bonds). Section 9.3.2, Future Revenue Needs and Section 9.3.3, Assessment of Rates, discuss the options and the recommended course of action. Section 9.3.4, Summary of Financial Recommendation, has been added to page 139 to clarify the action required. A replacement page 139 has been included.

27. *Preparation Information. The date is incorrect in the plan-the plan was prepared in November 2007, not 2008. Please revise.*

The date has been revised and a replacement copy of the Coliform Monitoring Plan is included.

28. *Appendix D- Section V-1. The 2006 Sanitary Survey found deficiencies in the Sanitary Control Area for both Pacific Water Co and Ocean Park. Please describe how these will be addressed or mitigated in the future.*

The deficiency in the sanitary control area for S11, the South Well #1/PWC S01, was reviewed under a previous sanitary survey. As a result of the discussion, the water from S11 was analyzed for evidence that would indicate that the water was under the influence of surface water. The results of the testing were negative which indicated that the well was not under the direct influence of the surface conditions. The pond is used for discharge of backwash water from the treatment process and is an expression of the groundwater. The pond in question is under control of NBW and access to the property and pond is limited. No additional action was deemed necessary.

Karen Klocke/Teresa Walker, P.E.

April 11, 2008

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There is a residential lot under private ownership at the North Wellfield that extends into the sanitary control area for S01 and S02. The 2006 Sanitary Survey incorrectly stated that the lot also encroached on the sanitary control area for S03. NBW long term goal is to own all of the area of sanitary control for its wells. However, that is not feasible at this time due to financial constraints. NBW is negotiating with the owner of the lot for a restrictive covenant to protect the wells.

29. Water Facilities Inventory Form (WFI). The WFI shows that this water system is investor owned. Please submit a WFI that shows this system is a special district.

The WFI has been corrected and is included.

Ecology has sent the enclosed comment letter regarding the NBWS WSP on January 14, 2008. The water rights assessment was consistent with Ecology's records; however, Ecology asked for clarification on how this system is operating the wells to stay within the authorized water rights.

NBW is preparing a response to Ecology's letter dated January 14, 2008 concerning operating the wells to stay within the authorized water rights. ODW will be copied on this response.

These responses should adequately address all of your comments. Thank you for your assistance in completion of the WSP. If you have any questions please contact me at (360) 357-7875.

Sincerely,

THOMAS J. FRARE, PE

cc: R.D. William, North Beach Public Development Authority
Michael Berlien, North Beach Water



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SOUTHWEST DRINKING WATER REGIONAL OPERATIONS
PO Box 47823, Olympia, Washington 98504-7823
TDD Relay 1-800-833-6388

November 12, 2008

R. D. Williams
Ocean Park Water Company
Post Office Box 618
Ocean Park, Washington 98640

Subject: Ocean Park Water Company, ID #63000C, Pacific County; North Beach Water System Plan, ODW Project #07-1202

Dear R. D. Williams:

The Water System Plan (WSP) for the above system received by the Office of Drinking Water (ODW) on December 3, 2007, with additional submittals on April 14, 2008, July 1, 2008, and October 21, 2008, has been reviewed and in accordance with the provisions of WAC 246-290-100, is **APPROVED**.

Approval of this WSP is valid as it relates to current standards outlined in Washington Administrative Code (WAC) 246-290 revised February 2008, WAC 246-293 revised September 1997, and RCW 70.116 (Municipal Water Law) effective September 2003, and is subject to the qualifications herein. Future changes in the rules and statutes may be more stringent and require facility modification or corrective action.

An approved update of this WSP is required on or before November 5, 2014, unless ODW requests an update or plan amendment pursuant to WAC 246-290-100 (9).

Ocean Park Water Company (ID #63000C) and Pacific Water Company (ID #20051V) are merging to become one system and will now be known as North Beach Public Development Authority (NBPDA). This system will retain the ID number from Ocean Park Water Company (ID #63000C).

APPROVED NUMBER OF CONNECTIONS

This WSP includes capacity information that evaluates the physical ability of this system to provide water with any water right limitations that might occur during this WSP approval period.



Based on the analysis presented in this WSP, this system has adequate capacity to serve a total of 3,900 Equivalent Residential Units (ERUs). The capacity was determined based on a Maximum Day Demand (MDD) of approximately 240 gallons per day (gpd)/ERU and an Average Day Demand (ADD) of 104 gpd/ERU. The limiting factor is source capacity.

This system is being given an "Unspecified Designation (U)" and is responsible for permitting new service connections so its physical capacity and water rights are not exceeded. As new water service is requested, NBPDA must evaluate each connection with respect to its expected water demands (in numbers of ERUs on an average day basis) and adjust the remaining connection allowance. NBPDA should keep an accounting that compares the overall ERUs expended against the overall number of connections placed into service. This will allow a better estimate of ongoing system capacity as ERU expenditures approach the projected limit for adequacy.

LOCAL GOVERNMENT CONSISTENCY

Michael A. Desimone, Director of Pacific County Department of Community Development, signed the local consistency statement on February 28, 2008. This meets local government consistency requirements for WSP approval pursuant to RCW 90.03.386 and RCW 43.20.

WATER RESOURCES

A copy of the Department of Ecology's (Ecology) comment letter dated January 15, 2008, regarding water rights for this system is enclosed. Please work with Ecology to resolve any future water rights questions. The information presented in this WSP will be considered valid as it applies to this WSP approval.

Because Ecology has jurisdiction with respect to water rights determinations, ODW's approval of this WSP will not provide any guarantee and should not be considered to provide any guarantee concerning legal use of water or subsequent water rights decisions by Ecology. Depending on Ecology's future actions on this system's water rights, additional planning or other submittals may be required by ODW. Questions concerning water rights or any uncertainties or discrepancies concerning water rights issues should be directed to Ecology.

SERVICE AREA AND DUTY TO SERVE

Pursuant to RCW 90.03.386 (2), the service area identified in the enclosed service area map may now represent an expanded "place of use" for this system's water rights. Changes in service area should be made through a WSP amendment.

This system has a duty to provide new water service within the retail service area. This WSP has incorporated information that identifies the procedures and processes put into place to ensure this system can provide timely and reasonable water service within the retail service area.

CONSTRUCTION WAIVERS

Standard Construction Specifications for distribution main extensions were approved in this WSP. Consistent with WAC 246-290-125 (2), this system may proceed with the installation of distribution main extensions provided this system completes and keeps on file the enclosed construction completion report form in accordance with WAC 246-290-125 (2) and WAC 246-290-120 (5) and makes it available for review upon request by ODW.

WATERSHED PLANNING

The Willapa Watershed (WRIA 24) is currently not planning. Therefore, this WSP is "not inconsistent" with the watershed plan. ODW encourages this system to be aware of the watershed activities. Please contact Paula Ehlers of Ecology at (360) 407-0271 for more information.

If you have any questions, please contact Karen Klocke at (360) 236-3031 or Teresa Walker at (360) 236-3032.

Sincerely,



KAREN KLOCKE
Office of Drinking Water, Regional Planner



TERESA WALKER, P.E.
Office of Drinking Water, Regional Engineer

Enclosures

cc: Thomas J. Frare, TJF & Associates
Pacific County Health Department
Pacific County Department of Community Development
Amy Nielson, Ecology
Brad Brooks, ODW
Gael Kantz, ODW
Cheri Paine, ODW
Bonnie Waybright, ODW