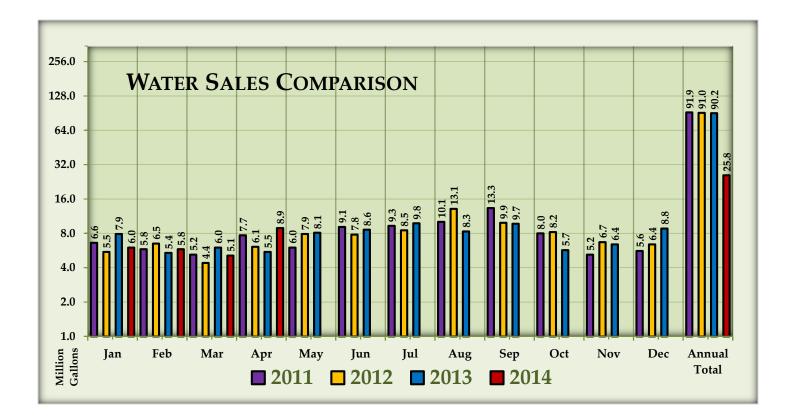
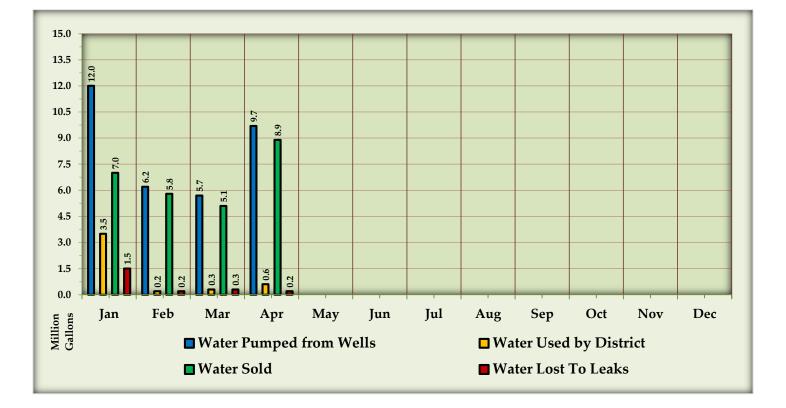


**GENERAL MANAGER'S REPORT** 

Report on Water System Operations for the Month of: April, 2	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 <sup>1</sup>
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%
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%
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
Water quality complaints responded to in Activity Period $\_$ $\_$	00
Locates requests in Activity Period	35
Number of customer valves installed in Activity Period $\_$ $\_$ $\_$	

<sup>1</sup> 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<sup>-</sup><sub>3</sub>) every month. The treatment plant uses ozone (O<sub>3</sub>) as on oxidant to remove iron. manganese, and color. One of NBWD's raw water benign constituents is bromide (br<sup>-</sup>). 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 (Br<sup>-</sup> + O<sub>3</sub>  $\rightarrow$  BrO<sup>-</sup><sub>3</sub>). 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 and 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 of 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( $F^{\circ}$ ), tannic acid (Ta), silica (SiO<sub>2</sub>), ammonia (NH<sub>3</sub>). 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 constitutes 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.

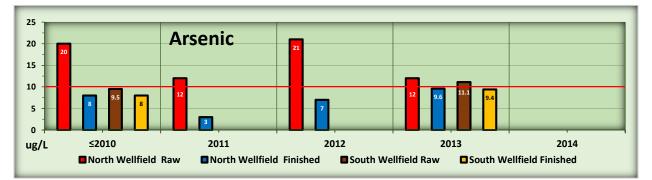
If the temperature is above  $60^{\circ}F$  the water main will be scheduled for a flush within the next week. If the water temperature is above  $65^{\circ}F$  it will be scheduled for a flush within the next 24 hours.

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.

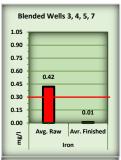
NBWD is scheduled to test for the following contaminates during 2014:

Arsenic: Raw Water arsenic levels are slightly above the MCL (10  $ug/L^2$ ). The Treatment Plant reduces the residuals to below the MCL as the chart below indicates:

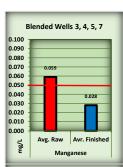


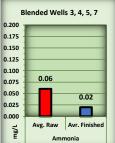
<sup>2</sup> Ug/L means: micrograms per liter or part per billion. There are 100,000 drops of water in a gallon. One drop of Arsenic in 1,000 gallons would be approximately 10 ug/L.

Tre	Qualit	t Plant \ ty Repo pr-14		5	10		Manganese		COLOR	-	E.		remperature	Lin A ciner	l annic Acid		SIIICa		Аштопа																																
	Well Source	Status	Gallons Pumped	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished																																								
	S03	Back up	-																																																
ed #1	S04	Active	3,519,600	0.42	0.01	0.059 0.	0.050	0.050	0.028	12	2	7.50	7 00	7.90 56.6	56.9	0.22 0.11	35.0	29.6	0.06	0.02																															
Blended #1	S05	Active	1,313,400	0.42			0.028	0.028	0.028	0.020	0.020	0.020	12	2	7.50	7.90	50.0	.0 50.5	0.22 0.11	35.0	25.0	0.00	0.02																												
	S08	Back up	-																																																
Blended #2	S07	Active	2,942,600	0.45 0.0	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45 0.01	0.45	0.45	0.45	0.01	0.058	0.031	22	1	7.72	7 75	55.4	56.9	0.23	0.09	24.0	20.4	0.05	0.03																			
Blen #	S09	Active	1,875,600												0.01	0.058	0.031	22	1	1.12	7.75	55.4	50.9	0.23	0.09	34.0	29.4	0.05	0.05																						
Blended #3	S01	Back up	-																																																
Blen #	S02	Back up	-																																																
#4	S10	Off line	-																																																
Blended #4	\$11	Off line	-																																																
Ble	S12	Off line	-																																																

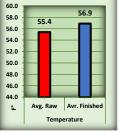


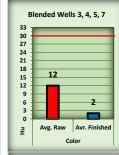






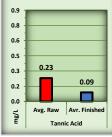
Blended Wells 6, 8

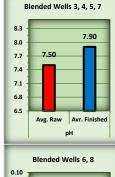


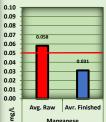


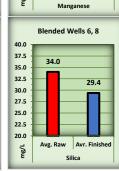






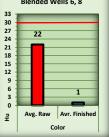


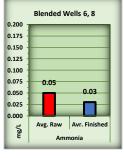


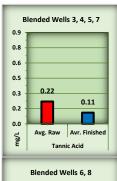




### Blended Wells 6, 8

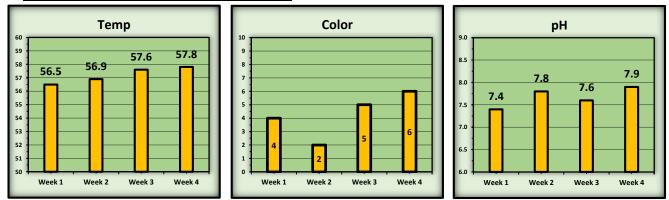








# Distribution Water Qualtity:



## 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 <b>#:</b> 2	\$ 22,808	\$ 2,147,587	\$ 6,842		
Tuesday, August 6, 2013	Request <b>#:</b> 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 <b>#:</b> 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	,123 Award		Award Budget Remaining	
Loan Fee	\$ 8,823	\$	882,300	\$	882,300
Friday, July 12, 2013	Request <b>#:</b> 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 <b>,</b> 282
Friday, December 20, 2013	Request #: 5	\$	8,347	\$	797 <b>,</b> 935
Friday, January 3, 2014	Request #: 6	\$	86,632	\$	711,303
Monday, February 3, 2014	Request #: 7	\$	177,502	\$	533 <b>,</b> 800
Thursday, March 6, 2014	Request #: 8	\$	141,546	\$	392 <b>,</b> 254
Monday, April 7, 2014	Request #: 9	\$	130,589	\$	261 <b>,</b> 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

# 245<sup>th</sup> 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 The DOH provided a Mike Johnson and the District to work pivotal. 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
- 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# <u>K14032</u>	<u>49 – c</u>	207
		mental
1317 S. 13th Avenue COLIFORM BA		elso, WA 98626
	e Sample ollected	County
Month Day Year 2	:000	PM Packfic
Type of Water System (check only one box)		] Private Household
🖄 Group A 🛛 🗍 Group B		] Other
Group A and Group B Systems - Provide fro	om Water Fa	cilities Inventory (WFI):
$ID\# \bigcirc 3 \bigcirc \bigcirc$	0 (	v, · · ·
System Name:	each	Water
Day Phone: 75.0 + (05-4)91	<u>1</u>	Cell Phone: CARAUN-CARCES
Eve. Phone: (5(0)-244-0068	>	FAX: [7(10)+665-460)
Send results to: (Print full name, address and zip	code)	
PO BOX Ocean Park	< 61 , WA	8 - 95640
SAMPLE	NFORMAT	TION
Sample collected by (name):	Mar	sican
Specific location where sample collected: NSS#8 1719 264th PL Ocean	2	Special instructions or comments:
Type of Sample (MUST CHECK ONLY OF	· · · · · · · · · · · · · · · · · · ·	*****
#1. Routine Distribution Sample	1	Sample (after unsat. routine)
Chlorinated: Yes No X		bution System
Chlorine Residual: Total Free	LJ Soun (Pop	ce Groundwater Rule (GWR) ulation of 1,000 or less)
#3. Raw Water Source Sample	Uns	atisfactory routine lab number:
E.coli – GWR source sample Fecal –Surface, GWI, some springs		7
Other		actory routine collect date:
	onociation	
S	Chlorinat	ed: Yes No
Public systems must provide source number from WFI		Residual: TotalFree
#4 Sample Collected for Information O	L	
Investigative Construction / R	- Repairs	Other
LAB USE ONLY DRINKING W		
Unsatisfactory Total Coliform Present a		Satisfactory
-	<i>oli</i> absent	
Replacement Sample Required:		
Sample too old (>30 hours)	C	<u> </u>
Improper Container	vid culture	
Bacterial Density Results: Plate Count	/n	nl. E.coli/100ml.
Total Coliform/100ml.	Fecal Colife	orm/100ml.
Method Code: SUG223B		Date, Time and Temp Received:
Date Analyzed 04,02,14	1	Date Reported: 04/05/1.4
Sample Number (DOH number plus five digits)		Lab Use Only
017-32521		ar yfflin 4

### 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 colliform presence is unsatisfactory.

The presence of colliforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. <u>Unsatisfactory samples should be investigated IMMEDIATELY and</u> <u>repeat samples submitted</u>. 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:

- 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 colliform 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.

SR# K140326	2-002
	vironmental
1317 S. 13th Avenue	
COLIFORM BA	CTERIA ANALYSIS
	e Sample County
Month Day Year	SO AM Pacific
Type of Water System (check only one box)	Private Household
🖄 Group A 🔲 Group B	Other
Group A and Group B Systems – Provide fr	om Water Facilities Inventory (WFI):
System Name:	Berich Water
Contact Person:	Meal
Day Phone: (40) - (65-4)	Cell Phone: (3/0) - 2440005
Eve. Phone: 360 + 244-006	8 FAX: (36)- (265-464)
Send results to: (Print full name, address and zip	code)
PO Box	68
Ocean Park,	NA 98640
	NFORMATION
Sample collected by (name): Nic K	Morrison
Specific location where sample collected:	Special instructions or comments:
NSS#1	
26200 Sandridge RC Ocer	unPark
#1. Routine Distribution Sample	NE BOX OF #1 THROUGH #4 LISTED BELOW) #2.Repeat Sample (after unsat. routine)
Chlorinated: Yes No X	Distribution System
Chlorine Residual: Total Free	Source Groundwater Rule (GWR)
#3. Raw Water Source Sample	(Population of 1,000 or less)
E.coli – GWR source sample	Unsatisfactory routine lab number:
Fecal –Surface, GWI, some springs	
Other	Unsatisfactory routine collect date:
S	Chlorinated: Yes No
Public systems must provide source number from WFI	Chlorine Residual: TotalFree
#4. Sample Collected for Information O	nły
Investigative Construction / R	Repairs Other
LAB USE ONLY DRINKING W	ATER RESULTS LAB USE ONLY
Unsatisfactory Total Coliform Present a	ind Satisfactory
E.coli present E.co	li absent
Replacement Sample Required:	
Sample too old (>30 hours)	СС
Improper Container I Turt	vid culture
Bacterial Density Results: Plate Count	/ml. <i>E.coli</i> /100ml.
Total Coliform/100ml.	
Method Code: <u>849223</u> E	Date Time and Temp Received; 42/14,240, 724
Date Analyzed 04/02/14	Date Reported: 0405/14
Sample Number (DOH number plus five digits)	2 Lab Use Only: 4/7/14 5

### INTERPRETATION OF RESULTS FOR DRINKING WATER

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

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

SR# K1403	262-003
ALSEN	vironmental
1317 S. 13th Avenu	
COLIFORM BA	CTERIA ANALYSIS
	ne Sample County
H / I / I H Month Day Year	35 APM Pacutic
Type of Water System (check only one box)	:)  Private Household
🕅 Group A 🔤 Group B	
Group A and Group B Systems – Provide fr	rom Water Facilities Inventory (WFI):
System Name: North E	each Water
Contact Person: WWWar	n Near
Day Phone: (20) - 665-41	144 Cell Phone: (3(6)) - 244-066
Eve. Phone: $(3(6) - 244 - 0)$	65 FAX: 3007665-4641
Send results to: (Print full name, address and zip	code)
YO SOX	618
Vcean Park	WA 018640
SAMPLE	INFORMATION
Sample collected by (name): Mick	Morrison
Specific location where sample collected: $N \in \mathcal{L}$	Special instructions or comments:
NSS#10 121224/HPLOren	O H H
	NE BOX OF #1 THROUGH #4 LISTED BELOW)
#1. X Routine Distribution Sample	#2.Repeat Sample (after unsat. routine)
Chlorinated: YesNo_X	Distribution System
Chlorine Residual: Total Free	Source Groundwater Rule (GWR)
#3. Raw Water Source Sample	(Population of 1,000 or less) Unsatisfactory routine lab number:
E.coli – GWR source sample	
Fecal –Surface, GWI, some springs	0 1 7 Unsatisfactory routine collect date:
Public systems must provide source number from WFI	Chlorinated: Yes No
P duite systems must provide source number non whit	Chlorine Residual: TotalFree
#4, Sample Collected for Information O	ð
Investigative Construction / R	
	VATER RESULTS LAB USE ONLY
Unsatisfactory Total Coliform Present a	
E.coli present E.co	oli absent
Replacement Sample Required:	
Sample too old (>30 hours)	-
Improper Container Turb	bid culture
Bacterial Density Results: Plate Count	/ml. E.coli/100ml.
Total Coliform/100ml.	
Method Code: MICR	Bate Time and Temp Received:
Date Analyzed 0402/14	Date Reported: 04/05/14
Sample Number (DOH number plus five digits) 0 1 7 - 32-52	Lab Use Only: 4/7/14

# FOR DRINKING WATER

The analysis-performed on this drinking water sample is an examination for the presence of colliform organisms in the water and indicates the bacteriological quality of the sample. The presence of colliform 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 collforms indicates the system is not properly protected against contamination and may be unsafe for human consumption. <u>Unsatisfactory samples should be investigated IMMEDIATELY and</u> <u>repeat samples submitted</u>. 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:

- 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 notity the users of public water systems as
- specified in WAC 246-290-480.
- 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 colliform 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.

SR# <u>K140329</u>	2-00	24
(ALS) Enc 1317 S. 13th Avenu		<b>mental</b> Kelso, WA 98626
COLIFORM BA		-
	e Sample	County
4 / 1 / 14 Month Day Year 2	JUV	IAM Pacifik
Type of Water System (check only one box)	) · [	Private Household
Group A 🛛 Group E	в [	] Other
Group A and Group B Systems – Provide fr	om Water Fa	acilities Inventory (WFI):
$ID\# \underline{(0 > 0 0)}$	$\underline{O}$	99 <sup>74</sup>
System Name: North Be	Each	. Water
Contact Person: William / Day Phone: $(30) - (005 - 41)$	Veal	Coll Phones R/ (D) (1)11 Mart C
Eve. Phone: $(\mathcal{A}\mathcal{A}) = \mathcal{A}\mathcal{U}\mathcal{U} = (\mathcal{A}\mathcal{A})$	<u> </u>	Cell Phone: $(S(d)) - \partial U - \partial (dS)$ FAX: $(S(d)) - (a(cS - U(d)))$
Send results to: (Print full name, address and zip	code)	
060	·····	,
YO D	$\circ \times $	l VS
VCean Yark	$, \mathcal{M}$	- <u>48640</u>
SAMPLE I	NFORMA	TION
Sample collected by (name): MCK	M	orrison
Specific location where sample collected: $NSS \mp q$		Special instructions or comments:
27900 O St Crean Po	or WA	
Type of Sample (MUST CHECK ONLY O		#1 THROUGH #4 LISTED BELOW)
#1. X Routine Distribution Sample	#2.Repeat	Sample (after unsat. routine)
Chlorinated: YesNo_X	🗌 🗌 Disti	ribution System
Chlorine Residual: Total Free	C Sou	rce Groundwater Rule (GWR) pulation of 1,000 or less)
#3. Raw Water Source Sample		satisfactory routine lab number:
E.coli – GWR source sample Fecal –Surface, GWI, some springs	0 1	-
Other	Unsatisf	factory routine collect date:
S S		
Public systems must provide source number from WFI	Chlorina	ited: Yes No
	Chlorine	Residual: TotalFree
#4,  Sample Collected for Information O	-	
Investigative Construction / F		
LAB USE ONLY DRINKING W		
Unsatisfactory Total Coliform Present a	i <b>nd</b> o <i>li</i> absent	Satisfactory
Replacement Sample Required:		
Sample too old (>30 hours)	C	
Improper Container Turt	vid culture	
Bacterial Density Results: Plate Count	]	ml. <i>E.coli</i> /100ml.
Total Coliform/100ml.	Fecal Colif	form/100ml.
Method Code: MICR	B	Date, Time and Temp Received:
Date Analyzed 04/02/14 Sample Number (DOH number plus five digits)		Date Reported: 04/05/14
$\frac{0}{2} \frac{1}{7} - \frac{3252}{2}$	4	Lab Use Only: Ku/4/14

# FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of collform organisms in the water and indicates the bacteriological quality of the sample. The presence of collform 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. <u>Unsatisfactory samples should be investigated IMMEDIATELY and</u> <u>repeat samples submitted</u>. Contact your local health department or DOH Regional Office for assistance in determining the source of contamination and corrective procedures.

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

- 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 notity the users of public water systems as
- specified in WAC 246-290-480
- 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.

SINT	- Contraction of the Contraction	-	
ALS ENU 1317 S. 13th Avenue	vironn		al /A 98626
COLIFORM BAG		-	
	e Sample		County
		13/	offic
Type of Water System (check only one box)		Private Ho Other	usehold
Group A and Group B Systems – Provide fro		lities Inven	tory (WFI):
System Name: North Be	ach	Wa	ter
Contact Person: WWWCW	ARCY		50 000 miles
Day Phone: (3(0) - 6(65-4)		Cell Phone	- (300 H41-0068
Eve. Phone: (3,0)-244-00 (		FAX: (g	0-465-464
Send results to: (Print full name, address and zip o			
YQ Be	<u>x 61</u>	<u>s</u>	
Occan Part	WA C	180	OLO
SAMPLE II	NFORMATI	ON	
Sample collected by (name):	/ Ma	~~ . c	· • •
Specific location where sample collected:	$\gamma \gamma \gamma \gamma$	Special ins	DOT
Specific location where sample conected.		орескат па	auctions of comments.
3314 2815t Ocea	RA		
Type of Sample (MUST CHECK ONLY ON	and the second	THROUG	H #4 LISTED BELOW)
			er unsat. routine)
Chlorinated: YesNo	Distrib	ution Syste	m
Chlorine Residual: Total Free	Source	e Groundw	ater Rule (GWR)
#3. Raw Water Source Sample			)00 or less)
E.coli – GWR source sample			outine lab number:
Fecal –Surface, GWI, some springs			
Other			e collect date:
S			/ No
Public systems must provide source number from WFI			No otalFree
Investigative Construction / R		Other	
LAB USE ONLY DRINKING W			LAD'USE ONLY
Unsatisfactory Total Coliform Present a			Satisfactory
	oli absent		
Replacement Sample Required:			
Sample too old (>30 hours)			
Improper Container Turb	id culture		
Bacterial Density Results: Plate Count			
Total Coliform/100ml.			/100ml.
Method Code: Smg223	<u>B</u>	4/2/	d Temp Received:
Date Analyzed OV/02/14_ Sample Number (DOH number plus five digits)		até Reporte	Ununu
0 1 7 - 32524	5   <sup>L</sup>	ao use Uilly	1 ulally

V1412161 -005

# FOR DRINKING WATER

The analysis performed on this drinking water sample is an examination for the presence of collform organisms in the water and indicates the bacteriological quality of the sample. The presence of collform 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 colliforms 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.
- 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 colliform 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:

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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.



# 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:	Date Received: 04/02/14					
Select One	Date Analyzed: 04/02/14					
X RC- Routine/Compliance	Date Reported: 04/11/14					
C- Confirmation	Comments: K1403277-001					
Investigative						
Other(specify)						
Sample Composition:	Sample Type: (Select One)					
Select One	Pre-Treatment/Raw					
X S- Single Source	X Post-Treatment/Finished					
B- Blended (List multiple source numbers)	Unknown					
C- Composite	Sample Collected by: Nick Morrison					
D- Distribution sample	Phone Number: <b>360-244-0068</b>					
Send Report to: North Beach Water	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:

Form A19-1A	WASHINGTON STATE DEPARTMENT OF COMMERCE VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42825 OLYMPIA, WA 98504-2625 VENDOR OR CLAIMANT (Warrant is to be payable to:) North Beach Water District	INSTRUCTI Submit this f Show compl Vendor's Cer	30 DNS TO VENDOR OR CI orm to claim payment for tet detail for each item. ttificate: The individual sig	LAIMANT: materials; merchandise, or services.	
	PO Box 618 Ocean Park WA, 98640	under penalt services furn provided with	y of perjury that the items ished to the State of Wasl	ity identified in the Vendor/Client section and totals listed herein are proper charg tington, and that all goods furnished anc e of age, sex, marital status, race creed trans status.	es for materials, merchandise or l'or services rendered have been
Contact Person Phone: Contract Period Report Period	(360) 665-4144	By: G	eneral Manager (TTTLE)	(SIGN IN BLUE INK)	-12-13 (DATE)
	Original Contract Amount	\$2,190,631 \$0,631			
	Loan Fee (if any)				
Date	DESCRIPTION	Budget	Previously Reques	ted Amount of This Invoice	Award Remaining Balance
	Net Contract Amount	\$2,190,631			\$2,190,631
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 / Welifield 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

and the second se				PROGRAM	APPROVAL (The	individual signing the	s voucher warrants they have the author	DATE		
OC DATE			CURRENT DOC	. NO.	REFERENC	E DOC NO.		VENDOR NUMBER and SUFFIX	SWV0110176 (	00
CCOUNT N	NO.				ASD NUMB	ER	27010	VENDOR MESSAGE	94) 	
TRANS CODE	NS MASTER INDEX SUB		SUB OBJ	SUB SUB OBJ	GL ACCT SUBS		SUBSID	AMOUNT		INVOICE
					•					DM12-952-129
IGNATURE OF ACCOUNTING PREPARER FOR PAYMENT				<i></i>	DATE .			WARRANT TOTAL		
CCOUNTING APPROVAL FOR PAYMENT						DATE				

Form A19-1A		VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525	Ā	IGENCY NUMBER	Short Code		Contract Number 952-129
		OLYMPIA, WA 98504-2525					
		OR OR CLAIMANT (Warrant is to be payable to:) 9 Water District WA, 98640	s s u a u s	Submit this for Show complet Vendor's Certi authorized and inder penalty services furnisi provided witho	e detail for each item. ficate: The individual signing t I on the behalf of the entity ide of perjury that the items and to hed to the State of Washingto	ials, merchandise, or services. his voucher below warrants they ha ntified in the Vendor/Client section. tals listed herein are proper charge n, and that all goods furnished and/ ge, sex, marital status, race creed,	The individual signing below certifies s for materials, merchandise or or services rendered have been
Contact Person	1:	Jack McCarty					
Phone: Contract Period Report Period	d	(360) 665-4144 11/29/2012 - 11/29/2036 6/1/2012 - 7/3/2013	E		neral Manager	(SIGN IN BLUE INK) 7/	31/2013
					(TITLE)		(DATE)
	Original Contrac Loan Fee (if any		\$2	,190,631 \$0			
- 27 C - 20	Loan ree (ir any	200		\$0			
Date		DESCRIPTION	Budg	get	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract An		\$2,190	),631	\$20,236.01		\$2,170,395
		Request #2	3				
		See Attached Invoice List					
		•					
		Totals		L. L		\$22,807.88	\$2,147,587

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	ch: Year/Dollars/Coding					PROGRAM A	PPROVAL (The	ndviðual signing fri		DATE		
DOC DATE			CU	RRENT DOC. NO.		REFERENCE	DOC NO.		VENDOR NUMBER and SUFFIX	SWV011017	6 00	2
ACCOUNT N	0.					ASD NUMBER	3	27010	VENDOR MESSAGE			
TRANS CODE					SUB	GL	ACCT	SUBSID	AMOUN	r	INV	OICE
·										DM12-	952-129	
		-										
SIGNATURE	OF ACCOUNTING	PREPARER F	OR PAYMENT					DATE		WARRANT TOTAL		
ACCOUNTING APPROVAL FOR PAYMENT						DATE						

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Form A19-1A		WASHINGTON STATE DEPARTMENT OF COMMERCE VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 88504-2525 DOR OR CLAIMANT (Warrant is to be payable to:) N Water District WA, 98640	1 	Submit this for Show complet Vendor's Certi authorized and under penalty services furnis provided witho	30 NS TO VENDOR OR Im to claim payment f de data for each item ficate: The individual d on the behalf of the of perjury that the iter hed to the State of W	CLAIMAN for materia signing thi entty iden ris and tot /ashington ause of ag	AT: Is, merchandise, or services. Is voucher below warrants they han thed in the Vendor/Clent section. als listed herein are proper charge and that all goods furmished and/	The individual signing below certifies s for materials, merchandise or or services rendered have been
Contact Person: Phone: Contract Period Report Period		Jack McCarty (360) 665-4144 11-29-2012 thru 11-29-2036 6-23-2013 thru 7-20-2013			neral Manager (TITLE)		SIGN IN BLUE INK) 8	(6/2013 (DATE)
	Original Contrac Loan Fee (if any		\$	2,190,631 \$0				
Date	Luan Fee (ii an)	DESCRIPTION		ېن Iget	Previously Requ	instad	Amount of This Invoice	Award Remaining Balance
Date	Not Occupient As				× ×		Amount of this mode	
· · · · · · · · · · · · · · · · · · ·	Net Contract An	Request #3	\$2,19	0,631	\$43,043.8	99		\$2,147,587
7/22/2013	Invoice 13224.0	11-4 / Gray & Osborne, Inc / Wellfield Drilling & Testing	•				\$1,465.51	
and the second se	the second s	2-5 / Gray & Osborne, Inc / Supply & Treatment Project	-				\$1,087.22	
	·							
			·					
				_				
		Totals					\$2,552.73	\$2,145,034

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Match: Yea	Andoh: Year/Dollars/Coding			PROGRAM A	PPROVAL (the	indvidual signing (hi	s voucher warrants they have the author	ty to sign this voliciter)	DATE	
DOC DATE			CURRENT DOC	. NO.	REFERENCE	DOC NO.		VENDOR NUMBER and SUFFIX	SWV0110176	00
ACCOUNT	10.				ASD NUMBER	2	27010	VENDOR MESSAGE		
TRANS CODE	TRANS CODE MASTER INDEX SUB OBJ			SUB SUB OBJ	GL	ACCT	SUBSID	AMOUN	т	INVOICE
										DM12-952-129
								-		
SIGNATURE	OF ACCOUNTIN	G PREPARER FO	R PAYMENT				DATE		WARRANT TOTAL	
ACCOUNTING APPROVAL FOR PAYMENT				DATE						

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		WASHINGTON STATE							
		DEPARTMENT OF COMMERCE					4		
				AGENCY NUWBER	R	Short Code	Commerce C	Contract Number	
Form		VOUCHER DISTRIBUTION							
A19-1A		DEPARTMENT OF COMMERCE		10	30		DM12-952-129		
		PO BOX 42525 OLYMPIA, WA 93504-2525							
	VEN								
	VEN	DOR OR CLAIMANT (Warrant is to be payable to:)				OR OR CLAIMA			
					erm to claim pa ete detail for ea		ials, merchandise, or services.		
	North Beac	h Water District		A COST CONTRACTOR			his voucher below warrants they ha	we the authority to do so as	
	PO Box 618			authorized an	The individual signing below certifies				
	- <u>1. 5. 5. 5. 5. 5</u> . 5		•	under penalty	of perjury that	t the items and to	tals listed herein are proper charge	s for materials, merchandise or	
	Ocean Park	WA, 98640	. •.	services furnis	shed to the Sta out discriminat	ate of Washingto ion because of a	n, and that all goods furnished and ge, sex, marital status, race creed,	or services rendered have been color, national origin, handicap.	
						sabled veterans			
Contact Person:		Jack McCarty		-	0	-	21		
Phone:		(360) 665-4144		1	1	6			
Contract Period		11/29/2012 - 11/29/2036		By: 🖌	n	8	-		
Report Period	C	7/1/2013 - 8/29/2013		(SIGN IN BLUE INK)					
				Ge	eneral Man	ager	8/	/30/2013	
					(TITLE)			(DATE)	
	Original Contra		\$	2,190,631					
	Loan Fee (if an	y)	1	\$0					
Date		DESCRIPTION	Bu	dget	Previousl	y Requested	Amount of This Invoice	Award Remaining Balance	
	Net Contract A	mount	.\$2,19	0,631	\$45,	596.62		\$2,145,034	
		Request #4			1				
8/5/2013	Invoice # 13-75	57 / Robinson Noble / New Well Testing Consultant					\$79.00		
8/30/2013		21 / Robinson Noble / New Well Testing Consultant					\$13,950.40		
		· · · · · · · · · · · · · · · · · · ·							
8/24/2013	Ricon Wall Doll	ing & Septic / Drilling Of New Well					\$24,649.42		
0/24/2013	DISON WEILDIN	ing a Septic / Driving Of New Weir					\$24,047.42		
			1						
			-						
			-						
			• •						
		Totals					\$38,678.82	\$2,106,356	

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Match: Yea	r / Dollars / Coding				PROGRAM APPROVAL (n	L (ne individual signing this voucher earliers they have the earlier of y losing this voucher) DATE					
DOC DATE			CURRENT	FDOC. NO.	REFERENCE DOC NO.		VENDOR NUMBER and SUFFIX	VV0110176 00			
ACCOUNT	i0.				ASD NU¥BER	27010	VENDOR MESSAGE				
TRANS CODE	TRANS CODE MASTER INDEX SUB OBJ OBJ				GL :ACCT	SUBSID	AMOUNT	T			
									DM12-952-129		
			•								
SIGNATURE	OF ACCOUNTING F	PREPARER	OR PAYMENT			DATE		RRANT TOTAL			
	ACCOUNTING APPROVAL FOR PAYMENT					DATE					

Form A19-1A	North Beach PO Box 618 Ocean Park	WASHINGTON STATE DEPARTMENT OF COMMERCE VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA \$\$504-2525 DOR OR CLAIMANT (Warrant is to be payable to:) n Water District WA, 98640	·	Submit this fo Show comple Vendor's Cert authorized an under penalty services furnis provided witho	30 NS TO VENDOR OR CLAM rm to claim payment for mate to detail for each item. ificate: The individual signing d on the behalf of the entity is of perjury that the items and shed to the State of Washing	DM12- trials, merchandise, or services. This voucher below warrants they his nestfied in the Vendor/Clent secton totals listed herein are proper charg on, and that all goods furnished and age, sev., martal status, race creed	. The individual signing below certifies es for materials, merchandise or /or services rendered have been
Contact Person: Phone:		Jack McCarty (360) 665-4144		-	ST	0	
Contract Period	l .	11/29/2012 - 11/29/2036		ву: 🧹	tea	P	
Report Period		8/19/2013 - 9/24/2013		1		(GIGN IN BLUE INK)	100/0010
				Ge	neral Manager (TITLE)	9	/30/2013 (DATE)
	Original Contra	ct Amount	S	2,190,631	1		
	Loan Fee (if an	y)	4 <sup>1</sup>	\$0			
Date		DESCRIPTION	Bu	dget	Previously Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract Ar		\$2,19	00,631	\$84,275.44		\$2,106,356
		Request #5					
8/19/2013	and the second se	.01-5 / Gray & Osborne / Well Drilling & Testing				\$2,541.06	
9/17/2013	Invoice #13224	.01-6 / Gray & Osborne / Well Drilling & Testing				\$898.79	
0/40/2042	Investor #40004	00.0 / 0.0 / 0.0 / 0.7 / 0.0 /			-	1070.00	
8/19/2013		.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	8 / Robinson Noble / Well Drilling & Testing				\$5,912.60	
9/24/2013	Bison Well Drilli	ng & Septic / Drilling Of New Well				\$33,669.85	
					· · · ·		
		Total	s			\$46,750.73	\$2,059,605

Match: Year/Dottars/Coding			PROGRAM	PPROVAL (***)	a non-dual signing this vourber earlies they have the authority to sign this vourber) DATE								
DOC DATE	- v		CUR	RRENT DOC. NO.		REFERENCE	DOC NO.		VENDOR NUMBER and SUFFIX	SWV011017	6 00		0
ACCOUNT N	0.					 ASD NUMBE	R	27010	VENDOR MESSAGE				
TRANS CODE	NANS ODE MASTER INDEX SUB OBJ			SUB SUB OBJ	GL	ACCT	CCT SUBSID	AMOUNT		и	VOICE		
											DM12-	952-129	
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	I												
	L						•						
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT					DATE		WARRANT TOTAL						
ACCOUNTING APPROVAL FOR PAYMENT					DATE								

Form A19-1A		WASHINGTON STATE DEPARTMENT OF COMMERCE VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 38504-2525 DOR OR CLAIMANT (Warrant is to be payable to:)	INSTRUC: Submit this Show com Vendor's C authorized	D30 TIONS TO VEN s form to claim p plete detail for e Certificate: The i and on the beha	ach item. ndividual signing ti alf of the entity ide	DM12- INT: als, merchandise, or services. his voucher below warrants they han ntified in the Vendor/Client section.	The individual signing below certifies				
	Ocean Park	WA, 98640	services fu provided w	under penaity of perjury that the items and totals listed herein are proper charges for materials, merchandse o services furnished to the State of Washington, and that all goods furnished and/or services rendered have bee 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 10-14-2013 thru 10-18-2013	By: C	General Mar (TITLE)		(SIGN IN BLUE INK)	1/4/2013 (DATE)				
	Original Contra		\$2,190,63								
	Loan Fee (if an			\$0	T		I				
Date		DESCRIPTION	Budget		ly Requested	Amount of This Invoice	Award Remaining Balance				
	Net Contract Ar		\$2,190,631	\$131	,026.17		\$2,059,605				
10/11/0010	141-1	Request #6				64 707 00					
		ment Laboratories / Invoice #125396 / Well Water Tests				\$1,727.00					
10/25/2013	vvater Manager	ment Laboratories / Invoice #125396 / Well Water Tests		-		\$140.00					
10/15/2013	Gray & Osborn	e / Invoice #13224.02-8 / Supply & Treatment Project				\$1,105.70					
10/15/2013	Gray & Osborn	e / Invoice #13224.01-7 / Drilling & Testing				\$1,509.81	_				
10/18/2013	Robinson Noble	e / Invoice #13-994 / Hydro Consultant For New Well Test				\$4,651.65					
		Totals				\$9,134.16	\$2,050,471				

Match: Yea	ch: Year / Dollars / Coding					PPROVAL (114)	the individual signing this voucher warrants they have the authority to sign this voucher)				DATE
DOC DATE			CURRENT DO	OC. NO.	REFERENCE	DOC NO.		VENDOR NUMBER and SUFFIX	SWV0110176	00	
ACCOUNT	NO.				ASD NUMBER	2	27010	VENDOR MESSAGE			
TRANS CODE	S MASTER INDEX SUB OBJ OBJ				GL	ACCT	SUBSID	AMOUNT		INVOICE	
										DM12-952-129	
	· · · · · · · · · · · · · · · · · · ·										
SIGNATURE	SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT				DATE		WARRANT TOTAL				
ACCOUNTR	ACCOUNTING APPROVAL FOR PAYMENT				DATE						

		WASHINGTON STATE								
		DEPARTMENT OF COMMERCE		AGENCY NUMBER						
Farm				AGENUT NUMBER	R Short Code	Commerce	Contract Number			
Form A19-1A		VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE				DIMA	ABA 488			
		PO BOX 42525		10	30	DM12-	952-129			
		OLYMPIA, WA \$3504-2525								
	VEN	DOR OR CLAIMANT (Warrant is to be payable to:)		INSTRUCTIO	NS TO VENDOR OR CLAIM	ANT:				
				Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item.						
	North Beac	h Water District		Vendor's Certificate: The individual signing this voucher below warrants they have the authority to do so as						
	PO Box 618	1		suthorized and on the behalf of the entity identified in the Vendor/Client section. The individual signing below certifie under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or						
	Ocean Parl	(WA, 98640		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, marial status, race creed, color, national origin, handicap, religion or Vietnam era or disable veterans status.						
Contact Person		Jack McCarty								
Phone:		(360) 665-4144		761						
Contract Period	1	11/29/2012 - 11/29/2036		By:						
Report Period		11/13/2013 - 11/20/2013			1.43557	(SIGN IN BLUE INK)				
				Ge	neral Manager	1	2/2/2013			
					(TITLE)		(DATE)			
	Original Contra		\$	2,190,631						
	Loan Fee (if a	ly)		\$0						
Date		DESCRIPTION	Bu	dget	Previously Requested	Amount of This Invoice	Award Remaining Balance			
	Net Contract A	mount	\$2,19	0,631	\$140,160.33		\$2,050,471			
		Request #7								
11/13/2013	W.A. Ruef / Inv	roice #247-1113-OP-3 / Survey For Well Site				\$1,188.00				
11/12/2013	Gray & Osborr	e / Invoice #13224.01-8 / Wellfield Drilling & Testing				\$513.60				
11/12/2013		e / Invoice #13224.01-8 / Supply & Treatment Project				\$123.97				
1111212010	Ciaj a Osboli	er involce #10224.01-07 Supply & Treatment Project				\$125.77				
11/20/2013	Robinson Nob	e / Invoice #13-1086 / Hydro Consultant For New Well	-			\$2,227.00				
		· · · · · · · · · · · · · · · · · · ·	-			••••••••••••••••••••••••••••••••••••••				
			_							
		Totals				\$4,052.57	\$2,046,418			

Match: Year	Coby: Coding					PROVAL (the	ndviðud signing th	s voucher warrants they have the author	ty to sign this voucher)	DATE	
DOC DATE			CURR	ENT DOC. NO.	REFERENCE	IOC NO.		VENDOR NUMBER and SUFFIX	SWV011017	6 00	
ACCOUNT N	10.				ASD NUMBER		27010	VENDOR MESSAGE			
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL	GL ACCT		AMOUNT		INVOICE	
										DM12-952-129	
SIGNATURE	NATURE OF ACCOUNTING PREPARER FOR PAYMENT						DATE		WARRANT TOTAL		
ACCOUNTIN	COUNTING APPROVAL FOR PAYMENT						DATE	ATE			

6 miles		WASHINGTON STATE					1			
		DEPARTMENT OF COMMERCE								
			AG	ENCY NUWBER	Short Code	Commerce C	ontract Number			
Form A19-1A		VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 95504-2525		103	30	DM12-	952-129			
	VEN	DOR OR CLAIMANT (Warrant is to be payable to:)	IN	STRUCTION	NS TO VENDOR OR CLAIM	NT:				
				Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item.						
	1.5 m (1.6 ft - 1.7 m) m (1.6 m)	h Water District	Vendor's Certificate: The individual signing this voucher below warrants they have the authority to do so as							
	PO Box 618		un	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						
	Ocean Park	WA, 98640	pro	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		1.5	0	7				
Phone:		(360) 665-4144								
Contract Period		11/29/2012 - 11/29/2036	B	By:						
Report Period		12-10-2013 thru 1-3-2014		(SIGN IN BLUE INK) General Manager 1/7/2014						
			-		(TITLE)		(DATE)			
	Original Contrac	ct Amount	\$2,1	90,631						
	Loan Fee (if any	y)		\$0						
Date		DESCRIPTION	Budge	t	Previously Requested	Amount of This Invoice	Award Remaining Balance			
	Net Contract Ar	mount	\$2,190,	631	\$144,212.90		\$2,046,418			
		Request #8								
12/10/2013	Gray & Osborn	e / Invoice #13224.01-9 / Drilling & Testing				\$425.04				
12/10/2013	Gray & Osborn	e / Invoice #13224.02-10 / Supply & Treatment Project				\$2,979.39				
12/13/2013	Bison Well Drill	ing & Septic / Progress Estimate #3 / New Well Drilling				\$43,346.81				
1/3/2014		ing & Septic / Progress Estimate #4 / New Well Drilling				\$12,134.85				
12/17/2013	Robinson Noble	e / Invoice #13-1154 / Hydro Consultant For New Well				\$470.00				
		Totals				\$59,356.09	\$1,987,062			

Match: Year	/Dollars / Coding				PROGRAM A	PPROVAL (The	ndvidual signing th	s voucher warrants they have the author	ly lo sgr (ha voucher)	DATE
DOC DATE			CURRENT DOC.	NO.	REFERENCE	DOC NO.		VENDOR NUMBER and SUFFIX	SWV0110176 (	00
ACCOUNT	10.				ASD NUMBER	R	27010	VENDOR MESSAGE		
TRANS CODE	TRANS CODE MASTER INDEX		SUB OBJ	SUB SUB OBJ	GL	GL ACCT SUBSID		AMOUNT		INVOICE
									DM12-952-129	
· · · · · · · · · · · · · · · · · · ·										
SIGNATURE	IGNATURE OF ACCOUNTING PREPARER FOR PAYMENT						DATE	WARRANT TOTAL		
ACCOUNTIN	COUNTING APPROVAL FOR PAYMENT						DATE			

		WASHINGTON STATE DEPARTMENT OF COMMERCE		AGENCY NUMBER						
Form A19-1A		VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42825 OLYMPIA, WA \$8504-2625		10			952-129			
	VEN	DOR OR CLAIMANT (Warrant is to be payable to:)		INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item.						
	PO Box 618	h Water District 3 < WA, 98640		authorized and under penalty services furnis provided witho	d on the behalf of the entity of perjury that the items an hed to the State of Washin	I totals listed herein are proper charge ton, and that all goods furnished and f age, sex, marital status, race creed,	The individual signing below certifies s for materials, merchandise or or services rendered have been			
Contact Person:		Jack McCarty			4	1				
Phone:		(360) 665-4144		4	24 0	T				
Contract Period		11/29/2012 - 11/29/2036		By:						
Report Period		01/07/2014 - 02/03/2014		(SIGN IN BLUE INK) General Manager 2/3/2014						
					(TITLE)	4	(DATE)			
	Original Contra	act Amount	1 9	2,190,631						
	Loan Fee (if a		`	\$0						
Date	DESCRIPTION				Previously Requeste	Amount of This Invoice	Award Remaining Balance			
	Net Contract A	mount	\$2.1	0,631	\$203,568.99		\$1,987,062			
		Request #9	1-1.							
1/7/2014	Robinson Nob	le / Invoice #14-048 / New Well Design				\$932.00				
1112014	1 CONTROL 100	er molec #14 0407 ften Men Design			· · · · · · · · · · · · · · · · · · ·	\$752.00				
1/7/2014	Grav & Oshor	ne / Invoice #13224.01-10 / Drilling & Testing				\$695.13				
1/7/2014		ne / Invoice #13224.01-10 / Drilling & Testing			· · · · · · · · · · · · · · · · · · ·	\$230.23				
1///2014	Gray a Osborn	ter invoice #13224.02-117 Drining & resurg				\$230.23				
2/3/2014	Bison Well Dri	ling / Progress Estimate #5 / Well Drilling				\$36,700.60				
							_			
	•	Totals				\$38,557.96	\$1,948,504			

Match: Yea	r / Dollars / Coding	0			PROGRAM A	PPROVAL (He	irdvidual signing th	s voucher war and s they have the author	ty to sign this voucher)	DATE
DOC DATE			CURR	RENT DOC. NO.	REFERENCE	DOC NO.		VENDOR NUMBER and SUFFIX	SWV011017	76 00
ACCOUNT	10.				ASD NUMBER	2	27010	VENDOR MESSAGE		
TRANS CODE	MASTER	INDEX	SUB OB J	SUB SUB 08J	GL	GL ACCT S		AMOUNT		INVOICE
									DM12-952-129	
				-						
					_					-
SIGNATURE	SNATURE OF ACCOUNTING PREPARER FOR PAYMENT						DATE		WARRANT TOTAL	
ACCOUNTIN	OUNTING APPROVAL FOR PAYMENT						DATE			

Form A19-1A		WASHINGTON STATE DEPARTMENT OF COMMERCE VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 98504-2625 OR OR CLAIMANT (Warrant is to be payable to:)		Submit this for	30	t for mater	DM12-	Contract Number 952-129		
	PO Box 618 Ocean Park			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 VendoriCleint section. The individual signing below cert 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	1:	Jack McCarty		1		-	7 0			
Phone: Contract Period	4	(360) 665-4144 11/29/2012 - 11/29/2036		- 2Dal						
Report Period	u	2/4/14 - 3/5/14		By:			(SIGN IN BLUE INK)			
		2/1/11/0/0/11		General Manager 3/5/2014						
					(TITLE)			(DATE)		
	Original Contrac	t Amount	1 5	2,190,631	1					
	Loan Fee (if any		-	\$0	1					
Date		DESCRIPTION	Bu	dget	Previously Re	quested	Amount of This Invoice	Award Remaining Balance		
	Net Contract An	nount	\$2,1	90,631	\$242,120	.95		\$1,948,504		
		Request #10								
2/5/2014	Invoice #14-115	/ Robinson Noble / Well Drilling					\$1,690.50			
		, in the second s					1.9			
2/4/2014	Invoice #13224.	01-11 / Gray & Osborne / Drilling & Testing					\$575.58			
3/5/2014	Progress Estima	te #6 / Bison Well Drilling & Septic / New Well Drilling					\$20,642.57			
	-									
								· · · · · · · · · · · · · · · · · · ·		
	-									
		Totals					\$22,908.65	\$1,925,595		

Match: Year	Ver / Dollars / Coding					PROGRAM APPROVAL (the individual signing this voucher elamants they have the authority to sign this voucher)					
DOC DATE			CURREN	IT DOC. NO.	REFERENCE	DOC NO.		VENDOR NUMBER and SUFFIX	SWV0110176	00	
ACCOUNT N	10.				ASD NUMBER		27010	VENDOR MESSAGE			
TRANS CODE	ANS DDE MASTER INDEX SUB OBJ OBJ			SUB	GL	ACCT	SUBSID	AMOUN	r	INVO	ICE
								DM12-952-129			52-129
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT						DATE	WARRANT TOTAL				
ACCOUNTIN	COUNTING APPROVAL FOR PAYMENT						DATE				

		WASHINGTON STATE DEPARTMENT OF COMMERCE	Ā	GENCY NUMBER	Short Code	Commerce	Contract Number			
Form A19-1A		VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42828 OLYMPIA, WA \$8504-2525		103	30	DM12-	952-129			
		DOR OR CLAIMANT (Warrant is to be payable to:)	s	ubmit this for	NS TO VENDOR OR CLAIM m to claim payment for mate le detail for each item.	ANT: rials, merchandise, or services.				
	PO Box 618	h Water District WA, 98640	Vendor's Certificate: The individual signing this voorher below warrants they h authorized and on the behalf of the entity identified in the Vendor/Clent sector under penalty of perjury that the items and totals fisted herein are proper charg services furnished to the State of Washington, and that all goods furnished ann provided without discrimination because of age, sex, marital status, race creed religion or Vietnam era or disabled veterans status.							
Contact Person	:	Jack McCarty			100	2 1				
Phone: Contract Period		(360) 665-4144 11/29/2012 - 11/29/2036		- and						
Report Period		3/4/2014 - 3/26/2014	E	By: (SIGN IN BLUE INK)						
		5, 1, 2011 5, 20, 2011		Ge	neral Manager (TITLE)		(7/2014			
	Original Contra	ct Amount	\$2.	190,631						
	Loan Fee (if any) \$0									
Date		DESCRIPTION	Budg	et	Previously Requested	Amount of This Invoice	Award Remaining Balance			
	Net Contract A	mount	\$2,190	,631	\$265,035.60		\$1,925,595			
		Request #11								
3/4/2014	Invoice #14-21	0 / Robinson Noble / Wellfield Development				\$7,906.45				
3/4/2014	Invoice #13224	1.01-12 / Gray & Osborne / Well Drilling & Testing				\$2,631.80				
3/10/2014	Invoice #51-25	2501-0 / ALS Enviromental / New Well Water Sampling				\$1,375.00				
3/26/2014	Progress Estim	ate #6 / Bison Well Drilling & Septic / New Well Drilling				\$27,537.64				
· · · · · · ·										
		Totals				\$39,450.89	\$1,886,145			

Match: Yea	tch: Year / Dollars / Coding				PROGRAM A	PROGRAM APPROVAL (he individual aging this volution was and they have the authority to agin this volution)						
DOC DATE			CURRENT DOC. NO		REFERENCE	DOC NO.		VENDOR NUMBER and SUFFIX SWV0110176 00				
ACCOUNT	NO.		l		ASD NUMBER	8	27010	VENDOR MESSAGE				
TRANS CODE	RANS MASTER INDEX		SUB OBJ	SUB SUB OBJ	GL	GL ACCT SU		AMOUNT		INVOICE		
										DM12-952-129		
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT			I		DATE		WARRANT TOTAL					
ACCOUNTING APPROVAL FOR PAYMENT					DATE							

		WASHINGTON STATE DEPARTMENT OF COMMERCE	AGENCY NUMBE	R Short Code	Commerce	Contract Number			
Form A19-1A		VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 98504-2525	10	30	DM12-	952-129			
	VEN	DOR OR CLAIMANT (Warrant is to be payable to:)	Submit this for	INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item.					
	PO Box 618	h Water District WA, 98640	Vendor's Cer authorized ar under penalty services furni provided with	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/Clent section. The individual signing below cert under preaity of perjuiny that the items and lotals 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		Jack McCarty (360) 665-4144 11/29/2012 - 11/29/2036	By:	BV: Da al					
Report Period		4/1/2014 - 5/5/2014		eneral Manager (TITLE)	(SIGN ÌN BLUE INK)	6/6/2014 (DATE)			
	Original Contra	ct Amount	\$2,190,631	1					
	Loan Fee (if an	y)	\$0	Ĵ.					
Date		DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance			
	Net Contract A	mount	\$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 & Testingt Project			\$2,951.74				
4/3/2014	Invoice #14-30	4 / Robinson Noble / Wellfield Development			\$2,494.50				
4/7/2014	Invoice #51-25	4666-0 / ALS Enviromental / New Well Water Sampling			\$755.00				
4/8/2014	Invoice #51-25	5774-0 / ALS Enviromental / New Well Water Sampling			\$1,841.00				
4/14/2014	Invoice #51-25	6106-0 / ALS Enviromental / New Well Water Sampling			\$755.00				
		Totals			\$13,061.33	\$1,873,083			

Match: Yea	r / Dollars / Coding	9			PROGRAMA	IPPROVAL (the	ndvidual signing thi	is voucher warrants they have the author	ty to sign this voucher)	DATE
DOC DATE			CURRENT DOC.	. NO.	REFERENCE	DOC NO.		VENDOR NUMBER and SUFFIX	SWV0110176 (	00
ACCOUNT	10.		L		ASD NUMBE	R	27010	VENDOR MESSAGE		
TRANS CODE	UNS DE MASTER INDEX SUB OBJ		SUB SUB OBJ	GL	ACCT	SUBSID	AMOUN	л	INVOICE	
										DM12-952-129
SIGNATURE	ISNATURE OF ACCOUNTING PREPARER FOR PAYMENT					DATE		WARRANT TOTAL		
ACCOUNTIN	COUNTING APPROVAL FOR PAYMENT						DATE	JATE		

Form A19-1A	WASHINGTON STATE DEPARTMENT OF COMMERCE VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 35504.5255 VENDOR OR CLAIMANT (Warrant is to be payable to:) North Beach Water District PO Box 618 Ocean Park WA, 98640	ž	Submit this for Show complet Vendor's Cert authorized and under penalty services furnis provided witho	30 NS TO VENDOR OR CLA rm to claim payment for m te detail for each item. ficate: The individual sign d on the behalf of the entity of perjury that the items an hed to the State of Washin	DM12- MANT: Iterials, merchandise, or services. Ing this voucher below warrants they h distontified in the Vendor/Clest section d totals listed herein are proper charg gton, and that all goods furrished and o rage, sex, marial status, race creed	. The individual signing below certifies es for materials, merchandise or for services rendered have been			
Contact Person: Phone:	Jack McCarty (360) 665-4144		91261						
Contract Period	11/29/2012 - 11/29/2036		By:						
REPORT PERIOD	4/1/2013 - 6/25/2013		(SIGN IN BLUE INK) General Manager 7 - 12 -						
			00	(TITLE)		7-12-13 (DATE)			
	Original Contract Amount		\$891,123						
	Loan Fee (if any)	\$8,823							
Date	DESCRIPTION	Budget Previously Requested Amount of This Invoice Award Rema							
	Net Contract Amount	\$883	2,300			\$882,300			
	Request #1								
4/1/2013	Invoice 13223.00-1 / Gray & Osborne Inc., / Water Line Replacement Project				\$651.66				
5/1/2013	Invoice 13223.00-2 / Gray & Osborne Inc., / Water Line Replacement Project				\$15,852.67				
5/28/2013	Invoice 13223.00-3 / Gray & Osborne Inc., / Water Line Replacement Project	**			\$11,468.08				
6/25/2013	Invoice 13223.00-4 / Gray & Osborne Inc., / Water Line Replacement Project				\$6,414.15				
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-					-				
			_		-				
	Totals				\$34,386.56	\$847,913			

Match: Yea	Match: Year / Dollars / Coding				PROGRAM AP	PROVAL (***)	ndviðual signing t	his voucher warrants they have the author	DATE	
DOC DATE			CURRENT DOC. N	10.	REFERENCE	DOC NO.		VENDOR NUMBER and SUFFIX	SWV011017	6 00
ACCOUNT	10.				ASD NUMBER	ł		VENDOR MESSAGE		
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL	ACCT	SUBSID	AMOUN	T	INVOICE
										DM12-952-121
SIGNATURE	OF ACCOUNTING	G PREPARER F	OR PAYMENT				DATE		WARRANT TOTAL	
ACCOUNTIN	NG APPROVAL FO	OR PAYMENT					DATE		1	

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600	1		WA	ASHINGTON STATE						
C.S.	<i>V</i>		DE	PARTMENT OF COMMERCE		4	AGENCY NUMBE	R Short Code	Commerce (	Contract Number
Forn A19-1	236			VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 98504-2525			10			952-121
		VEND	OR OR CLAIMAN	T (Warrant is to be payable to:)			INSTRUCTIO	INS TO VENDOR OR CLAIM	ANT:	
							Submit this fo		rials, merchandise, or services.	
	PO I	Box 618	n Water Distr WA, 98640	nct			authorized an under penalty services furni provided with	id on the behalf of the entity id of perjury that the items and t shed to the State of Washingto out discrimination because of a	otals listed herein are proper charge on, and that all goods furnished and age, sex, marital status, race creed,	The individual signing below certifies for materials, merchandise or for services rendered have been
Contact P	257001			lack McCarty			religion or va	tham era or disabled veterans	status.	
Phone:	erson:			Jack McCarty (360) 665-4144				11	~ /	
Contract F	Period			11-29-2012 thru 11-29-20	136		By:	are	1	
REPORT P				6-23-2013 thru 7-20-201	13	0	59.		(SIGN IN BLUE INK)	
							Ge	eneral Manager		/6/2013
								(TITLE)		(DATE)
	Origin	nal Contra	ct Amount	÷		T	\$891,123			
	Loan	Fee (if an	()				\$8,823			
Date	e			DESCRIPTION		Buc	lget	Previously Requested	Amount of This Invoice	Award Remaining Balance
5	Net C	Contract Ar	nount			\$882	.300	\$34,386.56		\$847,913
			louin (	Request #2			.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7/22/20	012 Ιουοί	~ 12222 (	0 5 / Gray & Oc	borne Inc., / Water Line Replacemen	+ Drojact				\$12,998.74	
112020		Ce 13225.0	0-57 Glay & Usi	some inc., / water Line Replacement	Itriojeci				\$12,550,74	
					_					
						+				
					Totals				\$12,998.74	\$924.045
					Totais				412,770171	\$834,915
Match: Year <i>)</i>	/ Dollars / Coding	1			PROGRA	MAPPROVAL (See	rdvdæl syring h	is voucher warrants they have the author	ty to sign this voucher)	DATE
DOC DATE			CURRENT	DOC. NO.	REFEREN	NCE DOC NO.		VENDOR NUMBER and SUFFIX	SWV0110176 00	l
ACCOUNT NO	0				ASD NUM	IBER		VENDOR MESSAGE		
	•.									
	. <u> </u>									
				SUB						
TRANS CODE		NIDEN	000 000	SUB		1007	0110.010	AMOUN		INVOICE
CODE	MASTER	INDEX	SUB OBJ	OBJ	GL	ACCT	SUBSID	AMOUN		INVOICE
					-					DM12-952-121

0000	EASTER MUCA	300,000	000	OL AUGI	305310	Anoon		INVOICE
								DM12-952-121
SIGNATURE	IGNATURE OF ACCOUNTING PREPARER FOR PAYMENT				DATE		WARRANT TOTAL	
ACCOUNTIN	ACCOUNTING APPROVAL FOR PAYMENT				DATE			

Form A19-1A		WASHINGTON STATE DEPARTMENT OF COMMERCE VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, VIA 39504-2525 DOR OR CLAIMANT (Warrant is to be payable to:) N Water District WA, 98640	a de la constante de la consta	Submit this fo Show comple Vendor's Cert authorized an under penalty services furnis provided witho	30 INS TO VENDO rm to claim pay te detail for eac tificate: The ind d on the behalf of perjury that 1 shed to the Stat sut discriminatio	h item. Ividual signing the of the entity ider the items and to e of Washingtor	DN12- NT: als, merchandise, or services. Is voucher below warrants they ha tifed in the Vendori/Client section. tals listed herein are proper charge n, and that all goods furmished and g. sex, marfall stabus, race creed,	The individual signing below certifies s for materials, merchandise or for services rendered have been
Contact Person: Phone: Contract Period REPORT PERIOD		Jack McCarty (360) 665-4144 11-29-2012 thru 11-29-2036 8/19/2013 - 9/24/2013		By: Ge	eneral Mana (TITLE)	> <	(SIGN IN BLUE INK)	/30/2013 (DATE)
	Original Contra Loan Fee (if an	2.1-30.201.201.02		\$891,123 \$8,823				
Date	Loan i ee (ii an	DESCRIPTION	Bu	dget		Requested	Amount of This Invoice	Award Remaining Balance
	Net Contract Ar	Comparison of the second state of the second s		2,300		85.30		\$834,915
-	Het Oondact A	Request #3	200	2,300	247,3	03.30		0004,010
8/19/2013	Invoice 13223.0	0-6 / Gray & Osborne Inc., / Water Line Replacement Project					\$7,911.46	
9/17/2013	Invoice 13223.0	0-7 / Gray & Osborne Inc., / Water Line Replacement Project					\$11,594.84	
			ļ					
			<u>.</u> .					
		Totals					\$19,506.30	\$815,408

Match: Year	ch: Year / Dollars / Coding					PPROVAL (***	AL (the individual signing this vourber was and site they have the authority to sign this vourber) DATE					
DOC DATE			CURRENT DO	C. NO.	REFERENCE	DOC NO.		VENDOR NUMBER and SUFFIX	SWV011017	6 00		
ACCOUNT	10.				ASD NUMBER	2		VENDOR MESSAGE				
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL	Acct	SUBSID AMOUNT			INVOICE		
										DM12-952-121		
	OF ACCOUNTING		OR PAYMENT			•	DATE		WARRANT TOTAL			
ACCOUNTING APPROVAL FOR PAYMENT					DATE							

Form A19-1A	North Beac PO Box 618	WASHINGTON STATE DEPARTMENT OF COMMERCE VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42825 OLYMPIA, WA 98504-2825 DOR OR CLAIMANT (Warrant is to be payable to:) In Water District WA, 98640	INSTRUCT Submit this Show comp Vendor's Cr authorized i under penal services fur provided with	I30 ONS TO VENDOR OR CLI form to claim payment for m lete detail for each item. artificate: The individual sign and on the behalf of the entit ty of perjugy that the items a sibled to the State of Washi	UMANT: aterials, merchandise, or services. Ing this voucher below warrants they h identified in the Vendori/Client section to totals listed herein are proper charg grion, and that all goods furnished and of age, ser, martial staks, race creed	. The individual signing below certifies as for materials, merchandise or /or services rendered have been
Contact Person: Phone: Contract Period REPORT PERIOD	1	Jack McCarty (360) 665-4144 11-29-2012 thru 11-29-2036 9-23-13 thru 10-15-2013	Ву:	ieneral Manager (TITLE)	(SIGN IN BLUE INK)	1/4/2013 (DATE)
	Original Contra Loan Fee (if an		\$891,12			<u></u>
Date		DESCRIPTION	Budget	Previously Request	ad Amount of This Invoice	Award Remaining Balance
	Net Contract Ar	nount Request #4	\$882,300	\$66,891.60		\$815,408
9/23/2013	WASDOT / Fra				\$500.00	
10/15/2013	Gray & Osborn	e / Invoice #13223.00-8 / Water Line Replacement			\$8,625.92	
		Totals			\$9,125.92	\$806,282

Match: Year	r / Dollars / Coding				PROGRAMA	PPROVAL (**e	ndvidual signing if	is voucher warrants they have the author	ty to sign this voucher)	D/	ATE
DOC DATE			CURRENT	T DOC. NO.	REFERENCE	DOC NO.		VENDOR NUMBER and SUFFIX	SWV011017	76 00	
ACCOUNT N	10.				ASD NUMBER	R		VENDOR MESSAGE			
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL	ACCT	SUBSID	AMOUN	r	INVOIC	E
										DM12-95	2-121
SIGNATURE	SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT				DATE		WARRANT TOTAL				
ACCOUNTIN	CCOUNTING APPROVAL FOR PAYMENT					DATE	TE				

						(warming and states and stat					
( States)		WASHINGTON STATE									
		DEPARTMENT OF COMMERCE									
			AGENCY NUN	IBER	Short Code	Commerce C	Contract Number				
Form		VOUCHER DISTRIBUTION									
A19-1A		DEPARTMENT OF COMMERCE PO BOX 42525	1	030		DM12-	952-121				
		OLYMPIA, WA 98504-2525				DINIA					
	VENI	OOR OR CLAIMANT (Warrant is to be payable to:)	INSTRUC	TIONS TO VE	NDOR OR CLAIM	NT:					
			and states								
				Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item.							
		h Water District				his voucher below warrants they ha					
	PO Box 618					ntified in the Vendor/Client section. stals listed herein are proper charge	The individual signing below certifies s for materials, merchandise or				
	Ocean Park	WA, 98640	services fu	mished to the	State of Washingto	n, and that all goods furnished and/	or services rendered have been				
					disabled veterans	ge, sex, marital status, race creed, status.	color, national origin, handicap,				
Contact Person:		Jack McCarty									
Phone:		(360) 665-4144		17	15	X					
Contract Period		11-29-2012 thru 11-29-2036	By:	4							
REPORT PERIOD		11/12/2013 - 11/12/2013				(SIGN IN BLUE INK)	2/2/2013				
				General Ma (TITLE)	inager		(DATE)				
	Original Contra	ct Amount	\$891,12	1							
	Loan Fee (if an		\$8,82								
	Loan Fee (ii an	y)	\$0,0	23							
Date		DESCRIPTION	Budget	Previou	sly Requested	Amount of This Invoice	Award Remaining Balance				
	Net Contract Ar	nount	\$882,300	\$76	6,017.52		\$806,282				
		Request #5									
11/12/2013	Gray & Osborn	e / Invoice #13223.00-9 / Water Line Replacement Project				\$8,347.42					
			i	-							
				-							
	· · · · · · · · · · · · · · · · · · ·										
				_							
		Totals				\$8,347.42	\$797,935				

Match: Year	Itch: Year / Dollars / Coding				PROGRAM A	PPROVAL (2014)	OVAL (the individual signing this voucher warrants they have the authority to sign this voucher) C					
DOC DATE			C	URRENT DOC. NO.		REFERENCE	DOC NO.		VENDOR NUMBER and SUFFIX	SWV0110176	5 OO	
ACCOUNT N	0.					ASO NUMBER	ı		VENDOR MESSAGE			
TRANS CODE	MASTER	SUB SUB SUB SUB SUB SUB SUB SUB OBJ					ACCT	SUBSID	AMOUN	т	INVOICE	
										DM12-9	52-121	
						_						
NONATION			AD DAVAICUT					0.175				
SIGNATURE	OF ACCOUNTING	J PREPARER FO	OR PAYMENT					DATE		WARRANT TOTAL		
ACCOUNTING APPROVAL FOR PAYMENT					DATE							

		WASHINGTON STATE						
( ( ()))		DEPARTMENT OF COMMERCE						
			AGENCY NUNBE	R Short Code	Commerce C	Contract Number		
Form A19-1A		VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 98504-2525	10	30	DM12-	952-121		
	VEN	DOR OR CLAIMANT (Warrant is to be payable to:)	INSTRUCTIO	ONS TO VENDOR OR CLAIMA	ANT:			
				orm to claim payment for materi ete detail for each item.	ials, merchandise, or services.			
	North Beach	h Water District	Vendor's Cer	tificate: The individual signing t	this voucher below warrants they ha	ve the authority to do so as		
	PO Box 618		authorized an	id on the behalf of the entity ide of neriury that the items and to	entified in the Vendor/Client section. otals listed herein are proper charge	. The individual signing below certifies as for materials, merchandise or		
	Ocean Park	WA, 98640	services furni provided with	ished to the State of Washingto	in, and that all goods furnished and/ ige, sex, marital status, race creed,	for services rendered have been		
Contact Person:		Jack McCarty		7	- 1			
Phone:		(360) 665-4144	6	mo	2			
Contract Period		11-29-2012 thru 11-29-2036	By:					
REPORT PERIOD		12-10-2013 thru 1-3-2014		eneral Manager	(SIGN IN BLUE INK)	/3/2014		
(TITLE) (D/								
	Original Contra	ct Amount	\$891,123	I				
	Loan Fee (if an		\$8,823					
Date		DESCRIPTION	Budget	Previously Requested	quested Amount of This Invoice Award Remaining			
	Net Contract Ar	mount	\$882,300	\$84,364.94		\$797,935		
		Request #6						
12/10/2013	Gray & Osborn	e / Invoice #13223.00-10 / Water Line Replacement Project			\$875.16			
12/10/2013		e / Invoice #13223.01-1 / Water Main Project			\$2,638.92			
	Gray							
1/3/2014	Big River Exca	vating / Progress Estimate #1 / Water Main Project			\$83,118.17			
		Totals			\$86,632.25	\$711,303		

Match: Year	Non Year (Dollars ( Coding					PPROVAL (114)	ndividual signing f	is voucher warrants they have the author	ly to sign this voucher)		DATE
DOC DATE			CURRENT DO	C. NO.	REFERENCE	DOC NO.		VENDOR NUMBER and SUFFIX	SWV011017	6 00	
ACCOUNT	10.			ASD NUMBER VENDOR MESSAGE							
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL	ACCT	SUBSID	AMOUN	г	INV	DICE
										DM12-9	952-121
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT				DATE		WARRANT TOTAL					
ACCOUNTING APPROVAL FOR PAYMENT					DATE						

		WAALUUGBALLARI SR								
		WASHINGTON STATE								
		DEPARTMENT OF COMMERCE	AGENCY NUMBE		1	Contract Number				
			AGENCT NUMBE	R Short Code	Commerce	Contract Number				
Form A19-1A		VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE			DILLO	APA 444				
		PO BOX 42525	10	30	DM12-	952-121				
		OLYMPIA, WA 98504-2525								
	VEN	DOR OR CLAIMANT (Warrant is to be payable to:)	INSTRUCTO	INSTRUCTIONS TO VENDOR OR CLAIMANT:						
	NO 672 TO .			Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item.						
		h Water District		Vendor's Certificate: The individual signing this voucher below warrants they have the authority to do so as						
	PO Box 618	}			entified in the Vendor/Client section totals listed herein are proper charge	. The individual signing below certifies as for materials, merchandise or				
	Ocean Parl	(WA, 98640	services furni	shed to the State of Washing	on, and that all goods furnished and	/or services rendered have been				
				out discrimination because of etnam era or disabled veteran	age, sex, marital status, race creed, s status.	color, national origin, handicap,				
Contact Person	c.	Jack McCarty		and a	1					
Phone:		(360) 665-4144	C	1121	/					
Contract Period		11-29-2012 thru 11-29-2036	By:	100						
REPORT PERIOD	)	01/03/2014 - 02/03/2014			(SIGN IN BLUE INK)	10/0044				
			G	eneral Manager (TITLE)	2	2/3/2014 (DATE)				
	Original Contra	ad Amount	1 6901 100							
			\$891,123							
	Loan Fee (if a	1 <b>y</b> )	\$8,823	\$8,823						
Date		DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance				
	Net Contract A	mount	\$882,300	\$170,997.19		\$711,303				
		Request #7								
1/7/2014	Grav & Osborr	ne / Invoice #13223.01-2 / Water Main Project	· · · · · · · · · · · · · · · · · · ·		\$15,295.38					
					*.0,2.000					
1/3/2014	Pig Divor Con	struction / Progress Estimate #1 / Retainage			\$4,042.71					
1/5/2014	big River Con	succourr Progress Estimate #17 Retainage	(ci		\$4,042.71					
01010044	D' D' O		the second se			· · · · · · · · · · · · · · · · · · ·				
2/3/2014	Big River Cons	struction / Progress Estimate #2 / Water Main Project			\$158,164.24					
				1						
						the second second second second				
		Totals			\$177,502.33	\$533,800				

Match: Year / Dollars / Coding				PROGRAM A	PPROVAL (te)	ndividual signing P	ns volcher warrants they have the author	ty to sign this voucher)		DATE	
OOC DATE CURRENT DOC. NO.				REFERENCE	DOC NO.	VENDOR NUMBER and SUFFIX SWV0110176 00					
ACCOUNT NO.			ASD NUMBER			VENDOR MESSAGE					
TRANS CODE	TRANS CODE MASTER INDEX SU		SUB OBJ	SUB SUB OBJ	GL	ACCT	SUBSID	AMOUNT		INVOICE	
										DM12-952-121	
-											
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT					DATE			WARRANT TOTAL			
ACCOUNTIN	G APPROVAL FOR	PAYMENT					DATE				

Form A19-1A		WASHINGTON STATE DEPARTMENT OF COMMERCE VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE	AGENCY NUMB	ser Show	t Code		cotrect Number 952-121			
		PO BOX 42525 OLYMPIA, WA 98504-2525				DIVITE				
		DOR OR CLAIMANT (Warrant is to be payable to:) h Water District	Submit this Show comp Vendor's Ce	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 voocher below warrants they have the authority to do so as submitted and an the bable of the aethor lidentical in the Mondavil Section and for. The individual signing below sortifies						
		WA, 98640	services fur provided wit	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			- method					
Phone: Contract Period	4	(360) 665-4144 11-29-2012 thru 11-29-2036	By:	29	2	1				
REPORT PERIOD		2/4/2014 - 3/6/2014	by.	C	(SIC	IN IN BLUE INK)				
				General Manager 3/6/2014						
	To de la contra	at Assault		(TITLE)			(DATE)			
	Original Contra		\$891,12							
	Loan Fee (if ar	IY)	\$8,82	\$8,823						
Date		DESCRIPTION	Budget	Previously Req	uested Ar	mount of This Invoice	Award Remaining Balance			
	Net Contract A		\$882,300	\$348,499	.52		\$533,800			
		Request #8								
2/4/2014	Invoice #13223	3.01-3 / Gray & Osborne / Water Main Project Management				\$27,712.88				
3/6/2014	Progress Estim	nate #3 / Big River Excavating / Water Main Intallation				\$113,833.51				
				· · · · · · · · · · · · · · · · · · ·						
	I									
		Totals				\$141,546.39	\$392,254			

Match: Year / Dollars / Coding				PROGRAM A	PROGRAM APPROVAL (the individual signing this volubler wattarts they have the authority to sign this volubler)						
DOC DATE CURRENT DOC. NO.				REFERENCE DOC NO.			VENDOR NUMBER and SUFFIX				
ACCOUNT NO.			ASD NUMBER			VENDOR MESSAGE					
TRANS CODE	TRANS CODE MASTER INDEX SUB		SUB SUB SUB OBJ 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	R Short Code	Commerce C	Contract Number					
Form A19-1A		VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 83504-2525	10	1030 DM12-9							
	VEN	DOR OR CLAIMANT (Warrant is to be payable to:)	INSTRUCTIO	INSTRUCTIONS TO VENDOR OR CLAIMANT:							
				Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item.							
		h Water District	Vendor's Cer	tificate: The individual signing	this voucher below warrants they ha	ive the authority to do so as					
	PO Box 618					The individual signing below certifies to for materials, merchandise or					
	Ocean Park	« WA, 98640	services furnis provided with	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:	1:	Jack McCarty			0						
Phone:		(360) 665-4144		900 2							
Contract Period		11-29-2012 thru 11-29-2036	By:	10							
REPORT PERIOD	D	3/4/2014 - 4/2/2014			(SIGN IN BLUE INK)						
			Ge	General Manager 4/7/2014 (TITLE) (DATE)							
	Indiainal Contro	at Amount	6904 402			(0312)					
	Original Contra		\$891,123								
	Loan Fee (if an	(Y)	\$8,823								
Date		DESCRIPTION	Budget	Previously Requested	Amount of This Invoice	Award Remaining Balance					
	Net Contract Ar	mount	\$882,300	\$490,045.91		\$392,254					
		Request #9									
3/4/2014	Invoice #13223	3.01-4 / Gray & Osborne / Water Main Project Management			\$22,302.12						
3/28/2014	William Lecture	e / Tree Damage Analysis / Damaged During Water Main Install			\$316.50						
	1										
4/2/2014	Progress Estim	nate #4 / Big River Excavating / Water Main Intallation			\$107,970.59						
		Totals			\$130,589.21	\$261,665					

Metch: Year / Dollars / Coding					PROGRAM AP	PROGRAM APPROVAL (the individual signing this voucher warrants they have the authority to sign this voucher)						
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		IN	OICE		
										DM12-	952-121	
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT					DATE			WARRANT TOTAL				
ACCOUNTING APPROVAL FOR PAYMENT						DATE						

Form A19-1A	WASHINGTON STATE DEPARTMENT OF COMMERCE VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42825 OLYMPIA, WA 98504-2825	AGENCY NUWS 10	ER Short Code	- 4-17 (	Contract Number 952-121
Contact Person	VENDOR OR CLAIMANT (Warrant is to be payable to:) North Beach Water District PO Box 618 Ocean Park WA, 98640	Submit this I Show comp Vendor's Ce authorized a under penal services fur provided wit	lete detail for each item. rtificate: The individual signing nd on the behalf of the entity id y of perjury that the items and t ished to the State of Washingk	rials, merchandise, or services. this voucher below warrants they ha notified in the Vendor/Clern section, otals listed herein are proper charge on, and that all goods furnished and ge, sex, marifal status, race creed,	The individual signing below certifies is for materials, merchandise or or services rendered have been
Phone: Contract Period REPORT PERIOD	(360) 665-4144 11-29-2012 thru 11-29-2036 4/1/2014 - 5/5/2014		eneral Manager (TITLE)	(SIGN IN BLUE INK)	(/6/2014 (date)
	Original Contract Amount Loan Fee (if any)	\$891,12			
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	r / Dollars / Coding	1			PROGRAM A	PROGRAM APPROVAL (the individual loging this voucher warrants they have the authority to sign this voucher)					
DOC DATE CURRENT DOC. NO.					REFERENCE	DOC NO.	2	VENDOR NUMBER and SUFFIX	SWV011017	6 00	
ACCOUNT N	10.				ASD NUMBE	R		VENDOR MESSAGE			
TRANS CODE	MASTER	INDEX	SUB OBJ	SUB SUB OBJ	GL	ACCT	SUBSID	AMOUN	r	INV	OICE
										DM12-9	952-121
SIGNATURE	OF ACCOUNTING	3 PREPARER FO	OR PAYMENT				DATE		WARRANT TOTAL		
ACCOUNTIN	NG APPROVAL FO	RPAYMENT					DATE				



Page 1 of 4

### 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**

Test Panel/Analyte	<u># Samples</u> <u>Required</u>	Compliance Period	<u>Frequency</u>	Last Sample Date	<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



Page 2 of 4

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 (SO	1,2,3,4,5 & 7,8 &	9) Well Field	Use - Permanent	Susceptility - High	
Test Panel/Analyte	<u># Samples</u> <u>Required</u>	Compliance Period	<u>Frequency</u>	<u>Last Sample</u> <u>Date</u>	<u>Next Sample</u> <u>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 # AGP154	1 20051/PWC S0	1 Well	Use - Permanent	Susceptility - High	
Test Panel/Analyte	<u># Samples</u> <u>Required</u>	Compliance Period	<u>Frequency</u>	<u>Last Sample</u> <u>Date</u>	<u>Next Sample</u> <u>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		



Page 3 of 4

	OUTH WELL #1 20051/PWC S0 GP154	1 Well	Use - Permanent	Susceptility - High	
Test Panel/Analyte	<u># Samples</u> <u>Required</u>	Compliance Period	<u>Frequency</u>	<u>Last Sample</u> <u>Date</u>	<u>Next Sample</u> <u>Due</u>
Radium 228	1	Jan 2014 - Dec 2019	standard - 6 year	10/26/2009	Jun 2015
	OUTH WELL #2 20051/PWC S0 GP155	2 Well	Use - Permanent	Susceptility - Moderate	
Test Panel/Analyte	<u># Samples</u> <u>Required</u>	Compliance Period	<u>Frequency</u>	<u>Last Sample</u> <u>Date</u>	<u>Next Sample</u> <u>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 (V	OC) 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



Other Reporting Schedules		Due Date
Submit CCR certification form to Submit Water Use Efficiency rep Send notices of lead and copper s	port (CCR) to customers and ODW (Community systems only): ODW (Community systems only): ort online to ODW (Community and other municipal water systems only): ample results to the customers sampled: notification of lead and copper results to ODW:	07/01/2014 10/01/2014 07/01/2014 30 days after you receive the laboratory results 90 days after end of monitoring period
Special Notes		
None		
Southwest Regional Water Quali	ity Monitorina Contacts	

Southwest Regional Water Quanty 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.

63000 C

Page 4 of 4

#### 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.

	√Required	Content Description	WSP Page #
Chapter 1		Description of Water System	
_	(√)	Updated WFI, signed and dated	
	(√)	Ownership and management	
	(√)	System history and background	
	(√)	Inventory of existing facilities	
	(1)	Description of and discussion about related plans: groundwater management plan, WIRA and County land use plans & zoning.	
	(√)	<ul> <li>Service Area Maps: clearly identifying existing, retail and future service areas.</li> <li><i>This is often missing from first submissions, but is a very important element of a WSP.</i> 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.</li> <li><i>Please see Publication DOH 331-432</i></li> </ul>	
	(1)	<ul> <li>Policies: Service area, SMA, conditions of service, annexation</li> <li>Please see Publication DOH 331-438</li> <li>Are new wells allowed in Service area?</li> </ul>	
	(1)	<ul> <li>Duty to serve requirement: procedures, conditions, appeals</li> <li>Please review Timely and Reasonable Water Service, Publications DOH 331-366 and DOH 331-444</li> <li>How does the Water District determine if it has capacity to serve new connections?</li> </ul>	
	(1)	<ul> <li>Consistency from local planning agency (LGC checklist)</li> <li>Please have the LGC checklist completed by the Pacific County Community Development Department.</li> </ul>	

#### Water System Plan (WSP) Checklist

Chapter 2		Planning Data	
Chapter 2	(√)	<ul> <li>Demand analysis based on water use</li> <li>Include analysis of population, service connections &amp; ERUs</li> <li>Source and service meter data (preferably three or more, typically 6 years). Provide monthly and annual production and consumption totals.</li> <li>Provide usage by customer class. Analyze industrial and commercial demands separate from the residential demand and multifamily structures separate from the single family residences.</li> <li>Define ERU</li> <li>Provide data and assumptions (including DSL) for calculating MDD, PHD and ADD</li> <li>Demand analysis per pressure zone and the whole system</li> <li>Consider also water supplied to other systems</li> <li>Include seasonal variations in consumption by customer class</li> <li>Provide 6 &amp; 20 year projections for population, service connections, &amp; ERUs</li> <li>Provide 6 &amp; 20 year projections for demand forecasts with and without expected</li> </ul>	
	(√)	efficiency savings (conservation) Interties – discussion of all existing and proposed interties and copies of agreements	
	(√)	Provide 6 & 20 year projections for land use and zoning	
	(√)	Distribution System Leakage percentage and volume	
Chapter 3	4.15	System Analysis	
	(√)	<ul> <li>Provide assumptions and basis of analysis</li> <li>System design standards</li> <li>Policies on operations and expected level of service (such as standby storage, pumping restrictions and emergency back-up power)</li> <li>Fire flow requirements and if nesting is allowed. Provide confirmation from the local fire authority.</li> </ul>	
	(√)	System inventory and description	
	(√)	<ul> <li>Capacity analysis (legal and physical capacity)</li> <li>Limiting factor analysis (WSDM worksheet 6-1)</li> <li>Analysis per pressure zone and the whole system</li> <li>Water rights analysis- include water right self-assessment forms for existing, 6 &amp; 20-year projections, including copies of water right certificate(s)</li> <li>consider source, pumping, treatment, storage, and distribution</li> </ul>	
	(√) (√)	<ul> <li>Hydraulic analysis of distribution system.</li> <li>Describe the model used</li> <li>Evaluate the system based on PHD and MDD + Fire flow</li> <li>Evaluate the current conditions, and 6- and 20-year planning periods</li> <li>Check minimum pressures and maximum velocities</li> <li>Include assumptions of model, pressure zone boundary conditions, and a summary of model input information. Storage assumptions should be based on minimum reservoir levels.</li> <li>Include verification and calibration methods and results.</li> <li>Summary of system deficiencies</li> <li>Analysis of possible improvement projects</li> </ul>	
Chapter 4		Water Use Efficiency Program	
	(√)	<ul> <li>Water Use Efficiency (WUE) Program per WAC 246-290-810</li> <li>Please review the 2011 and 2012 WUE Annual Performance Reports.</li> <li>2011 = 9 million gallons produced</li> <li>2012 = 117 million gallons produced</li> <li>Please verify which numbers are correct so that reporting form can be corrected.</li> <li>Describe the current WUE program</li> <li>Describe WUE goal &amp; document public adoption process</li> <li>Describe measures that will be implemented to achieve the goal &amp; include</li> </ul>	

		schedule & costs in the budget $(2,500 - 9,999 = 6 \text{ measures})$	
		<ul> <li>Describe process used to evaluate the WUE measures you did not implement</li> <li>Describe yearly consumer education</li> </ul>	
		<ul> <li>Describe yearly consumer education</li> <li>Estimate projected water savings from selected measures</li> </ul>	
		<ul> <li>Describe process that will be used to determine effectiveness of the program</li> </ul>	
		<ul> <li>Estimate water saved from efficiency measures over the past 6 years</li> </ul>	
		<ul> <li>Quantitative evaluation of measures to determine if they are cost-effective,</li> </ul>	
		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> <li>Is the water system fully metered? Parks? Community Buildings?</li> <li>Is regular meter replacement schedule in place? 10% per year?</li> </ul>	
		• Are meter replacement costs in budget?	
	(√)	Water Loss Action Control Plan WAC 246-290-820 (required if DSL is over 10%, what is the DSL for 2013?)	
	(√)	Water supply characteristics, description & discussion on effect of water use	
	()	Source of supply analysis and evaluation of supply alternatives	
	()	Explore reclaimed water opportunities	
	$(\mathbf{v})$		
Chapter 5		Source Water Protection	
	(1)	Wellhead protection program	
		2 year update (contaminant inventory, letters and map)	
	(√)	Analysis and discussion of Water Quality	
		• Please do not include printouts of testing data. These are available online so they do not need to be in the plan.	
Chapter 6		Operation and Maintenance Program	
	(√)	Water system management and personnel	
	(√)	Routine operating procedures and preventive maintenance	
		Standard Operating Procedures	
	(√)	Water quality sampling procedures & program	
		• Show compliance with new groundwater rule.	
	(√)	Coliform monitoring plan, including maps (and triggered source monitoring plan)	
		• Please use the new CMP template at this site:	
		http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/Contaminan	
		<u>ts/Coliform.aspx</u>	
		Emergency response plan	
	(√)	<ul> <li>Emergency response plan</li> <li>Water system contacts</li> </ul>	
		<ul> <li>Water system contacts</li> <li>Vendor Contacts (Equipment replacement, water haulers, etc.)</li> </ul>	
		<ul> <li>Example notices (water outages, BWA, coliform MCL, emergency</li> </ul>	
		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> <li>What is the status of implementing Cross Connection Control Program?</li> <li>Do so CCC ordinance provide for shutting off water if appropriate head flow</li> </ul>	
		• Does CCC ordinance provide for shutting off water if appropriate back flow devices are not installed or maintained/tested?	
	(√)	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> <li>Include inventory and assessment of existing system components</li> <li>What projects in the 2007 CIP (approved in 2009) were completed?</li> <li>What new projects are on the horizon?</li> </ul>
Chapter 9		Financial Program
	(√)	i. Summary of past Income and Expenses (at least 2 years) ( <i>This should be based upon</i> the 2013 budget information or 2014 if that is available.)
	(√)	ii. A one year operational budget for systems serving one thousand or more connections
	(1)	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
	(√)	<ul> <li>iv. An evaluation that has considered:</li> <li>A. The affordability of water rates; and</li> <li>B. The feasibility of adopting and implementing a rate structure that encourages water demand efficiency.</li> </ul>
Chapter 10		Miscellaneous Documents
	(√)	<ul> <li>Meeting of the consumers (may be combined with WUE public meeting).</li> <li>Date, agenda, meeting minutes</li> <li>For the WUE public meeting, the agenda item must specifically state that the Water Use Efficiency Goal will be discussed.</li> <li>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:</li> <li><u>http://www.doh.wa.gov/CommunityandEnvironment/DrinkingWater/WaterSystem DesignandPlanning/WaterUseEfficiency.aspx</u></li> </ul>
	() ()	County/Adjacent Utility Correspondence
	(√)	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, 3<sup>rd</sup> 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 withdrawl 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,

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KAREN KLOCKE Office of Drinking Water Regional Planner

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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



PROJECT MANAGEMENT • PLANNING • DESIGN SERVICES

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, 3<sup>rd</sup> 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.

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.

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

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.

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. Pleas 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.

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.

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.

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 it 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 authorize 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.

R. D. Williams November 12, 2008 Page 2

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.

R. D. Williams November 12, 2008 Page 3

#### **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,

Ploclee

KAREN KLOCKE Office of Drinking Water, Regional Planner

Lenera alerte

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