



GENERAL MANAGER'S REPORT

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

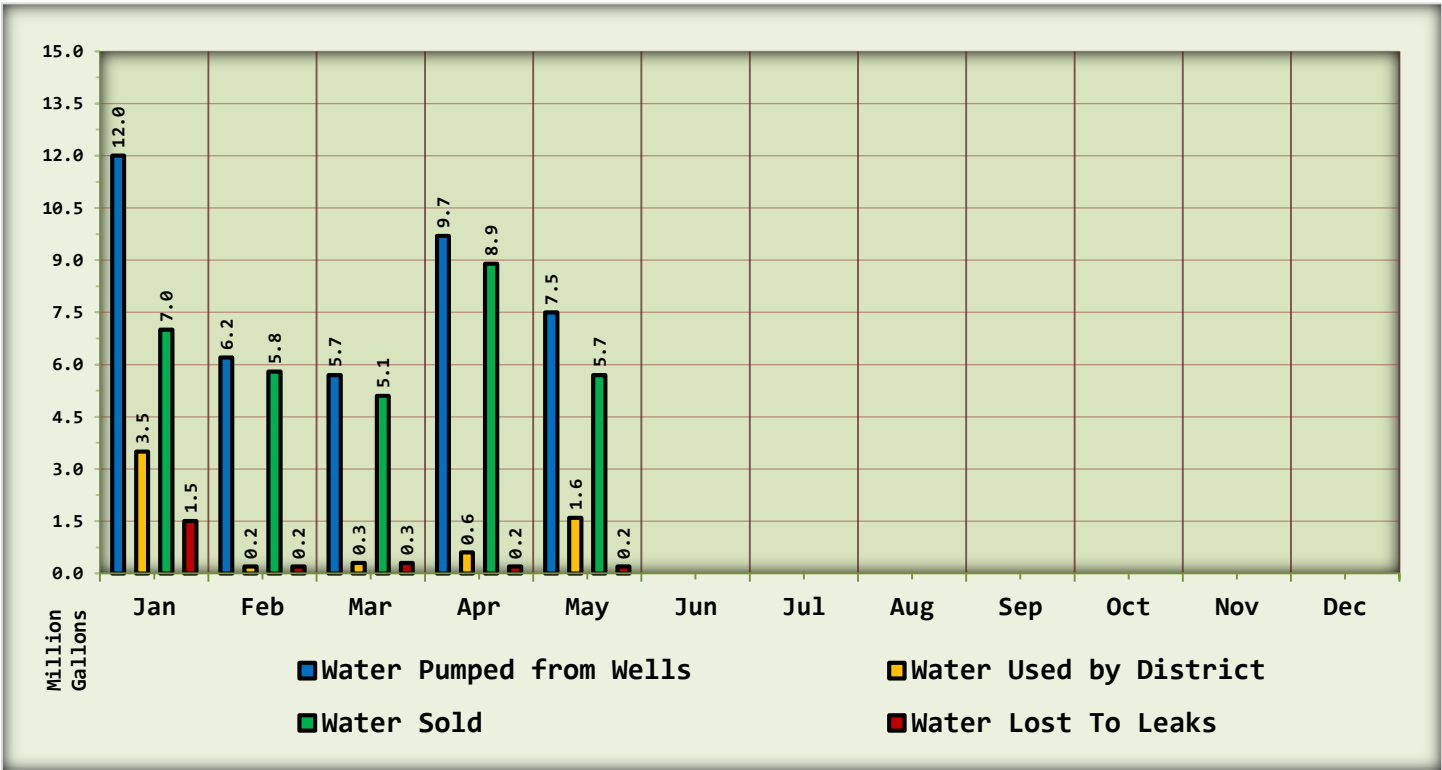
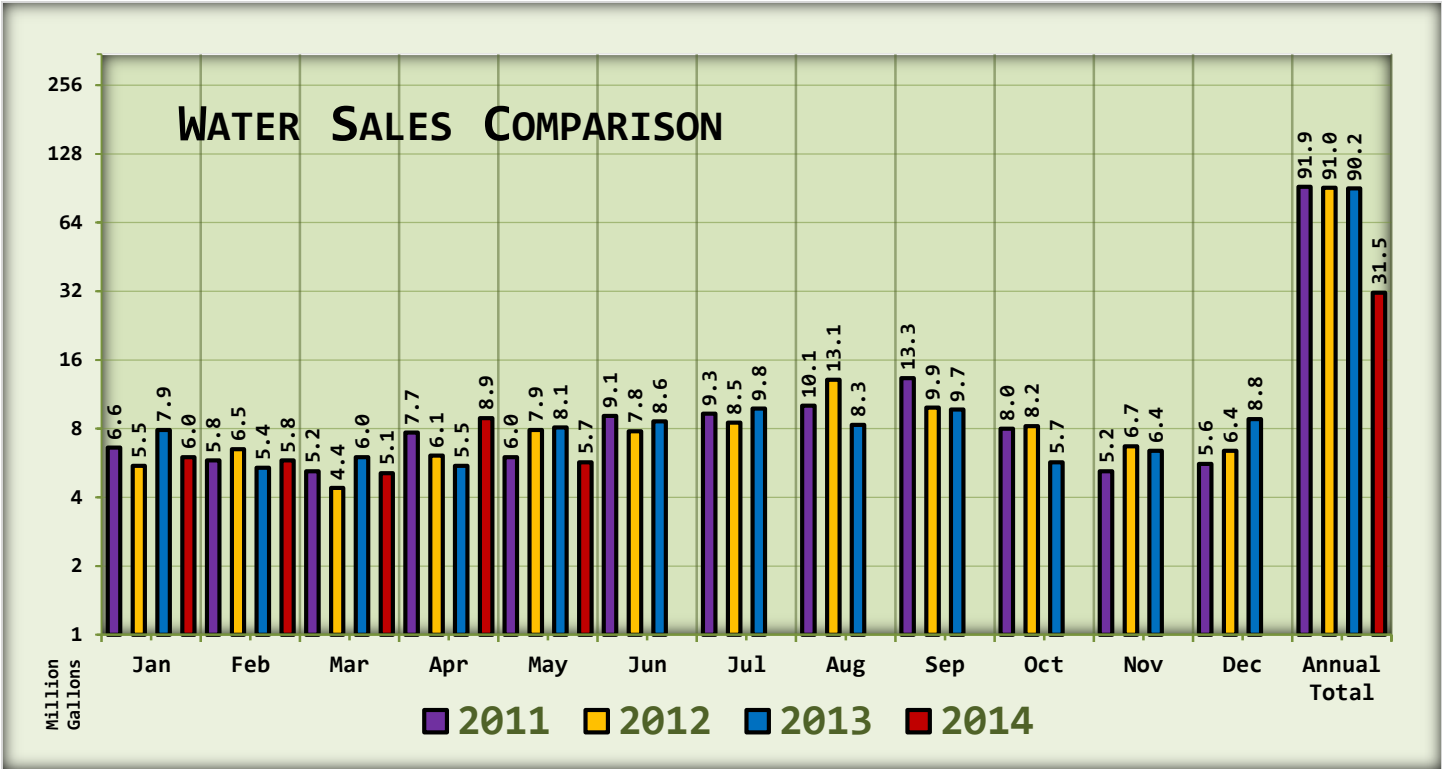
The Metering Period for this report begins on:
April 4, 2014 and ends on May 4, 2014.

The Billing Period for this report is for the:
April 15, 2014 through May 15, 2014.

The Activity Period for this report is for the:
MAY 1, 2014 through May 31, 2014.

| | |
|--|---------------------|
| Water pumped from all wells in Metering Period | 7.5 mg ¹ |
| Water used by District in Metering Period | 1.6 mg |
| Water sold in Metering Period | 5.7 mg |
| Water lost to leaks in Metering Period | 0.2 mg |
| Percent of water lost in Metering Period | 3.0% |
| <hr/> | |
| Water pumped from all wells in 2014 to date | 44.1 mg |
| Water used by the District in 2014 to date | 6.2 mg |
| Water sold in 2014 to date | 32.5 mg |
| Water lost to leaks in 2014 to date | 2.4 mg |
| Percent of water lost in 2014 to date | 2.0% |
| <hr/> | |
| Accounts billed for water in billing period (\$129,788) | 2,677 |
| Accounts billed a late fee in billing period (\$3,040) | 304 |
| Accounts 60 days past due in billing period | 84 |
| Accounts secured with a lien | 31 |
| Accounts locked off for nonpayment in billing period (\$550) | 11 |
| <hr/> | |
| Water quality complaints responded to in Activity Period | 02 |
| Locates requests in Activity Period | 38 |
| Number of customer valves installed in Activity Period | 02 |

¹ Million Gallons



Water Quality Report:

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

Five Samples tested satisfactory.

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

NBWD tests for bromate once a month.

Test one result <0.005 mg/L (satisfactory)

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

In the treatment plant the raw water (well water) quality is tested regularly to monitor seasonal, inter-annual, and historical fluctuations. The TPO monitors eight constituents of the raw water. They are iron (Fe), manganese (Mn), color (Clr), pH, temperature (F°), tannic acid (Ta), silica (SiO_2), ammonia (NH_3). The treatment plant is designed to remove iron, manganese, and color. The TPO monitors iron, manganese, and color to establish a baseline for removal efficiency of the treatment plant and to record raw water historical quality fluctuations. The TPO tests for pH, temperature, tannic acid, silica, and ammonia because fluctuations in these constituents require adjustments to the operation protocols in the treatment plant and affect the quality of the finished water.

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

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

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

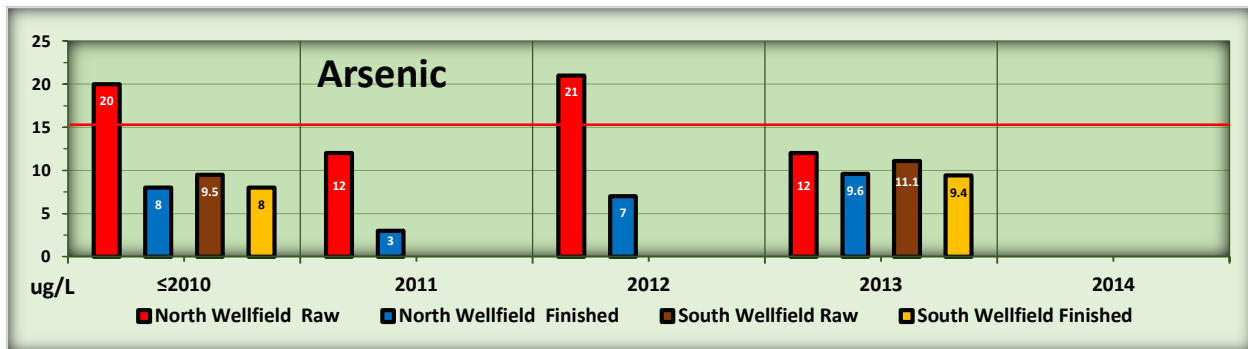
If the temperature is above 60°F the water main will be scheduled for a flush within the next week. If the water temperature is above 65°F it will be scheduled for a flush within the next 24 hours.

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

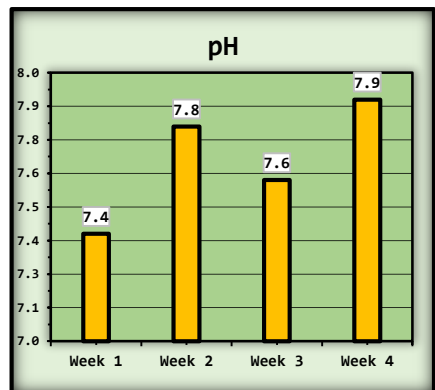
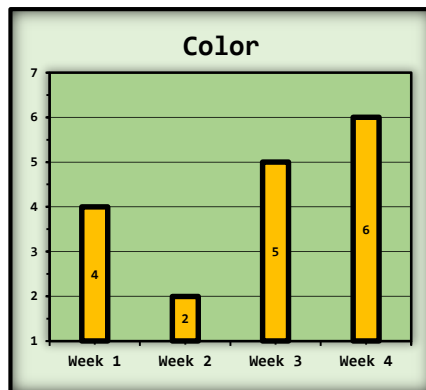
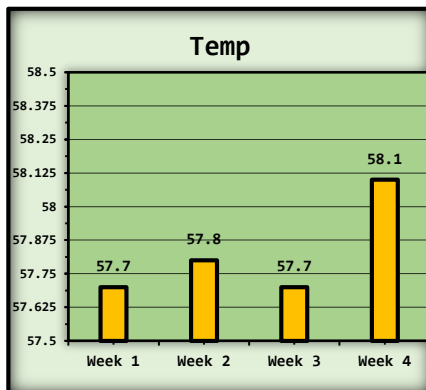
If the TPO detects a taste or odor condition the water main will be scheduled for a flush within the next 24 hours.

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

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



Distribution Water Quality:



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

DWSRF Projects:

Project 129 - Supply and Treatment Project. In May the work completed on the Supply and Treatment Project included Surveying and Engineering on the Wiegardt Well Field and completion of the Aquifer Evaluation Report from Robinson Noble.

| DM-952-129 DWSRF Original Contract Award | \$2,190,631 | Award Budget | Award Budget Remaining | Earned Forgiveness |
|---|----------------|------------------|---------------------------|-----------------------|
| Loan Fee | \$ - | \$2,190,631 | \$ 2,190,631 | \$657,189 |
| Friday, July 12, 2013 | Request #: 1 | \$20,236 | \$2,170,395 | \$6,071 |
| Wednesday, July 31, 2013 | Request #: 2 | \$22,808 | \$2,147,587 | \$6,842 |
| Tuesday, August 6, 2013 | Request #: 3 | \$2,553 | \$2,145,034 | \$766 |
| Friday, August 30, 2013 | Request #: 4 | \$38,679 | \$2,106,356 | \$11,604 |
| Monday, September 30, 2013 | Request #: 5 | \$46,751 | \$2,059,605 | \$14,025 |
| Monday, November 4, 2013 | Request #: 6 | \$9,134 | \$2,050,471 | \$2,740 |
| Monday, December 2, 2013 | Request #: 7 | \$4,053 | \$2,046,418 | \$1,216 |
| Tuesday, January 7, 2014 | Request #: 8 | \$59,356 | \$1,987,062 | \$17,807 |
| Monday, February 3, 2014 | Request #: 9 | \$38,558 | \$1,948,504 | \$11,567 |
| Wednesday, March 5, 2014 | Request #: 10 | \$22,909 | \$1,925,595 | \$6,873 |
| Monday, April 7, 2014 | Request #: 11 | \$39,451 | \$1,886,145 | \$11,835 |
| Thursday, May 8, 2014 | Request #: 12 | \$13,061 | \$1,873,083 | \$3,918 |
| Monday, June 2, 2014 | Request #: 13 | \$9,436 | \$1,863,646 | \$2,831 |
| Monday, May 19, 2014 | Totals: | \$326,985 | \$1,863,646 | \$98,096 |

Project 121 - Water Main Project.

There was no action on the Water Main Project in May, 2014. WSDOT has not issued a tree mitigation plan yet and Pacific County Public Works has not approved the restoration of the Right-of-ways by Big River Construction. The invoice to Gray and Osborne was for work related to closing the contract with Big River Construction.

| DM 12-952-121 DWSRF Original Contract Award | \$891,123 | Award Budget | Award Budget Remaining |
|--|----------------|------------------|---------------------------|
| Loan Fee | \$8,823 | \$882,300 | \$882,300 |
| Friday, July 12, 2013 | Request #: 1 | \$34,387 | \$847,913 |
| Thursday, August 8, 2013 | Request #: 2 | \$12,999 | \$834,914 |
| Monday, September 30, 2013 | Request #: 3 | \$19,506 | \$815,408 |
| Monday, November 4, 2013 | Request #: 4 | \$9,126 | \$806,282 |
| Friday, December 20, 2013 | Request #: 5 | \$8,347 | \$797,935 |
| Friday, January 3, 2014 | Request #: 6 | \$86,632 | \$711,303 |
| Monday, February 3, 2014 | Request #: 7 | \$177,502 | \$533,801 |
| Thursday, March 6, 2014 | Request #: 8 | \$141,546 | \$392,255 |
| Monday, April 7, 2014 | Request #: 9 | \$130,589 | \$261,666 |
| Thursday, May 8, 2014 | Request #: 10 | \$12,605 | \$249,061 |
| Monday, June 2, 2014 | Request #: 11 | \$4,068 | \$244,993 |
| Monday, May 19, 2014 | Totals: | \$673,307 | \$244,993 |

Water Revenue Bond Project Fund:

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

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

245th Street Water Main Loop Project:

WSDOT has issued the permit for the crossing of SR 103 (Attached). The permit requires the District to directional drill under SR 101. The project will be ready for bid in July, 2014. The 2014 budget has \$20,000 for completion of this project. That estimate was based on cut and trench across SR 103. The directional drill requirement will add significantly to the project. The engineers estimate is now \$45,000.

Water System Plan:

The engineer has been working on system maps and historic water use data in May. Chapters 1 – System Description, 2 – Basic Planning Data, and 3 – System Analysis, are being worked on actively now. These chapters have the most data collection and analysis work.

Rate Study:

FCS continues work on Task one: Data Collection and Validation and Task Two: Revenue Requirements. We have a progress meeting scheduled for June 28, 2014.

Safety Meeting Minutes:

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

Attachments:

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

- WSDOT 245th Crossing Permit
- Surfside November/December Report

End of Report



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) 05/07/14 | System Group Type: (A,B,Other): A |
| Water System ID Number: 63000C | System Name: North Beach Water |
| Lab Sample Number: 01745781 | County: Pacific |
| Sample Location: 2210 272nd St Ocean Park WA | Source Number(s): S06 |
| Sample Purpose: Select One | Date Received: 05/08/14 |
| <input checked="" type="checkbox"/> RC- Routine/Compliance | Date Analyzed: 05/10/14 |
| <input type="checkbox"/> C- Confirmation | Date Reported: 05/21/14 |
| <input type="checkbox"/> Investigative | Comments: K1404578-001 |
| <input type="checkbox"/> Other(specify) | |
| Sample Composition: Select One | Sample Type: (Select One) |
| <input checked="" type="checkbox"/> S- Single Source | <input type="checkbox"/> Pre-Treatment/Raw |
| <input type="checkbox"/> B- Blended (List multiple source numbers) | <input checked="" type="checkbox"/> Post-Treatment/Finished |
| <input type="checkbox"/> C- Composite | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> D- Distribution sample | Sample Collected by: Nick Morrison |
| Send Report to: North Beach Water | Phone Number: 360-665-4144 |
| | 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: _____

SR# 114045.78-002



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COLIFORM BACTERIA ANALYSIS

| | | |
|---|--|--------------------------|
| Date Sample Collected <u>5/7/14</u> Month Day Year | Time Sample Collected <u>11:45</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | County <u>Pacific</u> |
| Type of Water System (check only one box) <input checked="" type="checkbox"/> Group A <input type="checkbox"/> Group B <input type="checkbox"/> Private Household <input type="checkbox"/> Other _____ | | |
| Group A and Group B Systems - Provide from Water Facilities Inventory (WFI): ID# <u>63000C</u> | | |
| System Name: <u>North Beach Water</u> | | |
| Contact Person: <u>B. H. Weah</u> | | |
| Day Phone: <u>(360) 665-4144</u> | Cell Phone: <u>360 244-0068</u> | |
| Eve. Phone: () | FAX: () | |
| Send results to: (Print full name, address and zip code) <u>PO Box 618</u> <u>Ocean Park, WA 98640</u> | | |

SAMPLE INFORMATION

| | |
|---|-----------------------------------|
| Sample collected by (name): <u>Robert Hunt</u> | |
| Specific location where sample collected: <u>3314 281st Ocean Park WA</u> <u>NSS# 6</u> | Special instructions or comments: |

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

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

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

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

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

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

| | |
|---|--|
| Method Code: <u>AM9223B</u> | Date, Time and Temp Received: <u>5/9/14 12:01 PM</u> |
| Date Analyzed: <u>05/08/14</u> | Date Reported: <u>05/09/14</u> |
| Sample Number (DOH number plus five digits): <u>0 1 7 - 45782</u> | Lab Use Only: <u>5/10/14</u> |

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

- Investigate to determine the cause and correct the situation. Your local health department or DOH Regional Office can assist you.
- 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.
- Contact your local health department or DOH Regional Office as specified in WAC 246-290-480.

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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

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

SR# 1K1904578-003



ALS Environmental
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COLIFORM BACTERIA ANALYSIS

| | | |
|--|--|--------------------------|
| Date Sample Collected <u>5/7/14</u> Month Day Year | Time Sample Collected <u>11:55</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM | County <u>Pacific</u> |
|--|--|--------------------------|

Type of Water System (check only one box)

Group A Group B Private Household Other _____

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

System Name: North Beach Water

Contact Person: Bill Neal

Day Phone: 360-665-4144 Cell Phone: 360-1244-0068

Eve. Phone: () FAX: ()

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

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected: 26200 Sandridge Rd Ocean Park
NSS# 7

Special instructions or comments:

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

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

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

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

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

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

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

| | |
|---|--|
| Method Code: <u>SM9223B</u> | Date, Time and Temp Received: <u>5/8/14 @ 0920</u> |
| MICR- <u>05/08/14</u> | Date Reported: <u>05/09/14</u> |
| Date Analyzed | Lab Use Only: <u>5/10/14</u> |
| Sample Number (DOH number plus five digits) <u>0 1 7 - 45783</u> | |

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample immediately

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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

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

SR#

161904578-004



ALS Environmental

1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

| | | |
|--|---|-------------------|
| Date Sample Collected 5 17 14 Month Day Year | Time Sample Collected 12:10 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | County Pacific |
|--|---|-------------------|

Type of Water System (check only one box)

Group A Group B Private Household Other _____

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

ID# 630006

System Name: North Beach Water

Contact Person: Bill Neal

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

Eve. Phone: () FAX: ()

Send results to: (Print full name, address and zip code)

P.O. Box 618
Ocean Park, WA 98640

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected: 1719 26th PL Ocean Park N55#8

Special instructions or comments:

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

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

#4 Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

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

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

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

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

| | |
|--|--|
| Method Code: SM9223B | Date, Time and Temp Received: 5/9/14 AM 0920 |
| MICR- _____ | Date Reported: 05/09/14 |
| Date Analyzed: 05/08/14 | Lab Use Only: H 5/10/14 |
| Sample Number (DOH number plus five digits): 0 1 7 - 45784 | |

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample immediately

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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

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



ALS Environmental

1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

| | | |
|--|--|--------------------------|
| Date Sample Collected <u>5/7/14</u> Month Day Year | Time Sample Collected <u>12:20</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | County <u>Pacific</u> |
|--|--|--------------------------|

REPORTING OF RESULTS:

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

Type of Water System (check only one box) Private Household

Group A Group B Other _____

SATISFACTORY RESULTS:

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

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

System Name: North Beach Water

Contact Person: Bill Neal

Day Phone: 360 1665-4144 Cell Phone: 360 1244-0068

Eve. Phone: () FAX: ()

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

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

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

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

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected: 27900 0 st Ocean Park
N552# 9

Special instructions or comments:

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

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

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

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

RESAMPLE:

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

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

FOR ADDITIONAL INFORMATION:

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

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

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

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

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

| | |
|---|---|
| Method Code: <u>SM9223B</u> | Date, Time and Temp Received: <u>5/9/14 09:20</u> |
| Date Analyzed: <u>05/08/14</u> | Date Reported: <u>05/09/14</u> |
| Sample Number (DOH number plus five digits): <u>0 1 7 - 45785</u> | Lab Use Only: <u>18 5/10/14</u> |



ALS Environmental

1317 S. 13th Avenue • Kelso, WA 98626

COLIFORM BACTERIA ANALYSIS

| | | |
|--|--|--------------------------|
| Date Sample Collected <u>5/7/14</u> Month Day Year | Time Sample Collected <u>12:40</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM | County <u>Pacific</u> |
|--|--|--------------------------|

Type of Water System (check only one box)

Group A Group B Private Household Other _____

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

System Name: North Beach Water

Contact Person: Bill Deal

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

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

SAMPLE INFORMATION

Sample collected by (name): Robert Hunt

Specific location where sample collected: 242nd & Birch N55# 11 Special instructions or comments:

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

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

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

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

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

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

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

| | |
|---|--|
| Method Code: <u>SM9223B</u> | Date, Time and Temp Received: <u>5/8/14 0120 N</u> |
| MICR- _____ | Date Reported: <u>05/09/14</u> |
| Date Analyzed: <u>05/08/14</u> | Lab Use Only: <u>W 5/10/14</u> |
| Sample Number (DOH number plus five digits): <u>0 1 7 - 45786</u> | |

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample immediately

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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

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

WASHINGTON STATE
DEPARTMENT OF COMMERCE



Form
A19-1A

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

AGENCY NUMBER

Short Code

Commerce Contract Number

1030

DM12-952-129

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

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

INSTRUCTIONS TO VENDOR OR CLAIMANT:

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

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

Contact Person: **Jack McCarty**
Phone: **(360) 665-4144**
Contract Period: **11/29/2012 - 11/29/2036**
Report Period: **4/29/2014 - 5/5/2014**


By:  (SIGN IN BLUE INK)

General Manager
(TITLE)


6/2/2014
(DATE)

| | Original Contract Amount | \$2,190,631 | | | |
|---------------|---|-------------|----------------------|------------------------|-------------------------|
| | Loan Fee (if any) | \$0 | | | |
| Date | DESCRIPTION | Budget | Previously Requested | Amount of This Invoice | Award Remaining Balance |
| | Net Contract Amount | \$2,190,631 | \$317,547.82 | | \$1,873,083 |
| | Request #13 | | | | |
| 4/29/2014 | Invoice #13224.01-14 / Gray & Osoborne / Drilling & Testing | | | \$1,810.93 | |
| 4/29/2014 | Invoice #13224.02-14 / Gray & Osoborne / Supply & Treatment | | | \$6,477.36 | |
| 5/5/2014 | Invoice #14-389 / Robinson Noble / Wellfield Project | | | \$1,148.25 | |
| Totals | | | | \$9,436.54 | \$1,863,647 |

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

| | | | | | |
|---|--|--|------------------------------|------------|---|
|  | WASHINGTON STATE DEPARTMENT OF COMMERCE | | AGENCY NUMBER 1030 | Short Code | Commerce Contract Number DM12-952-121 |
| | Form A19-1A | VOUCHER DISTRIBUTION DEPARTMENT OF COMMERCE PO BOX 42525 OLYMPIA, WA 98504-2525 | | | |

| | |
|---|---|
| <p style="text-align:center;">VENDOR OR CLAIMANT (Warrant is to be payable to:)</p> <p>North Beach Water District PO Box 618 Ocean Park WA, 98640</p> | <p>INSTRUCTIONS TO VENDOR OR CLAIMANT: Submit this form to claim payment for materials, merchandise, or services. Show complete detail for each item.</p> <p>Vendor's Certificate: The individual signing this voucher below warrants they have the authority to do so as authorized and on the behalf of the entity identified in the Vendor/Client section. The individual signing below certifies under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race creed, color, national origin, handicap, religion or Vietnam era or disabled veterans status.</p> |
|---|---|

| | | |
|-----------------|---------------------------------------|---|
| Contact Person: | Jack McCarty (360) 665-4144 |  <p style="text-align:center;">By: _____ (SIGN IN BLUE INK)</p> |
| Phone: | | |
| Contract Period | 11-29-2012 thru 11-29-2036 | |
| REPORT PERIOD | 4/1/2014 - 5/5/2014 | |
| | | General Manager 6/2/2014 <small>(TITLE) (DATE)</small> |

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

| Date | DESCRIPTION | Budget | Previously Requested | Amount of This Invoice | Award Remaining Balance |
|---------------|---|-----------|----------------------|------------------------|-------------------------|
| | Net Contract Amount | \$882,300 | \$633,240.37 | | \$249,060 |
| | Request #11 | | | | |
| 4/29/2014 | Invoice #13223.01-6 / Gray & Osborne / Water Main Project | | | \$4,068.81 | |
| | | | | | |
| | | | | | |
| Totals | | | | \$4,068.81 | \$244,991 |

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

Permit/Franchise No.

U1841

Applicant – Please print or type all information

Application is Hereby Made For: Permit Category 1 \$500.00
 Franchise Amendment Category 2 \$300.00
 Franchise Consolidation \$300.00 Category 3 \$150.00
 Franchise Renewal \$250.00

Intended Use of State Right of Way is to Construct, Operate, and Maintain a:
proposed 8-inch water main intertie on a portion of
 State Route 103 (at/from) Mile Post 10.26 to Mile Post 10.26 in Pacific County,
 to begin in the SE 1/4 SW 1/4 Section 33 Township 12 North: Range 11 W East W.M.
 and end in the SE 1/4 SW 1/4 Section 33 Township 12 North: Range 11 W East W.M.

Fees in the amount of \$ 500 are paid to cover the basic administrative expenses incident to the processing of this application according to WAC 468-34 and RCW 47.44 and amendments thereto. The applicant promises to pay any additional costs incurred by the Washington State Department of Transportation (Department) on behalf of the applicant.
Checks or Money Orders are to be made payable to "Washington State Department of Transportation."

| | | | | | |
|------------------------------------|-------|----------|--|--|--|
| North Beach Water District | | | Applicant Authorized Signature | | |
| Applicant (Referred to as Utility) | | | William Neal | | |
| 25902 Vernon Avenue | | | Print or Type Name | | |
| Address | | | General Manager | | |
| Ocean Park | WA | 98640 | Title | | |
| City | State | Zip Code | Dated this _____ day of _____ | | |
| (360) 665 - 4144 | | | | | |
| Telephone | | | | | |
| Applicant Reference (WO) Number | | | Federal Tax ID or Social Security Number | | |

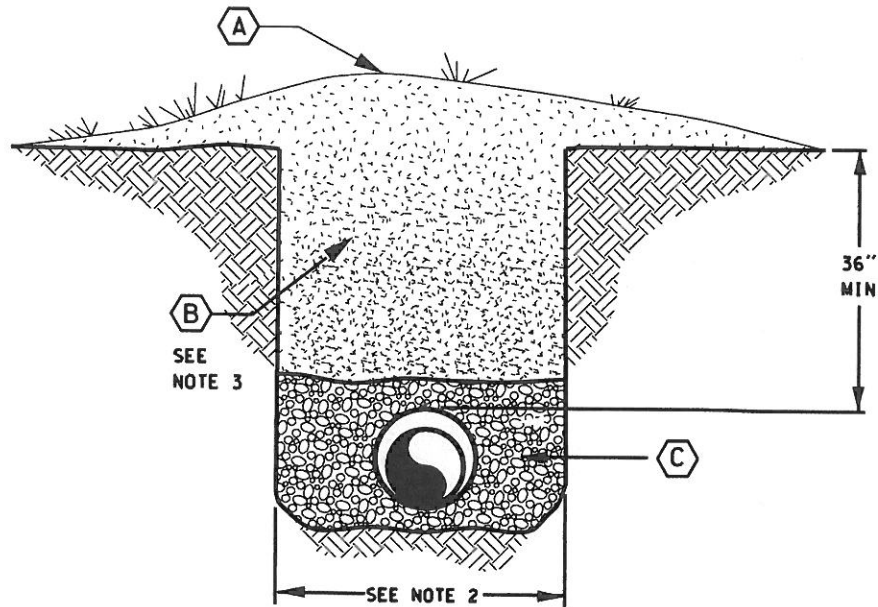
Authorization to Occupy Only If Approved Below

The Department hereby grants this Permit or Franchise, as applicable, subject to the terms and conditions stated in the General Provisions, Special Provisions, and Exhibits attached hereto and by this reference made a part hereof.

For Department Use Only

| | |
|--|--|
| <p>Exhibits Attached</p> <p>Exhibit "A" -Special Provisions, Pages 1 - 5 Exhibit "B" -Utility Facility Description, Page 1 Exhibit "C" -Plan Maps Sheet 1 Exhibit "D" -Approved Traffic Control Plan, Pages 1- __</p> | <p>Department Approval</p> <p>By: _____ <u>Rick Henderson</u> Title: <u>SW Region Utilities Engineer</u> Date: _____</p> <p>Expiration Date: _____</p> |
|--|--|

| Applicant Field Contact Person William Neal | | Field Contact Phone Number (360) 665 - 4144 | | Applicant Reference (WO) Number | | Permit/Franchise No. | | | |
|---|----------------------|--|-------------------|---------------------------------|---------------------------------------|---|------|---|--------------------------------|
| State Route 103 | Highway Scenic Class | Access Control None | Begin MP 10.26 | End MP 10.26 | Reference MP 10.25 at 245th Street | Distance and Direction (From nearest reference MP) 0 | | | |
| Facility Description Installation of approximately 65 linear feet of 12" HDPE SDR 11 casing, 90 linear feet of 8" HDPE SDR 11 water main, and necessary restoration along SR 103. | | | | | | | | | |
| Facility Detail | | | | | | | | | |
| MP to MP | Lt/ Rt/ Xing | Offset Distance | | | Description | R/W | | Remarks <small>Including Pertinent Topography Info. (Turnouts, Road Approaches, Intersections, Cut, Fill, Culvert, Guardrail, etc.) Xing Technique, Control Zone Objects, Enter-Leave RW</small> | |
| | | From Centerline | From Traveled Way | Depth/ Height | | D ₁ | Left | | Right |
| 10.26 | 10.26 | 60' | 45' | Match existing grade | D ₁ | 8" HDPE SDR 11 water main | 30' | 40' | Enter/ Leave ROW |
| 10.26 | 10.26 | | | 5'-0" | | 8" HDPE SDR 11 water main | 30' | 40' | Xing |
| 10.26 | 10.26 | | | 5'-0" | | 12" HDPE SDR 11 casing pipe | 30' | 40' | Xing |
| 10.26 | 10.26 | 20' | 5' | Varies | | (2) 8" 45° Vertical Bends | 30' | 40' | Vertical bend to match grade |
| 10.26 | 10.26 | 20' | 5' | Match existing grade | | 8" DI tee & (3) 8" gate valves | 30' | 40' | |
| 10.26 | 10.26 | 20' | 5' | Match existing grade | | 8" transition coupling | 30' | 40' | Connect to existing water main |
| 10.26 | 10.26 | 20' | 5' | Match existing grade | | 8" transition coupling | 30' | 40' | Connect to existing water main |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |



CROSS SECTION
NTS

LEGEND

- (A) SURFACE TREATMENT TO RESTORE EXISTING TO MATCH ADJACENT (SEEDING, BARK, ETC)
- (B) NATIVE MATERIAL OR AS DIRECTED BY WSDOT
- (C) BEDDING MATERIAL. BEDDING MATERIAL DEPTH OVER AND BENEATH PIPE CASING SHALL BE HALF THE DIAMETER OF PIPE CASING OR 6 INCHES WHICHEVER IS LESS.

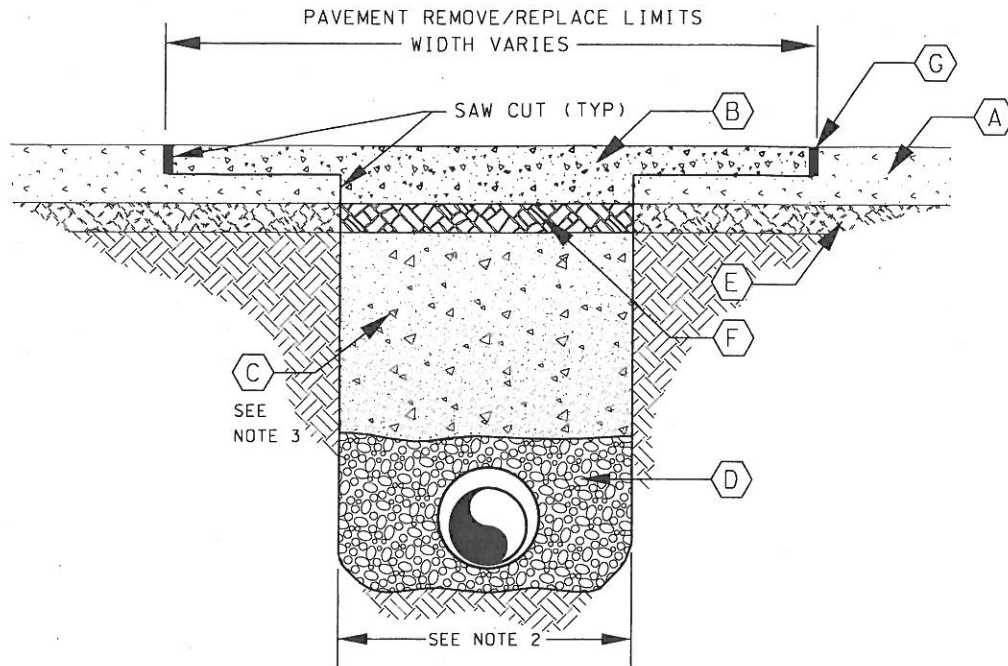
GENERAL NOTES

1. TRENCHING AND PIPE INSTALLATION SHALL MEET THE REQUIREMENTS OF WSDOT STANDARD SPECIFICATION 7-08.
2. MAXIMUM TRENCH WIDTH SHALL BE OUTSIDE CASING PIPE WIDTH PLUS ONE FOOT EITHER SIDE OF CASING PIPE.
3. COMPACTION SHALL BE METHOD "C" PER SECTION 2-03.3 (14) C
4. WHEN CONNECTING TO AN EXISTING FACILITY UNDER THE PAVEMENT, PAVEMENT RESTORATION MAY AT THE DEPARTMENT'S DISCRETION, INCLUDE THE FULL LANE WIDTH AND ENCROACHED SHOULDER.
5. CASING PIPES SHALL EXTEND A MINIMUM OF SIX (6) FEET BEYOND THE TOE OF FILL SLOPES, BOTTOM OF DITCHLINE, OR OUTSIDE OF CURB.

UTILITY TRENCH
BACKFILL DETAIL



Washington State
Department of Transportation
WSDOT Utility Accommodation

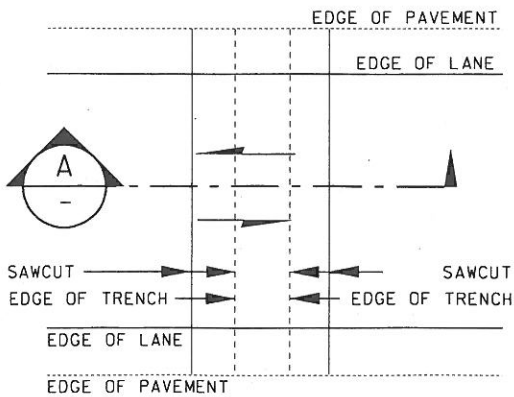


CROSS SECTION A

LEGEND

- (A) EXISTING HMA (HOT MIX ASPHALT) OR PCCP (PORTLAND CEMENT CONCRETE PAVEMENT)
- (B) HMA CLASS 1/2 INCH OR PCCP; DEPTH AND MATERIAL SHALL MATCH EXISTING PAVEMENT. REMOVAL AND REPLACEMENT OF PAVEMENT TO BE DETERMINED AT THE TIME OF UTILITY PERMIT/FRANCHISE REVIEW.
- (C) APPROVED BACKFILL MATERIAL OR CDF (CONTROL DENSITY BACKFILL) OR AS SPECIFIED BY WSDOT
- (D) BEDDING MATERIAL. BEDDING MATERIAL DEPTH OVER AND BENEATH PIPE CASING SHALL BE HALF THE DIAMETER OF PIPE CASING OR 6 INCHES WHICHEVER IS LESS.
- (E) EXISTING CRUSHED SURFACING BASE COURSE
- (F) CRUSHED SURFACING BASE COURSE DEPTH SHALL MATCH DEPTH OF EXISTING CRUSHED SURFACING BASE COURSE
- (G) BUTT JOINT SHALL BE TACK, SEAL AND SAND JOINT

GENERAL NOTES



TRENCH PLAN VIEW

1. TRENCHING AND PIPE INSTALLATION SHALL MEET THE REQUIREMENTS OF WSDOT STANDARD SPECIFICATION 7-08
2. MAXIMUM TRENCH WIDTH SHALL BE OUTSIDE CASING PIPE WIDTH PLUS ONE FOOT EITHER SIDE OF CASING PIPE.
3. COMPACTION SHALL BE METHOD "C" PER SECTION 2-03.3 (14) C
4. MINIMUM DEPTH SHALL BE 60 INCHES FROM THE FINISHED SURFACE TO TOP OF PIPE CASING
5. PCCP SHALL BE REPLACED TO THE NEXT PANEL JOINT IN EACH DIRECTION AS APPROVED BY WSDOT. ALL WORK SHALL BE AS SPECIFIED IN WSDOT STANDARD SPECIFICATION SECTION 5-01.3(4)
6. WHEN CONNECTING TO AN EXISTING FACILITY UNDER THE PAVEMENT, PAVEMENT RESTORATION MAY, AT THE DEPARTMENT'S DISCRETION, INCLUDE THE FULL LANE WIDTH AND ENCRoACHED SHOULDER

**OPEN CUT CROSSING
UTILITY TRENCH
BACKFILL DETAIL**



**Washington State
Department of Transportation**
WSDOT NWR Utility Accommodation

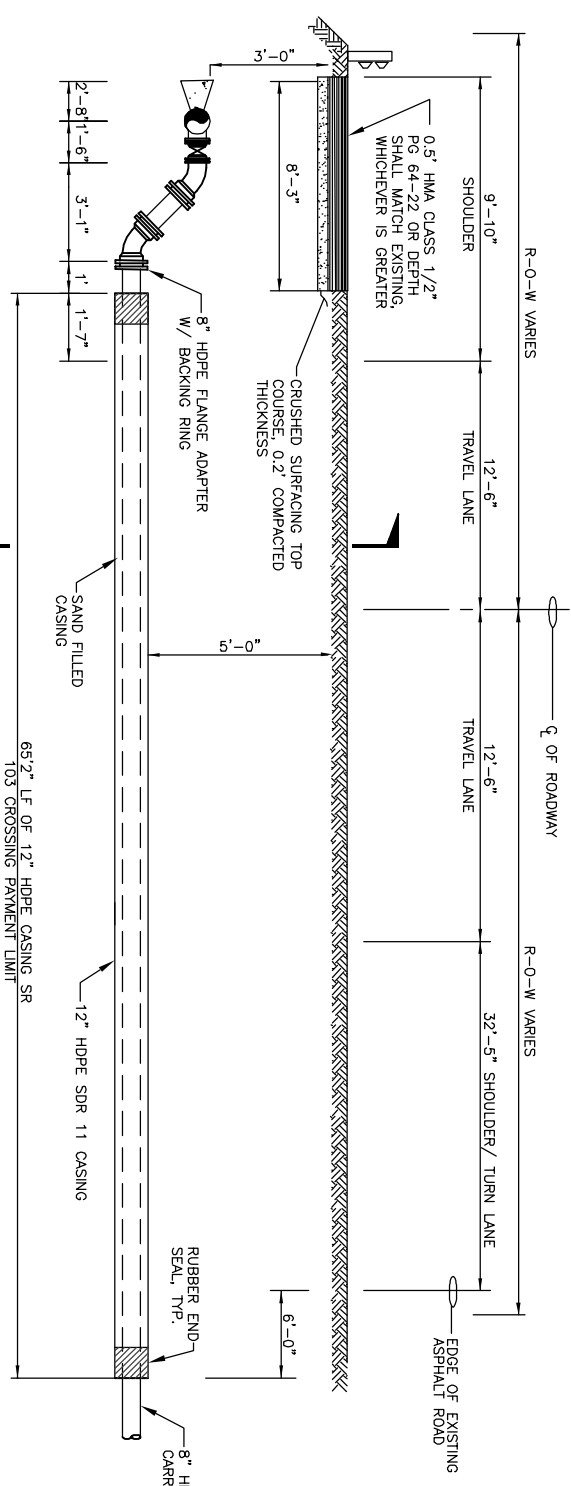
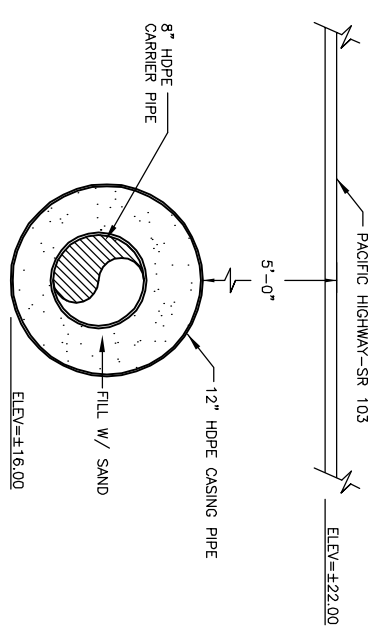
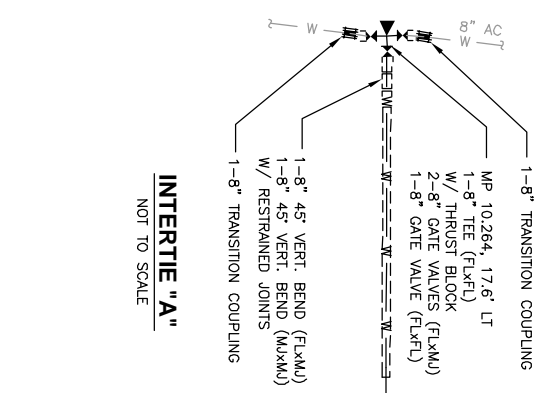
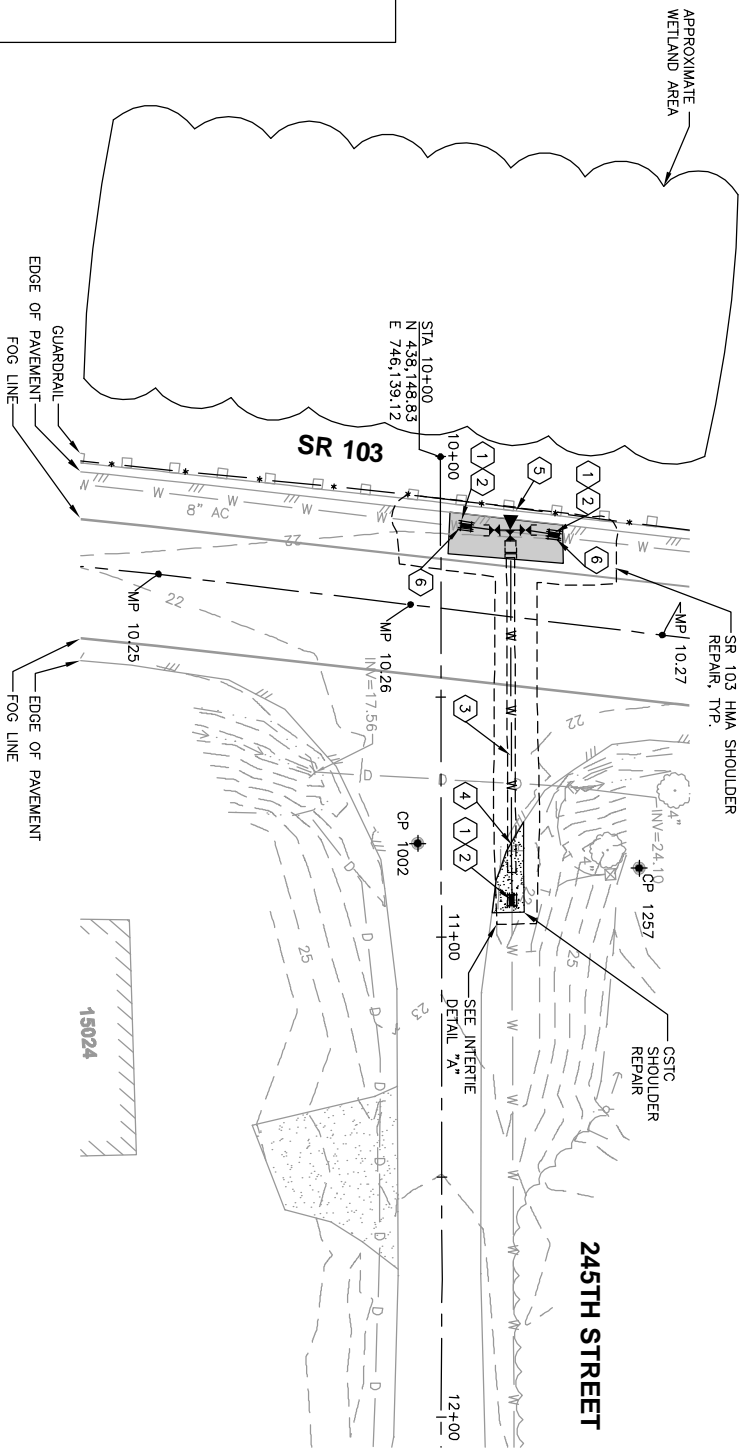
DATE: April 2009

SCALE: NTS

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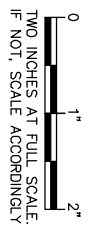
SURVEY REFERENCE
 The survey for THE 245TH STREET WATER MAIN PROJECT
 PACIFIC COUNTY
 shown hereon, was provided by:
 TUE AUG 6, 2013

- NOTES:**
- UTILITY CROSSING: CONTRACTOR SHALL POTHOLE AND FIELD VERIFY LOCATION/ ALIGNMENT/ ELEVATION/ SIZE/ MATERIAL OF EXISTING UTILITY PRIOR TO CONSTRUCTION.
 - CONTRACTOR SHALL NOT CONNECT SYSTEM UNTIL A SUCCESSFUL BACTERIOLOGICAL AND HYDROSTATIC PRESSURE TEST OF THE NEW SYSTEM HAS BEEN WITNESSED BY THE ENGINEER.
 - INSTALL 8-INCH WATER MAIN.
 - REMOVE AND REINSTALL SIGN/MATERIAL AS REQUIRED TO CONSTRUCT WATER MAIN IMPROVEMENTS. FINISH AND INSTALL NEW POST AND CONCRETE ANCHOR.
 - CONTRACTOR SHALL PROTECT THE EXISTING GUARDRAIL DURING CONSTRUCTION.
 - CONTRACTOR SHALL PROVIDE TEMPORARY BLOW OFF, FITTINGS AND BLOCKING AS NECESSARY TO TEST AND DISINFECT WATER MAIN.

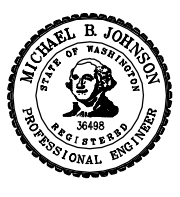


SECTION A
 NOT TO SCALE

**PACIFIC HIGHWAY SR 103
 HMA INTERSECTION REPAIR**
 NOT TO SCALE



NORTH BEACH WATER DISTRICT
 PACIFIC COUNTY WASHINGTON
**245TH STREET WATER
 MAIN INTERTIE**



| No. | REVISION | DATE | APPD |
|-----|----------|------|------|
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| DATE: | FEB 2014 |
| SCALE: | NOTED |
| DRAWN: | EWB |
| CHECKED: | AKK |
| APPROVED: | MBJ |

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