



GENERAL MANAGER'S REPORT

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

The metering period for this report begins on:

February 10, 2014 through March 4, 2014.

The billing period for this report is for the:

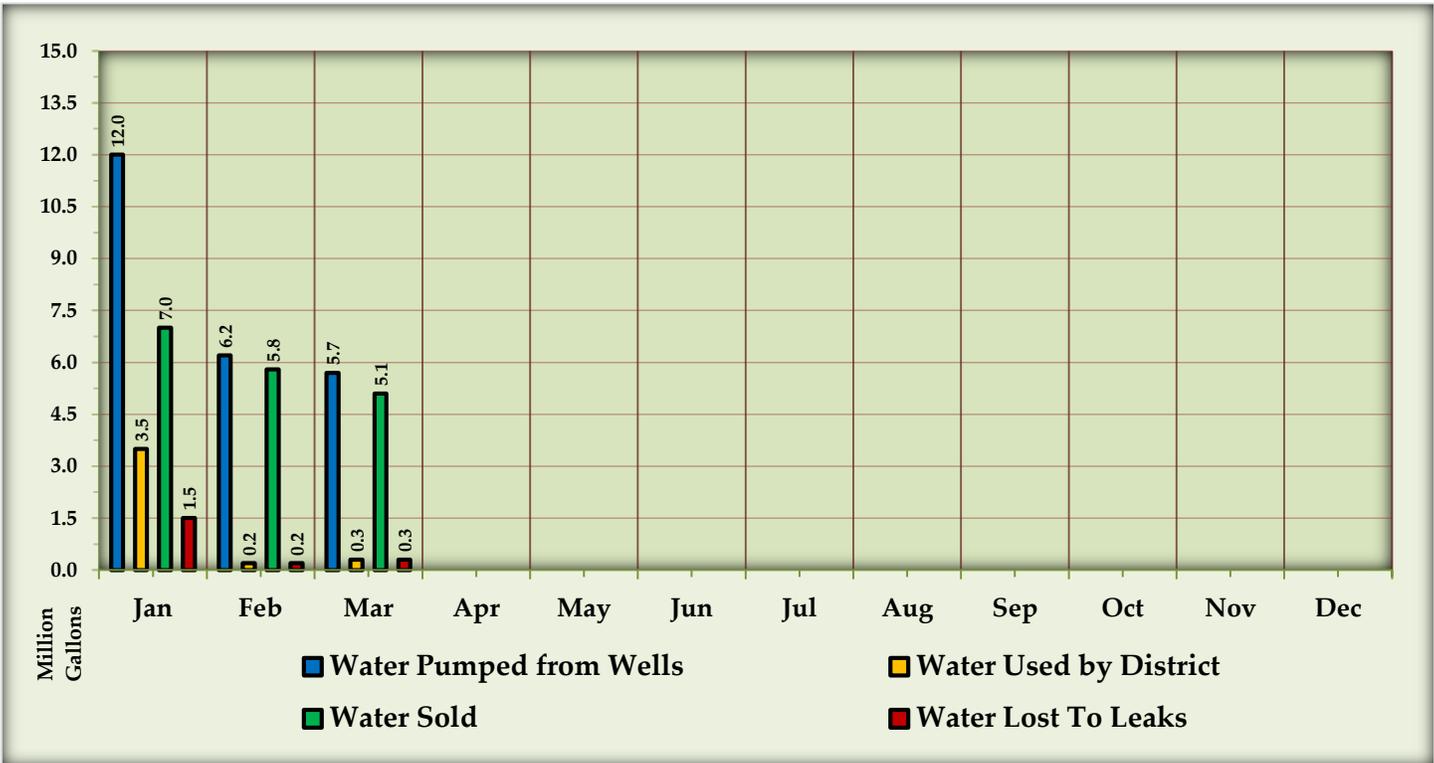
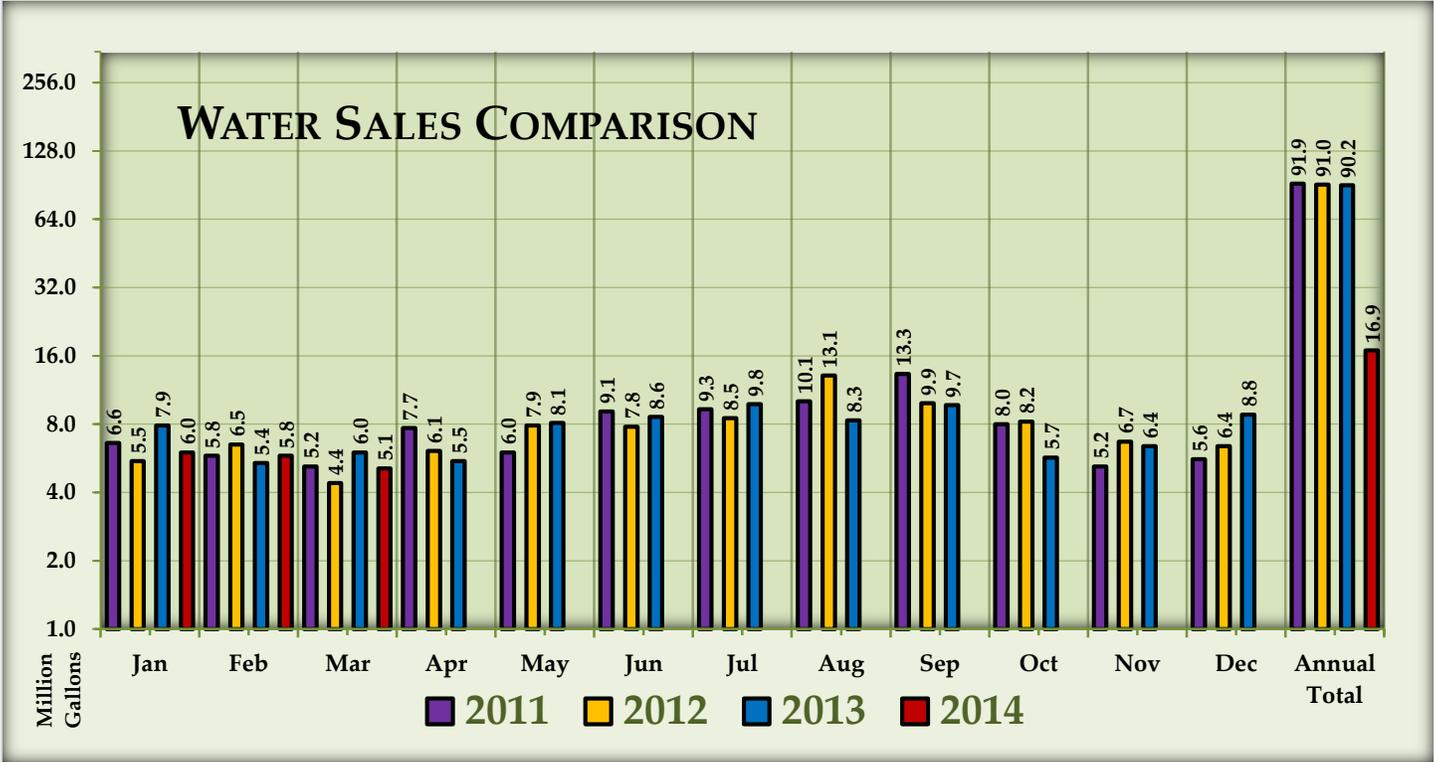
February 15, 2014 through March 15, 2014.

The activity period for this report is for the:

March 1, 2014 through March 31, 2014.

Water pumped from all wells in Metering Period	5.7 mg ¹
Water used by District in Metering Period	0.3 mg
Water sold in Metering Period	5.1 mg
Water lost to leaks in Metering Period	0.3 mg
Percent of water lost in Metering Period	5.3%
<hr/>	
Water pumped from all wells in 2014 to date	23.9 mg
Water used by the District in 2014 to date	4.0 mg
Water sold in 2014 to date	17.9 mg
Water lost to leaks in 2014 to date	2.0 mg
Percent of water lost in 2014 to date	8.4%
<hr/>	
Accounts billed for water in March (\$127,885)	2,683
Accounts billed a late fee in March (\$2,404)	293
Accounts 60 days past due (\$2,775)	52
Accounts secured with a lien (\$25,447.76)	26
Accounts locked off for nonpayment in March (\$500)	10
<hr/>	
Water quality complaints responded to in March	01
Locates requests in March	31
Number of customer valves installed in March	01

¹ Million Gallons



Water Quality Report:

NBWD does not use continuous disinfection on its water supply. Historically the water systems has been very successful at maintaining high quality bacteria free water supply. NBWD did have a "Out of Compliance" "Coliform Bacteria" event in 2012 but the source of the contamination was quickly discovered and remedied.

NBWD tests for coliform bacteria five times a month.

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

Five of the 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 ($^{\circ}\text{F}$), 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 of fluctuations in

these constituents require adjustments to the operation protocols in the treatment plant and affect the quality of the finished water.

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

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

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

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

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

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

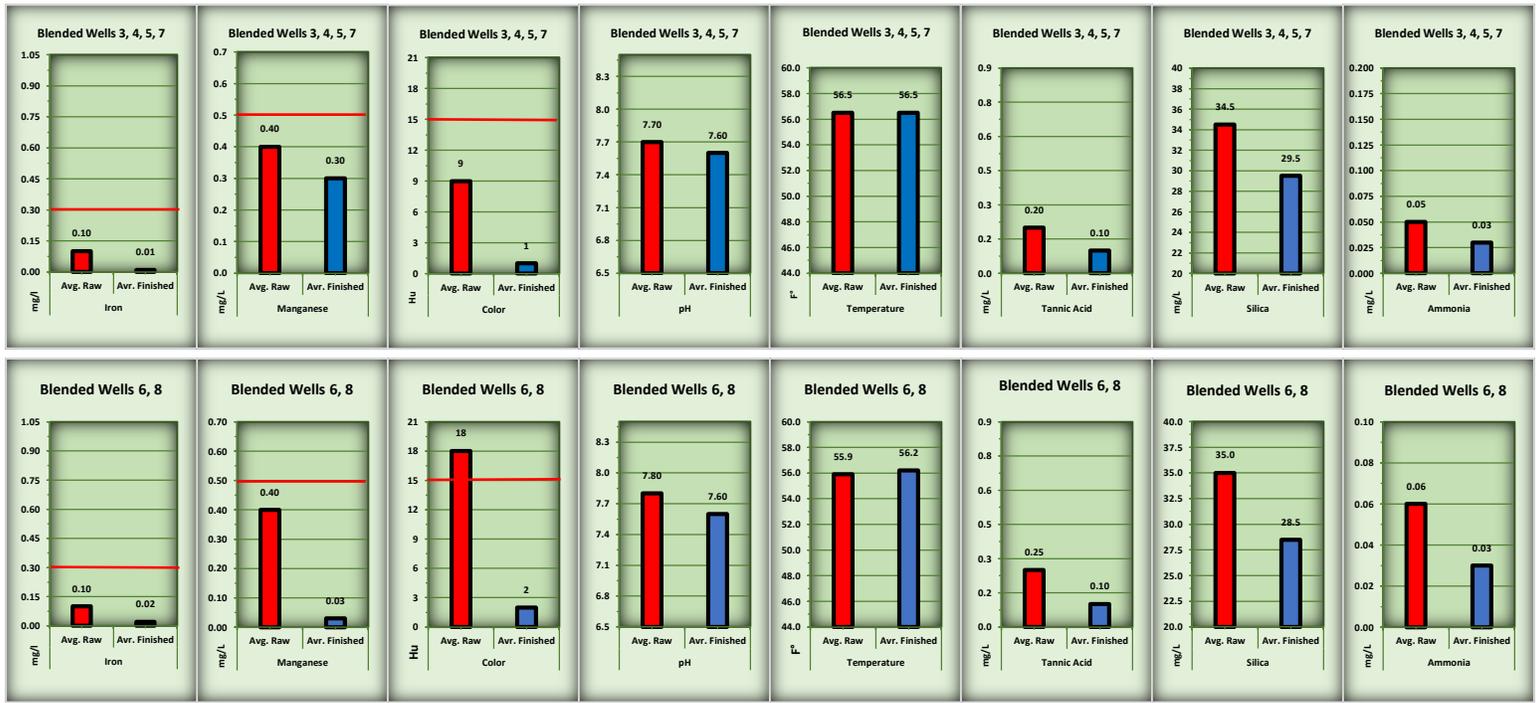
NBWD is scheduled to test for the following contaminates during 2014:

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



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

Treatment Plant Water Quality Report				Iron		Manganese		Color		pH		Temperature		Tannic Acid		Silica		Ammonia	
March 2014																			
	Well Source	Status	Gallons Pumped	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished	Avg. Raw	Avr. Finished
Blended #1	S03	Back up	-	0.10	0.01	0.40	0.30	9	1	7.70	7.60	56.5	56.5	0.20	0.10	34.5	29.5	0.05	0.03
	S04	Active	1,846,000																
	S05	Active	186,000																
	S08	Back up	-																
Blended #2	S07	Active	2,188,300	0.10	0.02	0.40	0.03	18	2	7.80	7.60	55.9	56.2	0.25	0.10	35.0	28.5	0.06	0.03
	S09	Active	1,886,600																
Blended #3	S01	Back up	-																
	S02	Back up	-																
Blended #4	S10	Off line	-																
	S11	Off line	-																
	S12	Off line	-																



Distribution Water Quality:



DWSRF Projects:

Project 129 - Supply and Treatment Project. The water samples have been analyzed by the laboratory. The water quality is very good with the exception of well number three showing a trace of a herbicide in the water. The concentration is very low and there is a possibility of a contaminated sample. We will be retesting for that particular contaminate when the well are pilot tested in the near future.

Fund Beginning Balance	Funds Expended 3/31/14	Fund Balance	30% Forgiveness-to-Date Earned
\$2,190,631	\$303,209	\$1,887,422	\$90,963

Project 121 - Water Main Project.

The Water Main Project is 99% complete. There are a few items left on the punch list and we are waiting for Pacific County Public Works to approve the restoration of the Right-of-Way. WSDOT is reviewing the findings of the Certified Forester (see attached).

Fund Beginning Balance	Loan Fee	Funds Expended 3/31/14	Fund Balance
\$891,123	\$8,823	\$629,064	\$392,254

Water Revenue Bond Project Fund:

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

Description of Cost	Funds Expended	Fund Balance
		\$1,162,392.64
Cost of Issuance	\$25,775.00	\$1,136,617.64
Wiegardt Property Purchase	\$121,874.39	\$1,014,742.75
Driftmier Architects	\$6,417.47	\$1,008,325.78

227th Lane Customer Generated Infrastructure:

The 227th Lane water main is 100% complete. The Board will be considering a Resolution to accept the project at the April 21, 2014 regular meeting.

245th Street Water Main Loop Project:

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

Safety Meeting Minutes:

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

Robert Hunt was involved in an automobile accident with one of the District's vehicles in March. The incident involved another vehicle. There were no injuries but there was property damage to both vehicles. Pacific County Sheriff's Deputy were called to the scene. Both vehicles were towed from the scene by Hill Auto Body and Towing of Ocean Park. The District's insurance provider, Enduris, was contacted that day and provided needed assistance. In accordance with the District's policy as found in the employee manual, Mr. Hunt submitted to a post-accident drug screening test. The accident happened at approximately 5:00 PM. Mr. Hunt arrived at the testing facility in Astoria Oregon by 11:00 the next morning.

Attachments:

- o Damaged Tree Report
- o Water Sample Results
 - o Coliform Bacteria Sample Results
 - o Bromate
- o DOC Vender Distribution Form for 01-03-2014 thru 02-03-2014 DM12-952-129 (Supply and Treatment Project)
- o DOC Vender Distribution Form for 01-03-2014 thru 02-03-2014 DM12-952-121 (Water Main Project)
- o Surfside November/December Report

End of Report

Lecture Forest Consulting

March 28, 2014

William Neal
Manager
North Beach Water District
Ocean Park, WA

RE: REQUESTED TREE DAMAGE ANALYSIS

Dear Mr. Neal,

You requested that I analyze a tree located on the southwest corner of the intersection of Bay Avenue (Highway 103) and U Street in Ocean Park, WA. I was provided with photographs of a tree root damaged during the course of installing a waterline within the last several weeks. I was asked to provide my professional opinion concerning the impact of the damage to the tree root and the future effects on the health and stability of the standing tree.

Attached are: (1) a vicinity map showing the location of the tree in Ocean Park; (2) an aerial view map of the location of the specific tree; (3) pictures of the damage to the tree root during construction work; and, (4) my resume.

I personally visited and inspected the tree on Monday, March 28th. It is 26-28 inch diameter at breast height, approximate 60-70 feet tall Sitka spruce tree common to the Long Beach Peninsula, and estimated to be 45 years old.

The attached photographs of the damage to the easterly tree root would be classified as "major" tree damage. Any root damage to spruce would be considered major, because it opens the tree to direct inoculation from common root rot fungi. Sitka spruce in this area is highly susceptible to root rot and heart rot fungi common to the area. Within the next several years, root rot fungi will infect the damaged root and spread to the adjacent roots of the tree. Then, over time, the fungi will spread to the entire root system and spread upward into the bole of the tree (heart rot).

P.O. Box 445 Seaview, WA 98644 (360)642-7891 email: billecture@charter.net

The infection in the tree will eventually result in weakened tree roots and weakened tree bole strength. Then due to its diseased and weakened condition, the spruce tree will become very susceptible to typical winter storm winds from the southwest direction so common in our coastal area. Directly due to major damage to the spruce tree's root during recent excavation work, it is my opinion that within 10 years the spruce tree will develop significant root and bole rot then eventually blow down in a typical winter storm in the direction of the prevailing storm winds—from the southwest to the northeast direction (towards the intersection of Bay Avenue and U Street).

If you have any questions, please feel free to call me.

Sincerely,

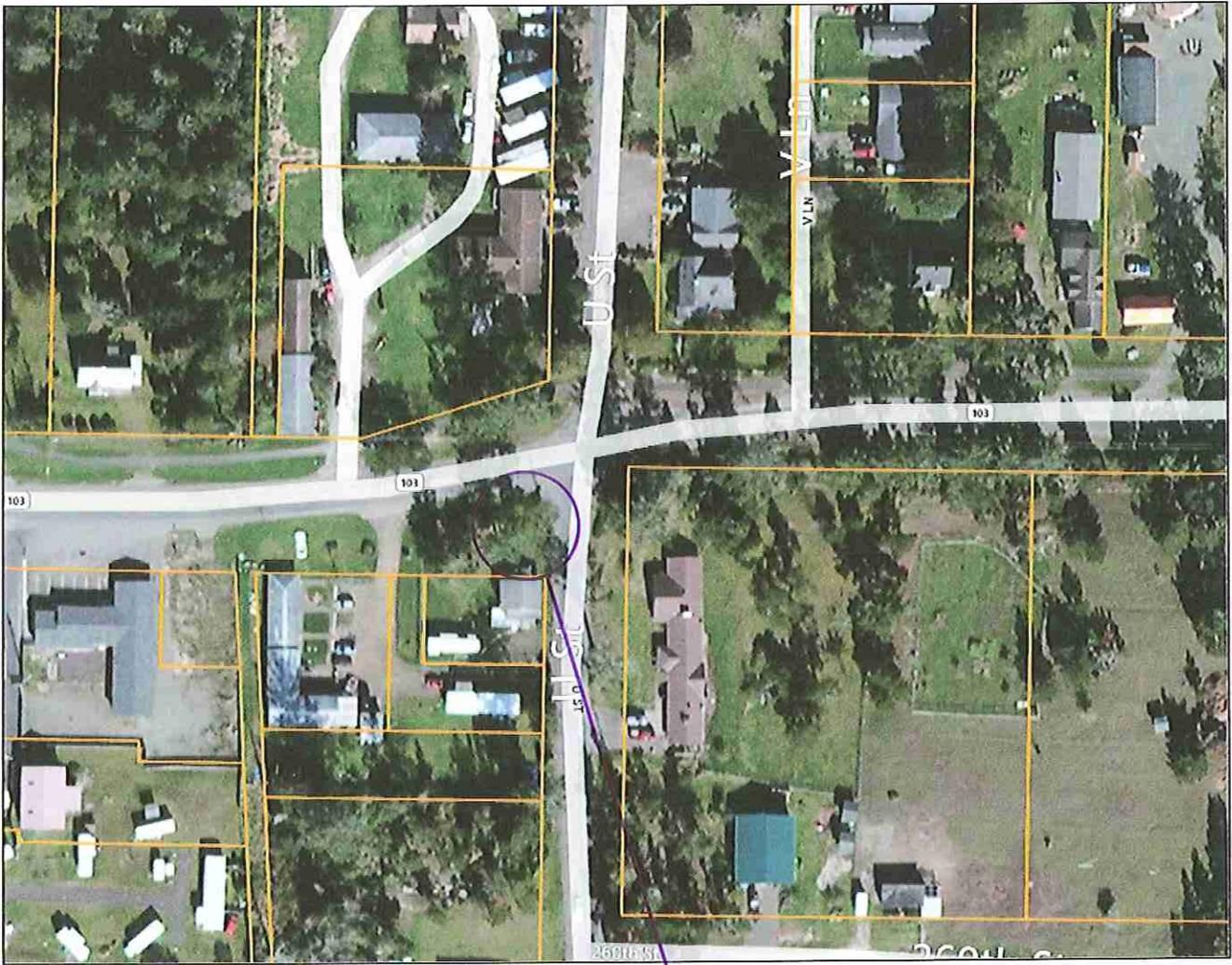


William Lecture
Certified Forester
Lecture Forest Consulting

VICINITY MAP - OCEAN PARK AREA



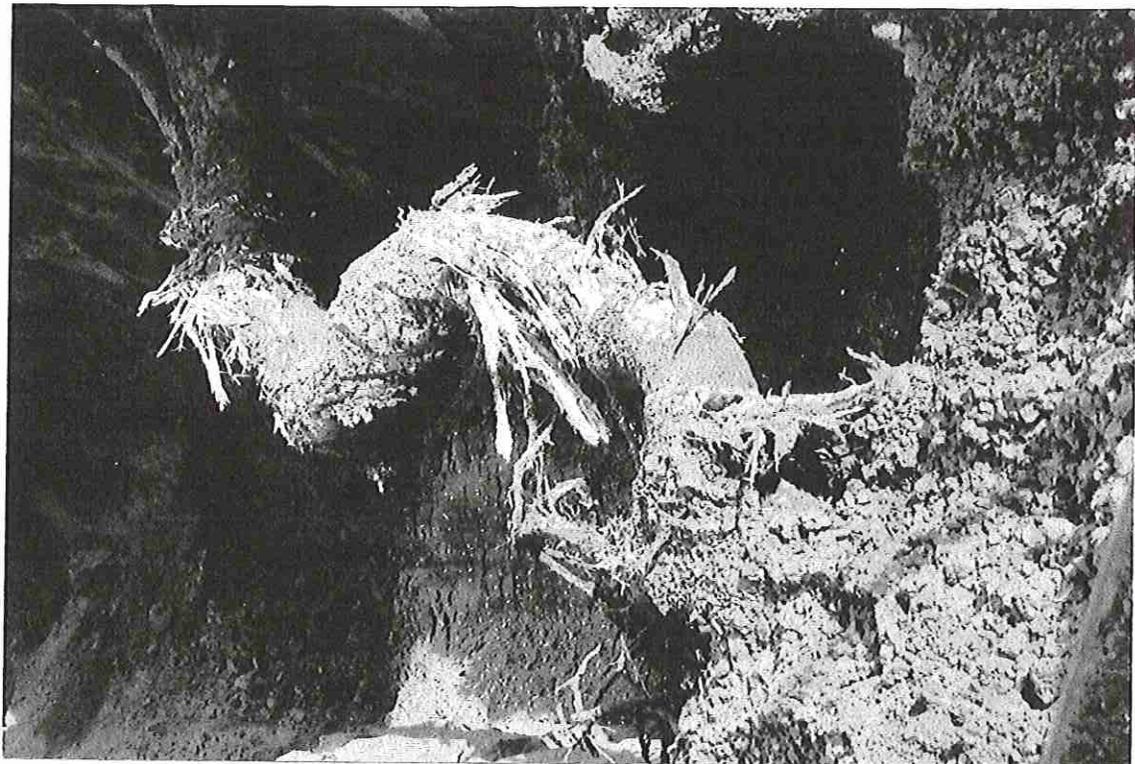
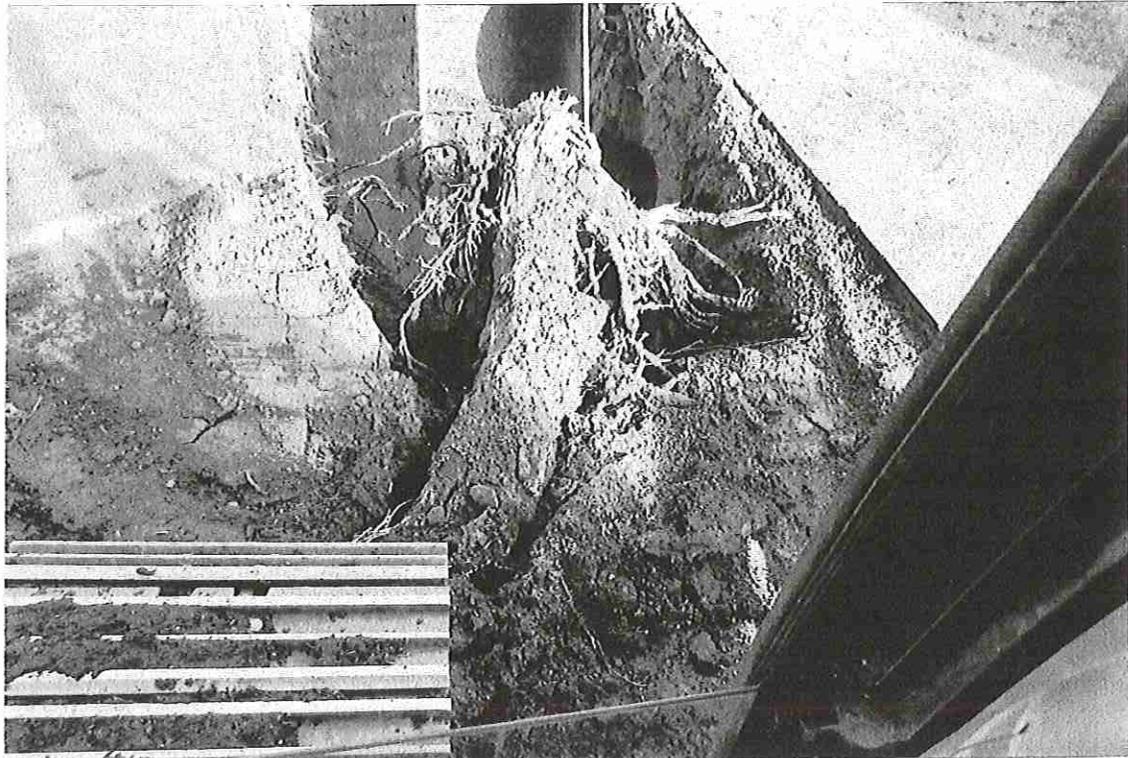
AERIAL VIEW



Prevailing Storm
Wind Direction

Damaged
Tree

*Photographs of Damage Tree Root
(Provided)*



RESUME

WILLIAM LECTURE

dba- Lecture Forest Consulting, LLC
P.O. Box 445
Seaview, WA 98644

(360)642-7891

Professional Associations

- Member of the Society of American Foresters since 1971.

Certifications

- Certified Forester #3120 with the National Society of American Foresters.

Education

- Bachelor Degree, Forest Management, 1973. University of Washington.
- Masters Degree, Forest Soils, 1974. University of Washington.
- Forest Land Appraising, 1985. World Forestry Center.

Forestry/Engineering Experience

- 1970-1975. Miscellaneous forestry work with the US Forest Service, Weyerhaeuser Company, University of Washington- College of Forest Resources, and Oregon Department of Forestry (Astoria, Forest Grove, & Salem).
- 1976-1990. Management Unit Forester with Oregon Department of Forestry- Astoria District. Involved in planning, engineering, cruising, appraising, marketing, and administering parcels of State timber within the 76,000 acre Jewell Unit.
- 1991-2003. Operations Manager of the Clatsop State Forest, Astoria District, Oregon Department of Forestry (136,000 acres). Involved in supervising 5 functional units in the Astoria District responsible for planning, engineering, appraising, and marketing timber sales. In addition, responsible for all land acquisitions and land exchanges (involving approximately 20,000 acres), reforestation activities, maintaining state lands, and the district recreation program. Retired from the Oregon Department of Forestry after 32 years.
- 2007-2012. Willapa Forester for The Nature Conservancy (Ellsworth Creek Preserve) & Willapa National Wildlife Refuge. All planning, contracting, supervising, implementing, budgeting, & engineering on 15,000 acres located in South Willapa Bay, WA.
- 2012-present. President/Owner of Lecture Forest Consulting, LLC. Formed to assist various land owners in all forestry related matters, such as: timber cruising, timber and forest land appraising, management planning, timber marketing, developing timber sale contracts, contract oversight, reforestation, and young stand management.

Lecture Forest Consulting

March 28, 2014

William Neal
Manager
North Beach Water District

Ocean Park, WA

RE: REQUESTED TREE DAMAGE ANALYSIS

Dear Mr. Neal,

Enclosed is a detailed report of my time, mileage, and expenses associated with the above requested work. Due this billing cycle is

\$ 316.50.

If you have any questions, please feel free to call me.

Sincerely,



William Lecture
Certified Forester

P.O. Box 445 Seaview, WA 98644 (360)642-7891 email: billecture@charter.net

SR# K1407899-001



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

COLIFORM BACTERIA ANALYSIS

**INTERPRETATION OF RESULTS
FOR DRINKING WATER**

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

Date Sample Collected 3 12 14 Month Day Year	Time Sample Collected 11:40 AM AM PM	County Pacific
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Type of Water System (check only one box)
 Group A Group B Private Household Other _____

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

System Name: North Beach Water

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

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

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.

SAMPLE INFORMATION

Sample collected by (name): Nick Morrison

Specific location where sample collected: NSS #6 2314 281st St Ocean Park

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>017</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 Public systems must provide source number from WFI: <u>S</u>	

#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: SM9223B
 MICR- _____
 Date Analyzed: 03/25/14 Date Reported: 03/27/14
 Sample Number (DOH number plus five digits): 017-28981
 Lab Use Only: BDIC 2120111

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# K1402898-002



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 3/24/14 Month Day Year	Time Sample Collected 12:25 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County Pacific
Type of Water System (check only one box)		
<input checked="" type="checkbox"/> Group A	<input type="checkbox"/> Group B	<input type="checkbox"/> Private Household
Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):		
ID# 63000C		
System Name: North Beach Water		
Contact Person: William Neal		
Day Phone: (360)-665-4144	Cell Phone: (360)-244-0068	
Eve. Phone: (360)-244-0068	FAX: (360)-665-4641	
Send results to: (Print full name, address and zip code)		
PO Box 618, Ocean Park, WA 98640		

SAMPLE INFORMATION

Sample collected by (name): Nick Morrison	
Specific location where sample collected: N55 #9 27900 Ost. Ocean Park, WA	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 ___ 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: 0 1 7 - 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 S Public systems must provide source number from WFI	

#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: MICR- S149223B	Date, Time and Temp Received: 3/25/14 0930
Date Analyzed: 03/25/14	Date Reported: 03/27/14
Sample Number (DOH number plus 10 digits): 0 1 7 - 28982	Lab Use Only: BDK 3/28/14

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

TEST UNSUITABLE: Resample Immediately

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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

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

SR# K1402898-003



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>3/24/14</u> Month Day Year	Time Sample Collected <u>12:15</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <u>Pacific</u>
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Type of Water System (check only one box) Private Household

Group A Group B Other _____

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

System Name: North Beach Water

Contact Person: William Neal

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

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

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

SAMPLE INFORMATION

Sample collected by (name): Nick Morrison

Specific location where sample collected: NS5# 8
1719 264th PL Ocean Park

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

<p>#1. <input checked="" type="checkbox"/> Routine Distribution Sample</p> <p>Chlorinated: Yes _____ No <u>X</u></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>3/25/14 0930</u>
Date Analyzed: <u>03/25/14</u>	Date Reported: <u>03/27/14</u>
Sample Number (DOH number plus 4 digits): <u>017-28983</u>	Lab Use Only: <u>BDC 3/28/14</u>

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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

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

SR# K1402898-004



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>3/24/14</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) Private Household
 Group A Group B Other _____

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

System Name: North Beach Water

Contact Person: William Neal

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

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

SAMPLE INFORMATION

Sample collected by (name): Nick Morrison

Specific location where sample collected: N55#7
26200 Sandridge Rd Ocean Park

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

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

#4. Sample Collected for Information Only

Investigative _____ Construction / Repairs _____ Other _____

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

Replacement Sample Required:

Sample too old (>30 hours) TNTC _____

Improper Container Turbid culture

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

Method Code: <u>SMA9223B</u>	Date, Time and Temp Received: <u>3/25/14 0936</u>
MICR- <u>03/25/14</u>	Date Reported: <u>03/28/14</u>
Date Analyzed: <u>03/25/14</u>	Sample Number (DOH number): <u>017-28984</u>
Sample Number (DOH number): <u>017-28984</u>	Lab Use Only: <u>Boic 3/25/14</u>

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

REPORTING OF RESULTS:

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

SATISFACTORY RESULTS:

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

UNSATISFACTORY RESULTS:

Any coliform presence is unsatisfactory.

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

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

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

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

RESAMPLE:

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

FOR ADDITIONAL INFORMATION:

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

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

SR# 41402898-005



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

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>3</u> / <u>12</u> / <u>14</u> Month Day Year	Time Sample Collected <u>12:45</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	County <u>Pacific</u>
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Type of Water System (check only one box) Private Household

Group A Group B Other _____

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

ID# 63000C

System Name: North Beach Water

Contact Person: William Neal

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

Eve. Phone: (360)-244-0068 FAX: (360)-665-4141

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

PO Box 618 Ocean Park, WA 98641

SAMPLE INFORMATION

Sample collected by (name): Mick Morrison

Specific location where sample collected: 1212 242nd Pl Ocean Park N55 #10

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 <u>X</u></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>849223B</u>	Date, Time and Temp Received: <u>3/25/14 0930 AM</u>
MICR- <u>03/25/14</u>	Date Reported: <u>03/27/14</u>
Date Analyzed: <u>03/25/14</u>	Lab Use Only: <u>Bill Neal</u>
Sample Number (DOH number plus five digits) <u>017-28985</u>	Page 20 of 60

INTERPRETATION OF RESULTS FOR DRINKING WATER

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

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

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

UNSATISFACTORY RESULTS:
Any coliform presence is unsatisfactory.

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

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

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

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



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

Date Collected: (MM/DD/YY) 03/24/14		System Group Type: (A,B,Other): A	
Water System ID Number: 63000C		System Name: North Beach Water	
Lab Sample Number: 01729101		County: Pacific	
Sample Location: 2212 272nd St.		Source Number(s): S06	
Sample Purpose: Select One <input checked="" type="checkbox"/> RC- Routine/Compliance <input type="checkbox"/> C- Confirmation <input type="checkbox"/> Investigative <input type="checkbox"/> Other(specify)		Date Received: 03/25/14	
		Date Analyzed: 03/25/14	
		Date Reported: 04/04/14	
		Comments: K1402910-001	
Sample Composition: Select One <input checked="" type="checkbox"/> S- Single Source <input type="checkbox"/> B- Blended (List multiple source numbers) <input type="checkbox"/> C- Composite <input type="checkbox"/> D- Distribution sample		Sample Type: (Select One)	
		<input type="checkbox"/> Pre-Treatment/Raw	
		<input checked="" type="checkbox"/> Post-Treatment/Finished	
		<input type="checkbox"/> Unknown	
		Sample Collected by: Nick Morrison	
Phone Number: 360-665-4144			
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.

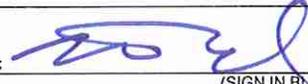
MCL (Maximum Contaminant Level): If the contaminant amount exceeds the MCL, immediately contact your regional DOH office.

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: _____

 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					
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		By: 		(SIGN IN BLUE INK)	
Phone:		(360) 665-4144		General Manager		4/7/2014	
Contract Period		11-29-2012 thru 11-29-2036		(TITLE)		(DATE)	
REPORT PERIOD		3/4/2014 - 4/2/2014					
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	\$490,045.91		\$392,254		
	Request #9						
3/4/2014	Invoice #13223.01-4 / Gray & Osborne / Water Main Project Management			\$22,302.12			
3/28/2014	William Lecture / Tree Damage Analysis / Damaged During Water Main Install			\$316.50			
4/2/2014	Progress Estimate #4 / Big River Excavating / Water Main Intallation			\$107,970.59			
Totals				\$130,589.21	\$261,665		

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



Surfside Water Department Water System Manager's Report

Report on water system operations for the month of March, 2014

Water production and use report:

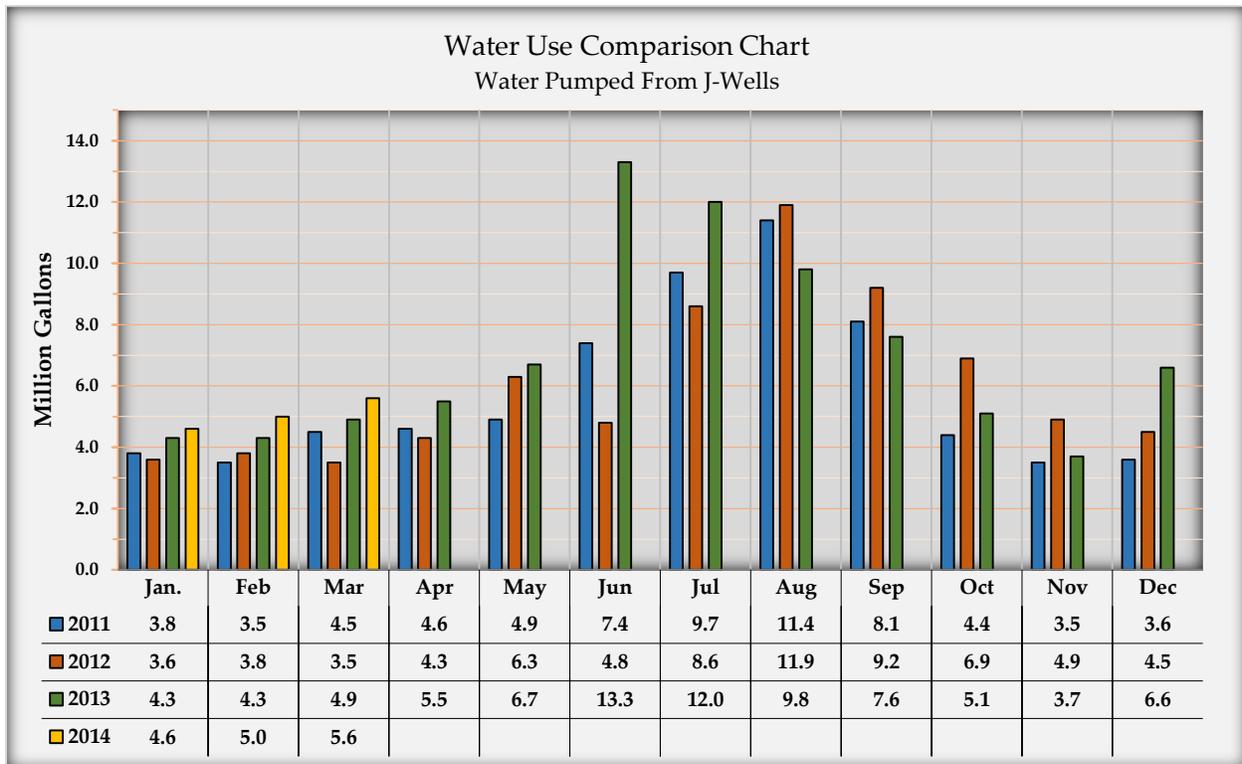
The metering period is from **February 28, 2014 to March 31, 2014.**

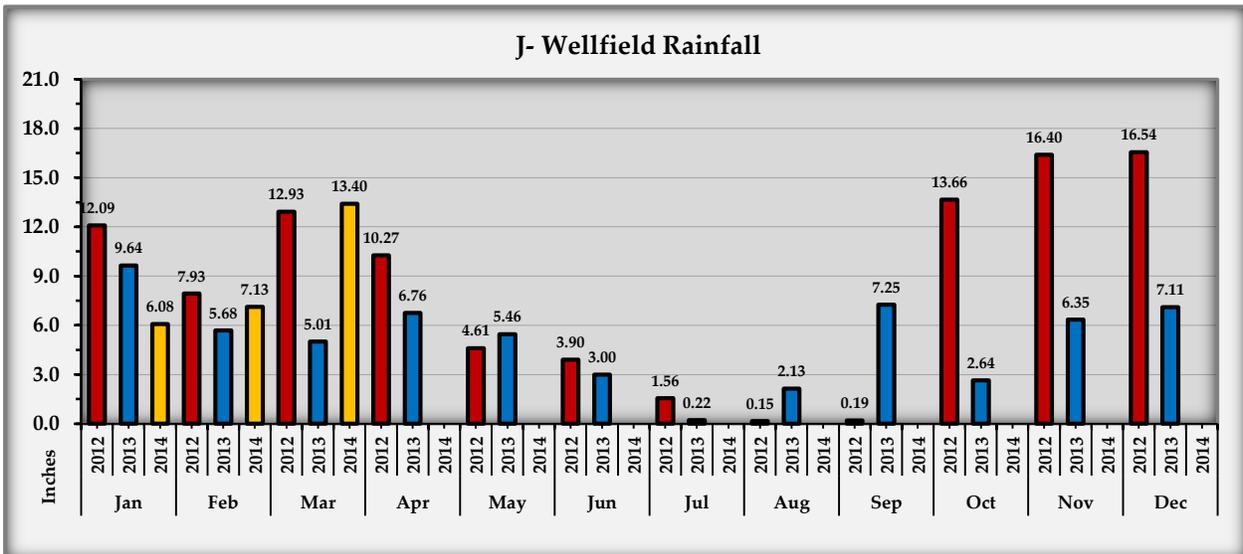
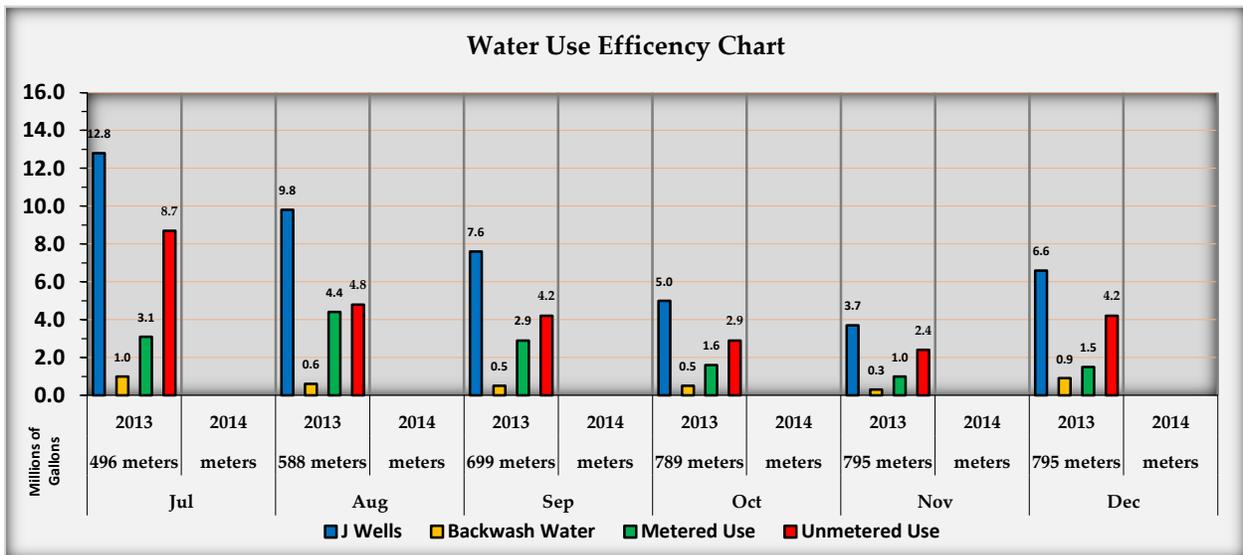
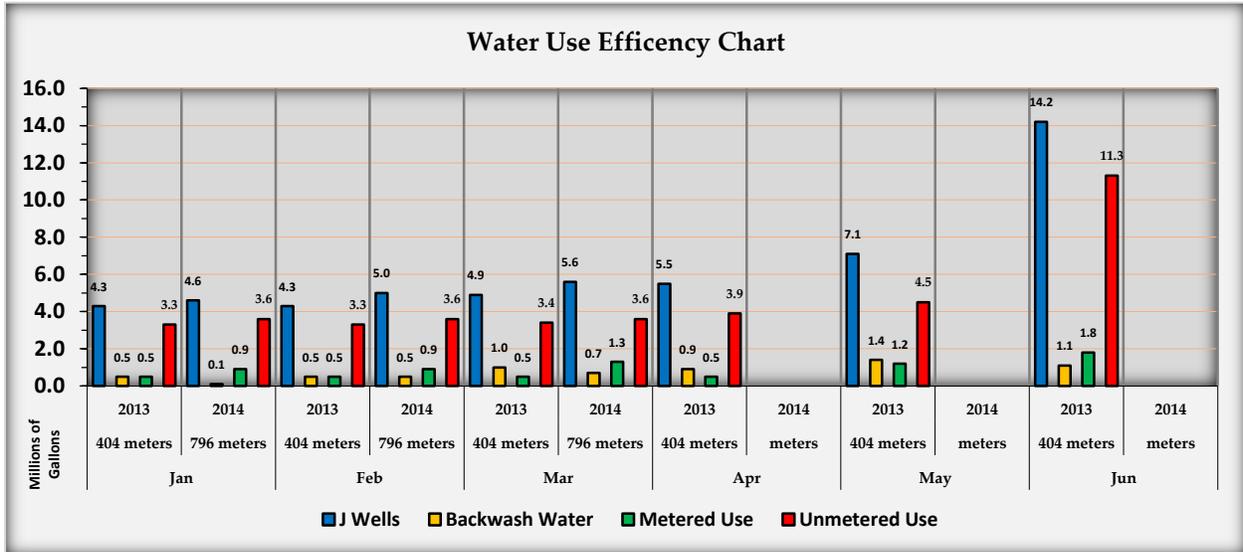
The water department pumped **5.6** million gallons from the J-Well field in the March metering period.

The water department used **0.7** million gallons of water backwashing the filter and flushing water mains in the March metering period.

The water department read **796** service meters on March 28, 2014. Those service meters recorded **1.3** million gallons of water use in the March metering period.

The water department recorded **3.6** million gallons of water as unmetered water use in the March metering period.



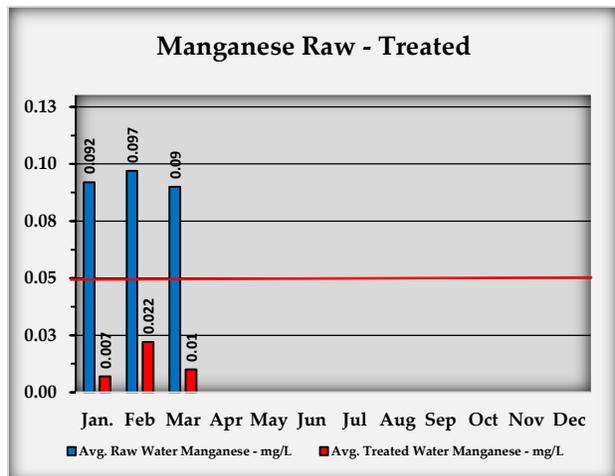
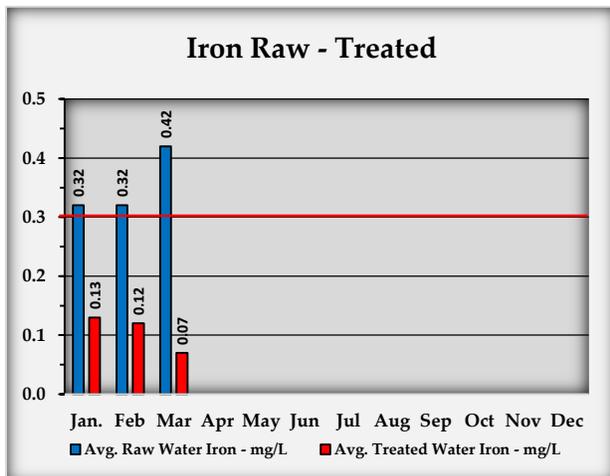
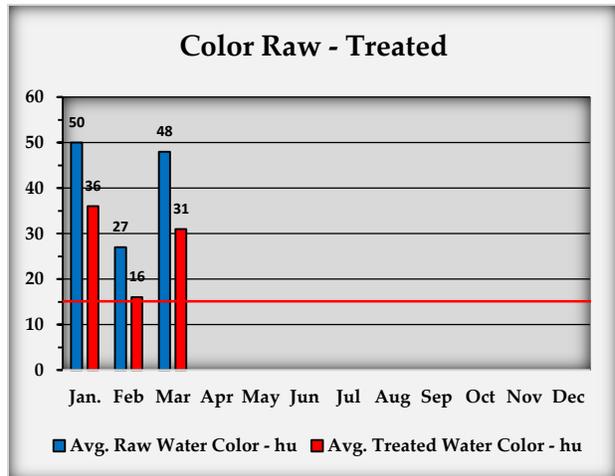
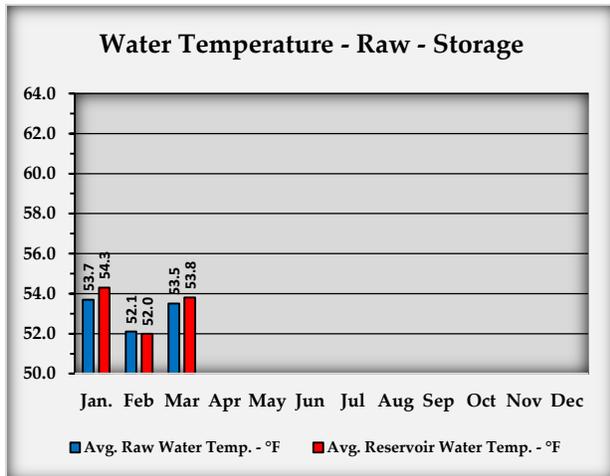


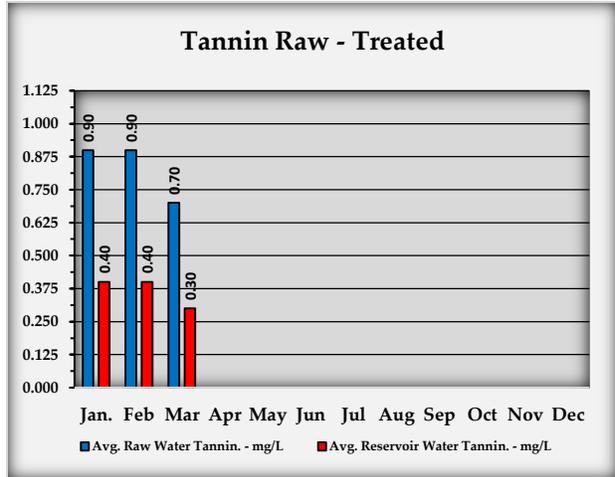
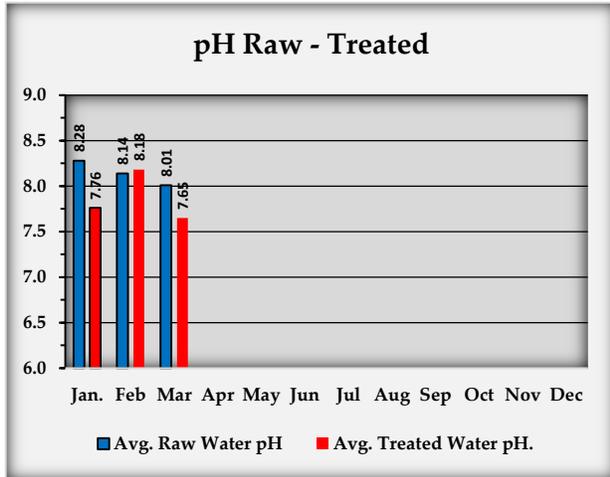
Raw and finished water quality report:

The Surfside water department operates a water treatment plant that is designed to reduce the iron and manganese levels in the raw water (well water). The Environmental Protection Agencies (EPA) has set Secondary Maximum Contaminant Levels (SMCL) for iron (Fe) at .3 mg/L and manganese (Mn) at .05 mg/L. The J-Wells water exceed the EPA SMCL for both iron and manganese.

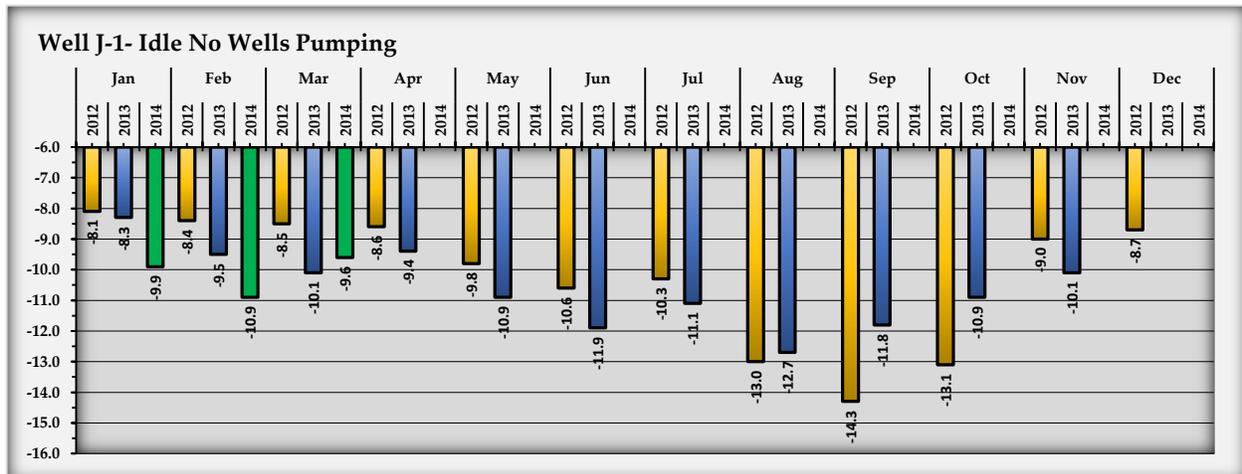
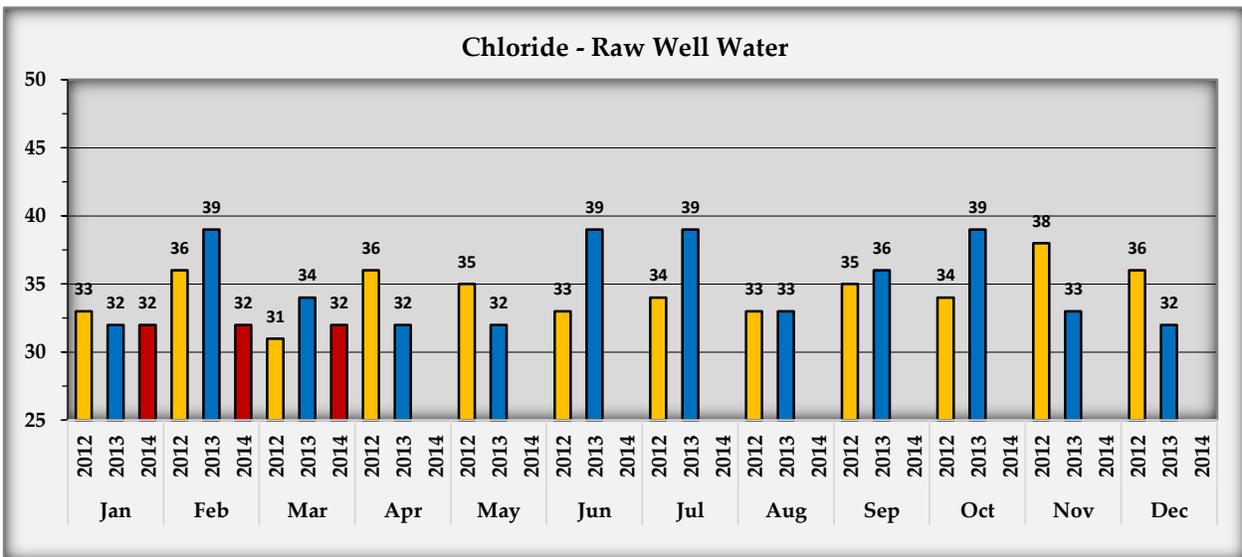
The EPA has set an SMCL for color at 15 HU. The J-Wells water exceed the EPA SMCL for color. The treatment plant was not designed to reduce color in the raw water. The water department is able to reduce the color by a respectable percentage with the current treatment plant but the equipment will not reduce the color to below the SMCL.

Factors such as pH and water temperature affect the operation of the treatment plant. The water department closely monitors all of these water quality constituents and makes adjustments to the chemical and treatment plant operation as water quality changes happen throughout the year.

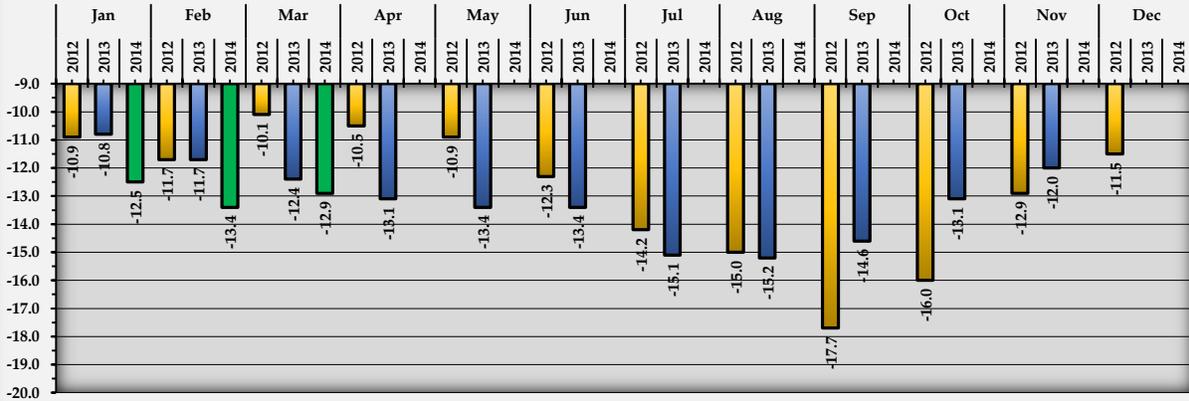




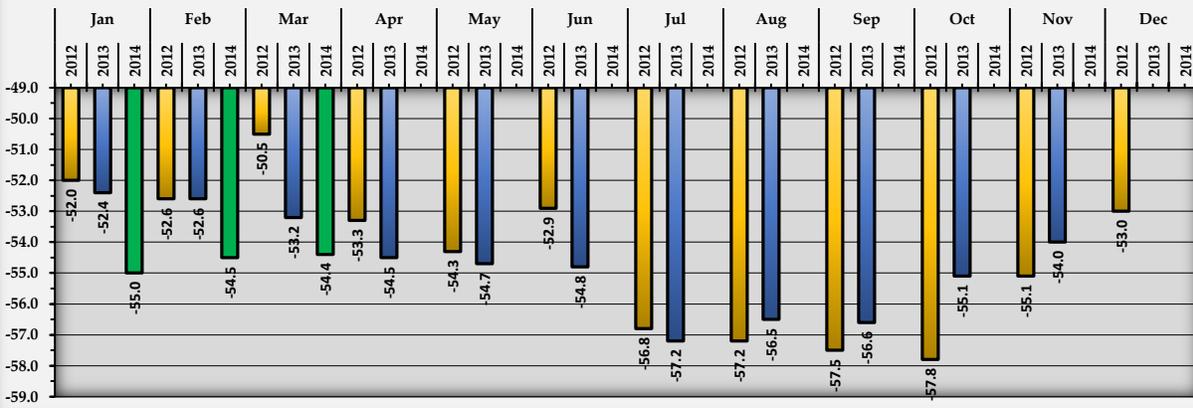
J-Wellfield Report:



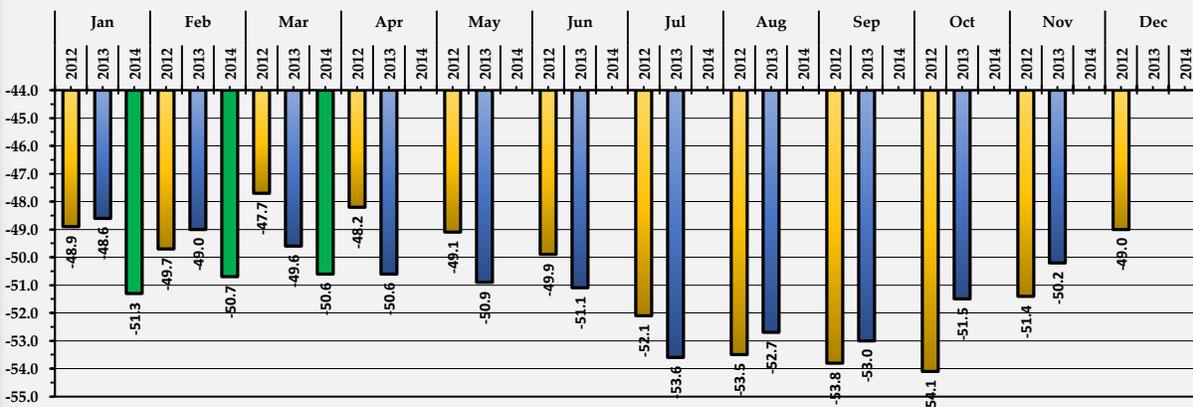
Well J-1 - With Well Pumping (measuring cone of depression)



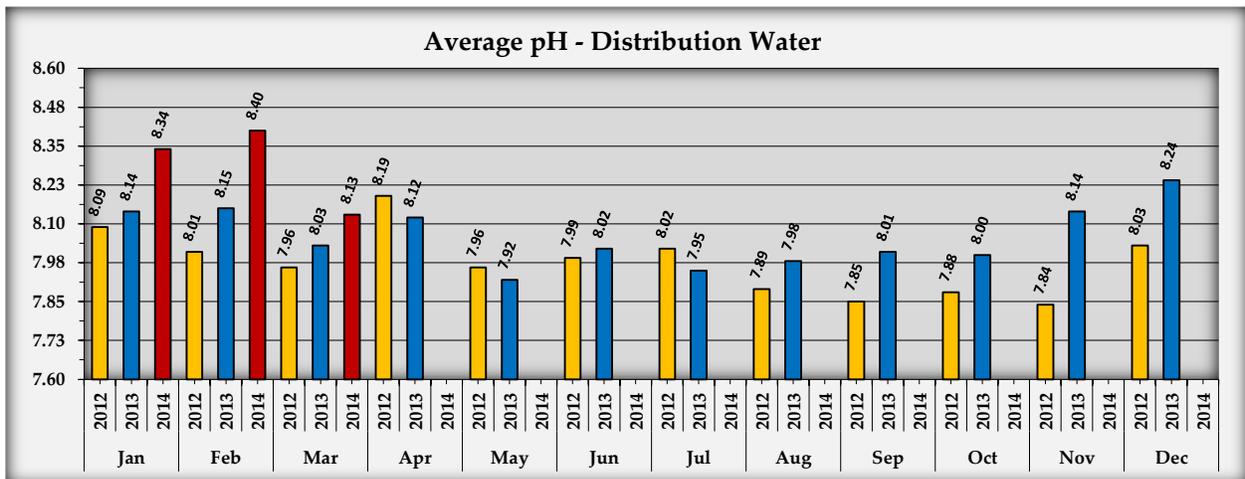
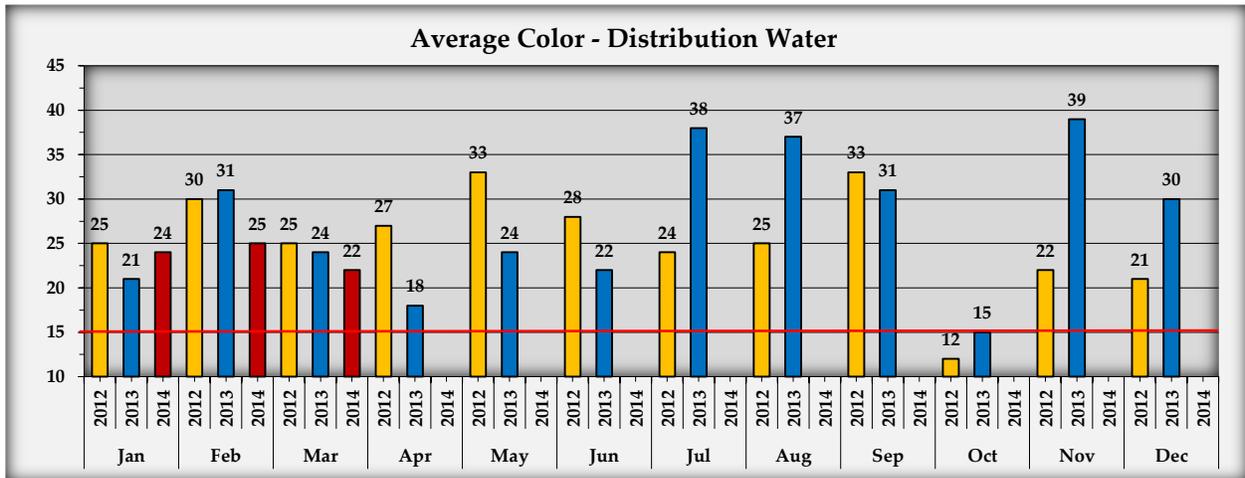
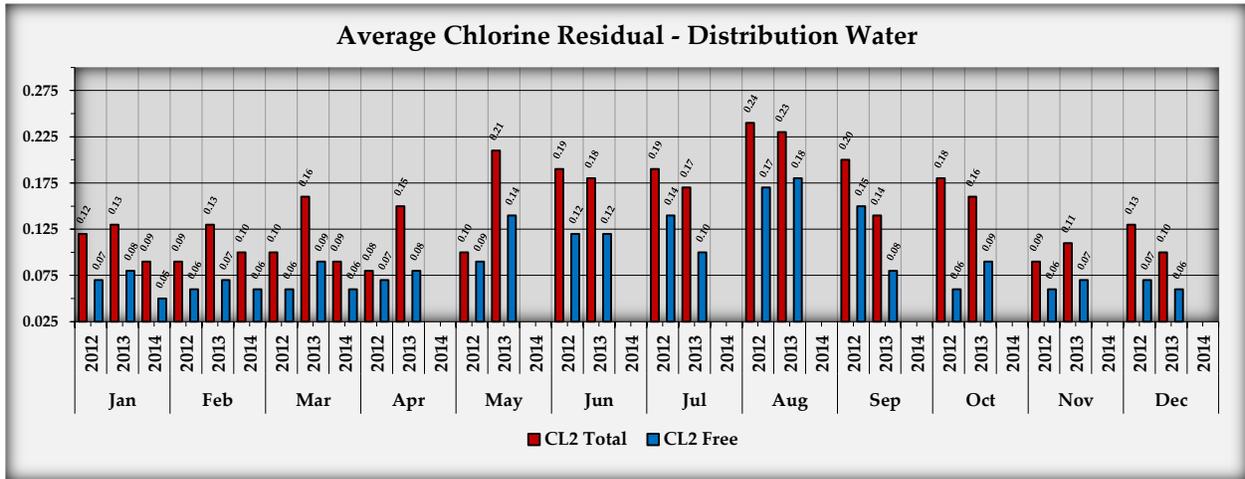
Well J-5

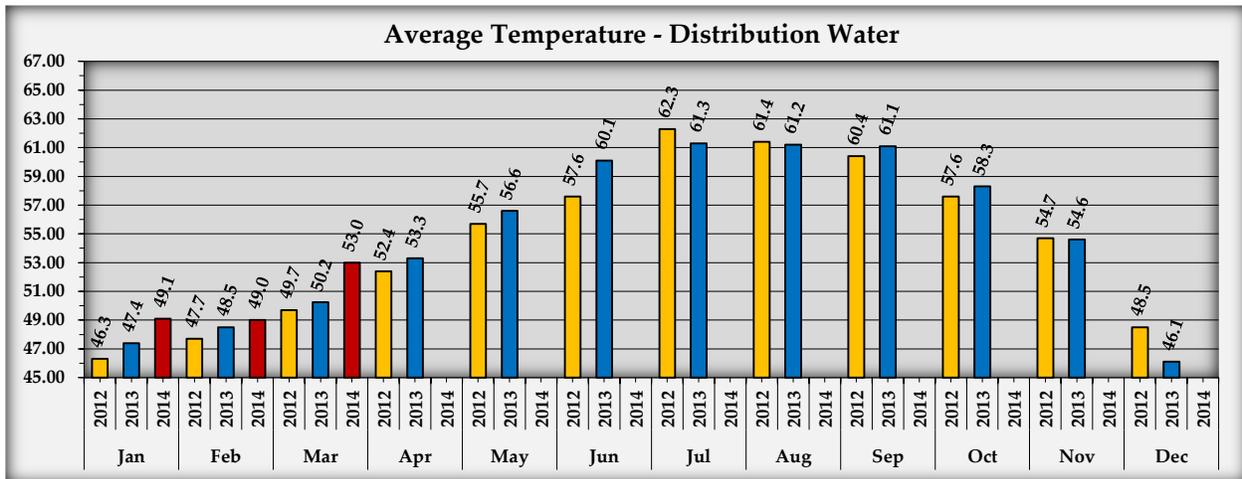


Well J-6



Distribution Water Quality Report:





March, 2014 Project Reports:

WMR:

The water department crew concentrated on the WMR project in March. The work along 306th from J Place to O Place is complete. The work is progressing along O Place moving north. The work is still slow going due to an abundance of other underground infrastructure in the Right-of-Way. Considering the local conditions, the crew is getting as much pipe and fittings installed as possible as the map to the left illustrates.

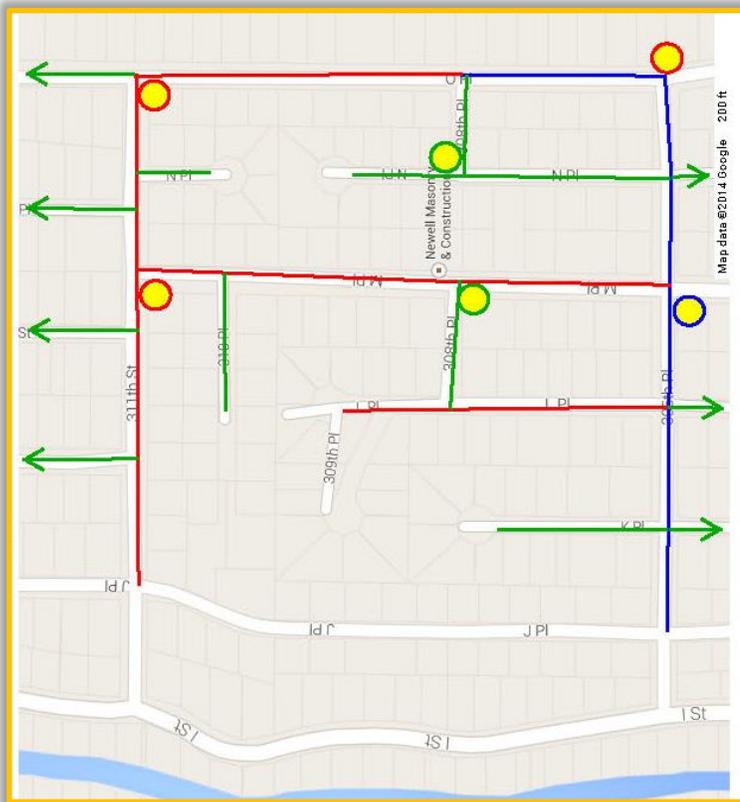
Blue lines show the water main that has been replaced since January 2014.

Red lines show the water main planned to be replaced during 2014.

Green lines show the water main planned to be replaced in 2015.

Yellow dots show where fire hydrants will be placed. The one with a blue outline is installed. The ones with red outlines are planned to be installed before the end of the 2014 WMR project.

You will find a budget to date for the WMR project attached to this report.



MIP:

The meters and meter setters and other parts have been delivered and securely stored in Surfside facilities. The meter installation project will begin in June, 2014. You will find a budget to date for the WMR project attached to this report.

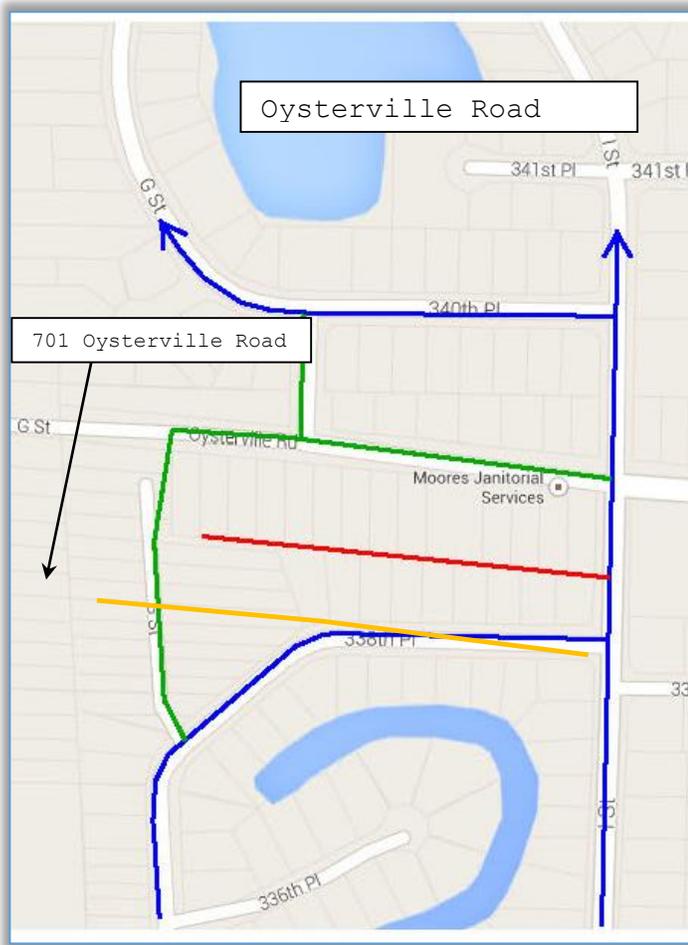
Oysterville Loop Project:

The 2008 Water System Plan identified several Capital Improvement projects to improve the distribution system. Capital Improvement Project

D4-A called for the installation an 8-inch water main along Oysterville Road west of I Street and loop back into the 8-inch water main on G Street to the North and G Street to the South via an existing and new easements from Surfcrest Condominium Association.

The benefit of this project is improved water flow, pressure, and access to the members north of Oysterville Road by adding a second point of entrance to the distribution system north of Oysterville Road. The improved hydraulic capacity and reliability to the distribution system north of Oysterville Road is the justification for this project.

It is the Water Department's intention, with Board approval and baring budget constraints, to complete that project in 2015. The project includes the abandonment of a 4" water main that is located in a utility easement shown in the drawing to the left.



Red line shows the 4" water main that will is to be abandoned.

Blue lines show the existing water mains.

Green lines show where the proposed Oysterville loop will be installed.

Gold Line shows the 2" where the existing 2" water main is located.

There is an existing 2" water main on the north side of Oysterville Road west of I Street that extends from the intersection of I Street and Oysterville Road to the Beach Approach. It conveys water to 701

Oysterville Road and several properties to the south of Oysterville Road west of I Street.

There are nine properties to the west of I Street south of Oysterville Road that have water taps off of the 4" water main that is to be abandoned.

The Water Department, as part of the MIP project, installed a new service off of the existing 2" water main on the north side of Oysterville Road for the nine properties that have taps off of the 4" water main to be decommissioned.

The next step is to switch the properties from the current service (4" water main to be decommissioned) to the new service (installed in 2013 as part of the MIP). These members did not ask to have their water service relocated. The work is being done to improve the efficiency of the water system and so the cost should be incurred by Surfside.

The water system manager recommends the Board authorize the work be completed by the Surfside Crew. The estimated cost of the work is \$3,600.00 (9 X \$400). The water system manager recommends funds for this project be authorized by the Board from the contingency fund.

Surfside's Attorney has prepared an Authorization and Hold Harmless Agreement to be used for the above project. There are two versions of the agreement for the Board's consideration. One version includes an Attorney's Fees Clause and one version excludes the Attorney's Fees clause. The Business Manager will present both versions of the Agreement to the Board asking the Board to approve one version for use with this project.

Chloroform Reduction Pilot Test:

The pilot test begun in Late February, 2014. The activated carbon manufactured by Calgon appears to holding up better than the activated carbon manufactured by Siemens. The engineer will be providing a progress report on the pilot test in the coming weeks. We have sent some water samples to the laboratory for analysis as well as gathering more on site data. This is a long term pilot study. A final report is not expected for up to 12 months.

Commercial Water Rates for 2014:

Currently Surfside charges all of its business enterprise members a water use rate of \$1.50 per 100 cubic feet of water used. They also charge one of their business enterprise members a meter fee of \$65.00 per month.

Surfside's Articles of Incorporation state that Surfside will enter into a written contract with all of its business enterprises located on properties designated as "commercial property" and that water use will be charged at a metered rate according to the written contract.

Article 8. 3. C & d states:

"1. A "commercial property" as used herein shall include all properties upon which a business is conducted and shall include but not be limited to condominiums and multiple dwellings which are rented or leased within Division V and VI of Surfside Estates."

Article 8. 3. C & d states:

"c. A written contract shall be negotiated and entered into between all business enterprises and Surfside Homeowners Association for community services and utilities prior to services being rendered. Pre-existing businesses shall negotiate and enter into such a contract a reasonable time after the effective date of this article."

"d. All water furnished to business enterprises shall be metered and costs collected according to said contract as referred to in 3c above."

I have asked Surfside's Business Manager to provide me copies of the written contracts between Surfside and its business enterprises located on commercial properties for water service so that I can review them for compliance. After I have reviewed the contracts I will report my findings to the Board of Trustees.

The water system manager recommends the following:

Water Use Rate:

Current Water Use Rate: \$1.50 per 100 cubic feet

Proposed Water Use Rate: \$1.80 per 100 cubic feet

The above represents a 20% rate increase. The rate increase is based on the increased operational cost consisting of labor, materials, utilities, supplies, and regulatory compliance. The above rate is considerable less than that charged by public water systems in the area as the chart below shows:

North Beach Water District: \$2.10 per 100 cubic feet
(the rate is for all water use each month)

City of Long Beach: \$4.95 per 100 cubic feet
(the rate starts after the first 400 cubic feet each month)

City of Ilwaco \$3.85 per 100 cubic feet
(the rate is for all water use each month)

Major Equipment Repairs:

The water department equipment needed significant repairs in February and March.

The Freightliner 70L Dump Truck has a water leak in the engine. Several mechanics attempted to diagnose the problem. In the end the problem was determined to be a head gasket problem. The mechanic recommended that

Surfside not spend the money to repair the engine. The cost of the repair compared to the value of the truck makes does not make the repair feasible. In the meantime several other items needed to be addressed on the truck. The cost of maintenance and repair in February and March came to \$3,147.87 (invoices attached). The Freightliner dump truck's repair and maintenance costs and down time likely become more problematic as time goes on. The water system manager recommends the Board consider replacing the Freightliner 70L Dump Truck with a more reliable truck in the near future.

The Case Backhoe needed an expensive repair in March. The steer axle kingpins needed replaced. The repair required machine work to drill out worn parts and press in new bushings. The total cost of the repair was \$3,102.76 (invoices attached). The Case Backhoe is quite old but other than significant surface rust it is in fair conditions for its age. The crew does not use the backhoe and a daily basis extending its useful life expectancy. The water system manager does not recommend replacement of the Case Backhoe at this time.

These two repairs represent 21% of the water department's budget for Repairs and Maintenance for all of 2014. As of February 28th (before these repairs) the water department had expended 6% of the Repairs and Maintenance budget. The water system manager wants the Board to be aware that these kinds of repairs will quickly deplete the water department's repairs and maintenance budget.

List of Attachments:

Monthly Water System Data Compilation

Weekly Activity Sheets

Weekly Materials Sheets

Water Quality Samples Results

WMR Budget to Date

MIP Budget to Date

Repair Invoices

Largest Water Users Report



Monthly Water System Data Compilation

Month/Year

Metering Period¹

MARCH 2013

FEBRUARY 28 - MARCH 31

Data	Target	Int. ²	Amt.	UM ³	Date ⁴
Total Water Pumped from J- Wells for Metering Period	N/A	AK	5.6	Mg ⁵	4/7
Total Backwash and Authorized Use Water for Metering Period	N/A	AK	.7	Mg	4/7
Total Metered Water for Metering Period	N/A	AK	1.3	Mg	4/7
Total Unmetered Water for Metering Period	N/A	AK	3.6	Mg	4/7
Total Number of Service Meters Read in the Metering Period	N/A	AK	796	Ea	4/7
Average Raw Water Iron for Month	< .5 mg/L	AK	.42	mg/L	4/7
Average Finished Water Iron for Month (reservoir)	< .1 mg/L	AK	.07	mg/L	4/7
Average Raw Water Manganese for Month	< .15 mg/L	AK	.09	mg/L	4/7
Average Finished Water Manganese for Month (reservoir)	< .01 mg/L	AK	.01	mg/L	4/7
Average Raw Water pH for Month	7.5-8.5	AK	8.01	pH	4/7
Average Finished Water pH for the Month (reservoir)	7.2-7.8	AK	7.65	pH	4/7
Average Raw Water Color for the Month	<60 HU	AK	48	HU	4/7
Average Finished Water Color for the Month (reservoir)	< 15 HU	AK	31	HU	4/7
Average Raw Water Temperature - Fahrenheit	N/A	AK	53.5	°F	4/7
Average Finished Water Temperature - Fahrenheit (reservoir)	N/A	AK	53.8	°F	4/7
J-1 Idle Depth to Water (no well pumping for a minimum of 30 minutes) ⁶	N/A	AK	-9.6	Ft.	4/7
J-1 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AK	-12.9	Ft.	4/7
J-2 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AK	-16.6	Ft.	4/7
J-3 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AK	-18.5	Ft.	4/7
J-4 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AK	-54.9	Ft.	4/7

¹ Metering period is the days between meter readings. Example: Meters are read on 11/29/13. The meter readings total is 10. The meters are next read on 12/31/13. The meter readings total is 20. The metering period is 11/29/13 to 12/31/13 and the use is 10 (20-10=10). The meters are next read on 1/31/14. The readings total is 35. The next metering period is 12/31/13 to 1/31/14 and the use for that metering period is 15 (35-20=15). All meter readings in this report need to be from the same metering period.

² Provide the initials of the person recording the data.

³ Unit of measurement.

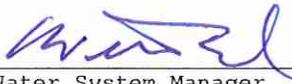
⁴ Provide the date the data was recorded. Record the day and month only.

⁵ Million Gallons. All metered water for this report will be converted to "millions of gallons".

⁶ Well water depth readings will be taken in the first week of each month. Readings will be measured from the water level to the top of casing (TOC).

Continued on Back of Page

Data	Target	Int.	Amt.	UM	Date
J-5 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AP	-54.4	Ft.	4/7
J-6 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AP	-50.6	Ft.	4/7
J-7 Depth to Water (wells pumping for a minimum of 30 minutes)	N/A	AP	-49.4	Ft.	4/7
Average Distribution Water Color for the Month	< 15 HU	AP	22	HU	4/7
Average Distribution Water Temperature for the Month - Fahrenheit	N/A	AP	53	°F	4/7
Average Distribution Water Total CL2 for the Month	> .8 mg/L < .2 mg/L	AP	.09	mg/L	4/7
Average Distribution Water Free CL2 for the Month	> .4 mg/L < .05 mg/L	AP	.06	mg/L	4/7
Average Distribution Water pH for the Month	7.2-7.8	AP	8.13	pH	4/7
Total Rainfall at J-Wellfield for the Month	N/A	AP	13.4	In.	4/7
Average Raw Water Conductivity for the Month	< 800 µhos/cm	AP	246	µhos/cm	4/7
Average Raw Water TDS for the Month	< 400 mg/L	AP	174	mg/L	4/7
Average Raw Water Salt for the Month	< 500 mg/L	AP	114	mg/L	4/7
Average Raw Water Ammonia (NH3) for the Month	< 30 mg/L	AP	.23	mg/L	4/7
Average Raw Water Silica(SiO2) for the Month	< 70 mg/L	AP	36.8	mg/L	4/7
Average Raw Water Tannin for the Month	< 1 mg/L	AP	.7	mg/L	4/7
Average Raw Water Chloride (Cl-) for the Month	< 250 mg/L	AP	32	mg/L	4/7
Average Treated Water Total CL2 for the Month (green pipe)	> 2.5 mg/L < 1.7 mg/L	AP	1.97	mg/L	4/7
Average Treated Water Free CL2 for the Month (green pipe)	> 1.5 mg/L < .5 mg/L	AP	.86	mg/L	4/7
Average Treated Water Manganese for Month (green pipe)	< .2 mg/L	AP	.17	mg/L	4/7
Average Finished Water Total CL2 for the Month (blue pipe)	> 1.2 mg/L < .5 mg/L	AP	.95	mg/L	4/7
Average Finished Water Free CL2 for the Month (blue pipe)	> .75 mg/L < 20 mg/L	AP	.39	mg/L	4/7
Average Finished Water Total CL2 for the Month (reservoir)	> .8 mg/L < .3 mg/L	AP	.33	mg/L	4/7
Average Finished Water Free CL2 for the Month (reservoir)	> .20 mg/L < .05 mg/L	AP	.04	mg/L	4/7
Average Finished Water Ammonia (NH3) for the Month (reservoir)	< 15 mg/L	AP	.01	mg/L	4/7
Average Finished Water Silica(SiO2) for the Month (reservoir)	< 70 mg/L	AP	32	mg/L	4/7
Average Finished Water Tannin for the Month (reservoir)	< .5 mg/L	AP	.3	mg/L	4/7
Average Post CL2 Total (just outside booster)	> 1 mg/L	AP	1.06	mg/L	4/7
Average Post CL2 Free (just outside booster)	> .5 mg/L	AP	.72	mg/L	4/7
Jar Test	> 1.2 mg/L < 1.8 mg/L	AP	1.4	mg/L	4/7


Water System Manager

4/11/2014
Date

Date	Employee	M&O	WMR	MIP	common prop.	CMP	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Main Break Time		
													Address of Locate, New Service, or Main Break	Start	End
Aut Mon	Gil	4.0	7.0				11.0	WMR, FLUSHING ACTUAL OVERTIME HOURS ARE 8.75	1						
03-Mar	Aaron		8.8				8.8								
ry	Larry		8.8				8.8								
Bill	Chris		8.8				8.8								
11	April	8.0					8.0	TOOL INVENTORY							
Ne	John		8.8				8.8	FLAG							
p Tue	Dan	5.0					5.0								
4-Mar	Gil	8.0					8.0	WMR							
	Aaron	4.0	4.0				8.0								
	Larry	4.0	4.0				8.0								
	Chris						0.0								
	April	8.0					8.0								
	John		8.0				8.0	FLAG							
	Dan	5.0					5.0								
Wed	Gil	6.5			1.5		8.0	WMR, TOOL INVENTORY							
05-Mar	Aaron	4.0	4.0				8.0								
ge	Larry	4.0	4.0				8.0								
37	Chris	4.0	4.0				8.0								
of	April						0.0								
	John		8.0				8.0	FLAG							
60 Thu	Dan	5.0					5.0								
6-Mar	Gil	8.0					8.0	AARON & LARRY PT TIME USED. TOOL INVENTORY, MISC	2						
	Aaron	8.0					8.0								
	Larry	8.0					8.0								
	Chris	8.0					8.0								
	April	8.0					8.0	TOOL INVENTORY							
	John						0.0								
	Dan	5.0					5.0								
Fri	Gil	8.0					8.0	WMR							
7-Mar	Aaron	1.5	6.5				8.0								
	Larry	1.5	6.5				8.0								
	Chris	1.5	6.5				8.0								
	April	8.0					8.0	TOOL INVENTORY							
04/10	John	1.5	6.5				8.0	STAFF MEET, FLAG							
00	Dan						0.0								
00	AH SC	7.5					7.5	Aaron - weekend, CALL OUT, ALARM, ALARM		1					
	Total	144.0	104.0	0.0	1.5	0.0	249.5		3	1	0	0			

AH SC = After Hours/Service Calls

Date	Employee	M&O	WMR	MIP	common prop.	CMP	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Address of Locate, Service Call, New Service, or Main Break	Main Break Time	
														Start	End
Aut Mon	Gil	8.0					8.0	WMR	3						
10-Mar	Aaron	1.5	6.5				8.0								
11-Mar	Larry	1.5	6.5				8.0								
12-Mar	Chris	1.5	6.5				8.0								
13-Mar	April	8.0					8.0	FLAGGING							
14-Mar	John	1.5	6.5				8.0								
15-Mar	Dan						0.0								
16-Mar	Gil	6.0	2.0				8.0	WMR, FLAGGING, UPGRADE SERVICES, BOX LOCATE	1	1			30516 M PL (07-06-06)		
17-Mar	Aaron	5.0	3.0				8.0			1			30517 K PL (07-01-06)		
18-Mar	Larry	5.0	3.0				8.0			1			31300 M ST (08-05-08)		
19-Mar	Chris	5.0	3.0				8.0								
20-Mar	April	8.0					8.0								
21-Mar	John		3.0				3.0	FLAGGING							
22-Mar	Dan						0.0								
23-Mar	Gil	8.0					8.0	350TH PATH BARRIER							
24-Mar	Aaron	4.0			4.0		8.0								
25-Mar	Larry	4.0			4.0		8.0								
26-Mar	Chris	4.0			4.0		8.0								
27-Mar	April	8.0					8.0								
28-Mar	John						0.0								
29-Mar	Dan	10.0					10.0	CLASS							
30-Mar	Gil	1.0	7.0				8.0	WMR							
31-Mar	Aaron	1.0	7.0				8.0								
1-Apr	Larry	1.0	7.0				8.0								
2-Apr	Chris	1.0	7.0				8.0								
3-Apr	April	8.0					8.0								
4-Apr	John		7.0				7.0	FLAGGING							
5-Apr	Dan	10.0					10.0	CLASS							
6-Apr	Gil	8.0					8.0								
7-Apr	Aaron	8.0					8.0								
8-Apr	Larry	8.0					8.0								
9-Apr	Chris	8.0					8.0								
10-Apr	April	8.0					8.0								
11-Apr	John						0.0								
12-Apr	Dan						0.0								
13-Apr	AH SC	3.0					3.0	CHRIS-WEEKEND							
14-Apr	Total	154.0	75.0	0.0	12.0	0.0	241.0								

AH SC = After Hours/Service Calls

Date	Employee	M&O	WMR	MIP	common prop.	CMP	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Main Break Time		
													Start	End	Total
Aut Mon	Gil		8.0				8.0	WMMR - 306TH & O PL							
17-Mar	Aaron		8.0				8.0								
18-Mar	Larry		8.0				8.0								
19-Mar	Chris		8.0				8.0								
20-Mar	April	8.0					8.0								
21-Mar	John		8.5				8.5	FLAGGING							
22-Mar	Dan	5.0					5.0								
23-Mar	Gil	8.0					8.0	WMMR - RESTORATION	2						
24-Mar	Aaron		8.0				8.0								
25-Mar	Larry		8.0				8.0								
26-Mar	Chris		8.0				8.0								
27-Mar	April	8.0					8.0								
28-Mar	John		7.5				7.5	FLAGGING							
29-Mar	Dan	5.0					5.0								
30-Mar	Gil	1.5	5.0			1.5	8.0	WMMR		1					
31-Mar	Aaron	2.0	6.0				8.0								
01-Apr	Larry	2.0	6.0				8.0								
02-Apr	Chris	2.0	6.0				8.0								
03-Apr	April	8.0					8.0								
04-Apr	John						0.0								
05-Apr	Dan	5.0					5.0								
06-Apr	Gil	8.0					8.0	WMMR, VALIC MEETING							
07-Apr	Aaron	2.0	6.0				8.0								
08-Apr	Larry	2.0	6.0				8.0								
09-Apr	Chris	2.0	6.0				8.0								
10-Apr	April	8.0					8.0								
11-Apr	John						0.0								
12-Apr	Dan	5.0					5.0								
13-Apr	Gil	8.0					8.0	WMMR							
14-Apr	Aaron		8.0				8.0								
15-Apr	Larry		8.0				8.0								
16-Apr	Chris		8.0				8.0								
17-Apr	April	8.0					8.0								
18-Apr	John						0.0								
19-Apr	Dan						0.0								
20-Apr	AH SC	3.0					3.0	CHRIS - WEEKEND							
21-Apr	Total	100.5	137.0	0.0	0.0	1.5	239.0								

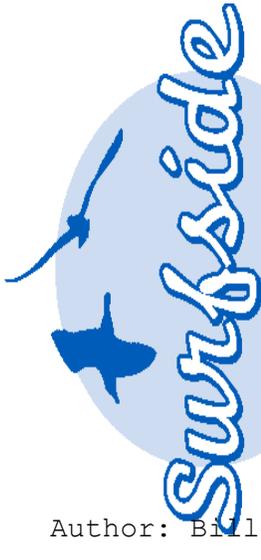
AH SC = After Hours/Service Calls

Date	Employee	M&O	WMR	MIP	common prop.	CMP	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Main Break Time		
													Start	End	Total
Aut Mon	Gil		8.0				8.0	WMMR - 306TH & O PL							
17-Mar	Aaron		8.0				8.0								
18-Mar	Larry		8.0				8.0								
19-Mar	Chris		8.0				8.0								
20-Mar	April	8.0					8.0								
21-Mar	John		8.5				8.5	FLAGGING							
22-Mar	Dan	5.0					5.0								
23-Mar	Gil	8.0					8.0	WMMR - RESTORATION	2						
24-Mar	Aaron		8.0				8.0								
25-Mar	Larry		8.0				8.0								
26-Mar	Chris		8.0				8.0								
27-Mar	April	8.0					8.0								
28-Mar	John		7.5				7.5	FLAGGING							
29-Mar	Dan	5.0					5.0								
30-Mar	Gil	1.5	5.0			1.5	8.0	WMMR		1					
31-Mar	Aaron	2.0	6.0				8.0								
1-Apr	Larry	2.0	6.0				8.0								
2-Apr	Chris	2.0	6.0				8.0								
3-Apr	April	8.0					8.0								
4-Apr	John						0.0								
5-Apr	Dan	5.0					5.0								
6-Apr	Gil	8.0					8.0	WMMR, VALIC MEETING							
7-Apr	Aaron	2.0	6.0				8.0								
8-Apr	Larry	2.0	6.0				8.0								
9-Apr	Chris	2.0	6.0				8.0								
10-Apr	April	8.0					8.0								
11-Apr	John						0.0								
12-Apr	Dan	5.0					5.0								
13-Apr	Gil	8.0					8.0	WMMR							
14-Apr	Aaron		8.0				8.0								
15-Apr	Larry		8.0				8.0								
16-Apr	Chris		8.0				8.0								
17-Apr	April	8.0					8.0								
18-Apr	John						0.0								
19-Apr	Dan						0.0								
20-Apr	AH SC	3.0					3.0	CHRIS - WEEKEND							
21-Apr	Total	100.5	137.0	0.0	0.0	1.5	239.0								

AH SC = After Hours/Service Calls

Date	Employee	M&O	WMR	MIP	common prop.	CMP	Total	Work Description/Service Call Description	Locate	Service Call	New Service	Main Break	Main Break Time		
													Start	End	Total
Mon	Gil	5.5				2.5		PREP FOR WMR							
24-Mar	Aaron	8.0													
Bill	Larry	8.0													
Chris	Chris	8.0													
Neal	April	8.0													
John	John				8.0										
Dan	Dan	5.0													
Tue	Gil	6.0	2.0					WMR, RESTORATION, CLEAN UP							
25-Mar	Aaron		8.0												
Larry	Larry		8.0												
Chris	Chris		8.0												
April	April	8.0													
John	John														
Dan	Dan	5.0													
Wed	Gil	8.0						WMR, RESTORATION	3						
06-Mar	Aaron		8.0												
Larry	Larry		8.0												
Chris	Chris		8.0												
April	April														
John	John														
Dan	Dan	5.0													
Thu	Gil	8.0						WMR, RESTORATION, BACTI TO LONGVIEW, FLUSHING, WMR	1	1					
27-Mar	Aaron		8.0					SERVICE LOCATES		1					
Larry	Larry		8.0												
Chris	Chris		8.0												
April	April	8.0													
John	John														
Dan	Dan	5.0													
Fri	Gil	8.0							1						
28-Mar	Aaron	8.0													
Larry	Larry	8.0													
Chris	Chris	8.0													
April	April	8.0													
John	John														
Dan	Dan														
AH SC	AH SC	3.0						GIL - WEEKEND							
Total	Total	138.5	74.0	0.0	8.0	2.5	0.0		5	2	0	0			

AH SC = After Hours/Service Calls



Author: Bill Neal

Homeowners Association

Water Department Weekly Materials Report

James Flood – Co Trustee & David Olson – Co Trustee

Description	Unit	3-Mar	4-Mar	5-Mar	6-Mar	7-Mar	8-Mar	9-Mar	Total	Comments
		Mon.	Tue	Wed	Thu	Fri	Sat	Sun		
6" C900	FT	30								MONDAY - WMR
8" C900	FT	30		45		120				TUESDAY - WMR, RESTORATION
4" C900	FT	5								WEDNESDAY- WMR
TRACER WIRE	FT	75		45		120				FRIDAY - WMR, RESTORATION, CLEAN UP
8 ¹ / ₂ MJ X MJ CPLNG	EA	1								
6 ⁵ / ₈ HYMAX	EA	1								
4 ¹ / ₂ HYMAX	EA	1								
8X8X6X6 CROSS	EA	1								
8 ¹ / ₂ MJ X FLG VALVE	EA	1								
6 ⁵ / ₈ MJ X FLG VALVE	EA	1								
4" MJ C FLG VALVE	EA	1								
6 X 4 FLG REUCER	EA	1								
8" FLG X MJ ADPT	EA	1								
8" MEGA LUG SET	EA	3		1						
6" MEGA LUG SET	EA	1								
4" MEGA LUG SET	EA	1								
8" RED RUBBER GSKT	EA	2								
8" NUT & BOLT SET	EA	2								
6" RED RUBBER GSKT	EA	2								
6" NUT & BOLT SET	EA	2								
4 ¹ / ₂ RED RUBBER GSKT	EA	1								
4 ¹ / ₂ NUT & BOLT SET	EA	1								
GRAVEL	YD		3							



Pacific County
 Department of Community Development
 PO Box 68, South Bend, WA 98586

COLIFORM BACTERIA ANALYSIS

Date Sample Collected 3 / 18 / 2014 Month Day Year	Time Sample Collected : 37 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	County Pacific
--	--	-------------------

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

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
 ID# 2 6 4 7 0 4
 System Name: include 4 owners Assoc.

Contact Person: J Gonzalez
 Day Phone: () - -
 Eve. Phone: () - -
 Cell Phone: () - -
 FAX: () - -

Send results to: (Print full name, address and zip code)
 include 4 owners Assoc.
 142 H St.
 South Bend WA 98586

SAMPLE INFORMATION

Sample collected by (name): J. Reynolds

Specific location where sample collected: 1705 N Pl. - work in the corner of lot	Special instructions or comments: none
--	---

Type of Sample (must check only one box of #1 through #4 listed below)

<p>1. <input checked="" type="checkbox"/> Routine Distribution Sample Chlorinated: Yes <input checked="" type="checkbox"/> No _____ Chlorine Residual: Total 0.3 Free 0.3</p>	<p>2. Repeat Sample (after unsatisfactory routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ Unsatisfactory routine collect date: _____/_____/_____ Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____</p>
<p>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 S <small>Public systems must provide source number from WFI</small></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 type="checkbox"/> E. coli present <input type="checkbox"/> E. coli absent <input type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform 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: MICR- 2720	Date and Time Received: 3/18/14 11:00 AM
Date Analyzed: 3/19/14	Date Reported: 3/19/14
Sample Number (DOH number plus five digits)	Lab Use Only: 04/18/14



Pacific County
 Department of Community Development
 PO Box 68, South Bend, WA 98586

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>3/11/2014</u> Month Day Year	Time Sample Collected <u>9:14</u> <input type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
---	--	--------------------------

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

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
 ID# 164704
 System Name: outside homeowners Assoc.

Contact Person: Carl Gonzalez
 Day Phone: (509) 665-4171 Cell Phone: (509) 783-2993
 Eve. Phone: (509) 783-2393 FAX: (509) 665-5469

Send results to: (Print full name, address and zip code)
outside Homeowners Assoc.
1402 H St
Green Park WA 98640

SAMPLE INFORMATION

Sample collected by (name): April Reynolds

Specific location where sample collected: <u># 1104 309th</u> <u>located in West side of lot</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 <input checked="" type="checkbox"/> No <input type="checkbox"/> Chlorine Residual: Total <u>11</u> Free <u>02</u>	2. Repeat Sample (after unsatisfactory routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ 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>	Public systems must provide source number from WFI

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 type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform 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: MICR- 2320 Date and Time Received: 3/11/14 11:13
 Date Analyzed: 3/11/14 Date Reported: 3/11/14
 Sample Number (DOH number plus five digits): 1377 Lab Use Only: 11461445
 Author: Bill Neal



Pacific County
 Department of Community Development
 PO Box 68, South Bend, WA 98586

COLIFORM BACTERIA ANALYSIS

Date Sample Collected <u>3/11/2014</u> Month Day Year	Time Sample Collected <u>7:38</u> <input type="checkbox"/> AM <input type="checkbox"/> PM	County <u>Pacific</u>
---	--	--------------------------

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

Group A and Group B Systems – Provide from Water Facilities Inventory (WFI):
 ID# 164704
 System Name: outside Homeowners Assoc.

Contact Person: Carl Gonzalez
 Day Phone: (509) 665-4171 Cell Phone: (509) 783-2993
 Eve. Phone: (509) 783-2393 FAX: (509) 665-5469

Send results to: (Print full name, address and zip code)
outside Homeowners Assoc.
1402 H St.
Green Park WA 98640

SAMPLE INFORMATION

Sample collected by (name): April Reynolds

Specific location where sample collected: <u>Corner of 306th & O pl.</u> <u>SW corner - temp faucet</u>	Special instructions or comments:
---	-----------------------------------

Type of Sample (must check only one box of #1 through #4 listed below)

1. <input type="checkbox"/> Routine Distribution Sample Chlorinated: Yes _____ No _____ Chlorine Residual: Total _____ Free _____	2. Repeat Sample (after unsatisfactory routine) <input type="checkbox"/> Distribution System <input type="checkbox"/> Source Groundwater Rule (GWR) (Population of 1,000 or less) Unsatisfactory routine lab number: _____ 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>	Public systems must provide source number from WFI

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 type="checkbox"/> Fecal coliform present <input type="checkbox"/> Fecal coliform 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: MICR- 2320 Date and Time Received: 3/11/14 11:13
 Date Analyzed: 3/11/14 Date Reported: 3/11/14
 Sample Number (DOH number plus five digits): 1377 Lab Use Only: 11461445
 Author: Bill Neal



PLEASE KUSH.
CALL REGARDLESS OF
RESULTS 360.783.2393
COLIFORM BACTERIA ANALYSIS

Date Sample Collected: 3/27/2014
 Month: 3, Day: 27, Year: 2014
 Time Sample Collected: 10:00 AM
 County: Pierce
 Group A Group B Other

Type of Water System (check only one box)
 Group A Group B Other
 Group A and Group B Systems - Provide from Water Facilities Inventory (WFI):
 ID# 86470Y
 System Name: Surfside Homeowners Assoc.
 Contact Person: Gil Gonzalez
 Day Phone: 360-665-4171 Cell Phone: 360-783-2393
 Eve. Phone: 360-783-2393 FAX: 360-665-5467
 Send results to: print full name, address and zip code
 Surfside Homeowners Assoc.
 5140 2 Hst. Ocean Park, WA 98640
 Water@surfsideonline.org

SAMPLE INFORMATION

Sample collected by (name): GIL GONZALEZ
 Specific location where sample collected: SPIGOT OF MAIN OW "O" PLACE
 Special instructions or comments: RAINY + MUD WIND

Type of Sample (must check only one box of #1 through #4 listed below)
 1. Routine Distribution Sample
 Chlorinated: Yes ___ No ___
 Chlorine Residual: Total ___ Free ___
 2. Repeat Sample (after unsatisfactory routine)
 Distribution System
 Source Groundwater Rule (GWR) (Population of 1,000 or less)
 Unsatisfactory routine lab number: _____
 Unsatisfactory routine collect date: _____
 Chlorinated: Yes ___ No ___
 Chlorine Residual: Total ___ Free ___

3. Raw Water Source Sample
 E. coli - GWR source sample
 Fecal - Surface, GWI, some springs
 Other
 Public systems must provide source number from WFI
 S | | | | |

4. Sample Collected for Information Only
 Investigative ___ Construction / Repairs ___ Other ___
 LAB USE ONLY DRINKING WATER RESULTS LAB USE ONLY
 Unsatisfactory Total Coliform Present and
 E. coli present E. coli absent Satisfactory
 Fecal coliform present Fecal coliform 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: MICR
 Date Analyzed: 3/27/14 12:35 PM
 Date and Time Received: 3/27/14 12:35 PM
 Date Reported: 3/27/14 12:35 PM
 Sample Number (DOH number plus five digits) _____
 Lab Use Only: _____

WMR 2012 - 2014 Budget To Actual Report

	2012		2013		2014		28-Feb 2014	% of Budget 2014
	Budget	% of Budget	Actual	% of Budget	Budget	% of Budget		
Revenue	2012	2012	2013	2013	2014	2014	2014	2014
WMR Assessment	142,650	142,032	148,356	143,139	148,356	148,356	99,198	67%
Other Revenue	0	0	0	0	0	0	0	0
Total Revenue	142,650	142,032	148,356	143,139	148,356	148,356	99,198	67%
Expenses								
Labor	51,486	44,053	54,061	50,946	57,720	57,720	12,112	21%
Wages	34,000	29,290	35,700		41,500	41,500	8,462	20%
Payroll Taxes	8,449	9,326	8,871		8,720	8,720	1,772	20%
Benefits	7,881	4,772	8,275		6,250	6,250	1,678	27%
Pension	1,156	628	1,214		1,250	1,250	200	16%
Materials	89,501	85,620	92,634	98,658	94,500	94,500	63,078	67%
Pipe, Hydrants, & Fittings	89,501	85,620	92,634	98,658	56,300	56,300	31,539	56%
Other Expenses	0	0	0	0	38,200	38,200	31,539	83%
Total Expenses	140,987	129,673	146,694	149,604	152,220	152,220	75,190	49%
Summary								
Total Revenue	142,650	142,032	148,356	143,139	148,356	148,356	99,198	67%
Total Expenses	140,987	129,673	146,694	149,604	152,220	152,220	75,190	49%
Cash Increase/Decrease	1,663	12,360	1,662	-6,465	(3,864)	(3,864)	24,008	-621%
Cash at Beginning of Year	3,769	3,769	16,129	16,129	9,664	9,664	9,664	100%
Cash at End of Year	5,432	16,129	17,791	9,664	5,800	5,800	33,672	581%

Note: The above report was prepared by the Water System Manager using data supplied by the Surfside Business Office.
The report has not been audited

MIP 2012 - 2014 Budget To Actual Report

	2012		2013		2014		2015		2016		2016	
	Budget	% of Budget	Actual	% of Budget	Budget	% of Budget						
Revenue												
Water Assessment	737,500	83%	609,041	83%	71,500	183%	130,598	183%	30,940	43%	71,500	0%
Other Revenue	-	-	-	-	-	-	-	-	-	-	-	-
Total Revenue	737,500	83%	609,041	83%	71,500	183%	130,598	183%	30,940	43%	71,500	0%
Expenses												
Labor	29,529	128%	37,923	128%	30,562	94%	33,206	94%	31,632	0%	32,740	0%
Wages	19,500	128%	25,030	128%	20,183	112%	22,705	112%	20,889	-	21,620	0%
Payroll Taxes	4,846	174%	8,431	174%	5,015	143%	7,151	143%	5,191	-	5,373	0%
Benefits	4,520	87%	3,940	87%	4,678	61%	2,841	61%	4,842	-	5,012	0%
Pension	663	79%	522	79%	686	74%	509	74%	710	-	735	0%
Materials	157,657	117%	184,637	117%	163,175	107%	151,426	107%	168,886	0%	174,797	0%
Pipe, Hydrants, & Fittings	72,046	125%	89,905	125%	74,568	107%	75,486	107%	77,177	-	79,879	0%
Other Expenses	85,611	111%	94,732	111%	88,607	111%	75,940	111%	91,709	-	94,918	0%
Other Expenses	0	0%	0	0%	0	0%	0	0%	0	-	0	0%
Total Expenses	187,186	80%	222,560	80%	193,737	102%	184,632	102%	200,518	0%	207,537	0%
Summary												
Total Revenue	737,500	83%	609,041	83%	71,500	183%	130,598	183%	30,940	43%	71,500	-
Total Expenses	187,186	119%	222,560	119%	193,737	95%	184,632	95%	200,518	-	200,518	-
Cash Increase/Decrease	550,314	70%	386,481	70%	(122,237)	44%	(54,034)	44%	(129,018)	-24%	(129,018)	-
Cash at Beginning of Year	550,314	100%	386,481	100%	386,481	100%	386,481	100%	332,447	100%	363,387	100%
Cash at End of Year	550,314	70%	386,481	70%	264,244	126%	332,447	126%	203,429	179%	234,369	155%
Accumulated Summary												
5-Year Budget	1,023,500		609,041		739,639		72%					
Total Revenue	1,023,500	60%	609,041	60%	739,639	72%						
Total Expense	1,003,779	22%	222,560	22%	407,192	41%						
Total Meters	1,850	390	21%	796	43%							

Note: The above report was prepared by the Water System Manager using data supplied by the Surfside Business Office.
 The report has not been audited

Receipt

Valley Freightliner Inc.
 13232 Case Rd SW, Olympia, Washington 98512
 360-754-2006
 Merchant ID: 8023550687

Cardholder Contact Information

Cardholder Name: **Surfside HOA**
 Cardholder Phone:
 Cardholder Email:
 Customer Name: **DEFAULT CUSTOMER**

Bill To Address: **31402 H street
 Ocean Park, Washington 98640**

Transaction Type

Transaction Type: **Authorize And Capture**
 Created Date: **3/13/2014 10:49:23 AM EDT**
 Capture Date: **3/13/2014 10:49:25 AM EDT**
 AVS Address: **Matched**

Transaction Status: **Submitted**
 Authorization Date: **3/13/2014 10:49:24 AM EDT**
 Authorization Code: **084273**
 AVS Zip: **Matched**

Credit Card Information

Name On Card: **Surfside HOA**
 Card Number: **xxxx-xxxx-xxxx-6186**
 Security Code Response: **None**

Card Brand: **VISA**
 Security Code Status: **Provided**

Tracking Information

Customer Ref Value:
 Invoice Number: **3240720002**
 Ship From Postal Code: **98512**
 Tracking Number:

Order Number: **914698**
 Invoice Date:
 Shipping Company: **None**

Transaction Totals

Product Code	Description	UOM Code	CMDTY Code	QTY	AMT	EXT AMT
Parts	Parts Sale	EA	0000	1.00	\$613.35	\$613.35
Sub-Total:						\$613.35
Sales Tax:						\$0.00
Freight Amount:						\$0.00
Freight Tax:						\$0.00
Duty Amount:						\$0.00
Total (USD):						\$613.35

Handwritten: 2 = 148.00 OUTSIDE HANDLES } DOORS
 2 = 130.35 INSIDE ASSEMBLY } DUMP TRUCK

Handwritten: \$ 556.70 + TAX + SHIPPING
 \$ 56.65
613.35

Cardholder Signature: _____

HILL & SON EXCAVATING INC
 PO BOX 462 OCEAN PARK WA 98640
 1-360-665-4447
 cell 1360-783-2294

COPY

INVOICE



surfside water
 worked on freightliner dump truck

Invoice # 0000156
Invoice Date 03/06/2014
Due Date 03/06/2014

Item	Description	Unit Price	Quantity	Amount
	pressure wash and adjust brakes	850.00	1.00	850.00
	install new air can	300.00	1.00	300.00
	fix steering	240.00	1.00	240.00
	fixed water and oil leak	240.00	1.00	240.00
	windshield wipers	48.00	1.00	48.00
	fixed air leaks front and rear	320.00	1.00	320.00
	sales tax	155.84	1.00	155.84

NOTES: we would like to see this truck back in 30 days at no charge to do a follow up. the passenger side brake was not in working order do to lack of maintenance truck had several air leaks one hydraulic leak one bad air can topped off all fluids and greased front end and drive line fixed lights this truck should be on a 30 day lube cycle the cost would be about \$200 to lube the truck and check kingpins and do a safety inspection

	Subtotal	2,153.84
	Total	2,153.84
	Amount Paid	0.00
	Balance Due	\$2,153.84

EQUIPMENT# Sartside

EQUIPMENT MAINTENANCE CHECKLIST

MILEAGE OR HOURS: _____

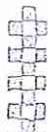
DATE: _____

ITEM TO CHECK	Checked	Changed	Reading	ITEM TO CHECK	Checked	Changed	Reading
OIL	✓			UNDER HOOD			
OIL FILTER	✓			BELTS	✓		
TRANSMISSION OIL	✓			HOSES	✓		
TRANSMISSION FILTER				STEERING FLUID	✓		
TRANSFER CASE				TRANSMISSION	✓		
DIFFERENTIAL OIL	✓			BRAKE FLUID	✓		
COOLANT	✓			BATTERY	✓		
COOLANT FILTER				LEAKS	✓		
FUEL FILTER	✓			LIGHTING	Checked	Changed	Reading
AIR FILTER	✓			HEADLIGHTS	✓		
HYDRAULIC OIL	✓			TAIL LIGHTS	✓		
HYDRAULIC FILTER	✓			BRAKE LIGHTS	✓		
PLANETARIES	✓			TURN SIGNALS	✓		
TANDEM	✓			BACKUP LIGHTS	✓		
FRONT SUSPENSION	Checked	Changed	Reading	4 WAY FLASHERS	✓		
BALL JOINTS	✓			CLEARANCE	✓		
TIE ROD ENDS	✓			SPOT LIGHTS	✓		
STEERING LINKAGE	✓	✓		EMERGENCY LIGHTS	✓		
SHOCKS	✓			ACCESSORIES	Checked	Changed	Reading
FRAME	✓			WIPERS	✓	✓	
SPRINGS	✓			MIRRORS			
KING PINS	✓			HORN	✓		
REAR SUSPENSION	Checked	Changed	Reading	FIRE EXTINGUISHER			
SHOCKS	✓			BACKUP ALARM			
SPRINGS	✓			FIRST AID KIT			
MOUNTS	✓			BIO SAFETY KIT			
FRAME	✓			BIOHAZARD KIT			
U JOINTS	✓			INSURANCE CARD			
BRAKES - FRONT	✓			TRIANGLES			
BRAKES - REAR	✓	✓					
TIRES FRONT	✓						
TIRES REAR	✓						
SPARE TIRE							
TIRE PRESSURE	✓						
OTHER ITEMS CHECKED							
ROTATE TIRES *							
*EVERY OTHER SERVICE							
TIRE DEPTH	✓						
BRAKE PAD THICKNESS	✓						

Comments on work done:

Dump Truck
 Changed air can fixed air leaks
 changed wiper blades fixed steering

Updated: 2/24/2012





SUNSET AUTO PARTS

500007923
 Napa Auto Parts - Seaview
 5016 Pacific Highway
 Seaview, WA 98644
 (360) 642-3911

Employee: 417 , Branden
 Sales Rep: 10 , House Account
 Accounting Day: 10

6862
 Surfside Homeowners
 31402 H St.
 Ocean Park, WA 98640

Anticipated Time:
 Attention:
 Tax Exemption:
 PO#: 1995 dumptruck
 Terms: Net 25th -2 Credit App on File

Part Number	Line	Description	Quantity	Price	Net	Total	
7234	BAT	NAPA BATTERY	2.00	223.61	153.1300	306.26	T
7234	BAT	Core Deposit	2.00	22.50	22.5000	45.00	TD
		2004 Chevrolet Truck Silverado 1500 1/2 Ton 2WD - P					
9006	LMP	Headlight Bulb - Low	1.00	15.38	9.2300	9.23	T

Dump Truck

Subtotal 360.49
 TAXTABLE 1 7.8000% 28.12
Total 388.61
 Charge Sale 388.61

Customer Signature
 ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE
 REMIT TO:
 PO BOX 669
 SCAPPOOSE, OR 97056
 CUSTOMER COPY

Y
 OCR
 5000079237928320
 Invoice Number 792832



SUNSET AUTO PARTS

500007923
 Napa Auto Parts - Seaview
 5016 Pacific Highway
 Seaview, WA 98644
 (360) 642-3911

Time: 11:42 Date: 03/10/2014 Page: 1/1

Employee: 190 , Brenda
 Sales Rep: 10 , House Account
 Accounting Day: 10

6862
 Surfside Homeowners
 31402 H St.
 Ocean Park, WA 98640

Anticipated Time:
 Attention:
 Tax Exemption:
 PO#: gil
 Terms: Net 25th -2 Credit App on File

Part Number	Line	Description	Quantity	Price	Net	Total	
97726	LIT	BRACKET	1.00	32.33	23.8800	23.88	T
50-97627-3	LIT	MIRROR	1.00	15.81	11.7700	11.77	T
7044D	LIT	MIRROR	1.00	2.43	1.9900	1.99	T

Dump Truck

Subtotal 37.64
 TAXTABLE 1 7.8000% 2.94
Total 40.58
 Charge Sale 40.58

Customer Signature
 ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE
 REMIT TO:
 PO BOX 669
 SCAPPOOSE, OR 97056
 CUSTOMER COPY

Y
 OCR
 5000079237928320
 Invoice Number 792838



**SUNSET
AUTO PARTS**

500007923
Napa Auto Parts - Seaview
5016 Pacific Highway
Seaview, WA 98644
(360) 642-3911

Time: 11:26 Date: 03/10/2014 Page: 1/1

Employee: 417 , Branden
Sales Rep: 10 , House Account
Accounting Day: 10

6862
Surfside Homeowners
31402 H St.
Ocean Park, WA 98640

Anticipated Time:
Attention:
Tax Exemption:
PO#: 1995 dumptruck
Terms: Net 25th -2 Credit App on File

Part Number	Line	Description	Quantity	Price	Net	Total
7234	BAT	Core Deposit This item was purchased on invoice # 792832 03/10/2014	-2.00	22.50	22.5000	45.00 CRTD

*Dump
Truck
6-2907
VEHICLES*

Subtotal	45.00 CR
TAXTABLE 1 7.8000%	3.51 CR
Total	48.51 CR
Credit Memo	48.51 CR

Customer Signature

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

REMIT TO:
PO BOX 669
SCAPPOOSE, OR 97056
CUSTOMER COPY

Y
OCR
5000079237928357
Y
792835
Invoice Number
792835

Repair Invoice for Case Backhoe

Invoice



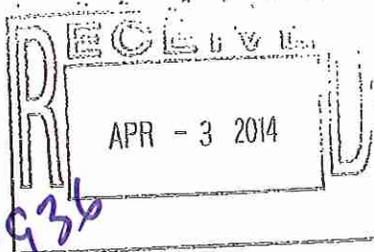
92503 Wireless Road
Astoria, OR 97103
(503) 325-0353 Office
(503) 325-5419 Fax

Surfside Water District
31402 H. Street
Ocean Park, WA 98640

Date	Invoice #
4/1/2014	34060

P.O. Number	S.O. No.	Ship	Terms	Job #
	15804	3/28/2014	Due on receipt	6351

Quantity	Item Code	Description	Price Each	Amount
1	Repair	REPAIR BACKHOE AXLE	975.00	975.00



6-2936

Total	\$975.00
Payments/Credits	\$0.00
Balance Due	\$975.00

A SERVICE CHARGE OF 1% PER MONTH (18% PER YEAR) WILL BE CHARGED
ON ALL ACCOUNTS 30 DAYS PAST DUE

Phone #	Fax #	E-mail
503 325-0353	503 325-5419	kmancorp@charter.net

A Round 2 It Services

360-665-4697
 PO Box 57
 Nahcotta, WA 98637

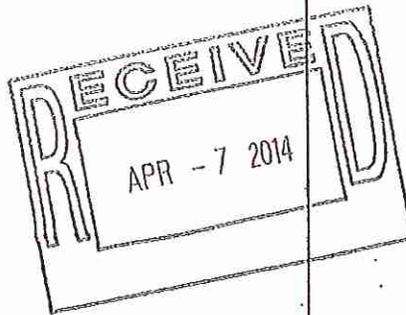
INVOICE

DATE	INVOICE #
3/31/2014	9109

BILL TO
Surfside Homeowners Assoc. 31402 H Street Ocean Park, WA. 98640

P.O. NO.	MAKE/MODEL	S/N
Bill N 3/20/14	Case 580L	JJG0242026

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Repair Labor	Repair Labor: Rebuild steer axle king pins (machine work was required)	12.2	82.00	1,000.40T
D103626	Str King Pin Kit 580SL	2	379.08	758.16T
D127507	Str Rod End Bushing 580SL	2	43.14	86.28T
flight in/out	Freight In/Out	1	18.27	18.27T
Shop Stock	shop stock	1	110.69	110.69T
	WA State Tax		7.80%	153.96
			Total	\$2,127.76



6-2936

All accounts are due the 5th of each month and are past due after the 15th. All past due accounts will be charged a FINANCE CHARGE of 1.5%, which is an APR of 18%.

TEN LARGEST WATER USERS OF THE METERED SERVICES

(NAMES REDACTED)

MEMBER	Location Number	Previous Read	Present Read	Annual Usage (CF)	Annual Usage (GL)	Service Type	Account Number	Billing Status	Average Monthly Usage (CF)	Average Monthly Usage (GL)
		52018	215913	163,895	1,225,935	Water	1937	COMMERCIAL	13,658	102,161
		6453311	6566124	112,813	843,841	Water	1682	COMMERCIAL	9,401	70,320
		1063774	1161362	97,588	729,958	Water	1598	COMMERCIAL	8,132	60,830
		6139	48820	42,681	319,254	Water	1113	RESIDENTIAL	8,536	63,851
		5166	66638	61,472	459,811	Water	2338	RESIDENTIAL	8,536	63,851
		4551	45207	40,656	304,107	Water	481	RESIDENTIAL	3,388	25,342
		27036	65026	37,990	284,165	Water	598	RESIDENTIAL	3,166	23,680
		2518	38367	35,849	268,151	Water	2069	RESIDENTIAL	2,987	22,346
		3460	37319	33,859	253,265	Water	444	RESIDENTIAL	2,822	21,105
		17275	48828	31,553	236,016	Water	686	RESIDENTIAL	2,629	19,668

According to the EPA the average American Family uses approximately 300 gallons of water a day. 70% of that use is in the home. 300 gallons of water per day equals 9,000 gallons per month on average.

Washington State required the installation of meters to encourage conservation of water. The first step in conserving water is knowing how much you are using. The above chart should help you understand the need to educate Surfside members on the importance of water conservation.