



May 12, 2015

Mr. Mark Mazeski
Southwest Drinking Water Operations
243 Israel Road SE, First Floor
P.O. Box 47823
Olympia, Washington 98504-7823

SUBJECT: WATER SYSTEM PLAN SUBMITTED FOR DOH REVIEW AND
APPROVAL, WSDOH ID #63000C
NORTH BEACH WATER DISTRICT, PACIFIC COUNTY,
WASHINGTON
G&O #14222

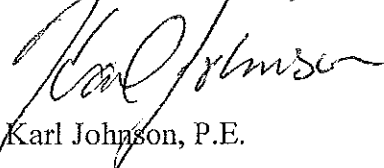
Dear Mr. Mazeski:

Submitted herewith are three copies of the North Beach Water District water system plan for your review and approval. North Beach Water district has submitted a copy of this plan to Pacific County Planning together with a completed Local Government Consistency Review Checklist for their consideration and signature. When we receive the signed consistency checklist we will forward it to you for your records.

If you have any questions please do not hesitate to contact either me or Mike Johnson at the telephone number below.

Sincerely,

GRAY & OSBORNE, INC.



Karl Johnson, P.E.

KJ/sp
Encl.

cc: Mr. Bill Neal, North Beach Water District



Water System Plan Submittal Form

This form must be completed and submitted along with the Water System Plan (WSP). It will expedite review and approval of your WSP. **All water systems should contact their regional planner before developing any planning document for submittal.**

<u>North Beach Water</u> 1. Water System Name	<u>63000C</u> PWS ID# or Owner ID#	<u>North Beach Water district</u> Water Systems Owner's Name
<u>William M. Neal III</u> Contact Name for Utility	<u>(360) 665-4144</u> Phone Number	<u>General Manager</u> Title
<u>P.O. Box 618</u> Contact Address	<u>Ocean Park</u> City	<u>Washington 98640</u> State Zip
<u>Karl Johnson, P.E.</u> 2. Project Engineer	<u>(360) 292-7481</u> Phone Number	<u>Project Engineer</u> Title
<u>Gray & Osborne, Inc.</u> 2102 Carriage Drive SW Project Engineer Address	<u>Olympia</u> City	<u>Washington 98502</u> State Zip
<u>Same as #1</u> 3. Billing Contact Name (required if not the same as #4)	<u></u> Billing Phone Number	<u></u> Billing Fax Number
<u></u> Billing Address	<u></u> City	<u></u> State Zip

4. How many services are presently connected to your system? 3,194

5. Is your system expanding (seeking to extend service area or increase number of approved connections)? ☒ Yes ☐ No

6. If the number of services is expected to increase, how many *new* connections are proposed in the next six years? 40 to 50

7. If your system is private-for-profit, is it regulated by the State Utilities and Transportation Commission? ☐ Yes ☒ No

8. Is the system located in a Critical Water Supply Service Area (i.e., have a Coordinated Water System Plan)? ☐ Yes ☒ No

9. Is your system a customer of a wholesale water system? ☐ Yes ☒ No

10. Will your system be pursuing additional water rights from the Department of Ecology in the next 20 years? ☐ Yes ☒ No

11. Is your system proposing a new intertie? ☐ Yes ☒ No

12. Do you have projects currently under review by us? ☐ Yes ☒ No

13. Are you requesting distribution main project report and construction document submittal exception and if so, does the WSP contain standard construction specifications for distribution mains? ☒ Yes ☐ No

14. The water system is responsible for sending a copy of the WSP to adjacent utilities for review or a letter notifying them that a copy of the WSP is available for their review and where the review copy is located. Has this been completed? ☒ Yes ☐ No

15. The purveyor is responsible for sending a copy of the WSP to all local governments within the service area (county and city planning departments, etc.). Has this been completed? ☒ Yes ☐ No

16. Are you proposing a change in the place of use of your water right? ☒ Yes ☐ No

If answer to questions 7,8, 11, 14 and/or 15 is "yes," list who you sent the WSP to: Surfside Water, Oysterville Water, City of Long Beach, Pacific County

Is this plan: ☒ an Initial Submittal ☐ a Revised Submittal

Please enclose the following number of copies of the WSP:

3 copies for Northwest and Southwest Regional Offices **OR 2** copies for Eastern Regional Office (We will send one copy to Ecology)

1 additional copy if you answered "yes" to question 7.

3 Total copies attached

Please return completed form to the Office of Drinking Water regional office checked below.

☐ Northwest Drinking Water Operations
Department of Health
20425 72nd Avenue South, Suite 310
Kent, WA 98032-2358
253-395-6750

☒ Southwest Drinking Water Operations
Department of Health
PO Box 47823
Olympia, WA 98504-7823
360-236-3030

☐ Eastern Drinking Water Operations
Department of Health
16201 East Indiana Avenue Suite 1500
Spokane Valley, WA 99216
509-329-2100

For people with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

