Health

Public Water System

Annual Fee Statement

Read Instructions on back before completing.

Return Entire Form

Part 1 - System Information

Review the following Public Water System (PWS) or Satellite Management Agency (SMA) information and make appropriate changes:

PWS OR SMA NAME
WEST BEACH ROAD ASSOCIATION

PWS OR SMA ID NUMBER
17970E

OWNER NUMBER
1409

OWNER'S NAME
WEST BEACH ROAD ASSOCIATION

CONTACT DAY PHONE
360 678 5336

CONTACT EVENING PHONE
360 678 5336

OWNER'S PHONE
360 678 0983

OWNER'S ADDRESS
JAMES PATTON
962 N SEACLIFF LN
COUPEVILLE, WA 98239

ISLAND

Part 2 - Fee Calculation

EQUIVALENT SERVICES

0 yearly total non-resident population /
0 months in operation / 25 = 0 equivalent services
+ 18 residential service = 18 equivalent services

According to the most recent Water Facilities Inventory (WFI) on file with the Department of Health, following is the calculation of your fee:

FEE CATEGORY	FEE AMOUNT	PAID	BALANCE
CATEGORY B			
Operating Permit Fee :	25.00		25.00
Operator Certification System Fee:	97.00		97.00
	122.00	0.00	122.00

OK

Payment of is Due 122.00 06 / 20 / 03

Part 3 - Certification

In accordance with Chapter 246-294 WAC this statement is considered an application for an operating permit. I certify the information on this statement is complete and accurate.

AUTHORIZED SIGNATURE	NAME (PRINT)	TITLE	DATE	PHONE
[signature]	JAMES M. PATTON	PRESIDENT WBRA	4/30/03	(360) 678-0983

(Do Not Detach)

Make check/money order payable to Department of Health and mail with this completed statement to:

Department of Health
PO Box 1099
Olympia WA 98507-1099

17970 E 15 NW
122.00
6 - 20 - 03

DOH 331-029 (11/98)

WEST BEACH ROAD ASSOCIATION
JAMES PATTON
962 N SEACLIFF LN
COUPEVILLE, WA 98239