



PUBLIC HEALTH DIVISION
Drinking Water Services

Kate Brown, Governor

Oregon
Health
Authority

800 NE Oregon Street, #640
Portland, OR 97232-2162
Phone: 971-673-0191
Fax: 971-673-0694
www.healthoregon.org/DWP

September 29, 2021

Kyle Ayers, PE

kyle@nccivil.com

North Coast Civil Design, LLC

35240 Tohl Ave, Nehalem, OR 97131

503.812.3732 503.440.1088

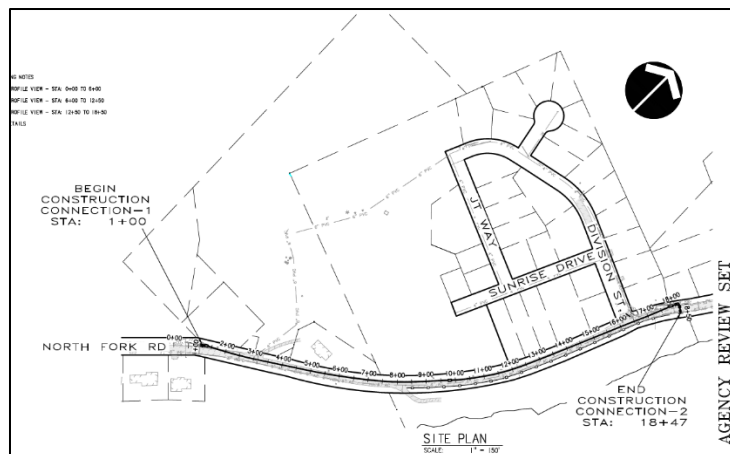
www.nccivil.com

Re: **North Fork Water Main Bore Project (PR#186-2019)**
City of Nehalem (PWS ID#00554)
Final Approval

Dear Mr. Ayers:

Thank you for your submittal to the Oregon Health Authority's Drinking Water Services (DWS) of the completed *Project Final Approval Request* form for the North Fork Water Main Bore Project on behalf of the City of Nehalem (PWS ID#00554), received September 28, 2021. On December 16, 2019 our office received a hard copy of the plans, Land Use Compatibility Statement (LUCS) and a check to cover the \$3,300 review fee. Plans, LUCS, and Technical Specifications were received via e-mail on 12/11/19 and a Conditional Approval letter was issued 12/17/19. A LUCS from Tillamook County was received via e-mail on 1/16/20. **The project is now granted Final Plan Approval.**

The project included installing roughly 1,840 LF of 8" DR-11, Class 200 fused HDPE waterline within Tillamook County public right-of-way for the North Fork Rd northeast of the City of Nehalem as shown below.



A copy of the *Project Final Approval Request* form (received 9-28-2021) and a copy of the LUCS from Tillamook County (received 1-16-2020) is shown below:

Oregon Health Services
Drinking Water Services
Project Final Approval Request Form Print

Project Name: North Fork Water Main Bore Project PR# 186-2019
Public Water System ID# 00554 Click HERE to locate ID# / PWS Name
PWS Name: City of Nehalem

	YES	NO	DATE
1. Was the project undertaken? If so, what was the starting date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>02/01/2020</u>
2. If project was not undertaken, has the project been abandoned?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Was the project completed? If so, when? If project not complete, estimated completion date:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>08/01/2020</u>
4. If completed, was the work accomplished in conformance with all conditions listed in the Conditional Approval letter and DWS Construction Standards, Oregon Administrative Rule (OAR) 61-0050? In the comments below or on a separate sheet please make clear how all conditions specified in the Conditional Approval letter were met.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. If the project was completed, were there any differences between what is shown on the plans and what was actually installed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. If the completed project is different from what is shown on the plans, were the plans modified to show as-built conditions?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have as-builts been sent to Drinking Water Services? NOTE: As-builts are not required if there were no significant changes noted in 5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Are the facilities operating? If so, starting when?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>08/01/2020</u>

Signature of Engineer: [Signature] Date: 08/28/2021
Name: Evan Hofeld OR PE# 60405
Firm: OHM, Inc. Phone: _____
Comments:
Phone Number (field above only allows 5 digits): 503.812.3732

STATE OF OREGON
DEPARTMENT OF HUMAN SERVICES
DRINKING WATER PROGRAM
LAND USE COMPATIBILITY STATEMENT

Certain plan review approvals for drinking water projects have been identified by the Department of Land Conservation and Development as Class B permits affecting land use. The Department of Human Services is therefore required by ORS 197-180, OAR 660-30-065 to -070, OAR 660-31-010-040, the Department of Human Services state agency coordination program and OAR 333-61-062 to ensure that projects defined in OAR 333-61-062(1) are compatible with city and county comprehensive plans and land use regulations. This form or other acceptable documentation and necessary attachments must accompany each set of project plans to ensure that compatibility.

I. GENERAL INFORMATION

a. Project Title NORTH FORK WATER MAIN BORE

b. Applicant CITY OF NEHALEM
Name of Public System

c. Type of project TRANSMISSION MAIN
Transmission, Storage, Distribution, etc.

d. Project contact person KYLE AYERS, PE (ENGINEER), OTAK, INC.
Engineer, architect, etc., including title
808 SW Third Ave., Suite 300
Portland, OR 97204 503-812-3732
City, State, Zip/City Phone

e. The local government entity* having comprehensive planning authority over the site of the proposed project is:
Agency Name CITY OF NEHALEM Phone 503-368-5627
Address 25900 8th Street, PO Box 143, Nehalem, OR Zip 97131
(*If the proposed project is located within the jurisdiction of more than one planning authority, all entities must certify compatibility.)

f. If a statement of compatibility previously has been submitted to the Department to cover a master water system plan, of which this project is a segment, no further information is required. If such a statement has been filed, the date of the submittal was _____
(Continued on the back)

LAND USE COMPATIBILITY DETERMINATION (Complete either 2 or 3)

2. PLANNING AUTHORITY STATEMENT: (To be completed by local planning authority)

a. I certify that this project has been reviewed for compatibility with:

1. ~ The acknowledged comprehensive plan and land use regulations.
2. ~ Statewide planning goals. The goals apply because:
 - ~ There is no acknowledged plan, or
 - ~ Conditions described in OAR 660-31-025(3) apply.

b. I find that this project (circle one) IS or IS NOT compatible. Attach appropriate land use decision(s) written findings as required in ORS 215.416 (8) or (9) or 227.173 (1) OR (2), or OAR 660-31-025 (2) or (3).

Signed [Signature] Title Engineer
Date 08/18/2020
No land use review is required for the proposed.


3. APPLICANT REQUEST FOR PLAN REVIEW APPROVAL

I hereby certify that I have applied to the local governments cited in 1.a above for a determination of compatibility with the local acknowledged plan or the statewide planning goals as applicable. I hereby request that the Department issue the plan review approval with the understanding that issuance of said approval is not a finding of compliance with the statewide planning goals or compatibility with the applicable, acknowledged comprehensive plan and land use regulations, but will be conditional, pending the applicant receiving a land use approval from each unit of local government. When signed, such approval shall be forwarded to the Department. I understand that plan review approval for this project will not be effective until and unless the Department of Human Services has received a copy of the land use approval and determined it to be complete and adequate.

Signed _____ Title _____ Date _____

H:\PROJECT FILES\DW\WEBSITE_SHAREPOINT\LUCS.DOC

Thank you for your cooperation in completing this plan review process and if
If you have any questions, please feel free to contact me at (971) 200-0288 or via e-mail at evan.e.hofeld@dhsosha.state.or.us.

Sincerely,


Evan Hofeld, PE
Regional Engineer
Drinking Water Services

cc: Brian Moore, City of Nehalem. bmoore@nehalem.gov
Jaime Craig, Tillamook County Environmental Health. jcraig@co.tillamook.or.us