

Skagit County Clean Water District  
Edison Subarea

**Meeting Agenda – February 26, 2025**

REGULAR BOARD MEETING

Held at Burlington Edison Elementary School

1. **Call to Order**
2. **Opening Public Comment**
3. **Consent Agenda:**
  - A. Prior Meeting Minutes
  - B. Fund 150 Invoices
4. **Communications:**
  - A. Three emails to Drain Doctor – 1) Pumping of Breadfarm, Mariposa and Edison Inn, 2) investigate excessive flow at 5987 Farm to Market, 3) Drain Doctor absent for February meeting.
  - B. Plant and Commercial Site Testing results from Eurofin Environmental
  - C. Notice from DOE – Renewal of Discharge Permit
  - D. Annual Wastewater Facility Fee Calculation Form from DOE
5. **Old Business**
  - A. Monthly Operator Report
  - B. Monthly Maintenance Contractor Report
  - C. Update on Hydromantic Pump Purchases
  - D. Update on DOH Grant and RFQ for Design
6. **New Business**
  - A. Election of Chair and Vice Chair
  - B. Vendor Service Agreement – Bayhill Wastewater Services
7. **Other Business**
  - A. None
8. **Closing Public Comment**
9. **Adjourn**



# Edison Clean Water District

## Meeting Minutes

Meeting of January 22, 2025

**Call to Order:** The meeting was called to order at 5:03 PM with the following board members present: Jess Hackler, Tom Skinner, Darryl Kvistad, and Scott Mangold. Also present were Allen Rozema and Lavelle Pilon from the County, Greg Young from Ravenhead Municipal Services, Operator Don Erickson.

**Public Comment:** None

**Consent Agenda:** The minutes from the Board's December 18, 2024 regular meeting minutes and the below detailed vouchers were approved following a motion by Mr. Mangold and seconded by Mr. Skinner:

1/22/24-1	Drain Doctor	\$ 3,043.30
1/22/24-2	Ravenhead Municipal	\$ 975.00
1/22/24-3	City of Burlington	\$ 723.96
1/22/24-4	Eurofins Environmental	\$ 124.00
1/22/24-5	Underground Located	\$ 1.32

Ms. Pilon also brought a late arriving invoice from Eurofins totaling \$120.00 that was approved to be paid – Mr. Young noted that he would included it in next month's packet for record keeping but add that it has been paid.

**Communications:** Mr. Young covered the communications for tonight's meeting that included the lift station report for January, updated pump logs, an email regarding the past due invoices for the Drain Doctor and an email regarding miscellaneous agreement in place for Edison.

**Old Business:** Ms. Pilon reported that the outstanding invoices for the Drain Doctor have either been paid or will be shortly since the required signatures on their new contract has been finalized. She also noted that the Pumpteck agreement for the purchase of the pumps will be sent to Pumpteck for signature and insurance submittal.

Operator Erickson reported that the plant ran well and the UV bulbs were cleaned in January. Samples have been collected and sent to Eurofin for analysis.

**New Business:** Mr. Hackler informed the Board that the school district had failed to send the billing for ATS for the last two years but also added that since we have used less services than what is included in the ATS agreement, we have "banked" hours available in the future should something go wrong with our computer equipment. The Board discussed whether there was some preventive maintenance we could have ATS perform but after a short conversation, it was decided to keep the credited billing hours on the books for future use.

Mr. young then told the Board that based on review by the County, Policy 2024-11 (tank pumping for sitting Board members) needs to be rescinded and based on a motion by Mr. Mangold and a second by Mr. Kvistad, the Board formally rescinded this policy.



The Board then took up the topic of electing a Chair and Vice Chair. Following a discussion regarding who could be Chair, it was decided to hold off on this selection until the next meeting when the full Board will hopefully be in attendance.

After a conversation between the Board and Mr. Rozma regarding the ability of the Board or individual members to sit down with the Commissioners to discuss the recent charging of County staff time to Fund #150, Ms. Pilon passed out a set of executed Agreements for the Edison operations for the member's records and noted that the new Agreement with Don Erickson to become a contracted Operator for the Edison Sewer System is scheduled to take effect on March 1<sup>st</sup>.

**Other Business:** - Mr. Young stated that he included in this month's packets the 2024 revenue and expenditure report for 2024 from the County Auditor and it included a unusual charge for "Scimbato" under wages and benefits. Mr. Pilon noted that she also saw that charge and it is an error that she is working to reverse,

Upon review of the pump logs that Mr. Mangold updates, it was noted that for Site #6 – 5987 Farm to Market there was a very high reading and since this is a site that does not have a home, there may be an open sewer connection allowing water to enter the system. Mr. Young stated that he would contact the Drain Doctor to investigate.

**Adjourn:** With no further business to be conducted, the meeting was conference call ended at 6:26 PM.

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Committee Member

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Committee Member

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Committee Member

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Committee Member

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Committee Member





# Skagit County Edison Clean Water District

## CASH FLOW REPORT - 2025

### Fund No. 150 - Operations and Maintenance

<b>January 2025 Beginning Cash Balance</b>	<b>\$441,841.29</b>
2025 Revenues to Date	\$0.00
2025 Expenditures to Date	\$11,051.45
<b>2025 Ending Cash Balance</b>	<b><u><u>\$430,789.84</u></u></b>

#### 2025 Expenditure Detail by Vendor

	<u>Operations</u>	<u>Capital</u>	<u>Permit Compliance</u>
The Drain Doctor	<b>\$5,876.30</b>		
Ravenhead Municipal Services	<b>\$1,950.00</b>		
Eurofins Environmental (formally Edge Analytical)			<b>\$1,171.00</b>
Underground Utility Locate Service	<b>\$1.32</b>		
City of Burlington			<b>\$1,597.47</b>
Burlington Edison School District	<b>\$455.36</b>		
Coast Controls			
State Department of Ecology			
Gray & Osborne			
Trojan UV			
Dahl Electric			
Subtotal	<b>\$8,282.98</b>	<b>\$0.00</b>	<b>\$2,768.47</b>
TOTAL	<b>\$11,051.45</b>		

**Skagit County Clean Water District  
Edison Subarea**

**YEAR 2025**

**Fund 150 Expenditure Tracking Sheet**

<u>Tracking Number</u>	<u>Payee</u>	<u>Amount</u>	<u>Total</u>
1/22/25-1	Drain Doctor	\$3,043.30	
1/22/25-2	Ravenhead Municipal	\$ 975.00	
1/22/25-3	City of Burlington	\$ 723.96	
1/22/25-4	Eurofins Environmental	\$ 124.00	
1/22/25-5	Underground Locates	\$ 1.32	\$4,867.58
		<i>Total for Year</i>	\$4,867.58

<u>Tracking Number</u>	<u>Payee</u>	<u>Amount</u>	<u>Total</u>
2/26/25-1	Drain Doctor	\$2,833.00	
2/26/25-2	Ravenhead Municipal	\$ 975.00	
2/26/25-3	City of Burlington	\$ 873.51	
2/26/25-4	Eurofins Environmental	\$ 120.00	
2/26/25-4A	Eurofins Environmental	\$ 927.00	
2/26/25-5	BE School District	\$ 455.36	\$6,183.87
		<i>Total for Year</i>	\$11,051.45



# Skagit County Clean Water District Edison Subarea

**FUND 150**

**Tracking Number:**  
2/26/25-1

Voucher Cover Sheet

We, the undersigned members of the Edison Subarea Board do hereby recommend that the invoices detailed below be forwarded to the Skagit County Commissioners for consideration for payment. We have reviewed these costs and supporting materials and have determined that they are proper and accurate.

DATE	PAYEE	DESCRIPTION	BARS	AMOUNT
2/3/2025	Drain Doctor	Invoice #43278 - monthly fee	150.582.00.41.10	\$2,833.00
<b>TOTAL</b>				<b>\$2,833.00</b>

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_











# Ravenhead Municipal Services

5 Sanwick Point Court  
Bellingham WA 98229  
360.410.8626  
[youngest@comcast.net](mailto:youngest@comcast.net)

February 23, 2025

INVOICE NO.	2025-05-2
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**BILL TO:**

Skagit County Permit and Planning  
1800 Continental Place  
Mount Vernon WA 98273

## February 2025 Billing Summary

DESCRIPTION

February 2025 Contractual Service Fee	\$975.00
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*Thank You*

**BALANCE DUE     \$975.00**













Environment Testing  
Edge Analytical

INVOICE

Client No: SKA13

Client: SKAGIT COUNTY PLANNING & DEVELOPMENT  
1800 CONTINENTAL PLACE  
MOUNT VERNON, WA 98273

Attn: Ms. Betsy Stevenson

Please include Reference number with payment

Reference: **25-00357**

Date: January 21, 2025

Project: Edison LOSS: Planning

Date Received: January 07, 2025

Purchase Order: Edison LOSS: Planning

Item	Lab Sample Number	Client Sample Number and Description	Type of Analysis	Turnaround	Extended Cost
1	603.00	Site M (IN) - Edison WWTF	5 day BOD test	Standard	\$33.00
2	603.01	Site M (IN) - Edison WWTF	Total Suspended Solids	Standard	\$14.00
3	604.00	Site A (OUT) - Edison WWTF	5 day BOD test	Standard	\$33.00
4	604.01	Site A (OUT) - Edison WWTF	Raw Compliance	Standard	\$26.00
5	604.02	Site A (OUT) - Edison WWTF	Total Suspended Solids	Standard	\$14.00

Grand Total: \$120.00

Amount Paid: \$0.00

Amount Due (US Dollars): **\$120.00**

**Thank You for Your Business**

Please pay to corporate office by February 20, 2025 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **25-00357**

Amount Due: **\$120.00**

in USD

SKAGIT COUNTY PLANNING & DEVELOPMENT  
1800 CONTINENTAL PLACE  
MOUNT VERNON, WA 98273  
SKA13

NEW Please Remit To:  
Eurofins Environment Testing Northwest, LLC  
PO BOX 1451, Carol Stream, IL 60132-1451

OR you can pay on-line at:

<https://smartpay.profitstars.com/express/CUS033EETNW>



# Skagit County Clean Water District

## Edison Subarea

**FUND 150**

**Tracking Number:**  
2/26/25-4A

Voucher Cover Sheet

We, the undersigned members of the Edison Subarea Board do hereby recommend that the invoices detailed below be forwarded to the Skagit County Commissioners for consideration for payment. We have reviewed these costs and supporting materials and have determined that they are proper and accurate.

DATE	PAYEE	DESCRIPTION	BARS	AMOUNT
1/23/2025	Eurofins Environmental	Invoice #25-00556 - testing	150.540.48.10	\$808.00
2/12/2025		Invoice #25-03042 - testing		\$119.00
<b>TOTAL</b>				<b>\$927.00</b>

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Environment Testing  
Edge Analytical

INVOICE

Client No: SKA13

Please include Reference number with payment

Client: SKAGIT COUNTY PLANNING & DEVELOPMENT  
1800 CONTINENTAL PLACE  
MOUNT VERNON, WA 98273

Reference: **25-00556**

Date: January 23, 2025

Project: Edison LOSS: Planning

Attn: Lavelle Pilon

Date Received: January 08, 2025

Purchase Order:

Item	Lab Sample Number	Client Sample Number and Description	Type of Analysis	Turnaround	Extended Cost
1	1076.00	Mariposa - Pump Chamber	5 day BOD test	Standard	\$33.00
2	1076.01	Mariposa - Pump Chamber	Hexane Extractable Oil & Grease	Standard	\$68.00
3	1077.00	Tweets - Septic Outlet	5 day BOD test	Standard	\$33.00
4	1077.01	Tweets - Septic Outlet	Hexane Extractable Oil & Grease	Standard	\$68.00
5	1078.00	Longhorn - Septic Outlet	5 day BOD test	Standard	\$33.00
6	1078.01	Longhorn - Septic Outlet	Hexane Extractable Oil & Grease	Standard	\$68.00
7	1079.00	Bread Farm - Septic Outlet	5 day BOD test	Standard	\$33.00
8	1079.01	Bread Farm - Septic Outlet	Hexane Extractable Oil & Grease	Standard	\$68.00
9	1080.00	Bread Farm - Grease Outlet	5 day BOD test	Standard	\$33.00
10	1080.01	Bread Farm - Grease Outlet	Hexane Extractable Oil & Grease	Standard	\$68.00
11	1081.00	Edison Cafe - Septic Outlet	5 day BOD test	Standard	\$33.00
12	1081.01	Edison Cafe - Septic Outlet	Hexane Extractable Oil & Grease	Standard	\$68.00
13	1082.00	Edison Inn - Septic Outlet	5 day BOD test	Standard	\$33.00
14	1082.01	Edison Inn - Septic Outlet	Hexane Extractable Oil & Grease	Standard	\$68.00
15	1083.00	Edison School - Pump Vault	5 day BOD test	Standard	\$33.00
16	1083.01	Edison School - Pump Vault	Hexane Extractable Oil & Grease	Standard	\$68.00

Grand Total: \$808.00

Amount Paid: \$0.00

Amount Due (US Dollars): **\$808.00**

**Thank You for Your Business**

Please pay to corporate office by February 22, 2025 to avoid a 1.5% per month finance charge.

Please Detach Here ^ and return this portion with your payment

Reference: **25-00556**

Amount Due: **\$808.00** in USD

SKAGIT COUNTY PLANNING & DEVELOPMENT  
1800 CONTINENTAL PLACE  
MOUNT VERNON, WA 98273  
SKA13

NEW Please Remit To:  
Eurofins Environment Testing Northwest, LLC  
PO BOX 1451, Carol Stream, IL 60132-1451

OR you can pay on-line at:  
<https://smartpay.profitstars.com/express/CUS033EETNW>





Environment Testing  
Edge Analytical

**INVOICE**

Client No: SKA13

Client: SKAGIT COUNTY PLANNING & DEVELOPMENT  
1800 CONTINENTAL PLACE  
MOUNT VERNON, WA 98273

Attn: Lavelle Pilon

Please include Invoice # with payment

Invoice #: **25-03042**

Date: February 12, 2025

Project: Edison LOSS: Planning

Date Received: February 03, 2025

Purchase Order: Edison LOSS: Planning

Item	Lab Sample Number	Client Sample Number and Description	Type of Analysis	Turnaround	Extended Cost
1	6288.00	Site M (IN) - Edison WWTF	5 day BOD test	Standard	\$33.00
2	6288.01	Site M (IN) - Edison WWTF	Total Suspended Solids	Standard	\$14.00
3	6289.00	Site A (OUT) - Edison WWTF	5 day BOD test	Standard	\$33.00
4	6289.01	Site A (OUT) - Edison WWTF	Fecal Coliform by MTF in Water	Standard	\$25.00
5	6289.02	Site A (OUT) - Edison WWTF	Total Suspended Solids	Standard	\$14.00
<b>Grand Total:</b>					<b>\$119.00</b>
<b>Amount Paid:</b>					<b>\$0.00</b>
<b>Amount Due (US Dollars):</b>					<b>\$119.00</b>

*Thank You for Your Business!*

Please Detach Here ^ and return this portion with your payment

Invoice #: **25-03042**  
Amount Due: **\$119.00** in USD

SKAGIT COUNTY PLANNING & DEVELOPMENT  
1800 CONTINENTAL PLACE  
MOUNT VERNON, WA 98273  
SKA13

*NEW Please Remit To:*  
Eurofins Environment Testing Northwest, LLC  
PO BOX 1451, Carol Stream, IL 60132-1451  
If paying by ACH, send remittance to: CUS033AR@nsc.eurofinsus.com

OR you can pay online at:  
<https://smartpay.profitstars.com/express/CUS033EETNW>

# Skagit County Clean Water District

## Edison Subarea

**FUND 150**

**Tracking Number:**  
2/26/25-5

Voucher Cover Sheet

We, the undersigned members of the Edison Subarea Board do hereby recommend that the invoices detailed below be forwarded to the Skagit County Commissioners for consideration for payment. We have reviewed these costs and supporting materials and have determined that they are proper and accurate.

DATE	PAYEE	DESCRIPTION	BARS	AMOUNT
1/13/2025	BE School District	Invoice #20240000051 4th Qtr Billing - Mowing	150.540.48.10	\$455.36
<b>TOTAL</b>				<b>\$455.36</b>

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**BURLINGTON-EDISON**  
SCHOOL DISTRICT

RAVENHEAD MUNICIPAL SERVICES  
ATTN: GREG YOUNG  
5 SANWICK POINT COURT  
BELLINGHAM, WA 98229

**Invoice Detail**

<b>Invoice #</b>	2024000051
<b>Invoice Date</b>	01/13/2025
<b>Due Date</b>	02/12/2025
<b>Invoice Total</b>	455.36

<u>Qty.</u>	<u>Item Description</u>	<u>Unit Price</u>	<u>Extension</u>
1.00	Please reimburse the Burlington-Edison School District for 4th quarter billing.	455.3600	455.36

\* = Tax not computed on item.

<b>Invoice Subtotal:</b>	<b>455.36</b>
<b>Tax:</b>	<b>0.00</b>
<b>Total Extension:</b>	<b>455.36</b>

**REMIT TO:**

BURLINGTON-EDISON SD #100  
927 E FAIRHAVEN AVE  
BURLINGTON WA 98233

<b>Invoice #</b>	2024000051
<b>Invoice Date</b>	01/13/2025
<b>Payor</b>	RAVENHEAD MUNICIPAL SERVICES
<b>Due Date</b>	02/12/2025 (RAVENHEA000)

<b>Invoice Amount:</b>	<b>455.36</b>
<b>Remit Amount:</b>	<input type="text"/>

4th Quarter, 2022 - Edison Mowing

<b>Week</b>	<b>Hours</b>	<b>Wages</b>	<b>Total</b>
10/2/2022	2.0 (Jeff R/Ryan M)	\$56.92	\$113.84
10/9/23022	2.0 (Jeff R/Ryan M)	\$56.92	\$113.84
10/16/23022	2.0 (Jeff R/Ryan M)	\$56.92	\$113.84
10/23/2022	2.0 (Jeff R/Ryan M)	\$56.92	\$113.84
			<b>\$455.36</b>





tamman@wavecable.com

1/20/2025 8:08 AM

## RE: Ed Sub

To Greg YOUNG <youngest@comcast.net>

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Very well. We will get on our schedule.  
Mike

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**From:** Greg YOUNG <[youngest@comcast.net](mailto:youngest@comcast.net)>

**Sent:** Wednesday, January 15, 2025 9:43 AM

**To:** [tamman@wavecable.com](mailto:tamman@wavecable.com)

**Subject:** Re: Ed Sub

Mike

Based on the testing please pump the tanks for the Bread Farm (east), Mariposa, and the Edison Inn.  
Also pump the grease trap for the Edison Inn. Thanks  
Greg

Hope you have a great trip

On 01/09/2025 5:03 PM PST [tamman@wavecable.com](mailto:tamman@wavecable.com) wrote:



tamman@wavecable.com

1/27/2025 8:21 AM

## RE: Edison

To Greg YOUNG <youngest@comcast.net>

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Who does this get billed to??

Thanks

Kristine

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**From:** Greg YOUNG <youngest@comcast.net>

**Sent:** Thursday, January 23, 2025 9:19 AM

**To:** Kristine Tamman <tamman@wavecable.com>

**Subject:** Edison

Mike

The most recent pump logs showed excessive flow at site 6, 5987 Farm to Market, given that there is no home there, there may be an open sewer pipe draining rainfall. Please go by and check it out, thanks

Greg

tamman@wavecable.com

2/12/2025 1:34 PM

## Edison SubArea

To Gregory YOUNG <youngest@comcast.net> • Don Erickson <derickson@burlingtonwa.gov> •  
Scott Mangold <scott@breadfarm.com> • bernie.alonzo@gmail.com

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Mike will miss the February meeting as we are vacationing with our family.

The tarp weathered well. Without rain on the snow, it drained itself.  
We are addressing Moga Farm Stand this week.

If you have any questions, you can reach Mike at [miketamman@gmail.com](mailto:miketamman@gmail.com)

The Drain Doctor

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- Scan.pdf (627 KB)





**Environment Testing  
Edge Analytical**

**Burlington, WA (a)**  
1620 S Walnut St - Burlington, WA 98233 - 800.755.9295 - 360.757.1400  
**Bellingham, WA Microbiology (b)**  
805 Orchard Dr Ste 4 - Bellingham, WA 98225 - 360.715.1212

**Portland, OR Microbiology/Chemistry (c)**  
9725 SW Commerce Cr Ste A2 - Wilsonville, OR 97070 - 503.682.7802  
**Corvallis, OR Microbiology/Chemistry (d)**  
1100 NE Circle Blvd, Ste 130 - Corvallis, OR 97330 - 541.753.4946  
**Bend, OR Microbiology (e)**  
20332 Empire Blvd Ste 4 - Bend, OR 97701 - 541.639.8425

# Data Report

Client Name: Skagit County Planning & Development  
1800 Continental Place  
Mount Vernon, WA 98273

Reference Number: **25-00357**  
Project: Edison LOSS: Planning

Report Date: 1/21/25

Date Received: 1/7/25

Approved by: bj,mlp,spm2

Authorized by:

Lawrence J Henderson, PhD  
Director of Laboratories, Vice President

Sample Description: Site M (IN) Edison WWTF								Matrix WW	Sample Date: 1/7/25 10:30 am			
Lab Number: 603		Sample Comment:						Collected By: Don Erickson				
CAS ID#	Parameter	Result	PQL	MDL	Units	DF	Method	Lab	Analyzed	Analyst	Batch	Comment

E-10162	TOTAL SUSPENDED SOLIDS	23	2		mg/L	1.0	I-3765-85	a	1/10/25	EJW	tss_250109	
E-10106	5-Day BOD Test	9	1.0		mg/L	1.0	SM5210 B/BOD	a	1/13/25	SPM2	BOD_250108	

Sample Description: Site A (OUT) Edison WWTF								Matrix WW	Sample Date: 1/7/25 10:26 am			
Lab Number: 604		Sample Comment:						Collected By: Don Erickson				
CAS ID#	Parameter	Result	PQL	MDL	Units	DF	Method	Lab	Analyzed	Analyst	Batch	Comment

E-10162	TOTAL SUSPENDED SOLIDS	4	2		mg/L	1.0	I-3765-85	a	1/10/25	EJW	tss_250109	
E-10106	5-Day BOD Test	1	1.0		mg/L	1.0	SM5210 B/BOD	a	1/13/25	SPM2	BOD_250108	
E-14551	FECAL COLIFORM	2.0	1.8		MPN/100mL	1.0	SM9221 E/MTF	b	1/11/25	JLN	MTF_250108	

**Notes:**

ND = Not detected above the listed practical quantitation limit (PQL) or not above the Method Detection Limit (MDL), if requested.  
PQL = Practical Quantitation Limit is the lowest level that can be achieved within specified limits of precision and accuracy during routine laboratory operating conditions.  
D.F. - Dilution Factor

If you have any questions concerning this report contact us at the above phone number.





**Environment Testing  
Edge Analytical**

**Burlington, WA (a)**  
1820 S Walnut St. - Burlington, WA 98223 - 888.755.8285 • 206.757.1450  
**Bellingham, WA Microbiology (b)**  
818 Orchard St. Ste 4 - Bellingham, WA 98225 - 360.715.1212

**Portland, OR Microbiology/Chemistry (c)**  
8725 SW Commercial Cr Ste A2 - Wilsonville, OR 97070 - 503.682.7802  
**Corvallis, OR Microbiology/Chemistry (d)**  
1100 NE Circle Blvd, Ste 130 - Corvallis, OR 97330 - 541.753.4640  
**Bend, OR Microbiology (e)**  
20320 Empire Blvd Ste 4 - Bend, OR 97701 - 541.659.9425

# Data Report

**Client Name: Skagit County Planning & Development**  
1800 Continental Place  
Mount Vernon, WA 98273

**Reference Number: 25-00556**  
**Project: Edison LOSS: Planning**

**Report Date: 1/23/25**

**Date Received: 1/8/25**

**Approved by: bj,dcs**

**Authorized by:**

**Lawrence J Henderson, PhD**  
Director of Laboratories, Vice President

Sample Description: Mariposa Pump Chamber		Matrix W		Sample Date: 1/8/25 9:00 am								
Lab Number: 1076		Sample Comment:		Collected By: J.S.								
CAS ID#	Parameter	Result	PQL	MDL	Units	DF	Method	Lab	Analyzed	Analyst	Batch	Comment
E-10140	OIL AND GREASE	35.9	2.5	1.4	mg/L	1.0	1664	a	1/14/25	BMB	1664_250114	
E-10106	5-Day BOD Test	191	1.0		mg/L	1.0	SM5210 B/BOD	a	1/13/25	SPM2	BOD_250108	

Sample Description: Tweets Septic Outlet		Matrix W		Sample Date: 1/8/25 9:20 am								
Lab Number: 1077		Sample Comment:		Collected By: J.S.								
CAS ID#	Parameter	Result	PQL	MDL	Units	DF	Method	Lab	Analyzed	Analyst	Batch	Comment
E-10140	OIL AND GREASE	15.4	2.5	1.4	mg/L	1.0	1664	a	1/14/25	BMB	1664_250114	
E-10106	5-Day BOD Test	105	1.0		mg/L	1.0	SM5210 B/BOD	a	1/13/25	SPM2	BOD_250108	

Sample Description: Longhorn Septic Outlet		Matrix W		Sample Date: 1/8/25 9:20 am								
Lab Number: 1078		Sample Comment:		Collected By: J.S.								
CAS ID#	Parameter	Result	PQL	MDL	Units	DF	Method	Lab	Analyzed	Analyst	Batch	Comment
E-10140	OIL AND GREASE	82.5	2.5	1.4	mg/L	1.0	1664	a	1/16/25	BMB	1664_250116	
E-10106	5-Day BOD Test	787	1.0		mg/L	1.0	SM5210 B/BOD	a	1/13/25	SPM2	BOD_250108	

Sample Description: Bread Farm Septic Outlet		Matrix W		Sample Date: 1/8/25 9:20 am								
Lab Number: 1079		Sample Comment:		Collected By: J.S.								
CAS ID#	Parameter	Result	PQL	MDL	Units	DF	Method	Lab	Analyzed	Analyst	Batch	Comment
E-10140	OIL AND GREASE	39.3	2.5	1.4	mg/L	1.0	1664	a	1/16/25	BMB	1664_250116	
E-10106	5-Day BOD Test	448	1.0		mg/L	1.0	SM5210 B/BOD	a	1/13/25	SPM2	BOD_250108	

**Notes:**

ND = Not detected above the listed practical quantitation limit (PQL) or not above the Method Detection Limit (MDL), if requested.  
PQL = Practical Quantitation Limit is the lowest level that can be achieved within specified limits of precision and accuracy during routine laboratory operating conditions.  
D.F. - Dilution Factor

If you have any questions concerning this report contact us at the above phone number.



# Data Report

Sample Description: Bread Farm Grease Outlet		Matrix W		Sample Date: 1/8/25 9:20 am								
Lab Number: 1080		Sample Comment:		Collected By: J.S.								
CAS ID#	Parameter	Result	PQL	MDL	Units	DF	Method	Lab	Analyzed	Analyst	Batch	Comment
E-10140	OIL AND GREASE	92.6	2.5	1.4	mg/L	1.0	1664	a	1/16/25	BMB	1664_250116	
E-10106	5-Day BOD Test	614	1.0		mg/L	1.0	SM5210 B/BOD	a	1/13/25	SPM2	BOD_250108	

Sample Description: Edison Cafe Septic Outlet		Matrix W		Sample Date: 1/8/25 9:55 am								
Lab Number: 1081		Sample Comment:		Collected By: J.S.								
CAS ID#	Parameter	Result	PQL	MDL	Units	DF	Method	Lab	Analyzed	Analyst	Batch	Comment
E-10140	OIL AND GREASE	5.9	2.5	1.4	mg/L	1.0	1664	a	1/16/25	BMB	1664_250116	
E-10106	5-Day BOD Test	99	1.0		mg/L	1.0	SM5210 B/BOD	a	1/13/25	SPM2	BOD_250108	

Sample Description: Edison Inn Septic Outlet		Matrix W		Sample Date: 1/8/25 10:20 am								
Lab Number: 1082		Sample Comment:		Collected By: J.S.								
CAS ID#	Parameter	Result	PQL	MDL	Units	DF	Method	Lab	Analyzed	Analyst	Batch	Comment
E-10140	OIL AND GREASE	138	2.5	1.4	mg/L	1.0	1664	a	1/16/25	BMB	1664_250116	
E-10106	5-Day BOD Test	465	1.0		mg/L	1.0	SM5210 B/BOD	a	1/13/25	SPM2	BOD_250108	

Sample Description: Edison School Pump Vault		Matrix W		Sample Date: 1/8/25 11:00 am								
Lab Number: 1083		Sample Comment:		Collected By: J.S.								
CAS ID#	Parameter	Result	PQL	MDL	Units	DF	Method	Lab	Analyzed	Analyst	Batch	Comment
E-10140	OIL AND GREASE	16.2	2.5	1.4	mg/L	1.0	1664	a	1/16/25	BMB	1664_250116	
E-10106	5-Day BOD Test	134	1.0		mg/L	1.0	SM5210 B/BOD	a	1/13/25	SPM2	BOD_250108	

Notes:

ND = Not detected above the listed practical quantitation limit (PQL) or not above the Method Detection Limit (MDL), if requested.  
 PQL = Practical Quantitation Limit is the lowest level that can be achieved within specified limits of precision and accuracy during routine laboratory operating conditions.  
 D.F. - Dilution Factor



STATE OF WASHINGTON  
**DEPARTMENT OF ECOLOGY**

Northwest Region Office  
PO Box 330316, Shoreline, WA 98133-9716 • 206-594-0000

September 10, 2024

Erin Langley  
Senior Water Resource Planner  
Skagit County Planning & Development Services  
1800 Continental Place, Mount Vernon, WA 98273

Re: State Wastewater Discharge (SWD) Permit Renewal Application  
Permit No. ST0045515; Edison Wastewater Treatment Facility

Dear Erin Langley:

The Department of Ecology (Ecology) acknowledges receiving the permit renewal application on August 16, 2024. The application has been reviewed and was accepted as complete on September 6, 2024.

Your current SWD permit has an expiration date of February 28, 2025. Renewal is in process, but may not be issued by the expiration date. In accordance with the Washington State Administrative Procedures Act [RCW 34.05.422\(3\)](#) and Washington Administrative Code WAC [173-216-070](#), if your renewal permit is not issued and effective by the current permit's expiration date, the current permit and its terms and conditions and any changes requested in the permit application, will remain in effect and enforceable until Ecology issues a new permit for your facility.

If you have any questions regarding the development of your renewal permit, please contact David Matthews at 206-677-3800 or by email at [davm461@ecy.wa.gov](mailto:davm461@ecy.wa.gov).

Sincerely,

A handwritten signature in black ink that reads "Tricia Miller".

Tricia Miller  
Permit Coordinator  
Northwest Region Office

Sent Via Electronic Mail - [erinl@co.skagit.wa.us](mailto:erinl@co.skagit.wa.us)

Ecc: David Matthews, Permit Manager, [davm461@ecy.wa.gov](mailto:davm461@ecy.wa.gov)  
PARIS: ST0045515; Edison WWTF





# WATER QUALITY PERMIT FEE PROGRAM

## Municipal/Domestic Wastewater Facilities Fee Calculation Form 1A

For Fiscal Year 2026 Fee Assessment (July 1, 2025 – June 30, 2026)

FORM DUE DATE: April 15, 2025

### Section 1. Identifying Information

Facility: Edison Wastewater Treatment Facility	Permit No: ST0045515
Facility:	Permit No:
Facility:	Permit No:
Facility:	Permit No:
Facility:	Permit No:
PSNGP Facility:	Permit No:
PSNGP Facility:	Permit No:

### Section 2: Billing Information

Contact Name & Address: LaVelle Pilon	Phone Number: 360-416-1335
Sagit County Planning & Dev Services	Phone Number:
1800 Continental Place	Email: lavellep@co.skagit.wa.us
Mount Vernon WA 98273	

### Section 3. Type of Domestic Wastewater Facility

**Please check the box below that applies to your facility.**

Municipally-owned     
  Privately-owned primarily serving residential customers

### Section 4. Calculation of Number of Residential Equivalents Served

Step 1. Fill in the gross revenue from user charges for sewer services for all classes (including commercial) of customers during <b>calendar 2024</b> .	\$ 120,910.03
Step 2. <b>Annual</b> user charge for a single family residence during <b>calendar year 2024</b> . (Please follow the instructions for Step 2 on page 4 or you may over report the REs and end up with a higher invoice amount! )	\$ 1,094.00
Step 3. Number of residential equivalents calculated using billing data (step 1 divided by step 2).	110.52

### Section 5. Certification of Information

I hereby certify with my signature that all information contained in this form and in supporting documents is true and correct. I understand that any omissions or misrepresentations will result in revision of both current and previously granted fee determinations.

2/16/25

Signature \_\_\_\_\_ Date \_\_\_\_\_

**A copy of the sewer rate schedule for all classes of customers must be submitted with this form.**

**EMAIL completed form to: [wqfeeunit@ecy.wa.gov](mailto:wqfeeunit@ecy.wa.gov). Please do NOT remit payment at this time. We will calculate your 2026 fiscal year fee and send you an invoice in Fall 2025**

**Or submit completed paper form to:**

Department of Ecology  
 Water Quality Program - Permit Fee Unit  
 PO Box 47600  
 Olympia, WA 98504-7600







January 31, 2025

### Edison WWTF Operators Report

January 6<sup>th</sup> cleaned the UV lamps, recirculating ball valve and a visual inspection of both appeared to be functioning correctly. The flow was 8196 gallons, and the return rate was 5.94:1, I was unable to observe any ponding on the gravel filters by sight or smell and could hear the recirculating gravel filter pumps cycle. I checked the solids level in the secondary settling tank and found 1.5' and .75'. All were found to be within the expected range.

January 7<sup>th</sup> collected monthly samples for lab analysis, the flow was 6804 gallons, and the return rate was 7.16:1. The recirculating tank pH was 6.7, and effluent pH was 6.5.

January 22<sup>nd</sup> the lab analysis showed a fecal count of 2.0 MPN/100ml and an 83% reduction in TSS and an 89% reduction in BOD. All were found to be within the expected range.

January 29<sup>th</sup> cleaned the UV lamps, recirculating ball valve and a visual inspection of both appeared to be functioning correctly. The flow was 5292 gallons, and the return rate was 9.21:1, I was unable to observe any ponding on the gravel filters by sight or smell and could hear the recirculating gravel filter pumps cycle. I checked the solids level in the secondary settling tank and found .75' and .50', last cleaned 1/8/25 by the maintenance contractor.

Because of extended periods of heavy rain, high tides, and high ground water table. Which resulted in several drain fields shutting down on high water level alarms, then restarting hours or days later when the water table dropped. As per the permit, S2.A. "The Permittee must report when drainfield zones are shut off. The Permittee must include the date, amount of time, and drainfield number and zone in the notes section in the monthly DMR." This was reported on January 2025 DMR.

Sincerely,

Don Erickson  
Wastewater Supervisor

Sewer Department

900 S. Section St, Burlington, WA 98233 • Phone (360) 757-0485 • Email [dome@burlingtonwa.gov](mailto:dome@burlingtonwa.gov)



## VENDOR SERVICES AGREEMENT

Skagit County, through the Department of Planning & Development (hereinafter referred to as County) and **Pump Tech LLC**, (hereinafter referred to as Contractor), for and in consideration of the mutual benefits do hereby agree as follows:

1. Contractor will provide the following service/products at such time and in such manner as described in "**Exhibit A**" **Scope of Services** attached hereto. The terms of this Agreement also include "**Exhibit B**" **Insurance** by reference.

2. County will compensate Contractor with a maximum of **\$30,000** chargeable to GL expenditure code(s) # **150.582.00.4110**.

3. The parties agree that Contractor is an independent contractor, and not an employee nor agent of Skagit County. Contractor hereby agrees not to make any representations to any third party, nor to allow such third party to remain under the misimpression that Contractor is an employee of Skagit County. All payments made hereunder and all services performed shall be made and performed pursuant to this Agreement by the Contractor as an independent contractor. Contractor will defend, indemnify and hold harmless the County, its officers, agents or employees from any loss or expense, including but not limited to settlements, judgments, setoffs, attorneys' fees or costs incurred by reason of claims or demands because of breach of the provisions of this paragraph. Further the Contractor represents that all employees and sub-contractors are covered under Industrial Insurance in compliance with R.C.W. Title 51.

4. **Defense & Indemnity Agreement:**

The Contractor agrees to defend, indemnify and save harmless the County, its appointed and elective officers and employees, from and against all loss or expense, including but not limited to judgments, settlements, attorney's fees and costs by reason of any and all claims and demands upon the County, its elected or appointed officials or employees for damages because of personal or bodily injury, including death at any time resulting therefrom, sustained by any person or persons and on account of damage to property including loss of use thereof, whether such injury to persons or damage to property is due to the negligence of the Contractor, its subcontractors, its elected officers, employees or their agents, except only such injury or damage as shall have been occasioned by the sole negligence of the County, its appointed or elected officials or employees. It is further provided that no liability shall attach to the County by reason of entering into this contract, except as expressly provided herein.

5. This Contract shall commence on November 1, 2024, and continue until either party terminates by giving 30 days' notice in writing either personally delivered or mailed postage prepaid by certified mail, return receipt requested to the party's last known address, but in no event shall the contract continue for more than one year from date of execution.

6. The Contractor shall not assign any interest in this Contract and shall not transfer any



interest in same without prior written County consent.

7. The Contractor will secure, at his own expense, all personnel required in performing said services under this Contract. Contractor shall be personally liable for applicable payroll, labor and industries premiums and all applicable taxes and shall hold County harmless therefrom.

8. The Contractor shall provide proof of insurance for general comprehensive liability in the amount of \$1,000,000 to cover Contractor's activities during the term of this Contract. Proof of insurance shall be in a form acceptable and approved by the County. A certificate of insurance naming the County, its elected officials, and employees as additional insured's and naming the County as a certificate holder shall accompany this Contract for signing. Thirty (30) days' written notice to the County of cancellation of the insurance policy is required. No contract shall form until and unless a copy of the certificate of insurance, in the amount required, is attached hereto as set forth in "Exhibit B". The contractor's insurance shall be primary. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of Contractor's insurance and shall not contribute to it.

9. Prevailing Wages:

Contractor and subcontractor shall submit a "Statement of Intent to Pay Prevailing Wages" prior to submitting first application for payment. Each statement of intent to pay prevailing wages must be approved by the Industrial Statistician of the Department of Labor and Industries before it is submitted to the County. Unless otherwise authorized by the Department of Labor and Industries, each voucher claim submitted by a Contractor for payment on a project estimate shall state that the prevailing wages have been paid in accordance with the pre-filed statement or statements of Intent to Pay Prevailing Wages on file with the public agency.

10. Termination for Public Convenience:

The County may terminate the contract in whole or in part whenever the County determines, in its sole discretion that such termination is in the best interests of the County. Whenever the contract is terminated in accordance with this paragraph, the Contractor shall be entitled to payment for actual work performed at unit contract prices for completed items of work. An equitable adjustment in the contract price for partially completed items of work will be made, but such adjustment shall not include provision for loss of anticipated profit on deleted or uncompleted work. Termination of this contract by the County at any time during the term, whether for default or convenience, shall not constitute a breach of contract by the County. If sufficient funds are not appropriated or allocated for payment under this contract for any future fiscal period, the County will not be obligated to make payments for services or amounts incurred after the end of the current fiscal period. No penalty or expense shall accrue to the County in the event this provision applies.



CONTRACTOR:

 Executive VP of Sales

Signature & Title of Signatory  
(Date 2-4-2025)

Doug W. Davidson

Print Name

Executive VP of Sales PumpTech LLC

Title

Mailing Address:

PumpTech LLC

12020 SE 32nd Street Suite 2

Bellevue, WA 98005

Telephone No. 425-644-8501

Fed. Tax ID # 87-1503890

Contractor Lic. # PUMPTL\*793PK



DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2024.

**BOARD OF COUNTY COMMISSIONERS  
SKAGIT COUNTY, WASHINGTON**

\_\_\_\_\_  
Peter Browning, Chair

\_\_\_\_\_  
Lisa Janicki, Commissioner

\_\_\_\_\_  
Ron Wesen, Commissioner

Attest:

\_\_\_\_\_  
Clerk of the Board

For contracts under \$5,000:  
Authorization per Resolution R20030146

Recommended:

\_\_\_\_\_  
County Administrator

\_\_\_\_\_  
Department Head

Approved as to form:

\_\_\_\_\_  
Civil Deputy Prosecuting Attorney

Approved as to indemnification:

\_\_\_\_\_  
Risk Manager

Approved as to budget:

\_\_\_\_\_  
Budget & Finance Director

**EXHIBIT "A"**

**SCOPE OF SERVICES**

**Purpose:**

1. The Hydrorail system was Hydromatics proprietary design and other manufacturers cannot accommodate the guide rail brackets that fasten to the pump. The installation of any other pump in this location would require piping modifications and to do so would be redundant, inefficient, and not cost effective. We are replacing 27-year-old pumps which have reached the end of their service life and designed conditions. This is a direct replacement application that requires the Hydrorail system to have Hydromatic proprietary designed pumps that can meet the specific capability and operating conditions.

**Scope of Work:**

1. Two Hydromatic pumps to be manufactured and delivered to Skagit County on behalf of the Edison Wastewater Treatment Facility to ensure the efficiency and proper function of the system.
  - 1.1. Hydromatic Model: S3HX300DC – 5 to 7 weeks
  - 1.2. Hydromatic Model: S4XP750DC – 7 to 9 weeks
2. Work shall be executed and delivered within **20 weeks** of Contract execution date.

**Payment:**

1. Upon satisfactory completion of work (described above) the County shall compensate Contractor which includes all overhead, expenses, supplies and delivery. In no event may the total amount billed exceed the maximum contract value of **\$30,000** set forth on page 1 of this contract.

**CONTRACTOR:**

\_\_\_\_\_  
**Signature & Title of Signatory**  
**(Date \_\_\_\_\_)**



**EXHIBIT "B"**

**PROOF OF INSURANCE**

The Contractor shall provide proof of insurance for Commercial General Liability or Professional Liability in the amount of \$1,000,000.00 to cover Contractor's activities during the term of this Contract. Proof of insurance shall be in a form acceptable and approved by the County. Contractors insurance shall be primary.

The type of insurance required by this Agreement is marked below.

- 1) Commercial General Liability Insurance  
Certificate Holder – Skagit County  
**The Certificate must name the County as additional insured:  
Skagit County, its elected officials, officers and employees  
are named as additional insured.**  
Thirty (30) days written notice to the County of cancellation  
of the insurance policy.
- 2) Professional Liability  
Certificate Holder – Skagit County  
Thirty (30) days written notice to the County of cancellation  
of the insurance policy

NOTE: No contract shall form until and unless a copy of the Certificate of Insurance, properly completed and in the amount required, is attached hereto.

- 3) Insurance is waived

Date: \_\_\_\_\_  
Risk Manager








6. The Contractor shall not assign any interest in this Contract and shall not transfer any interest in same without prior written County consent.
7. The Contractor will secure, at his own expense, all personnel required in performing said services under this Contract. Contractor shall be personally liable for applicable payroll, labor and industries premiums and all applicable taxes and shall hold County harmless therefrom.
8. The Contractor shall provide proof of insurance for general comprehensive liability in the amount of \$1,000,000 to cover Contractor's activities during the term of this Contract. Proof of insurance shall be in a form acceptable and approved by the County. A certificate of insurance naming the County, its elected officials, and employees as additional insured's and naming the County as a certificate holder shall accompany this Contract for signing. Thirty (30) days' written notice to the County of cancellation of the insurance policy is required. No contract shall form until and unless a copy of the certificate of insurance, in the amount required, is attached hereto as set forth in "Exhibit "B". The contractors insurance shall be primary. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of Contractors insurance and shall not contribute to it.
9. **Prevailing Wages:**  
Contractor and subcontractor shall submit a "Statement of Intent to Pay Prevailing Wages" prior to submitting first application for payment where applicable. Each statement of intent to pay prevailing wages must be approved by the Industrial Statistician of the Department of Labor and Industries before it is submitted to the County. Unless otherwise authorized by the Department of Labor and Industries, each voucher claim submitted by a Contractor for payment on a project estimate shall state that the prevailing wages have been paid in accordance with the pre-filed statement or statements of Intent to Pay Prevailing Wages on file with the public agency.
10. **Termination for Public Convenience:**  
The County may terminate the contract in whole or in part whenever the County determines, in its sole discretion that such termination is in the best interests of the County. Whenever the contract is terminated in accordance with this paragraph, the Contractor shall be entitled to payment for actual work performed at unit contract prices for completed items of work. An equitable adjustment in the contract price for partially completed items of work will be made, but such adjustment shall not include provision for loss of anticipated profit on deleted or uncompleted work. Termination of this contract by the County at any time during the term, whether for default or convenience, shall not constitute a breach of contract by the County. If sufficient funds are not appropriated or allocated for payment under this contract for any future fiscal period, the County will not be obligated to make payments for services or amounts incurred after the end of the current fiscal period. No penalty or expense shall accrue to the County in the event this provision applies.

VENDOR SERVICES AGREEMENT  
CONTRACTOR

CONTRACTOR:

  
Signature & Title of Signatory  
(Date 1/21/24)

DON ERICKSON  
Print Name

MEMBER  
Title

Mailing Address:

1174B SUNRISE LANE  
BURLINGTON, WI  
53123

Telephone No. 360-672-5378

Fed. Tax ID # 33-7549411

Contractor Lic. # N/A



VENDOR SERVICES AGREEMENT  
CONTRACTOR

DATED this 3 day of February, 2025.

BOARD OF COUNTY COMMISSIONERS  
SKAGIT COUNTY, WASHINGTON

ABSENT

\_\_\_\_\_  
Lisa Janicki, Chair

Ron Wesen  
\_\_\_\_\_  
Ron Wesen, Commissioner

[Signature]  
\_\_\_\_\_  
Peter Browning, Commissioner

Attest:

Linda Hamman  
Clerk of the Board

For contracts under \$5,000:  
Authorization per Resolution R20030146

Recommended:

[Signature]  
\_\_\_\_\_  
Department Head

\_\_\_\_\_  
County Administrator

Approved as to form:

[Signature]  
\_\_\_\_\_  
Civil Deputy Prosecuting Attorney

Approved as to indemnification:

Maryleuben  
\_\_\_\_\_  
Risk Manager

Approved as to budget:

Kisha Yegre  
\_\_\_\_\_  
Budget & Finance Director

**EXHIBIT "A"**

**SCOPE OF SERVICES**

**Purpose:**

- o To be the certified operator in charge of, and responsible for, the routine operations and maintenance of the Edison Subarea Large Onsite Septic System – The Plant.

**Scope of Work:**

Monthly services required 1 through 10

1. To manage for and maintain compliance with Skagit County's waste discharge permit ST0045515. This shall include but not be limited to: electronically submit monthly permit reports and requirements to WA State Department of Ecology's (Ecology) DMR tracking site, O&M tracking, water quality results, flow volumes, notification of alterations, facility changes or emergencies, permit renewal documentation by filling out discharge monitoring report, and sign and submit.
2. Monitor SCADA as needed to respond to plant alarms, and to control and adjust the treatment process.
3. Sample for BOD (Biochemical Oxygen Demand), TSS (Total Suspended Solids), Fecal and Field test PH.
  - 3.1. *Samples will be submitted to Edge Analytical using Client NO: SKA13 and Skagit County will be billed directly by Edge Analytical.*
4. Clean UV System and recirculating ball valve monthly.
5. Monitor and maintain supplies. Alert the Edison Advisory Board (or their designee) and/or the Director of the Skagit County Planning & Development Services (or their designee) for the need to purchase supplies in order to have the minimum amount of supplies on hand for the efficient and effective operations of the Edison Subarea wastewater treatment facility.
6. Monitor and manage pump operation and flow data, recirculation tank, recirculating ball valve, gravel filter, pump operating schedule, UV system, effluent pump chamber and particle filter.
7. Communicate as needed with the Department of Ecology.
8. Communicate as needed with the maintenance contractor.
9. Maintain Well Heads (8) as needed and submit the Well Head monitoring report plan to ECY/Permit.
10. Attend the monthly Edison Advisory Board meetings as needed or requested by the Edison Advisory Board (or their designee).

**On-Call Services:**

On-Call Services may be requested by the Edison Advisory Board outside of contracted tasks outlined in Scope of Work 1 through 10.

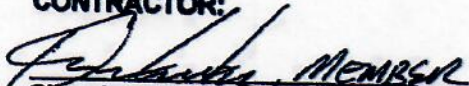
1. Additional sampling sites, frequency events, maintenance activities, and/or repairs may be requested in writing from the Edison Advisory Board (or their designee) (and written notice must be provided to Skagit County) due to unforeseen activities/issues on site.



**Payment:**

1. Upon satisfactory completion of work as described above, the County shall compensate Contractor at the fixed contract price of:
  - 1.1. \$820 per month for calendar year 2025.
  - 1.2. \$870 per month for calendar year 2026
  - 1.3. \$920 per month for calendar year 2027
2. For any on-call service work performed, Contractor may bill at a rate of \$100 per hour and submit separate invoicing with proper documentation of the specific services provided, not to exceed more than 20hrs per calendar year for on-call services.
3. In no event may the total amount billed under this Contract exceed the maximum Contract value of \$38,500 set forth on page 1 of this contract.
4. Payment will be made upon completion of the work as described above and invoices submitted pursuant to Skagit County's AP policies and procedures. You must include the following on all invoices submitted to the County:
  - 4.1. Original Agreement # C 20250066
  - 4.2. P.O. # - PL 6625
  - 4.3. GL Code: 150.582.00.4110 for monthly contractual amount.
  - 4.4. GL Code: 150.582.00.4810 for On-Call services.
5. Contractor acknowledges that any additional samplings, frequency events, and/or maintenance requirements for future permits will be negotiated. At the time of negotiation, this contract may be amended to reflect these changes if the County and Contractor agree to the terms of said Amendment.

CONTRACTOR:

  
Signature & Title of Signatory  
(Date 1/21/24)

**EXHIBIT "B"**

**PROOF OF INSURANCE**

The Contractor shall provide proof of insurance for Commercial General Liability or Professional Liability in the amount of \$1,000,000.00 to cover Contractor's activities during the term of this Contract. Proof of insurance shall be in a form acceptable and approved by the County. Contractor's insurance shall be primary.

The type of insurance required by this Agreement is marked below.

- X 1) **Commercial General Liability Insurance**  
Certificate Holder – Skagit County  
The Certificate must name the County as additional insured:  
Skagit County, its elected officials, officers and employees  
are named as additional insured.  
Thirty (30) days written notice to the County of cancellation  
of the insurance policy.
- 2) **Professional Liability**  
Certificate Holder – Skagit County  
Thirty (30) days written notice to the County of cancellation  
of the insurance policy

NOTE: No contract shall form until and unless a copy of the Certificate of Insurance, properly completed and in the amount required, is attached hereto.

- 3) **Insurance is waived**

Date: \_\_\_\_\_  
Risk Manager





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER <b>Von Smith Insurance, Inc.</b> P O Box 1055 Bellingham, WA 98227-1055 License #: 870426	CONTACT NAME: <b>Von Smith</b>	
	PHONE (A/C No. Ext): <b>(360)205-2248</b>	FAX (A/C. No.): <b>(360)369-4537</b>
	E-MAIL ADDRESS: <b>Von@vonsmithinsurance.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED <b>Bayhill Wastewater Services, LLC</b> 11748 Sunrise Ln Burlington, WA 98233-3594	INSURER A:	<b>Continental Casualty Company</b> <b>20443</b>
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES      CERTIFICATE NUMBER: 00004086-250116062623      REVISION NUMBER: 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	C6987355330	1/15/2025	1/15/2026	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMPIOP AGG \$ <b>2,000,000</b> \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				PER STATUTE    OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 161, Additional Remarks Schedule, may be attached if more space is required)  
**Skagit County, its elected officials, officers and employees are Additional Insured, coverage is Primary and Noncontributory and Waiver of Subrogation applies per attached form**

<b>CERTIFICATE HOLDER</b>  <b>Skagit County</b> <b>1800 Continental Place</b> <b>Mount Vernon, WA 98273</b> <b>Mount Vernon, WA 98273</b>	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE   (VRS)