



PUBLIC HEALTH DIVISION
Drinking Water Services
Kate Brown, Governor

Oregon
Health
Authority

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Pendleton, OR 97801
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www.healthoregon.org/dwp

October 10, 2022

Matt Brockamp, PLS
David Karr, Jr., PE
Brockamp Land Surveying, LLC
P.O. Box 553
Wallowa, Oregon 97885

**Re: Mountain Meadows Subdivision, Plan Review #31-2020, City of Joseph, PWS ID #4100414
Final Approval**

Dear Mr. Brockamp and Mr. Karr:

Thank you for providing confirmation that the Mountain Meadows Subdivision project was completed according to the approved plans. On March 4, 2020, our office received construction drawings and specifications for the project, a Land Use Compatibility Statement, an easement agreement, and the plan review fee of \$3300. The project consisted of new 8 and 10-inch water mains and appurtenances to serve the 49-lot subdivision. Final approval is granted for the project.

If you have any questions or would like this in an alternate format, please feel free to call me at (541) 966-0900 or email at william.h.goss@state.or.us.

Sincerely,

William Goss, PE
Regional Engineer

c: Julie Wray, OHA-DWS, Portland, OR
Levi Tickner, City of Joseph

Project Name Mountain Meadows Subdivision

PR# 31-2020

Public Water System ID# 41- 414 #4100414

[Click to locate PWS ID#](#)

PWS Name City of Joseph

- | | YES | NO | DATE |
|---|-------------------------------------|-------------------------------------|-------------------|
| 1. Was the project undertaken? If so, what was the starting date? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>03/20/2001</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>08/20/2001</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 checked="" 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>9/2021</u> |

Signature of Engineer 

Date 10/10/2022

Name David Karr

OR PE# 73598PE

Firm Brockamp Land Surveying, LLC

Phone (503) 931-8493

Comments
n/a

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OCT 10 2022
Drinking Water Program
Pendleton Office