



WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

Whatcom County	)	DOCKET NO. TR- 180466
_____	)	
Petitioner,	)	PETITION FOR INSTALLATION OF
	)	MEDIAN BARRIERS AT A
vs.	)	HIGHWAY-RAIL GRADE
Burlington Northern Santa Fe Railway	)	CROSSING
_____	)	
Respondent	)	USDOT CROSSING NO.: #084821L
.....	)	

The Petitioner asks the Washington Utilities and Transportation Commission to approve installation of median barriers at a highway-rail grade crossing.

**Section 1 – Petitioner’s Information**

Whatcom County
_____
Petitioner
<u>James P. Karcher 5.25.18</u>
Signature
322 North Commercial Street, Suite 301
_____
Street Address
Bellingham, WA 98225
_____
City, State and Zip Code
_____
Mailing Address, if different than the street address
James P. Karcher, P.E. – Engineering Manager
_____
Contact Person Name
(360)778-6271 jkarcher@co.whatcom.wa.us
_____
Contact Phone Number and Email Address



**Section 4 – Current Crossing Traffic**

1. Type of public road at the crossing	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County	<input type="checkbox"/> City
	<input type="checkbox"/> Port	<input type="checkbox"/> State Park	<input type="checkbox"/> Other _____
2. Average daily vehicle traffic over the tracks	<u>300</u>	Vehicle speed limit	<u>25</u>
3. Number of lanes	<u>2</u>		
4. Trucks (commercial vehicles) are what percent of average daily traffic	<u>1%</u>		
5. Number of school buses over the crossing each day	<u>0</u>		
6. Name of railroad(s) operating at crossing	<u>BNSF, AmTrak</u> _____ _____		
7. Type of railroad at crossing	<input checked="" type="checkbox"/> Common Carrier	<input type="checkbox"/> Logging	<input type="checkbox"/> Industrial
	<input checked="" type="checkbox"/> Passenger	<input type="checkbox"/> Excursion	
8. Type of tracks at crossing	<input checked="" type="checkbox"/> Main Line	<input type="checkbox"/> Siding or Spur	
9. Number of tracks at crossing	<u>1</u>		
10. Average daily train traffic, freight	<u>17</u>		
	Authorized freight train speed <u>50</u>	Operated freight train speed	<u>45</u>
11. Average daily train traffic, passenger	<u>2</u>		
	Authorized passenger train speed <u>79</u>	Operated passenger train speed	<u>45</u>

*Section 5 – Justification*

1. Provide the following information:

a. Describe in detail the why this crossing should have median barriers installed.

The Cliffside Drive is a no outlet local access road to a small community of approximately 44 residences that live on the westerly side of the crossing. These residences are the predominant users of this crossing. The current Average Daily Traffic (ADT) is 300 vehicles. There are no school or city buses that use this crossing. The medians will provide a physical deterrent in the absence of the train horn which only provides a warning to motorists. The crossing will maintain the existing warning devices consisting of: two (2) entrance gates, advanced warning signs, bells, and 8 flashing lights that will be upgraded to LED through the proposed project. A eighteen foot long precast curb will be installed at the northeast quadrant of the crossing to protect the crossing gate assembly (see attached plan). The Federal Railroad Administration (FRA) has calculated the current risk index at this crossing to be below the Nationwide Significant Risk Threshold inferring that the current configuration meets the minimum requirements to become a quiet zone. However, Whatcom County still proposes to install Supplemental Safety Measures that will further reduce the risk index by 60%.

b. Provide a description of the type of median barriers proposed.

The mountable median will extend 100 feet both east and west of the crossing qualifying these improvements to considered Supplemental Safety Measures. The mountable median is constructed of a high strength composite material. It is 10-5/8 inches wide and has a dome shape that is 4 inches tall. The 44 inch sections fasten together and are anchored to the pavement using a nylon expansion molly and 5/8 inch by 6 inch lag screws. The reflective traffic channelization devices are attached to the curb using a rubber boot that slides into a machined groove in the curb at 80 inch intervals. These reflective traffic channelization devices are 40 inches by 8-3/4 inches with 232 square inches of type III reflective sheeting on both sides. The break away reflective traffic channelization devices provide an effective deterrent for the typical motorists while allowing for emergency apparatus to openly access and use the full width of the roadway.

c. Describe who will maintain the barriers.

The proposed barriers will be maintained by Whatcom County Public Works' Maintenance and Operations Division. The barriers will be maintained at the original installed condition and all damage compromising the functionality of the barrier will be corrected immediately. A thorough annual inspection will be conducted to ensure that there is no degradation of the material and the inspection will be documented and provided to the UTC, FRA, or BNSF upon request. After installation of the proposed barrier Whatcom County intends to monitor the site and maintain a clear line of communication to identify and address any violations that may occur during this time. If violations become an issue, Whatcom County recognizes that adjustments may need to be made.

d. Attach a proposed diagram or design of the crossing and median barriers.

Please see the attached plan of the proposed improvements.

*Section 6 – Waiver of Hearing by Respondent*

**Waiver of Hearing**

The undersigned represents the Respondent in the petition to install median barriers at the following crossing.

USDOT Crossing No. \_\_\_\_\_

We have investigated the conditions at the crossing. We are satisfied the conditions are the same as described by the Petitioner in this docket. We agree installation of median barriers should be made and consent to a decision by the commission without a hearing.

Dated at \_\_\_\_\_, Washington, on the \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Printed name of Respondent

\_\_\_\_\_  
Signature of Respondent's Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone number and email address

\_\_\_\_\_  
Mailing address

